NHS
East Kent Hospitals University
NHS Foundation Trust

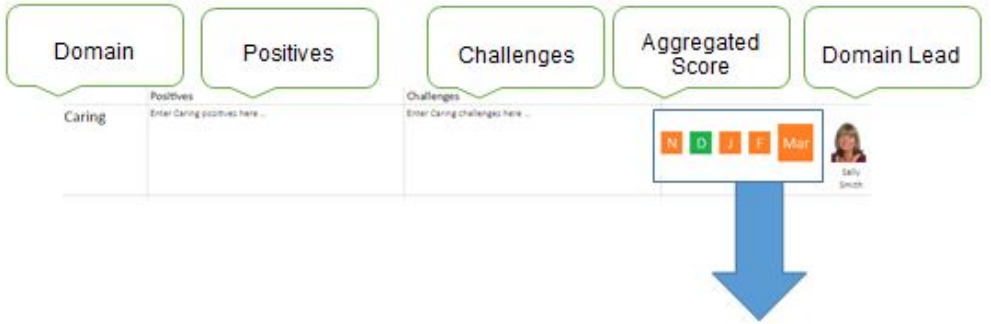
SEPTEMBER 2018

INTEGRATED PERFORMANCE REPORT

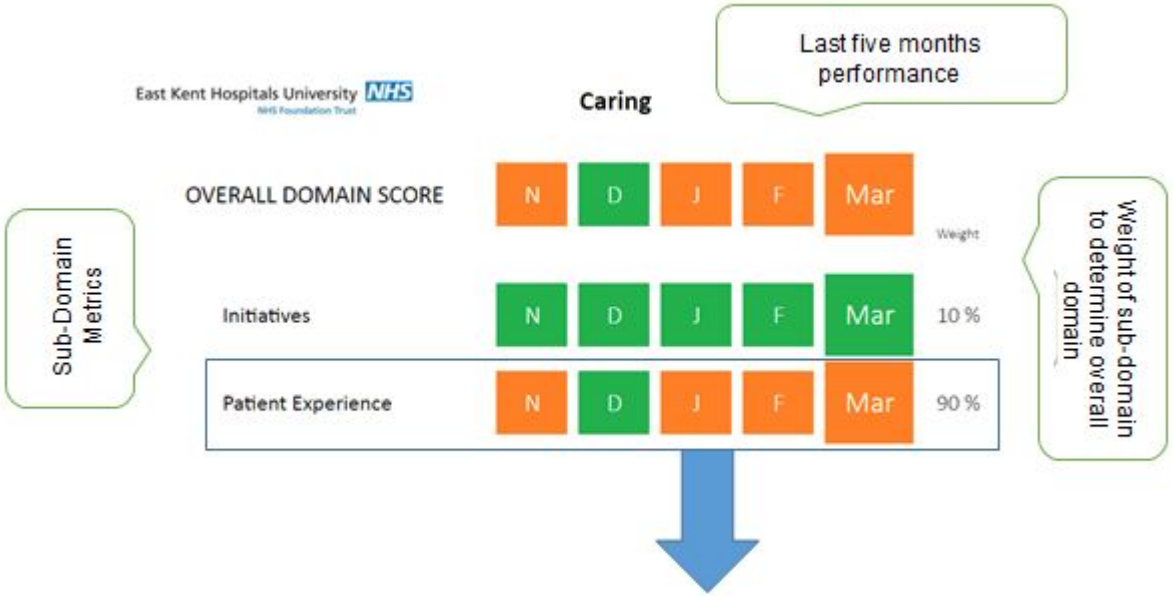
East Kent Hospitals University NHS Foundation Trust

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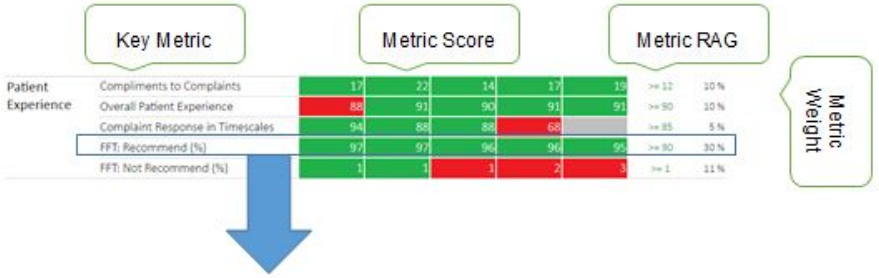
3 **Key Metrics:** This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.



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

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

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Strategic Priorities

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Contents

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Headlines

	Positives	Challenges	
Caring	The Friends and Family test inpatient satisfaction rate remains positive at 97%. And the percentage not recommending the Trust has reduced in September. The overall patient experience this month has improved and is registering green. We have seen improvements in the patients' satisfaction around cleanliness, food and being able to discuss their worries with a nurse. The ratio of compliments to complaints is positive with a high number of recorded compliments to every single complaint. The number of mixed sex breaches has reduced from 73 last month to 19 in September. Our improvement trajectory of a 30% reduction by December is on track.	The management of our complaints process remains a challenge. This month we have reported 'amber' for complaints responded to within timescales. This is because we are addressing the backlog and seeking resolution with clients whose complaints have been open beyond the agreed date. In September we received 78 formal complaints (an increase on August) and 336 PALS enquiries, also an increase. Our acknowledgement of complaints within 3 working days was 95% this month which is an improvement. Actions to address these challenges includes monthly meetings with Care Groups, reducing the backlog, a peer review by a local Trust and recruiting into the corporate team. There remains 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.	M J J A Sep  Sally Smith

Effective	There has been continued improvement in DTOC's which are averaging at 48 per day; however, this remains higher than the Trust internal target of 30 DTOC's per day. There are weekly reviews of all 7 and 21 day patients on each site and a whole system focus on resolving complex discharge issues. Discharges before 12 noon have deteriorated from 17% to 13%. It continues to be a priority to increase the number of discharges before midday and the process of identifying at least one 'golden' patient who can be discharged before 10am has been restated. Theatre utilisation has reduced slightly to 77%, with theatre start time within 30 minute performance reduced to 20%. The number of patients cancelled on the day has improved to 40. Non-clinical cancellations is much improved at 0.5%. The number of DNA's for new and follow up patients has improved to 7.8 and 7.2% respectively.	Although the DTOC numbers are improving, there is concern regarding the number of 'stranded' patients with a length of stay higher than 7 days and the number of 'super stranded' complex patients with a length of stay higher than 21 days. This is a daily challenge due the impact such delays have on patient flow across the whole emergency pathway. The implementation of the new PAS has created challenges for staff across all the Constitutional and internal standards creating delays in the delivery of activity. This has been due to staff becoming familiar with the new system and some operational issues which are being proactively managed through daily operational meetings and a weekly senior meeting chaired by the Chief Operating Officer.	M J J A Sep	 Lee Martin

Responsive

4 hour Emergency Access Standard
September performance for the 4 hour target was 77.15%, excluding the community MIU activity and against a NHS Improvement trajectory of 85.4%. This represents a 3% decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in September. The number of patients who left the department without being seen continued to be compliant at 0.48%, whilst unplanned re-attendances remained non-compliant at 8.5%. Time to treatment (60 minutes) also decreased to 45.5% and became non-compliant against the 48% internal standard.

RTT
September performance reduced to 76.27% against an improvement trajectory of 81.32%.

The number of patients waiting over 52 weeks for first treatment has decreased further to 129. This is within the trajectory of 175 submitted to NHSI.

DM01
The standard has not been met for September 2018 with a compliance of 98.53%, which is a slight improvement on last month. As at the end of the month there were 187 patients who had waited over 6 weeks for their diagnostic procedure.

The increase in demand for Sleep Studies has impacted on Respiratory performance and resulted in 123 breaches. There were also 42 breaches for patients waiting for an echo in the cardiac department.

Cancer
September performance is currently 77.05% against the improvement trajectory of 62.76%, validation continues until the beginning of November in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,955 and there were 15 patients waiting 104 days or more for treatment or potential diagnosis. This is a significant improvement.

All patients on a 2ww pathway and who are 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.

During September a large amount of effort was put into

4 hour Emergency Access Standard
The A&E four hour standard remains a priority for the Trust. The new PAS system has resulted in some delays in process whilst staff became familiar with the new system. During the downtime staff were also working with an electronic and paper process.

RTT
Planned reduction in activity, together with some operational issues related to the new PAS system which have resulted in an increase in the number of 'no outcome' patients who have not been cashed up in clinic; and a reduction in validation of the waiting lists due to staff focussing on supporting staff in out patient clinics or Patient Service Centre.

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. Staffing issues due to vacancy and sickness in the cardio/respiratory departments has resulted in breaches in echo and sleep studies.

Cancer
Due to increases in demand some tumour groups, such as gynaecology and dermatology there is insufficient dedicated capacity to meet the 2ww demand. Out patient clinic template reviews are underway to identify sufficient substantive capacity.

M J J A Sep

Lee Martin

	preparing for the new PAS; this included allocation of additional human resources to support the downtime and go live; planned reduction in activity to allow staff more time to become familiar with the new system and processes.		
Safe	The rate of falls has again remained below the national average registering green and this month pressure ulcers have also improved and are also registering green. These are 2 of the main metrics contributing to our new harms rate which also therefore remains good.	The improvement in missed doses of medicines and missed critical doses has plateaued and requires more work in each of the different ward areas VTE assessment recording has significantly worsened this month - across the Board including the areas that have been above target for over 12 months. This will be further investigated to ensure it is not related to data capture. Infection prevention and control continues to be a concern despite some potential improvement in E.coli bacteraemia rates.	M J J A Sep  Paul Stevens
Well Led	Vacancy (M6 - 14% , M5 - 13.4%), Appraisal (M6 - 76.5%, M5 - 76%) and Agency % (M6 - 7.1% , M5 - 7.6%) rates have all improved in month. I&E CIPS of £12m are reported up to Month 6 against a plan of £11.4m. Risks remain in relation to finalising CIP schemes and full delivery of some identified schemes (e.g. 2gether Solution savings) in order that the full net £30m of savings can be delivered by the year end.	The Trust delivered a £1.7m deficit (after NHSi adjustments) in Month 6 which was £1.1m behind plan. This brings the YTD position to a deficit of £17.1M which is behind plan by £1.3m (consolidated position including Spencer Wing and after technical adjustments). Trust Pay is £1.6m over plan in month and £8.2m over plan YTD. The main overspend is in Agency costs (£10.3m over plan YTD) offset by an underspend on permanent staffing (£2.7m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U&LTC and increased pressures in Medical pay in Surgery. Risks remain in relation to the impact on Income of the Expert Determination although 2017/18 has been agreed verbally. The Trust is working with Commissioners to agree the final impact for 2018/19. Total Cash borrowed has risen to £60.7m Staff sickness (M6 - 4.8%, M5 3.8%) and Staff turnover (M6 14.2% , M5 - 13.9%) rates have both worsened in month.	M J J A Sep  Susan Acott

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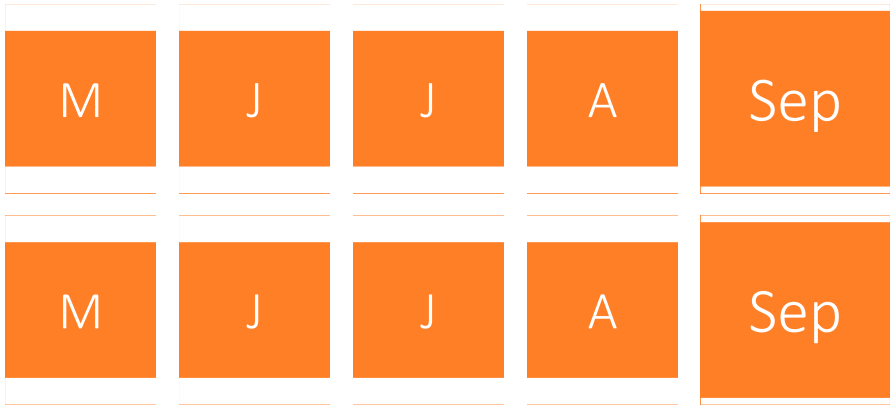
Caring



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Caring

		May	Jun	Jul	Aug	Sep	Green	Weight
Patient Experience	Mixed Sex Breaches	69	98	50	73	19	>= 0 & <1	10 %
	AE Mental Health Referrals	104	134	106	115	81		5 %
	Compliments to Complaints (#/1)	28	28	30	24	17	>= 12	10 %
	Overall Patient Experience %	91.4	91.1	91.9	89.8	90.1	>= 90	10 %
	FFT: Recommend (%)	97	97	97	96	97	>= 90	30 %
	FFT: Not Recommend (%)	1.8	0.9	1.1	1.7	1.2	>= 0 & <1	10 %
	Complaint Response in Timescales %	91.4	92.0	87.3	90.2	75.7	>= 85	5 %

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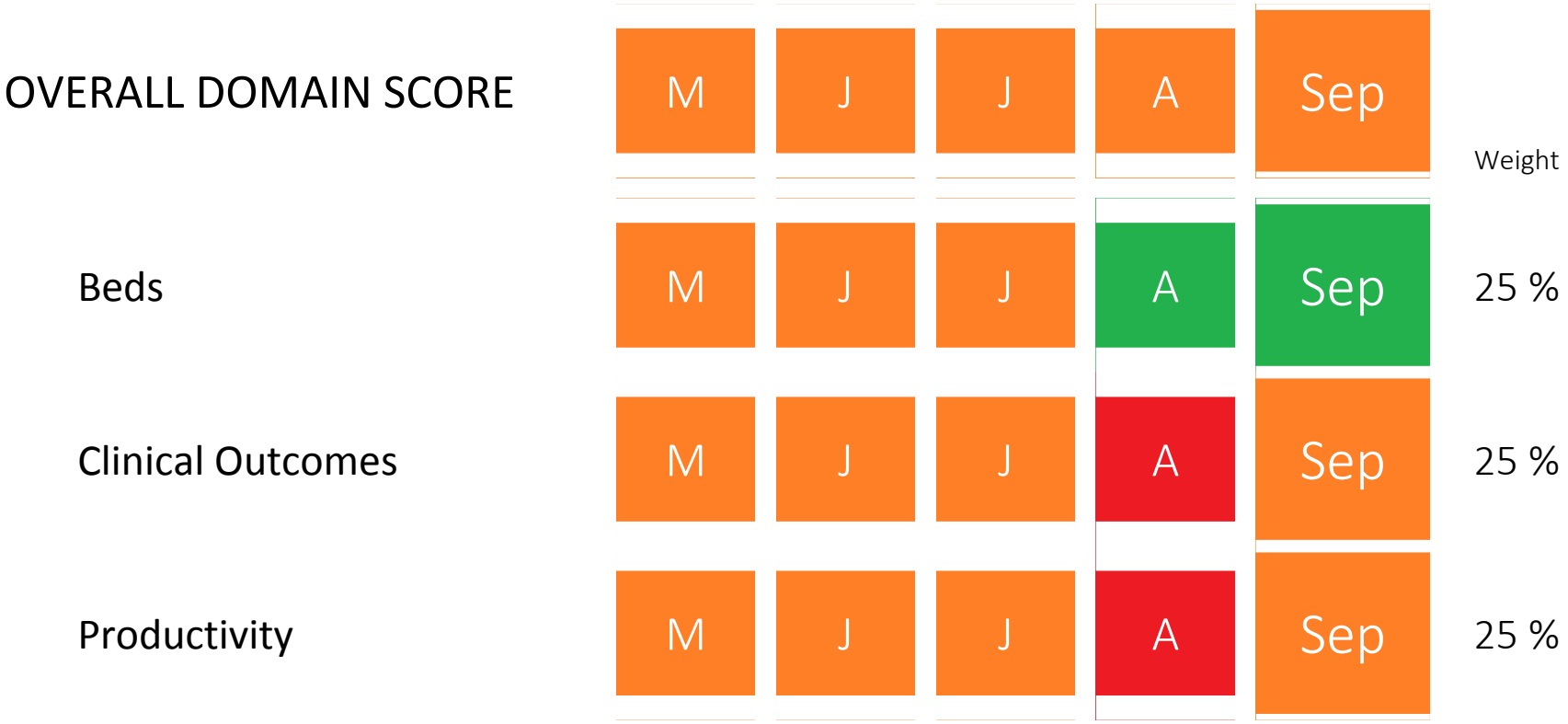
Effective



