NHS
East Kent Hospitals University
NHS Foundation Trust

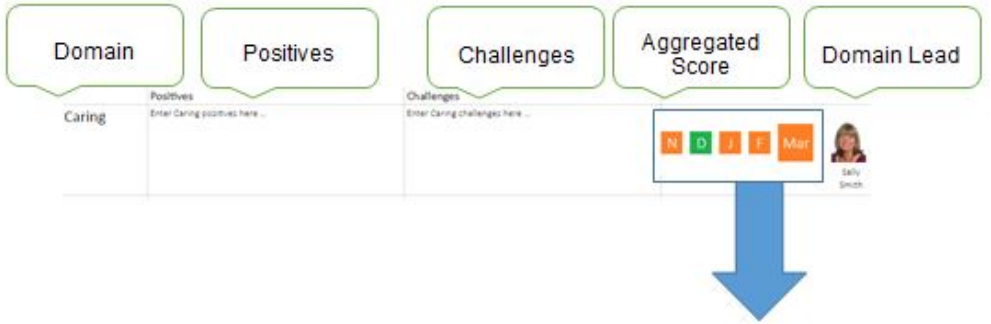
JANUARY 2020

INTEGRATED PERFORMANCE REPORT

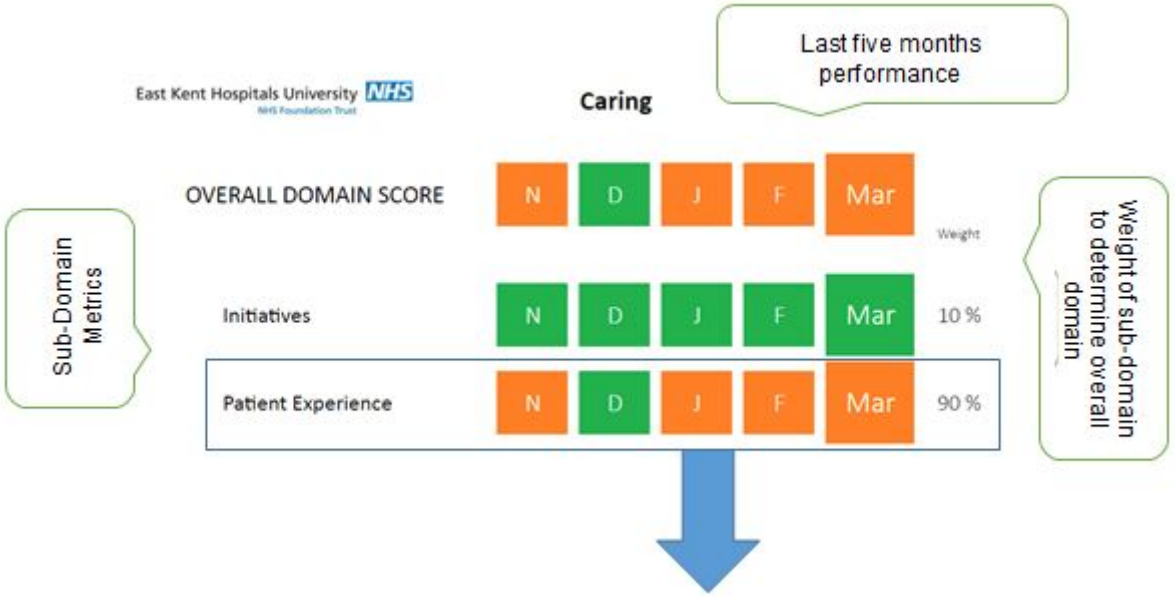
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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



East Kent Hospitals University NHS Foundation Trust

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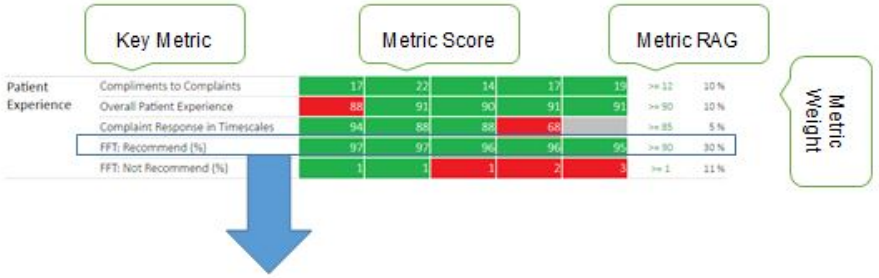
3 **Key Metrics:** This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.



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

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

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Strategic Priorities

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Headlines

	Positives	Challenges		
Caring	Friends and Family Test a) "recommended" and b) "not recommended" remains green.	Mixed sex accommodation (MSA breaches) continues to register red in January, albeit (favourably) reduced from the rate reported in December. Seasonal operational pressures continue to contribute to this increase. Continued validation of breaches and reporting to the daily site safety huddles, supports improvement in data accuracy and staff focus on this important area. Work continues to focus on promoting ownership of complaints management by the care groups and ensuring an appropriate focus on learning.	S O N D Jan	 Amanda Hallums
Effective	Beds -The number of DTOC's have decreased slightly in month. The number of discharges before noon have improved to 16. Clinical Outcomes - The percentage of non-elective30 day readmissions has improved to 13.4%. The percentage of elective readmissions has improved to 3%, which is the highest performance in the past 5 months. Demand and Capacity - The number of DNA for New and FU out patients has improved to the best position in last 5 months of 7.1%. and 7.2%. Productivity - Length of stay across elective pathways has improved to 3.2 bed days. The number of non-clinical cancellations has improved to the best position in past 5 months of 0.9%. The number of non-clinical cancellation breaches has dramatically improved this month from 30 to 3.	Beds The high number of DTOC continues to have a detrimental impact on patient flow and patient experience. Bed occupancy has deteriorated to 96% and is a reflection of the high acuity, number of suspected and confirmed Flu cases. Productivity To maximise theatre capacity and to increase productivity by improving on Theatre on start times.	S O N D Jan	 Lee Martin

Responsive	4 hour Emergency Access Standard. - Performance improved to 78.54%. This has been delivered with a 4% increase in attendances in month above plan and a continued 7% increase in attendances to ED year to date. Cancer - 2ww performance has been achieved at 97.97% and 2ww breast at 99.19%. The 31 day standards have been achieved at 98.92%, 96.83% and 100% respectively. DM01 The 6 week diagnostic standard was achieved 99.71%, there have been improvements in all specialities, particularly endoscopy pathways. Audiology pathways continue to be compliant at 100%.	4 hour Emergency Access Standard - To reduce the number of ED breaches due to bed availability. RTT - To improve waiting times for first OPA; to continue to maximise out patient capacity and resolve data quality issues. To have zero 52 week breaches. CANCER - To manage the continued increase in 2ww demand. To reduce delays in a patients pathway once they have been referred on to a tertiary centre for on going assessment or treatment. DM01 - Maintaining performance consistently across all diagnostic modalities. To ensure that there is sufficient endoscopy capacity to meet the increasing cancer 2ww patient demand.	S O N D Jan	 Lee Martin
Safe	Harm free care continues to be green and this period was 99.4% (national average 92.7%) The fall rate has reduced to 4.88/1,000 bed days, lowest for 12 months Category 3/4 pressure ulcer rate remains low HSMR has consistently fallen over the last 12 months	VTE assessment recording although improved is still below 95% Medicines storage audit data has significantly dipped compared to last month C.difficile infection rates remain a challenge in particular the new category of community onset hospital associated CDI Timely completion of root cause analyses of serious incidents is compromising learning	S O N D Jan	 Paul Stevens
Well Led	The Trust generated a consolidated deficit in month of £2.9m which was £0.3m worse than the plan. This brought the YTD position to a £29.3m deficit which was in line with the planned position with two months remaining in the financial year. The year-end forecast remains in line with the plan of a consolidated £37.5m deficit excluding technical adjustments. The Trust has secured an aligned incentive contract with the East Kent Commissioning group which reduces income risk for the 2019/20 financial year.	The Trust's annual CIP target of £30m represents a significant challenge to deliver as it is the maximum the Trust considered achievable and requires concerted efforts on driving efficiency and cost consciousness throughout the Trust. The forecast CIP achievement is £29.2m which demonstrates that further work is required to ensure we identify and deliver the required level of efficiency savings. The CIP plan increases throughout the year therefore it is crucial that the Trust maintains focus on developing and achieving efficiency savings in 2019/20 to deliver the full £30m target and ensure there is no financial pressure carried forward into next financial year. Total cash borrowed increased to £118m which the Trust has been recently informed will be converted to PDC which attracts an annual 3.5% interest charge, but does not require paying back.	S O N D Jan	 Susan Acott

Workforce	We are seeing an improving picture with regard to our vacancy rate which has reduced again in month. This is set against in increase in our establishment overall which provides a much improved staffing level and availability of resources. We continue to be compliant with our training requirements meeting and exceeding our target.	Sickness absence levels remain a concern, but a targeted approach within Care Groups is helping managers introduce support and appropriate challenge. Appraisals continue to be at the forefront of activity both in respect of completion and quality of output.	S O N D Jan	 Andrea Ashman

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Caring

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Patient Experience	Mixed Sex Breaches	57	183	261	421	217	>= 0 & <1	10 %
	Number of Complaints	56	63	59	41	59		
	AE Mental Health Referrals	251	271	241	216	308		
	IP FFT: Recommend (%)	97	96	97	97	98	>= 95	30 %
	IP FFT: Not Recommend (%)	1.3	1.8	1.6	1.1	1.1	>= 0 & <2	30 %
	Compliments	3267	3018	4042	5041	3677	>= 1	
	Complaints Open < 31 Days (M/End)				55	70		
	Complaints Open 31 - 60 Days (M/End)				30	38		
	Complaints Open 61 - 90 Days (M/End)				7	8		
	Complaints Open > 90 Days (M/End)				6	6		

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Effective

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Beds	DToCs (Average per Day)	78	69	78	61	57	>= 0 & <35	30 %
	Bed Occupancy (%)	94	94	96	95	96	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	16	17	15	17	16	>= 35	10 %
	IP Spells with 3+ Ward Moves	471	557	506	502	531	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	38	55	67	58		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	4.1	4.5	3.9	4.0	3.5	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17.8	16.6	17.2	17.1	15.2	>= 0 & <15	15 %
	Audit of WHO Checklist %	100	100	100			>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward	41	51	43	29	25	Higher is Better	
Demand vs Capacity	DNA Rate: New %	8.1	7.2	7.5	7.7	7.2	>= 0 & <7	
	New:FUp Ratio (1:#)	2.1	2.1	2.1	2.1	2.2	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	3.4	2.9	2.7	3.6	3.3	Lower is Better	
	LoS: Non-Elective (Days)	6.5	6.7	6.7	6.4	6.7	Lower is Better	
	Theatres: Session Utilisation (%)	80	81	80	79	79	>= 85	25 %
	Theatres: On Time Start (% 15min)	46	44	40	40	42	>= 90	10 %
	Non-Clinical Cancellations (%)	1.2	1.5	1.3	1.6	0.9	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	15	13	22	30	3	>= 0 & <5	10 %

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Responsive

		Sep	Oct	Nov	Dec	Jan	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	82.13	83.48	79.11	77.79	78.54	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	78.42	80.36	75.40	73.91	74.61	>= 95	1 %
Cancer	Cancer: 2ww (All) %	97.87	97.62	98.51	98.32	97.97	>= 93	10 %
	Cancer: 2ww (Breast) %	97.26	97.00	97.28	97.58	99.19	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.38	99.06	99.12	98.76	98.92	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	94.34	95.45	95.24	97.67	96.83	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	100.00	100.00	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	79.34	88.45	82.42	85.06	76.42	>= 85	50 %
	Cancer: 62d (Screening Ref) %	86.79	80.77	88.24	75.00	74.07	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	90.38	79.31	88.46	83.33	73.91	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	98.69	99.60	99.80	99.55	99.71	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	81.62	81.51	81.68	80.32	81.18	>= 92	100 %
	RTT: 52 Week Waits (Number)	3	3	5	5	4	>= 0	

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Safe

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,430	1,532	1,483	1,473	1,580		
	Serious Incidents (STEIS)	20	13	16	21	12		
	Harm Free Care: New Harms (%)	99.4	98.7	99.4	99.5	99.4	>= 98	20 %
	Falls (per 1,000 bed days)	5.35	5.37	4.99	5.48	4.94	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	48	61	67	75	89		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	92.2	91.7				>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	25.7	25.3	28.2	29.9	36.2	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	93.9	93.5	93.1	92.6	94.1	>= 95	20 %

