NHS
East Kent Hospitals University
NHS Foundation Trust

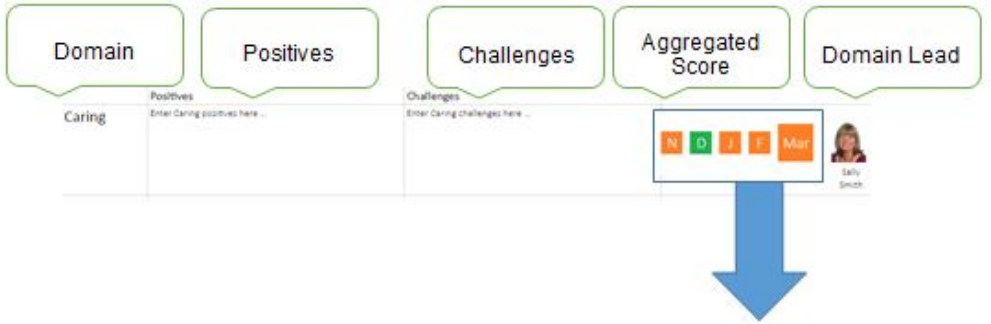
MAY 2019

INTEGRATED PERFORMANCE REPORT

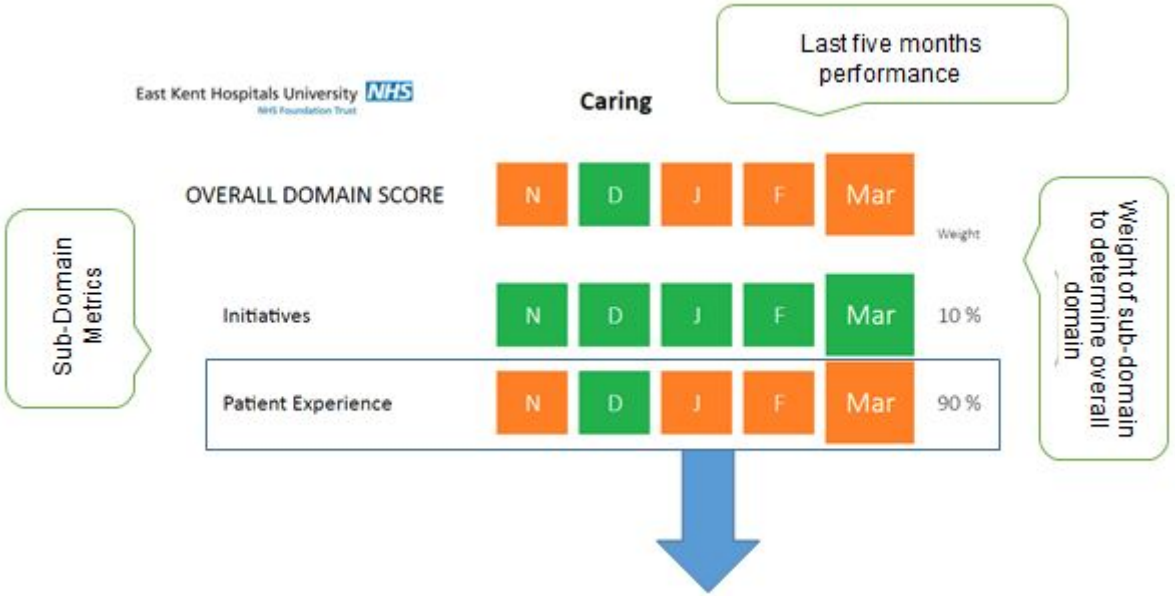
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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



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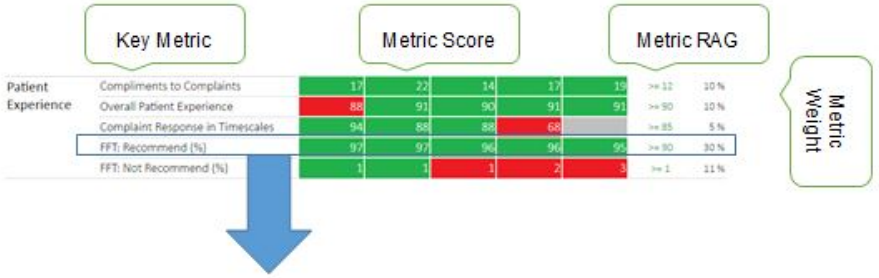
3 **Key Metrics:** This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.



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

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

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Strategic Priorities

East Kent Hospitals University NHS Foundation Trust

Headlines

	Positives	Challenges	
Caring	The number of mixed sex breaches continued an improving trend in May achieving the Trust target of zero for the first time in six months. Friends and Family Test (FFT) inpatient satisfaction rate (including paediatrics) also remains green registering 96%. Overall patient experience, measured through the Trust Internal Patient Survey questions “did you get the care that matters to you?” also improved. The internal survey has shown variable performance over recent months and achievement is monitored closely to inform / refine further improvement actions.	While Friends and Family Test (FFT) inpatient satisfaction rate (including paediatrics) remains green, FFT performance fell slightly in inpatients, ED and maternity. Also of note performance against "not recommended" increased (unfavourably) from 1.5 in April to 1.8 in May. The Trust focus on improving complaints responsiveness continues with renewed focus on capturing and reporting learning.	J F M A May  Amanda Hallums

Effective	Beds The number of DTOC (Delayed Transfers of Care) have decreased from 97 to an average of 94 per day. The high number of DTOC 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 with 19% of patients discharged before noon. 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 increased to 3.2% and non elective days have remained static at 6.5 days. Theatre utilisation is 80% with theatre start times reducing to 43%. The number of non-clinical cancellations has improved to 1.2%. Non clinical cancellation breaches has improved from 17 % to 8%.	Beds The number of reportable DTOC's remains high with an average of 97 per day. Patient flow has been severely compromised due to low discharge profile for all sites and is creating delays for emergency admissions being delayed in ED awaiting transfer to a ward. 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 out 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 and to increase productivity, including exploring the opportunity for all day theatre lists for specific specialities. To reduce the vacancy rate in theatres and reduce the high use of agency staff with substantive recruitment. To improve length of stay by reducing internal and external delays.	J F M A May	 Lee Martin

Responsive	4 hour Emergency Access Standard. May performance was 84.26% which is a 4% improvement on April, This improvement in performance has been achieved despite an 7% increase in attendances to ED. There have been no 12 Hour Trolley Waits. RTT Performance has improved to 80.57% against a trajectory of 79%. The Waiting list has increased from 45,867 to 46,331; however,the Backlog has improved from9564 to 8964. The number of patients waiting over 52 weeks for first treatment 4. This is a significant achievement since April 2018 when there were 222 patients waiting. DM01 The standard is compliant at 99.45% . Cancer May performance for 62 day treatments is currently 80.09%, validation continues until the beginning of July in line with the national timetable. 2ww performance has been achieved at 96.53% against a performance standard of 93% and there has been a notable increase in the number of referrals on the breast cancer pathway.	4 hour Emergency Access Standard Over 50% of A&E breaches are due to bed availability. This is due to poor patient flow across the emergency pathway and the high number of patients delayed in hospital over 7days (stranded) and 21 days (super stranded) who require a supportive discharge. RTT Increasing number of patient DNA's to out patient clinics. A detailed review of issues driving the increase is underway. CANCER To manage the increase in referrals and identify sufficient capacity to enable the first appointment within 7 days. To reduce any delays in a patients pathway once they have been referred on to a tertiary centre for on going assessment or treatment. DM01 Maintaining excellent performance consistently across all diagnostic modalities.	J F M A May	 Lee Martin
Safe	May has reported 99.0% harm free care delivery for new harms in our control and we have been at 99.0% or above for the last 5 months. We continue to remain below the national average for harms in acute hospitals. The number of falls in May has come down again. Year to date we have had no MRSA bacteraemias.	All harms (those patients are admitted with) has again improved in the month but remains below the national average of 93.76% Work with our community colleagues needs to be continued in order to address this. Incident reporting is static but May has seen a rise in STEIS reportable incidents (incidents with moderate harm or worse). Although associated with low harm we have also reported 2 never events (although one of these should be down-graded to a near miss following investigation)	J F M A May	 Paul Stevens

Well Led	The Trust generated a consolidated deficit in month of £3.2m which is in line with the planned position. Within this the Trust delivered £1.8m of CIP in May which was £0.7m higher than the target, bringing the YTD total CIP delivered to £2.9m which is £0.9m ahead of plan. 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 remains at £96.5m which will require paying back when the Trust is delivering a surplus.	J F M A May	 Susan Acott
Workforce	The trust has experienced a net gain in staffing over the course of the last year. The combination of increased levels of recruitment , reduction in turnover and lower vacancy rate has placed the trust in a stronger position. Bank fill has also increased thereby providing more regular substantive nurses to provide safer care for our patients.	The increase in sickness absence is a concern which is being addressed within the care groups by focussed interventions by the HR department in conjunction with local managers. Work is in hand to reduce the high cost agency spend but this remains an area of concern and high priority as we introduce a revised agency contract for medical staff this month.	J F M A May	 Andrea Ashman

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Caring

		Jan	Feb	Mar	Apr	May	Green	Weight
Patient Experience	Mixed Sex Breaches	34	21	8	3	0	>= 0 & <1	10 %
	Number of Complaints	85	60	77	79	68		
	AE Mental Health Referrals	87	62	87	98	75		
	IP FFT: Recommend (%)	96	97	97	96	96	>= 95	30 %
	IP FFT: Not Recommend (%)	1.4	1.0	1.2	1.5	1.8	>= 0 & <2	30 %
	IP Survey: Overall, did you get the care	44.9	43.2	46.8	43.1	45.6		
	Complaint Response in Timescales %	84.2	90.9	95.5	89.1	84.9	>= 85	15 %
	Compliments	1813	1668	1890	2946	2553	>= 1	

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Effective

		Jan	Feb	Mar	Apr	May	Green	Weight
Beds	DToCs (Average per Day)	54	66	76	97	94	>= 0 & <35	30 %
	Bed Occupancy (%)	92	94	94	94	94	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	15	17	19	19	>= 35	10 %
	IP Spells with 3+ Ward Moves	571	463	509	469	508		
Clinical Outcomes	FNoF (36h) (%)	73	63	61	72		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	3.8	3.6	3.8	4.0	3.8	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.2	15.7	16.1	16.4	16.6	>= 0 & <15	15 %
	Audit of WHO Checklist %	99	98	99	100	96	>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward				41	35		
Demand vs Capacity	DNA Rate: New %	8.1	7.4	7.5	7.6	7.7	>= 0 & <7	
	DNA Rate: Fup %	8.6	8.0	8.5	100.0	100.0	>= 0 & <7	
	New:FUp Ratio (1:#)	2.2	2.1	2.2	2.1	2.1	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.2	3.3	3.3	2.9	3.2		
	LoS: Non-Elective (Days)	6.5	6.3	6.3	6.6	6.5		
	Theatres: Session Utilisation (%)	79	80	81	82	80	>= 85	25 %
	Theatres: On Time Start (% 15min)	40	46	42	46	43	>= 90	10 %
	Non-Clinical Cancellations (%)	1.8	1.0	1.4	1.4	1.2	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	18	16	17	10	10	>= 0 & <5	10 %

