East Kent Hospitals University NHS Foundation Trust

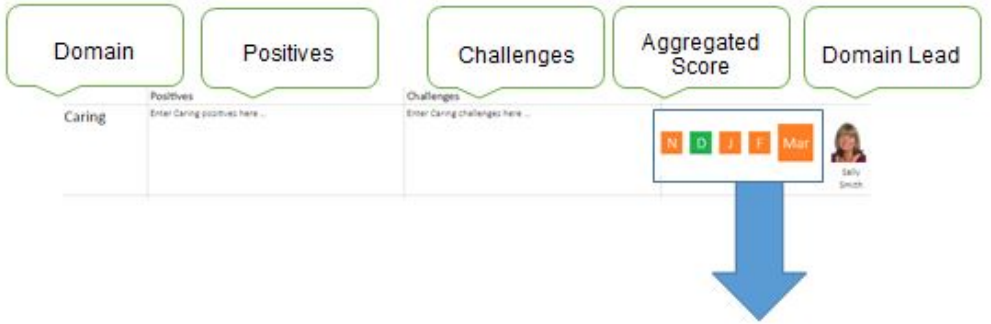
JULY 2018

INTEGRATED PERFORMANCE REPORT

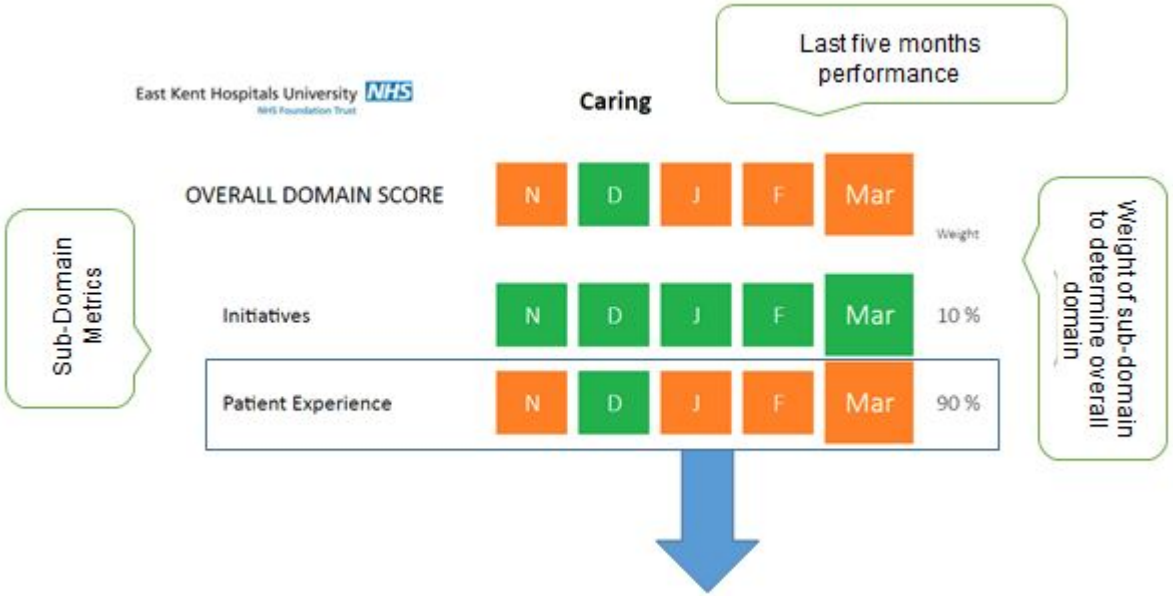
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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



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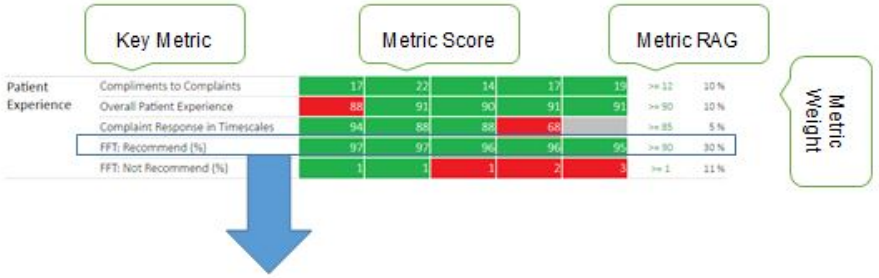
Understanding the IPR

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.



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

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

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Strategic Priorities

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Contents

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Headlines

	Positives	Challenges	
Caring	The Friends and Family test inpatient satisfaction rate remains positive at 97%. Overall patient experience remains green this month, similar to last month. The ratio of compliments to complaints is positive with a high number of recorded compliments to every single complaint. Complaint response times have met our standard being responded to within the timescales agreed with the client. This is the 6th month running of achieving our standard.	While the number of mixed sex breaches has decreased compared with previous month, 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.	M A M J Jul  Sally Smith
Effective	Bed Occupancy has improved to 94%. Out patient DNA performance has deteriorated for new appointments at 7.7% and maintained for follow up appointments at 6.8%. Theatre utilisation has improved to 81%, with theatre start time performance at 73% and a slight improvement in theatre cancellations by clinician dropping to 1.8%. There have been no non-clinical cancellations within 28 days. EME PPE compliance is 81%.	There has been a slight improvement in DTOC's which are averaging at 57 per day; however, this is higher than the Trust internal target of 30 DTOC's per day. Discharges before 12 noon have been maintained at 14%. It is a priority to increase the number of discharges before midday.	M A M J Jul  Lee Martin

Responsive

4 hour Emergency Access Standard
July performance for the 4 hour target was 79.2%; against the NHS Improvement trajectory of 83.9%.This represents a decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in July. The number of patients who left the department without being seen continued to be compliant at 2.8%, whilst unplanned re-attendances remained non-compliant at 9.8%. Time to treatment declined to a non-compliant position of 42.6% for July.

RTT
July's performance has improved to 79.65%, however performance is now 0.56% behind the improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased to 201.
An RTT improvement plan is in place, which is being monitored weekly by the Chief Operating Officer.

DM01
The standard has not been met for July 2018 with a compliance of 98.44%. As at the end of the month there were 264 patients who had waited over 6 weeks for their diagnostic procedure,
The increase in demand for Sleep Studies has impacted on Respiratory performance. CT and MRI have also seen an increase in demand as the focus on reducing the waiting times for patients on cancer pathways.

Cancer
July performance is currently 64.15% against the improvement trajectory of 55.57%, validation continues until the beginning of September in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,651 and there were 40 patients waiting 104 days or more for treatment or potential diagnosis.

All patients over 104 days will be reviewed at the cancer PTL meetings weekly and daily review is being progressed by the speciality to ensure timely investigations and treatment for patients.

4 hour Emergency Access Standard
The A&E four hour standard remains a priority for the Trust. During the month a number of issues occurred, loss of radiology, reduced medical staff, peak demand delays and a higher peak in ambulance attendances. These issues all contributed to reduced performance.

RTT
Insufficient capacity due to vacancy, annual leave and increased demand to meet all standards.

DM01
Demand for diagnostics has increased due to efforts to reduce cancer and RTT waiting times.
Identifying sustainable elective capacity to mitigate the risk of RTT and cancer breaches.

Cancer
Risk of potential patient harm for patients waiting over 104 days. To prevent further 104 day waiters, each patient over 73 days is reviewed at the weekly primary target list (PTL) meeting.

M A M J Jul

Lee Martin

Safe	The rate of falls has again remained below the national average registering green for July. New harms as reported in the harm free care metric remains positive and similar to last month. No avoidable deep ulcers were reported. The number of serious incidents reported in July has reduced compared to June. Screening for sepsis and administration of intravenous antibiotic in those screening positive remains excellent in the EDs and is a continued improving picture on the wards.	The proportion of patients admitted with harms as measured by the harm free care metric has risen in July. This will be explored with our external partners in order to secure the required actions for improvement. This triangulates with infection data where our rate of all (community and hospital acquired) C.difficile infection and E.coli bacteraemias are both above the regional average. Avoidable category two pressure ulcers remains amber this month and slightly below our improvement trajectory. VTE assessment recording continues to require constant monitoring and is hovering below the 95% standard. Infection prevention and control continues to be a cause for concern	M A M J Jul	 Paul Stevens
Well Led	The Trust delivered a £1.2m deficit (after NHSi adjustments) in Month 4 which was on plan. This brings the YTD position to a deficit of £11M which is also on plan (consolidated position including Spencer Wing and after technical adjustments). Vacancy (M4 12.9% , M3 - 14.5%) and Appraisal (M4 - 70.5%, M3 - 67.2%) rates have both improved in month.	Trust Pay is £1.6m over plan in month and £4.5m over plan YTD. The main overspend is in Agency costs (£7.1m over plan YTD) offset by an underspend on permanent staffing (£2.9m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U&LTC. Risks remain in relation to the impact on Income of the recent Expert Determination. The Trust is working with Commissioners to agree the final impact. Total Cash borrowed has risen to £51.9m I&E CIPS of £8.6m are reported up to Month 4 against a plan of £7.9m. Risks remain in relation to finalising CIP schemes to deliver a net £30m of savings by the year end. Staff sickness (M4 - 4.1%, M3 3.8%) and and turnover (M4 15% , M3 13%) have both worsened in month.	M A M J Jul	 Susan Acott

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Caring

	M	A	M	J	Jul	
OVERALL DOMAIN SCORE						Weight
Patient Experience						90 %

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Caring

		Mar	Apr	May	Jun	Jul	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	37	43	28	28	31	>= 12	10 %
	Mixed Sex Breaches	91	67	69	98	50	< 1	10 %
	Overall Patient Experience %	90.9	91.6	91.4	91.1	91.9	>= 90	10 %
	Complaint Response in Timescales %	88.9	94.4	91.4	92.0	87.3	>= 85	5 %
	AE Mental Health Referrals	92	97	104	134	106		5 %
	FFT: Recommend (%)	96	97	97	97	97	>= 90	30 %
	FFT: Not Recommend (%)	1.9	1.1	1.8	0.9	1.1	>= 1	10 %

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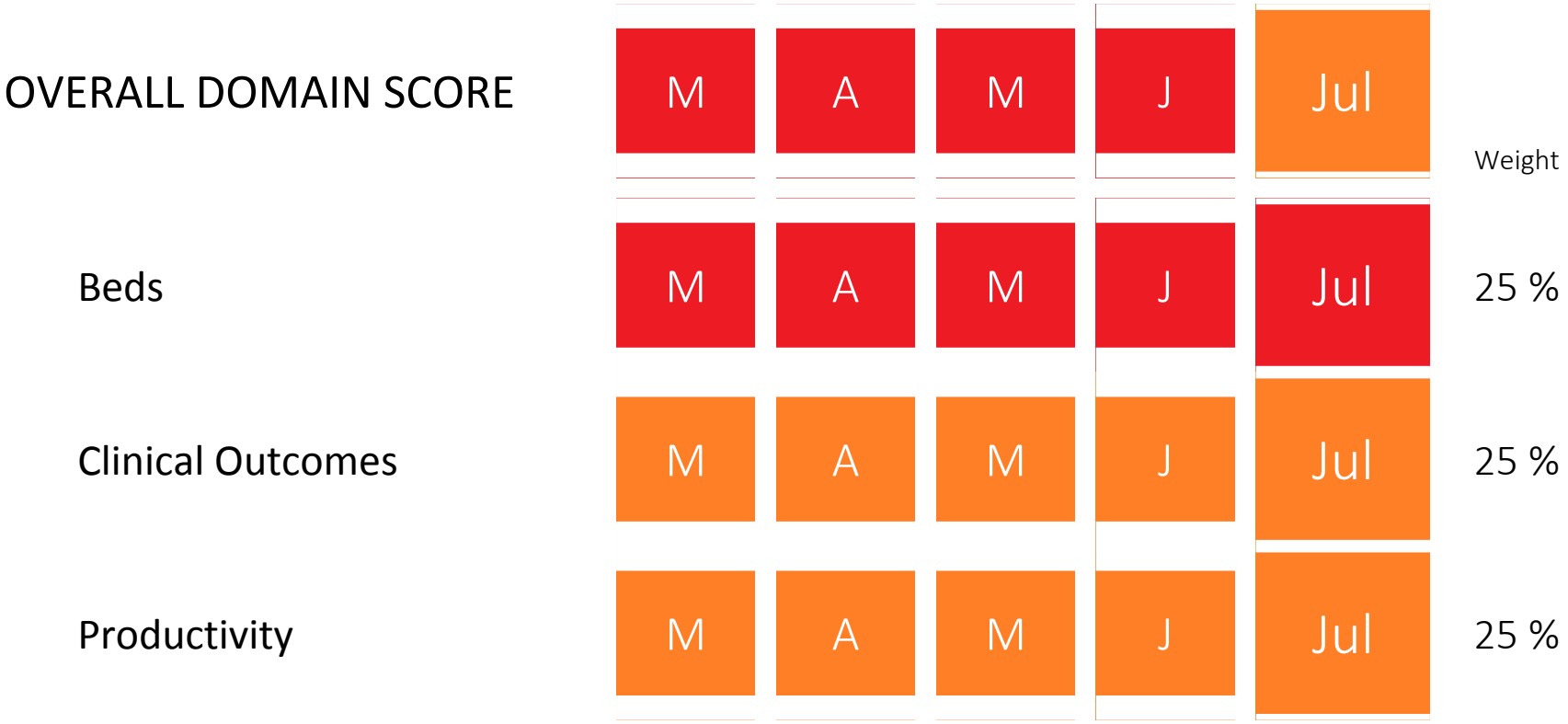
Effective



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Effective

		Mar	Apr	May	Jun	Jul	Green	Weight
Beds	Bed Occupancy (%)	97	101	100	96	94	<= 92	60 %
	IP - Discharges Before Midday (%)	15	15	15	14	14	>= 35	10 %
	DToCs (Average per Day)	63	63	61	61	57	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.5	3.5	3.5	3.5	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.2	15.2	15.3	15.2	14.8	< 15	15 %
	Audit of WHO Checklist %	99	98	100	100	96	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.0	7.0	7.0	6.8	7.8	< 7	
	DNA Rate: Fup %	7.4	6.5	6.7	6.8	6.9	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	0.3		
Productivity	LoS: Elective (Days)	3.2	3.3	3.5	3.2	3.5		
	LoS: Non-Elective (Days)	6.3	6.6	6.3	6.2	6.2		
	Theatres: Session Utilisation (%)	77	77	81	79	81	>= 85	25 %
	Theatres: On Time Start (% 30min)	74	76	73	70	73	>= 90	10 %
	Non-Clinical Cancellations (%)	2.1	2.4	2.2	2.1	1.8	< 0.8	20 %
	Non-Clinical Canx Breaches 28 Days (%)	2	0	1	3	0	< 5	10 %
	EME PPE Compliance %	83	82	81	80	81	>= 80	20 %

