

# INTEGRATED PERFORMANCE REPORT



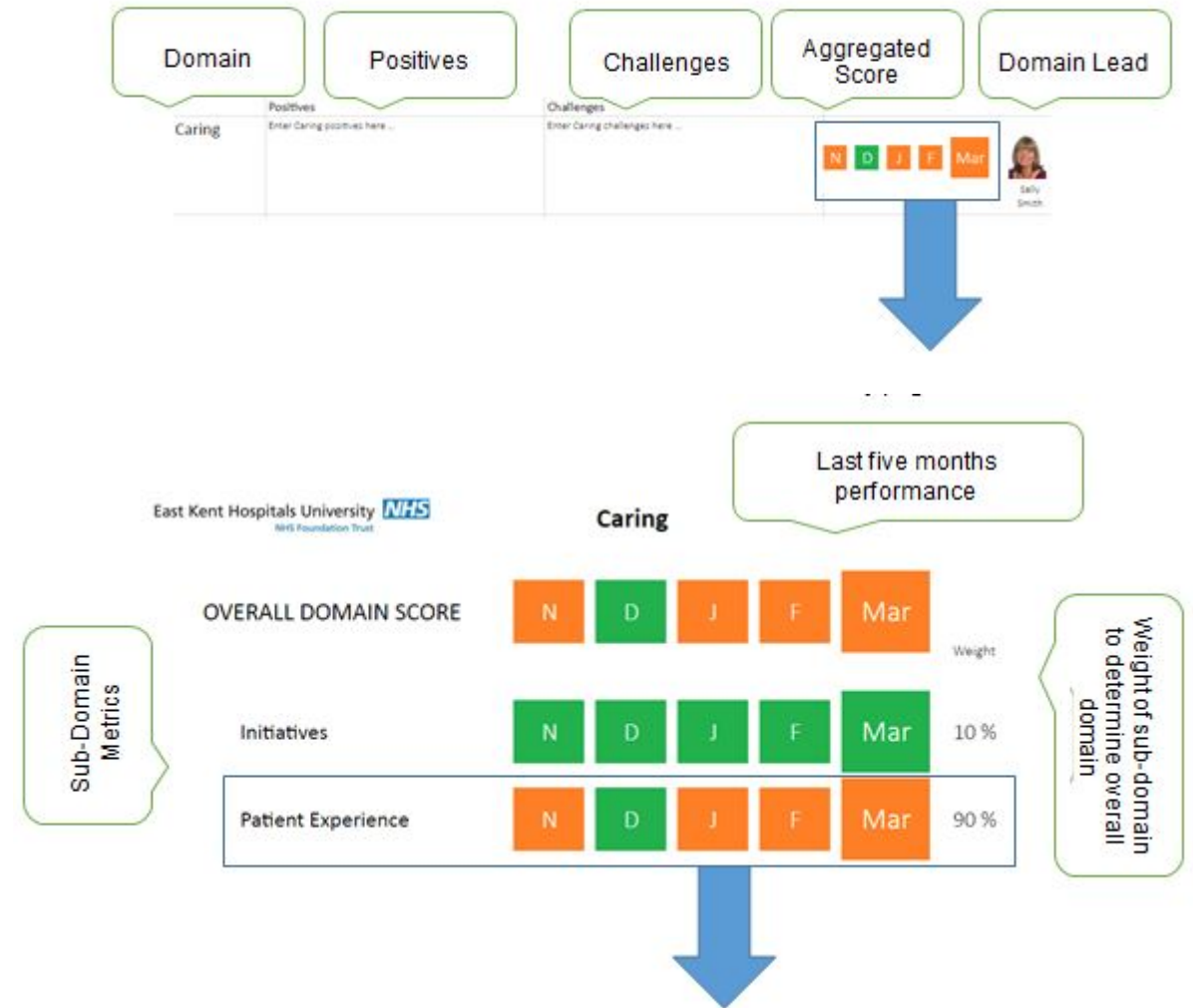
# Chief Executive's Summary

Please note that the CEO Summary now forms part of a report front sheet and is not included within the main IPR pack.

# Understanding the IPR

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

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



# Understanding the IPR

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

Key Metric		Metric Score					Metric RAG		Metric Weight
Patient Experience	Compliments to Complaints	17	22	14	17	19	>= 12	10 %	
	Overall Patient Experience	88	91	90	91	91	>= 90	10 %	
	Complaint Response in Timescales	94	88	88	68		>= 85	5 %	
	FFT: Recommend (%)	97	97	96	96	96	>= 90	30 %	
	FFT: Not Recommend (%)	1	1	1	2	3	>= 1	11 %	

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



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

# Strategic Priorities



**Our vision:**

Great healthcare from great people

**Our mission:**

Together we care: improving health and lives

**Our values:**

People feel cared for, safe, respected and confident  
we are making a difference





**Our strategic priorities:**

Patients, people, provision and partnerships

# Contents

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# Headlines

	Positives	Challenges	
<b>Caring</b>	<p>The Friends and Family test inpatient satisfaction rate remains positive at 96% recommended for March. This is good news given the operational pressures the sites have experienced this Winter.</p> <p>Overall patient experience is registering green this month, similar to last month.</p> <p>The ratio of compliments to complaints is also positive with a high number of recorded compliments to every single complaint.</p> <p>Complaint response times have met our standard with 87% being responded to within the timescales agreed with the client.</p>	<p>Overall patient experience as expressed by the real time inpatient surveys remains 'red' overall, with privacy and dignity care taking a slight decline.</p> <p>Despite the improved position, we are still reporting mixed sex breaches in the Clinical Decision Units and in some of the escalation areas. This is due to patient flow and decongesting the Emergency Departments to maintain safety.</p>	  <p>Sally Smith</p>
<b>Effective</b>	<p>March has been less challenged and a slight improvement in bed occupancy to 97% has helped to ease the pressure resulting in an increase in discharges before midday, and a reduction in non-elective readmissions.</p> <p>The WHO checklist in theatres has improved slightly to 99% and there is a continued focus on this standard.</p>	<p>At a trust level, the length of stay has increased for both elective and non-elective admissions. This is linked to the fact that the number of reportable "delayed transfers of care" (DTOCs) has increased to the highest this year at 63. It would suggest that the external capacity to support people at home or in a safe bed is challenged.</p> <p>Theatre utilisation has still not improved in March yet we expect progress to be made in April.</p> <p>The "did not attend" rate in out patients has increased slightly which may be the impact of Easter and school holidays. We will monitor this carefully as part of our improvement plan as overall the rates are low compared to other trusts.</p>	  <p>Jane Ely</p>

## Responsive

In March A&E 4 hour performance has improved again to 78.78%. The significant pressure on the whole system in terms of emergency pathways remains a challenge with individual days in March seeing very high attendances at our A&Es which peaked at 300 on one site. Trust has made progress with flow and focussed on patient safety.

Diagnostic waits performance has been maintained despite the high numbers of tests.

The A&E four hour standard remains a priority for the Trust and the improvement indicates that the small incremental changes can be made if the Emergency Departments have enough space which is created when we have flow as a result of a lower bed occupancy across all the wards.

March cancer performance for the 62 day standard from GP referral to treatment has declined from the validated to 70.51% (additional days allowed for validation - 71.56% as at 25th April). This is as a result of treating a larger number of patients beyond 62 days. For the first time this year, the Trust failed the 14 days 2 week wait standard due to high numbers of referrals (especially in Urology and Breast). The Trust is working within the Kent & Medway Cancer Alliance on Urology, Colorectal, Lung and upper Gastrointestinal pathways.

In March, Referral to Treatments (18 weeks / RTT) performance has continued to be impacted by mandated cancellation of elective surgery in January and February. Current performance is 76.08% and the number of patients waiting for treatment beyond 52 weeks has increased significantly. The majority of those over 52 weeks are general surgery and gynaecology. Each patient record is being reviewed by a Consultant and patients contacted to discuss options for treatment.



Jane Ely

## Safe

Harm Free Care (New harms) has again improved this month to 99.1 % harm free care delivered to our patients. Allied to this the falls rate has reduced further below the national rate to 4.87/1000 bed days and the pressure ulcer rate has also fallen.

In keeping with national trends crude mortality has also fallen this month and our adjusted mortality indices continue to compare favourably with other acute Trusts nationally.

At year end Clostridium difficile HAIs remained below the trajectory set by the Department of Health.

All harms, as reported by the Safety Thermometer, has improved, but still remains red. These are the harms patients are admitted with and not in the control of our teams.

Although VTE assessment recording has improved that improvement has to be sustained, March was 94.4% and the 12 month average has come up to 93.5%, it needs to be >95%.

Infection prevention and control will continue to be a concern until the other HAI indices in addition to Clostridium difficile show a similar degree of control.

Despite our favourable mortality indices there are disease areas that require closer scrutiny including stroke, acute myocardial infarction, chronic heart failure, COPD and septicemia.



Paul Stevens



## Well Led

The Trust delivered on its forecast of £11m behind plan giving a year end position of £30m ( after NHSi adjustments). After allowing for CCG challenges and CQUIN gains not included in the forecast this was £1.4 better than expected.

I&E CIPS of £33.1m are reported for the full year against a plan of £32.3m

Sickness is unchanged at 4% - Amber rated

Vacancies decreased 0.5% (to 10.9% from 11.4%)- still red RAG rated

Staff turnover has reduced 0.2% to 13.4% - still red RAG rated

Finance is £4.4m behind plan in month and £11m behind plan for the full year after NHSi adjustments. The key drivers for the overspend against plan are the winter pressures and other previously flagged adjustments.

Total Cash borrowed now stands at £46.2m

Appraisal rates worsened slightly to 80.9% (previously 81.4%)

Temporary staff costs increased £0.8m in month and was well above budget (inc. Bank and Over time) at £5.3m in month

A&E recovery plan has required £9.6m funding in 2018/19 and will need to be reviewed for 2018/19

Pressure exists in trying to identify CIP schemes for 2018/19. Currently only £20m of the £30m requirement have been identified.

N

D

J

F

Mar



Susan  
Acott

# Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

# Caring

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	51	48	45	64	39	>= 12	10 %
	Mixed Sex Breaches	146	223	111	69	91	< 1	10 %
	Overall Patient Experience %	90.5	90.8	89.8	90.7	90.9	>= 90	10 %
	Complaint Response in Timescales %	87.0	79.2	84.8	87.2	88.9	>= 85	5 %
	AE Mental Health Referrals	94	98	113	72	92		5 %
	FFT: Recommend (%)	97	97	96	97	96	>= 90	30 %
	FFT: Not Recommend (%)	1.5	1.2	2.1	1.3	1.9	>= 1	10 %

# Effective

## OVERALL DOMAIN SCORE

Beds

Clinical Outcomes

Productivity

	N	D	J	F	Mar	Weight
OVERALL DOMAIN SCORE	N	D	J	F	Mar	
Beds	N	D	J	F	Mar	25 %
Clinical Outcomes	N	D	J	F	Mar	25 %
Productivity	N	D	J	F	Mar	25 %

# Effective

		Nov	Dec	Jan	Feb	Mar	Green	Weight
<b>Beds</b>	Bed Occupancy (%)	93	96	101	100	97	<= 92	60 %
	IP - Discharges Before Midday (%)	13	12	14	13	16	>= 35	10 %
	DToCs (Average per Day)	55	49	56	52	63	< 35	30 %
<b>Clinical Outcomes</b>	Readmissions: EL dis. 30d (12M%)	3.3	3.4	3.4	3.4	3.5	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.4	15.3	15.3	15.3	15.1	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	100	100	100	98	99	>= 99	10 %
<b>Demand vs Capacity</b>	DNA Rate: New %	6.5	7.3	7.3	6.9	7.0	< 7	
	DNA Rate: Fup %	6.1	6.9	6.4	6.9	7.4	< 7	
	New:FUp Ratio (1:#)	0.7	0.6	0.7	0.7	0.7		
<b>Productivity</b>	LoS: Elective (Days)	2.7	2.7	2.8	2.6	2.9		
	LoS: Non-Elective (Days)	5.9	6.3	6.5	6.0	6.3		
	Theatres: Session Utilisation (%)	82	80	76	78	77	>= 85	25 %
	Theatres: On Time Start (% 30min)	77	74	77	72	74	>= 90	10 %
	Non-Clinical Cancellations (%)	1.6	1.9	1.3	1.9	2.1	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	8	10	15	4	0	< 5	10 %
	EME PPE Compliance %	84	84	84	83	83	>= 80	20 %

## Responsive

### OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

	N	D	J	F	Mar	Weight
OVERALL DOMAIN SCORE	N	D	J	F	Mar	
A&E	N	D	J	F	Mar	25 %
Cancer	N	D	J	F	Mar	25 %
Diagnostics	N	D	J	F	Mar	25 %
RTT	N	D	J	F	Mar	25 %

# Responsive

		Nov	Dec	Jan	Feb	Mar	Green	Weight
A&E	ED 4hr Performance (incl KCHFT MIUs) %	79.91	73.60	74.09	77.76	78.78	>= 95	100 %
	ED 4hr Performance (EKHUFT Sites) %	76.21	69.13	69.33	73.75	75.08	>= 95	1 %
Cancer	Cancer: 2ww (All) %	96.43	96.28	95.76	97.04	91.39	>= 93	10 %
	Cancer: 2ww (Breast) %	94.44	92.37	89.84	98.50	90.28	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.00	95.67	94.06	97.81	95.51	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	85.71	84.85	87.23	94.44	85.29	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	94.59	98.85	98.48	97.96	>= 98	5 %
	Cancer: 62d (GP Ref) %	71.97	74.17	74.87	74.53	70.51	>= 85	50 %
	Cancer: 62d (Screening Ref) %	89.29	93.33	90.91	79.31	100.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	84.00	92.11	85.00	80.00	90.00	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.85	99.64	99.45	99.56	99.65	>= 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 (%)	80.87	78.67	77.62	77.03	76.08	>= 92	100 %
	RTT: 52 Week Waits (Number)	67	80	108	141	201	< 1	

# Safe

## OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

	N	D	J	F	Mar	Weight
	N	D	J	F	Mar	
Incidents	N	D	J	F	Mar	20 %
Infection	N	D	J	F	Mar	20 %
Mortality	N	D	J	F	Mar	50 %
Observations	N	D	J	F	Mar	10 %



