



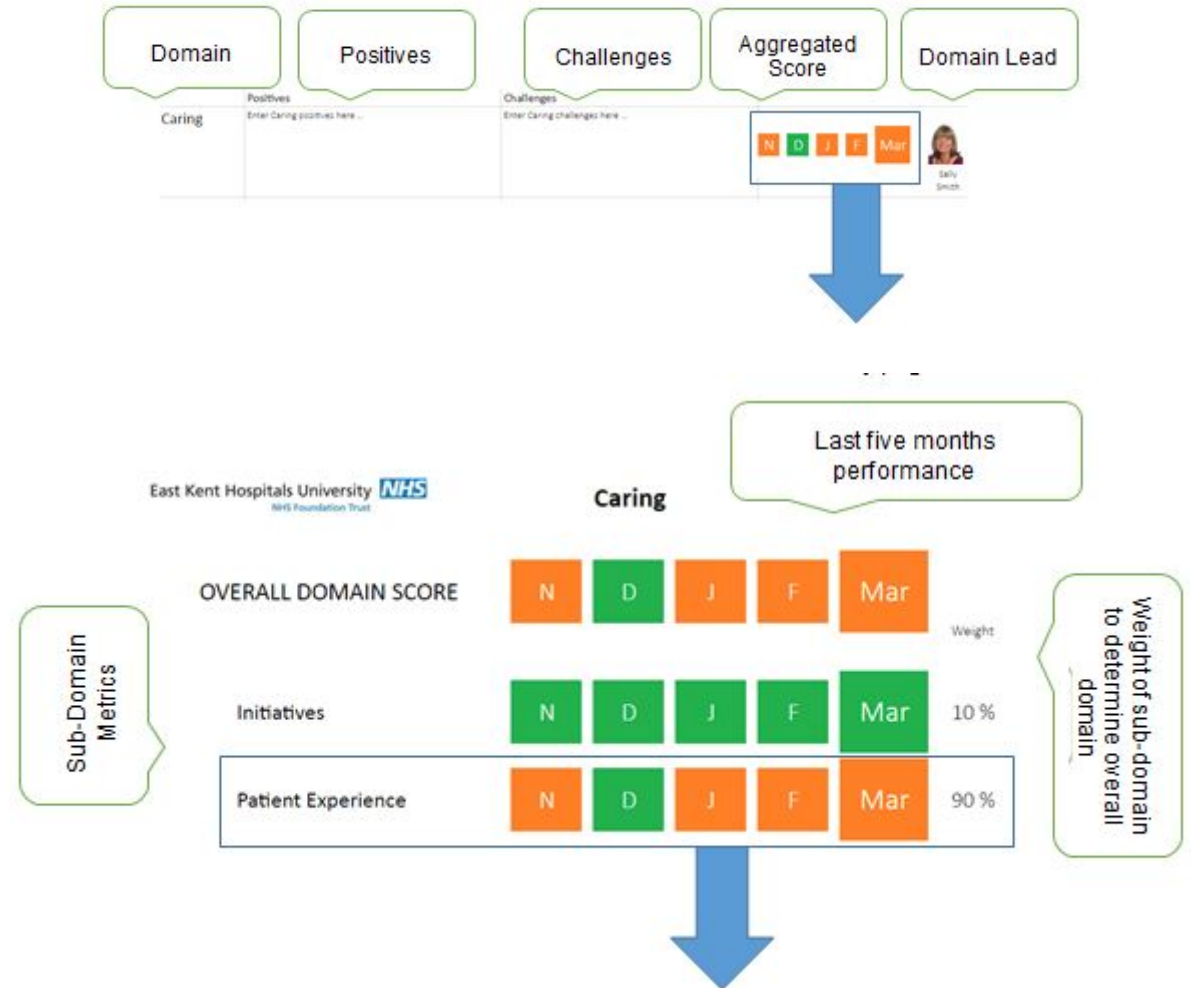
INTEGRATED PERFORMANCE REPORT



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	The number of compliments has increased in October and 100% of complaints were acknowledged within 3 days.	The number of Mixed Sex Breaches has increased. Performance in Friends and Family recommended and the percentage of "not recommended" has also declined (registering red).	 Tara Laybourne
Effective	Bed Occupancy is 88%. The DNA rate for new and follow up out patients has improved to 8.4% and 7.4% 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. 30-day Re-admissions have improved to 14.9%. Theatre utilisation has improved to 78%.	Inpatient discharges before midday continue to be static at 14%, Matrons are leading on a renewed focus on morning discharges and use of the discharge lounge. Fractured neck of femur performance (theatre within 36hrs) has deteriorated due to access to emergency theatres. Non clinical cancellations have increased to 2.1%.	 Lee Martin
Responsive	2ww performance remains compliant across all pathways at 98.55%. All 31 day standards are also compliant. 62 day cancer performance is complaint at 85.06%, which is a significant achievement. DM01 performance is compliant 100% in Audiology. RTT performance has improved in month to 65.88%.	<p>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 and increasing number of patient attending with Covid19.</p> <p>The Restore & Recovery programme continues to be a priority, although the number of 52 week patients is increasing due to the constraints of working within Covid19 and clinical priority to focus on Cancer patients or clinically urgent. New patient pathways have been rapidly adopted and efficiency is increasing.</p>	 Lee Martin

Safe

HSMR (rolling 12 months to July 2020) has now maintained 'as expected'
Reduction in 'in month' hospital attributed C Difficile cases.
The deep clean of the C. difficile outbreak wards at QEQM has been completed.
Other HCAs remain below the level for the previous year.

Infection prevention and control measures around Covid-19 continue to be a key focus as inpatient numbers have risen. Two outbreaks were opened at the end of October. 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 annual trajectory but is an improved position in month.
VTE assessment performance remains below national target and is a focus of a number of the care groups as part of We Care.
The revised Serious Incident Panel process was agreed at Patient Safety Committee with a view to implementing by the new year. The revised process mandates clinical presentation of the investigation to the panel and decreases the layers of corporate review.



Rebecca Martin

Well Led

The Trust achieved a £46k surplus in October, which brought the year-to-date (YTD) position to a £46k surplus, slightly ahead of the plan.

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

The Trust's cash balance at the end of October was £52m which was £47m 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 October which was £2.2m 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 Covid-19 across all grades and staff groups. The balance of permanent staff against temporary workers has continued to improve reflecting our positive recruitment position along with a reduction in staff turnover which has resulted in our lowest vacancy rate of 6.1%. We have now started three 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 earlier this year. It will be challenging to bring rates back up over the next quarter, however we have seen an further increase this month. Sickness levels have risen as a direct consequence of Covid-19, we have seen a further 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 had been largely limited to Covid-19 support and wellbeing initiatives but has now recommenced to manage and reduce absence overall.



