



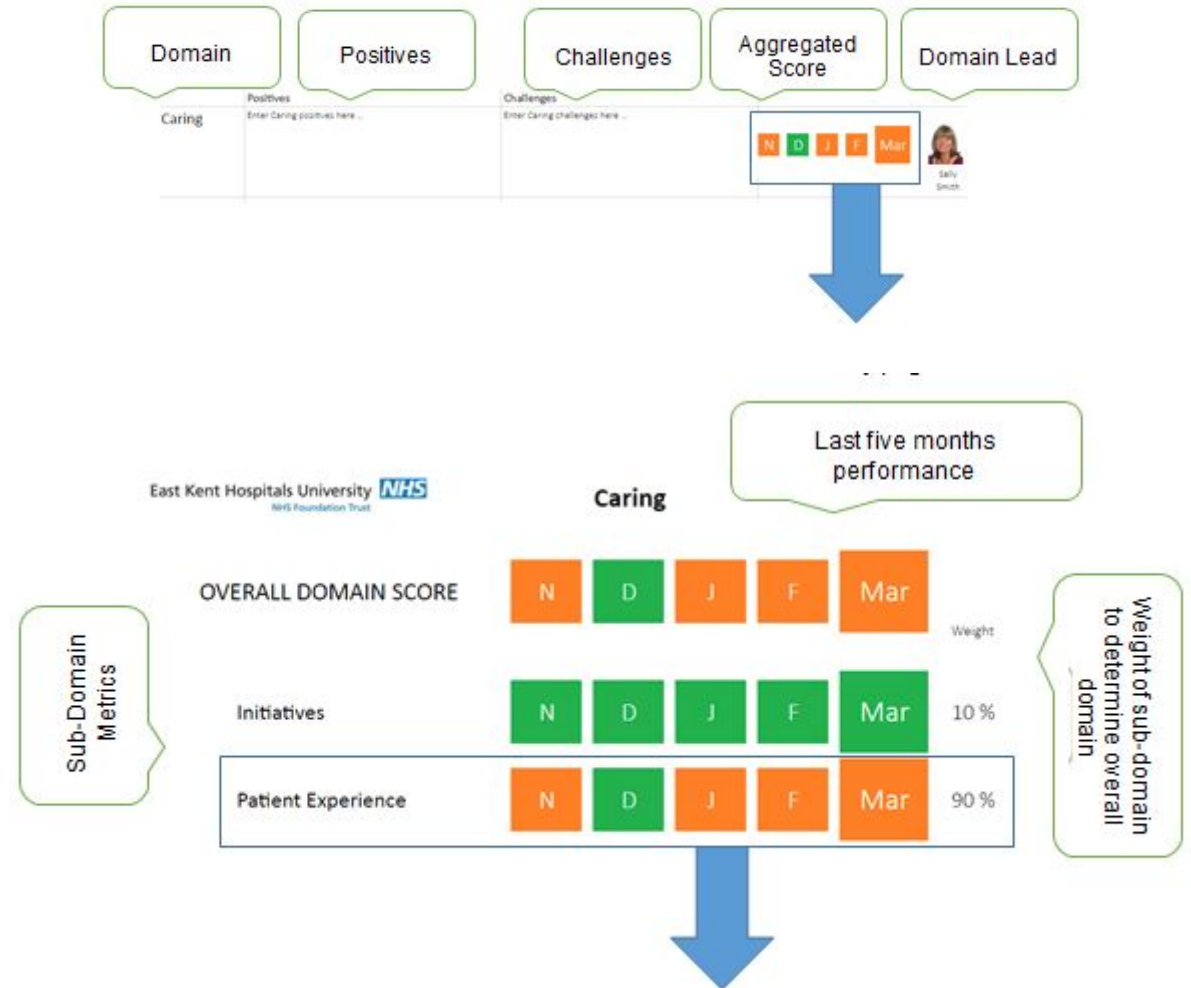
INTEGRATED PERFORMANCE REPORT



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		
Caring	<p>Friends and Family recommended continues to improve registering green (97%) in August. The percentage of not recommended has also (favourably) reduced reporting 1.6% in August compared with 3.5% in July. The number of compliments continues to increase and the number of complaints has (favourably) reduced from 70 in July to 61 in August. All inpatient survey questions surpassed their July scores. With 'opportunity to discuss worries' and 'understanding treatment explanations' increasing by 8% and 4% respectively. Suggesting an improving patient experience.</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.</p>		<p>Amanda Hallums</p>
Effective	<p>Bed Occupancy is 72%. The DNA rate for new and follow up out patients 9.6% and 9.1% 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. Non-Clinical Cancellations are compliant at 0.5%. Non-clinical cancellation breaches are compliant at 0%.</p>	<p>Theatre session utilisation remains at a similar level at 67% in August and is due to infection control measures between cases for PPE compliance and cleaning. DTOC's have increased to an average of 16 per day. Weekly reviews of all patients with a LOS over 7 days continues to focus on reducing internal and external delays. Increased pressure on inpatients beds continues due to increased spacing, infection control practices and maintaining non-covid and covid pathways.</p>		<p>Lee Martin</p>
Responsive	<p>2ww performance remains compliant across all pathways at 97.98%. All 31 day standards are also compliant. 62 day cancer performance is complaint at 90.45%, which is a significant achievement. DM01 performance is compliant in Barium enemas, Dexa scans and Audiology. RTT performance has improved in month to 52.05%</p>	<p>ED performance has been challenged due to increased attendances across major and minor pathways. Daily attendance numbers are back to pre-covid levels which is a challenge to manage due to social distancing requirements.</p> <p>The Restore & Recovery programme continues to be a priority. The new national guidance has reduced efficiency of some 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>		<p>Lee Martin</p>

Safe

During August the number of Covid-19 inpatients across EKHUFT fell significantly. HSMR (to May 2020) has now maintained 'as expected' for the 6th data point.

The Trust continues to work 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 and progress against this monitored by weekly executive led meetings. Two improvement advisors continue to work with the Trust and are implementing targeted training with the matrons to improve standards. C Difficile outbreak is now closed but there have been 12 hospital attributable C. difficile cases for August against an expected 8 cases. There is continued focus on the implementing the action plan from investigations including strengthening the antimicrobial stewardship.

The Trust identified a Never Event in August relating to excision of the wrong skin lesion. A full investigation is underway to understand the root causes but early contributing factors included referral on the incorrect pathway.



Rebecca Martin

Well Led

The Trust achieved a breakeven position in August, 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's cash balance at the end of August was £57m which was £50m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

The Trust has delivered £0.4m of savings in August which was £1.6m below the draft plan due to the Trust's reduced ability to deliver savings with the operational priority of dealing with the Covid-19 pandemic.



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 alongside recruitment of final year nursing & midwifery students and plans are in place to restart the process of bringing our overseas nurses to East Kent following a postponement in their recruitment due to COVID 19 border restrictions.

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 is already underway in some areas and is forming part of our restart. Sickness levels have risen as a direct consequence of COVID 19, however the last few months have seen a downward trend. 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.

A

M

J

J

Aug



Andrea
Ashman

Caring

		Apr	May	Jun	Jul	Aug	Green	Weight
Patient Experience	Mixed Sex Breaches	376	549	524	369	399	>= 0 & <1	10 %
	Number of Complaints	21	40	54	70	60		
	AE Mental Health Referrals	210	308	311	384	395		
	First Returner Complaints	2	3	11	9	12		4 %
	IP FFT: Recommend (%)	98	97	88	95	97	>= 95	30 %
	IP FFT: Not Recommend (%)	1.0	0.9	5.3	3.5	1.6	>= 0 & <2	30 %
	Number of PALS Received	351	401	420	500	485		
	Complaints acknowledged within 3	100	100	100	100	100		
	Maternity FFT: Recommended (%)	100.0			97.7	100.0		
	Maternity FFT: Not Recommended (%)	0.0			2.3	0.0		
	Compliments	1530	1209	1568	1600	1810	>= 1	
	Complaints Open < 31 Days (M/End)	52	39	47	71	74		
	Complaints Open 31 - 60 Days	112	21	17	30	35		
	Complaints Open 61 - 90 Days	30	13	4		2		
	Complaints Open > 90 Days (M/End)	20	10	3	2	3		
	Complaints Closed within 30 Working	40.9	35.3	20.0				
	Complaints Closed within 45 Working	44.0	47.2	67.4	91.3	85.7		
	Second Returner Complaints	2	2	1				
	PHSO Complaints				2	1		