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Effective

		May	Jun	Jul	Aug	Sep	Green	Weight
Beds	DToCs (Average per Day)	61	61	57	52	48		30 %
	Bed Occupancy (%)	5	5	5	5	5	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	14	14	13	17	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.8	3.7	3.9	4.4		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.9	15.2	14.4	15.2		>= 0 & <15	15 %
	Audit of WHO Checklist %	100	100	96	98	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.0	6.8	7.8	8.5	7.8	>= 0 & <7	
	DNA Rate: Fup %	6.7	6.8	6.9	7.3	7.2	>= 0 & <7	
	New:FUp Ratio (1:#)	1.9	1.9	1.9	1.8	1.8	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.5	3.2	3.5	2.9	3.2		
	LoS: Non-Elective (Days)	6.4	6.2	6.2	6.1	6.1		
	Theatres: Session Utilisation (%)	80	80	79	80	77	>= 85	25 %
	Theatres: On Time Start (% 30min)	70	67	69	70	66	>= 90	10 %
	Non-Clinical Cancellations (%)	2.2	2.1	1.8	1.7	0.5	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	1	3	0	0	0	>= 0 & <5	10 %
	EME PPE Compliance %	81	80	81	78	79	>= 80	20 %

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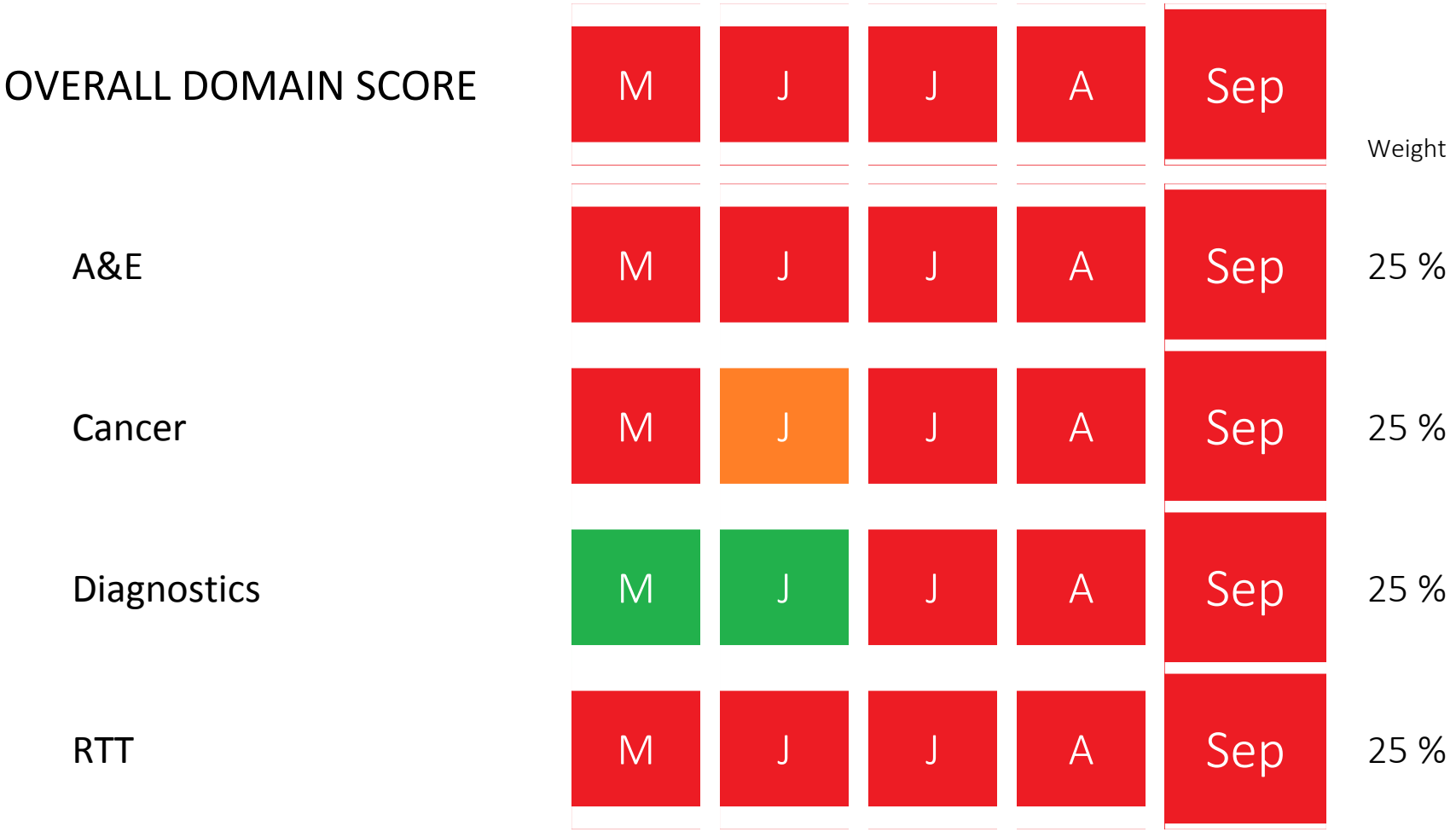
Responsive



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Responsive

		May	Jun	Jul	Aug	Sep	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	83.95	86.92	82.95	81.95	81.17	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	80.80	82.73	79.18	80.04	77.15	>= 95	1 %
Cancer	Cancer: 2ww (All) %	93.81	94.22	94.94	93.64	90.91	>= 93	10 %
	Cancer: 2ww (Breast) %	84.46	94.12	93.18	86.32	94.39	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.33	96.45	95.66	95.24	96.89	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	82.05	82.61	94.59	95.56	95.74	>= 94	5 %
	Cancer: 31d (Drug) %	98.88	98.11	99.17	98.97	97.78	>= 98	5 %
	Cancer: 62d (GP Ref) %	65.01	65.47	65.39	65.85	71.19	>= 85	50 %
	Cancer: 62d (Screening Ref) %	84.09	100.00	81.63	94.37	84.31	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	75.86	84.38	85.00	94.74	72.73	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.30	99.09	98.44	98.03	98.53	>= 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 (%)	78.56	79.02	79.65	79.06	76.27	>= 92	100 %
	RTT: 52 Week Waits (Number)	218	201	167	125	129	>= 0	

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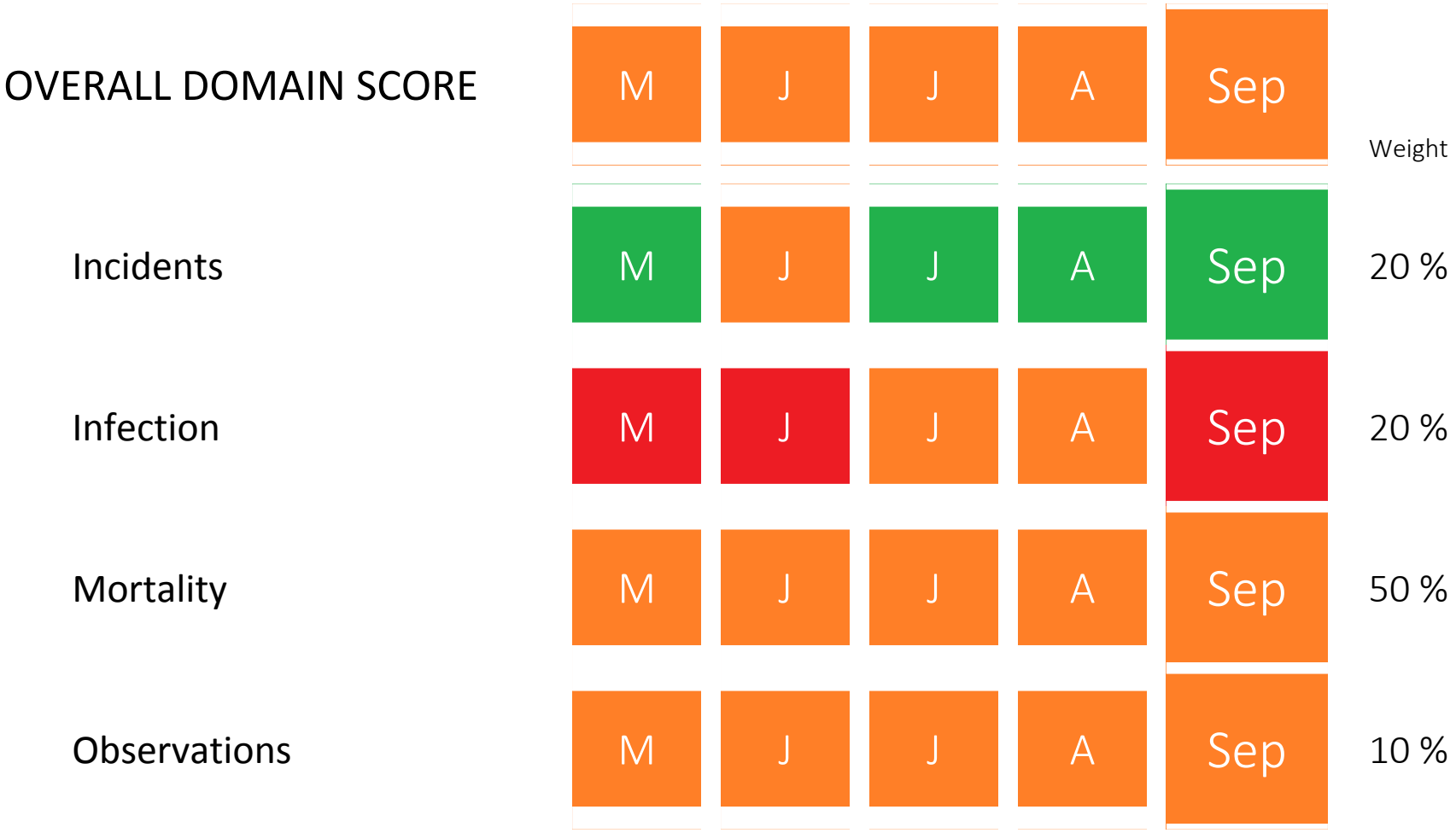
Safe



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Safe

		May	Jun	Jul	Aug	Sep	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,477	1,347	1,481	1,281	1,198		
	Serious Incidents (STEIS)	13	12	9	11	11		
	Harm Free Care: New Harms (%)	98.7	98.3	98.3	99.3	99.0	>= 98	20 %
	Falls (per 1,000 bed days)	5.09	5.04	5.02	4.93	5.40	>= 0 & <5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.14	0.15	0.18	0.17	0.14		10 %
Infection	Cases of C.Diff (Cumulative)	12	16	19	22	25	<= Traj	40 %
	Cases of MRSA (per month)	1	1	0	0	1	>= 0 & <1	40 %
	Hand Hygiene Audit	96	96	95	94	97	>= 95	
Mortality	HSMR (Index)	95	96	96			>= 0 & <90	35 %
	Crude Mortality EL (per 1,000)	0.8	0.4	0.8	0.9	0.7	>= 0 & <0.33	10 %
	Crude Mortality NEL (per 1,000)	26.6	25.5	29.1	24.8	27.8	>= 0 & <27.1	10 %
	RAMI (Index)	89	89	90	89	89	>= 0 & <87.45	30 %
Observations	Cannula: Daily Check (%)	70.0	71.8	70.8	68.9	65.5	>= 50	10 %
	Catheter: Daily Check (%)	40.6	41.8	39.2	43.7	36.9	>= 50	10 %
	Central Line: Daily Check (%)	67.8	68.1	66.9	66.1	62.3	>= 50	10 %
	VTE: Risk Assessment %	94.5	94.3	93.2	93.0	90.2	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.1	92.5	91.9	92.0	91.5	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.6	90.0	89.1	89.6	89.4	>= 90	25 %

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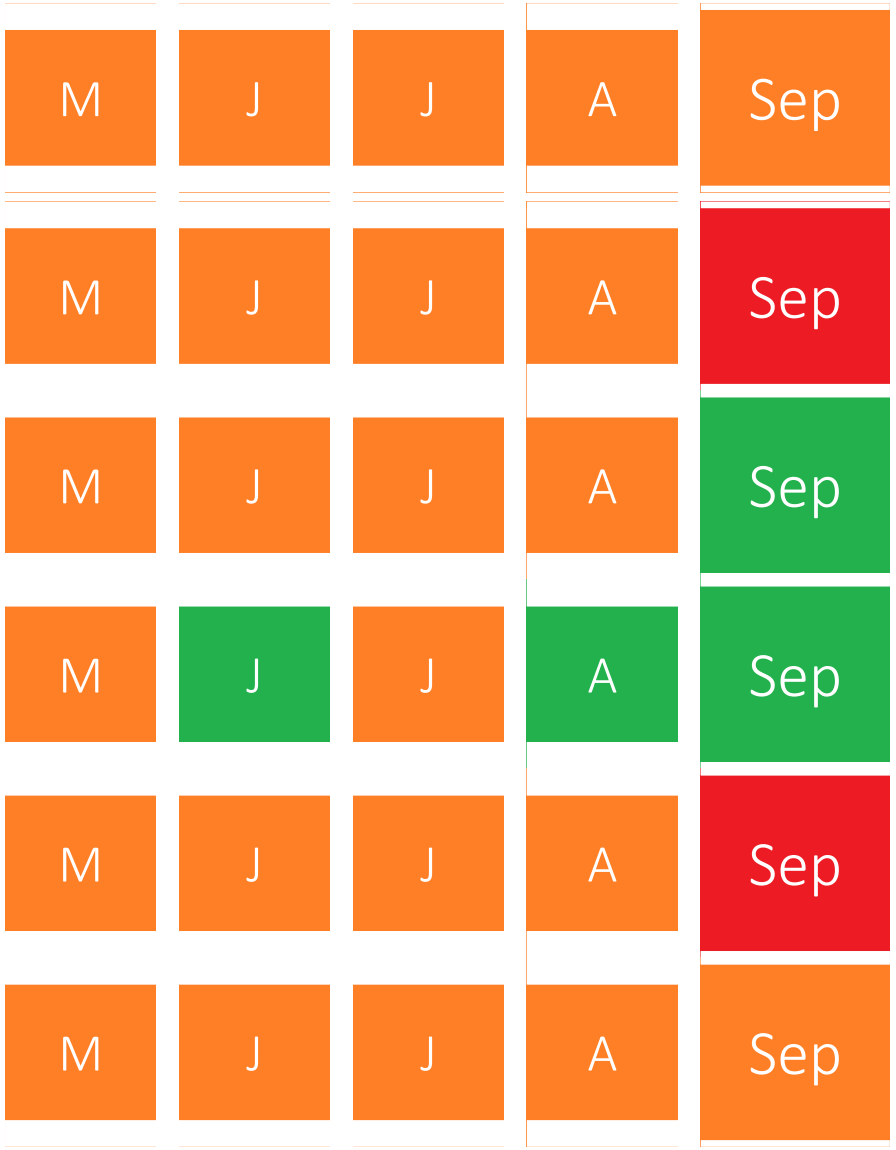
Well Led



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Well Led

		May	Jun	Jul	Aug	Sep	Green	Weight
Data Quality & Assurance	Not Cached Up Clinics %	1.5	1.0	1.0	1.1	2.2	>= 0 & <0.2	25 %
	Uncoded Spells %	0.4	0.3	0.1	0.4	14.2	>= 0 & <0.25	25 %
Finance	Forecast £m	-30.0	-30.0	-30.0	-30.0	-29.9	>= 0	10 %
	Total Cost £m (Trust Only)	-53.2	-53.1	-54.0	-54.0	-52.5	>= 0	20 %
	Cash Balance £m	4.8	7.1	16.0	9.2	5.1	>= 0	20 %
	I&E £m (Trust Only)	-3.2	-1.7	-1.3	-4.4	-2.1	>= 0	30 %
Health & Safety	Formal Notices	0	0	0	0	0	>= 0 & <1	15 %
	RIDDOR Reports (Number)	1	2	0	2	1	>= 0 & <3	20 %
Staffing	Sickness (%)	3.7	3.8	3.8	3.8	4.8	>= 0 & <3.3	10 %
	Agency %	7.0	7.2	7.4	7.6	7.1	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	57	59	59	60	60		1 %
	Shifts Filled - Day (%)	100	99	96	93	93	>= 80	15 %
	Shifts Filled - Night (%)	105	104	108	105	103	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	11	10	11	11		
	Staff Turnover (%)	13.2	13.0	15.0	13.9	14.2	>= 0 & <10	15 %
	Vacancy (%)	13.1	14.0	13.3	14.0	13.4	>= 0 & <7	15 %
	Total Staff In Post (SiP)	7042	7045	7105	6994	7043		1 %
Training	Appraisal Rate (%)	71.8	67.2	70.6	76.0	76.5	>= 85	50 %
	Statutory Training (%)	90	91	91	92	92	>= 85	50 %

