NHS
East Kent Hospitals University
NHS Foundation Trust

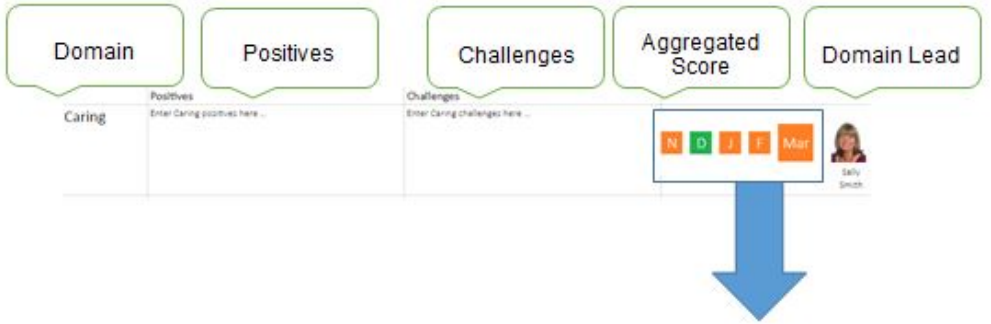
SEPTEMBER 2020

INTEGRATED PERFORMANCE REPORT

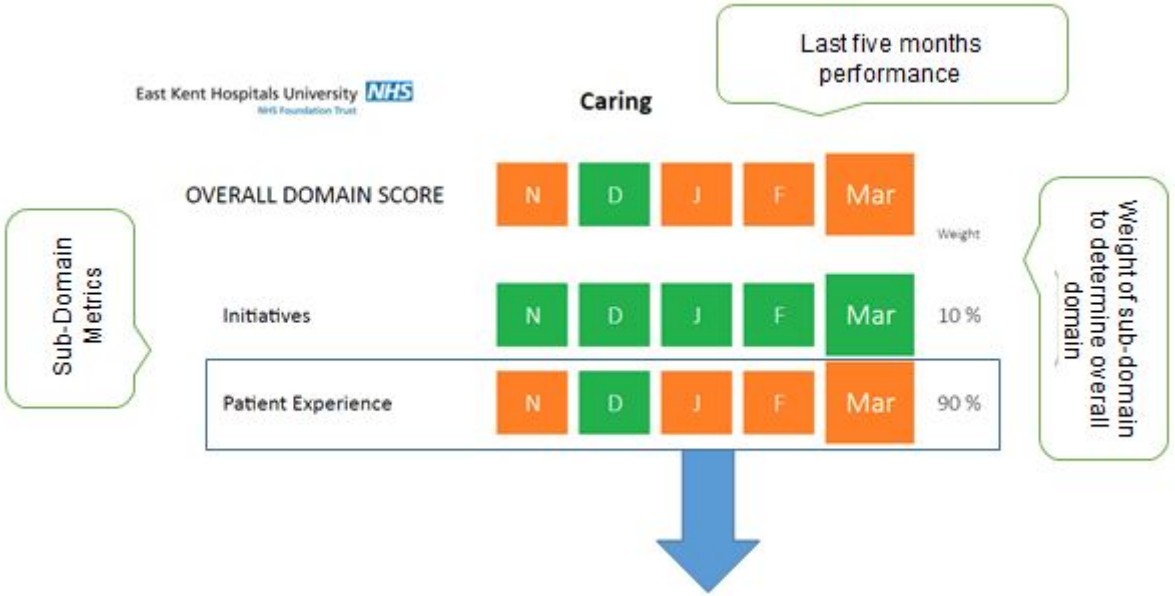
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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



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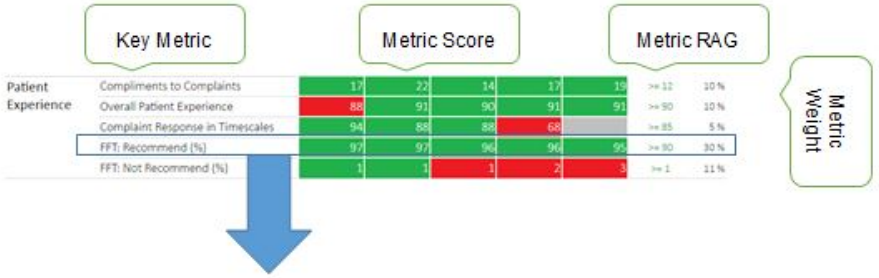
Understanding the IPR

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



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

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

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Strategic Priorities

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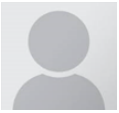
Headlines

	Positives	Challenges	
Caring	Friends and Family recommended continues to improve registering green (98%) in September and the percentage of "not recommended" has also (favourably) reduced.	The number of Mixed Sex Breaches has increased. AMU WHH was a particular concern and this related to bay closure during the month.	M J J A Sep  Tara Laybourne
Effective	Bed Occupancy is 76%. The DNA rate for new and follow up out patients 9.8% and 9.0% respectively. Implementation of virtual outpatient appointments continue to increase and will be available to appropriate patients to ensure Infection prevention control measures and reduce attendance on hospital sites.	Theatre session utilisation has improved to 72%. DTOC's have increased to an average of 21 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-19 and Covid-19 pathways.	M J J A Sep  Lee Martin
Responsive	2ww performance remains compliant across all pathways at 98.64%. All 31 day standards are also compliant. 62 day cancer performance is complaint at 87.41%, which is a significant achievement. DM01 performance is compliant 100% in Audiology. RTT performance has improved in month to 59.84%	ED performance has been challenged due to increased attendances across major and minor pathways. Daily attendance numbers are back to pre-Covid-19 levels which is a challenge to manage due to social distancing requirements. 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.	M J J A Sep  Lee Martin

Safe	HSMR (rolling 12 months to June 2020) has now maintained 'as expected' for the 7th data point. No Covid-19 healthcare associated infections were seen in September Falls per 1000 bed days fell in month	Infection prevention and control measures around Covid-19 continue to be a key focus. An integrated improvement plan has been developed including actions from the NHSEI and CQC inspection with an implementation team who meets weekly to monitor progress. C difficile continues above trajectory but is an improved position and the deep clean of wards at QEQM continues. A renewed focus on completing serious incident investigations within timeframes has been launched with the Hospital Triumvirate teams supporting the improvement required.	M J J A Sep	 Rebecca Martin
Well Led	The Trust achieved a breakeven position in September, 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 September was £61m which was £58m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.	The Trust has delivered £0.3m of savings in September which was £1.4m 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.	M J J A Sep	 Susan Acott
Workforce	Recruitment has continued throughout Covid-19 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 significantly reflecting our positive recruitment position along with a reduction in staff turnover which has resulted in our lowest vacancy rate of 5.99%. We have now started two cohorts of overseas nurses following a postponement in their recruitment due to COVID 19 border restrictions and have plans for future cohorts every six weeks which will support our winter workforce planning.	Appraisal rates have fallen as a consequence of Covid-19 and were suspended formally for this period. It will be challenging to bring rates back up over the next quarter, however we have seen an increase this month. Sickness levels have risen as a direct consequence of Covid-19, in the last few months we have seen a downward trend, however, we see a slight increase this month as we would expect at this time of year. 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.	M J J A Sep	 Andrea Ashman

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Caring

		May	Jun	Jul	Aug	Sep	Green	Weight
Patient Experience	Mixed Sex Breaches	549	524	369	399	780	>= 0 & <1	10 %
	Number of Complaints	40	56	73	64	76		
	AE Mental Health Referrals	308	311	384	377	375		
	First Returner Complaints	3	11	9	12	8		4 %
	IP FFT: Recommend (%)	97	88	95	97	98	>= 95	30 %
	IP FFT: Not Recommend (%)	0.9	5.3	3.5	1.6	1.0	>= 0 & <2	30 %
	Number of PALS Received	401	420	500	489	524		
	Complaints acknowledged within 3	100	100	100	100	99		
	Maternity FFT: Recommended (%)			97.7	100.0	98.5		
	Maternity FFT: Not Recommended (%)			2.3	0.0	0.0		
	Compliments	1209	1576	1600	1822	1052	>= 1	
	Complaints Open < 31 Days (M/End)	39	47	71	74	77		
	Complaints Open 31 - 60 Days	21	17	30	35	51		
	Complaints Open 61 - 90 Days	13	4		2	12		
	Complaints Open > 90 Days (M/End)	10	3	2	3	7		
	Complaints Closed within 30 Working	35.3	20.0					
	Complaints Closed within 45 Working	47.2	65.1	91.3	85.1	73.8		
	Second Returner Complaints	4	1			4		
	PHSO Complaints			2	1			

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Effective

		May	Jun	Jul	Aug	Sep	Green	Weight
Beds	DToCs (Average per Day)	11	11	10	16	21	>= 0 & <35	30 %
	Bed Occupancy (%)	61	66	67	72	76	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	14	13	14	15	>= 35	10 %
	IP Spells with 3+ Ward Moves	389	466	454	424	445	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	50	73	55	40	58	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	4.4	4.2	4.3	3.3	4.5	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17.9	17.6	17.8	17.8	16.2	>= 0 & <15	15 %
	Audit of WHO Checklist %	92	96	95	97	96	>= 99	10 %
	Stroke BPT Achievement %	58	65	41	39	36		
Demand vs Capacity	DNA Rate: New %	7.8	7.9	8.6	9.6	9.8	>= 0 & <7	
	DNA Rate: Fup %	6.9	7.2	8.7	9.1	9.0	>= 0 & <7	
	New:FUp Ratio (1:#)	3.1	2.8	2.6	2.2	2.3	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	4.0	2.9	2.5	3.0	2.8	Lower is Better	
	LoS: Non-Elective (Days)	5.2	5.8	5.8	5.9	6.0	Lower is Better	
	Theatres: Session Utilisation (%)	63	64	66	67	72	>= 85	25 %
	Theatres: On Time Start (% 15min)	25	21	29	35	34	>= 90	10 %
	Non-Clinical Cancellations (%)	0.0	0.7	0.6	0.5	0.9	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)		25	38	43	14	>= 0 & <5	10 %

