

Kingston Hospital NHS Foundation Trust

Corporate Board Performance Report
Aug 2014 (Month 5)

Trust Board Meeting: 24th September 2014

Corporate Performance Report - July Performance					Actual performance - latest 3 months							Future performance, trends and commentary				
Strategic objective	KPI description	Exec Owner	Target/Benchmark	Upper Quartile (Current)	P/YR	June	July	August	Q1	Q2	YTD	Qtr trend	Mnth trend	Forecast	Comments	
GRR	1	Monitor Governance Rating	ST	< 1.0	Green	1.0	3.0	2.0	0 (excluding Aug cancer data)	3	2 (Excluding Aug Cancer)	3 (excluding Aug cancer data)				In July the cancer targets Breast Symptomatic, 31-day 2nd treatment (surgery), 62-day treatment from GP referral and 62-day treatment from screening referral were not achieved. See Exception report 1 Upper Quartile Benchmark as HSCIC data Jan 2013 to Dec 2013
	1	Number of patients with Hospital acquired pressure ulcers (Grade 3 and 4)	DB	<=1	NA2	13	1	0	0	3	0	3	↓	→		Target set as 10% reduction on 2013/14 outturn. Target is to have <=14.4 cases in 2014/15. See Exception Report 1 in Clinical Quality Report Benchmark data is available from the Patient Safety Thermometer Return which looks at a snapshot of patients in the Trust each month. Data shows that on average 1% of patients surveyed had new pressure ulcers across all Trusts in March 14. This figure was 0.5% for Kingston Hospital NHS Foundation Trust in March 14
Safety	1	Number of patients with Hospital acquired pressure ulcers (Grade 2)	DB	<=3	NA2	53	7	3	4	18	7	25	↓	↑		Corporate objectives set target as reduction of 10% on 2013/14 Outturn but this would be higher than the 2013/14 target so keeping 2013/14 target. See Exception Report 1 in Clinical Quality Report
	1	Number of Patient Safety Incident Falls per 1000 (G&A) bed days	JW	<=4.7	NA3	5.9	6.4	6.1	6.6	5.4	6.3	5.8	↑	↑		Benchmark against Trust performance - number calculated from 20% reduction on year end rate. See Exception Report 3 in Clinical Quality Report
	1	MRSA Bacteremias - Post 48 hour (hospital acquired)	DB	< 1	NA2	5*	0	0	0	0	0	0	→	→		Target is zero tolerance as per national guidance and contract Public Health England data shows for 2013/14, KHT's rate of hospital acquired bacteremias was 3.6 per 100,000 bed days. National rate was 1.2.
	1	Clostridium difficile Infections - Post 72 hour (hospital acquired) in year	DB	<= 2	NA2	22	0	0	2	2	2	4	→	↑		*PHE have published 5 cases for KHT in 2013/14. However one of these is a contaminant and therefore we believe not a true Trust acquired MRSA case. This case is included in the published benchmarked rate Target set by Department of Health Public Health England data shows for 2013/14, KHT's rate of hospital acquired infections was 15.8 per 100,000 bed days. National rate was 14.7.
