

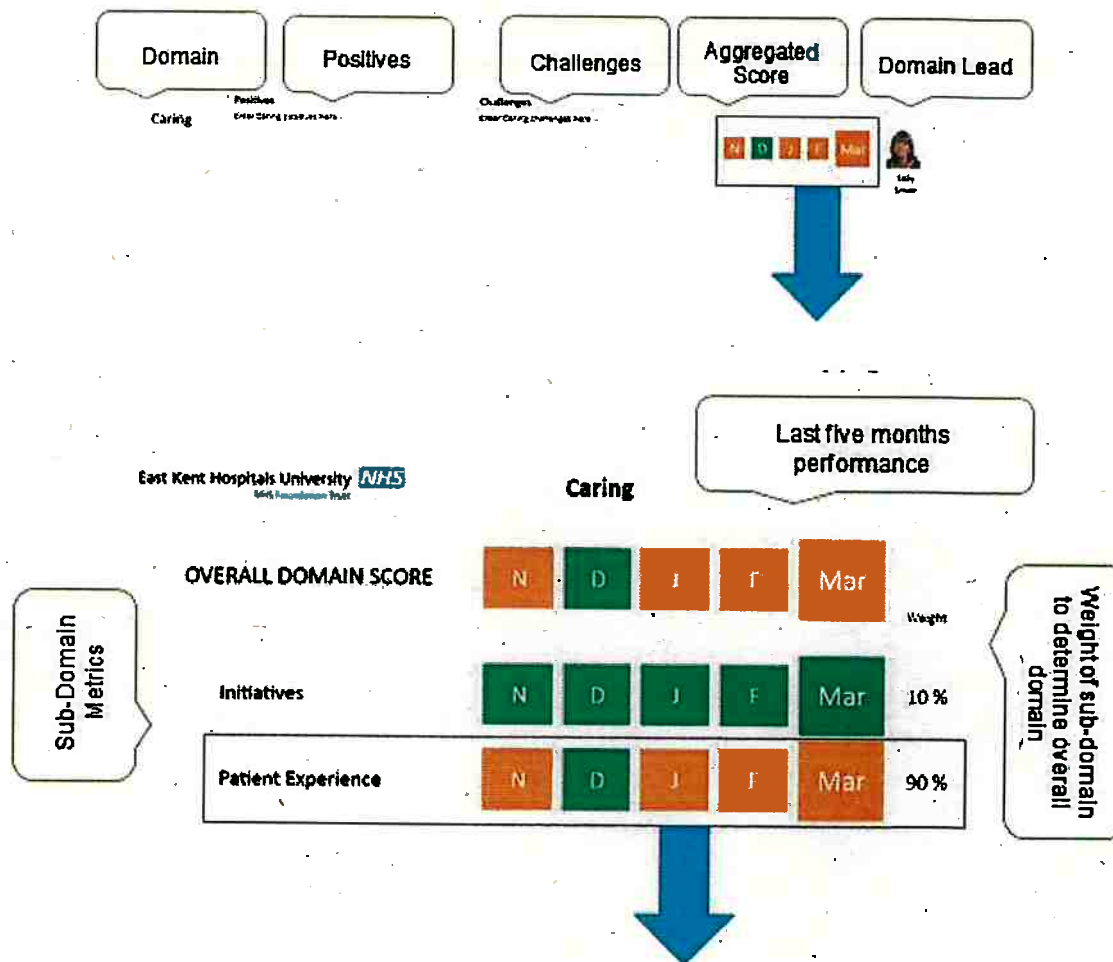
# INTEGRATED PERFORMANCE REPORT



# Understanding the IPR

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

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

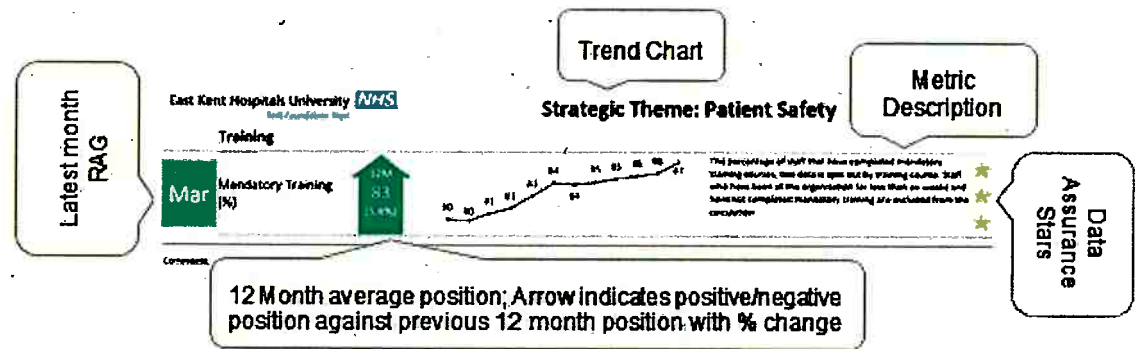


# Understanding the IPR

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

Key Metric	Metric Score					Metric RAG		Metric Weight
Compliments to Complaints	77	77	74	73	70	++	12	10%
Overall Patient Experience	85	85	84	81	81	++	50	10%
Complaints Response in Timescales	94	92	90	88	86	++	28	5%
FFI Recommend (%)	97	97	96	94	94	++	30	22%
FFI/Nox Recommend (%)	97	97	96	94	94	++	1	21%

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







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

# Strategic Priorities



# Headlines

	Positives	Challenges		
<b>Caring</b>	Friends and family (recommended and not recommended) remain green. There have been nil MRSA cases but we recognise that this area requires continued focus and significant work continues to further improve our infection control standards.	Falls is registering red, albeit an improved position compared with previous month (April). recovery action includes the falls team returning to their specialist role (as fall prevention practitioners), having worked on the wards providing front line service during the pandemic. A deep dive is underway to identify and address the reasons for an increase in falls during this period.	J F M A May	 Amanda Hallums
<b>Effective</b>	Bed Occupancy is 62% and DTOCs have reduced to 11. The DNA rate for follow up out patients is compliant at 6.7% which reflects the virtual follow up clinics which have been implemented. 30 day readmissions are compliant at 13.5%. Inpatient spells with 3+ moves is compliant, this is reflective of the infection prevention control guidance to maintain covid positive and non covid patient ward areas.	Inpatient discharges before midday are non compliant and due to Covid19 restrictions in use of the discharge lounge and arranging transport for Covid19 positive patients.	J F M A May	 Lee Martin
<b>Responsive</b>	ED performance in May has increased to 90.77%. 2ww performance is compliant across all pathways at 96.74%. All 31 day standards are compliant.	The DMO1 is non compliant at 60.09% and this is due to Covid19 restrictions regarding endoscopy, radiology and some cardiac diagnostics. The RTT position has deteriorated to 59.67% due to Covid19 restrictions. The number of 52 week patients who have breached has increased to 410 due to national guidance regarding elective surgery.	J F M A May	 Lee Martin
<b>Safe</b>	The impact of Covid-19 has changed our admission profile with a significant reduction in elective admissions impacting on our ability to interpret trends in key safety metrics. Nationally processing of harm free care has been suspended and there is work to create a local dashboard.	Falls have increased per 1000 bed days from April with a small reduction this month but the profile of patients occupying those bed days has significantly changed in last two months making comparative data difficult however the increase is being investigated. Crude mortality has spiked significantly but followed national trends reported via CHKS up to the end of March (data not yet released nationally beyond this date). Clostridium difficile rates are rising and being investigated with current actions focussed on use of diarrhoea assessment tool, antimicrobial stewardship and hand hygiene measures.	J F M A May	 Rebecca Martin

## Well Led

The Trust achieved a breakeven position in both April and May, which was consistent with the plan.

The impact of Covid-19 paused the business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place between the Trust and Commissioners from April to July 2020 to enable the Trust to deliver financial breakeven during this period.

The Trust's cash balance at the end of May was £57.8m which was £53.7m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in June.

The Trust has delivered £0.2m of savings which was £1.2m 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.

J F M A May



Susan Acott

## Workforce

Recruitment has continued throughout COVID19 across all grades and staff groups. Time to hire has continued to fall with internal processes being adapted successfully to manage the requirements of COVID 19. The balance of permanent staff against temporary workers has continued to improve reflecting our positive recruitment position. The recruitment of former NHS workers has also been undertaken successfully and early recruitment of final year nursing students to balance out the postponement of overseas recruitment during this period.

Appraisal rates have fallen as a consequence of COVID 19 and were suspended formally for this period. It will be challenging to bring rates back up over the next quarter, but this has begun already in some areas and is forming part of our restart. Sickness levels have risen as a direct consequence of COVID 19. Work is underway to review absence and manage supported returns to work with individuals. The impact of the virus on affected staff has been significant and incurred longer periods of absence than usual. Absence monitoring has been largely limited to COVID 19 support since mid March and provision of welfare support due to reassignment of HR Business Partners. Work has recommenced to manage and reduce absence overall.

J F M A May



Andrea Ashman

## Caring

		Jan	Feb	Mar	Apr	May	Green	Weight
Patient Experience	Mixed Sex Breaches	217	361	254	376	549	>= 0 & <1	10 %
	Number of Complaints	71	91	63	19	36		
	AE Mental Health Referrals	261	294	213	210	339		
	First Returner Complaints	13	8	11	2	3		4 %
	IP FFT: Recommend (%)	98	97	97	98	97	>= 95	30 %
	IP FFT: Not Recommend (%)	1.1	1.1	1.6	1.0	0.9	>= 0 & <2	30 %
	Number of PALS Received	535	504	378	351	401		
	Complaints acknowledged within 3	100	100	100	100	100		
	Maternity FFT: Recommended (%)	98.6	100.0	100.0	100.0			
	Maternity FFT: Not Recommended (%)	0.7	0.0	0.0	0.0			
	Compliments	3689	2157	1823	1528	1195	>= 1	
	Complaints Open < 31 Days (M/End)	70	113	78	52	39		
	Complaints Open 31 - 60 Days	38	23	52	112	21		
	Complaints Open 61 - 90 Days	8	18	10	30	13		
	Complaints Open > 90 Days (M/End)	6	4	10	20	10		
	Complaints Closed within 30 Working	56.5	55.2	54.8	39.1	35.3		
	Complaints Closed within 45 Working	64.3	72.7	50.0	44.0	44.7		
	Second Returner Complaints	4	6	2	2	2		
	PHSO Complaints		2					

# Effective

		Jan	Feb	Mar	Apr	May	Green	Weight
<b>Beds</b>	DToCs (Average per Day)	57	53	52	14	11	>= 0 & <35	30 %
	Bed Occupancy (%)	96	96	84	52	62	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	16	16	15	13	14	>= 35	10 %
	IP Spells with 3+ Ward Moves	531	501	480	375	389	Lower is Better	
<b>Clinical Outcomes</b>	FNoF (36h) (%)	64	60	44	62		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	3.7	3.4	3.0	5.6	4.0	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.9	17.0	15.1	17.5	17.1	>= 0 & <15	15 %
	Audit of WHO Checklist %	90	89	91	90	92	>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward	25	36	40	45	57	Higher is Better	
<b>Demand vs Capacity</b>	DNA Rate: New %	7.2	7.5	8.9	8.2	7.8	>= 0 & <7	
	DNA Rate: Fup %	7.3	7.5	7.8	6.7	6.9	>= 0 & <7	
	New:FUp Ratio (1:#)	2.2	2.1	2.2	3.2	3.0	>= 0 & <2.13	
<b>Productivity</b>	LoS: Elective (Days)	3.3	2.9	4.0	4.6	4.0	Lower is Better	
	LoS: Non-Elective (Days)	6.7	6.9	7.4	6.0	5.2	Lower is Better	
	Theatres: Session Utilisation (%)	79	79	77	62	62	>= 85	25 %
	Theatres: On Time Start (% 15min)	42	37	33	28	25	>= 90	10 %
	Non-Clinical Cancellations (%)	0.9	1.8	2.2	0.7	0.0	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	3	19	39	33		>= 0 & <5	10 %