East Kent Hospitals University NHS Foundation Trust

Well Led

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.6	1.4	0.3	0.2	0.3	>= 0 & <0.25	25 %
Finance	Forecast £m	-36.6	-36.6	-36.6	-36.6	-36.6	>= Plan	10 %
	Cash Balance £m (Trust Only)	15.5	15.4	10.8	13.5	7.6	>= 5	20 %
	I&E £m (Trust Only)	-3.2	-1.7	-2.3	-3.2	-3.0	>= Plan	30 %
Health & Safety	RIDDOR Reports (Number)	2	2	1	0	13	>= 0 & <3	20 %
Staffing	Agency %	7.1	7.1	7.1	6.5	6.9	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	74	72	76	77	77		1 %
	Shifts Filled - Day (%)	95	97	100	98	99	>= 80	15 %
	Shifts Filled - Night (%)	104	106	108	107	109	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	8.3	8.2	8.0	8.1	7.9		
	Staff Turnover (%)	14.7	14.0	14.1	14.4	14.6	>= 0 & <10	15 %
	Vacancy (Monthly) %	9.5	9.3	8.6	9.4	8.3	>= 0 & <10	15 %
	Sickness (Monthly) %	4.0	4.3	4.4	4.6	5.1	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	80.5	83.4	85.2	84.4	84.1	>= 85	50 %
	Statutory Training (%)	94	94	94	94	94	>= 85	50 %

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

Getting to good

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

Getting to good

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

Higher standards for patients

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

Delivering our future

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

Healthy finances

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

A great place to work

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

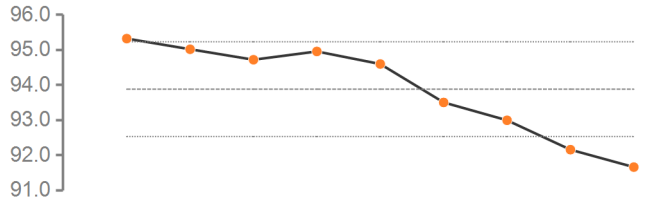
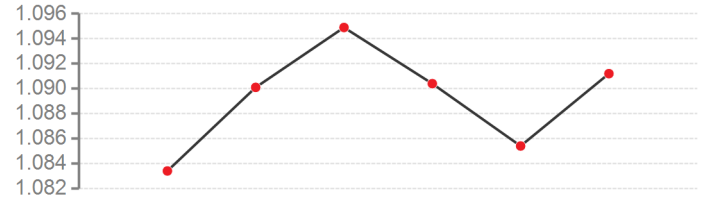
Right skills right time right place

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mortality

Jan	HSMR (Index)	93.9 (-1.8%)		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.
Jan	SHMI	1.089 (3.1%)		"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."

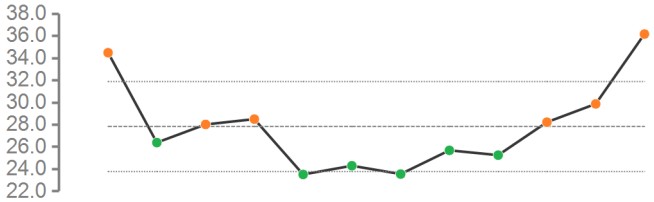
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jan

Crude Mortality NEL (per 1,000)

27.8 (15.4%)



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

Highlights and Actions:

Non-elective crude mortality has risen above the upper control limit and this is expected seasonal variation. The Trust's adjusted mortality, the Hospital Standardised Mortality Rate (HSMR) continues to fall.

Overall crude mortality in the latest mortality reporting period (December 2018 to November 2019) is 0.1% lower than this time last year (1.3% versus 1.4%) but remains 0.2% higher than our acute Trust peers. HSMR in this reporting period (December 2018- November 2019) is also lower than the previous year (93.7 versus 97.1) but again is higher than our acute Trust peer (89.8).

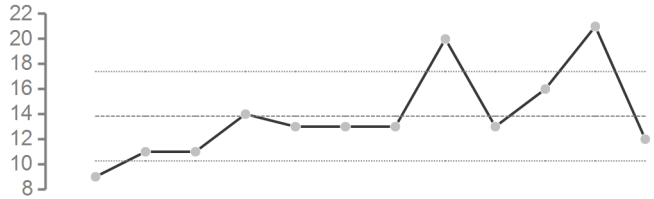
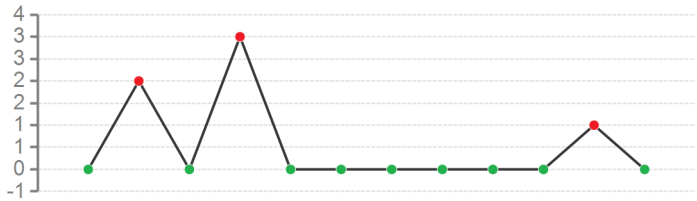
Site based crude mortality is lowest on the K&CH site 0.37%, and higher on the 2 acute sites (1.92% at QEQMH and 1.63% at WHH. The adjusted mortality follows a similar pattern. Summary hospital mortality index (SHMI) includes both deaths in hospital and deaths within 30 days of discharge and is effectively unchanged, this too follows the same site pattern. The overall SHMI for the Trust in the latest period (October 2018-September 2019) was unchanged, 1.09 (95% over dispersion limits 0.89-1.13), this remains banded 'as expected'. By site the SHMI was 0.77 for K&CH (lower than expected) and 1.08 for QEQMH and 1.14 WHH (both banded 'as expected').

Conditions alerting with excess deaths from HSMR include septicaemia, acute myocardial infarction and other perinatal conditions. Analysis of the 140 disease codes underlying the SHMI indicates that conditions with a 5% or more increase of observed over expected deaths include septicaemia, pneumonia, chronic obstructive pulmonary disease, acute cerebrovascular disease, acute myocardial infarction and carcinoma of the bronchus.

Previous actions included work with the coders to ensure that our depth of diagnosis coding and palliative care coding is an accurate reflection of information in patient records. That work has successfully completed but needs to be sustained, the rolling 12 month average depth of coding for EKHUFT is now 5.7 compared with the acute trust peer average of 6.0. Further analysis of septicaemia deaths will be undertaken together with a focus on the disease areas listed above.

Strategic Theme: Patient Safety

Serious Incidents

Jan	Serious Incidents (STEIS)	166 (41.9%)		"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."
Jan	Never Events (STEIS)	6 (20.0%)		"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 January 2020, 12 new Serious Incidents (SIs) were reported and eight SIs closed.

At the end of the month there were 116 SIs open, of which 27 were breaching, five non-closure responses required and 32 were awaiting a closure decision by the CCGs. The remaining SIs were within timeframes or extensions had been granted by the CCGs.

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

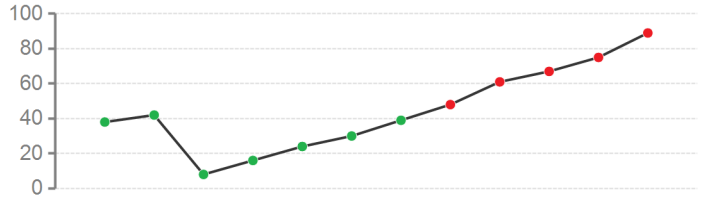
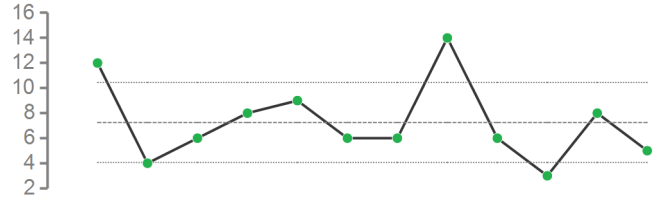
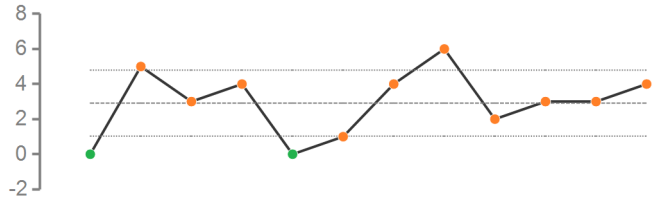
Practical support is provided by the Corporate Patient Safety team to investigation teams to improve the quality of investigations and reduce delays where possible. A Patient Safety Team member is routinely allocated to support each of the SI investigations. The Patient Safety Incident Response project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

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Infection Control

Jan	Cases of MRSA (per month)	1 (-83.3%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
Jan	Cases of C.Diff (Cumulative)	89 (18.7%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."
Jan	E. Coli	87 (3.6%)		"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."
Jan	MSSA	35 (16.7%)		"The total number of MSSA bacteraemia recorded, post 48hrs.

Strategic Theme: Patient Safety

Highlights and Actions:

C.difficile

This financial year to date the number of hospital associated cases of CDI is above the arbitrarily set trajectory for this year, by the end of this financial year we will have baseline data for the 2 new healthcare associated definitions. As of 22nd February there have been 56 'Hospital onset healthcare associated' or HOHA CDIs recorded and 43 'Community onset healthcare associated' or COHA CDI. There has been evidence of cross contamination on 1ward but the main themes are again related to use of the diarrhoea assessment tool and antibiotic prescribing together with the impact of the new method of reporting. For perspective our HOHA rate year to date is 15.97/100,000 occupied bed days, the Southern region average is 12.30 with a range of 5.11-26.47. Our COHA rate is 12.27, Southern region average 6.98 and range 2.08-18.09.

MRSA

This financial year to date we have 1 hospital onset MRSA bacteraemia. Across the region there have been a total of 54.

MSSA

Our overall local hospital onset MSSA bacteraemia rate year to date is 8.56/100,000 bed days, below the Southern region average of 8.80/100,000 bed days (range 3.02-18.56). MSSA has a strong age and gender association and these data are not adjusted for age and gender.

E.coli

E.coli bacteraemia also has a strong association with age and gender. This month our local number of hospital associated E.coli bacteraemias has come down again compared with las month. The overall rate for both EKHUFT (23.68/100,000 bed days) and Kent & Medway (24.42/100,000 bed days) is above the Southern region average of 20.23, range 6.79-31.28 but very similar to the latest national average of 23.90/100,000 bed days.

Influenza

We have continued to have cases of both Influenza A (predominantly) and Influenza B. Staff vaccination rates are now82.4% for clinical frontline staff - significantly above the national averages.

Norovirus

This remains prevalent in the community , possibly related to current weather conditions and we have not had a period without confirmed norovirus since the start of the year.

Coronavirus

There have been no recorded infections with Covid19, the new Coronavirus.

Legionella

There have been no Legionella HAIs but there continue to be occasional significant levels of LG type 1 from water outlets in both the acute sites.

Actions

Actions related to all HCAIs include continued compliance with hand hygiene and bare below the elbows policies, together with updated training relating to the ANTT programme (aseptic non touch technique).

Point of care testing for Influenza has been implemented in all emergency areas and the standard operating procedure has been recirculated. Despite the lack of Covid19 infections there has been considerable anxiety surrounding cleaning of the coronavirus pods relating to the extent of PPE used to perform amber cleans. Advice and guidance has been recirculated to ensure that ED staff are not being inappropriately pulled away to maintain the environment. The IPC team are ensuring that specific actions related to this including 'Fit' testing and use of PPE are reviewed and all areas know their procedures.

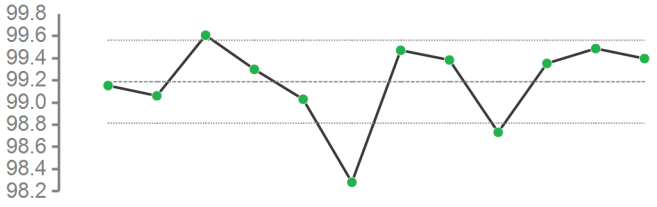
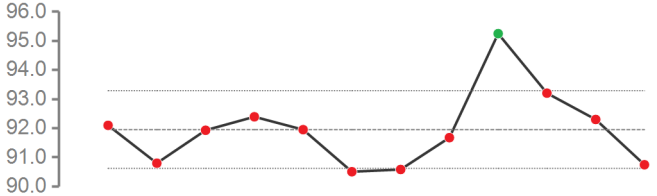
Actions targeted at reducing urinary tract infection include hydration and urethral catheter campaigns. Actions aimed at reducing biliary tract infection and infections associated with colonic pathology are targeted at the relevant specialties.