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Responsive

		Jan	Feb	Mar	Apr	May	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	77.93	77.56	81.53	80.54	84.26	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	74.20	73.85	78.23	77.13	81.22	>= 95	1 %
Cancer	Cancer: 2ww (All) %	96.52	98.31	97.87	97.70	96.53	>= 93	10 %
	Cancer: 2ww (Breast) %	97.22	98.31	92.76	93.64	93.81	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	95.63	97.73	96.06	97.54	95.72	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	97.78	96.49	94.74	84.31	94.12	>= 94	5 %
	Cancer: 31d (Drug) %	98.28	97.27	100.00	100.00	99.18	>= 98	5 %
	Cancer: 62d (GP Ref) %	68.21	76.88	81.56	78.44	80.18	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	76.92	82.61	100.00	91.89	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	84.00	86.67	76.47	80.00	85.71	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.72	99.49	99.59	99.29	99.45	>= 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 (%)	76.10	77.89	80.03	79.15	80.66	>= 92	100 %
	RTT: 52 Week Waits (Number)	38	27	8	3	4	>= 0	

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Safe

		Jan	Feb	Mar	Apr	May	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,683	1,435	1,465	1,589	1,459		
	Serious Incidents (STEIS)	9	9	11	11	17		
	Harm Free Care: New Harms (%)	99.4	99.2	99.1	99.6	99.3	>= 98	20 %
	Falls (per 1,000 bed days)	5.05	5.54	5.10	5.97	5.36	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	36	38	42	8	16	<= Traj	40 %
	Cases of MRSA (per month)	0	1	0	0	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	94.6	95.3	95.2			>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	34.7	35.6	27.5	29.3	30.4	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	92.4	92.6	93.1	94.1	93.7	>= 95	20 %

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Well Led

		Jan	Feb	Mar	Apr	May	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.4	0.4	0.6	0.3	1.2	>= 0 & <0.25	25 %
Finance	Forecast £m	-42.2	-42.2	-42.1	-36.6	-36.6	>= 0	10 %
	Total Cost £m (Trust Only)	-54.6	-54.2	-54.3	-54.6	-56.2	>= 0	20 %
	Cash Balance £m	8.7	11.8	18.7	21.6	18.8	>= 5	20 %
	I&E £m (Trust Only)	-3.2	-5.6	-2.9	-4.9	-3.2	>= 0	30 %
Health & Safety	RIDDOR Reports (Number)	2	2	4	1	4	>= 0 & <3	20 %
Staffing	Agency %	8.4	9.0	9.3	7.5	7.2	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	58	59	61	65	68		1 %
	Shifts Filled - Day (%)	98	96	96	100	99	>= 80	15 %
	Shifts Filled - Night (%)	106	105	106	107	105	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	11	12	12	11		
	Staff Turnover (%)	14.4	14.2	14.5	14.2	14.2	>= 0 & <10	15 %
	Vacancy (Monthly) %	10.8	10.2	9.8	8.7	8.7	>= 0 & <10	15 %
	Sickness (Monthly) %	4.5	4.4	4.2	4.1	4.4	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	80.4	81.1	80.4	80.7	77.2	>= 85	50 %
	Statutory Training (%)	93	93	94	95	95	>= 85	50 %

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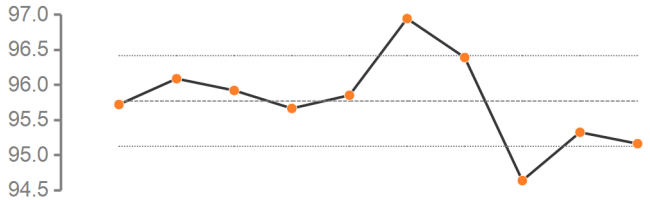
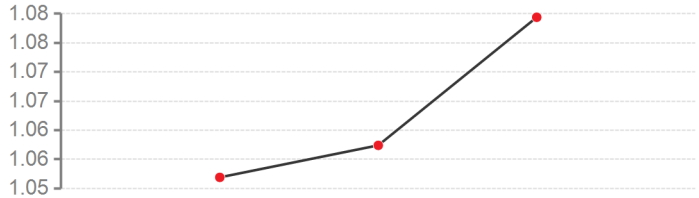
Strategic Theme: Patient Safety

Mortality

May	HSMR (Index)	95.8 (2.3%)		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.
May	SHMI	1.06 (4.4%)		"Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data."

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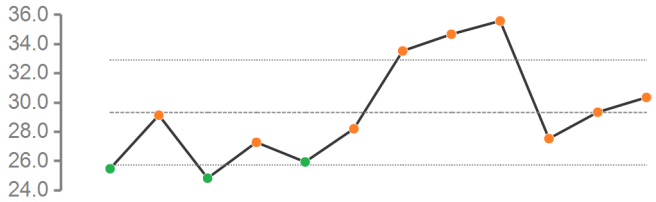
Strategic Theme: Patient Safety

May

Crude Mortality NEL (per 1,000)

29.3 (-7.3%)



"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

★
★
★

Highlights and Actions:

For the 130 trusts included in the SHMI from 1 January 2018 to 31 December 2018:

• There were approximately 9.2 million discharges, from which 293,000 deaths were recorded either while in hospital or within 30 days of discharge. This includes deaths from other causes as well as deaths related to the reason for the hospital admission.

• Although, as can be seen, our SHMI has risen in successive reports we are one of the 103 trusts with the number of deaths within the expected range. 11 trusts had a higher than expected number of deaths. Of these 11 trusts, 5 also had a higher than expected number of deaths for the same period in the previous year. 16 trusts had a lower than expected number of deaths. Of these 16 trusts, 13 also had a lower than expected number of deaths for the same period in the previous year.

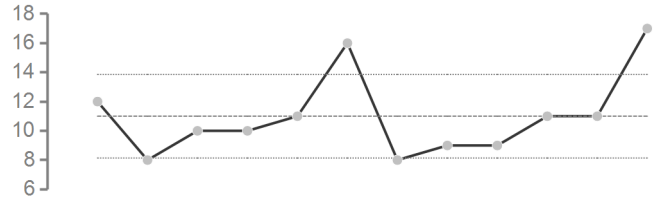
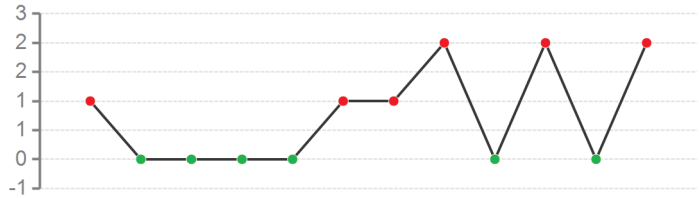
In this report we also have SHMI data split by site for the first time, this shows that the SHMI for K&CH was lowest (0.87), the SHMI at the 2 acute sites was 1.09 at Margate and 1.10 at Ashford.

We are still being hampered by both palliative care coding (22% of our deaths have a palliative care code and only 9 of the other 130 Trusts have a lower percentage of deaths with a palliative care code) and also by depth of coding.

The SHMI model uses the Charlson comorbidity index which in turn is derived from knowledge of ischaemic heart disease, heart failure, peripheral vascular disease, cerebrovascular disease, dementia, obstructive airways disease, connective tissue disease, previous or current history of peptic ulceration, liver disease, chronic kidney disease and current or past history of solid tumour, lymphoma or leukaemia. Together these constitute depth of coding and again our depth of coding is one of the lowest, which does not fit with what is know about the demography of the East Kent population.

Strategic Theme: Patient Safety

Serious Incidents

May	Serious Incidents (STEIS)	132 (78.4%)		"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."
May	Never Events (STEIS)	9 (50.0%)		"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Highlights and Actions:

During May 2019, 18 new Serious Incidents (SIs) were reported and three SIs closed.

At the end of May 2019 there were 98 SIs open, of which 13 were breaching, 17 non-closure responses were required and 25 were awaiting a closure decision by the CCGs. The remaining 43 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.

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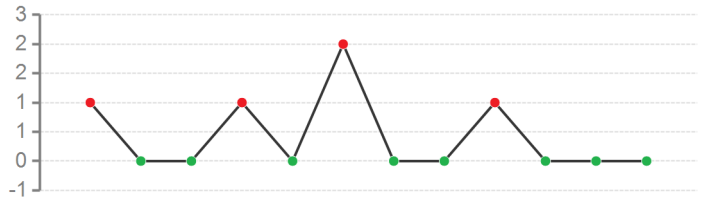
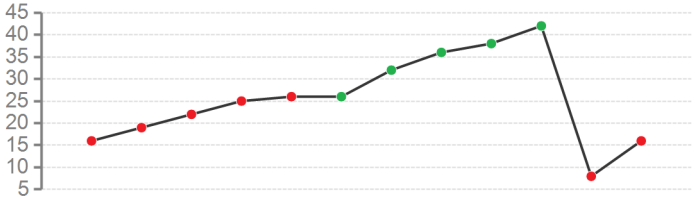
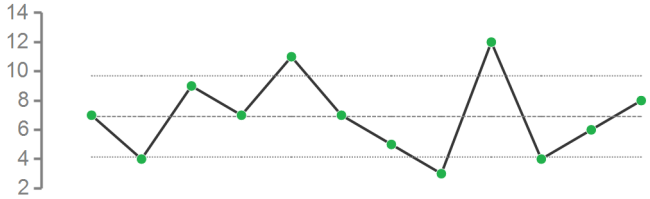
Strategic Theme: Patient Safety

Infection Control

May	Cases of MRSA (per month)	5 (-16.7%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
May	Cases of C.Diff (Cumulative)	16 (100.0%)		"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."
May	E. Coli	83 (3.8%)		"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

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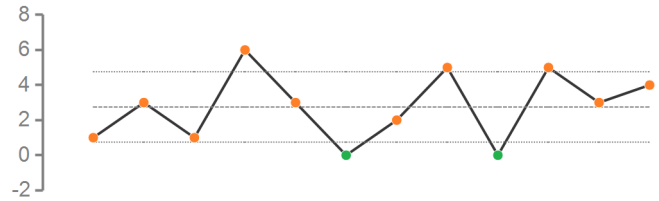
Strategic Theme: Patient Safety

May

MSSA

33
(0.0%)



"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. Since April this year the reported numbers now include all C. difficile identified48 hours or more following admission (not 72 hours as in previous years) plus any patient identified with C. difficile who was previously an inpatient within the preceding4 weeks. This means that comparative data is absent and that any colour coding is rendered inaccurate.

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

All actions are as previously reported and include active participation in the Kent & Medway national pilot aimed at reduction of gram negative bloodstream infections.

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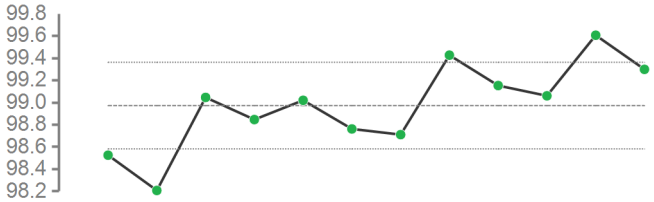
Strategic Theme: Patient Safety

Harm Free Care

May	Harm Free Care: New Harms (%)	99.0 (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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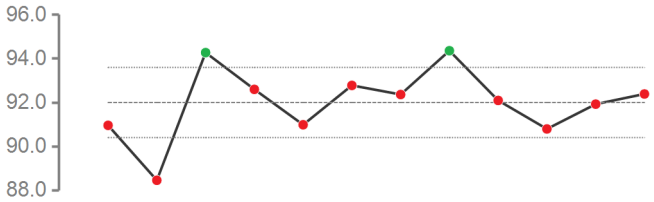
Strategic Theme: Patient Safety

May

Harm Free Care:All Harms (%)

92.0
(0.0%)



"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 May-19 (92.39%) shows improvement since last month (91.93%) but remains below national average (93.83%). A marked improvement 100% is shown in Urgent and Emergency Care (91.40% Apr-19). Actions include:

- Implemented pressure ulcer decision form to allow for more robust investigations of all hospital acquired pressure ulcers - Reduce all reported pressure ulcers by 10% on all metrics.
- Focussing on lying and standing blood pressures, non-prescribing of medication which increases falls and mobility assessment and provision of walking aids. An audit has been undertaken to measure current practice of these actions, to enable an action plan to address the CQUIN targets, to include therapies and pharmacy.
- 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 99.30% remains similar to last month (99.61% Apr-19). The prevalence of New VTE's; New Pressure Ulcers; Falls with Harm and Catheters and New UTI's with Harm continues to remain below the national average for Acute Hospitals.

