

# INTEGRATED PERFORMANCE REPORT



# Chief Executive's Summary

As previously reported, the Care Quality Commission (CQC) recommended our Trust be taken out of special measures, following its re-inspection of our three acute hospitals. The decision lies with our regulator, NHS Improvement (NHSI) who agreed at the end of February 2017 that EKHUFT will exit special measures for quality and confirmed that the Trust will receive national support to progress the work on our finances under its financial special measures regime. The Trust is working closely with NHSI to prepare a financial recovery plan for submission in late April 2017.

The Trust has seen a further reduction in the performance of the 62 day screening target to 66.67%. There is specific focus on reducing the longest waiting patients which reduces the performance in the short term but helps us to deliver improved access in the long term. This also affects patients waiting more than 52 weeks on an elective pathway have slightly increased driven in part by sub-specialist capacity and patients choosing to have treatment locally. The Trust remains compliant against the cancer two week wait and two week wait breast targets.

Whilst the 4 hour target continues to be a significant area of focus for the Trust, performance increased by 5% in month to 75.93% in February, compared to 70.65% in January 2017. The Trust continues to work on the internal/external aspects of this to improve our internal systems and also the processes to support patients to return to the community.

Referral to treatment (18 weeks) performance has improved to 84.35% in February 2017. There remains a specific focus on reducing patients waiting longer than 18 weeks and this work will continue throughout the whole of the new financial year before we get back closer to overall compliance levels.

Infection control remains an area of concern for the Trust. Clostridium Difficile is reporting two cases over trajectory and MRSA bacteraemias reported 5 trust assigned cases year to date. One of the key drivers is increased operational pressures but control measures continue to be put in place and an infection control campaign is being launched trust wide to address the issues.

Overall harm free care (those patients are admitted with) reported 91.94% in February 2017 compared to 93.33% in January 2017, slightly below the national average. However, harm free care experienced in our care (new harms) reported at 99.08% in February 2017, higher than the national average which means that our patients are receiving care that causes less harm than is reported nationally. This helps to demonstrate the safety our services provided.

February 2017 performance reported a reduction in pressure ulcer rates compared to January 2017 but is still reporting higher than plan. The Chief Nurse and Director of Quality continues to work Heads of Nursing to bring this back in line. On a positive note, the Trust continues to report a reduction in the rate of falls despite the operational challenges we are managing.

The Trust's I&E deficit in February (month 11) was £3.3m. This was in line with the forecast trajectory through to year end and included £1.1m of Clinical Commissioning Group (CCG) challenge costs. It should be noted that the original challenge was set at £8m and the final figure therefore reflects on the positive discussions with commissioning colleagues.

The year to date I&E deficit stands at £22.7m with Sustainability and Transformational Fund (STF) income of £4m relating to Q1 having been received. No further STF is expected.

Pay costs in the month of £28.3m included agency and locum costs of £2.2m which now stand at £24.6m for the year to date against the ceiling trajectory of £21.6m. Agency spend is 9.6% below the spend as at the same period in 2015/16. Of the February agency spend, 65% related to medical staff (67% ytd). 68% of spend relates to Urgent care and Long Term Conditions.

Total income was £43.5m in month 11 against a monthly average of £46.9m. This was lower than forecast with lower homecare drugs and reduced elective work from cancellations and leave.

Against the initial £20m Cost Improvement Programmes (CIPs) target, including income, for the year to date £16.9m has been delivered against a target of £17.7m. New schemes continue to be identified.

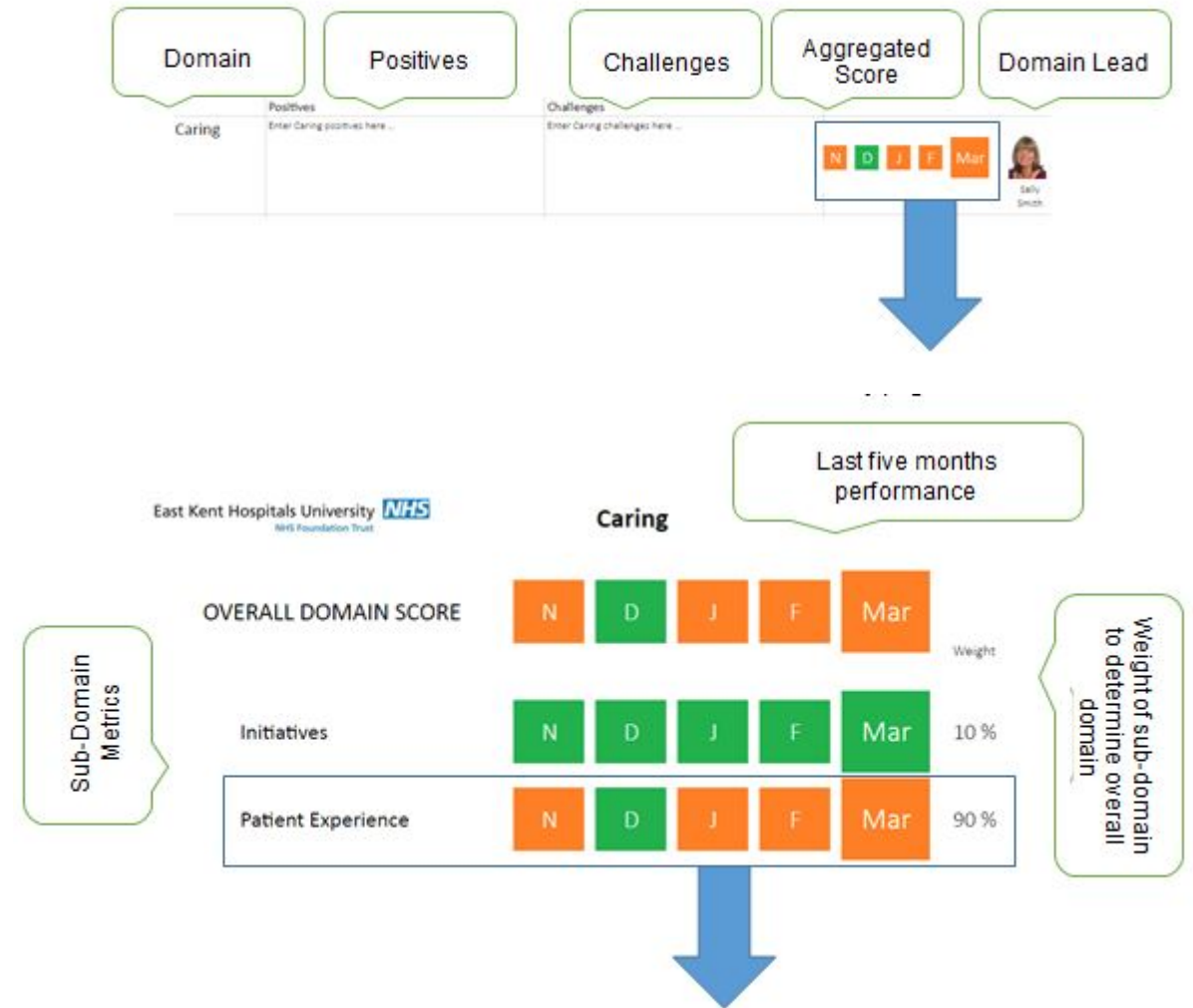
The Trust received a further cash loan of £7.3m in March bringing its total borrowing for the year to £22.8m.

The Trust's year end forecast is £24m including the outcome of commissioner challenges and this will form our starting position for our financial recovery trajectory that we will be submitting as part of the financial special measures regime.

# Understanding the IPR

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

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



# Understanding the IPR

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

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

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



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

# Strategic Priorities



**Our vision:**

Great healthcare from great people

**Our mission:**

Together we care: improving health and lives

**Our values:**

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





**Our strategic priorities:**

Patients, people, provision and partnerships

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# Headlines

	Positives	Challenges	
<b>Caring</b>	<ul style="list-style-type: none"> <li>Inpatient friends and family test satisfaction remains green for February</li> <li>Maternity received 100% recommendation and no negative comments</li> <li>February has returned an improved overall Emergency Department satisfaction compared to last month despite continued operational pressures during the month</li> <li>This month we report a reduced percentage of patients who would not recommend the Trust compared to January</li> <li>We report improved compliment to complaint ratio this month</li> <li>Improved privacy and dignity is reported for February with a marked reduction in mixed sex breaches</li> <li>Real-time inpatient feedback satisfaction is registering green</li> </ul>	<ul style="list-style-type: none"> <li>During February we did not meet our standard for responding to a complainant within the agreed time. This is the first time in several months we have reported non compliance</li> <li>Waiting times in the Emergency Department remain a key theme in the friends and family test</li> </ul>	  <p>Sally Smith</p>
<b>Effective</b>	<ul style="list-style-type: none"> <li>Non-elective readmissions have improved which is encouraging when there is so much pressure on the whole system.</li> <li>Did not attend rates have reduced for first and follow up appointments to within target levels.</li> <li>We have again improved by rebooking the majority of any non-clinical cancelled operation within 28 days.</li> <li>WHO audit is improved to a compliant position</li> </ul>	<ul style="list-style-type: none"> <li>Bed occupancy has reduced slightly (104%) in February which continues to show the significant pressure our acute hospitals have been under.</li> </ul>	  <p>Jane Ely</p>

**Responsive**

- Cancer 2ww and 2ww (Breast) and two of the 31day standards are compliant and there has been a 10% increase in the 62 day performance in month.
- We continue to meet the diagnostic standard with 99.67% of patients receiving their test within 6 weeks of referral.
- RTT - 18 weeks performance has improved to 84.35%, with continued focus on reducing those waiting longer than 18 weeks.
- A&E Performance has increased by over 5% in month to 75.93% and there we no 12 hour trolley waits reported in month.

- Patients waiting more than 52 weeks on an elective pathway have slightly increased to 24 due to lack of sub-specialist capacity and patients choosing to have treatment locally .
- There has been a significant drop in 62 day screening to 66.67%, yet this is expected to return to compliance next month.



Jane Ely

**Safe**

- Harm Free Care experienced in our care (New Harms only) is registered at 99.08% which is higher than the national average which means that our patients are receiving care that causes less harm than is reported nationally;
- Pressure ulcer rates have come down in comparison to January despite the pressures of high bed occupancy;
- Falls rate has also continued to reduce;
- Blood transfusion errors were at there lowest for 12 months.

