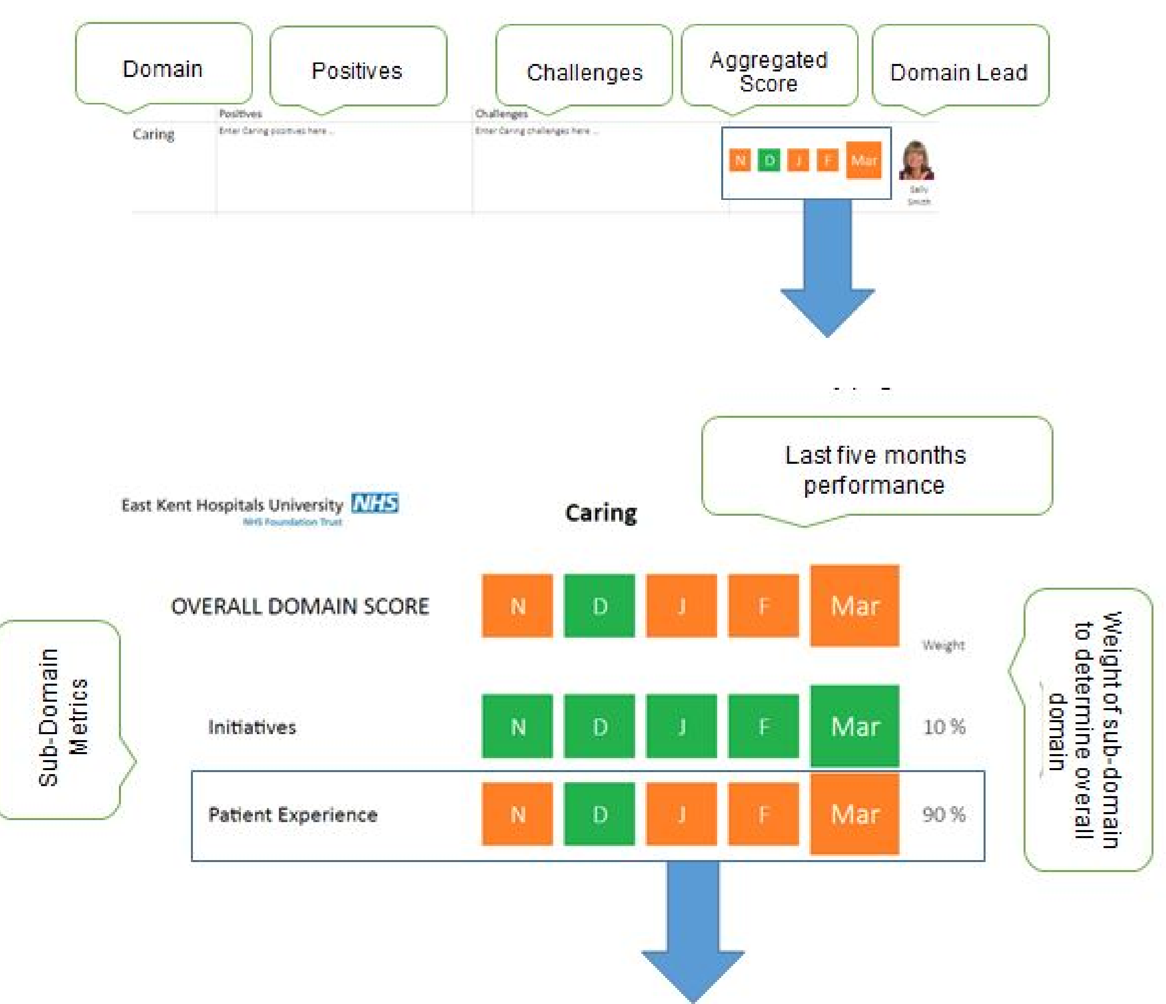
JANUARY 2021

INTEGRATED PERFORMANCE REPORT

Understanding the IPR

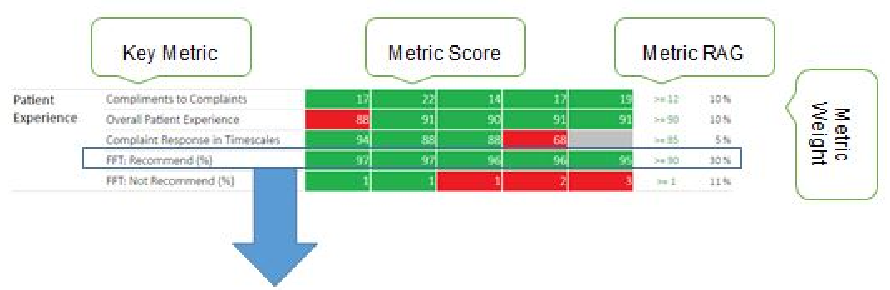
1 Headlines: Each domain has an aggregated score which is made up of a weighted score derived from their respective sub-domain. There is an overall executive Trust summary followed by more specific commentaries for each of the five domains which are based on the recent Carter review and the way that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

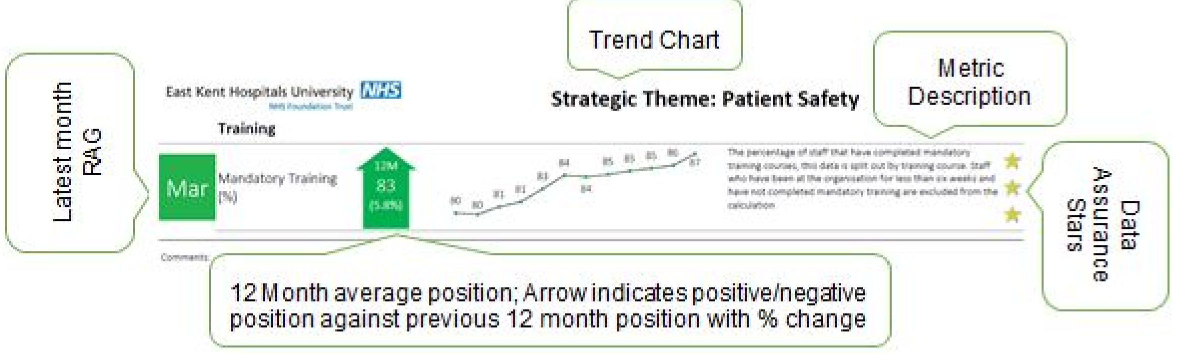


Understanding the IPR

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



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



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

Strategic Priorities

Headlines

	Positives	Challenges		
Caring	We continue to seek feedback about our services through "friends and family" reporting and more of our patients have reported that they recommend our service this month compared with previous (December).	Continued focus is required to (ultimately) eliminate mixed sex accommodation breaches.	S O N D Jan	Siobhan Jordan
Effective	Bed Occupancy is 86%. The DNA rate for new and follow up out patients has remained at 7.4% and 6.8% respectively. Elective re-admissions have improved to 1.9%. Non-elective re-admissions are compliant at 13.2%. Inpatient discharges before midday have improved to 14%. Non Clinical cancellation breaches has improved to 27%	Theatres - on time starts have deteriorated to 27%. Fractured neck of femur treatment within 36 hours performance has deteriorated to 63%. Theatre delays have been due to pressure on clinical teams to support ITU. The number of patients with more than 3 moves deteriorated from 419 to 452 patients.	S O N D Jan	Rebecca Carlton
Responsive	2ww performance remains compliant across all pathways at 98.26%. All 31 day standards are also compliant with the exception of 2nd Treatment surgery. Audiology complete and incomplete pathways are compliant at 100%. 62 day cancer upgrades is non compliant at 80.77% but has improved from 70.59% in month.	ED performance is 72.72% and has been challenged due to increased attendances of patients with Covid19. January also saw a higher Covid acuity and hospital admission. 62 day Cancer performance is non complaint at 76.80%. The number of 52 week waits has increased to 3613 due to cancellation of routine surgery in response to national guidance regarding focusing on Priority 2 and Priority 3 patients.	S O N D Jan	Rebecca Carlton