Effective

		Apr	May	Jun	Jul	Aug	Green	Weight
Beds	DToCs (Average per Day)	14	11	11	10	16	>= 0 & <35	30 %
	Bed Occupancy (%)	52	61	66	67	72	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	13	14	14	13	15	>= 35	10 %
	IP Spells with 3+ Ward Moves	375	389	466	454	424	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	63	50	73	60	65	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	5.8	4.4	4.2	4.3	3.3	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17.6	17.9	17.5	17.8	16.6	>= 0 & <15	15 %
	Audit of WHO Checklist %	90	92	96	95	97	>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward	45	57	55	57	45	Higher is Better	
Demand vs Capacity	DNA Rate: New %	8.2	7.8	7.9	8.6	9.6	>= 0 & <7	
	DNA Rate: Fup %	6.7	6.9	7.2	8.7	9.1	>= 0 & <7	
	New:FUp Ratio (1:#)	3.2	3.1	2.8	2.6	2.1	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	4.6	4.0	2.9	2.5	3.0	Lower is Better	
	LoS: Non-Elective (Days)	6.0	5.2	5.8	5.8	5.9	Lower is Better	
	Theatres: Session Utilisation (%)	62	62	64	66	67	>= 85	25 %
	Theatres: On Time Start (% 15min)	28	25	20	29	35	>= 90	10 %
	Non-Clinical Cancellations (%)	0.7	0.0	0.7	0.6	0.5	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	33		25	38	0	>= 0 & <5	10 %

Responsive

		Apr	May	Jun	Jul	Aug	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	91.19	92.07	90.48	87.32	83.63	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	89.73	90.77	89.33	85.80	81.44	>= 95	1 %
Cancer	Cancer: 2ww (All) %	96.77	96.73	95.67	98.40	97.98	>= 93	10 %
	Cancer: 2ww (Breast) %	100.00	96.97	100.00	97.70	100.00	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	99.36	98.92	96.09	98.55	96.67	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	97.22	97.37	92.86	95.83	94.55	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	100.00	99.17	98.96	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	78.16	70.85	79.25	91.34	90.45	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	100.00	33.33		100.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	83.33	71.43	72.73	77.78	66.67	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	57.25	60.09	74.87	75.89	73.18	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	95.45	70.73	45.63	59.74	100.00	>= 99	
RTT	RTT: Incompletes (%)	68.63	59.68	48.61	45.12	52.05	>= 92	100 %
	RTT: 52 Week Waits (Number)	155	410	768	1155	1555	>= 0	

Safe

		Apr	May	Jun	Jul	Aug	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,080	1,611	1,400	1,801	1,454		
	Serious Incidents (STEIS)	12	15	27	15	14		
	Falls (per 1,000 bed days)	7.39	6.12	5.73	5.47	5.06	>= 0 & <5	20 %
	Harms per 1000 bed days	7.1	6.1	5.4	5.5	6.0	>= 0 & <10	
Infection	Cases of C.Diff (Cumulative)	8	27	44	60	72		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
	Cases of C.Diff (per month)	8	19	17	16	12		
Mortality	HSMR (Index)	104.1	102.6				>= 0 & <106	35 %
	Crude Mortality NEL (per 1,000)	64.3	44.7	34.0	23.8	23.5	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	90.2	91.4	92.7	93.4	92.8	>= 95	20 %

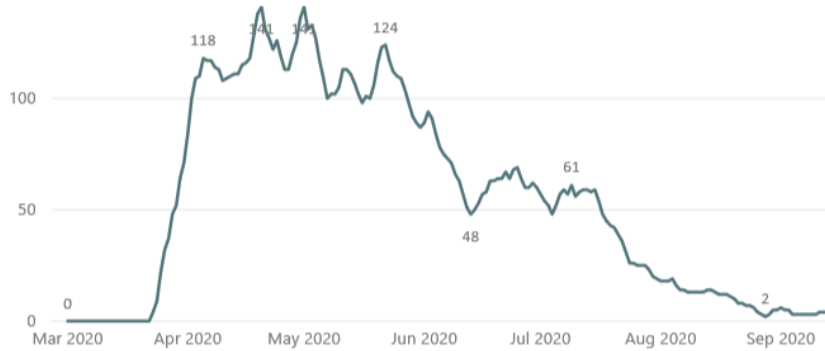
Well Led

		Apr	May	Jun	Jul	Aug	Green	Weight	
Data Quality & Assurance	Uncoded Spells %	0.1	0.1	0.1	0.1	0.3	>= 0 & <0.25	25 %	
	Cash Balance £m (Trust Only)	53.8	57.8	60.2	55.0	56.7	>= 5	20 %	
Finance	I&E £m (Trust Only)	0.1	-0.1	-0.3	0.1	-0.3	>= Plan	30 %	
	Agency %	6.6	7.2	7.0	7.5	7.7	>= 0 & <10		
Staffing	1:1 Care in labour	99.0	100.0	100.0	100.0	99.2	>= 99 & <99		
	Midwife:Birth Ratio (%)	24.1	24.3	22.6	21.7	22.0	>= 0 & <28	2 %	
	Bank Filled Hours vs Total Agency Hours	78	69	67	66	67		1 %	
	Shifts Filled - Day (%)	87	93	93	92	88	>= 80	15 %	
	Shifts Filled - Night (%)	91	97	92	94	96	>= 80	15 %	
	Care Hours Per Patient Day (CHPPD)	13.1	12.8	12.5	11.9	10.7			
	Staff Turnover (%)	14.5	14.2	14.1	14.4	14.2	>= 0 & <10	15 %	
	Vacancy (Monthly) %	7.1	7.3	8.8	8.3	9.0	>= 0 & <10	15 %	
	Sickness (Monthly) %	9.9	7.8	5.7	5.1	4.5	>= 3.3 & <3.7	10 %	
	Training	Appraisal Rate (%)	79.1	71.8	63.2	63.0	62.5	>= 85	50 %
		Statutory Training (%)	94	93	93	93	93	>= 85	50 %

Strategic Theme: COVID-19 | Inpatients

4 TRUST

C-19 Positive Inpatients by date (snapshot)



4 WHH

C-19 Positive Inpatients by date (snapshot)



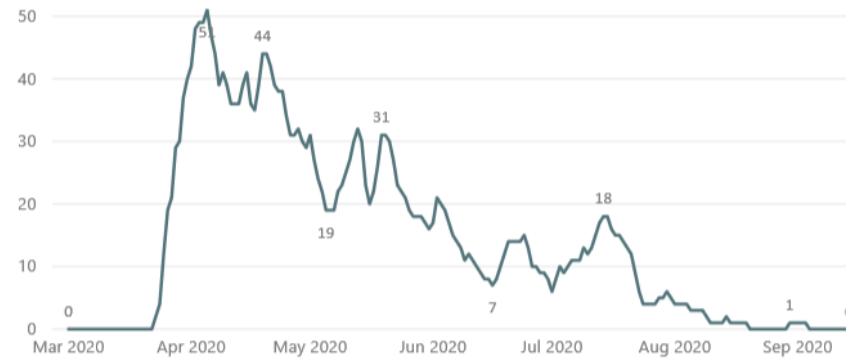
0 K&C

C-19 Positive Inpatients by date (snapshot)



0 QEQM

C-19 Positive Inpatients by date (snapshot)



Strategic Theme: Patient Safety

Mortality

Aug	HSMR (Index)	<p>104.2 (-0.1%)</p>		<p>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.</p>	
Aug	SHMI	<p>1.076 (-0.7%)</p>		<p>"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."</p>	
Aug	Crude Mortality NEL (per 1,000)	<p>32.0 (14.1%)</p>		<p>"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."</p>	

Highlights and Actions:

The Trust has now moved to Dr Foster reporting with the expected change in reported HSMR value due to different methodology from CHKS. Overall, the HSMR has increased over the last 3 years, from a position of statistically 'lower than expected' to its current position. The last six data points have seen the Trust remain 'as expected'. The crude mortality rate increased in April 2020, in line with the national average. There are four outlying groups attracting significantly higher than expected deaths, with one new alert, and two new cumulative sum (CUSUM) deviation alerts; respiratory failure, insufficiency, arrest (adult) and viral infection, which are most likely to relate to the Covid-19 pandemic. The SHMI remains 'as expected' and has decreased this month to 106.87.