## Responsive

		Jan	Feb	Mar	Apr	May	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	78.54	77.91	83.13	91.14	92.07	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	74.61	74.04	80.15	89.67	90.77	>= 95	1 %
Cancer	Cancer: 2ww (All) %	97.97	98.29	98.14	96.93	96.74	>= 93	10 %
	Cancer: 2ww (Breast) %	99.19	98.63	96.34	100.00	96.97	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	98.92	98.77	97.71	99.07	98.91	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	96.83	96.15	95.77	97.10	97.37	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	99.03	99.05	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	76.42	78.42	81.32	79.59	70.49	>= 85	50 %
	Cancer: 62d (Screening Ref) %	74.07	66.67	81.82	81.25	71.43	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	73.91	100.00	85.71	84.62	75.00	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.71	99.80	97.79	57.25	60.09	>= 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	95.45	70.73	>= 99	
RTT	RTT: Incompletes (%)	81.18	81.07	77.24	68.63	59.68	>= 92	100 %
	RTT: 52 Week Waits (Number)	4	2	14	155	410	>= 0	

# Safe

		Jan	Feb	Mar	Apr	May	Green	Weight
<b>Incidents</b>	Clinical Incidents: Total (#)	1,662	1,552	1,269	1,042	1,302		
	Serious Incidents (STEIS)	11	18	22	12	17		
	Harm Free Care: New Harms (%)	99.4	99.0	99.5			>= 98	20 %
	Falls (per 1,000 bed days)	5.07	6.21	4.77	7.28	6.12	>= 0 & <5	20 %
<b>Infection</b>	Cases of C.Diff.(Cumulative)	89	95	101	8	27		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
<b>Mortality</b>	HSMR (Index)	88.7	87.2	87.5			>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	36.2	27.3	33.9	64.3	44.8	>= 0 & <27.1	10 %
<b>Observations</b>	VTE: Risk Assessment %	94.1	93.5	93.1	90.2	91.4	>= 95	20 %

## Well Led

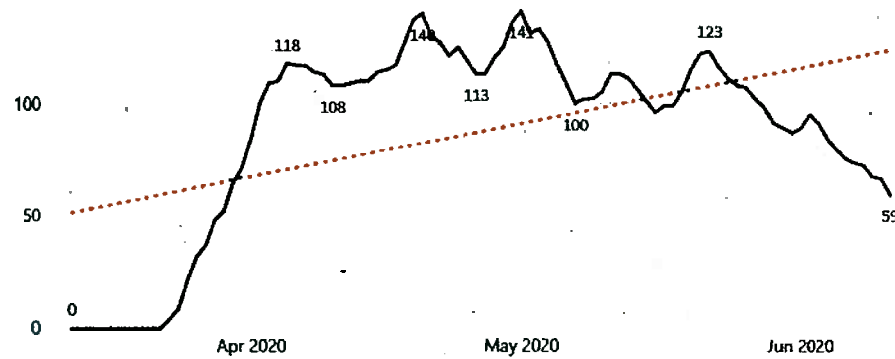
	Jan	Feb	Mar	Apr	May	Green	Weight
<b>Data Quality &amp; Assurance</b> Uncoded Spells %	0.2	0.4	0.4	0.1	0.1	>= 0 & <0.25	25 %
<b>Finance</b> Cash Balance £m (Trust Only)	7.6	5.2	13.9	53.8	57.8	>= 5	20 %
I&E £m (Trust Only)	-3.0	-6.3	-1.9	0.1	-0.1	>= Plan	30 %
<b>Health &amp; Safety</b> RIDDOR Reports (Number)	13	4	3	5	2	>= 0 & <3	20 %
<b>Staffing</b> Agency %	6.9	7.7	8.5	6.6	7.1	>= 0 & <10	
1:1 Care in labour	98.8	97.1	97.6	98.7	99.8	>= 99 & <99	
Midwife:Birth Ratio (%)	25.7	21.5	25.0	24.1	24.2	>= 0 & <28	2 %
Bank Filled Hours vs Total Agency Hours	77	78	79	78	69		1 %
Shifts Filled - Day (%)	99	98	97	87	93	>= 80	15 %
Shifts Filled - Night (%)	109	108	108	91	97	>= 80	15 %
Care Hours Per Patient Day (CHPPD)	7.9	8.0	9.0	13.1	12.8		
Staff Turnover (%)	14.6	14.8	14.6	14.4	14.2	>= 0 & <10	15 %
Vacancy (Monthly) %	8.3	8.2	7.3	7.3	6.9	>= 0 & <10	15 %
Sickness (Monthly) %	4.5	4.4	5.9	8.9	7.8	>= 3.3 & <3.7	10 %
<b>Training</b> Appraisal Rate (%)	84.1	83.0	80.9	79.1	71.8	>= 85	50 %
Statutory Training (%)	94	94	94	94	93	>= 85	50 %

# Strategic Theme: COVID-19 | Inpatients

**59**

**TRUST**

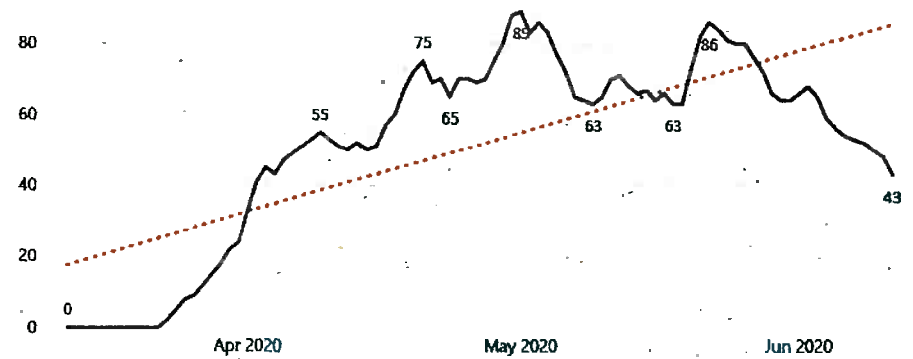
C-19 Positive Inpatients by date (snapshot)



**43**

**WHH**

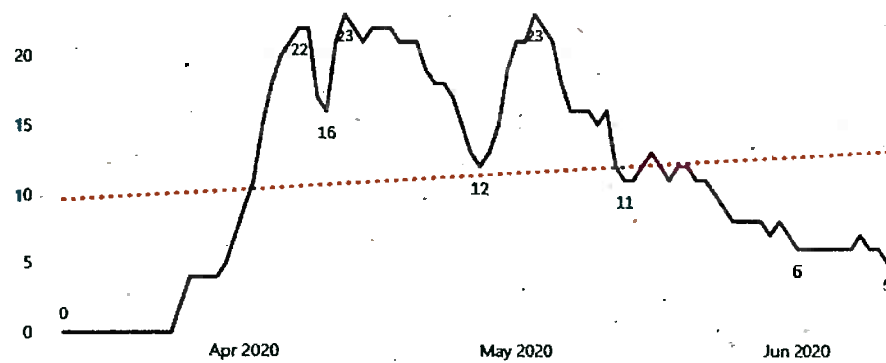
C-19 Positive Inpatients by date (snapshot)



**5**

**K&C**

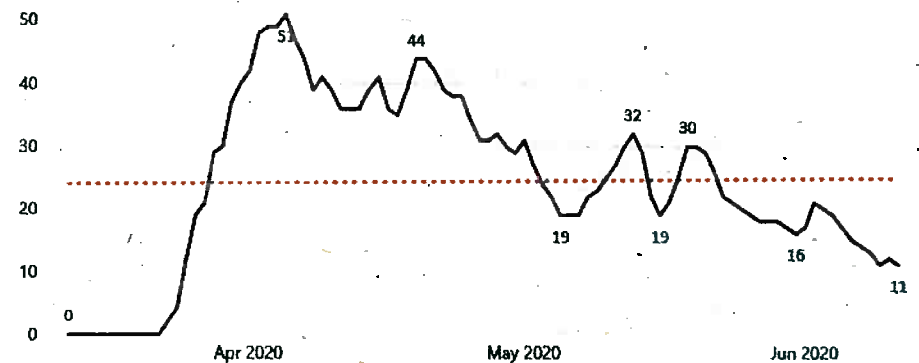
C-19 Positive Inpatients by date (snapshot)



**11**

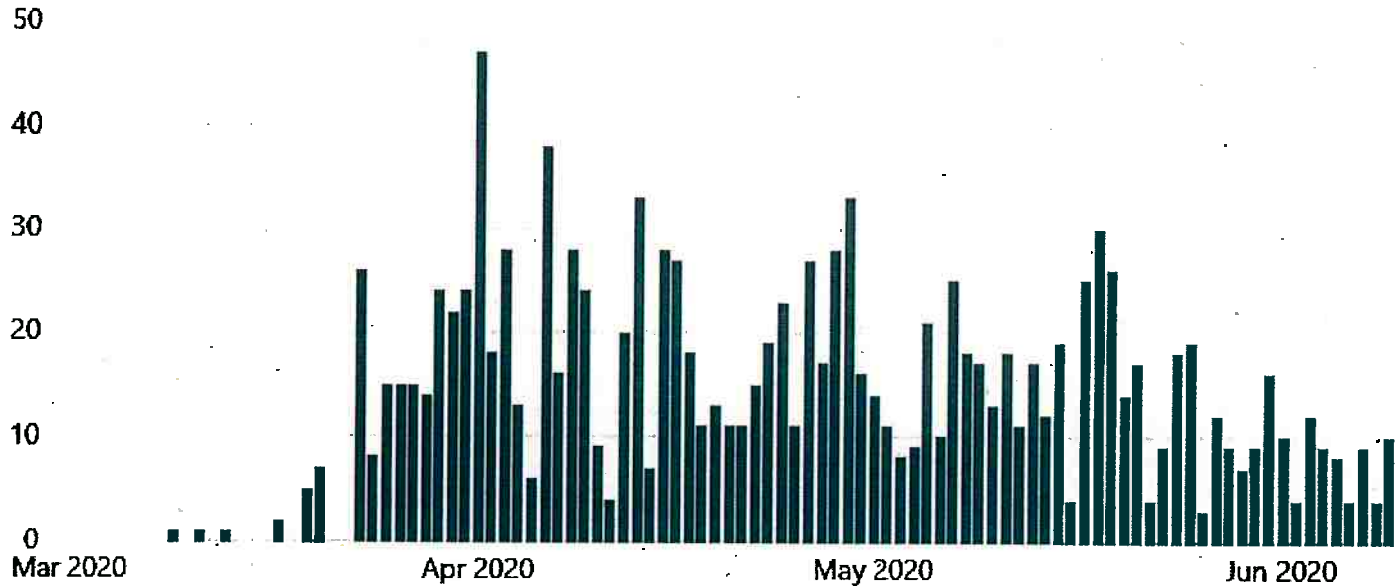
**QEQM**

C-19 Positive Inpatients by date (snapshot)