Andrea Ashman

Caring

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Patient Experience	Mixed Sex Breaches	524	369	399	780	1044	>= 0 & <1	10 %
	Number of Complaints	56	71	61	77	82		
	AE Mental Health Referrals	311	384	377	365	380		
	First Returner Complaints	11	9	12	8	15		4 %
	IP FFT: Recommend (%)	88	95	97	98	92	>= 95	30 %
	IP FFT: Not Recommend (%)	5.3	3.5	1.6	1.0	8.3	>= 0 & <2	30 %
	Number of PALS Received	420	500	489	523	574		
	Complaints acknowledged within 3	100	100	100	99	100		
	Maternity FFT: Recommended (%)		97.7	100.0	98.5	85.1		
	Maternity FFT: Not Recommended (%)		2.3	0.0	0.0	14.9		
	Compliments	1576	1600	1822	1054	1998	>= 1	
	Complaints Open < 31 Days (M/End)	47	71	74	77	98		
	Complaints Open 31 - 60 Days	17	30	35	51	60		
	Complaints Open 61 - 90 Days	4		2	12	15		
	Complaints Open > 90 Days (M/End)	3	2	3	7	10		
	Complaints Closed within 30 Working	20.0				85.7		
	Complaints Closed within 45 Working	65.1	91.3	81.3	72.5	57.7		
	Second Returner Complaints	1			4			
	PHSO Complaints		2	1				

Effective

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Beds	DToCs (Average per Day)	11	10	16	21	18	>= 0 & <35	30 %
	Bed Occupancy (%)	66	67	72	76	88	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	13	14	15	14	>= 35	10 %
	IP Spells with 3+ Ward Moves	466	454	424	445	434	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	73	55	40	53	53	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	4.2	4.3	3.3	4.6	4.0	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17.6	17.9	17.9	16.8	14.9	>= 0 & <15	15 %
	Audit of WHO Checklist %	96	95	97	96	97	>= 99	10 %
	Stroke BPT Achievement %	65	41	39	36	48		
Demand vs Capacity	DNA Rate: New %	7.9	8.6	9.6	9.9	8.4	>= 0 & <7	
	DNA Rate: Fup %	7.2	8.7	9.1	9.0	7.4	>= 0 & <7	
	New:FUp Ratio (1:#)	2.8	2.6	2.2	2.3	2.2	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	2.9	2.5	3.0	2.8	2.7	Lower is Better	
	LoS: Non-Elective (Days)	5.8	5.8	5.9	6.0	5.9	Lower is Better	
	Theatres: Session Utilisation (%)	64	66	67	72	78	>= 85	25 %
	Theatres: On Time Start (% 15min)	21	29	35	34	36	>= 90	10 %
	Non-Clinical Cancellations (%)	0.7	0.6	0.5	0.9	2.1	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	25	38	43	10	13	>= 0 & <5	10 %

Responsive

		Jun	Jul	Aug	Sep	Oct	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	90.48	87.32	83.94	83.44	80.42	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	89.33	85.80	81.85	81.47	78.58	>= 95	1 %
Cancer	Cancer: 2ww (All) %	95.67	98.40	97.95	98.58	98.55	>= 93	10 %
	Cancer: 2ww (Breast) %	100.00	97.73	100.00	98.99	99.14	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.09	98.91	96.77	98.37	99.15	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	93.18	90.57	96.61	95.71	94.52	>= 94	5 %
	Cancer: 31d (Drug) %	99.17	98.94	100.00	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	79.25	91.09	89.97	87.07	85.06	>= 85	50 %
	Cancer: 62d (Screening Ref) %	33.33		100.00	100.00	92.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	72.73	66.67	68.42	93.10	84.00	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	74.87	75.89	73.18	75.44	78.17	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	45.63	59.74	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	48.61	45.12	52.05	59.84	65.89	>= 92	100 %
	RTT: 52 Week Waits (Number)	768	1155	1555	2021	2215	>= 0	

Safe

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,535	2,027	1,732	1,592	1,968		
	Serious Incidents (STEIS)	27	14	14	13	9		
	Falls (per 1,000 bed days)	7.02	6.20	5.57	4.99	5.09	>= 0 & <5	20 %
	Harms per 1000 bed days	5.4	5.2	4.9	4.9	6.1	>= 0 & <10	
Infection	Cases of C.Diff (Cumulative)	43	59	71	81	86		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
	Cases of C.Diff (per month)	16	16	12	10	5		
Mortality	HSMR (Index)	100.0	99.2				>= 0 & <106	35 %
	Crude Mortality NEL (per 1,000)	34.0	23.8	23.5	25.6	22.1	>= 0 & <27.1	10 %
	SHMI	1.064					>= 0 & <0.95	15 %
Observations	VTE: Risk Assessment %	92.7	93.4	92.8	93.3	92.6	>= 95	20 %

Well Led

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.1	0.1	0.2	0.2	0.3	>= 0 & <0.25	25 %
Finance	Cash Balance £m (Trust Only)	60.2	55.0	56.7	61.1	51.8	>= 5	20 %
	I&E £m (Trust Only)	-0.3	0.1	-0.3	-0.1	0.1	>= Plan	30 %
Health & Safety	RIDDOR Reports	1	2	3	3	1	>= 0 & <3	20 %
Staffing	Agency %	7.0	7.5	7.8	7.7	8.0	>= 0 & <10	
	1:1 Care in labour	100.0	100.0	100.0	100.0	98.5	>= 99 & <99	
	Midwife:Birth Ratio (%)	22.6	21.7	22.0	24.7	25.4	>= 0 & <28	2 %
	Bank Filled Hours vs Total Agency Hours	67	66	67	67	67		1 %
	Shifts Filled - Day (%)	93	92	88	94	104	>= 80	15 %
	Shifts Filled - Night (%)	92	94	96	106	113	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	13.2	12.6	11.2	10.3	9.9		
	Staff Turnover (%)	10.4	10.6	10.5	10.4	10.5	>= 0 & <10	15 %
	Vacancy (Monthly) %	8.8	8.3	7.4	6.6	6.1	>= 0 & <10	15 %
	Sickness (Monthly) %	5.7	5.1	4.5	4.9	5.1	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	63.0	62.8	62.3	66.2	67.0	>= 85	50 %
	Statutory Training (%)	93	93	93	94	93	>= 85	50 %

Strategic Theme: COVID-19 | Inpatients

57

TRUST

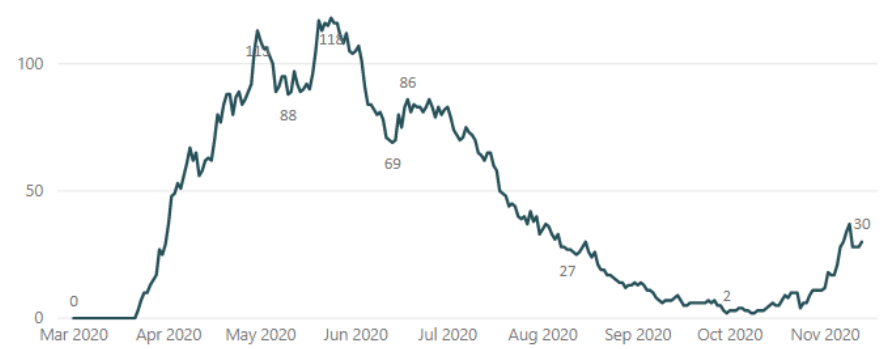
C-19 Positive Inpatients by date (snapshot)



