East Kent Hospitals University NHS
NHS Foundation Trust

JANUARY 2017

INTEGRATED PERFORMANCE REPORT

East Kent Hospitals University NHS
NHS Foundation Trust

Chief Executive's Summary

As reported previously, the Trust was re-inspected by the CQC in September 2016 and reports were published in December 2016. The Trust now has no "red" inadequate scores and a decision from NHS Improvement about whether the Trust will come out of special measures is expected at the end of February 2017.

The Trust has seen a reduction in the performance of the 62 day GP cancer referral target (due to treating the backlog of longer waiting patients in January) but has reported a compliant position against the cancer two week wait and two week wait breast targets. There has also been an increase in the numbers of patients waiting more than 52 weeks on an elective pathway due to the lack of sub-specialist capacity and this is being addressed as a priority as part of ongoing work on planned care.

The 4 hour target continues to be an area of significant challenge for the Trust, with performance deteriorating further in January to 70.64% compared to 74.23% in December 2016. As reported previously, this performance has been driven by a number of factors including increased attendances especially elderly patients with complex needs. Challenges also remain around delayed discharges and patient flow. The work on the internal/external focus continues to improve our internal systems and also the processes to support patients to return to their own home or to a safe bed in the community.

Referral to treatment (18 weeks) performance has remained stable at 83.79% in December 2016. The Trust is working hard to utilise day surgery units very well as this will help us to minimise cancelled operations which have increased during the winter period and which we are ensuring are re-booked as quickly as possible.

Infection control remains an area of concern for the Trust. Healthcare related acquired infection rates are higher than our previous excellent performance but remain at or close to our overall trajectory. Increased control measures are being put in place and an infection control campaign will be launched Trust wide to reinforce the importance of this work.

January performance also reported an increase in avoidable category 2 pressure ulcers which is disappointing. The Chief Nurse and Director of Quality will be working with Heads of Nursing to bring this back in line. On a positive note, the Trust reported an improvement in the falls rate, despite the high bed occupancy during January.

Although crude mortality was higher than expected, adjusted mortality continues to be positive and our HSMR was lower than the previous month demonstrating a favourable position against our peers.

January has seen the best reported performance VTE assessment recording at 92%. This has previously been reported as an area of challenge for the Trust and although there is more to do, the improvement is encouraging and is being seen across the organisation.

The Trust?'s monthly I&E deficit reported at £2.9m in January 2017 compared to £2.5m in December 2016. The reported position at month 10 takes account of £0.35m of extra costs relating to changes to the Injury Scheme Discount Rate and £0.3m relating to STP programme costs. The Trust has also missed c£0.7m of income through cancelled operations due to lack of beds but daycase work partly offset this. If the three items referred to were removed from the position, the deficit for the month would have been c£1.6m. In 2015/16 the monthly average deficit in Q4 was £3.6m.

The year to date I&E deficit stands at £19.4m with STF income of £4m relating to Q1 having been received. No further STF is expected.

Pay costs in the month of £28.2m included agency and locum costs of £2m which now stand at £22.4m for the year to date against the ceiling trajectory of £20.2m. Agency spend was at its lowest since June 2016 and has reduced from a peak of £2.7m in November, and is 11% below the spend as at the same period in 2015/16. Of the December agency spend, 75% related to medical staff. 69% of spend relates to Urgent care and Long Term Conditions.

Total income was £45.8m in month 10 against a monthly average of £47m with a high level of cancelled operations and severe operational pressures. 155 elective operations were cancelled on the day due to bed shortages.

Against the initial £20m CIPS target, including income, for the year to date £14m has been delivered against a target of £15.6m. New schemes continue to be identified and the focus on this

priority will remain for the rest of this and next year.

The Trust is continuing to discuss its cash requirements with NHSI and to the end of M10 had accessed its full approved interim credit facility of £15.5m. The latest forecast submitted to NHSI indicates a further requirement of £5.3m in March. This is lower than anticipated due to a reduction in planned capital spend.

The Trust's year end forecast is £24m. This includes the outcome of commissioner challenges of £1.15m which have now been agreed and concluded.

NHSI is currently undertaking a review of the Trust's financial position in order to assess whether it comes out of special measures following the CQC recommendation that it should do so. In addition, NHSI have provided senior level support to the Trust. This work is progressing well linking quality, performance and finance and focussing on the rest of this year as well as our overall financial plans for 2017/18 and 2018/19.

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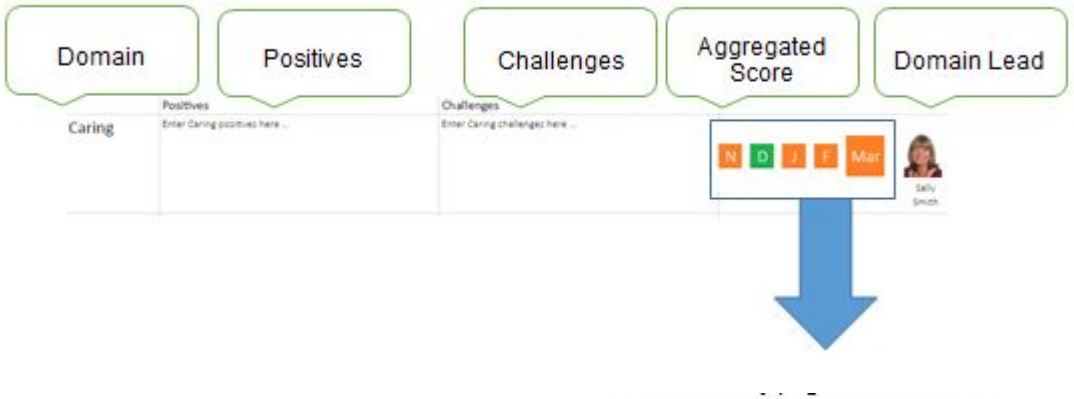
Understanding the IPR

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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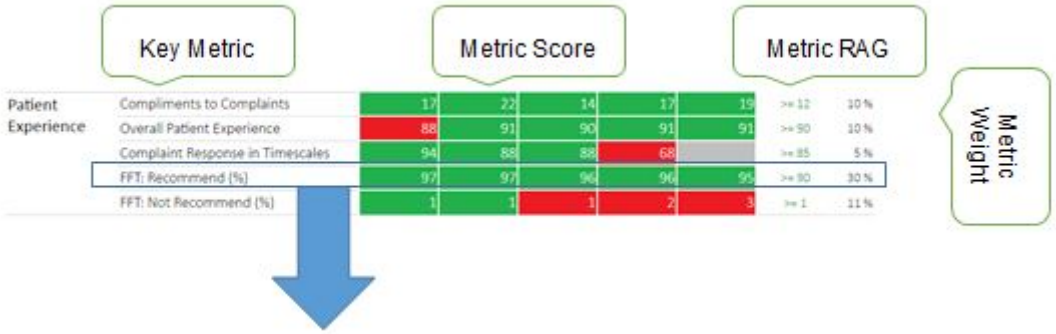
Understanding the IPR

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	• Inpatient friends and family test satisfaction has improved this month • Maternity received 100% recommendation and no negative comments • January has returned an improved overall inpatient satisfaction with five out of the six criteria rated green • We continue to report compliance with complaint response times	• We continue to report unjustified mixed sex breaches, although the number has decreased this month. This is a reflection of the operational winter pressures experienced in January • Although the percentage of patients who would not recommend the Trust remains better than this time last year, January did show an increase in this domain • Waiting times in the Emergency Department are a key theme	S O N D Jan  Sally Smith
Effective	• Elective and non-elective readmissions have not changed significantly which is encouraging when there is so much pressure on the whole system. • Did not attend rates have reduced for first appointments to within target levels. • We have improved by rebooking the majority of any non-clinical cancelled operation within 28 days.	• Bed occupancy has increased even higher (106%) in January which shows the significant pressure our acute hospitals have been under. We have opened additional temporary beds to support the admissions required. • Reportable delayed transfers of care have increased again highlighting the pressure in the whole system and our patients staying longer than they should in an acute bed once they are ready for discharge.	S O N D Jan  Jane Ely
Responsive	• Cancer 2ww and 2ww (Breast) performance have both improved to a complaint position even when the number of referrals remain high. • We continue to meet the diagnostic standard with 99.65% of patients receiving their test within 6 weeks of referral. • RTT - 18 weeks performance has remained stable at 83.79%, even when there has been reduced elective activity as a result of the emergency pressures. We have utilised our day surgery units very well and tried to minimise cancelled operations at this challenging time.	• Patients waiting more than 52 weeks on an elective pathway have increased to 18 due to lack of sub-specialist capacity. • There has been a reduction in the performance of Cancer 62 day (GP Ref) since by more than 10% to 61.54% due to a treating the "backlog" in January carried over from December. • The emergency A&E 4 hour standard has deteriorated further to 70.64% and reflects the pressure on the department and our sites as a whole due to increased attendances especially of elderly patients that have complex needs. Patients are delayed from being seen and treated in the Emergency Department when we are unable to move other patients to a bed in the hospital, as there are delayed discharges. This requires on going commitment internally and externally to improve our processes so that there is rapid support for patients to return to their own home or to a safe bed in the community.	S O N D Jan  Jane Ely

Safe	• January has seen the best reported performance for VTE assessment recording (92%), this is still below the target of 95% but the improvement is encouraging. National comparative data will be released at the beginning of next month to enable some perspective. • This month saw an improvement in the falls rate compared to December, particularly encouraging in the light of our bed occupancy • Overall the rate of new harms also improved in January (1.0% compared to the national average of 2.1%)	• Infection control remains one of the biggest areas of concern. Although bed occupancy has been high (105%+) healthcare related acquired infection (HAI) rates are higher than our previous excellent performance and an infection control campaign will be launched to reinvigorate the Trustwide approach and attitude towards infection control. • January reported an increase in avoidable category 2 pressure ulcers • The heatmap is showing 20% use of temporary staff on many of the wards, although the overall fill rates are mostly rated green	S O N D Jan	 Paul Stevens
Well Led	• Further reduction in agency spend in month by £0.2m to £2m • Vacancy levels and turnover flat • Reducing sickness rates (3.6%) • Increase in nursing shifts filled (103% day, 117% night) • Total costs in months £0.7m lower	• Increase in I&E position in month to £2.9m • High number of medical staff vacancies • Cash management requires £5.3m of borrowing in March • Appraisal rate flat (82.2%) • Financial position through to year end	S O N D Jan	 Matthew Kershaw

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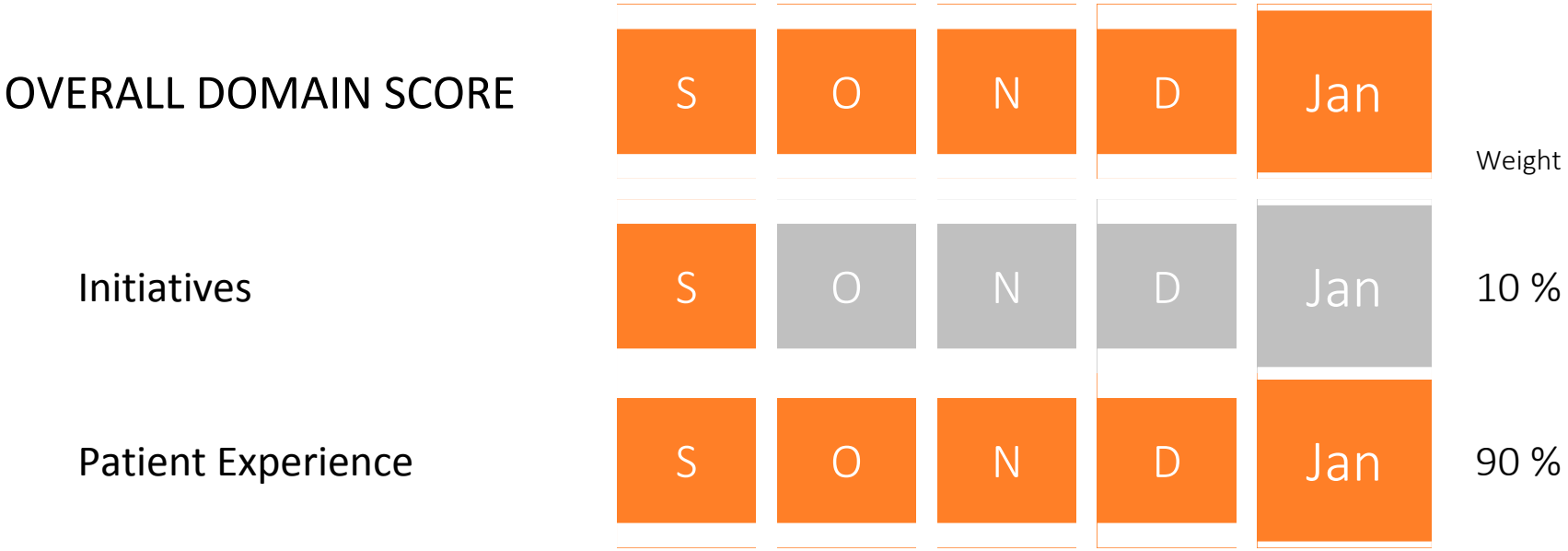
Caring



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Caring

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Initiatives	Staff Health & Wellbeing CQUIN	100					>= 100	20 %
	Sepsis CQUIN Delivered %	90					>= 100	20 %
	Antimicrobial Resistance &	100					>= 100	20 %
	End of Life Pathway CQUIN Delivered	90					>= 100	20 %
	Patient Flow CQUIN Delivered %	90					>= 100	20 %
Patient Experience	Compliments to Complaints (#/1)	20	21	16	46	21	>= 12	10 %
	Mixed Sex Breaches	70	51	10	87	57	1	10 %
	Overall Patient Experience %	91	90	92	94	96	>= 90	10 %
	Complaint Response in Timescales %	92	94	94	97	94	>= 85	5 %
	FFT: Recommend (%)	97	97	97	95	96	>= 90	30 %
	FFT: Not Recommend (%)	1.5	1.3	1.3	2.1	2.9	>= 1	10 %

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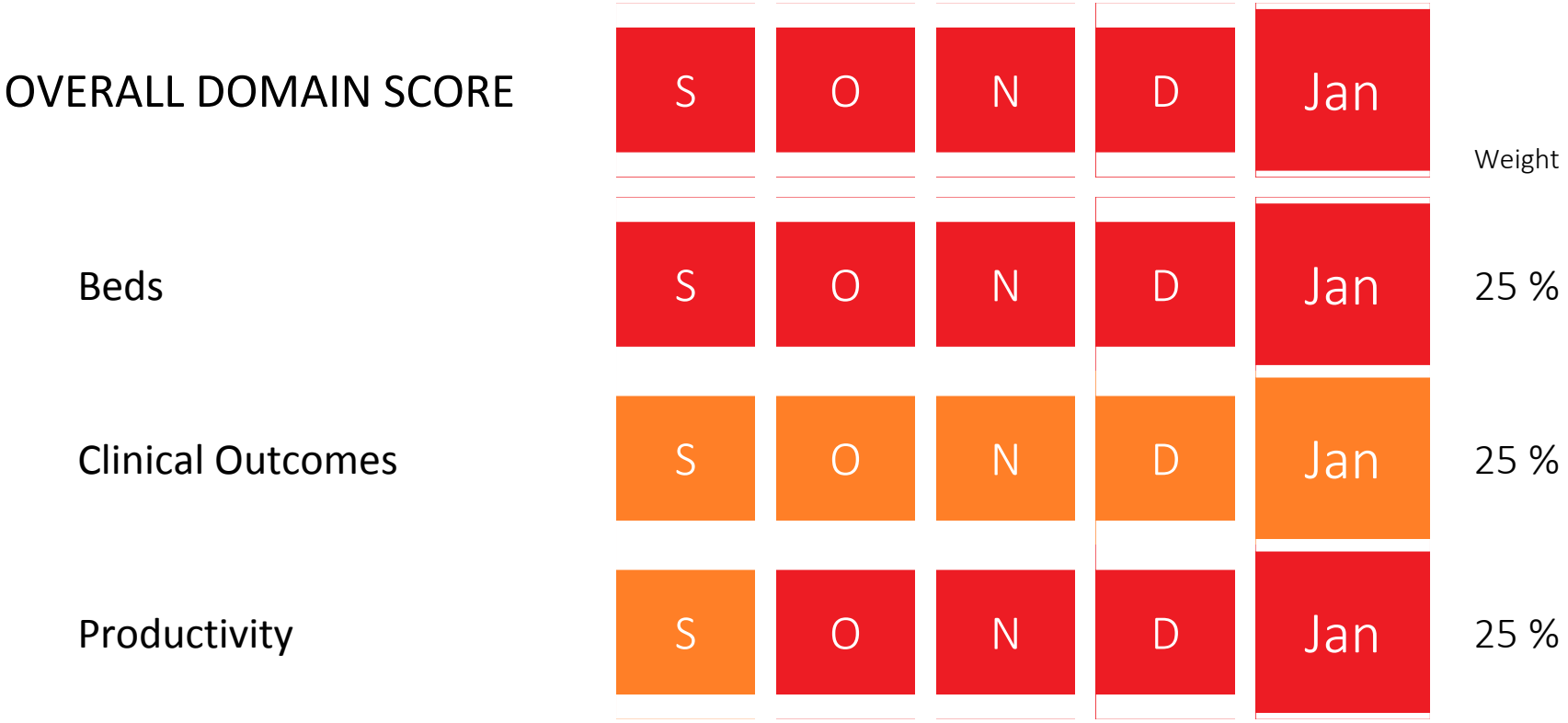
Effective



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Effective

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Beds	Bed Occupancy (%)	101	101	102	101	106	<= 90	60 %
	IP - Discharges Before Midday (%)	14	15	15	14	14	>= 35	10 %
	DToCs (Average per Day)	53	61	57	50	59	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3	3	3	3	3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17	17	16	16	16	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	97	95	95	95	98	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.6	7.4	7.1	7.8	7.4	< 7	
	DNA Rate: Fup %	6.9	6.7	6.3	7.4	7.3	< 7	
	New:FUp Ratio (1:#)	0.7	0.7	0.7	0.6	0.7		
Productivity	LoS: Elective (Days)	3.0	3.0	2.8	3.0	3.1		
	LoS: Non-Elective (Days)	6.1	6.1	6.5	6.2	6.3		
	Theatres: Session Utilisation (%)	80	82	81	80	80	>= 85	25 %
	Theatres: On Time Start (% 30min)	75	77	78	80	74	>= 90	10 %
	Non-Clinical Cancellations (%)	1.2	1.7	1.5	1.1	2.7	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	10	7	6	5	2	< 5	10 %
	EME PPE Compliance %	82	82	79	76	75	>= 90	20 %

