East Kent Hospitals University NHS Foundation Trust

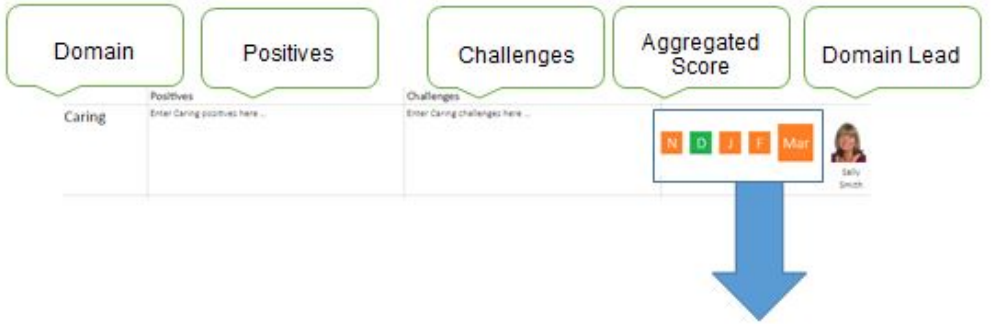
DECEMBER 2020

INTEGRATED PERFORMANCE REPORT

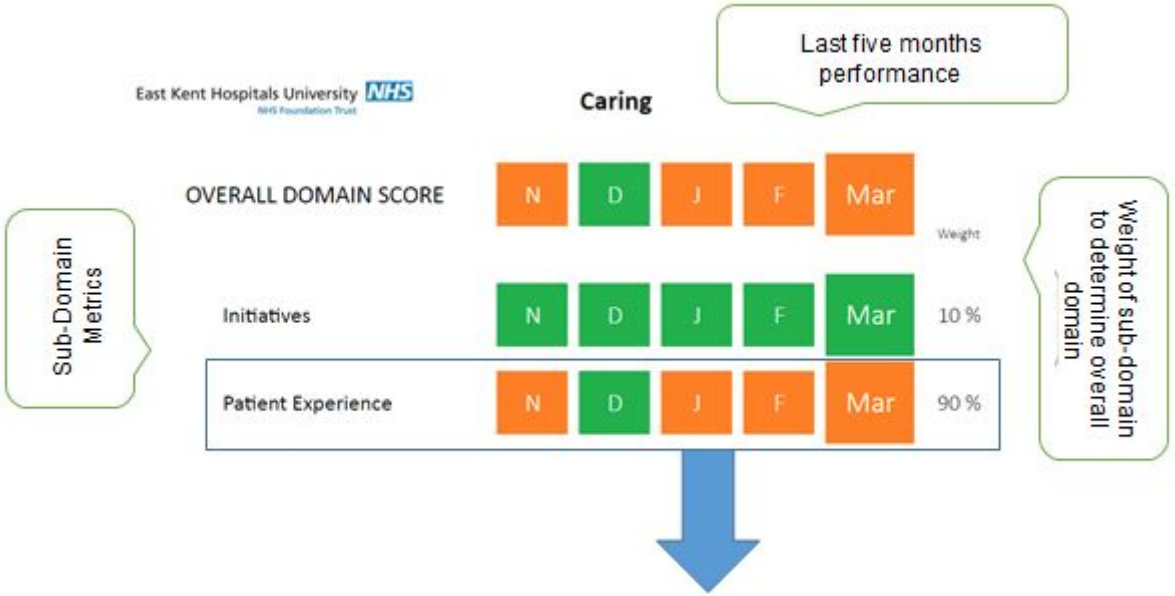
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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



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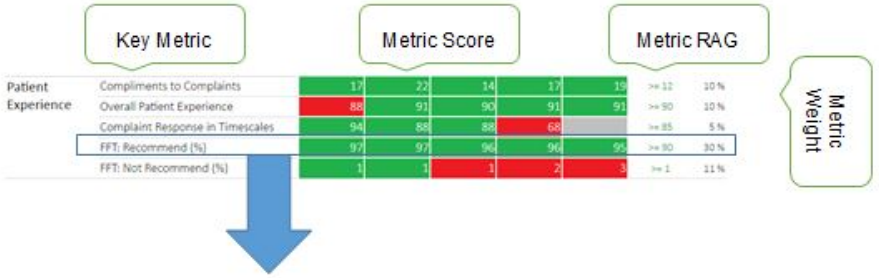
Understanding the IPR

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



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

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

East Kent Hospitals University NHS Foundation Trust

Strategic Priorities

East Kent Hospitals University NHS Foundation Trust

Headlines

	Positives	Challenges		
Caring	The number of Mixed Sex Breaches has (favourably) reduced in December. This means that more of our patients are receiving care within a single sex environment. We continue to seek feedback about our services through "friends and family" reporting and more of our patients have reported that they recommend our service this month compared with previous (November).	The number of Mixed Sex Breaches remains high (albeit reduced from last month's position). Continued focus is required to (ultimately) eliminate such breaches.	A S O N Dec	Siobhan Jordan
Effective	Bed Occupancy is 83%. The DNA rate for new and follow up out patients has remained at 8.2% and 7.1% respectively. Elective re-admissions have improved to 2.9%. Non-elective re-admissions are compliant at 13.6%. Non-clinical cancellations have improved to 1.0%	Inpatient discharges before midday have decreased from 13% to 15%. Theater - on time starts have deteriorated from 43% to 33%. Non-Clinical Cancellation breaches have deteriorated from 17 to 43.	A S O N Dec	Rebecca Carlton
Responsive	2ww performance remains compliant across all pathways at 97.69%. All 31 day standards are also compliant. RTT performance is static at 69.01%. Audiology complete and incomplete pathways are compliant at 100%.	ED performance is 73.59% and has been challenged due to increased attendances of patients with Covid19. 62 day Cancer performance is non complaint at 81.32%. 62 day cancer upgrades is non compliant at 70.59%. The number of 52 week waits has increased to 2544 due to cancellation of routine surgery due to increased Covid19.	A S O N Dec	Rebecca Carlton
Safe	HSMR (rolling 12 months to August 2020) has now maintained 'as expected' Reduction in 'in month' hospital attributed C Difficile cases sustained Gram negative bloodstream infections have reduced by over 13% overall ytd 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. All Covid-19 outbreaks have been monitored closely with daily outbreak meetings and a weekly Trust-wide meeting to share learning. Crude mortality has risen as an impact of the second Covid-19 surge.	A S O N Dec	 Rebecca Martin

Well Led	The Trust achieved a £0.2m surplus in December, which brought the year-to-date (YTD) position to a £0.4m 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 December was £72m which was £69m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.	The Trust has delivered £0.4m of savings in December 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.	A S O N Dec  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 continued reduction in staff turnover. We have now started five 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 a further increase this month. Sickness levels continue to rise as a direct consequence of Covid-19 and with the roll out of Covid-19 Lateral Flow Testing. The impact of the virus on 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 and we are working closely with KMPT to offer additional support to staff alongside the roll out of the Covid vaccine to manage and reduce absence overall.	A S O N Dec  Andrea Ashman

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Caring

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Patient Experience	Mixed Sex Breaches	399	780	1044	1955	963	>= 0 & <1	10 %
	Number of Complaints	59	74	80	80	55		
	AE Mental Health Referrals	377	365	368	337	258		
	First Returner Complaints	12	8	15	14	13		4 %
	IP FFT: Recommend (%)	97	98	88	88	89	>= 95	30 %
	IP FFT: Not Recommend (%)	1.6	1.0	11.9	11.5	10.7	>= 0 & <2	30 %
	Number of PALS Received	489	523	560	492	571		
	Complaints acknowledged within 3	100	100	100	100	100		
	Maternity FFT: Recommended (%)	100.0	98.5	80.6	84.6	87.3		
	Maternity FFT: Not Recommended (%)	0.0	0.0	19.4	15.4	12.7		
	Compliments	1822	1066	2056	1513	1951	>= 1	
	Complaints Open < 31 Days (M/End)	74	77	98	82	70		
	Complaints Open 31 - 60 Days	35	51	60	52	52		
	Complaints Open 61 - 90 Days	2	12	15	13	11		
	Complaints Open > 90 Days (M/End)	3	7	10	13	7		
	Complaints Closed within 30 Working			87.5	72.4	73.7		
	Complaints Closed within 45 Working	81.3	78.4	58.0	48.1	73.2		
	Second Returner Complaints		4		2			
	PHSO Complaints	1						

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Effective

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Beds	DToCs (Average per Day)	16	21	18	24	22	>= 0 & <35	30 %
	Bed Occupancy (%)	72	76	88	83	83	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	15	14	13	15	>= 35	10 %
	IP Spells with 3+ Ward Moves	424	445	434	413	419	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	40	53	51	63		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	3.3	4.6	4.3	4.2	3.0	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17.9	16.8	15.9	16.6	15.5	>= 0 & <15	15 %
	Audit of WHO Checklist %	97	96	97	97	97	>= 99	10 %
	Stroke BPT Achievement %	39	34	54	42	44		
Demand vs Capacity	DNA Rate: New %	9.6	9.9	8.3	8.1	8.3	>= 0 & <7	
	DNA Rate: Fup %	9.1	9.0	7.4	7.1	7.2	>= 0 & <7	
	New:FUp Ratio (1:#)	2.2	2.3	2.2	2.3	2.3	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	3.0	2.8	2.7	2.7	3.3	Lower is Better	
	LoS: Non-Elective (Days)	5.9	6.0	5.9	6.2	6.7	Lower is Better	
	Theatres: Session Utilisation (%)	67	72	78	76	70	>= 85	25 %
	Theatres: On Time Start (% 15min)	35	34	36	41	33	>= 90	10 %
	Non-Clinical Cancellations (%)	0.5	0.9	2.1	1.3	1.0	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	43	10	15	17	43	>= 0 & <5	10 %

