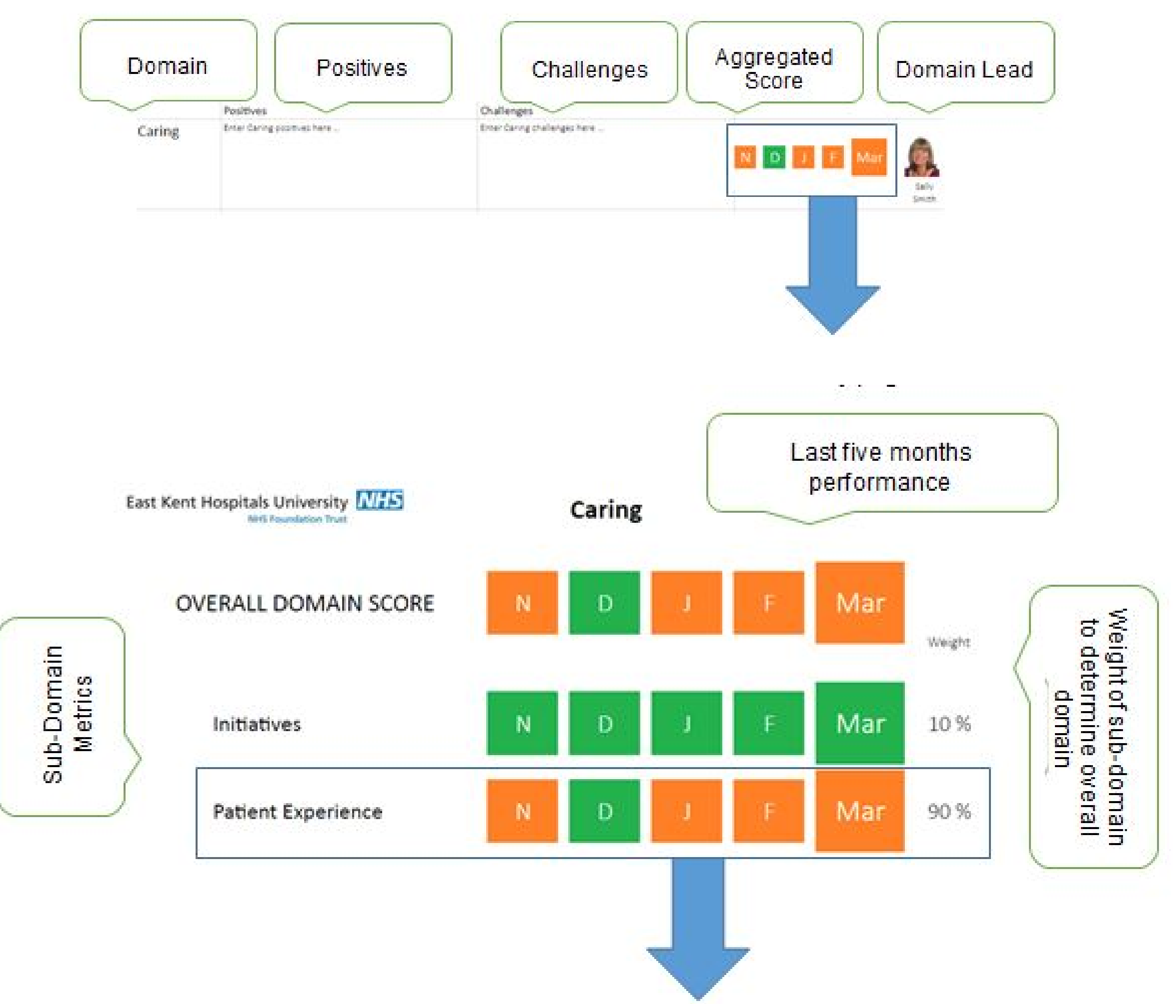
NOVEMBER 2020

INTEGRATED PERFORMANCE REPORT

Understanding the IPR

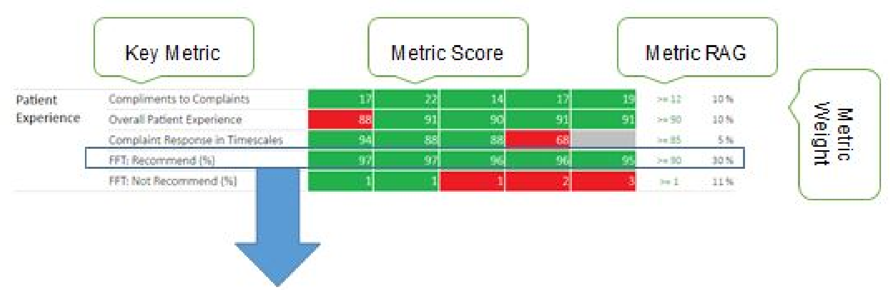
1 Headlines: Each domain has an aggregated score which is made up of a weighted score derived from their respective sub-domain. There is an overall executive Trust summary followed by more specific commentaries for each of the five domains which are based on the recent Carter review and the way that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

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

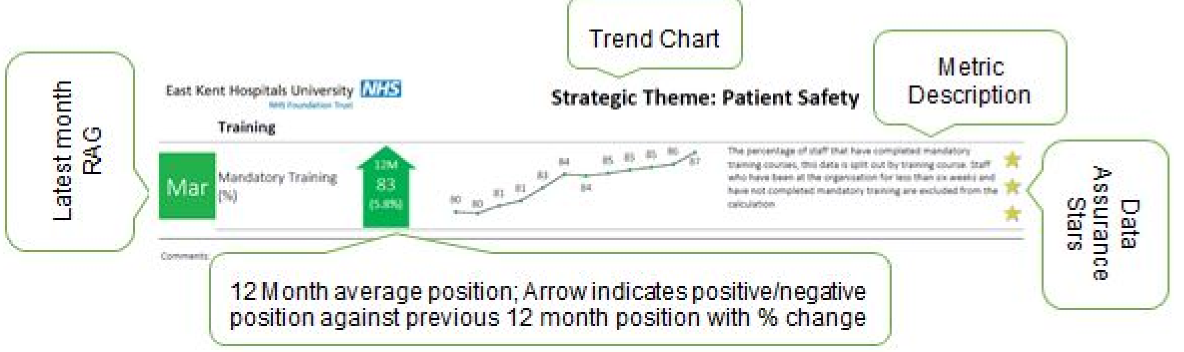


Understanding the IPR

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



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



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

Strategic Priorities

Headlines

	Positives	Challenges		
Caring	Recognising the challenge of providing care within a Covid-19 pandemic, the Trust continues to receive compliments. We continue to collate FFT feedback from service users.	The number of Mixed Sex Breaches has increased. This is in the context of significant operational challenge and the need to prioritise infection control procedures, to support patient safety.	J A S O Nov	Siobhan Jordan
Effective	Bed Occupancy is 83%. The DNA rate for new and follow up out patients has improved to 8.1% and 7.2% 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. Non-Clinical cancelled breaches is compliant at 3%. Fractured neck of femur performance (Theatre within 36hrs) has improved to 63%.	Inpatient discharges before midday continue to be static at 13%; Matrons are leading on a renewed focus on morning discharges and use of the discharge lounge. Non clinical cancellations have decreased to 1.3%. Theatre - on time start time is 41%; there is a workstream under the 'We Care' programme on Theatre improvement and this includes improving Theatre start times.	J A S O Nov	Rebecca Carlton
Responsive	2ww performance remains compliant across all pathways at 97.90%. All 31 day standards are also compliant. RTT performance has improved in month to 69.54%. Audiology complete and incomplete pathways are compliant at 100%. The number of patients waiting over 52 weeks has decreased in month.	ED performance is 75.39% and has been challenged due to increased attendances with Covid19 symptoms. Infection Prevention and Control (IPC) requirements for social distancing, separate streams for covid and non covid patients within ED and onto a ward do have an impact on timely patient flow. 62 day Cancer performance is non complaint at 81.92% for the first time in five months.	J A S O Nov	Rebecca Carlton

