Kingston Hospital
NHS Foundation Trust
NHS

Kingston Hospital NHS Foundation Trust

Corporate Board Performance Report
December 2013 (Month 9)

Trust Board Meeting: 29th January 2014

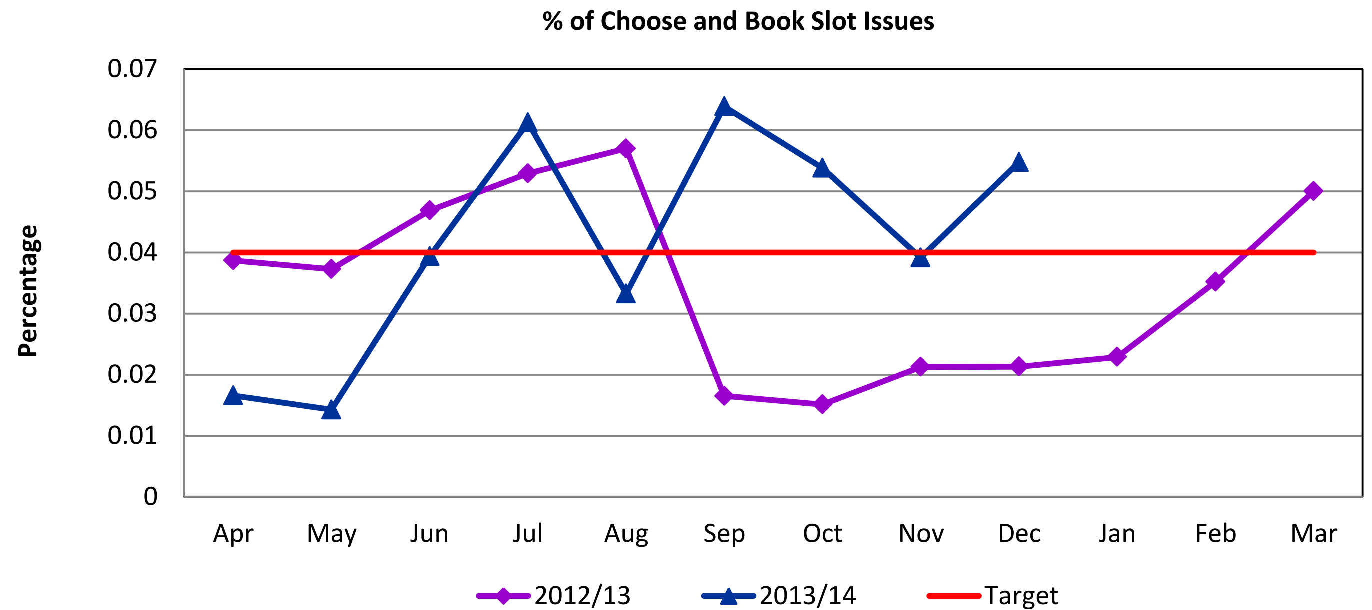
Corporate Performance Report - Oct performance					Actual performance - latest 3 months								Future performance, trends and commentary			
	Strategic objective	KPI description	Exec Owner	Target/ Benchmark	P/YR	October	November	December	Q1	Q2	Q3	YTD	Qtr trend	Mnth trend	Forecast	Comments
GRR	1	Monitor Governance Rating	ST	< 1.0	4.0	1.0	1.0	1.0	0.0	1.5	1.0 (Not including Dec Cancer)	1.0 (Not including Dec Cancer)				November Cancer targets were all achieved. December Cancer data is not yet available. Although the trust has exceeded its trajectory for the year for C-diff Monitor is satisfied with action being taken and therefore the Trust has retained a green rating under the new definition.
Safety	1	Number of patients with Hospital acquired pressure ulcers (Grade 3 and 4)	DB	<=0.5	14	1	1	0	3	2	2	7	→	↓		Target set as reduction of 10% on 2012/13 Target. See Exception Report 1 in the Clinical Quality Report
	1	Number of patients with Hospital acquired pressure ulcers (Grade 2)	DB	<=3	39	3	7	5	12	14	15	41	↑	↓		Target set as reduction of 10% on 2012/13 Outturn.
	1	Number of Patient Safety Incident Falls per 1000 (G&A) bed days	JW	<=4.8	5.6	5.5	6.3	6.7	5.5	5.6	6.1	5.8	↑	↑		Target is National Patient Safety Agency (NPSA) benchmark. See Exception Report 2 in the Clinical Quality Report
	1	MRSA Bacteraemias - Post 48 hour (hospital acquired)	DB	<= 1	1	0	0	0	0	1	0	1	↓	→		Target set by Department of Health. Public Health England data shows for 2012/13, KHT's rate of hospital acquired bacteramias was 0.7 per 100,000 bed days, National rate was 1.2.
	1	Clostridium difficile Infections - Post 72 hour (hospital acquired) in year	DB	<= 1	23	3	3	0	8	7	6	21	↑	↓		Target set by Department of Health. Public Health England data shows for 2012/13, KHT's rate of hospital acquired infections was 15.8 per 100,000 bed days, National rate was 17.3.
Effectiveness	1	SHMI	JW	<= 95	88.7				89.8	93.1			↑			SHMI score < 100 is lower than expected mortality, taking into account age, gender, comorbidity and diagnosis grouping of patients. Q2 data is for the period Apr 12 to Mar 13 as published by the Information Centre in Oct 2013. Data for prior year is for period Oct 11 to Sep 12.
	1, 5	Average Length of Stay - Emergency Services (Emergency only)	ST	<=5.4	5.7	6.2	5.8	5.8	5.9	5.3	6.0	5.7	↑	↑		Target thresholds based on national benchmark for 2011/12. Green performance is within top 25% nationally.