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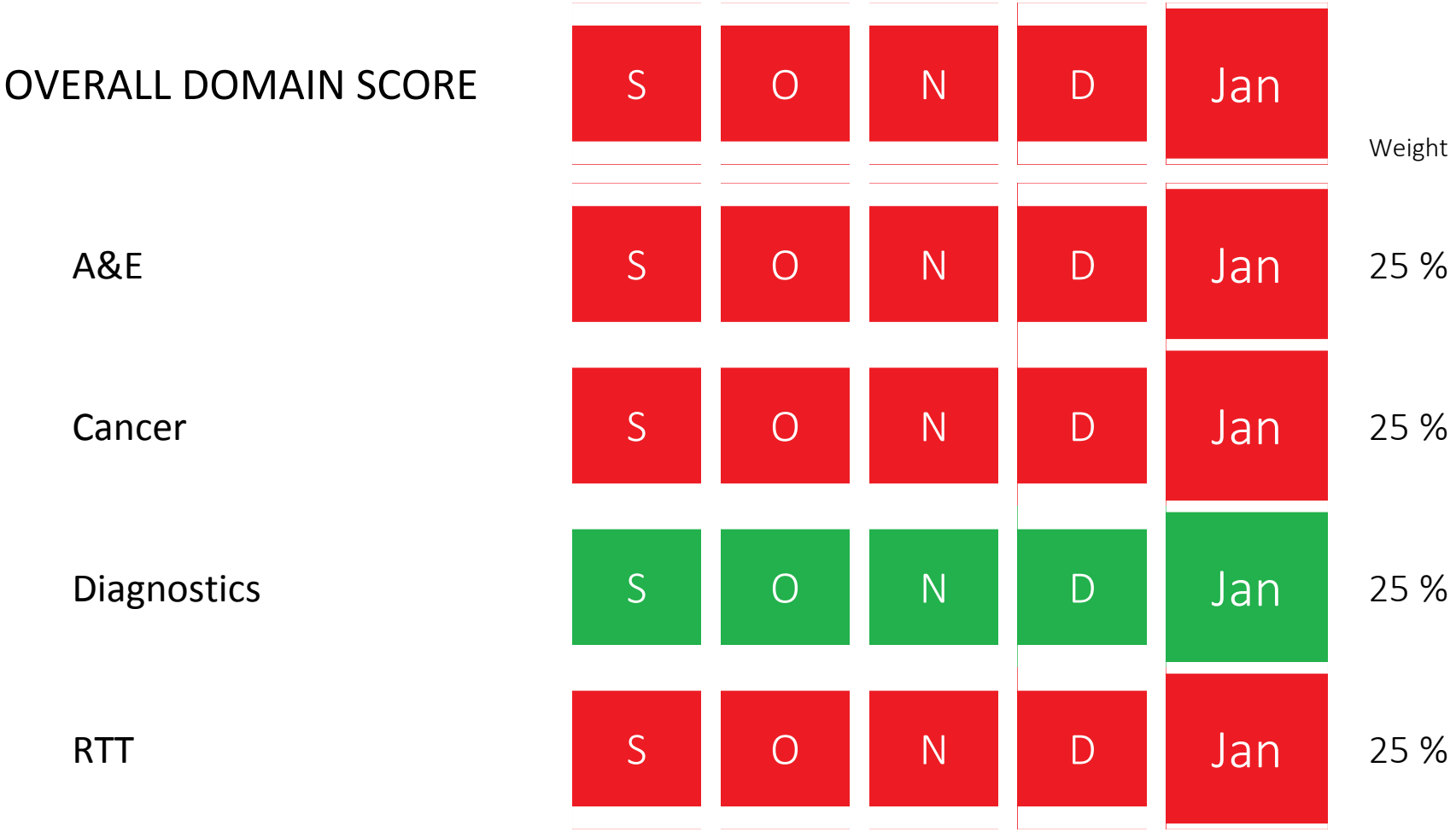
Responsive



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Responsive

		Sep	Oct	Nov	Dec	Jan	Green	Weight
A&E	ED - 4hr Compliance (%)	84.29	79.36	75.75	74.25	70.64	>= 95	100 %
Cancer	Cancer: 2ww (All) %	94.81	96.62	97.45	96.46	95.92	>= 93	10 %
	Cancer: 2ww (Breast) %	95.31	94.59	96.43	86.61	98.18	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	93.39	96.10	94.93	95.54	93.27	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	92.59	89.23	89.09	89.19	82.22	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	100.00	99.12	98.39	97.85	>= 98	5 %
	Cancer: 62d (GP Ref) %	71.50	70.00	72.77	76.99	61.54	>= 85	50 %
	Cancer: 62d (Screening Ref) %	93.94	89.55	96.23	91.43	91.30	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	100.00	80.00	83.33	70.73	72.97	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.74	99.91	99.88	99.72	99.65	>= 99	100 %
	Audio: Complete Path. 18wks (%)	99.66	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	99.65	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	85.11	86.03	85.79	83.83	83.79	>= 92	100 %
	RTT: 52 Week Waits (Number)	27	21	13	12	18	< 1	

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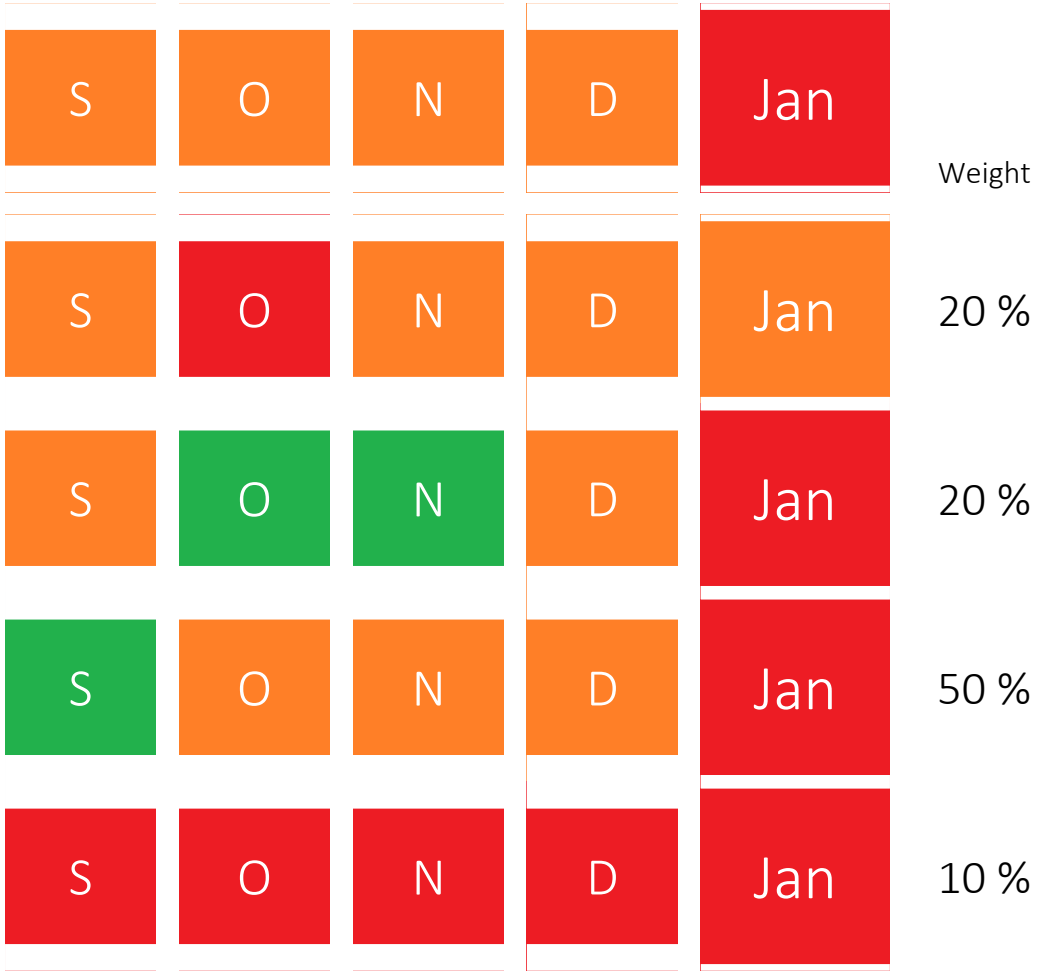
Safe



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Safe

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Incidents	Serious Incidents (STEIS)	8	6	4	6	10		
	Harm Free Care: New Harms (%)	97.7	97.9	98.1	98.4	99.0	>= 98	20 %
	Falls (per 1,000 bed days)	5.52	5.76	6.65	6.27	5.61	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.31	0.24	0.24	0.39	0.48	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,404	1,380	1,406	1,255	1,444		
Infection	Cases of C.Diff (Cumulative)	21	27	30	35	40	<= Traj	40 %
	Cases of MRSA (per month)	1	0	0	1	2	< 1	40 %
Mortality	HSMR (Index)	82					< 90	35 %
	Crude Mortality EL (per 1,000)	0.3	0.3	0.0	0.4	0.6	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	27	32	31	37	46	< 27.1	10 %
	RAMI (Index)	83					< 87.45	30 %
Observations	VTE: Risk Assessment %	91	90	91	89	92	>= 95	20 %

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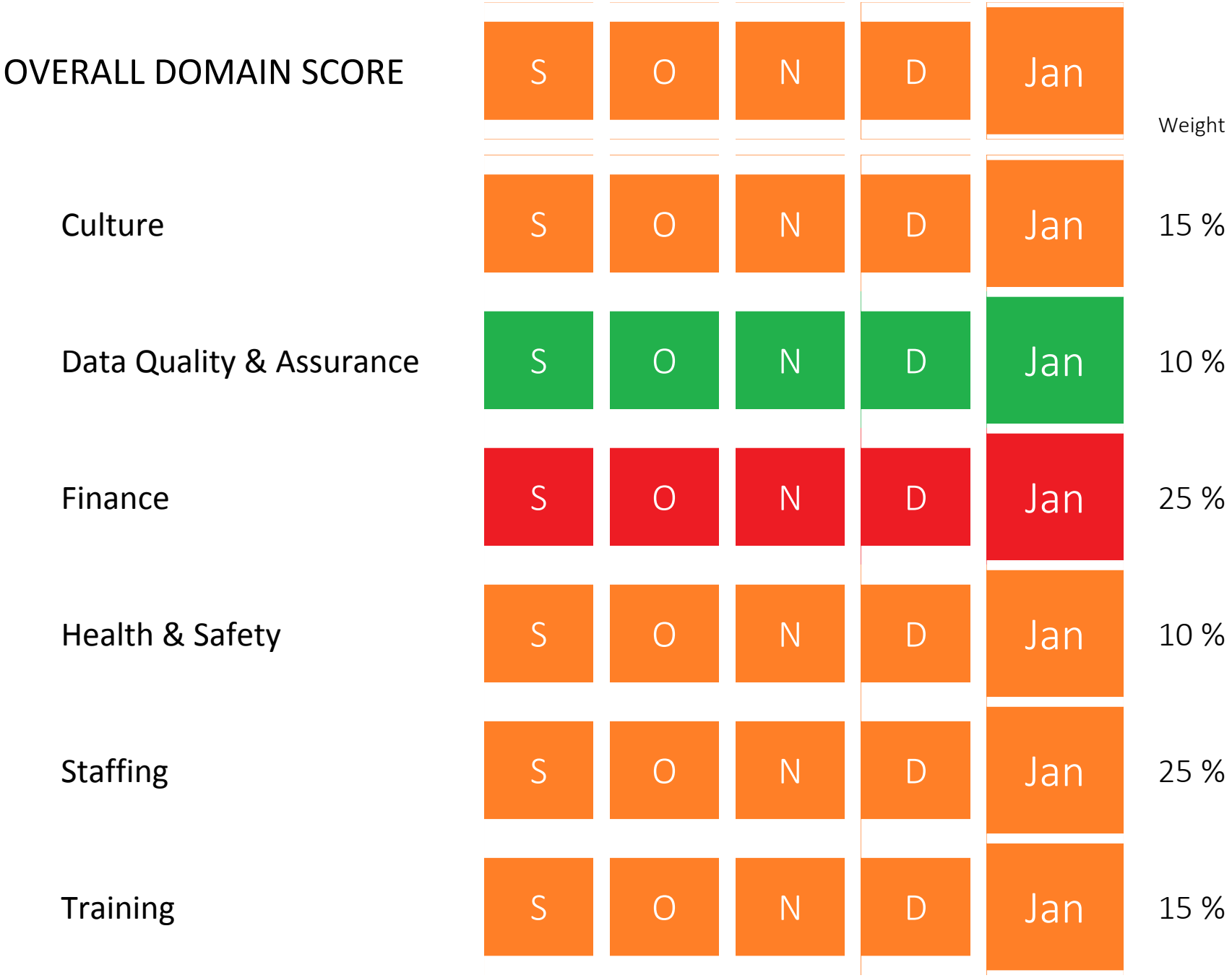
Well Led



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Well Led

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Culture	Staff FFT - Work (%)	58	58	58	58	58	>= 60	50 %
	Staff FFT - Treatment (%)	79	79	79	79	79	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	1	1	1	1	1	< 4	25 %
	Valid NHS Number %	99	99	100	100	100	>= 99.5	40 %
	Uncoded Spells %	0	0	0	0	0	< 0.25	25 %
Finance	I&E £m	-1.6	-1.7	-1.2	-2.5	-2.9	>= Plan	30 %
	Cash Balance £m	9.8	11.7	10.0	2.4	9.9	>= Plan	20 %
	Total Cost £m	-50.1	-49.1	-51.0	-49.4	-48.7	>= Plan	20 %
	Forecast I&E £m	-19.6	-19.6	-19.6	-19.6	-26.7	>= Plan	20 %
	Normalised Forecast £m	-23.6	-23.6	-23.6	-23.6	-30.7	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	1	3	0	3	3	<= 3	20 %
	Formal Notices	0	0	0	0	0	1	15 %
Staffing	Sickness (%)	3.8	3.9	3.9	4.0	3.6	< 3.6	10 %
	Staff Turnover (%)	12.6	12.7	12.6	12.7	12.5	<= 10	15 %
	Vacancy (%)	10.8	10.7	10.1	10.0	9.9	<= 7	15 %
	Shifts Filled - Day (%)	93	93	99	97	103	>= 80	15 %
	Shifts Filled - Night (%)	100	102	110	106	117	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)					11		
	Agency %	21.1	22.0	21.3		21.5	<= 10	
	NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	> 90	
Training	Appraisal Rate (%)	81.2	83.2	82.2	82.5	82.2	>= 90	50 %
	Mandatory Training (%)	89	88	88	87	88	>= 85	50 %

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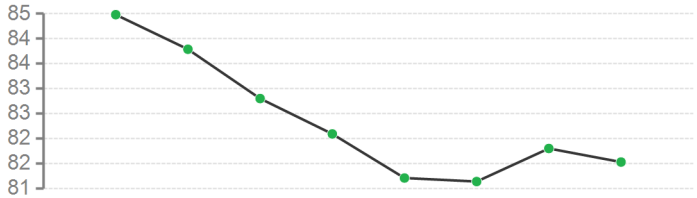
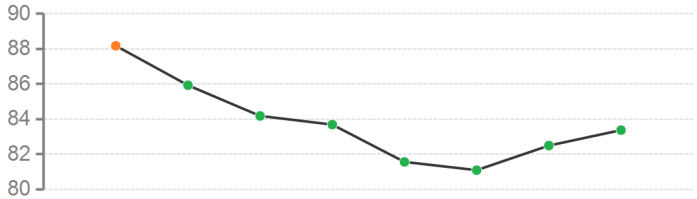
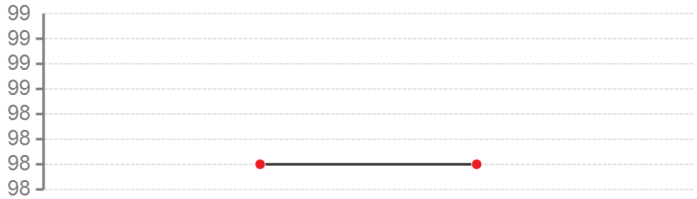
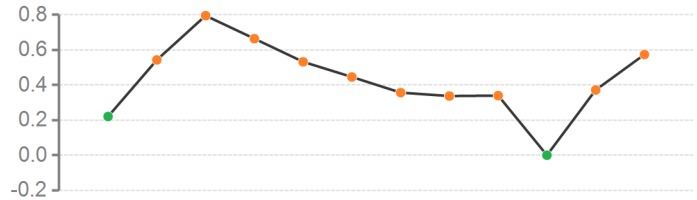
Strategic Theme: Patient Safety

Mortality

Jan	HSMR (Index)	82 (-8.4%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Jan	RAMI (Index)	84 (-11.1%)		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. Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Jan	SHMI	98 (-4.4%)		Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data.
Jan	Crude Mortality EL (per 1,000)	0.4 (56.4%)		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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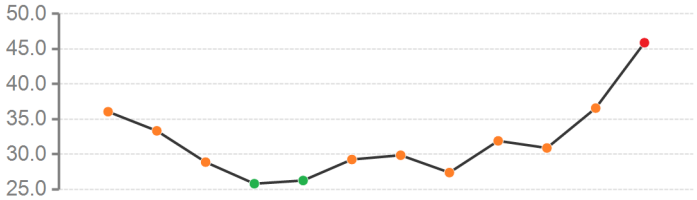
Strategic Theme: Patient Safety

Jan

Crude Mortality NEL (per 1,000)

32 (8.4%)



The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

Crude mortality in January as for December is higher and this is expected. Adjusted mortality continues to be positive and our HSMR was lower than last month (82 versus 83) demonstrating a favourable position in comparison to other Trusts. Our national SHMI has not been updated and is 0.97 for the period July 2015 - June 2016. The underlying diagnostic groups have also not been updated and the areas of concern lying below that overall indicator remain the same (acute myocardial infarction, cardiac arrests/ventricular fibrillation, heart failure, carcinoma of the lung and colon, chronic obstructive pulmonary disease and septicaemia).

Triangulating the above with CHKS data gives a similar picture but is complicated by the fact that CHKS periodically re-base their mortality indices to take account for overall continuous improvement. The methodology will be included in next months report, together with updated indices but as a Trust our HSMR remains in the lowest quartile nationally. What we do see from the CHKS data is a marked site variation with the highest mortality on the WHH site and the lowest on the K&CH site. The Mortality Information Group have recommended that this site difference is looked at in detail by HRG codes to understand what is driving the differences.

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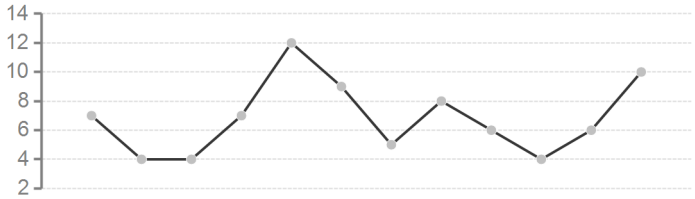
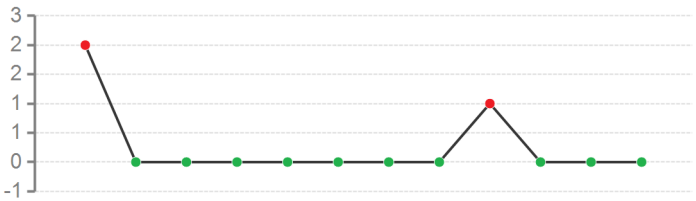
Strategic Theme: Patient Safety

Serious Incidents

Jan	Serious Incidents (STEIS)	82 (-5.7%)		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.
Jan	Never Events (STEIS)	3 (-50.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum 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 January 2017: 69 (including 10 new)
SIs under investigation: 39
Breaches: 15
Non-breaches: 24

SIs awaiting closure: 30
Waiting CCG response: 20
Waiting EKHUFT non-closure response: 10

Supporting Narrative:
The number of breached cases remain static at 15. Breaches are mainly due to the quality of analysis. This is being managed by the Root Cause Analysis Group and at the Executive Performance Reviews each month.

