NHS
East Kent Hospitals University
NHS Foundation Trust

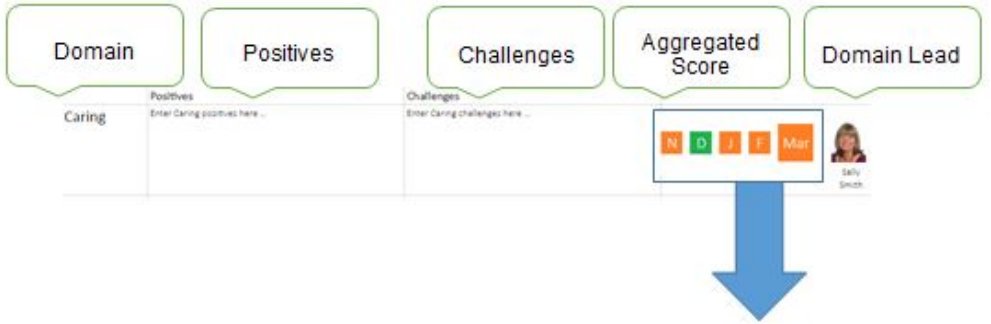
AUGUST 2018

INTEGRATED PERFORMANCE REPORT

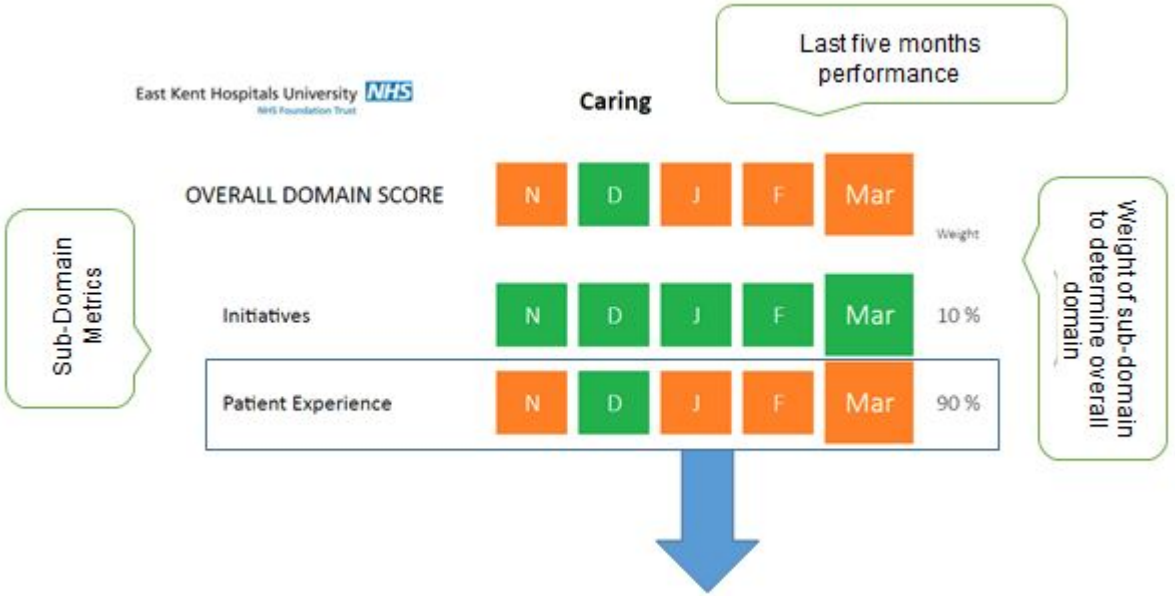
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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



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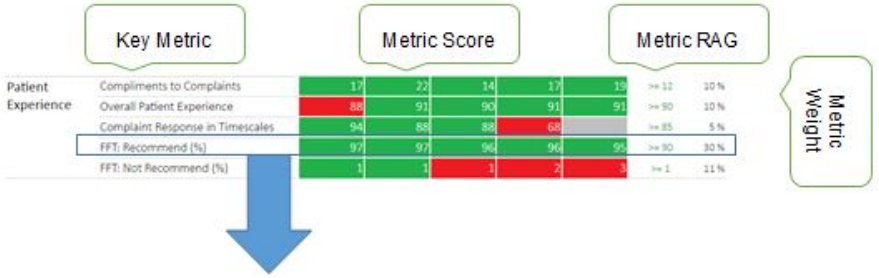
Understanding the IPR

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



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

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

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Strategic Priorities

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Contents

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Headlines

	Positives	Challenges	
Caring	The Friends and Family test inpatient satisfaction rate remains positive at 96%. The ratio of compliments to complaints is positive with a high number of recorded compliments to every single complaint. Complaint response times have met our standard being responded to within the timescales agreed with the client. This is the 7th month running of achieving our standard.	We are still reporting mixed sex breaches in the Clinical Decision Units and in some of the escalation areas. This is due to patient flow and decongesting the Emergency Departments to maintain safety. This month we have reported overall patient experience as amber based on the inpatient real time surveys. We are exploring with the ward teams what has led to this to determine the action required to improve. There is still a challenge to maintaining clinical safety and quality within the emergency departments during periods of high pressure, highlighted within the recent CQC report. Actions to address this include focussing on improving patient flow, assuring the appropriate staffing in terms of numbers and skill mix and embedding monitoring and assurance systems such as the Bristol Safety checklist	A M J J Aug  Sally Smith
Effective	There has been continued improvement in DTOC's which are averaging at 55 per day; however, this remains higher than the Trust internal target of 30 DTOC's per day. Discharges before 12 noon have improved to 17%. It continues to be a priority to increase the number of discharges before midday. Theatre utilisation has reduced slightly to 79.6%, with theatre start time performance at 84.9%. There have been no non-clinical cancellations within 28 days.	Bed Occupancy has worsened to 101% as a result of increased attendances and a lower level of discharges.	A M J J Aug  Lee Martin

Responsive

4 hour Emergency Access Standard
August performance for the 4 hour target was 80%; against the NHS Improvement trajectory of 85.4%.This represents a slight increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in August. The number of patients who left the department without being seen continued to be compliant at 2.5%, whilst unplanned re-attendances remained non-compliant at 9.8%. Time to treatment improved from July, but remained non-compliant at 48%.

RTT
August's performance reduced to 79.06% and performance is now 1.95% behind the improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased further to 125. This is within the trajectory submitted to NHSI.

DM01
The standard has not been met for August 2018 with a compliance of 98.03%. As at the end of the month there were 298 patients who had waited over 6 weeks for their diagnostic procedure,
The increase in demand for Sleep Studies has impacted on Respiratory performance. CT and MRI have also seen an increase in demand as the focus on reducing the waiting times for patients on cancer pathways.

Cancer
August performance is currently 66.53% against the improvement trajectory of 57.87%, validation continues until the beginning of October in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,689 and there were 25 patients waiting 104 days or more for treatment or potential diagnosis.

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

An NHSE/I review of the Trust cancer improvement plan has been undertaken with confirmation that our plans are robust and evidencing continued improvement in performance and

4 hour Emergency Access Standard
The A&E four hour standard remains a priority for the Trust. During the month there was an increased number of attendances and increased patient acuity due to a continuation of the extremely high temperatures experienced, and seasonal variation.

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

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

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

A M J J Aug

Lee Martin

	patient outcomes			
Safe	The rate of falls has again remained below the national average registering green for August. New harms as reported in the harm free care metric remains positive and improved compared to last month. Overall harm free care has also improved this month rising from below the lower control limit last month to above the upper control limit this month. There has been a sustained improvement in the omitted medicines safety metric.	Avoidable category two pressure ulcers remains amber for August and slightly below our improvement trajectory. VTE assessment recording continues to require constant monitoring and is hovering below the 95% standard. Infection prevention and control continues to be a cause for concern.	A M J J Aug	 Paul Stevens
Well Led	Staff Turnover (M4 15% , M5 13.9%) and Appraisal (M4 - 70.5%, M5 -75.9%) rates have both improved in month. I&E CIPS of £10.4m are reported up to Month 5 against a plan of £10.1m. Risks remain in relation to finalising CIP schemes to deliver a net £30m of savings by the year end.	The Trust delivered a £4.3m deficit (after NHSi adjustments) in Month 5 which was £0.4m behind plan. This brings the YTD position to a deficit of £15.3M which is behind plan for the first time this year by £0.3m (consolidated position including Spencer Wing and after technical adjustments). Trust Pay is £2.2m over plan in month and £6.6m over plan YTD. The main overspend is in Agency costs (£8.6m over plan YTD) offset by an underspend on permanent staffing (£2.3m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U&LTC. Risks remain in relation to the impact on Income of the recent Expert Determination. The Trust is working with Commissioners to agree the final impact. Total Cash borrowed has risen to £55.6m Staff sickness (M4 -3.9%, M5 4%) and Vacancy (M4 13.6% , M5 -14.8%) rates have both worsened in month.	A M J J Aug	 Susan Acott

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Caring

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

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Caring

		Apr	May	Jun	Jul	Aug	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	43	28	28	31	23	>= 12	10 %
	Mixed Sex Breaches	67	69	98	50	73	< 1	10 %
	Overall Patient Experience %	91.6	91.4	91.1	91.9	89.8	>= 90	10 %
	Complaint Response in Timescales %	94.4	91.4	92.0	87.3	90.2	>= 85	5 %
	AE Mental Health Referrals	97	104	134	106	115		5 %
	FFT: Recommend (%)	97	97	97	97	96	>= 90	30 %
	FFT: Not Recommend (%)	1.1	1.8	0.9	1.1	1.7	>= 1	10 %

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Effective

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Effective

		Apr	May	Jun	Jul	Aug	Green	Weight
Beds	Bed Occupancy (%)	101	100	96	94	95	<= 92	60 %
	IP - Discharges Before Midday (%)	14	14	14	14	13	>= 35	10 %
	DToCs (Average per Day)	63	61	61	57	52	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.5	3.5	3.5	3.4	3.3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.2	15.3	15.2	14.8	14.4	< 15	15 %
	Audit of WHO Checklist %	98	100	100	96	98	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.0	7.0	6.8	7.8	8.5	< 7	
	DNA Rate: Fup %	6.5	6.7	6.8	6.9	7.3	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	2.3		
Productivity	LoS: Elective (Days)	3.3	3.5	3.2	3.5	2.8		
	LoS: Non-Elective (Days)	6.6	6.4	6.2	6.2	6.0		
	Theatres: Session Utilisation (%)	77	81	79	82	82	>= 85	25 %
	Theatres: On Time Start (% 30min)	76	73	70	73	75	>= 90	10 %
	Non-Clinical Cancellations (%)	2.4	2.2	2.1	1.8	1.7	< 0.8	20 %
	Non-Clinical Canx Breaches 28 Days (%)	0	1	3	0	0	< 5	10 %
	EME PPE Compliance %	82	81	80	81	78	>= 80	20 %

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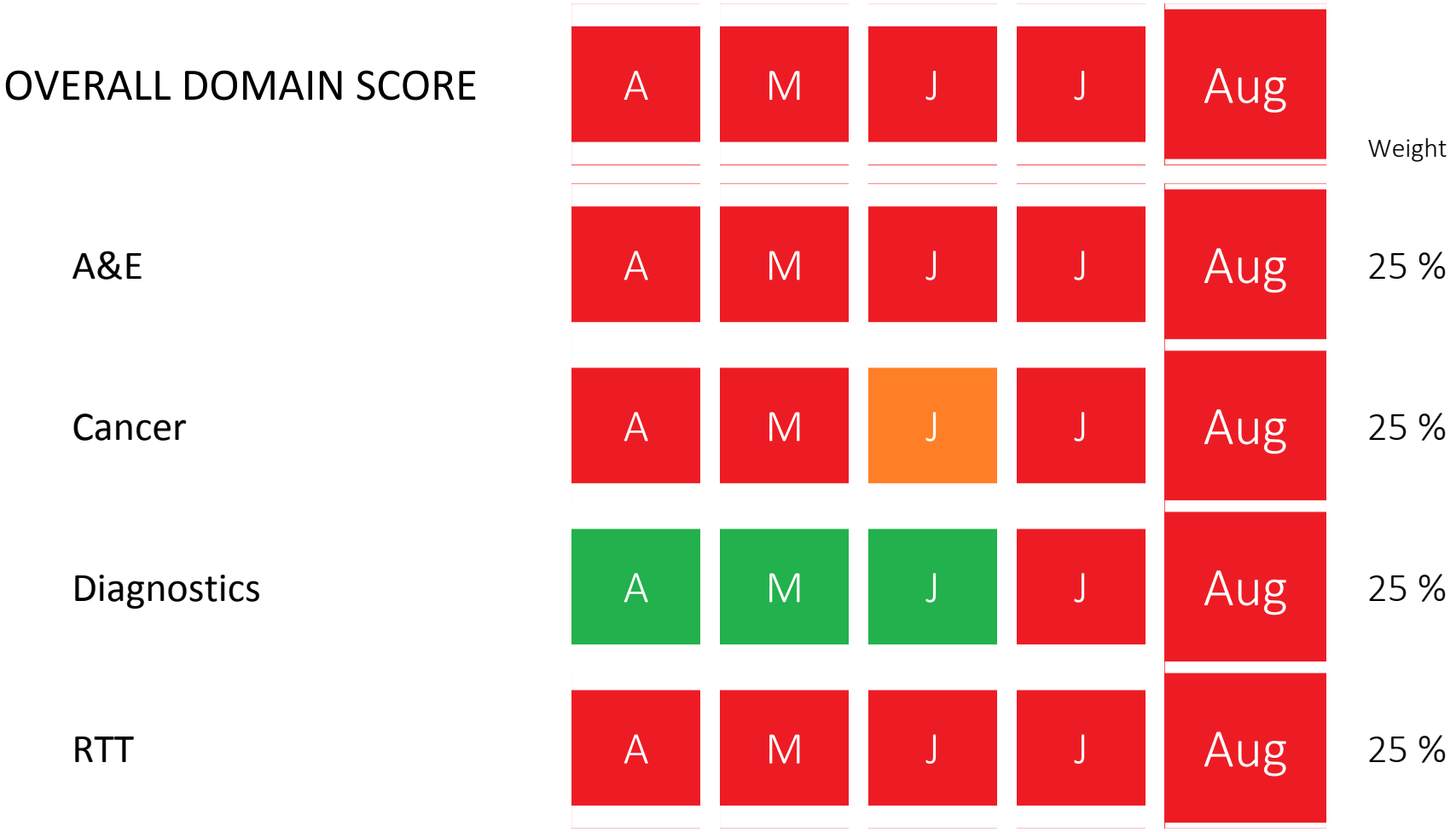
Responsive



