NHS
East Kent Hospitals University
NHS Foundation Trust

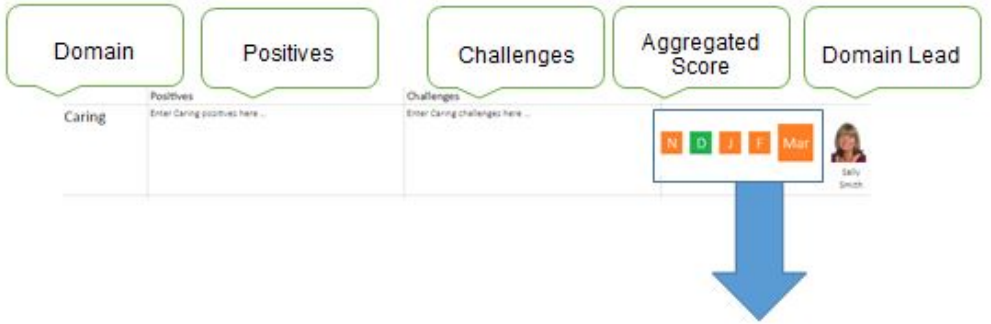
OCTOBER 2019

INTEGRATED PERFORMANCE REPORT

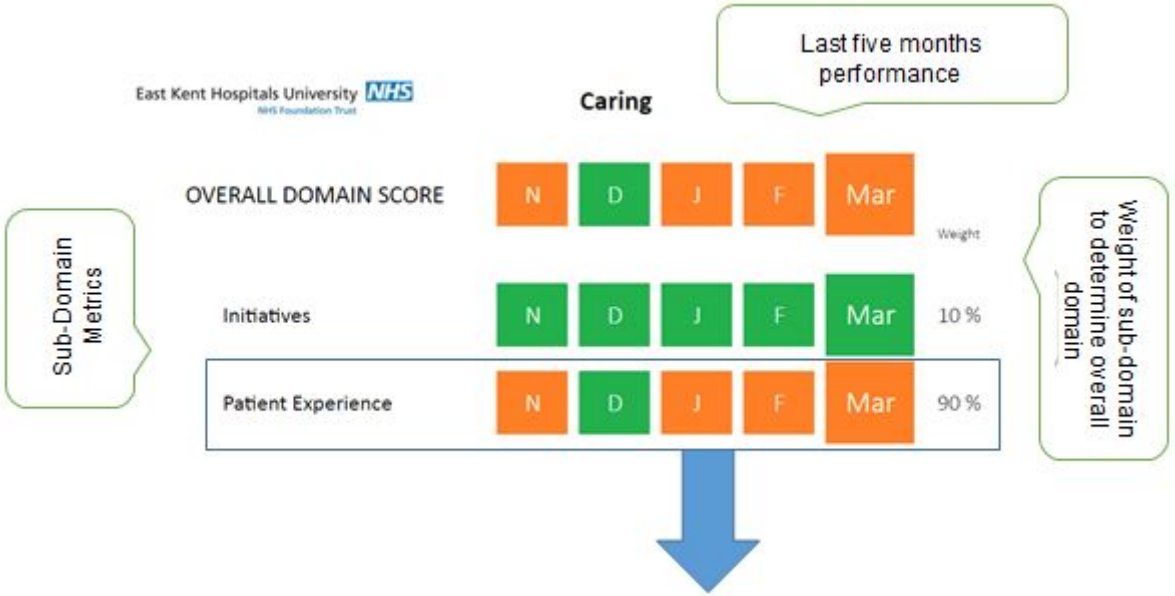
East Kent Hospitals University NHS Foundation Trust

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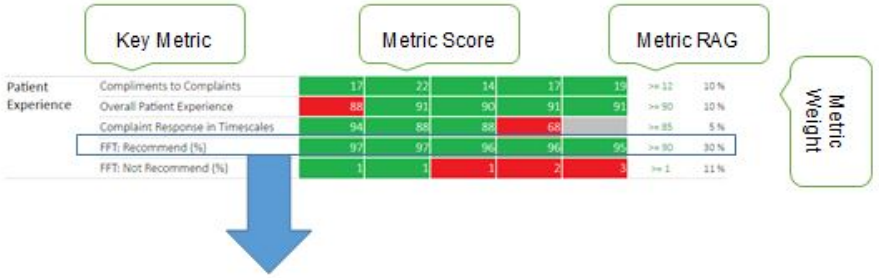
3 **Key Metrics:** This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.



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

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

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Strategic Priorities

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Headlines

	Positives	Challenges	
Caring	Friends and Family Test (FFT) a) "recommended" and b) "not recommended" remains green. Recommendation has increased in ED and Out patients and the three top positive themes for the trust are: • Care • Staff attitude • Implementation of care	Mixed sex accommodation (MSA) breaches have increased in October. Complaints response within timeframe remains red in October. Following an independent review of the complaints function work remains in place to increase the local ownership of complaints, to improve patient experience and timeliness.	J J A S Oct  Amanda Hallums

Effective

Beds
The weekly review of all patients with a length of stay over 21 days (super stranded) continues to support and challenge the safe discharge of complex patients. Senior MDT review rounds have been implemented at QEQMH, WHH and K&CH.

Bed occupancy is green on the RAG rating, however, has remained static at 92%.

Clinical Outcomes
The percentage of non-elective 30 day readmissions has improved to 12.6% as has the percentage for elective readmissions to 3%, which is the highest performance in the past 5 months.

Demand and Capacity
The number of DNA for New out patients has improved to 7.1%. and with Follow up out patients improving to 7.3%.
The New : FU ratio is static at 2.

Productivity
Length of stay across elective pathways has improved to 2.9 bed days and non elective has remained static at 6.7 bed days.
Theatre utilisation has remained static at 81%.

The number of non-clinical cancellations is 1.4%. The number of non-clinical cancellation breaches has again improved this month from 15 to 7.

Beds
The number of DTOC (Delayed Transfers of Care) in October have decreased from an average of 78 to 69 per day. The high number of DTOC continues to have a detrimental impact on patient flow.
Patients admitted as an emergency may be delayed in ED awaiting transfer to a ward, which results in a poor patient experience and compromises the achievement of the Emergency Access Standard. Escalation is in place at CEO level across the health economy, together with an increased daily focus on reducing internal and external delays from Site Director and senior management teams.

The number of patients discharged before noon has decreased slightly to 17%. There is a daily focus through the site clinical teams to increase the number of patients who are discharged in the mornings; last minute diagnostics and waiting for discharge summaries continue to be the key issues for delay.

Demand and Capacity
To manage an increasing demand in referrals across a range of specialities, eg endoscopy and colorectal surgery.

To provide sufficient emergency capacity to mange an increase in emergency attendances to ED, together with also the increase in emergency admissions which have put pressure on emergency patient pathways.

Productivity
To maximise theatre capacity and to increase productivity by improving on Theatre on start times.
To improve length of stay by reducing internal and external delays.

J J A S Oct

Lee Martin

Responsive	4 hour Emergency Access Standard. October performance was 80.36% which is an improved position. This has been delivered with a 4% increase in attendances in month and a continued 6% increase in attendances to ED year to date. RTT Performance of 81.51% has been achieved against a trajectory of 80.00%. The number of patients waiting over 52 weeks for first treatment is 3. This is a significant achievement since April 2018 when there were 222 patients waiting. Cancer The 62 day standard has been achieved for the first time since 2014 at 88.30% against a trajectory of 85.71%. 2ww performance has been achieved at 97.67% against a performance standard of 93%. The demand for 2ww referrals has increased to 3873 which is the highest referral month year to date. DM01 The DM01 6 week diagnostic standard was achieved 99.60% against a 99% standard, there have been improvements in all specialities with 67 breaches this month.	4 hour Emergency Access Standard To reduce the number of ED breaches due to bed availability and to improve performance against the 60 minute standard. To resolve and reduce the number of internal delays and reduce the number of patients delayed in hospital over 7days (stranded) and 21 days (super stranded) who require a supportive discharge. RTT The Waiting list has increased from 46,544 to 47,082 and the backlog has also increased from 8554 to 8705. It is a priority to maximise out patient capacity and resolve data quality issues. CANCER To maintain the improved performance in the 62 day standard. To manage the continued increase in referrals and identify sufficient capacity to enable the first appointment to be within 7 days. To reduce any delays in a patients pathway once they have been referred on to a tertiary centre for on going assessment or treatment. To minimise delays relating to diagnostic pathways, such as endoscopy. DM01 Maintaining performance consistently across all diagnostic modalities. To ensure that there is sufficient endoscopy capacity to meet the increasing cancer demand and also the diagnostic 6ww patient demand.	J J A S Oct	 Lee Martin

Safe	Year to date we continue to have no hospital onset MRSA bacteraemias. Harm Free Care: All Harms has risen above the upper control limit for the first time this month. The rate of Category 3/4 pressure ulcers remains green and has improved this month. For October 2019 the % patients with an omission of a critical medicine was 5.5%, for all organisations 6.6%. HSMR and RAMI for the latest reporting period remain below the previous 12 month average and both are below 100. The Cancer care group and the two surgical care groups have sustained their VTE assessment recording performance >95% and both Cancer and Surgery Head and Neck, Breast and Dermatology are >95% for the last 12 months (Cancer 99.9%).	Despite the good performance with missed critical doses of medicines the % of patients with an omitted dose of medication has not been sustained, this month's figure was 17% compared with 12.3% for all organisations. During the last calendar year (October 2018 to September 2019) the rate is slightly higher than previously, 5.13/1000 bed days overall. The rate is highest at K&CH recorded at 6.48, WHH is 5.30 and QEQMH 4.16/1000 bed days. Overall, the rate of falls with harm (moderate & severe harm or death) is 0.04/1000 bed days. This is highest at QEQMH and K&CH (0.07 and 0.06 respectively and lowest at WHH (0.04). Despite good performance in VTE assessment recording in some care groups this is not achieved in all care groups and the overall Trust performance in this remains plateaued at 94.1% this month and 93.4% for the whole year, beneath the 95% threshold.	J J A S Oct	 Paul Stevens
Well Led	The Trust generated a consolidated deficit in month of £1.9m which £0.3m worse than a challenging plan. This brought the year-to-date (YTD) position to a £21.1m deficit which was £0.6m better than plan. The year-end forecast remains in line with the plan of a consolidated £37.5m deficit excluding technical adjustments. The Trust has secured an aligned incentive contract with the East Kent Commissioning group which reduces income risk for the 2019/20 financial year.	The Trust's annual CIP target of £30m represents a significant challenge to deliver as it is the maximum the Trust considered achievable and requires concerted efforts on driving efficiency and cost consciousness throughout the Trust. The forecast CIP achievement is £28.6m which demonstrates that further work is required to ensure we identify and deliver the required level of efficiency savings. The CIP plan increases throughout the year therefore it is crucial that the Trust continues working up savings schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green. Total cash borrowed increased to £110m which will require paying back when the Trust is delivering a surplus.	J J A S Oct	 Susan Acott

Workforce	The work led by the HR Business Partners in each care group is beginning to see some improvement in the completion rate. This demonstrates an increasing level of engagement in an essential aspect of personal development. The leadership of each care group is challenged at EPR to ensure that this is a meaningful exercise that adds value and supports the development of our staff. The increase in completion of statutory and mandatory training has continued and provides a strong position in terms of compliance with some of the key metrics for delivering safe patient care. Retention of nursing staff is improving, which combined with the increase we have seen in our recruitment profile has realised a net gain in resources. We are continuing to develop our retention programme working closely with NHSI to implement new initiatives that will support our staff.	Sickness absence remains a concern and is subject to focussed activity with each care group to target both the causes of absence and support managed returns to the workplace. The Employee Relations team has undertaken a deep dive into sickness absence and is providing appropriate support to local managers. The result of these activities will not show immediately but as new ways of addressing absence are implemented the rates are expected to fall. A pilot scheme has been implemented for absence reporting within one care group which we will seek to extend if successful. the Trust is working hard to reduce the reliance on use of agency workers , however this remains challenging and remains a key focus of activity. Recruitment turnover amongst HCAs within the first 12 months has increased which has affected the overall level of turnover on a rolling 12 month basis. Adjustments have been made to the recruitment process which although a recent change are already proving to be successful in supporting new starters in this role.	J J A S Oct	 Andrea Ashman

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Caring

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Patient Experience	Mixed Sex Breaches	0	4	4	57	183	>= 0 & <1	10 %
	Number of Complaints	79	77	70	70	72		
	AE Mental Health Referrals	44	61	61	94	162		
	IP FFT: Recommend (%)	97	96	98	97	96	>= 95	30 %
	IP FFT: Not Recommend (%)	0.9	1.8	0.8	1.3	1.8	>= 0 & <2	30 %
	Complaint Response in Timescales %	75.0	83.3	69.2	65.0	70.0	>= 85	15 %
	Compliments	3781	3541	3289	3267	2991	>= 1	

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Effective

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Beds	DToCs (Average per Day)	85	70	76	78	69	>= 0 & <35	30 %
	Bed Occupancy (%)	94	94	90	92	92	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	18	19	18	16	17	>= 35	10 %
	IP Spells with 3+ Ward Moves	482	553	495	471	557	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	60	64	61	38		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	4.0	4.0	4.4	4.0	4.3	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17.1	17.0	17.9	17.5	15.3	>= 0 & <15	15 %
	Audit of WHO Checklist %	100	100	100	100	100	>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward	37	40	40	41	60	Higher is Better	
Demand vs Capacity	DNA Rate: New %	9.2	9.2	8.5	8.7	7.2	>= 0 & <7	
	DNA Rate: Fup %	11.0	9.2	7.7	8.1	7.3	>= 0 & <7	
	New:FUp Ratio (1:#)	2.1	2.1	2.1	2.1	2.1	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	3.2	3.3	3.3	3.4	2.9	Lower is Better	
	LoS: Non-Elective (Days)	6.6	6.3	6.5	6.5	6.7	Lower is Better	
	Theatres: Session Utilisation (%)	82	80	80	80	81	>= 85	25 %
	Theatres: On Time Start (% 15min)	41	43	50	46	44	>= 90	10 %
	Non-Clinical Cancellations (%)	0.9	1.2	1.2	1.2	1.4	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	11	7	29	15	7	>= 0 & <5	10 %

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Responsive

		Jun	Jul	Aug	Sep	Oct	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	84.65	84.61	83.81	82.13	83.48	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	81.40	81.35	80.23	78.42	80.36	>= 95	1 %
Cancer	Cancer: 2ww (All) %	96.16	98.02	98.31	97.83	97.67	>= 93	10 %
	Cancer: 2ww (Breast) %	86.32	96.27	96.00	97.26	97.00	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	92.83	97.66	94.28	97.67	99.07	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	91.07	100.00	74.58	94.23	95.16	>= 94	5 %
	Cancer: 31d (Drug) %	99.07	100.00	98.32	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	72.94	82.80	80.22	79.70	88.30	>= 85	50 %
	Cancer: 62d (Screening Ref) %	73.33	97.14	88.89	92.31	84.62	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	72.00	73.91	63.64	87.72	80.65	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.60	99.42	99.08	98.69	99.60	>= 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 (%)	82.06	82.46	81.81	81.62	81.51	>= 92	100 %
	RTT: 52 Week Waits (Number)	3	2	1	3	3	>= 0	