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Responsive

		Aug	Sep	Oct	Nov	Dec	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	83.94	83.44	80.42	77.65	73.59	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	81.85	81.37	78.58	75.39	71.07	>= 95	1 %
Cancer	Cancer: 2ww (All) %	97.95	98.58	98.55	97.90	97.69	>= 93	10 %
	Cancer: 2ww (Breast) %	100.00	98.99	99.14	99.17	98.17	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.77	98.37	99.15	99.29	100.00	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	96.61	95.71	94.52	96.36	96.23	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	100.00	100.00	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	89.97	87.07	85.06	81.92	81.32	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	100.00	92.00	100.00	95.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	68.42	93.10	84.00	84.62	70.59	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	73.23	75.50	78.06	78.17	77.64	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	52.05	59.84	65.89	69.54	69.02	>= 92	100 %
	RTT: 52 Week Waits (Number)	1555	2021	2215	2172	2544	>= 0	

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Safe

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,830	1,709	2,297	2,179	2,078		
	Serious Incidents (STEIS)	14	11	9	31	20		
	Falls (per 1,000 bed days)	5.08	4.75	4.66	5.92	6.08	>= 0 & <5	20 %
	Harms per 1000 bed days	5.0	5.1	4.8	5.1	5.6	>= 0 & <10	
Infection	Cases of C.Diff (Cumulative)	71	81	86	86	86		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
	Cases of C.Diff (per month)	12	10	5	5	5		
Mortality	HSMR (Index)	97.9	97.2				>= 0 & <106	35 %
	Crude Mortality NEL (per 1,000)	23.5	25.6	22.1	36.6	67.3	>= 0 & <27.1	10 %
	SHMI	1.053					>= 0 & <0.95	15 %
Observations	VTE: Risk Assessment %	92.8	93.3	92.6	93.7	92.9	>= 95	20 %

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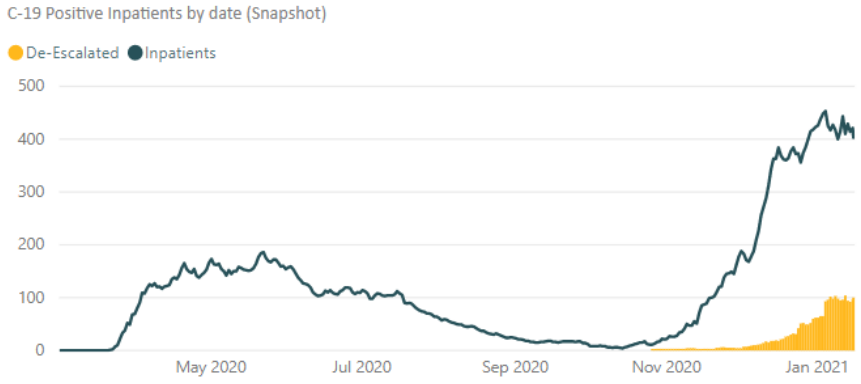
Well Led

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.2	0.3	0.3	0.2	0.1	>= 0 & <0.25	25 %
Finance	Cash Balance £m (Trust Only)	56.7	61.1	51.8	70.3	71.7	>= 5	20 %
	I&E £m (Trust Only)	-0.3	-0.1	0.1	0.1	-0.4	>= Plan	30 %
Staffing	Agency %	7.8	7.7	8.1	8.8	8.3	>= 0 & <10	
	1:1 Care in labour	100.0	100.0	98.8	100.0	99.2	>= 99 & <99	
	Midwife:Birth Ratio (%)	22.0	24.7	25.4	24.1	22.3	>= 0 & <28	2 %
	Shifts Filled - Day (%)	88	94	104	111	96	>= 80	15 %
	Shifts Filled - Night (%)	96	106	113	131	110	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11.2	10.3	9.9	11.4	10.7		
	Staff Turnover (%)	9.4	9.4	9.4	9.2	8.7	>= 0 & <10	15 %
	Vacancy (Monthly) %	7.7	6.9	7.2	6.8	6.4	>= 0 & <10	15 %
	Sickness (Monthly) %	4.5	4.0	4.1	5.0	8.6	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	62.3	66.2	67.0	70.6	69.7	>= 85	50 %
	Statutory Training (%)	93	94	93	93	92	>= 85	50 %
Health & Safety	RIDDOR Reports	3	3	1	2	2	>= 0 & <3	20 %

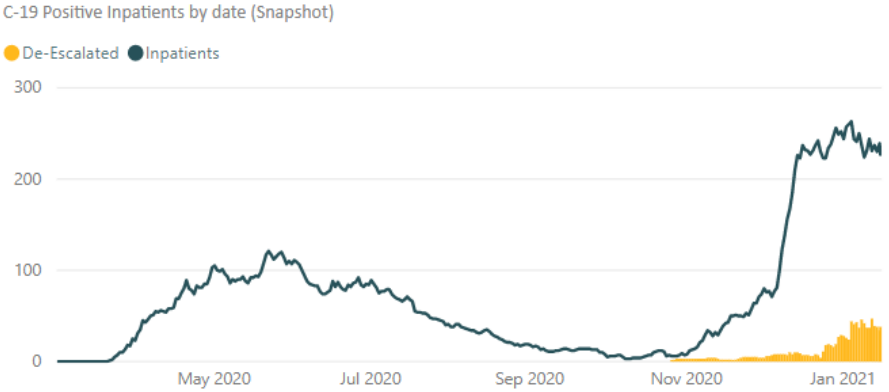
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: COVID-19 | Inpatients

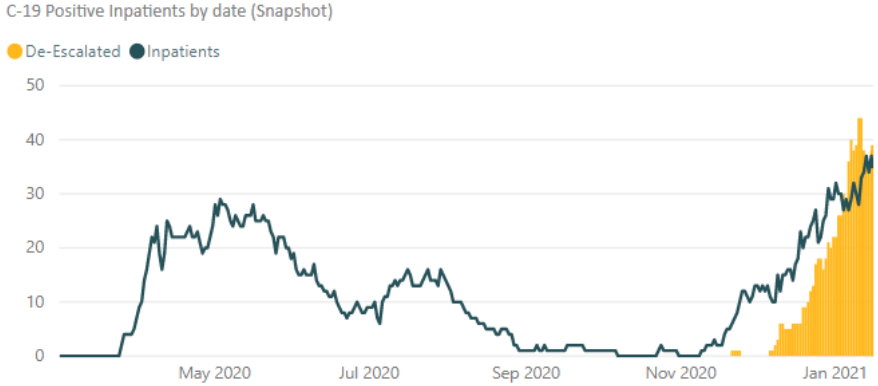
403 TRUST



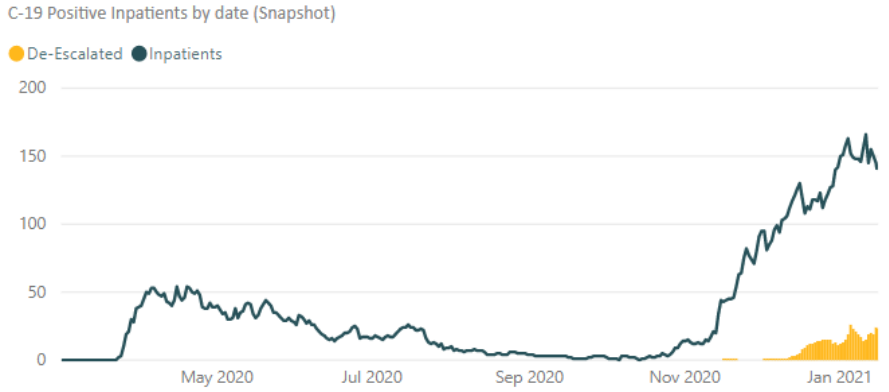
227 WHH



35 K&C



141 QEQM



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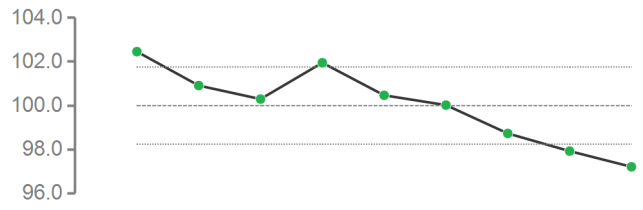
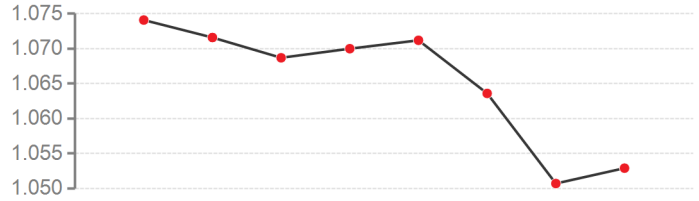
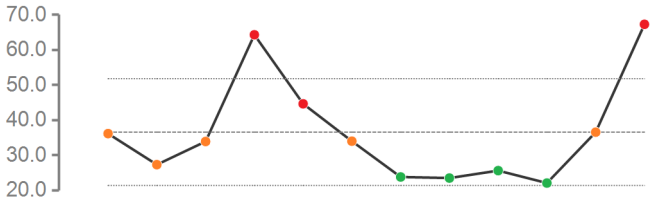
Strategic Theme: Patient Safety

Mortality

Dec	HSMR (Index)	100.0 (-5.3%)		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.
Dec	SHMI	1.065 (-1.8%)		"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."
Dec	Crude Mortality NEL (per 1,000)	35.5 (28.4%)		"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 to last reported month 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 saw the spike in November continued into December, related to the surge in Covid-19 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.

