

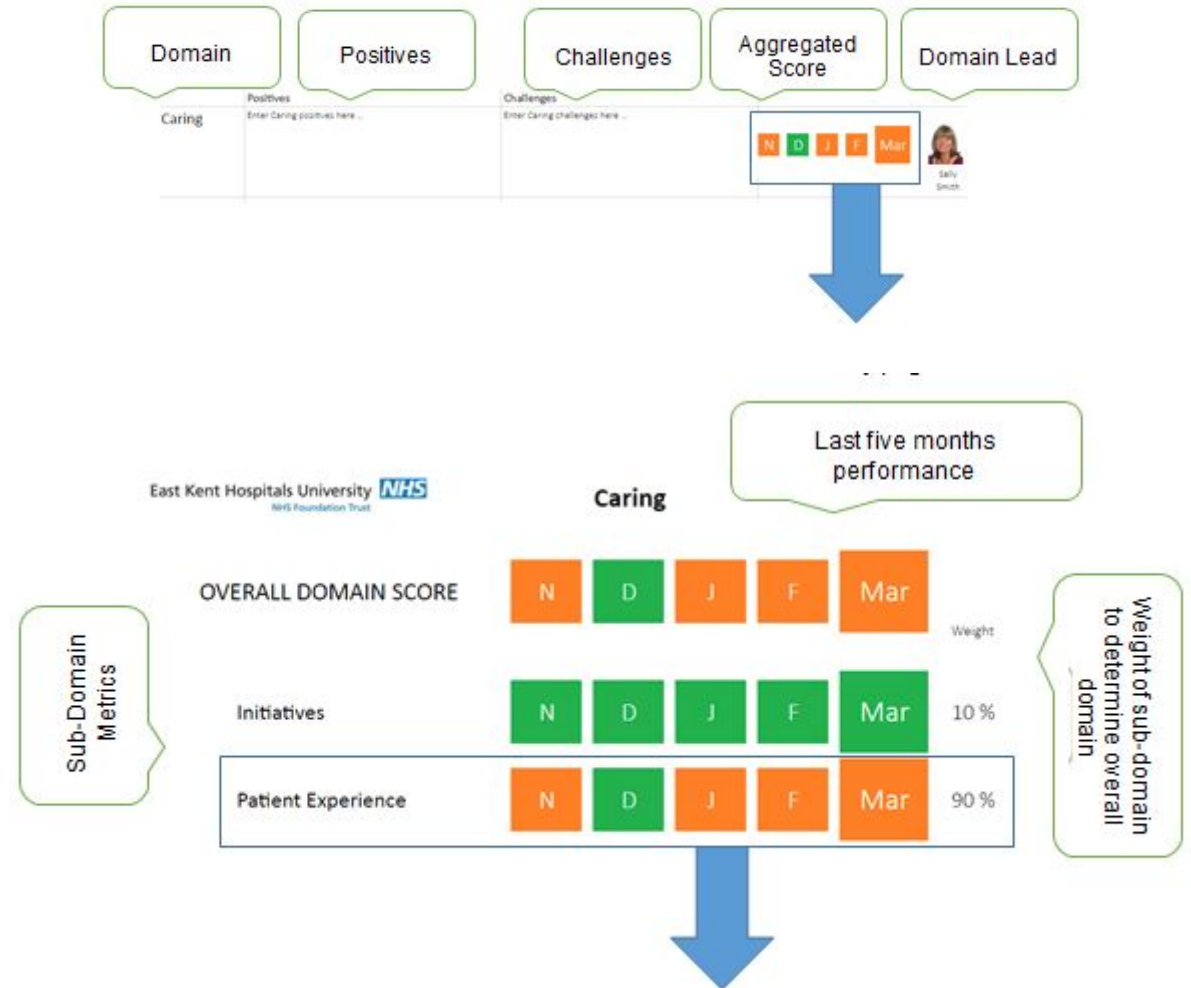
# **INTEGRATED PERFORMANCE REPORT**



# 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.

Key Metric	Metric Score					Metric RAG		Metric Weight
Patient Experience	Compliments to Complaints	17	22	14	17	19	>= 22	10%
	Overall Patient Experience	88	91	90	91	91	>= 90	10%
	Complaint Response in Timescales	94	88	88	68		>= 85	5%
	FFT: Recommend (%)	97	97	94	94	95	>= 90	32%
	FFT: Not Recommend (%)	1	1	3	2	3	>= 1	11%

**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		
<b>Caring</b>	<p>Friends and Family recommended has improved in July registering green (95%) compared with red in the previous month. The percentage of not recommended has also reduced albeit further reduction required. The number of Mixed Sex Accommodation Breaches has reduced to 369 compared with 594 in July.</p>	<p>The number of Mixed Sex Breaches remains red in the context of continued operational pressure due to COVID and the need to prioritise clinical and IPC requirements. The number of complaints has risen this month by 37% (n=70). This marks a return to the numbers reported before the pandemic, remaining within control limits and reporting at an equivalent rate to the same month last year (July 2019 when n=72).</p>		 Amanda Hallums
<b>Effective</b>	<p>Bed Occupancy is 67% . The DNA rate for new and follow up out patients 8.5% and 8.6% respectively. Implementation of virtual outpatient appointments continue to increase and will be available to all patients to ensure Infection prevention control measures and reduce attendance on hospital sites. 30 day non-elective readmissions are compliant at 14.9%. Non-Clinical Cancellations are 0.6% and compliant.</p>	<p>Theatre utilisation decreased due to infection control measures between cases for PPE compliance and cleaning. Inpatient discharges before midday decreased due to infection control measures which prevented the use of the discharge lounge. Increased pressure on inpatient beds remains due to increased spacing, infection control practices and maintaining non-COVID and COVID pathways.</p>		 Lee Martin
<b>Responsive</b>	<p>2ww performance has improved in month and remains compliant across all pathways at 98.40%. All 31 day standards are also compliant. 62 day cancer performance is complaint at 91.34%, which is a significant achievement. DM01 performance has improved to 75.89%. Audiology complete pathway is compliant at 100%.</p>	<p>The Restore &amp; Recovery programme continues to be implemented which will embed COVID infection prevention standards and new national policy requirement. The new guidance has reduced efficiency of services due to social distancing, PPE donning and doffing, swabbing of patients and infection control practices. Clinical teams are embedding these practices and creating new ways to treat patients requiring diagnostic tests, outpatient appointments and procedures. New patient pathways have been rapidly adopted and efficiency is increasing.</p>		 Lee Martin

## Safe

The impact of Covid-19 has changed our admission profile with a significant reduction in elective admissions impacting on our ability to interpret trends in key safety metrics. Crude mortality continues to fall following the peak related to the Covid-19 pandemic and cumulative unadjusted Covid-19 mortality remains in line with national data .

The Trust is working with external partners to address infection prevention and control concerns relating to HCAI for Covid-19 and C difficile. There is a robust improvement plan in place which includes a focussed improvement programme "Safe Clean Hospital". Guidance including for testing of patients and staff, PPE, cleaning, hand hygiene and processes including patient placement, physical distancing and front door checks are being reviewed by the DIPC to ensure we are meeting best practice standards as revised during the global pandemic. The C Difficile outbreak is now closed but there is continued focus on the action plan from investigations including strengthening the antimicrobial stewardship and a revised root cause analysis process is planned.

The reported falls rate continues to vary between sites, albeit reporting an overall improvement in trust performance this month. The number of falls per 1000 beds days has reduced at WHH (which is historically the site which reports higher rate of falls), the falls attributed to KCH (which this month is reporting the higher rate of falls) has been influenced by a number of patients who have fallen several times. The falls prevention team are supporting recovery.

M A M J Jul



Rebecca Martin

## Well Led

The Trust achieved a breakeven position in July, which brought the year-to-date (YTD) position to breakeven, which was consistent with the plan.

The impact of Covid-19 paused the business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place between the Trust and Commissioners from April to August 2020 to enable the Trust to deliver financial breakeven during this period. The Trust has received £29.6m of top up funding to deliver a breakeven position.

The Trust's cash balance at the end of July was £55m which was £51m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

The Trust has delivered £0.5m of savings in July which was £0.9m below the draft plan, taking the YTD delivery to £1.6m which is £3.3m below plan due to the Trust's reduced ability to deliver savings with the operational priority of dealing with the Covid-19 pandemic.

M A M J Jul



Susan Acott

# Workforce

Recruitment has continued throughout COVID19 across all grades and staff groups. Time to hire has continued to fall with internal processes being adapted successfully to manage the requirements of COVID 19. The balance of permanent staff against temporary workers has continued to improve reflecting our positive recruitment position. The recruitment of former NHS workers has also been undertaken successfully and early recruitment of final year nursing students to balance out the postponement of overseas recruitment during this period.

Appraisal rates have fallen as a consequence of COVID 19 and were suspended formally for this period. It will be challenging to bring rates back up over the next quarter, but this has begun already in some areas and is forming part of our restart. Sickness levels have risen as a direct consequence of COVID 19. Work is underway to review absence and manage supported returns to work with individuals. The impact of the virus on affected staff has been significant and incurred longer periods of absence than usual. Absence monitoring has been largely limited to COVID 19 support since mid March and provision of welfare support due to reassignment of HR Business Partners. Work has recommenced to manage and reduce absence overall.