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Safe

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,400	1,609	1,477	1,402	1,503		
	Serious Incidents (STEIS)	13	13	13	22	13		
	Harm Free Care: New Harms (%)	99.0	98.3	99.5	99.4	98.7	>= 98	20 %
	Falls (per 1,000 bed days)	5.45	4.85	5.15	5.25	5.28	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	24	30	39	48	61		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	94.6	93.5	93.0	92.6		>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	23.5	24.3	23.6	25.7	25.3	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	94.5	94.2	94.1	94.3	94.0	>= 95	20 %

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Well Led

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.5	0.4	0.5	0.3	1.0	>= 0 & <0.25	25 %
Finance	Forecast £m	-36.6	-36.6	-36.6	-36.6	-36.6	>= Plan	10 %
	Cash Balance £m (Trust Only)	7.4	7.5	8.8	15.5	15.4	>= 5	20 %
	I&E £m (Trust Only)	-2.4	-1.7	-3.0	-3.2	-1.7	>= Plan	30 %
Health & Safety	RIDDOR Reports (Number)	0	0	6	2	2	>= 0 & <3	20 %
Staffing	Agency %	7.4	7.3	7.1	7.1	7.0	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	71	71	75	74	72		1 %
	Shifts Filled - Day (%)	101	101	97	95	97	>= 80	15 %
	Shifts Filled - Night (%)	98	97	95	94	97	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	8.4	8.4	8.5	8.3	8.4		
	Staff Turnover (%)	14.3	12.5	14.9	14.7	14.0	>= 0 & <10	15 %
	Vacancy (Monthly) %	9.5	9.5	10.2	9.5	8.7	>= 0 & <10	15 %
	Sickness (Monthly) %	3.5	3.7	4.0	4.0	5.1	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	71.8	74.5	78.4	80.5	83.4	>= 85	50 %
	Statutory Training (%)	94	94	94	94	94	>= 85	50 %

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Strategic Theme: Annual Objectives 2019/20

	Achievement/Trajectory				Commentary	
Theme	Quarter 1 - 19/20	Quarter 2 - 19/20	Quarter 3 - 19/20	Quarter 4 - 19/20	BAF Risk	Assurance
Getting to good					There is one overarching risk to achieving this objective which is within the Board's risk appetite. None of the actions to mitigate this risk are overdue and updates are provided on those due within the next couple of months. There has been no movement in the risk score and this is due to the implementation timescale of the outstanding actions.	There is an adequate level of assurance for this risk. A gap has been identified in delivery of the pressure ulcer improvements and this is managed at Care Group meetings and Executive Performance Reviews. Quality Committee received an update on this at its September 2019 meeting.
Higher standards for patients					There are 6 risks to achieving this objective 1 of which is outside the Boards risk appetite. This risk relates to the establishment of Urgent Treatment Centres and engagement with the CCG, GPs and the Trust, this risk is being actively managed and updates are provided. Two of these risks have reduced in severity over the period which shows good management. A further two of these risks have 1 action each that is overdue but updates are provided.	There is an adequate level of assurance across the risk profile for this objective. The Finance and Performance Committee receives monthly reports on the progress with these objectives and the metrics are also reported in the Integrated Performance Report. One gap in assurance has been identified in relation to delivery of the 62 day cancer standard but performance is being sustained.
Delivering our future					There are 5 risks to the achievement of this objective all of which are within the Boards risk appetite. The highest risk, in relation to the clinical strategy and pre-consultation business case, has been reduced in the period due to progress being made against the agreed timeline. There are clear updates to the outstanding actions.	There is an adequate level of assurance over the risks, oversight is through the Finance and Performance Committee and directly at Board in relation to the clinical strategy. There are no limited assurances and no gaps in assurance.
Healthy finances					There is one overarching risk to the achievement of this objective which remains outside the Boards risk appetite for a second quarter. There has been no movement in this risk and given the actions to mitigate the risk are due over the next 6 months this is understandable. There are a number of actions that were due to deliver in September and updates are provided.	Overall there is adequate assurance over this risk which is overseen by the Finance and Performance Committee. There are a couple of external assurances but of note there are 3 limited assurances. One relates to assessment of the clinically led planning processed and this will be reviewed once the Well-Led report is received. The other 2 relate to activity and control of agency. The oversight Committee receives regular updates on both these areas.
A great place to work					There are 3 risks to the achievement of this objective, all of which are within the Boards risk appetite. 2 out of the 3 risks have been downgraded in th period but both the inherent and residual risk scores are the same, indicating that the outstanding actions are those that will provide the mitigation. There is only one outstanding action that is overdue and this has an update against it. The other actions span to September 2020 suggesting movement in the residual score will be limited.	Overall there is adequate assurance in place and the Strategic Workforce Committee receives update on all aspects of the objectives. Limited assurance is identified in relation to appraisal compliance which is an on-going topic for the Committee.
Right skills right time right place					There is one overarching risk to the achievement of this objective which is within the Boards risk appetite. The risk score has been reduced during the period but remains the same as the Inherent Risk Score which indicates the current controls are not adding value. The plans to mitigate this risk span 18 months so rapid improvement should not be expected.	Overall there is adequate assurance over this risk and the Strategic Workforce Committee receive regular updates on the programmes of work focussed on improving the culture. There is one "limited" assurance level in relation to Staff Networks as this requires further embedding. In addition whilst the Staff Survey provides external assurance it also identifies the areas for improvement that then drives the improvement plans.

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Strategic Theme: Annual Objectives 2019/20

Getting to good

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Quality and safety standards embedded at all levels in the organisation; e.g. pressure ulcers, falls rates, MUST scores	Pressure ulcers >= 0 & <0.15 % Falls >= 0 & <5 % MUST – TBC MUST assessment within 24 hours – 95% VTE >= 95 % MRSA / MSSA / C. Dificile	Trust Organisational Strategy 2019/ 22 Quality Strategy Mealtime Matters Plan Exemplar Ward Project Electronic Daily Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Performance has rallied achieving average of 0.7 per 1000 bed days in Q2 for category 2 PU, on track for end of year reduction. Improvement also focuses on improving the reporting of unstageable Pressure ulcers to provide an accurate basis for broader PU improvement and to achieve reduction in deep ulcers. Recovery action focuses on delivering training (to develop capability and staff confidence) and to align PU practice within EKHUFT to support increasingly effective system working. Refresh of the Trust Improvement plan supports this. Baseline audit in all clinical areas against National standard (mealtime matters standard) Achieved (7 focus areas 'red' for improvement) Baseline Audit of MUST compliance Trustwide Achieved (Compliance 40%) with monthly reporting from all relevant care groups on MUST compliance. Achieved 95%of all ward/Departmental managers and link nurses to have received a MUST training update
Improved identification, treatment and support of patients at high risk of deterioration	Achieve 98%% of patients having their vital signs recorded accurately to ensure early detection of deterioration and 100% were Early Warning Score (NEWS)	Trust Organisational Strategy 2019/ 22 Quality Strategy Exemplar Ward Project Electronic Daily Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Data tool for collection of baseline data of the deteriorating patient agreed. Achieved. Use of RESPeCT tool across the East Kent System agreed Achieved Clinical leads identified to include an intensivist (Nurse lead identified and recruited to, medical lead out to advert being covered by Michelle Webb)
Deliver the Falls Stop programme and reduction in falls	Programme delivered Falls >= 0 & <5 %	Trust Organisational Strategy 2019/ 22 Quality Strategy Exemplar Ward Project Electronic Daily Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		The average falls rate per 1000 bed days is 4.91 for Q2. Registering Green. Three impact actions are being measured as part of the falls CQUIN. 1. Lying & Standing BP to be recorded 2. No hypnotics or antipsychotics or anxiolytics given during stay OR rationale documented 3. Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided. Work is underway to refresh the Trust wide Improvement plan to ensure that improvement continues and furthermore that action is threaded from ward to strategic level. To deliver actions and progress that is credible, visible and meaningful to front line staff as well as delivering measurable improvement in patient experience and outcome.
Improved medicines safety	Completion of essential checks and audits; Achieve the required national standards for medicines reconciliation; Report on Staffs view of medication safety via the Trust Medication Safety Self-assessment tool; Medication Safety thermometer; Reduction in omitted doses of medicines to below national benchmarks; Medication incidents; Reduction in harm (by 50%) caused by medication incidents	Trust Organisational Strategy 2019/ 22 Quality Strategy Trust Medication Safety Plan Exemplar Ward Project Electronic Daily Audits Drugs and Therapeutics Committee Hospital Pharmacy Transformation Plan	Improved Medicines Value – i.e. positive health outcomes from effective use of medicines; Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Reduction in omitted doses of medicines to 9.8% Sept (Average for Q2 13.9%). The percentage of missed doses due to 'not documented' is < 25% of all missed doses Not achieved 29.8% (Aug 52%) Average for Q2 47.3%. The percentage of patients of a missed dose of critical medicine is < 6.5% (including patient refusal) Achieved 5% .Average for Q2 6.4%. The percentage of missed critical medicines is 25% (excluding patient refusal) Not achieved 57.1% (Aug 52.9%). Average for Q2 54.9%. All wards should have a ward storage audit compliance in each of the six metrics > 95% Not achieved 90.8% (Aug 87.6%). Average for Q2 90.6%. All wards should have CD audit compliance > 95% Not achieved 83% (Aug 87.4%) Average for Q2 84.3% Medicines reconciliation rate within 24 hours to be at 25% Not Achieved 20.1% (July 25.3%) 45% of EDN's to be screened by pharmacist Not Achieved 44% (July 45%)
All ward-based audits complete	All wards peer reviewed and consistently exceeding minimum % rating for good / compliance Monthly audits – "green " , zero tolerance of nil returns Mock CQC surveys in all care groups – rating Good	Trust Organisational Strategy 2019/ 22 Quality Strategy Exemplar Ward Project Electronic Daily Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Education for clinical staff complete with expectations of undertaking audit to agreed standard in own areas. 63% of wards have completed the electronic audits but 57% have completed the audits according to the standard

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Strategic Theme: Annual Objectives 2019/20

Higher standards for patients

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Patients pathways improved to reduce the number of attendances at A&E for respiratory conditions	Improvement trajectory of 87.6% by 31 March 2020	Operational Performance and Delivery Plan ED Improvement Plan	Improved patient experience. Timely patient care. Improved patient flow , reduced pressures on ED.		September performance 78.42%, against a trajectory of 85.3%. Attendances 7% above plan and challenges around patient flow. ED Improvement Plan has been refreshed. Working internally and with external partners to improve patient flow, LoS and DToC. Respiratory Steering Group in place - Chaired by CCG. Work programme in place with a number of joint initiatives. Lightfoot data being used to develop respiratory dashboard.
The number of patients waiting longer than 52 weeks for planned care is eliminated	Zero 52 week waiters.	Operational Performance and Delivery Plan	Patients will have their planned care within an appropriate timescale; to reduce the risk of their condition worsening whilst waiting for treatment		As at Q2 3 52ww patients were reported in September 2019. All patients have treatment plans. The waiting list has grown and work is being done to reduce the booking agreements. All patients over 40 weeks are routinely reviewed to ensure each patient has an appointment/admission plan in place. Challenged specialties have improvement plans in place.
National Cancer standards for access to cancer care, achieved	Compliant 62 day pathway from January 19 Zero 104 day breaches	Operational Performance and Delivery Plan	Cancer patients will receive their care in a timely way, which will ensure the best possible outcome.		September 62 day performance is currently 79.70% against the improvement trajectory of 85.97%. This is an improving position and a recovery plan is in place to achieve compliance by the end of March 2020.
Working with CCGs, co-located Urgent Treatment Centres are established	UTCs to be established by December 2019	Operational Performance and Delivery Plan ED Improvement Plan	Improved patient experience. Timely patient care. Improved patient flow , reduced pressures on ED.		Project plan and Project Team Meetings in place. Deadline for delivery has been extended to March 2020. Works have commenced at QEQM.
Frailty and older people's pathways are integrated	Frailty & older peoples pathways integrated.	Local Care – Integrated Case Management (Dorothy Model)	Ability for acute and community physicians to work in an integrated way to ensure the best possible care for patients. Improved patient experience. Admission avoidance.		FAU mobilisation on 16th September 2019. Initial phase 1 will be ongoing quality improvement cycle. The team will use a process of daily and weekly review of pathway to develop stage 2.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

Delivering our future

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Work with partners to establish an Integrated Care System / Integrated Care Provider and new contract arrangement	Successfully working with partners to establish clear contractual arrangements and have a number of services which become integrated within the ICS / P by March 2020	10 Year Plan Organisational Strategy	Improved patient access Reduced length of stay Improved efficiency Fewer barriers for patients Flexible ways of working		The East Kent ICP Develoment Board have agreed the Vision, Purpose and Collaborative Behaviours for the ICP going forward. A governance structure is currently being developed that will support the ICP to operate in shadow format from April 2019 and in mature state by April 2020.
Establish other routine elective surgical procedures that could be undertaken on a planned site/s	Agree through the STP, which surgical specialties will be delivered from the planned site/s. by August 2019	Clinical Strategy	Improved patient access Reduced length of stay Improved efficiency Improved career pathway choice Flexible ways of working		Further work has been undertaken with the CCGs to help the commissioners reach a decision on the future models of care for routine elective surgery. The CCGs are currently considering their position.
Undertake a pilot elective orthopaedic centre for in-patient surgery established	Agree the BC for the pilot EOP including identification of the funding scheme	Clinical Strategy GIRFT	Improved patient access Reduced length of stay Improved efficiency Improved career pathway choice Flexible ways of working		Following the introduction of phase one of the pilot orthopaedic centre at K&C a number of bids for capital have been submitted to NHSE/I. In parallel, agreement has been reached to progress with a rental option and a project group is in place. Early indications are that the latest bid for NHSE/I capital may have been successful, at least in part.
To produce the first full draft of PCBC completed for review	Finalise evaluation criteria by June. To sign off the PCBC (current CCG timeline) November 2019 for submission to NHSI / E December 2019	Clinical Strategy	Improved clinical sustainability i.e. workforce, estate, clinical adjacencies Improved financial sustainability Improved patient outcomes		The PCBC is currently in draft format and is due to be submitted to NHSE/I in November 2019. The Clinical senate review is scheduled for November. The PCBC is on track to be submitted in line with the agreed timeline.
Undertake a public consultation on short listed options.	DoH approval to commence consultation (currently there is no CCG timeline for this)	Clinical Strategy	Improved clinical sustainability i.e. workforce, estate, clinical adjacencies Improved financial sustainability Improved patient outcomes		The PCBC is on track to be submitted to NHSE/I in line with the agreed timeline.
'Go live' with phase one of T3 (EHR).	Successful deployment of Sunrise CM™	Digital Strategy	Improved reputation Cost reduction / savings Improved patient experience Releasing clinical time to care;		Build of Sunrise nearing completion. User acceptance testing copmmenced. Phased roll out agreed with first stage being Order Communications & Single Clinical Portal due to commence end March 2020.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