Domain	Highlights	Challenges	Rating (S / O / N / D / Jan)	Lead
Safe	HSMR (rolling 12 months to September 2020) has now maintained 'as expected' Reduction in 'in month' hospital attributed C Difficile cases sustained E.coli bloodstream infections have reduced by 37% ytd compared with 2019/20	Infection prevention and control measures around Covid-19 continue to be a key focus as inpatient numbers have significantly risen to a peak inpatient number 447 in early January. Crude mortality rates spiked in January 2021 as a consequence of the Covid-19 second surge. We do not yet have risk adjusted mortality data but crude percentage of admissions data for the second surge suggests mortality is less then in wave one. The Trust reported a maternal death in January and this has been reported to HSIB who are undertaking the full investigation. There were a number of safeguarding serious incidents reported in January and these are currently under investigation. There is a safeguarding improvement plan in place which addresses the immediate concerns identified. The annual objective for C Difficile has breached (100 cases to date compared with an end of year objective of 95 cases). The focused improvement work has delivered a significant reduction in hospital attributable C Difficile.	S O N D Jan	Rebecca Martin
Well Led	The Trust achieved a £0.3m deficit in January, which brought the year-to-date (YTD) position to a £0.1m surplus, slightly ahead of the plan. The impact of Covid-19 has paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21. The Trust's cash balance at the end of January was £70m which was £67m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.	The Trust has delivered £0.4m of savings in January which was £2.3m below the draft plan due to the Trust's reduced ability to deliver savings with the operational priority of dealing with the Covid-19 pandemic.	S O N D Jan	Susan Acott
Workforce	Recruitment has continued throughout Covid-19 across all grades and staff groups. The balance of permanent staff against temporary workers has continued to be maintained reflecting our positive recruitment position along with a continued reduction in staff turnover. We have now started five cohorts of overseas nurses and have plans for future cohorts every six weeks which will support our winter workforce planning.	Appraisal rates have fallen as a consequence of Covid-19 and were suspended formally earlier this year. It will be challenging to bring rates back up over the next quarter, however we have seen a further increase this month. Sickness levels continue to rise as a direct consequence of Covid-19 and with the roll out of Covid-19 Lateral Flow Testing. The impact of the virus on staff has been significant and incurred longer periods of absence than usual. Absence monitoring is again largely limited to Covid-19 support and wellbeing initiatives and we are working closely with KMPT to offer additional support to staff alongside the roll out of the Covid vaccine to manage and reduce absence overall.	S O N D Jan	Andrea Ashman

Caring

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Patient Experience	Mixed Sex Breaches	780	1044	1955	963		>= 0 & <1	10 %
	Number of Complaints	74	80	80	55	60		
	AE Mental Health Referrals	365	368	52		210		
	First Returner Complaints	8	15	14	13	14		4 %
	IP FFT: Recommend (%)	98	88	89	89	94	>= 95	30 %
	IP FFT: Not Recommend (%)	1.0	12.1	11.5	10.5	6.5	>= 0 & <2	30 %
	Number of PALS Received	523	560	492	572	493		
	Complaints acknowledged within 3	100	100	100	100	100		
	Maternity FFT: Recommended (%)	98.5	80.6	84.7	87.4	90.2		
	Maternity FFT: Not Recommended (%)	0.0	19.4	15.3	12.6	9.8		
	Compliments	1066	2056	1516	1967	1265	>= 1	
	Complaints Open < 31 Days (M/End)	77	98	82	70	63		
	Complaints Open 31 - 60 Days	51	60	52	52	35		
	Complaints Open 61 - 90 Days	12	15	13	11	4		
	Complaints Open > 90 Days (M/End)	7	10	13	7	4		
	Complaints Closed within 30 Working		87.5	72.4	73.7	61.9		
	Complaints Closed within 45 Working	78.4	58.0	48.1	73.2	66.7		
	Second Returner Complaints	4		2		3		

Effective

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Beds	DToCs (Average per Day)	21	18	24	22	14	>= 0 & <35	30 %
	Bed Occupancy (%)	76	88	83	83	86	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	15	14	13	15	14	>= 35	10 %
	IP Spells with 3+ Ward Moves	445	434	413	419	452	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	51	50	60	65	63	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	4.6	4.3	4.2	3.0	2.5	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.8	15.9	16.6	16.2	15.8	>= 0 & <15	15 %
	Audit of WHO Checklist %	96	97	97	97	98	>= 99	10 %
	Stroke BPT Achievement %	34	54	42	44	38		
Demand vs Capacity	DNA Rate: New %	9.9	8.3	8.1	8.4	7.5	>= 0 & <7	
	DNA Rate: Fup %	9.0	7.4	7.1	7.2	6.8	>= 0 & <7	
	New:FUp Ratio (1:#)	2.3	2.2	2.3	2.4	2.5	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	2.8	2.7	2.7	3.3	3.2	Lower is Better	
	LoS: Non-Elective (Days)	6.0	5.9	6.2	6.7	7.0	Lower is Better	
	Theatres: Session Utilisation (%)	72	78	76	70	70	>= 85	25 %
	Theatres: On Time Start (% 15min)	34	36	41	33	27	>= 90	10 %
	Non-Clinical Cancellations (%)	0.9	2.1	1.3	1.0	1.6	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	10	15	17	43	27	>= 0 & <5	10 %

Responsive

		Sep	Oct	Nov	Dec	Jan	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	83.44	80.42	77.65	73.59	72.72	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	81.37	78.58	75.39	71.07	70.17	>= 95	1 %
Cancer	Cancer: 2ww (All) %	98.58	98.55	97.90	97.69	98.26	>= 93	10 %
	Cancer: 2ww (Breast) %	98.99	99.14	99.17	98.17	99.06	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	98.37	99.15	99.29	100.00	97.57	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	95.71	94.52	96.36	96.23	92.16	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	100.00	100.00	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	87.07	85.06	81.92	81.32	76.80	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	92.00	100.00	95.00	78.95	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	93.10	84.00	84.62	70.59	80.77	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	75.50	78.06	78.17	77.64	64.73	>= 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 (%)	59.84	65.89	69.54	69.02	65.02	>= 92	100 %
	RTT: 52 Week Waits (Number)	2021	2215	2172	2544	3613	>= 0	

Safe

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,770	2,314	2,361	2,111	2,279		
	Serious Incidents (STEIS)	11	9	31	20	11		
	Falls (per 1,000 bed days)	4.75	4.66	5.96	6.10	5.92	>= 0 & <5	20 %
	Harms per 1000 bed days	5.1	4.8	4.8	4.6	4.5	>= 0 & <10	
Infection	Cases of C.Diff (Cumulative)	81	86	91	96	100		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
	Cases of C.Diff (per month)	10	5	5	5	4		
Mortality	HSMR (Index)	97.2	96.7				>= 0 & <106	35 %
	Crude Mortality NEL (per 1,000)	25.6	22.1	36.6	67.3	82.2	>= 0 & <27.1	10 %
	SHMI	1.062					>= 0 & <0.95	15 %
Observations	VTE: Risk Assessment %	93.3	92.6	93.7	92.9	93.3	>= 95	20 %

Well Led

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.3	0.3	0.3	0.1	0.1	>= 0 & <0.25	25 %
Finance	Cash Balance £m (Group)	72.9	62.3	85.4	85.2	80.4	>= 5	20 %
	I&E £m (Group)	0.0	0.0	0.2	0.4	0.1	>= Plan	30 %
Health & Safety	RIDDOR Reports	3	1	2	2	0	>= 0 & <3	20 %
Staffing	Agency %						>= 0 & <10	
	1:1 Care in labour	100.0	98.8	100.0	99.7	99.2	>= 99 & <99	
	Midwife:Birth Ratio (%)	24.7	25.4	24.1	22.3	20.8	>= 0 & <28	2 %
	Shifts Filled - Day (%)	94	104	111	96	104	>= 80	15 %
	Shifts Filled - Night (%)	106	113	131	110	118	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	10.3	9.9	11.4	10.7	10.4		
	Staff Turnover (%)	9.4	9.4	9.2	8.7	8.8	>= 0 & <10	15 %
	Vacancy (Monthly) %	6.0	6.0	6.5	6.1	6.6	>= 0 & <10	15 %
	Sickness (Monthly) %	4.0	4.1	5.0	7.4		>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	66.2	67.0	70.6	69.7	68.7	>= 85	50 %
	Statutory Training (%)	94	93	93	92	93	>= 85	50 %

Strategic Theme: COVID-19 | Inpatients

155 TRUST

C-19 Positive Inpatients by date (Snapshot)

De-Escalated Inpatients

500
400
300
200
100
0
May 2020 Jul 2020 Sep 2020 Nov 2020 Jan 2021

86 WHH

C-19 Positive Inpatients by date (Snapshot)

De-Escalated Inpatients

300
200
100
0
May 2020 Jul 2020 Sep 2020 Nov 2020 Jan 2021

17 K&C

C-19 Positive Inpatients by date (Snapshot)