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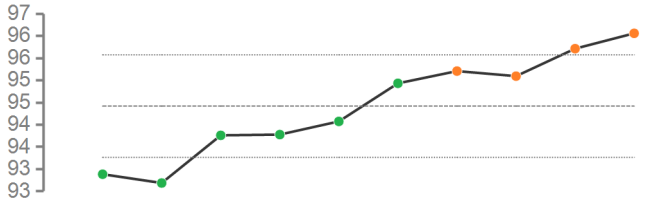
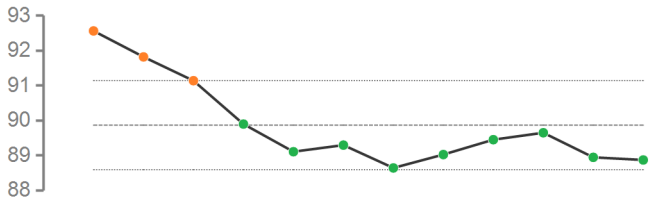
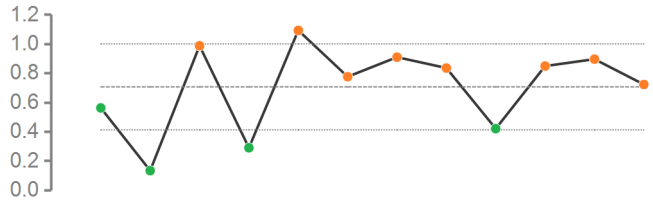
Strategic Theme: Patient Safety

Mortality

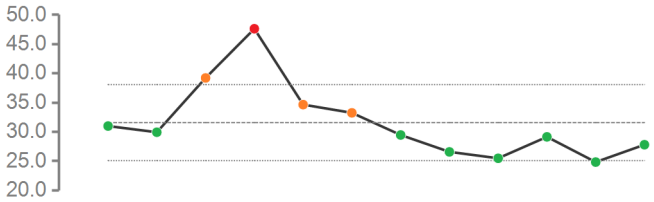
Sep	HSMR (Index)	94 (0.6%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Sep	RAMI (Index)	90 (1.9%)		Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Sep	Crude Mortality EL (per 1,000)	0.7 (0.2%)		"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."

Strategic Theme: Patient Safety

Sep

Crude Mortality NEL (per 1,000)

31.6 (16.1%)



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

Highlights and Actions:

Crude mortality and RAMI (risk adjusted mortality index) are unchanged in comparison to recent months and both remain between upper and lower control limits, both are in 50th-75th quartile by peer distribution. Our SHMI (summary hospital mortality index) is also unchanged and is again 1.02 for this period under study for SHMI (April 2017-March 2018).

HSMR shown in the report here has breached the upper control limit for the last 2 months and it is believed that this is still a consequence of the re-basing exercise. The CHKS report actually suggests a reduction in HSMR but even with re-basing is within control limits for the last 2 years.

Actions

A review of randomly selected notes is still underway for both stroke and acute myocardial infarction, a previous review of sepsis did not reveal any avoidable factors and this has been examined again this month and actions reviewed. 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 an England average of 4.5 versus the England highest of 6.3 (Salford Royal NHSFT).

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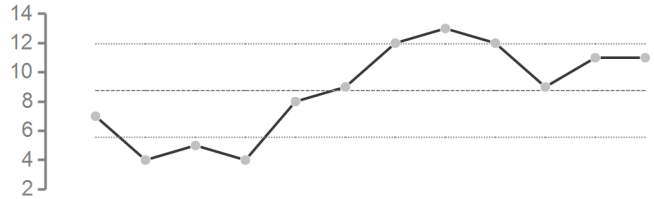
Strategic Theme: Patient Safety

Serious Incidents

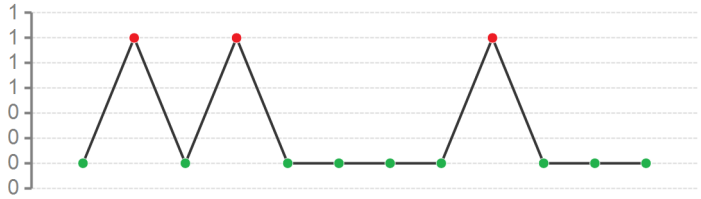
Sep	Serious Incidents (STEIS)	105 (41.9%)		"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Strategic Theme: Patient Safety

Sep

Never Events (STEIS)

3
(-25.0%)



"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Highlights and Actions:

Total open SIs on StEIS in September 2018: 89 (including 11 new)
SIs under investigation: 43
Breaches: 3
Non-breaches: 40
Waiting EKHUFT non-closure response: 12
Waiting CCG response: 34

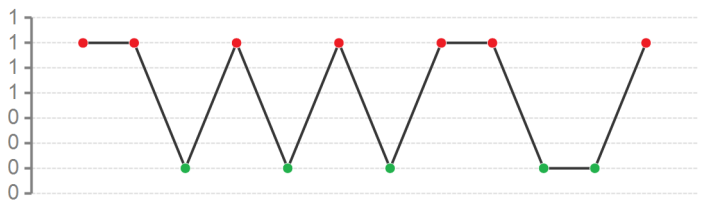
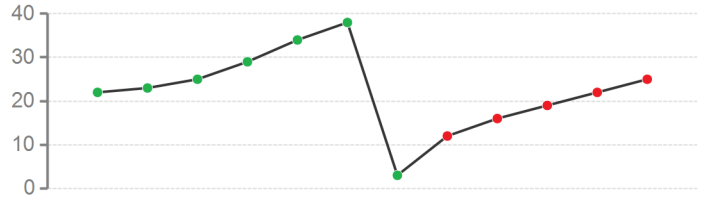
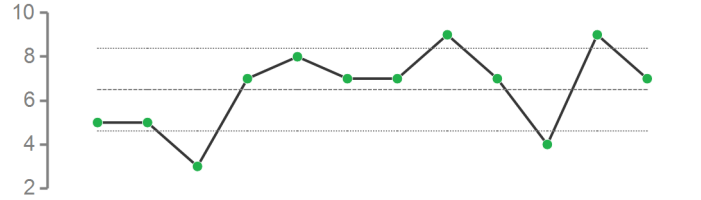
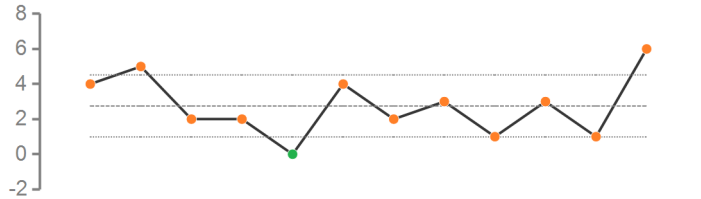
Supporting Narrative:
The number of breached cases is 3. Breaches were mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. 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. A new SI panel is being set up weekly chaired by the Medical Director and present will be the Chief Nurse and Chief Operating Officer. This action will provide greater oversight of learning and case management.

The 11 new SIs are:
- a medication incident with possible anaphylaxsis
- two abuse cases (one was patient on patient and one related to a doctor and a patient)
- an obstetric case relating to the baby (HSIB will be investigating)
- a treatment delay in ophthalmology
- a VTE case within maternity
- three suboptimal care of deteriorating patients - one in ED, one on Invicta Ward and one on King's A
- a screening incident relating to neonatal hip screening
- a pressure ulcer case

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Infection Control

Sep	Cases of MRSA (per month)	7 (-30.0%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
Sep	Cases of C.Diff (Cumulative)	25 (13.6%)		"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."
Sep	E. Coli	78 (-17.0%)		"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."
Sep	MSSA	33 (10.0%)		"The total number of MSSA bacteraemia recorded, post 48hrs.

Strategic Theme: Patient Safety

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 September (25) is above the trajectory set for the year by the Department of Health (22). 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 75 year to date.

All of the hospital onset C.difficile infections to date have been in either the surgical or Urgent Care & Long Term Conditions divisions with no cases recorded in specialist services (renal, haematology, obstetrics, gynaecology). Ribotyping has not suggested transmission of C.diff between patients.

Actions:

1. Learn from wards that have experienced no episodes of C.diff to understand what they are doing differently
2. Continued programme of anti-microbial stewardship targeting areas of high and inappropriate broad spectrum antibiotic usage
3. Reinforcement of basic infection prevention and control procedures throughout the Trust
4. Work with community over community onset C.diff

MRSA

From April 2018, all post 48 hour MRSA bacteraemias have been automatically assigned to the Trust and all pre 48 hour cases to the CCG. Year to date there have been 3 hospital onset MRSA bacteraemias and 5 attributable to the CCGs. Root cause analysis in the 3 hospital onset cases indicated heavy colonisation with MRSA in skin ulcers at time of admission.

MSSA

The number of Trust apportioned MSSA bacteraemias year to date is 16, there have been a further 51 cases of community onset MSSA bacteraemias. MSSA is reported as an SPC run chart in this report and this month has breached the upper control limit.

Actions:

Staphylococcus aureus, whether MRSA or MSSA, is found on people's skin and in the respiratory tract and therefore easily colonises ulcers. Care of indwelling devices that breach natural defences is therefore an integral part of prevention of both MRSA and MSSA bacteraemias.

1. revisit the 5 moments of hand hygiene with all clinical teams (before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient, and after touching patient surroundings).
2. Implement the aseptic non-touch technique and audit compliance with ANTT guidance for wound care and care of indwelling devices

E.coli

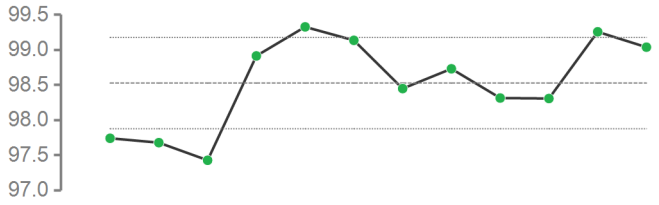
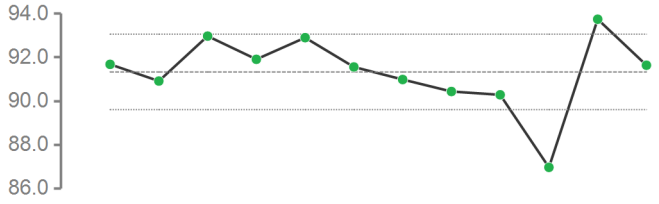
The number of E.coli bacteraemias (hospital onset) year to date is 40, month by month this metric is also presented as an SPC run chart but is highly variable as can be seen, ranging from below to above to between lower and upper control limits in successive months. The number of community onset year to date is 246, comparable figures for last year were 45 for hospital onset and 253 for community onset.

E.coli bacteraemia in hospital is almost exclusively associated with pathology in the urinary and digestive tracts and other than infection associated with indwelling urethral catheters is largely unpreventable. The underlying causes of community onset E.coli bacteraemia are similar and work to reduce E.coli bacteraemia centres around a collaborative aiming to reduce those bacteraemias associated with urinary tract infection through introduction of catheter bundles in both hospital and community.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Sep	Harm Free Care: New Harms (%)	98.5 (-0.2%)		Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.
Sep	Harm Free Care:All Harms (%)	91.3 (-1.7%)		"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)."

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 September-18 (91.64%) shows a slight fall since last month (93.75% August-18). The prevalence of catheters & New UTIs has improved for September 18 and decreased to 0.10% (0.11% - August-18), which is lower than both the overall National Average (0.28%) and the Acute Hospital only average (0.34%).

The total of Harm Free Care experienced in our care (New Harms only) at 99.04% fell slightly since last month (99.26% August-18). A marked improvement for the prevalence of New VTEs (0.38%) are lower than the national average for Acute Hospitals (0.64%) and New Pressure Ulcers (0.58%) are lower the national average for Acute Hospitals (0.73%). The prevalence of Catheters and New UTIs , and Falls with Harm continue to remain below the national average for Acute Hospitals.

Falls - 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

Recommendations:
• Lying and standing blood pressures are monitored and being discussed at the board round daily.

Pressure Ulcers – Actions:
1. Events held in QII HUB
2. Mattress strategy meeting to plan for winter pressures
3. Visit to Ami group by TVN and manual Handling Lead
4. Acute Hospital Bed trials have taken place
5. TV Tuesday commenced at WHH

Recommendations:
• Continue improvement work with regards to documentation
• Share results of trust-wide annual audit
• Trial equipment of active mattress/Hybrid to ensure sufficient supply for winter
• 'React to Risk' event to be held in November to coincide with Worldwide stop the pressure day. PROMPT card launching and Waterlow risk assessment guides

VTEs –

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

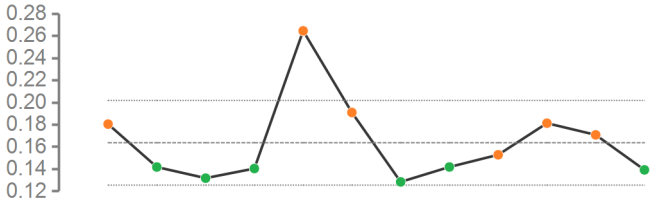
UTIs – Action's:
1. Awaiting completion of Kent & Medway wide catheter guidelines to roll out
2. Planned launch of the catheter passport
3. Further work will continue to explore admission source, and identify any themes, for patients admitted with a urinary catheter to drive improvement priorities.

Recommendations:
• Continue improvement work trustwide
• Ensure robust validation of prevalence data

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Pressure Damage

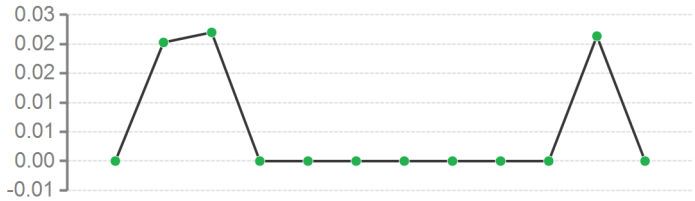
Sep	Pressure Ulcers Cat 2 (per 1,000)	0.17 (-65.3%)		"Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Strategic Theme: Patient Safety

Sep

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

0.01
(-70.9%)



"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 12 months."

Highlights and Actions:

September 2018

In September 2018 there were a total of 41 pressure ulcers reported. 28 of these were category 2 ulcers which is an increase of 10 from last month. The trust came under the 0.15 avoidable incidence/1000 bed days for the first time since April 2018 with a result of 0.0901/1000 bed days. 3 were avoidable, 5 less than last month. 1 of these affected the sacrum and 1 the hip. These were avoidable due to lack of evidenced repositioning and delay in pressure relieving equipment. The remaining avoidable ulcers affected the heel due to lack of evidenced heel offloading.

There was 1 confirmed category 3 which was unavoidable. There were no category 4 ulcers. We have remained consistently under the set 0.15/1000 for avoidable category 3 and 4 ulcers.

Twelve potential deep ulcers were reported. 5 of these were avoidable an increase of 3 from last month. Two heel ulcers and 3 on the sacrum due to lack of offloading. The trust came marginally over the 0.15 avoidable incidence/1000 bed days with a result of 0.1501/1000 bed days. The figures that are reported will be altered as the decision has been taken to now include any incidents that are reported by KCHFT which have previously been categorised separately.