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Responsive

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Responsive

		Mar	Apr	May	Jun	Jul	Green	Weight
A&E	ED 4hr Performance (incl KCHFT MIUs) %	78.78	81.73	83.95	85.67	82.93	>= 95	100 %
	ED 4hr Performance (EKHUFT Sites) %	75.08	76.93	80.80	82.55	79.18	>= 95	1 %
Cancer	Cancer: 2ww (All) %	91.42	89.06	93.84	94.22	94.90	>= 93	10 %
	Cancer: 2ww (Breast) %	90.28	75.16	84.46	94.12	93.18	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.08	95.37	96.30	96.37	95.18	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	89.47	88.57	82.05	82.98	94.12	>= 94	5 %
	Cancer: 31d (Drug) %	98.21	97.89	98.88	98.11	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	71.88	66.13	65.40	64.85	64.15	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	93.75	84.09	100.00	85.71	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	100.00	89.19	75.86	84.38	86.36	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.65	99.38	99.30	99.09	98.44	>= 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 (%)	76.08	76.66	78.56	79.02	79.65	>= 92	100 %
	RTT: 52 Week Waits (Number)	201	222	218	201	167	< 1	

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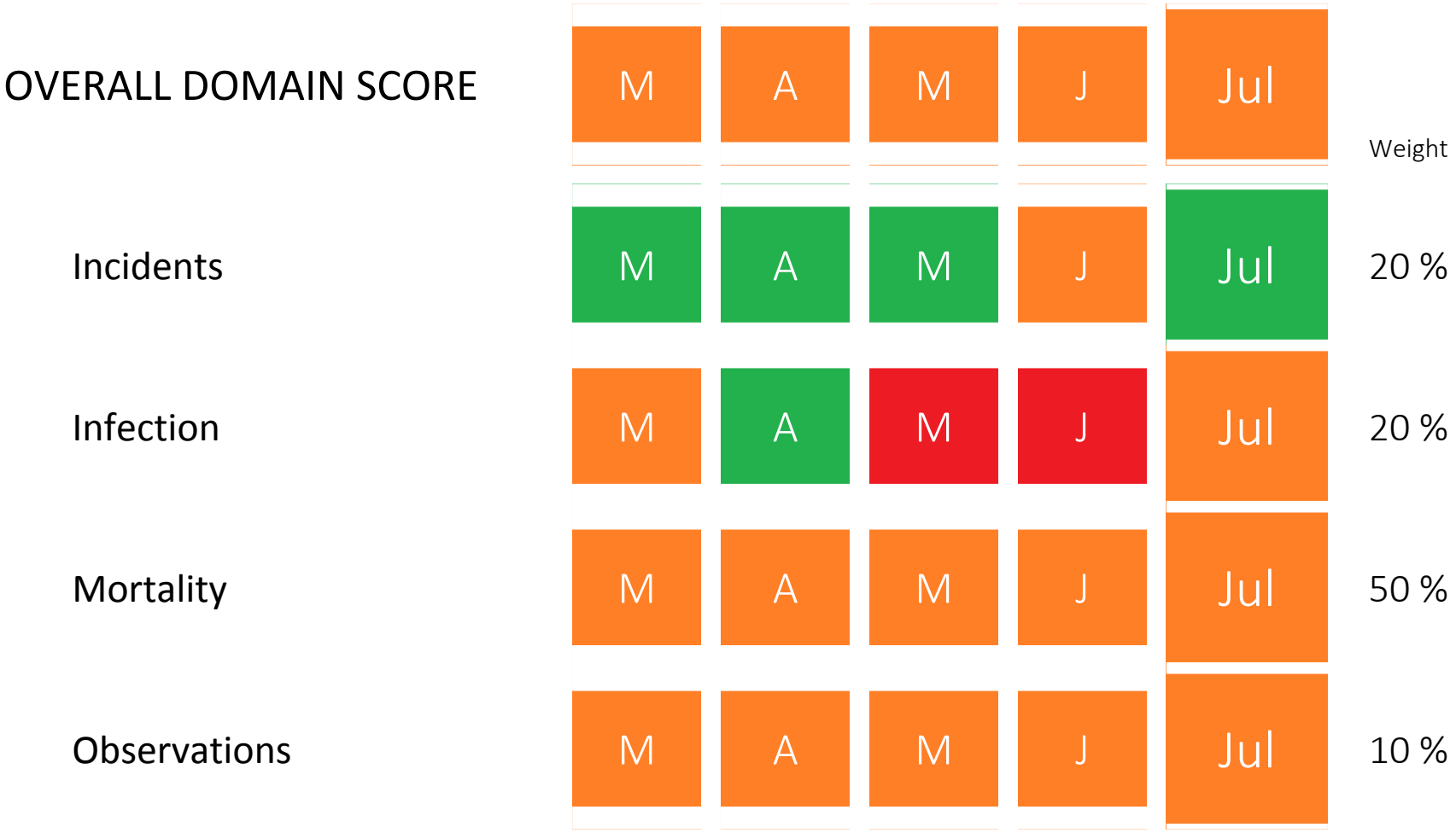
Safe



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Safe

		Mar	Apr	May	Jun	Jul	Green	Weight
Incidents	Serious Incidents (STEIS)	9	12	13	12	9		
	Harm Free Care: New Harms (%)	99.1	98.4	98.7	98.3	98.3	>= 98	20 %
	Falls (per 1,000 bed days)	4.84	5.46	4.93	4.90	4.86	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.24	0.12	0.15	0.22	0.25	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,383	1,324	1,473	1,340	1,447		
Infection	Cases of C.Diff (Cumulative)	38	3	12	16	19	<= Traj	40 %
	Cases of MRSA (per month)	1	0	1	1	0	< 1	40 %
Mortality	HSMR (Index)	85					< 90	35 %
	Crude Mortality EL (per 1,000)	0.8	0.9	0.8	0.4	0.8	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	33.2	29.5	26.6	25.5	29.1	< 27.1	10 %
	RAMI (Index)	89	89	89	89	90	< 87.45	30 %
Observations	Cannula: Daily Check (%)	67.0	70.0	70.0	71.8	70.8	>= 50	10 %
	Catheter: Daily Check (%)	37.9	41.6	40.6	41.8	38.4	>= 50	10 %
	Central Line: Daily Check (%)	64.8	68.7	67.8	68.1	67.0	>= 50	10 %
	VTE: Risk Assessment %	94.2	93.8	94.6	94.4	93.3	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.6	92.5	92.1	92.5	91.8	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.8	89.7	89.6	90.0	89.0	>= 90	25 %

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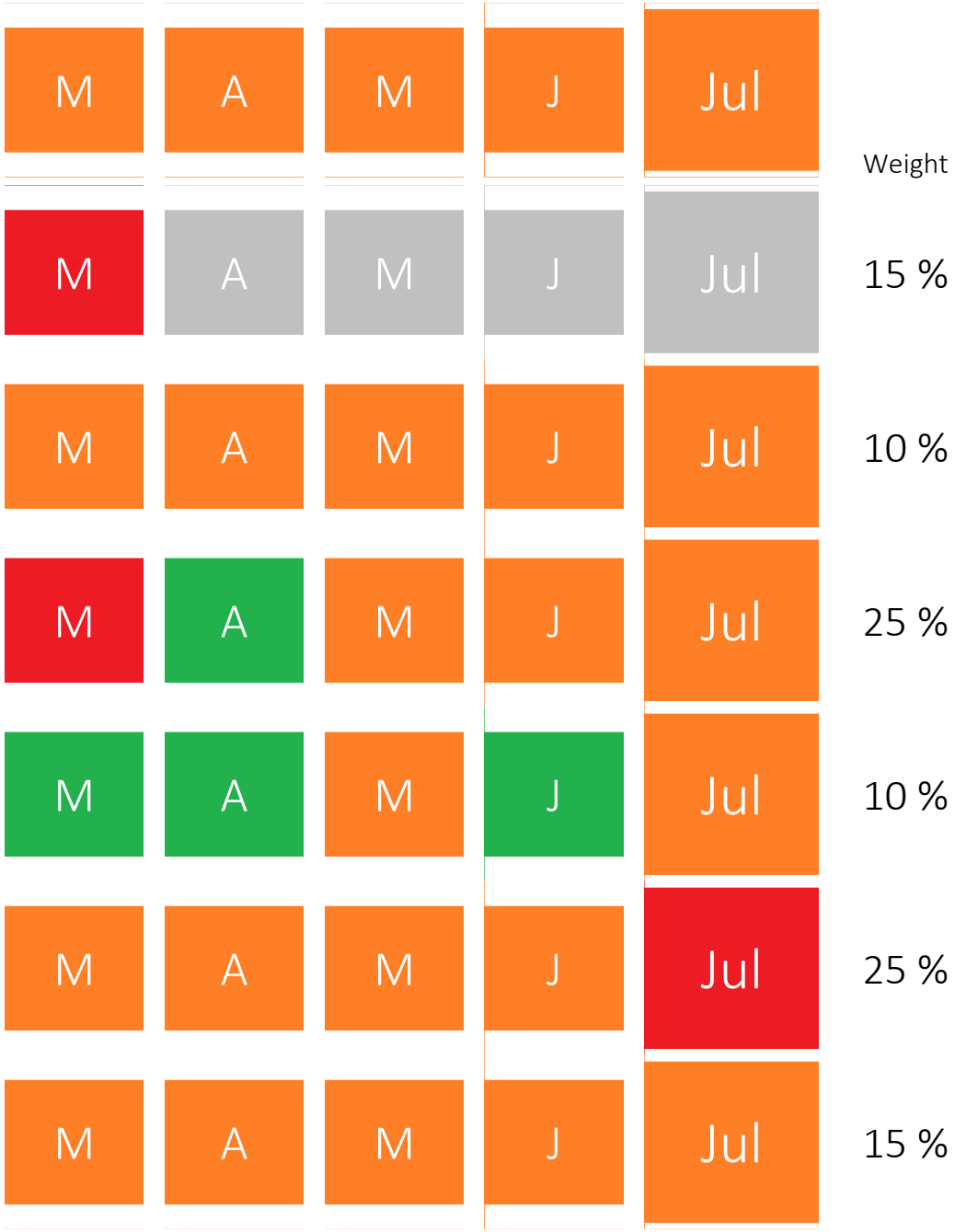
Well Led



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Well Led

		Mar	Apr	May	Jun	Jul	Green	Weight
Culture	Staff FFT - Treatment (%)	70					>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.6	0.5	0.6	0.5	0.8	<= 0.1	25 %
	Uncoded Spells %	0.2	0.3	0.4	0.2	0.5	< 0.25	25 %
Finance	I&E £m	-5.2	-5.0	-3.2	-1.7	-1.3	>= Plan	30 %
	Cash Balance £m	7.2	16.3	4.8	7.1	16.0	>= Plan	20 %
	Total Cost £m	-58.0	-50.1	-53.2	-53.1	-54.0	>= Plan	20 %
	Forecast I&E £m	-29.9	-29.8	-31.0	-31.0	-31.0	>= Plan	20 %
	Normalised Forecast £m	-29.9	-29.8	-30.0	-30.0	-30.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	1	0	1	2	0	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	4.0	3.7	3.7	3.8	4.1	< 3.6	10 %
	Staff Turnover (%)	13.4	13.4	13.2	13.0	15.0	<= 10	15 %
	Vacancy (%)	11.0	13.0	13.6	14.5	12.9	<= 7	15 %
	Total Staff In Post (SiP)	7009	7015	7052	7058	7136		1 %
	Shifts Filled - Day (%)	97	99	100	99	96	>= 80	15 %
	Shifts Filled - Night (%)	106	104	105	104	108	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	10	11	11	10		
	Bank Filled Hours vs Total Agency Hours	58	56	57	59	59		1 %
	Agency %	6.8	6.6	7.0	7.2	7.3	<= 10	
Training	Appraisal Rate (%)	80.9	80.1	71.8	67.2	70.5	>= 85	50 %
	Statutory Training (%)	90	91	90	91	91	>= 85	50 %

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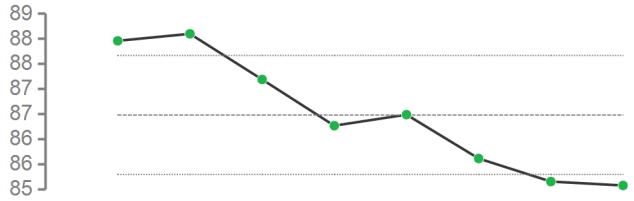
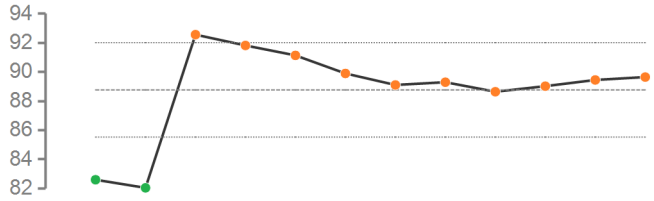
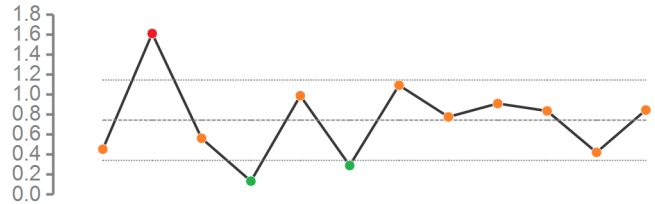
Strategic Theme: Patient Safety

Mortality

Jul	HSMR (Index)	86 (-4.8%)		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
Jul	RAMI (Index)	89 (-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
Jul	Crude Mortality EL (per 1,000)	0.7 (40.8%)		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.

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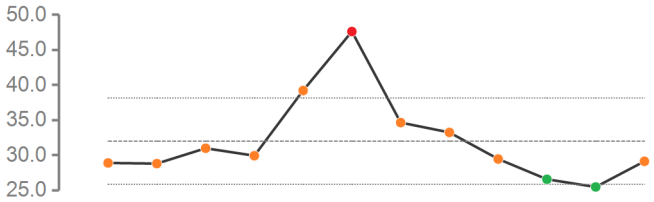
Strategic Theme: Patient Safety

Jul

Crude Mortality NEL (per 1,000)

32.0 (21.2%)



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:

The 2 year trend shows the Trust to follow the peer trend but at a consistently a higher crude rate. The peer distribution showed the Trust rate of 1.4% to be 0.1% higher than the peer rate for the 2 year period which is the same as reported previously.

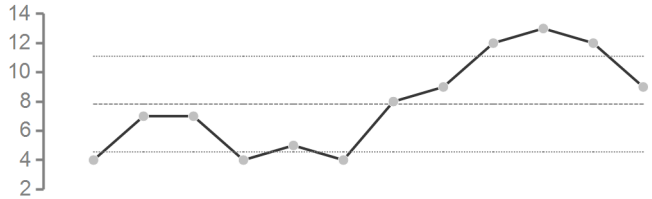
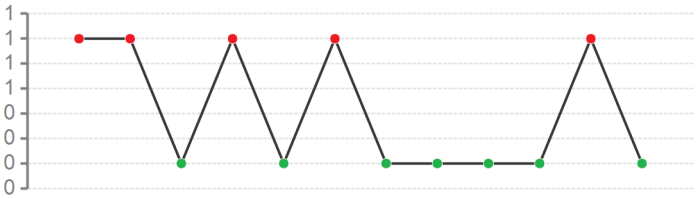
The HSMR has been rebased on 5 years to 17/18. This will have an effect on the number and following rebasing the Trust HSMR is likely to leap upwards by about 10 points. This will be reflected in next months IPR. Despite the change the Trust HSMR still remains below peer.

Of note is the decrease in the RAMI Index of the latest 12months compared to the previous year. Overall the Trust index for 2 years was 92.1 compared to 90.2 for the peer. In the latest 4 months the Trust RAMI remained below peer.