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Responsive

		Apr	May	Jun	Jul	Aug	Green	Weight
A&E	ED 4hr Performance (incl KCHFT MIUs) %	81.73	83.95	86.92	79.53	83.52	>= 95	100 %
	ED 4hr Performance (EKHUFT Sites) %	76.93	80.80	81.12	79.18	80.04	>= 95	1 %
Cancer	Cancer: 2ww (All) %	89.06	93.84	94.22	94.94	93.79	>= 93	10 %
	Cancer: 2ww (Breast) %	75.16	84.46	94.12	93.13	80.80	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	95.37	96.31	96.43	95.65	94.60	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	88.57	82.05	82.61	94.59	95.45	>= 94	5 %
	Cancer: 31d (Drug) %	97.94	98.88	98.11	99.16	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	66.13	65.40	65.32	65.45	66.40	>= 85	50 %
	Cancer: 62d (Screening Ref) %	93.75	84.09	100.00	81.63	91.30	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	89.19	75.86	84.38	85.00	90.70	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.38	99.30	99.09	98.44	98.03	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	76.66	78.56	79.02	79.65	79.06	>= 92	100 %
	RTT: 52 Week Waits (Number)	222	218	201	167	125	< 1	

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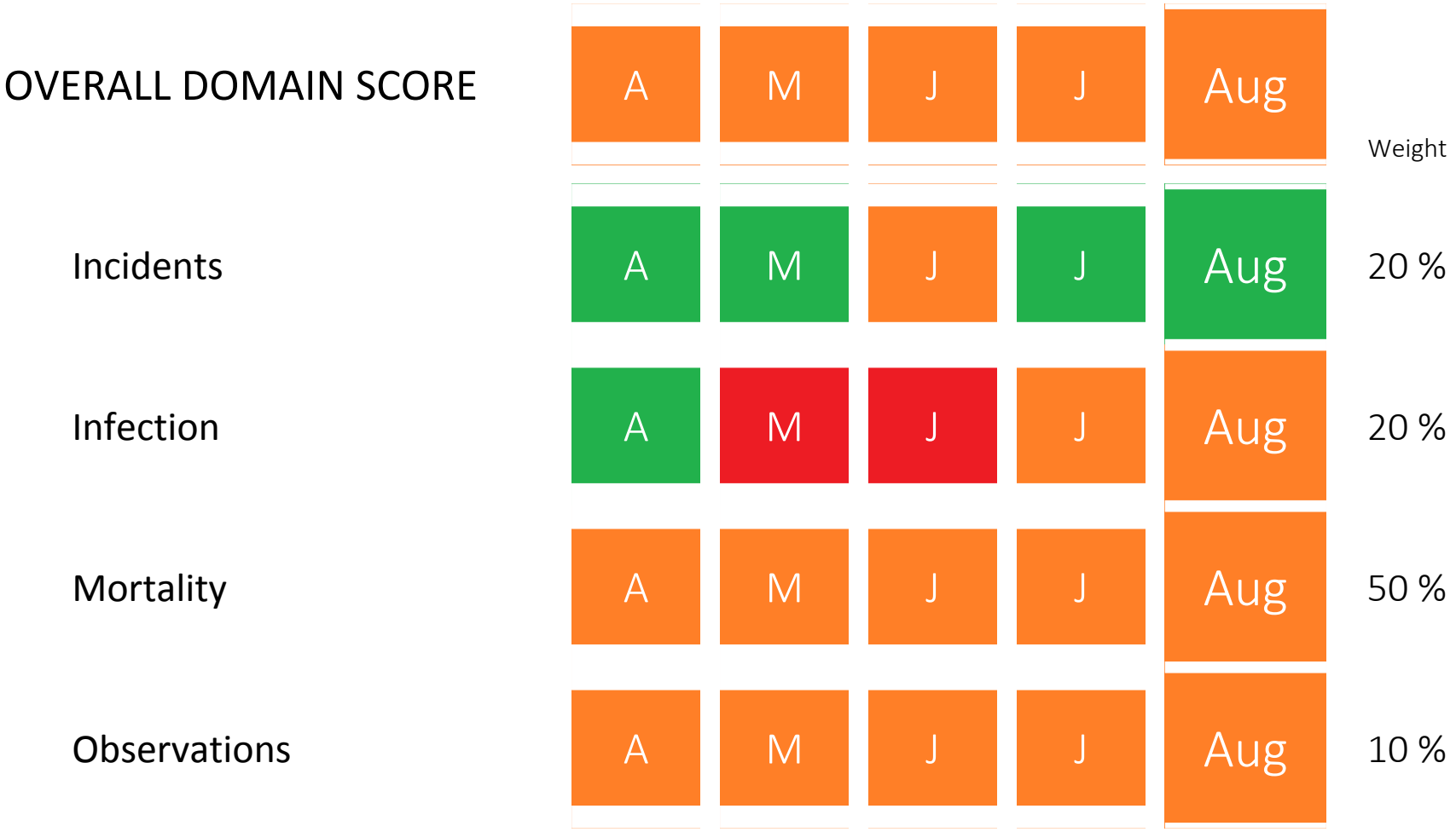
Safe



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Safe

		Apr	May	Jun	Jul	Aug	Green	Weight
Incidents	Serious Incidents (STEIS)	12	13	12	9	11		
	Harm Free Care: New Harms (%)	98.4	98.7	98.3	98.3	99.3	>= 98	20 %
	Falls (per 1,000 bed days)	5.46	4.93	4.90	4.86	4.78	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.12	0.15	0.22	0.25	0.25	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,327	1,473	1,344	1,479	1,267		
Infection	Cases of C.Diff (Cumulative)	3	12	16	19	22	<= Traj	40 %
	Cases of MRSA (per month)	0	1	1	0	0	< 1	40 %
Mortality	HSMR (Index)	95	95	96			< 90	35 %
	Crude Mortality EL (per 1,000)	0.9	0.8	0.4	0.8	0.0	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	29.5	26.6	25.5	29.1	24.8	< 27.1	10 %
	RAMI (Index)	89	89	89	90	89	< 87.45	30 %
Observations	Cannula: Daily Check (%)	70.0	70.0	71.8	70.8	68.9	>= 50	10 %
	Catheter: Daily Check (%)	41.6	40.6	41.8	39.2	43.7	>= 50	10 %
	Central Line: Daily Check (%)	68.7	67.8	68.1	66.9	66.1	>= 50	10 %
	VTE: Risk Assessment %	61.0	61.5	61.2	61.1	61.0	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.5	92.1	92.5	91.9	92.0	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.7	89.6	90.0	89.1	89.6	>= 90	25 %

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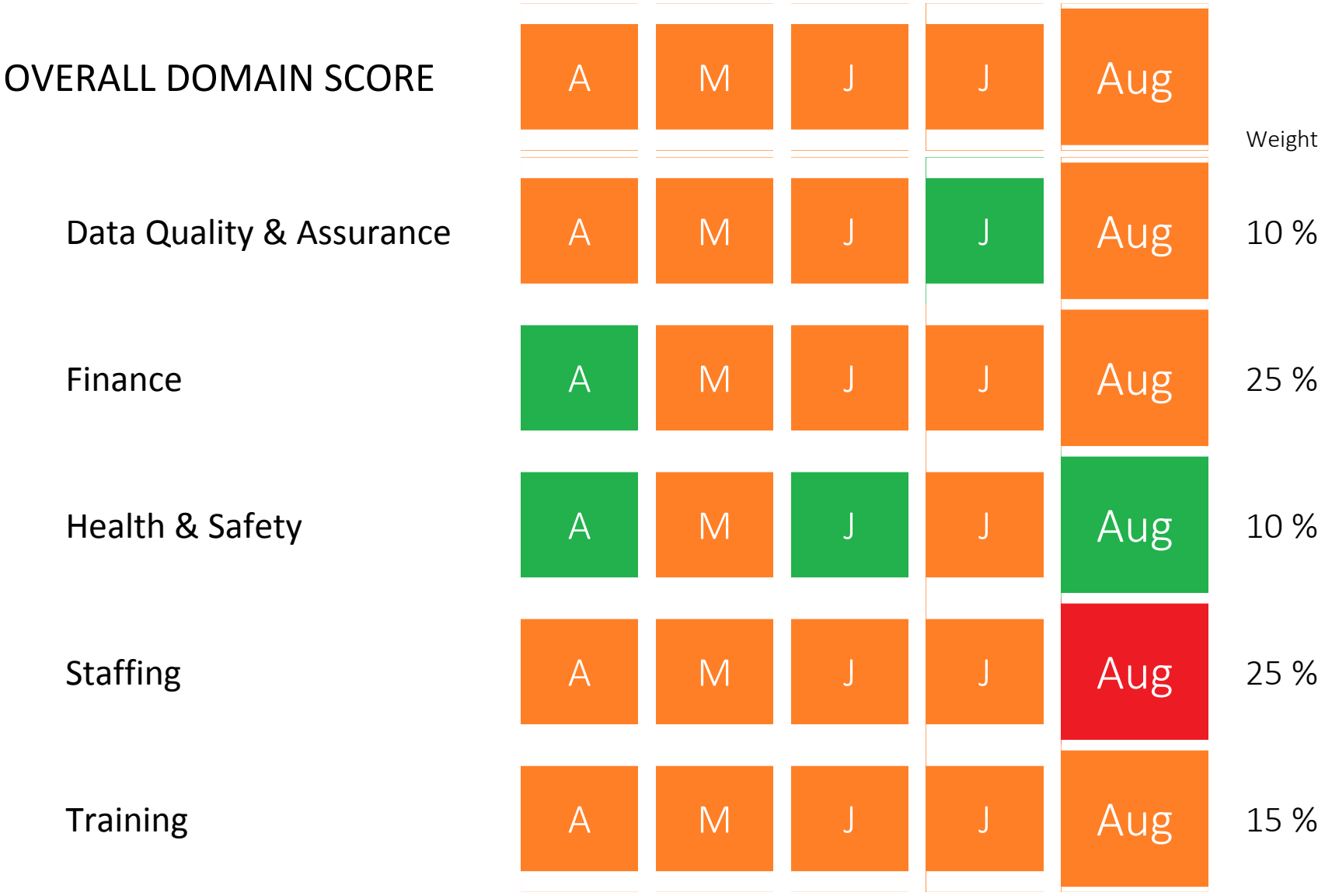
Well Led



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Well Led

		Apr	May	Jun	Jul	Aug	Green	Weight
Data Quality & Assurance	Not Cached Up Clinics %	0.4	0.5	0.4	0.5	0.8	<= 0.1	25 %
	Uncoded Spells %	0.3	0.4	0.3	0.1	0.4	< 0.25	25 %
Finance	I&E £m	-5.0	-3.2	-1.7	-1.3	-4.4	>= Plan	30 %
	Cash Balance £m	16.3	4.8	7.1	16.0	9.2	>= Plan	20 %
	Total Cost £m	-50.1	-53.2	-53.1	-54.0	-54.0	>= Plan	20 %
	Forecast I&E £m	-29.8	-31.0	-31.0	-31.0	-31.0	>= Plan	20 %
	Normalised Forecast £m	-29.8	-30.0	-30.0	-30.0	-30.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	0	1	2	0	2	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	3.7	3.7	3.8	3.9	4.0	< 3.6	10 %
	Staff Turnover (%)	13.4	13.2	13.0	15.0	13.9	<= 10	15 %
	Vacancy (%)	13.0	13.6	14.5	13.6	14.8	<= 7	15 %
	Total Staff In Post (SiP)	7015	7052	7058	7136	7027		1 %
	Shifts Filled - Day (%)	99	100	99	96	93	>= 80	15 %
	Shifts Filled - Night (%)	104	105	104	108	105	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	10	11	11	10	11		
	Bank Filled Hours vs Total Agency Hours	56	57	59	59	60		1 %
	Agency %	6.6	7.0	7.2	7.4	7.4	<= 10	
Training	Appraisal Rate (%)	80.1	71.8	67.2	70.5	75.9	>= 85	50 %
	Statutory Training (%)	91	90	91	91	92	>= 85	50 %

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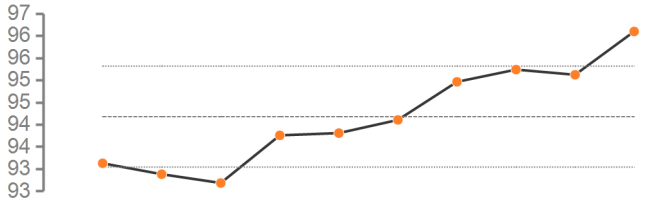
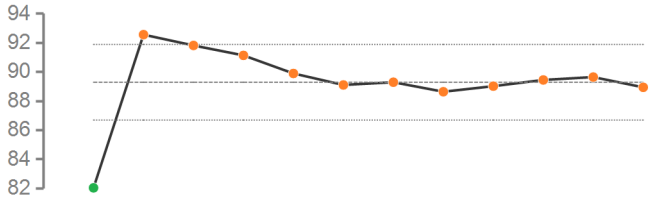
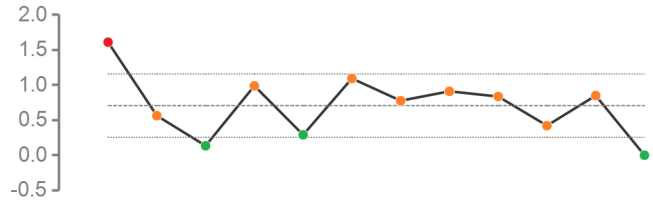
Strategic Theme: Patient Safety

Mortality

Aug	HSMR (Index)	94 (0.4%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha
Aug	RAMI (Index)	89 (0.3%)		Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro
Aug	Crude Mortality EL (per 1,000)	0.7 (37.2%)		The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

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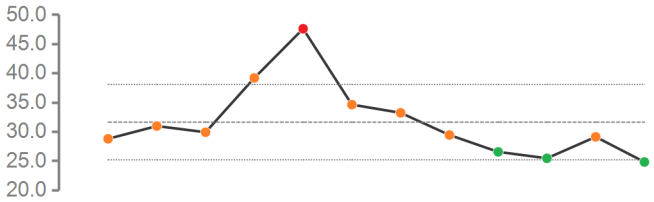
Strategic Theme: Patient Safety

Aug

Crude Mortality NEL (per 1,000)

31.6 (17.8%)



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.

Highlights and Actions:

As predicted last month the re-basing of HSMR has resulted in the Trust HSMR leaping upwards by about 10 points. Normally I would not point to crude mortality but in the context of this leap upwards in HSMR it is important to note that crude mortality (both elective and non-elective) has remained within control limits for the last 7 months. Despite the change in the Trust HSMR it remains below peer.

The RAMI Index also remains unchanged over the last 7 months and is also below peer.

The latest summary hospital mortality index (SHMI) reported on NHS digital is from the April 2017 to March 2018 period and was 1.02 (0.90-1.12, 95% over dispersion control limits). A SHMI of 1.02 is categorised 'as expected' and has not altered since the July 2016 to June 2017 period. For the period April 2017 to March 2018 there were 105,724 admission spells, 4112 deaths expected both in hospital and within 30 days of discharge and 4208 deaths observed. Overall 65.38% of deaths contributing to the SHMI occurred in hospital and 34.62% within the 30 days of discharge, these percentages have remained very consistent since October 2015.