Safe	HSMR (rolling 12 months to July 2020) has now maintained 'as expected' Reduction in 'in month' hospital attributed C Difficile cases sustained Gram negative bloodstream infections have reduced by over 20% overall No MRSA bloodstream infection have been seen this year	Infection prevention and control measures around Covid-19 continue to be a key focus as inpatient numbers have significantly risen. The integrated improvement plan including actions from the NHSEI and CQC inspection continues to be delivered with an implementation team who meets weekly to monitor progress. Outbreaks have been monitored closely with daily outbreak meetings and a weekly Trust-wide meeting to share learning C difficile continues above annual trajectory but is an improved position in month. The Trust reported a Never Event in month relating to a wrong site block for pain relief in the emergency department. VTE assessment performance remains below national target and is a focus of a number of the care groups as part of We Care.	J A S O Nov	Rebecca Martin
Well Led	The Trust achieved a £0.2m surplus in November, which brought the year-to-date (YTD) position to a £0.2m 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 November was £70m which was £67m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.	The Trust has delivered £0.3m of savings in November which was £2.3m below the draft plan due to the Trust's reduced ability to deliver savings with the operational priority of dealing with the Covid-19 pandemic.	J A S O Nov	Susan Acott
Workforce	Recruitment has continued throughout Covid-19 across all grades and staff groups. The balance of permanent staff against temporary workers has continued to be maintained reflecting our positive recruitment position along with a reduction in staff turnover. We have now started four cohorts of overseas nurses and have plans for future cohorts every six weeks which will support our winter workforce planning.	Appraisal rates have fallen as a consequence of Covid-19 and were suspended formally earlier this year. It will be challenging to bring rates back up over the next quarter, however we have seen an further increase this month. Sickness levels have risen as a direct consequence of Covid-19, we have seen a further increase with the roll out of Covid-19 Lateral Flow Testing. 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 is again largely limited to Covid-19 support and wellbeing initiatives including the roll out of the Covid vaccine to manage and reduce absence overall.	J A S O Nov	Andrea Ashman

Caring

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Patient Experience	Mixed Sex Breaches	369	399	780	1044	1955	>= 0 & <1	10 %
	Number of Complaints	71	61	71	79	79		
	AE Mental Health Referrals	384	377	365	368	337		
	First Returner Complaints	9	12	8	15	14		4 %
	IP FFT: Recommend (%)	95	97	98	88	88	>= 95	30 %
	IP FFT: Not Recommend (%)	3.5	1.6	1.0	11.9	11.5	>= 0 & <2	30 %
	Number of PALS Received	500	489	523	560	493		
	Complaints acknowledged within 3	100	100	98	100	99		
	Maternity FFT: Recommended (%)	97.7	100.0	98.5	80.6	84.5		
	Maternity FFT: Not Recommended (%)	2.3	0.0	0.0	19.4	15.5		
	Compliments	1600	1822	1058	2038	1504	>= 1	
	Complaints Open < 31 Days (M/End)	71	74	77	98	82		
	Complaints Open 31 - 60 Days	30	35	51	60	52		
	Complaints Open 61 - 90 Days		2	12	15	13		
	Complaints Open > 90 Days (M/End)	2	3	7	10	13		
	Complaints Closed within 30 Working				87.5	73.3		
	Complaints Closed within 45 Working	91.3	81.3	79.5	59.6	48.1		
	Second Returner Complaints			4		2		
	PHSO Complaints	2	1					

Effective

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Beds	DToCs (Average per Day)	10	16	21	18	24	>= 0 & <35	30 %
	Bed Occupancy (%)	67	72	76	88	83	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	13	14	15	14	13	>= 35	10 %
	IP Spells with 3+ Ward Moves	454	424	445	434	412	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	55	40	53	51	63	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	4.3	3.3	4.6	4.2	3.9	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17.9	17.9	16.8	15.8	15.2	>= 0 & <15	15 %
	Audit of WHO Checklist %	95	97	96	97	97	>= 99	10 %
	Stroke BPT Achievement %	41	39	36	54	45		
Demand vs Capacity	DNA Rate: New %	8.6	9.6	9.9	8.3	8.1	>= 0 & <7	
	DNA Rate: Fup %	8.7	9.1	9.0	7.4	7.2	>= 0 & <7	
	New:FUp Ratio (1:#)	2.6	2.2	2.3	2.2	2.3	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	2.5	3.0	2.8	2.7	2.7	Lower is Better	
	LoS: Non-Elective (Days)	5.8	5.9	6.0	5.9	6.2	Lower is Better	
	Theatres: Session Utilisation (%)	66	67	72	78	76	>= 85	25 %
	Theatres: On Time Start (% 15min)	28	35	34	36	41	>= 90	10 %
	Non-Clinical Cancellations (%)	0.6	0.5	0.9	2.1	1.3	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	38	43	10	15	3	>= 0 & <5	10 %

Responsive

		Jul	Aug	Sep	Oct	Nov	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	87.32	83.94	83.44	80.42	77.65	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	85.80	81.85	81.37	78.58	75.39	>= 95	1 %
Cancer	Cancer: 2ww (All) %	98.40	97.95	98.58	98.55	97.90	>= 93	10 %
	Cancer: 2ww (Breast) %	97.73	100.00	98.99	99.14	99.17	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	98.91	96.77	98.37	99.15	99.29	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	90.57	96.61	95.71	94.52	96.36	>= 94	5 %
	Cancer: 31d (Drug) %	98.94	100.00	100.00	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	91.09	89.97	87.07	85.06	81.92	>= 85	50 %
	Cancer: 62d (Screening Ref) %		100.00	100.00	92.00	100.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	66.67	68.42	93.10	84.00	84.62	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	75.89	73.23	75.50	78.06	78.19	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	59.74	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	45.12	52.05	59.84	65.89	69.54	>= 92	100 %
	RTT: 52 Week Waits (Number)	1155	1555	2021	2215	2172	>= 0	

