East Kent Hospitals University NHS Foundation Trust

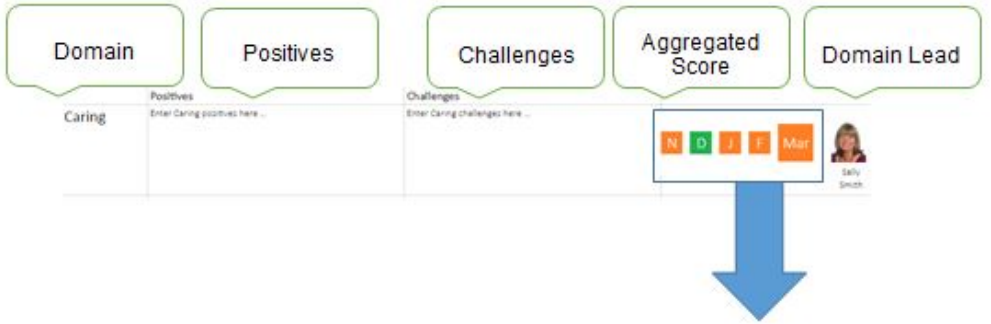
OCTOBER 2018

INTEGRATED PERFORMANCE REPORT

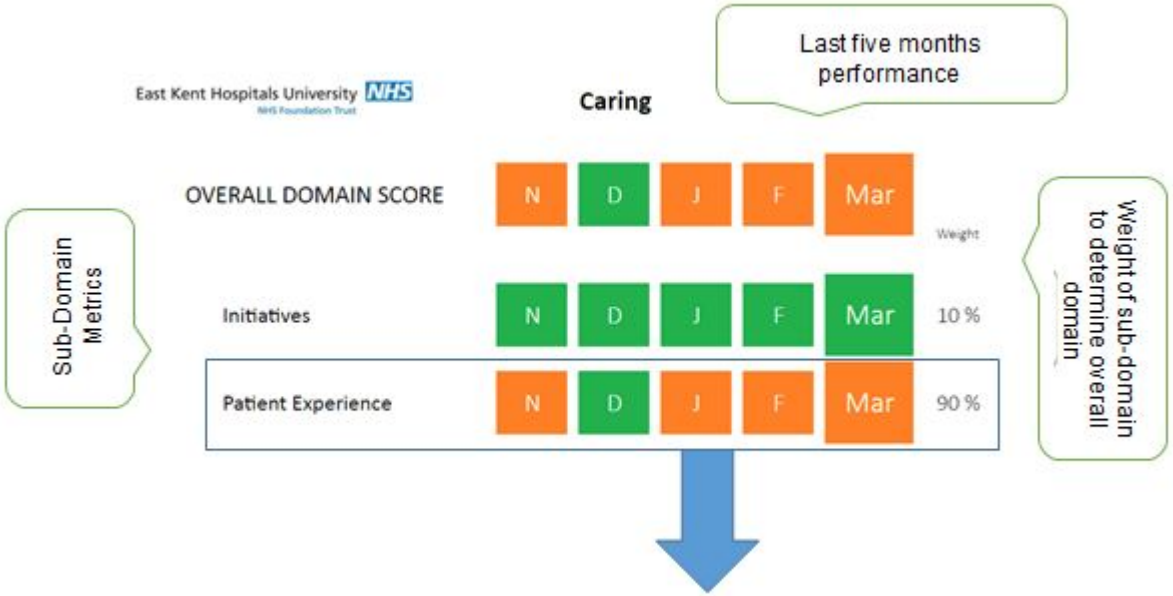
East Kent Hospitals University NHS Foundation Trust

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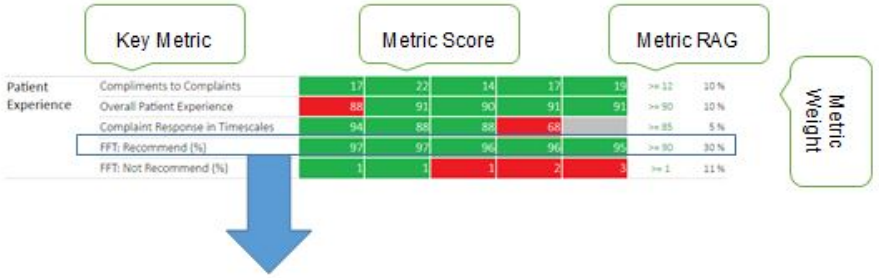
3 **Key Metrics:** This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.



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%. The overall patient experience this month remains green. The ratio of compliments to complaints remains positive with a high number of recorded compliments to every single complaint. The number of unjustified mixed sex breaches has reduced from 19 in September to 0 in October. Our improvement trajectory of a 30% reduction by December is on track.	We are seeking further improvement in the management of complaints, specifically in relation to the timeliness of our response to clients. We have been targeting completion of complaints which have a long wait time in September and October. The completion of these (longer waiting) cases has contributed to the Trust reporting amber for complaints "responded to within agreed timeframe" in October. Nine complaints were acknowledged outside the Trust target timescale of 3 working days, and each of these is subject to review to identify and address the reason for any delay. Our improvement work further includes strengthening the holding to account of care groups and corporate teams, refocusing the complaints process to be more clinically led through engagement of triumvirate, undertaking peer review and service evaluation of the PALS model. In October we received 485 PALS enquiries an increase of 65% since September. Despite this increase the PALS teams have maintained their response to "live" PALS phone calls. The service improvement team is working with the PALS team to identify ways of further improving clients experience when they contact the service. 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. Work is additionally required / in place across the paediatric pathway (from ED to ward / theatres). Assurance regarding completion of safety checks and safe staffing levels within these areas is received by the Chief Nurse to over see safe standards. This action is set within a broader action plan / quality assurance process. Progress against this will be reported to the Quality Committee.	J J A S Oct  Sally Smith

Effective	The number of DTOC's have increased by 145 in month and now average 49 per day; 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, however the number of 7 and 21 day patients has increased by 11% and 8% respectively. Conversely, discharges before 12 noon have improved with a greater number of patients being discharged before 12 noon. The number of 52 week patients has decreased from 129 to 120.	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 Site Director oversight and weekly Director 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 and although there have been sustained improvements in month there continues to be a requirement for further training and embedding of new processes. A training programme has been developed and is being implemented to support staff via group or 1:1 training sessions. The daily and weekly operational meetings are continuing to provide senior oversight, support and assurance.	J J A S Oct	 Lee Martin

Responsive

4 hour Emergency Access Standard
October performance for the 4 hour target has improved to 80.89%, excluding the community MIU and 87.4% including and against a NHS Improvement trajectory of 87.4%. This represents a 3.8% improvement in performance compared to the previous month. There were no 12 Hour Trolley Waits. The number of patients who left the department without being seen continued to be compliant at 3.16%, whilst unplanned re-attendances remained non-compliant at 9.62%. Time to treatment (60 minutes) improved and is compliant as 50.6%.

RTT
October performance reduced to 74.89% against an improvement trajectory of 81.69%.

The number of patients waiting over 52 weeks for first treatment has continued to over perform and improve with the number decreasing further to 120. This is within the trajectory of 150 submitted to NHSI.

DM01
The standard is compliant for October 2018 with a compliance of 99.31%.

Cancer
October performance is currently 75.20% against the improvement trajectory of 73.66%, validation continues until the beginning of December in line with the national timetable. The total number of patients on an active cancer pathway at the end of the month was 2,555 and there were 9 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.

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. Patient flow delays due to timely bed availability continue to be a challenge; however there is significant work ongoing across the whole health economy to improve patient flow.

RTT
Identifying sufficient administrative support to increase the levels of validation of the waiting lists and ensure all patients are cashed up immediately.

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

J J A S Oct

Lee Martin

Safe	Positives this month include pressure ulcers (rate 0.15), falls rate and harm free care for new harms. all of these compare favourably. Certain measure are positive for some areas of the Trust, such as VTE assessment recording, where all specialist areas have been above 95% for the last 12 months (averaging 96.3%).	Medicines safety is one of our major challenges currently, triangulated both by internal audit and external review, including the CQC. VTE assessment recording remains a challenge for our new care groups, monthly performance in surgery was 88.8% and the 12 month average better at 92.7% but still below target. In medicine monthly performance was recorded as 87.6%, 12 month average is 92.0%. Infection prevention and control continues to be a concern despite some potential plateauing of Clostridium difficile.	J J A S Oct	 Paul Stevens
Well Led	Vacancy (M6 -13.8% , M7 -13.1%), Appraisal (M6 -76.3%, M7 -77.2%) rates have both improved in month. I&E CIPS of £14.8m are reported up to Month 7 against a plan of £14.3m. Risks remain in relation to finalising full delivery of some identified schemes (e.g. Patient Flow savings) in order that the full net £30m of savings can be delivered by the year end.	The Trust delivered a £2.8m deficit (after NHSi adjustments) in Month 7 which was £1.2m behind plan. This brings the YTD position to a deficit of £19.8M which is behind plan by £2.5m (consolidated position including Spencer Wing and 2geather Support Solutions and is after technical adjustments). Trust Pay is £1.2m over plan in month and £9.5m over plan YTD. The main overspend is in Agency costs (£11.7m over plan YTD) offset by an underspend on permanent staffing (£3m 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 lower than planned activity and CIP delivery. Total Cash borrowed has risen to £60.7m Staff sickness (M6 -3.8%, M5 4.7%) and Staff turnover (M6 14.2% , M7 -14.6%) rates have both worsened in month.	J J A S Oct	 Susan Acott

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Caring

	J	J	A	S	Oct	
OVERALL DOMAIN SCORE						Weight
Patient Experience	J	J	A	S	Oct	100 %

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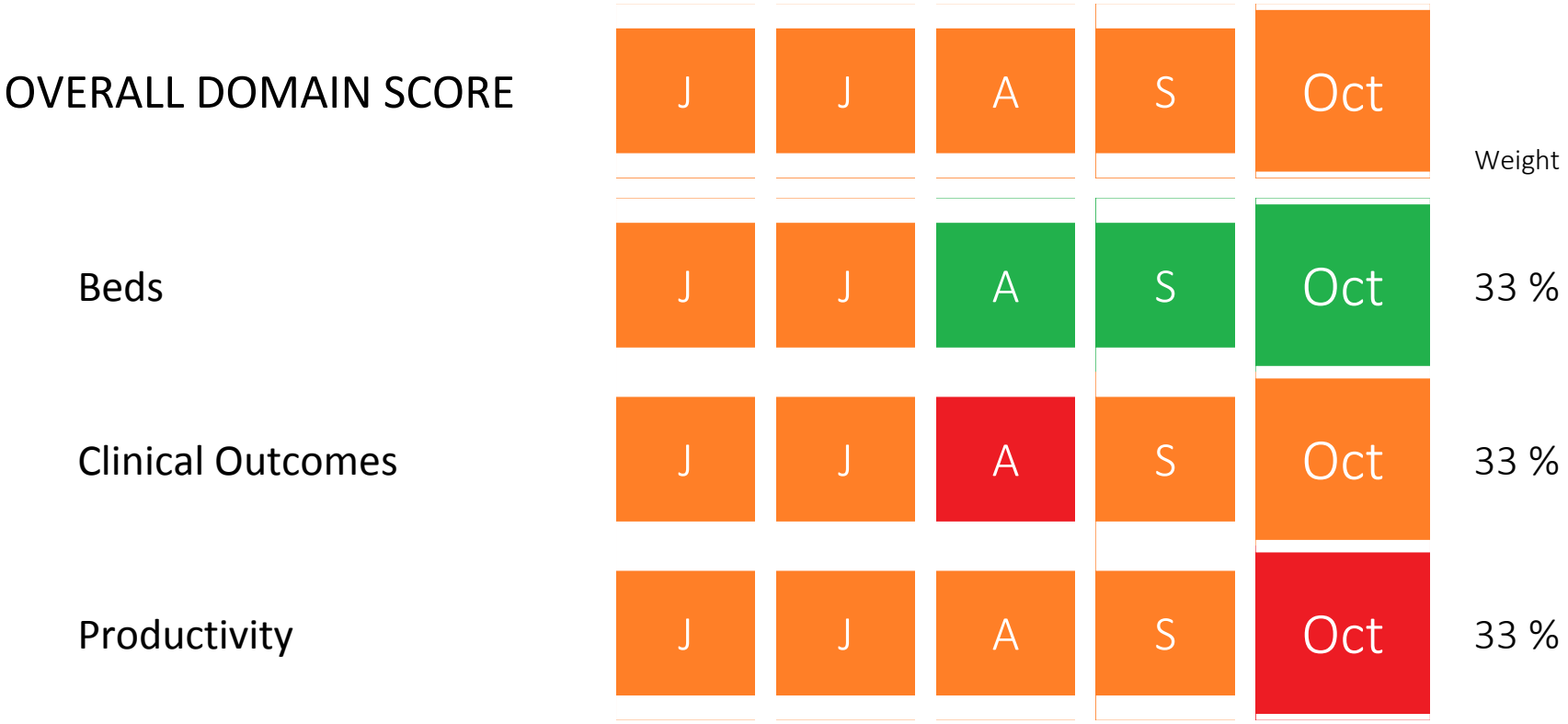
Caring

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Patient Experience	Mixed Sex Breaches	98	50	73	19	0	>= 0 & <1	10 %
	AE Mental Health Referrals	134	106	115	81	116		5 %
	Compliments to Complaints (#/1)	28	30	23	17	32	>= 12	10 %
	Overall Patient Experience %	91.1	91.9	89.7	90.0	89.7	>= 90	10 %
	FFT: Recommend (%)	97	97	96	97	97	>= 90	30 %
	FFT: Not Recommend (%)	0.9	1.1	1.7	1.2	1.3	>= 0 & <1	10 %
	Complaint Response in Timescales %	92.0	87.3	90.2	75.7	72.1	>= 85	5 %

Effective


OVERALL DOMAIN SCORE
J
J
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S
Oct
Weight
Beds
J
J
A
S
Oct
33 %
Clinical Outcomes
J
J
A
S
Oct
33 %
Productivity
J
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S
Oct
33 %

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Effective

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Beds	DToCs (Average per Day)	61	57	52	48	48	>= 0 & <35	30 %
	Bed Occupancy (%)	5	5	5	5	5	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	14	13	17	14	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.7	3.8	4.4	3.9		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.1	14.5	15.6	15.6		>= 0 & <15	15 %
	Audit of WHO Checklist %	100	96	98	100	99	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	6.8	7.8	8.2	9.0	8.8	>= 0 & <7	
	DNA Rate: Fup %	6.8	6.9	7.4	8.4	9.3	>= 0 & <7	
	New:FUp Ratio (1:#)	1.9	1.9	1.8	1.8	1.9	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.2	3.5	2.8	3.2	3.4		
	LoS: Non-Elective (Days)	6.2	6.2	6.1	6.2	6.3		
	Theatres: Session Utilisation (%)	80	79	80	78	81	>= 85	25 %
	Theatres: On Time Start (% 15min)	36	40	41	45	50	>= 90	10 %
	Non-Clinical Cancellations (%)	1.7	1.4	0.9	1.4	2.2	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	4	0	0	0	0	>= 0 & <5	10 %
	EME PPE Compliance %	80	81	78	79	79	>= 80	20 %