The report identifying learning from the Structured Judgement Reviews (SJRs) relating to the Covid19 deaths in June 2020 is due to report at the end of September. Mortality reduction is a breakthrough objective being delivered through We Care and current analysis will focus on priorities to achieve this.

Strategic Theme: Patient Safety

Serious Incidents

Aug	<p>Serious Incidents (STEIS)</p> <p style="font-size: 24pt; font-weight: bold;">197</p> <p>(44.9%)</p>		<p>"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."</p>	
Aug	<div style="background-color: green; color: white; padding: 10px; font-size: 24pt; font-weight: bold;">4</div> <p>(-55.6%)</p>		<p>"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."</p>	

Highlights and Actions:

There were 150 open serious incidents (SIs) at the end of August 2020. 14 new SIs were reported this month including one Never Event - Wrong Site Surgery, removal of incorrect skin lesion. The initial Duty of Candour letter and 72 hour update report have been completed. This is the third Never Event reported FYTD (Wrong tooth extraction which was closed by the CCG this month and Misplaced NG tube, the investigation report was submitted to the CCG this month).

The CCG agreed closure of 14 SIs and the downgrade of one SI.



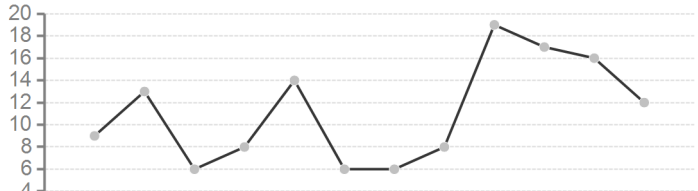
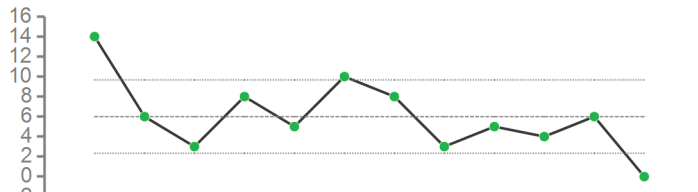
At month end there were eight non-closure requests for further information from the CCG; generally these are addressed within a month and returned to the CCG with the majority being closed thereafter.

There were 61 SIs breaching investigation timeframes at month end. The increase in the number of breaches in part reflects the increase in reporting within three care groups; two of which have now increased the governance support available to manage the investigation process. The lack of suitably trained and experienced investigators impacts on the quality of investigations thus increasing review and revision time. To mitigate this trained investigators and human factors specialists from the corporate Patient Safety Team are linked to each investigation with the aim of improving the quality of investigations and improvement plans and thus expedite completion. A renewed focus on completing investigations within timeframes will be launched in October to address the current performance.

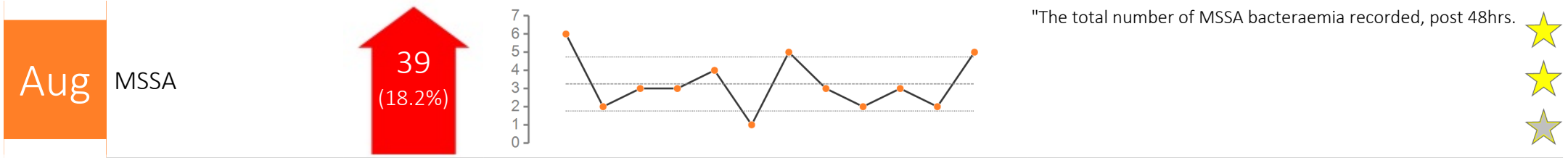
The Terms of Reference for the Executive led SI panel are being updated following the recent review and recommendations.

Strategic Theme: Patient Safety

Infection Control

Aug	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.	★ ★ ★
Aug	Cases of C.Diff (Cumulative)	121 (118.4%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."	★ ★ ★
Aug	Cases of C.Diff (per month)	12 (-25.0%)		Cases of C.Diff	★ ★ ★
Aug	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

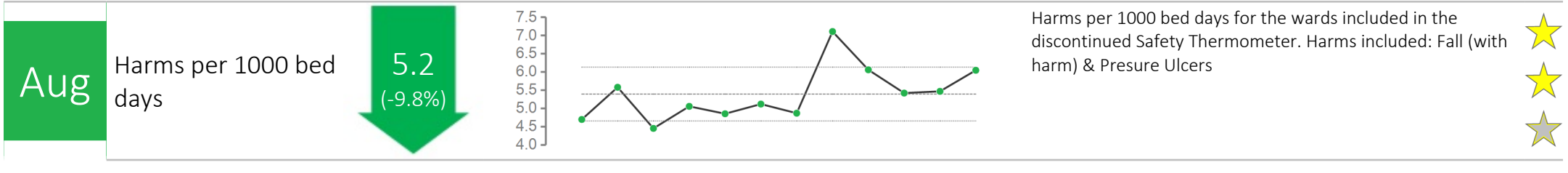


Highlights
and
Actions:

Infection prevention and control measures around Covid-19 continue to be a key focus although admissions have reduced. One outbreak remains open affecting three patients. The strict front door policy with temperature checks, hand hygiene and face masks for all staff and patients, renewed signage and promotion of physical distancing remains in place. 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 integrated improvement plan has been developed including actions from the CQC inspection and the Safe Clean Care projects. Two improvement advisors continue to work with the Trust and are implementing targeted training with the matrons to improve standards. There have been 12 hospital attributable C. difficile cases for August against an expected 8 cases. This is of key concern. The deep clean of the wards at QEQM is progressing with 5 wards cleaned to date. The process will be completed in October. 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

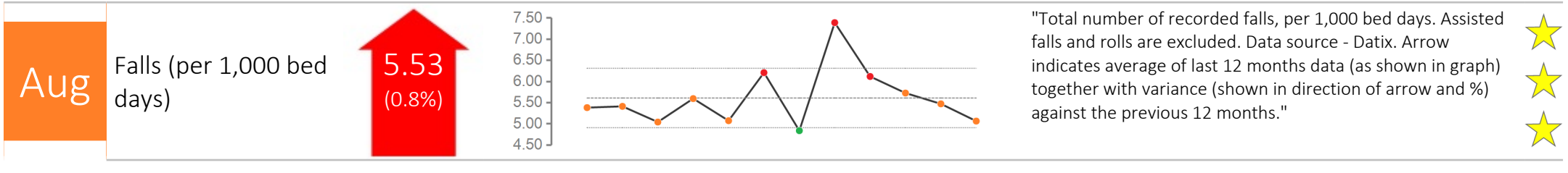


Highlights and Actions:

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 tool is under development to include additional metrics. Harm Free care per 1000 bed days = 6.04752 (5.46961 July)

Strategic Theme: Patient Safety

Falls



Highlights
and
Actions:

In August there were 126 falls with 12 at K&CH (previously 24), 41 at QEQMH (previously 33) and 72 at WHH (previously 68). This equates to rates per 1000 bed days of 3.59 at K&CH, 4.35 at QEQMH and 5.19 at WHH with a total across the 3 main sites of 4.69.

At WHH wards with the highest number were Richard Stevens (9) where 2 patients fell twice, AMU A (7) where 1 patient fell 3 times. On CL, CM1, KA2 and KDF there were 1 patient in each ward who fell 2 times, on KDM one patient fell 3 times. At QEQMH there were 6 falls on Deal, St Margaret's, A and E and Seabathing (where 1 patient fell twice). At K&CH there were 4 falls on Invicta (stroke). 1 patient fell twice on Harvey.

There was 1 fall resulting in a hip fracture on CM1 at WHH but this has been investigated by the Falls Prevention Team and was unavoidable. However, learning around risk assessment completion is being addressed.

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.

The Prevention of Falls Policy has been updated and authorised. A repository of information related to falls is being planned to enable quick access for clinical staff.