Safe

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,980	1,785	1,654	2,221	2,074		
	Serious Incidents (STEIS)	14	14	11	9	32		
	Falls (per 1,000 bed days)	5.53	5.08	4.75	4.65	5.90	>= 0 & <5	20 %
	Harms per 1000 bed days	5.1	5.0	5.1	4.8	5.1	>= 0 & <10	
Infection	Cases of C.Diff (Cumulative)	59	71	81	86	91		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
	Cases of C.Diff (per month)	16	12	10	5	5		
Mortality	HSMR (Index)	98.5	98.5				>= 0 & <106	35 %
	Crude Mortality NEL (per 1,000)	23.8	23.5	25.6	22.1	36.6	>= 0 & <27.1	10 %
	SHMI	1.051					>= 0 & <0.95	15 %
Observations	VTE: Risk Assessment %	93.4	92.8	93.3	92.6	93.6	>= 95	20 %

Well Led

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.1	0.2	0.3	0.2	0.5	>= 0 & <0.25	25 %
Finance	Cash Balance £m (Trust Only)	55.0	56.7	61.1	51.8	70.3	>= 5	20 %
	I&E £m (Trust Only)	0.1	-0.3	-0.1	0.1	0.1	>= Plan	30 %
Health & Safety	RIDDOR Reports	2	3	3	1	2	>= 0 & <3	20 %
Staffing	Agency %	7.5	7.8	7.7	8.1	8.7	>= 0 & <10	
	1:1 Care in labour	100.0	100.0	100.0	98.8	100.0	>= 99 & <99	
	Midwife:Birth Ratio (%)	21.7	22.0	24.7	25.4	24.1	>= 0 & <28	2 %
	Bank Filled Hours vs Total Agency Hours	66	67	67	67	71		1 %
	Shifts Filled - Day (%)	92	88	94	104	111	>= 80	15 %
	Shifts Filled - Night (%)	94	96	106	113	131	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12.6	11.2	10.3	9.9	11.4		
	Staff Turnover (%)	10.6	10.5	10.4	10.5	10.2	>= 0 & <10	15 %
	Vacancy (Monthly) %	8.5	7.7	6.9	7.2	6.8	>= 0 & <10	15 %
	Sickness (Monthly) %	5.1	4.5	4.0	4.1	5.8	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	62.8	62.3	66.2	67.0	70.6	>= 85	50 %
	Statutory Training (%)	93	93	94	93	93	>= 85	50 %

Strategic Theme: COVID-19 | Inpatients

356 TRUST

C-19 Positive Inpatients by date (Snapshot)

Inpatients De-Escalated

400
300
200
100
0
May 2020 Jul 2020 Sep 2020 Nov 2020

226 WHH

C-19 Positive Inpatients by date (Snapshot)

Inpatients De-Escalated

250
200
150
100
50
0
May 2020 Jul 2020 Sep 2020 Nov 2020

16 K&C

C-19 Positive Inpatients by date (Snapshot)

Inpatients De-Escalated

30
20
10
0
May 2020 Jul 2020 Sep 2020 Nov 2020

114 QEQM

C-19 Positive Inpatients by date (Snapshot)

Inpatients De-Escalated

100
50
0
May 2020 Jul 2020 Sep 2020 Nov 2020

Strategic Theme: Patient Safety

Mortality

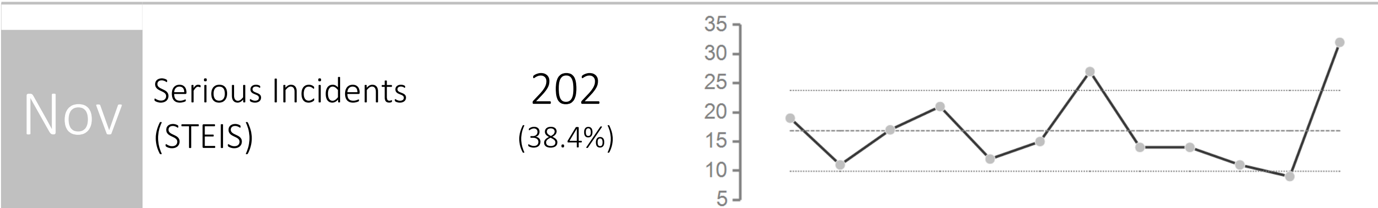
Month	Metric	Value	Description
Nov	HSMR (Index)	100.1 (-5.1%)	Hospital Standardised Mortality Ratio (HSMR), via Dr Foster, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores the number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Nov	SHMI	1.067 (-1.7%)	"Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data."
Nov	Crude Mortality NEL (per 1,000)	32.6 (16.8%)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

Overall, the HSMR continues its consistent reduction 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 having fallen to expected levels for the last four months has seen a spike in November, possibly related to the surge in Covid activity . There are three outlying groups attracting significantly higher than expected deaths, with no new alerts. The SHMI has fallen for second reporting period and remains 'as expected'.
Mortality reduction is a True North for the Quality and Safety domain being delivered through We Care and current analysis will focus on the priorities to achieve this.

Strategic Theme: Patient Safety

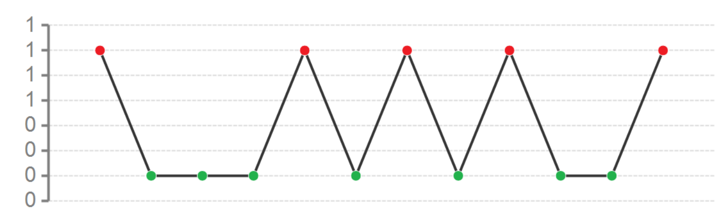
Serious Incidents



"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."

Strategic Theme: Patient Safety

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."

Highlights and Actions:

There were 129 open serious incidents (SIs) at the end of November 2020. Thirty-two new SIs were reported in month including one never event and six related to incidents from September and October where additional information had been requested to confirm the incident met serious incident criteria.

One never event was reported: a wrong site block occurring within the Emergency Department at QEQMH. This was identified and reported by the person who made the error. The immediate mitigating action taken was to remind all ED staff of the requirement to use the Regional Pain Blocks Outside Theatre LocSSIP and this was made available to all ED staff via the MyEmergencyDepartment App. The ongoing investigation includes a review of the current process.

Three SIs were related to falls (QEQMH and WHH), three to pressure ulcers QEQMH and WHH), three to delays in treatment (all hospital sites) and three related to surgical procedures (all QEQMH) , including the never event.

The CCG agreed closure of 30 SIs and the downgrade of three SIs including two transfers to other providers. At month end there were 12 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. Three have been completed. Of the remaining nine, two of these require further investigation.

There were 46 SIs breaching investigation timeframes at month end, a decrease of three from October 2020. The majority of these are with UEC and GSM, of which 15 are more than six months overdue, one is 18 months overdue. The care groups, supported by the patient safety team, continue to expedite completion of the higher risk and more recent incidents. Many of the breaches are as the result of reworking RCAs. With increases in care groups governance team numbers this is slowly improving, though this has been compounded by the additional challenge of COVID. Of the 46 breaches, 15 are with the central patient safety team for review and four with executives for final approval.