Effectiveness	1	SHMI	JW	<= 95	95.1	92.8			94.3	93.2	94.3	↓				SHMI score < 100 is lower than expected mortality, taking into account age, gender, comorbidity and diagnosis grouping of patients. The score for the previous year is for the period Jul 12 to Jun 13 as published by the Information Centre in Jan 2014. Q2 score is for Jan 2013 to Dec 2013 as published by the Information Centre in April 2014 (latest available data) Upper Quartile Benchmark as HSCIC data Jan 2013 to Dec 2013
	1,5	Average Length of Stay - Emergency Services (Emergency only)	ST	<=5.4	5.10	5.7	5.4	5.1	5.0	5.9	5.3	5.6	↓	↓		Target thresholds based on national benchmark for 2013/14. Green performance is within top 25% nationally. Upper Quartile Benchmark as CHKS data Apr 2014 to Jun 2014
	1,5	Delayed Transfers of Care per 100,000 population	ST	<=5%	1.0%		4.1%	4.2%	3.2%	6.0%	3.7%	5.1%	↓	↓		Indicator revised following analysis of National Delayed Transfers of Care data and Number of occupied beds Benchmark Data based on Data for Q1 2014/15. Target based on CHKS analysis for 2013/14 - top 25% nationally.
	1,5	% Emergency Readmissions following all admissions - 30 days	ST	<= 5.7%	5.0%	5.4%	4.8%							↓		CHKS data are reported up to 3 months in arrears. Upper Quartile Benchmark as CHKS data Apr 2014 to Jun 2014
	3	Number of Clinics cancelled Within 6 week	ST	<=40	NA1		45	31	35	130	66	196		↑		Issues with this indicator after CRS go live are being investigated.
	4	Choose & Book Slot Issues	ST	<= 4.0%	8.0%	4%	8.1%	7.0%	2.6%	7.3%	5.3%	6.2%	↑	↓		Upper Quartile Benchmark from Choose & Book Data published for July 14
Experience	1	Number of Attitudinal Complaints	DB	<12% of complaints	NA2	21	0	1	3	4	3	8	↓	↑		NHS Information Centre (IC) data show for 2012/13, 11.1% of written complaints to Hospital and Community Health Services nationally related to Attitude of Staff, this was 13.7% in London and 14.4% at KHT. (Data published August 2013)
	1	% Complaints responded to within 25 working days	ST	>=90%	NA1	67.6%	71.8%	66.1%		65.1%	68.1%	65.9%	↑	↓		Data are reported 1 month in arrears. See Exception Report 2 in Clinical Quality Report
	1	Friends and Family Score - Trust	DB		NA3	63	58	60	62	56	60	57	↑	↑		The overall Trust Response rate was 23.2% in August. The target is to have a response rate over 30%
Finance	5	Monitor Continuity of Service Rating	SM	3.0	4.0	3.0	3.0	3.0	3.0	3.0	3.0	→	→			
	5	Percentage of planned CIPS achieved	SM	100%	NA1	95%	92%	108%	99%	82%	92%	92%	↑	↓		
	5	Percentage CQUIN achievement	SM	100%	NA1	91%	90%	80%	80%	90%	80%	85%	→	→		
Workforce	1,2,5	Vacancy Rate	TR	<= 8.0%	NA1	7.8%	12.1%	12.2%	11.8%	12.1%	12.0%	12.0%	↑	↓		See Exception Report 2
	1,2,5	Turnover Rate	TR	< =13.0%	NA4	45.4%	17.2%	17.4%	17.3%				→	↓		See Exception Report 3
	1,2,5	Sickness Rate	TR	< =2.5%	3.01%	2.7%	2.6%	2.9%	2.7%	2.5%	2.8%	2.6%	↓	↓		Upper Quartile Benchmark for Small Acute Trusts for May 14
	1,2	Mandatory Training	TR	>= 75%	NA1	67%	71%	69%	60%	71%	60%	60%	↑	↓		
	1,2,5	Appraisals/PDRs completed	TR	>85%	NA1	79%	71%	76%	84%	71%	84%	84%		↑		