30

WHH

C-19 Positive Inpatients by date (snapshot)



2

K&C

C-19 Positive Inpatients by date (snapshot)



25

QEQM

C-19 Positive Inpatients by date (snapshot)



Strategic Theme: Patient Safety

Mortality

Oct	HSMR (Index)	101.1 (-4.0%)		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.	★ ★ ★
Oct	SHMI	1.071 (-1.4%)		"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."	★ ★ ★
Oct	Crude Mortality NEL (per 1,000)	31.9 (14.3%)		"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 is consistently reducing and currently the Trust remains 'as expected' in relation to national data. There has been a corresponding improvement in the capture and coding of palliative care activity which may 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 three 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

Oct	Serious Incidents (STEIS)	196 (33.3%)		"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."	★ ★ ★
Oct	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 135 open serious incidents (SIs) at the end of October 2020. Nine new SIs were reported this month. The CCG agreed closure of 27 SIs and the downgrade of two SIs.

At month end there were three 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 51 SIs breaching investigation timeframes at month end. This month saw a decrease of 11 breaches and the care groups, supported by the patient safety team, continue to expedite completion of robust investigations and improvement plans.

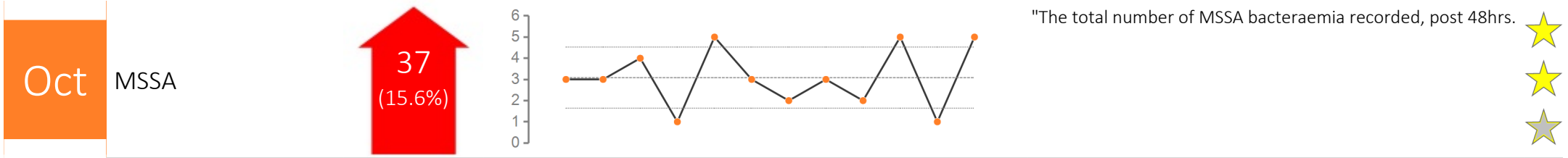
The revised Serious Incident Panel process was agreed at Patient Safety Committee with a view to implementing by the new year. The revised process mandates clinical presentation of the investigation to the panel and decreases the layers of corporate review.

Strategic Theme: Patient Safety

Infection Control

Oct	Cases of MRSA (per month)	<div style="background-color: #008000; color: white; padding: 5px; display: inline-block;">0 (-100.0%)</div>		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.	★ ★ ★
Oct	Cases of C.Diff (Cumulative)	<div style="background-color: #cc0000; color: white; padding: 5px; display: inline-block;">130 (100.5%)</div>		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."	★ ★ ★
Oct	Cases of C.Diff (per month)	<div style="background-color: #cccccc; color: white; padding: 5px; display: inline-block;">5 (-50.0%)</div>		Cases of C.Diff	★ ★ ★
Oct	E. Coli	<div style="background-color: #008000; color: white; padding: 5px; display: inline-block;">62 (-27.9%)</div>		"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

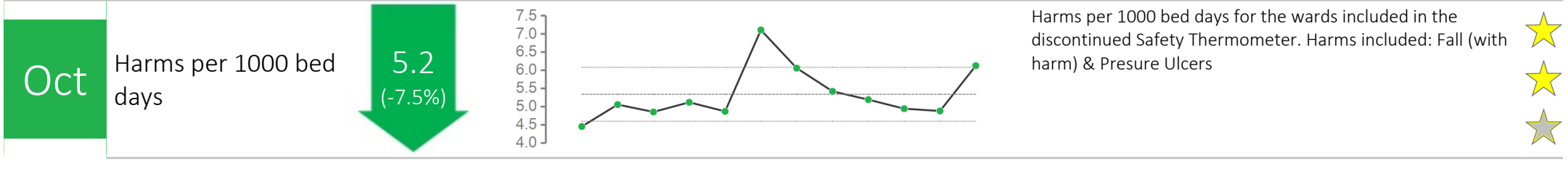


Highlights
and
Actions:

Infection prevention and control measures around Covid-19 continue to be a key focus. Two outbreaks were opened at the end of October. Three Covid-19 healthcare associated infections were seen in October. The strict front door policy with temperature checks, hand hygiene and face masks for all staff and patients and promotion of physical distancing remains in place. An integrated improvement plan has been developed including actions from the NHSEI and CQC inspection and the Safe Clean Care projects. An implementation team meets weekly to monitor progress. The improvement advisors continue to work with the matrons and the infection prevention team to improve standards. There have been 5 hospital attributable C. difficile cases for October against an expected 8 cases. This shows considerable improvement compared with previous months. Other HCAs remain below the level for the previous year. The deep clean of the C. difficile outbreak wards at QEQM has been completed.

Strategic Theme: Patient Safety

Harm Free Care

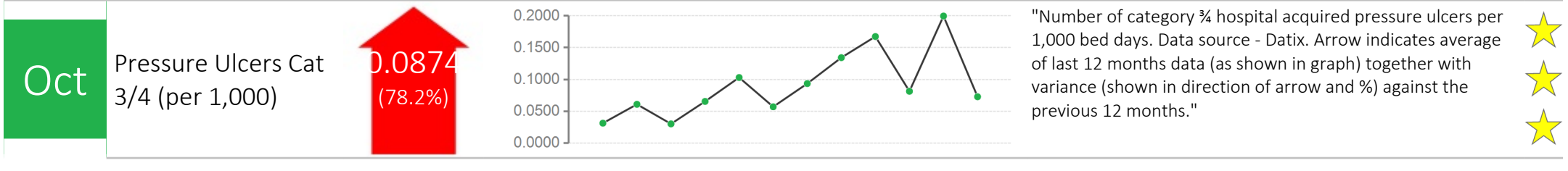


Highlights
 and
 Actions:

Harm Free care per 1000 bed days = 6.12745 (4.88058 September). In line with other patient experience scores for October, potentially reflecting the current Covid-19 related phase II crisis.

Strategic Theme: Patient Safety

Pressure Care



Highlights and Actions:

October 2020

General pressure Ulcers

- Twenty-five category 2 ulcers were reported. An increase of 8 from last month. Six of these were classed as a no harm meaning that all preventative measures were in place. Nineteen were reported at WHH and 4 at QEQM and 2 at K&C. The trust was under the set 10% reduction trajectory with a result of 0.842/1000 bed days.
- There were 2 confirmed category 3 ulcers. One reported on Kings B at WHH and one on Clarke ward at K&C. Both incidents were low harm. There were no category 4 pressure ulcers reported.
- Eleven potential deep ulcers were reported. 5 were suspected deep tissue injury (SDTI) and 6 were unstageable, four less than last month. Five at WHH and 6 at QEQM. One of these incidents was classed as moderate harm. This was on Kings B at WHH and an investigation is underway. The trust was over the set 10% trajectory for both metrics. Unstageables with a result of 0.202/1000 bed days and SDTIs with a result of 0.168/1000 bed days.