Andrea Ashman

# Caring

		Mar	Apr	May	Jun	Jul	Green	Weight
Patient Experience	Mixed Sex Breaches	254	376	549	524	369	>= 0 & <1	10 %
	Number of Complaints	64	20	39	53	71		
	AE Mental Health Referrals	213	210	308	311	396		
	First Returner Complaints	11	2	3	11	9		4 %
	IP FFT: Recommend (%)	97	98	97	88	95	>= 95	30 %
	IP FFT: Not Recommend (%)	1.6	1.0	0.9	5.3	3.5	>= 0 & <2	30 %
	Number of PALS Received	378	351	401	420	498		
	Complaints acknowledged within 3	100	100	100	100	100		
	Maternity FFT: Recommended (%)	100.0	100.0			97.7		
	Maternity FFT: Not Recommended (%)	0.0	0.0			2.3		
	Compliments	1823	1530	1209	1568	1600	>= 1	
	Complaints Open < 31 Days (M/End)	78	52	39	47	71		
	Complaints Open 31 - 60 Days	52	112	21	17	30		
	Complaints Open 61 - 90 Days	10	30	13	4			
	Complaints Open > 90 Days (M/End)	10	20	10	3	2		
	Complaints Closed within 30 Working	53.7	40.9	35.3	20.0			
	Complaints Closed within 45 Working	50.0	44.0	47.2	67.4	91.7		
	Second Returner Complaints	2	2	2	1			
	PHSO Complaints					2		



# Effective

		Mar	Apr	May	Jun	Jul	Green	Weight
Beds	DToCs (Average per Day)	52	14	11	11	10	>= 0 & <35	30 %
	Bed Occupancy (%)	85	52	61	66	67	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	15	13	14	14	13	>= 35	10 %
	IP Spells with 3+ Ward Moves	480	375	389	466	454	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	46	63	50	73	60	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	3.0	5.8	4.4	4.2	4.1	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.1	17.6	17.8	17.5	17.5	>= 0 & <15	15 %
	Audit of WHO Checklist %	91	90	92	96	95	>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward	40	45	57	55	67	Higher is Better	
Demand vs Capacity	DNA Rate: New %	8.9	8.2	7.8	7.9	8.6	>= 0 & <7	
	DNA Rate: Fup %	7.8	6.7	6.9	7.2	8.7	>= 0 & <7	
	New:FUp Ratio (1:#)	2.2	3.2	3.1	2.8	2.6	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	4.0	4.6	4.0	2.9	2.5	Lower is Better	
	LoS: Non-Elective (Days)	7.4	6.0	5.2	5.8	5.8	Lower is Better	
	Theatres: Session Utilisation (%)	77	62	62	64	66	>= 85	25 %
	Theatres: On Time Start (% 15min)	33	28	25	20	29	>= 90	10 %
	Non-Clinical Cancellations (%)	2.2	0.7	0.0	0.7	0.6	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	39	33		25	38	>= 0 & <5	10 %

# Responsive

		Mar	Apr	May	Jun	Jul	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	83.14	91.19	92.07	90.48	87.32	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	80.15	89.73	90.77	89.33	85.80	>= 95	1 %
Cancer	Cancer: 2ww (All) %	98.07	96.77	96.73	95.67	98.40	>= 93	10 %
	Cancer: 2ww (Breast) %	96.34	100.00	96.97	100.00	97.70	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	98.30	99.36	98.92	96.09	98.55	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	95.71	97.22	97.37	92.86	95.83	>= 94	5 %
	Cancer: 31d (Drug) %	99.07	100.00	100.00	99.17	98.96	>= 98	5 %
	Cancer: 62d (GP Ref) %	81.40	78.16	70.85	79.25	91.34	>= 85	50 %
	Cancer: 62d (Screening Ref) %	87.50	100.00	100.00	33.33		>= 90	5 %
	Cancer: 62d (Con Upgrade) %	78.95	83.33	71.43	72.73	77.78	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	97.79	57.25	60.09	74.87	75.89	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	95.45	70.73	45.63	59.74	>= 99	
RTT	RTT: Incompletes (%)	77.24	68.63	59.68	48.61	45.12	>= 92	100 %
	RTT: 52 Week Waits (Number)	14	155	410	768	1155	>= 0	

# Safe

		Mar	Apr	May	Jun	Jul	Green	Weight
<b>Incidents</b>	Clinical Incidents: Total (#)	1,291	1,076	1,609	1,386	1,763		
	Serious Incidents (STEIS)	22	12	15	27	17		
	Falls (per 1,000 bed days)	4.84	7.39	6.12	5.73	5.51	>= 0 & <5	20 %
	Harms per 1000 bed days	4.9	7.1	6.1	5.4	5.5	>= 0 & <10	
<b>Infection</b>	Cases of C.Diff (Cumulative)	101	8	27	44	60		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
<b>Mortality</b>	HSMR (Index)	102.4	104.1	102.6			>= 0 & <106	35 %
	Crude Mortality NEL (per 1,000)	33.9	64.3	44.7	34.0	23.8	>= 0 & <27.1	10 %
	SHMI	1.069					>= 0 & <0.95	15 %
<b>Observations</b>	VTE: Risk Assessment %	93.1	90.2	91.4	92.7	93.4	>= 95	20 %

# Well Led

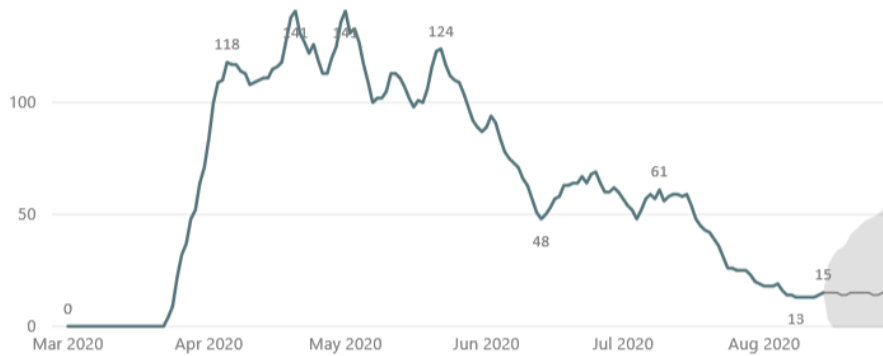
		Mar	Apr	May	Jun	Jul	Green	Weight
<b>Data Quality &amp; Assurance</b>	Uncoded Spells %	0.4	0.1	0.1	0.1	0.2	>= 0 & <0.25	25 %
<b>Finance</b>	Cash Balance £m (Trust Only)	13.9	53.8	57.8	60.2	55.0	>= 5	20 %
	I&E £m (Trust Only)	-1.9	0.1	-0.1	-0.3	0.1	>= Plan	30 %
<b>Staffing</b>	Agency %	8.5	6.6	7.2	7.0	7.5	>= 0 & <10	
	1:1 Care in labour	97.5	99.0	100.0	100.0	100.0	>= 99 & <99	
	Midwife:Birth Ratio (%)	25.0	24.1	24.3	22.6	21.7	>= 0 & <28	2 %
	Bank Filled Hours vs Total Agency Hours	79	78	69	67	66		1 %
	Shifts Filled - Day (%)	97	87	93	93	92	>= 80	15 %
	Shifts Filled - Night (%)	108	91	97	92	94	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	9.0	13.1	12.8	12.5	11.9		
	Staff Turnover (%)	14.6	14.5	14.2	14.1	14.4	>= 0 & <10	15 %
	Vacancy (Monthly) %	7.1	7.1	7.3	8.8	8.3	>= 0 & <10	15 %
	Sickness (Monthly) %	5.9	9.9	7.8	5.7	5.1	>= 3.3 & <3.7	10 %
<b>Training</b>	Appraisal Rate (%)	80.9	79.1	71.8	63.2	63.0	>= 85	50 %
	Statutory Training (%)	94	94	93	93	93	>= 85	50 %

# Strategic Theme: COVID-19 | Inpatients

**15**

TRUST

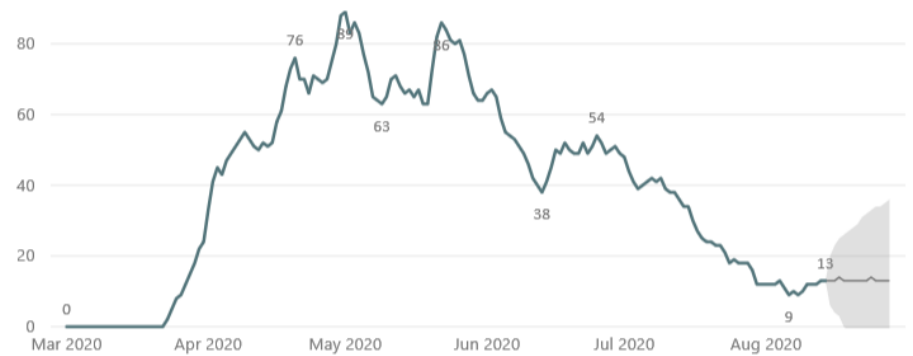
C-19 Positive Inpatients by date (snapshot)



**13**

WHH

C-19 Positive Inpatients by date (snapshot)



**0**

K&C

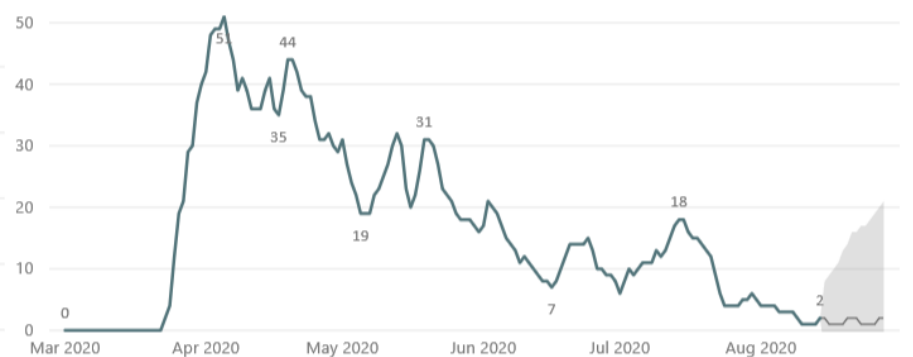
C-19 Positive Inpatients by date (snapshot)



**2**

QEQM

C-19 Positive Inpatients by date (snapshot)



# Strategic Theme: Patient Safety

## Mortality

Jul	HSMR (Index)	104.2 (-0.1%)		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.	★ ★ ★
Jul	SHMI	1.076 (-0.7%)		"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."	★ ★ ★
Jul	Crude Mortality NEL (per 1,000)	32.8 (16.8%)		"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:

The Trust has now moved to Dr Foster reporting with the expected impact on reported HSMR value due to different methodology from CHKS. The HSMR now reflects data from April and May with the early impact of Covid-19 with a spike in April 2020 as seen within crude mortality reporting. The crude mortality spike as previously reported is a consequence of reduced numbers of patients admitted to hospital who were sicker patients and has now fallen to expected rates. There were a higher number of deaths from Covid -19 reported over a week towards the end of June and this is being investigated to understand internal and external factors that may have contributed to this and the report is due towards the end of September 2020. The Trust has put itself forward to be part of a national review of Covid related mortality hosted by the Royal College of Physicians.