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Responsive

		May	Jun	Jul	Aug	Sep	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	92.07	90.48	87.32	83.63	83.12	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	90.77	89.33	85.80	81.44	81.04	>= 95	1 %
Cancer	Cancer: 2ww (All) %	96.73	95.67	98.40	97.95	98.64	>= 93	10 %
	Cancer: 2ww (Breast) %	96.97	100.00	97.73	100.00	100.00	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	98.92	96.09	98.91	96.77	97.97	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	97.37	92.86	86.21	100.00	95.71	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	99.17	98.94	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	70.85	79.25	91.09	89.97	87.41	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	33.33		100.00	100.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	71.43	72.73	66.67	68.42	93.33	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	60.09	74.87	75.89	73.18	75.44	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	70.73	45.63	59.74	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	59.68	48.61	45.12	52.05	59.84	>= 92	100 %
	RTT: 52 Week Waits (Number)	410	768	1155	1555	2021	>= 0	

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Safe

		May	Jun	Jul	Aug	Sep	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,616	1,415	1,923	1,677	1,408		
	Serious Incidents (STEIS)	15	27	15	14	14		
	Falls (per 1,000 bed days)	6.96	7.02	6.20	5.57	4.99	>= 0 & <5	20 %
	Harms per 1000 bed days	6.1	5.4	5.2	4.9	4.9	>= 0 & <10	
Infection	Cases of C.Diff (Cumulative)	27	43	59	71	81		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
	Cases of C.Diff (per month)	19	17	16	12	10		
Mortality	HSMR (Index)	102.0	102.2				>= 0 & <106	35 %
	Crude Mortality NEL (per 1,000)	44.7	34.0	23.8	23.5	25.7	>= 0 & <27.1	10 %
	SHMI	1.071					>= 0 & <0.95	15 %
Observations	VTE: Risk Assessment %	91.4	92.7	93.4	92.8	93.3	>= 95	20 %

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Well Led

		May	Jun	Jul	Aug	Sep	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.1	0.1	0.1	0.1	0.2	>= 0 & <0.25	25 %
Finance	Cash Balance £m (Trust Only)	57.8	60.2	55.0	56.7	61.1	>= 5	20 %
	I&E £m (Trust Only)	-0.1	-0.3	0.1	-0.3	-0.1	>= Plan	30 %
Health & Safety	RIDDOR Reports	0	1	2	3	3	>= 0 & <3	20 %
Staffing	Agency %	7.2	7.0	7.5	7.8	7.7	>= 0 & <10	
	1:1 Care in labour	100.0	100.0	100.0	99.7	100.0	>= 99 & <99	
	Midwife:Birth Ratio (%)	24.3	22.6	21.7	22.0	24.7	>= 0 & <28	2 %
	Bank Filled Hours vs Total Agency Hours	69	67	66	67	67		1 %
	Shifts Filled - Day (%)	93	93	92	88	94	>= 80	15 %
	Shifts Filled - Night (%)	97	92	94	96	106	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	13.6	13.2	12.6	11.2	10.3		
	Staff Turnover (%)	14.2	14.1	14.4	14.2	14.1	>= 0 & <10	15 %
	Vacancy (Monthly) %	7.3	8.8	8.3	7.4	5.9	>= 0 & <10	15 %
	Sickness (Monthly) %	7.8	5.7	5.1	4.5	4.9	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	71.5	63.0	62.8	62.3	66.2	>= 85	50 %
	Statutory Training (%)	93	93	93	93	94	>= 85	50 %

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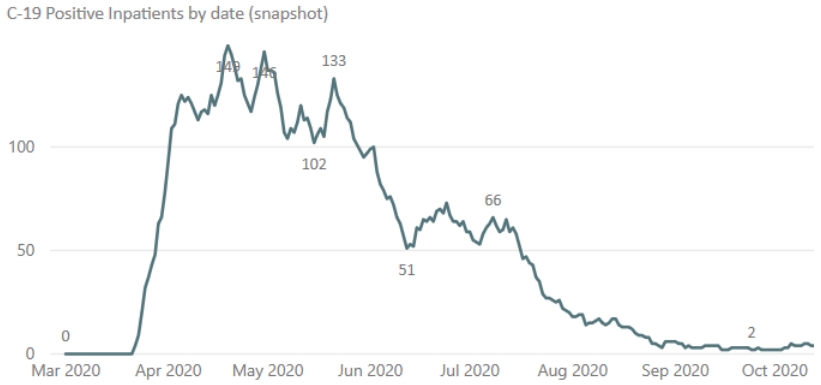
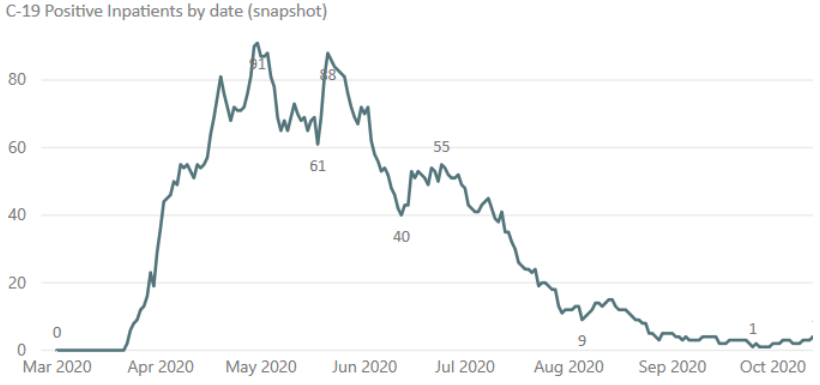
Strategic Theme: COVID-19 | Inpatients

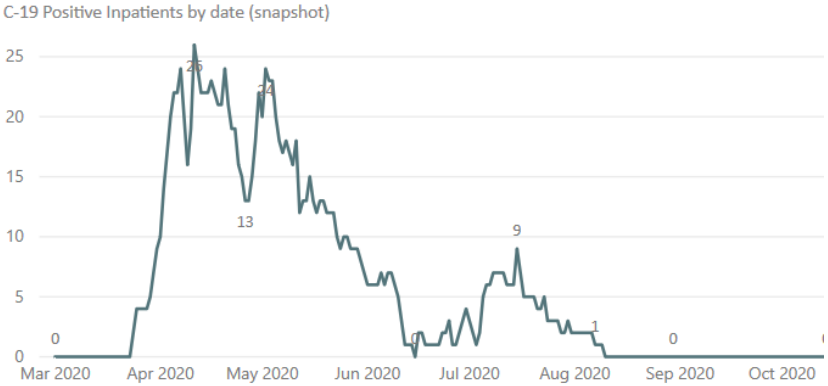
5 TRUST



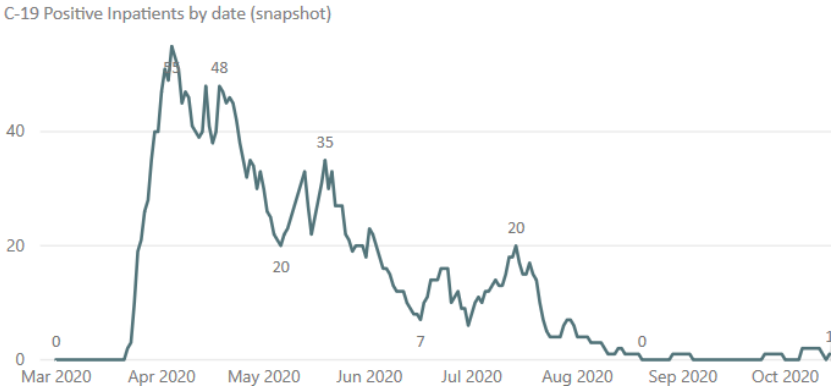
4 WHH



0 K&C



1 QEQM



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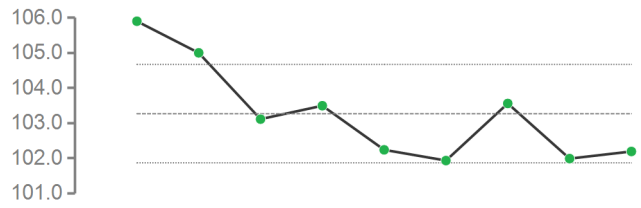
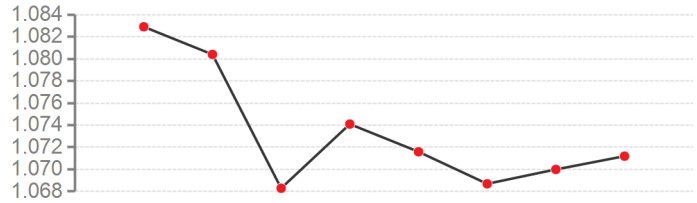
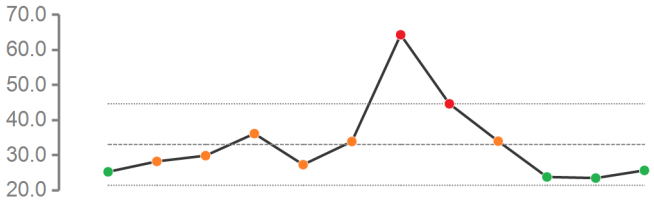
Strategic Theme: Patient Safety