Work continues on clearing the longest breached cases and there has been progress on this and further progress is predicted. The Clinical Incident Manager and Head of Patient Safety (Governance) have been working with the division to progress these cases.

There were ten new SIs relating to:
- one pressure ulcer
- two diagnostic delays relating to a spinal cord tumour and a tongue based tumour
- one fall
- three treatment delays relating to keto-acidosis, a possible missed opportunity for colectomy and a case of a patient who absconded from A&E following substance abuse and subsequently died.
- one information governance case relating to information given out by switchboard
- one maternity incident (affecting baby only) regarding an intrauterine death

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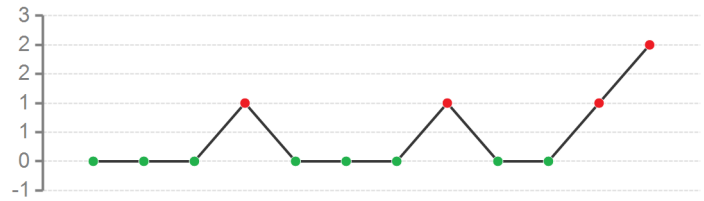
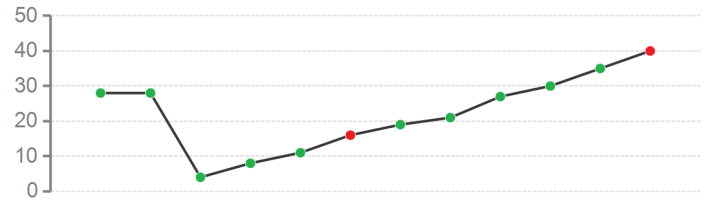
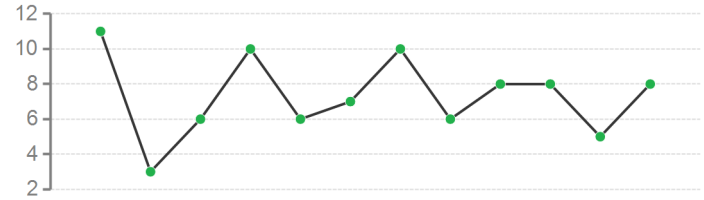
Strategic Theme: Patient Safety

Infection Control

Jan	Cases of MRSA (per month)	5 (150.0%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
Jan	Cases of C.Diff (Cumulative)	40 (14.3%)		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.
Jan	E. Coli	88 (39.7%)		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

Jan

MSSA

23
(-8.0%)

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:

There were 2 Trust assigned cases of MRSA bacteremia in January (one a contaminant), bringing the year total to 5. This is a marked deterioration in our infection control performance and is mirrored by a similar higher number of Trust apportioned C.difficile cases (a total of 40 for the year up to the end of January with 6 in month). The number of cases are significantly higher in the UC-LTC division which is above trajectory, surgical services are on trajectory and specialist services below trajectory.

The potential reservoir of the Carbepenemase resistant Klebsiella organism has been found (a sink in the relevant bed area of Cambridge M2 ward). Further investigation has found that the wash hand basins in the bed bays on Cambridge M2 are not currently in accordance with HBN 00-10 Part C. These are being replaced with HBN 00-10C Part C compliant basins. All of the original 19 contacts have been screened and found to be negative. All actions have been discussed and reported to PHE.

Parvovirus incident. A total of 52 potential contacts have been identified. 2 of the 10 contacts who were not immune at booking have seroconverted (one patient 35/52 pregnant and the other 24/52), to date with no adverse effects.

A number of actions are being taken in response to the current position with infection control including:

- Review of general infection control measures
- Reinvigorate hand hygiene audits throughout the organisation
- Clear and transparent display of infection control performance in all clinical areas
- Review of environmental cleaning in all areas
- Institute a refreshed infection control campaign over the next several months
- Reintroduce focused monthly infection control reports to all medical and senior nursing staff
- Updating of the MRSA policy (including decolonisation protocols)
- Ensuring close monitoring of ward acquired MRSA colonisation cases
- Review of blood culture training of those healthcare professionals undertaking blood cultures
- Checking implementation and use of the Diarrhoea Assessment Tool
- Reinstituting the weekly C.diff trajectory chart for divisional performance
- Enhanced monitoring of antimicrobial prescribing enforcing 5 days stop dates and also stopping scripts not approved by microbiology if they are not according to the Trust policy

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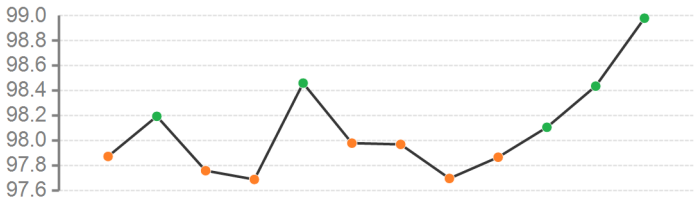
Strategic Theme: Patient Safety

Harm Free Care

Jan	Harm Free Care: New Harms (%)	98.1 (-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. Arrow indicates average of last 12 months data.

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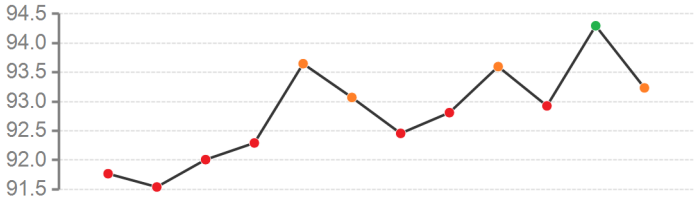
Strategic Theme: Patient Safety

Jan

Harm Free Care: All Harms (%)

92.8
(-0.3%)



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 indicates average of last 12 months data together with variance against the previous 12 months.

Comments:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in January was 93.23% compared to 94.02% in December and is slightly below both the overall national average of 94.14% and the acute hospitals only national average of 94.02%. A wide variation, as expected, is seen across the divisions with specialist achieving 94.97%, surgical 91.94% and UCLTC 93.25%. All harms were 6.77% compared to national average of 5.98% which indicates that our patients are admitted with a slightly higher level of harm than the national average.

However, Harm Free Care experienced in our care (New Harms only) at 98.98% in January is higher than national average which means that our patients are receiving care that causes less harm than is reported nationally. New Harms only were 1.02% compared to 2.11% national average for acute hospitals; this means that our patients acquire reduced levels of new harms than the national average for acute hospitals.

WHH New Harms Only HFC improved to 99.09% in January compared to 98.05 in December.
QEQM New Harms Only HFC fell slightly to 98.73% in January compared to 99.22% in December.
K&C New Harms Only HFC improved to 99.18% in January from 97.94% in December.

HFC (new harms only) for individual harms are lower than or close to the national average for acute hospitals for 3 out of the 4 harms measured. The Safety Thermometer for January demonstrates:

- Lower levels of New Pressure Ulcers (0.19%) compared to the acute hospitals average (0.84%)
- Lower levels of catheters & New UTI's (0.00%) compared to the acute hospital average (0.33%)
- Higher prevalence of falls with harm (0.65%) than the acute hospital average (0.41%)
- Lower prevalence of new VTEs (0.19%) compared to the acute hospital national average (0.57%)

Rigorous work will continue to ensure validation is carried out correctly and focus work continues to be carried out to reduce the number of falls to ensure patient safety.

Notably, HFC (all harms) shows a lower than national level of patients being admitted who have already started treatment for UTI or a UTI was already present on admission 0.83% compared to the national average of 0.89% for acute hospitals. This continues to improve as a result of the collaborative work undertaken with community partners.

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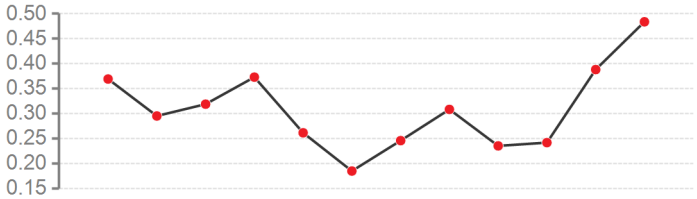
Strategic Theme: Patient Safety

Pressure Damage

Jan	Pressure Ulcers Cat 2 (per 1,000)	0.31 (32.7%)		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 months.
Jan	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-60.8%)		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 12 months.

Comments:

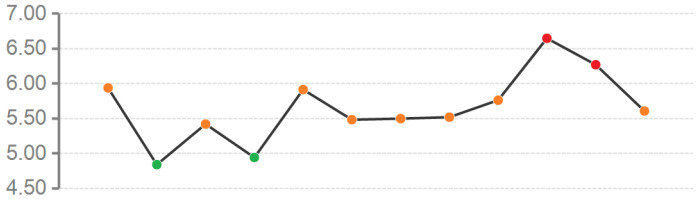
In January 2017 a total of 41 category two pressure ulcers were reported and 19 were confirmed as avoidable. This has increased by six avoidable ulcers from last month. The majority of these ulcers affected the sacrum/buttocks and 12 were avoidable which an increase of seven from last month. These occurred at WHH on CL, Kennington x 2, KB, KC2, Rotary and CDU. QEQM had 2 on CDU and Bishopstone and K & C had 2 on Kent and Treble. Learning points were to initiate prevention earlier; limit chair sitting to shorter periods at a time; ensure patient is repositioned regularly; inspect skin at least daily and two also involved equipment delays. Of the seven remaining avoidable category two ulcers, 3 were cited on the spine (CJ, CSM, KC1) with similar learning points to above; 2 were cited at the heel (Rotary and CSM) and 2 were medical device related on Bishopstone and ITU/WHH (NG tube and urinary catheter) .

There were no confirmed category three pressure ulcers acquired in January 2017. There were 13 potential deep pressure ulcers acquired or which 4 were avoidable. These occurred on CSF (sacrum) resulting from delay in risk assessment, equipment; inconsistency of repositioning, and possible long trolley wait. Rotary and KD also acquired sacral ulcers, both awaiting further investigation. Oxford ward and Marlow ward both acquired heel ulcers with lack of offloading a contributory factor.

January 2017 has been a particularly challenging month due to high patient acuity and winter pressures issues. This is likely reflected in the increased number of reported incidents and demonstrates the commitment of Trust staff to continue high standards to skin care and reporting. The Tissue Viability nurses have also been challenged in respect of reduced capacity and increasing patient referrals and have therefore concentrated efforts in the clinical environment during the month.

Strategic Theme: Patient Safety

Falls

Jan	Falls (per 1,000 bed days)	5.65 (-13.5%)		Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments: The number of falls decreased slightly in January (195) compared to December (210). 66 were at WHH with a rate of 5.08 (6.98 in Dec), 68 at QEQMH with a rate of 6.13 (5.63 in Dec) and 61 at K&CH with a rate of 8.03 (6.61 in Dec). Wards with the most reported falls were Kingston (14), ED K&CH (11), Deal (11), Harbledown (10) CDU WHH (9). 1 fall at QEQMH resulted in a head injury where the patient subsequently died. This is being investigated with a RCA but preliminary investigations have determined that the fall was unavoidable and could not have been predicted or prevented. Falls at WHH resulted in one hip fracture and one humeral fracture. However, both were unavoidable falls with all appropriate interventions in place.
Falls Link Worker sessions have been undertaken to enable wards to participate in a self directed way in the Fallstop programme, focussing on audit and training which will be running from March at WHH. A session has already been undertaken at QEQMH.

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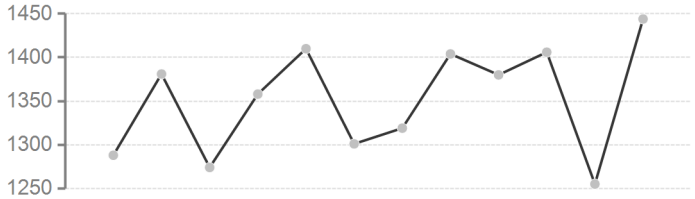
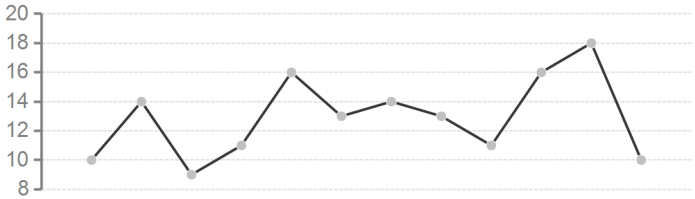
Strategic Theme: Patient Safety

Incidents

Jan	Clinical Incidents: Total (#)	16,220 (12.6%)		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.
Jan	Blood Transfusion Errors	155 (-3.1%)		The number of blood transfusion errors 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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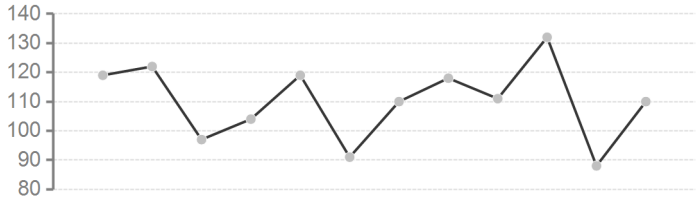
Strategic Theme: Patient Safety

Jan

Medicines Mgmt. Incidents

1,321
(7.8%)



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:

A total of 1433 clinical incidents have been logged as occurring in Jan-17 compared with 1249 recorded for Dec-16 and 1288 in Jan-16. In Jan-17, three incidents have been graded as death and no incidents have been graded as severe harm. In addition, 13 incidents have been escalated as a serious near miss, of which 10 are still under investigation. The number of moderate harm incidents reported during Jan-17 is slightly higher than previous months [Jan-17: 49 compared with Dec-16: 36 and Jan-16: 34], however the majority (42) are still under investigation and may be downgraded.
Ten serious incidents were required to be reported on STEIS in January. Seventeen cases have been closed and two cases downgraded; there remains 69 serious incidents open at the end of January.
Over the last 12 months incident reporting has increased at WHH and QEH, and has remained constant at K&CH.
Blood transfusion
In January, there were 10 blood transfusion errors reported (18 in Dec-16 and 11 in Jan-16). There were two themes in January: there were three incidents of prescription/documentation errors and two delays in provision of component/product. Nine incidents were graded no harm and one low harm. Reporting by site: three at K&CH, four at QEH and three at WHH.
Medicines management
There were 109 medication incidents reported as occurring in January (88 in Dec-16 and 119 in Jan-16). On average, over the last 12 months, the numbers of medication incidents reported at K&CH remained constant, at QEH have risen and at WHH have declined.
Of the 109 reported, 83 were graded as no harm (including one serious near miss) and 23 as low harm. No incidents resulted in severe harm or death. There were three incidents graded as moderate harm: 1) Possible adverse reaction to opioids, 2) Omitted Parkinson's medications due to patient's drowsiness which was not escalated and 3) Patient's stat medications were omitted shortly before they passed away; the incident is not thought to be linked to the patient's death (possible downgrade). Top reporting areas were: Cheerful Sparrows male ward (QEH) with 10 incidents; Cheerful Sparrows female ward (QEH) with seven incidents; Cathedral day unit (K&CH), Pharmacy (K&CH) and Folkestone ward (WHH) with six incidents; Padua ward (WHH) with five incidents; A&E (QEH) and Rainbow ward (QEH) with four incidents each; Pharmacy (WHH), Bishopstone ward / CDU / St.Margaret's ward (QEH) with three incidents each; other areas reported 2 incidents or fewer. Twenty-five incidents occurred at K&CH, 45 at QEH, 36 at WHH, one at BHD, one at RVHF and one external to the trust.
*Missing Drugs are broken down as follows: seven incidents relating to stock control/documentation errors, three incidents of medication being delivered to the wrong location, one incorrect quantity dispensed, one wrong dose dispensed in box labelled with correct dose, one missing drug chart and one delay in dispensing.

Total
Drug error - prescribing 20
Drug error - dispensing 11
Drug error - administering 54
Drug shortage (not available or in stock) 1
Drug missing* (stock discrepancy or lost between wards/pharmacy) 15
Adverse drug reaction 4
Infusion injury - extravasation 2
Infusion problems - medication related 2
Totals: 109

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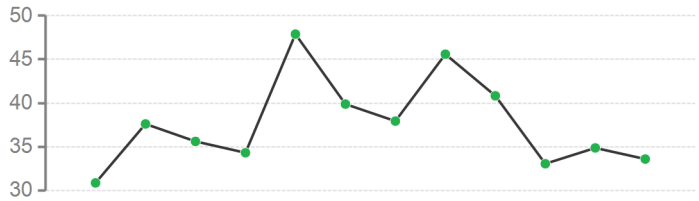
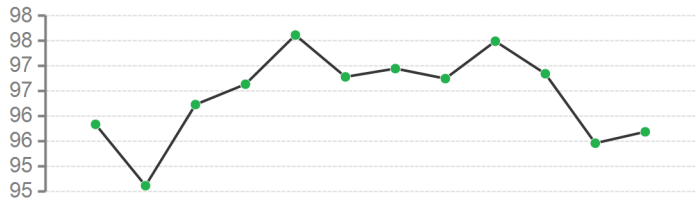
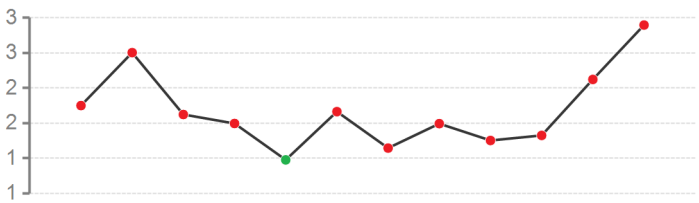
Strategic Theme: Patient Safety

Friends & Family Test

Jan	FFT: Response Rate (%)	38 (9.5%)		The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jan	FFT: Recommend (%)	96 (0.9%)		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 of arrow and %) against the previous 12 months.
Jan	FFT: Not Recommend (%)	1.7 (-14.7%)		Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

During January we received 8792 responses in total. Overall 38% eligible patients responded and 90% would recommend us to their friends and family and 7% would not. The total number of inpatients, including paediatrics who would recommend our services was 96% (95% December-16). For A&E it was 75% (76% December-16), maternity 100% (99% December-16), outpatients 92% (92% December-16) and day cases 96% (96% December-16). The Trust star rating in January is 4.50 (4.52 December-16).

Response rates for January have reduced slightly in some departments and work will continue to make improvements. The response rate for inpatients was 33% (35% December-16), A&E 16% (15% December-16), maternity 19% (30% December-16). (Please note as per DH guidelines only the Birth experience is given a response rate, FFT questions at other stages in the patient's pathway are not calculated or required nationally). The response rate for day cases was 24% (19% December-16) but for outpatients was not available due to a national reporting error.

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

FFT - Top 5 Positive & Negative Themes

ED
Positive Themes – Care, Staff attitude, Implementation of care, waiting time, Communication,
Negative Themes – Care, Waiting times, Staff attitude, Environment, Communication

Inpatients

Strategic Theme: Patient Safety

Positive Themes – Staff attitude, Care, Communication, Implementation or care, Competence
Negative Themes –Staff attitude, Care, Communication, Implementation of care, Competence

Out patients
Positives Themes – Staff attitude, Care, Competence, Communication, Implementation of care
Negative Themes – Care, Staff attitude, Communication, Waiting time, Environment

Maternity
Antenatal
Positive Themes – Staff attitude, Care, Competence, Compassion, Communication
Negative Themes – None

Birth
Positive Themes – Staff attitude, Care, Competence, Implementation of care, Communication
Negative Themes – None

Postnatal ward
Positive Themes – Staff attitude, Care, Commitment, Implementation of care, Competence,
Negative Themes – None

Postnatal community
Positive Themes – Staff attitude, Care, Implementation of care, Compassion, Commitment
Negative Themes - None

Day Case
Positive Themes – Staff attitude, Care, Competence, Implementation of care, Compassion
Negative Themes – Care, Staff attitude, Communication, Waiting time, Competence

The trust needs to improve on staff attitude, Care, communication and waiting times for patients within the ED, Outpatients, Inpatients and Day Case care. The environment theme has improved within Inpatients however work needs to continue to make improvements within ED and OP.
Maternity received no negative themes for January, which again is an outstanding achievement. It should be highlighted that there are considerably more positive themes/comments regarding Staff attitude, care, communication and competence, which staff must be congratulated on.