De-Escalated Inpatients

60
40
20
0
May 2020 Jul 2020 Sep 2020 Nov 2020 Jan 2021

52 QEQM

C-19 Positive Inpatients by date (Snapshot)

De-Escalated Inpatients

200
150
100
50
0
May 2020 Jul 2020 Sep 2020 Nov 2020 Jan 2021

Strategic Theme: Patient Safety

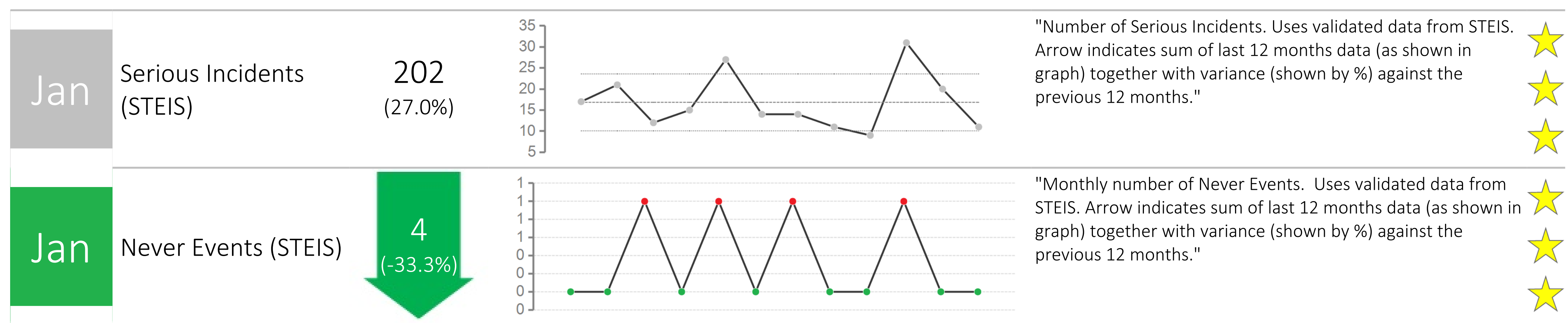
Mortality

Month	Metric	Value	Description
Jan	HSMR (Index)	99.4 (-5.9%)	Hospital Standardised Mortality Ratio (HSMR), via Dr Foster, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores the number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Jan	SHMI	1.064 (-1.9%)	"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."
Jan	Crude Mortality NEL (per 1,000)	38.9 (40.1%)	"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: Overall, the HSMR continues its improving trend to the last reported month and the Trust remains 'as expected' in relation to national data. There has been a corresponding improvement in the capture and coding of palliative care activity which may contribute to this trend. The crude mortality rate significantly noted in November continued through to January. These changes related to the surge in Covid-19 activity. There are three outlying groups attracting significantly higher than expected deaths, with no new alerts. The SHMI remains 'as expected'. Mortality reduction is a True North for the Quality and Safety domain being delivered through We Care and current priorities to achieve this are through improving recognition and response to the deteriorating patient. The project is one of our Trust priority improvement projects.

Strategic Theme: Patient Safety

Serious Incidents



Highlights and Actions:

There were 130 open Serious Incidents (SIs) at the end of January 2021. Eleven new SIs were reported in January: three allegations of abuse (one at the WHH and two at QEQMH), two Covid outbreaks (WHH and K&CH), three pressure ulcers (one Category 4 at the WHH and two unstageables, one at QEQMH and the other at K&CH), one patient fall sustaining a fractured hip (WHH), a patient ID mismatch (WHH) and a maternal death at the WHH.

The CCG agreed closure of 12 SIs. At month end there were six non-closure requests for further information from the CCG.

For the Never Events reported from April 2020, the CCG has previously agreed closure of two (wrong tooth extraction and misplaced nasogastric tube); requested further information which was shared in January 2021 for the wrong lesion removal; and the 72 hour report and initial Duty of Candour were completed in December 2020 for the wrong site block incident.

There were 52 SI reports breaching investigation timeframes at month end; an increase of eight from December 2020. The majority of these are with UEC and GSM, of which 17 are more than six months overdue, one is 19 months overdue. Revised trajectories for completion of the breaches have been set and the Patient Safety Team are directly supporting completion of 16 breaches. Increased resources within Care Group Governance teams did enable a reduction in the number of breaches toward the end of 2020, however the second wave of Covid-19 has significantly challenged clinical staff availability to contribute to investigations. The CCG recognised this and applied an extension of four weeks for all open SIs mid December 2020.

The new Serious Incident Panel, chaired by one of the hospital medical directors and with deputy chief nurse and Patient Safety Team support, now reviews all Serious Incidents prior to submission to the CCG. The focus remains to ensure patients, families, the CCG and, if applicable, HM Coroner receive well written, robust reports and effective improvement plans. Extraordinary panels commenced in January 2021 are in place to review breached reports as these are completed. In January 2021, the Serious Incident Panel has seen Care Group Triumvirates represented to inform reporting of SIs and support for clinical staff presenting reports.
The panels for Pressure Ulcer, Falls and Mortality are planned and in the interim these incidents will continue to be presented at the Serious Incident panel.

Strategic Theme: Patient Safety

Infection Control

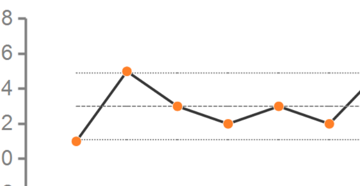
Month	Measure	Value (variance)	Description
Jan	Cases of MRSA (per month)	0 (-100.0%)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
Jan	Cases of C.Diff (Cumulative)	140 (59.8%)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."
Jan	Cases of C.Diff (per month)	4 (-20.0%)	Cases of C.Diff
Jan	E. Coli	59 (-32.2%)	"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."

Strategic Theme: Patient Safety

Jan

MSSA

36
(0.0%)



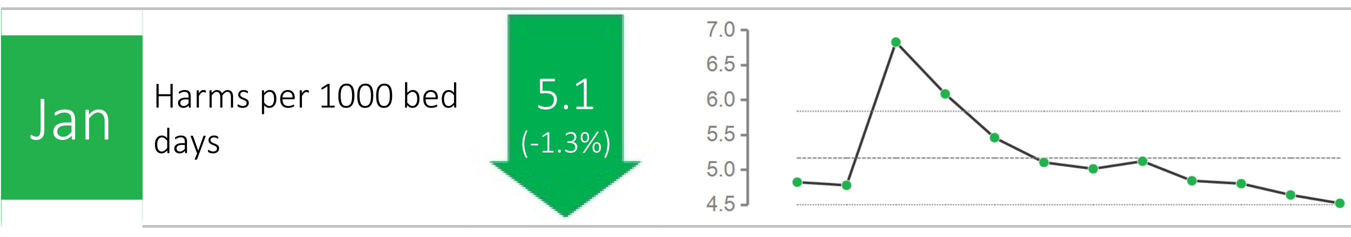
"The total number of MSSA bacteraemia recorded, post 48hrs.

Highlights and Actions:

Infection prevention and control measures around Covid-19 continue to be a key focus. All Covid-19 outbreaks have been monitored closely with daily outbreak meetings and a weekly Trust-wide meeting to share learning. The strict front door policy with temperature checks, hand hygiene and face masks for all staff and patients and promotion of physical distancing remains in place. An integrated improvement plan has been developed including actions from the NHSEI and CQC inspection and the Safe Clean Care projects. An implementation team meets weekly to monitor progress. The improvement advisors continue to work with the matrons and the infection prevention team to improve standards. There have been 4 hospital attributable C. difficile cases for January against an expected 8 cases. This is the fourth month with cases below those expected and shows sustained improvement compared with previous months. The annual objective has breached (99 cases to date compared with an end of year objective of 95 cases). E.coli bloodstream infections have reduced by 37% ytd compared with 2019/20. No MRSA bloodstream infections have been seen this year.

