

INTEGRATED PERFORMANCE REPORT



Chief Executive's Summary

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

Referral to treatment (18 weeks) total referral numbers reduced in April 2017 as well as a reduction in additions to the elective waiting list. Whilst performance has declined due to a short month in terms of working days, there has been improvements in pathway management and performance is predicted to improve next month.

Cancer 2 week wait performance has remained compliant. However, unfortunately Cancer 62 day performance did not maintain the improved performance reported last month. Work is ongoing with key specialties linked to operating capacity as we work to achieve compliance by September 2017.

A&E 4 hour performance declined in April to 76.91%. A key factor contributing to this, in addition to internal and external issues with patient flow, was the ability to provide sufficient doctors 24 hours a day due to a change in the taxation applied to staff working as locums or via an agency whilst listed as a company (HMRC IR35 rule).

Infection control continues to be an area of close monitoring for the Trust. Clostridium difficile reported over trajectory at year end with 54 cases and 5 cases have reported in April 2017. However, there are no current infection control incidents to report. As reported last month, Clostridium difficile infection data collection on the HCAI Data Capture System (HCAI DCS) will include additional data items to facilitate the collection of information relating to prior admissions to the same hospital. Identification of Clostridium difficile infections within the first 2 days of admission are considered community onset cases and categorised further based upon the patient's last discharge from a health facility.

MRSA reported 7 cases in April 2017. The Trust's end of year position for 2016/17 reported higher than the previous year. However, our figures for 2015/16 did report particularly strong performance compared to Trust peers. Studies from Public Health England demonstrate that against a background of falling MRSA rates nationally there is a marked increase in genetic diversity of MRSA.

Overall harm free care (those patients are admitted with) reported 92.98% in April 2017 compared to 92.22% in March 2017. In addition, harm free care experienced in our Trust (new harms) reported at 99.24% in April 2017, higher than the national average which means that our patients are receiving care that causes less harm than is reported nationally.

In April 2017, there were 6 potential deep ulcers (6 unstageable), a reduction of 9 from last month. It is planned to improve communication channels with our community colleagues to enable follow up of patients discharged with unstageable ulcers as we continue to focus on this work as part of our overall quality improvement.

The number of falls increased slightly in April, compared to March, but this still represents a decrease compared with the end of year 2016/beginning of 2017, overall contributing to an improving picture. To support continued improvement the Falls Team are working hard to embed the "Fallstop" programme, aimed at falls prevention with a focus on self-directed development to promote engagement. The project has now been implemented at the William Harvey Hospital, with further implementation planned across the remaining sites. Going forward we will use "Fallstop" audit data to benchmark our wards. The target for the coming year is to improve completion of risk assessments at each site by 10% (based on the national inpatient falls audit result from 2015). We will report on this on an ongoing basis this year.

The Trust's I&E deficit in April (month 1) was £3.56m (excluding Sustainability and Transformation Funds) against a plan of £3.72m.

Pay costs in the month of £28.1m were £0.8m lower than in April with a £0.4m reduction in agency/locum costs and a £0.4m reduction in additional session payments. Bank pay was similar to March at £0.9m but both months were substantially up from the average for 2016/17. £0.4m of additional costs were accrued for 2017/18 pay awards and the Apprentice Levy.

Agency and locum costs in month were £1.9m, the lowest monthly spend since June 2016. The April 2016 spend was £2.54m. Of the monthly spend, 70% related to medical staff, continuing the existing trend.

Activity was marginally below plan with total income in month of £45m, within 1% of plan but April, owing to Easter holidays, was only an 18 working day month (elective, daycase and OP activity brings in £0.6m/£0.7m per day).

Against the annual £32m CIPS target, including income, £1.6m was reported in month (£1.2m recurrent, £0.4m non-recurrent) against a target of £1.4m.

The cash balance as at the end of April was £8.95m. No new borrowings were required. STF of £0.7m is planned for April and £14.5m for the year. If this is not received it will have an adverse impact on cash and will require additional borrowings in 2017/18.

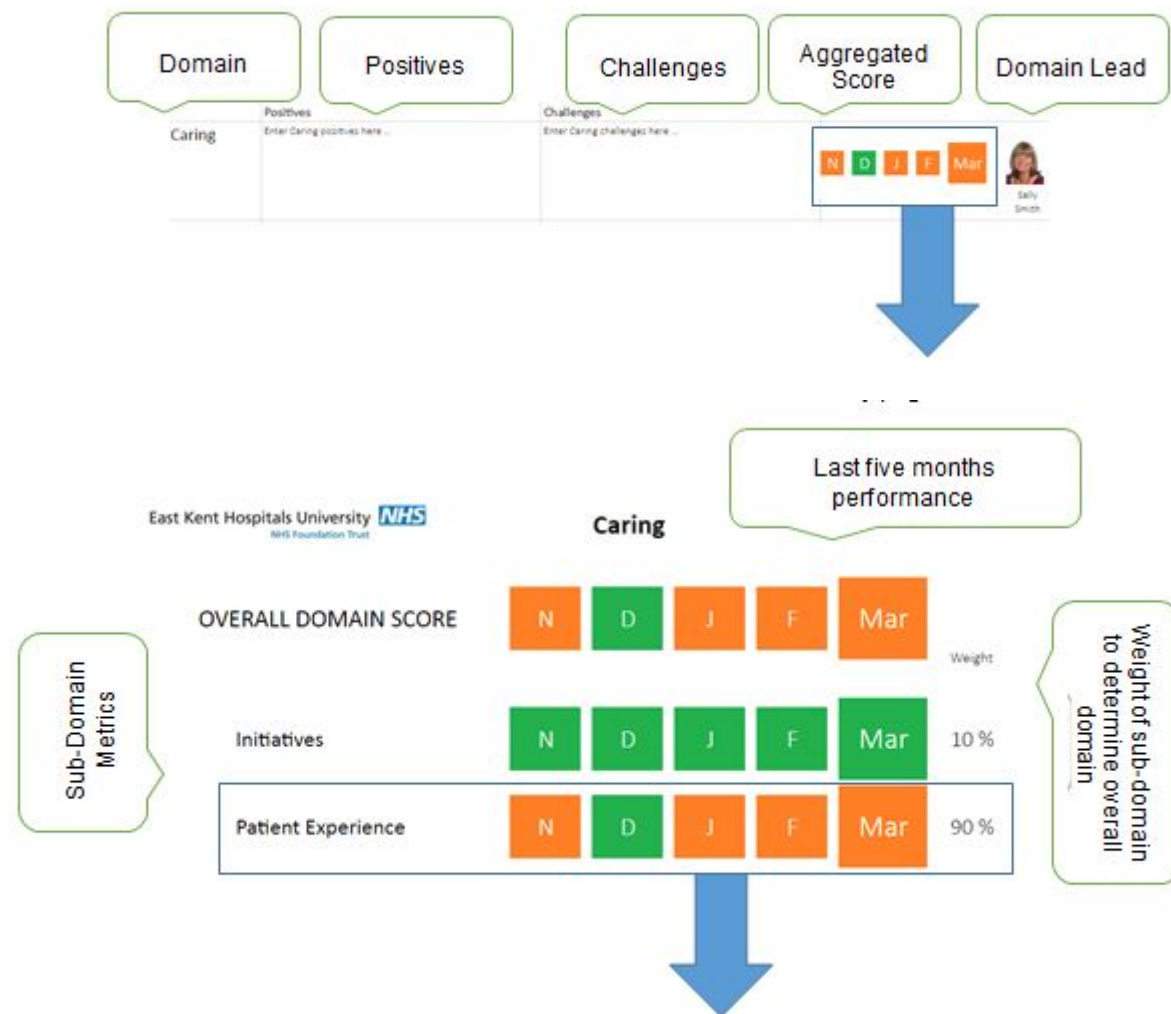
No agreement on the 2016/17 contract value outturn or CQUIN has yet been reached with East Kent CCG commissioners. A proposal has been forwarded to them but at the time of writing no response had been received. Total risks net of opportunities of £8.5m have been identified.

The Trust's Financial Recovery Plan has been received and accepted by NHSI. This is for an £18.9m deficit target (excluding Sustainability and Transformation Funds). The second review meeting takes place on 2 June.

Understanding the IPR

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

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



Understanding the IPR

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

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

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



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

Strategic Priorities



Our vision:

Great healthcare from great people

Our mission:

Together we care: improving health and lives

Our values:

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







Our strategic priorities:

Patients, people, provision and partnerships

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Headlines

	Positives	Challenges	
Caring	<p>Friends and Family Test for inpatients improved in April to 97% satisfaction The percentage of patients not recommending the Trust reduced</p> <p>Real-time survey feedback also improved this month with cleanliness showing a marked improvement on previous months</p> <p>We met our complaints standard during April of responding within the timescale agreed with the client, recovering the previous two months performance The complaints:compliments ratio also improved during April</p>	<p>We are still reporting mixed sex breaches in our Clinical Decision Units</p>	  <p>Sally Smith</p>
Effective	<p>Bed Occupancy has fallen to 97% in April supported by a reduction in the reportable delayed transfers of care and reduced non-elective admissions. This may support the general perception that winter is now behind us and the teams are now focussed on significant improvements in patient pathways for discharges.</p>	<p>Apart from the improvement in bed occupancy, the majority of the metrics in the effective section have seen little change this month and the teams are looking at focussed analysis in order to determine where to apply the greatest effort to get the best positive impact.</p>	  <p>Jane Ely</p>
Responsive	<p>Cancer 2 week wait performance has remained compliant .</p> <p>Diagnostic performance has remained high and complaint, even with significant demand and managing capacity over a month with a number of bank holidays.</p> <p>Referral to Treatment (18 weeks) total referral numbers were reduced in April as well as a reduction in additions to the elective waiting list. This should support improved performance over the coming months.</p>	<p>A&E 4 hour performance declined in April to 76.91%. The main cause of this was the ability to provide sufficient doctors 24 hours a day due to a change in the taxation applied to staff working as locums or via an agency whilst listed as a company (HMRC IR35 rule). this has been a challenge all month.</p> <p>Cancer 62 day performance did not maintain the improved performance of last month due to the reduced number of working days in the month. Intensive work is on going with the key specialties especially linked to operating capacity.</p> <p>Referral to Treatment (18 weeks) - whilst the performance has declined due to a short month in terms of working days, the pathway management has improved and performance is predicted to improve next month.</p>	  <p>Jane Ely</p>

Safe

Harm free care (New harms, that we can influence) improved in April registering 99.2% harm free care

We reported fewer serious incidents during April than the previous month

April saw a slight increase in the incidence of avoidable pressure ulcers compared to March



Paul Stevens

Well Led

Financial Recovery Plan approved by NHSI

Month 1 forecast marginally ahead of plan

Reduction in agency and waiting list spend

Sickness rates stable (4.1%)

Cash balance as at 30 April £8.9m

Nursing shifts filled

Vacancies increasing in month (10.3% from 9.8%)

Turnover up marginally (12.7% to 12.9%)

High number of medical staff vacancies

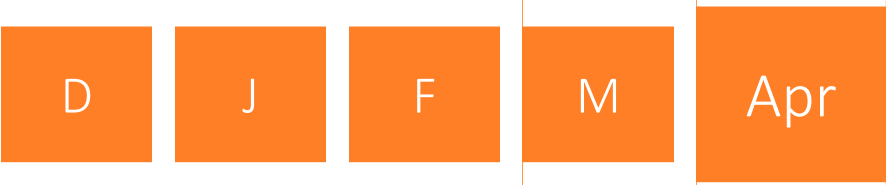
Appraisal rates static (84.9%)