Strategic Theme: Patient Safety

Incidents

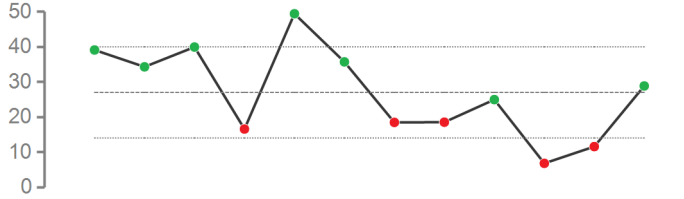

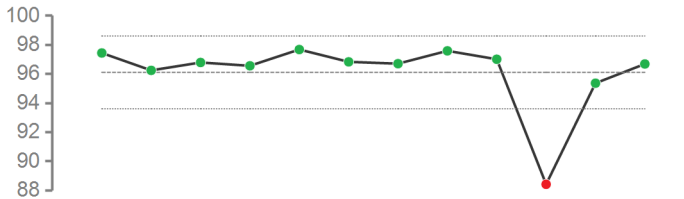

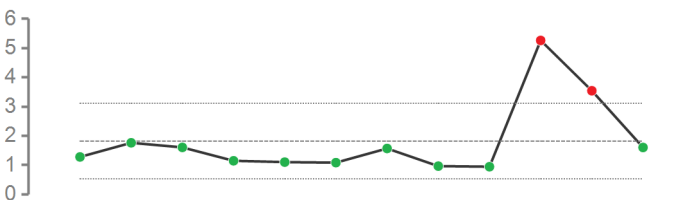

Aug	Clinical Incidents: Total (#)	17,868 (-2.2%)		"Number of Total Clinical Incidents reported, recorded on Datix.	★ ★ ★
Aug	Blood Transfusion Incidents	70 (-39.1%)		"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	★ ★ ★
Aug	Medicines Mgmt. Incidents	1,948 (4.2%)		"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	★ ★ ★

Highlights and Actions: The incident reporting rate is a reflection of the safety culture within the Trust. Increased reporting over time may indicate an improved reporting culture and patterns should be interpreted alongside other information such as local safety issues, NHS staff survey data, etc.

Actions: A total of 1,454 clinical incidents were logged as occurring in Aug-20 compared with 1,801 recorded for Jul-20 and 1,498 in Aug-19. The Trust reporting rate per 1000 bed days for patient safety incidents remains within the middle 50% of 135 acute Trusts with no indication of under reporting. The increase in reporting for July 2020 primarily relates to increased reporting of breaches of the 52 week referral to treat (RTT) standard. The Trust has implemented a process for review of each of these incidents.

Strategic Theme: Patient Safety

Friends & Family Test

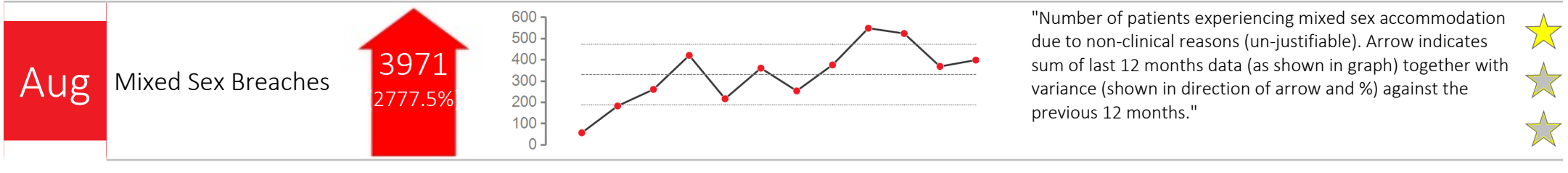
Aug	IP FFT: Response Rate (%) <div style="text-align: center; color: white; background-color: red; padding: 5px; width: 50px; margin: 0 auto;"> 28 (-21.9%) </div>		<p>"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	
Aug	IP FFT: Recommend (%) <div style="text-align: center; color: white; background-color: red; padding: 5px; width: 50px; margin: 0 auto;"> 97 (-0.1%) </div>			
Aug	IP FFT: Not Recommend (%) <div style="text-align: center; color: white; background-color: red; padding: 5px; width: 50px; margin: 0 auto;"> 1.5 (17.3%) </div>		<p>"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."</p>	

Highlights and Actions:

August FFT recommendation scores = Inpatients 96.68% (95.36%) Day case 96.16% (98.07%) UEC 80.99% (84.8%) Maternity 100% (97.72%) Outpatients 91.76% (91.7%) UEC score reflects the increasing number of patients in ED with attendances returning towards pre Covid levels and the associated challenges regarding social distancing in the waiting and treatment areas. A social distancing escalation plan has now been introduced with additional over flow waiting areas identified.

Strategic Theme: Patient Safety

Mixed Sex



Highlights
and
Actions:

MSA August 26.09% (26.37% July) - Main areas of concern reflect the Covid response blue and red areas experiencing high levels of MSA. Percentage data shows a positive downward trend as anticipated with September early data reflecting this trend.
 Total August MSA incidents - 218 = 41 justified & 177 unjustified (July 274 = 60 justified & 214 unjustified)

Strategic Theme: Patient Safety

Safe Staffing

Aug	Shifts Filled - Day (%)	95 (-3.0%)		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.	★ ★ ★
Aug	Shifts Filled - Night (%)	101 (-4.0%)		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.	★ ★ ★
Aug	Care Hours Per Patient Day (CHPPD)	9.5 (14.7%)		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.	★ ★ ★
Aug	Midwife:Birth Ratio (%)	24.5 (-5.5%)		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 90.8% compared to 91.4% in July-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 23:59 hrs each day during the month. Average CHPPD is similar to last month and outside the upper control limit due to a 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

Aug	Number of Complaints	701 (-13.6%)		The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX	
Aug	Complaints acknowledged within 3 working days	100 (1.6%)		Complaints acknowledged within 3 working days (%)	
Aug	Compliments	 30754 (4.3%)		Number of compliments received	
Aug	Complaints Closed within 30 Working Days or Agreed Extension (%)	55.4 (-34.3%)		Percentage of complaints closed within the 30 working day target (or an agreed extension)	

Strategic Theme: Patient Safety

Aug	Complaints Closed within 45 Working Days or Agreed Extension (%)	65.9 (-17.0%)		Percentage of complaints closed within the 45 working day target (or an agreed extension)	

Highlights and Actions:

60 new complaints were received in August 2020 which is a reduction of 10 (14%) from July 2020. The number of complaints have now come in line with expected levels for this time of year (63 complaints received in August 2019).

100% of complaints received in August were acknowledged within three working days.

Complaints were not 'paused' over the Covid-19 period but we worked to a response target of 45 working days for all complaints until the end of August.

Compliance to the 45 working day closure target in August was 85% for the 47 closed complaints that were closed in the month.

Clinical Support and Surgery, Head and Neck, achieved 100%

Urgent and Emergency Care 13 of 15 (87%)

General and Specialist Medicine 4 of 7 (57%)

Surgery and Anaesthetics 7 of 8 (86%)

Surgery – Head, Neck, Breast and Dermatology 6 of 6 (100%)

Women's and Children's 5 of 6 (83%)

Clinical Support Services 5 of 5 (100%)

There were no complaints that required closing in August for Cancer or Corporate.

An amnesty day was held for U&EC and GSM care groups to improve response performance and quality on 28/07/2020, the day was useful, however will be repeated with a more diverse group of care group clinicians. Breaches in August were due to late requests for extensions. Ongoing fortnightly care group oversight meetings continue.

Strategic Theme: Clinical Outcomes

Clinical Outcomes

Aug	<p>FNoF (36h) (%)</p> <div style="text-align: center; color: white; font-size: 2em; font-weight: bold;">58</div> <div style="text-align: center; color: white; font-size: 1.2em;">(-9.7%)</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>	
Aug	<p>4hr % Compliance from Presentation to Stroke Ward</p> <div style="text-align: center; color: white; font-size: 2em; font-weight: bold;">44</div> <div style="text-align: center; color: white; font-size: 1.2em;">(14.1%)</div>		<p>4hr % Compliance from Presentation to Stroke Ward, as per BPT</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

Work is currently underway to revamp the Stroke reporting currently included within the IPR and the metric/s are going to be signed off at the Stroke Quality Committee before being included in publication going forward.