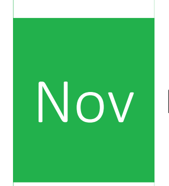
The revised Serious Incident Panel process was agreed at Patient Safety Committee with a view to implementing by the new year. The revised process mandates clinical presentation of the investigation to the panel and decreases the layers of corporate review. A new panel specifically to review Pressure Ulcer and Patient Fall incidents is under development. The Learning from Deaths review panel is also due to be commenced in the New Year once Consultants are appointed, in the interim the Hospital Medical Directors are fulfilling this role.

Strategic Theme: Patient Safety

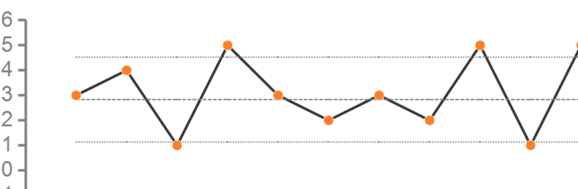
Infection Control

Month	Indicator	Value	Description
Nov	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.
Nov	Cases of C.Diff (Cumulative)	134 (87.3%)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."
Nov	Cases of C.Diff (per month)	5 (0.0%)	Cases of C.Diff
Nov	E. Coli	61 (-25.6%)	"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



MSSA



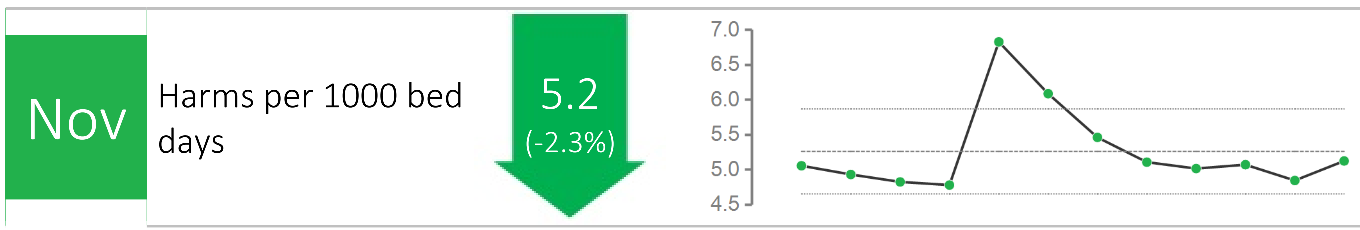
"The total number of MSSA bacteraemia recorded, post 48hrs.

Highlights and Actions:

Infection prevention and control measures around Covid-19 continue to be a key focus. All outbreaks are monitored closely with daily outbreak meetings and a weekly Trust-wide meeting to share learning The strict front door policy with temperature checks, hand hygiene and face masks for all staff and patients and promotion of physical distancing remains in place. An integrated improvement plan has been developed including actions from the NHSEI and CQC inspection and the Safe Clean Care projects. An implementation team meets weekly to monitor progress. The improvement advisors continue to work with the matrons and the infection prevention team to improve standards. There have been 5 hospital attributable C. difficile cases for November against an expected 8 cases. This is the second consecutive month with cases below those expected and shows considerable improvement compared with previous months. Gram negative bloodstream infections have reduced by over 20% overall. No MRSA bloodstream infection have been seen this year.

Strategic Theme: Patient Safety

Harm Free Care



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

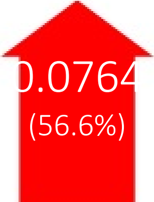
Highlights and Actions:

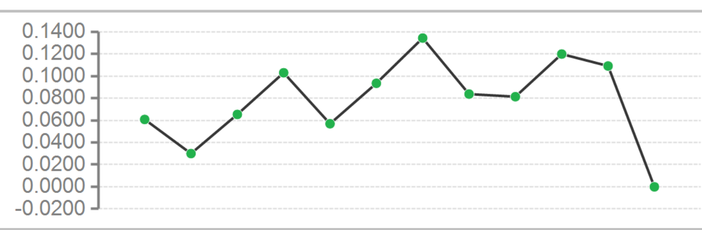
Harm Free care per 1000 bed days = 5.12547 (6.12745 October). Despite the negative impact of Covid-19, score is an improvement on October score.

Strategic Theme: Patient Safety

Pressure Care

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."

Highlights and Actions:

General pressure Ulcers

Twenty-four category 2 ulcers were reported. A decrease of 1 from last month. Eighteen were reported at WHH and 3 at QEQM and 3 at K&C. The trust was over the set 10% reduction trajectory with a result of 0.854/1000 bed days.

There were no confirmed category 3 or 4 pressure ulcers.

Eight were suspected deep tissue injury (SDTI) an increase of 2 and Ten were unstageable, four more than last month. Seven at WHH, 7 at QEQM and 4 at K&C. Cambridge K reported 2 Unstageable ulcers but these were on the same patient. At present 3 of these incidents are classed as moderate harm. One on Cambridge K, One on Deal and one on Kingston ward. The trust was over the set 10% trajectory for both metrics. Unstageables with a result of 0.356/1000 bed days and SDTIs with a result of 0.285/1000 bed days.

Medical Device Related incidents

There was one SDTI medical device related pressure ulcer. Reported on Kings D male ward on the leg due to a splint.

There were 9 category 2 medical device related pressure ulcers. Six of these were on the mouth/face and were associated with proning or NIV in Covid-19 positive patients.

Highest reporting areas:

At William Harvey Cambridge L reported 4 category 2s and 2 suspected DTI's, ITU reported 5 category 2s (2 patients had 2 separate ulcers due to proning)

At QEQM St Augustine's reported 2 SDTI and 1 Unstageable, ITU reported 3 Medical related device related category 2 (2 on proned patients), Deal ward reported 1 DTI and 1 Unstageable

At K&C Harbledown reported 2 category 2 pressure ulcers.

Actions:

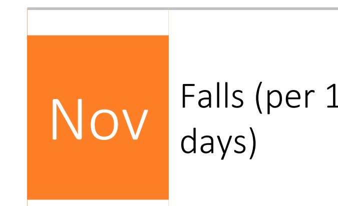
Tamora mattress rollout at QEQM with other systems rolled out to WHH and K&C

Worldwide stop the pressure month in November with bite sized ward-based training, wards asked to make pressure ulcer prevention pledges, small scale study sessions and Tissue Viability team visiting all sites to raise awareness

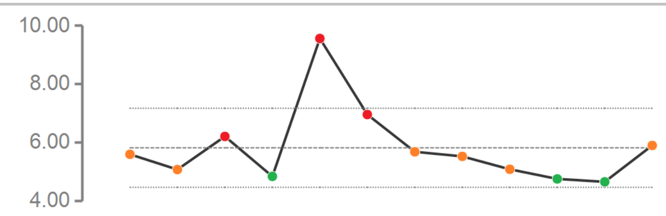
Pressure Ulcer Steering group working with lead nurse for mouth care to develop care of medical device related mouth ulcer pathway

Strategic Theme: Patient Safety

Falls



Falls (per 1,000 bed days)



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

Highlights and Actions:

In November there were 152 falls (140 in October) with 37 at K&CH (previously 16). 28 occurred on wards and 9 outside of ward areas. 39 at QEQMH (previously 48) and 74 at WHH (previously 63). 1 fall at WHH occurred outside of ward areas and one fall each was recorded at Maidstone renal satellite unit and Royal Victoria Hospital. This equates to rates per 1000 bed days of 7.63 at K&C, 3.98 at QEQM and 5.28 at WHH with a total across the 3 main sites of 5.28. This is an increase on October when the rate across the 3 main sites was 4.67. Staff moves from K&CH to the other sites due to Covid-19 cases have contributed.