Diagnostic codes with higher than expected deaths were stroke (243 v. 221.7), acute myocardial infarction (150 v. 115.2), cancer of the lung (115 v. 86.4) and sepsis (903 v. 813.7). Notable codes with lower than expected deaths were acute kidney injury (83 v. 94.6) and fracture neck of femur (66 v. 89.8).

Actions

A review of randomly selected notes is underway for both stroke and acute myocardial infarction is underway and a previous review of sepsis did not reveal any avoidable factors. One further area for action might be to explore our depth of coding, currently (for the April 2017 to March 2018 period) our depth of coding was 3.7 versus and England average of 4.5 versus the England highest of 6.3 (Salford Royal NHSFT).

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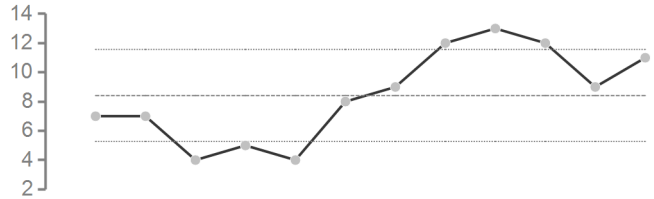
Strategic Theme: Patient Safety

Serious Incidents

Aug	Serious Incidents (STEIS)	101 (34.7%)		Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

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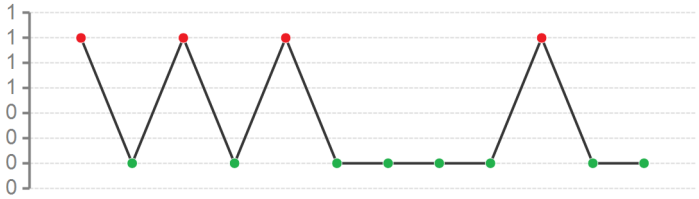
Strategic Theme: Patient Safety

Aug

Never Events (STEIS)

4
(33.3%)



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.

Highlights and Actions:

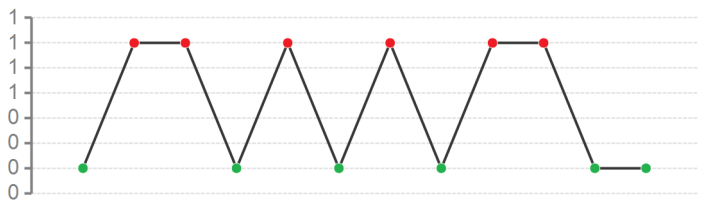
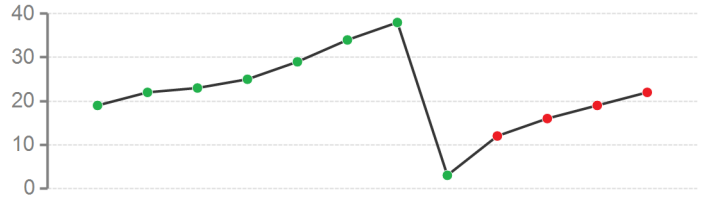
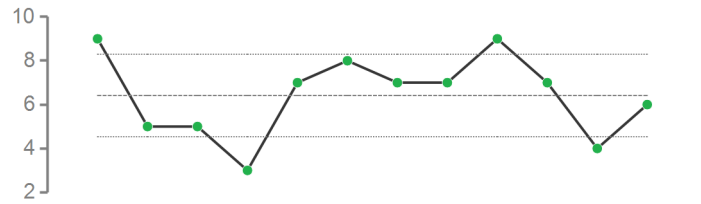
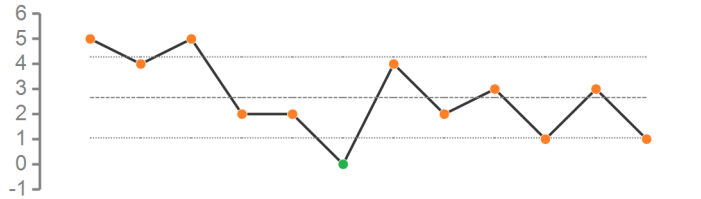
Total open SIs on StEIS in August 2018: 82 (including 11 new)
SIs under investigation: 60
Breaches: 21
Non-breaches: 39
Waiting EKHUFT non-closure response: 9
Waiting CCG response: 14

Supporting Narrative:
The number of breached cases is 21; one of these is awaiting an external review. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process. The Chief Nurse and Medical Director now receive weekly updates on the breached cases and a trajectory for submission for these cases is in place for September.

The 11 new SIs are:
- a screening incident regarding Trisomy screening
- a sub-optimal care of a deteriorating patient who was transferred between sites
- two pressure ulcer cases
- a medication incident relating to insulin
- a procedural case relating to a perforated coronary artery
- an allegation of abuse case in ED
- a self-harm case in ED
- three treatment delay cases relating to ophthalmology

Strategic Theme: Patient Safety

Infection Control

Aug	Cases of MRSA (per month)	6 (-45.5%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia
Aug	Cases of C.Diff (Cumulative)	22 (15.8%)		Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.
Aug	E. Coli	77 (-15.4%)		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.
Aug	MSSA	32 (14.3%)		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.

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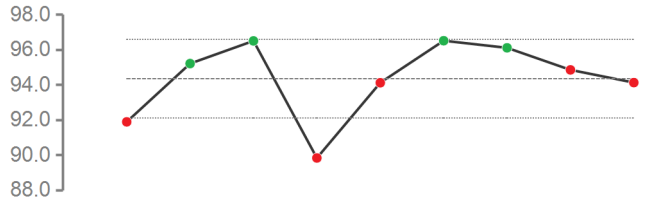
Strategic Theme: Patient Safety

Aug | Hand Hygiene Audit | 94.1



The % of ward staff compliant with hand hygiene standards.
Data source - SharePoint

Highlights and Actions:

C.difficile

C.difficile data is presented as the cumulative number of cases and resets to zero each April. In the new reporting period since April to date the number of cases at the end of August (22) is above the trajectory set for the year by the Department of Health (18). In future years we will also be viewing all C.difficile, ie those pre and post 48 hrs from admission. To give an idea of the problem that number for this year is 61 year to date.

How the Trust apportioned number of cases compares is best viewed by comparing the Trust rate of C.difficile per100,000 bed days to others, year to date our rate is 7.04 compared to a regional range of 0.66-9.24, mean 5.38. For all C.difficile (hospital onset and community onset) our rate is 21.11 compared to a regional range of 6.52-32..02, mean 19.27/100,000 bed days.

MRSA

From April 2018, all post 48 hour MRSA bacteraemias have been automatically assigned to the Trust and all pre48 hour cases to the CCG. Year to date there have been 2 MRSA bacteraemias. This is unchanged from the previous report and gives us a rate/100,000 bed days of 0.91. This compares with a regional range of 0.0-6.77 and mean of 0.70.

MSSA

The number of Trust apportioned MSSA bacteraemias year to date is 9, and our current rate/100,000 bed days is 3.06 compared to a regional range of 1.46-7.77 and mean of 4.47.

E.coli

Our current rate of Trust apportioned E.coli bacteraemia is 10.4/100,000 bed days. This compares with a regional average of 10.27 and a range of 4.68-19.37. For all E.coli bacteraemias (hospital onset and community onset) our rate is 74.35/100,000 bed days compared to a regional average of 63.67, range 20.07 -98.38/100,000 bed days.

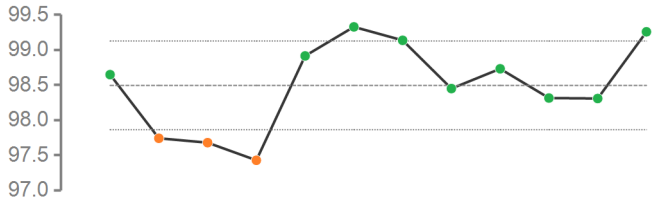
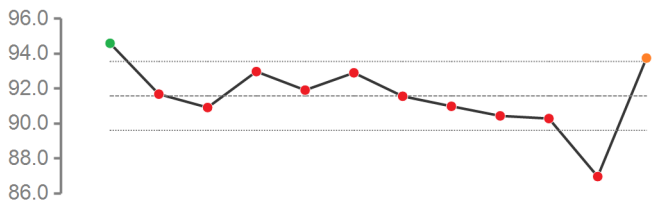
Within this data there is therefore a mixed picture. Overall, despite the C.difficile count being above trajectory our trajectory is flattening and returning to that set by the DH. E.coli data remains within the control limits and similar to the regional average for Trust onset bacteraemias and MSSA data continues to be better than the regional average.

Actions include reinforcing good anti-microbial stewardship through targeted intervention aimed at appropriate anti-microbial prescribing; continued monitoring of the correct application of the Diarrhoea Assessment Tool and reinforcement of the ANTT (aseptic non-touch technique) principles for intravenous catheters together with basic infection prevention and control principles.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Aug	Harm Free Care: New Harms (%)	98.5 (-0.1%)		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.
Aug	Harm Free Care: All Harms (%)	91.6 (-1.3%)		Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic

Highlights and Actions:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for August18 (93.75%) shows a significant improvement since last month (86.97% July-18). The prevalence of catheters & New UTIs has improved for August 18 and decreased to 0.11% (0.20% - July18), which is lower than both the overall National Average (0.29%) and the Acute Hospital only average (0.36%). Improvement work continues including involvement in revision of Kent wide catheter guidelines and planned launch of the catheter passport.

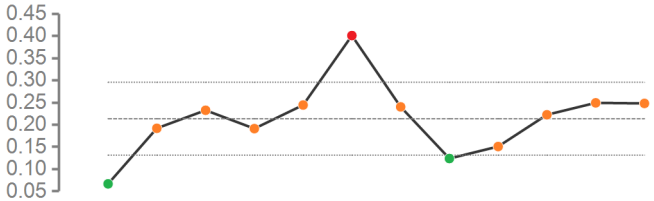
The total of Harm Free Care experienced in our care (New Harms only) at 99.26% has improved since last month (98.31% July-18). A marked improvement for the prevalence of New VTEs (0.64%) are lower than the national average for Acute Hospitals (0.68%) and New Pressure Ulcers (0.32%) are lower the national average for Acute Hospitals (0.74%). The prevalence of Catheters and New UTIs , and Falls with Harm continue to remain below the national average for Acute Hospitals.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Pressure Damage

Aug	Pressure Ulcers Cat 2 (per 1,000)	0.21 (-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
Aug	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-38.9%)		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

Highlights and Actions:

In August 2018 there were a total of 26 pressure ulcers reported. 18 of these were category 2 ulcers which is equal to last month. The trust remains over the 0.15 avoidable incidence/1000 bed days with a result of 0.248/1000. 8 were avoidable 1 more than last month. 5 of these affected the sacrum. These were avoidable due to lack of evidenced repositioning and delay in pressure relieving equipment.
There were 2 confirmed category 3 ulcers 1 of which was avoidable due to lack of evidenced heel offloading. There were no category 4 ulcers. We have remained consistently under the set 0.15/1000 at 0.031/1000. bed day target for avoidable category 3 and 4 ulcers.
6 potential deep ulcers were reported. 2 of these were avoidable (equal to last month). 1 heel ulcer and one on the sacrum due to lack of offloading. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.062./1000 bed days.

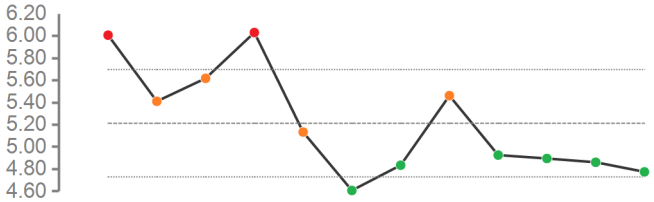
Actions in August 2018:
- Events held in QII HUB
- Bespoke teaching with allied health professionals QEQM and midwives at WHH
- Review and evaluation of pressure relief equipment and specialist dressings continues
- Tissue Viability Tuesday commenced at WHH

Recommendations:
- Continue improvement work with regards to documentation
- Share results of trust-wide annual audit
- Trial equipment of active mattress to ensure sufficient supply for winter period

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Aug	Falls (per 1,000 bed days)	5.21 (-7.4%)		Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ

Strategic Theme: Patient Safety

Highlights and Actions:

Falls incidents have remained stable in August 2018 still reporting within control limit (n= 153 compared with n= 155 in June).
• 40 were reported at K&CH (same as in August),

6 falls occurred on Harbledown ward (11 in July), with 1 patient falling 3 times. All appropriate measures were in place including enhanced nursing care. 1 fall on Mount/ McMaster ward resulted in a fractured clavicle. Following investigation by the Falls Team this was deemed unavoidable.

• 35 were reported at QEQMH compared to 53 in July. Work was undertaken at QEQM to focus on reporting within the A&E and CDU departments in July. The Falls Team are about tc undertake an underreporting exercise at QEQMH, using Royal College of Physician tools.

No wards at QEQMH have reported more than 6 falls in August (6- St Augustine's)

• 75 falls were reported at WHH compared with 61 in July.

13 falls occurred on CDU/EAU and 11 on Cambridge L. On each ward 1 patient fell twice. CDU/EAU is a large ward and Cambridge L a frailty ward. There were no falls on either ward that resulted in moderate or above harms.

1 fall on Oxford ward resulted in a lumbar spine fracture. Following investigation by the Falls Team this was deemed unavoidable.

Actions:
1. Fall Stop programme continues with a set rollout programme Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs and frailty wards.

2. EKHUFT are now involved with the 2nd phase of the NHS Improvement Falls Collaborative. The launch was on the 20th June 2018. This provided opportunity to be involved in a national project of quality improvement around falls. The team is multi-professional, and fits with our action plan for falls and the FallStop programme. The key focus is to work around Lying and Standing blood pressures. Harbledown and Cambridge J wards are 'intervention' wards and Cambridge L is the control ward. Education has taken place and wards have posters demonstrating the correct method of taking blood pressures.

Harbledown have added lying and standing blood pressure recordings to their daily handover sheet. Results are then discussed at the Board Round where medication modification to address postural hypotension takes place. The ward Frailty Pharmacy Technicians screen prescription charts to identify medications which increase risk of falls and refer appropriately to the ward Pharmacist for advice. An audit of this process has been introduced. This has highlighted the need for documentation of the process by the Pharmacist and is being addressed. An audit of lying and standing blood pressure completion was undertaken which demonstrated completion of 87.5% (24% in the 2017 national audit).

Cambridge J have had more difficulty in progressing with the project due to a huge ward change and staffing challenges. They have introduced a staff 'crib sheet' and added blood pressures to the admission checklist.