Actions in September 2018:

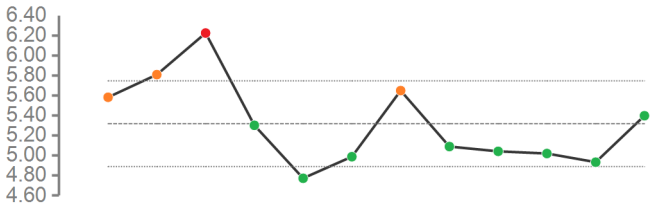
- Events held in QII HUB
- Mattress strategy meeting to plan for winter pressures
- Visit to Ami group by TVN and manual Handling Lead
- Acute Hospital Bed trials have taken place
- TV Tuesday commenced at WHH

Recommendations:

- Continue improvement work with regards to documentation
- Share results of trust-wide annual audit
- Trial equipment of active mattress/Hybrid to ensure sufficient supply for winter period
- ‘React to Risk’ event to be held on 15th November to coincide with Worldwide stop the pressure day. PROMPT card launching and Waterlow risk assessment guides

Strategic Theme: Patient Safety

Falls

Sep	Falls (per 1,000 bed days)	5.32 (-56.5%)		"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

Falls incidents have increased slightly in September, but still remain within the control limits and registering green. There were a total of 170, 58 at K&CH, 50 at QEQMH and 62 at WHH. 1 fall on Quex resulted in a head injury and the patient later died. The patient had a history of falls prior to admission so it is unclear if the fall in hospital caused the death, but it is being treated as such, based on the balance of probabilities, but is being fully investigated. there were 2 unavoidable hip fractures at QEQMH, an unavoidable ankle fracture and an unavoidable pelvic fracture AT K&CH.There were 8 falls on Invicta where 3 patients fell twice and 13 on Kingston where 3 patients fell twice and 1 fell 3 times (at K&CH).

Actions:

1. The Fall Stop programme continues with a set rollout programme Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs, frailty wards and medical wards. Targetted work is still required on Cambridge J at WHH due to ward changes and CDUs at WHH and QEQMH. Training has been undertaken extensively and has been particularly well attended by ward staff at QEQMH.

2. EKHUFT are involved with the 2nd phase of the NHS Improvement Falls Collaborative. The key focus is managing postural hypotension, by measuring lying and standing blood pressures with appropriate medication review. 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. This is a multi professional project involving therapy, pharmacy, nursing and medical teams and utilising the Board rounds to address postural hypotension. The project has been very successful on Harbledown with 88% compliance with blood pressures and a clear process of medication review. Cambridge J have had less success due to huge ward challenges. However, both ward have reduced falls.

3. A Falls master class was held in September, for falls link workers from across the Trust. This was hugely successful and will be an annual event.

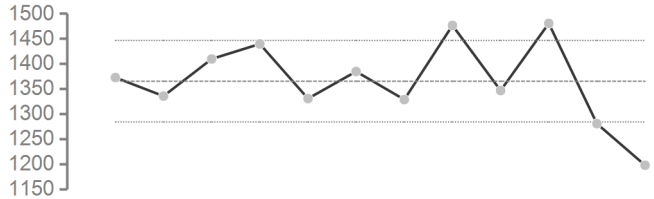
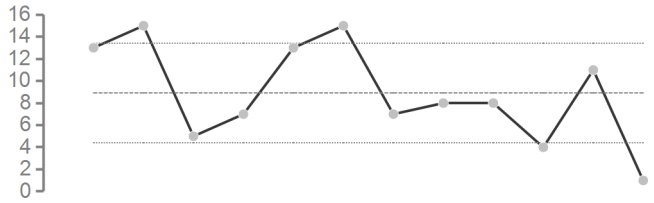
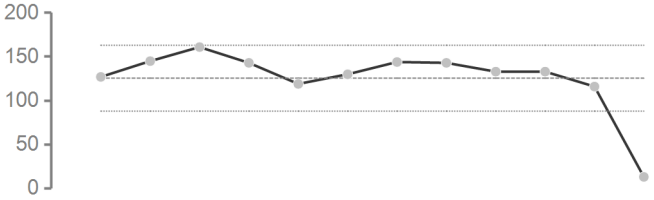
4. Work is underway to assess the gap between actual and reported falls, in accordance with our action plan.

5. The Trust has registered for the next national inpatient falls audit which will focus on individual hip fractures, occurring in hospital.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

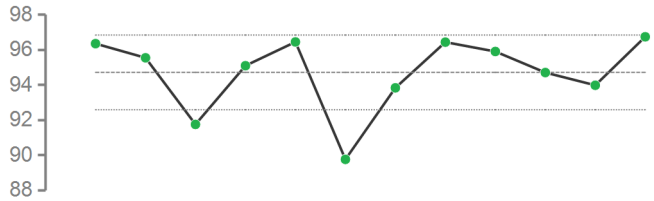
Sep	Clinical Incidents: Total (#)	16,388 (-0.7%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Sep	Blood Transfusion Incidents	107 (-32.7%)		"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."
Sep	Medicines Mgmt. Incidents	1,507 (6.5%)		"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."

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Sep

Hand Hygiene Audit



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

Highlights and Actions:

Clinical incidents overall summary
A total of 1213 clinical incidents have been logged as occurring in Sep-18 compared with 1282 recorded for Aug-18 and 1296 in Sep-17.

In Sep-18, 11 incidents have been reported on StEIS. 15 serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 15 in Sep-18 and 17 in Aug-18, and 3 in Sep-17.

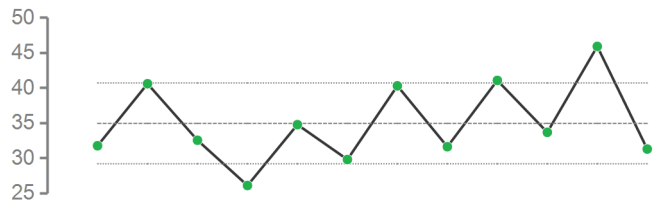
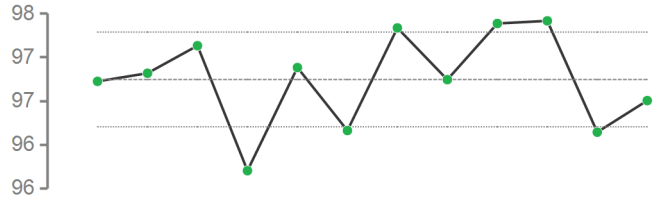
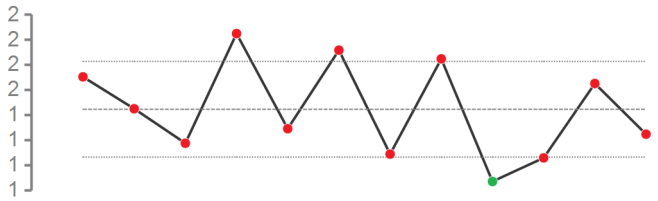
Over the last 12 months incident reporting remains constant at QEH and K&CH, and is declining at WHH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 8 Blood Transfusion related incidents for September 2018 (12 in August 2018 and 14 in September 2017).
Of the 8 incidents 7 were graded as no harm and 1 as low harm.
Three incidents were due to poor documentation of the transfusion, two of these were failure to return the traceability sheet to the laboratory so that the units are fated as 'assumed transfused' and the third was inaccurate start time recording on the prescription chart so that the unit ran longer than prescribed.
Other incidents included a wrong blood in tube, IT issues linked to the interfaces from the analysers not transmitting results and a query transfusion reaction; which was found to be due to the underlying clinical condition of the patient.
There were no themes identified in the incidents reported.
Reporting by site: 4 at QEQM, 2 at K&CH and 2 at the WHH

Medication incidents (submitted by the Medication Safety Officer)
As of 15/10/2018 the total number of medication related incidents reported in September 2018 was 126. These included 85 no harm, 37 low harm, 3 moderate harm and 1 death incident. The severity of medication related incidents in September 2018 shows that 67.5% of medication related incidents reported were no harm incidents. There was 1 medication related incident reported in September that required RCA investigation and 2 incidents sTEIS reported.
The death incident involved the potential allergic reaction of a patient to teicoplanin, this is still under investigation and awaits RCA findings. The other incident that was reported to sTEIS involved a post-partum patient who was prescribed and given a sub-optimal dose of enoxaparin and was re-admitted with a pulmonary embolism.
The areas of concern for September focus around the general prescribing and administration of anti-coagulants to obstetric patients, particular at discharge. Several other anti-coagulant incidents in the Trust centre around missed doses at the administration stage and poor prescribing of warfarin that led to a patient missing 4 doses of warfarin.
There were 24 incidents in September 2018 categorised as 'omitted medicine/ingredient', representing 19% of all medication related incidents in September. The data produced by the Medication Safety Thermometer in September 2018 was taken from 19 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 18.8% and the percentage of patients with a missed critical medicine was 7.1% in September. This included 7 wards with less than 10% of patients with a missed dose of medication and 12 wards with less than 5% of patients with an omitted critical medicine.

Strategic Theme: Patient Safety

Friends & Family Test

Sep	FFT: Response Rate (%)	35 (-4.2%)		"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Sep	FFT: Recommend (%)	97 (0.4%)		
Sep	FFT: Not Recommend (%)	1.4 (-21.9%)		"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

A total of 2541 responses were received (16.4% eligible patients). Overall response rates increased for Day Cases and fell within inpatients, Maternity and EDs. Response rate for the EDs was 13.1% (16.2% August-18), inpatients 31.3% (45.9% August-18), maternity; birth only 51.9% (70.0% August-18) and day cases 24.7% (22.1% August -18).

The Trust star rating in September is 4.51 (4.57 August-18). Recommendations by patients in September remained the same for inpatients however, fell in EDs, outpatients, day cases and maternity. The total number of inpatients, including paediatrics, who would recommend our services 96.5% (96.1% August-18), EDs 80.1% (83.7% August-18), maternity 96.8% (98.5% August-18), outpatients 90.4% (91.0% August-18) and day cases 94.3% (95.1% August-18).

Care, Staff attitude and Implementation of care as the three top positive themes for September-18. The three top negative themes for the trust were Waiting times, Care 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.

East Kent Hospitals University NHS Foundation Trust

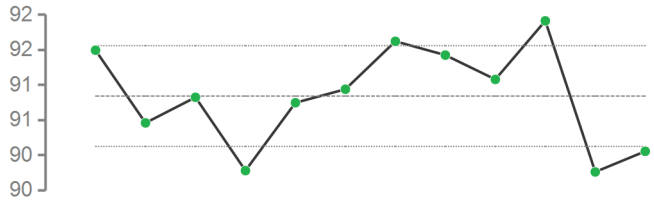
Strategic Theme: Patient Safety

Patient Experience 1

Sep

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 last 12 months data together with variance against the previous 12 months.

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 deterioration this month.

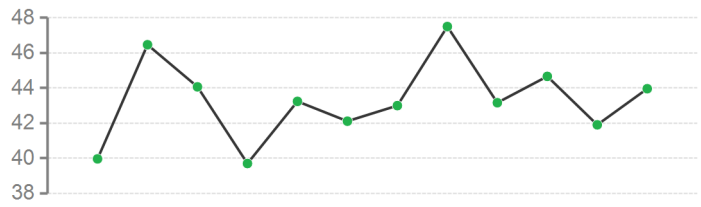
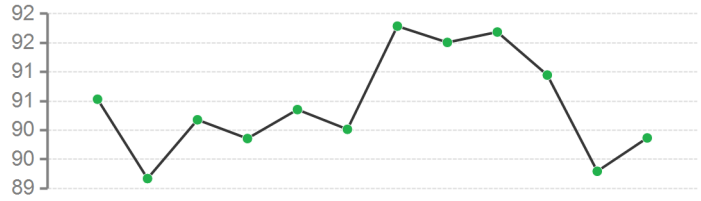
This month we received 1,962 completed inpatient surveys. Baseline performance in ensuring privacy when discussing patients' condition or treatment, ensuring patients are aware of which nurse is looking after them each shift and ensuring patients are able to discuss their worries and fears demonstrated significant opportunity for improvement.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2

Sep	Discuss Worries with Nurses %	43 (-14.7%)		Discuss Worries with Nurses
Sep	Cleanliness %	90 (-0.4%)		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

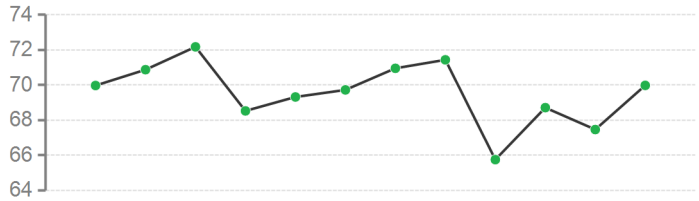
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Sep

Hospital Food? %

70
(-3.3%)



Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Highlights and Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. The majority of the wards have reported their performance (against the patient experience metrics) through the inpatient survey in September -18. Due to the problems with the New Allscripts switchover data that had been entered by the wards had not been captured correctly. The IT team are currently working to solve this issue and the wards I pads have been reconfigured.

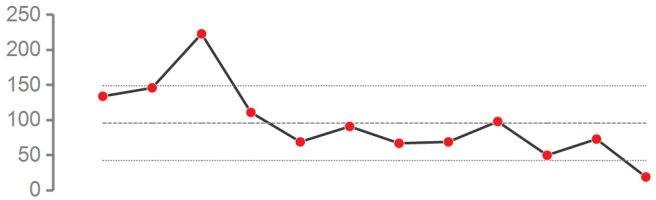
Strategic Theme: Patient Safety

Mixed Sex

Sep

Mixed Sex Breaches

1150
(101.0%)



"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:

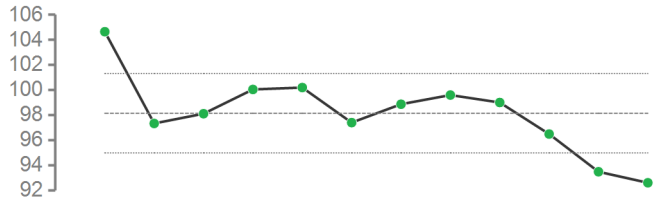
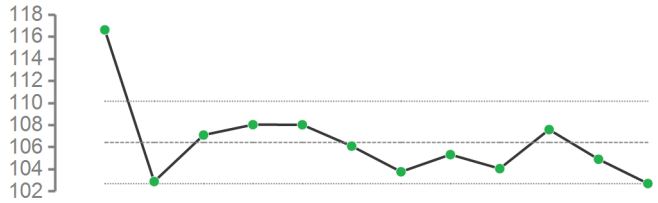
There were 7 mixed sex accommodation occurrences in total, affecting 101 patients.
Incidence of mixed sex accommodation breaches decreased this month breaching the lower control limit (which is good news). There were 3 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. This information has been reported to NHS England. The remaining incidents occurred in the WHH CCU (4), which were justifiable based on clinical need.
We are currently delivering on our improvement trajectory of a 30% reduction by December 18.

Actions:
During September planned changes to patient flow within CDU WHH is now reducing same sex accommodation occurrences.
Implementation of the action plan continues as the Trust is working closely with the CCGs and NHSI on the Mixed Sex Accommodation Improvement Collaborative. This will support the trust in achieving compliance with the national definition of mixed sex accommodation.

East Kent Hospitals University NHS Foundation Trust

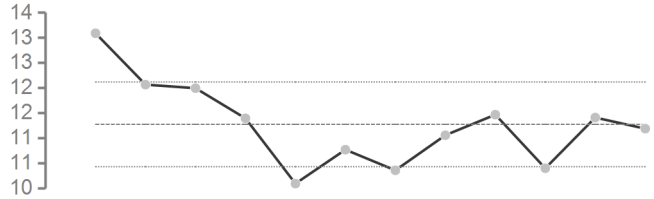
Strategic Theme: Patient Safety

Safe Staffing

Sep	Shifts Filled - Day (%)	98 (-0.1%)		Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Sep	Shifts Filled - Night (%)	106 (-1.4%)		Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Strategic Theme: Patient Safety

Sep	Care Hours Per Patient Day (CHPPD)	11 (29.9%)



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 months.

Highlights and Actions:

Percentage 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. the fill rate during September reduced from August's rates and breached the lower control limits.

Low fill rates were seen on several wards due to a combination of high sickness, maternity leave and vacancies.

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 hrs each day during the month. CHPPD remained similar to August and within the control limits. 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.