Medical Device Related incidents

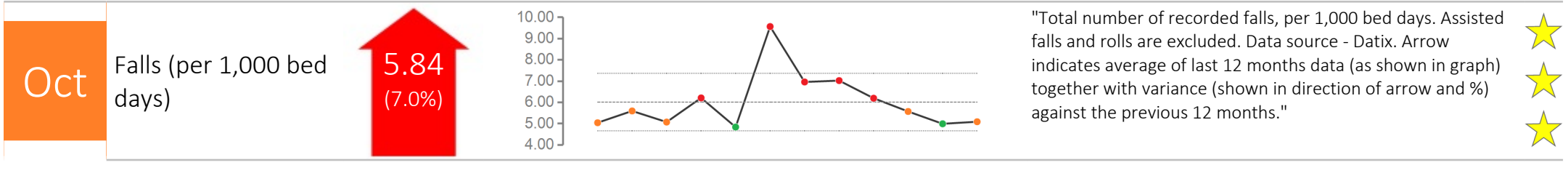
- There were 7 category 2 medical device related pressure ulcers
- One suspected DTI low harm incident. Reported at WHH

Actions:

- Tamora active mattresses now rolled out at QEQM training continues
- Working with education team G, S&M care group to develop competency framework
- Learning from incidents workshop held in conjunction with patient safety team and ward manager from K&C and WHH. To ensure actions are reflected in the trust wide action plan
- Working with lead nurse for mouth care to develop care of medical device related mouth ulcer pathway

Strategic Theme: Patient Safety

Falls



Highlights
and
Actions:

In October there were 128 falls (119 in September) with 16 at K&CH (previously 12), 48 at QEQMH (previously 32) and 63 at WHH (previously 75). 2 falls occurred outside of ward areas and a further fall was recorded at Maidstone renal satellite unit. This equates to rates per 1000 bed days of 3.36 at K&C, 4.35 at QEQM and 5.26 at WHH with a total across the 3 main sites of 4.46.

At WHH, wards with the highest number were AMU B (12) where one patient fell 3 times and another fell twice, Cambridge L (7), Cambridge J (6) where 1 patient fell twice and Kings B (6) where 1 patient fell 3 times and another fell twice.

At QEQMH there were 10 falls in A and E and 7 falls on AMU A where 1 patient fell twice.

At K&CH there were 6 falls on the Invicta ward stroke unit, where one patient fell twice and another sustained a hip fracture. This was a result of equipment misuse and training was provided immediately to address it.

The Falls Prevention Team and Steering Group are working with the 'We Care' programme as one of the 5 breakthrough objectives, focusing on the integration of the multi-professional team, across the care groups, to prevent and manage falls. Particular focus is at the availability of FallStop training with mandatory status, improving measurement of lying and standing blood pressures, post fall neurological observations via Vitalpac and improving access to ward based information.

Strategic Theme: Patient Safety

Incidents

Oct	Clinical Incidents: Total (#)	19,648 (1.7%)		"Number of Total Clinical Incidents reported, recorded on Datix.	
Oct	Blood Transfusion Incidents	85 (-24.1%)		"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."	
Oct	Medicines Mgmt. Incidents	1,991 (2.2%)		"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.

A total of 1,968 clinical incidents were logged as occurring in Oct-20 compared with 1,592 recorded for Sep-20 and 1,575 in Oct-19. The total for Oct-20 could rise as incidents are often backdated (search based on incident date rather than reported date).

Strategic Theme: Patient Safety

Friends & Family Test

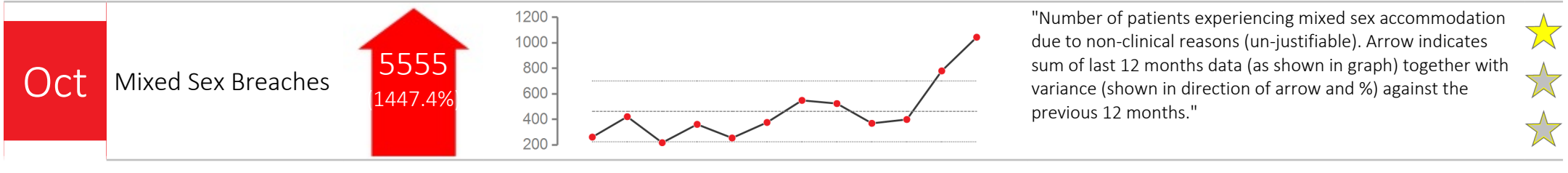
Oct	IP FFT: Response Rate (%) <div style="text-align: center;"> 24 (-33.3%) </div>		<p>"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	
Oct	IP FFT: Recommend (%) <div style="text-align: center;"> 96 (-0.7%) </div>			
Oct	IP FFT: Not Recommend (%) <div style="text-align: center;"> 2.3 (76.7%) </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:

October FFT recommendation scores = Inpatients 91.65% (97.69%), Day case 97.31% (95.8%), UEC 87.37% (80.67%), Maternity 95.08% (98.5%) and Outpatients 93.91% (91.75%). The FFT process has now been brought in house, and a working group has been set up to review the process and the results for opportunity to learn and improve- the first meeting is arranged for 25.11.20.

Strategic Theme: Patient Safety

Mixed Sex

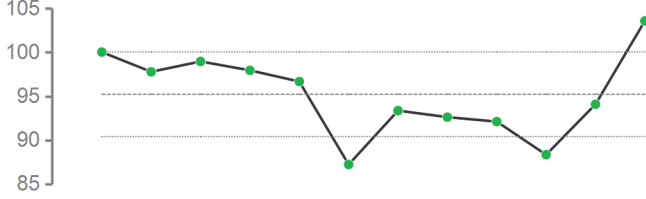
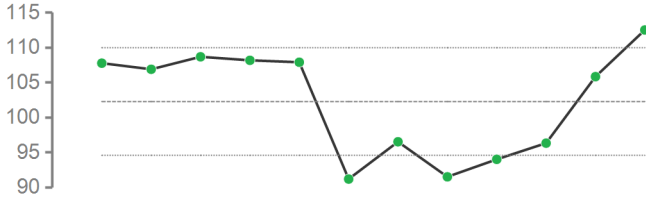
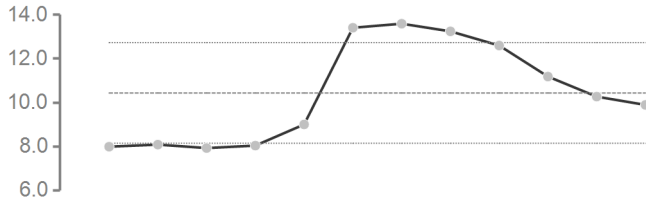
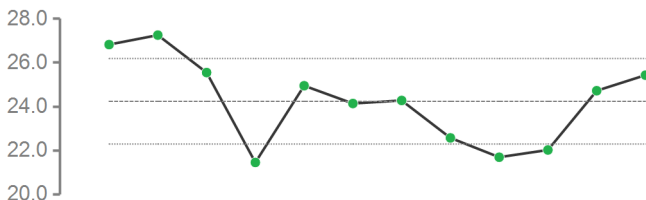