	1,5	Delayed Transfers of Care	ST	<= 3.5%	4.5%	3.2%	3.7%	4.9%	3.1%	3.1%	3.9%	3.4%	↑	↑		Currently reviewing the benchmarking information available which may also require a change to the definition of the indicator reported.
	1,5	% Emergency Readmissions following all admissions - 30 days	ST	<= 5.38%	5.6%	5.1%			5.5%	5.3%		5.4%	↓	↓		Target based on CHKS analysis for Apr 2012 - Feb 2013 - top 25% nationally. CHKS data are reported up to 3 months in arrears.
	3	Hospital caused cancellations of outpatient appointments	ST	<=10%		14.7%	14.2%		9.9%	13.2%	14.4%	12.5%	↑	↓		Issues with this indicator after CRS go live are being investigated.
	4	Choose & Book Slot Issues	ST	<= 4.0%	6%	5.4%	3.9%	5.5%	2.4%	5.3%	4.9%	4.2%	↓	↑		See Exception Report 1
Experience	1	Number of Attitudinal Complaints	DB	<12% of complaints	25	4	3	3	0	3	10	13	↑	→		NHS Information Centre (IC) data show for 2011/12, 11.6% of written complaints to Hospital and Community Health Services nationally related to Attitude of Staff, this was 13.1% in London and 11.8% at KHT.
	1	% Complaints responded to within 25 working days	ST	>=90%	71.6%	67.5%	77.8%		85.1%	67.3%		74.8%		↑		Data are reported 1 month in arrears. See Exception Report 5 in the Clinical Quality Report
	1	Friends & Family Test – Trust (Combined Inpatient and A&E Scores as Nationally reported)	DB			59	61	58	50	57	59	57	↑	↓		In Dec, the Adult Inpatients score was 61 and A&E score was 58. The response rate for Inpatients was 33.3% and for A&E was 21.7% in November against a target response rate of 15%. See Exception Reports 6 in the Clinical Quality Report
Finance	5	Monitor Financial Risk Rating	SM	3.0	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	→	→		
	5	Percentage of planned CIPS achieved	SM	100%	101%	73%	104%	95%	94%	94%	98%	96%	↑	↓		
	5	Percentage CQUIN achievement	SM	100%	85%	80%	80%	80%	100%	87%	80%	80%	↓	↓		Q1 agreed CQUIN 100%.
Workforce	1,2,5	Vacancy Rate	DG	<= 8.0%	9.9%	6.2%	5.9%	5.9%	9.6%	8.6%	6.0%	8.1%	↓	↓		
	1,2,5	Turnover Rate	DG	< =11.0%	14.5%	16.4%	16.4%	16.6%	14.8%	14.9%	16.46%	15.4%	↑	↑		NHS London data from ESR show KHT has higher than average turnover compared with SWL Trusts. See Exception Report 2
	1,2,5	Sickness Rate	DG	< =2.5%	2.8%	3.1%	2.9%	2.6%	2.6%	2.6%	2.8%	2.7%	↑	↓		NHS London data from ESR show KHT has second lowest sickness rate of SWL Trusts and the lowest rate of the 5 medium acute trusts in London for which data are available.
	1,2	Mandatory Training	DG	>= 75%	67%	61%	63%	66%	63%	62%	66%	66%	↑	↑		
	1,2,5	Appraisals/PDRs completed	DG	>80%	86%	83%	83%	82%	45%	82%	82%	82%	→	↓		