# Safe

		Nov	Dec	Jan	Feb	Mar	Green	Weight
<b>Incidents</b>	Serious Incidents (STEIS)	4	5	4	8	9		
	Harm Free Care: New Harms (%)	97.7	97.4	98.9	99.3	99.1	>= 98	20 %
	Falls (per 1,000 bed days)	5.62	6.03	5.13	4.54	4.84	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.23	0.19	0.24	0.33	0.24	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,328	1,402	1,416	1,302	1,359		
<b>Infection</b>	Cases of C.Diff (Cumulative)	23	25	29	34	38	<= Traj	40 %
	Cases of MRSA (per month)	1	0	1	0	0	< 1	40 %
<b>Mortality</b>	HSMR (Index)	82	82	81			< 90	35 %
	Crude Mortality EL (per 1,000)	0.1	0.9	0.3	1.0	0.7	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	34.9	45.7	54.6	40.0	37.7	< 27.1	10 %
	RAMI (Index)	92	91	90	89	89	< 87.45	30 %
<b>Observations</b>	Cannula: Daily Check (%)	69.7	69.6	68.2	68.2	65.2	>= 50	10 %
	Catheter: Daily Check (%)	41.5	44.0	42.1	42.8	32.5	>= 50	10 %
	Central Line: Daily Check (%)	63.9	66.3	67.9	63.4	60.2	>= 50	10 %
	VTE: Risk Assessment %	95.2	93.8	94.6	93.9	94.1	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.2	92.4	92.1	92.5	93.2	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.2	89.7	89.8	89.7	90.6	>= 90	25 %

# Well Led

## OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

	N	D	J	F	Mar
	N	D	J	F	Mar
Culture	N	D	J	F	Mar
Data Quality & Assurance	N	D	J	F	Mar
Finance	N	D	J	F	Mar
Health & Safety	N	D	J	F	Mar
Staffing	N	D	J	F	Mar
Training	N	D	J	F	Mar

Weight

15 %

10 %

25 %

10 %

25 %

15 %

# Well Led

		Nov	Dec	Jan	Feb	Mar	Green	Weight
<b>Culture</b>	Staff FFT - Treatment (%)	70	70	70	70	70	>= 81.4	40 %
<b>Data Quality &amp; Assurance</b>	Not Cached Up Clinics %	0.6	0.7	0.8	0.7	1.2	<= 0.1	25 %
	Uncoded Spells %	0.1	0.1	0.1	0.1	0.3	< 0.25	25 %
<b>Finance</b>	I&E £m	-0.3	-2.0	-2.7	-6.3	-5.2	>= Plan	30 %
	Cash Balance £m	1.4	8.3	5.0	6.8	7.2	>= Plan	20 %
	Total Cost £m	-51.4	-51.1	-51.7	-51.2	-58.0	>= Plan	20 %
	Forecast I&E £m	-19.0	-30.0	-30.0	-30.0	-29.9	>= Plan	20 %
	Normalised Forecast £m	-19.0	-30.0	-30.0	-30.0	-29.9	>= Plan	10 %
<b>Health &amp; Safety</b>	RIDDOR Reports (Number)	2	1	0	2	1	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
<b>Staffing</b>	Sickness (%)	3.9	3.9	4.0	4.0	4.0	< 3.6	10 %
	Staff Turnover (%)	13.2	13.5	13.5	13.6	13.0	<= 10	15 %
	Vacancy (%)	11.4	12.2	11.6	11.4	4.7	<= 7	15 %
	Total Staff In Post (SiP)	6946	6918	6953	6968	7494		1 %
	Shifts Filled - Day (%)	97	98	100	100	97	>= 80	15 %
	Shifts Filled - Night (%)	103	107	108	108	106	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	12	11	10	11		
	Bank Filled Hours vs Total Agency Hours	54	55	57	59	58		1 %
	Agency %	6.6	6.1	6.6	6.8	6.4	<= 10	
<b>Training</b>	Appraisal Rate (%)	81.9	82.2	81.7	81.4	74.8	>= 85	50 %
	Statutory Training (%)	89	88	89	89	90	>= 85	50 %

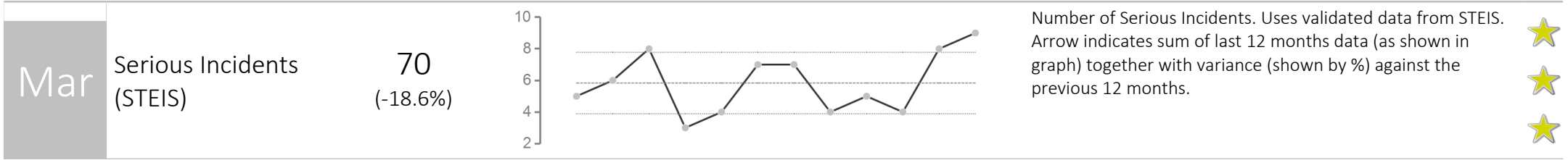
## Mortality

Mar	HSMR (Index)	84 (-3.4%)		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 (Cha)	★ ★ ★
Mar	RAMI (Index)	88 (-0.2%)		Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro	★ ★ ★
Mar	Crude Mortality EL (per 1,000)	0.6 (41.1%)		The number of deaths per 1,000 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.	★ ★ ★
Mar	Crude Mortality NEL (per 1,000)	36.9 (17.6%)		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.	★ ★ ★

Comments: Crude mortality is following national trends and our hospital standardised mortality rate (HSMR) and risk associated mortality index (RAMI) are effectively unchanged. The latest summary hospital mortality index (SHMI) reported on NHS digital is from the October 2016 to September 2017 period and was 1.02 (0.90-1.11, 95% over dispersion control limits), this is described on NHS digital as being as expected. Overall 65.4% of deaths contributing to the SHMI occurred in hospital and 34.6% within the 30 days of discharge, these percentages have remained consistent since October 2015.

Conditions from SHMI indicators with observed deaths greater than expected include septicaemia, acute myocardial infarction, stroke, chronic heart failure, COPD and cancer of the colon and lung. The data is the same data as the previous month and was covered in the formal board mortality report.

## Serious Incidents



Mar

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.



Comments:

Total open SIs on StEIS in March 2018: 53 (including 9 new)

SIs under investigation: 31

Breaches: 10

Non-breaches: 21

Waiting EKHUFT non-closure response: 14

Waiting CCG response: 8

Supporting Narrative:

The number of breached cases is 10; the number of long standing breaches is reducing, however breached cases numbers have remained fairly static since December 2017 as work continues on clearing the longest breached cases. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process.

The Clinical Effectiveness Manager and Head of Patient Safety have been working with the divisions to progress completion of breached cases.

The nine new SIs are:

- an allegation of abuse case
- a pressure ulcer incident
- a medication incident relating diabetic ketoacidosis
- a risk related case of transfers of patients from ED to wards
- a fall that resulted in a patient sustain a hip fracture
- delayed diagnosis incident relating to a patient with a spinal condition
- one treatment delay relating to an ectopic pregnancy
- one risk related case regarding high numbers of ambulances queuing outside ED
- one VTE case relating to a fatal pulmonary embolism

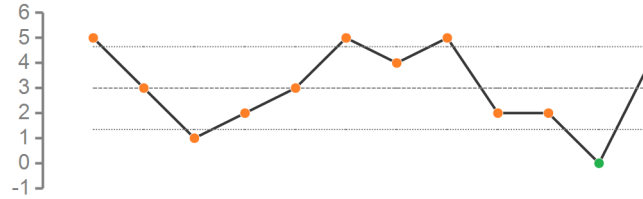
# Strategic Theme: Patient Safety

## Infection Control

Mar	Cases of MRSA (per month)	6 (-33.3%)		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 varia	  
Mar	Cases of C.Diff (Cumulative)	38 (11.8%)		Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	  
Mar	E. Coli	82 (-10.9%)		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.	  

## Strategic Theme: Patient Safety

Mar MSSA



The total number of MSSA 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.



Comments:

C.difficile

Our monthly Trust rate of C. difficile infection per 100,000 bed days is currently 3.2, this compares very favourably with other Trusts in Kent (range 8.54-14.21) and with the England average of 13.85.

MRSA

Our monthly rate of MRSA per 100,000 bed days is 0.59, the rates for other Trusts in Kent range from 0.0 - 4.27 and the England average is 0.86.

MSSA

Our monthly Trust rate of MSSA bacteraemia per 100,000 bed days is currently 3.03, this compares very favourably with other Trusts in Kent (range 5.87-12.51) and with the England average of 9.21.

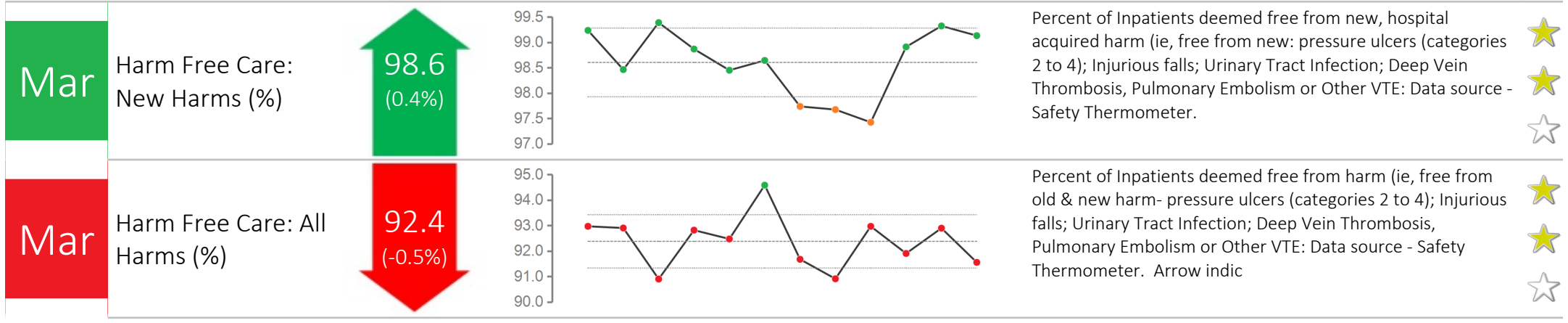
E.coli

Our monthly Trust rate of E.coli bacteraemia per 100,000 bed days is currently 6.91, this compares very favourably with other Trusts in Kent (range 26.15-27.23) and with the England average 22.5.

The outbreak of MRSA colonisation on the neonatal unit at the WHH Ashford reported last month is under control and there have been no new positive cultures in either babies or staff.



## Harm Free Care



Comments: Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for Mar-18 (91.56%) shows a slight deterioration since last month (92.91% Feb-18). However, a marked improvement is seen in the Specialist Division with a rise to 97.40% (96.82% Feb-18).

New harms continue to register green with 99.1% harm free care delivered in the Trust during March.

National comparative data was unavailable at the time of this report.

Rigorous work will continue to ensure validation is carried out correctly and focused work continues to be carried out to include being involved with the Kent wide Houdini group to ensure harms are kept to a minimum and that patient safety remains a priority.

## Pressure Damage

Mar	Pressure Ulcers Cat 2 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">0.24</div> <div style="color: green; font-weight: bold;">(-25.4%)</div>		Number of avoidable Category 2 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	  
Mar	Pressure Ulcers Cat 3/4 (per 1,000)	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">0.02</div> <div style="color: red; font-weight: bold;">(26.3%)</div>		Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	  

Comments: In March 2018 there were a total of 56 pressure ulcers reported. 44 of these were category 2 ulcers. This is an increase of 12 from last month. The trust exceeded the 0.15 avoidable incidence/1000 bed days with a result of 0.24/1000; however this is a reduction from last month and lower than the figure in March 2017 (0.302). Although we reported significantly more category 2 pressure ulcers 8 were avoidable, a decrease of 1. These were avoidable due to lack of skin inspection, prolonged periods in the chair, gaps in repositioning, (2) due to lack of heel offloading and 1 due to medical devices.

There were 6 confirmed category 3 ulcers, all unavoidable and no category 4 ulcers. We have remained consistently under the set 0.15/1000 bed day target for avoidable category 3 and 4 ulcers. Two are yet to be assessed. 1 is awaiting RCA and 1 involving a plaster cast that was applied in theatre and cared for in a community hospital.

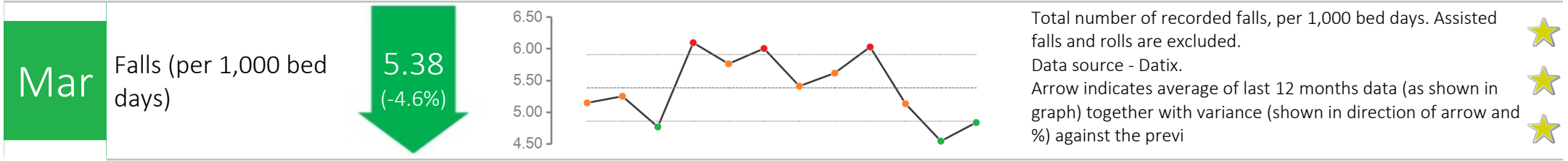
6 potential deep ulcers were reported, a decrease of 6 from last month. Only 1 of these was avoidable equal to last month. Reason for the avoidable decision was prolonged time sat in a chair. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.030/1000.

Comparing the position to last year. We achieved lower incidence/1000 bed days in all but 3 months of the year.

Actions:

- During March 2018 bespoke ward based teaching continued, focusing on areas of particular concern linking closely with manual handling.
- Site based study days were held aimed at Healthcare support workers, new link nurses and newly qualified nurses.
- Lead TVN spoke at the London Eliminating heels conference. Not only sharing EKHUFT'S good practice but learning about interventions that other trusts have implemented in the prevention of pressure ulcers.
- The TVNs continue to support student and associate practitioner placements as well as therapies and some link nurses.
- We have our bi annual link nurse study day coming up in May in which we will reiterate these messages
- Continue to work with the ED departments and support them

## Falls



**Comments:** Falls incidents have increased in March. There were a total of 161 compared with 136 in February. 84 were at K&CH, 35 at QEQMH and 78 at WHH. 9 falls occurred on Cambridge K ward at WHH, where 1 patient fell 2 times and 1 patient fell 4 times. 10 falls occurred on Kings C2 where 2 patients fell twice. There were 10 falls on Kingston ward where 1 patient fell 3 times and 9 on Harbledown ward where 1 patient fell 3 times. All of these patients had confusion and a combination of risk factors which were being addressed. Several had 1 to 1 care or enhanced observations. One fall resulted in a hip fracture which appears to have been avoidable and is currently being investigated.