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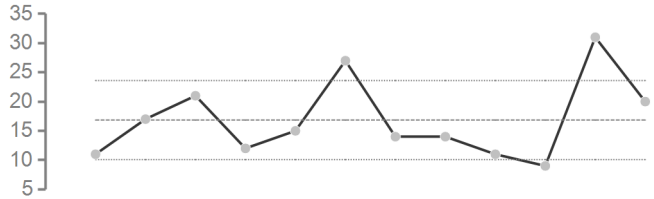
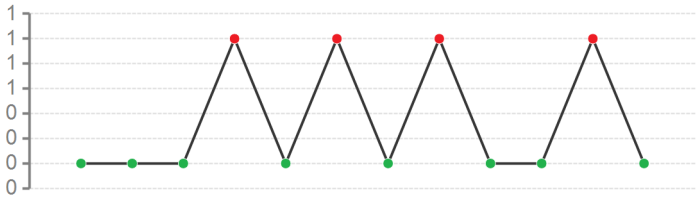
Strategic Theme: Patient Safety

Serious Incidents

Dec	Serious Incidents (STEIS)	202 (28.7%)		"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."
Dec	Never Events (STEIS)	4 (-50.0%)		"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 131 open serious incidents (SIs) at the end of December 2020. Nineteen new SIs were reported in month, of which five were delays in diagnosis, five related to infection control (including four Covid-19 outbreaks – NICU WHH, Rainbow QEQMH, Cathedral Day Unit K&CH, Kings A2 WHH), four treatment delays, two related to hospital acquired pressure ulcers one at K&CH and the other at QEQMH, two patient falls at the WHH and one was a maternity issue.

The CCG has requested that the Trust report all ED 12 hour trolley breaches as SIs. One SI was reported for the Trolley Breaches in December 2020. A proforma for the review of these has been developed.

A case of a delay in identification of testicular torsion was reported. This is the sixth case reported since 2017 and a thematic review has been requested by the Interim Chief Nurse. The previous improvement plans, including the revision and reintroduction of the Torsion pathway have been managed and overseen by the Surgery and Anaesthetics Care Group.

The CCG agreed closure of eighteen SIs. At month end there were nine non-closure requests for further information from the CCG.

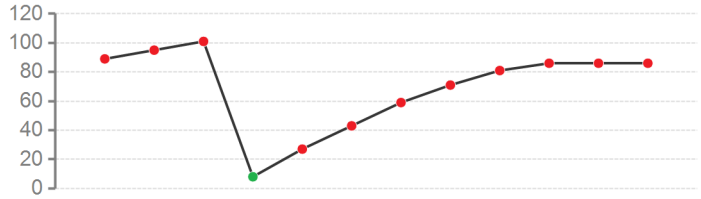
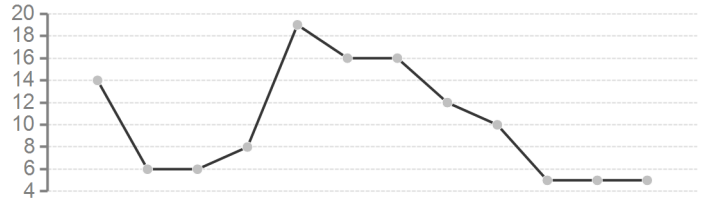
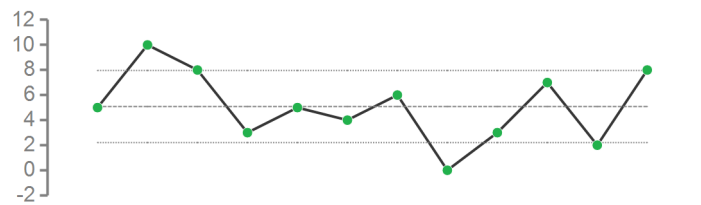
There were 44 SIs breaching investigation timeframes at month end, a decrease of two from November 2020. The majority of these are with UEC and GSM, of which 18 are more than six months overdue, one is 16 months overdue. The care groups are focused on ensuring new breaches are avoided. The patient safety team continue to support completion of all Serious Incident investigations to the required standard for submission; in some cases this delays submission however ensures that patients and families, the CCG and, if applicable HM Coroner, receive high quality investigations and improvement plans. Of the 44 breaches, 18 are with the patient safety team or hospital medical directors for review. With increases in care groups governance teams the breach position is slowly improving, though this has been compounded by the additional challenge of Covid-19. The CCG has recognised this challenge and applied an extension of four weeks for all current open SIs.

The revised Serious Incident Panel process was agreed at Patient Safety Committee and was implemented in January 2021. Extraordinary panels have been convened to address the backlog of reviews. The panels for Pressure Ulcer, Falls and Mortality are planned and in the interim these incidents will continue to be presented at the Serious Incident panel.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Infection Control

Dec	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.
Dec	Cases of C.Diff (Cumulative)	135 (71.9%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."
Dec	Cases of C.Diff (per month)	5 (0.0%)		Cases of C.Diff
Dec	E. Coli	61 (-28.2%)		"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

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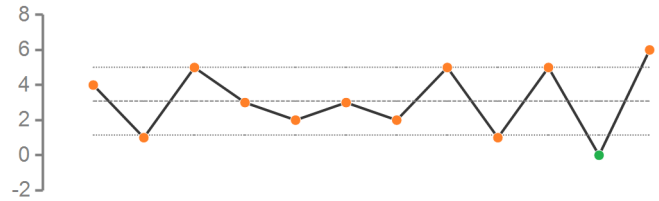
Strategic Theme: Patient Safety

Dec

MSSA

37
(0.0%)



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

Highlights and Actions:

Infection prevention and control measures around Covid-19 continue to be a key focus. All Covid-19 outbreaks have been 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 December against an expected 8 cases. This is the third month with cases below those expected and shows considerable improvement compared with previous months. Gram negative bloodstream infections have reduced by over 13% overall ytd compared with 2019/20. No MRSA bloodstream infections have been seen this year.

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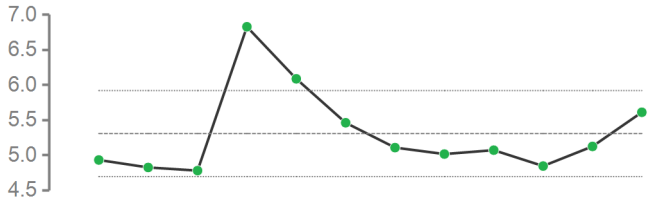
Strategic Theme: Patient Safety

Harm Free Care

Dec	Harms per 1000 bed days	5.2 (0.3%)		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 = 5.61224 (5.12547 November).

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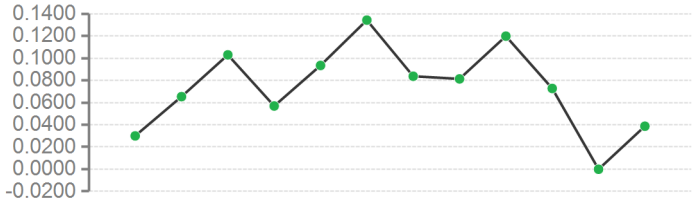
Strategic Theme: Patient Safety

Pressure Care

Dec	Pressure Ulcers Cat 3/4 (per 1,000)	0.0717 (33.5%)		"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-one category 2 ulcers were reported. A decrease of 3 from last month. Thirteen were reported at WHH, five at QEQM and three at K&C. The trust was under the set 10% reduction trajectory with a result of 0.739/1000 bed days.

There were no confirmed category 3 pressure ulcers. One confirmed category 4 on Cambridge L at WHH revealed following sharp debridement, investigation is under way.

Ten were suspected deep tissue injury (SDTI) an increase of 2 and eight were unstageable, two less than last month. Eight at WHH, 7 at QEQM and 3 at K&C. Cambridge J2 at WHH and Clarke ward at K&C both reported 2 Unstageable ulcers. At present 4 of these incidents are classed as moderate harm. Two at QEQM (Seabathing and ITU) and 2 at K&C (Clarke ward and ITU). The trust was over the set 10% trajectory for both metrics. Unstageables with a result of 0.282/1000 bed days and SDTIs with a result of 0.352/1000 bed days.

Medical Device Related incidents

There were 2 SDTI medical device related pressure ulcers. Reported on ITU at K&C on the right ear underneath anchor fast and Cambridge J2 on the toes due to TEDS both were Covid-19 positive.