Plans:
1. Falls Masterclass taking place on Monday 24th September with 50 attendees expected
2. NHSI Falls Collaborative newsletter is being produced for the wards involved
3. Continue rollout of FallStop

4. Under reporting exercise at QEQMH

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

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

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

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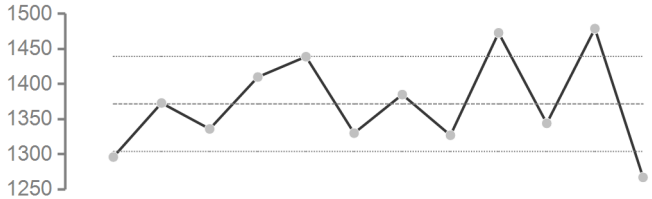
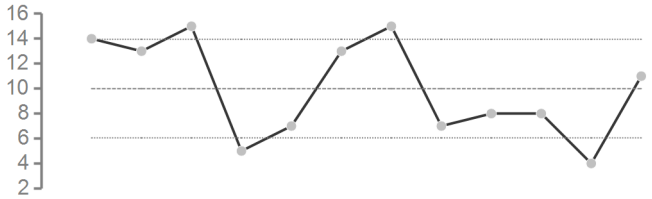
Strategic Theme: Patient Safety

Incidents

Aug	Clinical Incidents: Total (#)	16,459 (-1.0%)		Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together together with variance (shown by %) against the previous 12 months.
Aug	Blood Transfusion Incidents	120 (-23.6%)		The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

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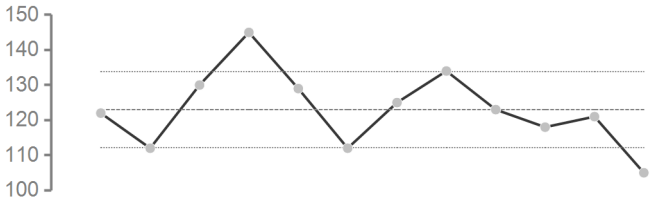
Strategic Theme: Patient Safety

Aug

Medicines Mgmt. Incidents

1,476 (14.7%)



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.

Highlights and Actions:

Clinical incidents overall summary
A total of 1253 clinical incidents have been logged as occurring in Aug-18 compared with 1479 recorded for Jul-17 and 1290 in Aug-17.
In Aug-18, 11 incidents have been reported on StEIS. 10 incidents have been escalated as a serious near miss, of which 8 are still under investigation. Comparison of moderate harm incidents reported: 12 in Aug-18, 22 in Jul-18 and 2 in Aug-17.
Over the last 12 months incident reporting is rising at QEH and K&CH, and is declining at WHH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were12 Blood Transfusion related incidents for August 2018 (6 in July 2018 and 22 in August 2017).

Of the 12 incidents 8 were graded as no harm and 4 as low harm.
There were no themes identified within the incidents reported.
The incidents include a failure to adequately observe a patient during the initial stages of a transfusion due to the member of staff being asked to escort another patient for an urgent CT. The patient did not come to harm and their next set of observations were all normal.
Two suspected transfusion reactions, on investigation both were found to be due to the underlying clinical condition of the patient and not the transfusion.
Reporting by site: 5 at QEQM, 1 at K&CH, 5 at WHH and 1 BHD

Medicines management
As of 17/09/2018 the total number of medication related incidents reported in August 2018 was 112. These included 72 no harm and 39 low harm. The severity of medication related incidents in August 2018 shows that 64.3% of medication related incidents reported were no harm incidents, a decrease from 74.7% in July. There was one incident reported in August that was reported on StEIS, which concerned an insulin dependent diabetic. Whilst the StEIS reported incident requires an RCA as standard, there are 3 other incidents which have been flagged as requiring an RCA.
The top reporting areas for August were Kingston stroke unit (K&CH), Cheerful Sparrows Female (QEH) and Bartholomew Suite (WHH) with 6 medication incidents each.
There were 26 incidents in August 2018 categorised as 'omitted medicine/ingredient', representing 23.2% of all medication related incidents in August.

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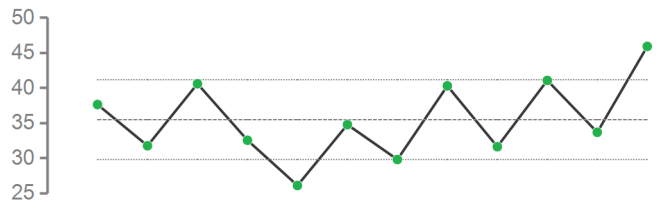
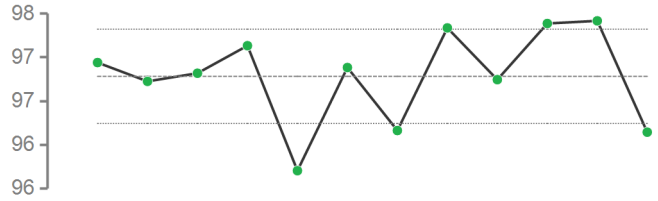
Strategic Theme: Patient Safety

Friends & Family Test

Aug	FFT: Response Rate (%)	36 (-4.3%)		The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon
Aug	FFT: Recommend (%)	97 (0.5%)		Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction

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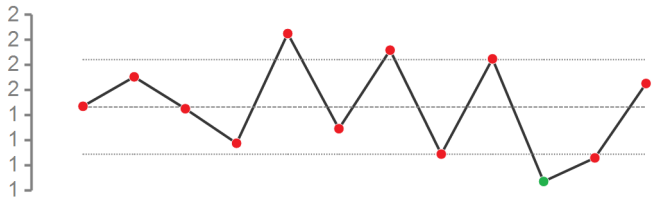
Strategic Theme: Patient Safety

Aug

FFT: Not Recommend (%)

1.4
(-21.0%)



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

Highlights and Actions:

A total of 2338 responses were received (16.2% eligible patients). Overall response rates increased for inpatients, Maternity and Day cases, EDs were similar to last month. Response rate for the EDs was 16.2% (16.4% July-18), inpatients 45.9% (32.7% July-18), maternity; birth only 70.0% (59.8% July-18) and day cases 22.1% (21.8% July -18).

90.9% of responders would recommend us to their friends and family and 5.4% would not. The Trust star rating in August is 4.57 (4.55 July-18). Recommendations by patients in August were improved to July in the EDs and day cases, remained the same for inpatients however, fell in inpatients, outpatients and maternity. The total number of inpatients, including paediatrics, who would recommend our services 96.1% (97.3% July-18), EDs 83.7% (80.9% July-18), maternity 98.5% (99.2% July-18), outpatients 91.0% (92.1% July-18) and day cases 95.1% (94.8% July-18).

Care, Staff attitude and Implementation of care as the three top positive themes for August-18. The three top negative themes for the trust were Care, Waiting times and Staff attitude demonstrating the importance of improving patients waiting times, ensuring that staff attitude is positive and that the care given is improved to ensure that patients receive safe, compassionate, consistent and high quality care, in order for a good patient experience.

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

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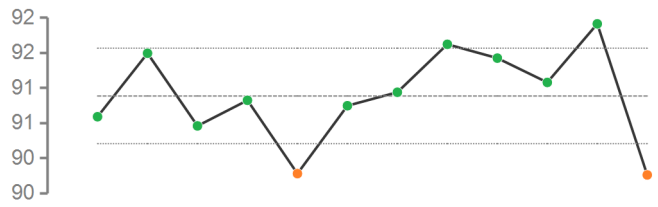
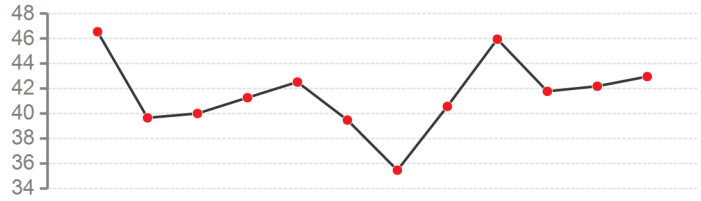
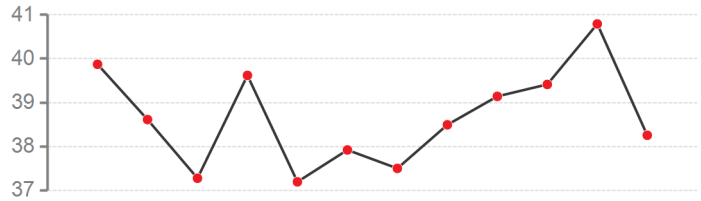
Strategic Theme: Patient Safety

Patient Experience 1

Aug	Overall Patient Experience %	90.9 (-1.4%)		Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las
Aug	Privacy for discussions with Nurses %	41 (-1.1%)		Privacy for discussions Nurses
Aug	Aware of Nurse in each shift %	39 (-1.1%)		Aware of nurse in each shift

Highlights and Actions:

Overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows a slight deterioration this month.

New questions were added into the survey in Aug-17 to enable close monitoring of three key areas where our performance in the 2016 national inpatient survey (published in May-17) was below the national average. This month we received 2,628 completed inpatient surveys. Baseline performance in ensuring privacy when discussing patients' condition or treatment, ensuring patients are aware of which nurse is looking after them each shift and ensuring patients are able to discuss their worries and fears demonstrated significant opportunity for improvement.

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

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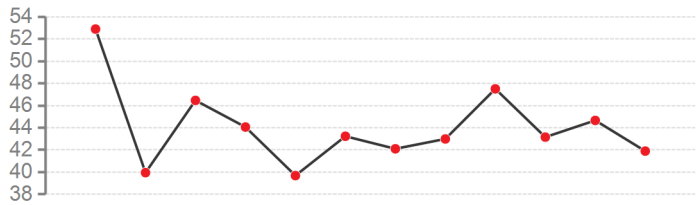
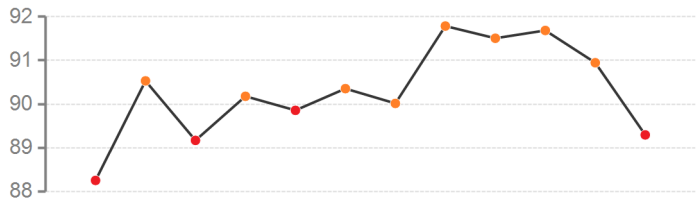
Strategic Theme: Patient Safety

Patient Experience 2

Aug	Discuss Worries with Nurses %	44 (-11.2%)		Discuss Worries with Nurses
Aug	Cleanliness? %	90 (-0.7%)		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show

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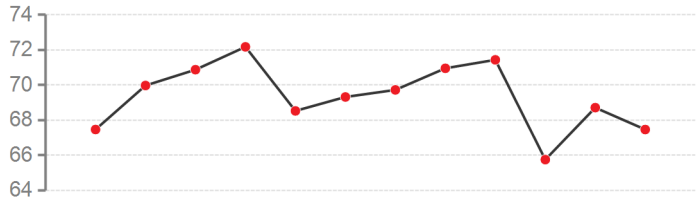
Strategic Theme: Patient Safety

Aug

Hospital Food? %

70
(-3.9%)



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

Highlights and Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. Nearly all wards have reported their performance (against the patient experience metrics) through the inpatient survey in August 18 although there are still two wards at QEQM who are still experiencing WiFi connectivity problems due to the location of these wards, which are now being investigated.

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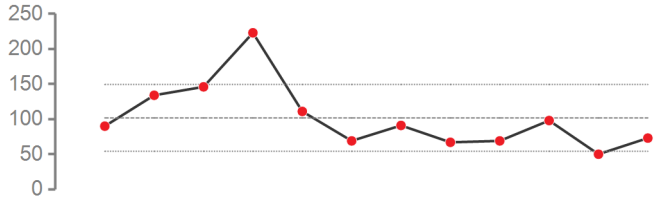
Strategic Theme: Patient Safety

Mixed Sex

Aug	Mixed Sex Breaches	1221 (121.2%)		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.

Highlights and Actions:

There were 17 mixed sex accommodation occurrences in total, affecting 193 patients during August.
Incidence of mixed sex accommodation breaches increased this month from July and there were 8 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. This information has been reported to NHS England. The remaining incidents occurred in the WHH CCU (7) and QEQM Fordwich (2), which were justifiable based on clinical need.

Daily reporting of mixed sex occurrences has been sustained in certain areas demonstrating understanding of the reporting method for mixed sex breaches. Rigorous work continues as the Trust is working closely with the CCGs and NHSI on the Mixed Sex Accommodation Improvement Collaborative over the next6 months. This will support the trust in achieving compliance with the national definition of mixed sex accommodation.

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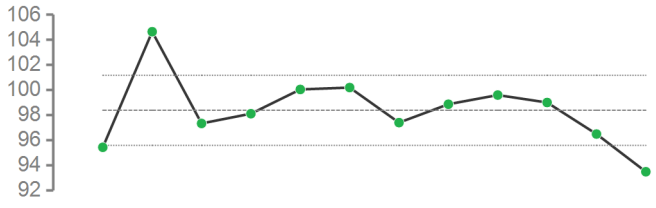
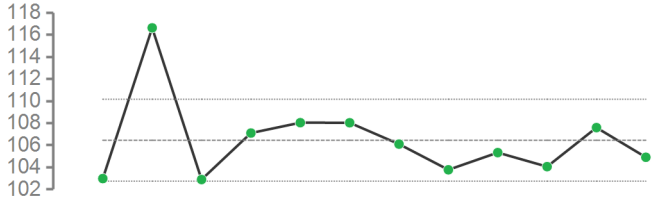
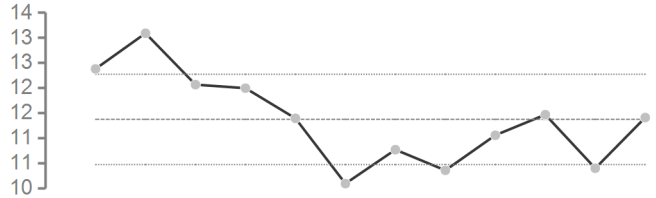
Strategic Theme: Patient Safety

Safe Staffing

Aug	Shifts Filled - Day (%)	98 (0.4%) ↑		Percentage of RN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Aug	Shifts Filled - Night (%)	106 (-1.2%) ↓		Percentage of RN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Aug	Care Hours Per Patient Day (CHPPD)	11 (48.0%)		Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12

Highlights and Actions:

% fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system and overall fill rate was97.0% (99.8% July-18).

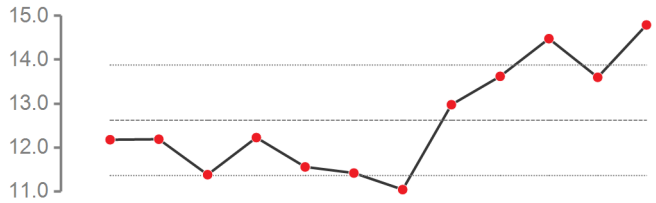
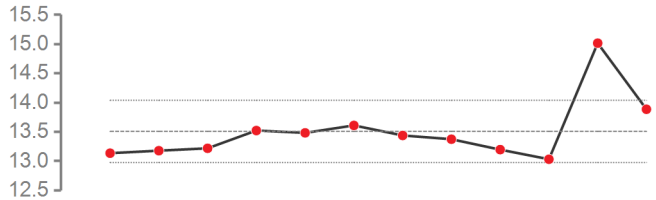
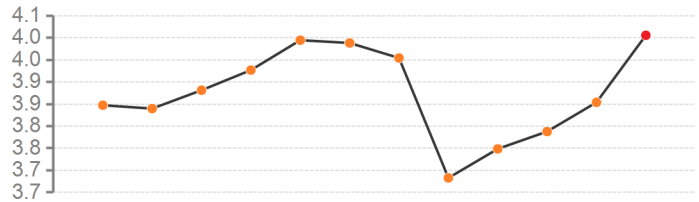
Low fill rates were seen on several wards due to a combination of high sickness, maternity leave and vacancies (Cambridge K, CCU QE, Deal, Harvey, Cambridge L, Treble, Mount McMaster, Kingston, RSU, Harbeldown, St Augustines, Quex, WHH CDU, Kent, Kings C2, Seabathing, and Birchington).

Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month. Average CHPPD in August was 8.1 (8.3 July-18). The range is from around 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. Comparative data within the Model Hospital Dashboard (Apr-18 data) shows EKHUFT average CHPPD is in the mid to low 25% (Quartile 2) and in line with our recommended peer group and peer median based on spend and clinical output.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Aug	Vacancy (%)	12.6 (18.2%)		% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Aug	Staff Turnover (%)	13.5 (5.9%)		% 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
Aug	Sickness (%)	3.9 (-1.4%)		% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont

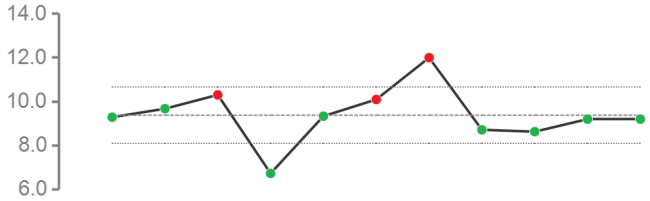
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Aug

Overtime %

9.4
(5.6%)



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

Highlights and Actions:

Gaps and Overtime

The vacancy rate increased to 12.6% (up from 12.4%) for the average of the last 12 months, which is higher than last year. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently over 300 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 216 Nursing and Midwifery staff (including 69 Newly Qualified Nurses) and 63 Medical and Dental staff.

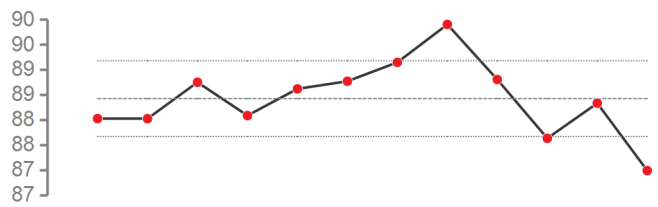
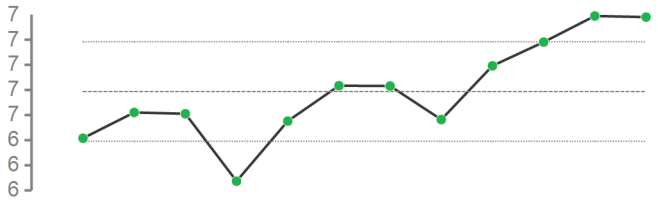
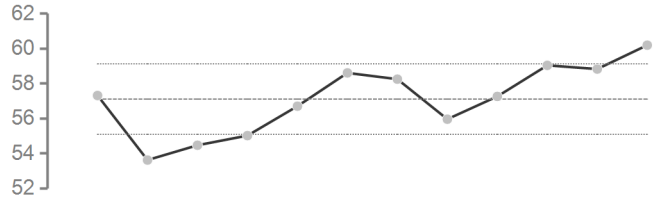
The Turnover rate in month decreased to 12.1% (last month 12.8%), and the 12 month average is the same as the previous 12 months at 13.5%. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

The in month sickness absence position for July was .06% - which is an increase from3.87% in June. However, the 12 month average fell to 3.9%. Divisions are working to develop sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training. A Sickness Absence Helpline is being piloted by the Occupational Health department with the Surgical Services wards across the Trust to see if this can support improvements in early referrals to OH in order to get staff back to work.

Overtime as a % of wte decreased slightly last month. The average over the last 12 months increased slightly to 9.4%. All metrics are reviewed and challenged at a Divisional level in the monthly Executive Performance Reviews.

Strategic Theme: Human Resources

Temporary Staff

Aug	Employed vs Temporary Staff (%)	88.4 (-1.2%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again
Aug	Agency %	6.8 (21.0%)		% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).
Aug	Bank Filled Hours vs Total Agency Hours	57 (-0.1%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Highlights and Actions:

Temporary Staff

Total staff in post (WTE) decreased from 7154 in Junly to 7044 in July, which left a vacancy factor of approx. 887 wte across the Trust. As stated in the previous section, there are currently over 300 candidates in the recruitment pipeline.

Agency staffing as a percentage of WTE remains approximately 7%, and still remains at high levels compared to the beginning of the year. The 12 months average shows a slight increase to 6.8% of WTE (6.7% in the previous month).

The average percentage of employed staff vs temporary staff over the last 12 months fell slightly to 88.4% (88.6% last month).

Agency costs are monitored at EPR and weekly agency meetings, the focus remains on recruiting substantively to the reduce the use of agency. The Agency Taskforce review strategies for reducing agency costs. Divisions are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

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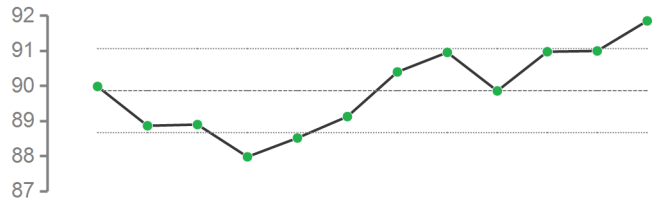
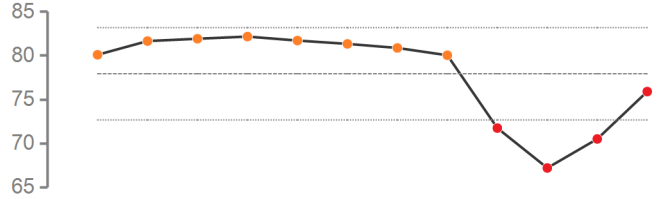
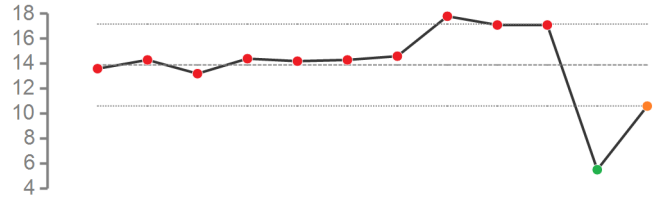
Strategic Theme: Human Resources

Workforce & Culture

Aug	Statutory Training (%)	90 (1.6%)		The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr
Aug	Appraisal Rate (%)	77.9 (-4.5%)		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.
Aug	Time to Recruit	14 (16.0%)		Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

East Kent Hospitals University NHS Foundation Trust

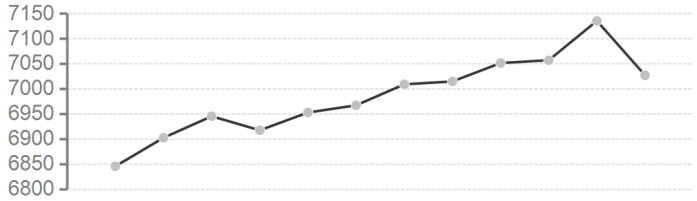
Strategic Theme: Human Resources

Aug

Total Staff In Post (SiP)

7027

(-1.5%)



Count of total staff in post (WTE)

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month average is 90% and remains 90% in month for July. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate increased to76% in month for August (71% in July). The Clinical Support Services Division (81%) and Surgical Services Division (87%) are above Trust Average. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months, particularly with the expected fall in compliance at the beginning of each financial year.

The average time to recruit is 10 weeks, which is a slight increase on last month, but an improvement on the previous 12 months. The Resourcing Ream are on track to reduce time to recruit to below 8 weeks to ensure recruitment time meets the demands of our services. The new Trac system will support this reduction.

Strategic Theme: Activity

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Aug

	Aug-18				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	13,173	14,416	(-1,243)	-9%	72,178	71,951	227	0%	72,178	72,948	(-770)	-1%	<=0%
Referral Non-Primary Care	13,526	13,734	(-208)	-2%	74,277	69,406	4,871	7%	74,277	69,496	4,781	7%	<=0%
OP New	18,087	20,074	(-1,987)	-10%	92,207	94,210	(-2,003)	-2%	92,207	90,075	2,132	2%	>=0%
OP Follow Up	38,212	43,655	(-5,443)	-12%	201,720	203,718	(-1,998)	-1%	201,720	195,537	6,183	3%	>=0%
Elective Daycase	6,302	6,989	(-687)	-10%	32,353	32,999	(-646)	-2%	32,353	30,457	1,896	6%	>=0%
Elective Inpatient	1,200	1,420	(-220)	-16%	6,229	6,704	(-475)	-7%	6,229	6,150	79	1%	>=0%
A&E	18,646	17,613	1,033	6%	92,819	89,924	2,895	3%	92,819	89,280	3,539	4%	>=0 & <5%
Non-Elective Inpatient	6,751	6,502	249	4%	33,728	34,121	(-393)	-1%	33,728	33,851	(-123)	0%	>=0 & <5%
Chemotherapy	1,282	1,258	24	2%	6,142	5,912	230	4%	6,142	6,011	131	2%	>=0%
Critical Care	1,812	1,650	162	10%	9,018	8,190	828	10%	9,018	9,184	(-166)	-2%	>=0%
Dialysis	6,925	7,325	(-400)	-5%	34,091	34,872	(-781)	-2%	34,091	34,170	(-79)	0%	>=0%
Maternity Pathway	1,114	1,194	(-80)	-7%	5,681	5,925	(-244)	-4%	5,681	5,944	(-263)	-4%	>=0%
Pre-Op Assessments	3,297	3,680	(-383)	-10%	17,285	16,788	497	3%	17,285	14,365	2,920	20%	>=0%
Diagnostic	27,978	28,751	(-773)	-3%	1,884,485	1,783,131	101,354	6%	1,884,485	2,196,487	(-312,002)	-14%	<=0%
Other	5,178	4,910	268	5%	25,568	23,771	1,797	8%	25,568	23,612	1,956	8%	>=0%

The 2018/19 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2017/18 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals. The plan is capped at our total capacity and as such further activity (or demand reduction schemes would be required to achieve sustainable elective services. Further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2018/19. It should be noted that this does not reflect demand levels agreed within the 2018/19 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

The capacity levels within the plans should be considered achievable although in many instances will stretch our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments.

August 2018

Elective Care

In August Primary Care referrals were 9% below expected levels reducing the YTD variance to +0% (+227). An administrative error within the Paediatric service has now been resolved however the Paediatric Blood Clinics where the recording issue was identified remains in the YTD position. Rapid Access referrals remain (+12%) above plan with biggest increases observed in Urology, Breast, Gynaecology & Dermatology.

The Trust under-achieved the new outpatient plan in August with appointments 10% below planned levels, generating a YTD variance of -2%. General Medicine, Neurology, T&O and Urology remain the biggest drivers behind the under-performance. Services are actively producing quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan. The impact of the Virtual Fracture Clinic implemented in mid-February is likely to render the Orthopaedic plan unachievable due to high discharge rates that were not anticipated. The Ophthalmology service continues to provide additional weekend capacity at KCH delivered through an insourcing provider. It is expected this will recover the Ophthalmology YTD underperformance and support the RTT backlog recovery.

Outpatient productivity delivered by the Trust in August was above demand and enabled the Trust to clear a further 900 patients from the outpatient waiting list. The Trust has now reduced the number of patients waiting for a first outpatient appointment by over 3,100 since the beginning of the financial year.

The Trust under-performed the follow up plan in August (-12%) with YTD performance now underachieving by (-1%). General Medicine (-1,402), Rheumatology (-1,500), Orthopaedics (-1,238) and Ophthalmology (-1,173) continue to underperform the business plan.

In August the Trust under-achieved the Daycase plan by 687 patients eradicating the YTD over performance. Large underperformances were seen in key elective specialties Orthopaedics, Dermatology, Gynaecology, Ophthalmology, ENT and Pain Service. The Orthopaedic service generated the biggest under-performance; the biggest contributing factor was due to theatre rental for high productivity spinal injections lists being unavailable until the end in April. Additional weekend injection lists commenced in June and additional capacity is to be delivered at KCH through an insourcing provider in order to start to recover the position. A mandated change in recording will render the Dermatology plan unachievable, it is anticipated an over performance in Outpatient with procedure will offset the daycase underperformance. The Ophthalmology service has developed long term plans to address the underperformance through improved theatre booking efficiencies.

Elective Admissions are 7% behind the plan in the YTD with large underperformances observed in Urology (-256) and Gynaecology (-263). Due to emergency pressures, elective inpatient activity was limited for the Urology service at the start of the financial year. In order to ensure theatre utilisation was maximised additional daycase patients were booked and this is reflected in the Urology YTD daycase performance. In August the Trust was unable to keep pace with demand and the inpatient waiting list increased by 49 patients. The Trust has developed recovery plans that will deliver the Daycase and Elective activity plans.

Non Elective Care

The Trust sees non elective admissions to all of its 3 sites. These are typically some of the patients who attend the Trust Accident & Emergency departments, or are admitted directly through to the wards upon agreement with General Practitioners. These patients have an urgent clinical need that cannot wait for an elective pathway or outpatient appointment to be given, and so are monitored within the hospital site as diagnosis and treatment for their clinical condition is conducted.

In monitoring Non Elective care, metrics (detailed below) are reviewed to determine if patients are able to flow through the hospital without significant delays and bottlenecks.

The Bed Occupancy of the Trust continued to be at challenging levels and increased slightly in August to an overall Trust wide position of 94.0% of funded beds. Queen Elizabeth the Queen Mother Hospital demonstrated the most challenge with the bed occupancy position at 99.1% for August, an improved position from July of 101.9%. The William Harvey Hospital position worsened slightly with an overall bed occupancy of 94.6% in August (94.3% in July). Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During August the number of medical outliers remained similar to July with a monthly average of 50 medical outliers across the Trust. Individual site levels of medical outliers over the month were 9 at the Queen Elizabeth the Queen Mother Hospital and 37 at William Harvey Hospital.