# Strategic Theme: Patient Safety

## Serious Incidents

Jul	Serious Incidents (STEIS)	185 (36.0%)		"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."	★ ★ ★
Jul	Never Events (STEIS)	3 (-66.7%)		"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:

There were 151 open Serious (SIs) at the end of July 2020. Seventeen new SIs were reported this month and the CCG agreed closure of 16 SIs including two downgraded. At month end there were 51 SIs breaching investigation timeframes and eight non-closure requests for further information from the CCG.

The number of SIs declared continues to increase, demonstrating improved openness and transparency. The proportion of SIs reported related to potentially avoidable injuries requiring treatment to prevent death or serious harm and risks likely to result in significant future harm has increased. This indicates the Trust is adopting a more proactive approach to preventing potentially serious harm.

As previously reported, delays in sourcing clinical information and specialist opinion contribute to delays in declaring and investigation of the SIs. The Terms of Reference for the Executive led SI panel are being updated following the recent review and recommendations.


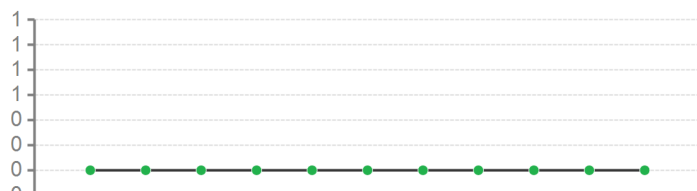

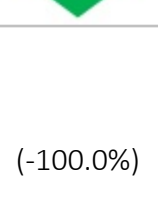


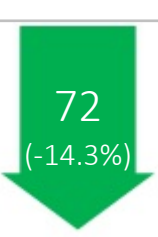
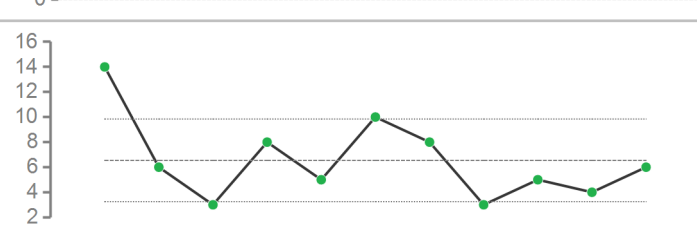

EKHUFT has reported two never events on Steis FYTD. Duty of candour has been completed in both cases and patient/ family offered the opportunity to participate in the investigation process.

The first incident was a wrong tooth extraction complicated by difficult anatomy and tooth loss between clinic assessment and surgery – this incident has been fully investigated and the final investigation report submitted with action plan in progress.

The second incident was misplaced nasogastric tube in a Covid-19 patient on ITU. The correct checking process was followed (CXR as per Covid-19 safety alert) and reviewed by a senior clinician as per policy but the XR was misread and medication given. There was no adverse impact on the patient who subsequently recovered from Covid-19. The investigation report is currently being finalised for submission.

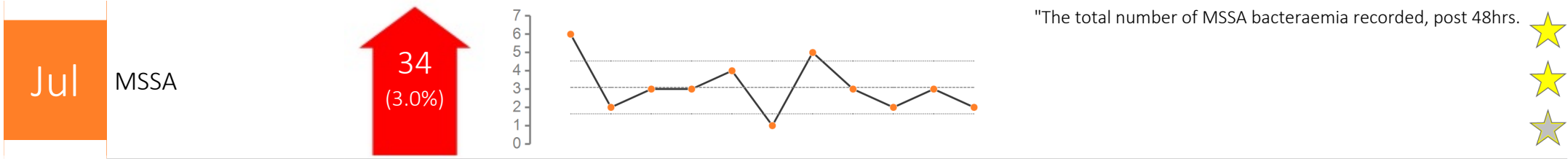
# Strategic Theme: Patient Safety

## Infection Control

Jul	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.	
Jul	Cases of C.Diff (Cumulative)	 (-100.0%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."	
Jul	E. Coli	 72 (-14.3%)		"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



Highlights and Actions:

Infection prevention and control measures around Covid-19 have been a key focus. Patients have been cohorted into suspected Covid and non-Covid streams since the start of the pandemic with the Trust following PHE guidance on use of PPE in each area. As the numbers of inpatients nationally reduced East Kent, and particularly the WHH site, have seen a continued higher level of inpatient activity relating to Covid 19 due to sustained transmission in Ashford and Dover/Folkestone. Hospital acquired infections have continued to be seen with associated ward and bay closures. Numbers decreased following changes to bed management and maintaining patients in chronological cohorts with further improvement planned. The Trust reviewed all infection prevention measures including implementing a strict front door policy with temperature checks, hand hygiene and face masks for all staff and patients, renewed signage and promotion of physical distancing. A review of cleaning standards has been undertaken. External support through the NHSE/I Safety Support Improvement Programme led to two site visits and an improvement plan developed.

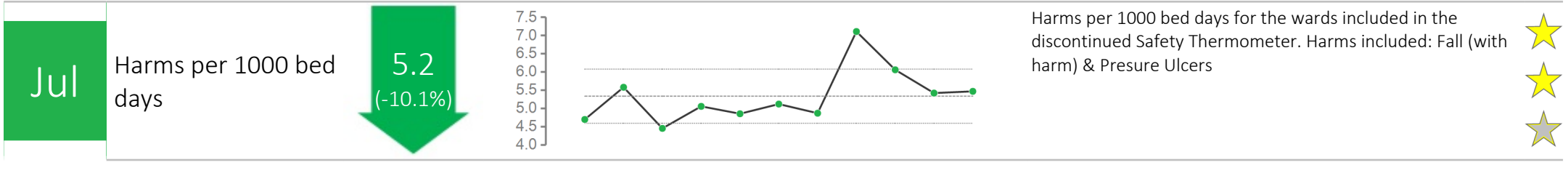
There have been 60 hospital attributable C. difficile cases year to date against a trajectory of 32. This is of key concern. The outbreak on the QEQM site of C. difficile O27 increased to 10 patients with root cause analysis identifying, cross infection, antimicrobial stewardship, patient moves and cleaning as key themes. A deep clean of the wards at QEQM will be completed in August/September.

The antimicrobial stewardship team have restarted ward rounds and quinolone antibiotics have been removed as ward stock to reduce their usage.

A revised root cause analysis process is planned for implementation in September with greater scrutiny and assurance processes.

# Strategic Theme: Patient Safety

## Harm Free Care



Highlights and Actions:

Following the discontinuation of the Safety Thermometer, (as noted in previous reports), we have now replaced the Harm Free Care metrics with a new Harm per 1000 bed days metric. Currently this includes Falls with Harm and all levels of Pressure Ulcer. The metric will be developed further to include more patient safety metrics relating to patient harm, specifically, VTE's and Catheter related UTI's (as previously featured in the Safety Thermometer).

# Strategic Theme: Patient Safety

## Pressure Care

Jul	<p>Pressure Ulcers Cat 3/4 (per 1,000)</p> <div style="text-align: center;"> <p style="font-size: 24px; color: white; margin: 0;">0.0618</p> <p style="font-size: 18px; color: white; margin: 0;">(8.6%)</p> </div>		<p>"Number of category 3/4 hospital acquired pressure ulcers per 1,000 bed days. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	
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Highlights and Actions:

There was a total of 37 patients with category 2 reported which is an increase of 12 from the reported figure in June, this includes 8 medical device related incidents.

General pressure Ulcers

- Twenty of these were category 2 ulcers. Four of these were classed as a no harm incident meaning that all preventative measures were in place. 15 were reported at WHH, 4 at QEQM and 1 at K&C. The trust was over the set 10% reduction trajectory with a result of 0.768/1000 bed days.
- There were 3 patients confirmed with category 3 ulcers. Two patients were reported at WHH. All incidents were low harm. There were no category 4 pressure ulcers reported.
- Six potential deep ulcers were reported. 3 were suspected deep tissue injury (SDTI) and 3 were unstageable ulcers. Two of these incidents were classed as moderate harm on Cambridge K ward at WHH and QEQM being on Seabathing ward. The trust was over the set 10% trajectory for unstageables with a result of 0.115/1000 bed days. For SDTIs we were under the 10% reduction trajectory with a result of 0.115/1000 bed days.

Medical Device Related incidents

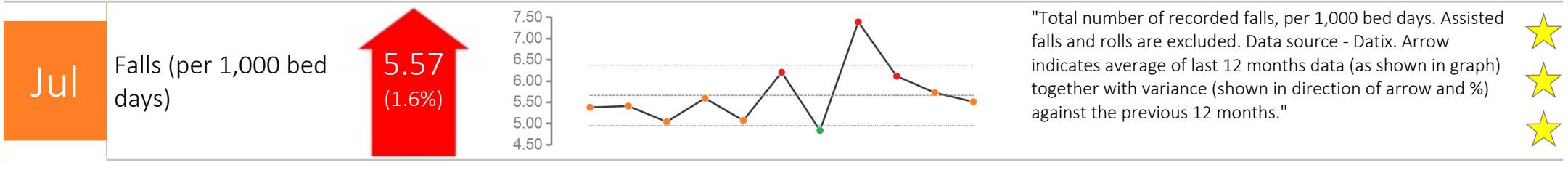
- There were 7 category 2 medical device related pressure ulcers
- One suspected DTI on Padua ward at WHH. However, this is a low harm incident.