Mortality

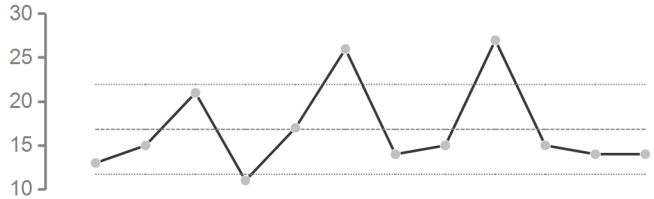
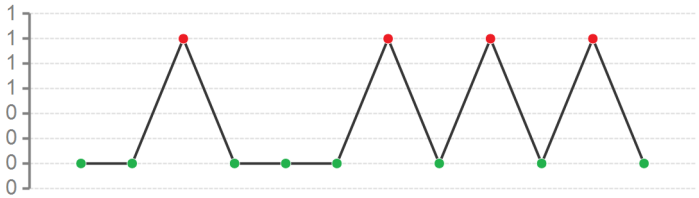
Sep	HSMR (Index)	103.3 (-1.8%)		Hospital Standardised Mortality Ratio (HSMR), via Dr Foster, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores the number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Sep	SHMI	1.073 (-1.2%)		"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."
Sep	Crude Mortality NEL (per 1,000)	32.1 (14.7%)		"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

Overall, the HSMR has increased over the last 3 years, from a position of statistically 'lower than expected' to its current position. The last seven data points have seen the Trust remain 'as expected'. There has been a corresponding improvement in the capture and coding of palliative care activity which may account for some of this improvement. The crude mortality rate increased in April 2020, in line with the national average and has now fallen to expected levels for the time of year. There are four outlying groups attracting significantly higher than expected deaths, with no new alerts. The SHMI remains 'as expected'.
Mortality reduction is a breakthrough objective being delivered through We Care and current analysis will focus on the priorities to achieve this.

Strategic Theme: Patient Safety

Serious Incidents

Sep	Serious Incidents (STEIS)	202 (39.3%)		"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."
Sep	Never Events (STEIS)	4 (-55.6%)		"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 152 open serious incidents (SIs) at the end of September 2020. 14 new SIs were reported this month. The CCG agreed closure of nine SIs and the downgrade of three SIs.

At month end there were six 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 62 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 has been launched with the Hospital Triumvirate teams supporting initial reviews of incidents and timely completion of Serious Incident investigations. The revised process was agreed in principle by the Patient Safety Committee with a view approving detail at the November meeting.

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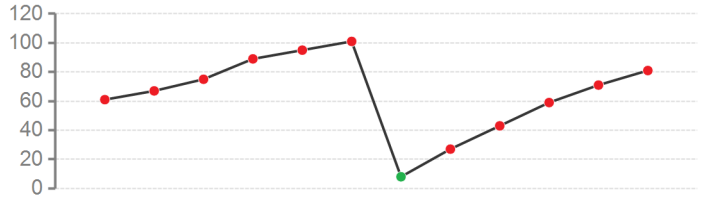
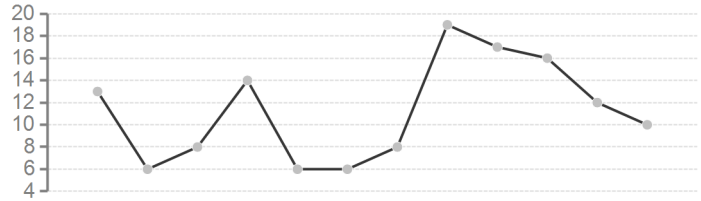
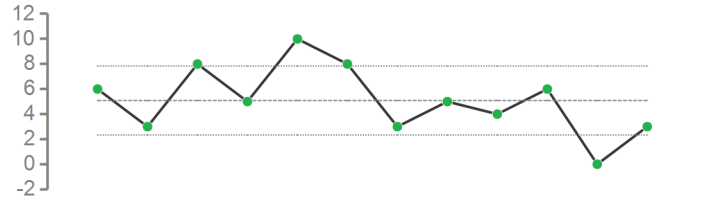
Strategic Theme: Patient Safety

Infection Control

Sep	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.
Sep	Cases of C.Diff (Cumulative)	126 (112.9%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."
Sep	Cases of C.Diff (per month)	10 (-16.7%)		Cases of C.Diff
Sep	E. Coli	61 (-33.0%)		"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

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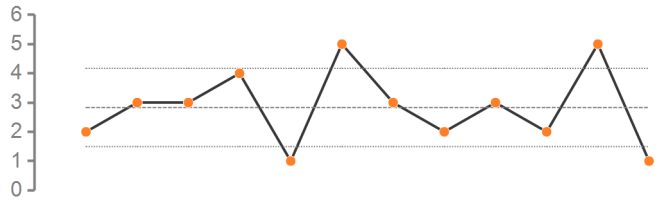
Strategic Theme: Patient Safety

Sep

MSSA

34
(3.0%)



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

Highlights and Actions:

Infection prevention and control measures around Covid-19 continue to be a key focus. No outbreaks remain open at the end of September. No Covid-19 healthcare associated infections were seen in September. The strict front door policy with temperature checks, hand hygiene and face masks for all staff and patients and promotion of physical distancing remains in place. A review of cleaning standards has been undertaken. An integrated improvement plan has been developed including actions from the NHSEI and CQC inspection and the Safe Clean Care projects. An implementation team meets weekly to monitor progress. The improvement advisors continue to work with the matrons to improve standards. There have been 10 hospital attributable C. difficile cases for September against an expected 8 cases. This shows some improvement compared with previous months. The deep clean of the wards at QEQM continues. A revised root cause analysis process has been implemented with the first review panel planned for October.

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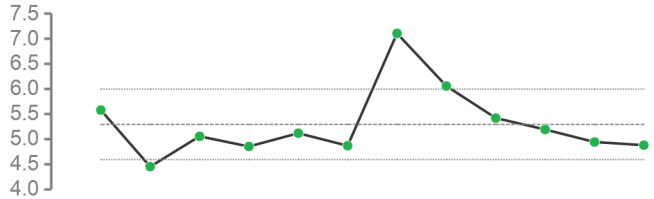
Strategic Theme: Patient Safety

Harm Free Care

Sep	Harms per 1000 bed days	5.2 (-8.2%)		Harms per 1000 bed days for the wards included in the discontinued Safety Thermometer. Harms included: Fall (with harm) & Presure Ulcers

Highlights and Actions:

Harm Free care per 1000 bed days = 4.88058 (6.04752 August) This shows a continuation of the improvement seen in August.

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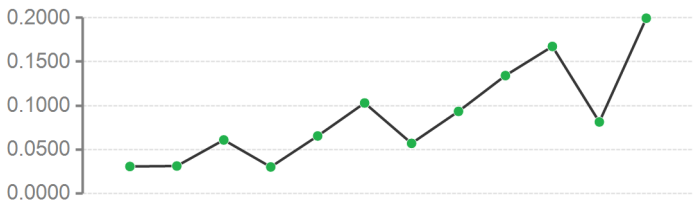
Strategic Theme: Patient Safety

Pressure Care

Sep	Pressure Ulcers Cat 3/4 (per 1,000)	0.0829 (60.4%)		"Number of category ¾ hospital acquired pressure ulcers per 1,000 bed days. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

General pressure Ulcers

• Seventeen category 2 ulcers were reported. One of these were classed as a no harm, meaning that all preventative measures were in place. Fourteen were reported at WHH and 3 at QEQM. The trust was under the set 10% reduction trajectory with a result of 0.629 per 1,000 bed days.
• There were 2 confirmed category 3 ulcers. One reported at WHH and one at K&C. Both incidents were low harm. There were no category 4 pressure ulcers reported.
• Fifteen potential deep ulcers were reported. 9 were suspected deep tissue injury (SDTI) and 6 were unstageable. Ten of these were at WHH and 5 at QEQM and none of these incidents were classed as moderate harm. The trust was over the set 10% trajectory for both metrics. Unstageables with a result of 0.222 per 1000 bed days and SDTIs with a result of 0.333 per 1000 bed days.

Medical Device Related incidents

• There were 3 category 2 medical device related pressure ulcers
• One suspected DTI low harm incident that was reported at WHH

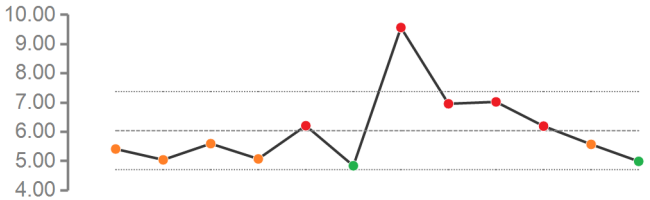
Actions:

• Continue training of new active mattresses at QEQM
• Funding secured for hand-held mirrors trust wide to aid heel inspection
• Work with M&H team auditing areas of reporting for compliance with slide sheet usage
• HCA's from medical ward at WHH shadowing TVNs as part of pressure ulcer prevention programme

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Sep	Falls (per 1,000 bed days)	5.86 (6.9%)		"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

In September there were 119 falls with 12 at K&CH (previously 12), 32 at QEQMH (previously 41) and 75 at WHH (previously 72). This equates to rates per 1000 bed days of 3.45 at K&C, 3.31 at QEQM and 5.18 at WHH with a total across the 3 main sites of 4.29.