NA1 Not available
NA2 Not comparable. Target is a number, Benchmark is rate see comments
NA3 DH advice. Should not be comparing data to other Trusts
NA4 Not comparable. Different Methodologies used

Board Corporate Performance Report **Author: Rima Hawkins**
Exception Report 1: Cancer

Commentary

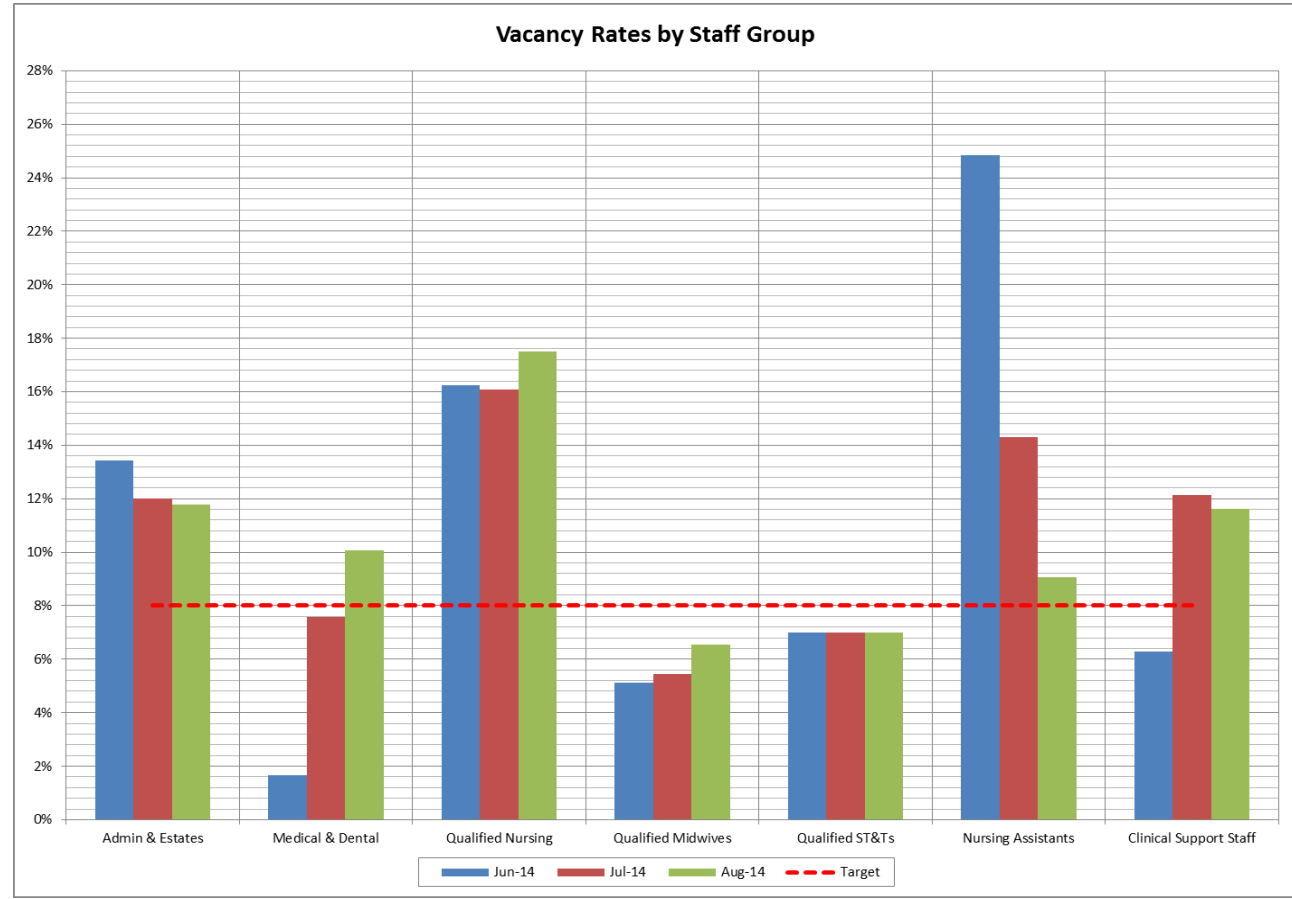
Cancer Breaches have been for a range of reasons including patient choice, Patients unfit, lack of capacity as well as issues with our systems and processes.

	Operational Standard	Q4	Q1	Jul-14
		2013/14		
2 week wait seen	93%	94%	93.9%	90.2%
2 week breast symptomatic seen	93%	92%	86.7%	81.1%
31 Day 1 st Treatment	96%	97%	96.9%	97.0%
31 Day 2 nd Treatment (surgery)	94%	94%	89.7%	94.1%
31 Day Second Treatment (Drug)	98%	100%	100.0%	100.0%
62 Day Treatment (2WW)	85%	86%	74.4%	83.8%
62 Day treatment (Screening)	90%	84%	80.8%	88.9%

Action Plan	Person Responsible	Date	Committee
1. Complete review of cancer services resulting in development of an improvement plan	Head of Patient Administration	31/12/2014	EMC
2. Review of cancer improvement plan with London Cancer Alliance.	Head of Patient Administration	18/09/2014	EMC

Executive Management Committee Report
Exception Report 2: Vacancy Rate

Commentary: The Graph (right) shows vacancy rates by Staff Group. The majority of the rise is due the increase in Budget WTE for Nursing Assistants and Qualified Nurses within the wards. Recruitment to this increase establishment has begun and is being monitored by the Safer Staffing Committee. Many of the Nursing Assistants in the recent cohort recruitment have now started and this is reflected in the rapid decrease of vacancies in this staff group. There are still 19 Nursing Assistants in the Recruitment Pipeline. In terms of Qualified Nurses there are currently 80 in the recruitment pipeline with an additional 27 recruited from Spain & Portugal. Many of these applicants are due to start this month (September) and should reflect a large decrease in the vacancies for this staff group next month.