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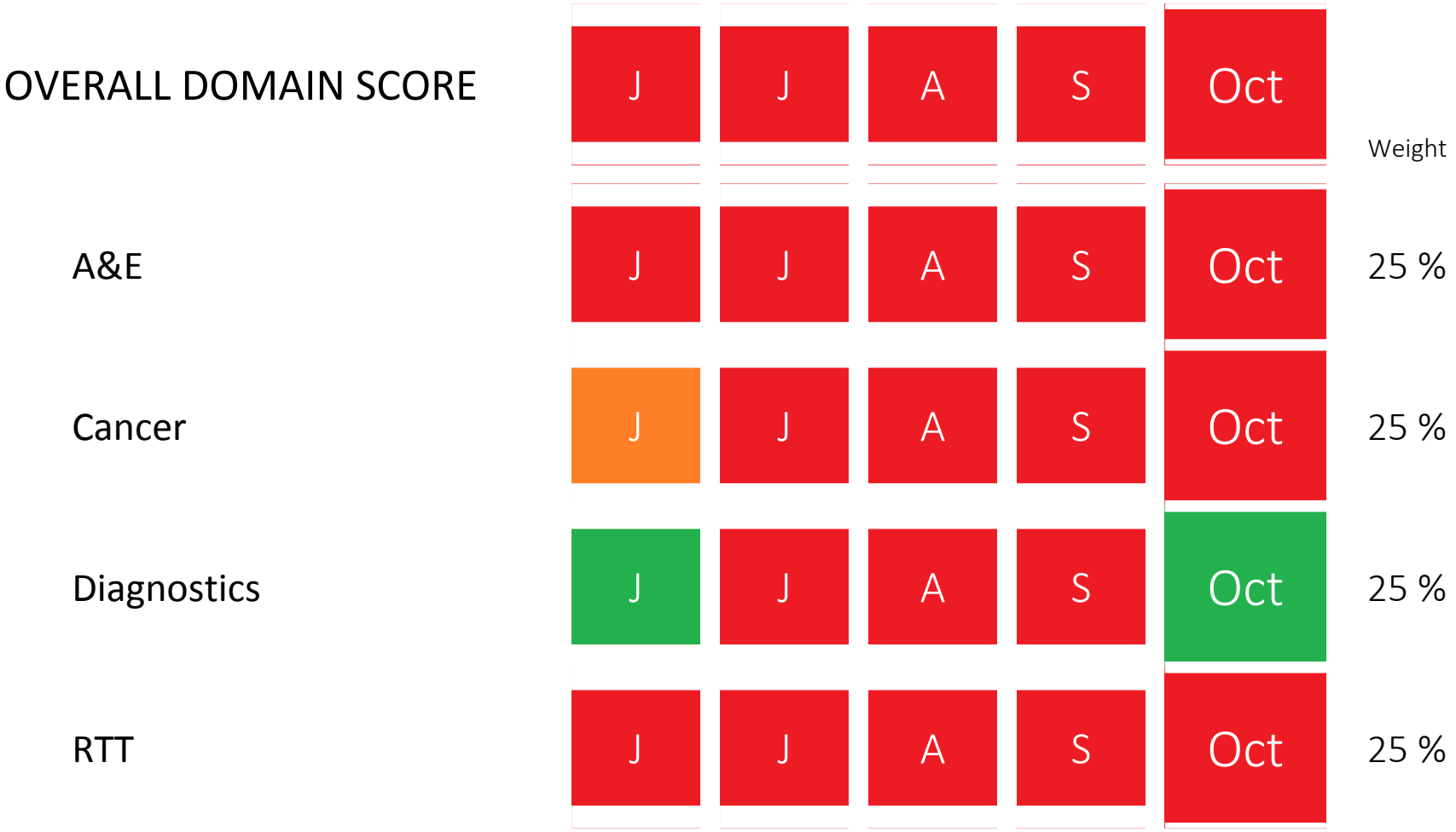
Responsive



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Responsive

		Jun	Jul	Aug	Sep	Oct	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	86.92	82.95	83.52	81.17	86.10	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	82.73	79.18	80.04	77.15	80.89	>= 95	1 %
Cancer	Cancer: 2ww (All) %	94.22	94.94	93.64	91.00	83.51	>= 93	10 %
	Cancer: 2ww (Breast) %	94.12	93.18	86.32	94.39	68.46	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.47	95.69	94.57	96.84	97.08	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	82.61	94.59	95.56	96.00	94.12	>= 94	5 %
	Cancer: 31d (Drug) %	98.11	99.17	98.97	97.85	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	65.78	65.52	66.00	70.81	75.20	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	81.63	94.37	81.48	84.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	84.38	85.00	94.74	76.00	81.25	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.09	98.44	98.03	98.53	99.31	>= 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 (%)	79.02	79.65	79.06	76.27	74.89	>= 92	100 %
	RTT: 52 Week Waits (Number)	201	167	125	129	120	>= 0	

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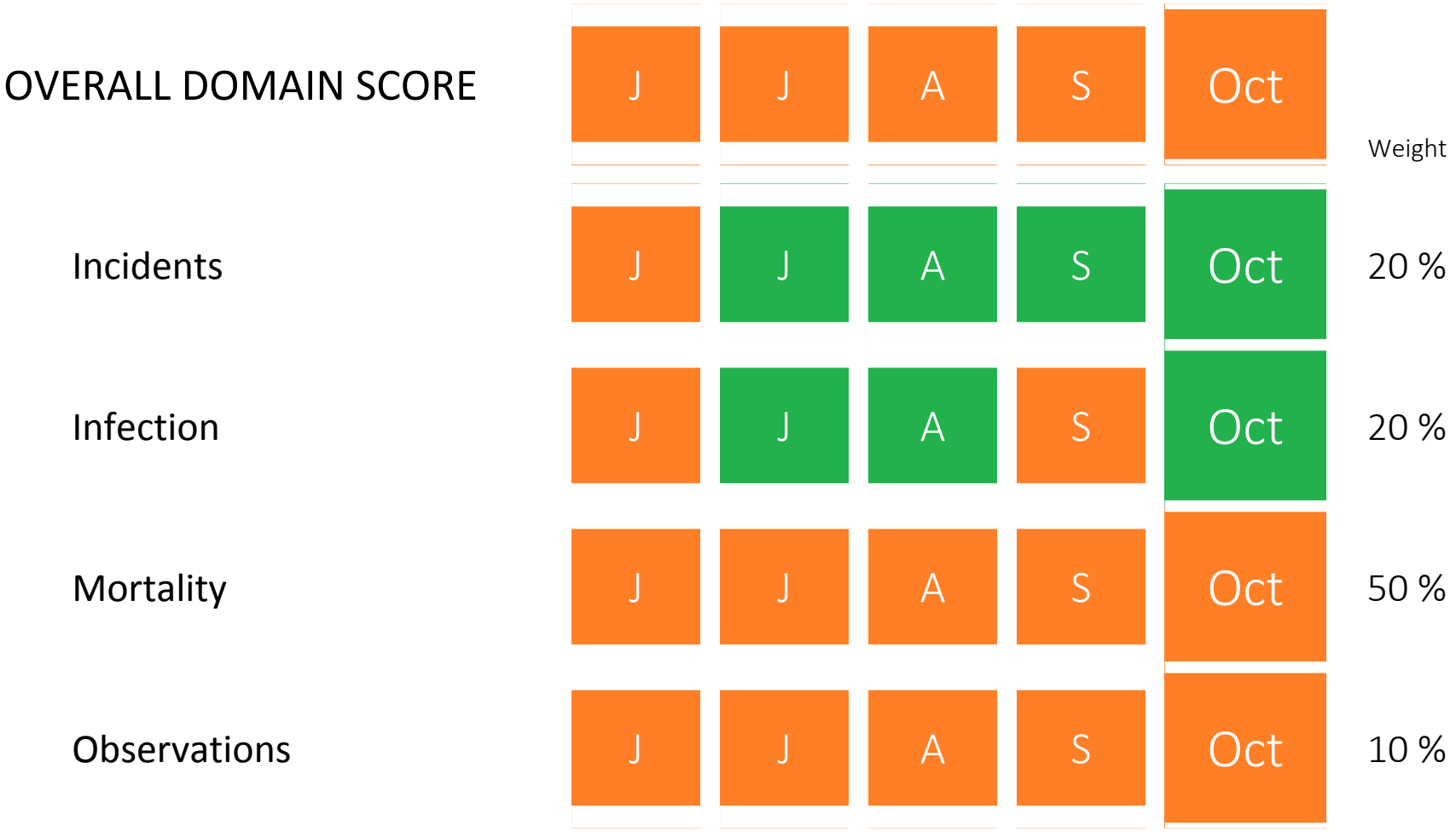
Safe



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Safe

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,349	1,484	1,288	1,261	1,343		
	Serious Incidents (STEIS)	12	8	9	9	12		
	Harm Free Care: New Harms (%)	98.3	98.3	99.3	99.0	99.0	>= 98	20 %
	Falls (per 1,000 bed days)	5.04	5.02	4.93	5.33	5.62	>= 0 & <5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.16	0.18	0.16	0.13	0.13	>= 0 & <0.15	10 %
Infection	Cases of C.Diff (Cumulative)	16	19	22	25	26	<= Traj	40 %
	Cases of MRSA (per month)	1	0	0	1	0	>= 0 & <1	40 %
	Hand Hygiene Audit	95.9	94.6	94.0	96.8	92.1	>= 95	
Mortality	HSMR (Index)	96	96	96			>= 0 & <90	35 %
	Crude Mortality EL (per 1,000)	0.4	0.8	0.9	0.7	1.2	>= 0 & <0.33	10 %
	Crude Mortality NEL (per 1,000)	25.5	29.1	24.8	27.3	25.8	>= 0 & <27.1	10 %
	RAMI (Index)	89	90	89	89	89	>= 0 & <87.45	30 %
Observations	Cannula: Daily Check (%)	71.8	70.8	68.9	65.6	65.9	>= 50	10 %
	Catheter: Daily Check (%)	41.8	39.2	43.7	36.9	39.6	>= 50	10 %
	Central Line: Daily Check (%)	68.1	66.9	66.1	62.3	63.8	>= 50	10 %
	VTE: Risk Assessment %	94.3	93.2	93.0	90.2	89.0	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.5	91.9	92.0	91.5	92.1	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	90.0	89.1	89.6	89.4	74.3	>= 90	25 %

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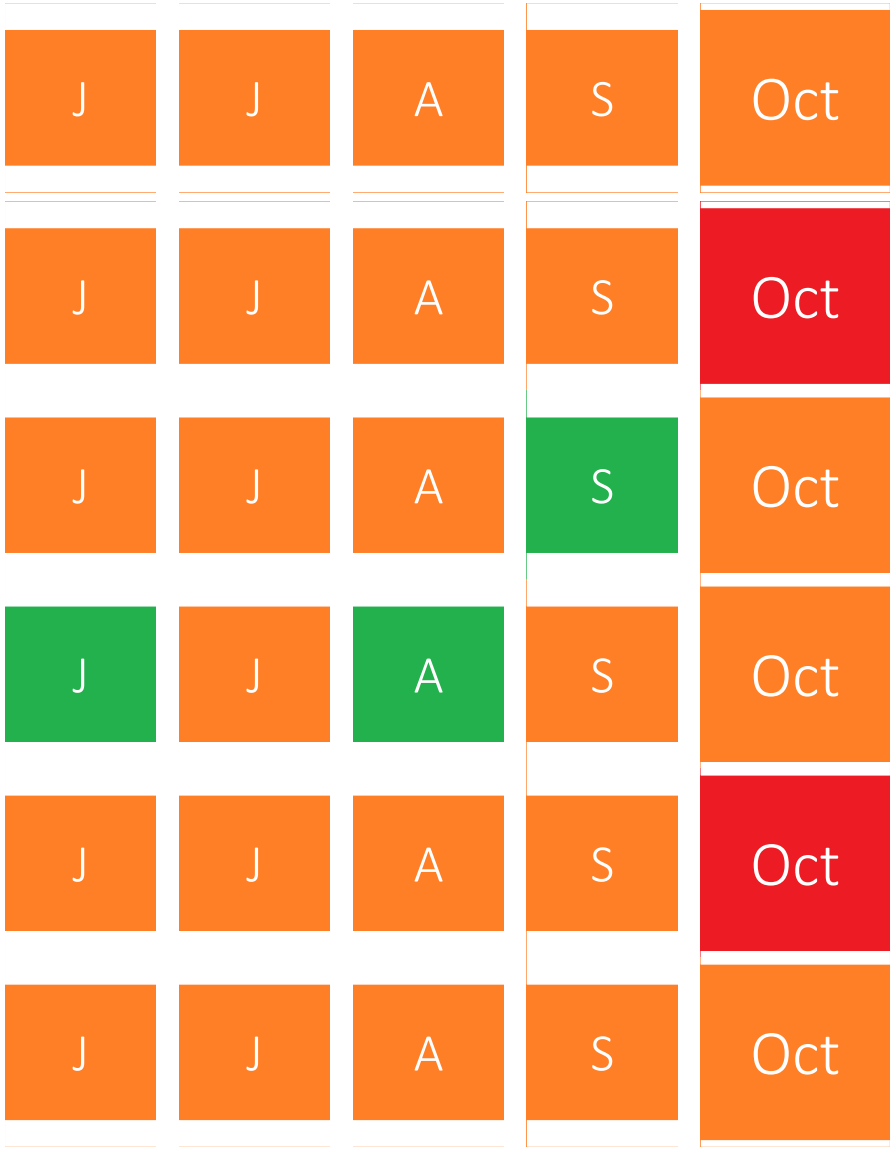
Well Led



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Well Led

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Data Quality & Assurance	Not Cached Up Clinics %	1.0	0.9	0.6	0.6	1.4	>= 0 & <0.2	25 %
	Uncoded Spells %	0.4	0.4	0.5	0.6	1.8	>= 0 & <0.25	25 %
Finance	Forecast £m	-30.0	-30.0	-30.0	-29.9	-29.9	>= 0	10 %
	Total Cost £m (Trust Only)	-53.1	-54.0	-54.0	-52.5	-88.8	>= 0	20 %
	Cash Balance £m	7.1	16.0	9.2	5.1	6.4	>= 0	20 %
	I&E £m (Trust Only)	-1.8	-1.3	-4.4	-2.1	-37.6	>= 0	30 %
Health & Safety	Formal Notices	0	0	0	0	0	>= 0 & <1	15 %
	RIDDOR Reports (Number)	2	0	0	1	1	>= 0 & <3	20 %
Staffing	Sickness (%)	3.8	3.8	3.8	3.8	4.7	>= 0 & <3.3	10 %
	Agency %	7.2	7.4	7.5	7.4	7.5	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	59	59	60	59	58		1 %
	Shifts Filled - Day (%)	99	96	93	93	97	>= 80	15 %
	Shifts Filled - Night (%)	104	107	104	102	105	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	11	12	11	11		
	Staff Turnover (%)	13.0	15.0	13.9	14.2	14.6	>= 0 & <10	15 %
	Vacancy (%)	14.5	13.6	14.2	13.8	13.1	>= 0 & <7	15 %
	Total Staff In Post (SiP)	7058	7136	7027	7076	6928		1 %
Training	Appraisal Rate (%)	67.2	70.5	75.9	76.3	77.2	>= 85	50 %
	Statutory Training (%)	91	91	92	92	91	>= 85	50 %