**Actions:**

1. Fall Stop programme continues with a set rollout programme from April Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs and frailty wards, including improving handover of risk; in line with the recommendations of the National Audit of Inpatient Falls, 2017. Wards taking part are CDU and frailty wards at WHH, CDU and St Augustines at QEQMH and Invicta and Harbledown at K&CH.
2. Analysis of the falls rates for 2017-2018 demonstrates a significant reduction in falls per occupied bed days from 5.79 to 5.4, with 200 fewer falls overall. Rates have decreased at WHH and QEQMH but increased at K&CH from July 2017.
3. The Prevention of Falls and Injuries Steering Group has a change log in progress to address the national audit recommendations and includes collaborative working with Pharmacy and Therapies.

# Strategic Theme: Patient Safety

## Incidents

Mar	<p>Clinical Incidents: Total (#)</p> <p><b>16,225</b> (-2.0%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>
Mar	<p>Blood Transfusion Incidents</p> <p><b>146</b> (-5.2%)</p>		<p>The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>
Mar	<p>Medicines Mgmt. Incidents</p> <p><b>1,374</b> (5.1%)</p>		<p>The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>

Comments: Clinical incidents overall summary  
A total of 1292 clinical incidents have been logged as occurring in Mar-18 compared with 1269 recorded for Feb-18 and 1383 in Mar-17. In Mar-18, no incidents have been graded as death, but 2 have been graded as severe harm - both have been reported on StEIS. 27 incidents have been escalated as a serious near miss, of which 19 are still under investigation. Comparison of moderate harm incidents reported: 13 in Mar-18, 15 in Feb-18 and 4 in Mar-17. Over the last 12 months incident reporting shows an increase at QEQM but is declining at WHH and K&CH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)  
There were 15 Blood Transfusion related incidents for March 2018 (13 in February 2018 and 10 in March 2017).

Of the 15 incidents 13 were classified as no harm, one low harm and one as moderate harm.

The one moderate harm incident was a transfusion reaction, this was fully investigated, no serological cause was found; the patient was found to have a positive blood culture however on testing on the donor unit was negative so is not implicated.

Two further incidents fell in the 'special requirements not met' category. Both of these were detected by checking the patients on purine analogues list. The patient records have been updated to reflect the need for irradiated products. No products have been issued to the patients.

Three further incidents fell in the prescription and documentation error category; all of these incidents were the issue of a different batch of albumin to the batch that was recorded in the laboratory computer system. There has been no clinical impact and the record has been amended to have the correct batch number recorded. The member of staff has undergone retraining and competency assessment.

There were no other themes within the incidents reported.

Reporting by site: 8 at QEQM, 3 at K&CH and 4 at WHH

Medicines management (submitted by the Medication Safety Officer)

As of 20/4/2018 the total number of medication related incidents reported in March 2018 was 172. These included 118 no harm, 49 low harm and 5 moderate harm incidents. The moderate harm incidents included a patient remaining in the emergency department overnight that had been given his own medications including insulin and was re-admitted with diabetic ketoacidosis the following day. Another patient missed a dose of Depakote and was discharged without this medication and was re-admitted with a seizure. A further patient was prescribed enoxaparin with a direct oral anticoagulant which is contraindicated.

The severity of medication related incidents in March 2018 shows that 68.6% of incidents reported were no harm incidents, 1 RCA/AAR incident and 2 incidents that were StEIS reported.

There were 54 incidents in March 2018 categorised as 'omitted medicine/ingredient' showing an increase from the previous month to 31.3%. The data produced by the Medication Safety Thermometer in March 2018 was taken from 21 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 25.1% in March. This included 3 wards with less than 10% of patients with a missed dose of medication. The % of patients with a missed dose of a critical medication continues to improve and for March was 10%.

Apart from the missed doses of medication the themes from the incident reporting include 3 further incidents related to penicillin allergic patients being given penicillin, 8 insulin related incident and 7 enoxaparin related incidents. The latter two include both prescribing and administration concerns as well as missed doses of these critical medications.

## Friends & Family Test

Mar	FFT: Response Rate (%)	<div style="background-color: red; color: white; padding: 10px; font-weight: bold; font-size: 1.2em;">36</div> <div style="font-size: 0.8em;">(-4.9%)</div>		<p>The percentage of Inpatient (excluding Day Case) patients who responded to the Friends &amp; Family Test.</p> <p>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 mon</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Mar	FFT: Recommend (%)	<div style="background-color: green; color: white; padding: 10px; font-weight: bold; font-size: 1.2em;">97</div> <div style="font-size: 0.8em;">(0.1%)</div>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends &amp; Family Test and knew their opinion, would recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Mar	FFT: Not Recommend (%)	<div style="background-color: green; color: white; padding: 10px; font-weight: bold; font-size: 1.2em;">1.6</div> <div style="font-size: 0.8em;">(-9.2%)</div>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends &amp; Family Test and knew their opinion, would not recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in direct</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>

Comments: A total of 8688 responses were received (36% eligible patients). Overall response rate fell only for inpatients this month. Response rate for the EDs was 17.4% (16.8% Feb-18), inpatients 29.8% (34.8% Feb-18), maternity; birth only 39.9% (9.5% Feb-18) and day cases 23.4% (22.5% Feb-18).

Recommendations by patients in March were similar to February in day cases, outpatients and inpatients; however fell in ED and maternity. The total number of inpatients, including paediatrics, who would recommend our services 96.2% (96.9% Feb-18), EDs 80.6% (82.0% Feb-18), maternity 98.1% (100% Feb-18), outpatients 92.7% (92.3% Feb-18) and day cases 96.3% (96.5% Feb-18).

90.5% of responders would recommend us to their friends and family and 5.8% would not. The Trust star rating in March is 4.54 (4.57 Feb-18).

Staff, care and friendly feature as the three top positive themes for March and the three top negative themes for the trust were waiting, time and staff demonstrating the importance of improving waiting times for positive patient experience. Within maternity negative themes where change of staff during care, attitude of staff, noisy at night.

All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by Divisional Governance teams.

## Patient Experience 1

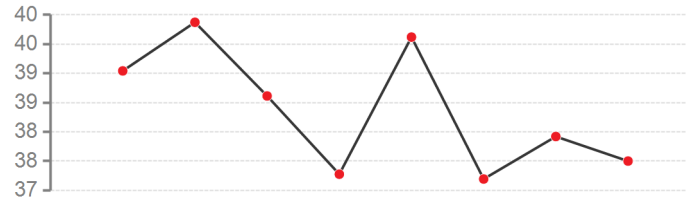
<p>Mar</p>	<p>Overall Patient Experience %</p>	<p><b>91.5</b> (-0.8%)</p>		<p>Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of 1as</p>	<p>★ ★ ☆</p>
<p>Mar</p>	<p>Privacy for discussions with Nurses %</p>	<p>40</p>		<p>Privacy for discussions Nurses</p>	<p>★ ★ ☆</p>

## Strategic Theme: Patient Safety

Mar

Aware of Nurse in each shift %

38



Aware of nurse in each shift



Comments: This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows little change over the past few months.

New questions were added into the survey in Aug-17 to enable close monitoring of three key areas where our performance in the 2016 national inpatient survey (published in May-17) was below the national average. Baseline performance in ensuring privacy when discussing patients' condition or treatment, ensuring patients are aware of which nurse is looking after them each shift and ensuring patients are able to discuss their worries and fears demonstrated significant opportunity for improvement.

This month a small decrease is seen in these three important elements of patient experience. Early indications from the results of the 2017 national adult inpatient survey shows improvement across all three of these indicators of patient experience. An improvement plan will be progressed when the national report is available and progress monitored through the Patient Experience Group.

For the recording of mental health patients we plan to collect three measures; the number of people referred from ED for psychiatric assessment, the number sectioned within the Trust and those visiting the trust already sectioned. Currently we can only report the first of these and it is included in the data above. We are currently investigating how to record the patients who have been sectioned and will immediately be adding it as a flag to our Inpatient PTL and conducting an audit of those referred from ED for assessment to calculate how many patients this is— we estimate this to be very low, around just one or two per month. In addition we record the type of institution that patients from our acute Trust are discharged to and secure MH institutions are included within that – in 2017/18 for example 106 patients were discharged to a range of different types of psychiatric accommodation.



## Patient Experience 2

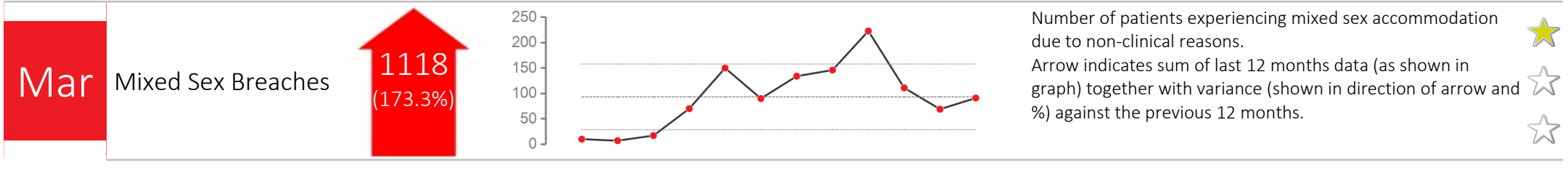
Mar	Discuss Worries with Nurses %	44		Discuss Worries with Nurses	
Mar	Cleanliness? %	<div style="background-color: red; color: white; padding: 5px; display: inline-block;"> <b>91</b> (-0.5%)                 </div>		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	
Mar	Hospital Food? %	<div style="background-color: red; color: white; padding: 5px; display: inline-block;"> <b>71</b> (-2.4%)                 </div>		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	

Comments: Cleaning satisfaction and hospital Food as rated by the survey, increased modestly in March. Auditing at ward level remains consistent at over 98%.

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. Only a few wards have not reported their performance (against the patient experience metrics) through the inpatient survey and FFT in Mar-18, however compliance has and will continue to improve.

In 2018/19, greater focus is being placed on reviewing the results of ward and Trust surveys. The Patient Experience Group and the Complaints and Patient feedback steering group and will oversee this important work, to provide a Trust wide overview and ensure pace.

## Mixed Sex



Comments: There were 16 mixed sex accommodation occurrences in total, affecting 120 patients.

Incidence of mixed sex accommodation breaches decreased this month however there were 11 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. This information has been reported to NHS England. The remaining incidents occurred in the WHH RSU (1) and QEQM Fordwich (4) which was justifiable based on clinical need.

Mar-18 daily reporting of mixed sex occurrences has improved in some areas, demonstrating improvement and a more robust recording of mixed sex occurrence. However, there has been an issue with the recording of all the correct data into the daily reporting form for mix sex occurrences within the acute wards/departments, which is being addressed. Further work is being undertaken by linking with another Kent trust to share best practice to improve ways of recording and to engage staff for reporting mixed sex breaches.

## Safe Staffing

Mar	Shifts Filled - Day (%)	99 (1.6%)		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.	★ ★ ☆
Mar	Shifts Filled - Night (%)	107 (0.8%)		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.	★ ★ ☆
Mar	Care Hours Per Patient Day (CHPPD)	12 (291.1%)		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	★ ★ ☆


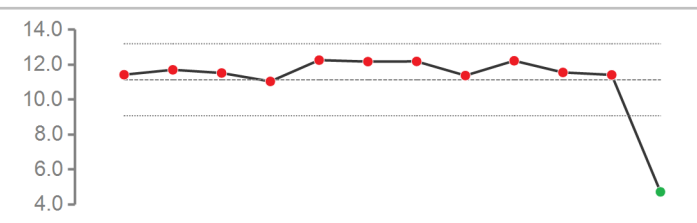


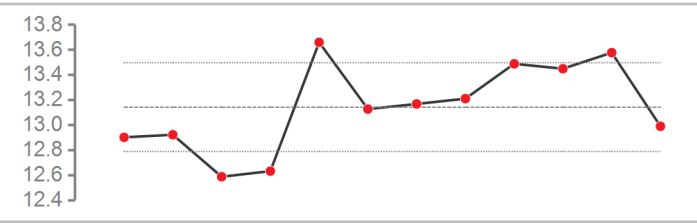

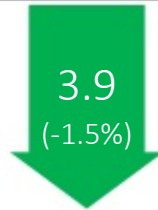
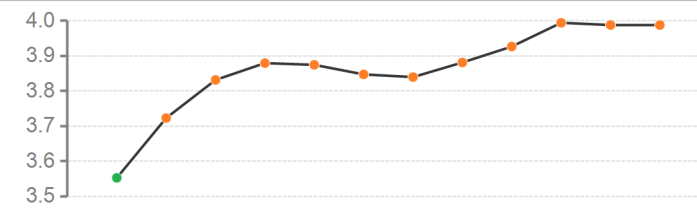

Comments: % fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system and overall fill rate was 100.6% in Mar-18 (103.1% Feb-18).

Low fill rates were seen on several wards due to a combination of high sickness, maternity leave and vacancies (Minster, St Margarets, Harvey, Treble, MountMcMaster, Fordwich and Kingston, Harbeldown, Cheerful Sparrows female, Kings C2 and Birchington).

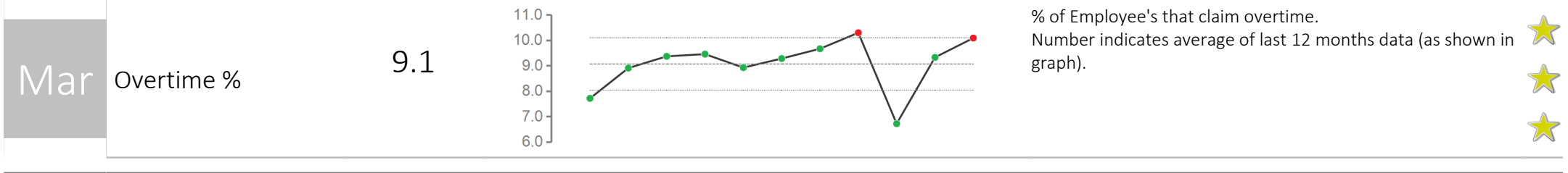
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month. Average CHPPD in Mar-18 was 7.5 (7.7 Feb-18). The range is from around 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. Comparative data within the Model Hospital Dashboard shows EKHUFT average CHPPD is in line with our peer median based on spend and clinical output.