- Infection control remains challenging for both MRSA and Clostridium difficile;
- Harm free care including old and new harms are worse than the national average which means that patients are admitted with higher existing levels of harm;
- The heatmap is showing 20% use of temporary staff on many of the wards, although the overall fill rates are mostly rated green;
- Although the improvement in VTE performance is reflected in the Q3 national data we are still exhibiting the 12th worst performance of acute trusts (147 of 159)



Paul Stevens

**Well Led**

- Vacancy levels and turnover flat
- Reducing sickness rates (3.7%)
- Small increase in appraisal rates (83.6%)
- I&E position on plan (excluding CCG challenge)
- Cash position secured for 2016/17

- High number of medical staff vacancies
- Financial position through to year end



Matthew Kershaw



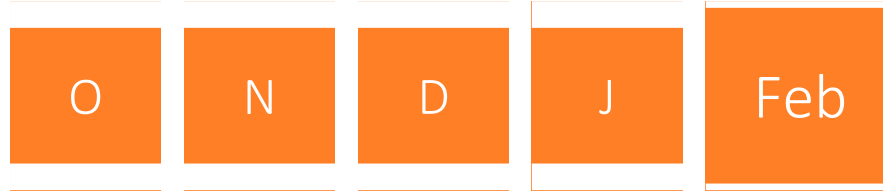
# Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

# Caring

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	21	16	46	21	36	>= 12	10 %
	Mixed Sex Breaches	51	10	87	57	6	1	10 %
	Overall Patient Experience %	90	92	94	96	93	>= 90	10 %
	Complaint Response in Timescales %	94	94	97	94	79	>= 85	5 %
	FFT: Recommend (%)	97	97	95	96	95	>= 90	30 %
	FFT: Not Recommend (%)	1.3	1.3	2.1	2.9	2.7	>= 1	10 %

# Effective

OVERALL DOMAIN SCORE

	O	N	D	J	Feb	Weight
Beds	O	N	D	J	Feb	25 %
Clinical Outcomes	O	N	D	J	Feb	25 %
Productivity	O	N	D	J	Feb	25 %

# Effective

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Beds	Bed Occupancy (%)	101	102	101	106	104	<= 90	60 %
	IP - Discharges Before Midday (%)	15	15	14	14	15	>= 35	10 %
	DToCs (Average per Day)	61	57	50	59	56	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.4	3.4	3.3	3.3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.6	16.5	16.4	16.3	16.1	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	95	95	95	99	99	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.4	7.1	7.8	7.4	6.5	< 7	
	DNA Rate: Fup %	6.7	6.4	7.4	7.2	6.2	< 7	
	New:FUp Ratio (1:#)	0.7	0.7	0.6	0.7	0.7		
Productivity	LoS: Elective (Days)	3.0	2.8	3.0	3.1	2.8		
	LoS: Non-Elective (Days)	6.1	6.5	6.2	6.3	6.7		
	Theatres: Session Utilisation (%)	82	81	80	80	81	>= 85	25 %
	Theatres: On Time Start (% 30min)	77	78	80	74	78	>= 90	10 %
	Non-Clinical Cancellations (%)	1.8	1.7	1.3	2.9	1.6	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	10	12	10	5	2	< 5	10 %
	EME PPE Compliance %	82	79	76	75	73	>= 90	20 %

# Responsive

## OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

	O	N	D	J	Feb	Weight
OVERALL DOMAIN SCORE	O	N	D	J	Feb	
A&E	O	N	D	J	Feb	25 %
Cancer	O	N	D	J	Feb	25 %
Diagnostics	O	N	D	J	Feb	25 %
RTT	O	N	D	J	Feb	25 %

# Responsive

		Oct	Nov	Dec	Jan	Feb	Green	Weight
<b>A&amp;E</b>	ED - 4hr Compliance (%)	79.36	75.75	74.23	70.63	75.93	>= 95	100 %
<b>Cancer</b>	Cancer: 2ww (All) %	96.62	97.45	96.49	95.82	96.10	>= 93	10 %
	Cancer: 2ww (Breast) %	94.59	96.43	86.61	97.27	94.81	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.10	94.93	95.79	93.63	96.60	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	89.23	89.09	89.19	82.22	94.00	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	99.12	98.39	96.94	94.44	>= 98	5 %
	Cancer: 62d (GP Ref) %	70.00	72.77	75.94	60.61	70.41	>= 85	50 %
	Cancer: 62d (Screening Ref) %	89.55	96.23	91.89	91.67	66.67	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	80.00	83.33	70.73	75.68	86.21	>= 85	5 %
<b>Diagnostics</b>	DM01: Diagnostic Waits %	99.91	99.88	99.72	99.65	99.67	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	99.65	100.00	100.00	100.00	100.00	>= 99	
<b>RTT</b>	RTT: Incompletes (%)	86.03	85.79	83.83	83.79	84.35	>= 92	100 %
	RTT: 52 Week Waits (Number)	21	13	12	18	24	< 1	



# Safe

		Oct	Nov	Dec	Jan	Feb	Green	Weight
<b>Incidents</b>	Serious Incidents (STEIS)	6	4	6	10	6		
	Harm Free Care: New Harms (%)	97.9	98.1	98.4	99.0	99.1	>= 98	20 %
	Falls (per 1,000 bed days)	5.76	6.65	6.27	5.60	5.50	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.24	0.24	0.39	0.54	0.45	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,392	1,423	1,281	1,482	1,210		
<b>Infection</b>	Cases of C.Diff (Cumulative)	27	30	35	40	45	<= Traj	40 %
	Cases of MRSA (per month)	0	0	1	2	0	< 1	40 %
<b>Mortality</b>	HSMR (Index)	87	88	88			< 90	35 %
	Crude Mortality EL (per 1,000)	0.3	0.0	0.4	0.6	0.5	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	32	31	36	46	34	< 27.1	10 %
	RAMI (Index)	94	94	94			< 87.45	30 %
<b>Observations</b>	VTE: Risk Assessment %	90	91	89	92	91	>= 95	20 %



# Well Led

## OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

O	N	D	J	Feb
O	N	D	J	Feb
O	N	D	J	Feb
O	N	D	J	Feb
O	N	D	J	Feb
O	N	D	J	Feb
O	N	D	J	Feb
O	N	D	J	Feb

Weight

15 %

10 %

25 %

10 %

25 %

15 %

# Well Led

		Oct	Nov	Dec	Jan	Feb	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 %	0.7	0.6	0.6	0.4	0.9	< 4	25 %
	Valid NHS Number %	99	100	100	100	100	>= 99.5	40 %
	Uncoded Spells %	0.0	0.0	0.0	0.0	0.1	< 0.25	25 %
Finance	I&E £m	-1.7	-1.2	-2.5	-2.9	-3.3	>= Plan	30 %
	Cash Balance £m	11.7	10.0	2.4	9.9	8.2	>= Plan	20 %
	Total Cost £m	-49.1	-51.0	-49.4	-48.7	-46.8	>= Plan	20 %
	Forecast I&E £m	-19.6	-19.6	-19.6	-26.7	-27.7	>= Plan	20 %
	Normalised Forecast £m	-23.6	-23.6	-23.6	-30.7	-31.8	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	3	0	3	3	1	<= 3	20 %
	Formal Notices	0	0	0	0	0	1	15 %
Staffing	Sickness (%)	3.9	3.9	4.0	4.1	3.7	< 3.6	10 %
	Staff Turnover (%)	12.7	12.6	12.7	12.5	12.6	<= 10	15 %
	Vacancy (%)	10.7	10.1	10.0	9.6	9.5	<= 7	15 %
	Shifts Filled - Day (%)	93	99	97	103	100	>= 80	15 %
	Shifts Filled - Night (%)	102	110	106	117	111	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)				11	11		
	Agency %	22.0	21.3		21.5	19.2	<= 10	
	NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	> 90	
Training	Appraisal Rate (%)	83.2	82.2	82.5	82.2	83.6	>= 90	50 %
	Mandatory Training (%)	88	88	87	88	88	>= 85	50 %

# Strategic Theme: Patient Safety

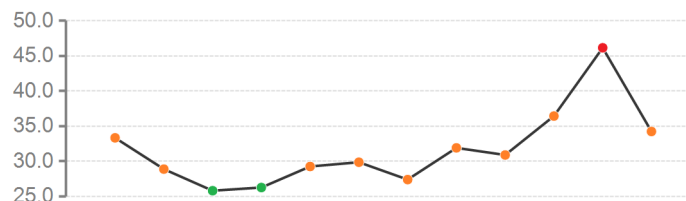
## Mortality

Feb	HSMR (Index)	86 (-5.6%)		<p>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 &amp; scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.</p>	
Feb	RAMI (Index)	87 (-7.2%)		<p>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.</p>	
Feb	SHMI	98 (-4.1%)		<p>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.</p>	
Feb	Crude Mortality EL (per 1,000)	0.5 (64.2%)		<p>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.</p>	

Feb

Crude Mortality NEL  
(per 1,000)

32  
(7.1%)



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:

Risk adjusted mortality indicators

A mortality index is a ratio of an observed number of deaths to an expected number of deaths in a particular population. The index is simply the number of observed events divided by the number of expected events.

RAMI – The Model

Using a large database containing hospital episodes from England, Wales and Northern Ireland, and Scotland a normative database of case-level hospital spell data including age, sex, length of stay, method of admission (emergency, transfer and other(including elective)), clinical grouping (Healthcare Resource Group -HRG), ICD10 primary and secondary diagnoses, OPCS primary and secondary procedures, hospital identification, and discharge method is constructed. The model includes patients from over 140 English Acute Trusts, 6 Welsh Local Health Boards and 5 Northern Irish Health and Social Care Trusts.

The RAMI model is rebased annually, by recalculating the norms based on a more up to date data period. In some instances adjustments are made between years, for example the model was importantly rebased between RAMI 2012 and RAMI 2013 making changes around the treatment of palliative care.

RAMI – Rebasing

Every year the model is rebased. This process is good practice for index-based indicators and ensures that the database norm returns to 100. After rebasing, the database norm will typically then fall again (from 100) from the moment it goes live until it is recalibrated once more.

The usual outcome of a rebase is that index scores rise by an average number of points (the number of which can depend upon changes to specific factors that influence the indicator as well as the length of time since the previous rebase).

The differences between models come about for a variety of reasons. Shifts in index scores can relate to changes in coding, such as coding palliative care/end of life care patients, clinical practice, such as new techniques becoming better established with reduced mortality or changes in service provision, such as provision of ambulatory care services or moving intermediate, rehabilitation or ongoing care outside the acute hospital setting.

Interpreting risk adjusted mortality indicators

When reviewing any mortality indicator the advice is that they should be reviewed in conjunction with a range of other quality indicators and contextual information – this should include monitoring the actual number of deaths over time. Variation from the expected can be due to a range of issues and it is important that all are investigated and understood. These might include data quality issues, differences in service configuration or issues with the quality of care.

## Serious Incidents

Feb	Serious Incidents (STEIS)	81 (-3.6%)		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.	★ ★ ★
Feb	Never Events (STEIS)	1 (-87.5%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	★ ★ ★

Comments: Total open SIs on STEIS February 2017: 73 (including 6 new)  
SIs under investigation: 33  
Breaches: 8  
Non-breaches: 24

SIs awaiting closure: 40  
Waiting CCG response: 31  
Waiting EKHUFT non-closure response: 9

Supporting Narrative:

The number of breached cases has fallen from 15 to eight. 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 divisions to progress these cases.

The six new SIs related to:

- two pressure ulcers
- one treatment delay relating PPCI
- one suboptimal care of a deteriorating patient relating to a patient in A&E
- one medication incident relating to Enoxaparin
- one maternity incident (affecting baby only) regarding a baby with Erb's Palsy.

## Infection Control

Feb	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.	★ ★ ★
Feb	Cases of C.Diff (Cumulative)	45 (12.5%)		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.	★ ★ ★
Feb	E. Coli	87 (22.5%)		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.	★ ★ ★
Feb	MSSA	23 (-14.8%)		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: MRSA  
There are currently a total of 5 Trust assigned cases YTD. To put the year in perspective the total for the 3 previous years was 10. Over the period of the year with highest bed occupancy (the last 4 months) 3 of the 5 Trust assigned MRSA bacteraemias have occurred (1 of which were contaminants) indicating a need for greater awareness and vigilance at times of highest pressures.

Nationally when comparing the most recent quarter with the same quarter in the previous financial year (October-December 2015 to October-December 2016), rates of trust and CCG-assigned cases increased from 0.8 to 0.9 cases per 100,000 bed-days and 0.5 to 0.6 cases per 100,000 population respectively while rates of third party-assigned cases decreased from 0.5 to 0.3 cases per 100,000 population. Our current rate is c. 2.1 cases per 100,000 bed-days, significantly above national rates.

MSSA  
The numbers of Trust assigned MSSA bacteraemias over the last 3 years have been 18 in 14/15, 27 in 15/16 and 23 in 16/17. Nationally the numbers of MSSA bacteraemias have been increasing. Between October-December 2015 and October-December 2016, there was an 8% increase in both counts and rates of all reported MSSA bacteraemia (2,672-2,879

cases; 19.4-20.9 cases per 100,000 population respectively). Similarly over the same period there was a 2% increase in both counts and rates of trust-apportioned cases (755-770 cases; 8.7-8.9 cases per 100,000 bed-days respectively). Our current rate per 100,000 bed-days is c. 6.9, significantly below national rates.