Trust Board Report **Author: Rima Hawkins**

Exception Report 1: Choose and Book Slot Issues

Commentary:

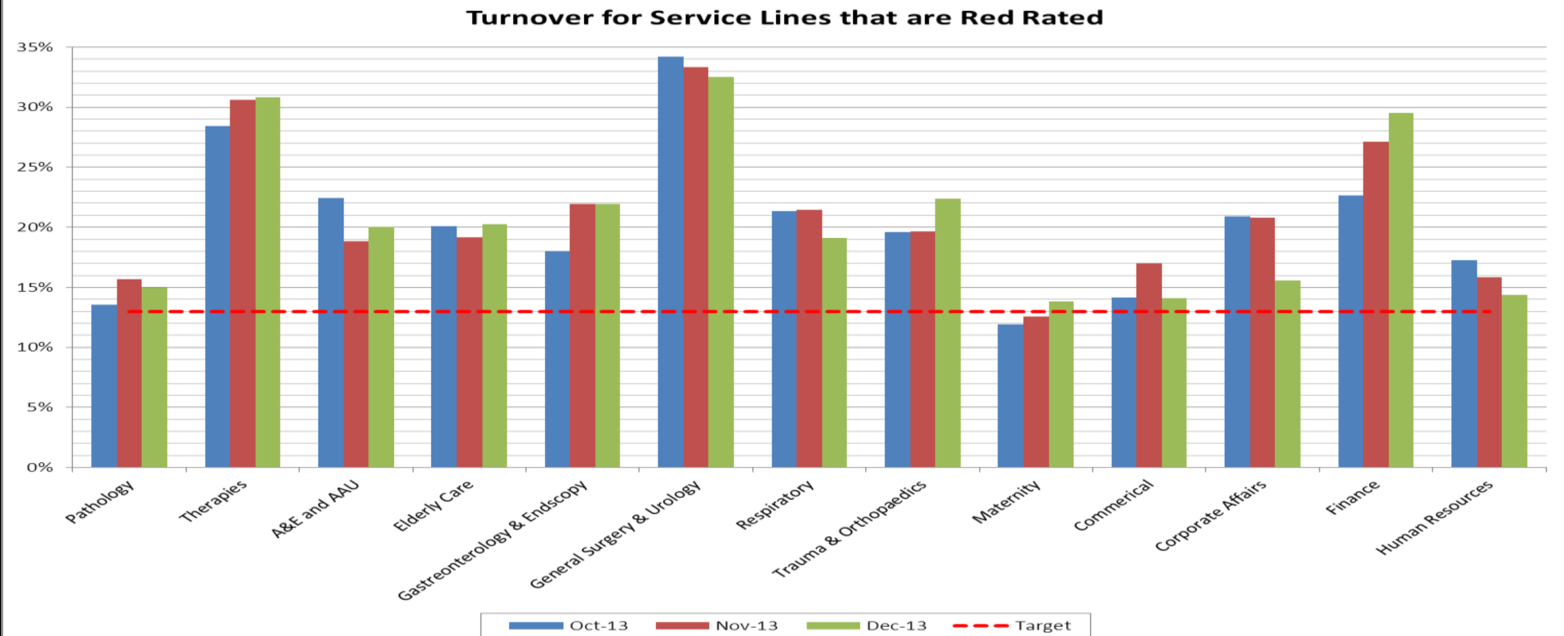
The slot issues in month are related to two issues in Ophthalmology. An increase of 20 cataract slots per week over the preceding month has proven to be insufficient and an extra 10 new appointment slots for cataract patients have now been confirmed. This will ensure an improved position in Ophthalmology from February 1st 2014. The second Ophthalmic issue was a result of incorrect changes to a clinic template which made all slots follow up slots rather than new. This is being corrected and will be in place from Monday 27th January 2014.



	Person Responsible	Date	Committee monitoring delivery
1.Cataract service new slots to be increased by 10 slots per week.	Ophthalmic Service Line Manager	31/01/2014	Weekly waiting List (PTL)Meeting
2. Yaser Lag clinic template amended to include new slots	Ophthalmic Service Line Manager	27/01/2014	Weekly waiting List (PTL)Meeting

Trust Board Report
Exception Report 2: Staff Turnover Rate

Commentary The graph shows Turnover rates for all the red rated Service Lines. Since the last Board meeting each area has looked at its turnover, the reasons for it and are developing their plans for 2014/15. These will include local steps to impact on turnover. At Trust level staff survey data, local survey data and the feedback from service lines will inform further interventions.