Actions:

- Continue training of new equipment at WHH and K&C
- Virtual medical photography training being offered at WHH
- Tamora active mattress training continues at QEQM
- Weekly pressure ulcer prevention training taking place at WHH medical floor
- Funding secured for Trust wide handheld mirrors to improve skin inspection

# Strategic Theme: Patient Safety

## Falls



Highlights  
and  
Actions:

In July there were 132 falls with 2 at Chaucer, 27 at K&CH, 33 at QEQMH and 68 at WHH. This equates to rates per 1000 bed days of 7.41 at K&CH, 43.73 at QEQMH and 5.05 at WHH with a total across the 3 main sites of 4.91.

At WHH wards with the highest number were Cambridge J (8), Cambridge M2 (7), Cambridge M1 (6), AMU B (7), AMU A. On CM 2 patients fell 2 times, on AMUB one patient fell 2 times. At QEQMH there were 8 falls on AMU A where 1 patient fell twice. At K&CH there were 6 falls on Invicta (stroke) where 1 patient fell 3 times.

There were no falls resulting in moderate and above harms.

The Falls Prevention Team are continuing to produce training videos to enable virtual implementation of FallStop training, with focused support planned for individual areas, to enable improvement.

# Strategic Theme: Patient Safety

## Incidents

Jul	Clinical Incidents: Total (#)	16,355 (-10.5%)		"Number of Total Clinical Incidents reported, recorded on Datix.	★ ★ ★
Jul	Blood Transfusion Incidents	66 (-42.6%)		"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."	★ ★ ★
Jul	Medicines Mgmt. Incidents	1,797 (-3.9%)		"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."	★ ★ ★

A total of 1,737 clinical incidents have been logged as occurring in Jul-20 compared with 1,364 recorded for Jun-20 and 1,649 in Jul-19.

Highlights  
and  
Actions:

# Strategic Theme: Patient Safety

## Friends & Family Test

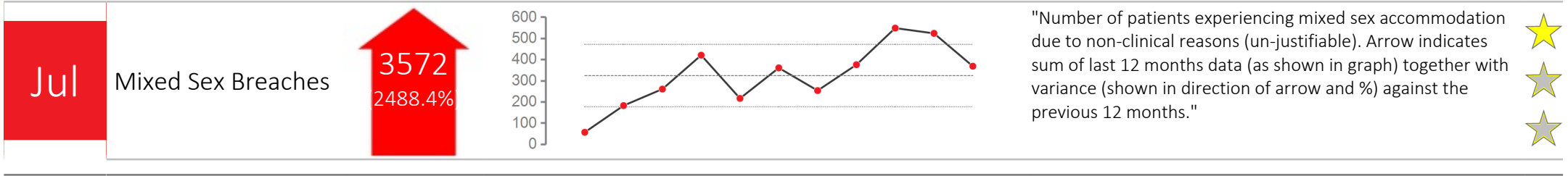
Jul	IP FFT: Response Rate (%) <div style="text-align: center; color: white; font-weight: bold; font-size: 24px;">28</div> <div style="text-align: center; color: white; font-weight: bold; font-size: 18px;">(-22.1%)</div>		<p>"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends &amp; 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."</p>	
Jul	IP FFT: Recommend (%) <div style="text-align: center; color: white; font-weight: bold; font-size: 24px;">97</div> <div style="text-align: center; color: white; font-weight: bold; font-size: 18px;">(-0.1%)</div>			
Jul	IP FFT: Not Recommend (%) <div style="text-align: center; color: white; font-weight: bold; font-size: 24px;">1.5</div> <div style="text-align: center; color: white; font-weight: bold; font-size: 18px;">(16.4%)</div>		<p>"Of those patients (Inpatients excluding Day Cases) who responded to the Friends &amp; 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."</p>	

Highlights and Actions:

July FFT recommendation scores = Inpatients 95.36% Day case 98.07% UEC 84.8% Maternity 97.72% Outpatients 91.7%. Slight decline in UEC but all other areas have seen improvement. ED percentage decline is attributed to waiting times and extended LOS in ED due to bed closures. Themes are consistent in the month to previous months.

# Strategic Theme: Patient Safety

## Mixed Sex


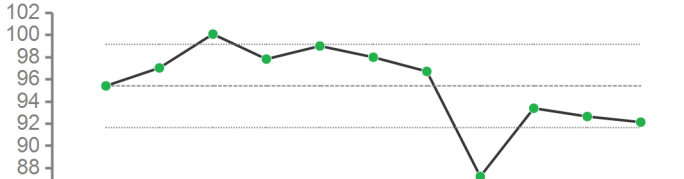
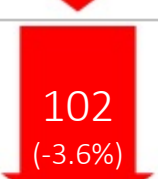
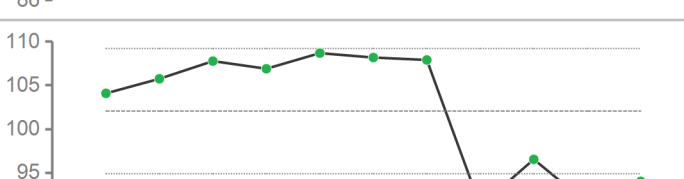
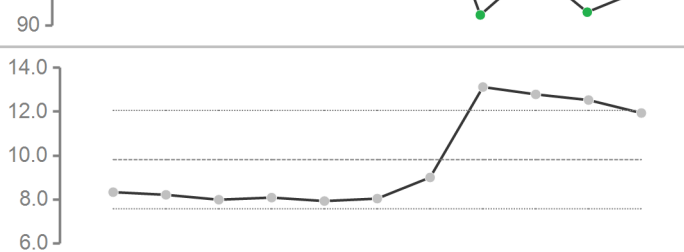


Highlights  
and  
Actions:

MSA July 26.37% (27.17% June) - Main areas of concern reflect the Covid response blue and red areas experiencing high levels of MSA. Percentage data is expected to decline with the diminishing impact of Covid-19. July figures demonstrate a positive trend  
 Total MSA incidents - 274 = 60 justified & 214 unjustified (June 336 = 42 justified & 294 unjustified)

# Strategic Theme: Patient Safety

## Safe Staffing

Jul	Shifts Filled - Day (%)	<div style="text-align: center;">   <b>95</b>            (-2.4%)         </div>		<p>Percentage of RCN and HCA shifts filled on wards during the day (split by RCN &amp; 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.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <span>★</span> <span>★</span> <span>★</span> </div>
Jul	Shifts Filled - Night (%)	<div style="text-align: center;">   <b>102</b>            (-3.6%)         </div>		<p>Percentage of RCN and HCA shifts filled on wards at night (split by RCN &amp; 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.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <span>★</span> <span>★</span> <span>★</span> </div>
Jul	Care Hours Per Patient Day (CHPPD)	<div style="text-align: center;"> <b>9.4</b>            (13.6%)         </div>		<p>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.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <span>★</span> <span>★</span> <span>★</span> </div>

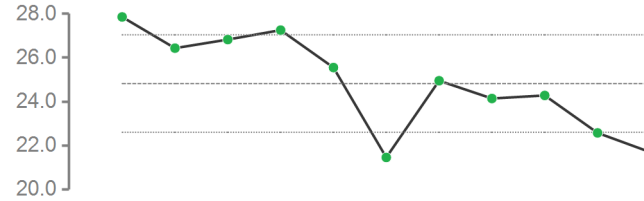


# Strategic Theme: Patient Safety

Jul

Midwife:Birth Ratio  
(%)

24.7  
(-4.6%)



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 overall average overall fill rate of 91.4% compared to 92.5% in June-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 similar to last month and outside the upper control limit due to a significant reduction in cumulative total of patients since March.

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

Jul	Number of Complaints	640 (-21.1%)		The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX	
Jul	Complaints acknowledged within 3 working days	100 (1.6%)		Complaints acknowledged within 3 working days (%)	
Jul	Compliments	28944 (-1.9%)		Number of compliments received	
Jul	Complaints Closed within 30 Working Days or Agreed Extension (%)	55.2 (-34.5%)		Percentage of complaints closed within the 30 working day target (or an agreed extension)	

# Strategic Theme: Patient Safety

Jul	Complaints Closed within 45 Working Days or Agreed Extension (%)	62.8 (-21.0%)		Percentage of complaints closed within the 45 working day target (or an agreed extension)	
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**Highlights and Actions:** There were 70 new complaints received in July 2020 (51 in June 2020), an increase of 37%. This is a decrease of 3% from the 72 new complaints received for the same period last year.

99% of complaints received in July were acknowledged within three working days. Complaints were not ‘paused’ over the Covid-19 period however we have worked to a response rate of 45 days.

Compliance to the 45 working day target – of the 24 closed, 96% were responded to in the timeframe. All Care Groups achieved compliance with the exception of General and Specialist Medicine where two responses breached. The complaints were split; Urgent and Emergency Care 6, General and Specialist Medicine 7 (only 5 hit target), Surgery and Anaesthetics 4, Surgery – Head, Neck, Breast and Dermatology 1, Women’s and Children’s 2, Clinical Support Services 4. There were no complaints requiring closure for Cancer or Corporate areas in July.

There is a particular focus from U&EC and GSM care groups to improve response performance and quality, we will understand the impact of this in August. All ongoing oversight and holding care groups to account for response targets and quality continues.