# Strategic Theme: Human Resources

## Gaps & Overtime

Mar	Vacancy (%)	 <p>11.1 (12.9%)</p>		<p>% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> 
Mar	Staff Turnover (%)	 <p>13.1 (7.4%)</p>		<p>% Staff leaving &amp; joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous</p> 
Mar	Sickness (%)	 <p>3.9 (-1.5%)</p>		<p>% 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 mont</p> 

# Strategic Theme: Human Resources



**Comments:** Gaps and Overtime  
The vacancy rate fell, month on month, to under 11% for the first time this year, but the average of the last 12 months is higher than last year. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently 385 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 128 Nursing and Midwifery staff and 50 Medical and Dental staff.

The Turnover rate in month fell to under 13.5%, although the 12 month average is higher than the previous 12 months. 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 validated sickness absence position for February was 3.92% - which is lower than the 4.61% in January. Divisions are working to develop 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 fell increased last month, but lower than threemonths ago. It remains at approximately 9.1% for the year on average.

All metrics are reviewed and challenged at a Divisional level in the monthly Executive Performance Reviews.

# Strategic Theme: Human Resources

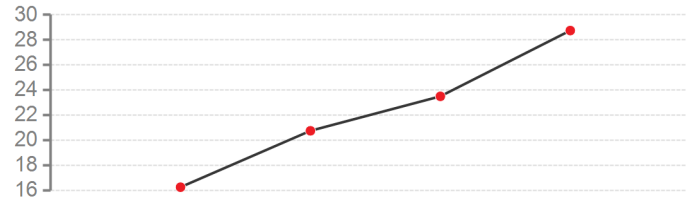
## Temporary Staff

Mar	Employed vs Temporary Staff (%)	<div style="background-color: red; color: white; padding: 5px; text-align: center; width: 50px; margin: 0 auto;"> <span style="font-size: 24px;">↓</span>  <b>89.0</b>                      (-1.4%)                 </div>		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 %) again	<div style="display: flex; flex-direction: column; align-items: center;"> <span style="color: yellow; font-size: 24px;">★</span> <span style="color: yellow; font-size: 24px;">★</span> <span style="color: gray; font-size: 24px;">★</span> </div>
Mar	Agency %	<div style="background-color: red; color: white; padding: 5px; text-align: center; width: 50px; margin: 0 auto;"> <span style="font-size: 24px;">↑</span>  <b>6.1</b>                      (12.9%)                 </div>		% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).	<div style="display: flex; flex-direction: column; align-items: center;"> <span style="color: yellow; font-size: 24px;">★</span> <span style="color: gray; font-size: 24px;">★</span> <span style="color: gray; font-size: 24px;">★</span> </div>
Mar	Bank Filled Hours vs Total Agency Hours	<div style="text-align: center;"> <b>59</b>                      (13.0%)                 </div>		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff	<div style="display: flex; flex-direction: column; align-items: center;"> <span style="color: yellow; font-size: 24px;">★</span> <span style="color: yellow; font-size: 24px;">★</span> <span style="color: gray; font-size: 24px;">★</span> </div>

## Strategic Theme: Human Resources

Mar

Local Induction  
Compliance %



Local Induction Compliance rates (%) for temporary employee's to the Trust.  
Number indicates average of last 12 months data (as shown in graph).



Comments: Temporary Staff

Total staff in post (WTE) increased slightly from 6982 in February to 7023 in March, which left a vacancy factor of approx. 727 wte across the Trust. As stated in the previous section, there are currently 385 candidates in the recruitment pipeline.

Agency staffing as a percentage of WTE fell slightly in March to approx. 7%, although still remains at high levels compared to the beginning of the year. The 12 months average shows a slight increase to 6.2% of WTE.

The average percentage of employed staff vs temporary staff over the last 12 months has reduced slightly from 88.6% to 88.5%.

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. Divisions 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.

# Strategic Theme: Human Resources

## Workforce & Culture

Mar	Statutory Training (%)	89 (2.3%)		<p>The percentage of staff that have completed Statutory training courses, this data is split out by training course.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr</p>	★ ★ ★
Mar	Appraisal Rate (%)	80.2 (0.6%)		<p>Number of staff with appraisal in date as a % of total number of staff.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Mar	Time to Recruit	13 (7.6%)		<p>Average time taken to recruit to a new role. This metric is shown in weeks.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ☆
Mar	Total Staff In Post (SiP)	7494 (7.6%)		<p>Count of total staff in post (WTE)</p>	★ ★ ★

Workforce & Culture  
 Comments: Average Statutory training 12 month average remains at 89% and has increased in month 90% for March. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate remained at 81%. An agreement was made by the Executive Team to lower the compliance rate to 85%, to take into account vacancies, sickness absence and maternity. The Strategic Development & Capital Planning and Surgical Services Divisions remain above the 85% target. Divisions 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, particularly with the expected fall in compliance at the beginning of each financial year.

The average time to recruit is 13 weeks, however a target has been set to reduce this to 8 weeks to ensure recruitment time meets the demands of our services.



# Strategic Theme: Activity

## Activity vs. Internal Business Plan

Key Performance Indicators		Mar-18				YTD				YTD vs Last Yr				
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Mar	Referral Primary Care	14,599	15,336	(-737)	-5%	172,687	177,319	(-4,632)	-3%	172,687	174,439	(-1,752)	-1%	<=0%
	Referral Non-Primary Care	13,611	13,830	(-219)	-2%	163,289	161,636	1,653	1%	163,289	170,160	(-6,871)	-4%	<=0%
	OP New	16,541	19,956	(-3,415)	-17%	215,092	222,280	(-7,188)	-3%	215,092	245,816	(-30,724)	-12%	>=0%
	OP Follow Up	39,395	45,189	(-5,794)	-13%	475,031	501,322	(-26,291)	-5%	475,031	499,527	(-24,496)	-5%	>=0%
	Elective Daycase	6,129	6,719	(-590)	-9%	74,193	74,657	(-464)	-1%	74,193	79,801	(-5,608)	-7%	>=0%
	Elective Inpatient	1,131	1,472	(-341)	-23%	14,714	16,011	(-1,297)	-8%	14,714	15,625	(-911)	-6%	>=0%
	A&E	18,267	19,166	(-899)	-5%	207,401	215,707	(-8,306)	-4%	207,401	210,295	(-2,894)	-1%	>=0 & <5%
	Non-Elective Inpatient	7,047	7,464	(-417)	-6%	80,281	86,548	(-6,267)	-7%	80,281	70,806	9,475	13%	>=0 & <5%
	Chemotherapy	1,182	1,402	(-220)	-16%	14,293	15,742	(-1,449)	-9%	14,293	16,026	(-1,733)	-11%	>=0%
	Critical Care	1,919	1,862	57	3%	21,810	21,370	440	2%	21,810	21,555	255	1%	>=0%
	Dialysis	7,252	6,828	424	6%	83,397	82,636	761	1%	83,397	83,011	386	0%	>=0%
	Maternity Pathway	890	1,165	(-275)	-24%	13,879	13,669	210	2%	13,879	14,046	(-167)	-1%	>=0%
	Pre-Op Assessments	3,016	3,424	(-408)	-12%	36,438	38,468	(-2,030)	-5%	36,438	34,308	2,130	6%	>=0%
	Diagnostic	480,578	472,967	7,611	2%	5,277,036	5,310,744	(-33,708)	-1%	5,277,036	5,220,989	56,047	1%	<=0%
Other	4,982	4,978	4	0%	58,668	59,549	(-881)	-1%	58,668	53,143	5,525	10%	>=0%	

The 2017/18 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2016/17 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals. The plan is capped at our total capacity and as such further activity (or demand reduction schemes would be required to achieve sustainable elective services. Further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2017/18. It should be noted that this does not reflect demand levels agreed within the 2017/18 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

The capacity levels within the plans should be considered achievable although in many instances will stretch our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments. Within Orthopaedics projected demand exceeded our ability to deliver the operative demand and as such agreements have been made with our local CCGs for services to be directly commissioned with alternative providers.

## **March 2018**

### **Elective Care**

In 2017/18 March Primary Care referrals were 5% below expected levels; the YTD variance is approximately -4,600. Referrals are comfortably within normal levels and comparable to the same period last year (-1%).

The Trust under achieved the new outpatient plan for March with appointments -17% below planned levels, the YTD variance remained at 3%. As with previous months the biggest drivers behind the under-performance are T&O, Physiotherapy, Ophthalmology and Cardiology. In addition to these areas, a significant level of unplanned consultant absence was experienced across the Surgical division leading to reduced activity. A reduction in primary care demand for Orthopaedics has rendered the specialty plan unachievable. Over the course of 2017/18 the new Outpatient capacity delivered by the Trust was below demand levels, with the number of patients waiting to be seen for a first consultant led appointment increasing by 5,853 over the twelve month period.

As with new Outpatients the Trust was unable to deliver the follow up plan in March, the YTD underperformance has increased to -5% (-26,291). There remain a number of large underperforming specialties, most notably Ophthalmology (-9,819), Physiotherapy (-8,904), Rheumatology (-5,076), Dermatology (-4,298). The Ophthalmology service was able to secure additional weekend Follow Up capacity in February & March and has been able to almost halve the follow up partial booking backlog (4,775) since December 2017. The Orthopaedic service have now commenced the Virtual Fracture Clinic and added additional clinic capacity for specific consultants during winter pressures to deal with any Follow Up backlog while operating has been reduced. The Physiotherapy service are reporting induction delays, a high vacancy rate and unusually high levels of maternity leave as the key drivers behind the underperformance, plans have been developed to recover the financial performance, unfortunately as with Physiotherapy new appointments the loss of the MSK gym capacity has affected the services ability to recover their position.

A delay in the implementation of the CCG community contracts has resulted in long waiting times for Ophthalmology patients requiring follow up management. This has impacted on quality and patient safety. A recovery plan has now been implemented and the CCG has finalised contracts with community providers and the issue regarding the community clinical teams being requested to work outside NICE guidance in terms of the drug regime for wet Macular Degeneration (wAMD) has now been resolved.

The Trust significantly under-achieved the Daycase plan in March (-590) which eroded the YTD and the left the Trust 464 procedures below plan for the year. The Orthopaedic service generated the biggest under-performance in year. A number of unavoidable recruitment delays combined with significant unplanned leave is driving an underperformance in activity. In addition to this, the service continues to lose capacity to short notice cancellations for Trauma and DNA's. Changes to the waiting list

initiative payments has limited the services ability to recover the position with additional sessions within the year, as such they have now developed long term plans to deliver the activity through substantive capacity.

Elective Admissions are 8% behind the plan YTD. As with previous months large underperformances remain in Orthopaedics, Cardiology, Gynaecology, ENT and Paediatrics. Whilst the Trust secured additional theatre capacity to improve the position over Quarter 4, recovery plans were dependent on access to acute beds in early December and from mid-February. Due to Emergency pressures on the acute sites, elective inpatient activity in most specialty areas continues to be limited to cancer procedures and patients whose operative procedures were time critical in terms of a worsening condition. Sustained pressure into March has meant that it has not been possible to completely resume non-urgent elective operating. Ambulatory care continues to perform well above planned levels.

### **Non Elective Care**

The Trust sees non elective admissions to all of its 3 sites. These are typically some of the patients who attend the Trust Accident & Emergency departments, or are admitted directly through to the wards upon agreement with General Practitioners. These patients have an urgent clinical need that cannot wait for an elective pathway or outpatient appointment to be given, and so are monitored within the hospital site as diagnosis and treatment for their clinical condition is conducted. From the 19<sup>th</sup> June 2017, the Trust invoked a business continuity plan which resulted in acute medical patients no longer being admitted at the Kent & Canterbury site.

A&E Attendances in March were 5% below plan for the month, as expected attendances returned to normal levels, and the overall annual position within 1% of last year. In monitoring Non Elective care, metrics (detailed below) are reviewed to determine if patients are able to flow through the hospital without significant delays and bottlenecks.

The Bed Occupancy of the Trust continued to be at challenging levels and increased in March to an overall Trust wide position of 101.0% (100.0% in February). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position declined to 106.9% in March, compared to 104.1% during February. The William Harvey Hospital position has improved with an overall bed occupancy of 95.5% for March (99.5% in February). Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During March the number of medical outliers decreased further in comparison to February & January, with a monthly average of 68 medical outliers across the Trust, compared to an average of 76 and 103 previously. Individual site levels of medical outliers over the month were 17 at the Queen Elizabeth the Queen Mother Hospital and 38 at William Harvey Hospital sites.