East Kent Hospitals University NHS Foundation Trust

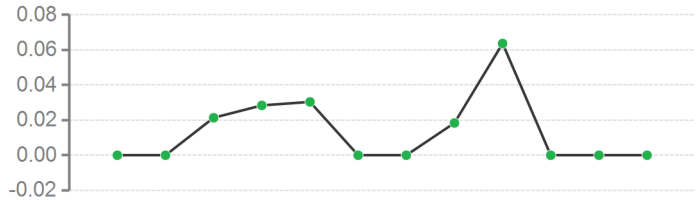
Strategic Theme: Patient Safety

Pressure Damage

May

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

0.01 (105.9%)



"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:

May 2019

There were a total of 59 category 2 and above hospital acquired pressure ulcers reported, an increase of 11 from April 2019. Forty eight of these were category 2 ulcers, an increase of 10. The rate has increased from April 2019 (1.163/1000 in May 2019 1.038/1000 bed days in April 2019). Six involved medical devices.

There were 2 confirmed category 3 pressure ulcers, 3 less than last month. There was a drop in rate compared to April 2019 (0.55/1000 bed days in May 2019 0.144 in April 2019). 1 of these was identified as moderate harm and requires further investigation at WHH (2 less than last month). There were no confirmed category 4 pressure ulcers

Nine potential deep ulcers were reported 2 more than last month. 6 were potential deep tissue injury and 3 were unstageable ulcers. Although unstageble ulcers equalled last month the bed day rate dropped slightly (0.083 in May 0.087/100 in April). Only one of these was deemed moderate risk and requires an RCA.

31 reported incidents were due to Moisture Associated Skin Damage an increase of 7 from April 2019.

Actions

- Joint Nursing and Allied health professional network meeting took place between Primary and secondary care provider with the focus on streamlining patient pathways
- 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
- TVNs trialling medical photography on Ipad in conjunction with medical imaging
- Joint work with infection control regarding improving mattress auditing
- Meeting between lead TVN from EKHUFT and KCHFT to improve joint working
- Review of datixs reported by KCHFT to look for trends of particular wards of concern

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
- Work with Manual handling on slide sheet project to reduce sacral pressure ulcers
- Continue to work with wards to improve availability of pressure relieving equipment
- Undertake chair cushion trials

East Kent Hospitals University NHS Foundation Trust

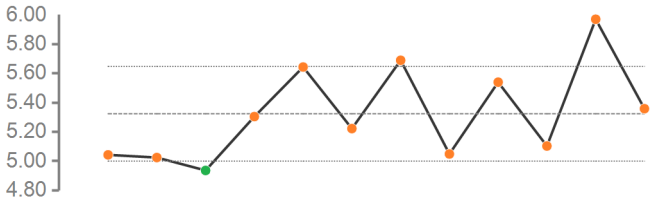
Strategic Theme: Patient Safety

Falls

May

Falls (per 1,000 bed days)

5.33 (-4.1%)



"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."

Highlights and Actions:

Falls incidents have decreased in May. There were a total of187 patient falls (199 in April) including 42 at K&CH (52 in April), 57 at QEQMH (51 in April) and , 88 at WHH (96 in April). There have been no falls resulting in moderate and above harms

QEQM of note:
7 falls on AMU A and St Augustine's.

K&CH of note:
7 falls on Harbledown (one patient fell 2 times).
7 falls on Kingston.

WHH of note:
9 falls on Richard Stevens (one patient fell 3 times).
7 falls on Cambridge J.
7 falls on Cambridge K (1 patient fell 3 times).
7 falls on Oxford (1 patient fell 3 times).

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

Patient Safety Month: Desktop visuals for falls prevention have been created. These include the high impact actions for falls prevention included in the falls CQUIN and post fall care. They will also be displayed as posters in the QII hubs during June.

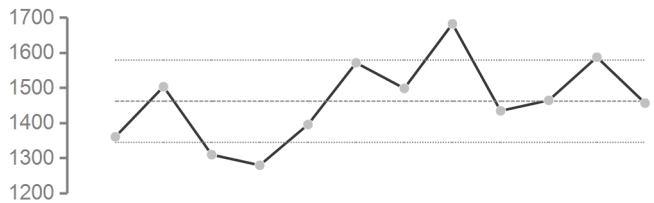
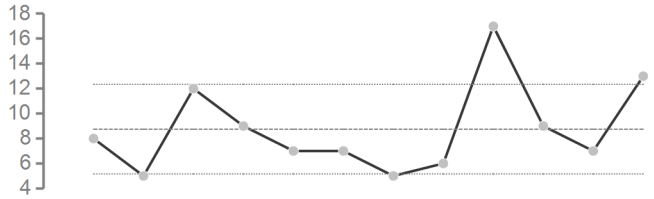
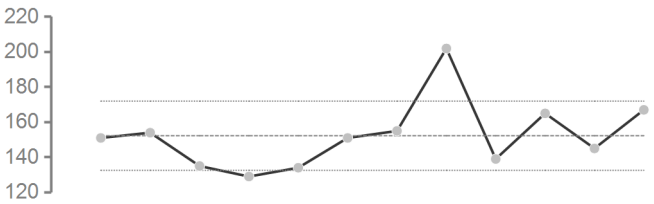
A small gap analysis audit has been completed to measure actual falls versus reported falls. This demonstrated that all falls were reported, indicating that there is an open reporting culture around falls.

Risks: The Falls Team continue to declare risks relating to the achievement of the CQUIN, due to the lack of resources to deliver quality improvement via the FallStop programme. A business case was presented to include 2 band 4 practitoners to continue to deliver the FallStop programme, ensuring 7 day cover across all sites and to support the 2019-2020 Falls CQUIN. This was declined but is being reviewed by the General and Specialist Medicine Care Group.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

May	Clinical Incidents: Total (#)	17,550 (6.2%)		"Number of Total Clinical Incidents reported, recorded on Datix.
May	Blood Transfusion Incidents	105 (-26.6%)		"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."
May	Medicines Mgmt. Incidents	1,827 (6.4%)		"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."

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Highlights and Actions:

A total of 1456 clinical incidents have been logged as occurring in May-19 compared with 1588 recorded for Apr-19 and 1493 in May-18.
In May-19, 19 incidents have been reported on StEIS. Six serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 12 in May-19 and 26 in Apr-19, and 5 in May-18.
Over the last 12 months incident reporting remains constant at K&C, but is increasing at WHH and QEQM.

IPR report for Medicine management – May 2019

As of 14/06/2019 the total number of medication related incidents reported in May 2019 was 182 showing an increase in the trajectory of reporting of incidents. These included 132 no harm, 46 low harm and 4 moderate harm incident. The severity of medication related incidents reported in May 2019 shows that 72.5% of medication related incidents reported were no harm incidents. There was no medication related incident reported in May 2019 that required RCA investigation or incidents sTEIS reported.
There were 54 incidents in May 2019 categorised as 'omitted medicine/ingredient', representing 29.7% of all medication related incidents reported in May. The data produced by the Medication Safety Thermometer in May 2019 was taken from 25 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 19.5% and the percentage of patients with a missed critical medicine was 8.1% in May.
There have been a range of Medication Safety posters have been used as Trust wall paper displays to highlight the key medication safety issues. The Medicine Patch rotation chart is being piloted on 3 wards in the Trust with the hope that this will reduce the risk of incidents around removal of patches. Some wards have adopted the recommendation that nurses should check charts at the end of the shift to ensure that all medications have been signed for to reduce blank spaces in drug charts being the primary cause of missed doses.
Regular foundation and core medical doctor teaching sessions on Medication Safety have been arranged throughout the end of this and the new academic year.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 13 Blood Transfusion related incidents in May 2019 (6 in April 2019 and 8 in May 2018).

Of the 13 incidents 12 were graded as no harm and 1 as low harm.

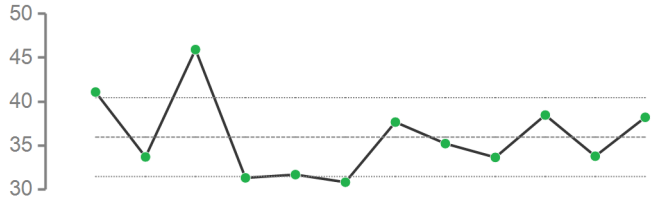
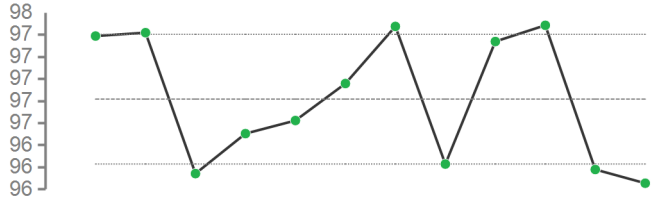
Five of the incidents fell in the category 'Treatment / procedure inappropriate / wrong' these incidents included a patient receiving two units of albumin without the product being second checked, a patient having blood antibodies which was not highlighted at pre assessment, a patient receiving a blood transfusion without the appropriate observations, a vial of anti D being drawn up for the wrong patient and then wasted and lastly a patient having a transfusion stopped and the unit placed under the pillow as the patient went to endoscopy.

The only other incident of note was a unit of platelets being given out by the laboratory without being issued and a compatibility label attached; this was then signed for by the porter and then checked on the ward and transfused to a patient. Although the patient did require a platelet transfusion these platelets were not the ones that were ordered for the patient and did not fully meet their requirements.
No other themes were identified.
Reporting by site: at 5 QEQM, 4 WHH and 3 at K&CH

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

May	IP FFT: Response Rate (%)	36 (3.0%)		"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."
May	IP FFT: Recommend (%)	97 (0.2%)		

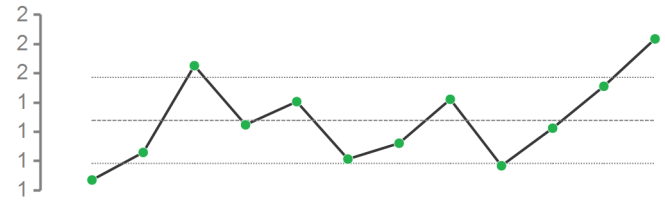
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

May

IP FFT: Not Recommend (%)

1.3
(-15.9%)



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

Highlights and Actions:

A total of 5588 responses were received. Overall response rates improved across inpatients and day cases and fell in ED and maternity. Response rate for the EDs was 15.78% (16.23% Apr-19), inpatients 38.21% (33.77% Apr-19), maternity; birth only 17.09% (33.19% Apr-19) and day cases 26.56% (26.06% Apr-19).

The Trust star rating in May is 4.54 (4.54 Apr-19). 90.78% of responders would recommend us to their friends and family and 5.36% would not. Recommendations by patients improved in ED, maternity, outpatients and day cases but fell slightly in inpatients. Inpatients, including paediatrics, who would recommend our services 96.06% (96.18% Apr-19), EDs 82.5% (78.7% Apr-19), maternity 98.9% (98.7% Apr-19), outpatients 92.3% (91.8% Apr-19) and day cases 94.8% (94.57% Apr-19).