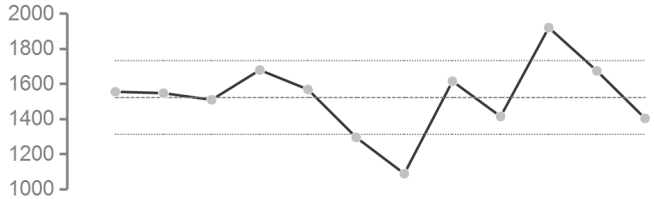
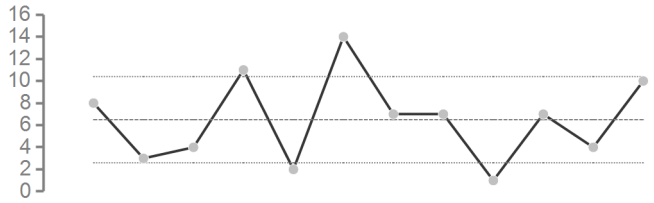
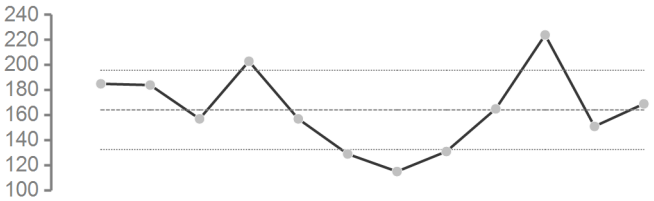
At WHH, wards with the highest number were Cambridge L (9) where 2 patients fell twice, Oxford (7) where 1 patient fell twice, AMU B (6) and Kings D male (6) where 1 patient fell 3 times. fell At QEQMH there were 6 falls on St Margaret's.
There was 1 fall resulting in a hip fracture on St Augustine's but this has been investigated by the Falls Prevention Team and was likely to be unavoidable. However, learning around risk assessment completion is being addressed.

The Falls Prevention Team are working with the 'We Care' programme, focusing on the availability of FallStop training with mandatory status, improving measurement of lying and standing blood pressures. As well as post fall neurological observations via Vitalpac and improving access to ward based information.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Sep	Clinical Incidents: Total (#)	18,280 (-0.8%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Sep	Blood Transfusion Incidents	78 (-29.7%)		"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."
Sep	Medicines Mgmt. Incidents	1,970 (3.8%)		"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:

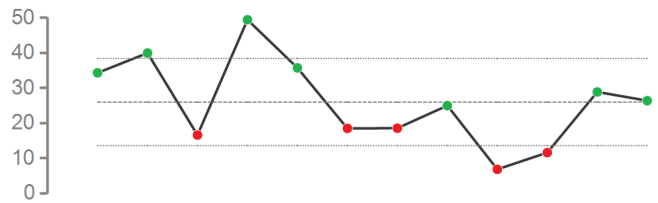
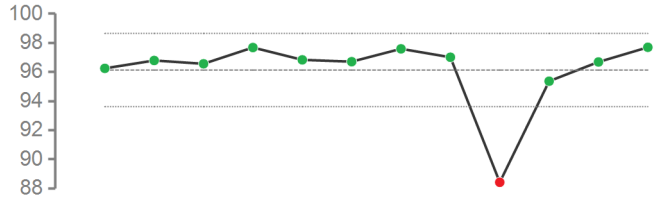
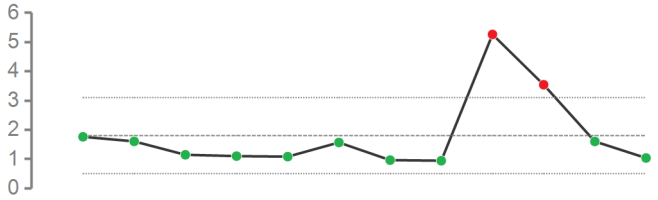
The incident reporting rate is a reflection of the safety culture within the Trust. Increased reporting over time may indicate an improved reporting culture and patterns should be interpreted alongside other information such as local safety issues, NHS staff survey data, etc.

A total of 1,407 clinical incidents were logged as occurring in Sep-20 compared with 1,675 recorded for Aug-20 and 1,460 in Sep-19. The total for Sep-20 could rise as incidents are often backdated (search based on incident date rather than reported date).

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

Sep	IP FFT: Response Rate (%)	27 (-26.3%)		"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Sep	IP FFT: Recommend (%)	97 (-0.1%)		
Sep	IP FFT: Not Recommend (%)	1.5 (16.3%)		"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

September FFT recommendation scores = Inpatients 97.69% (96.68%), Day case 95.80% (96.16%), UEC 80.67% (80.99%), Maternity 98.50% (100%) and Outpatients 91.75% (91.76%). UEC score is almost on par with the August score but continues to reflect ED attendances similar to pre-Covid-19 levels and the challenges of maintaining social distancing in the waiting and treatment areas. A social distancing escalation plan has now been introduced with additional over flow waiting areas identified.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

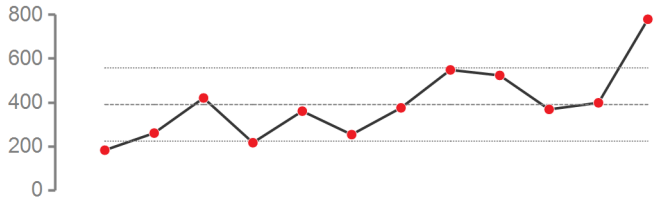
Mixed Sex

Sep

Mixed Sex Breaches

4694

2567.0%



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

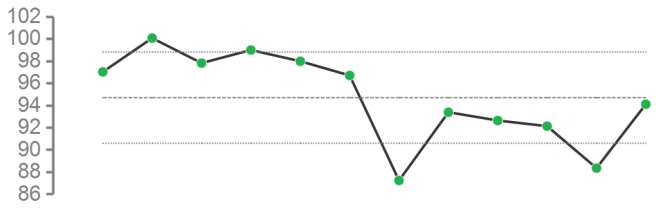
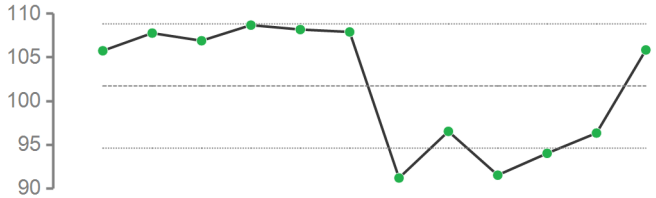
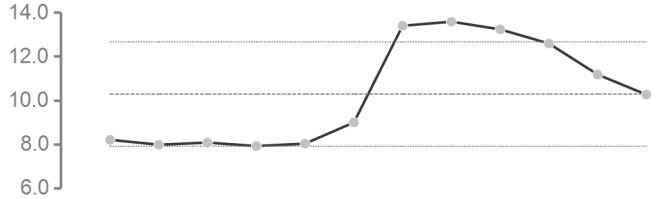
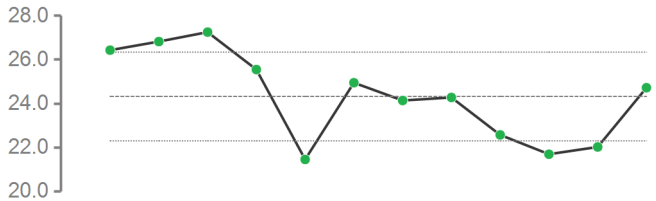
Highlights and Actions:

AMU WHH contributes significantly to the increase in MSA incidents during September. This is due to a return to pre-Covid-19 ED levels and post Covid-19 management strategies. Plans are ongoing to address this area of concern. Total September MSA incidents - 356 = 67 justified & 289 unjustified (August 218 = 41 justified & 177 unjustified)

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Sep	Shifts Filled - Day (%)	95 (-3.4%)		Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Sep	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.
Sep	Care Hours Per Patient Day (CHPPD)	9.8 (18.6%)		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.
Sep	Midwife:Birth Ratio (%)	24.2 (-6.3%)		The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.