There were 7 category 2 medical device related pressure ulcers. All of these were on the mouth/face and were associated with proning Covid-19 positive patients.

Highest reporting areas:

At William Harvey ITU reported 4 category 2's (2 incidents relate to the same patient), 1 SDTI and 4 medical device related category 2. These were all Covid-19 positive patients and damage was as a result of proning. Cambridge J2 reported 1 category 2, two unstageable and 1 medical device related ulcer.

At QEQM Cheerful Sparrows reported 2 category 2 and 1 SDTI.

At K&C Clarke ward reported 1 category 2 and 2 unstageable ulcers.

Actions:

-Tissue Viability team have been supporting in clinical areas

-Work with Infection and Prevention Control to improve communication around cleaning of mattresses to improve availability at WHH

-Handheld mirrors being disseminated trust wide to improve heel skin inspection

-Improving processes regarding the reporting of category 3, 4 and unstageable pressure ulcers

-In discussion with mouth-care lead to create standard of practice ensuring full prevention in proned patients

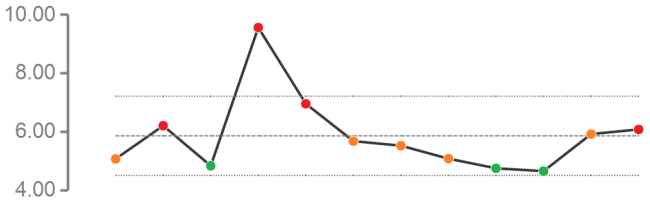
-Care under medical devices protocol has been approved for trust wide rollout

-Disseminate film barrier applicators to ITUs to reduce pressure damage and available in special dressings cupboard on all 3 sites. Trial commenced at K&C ITU of silicone pressure reducing pads

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Dec	Falls (per 1,000 bed days)	5.73 (5.9%)		"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

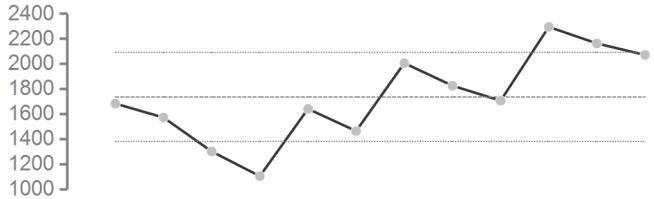
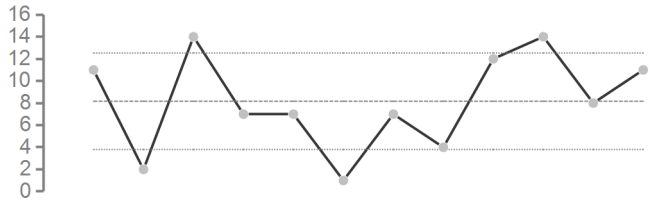
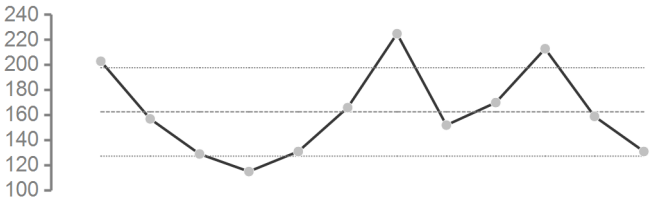
In December there were 156 falls (152 in November) with 24 at K&CH (previously 34). 34 at QEQMH (previously 39) and 94 at WHH (previously 74). This equates to rates per 1000 bed days of 5.86 at K&C, 3.49 at QEQM and 6.49 at WHH with a total across the 3 main sites of 5.37. This is an increase on November when the rate across the 3 main sites was 5.35.

At WHH, wards with the highest number were AMU B (10) where 1 patient fell 3 times and 1 fell twice, Bartholomew (10), Cambridge K (9) where 2 patients fell twice, Cambridge L (8) where 2 patients fell twice , Cambridge M2 (6), Kings B (6) where 1 patient fell twice, Kennington (6) where 1 patient fell 4 times and Oxford (6) where 1 patient fell twice. A patient also fell twice on Kings C2.
At QEQMH there were 6 falls on AMU B.
At K&CH there were 7 falls on Marlowe ward where 1 patient fell twice. On Brabourne and Kingston wards one patient fell twice on each.
Of concern in November were 2 falls causing moderate head injuries at WHH (1 predictable and 1 currently unknown), 2 hip fractures at WHH (1 unpredictable and 1 predictable), 1 predictable hip dislocation. There was 1 fall at QEQMH resulting in a moderate head injury which is pending investigation. There were no wards with more than one severe harm. All have been investigated. A common theme in investigated falls at WHH currently is the reduced ability to observe patients at very high risk of falls due to staff shortages, patient acuity and closed bays (which are easy to observe) due to Covid. 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.
The Trustwide Falls Improvement Plan is currently being updated. A falls incident Decision Support Tool is being tested by the Falls Prevention Team to assist wards in identifying learning from incidents and to develop actions. The Falls Risk Assessment and Care Plan is being reviewed and streamlined as part of the T3 project. An aim is to make referral for appropriate interventions to prevent falls easier for clinical teams.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Dec	Clinical Incidents: Total (#)	20,844 (8.0%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Dec	Blood Transfusion Incidents	98 (-8.4%)		"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."
Dec	Medicines Mgmt. Incidents	1,951 (-1.6%)		"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."

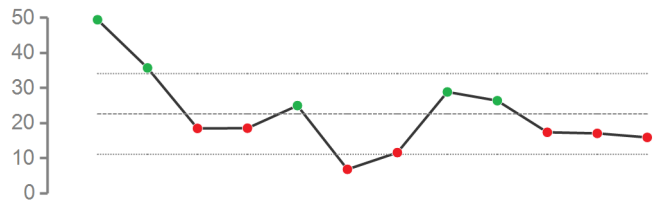
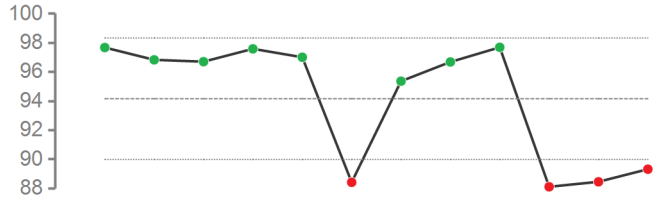
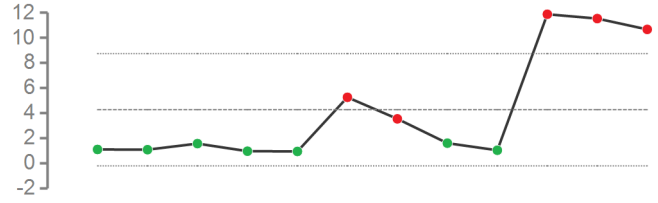
Highlights and Actions:

There were 2,054 clinical incidents reported as occurring in December 2020, compared with 1,528 reported as occurring in December 2019 and 2,159 occurring in November 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.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

Dec	IP FFT: Response Rate (%)	22 (-39.4%)		"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."
Dec	IP FFT: Recommend (%)	94 (-2.8%)		
Dec	IP FFT: Not Recommend (%)	4.8 (255.9%)		"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."

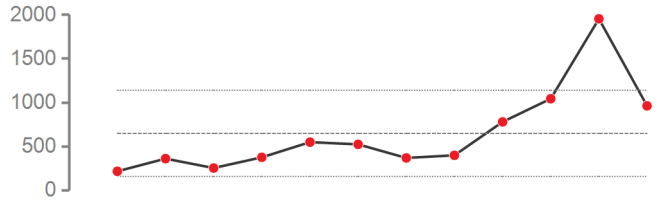
Highlights and Actions:

December FFT recommendation scores = Inpatients 89.53% (88.48%), Day case 95.78% (96.08%), UEC % (83.2%), Maternity % (84.48%) and Outpatients % (93.57%). Trust FFT under review by a working group to improve quality and use of data.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mixed Sex

Dec	Mixed Sex Breaches	7791 (682.2%)		"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."