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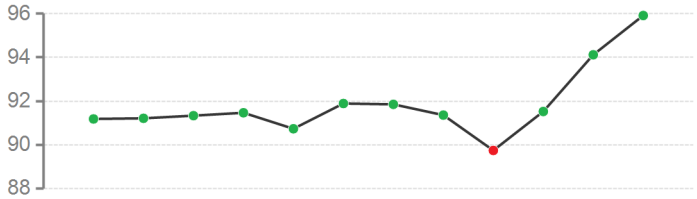
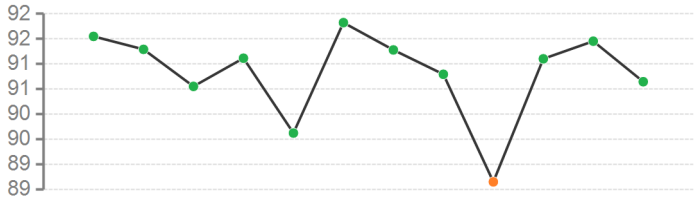
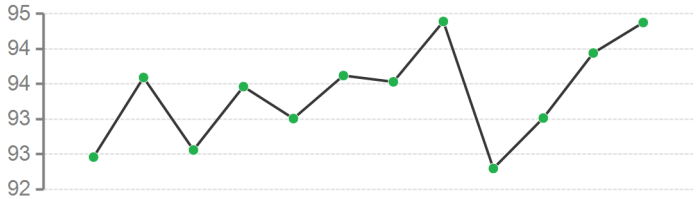
Strategic Theme: Patient Safety

Patient Experience 1

Jan	Overall Patient Experience %	91 (2.1%)		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 last 12 months data together with variance against the previous 12 months.
Jan	Care Explained? %	91 (12.9%)		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 average of last 12 months data together with variance against the previous 12 months.
Jan	Care that matters to you? %	93 (1.0%)		Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).

Comments:

This month patient experience as recorded in real-time by the patients has improved considerably with 5 out of the 6 criteria being rated as green.

There has been an improvement in the reporting for the experience of patients in relation to both overall patient experience and overall performance has improved over the last 12 months. Feedback on whether patients received the care that matters to them, the explanation of care or treatment in an understandable way and whether they were treated with respect and dignity has all improved for January.

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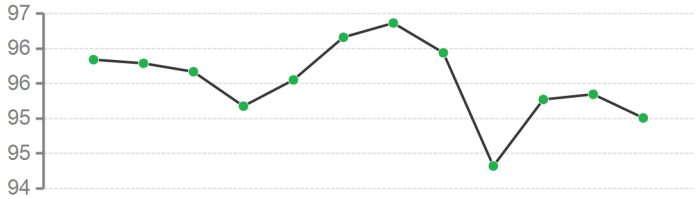
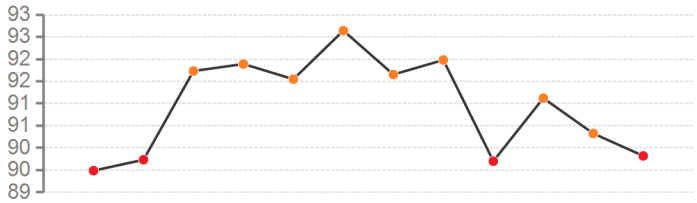
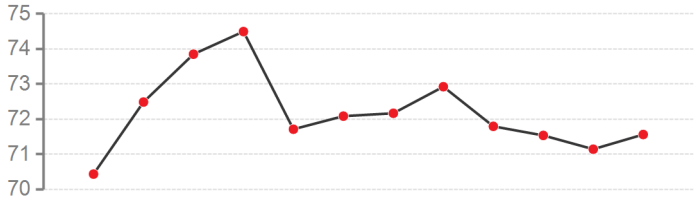
Strategic Theme: Patient Safety

Patient Experience 2

Jan	Respect & Dignity? %	96 (0.0%)		Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Jan	Cleanliness? %	91 (-1.2%)		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 shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jan	Hospital Food? %	72 (2.0%)		Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

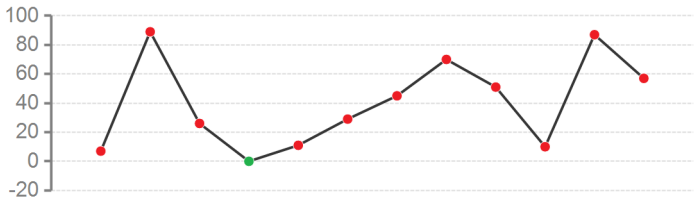
Evaluation of the Patient Safety Heatmap demonstrates that the majority of wards are now compliant with capturing patient experience in January. Internal work continues to focus on improving compliance.

Escalation to Divisional heads of nursing and matrons has taken place which has driven local improvements.

Cleaning is fractionally down this month however auditing remains consistent at 98%.

Strategic Theme: Patient Safety

Mixed Sex

Jan	Mixed Sex Breaches	482 (53.5%)		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:

During January 17, 8 non-justifiable incidents of a mixed sex accommodation breach occurred at WHH CDU and QEQM CDU, A&E due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 14 mixed sex accommodation occurrences in total, affecting 116 patients. This number has decreased slightly since last month when there were a total of 20 occurrences affecting 119 patients. The remaining incidents occurred at QEQM on the QEQM Fordwich (4), K&C Kingston stroke unit (2), which are justifiable mixes based on clinical need.

Daily reporting of mixed sex occurrences has improved at the three acute sites due to a more robust recording of mixed sex occurrences and to staff continue to minimise the risk of mix sex occurrences at each acute site.

East Kent Hospitals University NHS
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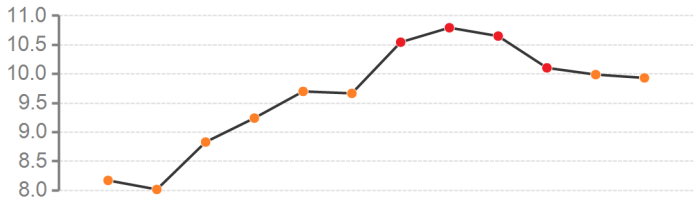
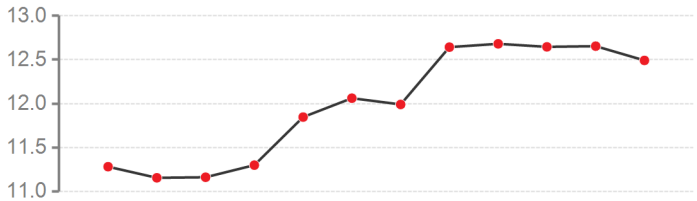
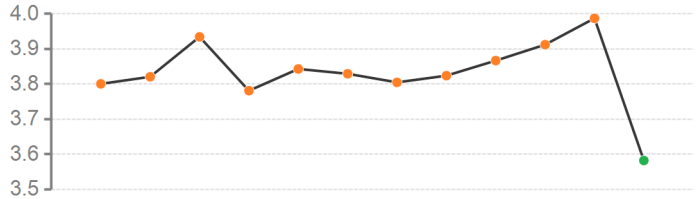
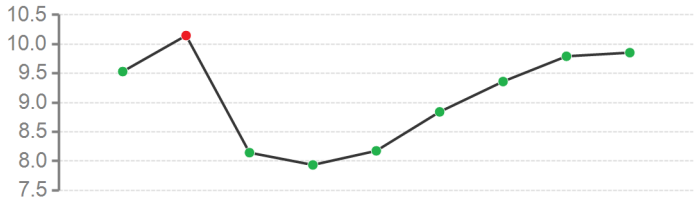
Strategic Theme: Human Resources

Gaps & Overtime

Jan	Vacancy (%)	9.6 (8.6%)		% 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.
Jan	Staff Turnover (%)	12.0 (1.5%)		% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jan	Sickness (%)	3.8 (3.0%)		% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the
Jan	Overtime %	9.1		% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).

Comments:

Gaps and Overtime

The Turnover rate decreased to 12.5%, and the vacancy rate decreased to 9.9%. The average Turnover rate for the past 12 months remains marginally lower than the previous 12 months. The vacancy and turnover rates by Division are examined in detail at Executive Performance Reviews (EPR), and Divisions have actions in place to address their recruitment hotspots and retention challenges. Consultant vacancies are examined and challenged at a Consultant recruitment meeting and actions agreed on hard to fill roles and how we could use a different skill mix to address these shortfalls.

Sickness absence predicted rate for January is 3.6% against an actual sickness rate of 4% in December. The 12 month average sickness rate is 3.8%, which is much higher than the previous 12 months. Divisions completed a deep dive into January into short and long term absence and initial findings were reported to EPR. A plan to address some of the poignant points raised through the deep dive is currently being worked on, including engagement of the Employee Relations team to take a more proactive role in supporting managers with colleagues either Long term sick or who have hit a trigger point for short term sickness.

East Kent Hospitals University NHS
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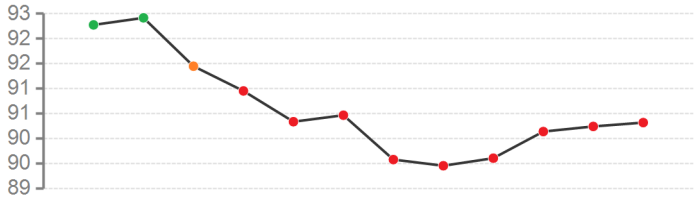
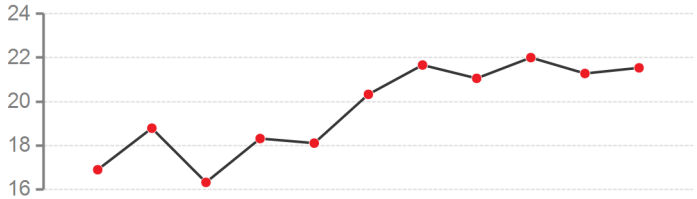
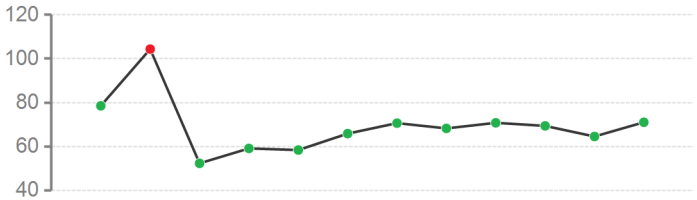
Strategic Theme: Human Resources

Temporary Staff

Jan	Employed vs Temporary Staff (%)	90.6 (-1.3%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jan	Agency %	19.7		% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).
Jan	NHSP Use % of Agency	91.5		% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).
Jan	Agency Orders Placed	69		Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).

Comments: Reduction in agency spend is a key component of our cost improvement programme and continues to be an area of focus. There is an Agency Pay Control programme, led by the Head of Human Resources and supported by the Improvement Delivery Team and Programme Management Office. The Trust monitors and reports on a weekly basis, all agency shifts that breach the agency framework and NHSI pay caps by occupational group and division. Additionally, any shifts that breach the agency framework and pay caps now require approval at an executive level. Divisions now update a SMART agency plan in tandem with their divisions on a monthly basis that describes the roles using agency and the plans to exit this cost from the Trust, this may include substantive recruitment, role redesign or a skills mix review. The percentage of employees deployed through an agency that are NHSP remains at 100%. The percentage of staffing which is agency is at 21.5% (predicted) in January.

East Kent Hospitals University NHS
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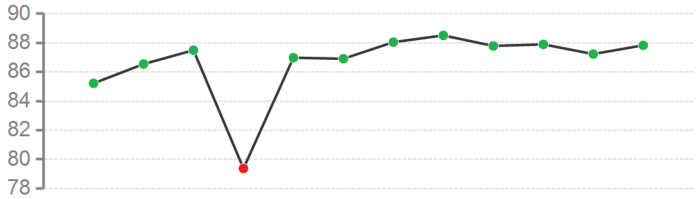
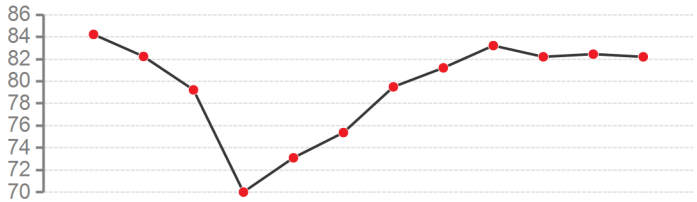
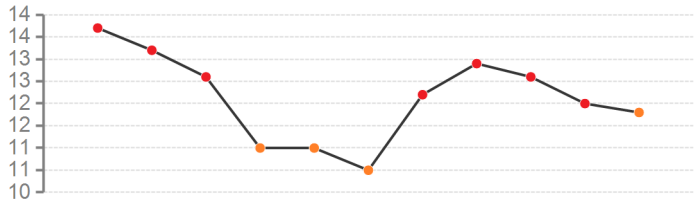
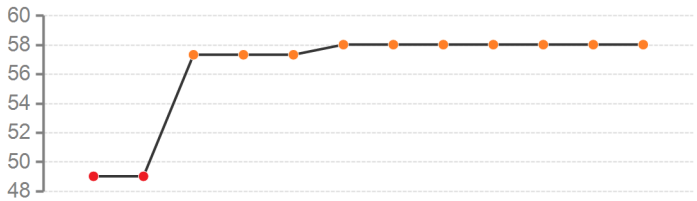
Strategic Theme: Human Resources

Workforce & Culture

Jan	Mandatory Training (%)	87 (4.5%)		The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jan	Appraisal Rate (%)	79.6 (0.4%)		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.
Jan	Time to Recruit	12 (12.5%)		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.
Jan	Staff FFT - Work (%)	56 (9.9%)		Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

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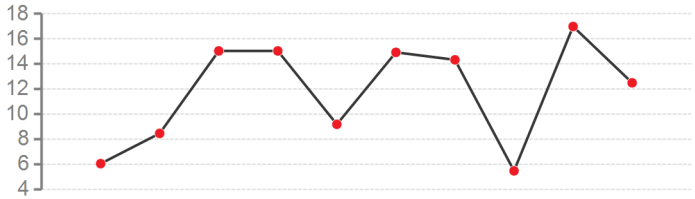
Strategic Theme: Human Resources

Jan

Local Induction Compliance %

11.8



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

Comments:

Statutory training was at 88% for January. 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. There remains an on-going with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff appraisal rate remains at 82%, and below the 90% target. Divisions have been focussed on improving appraisal compliance whilst also ensuring appraisal quality using the new 'We Care' Behaviours appraisal paperwork. Work continues to implement less manual ways of reporting the information. Divisions are focused on colleagues who are due an appraisal in April and May where we see a decrease annually due to the volume that needs to be completed.

Activity vs. Internal Business Plan

Key Performance Indicators

Jan

	Jan-17				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	13,773	13,264	509	4%	143,555	137,992	5,563	4%	143,555	142,279	1,276	1%	<=0%
Referral Non-Primary Care	13,649	14,117	(-468)	-3%	139,947	142,738	(-2,791)	-2%	139,947	144,468	(-4,521)	-3%	<=0%
OP New	19,768	20,811	(-1,043)	-5%	203,456	203,128	328	0%	203,456	203,091	365	0%	>=0%
OP Follow Up	42,429	43,172	(-743)	-2%	411,941	418,213	(-6,272)	-1%	411,941	418,507	(-6,566)	-2%	>=0%
Elective Daycase	6,624	7,468	(-844)	-11%	66,186	74,201	(-8,015)	-11%	66,186	68,316	(-2,130)	-3%	>=0%
Elective Inpatient	1,112	1,307	(-195)	-15%	13,091	13,367	(-276)	-2%	13,091	13,065	26	0%	>=0%
A&E	16,728	16,808	(-80)	0%	176,816	167,821	8,995	5%	176,816	169,173	7,643	5%	>=0 & <5%
Urgent Care Assessment	961	1,219	(-258)	-21%	10,604	11,763	(-1,159)	-10%	10,604	12,018	(-1,414)	-12%	>=0 & <5%
Non-Elective Inpatient	5,914	5,937	(-23)	0%	58,816	58,681	135	0%	58,816	58,814	2	0%	>=0 & <5%
Chemotherapy	1,309	1,131	178	16%	13,075	10,797	2,278	21%	13,075	11,495	1,580	14%	>=0%
Critical Care	1,840	1,753	87	5%	18,110	17,292	818	5%	18,110	17,410	700	4%	>=0%
Dialysis	7,126	7,365	(-239)	-3%	69,387	72,243	(-2,856)	-4%	69,387	71,963	(-2,576)	-4%	>=0%
Maternity Pathway	1,106	1,274	(-168)	-13%	11,671	12,030	(-359)	-3%	11,671	11,789	(-118)	-1%	>=0%
Pre-Op Assessments	3,056	2,900	156	5%	28,609	28,725	(-116)	0%	28,609	28,468	141	0%	>=0%
Diagnostic	424,927	452,835	(-27,908)	-6%	4,300,273	4,506,445	(-206,172)	-5%	4,300,273	4,308,911	(-8,638)	0%	<=0%
Other	4,728	4,143	585	14%	47,462	39,920	7,542	19%	47,462	40,802	6,660	16%	>=0%

The 2016/17 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2015/16 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals, activity required to achieve sustainable elective services is included and 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 2016/17. It should be noted that this does not reflect demand levels agreed within the 2016/17 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

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

December 2016

Elective Care

Elective care is pre-arranged, non-emergency care, including scheduled operations. It is provided by medical specialists in a hospital or another care setting; Patents will usually be referred by their GP, and covers the period from referral through to discharge.

The Primary Care demand received by the Trust was 4% above planned levels in December and the Trust level over performance remains +4% above contract, and equates to over 5,563 additional referrals. Encouragingly the Trust has not observed the historic exponential growth that has occurred in both Gastroenterology and Breast Referrals, although referrals into key specialties Orthopaedics, Dermatology Maxillo Facial, Gynaecology, and Paediatrics have significantly exceeded planned levels. The Trusts Internal Business Plan stretches most services to maximum capacity and as such we have not been able to flex our capacity further to deal with this unplanned demand. The Trust does not have the operative capacity to deal with the current demand, a key element of our business plan requires Orthopaedic referrals to be directed to the independent sector at point of referral.

The Trust again failed to deliver the new outpatient Plan in January 2017. The observed variance of -5% (-1,043) has reduced the year to date over performance to planned levels. Physiotherapy, Dermatology, HCOOP and Gastroenterology continue to drive the biggest underperformances. Dermatology was adversely affected by unexpected capacity loss, alongside planned clinician leave in January, which resulted in an underperformance of 12% (-124). The waiting list has not increased significantly and referral numbers remain lower than last year, therefore this reduction reflects demand and will not have significantly affected RTT performance. YTD the service remains 11% above plan (+1,159).