Action Plan:	Person Responsible	Date	Committee monitoring delivery
1. Work with Service Lines to develop their recruitment & retention plans as part of the business and workforce planning for 2014/15	David Grantham	02/02/2014	Annual Planning Steering Group
2. Analyse staff survey results when received.	David Grantham	17/03/2014	Executive Management Committee

Corporate Performance Report - Action Log

Action Number	Month	KPI	Action	KPI Owner	Action by	Status
1	May-13	Cancer	2. Cancer Tracking meeting to escalate patients requiring action	ST	On going	
2	Jul-13	Turnover Rate	1. Divisional plans based on staff survey and other feedback being developed for next Workforce Committee	DG	24/07/2013	
3	Dec-13	Turnover Rate	1. Work with Service Lines to develop their recruitment & retention plans as part of the business and workforce planning for 2014/15	DG	02/02/2014	
4	Dec-13	Turnover Rate	2. Analyse staff survey results when received.	DG	17/03/2014	
5	Jul-13	Mandatory Training	1. Mandatory Training compliance action plan)as updated by MTG on 2nd October 2013 (deployment od "WIRED", e-learning communications review)	DG	31/03/2014	
6	Oct-13	Mandatory Training	2. Clinical Support Services - Discuss with all service lines at PRM	DG	30/11/2013	
7	Oct-13	Mandatory Training	3. Clinical Support services - Action plan developed with expected attainment by January 31st 2014	DG	31/01/2014	
8	Oct-13	Mandatory Training	4. Emergency Services - To review monthly those staff whose compliance will expire within the next three months and ensure that these staff are registered for training	DG	On going	
9	Oct-13	Mandatory Training	5. To review at weekly/fortnightly/monthly 1:1 meetings, those staff who report directly to the manager and check how many are not compliant and agree the action	DG	On going	
10	Oct-13	Mandatory Training	6. Reminder to all departmental managers of the process to follow to undertaken online training	DG	Completed	
11	Mar-13	Delayed Transfers of Care	1. To continue to escalate any delays to the appropriate officers in community and social care.	ST	On going	
12	Mar-13	Delayed Transfers of Care	3. To work with stakeholders on defining objectives and milestones to ensure that once a patient is medically fit they can be transferred out of the acute sector. To ensure that there is appropriate representation on the patient pathway board to enable these objectives across the health economy to be met.	ST	31/03/2014	
13	Oct-13	C&B	1. Individual specialties where there are short term issues will continue to be escalated on a weekly basis. The Head of Pt Admin has requested DDs and ADs to engage.	ST	On going	
14	Oct-13	C&B	2. Individual specialties where capacity is an issue due to demand or reduced resources are to submit action plan to the Head of Patient Administration to monitor performance. Ads and DDs to engage where escalations are necessary.	ST	On going	
15	Dec-13	C&B	1.Cataract service new slots to be increased by 10 slots per week.	ST	31/01/2014	
16	Dec-13	C&B	2. Yaser Lag clinic template amended to include new slots	ST	27/01/2014	
17	Oct-13	Hospital Caused Cancellations of Outpatients Attendances	1. Business Intelligence and Corporate Apps jointly are looking into providing information for Specialties on a weekly/monthly basis for senior managers to manage cancellations better.	ST	Completed	
18	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	On going	

Corporate Performance Report - Change Log

Change Number	Date	KPI	Change	Request Owner	Action by
1	Apr-13	Number of patients with Hospital acquired pressure ulcers (Grade 3 and 4)	10% reduction to 2012/13 target. Annual target for 2013/14 is now 6	DB	CO
2	Apr-13	Number of patients with Hospital acquired pressure ulcers (Grade 2)	10% reduction to 2012/13 outturn because the 2012/13 target was achieved. Monthly target for 2013/14 is now <=3	DB	CO
3	Apr-13	Average Length of Stay - Medical & Surgical Specialties (Emergency only)	Amended target to be top 25th percentile for Apr to Feb 2013/12 from CHKS.	ST	CO
4	Apr-13	% Emergency Readmissions following all admissions - 30 days	Amended target to be top 25th percentile for Apr to Feb 2012/13 from CHKS and now reporting data from CHKS. Previously had used local data for readmissions which excluded some readmissions as agreed in the Trust's contract. The contractual definition of readmissions can not be replicated in CHKS and therefore does not allow benchmarking.	ST	CO
5	Apr-13	Hospital caused cancellations of outpatient appointments	From January 2013, following a system change, the data includes cancellations caused by rescheduling appointments, which previously could not be captured. The new data will however include as a cancellation any change made to the clinic even if patients were actually still booked for the same time. We are therefore over reporting against this indicator. A local target will be set following review of Q1 data.	ST	CO
6	Apr-13	NET Promoter Patient Experience - Trust	Indicator Removed as replaced by FFT in February	DB	CO
7	Apr-13	Number of Attitudinal Complaints	Target for 2013/14 to be agreed by complaints committee. Removed target in interim	DB	CO
8	Apr-13	Monitor Financial Risk Rating	Amend target to be 3.0 as we are now an FT	SM	CO