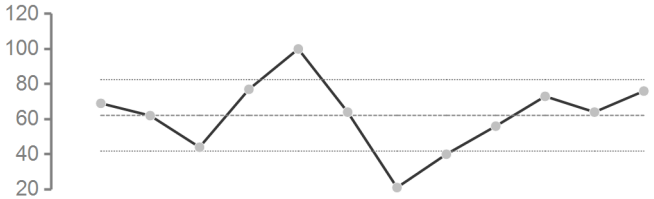
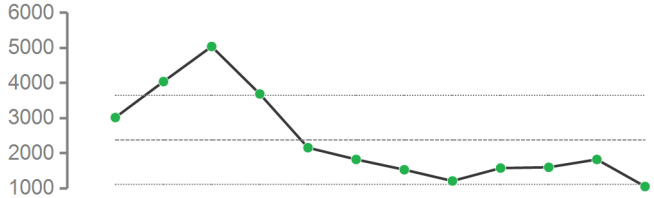
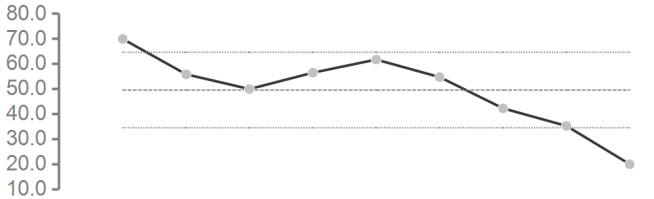
Highlights and Actions:

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows an average overall fill rate of 97.8% compared to 90.8% in August-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 within control limits.
Further detail is provided in the appended paper submitted to the Quality Committee and reported by the Chair at Board of Directors.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Complaints & Compliments

Sep	Number of Complaints	746 (-5.0%)		The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX
Sep	Complaints acknowledged within 3 working days	100 (1.2%)		Complaints acknowledged within 3 working days (%)
Sep	Compliments	28559 (-9.2%)		Number of compliments received
Sep	Complaints Closed within 30 Working Days or Agreed Extension (%)	54.0 (-35.5%)		Percentage of complaints closed within the 30 working day target (or an agreed extension)

East Kent Hospitals University NHS Foundation Trust

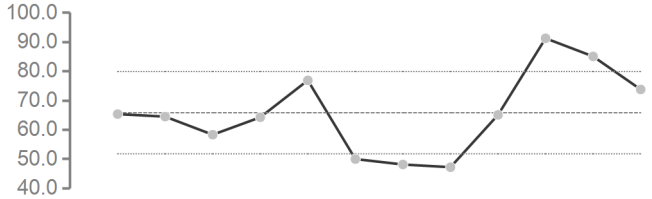
Strategic Theme: Patient Safety

Sep

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

66.5

(-15.9%)



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

Highlights and Actions:

76 new complaints received in September 2020 (65 in August 2020), an increase of 17%. This is an increase of 40% from the 54 new complaints received in September 2019. The figures have now come in line with expected level of complaints for this time of year.

100% of complaints received in September were acknowledged within three working days. Complaints during the height of first Covid-19 period were set a response target of 45 working days. The 30 working day target was re-instated for September 2020. This month 1 complaint was closed at 30 working days and 34 closed at 45 working days.

Compliance to the 30 working day target:

Urgent and Emergency Care 1 of 1 (100%)

Compliance to the 45 working day target – of the 34 closed, 76% were responded to in the timeframe. Clinical Support, Surgery, Head and Neck and Women's and Children's achieved 100%.

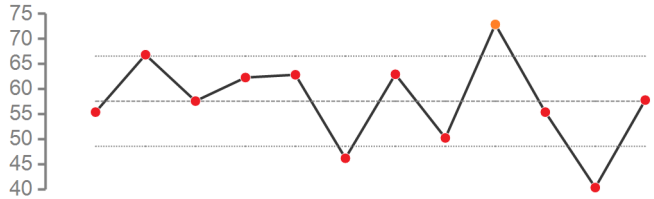
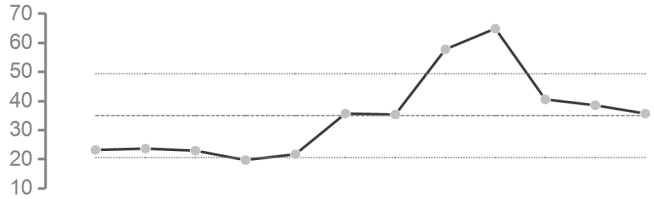
Urgent and Emergency Care 4 of 6 (67%)
General and Specialist Medicine 3 of 7 (43%)
Surgery and Anaesthetics 5 of 6 (83%)
Surgery – Head, Neck, Breast and Dermatology 2 of 2 (100%)
Women's and Children's 6 of 6 (100%)
Cancer 3 of 4 (75%)
Clinical Support Services 3 of 3 (100%)

There were no complaints closing in September for Corporate.

All on-going oversight and holding care groups to account for response targets and draft quality continues.

Strategic Theme: Clinical Outcomes

Clinical Outcomes

Sep	FNoF (36h) (%)	58 (-9.1%)		% 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.
Sep	Stroke BPT Achievement %	34 (44.3%)		Percentage of activity achieving the Stroke Best Practice Tariff

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.

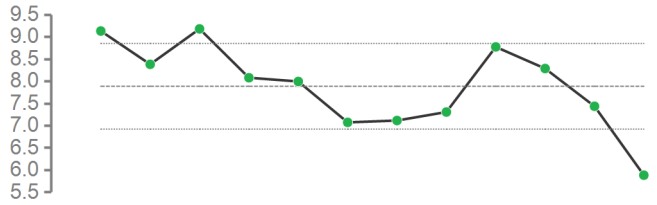
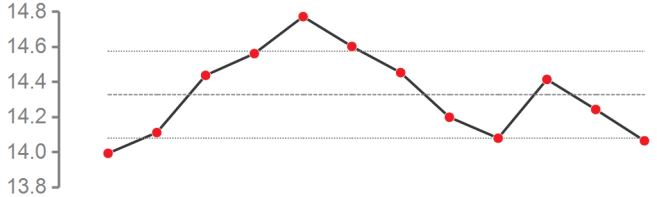
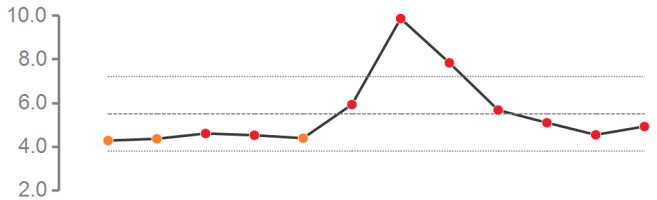
Stroke

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Sep	Vacancy (Monthly) %	7.9 (-20.1%)		Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Sep	Staff Turnover (%)	14.3 (0.5%)		"% 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."
Sep	Sickness (Monthly) %	5.5 (38.2%)		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

Highlights and Actions:

During the last seven months, the Trust's vacancy rate has mostly fallen, and continued to fall in September to 5.99%. This is the lowest vacancy rate the Trust has seen for almost two years. There are now 7,878.93 WTE staff employed with the Trust and a vacancy of 502.05 WTE. Vacancy rates remain above 10% in the General & Specialist Medicine and Urgent & Emergency Care Groups. However, most other clinical Care Groups are within a range of 2 to 5% vacancy.

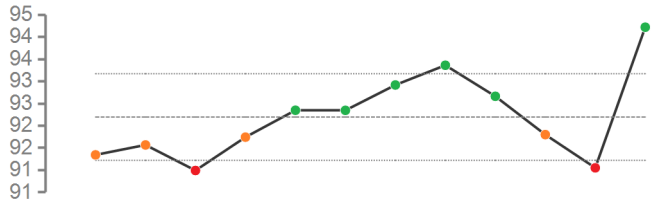
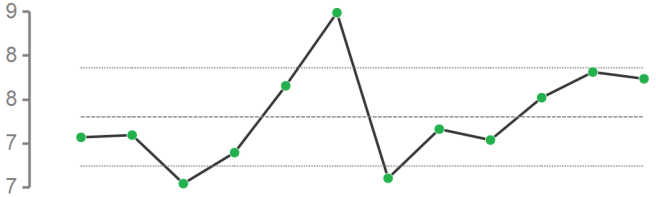
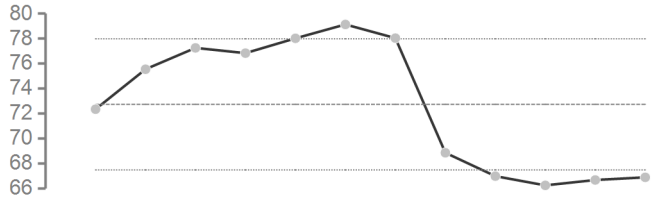
Turnover, excluding junior doctors, continued to fall and fell to 11.2% for the month of September (11.4% in July). The annual 12 month average fell to 14.3% in August, although still shows a higher percentage than the previous 12 months due to higher turnover during Winter 2020..

Sickness absence in August 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% and in August to 3.63%. Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. So far during September, sickness absence appears to be approximately the same as during August.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Sep	Employed vs Temporary Staff (%)	92.2 (2.4%)		"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."
Sep	Agency %	7.3 (-5.9%)		% of temporary (Agency and Bank) staff of the total WTE
Sep	Bank Filled Hours vs Total Agency Hours	73 (12.0%)		% 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, and increased significantly in September to approximately 94%. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 92.2%, remaining on a positive trajectory.

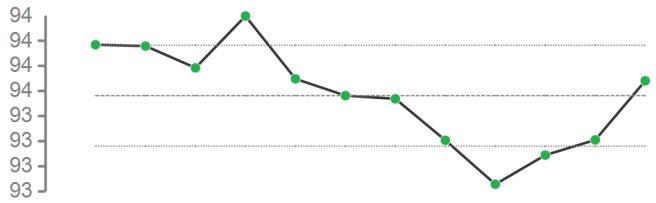
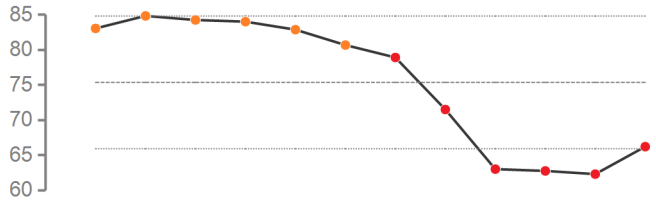
The percentage of agency staff 12 month average also continues to improve, at 7.3%. After increasing during February and March to a high of 9%, the percentage of agency and back staff has fallen back to approximately 7.5%. If sickness absence continues to remain lower than during the pandemic we would 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 September to approximately 66%, from a high of almost 80% in March.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Sep	Statutory Training (%)	94 (0.0%)		"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. "
Sep	Appraisal Rate (%)	75.3 (-3.0%)		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.