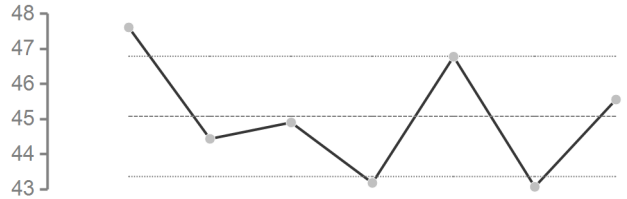
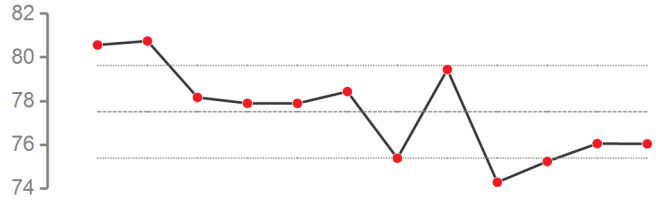
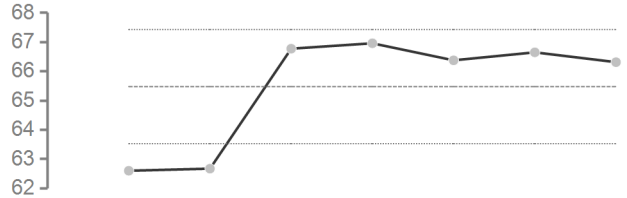
Care, Staff attitude and Implementation of care are the three top positive themes for May-19. The three top negative themes for the trust were Care, Staff Attitude and waiting times demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting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

May	IP Survey: Overall, did you get the care that matters to you?	44.8		Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %
May	IP Survey: Are you aware of nurse in charge of you each shift? (%)	77 (-1.7%)		IP Survey: Are you aware of nurse in charge of your care each shift? (%)
May	IP Survey: Encouraged to get up and wear own clothes (%)	66		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 3147 completed inpatient surveys, an increase from 2958 last month.

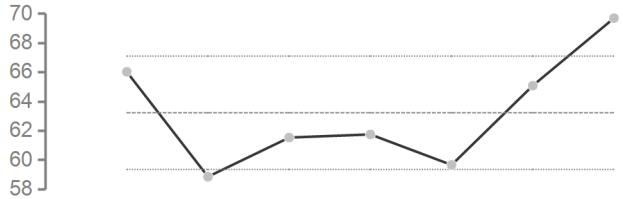
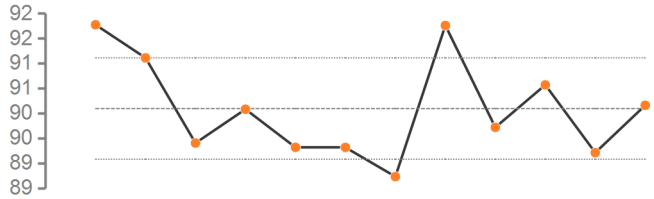
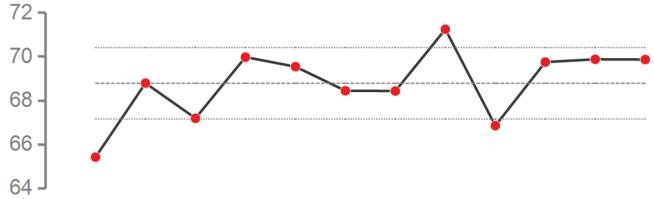
New questions were added into the survey in Nov-18 to enable close monitoring of four key areas where our performance in the 2017 national inpatient survey (published in May-18) was below the national average. Baseline performance in patients getting the care that matters to them, ensuring patients are 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 two 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

May	IP Survey: Help from Staff to Eat Meals (%)	64		Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"
May	Cleanliness %	90 (-0.5%)		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
May	Hospital Food? %	69 (-1.8%)		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 inpatient wards within the trust continue to report their performance (against the patient experience metrics) through the inpatient survey this month.

East Kent Hospitals University NHS Foundation Trust

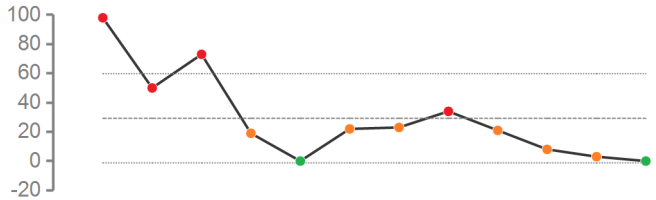
Strategic Theme: Patient Safety

Mixed Sex

May

Mixed Sex Breaches

351
(-71.6%)



"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 5 mixed sex accommodation occurrences in total, affecting 55 patients.

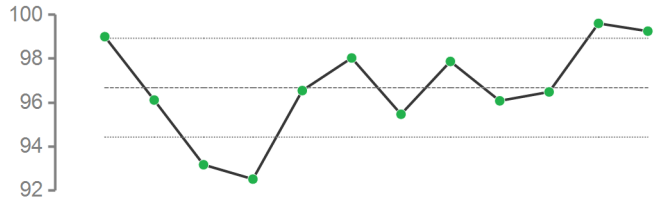
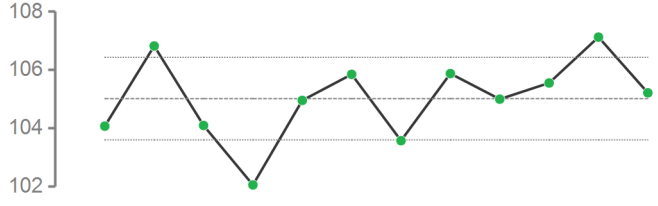
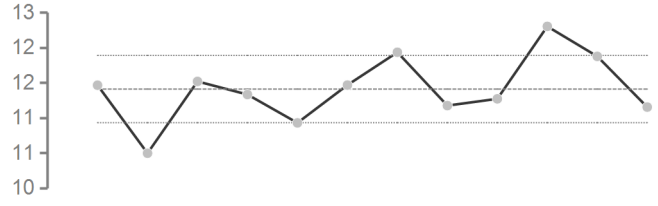
Incidence of mixed sex accommodation breaches occurred in WHH CCU (4) and K&C HDU (1), which was justifiable based on clinical need. This information has been reported to NHS England.

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

May	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.
May	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.
May	Care Hours Per Patient Day (CHPPD)	11 (-2.5%)		Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

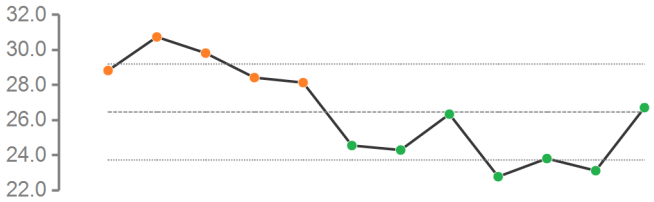
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

May

Midwife:Birth Ratio (%)

26.4
(-6.9%)



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 of101.9% compared to 102.9% in Apr-19.

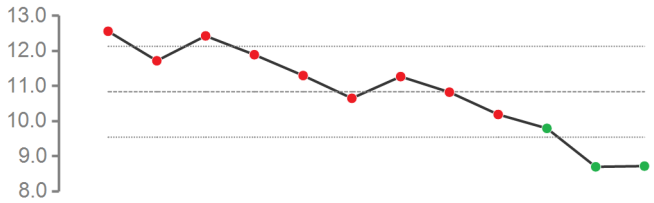
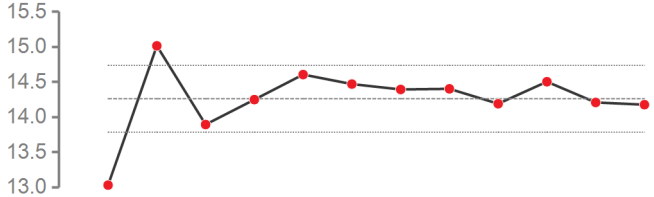
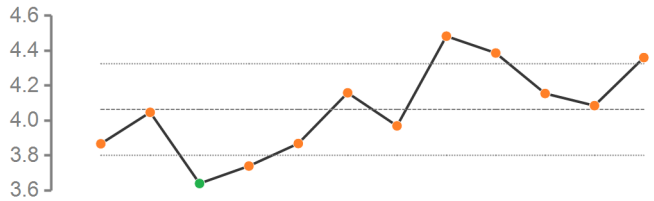
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. CHPPD is similar to Apr-19 and within the control limits. The range is from around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

May	Vacancy (Monthly) %	10.8 (-6.1%)		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."
May	Staff Turnover (%)	14.3 (7.6%)		"% 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."
May	Sickness (Monthly) %	4.1 (8.4%)		Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the

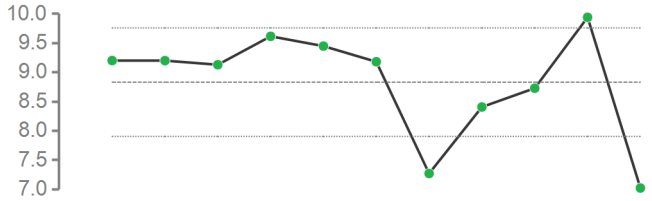
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

May

Overtime %

8.8
(1.8%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate decreased to 10.8% (last month 12.8%) for the average of the last 12 months, which is an improvement on last month and last year. However, the monthly rate increased slightly to 8.65% (up from 7.99%). There are currently approximately 690 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 approximately 450 WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 200 Nursing and Midwifery staff (including ODPs) and 100 Medical and Dental staff. For information, 59 WTE New Qualified Nurses have also been appointed. The Resourcing team have recruited approximately 1,800 new members of staff in the last 12 months. Although the vacancy rate increased this month, the last 12 months has seen an establishment increase of 440 WTE.

The Turnover rate in month decreased to 11.7% (last month 11.8%), although the 12 month average increased to 14.3% (14.2% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern. Turnover remains highest in Urgent & Emergency Care at 15.9%.

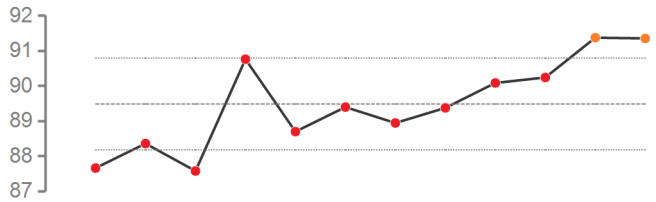
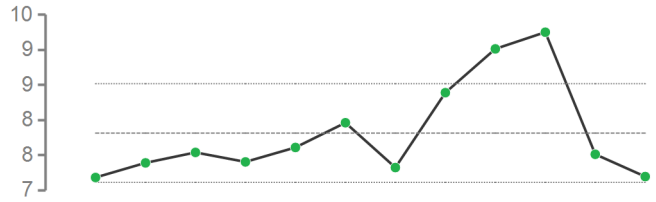
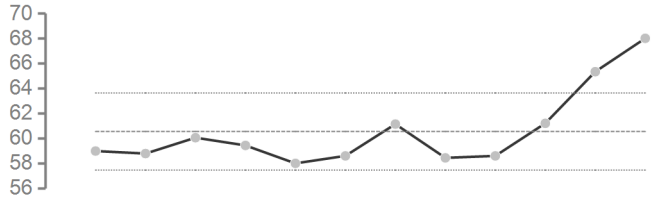
The in month sickness absence position for April was 4.08% - which is an decrease from4.16% in March. The 12 month average increased to 4.1%, and work is underway between the Employee Relations team and HRBPs to look into areas of high sickness absence to ensure all cases are being managed effectively. Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training.

Overtime as a % of wte decreased significantly last month, from approximately 10.0% to 7.0%, and is the lowest rate for the last 12 months. The average over the last 12 months decreased to 8.8% from 9.0% last month, although continues to show an upward trend. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

May	Employed vs Temporary Staff (%)	89.5 (0.9%)		"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."
May	Agency %	7.8 (20.2%)		% of temporary (Agency and Bank) staff of the total WTE
May	Bank Filled Hours vs Total Agency Hours	61 (5.4%)		% 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 May to7286.17 (up from 7282.99 WTE in March), which left a vacancy factor of approx. 689 wte across the Trust.