## YTD Exception Reporting: Top 10 Outliers

### Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	15,802	18,076	-13%	-2,274
110 - Trauma & Orthopaedics	8,961	10,811	-17%	-1,850
300 - General Medicine	1,082	2,149	-50%	-1,067
120 - Ear, Nose & Throat	11,317	11,987	-6%	-670
107 - Vascular Surgery	2,182	2,847	-23%	-665
650 - Physiotherapy	11,021	11,618	-5%	-597
430 - HCOOP	1,791	2,351	-24%	-560
329 - TIA	1,525	694	120%	831
420 - Paediatrics	6,642	5,794	15%	848
320 - Cardiology	17,122	15,258	12%	1,864
<b>Total</b>	<b>172,687</b>	<b>177,319</b>	<b>-3%</b>	<b>-4,632</b>

### Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	35,452	36,487	-3%	-1,035
650 - Physiotherapy	13,699	14,679	-7%	-980
110 - Trauma & Orthopaedics	18,741	19,485	-4%	-744
328 - Stroke Medicine	823	1,539	-47%	-716
329 - TIA	840	1,347	-38%	-507
140 - Maxillo Facial	2,312	1,802	28%	510
107 - Vascular Surgery	1,613	1,102	46%	511
800 - Clinical Oncology	11,145	10,486	6%	659
300 - General Medicine	2,323	1,554	50%	769
130 - Ophthalmology	12,589	9,436	33%	3,153
<b>Total</b>	<b>163,289</b>	<b>161,636</b>	<b>1%</b>	<b>1,653</b>

### OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	19,737	22,328	-12%	-2,591
650 - Physiotherapy	19,100	21,553	-11%	-2,453
130 - Ophthalmology	21,263	22,577	-6%	-1,314
328 - Stroke Medicine	710	1,500	-53%	-790
430 - HCOOP	3,004	3,673	-18%	-669
502 - Gynaecology	15,753	16,290	-3%	-537
330 - Dermatology	13,357	13,892	-4%	-535
800 - Clinical Oncology	4,434	3,941	13%	493
655 - Orthoptics	2,725	2,164	26%	561
420 - Paediatrics	8,880	8,152	9%	728
<b>Total</b>	<b>215,092</b>	<b>222,280</b>	<b>-3%</b>	<b>-7,188</b>

### OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	57,618	67,437	-15%	-9,819
650 - Physiotherapy	63,261	72,165	-12%	-8,904
410 - Rheumatology	13,674	18,750	-27%	-5,076
330 - Dermatology	20,608	24,906	-17%	-4,298
302 - Endocrinology	2,394	4,973	-52%	-2,579
110 - Trauma & Orthopaedics	35,417	37,794	-6%	-2,377
324 - Anticoagulation Service	5,686	7,815	-27%	-2,129
420 - Paediatrics	10,137	12,260	-17%	-2,123
800 - Clinical Oncology	43,447	40,807	6%	2,640
290 - Community Paediatrics	24,977	19,490	28%	5,487
<b>Total</b>	<b>475,031</b>	<b>501,322</b>	<b>-5%</b>	<b>-26,291</b>

### Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	5,531	6,590	-16%	-1,059
410 - Rheumatology	1,333	1,822	-27%	-489
330 - Dermatology	4,294	4,717	-9%	-423
303 - Clinical Haematology	3,218	3,631	-11%	-413
120 - Ear, Nose & Throat	2,617	2,932	-11%	-315
100 - General Surgery	1,777	1,999	-11%	-222
320 - Cardiology	3,311	2,992	11%	319
430 - HCOOP	856	493	74%	363
502 - Gynaecology	2,350	1,919	22%	431
800 - Clinical Oncology	5,198	3,741	39%	1,457
<b>Total</b>	<b>74,193</b>	<b>74,657</b>	<b>-1%</b>	<b>-464</b>

### Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	3,818	6,952	-45%	-3,134
430 - HCOOP	10,755	12,748	-16%	-1,993
300 - General Medicine	25,035	26,902	-7%	-1,867
420 - Paediatrics	9,279	9,782	-5%	-503
101 - Urology	3,803	4,226	-10%	-423
501 - Obstetrics	4,785	4,572	5%	213
422 - Neonatology	574	331	73%	243
340 - Respiratory Medicine	549	282	95%	267
320 - Cardiology	2,172	1,816	20%	356
110 - Trauma & Orthopaedics	4,147	3,645	14%	502
<b>Total</b>	<b>80,281</b>	<b>86,548</b>	<b>-7%</b>	<b>-6,267</b>

### Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,943	3,896	-24%	-953
320 - Cardiology	291	742	-61%	-451
502 - Gynaecology	1,243	1,621	-23%	-378
120 - Ear, Nose & Throat	728	986	-26%	-258
103 - Breast Surgery	384	526	-27%	-142
420 - Paediatrics	169	299	-43%	-130
430 - HCOOP	171	71	139%	100
104 - Colorectal Surgery	536	416	29%	120
503 - Gynaecology Oncology	285	108	163%	177
300 - General Medicine	2,057	993	107%	1,064
<b>Total</b>	<b>14,714</b>	<b>16,011</b>	<b>-8%</b>	<b>-1,297</b>

### Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	5277036	5310744	-1%	-33,708
A&E	207401	215707	-4%	-8,306
Pre-Op	36438	38468	-5%	-2,030
Chemotherapy	14293	15742	-9%	-1,449
Other	58668	59549	-1%	-881
Dialysis	83397	82636	1%	761
Critical Care	21810	21370	2%	440
Maternity Pathway	13879	13669	2%	210

# Strategic Theme: KPIs

## 4 Hour Emergency Access Standard

78.78%		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	4 Hour Compliance	76.93%	76.78%	78.15%	71.18%	70.10%	70.51%	75.34%	79.91%	73.59%	74.09%	77.77%	78.78%	95%
12 Hour Trolley Waits	0	0	1	1	2	0	0	0	2	2	0	2	0	
Left without being seen	3.97%	3.69%	3.75%	5.30%	4.69%	4.39%	3.56%	2.73%	3.45%	2.75%	2.30%	2.71%	<5%	
Unplanned Reattenders	8.91%	9.04%	9.45%	9.78%	9.22%	8.75%	8.69%	8.33%	9.05%	8.97%	8.91%	9.07%	<5%	
Time to initial assessment (15 mins)	77.9%	93.8%	93.9%	92.4%	92.3%	93.4%	90.6%	91.1%	88.6%	93.6%	96.0%	94.4%	90%	
% Time to Treatment (60 Mins)	39.4%	51.1%	51.6%	46.7%	46.1%	45.9%	47.8%	54.6%	53.3%	55.5%	47.8%	42.5%	50%	

### 2017/18 Trajectory (NHSI Return 7th June 2017)

-16.22%		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	Trajectory	75.0%	75.0%	80.0%	83.0%	87.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
Performance	76.9%	76.8%	78.2%	71.2%	70.1%	70.5%	75.3%	79.9%	73.6%	74.1%	77.8%	78.8%		

The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard.

### Summary Performance

March performance for the 4 hour target was 78.8%, against the NHS Improvement trajectory of 95.0%. This is an increase in performance compared to the previous month. There were two 12 Hour Trolley Waits in March, which is an increase as there were none from in February. The number of patients who left the department without being seen remained compliant, but increased slightly to 2.71% from last month. Unplanned reattendances also increased in March to 9.07%, remaining non-compliant.

The priority and focus for March has been to maintain safe patient care; improving performance and patient flow across the whole emergency patient pathway.

March saw a continued increase in activity, with high numbers of medically unwell patients continuing to attend ED by ambulance. The WHH received 301 patients on one day, which was the highest number recorded in the department and QEQMH also saw over 285 patients in one day. The number of ambulance patients has also been high with over 100 ambulances arriving to each department on some days. Although patient acuity has been high there has been reduction in the demand and pressure on ITU beds, which is an improvement on January and February's high patient acuity.

The high numbers of emergency patients attending ED has put increasing pressure on the staff in ED to maintain safe patient care and in order to mitigate the clinical risk the additional consultant acute physician hours have continued to be allocated to ED, ambulatory care and the Acute Medical Unit. Additional Consultant Physician sessions have also been utilised to provide additional medical ward rounds. All Divisions produce robust weekend plans to provide assurance that all clinical areas are safely covered and normal services were maintained or enhanced at weekends.

The increased number of emergency medical admission have required bed escalation areas to be opened throughout the month, these areas have included additional ward areas, cardiac step down and surgical assessment unit at WHH. The discharge lounge at QEQMH was only opened in extremis with a priority to close the beds as quickly as possible. The QEQMH discharge lounge has continued to increase its activity and this has supported improvements in morning discharges.

It continued to be a priority to work with SECAMB colleagues in order to minimise the number of handover delays. This has proven to be challenging when high numbers of ambulance arrive within an hour, including GP expected medical patients arriving in the early evening.

The WHH ED's Rapid Assessment and Treatment (RAT) area continues to improve the number of patients who are seen by a senior clinical team on arrival in the department. The GP services at QEQMH and WHH continues to become embedded in both departments with an increasing number of patients being streamed through this pathway.

Medical staffing vacancies at Speciality Doctor (middle grade level) continue to improve as new substantive doctors are coming into post. WHH has only 1 vacancy and QEQMH has 5 with doctors recruited and in the pipeline. Nursing resignations during March have slowed with a robust workforce plan is being developed, which includes a skills escalator for nursing career development.

The Urgent Care Recovery Plan and programme management has been reviewed, with weekly Executive led meetings reviewing performance and actions. The Plan is a Trust and whole health economy priority with the focus on patient safety and patient flow across the whole pathway.

# Strategic Theme: KPIs

## Cancer Compliance

### Key Performance Indicators

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
<b>70.51 %</b>													<b>Green</b>
62 day Treatments	72.40%	70.19%	75.18%	73.80%	74.29%	74.55%	74.37%	71.97%	74.17%	74.87%	74.53%	70.51%	>=85%
>104 day breaches	38	32	46	42	30	25	28	27	26	30	29	33	0
Demand: 2ww Refs	2,625	3,296	3,630	3,329	3,475	3,174	3,399	3,341	2,716	3,398	3,155	3,481	2990 - 3305
2ww Compliance	93.59%	95.67%	96.78%	94.86%	95.65%	95.26%	94.63%	96.43%	96.28%	95.76%	97.04%	91.39%	>=93%
Symptomatic Breast	90.91%	90.71%	89.87%	83.97%	91.72%	95.50%	94.29%	94.44%	92.37%	89.84%	98.50%	90.28%	>=93%
31 Day First Treatment	95.68%	94.81%	95.99%	93.92%	96.99%	93.23%	98.97%	97.00%	95.67%	94.06%	97.81%	95.51%	>=96%
31 Day Subsequent Surgery	89.29%	92.00%	85.96%	87.04%	89.58%	85.42%	95.12%	85.71%	84.85%	87.23%	94.44%	85.29%	>=94%
31 Day Subsequent Drug	97.06%	95.24%	97.53%	98.41%	95.52%	96.77%	100.00%	100.00%	94.59%	98.85%	98.48%	97.96%	>=98%
62 Day Screening	92.00%	95.00%	95.83%	92.73%	92.00%	93.55%	92.86%	89.29%	93.33%	90.91%	79.31%	100.00%	>=90%
62 Day Upgrades	66.67%	80.56%	76.19%	86.84%	87.50%	85.71%	82.98%	84.00%	92.11%	85.00%	80.00%	90.00%	>=85%

### 2017/2018 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
<b>-16.49 %</b>													<b>Green</b>
STF Trajectory	71.60%	66.60%	76.80%	80.90%	83.40%	85.90%	85.60%	85.80%	86.00%	86.00%	85.50%	87.00%	Sep
Performance	72.40%	70.19%	75.18%	73.80%	74.29%	74.55%	74.37%	71.97%	74.17%	74.87%	74.53%	70.51%	Sep

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.



## Summary Performance

March performance is currently 70.51% against the improvement trajectory of 87%, validation continues until the beginning of May in line with the national time table. The total number of patients on an active cancer pathway is 3,212. There are currently 33 patients waiting 104 days or more for treatment, which has increased after 5 static months of 30 or below.

Our overall PTL size has been decreasing over the past six months from approximately 3,100 to circa 2,400 in the previous months, however this has increased in the past two months, largely due to increases in referrals within the Urology pathway.

## 62 Day Performance Breakdown by Tumour Site

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
01 - Breast	82.61%	91.89%	94.44%	95.00%	92.11%	81.82%	100.00%	96.61%	96.23%	88.89%	83.33%	100.00%
03 - Lung	52.17%	52.00%	53.85%	66.67%	79.31%	100.00%	46.43%	70.00%	84.62%	90.32%	94.74%	80.00%
04 - Haematological	44.44%	43.48%	64.29%	100.00%	43.48%	57.14%	53.33%	40.00%	58.33%	75.00%	37.50%	33.33%
06 - Upper GI	88.57%	87.10%	80.56%	80.00%	73.08%	82.61%	71.05%	80.95%	78.26%	70.00%	75.00%	69.23%
07 - Lower GI	35.71%	32.26%	34.15%	43.24%	75.00%	78.79%	70.83%	53.66%	61.29%	65.85%	43.75%	59.46%
08 - Skin	97.33%	97.47%	97.56%	100.00%	100.00%	84.09%	92.31%	95.00%	92.50%	92.68%	100.00%	88.89%
09 - Gynaecological	88.89%	80.00%	88.89%	60.00%	61.90%	75.00%	73.33%	52.38%	57.14%	80.00%	63.64%	85.71%
10 - Brain & Nervous System					0.00%							
11 - Urological	63.64%	61.40%	68.42%	62.37%	55.32%	58.54%	63.83%	55.67%	63.73%	52.04%	64.77%	63.33%
13 - Head & Neck	61.54%	22.22%	53.85%	48.15%	66.67%	90.48%	73.33%	87.50%	28.57%	66.67%	87.50%	78.57%
14 - Sarcoma			66.67%	0.00%				0.00%	0.00%	100.00%		0.00%
15 - Other	0.00%		66.67%	100.00%	100.00%	100.00%		42.86%	0.00%	0.00%	0.00%	

- A significant number of breaches were seen in Haematology, Urology and lower GI last month.
- Of the 22 urological breaches 5 were due to patient choice, therefore if these had not occurred it would have brought their compliance up to 71.7%.
- All the haematology breaches (6) had complex pathways and were being investigated under other tumour sites prior to being managed through the haematological pathway.

- 2.5 of the 7.5 lower GI breaches were due to complex diagnostic pathways, the others we breaches caused by delays for patients to get diagnostic tests or treatments.

**Risks to delivery of the standard:**

- Key areas of concern for the Trust are Urology, Lung, lower GI and adequate surgical theatre capacity.
- We have seen significant increases in referrals in breast and urology in March. It is thought that the impact in urology will be most significant with the likelihood for a 17% conversion rate and for 60 of these patients to breach a 62 day pathway.

**Actions taken to mitigate risk and improve performance:**

- Daily cancer huddle meetings have been implemented for Lung, Lower GI, Urology, Gynae and Upper GI with the focus on patients between day 40 upwards, to ensure all breaches are prevented as far as possible. We have seen a significant reduction in patients over 62 days and 104 days since this has been implemented and have prevented breaches since this process began.