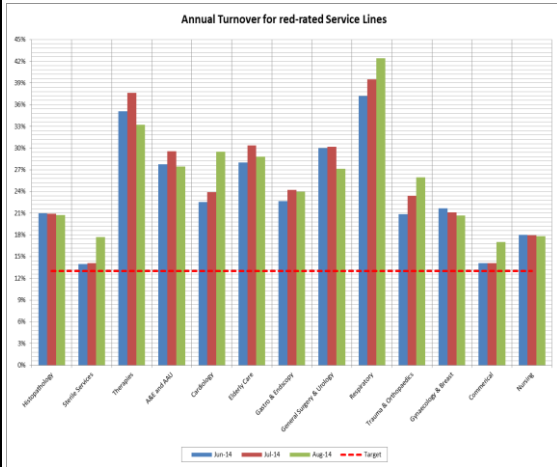
Action Plan:	Person Responsible	Date	Committee monitoring delivery
1. Continue current Recruitment plan to fill all vacant Nursing posts. Commission and recruit an additional 50 nurses from overseas	Terry Roberts	31/01/2015	Workforce Committee

Executive Management Committee Report
Exception Report 3: Staff Turnover Rate

Commentary:

Graph 1 shows the annual turnover for the Trust by Staff Group. The only staff groups where turnover is below target is Medical & Dental and Qualified Midwives. This month turnover has increased in Admin & Estates and the Nursing Assistants staff groups. **Data Table 1** analyses the staff groups above target and shows the average number of leavers from that staff group in a month. The Actual V Target shows how many leavers the staff group needs to reduce by to reach the turnover target of 13%.

Graph 2 shows the Service Lines that have turnover above target. This month see an increase in Cardiology, Respiratory and Trauma & Orthopaedic Service Lines. **Data Table 2** again analyses the average numbers of leavers and how many leavers the Service need to reduce to reach the Target turnover. A retention analysis of Leavers for Quarter 1 has now been produced which shows the reasons for leaving, destination and length of service. Dissemination of this information will take place this month.



Turnover	Aug-14	Average Headcount	Average Leavers in the year	Average Leavers per month	Target Leavers per year	Target Leavers per	Actual V Target
Admin & Estates	15.92%	616	98	60	80	7	-53
Qualified Nursing	23.55%	684	161	70	89	7	-63
Qualified ST&Ts	14.92%	315	47	30	41	3	-27
Nursing Assistants	22.91%	205	47	21	27	2	-19
Clinical Support Staff	17.87%	190	34	19	25	2	-17

Turnover	Aug-14	Average Headcount	Average Leavers in the year	Average Leavers per month	Target Leavers per year	Target Leavers per	Actual V Target
Histopathology	20.76%	24	5	0.4	3	0.3	-0.2
Sterile Services	17.70%	28	5	0.4	4	0.3	-0.1
Therapies	33.24%	90	30	3	12	1	-2
A&E and AAU	27.44%	160	44	4	21	2	-2
Cardiology	29.50%	71	21	2	9	1	-1
Elderly Care	28.82%	153	44	4	20	2	-2
Gastro & Endoscopy	23.97%	54	13	1	7	1	-0.5
General Surgery & Urology	27.15%	96	26	2	12	1.0	-1
Respiratory	42.43%	40	17	1	5	0.4	-1
Trauma & Orthopaedics	25.95%	77	20	2	10	1	-1
Gynaecology & Breast	20.65%	53	11	1	7	1	-0.3
Commercial	17.02%	35	6	0.5	5	0.4	-0.1
Nursing	17.83%	28	5	0.4	4	0.3	-0.1