Healthy finances

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
1-3 year strategic financial programme developed	Meet planned control total for 2019/20 (measured against the financial plan) Developed plan for 2020/21 & 2021/22	Financial Plan	Improved morale for key vision/ divert financial resource to front line services		Q2 I&E plan is on track to be delivered, unless significant unanticipated worsening in September. Draft year plan is developed including financial recovery trajectory – approved by FPC/Board.
A clear workforce document outlining vacancies, future needs and a recruitment plan by care group	Reduction in the use of agency – measured against the agency reduction trajectory	Workforce Strategy	Reduced agency staffing should lead to improved outcomes for patients and staff		Workforce document has been developed and internally approved for adoption.
Patient Level Costing, Service Level Reporting, Model Hospital, GIRFT and RightCare in annual business planning and monthly monitoring	Undertake work through Q1/Q2 to identify areas of focus and present to FPC the end of year plan to improve in specific areas – at that point a metric will be agreed	Financial Plan	Will move staffing levels to national best in class		Opportunities are being identified & developed by PMO and Finance team, but a trajectory for monthly monitoring is not yet completed.
100% agency/bank and overtime shifts signed off against a robust temp staffing policy	Agency and back reduction trajectory	Workforce Strategy	Staffing levels will be clearly planned for in advance reducing risk to patients		Temporary staffing policy developed and approved by staff committee.
Nursing and medical rostering effective, 100% sign off and even leave distribution	Trajectories to come from Care Groups by end of Q1 and measuring against them thereafter	Workforce Strategy	Staffing levels will be clearly planned for in advance reducing risk to patients		Erostering tool adopted & used – usage reported at Eexecutive Performance Review meetings.
Finance training rolled out to all care groups	All budget holders to have reviewed and been tested on the SFI's Q3/4 Specific / group training delivered to all budget holders by end of March 2020	Financial Plan	Improved staff understanding of budgeting		The SFI's have been formally approved by Trust Board, but the training package for budget holders in being developed and is not yet complete.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

A great place to work

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Respect for each other and our contributions to delivering service excellence in place	Staff survey reduction in number of grievances	People Strategy	Improved communications between staff will facilitate better care		This will be measured in part by the staff survey and numbers of issues raised via employee relationsl The respect campaign has been relaunched and cascaded throughout the care groups during Q1. ongoing sessions and resliilence training have also been undertaken which shoudl provide staff a vehicle to access support when needed and also restate and reframe our values.Progress against the Q1 &Q2 milestones has been acieved with work on track to meet Q3
Behaviours that are inconsistent with our values, are challenged	Increase in use of freedom to speak up guardians, workplace buddies and use of Vandebilt programme	People Strategy	Improved behaviours will result improve retention and support the retention of experienced staff to provide high quality care for patients		Staff need to feeel able to challenge and to be taken seriously This needs to be at the earliest moment to prevent poor behaviour escalating. The Vandebilt training is being deliverd December to support early intervention and prevention of further issues arising. Milestones for Q1 have been reached with Q2 due for completion this month
Organisational Development (OD) framework for consistent leadership standards in place	The OD framework used as the basis for assessment and measurement of performance underpinning personal development plans	Integrated Education Board (IEB) strategy People Strategy including OD and leadership strategy	Well led staff will provide higher standards of care for patients arising from with objectives, expectations and standards of provision		The OD framework and leadership stategy have been developed in conjunctino with senior leaders. This was a key element of the Q1&2 milestones which ave been achived. The main focus now is to embed this within the care groups and see the result in the delivery of better patient care.
Meaningful appraisals support staff, their careers and skills acquisition	Personal development plans aligned to skills development opportunities at all levels	People strategy IEB strategy OD / leadership strategy	Patients will benefit from staff who are engaged in a process of continuous professional development with enhanced skills to enable better provision of care.		The fiurst hurdle has been to I crease the rate of appraissals. This has steadily improved and Q1 tand 2 targets have been achieved.but has yet to reach the Trust targewhich is set for deivery in Q4t. The content should be used to support career management and personal development includng succession planning.
Staff supported in first year of employment is embedded	Staff retention within first year improved	People strategy IEB strategy OD / leadership strategy	Increased retention leads to higher experienced staff to patient ratios therefore better care.		Retention overall in key staff groups has imprvoedwith voluntary turnover at or around 12%. However early turmover in HCAs has increased . There is a direct correlation with high volume recruitment and early turnover therefore interventions have been put in place to address this a a matter of urgency. This includes a different approach to on boarding for this specific staff group.
Staff recognition/ reward programme	New elements added to the reward and recognition programme. Increase in staff use of benefits platform	People Strategy	Better staff engagement and motivation, improved attitudes and behaviours evident to patients.		There have been significant additions to the staff benefit programme in the last 6 months with improved offers that appeal directy to staff. The use of the platform has increased accordingly . Ilestones for Q1 &2 achieved.
Infrastructure/capacity to deliver 'quick wins'	Improvement in staff survey results	People Strategy	Some quick wins relate to people, other to physical estate and provision of equipment. Improvements in all areas will enhance the patient experience.		The trust has responded positively to requirements for improement in the physical aspects of the estate wherever possible This has included some significant changes to patient and staff areas across all site. The number of substantive staff has increased during the last 12 months whilst our reliance on agency workers has reduced. The number of staff benefits has incresed together with a drive to provide better leadership and management to support our staff and patients.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

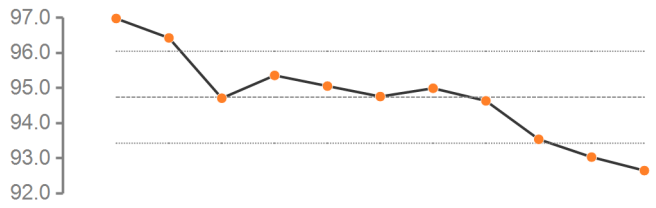
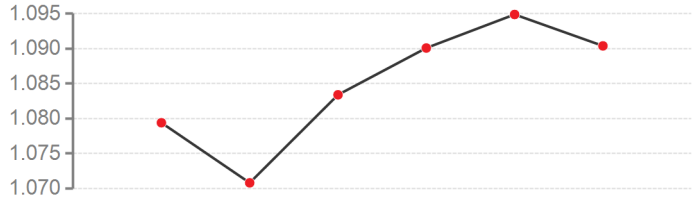
Right skills right time right place

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
A robust recruitment pipeline is in place	Reduction in vacancy numbers, reduction in time to hire	Recruitment & Retention strategy	Reduced number of vacancies, reduction in agency / bank workers, more consistent patient care		Q1 &2 milestone have been achieved. There is a strong recruitment pipeline in general terms but some roles remain more challenging than others. Retention of nurses is att he best level for five years but early turnover of HCAs is an area for further ttentino and has a specific set of actions to address this.The metrics are green in terms of measurement but we need to keep under constant review
We attract staff who haven't traditionally considered a role in the NHS	Increased apprenticeships, wide range of sources of recruitment	Recruitment & Retention strategy People Strategy	Staff employed in non traditional roles and diverse training support providing specialist care		The number of apprecnticehsips being offerred has increased with a wider variety of roles available . Recruitment events are targeting more school, colleges and universities to encourage a broader range of applications for roles that havenot been available traditionally other than to medical / nursing applicants.
Local Terms and Conditions enable individuals to have flexible working, with financial efficiencies and reduced reliance on temporary staff	Increase in variety of flexible working contracts / informal arrangements reduction in temporary workforce	Recruitment & Retention strategy People Strategy	Reduced number of vacancies, reduction in agency / bank workers, more consistent patient care		Q1 & 2 milestones achieved The Trust has set of good policies which encourage flexible working and provide a suitable platform for more felxible, non traditional ways to provide services. . On this basis the measure is green but the challenge lies in supporting supervisiors and managers to respond to the changes in ways of working with more flexible approaches to roster managerment. The Trust is exploring a pilot for team based rostering to support and pormote greater flexbilities.
A positive approach to mental health, including mindfulness, promotes personal resilience for staff	Increased take up of resilience workshops / mindfulness training or similar, reduction in absence due to mental ill health, staff survey , Friends and family	Occupational Health (OH) strategy People Strategy	Staff have more positive and resilient approach towards patients and co workers		1 & 2 milestones achieved. There is an increased level of awareness of mental health and wellbeing . Take up of resilience training is increasing however it has highlighted that there is a greater demand than than we are currently able to service which is being reviewed..
Kent & Medway Medical School research strategy	Trust R&I Director consulted on drafting KMMS research strategy	Research & Innovation Strategy	Increased opportunities for staff to be employed on joint clinical-academic departments between EKHUFT, KMMS and local Universities		Q1milestone achived. Q2 in progress with greater emphasis now placed upon rsearch opportintotes with KMMS as part of more general recruitment to the Trust.
Staff have ready access to support to create a healthy, supportive and caring environment	Reduced absence due to mental ill health, staff survey, friends and Family Test	OH Strategy People Strategy			Staff have access to support but ther demand on the service is high. Managers are being developed to understand their role in supporting their team members . The level of absence due to stress related issues is high but appropriate intevrentions are made available. Not all presentations are due to work related stress but reflect the multiple issues that staff have to juggle.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mortality

Oct	HSMR (Index)	94.7 (-0.2%)		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.
Oct	SHMI	1.085 (4.6%)		"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."

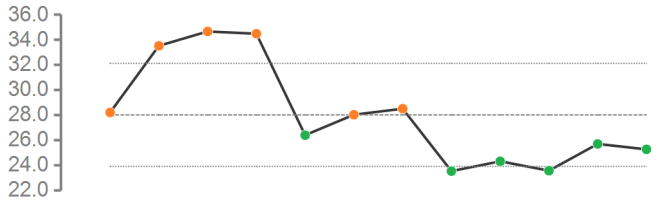
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Oct

Crude Mortality NEL (per 1,000)

27.9 (6.5%)



"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:

Crude mortality and HSMR continue to exhibit their seasonal variation, both have been reducing in recent months. Crude mortality would normally be expected to rise again following this month but HSMR in terms of reporting lags behind crude mortality and should therefore continue to come down in next months report.

Although our HSMR is in the 50th to 75th quartile in comparison to peers for the latest 12 month period the Trust HSMR in the latest month for HSMR reporting (August 2019) 85.1 compared to an average peer value of 83.2.

Risk adjusted mortality index (RAMI, not shown in this report) shows a very similar pattern. For the latest 12 month period the Trust RAMI lies in the 50th-75th quartile, the 12 month value was 93.7 compared to the peer average of 88.9 but in the last month of reporting (August 2019) Trust RAMI was 85.3 compared to an average peer value of 83.3.

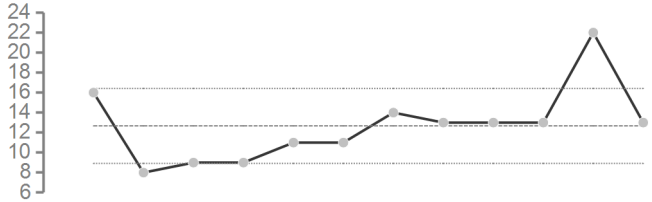
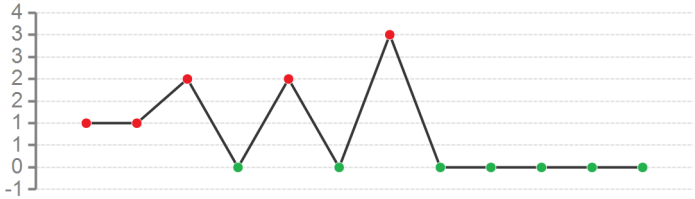
Summary hospital mortality index (SHMI) in the latest reported data on NHS digital is from the July 2018 - June 2019 period and was 1.09 (0.89-1.13, 95% over dispersion control limits) and is still reported 'as expected'. SHMI is now reported by site and the figures for the 3 sites (all reported 'as expected') were K&CH 0.80, QEQMH 1.07 and WHH 1.15.

All adjusted mortality indices are affected by depth of coding and the Trust had previously lagged behind other Trusts in terms of depth of coding for both elective and non-elective admissions. Latest data from CHKS suggests that the Trust depth of coding is now approaching the England average but because SHMI data is reported 6 months in arrears the impact of increased depth of coding will take longer to appear.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Serious Incidents

Oct	Serious Incidents (STEIS)	152 (58.3%)		"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."
Oct	Never Events (STEIS)	9 (125.0%)		"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:

During October 2019, 13 new Serious Incidents (SIs) were reported and 18 SIs closed (including four downgrades).

At the end of the month there were 91 SIs open, of which 19 were breaching, four non-closure responses were required and 20 were awaiting a closure decision by the CCGs. The remaining SIs were within timeframes or extensions had been granted by the CCGs.

The weekly Executive led SI panel continue to support rigorous analysis of SIs and the development of improvement plans focused on systems and mitigation of Human Factors. The panel ensures the Care Groups are managing delays in investigations and responses to the CCGs.

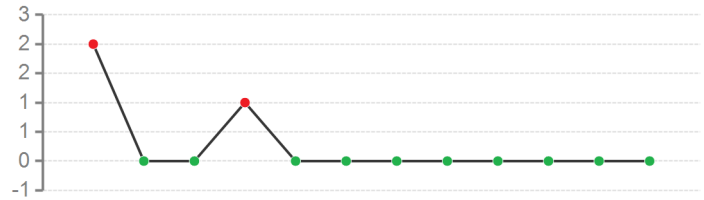
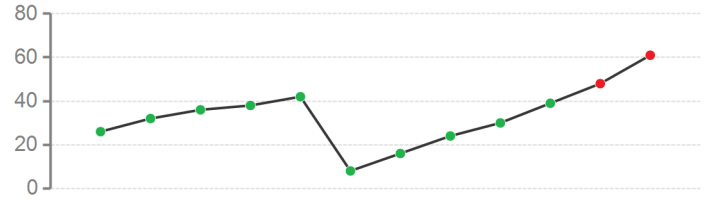
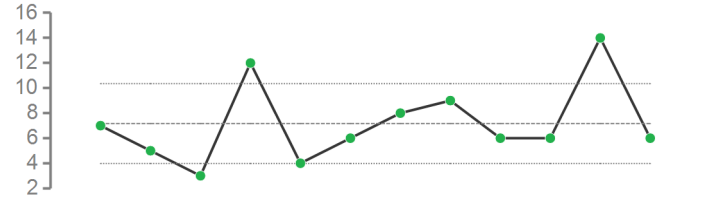
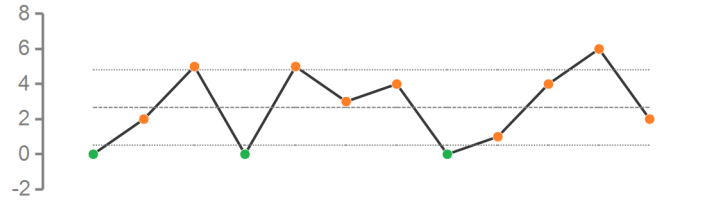
Practical support is provided by the Corporate Patient Safety team to investigation teams to improve the quality of investigations and reduce delays where possible. The Patient Safety Team are now up to full establishment and a member of the team is allocated to support each of the SI investigations. The Patient Safety Incident Response project has commenced at the QEQMH site within General and Specialist Medicine with a view to improving the time taken to review incidents.

Learning from SIs is shared through Lead investigator presentation to the Executive SI panel enabling constructive critique, cross Care Group learning and senior leadership oversight of emerging risks. Newsletters sharing the stories and learning from SIs are shared with staff via Care Group Governance mechanisms and the RiskWise newsletter which is circulated Trustwide. The Corporate Patient Safety team and specialists with a Trustwide remit also share learning when out in practice, during training delivery and at QII hub learning events.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Infection Control

Oct	Cases of MRSA (per month)	3 (-50.0%) ↓		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.
Oct	Cases of C.Diff (Cumulative)	61 (27.1%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."
Oct	E. Coli	86 (2.4%) ↑		"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."
Oct	MSSA	32 (0.0%) ↓		"The total number of MSSA bacteraemia recorded, post 48hrs.