Whilst an increased volume of patients through the Accident & Emergency Department contributes to increased pressures in non-elective care, there was less demand on the department in August with 22,607 attendances compared to July (24,402).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	5,417	6,717	-19%	-1,300
300 - General Medicine	38	590	-94%	-552
100 - General Surgery	1,127	1,543	-27%	-416
120 - Ear, Nose & Throat	4,069	4,469	-9%	-400
340 - Respiratory Medicine	1,599	1,977	-19%	-378
410 - Rheumatology	1,523	1,167	31%	356
101 - Urology	3,251	2,853	14%	398
103 - Breast Surgery	3,148	2,729	15%	419
110 - Trauma & Orthopaedics	4,025	3,399	18%	626
330 - Dermatology	5,892	5,254	12%	638
Total	**66,306**	**66,042**	**0%**	**264**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	2,503	2,867	-13%	-364
420 - Paediatrics	848	1,143	-26%	-295
400 - Neurology	729	927	-21%	-198
330 - Dermatology	564	718	-21%	-154
100 - General Surgery	1,297	1,150	13%	147
301 - Gastroenterology	1,214	1,046	16%	168
140 - Maxillo Facial	996	822	21%	174
300 - General Medicine	1,304	550	137%	754
130 - Ophthalmology	6,232	4,805	30%	1,427
110 - Trauma & Orthopaedics	9,035	7,570	19%	1,465
Total	**67,701**	**63,784**	**6%**	**3,917**

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	6,396	7,164	-11%	-768
101 - Urology	3,457	4,169	-17%	-712
400 - Neurology	1,645	2,270	-28%	-625
502 - Gynaecology	5,417	5,959	-9%	-542
420 - Paediatrics	3,251	3,757	-13%	-506
300 - General Medicine	805	1,285	-37%	-480
120 - Ear, Nose & Throat	5,349	5,764	-7%	-415
800 - Clinical Oncology	1,828	1,502	22%	326
650 - Physiotherapy	7,625	7,109	7%	516
330 - Dermatology	5,678	4,870	17%	808
Total	**84,710**	**86,050**	**-2%**	**-1,340**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	956	2,238	-57%	-1,282
410 - Rheumatology	4,009	5,246	-24%	-1,237
110 - Trauma & Orthopaedics	16,586	17,685	-6%	-1,099
130 - Ophthalmology	20,363	21,245	-4%	-882
400 - Neurology	3,216	3,726	-14%	-510
120 - Ear, Nose & Throat	6,245	6,710	-7%	-465
340 - Respiratory Medicine	3,328	2,754	21%	574
330 - Dermatology	7,981	7,227	10%	754
800 - Clinical Oncology	16,810	15,953	5%	857
101 - Urology	9,056	8,185	11%	871
Total	**185,183**	**185,832**	**0%**	**-649**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,813	2,438	-26%	-625
330 - Dermatology	1,619	2,132	-24%	-513
502 - Gynaecology	955	1,203	-21%	-248
120 - Ear, Nose & Throat	977	1,189	-18%	-212
191 - Pain Management	936	1,136	-18%	-200
130 - Ophthalmology	1,911	2,077	-8%	-166
300 - General Medicine	8,120	7,929	2%	191
100 - General Surgery	818	579	41%	239
301 - Gastroenterology	622	340	83%	282
800 - Clinical Oncology	2,270	1,717	32%	553
Total	**29,854**	**30,212**	**-1%**	**-358**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	420	671	-37%	-251
101 - Urology	1,085	1,329	-18%	-244
100 - General Surgery	450	529	-15%	-79
110 - Trauma & Orthopaedics	1,329	1,407	-6%	-78
320 - Cardiology	82	149	-45%	-67
430 - HCOOP	33	68	-51%	-35
120 - Ear, Nose & Throat	247	278	-11%	-31
340 - Respiratory Medicine	51	17	196%	34
503 - Gynaecology Oncology	164	69	139%	95
300 - General Medicine	815	543	50%	272
Total	**5,819**	**6,148**	**-5%**	**-329**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	9,407	10,045	-6%	-638
430 - HCOOP	3,874	4,336	-11%	-462
180 - Accident & Emergency	1,364	1,759	-22%	-395
560 - Midwifery	950	1,110	-14%	-160
104 - Colorectal Surgery	107	37	191%	70
140 - Maxillo Facial	159	83	92%	76
101 - Urology	1,630	1,543	6%	87
301 - Gastroenterology	262	118	122%	144
340 - Respiratory Medicine	318	130	144%	188
100 - General Surgery	2,629	2,249	17%	380
Total	**31,052**	**31,562**	**-2%**	**-510**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	1872578	1770257	6%	102,321
A&E	85560	83117	3%	2,443
Other	22542	20348	11%	2,194
Pre-Op	15898	15254	4%	644
Critical Care	7177	6541	10%	636
Dialysis	27094	27547	-2%	-453
Maternity Pathway	5171	5461	-5%	-290
Chemotherapy	5610	5397	4%	213

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

80.04%

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Green
4 Hour Compliance	70.51%	70.66%	76.21%	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%	82.55%	79.18%	80.04%	95%
12 Hour Trolley Waits	0	0	0	2	2	0	2	1	0	0	0	0	0
Left without being seen	4.45%	3.67%	2.73%	3.45%	2.75%	2.29%	2.70%	2.71%	2.42%	2.12%	2.81%	2.48%	<5%
Unplanned Reattenders	8.75%	8.69%	8.33%	9.05%	8.97%	8.91%	9.09%	9.61%	9.09%	9.29%	9.76%	9.80%	<5%
Time to initial assessment (15 mins)	93.4%	90.6%	91.1%	88.6%	93.6%	96.0%	94.4%	94.6%	95.4%	92.8%	94.7%	91.7%	90%
% Time to Treatment (60 Mins)	45.9%	47.8%	54.6%	53.3%	55.5%	47.8%	42.5%	46.2%	49.5%	51.7%	42.6%	48.0%	50%

2018/19 Trajectory (NHSI return 2nd May)

-5.32 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
Trajectory	78.6%	77.5%	78.5%	83.9%	85.4%	85.4%	87.4%	89.9%	88.6%	88.4%	87.6%	87.6%	
Performance	76.9%	80.8%	82.6%	79.2%	80.0%								

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

Summary Performance

August performance for the 4 hour target was 80.0%; against the NHS Improvement trajectory of 85.4%.This represents an increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in August. The number of patients who left the department without being seen continued to be compliant at 2.5%, whilst unplanned reattendances remained uncompliant at 9.8%. Time to treatment improved from July, but remained uncompliant at 48.0% for August.

August performance has improved despite being challenged by an increased number of attendances and increased patient acuity due to a continuation of the extremely high temperatures experienced and seasonal variation.

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

- Deputy Heads of Clinical Operations are in post which has allowed the Head of Clinical Operations to focus on standardisation of best practice processes.
- Recruitment of Site Clinical Practitioners (SCP) is almost completed which will enable two SCP's to be on duty at all times and deliver a greater clinical focus on each site.
- Urgent Care Centre model progressing to include primary and secondary care integrated service.
- Reducing length of stay, improving board rounds, reinforcing SAFER principles.
- Launch of the ED Escalation pack.
- Continued roll out of the electronic white board programme.
- Trust winter plans have progressed to include:

    - Final drafts of the Full Capacity Protocol and associated protocols being presented to the Clinical Executive Management Group in September.
    - Business cases for additional ITU bed capacity.
    - Winter ward additional capacity.
    - Orthopaedic elective bridging project.
    - Business case for A&E Observation wards at WHH and QEQMH.

Risk to delivery:

- Workforce, due to vacancy, annual leave and junior doctor changeover in August.
- Surges in activity.
- Response to ED from specialities

Mitigations:

- Continued focus on recruitment, including overseas and UK. Planning for additional medical staff to be available during induction periods. Annual leave being managed within agreed Trust policy limits.
- Launch and high commitment to the ED Escalation pack being proactively implemented and followed.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

66.40 %

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Green
62 day Treatments	74.55%	74.37%	71.97%	74.17%	74.87%	73.40%	71.88%	66.13%	65.40%	65.32%	65.45%	66.40%	>=85%
>104 day breaches	25	29	28	23	28	26	32	33	34	40	42	25	0
Demand: 2ww Refs	3,281	3,505	3,464	2,799	3,528	3,206	3,738	3,694	3,934	3,682	3,700	3,585	2990 - 3305
2ww Compliance	95.26%	94.63%	96.43%	96.28%	95.76%	97.10%	91.42%	89.06%	93.84%	94.22%	94.94%	93.79%	>=93%
Symptomatic Breast	95.50%	94.29%	94.44%	92.37%	89.84%	98.50%	90.28%	75.16%	84.46%	94.12%	93.13%	80.80%	>=93%
31 Day First Treatment	93.23%	98.97%	97.00%	95.67%	94.06%	97.74%	96.08%	95.37%	96.31%	96.43%	95.65%	94.60%	>=96%
31 Day Subsequent Surgery	85.42%	95.12%	85.71%	84.85%	87.23%	91.43%	89.47%	88.57%	82.05%	82.61%	94.59%	95.45%	>=94%
31 Day Subsequent Drug	96.77%	100.00%	100.00%	94.59%	98.85%	98.33%	98.21%	97.94%	98.88%	98.11%	99.16%	100.00%	>=98%
62 Day Screening	93.55%	92.86%	89.29%	93.33%	90.91%	79.31%	100.00%	93.75%	84.09%	100.00%	81.63%	91.30%	>=90%
62 Day Upgrades	85.71%	82.98%	84.00%	92.11%	85.00%	77.27%	100.00%	89.19%	75.86%	84.38%	85.00%	90.70%	>=85%

2018/2019 Trajectory

8.52 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
STF Trajectory	65.08%	61.38%	61.13%	55.57%	57.87%	62.76%	73.66%	79.01%	83.12%	85.31%	85.24%	86.17%	Jan
Performance	66.13%	65.40%	65.32%	65.45%	66.40%								Jan

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

Summary Performance

August performance is currently 66.4% against the improvement trajectory of 57.87%, validation continues until the beginning of October in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,689 and there were 25 patients waiting 104 days or more for treatment or potential diagnosis.

62 Day Performance Breakdown by Tumour Site

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
01 - Breast	81.8%	100.0%	96.6%	96.2%	88.9%	83.3%	100.0%	92.9%	96.6%	95.8%	93.8%	79.1%
03 - Lung	100.0%	46.4%	70.0%	84.6%	90.3%	100.0%	81.0%	61.4%	91.7%	73.0%	71.7%	74.4%
04 - Haematological	57.1%	53.3%	40.0%	58.3%	75.0%	33.3%	33.3%	50.0%	25.0%	50.0%	70.6%	16.7%
06 - Upper GI	82.6%	71.1%	81.0%	78.3%	70.0%	64.3%	73.3%	66.7%	69.2%	85.2%	93.3%	57.1%
07 - Lower GI	78.8%	70.8%	53.7%	61.3%	65.9%	43.8%	63.2%	62.9%	47.6%	65.9%	68.3%	76.3%
08 - Skin	84.1%	92.3%	95.0%	92.5%	92.7%	100.0%	88.9%	88.0%	89.3%	97.1%	97.7%	96.4%
09 - Gynaecological	75.0%	73.3%	52.4%	57.1%	80.0%	63.6%	75.0%	30.8%	32.0%	42.1%	52.0%	63.6%
10 - Brain & Nervous System								100.0%				
11 - Urological	58.5%	63.8%	55.7%	63.7%	52.0%	63.5%	63.2%	57.7%	52.1%	38.2%	39.4%	47.3%
13 - Head & Neck	90.5%	73.3%	87.5%	28.6%	66.7%	85.7%	78.6%	18.2%	30.0%	93.3%	60.0%	100.0%
14 - Sarcoma			0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	
15 - Other	100.0%		42.9%	0.0%	0.0%	0.0%		50.0%	0.0%	40.0%	100.0%	50.0%

Improvements have been seen in Lung, Lower GI, Gynaecology, Urology and Head and Neck, with Skin remaining complaint. Upper GI has seen a decrease in performance in month due to an increased focus on pulling 62+ day patients through their pathways. This has resulted in a higher number of patients breaching in month.

To improve the waiting times for current patients and to prevent further 104 day waiters, a weekly focused meeting remains in place which reviews the performance of each tumour site. All patients over 104 days are reviewed at the Chief Operating Officer chaired primary target list (PTL) meetings. The purpose of these reviews is to gain assurance that the next key event is being progressed for each patient to ensure their pathways are not delayed. Each of the patients over 104 days is reported on Datix; which stimulates a clinical review by the Clinical Lead for the tumour site and Head of Nursing for the Division. This also provides an audit trail for any potential patient harm events.

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

The Deputy Chief Operating Office for Planned Care continues to progress the Cancer Improvement Programme. Phase 1 actions for August have included a meeting with the Deputy Medical Director and each tumour site Clinical Lead to re-engage the senior clinicians, identify actions to enable the national best practice timed pathways to be implemented. Agreed actions have also included resetting the terms of reference and membership of the Cancer Clinical Working Group and development of performance dashboards. Phase 2 includes MDM workshops to review the TSSG timed pathways and develop individual recovery plans to be taken forward as Phase 3.

Other improvement actions include strengthening communication with the patient's GP to ensure patients are receiving the appropriate support whilst on a two week wait pathway.

Risks to delivery of the standard:

- Key areas of concern for the Trust are Gynaecology, Urology, Lung, Lower GI and adequate capacity to meet the patients required next step, eg OPD capacity, theatre capacity, diagnostic or treatment.
- Significant increases in 2 week wait referrals.
- Response from Tertiary centres for patients who are on complex diagnostic or treatment pathways.

- **Actions taken to mitigate risk and improve performance:**
- Re-engagement of senior clinicians in managing their tumour sites.
- Daily cancer huddle meetings have been implemented.
- Weekly reviews of capacity, including monitoring of effective booking and capacity utilisation.
- Improved focus on booking all 2ww referrals within 48 hours of receipt.
- Clinical reviews of patients who have breached with potential harm reports.
- Improved communication with GPs to improve communication with patients regarding referral to a cancer pathway and availability to attend a 2ww appointment.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

79.06 %

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Green
Performance	81.56%	81.18%	80.87%	78.67%	77.62%	77.03%	76.08%	76.66%	78.56%	79.02%	79.65%	79.06%	>=92%
52w+	51	64	67	80	108	141	201	222	218	201	167	125	0
Waiting list Size	54,749	54,783	54,777	54,383	52,942	54,306	54,519	54,979	54,964	53,411	53,193	53,552	<38,938
Backlog Size	10,096	10,312	10,481	11,599	11,847	12,474	13,039	12,830	11,785	11,207	10,824	11,212	<2,178
Demand: PC Referrals	15,231	16,666	16,111	12,585	15,579	14,600	15,668	15,249	16,501	15,748	15,342	13,853	<15,484
Demand: Additions to IP WL	3,047	3,288	3,533	2,654	3,210	2,824	3,176	2,875	3,258	3,281	3,389	3,098	<3,076

2018/2019 Trajectory

-1.95 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
Performance Trajectory	77.03%	78.20%	79.31%	80.21%	81.02%	81.32%	81.69%	81.84%	81.40%	81.16%	80.87%	80.76%	87%
Performance	76.66%	78.56%	79.02%	79.65%	79.06%								Sept

-75

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
Performance	222	218	201	167	125								Sept

An RTT Recovery Plan has been developed jointly with local CCGs in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance during 18/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

Summary Performance

August performance reduced to 79.06%, performance is now 1.95% behind the improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased to 125. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties; **Gynaecology (93), General Surgery (16), Trauma & Orthopaedics (6), ENT (3), Dermatology (2), Ophthalmology (1), and Other Specs (2)**

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

An RTT improvement plan is in place, which is being monitored weekly by the Deputy Chief Operating Officer for Planned Care. Weekly monitoring of elective activity production plans is in place and led by the Director of Performance to confirm and challenge the schemes to deliver the contract and also to identify risks and mitigations to delivery.