Compliance with the Legionella control actions remains under high scrutiny through the Water Safety Group.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Jan	Harm Free Care: New Harms (%)	99.2 (0.3%)		Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.
Jan	Harm Free Care:All Harms (%)	91.9 (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:

Harm free care
Overall Harm Free Care relates to the Harms patients are admitted to the trust with, as well as those they acquire in our care (New Harms).
The Safety Thermometer for Jan 2020 – 90.74% (Dec19 -92.3%, National average 94.01%).
New Harms only experienced in our care Jan 2020 -99.40% (Dec-19 99.49%, National Average 92.67%)

Figures demonstrate that the decline in overall harm free care is as a result of patients being admitted to the Trust with harms.

Care group	Dec-19- %	Jan-20- %	Jan -19- %
GSM	92.26	88.82	92.67
UEC	97.56	94.38	98.92
Cancer	100	100	100
W&C	94.2	100	100
S&A	90.26	90.32	92.71

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

Pressure Ulcer - Trust wide action plan reconfigured to reflect trust wide priorities
VTE – Clinical leads maintain focus on prevention and recognition, early diagnosis and administration of treatment. Getting It Right First Time (GIRFT) National Thrombosis for VTE new patient admission booklets are in use.
Falls -All patients who had more than one fall are assessed by the Falls Team with focus on delivering the FallStop programme/audit and clinical induction awareness.
UTI's - The National catheter pathway paperwork/passport is in routine use and focused work continues Trust wide.

East Kent Hospitals University NHS Foundation Trust

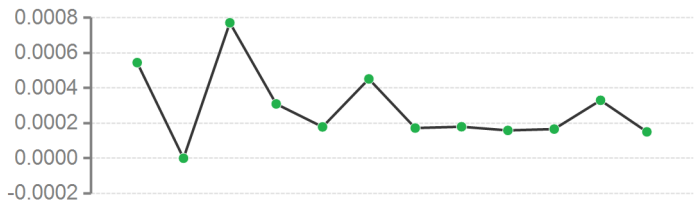
Strategic Theme: Patient Safety

Pressure Damage

Jan

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

0.0003 (-21.9%)



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

Highlights and Actions:

There was a total of 38 category 2 and above reported, a decrease of 6 from December 2019.

- Twenty-Three of these were category 2 ulcers, a decrease of 8 from last month's report. Eleven of these were classed as no harm incidents meaning that all preventative measures were in place. The trust was under the set 10% reduction trajectory for the second consecutive month with a result of 0.639/1000 bed days. (target was (0.872/1000 bed days).
- Although there was 1 confirmed category 3 the trust did not meet the 10% reduction trajectory. There were no category 4 pressure ulcers.
- Thirteen potential deep ulcers were reported (1 more than last month). 9 were suspected deep tissue injury (SDTI) and 4 were unstageable ulcers. The trust did not meet the set 10% trajectory for these categories. (Unstageable 0.111/1000 bed days). Two of these ulcers was moderate harm reported at WHH and QEQM. RCAs are planned. For SDTIs we were over the 10% reduction trajectory with a result of 0.250/1000 bed days however none of these ulcers were classed as moderate harm.
- 28 reported incidents were due to Moisture Associated Skin Damage a decrease from December 2019.

Medical Device Related incidents

- There were 4 category 2 medical device related pressure ulcers an increase of 1 from last month. All currently low risk incidents.

Actions:

- 50 new active mattresses arriving at WHH, 300 Hybrid mattresses and 100 pumps FOR QEQM and K&C
- Proning active mattress trial at WHH ITU
- Introducing band 4 pressure ulcer prevention role to enhance effectiveness of TV team trust wide
- TV team met with VTE lead nurse to discuss pressure damage under TED stockings awareness raising event planned

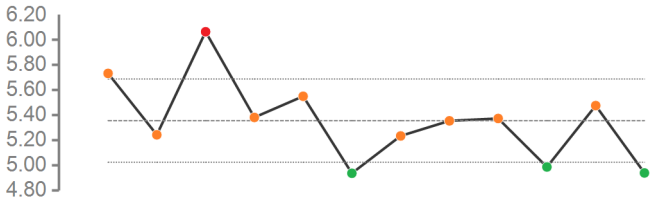
Recommendations:

- TVNs to attend trust induction programme
- ED pressure relieving mattress trial to mitigate risks in the EDS
- Introduce joint band 4 pressure ulcer and falls practitioner secondment at WHH and QEQM to improve uptake of risk assessment and early interventions.
- Work with medical physics to ascertain the best pressure relieving system in the ED for X-ray images
- Introduce individual effectiveness training for band 6 link workers to enhance culture and leadership

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Jan	Falls (per 1,000 bed days)	5.35 (1.0%)		"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."

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Highlights and Actions:

Falls incidents Trust wide have decreased in January,2020 with the Trust rate being 4.56 per 1000 bed days

There were a total of 166 patient falls compared with 184 in December 2019, 8 falls occurred outside of the 3 main sites or ward areas. There was one fall resulting in an avoidable neck fracture which is being investigated. 1 further fall caused a hip fracture which is also being investigated.

• There were 31 at K&CH (33 in December) where 1 patient fell twice on Kent ward.
A fall on Mount/McMaster ward resulted in a neck fracture. This is being investigated by the Falls Team. The rate was4.48.

• There were 50 falls at QEQM (58 in December) with the highest number on Fordwich (8) and Observation Bay (6). 3 patients fell more than once, with 1 patient falling 3 times. The rate of falls was 3.80.
A fall resulted in a hip fracture on Birchington ward. This is being investigated and is believed to have been avoidable, following review by the Falls Team.

• The number of falls reduced at WHH with 86 (from 89 in December) with the highest numbers on Kings C2 and Kings D male (9), Oxford (8), and Cambridge K and Observation Bay (7) . 10 patients fell more than once totalling 20 falls and of these 1 patient fell 3 times.
No falls resulted in moderate or above harms. The rate of falls was5.18.

When analysed on a site basis:
• There has been an decrease in the number of falls and the rate on each site.

The overall rate of falls per 1000 occupied bed days was

Clinical Support Services remain the Care Group with the highest rate at 115.94, Urgent and Emergency Care at 18.69 (slight increase), General and Specialist Medicine at 3.82, (down significantly) on November, Surgery and Anaesthetics at4.11 (decrease), Cancer Services at 6.71 (increase), Upper Surgery, Head, Neck and Dermatology at 5.32 (increase) and Women and Children at 0.94 (decrease).

High impact actions include:
All patients who had more than one fall were assessed by the Falls Team and measures put in place to prevent falls
- Continued focus on delivering the FallStop programme and clinical induction awareness.
- Review of FallStop audit compliance and triangulation with incidents, harms and training.
- CQUIN- 3 high impact actions for falls prevention. Data collection continues with all failed measures reviewed and validated by the Falls Team.
- Increased awareness with screensaver and newsletter planned.

Risks include:

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

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Strategic Theme: Patient Safety

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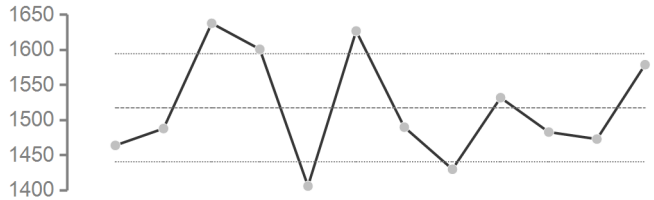
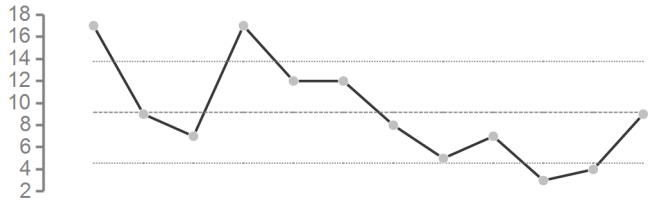
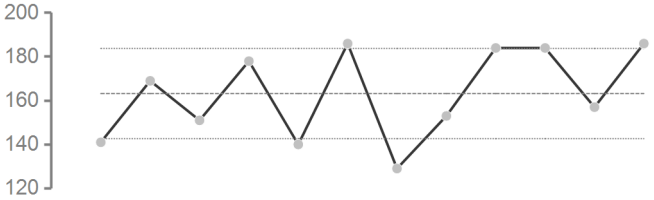
Strategic Theme: Patient Safety

Incidents

Jan	Clinical Incidents: Total (#)	18,211 (5.2%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Jan	Blood Transfusion Incidents	110 (7.8%)		"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."
Jan	Medicines Mgmt. Incidents	1,958 (7.4%)		"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."

Strategic Theme: Patient Safety

Highlights and Actions:

A total of 1484 clinical incidents have been logged as occurring in Jan-20 compared with 1360 recorded for Dec-19 and 1689 in Jan-19.
In Jan-20, 13 incidents have been reported on StEIS. Eight serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 21 in Jan-20 and 12 in Dec-19, and 11 in Jan-19.

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

As of 20/02/2020 the total number of medication related incidents reported in January 2020 was 189. These included 136 no harm, 49 low, 3 moderate and 1 severe harm incidents. The average number of incidents reported per month in 2019 to 167. The degree of harm measured by the percentage of no harm incidents was 72% (70.8% in 2019). The severe harm incident is under review but likely to be downgraded. In January 2020 there were no medication related incidents that required an RCA or were STEIS reported. Recent thematic review of medication incidents show a high level of anti-coagulant dosing incidents, an anticoagulant dosing table has been written to be circulated as flash cards to all doctors at clinical induction.
The data produced by the Medication Safety Thermometer in January 2020 was taken from 30 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 15.6% (National 12.9%) and the percentage of patients with a missed critical medicine was 5.2% (National 8.3%) . This is the 6th month we have fallen well below the national average for omitted critical medications.
Medicine Wise continues to be produced on a monthly basis to communicate the key medication safety messages. Medication Safety reports are written for each Care group that inform the Care group governance groups of the key areas of concern for the Trust and individual care groups. The Medication Safety Group facilitates and overseas key actions for improving medication safety.

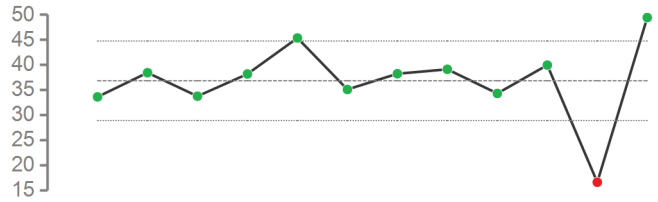
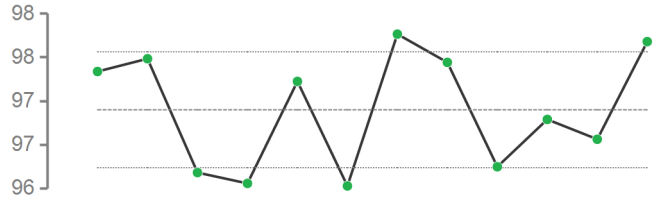
There were 8 blood transfusion related incidents in January 2020 (3 in December 2019 and 5 in January 2019)

Of the incidents 1 was graded as no harm and 7 as low harm.

Of the incidents 3 were transfusion reactions of these reactions 2 fell in the allergic reaction to transfusion category and 1 in the febrile non-haemolytic transfusion reaction category.
Of the allergic reactions, one was an allergic reaction to a unit of platelets the other was a reaction following the transfusion of two units of red blood cells. Both patients were given Hydrocortisone and chlorphenamine and symptoms subsided. Both were investigated for a serological cause and none was found.
The febrile non-haemolytic transfusion reaction occurred during the transfusion of a unit of red cells. The patient experienced a small temperature increase, no serological cause has been found.
Of the other incidents one fell in the Treatment / procedure inappropriate / wrong category. A patient went to theatre for hemiarthroplasty of right neck of femur fracture. The Hb in afternoon prior to surgery was 146g/l and on ward handover on return from theatre, reported that 2 units RBC given as Hb was 77g/l. Upon review the WBC was 77 post transfusion bloods gave a Hb of 147g/l. Patient was closely monitored and no adverse effects were noted.
Reporting by site: 2 at QEQM, 4 at K&CH and 2 at WHH.