The planned number of Physiotherapy new outpatient appointments in January was set using historic monthly phasing. This presents the incorrect picture that activity is below plan. In fact the number in January is consistent with previous months and the year to date total is only 1% below planned levels.

The HCOOP service is being affected by unprecedented high demand of non-elective admissions, which is impacting on access to beds. This pressure has led to the postponing of some outpatient clinics to release clinician time for inpatient work and a significant increased cancellation rate for elective surgery. The Medical Director, Chief Nurse and the Chief Operating Officer are working closely together to make sure all these decisions take into account clinical need, quality of care and patient safety.

January activity across Gastroenterology outpatients continues to reflect the year to date shortfall against the plan. This is due in part to a high initial plan for the year, and this will be reflective of the pressure the service is finding around sourcing capacity. Additional clinics have been discussed with an external provider and will be put in place from 11th Feb 2017 to support the service and reduce waiting times. This had been delayed while the Trust negotiated the requirements around patient follow-up and sought assurance around the clinical quality of the services.

Anti-coagulation follow up appointments continue to decrease at higher than anticipated levels. More patients are taking up long-acting drugs, and being seen in the community, rather than in the acute settings. The service has already reduced the workforce through natural turnover and reallocation of resources, and continues to monitor the demand and capacity requirements.

Additional Endoscopy capacity continues to allow the Trust to meet its plan over January, allowing the service to cope with the current demand levels and begin to reduce the waiting list sizes.

Dermatology Daycases remain below plan by 10% YTD. RTT performance has decreased since December due to the amount of patients requiring complex surgery which the service does not have the internal capacity to deliver. Until now, use of the independent sector has stopped the position worsening significantly, however, a new clinician started in January who will focus on reducing this backlog. There will be a period of cross-over whilst the IS and new clinician will both be operating, and the service is aiming to recover their RTT compliance by the end of the financial year.

Gynaecology has seen another month of high elective activity by utilising all possible internal capacity and two additional locum consultants. Currently, the service is back to delivering the majority of activity needed to sustain the demand, however, there is still insufficient capacity to reduce the backlog to the required level. Whilst the service books patients in chronological order, each week more patients tip into the over 18 week time band, with more patients are at risk of approaching 52 weeks before receiving treatment, a situation which was worsened by a long wait for first outpatient appointment. Since January last year, the inpatient waiting list has increased by 605 (94% increase). The service is currently working on a business case to close capacity gap.

The General Surgery department (including Colorectal and Breast) has not been able to maximise the use of empty theatre lists in January and as such has been unable deliver the daycase or elective inpatient plan in January 2017, this highlights the problems of delivering the service with non-substantive capacity. Orthopaedic activity was severly reduced due to short notice cancellations caused by a lack of beds, throughout January the Trust cancelled 174 operations.

The Ophthalmology service implemented a contractually mandated cost neutral change in activity recording within the AMD Injection service. The service is now recording and reporting approximately 600-800 injections per month as outpatient procedures as opposed to Elective admitted daycase activity. The change is reflective of the PbR tariff the trust receives for this activity. As a result of the change we are now expecting daycase activity to underperform the plan for the remainder of the year.

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.

Over Quarter 1 of 2016-17, the Trust saw a rise in medical non elective admissions that was significantly above the planned levels for the year (+10%). This has reduced slightly over Q2 and the forecast position for year end is that the Trust will be on plan for medical non elective admissions. January showed a month position of -3% against the plan (-43), as the number of medical patients was below the expected levels in the month.

Despite the reduced medical admissions against the January plan, the continuing increase in Length of Stay of patients over the year compared to the previous year continues to put pressure on the Trust's bed base, as Bed Occupancy levels remain high and in excess of 100%, above a recommended level of 85%. A high number of beds continue to be occupied by Delayed Transfers of Care patients (DToC), patients who are safe for discharge or transfer and do not require the use of an acute hospital bed.

Monitoring metrics shown below demonstrate that though the month's activity was at the levels planned, the Trust sites continued to see high bed occupancy throughout the month (patients present in beds at midnight against the core bed base). There was some variation across all of the Trust sites, with William Harvey Hospital Ashford showing high bed occupancy in January (102% on average). Occupancy at Kent & Canterbury Hospital increased notably from December to 109.7% on average. All sites showed an increase from the December position, with the characteristic reduction in the weeks around Christmas explaining part of the increase.

	Last 8 Weeks Weekly Trend - Daily Average								Monthly Totals	
Overall Compliance	25.12.16	01.01.17	08.01.17	15.01.17	22.01.17	29.01.17	05.02.17	12.02.17	Dec 2016	Jan 2017
ED - Total Attendances	3,579	4,045	3,956	3,503	3,580	3,931	4,006	3,743	17,511	16,736
IP - Stranded Patient Metric (> 7 Days LoS)	440	528	508	531	514	559	525	547	498	559
IP - LoS - Medical - exc. 0 day (Avg)	8.8	8.3	8.3	8.6	9.0	8.2	9.3	8.9	8.6	8.5
IP - Discharges before 10am (%)	6.5%	6.8%	6.4%	8.8%	6.9%	6.6%	7.8%	7.6%	6.6%	7.3%
IP - Discharges before Midday (%)	14.9%	16.1%	14.%	18.9%	14.8%	16.2%	17.3%	16.5%	15.7%	16.1%
IP - Discharges before 3pm (%)	39.9%	41.4%	36.1%	40.7%	37.2%	39.2%	40.7%	41.2%	39.3%	38.4%
IDT - DToC - Total Patients (Avg)	41	39	47	54	68	65	62	52	49	58
IP - NEL Medical Discharges < 24h (%)	43.3%	40.8%	40.2%	41.5%	43.8%	41.%	44.8%	42.2%	43.4%	41.8%
IP - NEL Medical Discharges < 72h (%)	61.2%	61.3%	57.7%	61.1%	58.3%	58.8%	62.4%	61.7%	62.%	59.5%
IP - Occupancy @ Midnight (%)	97.8%	100.9%	105.5%	104.2%	103.%	106.5%	107.7%	103.9%	100.3%	105.1%
IP - Escalcation Beds @ Midnight (Avg)	53	62	77	69	63	78	90	69	56	72
IP - Medical Outliers (Avg)	74	122	145	123	104	99	110	88	89	118

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 January the number of Medical Outliers increased from a daily average of 89 patients across the Trust to 118.

The number of escalation beds open at midnight also increased in month, with an average of 72 open daily during January compared to 56 in December.

Length of Stay is a measure of how long patients stay in Hospital Treatment. The Length of Stay for Medical patients remained similar in month at 8.5 days on average (8.6 days in Dec). These Figures exclude patients discharged on the same day as their admission. Length of Stay for medical patients has grown year on year across all Trust Sites, and with high bed occupancy figures being an outcome of this increase.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	7,307	8,274	-12%	-967
103 - Breast Surgery	5,733	6,345	-10%	-612
300 - General Medicine	1,638	1,975	-17%	-337
320 - Cardiology	4,248	4,001	6%	247
101 - Urology	6,754	6,377	6%	377
140 - Maxillo Facial	6,513	6,120	6%	393
330 - Dermatology	11,789	11,099	6%	690
110 - Trauma & Orthopaedics	8,736	8,034	9%	702
420 - Paediatrics	4,573	3,577	28%	996
502 - Gynaecology	8,644	7,611	14%	1033
Total	**124,630**	**121,396**	**3%**	**3,234**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	16,878	17,703	-5%	-825
140 - Maxillo Facial	1,479	1,994	-26%	-515
502 - Gynaecology	5,994	6,466	-7%	-472
300 - General Medicine	1,674	1,960	-15%	-286
100 - General Surgery	2,789	2,500	12%	289
800 - Clinical Oncology	9,748	9,418	4%	330
420 - Paediatrics	2,708	2,268	19%	440
340 - Respiratory Medicine	2,232	1,720	30%	512
101 - Urology	5,987	5,437	10%	550
130 - Ophthalmology	9,793	7,992	23%	1801
Total	**90,101**	**88,595**	**2%**	**1,506**

OP New

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	5,470	6,833	-20%	-1363
100 - General Surgery	4,425	5,688	-22%	-1263
430 - HCOOP	3,930	4,726	-17%	-796
420 - Paediatrics	6,753	6,222	9%	531
104 - Colorectal Surgery	6,423	5,836	10%	587
300 - General Medicine	1,908	1,088	75%	820
110 - Trauma & Orthopaedics	18,690	17,780	5%	910
130 - Ophthalmology	19,791	18,691	6%	1100
330 - Dermatology	11,746	10,605	11%	1141
502 - Gynaecology	13,504	12,322	10%	1182
Total	**158,459**	**156,792**	**1%**	**1,667**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	9,883	15,409	-36%	-5526
324 - Anticoagulation Service	11,203	14,109	-21%	-2906
100 - General Surgery	2,317	4,225	-45%	-1908
430 - HCOOP	3,209	4,693	-32%	-1484
302 - Endocrinology	6,478	7,795	-17%	-1317
502 - Gynaecology	12,356	13,375	-8%	-1019
103 - Breast Surgery	5,750	4,676	23%	1074
800 - Clinical Oncology	34,568	32,423	7%	2145
110 - Trauma & Orthopaedics	32,006	28,435	13%	3571
130 - Ophthalmology	56,539	51,246	10%	5293
Total	**321,555**	**323,941**	**-1%**	**-2,386**

*Payment by Results Only

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	8,515	12,546	-32%	-4031
300 - General Medicine	15,714	18,697	-16%	-2983
110 - Trauma & Orthopaedics	5,190	5,675	-9%	-485
330 - Dermatology	3,848	4,303	-11%	-455
410 - Rheumatology	1,240	1,562	-21%	-322
340 - Respiratory Medicine	793	1,008	-21%	-215
800 - Clinical Oncology	2,862	3,065	-7%	-203
180 - Accident & Emergency	187	12	1485%	175
502 - Gynaecology	1,784	1,592	12%	192
140 - Maxillo Facial	1,950	1,695	15%	255
Total	**66,186**	**74,201**	**-11%**	**-8,015**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	1,278	1,607	-20%	-329
100 - General Surgery	1,022	1,313	-22%	-291
320 - Cardiology	583	765	-24%	-182
401 - Neurophysiology	1	60	-98%	-59
104 - Colorectal Surgery	393	346	14%	47
300 - General Medicine	918	859	7%	59
503 - Gynaecology Oncology	102	24	325%	78
400 - Neurology	271	189	43%	82
103 - Breast Surgery	425	340	25%	85
101 - Urology	2,420	2,244	8%	176
Total	**13,091**	**13,367**	**-2%**	**-276**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
420 - Paediatrics	5,123	5,844	-12%	-721
502 - Gynaecology	1,539	2,205	-30%	-666
100 - General Surgery	5,019	5,628	-11%	-609
501 - Obstetrics	3,824	4,253	-10%	-429
180 - Accident & Emergency	4,121	4,478	-8%	-357
320 - Cardiology	1,667	1,875	-11%	-208
410 - Rheumatology	48	248	-81%	-200
560 - Midwifery	2,261	2,020	12%	241
430 - HCOOP	9,261	8,364	11%	897
300 - General Medicine	17,449	15,326	14%	2123
Total	**58,816**	**58,681**	**0%**	**135**

*Payment by Results Only

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Summary Performance

Key Performance Indicators

70.64 %

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
4 Hour Compliance	80.01%	79.25%	84.05%	82.69%	85.40%	82.87%	82.24%	84.29%	79.36%	75.7%	74.25%	70.64%
12 Hour Trolley Waits	1	0	1	1	0	0	0	0	0	1	1	2
Left without being seen	3.78%	4.20%	3.46%	4.09%	3.84%	4.59%	4.11%	3.31%	3.85%	3.96%	4.35%	4.87%
Unplanned Reattenders	8.97%	9.31%	9.10%	9.40%	9.22%	8.62%	9.01%	8.78%	8.58%	8.68%	8.98%	8.76%
Time to initial assessment (15 mins)	94.6%	92.9%	88.4%	88.7%	91.2%	85.2%	81.0%	86.9%	79.5%	74.4%	78.5%	76.5%
% Time to Treatment (60 Mins)	43.5%	40.8%	46.3%	43.5%	48.3%	46.3%	48.9%	48.5%	40.9%	39.9%	39.9%	40.1%

Sustainability & Transformational Funding Trajectory (Submission 18th April 2016)

-19.19 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
STF Trajectory	85.22%	90.02%	90.17%	89.68%	90.80%	90.80%	91.20%	91.50%	89.90%	89.83%	90.48%	91.40%
Performance	84.05%	82.69%	85.40%	82.87%	82.24%	84.29%	79.36%	75.75%	74.25%	70.64%		

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. An Emergency Care Recovery Plan (ECRP) has revised to include the five mandatory requirements of the A&E Improvement Delivery Plan. The aim of the plan is to improve performance and ensure that the A&E Improvement Delivery Plan delivers sustainability across emergency care pathways. It has been mandated through the Sustainability & Transformational Plans that the Trust will achieve performance levels which demonstrate consistent improvement over the course of 2016-17, with overall compliance in excess of 90%.

January performance against the 4 hour target was 70.64% against a trajectory of 89.83%. This shows a decline in performance compared to the previous month, with a lower proportion of patients seen within 4 hours. Analysis of the breach reasons shows a similar picture compared to the previous month, with 425 additional breaches in January compared to the previous month, with the proportion of breach reasons remaining relatively static.

The largest breach categories again were for delays to be seen (2,311, up from 2,105 in December, still 47% of the total breach reasons), delays in treatment decision (1,002 from 989 the previous month, 20% of all breaches (22% last month)). Non-ED assigned breach reasons such as Bed Management breaches increased slightly in month, but were the same proportion of the whole, remaining at 7% of breaches in month (360 compared 306 compared to 348 in November); Two 12 hour Trolley Waits reported in January.

Volume of attendances to Trust emergency departments were on plan for January. With year to date position showing a position cumulatively +5.4% above the plan since April 2016. Volumes of attendances to Trust A&E departments over the year continue to be higher than the previous year (+4.5% YTD), with raised volumes in particular noted at the Dover Buckland Hospital Minor Injuries Unit (+13.5% year on year), but also at the William Harvey Hospital in Ashford (+5.7%) and the Queen Elizabeth the Queen Mother in Margate (+5.0%).

The above-expected activity levels continue to contribute to high in department numbers at the sites, and with an increase in month within medical outliers (average of 118 compared to 89 in December, and a slight decrease in bed occupancy (105.1%; a high occupancy rate requiring the use of escalation beds). These metrics reflect some of the difficulties in achieving flow of patients from the Emergency departments to acute wards. While the breach analysis shows a slight reduction in the proportion of bed management breaches, occupancy figures show the potential influence of reduced patient flow out of the department to other hospital areas, with a large proportion of patients not being seen a timely manner, with an extended wait to see a senior decision maker noted through the breach reasons around the 60 minute metric.

The Emergency Departments have also been under significant pressure to manage the acuity of patients presenting through the majors stream; with high attendances of patients presenting with respiratory and cardiac conditions. The number of patients requiring treatment such as Bi-Pap or resuscitation room level care has been high. The numbers of frail elderly patients attending has continued to be high and created an additional pressure if a referral has been required for an IDT (Integrated Discharge Team) assessment to support a decision to discharge. The numbers of children attending, particularly in the evenings and weekends has continued to be higher than expected.

The increased patient acuity and overcrowding in the Emergency Departments due to poor patient flow has required increased senior management support and direction to constantly assess and mitigate the risk to patient safety. The Trust has followed its business continuity action cards and increased clinical staffing to maintain patient safety where able to access additional staffing. Additional management support has been in place, both in and out of hours throughout January with regular Executive led calls involving internal and external stakeholders.

The priority and focus for January has been to maintain safe patient care and staff wellbeing.

ECASCARD

The Trust has introduced eCasCard into both majors departments at both the William Harvey Hospital (27th September), and into the Queen Elizabeth, the Queen Mother Hospital (25th during October). Implementation of this system is aimed to bring real-time recorded activity to the ED; to be one of the first organisations in the country to go paperless and provide up to date, real time tracking of patient journeys through the department. The system provides contemporaneous clinical notes and an auditable timeline of events.

The senior consultant Geriatrician's recommendations have been built into the system and will be implemented in February 2017. These new enhancements will enable specialist teams to use the system to complete their assessment and clerking. This will be a significant step forward and enable the system to be used by all specialist teams working within the Emergency Department.

Executive and senior Divisional management commitment and support to the project are on-going, Next steps are to move the system implementation into the 'business as usual phase'.

A&E IMPROVEMENT PROGRAMME

The A&E Delivery plan is part of a whole system plan which has been ratified by the A&E Delivery Board. The plan will continue to be monitored internally by the Urgent Care Board and from a whole system perspective via the A&E Delivery Board. The Trust is leading on two of the 5 workstreams relating to Patient Flow and Streaming.

The A&E Delivery Plan has been critically reviewed by the new leadership team. The programme is being refocused to ensure that there is greater staff engagement and involvement in the delivery of the plan, including taking on board staff's improvement ideas.

Mandated initiative 1 - Front Door – Primary and Ambulatory Care streaming

It is recommended that A&Es, particularly those with chronic staff shortages, should consider developing primary care streams to manage patients presenting with minor illnesses and/or chronic conditions during peak demand periods.

- The GP in the Urgent Care Centre at K&CH is established within the minor injuries unit.
- Initial discussions have begun with Thanet CCG to explore the potential to integrate GP's into the Emergency Department at QEQMH.
- A project group has been implemented to develop an integrated model at WHH with Ashford CCG. The project group are in discussions with ED clinicians regarding the proposed model of care.

Mandated initiative 2 - Ambulance Response Programme

EKHUFT and SECAMB have an excellent supportive working relationship, with patient safety and care being the highest priority for both organisations. Over the past month of high activity and high patient acuity it has been a priority to maintain patient safety and safe handover. A pilot to stream ambulance patients

direct to ambulatory care has been implemented and also for SECAMB to be able to directly stream patients to minor injuries or the waiting room, if clinically appropriate.

Mandated initiative 3 - NHS 111

Primecare are the providers of the out of hour's service and NHS 111. An inaugural joint governance meeting has been held to establish a governance framework across all key stakeholders. It has been noted that all providers have been under extreme pressure during the month and this has reduced the opportunity for the Emergency Departments to refer patients direct to the out of hours GP service.

Mandated initiative 4 - Flow

It is a priority to enhance patient flow and reduce hospital bed occupancy. Poor patient flow has been a key issue as to why there has been significant and unprecedented pressure on the Emergency Departments over the past month. Across all wards there have been medically optimised patients who are waiting for a supported discharge. The Trust has been using all extra beds and medical patients have been outlying into surgical wards. Elective patients have been cancelled to accommodate the high demand of medical admissions and in recognition of the poor discharge profile. Executive and senior Divisional level conference calls with the CCG and external stakeholders are in place to escalate the pressures in the system.

Mandated initiative 5 - Improving discharge from hospital

It is a priority for health economies to develop a 'discharge to assess' model so health and social care assessments of care are carried out in patients' places of residence rather than in acute hospitals. There has remained issues with external capacity resulting in delays in hospital. Patients who are awaiting assessment beds, care packages and CHC care packages or EMI homes are an ongoing challenge. As above, these issues are discussed at the CCG conference calls.