# Strategic Theme: Clinical Outcomes

## Clinical Outcomes

Jul	<p>FNoF (36h) (%)</p> <div style="text-align: center; color: white; background-color: #e61e20; padding: 10px; width: 60px; margin: 0 auto;"> <p><b>58</b> (-10.7%)</p> </div>		<p>% 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.</p>	<p>★ ★ ★</p>
Jul	<p>4hr % Compliance from Presentation to Stroke Ward</p> <div style="text-align: center; color: white; background-color: #95a5a6; padding: 10px; width: 60px; margin: 0 auto;"> <p><b>42</b> (11.9%)</p> </div>		<p>4hr % Compliance from Presentation to Stroke Ward, as per BPT</p>	<p>★ ★ ★</p>

Highlights and Actions:

**FNOF**

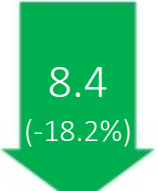
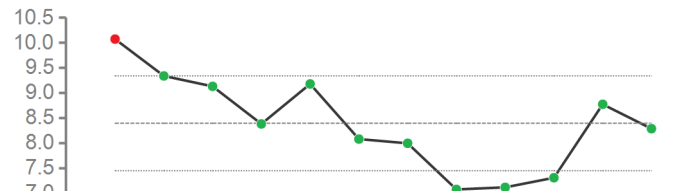

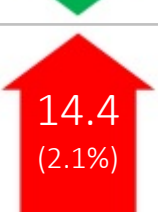
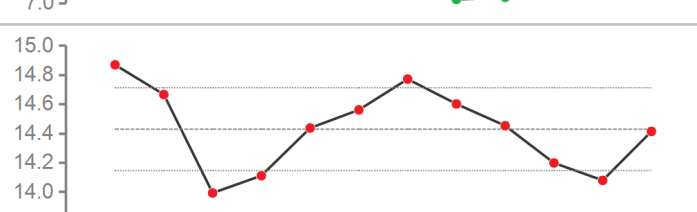


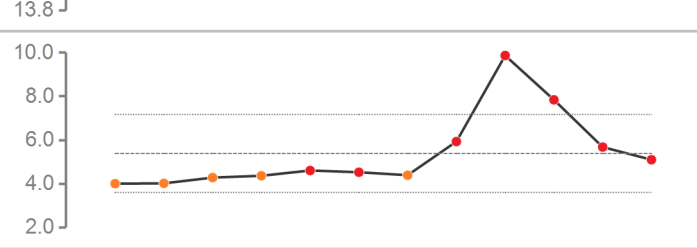

The deterioration in time to theatre is a result of demand and capacity misalignment. Due to theatre staffing levels are QEQM and turnaround times the ability to increase capacity during peak times is impacting the time to theatre. Ad-hoc weekend lists are being provided when theatre staffing allows. Additional trauma lists are being prioritised over any elective activity.

**Stroke**

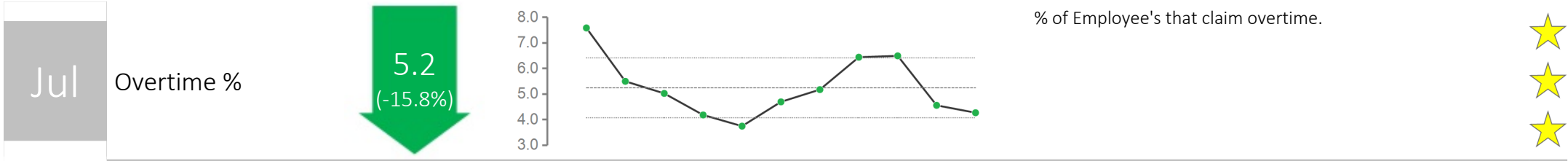
We are working with the clinical leads to review and assess improvements in this target.

# Strategic Theme: Human Resources

## Gaps & Overtime

Jul	Vacancy (Monthly) %	 <p>8.4 (-18.2%)</p>		<p>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."</p>	
Jul	Staff Turnover (%)	 <p>14.4 (2.1%)</p>		<p>"% Staff leaving &amp; 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."</p>	
Jul	Sickness (Monthly) %	 <p>5.4 (37.3%)</p>		<p>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."</p>	

# Strategic Theme: Human Resources



Highlights  
and  
Actions:

During the last six months, the Trust's vacancy rate has fallen, although there was a slight increase in-month to a rate of 8.35% in July 2020. There are now 7,813.29 WTE staff employed with the Trust, and a vacancy of 712.21 WTE. Vacancy rates remain above 10% in both the General & Specialist Medicine and Urgent & Emergency Care Care Groups. However, most other clinical Care Groups are within a range of 4 to 6% vacancy.

Turnover, excluding junior doctors, continued to fall and remained 11.5% for the month of July (11.5% in May). The annual 12 month average slightly increased in July to 14.4%..

Sickness in June fell slightly, after a large increase in previous months due to Covid-19. Sickness in April peaked at 8.89% across the Trust, and dropped to 7.12% in May and 5.14% in June. It is predicted to fall again in July to approximately 5%. Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. So far during July, sickness absence appears to be lower than during April, May and June.

Overtime% fell to approximately 4% in July, down from 7% in May, and the 12 month average overtime rate remains lower than previous at 5.2%.

# Strategic Theme: Human Resources

## Temporary Staff

Jul	Employed vs Temporary Staff (%)	91.8 (2.2%)		"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."	  
Jul	Agency %	7.2 (-8.3%)		% of temporary (Agency and Bank) staff of the total WTE	  
Jul	Bank Filled Hours vs Total Agency Hours	74 (18.2%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff	  

Highlights and Actions:


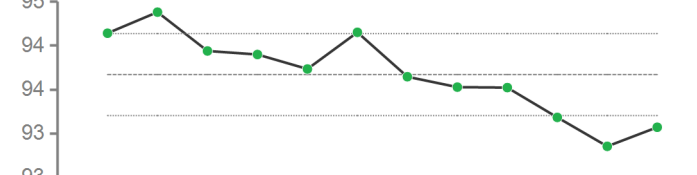

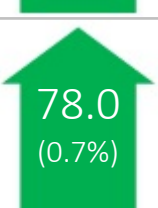
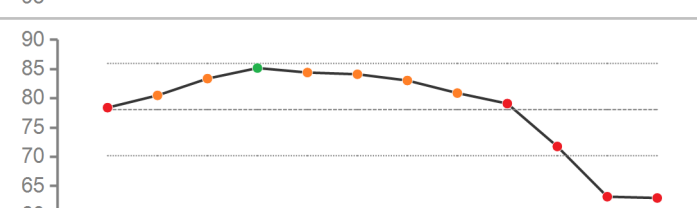


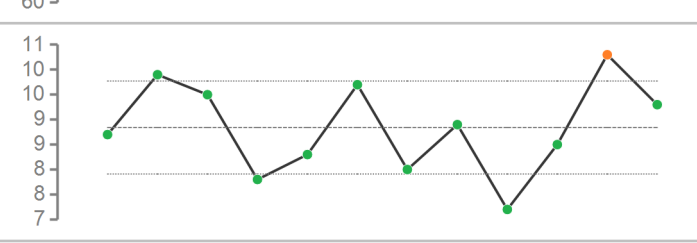

The percentage of permanent against temporary staff continues to improve as a trend, although dipped slightly during July to approximately 92%. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 91.8%, remaining on a positive trajectory.

The percentage of agency staff 12 month average also continues to improve, at 7.2%. After increasing during February and March to a high of 9%, the percentage of agency and bank staff has fallen back to approximately 7.5%. If sickness absence continues to remain lower than during March and April, we would expect an ongoing improvement in agency and bank usage. However, with the recovery plan we anticipate an increase in agency and bank usage in the short term while the Trust employs the additional staff needed.

An issue that we are currently monitoring is the reduction in bank filled hours against total hours worked by temporary staff. This fell in July to approximately 66%, from a high of almost 80% in March.

# Strategic Theme: Human Resources

## Workforce & Culture

Jul	Statutory Training (%)  <b>94</b> (0.3%)		"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."	
Jul	Appraisal Rate (%)  <b>78.0</b> (0.7%)		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.	
Jul	Time to Recruit  <b>9</b> (-21.3%)		"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	

**Highlights and Actions:**

Statutory training and appraisal compliance have both been adversely affected during the covid-19 outbreak. The in month compliance for Statutory Training remained 93% and remains Green on the RAG rating. In addition, the 12 month trend remains positive with an average of 94% completion. All Care Groups are over 90% compliant with Statutory Training.

The in month appraisal compliance for July was 63%, which has stabilised the downward trend for the first few months of the year. However, the 12 month average improved to 78%. 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.

The time to recruit continues on it's downward trajectory, and remains at an average of 9 weeks. The Resourcing team have successfully implemented new ways of fast track recruiting during the Covid-19 outbreak, which has had a positive impact on the vacancy rates and supporting the clinical Care Groups.