Strategic Theme: Human Resources

Gaps & Overtime

Aug	Vacancy (Monthly) %	<div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">8.3</div> <div style="background-color: #008000; color: white; padding: 5px; font-weight: bold;">(-17.5%)</div>		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."	
Aug	Staff Turnover (%)	<div style="background-color: #ff0000; color: white; padding: 5px; font-weight: bold;">14.4</div> <div style="background-color: #ff0000; color: white; padding: 5px; font-weight: bold;">(1.1%)</div>		"% 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."	
Aug	Sickness (Monthly) %	<div style="background-color: #ff0000; color: white; padding: 5px; font-weight: bold;">5.4</div> <div style="background-color: #ff0000; color: white; padding: 5px; font-weight: bold;">(37.2%)</div>		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."	

Highlights
and
Actions:

During the last six months, the Trust's vacancy rate has mostly fallen, although there was a further increase in-month to a rate of 9.08% in August 2020. There are now 7,751.31 WTE staff employed with the Trust and a vacancy of 774.19 WTE. Vacancy rates remain above 10% in the General & Specialist Medicine, Urgent & Emergency and Women's & Childrens Care Care Groups. However, most other clinical Care Groups are within a range of 4 to 6% vacancy. Some of the increase in vacancy is as a result of the Recovery programme, and further investment into roles agreed through the business case process.

Turnover, excluding junior doctors, continued to fall and fell to 11.4% for the month of August (11.5% in July). The annual 12 month average remained 14.4% in August.

Sickness absence in July fell again, 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 fell again in July to 4.57%. Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. So far during August, sickness absence appears to be lower than during the previous three months.

Overtime% increased to approximately 5% in August, down from a high of 7% in May, and the 12 month average overtime rate remains lower than previous at 5%.

Strategic Theme: Human Resources

Temporary Staff

Aug	Employed vs Temporary Staff (%)	<div style="color: green; font-size: 2em;">↑</div> <div style="font-size: 1.5em; font-weight: bold;">91.9</div> <div style="font-size: 1.2em;">(2.1%)</div>		"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."	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Aug	Agency %	<div style="color: green; font-size: 2em;">↓</div> <div style="font-size: 1.5em; font-weight: bold;">7.2</div> <div style="font-size: 1.2em;">(-7.0%)</div>		% of temporary (Agency and Bank) staff of the total WTE	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Aug	Bank Filled Hours vs Total Agency Hours	<div style="font-size: 1.5em; font-weight: bold;">73</div> <div style="font-size: 1.2em;">(14.9%)</div>		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>

Highlights and Actions:

The percentage of permanent against temporary staff continues to improve as a trend, although dipped slightly during August to approximately 91%. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 91.9%, 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 the pandemic 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 August to approximately 66%, from a high of almost 80% in March.

Strategic Theme: Human Resources

Workforce & Culture

Aug	Statutory Training (%)	<div style="color: green; font-size: 2em;">↑</div> <div style="color: green; font-weight: bold; font-size: 1.5em;">94</div> <div style="color: green; font-size: 0.8em;">(0.2%)</div>		<p>"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. "</p>	<div style="display: flex; flex-direction: column; gap: 5px;"> ★ ★ ★ </div>
Aug	Appraisal Rate (%)	<div style="color: red; font-size: 2em;">↓</div> <div style="color: red; font-weight: bold; font-size: 1.5em;">76.7</div> <div style="color: red; font-size: 0.8em;">(-1.3%)</div>		<p>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.</p>	<div style="display: flex; flex-direction: column; gap: 5px;"> ★ ★ ★ </div>

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 August remained 63%, which has stabilised the downward trend from the last five months. However, the 12 month average fell to 76.7%. 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

Aug	Key Performance Indicators	Aug-20				YTD				YTD vs Last Yr				Green
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
	Referral Primary Care	10,242	15,053	(-4,811)	-32%	40,428	77,791	(-37,363)	-48%	40,428	77,777	(-37,349)	-48%	<=0%
	Referral Non-Primary Care	11,489	16,918	(-5,429)	-32%	50,680	82,524	(-31,844)	-39%	50,680	82,497	(-31,817)	-39%	<=0%
	OP New	13,011	17,242	(-4,231)	-25%	53,064	91,801	(-38,737)	-42%	53,064	92,168	(-39,104)	-42%	>=0%
	OP Follow Up	28,394	38,278	(-9,884)	-26%	141,491	201,992	(-60,501)	-30%	141,491	202,295	(-60,804)	-30%	>=0%
	Elective Daycase	4,300	6,000	(-1,700)	-28%	16,778	32,014	(-15,236)	-48%	16,778	31,962	(-15,184)	-48%	>=0%
	Elective Inpatient	711	1,084	(-373)	-34%	2,348	5,409	(-3,061)	-57%	2,348	5,768	(-3,420)	-59%	>=0%
	A&E	18,981	19,907	(-926)	-5%	76,502	99,112	(-22,610)	-23%	76,502	99,112	(-22,610)	-23%	>=0 & <5%
	Non-Elective Inpatient	6,559	7,342	(-783)	-11%	29,745	37,335	(-7,590)	-20%	29,745	37,599	(-7,854)	-21%	>=0 & <5%
	Chemotherapy	1,279	1,406	(-127)	-9%	6,135	6,745	(-610)	-9%	6,135	6,718	(-583)	-9%	>=0%
	Critical Care	1,472	1,756	(-284)	-16%	8,529	8,919	(-390)	-4%	8,529	8,896	(-367)	-4%	>=0%
	Dialysis	7,589	7,550	39	1%	37,619	37,100	519	1%	37,619	37,100	519	1%	>=0%
	Maternity Pathway	1,029	1,139	(-110)	-10%	5,430	5,591	(-161)	-3%	5,430	5,591	(-161)	-3%	>=0%
	Pre-Op Assessments	1,608	3,098	(-1,490)	-48%	5,780	15,041	(-9,261)	-62%	5,780	15,245	(-9,465)	-62%	>=0%
	Other	4,332	5,429	(-1,097)	-20%	26,684	30,230	(-3,546)	-12%	26,684	25,571	1,113	4%	>=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	3,406	7,312	-53%	-3,906
130 - Ophthalmology	1,725	5,200	-67%	-3,475
650 - Physiotherapy	1,530	4,689	-67%	-3,159
110 - Trauma & Orthopaedics	2,296	5,010	-54%	-2,714
330 - Dermatology	4,408	6,961	-37%	-2,553
120 - Ear, Nose & Throat	2,934	5,062	-42%	-2,128
140 - Maxillo Facial	1,025	3,076	-67%	-2,051
502 - Gynaecology	2,609	4,404	-41%	-1,795
400 - Neurology	1,082	2,587	-58%	-1,505
340 - Respiratory Medicine	1,570	2,979	-47%	-1,409
Total	40,428	77,791	-48%	-37,363

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	3,784	8,436	-55%	-4,652
110 - Trauma & Orthopaedics	6,068	9,737	-38%	-3,669
320 - Cardiology	8,808	12,366	-29%	-3,558
650 - Physiotherapy	2,528	5,900	-57%	-3,372
340 - Respiratory Medicine	4,643	7,771	-40%	-3,128
101 - Urology	2,237	3,829	-42%	-1,592
502 - Gynaecology	2,822	3,940	-28%	-1,118
100 - General Surgery	1,478	2,479	-40%	-1,001
326 - Acute Internal Medicine	898	1,801	-50%	-903
651 - Occupational Therapy	75	932	-92%	-857
Total	50,680	82,524	-39%	-31,844

OP New

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	2,885	8,874	-67%	-5,989
650 - Physiotherapy	3,195	8,389	-62%	-5,194
110 - Trauma & Orthopaedics	3,877	7,402	-48%	-3,525
120 - Ear, Nose & Throat	2,457	5,345	-54%	-2,888
330 - Dermatology	3,432	6,169	-44%	-2,737
140 - Maxillo Facial	919	2,980	-69%	-2,061
502 - Gynaecology	4,604	6,351	-28%	-1,747
420 - Paediatrics	2,208	3,858	-43%	-1,650
410 - Rheumatology	449	1,636	-73%	-1,187
301 - Gastroenterology	1,711	2,825	-39%	-1,114
Total	53,064	91,801	-42%	-38,737