Progress updates on the following work streams also include:

Improving Clinical Leadership in ED

- At QEQMH there remains an on-going issue in recruiting substantive middle grade doctors. There are 13 vacant posts resulting in a high dependency on agency doctors. It is recognised that this is not a sustainable position and the business case to develop advanced nurse practitioner (AHP) posts has is progressing. This will be a 3 – 5 year strategy to train 8 AHP's per year. In the meantime on-going recruitment will continue, including the development of internal rotations and training programme to enhance the posts.
- An Emergency Nurse Practitioner (ENP) business case to enable a dedicated ENP service is in the final stages of approval and will be presented to the February Trust Management Board.

Acute Medical Model

- The Ambulatory Care service was run on a 7 day basis as and when staffing resources allowed. On the weekends that the service was open there was a notable improvement in performance against the 4 hour standard, particularly at WHH.
- The SECAMB pilot to stream patients direct to Ambulatory Care started this month and has enabled patients to be transferred direct to the Ambulatory Unit reducing pressure on the Emergency Department.

- Ongoing work to develop the service is underway, including reviewing the acute medical model, accommodation and staffing. A monthly steering group is established, led by the Clinical Lead for Acute Medicine.

Trajectory Confidence

January performance against the 4 hour target was 70.64 %, against a trajectory of 89.83%. The increased activity levels seen so far this year have continued being 5% above plan YTD. The numbers attending the departments, particularly in the evenings and overnight continue to have an adverse effect on the Trusts ability to meet the 4 hour emergency access standard. The increase in children and GP expected patients' attending in the evenings has not abated.

The numbers of patients who are medically optimised and no longer require acute hospital care has increased in month, with limited access to external capacity, particularly for care packages.

The on-going risk to delivery of the trajectory is:

- On-going 5% increased demand to ED. These high levels of activity, particularly in the evenings make it very difficult to discharge frail elderly patients home.
- Middle grade medical staffing vacancies and unfilled gaps in rotas due to lack of agency or substantive staff. QEQMH is a particular risk due to the geographic location of the hospital.
- Impact of Primecare, the new out of hour's primary care provider.
- High numbers of patients attending ED in the evenings and weekends who could be managed by primary care, in particular paediatric attendances.
- Poor patient flow due to lack of timely bed availability.
- The number of DTOC's (delayed transfers of care) and access to short term external capacity in the community continues to be a high risk. There have been issues with a lack of external capacity across all geographic areas.
- Impact on the ED when trying to manage high risk patients attending with a mental health condition, and who are awaiting assessment overnight by the Crisis Team.
- Delays in mental health bed availability for adult and children (CAHMs).

Actions taken to mitigate risk and improve performance:

- Increased daily SITREP meetings with Chief Operating Officer or Divisional Director leadership at the 08:00, 13:00 and 16:00 meetings. Action focussed and structured meetings following the Trust Escalation Action Cards.
- Additional management support, at Executive and General Manager on call level has been provided at WHH and QEQMH at weekends and weekday evenings, with escalation to the CCG Executive on call to ensure all external stakeholders were aware and supporting the Acute Trust.
- Detailed reviews of patients on the IDT working caseload and also of all admitted patients with a length of stay over 7 days to ensure that all patients pathways are being proactively managed.

- Escalation to CCG and external stakeholders, down to specific patient level detail, to proactively manage complex patient cases.
- Continued support and close working with SECAMB to ensure that patients are handed over safely.
- ECASCARD issues are being monitored, with training issues being actioned as a priority.
- Additional medical and nursing staff are booked, as available to reduce the risk of overcrowding within the Emergency Departments.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

61.54 %

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Green
62 day Treatments	79.86%	73.57%	71.04%	79.20%	75.42%	70.94%	74.58%	71.50%	70.00%	72.77%	76.99%	61.54%	>=85%
>104 day breaches	57	64	65	61	42	56	57	45	53	44	31	40	<0
Demand: 2ww Refs	3,133	3,160	3,293	3,210	3,282	3,142	3,013	3,171	2,951	3,307	2,636	3,133	2857 - 3158
2ww Compliance	94.10%	93.58%	89.25%	88.48%	94.61%	96.44%	94.77%	94.81%	96.62%	97.45%	96.46%	95.92%	>=93%
Symptomatic Breast	88.03%	92.98%	85.00%	83.73%	93.71%	93.10%	93.22%	95.31%	94.59%	96.43%	86.61%	98.18%	>=93%
31 Day First Treatment	97.07%	98.10%	96.11%	96.31%	94.55%	94.31%	93.64%	93.39%	96.10%	94.93%	95.54%	93.27%	>=96%
31 Day Subsequent Surgery	97.50%	96.72%	91.49%	88.24%	86.96%	96.61%	90.38%	92.59%	89.23%	89.09%	89.19%	82.22%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	98.25%	98.95%	100.00%	97.33%	98.88%	100.00%	100.00%	99.12%	98.39%	97.85%	>=98%
62 Day Screening	95.65%	92.31%	92.86%	93.10%	100.00%	83.33%	87.50%	93.94%	89.55%	96.23%	91.43%	91.30%	>=90%
62 Day Upgrades	86.67%	70.37%	100.00%	57.14%	100.00%	82.35%	85.71%	100.00%	80.00%	83.33%	70.73%	72.97%	>=85%

Sustainability & Transformational Funding Trajectory

- 23.56

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	74.10%	76.40%	77.60%	77.40%	82.70%	85.40%	85.00%	85.50%	85.20%	85.10%	85.40%	85.20%	Sept
Performance	71.04%	79.20%	75.42%	70.94%	74.58%	71.50%	70.00%	72.77%	76.99%	61.54%			Sept

Summary Performance

The NHs Constitution states that patients with suspected cancer have the right to:

- Access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible.
- To be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

In addition there are a set of performance standards set out by NHS England on which NHS providers are held to account. The standards for treatment of patients with suspected cancer are:

- A maximum two-week wait to see a specialist for all patients referred with suspected cancer symptoms (**standard 93%**).
- A maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms; even if cancer is not initially suspected (**standard 93%**).
- A maximum of 31 day wait from the date a decision to treat (DTT) is made to the first definitive treatment for all cancers (**standard 96%**).
- Maximum 31 day wait for subsequent treatments where treatment is surgery (**standard 94%**).
- Maximum 31 day wait for subsequent treatments where the treatment is a course of radiotherapy (no standard – aim for 98%).
- Maximum 31 day wait for subsequent treatments where the treatment is an anti-cancer drug regimen (chemotherapy) (**standard 98%**).
- Maximum 62 day wait from urgent referral for suspected cancer to the first definitive treatment for all cancers (**standard 85%**).
- Maximum 62 day wait from an NHS cancer screening service to the first definitive treatment for cancer (**standard 90%**).
- Maximum 62 day wait for the first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) (no standard – aim 85%).

These standards are all measured across a number of defined tumour sites:

- Breast
- Skin
- Urology
- Upper Gastro-intestinal
- Lower Gastro-intestinal
- Lung
- Gynaecology
- Head and neck
- Haematology
- Other (includes brain, thyroid, children)

The Trust's performance is weighted as 5% of the sustainability and transformation fund (STF) with the most emphasis on the 62 day treatment:

- 50% for the 62 day treatment (includes screening)
- 15 % each 2 week wait and 31 day surgery (30%)
- The remaining standards 5% each (5% x 4)

The Trust has been non-compliant against the 62 day standard since December 2014. A trajectory to recover this target was agreed in April 2016, which predicted compliance by September 2016, due to a drop in Urology performance and the agreed recovery this trajectory has been revised to January 2017. Performance in Urology has dipped significantly over the summer period lack of DaVinci Robotic surgery capacity, MRI breakdown at Canterbury and the failure of the booking process, following the first outpatient appointment. Radiology and Urology teams are meeting to align the MRI appointments and reporting with the TRUS biopsy to prevent delays in the pathway and reports have been designed to support this.

January performance is currently 61.54% against the improvement trajectory of 85.00%, validation continues until the beginning of March.

- The total number of patients currently on an active Cancer Pathway is 2,183
- Number of patients over the 62 day standard is 214 (7.82% of total PTL) of which;
    - 67 have a diagnosis
    - 34 of these have a decision to treat
- The total number of patients waiting 104 days is 35 (1.28% of Total PTL) of which;
    - 12 have a diagnosis
    - 4 have a decision to treat.

During January there has been a drive to improve compliance, PTL meetings have been revamped to clearly identify who is taking actions forward. The expectation is then that this action is to be completed by the end of the follow working day. If this is not completed it is then discussed at our weekly performance meeting and is to be completed by the end of that day. This is beginning to see a significant improvement in some specialities, in particular Gynaecology whose overall PTL size has been decreasing week on week with the number of patients over 62 days also significant decreasing.

Meetings have been held with all tumour sites and diagnostic elements of the pathway to re-design and agree specific action plans. These will be fully agreed and confirmed by mid-February, to then be shared with the CCGs.

The number of patients over 104 days has increased through January to mid 30s this is due to Lower GI and urology pathways, these two specialities are working on decreasing wait times so it is hopeful this number will decrease for February.

A summary of the PTL is shared with Divisional Directors each week to support escalation and resolution of pathways of patients on the cancer PTL.

Diagnostics

Key areas of concern for the Trust are Endoscopy, Colorectal, Urology, Gynae-oncology and Radiology (both appointment and reporting capacity). Monitoring tools for the delivery of waiting times of diagnostic that are timely along the Cancer Pathway are being developed by the Information team (ie. 10 days turnaround time from referral for cancer test to patient having that test). Reduction of waiting times for key diagnostic tests undertaken along the cancer pathway will deliver sustainable compliance against the 62 day target.

Summary of current waiting times for key cancer tests within the Trust.

Row Labels	Average of Wait_time_To_TCI	Count of NHS_Number
Bronchoscopy	26	4
Colonoscopy	21	98
Cystoscopy	37	20
EBUS	29	2
Inpatient Hysteroscopy	21	19
LLETZ	32	2
OGD - Gastroscopy	14	17
OGD & Colonoscopy	22	21
Outpatient Hysteroscopy	14	5
Polypectomy	46	5
Sigmoidoscopy	22	13
Grand Total	23	206

We have seen significant improvement in inpatient hysteroscopy and colonoscopy which will help with improving compliance for March. These waits have decreased by approximately 10 days which will have a positive impact on the overall pathway.

Tumour site risks

Urology remains a risk to the trajectory of 85% compliance in January. Monthly meetings between the Cancer Compliance Team and Urology are scheduled to monitor compliance to the action plan and recovery trajectory. Daily meeting to commence to review patients on the PTL and ensure actions are completed to push patients through. Additional diagnostic and follow up capacity has been planned for February and March with the aim to reduce breaches, this is to continue into the next financial year.

Lower GI and Gynae are also areas of concern. Delivery of waiting times of key diagnostic has been recognised as bottle necks for these pathways. Plans for extra Endoscopy capacity and Gynae Hysteroscopy capacity are underway and as discussed above this should begin to have an impact for March onwards.

104 day patients

The Trust has set out the planned improvements to improve the number of patients waiting over 104 days by June 2017. Delivery of both 62 day standard and reduction of 104 day are hand in hand. Improvements in the delivery of cancer pathway will lead to achievement for both standards. There is currently a governance process in place within the Trust to clinically review that no harm has come to a patients past 104 days. From these reviews the following themes have been identified for extended pathways.

- Patient co-morbidities
- Patient choice
- Multiple pathway delays due to process and waiting times

It has been acknowledge by the Trust that it may not be able to influence Patient co-morbidities or patient choice buy can influence delays and processes along the cancer pathway. For these reasons the Trust will set the follow targets for 104 day breaches for both Treatment and PTL tracking by June 2017.

1) No patient should receive treatment past 104 day due to pathway, process or waiting time's delays.
2) To aim to achieve a maximum tolerance of 3.5% of all 62 day treatments are treatment past 104 day due to patient choice or co-morbidity issues. (Average 6 patients per month.)
3) To aim to achieve a maximum tolerance of 0.5% of the total PTL past 104 days due to patient choice or comorbities. (Average of 15 patients per week.)

A trajectory has also been set.

Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
36	26	22	18	15	15

As at the 30th January the Trust has 34 patients over 104 days, an improvement on the set trajectory.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

18 Week Referral to Treatment Standard

Key Performance Indicators

83.79 %

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Green
Performance	89.17%	89.27%	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%	83.79%	>=92%
52w+	5	5	6	9	17	25	20	27	21	13	12	18	0
Waiting list Size	42,791	43,000	44,620	45,663	44,213	45,487	45,352	45,531	44,822	46,191	46,398	45,682	<38,938
Backlog Size	4,634	4,614	5,105	5,531	5,831	6,072	6,568	6,781	6,262	6,563	7,502	7,407	<2,178
Demand: PC Referrals	15,935	16,446	16,763	16,110	16,251	16,179	15,637	15,492	14,860	16,551	13,516	14,915	<15,484
Demand: Additions to IP WL	3,344	3,320	3,144	3,220	3,527	3,229	3,286	3,338	3,391	3,952	3,104	3,719	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

Sustainability & Transformational Funding Trajectory

-9.15 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	89.03%	89.86%	90.45%	90.96%	91.67%	92.10%	92.66%	92.94%	92.57%	92.93%	93.42%	94.41%	Sept
Performance	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%	83.79%			Sept

Summary Performance

The NHS Constitution gives all patients the legal right to start their non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral; unless they choose to wait longer or it is clinically appropriate that they wait longer. To measure compliance against this constitutional right EKHUFT is monitored against the Percentage of Patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral, the Threshold for national compliance has been set at 92%. There is a zero tolerance for any patient waiting over 52 weeks for treatment to commence. All breaches undergo a full root cause analysis, the results are shared with our Clinical Commissioning Groups and themes and lessons learnt are cascaded through our divisional governance structure.

The Trust failed to deliver compliance against the national standard by the agreed trajectory timelines of September 2016. This was due too;

- Primary care referrals higher than planned particularly in Orthopaedics which have continued all year, this results in long waiting times for first outpatient appointments i.e.: Gastroenterology, Ophthalmology and Gynaecology
- Increase in Orthopaedic & General Surgery waiting list additions
- Higher than planned demand within business plan resulting in no flexibility within capacity in key specialities such as Orthopaedics, Dermatology, Maxillo Facial and Gynaecology
- Gastroenterology & Endoscopy capacity due to high demand
- Workforce vacancies in Otology resulting in referring to London Hospital which has seen an increase in waiting times, particularly 52 weeks waits
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits

Despite being unable to deliver the performance against the aggregate target, the Trust has maintained performance in;

- Health care of older people
- General medicine and respiratory medicine.

The new Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery

Recovery Trajectory

The Trust, working in partnership with the four local clinical commissioning groups and NHS Elect, has developed a recovery Trajectory intended to achieve compliance by March 2017. The challenging recovery Trajectory will require significant investment from both the Trust and the CCGs to reduce waiting list sizes to sustainable levels.

The Recovery profile is detailed below;

Recovery Trajectory

-6.05 %	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
Recovery Trajectory						85.60%	85.96%	87.00%	88.40%	89.84%	90.97%	92.20%	Sept
Performance						85.11%	86.03%	85.79%	83.83%	83.79%			Sept

Key Elements to the recovery plan

Scheme	Specialty	Provider	Backlog Reduction Required (as at 8/11/2016)	Nov	Dec	Jan	Feb	Mar	Total	Status
Additional theatre lists to achieve plan	General Surgery	EKHUFT	319	60	60	60	60	60	**300**	On plan to deliver
Demand redirection for >35 BMI	General Surgery	KIMS		30	30	30	30	30	**150**	CCG to advise on timescale
Outsourcing of current admitted waiting list	General Surgery	Ash 1, SW		50	50	50	50		**200**	Approved
Outsourcing of current admitted waiting list	Orthopaedics	One Health Ashford	941	100	100	140	140	140	**620**	Recovery plan in place
Outsourcing of current admitted waiting list	Orthopaedics	Spencer Wing		45	45	45	45	45	**225**	On plan to deliver
Demand redirection: Choice at point of Referral	Orthopaedics	IS Providers						250	**250**	CCG to advise on timescale
Intensive Validation	ENT	EKHUFT	211	75					**75**	On plan to deliver
Recruitment of two Otologists	ENT	EKHUFT		8	8	16	16	16	**64**	Recovery plan in place
Resolution of sleep studies	ENT	EKHUFT		10	10	10	10	10	**50**	CCG to advise on timescale
Appointment of Locum Consultant	Maxillo Facial	EKHUFT	201	56	56	56	56	56	**280**	On plan to deliver
Insourcing additional capacity for Cataracts	Ophthalmology	18 Week Insourcing	470	96	96	96	96	96	**480**	Recovery plan in place
Insourcing additional capacity for Endoscopy	Gastroenterology	18 Week Insourcing	362	75	75	75	75	75	**375**	Recovery plan in place

Further work is continuing in other specialities such as Urology, cardiology and Gynaecology with the CCG

In January performance against the standard stabilised at 83.77%. This is against an unprecedented high demand of non-elective admissions, impacting on access to beds. This pressure led to the postponing of some outpatient clinics to release clinician time for inpatient work and a significant increased cancellation rate for elective surgery. The Medical Director, Chief Nurse and the Chief Operating Officer are working closely together to make sure all these decisions take into account clinical need, quality of care and patient safety.

In addition to the loss of capacity, as operational focus was directed to unblocking delays and improving patient flow to ensure business continuity, resource was taken away from validation of RTT pathways throughout December and January. All specialities are facing challenges in high vacancy and sickness rates, combined with an inability to recruit short term clinical cover for Gastroenterology service. This has led to a significant increase in patients waiting over 18 weeks for a first outpatient appointment.

Throughout January the Trust cancelled 174 Operations due to a lack of availability of beds, this reduction in activity significantly affected our ability to improve the performance.

The number of patients who were waiting for treatment for more than 52 weeks as at the end of the month increased to XX at the end of January. This is a rise in previous months due to a loss of focus on validation further down pathways, lack of capacity in some sub specialities such as Gynaecology, ENT and General Surgery. Work continues with the CCG's to identify additional capacity within the independent sector together with pathway review and redesign.

Priority 1 - Improve Pathway Management

- A more intensive protected time for validation is required following emergency operational pressures.

Priority 2 - Achieve the Outpatient Milestones

Demand Management – The health system acknowledges the Trust does not have the operational capacity to deal with the current demand, as such our local Clinical Commissioning Groups (CCGs) committed to reducing referrals to East Kent in 2016/17.

- The CCGs are continuing to identify alternative providers to deliver Orthopaedic pathways in 2016/17.
- The CCG's are implementing choice navigators into referral management centres for Orthopaedics and are exploring other avenues to aid other specialities, such as gastroenterology and Gynaecology.
- The CCG are in the process of awarding the contracts for outpatient procedure management of wet macular oedema (Ophthalmology). This will mean patients will receive treatment closer to home in a primary care setting and will no longer have to attend hospital. This will has slipped to March 2017 due to issues with processes in primary care in relation to the management of high cost drugs.
- The trust is working with the CCG to explore the development of in-house sleep studies in ENT to enable a one stop service to avoid transfer to the community for diagnostic testing.

The Trust is addressing current shortfalls in capacity with increased demand by:

- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and gynaecology
- Seven new consultant posts have been recruited in Ophthalmology to commence in February and March 2017
- Validation process in ENT being reviewed with individual consultants with training being provided on the RTT pathway
- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.
- Bring forward the Decision to Treat Date – Identifying patients who have passed the optimal point in patient pathway and securing decision or treatment capacity

Priority 3 - Deliver the Efficiency Programme

6-4-2 Programme – The Trust has established a programme of work to reduce the number of Theatre sessions that are cancelled and not re-established.