## Activity vs. Internal Business Plan

### Key Performance Indicators

Jul	Jul-20				YTD				YTD vs Last Yr				Green
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
Referral Primary Care	10,212	16,174	(-5,962)	-37%	29,290	62,126	(-32,836)	-53%	29,290	15,050	14,240	95%	<=0%
Referral Non-Primary Care	11,616	18,171	(-6,555)	-36%	38,487	65,606	(-27,119)	-41%	38,487	16,897	21,590	128%	<=0%
OP New	12,277	20,241	(-7,964)	-39%	39,495	74,559	(-35,064)	-47%	39,495	17,344	22,151	128%	>=0%
OP Follow Up	31,788	44,609	(-12,821)	-29%	111,149	163,849	(-52,700)	-32%	111,149	38,333	72,816	190%	>=0%
Elective Daycase	4,513	6,946	(-2,433)	-35%	12,428	25,999	(-13,571)	-52%	12,428	6,038	6,390	106%	>=0%
Elective Inpatient	665	1,095	(-430)	-39%	1,617	4,316	(-2,699)	-63%	1,617	1,151	466	40%	>=0%
A&E	17,364	20,869	(-3,505)	-17%	57,521	79,205	(-21,684)	-27%	57,521	19,907	37,614	189%	>=0 & <5%
Non-Elective Inpatient	6,592	7,611	(-1,019)	-13%	23,196	29,993	(-6,797)	-23%	23,196	7,252	15,944	220%	>=0 & <5%
Chemotherapy	1,375	1,418	(-43)	-3%	4,810	5,339	(-529)	-10%	4,810	1,402	3,408	243%	>=0%
Critical Care	1,830	1,979	(-149)	-8%	7,046	7,163	(-117)	-2%	7,046	1,753	5,293	302%	>=0%
Dialysis	7,676	7,547	129	2%	29,966	29,550	416	1%	29,966	7,550	22,416	297%	>=0%
Maternity Pathway	1,085	1,116	(-31)	-3%	4,396	4,452	(-56)	-1%	4,396	1,139	3,257	286%	>=0%
Pre-Op Assessments	1,801	2,932	(-1,131)	-39%	4,145	11,943	(-7,798)	-65%	4,145	3,152	993	32%	>=0%
Other	4,417	5,382	(-965)	-18%	22,434	24,520	(-2,086)	-9%	22,434	5,167	17,267	334%	>=0%

The table above describes the activity performance. In most points of delivery the activity YTD is significantly below plan driven by the impact of Covid-19. The Trust is working on a recovery plan to restore historical outpatient and elective activity levels.

## YTD Exception Reporting: Top 10 Outliers

### Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	2,460	6,025	-59%	-3,565
130 - Ophthalmology	1,111	4,321	-74%	-3,210
650 - Physiotherapy	1,054	3,839	-73%	-2,785
110 - Trauma & Orthopaedics	1,517	3,941	-62%	-2,424
330 - Dermatology	3,175	5,482	-42%	-2,307
120 - Ear, Nose & Throat	2,166	4,064	-47%	-1,898
140 - Maxillo Facial	710	2,505	-72%	-1,795
502 - Gynaecology	1,816	3,596	-49%	-1,780
400 - Neurology	794	2,061	-61%	-1,267
420 - Paediatrics	829	2,013	-59%	-1,184
<b>Total</b>	<b>29,290</b>	<b>62,126</b>	<b>-53%</b>	<b>-32,836</b>

### Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	2,891	6,714	-57%	-3,823
110 - Trauma & Orthopaedics	4,426	7,910	-44%	-3,484
320 - Cardiology	6,709	10,058	-33%	-3,349
650 - Physiotherapy	1,739	4,843	-64%	-3,104
101 - Urology	1,683	3,097	-46%	-1,414
502 - Gynaecology	2,101	3,251	-35%	-1,150
340 - Respiratory Medicine	3,777	4,841	-22%	-1,064
100 - General Surgery	1,088	1,996	-45%	-908
800 - Clinical Oncology	2,594	3,446	-25%	-852
290 - Community Paediatrics	616	1,386	-56%	-770
<b>Total</b>	<b>38,487</b>	<b>65,606</b>	<b>-41%</b>	<b>-27,119</b>

### OP New

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	2,091	7,257	-71%	-5,166
650 - Physiotherapy	2,375	6,761	-65%	-4,386
110 - Trauma & Orthopaedics	2,708	5,873	-54%	-3,165
330 - Dermatology	2,092	4,919	-57%	-2,827
120 - Ear, Nose & Throat	1,900	4,351	-56%	-2,451
140 - Maxillo Facial	674	2,438	-72%	-1,764
502 - Gynaecology	3,469	5,167	-33%	-1,698
420 - Paediatrics	1,737	3,150	-45%	-1,413
301 - Gastroenterology	1,207	2,271	-47%	-1,064
410 - Rheumatology	272	1,319	-79%	-1,047
<b>Total</b>	<b>39,495</b>	<b>74,559</b>	<b>-47%</b>	<b>-35,064</b>

### OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	7,170	20,761	-65%	-13,591
130 - Ophthalmology	9,428	18,629	-49%	-9,201
290 - Community Paediatrics	1,431	8,495	-83%	-7,064
110 - Trauma & Orthopaedics	10,318	14,522	-29%	-4,204
330 - Dermatology	4,646	7,338	-37%	-2,692
361 - Renal	5,002	7,208	-31%	-2,206
140 - Maxillo Facial	2,440	4,271	-43%	-1,831
502 - Gynaecology	3,668	5,480	-33%	-1,812
101 - Urology	6,255	7,796	-20%	-1,541
800 - Clinical Oncology	16,956	15,146	12%	1,810
<b>Total</b>	<b>111,149</b>	<b>163,849</b>	<b>-32%</b>	<b>-52,700</b>

The top two tables highlight the top ten referral reductions by specialty. The bottom two tables highlight the top 10 outpatient reductions by specialty. The Trust is working on a recovery plan to restore to pre-Covid-19 levels.

**Elective Daycase**

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	3,258	6,955	-53%	-3,697
110 - Trauma & Orthopaedics	268	1,756	-85%	-1,488
130 - Ophthalmology	196	1,619	-88%	-1,423
101 - Urology	1,627	2,889	-44%	-1,262
502 - Gynaecology	153	845	-82%	-692
191 - Pain Management	22	677	-97%	-655
120 - Ear, Nose & Throat	98	726	-87%	-628
326 - Acute Internal Medicine	297	917	-68%	-620
140 - Maxillo Facial	167	703	-76%	-536
100 - General Surgery	96	524	-82%	-428
<b>Total</b>	<b>12,428</b>	<b>25,999</b>	<b>-52%</b>	<b>-13,571</b>

**Non-Elective Inpatient**

Specialty	Activity	Plan	Var (%)	Significance
326 - Acute Internal Medicine	3,211	6,511	-51%	-3,300
420 - Paediatrics	1,191	2,580	-54%	-1,389
430 - HCOOP	1,780	3,034	-41%	-1,254
180 - Accident & Emergency	5,214	6,164	-15%	-950
100 - General Surgery	1,561	2,202	-29%	-641
110 - Trauma & Orthopaedics	1,033	1,336	-23%	-303
560 - Midwifery	444	712	-38%	-268
101 - Urology	1,287	1,553	-17%	-266
328 - Stroke Medicine	410	122	236%	288
300 - General Medicine	1,982	0		1,982
<b>Total</b>	<b>23,196</b>	<b>29,993</b>	<b>-23%</b>	<b>-6,797</b>

**Elective Inpatient**

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	163	1,085	-85%	-922
101 - Urology	347	1,001	-65%	-654
502 - Gynaecology	93	390	-76%	-297
100 - General Surgery	62	279	-78%	-217
104 - Colorectal Surgery	72	170	-58%	-98
301 - Gastroenterology	77	172	-55%	-95
120 - Ear, Nose & Throat	107	194	-45%	-87
400 - Neurology	40	96	-58%	-56
811 - Interventional Radiology	53	108	-51%	-55
107 - Vascular Surgery	68	115	-41%	-47
<b>Total</b>	<b>1,617</b>	<b>4,316</b>	<b>-63%</b>	<b>-2,699</b>

**Other**

Specialty	Activity	Plan	Var (%)	Significance
A&E	57521	79205	-27%	-21,684
Pre-Op	4145	11943	-65%	-7,798
Other	22434	24520	-9%	-2,086
Chemotherapy	4810	5339	-10%	-529
Dialysis	29966	29550	1%	416
Critical Care	7046	7163	-2%	-117
Maternity Pathway	4396	4452	-1%	-56

These tables highlight the top ten reduction specialties for elective and non-elective work, as previously mentioned the Trust is working on a recovery plan to restore to pre-Covid-19 levels.

## 4 Hour Emergency Access Standard

### Key Performance Indicators

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
<b>85.80%</b>													Green
4 Hour Compliance (EKHUFT Sites) %*	80.17%	78.42%	80.35%	75.38%	73.91%	74.59%	74.00%	80.15%	89.73%	90.77%	89.33%	85.80%	95%
4 Hour Compliance (inc KCHFT MIUs)	83.79%	82.15%	83.48%	79.10%	77.79%	78.52%	77.88%	83.14%	91.19%	92.07%	90.48%	87.32%	95%
12 Hour Trolley Waits	0	1	8	15	12	0	6	0	#N/A	#N/A	0	0	0
Left without being seen	4.50%	3.90%	3.31%	3.46%	3.42%	3.07%	4.02%	2.74%	1.19%	2.24%	2.09%	2.63%	<5%
Unplanned Reattenders	9.69%	9.60%	9.15%	9.72%	9.99%	9.88%	10.21%	9.80%	9.51%	10.07%	9.98%	9.84%	<5%
Time to initial assessment (15 mins)	75.3%	85.0%	92.0%	94.5%	93.3%	95.8%	94.3%	94.9%	92.6%	90.5%	93.0%	94.1%	90%
% Time to Treatment (60 Mins)	44.5%	43.7%	46.7%	41.9%	43.0%	45.5%	42.5%	48.8%	71.3%	58.1%	54.9%	50.9%	50%

### 2020/21 Comparison to Previous Year

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
<b>4.44%</b>													Green
Previous Year (19/20)	77.1%	81.2%	81.4%	81.4%	80.2%	78.4%	80.4%	75.4%	73.9%	74.6%	74.0%	80.1%	
Performance	89.7%	90.8%	89.3%	85.8%									

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

### Summary Performance

July performance for the organisation against the 4-hour target was 85.80% excluding the health economy MIU activity and 87.32% including. This represents a decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in July. The proportion of patients who left the department without being seen remained at a compliant level at 2.63%. The % of patients receiving initial assessment within 15 minutes improved to 94.1%. The unplanned re-attendance position reduced slightly to 9.84%. Time to treatment within 60 minutes remains compliant, although slightly reduced at 50.9%, which reflects the increased activity which has been seen in month.