Actions;
There is a Trust wide recruitment and retention improvement plan in place
Incentives have been implemented such recruitment and retention premium for hard to recruit areas
A financial reward for each person a staff member attracts to the Trust once that person starts in the orgnaisation
All vacant posts are being recruited to on nhs jobs as well as via open days and recruitment fairs
Personal development programmes are in place for staff
All of the above is being monitored weekly for assurance purposes.

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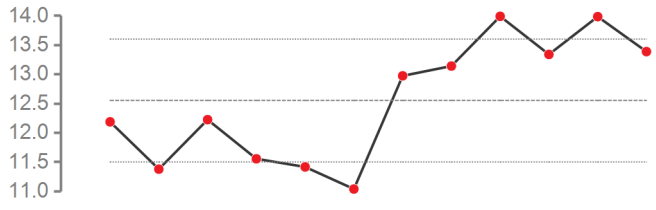
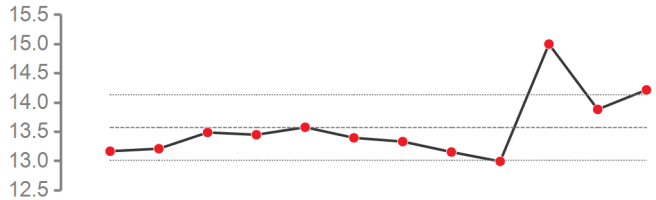
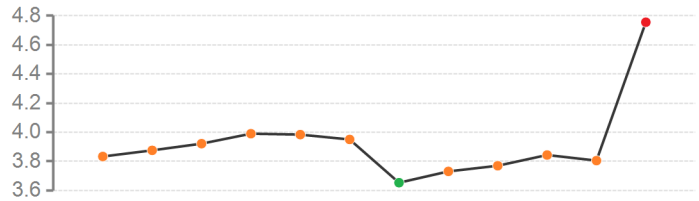
Strategic Theme: Human Resources

Gaps & Overtime

Sep	Vacancy (%)	12.6 (16.2%)		"% 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."
Sep	Staff Turnover (%)	13.6 (6.0%)		"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Sep	Sickness (%)	4.0 (-0.3%)		% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the

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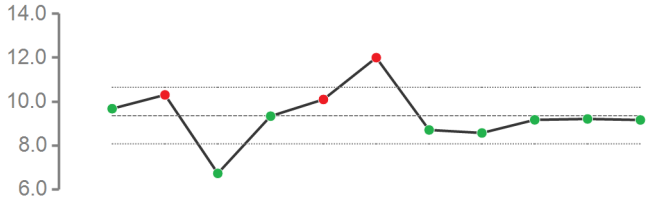
Strategic Theme: Human Resources

Sep

Overtime %

9.4
(4.6%)



% of Employee's that claim overtime.

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 700 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 400 Nursing and Midwifery staff (including ODPs) and 78 Medical and Dental staff.

The Turnover rate in month increased slightly to 12.3% (last month 12.1%), and the 12 month average increased to 13.6%. 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 Trust has introduced a Refer A Friend scheme, and also a recruitment and retention scheme for medical staff in hard to recruit areas and ED nursing staff.

The in month sickness absence position for September was over 4.6% - which is an increase from 3.8% in August. The 12 month average is 4.0%. Care Groups have developed 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 remained the same as last month. The average over the last 12 months remained 9.4%. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

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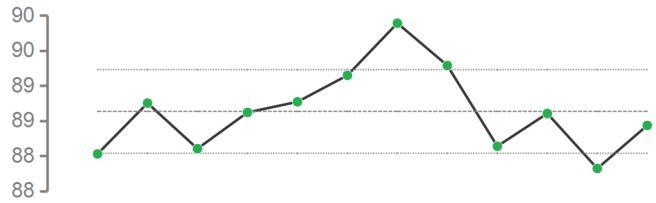
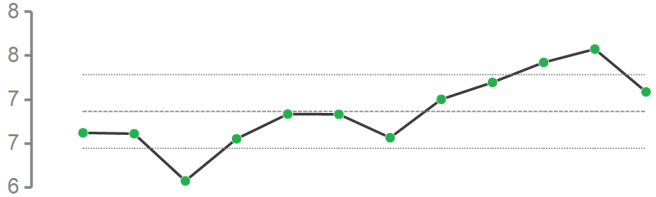
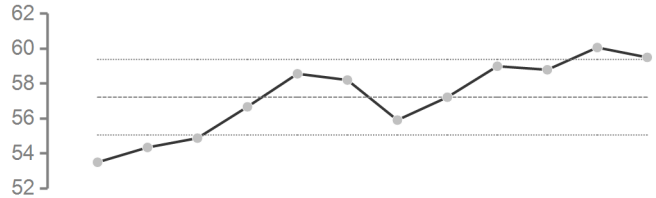
Strategic Theme: Human Resources

Temporary Staff

Sep	Employed vs Temporary Staff (%)	88.6 (-0.8%)		"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Sep	Agency %	6.9 (21.4%)		% of temporary (Agency and Bank) staff of the total WTE
Sep	Bank Filled Hours vs Total Agency Hours	57 (-1.0%)		% 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) increased from 7044 in July to 7096 in August, which left a vacancy factor of approx. 834 wte across the Trust.

The average percentage of employed staff vs temporary staff over the last 12 months increased slightly to 88.6% (88.4% 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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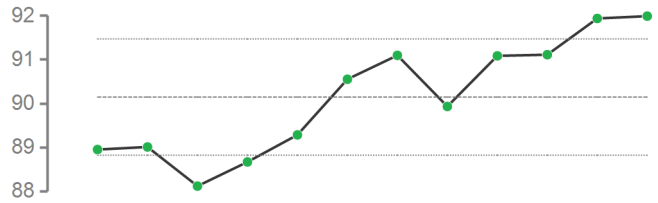
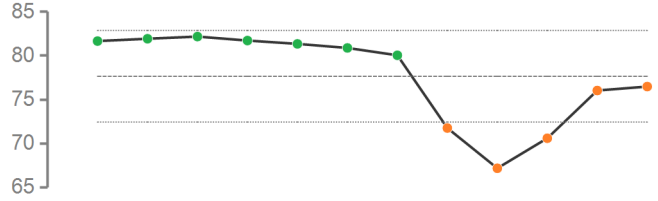
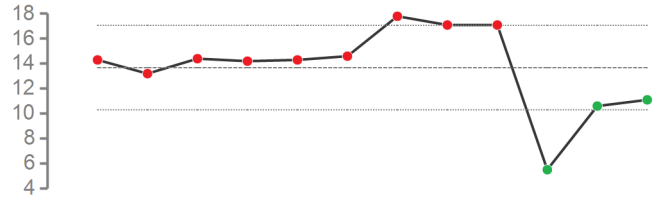
Strategic Theme: Human Resources

Workforce & Culture

Sep	Statutory Training (%)	90 (1.7%)		"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 previous 12 months. "
Sep	Appraisal Rate (%)	77.6 (-4.7%)		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.
Sep	Time to Recruit	14 (13.7%)		"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."

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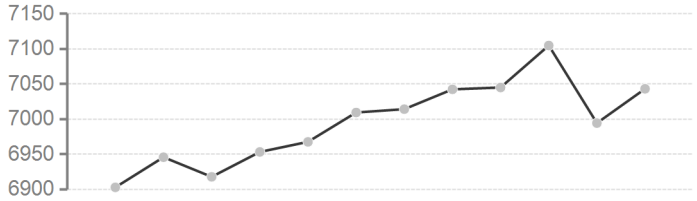
Strategic Theme: Human Resources

Sep

Total Staff In Post (SiP)

7043

(0.7%)



Count of total staff in post (WTE)

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month average is 90% but decreased to 88% in month for September. This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate remained 76% in month for September(76% in August). Care Groups 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. Targeted work within the Urgent Care Division has seen the appraisal compliance increase from 51% to 73% since July.

The average time to recruit is 11 weeks, which is a slight increase on last month, but an improvement on the previous 12 months. The 12 month average time to recruit was 14 weeks. 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.

Strategic Theme: Activity

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Sep

	Sep-18				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	13,942	14,233	(-291)	-2%	86,654	86,185	469	1%	86,654	87,376	(-722)	-1%	<=0%
Referral Non-Primary Care	10,862	13,136	(-2,274)	-17%	85,521	82,542	2,979	4%	85,521	82,651	2,870	3%	<=0%
OP New	15,158	18,010	(-2,852)	-16%	108,156	112,220	(-4,064)	-4%	108,156	107,918	238	0%	>=0%
OP Follow Up	31,713	40,508	(-8,795)	-22%	232,853	244,227	(-11,374)	-5%	232,853	234,268	(-1,415)	-1%	>=0%
Elective Daycase	5,381	6,731	(-1,350)	-20%	37,714	39,730	(-2,016)	-5%	37,714	36,696	1,018	3%	>=0%
Elective Inpatient	1,485	1,316	169	13%	7,711	8,020	(-309)	-4%	7,711	7,418	293	4%	>=0%
A&E	18,396	17,384	1,012	6%	111,215	107,308	3,907	4%	111,215	106,538	4,677	4%	>=0 & <5%
Non-Elective Inpatient	6,488	6,575	(-87)	-1%	40,219	40,696	(-477)	-1%	40,219	40,374	(-155)	0%	>=0 & <5%
Chemotherapy	1,036	1,128	(-92)	-8%	7,179	7,040	139	2%	7,179	7,158	21	0%	>=0%
Critical Care	1,682	1,690	(-8)	0%	10,729	9,880	849	9%	10,729	11,049	(-320)	-3%	>=0%
Dialysis	6,512	6,980	(-468)	-7%	40,675	41,852	(-1,177)	-3%	40,675	41,014	(-339)	-1%	>=0%
Maternity Pathway	1,029	1,214	(-185)	-15%	6,725	7,140	(-415)	-6%	6,725	7,162	(-437)	-6%	>=0%
Pre-Op Assessments	2,547	3,298	(-751)	-23%	19,846	19,955	(-109)	-1%	19,846	17,197	2,649	15%	>=0%
Diagnostic	446,428	440,832	5,596	1%	2,751,348	2,646,467	104,881	4%	2,751,348	2,636,042	115,306	4%	<=0%
Other	4,530	4,587	(-57)	-1%	30,282	28,385	1,897	7%	30,282	28,453	1,829	6%	>=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.

September 2018

Elective Care

In September Primary Care referrals were 2% below expected levels reducing the YTD variance to +1% (+469). An administrative error within the Paediatric service has now been resolved however Paediatric Blood Clinics where the recording issue was identified remain in the YTD position. Since Go Live of the new PAS, Data Quality issues have impacted on the mapping of referral types, specifically ERS referrals. Significant work is in progress to rectify the issues.

The Trust under-achieved the new outpatient plan in September with appointments 16% below planned levels, generating a YTD variance of -4%. Following the introduction of the new PAS system on 10th September 2018, the Trust has experienced some delays with the timely recording of outpatient attend statuses. The September data presented in this report was extracted on the 2nd of October and at that time it was estimated a further 10,000 appointments require outcome details. The Trust has identified extra resource to address the backlog, and despite these challenges, services are continuing to actively produce 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. During September the Trust observed a 1% increase in the DNA rate across the Trust, it is believed this increase was related to the PAS migration and rates have since returned to normal levels.

The Trust under-performed the Follow up plan in September (-22%) with YTD performance now underachieving by -5% , as with New Outpatient activity it is expected that the position will improve significantly after all activity is administered with the appropriate outcome details. A Task and Finish group is to be established along with daily reports for operational teams to prioritise and action.

In September the Trust under-achieved the Daycase plan by 1,350 patients with YTD performance now underachieving by -5%. Following the introduction of the PAS system the trust experienced a small number of isolated recording issues relating to Pain Management, Rheumatology, Clinical Oncology, Ambulatory Care and Paediatrics, these user issues have been addressed with plans in place to validate and correct recording are in place where required. A large number of specialties continue to experience significant workforce issues affecting the delivery of elective activity. A mandated change in recording will render the Dermatology plan unachievable, it is anticipated an over performance in Outpatient procedures will offset the Daycase underperformance. The Trust has identified a small number of records that were not entered onto the new PAS system following down time procedures and processes have been put into place to address this this immediately.

Whilst the Trust delivered the Elective Admission plan in September with YTD performance now underachieving by (-4%), it is believe this will be largely eradicated when validation of the recording issues are completed. Significant work is in progress to rectify the issues. Underperformance remains in the Urology service (-303). Due to emergency pressures, elective inpatient activity was limited for the service at the start of the financial year. In order to ensure theatre utilisation was maximised additional daycase patients were booked.

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 again in September to an overall Trust wide position of 95.0% of funded beds. Queen Elizabeth the Queen Mother Hospital demonstrated the most challenge with the bed occupancy position at 100.1% for September, a declining position from August of 99.3%. The William Harvey Hospital position remained the same with an overall bed occupancy of 94.7% in September. 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 September the number of medical outliers decreased slightly to a monthly average of 46 outliers across the Trust compared to August with a monthly average of 50. Individual site levels of medical outliers over the month were 13 at the Queen Elizabeth the Queen Mother Hospital and 27 at William Harvey Hospital.

An increased volume of patients through the Accident & Emergency Department contributes to increased pressures in non-elective care. The demand on the department in September declined slightly to 22,077 attendances compared to August (22,606 attendances). The Trust has identified a small number of records that were not entered onto the new PAS system following down time procedures and processes have been put into place to address this this immediately.

Outstanding Patient Administration System

At this stage we believe following completion of the outstanding administrative tasks the Trust will remain under plan in September and we have forecast variances to be in the region of; OP New Appointments -2,000 (~10%), Follow Up Appointments -6,000 (~15%) & Elective Daycases -700 (-10%). It is expected Elective and Non Elective Admissions will achieve planned levels.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	7,199	8,624	-17%	-1,425
300 - General Medicine	85	799	-89%	-714
120 - Ear, Nose & Throat	5,232	5,753	-9%	-521
502 - Gynaecology	4,992	5,468	-9%	-476
100 - General Surgery	1,619	2,015	-20%	-396
302 - Endocrinology	655	228	187%	427
410 - Rheumatology	1,957	1,506	30%	451
103 - Breast Surgery	4,051	3,470	17%	581
330 - Dermatology	7,544	6,909	9%	635
110 - Trauma & Orthopaedics	5,274	4,484	18%	790
Total	**86,654**	**86,185**	**1%**	**469**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	16,735	17,904	-7%	-1,169
650 - Physiotherapy	6,245	6,735	-7%	-490
800 - Clinical Oncology	5,478	5,951	-8%	-473
502 - Gynaecology	3,208	3,603	-11%	-395
420 - Paediatrics	1,101	1,466	-25%	-365
655 - Orthoptics	1,151	847	36%	304
100 - General Surgery	1,963	1,515	30%	448
300 - General Medicine	1,689	839	101%	850
130 - Ophthalmology	8,082	6,283	29%	1,799
110 - Trauma & Orthopaedics	11,723	9,749	20%	1,974
Total	**85,521**	**82,542**	**4%**	**2,979**