The latest summary hospital mortality index (SHMI) reported on NHS digital is from the January 2017 to December 2017 period and was 1.02 (0.90-1.12, 95% over dispersion control limits). A SHMI of 1.02 is categorised 'as expected'. For the period January 2017 to December 2017 there were 106,295 admission spells, 4100 deaths expected both in hospital and within 30 days of discharge and 4164 deaths observed. Overall 65.75% of deaths contributing to the SHMI occurred in hospital and 34.25% within the 30 days of discharge, these percentages have remained very consistent since October 2015.

Strategic Theme: Patient Safety

Serious Incidents

Jul	Serious Incidents (STEIS)	94 (23.7%)		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.
Jul	Never Events (STEIS)	5 (150.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on StEIS in July 2018: 77 (including nine new)
SIs under investigation: 57
Breaches: 19
Non-breaches: 38
Waiting EKHUFT non-closure response: 7
Waiting CCG response: 12

Supporting Narrative:
The number of breached cases is 19; the number of long standing breaches has increased. The longest standing breach has been sent to the CCG. One case is breached by over six months but this is due to awaiting external review. The bulk of the breaches (12) are less than two months beyond the deadline. 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 Chief Nurse and Medical Director are to received weekly updates on the breached cases.

The nine new SIs are:
- a maternal death
- two obstetric incidents relating to the baby (a premature death and a death of a baby at delivery due to shoulder dystocia)
- four treatment delay cases relating to an ear lesion and ophthalmology (two) and high numbers of ambulances at QEQM
- two obstetric scan screening incidents (one as a service issue and one individual patient case).

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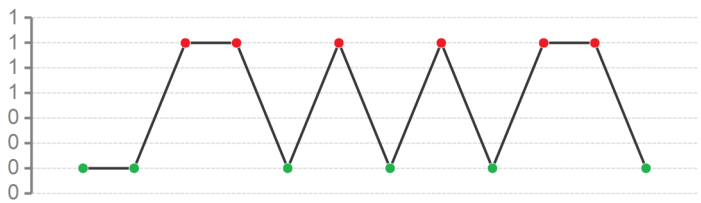
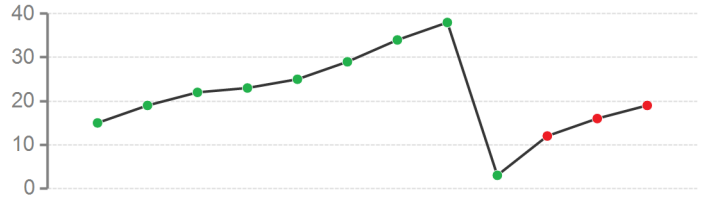
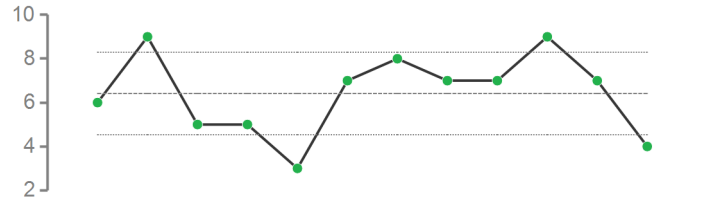
Strategic Theme: Patient Safety

Infection Control

Jul	Cases of MRSA (per month)	6 (-45.5%)		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
Jul	Cases of C.Diff (Cumulative)	19 (18.8%)		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.
Jul	E. Coli	77 (-18.9%)		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.

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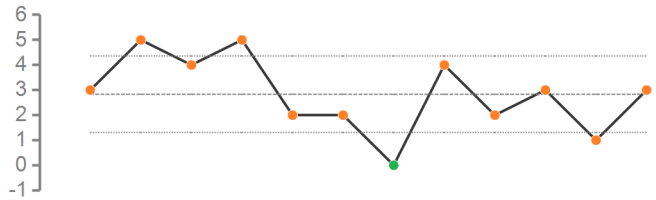
Strategic Theme: Patient Safety

Jul

MSSA

34
(21.4%)



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

C.difficile data is presented as the cumulative number of cases and resets to zero each April. In the new reporting period since April to date the number of cases thus far (21) is above the trajectory set for the year by the Department of Health. In future years we will also be viewing all C.difficile, ie those pre and post 48 hrs from admission. To give an idea of the problem that number for this year is 61 year to date.

How the Trust apportioned number of cases compares is best viewed by comparing the Trust rate of C.difficile per 100,000 bed days to others, year to date our rate is 6.43 compared to a regional range of 0.0-8.31, mean 3.95. For all C.difficile (pre- and post-48hrs) our rate is 18.95 compared to a regional range of 5.59-25.86, mean 14.61/100,000 bed days.

MRSA

From April 2018, all post 48 hour MRSA bacteraemias have been automatically assigned to the Trust and all pre 48 hour cases to the CCG. Year to date there have been 2 MRSA bacteraemias. This is unchanged from the previous report and gives us a rate/100,000 bed days of 0.61. This compares with a regional range of 0.0-6.77 and mean of 0.59.

MSSA

The number of Trust apportioned MSSA bacteraemias year to date is 9, and our current rate/100,000 bed days is 2.75 compared to a regional range of 1.01-7.88 and mean of 3.64

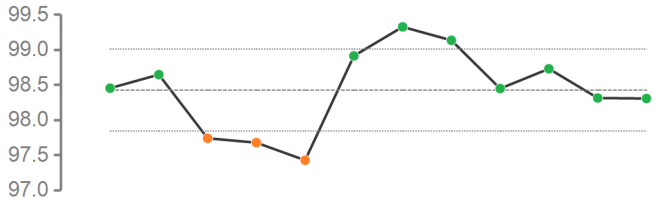
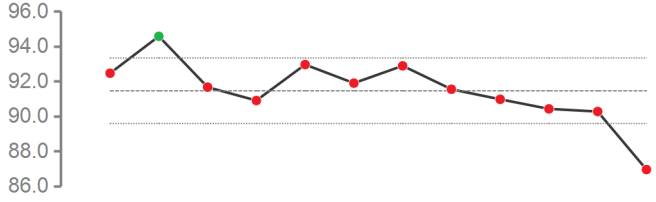
E.coli

Our current rate of Trust apportioned E.coli bacteraemia is 12.87/100,000 bed days. This compares with a regional average of 7.85 and a range of 3.02-13.99. For all E.coli bacteraemias our rate is 62.72/100,000 bed days compared to a regional average of 50.10, range 15.38 -79.78/100,000 bed days.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Jul	Harm Free Care: New Harms (%)	98.4 (-0.2%)		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.
Jul	Harm Free Care: All Harms (%)	91.5 (-1.4%)		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

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 July-18 (86.97%) shows deterioration since last month (90.29% June-18). This is due to a three-fold increase in prevalence of patients admitted with catheter related infections and in the UCLTC Division resulted in a 5% reduction in Harm Free Care. Improvement work continues including involvement in revision of Kent wide catheter guidelines and planned launch of the catheter passport.

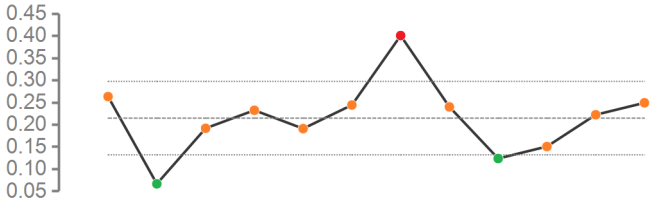
The total of Harm Free Care experienced in our care (New Harms only) at 98.36% remains the same as last month (98.36% June-18). The prevalence of New VTE's (0.60%) are similar to the national average for Acute Hospitals (0.59%) and New Pressure Ulcers (1.00%) are slightly above the national average for Acute Hospitals (0.70%). However, the prevalence of Catheters and New UTI's, and Falls with Harm is below the national average for Acute Hospitals.

Rigorous work will continue to ensure robust validation of prevalence data to ensure harms are kept to a minimum and that patient safety remains a priority.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Pressure Damage

Jul	Pressure Ulcers Cat 2 (per 1,000)	0.21 (-33.8%)		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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jul

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

0.01
(-65.7%)

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

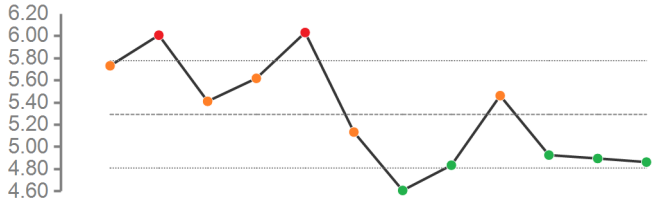
Comments:

July 2018
In July 2018 there were a total of 48 pressure ulcers reported. 32 of these were category 2 ulcers which is equal to last month. The trust was over the 0.15 avoidable incidence/1000 bed days with a result of 0.218/1000. 7 were avoidable also equal to last month. These were avoidable due to no heel offloading, lack of evidenced pressure ulcer prevention interventions and skin inspection.
There were 0 confirmed category 3 or 4 ulcers. We have remained consistently under the set 0.15/1000 bed day target for avoidable category 3 and 4 ulcers.
16 potential deep ulcers were reported. 2 of these were avoidable (equal to last month). 1 heel ulcer and one on the leg both due to lack of offloading. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.062./1000 bed days.
The Specialist Tissue Viability offer trust wide / site based team availability including support workers, working with EME/MEL partners.
Training Days: 2 annual link nurse days, 2 site based study days targeting newly qualified, new link nurse, HCA's, band 4's and students. Ward specific training on all sites, targeted to the needs of individual wards additionally in partnership with industry provide training days, hub events, trolley dashes (minimum of x 4 annually).Offer day placement to student nurses and associate practitioners as well as TV link nurses.
Regional and national networking and trust wide steering group, support Kent collaborative and TV south forum; expert support to respond to learning; patient groups, increasingly collaborative with community. Quality improvement methodology (TIPS) teams improving patient safety. Support workers. Access to specialist dressings supported by the expert team with strong focus on building capacity and capability by the bed side.

Actions in July 2018:
- Second meeting for patient centred group
- Participation in People at Risk Trust meeting
- Events held in QII HUB
- Trial of new wound care charts on Kings D ward at WHH
- Review and evaluation of pressure relief equipment and specialist dressings
- Dressing updates on wards by representatives from industry

Strategic Theme: Patient Safety

Falls

Jul	Falls (per 1,000 bed days)	5.29 (-5.7%)		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

Comments:

Falls incidents have increased in July 2018 still reporting within control limit (n= 155 compared with n= 152 in June).
• 40 were reported at K&CH compared to 45 in June,

11 falls occurred on Harbledown ward, 6 falls on Marlowe ward and there were 6 falls on Invicta ward. Most patient falls were associated with confusion and delirium. The falls have decreased at KCH overall.

• 54 were reported at QEQMH compared to 32 in June. This change coincides with work undertaken at QEQM to focus on reporting. within the A&E and CDU departments where there were 10 falls in total (compared to 4 in June with 1 in A&E and 3 in CDU).

The falls team now have a full time permanent CNS working at the site. Training and work around reporting has been a key target implementing the Fall Stop programme.

Minster ward and St Augustine's have both increased from 2 falls in June to 5 in July. This coincides with a ward move for Minster and Quex (who have exchanged ward locations in June). Quex ward previously medical is now a gastroenterology ward with an increased number of bed spaces. Minster is now a medical ward.

• 61 falls were reported at WHH compared with 75 in June. The reduction of 14 cases is a reflection on the work within the CDU/EAU department.

CDU introduced a TAGG system from July 1st to ensure a staff member is in the bay during all day time shifts. There has been allocated rounding on night shifts to ensure observation if unable to meet full staff capacity to support TAGG. The TAGG system has proved positive in a reduction in falls and the team intend to continue working with the TAGG system in place.

8 falls occurred on CJ. This ward was changed to Frailty in March and bed numbers increased. The ward however have not had any injurious falls and are showing a decrease in falls from month to month which is positive.

Actions:
1. Fall Stop programme continues with a set rollout programme Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs and frailty wards. Wards taking part are CDU and frailty wards at WHH, CDU, St Margaret's and St Augustine's, Seabathing, Fordwich and Quex at QEQMH and Invicta and Harbledown at K&CH.
2. Fall Stop education sessions have been undertaken with pharmacists and therapy technicians as part of their 'Falls and Frailty May' programme. Technicians will start with frailty

identifying patients who are at risk of falls due to culprit drugs and referring them for medication reviews.
3. Link worker meetings have taken place across all 3 sites to share the national audit findings and promote Fall Stop, dates are scheduled for September at the WHH and January 2019 for QEQM.
4. Therapy engagement is on-going to involve them in lying and standing blood pressure measurements. There is on going work to provide all wards within the Trust with a manual sphygmomanometer.
5. Hip fractures are currently being graded as severe, following the national audit recommendations. However, there is further discussion needed to agree to level of investigation of these as up to half are unavoidable and therefore may not warrant a full RCA.
6 EKHUFT are now involved with the 2nd phase of the NHS Improvement Falls Collaborative. The launch was on the 20th June 2018. This provided opportunity to be involved in a national project of quality improvement around falls. The team is multi-professional, and fits with our action plan for falls and the FallStop programme. The key focus is to work around Lying and Standing blood pressures. The event was well attended and the 2nd day was attended on the 17th July.

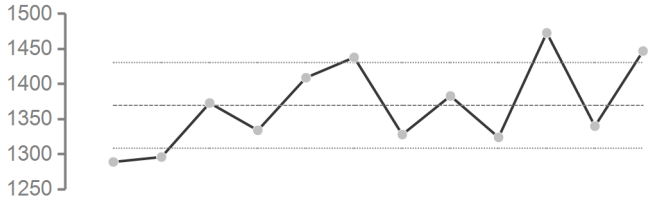
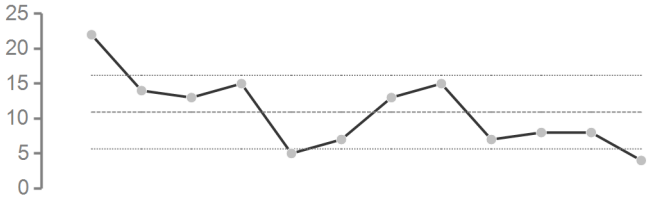
Andrea Reid is leading on the project with the support of Jane Christmas and Debbie Janaway.

CJ frailty ward and CL also frailty and Harbledown are taking part, the ward managers are engaged and the lying and standing blood pressures are being discussed at the board round daily on Harbledown ward.

CJ are assessing and recording outcomes, both areas will collate data and outcome both the percentage on performance and outcomes.

Strategic Theme: Patient Safety

Incidents

Jul	Clinical Incidents: Total (#)	16,434 (-1.4%)		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.
Jul	Blood Transfusion Incidents	131 (-11.5%)		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.

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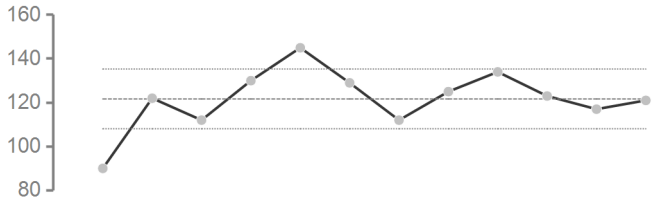
Strategic Theme: Patient Safety

Jul

Medicines Mgmt. Incidents

1,460 (11.6%)



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.