## Strategic Theme: COVID-19 | Tests

Covid-19 Cases by date

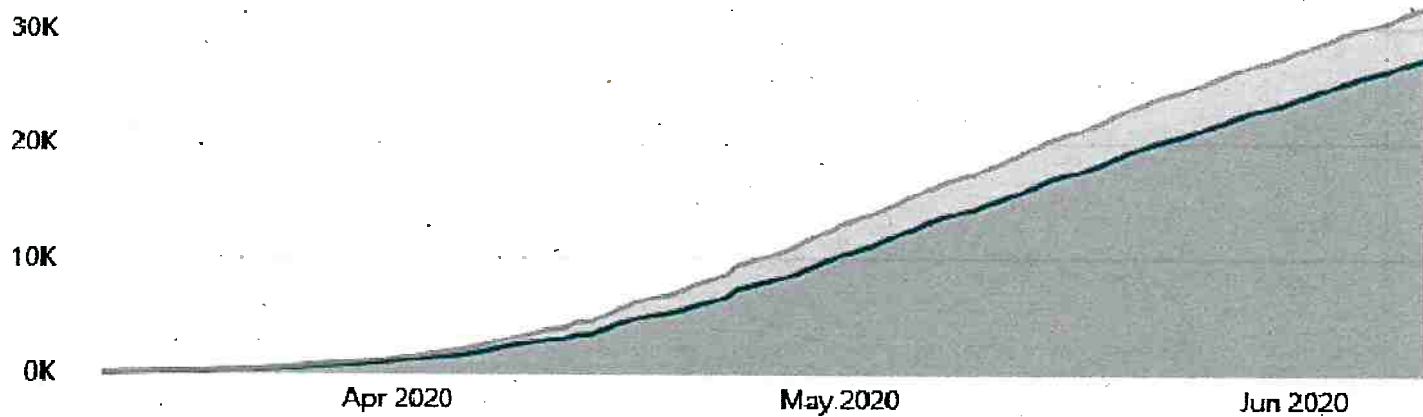


**1,298**

**Cases**

Cumulative Tests Performed Positive/Negative Split

Covid Results ● Negative ● Positive



**32,131**

**Tests  
(Total Swabs)**

## Strategic Theme: COVID-19 | Outcome

**701**

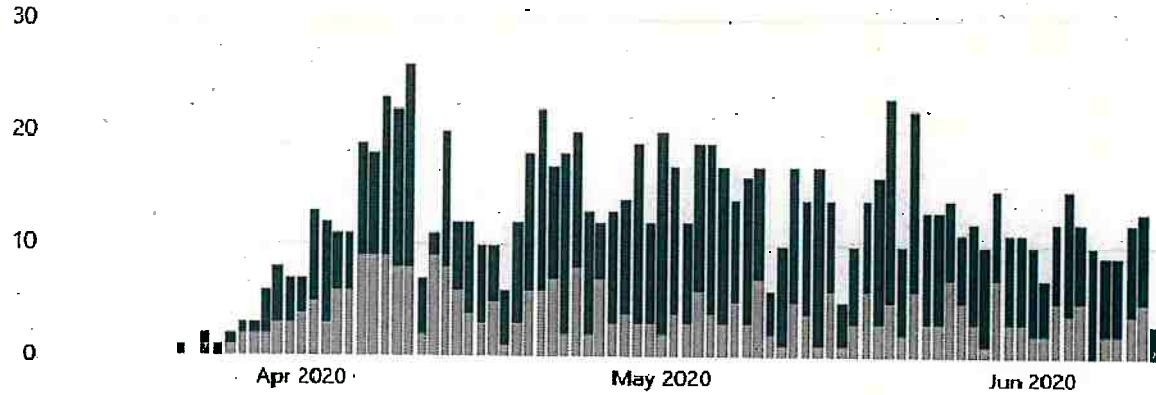
**Recovered**

**323**

**Deceased**

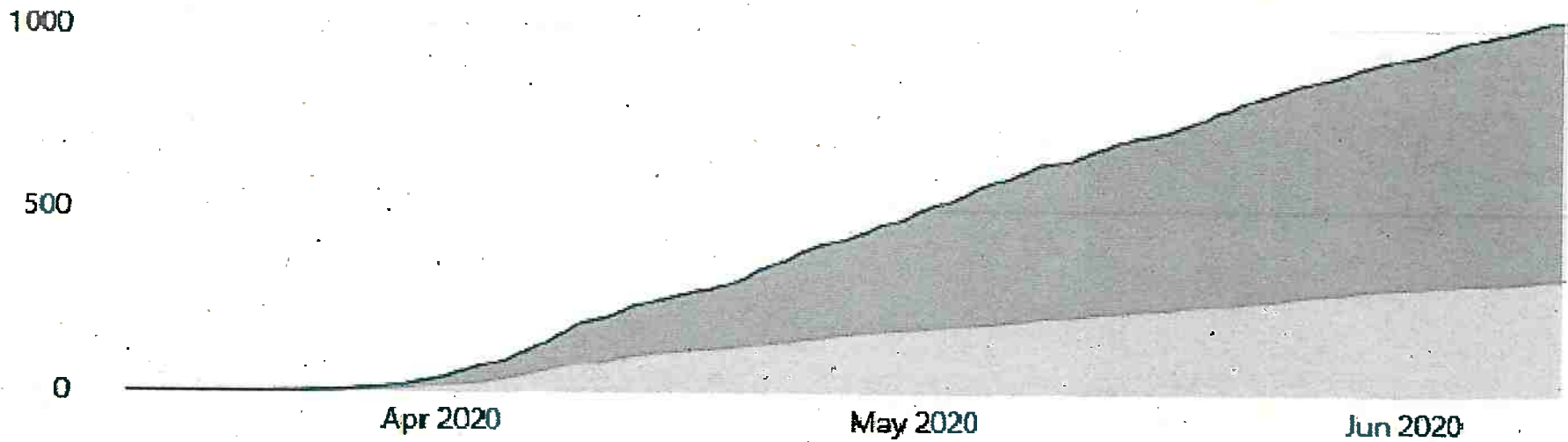
Patient Deaths and Recoveries by date

● Deceased ● Recovered



Cumulative Patient Deaths and Recoveries

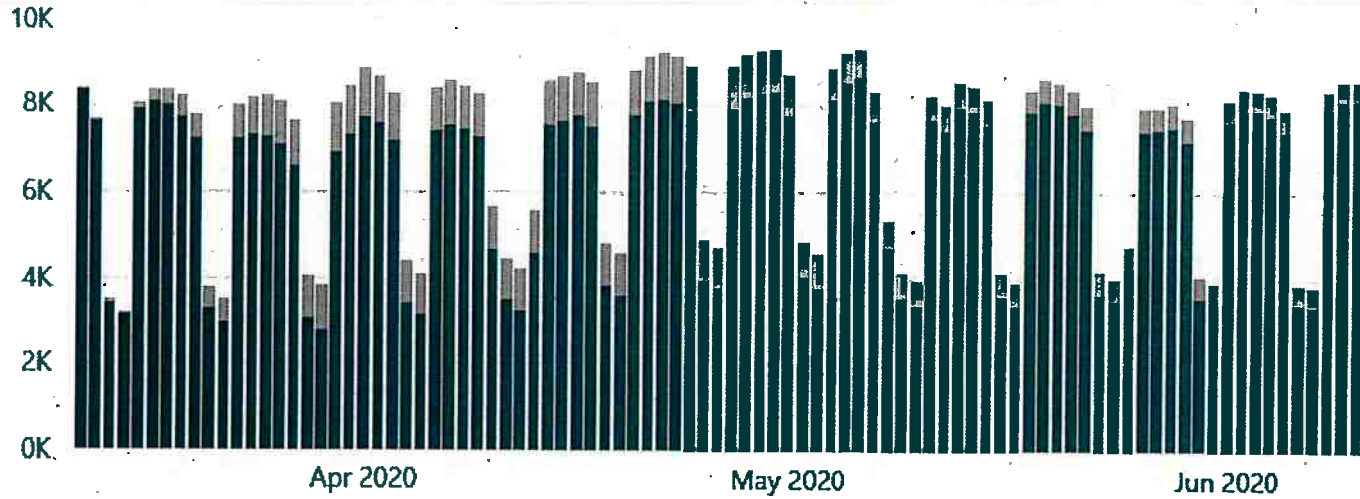
● Cumulative Deceased ● Cumulative Recovered



# Strategic Theme: COVID-19 | Workforce

No. of Staff Working / Sick

● Total Working ● Total Sick

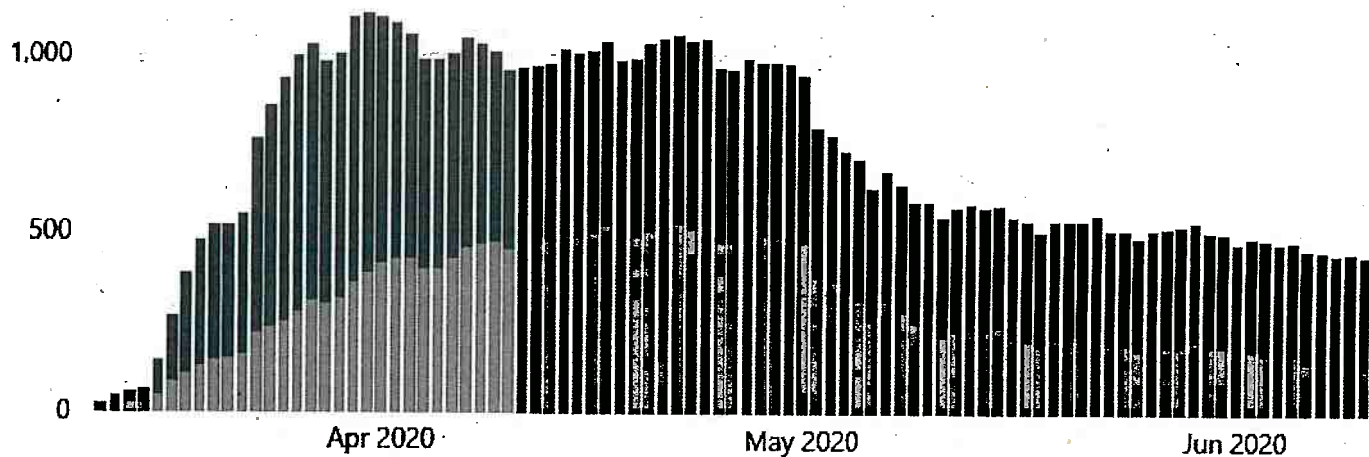


**313**

**Self-Isolating  
(Not Working)**

No. of Staff Sick / Self-Isolating (Not Working)

● Sickness ● Self Isolating (Not Working)

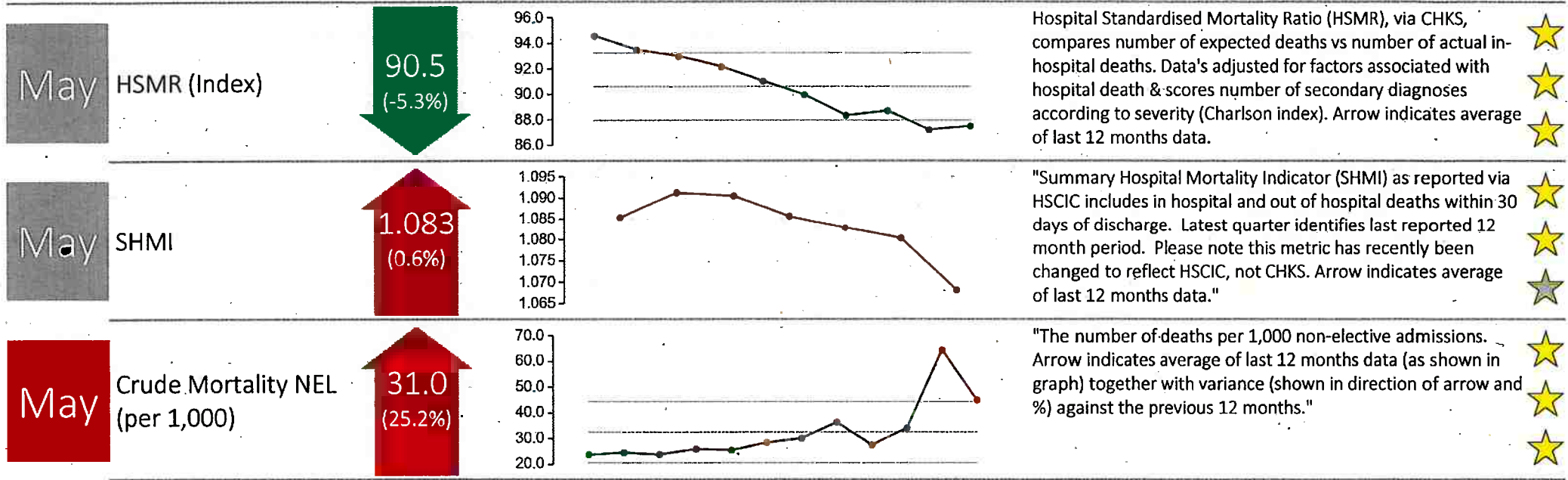


**128**

**Symptoms  
(Sick)**

# Strategic Theme: Patient Safety

## Mortality



**Highlights and Actions:**

HSMR reported via CHKS has fallen over the past 12 months and is now in line with peer trusts. The Trust is due to move to Dr Foster reporting which will change the reported HSMR due to different methodology but the trend data will be accessible. The data does not reflect the impact of Covid-19. COVID-19 cases (primary diagnosis only) are not included in HSMR and will also be excluded from SHMI data.