OP New

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	4,197	5,424	-23%	-1,227
502 - Gynaecology	6,755	7,740	-13%	-985
420 - Paediatrics	4,079	4,892	-17%	-813
400 - Neurology	2,295	2,953	-22%	-658
120 - Ear, Nose & Throat	6,786	7,412	-8%	-626
300 - General Medicine	1,076	1,570	-31%	-494
110 - Trauma & Orthopaedics	9,015	9,366	-4%	-351
800 - Clinical Oncology	2,377	2,059	15%	318
307 - Diabetic Medicine	547	206	166%	341
330 - Dermatology	7,179	6,330	13%	849
Total	**108,156**	**112,220**	**-4%**	**-4,064**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	19,564	23,266	-16%	-3,702
130 - Ophthalmology	25,138	27,553	-9%	-2,415
410 - Rheumatology	4,970	6,889	-28%	-1,919
300 - General Medicine	1,199	2,759	-57%	-1,560
120 - Ear, Nose & Throat	7,955	8,840	-10%	-885
400 - Neurology	4,115	4,875	-16%	-760
650 - Physiotherapy	30,516	31,263	-2%	-747
101 - Urology	11,220	10,702	5%	518
340 - Respiratory Medicine	4,218	3,693	14%	525
800 - Clinical Oncology	21,626	21,037	3%	589
Total	**232,853**	**244,227**	**-5%**	**-11,374**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
330 - Dermatology	1,935	2,743	-29%	-808
110 - Trauma & Orthopaedics	2,364	3,163	-25%	-799
191 - Pain Management	1,045	1,591	-34%	-546
130 - Ophthalmology	2,358	2,691	-12%	-333
502 - Gynaecology	1,206	1,531	-21%	-325
120 - Ear, Nose & Throat	1,270	1,535	-17%	-265
140 - Maxillo Facial	1,007	1,150	-12%	-143
100 - General Surgery	1,012	822	23%	190
301 - Gastroenterology	778	442	76%	336
800 - Clinical Oncology	2,923	2,324	26%	599
Total	**37,714**	**39,730**	**-5%**	**-2,016**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	1,417	1,720	-18%	-303
502 - Gynaecology	562	847	-34%	-285
100 - General Surgery	556	672	-17%	-116
110 - Trauma & Orthopaedics	1,724	1,823	-5%	-99
320 - Cardiology	103	173	-40%	-70
430 - HCOOP	51	89	-43%	-38
800 - Clinical Oncology	51	8	526%	43
303 - Clinical Haematology	158	49	220%	109
503 - Gynaecology Oncology	224	114	97%	110
300 - General Medicine	1,071	787	36%	284
Total	**7,711**	**8,020**	**-4%**	**-309**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	12,124	13,026	-7%	-902
430 - HCOOP	4,910	5,512	-11%	-602
180 - Accident & Emergency	1,742	2,147	-19%	-405
560 - Midwifery	1,231	1,458	-16%	-227
420 - Paediatrics	4,327	4,225	2%	102
104 - Colorectal Surgery	174	49	254%	125
301 - Gastroenterology	342	177	93%	165
340 - Respiratory Medicine	366	186	96%	180
101 - Urology	2,184	1,986	10%	198
100 - General Surgery	3,431	2,956	16%	475
Total	**40,219**	**40,696**	**-1%**	**-477**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	2751348	2646467	4%	104,881
A&E	111215	107308	4%	3,907
Other	30282	28385	7%	1,897
Dialysis	40675	41852	-3%	-1,177
Critical Care	10729	9880	9%	849
Maternity Pathway	6725	7140	-6%	-415
Chemotherapy	7179	7040	2%	139
Pre-Op	19846	19955	-1%	-109

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

77.15%

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Green
4 Hour Compliance	70.66%	76.21%	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%	82.55%	79.18%	80.04%	77.15%	95%
12 Hour Trolley Waits	0	0	2	2	0	2	1	0	0	0	0	0	0
Left without being seen	3.67%	2.73%	3.45%	2.75%	2.29%	2.70%	2.71%	2.42%	2.12%	2.81%	2.47%	0.48%	<5%
Unplanned Reattenders	8.69%	8.33%	9.05%	8.97%	8.91%	8.92%	9.23%	9.09%	9.29%	9.76%	9.81%	8.57%	<5%
Time to initial assessment (15 mins)	90.6%	91.1%	88.6%	93.6%	96.0%	94.4%	94.6%	95.4%	92.8%	94.7%	91.7%	73.2%	90%
% Time to Treatment (60 Mins)	47.8%	54.6%	53.3%	55.5%	47.8%	42.5%	46.2%	49.5%	51.7%	42.6%	48.0%	45.5%	50%

2018/19 Trajectory (NHSI return 2nd May)

-8.24 %

	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%	77.1%							

*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

September performance for the 4 hour target was 77.1%; against the NHS Improvement trajectory of 85.4%.This represents a 3% decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in September. The number of patients who left the department without being seen remained compliant, but significantly decreased to 0.5%. This sudden and significant decrease is currently undergoing validation for accuracy. Unplanned re-attendances improved, but remained noncompliant at 8.6%. Time to treatment declined from August, remaining noncompliant at 45.5% for August.

Issues

Significant issues with access to inpatient beds have affected ED flow; the number of 7 day and super stranded patients has significant increased. The new PAS system was implemented in September and although performance was not affected during downtime, there was an impact when the new PAS system went live due to clinical staff being slower as they became used to using the PAS and in particular the Ordercoms aspects of the system to request diagnostics.

Also a number of improvements have been planned to be fully implemented to support delivery of the trajectory. The improvement areas are:

- Triage: Triage & Streaming Tool implemented on 20 August 2018. ED Leadership Teams are progressing training, competency and capacity in receiving areas.

- Silver Role: Escalation Pack circulated. Training programmes are in place to ensure appropriate escalation to specialty and site teams.

- Acute Medical Unit: Go live dates planned for 16 October 2018 at both Queen Elizabeth, The Queen Mother Hospital and William Harvey Hospital. Streaming processes and Standard Operating Procedures are being finalised. Work is progressing with partners to include primary and secondary care integrated service.

- Frailty: Work is progressing with partners to confirm the model of care and service provision for an integrated approach within the AMU (Hot Floor) by 1 November 2018.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

71.19 %

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Green
62 day Treatments	74.37%	71.97%	74.17%	74.87%	73.40%	71.88%	66.13%	65.01%	65.47%	65.39%	65.85%	71.19%	>=85%
>104 day breaches	29	28	23	28	26	32	33	34	40	42	25	15	0
Demand: 2ww Refs	3,505	3,464	2,799	3,528	3,206	3,738	3,694	3,934	3,682	3,700	3,585	4,264	2990 - 3305
2ww Compliance	94.63%	96.43%	96.28%	95.76%	97.10%	91.42%	89.06%	93.81%	94.22%	94.94%	93.64%	90.91%	>=93%
Symptomatic Breast	94.29%	94.44%	92.37%	89.84%	98.50%	90.28%	75.16%	84.46%	94.12%	93.18%	86.32%	94.39%	>=93%
31 Day First Treatment	98.97%	97.00%	95.67%	94.06%	97.74%	96.08%	95.37%	96.31%	96.43%	95.65%	95.24%	96.89%	>=96%
31 Day Subsequent Surgery	95.12%	85.71%	84.85%	87.23%	91.43%	89.47%	88.57%	82.05%	82.61%	94.59%	95.56%	95.74%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	94.59%	98.85%	98.33%	98.21%	97.94%	98.88%	98.11%	99.17%	98.97%	97.80%	>=98%
62 Day Screening	92.86%	89.29%	93.33%	90.91%	79.31%	100.00%	93.75%	84.09%	100.00%	81.63%	94.37%	84.31%	>=90%
62 Day Upgrades	82.98%	84.00%	92.11%	85.00%	77.27%	100.00%	89.19%	75.86%	84.38%	85.00%	94.74%	72.73%	>=85%

2018/2019 Trajectory

8.43 %

	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%	65.01%	65.47%	65.39%	65.85%	71.19%							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

September performance is currently 71.02% against the improvement trajectory of 62.76%, validation continues until the beginning of November in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,955 and there were 15 patients waiting 104 days or more for treatment or potential diagnosis.

62 Day Performance Breakdown by Tumour Site

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
01 - Breast	100.0%	96.6%	96.2%	88.9%	83.3%	100.0%	92.9%	96.6%	95.8%	93.8%	80.0%	87.5%
03 - Lung	46.4%	70.0%	84.6%	90.3%	100.0%	81.0%	61.4%	91.7%	73.0%	72.3%	73.3%	61.5%
04 - Haematological	53.3%	40.0%	58.3%	75.0%	33.3%	33.3%	50.0%	25.0%	50.0%	70.6%	13.3%	66.7%
06 - Upper GI	71.1%	81.0%	78.3%	70.0%	64.3%	73.3%	66.7%	69.2%	85.2%	93.3%	72.0%	65.0%
07 - Lower GI	70.8%	53.7%	61.3%	65.9%	43.8%	63.2%	62.9%	47.6%	65.9%	68.3%	78.6%	63.2%
08 - Skin	92.3%	95.0%	92.5%	92.7%	100.0%	88.9%	88.0%	89.3%	97.1%	97.7%	97.1%	100.0%
09 - Gynaecological	73.3%	52.4%	57.1%	80.0%	63.6%	75.0%	30.8%	32.0%	42.1%	55.6%	72.7%	82.6%
10 - Brain & Nervous System							100.0%					100.0%
11 - Urological	63.8%	55.7%	63.7%	52.0%	63.5%	63.2%	57.7%	50.8%	38.2%	39.4%	51.0%	51.4%
13 - Head & Neck	73.3%	87.5%	28.6%	66.7%	85.7%	78.6%	18.2%	30.0%	93.3%	60.0%	60.0%	50.0%
14 - Sarcoma		0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%		
15 - Other		42.9%	0.0%	0.0%	0.0%		50.0%	0.0%	50.0%	83.3%	50.0%	66.7%

Significant improvement plans have been placed on cancer pathways and initiatives are beginning to show improvement. Daily reviews of 2ww demand and capacity continue with a focus on clinic utilisation and also validation, post PAS implementation.

The redesign and improvement in cancer access continues and strong gains are being made in increasing the number of treatments and capacity. Redesign to implement sustained timed pathways continues and the Cancer Improvement Steering Committee agreed the investment into specific tumour streams of the funding allocated from the Cancer Alliance. Further work on timed pathways is underway and will assist with maintaining progress.

An improvement programme has been implemented to improve waiting times for cancer patients. There is also a weekly focused meeting to ensure actions are being carried out to improve the patients 62 day cancer pathway.

There are 15 patients waiting 104 days and over for diagnosis/commencement of treatment for cancer as of 30 September 2018. This is a marked reduction from last month from 31 patients. 10 of these patients are diagnosed with cancer. 3 patients have treatment planned in September and we are awaiting the outcome/being treated today. 3 patients have treatment planned in October. 4 patients are awaiting decision to treat OPAs which are booked within the next week. There are 5 patients without a cancer diagnosis. 3 patients have had diagnostics and we are awaiting histology following this, 1 patient has a treatment planned in October and 1 patient is awaiting a CT scan on 8th October.

The new Care Group leadership teams have been appointed and will be provided with training to ensure understanding of the national constitutional targets, delivery and implementation plans, and escalations.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

76.27 %

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Green
Performance	81.18%	80.87%	78.67%	77.62%	77.03%	76.08%	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	>=92%
52w+	64	67	80	108	141	201	222	218	201	167	125	129	0
Waiting list Size	54,783	54,777	54,383	52,942	54,306	54,519	54,979	54,964	53,411	53,193	53,552	54,712	<38,938
Backlog Size	10,312	10,481	11,599	11,847	12,474	13,039	12,830	11,785	11,207	10,824	11,212	12,983	<2,178
Demand: PC Referrals	16,666	16,111	12,585	15,579	14,600	15,668	15,249	16,501	15,748	15,347	13,888	2,216	<15,484

2018/2019 Trajectory

-5.04 %

	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%	76.27%							Sept

-46

	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	129							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

- September performance of the RTT standard was reported as 76.27% against a trajectory of 81.32%. All specialities failed to meet their trajectory with the exception of cardiothoracic, general medicine and HCOOP.
- The total waiting list reported 55,800 against trajectory of 50,857, which is a shortfall of 4,943.
- The total waiting list is split into 45,938 on the non admitted waiting list and 9,531 on the admitted waiting list.
- 52 week patients reported 129 against a trajectory of 175.

RTT Trajectory VS Performance 2018/19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Trustwide	77.0%	78.2%	79.3%	80.2%	81.0%	81.3%
Actual Performance:	76.7%	78.6%	78.9%	78.8%	79.1%	75.6%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
100 - General Surgery	72.1%	73.2%	74.4%	75.9%	77.5%	78.1%
Actual Performance:	70.5%	72.4%	73.7%	75.9%	77.6%	75.7%
101 - Urology	85.3%	86.9%	88.1%	88.9%	89.0%	88.9%
Actual Performance:	83.8%	83.2%	83.7%	80.9%	78.1%	71.5%
110 - Trauma & Orthopaedics	67.9%	69.2%	70.5%	71.8%	73.2%	72.8%
Actual Performance:	67.7%	70.0%	71.2%	72.6%	73.3%	69.9%
120 - Ear, Nose & Throat	71.7%	74.7%	77.7%	81.1%	84.7%	87.1%
Actual Performance:	70.0%	72.2%	70.9%	68.8%	67.8%	63.8%
130 - Ophthalmology	71.5%	72.4%	73.4%	74.4%	75.5%	76.3%
Actual Performance:	70.5%	75.1%	77.6%	77.8%	78.4%	75.1%
140 - Maxillo Facial	82.8%	84.2%	85.6%	87.1%	88.6%	89.9%
Actual Performance:	82.2%	83.0%	80.3%	78.9%	80.5%	78.4%
170 - Cardiothoracic	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Actual Performance:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

300 - General Medicine	90.6%	92.2%	93.3%	94.2%	95.0%	95.5%
Actual Performance:	66.7%	68.4%	100.0%	100.0%	92.9%	94.3%
301 - Gastroenterology	78.6%	79.4%	80.2%	81.2%	82.2%	83.4%
Actual Performance:	78.9%	80.8%	79.7%	80.4%	80.9%	77.3%
320 - Cardiology	86.8%	84.7%	82.7%	80.6%	78.6%	76.9%
Actual Performance:	91.6%	95.4%	96.2%	95.3%	93.1%	88.5%
330 - Dermatology	71.6%	72.2%	72.6%	71.1%	69.2%	67.5%
Actual Performance:	77.1%	80.3%	82.1%	81.0%	83.1%	78.5%
340 - Respiratory Medicine	94.5%	94.4%	94.3%	94.1%	93.8%	93.6%
Actual Performance:	91.8%	94.1%	96.2%	95.6%	97.0%	88.2%
400 - Neurology	79.4%	83.6%	88.2%	89.8%	90.5%	91.4%
Actual Performance:	77.8%	80.0%	81.3%	77.6%	83.0%	80.4%
410 - Rheumatology	93.7%	93.5%	93.3%	93.1%	92.9%	92.7%
Actual Performance:	94.0%	95.0%	92.5%	89.1%	84.9%	79.2%
430 - HCOOP	91.6%	92.5%	93.2%	93.9%	94.5%	94.9%
Actual Performance:	90.7%	96.5%	98.4%	97.5%	97.2%	93.6%
502 - Gynaecology	71.6%	72.4%	72.9%	73.6%	74.4%	75.1%
Actual Performance:	67.2%	68.5%	67.9%	68.7%	69.1%	67.4%
X01 - Other Specs	87.6%	88.4%	89.0%	89.7%	90.2%	90.2%
Actual Performance:	88.9%	88.1%	87.3%	87.3%	86.6%	83.2%

OP Waiters by specialty are detailed below, it is green if it has improved compared to the previous month

Heat Map	Primary Metrics					Improvement			
Specialty	Perf	Traj	52+	Waiting List	Backlog	% OP WL Dated	OP Waits	% IP WL Dated	35w Undated
Surgical Division									
100 - General Surgery	76.5%	-1.6%	21	1216	378	57%	14.4	34%	330
101 - Urology	73.0%	-15.9%	3	657	715	63%	11.0	14%	38
110 - Trauma & Orthopaedics	69.8%	-3.1%	12	522	313	68%	8.6	22%	158
120 - Ear, Nose & Throat	64.3%	-22.8%	3	584	1171	72%	18.1	20%	178
130 - Ophthalmology	75.7%	-0.6%	2	-1095	-227	66%	11.7	35%	125
140 - Maxillo Facial	78.7%	-11.2%	2	52	297	19%	11.5	13%	42
Specialist Division									
330 - Dermatology	78.9%	11.4%	4	-444	-577	70%	12.6	33%	30
502 - Gynaecology	67.9%	-7.2%	81	515	427	82%	12.6	9%	458
Urgent & Long Term Conditions Division									
170 - Cardiothoracic	100.0%	0.0%	0	7	0				0
300 - General Medicine	94.1%	-1.4%	0	-320	-14	80%	17.0		0
301 - Gastroenterology	78.2%	-5.2%	0	1468	483	74%	10.8	64%	75
320 - Cardiology	90.8%	13.9%	0	-460	-421	91%	12.0	74%	10
340 - Respiratory Medicine	89.7%	-3.9%	0	48	45	81%	6.9		3
400 - Neurology	81.8%	-9.6%	0	544	238	65%	17.0		17
410 - Rheumatology	79.4%	-13.3%	0	427	223	58%	13.0	0%	8
430 - HCOOP	93.7%	-1.2%	0	-299	-12	71%	6.6		0
Other									
X01 - Other Specs	83.6%	-6.6%	1	613	455	76%	15.8	35%	34

Following the implementation of PAS, the following backlog of validation is required:

- No outcome – As of the 30 September there were approximately 9,000 patients who had attended an outpatient clinic and there clinic appointment had not been cashed up. The reason for this delay is due to staff becoming familiar with working with the new PAS system and also the Consultants working with a new clinic outcome form. Additional staff; such as medical secretaries have been providing additional support to ensure that the outcoming is urgently progressed.
- Other validation issues have included ensuring that the outpatient clinic templates are updated; to correct patient allocation errors whereby patients have been added to the wrong lists; out coming and coding issues.
- Daily conference calls are in place to address the issues log, with a weekly COO chaired meeting to update and escalate the action log.