	July Average	August Average	September Average	October Average	November Average	December Average	January Average	February Average	March
Over 62 days	180	155	158	140	135	126	164	155	146
Over 104 days	43	38	29	22	26	24	28	27	30

- We have seen a slight increase in the number of patients on a cancer pathway over 62 days, this is however beginning to decrease and positively our diagnosed patients over 62 days has not increased due to this.
- A webpage style PTL has been implemented with all tumour sites. This refreshes data every 30 minutes from Infoflex providing a real time position and validation for each tumour site. This has seen significant improvements within tumour sites in terms of actions being completed and patients being pushed through their pathways.

- Urology have additional staffing from February (one consultant and two clinical nurse specialists) this increase in workforce should start to allow us to implement pathway changes which will significantly impact on performance.
- Realistic trajectory for all tumour groups has been designed and the concept approved at the Cancer Board meeting March 2018. All tumour groups to review their respective trajectories.
- All tumour groups and associated services such as radiology and pathology to review their demand and capacity plans for cancer diagnostics and treatments and to ensure that all clinicians job plans reflect the demand for cancer treatments and diagnostic's.
- Cancer MDT Operational Team meetings to have the same agenda that covers management of breaches, cancer actions, demand and capacity updates and any associates risks with mitigations
- The format of the Cancer Board is being reviewed and updated and request has been made to Cancer Board to have a Non-Executive Director. Terms of reference have also been updated to reflect the Trust format and these are being circulated for comment.
- It is expected that all breach reports are reviewed monthly and returned to the Cancer Compliance Team. This is governed via the weekly KPI meeting.
- We are in the process of reviewing and re-vamping our trust wide cancer action plan to ensure that the actions on these are specific and measurable.

# Strategic Theme: KPIs

## 18 Week Referral to Treatment Standard

### Key Performance Indicators

76.08 %		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	Performance	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%	77.62%	77.03%	76.08%	>=92%
52w+	29	36	30	30	31	51	64	67	80	108	141	201	0	
Waiting list Size	47,649	49,241	50,377	53,801	54,519	54,749	54,783	54,777	54,383	52,942	54,306	54,519	<38,938	
Backlog Size	7,218	6,980	7,519	8,816	9,497	10,096	10,312	10,481	11,599	11,847	12,474	13,039	<2,178	
Demand: PC Referrals	13,817	16,468	16,948	15,784	15,552	15,231	16,609	16,087	12,564	15,548	14,560	15,437	<15,484	
Demand: Additions to IP WL	2,689	3,073	3,407	3,147	3,063	3,138	3,439	3,708	2,797	3,389	2,969	3,272	<3,076	
Pathway 1st OPA													>=92%	
Pathway Decision to Treat													>=92%	

### 2017/2018 Trajectory

-10.85 %		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	84.13%	83.46%	84.20%	84.44%	83.91%	84.45%	84.75%	85.71%	84.95%	85.18%	86.00%	86.93%	87%
Performance	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%	77.62%	77.03%	76.08%	Sept	

The Referral to Treatment Waiting Time Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against this standard. An RTT Recovery Plan has been developed jointly with local CCGs in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance and ensure that the RTT Standards are sustainably delivered throughout the Trust.

## Summary Performance

March performance decreased to 76.08%.

The number of patients waiting over 52 weeks for first treatment has increased to 141, with elective cancellations over the winter pressures period largely responsible. **This is above the trajectory submitted to NHSI, General Surgery (84), Gynaecology (80), Orthopaedics (12), ENT (10), Ophthalmology (4) Urology (3), Dermatology (2), MFU (2), Neurology (2), Gastroenterology (1) and Other Specs (1).**

Due to the continued winter bed pressures in March it was not been possible to recommence elective activity to the required planned levels. This is particularly evident within Orthopaedics where the specialty has not yet been able to regain the use of their elective wards.

Performance has been further restricted by pockets of reduced activity in outpatients, predominantly within Pain, Orthopaedics, General Surgery and Head and Neck specialities. Following investigation, a number of unplanned absences in the medical workforce across specialities has resulted in a reduced activity in both Outpatients and day case activity.

### Risks to delivery of the standard:

- The impact of NHSI directive to cancel all non-urgent or time critical patients due to emergency pressures has impacted on waiting times
- Continued reduced elective activity due to winter pressures until the end of March has impacted on waiting times
- Higher than planned demand within business plan resulting in no flexibility within capacity in key specialities such as Dermatology, Maxillo Facial and Gynaecology particularly
- Continued recruitment in key areas such as Maxillo Facial, ENT, Dermatology, Pain and Neurology
- Change in payment for waiting list initiatives, continues to have a significant reduction in medical staff providing additional capacity outside agreed job plans.
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits.
- ENT surgical demand remains in excess of capacity in key subspecialties resulting in 52 week waits.
- Gynaecology are experiencing unforeseen reduced capacity due to medical workforce
- Ability to flex additional capacity due to staffing constraints, particularly within outpatients
- Advanced booking of patients within all elements of the patients pathway
- Clinical criteria of independent sectors to enable transfer of patients for treatment

### Actions taken to mitigate risk and improve performance:

- Utilising independent beds for time critical patients

- Prioritising those patients with the longest waiting times into the above areas where surgical appropriate
- Continue to explore sourcing of outpatient internal capacity for all key specialities
  
- All speciality RTT improvement plans refreshed and focused towards the RTT 18/19 plan
- A continued refreshed focus on all patients currently at 35 weeks and above to reduce the patients waiting at 52 weeks, this includes a patient by patient personal treatment plan
- A focus on chronological booking in all specialities, specifically introducing site theatre efficiency programme to improve forward booking and utilisation of lists and create a team approach to problem solving problem
- Utilising additional sources or fixed term appointments to address the long waiting times in key specialities
- Focused clinical leadership in key specialities with long waiting times to support action plans
- Working with CCG to implement a referral management service in General Surgery to support patients with a high BMI

# Strategic Theme: KPIs

## 6 Week Referral to Diagnostic Standard

### Key Performance Indicators

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
<b>99.7%</b> Performance	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	>=99%
Waiting list Size	14,882	14,480	14,709	14,822	14,011	14,827	15,419	14,321	14,345	13,637	14,125	14,174	<14,000
Waiting > 6 Week Breaches	140	92	80	119	120	79	63	22	52	75	62	49	<60
Average Wait													<4

### 2017/18 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
<b>0.55%</b> SIF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	Aggr
Performance	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	Aggr

### Summary Performance

The standard has been met for March 2018 with a compliance of 99.65%. As at the end of the month there were 49 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 20; 16 in Computed Tomography, 4 in Non-Obstetric ultrasound
- Cardiology: 18
- Urodynamics: 7
- Gastroscopy : 1
- Respiratory Physiology: 2

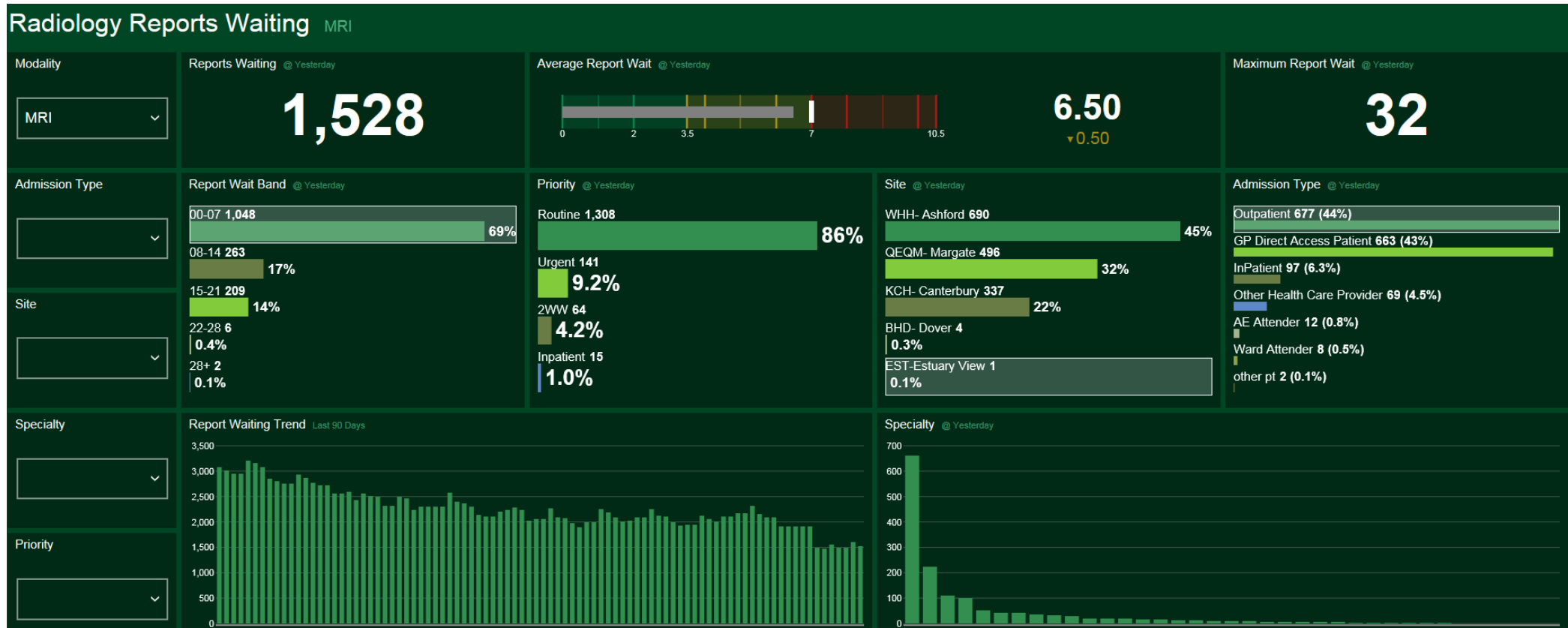
- Neurophysiology :1

**Risks to delivery of the standard:**

- Of the 67 breaches in total (36 Radiology, 17 in Echocardiography, 10 Urodynamics in Gynaecology, 4 Gastoscopy). The number of patients waiting has decreased by 486 (ultrasound +500 compared to January). Focussed daily oversight is required in order to maximise each patient and equipment on all sites to continue to deliver the standard.
- The backlogging of examinations on to the RIS and completing the unspecified images on PACS in radiology due to the November GE / IT/ server issues, which caused a major outage for 7 days was completed by January. The knock on reporting backlog has improved for CT & MRI since the February report.
- Current wait time for Cancer referrals is 4-5 days for CT and 6 days for MRI.
- CT backlog reports are 1,140 (previous report 1,311) and MRI is 2,073 (previous 2,221) both backlogs have shown improvement in month as a result of the third party, substantive and locum reporting activity as of 01/03/18. Reporting in a timely way for each patient within all modalities remains a concern for the Division; some patients are still waiting a long time for a report and a clinical outcome.
- Some improvements in sickness positively impacted this month going forward, however the Nuclear Medicine services remains a risk due to on-going sickness and maintaining high professional standards (MHPS) investigations.
- Increasing third party provider support for MRI backlog in particular.
- Workforce resilience: It is additionally acknowledged the reliability and clinical skill mix of locums restricts service improvement and backlog reductions.



**Reporting backlogs:**

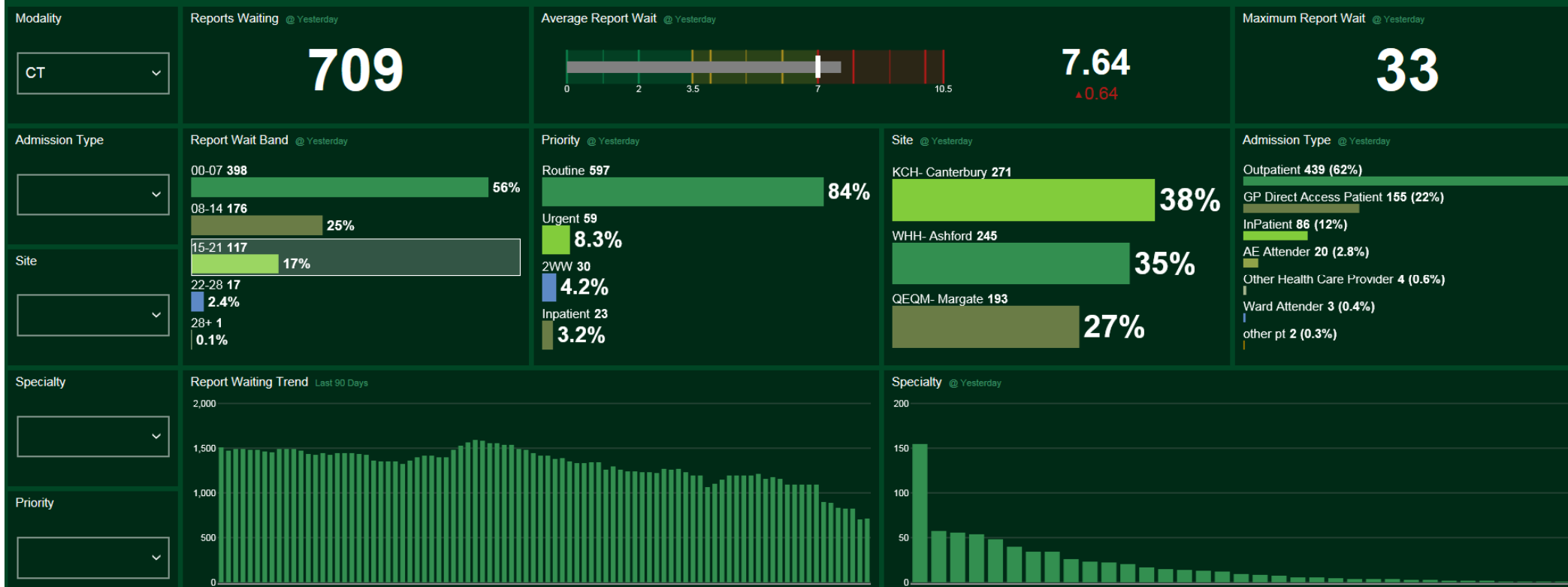


Total MRI backlog reporting position as of 12/03/18: (N.B. this data excludes written exams sent to third party reporters ~ 227 exams)

MRI has improved its large number of reports outstanding by 522 examinations overall compared to the January report (2,050).