Comments:

Clinical incidents overall summary
A total of 1392 clinical incidents have been logged as occurring in Jul-18 compared with 1307 recorded for Jun-18 and 1364 in Jul-17.
In Jul-18, 9 incidents have been reported on StEIS. 21 incidents have been escalated as a serious near miss, of which 14 are still under investigation. Comparison of moderate harm incidents reported: 25 in Jul-18, 14 in Jun-18 and 5 in Jul-17.
Over the last 12 months incident reporting shows an increase at QEQM and K&CH, but continues to decline at WHH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 6 Blood Transfusion related incidents for July 2018 (7 in June 2018 and 15 in July 2017).

All six incidents were classified as no harm.

There were no themes identified within the incidents reported.

The incidents included a failure to document a transfusion correctly in the medical notes, the use of an incorrect addressograph label on the authority to collect form, wasted units of plasma during a major haemorrhage activation and a suspected transfusion reaction. There was no serological cause found for the reaction.

Reporting by site: 1 at QEQM, 2 at K&CH and 3 at WHH

Medicines management (submitted by the Medication Safety Officer)
As of 15/08/2018 the total number of medication related incidents reported in July 2018 was 158. These included 118 no harm and 40 low harm. The severity of medication related incidents in July 2018 shows that 74.7% of medication related incidents reported were no harm incidents, an increase from 62.7% in June. There were no incidents reported in July that required RCA investigation or were sTEIS reported.
The areas of concern include 4 incidents concerning the safe prescribing of insulin to diabetic patients, 3 of these incidents were patients who had their insulin stopped or not prescribed, two of these required infusion regimes to be commenced. 4 enoxaparin incidents included 2 patients that were given the wrong dose of enoxaparin, the prescribing of enoxaparin with a direct oral anticoagulant and a high risk obstetric patient being discharged without taking her enoxaparin. 3 morphine related incidents including 1 dangerous prescribing of zomorph to an elderly patient with renal impairment.
There were 43 incidents in July 2018 categorised as 'omitted medicine/ingredient', representing 27.2% of all medication related incidents in July. The data produced by the Medication Safety Thermometer in July 2018 was taken from 25 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 22.3% and the percentage of patients with a missed critical medicine was 7.5% in July. This included 5 wards with less than 10% of patients with a missed dose of medication and 14 wards with less than 5% of patients with an omitted critical medicine.

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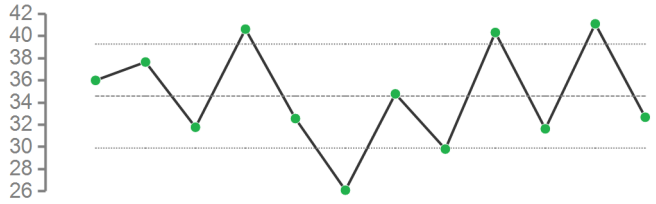
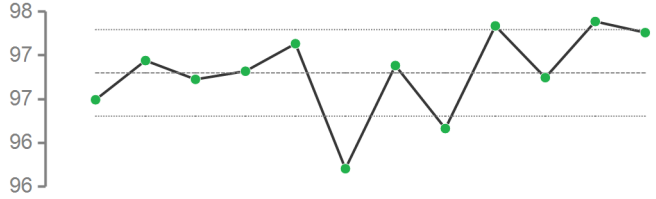
Strategic Theme: Patient Safety

Friends & Family Test

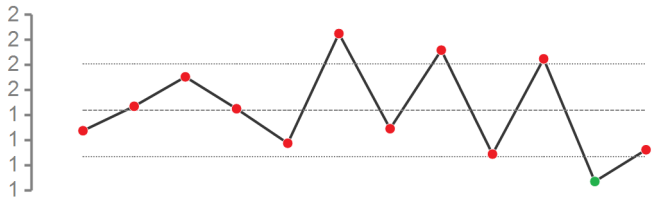
Jul	FFT: Response Rate (%)	35 (-7.2%)		The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon
Jul	FFT: Recommend (%)	97 (0.5%)		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

Strategic Theme: Patient Safety

Jul

FFT: Not Recommend (%)

1.4
(-22.3%)



Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust.
Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct

Comments:

A total of 2541 responses were received (16.4% eligible patients). Overall response rates fell for inpatients, day cases. Maternity's response rates increased for this month and the ED's were similar to last month. Response rate for the EDs was 16.4% (16.7% June-18), inpatients 32.7% (38.7% June-18), maternity; birth only 59.8% (30.4% June-18) and day cases 21.8% (22.9% June -18).

90.3% of responders would recommend us to their friends and family and 6.1% would not. The Trust star rating in July is 4.55 (4.58 June-18). Recommendations by patients in July were improved to June in maternity and outpatients, remained the same for inpatients however, fell in inpatients and day cases. The total number of inpatients, including paediatrics, who would recommend our services 97.3% (97.3% June-18), EDs 80.9% (85.5% June-18), maternity 99.2% (98.8% June-18), outpatients 92.1% (91.1% June-18) and day cases 94.8% (96.3% June-18).

Care, Staff attitude and Implementation of care as the three top positive themes for July-18. The three top negative themes for the trust were Care, Staff attitude and waiting times demonstrating the importance of improving patients waiting times and ensuring that staff attitude is positive for good patient experience.

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.

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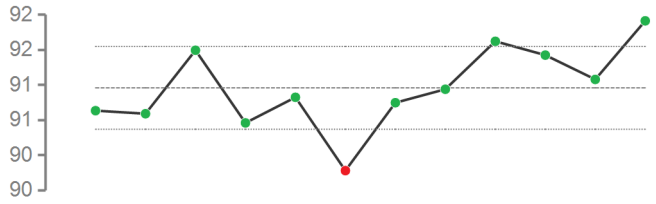
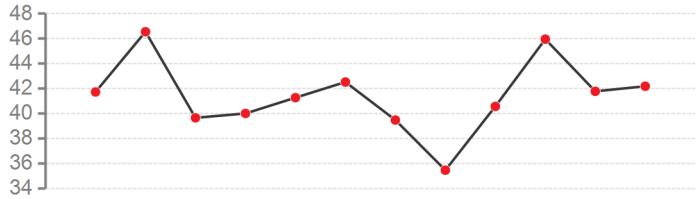
Strategic Theme: Patient Safety

Patient Experience 1

Jul	Overall Patient Experience %	91.0 (-1.5%)		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
Jul	Privacy for discussions with Nurses %	41		Privacy for discussions Nurses
Jul	Aware of Nurse in each shift %	39		Aware of nurse in each shift

Comments:

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 improvement 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. This month we received 2,460 completed inpatient surveys. 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 improvement is seen in these three important elements of patient experience. The results of the 2017 national adult inpatient survey shows improvement across all three of these indicators of patient experience. An improvement plan has been drafted and the questions within this local survey will be amended to reflect improvement priorities, with progress monitored through the Patient Experience Group.

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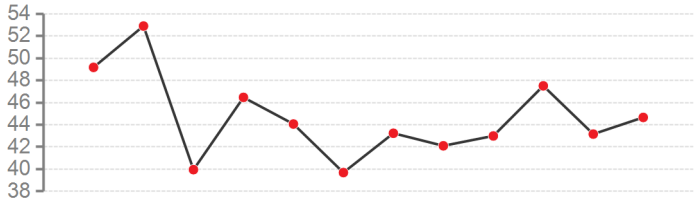
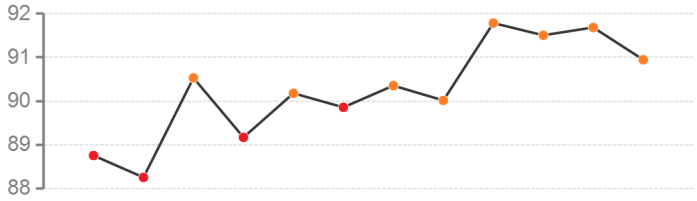
Strategic Theme: Patient Safety

Patient Experience 2

Jul	Discuss Worries with Nurses %	44		Discuss Worries with Nurses
Jul	Cleanliness? %	90 (-0.9%)		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

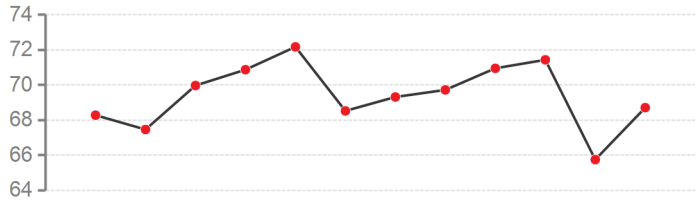
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jul

Hospital Food? %

70
(-4.1%)



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

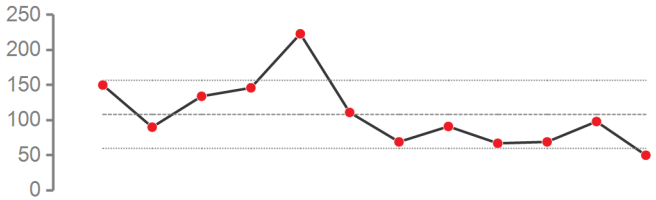
Comments:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. Most wards have reported their performance (against the patient experience metrics) through the inpatient survey in July-18 although a few wards at QEQM experienced WiFi connectivity problems which have been followed up.

Patient surveying (for cleanliness and hospital food) has been discussed at this months Patients Experience Group with a view to linking Inpatient surveying with supported volunteering surveying. Its important that the number of patients completing the survey increases so as to ensure an accurate and useful survey response is available to inform decision making. This work will be progressed over the coming months.

Strategic Theme: Patient Safety

Mixed Sex

Jul	Mixed Sex Breaches	1298 (190.4%)		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.

Comments:

There were 15 mixed sex accommodation occurrences in total, affecting 169 patients.

Incidence of mixed sex accommodation breaches increased this month from June and there were 6 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) CCU WHH (3) and QEQM Fordwich (5), which were justifiable based on clinical need.

Daily reporting of mixed sex occurrences has been sustained in certain areas demonstrating understanding of the reporting method for mixed sex breaches. Rigorous work continues as the Trust is working closely with the CCGs and NHSI on the Mixed Sex Accommodation Improvement Collaborative over the next 6 months. This will support the trust in achieving compliance with the national definition of mixed sex accommodation.

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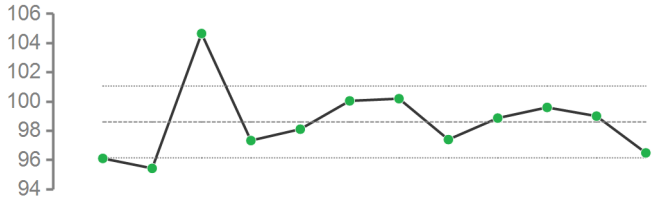
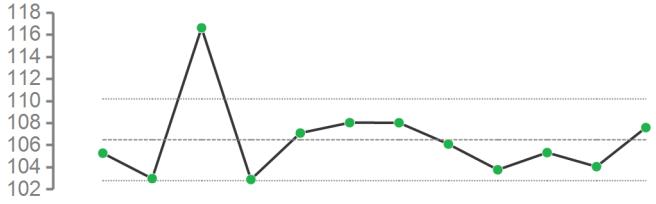
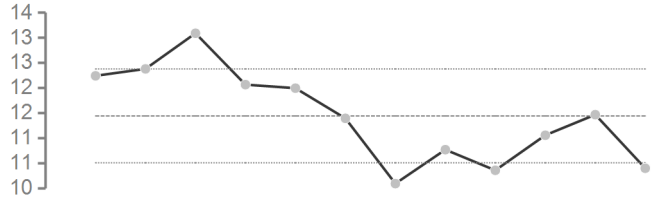
Strategic Theme: Patient Safety

Safe Staffing

Jul	Shifts Filled - Day (%)	99 (1.0%)		Percentage of RN 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.
Jul	Shifts Filled - Night (%)	106 (-1.0%)		Percentage of RN 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.
Jul	Care Hours Per Patient Day (CHPPD)	11 (71.2%)		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 99.8% (100.9% June-18).

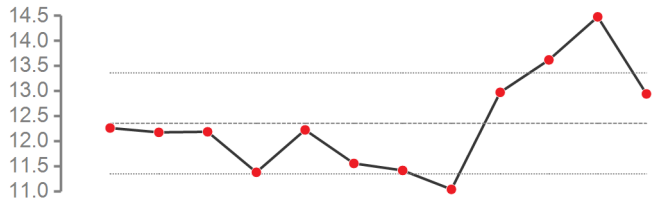
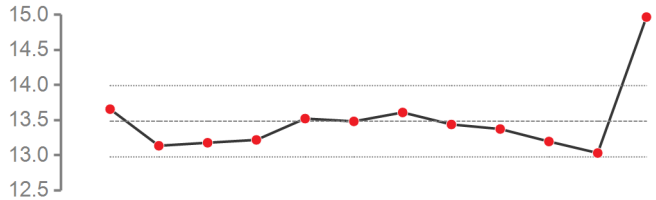
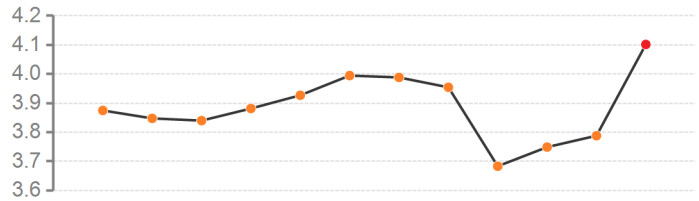
Low fill rates were seen on several wards due to a combination of high sickness, maternity leave and vacancies (Minster, Treble, Mount McMaster, Kingston, Richard Stevens, Harbeldown, St Augustines, Quex, Clarke, Kent, Kings C2, Seabathing, Birchington, Kennington and Brabourne).

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 July was 8.3 (8.3 June-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 (Apr-18 data) shows EKHUFT average CHPPD is in the mid to low 25% (Quartile 2) and in line with our recommended peer group and peer median based on spend and clinical output.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Jul	Vacancy (%)	12.4 (17.2%)		% 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.
Jul	Staff Turnover (%)	13.5 (6.8%)		% 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
Jul	Sickness (%)	3.9 (-1.2%)		% 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

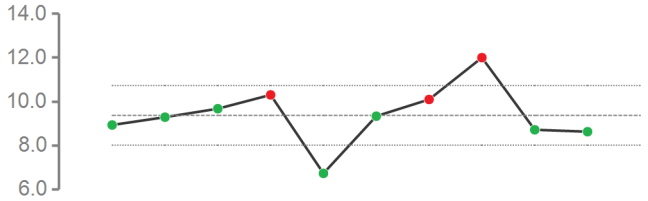
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Jul

Overtime %

8.5
(-4.1%)



% of Employee's that claim overtime.
Number indicates average of last 12 months data (as shown in graph).

Comments:

Gaps and Overtime

The vacancy rate increased to 12.4% for the average of the last 12 months, which is higher than last year, although the in month rate fell by approximately 0.5%. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently 273 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 123 Nursing and Midwifery staff and 45 Medical and Dental staff.