## Clostridium difficile

Trust apportioned C.diff cases now number 48 for this financial year to mid-March, 2 over trajectory and significantly higher than the last financial year. Further investigation through RCA has indicated concerns with use of the diarrhoea assessment tool (DAT) and with environmental cleaning, there may be evidence of cross transmission on the Cambridge L ward.

Nationally, when comparing the most recent quarters – October-December 2015 and October-December 2016 the rates of trust-apportioned C.diff cases decreased by 10% (1,307 to 1,179 cases and 15.1 to 13.7 cases per 100,000 bed-days respectively). In terms of cases per 100,000 bed-days our current rate is c. 14.4.

## E.coli

E.coli is likely to be given increased attention in coming years. The number of E.coli bacteraemias recorded is currently reported as a composite of both hospital and community acquired. Over the last 3 years the average numbers of E.coli bacteraemias/month has been rising (37 in 14/15, 44 in 15/16 and 49 in 16/17).

This increase is also seen nationally, particularly in the most recent quarters. Between October-December 2015 and October-December 2016, there was a 5% increase in both counts (9,551 to 10,042 cases) and rates (69.2 to 72.9 cases per 100,000 population) of all reported cases. The highest rate of all reported cases since the beginning of the mandatory reporting of E. coli bacteraemia was also reported within this period: 78.9 cases per 100,000 populations in July-September 2016.

## Parvovirus incident

There were a total of 2 suspected cases of Parvovirus infection amongst contacts of the digital case. One of these has since delivered a health infant and the other was found to be negative on further testing. This incident is now closed.

## Carbapenemase producing organism (CPO) outbreak

This incident is also now closed but weekly screening of all patients in the affected ward area continues.

## Tuberculosis incident

This is also now closed. There have been no cases of transmission identified

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
- Reinstating 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

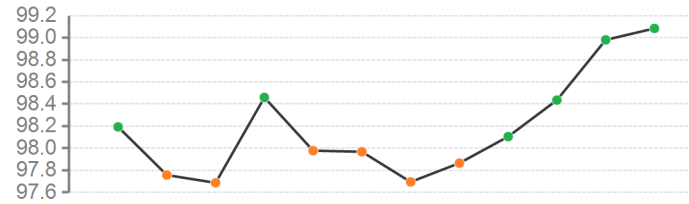
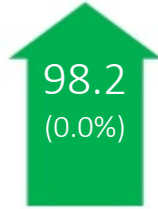
# Strategic Theme: Patient Safety



## Harm Free Care

Feb

Harm Free Care:  
New Harms (%)



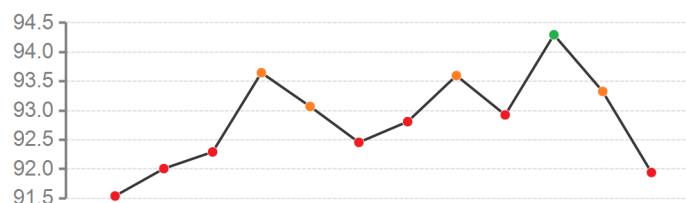
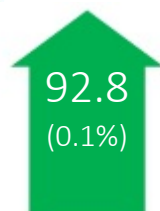
Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.



## Strategic Theme: Patient Safety

Feb

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.



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 February was 91.94% compared to 93.33% in January and is slightly below both the overall national average of 94.03% and the acute hospitals only national average of 93.79%. A wide variation, as expected, is seen across the divisions with specialist achieving 96.45%, surgical 88.98% and UCLTC 92.27%. All harms were 8.06% compared to national average of 5.97% which indicates that our patients are admitted with a higher level of harm than the national average.

However, Harm Free Care experienced in our care (New Harms only) at 99.08% in February 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 0.92% compared to 2.16% 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 99.12% in February compared to 99.09% in January.  
 QEQM New Harms Only HFC improved to 98.97% in February compared to 98.73% in January.  
 K&C New Harms Only HFC improved to 99.19% in February from 99.18% in January.

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 (0.37%) compared to the acute hospitals average (0.87%)
- Lower levels of catheters & New UTI's (0.18%) compared to the acute hospital average (0.32%)
- Lower prevalence of falls with harm (0.09%) than the acute hospital average (0.41%)
- Lower prevalence of new VTEs (0.27%) compared to the acute hospital national average (0.60%)

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 1.65% compared to the national average of 0.90% for acute hospitals. This continues to improve as a result of the collaborative work undertaken with community partners.

## Pressure Damage

Feb	Pressure Ulcers Cat 2 (per 1,000)	0.32 (35.0%)		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.	
Feb	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-51.8%)		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 February 2017 a total of 44 category two pressure ulcers were reported, 14 were confirmed as avoidable. (A decrease of five from last month). The majority of these ulcers affected the sacrum/buttocks 10 were avoidable which is 2 less than in January.

Of the avoidable sacral ulcers, 4 occurred at WHH (on CL, CK, KDM and CM2). QEQM had 5, (3 on Seabathing, 1 on Sandwich Bay and 1 on St Augustines). K & C had 1 (on Marlowe Ward). Learning points were to initiate prevention earlier; to ensure that patients are not positioned on their back for too long, earlier implementation of airwave mattresses and also the use of slide sheets when positioning patients.

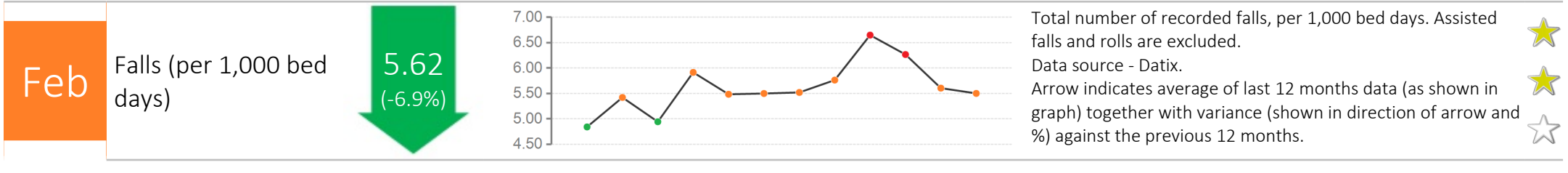
Of the 4 remaining avoidable category two ulcers, 2 were on the heel (KDM WHH and Cheerful Sparrows Female QEQM) both due to lack of offloading evidence. 1 was on the thigh (RSW WHH) due to a catheter tube and 1 was on the finger (Rainbow Ward) due to a cannula.

There was a category 4 ulcer on the sacrum in February 2017 on Kings D male, an RCA and further investigations are being carried out to determine if it was avoidable. There was one confirmed category three on Minster ward at QEQM but this was unavoidable. . There were 16 potential deep pressure ulcers acquired of which 7 were avoidable. 4 occurred at the sacrum (St Augustine's at QEQM and RSW, CL, Kennington and CL at WHH). These were due to lack of documentation and repositioning. CDU at QEQM and Marlowe ward both acquired heel ulcers due to lack of offloading. KDM had one at the toe due to TED stockings.

Sandwich Bay and Birchington at QEQM both had heel ulcers that are awaiting further investigation.

February 2017 continues to be a challenging month due to high patient acuity and continuing pressures issues including high staff vacancies in some areas. Staff continue to be vigilant with reporting these incidents and the TVNs note that the majority of the unstageable ulcers are resolving without severe tissue damage.

## Falls



Comments: The number of falls decreased again in February (173) compared to January (195). 61 were at WHH , 54 at QEQMH and 57 at K&CH. Wards with the most reported falls were Cambridge M1 (12), Cambridge L (11), Deal (11), Clarke, Marlowe and Deal (9). 1 fall at QEQMH resulted in a head injury where the patient subsequently died several weeks later. This was investigated with a AAR and it was determined that the fall was unavoidable and could not have been predicted or prevented. Furthermore, there was evidence of embedded learning from a previous incident.

The first Fallstop open training day is planned for the 27th March at WHH with many attendees expected from a variety of ward areas and representation from the UCLTC division at QEQMH (to enable further rollout there). During this training we will be preparing teams for the 2nd Inpatient Falls Audit which will take place in May

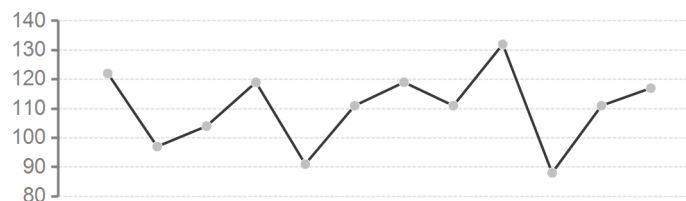
# Strategic Theme: Patient Safety

## Incidents

Feb	<p>Clinical Incidents: Total (#)</p> <p><b>16,247</b> (10.8%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>
Feb	<p>Blood Transfusion Errors</p> <p><b>154</b> (-3.8%)</p>		<p>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.</p> <p>★ ★ ★</p>

Feb

Medicines Mgmt. Incidents 1,322 (6.4%)



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 1206 clinical incidents have been logged as occurring in Feb-17 compared with 1481 recorded for Jan-17 and 1289 in Feb-16. In Feb-17, one incident has been graded as death and one incident has been graded as severe harm. In addition, 22 incidents have been escalated as a serious near miss, of which 13 are still under investigation. The number of moderate harm incidents reported during Feb-17 is lower than previous months [Feb-17: 29 compared with Jan-17: 46 and Feb-16: 30].

Six serious incidents were required to be reported on StEIS in February. Two cases have been closed; there remains 73 serious incidents open at the end of February.

Over the last 12 months incident reporting has increased at QEH, and has remained constant at K&CH and has decreased at WHH.

Blood transfusion

In February, there were 7 blood transfusion errors reported (12 in Jan-17 and 10 in Feb-16). There were no themes in February, however, there were two incidents of expired component/product available for selection/collection. Four incidents were graded no harm and three low harm. Reporting by site: five at K&CH, one at QEH and one at WHH.

Medicines management

There were 117 medication incidents reported as occurring in February (111 in Jan-17 and 119 in Feb-16). On average, over the last 12 months, the numbers of medication incidents reported at K&CH and QEH have risen and at WHH have decreased.

Of the 117 reported, 81 were graded as no harm (including six serious near misses) and 34 as low harm. No incidents resulted in severe harm or death. There were two incidents graded as moderate harm: 1) Possible allergic reaction to anaesthesia, 2) Penicillin prescribed to patient who had an allergy to penicillin. Top reporting areas were: ITU (WHH) with eight incidents; Mount/McMaster ward (K&CH) with seven incidents; Pharmacy (K&CH) with five incidents; Cheerful Sparrows male (QEH) and Rainbow ward (QEH) with four incidents each; Cathedral Day unit / Treble ward (K&CH), Pharmacy / Channel day surgery unit / Cambridge M2 ward / Kings D female ward (WHH), Minster ward (QEH) with three incidents each; other areas reported 2 incidents or fewer. Forty-two incidents occurred at K&CH, 30 at QEH, 40 at WHH, two at BHD, and three in the community.

\*Missing Drugs are broken down as follows: nine incidents relating to stock control/documentation errors, three incidents of medication missing between pharmacy and ward, one delayed delivery to ward (dose omitted), one patient transferred to another ward without medications, and one drug not in stock.