Whilst numbers waiting over 2 weeks have improved significantly over the last 3 months there is still a very small number waiting over 28 days.

# Radiology Reports Waiting CT



The total CT backlog reporting position as of 12/03/18:


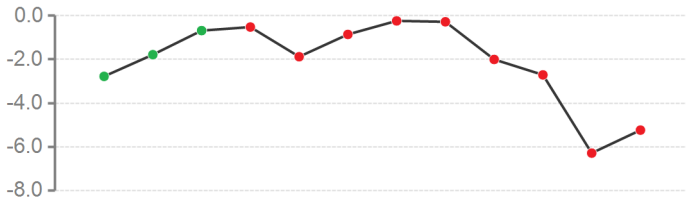


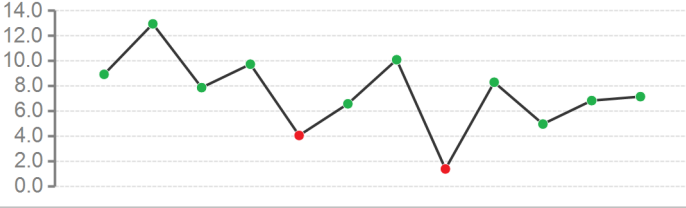


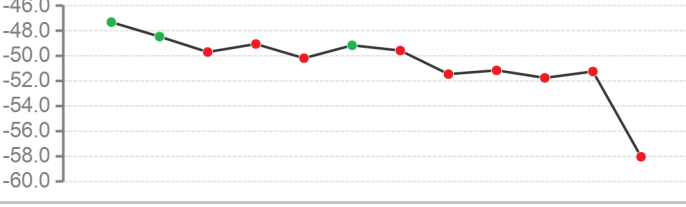



For CT, the total waiting for a report has decreased by 395 examinations overall compared to the January report (1,104).

There is a higher percentage waiting over 2 weeks for a report than MRI that competes with pressure for 2WW and A/E-Inpatient urgent imaging reports. However there has been a significant improvement in this tail by ~310 examinations since the last report.

**Actions taken to mitigate risk and sustain performance:**

- We are working closely with GE and IT to monitor resilience of the system; some planned downtime is required to make this happen but this will be planned in collaboration with all parties.
- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- Outsourcing Cardiology CT in month with plan to bring back in house in March 2018.
- New MRI's are commissioned and fully functional at KCH are enabling us to review some mobile use week on week; however to bring the workload to realistic levels of 2 weeks we continue to need additional vans supporting service delivery.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Working with third party reporting providers to increase capacity.
- We have made a request to Commissioners to close Direct Access MRI slots to reduce demand, free up capacity and or reduce financial burden of buying in Vans and outsourcing the reporting which is no longer cost effective. This has been agreed for South Kent and Thanet but not yet for Canterbury and Ashford areas and no formal agreement is yet in place for either commissioner.
- The Division have received £125k from Central Cancer funding to support delivery of 2 WW position and bring this to within 7 days the department – but have been unable to source a locum to increase specific capacity.
- All our equipment is monitored closely and regularly serviced to ensure we maximise capacity and reduce down time.
- Daily oversight continues.

## Finance

Mar	I&E £m	 <p><b>-56.6</b> (-16.7%)</p>		<p>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 year to date plan = £6.3m deficit adjusted for "extra" CIPS</p>	
Mar	Cash Balance £m	 <p><b>7.2</b> (4.6%)</p>		<p>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.</p>	
Mar	Total Cost £m	 <p><b>-58.0</b> (13.3%)</p>		<p>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.</p>	
Mar	Forecast I&E £m	 <p><b>-29.9</b> (-0.3%)</p>		<p>This shows the latest forecast year end Income &amp; Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	

This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.



Mar

Normalised Forecast  
£m



Comments:

The Trust has generated a consolidated deficit for the full year of £25m which is £19.7m behind plan. The variance is driven by the underachievement of STF funding of £7.6m, due to non delivery of the A&E 4 hour target and non-delivery of Q4 control totals, as well as high levels of temporary clinical staffing and loss of elective income driven more recently by A&E/winter pressures (£9.6m) and losses from Income determination of £3.2m.

As the Trust is in FSM it is measured against its performance excluding STF funding. After this is removed the Trust's I&E deficit in March (month 12) was £4m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing, and after technical adjustments) against a planned profit of £0.5m (£4.4m adverse to plan).

The year to date I&E deficit after adjustments is £29.9m which is £11m behind plan. After allowing for £3.2m of potential determinations losses and a gain of £1.8m for additional CQUIN money, neither of which were in the forecast the Trust has delivered £1.4m better than expected.

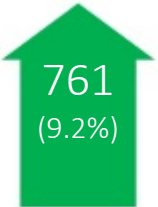
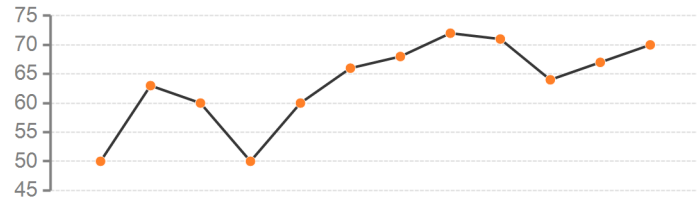



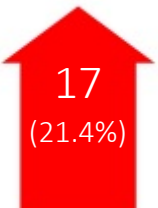
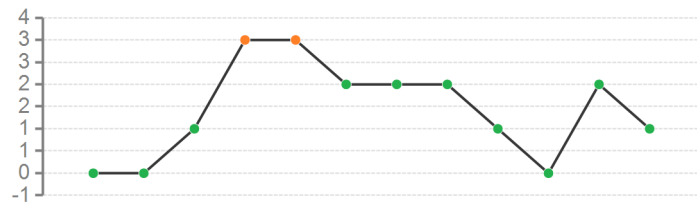




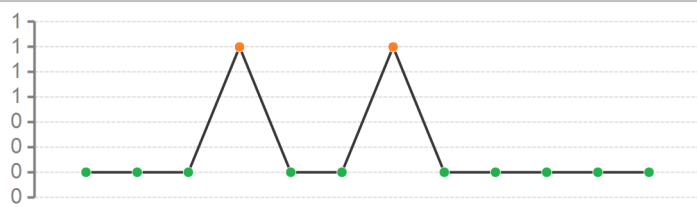




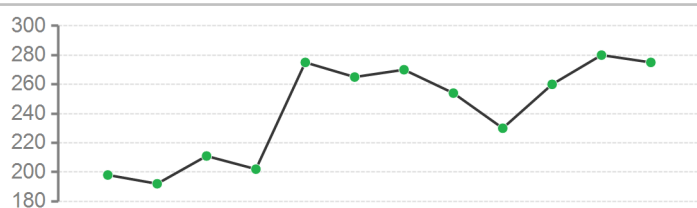



Trust unconsolidated pay costs in the month of £33.1m were £1.4m more than February and £2.8m over plan. The over spend is driven by A&E/Winter pressures. Permanent staff costs (including Overtime) were £0.5m higher than February. Bank usage increased by £0.6m and agency/locum staff increased £0.2m. All temporary staff (agency, bank, locum, overtime) increased by £0.8m to £5.3m in month. Waiting list payments increased by £0.1m in month. Pay is now £7.3m worse than plan year to date. The main driver for the pay overspend against plan remains the inability to close beds driven by A&E/Winter activity which has also resulted in increased pay spend in ED to maintain patient safety.

Clinical income was £2.3m behind plan in month. This is driven by low elective work, due to bed pressures, which have extended longer than originally predicted and provisions for income reductions driven by CCG Challenges. This is offset somewhat by strong non-elective activity and the non planned Health and Social Village bed income. Clinical income is £1.4m behind plan in year. Other income is £1.8m better than plan in month driven by additional education and training income and donation funding off set by lost STF. Year to date other income is £2m behind plan as lost STF income is offset by over recovery of R&D and education income.

Against the full year £32m CIPS target, including income, the Trust has achieved £33.1m, £0.9m over plan. Of the reported position 14% is non recurrent.

The cash balance as at the end of the year was £7.2m, £4.2m above plan. The Trusts total cash borrowing is now £46.2m.

## Health & Safety 1

Mar	Representation at H&S	 <p>761 (9.2%)</p>		<p>% of Clinical Divisions representation/attendance at each site's Health &amp; Safety Committee.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  
Mar	RIDDOR Reports (Number)	 <p>17 (21.4%)</p>		<p>RIDDOR reports sent to HSE each month.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  
Mar	Formal Notices	 <p>2 (100.0%)</p>		<p>Formal notices from HSE (Improvement Notices, Prohibition Notices).</p> <p>Number indicates sum of last 12 months data (as shown in graph).</p>	  
Mar	Health & Safety Training	 <p>2912 (54.8%)</p>		<p>H&amp;S Training includes all H&amp;S and risk avoidance training including manual handling</p>	  

Comments: Representation at H&S meetings increased positively in March and a refreshed strategic agenda and site meetings have been developed.

There was one RIDDOR to report this month, relating to a manual handling incident between a member of staff and a patient.

There were no formal notices this month which reflects a period of 5 months without any formal notices or Improvement Orders.

H&S training remains high and inline with previous months.

## Health & Safety 2

Mar	Accidents	292 (-11.2%)		<p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  
Mar	Fire Incidents	116 (-12.8%)		<p>Fire alarm activations (including false alarms).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  
Mar	Violence & Aggression	374 (-9.2%)		<p>Violence, aggression and verbal abuse.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  
Mar	Sharps	125 (-32.8%)		<p>Incidents with sharps (e.g. needle stick).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  

Comments:

The number of Accidents rose slightly in month but remain green in month and green year to date.

Fire incidents remain in line with previous months and reflects a year to date trend off minus 12% year to date.

Violent and Aggression also remains consistent and remains in an amber rating.

Sharps incidents decreased positively in month with a significant minus 32% year to date trend against the previous 12 months.

# Strategic Theme: Use of Resources

## Pay Independent

Mar	Payroll Pay £m	-28.0 (4.6%)		Payroll Pay (Permanent+Overtime+Bank). 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.	★ ★ ★
Mar	Agency Spend £m	-3.3 (5.3%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ★
Mar	Additional sessions £k	-191 (64.4%)		Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ★
Mar	Independent Sector £k	-1,128 (24.9%)		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	★ ★ ★

Comments: Pay performance is adverse to plan by £7.3m (2.1%) for the full year.


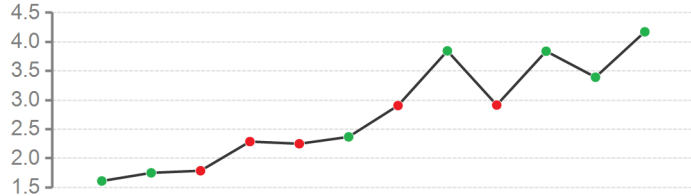




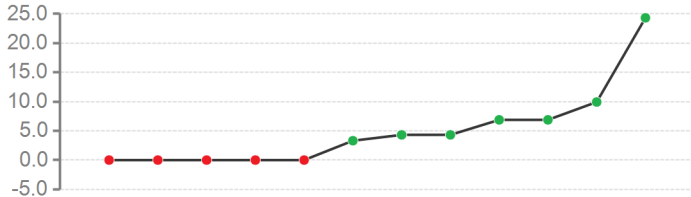



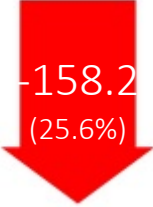
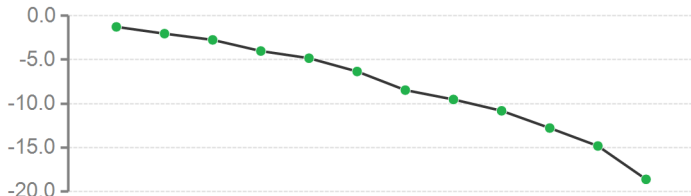



Trust unconsolidated pay costs in the month of £31.4m were £1.4m more than February and £2.8m over plan. The over spend is driven by A&E/Winter pressures.

Permanent staff costs (including Overtime) were £0.5m higher than February. Bank usage increased by £0.6m and agency/locum staff increased £0.2m. All temporary staff (agency, bank, locum, overtime) increased by £0.8m to £5.3m in month. Waiting list payments increased by £0.1m in month. Pay is now £7.3m worse than plan year to date. The main driver for the pay overspend against plan remains the inability to close beds driven by A&E/Winter activity which has also resulted in increased pay spend in ED to maintain patient safety.



# Strategic Theme: Use of Resources

## Balance Sheet

Mar	CIPS £m	 51.9 (23.0%)		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.	  
Mar	Cash borrowings £m	 11.3 (-56.2%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	  
Mar	Capital position £m	 -158.2 (25.6%)		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	  

Comments: The cash balance as at the end of January was £7.2m, £4.2m above plan. £14.4m was borrowed in month to address creditor payment issues and the Trust has requested £3.2m of working capital funding for April to maintain minimum cash balances. The Trust is currently borrowing a total of £46.2m of cash.

Total invoiced debtors have increased from the opening position of £19.2m by £9.6m to £28.7m.

At the close of M12 there were 7 debtors owing over £1m. South Kent Coast CCG £5.3m, Canterbury & Coastal CCG £4.4m, Ashford CCG £4.4m and Thanet CCG £1.9m, all with outstanding invoices for 2017/18 overperformance. Maidstone & Tunbridge Wells owes £1.0m, East Kent Medical Services owe £1.1m and NHS England South East Commissioning Hub owes £1.6m.

Invoiced creditors have increased by £2.4m from the opening position to £33.5m. 67% relates to current invoices (M11 49%) with 10% or £3.4m (M11 £4m) over 90 days.