The Turnover rate in month increased to 12.8%, and the 12 month average is higher than the previous 12 months at 13.5%. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

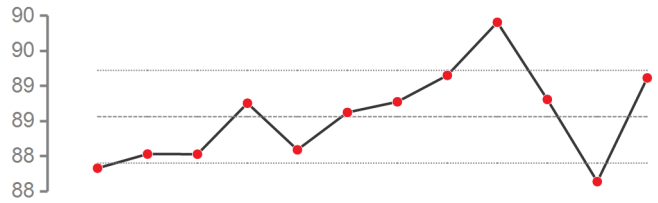
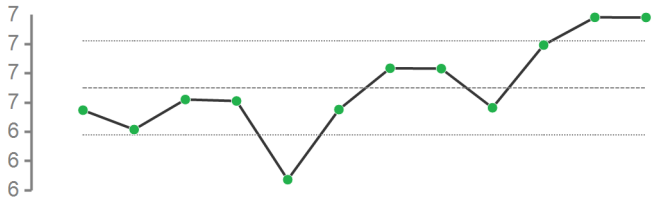
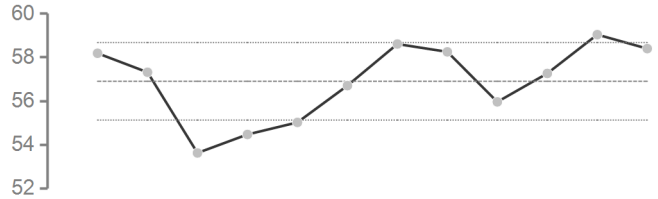
The in month sickness absence position for June was 3.81% - which is slightly higher than the 3.69% in May. However, the 12 month average fell to 3.9%. Divisions are working to develop sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively 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. A Sickness Absence Helpline is being piloted by the Occupational Health department with the Surgical Services wards across the Trust to see if this can support improvements in early referrals to OH in order to get staff back to work.

Overtime as a % of wte decreased slightly last month. The average over the last 12 months fell by 0.1% on the previous month, but . All metrics are reviewed and challenged at a Divisional level in the monthly Executive Performance Reviews.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Jul	Employed vs Temporary Staff (%)	88.6 (-1.2%)		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
Jul	Agency %	6.7 (20.9%)		% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).
Jul	Bank Filled Hours vs Total Agency Hours	57 (0.6%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Comments:

Temporary Staff

Total staff in post (WTE) increased slightly from 7074 in June to 7154 in July, which left a vacancy factor of approx. 778 wte across the Trust. As stated in the previous section, there are currently 273 candidates in the recruitment pipeline.

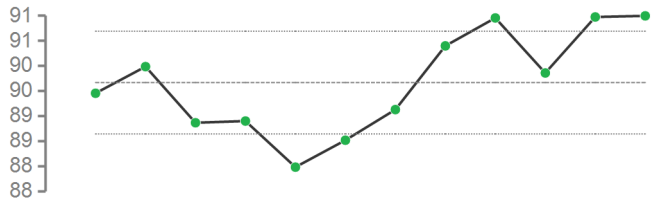
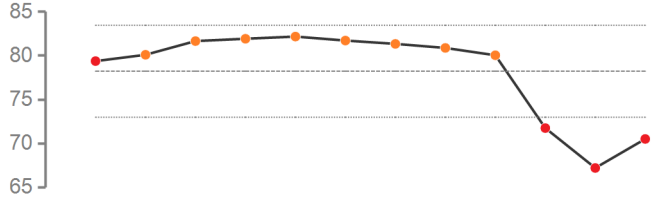
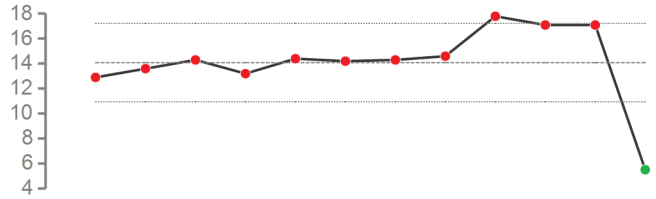
Agency staffing as a percentage of WTE remained approx. 7%, and still remains at high levels compared to the beginning of the year. The 12 months average shows a slight increase to 6.7% of WTE (6.6% in the previous month).

The average percentage of employed staff vs temporary staff over the last 12 months fell slightly to 88.6%.

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

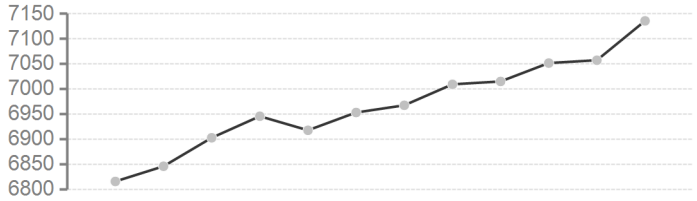
Jul	Statutory Training (%)	90 (1.6%)		The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr
Jul	Appraisal Rate (%)	78.2 (-4.2%)		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.
Jul	Time to Recruit	14 (18.2%)		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.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Jul

Total Staff In Post (SiP) 7136 (1.1%)



Count of total staff in post (WTE)

Comments:

Workforce & Culture

Average Statutory training 12 month average is 90% and remains 90% in month for July. 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 decreased to 71% in month for July. This is a result of many clinical appraisals happening during April in the previous year, which were not completed within the 12 month period. The Specialist Division (77%) and Surgical Services Division (85%) remain above Trust Average. 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 35 days, which is a large improvement on last month, and ahead of our plan to reduce time to recruit to below 8 weeks to ensure recruitment time meets the demands of our services. The new Trac system will support this reduction.

Strategic Theme: Activity

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Jul

	Jul-18				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	13,547	14,528	(-981)	-7%	58,219	57,506	713	1%	58,219	58,332	(-113)	0%	<=0%
Referral Non-Primary Care	13,888	13,753	135	1%	58,959	55,666	3,293	6%	58,959	55,743	3,216	6%	<=0%
OP New	18,962	20,027	(-1,065)	-5%	73,779	74,136	(-357)	0%	73,779	71,785	1,994	3%	>=0%
OP Follow Up	40,843	43,819	(-2,976)	-7%	162,241	160,054	2,187	1%	162,241	157,091	5,150	3%	>=0%
Elective Daycase	6,467	6,659	(-192)	-3%	26,041	26,009	32	0%	26,041	24,403	1,638	7%	>=0%
Elective Inpatient	1,339	1,440	(-101)	-7%	5,072	5,284	(-212)	-4%	5,072	4,901	171	3%	>=0%
A&E	19,934	18,576	1,358	7%	74,173	72,310	1,863	3%	74,173	71,797	2,376	3%	>=0 & <5%
Non-Elective Inpatient	6,815	6,621	194	3%	26,934	27,618	(-684)	-2%	26,934	27,401	(-467)	-2%	>=0 & <5%
Chemotherapy	1,167	1,116	51	5%	4,812	4,654	158	3%	4,812	4,733	79	2%	>=0%
Critical Care	1,752	1,770	(-18)	-1%	7,177	6,541	636	10%	7,177	7,324	(-147)	-2%	>=0%
Dialysis	6,682	6,928	(-246)	-4%	27,094	27,547	(-453)	-2%	27,094	26,985	109	0%	>=0%
Maternity Pathway	1,153	1,199	(-46)	-4%	4,515	4,731	(-216)	-5%	4,515	4,746	(-231)	-5%	>=0%
Pre-Op Assessments	3,503	3,576	(-73)	-2%	13,977	13,102	875	7%	13,977	11,373	2,604	23%	>=0%
Diagnostic	469,897	440,569	29,328	7%	1,856,380	1,754,322	102,058	6%	1,856,380	1,747,051	109,329	6%	<=0%
Other	5,062	4,365	697	16%	20,490	18,532	1,958	11%	20,490	18,691	1,799	10%	>=0%

The 2018/19 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2017/18 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 2018/19. It should be noted that this does not reflect demand levels agreed within the 2018/19 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.

July 2018

Elective Care

In July Primary Care referrals were 7% below expected levels reducing the YTD variance to +1% (+713). As previously advised an administrative error within the Paediatric service has now been resolved however the Paediatric Blood Clinics where the recording issue was identified remains in the YTD position. Rapid Access referrals remain (+14%) above plan with biggest increases observed in Urology, Breast, Gynaecology & Dermatology.

The Trust under-achieved the new outpatient plan in July with appointments 5% below planned levels. The YTD variance remains on plan. General Medicine, Neurology, T&O and Urology remain the biggest drivers behind the under-performance. Services are actively producing quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan. The impact of the Virtual Fracture Clinic implemented in mid-February is likely to render the Orthopaedic plan unachievable due to high discharge rates that were not anticipated. The Ophthalmology service continues to provide additional weekend capacity at KCH delivered through an insourcing provider. It is expected this will recover the Ophthalmology YTD underperformance and support the RTT backlog recovery.

Outpatient productivity delivered by the Trust in July was above demand and enabled the Trust to clear a further 550 patients from the outpatient waiting list.

The Trust under-performed the follow up plan in July (-7%) reducing the YTD over achievement to (+1%). General Medicine (-1,075), Rheumatology (-904) & Orthopaedics (-630) continue to underperform the business plan. There is a capacity shortfall within the Rheumatology service affecting the follow up position, this is being addressed with locum capacity due to commence in mid-August.

In July the Trust under-achieved the Daycase plan by -192 patients, however, the YTD performance remains above planned levels (+32). Large underperformances were seen in key elective specialties Orthopaedics, Dermatology, Gynaecology, Ophthalmology and ENT. The Orthopaedic service generated the biggest under-performance; the biggest contributing factor was due to theatre rental for high productivity spinal injections lists being unavailable until the end on April. Additional weekend injection lists commenced in June and additional capacity is to be delivered at KCH through an insourcing provider in order to start to recover the position. A mandated change in recording will render the Dermatology plan unachievable, it is anticipated an over performance in Outpatient with procedure will offset the daycase underperformance. The Ophthalmology service has developed long term plans to address the underperformance through improved theatre booking efficiencies.

Elective Admissions are 4% behind the plan in the YTD with large underperformances observed in Urology (-211) and Gynaecology (-229). Due to emergency pressures, elective inpatient activity was limited for the Urology service at the start of the financial year. In order to ensure theatre utilisation was maximised additional daycase patients were booked and this is reflected in the Urology YTD daycase performance. In July the Trust met demand and was able to reduce the inpatient waiting list 187 patients.

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.

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, but decreased in July to an overall Trust wide improved position of 93.8% of funded beds (95.8% in June). Queen Elizabeth the Queen Mother Hospital demonstrated the most challenge with the bed occupancy position at 101.9% for July, remaining similar to June's at 101.1%. The William Harvey Hospital position improved with an overall bed occupancy of 94.3% in July (96.60% in June). 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 July the number of medical outliers remained similar to June with a monthly average of 48 medical outliers across the Trust. Individual site levels of medical outliers over the month were 15 at the Queen Elizabeth the Queen Mother Hospital and 30 at William Harvey Hospital.

Greater demand on the Accident & Emergency Department also contributes to increased pressures in non-elective care. July saw an increase in attendances of 19,934 compared to 18,446 to the previous year. This increase, believed to be driven by the heatwave is equivalent to 50 additional patients per day.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	3,775	4,848	-22%	-1,073
650 - Physiotherapy	2,586	3,012	-14%	-426
300 - General Medicine	29	394	-93%	-365
120 - Ear, Nose & Throat	2,894	3,211	-10%	-317
410 - Rheumatology	1,077	836	29%	241
103 - Breast Surgery	2,261	1,947	16%	314
420 - Paediatrics	1,811	1,451	25%	360
101 - Urology	2,395	1,977	21%	418
330 - Dermatology	4,071	3,586	14%	485
110 - Trauma & Orthopaedics	2,888	2,361	22%	527
Total	**46,473**	**46,200**	**1%**	**273**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	1,720	2,030	-15%	-310
320 - Cardiology	9,300	9,583	-3%	-283
650 - Physiotherapy	3,357	3,636	-8%	-279
400 - Neurology	483	721	-33%	-238
420 - Paediatrics	628	822	-24%	-194
651 - Occupational Therapy	674	849	-21%	-175
330 - Dermatology	348	523	-33%	-175
300 - General Medicine	792	388	104%	404
130 - Ophthalmology	4,195	3,285	28%	910
110 - Trauma & Orthopaedics	6,451	5,418	19%	1,033
Total	**45,731**	**44,977**	**2%**	**754**

OP New

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	413	924	-55%	-511
400 - Neurology	1,063	1,553	-32%	-490
110 - Trauma & Orthopaedics	4,459	4,847	-8%	-388
101 - Urology	2,478	2,836	-13%	-358
502 - Gynaecology	3,855	4,123	-6%	-268
420 - Paediatrics	2,354	2,577	-9%	-223
800 - Clinical Oncology	1,224	1,007	22%	217
103 - Breast Surgery	2,201	1,925	14%	276
330 - Dermatology	3,919	3,407	15%	512
650 - Physiotherapy	5,367	4,799	12%	568
Total	**58,737**	**58,600**	**0%**	**137**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	725	1,566	-54%	-841
410 - Rheumatology	2,865	3,552	-19%	-687
110 - Trauma & Orthopaedics	11,512	11,988	-4%	-476
502 - Gynaecology	4,661	4,261	9%	400
650 - Physiotherapy	16,312	15,902	3%	410
290 - Community Paediatrics	6,528	5,994	9%	534
340 - Respiratory Medicine	2,344	1,780	32%	564
330 - Dermatology	5,498	4,884	13%	614
800 - Clinical Oncology	11,584	10,952	6%	632
101 - Urology	6,334	5,550	14%	784
Total	**129,085**	**126,053**	**2%**	**3,032**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,282	1,687	-24%	-405
330 - Dermatology	1,240	1,560	-21%	-320
502 - Gynaecology	649	857	-24%	-208
130 - Ophthalmology	1,291	1,440	-10%	-149
120 - Ear, Nose & Throat	682	818	-17%	-136
303 - Clinical Haematology	1,004	831	21%	173
300 - General Medicine	5,647	5,468	3%	179
301 - Gastroenterology	430	232	85%	198
100 - General Surgery	552	354	56%	198
800 - Clinical Oncology	1,712	1,173	46%	539
Total	**21,142**	**20,865**	**1%**	**277**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	737	928	-21%	-191
502 - Gynaecology	304	478	-36%	-174
110 - Trauma & Orthopaedics	891	972	-8%	-81
320 - Cardiology	57	118	-52%	-61
100 - General Surgery	303	351	-14%	-48
430 - HCOOP	21	44	-52%	-23
420 - Paediatrics	90	54	66%	36
340 - Respiratory Medicine	47	11	342%	36
503 - Gynaecology Oncology	111	32	250%	79
300 - General Medicine	625	310	102%	315
Total	**4,096**	**4,177**	**-2%**	**-81**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	6,516	7,103	-8%	-587
430 - HCOOP	2,724	3,187	-15%	-463
180 - Accident & Emergency	977	1,321	-26%	-344
560 - Midwifery	657	762	-14%	-105
420 - Paediatrics	2,364	2,438	-3%	-74
140 - Maxillo Facial	112	63	77%	49
104 - Colorectal Surgery	80	20	296%	60
301 - Gastroenterology	169	69	144%	100
340 - Respiratory Medicine	239	87	174%	152
100 - General Surgery	1,806	1,568	15%	238
Total	**21,680**	**22,498**	**-4%**	**-818**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	960305	889419	8%	70,886
Other	15918	14728	8%	1,190
Pre-Op	11255	10303	9%	952
A&E	58618	57920	1%	698
Critical Care	5390	4770	13%	620
Maternity Pathway	3588	3804	-6%	-216
Dialysis	13722	13783	0%	-61
Chemotherapy	3768	3786	0%	-18

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

79.18%

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
4 Hour Compliance	70.10%	70.51%	70.66%	76.21%	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%	82.55%	79.18%
12 Hour Trolley Waits	2	0	0	0	2	2	0	2	1	0	0	0
Left without being seen	4.76%	4.44%	3.65%	2.73%	3.45%	2.75%	2.29%	2.70%	2.71%	2.42%	2.12%	2.82%
Unplanned Reattenders	9.22%	8.75%	8.69%	8.33%	9.05%	8.97%	8.91%	9.09%	9.61%	9.09%	9.28%	9.75%
Time to initial assessment (15 mins)	92.3%	93.4%	90.6%	91.1%	88.6%	93.6%	96.0%	94.4%	94.6%	95.4%	92.8%	94.7%
% Time to Treatment (60 Mins)	46.1%	45.9%	47.8%	54.6%	53.3%	55.5%	47.8%	42.5%	46.2%	49.5%	51.7%	42.6%

2018/19 Trajectory (NHSI return 2nd May)

-4.71 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Trajectory	78.6%	77.5%	78.5%	83.9%	85.4%	85.4%	87.4%	89.9%	88.6%	88.4%	87.6%	87.6%
Performance	76.9%	80.8%	82.6%	79.2%								

*The historic 4 Hour compliance position differs slightly from that previously published. While this means that the figures contained here from those submitted nationally, they have been re-stated to be reflective of EKHUFT site performance and in order to align against the NHSI trajectory over 2018-19.