Strategic Theme: Patient Safety

Harm Free Care



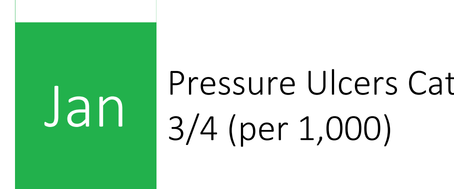
Harms per 1000 bed days for the wards included in the discontinued Safety Thermometer. Harms included: Fall (with harm) & Presure Ulcers

Highlights and Actions:

Harm Free care per 1000 bed days = 4.5 (4.6 November)

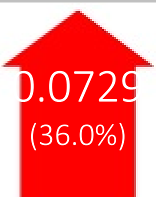
Strategic Theme: Patient Safety

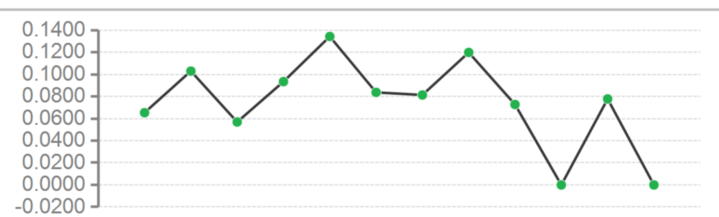
Pressure Care



Jan

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





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

Strategic Theme: Patient Safety

Highlights and Actions:

Category 4 - Zero
Category 3 - Zero
Category 2 - 22 (0.722/1000 – red, over 10% trajectory by 0.008/1000 bed days); 13 (WHH), 2 (K&C), 7 (QEQM); 4 due to shear lack of slide sheet usage, 15 sacrum/ buttock 4-foot heel/3 other
Deep Tissue Injury - 7 (0.230/1000, on target), 5 (WHH), 2 (QEQM); 4 heel resolving damage, 2 buttocks small areas of purple
Unstageable - 8 (0.268/1000); 5 (WHH), 1 (K&C), 2 (QEQM); 1 moderate harm Seabathing QEQM, 2 Moderate harm Kings C1 RCAs in progress as omissions in care identified
Medical Device - 14; 4 (WHH), 10 (QEQM); 3 at WHH and 5 QEQEM – ITU related to ET Tube for proned patients, 1 Richard Stevens for NIV, 1 CM2 and 1 cheerful Sparrows ears from O2 requirements 3 others relating to catheter, a brace, flotron device.

Main Themes in the month
Lack of evidenced repositioning and use of slide sheets – areas of concern include patients being sat in the chair for prolonged periods. NICE guidance stated that patients at high risk patients should be limited to 2 hours in the chair at one time. This is also in the pressure prevention policy. Also, guidance states that high risk patients should be repositioned every 2-4 hours. A consistent theme particularly in superficial ulcer demonstrates that patients have been nursed for prolonged period on their back. Checked and changed often documented as changes of position.
The Trust standard (FLAG System) is that 10 skins audits are completed by each ward per month. In January, 25% of ward areas were not compliant with the standard of 10 audits. However, of those that did complete an audit, there was 86.9% compliance/adherence to the interventions required.
Compliance by site: WHH: 90.2%, QEQM: 80.9%, K&C: 84.4%

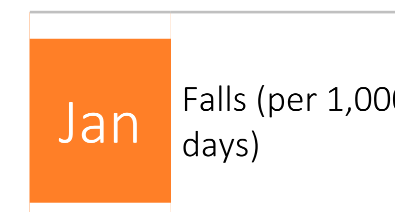
There are 5 areas of concern in the month – Cheerful Sparrows at QE (3), Seabathing at QE (4) CM2 at WHH (3) Kings C1 at WHH (5), kings C2 at WHH (3).
Triangulating the data with audits and interventions, Cheerful Sparrows completed 16/10 completed 81.9% compliance, Seabathing 40/10 completed 77.7% compliance, CM2 25/10 completed 90.9% compliant, KC1 11/10 completed 80.6% compliant, KC2 20/10 92.9% compliance
The TVN team are continually working with the clinical teams to ensure learning is in place.

Learning/actions
The TVN team are working directly with care groups and manual handling team to ensure there are actions taken when slide sheets are not use or being used inappropriately. Training of Nursing assistants is in progress and accountability and oversight from registered Nurses. Current documentation is being reviewed to reflect some issues cited in investigations. A manual handling usage and management of slide sheet audit is being developed for the FLAG audit system to allow for formal monitoring of compliance with slide sheet usage.

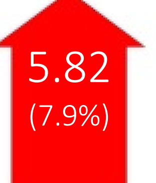
The Trust Mouth Care Nurse is involved in this work to ensure a multi-disciplinary approach.
Proning guidelines have been reviewed and we are working with mouthcare lead and ITU to try to get these rolled out.
Care of medical devices guide has been rolled out via the latest Tissue Viability newsletter.

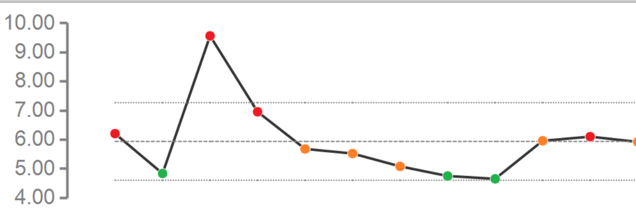
Strategic Theme: Patient Safety

Falls



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."

Highlights and Actions:

In January there were 165 falls (156 in December 2020) with 28 at K&CH (previously 24). 48 at QEQMH (previously 34) and 86 at WHH (previously 94). This equates to rates per 1000 bed days of 5.61 at K&C, 4.51 at QEQM and 5.73 at WHH with a total across the 3 main sites of 5.29. This is an decrease on December when the rate across the 3 main sites was 5.37.
At WHH, wards with the highest number were AMU B (9) where 1 patient fell twice, Cambridge K (12) where 1 patient fell twice, Kings C2 (7) where 1 patient fell twice , Kings B (6), Bartholomew (6) where 1 patient fell twice and Richard Stevens Ward (6). AMU A, Rotary ward and Cambridge J2 all had 1 patient who fell twice.

At QEQMH there were 8 falls in Accident and Emergency, 7 on AMU B where 1 patient fell twice and 7 on St Augustine's ward where 1 patient fell twice. 1 patient on Quex ward also fell twice.

At K&CH there were 6 falls on Marlowe ward where 1 patient fell four times and another fell twice. On Harbledown ward there were 6 falls and one patient fell twice. On Mount/McMaster ward there were 6 falls and 2 patients fell twice.

Of concern in January was a hip fracture at WHH which was predictable and is the subject of a multi-professional investigation. There was 1 fall at QEQMH resulting in the loss of a tooth which was not predictable. A patient at WHH had a fall which did not appear to cause any injuries at the time. However, he later experienced a cerebral bleed and passed away. An investigation is ongoing and it is unknown if the bleed was caused by the fall.

The Trustwide Falls Improvement Plan is currently being updated and the A3 developed as part of the We Care programme. A falls incident Decision Support Tool is being tested by the Falls Prevention Team to assist wards in identifying learning from incidents and to develop actions. Changes have been made via a PDSA cycle. The Falls Risk Assessment and Care Plan is being reviewed and streamlined as part of the T3 project. We Care Tier 1 wards will be supported with their Falls Improvement Plans.

Strategic Theme: Patient Safety

Incidents

Month	Measure	Value	Description
Jan	Clinical Incidents: Total (#)	21,783 (13.3%)	"Number of Total Clinical Incidents reported, recorded on Datix.
Jan	Blood Transfusion Incidents	101 (-10.6%)	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."
Jan	Medicines Mgmt. Incidents	1,902 (-4.0%)	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Highlights and Actions:

There were 2,274 clinical incidents reported as occurring in January 2021, compared with 1,691 reported as occurring in January 2020 and 2,107 occurring in December 2020. This figure may rise as incidents are sometimes backdated. The incident reporting rate is a reflection of the safety culture within the Trust. Increased reporting over time may indicate an improved reporting culture and patterns should be interpreted alongside other information such as local safety issues, NHS staff survey data, etc.

Strategic Theme: Patient Safety

Friends & Family Test

Month	Measure	Value	Variance	Description
Jan	IP FFT: Response Rate (%)	19	(-48.3%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Jan	IP FFT: Recommend (%)	93	(-3.7%)	
Jan	IP FFT: Not Recommend (%)	5.7	(328.0%)	"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:

Late 2020 a new system for collecting the Friends and Family Test (FFT) was implemented. FFT data is now collected via a text message alert system sent out to all patients. The imbedding of the new system resulted in a reduction in FFT returns being received, however this is now resolving.