At WHH, wards with the highest number were Cambridge L (11) where one patient fell 5 times , Kings C2 (9) where 3 patients fell 2 times and Kings A2 (8) where 2 patients fell 3 times.

At QEQMH there were 6 falls on Cheerful Sparrows ward and 5 falls on St Margaret's ward..

At K&CH there were 11 falls on the newly opened Harbledown ward, where one patient fell 4 times and 6 falls on Clarke ward.

Of concern in November was 3 falls causing a hip fracture at QEQMH (2 predictable and 1 currently unknown), 1 hip fracture at WHH (unpredictable) and 1 predictable humeral fracture. This was escalated across sites, care groups and wards. There were no wards with more than one severe harm. All have been investigated. As a result of the additional support and advice required by ward areas, the Falls Prevention Practitioner has been attending wards across all sites to provide support and advice. This has meant cancelling FallStop training sessions to refocus this workstream.

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 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. Progress continues to be made.

Strategic Theme: Patient Safety

Incidents

Month	Measure	Value	Description
Nov	Clinical Incidents: Total (#)	20,050 (3.9%)	"Number of Total Clinical Incidents reported, recorded on Datix.
Nov	Blood Transfusion Incidents	91 (-15.7%)	"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."
Nov	Medicines Mgmt. Incidents	1,975 (-0.3%)	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Highlights and Actions:

There were 2,074 clinical incidents reported as occurring in November 2020, compared with 1,550 reported as occurring in November 2019 and 2,221 occurring in October 2020. This figure may rise as incidents are sometimes backdated. The incident reporting rate is a reflection of the safety culture within the Trust. Increased reporting over time may indicate an improved reporting culture and patterns should be interpreted alongside other information such as local safety issues, NHS staff survey data, etc.

Strategic Theme: Patient Safety

Friends & Family Test

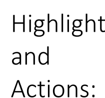
Month	Measure	Value (variance)	Description
Nov	IP FFT: Response Rate (%)	22 (-41.1%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Nov	IP FFT: Recommend (%)	95 (-2.2%)	
Nov	IP FFT: Not Recommend (%)	4.0 (197.6%)	"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."

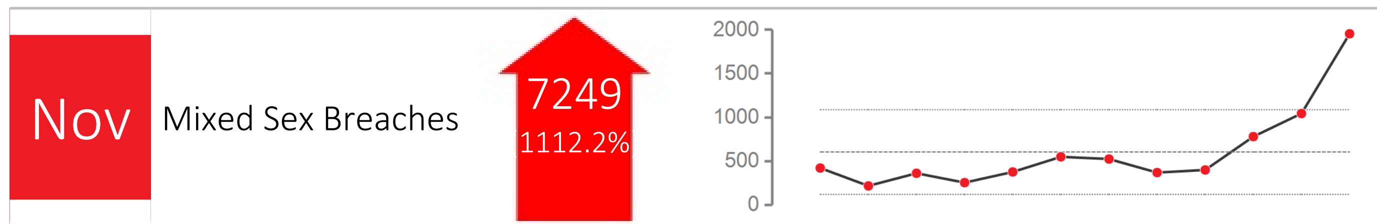
Highlights and Actions:

November FFT recommendation scores = Inpatients 88.48% (91.66%), Day case 96.08% (97.31%), UEC 83.2% (87.37%), Maternity 84.48% (95.08%) and Outpatients 93.57% (93.91%).
Trust FFT under review by a working group to improve quality and use of data.

Strategic Theme: Patient Safety

Mixed Sex





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

Highlights and Actions:

We recognised the unprecedent increase in Mixed Sex Breaches (MSB) we acknowledge that Covid has contributed to this however it is imperative that we review and act on this. The interim Chief Nurse and the Chief operating officer have met to discuss this area and have a plan to address. Immediate steps have been taken.

Strategic Theme: Patient Safety

Safe Staffing

Month	Measure	Value (variance)	Description
Nov	Shifts Filled - Day (%)	96 (-2.2%)	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.
Nov	Shifts Filled - Night (%)	103 (-2.2%)	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.
Nov	Care Hours Per Patient Day (CHPPD)	10.3 (25.2%)	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.
Nov	Midwife:Birth Ratio (%)	23.9 (-7.6%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.

Chart axes: Shifts Filled - Day: 85–115; Shifts Filled - Night: 90–140; CHPPD: 6.0–14.0; Midwife:Birth Ratio: 20.0–28.0.

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 116% compared to 105.4% in Oct-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 higher than last month but within control limits.

Further detail is provided in the appended paper submitted to the Quality Committee and reported by the Chair at Board of Directors.

Strategic Theme: Patient Safety

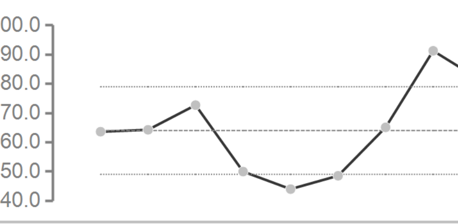
Complaints & Compliments

Month	Measure	Value	Description
Nov	Number of Complaints	749 (-6.5%)	The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX
Nov	Complaints acknowledged within 3 working days	100 (0.9%)	Complaints acknowledged within 3 working days (%)
Nov	Compliments	25055 (-27.0%)	Number of compliments received
Nov	Complaints Closed within 30 Working Days or Agreed Extension (%)	54.7 (-33.3%)	Percentage of complaints closed within the 30 working day target (or an agreed extension)

Strategic Theme: Patient Safety

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

63.5
(-16.4%)



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

Highlights and Actions:

79 new complaints received in November 2020 (79 in October 2020). This is an increase of 44% from the 55 new complaints received in November 2019.