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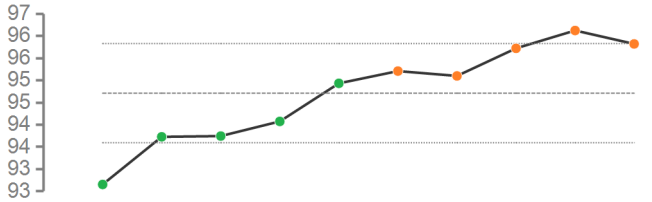
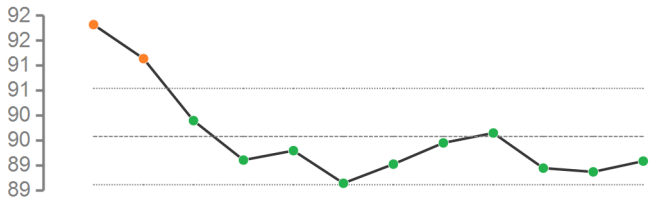
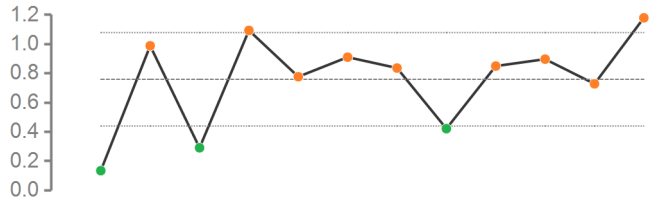
Strategic Theme: Patient Safety

Mortality

Oct	HSMR (Index)	95 (1.0%)		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.
Oct	RAMI (Index)	90 (1.5%)		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.
Oct	Crude Mortality EL (per 1,000)	0.7 (10.9%)		"The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

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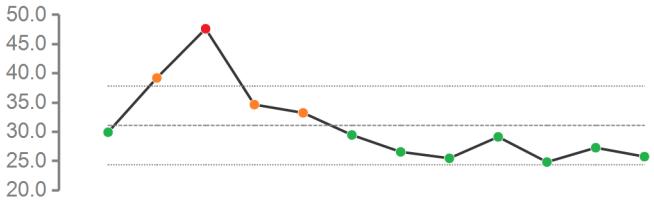
Strategic Theme: Patient Safety

Oct

Crude Mortality NEL (per 1,000)

31.1 (12.1%)



"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 related to elective admissions has crossed the upper control limit in this last month but for non-elective admissions remains just above the lower control limit. This is difficult to make any meaningful comment about in month because the rise in elective mortality equates to a single death. Overall crude mortality comparisons over a 12 month period remain unchanged, for the last 12 month period (September 2017 to August 2018) the Trust rate was 1.4%, 0.1% higher than peer rate for the 12 month period.

HSMR in the last report here had breached the upper control limit, believed to be due to the re-basing exercise. This month HSMR is sitting on the upper control limit and for this latest period (September 2017 to August 2018) was 95.9 compared to a peer value of 98.4. This is in the 25th to 50th quartile of HES Acute Peers.

The risk adjusted mortality index (RAMI) remains unchanged in comparison to recent months and for the last 3 months has been between the mean and lower control limit, and in comparison to peers is now on the 50th centile.

The latest summary hospital mortality index (SHMI) reported on NHS digital is from the July 2017 to June 2018 period and was 1.05 (0.89-1.12, 95% over dispersion control limits). SHMI is not shown on this report but is relevant to understanding overall Trust mortality data. A SHMI of 1.05 is categorised by NHS digital as 'as expected'. For the period July 2017 to June 2018 there were 105,970 admission spells, 4122 deaths expected both in hospital and within 30 days of discharge and 4204 deaths observed. Overall 64.8% of deaths contributing to the SHMI occurred in hospital and 35.2% within the 30 days of discharge, these percentages have remained very consistent since October 2015 but are at variance with the England average (70.9% deaths occurring in hospital and 29.1% within 30 days of hospital discharge).

Actions

1. Exploration of coding. For this latest SHMI indicator reporting period our depth of coding for elective admissions was 3.4 versus an England average of 4.4 and for non-elective admissions was 3.8 versus an England average of 4.6.
2. Further analysis of those areas where observed mortality is significantly higher than expected notwithstanding the fact that the expected mortality may be lower as a consequence of the lower depth of coding.

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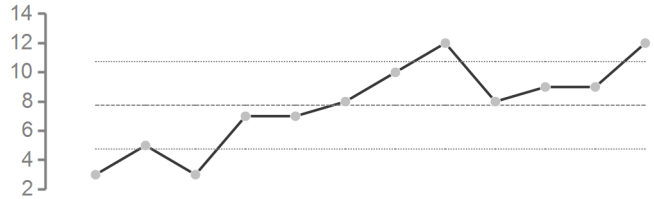
Strategic Theme: Patient Safety

Serious Incidents

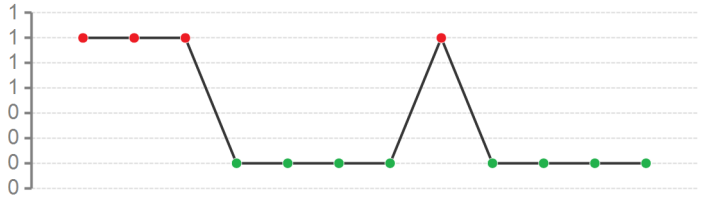
Oct	Serious Incidents (STEIS)	93 (32.9%)		"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Strategic Theme: Patient Safety

Oct

Never Events (STEIS)

4
(-20.0%)



"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:

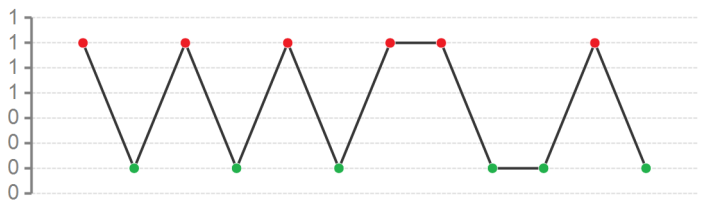
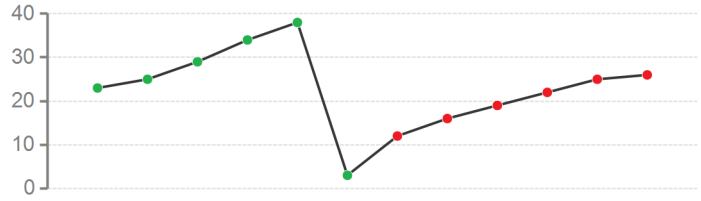
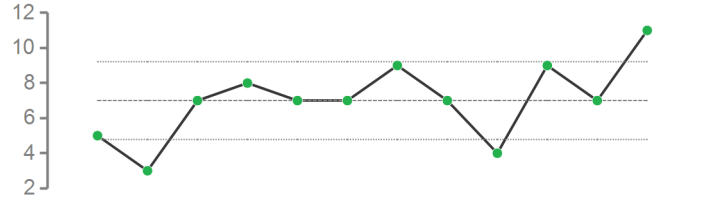
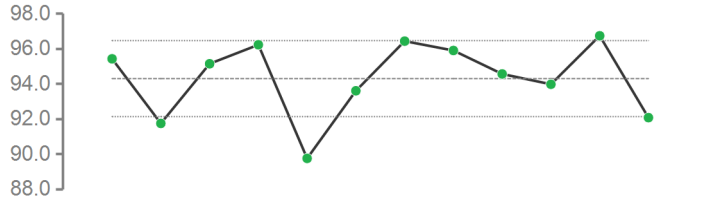
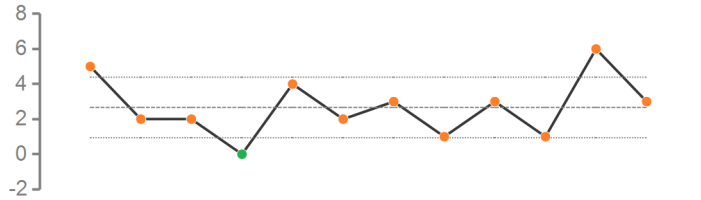
Total open SIs on StEIS in October 2018: 97 (including 12 new), breaching the upper control limit.
SIs under investigation: 37
Breaches: 2
Non-breaches: 35
Waiting EKHUFT non-closure response: 13
Waiting CCG response: 47

Supporting Narrative:
The number of breached cases is 2. Breaches are 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. A new SI panel is taking place and is attended by the Medical Director, Chief Nurse and Chief Operating Officer. This action will provide greater oversight of learning and case management.

The 12 new SIs are:
- three treatment delay cases one relating to myasthenia gravis, one to ophthalmology and one of a child with a fractured arm
- one suboptimal care of a deteriorating patient relating to a diabetic patient
- one environmental case - staff reported an issue with water
- one pressure ulcer case
- one medication case relating to a patient with a renal transplant
- two cases of patient falls
- one allegation of abuse case (subsequently downgraded)
- one infection control incident relating to Pseudomonas colonisation on the neonatal unit
- one trisomy screening case

Strategic Theme: Patient Safety

Infection Control

Oct	Cases of MRSA (per month)	6 (-45.5%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
Oct	Cases of C.Diff (Cumulative)	26 (4.0%)		"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."
Oct	E. Coli	84 (-7.7%)		"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Oct	Hand Hygiene Audit	94.0 (-1.4%)		"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"
Oct	MSSA	32 (-3.0%)		"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 October (26) is just above the trajectory set for the year by the Department of Health (25). In future years we will also be viewing all C.difficile, ie those pre and post 48 hrs from admission. There is no trajectory set for this combined metric but the current number for this year is 85 year to end-October.

The trajectory of hospital-onset cases has slowed this month which is encouraging but will have to be sustained to be significantly attributed to work surrounding antimicrobial stewardship.

All of the hospital onset C.difficile infections to date have been in either the surgical or medical care groups with no cases recorded in specialist services (renal, haematology, obstetrics, gynaecology). Ribotyping has not suggested transmission of C.diff between patients.

New Actions:
1. A 'stocktake' of Infection Prevention and Control is to be undertaken by the newly appointed Director of Infection Prevention and Control for the Kent & Medway System

MRSA
From April 2018, all post 48 hour MRSA bacteraemias have been automatically assigned to the Trust and all pre48 hour cases to the CCG. Year to date there have been 3 hospital onset MRSA bacteraemias (unchanged) and 8 attributable to the CCGs.
MSSA
The number of Trust apportioned MSSA bacteraemias year to date is 19, there have been a further 60 cases of community onset MSSA bacteraemias. MSSA is reported as an SPC run chart in this report and this month has come back down below 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. Continue to 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. Continue with implementation of the aseptic non-touch technique and audit of compliance with ANTT guidance for wound care and care of indwelling devices

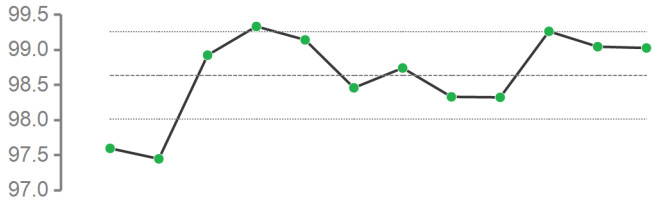
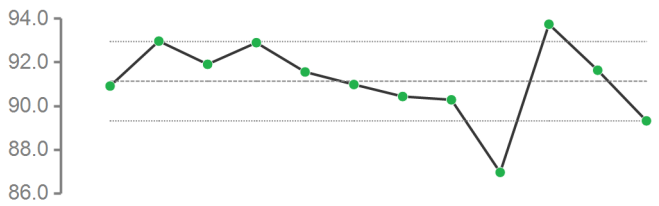
E.coli
The number of E.coli bacteraemias (hospital onset) year to date is 51, month by month this metric is also presented as an SPC run chart and this month has breached the upper control limit. The number of community onset year to date is 290.

E.coli bacteraemia is an area that will be scrutinised in the stocktake referred to above but 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.

Action
Audit of hospital onset E.coli bacteraemia to determine underlying associations and inform future preventative actions.

Strategic Theme: Patient Safety

Harm Free Care

Oct	Harm Free Care: New Harms (%)	98.6 (-0.1%)		Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.
Oct	Harm Free Care:All Harms (%)	91.1 (-1.8%)		"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:

Harm free care

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 October 18 (89.32%) is at the lower control limit and shows a fall since last month (91.64%). This is due to a:

- 54% increase in patients admitted with urinary catheter related UTIs;
- 34% increase in patients admitted with falls with harm;
- 18% increase in patients admitted with pressure ulcers.

Actions include:

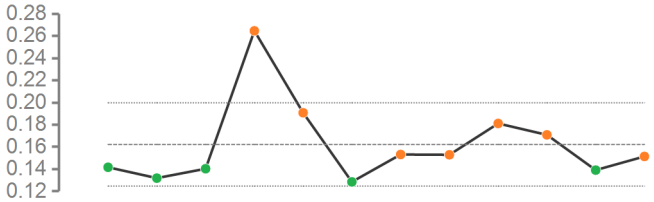
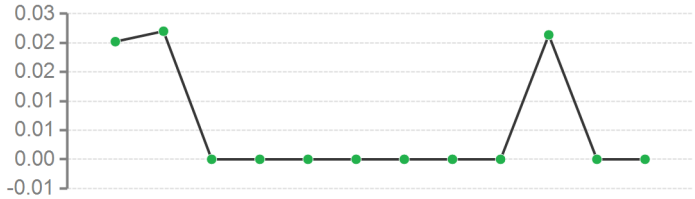
- A review of incidence of these harms during October is underway to identify admission source and any themes in order to inform improvement priorities;
- EKHUFT involvement with the 2nd phase of the NHS Improvement Falls Collaborative continues;
- Visits to AMI group were undertaken during late September, by TVN and manual Handling Lead, to share good practice and provide support in delivering improvements following admission of a patient with a pressure ulcer;
- Awaiting publication of national guidance to inform completion of Kent & Medway wide catheter guidelines and catheter passport and to roll out.

Harm Free Care experienced in our care (New Harms only) at 99.02% fell slightly since last month (99.04% September-18). A marked improvement is seen in prevalence of New VTE's (0.30%) which is lower than the national average for Acute Hospitals (0.72%). New Pressure Ulcers (0.20%) are also lower than the national average for Acute Hospitals (0.82%). The prevalence of Catheters and New UTI's, and Falls with Harm continue to remain below the national average for Acute Hospitals.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Pressure Damage

Oct	Pressure Ulcers Cat 2 (per 1,000)	0.17 (-60.2%)		"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."
Oct	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-66.1%)		"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."

Strategic Theme: Patient Safety

Highlights and Actions:

All metrics for pressure ulcers reported green in October 2018.
• There were a total of 32 pressure ulcers reported which is 9 less than last month.
• 24 of these were category 2 ulcers which is a decrease of 4 from last month.

The trust came under the 0.15 avoidable incidence/1000 bed days for the second time since April 2018 with a result of 0.088/1000 bed days.
• 3 were avoidable equal to last month.
• Two of these affected the sacrum and 1 the thigh. These were avoidable due to lack of evidenced repositioning and delay in pressure relieving equipment. The thigh ulcer was due to the fact that the patient had been lying on his catheter tubing.

There was 2 confirmed category 3 pressure ulcer one was unavoidable. The other reported by the community prior to discharge is being investigated.