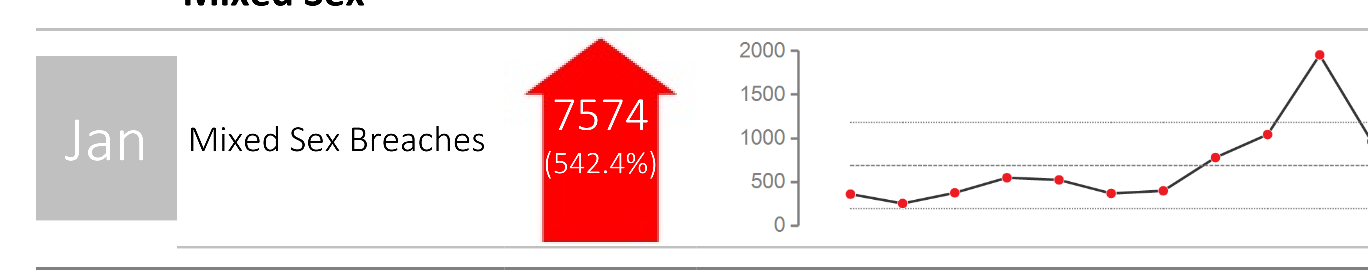
We are receiving approx. 3,000 responses each week. This is the highest number of responses since June 2015, though, due to the growth in hospital activity only represents 17.5% of the patients accessing the Trust.

The recommendation rate is currently at 94.2%. This is the highest recommended rating since 2013. An important metric is the response rate and how comparable we are to national average. The current position is

- ED response rate was 14.4% January, with 91.5% of patients extremely likely to recommend
- Outpatients response rate was 20.2% January with 96.2% extremely likely to recommend
- Inpatients response rate was 16.7% in January with 92.6% of patients extremely likely to recommend
- Maternity response rate was 6.4% in January of the 6.4% patients who responded 91.5% were extremely likely to recommend

Strategic Theme: Patient Safety

Mixed Sex



"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:

In 2020 there was a high number of breaches throughout the year, rising to 1,044 in October 2020 and then 1,955 in November 2020. The explanation for this inexpedient rise was due to the focus being on streaming patients, to green, blue and red pathways of care, aiming to limit exposure and risk of Covid-19. This number significantly dropped in December to 963 following daily review and pro-active prioritisation of de-escalation of mixed sex areas by the site teams.

Following on from this, in January 2021 work commenced to review the collection of mixed sex data via electronic data systems.

The previous system relied on data being hand collected and the wards filling out and submitting forms which were then collated by the nursing quality team.
The data will be recorded and reported via our electronic systems, ensuring each patient who breaches the policy will be accurately recorded. This will support focus on where patients are not cared for in the same sex areas gaining and understanding why and taking appropriate steps to eliminate this breach where possible.

The new method of data collection will highlight where mixed sex breaches occur, supporting timely intervention and action. Mix sex accommodation is acknowledged in the following clinical areas, ITU, CCU, stroke thrombolysis bay, day surgery, endoscopy, and the Emergency department.
This is in line with national policy.

Data for January using the new system for collection is currently reviewed. The policy is also being updated to reflect these changes, and throughout this transition work is ongoing with the site teams to reduce patients being care for in mix sex mixed accommodation.

Strategic Theme: Patient Safety

Safe Staffing

Month	Measure	Value	Description
Jan	Shifts Filled - Day (%)	96 (-2.3%)	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 (%)	104 (-1.6%)	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)	10.9 (32.9%)	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.
Jan	Midwife:Birth Ratio (%)	23.2 (-11.2%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.

Highlights and Actions:

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows an average overall fill rate of 105.9% compared to 100.5% in Dec-20.
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. Average CHPPD is slightly lower than last month but within control limits.
Further detail is provided in the appended paper submitted to the Quality Committee and reported by the Chair at Board of Directors.

Strategic Theme: Patient Safety

Complaints & Compliments

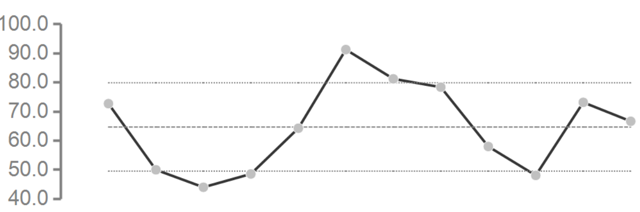
Month	Measure	Value	Description
Jan	Number of Complaints	749 (-5.4%)	The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX
Jan	Complaints acknowledged within 3 working days	100 (5.3%)	Complaints acknowledged within 3 working days (%)
Jan	Compliments	19685 (-49.5%)	Number of compliments received
Jan	Complaints Closed within 30 Working Days or Agreed Extension (%)	57.1 (-26.1%)	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 (%)

64.3
(-12.4%)



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

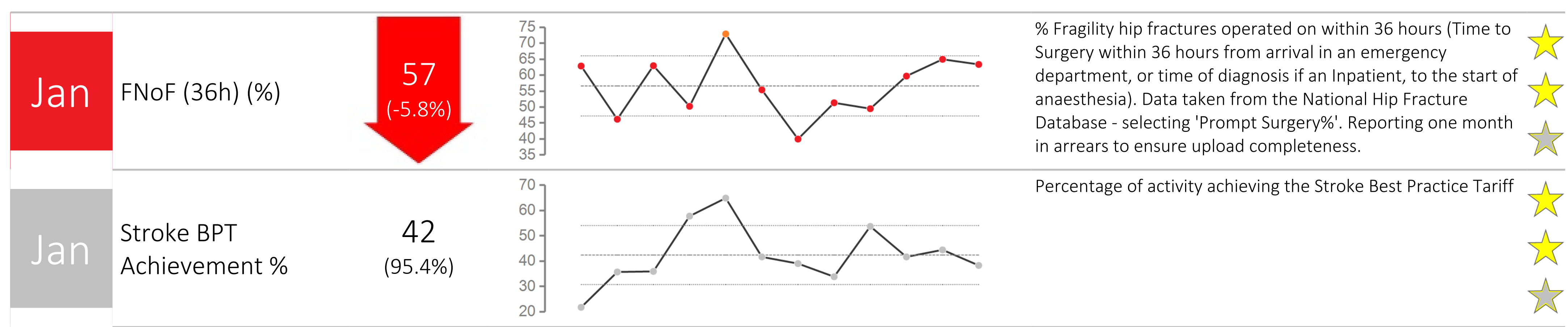
Highlights and Actions:

Complaints
- In January 2021 we received 60 new complaints (55 in December 2020),
- An increase of 5, (9%). This equals the 60 new complaints received in January 2020.
- 100% of complaints received in January 2021 were acknowledged within three working days.
- Complaints during the height of the first Covid-19 period were set response targets of 45 working days; the 30-working day target was re-instated 01 September 2020 until December 2020.

Compliance to the 30-working day target: 13 of the 21 closed met target, 62%
Urgent and Emergency Care 0 of 2 (0%)
General and Specialist Medicine 5 of 6 (83%)
Surgery and Anaesthetics 1 of 3 (33%)
Surgery – Head, Neck, Breast and Dermatology 2 of 2 (100%)
Women's and Children's 1 of 4 (25%)
Clinical Support Services 3 of 3 (100%)
Corporate 1 of 1 (100%)
Compliance to the 45 working day target – 28 of the 42 closed met target, 67%
Urgent and Emergency Care 7 of 10 (70%)
General and Specialist Medicine 5 of 12 (42%)
Surgery and Anaesthetics 6 of 8 (75%)
Surgery – Head, Neck, Breast and Dermatology 2 of 2 (100%)
Women's and Children's 5 of 7 (71%)
Cancer 1 of 1 (100%)
Clinical Support Services 1 of 1 (100%)
Corporate 1 of 1 (100%)
The main direction remains the evidence of learning from complaints and this is the Interim Chief Nurse's focus and the focus of the Complaints and Feedback Steering Group. Ongoing work continues to improve the quality of responses and the response timescales.

Strategic Theme: Clinical Outcomes

Clinical Outcomes



Highlights and Actions:

Stroke

We now have new metric setup which shows the % of activity meeting the Stroke Best Practice Tariff (BPT), which has been signed off at the Stroke Quality Committee. This replaces the previous 4hr % compliance from presentation to stroke ward metric and encapsulates all 3 of the BPT targets to show an overall % achievement.

#NOF

Time to theatre for #NOF has continued its improving trajectory for December and into January. Performance across both sites has been good with >60% of patients operated on within 36 hours.

Strategic Theme: Human Resources

Gaps & Overtime

Month	Metric	Value (variance)	Description
Jan	Vacancy (Monthly) %	7.0 (-11.3%)	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 (%)	9.5 (-3.4%)	"% 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) %	5.4 (31.4%)	Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Reported one month in arrears in order to use 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.