Strategic Theme: Patient Safety

Friends & Family Test

Jan	IP FFT: Response Rate (%)	37 (4.2%)		"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."
Jan	IP FFT: Recommend (%)	97 (0.1%)		

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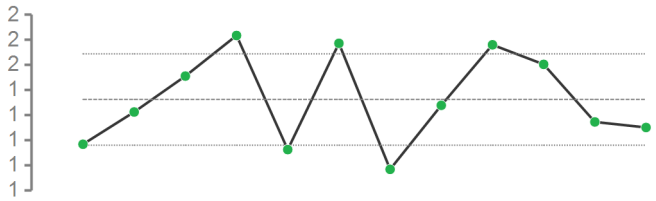
Strategic Theme: Patient Safety

Jan

IP FFT: Not Recommend (%)

1.3 (0.3%)



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

Highlights and Actions:

FFT and Patient/User feedback
The Trust Score Jan 2020 -4.56 (Dec-19 4.52)
The three top positive themes for the trust; (According to envoy Dashboard)

- 6C - Care
- Staff attitude
- Implementation of Care

The three top negative themes for the trust;

- 6C – Care
- Waiting time
- Staff Attitude

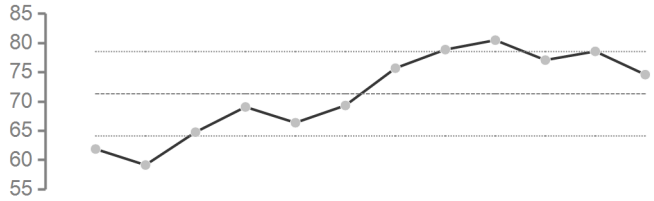
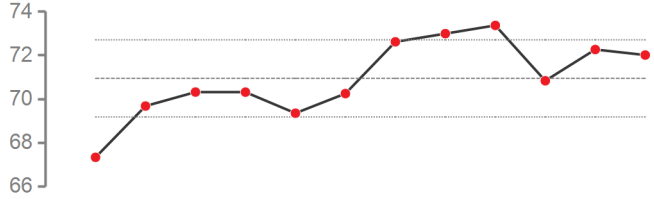
Care group	Recommend Dec-%	Recommend Jan -%	Response rate Dec-%	Response rate Jan-%
Inpatients	96.56	97.68	16.6	49.45
Maternity	100	98.55	9.2	27.1
Day case	95.29	94.1	24.1	26.57
ED	82.9	80.37	14.64	15.85
OPD	92.58	92.53	20	21.02

Work is underway to improve reporting, reports and staff engagement. This is monitored and actioned by Care Group Governance teams.
We are exploring how we can improve our FFT response rates using IT (apps and Website)

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2 - Inpatient Survey

Jan	IP Survey: Help from Staff to Eat Meals (%)	70 (13.6%)		Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"
Jan	Hospital Food? %	71 (1.5%)		Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Highlights and Actions:

Our inpatient survey enables our patients to record their experience in real-time. Completed inpatient surveys = Jan -637 (Dec -587).
Were you able to discuss your worries and fears? Dec-19 41.18% - Jan-20 37.15%
Has the staff explained your treatment and care to you in a way you could understand? Dec-19 45.83% - Jan-20 42.86%
Overall, did you feel you were treated with respect and dignity while you were in the hospital? Dec-19 97.44% - Jan-20 96.44%
Did you feel you received all the information you needed whilst you were in hospital? Dec-19 44.52% - Jan-20 42.44%
How would you rate the quality of hospital food Dec-19 72.27% - Jan-20 72.02%
In your opinion how clean was the hospital room or ward? Dec-19 91.57% - Jan-20 92.75%
Did you get sufficient help from staff to eat your meals Dec-19 78.58% - Jan-20 74.61%
Are you aware of which nurse is in charge of your care each shift? Dec-19 81.92% - Jan-20 74.01%
Are you aware of how to raise your concerns or make a complaint? Dec-19 79.52% - Jan-20 74.37%
Whilst in hospital did you share a sleeping area, bay or room with a patient of the opposite sex (N/A for ED, Intensive Care unit, Stroke unit & CCU) Dec-19 25.27% - Jan-20 23.73%
Increase in completed survey in the month is positive. Overall disappointing results of which are being picked up individually with Care groups.

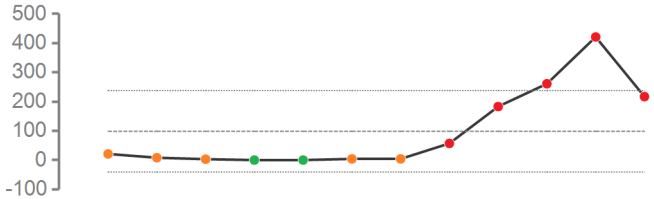
Strategic Theme: Patient Safety

Mixed Sex

Jan

Mixed Sex Breaches

1179
(91.7%)



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

Highlights and Actions:

Mixed Sex Breaches

Significant scrutiny of accountability, reporting and training in recent months has supported EKHUFT's ambition to improve patient experience through the objective of eliminating mixed sex accommodation. An initial effort toward better reporting and analysis has resulted in an increase in the number of mixed sex breaches reported.

Agreed reporting criteria for each ward will improve accuracy and data quality, working alongside the CCG to ensure a consistent approach across all providers. January figures demonstrate a positive trend having implemented the agreed criteria.

In January 2020 there were 121 mixed sex accommodation occurrences affecting 404 reported patients (Dec-19 there was 152 mixed sex incidents that affected 651 patients).

Date	Justified occurrences	Unjustified occurrences
January 2020	48 (187 patients)	73 (217 patients)
December 2019	51 (230 patients)	101 (421 patients)

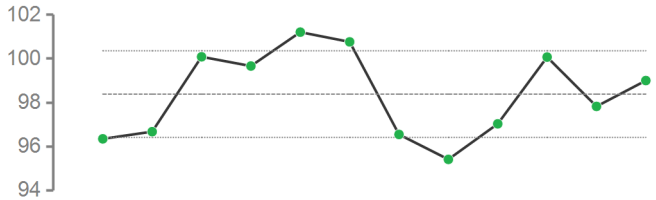
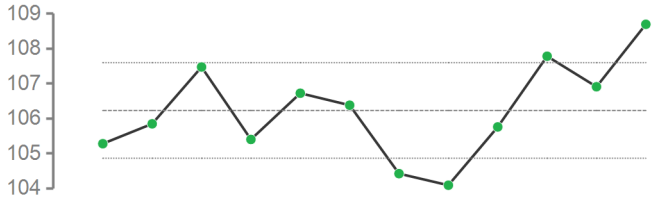
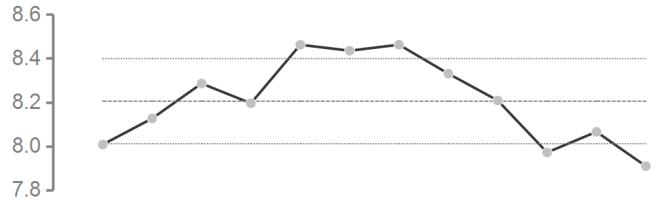
Actions:

- Improved communication and training packages to better engage staff, inform patients and maintain focus on producing quality data and focus on de-escalation of mixed sex cases.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Jan	Shifts Filled - Day (%)	98 (1.4%)		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.
Jan	Shifts Filled - Night (%)	106 (1.2%)		Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jan	Care Hours Per Patient Day (CHPPD)	8.2 (-1.5%)		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.

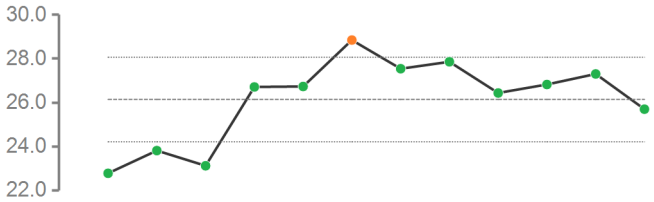
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jan

Midwife:Birth Ratio (%)

26.1
(-3.4%)



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

Highlights and Actions:

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows an overall average overall fill rate of102.7% compared to 101.3% in Dec-19.

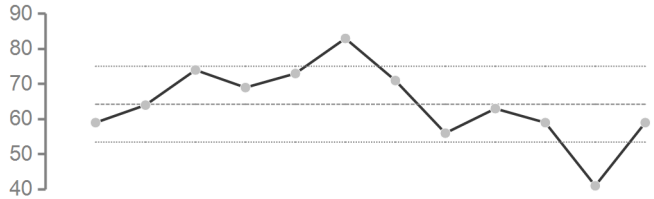
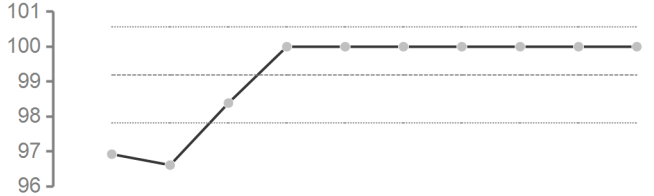
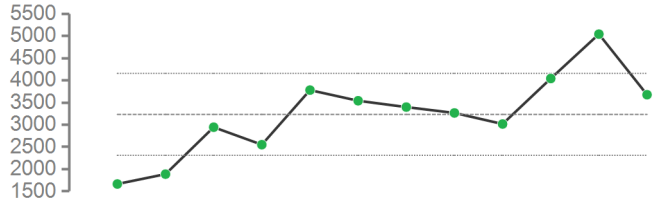
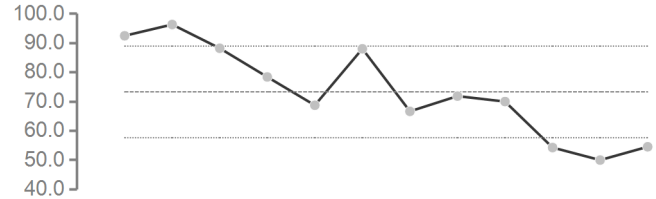
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. Average CHPPD is similar to last month and just below the control limits. The range is from around5.0 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Complaints & Compliments

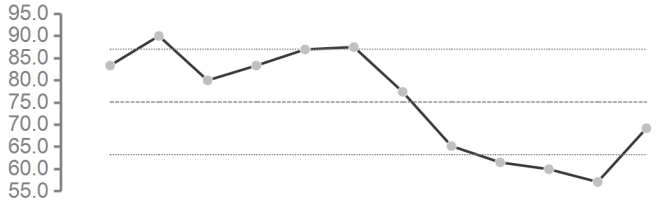
Jan	Number of Complaints	771 (3.5%)		The number of Complaints recorded overall, including new or returning complaints. Data source - DATIX
Jan	Complaints acknowledged within 3 working days	99		Complaints acknowledged within 3 working days (%)
Jan	Compliments	38823 (54.6%)		Number of compliments received
Jan	Complaints Closed within 30 Working Days or Agreed Extension (%)	76.1 (-14.6%)		Percentage of complaints closed within the 30 working day target (or an agreed extension)

Strategic Theme: Patient Safety

Jan

Complaints Closed within 45 Working Days or Agreed Extension (%)

72.9
(-12.1%)



Percentage of complaints closed within the 45 working day target (or an agreed extension)

Highlights and Actions:

60 new complaints received in January 2020 compared to 41 in December 2019, an increase of 46%. 100% of complaints received in January were acknowledged within three working days.