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

Eight potential deep ulcers were reported.
• 1 of these were avoidable a decrease of 4 from last month. This was a sacral ulcer and was avoidable due to lack of repositioning evidence.
• The trust was again under the trajectory with a result of 0.029/1000 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.

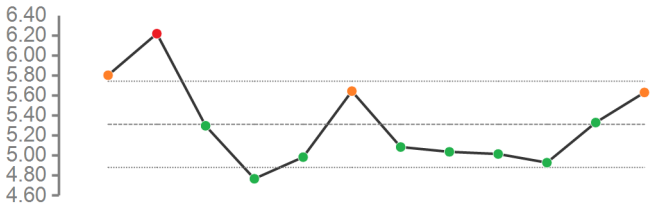
Action undertaken in October 2018 included:

• Site based study days held on each acute site
• Mattress strategy meeting to plan for winter pressures large Hybrid pilot planned involving 106 beds
• Bi annual tissue viability study held with 56 delegates attending audit results shared and plans commenced for 2019 audit to take place on Wednesday 13th February 2019
• TV Tuesday continued at WHH
• Work commenced on analysing 3 months data of hospital acquired category 2 pressure ulcers
• Recommendations:
• Continue improvement work with regards to documentation
• 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
• Bespoke actions to be completed following category 2 analysis
• Further training to be held trust-wide with regards compression bandaging

The above is set within an overarching Trust wide action plan, overseen by the PU Steering group, reporting to the Trust Patient Experience Group.

Strategic Theme: Patient Safety

Falls

Oct	Falls (per 1,000 bed days)	5.31 (-48.5%)		"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 in October.

There were a total of 186, 48 at K&CH , 44 at QEQMH and 93 at WHH.

In comparison to September K&CH have seen a decrease by 10 falls, also QEQMH by 6 however the WHH have seen a significant increase in falls by 31. The Falls Associate Practitioner has been working at K&CH to respond to a recent increase in falls which has now seen a reduction.

QEQM of specific note:
- 7 patient falls at Cheerful Sparrows female
- A patient rolled from the bed on St Augustine's ward - all harm prevention strategies were found to be in place, however they sustained a hip fracture. The incident is subject to an on going investigation.
- A patient rolled from a trolley in the A&E and this led to harm. This incident is subject to investigation.

KCH of specific note:
- 20 patient falls on Kingston (one patient fell 10 times at K&CH).
- 8 patient falls Harbledown (there was a repeat faller) within these cases. There were 2 falls with injury. While these falls were identified as unavoidable / as appropriate mitigating action had been in in place for the patient before the fall), it is really important that our teams continue to focus on falls risk to proactively plan care which supports safety and patient well being.

WHH of specific note:

- 19 falls occurred on CJ. CJ is a frailty ward. The ward moved from CL creating 17 more bed spaces. Work with the Falls Associate Practitioner to support roll out of a) Falls Stop training and b) training of agency staff was under way in this area. Recent changes in agency staff requires review of staff training on this ward to ensure appropriate awareness of falls policy and risk assessment tools.
- 2 falls resulting in fracture one hip fracture resulting in unavoidable harm on Kings D,
- a hip fracture on CJ avoidable harm, the ward were short staffed with patients requiring one to one care. This case highlighted the need to ensure that all staff (including agency) undertake required falls risk assessment for patients.

Actions:

Strategic Theme: Patient Safety

1. The Fall Stop programme continues with a set rollout programme Trust wide, focusing on rapid assessment of patients at high risk of falls in CDUs, frailty wards and medical wards. Targeted 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 have completed 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 very successful and will be an annual event.

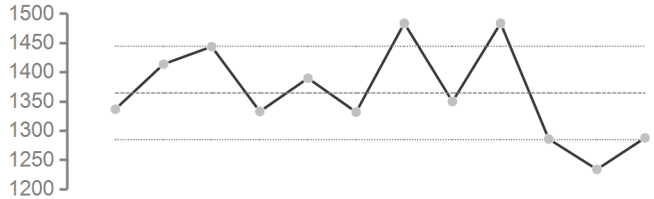
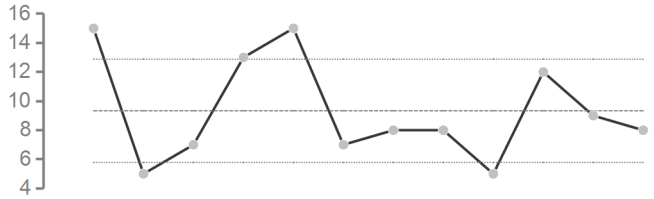
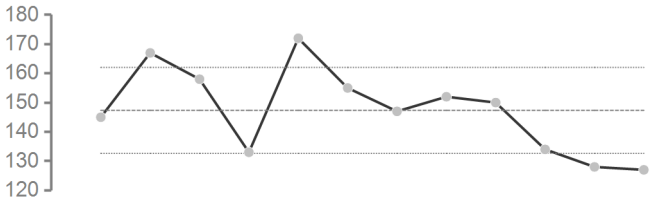
4. Work is underway to assess the gap between actual and reported falls, in accordance with our action plan.

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

Oct	Clinical Incidents: Total (#)	16,376 (-0.6%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Oct	Blood Transfusion Incidents	112 (-31.3%)		"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."
Oct	Medicines Mgmt. Incidents	1,768 (13.1%)		"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."

Strategic Theme: Patient Safety

Highlights and Actions:

Clinical incidents overall summary
A total of 1305 clinical incidents have been logged as occurring in Oct-18 compared with 1258 recorded for Sep-18 and 1373 in Oct-17.

In Oct-18, 12 incidents have been reported on StEIS. 19 serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 21 in Oct-18 and 13 in Sep-18, and 8 in Oct-17.

Over the last 12 months incident reporting is declining at all 3 main sites.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 8 Blood Transfusion related incidents October 2018 (8 in September 2018 and 13 in October 2017).

Of the 8 incidents 7 were graded as no harm and 1 as low harm.
Two of the incidents were categorised as 'delay in provision of component/product' of these two incidents one was the incorrect programming of an infusion pump so the unit of blood was set to run over 13 hours rather than 3, the error was detected so the unit of blood was taken down within the 4 hour time limit and a new unit was sourced. The second error was the failure to issue anti D following a termination of pregnancy, the error was detected prior to the72 hour time window and the anti D was administered within time.
There were two incidents due to poor documentation of the transfusion, these were both failure to return the traceability sheet to the laboratory so that the units were fated as 'assumed transfused'.
Other incidents included a wrong blood in tube and a query transfusion reaction; no serological cause was found in the post reaction investigations.
There were no themes identified in the incidents reported.
Reporting by site: 2 at QEQM, 3 at K&CH and 3 at the WHH

Medication incidents (submitted by the Medication Safety Officer)
As of 22/11/2018 the total number of medication related incidents reported in October 2018 was 135. These included 91 no harm, 39 low harm, 3 moderate harm and 2 severe harm. The severity of medication related incidents in October 2018 shows that 67.4% of medication related incidents reported were no harm incidents. There was 2 medication related incident reported in October that required RCA investigation and 2 incidents sTEIS reported.
The severe harm incidents include a renal transplant patient not being prescribed prednisolone on admission to hospital, the patient has subsequently on renal biopsy shown evidence of transplant rejection. The other severe incident involves a diabetic patient who had suffered several episodes of hypoglycaemia that was not escalated to the In Patient Diabetes Team and the insulin was not reviewed, the patient required Intensive Therapy Unit Care for several days.
The areas of concern for October focus around the management of diabetes patients and a steering group has been formed to review the actions that have been undertaken over the last few weeks and in the future. Actions include an updated insulin prescribing section in the drug chart with additional information concerning the profiles of insulin, the blood glucose chart is being reviewed to prompt escalation of unstable diabetic patients and a review of the training for diabetes in the Trust.
There were 33 incidents in October 2018 categorised as 'omitted medicine/ingredient', representing 24.4% of all medication related incidents in October. The data produced by the Medication Safety Thermometer in October 2018 was taken from 19 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 21.7% and the percentage of patients with a missed critical medicine was 8.6% in September. This included 7 wards with less than 10% of patients with a missed dose of medication and 10 wards with less than 5% of patients with an omitted critical medicine.

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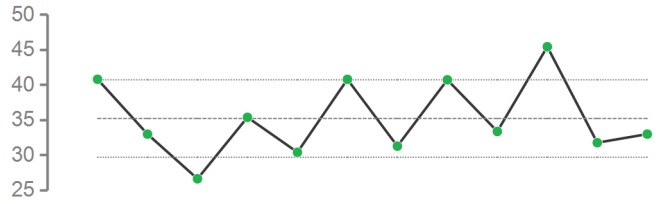
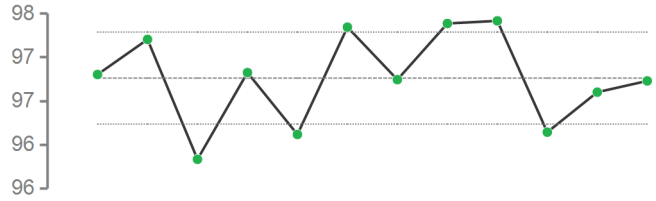
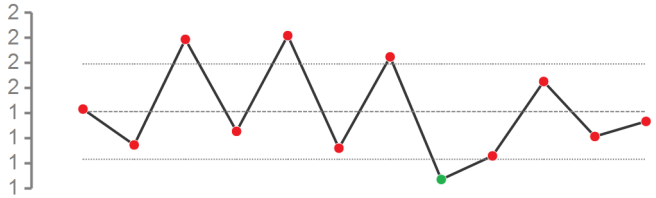
Strategic Theme: Patient Safety

Friends & Family Test

Oct	FFT: Response Rate (%)	35 (-2.8%)		"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."
Oct	FFT: Recommend (%)	97 (0.5%)		
Oct	FFT: Not Recommend (%)	1.4 (-24.0%)		"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

A total of 2008 responses were received (14.1% eligible patients). Overall response rates increased for inpatients and ED's however, fell within maternity and day cases. Response rate for the EDs was 14.1% (13.1% September-18), inpatients 31.7% (31.3% September-18), maternity; birth only 15.5% (51.9% September-18) and day cases 23.3% (24.7% September -18).

91% of responders would recommend us to their friends and family and 5.2% would not. The Trust star rating in October is 4.55 (4.51 September-18). Recommendations by patients in October improved in maternity, ED's, outpatients and day cases, however, remained the same for inpatients. The total number of inpatients, including paediatrics, who would recommend our services 96.6% (96.5% September-18), EDs 83% (80.1% September-18), maternity 100% (96.7% September-18), outpatients 91.6% (90.4% September-18) and day cases 95.4% (94.3% September-18).

Care, Staff attitude and Implementation of care as the three top positive themes for October-18. The three top negative themes for the trust were Waiting times, Care and Communication demonstrating the importance of improving patients waiting times, ensuring that good communication is paramount and staff attitude is positive. So 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.

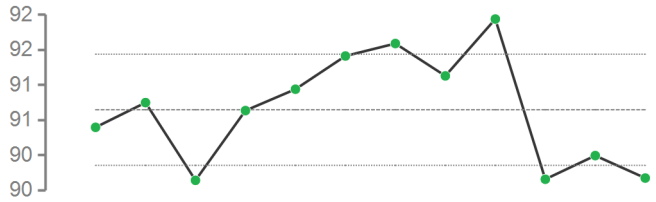
All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by Care Group Governance teams.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 1

Oct	Overall Patient Experience %	90.7 (-1.6%)	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 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows a small deterioration this month. This month we received 2475 completed inpatient surveys, an improvement from 1962 last month.

The results of the 2017 national adult inpatient survey demonstrated significant opportunity for improvement across the following areas; Patients receiving help to eat, noise experienced by patients at night, being encouraged to get out of bed and wear day clothing, patients being aware of the nurse in charge of their care, and receiving the care that matters to them. From November 1st these new questions are included within this local survey to reflect improvement priorities, with progress monitored through the Patient Experience Group.

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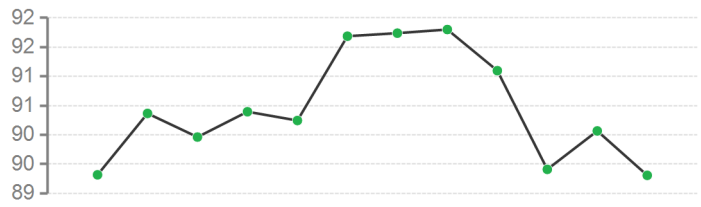
Strategic Theme: Patient Safety

Patient Experience 2

Oct	Cleanliness %	90 (-0.6%)		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.
Oct	Hospital Food? %	69 (-3.1%)		Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

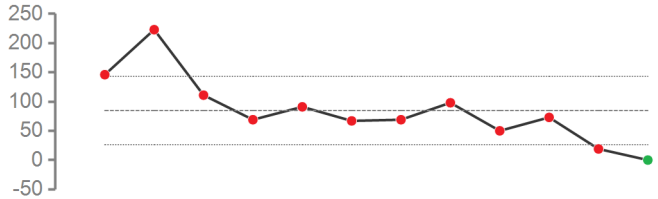
Highlights and Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards, except one have reported their performance (against the patient experience metrics) through the inpatient survey in October ~~1~~8. The IT team are currently working with the ward to solve an issue.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mixed Sex

Oct	Mixed Sex Breaches	1016 (55.1%)		"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:

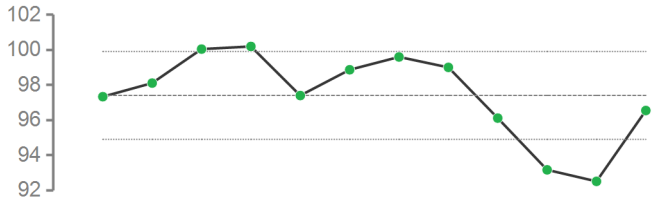
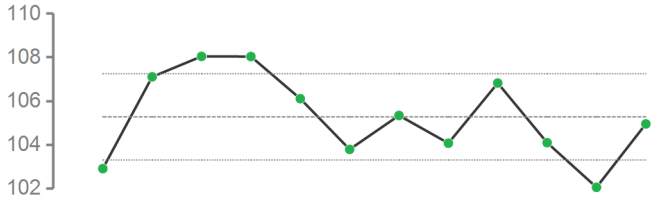
There were 8 mixed sex accommodation occurrences in total, affecting 78 patients.
Incidence of mixed sex accommodation breaches decreased this month from September and there were 0 non-justifiable occurrences. The incidents occurred in the WHH CCU (3), QEQM Fordwich (3) and K&C HDU (2) which was justifiable based on clinical need. This information has been reported to NHS England.

During September and October planned changes to patient flow within CDU WHH is now reducing same sex accommodation occurrences. Rigorous work 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.

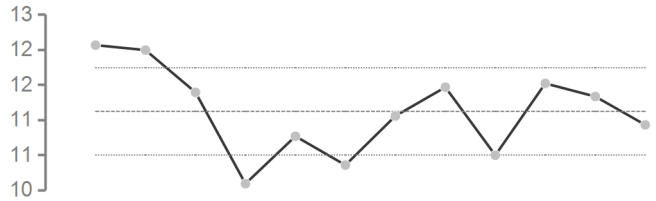
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Oct	Shifts Filled - Day (%)	97 (-1.7%)		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.
Oct	Shifts Filled - Night (%)	105 (-3.2%)		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

Oct	Care Hours Per Patient Day (CHPPD)	11 (15.0%)		Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 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 average overall fill rate improved to 99.7% from 96.1% in September.