Strategic Theme: Patient Safety

Highlights and Actions:

C.difficile

This financial year to date the number of hospital associated cases of CDI is above the arbitrarily set trajectory for this year. The trajectory is usually set based on previous years data but because the definitions for reporting have been changed this financial year there is no yardstick on which to base an 'expected' number of hospital associated CDIs. As of 17th November there have been 41 'Hospital onset healthcare associated' CDIs and 30 'Community onset healthcare associated' CDI.

Themes identified do not suggest cross contamination but are related to use of the diarrhoea assessment tool, antibiotic prescribing and co-prescription of proton pump inhibitors together with the impact of the new method of reporting.

MRSA

Year to date there have been no hospital onset MRSA bacteraemias.

MSSA

The upper control limit for numbers of hospital onset MSSA bacteraemias has come down below the upper control limit this month. Our overall local hospital onset MSSA bacteraemia rate year to date is 5.91/100,000 bed days compared to the the Southern region average of 5.79/100,000 bed days (range 1.93-14.17). MSSA has a strong age and gender association and these data are not adjusted for age and gender.

E.coli

E.coli bacteraemia also has a strong association with age and gender. This month our local number of hospital associated E.coli bacteraemias has also come down. The overall rate for both EKHUFT (17.72/100,000 bed days) and Kent & Medway (17.95/100,000 bed days) is above the Southern region average of 14.50, range 5.89-26.11.

Norovirus

In recent months Norovirus has begun to significantly impact on bed capacity with bed bay closures impacting all 3 sites.

Actions are targeted at reducing urinary tract infection through hydration and urethral catheter campaigns and also through the ‘Improving the management of lower Urinary Tract Infection in older people’ CQUIN. Actions aimed at reducing biliary tract infection and infections associated with colonic pathology include promotion of ‘hot gall bladder’ operations and the ‘Improving appropriate antibiotic surgical prophylaxis in elective colorectal surgery’ CQUIN.

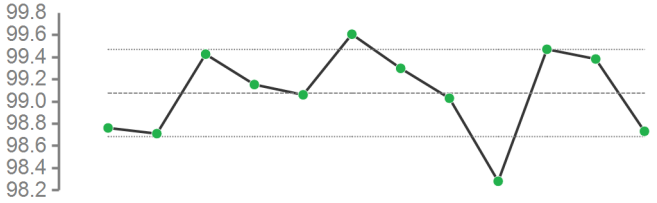
Actions related to all HCAIs include continued compliance with hand hygiene and bare below the elbows policies, together with updated training relating to the ANTT programme (aseptic non touch technique). There will be additional promotion of antimicrobial stewardship through November's World Antibiotic Awareness campaign (World Antibiotic Awareness Week 18-22 November).

Specific Norovirus communications have been reactivated on all 3 sites and through the hospital switchboard.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Oct	Harm Free Care: New Harms (%)	99.1 (0.4%)		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.

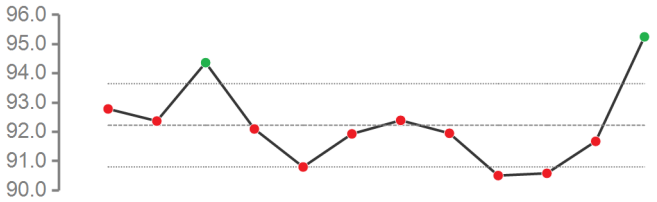
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Oct

Harm Free Care:All Harms (%)

92.2 (0.7%)



"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)."

Highlights and Actions:

Overall Harm Free Care relates to the Harms patients are admitted to the trust with, as well as those they acquire in our care (New Harms).

The Safety Thermometer for Oct-19 95.25% (Sep-91.68%), shows improvement above the national average (94.01%).

A marked improvement is shown in general and specialist medicine Oct-19 to 93.82% (Sep-89.19%) and surgery and anaesthetics Oct-19 to 95.77% (Sep-91.62%).

Activities contributing to this improvement include:

• Pressure Ulcer - Trust wide action plan reconfigured to reflect trust wide priorities

• VTE - World Thrombosis day events focused on patient information, both on prevent & recognising VTE and when a VTE is diagnosed. Getting It Right First Time (GIRFT) National Thrombosis for VTE new patient admission booklets being implemented.

• Falls – Monitoring by the Falls Prevention Team of the compliance with weekly ward based audits to identify areas requiring challenge and support (with triangulation with falls incident data).

• UTI's - Six wards have implemented the updated National catheter pathway paperwork/passport and focused work continues Trust wide.

New Harms only experienced in our care Oct-98.73% (99.38% Sept-19) has deteriorated to last month.

This was due to an increase of Falls with harm Oct-0.42 (Sep- 0.00) and is higher than the national average for Acute Hospitals Oct-0.36.

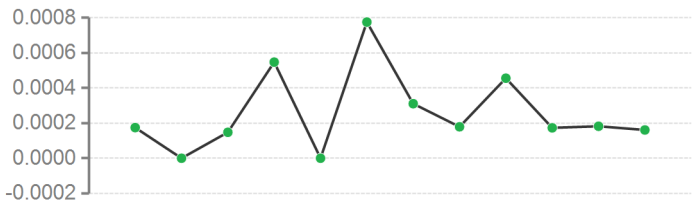
During October there was an outbreak of Norovirus on one particular ward, which contributed to the increase in falls and staffing problems. Norovirus is particularly nasty for the elderly, which leads to severe dehydration, confusion and patients being unstable attributing an increase in falls. Staff on that ward have been booked into FallStop training to support and update the team and to ensure patient safety.

New Pressure Ulcers; VTE's Catheters and New UTI's with Harm continue to remain below the national average for Acute Hospitals.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Pressure Damage

Oct	Pressure Ulcers Cat 3/4 (per 1,000)	0.0003 (-39.5%)		"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."

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Highlights and Actions:

There was a total of 46 category 2 and above reported, an increase of 8 from September 2019:

- Thirty-Nine of these were category 2 ulcers, an increase of 12. Of these 22 were classed as no harm incidents meaning that all preventative measures were in place. There was an increase in back/spinal pressure ulcers in patients with low BMI or patients on the end of life pathway. The trust was over the set 10% reduction trajectory with a result of 1.123/1000 bed days. Common themes for low harm category 2 ulcers were a) availability of equipment (at WHH) and b) lack of repositioning evidence. Both areas are subject to action within the Trust high level action plan.
- There were no confirmed category 3 pressure ulcers but 1 confirmed category 4 pressure ulcer reported at QEQM Birchington ward. This was a moderate harm incident and an RCA is scheduled. The trust met the 10% reduction trajectory for the third consecutive month for category 3 and 4 pressure ulcers. The rate was 0.029 in October 2019 and 0.030/1000 bed days in Sept.
- Six potential deep ulcers were reported (4 less than last month). 5 were suspected deep tissue injury (SDTI) and 1 was unstageable ulcers. The trust did not meet the set 10% trajectory for Unstageable ulcers but were over by a marginal 0.0002/1000 bed days with a result of 0.029/1000 bed days. The unstageable ulcer was low harm. The Trust was under 10% reduction limit for SDTI's and it is of note that non reported were classed as moderate harm.
- 22 reported incidents were due to Moisture Associated Skin Damage a decrease of 7 from September 2019.

Recognising that Medical Device Related incidents have been highlighted within previous reports it is of note that:

- There were 4 category 2 medical device related pressure ulcers. All currently low risk incidents.
- I category 3 due to a stitched in tracheostomy tube despite all prevention measures.

Actions:

- Utilising Safeguarding training to highlight pressure ulcer prevention
- Undertaking trails on equipment. Chair cushion trials have been completed to improve availability. Further funding has been sought for Hybrid and active mattresses

Maximising the use of / and access to specialist equipment through a campaign highlighting the importance of returning active mattress equipment

- Targeted training and pressure ulcers reviews are undertaken in response to areas of concern - focused training has been completed in ED at QEQM and WHH.

Recommendations:

- Reintroduce pressure ulcer panels to ensure that ALL RCA action plans are robust and effective.
- TVNs to attend trust induction programme
- ED Hybrid mattress trial to mitigate risks in the EDs
- Upload refreshed SKINS bundle and repositioning documentation to Allscripts

East Kent Hospitals University NHS Foundation Trust

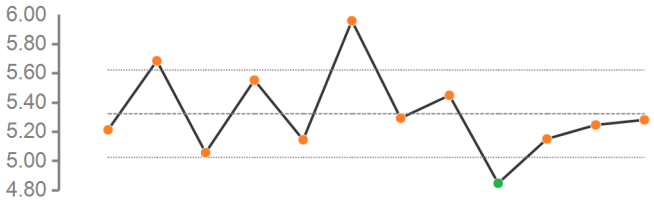
Strategic Theme: Patient Safety

Falls

Oct

Falls (per 1,000 bed days)

5.32 (0.3%)



"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:

Falls incidents Trust wide have reduced in October:

There were a total of 177 patient falls compared with 184 in September 2019, 4 falls occurred outside of ward areas. There was one fall with moderate or above harm reported in October.

• There were 40 at K&CH (42 in September) with the highest number on Invicta (13). Some of these were attributable to several falls by the same patient. An outbreak of norovirus has also impacted on staff numbers which inturn impacts on the pick up of additional shifts to deliver 1 : 1 care to patients at higher risk of falls. All other fall prevention strategies were in place and the Falls Team supported with patient reviews.

• There were 42 falls at QEQM (56 in September). The highest number occurred on St Augustine's (7). St Augustine's ward has a high proportion of mobile patients at risk of falls, for whom a careful balance needs to be struck between taking action to inhibit falls, whilst also supporting mobility and independence.

• The number of falls increased to 95 at WHH (from 84 in September) with the highest numbers on Cambridge J (15). Some of these falls were attributable to several falls by the same patient (2 patients fell twice and 1 patient fell 3 times). Similarly on Kings D male (12) where 2 patients fell twice and 1 patient fell 3 times.

A fall resulted in a severe harm (head injury) on Cambridge J. This was investigated by the Falls Team. The patient was known to be at high risk and had been fully assessed.

The availability of additional staff to provide 1:1 support and enhanced oversight, to patients at high risk of falls has been highlighted.

When analysed on a site basis:
• There has been a decrease in falls on the KCH and QEQM sites
• There has been an increase at WHH

Clinical Support Services remain the Care Group with the highest rate at 29.85, Urgent and Emergency Care at 26.73, General and Specialist Medicine at 4.43, Surgery and Anaesthetics at 4.57, Cancer Services at 0.0, Upper Surgery, Head, Neck and Dermatology at 0.0 and Women and Children at 1.0. There have been rises in Urgent and Emergency Care and Surgery and Anaesthetics

High impact actions include:

- All patients who had more than one fall were assessed by the Falls Team and measures put in place to prevent falls.

- Inclusion of band 7 ward managers to the Falls Steering Group to reinvigorate the group and improve engagement.

- Continued focus on FallStop programme and particularly with education.

- CQUIN- 3 high impact actions for falls prevention. Year to date achievement is at 70% for lying and standing blood pressures, 97% for non prescribing of sedating drugs and 92% for mobility assessments, with overall compliance with all measures at 67%.

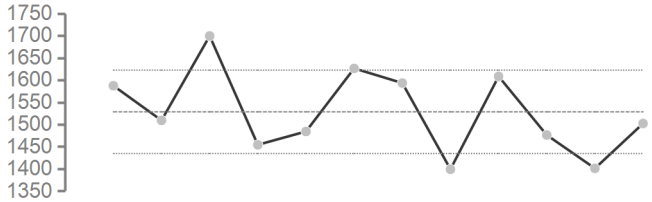
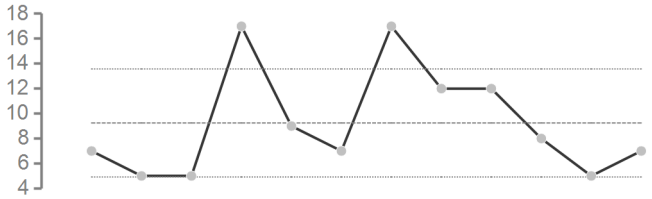
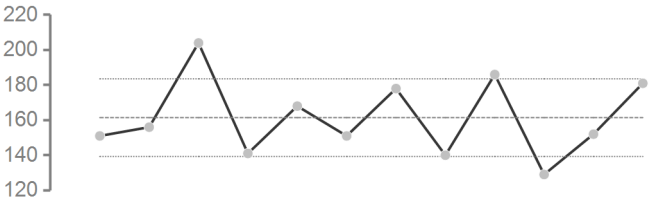
Risks include:

- The increase in falls reported in October at WHH is subject to investigation to identify and address cause(s).
- Ensuring effective deployment of one to one staff to support the needs of patients at high risk of falls. The implementation of a Trust Enhanced Observation Policy in November provides additional guidance to clinical areas to support them in determining how and when to deploy their one to one staff, informed by risk assessment.
- The Falls Team highlight risks relating to the achievement of the CQUIN and Trust target to reduce the rate of falls, due to the lack of staff resources to deliver further quality improvement via the FallStop programme. A business case for 2 band 4 practitioners for FallStop has been prepared but is delayed whilst a service review is being undertaken.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Oct	Clinical Incidents: Total (#)	18,350 (10.1%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Oct	Blood Transfusion Incidents	111 (-0.9%)		"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."
Oct	Medicines Mgmt. Incidents	1,937 (8.7%)		"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."

Strategic Theme: Patient Safety

Highlights and Actions:

A total of 1502 clinical incidents have been logged as occurring in Oct-19 compared with 1393 recorded for Sep-19 and 1405 in Oct-18.

In Oct-19, 13 incidents have been reported on StEIS. Nine serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 22 in Oct-19 and 8 in Sep-19, and 11 in Oct-18.

Over the last 12 months incident reporting remains constant at K&CH, but is declining at both WHH and QEQM.

IPR report for Medicine management – October 2019
As of 15/11/2019 the total number of medication related incidents reported in October 2019 was 186. These included 129 no harm, 53 low, 3 moderate harm and 1 severe harm incident. The severe harm incident was regarding a patient given ondansetron in ED that was not prescribed, this potentially may have induced a cardiac arrest in the patient.
The severity of medication related incidents reported in October 2019 shows that 69.4% of incidents reported were no harm incidents. There was one medication related incidents that was sTEIS reported and will be investigated as an RCA. The themes from incidents reported include the concern over the prescribing of Direct Oral Anticoagulants in renal impairment and a table is being written to guide doctors in the safe prescribing of anticoagulants for both prophylaxis and treatment.
The data produced by the Medication Safety Thermometer in October 2019 was taken from 29 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 17% (National 12.3%) and the percentage of patients with a missed critical medicine was 5.5% (National 6.6%) in October.
Medicine Wise will now be a shorter, monthly update of all current medication safety issues including learning from incidents, shortage issues and national medication safety information. The Trust is also now supporting a 3 yearly mandatory nurse administration of medicine update facilitated by the Workforce, Development and Education Team.
Jackie Shaba
Medication Safety Officer

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 8 blood transfusion related incidents in October 2019 (11 in September 2019 and 9 in October 2018

Of the 8 incidents 4 were graded as no harm and 4 as low harm.