The Trust closed 35 complaints in January 2020; 22 had a 30 working day timeframe. 55% of these were responded to within 30 working days or with an extension granted by the Chief Nurse; (52% December 2019). There were 10 breaches where the response was not sent out within agreed timeframes. The Care Groups achieved the following compliance for responding within 30 working days in January:

Urgent and Emergency Care 2 of 6 (33%)
General and Specialist Medicine 1 of 2 (50%)
Surgery and Anaesthetics 4 of 7 (57%)
Surgery – Head, Neck, Breast and Dermatology 1 of 1 (100%)
Women's and Children's 4 of 5 (80%)
Clinical Support 0 of 1 (0%)

The remaining 13 complaints had a 45 working day timeframe. 69% of these were responded to within 45 working days or with an extension granted by the Chief Nurse;(62% December 2019). There were four breaches where the response was not sent out within agreed timeframes. The Care Groups achieved the following compliance for responding within 45 working days in January:

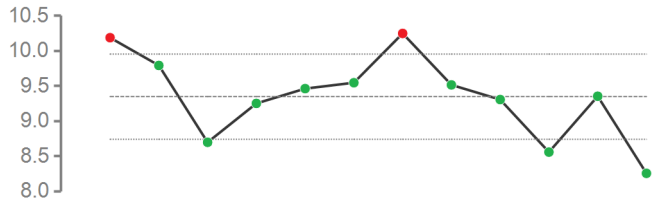
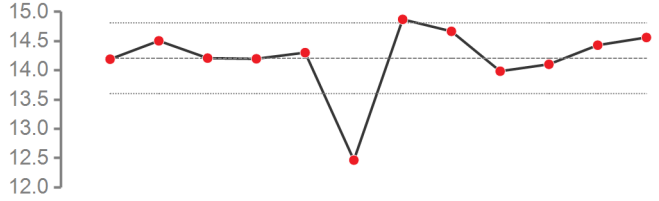
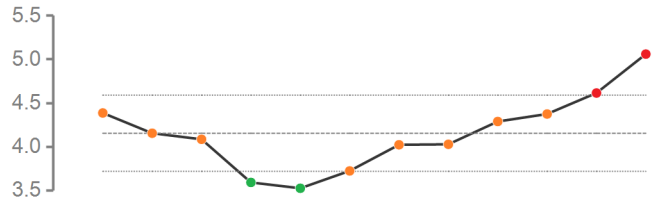
Urgent and Emergency Care 6 of 7 (86%)
General and Specialist Medicine 0 of 1 (0%)
Surgery and Anaesthetics 2 of 3 (66%)
Clinical Support Services 1 of 1 (100%)
Women's and Children's 0 of 1 (0%)

In January the Care Groups were provided with trajectories for improvement over the next three months to achieve the KPI of85% of all complaints being responded to within agreed timeframes or an agreed extension from the Chief Nurse, by end of March 2020.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Jan	Vacancy (Monthly) %	9.3 (-18.6%)		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."
Jan	Staff Turnover (%)	14.2 (1.0%)		"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Jan	Sickness (Monthly) %	4.2 (5.9%)		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

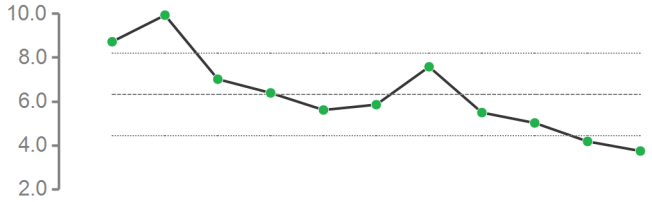
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Jan

Overtime %

6.3
(-29.1%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The 12 month vacancy rate decreased to 9.3% (last month 9.5%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate also decreased to 7.89% (up from 8.66%), which is the lowest vacancy rate in the last year. There are currently approximately654 WTE vacancies across the Trust. More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties. There are approximately480 WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately180 Nursing and Midwifery staff (including ODPs) and 49 Medical and Dental staff. In addition, there are 74 WTE newly qualified nurses going through pre employment checks to start in April 2020.

The Turnover rate, including Doctors in training, in month increased to14.5% (last month 14.3%), and the 12 month average was 14.2% (14.2% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

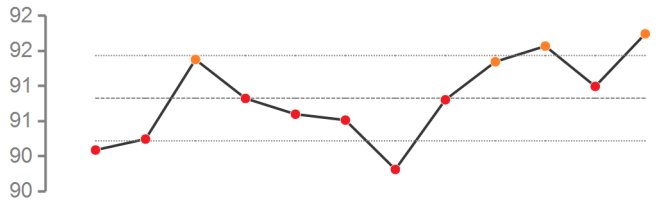
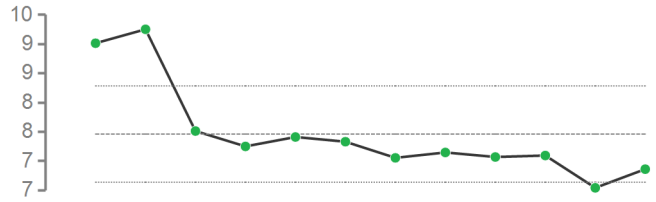
The in month sickness absence position for December was 4.61% - which is an increase from4.36% the previous month. The 12 month average increased to 4.2% (4.1% last month), but still shows an upward trajectory. Higher than normal short term sickness was observed across the QEQM and WHH wards, with higher than normal sickness across all clinical Care Groups, with the exception of Head & Neck. Work is underway between the Employee Relations team and HRBPs to look into areas of high sickness absence to ensure all cases are being managed effectively. Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training.

Overtime as a % of wte decreased slightly last month, to approximately 4.0% (4.50% last month) , and remains on a downward trajectory for the last 12 months. The average over the last 12 months decreased to 6.3% last month, and continues on a downward 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

Jan	Employed vs Temporary Staff (%)	90.8 (2.1%)		"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."
Jan	Agency %	7.4 (1.5%)		% of temporary (Agency and Bank) staff of the total WTE

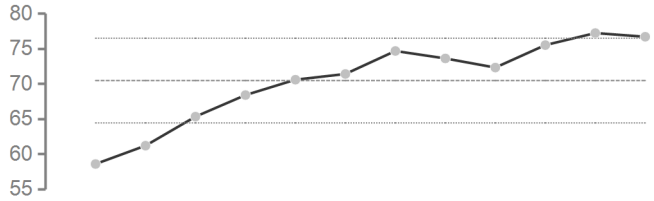
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Jan

Bank Filled Hours vs Total Agency Hours

70 (19.6%)



% 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 January to 7635.99 (up from 7541.42 WTE in December), which left a vacancy factor of approx. 654 wte across the Trust. This is the lowest vacancy rate for over a year.

The average percentage of employed staff vs temporary staff over the last 12 months increased to 90.8% (90.6% last month), and remains a large improvement over the previous 12 months. As a result of this, the percentage of agency staff of the total WTE for the Trust remains lower than the previous 10 months. This was also partly as a result of an ongoing increase in Bank filled hours against total agency hours. The 12 month trend still shows an upward trajectory due to high agency usage in January to April 2019.

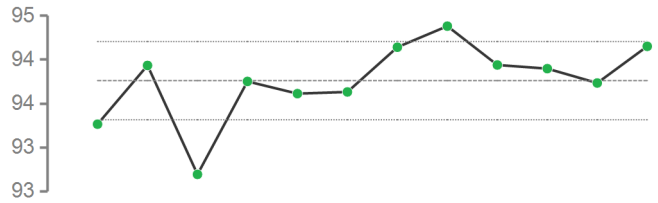
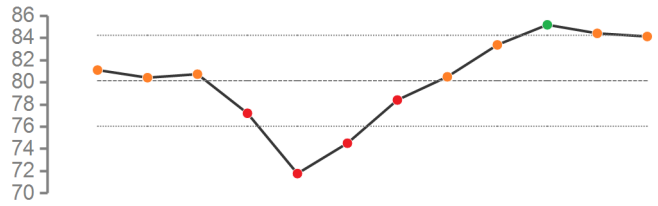
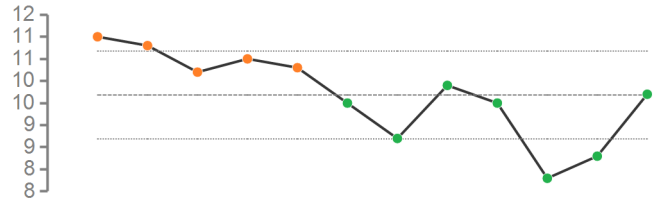
The percentage of hours filled by bank (NHSP) staff against agency staff remained high compared to previous months, and remained over 75%, which is higher than the 70% 12 month average.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Jan	Statutory Training (%)	94 (0.5%)		"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "
Jan	Appraisal Rate (%)	80.2 (5.1%)		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.
Jan	Time to Recruit	10 (-26.9%)		"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month compliance remains on an upwards trajectory, and was 94% in month for January, and 94% for the 12 month average. This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. All Care Groups have over 90% average compliance on statutory training. UEC increased to 90% compliance, which is a huge improvement in the last 12 months..

The Trust staff average appraisal rate remained 84% in month for January (84% in December). Surgery & Anaesthetics (90%), and Surgery Head & Neck(90%) are the two Care Groups at or above 90%. Care Groups are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months.

The average time to recruit is 10 weeks, which is an improvement on the previous 12 months, but an increase on last month. An increase in Consultant recruitment has caused a higher time to recruit, as they take longer for pre-employment checks. The 12 month average time to recruit remains 10 weeks, but the annual average remains on a downward trajectory. The Resourcing Team are on track to reduce time to recruit to below 8 weeks to ensure recruitment time meets the demands of our services. To support this reduction, the team are now fully established and Advisors have been allocated to Care Groups to support improvements.

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Jan

	Jan-20				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	14,849	16,162	(-1,313)	-8%	152,621	150,737	1,884	1%	152,621	148,613	4,008	3%	<=0%
Referral Non-Primary Care	15,233	17,151	(-1,918)	-11%	160,290	149,407	10,883	7%	160,290	151,000	9,290	6%	<=0%
OP New	19,409	19,028	381	2%	187,699	178,126	9,573	5%	187,699	179,053	8,646	5%	>=0%
OP Follow Up	44,311	42,601	1,710	4%	414,395	400,618	13,777	3%	414,395	396,295	18,100	5%	>=0%
Elective Daycase	6,855	6,599	256	4%	63,951	61,610	2,341	4%	63,951	62,616	1,335	2%	>=0%
Elective Inpatient	1,002	1,251	(-249)	-20%	10,746	12,507	(-1,761)	-14%	10,746	12,664	(-1,918)	-15%	>=0%
A&E	19,247	18,490	757	4%	197,854	184,795	13,059	7%	197,854	184,537	13,317	7%	>=0 & <5%
Non-Elective Inpatient	7,547	7,139	408	6%	74,662	70,382	4,280	6%	74,662	67,939	6,723	10%	>=0 & <5%
Chemotherapy	1,501	1,347	154	11%	13,972	12,497	1,475	12%	13,972	12,212	1,760	14%	>=0%
Critical Care	1,593	1,794	(-201)	-11%	17,443	18,055	(-612)	-3%	17,443	17,933	(-490)	-3%	>=0%
Dialysis	0	0	0	#DIV/0!	67,624	63,093	4,531	7%	67,624	68,927	(-1,303)	-2%	>=0%
Maternity Pathway	1,145	1,184	(-39)	-3%	11,166	11,263	(-97)	-1%	11,166	11,359	(-193)	-2%	>=0%
Pre-Op Assessments	3,376	3,440	(-64)	-2%	30,735	34,768	(-4,033)	-12%	30,735	33,015	(-2,280)	-7%	>=0%
Diagnostic	29,542	28,788	754	3%	4,344,443	4,191,294	153,149	4%	4,344,443	4,598,410	(-253,967)	-6%	<=0%
Other	4,211	5,171	(-960)	-19%	49,491	51,954	(-2,463)	-5%	49,491	49,904	(-413)	-1%	>=0%

East Kent Hospitals University NHS Foundation Trust

January 2020

Summary Performance

Elective Care

In January Primary Care referrals were below planned levels with a YTD variance of 1% against plan. Rapid Access referrals remain below planned levels YTD (-896, -2%), with routine referrals 2,526 above plan YTD generating a YTD variance of 2%. Non Primary Care referrals remain above planned levels YTD at +7%. Both Primary Care (3%) and Non Primary Care (6%) referrals are up when compared to the same period for the previous year (2018/19).

The Trust delivered the Outpatient New plan for the fifth consecutive month, with appointments 2% above planned levels for January and remain above plan YTD (+5%). YTD Underperformances remain in Ophthalmology (-2,229), Ear, Nose & Throat (-1,007), Maxillo Facial (-836) and Urology (-786).

The Trust delivered the follow up plan in January with the YTD variance remaining at 3%. YTD underperformances remain in Ear, Nose and Throat (-1,410).

Daycase admissions achieved the plan and delivered for the ninth consecutive month resulting in a YTD performance 4% above plan (+2,341). Underperformances remain in key elective specialties Pain Management, General Surgery, Ear, Nose & Throat and Ophthalmology.

Elective Admissions are 14% behind the plan YTD with General Medicine (-820), Trauma and Orthopaedics (-737) and General Surgery (-248) contributing to the largest underperformance.

Non Elective Care

Attendances to the Emergency Departments across the Trust continued to be above plan at +4% in month and +7% year to date. Emergency admissions are also +6% in month and 6% above plan year to date. Emergency activity in 19/20 is up by 10% when compared to 18/19.