Low fill rates were seen, in registered nurse day shifts, on several wards due to a combination of high sickness, maternity leave and vacancies (CCU QE, St Margarets, Harvey, Invicta, Cambridge L, Treble, Mount McMaster, Kingston, Harbeldown,, St Augustines, Quex, Kent, Kings C2 and Seabathing).

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 September 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.

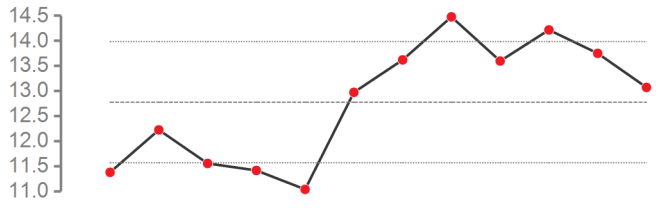
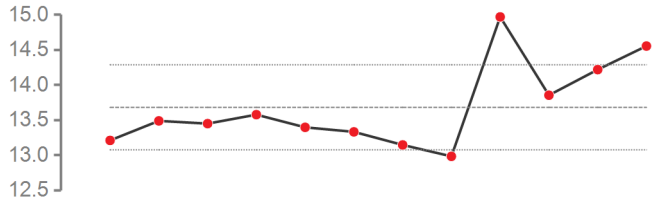
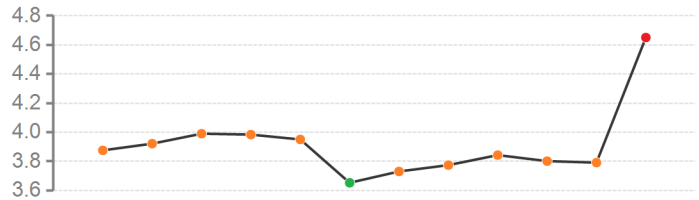
Actions;

- 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 organisation
- 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.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Oct	Vacancy (%)	12.8 (16.9%)		"% 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."
Oct	Staff Turnover (%)	13.7 (6.6%)		"% 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."
Oct	Sickness (%)	4.0 (-0.2%)		% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12

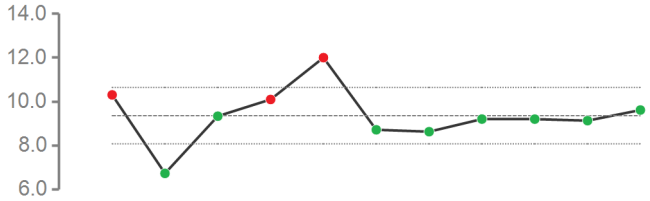
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Oct

Overtime %

9.4
(3.4%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate increased to 12.7% (up from 12.6%) for the average of the last 12 months, which is higher than last year. However, the monthly rate fell for the second month running. 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 80 Medical and Dental staff.

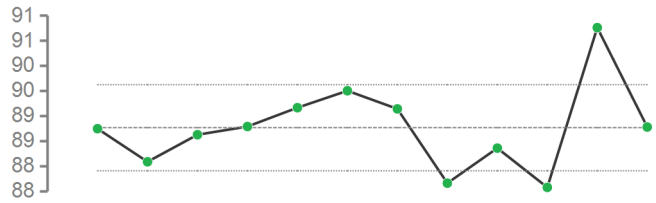
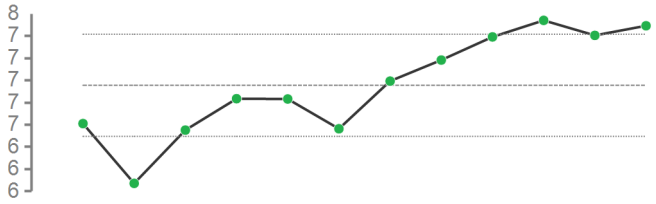
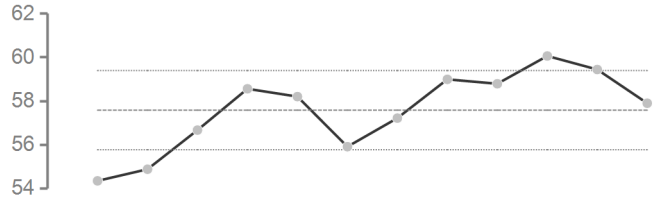
The Turnover rate in month decreased slightly to 12.2% (last month 12.3%), but the 12 month average increased to 13.7% (13.6% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed 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 3.74% - which is an decrease from 4.6% 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 increased very slightly on 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.

Strategic Theme: Human Resources

Temporary Staff

Oct	Employed vs Temporary Staff (%)	88.8 (-0.5%)		"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."
Oct	Agency %	7.0 (21.7%)		% of temporary (Agency and Bank) staff of the total WTE
Oct	Bank Filled Hours vs Total Agency Hours	58 (-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) decreased to6952 in August, which left a vacancy factor of approx. 773 wte across the Trust.

The average percentage of employed staff vs temporary staff over the last12 months increased slightly to 88.8% (88.6% last month), although remains lower than the previous 12 months.

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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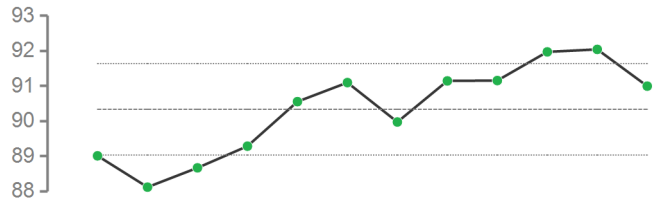
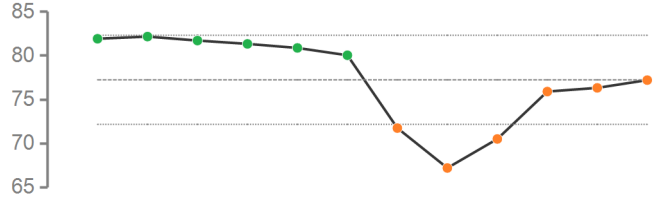
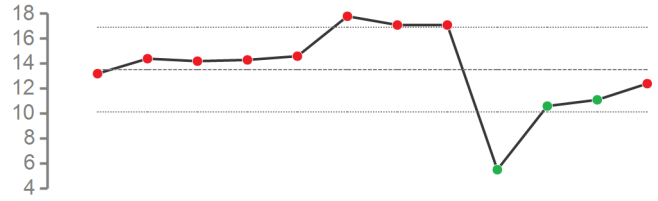
Strategic Theme: Human Resources

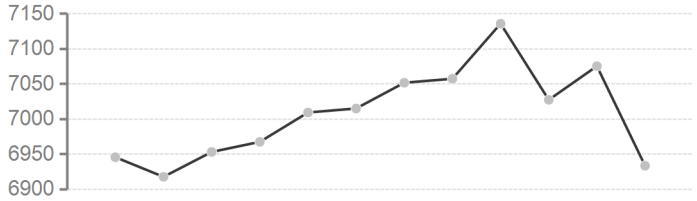
Workforce & Culture

Oct	Statutory Training (%)	90 (1.8%)		"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. "
Oct	Appraisal Rate (%)	77.2 (-5.1%)		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.
Oct	Time to Recruit	14 (11.1%)		"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."

Strategic Theme: Human Resources

Oct

Total Staff In Post (SiP) 6934 (-2.0%)



Count of total staff in post (WTE)

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month average is 90% and increased to 90% in month for October. This remains above the target of85%. 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 increased to77% in month for October (76% in September). 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 fron 51% to 73% since July, with an increase to 77% in General & Specialist Medicine.

The average time to recruit is 12 weeks, which is a 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

Oct		Oct-18				YTD				YTD vs Last Yr				
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
	Referral Primary Care	16,498	15,278	1,220	8%	102,744	101,463	1,281	1%	102,744	102,854	(-110)	0%	<=0%
	Referral Non-Primary Care	15,447	14,590	857	6%	102,533	97,131	5,402	6%	102,533	97,268	5,265	5%	<=0%
	OP New	17,402	20,431	(-3,029)	-15%	126,137	132,650	(-6,513)	-5%	126,137	127,608	(-1,471)	-1%	>=0%
	OP Follow Up	38,288	45,314	(-7,026)	-16%	273,409	289,541	(-16,132)	-6%	273,409	276,633	(-3,224)	-1%	>=0%
	Elective Daycase	6,410	7,167	(-757)	-11%	44,162	46,897	(-2,735)	-6%	44,162	43,148	1,014	2%	>=0%
	Elective Inpatient	1,362	1,521	(-159)	-10%	9,061	9,541	(-480)	-5%	9,061	8,797	264	3%	>=0%
	A&E	18,809	17,258	1,551	9%	130,024	124,567	5,457	4%	130,024	123,666	6,358	5%	>=0 & <5%
	Non-Elective Inpatient	7,013	6,744	269	4%	47,207	47,440	(-233)	0%	47,207	47,064	143	0%	>=0 & <5%
	Chemotherapy	1,221	1,199	22	2%	8,422	8,239	183	2%	8,422	8,378	44	1%	>=0%
	Critical Care	1,752	1,559	193	12%	12,560	11,439	1,121	10%	12,560	12,809	(-249)	-2%	>=0%
	Dialysis	7,103	7,169	(-66)	-1%	47,817	49,020	(-1,203)	-2%	47,817	48,043	(-226)	0%	>=0%
	Maternity Pathway	1,116	1,177	(-61)	-5%	7,870	8,317	(-447)	-5%	7,870	8,343	(-473)	-6%	>=0%
	Pre-Op Assessments	3,297	3,425	(-128)	-4%	23,465	23,394	71	0%	23,465	20,465	3,000	15%	>=0%
	Diagnostic	508,497	473,422	35,075	7%	3,256,891	3,120,419	136,472	4%	3,256,891	3,103,821	153,070	5%	<=0%
	Other	4,927	4,593	334	7%	35,295	33,228	2,067	6%	35,295	33,405	1,890	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.

October 2018

Elective Care

In October Primary Care referrals were 8% above expected levels growing the YTD variance to +1% (+1,281). Following the initial implementation of the new PAS a number of data quality issues impacted the mapping of referral types, specifically ERS referrals, significant work is in progress to rectify the issues. 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.

The Trust under-achieved the new outpatient plan in October with appointments 15% below planned levels, generating a YTD variance of -5%. 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 October data presented in this report was extracted on the 15th of November and at that time it was estimated a further 500 appointments require attendance 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.

The Trust under-performed the Follow up plan in October (-16%) with YTD performance now underachieving by -6% , as with New Outpatient activity it is expected that the position will improve after all activity is administered with the appropriate outcome details.

In October the Trust under-achieved the Daycase plan by 757 patients with YTD performance now underachieving by -6%. 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. Following the introduction of the PAS system the Trust experienced a small number of isolated recording issues, in the main these user issues have been addressed however Rheumatology still have a small number of records that were not entered onto the new PAS system following down time procedures.

Elective Admissions are 5% below plan YTD. Large underperformance remains in the Urology service (-373). 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. The Orthopaedic service have developed long term plan to address the underperformance. Additional capacity is due to commence in November and will be delivered through the New Orthopaedic Centre at KCH.

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 October to an overall Trust wide position of 96.4% of funded beds. Queen Elizabeth the Queen Mother Hospital demonstrated the most challenge with the bed occupancy position at 102% for October, a declining position from September of 100.1%. The William Harvey Hospital position improved slightly to an overall bed occupancy of 93.2% in October. 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 October the number of medical outliers increased to a monthly average of 57 outliers across the Trust compared to September with a monthly average of 46. Individual site levels of medical outliers over the month were 14 at the Queen Elizabeth the Queen Mother Hospital and 35 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 October increased slightly to 22,426 attendances compared to September (22,077 attendances).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	8,256	9,999	-17%	-1,743
300 - General Medicine	108	946	-89%	-838
502 - Gynaecology	5,945	6,473	-8%	-528
120 - Ear, Nose & Throat	6,235	6,748	-8%	-513
302 - Endocrinology	779	261	198%	518
420 - Paediatrics	3,601	3,047	18%	554
410 - Rheumatology	2,383	1,791	33%	592
103 - Breast Surgery	4,729	4,073	16%	656
330 - Dermatology	8,978	8,019	12%	959
110 - Trauma & Orthopaedics	6,473	5,345	21%	1,128
Total	**102,744**	**101,463**	**1%**	**1,281**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	19,109	21,165	-10%	-2,056
650 - Physiotherapy	7,410	7,950	-7%	-540
502 - Gynaecology	3,890	4,311	-10%	-421
420 - Paediatrics	1,376	1,719	-20%	-343
191 - Pain Management	846	490	73%	356
655 - Orthoptics	1,513	927	63%	586
300 - General Medicine	2,002	1,115	80%	887
100 - General Surgery	2,760	1,830	51%	930
130 - Ophthalmology	9,983	7,474	34%	2,509
110 - Trauma & Orthopaedics	14,048	11,245	25%	2,803
Total	**102,533**	**97,131**	**6%**	**5,402**

OP New

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	4,903	6,412	-24%	-1,509
502 - Gynaecology	7,789	9,134	-15%	-1,345
420 - Paediatrics	4,685	5,795	-19%	-1,110
120 - Ear, Nose & Throat	7,935	8,681	-9%	-746
400 - Neurology	2,771	3,492	-21%	-721
650 - Physiotherapy	10,620	11,194	-5%	-574
110 - Trauma & Orthopaedics	10,559	11,091	-5%	-532
300 - General Medicine	1,256	1,781	-29%	-525
800 - Clinical Oncology	2,848	2,448	16%	400
330 - Dermatology	8,397	7,550	11%	847
Total	**126,137**	**132,650**	**-5%**	**-6,513**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	23,501	27,631	-15%	-4,130
130 - Ophthalmology	29,217	32,365	-10%	-3,148
410 - Rheumatology	5,852	8,178	-28%	-2,326
650 - Physiotherapy	35,229	37,080	-5%	-1,851
300 - General Medicine	1,321	3,104	-57%	-1,783
120 - Ear, Nose & Throat	9,462	10,522	-10%	-1,060
400 - Neurology	4,812	5,779	-17%	-967
420 - Paediatrics	5,790	6,351	-9%	-561
290 - Community Paediatrics	12,945	13,460	-4%	-515
800 - Clinical Oncology	25,451	24,683	3%	768
Total	**273,409**	**289,541**	**-6%**	**-16,132**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,788	3,732	-25%	-944
330 - Dermatology	2,228	3,161	-30%	-933
191 - Pain Management	1,361	1,943	-30%	-582
130 - Ophthalmology	2,724	3,174	-14%	-450
502 - Gynaecology	1,404	1,791	-22%	-387
120 - Ear, Nose & Throat	1,530	1,812	-16%	-282
300 - General Medicine	12,142	12,391	-2%	-249
140 - Maxillo Facial	1,180	1,363	-13%	-183
301 - Gastroenterology	911	528	73%	383
800 - Clinical Oncology	3,444	2,797	23%	647
Total	**44,162**	**46,897**	**-6%**	**-2,735**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	1,649	2,022	-18%	-373
502 - Gynaecology	656	994	-34%	-338
100 - General Surgery	641	788	-19%	-147
110 - Trauma & Orthopaedics	2,055	2,161	-5%	-106
320 - Cardiology	117	195	-40%	-78
107 - Vascular Surgery	197	248	-20%	-51
104 - Colorectal Surgery	298	249	20%	49
503 - Gynaecology Oncology	257	148	74%	109
303 - Clinical Haematology	172	60	185%	112
300 - General Medicine	1,261	1,026	23%	235
Total	**9,061**	**9,541**	**-5%**	**-480**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	14,163	15,233	-7%	-1,070
430 - HCOOP	5,734	6,400	-10%	-666
560 - Midwifery	1,407	1,680	-16%	-273
180 - Accident & Emergency	2,165	2,416	-10%	-251
420 - Paediatrics	5,152	5,013	3%	139
104 - Colorectal Surgery	224	57	296%	167
301 - Gastroenterology	386	204	89%	182
340 - Respiratory Medicine	413	225	84%	188
101 - Urology	2,581	2,268	14%	313