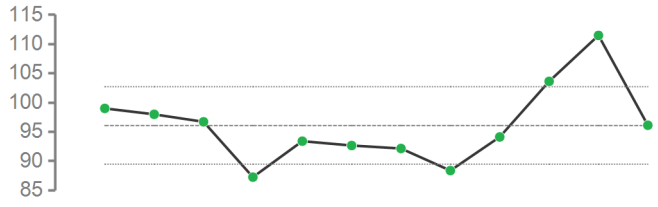
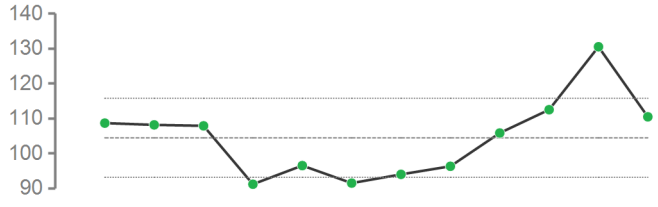
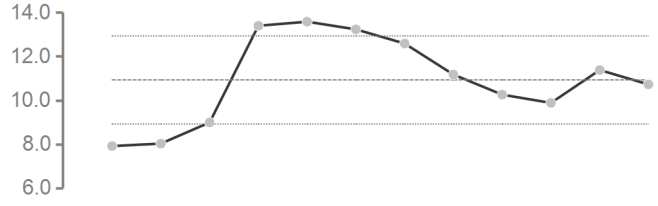
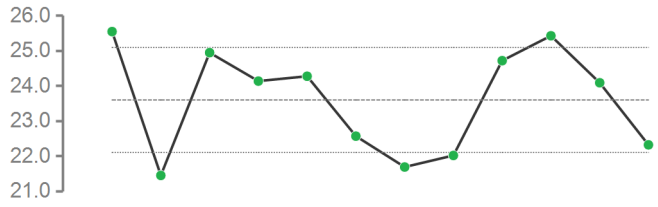
Highlights and Actions:

December MSA scores continue to deteriorate in response to the Covid-19 crisis. The interim Chief Nurse and the Chief operating officer continue to address the issue as per November strategy plan. MSA - 498 unjustified incidents, 963 unjustified patients, 13,804.67 total hours

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Dec	Shifts Filled - Day (%)	96 (-2.6%)		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.
Dec	Shifts Filled - Night (%)	104 (-2.1%)		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.
Dec	Care Hours Per Patient Day (CHPPD)	10.6 (28.8%)		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.
Dec	Midwife:Birth Ratio (%)	23.6 (-10.0%)		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 100.5% compared to 116% in Nov-20.

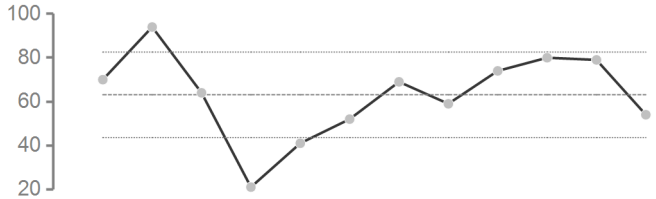
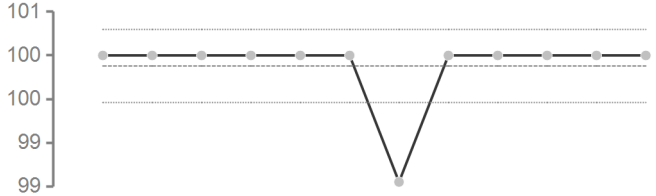
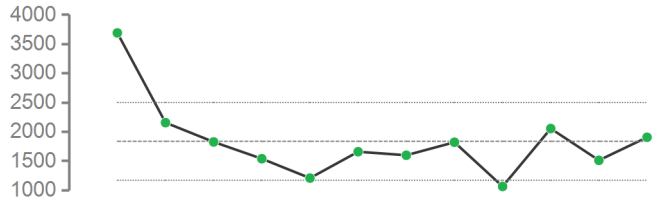
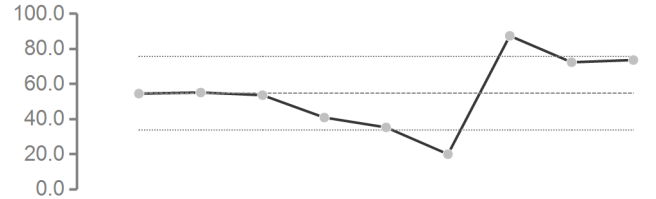
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. Average CHPPD is slightly lower than last month but within control limits.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Complaints & Compliments

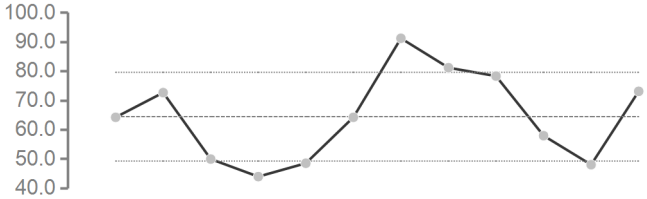
Dec	Number of Complaints	757 (-4.3%)		The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX
Dec	Complaints acknowledged within 3 working days	100 (6.0%)		Complaints acknowledged within 3 working days (%)
Dec	Compliments	22049 (-40.6%)		Number of compliments received
Dec	Complaints Closed within 30 Working Days or Agreed Extension (%)	56.3 (-29.2%)		Percentage of complaints closed within the 30 working day target (or an agreed extension)

Strategic Theme: Patient Safety

Dec

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

64.1
(-13.5%)



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

Highlights and Actions:

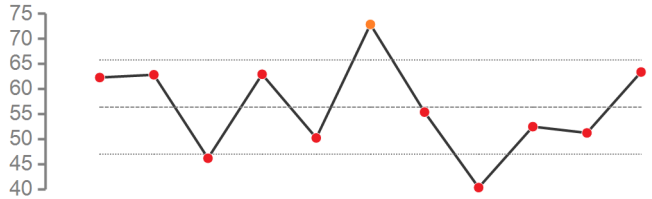
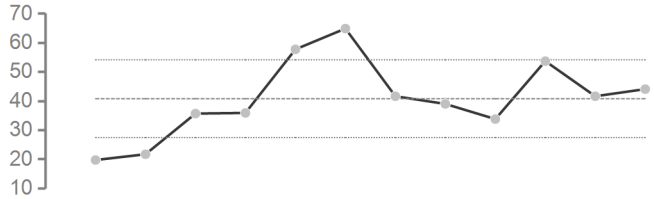
Complaints

- In December 2020 we received 55 new complaints (80 in November 2020),
- A decrease of 25, (31%). This is an increase of 28% compared to the 43 new complaints received in December 2019.
- 100% of complaints received in December 2020 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 until December 2020.

Compliance to the 30-working day target: 14 of the 19 closed met target, 74%
Urgent and Emergency Care 4 of 6 (67%)
General and Specialist Medicine 1 of 2 (50%)
Surgery and Anaesthetics 3 of 3 (86%)
Surgery – Head, Neck, Breast and Dermatology 1 of 1 (100%)
Women's and Children's 3 of 5 (60%)
Clinical Support Services 2 of 2 (100%)
Compliance to the 45 working day target – 30 of the 41 closed met target, 73%
Urgent and Emergency Care 9 of 11 (82%)
General and Specialist Medicine 5 of 11 (45%)
Surgery and Anaesthetics 5 of 5 (100%)
Women's and Children's 9 of 12 (75%)
Clinical Support Services 1 of 1 (100%)
Corporate 1 of 1 (100%)
Work continues to improve the quality of responses and the response timescales. However, the important matter is the evidence of learning from complaints and this is the Interim Chief nurses focus and the focus of the Complaints and Feedback Steering Group.

Strategic Theme: Clinical Outcomes

Clinical Outcomes

Dec	FNoF (36h) (%)	56 (-7.5%)		% 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.
Dec	Stroke BPT Achievement %	39 (79.9%)		Percentage of activity achieving the Stroke Best Practice Tariff

Highlights and Actions:

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.

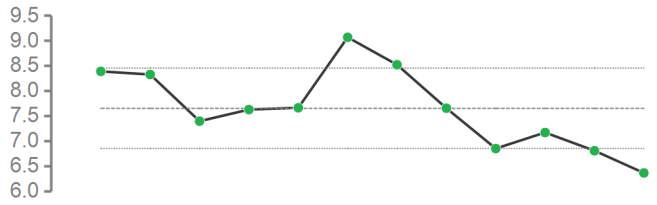
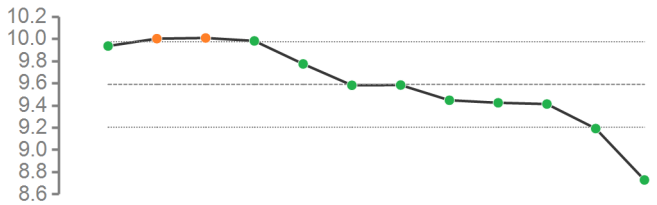
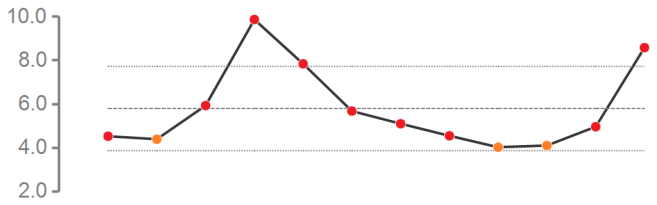
#NOF

Time to theatre for #NOF has improved September to November primarily driven by improvement at QEQM. WHH has also seen two strong months, Oct & Nov, with performance above the average of the last 12 month period. Unfortunately data for December was not available from the national database at the time of writing so performance will be updated next month.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Dec	Vacancy (Monthly) %	7.7 (-23.7%)		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."
Dec	Staff Turnover (%)	9.6 (-2.3%)		"% 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."
Dec	Sickness (Monthly) %	5.8 (41.6%)		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 fallen, and continued to fall in December. This is the lowest vacancy rate the Trust has seen for almost two years. There are now 8,019.26 WTE staff employed with the Trust and a vacancy of 520.44 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.