### ***Issue***

- Reduced physical space due to implementation of national policies for Infection Control and Prevention.
- Increased emergency demand.
- The number of patients attending with alcohol or mental health related conditions has continued to be above usual levels. Many of these patients require a high number of clinical staff to maintain patient safety within the department.
- Managing patient flow to appropriate ward areas to maintain strict clinical streaming.
- Impact of managing potential Covid19 patients into dedicated ward bays, which impacts on wider bed base and may delay transfers of patients from ED to wards.

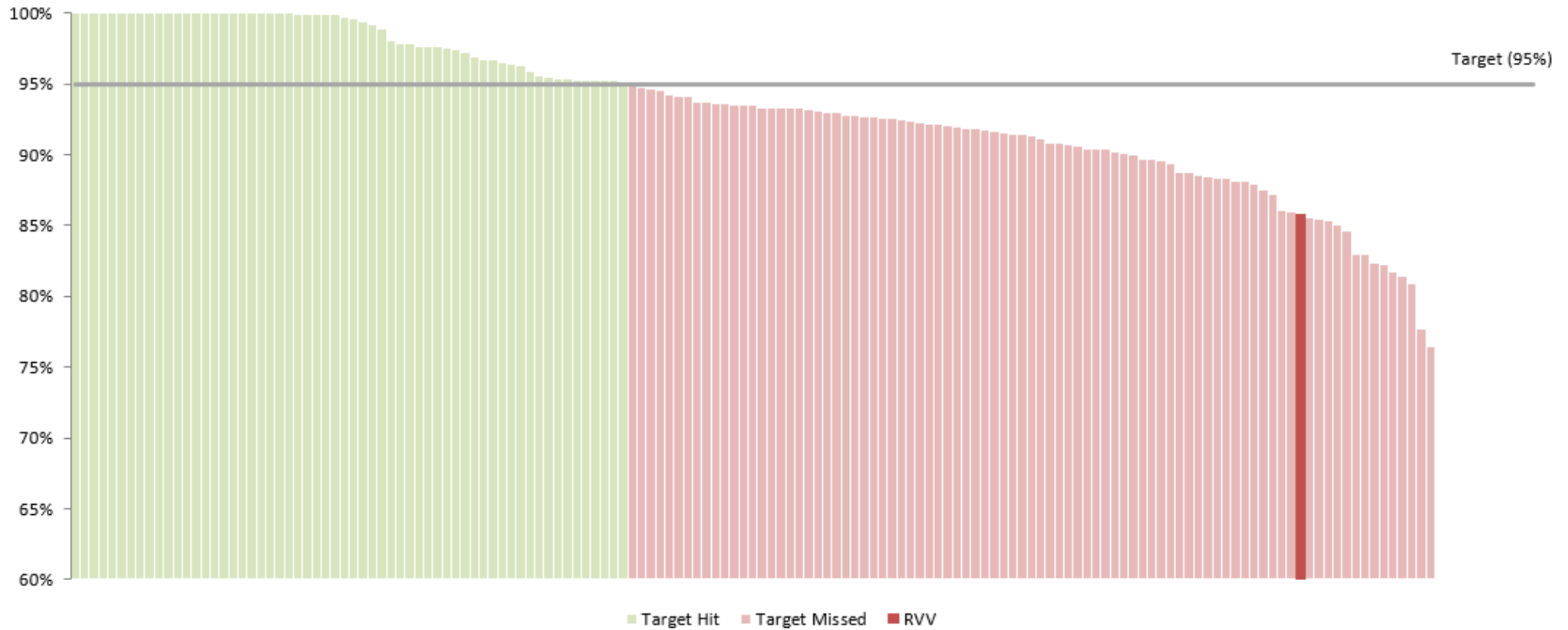
### **Action**

- Review of data to proactively manage demand (increasing demand) for service.
- Physical space review completed to allow allocate of more clinical space – building works underway.
- Implementation of Think 111.
- Implementation of UTC (alliance) new contract.
- Increase staffing to manage demand.
- Enable building works for SEAU/Ambulatory to provide capacity.

July 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 134 of 149 trusts

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



## Cancer Compliance

### Key Performance Indicators

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
<b>91.34%</b>													<b>Green</b>
62 Day Treatments	79.72%	79.34%	88.45%	82.42%	85.06%	76.42%	78.42%	81.32%	79.59%	70.49%	80.83%	91.34%	>=85%
>104 day breaches	1	2	4	4	6	5	10	4	17	25	7	2	0
Demand: 2ww Refs	3,228	3,402	3,862	3,466	3,070	3,666	3,322	2,700	1,547	2,199	3,002	3,407	2918 - 3226
2ww Compliance	98.25%	97.87%	97.62%	98.51%	98.32%	97.97%	98.29%	98.14%	96.93%	96.74%	95.75%	98.40%	>=93%
Symptomatic Breast	95.96%	97.26%	97.00%	97.28%	97.58%	99.19%	98.63%	96.34%	100.00%	96.97%	100.00%	97.70%	>=93%
31 Day First Treatment	96.72%	97.38%	99.06%	99.12%	98.76%	98.92%	98.77%	97.71%	99.07%	98.91%	96.40%	98.55%	>=96%
31 Day Subsequent Surgery	74.58%	94.34%	95.45%	95.24%	97.67%	96.83%	96.15%	95.77%	97.10%	97.37%	93.02%	95.83%	>=94%
31 Day Subsequent Drug	99.16%	100.00%	100.00%	100.00%	100.00%	100.00%	99.03%	99.05%	100.00%	100.00%	99.13%	98.96%	>=98%
62 Day Screening	92.59%	86.79%	80.77%	88.24%	75.00%	74.07%	66.67%	81.82%	81.25%	71.43%	33.33%	#N/A	>=90%
62 Day Upgrades	65.63%	90.38%	79.31%	88.46%	83.33%	73.91%	100.00%	85.71%	84.62%	75.00%	66.67%	77.78%	>=85%

### Summary Performance

July 62 day performance is currently 98.40%, which is the highest performance since March 2020. Validation continues until the beginning of September in line with the national time table. The total number of patients on an active cancer pathway at the end of the month has increased to 3,407 and there have been 2 patients who have breached the >104-day standard, which is an improvement on June.

### Issues:

- Demand for endoscopy and radiology.
- Increased referrals via week 2/52.
- Maintain self isolation and PPE standards which have decreased efficiency.

**Actions:**

- Daily MDT review with radiology and endoscopy which has reduced waiting times for diagnostics considerably.
- Daily 2ww and long waiters review to manage patients pathways.
- Endoscopy action plan continues to successfully increase capacity through use of independent sector and revised working arrangements to meet new infection control requirements.
- Daily review and escalation of patients awaiting a diagnostic to expedite the patients pathway.

**62 Day Performance Breakdown by Tumour Site**

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
01 - Breast	79.4%	75.0%	94.1%	96.4%	95.7%	91.1%	75.0%	93.9%	92.3%	83.3%	96.3%	86.4%
03 - Lung	58.3%	60.9%	57.7%	52.5%	68.2%	60.0%	51.4%	51.7%	67.6%	44.8%	50.0%	85.7%
04 - Haematological	66.7%	60.0%	85.7%	80.0%	100.0%	100.0%	83.3%	33.3%	57.1%	50.0%	87.5%	100.0%
06 - Upper GI	85.0%	71.1%	85.2%	71.0%	94.1%	25.0%	76.9%	73.3%	44.4%	72.7%	64.0%	88.9%
07 - Lower GI	77.1%	66.7%	58.1%	35.9%	40.5%	22.9%	41.9%	45.5%	51.7%	38.1%	75.0%	74.1%
08 - Skin	91.9%	91.8%	97.2%	100.0%	100.0%	97.8%	100.0%	95.7%	97.7%	100.0%	96.2%	98.3%
09 - Gynaecological	80.0%	75.0%	100.0%	91.3%	91.7%	66.7%	100.0%	69.2%	72.0%	66.7%	55.6%	83.3%
10 - Brain & CNS	0.0%									100.0%		
11 - Urological	87.9%	86.9%	93.0%	88.4%	96.3%	82.4%	83.2%	88.3%	80.0%	51.2%	67.2%	97.2%
13 - Head & Neck	58.3%	66.7%	100.0%	66.7%	83.3%	100.0%	66.7%	59.1%	62.5%	42.9%	100.0%	77.8%
14 - Sarcoma	100.0%	100.0%			0.0%	40.0%	100.0%		100.0%			
15 - Other	0.0%	100.0%	100.0%	100.0%		50.0%	50.0%	0.0%		0.0%	100.0%	100.0%



June 2020 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 48 of 142 trusts

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

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
<b>45.12 %</b>													<b>Green</b>
Performance	81.81%	81.62%	81.51%	81.68%	80.32%	81.18%	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	>=92%
52w+	1	3	3	5	5	4	2	14	155	410	768	1155	0
Waiting list Size	46,121	46,544	47,082	47,445	46,686	46,211	47,331	45,907	42,632	42,795	42,702	45,037	<38,938
Backlog Size	8,389	8,554	8,705	8,690	9,189	8,695	8,962	10,447	13,374	17,255	21,945	24,717	<2,178

### Summary Performance

July performance has deteriorated to 45.12% which is due to the national Covid19 constraints. The number of 52 week breaches have also increased to 1,155 due to the restriction on acute hospital elective surgery. Theatre utilisation decreased due to the continued required infection control measures between cases for PPE compliance and cleaning. Elective activity is being reinstated within the strict infection prevention controls for the management of elective surgical patients. Outpatient clinics are continuing to managed via face to face and virtual. Face to face clinics are being reinstated within the reduced capacity constraints within waiting areas and strict infection control guidance.

### Issue:

- Providing outpatients' services within the national infection control constraints and restrictions of Covid19.
- Patients who have waited 52 weeks have increased due to capacity constraints and the need to prioritise Cat 2 and Cat 3 patients.