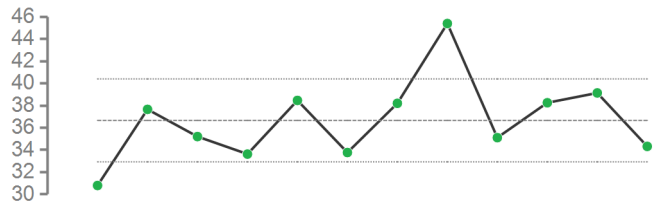
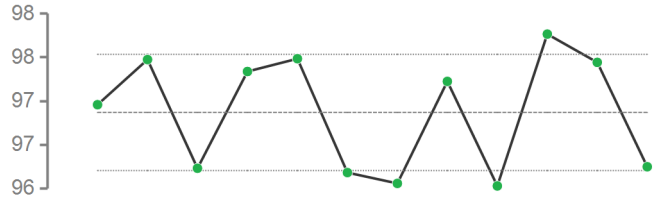
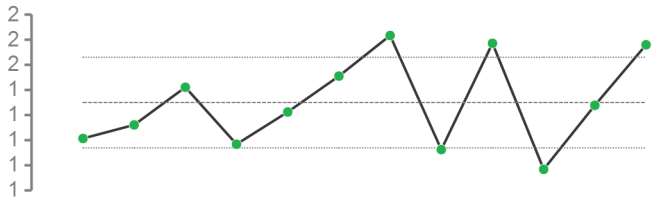
Of the incidents one fell in the inappropriate or wrong transfusion category; the patient had a history of their platelets clumping in the EDTA anticoagulant within the full blood count tube. Unfortunately this incorrectly low platelet count was not supressed and was released as an interim report. The patients clinical condition fitted with a low platelet count the count was believed to be genuine and a unit of platelets was transfused without event. Processes have been reviewed, however no further corrective measures can be put in place, to supress a result is a manual process and on this occasion it was missed. The patients notes have been reviewed and no harm has been identified..
There was one transfusion reaction, the patient experienced a mild reaction during a platelet transfusion, the transfusion was stopped, the patient was treated and the symptoms subsided.
Two other incidents fell in the traceability category both of these the units have been recorded as presumed transfused.
Other incidents included the issuing of Albumin but recording the wrong the batch number, there were no other themes identified within the incidents.

Reporting by site: at 1 QEQM, 1 WHH and 6 at K&CH

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

Oct	IP FFT: Response Rate (%)	37 (4.2%) ↑		"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."
Oct	IP FFT: Recommend (%)	97 (0.1%) ↑		
Oct	IP FFT: Not Recommend (%)	1.3 (-7.3%) ↓		"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

FFT and Patient/User feedback

The Trust Score in October is 4.56 (4.52 Sep-19)

The three top positive themes for the trust;

- Care
- Staff attitude
- Implementation of care

The three top negative themes for the trust;

- Care
- Staff Attitude
- Waiting times

Strategic Theme: Patient Safety

Inpatients:

Recommendations: 96.25% (97.44% Sept-19)
Response rates: 34.33% (39.14% Sept-19)

Maternity:
Recommendations: 98.92% (99.13% Sept-19)
Response rates: 17.53% (20.53% Sept-19)

Day Cases:
Recommendations: 94.89% (95.01% Sept-19)
Response rates: 26.94% (25.08% Sept-19)

ED:
Recommendations: 82.67% (80.99% Sept-19)
Response rates: 15.84% (15.53%Sept-19)

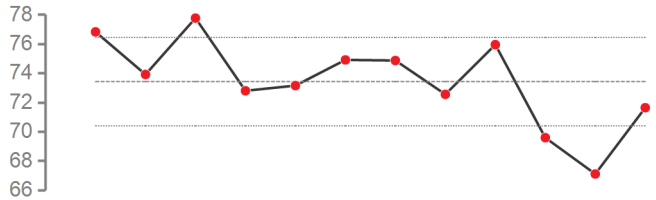
Outpatients:
Recommendations: 92.65% (91.98% Sept-19)
Response rates: 21% (20.01% Sept-19)

All areas receive their individual reports to display each month, identifying areas for further improvement. This is monitored and actioned by Care Group Governance teams.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 1 - Inpatient Survey

Oct	IP Survey: Are you aware of nurse in charge of you each shift? (%)	73 (-6.0%)		IP Survey: Are you aware of nurse in charge of your care each shift? (%)

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Highlights and Actions:

Patient Experience 1 (Inpatient Survey)

Our inpatient survey enables our patients to record their experience in real-time.

Completed inpatient surveys Oct-667 (Sep-660).

New questions were included within this local survey to reflect improvement priorities, with progress monitored through the Patient Experience Group.

Patient experience has improved within these questions:

- Are you aware of how to raise your concerns or make a complaint? Oct-77.23% from Sep-76.9%
- Are you aware of which nurse is in charge of your care each shift? Oct-82% from Sep-77.67%
- Were you offered a choice of food? Oct-93.87% from Sep-92.1%
- Whilst in hospital did you share a sleeping area, bay or room with a patient of the opposite sex (N/A for ED, Intensive Care unit, Stroke unit and Cardiac care) - Oct-20.88% from Sep-27.51%
- Were you able to discuss your worries and fears? Oct-37.2% from Sep-35.34%
- Has the staff explained your treatment and care to you in a way you could understand? Oct-42.21% from Sep-41.41%
- Did you get sufficient help from staff to eat your meals? Oct-80.5% from Sep-78.89%
- In your opinion how clean was the hospital room or ward? Oct-93.24% from Sep-92.92%

Questions in which patient experience has remained similar;

- Did you feel you received all the information you needed whilst you were in hospital? Oct-40.24%/Sep-40.31%
- How would you rate the quality of hospital food? Oct-73.38%/Sep-73%

Question in which patient experience has deteriorated;

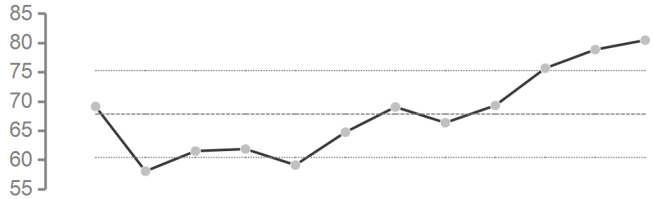
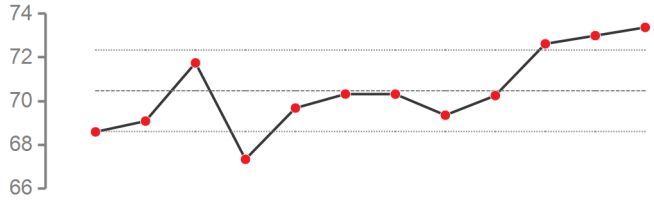
- Overall, did you feel you were treated with respect and dignity while you were in the hospital? Oct-95.93% from Sep-96.56%

Care groups are working toward achieving the agreed Improvement Plan for 2019/20.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2 - Inpatient Survey

Oct	IP Survey: Help from Staff to Eat Meals (%)	67		Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"
Oct	Hospital Food? %	70 (0.9%)		Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. 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:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All inpatient wards within the trust continue to report their performance (against the patient experience metrics) through the inpatient survey this month.

East Kent Hospitals University NHS Foundation Trust

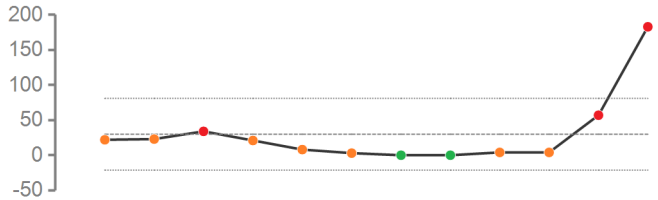
Strategic Theme: Patient Safety

Mixed Sex

Oct

Mixed Sex Breaches

359
(-64.7%)



"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:

Mixed Sex Breaches

Trust staff have made considerable progress with mixed sex reporting in achieving compliance in line with the new National definition of mixed sex accommodation NHSI Sep 2019. This has resulted in significant changes in the amount of mixed sex breaches reported.

In total for October there were 70 mixed sex occurrences in total, overall affecting 329 patients (Sep-38 mixed sex occurrences affecting 239 patients).

Unjustified Breaches
- Oct - 55 unjustified occurrences affecting 183 patients
- Sep - 9 unjustified occurrences affecting 57 patients.

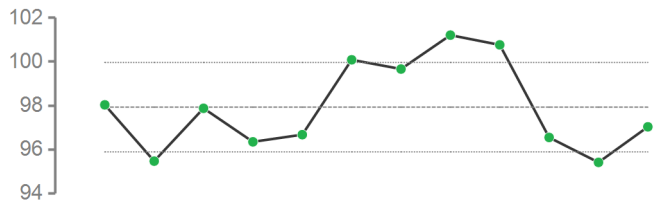
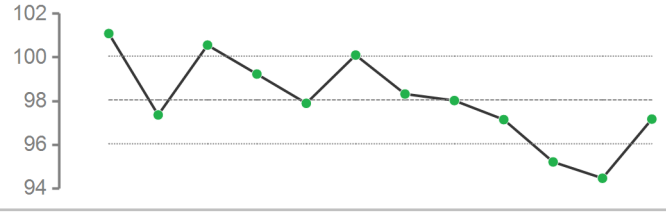
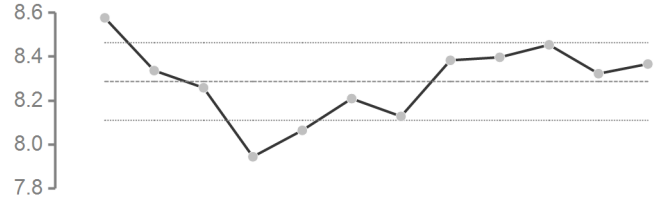
Justifiable Breaches
- Oct -15 justified occurrences affecting 146 patients
- Sep - 29 Justified occurrences affecting 182 patients

Actions:
Developing and strengthening reporting in accordance with new September 2019 National guidance

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Oct	Shifts Filled - Day (%)	98 (0.6%)		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.
Oct	Shifts Filled - Night (%)	98 (-1.4%)		Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Oct	Care Hours Per Patient Day (CHPPD)	8.3 (-1.7%)		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.

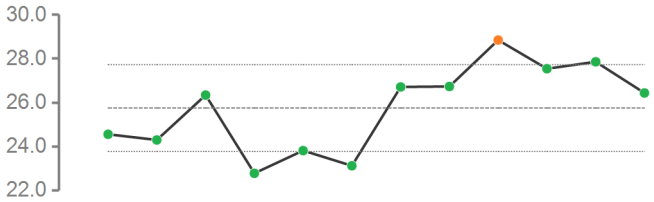
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Oct

Midwife:Birth Ratio (%)

25.7
(-7.5%)



The number of births 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.

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 100.4% compared to 98.7% in Sept-19.

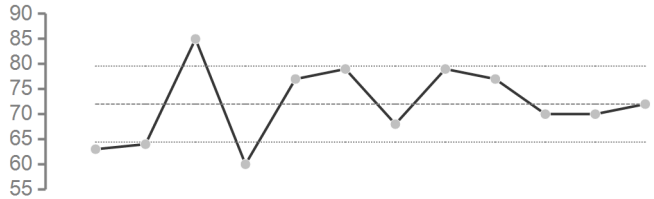
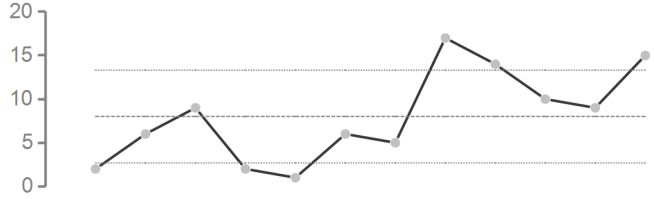
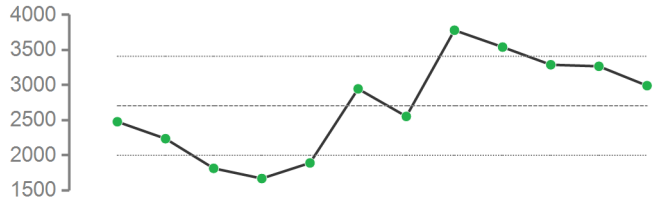
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. Average CHPPD is similar to last month and within the control limits. The range is from around 5.0 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required.

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

Oct	Number of Complaints	864 (-6.0%)		"The number of Complaints recorded overall . Data source - Patient Experience Team"
Oct	Complaints acknowledged within 3 working days	96 (-38.1%)		Complaints acknowledged within 3 working days
Oct	Compliments	32452 (29.9%)		Number of compliments received

Highlights and Actions:

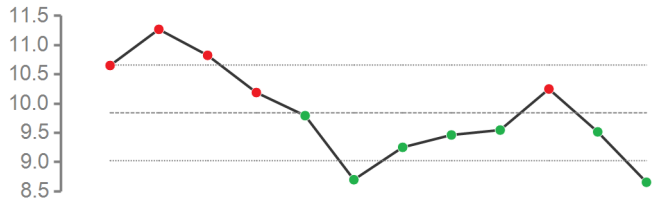
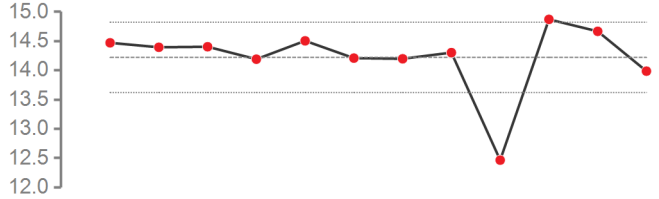
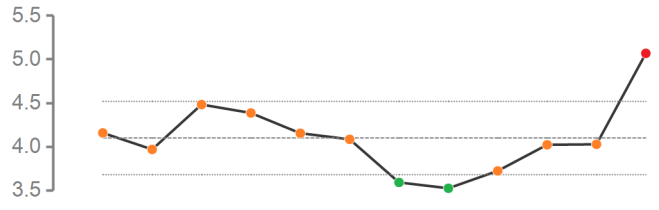
59 new complaints received in October 2019 compared to 54 in September 2019, an increase of 9%.However, numbers are still particularly low compared to October 2018 when the Trust received 72 complaints (a decrease of 18%). Looking at the year 2019-20 so far, the Trust has received very similar numbers to the same period last year.

100% of complaints received in October were acknowledged within three working days. The PET have acknowledged 100% of complaints received for the last two months within three working days and are working hard to achieve this every month.
The Trust had 131 open active complaints at the end of October. There is on-going targeted work to reduce the number of open complaints over 60 and 90 working days. This is being monitored through fortnightly performance review meetings with the Care Groups, the Deputy Chief Nurse and the Head of PET.
The Trust closed 50 complaints in October 2019. Of those 50 complaints, 27 had a 30 working day timeframe. 63% of those complaints were responded to within 30 working days or with an extension granted by the Chief Nurse. There were 10 breaches where the response was not sent out within the agreed timeframe. Three beaches were due to delays in the Executive team approving and signing the response.
The remaining 23 complaints had a 45 working day timeframe. 70% of those complaints were responded to within 45 working days or with an extension granted by the Chief Nurse. One breach was due to delay in the Executive team approving and signing the response.
The Trust aims to respond to all complaints within the agreed 30 or 45 working day timeframe. Although the Chief Nurse is able to grant extensions, this should only occur in a small number of cases and should not be the norm. The Deputy Chief Nurse is supporting the Care Groups to reduce the number of extension requests. The Deputy Chief Nurse is leading on targeted work drilling down into the reasons why extensions are being requested by the Care Groups. This will be reported in the December IPR.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Oct	Vacancy (Monthly) %	9.8 (-15.6%)		Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Oct	Staff Turnover (%)	14.2 (2.2%)		"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Oct	Sickness (Monthly) %	4.1 (7.6%)		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

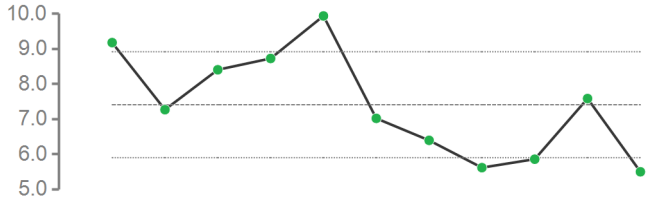
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Oct

Overtime %

7.4
(-19.1%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate decreased to 9.8% (last month 10.0%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate decreased slightly to 8.31% (down from 9.21% two months ago, and 8.84% last month), mostly due to improvements in recruitment in the Urgent & Emergency Care and Corporate Care Groups. There are currently approximately 682 WTE vacancies across the Trust (723 WTE last month). More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties. There are approximately 402 WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 160 Nursing and Midwifery staff (including ODPs) and 86 Medical and Dental staff.