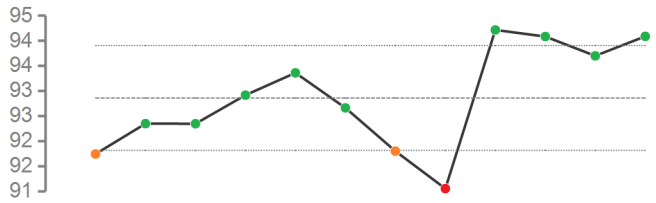
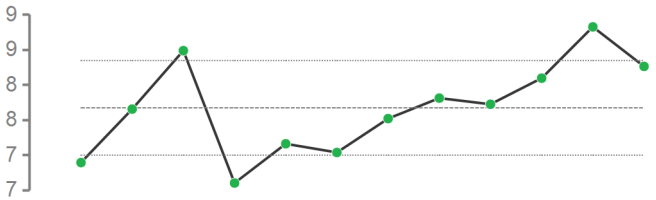
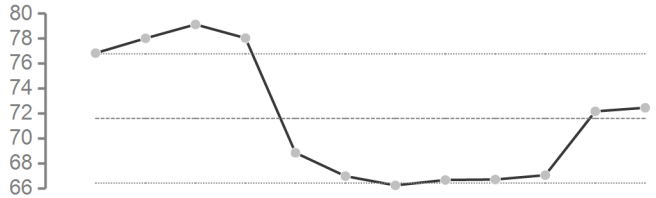
Turnover in month, excluding junior doctors, continued to fall and fell to 10.4% for the month of December. The annual 12 month average decreased to 9.6% in December, and still shows a downward trajectory.

Sickness absence increased in November, rising to 4.96%. 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 in October and November, mostly relating to increased short term sickness absence, but is still much lower than during the first wave in April and May 2020. 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. December and January sickness absence is expected to be higher, due to the increase in Covid related absence across the Trust.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Dec	Employed vs Temporary Staff (%)	92.9 (2.5%)		"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."
Dec	Agency %	7.7 (1.4%)		% of temporary (Agency and Bank) staff of the total WTE
Dec	Bank Filled Hours vs Total Agency Hours	72 (4.3%)		% 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 December. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 92.9%, 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.

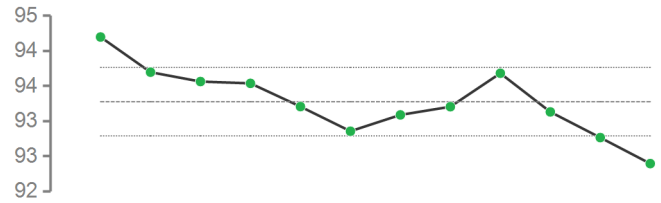
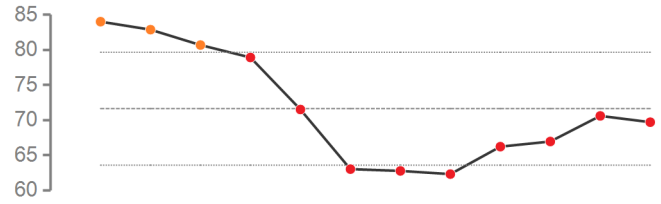
The percentage of agency staff 12 month average increased to 7.7% (7.5% in November), although did see a month on month improvement in December. After increasing during February and March to a high of 9%, the percentage of agency and back staff had fallen back to approximately 7%. However, with the current demand on our services, along with increased absences due to Covid-19, the percentage of agency staff against total WTE will need continuous monitoring, 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 and December to approximately 72%, there still remains problem areas with the fill rate, as mentioned above.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Dec	Statutory Training (%)	93 (-0.5%)		"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. "
Dec	Appraisal Rate (%)	71.6 (-9.9%)		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%, but the 12 month data still shows a downward trajectory at 93% completion. All Care Groups are over 90% compliant with Statutory Training, with the exception of UEC (although this has significantly improved to 87% in December).

The in month appraisal compliance for December decreased to 70% (71% in November). The 12 month average fell to 71.6% (72.58% the previous month). 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, General & Specialist Medicine and Women's & Children's all had increases in compliance and are now at or above 75%.

East Kent Hospitals University NHS Foundation Trust

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

EKHUFT is currently operating in Incident response mode. This is directly related to the NHS Incident Level 4. This involves daily GOLD command meetings, led by the Chief Operating Officer who is the GOLD Commander for the Trust. The GOLD command meetings were stepped up from 3 times a week to Daily in mid November. The GOLD Committee core membership includes the Executive Team, Hospital and Care Group Directors, Facilities senior manager and EPRR senior management team.

Point of Delivery		Sep-20	Oct-20	Nov-20	Dec-20
Total Outpatient Attendances (face to face or virtually)	Plan	56,266	60,264	67,374	61,106
	Actual	58,091	61,617	60,136	50,297
Consultant Led Outpatients Attendances Conducted by telephone / video	Plan	22,940	23,001	28,817	26,087
	Actual	23,842	24,013	23,192	19,984
Consultant Led Follow Up Attendances Conducted by telephone / video	Plan	17,269	17,649	22,893	20,871
	Actual	17,826	18,317	17,976	15,586
Daycase Electives	Plan	4,138	4,928	5,012	4,834
	Actual	4,117	4,641	4,218	3,311
Ordinary Electives	Plan	789	886	867	807
	Actual	721	907	879	458
Magnetic Resonance Imaging (MRI)	Plan	4,896	5,528	5,656	4,777
	Actual	4,669	4,918	6,012	5,233
Computed Tomography (CT)	Plan	7,060	7,080	7,653	7,125
	Actual	6,548	6,247	6,418	6,061
Non-Obstetric Ultrasound	Plan	4,749	4,391	4,510	4,792
	Actual	3,712	4,239	4,033	3,505
Colonscopy	Plan	512	662	616	629
	Actual	401	521	588	414
Flexi Signmoidoscopy	Plan	180	234	216	222
	Actual	170	198	222	146
Gastroscopy	Plan	595	766	716	729
	Actual	469	580	462	408

Point of Delivery		Sep-20	Oct-20	Nov-20	Dec-20
Total Outpatient Attendances (face to face or virtually)	Target	100%	100%	100%	100%
	Performance	94%	90%	93%	88%
Consultant Led Outpatients Attendances Conducted by	Plan	25%	25%	25%	25%
	Performance	41%	39%	39%	40%
Consultant Led Follow Up Attendances Conducted by	Plan	60%	60%	60%	60%
	Performance	49%	49%	48%	50%
Daycase Electives	Plan	80%	90%	90%	90%
	Performance	86%	84%	79%	69%
Ordinary Electives	Plan	80%	90%	90%	90%
	Performance	74%	81%	86%	53%
Magnetic Resonance Imaging (MRI)	Plan	90%	100%	100%	100%
	Performance	74%	79%	96%	87%
Computed Tomography (CT)	Plan	90%	100%	100%	100%
	Performance	97%	90%	88%	85%
Non-Obstetric Ultrasound	Plan	90%	100%	100%	100%
	Performance	89%	93%	90%	85%
Colonoscopy	Plan	90%	100%	100%	100%
	Performance	104%	93%	112%	89%
Flexi Sigmoidoscopy	Plan	90%	100%	100%	100%
	Performance	79%	88%	93%	131%
Gastroscopy	Plan	90%	100%	100%	100%
	Performance	92%	90%	82%	73%

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

71.07%

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Green
4 Hour Compliance (EKHUFT Sites) %*	89.73%	90.77%	89.33%	85.80%	81.85%	81.37%	78.58%	75.39%	71.07%	95%
4 Hour Compliance (inc KCHFT MIUs)	91.19%	92.07%	90.48%	87.32%	83.94%	83.44%	80.42%	77.65%	73.59%	95%
12 Hour Trolley Waits	0	0	0	0	0	0	2	8	186	0
Left without being seen	1.19%	2.24%	2.09%	2.63%	3.20%	2.71%	2.85%	1.94%	2.00%	<5%
Unplanned Reattenders	9.51%	10.07%	9.98%	9.84%	10.74%	10.21%	10.87%	12.33%	10.48%	<5%
Time to initial assessment (15 mins)	92.6%	90.5%	93.0%	94.1%	94.3%	94.9%	95.0%	43.4%	36.5%	90%
% Time to Treatment (60 Mins)	71.3%	58.1%	54.9%	50.9%	42.9%	45.5%	47.9%	45.3%	40.0%	50%

2020/21 Comparison to Previous Year

-2.84 %

	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%	71.1%				

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

Summary Performance

December performance for the organisation against the 4-hour Emergency Access Standard was 71.07% excluding the health economy MIU activity and 73.59% including. This represents a decrease in performance compared to the previous month. There were one hundred and eighty-six 12 Hour Trolley Waits in December. The high number of 12 hours breaches is a direct consequence of the significant increase in the number of acutely unwell Covid19 patients who have attended both the QEQMH and WHH Emergency

Department in December. Prompt by Infection Prevention Control requirements patients have had to wait for a bed to become available on the appropriate ward as it is not possible to simply admit a patient into a medical or surgical bed, they do have to go into either a confirmed Covid19, pending bed, whilst we await the results of the Covid19 swab or a bed for patient requiring non invasive ventilation.

Ensuring that patients are allocated into the most clinically appropriate ward area is the highest priority to ensure that IPC (Infection Prevention Control) measures are maintained.

The proportion of patients who left the department without being seen remained at a compliant level 2.00%. The unplanned re-attendance position improved to 10.48%. Time to treatment within 60 minutes decreased to 40.0%.