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

July performance for the 4 hour target was 79.2%; against the NHS Improvement trajectory of 83.9%.This represents a decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in July. The number of patients who left the department without being seen continued to be compliant at 2.8%, whilst unplanned re-attendances remained un-compliant at 9.8%. Time to treatment declined to a non-compliant position of 42.6% for July.

During the month a number of issues occurred, loss of radiology, reduced medical staff, peak demand delays and a higher peak in ambulance attendances. These issues all contributed to reduced performance.

The Emergency Care Improvement Plan continues to progress with the Chief Operating Officer leading a weekly oversight meeting to monitor, support and progress the workstream actions. Highlight improvements for July have been:

- Interim Deputy Chief Operating Officer for Emergency Care in post.
- Recruitment for secondments for Deputy Heads of Clinical Operations underway.
- Recruitment for additional Site Clinical Practitioners (SCP) underway to enable two SCP's to be on duty at all times.
- Urgent Care Centre model progressing to include primary and secondary care integrated service.
- A review of the Trust winter plans is underway, to include bed modelling and impact assessment of key winter schemes.
- Reducing length of stay, improving board rounds, reinforcing SAFER principles.
- Training and roll out of the Escalation pack.
- Roll out of the electronic white board programme.

Risk to delivery:

- Workforce, due to vacancy, annual leave and junior doctor changeover in August.
- Increased attendances and admissions if 'heat wave' conditions continue.

Mitigations:

- Continued focus on recruitment, including overseas and UK. Planning for additional medical staff to be available during induction periods. Annual leave being managed within agreed Trust policy limits.
- Following Trust 'heat wave' policy, ensuring staff and patients are kept as cool and hydrated as possible.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

64.15 %

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Green
62 day Treatments	74.29%	74.55%	74.37%	71.97%	74.17%	74.87%	73.40%	71.88%	66.13%	65.40%	64.85%	64.15%	>=85%
>104 day breaches	30	25	28	27	26	30	29	33	31	33	40	40	0
Demand: 2ww Refs	3,329	3,475	3,174	3,399	3,341	2,716	3,398	3,155	3,690	3,860	3,728	3,635	2990 - 3305
2ww Compliance	95.65%	95.26%	94.63%	96.43%	96.28%	95.76%	97.10%	91.42%	89.06%	93.84%	94.22%	94.90%	>=93%
Symptomatic Breast	91.72%	95.50%	94.29%	94.44%	92.37%	89.84%	98.50%	90.28%	75.16%	84.46%	94.12%	93.18%	>=93%
31 Day First Treatment	96.99%	93.23%	98.97%	97.00%	95.67%	94.06%	97.74%	96.08%	95.37%	96.30%	96.37%	95.18%	>=96%
31 Day Subsequent Surgery	89.58%	85.42%	95.12%	85.71%	84.85%	87.23%	91.43%	89.47%	88.57%	82.05%	82.98%	94.12%	>=94%
31 Day Subsequent Drug	95.52%	96.77%	100.00%	100.00%	94.59%	98.85%	98.33%	98.21%	97.89%	98.88%	98.11%	100.00%	>=98%
62 Day Screening	92.00%	93.55%	92.86%	89.29%	93.33%	90.91%	79.31%	100.00%	93.75%	84.09%	100.00%	85.71%	>=90%
62 Day Upgrades	87.50%	85.71%	82.98%	84.00%	92.11%	85.00%	77.27%	100.00%	89.19%	75.86%	84.38%	86.36%	>=85%

2018/2019 Trajectory

3.72 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
STF Trajectory	65.08%	61.38%	61.13%	55.57%	57.87%	62.76%	73.66%	79.01%	83.12%	85.31%	85.24%	86.17%	Jan
Performance	66.13%	65.40%	64.85%	64.15%									Jan

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

July performance is currently 64.15% against the improvement trajectory of 55.57%, validation continues until the beginning of September in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,651 and there were 40 patients waiting 104 days or more for treatment or potential diagnosis.

62 Day Performance Breakdown by Tumour Site

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
01 - Breast	92.11%	81.82%	100.00%	96.61%	96.23%	88.89%	83.33%	100.00%	92.86%	96.55%	95.65%	92.31%
03 - Lung	79.31%	100.00%	46.43%	70.00%	84.62%	90.32%	100.00%	80.95%	61.36%	91.67%	72.97%	67.50%
04 - Haematological	43.48%	57.14%	53.33%	40.00%	58.33%	75.00%	33.33%	33.33%	50.00%	25.00%	50.00%	61.54%
06 - Upper GI	73.08%	82.61%	71.05%	80.95%	78.26%	70.00%	64.29%	73.33%	66.67%	69.23%	85.19%	92.31%
07 - Lower GI	75.00%	78.79%	70.83%	53.66%	61.29%	65.85%	43.75%	63.16%	62.86%	47.62%	64.29%	64.52%
08 - Skin	100.00%	84.09%	92.31%	95.00%	92.50%	92.68%	100.00%	88.89%	88.00%	89.33%	97.06%	96.67%
09 - Gynaecological	61.90%	75.00%	73.33%	52.38%	57.14%	80.00%	63.64%	75.00%	30.77%	32.00%	42.11%	56.52%
10 - Brain & Nervous System	0.00%								100.00%			
11 - Urological	55.32%	58.54%	63.83%	55.67%	63.73%	52.04%	63.53%	63.25%	57.69%	52.07%	38.24%	36.89%
13 - Head & Neck	66.67%	90.48%	73.33%	87.50%	28.57%	66.67%	85.71%	78.57%	18.18%	30.00%	93.33%	71.43%
14 - Sarcoma				0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	0.00%	100.00%	0.00%
15 - Other	100.00%	100.00%		42.86%	0.00%	0.00%	0.00%		50.00%	0.00%	40.00%	100.00%

The Chief Operating Officer is leading an improvement programme to improve waiting times for cancer patients. A weekly focused meeting is in place which reviews each tumour site individually to ensure actions are being carried out to progress and improve the patients 62 day cancer pathway. All patients over 104 days will be reviewed at the cancer PTL meetings weekly and daily review is being progressed by the speciality to ensure timely investigations and treatment for patients.

Each of the patients over 104 days has also been clinically reviewed and a clinical plan developed to ensure the patient reserves the appointment/admin or test needed in their individual care pathway. Each patient over 104 days is reported on Datix so that a potential harm review can be completed by the MDM lead for the speciality.

To prevent further 104 day waiters, each patient over 73 days is reviewed at the weekly primary target list (PTL) meeting any concerns in regards to getting these patients treated within national standard timeframes are raised and action taken.

Improvement actions include strengthening communication with the patient's GP to ensure patients are receiving the appropriate support whilst on a two week wait pathway. Communication is also being progressed with CCGs and GPs in relation to improving communication with the patients as to the urgency and importance of attending an urgent two week wait appointment.

Risks to delivery of the standard:

- Key areas of concern for the Trust are Gynaecology, Urology, Lung, Lower GI and adequate theatre capacity.
- Significant increases in 2 week wait referrals

Actions taken to mitigate risk and improve performance:

- Daily cancer huddle meetings have been implemented.
- Weekly Director led confirm and challenge meetings
- Improved focus on booking all 2ww referrals within 48 hours of receipt
- Clinical reviews of patients who have breached with potential harm reports.
- Head of Nursing leadership at weekly meetings.
- Improved communication with GPs

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

79.65 %

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Green
Performance	82.58%	81.56%	81.18%	80.87%	78.67%	77.62%	77.03%	76.08%	76.66%	78.56%	79.02%	79.65%	>=92%
52w+	31	51	64	67	80	108	141	201	222	218	201	167	0
Waiting list Size	54,519	54,749	54,783	54,777	54,383	52,942	54,306	54,519	54,979	54,964	53,411	53,193	<38,938
Backlog Size	9,497	10,096	10,312	10,481	11,599	11,847	12,474	13,039	12,830	11,785	11,207	10,824	<2,178
Demand: PC Referrals	15,554	15,230	16,663	16,111	12,585	15,573	14,599	15,665	15,244	16,491	15,730	15,182	<15,484
Demand: Additions to IP WL	2,972	3,053	3,296	3,541	2,674	3,234	2,844	3,191	2,881	3,287	3,302	3,376	<3,076

2018/2019 Trajectory

-0.56 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
Performance Trajectory	77.03%	78.20%	79.31%	80.21%	81.02%	81.32%	81.69%	81.84%	81.40%	81.16%	80.87%	80.76%	87%
Performance	76.66%	78.56%	79.02%	79.65%									Sept

-58

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
Performance	222	218	201	167									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 during 18/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

Summary Performance

July's performance has improved to 79.65%, however performance is now 0.56% behind the improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased to 201. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties; Gynaecology (124), General Surgery (18), Trauma & Orthopaedics (11), ENT (5), Ophthalmology (3), Dermatology (1), and Other Specs (5)

The Chief Operating Officer led weekly performance meetings are now becoming established with all specialities performance monitored across all admitted and non-admitted pathways. There has been sustained improvement through a robust focus on each specialities waiting list; challenging operational focus to bring patients forward and driving efficient and effective use of outpatient capacity and theatre activity.

An RTT improvement plan has been implemented which is being monitored weekly by the Chief Operating Officer. Weekly monitoring of elective activity production plans has been implemented by the Director of Performance to gain assurance and identify risks to delivery.

The improvement plan is based on the following key areas for improvement:

- Trust wide access policy
- Clear roles and responsibilities for coordination of Patient Target Lists (PTL's)
- Procedures for referral management
- OPD clinic management
- Pre admission and theatre utilisation
- Planned care pathways
- PTL management
- Diagnostic capacity
- Validation
- Integrated pathways with primary care.

In addition, the Chief Operating Officer has engaged with senior clinicians in Gynaecology to agree additional support to increase activity and reduce waiting times. A senior General Manager has been seconded into Gynaecology to provide additional support to the management team. A learning review will be undertaken to learn from our experience of long waiting patients in Gynaecology.

There is a great focus on each individual patient waiting over 52 weeks and the number of patients waiting has greatly reduced during July, however there remains a continued risk due to the number of patients currently waiting over 35 weeks and these patients are being actively managed and monitored daily.

Clinical review of all 52 week breach pathways is now in place with potential clinical harm reports completed. The improvement plan and potential harm reports have been presented to the Board, Finance and Performance Committee and Quality Committee.

Key issues impacting on delivery of the standard:

- Long waiting times for elective surgery in Gynaecology and Urology, Trauma and Orthopaedics due to high demand.
- Long waiting times for outpatients in specialities such as Dermatology, Ophthalmology, ENT, Community Paediatrics, Neurology due to medical workforce constraints

Actions taken to mitigate risk and improve performance:

- Additional theatre capacity agreed to commence in July for Gynaecology
- Chief Operating Officer oversight on recovery plan for Gynaecology
- Deputy Chief Operating Officer focussed support and management
- Director of Performance to review all speciality Production Plans weekly and assure that plans are progressing to identify additional clinic capacity and medical workforce recruitment plans
- A continued 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, monitored weekly
- Weekly monitoring of theatre efficiency

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

98.44 %

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Green
Performance	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	>=99%
Waiting list Size	14,011	14,827	15,419	14,321	14,345	13,637	14,125	14,174	14,597	15,192	16,350	16,888	<14,000
Waiting > 6 Week Breaches	120	79	63	22	52	75	62	49	91	106	149	264	<60
Average Wait													<4

2018/19 Trajectory

-0.66 %

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%	Jul 18
Performance	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	Jul 18

Summary Performance

The standard has not been met for July 2018 with a compliance of 98.44%. As at the end of the month there were 264 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 126; 116 in Computed Tomography, 1 in Non-Obstetric ultrasound, 9 in MRI
- Cardiology: 21
- Urodynamics: 5
- Sleep Studies : 98
- Audiology: 14

The DMO1 was not achieved for the first time in three years. The increase in demand for Sleep Studies has put a huge pressure on the Respiratory Department; also we have treated additional potential cancer and RTT waiting patients which has created an increased demand for investigations. In response additional equipment has been purchased to enable groups of patients to be allocated their diagnostic equipment in order to meet waiting times. A recruitment plan is also in place for additional respiratory technicians to support the service.

CT and MRI have also seen an increase in demand as the increased focus on reducing the waiting times for patients on cancer pathways.