The Turnover rate, including Doctors in training, in month decreased to 14.1% (last month 14.3%), and the 12 month average was 14.2% (14.2% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

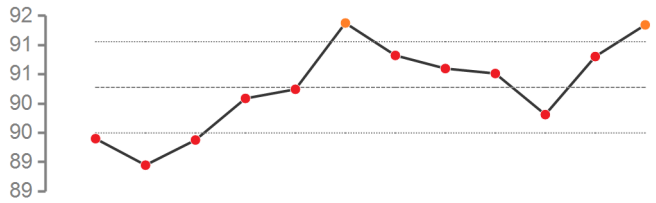
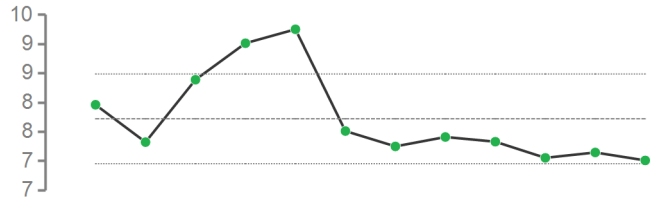
The in month sickness absence position for September was 4.02% - which is an increase from 4.00% in August. The 12 month average remained 4.1% (4.1% last month), but still shows an upward trajectory. Higher than normal short term sickness was observed across the QEQM and WHH wards, with an increase in D&V sickness absence. Work is underway between the Employee Relations team and HRBPs to look into areas of high sickness absence to ensure all cases are being managed effectively. Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training.

Overtime as a % of wte decreased slightly last month, to approximately 5.5% (8.00% last month) , but remains on a downward trajectory for the last 12 months. The average over the last 12 months decreased from 7.7% to 7.4% last month, and shows a downward trend. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Oct	Employed vs Temporary Staff (%)	90.3 (1.7%)		"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."
Oct	Agency %	7.7 (10.7%)		% of temporary (Agency and Bank) staff of the total WTE

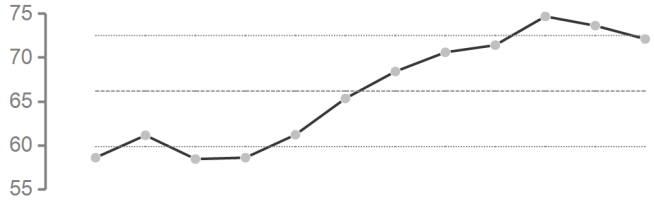
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Oct

Bank Filled Hours vs Total Agency Hours

66 (14.4%)



% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Highlights and Actions:

Temporary Staff

Total staff in post (WTE) increased in October to 7529.63 (up from 7462.36 WTE in September), which left a vacancy factor of approx. 682 wte across the Trust.

The average percentage of employed staff vs temporary staff over the last 12 months increased to 90.3% (90.1% last month), and remains a large improvement over the previous 12 months. As a result of this, the percentage of agency staff of the total WTE for the Trust decreased to approximately 7%, from 8% in the previous month. This was also partly as a result of an ongoing increase in Bank filled hours against total agency hours. The 12 month trend still shows an upward trajectory due to high agency usage in January to April 2019.

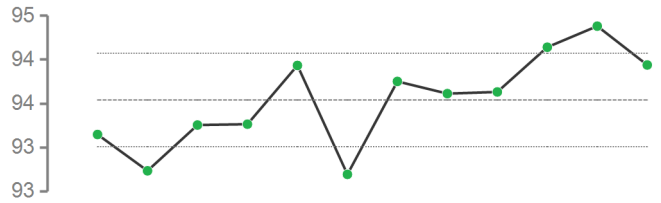
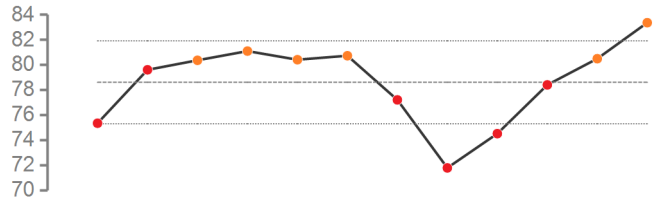
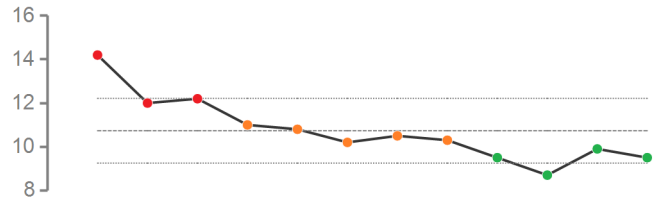
The percentage of hours filled by bank (NHSP) staff against agency staff remained high compared to previous month, but fell slightly from 73% to 72%, however this was higher than the 66% 12 month average.

Agency costs are monitored at EPR and weekly agency meetings, the focus remains on recruiting substantively to the reduce the use of agency. The Agency Taskforce review strategies for reducing agency costs. Care Groups are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Oct	Statutory Training (%)	94 (0.6%)		"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "
Oct	Appraisal Rate (%)	78.6 (2.0%)		Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Oct	Time to Recruit	11 (-20.6%)		"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."

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month compliance remains on an upwards trajectory, and was 93% in month for September, and 94% for the 12 month average. This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. All Care Groups, with the exception of UEC, have over 90% average compliance on statutory training. However, UEC increased to 87% compliance.

The Trust staff average appraisal rate increased for the 4th month to 83% in month for October (78% in August). Surgery & Anaesthetics (91%), Surgery Head, Neck & Breast (91%) and Clinical Support (86%) are above the 85% target. Care Groups are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months.

The average time to recruit is 10 weeks, which is an improvement on the previous 12 months. The 12 month average time to recruit remains 11 weeks, but the annual average remains on a downward trajectory. The Resourcing Team are on track to reduce time to recruit to below 8 weeks to ensure recruitment time meets the demands of our services. To support this reduction, the team are now fully established and Advisors have been allocated to Care Groups to support improvements.

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Oct

	Oct-19				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	15,238	18,132	(-2,894)	-16%	108,155	105,699	2,456	2%	108,155	104,277	3,878	4%	<=0%
Referral Non-Primary Care	15,297	16,441	(-1,144)	-7%	113,537	102,846	10,691	10%	113,537	103,899	9,638	9%	<=0%
OP New	20,363	19,380	983	5%	131,402	124,467	6,935	6%	131,402	126,884	4,518	4%	>=0%
OP Follow Up	44,443	43,271	1,172	3%	287,930	281,121	6,809	2%	287,930	279,161	8,769	3%	>=0%
Elective Daycase	6,779	6,437	342	5%	44,554	43,239	1,315	3%	44,554	44,104	450	1%	>=0%
Elective Inpatient	1,104	1,325	(-221)	-17%	7,847	8,912	(-1,065)	-12%	7,847	9,055	(-1,208)	-13%	>=0%
A&E	19,620	18,846	774	4%	138,599	130,229	8,370	6%	138,599	130,044	8,555	7%	>=0 & <5%
Non-Elective Inpatient	7,472	7,168	304	4%	52,055	49,188	2,867	6%	52,055	47,289	4,766	10%	>=0 & <5%
Chemotherapy	1,495	1,309	186	14%	9,592	8,759	833	10%	9,592	8,524	1,068	13%	>=0%
Critical Care	1,635	1,827	(-192)	-11%	12,388	12,788	(-400)	-3%	12,388	12,616	(-228)	-2%	>=0%
Dialysis	7,427	7,218	209	3%	51,636	48,809	2,827	6%	51,636	47,786	3,850	8%	>=0%
Maternity Pathway	1,138	1,130	8	1%	7,821	7,875	(-54)	-1%	7,821	7,911	(-90)	-1%	>=0%
Pre-Op Assessments	3,403	3,414	(-11)	0%	21,654	24,719	(-3,065)	-12%	21,654	23,514	(-1,860)	-8%	>=0%
Diagnostic	533,993	515,808	18,185	4%	3,428,925	3,302,395	126,530	4%	3,428,925	3,252,016	176,909	5%	<=0%
Other	5,160	5,108	52	1%	35,502	36,649	(-1,147)	-3%	35,502	35,094	408	1%	>=0%

East Kent Hospitals University NHS Foundation Trust

October 2019

Summary Performance

Elective Care

In October Primary Care referrals were below planned levels reducing the YTD variance to +2%. Rapid Access referrals remain below planned levels YTD (-2%), with routine referrals 2,954 above plan YTD generating a YTD variance of 4%. Non Primary Care referrals are 10% above planned levels YTD. Both Primary Care (4%) and Non Primary Care (9%) referrals in 19/20 are up when compared to 18/19.

The Trust delivered the highest level of Outpatient New activity this financial year in month, with appointments 5% above planned levels in October and remain above plan YTD (+6%). YTD Underperformances remain in Ophthalmology (-1,032), Maxillo Facial (-684), Ear, Nose & Throat (-671) and Urology (-658).

The Trust over-performed the follow up plan in October by 1,172 patients with the YTD variance increasing to +2%. YTD underperformances remain in Ear, Nose and Throat (-1,122) and General Medicine (-762).

Daycase admissions achieved the plan and delivered for the sixth consecutive month generating a YTD performance 3% above plan (+1,315). Underperformances remain in key elective specialties Maxillo Facial, Pain Management, Ophthalmology and General Surgery.

Elective Admissions are 12% (-1,065) behind the plan YTD with General Medicine (-582), Trauma and Orthopaedics (-478) and General Surgery (-171) contributing to the largest underperformance.

Non Elective Care

Attendances to the Emergency Departments across the Trust continued to be above plan at +4% in month and +6% year to date. Emergency admissions are also +4% in month and 6% above plan year to date. Emergency activity in 19/20 is up by 10% when compared to 18/19.

Summary Issues, actions and timescales:

Issue

- To increase emphasis on data quality, which will include RTT validation across all pathways and systems training.
- Revise the trajectory to clear the backlog of patients in Ophthalmology.

Action and timescales

- Care Group progress will be monitored weekly at both the Activity and Performance Meeting and PTL Performance Meeting.
- Ophthalmology Improvement plan has been revised with a new trajectory and will be agreed at the end of November 2019.

East Kent Hospitals University NHS Foundation Trust

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	7,267	8,547	-15%	-1,280
101 - Urology	3,701	4,884	-24%	-1,183
320 - Cardiology	9,738	10,682	-9%	-944
301 - Gastroenterology	4,718	5,327	-11%	-609
191 - Pain Management	1,279	747	71%	532
400 - Neurology	3,589	2,979	20%	610
120 - Ear, Nose & Throat	6,979	6,367	10%	612
330 - Dermatology	9,733	9,081	7%	652
104 - Colorectal Surgery	6,289	5,445	15%	844
340 - Respiratory Medicine	4,153	2,711	53%	1,442
Total	**108,155**	**105,699**	**2%**	**2,456**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	16,631	19,260	-14%	-2,629
800 - Clinical Oncology	5,668	6,789	-17%	-1,121
110 - Trauma & Orthopaedics	13,498	13,936	-3%	-438
300 - General Medicine	2,486	1,963	27%	523
650 - Physiotherapy	8,038	7,511	7%	527
101 - Urology	5,374	4,537	18%	837
100 - General Surgery	3,675	2,561	43%	1,114
502 - Gynaecology	5,361	4,071	32%	1,290
130 - Ophthalmology	11,839	10,030	18%	1,809
340 - Respiratory Medicine	10,275	1,700	505%	8,575
Total	**113,537**	**102,846**	**10%**	**10,691**

OP New

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	12,573	13,605	-8%	-1,032
140 - Maxillo Facial	4,384	5,068	-13%	-684
120 - Ear, Nose & Throat	7,577	8,248	-8%	-671
101 - Urology	4,825	5,483	-12%	-658
215 - Paediatric ENT	885	140	533%	745
420 - Paediatrics	5,432	4,626	17%	806
330 - Dermatology	8,957	7,959	13%	998
502 - Gynaecology	8,972	7,838	14%	1,134
650 - Physiotherapy	12,158	10,854	12%	1,304
110 - Trauma & Orthopaedics	10,603	9,022	18%	1,581
Total	**131,402**	**124,467**	**6%**	**6,935**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
120 - Ear, Nose & Throat	9,581	10,703	-10%	-1,122
300 - General Medicine	415	1,177	-65%	-762
301 - Gastroenterology	9,430	8,655	9%	775
130 - Ophthalmology	34,306	33,352	3%	954
290 - Community Paediatrics	14,562	13,604	7%	958
655 - Orthoptics	5,647	4,636	22%	1,011
101 - Urology	13,566	12,373	10%	1,193
502 - Gynaecology	9,363	8,122	15%	1,241
361 - Renal	12,388	10,775	15%	1,613
330 - Dermatology	12,571	10,773	17%	1,798
Total	**287,930**	**281,121**	**2%**	**6,809**

East Kent Hospitals University NHS Foundation Trust

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
140 - Maxillo Facial	1,245	1,501	-17%	-256
191 - Pain Management	1,069	1,293	-17%	-224
130 - Ophthalmology	2,743	2,952	-7%	-209
100 - General Surgery	843	1,038	-19%	-195
190 - Anaesthetics	293	153	91%	140
110 - Trauma & Orthopaedics	2,885	2,704	7%	181
800 - Clinical Oncology	4,046	3,703	9%	343
101 - Urology	5,083	4,678	9%	405
410 - Rheumatology	757	123	517%	634
301 - Gastroenterology	1,216	485	151%	731
Total	**44,554**	**43,239**	**3%**	**1,315**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	668	1,250	-47%	-582
110 - Trauma & Orthopaedics	1,791	2,269	-21%	-478
100 - General Surgery	468	639	-27%	-171
503 - Gynaecology Oncology	175	243	-28%	-68
120 - Ear, Nose & Throat	356	405	-12%	-49
400 - Neurology	151	195	-23%	-44
502 - Gynaecology	708	664	7%	44
420 - Paediatrics	210	153	37%	57
811 - Interventional Radiology	171	94	81%	77
101 - Urology	1,733	1,581	10%	152
Total	**7,847**	**8,912**	**-12%**	**-1,065**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	13,130	14,305	-8%	-1,175
420 - Paediatrics	4,254	5,324	-20%	-1,070
100 - General Surgery	3,735	4,163	-10%	-428
560 - Midwifery	1,135	1,555	-27%	-420
110 - Trauma & Orthopaedics	2,292	2,493	-8%	-201
301 - Gastroenterology	237	394	-40%	-157
501 - Obstetrics	2,942	3,081	-5%	-139
430 - HCOOP	4,671	4,370	7%	301
101 - Urology	2,871	2,544	13%	327
180 - Accident & Emergency	10,794	4,701	130%	6,093
Total	**52,055**	**49,188**	**6%**	**2,867**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	3428925	3302395	4%	126,530
A&E	138599	130229	6%	8,370
Pre-Op	21654	24719	-12%	-3,065
Dialysis	51636	48809	6%	2,827
Other	35502	36649	-3%	-1,147
Chemotherapy	9592	8759	10%	833
Critical Care	12388	12788	-3%	-400
Maternity Pathway	7821	7875	-1%	-54