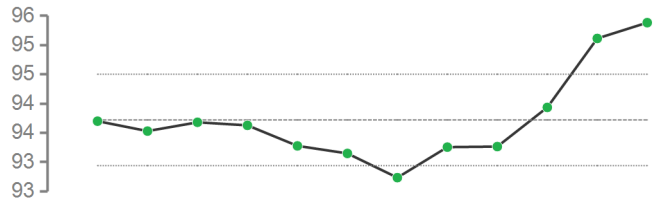
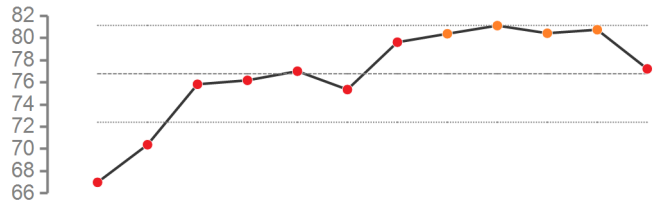
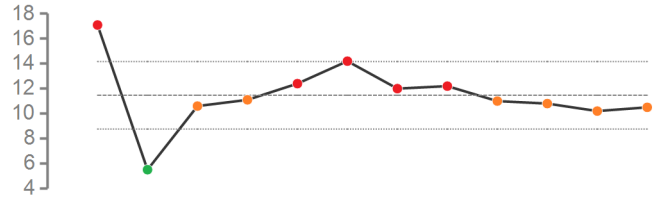
The average percentage of employed staff vs temporary staff over the last12 months increased to 89.5% (89.3% last month), and remains an improvement over the previous 12 months. As a result of this, the percentage of agency staff of the total WTE for the Trust decreased to approximately7%, from 8% in the previous month, and 10% the month before. 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.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

May	Statutory Training (%)	94 (1.7%) ↑		"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. "
May	Appraisal Rate (%)	76.8 (-3.4%) ↓		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.
May	Time to Recruit	11 (-17.8%) ↑		"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 94% in month for May (92% in April). This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate decreased to77% in month for May (81% in April), with Clinical Support Services achieving 86% compliance and Surgery & Anaesthetics achieving 84% 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.

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 11 weeks, which is an improvement of 1 week on the previous average. 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

May

	May-19				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	14,478	15,673	(-1,195)	-8%	29,625	30,161	(-536)	-2%	29,625	29,848	(-223)	-1%	<=0%
Referral Non-Primary Care	14,490	15,558	(-1,068)	-7%	29,882	29,673	209	1%	29,882	29,949	(-67)	0%	<=0%
OP New	18,293	17,542	751	4%	35,733	32,784	2,949	9%	35,733	35,452	281	1%	>=0%
OP Follow Up	39,142	40,391	(-1,249)	-3%	78,062	76,539	1,523	2%	78,062	79,578	(-1,516)	-2%	>=0%
Elective Daycase	6,762	6,371	391	6%	12,847	12,448	399	3%	12,847	12,965	(-118)	-1%	>=0%
Elective Inpatient	1,187	1,321	(-134)	-10%	2,261	2,638	(-377)	-14%	2,261	2,454	(-193)	-8%	>=0%
A&E	19,882	18,767	1,115	6%	38,955	36,251	2,704	7%	38,955	36,171	2,784	8%	>=0 & <5%
Non-Elective Inpatient	7,789	6,784	1,005	15%	15,103	13,232	1,871	14%	15,103	13,460	1,643	12%	>=0 & <5%
Chemotherapy	1,323	1,315	8	1%	2,559	2,494	65	3%	2,559	2,452	107	4%	>=0%
Critical Care	1,698	2,049	(-351)	-17%	3,514	3,819	(-305)	-8%	3,514	3,747	(-233)	-6%	>=0%
Dialysis	7,514	7,174	340	5%	14,875	14,014	861	6%	14,875	13,722	1,153	8%	>=0%
Maternity Pathway	1,164	1,160	4	0%	2,209	2,278	(-69)	-3%	2,209	2,233	(-24)	-1%	>=0%
Pre-Op Assessments	3,124	3,859	(-735)	-19%	6,193	7,274	(-1,081)	-15%	6,193	6,881	(-688)	-10%	>=0%
Diagnostic	497,678	475,690	21,988	5%	969,678	936,129	33,549	4%	969,678	922,733	46,945	5%	<=0%
Other	5,357	5,502	(-145)	-3%	10,118	10,679	(-561)	-5%	10,118	10,327	(-209)	-2%	>=0%

East Kent Hospitals University NHS Foundation Trust

May 2019

Summary Performance

Elective Care

In May Primary Care referrals were 8% (-1,195) below planned levels. The decrease was observed across a number of specialties, most notably in Cardiology, Ophthalmology, Gastroenterology and Paediatrics. Rapid Access referral levels are comparable to last year, this remains slightly lower than the YTD plan which had assumed a small level of growth. Non Primary Care referrals were also below expected levels by 7% (-1,068) in month.

The Trust achieved the new outpatient plan in May with appointments 4% above planned levels generating a YTD variance 9% above plan. Physiotherapy (-234) and Gastroenterology (-148) continue to underperform the business plan.

The Trust under-performed the follow up plan in May (-3%) but remains above planned levels YTD (+2%). The biggest drivers behind the under-performance are Ophthalmology, Physiotherapy, Community Paediatric, Neuro-Disability and Community Paediatrics.

Daycase admissions hit plan and delivered in May increasing YTD performance to 3% above plan (+399). Daycase productivity delivered in May increased from the previous month by 11%.

Elective Admissions are 14% (-377) behind the plan in the YTD with General Medicine (-209), Trauma and Orthopaedics (-95) and General Surgery (-61) contributing to the largest underperformance.

Non Elective Care

Emergency Attendances are 7% above plan in the YTD which represents an 8% increase on the numbers received during the same period last year. 28.1 % of the attendances are converting to inpatients, this is generating a YTD increase of 12% against previous years.

East Kent Hospitals University NHS Foundation Trust

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	2,235	3,045	-27%	-810
130 - Ophthalmology	2,174	2,582	-16%	-408
101 - Urology	1,238	1,543	-20%	-305
420 - Paediatrics	892	1,189	-25%	-297
301 - Gastroenterology	1,262	1,523	-17%	-261
291 - Community Paediatric Neuro-Disa	314	178	76%	136
191 - Pain Management	390	248	57%	142
104 - Colorectal Surgery	1,637	1,471	11%	166
110 - Trauma & Orthopaedics	1,887	1,636	15%	251
340 - Respiratory Medicine	1,132	766	48%	366
Total	**29,625**	**30,161**	**-2%**	**-536**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	3,894	6,500	-40%	-2,606
430 - HCOOP	275	559	-51%	-284
651 - Occupational Therapy	329	468	-30%	-139
328 - Stroke Medicine	246	120	105%	126
650 - Physiotherapy	2,347	2,219	6%	128
300 - General Medicine	690	516	34%	174
100 - General Surgery	825	527	57%	298
130 - Ophthalmology	2,872	2,507	15%	365
502 - Gynaecology	1,676	1,151	46%	525
340 - Respiratory Medicine	2,036	399	410%	1,637
Total	**29,882**	**29,673**	**1%**	**209**

OP New

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	3,202	3,436	-7%	-234
301 - Gastroenterology	1,078	1,226	-12%	-148
655 - Orthoptics	403	244	65%	159
215 - Paediatric ENT	259	35	642%	224
330 - Dermatology	2,221	1,926	15%	295
104 - Colorectal Surgery	1,417	1,115	27%	302
420 - Paediatrics	1,616	1,259	28%	357
502 - Gynaecology	2,573	2,141	20%	432
110 - Trauma & Orthopaedics	2,773	2,221	25%	552
130 - Ophthalmology	3,398	2,770	23%	628
Total	**35,733**	**32,784**	**9%**	**2,949**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	7,963	8,657	-8%	-694
650 - Physiotherapy	10,110	10,462	-3%	-352
291 - Community Paediatric Neuro-Disa	780	1,103	-29%	-323
290 - Community Paediatrics	3,892	4,156	-6%	-264
410 - Rheumatology	1,691	1,405	20%	286
330 - Dermatology	3,339	3,016	11%	323
502 - Gynaecology	2,630	2,304	14%	326
140 - Maxillo Facial	1,930	1,590	21%	340
800 - Clinical Oncology	7,515	7,145	5%	370
655 - Orthoptics	1,518	709	114%	809
Total	**78,062**	**76,539**	**2%**	**1,523**

East Kent Hospitals University NHS Foundation Trust

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	691	899	-23%	-208
140 - Maxillo Facial	387	493	-21%	-106
340 - Respiratory Medicine	152	246	-38%	-94
320 - Cardiology	502	565	-11%	-63
101 - Urology	1,434	1,337	7%	97
303 - Clinical Haematology	711	607	17%	104
110 - Trauma & Orthopaedics	901	790	14%	111
800 - Clinical Oncology	1,152	1,035	11%	117
301 - Gastroenterology	352	143	147%	209
410 - Rheumatology	249	20	1165%	229
Total	**12,847**	**12,448**	**3%**	**399**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	183	392	-53%	-209
110 - Trauma & Orthopaedics	557	652	-15%	-95
100 - General Surgery	144	205	-30%	-61
120 - Ear, Nose & Throat	81	122	-33%	-41
320 - Cardiology	18	43	-58%	-25
140 - Maxillo Facial	39	59	-34%	-20
340 - Respiratory Medicine	9	22	-58%	-13
501 - Obstetrics	11	0		11
420 - Paediatrics	56	45	26%	11
811 - Interventional Radiology	52	19	167%	33
Total	**2,261**	**2,638**	**-14%**	**-377**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
420 - Paediatrics	1,392	1,563	-11%	-171
300 - General Medicine	3,874	4,045	-4%	-171
560 - Midwifery	317	465	-32%	-148
501 - Obstetrics	822	895	-8%	-73
320 - Cardiology	338	409	-17%	-71
110 - Trauma & Orthopaedics	647	717	-10%	-70
340 - Respiratory Medicine	117	166	-29%	-49
430 - HCOOP	1,440	1,402	3%	38
101 - Urology	758	663	14%	95
180 - Accident & Emergency	2,954	417	608%	2,537
Total	**15,103**	**13,232**	**14%**	**1,871**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	969678	936129	4%	33,549
A&E	38955	36251	7%	2,704
Pre-Op	6193	7274	-15%	-1,081
Dialysis	14875	14014	6%	861
Other	10118	10679	-5%	-561
Critical Care	3514	3819	-8%	-305
Maternity Pathway	2209	2278	-3%	-69
Chemotherapy	2559	2494	3%	65

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

81.22%

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Green
4 Hour Compliance (EKHUFT Sites) %*	82.55%	79.18%	80.04%	77.15%	80.89%	81.74%	79.36%	74.20%	73.85%	78.23%	77.13%	81.22%	95%
4 Hour Compliance (inc KCHFT MIUs)	85.67%	82.95%	83.52%	81.02%	83.88%	84.50%	82.25%	77.93%	77.56%	81.53%	80.54%	84.26%	95%
12 Hour Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0
Left without being seen	2.05%	2.75%	2.44%	3.52%	3.09%	2.77%	3.03%	3.02%	3.56%	3.67%	4.03%	3.49%	<5%
Unplanned Reattenders	9.31%	9.84%	9.91%	10.23%	9.82%	9.56%	9.46%	9.59%	9.82%	9.83%	10.70%	9.98%	<5%
Time to initial assessment (15 mins)	92.8%	94.4%	91.4%	72.8%	71.4%	70.9%	65.0%	66.3%	66.3%	65.6%	66.9%	68.3%	90%
% Time to Treatment (60 Mins)	51.7%	42.7%	48.1%	45.7%	50.7%	52.7%	48.7%	50.5%	47.9%	44.9%	44.0%	45.9%	50%

2019/20 Trajectory (NHSI return)

-0.7 %

	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%	81.2%											

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

Summary Performance

May performance for the organisation against the 4 hour target was 81.22%; against the NHS Improvement trajectory of 81.9%.This represents an improvement in performance compared to the previous month of 4.1% (from 77.13%), and an increase compared to the same month last year (80.8% in 2018). There were no 12 Hour Trolley Waits in May. The proportion of patients who left the department without being seen was 3.49%. The unplanned re-attendance position remains high at 9.98%. Time to treatment within 60 minutes remained below 50% at 45.9%.