A priority for August was to proactively manage demand throughout periods of planned annual leave and explore opportunities with the independent sector in order to increase activity for patients who have been waiting over 52 weeks or a risk of breaching 14 or 62 day on a cancer pathway.

The Chief Operating Officer has continued to engage with senior clinicians in surgical specialities and gynaecology in order to increase activity and reduce waiting times. Additional dedicated senior general management support is being sought for Gynaecology and Cancer services.

The intense focus on every individual patient waiting over 52 weeks has continued, resulting in an ongoing reduction in the number of patients waiting; however there remains a continued risk due to the number of patients currently waiting over 35 weeks who may tip over into 52 weeks. These patients are being actively managed and monitored daily.

A clinical review of all 52 week breaches is established, with potential clinical harm reports completed. The improvement plan and potential harm reports have been presented to the Board, Finance and Performance Committee and Quality Committee.

Key issues impacting on delivery of the standard:

- Long waiting times for elective surgery in Gynaecology and Urology, Trauma and Orthopaedics due to high demand and backlog.
- Long waiting times for outpatients in specialities such as Dermatology, ENT, Community Paediatrics, Neurology due to medical workforce constraints.
- Consultant capacity to provide additional theatre lists

Actions taken to mitigate risk and improve performance:

- Chief Operating Officer chairs additional weekly performance meeting to monitor the recovery plan for Gynaecology.
- Deputy Chief Operating Officer for Planned Care provides daily oversight and support.
- Director of Performance provides weekly review of speciality Production Plans to identify risks and mitigations to delivery.
- A continued focus on all patients currently at 35 weeks and above to reduce the patients waiting at 52 weeks, this includes a patient by patient personal treatment plan, monitored weekly.
- Weekly monitoring of theatre efficiency.
- 3 new substantive consultant neurologists are joining the Trust in September.
- Exploring independent sector capacity.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

98.03 %

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Green
Performance	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	>=99%
Waiting list Size	14,827	15,419	14,321	14,345	13,637	14,125	14,174	14,597	15,192	16,350	16,888	15,126	<14,000
Waiting > 6 Week Breaches	79	63	22	52	75	62	49	91	106	149	264	298	<60
Average Wait													<4

2018/19 Trajectory

-1.07 %

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%
Performance	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%

Summary Performance

The standard has not been met for Aug 2018 with a compliance of 98.03%. As at the end of the month there were 298 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 148; 130 in Computed Tomography, 15 in Non-Obstetric ultrasound, 3 in MRI
- Cardiology: 6
- Urodynamic: 17
- Sleep Studies : 121
- Cystoscopy : 5
- Colonoscopy : 1

The DMO1 was not achieved for the second month and the reason for the decline in performance is due to the continued increase in demand for Sleep Studies which has continued to put pressure on the Respiratory Department. A robust plan was developed in June 2018 in order to respond to the increased demand and also to plan ahead to achieve a sustainable service going forward. The plan includes organising additional administrative staff; NHSP are currently being booked with the aim of booking 33 patients per day. An additional 45 machines have been purchased which provides the ability to see 165 patients per week, which is sufficient capacity to meet the current demand.

CT and MRI have also seen an increase in demand due to the increased focus on reducing the waiting times for patients on cancer pathways. We have continued to treat additional potential cancer and RTT waiting patients, which has in turn created an increased demand for investigations.

Risk to delivery

- Workforce resilience – consistent availability of administrative staff to book.
- Recruitment to respiratory technicians and administrative staff.
- E-referral due to GP's being able to book outside of the 6 week standard.
- Ability to meet increased emergency and cancer demand along with reduced turnaround times

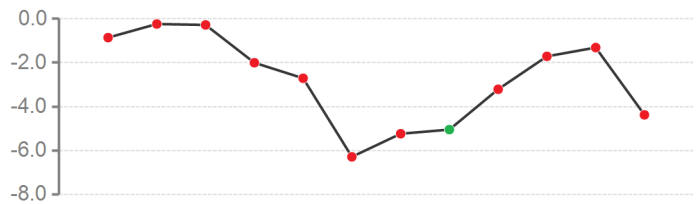
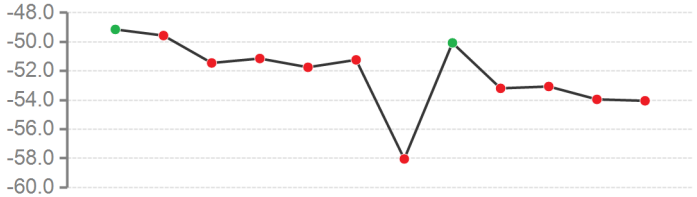
Mitigations:

- Recruitment to respiratory technician posts.
- Additional respiratory diagnostic equipment has been delivered and in use.
- Communication to GPs to remind them to book within 6 weeks on the E-referral system.
- Increasing third party provider support for MRI backlog and Cardiac CT in particular.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Aug	I&E £m	-15.7 (234.4%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS
Aug	Cash Balance £m	9.2 (-42.2%)		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.
Aug	Total Cost £m	-54.0 (0.2%)		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.
Aug	Forecast I&E £m	-31.0 (0.0%)		This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Aug

Normalised Forecast £m

-30.0 (0.0%)

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

Highlights and Actions:

The Trust has generated a consolidated deficit in month of £4.4m and a year to date (YTD) deficit of £15.6m which is £0.2m behind plan. YTD position includes some significant variances. The main variances include:-
-Higher than planned A&E activity and Non Elective case mix driving higher income
-High Other Clinical Income driven by central funding of pay awards. This is offset by higher pay costs.
-High Other Income driven by SACP progress and Serco transfer payment (this was budgeted as a cost reduction so also appears as a cost over run YTD)
-Off set by YTD under performance of complex Elective and Out Patient activity driving low income but also low non rechargeable drugs costs.
-Very high agency spend mainly driven by U&LTC operational pressures

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trusts YTD I&E deficit to Month 5 (August) was £15.3m (consolidated position including our Subsidiaries and after technical adjustments) against a planned deficit of £15m.

Trust unconsolidated pay costs in the month of £32.5m are £0.6m more than July. This increase is driven by non medical pay arrears paid in month (funded in clinical income) off set by the release of a reserve for this years medical pay award based on NHSi guidance. These adjustments give a net increase of £0.9m month on month. After removing the pay award adjustments, staff costs were £0.3m less than last month due to reductions in temporary staffing. Agency spend in month is £1.5m more than plan. Permanent staff costs (including Overtime and waiting list work) are £0.6m more than plan and were £0.2m higher than July (the latter after allowing for pay award adjustments). The main driver for the pay overspend against plan in month remains U&LTC where medical staffing are being used above establishment and recruitment to nursing has been slower than expected.

Clinical income was ahead of plan by £0.8m in month once the impact of central pay award funding (£1.6m) is removed. The net YTD position is now £2.7m ahead of plan. The key drivers to this are over performance in non-electives, A&E and ITU offset by under performance in elective and Outpatient activity.

Against the full year £30m CIPS target, including income, £10.4m has been reported YTD against a target of £10.1m, £0.3m ahead of plan. The main issues in month were that delivery from Agency reduction schemes and Procurement initiatives have fallen behind plan whilst Divisional schemes are over performing. Of the YTD reported position 49% is non recurrent.

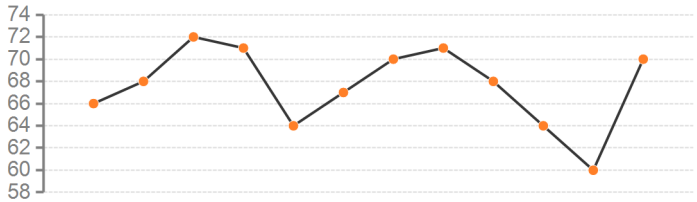
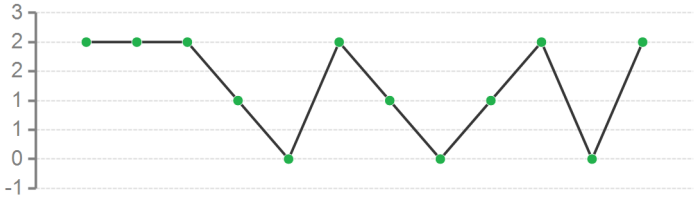
The cash balance as at the end of June was £9.2m, £5.8m above plan. The Trust's total cash borrowing is now £55.6m.

The Trust continues to carry and estimated £9.5m of risk to the year end position in relation to expert determination on income, CIP delivery and activity related costs. The Trust is currently re-forecasting and is reviewing the financial risks .The Trust will seek to mitigate these risks as we move through the year.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Aug	Representation at H&S	811 (22.3%) ↑		% 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.
Aug	RIDDOR Reports (Number)	15 (-21.1%) ↓		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.
Aug	Formal Notices			Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).
Aug	Health & Safety Training	3261 (31.9%) ↑		H&S Training includes all H&S and risk avoidance training including manual handling

Highlights and Actions:

Representation at H&S meetings increased positively last month. This is following a renewed focus on meeting attendance at site level, additionally the newly formed site leadership model will be used to increase the profile of the site H&S meeting. This is being piloted at QEQM initially.

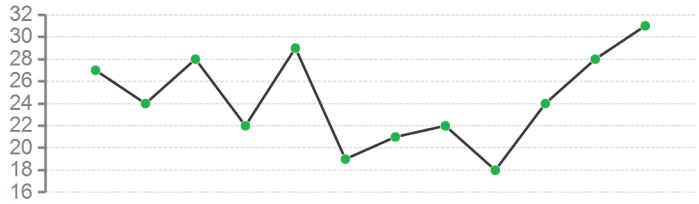
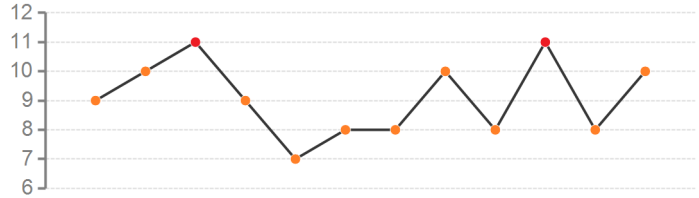
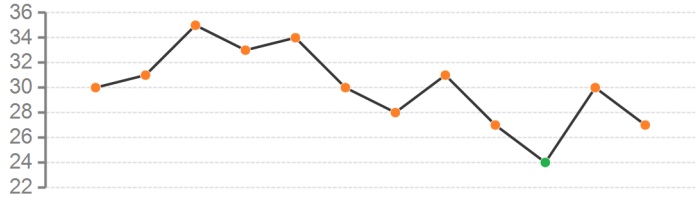
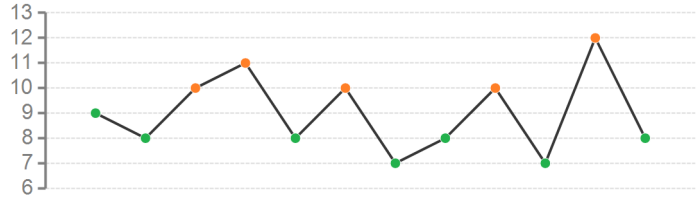
There were 2 RIDDORs to report in August - both related to patient activity and manual handling.

There where no formal notices this month.

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

Strategic Theme: Health & Safety

Health & Safety 2

Aug	Accidents	293 (-7.0%)		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.
Aug	Fire Incidents	109 (-18.0%)		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.
Aug	Violence & Aggression	360 (-14.1%)		Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Aug	Sharps	108 (-38.6%)		Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Highlights and Actions:

The number of accidents increased this month, which although showing a slow increase for the last quarter remains within acceptable tolerances given the size of workforce and organisation. the H&S committee will continue to monitor.

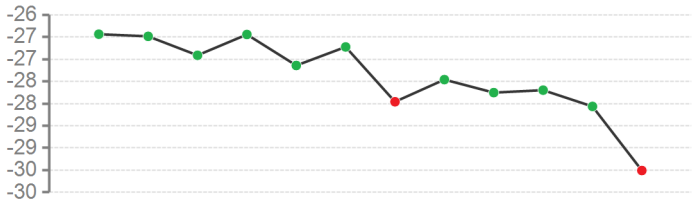
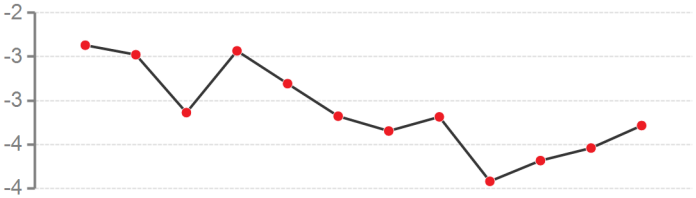
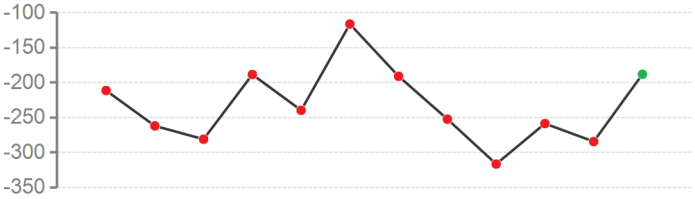
The number of Fire incidents increased slightly in month, there is usually an increase in August and September following the new intake of students. The KPI remains Amber.

V&A and sharps both decreased in August, with Sharps returning to Green.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Aug	Payroll Pay £m	-29.5 (5.1%)		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.
Aug	Agency Spend £m	-3.3 (-7.2%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Aug	Additional sessions £k	-188 (-33.9%)		Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

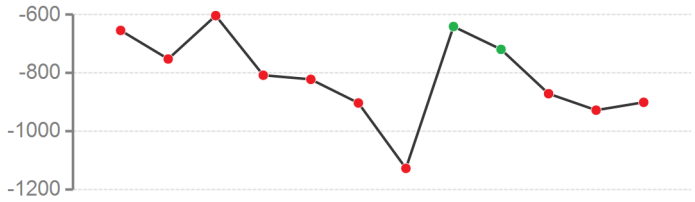
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Aug

Independent Sector £k

-901 (-2.9%)



Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure togeth

Highlights and Actions:

Pay performance is adverse to plan in August by £2.2m and by £6.6m ytd (4.4%). Pay CIPs are adverse to plan in month by £0.3m and by £1.5m ytd.