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	9,297	25,839	-64%	-16,542
130 - Ophthalmology	11,876	23,872	-50%	-11,996
290 - Community Paediatrics	2,120	9,702	-78%	-7,582
110 - Trauma & Orthopaedics	13,157	18,011	-27%	-4,854
330 - Dermatology	5,858	8,916	-34%	-3,058
361 - Renal	6,554	8,873	-26%	-2,319
140 - Maxillo Facial	3,091	5,269	-41%	-2,178
502 - Gynaecology	4,886	6,695	-27%	-1,809
101 - Urology	7,870	9,649	-18%	-1,779
800 - Clinical Oncology	21,197	18,862	12%	2,335
Total	141,491	201,992	-30%	-60,501

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	4,456	8,548	-48%	-4,092
130 - Ophthalmology	287	1,996	-86%	-1,709
110 - Trauma & Orthopaedics	571	2,072	-72%	-1,501
101 - Urology	2,230	3,588	-38%	-1,358
502 - Gynaecology	211	1,054	-80%	-843
326 - Acute Internal Medicine	380	1,127	-66%	-747
191 - Pain Management	79	805	-90%	-726
120 - Ear, Nose & Throat	209	889	-76%	-680
140 - Maxillo Facial	219	889	-75%	-670
303 - Clinical Haematology	1,109	1,606	-31%	-497
Total	16,778	32,014	-48%	-15,236

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
326 - Acute Internal Medicine	4,135	8,166	-49%	-4,031
430 - HCOOP	2,243	3,805	-41%	-1,562
420 - Paediatrics	1,574	3,007	-48%	-1,433
180 - Accident & Emergency	6,771	7,763	-13%	-992
100 - General Surgery	2,028	2,724	-26%	-696
110 - Trauma & Orthopaedics	1,323	1,674	-21%	-351
101 - Urology	1,717	1,996	-14%	-279
120 - Ear, Nose & Throat	136	407	-67%	-271
328 - Stroke Medicine	519	153	239%	366
300 - General Medicine	2,394	0		2,394
Total	29,745	37,335	-20%	-7,590

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	319	1,319	-76%	-1,000
101 - Urology	508	1,252	-59%	-744
502 - Gynaecology	154	497	-69%	-343
100 - General Surgery	116	363	-68%	-247
301 - Gastroenterology	118	216	-45%	-98
120 - Ear, Nose & Throat	152	247	-38%	-95
104 - Colorectal Surgery	111	206	-46%	-95
811 - Interventional Radiology	65	137	-53%	-72
400 - Neurology	56	116	-52%	-60
420 - Paediatrics	99	158	-37%	-59
Total	2,348	5,409	-57%	-3,061

Other

Specialty	Activity	Plan	Var (%)	Significance
A&E	76502	99112	-23%	-22,610
Pre-Op	5780	15041	-62%	-9,261
Other	26684	30230	-12%	-3,546
Chemotherapy	6135	6745	-9%	-610
Dialysis	37619	37100	1%	519
Critical Care	8529	8919	-4%	-390
Maternity Pathway	5430	5591	-3%	-161

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

81.44%		Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Green
	4 Hour Compliance (EKHUFT Sites) %*	73.91%	74.59%	74.00%	80.15%	89.73%	90.77%	89.33%	85.80%	81.44%	95%
4 Hour Compliance (inc KCHFT MIUs)	77.79%	78.52%	77.88%	83.14%	91.19%	92.07%	90.48%	87.32%	83.63%	95%	
12 Hour Trolley Waits	12	0	6	0	0	0	0	0	0	0	
Left without being seen	3.42%	3.07%	4.02%	2.74%	1.19%	2.24%	2.09%	2.63%	3.20%	<5%	
Unplanned Reattenders	9.99%	9.88%	10.21%	9.80%	9.51%	10.07%	9.98%	9.84%	10.74%	<5%	
Time to initial assessment (15 mins)	93.3%	95.8%	94.3%	94.9%	92.6%	90.5%	93.0%	94.1%	94.3%	90%	
% Time to Treatment (60 Mins)	43.0%	45.5%	42.5%	48.8%	71.3%	58.1%	54.9%	50.9%	42.9%	50%	

2020/21 Comparison to Previous Year

1.21 %		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Green
	Previous Year (19/20)	81.4%	80.2%	78.4%	80.4%	75.4%	73.9%	74.6%	74.0%	80.1%	
Performance	85.8%	81.4%									

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

Summary Performance

August performance for the organisation against the 4-hour Emergency Access Standard was 81.44% excluding the health economy MIU activity and 83.63% including. This represents a decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in August. The proportion of patients who left the department without being seen remained at a compliant level at 3.20%. The % of patients receiving initial assessment within 15 minutes improved to 94.3%. The unplanned re-attendance position increased to 10.74%. Time to treatment within 60 minutes reduced to 42.9% which reflects the increased activity which has been seen in month. It is notable that attendances to ED have returned to pre-covid numbers and at a faster rate than the rest of the region.

Issue

- Maintaining social distancing in ED waiting areas and major's department.
- Increased emergency demand with high acuity in the majors stream.
- Increased activity to the minors stream with some patients declining to be referred to a UTC away from WHH and QEQMH.
- The number of patients attending with alcohol or mental health related conditions has continued to be above usual levels. Many of these patients require 1:1 clinical support and monitoring to maintain staff and 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.

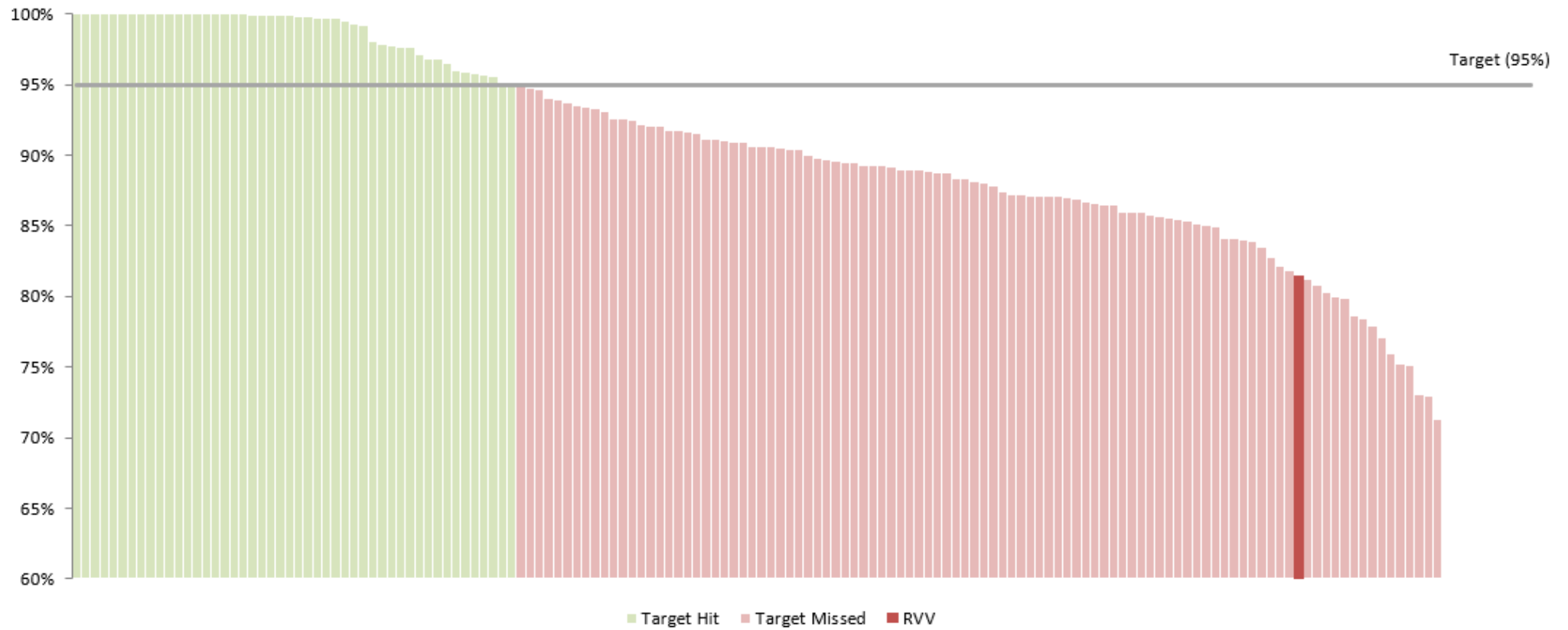
Action

- An ED Improvement Plan has been developed following calls with regional colleagues, and the We Care Programme has commenced its diagnostic phase to assist with focussing on the improvements with the biggest impact on patients.
- At times of high attendance and overcrowding to ensure proactive streaming of patients to Urgent Treatment Centres locally who have capacity to treat safely.
- Implemented 111 direct booking into ED to give an attendance time and manage demand.
- Maintain senior clinical leadership to emergency floor to support early decision making and identification of potential COVID19 patients.
- 2 hourly board rounds to be reinforced, particularly overnight.
- Focus on zero 60-minute ambulance handover delays.
- Leadership training for middle grade doctors in ED to ensure the Medical Co-ordinator is skilled at medical team and flow management.
- Early escalation to KMPT mental health staff and Police to support management of patients.
- Executive and Director level oversight and management of infection control issues, including daily outbreak meetings and monitoring.
- Daily board rounds on wards with senior clinicians and matron in attendance to improve early discharge and flow.
- Weekly MDT reviews of all patients >7 days focussing on resolving internal delays in place.
- Daily COVID Gold calls with social care, community trust and CCG with whole system actions.