East Kent Hospitals University NHS Foundation Trust

Issue

- Patient flow is blocked due to the high >7 day and >21 day patients and DTOC patients.
- Community capacity is limited and is preventing discharge.
- High number of presentations – 7% above plan year to date and 8% above last year.

Action

- Review all >7 day patients to agree clinically the next steps.
- KMPT recovery plan for rapid transfer service is underway.
- Diversion actions implemented for SECAMB.
- LoS action plan in place.

Timescale

- LoS actin plan – 1 month to implement.

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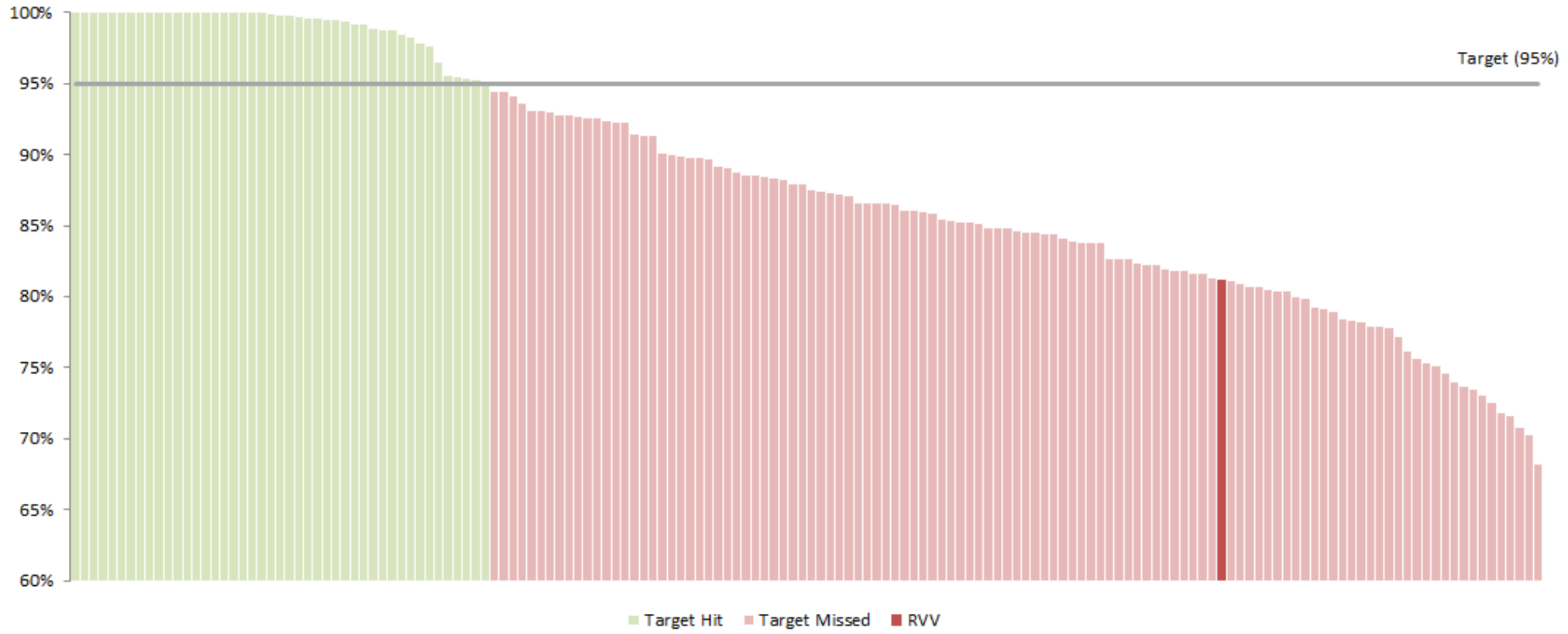
May 2019 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 124 of 158 trusts

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



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Cancer Compliance

Key Performance Indicators

80.18 %

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Green
62 Day Treatments	64.88%	65.38%	65.79%	68.84%	75.85%	70.95%	82.08%	68.21%	76.88%	81.56%	78.44%	80.18%	>=85%
>104 day breaches	34	36	24	12	9	4	8	10	8	7	10	6	0
Demand: 2ww Refs	3,243	3,204	3,100	2,874	3,483	3,307	2,656	3,414	3,228	3,320	3,213	3,442	3046 - 3367
2ww Compliance	94.20%	94.97%	93.64%	91.08%	83.43%	93.29%	96.73%	96.52%	98.31%	97.87%	97.70%	96.53%	>=93%
Symptomatic Breast	94.12%	93.13%	84.17%	94.39%	68.46%	83.33%	95.00%	97.22%	98.31%	92.76%	93.64%	93.81%	>=93%
31 Day First Treatment	96.25%	95.52%	95.41%	97.50%	97.40%	97.07%	97.66%	95.63%	97.73%	96.06%	97.54%	95.72%	>=96%
31 Day Subsequent Surgery	82.22%	94.44%	95.56%	96.00%	93.33%	100.00%	97.22%	97.78%	96.49%	94.74%	84.31%	94.12%	>=94%
31 Day Subsequent Drug	99.03%	99.15%	98.96%	97.75%	99.19%	98.06%	98.85%	98.28%	97.27%	100.00%	100.00%	99.18%	>=98%
62 Day Screening	100.00%	80.00%	93.94%	87.76%	87.50%	85.71%	87.50%	100.00%	76.92%	82.61%	100.00%	91.89%	>=90%
62 Day Upgrades	80.65%	84.62%	95.24%	72.73%	80.77%	90.00%	70.00%	84.00%	86.67%	76.47%	80.00%	85.71%	>=85%

2019/2020 Trajectory

-5.53 %

	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	78.44%	80.18%											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.

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62 Day Performance Breakdown by Tumour Site

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
01 - Breast	95.5%	93.8%	80.8%	89.2%	73.9%	72.4%	89.2%	67.4%	84.3%	86.0%	85.0%	76.7%
03 - Lung	76.5%	70.8%	72.3%	57.1%	52.2%	59.4%	93.5%	64.5%	81.8%	93.3%	57.9%	65.5%
04 - Haematological	50.0%	70.6%	13.3%	63.2%	50.0%	71.4%	75.0%	38.5%	33.3%	62.5%	70.0%	54.5%
06 - Upper GI	78.6%	90.3%	66.7%	59.1%	70.6%	64.7%	100.0%	61.1%	75.0%	60.9%	83.3%	69.4%
07 - Lower GI	63.4%	68.3%	75.0%	65.0%	84.8%	41.4%	57.1%	62.9%	73.8%	64.7%	61.5%	72.7%
08 - Skin	97.1%	97.8%	97.1%	100.0%	100.0%	91.7%	96.7%	94.9%	98.2%	100.0%	95.7%	98.1%
09 - Gynaecological	42.1%	52.0%	72.7%	84.0%	69.7%	100.0%	80.0%	80.0%	71.4%	76.5%	80.0%	78.6%
10 - Brain & Nervous System				100.0%								
11 - Urological	38.8%	39.4%	51.5%	52.1%	70.5%	67.8%	78.4%	64.8%	81.1%	76.2%	85.5%	87.5%
13 - Head & Neck	93.3%	60.0%	60.0%	56.3%	100.0%	50.0%	85.7%	52.4%	42.1%	92.6%	40.0%	33.3%
14 - Sarcoma	100.0%	0.0%			100.0%		100.0%	50.0%	50.0%		100.0%	0.0%
15 - Other	40.0%	100.0%	50.0%	66.7%	0.0%		33.3%	0.0%	40.0%	25.0%	0.0%	66.7%

Summary Performance

May 62 day performance is currently 80.18% against the improvement trajectory of 85.71%, validation continues until the beginning of July in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,620 and there were 6 patients waiting 104 days or more for treatment or potential diagnosis.

East Kent Hospitals University NHS Foundation Trust

Issue

- Joint organisational pathways are too long and outside national standards.
- Patient pathway management.
- Continued detailed tracking of patients.

Actions

- COO and CEO calls and letters to partner trusts.
- Director of Operations to recheck training and coaching of administration staff.
- PTL tracking to be completed and monitored.

Timescales

- Joint pathway – October 2019. Recruitment needed in oncologists.
- Further development on pathway management underway.
- Senior staff assisting to ensure PTL tracking is underway.

Over 104 day patients has 6 patients waiting:

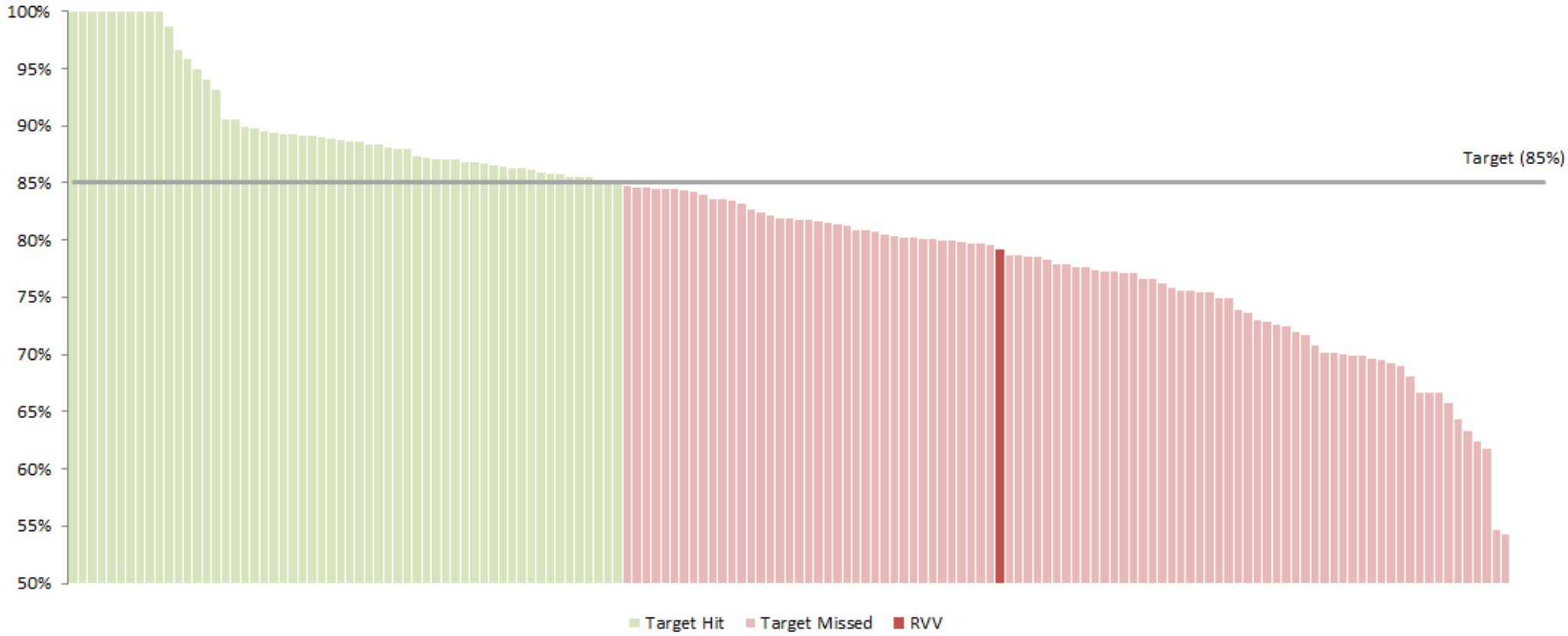
- Patient 1 – on a Lower GI pathway and will be treated in June 19.
- Patent 2 - on a Lung pathway and will be having radiotherapy and treated in June 19.
- Patient 3 – on a Lung pathway and will be having surgery at another Trust and treated in June 19.
- Patient 4 – on an Upper GI pathway and treated with chemotherapy in June 19.
- Patient 5 – on a Urology pathway and will be having an Oncology appointment and treated in June 19.
- Patient 6 – on a Urology pathway and will be having Brachytherapy and treated in June 19.