East Kent Hospitals University NHS Foundation Trust

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

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

Referral Non-Primary Care

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

OP New

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

OP Follow Up

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

East Kent Hospitals University NHS Foundation Trust

Elective Daycase

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

Elective Inpatient

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

Non-Elective Inpatient

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

Other

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

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

74.61%

	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
4 Hour Compliance (EKHUFT Sites) %*	73.85%	78.23%	77.13%	81.22%	81.40%	81.35%	80.23%	78.42%	80.36%	75.40%	73.91%	74.61%
4 Hour Compliance (inc KCHFT MIUs)	77.56%	81.53%	80.54%	84.26%	84.65%	84.61%	83.81%	82.13%	83.48%	79.11%	77.79%	78.54%
12 Hour Trolley Waits	0	0	0	0	0	0	0	1	8	15	12	0
Left without being seen	3.56%	3.67%	4.03%	3.49%	3.83%	3.70%	4.50%	3.90%	3.31%	3.46%	3.42%	3.07%
Unplanned Reattenders	9.82%	9.83%	10.70%	9.98%	9.94%	9.54%	9.69%	9.60%	9.15%	9.72%	9.99%	9.88%
Time to initial assessment (15 mins)	66.3%	65.6%	66.9%	68.3%	69.2%	69.5%	75.3%	85.0%	92.0%	94.5%	93.3%	95.8%
% Time to Treatment (60 Mins)	47.9%	44.9%	44.0%	45.9%	45.0%	46.2%	44.5%	43.7%	46.7%	41.9%	43.0%	45.5%

2019/20 Trajectory (NHSI return)

-10.31 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Trajectory	76.4%	81.9%	85.6%	84.2%	86.6%	85.3%	89.7%	92.1%	91.0%	84.9%	87.5%	86.2%
Performance	77.1%	81.2%	81.4%	81.4%	80.2%	78.4%	80.4%	75.4%	73.9%	74.6%		

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

Summary Performance

January performance for the organisation against the 4-hour target was 74.61%; against the NHS Improvement trajectory of 84.9%. This represents an increase in performance compared to the previous month of 0.7%, and an increase compared to the same month last year (74.20% in 2019). There were no 12 Hour Trolley Waits in January. The proportion of patients who left the department without being seen remained at a reduced level at 3.07%. The % of ambulance arrivals receiving initial assessment within 15

minutes remained above the target of 92% for the fourth month in a row (95.8%). The unplanned re-attendance position remains at a high level at 9.88%. Time to treatment within 60 minutes remained below 50% at 45.5% for the month, a slight improvement on the previous month of 43.0%.

Issue

- Increase in number of patients attending ED (4% above plan) and major increase in demand for inpatient beds
- Patient flow is challenged due to high number of complex patients with a length of stay >21 days and also the high number of DTOC.
- Limited community capacity which is limiting and preventing discharge from acute settings.
- Increased emergency demand with high acuity, including a number of confirmed and potential Flu cases, have put pressure on bed capacity.

Action

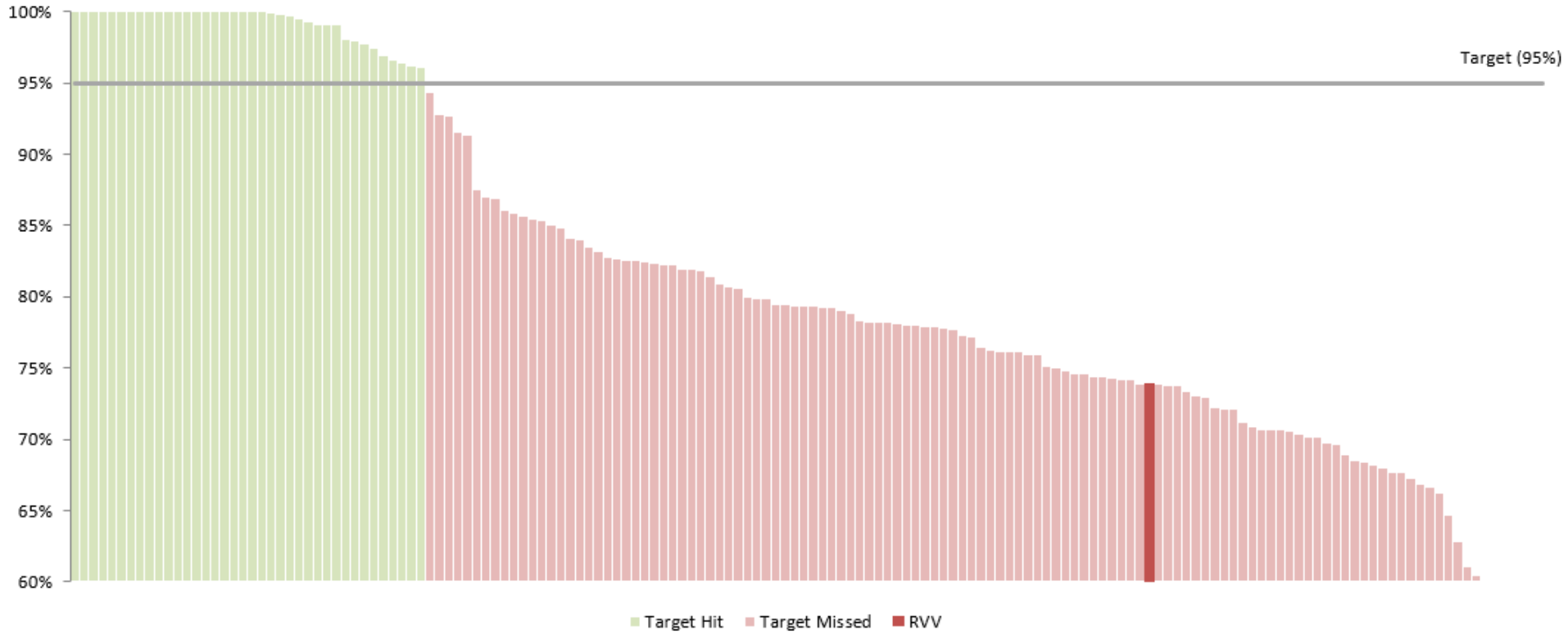
- Increased focus on ambulatory pathways and primary care stream
- Increased senior clinical support at weekends
- Daily board rounds with senior manager and matron in attendance.
- National weekly >21 day Long Length of Stay reviews focussing on resolving internal delays implemented with a senior MDT.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

East Kent Hospitals University
NHS Foundation Trust

January 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 116 of 155 trusts

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



East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

76.42 %

	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Green
62 Day Treatments	76.88%	81.56%	79.13%	80.59%	72.24%	82.81%	79.72%	79.34%	88.45%	82.42%	85.06%	76.42%	>=85%
>104 day breaches	8	7	10	6	3	7	1	2	4	4	6	5	0
Demand: 2ww Refs	3,276	3,355	3,250	3,483	3,250	3,747	3,227	3,399	3,861	3,463	3,072	3,669	3249 - 3592
2ww Compliance	98.31%	97.87%	97.72%	96.56%	96.25%	98.02%	98.25%	97.87%	97.62%	98.51%	98.32%	97.97%	>=93%
Symptomatic Breast	98.31%	92.76%	93.64%	93.81%	86.32%	96.27%	95.96%	97.26%	97.00%	97.28%	97.58%	99.19%	>=93%
31 Day First Treatment	97.73%	96.06%	97.54%	96.15%	94.44%	98.56%	96.72%	97.38%	99.06%	99.12%	98.76%	98.92%	>=96%
31 Day Subsequent Surgery	96.49%	94.74%	84.91%	94.64%	91.53%	100.00%	74.58%	94.34%	95.45%	95.24%	97.67%	96.83%	>=94%
31 Day Subsequent Drug	97.27%	100.00%	100.00%	99.15%	99.04%	100.00%	99.16%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%
62 Day Screening	76.92%	82.61%	100.00%	87.18%	73.33%	100.00%	92.59%	86.79%	80.77%	88.24%	75.00%	74.07%	>=90%
62 Day Upgrades	86.67%	76.47%	80.00%	85.71%	75.00%	75.00%	65.63%	90.38%	79.31%	88.46%	83.33%	73.91%	>=85%

2019/2020 Trajectory

-9.3 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
STF Trajectory	85.52%	85.71%	85.33%	85.96%	86.31%	85.97%	85.71%	86.19%	86.06%	85.71%	85.51%	85.65%	Apr
Performance	79.13%	80.59%	72.24%	82.81%	79.72%	79.34%	88.45%	82.42%	85.06%	76.42%			Apr

Last updated: 16/02/2020

Please note that the latest month will still be undergoing validation

East Kent Hospitals University NHS Foundation Trust

62 Day Performance Breakdown by Tumour Site

	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
01 - Breast	84.3%	86.0%	90.0%	76.7%	64.5%	82.1%	79.4%	75.0%	94.1%	96.4%	95.7%	91.1%
03 - Lung	81.8%	93.3%	58.3%	65.5%	65.0%	46.2%	58.3%	60.9%	57.7%	52.5%	68.2%	60.0%
04 - Haematological	33.3%	62.5%	72.7%	61.5%	80.0%	62.5%	66.7%	60.0%	85.7%	80.0%	100.0%	100.0%
06 - Upper GI	75.0%	60.9%	83.3%	73.7%	61.5%	81.1%	85.0%	71.1%	85.2%	71.0%	94.1%	25.0%
07 - Lower GI	73.8%	64.7%	61.5%	74.3%	51.6%	81.3%	77.1%	66.7%	58.1%	35.9%	40.5%	22.9%
08 - Skin	98.2%	100.0%	95.7%	98.1%	97.6%	97.1%	91.9%	91.8%	97.2%	100.0%	100.0%	97.8%
09 - Gynaecological	71.4%	76.5%	80.0%	78.6%	81.3%	93.8%	80.0%	75.0%	100.0%	91.3%	91.7%	66.7%
10 - Brain & CNS					100.0%	100.0%	0.0%					
11 - Urological	81.1%	76.2%	85.5%	87.5%	73.7%	91.5%	87.9%	86.9%	93.0%	88.4%	96.3%	82.4%
13 - Head & Neck	42.1%	92.6%	35.7%	33.3%	33.3%	44.4%	58.3%	66.7%	100.0%	66.7%	83.3%	100.0%
14 - Sarcoma	50.0%		100.0%	0.0%	50.0%		100.0%	100.0%			0.0%	40.0%
15 - Other	40.0%	25.0%	0.0%	33.3%			0.0%	100.0%	100.0%	100.0%		50.0%

Summary Performance

January 62 day performance is currently 76.42% against the improvement trajectory of 85.71%, validation continues until the beginning of March in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,693 and there were 5 patients waiting 104 days or more for treatment or potential diagnosis.

Issues:

- Lower GI demand continues to increase requirement for surgical and endoscopy diagnostic capacity.
- Lung and Upper GI have complex pathways, which involve tertiary centres and can cause delays.

Actions:

- Review Lower GI pathway, including straight to test.
- Revisit the Lower GI demand and capacity model.
- Weekly meetings with Endoscopy and Director of Performance and Operations Director for Cancer implemented.
- Endoscopy action plan is being actively implemented, with new booking arrangements increasing capacity.
- Daily monitoring meetings of 2ww and over 73 day patients continue.
- Weekly Director led meetings to review all patients on cancer pathway by tumour site.

104 Day Breaches

Patient 1 – Complex pathway. 3 endoscopy procedures and virtual colonoscopy before diagnosis could be made. Surgery planned for 10 February.

Patient 2 – Bowel cancer screening patient added to waiting list in January 2020 as confirmed cancer. MDM, diagnostics and biopsey booked 5 February.

Patient 3 - Complex pathway involving two tumor sites; moved from Head and Neck to Haematology due to excisional biopsy. Chemotherapy booked for 5 February (patient choice).

Patient 4 – Multiple diagnostics required to achieve diagnosis and prepare for surgery. Patient cancellation for MRI diagnostic during pathway. Chemo/Radiotherapy planned for 5 February.

Patient 5 – Screening patient added to waiting list in January 2020 as confirmed cancer. Surgery 5 February.