Matthew Kershaw

Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

Caring

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	47	21	37	19	40	>= 12	10 %
	Mixed Sex Breaches	87	57	6	17	10	< 1	10 %
	Overall Patient Experience %	94	96	93	92	94	>= 90	10 %
	Complaint Response in Timescales %	97	94	79	84	86	>= 85	5 %
	FFT: Recommend (%)	95	96	95	95	96	>= 90	30 %
	FFT: Not Recommend (%)	2.1	2.9	2.7	2.4	1.8	>= 1	10 %

Effective

OVERALL DOMAIN SCORE

	D	J	F	M	Apr	Weight
Beds	D	J	F	M	Apr	25 %
Clinical Outcomes	D	J	F	M	Apr	25 %
Productivity	D	J	F	M	Apr	25 %

Effective

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Beds	Bed Occupancy (%)	101	106	104	101	97	<= 90	60 %
	IP - Discharges Before Midday (%)	14	14	15	14	15	>= 35	10 %
	DToCs (Average per Day)	50	59	56	59	49	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.3	3.3	3.4	3.3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.4	16.3	16.2	16.1	15.9	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	95	99	99	100	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.8	7.4	6.5	6.7	6.6	< 7	
	DNA Rate: Fup %	7.5	7.2	6.1	5.7	6.5	< 7	
	New:FUp Ratio (1:#)	0.6	0.7	0.7	0.7	0.6		
Productivity	LoS: Elective (Days)	3.0	3.1	2.7	2.9	3.3		
	LoS: Non-Elective (Days)	6.2	6.2	6.6	6.2	6.1		
	Theatres: Session Utilisation (%)	80	80	81	81	78	>= 85	25 %
	Theatres: On Time Start (% 30min)	80	74	78	80	80	>= 90	10 %
	Non-Clinical Cancellations (%)	1.3	2.9	1.6	1.6	1.2	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	18	7	10	7	0	< 5	10 %
	EME PPE Compliance %	76	75	73	76	76	>= 90	20 %

Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

	D	J	F	M	Apr	Weight
OVERALL DOMAIN SCORE	D	J	F	M	Apr	
A&E	D	J	F	M	Apr	25 %
Cancer	D	J	F	M	Apr	25 %
Diagnostics	D	J	F	M	Apr	25 %
RTT	D	J	F	M	Apr	25 %

Responsive

		Dec	Jan	Feb	Mar	Apr	Green	Weight
A&E	ED - 4hr Compliance (%)	72.61	70.83	76.00	80.17	76.91	>= 95	100 %
Cancer	Cancer: 2ww (All) %	96.49	95.82	96.08	97.41	93.71	>= 93	10 %
	Cancer: 2ww (Breast) %	86.61	97.27	94.81	93.57	95.04	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	95.79	93.63	96.96	97.42	95.63	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	89.19	82.22	94.12	90.24	90.91	>= 94	5 %
	Cancer: 31d (Drug) %	98.39	96.94	95.77	97.50	96.97	>= 98	5 %
	Cancer: 62d (GP Ref) %	75.94	60.61	70.45	77.30	69.59	>= 85	50 %
	Cancer: 62d (Screening Ref) %	91.89	91.67	76.47	89.23	91.67	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	70.73	75.68	92.59	69.77	50.00	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.72	99.65	99.67	99.78	99.06	>= 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	99.67	>= 99	
RTT	RTT: Incompletes (%)	83.83	83.79	84.35	85.40	84.85	>= 92	100 %
	RTT: 52 Week Waits (Number)	12	18	24	28	29	< 1	

Safe

OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

	D	J	F	M	Apr	Weight
	D	J	F	M	Apr	
Incidents	D	J	F	M	Apr	20 %
Infection	D	J	F	M	Apr	20 %
Mortality	D	J	F	M	Apr	50 %
Observations	D	J	F	M	Apr	10 %

Safe

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Incidents	Serious Incidents (STEIS)	6	10	6	9	5		
	Harm Free Care: New Harms (%)	98.4	99.0	99.1	99.0	99.2	>= 98	20 %
	Falls (per 1,000 bed days)	6.27	5.58	5.51	5.07	5.12	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.39	0.54	0.41	0.30	0.38	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,295	1,530	1,323	1,360	1,209		
Infection	Cases of C.Diff (Cumulative)	35	40	45	53	5	<= Traj	40 %
	Cases of MRSA (per month)	1	2	0	2	0	< 1	40 %
Mortality	HSMR (Index)	88	90	83			< 90	35 %
	Crude Mortality EL (per 1,000)	0.4	0.6	0.5	0.1	0.5	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	36	46	34	30	31	< 27.1	10 %
	RAMI (Index)	94	93	91			< 87.45	30 %
Observations	Cannula: Daily Check (%)	72.0	73.5	75.4	77.2	76.3	>= 50	10 %
	Catheter: Daily Check (%)	46.5	46.6	49.3	49.4	46.7	>= 50	10 %
	Central Line: Daily Check (%)	65.2	68.7	65.4	68.0	67.8	>= 50	10 %
	VTE: Risk Assessment %	89	91	91	90	89	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92	92	92	92	92	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89	90	90	90	90	>= 90	25 %

Well Led

OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

D	J	F	M	Apr
D	J	F	M	Apr
D	J	F	M	Apr
D	J	F	M	Apr
D	J	F	M	Apr
D	J	F	M	Apr
D	J	F	M	Apr
D	J	F	M	Apr

Weight

15 %

10 %

25 %

10 %

25 %

15 %

Well Led

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Culture	Staff FFT - Work (%)	58	54	54	54	54	>= 60	50 %
	Staff FFT - Treatment (%)	79	76	76	76	76	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.5	0.3	0.6	1.1	1.2	< 4	25 %
	Valid NHS Number %	100	100	100	100	100	>= 99.5	40 %
	Uncoded Spells %	0.0	0.0	0.0	0.0	0.1	< 0.25	25 %
Finance	I&E £m	-2.5	-2.9	-3.3	-8.7	-2.8	>= Plan	30 %
	Cash Balance £m	2.4	9.9	8.2	5.1	8.9	>= Plan	20 %
	Total Cost £m	-49.4	-48.7	-46.8	-55.3	-47.3	>= Plan	20 %
	Forecast I&E £m	-19.6	-26.7	-27.7	-31.4	-19.0	>= Plan	20 %
	Normalised Forecast £m	-23.6	-30.7	-31.8	-30.7	-19.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	3	3	1	1	0	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	4.0	4.1	4.1	4.1		< 3.6	10 %
	Staff Turnover (%)	12.7	12.5	12.6	12.7	12.9	<= 10	15 %
	Vacancy (%)	10.0	9.6	9.4	9.8	10.3	<= 7	15 %
	Shifts Filled - Day (%)	97	103	100	100	101	>= 80	15 %
	Shifts Filled - Night (%)	106	117	111	111	110	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)		11	11	11	10		
	Agency %	19.7	21.5	19.2	21.9	18.5	<= 10	
	NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	> 90	
Training	Appraisal Rate (%)	82.5	82.2	83.6	84.6	84.9	>= 90	50 %
	Mandatory Training (%)	87	88	88	89	89	>= 85	50 %

Strategic Theme: Patient Safety

Mortality

Apr	HSMR (Index)	86 (-3.2%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha)	★ ★ ★
Apr	RAMI (Index)	88 (-4.3%)		Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro	★ ★ ★
Apr	Crude Mortality EL (per 1,000)	0.4 (25.9%)		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.	★ ★ ★
Apr	Crude Mortality NEL (per 1,000)	32 (7.8%)		The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★

Comments: The latest national data (October 2015 to September 2016) shows a SHMI of 0.99. In the individual diagnostic groups acute myocardial infarction (observed deaths 146 vs. expected deaths 127), carcinoma of the bronchus (observed 105 vs. expected 80) and septicaemia (observed 445 vs. expected 370) are highlighted negatively whereas mental health disorders (observed 23 vs. expected 37), pneumonia (observed 650 vs. expected 722) and urinary tract infection (observed 136 vs. expected 170) highlight positively.

As per the Medical Director board report of April 2017 the new methodology of structured case note review of deaths is being introduced to improve learning from avoidable mortality and metrics from this will begin to appear in future IPRs

Serious Incidents

Apr	Serious Incidents (STEIS)	87 (13.0%)		<p>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.</p>	
Apr	Never Events (STEIS)	1 (-87.5%)		<p>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.</p>	

Comments: Total open SIs on STEIS April 2017: 70 (including 5 new)
SIs under investigation: 36
Breaches: 17
Non-breaches: 19


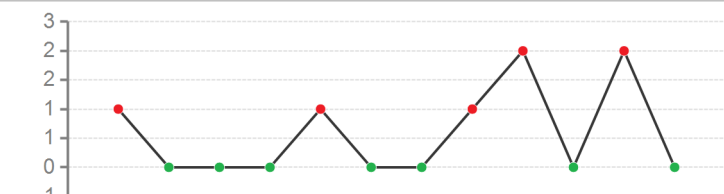

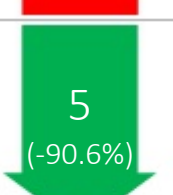
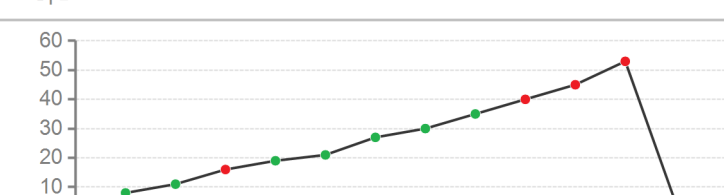

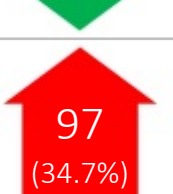


SIs awaiting closure: 34
Waiting CCG response: 18
Waiting EKHUFT non-closure response: 16

Supporting Narrative:
The number of breached cases is 17. Breaches are mainly due to the quality of analysis. This is being managed by the Root Cause Analysis Group and at the Executive Performance Reviews each month.

Work continues on clearing the longest breached cases and further progress is predicted. The Clinical Incident Manager and Head of Patient Safety have been working with the divisions to progress these cases and are now attending many of the RCA meetings.

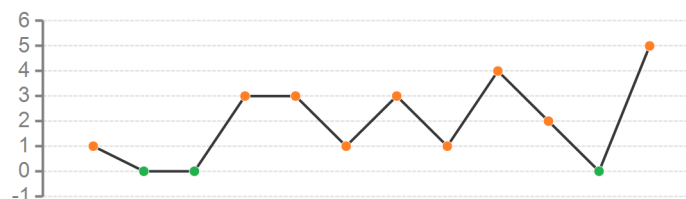
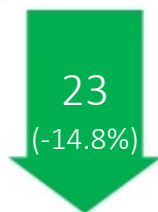
- The five new SIs related to:
- one venous thromboembolism incident in ED.
 - one blood product incident relating to a patient who had a cardiac arrest following a blood transfusion.
 - one suboptimal care of the deteriorating patient relating to a patient with a pneumothorax.
 - one maternity incident (affecting baby only) regarding a misinterpreted CTG. The baby subsequently died.
 - one Never Event relating to wrong site surgery relating to a lesion on a patient's nose.