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	3256891	3120419	4%	136,472
A&E	130024	124567	4%	5,457
Other	35295	33228	6%	2,067
Dialysis	47817	49020	-2%	-1,203
Critical Care	12560	11439	10%	1,121
Maternity Pathway	7870	8317	-5%	-447
Chemotherapy	8422	8239	2%	183
Pre-Op	23465	23394	0%	71

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

80.89%

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Green
4 Hour Compliance	76.21%	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%	82.55%	79.18%	80.04%	77.15%	80.89%	95%
12 Hour Trolley Waits	0	2	2	0	2	1	0	0	0	0	0	0	0
Left without being seen	2.73%	3.45%	2.75%	2.29%	2.70%	2.71%	2.42%	2.12%	2.81%	2.47%	3.64%	3.16%	<5%
Unplanned Reattenders	8.33%	9.05%	8.97%	8.91%	8.92%	9.23%	9.09%	9.29%	9.76%	9.81%	8.64%	9.62%	<5%
Time to initial assessment (15 mins)	91.1%	88.6%	93.6%	96.0%	94.4%	94.6%	95.4%	92.8%	94.7%	91.7%	73.2%	71.9%	90%
% Time to Treatment (60 Mins)	54.6%	53.3%	55.5%	47.8%	42.5%	46.2%	49.5%	51.7%	42.6%	48.0%	45.5%	50.6%	50%

2018/19 Trajectory (NHSI return 2nd May)

-6.48 %

	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%	80.9%						

*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.

Domain	Nov17	Dec17	Jan18	Feb18	Mar18	Apr18	May18	Jun18	Jul18	Aug18	Sep18	Oct18
ED - 4hr Compliance (incl KCHFT MIUs) %	79.91	73.60	74.09	77.76	78.78	81.73	83.95	86.92	82.95	83.52	81.17	86.10
ED - 4hr Performance (EKHUFT Sites) %	76.21	69.13	69.33	73.75	75.08	76.93	80.80	82.73	79.18	80.04	77.15	80.89

The above table shows the ED performance, including the health economy MIU activity and also with EKHUFT only performance.

The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard.

Summary Performance

October performance for the 4 hour target was 80.9%; against the NHS Improvement trajectory of 87.4%.This represents a significant increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in October. The number of patients who left the department without being seen remained compliant and decreased from last month to 3.16%. The unplanned reattendance position declined to 9.62%, remaining uncompliant. Time to treatment improved from September to 50.6% in October and became compliant.

Although there has been significant improvement in compliance against the 4 hour Emergency Access standard, during October all sites have continued to experienced access issues due to bed capacity which are due to the very high level of bed occupancy, and which relates to the number of stranded and super stranded patients. A stranded patient is a patient with a length of stay over 7 days and a super stranded patient has a length of stay of over 21 days. As of the 31 October there were 370 Stranded and 143 Super stranded patients.

The ED improvement programme has been actively progressed during October with a brief summary of progress against the key elements of the plan below:

Clinical Site Management

The recruitment of 10.93 new clinical site practitioners continues with all posts at QE being recruited to as of the 19 November. A WHH there is 2.43wte vacancy with interviews arranged for the 22 November and 4 applicants shortlisted. The model of two clinical site practitioners (CSP's) per shift managing access was implemented on the 15 October and new staffs are undergoing a robust induction. A 5 step plan for managing patient flow has been introduced to ensure consistency of approach and continuity of response

Improving the quality, safety and access to ED care

Training and development continue to embed the new streaming model. There continues to be a requirement for on-going training due to clinical variation in decision making; however, it is recognised that there have been positive improvements and there have been concerted efforts to stream patients to the Acute Medical Unit. The medical model was successfully relaunched on 16 October on the WHH and QEQMH sites with an immediate tangible improvement in patient flow and experience for patients across the emergency floor. The Friends and Family feedback has improved by 8% since the model was relaunched.

The number of patients being streamed to the Urgent Care Treatment Centre (UCTC) model has increased by 223 in month. Joint working with the GP's, primary care ENP's and Paramedics based in the UCTC continues to become integrated and has resulted in opportunities for joint training and development.

An emergency care workforce plan is in place and includes an increase in nursing, allied health professionals and middle grade doctor posts. During October 10 new staff have come into post. A recruitment campaign which includes a local and national advertising campaign on radio and social media; recruitment events with interviews and offers made on the day have taken place.

ED Escalation

The escalation pack has been updated and training is continuing to ED floor co-ordination staff to ensure that the escalation actions are being followed. The Silver Operations Managers role is becoming established and through a consistency of approach to escalation the speciality response is improving. Escalations are being recorded on the ED PTL so that there is an auditable record of escalations.

ED Observation Wards

The building works for the ED Observation Wards are progressing to plan with the QEQMH portacabin arriving on site on the 2 November. The weekly mobilisation meeting continues to progress the project at pace. The recruitment plan for staffing is progressing to timescales.

Improvements to patient flow delivered by the Rapid Transfer Service, internal improvements to patient flow and the impact of the new medical model is set to deliver 185 discharges per day and a daily monitoring report has been implemented which specifies the number of simple and complex discharges achieved daily.

The number of stranded and super stranded patients has increased, particularly at Kent and Canterbury Hospital and sits at 370 over 7 days and 143 over 21 days on the 31 October.

ED Summary Actions

- Continue to implement ED Improvement Plan.
- Maintain health economy focus on patient flow.
- Continue the daily focus on internal and external delays to reduce stranded and super stranded patients.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

80.89%

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Green
4 Hour Compliance	76.21%	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%	82.55%	79.18%	80.04%	77.15%	80.89%	95%
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Time to initial assessment (15 mins)	91.1%	88.6%	93.6%	96.0%	94.4%	94.6%	95.4%	92.8%	94.7%	91.7%	73.2%	71.9%	90%
% Time to Treatment (60 Mins)	54.6%	53.3%	55.5%	47.8%	42.5%	46.2%	49.5%	51.7%	42.6%	48.0%	45.5%	50.6%	50%

2018/19 Trajectory (NHSI return 2nd May)

-6.48 %

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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%	80.9%						

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ED Summary Actions

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- Maintain health economy focus on patient flow.
- Continue the daily focus on internal and external delays to reduce stranded and super stranded patients.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

75.20 %

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Green
62 day Treatments	71.97%	74.17%	74.87%	73.40%	71.88%	66.14%	65.01%	65.78%	65.52%	66.00%	70.81%	75.20%	>=85%
>104 day breaches	25	16	21	23	30	27	31	34	36	24	12	9	0
Demand: 2ww Refs	2,948	2,365	3,009	2,734	3,250	3,193	3,406	3,243	3,203	3,100	2,872	3,476	2990 - 3305
2ww Compliance	96.43%	96.28%	95.76%	97.10%	91.42%	89.06%	93.81%	94.22%	94.94%	93.64%	91.00%	83.51%	>=93%
Symptomatic Breast	94.44%	92.37%	89.84%	98.50%	90.28%	75.16%	84.46%	94.12%	93.18%	86.32%	94.39%	68.46%	>=93%
31 Day First Treatment	97.00%	95.67%	94.06%	97.74%	96.08%	95.14%	96.34%	96.47%	95.69%	94.80%	96.84%	97.08%	>=96%
31 Day Subsequent Surgery	85.71%	84.85%	87.23%	91.43%	89.47%	88.57%	82.05%	82.61%	94.59%	95.56%	96.00%	94.12%	>=94%
31 Day Subsequent Drug	100.00%	94.59%	98.85%	98.33%	98.21%	97.94%	98.89%	98.11%	99.17%	98.97%	97.85%	100.00%	>=98%
62 Day Screening	89.29%	93.33%	90.91%	79.31%	100.00%	93.75%	84.09%	100.00%	81.63%	94.37%	81.48%	84.00%	>=90%
62 Day Upgrades	84.00%	92.11%	85.00%	77.27%	100.00%	89.19%	77.42%	84.38%	85.00%	94.74%	76.00%	81.25%	>=85%

2018/2019 Trajectory

1.54 %

	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	66.14%	65.01%	65.78%	65.52%	66.00%	70.81%	75.20%						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

October performance is currently 75.20% against the improvement trajectory of 73.66%, validation continues until the beginning of December in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,555 and there were 9 patients waiting 104 days or more for treatment or potential diagnosis.

62 Day Performance Breakdown by Tumour Site

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
01 - Breast	96.6%	96.2%	88.9%	83.3%	100.0%	92.9%	96.6%	95.8%	93.8%	80.0%	88.6%	77.8%
03 - Lung	70.0%	84.6%	90.3%	100.0%	81.0%	62.8%	91.7%	73.0%	70.6%	73.3%	64.3%	47.8%
04 - Haematological	40.0%	58.3%	75.0%	33.3%	33.3%	50.0%	25.0%	50.0%	70.6%	13.3%	61.1%	52.0%
06 - Upper GI	81.0%	78.3%	70.0%	64.3%	73.3%	69.0%	69.2%	79.3%	93.3%	69.2%	59.1%	66.7%
07 - Lower GI	53.7%	61.3%	65.9%	43.8%	63.2%	61.1%	46.5%	65.9%	68.3%	75.0%	63.2%	84.8%
08 - Skin	95.0%	92.5%	92.7%	100.0%	88.9%	88.0%	88.2%	97.2%	97.7%	97.1%	100.0%	100.0%
09 - Gynaecological	52.4%	57.1%	80.0%	63.6%	75.0%	30.8%	32.0%	42.1%	55.6%	75.0%	85.2%	69.7%
10 - Brain & Nervous System						100.0%					100.0%	
11 - Urological	55.7%	63.7%	52.0%	63.5%	63.2%	58.5%	50.8%	38.2%	39.4%	51.0%	51.4%	71.2%
13 - Head & Neck	87.5%	28.6%	66.7%	85.7%	78.6%	20.0%	38.9%	94.1%	60.0%	60.0%	56.3%	81.8%
14 - Sarcoma	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%			100.0%
15 - Other	42.9%	0.0%	0.0%	0.0%		50.0%	0.0%	66.7%	87.5%	66.7%	93.9%	76.5%

Significant improvement plans are in place on all tumour sites and cancer pathways with initiatives beginning to show improvement.

Redesign is on-going to implement sustained timed pathways and the Trust has received notice of additional 190K revenue funding, until year end, for the Urology cancer pathway from the Cancer Alliance. This is in recognition that there has been a 35% increase in referrals to Urology nationally, however demand is beginning to settle back to more normal numbers. Schemes have been agreed to invest this funding include additional oncologist clinics, radiology and pathology reporting and 2ww administrators.

The 260K of Cancer Alliance funding which was confirmed last month will be used to fund additional nurses, straight to test pathways for lung, prostate and colorectal. We have also received confirmation of 3 additional McMillan nurses, 2 for lung and 1 for haematology.

Daily reviews of 2ww demand and capacity continue with a focus on clinic utilisation, identifying additional capacity to meet increasing demand in specialities such as dermatology, gynaecology and colorectal and also validation, post PAS implementation. The daily oversight has seen continued improvement in the timescale the first appointment is offered to patients on a 2ww pathway and also an improvement in month in the number of dated patients.

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 9 patients waiting 104 days and over for diagnosis/commencement of treatment for cancer as of 31st October 2018. This is a marked reduction from last month from 15 patients. Validation continues until mid-December and it is expected that the number waiting over 104 days will reduce further.

There are 3 patients without a cancer diagnosis. 2 patients have treatment plans within the next 2 weeks and 1 patient is awaiting a review at MDM to agree their treatment plan.

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.

CANCER Summary Actions

- Progress investment plans at pace
- Continue daily monitoring of 2ww pathways
- Continue daily monitoring of all patients over 104 days and also all over 73 days
- Progress timed pathways within each tumour site

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

74.89 %

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Green
Performance	80.87%	78.67%	77.62%	77.03%	76.08%	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.89%	>=92%
52w+	67	80	108	141	201	222	218	201	167	125	129	120	0
Waiting list Size	54,777	54,383	52,942	54,306	54,519	54,979	54,964	53,411	53,193	53,552	54,721	55,610	<38,938
Backlog Size	10,481	11,599	11,847	12,474	13,039	12,830	11,785	11,207	10,824	11,212	12,983	13,966	<2,178

2018/2019 Trajectory

-6.81 %

	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%	74.89%						Sept

-30

	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	120						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

- October performance of the RTT standard was reported as 74.89% against a trajectory of 81.69%. All specialities failed to meet their trajectory with the exception of cardiothoracic, general medicine and HCOOP.
- The total waiting list reported 55,610 against trajectory of 50,007, which is a shortfall of 5,603.
- The total waiting list is split into 46,516 on the non-admitted waiting list and 9,094 on the admitted waiting list.
- 52 week patients reported 120 against a trajectory of 150.

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%.

Following implementation of the new Allscripts PAS system staff have continued to gain confidence with the system. Ongoing training has been available on a 1:1 basis, in group sessions and also through the development of detailed SOPs. Additional staff; such as superusers, operations managers and medical secretaries have been providing additional support to ensure that the out coming is urgently progressed.

There is a detailed issues log to resolve issues with outpatient clinic templates; to correct patient allocation errors, out coming and clinic coding issues. An external company has been working with the Trust since the last week in October and commissioned to rebuild clinic templates. It is expected that this programme of work will be completed by mid-November.

Daily PAS operational conference calls have continued throughout October and are addressing the issues log, with a weekly COO chaired meeting to update and escalate the actions. Overall in month, there has been a significant reduction in new issues being raised with the focus now on clearing the backlog of validation and cashing up.

Production plans are in place. However, the surgical, gynaecology and paediatric specialities are significantly behind plan across all points of delivery. The medical specialities are broadly on plan, with the exception of rheumatology who are behind plan for follow ups due to the high level of specialist nurse vacancy. Recovery meetings with the new Care Group leadership teams have begun.

The number of 52 week waiting patients has increased to 120 against a trajectory of 150. This is mainly due to validation and planned decrease of capacity. Detailed patient level plans are underway to reduce 52 weeks and build sustainable capacity.

The specialities with the highest number of 52 week breaches are Gynaecology with 81 breaches, General Surgery has 23 and T&O has 6.