# Strategic Theme: Use of Resources

## Productivity

Mar	Clinical Productivity: Theatres	0.0		Clinical Productivity graph: theatre sessions v plan.	  
Mar	Clinical Productivity: Outpatient	0.0		Clinical Productivity graph: outpatient sessions v plan	  

Comments: The CIPs Plan for 2017/18 was £32.3m, net of the cost of delivery. CIPs achieved in M12 were £4.2m against a plan of £3.5m. CIP achievement for the Year was £33.1m, £0.8m better than plan. The major areas of CIP achievement in M12 were Divisional schemes £1.4m, Agency £0.6m, Workforce £0.6m and Central £0.7m offset by shortfalls in Medicines Optimisation £(0.4m). The Medicines Optimisation variance in March relates to phasing in the plan and has over performed by £0.1m for the year. CIPs in March amounted to £3.9m recurrent and £0.3m on a non-recurrent basis. The recurrent/non-recurrent split for the year is £28.3m and £4.8m respectively

# Strategic Theme: Improvement Journey

		Nov	Dec	Jan	Feb	Mar	
MD01 - End Of Life	Lost Days (Fast Track)	15	14	13	15	12	
MD02 - Emergency Pathway	ED (All Sites) - 4hr Compliance (%)	79.91	73.60	74.09	77.76	78.78	>= 95
	ED - 1hr Clinician Seen (%)	45	41	45	48	42	>= 55
MD04 - Flow	IP - Discharges Before Middyay (%)	13	12	14	13	16	>= 35
	Medical Outliers	73	87	105	79	68	
	Lost Days (Non-EKHUFT)	61	61	64	58	64	
	DToCs (Average per Day)	55	49	56	52	63	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	71.97	74.17	74.87	74.53	70.51	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	30	28	27	24	25	< 28
	Staff Turnover (Midwifery)	13	13	13	13	13	<= 10
	Vacancy (Midwifery) %	6	7	7	8	7	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.2	13.5	13.5	13.6	13.0	<= 10
	Vacancy (%)	11.4	12.2	11.6	11.4	4.7	<= 7
	Staff Turnover (Nursing)	13	14	14	14	13	<= 10
	Vacancy (Nursing) %	9	10	10	11	10	<= 7
	Vacancy (Medical) %	13	17	17	13	3	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	81.9	82.2	81.7	81.4	74.8	>= 85
	Statutory Training (%)	89	88	89	89	90	>= 85
KF01 - Complaints	Complaint Response in Timescales %	87.0	79.2	84.8	87.2	88.9	>= 85
	Complaint Response within 30 days %	7.2	15.1	13.6	25.5	35.2	>= 85

KF02 - Workforce & Culture	Staff FFT - Work (%)	49	49	48	48	48	>= 60
	Staff FFT - Treatment (%)	70	70	70	70	70	>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)		94				>=95
	Pharm: Fridge Temps (%)		86				>= 100
	Pharm: Drug Trolleys Locked (%)		100				>= 90
	Pharm: Resus. Trolley Check (%)		83				>= 90
	Pharm: Drug Cupboards Locked (%)	0	83				>= 90

# Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55	
	ED (Acute Sites) - 4hr Compliance (%)	% 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)	>= 95	1 %
	ED (All Sites) - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for all sites including KCFT MIU Sites	>= 95	100 %
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 P	<= 92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Lost Days (Fast Track)	Beddays lost due to delayed discharge (Fast Track)		
	Lost Days (Non-EKHUFT)	Beddays lost due to delayed discharge (Non-EKHUFT)		
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %

## Clinical Outcomes

Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
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 - select	>= 85	5 %
Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 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	5 %
pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. Th	< 2.75	20 %
Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team.	< 15	15 %
Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %

## Culture

Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
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 %)	>= 60	50 %

## Data Quality & Assurance

Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	<= 0.1	25 %
Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %

Data Quality & Assurance	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from	>= 99	100 %
Finance	Cash Balance £m	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.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	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 year to date plan = £6.3m deficit adjusted for "extra" CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	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.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. 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.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). 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.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %

## Health & Safety

Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. 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.	>= 76	20 %
RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. 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.	<= 3	20 %
Sharps	Incidents with sharps (e.g. needle stick). 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.	<= 10	5 %
Violence & Aggression	Violence, aggression and verbal abuse. 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.	<= 25	10 %

## Incidents

All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 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: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
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 previ	<= 5	20 %
Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic	>= 94	10 %
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.	>= 98	20 %
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.	< 1	30 %



Incidents	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 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	<= 0.15	10 %
	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	< 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.		
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	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). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	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 varia	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 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.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	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	< 1		

Infection	MSSA	The total number of MSSA 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.	< 1	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
	MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12	
Initiatives	Antimicrobial Resistance & Stewardship CQUIN Delivered %	CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours	>= 100	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	>= 100	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	>= 100	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	>= 100	20 %
	Staff Health & Wellbeing CQUIN Delivered %	CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake	>= 100	20 %
Mortality	Crude Mortality EL (per 1,000)	The number of deaths per 1,000 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.	< 0.33	10 %
	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.	< 27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro	< 87.45	30 %
Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %

Observations	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults 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	AE Mental Health Referrals	The Number of Referrals made to a Mental Health team from A&E		5 %
	Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89	
	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89	
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
	Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	
	Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
	Discuss Worries with support %	Discuss Worries with support	>= 89	
	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 direct	>= 1	10 %

Patient Experience	FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction	>= 90	30 %
	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 mon	>= 15	1 %
	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	>= 85	5 %
	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. 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.	< 1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las	>= 90	10 %
	Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
	Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
	Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89		
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 Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %

Productivity	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.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 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	< 1	
	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 pa	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community	>= 99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
	Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12		
	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 %) again	>= 92.1	1 %

## Staffing


Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwife	< 28	2 %
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Sickness (%)	% 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	< 3.6	10 %
Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – $\frac{\text{WTE staff in post with 12 months+ Trust service}}{\text{WTE staff in post 12 month prior (no exclusions)}} * 100$ for percentage. exclude Junior		
Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – $\frac{\text{WTE staff in post with 12 months+ Trust service}}{\text{WTE staff in post 12 month prior (no exclusions)}} * 100$ for percentage		
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	<= 10	15 %
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	<= 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 th	<= 10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Temp Staff (WTE)	WTE Count of Temporary Staff Used	< 182	


## Staffing


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.	<= 10	
Total Staff Headcount	Headcount of total staff in post		
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	< 100	5 %
Vacancy (%)	% 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.	<= 7	15 %
Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 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.	<= 7	
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.	<= 7	
Training			
Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
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 pr	>= 85	50 %
Use of Resources			
Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	< 0	

Use of Resources	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0
	CIPS £m	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.	< 0
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan	
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.	
	Independent Sector £k	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	< 0
	Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). 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.	< 0

### 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



# Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	1.9	1.2	2.1	0.8	3.4	4.1	7.1	6.6	14.2
Appraisal Rate (%)	58.2	62.8	83.6	90.4	61.8	82.6	85.3	87.6	75.4
Employed vs Temporary Staff (%)	117.4	86.6	88.5	87.3	91.0	93.4	86.1	92.0	85.3
Sickness (%)	4.1	3.6	2.2	3.9	3.7	4.1	3.9	4.0	3.9
Staff Turnover (%)	13.3	14.8	12.2	14.6	9.3	11.9	9.3	12.6	14.8
Statutory Training (%)	92	87	95	94	87	90	95	90	89
Total Staff In Post (SiP)	1957	80	127	121	121	1359	322	1739	1668
Vacancy (%)	-17.4	15.5	11.5	14.8	9.0	6.7	13.9	8.3	14.9

# Patient Safety Heatmap - MARCH 2018

KEY	
<span style="background-color: #cccccc; border: 1px solid black; padding: 2px;"> </span>	data not yet available
<span style="background-color: #ff0000; color: white; border: 1px solid black; padding: 2px;">NULL</span>	null return, data not received
<span style="color: #cccccc;">N/A</span>	metric is not applicable

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with patients %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
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## KCH - Kent & Canterbury

### Specialist

KBRA - BRABOURNE (KCH)	100.0	0	1	0	0	0	23	NULL	NULL	NULL	45	100	0.0	98.6	86	116	13
MARL - MARLOWE WARD	100.0	4	3	0	0	0	65	33	33	100	47	98	0.0	85.2	101	112	7

### Surgical

CLKE - CLARKE WARD	96.9	7	4	0	0	1	85	33	33	50	14	98	0.0	86.4	100	101	6
KENT - KENT WARD	100.0	7	6	0	0	0	35	100	100	100	13	100	0.0	91.2	104	102	6
KITU - KCH ITU	100.0	0	0	0	0	0	57	N/A	N/A	N/A	N/A	N/A	N/A	89.0	82	96	28

### Urgent Care

HARB - HARBLEDOWN WARD	100.0	1	9	0	0	0	0	33	50	50	72	96	0.0	92.3	99	122	5
INV - INVICTA WARD	95.2	0	5	0	0	0	3	33	50	50	7	100	0.0	90.1	101	113	6
KING - KINGSTON WARD	96.3	1	10	0	0	1	0	100	100	100	14	83	0.0	94.7	117	123	6
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	1	0	0	0	0	50	50	100	29	50	50.0	93.8	94	101	5
MTMC - MOUNT/MCMMASTER WARD	96.2	0	6	0	1	0	11	33	50	25	23	91	0.0	88.3	98	136	5
TREB - TREBLE WARD	100.0	1	3	0	0	0	24	100	100	100	16	100	0.0	91.1	98	101	7

## QEH - Queen Elizabeth Queen Mother

### Specialist

BIR - BIRCHINGTON WARD	100.0	0	0	0	0	0	0	33	50	50	69	99	0.0	90.0	92	123	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	80.5	84	86	20
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	12	N/A	N/A	N/A	N/A	N/A	N/A	94.5	92	100	19
RAI - RAINBOW WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	13	100	0.0	92.2	112	122	10

### Surgical

BIS - BISHOPSTONE WARD	100.0	2	0	0	0	0	5	50	33	33	57	98	2.4	92.7	81	95	6
CSF - CHEERFUL SPARROWS FEMALE	100.0	1	2	0	1	1	51	33	25	33	65	98	1.9	80.0	98	124	6
CSM - CHEERFUL SPARROWS MALE	95.8	1	3	0	0	1	0	33	33	33	45	98	0.0	92.4	115	142	6
QITU - QEH ITU	100.0	6	0	0	0	0	87	N/A	N/A	N/A	N/A	N/A	N/A	87.6	90	115	22
SB - SEA BATHING WARD	96.6	0	0	0	0	0	0	33	33	50	27	89	11.1	119.1	117	122	6

### Urgent Care

## KEY

	data not yet available
NULL	null return, data not received
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DEAL - DEAL WARD	100.0	0	4	0	0	3	2	50	33	50	0	NULL	NULL	98.9	103	122	5
FRD - FORDWICH WARD STROKE UNIT	100.0	0	1	0	0	1	0	100	100	100	74	95	0.0	84.8	85	128	8
MW - MINSTER WARD	100.0	0	3	0	2	1	18	100	100	100	1	0	0.0	88.1	90	107	6
QCCU - QEHC CCU	100.0	0	3	0	0	0	0	100	50	50	54	100	0.0	77.4	86	86	7
QCDU - QEHC CDU	100.0	41	2	0	0	1	14	50	50	50	19	77	16.7	98.4	N/A	N/A	N/A
QX - QUEX WARD	100.0	0	0	0	0	1	70	50	100	50	40	100	0.0	NULL	132	106	6
SAN - SANDWICH BAY WARD	100.0	0	0	0	0	1	0	NULL	NULL	NULL	36	100	0.0	101.5	123	146	7
SAU - ST AUGUSTINES WARD	100.0	0	7	0	0	1	4	NULL	NULL	NULL	34	100	0.0	82.3	133	128	6
STM - ST MARGARETS WARD	95.7	0	1	0	0	0	0	50	50	50	26	100	0.0	86.6	85	99	5

## WHH - William Harvey

## Specialist

FF - FOLKESTONE	100.0	0	0	0	0	0	0	33	33	50	N/A	N/A	N/A	93.7	89	89	19
KEN - KENNINGTON WARD	100.0	0	2	0	0	2	0	33	33	33	17	100	0.0	75.0	85	117	7
PAD - PADUA	100.0	0	0	0	0	0	0	N/A	N/A	N/A	2	100	0.0	92.8	90	95	7
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	1	67	N/A	N/A	N/A	N/A	N/A	N/A	98.2	80	83	13

## Surgical

ITU - WHH ITU	91.7	8	0	0	0	1	35	N/A	N/A	N/A	N/A	N/A	N/A	97.7	92	105	28
KA2 - KINGS A2	100.0	1	0	0	0	0	143	33	33	50	61	96	3.5	92.4	103	109	6
KB - KINGS B	100.0	2	2	0	0	1	198	33	33	50	46	94	3.1	90.6	100	98	5
KC - KINGS C1	100.0	1	4	0	0	1	67	33	33	50	50	92	4.0	89.0	103	102	6
KC2 - KINGS C2	100.0	2	10	0	0	1	59	NULL	NULL	NULL	21	100	0.0	69.0	76	87	6
KDF - KINGS D FEMALE	100.0	6	5	0	0	0	259	33	25	33	63	93	0.0	96.1	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	4	7	0	0	0	0	50	33	100	30	100	0.0	N/A	97	98	6
RW - ROTARY WARD	100.0	1	3	0	0	0	56	33	33	33	52	99	0.0	90.3	94	102	8

## Urgent Care

CCU - CCU	100.0	0	0	0	0	0	2	100	50	50	103	95	5.4	93.2	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	1	2	0	0	0	17	33	33	33	64	96	2.2	70.1	102	113	4
CK - CAMBRIDGE K	96.3	0	9	0	0	0	3	50	50	50	49	100	0.0	98.7	110	122	8
CL - CAMBRIDGE L REHABILITATION	100.0	2	5	0	0	2	4	33	33	33	37	100	0.0	89.5	97	125	6
CM1 - CAMBRIDGE M1 SHORT STAY	100.0	1	8	0	0	0	0	33	50	50	0	NULL	NULL	82.6	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	1	1	0	0	0	26	50	33	33	16	100	0.0	101.2	96	95	6
OXF - OXFORD	100.0	3	6	0	0	1	3	50	50	50	12	100	0.0	86.3	102	125	8

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RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	7	3	0	0	0	13	33	33	50	31	96	3.7	86.2	110	115	8
WCDM - WHH CDU MIXED	100.0	7	6	2	0	2	32	NULL	NULL	NULL	24	83	10.9	77.9	N/A	N/A	N/A