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

80.36%

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
4 Hour Compliance (EKHUFT Sites) %*	81.74%	79.36%	74.20%	73.85%	78.23%	77.13%	81.22%	81.40%	81.35%	80.23%	78.42%	80.36%
4 Hour Compliance (inc KCHFT MIUs)	84.50%	82.25%	77.93%	77.56%	81.53%	80.54%	84.26%	84.65%	84.61%	83.81%	82.13%	83.48%
12 Hour Trolley Waits	0	0	0	0	0	0	0	0	0	0	1	8
Left without being seen	2.77%	3.03%	3.02%	3.56%	3.67%	4.03%	3.49%	3.83%	3.70%	4.50%	3.90%	3.31%
Unplanned Reattenders	9.56%	9.46%	9.59%	9.82%	9.83%	10.70%	9.98%	9.94%	9.54%	9.69%	9.60%	9.15%
Time to initial assessment (15 mins)	70.9%	65.0%	66.3%	66.3%	65.6%	66.9%	68.3%	69.2%	69.5%	75.3%	85.0%	92.0%
% Time to Treatment (60 Mins)	52.7%	48.7%	50.5%	47.9%	44.9%	44.0%	45.9%	45.0%	46.2%	44.5%	43.7%	46.7%

2019/20 Trajectory (NHSI return)

-9.29 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Trajectory	76.4%	81.9%	85.6%	84.2%	86.6%	85.3%	89.7%	92.1%	91.0%	84.9%	87.5%	86.2%
Performance	77.1%	81.2%	81.4%	81.4%	80.2%	78.4%	80.4%					

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

Summary Performance

October performance for the organisation against the 4 hour target was 80.36%; against the NHS Improvement trajectory of 89.7%. This represents an improvement in performance compared to the previous month of 1.94% (from 78.42%), and a slight decrease compared to the same month last year (80.89% in 2018). There were 8 12 Hour Trolley Waits in October, this is the first time that there has been more than one 12 hour Trolley Wait breaches and these were due to bed pressures on the QEQMH site. The proportion of patients who left the department without being seen reduced to 3.3%. The % of ambulance arrivals receiving initial assessment within 15 minutes improved for the 4th month in a row, now at 92%. The unplanned re-attendance position remains high at 9.15%. Time to treatment within 60 minutes remained below 50% at 46.7% for the month.

Issue

- Continuing increase in number of patients attending ED (6% above plan YTD).
- Patient flow is blocked due to high number of >7 and >21 day patients and also the high number of patients awaiting external capacity.
- External care package and community bed capacity is limited and is preventing discharge.
- Internal delays due to increased levels of diagnostic tests with equipment breakdowns reducing capacity.

Action

- Weekly review of all > 7 day patients
- National weekly >21 day Long Length of Stay Reviews focussing on resolving internal delays; led by a Director and senior Clinician MDT reviews.
- Increased joint working with external partners to resolve complex patient delay issues.
- Weekly review of the top 10 longest and most complex length of stay patients by a senior MDT.
- Ambulance handover delay Improvement plan implemented with monthly monitoring.
- ED Improvement plan has been revised for 2020/21.

Timescale

- Implement weekly review of Top 3 patients – November 19

East Kent Hospitals University
NHS Foundation Trust

October 2019 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 111 of 155 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

88.30 %

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Green
62 Day Treatments	70.95%	82.08%	68.21%	76.88%	81.56%	79.13%	80.18%	72.94%	82.80%	80.22%	79.70%	88.30%	>=85%
>104 day breaches	4	8	10	8	7	10	6	3	7	1	2	4	0
Demand: 2ww Refs	3,326	2,691	3,452	3,276	3,355	3,250	3,483	3,250	3,748	3,230	3,406	3,873	3193 - 3529
2ww Compliance	93.29%	96.73%	96.52%	98.31%	97.87%	97.72%	96.53%	96.16%	98.02%	98.31%	97.83%	97.67%	>=93%
Symptomatic Breast	83.33%	95.00%	97.22%	98.31%	92.76%	93.64%	93.81%	86.32%	96.27%	96.00%	97.26%	97.00%	>=93%
31 Day First Treatment	97.07%	97.66%	95.63%	97.73%	96.06%	97.54%	95.72%	92.83%	97.66%	94.28%	97.67%	99.07%	>=96%
31 Day Subsequent Surgery	100.00%	97.22%	97.78%	96.49%	94.74%	84.91%	94.12%	91.07%	100.00%	74.58%	94.23%	95.16%	>=94%
31 Day Subsequent Drug	98.06%	98.85%	98.28%	97.27%	100.00%	100.00%	99.18%	99.07%	100.00%	98.32%	100.00%	100.00%	>=98%
62 Day Screening	85.71%	87.50%	100.00%	76.92%	82.61%	100.00%	91.89%	73.33%	97.14%	88.89%	92.31%	84.62%	>=90%
62 Day Upgrades	90.00%	70.00%	84.00%	86.67%	76.47%	80.00%	85.71%	72.00%	73.91%	63.64%	87.72%	80.65%	>=85%

2019/2020 Trajectory

2.58 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
STF Trajectory	85.52%	85.71%	85.33%	85.96%	86.31%	85.97%	85.71%	86.19%	86.06%	85.71%	85.51%	85.65%	Apr
Performance	79.13%	80.18%	72.94%	82.80%	80.22%	79.70%	88.30%						Apr

Last updated: 15/11/2019

Please note that the latest month will still be undergoing validation

The 62 Day Cancer Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance. A Cancer Recovery Plan is in place with an aim to improve performance and ensure that the cancer standards are sustainably delivered across all tumour sites.

East Kent Hospitals University NHS Foundation Trust

62 Day Performance Breakdown by Tumour Site

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
01 - Breast	72.4%	89.2%	67.4%	84.3%	86.0%	90.0%	76.7%	63.8%	81.5%	78.8%	77.8%	93.9%
03 - Lung	59.4%	93.5%	64.5%	81.8%	93.3%	58.3%	65.5%	76.5%	46.2%	50.0%	56.0%	59.3%
04 - Haematological	71.4%	75.0%	38.5%	33.3%	62.5%	72.7%	54.5%	80.0%	62.5%	66.7%	63.6%	85.7%
06 - Upper GI	64.7%	100.0%	61.1%	75.0%	60.9%	83.3%	69.4%	59.3%	83.3%	82.4%	67.6%	79.3%
07 - Lower GI	41.4%	57.1%	62.9%	73.8%	64.7%	61.5%	72.7%	53.3%	78.6%	77.1%	63.2%	62.5%
08 - Skin	91.7%	96.7%	94.9%	98.2%	100.0%	95.7%	98.1%	97.4%	97.0%	91.7%	91.7%	97.4%
09 - Gynaecological	100.0%	80.0%	80.0%	71.4%	76.5%	80.0%	78.6%	80.0%	93.8%	80.0%	75.0%	100.0%
10 - Brain & CNS									100.0%			
11 - Urological	67.8%	78.4%	64.8%	81.1%	76.2%	85.5%	87.5%	74.2%	91.0%	87.9%	88.2%	93.0%
13 - Head & Neck	50.0%	85.7%	52.4%	42.1%	92.6%	35.7%	33.3%	41.2%	44.4%	58.3%	66.7%	100.0%
14 - Sarcoma		100.0%	50.0%	50.0%		100.0%	0.0%	66.7%		100.0%	100.0%	
15 - Other		33.3%	0.0%	40.0%	25.0%	0.0%	33.3%	33.3%		0.0%	100.0%	0.0%

Summary Performance

October 62 day performance is currently 88.30% against the improvement trajectory of 85.71%, validation continues until the beginning of December in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,843 and there were 4 patients waiting 104 days or more for treatment or potential diagnosis.

The Trust has achieved the 62 day performance for the first time since 2014, which is a huge achievement and due to the continued focus and daily efforts of the operational teams. Significant improvement plans are in place on all tumour sites and cancer pathways with initiatives are continuing to show improvement.

The improvement with 2ww performance has continued, despite October seeing the highest number of 2ww referrals this year. The practice of early patient contact within 48 hours to agree their appointment has become embedded and sustained, together with an expansion to provide a 7 day booking service.

The daily reviews of 2ww and 73 day + patients is continuing and enabling director level escalations and actions to be progressed. There were 4 patients waiting over 104 days for diagnosis and/or commencement of treatment. Validation will continue until mid-December. The number of long waiting patients is decreasing overall with a continued focus on ensuring patients are being monitored and progressed much earlier in their pathway.

Issues:

- Enable 2 week wait patients to receive an appointment date within 48 hours.
- Lung are not achieving the 62 day pathway consistently

Actions:

- Implement 7-day booking.
- Review Lung timed pathway against best practice.

Timescales:

- 7 day booking implemented in October
- Lung pathway reviews to be completed by December 19.

104 day breaches:

- **Patient 1 -** Complex pathway with multiply diagnostics to diagnose malignancy. Radiotherapy begins 28/11/19.
- **Patient 2 -** Original histology benign; further investigations have confirmed diagnosis. Oncology referral sent to MTW on 11/10/19.
- **Patient 3** – Undergoing further tests as potentially low grade lymphoma and will be a ‘watch and wait’ outcome.
- **Patient 4** – Surgery at Tertiary centre on 26/11/19.

East Kent Hospitals University NHS Foundation Trust

September 2019 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 81 of 153 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

81.51 %

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Green
Performance	72.16%	72.42%	76.10%	77.89%	80.03%	79.15%	80.66%	82.06%	82.46%	81.81%	81.62%	81.51%	>=92%
52w+	102	74	38	27	8	3	4	3	2	1	3	3	0
Waiting list Size	54,492	53,171	50,134	48,743	48,696	45,867	46,359	46,293	45,292	46,121	46,544	47,082	<38,938
Backlog Size	15,170	14,662	11,984	10,776	9,723	9,564	8,964	8,307	7,946	8,389	8,554	8,705	<2,178

2019/2020 Trajectory

0.51 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
Performance Trajectory	78.00%	79.00%	80.00%	80.00%	78.00%	80.00%	81.00%	82.00%	79.00%	80.00%	81.00%	82.00%	
Performance	79.15%	80.66%	82.06%	82.46%	81.81%	81.62%	81.51%						

3

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
52w Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	Apr
Performance	3	4	3	2	1	3	3						

The 18 week performance is above the agreed trajectory, with further reduction in 52 week wait patients (3) and there has been a small increase of backlog size in month.

Issue:

- Waiting list size has grown due to data quality and validation issues.
- Patient choice is leading to booking outside of target waiting times.
- 52 breaches due to historic data quality and patient choice.

Actions:

- Each 52 week patient has an appointment/admission plan in place.
- Validation continues to mitigate the historic data quality issues.
- Scoping options for a robust training plan.

Timescale:

- Training options for a long term sustainable training programme will be available by December 19

Over 52 week patient breaches:

Patient 1 - General Surgery – Patient cancellation and request for alternative diagnostic extended the pathway. At follow up surgery not required, however referral to gastroenterology for specialist opinion.
Patient 2 - General Surgery – Long delay for follow up. Patient choice to wait for consultant and hospital site to be available.
Patient 3 - Gynae – Patient cancelled TCI and also Consultant sickness extended the pathway. Patient has now been on a long haul flight which has delayed surgery. Date agreed of 29/11/19.

East Kent Hospitals University NHS Foundation Trust

September 2019 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 133 of 171 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

Key Performance Indicators

99.6 %

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Green
Performance	99.65%	99.56%	99.72%	99.49%	99.59%	99.29%	99.45%	99.60%	99.42%	99.08%	98.69%	99.60%	>=99%
Waiting list Size	13,329	12,235	12,949	14,210	15,058	15,517	15,228	15,548	14,887	14,825	13,614	16,559	<14,000
Waiting > 6 Week Breaches	46	54	36	73	61	110	84	62	86	137	178	67	<60

2019/20 Trajectory

0.5 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
STF Trajectory	99.11%	99.11%	99.11%	99.11%	99.11%	99.10%	99.10%	99.10%	99.11%	99.11%	99.11%	99.11%
Performance	99.29%	99.45%	99.60%	99.42%	99.08%	98.69%	99.60%					

Summary Performance

The standard has been met for October 19 with a compliance of **99.60%**. As at the end of the month there were **67** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 10
- Cardiology: 0
- Urodynamic: 5
- Sleep Studies : 0
- Cystoscopy : 0
- Colonoscopy : 26
- Gastroscopy : 12
- Flexi Sigmoidoscopy : 14
- Neurophysiology: 0
- Audiology : 0

Issues

- **Endoscopy waiting times are too long.**

Actions

- Endoscopy improvement plan continues to be implemented.
- Daily operational calls with General Manager for Gastro/Endoscopy are in place to maximise capacity and booking efficiency.
- Weekly senior monitoring calls continue.

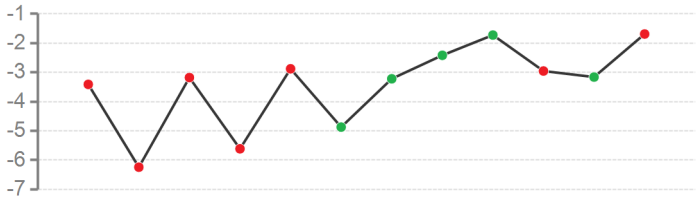
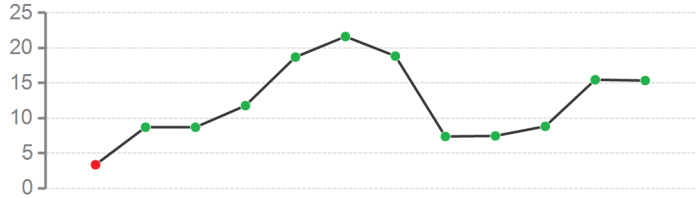
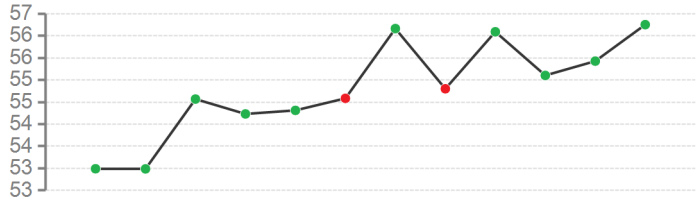
Timescales:

- March 19 with improvement trajectory in place.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Oct	I&E £m (Trust Only)	-20.0 (-46.6%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.The significant I&E movement in October 2018 is caused by a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether which is excluded from our NHSI I&E performance evaluation.
Oct	Cash Balance £m (Trust Only)	15.4 (-0.8%)		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.
Oct	Total Cost £m (Trust Only)	56.3 (1.5%)		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.Mth 7 includes a £34.7m impairment, see I&E note above.

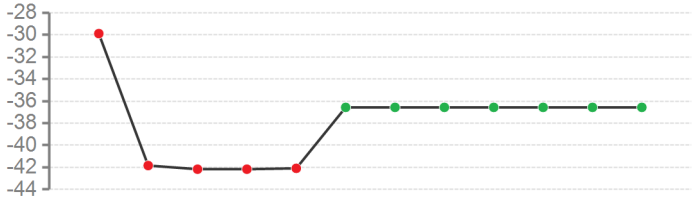
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Oct

Forecast £m

-36.6
(0.0%)



This shows the Normalised Income & Expenditure Forecast as at 31st March of the relevant financial year. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:

The Trust generated a consolidated deficit in month of £1.9m which £0.3m worse than a challenging plan for October. This brought the year-to-date (YTD) position to a £21.1m deficit which was £0.6m better than plan.