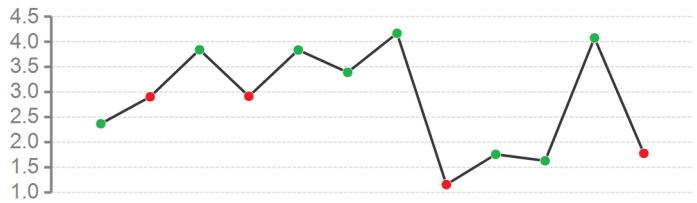
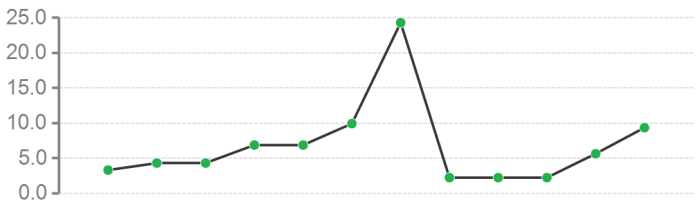
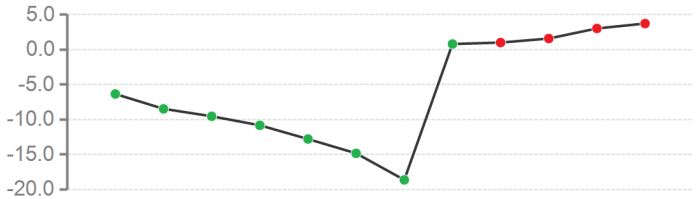
Total expenditure on pay in August was £32.5m, £0.6m higher than in July. This includes £1.3m of non medical pay award arrears paid in August relating to April - June but is offset by the release of medical pay award accruals for April - July totalling £0.3m following announcement from the DoHSC that the medical pay award will be effective from October. Expenditure on temporary staffing, medical locums sessions and waiting list payments fell in total by £0.4m.

Substantive staff expenditure is adverse to plan by £0.6m August and favourable to plan by £2.3m ytd. Other pay groups account for the majority of the overspend in month driven by HCA's, with minor overspends in nursing, ST&T and A&C offsetting an underspend against plan on medical staff.

Agency and Direct Engagement performance continues to be adverse to plan by £1.5m in month and £8.7m ytd. Despite a reduction in actual spend of £0.5m in month when compared to July, all staffing groups are adverse to plan. Expenditure on medical staff continues to show the highest overspend with adverse variances again in all clinical divisions except Clinical Support Services which is favourable to plan in month by £0.3m. Nursing and HCA agency usage remains high in UC&LTC though usage of TFS HCAs at premium rates is reducing from September.

Strategic Theme: Use of Resources

Balance Sheet

Aug	CIPS £m	10.4 (-56.4%)		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.
Aug	Cash borrowings £m	189.4 (-19.0%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Aug	Capital position £m	10.2 (23.2%)		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.

Highlights and Actions:

DEBT
Total invoiced debtors have decreased from the opening position of £28.5m by £11.9m to £16.6m. The largest debtors at 31st August were East Kent CCGs £5.2m and East Kent Medical Services £1.7m.

CAPITAL
Total YTD expenditure for Mth 5 2018/19 is £1.0m below the NHSI plan

CASH
The closing cash balance for the Trust as at 31st August was £9.2m.

FINANCING
£726k of interest was incurred in respect of the drawings against working capital facilities to 31st March 2018 (£46.2m) and April 2018 (£2.2m), July 2018 (£3.4m) and August (3.7m).

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Apr	May	Jun	Jul	Aug	
MD02 - Emergency Pathway	ED 4hr Performance (incl KCHFT MIUs) %	81.73	83.95	86.92	79.53	83.52	>= 95
	ED - 1hr Clinician Seen (%)	46	49	51	43	48	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	14	14	14	14	13	>= 35
	Medical Outliers	57	57	48	47	51	
	DToCs (Average per Day)	63	61	61	57	52	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	66.13	65.40	65.32	65.45	66.40	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	26	28	28	30	28	< 28
	Staff Turnover (Midwifery)	13	13	13	14	13	<= 10
	Vacancy (Midwifery) %	8	7	7	6	6	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.4	13.2	13.0	15.0	13.9	<= 10
	Vacancy (%)	13.0	13.6	14.5	13.6	14.8	<= 7
	Staff Turnover (Nursing)	13	13	13	14	13	<= 10
	Vacancy (Nursing) %	14	15	15	16	16	<= 7
	Vacancy (Medical) %	11	11	13	13	16	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	80.1	71.8	67.2	70.5	75.9	>= 85
	Statutory Training (%)	91	90	91	91	92	>= 85
KF01 - Complaints	Complaint Response in Timescales %	94.4	91.4	92.0	87.3	90.2	>= 85
	Complaint Response within 30 days %	40.3	38.6	44.7	47.4	30.6	>= 85

KF09 - Medicines Management

Pharm: Fridges Locked (%)	82					>=95
Pharm: Fridge Temps (%)	100					>= 100
Pharm: Drug Trolleys Locked (%)	100					>= 90
Pharm: Resus. Trolley Check (%)	73					>= 90
Pharm: Drug Cupboards Locked (%)	82					>= 90

East Kent Hospitals University NHS Foundation Trust

Glossary

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

Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - select	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. Th	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the nationa submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %)	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	<= 0.1	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %

Data Quality & Assurance	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown ir the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for “extra” CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %

Health & Safety	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
	Blood Transfusion Incidents	The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ	< = 5	20 %
	Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
	Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic	>= 94	10 %
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer.	>= 98	20 %
	Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12	<= 0.15	10 %

Incidents	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	< 1	10 %
	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1	
	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
Initiatives	Antimicrobial Resistance & Stewardship CQUIN Delivered %	CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours	>= 100	20 %

Initiatives	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	>= 100	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	>= 100	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	>= 100	20 %
	Staff Health & Wellbeing CQUIN Delivered %	CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake	>= 100	20 %
Mortality	Crude Mortality NEL (per 1,000)	The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro	< 87.45	30 %
Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	AE Mental Health Referrals	The Number of Referrals made to a Mental Health team from A&E		5 %
	Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89	

Patient Experience	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
	Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	
	Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
	Discuss Worries with support %	Discuss Worries with support	>= 89	
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct	>= 1	10 %
	FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction	>= 90	30 %
	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon	>= 15	1 %
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in	>= 85	5 %
	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %

Patient Experience	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las	>= 90	10 %
	Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
	Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
	Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use– allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
	Non-Clinical Canx Breaches 28 Days (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total Non-Clinical Cancellations	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for pa	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Communit	>= 99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		

Staffing

Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12		
Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again	>= 92.1	1 %
Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwive	< 28	2 %
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Shifts Filled - Day (%)	Percentage of RN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Shifts Filled - Night (%)	Percentage of RN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Sickness (%)	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont	< 3.6	10 %

Staffing

Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate– WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior		
Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate– WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	<= 10	15 %
Staff Turnover (Midwifery)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against	<= 10	
Staff Turnover (Nursing)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against th	<= 10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
Total Staff Headcount	Headcount of total staff in post		
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	< 100	5 %
Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	

Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	< 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0	
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	< 0	
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure togeth	< 0	
	Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	

Data Assurance Stars


Not captured on an electronic system, no assurance process, data is not robust


Data is either not captured on an electronic system or via a manual feeder sheet, does not follow an assured process, or not validated/reconciled


Data captured on electronic system with direct feed, data has an assured process, data is validated/reconciled

East Kent Hospitals University NHS Foundation Trust

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	2.7	2.0	2.7	0.8	1.5	4.7	10.4	7.7	14.4
Appraisal Rate (%)	80.8	61.1	80.9	75.8	70.3	75.1	45.5	86.8	67.6
Employed vs Temporary Staff (%)	89.0	87.7	88.3	93.9	87.6	91.0	76.3	91.6	79.7
Sickness (%)	4.2	2.2	2.1	3.2	4.9	4.2	3.5	4.1	3.9
Staff Turnover (%)	14.4	9.0	13.2	11.4	9.2	11.1	8.7	13.6	17.6
Statutory Training (%)	92	87	96	93	89	91	95	92	92
Total Staff In Post (SiP)	1492	86	132	126	120	1346	283	1755	1687
Vacancy (%)	19.2	15.2	11.7	6.9	12.4	9.2	23.7	8.4	20.3

Apdx.

NHS
East Kent Hospitals University
NHS Foundation Trust

Patient Safety Heatmap - AUGUST 2018

KEY

	data not yet available
NULL	null return, data not received
N/A	metric is not applicable

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
K&C - KENT & CANTERBURY HOSPITAL																	
Specialist																	
KBRA - BRABOURNE (KCH)	100.0	0	3	0	0	0	8	50	100	50	52	91	9.1	98.6	88	100	14
MARL - MARLOWE WARD	100.0	0	2	0	0	0	77	33	33	50	64	98	0.0	83.5	95	89	8
Surgical																	
CLKE - CLARKE WARD	94.1	3	3	0	0	0	101	50	50	100	40	97	3.0	84.1	87	92	7
KENT - KENT WARD	100.0	3	4	0	0	0	12	100	100	100	29	95	0.0	94.3	96	101	9
KITU - KCH ITU	100.0	0	0	0	0	0	39	N/A	N/A	N/A	N/A	N/A	N/A	90.5	78	75	25
Urgent & Long Term																	
HARB - HARBLEDOWN WARD	100.0	0	6	0	0	0	46	50	50	50	35	93	0.0	78.1	87	124	6
INV - INVICTA WARD	100.0	0	3	0	0	0	0	50	50	50	41	100	0.0	94.2	104	112	6
KING - KINGSTON WARD	100.0	1	5	0	0	0	0	50	50	50	49	100	0.0	87.3	95	110	5
KNRU - EAST KENT NEURO REHAB UNIT	94.4	0	3	0	0	0	0	100	100	100	75	88	0.0	91.9	100	101	6
MTMC - MOUNT/MCMASTER WARD	100.0	1	5	0	0	0	0	50	50	100	11	100	0.0	95.6	75	97	5
TREB - TREBLE WARD	100.0	0	5	0	0	2	0	33	50	50	92	100	0.0	92.3	80	89	9
QEQM - QUEEN ELIZABETH QUEEN MOTHER HOSPITAL																	
Specialist																	
BIR - BIRCHINGTON WARD	100.0	0	0	0	0	2	0	100	100	100	19	100	0.0	88.9	89	121	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	1	0	N/A	N/A	N/A	N/A	N/A	N/A	86.1	85	92	23
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	1	2	N/A	N/A	N/A	N/A	N/A	N/A	95.3	100	99	10
RAI - RAINBOW WARD	100.0	0	0	0	0	1	0	N/A	N/A	N/A	17	100	0.0	91.4	85	90	13
Surgical																	
BIS - BISHOPSTONE WARD	100.0	1	0	0	0	1	158	50	50	50	101	95	1.2	77.6	70	91	8
CSF - CHEERFUL SPARROWS FEMALE	100.0	0	3	0	2	1	2	33	50	50	100	99	0.0	91.6	124	134	7
CSM - CHEERFUL SPARROWS MALE	100.0	3	1	0	0	1	11	50	50	50	45	96	0.0	77.7	125	150	7

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	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
QITU - QEH ITU	100.0	2	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	83.6	81	110	24
SB - SEA BATHING WARD	100.0	0	0	0	0	0	1	33	33	33	45	93	3.7	90.7	101	108	6
Urgent & Long Term																	
DEAL - DEAL WARD	100.0	2	3	0	0	1	0	50	100	50	4	100	0.0	87.1	89	119	5
FRD - FORDWICH WARD STROKE UNIT	100.0	0	3	0	0	0	0	33	100	33	109	100	0.0	81.9	89	115	8
MW - MINSTER WARD	100.0	0	2	0	0	1	6	50	100	100	10	100	0.0	75.8	97	111	8
QCCU - QEH CCU	100.0	0	3	0	0	0	6	50	50	50	51	100	0.0	76.5	81	110	24
QCDU - QEH CDU	100.0	17	3	0	0	1	4	100	50	100	19	79	17.6	79.1	110	159	10
QX - QUEX WARD	100.0	0	2	0	0	1	18	NULL	NULL	NULL	50	100	0.0	NULL	100	114	6
SAN - SANDWICH BAY WARD	100.0	0	1	0	0	0	7	50	100	100	15	82	9.1	97.2	128	137	7
SAU - ST AUGUSTINES WARD	95.0	1	6	0	0	0	5	100	100	100	36	95	0.0	90.9	100	124	5
STM - ST MARGARETS WARD	100.0	0	1	0	0	1	31	NULL	NULL	NULL	56	97	0.0	58.3	88	103	5
WHH - WILLIAM HARVEY HOSPITAL																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	2	5	33	33	50	N/A	N/A	N/A	85.4	92	91	16
KEN - KENNINGTON WARD	100.0	0	0	0	0	1	9	33	33	50	36	97	2.6	71.9	89	116	7
PAD - PADUA	100.0	0	0	0	0	3	0	N/A	N/A	N/A	37	98	1.6	85.6	84	84	9
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	101.6	100	99	10
Surgical																	
ITU - WHH ITU	100.0	4	2	0	0	0	3	N/A	N/A	N/A	N/A	N/A	N/A	97.7	87	95	27
KA2 - KINGS A2	100.0	1	5	0	0	0	189	33	33	50	65	96	0.0	98.9	105	118	6
KB - KINGS B	100.0	0	3	0	0	0	192	33	33	33	65	94	4.1	94.3	102	116	6
KC - KINGS C1	96.0	2	1	0	0	0	0	33	50	50	136	92	0.0	80.5	106	101	6
KC2 - KINGS C2	100.0	1	2	0	0	0	0	50	50	33	60	98	1.1	68.4	86	92	6
KDF - KINGS D FEMALE	100.0	3	1	0	1	0	3	33	33	50	72	98	0.0	98.9	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	4	3	0	0	1	0	33	33	25	53	96	0.0	N/A	109	109	7
RW - ROTARY WARD	93.8	0	0	0	0	1	21	33	33	33	107	98	0.0	95.2	110	99	8
Urgent & Long Term																	
CCU - CCU	100.0	0	0	0	0	0	0	50	100	50	0	NULL	NULL	NULL	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	0	0	0	0	0	0	33	100	100	1	100	0.0	74.2	108	132	8
CK - CAMBRIDGE K	100.0	0	6	0	0	2	0	50	50	33	61	88	2.3	48.9	87	93	6

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	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
CL - CAMBRIDGE L REHABILITATION	100.0	3	11	0	0	1	0	33	50	50	93	95	2.3	84.9	83	113	6
CM1 - CAMBRIDGE M1 SHORT STAY	100.0	1	4	0	0	1	0	50	33	100	38	94	5.9	14.5	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	94.7	2	7	0	0	0	5	33	50	33	92	97	0.0	100.2	101	92	6
OXF - OXFORD	100.0	0	2	0	0	0	0	50	100	50	41	100	0.0	89.6	111	118	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	95.8	1	4	0	0	1	0	33	50	33	34	86	9.5	90.6	83	114	7
WBAR - BARTHOLOMEW WARD WHH	NULL	0	0	0	0	0	0	50	50	50	156	98	1.5	NULL	88	100	14
WCDM - WHH CDU MIXED	100.0	8	13	2	0	1	6	50	25	33	16	74	18.5	79.3	77	89	11