East Kent Hospitals University
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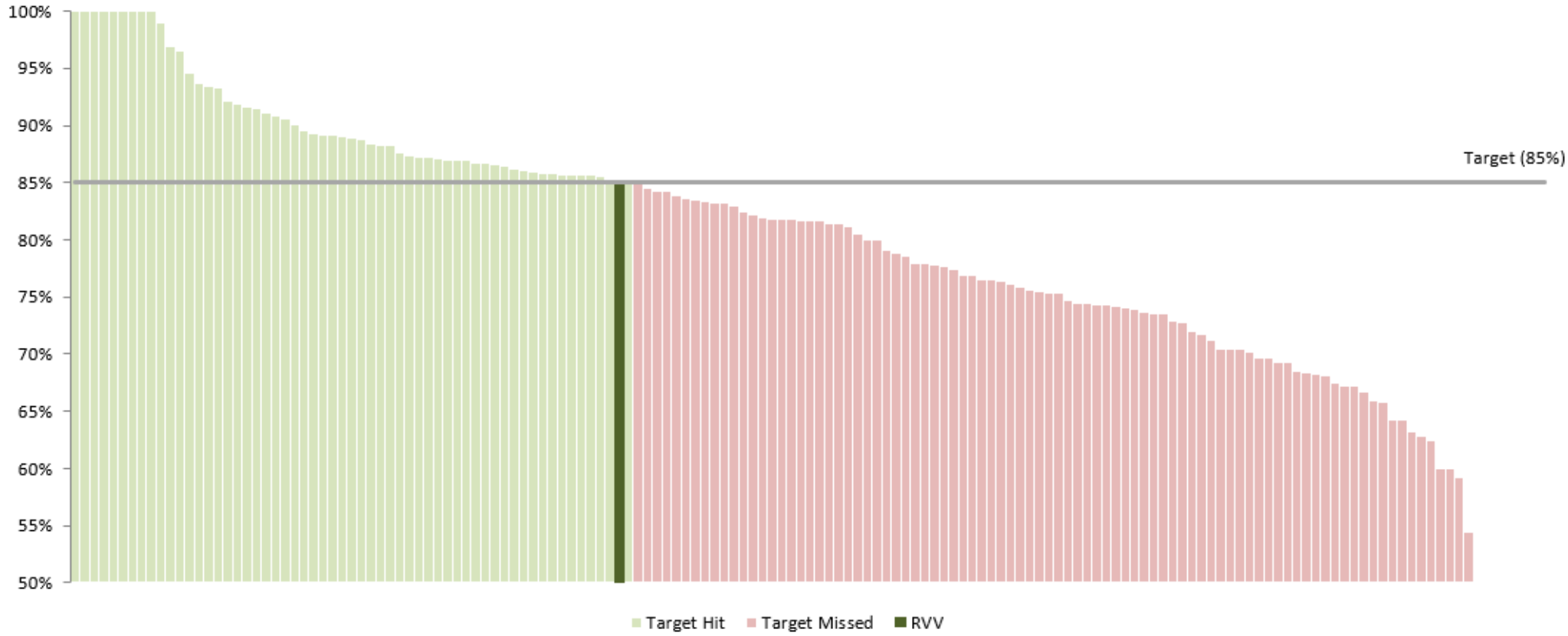
December 2019 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 58 of 152 trusts

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



*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

81.18 %

	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Green
Performance	77.89%	80.03%	79.15%	80.66%	82.06%	82.46%	81.81%	81.62%	81.51%	81.68%	80.32%	81.18%	>=92%
52w+	27	8	3	4	3	2	1	3	3	5	5	4	0
Waiting list Size	48,743	48,696	45,867	46,359	46,293	45,292	46,121	46,544	47,082	47,445	46,686	46,211	<38,938
Backlog Size	10,776	9,723	9,564	8,964	8,307	7,946	8,389	8,554	8,705	8,690	9,189	8,695	<2,178

2019/2020 Trajectory

1.18 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
Performance Trajectory	78.00%	79.00%	80.00%	80.00%	78.00%	80.00%	81.00%	82.00%	79.00%	80.00%	81.00%	82.00%	
Performance	79.15%	80.66%	82.06%	82.46%	81.81%	81.62%	81.51%	81.68%	80.32%	81.18%			

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	3	2	1	3	3	5	5	4			

The 18 week performance is above the agreed trajectory, there are (4) 52 week wait patients, and there has been a small increase of backlog size in month.

Issue:

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

Actions:

- All patients over 35 weeks are being reviewed by Operational Director weekly with plans monitored at weekly by Deputy COO for Elective Services.
- All Specialities have revised recovery plans for Q4 which are monitored at weekly PTL meeting.
- Increased and focussed validation to ensure the PTL is up to date
- Identify additional capacity through booking efficiencies to reduce polling ranges.

52 week patient:

Patient 1 – General Surgery – Delay in patient pathway due to complex diagnosis. Only one surgeon can perform the operation. Patient has been offered a date in February but declined due to personal family reasons. Dated 4 March.
Patient 2 - General Surgery – Complex pathway requiring a number of diagnostics, which were originally reported as normal. Specialist scan at tertiary centre confirmed diagnosis. Patient booked for TCI 20 February.
Patient 3 - Trauma & Orthopaedics – Delay pathway due to change to 'Signature' clinical protocol. Requires a bespoke prosthesis than normal. Booked for TCI 25 February.
Patient 4 - Gastroenterology – Complex pathway across two specialities. Treatment booked for 24 February.

East Kent Hospitals University NHS Foundation Trust

December 2019 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 125 of 167 trusts

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

*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.71 %

	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Green
Performance	99.49%	99.59%	99.29%	99.45%	99.60%	99.42%	99.08%	98.69%	99.60%	99.80%	99.55%	99.71%	>=99%
Waiting list Size	14,210	15,058	15,517	15,228	15,548	14,887	14,825	13,614	16,559	16,605	15,621	15,320	<14,000
Waiting > 6 Week Breaches	73	61	110	84	62	86	137	178	67	34	71	44	<60

2019/20 Trajectory

0.61 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
STF Trajectory	99.11%	99.11%	99.11%	99.11%	99.11%	99.10%	99.10%	99.10%	99.11%	99.11%	99.11%	99.11%
Performance	99.29%	99.45%	99.60%	99.42%	99.08%	98.69%	99.60%	99.80%	99.55%	99.71%		

Summary Performance

The standard has been met for January 20 with a compliance of **99.71%**. As at the end of the month there were 44 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 19
- Cardiology: 5
- Urodynamic: 3
- Sleep Studies : 0
- Cystoscopy : 1
- Colonoscopy : 11
- Gastroscopy : 1
- Flexi Sigmoidoscopy : 3
- Neurophysiology: 1
- Audiology : 0

Issue:

- Endoscopy waiting time is above expected.

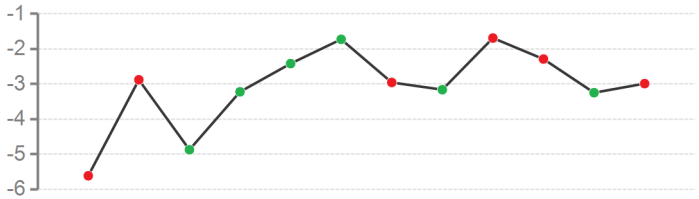
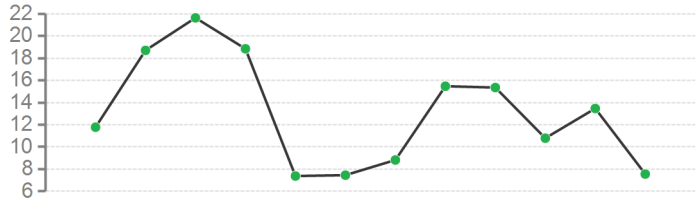
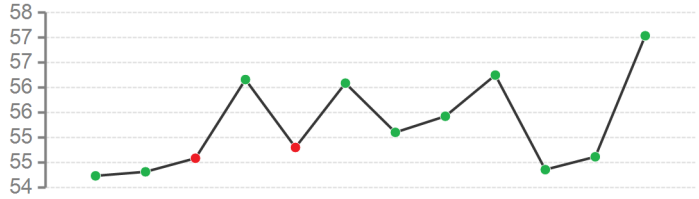
Actions:

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Jan	I&E £m (Trust Only)	-28.6 (-8.0%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.
Jan	Cash Balance £m (Trust Only)	7.6 (-43.8%)		Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.
Jan	Total Cost £m (Trust Only)	57.0 (4.4%)		Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.

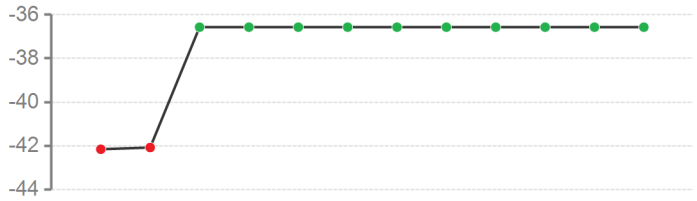
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Jan

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 £2.9m which was £0.3m worse than the plan. This brought the YTD position to a £29.3m deficit which was in line with the planned position with two months remaining in the financial year.

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

The main drivers of the in-month position were:

- Clinical income overperformed by £1.2m, mainly due to a net gain of £1.0m following the settlement of prior year Commissioner contracts and a review of other income risks.
- A pay overspend of £1.5m due to continued medical agency staffing due to challenging operational pressures from emergency activity. CIP schemes relating to agency staff are behind plan in December by £0.4m and £2.2m behind plan YTD. Total expenditure on pay in January was £34.5m, an increase of £1.5m when compared to expenditure in December. Expenditure increased in all staff headings, in particular substantive staff which grew by £0.8m, with planned bank holiday enhancement costs accounting for £0.3m of the growth.
- A non-pay overspend of £1m due to a combination operated healthcare facility costs which were transferred from other expenditure headings following changes to the2gether contract and increased drug expenditure of £0.6m following increased emergency activity.

The East Kent CCG aligned incentive contract (AIC) remains financially beneficial to EKHUFT, with a year-to-date benefit of £2.7m as compared to a PbR activity based contract.

While the year-to-date financial position in January remains in line with plan, the level of CIP delivery required in the last two months of the financial year is challenging, therefore continued focus on development and delivery of further efficiencies is crucial to deliver our I&E plan and ensure we are in a good position moving into the new financial year.

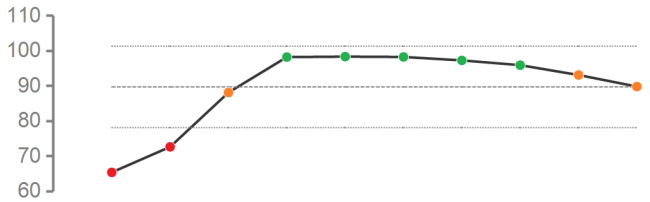
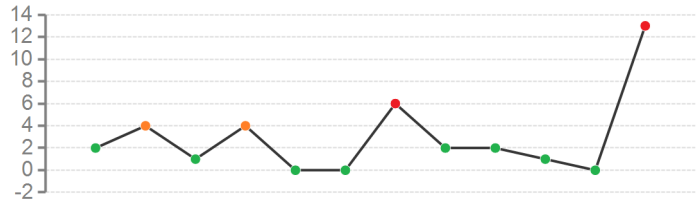
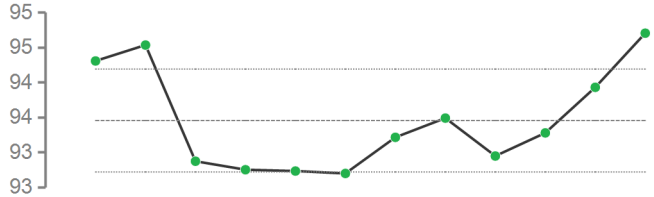
This focus on delivering the financial position is being maintained by a combination of monthly Executive Performance Review meetings and Confirm and Challenge meetings led by the COO and FD. Additionally EKHUFT has developed an internal Financial Special Measures framework to ensure all areas of the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

The Trust's cash balance at the end of January was £7.6m which was £2.7m above plan partly due to positive on-going work to collect historic debt. Total cash borrowed increased to £118m which the Trust has been recently informed will be converted to PDC which attracts an annual 3.5% interest charge, but does not require paying back.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Jan	H&S HASTA All Scores	83 (17.2%)		Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site
Jan	RIDDOR Reports (Number)	35 (16.7%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)
Jan	Health & Safety Training	93 (-3.2%)		H&S Training includes all H&S and risk avoidance training including manual handling

Strategic Theme: Health & Safety

Highlights and Actions:

HASTA scores for January 2020 achieved 82% compliance which is an improvement from the December scores of 73%. The overall compliance is 95% year to date, a small drop of 1%.