The year-end forecast remains in line with the plan of a consolidated £37.5m deficit excluding technical adjustments.

The main drivers of the in-month position were:

- A Non-pay overspend of £0.9m mainly relating to EU exit costs where the Trust has stocked up on supplies in anticipation of potential supply issues.
- Non-Clinical income over performance of £1.4m mainly due to the receipt of £0.6m for the new build GP surgery on the KCH site, income of £0.3m relating to Spencer Wing AMD drugs, and additional R&I and education and training income totalling £0.3m.
- A pay overspend of £0.8m due to continued medical agency staffing due to on-going operational pressures from emergency activity. CIP schemes relating to agency staff are behind plan in October by £0.3m and £1m behind plan YTD.

The East Kent CCG aligned incentive contract (AIC) remains financially beneficial to EKHUFT, with a year-to-date benefit of £1.6m as compared to a PbR activity based contract.

While the year-to-date financial position in October remains positive, the level of CIP delivery increases significantly throughout the year therefore continued focus on development and delivery of savings efficiencies is crucial to deliver our I&E plan and ensure we are in a good position moving into the new financial year.

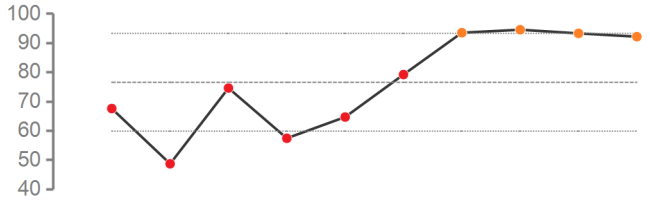
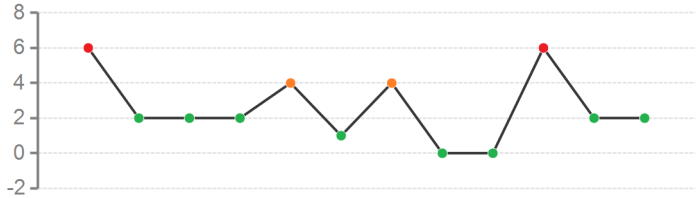
This focus on delivering the financial position is being maintained by a combination of monthly Executive Performance Review meetings and Confirm and Challenge meetings led by the COO and FD. Additionally EKHUFT has developed an internal Financial Special Measures framework to ensure all areas of the Trust are appropriately challenged and supported to deliver their financial plans.

The Trust's cash balance at the end of October was £15.4m which was £10.7m above plan partly due to positive on-going work to collect historic debt. The Trust borrowed £1.6m in October therefore total Trust borrowings increased to £110m which will require paying back when the Trust is delivering a surplus.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

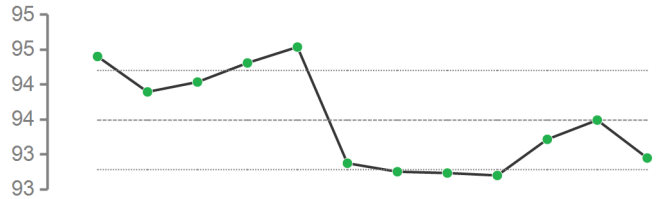
Oct	H&S HASTA All Scores	70 (-9.7%)		Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	★★★
Oct	RIDDOR Reports (Number)	31 (29.2%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	★★☆

Strategic Theme: Health & Safety

Oct

Health & Safety Training

93
(-4.3%)



H&S Training includes all H&S and risk avoidance training including manual handling

Highlights and Actions:

Health and Safety 1 Commentary

HASTA Audits October 2019

Scores for the 19/20 HASTA uploaded achieved 92.19 % cumulatively in October 2019.
COSHH Assessments achieved 97.5%
COSHH Controls achieved 100%
COSHH Inventory achieved 100%
It should be noted that the HASTA audits planned for Q3 and Q4 will take place in those areas that scored lower scores in 2017/18 and although a lot of work has taken place in these areas to improve Health and Safety standards and compliance there may be a dip in the current level of compliance.

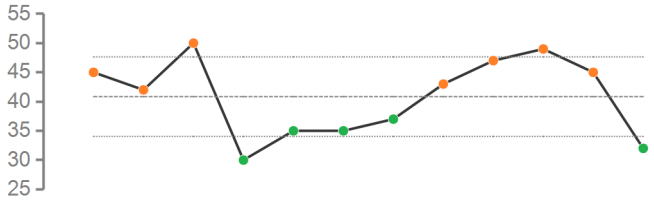
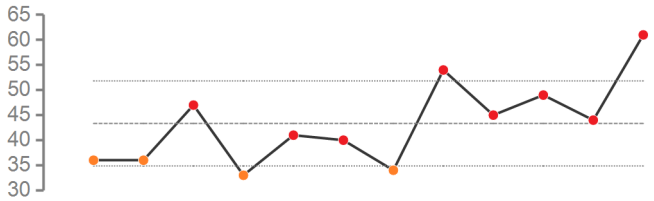
RIDDOR
There were 2 RIDDOR reportable incidents to the HSE recorded for October 2019.
1 was due to a 2gether Support Solutions member of staff slipping on a contractor's temporary step – fractured leg bone.
1 was due to a member of staff reaching to stop a patient falling from a chair. The staff member pulled their back resulting in absence from work for > 7 days.

Health and Safety Mandatory Training
Health and Safety Mandatory Training achieved 92.5% attendance in October 2019.
Health and Safety Staff Surveillance achieved 100% in October 2019.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Oct	Accidents	490 (24.4%)		Number of Accidents that have occurred, excluding sharps (needles etc) but including manual handling. Data Source: DATIX	★ ★ ★
Oct	Violence & Aggression	520 (1.2%)		Number of cases of Violence, aggression and verbal abuse raised towards Staff. Data Source: DATIX	★ ★ ★

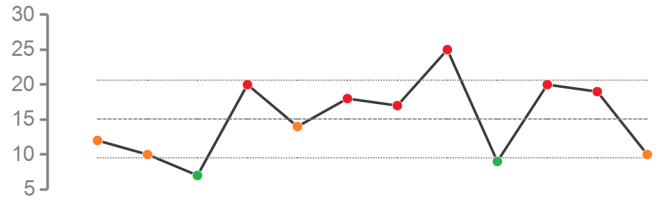
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Oct

Sharps

181
(9.7%)



Number of Incidents raised involving use of sharps (e.g. needle stick). Data Source: DATIX

Highlights and Actions:

Health and Safety 2 Commentary

Accidents
In October 2019 there were 32 accidents.
1 x due to contact with cold liquid
2 x due to contact with hot liquid
3 x due to exposure to harmful substances
4 x due to injuries due to sharps
6 x due to knocking into a stationary object
6 x due to being knocked by a moving object
1 x due to radiation exposure
1 x due to falling from a height
8 x due to slipping on floor

Violence and Aggression
In October 2019 there were 61 incidents reported which was an increase of 17 incidents when compared with September's data. The increase directly relates to patients and staff being verbally aggressive to Smoke Free Officers patrolling the three acute sites.

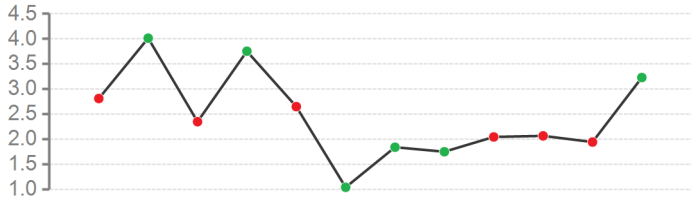
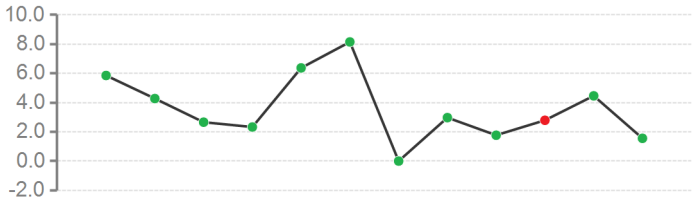
Patient behaviour - physical assaults on staff = 26
Patient behaviour - aggression to a member of staff = 12
Staff behaviour towards another member of staff = 1
Visitor of other/person's behaviour to a member of staff = 5
Smoking within Trust building and on Trust land = 17

Sharps
The number of sharps incidents recorded for October 2019 was 10 a reduction of 9 incidents from September 2019.
10 were due to needle stick injuries when the sharp or needle was used

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

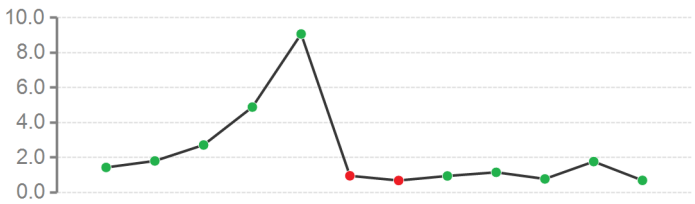
Oct	CIPS £m	13.9 (66.2%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.
Oct	Cash borrowings £m	21.7 (-65.1%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

Strategic Theme: Use of Resources

Oct

Capital position £m

7.0
(-61.0%)



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

Highlights and Actions:

DEBT
Total invoiced debtors have increased in month by £1.2m to £15.7m, which represents a reduction of over £9m from the start of the financial year. The largest debtors at 31st October were East Kent Medical Services and 2gether Support Solutions, although progress has been made in recent months streamlining processes to minimise inter-company debt and this balance has reduced from previous levels.

CAPITAL
Total capital expenditure at the end of October is £7.0m which is £1.9m (21%) below plan. The main drivers are delays in identifying & prioritising schemes within the Patient Environment Investment Committee (PEIC) and the T3 ICT project spend being behind planned levels. It is anticipated that this expenditure will be back in line with the planned profile by the end of Q3.

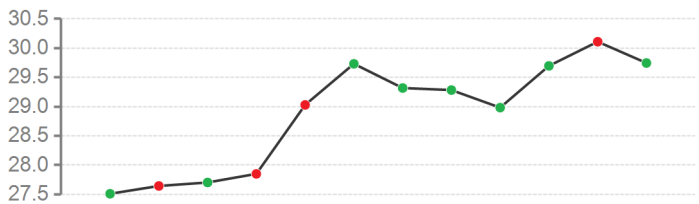
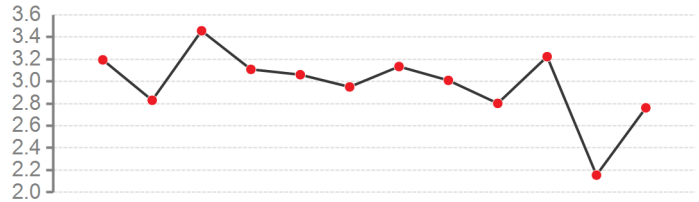
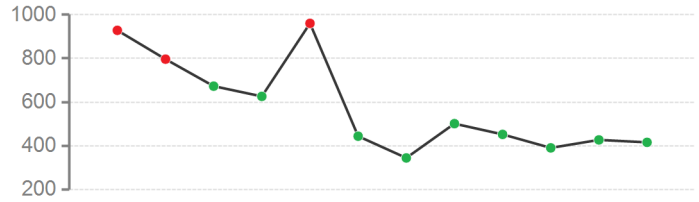
CASH
The Trust's cash balance at the end of October was £15.4m which was £10.7m above plan partly due to positive on-going work to collect historic debt.

FINANCING
The Trust borrowed £1.6m in October therefore total Trust borrowings increased to £110m which will require paying back when the Trust is delivering a surplus.
£2.1m of interest has been incurred year-to-date in respect of the drawings against working capital facilities.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Oct	Payroll Pay £m	29.7 (-1.2%)		Payroll Pay (Permanent+Overtime). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Oct	Agency Spend £m	2.8 (28.1%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Oct	Independent Sector £k	416 (-2.6%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:

Pay performance is adverse to plan in October by £0.8m driven by overspends in mainly medical agency staffing due to continued operational pressures.

Total expenditure on pay in October was £33.5m, which is the same as the level of reported expenditure in September. The focus remains on converting as many agency posts to substantive and bank as possible to improve quality of service delivered along with reducing the level of premium cost paid by the Trust.

NHS
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. 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 (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: 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: 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 %
	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 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 %
	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 %
	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 Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Staff FFT - Work (%)	"Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. 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."	>= 60	50 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %
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 %

Data Quality & Assurance	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	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <2.13	
	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	
Diagnostics	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 %
	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
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.The significant I&E movement in October 2018 is caused by a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether which is excluded from our NHSI I&E performance evaluation.	>= 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.Mth 7 includes a £34.7m impairment, see I&E note above.	>= 0	20 %
	Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March of the relevant financial year. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
Health & Safety	Accidents	Number of Accidents that have occurred, excluding sharps (needles etc) but including manual handling. Data Source: DATIX	>= 0 & <40	15 %
	Sharps	Number of Incidents raised involving use of sharps (e.g. needle stick). Data Source: DATIX	>= 0 & <10	5 %
	H&S HASTA All Scores	Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	>= 95	
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	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 %

Health & Safety	Violence & Aggression	Number of cases of Violence, aggression and verbal abuse raised towards Staff. Data Source: DATIX	>= 0 & <25	10 %
Incidents	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm			
	Clinical Incidents: Severe Harm			
	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 %
	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		
	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 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."		
	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: Moderate Harm			
	Clinical Incidents: No Harm	"Number of Non-Clinical Incidents, recorded on DATIX, per 10,000 FTE hours. Bandings based on total numbers of incidents (corporate level) is: Score1: <= 140, Score2: > 140 & <= 147, Score3: > 147 & <= 155, Score4: > 155 & <= 163, Score5: > 163"		
	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 %

Incidents	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 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 %
	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	
	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 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
	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	
	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 %
	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	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 %

Mortality	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 Deaths that were >50% Avoidable	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable','Strong evidence of avoidability','Probably avoidable (more than 50:50)')		
	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 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
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 (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days		
	Complaints Closed 61 - 90 Days	Number of Complaints closed in month that were open between 61 and 90 Days		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. 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	5 %
	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 %
	IP Survey: Help from Staff to Eat Meals (%)	Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"		3 %
	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		

Patient Experience	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	15 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Complaints Closed <= 30 Days	Number of complaints closed in month that were open for less than 30 days		
	Complaints Closed > 90 Days	Number of Complaints closed in month that were open for more than 90 Days		
	Complaints Closed 31 - 60 Days	Number of Complaints closed in month that were open between 31 and 60 Days		
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	Compliments	Number of compliments received	>= 1	
	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 Survey: Are you aware of nurse in charge of you each shift? (%)	IP Survey: Are you aware of nurse in charge of your care each shift? (%)	>= 89	4 %
	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 overall . Data source - Patient Experience Team"		
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	10 %
	eDN Compliance	% of patients discharged with an Electronic Discharge 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	

Productivity	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	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	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 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.	>= 0 & <28	2 %
	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	
	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 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 %

Staffing

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.		
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	
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 %
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 %
Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. 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	
Staff Turnover (Nursing)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. 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	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
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 %
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 %

Staffing	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 (Midwifery)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. 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	
	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		
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
	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	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 %
	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 %

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