Monitor Governance Risk Rating - Performance against national measures 13/14

Area	Ref	Indicator	Threshold	Weighting	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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			
	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			
	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			
	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			
	5*	All cancers: 62-day wait for first treatment from:		1.0	0	0	0	0	0	0	0	0				
		urgent GP referral for suspected cancer	85%													
		NHS Cancer Screening Service referral	90%													
	6*	All cancers: 31-day wait for second or subsequent treatment,		1.0	0	0	0	0	0	0	0	0				
		Surgery	94%													
		Anti cancer drug treatments	98%													
	7*	All Cancers: 31-day wait from diagnosis to first treatment	96%	0.5	0	0	0	0	0	0	0	0				
	8*	Cancer: two week wait from referral to date first seen, comprising:		0.5	0	0	0	0	0.5	0	0	0				
		all urgent referrals	93%													
		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			
	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	0.5	0	0	0	0	0	0	0	0	0			
	20	Not applicable to Kingston Hospital NHS Foundation Trust														
		TOTAL			1	1	1	1	1.5	1	1	1	1	0	0	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.

* Cancer data for June are provisional - all targets are predicted to have been achieved.

Red-rating overrides - Nature and Duration of Override at Monitor's Discretion	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monitor may apply a red governance risk rating and consider an NHS foundation trust for investigation if the trust:												
Meeting the MRSA Objective												
Has greater than six cases in the year to date												
Meeting the C-Diff Objective												
Has greater than 12 cases in the year to date, and either:												
breaches the cumulative year-to-date trajectory for three successive quarters; or												
breaches its full year objective; or												
reports important significant outbreaks of C. difficile												
Referral to Treatment (RTT) Waiting Times												
Breaches:												
the admitted patients 18 weeks waiting time measure for a third successive quarter; or												
the non-admitted patients 18 weeks waiting time measure for a third successive quarter; or												
the incomplete pathway 18 weeks waiting time measure for a third successive quarter												
A&E Indicator												
Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.												
Cancer Waiting Times												
Breaches:												
the 31-day cancer waiting time target for a third successive quarter; or												
the 62-day cancer waiting time target for a third successive quarter												
Any indicator weighted 1.0												
Breaches the indicator for three successive quarters.												

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, MRSA, C diff and learning disabilities.	Shadow 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: MRSA/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	Green Green/Amber Amber Amber/Red Red	< 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 further 10% reduction on 2012/13 Target. Target is to have =<6 cases in 2013/14	Year to date performance is red	Data Source: Ulysses	Green Red	Full year < = 6 Full year > 6
3	Number of patients with hospital acquired pressure ulcers (Grade 2)	Number of patients with hospital acquired pressure ulcers (Grade 2)	Target set as further reduction of 10% on 2012/13 Outturn	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		National Patient Safety Agency - national average in 2010 was 4.8 falls per 1000 bed days.		Data Source: Ulysses	Green Red	<=4.8 >4.8
5	MRSA Bacteraemias - 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 < =15 Full year > 15
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 Specialties (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: SSRS	Green Amber Red	<=5.4 >5.4 and <6.4 >6.4
9	Delayed Transfers of Care	Percentage of occupied bed days occupied by patients whose transfer has been delayed.	2011/12 Target	Where monthly performance is red	Data Source: Local KHT data as reported to Department of Health	Green Amber Red	< =3.5% 3.5% to 5% > 5%
10	% Emergency Readmissions following all admissions - 30 days		Thresholds are based on national upper quartile performance, CHKS analysis for Apr 2012 - Feb 2013.	An exception report will be generated on red performance at YTD.	Data Source: SSRS	Green Red	<= 5.8 > 5.8
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	< =11% 11% to 12% > 13%
21	Sickness Rate			Latest Monthly performance is red	Data Source: HR systems	Green Amber Red	<= 2.5% 2.5% to 3.0% > 3.0%
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