The crude mortality rate spiked in April and May which has been impacted on by the Covid-19 pandemic with reduced admissions to hospital of sicker patients. CHKS data supports that this rise in crude mortality and reduction in admission is in line with national peers to end of March 2020.



# Strategic Theme: Patient Safety

## Serious Incidents

May	Serious Incidents (STEIS)	181 (40.3%)		<p>"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."</p>	
May	Never Events (STEIS)	1 (-90.0%)		<p>"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."</p>	

**Highlights and Actions:**

There were 138 open Serious (SIs) at the end of May 2020. Seventeen new SIs were reported in May 2020 and the CCG agreed closure of nine SIs, three were downgraded and one transferred to another provider to investigate. At month end there were 40 SIs breaching investigation timeframes and six non-closure requests for further information from the CCG.

A review of the mechanisms in place to support the timely investigation and actioning of SIs within Care Groups has been completed and recommendations made to the Executive Management Team.

# Strategic Theme: Patient Safety

## Infection Control

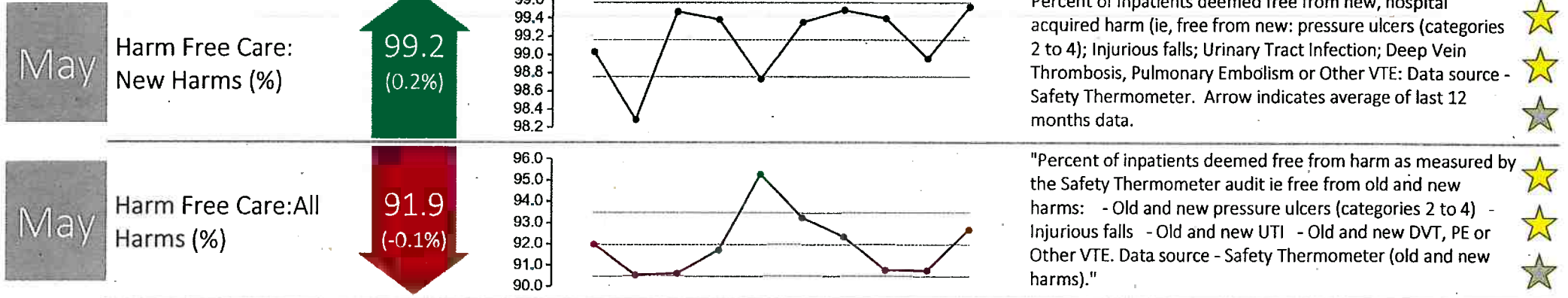
May	Cases of MRSA (per month)	0 (-100.0%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	
May	Cases of C.Diff (Cumulative)	27 (237.5%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."	
May	E. Coli	83 (0.0%)		"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	
May	MSSA	34 (3.0%)		"The total number of MSSA bacteraemia recorded, post 48hrs."	

**Highlights and Actions:**

Infection prevention and control measures around Covid-19 has been a key focus. Patients have been cohorted into suspected Covid and non-Covid streams with the Trust following PHE guidance on PPE. The Trust has updated testing and reporting guidance to improve the detection and interventions where hospital acquired Covid-19 is suspected. Standard Operating Procedures for suspected cluster including staff and patients are being updated in context of Covid-19 infection. Cumulative clostridium difficile reporting rebased to zero from April 2020 but concerns are that incidence is increasing despite heightened awareness and compliance with hand hygiene. This may be impacted in a change in antibiotic use both in community and in hospital but is being investigated further. Training in Aseptic Non-Touch Techniques (ANTT) is being enhanced with external support and use of the diarrhoea assessment tool alongside antimicrobial stewardship is being promoted.

# Strategic Theme: Patient Safety

## Harm Free Care



National Safety Thermometer is no longer in use. A Trust system is in development

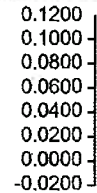
Highlights  
and  
Actions:

## Pressure Damage

May

Pressure Ulcers Cat  
 3/4 (per 1,000)

0.0501  
 (-13.7%)



"Number of category 3/4 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:

There was a total of 38 category 2 and above reported, this includes 7 medical device related incidents.

General pressure Ulcers

- Twenty of these were category 2 ulcer. Eight of these were classed as no harm incidents meaning that all preventative measures were in place. The trust was over the set 10% reduction trajectory with a result of 0.859/1000 bed days.
- There were 2 confirmed category 3 ulcers which are both serious incidents and are progressing through RCAs. Both reported at WHH hospital. The trust was over the set 10% reduction trajectory with a result of 0.086/1000 bed days. There were no category 4 pressure ulcers.
- Six potential deep ulcers were reported. 6 were suspected deep tissue injury (SDTI) and 3 were unstageable ulcers. None of these incidents were thought to be moderate harm or above. The trust did not meet the set 10% trajectory for these categories. (Unstageable 0.129/1000 bed days). For SDTIs we were over the 10% reduction trajectory with a result of 0.258/1000 bed days.

- 21 reported incidents were due to Moisture Associated Skin Damage.

Medical Device Related incidents

- There were 7 category 2 medical device related pressure ulcers the increase in damage seen to the face and ears has been due to the fact that in this pandemic there has been increase in patients requiring proning.

Actions:

- Continue training of new equipment at WHH and K&C
- New Hybrids delivered to QEQM and K&C modified systems from previous feedback
- Active cushions are now available on all sites
- Introduction of the Pressure Ulcer prevention practitioner for Tissue Viability initially to be based at WHH
- Proning mattresses ordered trust wide for ITUs
- Band 4 pressure ulcer prevention practitioner appointed.

Recommendations:

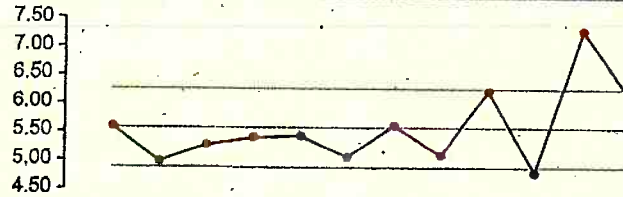
- Review equipment in the discharge lounges and trial suitable pressure relieving equipment
- Increase medical photography training for frontline clinical staff (put on hold due to current climate)

# Strategic Theme: Patient Safety

## Falls

May

Falls (per 1,000 bed days)



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



Highlights and Actions:

In May there were 130 falls



The Falls Prevention Team and producing training videos to continue to implement FallStop training.

# Strategic Theme: Patient Safety

## Incidents

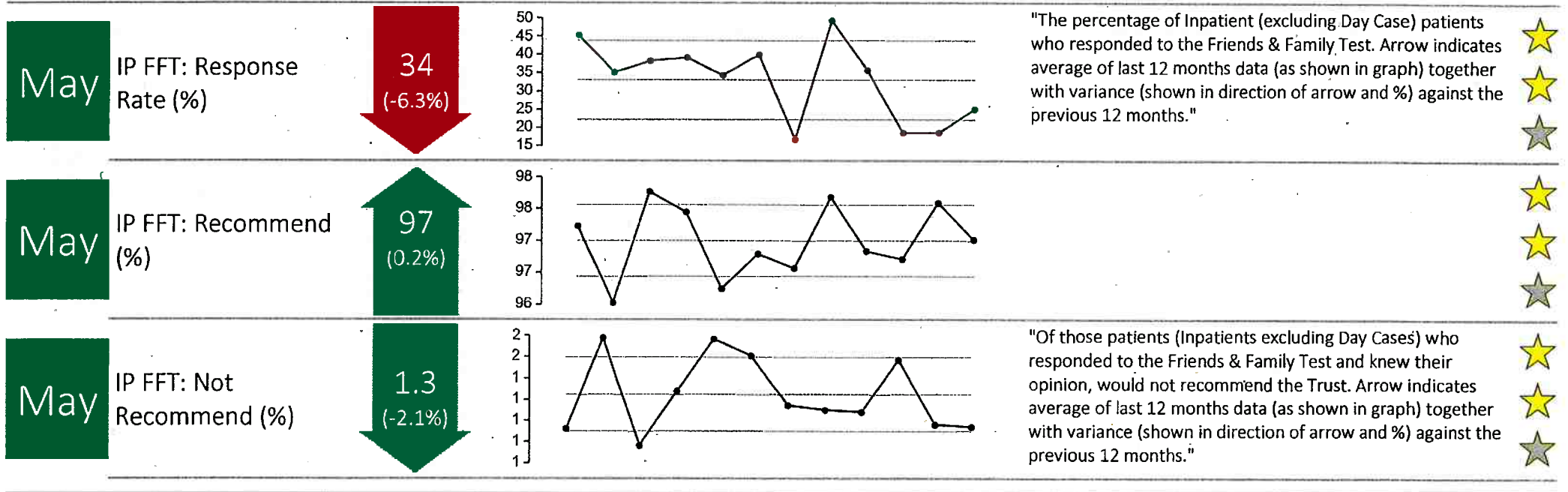
<p>May</p>	<p>Clinical Incidents: Total (#)</p> <p><b>17,340</b> (-3.2%)</p>		<p>"Number of Total Clinical Incidents reported, recorded on Datix."</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Blood Transfusion Incidents</p> <p><b>91</b> (-15.7%)</p>		<p>"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Medicines Mgmt. Incidents</p> <p><b>1,860</b> (0.4%)</p>		<p>"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."</p>	<p>★ ★ ★</p>

**Highlights and Actions:**

A total of 1291 clinical incidents have been logged as occurring in May-20 compared with 1038 recorded for Apr-20 and 1603 in May-19. There was a drop in incident reporting from the end of March, through April and this is now recovering. Review of incident data demonstrates the main reductions in incident reporting were in the outpatient and elective areas and this has been attributed to the reduction in activity in these areas.

# Strategic Theme: Patient Safety

## Friends & Family Test



Highlights and Actions:

May FFT recommendation scores = Inpatients 97% (97.6% April), Day case 98 % (96.52% April), UEC 87.1% (88.97% April), Maternity 100% (100% April), Outpatients 92.5% (91.8% April)  
 May FFT response scores = Inpatients 25% (18.5% April), Day case 26.7% (25% April), UEC 22.6% (16.2% April), Maternity 9.67% (3.4% April), Outpatients 21% (20% April)

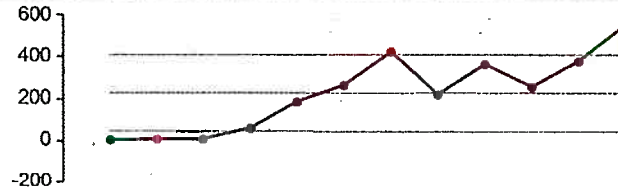
# Strategic Theme: Patient Safety

## Mixed Sex

May

Mixed Sex Breaches

2687  
(665.5%)



"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:

MSA 21.85% May (9.26% April) - % decline and main areas of concern reflect the Covid response blue and red areas experiencing high levels of MSA



# Strategic Theme: Patient Safety

## Safe Staffing

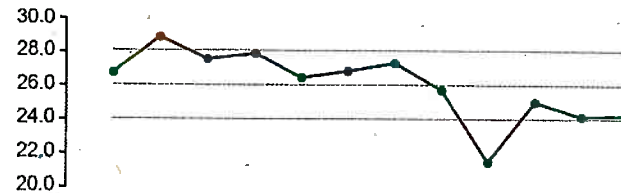
<p>May</p>	<p>Shifts Filled - Day (%)</p>	<p>↑ 97 (0.1%)</p>		<p>Percentage of RCN and HCA shifts filled on wards during the day (split by RCN &amp; HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Shifts Filled - Night (%)</p>	<p>↓ 104 (-0.6%)</p>		<p>Percentage of RCN and HCA shifts filled on wards at night (split by RCN &amp; 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.</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Care Hours Per Patient Day (CHPPD)</p>	<p>↑ 8.8 (7.3%)</p>		<p>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.</p>	<p>★ ★ ★</p>

## Strategic Theme: Patient Safety

May

Midwife:Birth Ratio  
 (%)

26.0  
 (-1.6%)



The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.