Production plans are in place. However, the following specialities are significantly behind plan – down by 15% plus in a POD (point of delivery):

- Gynaecology – elective in patient and elective day case
- Dermatology – elective day case and elective in patients
- Urology – elective in patient
- Trauma & Orthopaedics – elective day case
- ENT – elective day case
- Anaesthetics – elective day case, new and FU OPA
- Paediatric urology – FU OPA
- Paediatric T&O – new OPA
- GIM – new and FU OPA
- Stroke – new and FU OPA
- Neurology – new OPA
- Rheumatology – FU OPA

Actions

- Review of production plans underway, with maximising capacity.
- Review of 6-4-2 theatre booking.
- Validation plan agreed to reduce no outcome clinic episodes.
- Each 52 week wait patients have been reviewed and appointment/admission dates agreed.
- ERS went live in August 2018 and work continues with CCG and GPs to embed electronic referral management.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

98.53 %

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Green
Performance	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.53%	>=99%
Waiting list Size	15,419	14,321	14,345	13,637	14,125	14,174	14,597	15,192	16,350	16,888	15,126	12,753	<14,000
Waiting > 6 Week Breaches	63	22	52	75	62	49	91	106	149	264	298	187	<60
Average Wait													<4

2018/19 Trajectory

-0.57 %

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-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%	Sep-18
Performance	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.53%	Sep-18

Summary Performance

The standard has not been met for September 2018 with a compliance of 98.53%. As at the end of the month there were 187 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 15; 13 in Computed Tomography, 2 in Non-Obstetric ultrasound,
- Cardiology: 42
- Urodynamic: 5
- Sleep Studies : 123
- Cystoscopy : 1

- Colonoscopy : 1

The DMO1 was not achieved in September due to the continued demand for Sleep Studies. A robust plan was developed in June 2018 in response to the increased demand and also to achieve sustainability. The plan included purchasing additional equipment, which is now in place and organising additional administrative staff to maximise booking and clinics. The 42 cardiology breaches were in echo and have been due to a medical locum leaving and also staff sickness. There have been ongoing and significant workforce issues in the cardio/respiratory departments due to long term sickness and vacancy which are being actively managed. The E-referral system is also creating breaches due to the GP's being able to book outside of the 6 week standard. This has been escalated to the CCG's for urgent resolution.

There is an increasing demand for cardiac CT, a test which requires both a Cardiologist and Radiologist to be available to perform the test. This diagnostic is recommended as best practice and therefore there is now an urgent requirement to identify increased and sustainable capacity to meet the demand.

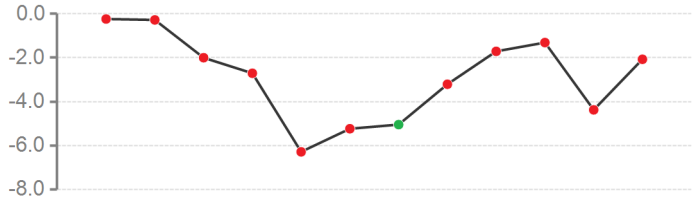
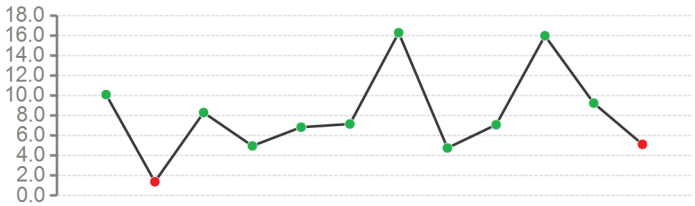
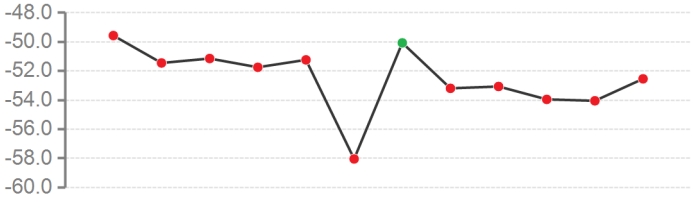
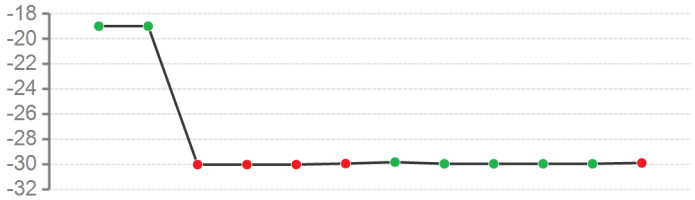
Actions:

- Recruitment to respiratory technician posts.
- Communication to GPs and CCG to request them to book within 6 weeks on the E-referral system.
- Providing additional capacity through outsourcing and internal additional lists for Cardiac CT.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Sep	I&E £m (Trust Only)	-17.7 (-52.7%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.
Sep	Cash Balance £m	5.1 (-44.5%)		Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.
Sep	Total Cost £m (Trust Only)	-52.5 (-2.8%)		Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.
Sep	Forecast £m	-29.9 (-0.2%)		This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.

Strategic Theme: Finance

Highlights and Actions:

The Trust has generated a consolidated deficit in month of £1.8m and a year to date (YTD) deficit of £17.4m which is £1.2m behind plan. YTD position includes some significant variances the drivers for which remain similar to last month.

However in month 6 clinical income has suffered as a result of PAS go live and would be £1.1m under plan if it were not for the release of £1.7m of prior year expert determination reserve which CCGS have now settled. In addition the Trust operational and information teams are reviewing the activity recording for September to confirm the estimates which have had to be included in this months income position due to some missing data. In previous months over performance in income has offset the pay overspends, unfortunately this month due to the above reasons this has not happened. The plan assumes increased elective activity over the coming six months which, if not delivered, will lead to failure to deliver the financial plan.

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's YTD I&E deficit to Month 6 (September) was £17.1m (consolidated position including Subsidiaries and after technical adjustments) against a planned deficit of £15.7m, £1.4m worse than plan.

Trust unconsolidated pay costs in the month of £32m are £0.5m less than August. However the prior month included a net £1m of pay areas and once this is taken into account the net position is an increase of £0.5m in month. After removing the pay award adjustments, substantive staff costs were £0.2m more than last month due to increasing permanent staff numbers. Temporary staffing costs have also increased in month with Bank costs increasing £0.3m (driven by medical and nursing increases) and Agency spend increasing £0.1m driven by medical staffing. Agency costs are now £11.5m more than plan YTD driven by operational pressures. Permanent staff costs (including Overtime and waiting list work) are £2.7m less than plan YTD driven by all staff groups other than HCA's. U&LTC have managed to reduce agency in month by initiatives such as removal of TFS.

Clinical income was ahead of plan by £0.6m in month (£0.2m once the impact of central pay award funding is removed). The net YTD position is now £2.7m ahead of plan. The key drivers to this remain over performance of non-electives, A&E and ITU offset by under performance in elective and Outpatient activity. In month clinical income has over performed slightly mainly due to a favourable resolution of 2017/18 disputes with commissioners and high NEL and A&E performance however this is offset by underperformance in Elective and Outpatient work driven by a PAS go live and an increasing plan. Other income is on plan in month and above plan YTD driven mainly by the SERCO termination payment.

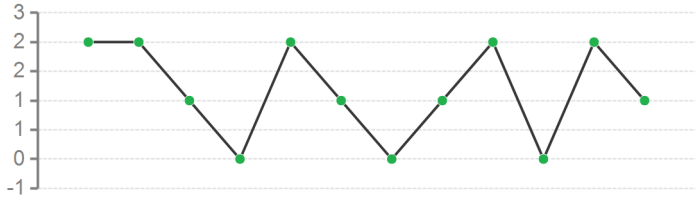
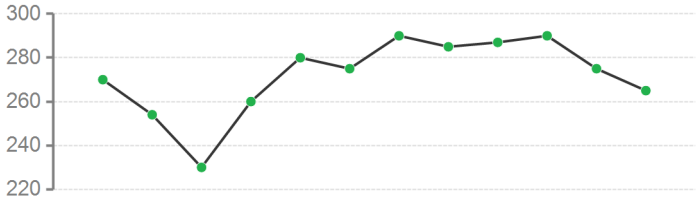
CIPS: Against the full year £30m target, including income, £12m has been reported YTD against a target of £11.4m, £0.6m ahead of plan. CIPs achieved in M06 were £1.6m against a plan of £1.3m. Medicines Value and Divisions over performed in month and YTD. Agency is above plan in month, but adverse YTD, whilst Procurement is below plan in month and YTD. CIPs in September amounted to £1.5m recurrent and £0.1m on a non-recurrent basis. The YTD position is recurrent £6.8m and non-recurrent £5.2m.

Cash: The Trusts cash balance as at the end of September was £5.1m, which is on plan. The Trust's total cash borrowing is now £60.7m.

Risk: The Trust carries and estimated £7.3m of risk to the year end position in relation to expert determination and challenges on income, CIP delivery and activity related costs. The Trust will seek to mitigate these risks as we move through the year.

Strategic Theme: Health & Safety

Health & Safety 1

Sep	Representation at H&S	835 (23.5%)		"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.
Sep	RIDDOR Reports (Number)	14 (-30.0%)		"RIDDOR reports sent to HSE each month.
Sep	Formal Notices			"Formal notices from HSE (Improvement Notices, Prohibition Notices).
Sep	Health & Safety Training	3261 (26.7%)		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. We are working to ensure that the newly formed Care groups are in place so as to continue supporting the positive work.

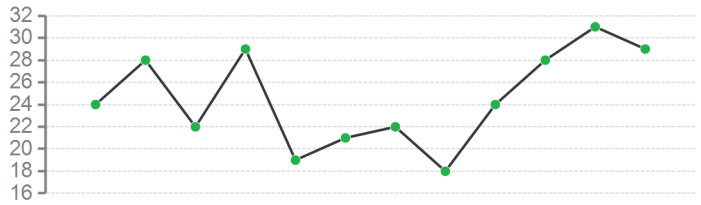
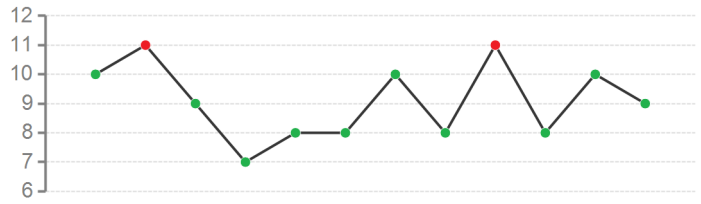
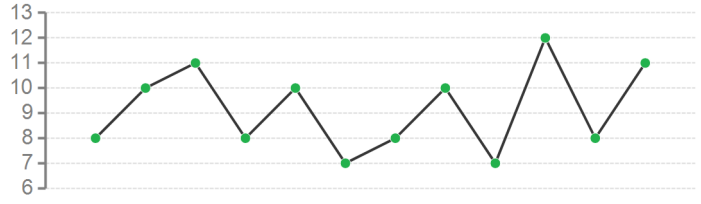
There was 1 RIDDOR to report in September - relating to a patient bed movement which resulted in a staff member hurting their back.

There where no formal notices this month.

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

Strategic Theme: Health & Safety

Health & Safety 2

Sep	Accidents	295 (-4.5%)		"Accidents excluding sharps (needles etc) but including manual handling.
Sep	Fire Incidents	109 (-12.1%)		"Fire alarm activations (including false alarms).
Sep	Violence & Aggression	361 (-12.0%)		"Violence, aggression and verbal abuse.
Sep	Sharps	110 (-33.7%)		"Incidents with sharps (e.g. needle stick).

Highlights and Actions:

The number of accidents decreased this month by 4.5% which continues to place this metric in the green. As previously reported there is no real pattern or theme to highlight in this at this point.

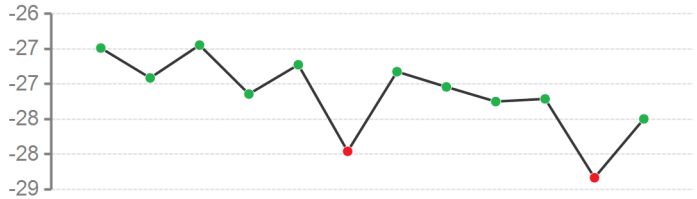
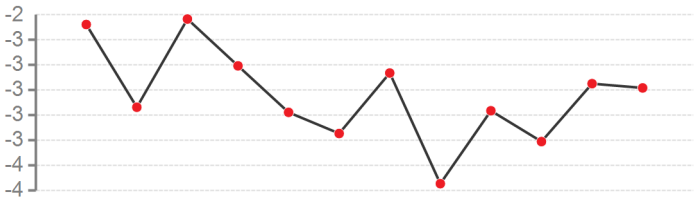
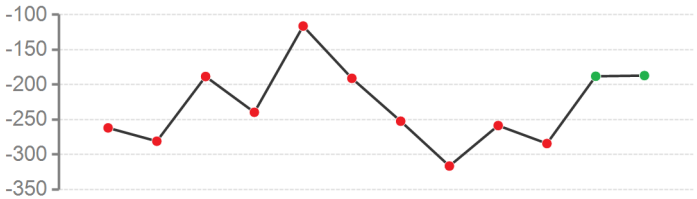
The number of Fire incidents decreased slightly in month. The KPI remains positive.

V&A and sharps both increased in September but with both still remaining within acceptable range.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

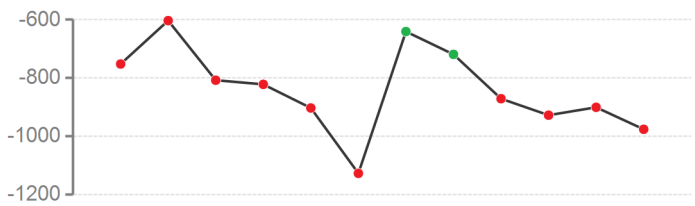
Sep	Payroll Pay £m	-27.5 (-3.0%)		Payroll Pay (Permanent+Overtime). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Sep	Agency Spend £m	-3.0 (1.2%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Sep	Additional sessions £k	-187 (-0.5%)		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.

Strategic Theme: Use of Resources

Sep

Independent Sector £k

-976 (8.4%)



Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:

Pay performance is adverse to plan in September by £1.6m and by £8.2m ytd (4.5%). Pay CIPs are adverse to plan in month by £0.5m and by £2.0m ytd.

Total expenditure on pay in September was £32.0m, £0.5m lower than in August. However, August spend included a net cost of £1.0m relating to non medical pay award arrears offset by the release of medical pay award accruals. Expenditure on temporary staffing, medical locum sessions and waiting list payments increased in total by £0.2m when compared to spend in August.

Substantive staff expenditure is favourable to plan by £0.3m in September and favourable to plan by £2.5m ytd. All substantive pay groups are underspent against plan in month and ytd except Other staff which are overspent by £0.3m in month and £1.4m ytd. This overspend relates predominantly to HCAs which are adverse to plan in month by £0.2m and by £0.9m ytd. CIP schemes for Other staff account for the remainder of the variance.