Infection Control

Apr	Cases of MRSA (per month)			<p>Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia</p>	
Apr	Cases of C.Diff (Cumulative)			<p>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.</p>	
Apr	E. Coli			<p>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.</p>	

Strategic Theme: Patient Safety

Apr MSSA



The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.



Comments:	Organism	2015/2016	2016/2017
	MRSA (EKHUFT/South)	2/64	9/64*
	MSSA (EKHUFT/South)	26/664	20/744
	C. difficile (EKHUFT/South)	27/1072	54/978*
	E. coli (East Kent/South)	536/9194	604/9838

*worsening position versus South of England

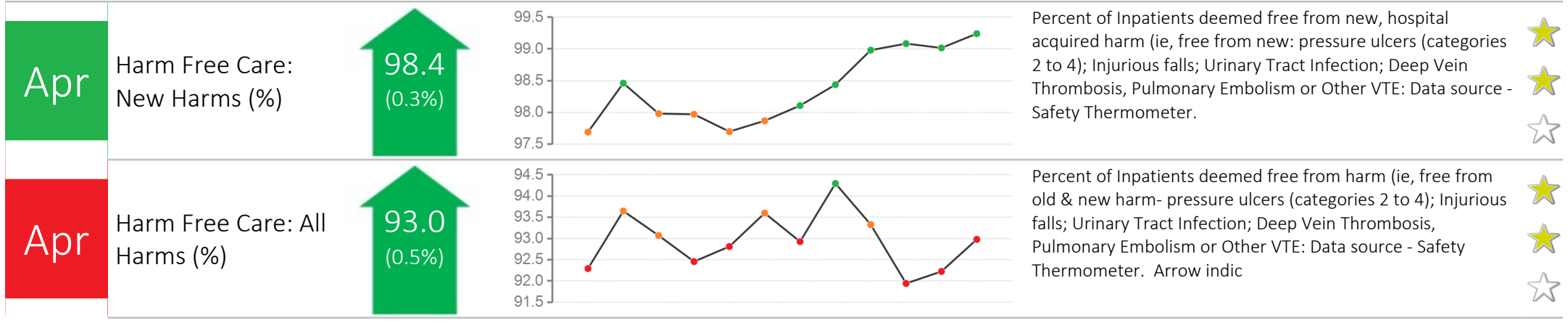
The end of year positions for 2016/17 is shown in comparison to 2015/16 and a comparison with absolute numbers for the South of England is also shown. Some things here have to be put in perspective and the first of these is that we had a particularly strong performance in 2015/16. The second is that the comparisons above, whilst not particularly statistically rigorous, very much highlight the deterioration in performance in 2 key areas, MRSA and C.diff. Nevertheless, performance in MSSA (which apart from its resistance profile is no less virulent than MRSA) is better.

Studies from Public Health England demonstrate that against a background of falling MRSA rates nationally there is a marked increase in genetic diversity of MRSA. What is worrying is that Panton-Valentine Leukocidin (PVL)-producing strains of Staphylococcus aureus are gaining ascendancy. The PVL toxin is a defence mechanism used by the bacteria against the hosts' immune system to break down white blood cells and increase the virulence of the bacterium. PVL positive Staphylococcus aureus often cause recurrent and severe skin and soft tissue infections, but occasionally they cause more severe infections such as necrotising pneumonia, which has a 75% mortality rate.

From April 2017 Clostridium difficile infection data collection on the HCAI Data Capture System (HCAI DCS) will include additional data items to facilitate the collection of information relating to prior admissions to the same hospital. Identification of C.diff infections within the first 2 days of admission are considered community onset cases and categorised further based upon the patient's last discharge from a health facility. Antimicrobial stewardship remains a central component of C difficile infection control programmes and recent study nationally again demonstrates that fluoroquinolone and cephalosporin prescribing correlated highly with incidence of C difficile infections (cross-correlations >0.88), by contrast with total antibiotic prescribing (cross-correlations <0.59).

There are no current infection control incidents.

Harm Free Care



Comments: Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in April 17 was 92.98% compared to 92.22% in March. A wide variation, as expected, is seen across the divisions with specialist achieving 99.42%, surgical 91.95% and UCLTC 91.57%.

However, Harm Free Care experienced in our care (New Harms only) at 99.24% in April is higher than national average which means that our patients are receiving care that causes less harm than is reported nationally. .

WHH New Harms Only HFC improved to 99.78% in April compared to 98.64% in March.
 QEQM New Harms Only HFC fell slightly to 98.45% in April compared to 98.97% in March.
 K&C New Harms Only HFC improved to 99.53% in April from 99.09% in March.

NB
 National data for April 17 has not been released; therefore, we have no national acute hospitals data for the average comparison of New Harms with EKHUFT for April 17.

Pressure Damage

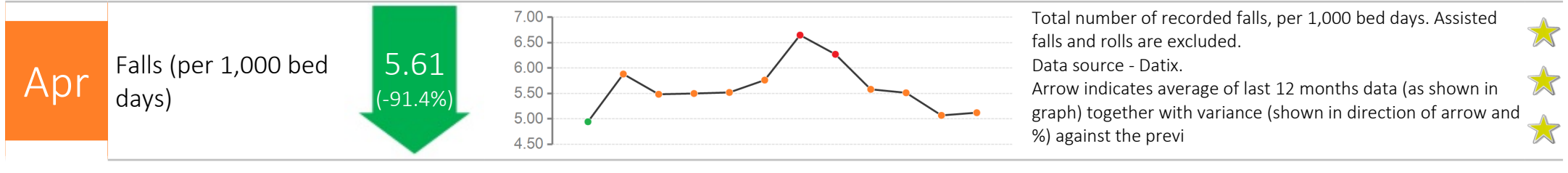
Apr	Pressure Ulcers Cat 2 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;"> 0.32 (-89.1%) </div>		<p>Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days</p> <p>Data source - Datix.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12</p>	
Apr	Pressure Ulcers Cat 3/4 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;"> 0.02 (-93.1%) </div>		<p>Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days</p> <p>Data source - Datix.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous</p>	

Comments: In April 2017 a total of 34 category two pressure ulcers were reported which is an increase of 6 incidents from last month. Of these incidents, 12 were confirmed as avoidable, an increase of two. Nine avoidable pressure ulcers affected the sacrum/buttock area. Five of these were at WHH (CDU x 2, CM1, CJ and KD) and learning points include; lack of/inaccurate risk assessment and lack of reassessment; delay/malfunction of equipment; care of medical devices (tubing and bedpans). The other four occurred at QEQM (CSF, ITU) and K & C (Kingston, Mount/Mc), all with repositioning highlighted. Two affected the heel (Kingston; CK) with lack of risk assessment and offloading continuity identified. The remaining incidents were medical device related (conveen and optiflow tubing) and developed on CDU and ITU at WHH. Two incidents are awaiting assessment as patients had already been discharged prior to review and notes required.

In April 2017, there were 6 potential deep ulcers (6 unstageable), a reduction of 9 from last month. None were reported at K & C. One was confirmed as avoidable, on Seabathing ward with delays in equipment and lack and incomplete turn charts identified. It is planned to improve communication channels with our community colleagues to enable follow up of patients discharged with unstageable ulcers.

During April 2017, the Trust wide action plan has been updated to reflect the urgent measures required to address these learning issues. A special task force is being established aiming for multidisciplinary actions. Initially an in-depth analysis of current practice will be undertaken to inform the way forward. Further measures are in place to augment the current training opportunities and to strengthen the link network to include the multidisciplinary team.

Falls



Comments: While the rate of falls within the Trust remains lower than the national average, inpatient falls remain a great challenge in our hospitals and for the NHS.

The number of falls per 1000 bed days has increased slightly in April (5.12)compared with 5.07 in March , but this still represents a decrease compared with the end of year 2016 / beginning of the year 2017, overall contributing to a improving picture.

To support continued improvement the Falls Team are working hard to embed the “Fallstop” programme. Aimed at falls prevention, this programme is available to all wards across the Trust sites. With a new focus on self- directed development to promote engagement, the project has now been implemented at the William Harvey Hospital, with further implementation planned across the remaining sites.

Going forward we will use “Fallstop” audit data to benchmark our wards. The target for the coming year is to improve completion of risk assessments at each site by 10% (based on the national inpatient falls audit result from 2015).

To support this we are encouraging wards to "own" the falls prevention agenda, supporting capability through staff training and awareness raising through the QII hubs and by encouraging our ward leaders to share good practice. Actions and outcomes are overseen by the Falls steering group to support improvement pace.

Strategic Theme: Patient Safety

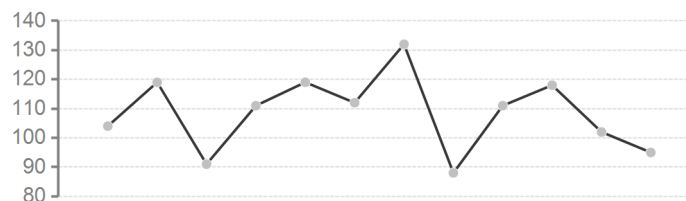
Incidents

Apr	<p>Clinical Incidents: Total (#)</p> <p>16,347 (8.5%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>
Apr	<p>Blood Transfusion Errors</p> <p>150 (-2.0%)</p>		<p>The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>

Strategic Theme: Patient Safety

Apr

Medicines Mgmt. Incidents 1,302 (2.4%)



The number of medicine management issues sourced from Datix.

Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.



Comments:

A total of 1185 clinical incidents have been logged as occurring in Apr-17 compared with 1345 recorded for Mar-17 and 1273 in Apr-16. In Apr-17, four incidents have been graded as death and three incidents have been graded as severe harm. In addition, 15 incidents have been escalated as a serious near miss, of which 4 are still under investigation. The number of moderate harm incidents reported during Apr-17 is higher than in previous months [Apr-17: 33 compared with Mar-17: 11 and Apr-16: 12].

Five serious incidents were required to be reported on STEIS in April. One case has been closed and one downgraded in April, with a further four closed in March (Trust was not notified of closure); there remains 70 serious incidents open at the end of April.

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

Blood transfusion

In April, there were 6 blood transfusion errors reported (12 in Mar-17 and 8 in Apr-16). With such low numbers of incidents it is not possible to theme them, however, there were two allergic reactions to transfusion reported. Four incidents were graded no harm and two low harm. Reporting by site: three at K&CH, one at QEH and two at WHH.

Medicines management

There were 94 medication incidents reported as occurring in April (102 in Mar-17 and 97 in Apr-16). On average, over the last 12 months, the numbers of medication incidents reported at QEH have risen and at WHH and K&CH have decreased.

Of the 94 reported, 68 were graded as no harm (including two serious near misses) and 26 as low harm. No incidents resulted in moderate harm, severe harm or death. Top reporting areas were: Birchington ward / Cheerful Sparrows male ward (QEH) and Folkestone ward / Kennington ward / NICU (WHH) with four incidents each; Invicta ward / Kent ward / Marlowe ward (K&CH), Celia Blakey Centre / CDU / Kings C1 ward (WHH) and Cheerful Sparrows female / CDU / Rainbow ward / Sandwich Bay (QEH) with three incidents each; other areas reported 2 incidents or fewer. Twenty-three incidents occurred at K&CH, 33 at QEH and 38 at WHH.