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

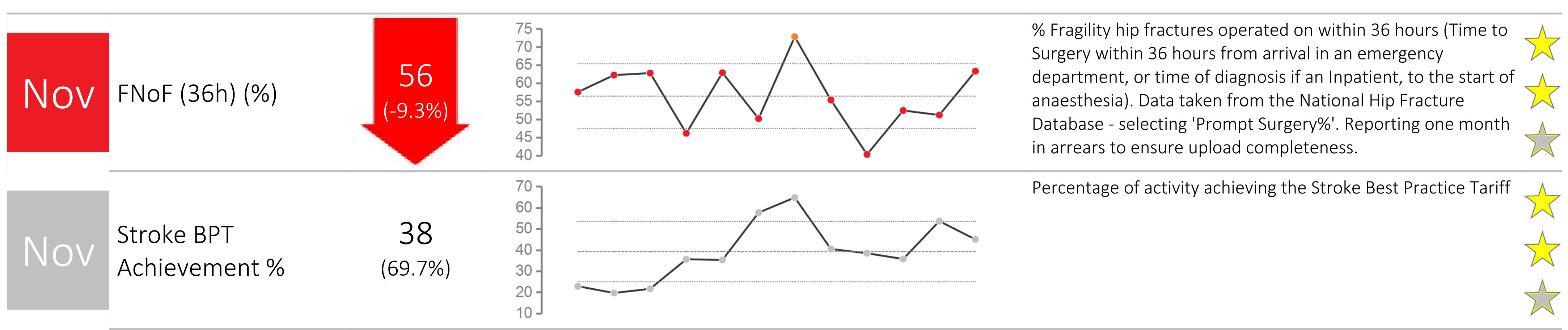
During the first wave of Covid-19 we reviewed the response timeframe and agreed a response target of 45 working days for all complaints. The 30-working day target was re-instated 01 September 2020.

Compliance to the 30-working day target: 22 of the 29 closed met target, 76%
Urgent and Emergency Care 6 of 7 (86%)
General and Specialist Medicine 0 of 3 (0%)
Surgery and Anaesthetics 6 of 7 (86%)
Surgery – Head, Neck, Breast and Dermatology 1 of 2 (50%)
Women's and Children's 3 of 4 (75%)
Clinical Support Services 6 of 6 (100%)
Compliance to the 45 working day target – 23 of the 43 closed met target, 53%.
Urgent and Emergency Care 6 of 9 (67%)
General and Specialist Medicine 5 of 15 (33%)
Surgery and Anaesthetics 4 of 8 (50%)
Surgery – Head, Neck, Breast and Dermatology 2 of 2 (100%)
Women's and Children's 5 of 7 (71%)
Cancer 1 of 1 (100%)
Clinical Support Services 0 of 1 (0%)

Please note the difference in figures reported here, is due to the point in the month data is retrieved. The complaints team take data on working day 5 of the following month to allow for all complaints to be closed down, the information team take their data at month end. This issue will be resolved for information provided on December 2020 performance. Work is ongoing with the governance team to improve the quality of responses and also the response timescales are being addressed through fortnightly meetings.

Strategic Theme: Clinical Outcomes

Clinical Outcomes



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

Month	Metric	Value	Chart	Description
Nov	Vacancy (Monthly) %	7.9 (-23.4%)	9.5, 9.0, 8.5, 8.0, 7.5, 7.0, 6.5	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."
Nov	Staff Turnover (%)	10.7 (-1.4%)	11.2, 11.0, 10.8, 10.6, 10.4, 10.2	"% 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."
Nov	Sickness (Monthly) %	5.5 (36.9%)	10.0, 8.0, 6.0, 4.0, 2.0	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 November. This is the lowest vacancy rate the Trust has seen for almost two years. There are now 7,966.88 WTE staff employed with the Trust and a vacancy of 549.56 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 10.9% for the month of November. The annual 12 month average decreased to 10.7% in November, and still shows a downward trajectory.

Sickness absence increased slightly in October, 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 4.10% in October, 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. November and December sickness absence is expected to be considerably higher, due to the increase in Covid related absence across the Trust.

Strategic Theme: Human Resources

Temporary Staff

Month	Measure	Value (variance)	Description
Nov	Employed vs Temporary Staff (%)	92.6 (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."
Nov	Agency %	7.5 (-1.5%)	% of temporary (Agency and Bank) staff of the total WTE
Nov	Bank Filled Hours vs Total Agency Hours	72 (6.6%)	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Highlights and Actions:

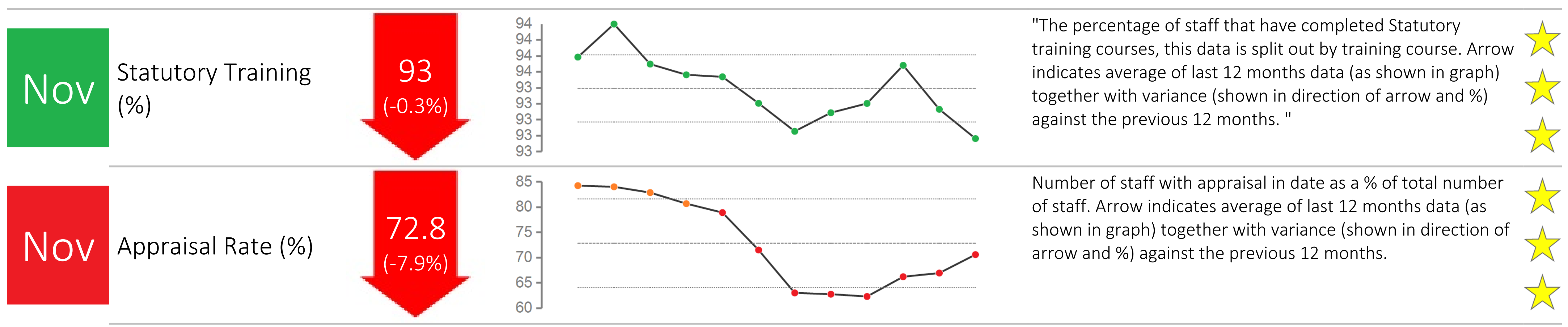
The percentage of permanent against temporary staff continues to improve as a trend, and remained approximately 94% in November. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 92.6%, remaining on a positive trajectory. However, in the current environment, there are regular gaps in the fill rate for temporary staff, particularly across both ITU and ED at WHH and QEQM.

The percentage of agency staff 12 month average also continues to improve, at 7.5%. After increasing during February and March to a high of 9%, the percentage of agency and back staff had fallen back to approximately 7%. However, with the current demand on our services, along with increased absences due to Covid, the percentage of agency staff against total WTE has increased for three months running, and is likely to continue to increase over the Winter period.

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. Although increasing in November, there still remains problem areas with the fill rate, as mentioned above.

Strategic Theme: Human Resources

Workforce & Culture



Highlights and Actions:

Statutory training and appraisal compliance have both been adversely affected during the Covid-19 outbreak. The in month compliance for Statutory Training remained 93%, but the 12 month data has moved to a RED downward trajectory at 93% completion. All Care Groups are over 90% compliant with Statutory Training, with the exception of UEC..