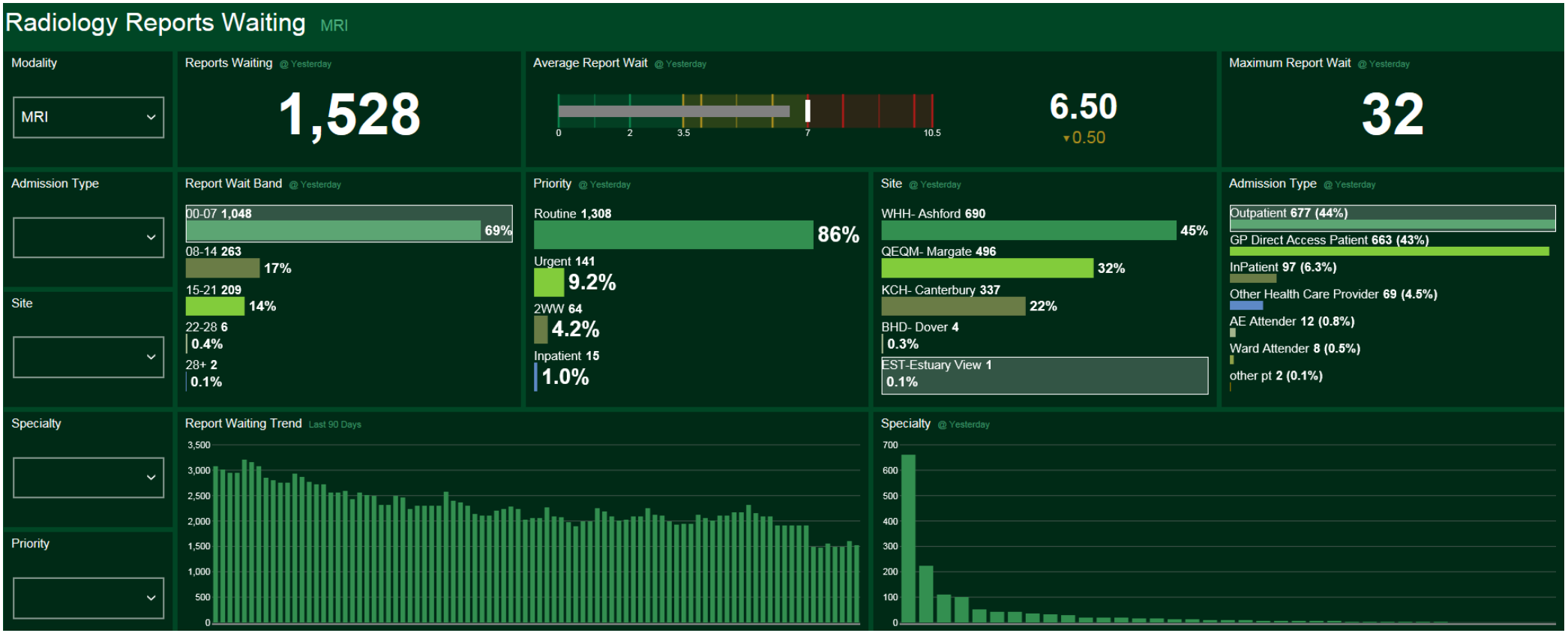
Risk to delivery

- Workforce resilience: It is acknowledged the reliability and clinical skill mix of locums restricts service improvement and backlog reductions
- Recruitment to respiratory technicians
- Ability to meet increasing demand for respiratory referrals
- Ability to meet increased emergency and cancer demand along with reduced turnaround times

Mitigations:

- Increasing third party provider support for MRI backlog in particular.
- Recruitment to respiratory posts
- Increasing respiratory diagnostic equipment and implementing dedicated classes of 15 patients to allocate.

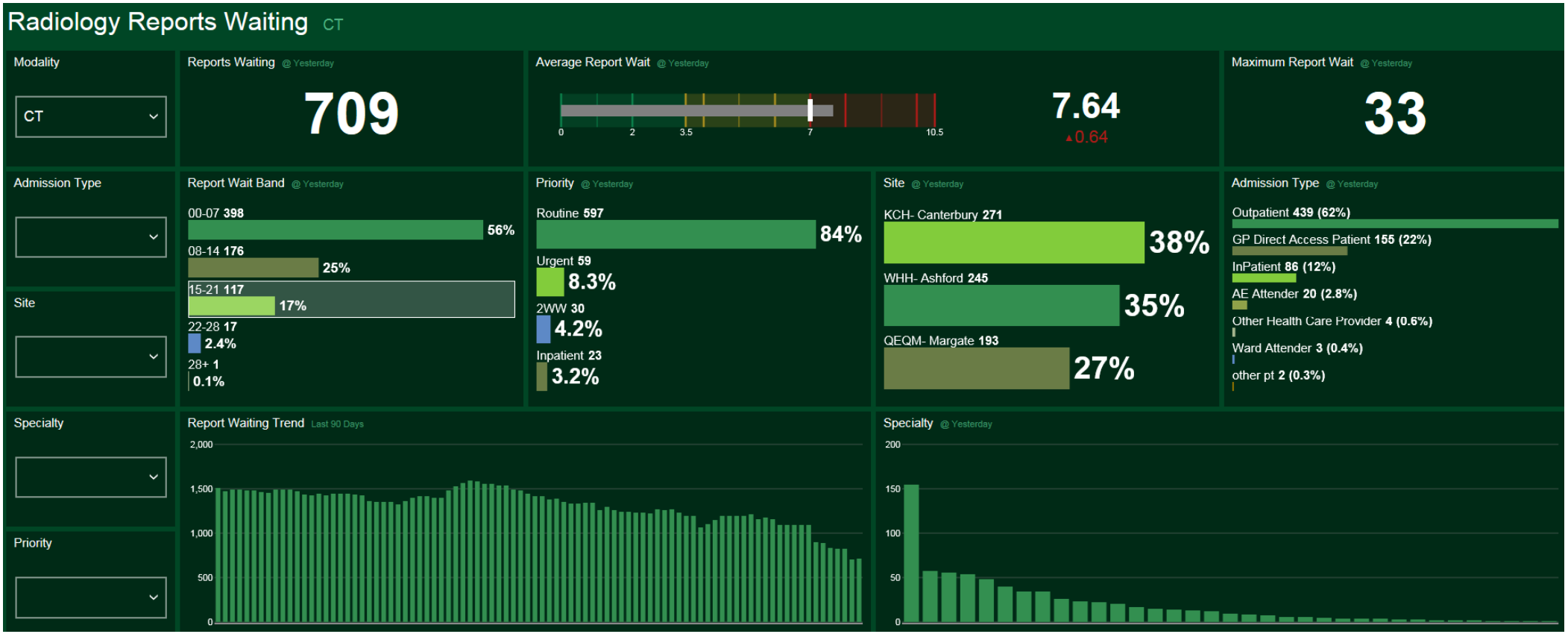
Reporting backlogs:



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.



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).

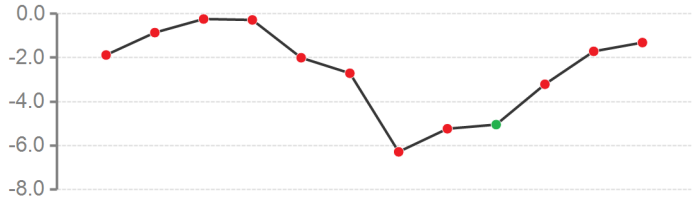
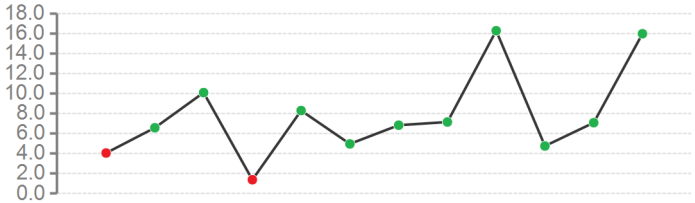
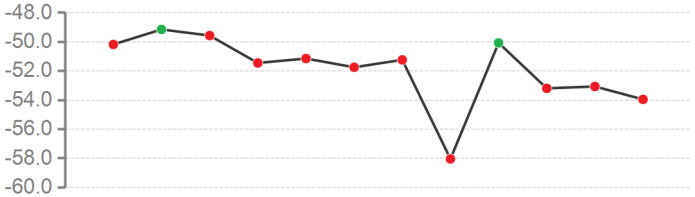
There is a higher percentage waiting over 2 weeks for a report than MRI that competes with pressure for 2WW and A/E-Inpatient urgent imaging reports. However there has been a significant improvement in this tail by ~310 examinations since the last report.

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.

Strategic Theme: Finance

Finance

Jul	I&E £m	-11.3 (-23.4%)		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
Jul	Cash Balance £m	16.0 (125.5%)		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.
Jul	Total Cost £m	-54.0 (1.7%)		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.
Jul	Forecast I&E £m	-31.0 (0.0%)		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.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Jul

Normalised Forecast £m

-30.0 (0.0%)

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.

Comments:

The Trust has generated a consolidated deficit in month of £1.3m and a year to date (YTD) deficit of £11.3m which is £0.2m better plan. The YTD variance is driven by:-

- Higher than planned Out Patient and A&E activity driving higher income
- High Other Income driven by SACP progress and Serco transfer payment (this was budgeted as a cost reduction so also appears as a cost over run in month)
- Off set by YTD under performance of complex elective activity driving low income but also low clinical supplies costs and drugs.
- Very high agency spend driven by U&LTC operational pressures

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's YTD I&E deficit to Month 4 (July) was £11m (consolidated position including Spencer Wing and after technical adjustments) against a planned deficit of £11.1m.

Trust unconsolidated pay costs in the month of £31.9m are £0.2m more than June, largely due to small increases in the use of Agency and Bank staff and increased pay cost driven by pay awards (funded in clinical income). Net of the pay award staff costs were £1.2m more than plan and review meetings have been put in place with U&LTC to ensure proper scrutiny of the Divisions Agency controls. Permanent staff costs (including Overtime) were £0.2m higher than June. Bank and Agency usage both increased by £0.1m. Waiting list payments are £0.3m in month and are slightly above plan. The main driver for the pay overspend against plan in month is driven in U&LTC where medical staffing are being used above establishment and recruitment to nursing has been slower than expected.

Clinical income was ahead of plan by £1.1m in month once the impact of central pay award funding (£0.4m) is removed. The net YTD position is now £2m ahead of plan. The key drivers to this are over performance in non-electives, A&E and ITU offset by under performance in elective activity.

Against the full year £30m CIPS target, including income, £8.6m has been reported YTD against a target of £7.9m, £0.7m ahead of plan. The main increase in month was due to the Serco transfer payment. Of the reported position 59% is non recurrent.

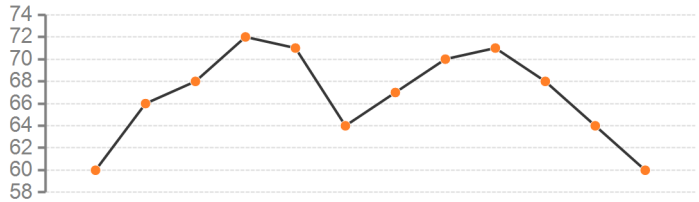
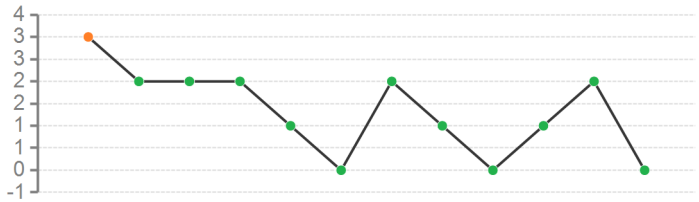
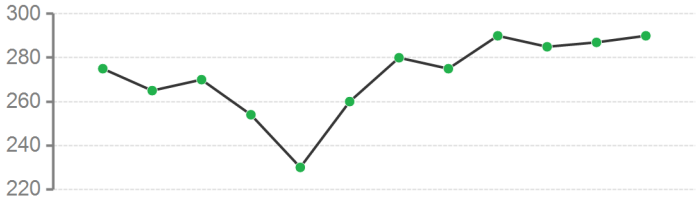
The cash balance as at the end of June was £16m, £8.1m above plan. The Trust's total cash borrowing is now £51.9m.

The Trust has identified £9.5m of risk to the year end position in relation to expert determination on income, CIP delivery and activity related costs. The Trust will seek to mitigate these risks as we move through the year.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Jul	Representation at H&S	801 (19.6%)		% 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.
Jul	RIDDOR Reports (Number)	16 (-5.9%)		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.
Jul	Formal Notices			Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).
Jul	Health & Safety Training	3261 (40.4%)		H&S Training includes all H&S and risk avoidance training including manual handling

Comments:

Representation at H&S meetings decreased last month. The Head of H&S has been tasked with linking with the newly formed site senior leadership teams to ensure that site meetings receive focus.

There was 0 RIDDORs to report this month.

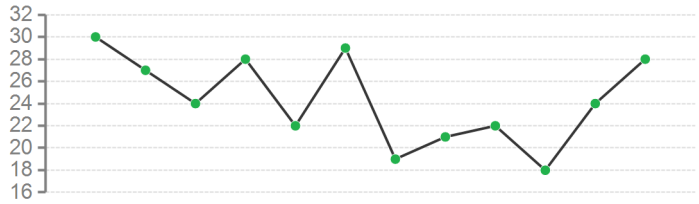
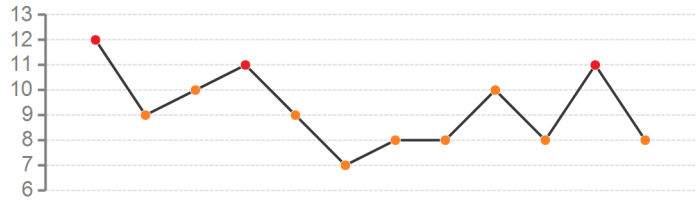
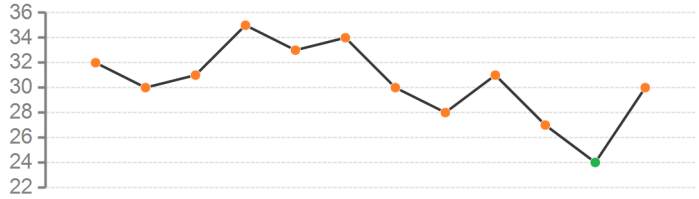
There where no formal notices this month which reflects a good period without any formal notices or Improvement Orders.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Jul	Accidents	292 (-6.1%)		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.
Jul	Fire Incidents	111 (-15.9%)		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.
Jul	Violence & Aggression	365 (-13.7%)		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.

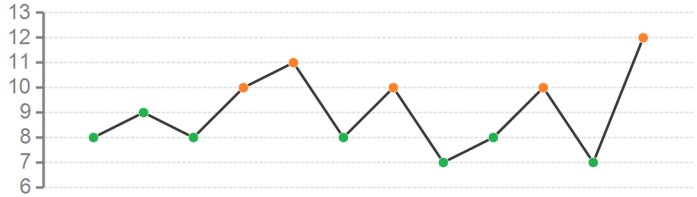
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Jul

Sharps

108
(-40.7%)



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.

Comments:

The number of accidents increased for the second month but again remains in Green. We are reviewing the type of accidents for common themes that can be addressed and monitored.

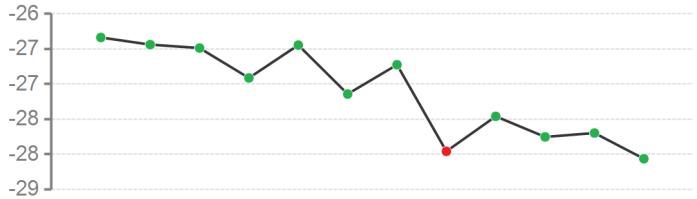
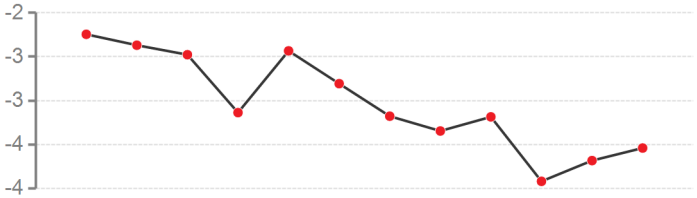
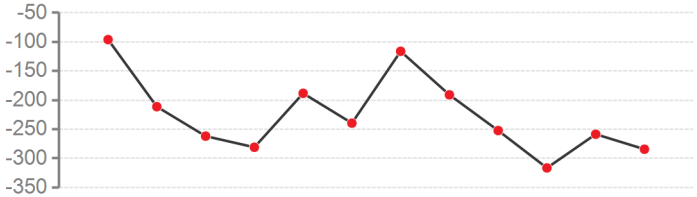
The number of Fire incidents decreased in month, moving from Red to Amber. The H&S teams are working with the accommodation team to support new trainee Doctors with the number of false alarms that arise from the accommodation blocks.