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 September increased to 66%, which has stopped the downward trend from the last five months. However, the 12 month average fell to 75.5%. Through many different communications, staff are being asked to carry out their appraisals where possible, including via Webex for those who are currently working from home. All Care Groups saw a reduction in compliance during April, May and June. Cancer, Clinical Support, Head & Neck and Women's & Childrens all had increases in compliance and are now at or above 75%.

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.

East Kent Hospitals University NHS Foundation Trust

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

Point of Delivery		Sep-20		Sep-20
Total Outpatient Attendances (face to face or virtually)	Plan	56,266	Target	100%
	Actual	57,500	Performance	93%
Consultant Led Outpatients Attendances Conducted by telephone	Plan	22,940	Target	25%
	Actual	23,781	Performance	41%
Consultant Led Follow Up Attendances Conducted by telephone	Plan	17,269	Target	60%
	Actual	17,785	Performance	50%
Daycase Electives	Plan	4,138	Target	80%
	Actual	4,116	Performance	86%
Ordinary Electives	Plan	789	Target	80%
	Actual	721	Performance	74%
Magnetic Resonance Imaging (MRI)	Plan	4,896	Target	90%
	Actual	4,668	Performance	74%
Computed Tomography (CT)	Plan	7,060	Target	90%
	Actual	6,548	Performance	97%
Non-Obstetric Ultrasound	Plan	4,749	Target	90%
	Actual	3,712	Performance	89%
Colonscopy	Plan	512	Target	90%
	Actual	404	Performance	105%
Flexi Signmoidoscopy	Plan	180	Target	90%
	Actual	166	Performance	79%
Gastroscopy	Plan	595	Target	90%
	Actual	469	Performance	92%

The Phase 3 recovery plan aims to increase available capacity over the remainder of financial year in order to reduce waiting lists built up during Wave 1 of COVID.

There are three main elements to the recovery plan;

- Outpatients
- Elective Admissions
- Diagnostics (Radiology & Endoscopy)

The table to the left shows the Trust's September performance against both the actual activity levels submitted in the plan and the % of activity delivered in comparison to previous year. The % Targets are as laid out by NHSE/I during the planning process however it is worth noting that in the case of Follow up virtual appointments and MRI scans the trust did not put forward a plan which met the required NHSE/I target.

Performance in September was overall positive with outpatient attendances hitting plan and achieving 41% of all outpatient attendances delivered virtually, via telephone or web. Elective admitted care performed well against plan narrowly missing the absolute planned figures for day cases and inpatient admission seeing an improvement on the previous month. Diagnostic capacity did not achieve planned levels and work is being undertaken by the care group to look into ways to further increase capacity in the coming months. Overall Endoscopy has achieved 100% of the activity for the same period last year but their plan contained an element of stretch required to reduce waiting lists and keep up with demand, unfortunately this was not achieved during September.

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

81.04%

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Green
4 Hour Compliance (EKHUFT Sites) %*	74.59%	74.00%	80.15%	89.73%	90.77%	89.33%	85.80%	81.44%	81.04%	95%
4 Hour Compliance (inc KCHFT MIUs)	78.52%	77.88%	83.14%	91.19%	92.07%	90.48%	87.32%	83.63%	83.12%	95%
12 Hour Trolley Waits	0	6	0	0	0	0	0	0	0	0
Left without being seen	3.07%	4.02%	2.74%	1.19%	2.24%	2.09%	2.63%	3.20%	2.70%	<5%
Unplanned Reattenders	9.88%	10.21%	9.80%	9.51%	10.07%	9.98%	9.84%	10.74%	10.21%	<5%
Time to initial assessment (15 mins)	95.8%	94.3%	94.9%	92.6%	90.5%	93.0%	94.1%	94.3%	94.9%	90%
% Time to Treatment (60 Mins)	45.5%	42.5%	48.8%	71.3%	58.1%	54.9%	50.9%	42.9%	45.5%	50%

2020/21 Comparison to Previous Year

2.62 %

	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%	81.0%							

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

Summary Performance

September performance for the organisation against the 4-hour Emergency Access Standard was 81.04% excluding the health economy MIU activity and 83.12% including. This represents a decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in September. The proportion of patients who left the department without being seen remained at a compliant level and improved to 2.70%. The % of patients receiving initial assessment within 15 minutes is compliant and improved slightly to 94.9%. The unplanned re-attendance position improved to 10.21%. Time to treatment within 60 minutes reduced to 45.5% which reflects the increased activity which has been seen in month and challenges in ensuring patients are socially distanced within the ED. It is notable that attendances to ED have returned to pre-covid numbers at QEQMH and increasing at WHH 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.

- 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

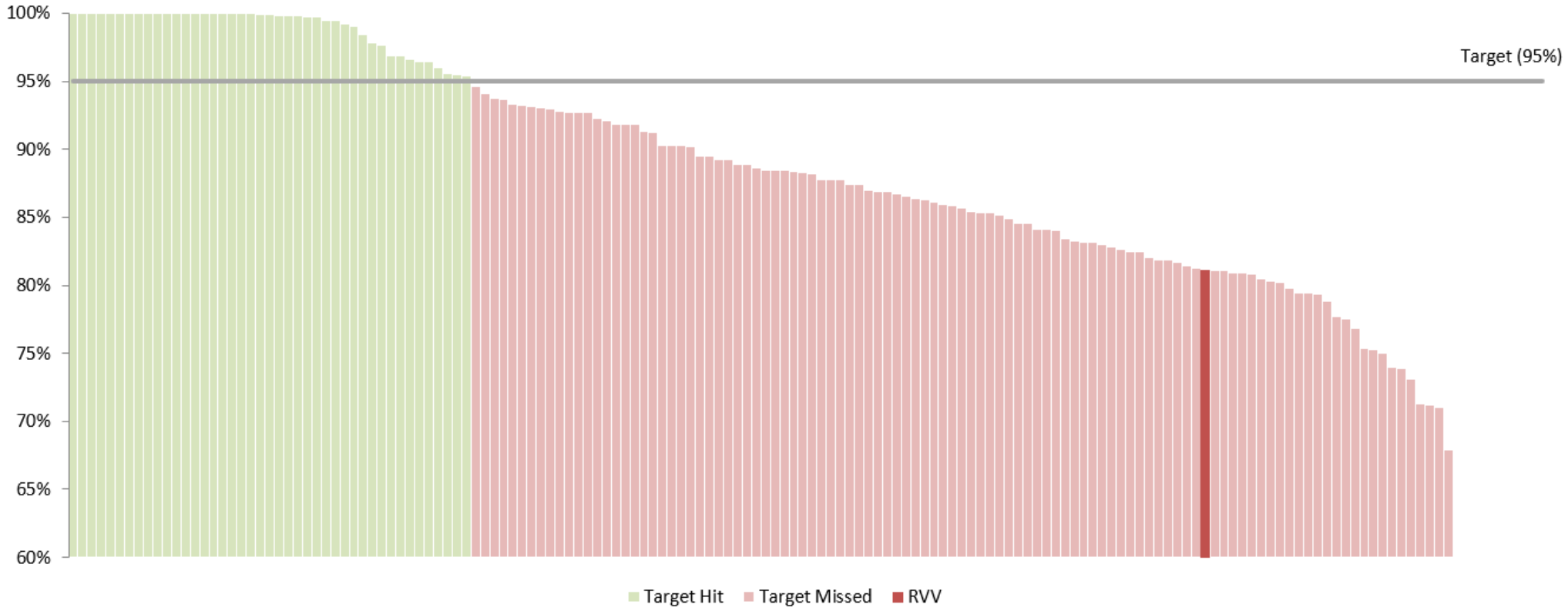
- Urgent Treatment Centres were launched in September.
- At times of high attendance and overcrowding to ensure proactive streaming of patients to Urgent Treatment Centres locally who have capacity to treat safely.
- Implemented 111 direct booking into ED to give an attendance time and manage demand.
- 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.
- 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 Local Health Economy calls with system partners to escalate and manage a system response.

East Kent Hospitals University NHS Foundation Trust

September 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 123 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/



East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

87.41 %

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Green
62 Day Treatments	88.45%	82.42%	85.01%	75.45%	77.80%	81.40%	78.16%	70.85%	79.25%	91.09%	89.97%	87.41%	>=85%
>104 day breaches	4	4	6	5	10	4	17	25	7	2	4	3	0
Demand: 2ww Refs	3,862	3,466	3,070	3,666	3,322	2,701	1,547	2,199	3,002	3,406	3,149	3,647	2932 - 3240
2ww Compliance	97.62%	98.51%	98.36%	98.05%	98.29%	98.07%	96.77%	96.73%	95.67%	98.40%	97.95%	98.64%	>=93%
Symptomatic Breast	97.00%	97.28%	97.58%	99.19%	98.68%	96.34%	100.00%	96.97%	100.00%	97.73%	100.00%	100.00%	>=93%
31 Day First Treatment	99.06%	99.12%	99.07%	98.91%	99.38%	98.30%	99.36%	98.92%	96.09%	98.91%	96.77%	97.97%	>=96%
31 Day Subsequent Surgery	95.45%	95.24%	97.73%	96.92%	96.23%	95.71%	97.22%	97.37%	92.86%	86.21%	100.00%	95.71%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	100.00%	100.00%	100.00%	99.07%	100.00%	100.00%	99.17%	98.94%	100.00%	100.00%	>=98%
62 Day Screening	80.77%	88.24%	90.91%	89.47%	66.67%	87.50%	100.00%	100.00%	33.33%		100.00%	100.00%	>=90%
62 Day Upgrades	79.31%	88.46%	89.47%	70.00%	100.00%	78.95%	83.33%	71.43%	72.73%	66.67%	68.42%	93.33%	>=85%

Summary Performance

September 62 day performance is currently compliant at 87.41%. Validation continues until the beginning of November 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 3,647 and there have been 3 patients who have breached the >104-day standard. Cancer performance is compliant against all standards which is a huge achievement. 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.
- 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.
- Contiuing to increase options for additional activity through substantive workforce.