Highlights
and
Actions:

In relation to increased demand on clinical services more wards experienced MSA across the Trust. This is due to phase II of the Covid crisis. Total October MSA incidents - 522 = 53 justified & 469 unjustified (September 356= 67 justified & 389 unjustified)

Strategic Theme: Patient Safety

Safe Staffing

Oct	Shifts Filled - Day (%)	95 (-2.9%)		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.	★ ★ ★
Oct	Shifts Filled - Night (%)	102 (-3.6%)		Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Oct	Care Hours Per Patient Day (CHPPD)	10.0 (20.8%)		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.	★ ★ ★
Oct	Midwife:Birth Ratio (%)	24.1 (-6.2%)		The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	★ ★ ★

Highlights and Actions:

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows an overall average overall fill rate of 105.4% compared to 97.8% in Sept-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.

Strategic Theme: Patient Safety

Complaints & Compliments

Oct	Number of Complaints	755 (-4.3%)		The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX	
Oct	Complaints acknowledged within 3 working days	100 (1.1%)		Complaints acknowledged within 3 working days (%)	
Oct	Compliments	27551 (-15.6%)		Number of compliments received	
Oct	Complaints Closed within 30 Working Days or Agreed Extension (%)	52.8 (-36.4%)		Percentage of complaints closed within the 30 working day target (or an agreed extension)	

Strategic Theme: Patient Safety

Oct	<p>Complaints Closed within 45 Working Days or Agreed Extension (%)</p> <p style="font-size: 24px; font-weight: bold;">64.9</p> <p>(-16.7%)</p>		<p>Percentage of complaints closed within the 45 working day target (or an agreed extension)</p>	
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Highlights and Actions:

82 new complaints received in October 2020 (77 in September 2020), an increase of 6.5%. This is an increase of 39% from the 59 new complaints received in October 2019. The October figures for 2020 are in line with historically expected level of complaints.

100% of complaints received in September were acknowledged within three working days. Complaints during the height of the first Covid-19 period were set response targets of 45 working days; the 30 working day target was re-instated 01 September 2020

Compliance to the 30 working day target: 6 closed, 83%

Cancer 1 of 1 (100%)

Surgery and Anaesthetics 1 of 1 (100%)

Urgent and Emergency Care 3 of 3 (100%)

Women's and Children's 0 of 1 (0%)

Compliance to the 45 working day target – 49 closed, 43% Clinical Support, Surgery, Head and Neck and Women's and Cancer achieved 100%.

Urgent and Emergency Care 12 of 13 (92%)

General and Specialist Medicine 1 of 11 (9%)

Surgery and Anaesthetics 4 of 7 (57%)

Surgery – Head, Neck, Breast and Dermatology 3 of 3 (100%)

Women's and Children's 6 of 13 (46%)

Cancer 1 of 1 (100%)

Clinical Support Services 1 of 1 (100%)

The Complaints team are collaborating on a project with GSM and their new HON to reduce their aged complaints, improve their response timescales and response quality.

Strategic Theme: Clinical Outcomes

Clinical Outcomes

Oct	<p>FNoF (36h) (%)</p> <div style="text-align: center; color: white; font-weight: bold; font-size: 1.2em;"> 57 (-8.8%) </div>		<p>% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness.</p>	<p>★ ★ ★</p>
Oct	<p>Stroke BPT Achievement %</p> <div style="text-align: center; color: white; font-weight: bold; font-size: 1.2em;"> 36 (57.2%) </div>		<p>Percentage of activity achieving the Stroke Best Practice Tariff</p>	<p>★ ★ ★</p>

Highlights and Actions:

FNOF

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

Stroke

We 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.

Strategic Theme: Human Resources

Gaps & Overtime

Oct	Vacancy (Monthly) %	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">7.7</div> <div style="color: green; font-weight: bold;">(-20.8%)</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."	
Oct	Staff Turnover (%)	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">10.7</div> <div style="color: green; font-weight: bold;">(-0.9%)</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."	
Oct	Sickness (Monthly) %	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">5.6</div> <div style="color: red; font-weight: bold;">(38.5%)</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 seven months, the Trust's vacancy rate has mostly fallen, and continued to fall in October to 6.1%. This is the lowest vacancy rate the Trust has seen for almost two years. There are now 7,925.57 WTE staff employed with the Trust and a vacancy of 509.24 WTE. Vacancy rates remain slightly above 10% in the General & Specialist Medicine and Urgent & Emergency Care Groups. However, most other clinical Care Groups are within a range of 2 to 5% vacancy.

Turnover in month, excluding junior doctors, continued to fall and fell to 11.1% for the month of October. The annual 12 month average, however, increased to 14.6% in October, and still shows a higher percentage than the previous 12 months due to higher turnover during Winter 2020.

Sickness absence increased slightly in September, after falling below 4% in August. Sickness in April peaked at 8.89% across the Trust, and dropped to 7.12% in May and 5.14% in June. It fell again in July to 4.57% and in August to 3.63%. It increased to 4.02% in September, mostly relating to increased short term sickness absence. Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. This daily report will continue to be important with the increase in Covid-19 cases, to ensure we maintain and monitor sickness absence effectively and safely.

Strategic Theme: Human Resources

Temporary Staff

Oct	Employed vs Temporary Staff (%)	<div style="font-size: 2em; font-weight: bold;">92.4</div> <div style="font-size: 1em;">(2.4%)</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>
Oct	Agency %	<div style="font-size: 2em; font-weight: bold;">7.4</div> <div style="font-size: 1em;">(-4.3%)</div>		% of temporary (Agency and Bank) staff of the total WTE	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Oct	Bank Filled Hours vs Total Agency Hours	<div style="font-size: 2em; font-weight: bold;">72</div> <div style="font-size: 1em;">(9.2%)</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, and remained approximately 94% in October. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 92.4%, remaining on a positive trajectory.

The percentage of agency staff 12 month average also continues to improve, at 7.4%. After increasing during February and March to a high of 9%, the percentage of agency and bank staff has fallen back to approximately 8%. 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 October to approximately 66%, from a high of almost 80% in March.

Strategic Theme: Human Resources

Workforce & Culture

Oct	Statutory Training (%) <div style="text-align: center; color: white; background-color: red; padding: 5px; width: fit-content; margin: 0 auto;"> 93 (-0.1%) </div>		"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. "	
Oct	Appraisal Rate (%) <div style="text-align: center; color: white; background-color: red; padding: 5px; width: fit-content; margin: 0 auto;"> 74.0 (-5.4%) </div>		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 shows an average of 93% completion. All Care Groups are over 90% compliant with Statutory Training.