Issues

- Managing patient flow to appropriate ward areas to maintain strict clinical streaming and Infection Control standards.
- Greatly Increased emergency demand with high Covid19 acuity, including patients who require oxygen therapy in a Covid19 secure environment.
- Impact on patient flow of managing potential Covid19 patients who are being isolated into dedicated ward bays until their Covid19 status is confirmed.
- Expanded ED footprint into additional clinical areas in order to meet increased Covid19 demand.
- Staffing shortfalls due to increased staff sickness, vacancy and availability of agency staff.
- Maintaining social distancing in ED waiting areas and major's department.
- Ambulance off loads due to patients with a potential Covid19 having to be assessed in a dedicated clinical area within ED and no space being available to handover the patient.

Action

- Enhance senior clinical leadership to emergency floor to support early decision making and identification of potential COVID19 patients 7/7.
- Hospital Director triumvirate oversight and management of infection control issues, including daily outbreak meetings and monitoring by site.
- Daily board rounds on wards with Consultants and Matron in attendance to improve early discharge and flow.
- Weekly MDT reviews of all patients >7 days focussing on resolving internal delays
- Daily whole system calls to review every complex discharge patient who is no longer 'Fit to Reside' as per the NHS Discharge Guidance.

- Daily COVID Local Health Economy calls with system partners to escalate and manage a system response.
- At times of high attendance and overcrowding to ensure proactive streaming of patients direct to speciality or 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.
- 2 hourly board rounds in ED to be reinforced, particularly overnight.
- Focus on zero 60-minute ambulance handover delays, with 2 hourly 'touch base' calls implemented across the Kent and Medway region to enable dynamic conveyancing to be implemented as and when required to manage ambulance demand across the region and reduce ambulance handover delays.
- Assessing ward, ED and ITU nursing staffing risks and mitigating by reallocating a range of clinical staff from other areas to support as 'buddies'
- Helping Hands project implemented to identify non-clinical staff volunteers to support wards with basic administrative tasks or clinical support worker roles to release nursing time.
- Expanded ED areas by converting the ED Observation Bay into a Covid Respiratory area and also expanding into fracture clinic areas on both sites.
- Non-Invasive Ventilation (NIV) protocols in place to manage patients who require oxygen therapy and ensure highly skilled nursing staff are available.

East Kent Hospitals University
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December 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 135 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/

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

81.32 %

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Green
62 Day Treatments	75.45%	77.80%	81.40%	78.16%	70.85%	79.25%	91.09%	89.97%	87.07%	85.06%	81.92%	81.32%	>=85%
>104 day breaches	5	10	4	17	25	7	2	4	3	3	5	5	0
Demand: 2ww Refs	3,666	3,322	2,701	1,547	2,199	3,001	3,404	3,143	3,638	3,918	3,716	3,179	2963 - 3275
2ww Compliance	98.05%	98.29%	98.07%	96.77%	96.73%	95.67%	98.40%	97.95%	98.58%	98.55%	97.90%	97.69%	>=93%
Symptomatic Breast	99.19%	98.68%	96.34%	100.00%	96.97%	100.00%	97.73%	100.00%	98.99%	99.14%	99.17%	98.17%	>=93%
31 Day First Treatment	98.91%	99.38%	98.30%	99.36%	98.92%	96.09%	98.91%	96.77%	98.37%	99.15%	99.29%	100.00%	>=96%
31 Day Subsequent Surgery	96.92%	96.23%	95.71%	97.22%	97.37%	93.18%	90.57%	96.61%	95.71%	94.52%	96.36%	96.23%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	99.07%	100.00%	100.00%	99.17%	98.94%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%
62 Day Screening	89.47%	66.67%	87.50%	100.00%	100.00%	33.33%		100.00%	100.00%	92.00%	100.00%	95.00%	>=90%
62 Day Upgrades	70.00%	100.00%	78.95%	83.33%	71.43%	72.73%	66.67%	68.42%	93.10%	84.00%	84.62%	70.59%	>=85%

Summary Performance

December 62 day performance is currently non-compliant at 81.32%. Validation continues until the beginning of February 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 2,825 and there have been five patients who have breached the >104-day standard. There is a focused commitment to remove all 104 day breaches. All other targets except 62 day upgrades have been achieved this month, for the fifth consecutive month.

Issues:

- Managing endoscopy diagnostics and surgical treatments within the constraints of Covid19.
- Gaining patients agreement to attend for a diagnostic or surgical procedures procedures and complete the isolation requirements pre procedure.
- Access to radiological diagnostics due to the constraints of Covid19 on capacity.
- Maintaining cancer surgery whilst managing increasing ITU and medical bed demand.

Actions:

- Expanded use of Independent Sector for cancer surgery and diagnositics.
- 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.
- 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.
- Expanding use of Insourcing provision in Endoscopy
- Contiuing to increase options for additional activity through substantive workforce.

104 Day Patients

- Patient 1 – Upper GI - OPA 06.08.20. Complex pathway as tertiary referral to Kings College Hospital (KCH), which resulted in a range of further diagnostic tests and clinical review both locally and at KCH. Surgical treatment was completed at KCH on 09.12.2020

- Patient 2 – Lung - OPA 20.08.20. Following a wide range of diagnostic tests the Histology was not conclusive further investigations were arranged to confirm diagnosis and staging. Patient was reluctant for surgery and offered Oncology OPA to discuss options. Patient decided on surgery on the 17.12.20.

- Patient 3 – Upper GI - OPA 27.08.20. Followed by diagnostics and MDM. Patient choice to delay for a holiday. Referral to Kings College Hospital MDM with a plan for complex diagnostics and referral for chemotherapy. Delay in complex diagnostic at Tertiary centre. Chemotherapy treatment 17.12.2020.

- Patient 4 – Gynaecology - OPA 28.08.20. Followed by diagnostics and in patient hysteroscopy. MDM requested further diagnostics and a plan for Oncology OPA 19.11 and Surgery 09.12.2020.

- Patient 5 – Upper GI - OPA 04.09.20. Followed by a wide range of diagnostics, including endoscopy. Patient choice to request a delay until 21.10.20. MDM requested a diagnostic which the patient declined initially and was then agreed. Oncology OPA 07.12.20 followed by Chemotherapy 17.12.20.

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62 Day Performance Breakdown by Tumour Site

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
01 - Breast	87.2%	75.0%	94.1%	91.7%	83.9%	92.6%	86.4%	97.0%	92.1%	94.3%	95.8%	84.0%
03 - Lung	55.6%	50.0%	50.0%	70.6%	55.6%	39.1%	86.7%	60.0%	80.0%	75.0%	77.8%	43.8%
04 - Haematological	100.0%	80.0%	42.9%	57.1%	50.0%	87.5%	100.0%	100.0%	83.3%	62.5%	100.0%	89.5%
06 - Upper GI	25.0%	80.0%	78.6%	40.0%	58.3%	68.0%	94.6%	66.7%	66.7%	85.7%	71.4%	50.0%
07 - Lower GI	30.8%	41.7%	57.1%	51.7%	34.8%	66.7%	66.7%	84.2%	56.7%	64.9%	61.9%	85.7%
08 - Skin	97.8%	100.0%	95.7%	97.7%	100.0%	97.5%	98.3%	97.4%	100.0%	100.0%	95.6%	97.5%
09 - Gynaecological	66.7%	100.0%	69.2%	72.0%	75.0%	50.0%	83.3%	60.0%	76.9%	80.0%	62.5%	80.0%
10 - Brain & CNS												
11 - Urological	82.4%	83.3%	86.5%	78.4%	50.0%	67.6%	97.1%	94.3%	94.3%	83.7%	84.2%	81.2%
13 - Head & Neck	100.0%	57.1%	61.9%	62.5%	42.9%	100.0%	77.8%	62.5%	63.6%	40.0%	70.0%	75.0%
14 - Sarcoma	40.0%	100.0%		100.0%				100.0%				0.0%
15 - Other	100.0%	66.7%			0.0%	100.0%			100.0%		0.0%	66.7%

East Kent Hospitals University NHS Foundation Trust

November 2020 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 43 of 142 trusts

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

*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

69.02 %

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Green
Performance	81.18%	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	52.05%	59.84%	65.89%	69.54%	69.02%	>=92%
52w+	4	2	14	155	410	768	1,155	1,555	2,021	2,215	2,172	2,544	0
Waiting list Size	46,211	47,331	45,907	42,632	42,795	42,702	45,037	45,873	46,811	47,433	47,206	47,450	<38,938
Backlog Size	8,695	8,962	10,447	13,374	17,255	21,945	24,717	21,994	18,797	16,180	14,377	14,702	<2,178

Summary Performance

December performance has declined to 69.02%. The number of 52 week breaches has increased to 2,544. Following Covid19 Wave 1 performance has improved monthly. 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.

Due to the increased levels of Covid19 in the community and Hospital environment, outpatient clinics have been reviewed to reduce all non urgent clinics. Clinically urgent and Cancer clinics have continued. To enable clinical staff to be released to support nursing gaps on the wards, ED and ITU and also the vaccination programme elective activity has had to be reduced.