62 Day Performance Breakdown by Tumour Site

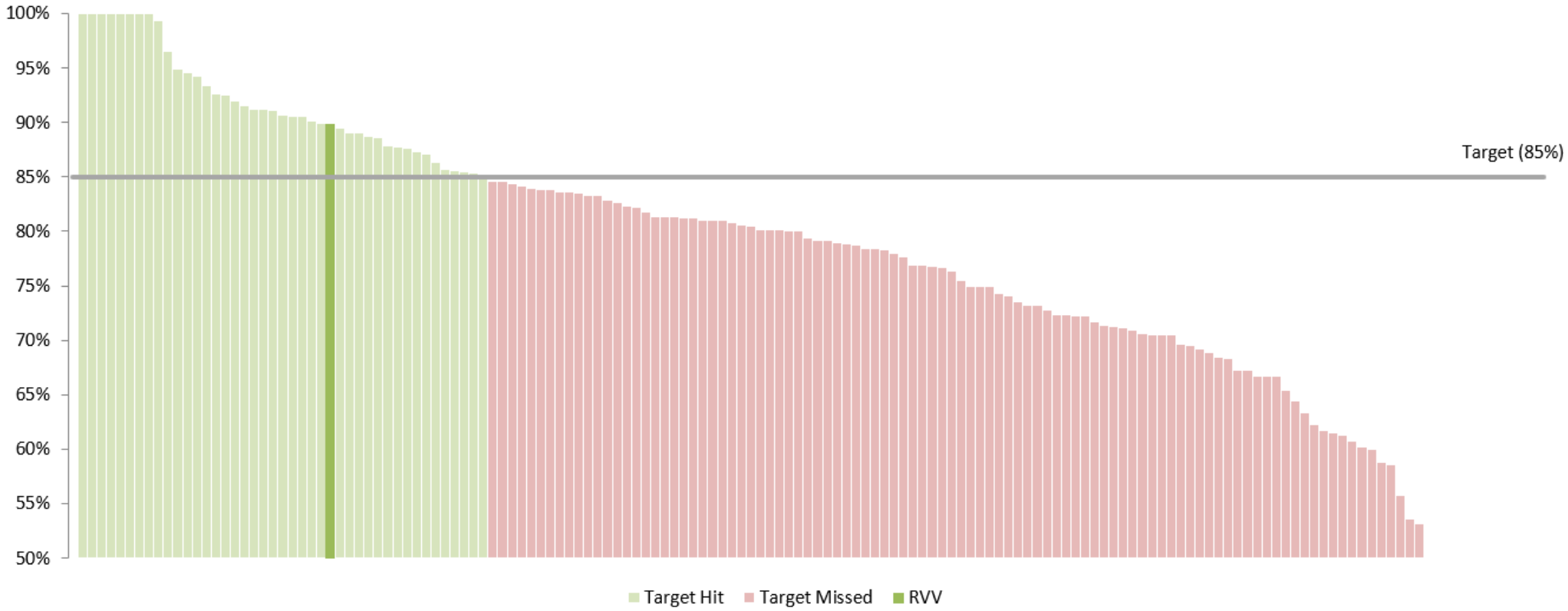
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
01 - Breast	94.1%	96.4%	95.7%	87.2%	75.0%	94.1%	91.7%	83.9%	92.6%	86.4%	97.0%	91.9%
03 - Lung	57.7%	52.5%	60.9%	55.6%	50.0%	50.0%	70.6%	55.6%	39.1%	86.7%	60.0%	75.0%
04 - Haematological	85.7%	80.0%	100.0%	100.0%	80.0%	42.9%	57.1%	50.0%	87.5%	100.0%	100.0%	84.6%
06 - Upper GI	85.2%	71.0%	88.9%	25.0%	80.0%	78.6%	40.0%	58.3%	68.0%	94.6%	66.7%	58.1%
07 - Lower GI	58.1%	35.9%	41.7%	30.8%	41.7%	57.1%	51.7%	34.8%	66.7%	66.7%	84.2%	67.9%
08 - Skin	97.2%	100.0%	100.0%	97.8%	100.0%	95.7%	97.7%	100.0%	97.5%	98.3%	97.4%	100.0%
09 - Gynaecological	100.0%	91.3%	92.3%	66.7%	100.0%	69.2%	72.0%	75.0%	50.0%	83.3%	60.0%	83.3%
10 - Brain & CNS												
11 - Urological	93.0%	88.4%	97.7%	82.4%	83.3%	86.5%	78.4%	50.0%	67.6%	97.1%	94.3%	94.2%
13 - Head & Neck	100.0%	66.7%	83.3%	100.0%	57.1%	61.9%	62.5%	42.9%	100.0%	77.8%	62.5%	63.6%
14 - Sarcoma			0.0%	40.0%	100.0%		100.0%				100.0%	
15 - Other	100.0%	100.0%		100.0%	66.7%			0.0%	100.0%			100.0%

East Kent Hospitals University NHS Foundation Trust

August 2020 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 27 of 145 trusts

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



*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

59.84 %

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Green
Performance	81.51%	81.68%	80.32%	81.18%	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	52.05%	59.84%	>=92%
52w+	3	5	5	4	2	14	155	410	768	1,155	1,555	2,021	0
Waiting list Size	47,082	47,445	46,686	46,211	47,331	45,907	42,632	42,795	42,702	45,037	45,873	46,811	<38,938
Backlog Size	8,705	8,690	9,189	8,695	8,962	10,447	13,374	17,255	21,945	24,717	21,994	18,797	<2,178

Summary Performance

September performance has improved to 59.84%, which has is the highest performance since May 2020 and has seen a four month improving position. The number of 52 week breaches has increased to 2,021 which is a deteriorating position and can be explained as due to the restriction on acute hospital elective surgery during Wave 1 of the Covid19 pandemic, which 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 and through use of the Independent Sector capacity.

Outpatient clinics are continuing to managed via a range of mediums such as virtual and telephone. Face to face clinics are being reinstated within the reduced capacity constraints within waiting areas and strict infection control guidance. Virtual clinics continue to be very successful with 50% of all Follow Up appointments being virtual and 41% of all first New appointments. Elective activity has increased in month from 1.8 cases per list to 2.5.

Issue:

- Providing out patients' services within the national infection control constraints and restrictions of Covid19.
- 52-week breaches have increased due to the national Wave 1 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:

- Continued use of Independent Sector capacity for long waiting and cancer patients and maximising utilisation on all lists.
- Exploring options for insourcing to provide Day Case capacity at weekends.
- Exploring the opportunity for additional sessions provided by substantive staff.
- 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.

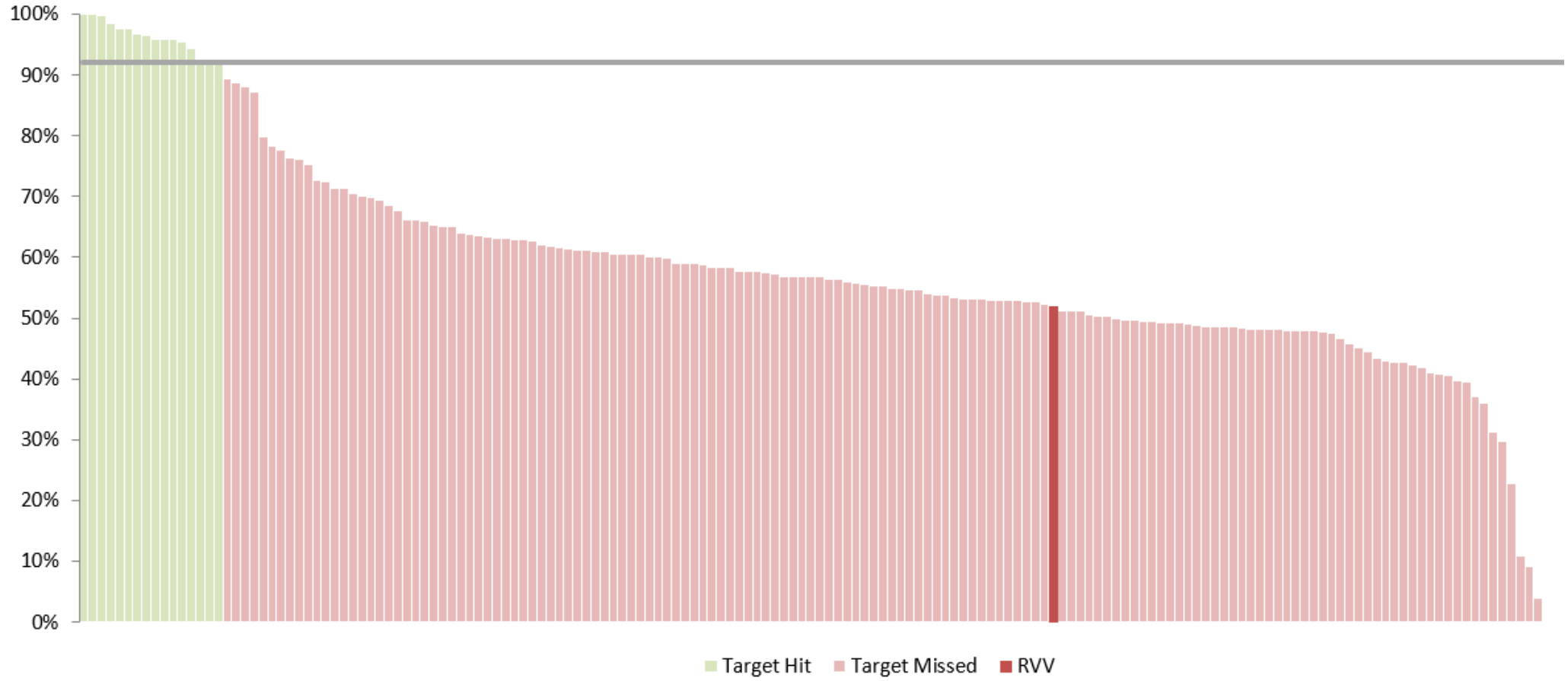
- Continuing to build on the success of virtual clinics.
- Reinstating face to face clinics within IPC guidelines.
- Increased booking and admin staff to support waiting list management.