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 94.8% compared to 88.8% in Apr-20.

Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. Average CHPPD is similar to last month and outside the upper control limit due to a significant reduction in cumulative total of patients since March.

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

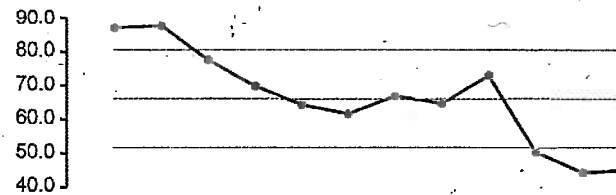
# Strategic Theme: Patient Safety

## Complaints & Compliments

May	Number of Complaints	732 (-3.9%)		The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX	
May	Complaints acknowledged within 3 working days	100 (3.2%)		Complaints acknowledged within 3 working days (%)	
May	Compliments	 36481 (50.2%)		Number of compliments received	
May	Complaints Closed within 30 Working Days or Agreed Extension (%)	64.1 (-27.2%)		Percentage of complaints closed within the 30 working day target (or an agreed extension)	

## Strategic Theme: Patient Safety

**May** Complaints Closed within 45 Working Days or Agreed Extension (%) **64.7**  
 (-21.3%)



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



**Highlights and Actions:**

35 new complaints received in May 2020 compared to 18 in April 2020, an increase of 94%. April was the outlying month and May's figures are still below the average amount of monthly complaints (68). 100% of complaints received in May were acknowledged within three working days.

The Trust closed 55 complaints in May 2020; 17 had a 30 working day timeframe. 35% of these were responded to within 30 working days or with an extension granted by the Chief Nurse (39% in April 2020). There were 11 breaches where the response was not sent out within agreed timeframes. The Care Groups achieved the following compliance for responding within 30 working days in May:

- Urgent and Emergency Care 1 of 5 (20%)
- General and Specialist Medicine 1 of 3 (33%)
- Surgery and Anaesthetics 2 of 4 (50%)
- Surgery – Head, Neck, Breast and Dermatology 1 of 1 (100%)
- Women's and Children's 1 of 3 (33%)
- Clinical Support 0 of 1 (0%)

The remaining 38 complaints had a 45 working day timeframe. 45% of these were responded to within 45 working days or with an extension granted by the Chief Nurse (41% in April 2020). There were 21 breaches where the response was not sent out within agreed timeframes. The Care Groups achieved the following compliance for responding within 45 working days in May:

- Urgent and Emergency Care 2 of 12 (17%)
- General and Specialist Medicine 1 of 6 (17%)
- Surgery and Anaesthetics 5 of 9 (56%)
- Surgery – Head, Neck, Breast and Dermatology 2 of 2 (100%)
- Women's and Children's 5 of 7 (71%)
- Clinical Support Services 1 of 1 (100%)
- Cancer 1 of 1 (100%)

The two most concerning care groups are GSM and UEC. We have agreed to hold an amnesty day for both care groups to improve performance.

# Strategic Theme: Human Resources

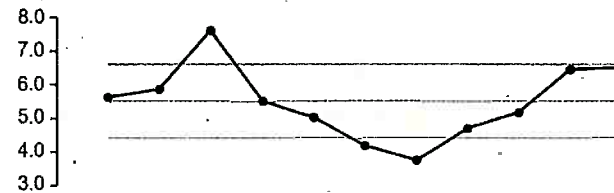
## Gaps & Overtime

<p>May</p>	<p>Vacancy (Monthly) %</p>	<p>8.6 (-20.5%)</p>		<p>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."</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Staff Turnover (%)</p>	<p>14.3 (0.2%)</p>		<p>"% Staff leaving &amp; 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."</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Sickness (Monthly) %</p>	<p>5.0 (25.9%)</p>		<p>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</p>	<p>★ ★ ★</p>

## Strategic Theme: Human Resources

May Overtime %

5.5  
 (-18.3%)



% of Employee's that claim overtime.



**Highlights and Actions:**

During the last five months, the Trust's vacancy rate has continued to fall, reaching an in-month rate of 6.50% in May 2020. There are now 7,800.40 WTE staff employed with the Trust, and a vacancy of 542.27 WTE. Vacancy rates remain above 10% in both the General & Specialist Medicine and Urgent & Emergency Care Care Groups. However, all other clinical Care Groups are within a range of 4 to 5% vacancy.

Turnover, excluding junior doctors, continued to fall for the third month running and was at 11.7% for the month of May. The annual 12 month average, however, remains on an upward trajectory due to increasing turnover from October 2019 to February 2020.

Sickness in May fell slightly, after a large increase in the previous two months due to Covid-19. Sickness in April peaked at 8.89% across the Trust, and is predicted to fall to approximately 7.5% in May, and further still in June. Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. So far during June, sickness absence appears to be much lower than during April and May. The Unavailability is now also measuring those who are Shielding, and also those who have been asked to self-isolate due to Track and Trace. Therefore, the impact this may have on sickness absence will continue to be monitored.

Overtime remained at approximately 7% in April and May, which is higher than the previous six months, but the 12 month average overtime rate remains lower than previous at 5.5%.

# Strategic Theme: Human Resources

## Temporary Staff

<p>May</p>	<p>Employed vs Temporary Staff (%)</p>	<p>91.5 (2.3%)</p>		<p>"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."</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Agency %</p>	<p>7.2 (-8.1%)</p>		<p>% of temporary (Agency and Bank) staff of the total WTE</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Bank Filled Hours vs Total Agency Hours</p>	<p>75 (23.4%)</p>		<p>% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff</p>	<p>★ ★ ★</p>

**Highlights and Actions:**


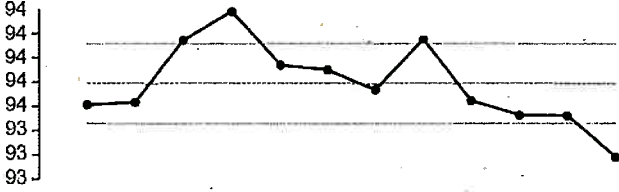


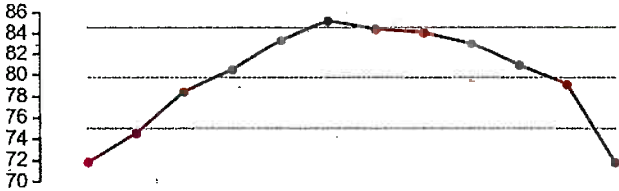


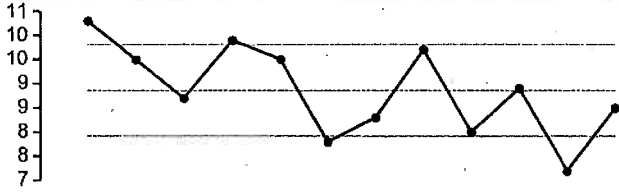

The percentage of permanent against temporary staff continued to improve during May to approximately 93%. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 91.5%, remaining on a positive trajectory.

The percentage of agency staff 12 month average also continues to improve, at 7.2%. After increasing during February and March to a high of 9%, the percentage of agency and bank staff has fallen back to approximately 7.5%. If sickness absence continues to remain lower than during March and April, we would expect an ongoing improvement in agency and bank usage.

An issue that we are currently monitoring is the decrease in bank filled hours against total hours worked by temporary staff. This fell in May to approximately 68%, from a high of almost 80% in March.

# Strategic Theme: Human Resources

## Workforce & Culture

May	Statutory Training (%)	 <p>94 (0.4%)</p>		<p>"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	
May	Appraisal Rate (%)	 <p>79.8 (3.9%)</p>		<p>Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
May	Time to Recruit	 <p>9 (-22.7%)</p>		<p>"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	

**Highlights and Actions:**

Both statutory training and appraisal compliance have both been adversely affected during the covid-19 outbreak. The in month compliance for Statutory Training fell to 93%, but still remains Green on the RAG rating. In addition, the 12 month trend is still positive, with an average of 94% completion. All Care Groups, with the exception of Urgent & Emergency Care (89%), are over 90% compliant with Statutory Training.

The in month appraisal compliance for May was 72%, which was a large decrease from the 80% compliance the previous month. However, the 12 month average improved to 79.8%. Through many different communications, staff are being asked to carry out their appraisals where possible, including via Webex for those who are currently working from home. All Care Groups saw a reduction in compliance during April and May, with only Surgery, Head, Neck, Breast & Dermatology remaining over the 85% Green compliance rate.

The time to recruit continues on its downward trajectory, and remains at an average of 9 weeks. The Resourcing team have successfully implemented new ways of fast track recruiting during the Covid-19 outbreak, which has had a positive impact on the vacancy rates and supporting the clinical Care Groups.



## Activity vs. Internal Business Plan

### Key Performance Indicators

May	Key Performance Indicators	May-20				YTD				YTD vs Last Yr				Green
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
	Referral Primary Care	5,582	15,616	(-10,034)	-64%	9,660	30,804	(-21,144)	-69%	9,660	15,266	(-5,606)	-37%	<=0%
	Referral Non-Primary Care	7,971	15,877	(-7,906)	-50%	15,623	31,204	(-15,581)	-50%	15,623	15,890	(-267)	-2%	<=0%
	OP New	7,829	18,486	(-10,657)	-58%	15,173	35,822	(-20,649)	-58%	15,173	18,287	(-3,114)	-17%	>=0%
	OP Follow Up	22,677	40,429	(-17,752)	-44%	45,565	79,491	(-33,926)	-43%	45,565	39,665	5,900	15%	>=0%
	Elective Daycase	2,398	6,468	(-4,070)	-63%	4,305	12,561	(-8,256)	-66%	4,305	6,313	(-2,008)	-32%	>=0%
	Elective Inpatient	275	1,124	(-849)	-76%	566	2,145	(-1,579)	-74%	566	1,157	(-591)	-51%	>=0%
	A&E	14,222	19,882	(-5,660)	-28%	24,573	38,955	(-14,382)	-37%	24,573	19,381	5,192	27%	>=0 & <5%
	Non-Elective Inpatient	5,657	7,705	(-2,048)	-27%	10,399	14,978	(-4,579)	-31%	10,399	7,383	3,016	41%	>=0 & <5%
	Chemotherapy	1,008	1,417	(-409)	-29%	2,134	2,667	(-533)	-20%	2,134	1,246	888	71%	>=0%
	Critical Care	1,722	1,701	21	1%	3,420	3,511	(-91)	-3%	3,420	1,682	1,738	103%	>=0%
	Dialysis	7,478	7,590	(-112)	-1%	14,882	14,951	(-69)	0%	14,882	7,052	7,830	111%	>=0%
	Maternity Pathway	1,099	1,170	(-71)	-6%	2,298	2,215	83	4%	2,298	1,121	1,177	105%	>=0%
	Pre-Op Assessments	471	2,940	(-2,469)	-84%	1,073	5,785	(-4,712)	-81%	1,073	2,866	(-1,793)	-63%	>=0%
	Other	5,059	5,423	(-364)	-7%	10,869	11,347	(-478)	-4%	10,869	4,903	5,966	122%	>=0%

**Referral Primary Care**

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	361	1,435	-75%	-3,074
130 - Ophthalmology	121	1,144	-89%	-1,023
650 - Physiotherapy	108	930	-88%	-822
110 - Trauma & Orthopaedics	193	1,012	-81%	-819
330 - Dermatology	418	1,202	-65%	-784
120 - Ear, Nose & Throat	271	957	-72%	-686
502 - Gynaecology	266	951	-72%	-685
140 - Maxillo Facial	62	640	-90%	-578
104 - Colorectal Surgery	306	820	-63%	-514
301 - Gastroenterology	234	710	-67%	-476
<b>Total</b>	<b>4,078</b>	<b>15,188</b>	<b>-73%</b>	<b>-11,110</b>