V&A and sharps both increased in July, with both metrics now in Amber. The Strategic H&S Committee has reviewed and discussed the annual Occupational Health review to see what additional actions can be taken.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Jul	Payroll Pay £m	-28.1 (1.3%)		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.
Jul	Agency Spend £m	-3.5 (-3.9%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Jul	Additional sessions £k	-284 (10.0%)		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.

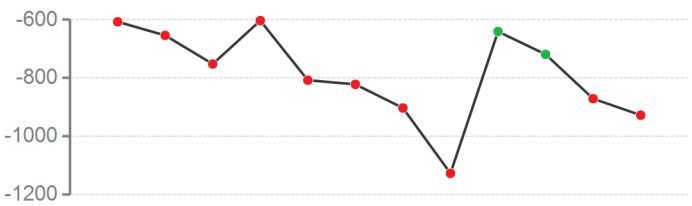
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Jul

Independent Sector £k

-928 (6.5%)



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 togeth

Comments:

Pay performance is adverse to plan in July by £1.6m and by £4.5m ytd (3.7%). Pay CIPs are adverse to plan in month by £0.4m and by £1.3m ytd.

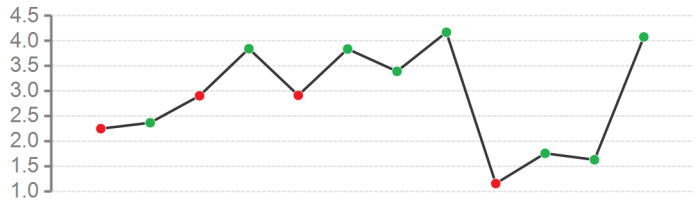
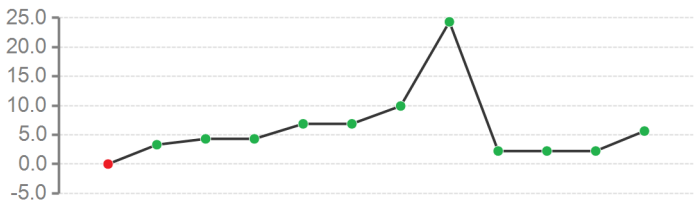
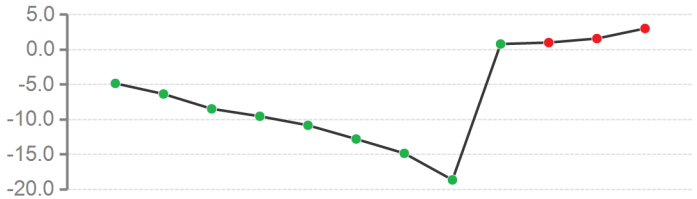
Total expenditure on pay in July was £31.9m, £0.2m higher than in June. The funded pay award for AfC staff paid in July cost approximately £0.4m and accounts for all of the increase. Expenditure on bank, agency and directly engaged staff increased by £0.3m in July but this is offset by a reduction in medical locum and additional session cost of the same value.

Substantive staff expenditure is favourable £0.5m in month and £2.9m ytd. There are minor variances across all staff group in month, which is driven by the continued performance actual wte against plan.

Agency and Direct Engagement performance continues to be adverse to plan £2.0m and £7.1m ytd. All pay groups are adverse in month, the principle adverse variance continues to be mainly medical agency/direct engagement staff of £0.9m, with overspends in all clinical divisions except Clinical Support Services. Nurse agency is adverse in month £0.7m, reflecting the ongoing high usage in UC&LTC.

Strategic Theme: Use of Resources

Balance Sheet

Jul	CIPS £m	8.6 (150.5%)		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.
Jul	Cash borrowings £m	52.7 (-35.8%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Jul	Capital position £m	6.5 (90.3%)		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:

DEBT
Total invoiced debtors have decreased from the opening position of £28.5m by £9.6m to £18.9m. Five debtors owe over £1m: NHS England £1.9m, , Thanet CCG £1.7m, East Kent Medical Services £1.6m, Canterbury & Coastal CCG £1.5m, South Kent Coast CCG £1.1m.

CAPITAL
Total YTD expenditure for Mth 4 2018/19 is £0.7m below the NHSI plan

CASH
The closing cash balance for the Trust as at 31st July was £16m.

FINANCING
£571k of interest was incurred in respect of the drawings against working capital facilities to 31st March 2018 (£46.2m) and April 2018 (£2.2m), July 2018 (£3.4m).

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Mar	Apr	May	Jun	Jul	
MD01 - End Of Life	Lost Days (Fast Track)	12	3	0	0	0	
MD02 - Emergency Pathway	ED 4hr Performance (incl KCHFT MIUs) %	78.78	81.73	83.95	85.67	82.93	>= 95
	ED - 1hr Clinician Seen (%)	38	46	49	51	43	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	15	15	15	14	14	>= 35
	Medical Outliers	70	57	57	48	47	
	Lost Days (Non-EKHUFT)	64	20	4	2	1	
	DToCs (Average per Day)	63	63	61	61	57	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	71.88	66.13	65.40	64.85	64.15	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	25	26	28	28	30	< 28
	Staff Turnover (Midwifery)	13	13	13	13	14	<= 10
	Vacancy (Midwifery) %	7	8	7	7	6	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.4	13.4	13.2	13.0	15.0	<= 10
	Vacancy (%)	11.0	13.0	13.6	14.5	12.9	<= 7
	Staff Turnover (Nursing)	13	13	13	13	14	<= 10
	Vacancy (Nursing) %	12	14	15	15	15	<= 7
	Vacancy (Medical) %	14	11	11	13	12	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	80.9	80.1	71.8	67.2	70.5	>= 85
	Statutory Training (%)	90	91	90	91	91	>= 85
KF01 - Complaints	Complaint Response in Timescales %	88.9	94.4	91.4	92.0	87.3	>= 85

KF01 - Complaints	Complaint Response within 30 days %	35.2	40.3	38.6	44.7	47.4	>= 85
KF02 - Workforce & Culture	Staff FFT - Work (%)	48					>= 60
	Staff FFT - Treatment (%)	70					>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)		82				>=95
	Pharm: Fridge Temps (%)		100				>= 100
	Pharm: Drug Trolleys Locked (%)		100				>= 90
	Pharm: Resus. Trolley Check (%)		73				>= 90
	Pharm: Drug Cupboards Locked (%)		82				>= 90

East Kent Hospitals University NHS Foundation Trust

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 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD)	>= 95	1 %
	ED 4hr Performance (incl KCHFT MIUs) %	% 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	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 %
	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 acccording 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 acccording 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 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %

Data Quality & Assurance	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 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 Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %

Health & Safety	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 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %

Incidents	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	
	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 %

Infection	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 %
	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %

Observations	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	
	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 %
	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 %

Patient Experience	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	
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 %
	Non-Clinical Canx Breaches 28 Days (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total Non-Clinical Cancellations	< 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	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 equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Communit	>= 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 %
	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 equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwive	< 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	

Staffing	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 RN 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 RN 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 mont	< 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 – WTE staff in post with 12 months+ Trust service / 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 – WTE staff in post with 12 months+ Trust service / 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 %
	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 expediture on agency staff as a % of total monthly budget.	< 100	5 %

Staffing	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	
	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	
	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 togeth	< 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

East Kent Hospitals University NHS Foundation Trust

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	2.5	1.9	2.1	1.3	1.8	4.7	9.6	7.4	14.2
Appraisal Rate (%)	69.2	27.2	73.9	71.8	65.5	76.6	43.1	85.5	59.7
Employed vs Temporary Staff (%)	90.2	83.9	87.0	94.9	88.3	91.6	87.9	94.3	81.8
Sickness (%)	4.2	2.2	2.4	3.8	5.2	4.3	3.1	4.3	4.0
Staff Turnover (%)	14.9	10.6	13.2	10.1	9.9	11.7	7.8	14.5	20.8
Statutory Training (%)	92	81	97	92	88	91	93	91	90
Total Staff In Post (SiP)	1505	83	131	127	120	1402	327	1776	1666
Vacancy (%)	18.7	18.9	13.0	5.1	11.7	8.5	12.1	6.1	18.4

Apdx.

NHS
East Kent Hospitals University
NHS Foundation Trust

Patient Safety Heatmap - JULY 2018

KEY

	data not yet available
NULL	null return, data not received
N/A	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	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)
KCH - KENT & CANTERBURY																	
Specialist																	
KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	5	100	100	50	41	100	0.0	98.6	77	100	11
MARL - MARLOWE WARD	100.0	3	6	0	0	0	86	50	50	50	60	100	0.0	81.6	96	104	8
Surgical																	
CLKE - CLARKE WARD	93.5	1	0	0	0	0	127	50	50	50	14	100	0.0	84.6	88	98	7
KENT - KENT WARD	100.0	1	0	0	0	1	43	50	100	50	22	94	0.0	94.3	92	95	8
KITU - KCH ITU	100.0	0	2	0	0	0	54	N/A	N/A	N/A	N/A	N/A	N/A	88.0	82	73	28
Urgent & Long Term																	
HARB - HARBLEDOWN WARD	89.5	0	11	0	0	1	60	100	100	100	83	97	0.0	84.0	99	123	7
INV - INVICTA WARD	100.0	1	6	0	0	1	12	100	50	50	38	100	0.0	94.2	106	120	7
KING - KINGSTON WARD	100.0	0	3	0	0	1	0	50	50	50	88	100	0.0	88.1	103	113	7
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	2	0	0	1	0	50	50	50	236	92	3.8	95.6	97	124	6
MTMC - MOUNT/MCMASTER WARD	100.0	0	4	0	0	0	19	50	50	50	52	100	0.0	95.6	64	77	9
TREB - TREBLE WARD	100.0	0	4	0	0	0	17	33	50	33	60	97	0.0	95.8	87	103	8
QEH - QUEEN ELIZABETH QUEEN MOTHER																	
Specialist																	
BIR - BIRCHINGTON WARD	100.0	2	3	0	0	1	0	100	100	100	18	93	3.3	91.7	98	130	7
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	88.3	86	95	19
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	2	N/A	N/A	N/A	N/A	N/A	N/A	95.2	115	91	11
RAI - RAINBOW WARD	100.0	0	1	0	0	0	0	N/A	N/A	N/A	9	100	0.0	92.7	89	94	16
Surgical																	
BIS - BISHOPSTONE WARD	100.0	0	1	0	0	0	132	33	33	50	92	98	1.3	77.6	73	95	7
CSF - CHEERFUL SPARROWS FEMALE	100.0	3	0	0	0	0	4	33	33	50	63	96	0.0	99.9	114	131	7
CSM - CHEERFUL SPARROWS MALE	100.0	0	3	0	0	0	12	50	50	50	34	95	0.0	78.4	128	166	7
QITU - QEH ITU	100.0	1	2	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	86.4	92	118	23

Apdx.

KEY

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NULL	null return, data not received
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	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 Nurses %	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)
SB - SEA BATHING WARD	93.1	0	0	0	0	0	13	NULL	NULL	NULL	38	95	4.5	95.8	105	117	6
Urgent & Long Term																	
DEAL - DEAL WARD	96.4	1	5	0	0	0	0	33	100	100	2	50	0.0	88.3	92	123	5
FRD - FORDWICH WARD STROKE UNIT	100.0	0	1	0	0	0	0	NULL	NULL	NULL	49	100	0.0	81.9	96	125	8
MW - MINSTER WARD	100.0	1	5	0	0	1	4	NULL	NULL	NULL	33	95	4.8	75.2	94	110	7
QCCU - QEH CCU	91.7	2	4	0	0	0	24	33	50	50	126	100	0.0	76.5	85	100	8
QCDU - QEH CDU	100.0	20	5	1	0	1	15	33	33	25	16	95	4.8	97.7	122	159	10
QX - QUEX WARD	92.9	0	3	0	0	0	13	33	50	50	30	100	0.0	NULL	101	110	6
SAN - SANDWICH BAY WARD	100.0	1	2	0	0	0	3	50	50	100	59	97	0.0	95.0	125	138	7
SAU - ST AUGUSTINES WARD	100.0	0	5	0	0	0	6	NULL	NULL	NULL	32	100	0.0	88.1	115	121	5
STM - ST MARGARETS WARD	NULL	1	3	0	1	0	23	50	50	50	59	96	0.0	51.9	106	102	5
WHH - WILLIAM HARVEY HOSPITAL																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	1	15	33	33	25	N/A	N/A	N/A	84.2	93	91	18
KEN - KENNINGTON WARD	100.0	0	2	0	0	0	32	33	50	50	61	98	1.9	73.4	85	95	7
PAD - PADUA	100.0	0	0	0	0	0	5	N/A	N/A	N/A	60	100	0.0	88.2	90	94	8
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	99.9	115	91	11
Surgical																	
ITU - WHH ITU	100.0	1	0	0	0	1	39	N/A	N/A	N/A	N/A	N/A	N/A	103.8	86	90	28
KA2 - KINGS A2	95.0	3	1	0	0	0	196	33	33	100	69	98	0.0	94.9	111	158	7
KB - KINGS B	100.0	0	3	0	0	0	198	33	33	50	0	NULL	NULL	93.1	108	102	6
KC - KINGS C1	100.0	2	2	0	0	0	0	50	50	50	26	100	0.0	82.4	106	100	6
KC2 - KINGS C2	100.0	0	3	0	0	0	0	33	50	50	66	100	0.0	68.4	84	95	7
KDF - KINGS D FEMALE	94.4	5	1	0	1	0	2	50	33	33	53	98	0.0	99.8	N/A	N/A	N/A
KDM - KINGS D MALE	96.0	2	3	0	0	0	0	50	33	33	38	100	0.0	N/A	101	106	7
RW - ROTARY WARD	100.0	4	2	0	0	1	57	33	33	33	112	96	1.4	88.4	100	98	9
Urgent & Long Term																	
CCU - CCU	100.0	0	0	0	0	0	0	50	50	100	29	97	0.0	NULL	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	0	0	0	0	2	0	50	100	50	60	100	0.0	74.2	112	121	7
CK - CAMBRIDGE K	100.0	1	2	0	0	0	0	33	100	50	55	100	0.0	50.4	93	99	7
CL - CAMBRIDGE L REHABILITATION	100.0	2	6	0	0	1	0	33	50	33	18	89	11.1	87.6	94	272	6

KEY

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N/A	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 Nurses %	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)
CM1 - CAMBRIDGE M1 SHORT STAY	100.0	1	5	0	0	0	0	33	33	33	37	93	0.0	7.4	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	89.5	3	2	0	0	1	48	100	100	100	21	82	12.8	100.2	100	99	6
OXF - OXFORD	100.0	0	4	0	1	0	0	50	100	100	0	NULL	NULL	89.6	100	110	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	2	6	0	0	0	0	100	100	100	49	99	1.4	87.9	99	120	8
WBAR - BARTHOLOMEW WARD WHH	NULL	0	0	0	0	0	0	50	33	50	NULL	NULL	NULL	NULL	77	100	11
WCDM - WHH CDU MIXED	97.5	13	3	0	0	1	24	50	100	100	0	NULL	NULL	78.8	85	88	10