The in month appraisal compliance for November increased to 71%, which has stopped the downward trend from the last five months. However, the 12 month average fell to 72.8%. 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	Nov-20		Sep-20	Oct-20	Nov-20
Total Outpatient Attendances (face to face or virtually)	Plan	56,266	60,264	67,374	Target	100%	100%	100%
	Actual	58,091	60,722	57,210	Performance	94%	89%	88%
Consultant Led Outpatients Attendances Conducted by telephone / video	Plan	22,940	23,001	28,817	Target	25%	25%	125%
	Actual	23,842	24,002	21,972	Performance	41%	40%	38%
Consultant Led Follow Up Attendances Conducted by telephone / video	Plan	17,269	17,649	22,893	Target	60%	60%	60%
	Actual	17,826	18,311	17,013	Performance	49%	49%	48%
Daycase Electives	Plan	4,138	4,928	5,012	Target	80%	90%	90%
	Actual	4,117	4,641	4,194	Performance	86%	84%	79%
Ordinary Electives	Plan	789	886	867	Target	80%	90%	90%
	Actual	721	907	879	Performance	74%	81%	86%
Magnetic Resonance Imaging (MRI)	Plan	4,896	5,528	5,656	Target	90%	100%	100%
	Actual	4,669	4,917	6,006	Performance	74%	79%	96%
Computed Tomography (CT)	Plan	7,060	7,080	7,653	Target	90%	100%	100%
	Actual	6,548	6,245	6,409	Performance	97%	89%	88%
Non-Obstetric Ultrasound	Plan	4,749	4,391	4,510	Target	90%	100%	100%
	Actual	3,712	4,239	4,030	Performance	89%	93%	90%
Colonscopy	Plan	512	662	616	Target	90%	100%	100%
	Actual	402	520	584	Performance	104%	92%	111%
Flexi Signmoidoscopy	Plan	180	234	216	Target	90%	100%	100%
	Actual	169	197	219	Performance	79%	87%	92%
Gastroscopy	Plan	595	766	716	Target	90%	100%	100%
	Actual	470	581	459	Performance	93%	90%	81%

4 Hour Emergency Access Standard

Key Performance Indicators

75.39%

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Green
4 Hour Compliance (EKHUFT Sites) %*	80.15%	89.73%	90.77%	89.33%	85.80%	81.85%	81.37%	78.58%	75.39%	95%
4 Hour Compliance (inc KCHFT MIUs)	83.14%	91.19%	92.07%	90.48%	87.32%	83.94%	83.44%	80.42%	77.65%	95%
12 Hour Trolley Waits	0	0	0	0	0	0	0	2	8	0
Left without being seen	2.74%	1.19%	2.24%	2.09%	2.63%	3.20%	2.71%	2.85%	2.60%	<5%
Unplanned Reattenders	9.80%	9.51%	10.07%	9.98%	9.84%	10.74%	10.21%	10.87%	12.33%	<5%
Time to initial assessment (15 mins)	94.9%	92.6%	90.5%	93.0%	94.1%	94.3%	94.9%	95.0%	43.4%	90%
% Time to Treatment (60 Mins)	48.8%	71.3%	58.1%	54.9%	50.9%	42.9%	45.5%	47.9%	45.3%	50%

2020/21 Comparison to Previous Year

-0.01 %

	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%	81.8%	81.4%	78.6%	75.4%					

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

Summary Performance

November performance for the organisation against the 4-hour Emergency Access Standard was 75.39% excluding the health economy MIU activity and 77.65% including. This represents a decrease in performance compared to the previous month. There were eight 12 Hour Trolley Waits in November. The proportion of patients who left the department without being seen remained at a compliant level 2.60%. The unplanned re-attendance position declined to 12.33%. Time to treatment within 60 minutes increased to 45.3%.

Issues –

- Increased number of Covid-19 presentations to ED
- 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.
- Managing patient flow to appropriate ward areas to maintain strict clinical streaming.

Action

- 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 Covid-19 patients.
- 2 hourly board rounds to be reinforced, particularly overnight.
- Focus on reducing 60-minute ambulance handover delays.
- Early escalation to KMPT mental health staff to ensure patients with mental health conditions are assessed within 4 hours.
- 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.

November 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 133 of 148 trusts

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

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

Target (95%)

Target Hit   Target Missed   RVV

Cancer Compliance

Key Performance Indicators

81.92 %

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Green
62 Day Treatments	85.01%	75.45%	77.80%	81.40%	78.16%	70.85%	79.25%	91.09%	89.97%	87.07%	85.06%	81.92%	>=85%
>104 day breaches	6	5	10	4	17	25	7	2	4	3	3	5	0
Demand: 2ww Refs	3,070	3,666	3,322	2,701	1,547	2,199	3,001	3,404	3,144	3,638	3,918	3,716	2954 - 3266
2ww Compliance	98.36%	98.05%	98.29%	98.07%	96.77%	96.73%	95.67%	98.40%	97.95%	98.58%	98.55%	97.90%	>=93%
Symptomatic Breast	97.58%	99.19%	98.68%	96.34%	100.00%	96.97%	100.00%	97.73%	100.00%	98.99%	99.14%	99.17%	>=93%
31 Day First Treatment	99.07%	98.91%	99.38%	98.30%	99.36%	98.92%	96.09%	98.91%	96.77%	98.37%	99.15%	99.29%	>=96%
31 Day Subsequent Surgery	97.73%	96.92%	96.23%	95.71%	97.22%	97.37%	93.18%	90.57%	96.61%	95.71%	94.52%	96.36%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	100.00%	99.07%	100.00%	100.00%	99.17%	98.94%	100.00%	100.00%	100.00%	100.00%	>=98%
62 Day Screening	90.91%	89.47%	66.67%	87.50%	100.00%	100.00%	33.33%		100.00%	100.00%	92.00%	100.00%	>=90%
62 Day Upgrades	89.47%	70.00%	100.00%	78.95%	83.33%	71.43%	72.73%	66.67%	68.42%	93.10%	84.00%	84.62%	>=85%

Summary Performance

November 62 day performance is currently compliant at 81.92%. Validation continues until the beginning of January in line with the national time table. The total number of patients on an active cancer pathway at the end of the month has decreased to 3,716 and there have been five patients who have breached the >104-day standard. 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 have continued to reduce 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 substantive workforce.
- Action plans are in place for Endoscopy and Radiology with agreed trajectories to reduce the backlog of patients.
- Exploring options for insourcing in Endoscopy.
- Additional MRI and CT capacity being explored.

62 Day Performance Breakdown by Tumour Site

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
01 - Breast	95.7%	87.2%	75.0%	94.1%	91.7%	83.9%	92.6%	86.4%	97.0%	92.1%	94.3%	95.8%
03 - Lung	60.9%	55.6%	50.0%	50.0%	70.6%	55.6%	39.1%	86.7%	60.0%	80.0%	75.0%	77.8%
04 - Haematological	100.0%	100.0%	80.0%	42.9%	57.1%	50.0%	87.5%	100.0%	100.0%	83.3%	62.5%	100.0%
06 - Upper GI	88.9%	25.0%	80.0%	78.6%	40.0%	58.3%	68.0%	94.6%	66.7%	66.7%	85.7%	71.4%
07 - Lower GI	41.7%	30.8%	41.7%	57.1%	51.7%	34.8%	66.7%	66.7%	84.2%	56.7%	64.9%	61.9%
08 - Skin	100.0%	97.8%	100.0%	95.7%	97.7%	100.0%	97.5%	98.3%	97.4%	100.0%	100.0%	95.6%
09 - Gynaecological	92.3%	66.7%	100.0%	69.2%	72.0%	75.0%	50.0%	83.3%	60.0%	76.9%	80.0%	62.5%
10 - Brain & CNS												
11 - Urological	97.7%	82.4%	83.3%	86.5%	78.4%	50.0%	67.6%	97.1%	94.3%	94.3%	83.7%	84.2%
13 - Head & Neck	83.3%	100.0%	57.1%	61.9%	62.5%	42.9%	100.0%	77.8%	62.5%	63.6%	40.0%	70.0%
14 - Sarcoma	0.0%	40.0%	100.0%		100.0%				100.0%			
15 - Other		100.0%	66.7%			0.0%	100.0%			100.0%		0.0%