Action Plan:

Person Responsible

Date

Committee monitoring delivery

1. Retention analysis carried out for each service line. Suite of measures developed to address retention issues. Service lines implement service specific measures to reduce turnover and increase retention

Terry Roberts

30/11/2014

Workforce Committee

Corporate Performance Report - Action Log						
Action Number	Month	KPI	Action	KPI Owner	Action by	Status
1	May-13	Cancer	1. Cancer Tracking meeting to escalate patients requiring action	ST	Ongoing	
2	Jun-14	Cancer	2. Weekly cancer meetings between Service Line Managers and MDT coordinators for all tumour sites to discuss all patients at day 20 onwards (42 days remaining)	ST	Complete	
3	Jun-14	Cancer	3. NHS Elect and external consultant reviewing demand and capacity, systems and processes and performance report through a Cancer Action and improvement	ST	Complete	
4	Sep-14	Cancer	4. Complete review of cancer services resulting in development of an improvement plan	ST	31/12/2014	
5	Sep-14	Cancer	5. Review of cancer improvement plan with London Cancer Alliance.	ST	18/09/2014	
6	Oct-13	Hospital Caused Cancellations of Outpatients Attendances	2. Respiratory team is piloting ghost clinics to identify if this model reduces and manages clinic cancellation better. ADs and DDs to engage with clinicians regarding taking time off at short notice.	ST	Complete	
7	Jun-14	C&B	1. Service lines to review and monitor action plans to ensure appropriate outpatient capacity	ST	Complete	
8	Jun-14	C&B	2. Service lines to review slot availability in the light of the forthcoming summer holidays	ST	Complete	
9	Jun-14	Vacancies	1. Continue current Recruitment plan to fill all vacant Nursing posts.	TR	30/09/2014	
10	Jun-14	Vacancies	2. Implement end to end recruitment system, SLA and KPI to reduce time to fill.	TR	Complete	
11	Sep-14	Vacancies	Continue current Recruitment plan to fill all vacant Nursing posts. Commission and recruit an additional 50 nurses from overseas	TR	31/01/2015	
12	Jun-14	Turnover Rate	1. Retention questionnaire introduced for new staff.	TR	Complete	
13	Jun-14	Turnover Rate	2. Review turnover calculation ensure redundancies are not included and consider whether apprentices should be included in the calculation review stability index calculation.	TR	Complete	
14	Jun-14	Turnover Rate	3. Review leavers reasons inputted by managers.	TR	Complete	
15	Jun-14	Turnover Rate	4. Develop a suite of actions for service lines to use to reduce turnover	TR	Complete	
16	Sep-14	Turnover Rate	6. Retention analysis carried out for each service line. Suite of measures developed to address retention issues. Service lines implement service specific measures to reduce turnover and increase retention	TR	30/11/2014	

Monitor Governance Risk Rating - Performance against national measures

Area	Ref	Indicator	Threshold	Weighting	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Access	1	Maximum time of 18 weeks from point of referral to treatment in aggregate - admitted	90%	1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2	Maximum time of 18 weeks from point of referral to treatment in aggregate - non-admitted	95%	1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3	Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on incomplete pathway	92%	1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4	A&E: Maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	1.0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	5	All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	1.0	0	0	0	0	0	1	0	1	1	1	1	1	1	1
		NHS Cancer Screening Service referral	90%															
	6	All cancers: 31-day wait for second or subsequent treatment, Surgery	94%	1.0	0	0	0	0	0	0	0	1	1	1	1	1	1	0
		Anti cancer drug treatments	98%															
	7	All Cancers: 31-day wait from diagnosis to first treatment	96%	1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	8	Cancer: two week wait from referral to date first seen, comprising: all urgent referrals	93%	1.0	0	0.5	0	0	0	0	0	1	1	0	1	1	1	1
for symptomatic breast patients (cancer not initially suspected)		93%																
9-13	Not applicable to Kingston Hospital NHS Foundation Trust																	
Outcomes	14	Clostridium (C.) Difficile - meeting the C. Difficile objective	DM	1.0	1	1	1	1	1	1	1	1	1	0	0	0	0	0
	16-18	Not applicable to Kingston Hospital NHS Foundation Trust																
	19	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	20	Not applicable to Kingston Hospital NHS Foundation Trust																
TOTAL					1	1.5	1	1	1	2	2	4	3	4	3	3	2	0

RAG RATING :

GREEN = No grounds for concern.