*Missing Drugs are broken down as follows: 10 incidents relating to stock control/documentation errors, two incidents of medication missing between pharmacy and ward, and three incidents where medication had been delivered but had been stored incorrectly / was missing on the ward.

Total

Drug error - prescribing 25

Drug error - dispensing 13

Drug error - administering 32

Drug shortage (not available or in stock) 3

Drug missing* (stock discrepancy or lost between wards/pharmacy) 16

Adverse drug reaction 2

Infusion injury - extravasation 1

Infusion problems - medication related 2

Totals: 94

Friends & Family Test

Apr	FFT: Response Rate (%)	<div style="font-size: 2em; font-weight: bold;">↑</div> <div style="font-size: 1.5em; font-weight: bold;">38</div> <div style="font-size: 0.8em;">(12.8%)</div>		<p>The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Apr	FFT: Recommend (%)	<div style="font-size: 2em; font-weight: bold;">↑</div> <div style="font-size: 1.5em; font-weight: bold;">97</div> <div style="font-size: 0.8em;">(0.9%)</div>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Apr	FFT: Not Recommend (%)	<div style="font-size: 2em; font-weight: bold;">↓</div> <div style="font-size: 1.5em; font-weight: bold;">1.7</div> <div style="font-size: 0.8em;">(-8.7%)</div>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>

Comments: During April 17 we received 8873 responses in total. Overall 40% eligible patients responded and 91% would recommend us to their friends and family and 6% would not. The total number of inpatients, including paediatrics who would recommend our services was 95% (95% March 17), for A&E it was 83% (81% March 17), maternity 99% (100% March 17), outpatients 89% (92% March 17) and day cases 95% (95% March 17). The Trust star rating in April is 4.49 (4.49 March 17).

Response rates for April remained the same in day cases, improved slightly in inpatients and A&E, however maternity improved considerably due to closer working with our departments and provider. The response rate for inpatients was 37% (36% March 17), A&E 22% (21% March 17), maternity 61% (21% March 17). (Please note as per DH guidelines only the Birth experience is given a response rate, FFT questions at other stages in the patient's pathway are not calculated or required nationally). The response rate for day cases was 30% (30% March 17) but for outpatients was not available due to a national reporting error.

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

FFT - Top 5 Positive & Negative Themes
 ED
 Positive Themes – Staff attitude, Care, Cleaning, Implementation of care, Compassion
 Negative Themes – Care, Waiting times, Staff attitude, Environment, Communication

Inpatients
 Positive Themes – Staff attitude, Care, Cleaning, Implementation or care, Compassion

Negative Themes –Care, Environment, Staff attitude, Communication, Competence,

Out patients

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

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

Maternity

Antenatal

Positive Themes – None

Negative Themes – None

Birth

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

Negative Themes – None

Postnatal ward

Positive Themes – None

Negative Themes – None

Postnatal community

Positive Themes – Staff attitude, Care, Communication, Competence, Commitment

Negative Themes - None

Day Case

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

Negative Themes – Care, Staff attitude, Implementation of care, Clinical treatment, Competence

Special Day Case

Positive Themes – Care, Staff attitude, Cleaning, Implementation of Care, Compassion

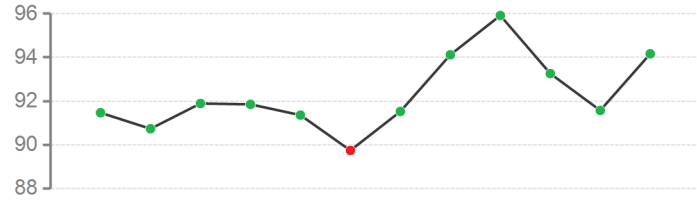
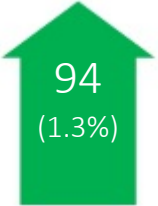

Negative Themes – None

The trust needs to improve on staff attitude, Care, communication and waiting times. Waiting times have improved within Inpatients. Maternity received no negative themes for April, which is an outstanding achievement.

It should be highlighted that there are considerably more positive themes/comments regarding Staff attitude, care, communication and competence, which staff must be congratulated on

Strategic Theme: Patient Safety

Patient Experience 1

Apr	Overall Patient Experience %	 <p>91 (1.1%)</p>		<p>Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las</p>	
Apr	Care Explained? %	 <p>91 (7.0%)</p>		<p>Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates</p>	
Apr	Care that matters to you? %	 <p>94 (1.3%)</p>		<p>Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).</p>	

Comments: This month patient experience as recorded in real-time by the patients have reduced with 5 out of the 6 criteria being rated as green.

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

Patient Experience 2

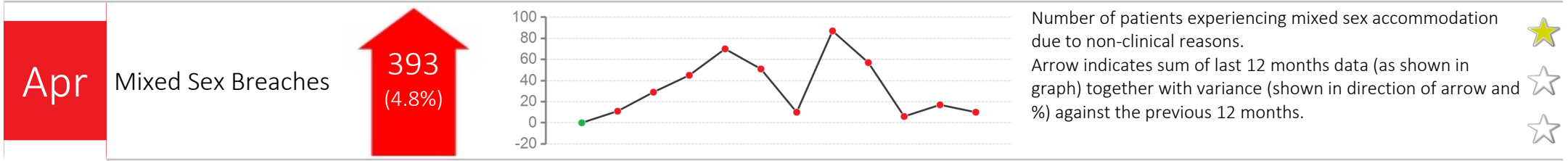
Apr	Respect & Dignity? %	<div style="font-size: 2em; margin: 0;">↑</div> <div style="font-size: 1.5em; margin: 0;">96</div> <div style="font-size: 0.8em; margin: 0;">(0.0%)</div>		Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Apr	Cleanliness? %	<div style="font-size: 2em; margin: 0;">↓</div> <div style="font-size: 1.5em; margin: 0;">91</div> <div style="font-size: 0.8em; margin: 0;">(-0.5%)</div>		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Apr	Hospital Food? %	<div style="font-size: 2em; margin: 0;">↑</div> <div style="font-size: 1.5em; margin: 0;">72</div> <div style="font-size: 0.8em; margin: 0;">(2.2%)</div>		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	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>

Comments: Evaluation of the Patient Safety Heatmap demonstrates that the majority of wards are now compliant with capturing patient experience in April. Escalation to Divisional heads of nursing and matrons has taken place to enable focused local improvements. Patient volunteers are now assisting patients with the completion of the Inpatient Survey at each acute site, thus enabling nursing staff to focus on patient care.

Cleaning rises to 93 this month, however as this is a single increase beyond the normal 91-92 range for cleaning, it is likely to represent a one off result. Ward level auditing remains the more consistent picture at 98.

Hospital Food is down this month, decreasing from a high of 95 last month to the consistent scoring of pervious IPRs. However it continues to fall within normal parameters.

Mixed Sex




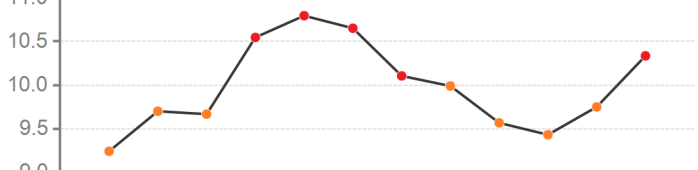


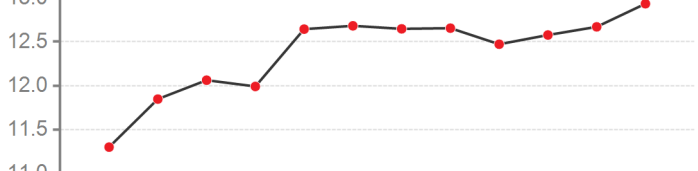


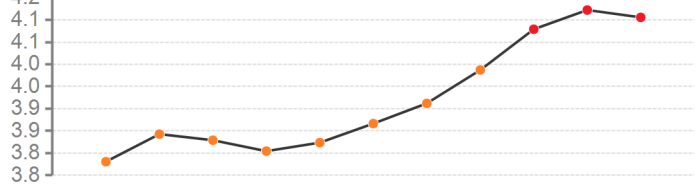

Comments: During April 17, 3 non-justifiable incidents of a mixed sex accommodation breach occurred at WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 5 mixed sex accommodation occurrences in total, affecting 20 patients. This number has decreased since last month when there were a total of 7 occurrences affecting 41 patients. The remaining incidents occurred K&C Kingston stroke unit (1), Fordwich (1) which are justifiable mixes based on clinical need.

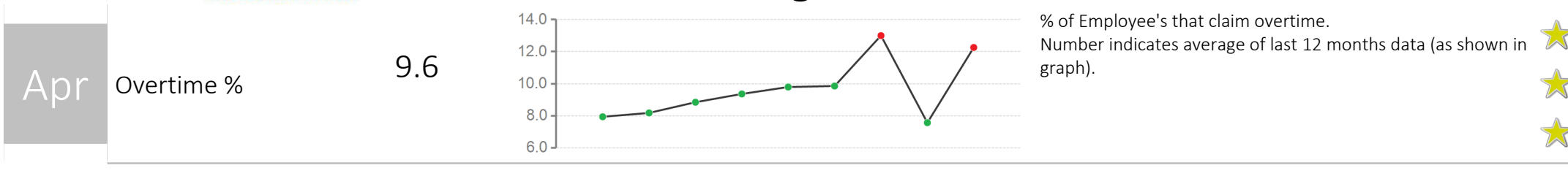
April 17 daily reporting of mixed sex occurrences has improved at two acute sites demonstrating improvement and a more robust recording of mixed sex occurrences. However, there has been an issue with the recording all the correct data into the daily reporting form for mix sex occurrences at one of the acute site, which is being addressed.

Strategic Theme: Human Resources

Gaps & Overtime

Apr	Vacancy (%)	 <p>10.0 (13.6%)</p>		<p>% 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.</p>	
Apr	Staff Turnover (%)	 <p>12.4 (10.3%)</p>		<p>% 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</p>	
Apr	Sickness (%)	 <p>4.0 (7.6%)</p>		<p>% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont</p>	

Strategic Theme: Human Resources



Comments: Gaps and Overtime
The Turnover rate increased to 12.4%, (although there is still some discrepancy in data between IPR and data held in ESR which is reporting a Turnover rate of 13.1%, excluding Doctors in Training). The vacancy rate increased marginally from 9.9% to 10%. Continued action is being taken for roles which have been identified as hard to recruit either because of repeated difficulty in recruiting to EKHUFT posts or because of shortages in labour supply nationally, including working with suppliers of the RMO model to support with gaps in junior doctor rotas.

Sickness absence decreased slightly in March 2017 (the most recent data available) from February's position (2017). There is discrepancy between the data produced for this report and the Workforce Performance Data produced from ESR shows at 3.94% for the Trust with all Divisions demonstrating a decrease in sickness absence rates. Work continues on sickness hotspot areas identified in the deep dive completed for January EPR, and ongoing work with Occupational Health to tackle health and wellbeing issues within hotspot areas.

The percentage of employees that claimed overtime was 9.6%.