Total

Drug error - prescribing 21

Drug error - dispensing 15

Drug error - administering 49

Drug shortage (not available or in stock) 4

Drug missing\* (stock discrepancy or lost between wards/pharmacy) 15

Adverse drug reaction 5

Infusion injury - extravasation 4

Infusion problems - medication related 4

Totals: 109

## Friends & Family Test

Feb	FFT: Response Rate (%)	38 (12.4%)		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.	<span style="color: yellow;">★</span> <span style="color: yellow;">★</span> <span style="color: white;">★</span>
Feb	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.	<span style="color: yellow;">★</span> <span style="color: yellow;">★</span> <span style="color: white;">★</span>
Feb	FFT: Not Recommend (%)	1.7 (-10.1%)		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.	<span style="color: yellow;">★</span> <span style="color: yellow;">★</span> <span style="color: white;">★</span>

Comments: During February we received 8814 responses in total. Overall 40% eligible patients responded and 91% would recommend us to their friends and family and 6% would not. The total number of inpatients, including paediatrics who would recommend our services was 95% (96% January 17), for A&E it was 81% (75% January 17), maternity 100% (100% January 17), outpatients 92% (92% January 17) and day cases 95% (96% January 17). The Trust star rating in February is 4.55 (4.50 January 17).

Response rates for February improved in A&E, Inpatients and maternity. However, reduced slightly in day cases and work will continue to make improvements. The response rate for inpatients was 38% (33% January 17), A&E 17% (16% January 17), maternity 30% (19% January 17). (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 22% (24% January 17) 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, Competence, Communication,  
 Negative Themes – Care, Waiting times, Staff attitude, Environment, Communication

Inpatients

Positive Themes – Staff attitude, Care, Environment, Communication, Implementation or care  
Negative Themes – Care, Staff attitude, 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, Patient mood/feeling, Communication, Care, Compassion,

Negative Themes – None

Birth

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

Negative Themes – None

Postnatal ward

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

Negative Themes – None

Postnatal community

Positive Themes – Staff attitude, Care, Commitment, Communication, Implementation of care,

Negative Themes - None

Day Case

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

Negative Themes – Care, Staff attitude, Waiting time, Competence, Environment

The trust needs to improve on staff attitude, Care, communication and waiting times for patients within the ED, Outpatients and Day Case care. Waiting times have improved within Inpatients. Maternity received no negative themes for February, 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.



## Patient Experience 1

Feb	Overall Patient Experience %	91 (1.7%)		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.	
Feb	Care Explained? %	91 (10.6%)		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.	
Feb	Care that matters to you? %	93 (1.1%)		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 have reduced with 4 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 has improved and whether they were treated with respect and dignity has reduced slightly for this month.

## Patient Experience 2

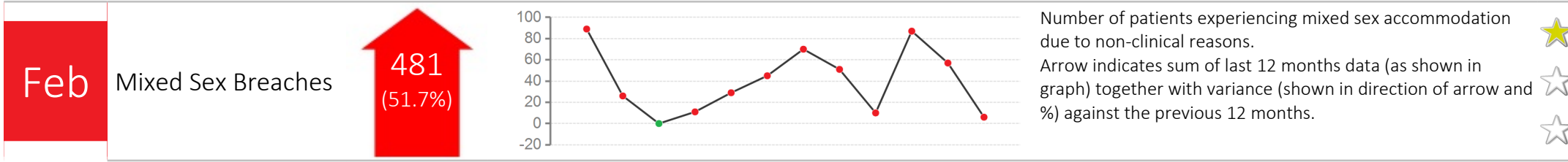
Feb	Respect & Dignity? %	<div style="font-size: 2em; font-weight: bold;">96</div> <div style="font-size: 0.8em;">(0.0%)</div>		<p>Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % 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.</p>	<div style="display: flex; justify-content: space-between;"> <span>★</span> <span>★</span> <span>★</span> </div>
Feb	Cleanliness? %	<div style="font-size: 2em; font-weight: bold;">91</div> <div style="font-size: 0.8em;">(-0.8%)</div>		<p>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.</p>	<div style="display: flex; justify-content: space-between;"> <span>★</span> <span>★</span> <span>★</span> </div>
Feb	Hospital Food? %	<div style="font-size: 2em; font-weight: bold;">72</div> <div style="font-size: 0.8em;">(2.4%)</div>		<p>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.</p>	<div style="display: flex; justify-content: space-between;"> <span>★</span> <span>★</span> <span>★</span> </div>

Comments: Evaluation of the Patient Safety Heatmap demonstrates that the majority of wards are now compliant with capturing patient experience in February. Escalation to Divisional heads of nursing and matrons has taken place to enable focused local improvements.

Cleaning is fractionally up this month at 91 supported by auditing which continues to report a consistent 98.

Hospital Food is also fractionally up for the second month at 72.

## Mixed Sex




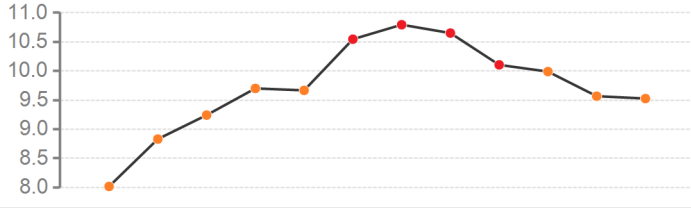


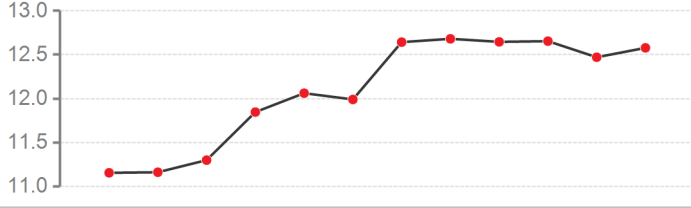


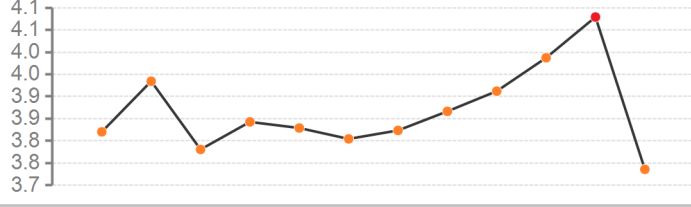

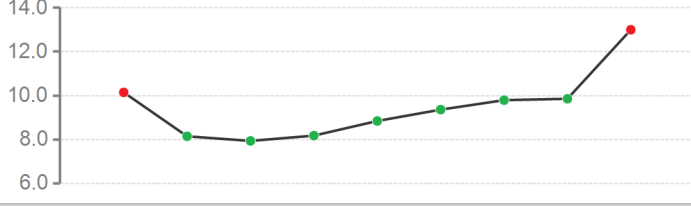

Comments: During February 17, 1 non-justifiable incidents of a mixed sex accommodation breach occurred at WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 9 mixed sex accommodation occurrences in total, affecting 54 patients. This number has decreased since last month when there were a total of 14 occurrences affecting 116 patients. The remaining incidents occurred at QEQM on the QEQM Fordwich (4), CCU (1) and K&C Kingston stroke unit (3), which are justifiable mixes based on clinical need.

Daily reporting of mixed sex occurrences has improved at two acute sites. For February 17 there has been an issue with the daily reporting of the mix sex occurrences accurately at one of the acute site, which is being addressed. However, the two other acute sites have seen great improvement and more robust recording of mixed sex occurrences.

# Strategic Theme: Human Resources

## Gaps & Overtime

Feb	Vacancy (%)	 9.7 (9.6%)		% 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.	
Feb	Staff Turnover (%)	 12.1 (6.4%)		% 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.	
Feb	Sickness (%)	 3.9 (4.7%)		% 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.	
Feb	Overtime %	9.5		% 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 12.1%, (there is some discrepancy in data between IPR and data held in ESR which is reporting a Turnover rate of 12.8% excluding Doctors in Training). The vacancy rate decreased marginally to 9.7% from 9.9%. Continued action is being taken for roles which have been identified as hard to recruit either because of repeated difficulty in recruiting to EKHUFT posts or because of shortages in labour supply nationally.

Sickness absence increased significantly across the trust in January 2017. There is discrepancy between the data produced for this report and the Workforce Performance Data produced from ESR which is showing at 4.9% for the Trust. Using the ESR data there was a 7% increase Trustwide on December's data. All Divisions except for Corporate showed increased sickness rates in particular Strategic Development which saw a 58% month on month increase. Work continues on sickness hotspot areas identified in the deep dive completed for January EPR.

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

## Temporary Staff

Feb	Employed vs Temporary Staff (%)	90.5 (-1.4%)		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.	  
Feb	Agency %	19.9		% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	  
Feb	NHSP Use % of Agency	94.4		% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	  
Feb	Agency Orders Placed	68		Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	  

Comments: The proportion of staff employed by an agency continues to drop and those that are deployed through an agency are all being booked through NHSP.

Agency costs are controlled by the Agency Task Group and are a key part of controlling staffing costs. Greater efficiencies are being sought in the use of E-Roster aimed at maximising use of substantive staff, for example, using net hours owed before booking overtime or agency cover.

Breaches in pay caps continue to be reported and monitored. Divisions are all now monitoring Agency use on a post by post basis through the SMART Agency action plans with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

## Workforce & Culture

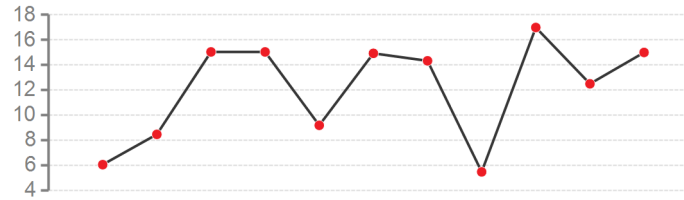
Feb	Mandatory Training (%)	87 (4.4%)		<p>The percentage of staff that have completed mandatory training courses, this data is split out by training course.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Feb	Appraisal Rate (%)	79.5 (-0.4%)		<p>Number of staff with appraisal in date as a % of total number of staff.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Feb	Time to Recruit	12 (8.2%)		<p>Average time taken to recruit to a new role. This metric is shown in weeks.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Feb	Staff FFT - Work (%)	57 (10.7%)		<p>Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

## Strategic Theme: Human Resources

Feb

Local Induction  
Compliance %

12.1



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 87% for February. 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 has dropped to 79% below the 90% target. Divisions are working on plans to complete appraisals due in April and May (traditionally high volumes are due in these months) to avoid a further drop in appraisal rates.

The latest Staff Friends and Family questionnaire closed on 19th March 2017 so updated results will be reported in the March IPR.

# Strategic Theme: Activity

## Activity vs. Internal Business Plan

### Key Performance Indicators

Feb	Key Performance Indicators	Feb-17				YTD				YTD vs Last Yr				Green
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
	Referral Primary Care	13,671	12,679	992	8%	157,469	150,671	6,798	5%	157,469	156,832	637	0%	<=0%
	Referral Non-Primary Care	13,145	13,342	(-197)	-1%	153,631	156,081	(-2,450)	-2%	153,631	158,118	(-4,487)	-3%	<=0%
	OP New	19,438	19,226	212	1%	223,256	222,353	903	0%	223,256	223,263	(-7)	0%	>=0%
	OP Follow Up	39,345	40,304	(-959)	-2%	452,542	458,517	(-5,975)	-1%	452,542	460,669	(-8,127)	-2%	>=0%
	Elective Daycase	6,370	7,155	(-785)	-11%	72,584	81,356	(-8,772)	-11%	72,584	75,315	(-2,731)	-4%	>=0%
	Elective Inpatient	1,137	1,252	(-115)	-9%	14,233	14,619	(-386)	-3%	14,233	14,269	(-36)	0%	>=0%
	A&E	15,508	16,482	(-974)	-6%	192,342	184,303	8,039	4%	192,342	185,800	6,542	4%	>=0 & <5%
	Urgent Care Assessment	928	1,156	(-228)	-20%	11,540	12,920	(-1,380)	-11%	11,540	13,279	(-1,739)	-13%	>=0 & <5%
	Non-Elective Inpatient	5,573	5,592	(-19)	0%	64,391	64,273	118	0%	64,391	64,719	(-328)	-1%	>=0 & <5%
	Chemotherapy	1,232	1,035	197	19%	14,369	11,832	2,537	21%	14,369	12,729	1,640	13%	>=0%
	Critical Care	1,603	1,623	(-20)	-1%	19,729	18,915	814	4%	19,729	19,135	594	3%	>=0%
	Dialysis	6,532	7,200	(-668)	-9%	75,919	79,443	(-3,524)	-4%	75,919	78,915	(-2,996)	-4%	>=0%
	Maternity Pathway	1,049	1,133	(-84)	-7%	12,823	13,163	(-340)	-3%	12,823	12,887	(-64)	0%	>=0%
	Pre-Op Assessments	2,711	2,639	72	3%	31,436	31,363	73	0%	31,436	31,363	73	0%	>=0%
	Diagnostic	409,796	431,229	(-21,433)	-5%	4,710,018	4,937,674	(-227,656)	-5%	4,710,018	4,750,710	(-40,692)	-1%	<=0%
	Other	4,427	3,834	593	15%	52,194	43,754	8,440	19%	52,194	45,072	7,122	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.