Highlights and Actions:

During the last seven months, the Trust's vacancy rate has fallen, and remains historically low at 6.62%. January saw a slight increase in the vacancy rate due to additional funded posts being agreed. There are now 8,032.17 WTE staff employed with the Trust and a vacancy of 569.63 WTE. Vacancy rates remain slightly above 10% in the General & Specialist Medicine and Urgent & Emergency Care Groups. However, most other clinical Care Groups are within a range of 2 to 5% vacancy.

Turnover in month, excluding junior doctors, increased slightly. However, the annual 12 month average decreased to 9.5% in January, and still shows a downward trajectory.

Sickness absence increased in January, rising to 7.39% (Last month 4.96%) However, non-covid related sickness absence was 3.88%. Sickness in April peaked at 8.89% across the Trust, and dropped to 7.12% in May and 5.14% in June. It fell again in July to 4.57% and in August to 3.63%. It increased in November and December, mostly relating to increased short term sickness absence. Daily reports from Healthroster show that sickness absence peaked in December, and started to decrease across the sites in mid January.

Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. This daily report will continue to be important with the increase in Covid-19 cases, to ensure we maintain and monitor sickness absence effectively and safely.

Strategic Theme: Human Resources

Temporary Staff

Month	Metric	Value (variance)	Description
Jan	Employed vs Temporary Staff (%)	92.9 (2.3%)	"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 %	7.9 (5.4%)	% of temporary (Agency and Bank) staff of the total WTE
Jan	Bank Filled Hours vs Total Agency Hours	72 (2.7%)	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Highlights and Actions:

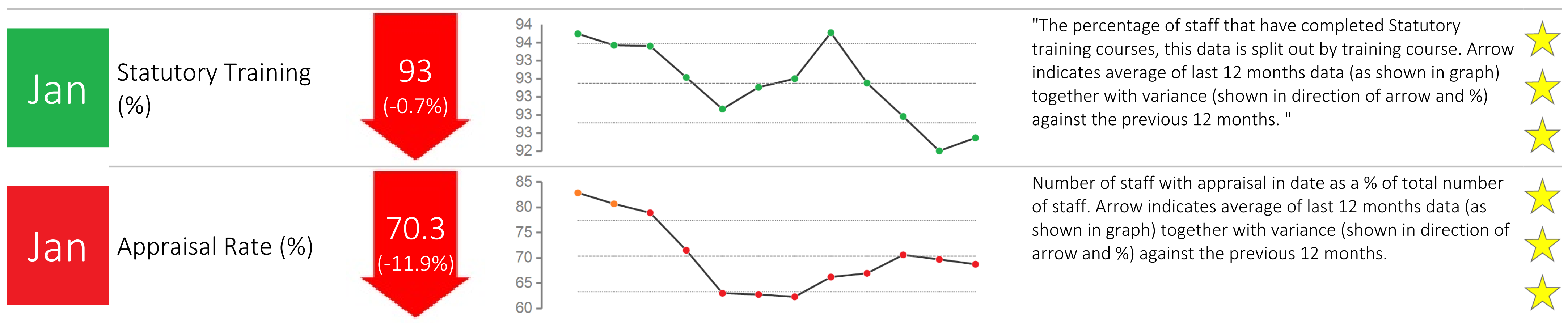
The percentage of permanent against temporary staff continues to improve as a trend, despite a 1% drop in January to approximately 93%. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 92.9%, remaining on a positive trajectory. However, in the current environment, there are regular gaps in the fill rate for temporary staff, particularly across both ITU and ED at WHH and QEQM.

The percentage of agency staff 12 month average increased to 7.9% (7.7% in December). After increasing during February and March to a high of 9%, the percentage of agency and back staff had fallen back to approximately 7%. However, with the current demand on our services, along with increased absences due to Covid-19, the percentage of agency staff against total WTE will need continuous monitoring, and is likely to continue to increase over the Winter period due to continued Covid related pressures and usual winter pressures.

An issue that we are currently monitoring is the reduction in bank filled hours against total hours worked by temporary staff. This fell in October to approximately 66%, from a high of almost 80% in March. The fill rate as improved in January to approximately 78%.

Strategic Theme: Human Resources

Workforce & Culture



Highlights and Actions:

Statutory training and appraisal compliance have both been adversely affected during the Covid-19 outbreak. The in month compliance for Statutory Training remained 93%, but the 12 month data still shows a downward trajectory at 93% completion. All Care Groups are over 90% compliant with Statutory Training, with the exception of UEC (although this has significantly improved to 87% in December).

The in month appraisal compliance for December decreased to 70% (71% in November). The 12 month average fell to 71.6% (72.58% the previous month). Through many different communications, staff are being asked to carry out their appraisals where possible, including via Webex for those who are currently working from home. All Care Groups saw a reduction in compliance during April, May and June. Cancer, Clinical Support, Head & Neck, General & Specialist Medicine and Women's & Children's all had increases in compliance and are now at or above 75%.

Third phase of NHS response to COVID-19 (Activity)

Point of Delivery		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Total Outpatient Attendances (face to face or virtually)	Plan	56,266	60,264	67,374	61,106	67,966	100%	100%	100%	100%	100%
	Actual	58,091	61,617	60,658	51,835	46,568	94%	90%	94%	91%	69%
Consultant Led Outpatients Attendances Conducted by telephone / video	Plan	22,940	23,001	28,817	26,087	29,436	25%	25%	25%	25%	25%
	Actual	23,842	24,013	23,427	20,764	21,142	41%	39%	39%	40%	45%
Consultant Led Follow Up Attendances Conducted by telephone / video	Plan	17,269	17,649	22,893	20,871	23,673	60%	60%	60%	60%	60%
	Actual	17,826	18,317	18,209	16,207	16,468	49%	49%	48%	50%	56%
Daycase Electives	Plan	4,138	4,928	5,012	4,834	4,878	80%	90%	90%	90%	90%
	Actual	4,117	4,641	4,228	3,315	2,804	86%	84%	79%	69%	50%
Ordinary Electives	Plan	789	886	867	807	845	80%	90%	90%	90%	90%
	Actual	721	907	878	454	349	74%	81%	86%	53%	35%
Magnetic Resonance Imaging (MRI)	Plan	4,896	5,528	5,656	4,777	4,999	90%	100%	100%	100%	100%
	Actual	4,669	4,918	6,013	5,287	4,610	74%	79%	96%	88%	81%
Computed Tomography (CT)	Plan	7,060	7,080	7,653	7,125	8,706	90%	100%	100%	100%	100%
	Actual	6,548	6,247	6,425	6,069	5,827	97%	90%	88%	86%	75%
Non-Obstetric Ultrasound	Plan	4,749	4,391	4,510	4,792	4,526	90%	100%	100%	100%	100%
	Actual	3,712	4,239	4,034	3,505	3,308	89%	93%	90%	85%	69%
Colonscopy	Plan	512	662	616	629	597	90%	100%	100%	100%	100%
	Actual	401	522	588	411	493	104%	93%	112%	89%	91%
Flexi Signmoidoscopy	Plan	180	234	216	222	210	90%	100%	100%	100%	100%
	Actual	170	197	222	147	148	79%	88%	92%	131%	76%
Gastroscopy	Plan	595	766	716	729	691	90%	100%	100%	100%	100%
	Actual	469	580	462	410	333	92%	90%	82%	73%	52%

4 Hour Emergency Access Standard

Key Performance Indicators

70.17%

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Green
4 Hour Compliance (EKHUFT Sites) %*	90.77%	89.33%	85.80%	81.85%	81.37%	78.58%	75.39%	71.07%	70.17%	95%
4 Hour Compliance (inc KCHFT MIUs)	92.07%	90.48%	87.32%	83.94%	83.44%	80.42%	77.65%	73.59%	72.72%	95%
12 Hour Trolley Waits	0	0	0	0	0	2	8	186	3	0
Left without being seen	2.24%	2.09%	2.63%	3.20%	2.71%	2.85%	3.50%	3.07%	2.22%	<5%
Unplanned Reattenders	10.07%	9.98%	9.84%	10.74%	10.21%	10.87%	10.76%	10.50%	10.50%	<5%
Time to initial assessment (15 mins)	90.5%	93.0%	94.1%	94.3%	94.9%	95.0%	43.4%	36.6%	31.1%	90%
% Time to Treatment (60 Mins)	58.1%	54.9%	50.9%	42.9%	45.5%	47.9%	45.3%	39.7%	43.9%	50%

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 Emergency Access Standard was 70.17% excluding the health economy MIU activity and 72.72% including. This represents a decrease in performance compared to the previous month. There were three 12 Hour Trolley Waits in January. The proportion of patients who left the department without being seen was 2.22%. The unplanned re-attendance position was 10.50%. Time to treatment within 60 minutes increased to 43.9%.