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

Temporary Staff

Apr	Employed vs Temporary Staff (%)	90.2 (-1.8%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again	★ ★ ★
Apr	Agency %	20.3		% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	★ ★ ★
Apr	NHSP Use % of Agency	100.0		% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	★ ★ ★
Apr	Agency Orders Placed	66		Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	★ ★ ★

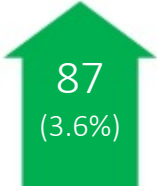
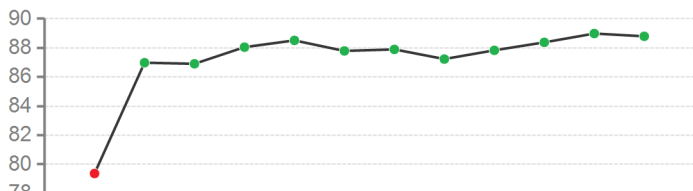

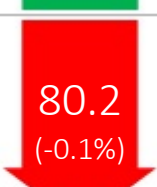
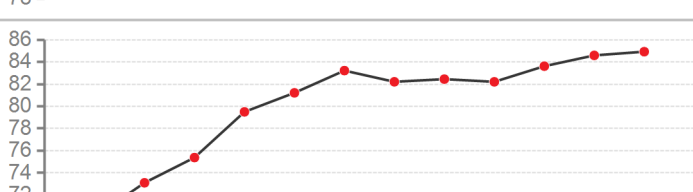

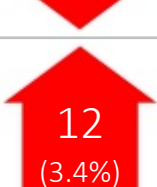
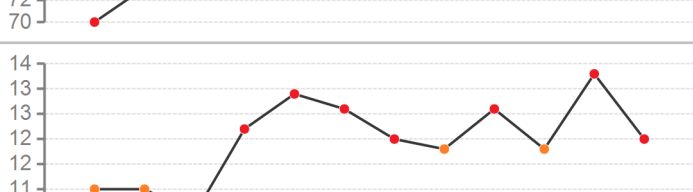

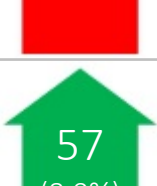
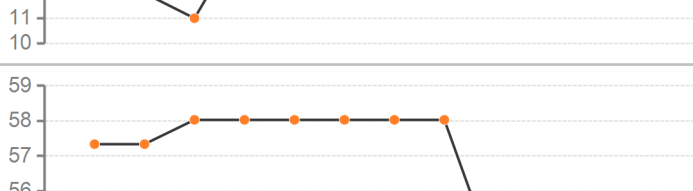

Comments: The proportion of staff employed by an agency continues to drop and those that are deployed through an agency are all being booked through NHSP. Agency bookings are being monitored during May to see if there is any short term changes in agency bookings or costs due to the impact of the IR35 tax implications. Implications are being reported at the agency task group.

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

Breaches in pay caps continue to be reported and monitored. Divisions are all now monitoring Agency use on a post by post basis through the 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.

Strategic Theme: Human Resources

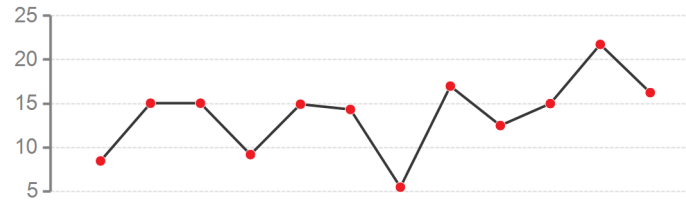
Workforce & Culture

Apr	Mandatory Training (%)	 <p>87 (3.6%)</p>		<p>The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr</p>	
Apr	Appraisal Rate (%)	 <p>80.2 (-0.1%)</p>		<p>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.</p>	
Apr	Time to Recruit	 <p>12 (3.4%)</p>		<p>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.</p>	
Apr	Staff FFT - Work (%)	 <p>57 (8.0%)</p>		<p>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.</p>	

Strategic Theme: Human Resources

Apr

Local Induction
Compliance %



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



Comments:

Statutory training compliance decreased slightly to 87% in April. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. There remains an on-going issue with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff appraisal rate decreased to 80.2%, below the 90% target. Divisions are working on plans to complete appraisals due in (traditionally high volumes are due in May) to avoid a further drop in appraisal rates.

The latest Staff Friends and Family questionnaire closed on 19th March 2017, with results published soon after. As a Trust, 76% would recommend as a place to be treated (down 2% since Q2), and 54% would recommend the Trust as a place to work (down 4% since Q2). This follows a similar trend from last year where the Q4 feedback was lower, and improved during the following two quarters. This suggests that Winter pressures may have an impact on F&FT results. Ongoing work continues with the Great Place to Work plans, including the Respect Campaign anniversary work carried out in April. If the trend from last year continues, improvements should be expected in Q1 and Q2 2017/18.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators

Apr	Key Performance Indicators	Apr-17				YTD				YTD vs Last Yr				Green
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
	Referral Primary Care	12,451	14,097	(-1,646)	-12%	12,451	14,097	(-1,646)	-12%	12,451	15,272	(-2,821)	-18%	<=0%
	Referral Non-Primary Care	12,418	13,551	(-1,133)	-8%	12,418	13,551	(-1,133)	-8%	12,418	13,799	(-1,381)	-10%	<=0%
	OP New	16,864	18,370	(-1,506)	-8%	16,864	18,370	(-1,506)	-8%	16,864	19,823	(-2,959)	-15%	>=0%
	OP Follow Up	35,315	37,475	(-2,160)	-6%	35,315	37,475	(-2,160)	-6%	35,315	40,434	(-5,119)	-13%	>=0%
	Elective Daycase	5,323	5,692	(-369)	-6%	5,323	5,692	(-369)	-6%	5,323	6,719	(-1,396)	-21%	>=0%
	Elective Inpatient	1,087	1,138	(-51)	-4%	1,087	1,138	(-51)	-4%	1,087	1,203	(-116)	-10%	>=0%
	A&E	17,208	17,411	(-203)	-1%	17,208	17,411	(-203)	-1%	17,208	16,515	693	4%	>=0 & <5%
	Non-Elective Inpatient	6,662	7,031	(-369)	-5%	6,662	7,031	(-369)	-5%	6,662	5,910	752	13%	>=0 & <5%
	Chemotherapy	1,129	1,211	(-82)	-7%	1,129	1,211	(-82)	-7%	1,129	1,261	(-132)	-10%	>=0%
	Critical Care	1,815	1,801	14	1%	1,815	1,801	14	1%	1,815	1,802	13	1%	>=0%
	Dialysis	6,583	6,846	(-263)	-4%	6,583	6,846	(-263)	-4%	6,583	6,946	(-363)	-5%	>=0%
	Maternity Pathway	1,099	1,110	(-11)	-1%	1,099	1,110	(-11)	-1%	1,099	1,161	(-62)	-5%	>=0%
	Pre-Op Assessments	2,521	2,962	(-441)	-15%	2,521	2,962	(-441)	-15%	2,521	2,820	(-299)	-11%	>=0%
	Diagnostic	387,460	406,159	(-18,699)	-5%	387,460	406,159	(-18,699)	-5%	387,460	463,985	(-76,525)	-16%	<=0%
	Other	4,020	5,008	(-988)	-20%	4,020	5,008	(-988)	-20%	4,020	3,305	715	22%	>=0%

The 2017/18 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2016/17 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 2017/18. It should be noted that this does not reflect demand levels agreed within the 2017/18 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 the services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans. Within Orthopaedics projected demand exceeded our ability to deliver the operative demand and as such agreements have been made with our local CCGs for services to be directly commissioned with alternative providers.

April 2017

Elective Care

In April both Primary & Non Primary Care referrals were significantly under plan, with a significant reduction in referrals received during the Easter period. This underperformance has offset the referral spike observed last month. The reduction in referrals was widespread across all specialties with those the most affected detailed in the appendix tables below. At this stage we do not believe we will see long term benefits to our waiting list sizes.

The Trust failed to deliver the New Outpatient plan (-8%). Some of the shortfall can be attributed to the commitment by the Trust to support the Junior Doctors at the Kent & Canterbury site, which have required the short notice cancellation of some consultant led clinics in HCOOP, Cardiology & Respiratory. As further action is taken by the Division, May is expected to show an above plan position to offset some of the M1 shortfall across OP news and Follow Ups. The Gynaecology service also underperformed the plan where large levels of annual leave led to the prioritising of the elective backlog in their additional sessions.

Whilst the Surgical specialties delivered the new Outpatient plan in April, this was set at substantive capacity levels with a significant reduction applied for annual leave and as such was not enough to maintain the RTT waiting list size which increased by 635 in month. This trend is expected to continue throughout Quarter 1 until plans to substantively deliver the additional activity are realised.

The Trust is struggling to maintain real time recording within the new born hearing screening service, which is having a significant and false negative impact on the position (-883). As this activity is covered by the Maternity Pathway Tariff and therefore does not generate a cost per case income we will remove this activity and plan from our monthly reporting moving forward.

The Trust also failed to deliver the Follow Up plan in April 2017, with the Ophthalmology specialties are driving the biggest underperformance in April (-859). Despite a huge recruitment drive, not all of the new ophthalmology clinical team or technical support were in place by April 1st. In addition to this the service is no longer using insourcing provider to deliver activity. It is expected primary care providers will soon start to provide services for existing long term conditions Wet AMD and Glaucoma. It is expected that this position will improve from May onwards.

In April the Trust was -6% below the Daycase plan, the biggest contributing factor was a larger than expected reduction in activity at the cold ambulatory wards over the Easter period, this particularly affected the majority of the UCLTC specialties which utilise these wards to deliver services for their patients. In addition to this we observed

some unexpected clinician leave across a number of services, following the changes to the waiting list initiative payments the services now have limited options to deliver additional ad-hoc activity to close in month variances as they occur. The services are looking at longer term solutions to recover any lost capacity.

Chemotherapy activity is 12% under plan (-144) in April. Bank holidays attributed to lower capacity but the move to Pharmacy dispensing and managing the Outpatient Chemotherapy service has had a greater impact than anticipated. The financial impact to this should be offset by the unit seeing more inpatient chemo patients, attracting a higher tariff.

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.

Non-elective activity was 5% below plan in, with a reduction in HCOOP discharges (-136, -13%) below what was expected. In addition to this the Accident & Emergency discharges (typically same - day discharges reported last year as Urgent Care Assessments) also reduced in Month. Early indication suggests that May month to date indicates that the M2 position will be close to plan, with HCOOP non-elective discharges in higher volumes than planned. Non-elective activity within Paediatrics, Obstetrics & Midwifery observed higher than normal levels of admissions compared to last year.

A&E Activity came in at expected levels, with sites continuing to see an uplift in the proportion of majors attending, as seen over the previous year.

In addition to activity counts we balance this with additional monitoring metrics detailed below to determine if patients are able to flow through the hospital without significant delays and bottlenecks.

The Bed occupancy of Trust sites continues to be at challenging levels, though April has seen a small reduction in the overall trust bed occupancy, to 97% (March: 100%). This can be seen in the context of the Easter period and a reduction in elective inpatients over this time, lowering the average beds occupied over the month. Kent & Canterbury Hospital's average bed occupancy fell to 93% (March: 102%), Queen Elizabeth the Queen Mother Hospital increased to 97% (previously 96%), and with William Harvey Hospital Ashford reduced to 99% (previously 102%).