NARRATIVE = with additional description of the concern and steps being taken. At some point Monitor would expect this to either revert to green or move to red.

RED = where Monitor has begun enforcement action.

Corporate Performance Report - Glossary

Strategic Objectives

1	To Deliver Quality Patient Centred Healthcare Services with an Excellent Reputation
2	To Deliver Care by Competent and Caring Staff Working in Effective and Supportive Teams who Feel Valued by the Trust
3	To Work with Partners to Consolidate and Strengthen the Healthcare we Deliver Together to our Local Community
4	To Work with GPs and Other Providers to Support the Delivery of More Care in Primary and Community Settings
5	To Deliver Well Managed, Quality Services Which are Value for Money for the Tax Payer

KPI definitions

Indicator	KPI description	KPI Definition	Source of Benchmark target	Exception Report Criteria	Data Source	RAG Colour	RAG Score
1	Monitor Governance Rating	Based on Monitor scores for performance in 18 weeks, A&E, Cancer, C diff and learning disabilities.	Governance rating based on Monitor's guidance contained within the Compliance Framework	A red or amber score on any part of the composite measure will generate an exception report for that area	Data Source: Various: C-Diff as reported by Infection Control team to HPA Cancer - as reported by Cancer team to OpenExeter 18 Week RTT - as reported to Department of Health A&E - as reported to Department of Health Patient Experience - local declaration		< 1.0 >1.0 to <4.0 >4.0
2	Number of patients with hospital acquired pressure ulcers (Grade 3-4)	Number of patients with a newly hospital acquired pressure ulcers (Grade 3-4)	Target set as 10% reduction on 2013/14 outcome. Target is to have ≤14.4 cases in 2014/15	Year to date performance is red	Data Source: Ulysses	Green Red	Full year <= 14.4 Full year > 14.4
3	Number of patients with hospital acquired pressure ulcers (Grade 2)	Number of patients with hospital acquired pressure ulcers (Grade 2)	Corporate objectives set target as reduction of 10% on 2013/14 Outcome but this would be higher than the 2013/14 target so keeping 2013/14 target	Year to date performance is red	Data Source: Ulysses	Green Red	Full year <= 36 Full year > 36
4	Number of Patient Safety Incident Falls per 1000 G&A beddays		Benchmark against Trust performance - number calculated from 20% reduction on year end rate		Data Source: Ulysses	Green Red	<=4.7 >4.7
5	MRSA Bacteremia - Post 48hour (Hospital Acquired)	Number of hospital acquired MRSA bacteraemia (admission to positive test >48 hours)	Target is based on Department of Health set objective (maximum of 1) and Monitor Compliance Framework (de minimis of 6 cases).	An exception report will be generated each month there is an occurrence.	Data Source: Infection Control team - as reported to HPA	Green Amber Red	Full year <= 1 Full year > 1 and <= 6 Full year > 6
6	Clostridium difficile Infections - Post 72hours (Hospital Acquired)	Number of hospital acquired C diff bacteraemia (admission to positive test >72 hours)	Target set by Department of Health, Full year target is <= 15 cases. This has been profiled evenly over the year.	Year to date performance is red	Data Source: Infection Control team - as reported to HPA	Green Red	Full year <= 24 Full year > 24
7	SHMI	SHMI is the national hospital-level indicator used for reporting mortality across the NHS. The SHMI indicator gives an indication of whether the mortality ratio of a provider is as expected, higher than expected or lower than expected when compared to the national baseline (England). The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patients who died in hospital plus those who died within 30 days of discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model using patient age, gender, admission method, Charlson Comorbidity Index and diagnosis grouping.	Figure calculated is based on benchmark across hospitals	Exception report if above target	Data shown are from NHS Information Centre	Green Amber Red	<=95 >95 and < 105 >105