Issues –

- Increased number of ambulance attendances from Health Care Professional referral.
- Increased number of patients attending with non Covid illness.
- The number of patients attending with alcohol or mental health related conditions has continued to be above usual levels.
- Maintaining social distancing in ED waiting areas and major’s department.

- Impact of managing potential Covid19 patients into dedicated ‘pending’ ward bays, which impacts on wider bed base and may delay transfers of patients from ED to wards.
- Managing patient flow to appropriate ward areas to maintain strict clinical streaming.

Action

- In liaison with SECAMB and Primary Care colleagues to understand referrals from primary care. Increase streaming to Urgent Treatment Centres.
- Increase number of 111 direct booking into ED to give an attendance time and manage demand.
- Maintain senior clinical leadership to emergency floor to support early decision making and identification of potential COVID19 patients.
- Implemented Urgent Care Improvement Plan including winter rooms.
- Focus on zero 60-minute ambulance handover delays. Support OOHS by Silver and Gold.
- Early escalation to KMPT mental health staff and Police to support management of patients.
- K&M Regional daily oversight of mental health issues with good joint working across organisations.
- Executive and Director level performance and oversight and management of infection control issues, including daily outbreak meetings and monitoring.
- Daily board rounds on wards with senior clinicians and matron in attendance to improve early discharge and flow.
- Daily COVID Local Health Economy calls with system partners to escalate and manage a system response.

January 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 136 of 148 trusts

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

100%
95%
90%
85%
80%
75%
70%
65%
60%

Target (95%)

Target Hit | Target Missed | RVV

Cancer Compliance

Key Performance Indicators

76.80 %

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Green
62 Day Treatments	77.80%	81.40%	78.16%	70.85%	79.25%	91.09%	89.97%	87.07%	85.06%	81.92%	81.32%	76.80%	>=85%
>104 day breaches	10	4	17	25	7	2	4	3	3	5	5	8	0
Demand: 2ww Refs	3,322	2,701	1,547	2,199	3,001	3,404	3,143	3,637	3,918	3,715	3,178	2,975	2908 - 3214
2ww Compliance	98.29%	98.07%	96.77%	96.73%	95.67%	98.40%	97.95%	98.58%	98.55%	97.90%	97.69%	98.26%	>=93%
Symptomatic Breast	98.68%	96.34%	100.00%	96.97%	100.00%	97.73%	100.00%	98.99%	99.14%	99.17%	98.17%	99.06%	>=93%
31 Day First Treatment	99.38%	98.30%	99.36%	98.92%	96.09%	98.91%	96.77%	98.37%	99.15%	99.29%	100.00%	97.57%	>=96%
31 Day Subsequent Surgery	96.23%	95.71%	97.22%	97.37%	93.18%	90.57%	96.61%	95.71%	94.52%	96.36%	96.23%	92.16%	>=94%
31 Day Subsequent Drug	100.00%	99.07%	100.00%	100.00%	99.17%	98.94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%
62 Day Screening	66.67%	87.50%	100.00%	100.00%	33.33%		100.00%	100.00%	92.00%	100.00%	95.00%	78.95%	>=90%
62 Day Upgrades	100.00%	78.95%	83.33%	71.43%	72.73%	66.67%	68.42%	93.10%	84.00%	84.62%	70.59%	80.77%	>=85%

Summary Performance

January 62 day performance is currently non-compliant at 76.80%. 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 has decreased again to 2,282 (the lowest since August 2020) and there have been eight patients who have breached the >104-day standard. There is a focused commitment to remove all 104 day breaches.

Issues:

- Access to theatres due to Theatre teams, including consultants being redeployed to ITU.
- Reduction in elective ITU capacity due to high numbers of Covid positive patients requiring ITU.
- Managing endoscopy diagnostics and surgical treatments within the constraints of Covid19.
- Gaining patients agreement to attend for endoscopy procedures and complete the isolation requirements pre procedure.
- Access to radiological diagnostics due to the constraints of Covid19 on capacity.

Actions:

- Use of Independent Sector Hospitals to manage low to medium risk Cancer surgery.
- Prioritisation of 'Green' pathways theatre capacity for highest risk patients.
- Transfers of colorectal surgery to K&CH to maintain high risk surgery within capacity available.
- Daily MDT calls with radiology and endoscopy which has reduced waiting times for diagnostics considerably.
- Daily 2ww and long waiters call to manage patients pathways.
- Daily review and escalation of patients awaiting a diagnostic to expedite the patients pathway.
- Bespoke Theatre timetables which will priorise specialities with high cancer waiting times.

62 Day Performance Breakdown by Tumour Site

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
01 - Breast	75.0%	94.1%	91.7%	83.9%	92.6%	86.4%	97.0%	92.1%	94.3%	95.8%	84.0%	90.5%
03 - Lung	50.0%	50.0%	70.6%	55.6%	39.1%	86.7%	60.0%	80.0%	75.0%	77.8%	43.8%	56.3%
04 - Haematological	80.0%	42.9%	57.1%	50.0%	87.5%	100.0%	100.0%	83.3%	62.5%	100.0%	89.5%	25.0%
06 - Upper GI	80.0%	78.6%	40.0%	58.3%	68.0%	94.6%	66.7%	66.7%	85.7%	71.4%	50.0%	78.9%
07 - Lower GI	41.7%	57.1%	51.7%	34.8%	66.7%	66.7%	84.2%	56.7%	64.9%	61.9%	85.7%	31.6%
08 - Skin	100.0%	95.7%	97.7%	100.0%	97.5%	98.3%	97.4%	100.0%	100.0%	95.6%	97.5%	100.0%
09 - Gynaecological	100.0%	69.2%	72.0%	75.0%	50.0%	83.3%	60.0%	76.9%	80.0%	62.5%	80.0%	77.8%
10 - Brain & CNS												
11 - Urological	83.3%	86.5%	78.4%	50.0%	67.6%	97.1%	94.3%	94.3%	83.7%	84.2%	81.2%	70.8%
13 - Head & Neck	57.1%	61.9%	62.5%	42.9%	100.0%	77.8%	62.5%	63.6%	40.0%	70.0%	75.0%	69.2%
14 - Sarcoma	100.0%		100.0%				100.0%				0.0%	
15 - Other	66.7%			0.0%	100.0%			100.0%		0.0%	66.7%	0.0%

December 2020 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 53 of 143 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

18 Week Referral to Treatment Standard

Key Performance Indicators

65.02 %

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Green
Performance	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	52.05%	59.84%	65.89%	69.54%	69.02%	65.02%	>=92%
52w+	2	14	155	410	768	1,155	1,555	2,021	2,215	2,172	2,544	3,613	0
Waiting list Size	47,331	45,907	42,632	42,795	42,702	45,037	45,873	46,811	47,433	47,206	47,450	48,403	<38,938
Backlog Size	8,962	10,447	13,374	17,255	21,945	24,717	21,994	18,797	16,180	14,377	14,702	16,930	<2,178

Summary Performance

January performance has declined to 65.02%. The number of 52 week breaches has increased to 3,613.

A national directive was received in December advising that no routine work should be undertaken and Trusts to concentrating on Priority 2 patients and Priority 3 as long as it did not impact on ITU capacity. Theatre capacity has been reduced due to the increased demand for theatre clinical and Consultant staff to be redeployed to support ITU.

Outpatient clinics are continuing to managed via a range of mediums such as virtual and telephone. Face to face clinics are being reinstated within the reduced capacity constraints within waiting areas and strict infection control guidance. Virtual clinics continue to be very successful with 50% of all Follow Up appointments being virtual and 40% of all first New appointments.

Issue:

- Providing out patients' services within the national infection control constraints and restrictions of Covid19.
- 52-week breaches have increased due to the national request to prioritise P2 and P3 patients.
- Identifying patients who are willing to isolate pre-procedure and also are willing to attend for their procedure whilst Covid19 continues to be a risk.
- Patient choice to wait an unknown length of time for their procedure.

Actions:

- Continued use of Independent Sector capacity for long waiting and cancer patients and maximising utilisation on all lists.
- Exploring options for insourcing to provide Day Case capacity at weekends.
- Exploring the opportunity for additional sessions provided by substantive staff with Acute Trust and Independent Sector.
- Clinically validating each waiting list to identify the clinical priority in accordance with new national guidance.
- Liaising with patients and their GP’s to mutually agree appointments and treatment plans within Access Policy and Choice.
- Continuing to build on the success of virtual clinics.
- Reinstating face to face clinics within IPC guidelines.
- Increased booking and admin staff to support waiting list management.