**OP New**

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	502	1,549	-68%	-1,047
650 - Physiotherapy	564	1,563	-64%	-999
110 - Trauma & Orthopaedics	465	1,319	-65%	-854
330 - Dermatology	254	1,087	-77%	-833
502 - Gynaecology	570	1,273	-55%	-703
120 - Ear, Nose & Throat	327	1,010	-68%	-683
420 - Paediatrics	311	766	-59%	-455
140 - Maxillo Facial	102	526	-81%	-424
103 - Breast Surgery	296	649	-54%	-353
104 - Colorectal Surgery	460	801	-43%	-341
<b>Total</b>	<b>7,344</b>	<b>17,336</b>	<b>-58%</b>	<b>-9,992</b>

**Referral Non-Primary Care**

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	785	1,869	-58%	-1,084
130 - Ophthalmology	520	1,489	-65%	-969
650 - Physiotherapy	244	1,159	-79%	-915
320 - Cardiology	1,366	2,273	-40%	-907
800 - Clinical Oncology	577	1,104	-48%	-527
502 - Gynaecology	447	876	-49%	-429
101 - Urology	347	698	-50%	-351
100 - General Surgery	145	428	-66%	-283
326 - Acute Internal Medicine	114	346	-67%	-232
340 - Respiratory Medicine	1,132	856	32%	276
<b>Total</b>	<b>7,652</b>	<b>15,327</b>	<b>-50%</b>	<b>-7,675</b>

**OP Follow Up**

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	1,386	5,008	-72%	-3,622
130 - Ophthalmology	2,139	4,317	-50%	-2,178
290 - Community Paediatrics	151	1,892	-92%	-1,741
361 - Renal	837	1,748	-52%	-911
110 - Trauma & Orthopaedics	2,566	3,438	-25%	-872
502 - Gynaecology	705	1,337	-47%	-632
120 - Ear, Nose & Throat	669	1,281	-48%	-612
301 - Gastroenterology	692	1,297	-47%	-605
330 - Dermatology	1,145	1,702	-33%	-557
191 - Pain Management	0	503	-100%	-503
<b>Total</b>	<b>22,823</b>	<b>89,062</b>	<b>-41%</b>	<b>-16,174</b>

**Elective Daycase**

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	218	1,592	-86%	-1,374
101 - Urology	260	738	-65%	-478
110 - Trauma & Orthopaedics	10	443	-98%	-433
130 - Ophthalmology	36	293	-88%	-257
191 - Pain Management	6	193	-97%	-187
502 - Gynaecology	25	204	-88%	-179
120 - Ear, Nose & Throat	11	172	-94%	-161
140 - Maxillo Facial	33	188	-82%	-155
326 - Acute Internal Medicine	71	210	-66%	-139
320 - Cardiology	116	248	-53%	-132
<b>Total</b>	<b>1,907</b>	<b>6,092</b>	<b>-69%</b>	<b>-4,185</b>

**Non-Elective Inpatient**

Specialty	Activity	Plan	Var (%)	Significance
326 - Acute Internal Medicine	422	1,601	-74%	-1,179
180 - Accident & Emergency	883	1,370	-36%	-487
420 - Paediatrics	234	690	-66%	-456
100 - General Surgery	297	580	-49%	-283
430 - HCOOP	467	746	-37%	-279
101 - Urology	274	376	-27%	-102
120 - Ear, Nose & Throat	6	98	-94%	-92
110 - Trauma & Orthopaedics	228	315	-28%	-87
328 - Stroke Medicine	97	30	223%	67
300 - General Medicine	614	0		-614
<b>Total</b>	<b>4,742</b>	<b>7,273</b>	<b>-35%</b>	<b>-2,531</b>

**Elective Inpatient**

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	23	276	-92%	-253
101 - Urology	52	219	-76%	-167
100 - General Surgery	7	80	-91%	-73
502 - Gynaecology	7	73	-90%	-66
301 - Gastroenterology	11	44	-75%	-33
120 - Ear, Nose & Throat	13	38	-66%	-25
420 - Paediatrics	12	35	-66%	-23
104 - Colorectal Surgery	21	42	-50%	-21
107 - Vascular Surgery	7	27	-74%	-20
103 - Breast Surgery	55	30	83%	25
<b>Total</b>	<b>291</b>	<b>1,021</b>	<b>-71%</b>	<b>-730</b>

**Other**

Specialty	Activity	Plan	Var (%)	Significance
A&E	10351	19073	-46%	-8722
Pre-Op	602	2845	-79%	-2243
Maternity Pathway	1199	1045	15%	154
Chemotherapy	1126	1250	-10%	-124
Other	5810	5924	-2%	-114
Critical Care	1698	1810	-6%	-111
Dialysis	7404	7361	1%	43

## 4 Hour Emergency Access Standard

### Key Performance Indicators

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
<b>90.77%</b>												
4 Hour Compliance (EKHUFT Sites) %*	81.40%	81.35%	80.23%	78.42%	80.36%	75.40%	73.91%	74.61%	74.04%	80.15%	89.67%	90.77%
4 Hour Compliance (inc KCHFT MIUs)	84.65%	84.61%	83.81%	82.13%	83.48%	79.11%	77.79%	78.54%	77.91%	83.13%	91.14%	92.07%
12 Hour Trolley Waits	0	0	0	1	8	15	12	0	6	0	0	0
Left without being seen	3.83%	3.70%	4.50%	3.90%	3.31%	3.46%	3.42%	3.07%	4.02%	2.74%	1.19%	2.24%
Unplanned Reattenders	9.94%	9.54%	9.69%	9.60%	9.15%	9.72%	9.99%	9.88%	10.21%	9.80%	9.51%	10.07%
Time to initial assessment (15 mins)	69.2%	69.5%	75.3%	85.0%	92.0%	94.5%	93.3%	95.8%	94.3%	94.9%	92.6%	90.5%
% Time to Treatment (60 Mins)	45.0%	46.2%	44.5%	43.7%	46.7%	41.9%	43.0%	45.5%	42.5%	48.8%	71.3%	58.1%

### 2020/21 Comparison to Previous Year

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<b>9.57%</b>												
Previous Year (19/20)	77.1%	81.2%	81.4%	81.4%	80.2%	73.4%	80.4%	75.4%	73.9%	74.6%	74.0%	80.1%
Performance	89.7%	90.8%										

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

### Summary Performance

May performance for the organisation against the 4-hour target was 90.77%. This represents an increase in performance compared to the previous month of 1.1%, and an increase compared to the same month last year (81.2% in 2019). There were no 12 Hour Trolley Waits in May. The proportion of patients who left the department without being seen remained at a reduced level at 2.24%, which is an increase on the previous month and reflects the increase in attendances. The % of ambulance arrivals receiving initial assessment within 15 minutes was compliant at 90.5%. The unplanned re-attendance position remains at a high level at 10.07%. Time to treatment within 60 minutes was compliant at 58.1%.

### Issue

- Increased emergency demand with high acuity for both blue (covid) and red (non covid) streams.

- Managing patient flow to appropriate ward areas to maintain strict clinical streaming.

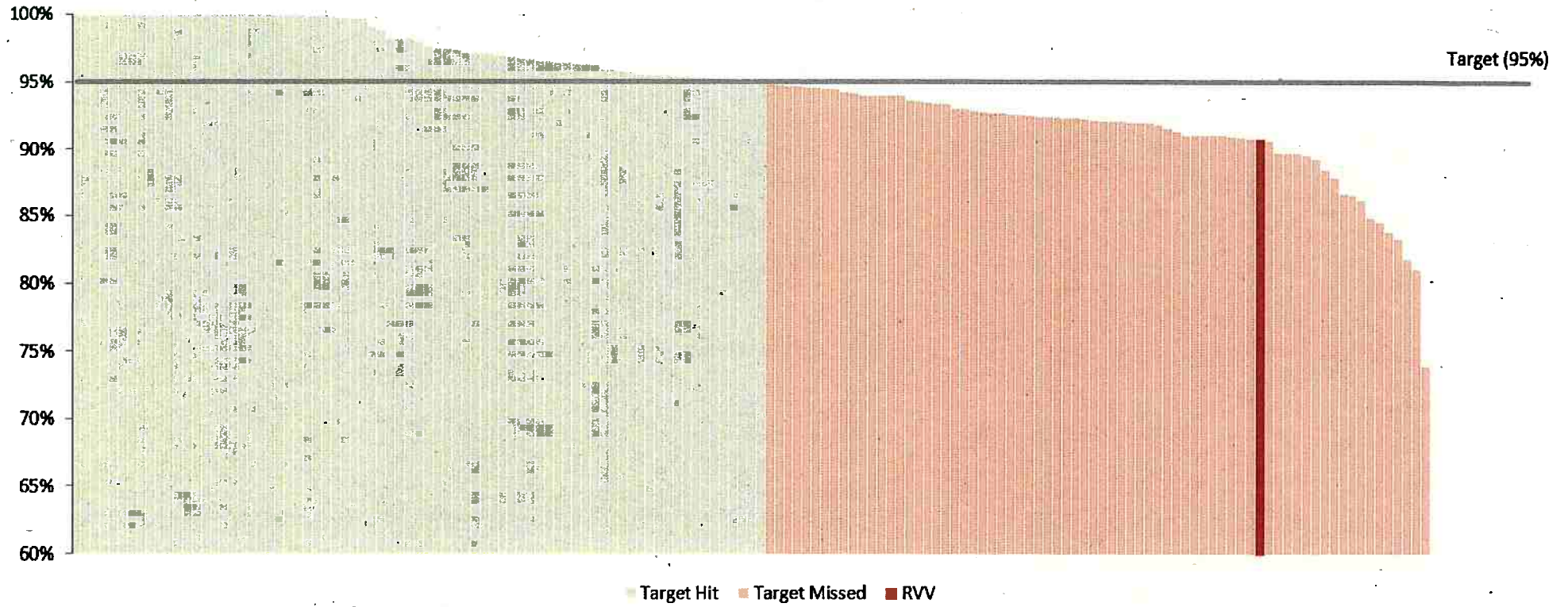
**Action**

- Maintain senior clinical leadership to emergency floor to support early decision making.
- Daily board rounds with senior clinicians and matron in attendance.
- Weekly MDT reviews of all patients >7 days focussing on resolving internal delays.
- Focus on zero 60 minute ambulance handover delays.
- Daily COVID Gold calls with social care, community trust and CCG with whole system actions.

**May 2020 | National A&E Benchmarking**

East Kent Hospitals University NHS Trust ranked 130 of 149 trusts

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



## Cancer Compliance

### Key Performance Indicators

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
<b>70.49</b> <b>%</b>													<b>Green</b>
62 Day Treatments	72.24%	82.81%	79.72%	79.34%	88.45%	82.42%	85.06%	76.42%	78.42%	81.32%	79.59%	70.49%	≥85%
>104 day breaches	3	7	1	2	4	4	6	5	10	4	17	25	0
Demand: 2ww Refs.	3,250	3,747	3,228	3,402	3,862	3,465	3,069	3,666	3,322	2,699	1,546	2,200	2965 - 3277
2ww Compliance	96.25%	98.02%	98.25%	97.87%	97.62%	98.51%	98.32%	97.97%	98.29%	98.14%	96.93%	96.74%	≥93%
Symptomatic Breast	86.32%	96.27%	95.96%	97.26%	97.00%	97.28%	97.58%	99.19%	98.63%	96.34%	100.00%	96.97%	≥93%
31 Day First Treatment	94.44%	98.56%	96.72%	97.38%	99.06%	99.12%	98.76%	98.92%	98.77%	97.71%	99.07%	98.91%	≥96%
31 Day Subsequent Surgery	91.53%	100.00%	74.58%	94.34%	95.45%	95.24%	97.67%	96.83%	96.15%	95.77%	97.10%	97.37%	≥94%
31 Day Subsequent Drug	99.04%	100.00%	99.16%	100.00%	100.00%	100.00%	100.00%	100.00%	99.03%	99.05%	100.00%	100.00%	≥98%
62 Day Screening	73.33%	100.00%	92.59%	86.79%	80.77%	88.24%	75.00%	74.07%	66.67%	81.82%	81.25%	71.43%	≥90%
62 Day Upgrades	75.00%	75.00%	65.63%	90.38%	79.31%	88.46%	83.33%	73.91%	100.00%	85.71%	84.62%	75.00%	≥85%

### Summary Performance

May 62 day performance is currently 70.49%, validation continues until the beginning of July in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,200 and there have been 25 patients who have breached the >104-day standard.