## **February 2017**

### **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; Patients 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 8% above planned levels in February and the Trust level over performance has increased to +5% above contract equating to almost 7,000 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 was able to deliver the new outpatient plan in February 2017; this was driven by continued YTD over performance in Ophthalmology, Paediatrics & General Medicine. Additional sessions delivered within ENT, Maxillo Facial and Dermatology have helped contribute to the over performance and has helped reduce waiting times to first appointment in these specialties. Activity within HCOOP and Neurology remain significantly under-plan due to consultant staffing shortages.

Outpatient Physiotherapy activity was significantly reduced during February as a result of clinics being cancelled to enable staff to support inpatient colleagues with discharge planning for a period of three weeks combined with the long-standing issue of vacancies and maternity leave.

February new outpatient activity across Gastroenterology was above plan in February. This was the first month in which additional capacity has been sourced from an external provider for Gastroenterology (commencing 11th Feb). These clinics had been delayed while the Trust negotiated the requirements around patient follow up and sought assurance around the clinical quality of the services. This should enable Gastroenterology new outpatients to hit the monthly plan for month 12.

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

Anti-coagulation follow up appointments continue to decrease at higher than anticipated levels. Stable Anti-Coagulation patients have been written to and discharged to the appropriate primary care services. Activity levels are expected to stabilise now, and next year's business plan reflects this.

The Dermatology service has over performed the plan by 9% in month (+91) following two months of lower activity, due to lack of capacity. As a substantive Consultant leaves in March, reliance on the independent sector to deliver activity will increase, leaving the service at risk when the additional capacity is not available.

Gynaecology continues to utilise all possible internal capacity including the two additional locum consultants. The service continues to deliver the majority of activity needed to sustain current levels of 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, and more patients are at risk of approaching 52 weeks before receiving treatment. The service is currently working on a business case to close capacity gap, however a major limiting factor is the physical theatre capacity available across the Trust.

Orthopaedic activity was severely reduced due to a combination of unplanned sickness and compassionate leave. Further to this the Service was unable to secure the high productivity weekend injection lists required to deliver the planned activity.

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.

Within UCLTC, Non Electives have been above plan by 5.8% in month, 6.9% above year to date. The Bed occupancy of medical patients continues to be at challenging levels, with numbers of outliers demonstrating the outcome of both the volumes of patients requiring admission, as well as numbers in who require an assisted discharge.

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 February (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.

Improve Leadership in ED	Last 8 Weeks Weekly Trend - Daily Average								Monthly Totals	
	22.01.17	29.01.17	05.02.17	12.02.17	19.02.17	26.02.17	05.03.17	12.03.17	Jan 2017	Feb 2017
ED - Total Attendances	3,614	3,903	4,057	3,750	3,703	3,975	3,978	4,067	16,771	15,527
IP - Stranded Patient Metric ( > 7 Days LoS)	514	558	522	521	493	517	527	494	558	519
IP - LoS - Medical - exc. 0 day (Avg)	9.0	8.2	9.4	8.9	9.0	8.2	8.8	8.7	8.5	8.9
IP - Discharges before 10am (%)	6.9%	6.7%	7.8%	7.3%	7.2%	6.7%	7.7%	6.3%	7.3%	7.1%
IP - Discharges before Midday (%)	14.8%	16.3%	17.3%	16.3%	16.4%	16.0%	17.6%	15.9%	16.2%	16.4%
IP - Discharges before 3pm (%)	37.3%	39.2%	40.7%	41.3%	39.0%	40.4%	42.2%	39.7%	38.4%	40.5%
IDT - DToC - Total Patients (Avg)	68	65	62	52	47	56	61	59	58	53
IP - NEL Medical Discharges < 24h (%)	43.7%	40.9%	44.9%	41.5%	43.0%	44.6%	44.4%	45.6%	41.8%	43.2%
IP - NEL Medical Discharges < 72h (%)	58.2%	58.7%	62.4%	60.6%	61.1%	64.1%	62.5%	62.2%	59.5%	61.6%
IP - Occupancy @ Midnight (%)	103.0%	106.5%	107.7%	103.9%	101.8%	103.2%	104.8%	101.8%	105.1%	104.0%
IP - Escalation Beds @ Midnight (Avg)	63	78	90	69	55	60	71	59	72	67
IP - Medical Outliers (Avg)	104	99	110	88	73	68	95	85	118	84

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 February the number of Medical Outliers decreased from a daily average of 118 patients across the Trust to 84.

The number of escalation beds open at midnight also decreased in month, with an average of 72 open daily during January reducing to an average of 67.

Length of Stay is a measure of how long patients stay in Hospital Treatment. The Length of Stay for Medical patients increased in February to 8.9 days on average (8.5 days in Jan). 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	7,636	9,139	-16%	-1503
103 - Breast Surgery	6,056	7,005	-14%	-949
130 - Ophthalmology	16,224	16,793	-3%	-569
300 - General Medicine	1,699	2,168	-22%	-469
400 - Neurology	4,025	4,341	-7%	-316
104 - Colorectal Surgery	7,286	7,587	-4%	-301
100 - General Surgery	3,531	3,789	-7%	-258
110 - Trauma & Orthopaedics	9,143	8,769	4%	374
502 - Gynaecology	9,060	8,393	8%	667
420 - Paediatrics	4,865	3,984	22%	881
<b>Total</b>	<b>130,473</b>	<b>133,066</b>	<b>-2%</b>	<b>-2,593</b>

### OP New

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	5,815	7,445	-22%	-1630
100 - General Surgery	4,702	6,179	-24%	-1477
430 - HCOOP	4,131	5,210	-21%	-1079
120 - Ear, Nose & Throat	11,345	12,018	-6%	-673
303 - Clinical Haematology	1,280	1,848	-31%	-568
400 - Neurology	4,339	4,870	-11%	-531
140 - Maxillo Facial	6,890	7,389	-7%	-499
502 - Gynaecology	14,122	13,514	5%	608
330 - Dermatology	12,274	11,629	6%	645
300 - General Medicine	2,025	1,184	71%	841
<b>Total</b>	<b>166,249</b>	<b>171,608</b>	<b>-3%</b>	<b>-5,359</b>

### Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	17,509	19,290	-9%	-1781
502 - Gynaecology	6,251	7,060	-11%	-809
140 - Maxillo Facial	1,528	2,177	-30%	-649
430 - HCOOP	3,772	4,252	-11%	-480
300 - General Medicine	1,740	2,159	-19%	-419
501 - Obstetrics	5,997	6,306	-5%	-309
101 - Urology	6,278	5,970	5%	308
420 - Paediatrics	2,816	2,503	13%	313
340 - Respiratory Medicine	2,306	1,875	23%	431
130 - Ophthalmology	10,353	8,724	19%	1629
<b>Total</b>	<b>94,022</b>	<b>96,717</b>	<b>-3%</b>	<b>-2,695</b>

### OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	10,457	16,890	-38%	-6433
324 - Anticoagulation Service	11,530	15,451	-25%	-3921
100 - General Surgery	2,449	4,634	-47%	-2185
430 - HCOOP	3,366	5,179	-35%	-1813
302 - Endocrinology	6,767	8,521	-21%	-1754
502 - Gynaecology	12,948	14,610	-11%	-1662
143 - Orthodontics	5,419	6,721	-19%	-1302
103 - Breast Surgery	6,013	5,160	17%	853
110 - Trauma & Orthopaedics	33,296	30,976	7%	2320
130 - Ophthalmology	59,435	56,468	5%	2967
<b>Total</b>	<b>336,948</b>	<b>355,191</b>	<b>-5%</b>	<b>-18,243</b>

\*Payment by Results Only

### Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	8,779	13,742	-36%	-4963
300 - General Medicine	16,625	20,419	-19%	-3794
110 - Trauma & Orthopaedics	5,412	6,248	-13%	-836
330 - Dermatology	4,055	4,732	-14%	-677
410 - Rheumatology	1,290	1,709	-25%	-419
800 - Clinical Oncology	3,000	3,386	-11%	-386
340 - Respiratory Medicine	826	1,111	-26%	-285
101 - Urology	6,879	7,127	-3%	-248
191 - Pain Management	2,373	2,605	-9%	-232
140 - Maxillo Facial	2,075	1,854	12%	221
<b>Total</b>	<b>69,519</b>	<b>81,356</b>	<b>-15%</b>	<b>-11,837</b>

### Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	1,341	1,756	-24%	-415
100 - General Surgery	1,075	1,443	-26%	-368
320 - Cardiology	604	835	-28%	-231
110 - Trauma & Orthopaedics	3,369	3,535	-5%	-166
401 - Neurophysiology	1	66	-98%	-65
140 - Maxillo Facial	324	372	-13%	-48
430 - HCOOP	89	137	-35%	-48
400 - Neurology	278	207	34%	71
503 - Gynaecology Oncology	102	26	290%	76
103 - Breast Surgery	449	372	21%	77
<b>Total</b>	<b>13,672</b>	<b>14,619</b>	<b>-6%</b>	<b>-947</b>

### Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
420 - Paediatrics	5,341	6,457	-17%	-1116
100 - General Surgery	5,238	6,115	-14%	-877
502 - Gynaecology	1,648	2,411	-32%	-763
180 - Accident & Emergency	4,230	4,876	-13%	-646
501 - Obstetrics	4,014	4,653	-14%	-639
320 - Cardiology	1,712	2,021	-15%	-309
110 - Trauma & Orthopaedics	3,528	3,760	-6%	-232
410 - Rheumatology	51	273	-81%	-222
430 - HCOOP	9,809	9,187	7%	622
300 - General Medicine	18,333	16,852	9%	1481
<b>Total</b>	<b>61,666</b>	<b>64,273</b>	<b>-4%</b>	<b>-2,607</b>

\*Payment by Results Only

# Strategic Theme: KPIs

## 4 Hour Emergency Access Standard

### Key Performance Indicators

	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	
<b>75.93 %</b>													<b>Green</b>
4 Hour Compliance	79.25%	84.05%	82.69%	85.40%	82.87%	82.24%	84.29%	79.36%	75.75%	74.2%	70.63%	75.93%	95%
12 Hour Trolley Waits	0	1	1	0	0	0	0	0	1	1	2	0	0
Left without being seen	4.20%	3.46%	4.09%	3.84%	4.59%	4.11%	3.31%	3.85%	3.96%	4.35%	4.87%	4.11%	<5%
Unplanned Reattenders	9.31%	9.10%	9.40%	9.22%	8.62%	9.01%	8.78%	8.58%	8.68%	8.98%	8.82%	8.60%	<5%
Time to initial assessment (15 mins)	92.9%	88.4%	88.7%	91.2%	85.2%	81.0%	86.9%	79.5%	74.4%	78.5%	76.1%	76.2%	90%
% Time to Treatment (60 Mins)	40.8%	46.3%	43.5%	48.3%	46.3%	48.9%	48.5%	40.9%	39.9%	39.9%	39.8%	40.7%	50%

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

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	
<b>-14.55 %</b>													<b>Green</b>
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%	74.23%	70.63%	75.93%		

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 been 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.