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 April the number of Medical Outliers decreased from a daily average of 65 patients across the Trust to 55, with the reduction being felt almost entirely at the Kent & Canterbury Hospital, where the bed occupancy reduced significantly in the month. Length of Stay is a measure of how long patients stay in Hospital for treatment.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	640	889	-28%	-249
320 - Cardiology	1,056	1,250	-16%	-194
101 - Urology	497	647	-23%	-150
330 - Dermatology	904	1,045	-14%	-141
140 - Maxillo Facial	541	677	-20%	-136
104 - Colorectal Surgery	602	731	-18%	-129
502 - Gynaecology	724	819	-12%	-95
650 - Physiotherapy	811	894	-9%	-83
BLANK	0	72	-100%	-72
329 - TIA	111	0		111
Total	12,451	14,097	-12%	-1,646

OP New

Specialty	Activity	Plan	Var (%)	Significance
254 - Paediatric Audiological Med	57	940	-94%	-883
320 - Cardiology	1,681	2,042	-18%	-361
107 - Vascular Surgery	170	281	-39%	-111
502 - Gynaecology	1,148	1,253	-8%	-105
BLANK	0	95	-100%	-95
140 - Maxillo Facial	474	552	-14%	-78
328 - Stroke Medicine	47	125	-62%	-78
655 - Orthoptics	262	188	39%	74
330 - Dermatology	963	863	12%	100
301 - Gastroenterology	626	514	22%	112
Total	16,864	18,370	-8%	-1,506

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	2,522	3,076	-18%	-554
110 - Trauma & Orthopaedics	1,559	1,718	-9%	-159
800 - Clinical Oncology	908	1,016	-11%	-108
650 - Physiotherapy	1,022	1,129	-9%	-107
120 - Ear, Nose & Throat	279	329	-15%	-50
291 - Community Paediatric Neuro-Di	106	152	-30%	-46
400 - Neurology	168	208	-19%	-40
651 - Occupational Therapy	286	235	22%	51
329 - TIA	80	0		80
130 - Ophthalmology	1,000	869	15%	131
Total	12,418	13,551	-8%	-1,133

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	3,801	4,529	-16%	-728
650 - Physiotherapy	4,533	5,205	-13%	-672
420 - Paediatrics	605	920	-34%	-315
410 - Rheumatology	1,044	1,221	-15%	-177
361 - Renal	1,480	1,629	-9%	-149
400 - Neurology	510	624	-18%	-114
140 - Maxillo Facial	919	801	15%	118
320 - Cardiology	1,569	1,426	10%	143
330 - Dermatology	1,807	1,626	11%	181
302 - Endocrinology	159	-42	-477%	201
Total	35,315	37,475	-6%	-2,160

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
303 - Clinical Haematology	214	288	-26%	-74
300 - General Medicine	1,572	1,622	-3%	-50
410 - Rheumatology	113	159	-29%	-46
110 - Trauma & Orthopaedics	320	357	-10%	-37
301 - Gastroenterology	57	90	-37%	-33
100 - General Surgery	119	142	-16%	-23
320 - Cardiology	203	225	-10%	-22
101 - Urology	610	631	-3%	-21
502 - Gynaecology	172	148	17%	24
130 - Ophthalmology	391	354	10%	37
Total	5,323	5,692	-6%	-369

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	344	578	-41%	-234
430 - HCOOP	937	1,074	-13%	-137
502 - Gynaecology	172	212	-19%	-40
100 - General Surgery	479	516	-7%	-37
300 - General Medicine	2,079	2,115	-2%	-36
4212 - Special Care Baby	0	25	-100%	-25
110 - Trauma & Orthopaedics	328	303	8%	25
420 - Paediatrics	787	746	6%	41
422 - Neonatology	42	0		42
501 - Obstetrics	418	373	12%	45
Total	6,662	7,031	-5%	-369

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
400 - Neurology	22	38	-42%	-16
107 - Vascular Surgery	20	29	-32%	-9
420 - Paediatrics	15	24	-37%	-9
140 - Maxillo Facial	21	30	-30%	-9
103 - Breast Surgery	34	41	-18%	-7
320 - Cardiology	46	53	-13%	-7
410 - Rheumatology	2	8	-74%	-6
300 - General Medicine	73	67	8%	6
110 - Trauma & Orthopaedics	238	224	6%	14
104 - Colorectal Surgery	46	31	48%	15
Total	1,087	1,138	-4%	-51

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	387460	406159	-5%	-18,699
Other	4020	5008	-20%	-988
Pre-Op	2521	2962	-15%	-441
Dialysis	6583	6846	-4%	-263
A&E	17208	17411	-1%	-203
Chemotherapy	1129	1211	-7%	-82
Critical Care	1815	1801	1%	14
Maternity Pathway	1099	1110	-1%	-11

4 Hour Emergency Access Standard

Key Performance Indicators

	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
76.91 %												
4 Hour Compliance	82.69%	85.40%	82.73%	81.69%	83.72%	78.07%	74.35%	72.61%	70.83%	76.00%	80.17%	76.91%
12 Hour Trolley Waits	1	0	0	0	0	0	1	1	2	0	0	0
Left without being seen	4.09%	3.84%	4.59%	4.11%	3.31%	3.85%	3.96%	4.35%	4.87%	3.53%	3.08%	3.83%
Unplanned Reattenders	9.40%	9.22%	8.62%	9.01%	8.78%	8.58%	8.68%	8.98%	8.82%	8.62%	9.08%	8.87%
Time to initial assessment (15 mins)	88.7%	91.2%	85.2%	81.0%	86.9%	79.5%	74.4%	78.5%	76.1%	76.4%	77.8%	77.9%
% Time to Treatment (60 Mins)	43.5%	48.3%	46.3%	48.9%	48.5%	40.9%	39.9%	39.9%	39.8%	40.8%	40.7%	39.4%

2017/18 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
-13.09 %												
STF Trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	91.5%	93.0%	95.0%
Performance	76.9%											

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

April performance against the 4 hour target was 76.9%, against the NHS Improvement trajectory of 90.0%. This shows a decline in performance compared to the previous month. There were no 12 Hour Trolley Waits reported in month. The number of patients who have left the department without being seen remains below 4% for a third month.

The priority and focus for April has been to maintain safe patient care and improving performance and patient flow across the whole emergency patient pathway. Patient attendances were on plan, however, there continues to be surges in attendances with notable high activity in the evenings and weekends.

Medical staffing vacancies at Speciality Doctor (middle grade level) remain high, however there is a renewed focus on recruitment from overseas due to a new agency who specialise in recruiting into substantive posts being commissioned.

The key issue for April was the implementation of the IR35 issue which changed the tax requirements for agency doctors. This resulted in almost all of the agency doctors we had been using to provide ED cover withdrawing their services and left the rotas seriously depleted. In order to mitigate this risk and ensure that safe patient care was provided daily senior meetings were implemented with Medical Director Involvement to monitor the clinical risk.

Actions taken include:

- Reviewing the rotas at WHH and QEQMH to assess the depth of cover and skill mix to agree a sharing of staff across both sites.
- Consultants have cancelled leave and been very flexible on their working arrangements to provide increased support.
- Additional management was in place at QEQMH and WHH to micro manage the rotas.
- GP's were recruited on to the Trust staff bank to provide cover.
- Alternative specialities, i.e. Physicians and Surgical SpR and Consultant level doctors were booked to fill the gaps in the rota.
- Senior core trainee level doctors who had experience of working in ED were booked to fill gaps.
- Agency ENP's were booked to support the minor injuries service.

The actions taken were significant, particularly over the Easter period. However it should be noted that the above mentioned actions are not sustainable in the longer term and although some of the locums have started to return to work on the agreed rates, there remains a significant risk at QEQMH which is geographically challenged due to the fact there are 4 hospitals closer to London and the M25.

Risks to delivery of the standard:

- Middle grade medical staffing vacancies and unfilled gaps in rotas due to lack of agency or substantive staff. QEQMH is a particular risk due to the geographic location of the hospital.
- Continued high levels of activity, particularly in the evenings.
- Poor patient flow due to lack of timely bed availability.
- The number of DTOC's (delayed transfers of care) and access to short term external capacity in the community continues to be a high risk. There have been issues with a lack of external care package capacity across all geographic areas.
- Delays in mental health bed availability for adult and children.

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

69.59 %		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Green
	62 day Treatments	79.20%	75.42%	70.94%	74.58%	71.50%	70.00%	72.77%	75.94%	60.61%	70.45%	77.30%	69.59%	>=85%
>104 day breaches	61	42	56	57	45	53	44	31	40	40	40	38	<0	
Demand: 2ww Refs	3,210	3,282	3,142	3,013	3,171	2,951	3,307	2,636	3,150	2,936	3,580	2,565	2857 - 3158	
2ww Compliance	88.48%	94.61%	96.44%	94.77%	94.81%	96.62%	97.45%	96.49%	95.82%	96.08%	97.41%	93.71%	>=93%	
Symptomatic Breast	83.73%	93.71%	93.10%	93.22%	95.31%	94.59%	96.43%	86.61%	97.27%	94.81%	93.57%	95.04%	>=93%	
31 Day First Treatment	96.31%	94.55%	94.31%	93.64%	93.39%	96.10%	94.93%	95.79%	93.63%	96.96%	97.42%	95.63%	>=96%	
31 Day Subsequent Surgery	88.24%	86.96%	96.61%	90.38%	92.59%	89.23%	89.09%	89.19%	82.22%	94.12%	90.24%	90.91%	>=94%	
31 Day Subsequent Drug	98.95%	100.00%	97.33%	98.88%	100.00%	100.00%	99.12%	98.39%	96.94%	95.77%	97.50%	96.97%	>=98%	
62 Day Screening	93.10%	100.00%	83.33%	87.50%	93.94%	89.55%	96.23%	91.89%	91.67%	76.47%	89.23%	91.67%	>=90%	
62 Day Upgrades	57.14%	100.00%	82.35%	85.71%	100.00%	80.00%	83.33%	70.73%	75.68%	92.59%	69.77%	50.00%	>=85%	

2017/2018 Trajectory

-5.41 %		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	75.00%	80.00%	82.50%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
Performance	69.59%													Jul

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

April performance is currently 69.59% against the improvement trajectory of 75.00%, validation continues until the beginning of May in line with the national time table. The total number of patients on an active cancer pathway is 2,757, this is an improving position on the previous month. There are currently 38 patients waiting 104 days or more for treatment, 17 of whom have a cancer diagnosis and 11 have a decision to treat.

Risks to delivery of the standard:

- Key areas of concern for the Trust are Endoscopy, Colorectal, Urology, Lung, Radiology (both appointment and reporting capacity) and adequate surgical theatre capacity.

Actions taken to mitigate risk and improve performance:

- PTL meetings have been revamped to clearly identify who is taking actions forward. All incomplete actions are escalated to the weekly performance meeting for resolution.
- All tumour sites and diagnostic elements of the pathway have agreed specific action plans. These are reviewed monthly with each tumour site.
- A summary of the PTL is shared with Divisional Directors each week to support escalation and resolution of pathways of patients on the cancer PTL.
- Monitoring tools for the delivery of waiting times of diagnostic that are timely along the Cancer Pathway have been developed by the Information team (ie. 10 days turnaround time from referral for cancer test to patient having that test).
- Additional Urology diagnostic and follow up capacity has been planned for the next few months with the aim to reduce breaches, plans are being made to ensure this capacity is substantive going forward.
- A daily report is being designed to be sent out to senior managers in regards to their patients waiting over 104 days for a cancer diagnosis and subsequent treatment.