RTT Summary Actions

- Rebuilding clinic templates to ensure full clinic utilisation of appointment slots
- Implement validation plan to reduce no outcome clinic episode and validation of waiting lists.
- Each 52 week wait patient has been reviewed at Director level with appointment/admission dates agreed. Director led weekly review of all individual 52 week breaches, to confirm next key event in the patients pathways will be established by November.
- Review of 6-4-2 theatre booking, together with monitoring of theatre sessions.
- Care Group leadership team review production plans and schemes to close the gap.
- ERS went live in August 2018 and work continues with CCG and GPs to embed electronic referral management.
- Continue to implement 18 week RTT Improvement Plan.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.31 %

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Green
Performance	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	>=99%
Waiting list Size	14,321	14,345	13,637	14,125	14,174	14,597	15,192	16,350	16,888	15,126	12,750	12,820	<14,000
Waiting > 6 Week Breaches	22	52	75	62	49	91	106	149	264	298	182	88	<60
Average Wait													<4

2018/19 Trajectory

0.21 %

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%
Performance	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%

Summary Performance

The standard has been met for October 2018 with a compliance of 99.31%. As at the end of the month there were 88 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 1; 1 in Non-Obstetric ultrasound,
- Cardiology: 30
- Urodynamic: 37
- Sleep Studies : 19
- Cystoscopy : 1

The DMO1 was achieved in October.

There remains a continued demand for Sleep Studies; however, the robust plan which was developed in June 2018 in response to the increased demand is having a positive impact.

The increasing demand for cardiac CT continues and plans to achieve a sustainable solution are being considered by the Clinical Lead in Cardiology.

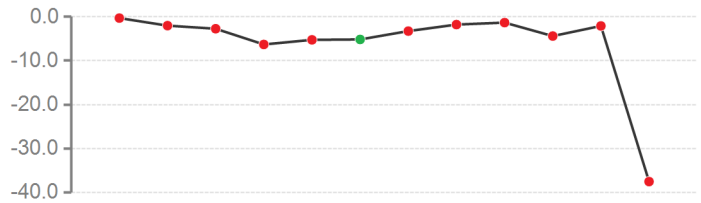
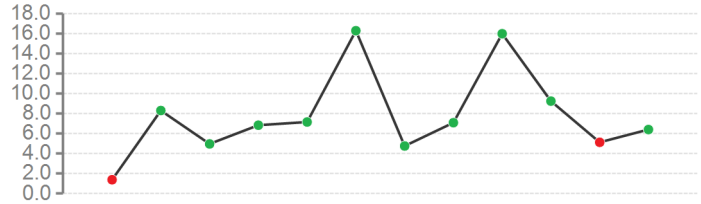
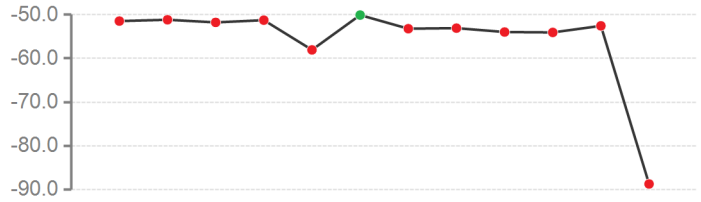
Actions:

- Continue recruitment to respiratory and cardiology technician posts.
- Providing additional capacity through outsourcing and internal additional lists for Cardiac CT whilst a sustainable solution is developed.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Oct	I&E £m (Trust Only)	-55.5 (1713.3%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.
Oct	Cash Balance £m	6.4 (24.9%)		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.
Oct	Total Cost £m (Trust Only)	-88.8 (68.9%)		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.

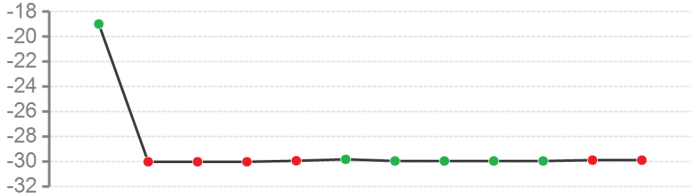
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Oct

Forecast £m

-29.9
(0.0%)



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

Highlights and Actions:

The Trust position for month 7 is complicated by a number of factors a) the impact of the 2Gether subsidiary has caused significant subjective cost movements and asset impairments b) activity was accrued last month due to unconfirmed PAS impacts. Some of this activity did not occur and income has had to be reversed in month c) the establishment of the new care groups generates in month adjustments in moving expense between divisions. Overall the Trust has generated a consolidated deficit in month of£37.6m and a year to date (YTD) deficit of £55.5m which is £37.5m behind plan. The biggest driver of the deficit is an in month impairment of assets of £34.3m (technical adjustment) caused by an asset revaluation. During last month (M6) the Trust anticipated that the low activity was driven by PAS go-live impacts and was therefore a recording issue which would catch up. Unfortunately on further investigation part of the activity reduction was driven by annual leave and £2m of income was removed in M7 to compensate. In month the Trust also recognised £2.5m of provisions that were being held until the outcome of the mostly finalised expert determination (ED) with commissioners. Further reserves now remaining are very small and the plan assumes increased elective activity over the coming six months which, if not delivered, will lead to a 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 Trusts YTD I&E deficit to Month 7 (October) was £19.8m (consolidated position including Subsidiaries and after technical adjustments) against a planned deficit of £17.3m, £2.5m worse than plan.

Trust unconsolidated pay costs in month of £31.6m are £0.4m less than September. However £0.6m of pay costs were transferred to the 2gether subsidiary leaving an net £0.2m increase in pay costs month on month driven by additional cost of the medical pay award which started in month 7. Temporary staffing costs have fallen £0.3m in month due to a small reduction in Bank costs. Agency spend remains unchanged at £3m in month driven mainly by medical staffing. Agency costs are now £11.7m more than plan YTD driven by operational pressures. Permanent staff costs (including Overtime and waiting list work) are £3m less than plan YTD driven by all staff groups other than HCA's.

Clinical income was ahead of plan by £0.6m in month. Once the impact of accrued income reversals (+£2m), provision releases (£2.5m) and pay awards income funding (£0.4m) is adjusted the net position in £0.2m less than plan for the month. The net YTD position is now £5.7m ahead of plan but once pay awards income funding (YTD £2.8m) and prior year reserve releases (£3m) are removed the net position is £0.1m less than plan. The key drivers to activity remain over performance of non-electives, A&E and ITU offset by under performance in Elective and Outpatient activity. Once all adjustments are removed the month on month Income has increased £3.8m as activity in OP and DC recovered post PAS. Other income is £0.5m ahead of plan in month and above plan £3.7m YTD driven mainly by the SERCO termination payment and the impact of Trust charges to 2Gether which are offset by non pay charges from the subsidiary.

Against the full year £30m CIP target, including income, £14.8m has been reported YTD against a target of £14.3m, £0.5m ahead of plan. CIPs achieved in M07 were ££2.8m (£1.1m higher than month 6) but £0.1m behind plan. Agency and Patient flow schemes slightly under delivered in month. CIPs in October amounted to £2.1m recurrent and £0.7m on a non-recurrent basis. The YTD position is recurrent £8.9m and non-recurrent £5.9m.

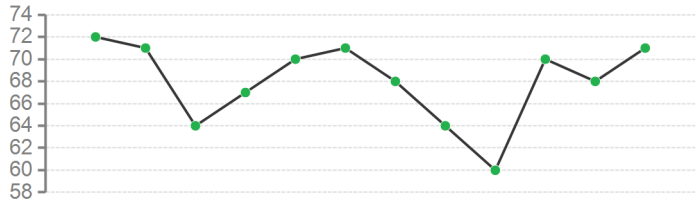
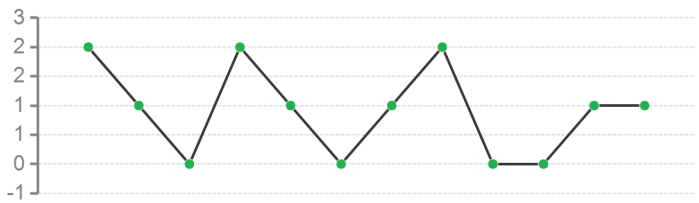
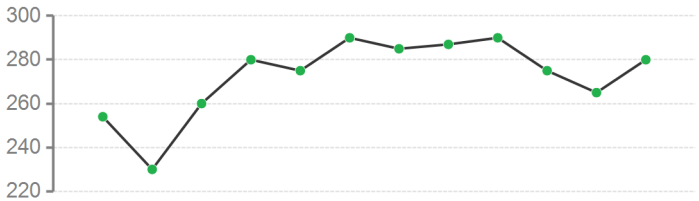
The Trusts cash balance as at the end of September was £6.4m, which is £0.8m over plan. The Trust's total cash borrowing is now £60.7m.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Oct	Representation at H&S	816 (17.6%)		"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.
Oct	RIDDOR Reports (Number)	11 (-42.1%)		"RIDDOR reports sent to HSE each month.
Oct	Formal Notices	0 (-100.0%)		"Formal notices from HSE (Improvement Notices, Prohibition Notices).
Oct	Health & Safety Training	3271 (24.5%)		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 supporting attendance at site based meetings and at the Strategic H&S meeting.

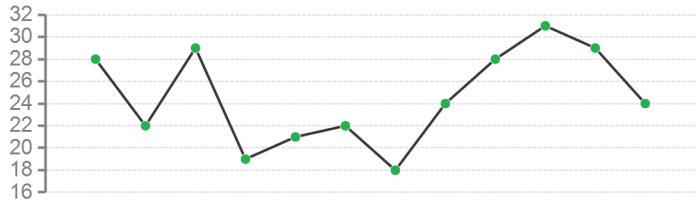
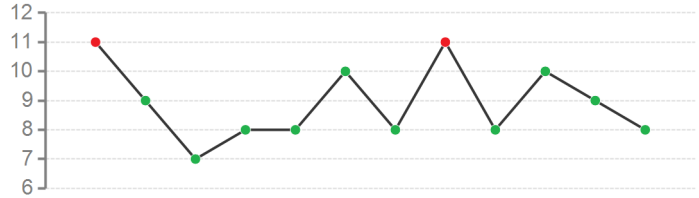
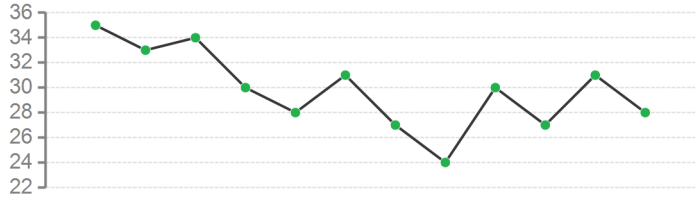
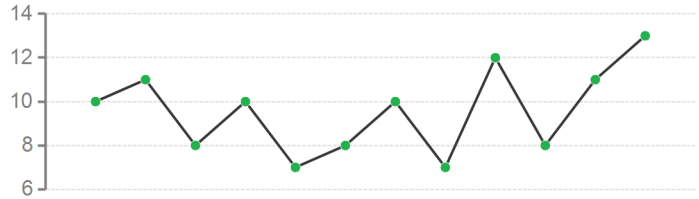
There was 1 RIDDOR to report in October - this related to an accident when dealing with a confused patient.

There where no formal notices this month.

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

Strategic Theme: Health & Safety

Health & Safety 2

Oct	Accidents	295 (-3.3%)		"Accidents excluding sharps (needles etc) but including manual handling.
Oct	Fire Incidents	107 (-14.4%)		"Fire alarm activations (including false alarms).
Oct	Violence & Aggression	358 (-10.9%)		"Violence, aggression and verbal abuse.
Oct	Sharps	115 (-23.3%)		"Incidents with sharps (e.g. needle stick).

Highlights and Actions:

The number of accidents decreased this month, maintaining the metric in Green. Overall the picture over the last 6 months has been positive with minor adjustments.

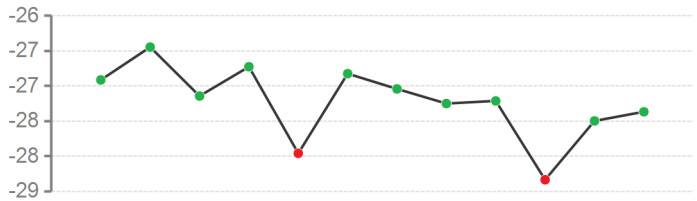
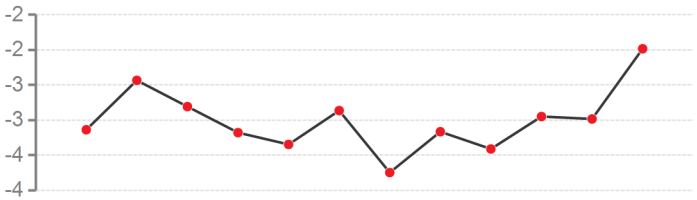
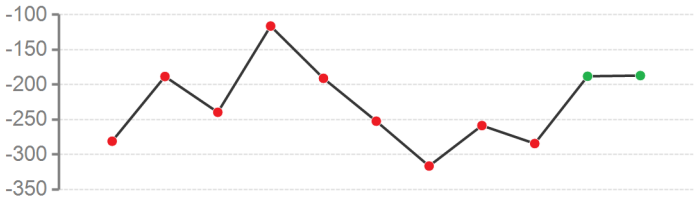
The number of Fire incidents decreased slightly in month for the second month. The KPI remains positive.

V&A decreased in month whilst sharps increased, the movement in both remains low but will be reviewed at Strategic H&S.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Oct	Payroll Pay £m	-27.4 (-0.5%)		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.
Oct	Agency Spend £m	-2.0 (-33.5%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Oct	Additional sessions £k	(-100.0%)		Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

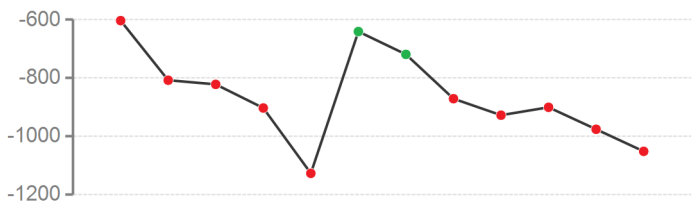
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Oct

Independent Sector £k

-1,052 (7.8%)



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 October by £1.2m and by £9.4m ytd (4.45%). Pay CIPs are adverse to plan in month by £0.3m and by £2.4m ytd, and the estimated AfC pay award excess impact not included in the base plan (funded in-year by the DOH in Clinical Income) is c£0.4m in month and £2.9m ytd

Total expenditure on pay in October was £31.6m, £0.4m lower than in September, although £0.6m of pay cost was transferred to the 2gether Support Solutions OHF contract following phase 2 implementation in October. Predominantly as a result of this transfer, expenditure on substantive and bank staff has fallen by a total of £0.5m in month. Agency costs have fallen by £0.1m, offset by increases in internal and directly engaged medical locums totalling £0.1m.

Substantive staff expenditure is favourable to plan by £0.2m in October and by £2.7m ytd. Expenditure on medical and dental staff is overspent in month by £0.2m, which is against trend, mainly relating to Surgery - Head & Neck, Breast Surgery and Dermatology, Urgent and Emergency Care and Women's and Children's Care Groups. All substantive staffing groups are underspent ytd except other staff which are £1.4m overspend ytd, predominantly relating to expenditure on HCAs which is overspent in month by £0.2m and by £1.1m ytd. Slippage on CIP schemes for other staff accounts for the remainder of the variance.