The in month appraisal compliance for October increased to 67%, which has stopped the downward trend from the last five months. However, the 12 month average fell to 74%. 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%.

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

Point of Delivery		Sep-20	Oct-20
Total Outpatient Attendances (face to face or virtually)	Plan	56,266	60,264
	Actual	57,757	58,526

Consultant Led Outpatients Attendances Conducted by telephone	Plan	22,940	23,001
	Actual	23,874	22,765

Consultant Led Follow Up Attendances Conducted by telephone	Plan	17,269	17,649
	Actual	17,843	17,292

Daycase Electives	Plan	4,138	4,928
	Actual	4,117	4,632

Ordinary Electives	Plan	789	886
	Actual	721	906

Magnetic Resonance Imaging (MRI)	Plan	4,896	5,528
	Actual	4,669	4,915

Computed Tomography (CT)	Plan	7,060	7,080
	Actual	6,548	6,243

Non-Obstetric Ultrasound	Plan	4,749	4,391
	Actual	3,712	4,235

Colonscopy	Plan	512	662
	Actual	402	520

Flexi Sigmoidoscopy	Plan	180	234
	Actual	169	197

Gastroscopy	Plan	595	766
	Actual	470	581

	Sep-20	Oct-20
Target	100%	100%
Performance	93%	86%

Target	25%	25%
Performance	41%	39%

Target	60%	60%
Performance	49%	49%

Target	80%	90%
Performance	86%	84%

Target	80%	90%
Performance	74%	81%

Target	90%	100%
Performance	74%	79%

Target	90%	100%
Performance	97%	89%

Target	90%	100%
Performance	89%	93%

Target	90%	100%
Performance	104%	92%

Target	90%	100%
Performance	79%	87%

Target	90%	100%
Performance	93%	90%

4 Hour Emergency Access Standard

Key Performance Indicators

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Green
76.83%										
4 Hour Compliance (EKHUFT Sites) %*	74.00%	80.15%	89.73%	90.77%	89.33%	85.80%	81.44%	81.04%	76.83%	95%
4 Hour Compliance (inc KCHFT MIUs)	77.88%	83.14%	91.19%	92.07%	90.48%	87.32%	83.63%	83.12%	79.00%	95%
12 Hour Trolley Waits	6	0	0	0	0	0	0	0	2	0
Left without being seen	4.02%	2.74%	1.19%	2.24%	2.09%	2.63%	3.20%	2.71%	2.85%	<5%
Unplanned Reattenders	10.21%	9.80%	9.51%	10.07%	9.98%	9.84%	10.74%	10.21%	10.85%	<5%
Time to initial assessment (15 mins)	94.3%	94.9%	92.6%	90.5%	93.0%	94.1%	94.3%	94.9%	95.0%	90%
% Time to Treatment (60 Mins)	42.5%	48.8%	71.3%	58.1%	54.9%	50.9%	42.9%	45.5%	47.9%	50%

2020/21 Comparison to Previous Year

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Green
-3.54%										
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%	76.8%						

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

Summary Performance

October performance for the organisation against the 4-hour Emergency Access Standard was 76.83% excluding the health economy MIU activity and 79.00% including. This represents a decrease in performance compared to the previous month. There were two 12 Hour Trolley Waits in October. The proportion of patients who left the department without being seen remained at a compliant level but increased to 2.85%. The % of patients receiving initial assessment within 15 minutes is compliant and improved slightly to 95.0%. The unplanned re-attendance position declined to 10.85%. Time to treatment within 60 minutes increased to 47.9%. Attendances decreased slightly in October (16,475) compared to September (17,211), and to below pre-Covid-19 numbers.

Issues:

- Maintaining social distancing in ED waiting areas and major's department.
- Increasing number of Covid-19 presentations
- 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 Covid-19 patients into dedicated ward areas, which may impact on wider bed base and may delay transfers of patients from ED to wards.

Action:

- Maximise streaming patients to Urgent Treatment Centres.
- Ensure patients are only being accompanied into the ED in accordance with Trust protocol.
- 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.
- Increased system calls

October 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 125 of 148 trusts

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



Cancer Compliance

Key Performance Indicators

	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
85.06 %													Green
62 Day Treatments	82.42%	85.01%	75.45%	77.80%	81.40%	78.16%	70.85%	79.25%	91.09%	89.97%	87.07%	85.06%	>=85%
>104 day breaches	4	6	5	10	4	17	25	7	2	4	3	3	0
Demand: 2ww Refs	3,466	3,070	3,666	3,322	2,701	1,547	2,199	3,001	3,404	3,145	3,639	3,921	2935 - 3244
2ww Compliance	98.51%	98.36%	98.05%	98.29%	98.07%	96.77%	96.73%	95.67%	98.40%	97.95%	98.58%	98.58%	>=93%
Symptomatic Breast	97.28%	97.58%	99.19%	98.68%	96.34%	100.00%	96.97%	100.00%	97.73%	100.00%	98.99%	99.14%	>=93%
31 Day First Treatment	99.12%	99.07%	98.91%	99.38%	98.30%	99.36%	98.92%	96.09%	98.91%	96.77%	98.37%	99.15%	>=96%
31 Day Subsequent Surgery	95.24%	97.73%	96.92%	96.23%	95.71%	97.22%	97.37%	92.86%	86.21%	100.00%		93.24%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	100.00%	100.00%	99.07%	100.00%	100.00%	99.17%	98.94%	100.00%	100.00%	100.00%	>=98%
62 Day Screening	88.24%	90.91%	89.47%	66.67%	87.50%	100.00%	100.00%	33.33%		100.00%	100.00%	92.00%	>=90%
62 Day Upgrades	88.46%	89.47%	70.00%	100.00%	78.95%	83.33%	71.43%	72.73%	66.67%	68.42%	93.10%	83.33%	>=85%

Summary Performance

October 62 day performance is currently compliant at 85.06%. Validation continues until the beginning of December 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 3,921 and there have been three patients who have breached the >104-day standard. Six out of the eight national cancer performance targets have been met for four consecutive months, including the 62 day target, which is a huge achievement. There is a focused commitment to remove all 104 day breaches.

Issues:

- Managing endoscopy diagnostics and surgical treatments within the constraints of Covid-19.
- Gaining patients agreement to attend for endoscopy procedures and complete the isolation requirements pre procedure.
- Access to radiological diagnostics due to the constraints of Covid-19 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.