- The Trust has developed future focused reports and established meetings to review underutilised and empty theatre sessions.
- Profile of unused theatre lists are addressed at weekly theatre site meetings and weekly Trust theatre efficiency meetings.

Priority 4 – Deliver recurrent demand substantively

Live view of current demand – Monitoring referrals on a weekly basis to identify outpatient and admitted capacity required to respond

Real time response – Developing a process to empower staff to address changes in demand, this will reduce delays in responding to unplanned or unexpected changes to patient flow.

- Agreed waiting list initiative authorisation process, to include weekly demand monitoring and risk management within in the established PTL meetings.

Closing the loop on business planning and accountability – Developing operational procedures and monitoring tools to ensure delivery of the Business Plan

- Develop, train and embed consultant session tracker models to ensure we achieve our substantive internal activity.
- Deliver business planning action plans at speciality level to be monitored weekly at the RTT meeting.
- Clear objective setting, monitoring and accountability at monthly 1-2-1 meetings.

East Kent Hospitals University NHS
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Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.65 %

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Green
Performance	99.65%	99.65%	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%	99.65%	>=99%
Waiting list Size	12,993	13,358	13,449	14,812	13,533	13,321	10,269	14,728	14,011	15,457	15,023	14,171	<14,000
Waiting > 6 Week Breaches	45	47	29	19	19	31	45	39	12	19	42	49	<60
Average Wait													<4

Sustainability & Transformational Funding Trajectory

0.63 %

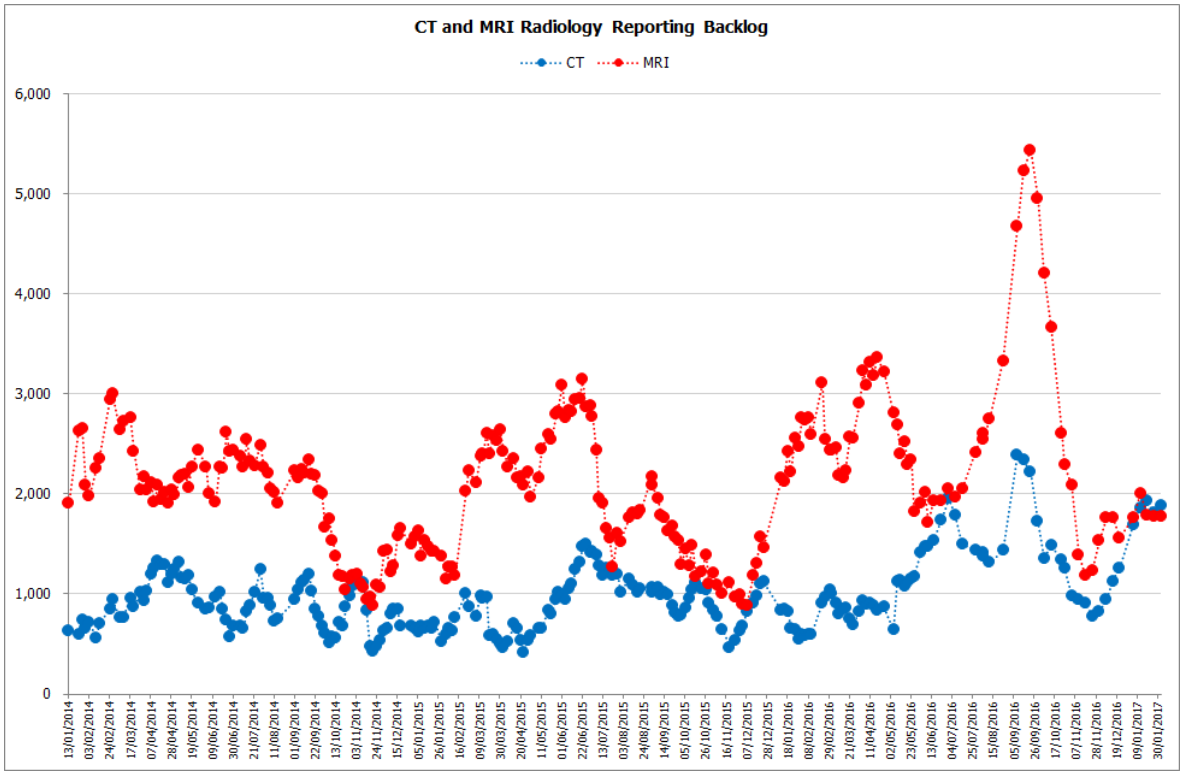
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	99.08%	99.09%	99.15%	99.15%	99.13%	99.14%	99.13%	99.05%	99.10%	99.02%	99.03%	99.13%	Apr
Performance	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%	99.65%			Apr

Summary Performance

The DM01 is a national monthly report of performance against the 6 week standard for 15 key diagnostic tests. These include Radiology (MRI, CT and Ultrasound), Audiology, Echocardiography, Neurophysiology and Cystoscopy. Around 13/14 thousand tests per month are measured against the 6 week standard. The Division support the pathways for all patients on an 18 week and Cancer pathway. As well as monitoring the % of patients waiting 6 weeks or less for a diagnostic, the waiting list size and number of breaches over 6 weeks are also monitored, as these are key indicators that result in achievement of the DM01 standard. 49 patients waited over the 6 weeks standards in January 2017 – breakdown below:

Computed Tomography – 27
Cardiology – echocardiography - 13
Non-obstetric ultrasound – 4
Other - 5

Risks; Issues and action's to mitigate a sustainable performance



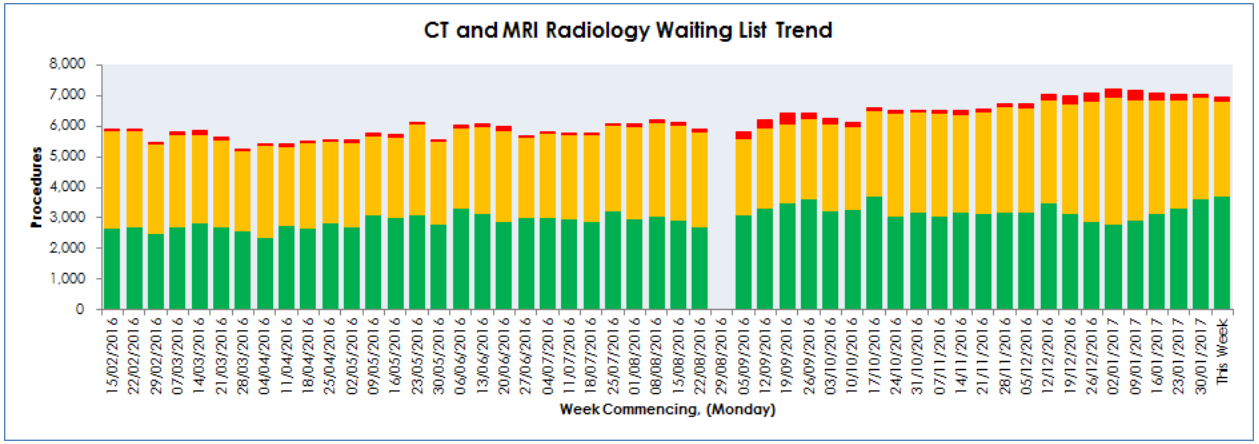
The DM01 position remains compliant above the 99% standard, however, at the cost of putting on additional capacity to meet demand and in the case of Radiology the additional Reporting costs in order to get results back to clinicians in a timely manner.

The Reporting Backlog in Radiology is beginning to increase again, after significant efforts and cost had been put into reducing the backlog after the GE RIS downtime.

If the Reporting Backlog continues to grow at the current rate without intervention and the sourcing of additional locums this will substantially impact on Cancer and RTT pathways.

There is an identified increasing clinical risk of patients waiting too long on a diagnosis. This is on the division risk register and on Corporate register.

We are sourcing additional locums to reduce the risk and address the backlog. This is offset again the business case for the approval of 4 additional Radiology Consultants.



CT and MRI Waiting lists remain high. Currently CT and MRI average waits are close to 6 weeks.

Therefore, if these waiting lists were to increase over the coming weeks/months, it is likely that the 6 week DM01 standard would become at risk.

Cardiology – echocardiography – 13 BREACHES

Overall there is a downward trend in cardiology diagnostics of 6% from last year; however the service saw a spike in demand in November 16 of over 400 referrals which trended forward into December and January. Whilst in the overall position and the number of actual breaches are small is was a change in position. The overall tolerance to the DMO1 is low -it has to be closely explained and managed. The Division struggled to get compliance for every patient due to holidays, AL and Dr sickness which continued to impacted into January. There are no breaches so far in February for this speciality and the team believe they are back on track and are closely monitoring.

Mitigating Actions Taken for Wider Radiology DMO1

The Division are actively recruiting a number of interim locums to support the demand and address the reporting concerns

We are ensuring all equipment is monitored closely and regularly serviced to ensure we maximise capacity. We are building a business case to extend the opening Hours of the 2 CT's until 8pm and including BH to add extra capacity into the system – yet to be quantified and approved.

The Division secured capital funding for the replacement of 2 MRIs at KCH. Planning has commenced; however due to a number of legal and contractual issues there is overall delay to the programme completion – this new Equipment will not fully be commissioned until November 2017 over 9 months delay to original plan.

We continue to vet requests, provide information to Trust Divisional clinical teams; CCG's at Consultant/Practice and GP level to enable a greater level of understanding and assessment of need and challenge as to requesting.

Additional lists being undertaken to include both extended days during the week and Saturday lists.

Recruitment of Consultants Radiologists remains a huge risk to delivery concern. **Mitigating Action** On-going substantive recruitment -2 Consultant appointed in month with view to take up post in April 2017. External advert open and we are reviewing opportunities in Europe for recruitment. Risks in Breast Radiology and in IR service continue which impact on ability to be able to provide 1 stop service and full IR cover for emergency.

Daily oversight by GM and frontline Radiographer and admin teams, monitoring and escalation to DD as required.

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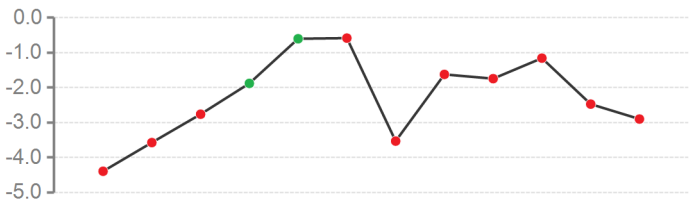
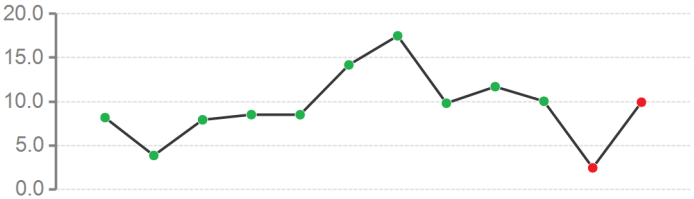
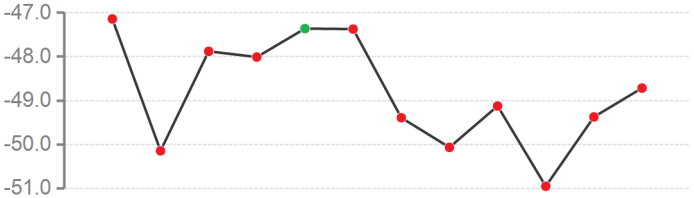
Strategic Theme: Finance

Finance

Jan	I&E £m	-19.2 (17.3%)		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 = £5.2m deficit adjusted for "extra" CIPS
Jan	Cash Balance £m	9.9 (305.8%)		Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.
Jan	Total Cost £m	-48.7 (-1.3%)		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.
Jan	Forecast I&E £m	-26.7 (36.4%)		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
NHS Foundation Trust

Strategic Theme: Finance

Jan

Normalised Forecast £m

-30.7
(30.2%)

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's I&E deficit in January (month 10) was £2.9m.This was in line with the forecast trajectory through to year end.The reported position at month 10 takes account of £0.35m of extra costs relating to changes to the Injury Scheme Discount Rate and £0.3m relating to STP programme costs. The Trust has also 'lost' c£0.7m of income through cancelled operations due to lack of beds but daycase work partly offset this. If the three items referred to were removed from the position, the deficitfor the month wouldhave been c£1.6m. In 2015/16 the monthly average deficit in Q4 was £3.6m.
The year to date I&E deficit stands at £19.4m with STF income of £4m relating to Q1 having been received. No further STF is expected. If the Trust had received full STF in Q2 and Q3, the year to date deficit would be £10m.

Pay costs in the month of £28.2m included agency and locum costs of £2m which now stand at £22.4m for the year to date against the ceiling trajectory of £20.2m. Agency spend was at its lowest since June 2016 and has reduced from a peak of £2.7m in November, and is 11% below the spend as at the same period in 2015/16. Of the December agency spend, 75% related to medical staff. 69% of spend relates to Urgent care and Long Term Conditions.

Total income was £45.8m in month 10 against a monthly average of £47m with a high level of cancelled operations and severe operational pressures. 155 elective operations were cancelled on the day due to bed shortages.

Against the initial £20m CIPS target, including income, for the year to date £14m has been delivered against a target of £15.6m. New schemes continue to be identified.

The Trust is continuing to discuss its cash requirements with NHSI and to the end of M10 had accessed its full approved interim credit facility of £15.5m. The latest forecast submitted to NHSI indicates a further requirement of £5.3m in March. This is lower than anticipated due to a reduction in planned capital spend.

The Trust's year end forecast is £24m. This includes the outcome of commissioner challenges of £1.15m.

The forecast is rated as high risk with the potential for:

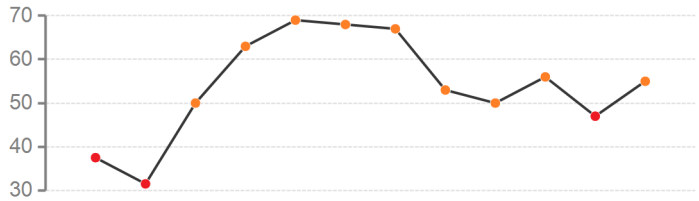
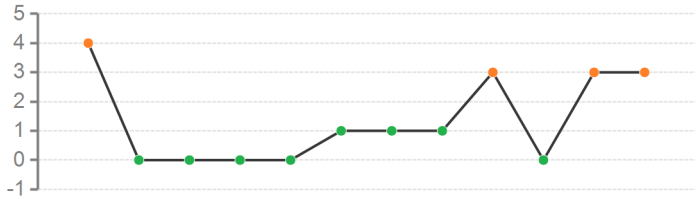
- Workforce pressures increasing in Q4
- Potential activity and income reductions in Q4
- Continuing and significant demand and activity pressures in emergency care with high levels of cancelled operations, occupancy rates and delayed transfers of care
- High level of commissioner challenge
- Minimal reserve against fines, penalties and challenges, including CQUIN, and the crystallisation of those risks.

NHSI is currently undertaking a review of the Trust's financial position in order to assess whether it comes out of special measures following the CQC recommendation that it should do so. In addition, NHSI have provided senior level support to the Trust.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Jan	Representation at H&S	647 (33.2%)		% 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.
Jan	RIDDOR Reports (Number)	16 (-27.3%)		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.
Jan	Formal Notices	1		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).

East Kent Hospitals University NHS
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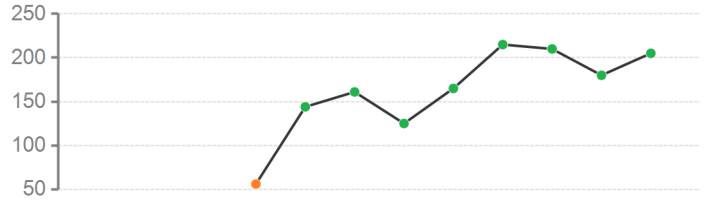
Strategic Theme: Health & Safety

Jan

Health & Safety Training

1461



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

Comments:

Divisional Representation at H&S meetings increased in January following the December in attendance, we will continue to monitor at regular intervals the Divisional nominated reps to ensure that attendance is being supported and managed.

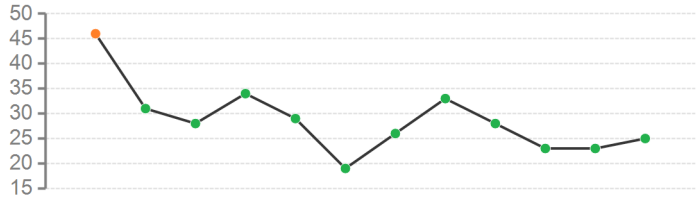
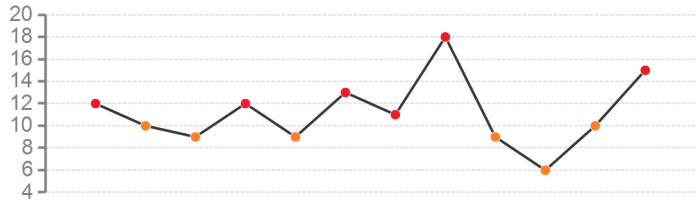
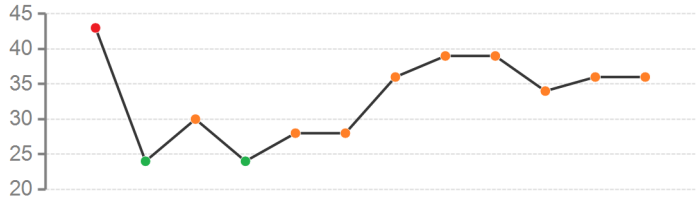
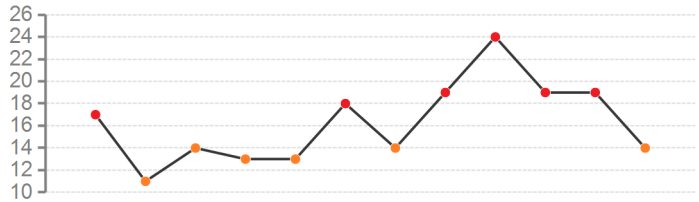
We have had 3 RIDDOR reports in January as follows:
A member of staff tripped on a path at QEQM
A patient at WHH assaulted staff
A member of staff (K&CH Estates) scalded himself through 'operator error'

We continue to evaluate the RIDDOR data in relation to near misses. The relative small data source is making this difficult at this time. One issue that is being reviewed is the time taken by staff to report RIDDORS to managers and the time being taken by managers to relate RIDDOR to episodes to sickness which at the time may not appear as RIDDOR reportable. We are undertaking a review of the data with the support of the HSE.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Jan	Accidents	345 (-38.7%)		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.
Jan	Fire Incidents	134 (7.2%)		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.
Jan	Violence & Aggression	397 (-13.1%)		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.
Jan	Sharps	195 (80.6%)		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:

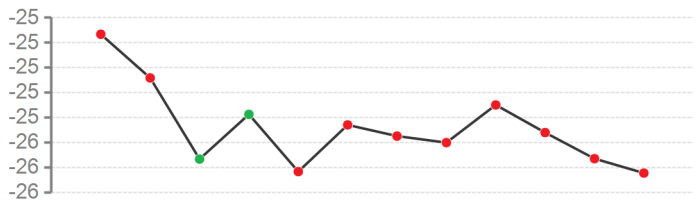
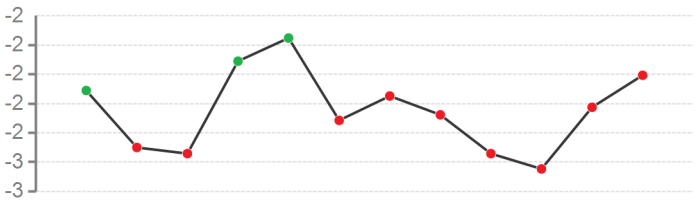
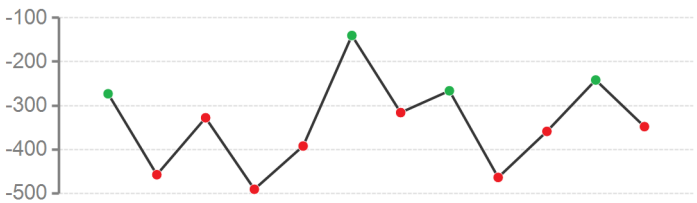
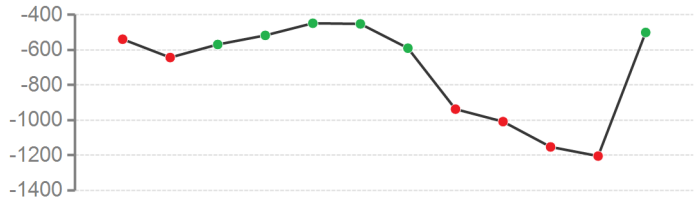
The number of Fire alarms has risen since last month, some of these will be attributable to the works being undertaken to replace the fire systems, across all sites, as we work further into the systems and old wiring. Once the system is upgraded we will be able to have a period of evaluation of the alarm activations to determine whether localised issues still remain and/or whether "hot spots" exist for example at wards level kitchens.