### Actions:

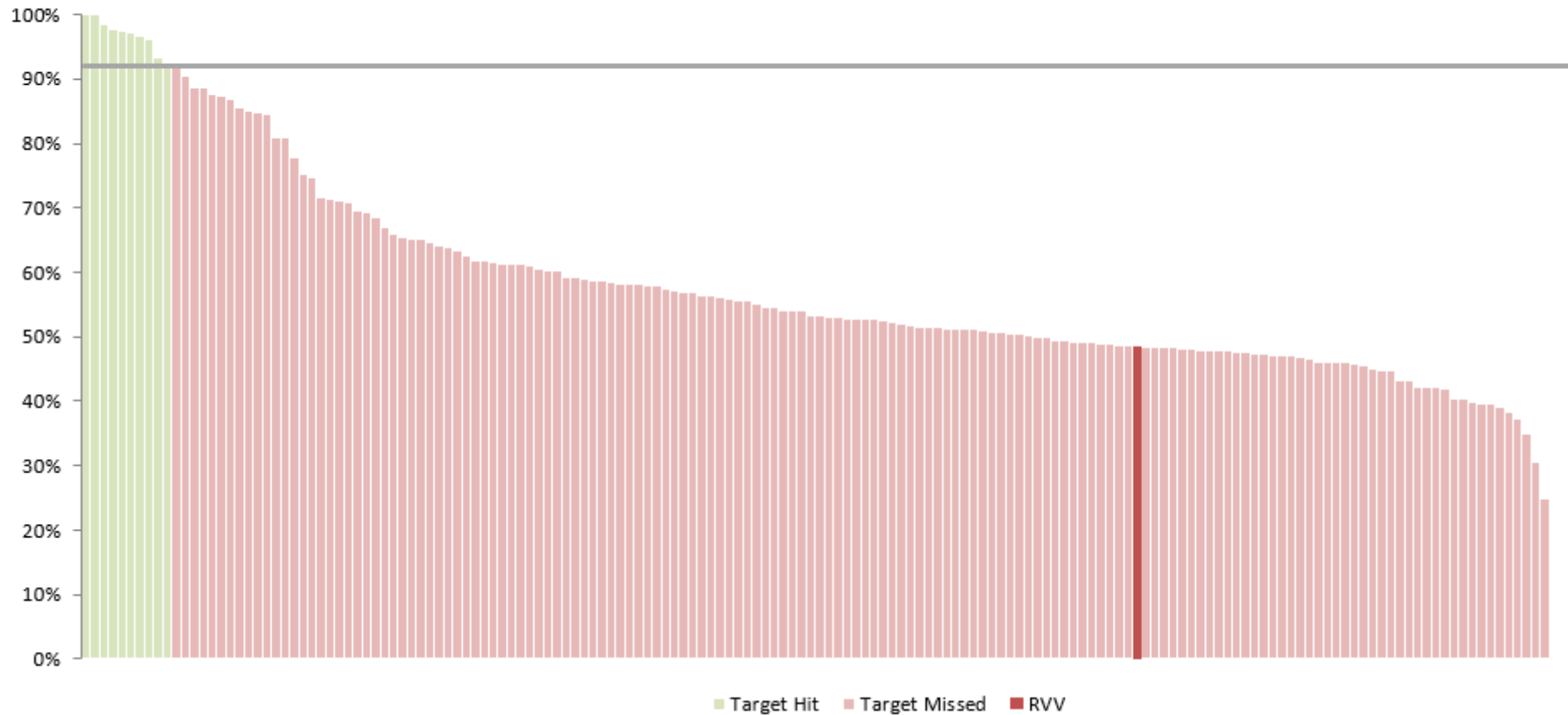
- Continued use of Independent Sector capacity for clinically urgent and cancer patients.
- Clinically validating each waiting list to identify clinical priority in accordance with new national guidance.
- Liaising with patients and their GP's to mutually agree appointments and treatment plans and patient choice.
- Implementing virtual clinics which have successfully enabled 40% of all outpatients to continue to be seen.
- Reinstating face to face clinics within IPC guidelines.

- Increased three session days and weekends.
- Reviewed theatre efficiency.
- Increase senior support to waiting list.

### June 2020 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 117 of 163 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

## 6 Week Referral to Diagnostic Standard

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Green
<b>75.89%</b>													
Performance	99.08%	98.69%	99.60%	99.80%	99.55%	99.71%	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	>=99%
Waiting list Size	14,825	13,614	16,559	16,605	15,621	15,320	16,053	10,460	5,500	7,922	11,721	15,486	<14,000
Waiting > 6 Week Breaches	137	178	67	34	71	44	32	231	2,351	3,161	2,945	3,733	<60

### Summary Performance

The Trust achieved 75.89% compliance in July which is an improvement on the previous month and reflects the reinstatement of diagnostic services within the strict infection control guidelines. Breaches in month are 3,733 breaches with breaches across all modalities, except audiology and Dexa scans. The highest number of breaches continue to be in endoscopy for colonoscopy (1,260) and echo cardiology (981). The waiting list size has increased from 11,721 in June to 15,486.

### Issue


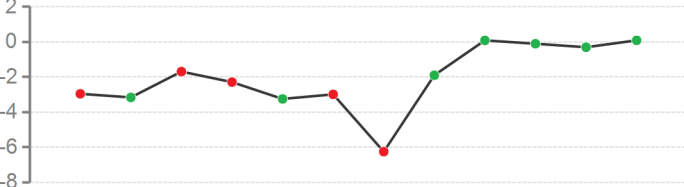



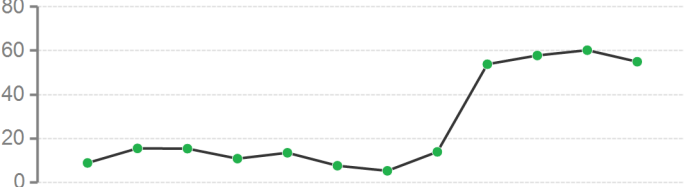



- Increase in echo cardiology breaches due to the constraints of Covid19
- Increase in colonoscopy breaches due to the constraints of Covid19

### Action

- Endoscopy action plan in place which is increasing capacity.
- Cardiology action plan in place to increase capacity.
- Reinstatement of radiological activity to increase elective capacity through revised working arrangements.
- Clinical validation of the waiting list and direct contact with patient and GP regarding patient choice.

# Strategic Theme: Finance

## Finance

Jul	I&E £m (Trust Only)	 <p>-0.2 (-130.7%)</p>		<p>The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.</p>	  
Jul	Cash Balance £m (Trust Only)	<p>55.0 (-8.7%)</p>		<p>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.</p>	  

Highlights and Actions:

The Trust achieved a breakeven position in July, which brought the year-to-date (YTD) position to breakeven, which was consistent with the plan.

The impact of Covid-19 paused the business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place between the Trust and Commissioners from April to September 2020 to enable the Trust to deliver financial breakeven during this period.

The Trust has identified £5.0m of additional costs due to Covid-19 in July along with lost income of £0.7m, bringing the total financial impact of Covid-19 to £22.3m YTD. The Trust has received £12.3 prospective top up funding for the first four months of the year, in addition, due to the impact of Covid-19 costs it is eligible for retrospective true up funding to ensure a breakeven position (£15.0m, of which all but £6m has now been received). In addition Spencer Hospitals has received true up/ top up funding of £2.3m, taking the total true up/ top up funds to £29.6m for the group.

The key drivers of financial pressure in July as a result of Covid-19 were:

- Additional staff costs to cover sickness and expanding medical / nursing workforce £2.8m
- Lost income (private patients, Trust car parking, catering etc.) £0.7m
- Decontamination & PPE revenue costs £1.2m

The key areas of underspend which partially offset this include:

- Clinical supplies and disposables underspends within the Surgery and Anaesthetic Care Group due to reduced elective activity £0.7m
- Depreciation being £0.3m lower than planned due to year-end asset impairments agreed after setting the 20/21 plan.

The Trust's cash balance at the end of July was £55m which was £51m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

# 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. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	IP Spells with 3+ Ward Moves	Total Patients with 3 or more Ward Moves in Spell	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

4hr % Compliance from Presentation to Stroke Ward	4hr % Compliance from Presentation to Stroke Ward, as per BPT		Higher is Better	
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 %
Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90 & <90		5 %
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 %
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 according 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 according 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 %
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %

Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <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 (Trust Only)	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 (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 %
	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 %
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		



## Incidents

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) & Pressure Ulcers	>= 0 & <10	
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		
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 %
Number of Cardiac Arrests	Number of actual cardiac arrests, not calls, in-hospital		0 %
Pressure Ulcers Cat 3/4 (per 1,000)	"Number of category 3/4 hospital acquired pressure ulcers per 1,000 bed days. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
Serious Incidents (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		
Infected			
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	
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 %
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 %

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 %
	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	
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Avoidable Deaths >50% Likelihood	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely avoidable', 'Probably avoidable more than 50 %')	>= 0	
	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 %
	Number of SJR's Completed (death date)	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed based on the date of death		
	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		

## Patient Experience

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)		
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 (%)		

Patient Experience	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."	$\geq 0$ & $< 1$	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 received		
	Second Returner Complaints	Number of Second Returner Complaints received by date of returned complaint received		
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	$\geq 100$	10 %
	eDN Compliance	% of patients discharged with an Electronic Discharge Notification (eDN).	$\geq 80$ & $< 80$	
	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	
	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	$\geq 0$ & $< 0.8$	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.	$\geq 0$ & $< 5$	10 %
	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	$\geq 90$	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	$\geq 85$	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	$\geq 0$	
	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.	$\geq 92$	100 %
Staffing	1:1 Care in labour	The number of women in labour 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.	$\geq 99$ & $< 99$	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE	$\geq 0$ & $< 10$	

## Staffing


Agency & Locum Spend	Total agency spend including NHSP spend		
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 Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
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.		
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 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 %
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	
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 %
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 Equivalent (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 %


## Staffing


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		
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 %
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		
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
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	
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 %

## Training

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