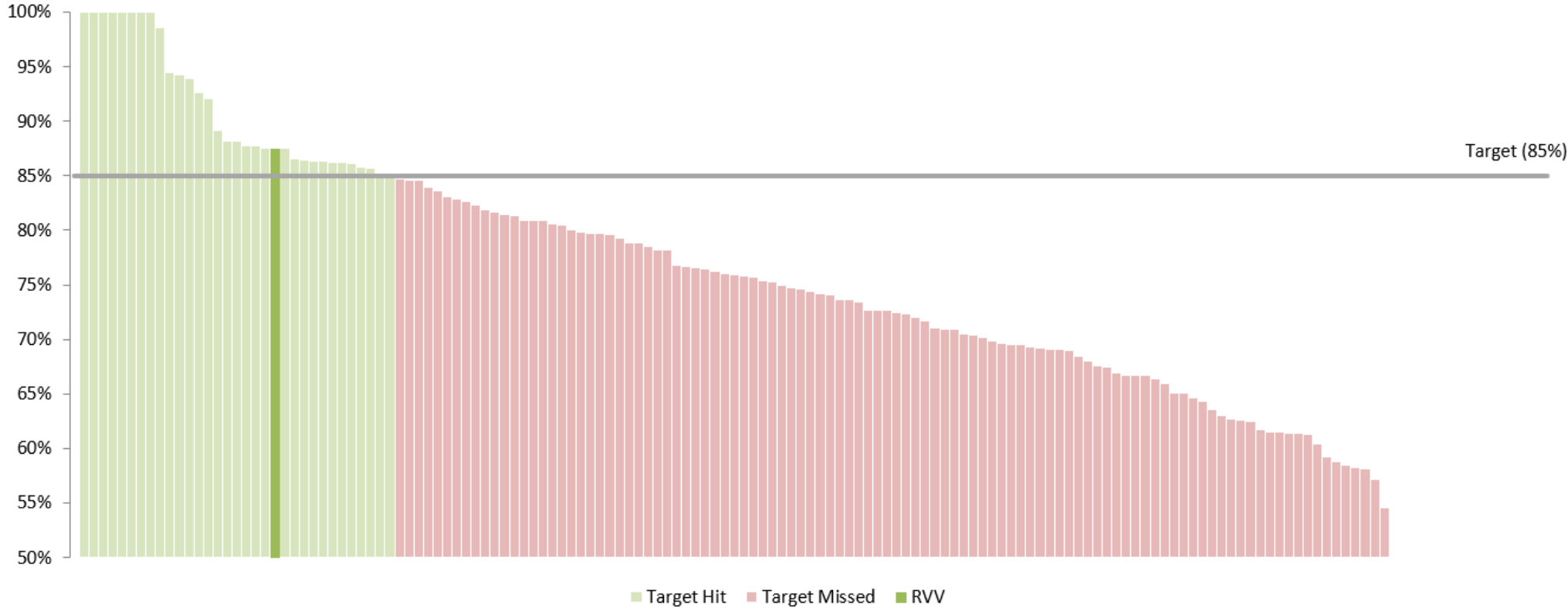
62 Day Performance Breakdown by Tumour Site

	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
01 - Breast	96.4%	95.7%	87.2%	75.0%	94.1%	91.7%	83.9%	92.6%	86.4%	97.0%	92.1%	94.3%
03 - Lung	52.5%	60.9%	55.6%	50.0%	50.0%	70.6%	55.6%	39.1%	86.7%	60.0%	80.0%	75.0%
04 - Haematological	80.0%	100.0%	100.0%	80.0%	42.9%	57.1%	50.0%	87.5%	100.0%	100.0%	83.3%	62.5%
06 - Upper GI	71.0%	88.9%	25.0%	80.0%	78.6%	40.0%	58.3%	68.0%	94.6%	66.7%	66.7%	85.7%
07 - Lower GI	35.9%	41.7%	30.8%	41.7%	57.1%	51.7%	34.8%	66.7%	66.7%	84.2%	56.7%	64.9%
08 - Skin	100.0%	100.0%	97.8%	100.0%	95.7%	97.7%	100.0%	97.5%	98.3%	97.4%	100.0%	100.0%
09 - Gynaecological	91.3%	92.3%	66.7%	100.0%	69.2%	72.0%	75.0%	50.0%	83.3%	60.0%	76.9%	80.0%
10 - Brain & CNS												
11 - Urological	88.4%	97.7%	82.4%	83.3%	86.5%	78.4%	50.0%	67.6%	97.1%	94.3%	94.3%	83.7%
13 - Head & Neck	66.7%	83.3%	100.0%	57.1%	61.9%	62.5%	42.9%	100.0%	77.8%	62.5%	63.6%	40.0%
14 - Sarcoma		0.0%	40.0%	100.0%		100.0%				100.0%		
15 - Other	100.0%		100.0%	66.7%			0.0%	100.0%			100.0%	

September 2020 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 21 of 144 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

	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
65.89 %													Green
Performance	81.68%	80.32%	81.18%	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	52.05%	59.84%	65.89%	>=92%
52w+	5	5	4	2	14	155	410	768	1,155	1,555	2,021	2,215	0
Waiting list Size	47,445	46,686	46,211	47,331	45,907	42,632	42,795	42,702	45,037	45,873	46,811	47,433	<38,938
Backlog Size	8,690	9,189	8,695	8,962	10,447	13,374	17,255	21,945	24,717	21,994	18,797	16,180	<2,178

Summary Performance

October performance has improved to 65.89%, which is the highest performance since May 2020 and has seen a sixth month improving position. The number of 52-week breaches has increased to 2,215 which is a deteriorating position and can be explained as due to the restriction on acute hospital elective surgery during Wave 1 of the Covid-19 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 be 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 approximately 50% of all Follow Up appointments being virtual and 41% of all first New appointments.

Issue:

- Providing out patients' services within the national infection control constraints and restrictions of Covid-19.
- 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 Covid-19 continues to be a risk.
- Patient choice to wait an unknown length of time for their procedure.