### Issues:

- Managing endoscopy diagnostics and surgical treatments within the constraints of Covid19.
- The British Society of Gastroenterologist recommendations which restricted endoscopy activity.

### Actions:

- Daily MDT calls with radiology and endoscopy which has reduced waiting times for diagnostics considerably.
- Daily 2ww and long waiters call to manage patients pathways.

- Clinical Nurse Specialists have been appointed for each Tumour site to actively manage their own PTL (Patient Treatment List).
- The Cancer Alliance have provided 300 QFIT kits to reduce the requirement for an endoscopy for a specific group of patients.
- Endoscopy action plan has successfully increased capacity through use of independent sector and revised working arrangements to meet new requirements.

### 62 Day Performance Breakdown by Tumour Site

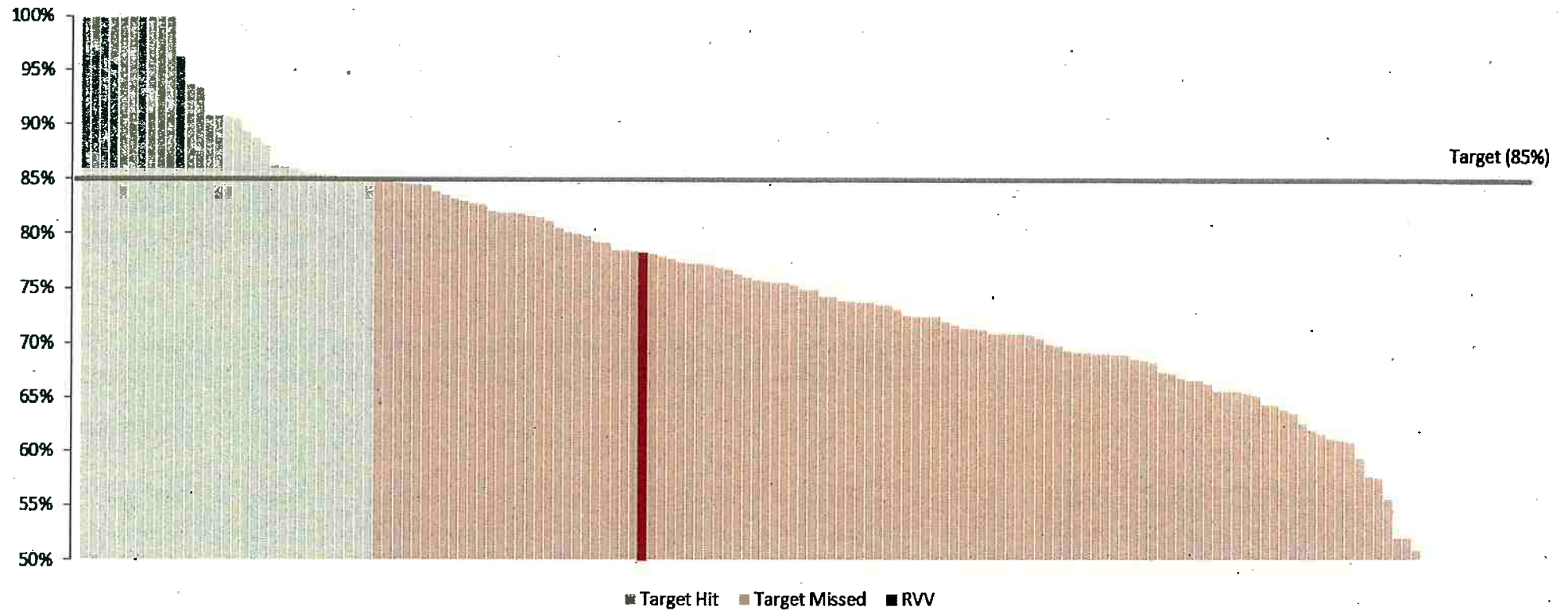
	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
01 - Breast	64.5%	82.1%	79.4%	75.0%	94.1%	96.4%	95.7%	91.1%	75.0%	93.9%	92.3%	83.3%
03 - Lung	65.0%	46.2%	58.3%	60.9%	57.7%	52.5%	68.2%	60.0%	51.4%	51.7%	67.6%	44.8%
04 - Haematological	80.0%	62.5%	66.7%	60.0%	85.7%	80.0%	100.0%	100.0%	83.3%	33.3%	57.1%	50.0%
06 - Upper GI	61.5%	81.1%	85.0%	71.1%	85.2%	71.0%	94.1%	25.0%	76.9%	73.3%	44.4%	72.7%
07 - Lower GI	51.6%	81.3%	77.1%	66.7%	58.1%	35.9%	40.5%	22.9%	41.9%	45.5%	51.7%	38.1%
08 - Skin	97.6%	97.1%	91.9%	91.8%	97.2%	100.0%	100.0%	97.8%	100.0%	95.7%	97.7%	100.0%
09 - Gynaecological	81.3%	93.8%	80.0%	75.0%	100.0%	91.3%	91.7%	66.7%	100.0%	69.2%	72.0%	66.7%
10 - Brain & CNS	100.0%	100.0%	0.0%									100.0%
11 - Urological	73.7%	91.5%	87.9%	86.9%	93.0%	88.4%	96.3%	82.4%	83.2%	88.3%	80.0%	51.2%
13 - Head & Neck	33.3%	44.4%	58.3%	66.7%	100.0%	66.7%	83.3%	100.0%	66.7%	59.1%	62.5%	42.9%
14 - Sarcoma	50.0%		100.0%	100.0%			0.0%	40.0%	100.0%		100.0%	
15 - Other			0.0%	100.0%	100.0%	100.0%		50.0%	50.0%	0.0%		0.0%



**April 2020 | National 62 Day Cancer Benchmarking**

East Kent Hospitals University NHS Trust ranked 60 of 144 trusts

Datasource: [https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/Cancer Waiting Times Data Extract \(Provider\) Provisional](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/Cancer%20Waiting%20Times%20Data%20Extract%20(Provider)%20Provisional)



\*National Data is reported one month in arrears.

## 18 Week Referral to Treatment Standard

### Key Performance Indicators

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
<b>59.68 %</b>													Green
Performance	82.06%	82.46%	81.81%	81.62%	81.51%	81.68%	80.32%	81.18%	81.07%	77.24%	68.63%	59.68%	>=92%
52w+	3	2	1	3	3	5	5	4	2	14	155	410	0
Waiting list Size	46,293	45,292	46,121	46,544	47,082	47,445	46,686	46,211	47,331	45,907	42,632	42,795	<38,938
Backlog Size	8,307	7,946	8,389	8,554	8,705	8,690	9,189	8,695	8,962	10,447	13,374	17,255	<2,178

### Summary Performance

May performance has deteriorated to 59.68% which is due to the national Covid19 constraints. The number of 52 week breaches have also increased to 410 due to the restriction on acute hospital elective surgery as the theatre areas have been reconfigured to support expanded Intensive Care Unit capacity.

### Issue:

- Providing out patients services with the national constraints and restrictions of Covid19.
- 52 week breaches have increased due to the national restrictions for elective surgery.

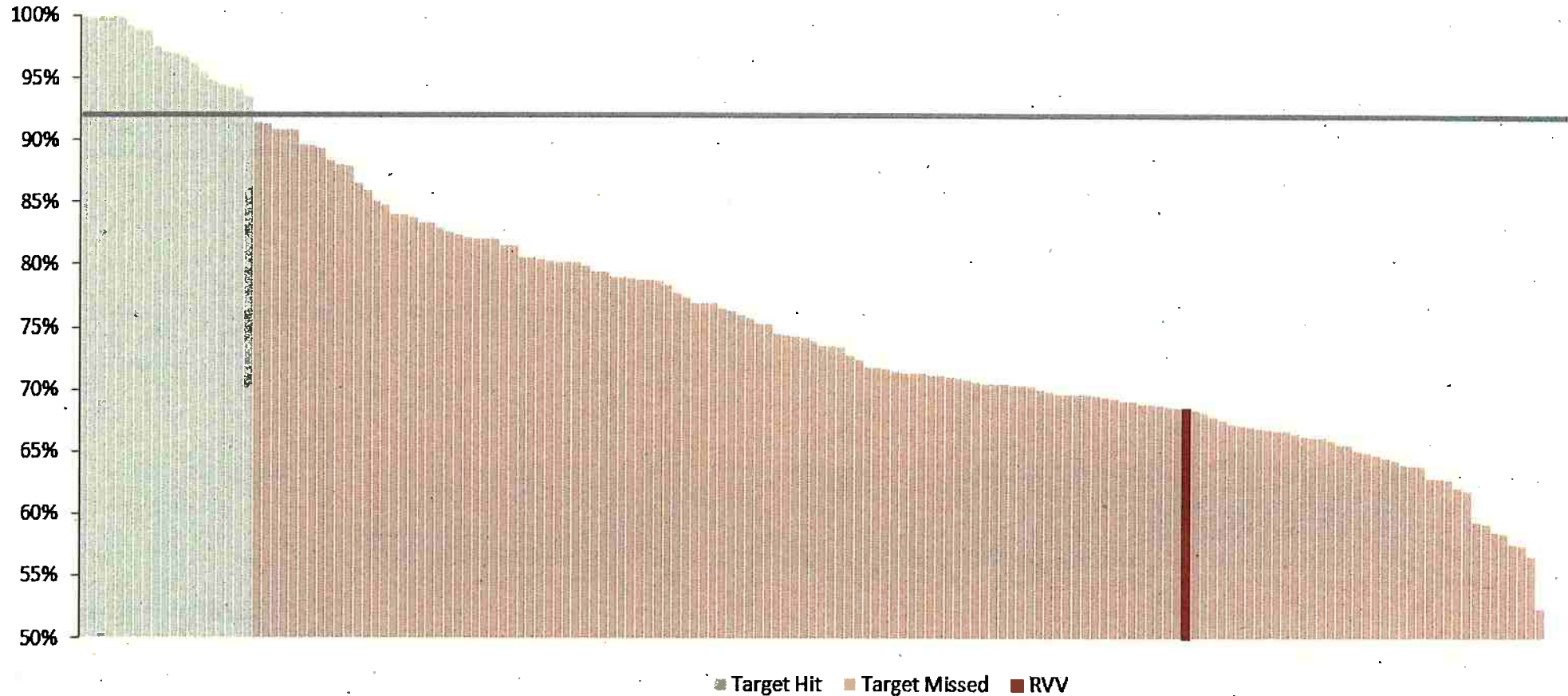
### Actions:

- Use of Independent Sector capacity for clinically urgent and cancer patients.
- Clinically validating each waiting list to identify clinical priority in accordance with new national guidance.
- Implementing virtual clinics which have successfully enabled 40% of all outpatients to continue to be seen.
- Increased and focussed validation of the waiting lists.

**April 2020 | National RTT Benchmarking**

East Kent Hospitals University NHS Trust ranked 122 of 163 trusts

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



\*National Data is reported one month in arrears

## 6 Week Referral to Diagnostic Standard

### Key Performance Indicators

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Green
<b>60.1</b> <b>%</b>													
Performance	99.60%	99.42%	99.08%	98.69%	99.60%	99.80%	99.55%	99.71%	99.80%	97.79%	57.25%	60.10%	>=99%
Waiting list Size	15,548	14,887	14,825	13,614	16,559	16,605	15,621	15,320	16,053	10,460	5,500	7,922	<14,000
Waiting > 6 Week Breaches	62	86	137	178	67	34	71	44	32	231	2,351	3,161	<60

### Summary Performance

The Trust achieved 60.10% compliance in May. The majority of the breaches are in endoscopy and cardiology specialities.

### Issue

- Increase in echo cardiology breaches due to the constraints of Covid19
- Increase in colonoscopy breaches due to the constraints of Covid19

### Action

- Endoscopy action plan to increase capacity through utilising Independent Sector capacity and revised working arrangements.
- Cardiology action plan to provide echocardiology capacity through revised working arrangements.