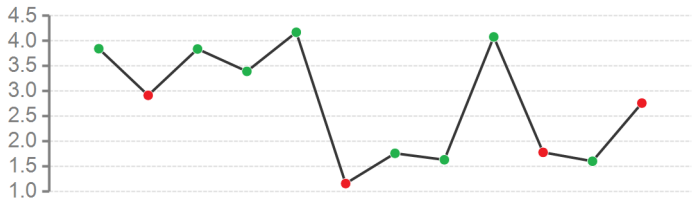
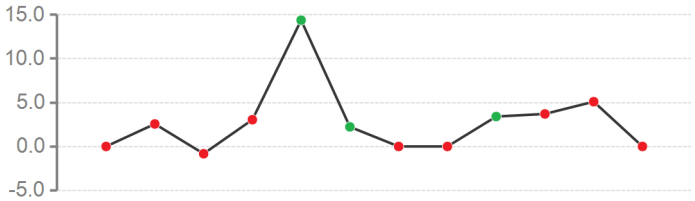
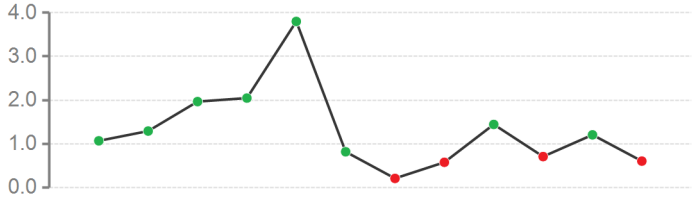
Bank staff are adverse to plan by £0.1m in month and by £0.8m ytd with underspends on medical staff offsetting overspends on all other staffing groups. Actual expenditure on bank staff has reduced by £0.3m in October following transfer of staff to the subsidiary company as detailed above.

Agency and Direct Engagement performance continues to be adverse to plan with an overspend in month of £1.4m, predominantly relating to medical and nursing staff in Urgent and Emergency Care Care Group following devolution of savings targets from the old UC&LTC Division. All Care Groups contribute to the ytd overspend of £11.7m, with an adverse performance on CIP schemes of £1.9m ytd. Actual expenditure in October is largely static when compared to September and all staffing groups are overspent against plan except other staff, which is on plan following cessation of the usage of premium rate agency HCAs via TFS in September.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Oct	CIPS £m	14.8 (72.5%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.
Oct	Cash borrowings £m	60.7		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Oct	Capital position £m	5.6 (-49.9%)		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 £10.4m to £18.1m (excluding the 2gether invoices totaling £117.7m of which £99.3m will be converted to long term debt/equity). Excluding 2gether, the largest debtors at 30th October were East Kent CCGs £5.0m and East Kent Medical Services £2.0m.

CAPITAL
Total YTD expenditure for Mth 7 2018/19 is £1.7m below plan

CASH
The closing cash balance for the Trust as at 31st October was £6.4m.

FINANCING
£1.4m of interest was incurred in respect of the drawings against working capital facilities to 31st October 2018

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Jun	Jul	Aug	Sep	Oct	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	86.92	82.95	83.52	81.17	86.10	>= 95
	ED - 1hr Clinician Seen (%)	51	43	48	45	51	
MD04 - Flow	DToCs (Average per Day)	61	57	52	48	48	
	IP - Discharges Before Midday (%)	14	14	13	17	14	>= 35
	Medical Outliers	48	47	51	51	57	
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	65.78	65.52	66.00	70.81	75.20	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	28	30	28	27	28	>= 0 & <28
	Staff Turnover (Midwifery)	13	14	13	13	14	>= 0 & <10
	Vacancy (Midwifery) %	7	6	6	5	5	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.0	15.0	13.9	14.2	14.6	>= 0 & <10
	Vacancy (%)	14.5	13.6	14.2	13.8	13.1	>= 0 & <7
	Staff Turnover (Nursing)	13	14	13	14	14	>= 0 & <10
	Staff Turnover (Medical)	13	14	13	14	14	>= 0 & <10

MD08 - Recruitment & Staffing	Vacancy (Nursing) %	15	16	16	17	15	>= 0 & <7
	Vacancy (Medical) %	13	13	13	13	13	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	67.2	70.5	75.9	76.3	77.2	>= 85
	Statutory Training (%)	91	91	92	92	91	>= 85
KF01 - Complaints	Complaint Response within 30 days %	44.7	47.4	30.6	16.0	21.4	>= 85
	Complaint Response in Timescales %	92.0	87.3	90.2	75.7	72.1	>= 85
KF09 - Medicines Management	Pharm: Drug Trolleys Locked (%)	88	96	99	99	48	
	Pharm: Resus. Trolley Check (%)	94	94	95	92	94	
	Pharm: Drug Cupboards Locked (%)	74	67	88	78	74	
	Pharm: Fridges Locked (%)	83	78	85	86	78	>= 95
	Pharm: Fridge Temps (%)	89	86	89	82	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	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	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 ir 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	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	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 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	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 c Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
	Medication Missed Doses	Number of missed medication doses recorded on Datix		
	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 %
	Serious Incidents awaiting CCG Closure	Number of Serious Incident cases awaiting CCG Closure		
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		

Incidents	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."		
Infection	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	
	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 %
	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 %
Mortality	Crude Mortality EL (per 1,000)	"The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <0.33	10 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
	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 %

Mortality	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 %
	Number of Avoidable Deaths > 50%	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable','Strong evidence of avoidability','Probably avoidable (more than 50:50)')		
	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 %
Observations	Cannula: Daily Check (%)	"The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	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 %
	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 %
Patient Experience	AE Mental Health Referrals	A&E Mental Health Referrals		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 %
	Cleanliness %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %

Patient Experience	Complaints Open <= 30 Days	Number of complaints open for less than 30 days		
	Complaints Open > 90 Days	Number of Complaints open for more than 90 Days		
	Complaints Open 31 - 60 Days	Number of Complaints open between 31 and 60 Days		
	Complaints Open 61 - 90 Days	Number of Complaints open between 61 and 90 Days		
	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	
Productivity	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %

Productivity	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 %
	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 %
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		
	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 %

Staffing	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 %
	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 directior 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 %

Staffing	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 ir graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	15 %
	Vacancy (Medical) %	"% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 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	
	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 directior 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 %
	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	
Training	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 %
	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 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	

Use of Resources	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.	>= 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
	Payroll Pay £m	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.	>= 0
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.	

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

	CAN (Cancer)	CSS (Clinical Support Services)	GSM (General and Specialist Medicine)	S&A (Surgery & Anaesthetics)	SHN (Surgery Head & Neck)	UEC (Urgent and Emergency	Unknown	W&C (Womens and Childrens)
Agency %	0.2	0.3	1.8	1.5	0.2	3.8	0.7	0.9
Appraisal Rate (%)	76.7	75.3	77.4	81.6	83.8	64.6	74.1	83.1
Employed vs Temporary Staff (%)	90.1	90.0	81.2	95.0	93.6	78.1	90.6	92.4
Sickness (%)	4.8	4.5	4.5	5.0	2.8	5.6	4.3	5.0
Staff Turnover (%)	17.6	13.3	17.8	14.5	12.6	15.2	13.4	12.6
Statutory Training (%)	89	91	90	92	87	89	92	91
Total Staff In Post (SiP)	177	915	1379	1460	159	408	1549	887
Vacancy (%)	9.9	10.0	18.8	5.0	6.4	21.9	17.8	7.8

Apdx.

NHS
East Kent Hospitals University
NHS Foundation Trust

Patient Safety Heatmap - OCTOBER 2018

KEY

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

	Harm Free Care: New Harms (%)	Hand Hygiene Audit	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	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 - K&C BRABOURNE WARD	100.0	96.6	0	0	0	0	74	100	0.0	96.0	80	100	12
KCADU - K&C CATHEDRAL UNIT	NULL	33.3	0	0	0	0	NULL	NULL	NULL	83.7	NULL	NULL	NULL
KDOLP - K&C DOLPHIN WARD	NULL	NULL	0	0	0	307	NULL	NULL	NULL	91.2	NULL	NULL	NULL
KMARL - K&C MARLOWE WARD	100.0	100.0	0	3	0	73	64	98	0.0	89.6	104	97	7
Surgical													
KCLK - K&C CLARKE WARD	96.9	72.4	0	0	2	98	13	100	0.0	90.3	99	95	7
KITU - K&C INTENSIVE CARE UNIT	100.0	100.0	0	0	0	51	N/A	N/A	N/A	86.8	86	85	30
KWURO - K&C UROLOGY SUITE	NULL	NULL	0	0	0	0	NULL	NULL	NULL	91.4	NULL	NULL	NULL
Urgent & Long Term													
KACU - K&C AMBULATORY CARE UNIT	NULL	NULL	0	0	0	0	NULL	NULL	NULL	85.5	NULL	NULL	NULL
KHAR - K&C HARBLEDOWN WARD	100.0	91.4	0	0	0	74	31	92	0.0	75.8	79	120	5
KINV - K&C INVICTA WARD	100.0	98.6	0	0	0	1	9	100	0.0	89.6	97	115	6
KKIN - K&C KINGSTON WARD	100.0	100.0	0	0	0	0	36	100	0.0	83.2	89	111	6
KMM - K&C MOUNT MCMASTER WARD	100.0	100.0	0	0	0	0	46	96	0.0	85.8	99	119	5
KNRU - K&C EAST KENT NEURO REHAB	NULL	90.0	0	0	0	0	27	100	0.0	NULL	90	104	6
KTRE - K&C TREBLE WARD	100.0	NULL	0	0	0	0	31	91	0.0	86.5	80	99	6
QEQM - QUEEN ELIZABETH QUEEN MOTHER HOSPITAL													
Specialist													
KIN - QEQM KINGSGATE WARD	100.0	91.9	0	0	0	0	N/A	N/A	N/A	84.6	86	93	19
QBIR - QEQM BIRCHINGTON WARD	100.0	100.0	0	0	0	1	14	100	0.0	94.1	94	128	6
QRAI - QEQM RAINBOW WARD	100.0	NULL	0	0	0	0	0	NULL	NULL	90.8	89	93	11
QSCB - QEQM SPECIAL CARE BABY UNIT	100.0	100.0	0	0	0	0	N/A	N/A	N/A	88.9	99	91	12
QVDM - QEQM VIKING DAY UNIT	NULL	80.0	0	0	0	0	NULL	NULL	NULL	108.4	NULL	NULL	NULL

Apdx.

KEY

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

	Harm Free Care: New Harms (%)	Hand Hygiene Audit	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
Surgical													
QBIS - QEQM BISHOPSTONE WARD	100.0	NULL	0	0	0	137	47	100	0.0	66.1	81	82	7
QCSF - QEQM CHEERFUL SPARROWS WAR	95.7	100.0	0	0	0	2	69	95	1.7	102.5	107	116	6
QCSM - QEQM CHEERFUL SPARROWS WAF	100.0	100.0	0	0	1	1	38	98	0.0	89.5	129	128	7
QITU - QEQM INTENSIVE CARE UNIT	100.0	95.7	0	0	0	36	N/A	N/A	N/A	93.8	89	111	24
QSB - QEQM SEA BATHING WARD	94.7	NULL	0	0	0	0	44	97	0.0	86.4	103	99	5
Urgent & Long Term													
QCCU - QEQM CCU	100.0	NULL	0	1	0	1	72	100	0.0	81.5	84	100	7
QDEA - QEQM DEAL WARD	100.0	97.6	0	1	0	52	38	100	0.0	99.5	101	124	5
QFOR - QEQM FORDWICH WARD	100.0	100.0	0	2	2	0	24	100	0.0	82.2	99	120	8
QMW - QEQM MINSTER WARD	100.0	NULL	0	2	1	2	28	89	10.5	43.5	104	117	7
QQX - QEQM QUEX WARD	87.5	66.7	0	0	0	34	60	88	7.8	104.0	110	114	6
QSAN - QEQM SANDWICH WARD	90.5	100.0	0	0	2	0	29	100	0.0	93.1	125	146	7
QSTA - QEQM ST. AUGUSTINES WARD	100.0	NULL	0	0	0	0	17	100	0.0	83.8	101	121	5
QSTM - QEQM ST. MARGARETS WARD	100.0	NULL	0	0	0	21	53	94	3.1	74.1	103	105	5
WHH - WILLIAM HARVEY HOSPITAL													
Specialist													
FF - WHH FOLKESTONE WARD	100.0	NULL	0	0	1	1	N/A	N/A	N/A	92.7	95	90	40
WCBC - WHH CELIA BLAKEY CENTRE	NULL	NULL	0	0	0	0	NULL	NULL	NULL	91.8	NULL	NULL	NULL
WKEN - WHH KENNINGTON WARD	100.0	NULL	0	1	2	0	0	NULL	NULL	72.7	93	129	8
WPAD - WHH PADUA WARD	100.0	NULL	0	0	1	1	8	97	0.0	87.5	87	89	6
WSCBU - WHH THOMAS HOBBS NEONATA	100.0	98.7	0	0	0	0	N/A	N/A	N/A	100.5	94	89	18
Surgical													
WITU - WHH INTENSIVE CARE UNIT	100.0	96.2	0	0	0	0	N/A	N/A	N/A	100.6	89	91	25
WKA2 - WHH KINGS A2 WARD	100.0	70.0	0	0	0	193	59	95	0.0	106.8	111	111	6
WKB - WHH KINGS B WARD	96.2	99.3	0	2	0	198	38	100	0.0	97.1	106	112	6
WKC2 - WHH KINGS C2 WARD	100.0	100.0	0	0	0	2	46	100	0.0	71.3	74	87	6
WKDF - WHH KINGS D FEMALE	100.0	100.0	0	0	1	402	66	94	0.0	104.2	N/A	N/A	N/A
WKDM - WHH KINGS D MALE	100.0	100.0	1	0	0	0	57	100	0.0	N/A	116	114	7
WROT - WHH ROTARY WARD	100.0	100.0	0	0	0	52	73	100	0.0	96.9	105	99	8
WSEAU - WHH SEAU	NULL	NULL	0	0	0	0	85	100	0.0	93.5	NULL	NULL	NULL

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WSURA - WHH SURGICAL ADMISSIONS LO	NULL	NULL	0	0	0	0	NULL	NULL	NULL	108.3	NULL	NULL	NULL
Urgent & Long Term													
WBAR - WHH BARTHOLOMEW WARD	100.0	100.0	0	0	0	0	43	100	0.0	86.3	98	97	12
WCCU - WHH CARDIAC CARE UNIT	100.0	95.1	0	0	0	0	146	99	0.0	N/A	N/A	N/A	N/A
WCK - WHH CAMBRIDGE K WARD	100.0	78.9	0	0	0	0	31	82	5.9	49.5	91	90	6
WCM1 - WHH CAMBRIDGE M1 WARD	94.4	92.1	0	0	2	0	21	91	0.0	37.2	N/A	N/A	N/A
WCM2 - WHH CAMBRIDGE M2 WARD	100.0	84.2	0	0	0	64	30	100	0.0	93.9	100	92	6
WOXF - WHH OXFORD WARD	100.0	100.0	0	0	0	0	30	100	0.0	89.8	98	108	7
WRSU - WHH RICHARD STEVENS WARD	100.0	96.5	0	1	1	31	46	100	0.0	93.0	94	119	8