East Kent Hospitals University NHS Foundation Trust

April 2019 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 98 of 153 trusts

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



East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

80.66 %

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Green
Performance	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%	77.89%	80.03%	79.15%	80.66%	>=92%
52w+	201	167	125	129	120	102	74	38	27	8	3	4	0
Waiting list Size	53,411	53,193	53,552	54,712	55,607	54,492	53,169	50,134	48,743	48,695	45,867	46,359	<38,938
Backlog Size	11,207	10,824	11,212	12,983	13,966	15,170	14,662	11,984	10,776	9,723	9,564	8,964	<2,178

2019/2020 Trajectory

1.66 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
Performance Trajectory	78.00%	79.00%	80.00%	80.00%	78.00%	80.00%	81.00%	82.00%	79.00%	80.00%	81.00%	82.00%	
Performance	79.15%	80.66%											

4

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

The 18 week performance is above the agreed trajectory, with further reduction in 52 week wait patients (4) and further reduction in backlog size.

East Kent Hospitals University NHS Foundation Trust

Issue

- Long waiting patients: booking agreements are too long.
- Waiting list size has grown.
- 18 week compliance needs detailed management.

Actions and timescale

- Each 52 week patient has an appointment/admission plan in place.
- Referrals have decreased and continued monitoring is in place.
- Training for managers and administrative staff by NHSI will commence to provide further RTT development.

Over 52 week patient breaches

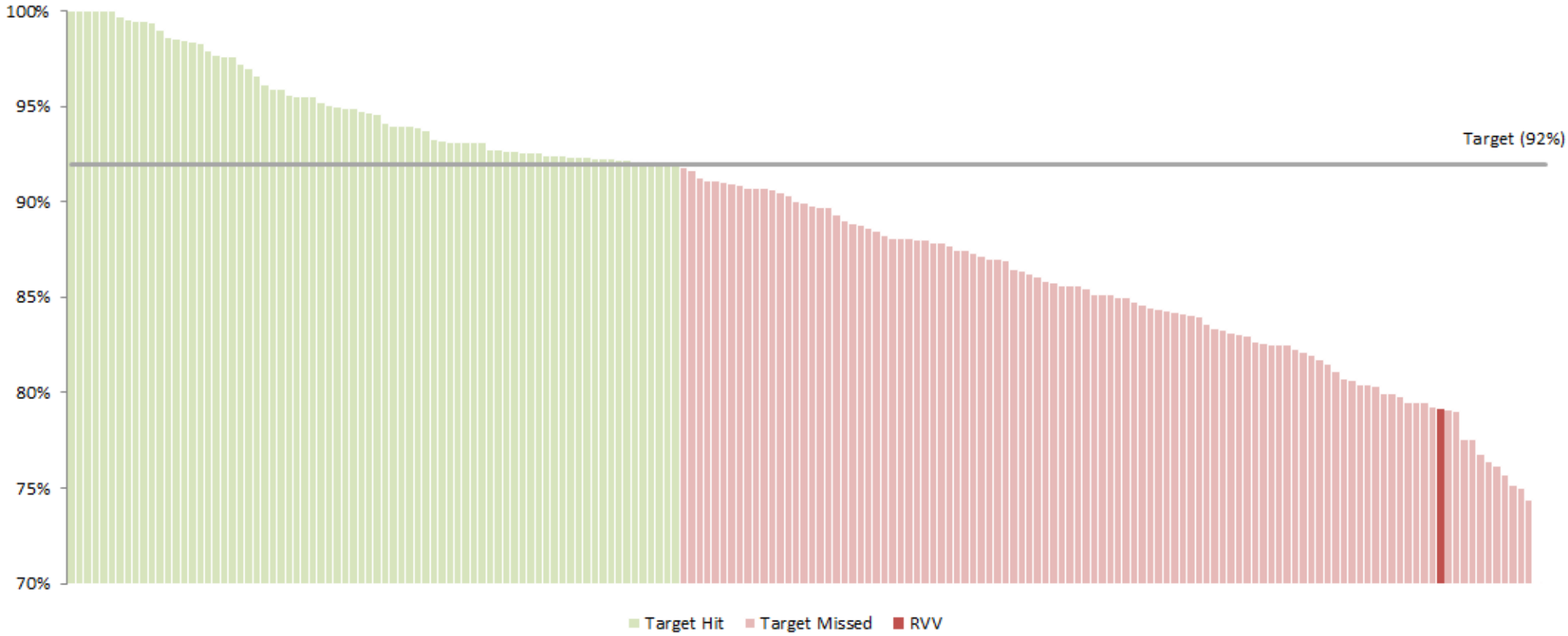
Patient 1 – Ophthalmology patient who has a TCI date and will be treated on the 27 June 2019.
Patient 2 - Ophthalmology patient who has a TCI date and will be treated on the 12 June 2019.
Patient 3 - Gynaecology patient who has been discharged back to her GP on the 5 June 2019.
Patient 4 – ENT patient who has a TCI date and will be treated on the 19 June 2019.

East Kent Hospitals University
NHS Foundation Trust

April 2019 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 171 of 184 trusts

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



East Kent Hospitals University NHS Foundation Trust

Key Performance Indicators

99.45 %

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Green
Performance	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.72%	99.49%	99.59%	99.29%	99.45%	>=99%
Waiting list Size	16,350	16,888	15,126	12,750	12,820	13,329	12,235	12,949	14,210	15,058	15,517	15,228	<14,000
Waiting >6 Week Breaches	149	264	298	182	88	46	54	36	73	61	110	84	<60

2019/20 Trajectory

0.35 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
STF Trajectory	99.11%	99.11%	99.11%	99.11%	99.11%	99.10%	99.10%	99.10%	99.11%	99.11%	99.11%	99.11%
Performance	99.29%	99.45%										

Summary Performance

The standard has been met for May 19 with a compliance of **99.45%**. As at the end of the month there were **84** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 45
- Cardiology: 25
- Urodynamic: 14
- Sleep Studies : 0
- Cystoscopy : 0
- Colonoscopy : 0
- Gastroscopy : 0
- Flexi Sigmoidoscopy : 0

East Kent Hospitals University NHS Foundation Trust

Issue

- Maintenance and sustainability of radiology equipment.
- Increased volume in last three months.

Action and timescale

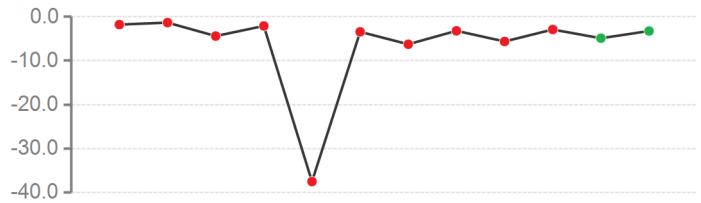
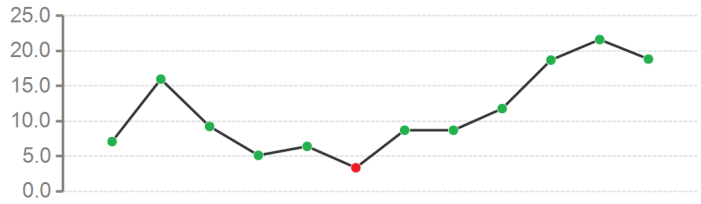
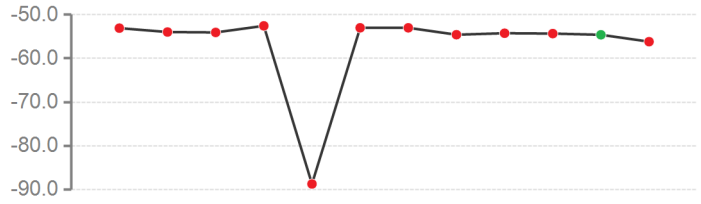
- Development of a radiology improvement plan.
- Development of an outpatients improvement plan.
- Development of an endoscopy improvement plan.

All for delivery in 2019/20 financial year.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

May	I&E £m (Trust Only)	-8.1 (-33.9%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.The significant I&E movement in October 2018 is caused by a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether which is excluded from our NHSI I&E performance evaluation.
May	Cash Balance £m	18.8 (-12.9%)		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.
May	Total Cost £m (Trust Only)	-56.2 (2.9%)		Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above.

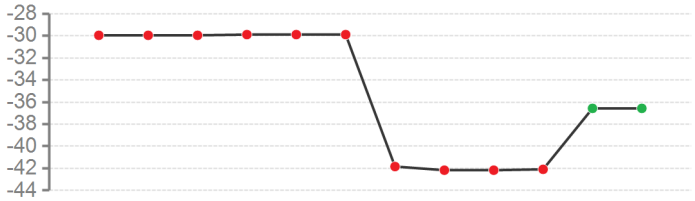
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

May

Forecast £m

-36.6
(0.0%)



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

Highlights and Actions:

The Trust generated a consolidated deficit in month of £3.2m which is in line with the planned position. The year-to-date deficit of £7.9m is £0.1m ahead of plan. The final year-end forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments.

The main drivers of the in-month position were:
- EKHUFT Clinical income overperformance of £0.2m driven by £0.8m of overperformance in emergency activity due to 7.5% higher than planned levels YTD which has led to an increase in admissions in the new Observation Bays at QEQM and WHH. This overperformance is partially offset by £0.5m of underperformance in outpatient activity due to lower than planned referral rates.
- EKHUFT Pay underspend of £0.5m due to £0.7m of overspends in mainly medical agency staffing due to continued operational pressures, being entirely offset by £1.2m underspend in bank & substantive pay categories.
- EKHUFT Non-pay overspend against plan of £0.7m. The main drivers for the overspend are non-clinical supplies and services and drugs which are adverse to plan by a total of £1.6m in month and £1.9m YTD. The overspend on non-clinical supplies relates to the subjective impact of a change control notice with 2gether which transferred over the management of EME non pay and Modular Theatre rental budgets to them along with funding for 2019-20 pay inflation.
- The subsidiaries position was on plan on month, but further work is required to ensure that key drivers of the position are understood and reported each month.

Overall clinical income was £0.2m favourable to plan, although the East Kent CCG contract was in line with the plan excluding high cost drugs which was above plan by £0.4m, this was offset by an underperformance against plan with the NHSE specialised services contract of £0.3m driven by lower than anticipated NICU and ITU activity.

The target for the year is £30m. The Trust has achieved £2.8m of savings YTD against a plan of £2.1m. Within this £0.5m of savings were delivered non-recurrently.

The forecast CIP achievement for the year is £30m, but as the target increases throughout the year the Trust is maintaining confirm and challenge meetings to ensure robust delivery plans are in place. As at the time of reporting, c.70% of schemes forecast were delivered or '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.