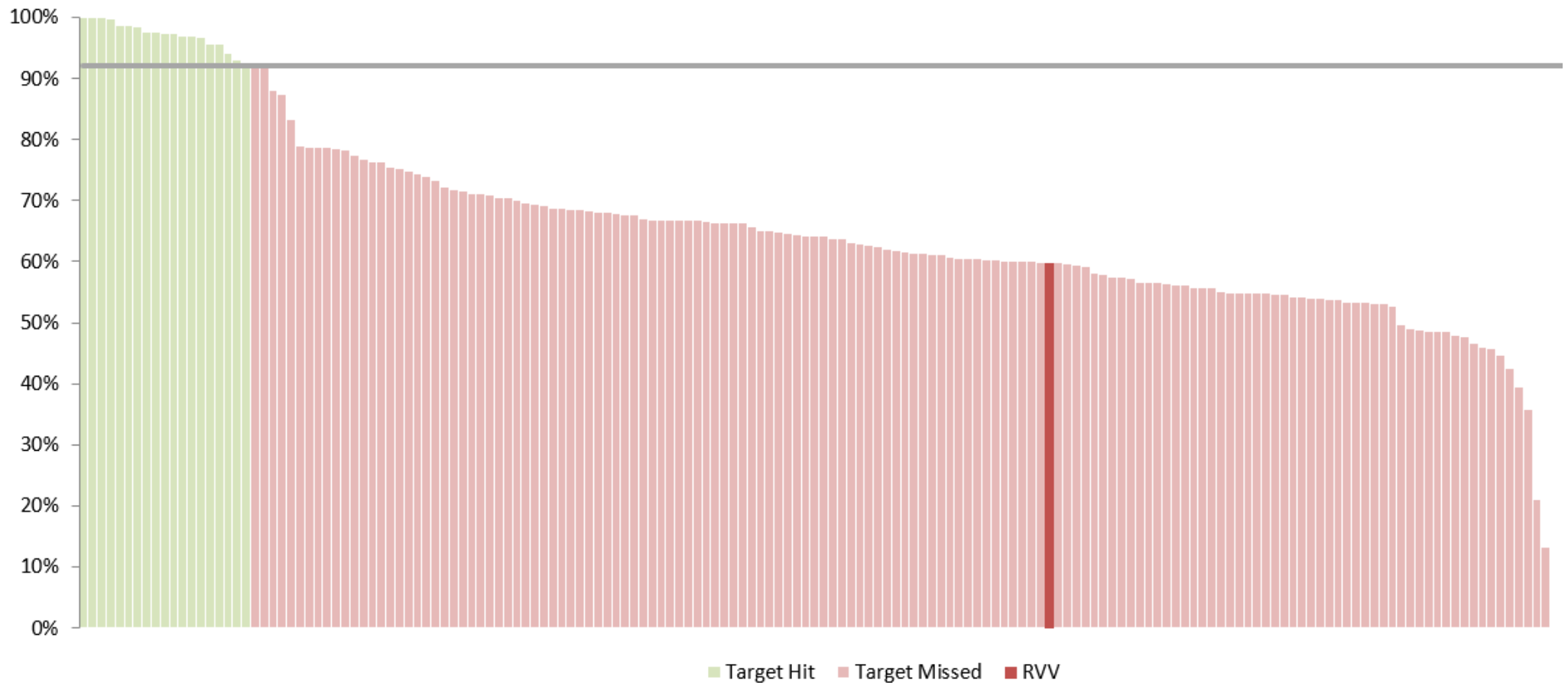
Actions:

- 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.

September 2020 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 108 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

6 Week Referral to Diagnostic Standard

	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20		
78.35 %	Performance	99.80%	99.55%	99.71%	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	73.18%	75.50%	78.35%	Green
	Waiting list Size	16,605	15,621	15,320	16,053	10,460	5,500	7,922	11,721	15,486	16,174	16,644	16,521	>=99%
	Waiting > 6 Week Breaches	34	71	44	32	231	2,351	3,161	2,945	3,733	4,338	4,078	3,576	<14,000

Summary Performance

October performance was 78.35% compliance in which is a 2.85% improvement on the previous month. In month breaches have continued to reduce from previous months at 3,576. The highest number of breaches continue to be in radiology (1,322), endoscopy for colonoscopy (1078) and echo Cardiology (770). The waiting list size has decreased to 16,521 which is around pre-Covid-19 levels.

Breaches by Speciality is below:-

- Radiology: 1,322
- Cardiology: 770
- Urodynamic: 137
- Cystoscopy :2
- Colonoscopy : 1,078
- Gastroscopy : 125
- Flexi Sigmoidoscopy : 89
- Neurophysiology: 53

Issue:


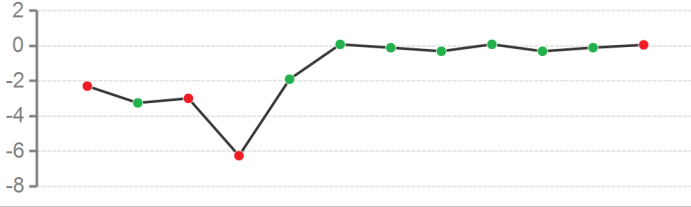



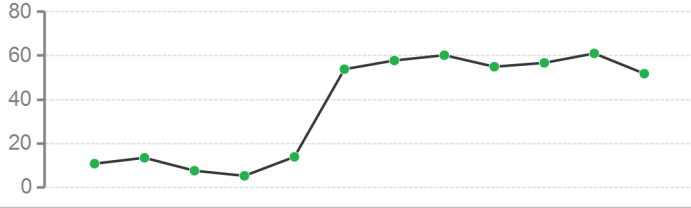



- Increase in radiology breaches due to increase in referrals
- Increase in echo cardiology breaches due to the constraints of Covid-19
- Increase in colonoscopy breaches due to the constraints of Covid-19

Action:

- Reinstatement of radiological activity to increase elective capacity through revised working arrangements, increased Independent Sector capacity and outsourcing non-obstetric ultrasound.
- Additional MRI machine has been installed.
- 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.
- Clinical validation of the waiting list and direct contact with patient and GP regarding patient choice.

Strategic Theme: Finance

Finance

Oct	I&E £m (Trust Only)	 -0.6 (-163.0%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.	  
Oct	Cash Balance £m (Trust Only)	51.8 (-15.1%)		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 £46k surplus in October, which brought the year-to-date (YTD) position to a £46k surplus, slightly ahead of the plan.

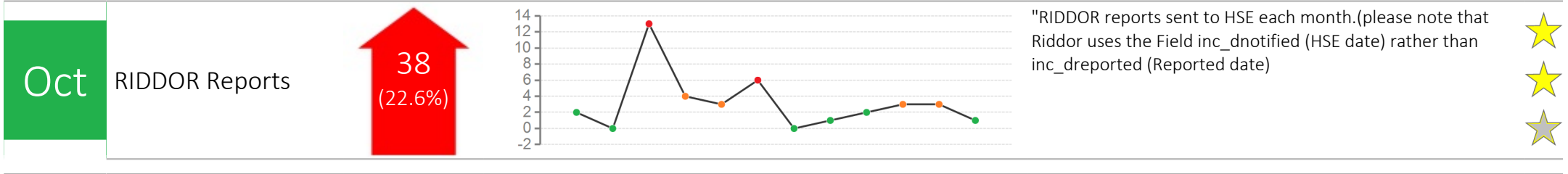
The impact of Covid-19 has paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.

The Trust has identified £3.7m of additional costs due to Covid-19 in October along with lost income of £0.6m, bringing the total financial impact of Covid-19 to £36.5m YTD.

The Trust's cash balance at the end of October was £52m which was £47m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

Strategic Theme: Health & Safety

Health & Safety 1



Highlights and Actions:

RIDDOR
 One case was reported to the HSE in October 2020 in relation to a member of staff who fell and damaged their pelvis while running to aid a patient.

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	(Replaced by M_00122) % of Inpatients discharged before midday	>= 35	10 %
	IP Spells with 3+ Ward Moves	Total Patients with 3 or more Ward Moves in Spell	Lower is Better	
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %

Clinical Outcomes	Audit of WHO Checklist %	Driven from data brought as part of RP00109. An observational audit takes place to audit the World Health Organisation (WHO) checklist to ensure completion. After each procedure, the recovery staff check that each of the surgical checklists have been carried out. This compliance monitors against a random set of 10 patients each day from this process.	>= 99	10 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness.	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke 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) & 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 %
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 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	
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 %

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