December 2020 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 103 of 174 trusts

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

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Target Hit   Target Missed   RVV

*National Data is reported one month in arrears

6 Week Referral to Diagnostic Standard

64.71 %

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Green
Performance	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	73.18%	75.50%	78.35%	78.19%	77.64%	64.71%	>=99%
Waiting list Size	16,053	10,460	5,500	7,922	11,721	15,486	16,174	16,644	16,521	13,207	16,718	15,829	<14,000
Waiting > 6 Week Breaches	32	231	2,351	3,161	2,945	3,733	4,338	4,078	3,576	2,881	3,738	5,586	<60

Summary Performance

January performance was non-compliant at 64.71% ; a decrease on the previous month. In month breaches have increased from previous months at 5,586. The highest number of breaches continue to be in endoscopy for colonoscopy (1369), Radiology (specifically Non-Obstetric US) at (1343), and echo Cardiology (710). The waiting list size has returned to "in-covid" levels at 15,829.

Breaches by Speciality is below:-

Imaging	Magnetic Resonance Imaging	103
	Computed Tomography	1090
	Non-obstetric ultrasound	1343
	Barium Enema	3
	DEXA Scan	12
Physiological Measurement	Audiology - Audiology Assessments	0
	Cardiology - echocardiography	710
	Cardiology - Electrophysiology	6
	Neurophysiology - peripheral neurophysiology	1
	Respiratory physiology - sleep studies	0
Endoscopy	Urodynamics - pressures & flows	169
	Colonoscopy	1369
	Flexi sigmoidoscopy	241
	Gastroscopy	538
	Cystoscopy	0

Issue

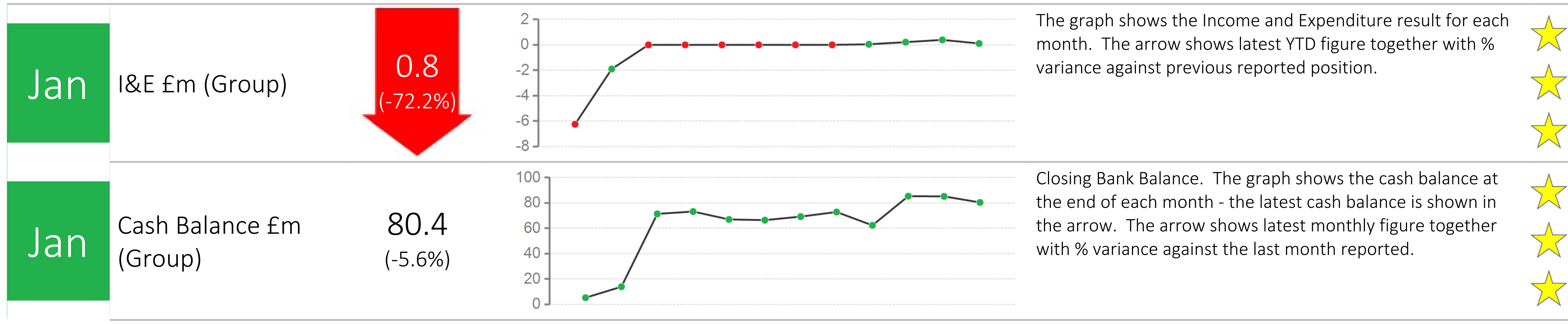
- Maintaining echo cardiology service within the Infection Control requirements and to support increased emergency demand from in patients.
- Maintaining routine and surveillance endoscopy activity, whilst prioritising cancer pathway patients.
- Providing diagnostic procedures within the Infection Prevention Control constraints.

Action

- Endoscopy action plan and trajectory, split by modality, to increase capacity through increasing the number of procedures.
- Increased Independent Sector capacity for radiology and endoscopy.
- Exploring options to further increase Insourcing capacity.
- Endoscopy focus on reducing waiting times for patients on a cancer pathway.
- Cardiology plan to provide echocardiology capacity through revised working arrangements.
- Reinstatement of radiological activity to increase elective capacity through revised working arrangements
- Outsourcing non-obstetric ultrasound.
- Clinical validation of the waiting list and direct contact with patient and GP regarding patient choice.

Strategic Theme: Finance

Finance



Highlights and Actions:

The Trust achieved a £0.3m deficit in January, which brought the year-to-date (YTD) position to a £0.1m surplus, slightly ahead of the plan.

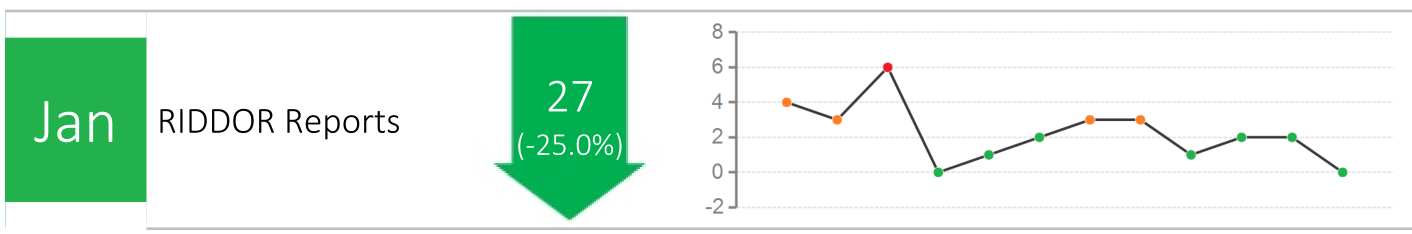
The impact of Covid-19 has paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.

The Trust has identified £5.8m of additional costs due to Covid-19 in January along with lost income of £0.6m, bringing the total financial impact of Covid-19 to £51.2m for the year-to-date.

The Trust's cash balance at the end of January was £80m which was £60m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

Strategic Theme: Health & Safety

Health & Safety 1



"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)

Highlights and Actions:

There are no RIDDOR reportable incidents for January 2021

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. 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 (%)	(Replaced by M_00122) % of Inpatients discharged before midday	>= 35	10 %
	IP Spells with 3+ Ward Moves	Total Patients with 3 or more Ward Moves in Spell	Lower is Better	
Cancer	Cancer: 2ww (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: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %

Clinical Outcomes	Audit of WHO Checklist %	Driven from data brought as part of RP00109. 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.	>= 85	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 %
	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 BPT Achievement %	Percentage of activity achieving the Stroke Best Practice Tariff		
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 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <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	Cash Balance £m (Group)	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.	>= 5	20 %
	I&E £m (Group)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.	>= Plan	30 %
Health & Safety	RIDDOR Reports	"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 %

Incidents	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <1	
	Blood Transfusion Incidents	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Clinical Incidents 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		
	Clinical Incidents: Severe Harm	Number of Clinical Incidents resulting in Severe Harm		
	Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		
	Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
	Harms per 1000 bed days	Harms per 1000 bed days for the wards included in the discontinued Safety Thermometer. Harms included: Fall (with harm) & Presure Ulcers	>= 0 & <10	
	Medicines Mgmt. Incidents	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Never Events (STEIS)	"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	>= 0 & <1	30 %
	Pressure Ulcers Cat 3/4 (per 1,000)	"Number of category 3 or 4 hospital acquired pressure ulcers per 1,000 bed days. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Serious Incidents (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."		
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
Infection	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 C.Diff (per month)	Cases of C.Diff		

Infection	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 %
	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 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Crude Mortality NEL (per 1,000)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via Dr Foster, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores the number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <106	35 %
	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: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days (%)		
	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)		

Patient Experience				
	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 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	Compliments	Number of compliments received	>= 1	
	First Returner Complaints	Number of complaints returned by date of return		4 %
	IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
	IP 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 %
	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 %
	Number of Complaints	The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX		
	Number of PALS Received	"The number of concerns recorded per ward via the PALS department. Data source - Datix."		
	PHSO Complaints	Number of PHSO complaints receieved		
	Second Returner Complaints	Number of Second Returner Complaints received by date of returned complaint received		

Productivity	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.	Lower is Better	
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.	Lower is Better	
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
	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.		
	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 equivalent midwives per month (total midwife 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 %
	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 %
	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 %

Staffing	Sickness (Monthly) %	Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Reported one month in arrears in order to use 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 %
	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 %
	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	
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 %
	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