Strategic Theme: KPIs

18 Week Referral to Treatment Standard

Key Performance Indicators

84.85 %		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Green
	Performance	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%	83.79%	84.35%	85.40%	84.85%	>=92%
52w+	9	17	25	20	27	21	13	12	18	24	28	29	0	
Waiting list Size	45,663	44,213	45,487	45,352	45,531	44,822	46,191	46,398	45,682	45,449	46,483	47,648	<38,938	
Backlog Size	5,531	5,831	6,072	6,568	6,781	6,262	6,563	7,502	7,407	7,111	6,785	7,218	<2,178	
Demand: PC Referrals	16,113	16,254	16,194	15,666	15,531	14,906	16,633	13,619	15,068	14,892	17,814	13,385	<15,484	
Demand: Additions to IP WL	3,201	3,495	3,176	3,210	3,226	3,257	3,777	2,962	3,568	3,333	3,923	2,954	<3,076	
Pathway 1st OPA													>=92%	
Pathway Decision to Treat													>=92%	

2017/2018 Trajectory

0.72 %		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	84.13%	83.46%	84.20%	84.44%	83.91%	84.45%	84.75%	85.71%	84.95%	85.18%	86.00%	86.93%	87%
Performance	84.85%												Sept	

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

Summary Performance

April performance reduced to 84.85. As expected, the Trust was unable to provide enough activity to sustain waiting list sizes throughout the month, the reduction in capacity is driven by a combination of high annual leave over the Easter Period and changes in payment for waiting list initiatives. The latter has led to a significant reduction in medical staff providing additional capacity outside agreed job plans. Sustainable long terms plans to resolve capacity constraints are planned to start to come in to effect from quarter two onwards. The number of patients waiting over 52 weeks for first treatment increased by 1 to 29, General Surgery (9), Gynaecology (12) and ENT (4), the services most affected.

Risks to delivery of the standard:

- Primary care referrals trend is higher than planned particularly in Orthopaedics which are continuing, this continues to drive long waiting times for first outpatient appointments particularly within surgical specialties such as Orthopaedics, Gynaecology and Maxillo Facial.
- Continued Increase in Orthopaedic & General Surgery waiting list additions.
- Higher than planned demand within business plan resulting in no flexibility within capacity in key specialties such as Orthopaedics, Dermatology, Maxillo Facial and Gynaecology.
- Recruitment constraints in services such as Neurology leading to long outpatient waits.
- Gastroenterology & Endoscopy capacity due to high demand.
- Change in payment for waiting list initiatives, has led to a significant reduction in medical staff providing additional capacity outside agreed job plans.
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits.
- Gynaecology capacity for named sub-specialty conditions resulting in 52 week waits.
- ENT surgical demand remains in excess of capacity in key subspecialties resulting in 52 week waits.

Actions taken to mitigate risk and improve performance:

- The new Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery.
- Focused management of undated pathways waiting over 30 weeks and risks to 52 weeks, particularly within General Surgery, ENT and Gynaecology, daily patient focus meetings and weekly progress reports to COO and CEO.
- Action plans in key specialties to ensure improved performance reviewed weekly.
- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and Gynaecology.
- Saturday working in new consultants contracts across the trust to improve utilisation of theatre capacity and increase capacity.
- Seven new consultant posts have been recruited in Ophthalmology and commenced, performance improving.
- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.

- The Trust is developing long term solutions to sustainably address the imbalance in capacity and demand, through a number of schemes, including; increasing theatre utilisation to 50 weeks per year (commencing July 2017), develop local anaesthetic cataract surgery in Buckland Hospital, Dover releasing 5 theatre sessions per week at acute hospitals William Harvey and Queen Elizabeth the Queen Mother Hospitals (October/November 2017).
- Exploring opportunities to increase theatre base with semi-permanent POD solutions, creating a minimum of 10 additional theatre sessions per week (October/November 2017).

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.1%		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Green
	Performance	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%	99.65%	99.67%	99.78%	99.06%	>=99%
	Waiting list Size	14,812	13,533	13,321	10,269	14,728	14,011	15,457	15,023	14,171	14,048	15,580	14,882	<14,000
	Waiting >6 Week Breaches	19	19	31	45	39	12	19	42	49	46	35	140	<60
	Average Wait													<4

2017/18 Trajectory

0.0%		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	Apr
	Performance	99.06%												Apr

Summary Performance

The standard has been met for April 17 with a compliance of 99.06%. As at the end of the month there were 140 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 110, 39 of which were in Non-Obstetric ultrasound, 68 in Computed Tomography and 3 in Magnetic Resonance Imaging
- Cardiology: 26
- Gynaecology: 2

- Neurophysiology: 1
- Endoscopy: 1

Risks to delivery of the standard:

- This month we have had a greater than normal number of breaches but remained within our tolerance level and a compliant DMO1 standard for the Trust.
- An in-month departmental error occurred where a number of patients did not get an appointment letter or a text reminder about their appointment across modalities. This was quickly picked up when some clinic's advised a higher number than normal patients DNA their appointment on specific days.
- Immediate action was taken and as many of the patient's as possible were re booked in the 6 week standard. A full and detailed AAR is being undertaken to understand more fully what happened and to ensure lessons are learnt. A daily conference call is in place with added assessments to mitigate this risk until we have a more complete analysis as to what went wrong. Early indications are people error and SOP not being followed. The backup text reminder system which is normally sent to a patient 4 days in advance of their appointment also failed. The speciality have liaised with the clinical information team as this will have had wider impact across the organisation but to understand why this system also failed.
- The Radiology Booking Team remain under extreme pressure to book additional lists to meet current demand. Additionally sourcing clinicians to agree to undertake the additional lists has been more challenging due to IR35 arrangements and new waiting list payments for Consultants.
- The Radiology consultants are unhappy with rates agreed however the Division are holding the line. This is creating risk due to the number of tests waiting in the backlog to be reported on and the number of late booked clinics adds pressure into the system..
- Reporting in each modality remains a concern - There is an identified increasing clinical risk of patients waiting too long on a diagnosis. This is on the Division Risk Register and on the Corporate Risk Register.
- CT and MRI Waiting lists remain high. Currently CT and MRI average waits are close to 6 weeks. If these waiting lists were to increase over the coming weeks/months, it is likely that the 6 week DM01 standard would be compromised. Trust average time on the report list is currently 14.84 days but there are 366 over 28 days as of 11th May.
- Cardiology diagnostics had a high number of breaches this month. This is a very specialised field and we have a small number of clinicians who can do this work both CSSD and UCLTC Directors meeting to understand growth and if we can mitigate or work closer .
- General Practitioners are increasingly frustrated by our slowness in reporting and have made a number of complaints which we have responded to.

Actions taken to mitigate risk and sustain performance:

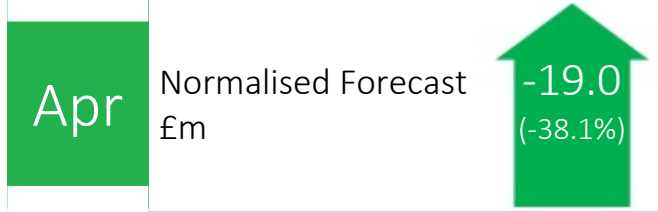
- The Division are actively recruiting substantive and interim locums to support the demand and address the reporting concerns.
- The Division are working with 3rd party companies to support additional reporting in close liaison with Procurement.
- All equipment is monitored closely and regularly serviced to ensure we maximise capacity.
- We are extending the opening hours of the CT's until 8pm and including BH to add extra capacity into the system – however this will add to the backlog of reporting.

- Replacement of the 2 MRIs is under way at K&CH – this new equipment will not fully be commissioned until November 2017 over 9 months delay to original plan. This will mitigate some pressure in the system going forward.
- The clinicians continue to vet requests, provide information to Trust Divisional Clinical Teams; CCG's at Consultant/Practice and GP level to enable a greater level of understanding and assessment of need and challenge as to requesting.
- Additional lists being undertaken by locums to include both extended days during the week and Saturday lists.
- The Divisional Director has taken a personal approach writing and meeting with Consultants to try and re-engage them with undertaking additional sessions, we will have a better feel if this has any impact over the next 1-2 months.
- Daily oversight continues.

Finance

Apr	I&E £m	<p>-34.1 (-68.2%)</p>		<p>The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for "extra" CIPS</p>	
Apr	Cash Balance £m	<p>8.9 (75.8%)</p>		<p>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.</p>	
Apr	Total Cost £m	<p>-47.3 (-14.4%)</p>		<p>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.</p>	
Apr	Forecast I&E £m	<p>-19.0 (-39.6%)</p>		<p>This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	

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



Comments: The Trust's I&E deficit in April (month 1) was £3.56m (excluding Sustainability and Transformation Funds) against a plan of £3.72m.

Pay costs in the month of £28.1m were £0.8m lower than in April with a £0.4m reduction in agency/locum costs and a £0.4m reduction in additional session payments. Bank pay was similar to March at £0.9m but both months were substantially up from the average for 2016/17. £0.4m of additional costs were accrued for 2017/18 pay awards and the Apprentice Levy.

Agency and locum costs in month were £1.9m, the lowest monthly spend since June 2016. The April 2016 spend was £2.54m. Of the monthly spend, 70% related to medical staff, continuing the existing trend.

Activity was marginally below plan with total income in month of £45m, within 1% of plan but April, owing to Easter holidays, was only an 18 working day month (elective, daycase and OP activity brings in £0.6m/£0.7m per day).

Against the £32m CIPS target, including income, £1.6m was reported in month (£1.2m recurrent, £0.4m non-recurrent) against a target of £1.4m.

The cash balance as at the end of April was £8.95m. No new borrowings were required. STF of £0.7m is planned for April and £14.5m for the year. If this is not received it will have an adverse impact on cash and will require additional borrowings in 2017/18.

No agreement on the 2016/17 contract value outturn or CQUIN has yet been reached with East Kent CCG commissioners. A proposal has been forwarded to them but at the time of writing no response had been received. Total risks net of opportunities of £8.5m have been identified.

The Trust's Financial Recovery Plan has been received and accepted by NHSI. This is for an £18.9m deficit target (excluding Sustainability and Transformation Funds). The second review meeting takes place on 2 June.

Health & Safety 1

Apr	Representation at H&S	697 (56.9%)		% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Apr	RIDDOR Reports (Number)	14 (-39.1%)		RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Apr	Formal Notices	1		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	★ ★ ★
Apr	Health & Safety Training	2079		H&S Training includes all H&S and risk avoidance training including manual handling	★ ★ ★

Comments: H&S representation at committee's is down again this month. Calendar invites have been refreshed and reviewed to reflect turnover of nominated reps, additionally reminder emails are planned in to ensure attendee's and/or nominee's can prioritise in diaries.

The Trust has received no formal notices or intervention fee's, we have however had a follow up visit from the HSE to review a RIDDOR reported accident that occurred to a member of staff. The HSE were satisfied that the Trust was not at fault and confirmed user error. We took the opportunity to update the inspector on the governance and improvement work undertaken by the Trust. The HSE reported that they felt the Trust is in a different place and were positive about the progress made.

There are No RIDDORs to report this month.

The provision of H&S training remains extremely positive

Health & Safety 2

Apr	Accidents	320 (-41.1%)		<p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Apr	Fire Incidents	132 (3.1%)		<p>Fire alarm activations (including false alarms).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Apr	Violence & Aggression	402 (-6.9%)		<p>Violence, aggression and verbal abuse.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Apr	Sharps	181 (36.1%)		<p>Incidents with sharps (e.g. needle stick).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Comments: The number of accidents fell in April, returning to within the normal range, following last months spike.