# Strategic Theme: Finance

## Finance

May

I&E £m (Trust Only)



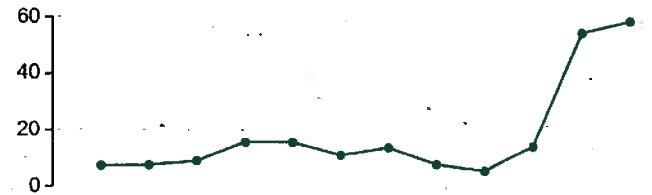
The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.



May

Cash Balance £m  
(Trust Only)

57.8  
(7.4%)



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.

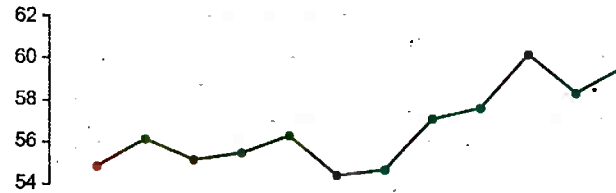


## Strategic Theme: Finance

May

Total Cost £m (Trust Only)

59.5  
(2.1%)



Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.



Highlights  
and  
Actions:

The Trust achieved a breakeven position in both April and May, which was consistent with the plan.

The impact of Covid-19 paused the business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place between the Trust and Commissioners from April to July 2020 to enable the Trust to deliver financial breakeven during this period.

The Trust has identified £5.5m of additional costs due to Covid-19 in May along with lost income of £1.7m. This is partially offset by budget underspends totalling £2.5m due to significantly reduced Elective and Outpatient activity. This brought the required level of top-up funding above the NHSE/I block to £4.7m in May and £7.5m YTD.

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

- Additional staff costs to cover sickness and expanding medical / nursing workforce £2.3m
- Lost income (private patients, Trust car parking, catering etc.) £1.7m
- Decontamination & PPE revenue costs £2.2m
- Pathology testing £0.4m

The key areas of underspend which partially offset this include:

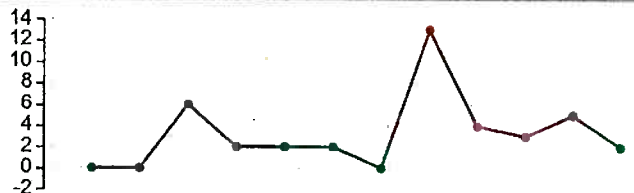
- Clinical supplies and disposables underspends within the Surgery and Anaesthetic Care Group due to reduced elective activity £0.9m
- Underspends in drugs due to significantly lower than planned levels of outpatient and elective patients £0.9m

The Trust's cash balance at the end of May was £57.8m which was £53.7m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in June.

## Health & Safety 1

May

RIDDOR Reports  
(Number)



"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 reports sent to the HSE in May that were non Covid related 2020 the same number as in January:  
 1)Manual handling over 7 day absence from work, shoulder injury: Lifting heavy objects and pulling/pushing a cage of PPE.  
 2)Manual handling over 7 day absence from work , hand injury: Injury whilst performing delivery of baby.

In order to report under the RIDDOR regulations for Covid-19, the Trust must make every reasonable effort to determine if the infection was contracted at work. In order for us to do this, each Covid positive outcome has been investigated by a dedicated safety manager.

So far to the end of May 2020, 58 cases have been identified as potential RIDDOR reportable, however this figure is still being finalised. Therefore the numbers reported to HSE will be confirmed in the forthcoming IPR reports.

The Board is asked to note that the number of RIDDORS will increase significantly by the end of next month.

# Strategic Theme: Use of Resources

## Balance Sheet

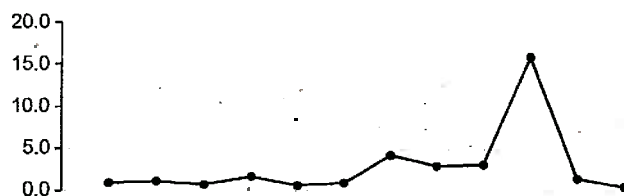
<p>May</p>	<p>CIPS £m</p>	<p><b>0.4</b> (-20.4%)</p>		<p>Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.</p>	<p>★ ★ ★</p>
<p>May</p>	<p>Cash borrowings £m</p>	<p><b>4.3</b> (-92.8%)</p>		<p>Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.</p>	<p>★ ★ ★</p>



## Strategic Theme: Use of Resources

May

Capital position £m



Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.



Highlights  
and  
Actions:

### DEBT

The level of invoiced debtors has decreased by £9.1m from the start of the financial year to £14.6m following good work clearing historic debts and improving inter-company processes.

The largest debtors at 31st May were NHS England and NHS Canterbury & Coastal CCG. Significant progress has been made in clearing historic debt with these organisations and outstanding debt has reduced from previous levels.

### CAPITAL

Total capital expenditure at the end of May was £2.8m which includes £0.6m of Covid-19 expenditure, which is assumed to be externally funded. Excluding Covid-19 capital expenditure the Trust was £0.3m below the year-to-date planned spend. There are no significant delays within this and it is expected that this expenditure will be back in line with the plan by year-end.

### CASH

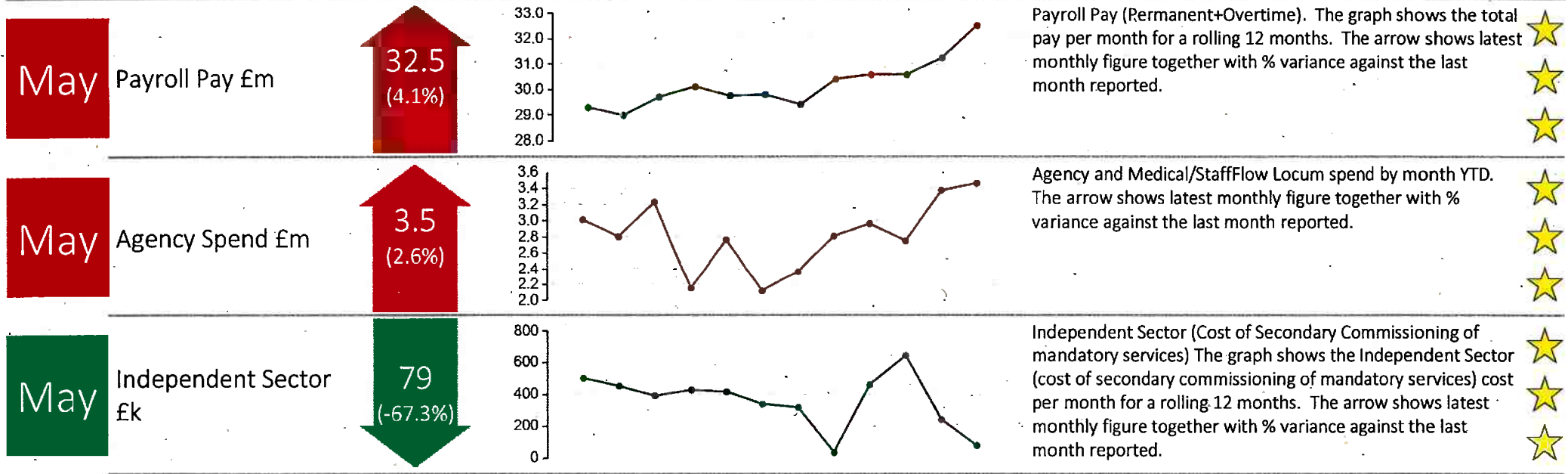
The Trust's cash balance at the end of May was £57.8m which was £53.7m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in June.

### FINANCING

The Trust has total revenue borrowings of £124.9m. As set out by DHSC, all revenue and capital loans are to be converted to Public Dividend Capital (PDC) in September 2020, which attracts an interest rate of 3.5% but does not require repayment. The Trust drew down £4m as PDC in April 2020 in line with our draft plan and any further required borrowings in 2020/21 will be drawn down as PDC.

# Strategic Theme: Use of Resources

## Pay Independent



**Highlights and Actions:**

Pay performance was adverse to plan in May by £2.7m and by £4.1m YTD (6%). Pay CIPs were adverse to plan by £0.6m in month and by £1.2m YTD.

Total expenditure on pay in May was £37.4m, an increase of £1.6m when compared to April. Expenditure on substantive staff increased by £1.3m and expenditure on temporary staffing grew by £0.4m. Bank holiday enhancements paid in May account for £0.4m of the increase in substantive staff and costs relating to the Covid-19 response totalled approximately £0.4m, including arrears paid in May. Lump sum Clinical Excellence Awards paid to consultants in May cost £0.3m. The increase in temporary staffing can be entirely attributed to the Covid-19 response.

## 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, QEOM, 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. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	IP Spells with 3+ Ward Moves	Total Patients with 3 or more Ward Moves in Spell	Lower is Better	
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %	

## Clinical Outcomes

4hr % Compliance from Presentation to Stroke Ward	4hr % Compliance from Presentation to Stroke Ward, as per BPT	Higher is Better		
Audit of WHO Checklist %	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 to the National Hip Fracture Database.	>= 85	5 %	
Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90 & <90	5 %	
Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <90	5 %	
Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %	
Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>= 95	5 %	
Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90 & <90	5 %	
pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %	
Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %	
Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %	
Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %	
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 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %

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 %
	Total Cost £m (Trust Only)	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	20 %
Health & Safety	RIDDOR Reports (Number)	"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		

## Incidents

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 %
Harm Free Care: New Harms (%)	Percent of inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
Medication Missed Doses	Number of missed medication doses recorded on Datix		
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 %
Number of Cardiac Arrests	Number of actual cardiac arrests, not calls, in-hospital		0 %
Pressure Ulcers Cat 3/4 (per 1,000)	"Number of category 3/4 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	Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95
	Blood Culture Training	Blood Culture Training compliance	>= 85
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	>= 0 & <1

Infection	C. Diff Infections (Post 72h)	"The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)."	>= 0 & <1	0 %
	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 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 %
	Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	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 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	>= 0 & <1	
Mortality	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
	Avoidable Deaths >50% Likelihood	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely avoidable', 'Probably avoidable more than 50 50')	>= 0	
	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 CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <90	35 %
	Number of SJR's Completed (death date)	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed based on the date of death		
	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
Patient Experience	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		

## Patient Experience

A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
AE Mental Health Referrals	A&E Mental Health Referrals		
Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days (%)		
Complaints Closed within 30 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 30 working day target (or an agreed extension)		
Complaints Closed within 45 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 45 working day target (or an agreed extension)		
Complaints Open < 31 Days (M/End)	Number of Complaints open for less than 30 days as at the last day of the month (snapshot)		
Complaints Open > 90 Days (M/End)	Number of Complaints open for more than 90 days as at the last day of the month (snapshot)		
Complaints Open 31 - 60 Days (M/End)	Number of Complaints open for between 31 and 60 days as at the last day of the month (snapshot)		
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 %




Patient Experience	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons (un-justifiable). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Number of Complaints	The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX		
	Number of PALS Received	"The number of concerns recorded per ward via the PALS department. Data source - Datix."		
	PHSO Complaints	Number of PHSO complaints received		
	Second Returner Complaints	Number of Second Returner Complaints received by date of returned complaint received		
	Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100
eDN Compliance		% of patients discharged with an Electronic Djscharge Notification (eDN).	>= 80 & <80	
LoS: Elective (Days)		Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.	Lower is Better	
LoS: Non-Elective (Days)		Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.	Lower is Better	
Non-Clinical Cancellations (%)		Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
Non-Clinical Canx Breaches (%)		Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
Theatres: On Time Start (% 15min)		The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
Theatres: Session Utilisation (%)		% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %


## Staffing


1:1 Care in labour	The number of women in labour compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
Agency & Locum Spend	Total agency spend including NHSP spend		
Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
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 %
Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
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.		
Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
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 %
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff.		
Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
Overtime (WTE)	Count of employee's claiming overtime		1 %
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 %
	Stability Index %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
	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 %
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Time to Recruit	"Average time taken to recruit to a new role. This metric is shown in weeks. 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	
	Total Staff Headcount	Headcount of total staff in post		
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
	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
Corporate Induction (%)		% of people who have undertaken a Corporate Induction	>= 95	
Major Incident Training (%)		% of people who have undertaken Major Incident Training	>= 95	
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