August 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 134 of 150 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

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
90.45 %													Green
62 Day Treatments	79.34%	88.45%	82.42%	85.01%	75.45%	77.80%	81.40%	78.16%	70.85%	79.25%	91.34%	90.45%	>=85%
>104 day breaches	2	4	4	6	5	10	4	17	25	7	2	4	0
Demand: 2ww Refs	3,402	3,862	3,466	3,070	3,666	3,322	2,701	1,547	2,199	3,002	3,407	3,149	2912 - 3219
2ww Compliance	97.87%	97.62%	98.51%	98.36%	98.05%	98.29%	98.07%	96.77%	96.73%	95.67%	98.40%	97.98%	>=93%
Symptomatic Breast	97.26%	97.00%	97.28%	97.58%	99.19%	98.68%	96.34%	100.00%	96.97%	100.00%	97.70%	100.00%	>=93%
31 Day First Treatment	97.38%	99.06%	99.12%	99.07%	98.91%	99.38%	98.30%	99.36%	98.92%	96.09%	98.55%	96.67%	>=96%
31 Day Subsequent Surgery	94.34%	95.45%	95.24%	97.73%	96.92%	96.23%	95.71%	97.22%	97.37%	92.86%	95.83%	94.55%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.07%	100.00%	100.00%	99.17%	98.96%	100.00%	>=98%
62 Day Screening	86.79%	80.77%	88.24%	90.91%	89.47%	66.67%	87.50%	100.00%	100.00%	33.33%	#DIV/0!	100.00%	>=90%
62 Day Upgrades	90.38%	79.31%	88.46%	89.47%	70.00%	100.00%	78.95%	83.33%	71.43%	72.73%	77.78%	66.67%	>=85%

Summary Performance

August 62 day performance is currently 90.45%, which is compliant. Validation continues until the beginning of October in line with the national time table. The total number of patients on an active cancer pathway at the end of the month has reduced to 3,149 and there have been 4 patients who have breached the >104-day standard. Cancer performance continues to be compliant across almost all standards and there is a focussed commitment to remove all 104 day breaches.

Issues:

- Managing endoscopy diagnostics and surgical treatments within the constraints of Covid19.
- Gaining patients agreement to attend for endoscopy procedures and complete the isolation requirements pre procedure.
- The British Society of Gastroenterologist recommendations which restricted endoscopy activity.
- Access to radiological diagnostics due to the constraints of Covid19 on capacity.

Actions:

- Daily MDT calls with radiology and endoscopy which has reduced waiting times for diagnostics considerably.
- Daily 2ww and long waiters call to manage patients pathways.
- 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.
- Action plans are in place for Endoscopy and Radiology with agreed trajectories to reduce the backlog of patients.
- Exploring options for insourcing in Endoscopy.
- Continuing to increase options for additional activity through substantive workforce.

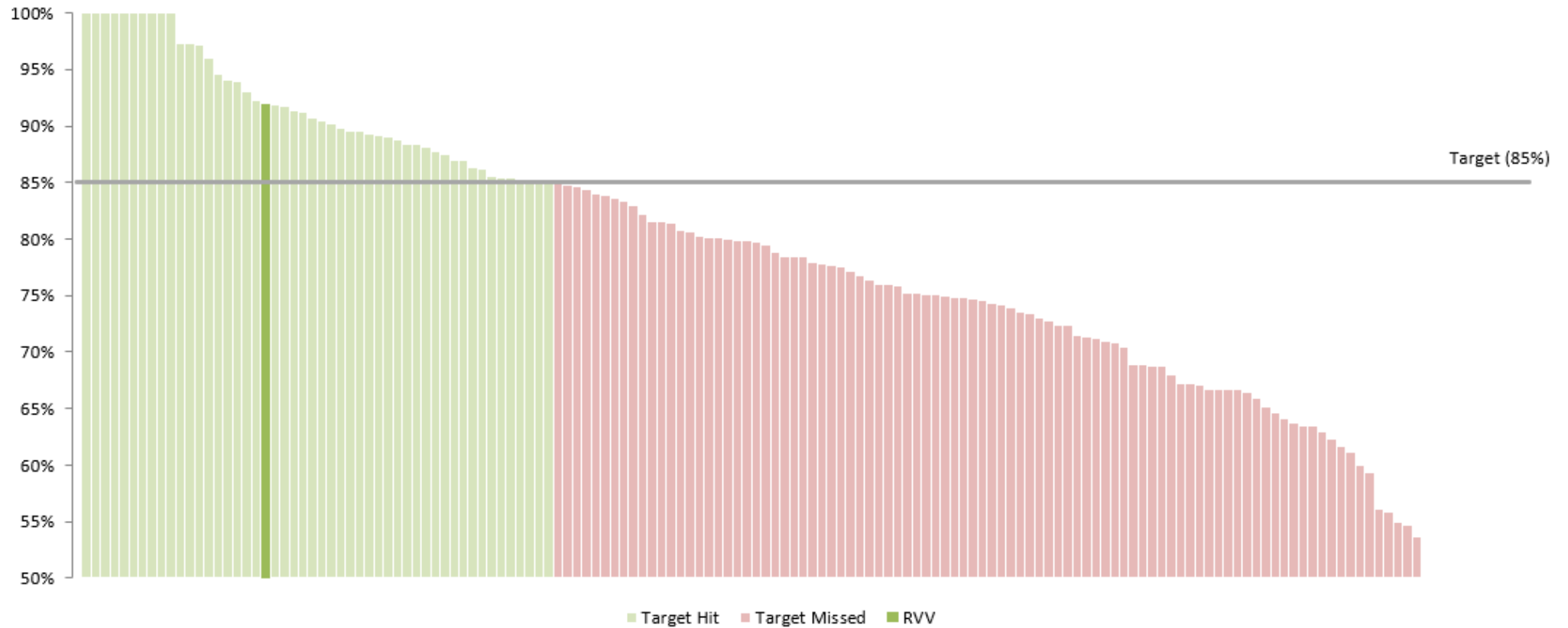
62 Day Performance Breakdown by Tumour Site

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
01 - Breast	75.0%	94.1%	96.4%	95.7%	87.2%	75.0%	94.1%	91.7%	83.9%	92.6%	86.4%	96.8%
03 - Lung	60.9%	57.7%	52.5%	60.9%	55.6%	50.0%	50.0%	70.6%	55.6%	39.1%	85.7%	50.0%
04 - Haematological	60.0%	85.7%	80.0%	100.0%	100.0%	80.0%	42.9%	57.1%	50.0%	87.5%	100.0%	100.0%
06 - Upper GI	71.1%	85.2%	71.0%	88.9%	25.0%	80.0%	78.6%	40.0%	58.3%	68.0%	88.9%	66.7%
07 - Lower GI	66.7%	58.1%	35.9%	41.7%	30.8%	41.7%	57.1%	51.7%	34.8%	66.7%	74.1%	83.3%
08 - Skin	91.8%	97.2%	100.0%	100.0%	97.8%	100.0%	95.7%	97.7%	100.0%	97.5%	98.3%	97.4%
09 - Gynaecological	75.0%	100.0%	91.3%	92.3%	66.7%	100.0%	69.2%	72.0%	75.0%	50.0%	83.3%	60.0%
10 - Brain & CNS												
11 - Urological	86.9%	93.0%	88.4%	97.7%	82.4%	83.3%	86.5%	78.4%	50.0%	67.6%	97.2%	93.8%
13 - Head & Neck	66.7%	100.0%	66.7%	83.3%	100.0%	57.1%	61.9%	62.5%	42.9%	100.0%	77.8%	75.0%
14 - Sarcoma	100.0%			0.0%	40.0%	100.0%		100.0%				100.0%
15 - Other	100.0%	100.0%	100.0%		100.0%	66.7%			0.0%	100.0%	100.0%	