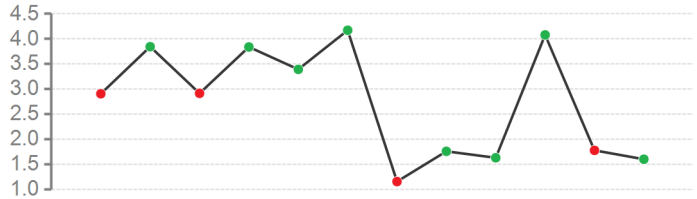
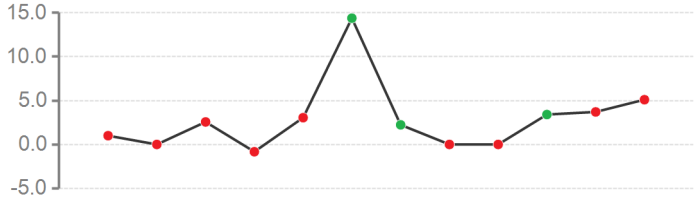
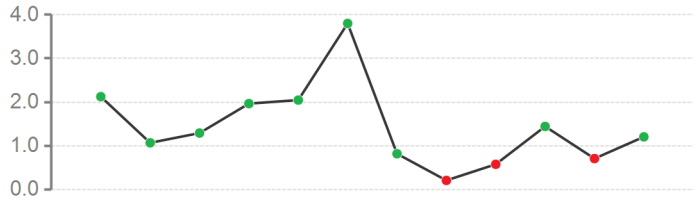
Bank staff are adverse to plan £0.4m in month and by £0.7m ytd with underspends on medical staff offsetting overspends on all other staffing groups.

Agency and Direct Engagement performance is again adverse to plan with an overspend in month of £1.6m and ytd of £10.3m. September has seen a marginal reduction in actual spend when compared to August and A&C and Other staff are marginally favourable to plan in month. TFS agency usage of HCAs at premium rates in UC&LTC ceased in September and staff are now being sourced via NHSP which is reflected in the breakeven position against plan. Adverse variances remain in the usage of all other staffing groups, particularly medical and nursing.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Sep	CIPS £m	12.0 (-10.0%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.
Sep	Cash borrowings £m	60.7		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Sep	Capital position £m	5.0 (70.5%)		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.

Highlights and Actions:

DEBT
Total invoiced debtors have decreased from the opening position of £28.5m by £8.9m to £19.6m. The largest debtors at 30th September were East Kent CCGs £6.8m and East Kent Medical Services £1.9m.

CAPITAL
Total YTD expenditure for Mth 6 2018/19 is £1.0m below the NHSI plan

CASH
The closing cash balance for the Trust as at 30th September was £5.1m.

FINANCING
£931k 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), August (£3.7m) and September (£5.1m)

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		May	Jun	Jul	Aug	Sep	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	83.95	86.92	82.95	81.95	81.17	>= 95
	ED - 1hr Clinician Seen (%)	49	51	43	48	45	
MD04 - Flow	DToCs (Average per Day)	61	61	57	52	48	
	IP - Discharges Before Midday (%)	14	14	14	13	17	>= 35
	Medical Outliers	57	48	47	51	51	
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	65.01	65.47	65.39	65.85	71.19	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	28	28	30	28	27	>= 0 & <28
	Staff Turnover (Midwifery)	13	13	14	13	13	>= 0 & <10
	Vacancy (Midwifery) %	7	7	6	6	5	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.2	13.0	15.0	13.9	14.2	>= 0 & <10
	Vacancy (%)	13.1	14.0	13.3	14.0	13.4	>= 0 & <7
	Staff Turnover (Nursing)	13	13	14	13	14	>= 0 & <10
	Staff Turnover (Medical)	13	13	14	13	14	>= 0 & <10

MD08 - Recruitment & Staffing	Vacancy (Nursing) %	14	15	15	16	16	>= 0 & <7
	Vacancy (Medical) %	11	13	13	13	13	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	71.8	67.2	70.6	76.0	76.5	>= 85
	Statutory Training (%)	90	91	91	92	92	>= 85
KF01 - Complaints	Complaint Response within 30 days %	38.6	44.7	47.4	30.6	16.0	>= 85
	Complaint Response in Timescales %	91.4	92.0	87.3	90.2	75.7	>= 85
KF09 - Medicines Management	Pharm: Drug Trolleys Locked (%)	97	88	96	99	99	
	Pharm: Resus. Trolley Check (%)	95	94	94	95	92	
	Pharm: Drug Cupboards Locked (%)	84	74	67	88	78	
	Pharm: Fridges Locked (%)	81	83	78	85	86	>= 95
	Pharm: Fridge Temps (%)	89	89	86	89	82	>= 100

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		
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
	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). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
Beds	DToCs (Average per Day)	The average number of delayed transfers of care		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 (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: 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: 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	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 - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked		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. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked		5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 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		5 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Staff FFT - Work (%)	"Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 60	50 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %
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 & <0.2	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 & <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.	>= 0 & <7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <7	
Diagnostics	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	20 %
	I&E £m (Trust Only)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.	>= 0	30 %
	Total Cost £m (Trust Only)	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.	>= 0	20 %
	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.	>= 0	10 %
Health & Safety	Representation at H&S	"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	>= 76	20 %
	RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.	>= 0 & <3	20 %
	Sharps	"Incidents with sharps (e.g. needle stick).	>= 0 & <10	5 %
	Accidents	"Accidents excluding sharps (needles etc) but including manual handling.	>= 0 & <40	15 %
	Fire Incidents	"Fire alarm activations (including false alarms).	>= 0 & <5	10 %
	Formal Notices	"Formal notices from HSE (Improvement Notices, Prohibition Notices).	>= 0 & <1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %

Health & Safety	Violence & Aggression	"Violence, aggression and verbal abuse.	>= 0 & <25	10 %
Incidents	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	Pressure Ulcers Cat 2 (per 1,000)	"Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."		10 %
	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."		
	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <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."		
	C. Diff Infections (Post 72h)	"The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)."	>= 0 & <1	0 %
	Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		
	Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
	Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
	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."	>= 0 & <1	30 %
	Pressure Ulcers Cat 3/4 (per 1,000)	"Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
Infection	Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"		
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	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 %

Infection	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %
	Hand Hygiene Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95	
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
	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	>= 0 & <1	
	Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"		
	E. Coli	"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44	
	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	>= 0 & <1	
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."	>= 0 & <27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 0 & <87.45	30 %
	Crude Mortality EL (per 1,000)	"The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <0.33	10 %
Observations	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 %
	Obs. On Time - 8pm-8am (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 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 %
	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 %

Observations	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 (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 90	25 %
Patient Experience	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	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: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 15	1 %
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Number of Compliments	% 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)		0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
	Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
	Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
	AE Mental Health Referrals	A&E Mental Health Referrals		5 %

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 shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 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 direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	FFT: Recommend (%)		>= 90	30 %
	Number of Complaints	"The number of Complaints recorded overall . Data source - Patient Experience Team"	>= 0 & <1	0 %
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 %
	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 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	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	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency & Locum Spend	Total agency spend including NHSP spend		

Staffing	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
	Local Induction Compliance %	"Local Induction Compliance rates (%) for temporary employee's to the Trust.	>= 85	
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %
	Overtime (WTE)	Count of employee's claiming overtime		1 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Sickness (%)	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 0 & <3.3	10 %
	Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
	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 (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 the previous 12 months."	>= 0 & <10	
	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."	>= 0 & <10	
	Total Staff Headcount	Headcount of total staff in post		
	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.	>= 0 & <100	5 %

Staffing

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."	>= 0 & <7	
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 Community Midwives budget codes.		
Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
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 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 months.		
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.	>= 0 & <10	
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <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 the previous 12 months."	>= 0 & <10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
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."	>= 0 & <7	15 %

Staffing	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."	>= 0 & <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."	>= 0 & <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 previous 12 months. "	>= 85	50 %
Use of Resources	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.	>= 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	
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan		
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	
	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	
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.		
	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

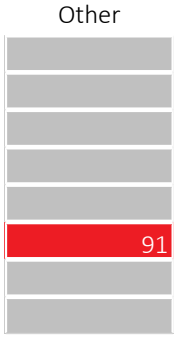
 Data captured on electronic system with direct feed, data has an assured process, data is validated/reconciled

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 %	12.6	2.3	5.8	6.4	2.3	20.6	39.3	33.3	77.8
Appraisal Rate (%)	78.4	68.4	75.4	84.6	68.1	79.6	60.7	84.4	67.0
Employed vs Temporary Staff (%)	90.1	89.6	89.8	91.3	86.9	90.5	88.8	93.1	80.8
Sickness (%)	4.9	2.8	2.5	3.4	5.5	5.0	4.2	4.8	4.7
Staff Turnover (%)	14.4	12.3	12.5	15.5	10.3	12.0	9.3	13.9	17.6
Statutory Training (%)	93					92		93	91
Total Staff In Post (SiP)	1502	87	134	122	120	1395	279	1774	1630
Vacancy (%)	18.1	13.3	10.2	11.0	13.1	9.6	11.2	6.9	19.2

Apdx.


Other
91

NHS
East Kent Hospitals University
NHS Foundation Trust

Patient Safety Heatmap - SEPTEMBER 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	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Cases of MRSA (per month)	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	100.0	0	0	0	0	0	0	0	50	100	100	38	100	0.0	96.0	88	100	13
MARL - MARLOWE WARD	90.9	1	6	0	0	0	0	0	33	50	33	42	100	0.0	88.9	94	91	8
Surgical																		
CLKE - CLARKE WARD	96.4	4	2	0	0	0	0	4	100	50	50	15	98	2.0	90.7	102	98	7
KENT - KENT WARD	100.0	3	7	0	0	0	0	0	NULL	NULL	NULL	9	100	0.0	94.3	93	94	8
KITU - INTENSIVE CARE UNIT	100.0	1	0	0	0	0	0	58	N/A	N/A	N/A	N/A	N/A	N/A	88.2	85	81	23
Urgent & Long Term																		
HARB - HARBLEDOWN WARD	100.0	1	8	0	0	0	0	76	33	50	50	43	100	0.0	78.1	84	122	5
INV - INVICTA WARD	100.0	0	10	0	0	0	1	0	100	100	100	38	100	0.0	94.2	91	111	6
KING - KINGSTON WARD	100.0	0	13	0	0	0	0	0	33	33	33	36	100	0.0	87.1	86	109	5
KNRU - EAST KENT NEURO REHAB	NULL	0	3	0	0	0	0	0	100	100	100	60	100	0.0	NULL	81	101	5
MTMC - MOUNT/MCMASTER WARD	100.0	1	5	0	0	0	0	0	NULL	NULL	NULL	15	100	0.0	92.3	82	111	5
TREB - TREBLE WARD	100.0	0	3	0	0	0	0	0	50	50	50	44	100	0.0	90.5	89	94	7
QEQM - QUEEN ELIZABETH QUEEN MOTHER HOSPITAL																		
Specialist																		
BIR - BIRCHINGTON WARD	100.0	1	0	1	0	0	0	3	NULL	NULL	NULL	28	100	0.0	94.1	82	125	6
KIN - QEQM KINGSGATE (MOTHERS)	100.0	0	1	0	1	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	84.8	81	90	18
QSCB - SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	90.3	94	92	14
RAI - RAINBOW WARD	100.0	0	0	0	0	0	0	0	N/A	N/A	N/A	5	100	0.0	90.6	91	92	12
Surgical																		
BIS - BISHOPSTONE WARD	93.3	1	0	0	0	0	1	108	33	50	33	81	98	0.0	76.8	76	84	6
CSF - CHEERFUL SPARROWS FEMALE	100.0	1	3	0	0	0	1	1	50	50	100	39	100	0.0	91.6	102	130	6
CSM - CHEERFUL SPARROWS MALE	100.0	1	1	0	0	0	0	2	33	50	50	27	100	0.0	86.6	112	138	6

Apdx.

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	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Cases of MRSA (per month)	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)
QITU - INTENSIVE CARE UNIT	100.0	2	0	0	0	0	0	46	N/A	N/A	N/A	N/A	N/A	N/A	87.2	82	113	24
SB - SEA BATHING WARD	100.0	0	0	0	0	0	0	2	50	33	50	16	100	0.0	93.5	N/A	N/A	6
Urgent & Long Term																		
DEAL - DEAL WARD	100.0	1	6	0	0	0	1	0	50	100	100	5	100	0.0	93.0	98	112	5
FRD - FORDWICH WARD STROKE UNIT	100.0	0	4	0	0	0	1	0	50	50	100	32	100	0.0	81.3	91	113	7
MW - MINSTER WARD	100.0	1	5	1	0	0	0	0	33	50	33	16	100	0.0	55.7	92	102	7
QCCU - CCU	100.0	0	2	0	3	0	0	1	50	50	50	76	100	0.0	77.7	81	110	24
QX - QUEX WARD	100.0	1	7	0	0	0	1	0	100	NULL	100	46	97	2.7	NULL	97	105	5
SAN - SANDWICH BAY WARD	100.0	1	2	0	0	0	0	1	NULL	NULL	NULL	52	100	0.0	98.6	132	133	6
SAU - ST AUGUSTINES WARD	100.0	0	2	0	0	0	0	0	NULL	NULL	NULL	N/A	N/A	N/A	92.1	105	110	5
STM - ST MARGARETS WARD	95.0	0	3	0	0	0	0	19	33	33	33	44	100	0.0	75.3	98	99	5
WHH - WILLIAM HARVEY HOSPITAL																		
Specialist																		
FF - WHH FOLKSTONE WARD (MOTHERS)	100.0	0	0	0	1	0	1	0	33	50	50	N/A	N/A	N/A	89.0	93	91	32
KEN - KENNINGTON WARD	100.0	0	0	0	0	0	0	1	50	33	50	0	NULL	NULL	73.5	88	125	6
PAD - PADUA	100.0	0	0	0	0	0	0	0	N/A	N/A	N/A	0	NULL	NULL	83.4	88	89	6
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	101.3	94	92	10
Surgical																		
ITU - WHH ITU	100.0	4	1	0	0	0	0	36	N/A	N/A	N/A	N/A	N/A	N/A	99.2	84	83	28
KA2 - KINGS A2	95.0	0	2	0	0	0	0	191	33	33	50	62	91	0.0	106.8	105	104	6
KB - KINGS B	96.3	1	4	1	0	0	0	197	33	33	50	54	93	2.3	94.3	105	109	5
KC - KINGS C1	96.2	3	0	0	0	0	0	149	50	50	33	44	95	4.5	74.9	101	98	6
KC2 - KINGS C2	100.0	0	4	0	0	0	1	0	33	33	33	33	98	0.0	65.6	79	88	6
KDF - KINGS D FEMALE	94.4	6	2	0	0	0	0	286	33	33	50	43	100	0.0	101.0	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	7	3	0	0	0	1	0	50	33	50	34	96	0.0	N/A	107	105	7
RW - ROTARY WARD	100.0	0	0	0	0	0	0	61	33	33	33	56	97	0.0	94.1	107	97	9
Urgent & Long Term																		
CCU - DGH CORONARY CARE UNIT	100.0	0	0	0	0	0	0	0	100	NULL	100	71	100	0.0	NULL	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	97.1	1	0	0	0	0	0	1	33	50	25	0	NULL	NULL	80.5	101	146	7
CK - CAMBRIDGE K	100.0	2	3	0	0	0	0	0	50	50	50	43	94	0.0	49.7	86	85	6
CL - CAMBRIDGE L REHABILITATION	100.0	0	3	0	0	1	0	1	33	33	33	51	93	3.4	77.8	83	118	6

Apdx.

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	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Cases of MRSA (per month)	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)
CM1 - CAMBRIDGE M1 SHORT STAY	100.0	0	2	0	0	0	1	0	50	50	50	0	NULL	NULL	33.5	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	2	7	0	0	0	1	0	50	50	100	29	100	0.0	99.4	101	85	6
OXF - OXFORD	100.0	2	4	0	0	0	0	0	50	50	100	38	92	8.3	98.1	108	118	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	5	6	0	0	0	0	0	33	50	50	34	96	0.0	92.5	86	113	7
WBAR - BARTHOLOMEW WARD WHH	NULL	0	0	0	1	0	0	0	33	50	50	74	100	0.0	NULL	88	100	13
WCDM - WHH CDU MIXED	NULL	0	0	0	0	0	0	0	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	N/A