The number of Sharps incidents dropped significantly this month. The Strategic H&S Committee will be discussing the annual sharps report, produced by Occupational health, at its next meeting. The Committee will take forward any actions that arise from that discussion. Additionally a trial of new sharps bins has concluded and is being evaluated against agreed success criteria, these new bins are designed to support a safer approach to needle disposal.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Jan	Payroll Pay £m	-25.8 (0.4%)		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.
Jan	Agency Spend £m	-2.0 (-9.8%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Jan	Additional sessions £k	-348 (44.0%)		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.
Jan	Independent Sector £k	-500 (-58.5%)		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 together with % variance against the last month reported.

Comments: Pay costs in the month of £28.2m included agency and locum costs of £2m which now stand at £22.4m for the year to date against the ceiling trajectory of £20.2m. Agency spend was at its lowest since June 2016 and has reduced from a peak of £2.7m in November, and is 11% below the spend as at the same period in 2015/16. Of the December agency spend, 75% related to medical staff. 69% of spend relates to Urgent care and Long Term Conditions. Measures continue to be strengthened to reduce the agency bill, but are challenged from the high number of vacant medical staff posts, particularly in medicine.

East Kent Hospitals University NHS
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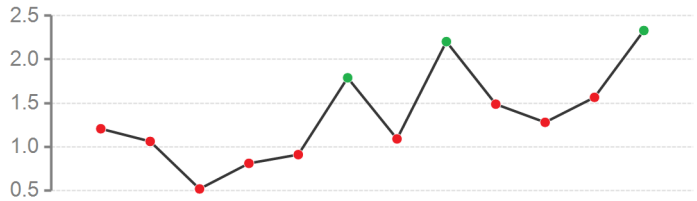
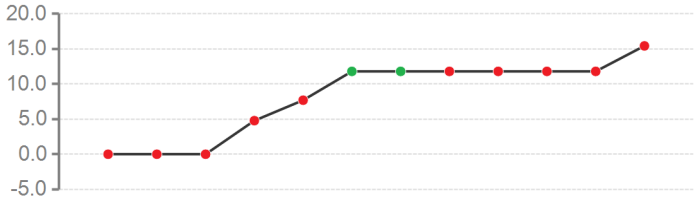
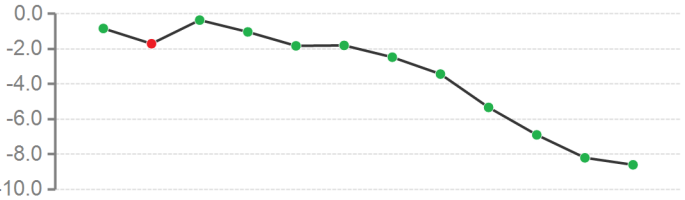
Strategic Theme: Use of Resources

Balance Sheet

Jan	CIPS £m	14.0 (48.9%)		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.
Jan	Cash borrowings £m			Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Jan	Capital position £m	-39.9 (4.9%)		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:

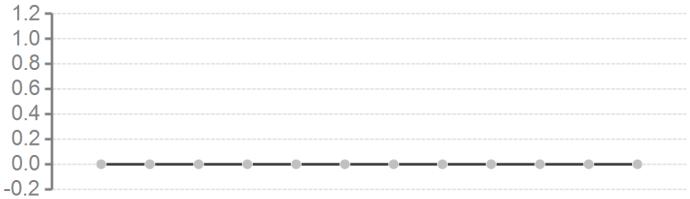
CIPS of £14m have been reported ytd, including £3.2m of income schemes, which is £1.7m below plan mainly due to the shortfall in theatres efficiency savings, and some slippage on outpatients and workforce. The CIPS target for the year is £20m. At the end of January, schemes valued at £17.3m had been identified. This reduces to £17m when risk adjusted. New CIPs Ideas sufficient to close the gap continue to be developed with a high focus on preparing 2017/18 schemes. A full Programme Support Office is in place.

At the end of December the cash balance stood at £9.9m. The cash forecast for 2016/17 continues to be extremely challenging. In August the Trust received the first quarter STF payment £4m but no further STF is expected. The Trust is continuing to work with NHSI to secure additional working capital financing. The latest cash forecast submitted to NHSi highlighted a working capital financing requirement of £20.8m.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Productivity

Jan	Clinical Productivity: Theatres	0.0		Clinical Productivity graph: theatre sessions v plan.	★ ★ ☆
Jan	Clinical Productivity: Outpatient	0.0		Clinical Productivity graph: outpatient sessions v plan	★ ★ ☆

Comments: The programme of improvement put in place supported by Four Eyes is being rolled out and further efficiency improvements are planned for Q4 to maximise income. This will be dependent on operational pressures reducing. Clinical coding has now coded 100% of activity within the required periods in each of the last three months.

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Strategic Theme: Improvement Journey

		Sep	Oct	Nov	Dec	Jan
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	84.29	79.36	75.75	74.25	70.64
MD03 - Maternity Capacity	Midwife:Birth Ratio (%)	30	30	27	28	20
MD06 - Pathway Flow	IP - Discharges Before Midday (%)	14	15	15	14	14
	DToCs (Average per Day)	53	61	57	50	59
MD07 - Medicines Management	Pharm: Fridges Locked (%)	93	91	89	88	89
	Pharm: Fridge Temps (%)	83	84	87	79	83
	Pharm: Drug Trolleys Locked (%)	98	98	98	98	98
	Pharm: Resus. Trolley Check (%)	89	87	87	83	87
	Pharm: Drug Cupboards Locked (%)	90	91	86	87	89
MD08 - Staffing Levels	Vacancy (%)	10.8	10.7	10.1	10.0	9.9
	Shifts Filled - Day (%)	93	93	99	97	103
	Shifts Filled - Night (%)	100	102	110	106	117
MD09 - Workforce Culture	Sickness (%)	3.8	3.9	3.9	4.0	3.6
	Appraisal Rate (%)	81.2	83.2	82.2	82.5	82.2
	Staff Turnover (%)	12.6	12.7	12.6	12.7	12.5
	Corporate Induction (%)	100	100	100	100	100
	Staff FFT - Work (%)	58	58	58	58	58
	Staff FFT - Treatment (%)	79	79	79	79	79
MD11 - Clinical Audit	Clinical Audit Prog. Audit	3	3	3	3	3
	Clinical Audit Review	3	3	3	3	3

MD12 - Environment	Cleanliness Audits (%)	97.7	98.3	98.1	98.3	98.2
MD17 - Incident Reporting	Clinical Incidents: Total (#)	1,404	1,380	1,406	1,255	1,444
MD19 - Major Incident Planning	Major Incident Training (%)	32	33	34	34	36
MD22 - Agency Staffing	Unplanned Agency Expense	115	109	103	95	75
	Clinical Time Worked (%)	70	74	74	72	72
	Temp Staff (WTE)	229	233	227	202	222
	Employed vs Temporary Staff (%)	89.5	89.6	90.1	90.2	90.3
	Local Induction Compliance %	14.9	14.3	5.5	17.0	12.5
MD26 - Complaints Process	Complaint Response in Timescales %	92	94	94	97	94
MD30 - Medicines Management	Medicines Mgmt. Incidents	118	111	132	88	110

East Kent Hospitals University NHS
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Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.	>= 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 Paediatric beds and activity.	<= 90	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 28	30 %
	Extra Beds	Number of extra 'unfunded' beds available		
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Outliers	Number of Bed Outliers in the Trust, where the intended use of the bed is used for another service		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %

Clinical Outcomes	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. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	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 %
	PROMs EQ-5D Index: Groin Hernia	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		
	PROMs EQ-5D Index: Hip Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		
	PROMs EQ-5D Index: Knee Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 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. This is a rolling twelve month figure.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	>= 95	10 %
	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 %) against the previous 12 months.	>= 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.	< 4	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 %
	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 referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
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 = £5.2m 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 %

Health & Safety	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 %
	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 Errors	The number of blood transfusion errors 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 previous 12 months.	< = 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 indicates average of last 12 months data together with variance against the previous 12 months.	>= 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. Arrow indicates average of last 12 months data.	>= 98	20 %

Incidents	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 indicatessum 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 %
	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 months.	<= 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 12 months.	< 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 variance (shown in direction of arrow and %) against previous 12 months.	< 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	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 %
	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 (Charlson index). Arrow indicates average of last 12 months data.	< 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. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	< 87.45	30 %
	SHMI	Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data.	< 0.95	15 %

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-9pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 9pm-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	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 average of last 12 months data together with variance against the previous 12 months.	>= 89	4 %
	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89	4 %
	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 shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Audit due to commence in January - Percentage of controlled drugs signed off by two nurses	>= 85	5 %
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 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 of arrow and %) against the previous 12 months.	>= 90	30 %

Patient Experience	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 15	1 %
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 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 last 12 months data together with variance against the previous 12 months.	>= 90	10 %
	Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	2 %
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	>= 90	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 (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	

RTT	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency %	% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available.		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
	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 Midwives budget codes.	< 28	2 %
	NHSP Use % of Agency	% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	> 90	
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
	Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)	>= 80	15 %
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 80	15 %
	Sickness (%)	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 3.6	10 %
	Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		

Staffing	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 12 months.	<= 10	15 %
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Temp Staff (WTE)	Count of Temporary Staff in post	< 182	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 In Post (FundEst)	Count of total funded establishment staff		1 %
	Total Staff In Post (SiP)	Count of total staff in post		1 %
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	< 100	5 %
	Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
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.	>= 90	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Mandatory Training (%)	The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	0	
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	0	

Use of Resources	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	0
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	0
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan	
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.	
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	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
NHS Foundation Trust

Patient Safety Heatmap - JANUARY 2017

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)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	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	0	11	NULL	NULL	NULL	68	94	5.9	90.4	86	105	10
MARL - MARLOWE WARD	96.7	3	7	0	0	1	0	50	100	100	100	19	100	0.0	87.4	97	106	8
Surgical																		
CLKE - CLARKE WARD	100.0	1	2	1	0	0	1	105	NULL	NULL	NULL	19	100	0.0	85.7	98	120	6
KENT - KENT WARD	100.0	10	3	0	0	0	1	2	NULL	NULL	NULL	21	100	0.0	87.1	126	137	7
KITU - KCH ITU	100.0	0	0	0	0	0	0	39	N/A	N/A	N/A	N/A	N/A	N/A	98.3	94	100	27
Urgent Care																		
HARB - HARBLEDOWN WARD	100.0	1	10	0	0	0	3	14	NULL	NULL	NULL	26	94	5.6	73.2	97	115	6
INV - INVICTA WARD	100.0	0	2	1	0	0	0	0	97	86	93	24	100	0.0	92.4	100	141	6
KCDU - EMERGENCY CARE CENTRE	100.0	0	0	0	0	0	0	4	100	97	100	23	85	12.1	91.0	108	121	19
KING - KINGSTON WARD	100.0	3	14	1	0	0	0	0	95	80	90	9	100	0.0	94.4	92	114	6
KNRU - EAST KENT NEURO REHAB UNIT	100.0	2	4	0	0	0	0	0	97	94	99	37	100	0.0	80.9	100	145	7
MTMC - MOUNT/MCMASTER WARD	100.0	1	0	1	0	0	3	1	90	97	98	17	100	0.0	86.9	97	140	5
TAY - TAYLOR WARD	100.0	0	0	1	0	0	0	0	96	87	98	105	95	4.5	77.9	71	100	7
TREB - TREBLE WARD	94.1	1	5	0	0	0	0	0	100	100	100	30	100	0.0	83.4	78	152	6
QEH - Queen Elizabeth Queen Mother																		
Specialist																		
BIR - BIRCHINGTON WARD	100.0	2	2	0	0	0	0	193	NULL	NULL	NULL	43	100	0.0	104.7	97	101	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	21	N/A	N/A	N/A	N/A	N/A	N/A	94.7	80	91	24
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	0	35	N/A	N/A	N/A	N/A	N/A	N/A	87.3	98	100	11
RAI - RAINBOW WARD	100.0	0	0	0	0	0	1	0	N/A	N/A	N/A	25	98	0.0	98.3	96	113	13
Surgical																		
BIS - BISHOPSTONE WARD	100.0	3	6	0	0	0	2	0	92	94	96	70	92	3.8	88.7	104	109	14
CSF - CHEERFUL SPARROWS FEMALE	100.0	2	3	0	1	0	1	22	100	99	100	38	97	0.0	79.6	128	150	9
CSM - CHEERFUL SPARROWS MALE	96.0	4	8	0	0	0	1	22	90	96	97	21	95	4.5	78.4	122	151	9
QITU - QEH ITU	100.0	0	0	0	1	0	0	10	N/A	N/A	N/A	N/A	N/A	N/A	90.9	85	103	26

Apdx.

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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)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
QX - QUEX WARD	100.0	0	2	0	0	0	0	121	98	87	96	35	100	0.0	98.2	107	124	6
SB - SEA BATHING WARD	95.8	0	0	0	0	0	0	1	98	99	100	37	91	4.3	86.4	104	109	14
Urgent Care																		
DEAL - DEAL WARD	100.0	1	11	0	0	0	1	0	100	95	100	6	100	0.0	88.3	123	149	7
FRD - FORDWICH WARD STROKE UNIT	100.0	0	4	0	0	0	1	0	100	100	100	41	92	8.3	83.5	131	74	7
MW - MINSTER WARD	100.0	2	3	0	0	0	1	17	100	96	92	153	100	0.0	90.9	100	118	6
QCCU - QEH CCU	100.0	0	0	0	0	0	0	9	93	93	97	63	100	0.0	85.3	81	105	7
QCDU - QEH CDU	100.0	0	0	1	1	0	0	19	NULL	NULL	NULL	14	80	20.0	89.7	130	188	12
SAN - SANDWICH BAY WARD	100.0	1	3	0	0	0	0	1	96	87	97	26	91	9.1	86.0	143	160	7
SAU - ST AUGUSTINES WARD	92.9	0	9	0	0	0	2	1	NULL	NULL	NULL	NULL	NULL	NULL	80.8	107	162	6
STM - ST MARGARETS WARD	96.0	1	4	0	0	0	1	25	100	80	89	25	83	16.7	97.5	118	114	6
WHH - William Harvey																		
Specialist																		
FF - FOLKESTONE	100.0	0	0	0	0	0	3	1	100	88	75	N/A	N/A	N/A	111.3	99	99	23
KEN - KENNINGTON WARD	100.0	2	2	0	0	0	0	1	100	100	100	16	93	6.7	80.4	80	78	7
PAD - PADUA	100.0	0	0	0	0	0	1	1	N/A	N/A	N/A	12	100	0.0	89.0	90	108	10
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	0	35	N/A	N/A	N/A	N/A	N/A	N/A	99.7	104	105	13
Surgical																		
ITU - WHH ITU	100.0	0	0	0	0	1	0	0	N/A	N/A	N/A	N/A	N/A	N/A	96.2	113	91	26
KA2 - KINGS A2	95.0	0	2	0	0	0	0	3	83	91	95	71	92	3.2	94.5	114	137	7
KB - KINGS B	100.0	1	0	1	0	0	0	106	85	98	91	28	100	0.0	95.6	97	132	6
KC - KINGS C1	100.0	3	3	0	0	0	0	156	95	88	92	88	97	0.0	91.5	120	111	6
KC2 - KINGS C2	100.0	1	7	0	0	0	0	0	95	94	95	74	98	0.9	84.1	84	125	6
KDF - KINGS D FEMALE	100.0	2	0	0	0	0	1	0	70	82	91	71	100	0.0	88.7	103	125	12
KDM - KINGS D MALE	90.9	4	5	0	1	0	0	183	89	89	100	36	93	0.0	NULL	103	125	12
RW - ROTARY WARD	100.0	1	3	1	0	0	1	19	97	96	99	35	100	0.0	89.4	106	104	9
Urgent Care																		
CCU - CCU	100.0	0	0	2	0	0	0	1	100	98	100	81	97	0.0	82.5	89	110	14
CJ2 - CAMBRIDGE J2	100.0	3	2	0	0	0	0	12	86	81	86	46	96	3.8	72.9	118	112	6
CK - CAMBRIDGE K	100.0	5	2	1	0	0	0	13	97	80	89	70	99	0.0	89.5	118	124	6
CL - CAMBRIDGE L REHABILITATION	100.0	3	6	0	1	0	0	0	86	78	90	85	96	4.0	92.3	102	130	6

Apdx.

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CM1 - CAMBRIDGE M1 SHORT STAY	100.0	2	5	0	0	0	0	0	70	67	75	23	89	11.1	40.9	101	114	6
CM2 - CAMBRIDGE M2	100.0	1	2	0	0	0	0	0	94	93	96	62	95	4.8	101.8	101	114	6
OXF - OXFORD	92.9	1	6	0	0	0	0	1	95	82	89	39	91	0.0	94.7	115	123	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	3	8	0	0	0	2	1	94	85	91	36	100	0.0	89.7	108	118	8
WCDM - WHH CDU MIXED	100.0	0	0	0	0	0	0	15	97	93	96	13	82	9.1	87.2	117	117	15

East Kent Hospitals University NHS
NHS Foundation Trust

Human Resources Heatmap

	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	6.0	3.3	5.3	2.6	11.7	5.6	23.3	48.7
Appraisal Rate (%)	85.6	83.1	88.0	80.4	82.8	89.9	91.7	66.4
Employed vs Temporary Staff (%)	89.8	91.4	90.1	87.7	92.8	90.6	92.0	87.3
Mandatory Training (%)	92	95	93	82	85	94	85	87
NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sickness (%)	3.5	1.7	2.4	2.5	4.0	3.1	3.7	3.6
Staff Turnover (%)	12.9	10.0	17.6	19.4	12.2	11.3	10.4	14.0
Vacancy (%)	10.2	8.6	11.5	15.2	7.3	9.4	8.0	13.2

Apdx.