8	Average Length of Stay - Medical & Surgical Specialities (Emergency only)		Thresholds are based on national upper quartile (CHKS). Green better than National 25th percentile, red is 1 day worse than national 25th percentile.	An exception report will be generated on red quarterly performance.	Data Source: CHKS	Green Amber Red	<=5.4 >5.4 and <5.9 >5.9
9	Delayed Transfers of Care	Proportion of occupied bed days delayed transfers of care by .	Unify Delayed Transfers of Care and KH03 Occupied bed days by Trust	Where monthly performance is red	Data Source: Local KHT data as reported to Department of Health	Green Amber Red	<=5% 5% to 7.5% > 7.5%
10	% Emergency Readmissions following all admissions - 30 days		Thresholds are based on national upper quartile performance, CHKS analysis for Apr 2013 - Feb 2014.	An exception report will be generated on red performance at YTD.	Data Source: SSRS	Green Red	<= 5.7 > 5.7
11	% of hospital caused cancellations of outpatient attendances (new and FU)	Percentage of outpatient appointments that did not take place due to hospital cancellation for both first attendances and follow up attendances.	TBC	An exception report will be generated on red performance at YTD.	Data Source: KHT PAS system - data as reported to SUS	Green Red	
12	C&B Slot Issues (%)	Percentage of patients using Choose & Book who are unable to book due to slot unavailability		An exception report will be generated on red performance at YTD.	Data Source: NHS London Choose & Book Dashboard	Green Red	< 4.0% > 4.0%
13	Number of Attitudinal Complaints	This was taken from data in N&M scorecard which is attitudinal complaints for nursing only.	10% reduction compared to 2011/12 profiled evenly across the year.	Exception reports will be generated quarterly when number of complaints is above target.	Data Source: Ulysses	Green Red	Full year <= 46 Full year > 46
14	% Complaints responded to within 25 working days	Percentage of the received complaints which were responded to within the 25 day deadline. Data are reported 1 month in arrears to allow 25 day deadline.	Target Locally Set	An exception report will be generated when monthly performance red.	Data Source: KHT Datix/Ulysses	Green Amber Red	>=90% <90% and >80% <80%
15	Friends and Family Score - Trust	The Friends and Family Test is a simple, comparable test. The Friends and Family Test (FFT) score is calculated using the proportion of patients who would strongly recommend minus those who would not recommend, or who are indifferent.			Data Source: FFT - run by external company	tbc	tbc
16	Monitor Financial Risk Rating	Shadow Finance rating based on Monitor's guidance contained within the Compliance Framework Performance is shown as an NHS Trust, i.e. without Working Capital Facility	Governance rating based on Monitor's guidance contained within the Compliance Framework		Data Source: Finance systems	Green Amber Red	On target 1 point below target 2 points below target
17	Percentage of planned CIPS achieved				Data Source: Finance systems	Green Amber Red	=100% <100% and > 95% < 95%
18	Percentage CQUIN achievement	Target and budget assumptions set at 70% of the maximum achievable.			Data Source: Finance systems	Green Amber Red	=100% <100% and > 95% < 95%
19	Vacancy Rate			Latest Monthly performance is red	Data Source: HR and Finance systems	Green Amber Red	<=8% 8% to 10% > 10%
20	Turnover Rate			Latest Monthly performance is red	Data Source: HR systems	Green Amber Red	<=13% 13% to 15% > 15%
21	Sickness Rate			Latest Monthly performance is red	Data Source: HR systems	Green Amber Red	<= 2.5% 2.5% to 4.5% > 4.5%
22	Mandatory Training	Percentage of staff who have completed mandatory training for their role		Latest snapshot performance is red	Data Source: HR systems	Green Amber Red	>= 75% < 75 and > 65% < 65%
23	Appraisals/PDRs completed		Target increases as cascade of appraisals and objectives takes place through the organisation	Latest snapshot performance is red	Data Source: HR Systems	Green Month 1 Month 2 Month 3 on	> 0 > 20% > 85%

Abbreviations and Acronyms

ESR	NHS Electronic Staff Record
FT	Foundation Trust
HPA	Health Protection Agency
KHT	Kingston Hospital NHS Trust
NHS IC	NHS Information Centre
NPSA	National Patient Safety Agency
RTT	Referral to Treatment Time
SHMI	Summary Hospital-level Mortality Indicator
SWL	South West London