East Kent Hospitals University
NHS Foundation Trust

August 2020 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 109 of 164 trusts

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



*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

75.5 %

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Green
Performance	99.60%	99.80%	99.55%	99.71%	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	73.18%	75.50%	>=99%
Waiting list Size	16,559	16,605	15,621	15,320	16,053	10,460	5,500	7,922	11,721	15,486	16,174	16,638	<14,000
Waiting > 6 Week Breaches	67	34	71	44	32	231	2,351	3,161	2,945	3,733	4,338	4,077	<60

Summary Performance

September performance was 75.50% 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 a reduction in breaches in month to 4,077. The highest number of breaches continue to be in endoscopy for colonoscopy (1,267), MRI (921), Non-obstetric ultrasound (718) and echo cardiology (892). The waiting list size has increased to 16,638, which is now back to pre-Covid levels.

Breaches by Speciality is below:-

- Radiology: 1,670
- Cardiology: 827
- Urodynamic: 121
- Cystoscopy :3
- Colonoscopy : 1,285
- Gastroscopy : 99
- Flexi Sigmoidoscopy : 61
- Neurophysiology: 11

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

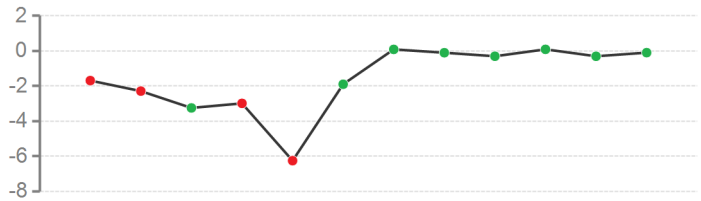
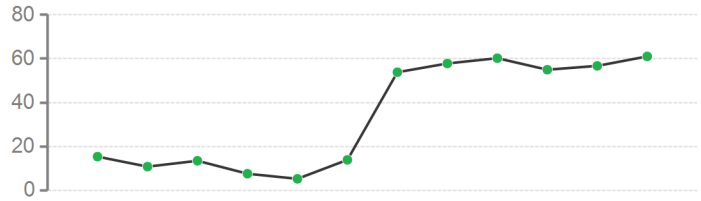
- Endoscopy action plan and trajectory, split by modality, to increase capacity through increasing the number of procedures on each list due to new college guidance; increased Independent Sector capacity and exploring options to further increase insourcing capacity.

- 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.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Sep	I&E £m (Trust Only)	-0.6 (-67.9%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.
Sep	Cash Balance £m (Trust Only)	61.1 (7.6%)		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.

Highlights and Actions:

The Trust achieved a breakeven position in September, 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 £4.6m of additional costs due to Covid-19 in September along with lost income of £0.6m, bringing the total financial impact of Covid-19 to £32.2m YTD. The Trust has received £18.5m prospective top up funding for the first six 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 (£22.9m). In addition, Spencer Hospital has received top up funding of £3.5m, taking the total top up funds to £44.9m for the group.

The key drivers of financial pressure in September were:
- Additional staff costs due to Covid-19 £2.2m
- Additional building repairs and estates costs due to Covid-19 £1.3m
- Additional PDC dividend associated with increased planned capital spend £1m
- Medical pay award £0.8m

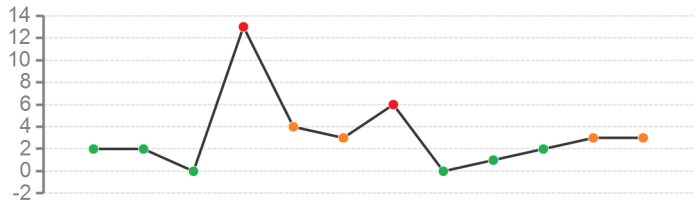
The key areas of underspend which partially offset this include:
- Clinical supplies and disposables underspends within the Surgery and Anaesthetic Care Group due to reduced elective activity £0.5m
- Depreciation being £0.3m lower than planned due to year-end asset impairments agreed after setting the 20/21 plan.

The Trust's cash balance at the end of September was £61m which was £58m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Sep	RIDDOR Reports	39 (30.0%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)

Highlights and Actions:

RIDDOR

There were 3 related cases reported to the HSE in September 2020. One case was originally classified as a slip, trip of a member of staff. Upon investigation it transpired it was a member of staff who trapped a finger in a door jamb which resulted in sickness greater than 7 days.

The second case was of a staff member injuring their upper back while lifting equipment into a vehicle for it to be moved to a different site.

East Kent Hospitals University NHS Foundation Trust

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	Audit of WHO Checklist %	Driven from data brought as part of RP00109. An observational audit takes place to audit the World Health Organisation (WHO) checklist to ensure completion. After each procedure, the recovery staff check that each of the surgical checklists have been carried out. This compliance monitors against a random set of 10 patients each day from this process.	>= 99	10 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness.	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke BPT Achievement %	Percentage of activity achieving the Stroke Best Practice Tariff		
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <2.13	
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Cash Balance £m (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 %
Health & Safety	RIDDOR Reports	"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	>= 0 & <3	20 %

Incidents	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <1	
	Blood Transfusion Incidents	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm	Number of Clinical Incidents resulting in Minimal Harm		
	Clinical Incidents: Moderate Harm	Number of Clinical Incidents resulting in Moderate Harm		
	Clinical Incidents: No Harm	Number of Clinical Incidents resulting in No Harm		
	Clinical Incidents: Severe Harm	Number of Clinical Incidents resulting in Severe Harm		
	Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		
	Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
	Harms per 1000 bed days	Harms per 1000 bed days for the wards included in the discontinued Safety Thermometer. Harms included: Fall (with harm) & Presure Ulcers	>= 0 & <10	
	Medicines Mgmt. Incidents	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Never Events (STEIS)	"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	>= 0 & <1	30 %
	Pressure Ulcers Cat 3/4 (per 1,000)	"Number of category ¾ hospital acquired pressure ulcers per 1,000 bed days. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Serious Incidents (STEIS)	"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
Infection	Cases of C.Diff (Cumulative)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."		40 %
	Cases of C.Diff (per month)	Cases of C.Diff		

Infection	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %
	E. Coli	"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <44	10 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Crude Mortality NEL (per 1,000)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via Dr Foster, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores the number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <106	35 %
	SHMI	"Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data."	>= 0 & <0.95	15 %
Observations	VTE: Risk Assessment %	"Adults (16+) who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant."	>= 95	20 %
Patient Experience	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days (%)		
	Complaints Closed within 30 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 30 working day target (or an agreed extension)		
	Complaints Closed within 45 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 45 working day target (or an agreed extension)		
	Complaints Open < 31 Days (M/End)	Number of Complaints open for less than 30 days as at the last day of the month (snapshot)		
	Complaints Open > 90 Days (M/End)	Number of Complaints open for more than 90 days as at the last day of the month (snapshot)		

Patient Experience	Complaints Open 31 - 60 Days (M/End)	Number of Complaints open for between 31 and 60 days as at the last day of the month (snapshot)		
	Complaints Open 61 - 90 Days (M/End)	Number of Complaints open for between 61 and 90 days as at the last day of the month (snapshot)		
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	Compliments	Number of compliments received	>= 1	
	First Returner Complaints	Number of complaints returned by date of return		4 %
	IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
	IP FFT: Recommend (%)		>= 95	30 %
	IP FFT: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 22	1 %
	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons (un-justifiable). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Number of Complaints	The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX		
	Number of PALS Received	"The number of concerns recorded per ward via the PALS department. Data source - Datix."		
	PHSO Complaints	Number of PHSO complaints receieved		
	Second Returner Complaints	Number of Second Returner Complaints received by date of returned complaint received		

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

Staffing	Sickness (Monthly) %	Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 3.3 & <3.7	10 %
	Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
	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