Urgent and Cancer clinics outpatient clinics are continuing to managed via a range of mediums such as virtual and telephone. Face to face clinics are being reviewed and reduced to minimise the risk to patients attending the Hospital. Virtual clinics continue to be very successful with 50% of all Follow Up appointments being virtual and 41% of all first New appointments.

Issue:

- Identifying patients who clinically require new or follow up appointment.
- Providing out patients' services within the national infection control constraints and restrictions of Covid19.

- 52-week breaches have increased due to the national Wave 1 restrictions for elective surgery, access to diagnostic and outpatient clinics.
- Identifying patients who are willing to isolate pre-procedure and also are willing to attend for their procedure whilst Covid19 continues to be a risk.
- Patient choice to wait an unknown length of time for their procedure.

Actions:

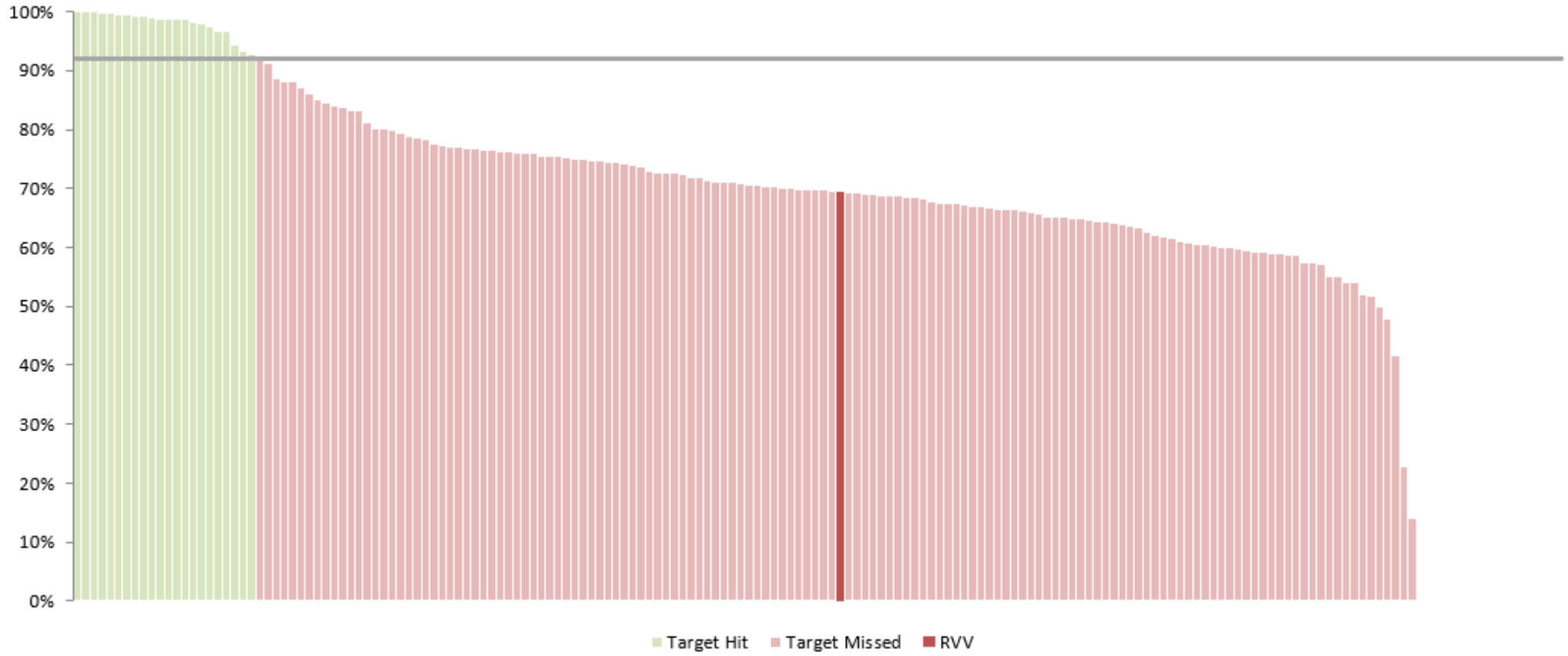
- Clinically validating each waiting list to identify clinical priority in accordance with national guidance.
- Liaising with patients and their GP's to mutually agree appointments and treatment plans within Access Policy and choice.
- Continuing to build on the success of virtual clinics.
- Continued use of Independent Sector capacity for long waiting and cancer patients and maximising utilisation on all lists.
- Exploring options for insourcing to maximise Independent Sector capacity.

East Kent Hospitals University
NHS Foundation Trust

November 2020 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 93 of 163 trusts

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



*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

77.64 %

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Green
Performance	99.71%	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	73.18%	75.50%	78.35%	78.19%	77.64%	>=99%
Waiting list Size	15,320	16,053	10,460	5,500	7,922	11,721	15,486	16,174	16,644	16,521	13,207	16,718	<14,000
Waiting > 6 Week Breaches	44	32	231	2,351	3,161	2,945	3,733	4,338	4,078	3,576	2,881	3,738	<60

Summary Performance

December performance was non-compliant at 77.64% compliance; a decrease on the previous month. In month breaches have increased from previous months at 3,738. The highest number of breaches continue to be in endoscopy for colonoscopy (1039), Radiology (specifically Non-Obstetric US) at (648), and echo Cardiology (746). The waiting list size has returned to “in-covid” levels at 16,718.

Breaches by Speciality is below:-

- Radiology: 1,257
- Cardiology: 746
- Urodynamic: 183
- Cystoscopy : 0
- Colonoscopy : 1039
- Gastroscopy : 340
- Flexi Sigmoidoscopy : 173
- Neurophysiology: 0

Issue

- Stopped all routine Radiology referrals due to increase in emergency demand, in particular for CT requests for Covid patients
- Staff sickness due to Covid19 in Radiology
- Increase in echo cardiology breaches due to a reduction in routine capacity to support emergency demand.
- Reduction in echocardiography capacity from 45 minutes per echo to 60 minutes to comply with College guidance to meet IPC recommendations.
- Increase in colonoscopy breaches due to cancer referrals being prioritised.
- Increase in non-obstetric ultrasound due to the constraints of Covid19

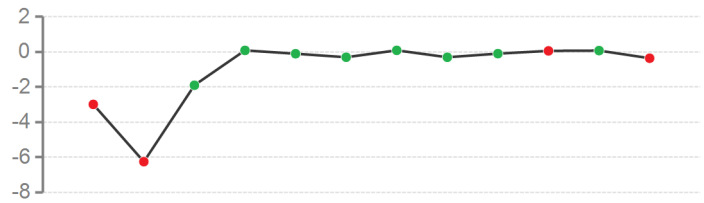
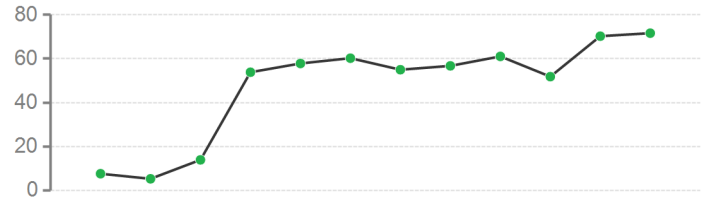
Action

- Introduced Covid19 response to enable Radiology to manage demand.
- Radiology have sent 400 non-obstetric ultra-sound referrals to the Independent Sector to reduce waiting times.
- The LNC have agreed with Primary Care to stop all routine referrals to Radiology to support the delivery of increased emergency demand and staff sickness.
- Consultant Radiologist is available daily to provide advice and guidance to Primary Care and acute hospital colleagues to ensure capacity is maximised.
- Clinical validation of the waiting list and direct contact with patient and GP regarding patient choice.
- Review of booking scripts to give ensure patients are confident and informed on patient choice and safety around infection control arrangements, particularly in endoscopy.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Dec	I&E £m (Trust Only)	-0.8 (-562.3%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.
Dec	Cash Balance £m (Trust Only)	71.7 (2.0%)		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 £0.2m surplus in December, which brought the year-to-date (YTD) position to a £0.4m 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.

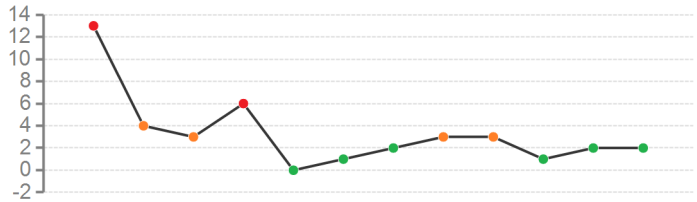
The Trust has identified £3.6m of additional costs due to Covid-19 in December along with lost income of £0.5m, bringing the total financial impact of Covid-19 to £44.7m for the year-to-date.

The Trust's cash balance at the end of December was £72m which was £69m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Dec	RIDDOR Reports	40 (60.0%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)

Highlights and Actions:

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.

East Kent Hospitals University NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	(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 %

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

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

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

Productivity	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.	Lower is Better	
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.	Lower is Better	
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
	Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %

Staffing	Sickness (Monthly) %	Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 3.3 & <3.7	10 %
	Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
	Vacancy (Medical) %	"% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Midwifery) %	"% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Monthly) %	Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
	Vacancy (Nursing) %	"% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %

Data Assurance Stars


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


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


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