July 2020 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 20 of 143 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

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	
52.05 %													Green
Performance	81.62%	81.51%	81.68%	80.32%	81.18%	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	52.05%	>=92%
52w+	3	3	5	5	4	2	14	155	410	768	1,155	1,555	0
Waiting list Size	46,544	47,082	47,445	46,686	46,211	47,331	45,907	42,632	42,795	42,702	45,037	45,873	<38,938
Backlog Size	8,554	8,705	8,690	9,189	8,695	8,962	10,447	13,374	17,255	21,945	24,717	21,994	<2,178

Summary Performance

August performance has improved to 52.05% which is due to the national Covid19 constraints. The number of 52 week breaches has increased to 1,555 due to the restriction on acute hospital elective surgery during the Covid19 pandemic, this has created a backlog of patients who are now tipping into 52 weeks wait. Theatre utilisation is reduced 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 a range of mediums such as virtual and telephone. Face to face clinics are being reinstated within the reduced capacity constraints within waiting areas and strict infection control guidance.

Issue:

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

Actions:

- Development of an operational plan has been completed to reach standards set out in the national third phase operational plan. This is looking to maximise capacity internally and externally to gain capacity to treat patients who have waited during the Covid shut down. This will be coordinated via a Planned Care Steering Committee to ensure resolution of any potential delays.
- Continued use of Independent Sector capacity for long waiting and cancer patients.
- Exploring options for insourcing.
- Increasing the number of additional sessions provided by substantive staff to three session days in theatres across 7 days.
- 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 within Access Policy and 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 booking and admin staff to support waiting list management.

July 2020 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 109 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

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Green
73.18 %													
Performance	98.69%	99.60%	99.80%	99.55%	99.71%	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	73.18%	>=99%
Waiting list Size	13,614	16,559	16,605	15,621	15,320	16,053	10,460	5,500	7,922	11,721	15,486	16,174	<14,000
Waiting > 6 Week Breaches	178	67	34	71	44	32	231	2,351	3,161	2,945	3,733	4,338	<60

Summary Performance

August performance was 73.18% compliance in which is a deterioration on the previous month and reflects the reinstatement of diagnostic services within the strict infection control guidelines. There has been an increase in breaches in month to 4,338 with breaches across all modalities, except barium enema, audiology and Dexa scans. The highest number of breaches continue to be in endoscopy for colonoscopy (1267), MRI (921), Non-obstetric ultrasound (718) and echo cardiology (892). The waiting list size has increased to 16,174, which is now back to pre Covid levels.

Issue

- Increase in echo cardiology breaches due to the constraints of Covid19
- Increase in colonoscopy breaches due to the constraints of Covid19
- Increase in MRI and non-obstetric ultrasound due to the constraints of Covid19

Action

- Endoscopy action plan and trajectory, split by modality, to increase capacity through increasing the number of procedures on each list due to new college guidance; increased Independent Sector capacity and exploring options to further increase insourcing capacity.
- Cardiology action plan and trajectory to provide echocardiology capacity through revised working arrangements.
- Reinstatement of radiological activity to increase elective capacity through revised working arrangements, increased Independent Sector capacity and outsourcing non-obstetric ultrasound.
- Clinical validation of the waiting list and direct contact with patient and GP regarding patient choice.
- Review of booking scripts to give ensure patients are confident and informed on patient choice and safety around infection control arrangements, particularly in endoscopy.

Strategic Theme: Finance

Finance

Aug	I&E £m (Trust Only)	<div style="color: red; font-size: 2em; font-weight: bold;">-0.5</div> <div style="color: red; font-size: 0.8em;">(-427.1%)</div>		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.	<div style="color: yellow; font-size: 1.5em;">★</div> <div style="color: yellow; font-size: 1.5em;">★</div> <div style="color: yellow; font-size: 1.5em;">★</div>
Aug	Cash Balance £m (Trust Only)	<div style="font-size: 1.5em;">56.7</div> <div style="font-size: 0.8em;">(3.2%)</div>		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.	<div style="color: yellow; font-size: 1.5em;">★</div> <div style="color: yellow; font-size: 1.5em;">★</div> <div style="color: yellow; font-size: 1.5em;">★</div>

Highlights and Actions:

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

The impact of Covid-19 has paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place 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 £4.2m of additional costs due to Covid-19 in August along with lost income of £0.6m, bringing the total financial impact of Covid-19 to £27m YTD. The Trust has received £15.4m prospective top up funding for the first five months of the year, in addition, due to the impact of Covid-19 cost it is eligible for retrospective top up funding to ensure a breakeven position (£17.9m). In addition, Spencer Hospital has received top up funding of £2.8m, taking the total top up funds to £36.1m for the group.

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

- Additional staff costs to cover sickness and expanding medical / nursing workforce £2.3m
- Lost income (private patients, Trust car parking, catering etc.) £0.6m

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 August was £57m which was £50m 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. 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 %
	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 %
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <2.13	
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed. The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Cash Balance £m (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 %

Incidents

All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <1	
Blood Transfusion Incidents	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
Clinical Incidents: Minimal Harm	Number of Clinical Incidents resulting in Minimal Harm		
Clinical Incidents: Moderate Harm	Number of Clinical Incidents resulting in Moderate Harm		
Clinical Incidents: No Harm	Number of Clinical Incidents resulting in No Harm		
Clinical Incidents: Severe Harm	Number of Clinical Incidents resulting in Severe Harm		
Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix."		
Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
Harms per 1000 bed days	Harms per 1000 bed days for the wards included in the discontinued Safety Thermometer. Harms included: Fall (with harm) & Pressure Ulcers	>= 0 & <10	
Medicines Mgmt. Incidents	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
Never Events (STEIS)	"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	>= 0 & <1	30 %
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			
Cases of C.Diff (Cumulative)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."		40 %
Cases of C.Diff (per month)	Cases of C.Diff		
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 %

Infection	E. Coli	"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <44	10 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs."	>= 0 & <1	10 %
Mortality	Crude Mortality NEL (per 1,000)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via Dr Foster, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores the number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <106	35 %
	SHMI	"Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data."	>= 0 & <0.95	15 %
Observations	VTE: Risk Assessment %	"Adults (16+) who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant."	>= 95	20 %
Patient Experience	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days (%)		
	Complaints Closed within 30 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 30 working day target (or an agreed extension)		
	Complaints Closed within 45 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 45 working day target (or an agreed extension)		
	Complaints Open < 31 Days (M/End)	Number of Complaints open for less than 30 days as at the last day of the month (snapshot)		
	Complaints Open > 90 Days (M/End)	Number of Complaints open for more than 90 days as at the last day of the month (snapshot)		
	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)		

Patient Experience

Complaints Open 61 - 90 Days (M/End)	Number of Complaints open for between 61 and 90 days as at the last day of the month (snapshot)		
Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
Compliments	Number of compliments received		>= 1
First Returner Complaints	Number of complaints returned by date of return		4 %
IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
IP FFT: Recommend (%)		>= 95	30 %
IP FFT: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 22	1 %
Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons (un-justifiable). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
Number of Complaints	The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX		
Number of PALS Received	"The number of concerns recorded per ward via the PALS department. Data source - Datix."		
PHSO Complaints	Number of PHSO complaints received		
Second Returner Complaints	Number of Second Returner Complaints received by date of returned complaint received		

Productivity

LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.	Lower is Better
LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.	Lower is Better

Productivity	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time 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.	>= 99 & <99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
	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 %
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
	Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
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	Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
	Vacancy (Medical) %	"% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Midwifery) %	"% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Monthly) %	Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
	Vacancy (Nursing) %	"% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %

Data Assurance Stars



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



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



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