### Summary Performance

February performance against the 4 hour target was 75.93% against a trajectory of 90.48%. This shows an improvement in performance compared to the previous month. There were no 12 Hour Trolley Waits reported in month.

The priority and focus for February has been to ensure that the middle grade rotas have been covered; maintain safe patient care and staff wellbeing. The Trust continues to work towards an improvement trajectory to reach 90% compliance and is beginning to see small improvements in performance.

**Risks to delivery of the standard:**

- 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. Due to the high number of middle grade vacancies nationally it is becoming increasingly difficult to book regular locums for runs of work. Substantive recruitment is also on-going with overseas applicants with 9 applicants, who all have their FCEM (Fellow of College of Emergency Medicine) qualification, being interviewed in March 2017.
- Impact of Primecare, the new out of hour's primary care provider. During February there have been occasions when the rota has been covered by a nurse or paramedic or had a shift uncovered at QEQMH. This is considered an increasing risk to ED as patients may choose to come to ED rather than wait for an appointment or call back from the service.
- High numbers of patients, particularly children, attending ED in the evenings and weekends, which could be managed by primary care.
- Poor patient flow due to lack of timely bed availability; this problem is in part due to lack of external capacity and also internal processes which are being resolved through the SAFER and improving patient flow programme of work.
- 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 adults and children continue to be a problem due to national lack of bed capacity.

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

- 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. An 18:00 additional planning meeting is held if a site is in black escalation to agree the plan for the night.
- 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.
- Matron participation in daily review of patients on the IDT working caseload.
- Site Clinical Lead and Senior Matron Leadership to review all admitted patients with a length of stay over 7 days to ensure that all patients' pathways are being proactively managed and challenged.
- In conjunction with SECAMB proactive escalation and resolution to ensure that patients are handed over in a timely and safe manner.
- ECASCARD training and embedding issues are being actioned with a new medical clerking being launched at the end of February, this will enable all clinical specialities to use the system and take a further step towards a paperless system.
- Additional medical and nursing staff are booked, as available, to reduce the risk of overcrowding within the Emergency Departments.

# Strategic Theme: KPIs

## Cancer Compliance

### Key Performance Indicators

70.41 %		Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Green
	62 day Treatments	73.57%	71.04%	79.20%	75.42%	70.94%	74.58%	71.50%	70.00%	72.77%	75.94%	60.61%	70.41%	>=85%
>104 day breaches	64	65	61	42	56	57	45	53	44	31	40	40	<0	
Demand: 2ww Refs	3,160	3,293	3,210	3,282	3,142	3,013	3,171	2,951	3,307	2,636	3,150	2,936	2857 - 3158	
2ww Compliance	93.58%	89.25%	88.48%	94.61%	96.44%	94.77%	94.81%	96.62%	97.45%	96.49%	95.82%	96.10%	>=93%	
Symptomatic Breast	92.98%	85.00%	83.73%	93.71%	93.10%	93.22%	95.31%	94.59%	96.43%	86.61%	97.27%	94.81%	>=93%	
31 Day First Treatment	98.10%	96.11%	96.31%	94.55%	94.31%	93.64%	93.39%	96.10%	94.93%	95.79%	93.63%	96.60%	>=96%	
31 Day Subsequent Surgery	96.72%	91.49%	88.24%	86.96%	96.61%	90.38%	92.59%	89.23%	89.09%	89.19%	82.22%	94.00%	>=94%	
31 Day Subsequent Drug	100.00%	98.25%	98.95%	100.00%	97.33%	98.88%	100.00%	100.00%	99.12%	98.39%	96.94%	94.44%	>=98%	
62 Day Screening	92.31%	92.86%	93.10%	100.00%	83.33%	87.50%	93.94%	89.55%	96.23%	91.89%	91.67%	66.67%	>=90%	
62 Day Upgrades	70.37%	100.00%	57.14%	100.00%	82.35%	85.71%	100.00%	80.00%	83.33%	70.73%	75.68%	86.21%	>=85%	

### Sustainability & Transformational Funding Trajectory

- 14.99		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%	75.94%	60.61%	70.41%		Sept	

The 62 Day Cancer Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance. A Cancer Recovery Plan is in place with an aim to improve performance and ensure that the cancer standards are sustainably delivered across all tumour sites.



## **Summary Performance**

February performance is currently 70.41% against the improvement trajectory of 85.00%, validation continues until the beginning of March in line with the national time table. The total number of patients on an active cancer pathway is 2,792; this is an improving position on the previous month. There are currently 40 patients waiting 104 days or more for treatment, remaining static for two months. The focused work on clearing the backlog continues and has resulted in identification of increased numbers of complex patients.

62 day screening has seen a drop this month to 66.67%; this is due to the clearing of long waiters which has impacted on achieving this target. We are seeing an improving picture for this in March.

2WW and 31 day performance has improved in line with the work completed to review pathways.

62 day performance is recovering after a backlog clearance and impact of December, and the teams are confirming the capacity required to delivery compliant pathways. This work will be completed by the end of March when the Trust will be able to confirm when 85% compliance can be delivered and sustained. At this time, June delivery is looking hopeful, as there is intense planning around Easter and Bank Holidays.

### **Risks to delivery of the standard:**

- Key areas of concern for the Trust are Endoscopy, Colorectal, Urology, Gynae-oncology and Radiology (both appointment and reporting capacity).
- Diagnostic waiting times, particularly MRI (average wait 24 days) and CT scans (average wait 20 days).

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

- PTL meetings have been revamped to clearly identify who is taking actions forward. All incomplete actions are escalated to the weekly performance meeting for resolution.
- Dedicated 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.
- 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.
- 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).
- Additional Urology 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.

# Strategic Theme: KPIs

## 18 Week Referral to Treatment Standard

### Key Performance Indicators

KPI	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Overall
	<b>84.35 %</b>												
Performance	89.27%	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%	83.79%	84.35%	>=92%
52w+	5	6	9	17	25	20	27	21	13	12	18	24	0
Waiting list Size	43,000	44,620	45,663	44,213	45,487	45,352	45,531	44,822	46,191	46,398	45,682	45,446	<38,938
Backlog Size	4,614	5,105	5,531	5,831	6,072	6,568	6,781	6,262	6,563	7,502	7,407	7,111	<2,178
Demand: PC Referrals	16,449	16,764	16,109	16,251	16,180	15,638	15,491	14,862	16,615	13,613	15,044	14,430	<15,484
Demand: Additions to IP WL	3,322	3,144	3,211	3,513	3,210	3,271	3,322	3,349	3,905	3,072	3,696	3,322	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

### Sustainability & Transformational Funding Trajectory

KPI	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Overall
	<b>-9.06 %</b>												
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%	84.35%		Sept

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

## Summary Performance

February Performance is currently 84.35%. RTT Referrals coming into the Trust have remained below expected levels for the third consecutive month; however, we continue to receive unprecedented demand for elective surgery due to an increase in the listing rate. The improved February position has been driven by increased Gastroenterology outpatient activity reducing backlog for first treatment in this specialty. The Trust has also reduced the total inpatient waiting list size with improvements identified within the Orthopaedics, Ophthalmology and Dermatology Services.

There remains concern that there is insufficient capacity across the EK Health Economy to deliver RTT compliance, until this is resolved there is a risk to achievement of 92% by March 2018 which is the Trust and CCG current trajectory.

### Risks to delivery of the standard:

- Primary care referrals remain higher than planned particularly in Orthopaedics, Gynaecology Gastroenterology and Maxillo Facial, this results in longer waiting times for first outpatient appointments.
- Continue to see a rise in listing rates from key specialities such as Orthopaedic, Gynaecology & General Surgery resulting in long waiting times for elective procedures linked to higher referrals.
- No flexibility to increase capacity in key specialities as described above due to higher demand than planned through business planning.
- Workforce vacancies in Dermatology, medical specialities, and Urology.
- High demand in subspecialties such as Otolaryngology resulting in referring to London Hospital for elective treatment.
- Community provision for sleep studies withdrawn for paediatrics being assessed for tonsil and adenoid removal.
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits.
- Increase in 52 week waiting time for some patients due to poor pathway management and patient cancellations.

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

- Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery.
- Continued intensive protected time for validation is required following emergency operational pressures.
- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and Gynaecology.
- Seven new consultant posts in Ophthalmology have commenced in March with a continuation of 18 week insourcing to reduce follow up demand.
- Continued recruitment strategy for medical vacancies.
- Continued discussion with CCG on demand management schemes.
- Deep dives into those specialities with high listing rates to inform next steps.
- Continue to use slot utilisation operational data set to reduce waste.
- Bring forward the Decision to Treat Date – identifying patients who have passed the optimal point in patient pathway and securing decision or treatment capacity.

- 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.
- Introduction of a medium term recovery plan information model to aid forward planning of capacity.

# Strategic Theme: KPIs

## 6 Week Referral to Diagnostic Standard

### Key Performance Indicators

<b>99.67</b> %		Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Green
	Performance	99.65%	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%	99.65%	99.67%	≥99%
	Waiting list Size	13,358	13,449	14,812	13,533	13,321	10,269	14,728	14,011	15,457	15,023	14,171	14,048	<14,000
	Waiting > 6 Week Breaches	47	29	19	19	31	45	39	12	19	42	49	46	<60
	Average Wait													<4

### Sustainability & Transformational Funding Trajectory

<b>0.64</b> %		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%	99.67%		Apr

### Summary Performance

The Trust maintains its good performance against this standard with a compliance of 99.67% in February 2017. As at the end of the month there were 46 patients who had waited over 6 weeks for their diagnostic procedure, breakdown by speciality:

- Radiology: 32, of which, 31 were in Computed Tomography
- Audiology: 4
- Cardiology: 4
- Neurophysiology: 4
- Gynaecology: 2

**Risks to delivery of the standard:**

- Achievement of the 99% standard is costly to the organisation with additional capacity required to meet the recurrent demand and in the case of Radiology the additional reporting costs in order to get results back to clinicians in a timely manner.
- Reporting Backlog remains a concern. After a change in backlog position reported last month we recruited some focussed Locums to CT and MRI particularly and this week we have begun to see a reduction in the back log numbers particularly in MRI. More focus is required for the CT demand and reporting to be addressed.
- There is an identified increasing clinical risk of patients waiting too long on a diagnosis. This is on the Divisional Risk Register and on the Corporate Register.
- Recruitment of Consultant Radiologists remains a huge risk to delivery concern. We have recruited some fixed term locums and have 2 more substantive in the pipeline awaiting interview dates.
- CT and MRI Waiting lists remain high. Currently CT and MRI average waits are close to 6 weeks. 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.
- Spikes in demand for cardiology diagnostics coupled with leave and Dr sickness caused a short term breach in the standard for this area.

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

- 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 approved.
- Secured capital funding for the replacement of 2 MRIs at K&CH. 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.
- 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.
- We are sourcing additional locums to reduce the risk and address the backlog. This is offset against the business case for the approval of 4 additional Radiology Consultants.
- On-going substantive recruitment to radiology consultant posts; external advert open with 2 Consultants interested - planning interview dates.
- We appointed one IR Consultant in month bringing the total to 3 whilst this is a slightly better position, the Trust require 6 substantive IR Consultants to cover for emergency.
- Daily oversight by GM and frontline Radiographer and admin teams, monitoring and escalation to DD as required.

## Finance

Feb	I&E £m	<b>-22.6</b> (13.9%)		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	★ ★ ★
Feb	Cash Balance £m	<b>8.2</b> (-17.8%)		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.	★ ★ ★
Feb	Total Cost £m	<b>-46.8</b> (-3.8%)		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.	★ ★ ★
Feb	Forecast I&E £m	<b>-27.7</b> (4.0%)		This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ☆

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.