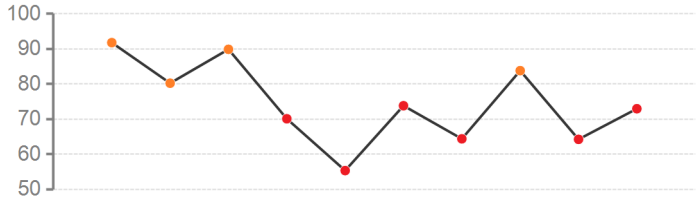
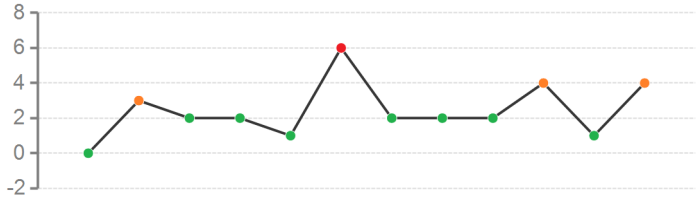
This focus on delivering the financial position is being maintained by a combination of monthly Executive Performance Review meetings and Confirm and Challenge meetings led by the Chief Operating Officer and Finance Director.

The Trust's cash balance at the end of May was £18.8m which is £6.2m above plan. The Trust did not borrow any cash in May therefore total Trust borrowings remained at £96.5m

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

May	H&S HASTA All Scores	73 (-12.3%)		Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	★★★
May	RIDDOR Reports (Number)	29 (11.5%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	★★☆

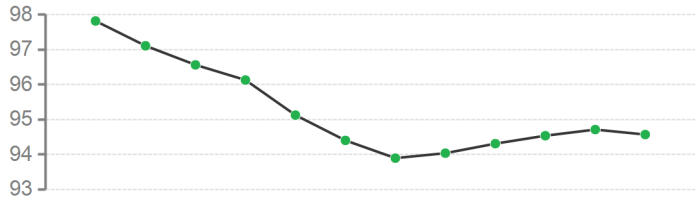
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

May

Health & Safety Training

95
(-3.3%)



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

Highlights and Actions:

In May Health and Safety HASTA scores achieved 74% cumulatively. The annual audit schedules are now in place and have been signed off at the Strategic Health and Safety Committee. All Care Groups and the Corporate areas have now identified Health and Safety leads. A monthly meeting is now in place to support the new leads in their roles.

RIDDORS

In May there were 4 reportable RIDDORS. Two were Trust staff and two were2gether Support Service staff.
The incidents were a sprained back, a shoulder strain/sprain, a stress fracture and a strangulated hernia, all resulting in absence from work for more than 7 days which means they are RIDDOR reportable.

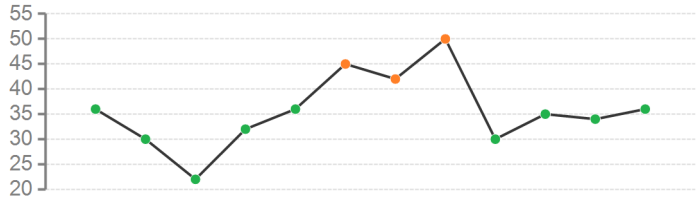
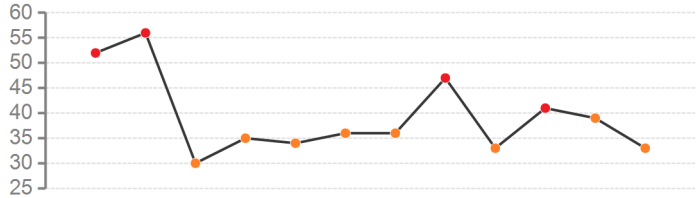
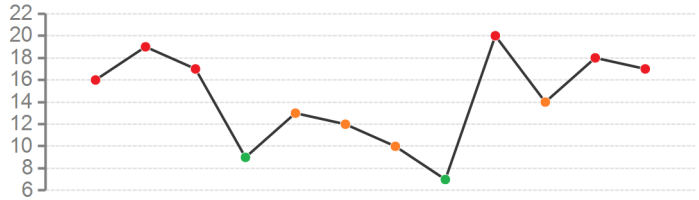
Health and Safety Training

There has been a consistently good performance of mandatory training modules by staff with a 94.57% compliance for May. Cumulative performance has recorded a95.27% compliance.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

May	Accidents	428 (5.4%)		"Accidents excluding sharps (needles etc) but including manual handling.
May	Violence & Aggression	472 (-6.7%)		"Violence, aggression and verbal abuse.
May	Sharps	172 (8.2%)		"Incidents with sharps (e.g. needle stick).

Highlights and Actions:

In May there were 36 accidents which was a marginal increase 1 when compared with April's figures.

The number of incidents reported due to violence and aggression and verbal abuse was 33 which is a reduction of 7 from April 2019. The majority of these being reported as aggressive behaviour by patients to members of staff.

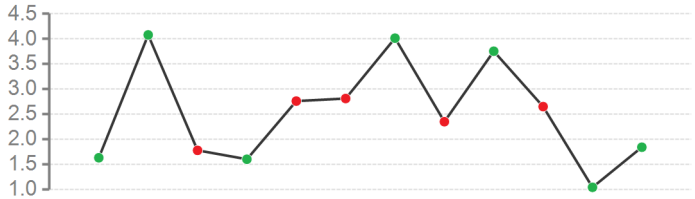
The Trust's MAYBO training is now in place for2019/20 with spaces for 200 staff to attend.
There are also 3 Conflict Resolution training sessions in place running every month.

The number of sharps incidents recorded for May was 17 which is marginally less than April by 1. All incidents were sustained whilst performing patient procedures.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

May	CIPS £m	2.9 (76.9%)		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.
May	Cash borrowings £m	8.1		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

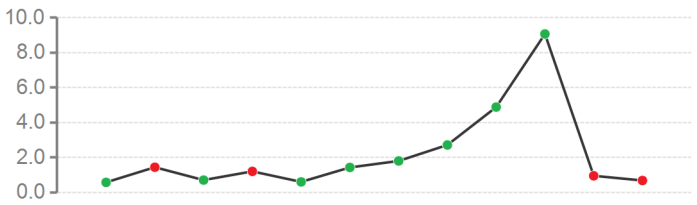
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

May

Capital position £m

1.6
(-28.3%)



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 reduced in May by£3.9m to £18.2m. The largest debtors at 31st May were 2gether Support Solutions £3.9m and NHS England £1.9m. Work is on-going to ensure streamlined processes and minimise intra-company debt.

CAPITAL
Total YTD expenditure up to May is£1.5m which is £0.2m above plan. This is mainly due to legacy spend from 2018/19 schemes in A&E and equipment replacement. It is expected that spend will fall back in line with the YTD plan for Month 3.

EBITDA
The Trust is reporting a year to date deficit EBITDA of£4.3m.

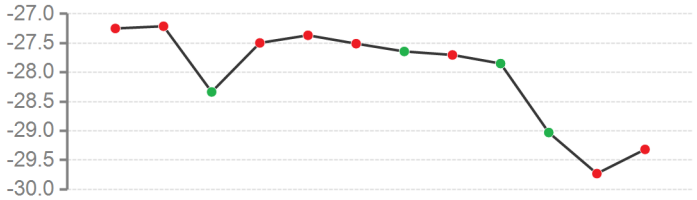
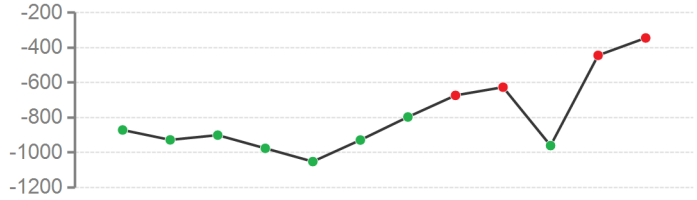
CASH
The closing cash balance for the Trust as at 31st May was £18.8m, £6.2m ahead of plan.

FINANCING
£413k of interest has been incurred year-to-date in respect of the drawings against working capital facilities.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

May	Payroll Pay £m	-29.3 (-1.4%)		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.
May	Agency Spend £m	-3.1 (6.2%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
May	Independent Sector £k	-344 (-22.4%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:

Pay performance is favourable to May plan by £0.5m. This was driven by an agency overspend of £0.7m due to above plan usage of agency staff for medical and nursing cover offset by underspends on substantive and bank staffing costs of £1.2m.

Total expenditure on pay in May was £33.7m, a £0.1m reduction from April.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Jan	Feb	Mar	Apr	May	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	77.93	77.56	81.53	80.54	84.26	>= 95
	ED - 1hr Clinician Seen (%)	50	48	45	42	45	>= 55 & <55
MD04 - Flow	DToCs (Average per Day)	54	66	76	97	94	>= 0 & <35
	IP - Discharges Before Midday (%)	15	15	17	19	19	>= 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	68.21	76.88	81.56	78.44	80.18	>= 85
MD07 - Maternity	Staff Turnover (Midwifery)	13	13	13	13	13	>= 0 & <10
	Vacancy (Midwifery) %	5	6	6	7	7	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	14.4	14.2	14.5	14.2	14.2	>= 0 & <10
	Staff Turnover (Nursing)	14	13	14	13	13	>= 0 & <10
	Staff Turnover (Medical)	14	13	14	13	13	>= 0 & <10
	Vacancy (Nursing) %	15	14	14	13	14	>= 0 & <7
	Vacancy (Medical) %	12	11	10	9	9	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	80.4	81.1	80.4	80.7	77.2	>= 85
	Statutory Training (%)	93	93	94	95	95	>= 85

East Kent Hospitals University NHS Foundation Trust

Glossary

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

Cancer	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	4hr % Compliance from Presentation to Stroke Ward	4hr % Compliance from Presentation to Stroke Ward, as per BPT		
	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist to ensure completion. After each procedure, the recovery staff check that each of the surgical checklists have been carried out. This compliance monitors against a random set of 10 patients each day from this process.	>= 99	10 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90 & <90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>= 95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90 & <90	5 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Staff FFT - Work (%)	"Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 60	50 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %

Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	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	
Diagnostics	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
Finance	Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March of the relevant financial year. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	10 %
	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 %
	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 %
	I&E £m (Trust Only)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.The significant I&E movement in October 2018 is caused by a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether which is excluded from our NHSI I&E performance evaluation.	>= 0	30 %
Health & Safety	Sharps	"Incidents with sharps (e.g. needle stick).	>= 0 & <10	5 %
	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	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 %
Incidents	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm			
	Clinical Incidents: Severe Harm			
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	Serious Incidents (STEIS)	"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <1	
	Blood Transfusion Incidents	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Clinical Incidents: 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 %

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

Mortality	Crude Mortality NEL (per 1,000)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <90	35 %
	Number of Deaths that were >50% Avoidable	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable','Strong evidence of avoidability','Probably avoidable (more than 50:50)')		
	SHMI	"Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data."	>= 0 & <0.95	15 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
Observations	VTE: Risk Assessment %	"Adults (16+) who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant."	>= 95	20 %
Patient Experience	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	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		

Patient Experience	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 %
	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 %
	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		
	Compliments	Number of compliments received	>= 1	
	IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
	IP Survey: Are you aware of nurse in charge of you each shift? (%)	IP Survey: Are you aware of nurse in charge of your care each shift? (%)	>= 89	4 %
	IP Survey: Overall, did you get the care that matters to you?	Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %		
	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		

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

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

Staffing	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
	NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
	Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Sickness (Monthly) %	Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 3.3 & <3.7	10 %
	Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
	Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months."	>= 0 & <10	
	Staff Turnover (Nursing)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Vacancy (Medical) %	"% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Midwifery) %	"% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Monthly) %	Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	

Training	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %

Data Assurance Stars