October 2020 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 22 of 142 trusts

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

100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%

Target (85%)

Target Hit　Target Missed　RVV

*National Data is reported one month in arrears

18 Week Referral to Treatment Standard

Key Performance Indicators

69.54 %

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Green
Performance	80.32%	81.18%	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	52.05%	59.84%	65.89%	69.54%	>=92%
52w+	5	4	2	14	155	410	768	1,155	1,555	2,021	2,215	2,172	0
Waiting list Size	46,686	46,211	47,331	45,907	42,632	42,795	42,702	45,037	45,873	46,811	47,433	47,206	<38,938
Backlog Size	9,189	8,695	8,962	10,447	13,374	17,255	21,945	24,717	21,994	18,797	16,180	14,377	<2,178

Summary Performance

November performance has improved to 69.54%, the highest performance since March 2020 and the position has improved for a sixth consecutive month. The number of 52 week breaches has decreased to 2,172 which is an improved position. Theatre utilisation is reduced due to the continued 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 48% of all Follow Up appointments being virtual and 38% % of all first New appointments.

Issues

- 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 and increasing Covid-19 presentations in Wave 2.
- 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 high risk and cancer patients and maximising utilisation on all lists.
- 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.

October 2020 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 97 of 163 trusts

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

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

Target Hit Target Missed RVV

*National Data is reported one month in arrears

6 Week Referral to Diagnostic Standard

78.19 %

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Green
Performance	99.55%	99.71%	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	73.18%	75.50%	78.35%	78.19%	>=99%
Waiting list Size	15,621	15,320	16,053	10,460	5,500	7,922	11,721	15,486	16,174	16,644	16,521	13,207	<14,000
Waiting > 6 Week Breaches	71	44	32	231	2,351	3,161	2,945	3,733	4,338	4,078	3,576	2,881	<60

Summary Performance

November performance was 78.19% compliance which is a decrease on the previous month. In month breaches have continued to reduce from previous months at 2,881 although this is in line with an overall waiting list decrease. The highest number of breaches continue to be in endoscopy for colonoscopy (932), Non-obstetric Ultrasound (676), and echo Cardiology (566). The waiting list size has decreased to 13,207 which is between pre and during Covid-19 levels.

Breaches by Speciality is below:-

- Radiology: 897
- Cardiology: 572
- Urodynamic: 137
- Cystoscopy : 0
- Colonoscopy : 932
- Gastroscopy : 208
- Flexi Sigmoidoscopy : 130
- Neurophysiology: 5

Issue

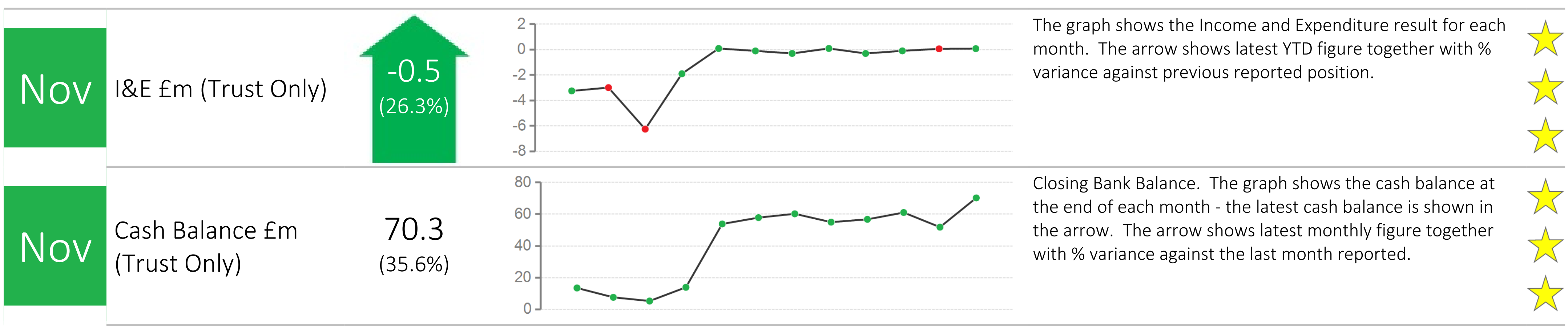
- Increase in colonoscopy breaches
- Increase in radiology breaches

Action

- Endoscopy action plan and trajectory, split by modality, to increase capacity through increasing the number of procedures on each list.
- Increased Independent Sector capacity in radiology and endoscopy.
- 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.
- 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 ensure patients are confident and informed on patient choice and safety around infection control arrangements, particularly in endoscopy.

Strategic Theme: Finance

Finance



Highlights and Actions:

The Trust achieved a £0.2m surplus in November, which brought the year-to-date (YTD) position to a £0.2m surplus, slightly ahead of the plan.

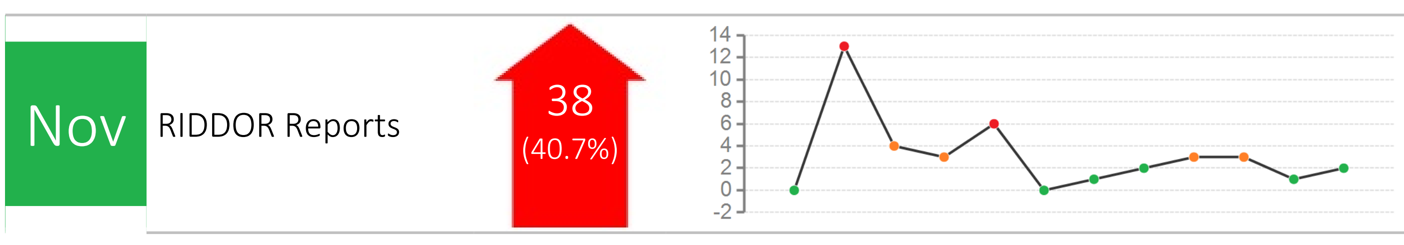
The impact of Covid-19 has paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.

The Trust has identified £3m of additional costs due to Covid-19 in November along with lost income of £0.5m, bringing the total financial impact of Covid-19 to £40.6m for the year-to-date.

The Trust's cash balance at the end of November was £70m which was £67m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

Strategic Theme: Health & Safety

Health & Safety 1



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

Highlights and Actions:

There were 2 RIDDOR reportable incidents for November;

1 was the result of a staff member falling upstairs and injuring their torso and arm.

1 was the result of stock falling onto a staff members forearm both injuries did not result in a fracture but met the criteria due to the length of sickness taken as a result of the injury.

Glossary

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

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

Category	Measure	Description	Target	%
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	
	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