Feb

Normalised Forecast  
£m

-31.8  
(3.5%)

Comments:

The Trust's I&E deficit in February (month 11) was £3.3m. This was in line with the forecast trajectory through to year end and included £1.1m of CCG challenge costs. It should be noted that the original challenge was set at £8m.

The year to date I&E deficit stands at £22.7m with STF income of £4m relating to Q1 having been received. No further STF is expected.

Pay costs in the month of £28.3m included agency and locum costs of £2.2m which now stand at £24.6m for the year to date against the ceiling trajectory of £21.6m. Agency spend is 9.6% below the spend as at the same period in 2015/16. Of the February agency spend, 65% related to medical staff (67% ytd). 68% of spend relates to Urgent care and Long Term Conditions.

Total income was £43.5m in month 11 against a monthly average of £46.9m. This was lower than forecast with lower homecare drugs and reduced elective work from cancellations and leave.

Against the initial £20m CIPS target, including income, for the year to date £16.9m has been delivered against a target of £17.7m. New schemes continue to be identified.

The Trust received a further cash loan of £7.3m in March bringing its total borrowing for the year to £22.8m.

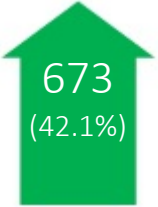
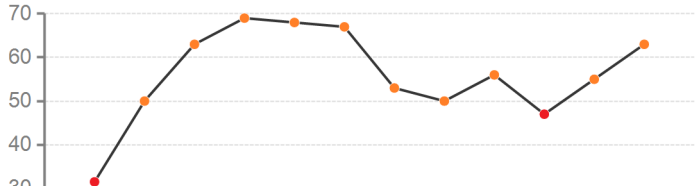

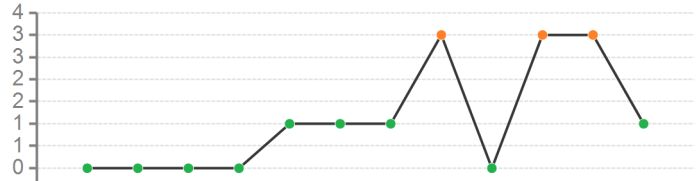

The Trust's year end forecast is £24m including the outcome of commissioner challenges. This forecast was sent to NHSI on 13 March 2017 following Trust Board review and headlined additional risks as follows:

- income risk: the impact of ongoing emergency care pressures with extra capacity and delayed discharges adversely impacting elective capacity £2.5m
- CQUIN risks of c£2m: CCG commissioners have demonstrated a clear intent in the way that they have sought to challenge the 2016/17 contract to take every action to improve their own financial positions
- Maidstone and Tunbridge Wells NHS Trust provides Oncology services across Kent and are seeking additional payments of up to £0.5m which the Trust is not accepting
- CCG challenges: previous correspondence from commissioners has indicated their intention to mount further challenges to the Trust, which have not so far materialised. This risk is estimated at £1.1m.

As a result of the Trust's financial position, NHSI has placed the Trust into Financial Special Measures. A financial recovery plan is in the process of being prepared.



## Health & Safety 1

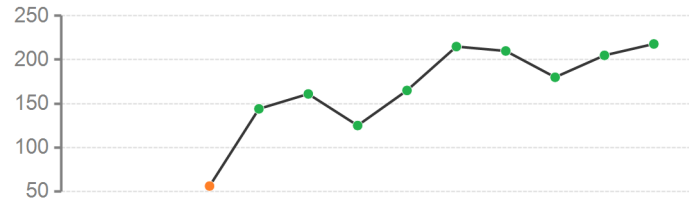
Feb	Representation at H&S	 <p>673 (42.1%)</p>		<p>% of Clinical Divisions representation/attendance at each site's Health &amp; Safety Committee.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>
Feb	RIDDOR Reports (Number)	 <p>13 (-50.0%)</p>		<p>RIDDOR reports sent to HSE each month.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>
Feb	Formal Notices	<p>1</p>		<p>Formal notices from HSE (Improvement Notices, Prohibition Notices).</p> <p>Number indicates sum of last 12 months data (as shown in graph).</p> <p>★ ★ ☆</p>

# Strategic Theme: Health & Safety

Feb

Health & Safety  
Training

1679



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 1 RIDDOR in February:


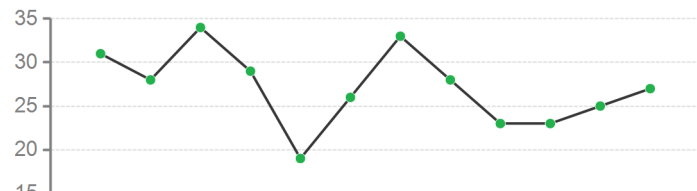
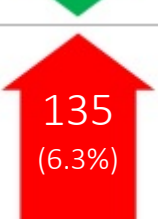
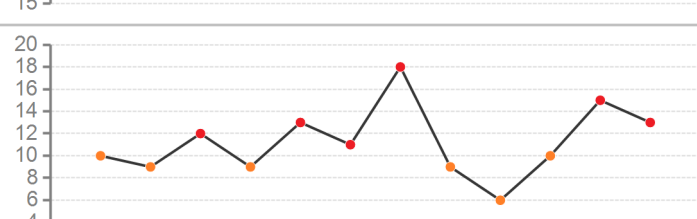
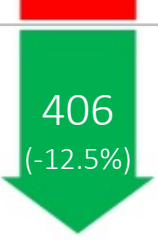
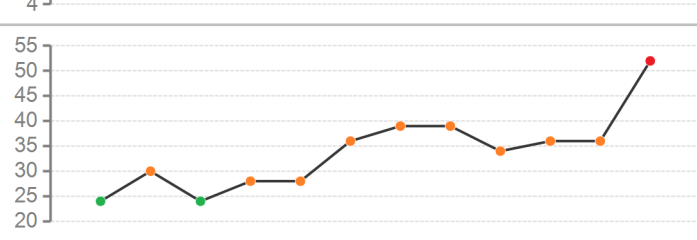
During a review of radioactive waste consignments on Isostock, the department's radioactive dose management system, it was found that a number of items have been disposed of with an activity above the procedural limit (40kBq) at the William Harvey Hospital and Kent and Canterbury Hospital. Disposal of this waste has therefore breached our site permits for both sites. The findings of this audit have been communicated with the Trust's Radioactive Waste Adviser.

The Strategic H&S Committee has picked up on this issue and asked for a full report to be prepared for its meeting in April.

As reported in last months IPR, the Strategic H&S Committee has now reviewed the late reporting of RIDDOR. The H&S Team is clarifying the legislation on behalf of Occupational Health, as it refers to sharps incidents and is working with the Information team to understand how best report the time lag between incident and HSE reporting in the IPR.

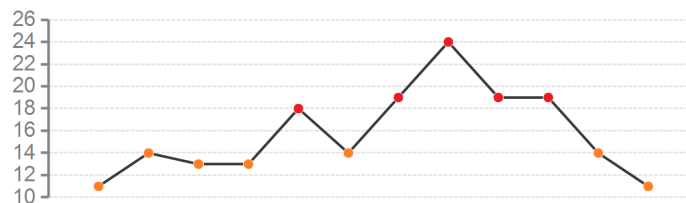
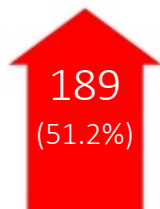
# Strategic Theme: Health & Safety

## Health & Safety 2

Feb	Accidents	 <p>326 (-42.9%)</p>		<p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>
Feb	Fire Incidents	 <p>135 (6.3%)</p>		<p>Fire alarm activations (including false alarms).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>
Feb	Violence & Aggression	 <p>406 (-12.5%)</p>		<p>Violence, aggression and verbal abuse.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>

## Strategic Theme: Health & Safety

Feb 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.



Comments:

Violence & Aggression rose sharply in February. Following a review the Strategic H&S Committee it was noted that this sharp rise, also occurred in February 2016. It was reported by the Head of H&S that in part this could be due to late reporting of January incidents. The Trust security lead has reviewed the incidents and the increase is attributable largely to staff interactions with patients suffering from Dementia. The Strategic H&S Committee will discuss the support being supplied by Safe Assist with the Head of Adult Safeguarding, at its next meeting.

Sharps injuries fell again in February and is now at a twelve month low of 11. The Strategic H&S Committee has now discussed the annual sharps report, produced by Occupational Health. It is clear from this analysis that localised disposal (at the point of procedure) is one of the key risk areas with staff practice and behaviours increasing the likelihood of an injury. The Committee recommended three actions be undertaken:

- 1) The Chief Nurse is undertaking a piece of work to review practice and behaviours with the Heads of Nursing.
- 2) The Trust is to produce some communications to highlight common mistakes made by staff resulting in sharp injuries.
- 3) The Diabetes and Infection Control Teams are to support staff locally

The annual report will also be circulated to Divisional Governance Boards for consideration and cascading.

# Strategic Theme: Use of Resources

## Pay Independent

Feb	Payroll Pay £m	 -25.8 (-0.2%)		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.	  
Feb	Agency Spend £m	 -2.2 (9.6%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	  
Feb	Additional sessions £k	 -307 (-11.7%)		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.	  
Feb	Independent Sector £k	 -777 (55.3%)		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 £28.3m included agency and locum costs of £2.2m which now stands at £24.6m for the year to date against the ceiling trajectory of £21.6m. Agency spend is 9.6% below the spend as at the same period in 2015/16. Of the February agency spend, 65% related to medical staff. 68% 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.

# Strategic Theme: Use of Resources

## Balance Sheet



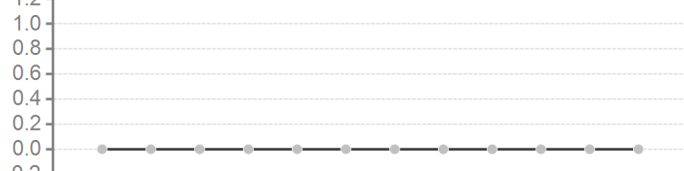

Feb	CIPS £m	<div style="background-color: #008000; color: white; padding: 10px; width: 60px; margin: 0 auto;"> <span style="font-size: 24px; font-weight: bold;">↑</span>  <span style="font-size: 18px; font-weight: bold;">16.9</span>  <span style="font-size: 14px;">(23.2%)</span> </div>		<p>Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Feb	Cash borrowings £m			<p>Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Feb	Capital position £m	<div style="background-color: #ff0000; color: white; padding: 10px; width: 60px; margin: 0 auto;"> <span style="font-size: 24px; font-weight: bold;">↓</span>  <span style="font-size: 18px; font-weight: bold;">-49.7</span>  <span style="font-size: 14px;">(13.3%)</span> </div>		<p>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.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>

Comments: CIPS of £16.9m have been reported ytd, including £3.8m of income schemes, which is £0.9m 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 February, schemes valued at £19.1m had been identified. This reduces to £19m 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 February the cash balance stood at £8.1m. In August the Trust received the first quarter STF payment £4m but no further STF is expected. The Trust received a further £7.3m in March bringing the total borrowing to the year to £22.8m.

# Strategic Theme: Use of Resources

## Productivity

Feb	Clinical Productivity: Theatres 0.0		Clinical Productivity graph: theatre sessions v plan.	
Feb	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.