H&S COSHH Assessments:
Performance in January was at 86% a drop from December (94%). Additional COSHH support sessions are being offered to all services by the Health and Safety team.

H&S COSHH Controls: Performance is 96% in January, remaining consistent with previous months.

COSHH inventory audits achieved 87%, which is a downward turn compared with December (94%). Additional COSHH support sessions are being offered to all services by the Health and Safety team.

H & S Staff Surveillance:
100% compliance was achieved in January a marked improvement from December (80%).

There were 13 RIDDOR reports sent to the HSE in January 2020 a large increase from previous months. However, only two actually related to incidents that occurred in January2020 - with 4 incidents relating to 2gether (staff incidents) and 9 related to EKHUFT (eight staff, one visitor).

Of the 13 reported incidents:
- 5 were slips, trips or falls
- 3 were Manual Handling related
- 3 were struck by object incidents
- 1 was a physical assault
- 1 was a repetitive strain injury

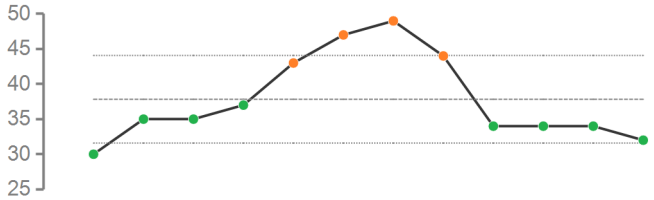
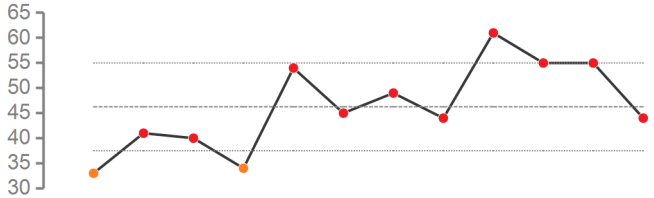
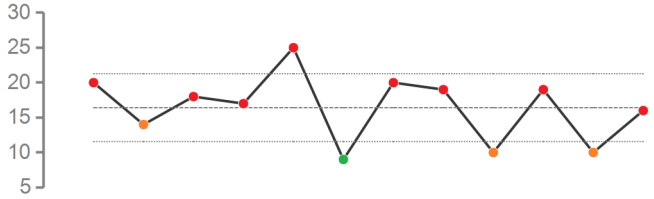
Only 8 cases have been a result of the work undertaken to review the historic cases under non-clinical (including Health and safety cases) open or closed (severity of"C, D, or E") without three key areas completed (RIDDOR, pre or post migration or lesson learnt)) on our incident management system (DATIX) they cover the period of2017, 2018 and 2019 (June, September, November and early part of December).

The Head Nurse for Strategic Development has recommended improvements to the RIDDOR process at the January Strategic Health and Safety committee, including:
- Review open incidences and agree trajectory for closure.
- Check nominated investigator, as key staff may have left, and reallocate.
- Review care group incidences for themes and trends.
- Working with 2gther to review outstanding incidences.
- Review lessons learnt.
- Feedback actions or escalate any ID areas or gaps at next SH&S Committee.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Jan	Accidents	454 (1.6%)		Number of Accidents that have occurred, excluding sharps (needles etc) but including manual handling. Data Source: DATIX
Jan	Violence & Aggression	555 (9.7%)		Number of cases of Violence, aggression and verbal abuse raised towards Staff. Data Source: DATIX
Jan	Sharps	197 (25.5%)		Number of Incidents raised involving use of sharps (e.g. needle stick). Data Source: DATIX

Highlights and Actions:

There were 32 Accidents for January 2020:
- 9 Hit object (5 moving and 4 stationary objects) all low or no impact
- 5 Contact with Body Fluids (low or no impact)
- 5 sharp objects (not needlestick or clinical sharps)
- 5 Slip, Trips and Falls (4 low impact and 1 moderate)
- 4 Contact with hot liquids or object (3 low impact and 1 moderate scold from hot water boiler)
- 4 contact with harmful substance (two biological and two chemical, all low impact)

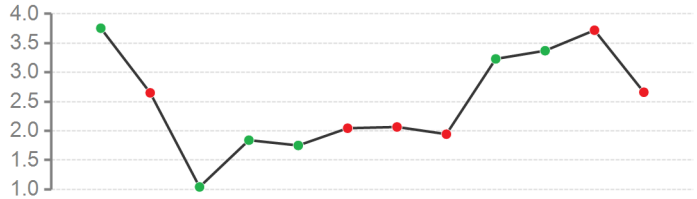
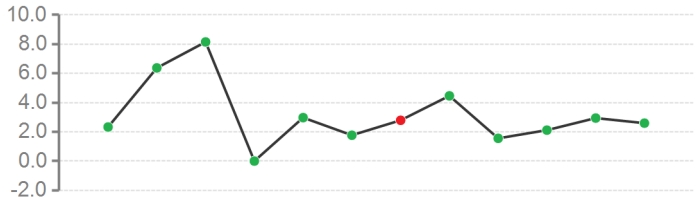
There were 44 reported incidents of Violence and Aggression in January 2020:
- 26 Patient behaviour incidents, low or no impact
- 2 reports of alleged inappropriate behaviour by staff
- 12 Incidents of verbal aggression by patients, all low or no impact
- 4 incidents of verbal aggression by visitor

There were 16 Datix reported sharps incidents in January 2020.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Jan	CIPS £m	23.7 (-28.5%)		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.
Jan	Cash borrowings £m	29.3 (-11.9%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

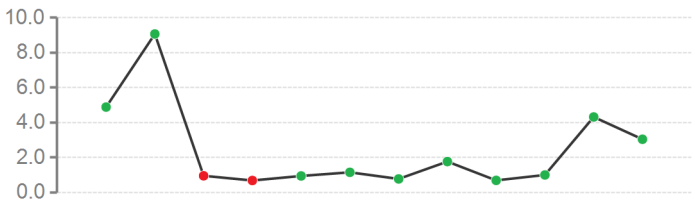
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Jan

Capital position £m

15.3
(-29.6%)



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

Highlights and Actions:

DEBT

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

CAPITAL

Total capital expenditure at the end of January was £15.9m which is £0.6m (4%) below plan. The main drivers are delays with investments with Fire precautionary work following an external funding grant of £5m. It is anticipated that this expenditure will be back in line with the plan by year-end.

CASH

The Trust's cash balance at the end of January was £7.6m which was £2.7m above plan partly due to positive on-going work to collect historic debt.

FINANCING

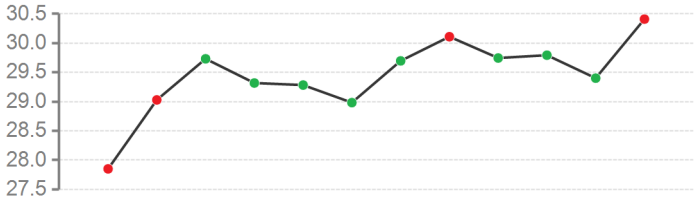
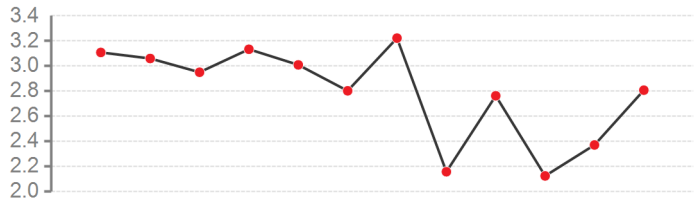
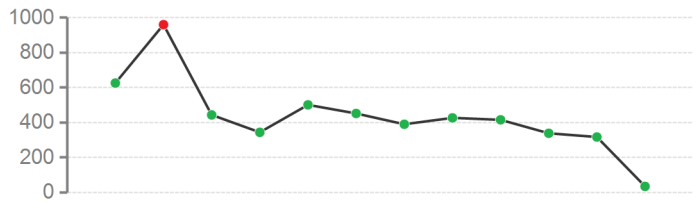
The Trust borrowed £2.6m in January therefore total Trust borrowings increased to £118m which the Trust has been recently informed will be converted to PDC which attracts 3.5% interest, but does not require paying back.

£3.1m 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

Jan	Payroll Pay £m	30.4 (3.4%)		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.
Jan	Agency Spend £m	2.8 (18.4%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Jan	Independent Sector £k	34 (-89.1%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:

Pay performance was adverse to plan in January by £1.5m mainly driven by overspends in medical and nursing agency staffing due to continued operational pressures.

Total expenditure on pay in January was £34.5m, which is a £1.5m increase from the level of reported expenditure in December. The focus remains on converting as many agency posts to substantive and bank as possible to improve quality of service delivered along with reducing the level of premium cost paid by the Trust.

NHS
East Kent Hospitals University
NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
Beds	IP Spells with 3+ Ward Moves	Total Patients with 3 or more Ward Moves in Spell	Lower is Better	
	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 %
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %

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

Data Quality & Assurance	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <2.13	
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March of the relevant financial year. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	I&E £m (Trust Only)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.	>= Plan	30 %
	Cash Balance £m (Trust Only)	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown ir the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 5	20 %
	Total Cost £m (Trust Only)	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	20 %
Health & Safety	H&S HASTA All Scores	Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	>= 95	
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	>= 0 & <3	20 %
	Violence & Aggression	Number of cases of Violence, aggression and verbal abuse raised towards Staff. Data Source: DATIX	>= 0 & <25	10 %
	Accidents	Number of Accidents that have occurred, excluding sharps (needles etc) but including manual handling. Data Source: DATIX	>= 0 & <40	15 %

Health & Safety	Sharps	Number of Incidents raised involving use of sharps (e.g. needle stick). Data Source: DATIX	>= 0 & <10	5 %
Incidents	Blood Transfusion Incidents	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Clinical Incidents: Severe Harm	Number of Clinical Incidents resulting in Severe Harm		
	Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		
	Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
	Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE c Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
	Medication Missed Doses	Number of missed medication doses recorded on Datix		
	Medicines Mgmt. Incidents	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Never Events (STEIS)	"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	>= 0 & <1	30 %
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm	Number of Clinical Incidents resulting in Minimal Harm		
	Clinical Incidents: Moderate Harm	Number of Clinical Incidents resulting in Moderate Harm		
	Clinical Incidents: No Harm	Number of Clinical Incidents resulting in No Harm		
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls, in-hospital		0 %

Incidents	Pressure Ulcers Cat 3/4 (per 1,000)	"Number of category ¾ hospital acquired pressure ulcers per 1,000 bed days. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Serious Incidents (STEIS)	"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
Infection	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	>= 0 & <1	
	C. Diff Infections (Post 72h)	"The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)."	>= 0 & <1	0 %
	Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	E. Coli	"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	>= 0 & <1	
	Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	Cases of C.Diff (Cumulative)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."		40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
	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 %

Mortality	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 %
Observations	VTE: Risk Assessment %	"Adults (16+) who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant."	>= 95	20 %
Patient Experience	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	Complaints Closed within 30 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 30 working day target (or an agreed extension)		
	Complaints Closed within 45 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 45 working day target (or an agreed extension)		
	Complaints Open < 31 Days (M/End)	Number of Complaints open for less than 30 days as at the last day of the month (snapshot)		
	Complaints Open > 90 Days (M/End)	Number of Complaints open for more than 90 days as at the last day of the month (snapshot)		
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	Compliments	Number of compliments received	>= 1	
	IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons (un-justifiable). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %

Patient Experience	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days (%)		
	Complaints Open 31 - 60 Days (M/End)	Number of Complaints open for between 31 and 60 days as at the last day of the month (snapshot)		
	Complaints Open 61 - 90 Days (M/End)	Number of Complaints open for between 61 and 90 days as at the last day of the month (snapshot)		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	IP FFT: Recommend (%)		>= 95	30 %
	IP FFT: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 22	1 %
	IP Survey: Help from Staff to Eat Meals (%)	Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"		3 %
	Number of Complaints	The number of Complaints recorded overall, including new or returning complaints. Data source - DATIX		
Productivity	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use– allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Compliance	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 80 & <80	
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.	Lower is Better	

Productivity	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.	Lower is Better	
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %
	Overtime (WTE)	Count of employee's claiming overtime		1 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Stability Index %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate– WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
	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	

Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
	Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
	Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
	Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
	NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
	Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Sickness (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 %
	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	
	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %

Data Assurance Stars


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


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


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