## Strategic Theme: Improvement Journey

		Oct	Nov	Dec	Jan	Feb
MD01 - End Of Life	Lost Days (Fast Track)	15	20	16	14	20
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	79.36	75.75	74.23	70.63	75.93
	ED - 1hr Clinician Seen (%)	41	40	40	40	41
MD04 - Flow	IP - Discharges Before Midday (%)	15	15	14	14	15
	Medical Outliers	99	85	93	122	88
	Lost Days (Non-EKHUFT)	95	93	83	86	89
	DToCs (Average per Day)	61	57	50	59	56
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	70.00	72.77	75.94	60.61	70.41
MD07 - Maternity	Midwife:Birth Ratio (%)	30	27	28	20	26
	Staff Turnover (Midwifery)	12	12	12	12	12
	Vacancy (Midwifery)	103	104	103	104	103
MD08 - Recruitment & Staffing	Staff Turnover (%)	12.7	12.6	12.7	12.5	12.6
	Vacancy (%)	10.7	10.1	10.0	9.6	9.5
	Staff Turnover (Nursing)	13	13	13	13	13
	Vacancy (Medical)	112	111	111	110	110
MD09 - Workforce Compliance	Appraisal Rate (%)	83.2	82.2	82.5	82.2	83.6
	Mandatory Training (%)	88	88	87	88	88
	Local Induction Compliance %	14.3	5.5	17.0	12.5	15.0
KF01 - Complaints	Complaint Response in Timescales %	94	94	97	94	79
KF02 - Workforce & Culture	Staff FFT - Work (%)	58	58	58	58	58



KF02 - Workforce & Culture

KF09 - Medicines Management

Staff FFT - Treatment (%)  
Pharm: Fridges Locked (%)  
Pharm: Fridge Temps (%)  
Pharm: Drug Trolleys Locked (%)  
Pharm: Resus. Trolley Check (%)  
Pharm: Drug Cupboards Locked (%)

79	79	79	79	79
91	89	88	89	89
84	87	79	83	83
98	98	98	98	98
87	87	83	87	88
91	86	87	89	89

# 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.		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.		60 %
	DToCs (Average per Day)	The average number of delayed transfers of care		30 %
	Extra Beds	Number of extra 'unfunded' beds available		
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday		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)		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).		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).		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)		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).		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.		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.		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.		5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist		10 %
	Cleanliness Audits (%)	Cleaning Schedule Audits		5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements		5 %
	Clinical Audit Review	Review of the Clinical Audit Programme		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.	5 %
Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	5 %
Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	5 %
Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	5 %
Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	5 %
Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	5 %
pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	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 according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	20 %
Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	15 %
Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	5 %
<b>Culture</b>		
Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	10 %
Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	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.	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.	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	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.	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	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.	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.	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	
	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	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	
	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.	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.	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.	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	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.	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.	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.	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.		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		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.		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.		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.		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.		10 %

## Incidents

All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.		
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.		20 %
Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.		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.		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.		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 indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	30 %
Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	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.	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.	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	
Blood Culture Training	Blood Culture Training compliance	
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	
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.	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.	40 %
Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	
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.	10 %
E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	
Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	

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	
	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	
	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.	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	
	MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	
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	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	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	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.	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.	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.	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.	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.	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	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	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	10 %
Obs. On Time - 8am-9pm (%)	Number of patient observations taken on time	25 %
Obs. On Time - 9pm-8am (%)	Number of patient observations taken on time	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.	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.	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).	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.	5 %
Complaint Response in Timescales %	Audit due to commence in January - Percentage of controlled drugs signed off by two nurses	5 %
Compliments to Complaints (#/1)	Number of compliments per complaint	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.	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.	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.	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.	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.	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	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.	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.	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.
eDN Communication		% of patients discharged with an Electronic Discharge Notification (eDN).	5 %
EME PPE Compliance %		EME PPE % Compliance	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	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.	10 %
Theatres: On Time Start (% 30min)		The % of cases that start within 30 minutes of their planned start time.	10 %
Theatres: Session Utilisation (%)		% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	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	

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.	100 %
Staffing	Agency %	% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	
	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).	
	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.	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.	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).	
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	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).	
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	
	Overtime (WTE)	Count of employee's claiming overtime	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)	15 %
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	15 %
	Sickness (%)	% of Full Time Equivalent (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.	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.	15 %
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties	1 %
Temp Staff (WTE)	Count of Temporary Staff in post	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.	
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 expenditure on agency staff as a % of total monthly budget.	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.	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.	50 %
Corporate Induction (%)	% of people who have undertaken a Corporate Induction	
Major Incident Training (%)	% of people who have undertaken Major Incident Training	
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.	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

# Patient Safety Heatmap - FEBRUARY 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)	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)
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KCH - Kent & Canterbury

Specialist

KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	12	100	98	97	56	100	0.0	96.6	77	101	9
MARL - MARLOWE WARD	100.0	4	9	0	0	1	0	87	86	94	37	100	0.0	87.4	101	103	7

Surgical

CLKE - CLARKE WARD	96.2	4	9	0	0	1	0	NULL	NULL	NULL	10	100	0.0	83.0	106	127	6
KENT - KENT WARD	100.0	2	4	0	0	1	0	100	100	100	4	100	0.0	88.3	103	106	6
KITU - KCH ITU	100.0	0	0	0	0	0	37	N/A	N/A	N/A	N/A	N/A	N/A	104.8	88	104	23

Urgent Care

HARB - HARBLEDOWN WARD	100.0	1	4	0	0	0	6	100	100	100	62	97	2.6	84.9	111	112	6
INV - INVICTA WARD	100.0	1	2	0	0	1	0	96	85	88	28	100	0.0	85.7	95	125	5
KCDU - EMERGENCY CARE CENTRE	100.0	0	0	0	0	0	292	90	85	96	22	83	13.7	88.5	98	96	18
KING - KINGSTON WARD	96.3	0	5	0	0	2	0	100	100	96	29	89	5.6	94.4	95	107	6
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	6	0	0	0	0	100	88	100	40	100	0.0	80.9	107	181	7
MTMC - MOUNT/MCMASTER WARD	100.0	0	1	0	1	1	5	NULL	NULL	NULL	23	92	4.2	70.0	101	145	5
TAY - TAYLOR WARD	100.0	0	0	0	0	0	0	94	89	97	163	100	0.0	89.3	73	100	7
TREB - TREBLE WARD	100.0	0	3	0	0	1	0	100	83	88	58	96	0.0	84.6	92	162	8

QEH - Queen Elizabeth Queen Mother

Specialist

BIR - BIRCHINGTON WARD	100.0	0	1	0	0	0	1	NULL	NULL	NULL	38	96	1.8	101.7	91	100	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	1	23	N/A	N/A	N/A	N/A	N/A	N/A	95.7	80	89	20
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	15	N/A	N/A	N/A	N/A	N/A	N/A	96.3	86	105	10
RAI - RAINBOW WARD	100.0	1	0	0	0	0	1	N/A	N/A	N/A	43	99	1.0	96.7	102	106	14

Surgical

BIS - BISHOPSTONE WARD	95.2	2	2	0	0	0	125	99	98	100	0	NULL	NULL	79.5	103	104	15
CSF - CHEERFUL SPARROWS FEMALE	96.2	2	2	0	0	0	7	98	99	100	82	96	2.5	74.8	107	118	7
CSM - CHEERFUL SPARROWS MALE	100.0	3	6	0	0	2	9	94	96	98	47	94	4.3	83.7	82	102	6
QITU - QEH ITU	85.7	0	0	0	1	0	8	N/A	N/A	N/A	N/A	N/A	N/A	88.4	85	102	27

## KEY

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QX - QUEX WARD	100.0	0	0	0	1	2	76	95	91	94	103	98	1.1	99.1	102	113	6
SB - SEA BATHING WARD	100.0	0	0	0	0	0	43	94	95	97	76	97	0.0	87.3	N/A	N/A	N/A
Urgent Care																	
DEAL - DEAL WARD	100.0	1	9	0	2	0	0	100	95	100	14	100	0.0	85.5	123	125	7
FRD - FORDWICH WARD STROKE UNIT	100.0	0	5	0	0	0	0	100	100	100	49	100	0.0	80.8	93	84	6
MW - MINSTER WARD	100.0	1	1	0	0	1	26	100	83	75	57	100	0.0	87.1	134	150	9
QCCU - QEH CCU	91.7	0	0	0	0	0	6	100	100	100	114	100	0.0	89.7	87	106	8
QCDU - QEH CDU	100.0	0	0	1	0	0	16	NULL	NULL	NULL	21	84	8.0	89.7	109	175	10
SAN - SANDWICH BAY WARD	100.0	2	4	0	0	0	0	95	85	93	29	100	0.0	88.9	143	167	8
SAU - ST AUGUSTINES WARD	100.0	1	6	0	0	1	0	100	100	100	26	83	16.7	86.8	105	120	5
STM - ST MARGARETS WARD	100.0	0	5	0	0	1	11	94	93	95	21	100	0.0	97.5	101	100	5
WHH - William Harvey																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	0	0	88	83	94	N/A	N/A	N/A	111.6	101	103	21
KEN - KENNINGTON WARD	100.0	0	1	0	0	1	0	100	100	100	19	100	0.0	78.3	78	61	6
PAD - PADUA	100.0	0	0	0	0	2	0	N/A	N/A	N/A	18	97	0.0	93.0	93	104	10
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	0	46	N/A	N/A	N/A	N/A	N/A	N/A	98.4	93	108	13
Surgical																	
ITU - WHH ITU	88.9	0	0	1	0	0	5	N/A	N/A	N/A	N/A	N/A	N/A	97.3	108	110	31
KA2 - KINGS A2	100.0	0	1	0	0	0	103	88	99	99	51	95	2.4	91.6	102	130	6
KB - KINGS B	100.0	1	1	0	0	1	122	100	96	96	74	95	1.6	95.1	96	110	5
KC - KINGS C1	100.0	4	2	0	0	0	83	93	95	95	59	100	0.0	90.0	110	101	5
KC2 - KINGS C2	100.0	0	1	0	0	2	0	90	91	97	52	100	0.0	85.9	87	104	6
KDF - KINGS D FEMALE	100.0	0	1	0	0	0	0	80	82	89	6	100	0.0	92.0	N/A	N/A	N/A
KDM - KINGS D MALE	95.8	5	5	0	0	1	185	100	100	100	37	89	0.0	NULL	96	122	11
RW - ROTARY WARD	100.0	0	0	0	0	0	57	93	96	98	50	98	0.0	90.6	98	98	8
Urgent Care																	
CCU - CCU	100.0	0	0	0	0	0	12	96	93	100	57	100	0.0	83.1	95	85	14
CJ2 - CAMBRIDGE J2	97.1	1	3	0	0	1	1	72	89	78	22	88	0.0	72.9	108	109	6
CK - CAMBRIDGE K	100.0	1	2	0	0	1	9	94	76	86	85	99	1.2	91.9	118	106	6
CL - CAMBRIDGE L REHABILITATION	96.2	3	11	0	0	1	0	88	82	94	168	96	2.2	97.7	102	126	6

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CM1 - CAMBRIDGE M1 SHORT STAY	NULL	0	12	0	0	0	0	100	93	98	51	96	4.3	53.2	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	1	1	0	0	0	14	96	94	100	44	100	0.0	95.4	106	108	6
OXF - OXFORD	100.0	0	4	0	0	0	20	90	90	95	44	100	0.0	94.7	111	102	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	3	5	0	0	3	10	91	93	96	49	86	6.9	88.0	98	104	7
WCDM - WHH CDU MIXED	100.0	0	0	3	0	0	77	96	93	96	18	84	15.6	83.6	106	117	15

# Human Resources Heatmap

	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	5.4	5.5	7.0	4.3	10.7	6.0	20.0	43.1
Appraisal Rate (%)	88.2	87.5	90.9	88.3	84.3	89.9	91.1	67.7
Employed vs Temporary Staff (%)	90.3	91.8	91.1	87.0	93.7	90.6	91.9	87.4
Mandatory Training (%)	92	96	93	83	87	93	86	87
NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sickness (%)	3.6	1.8	2.5	2.7	4.1	3.2	3.9	3.8
Staff Turnover (%)	12.9	10.8	18.4	21.5	12.4	11.1	10.3	14.1
Vacancy (%)	9.7	8.2	10.5	16.0	6.3	9.4	8.2	12.8