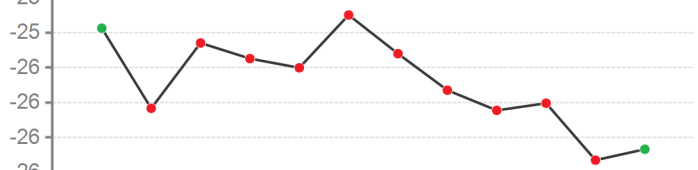


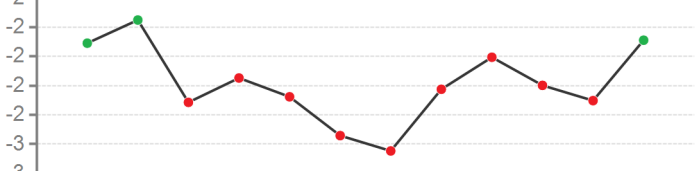


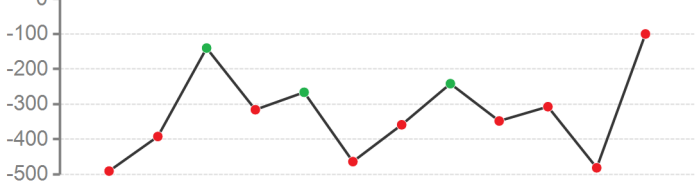

The number of Fire incidents stayed in Amber during April, whilst the majority of the fire related incidents reported in the IPR are false alarms. It is however worth highlighting to the Board a fire within one of the plant rooms at QEQM on the xxx which caused disruption on site. The fire emanated from a UPS battery which released heavy black smoke into parts of A&E and ambulatory care. The fire was contained by estates staff whilst the services areas affected were evacuated. Staff have been supported with after incident care where appropriate. The UPS pack has been taken off site for inspection by the manufacturer and a visual review of remaining devices has been undertaken.

Violence & Aggression decreased again this month and now stands at the lowest level for 12 months.

Sharps incidents also remain positively low.

Strategic Theme: Use of Resources

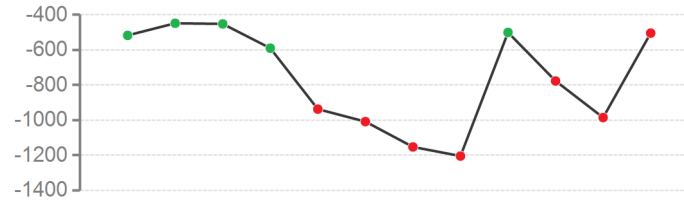
Pay Independent

Apr	Payroll Pay £m	 <p>-26.1 (-0.2%)</p>		<p>Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	
Apr	Agency Spend £m	 <p>-1.9 (-18.0%)</p>		<p>Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	
Apr	Additional sessions £k	 <p>-100 (-79.2%)</p>		<p>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.</p>	

Strategic Theme: Use of Resources

Apr

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



Comments:

Pay performance is favourable to plan in April by £0.8m (2.6%). Pay CIPs are adverse to plan by £0.35m. This favourable performance against plan relates mainly to substantive staff groups. Total expenditure on pay in April was £28.1m, a reduction in spend of £0.8m when compared to March. This reduction in spend relates predominantly to waiting list payments and agency and locums spend. Expenditure on agency and locum staff was £1.9m in April, a reduction of £0.4m when compared to expenditure in March. Expenditure on waiting list payments has fallen by £0.4m to £0.1m in April. Bank staff payments in the last two months have been £0.9m, a rise of £0.4m per month over the previous trend. This indicates a transfer of staff onto bank from agency.

Pay costs in the month of £28.9m included agency and locum costs of £2.3m which now stands at £26.9m for the year against the ceiling trajectory of £23m. Agency spend is 9% below the spend in 2015/16. Of the March agency spend, 71% related to medical staff. 61% of spend relates to Urgent care and Long Term Conditions. Medical staff vacancies are at 11% compared to 9% across all staff groups.

Strategic Theme: Use of Resources








Balance Sheet

Apr	CIPS £m	<div style="background-color: red; width: 50px; height: 50px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 20.4 (-17.1%) </div>		<p>Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.</p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> <div style="background-color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> <div style="background-color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> </div>
Apr	Cash borrowings £m			<p>Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.</p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> </div>
Apr	Capital position £m	<div style="background-color: green; width: 50px; height: 50px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> -63.2 (-89.7%) </div>		<p>Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.</p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> <div style="background-color: yellow; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">★</div> </div>

Comments: recurrent CIPS of £1.2m have been reported in month with £0.4m of non recurrent, a total of £1.6m against the £1.4m target. The CIPS target for the year is £32m recurrently.
 At the end of March the cash balance stood at £8.9m.

Strategic Theme: Use of Resources

Productivity

Apr	Clinical Productivity: Theatres	0.0		Clinical Productivity graph: theatre sessions v plan.	  
Apr	Clinical Productivity: Outpatient	0.0		Clinical Productivity graph: outpatient sessions v plan	  

Comments: A full programme of CIPS valued at £32m for 2017/18 is being rolled out with £16m of pay savings, £7m of non pay savings and £7m of income generation. Alongside traditional cost reduction plans this includes a combination of efficiency improvements (patient flow, best practice tariffs, pre-assessment), cost substitution (agency staff, procurement), and new service models (RMO, Women and Children services, therapies).

Strategic Theme: Improvement Journey

		Dec	Jan	Feb	Mar	Apr	
MD01 - End Of Life	Lost Days (Fast Track)	16	14	20	20	19	
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	72.61	70.83	76.00	80.17	76.91	>= 95
	ED - 1hr Clinician Seen (%)	29	40	41	41	39	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	14	14	15	14	15	>= 35
	Medical Outliers	93	122	88	67	57	
	Lost Days (Non-EKHUFT)	83	86	89	86	70	
	DToCs (Average per Day)	50	59	56	59	49	< 28
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	75.94	60.61	70.45	77.30	69.59	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	28	20	26	27	30	< 28
	Staff Turnover (Midwifery)	12	12	12	13	13	<= 10
	Vacancy (Midwifery) %	3	4	3	5	7	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	12.7	12.5	12.6	12.7	12.9	<= 10
	Vacancy (%)	10.0	9.6	9.4	9.8	10.3	<= 7
	Staff Turnover (Nursing)	13	13	13	13	13	<= 10
	Vacancy (Nursing) %	16	17	16	17	17	<= 7
	Vacancy (Medical) %	10	9	9	10	11	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	82.5	82.2	83.6	84.6	84.9	>= 90
	Mandatory Training (%)	87	88	88	89	89	>= 85
	Local Induction Compliance %	17.0	12.5	15.0	21.8	16.3	>= 85
KF01 - Complaints	Complaint Response in Timescales %	97	94	79	84	86	>= 85

KF01 - Complaints

Complaint Response within 30 days %

18	28	14	25	13	>= 85
58	54	54	54	54	>= 60
79	76	76	76	76	>= 81.4
88	89	89	86		>=95
79	83	83	80		>= 100
98	98	98	98		>= 90
83	87	88	80		>= 90
87	89	89	90		>= 90

KF02 - Workforce & Culture

Staff FFT - Work (%)

Staff FFT - Treatment (%)

KF09 - Medicines Management

Pharm: Fridges Locked (%)

Pharm: Fridge Temps (%)

Pharm: Drug Trolleys Locked (%)

Pharm: Resus. Trolley Check (%)

Pharm: Drug Cupboards Locked (%)

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55	
	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and P	<= 90	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 28	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Lost Days (Fast Track)	Beddays lost due to delayed discharge (Fast Track)		
	Lost Days (Non-EKHUFT)	Beddays lost due to delayed discharge (Non-EKHUFT)		
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %

Clinical Outcomes	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
	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. Reporti	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. Th	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	>= 95	10 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %)	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	< 4	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %

Data Quality & Assurance	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for "extra" CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %

Health & Safety

Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %

Incidents

All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
Blood Transfusion Errors	The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ	<= 5	20 %
Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic	>= 94	10 %
Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer.	>= 98	20 %
Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %

Incidents	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12	<= 0.15	10 %
	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	< 1	10 %
	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1		

Infection	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
	MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12	
Initiatives	Antimicrobial Resistance & Stewardship CQUIN Delivered %	CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours	>= 100	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	>= 100	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	>= 100	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	>= 100	20 %
	Staff Health & Wellbeing CQUIN Delivered %	CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake	>= 100	20 %
Mortality	Crude Mortality EL (per 1,000)	The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro	< 87.45	30 %
	SHMI	Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to	< 0.95	15 %
Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %

Observations	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89	4 %
	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89	4 %
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct	>= 1	10 %
	FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction	>= 90	30 %
	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon	>= 15	1 %
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in	>= 85	5 %
Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %	

Patient Experience	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las	>= 90	10 %
	Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89	2 %
Productivity	BADS	British Association of Day Surgery (BADs) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 90	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for pa	>= 92	100 %
Staffing	Agency %	% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	

Staffing

Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available.		
Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again	>= 92.1	1 %
Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwife	< 28	2 %
NHSP Use % of Agency	% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	> 90	
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)	>= 80	15 %
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 80	15 %
Sickness (%)	% of Full Time Equivalent (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont	< 3.6	10 %
Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior		
Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	<= 10	15 %
Staff Turnover (Midwifery)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against	<= 10	

Staffing

Staff Turnover (Nursing)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against th	<= 10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Temp Staff (WTE)	Count of Temporary Staff in post	< 182	1 %
Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
Total Staff Headcount	Headcount of total staff in post		
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
Total Staff In Post (SiP)	Count of total staff in post		1 %
Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	< 100	5 %
Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	


Training


Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %
Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
Mandatory Training (%)	The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr	>= 85	50 %


Use of Resources

Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0
Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0
Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	< 0
Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0
CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	< 0
Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan	
Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.	
Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together	< 0
Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0

Data Assurance Stars

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

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

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

Patient Safety Heatmap - APRIL 2017

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
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KCH - Kent & Canterbury

Specialist	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
KBRA - BRABOURNE (KCH)	100.0	1	1	0	0	0	0	100	96	100	90	100	0.0	92.6	87	108	12
MARL - MARLOWE WARD	100.0	1	1	0	1	0	0	88	92	93	45	100	0.0	82.0	102	96	10
Surgical																	
CLKE - CLARKE WARD	100.0	3	3	0	0	0	2	50	83	50	23	100	0.0	83.0	89	92	8
KENT - KENT WARD	100.0	1	0	0	0	0	0	100	100	100	47	100	0.0	94.5	96	93	8
KITU - KCH ITU	100.0	0	0	0	0	0	45	N/A	N/A	N/A	N/A	N/A	N/A	97.0	89	91	28
Urgent Care																	
HARB - HARBLEDOWN WARD	100.0	4	6	0	0	1	0	98	100	100	39	96	4.0	83.0	98	128	7
INV - INVICTA WARD	100.0	0	1	0	0	1	0	93	95	96	34	95	4.5	83.8	100	134	6
KCDU - EMERGENCY CARE CENTRE	100.0	0	0	1	0	0	292	NULL	NULL	NULL	26	91	5.3	87.2	98	94	28
KING - KINGSTON WARD	100.0	2	1	0	0	1	0	100	100	88	19	100	0.0	93.4	96	108	6
KNRU - EAST KENT NEURO REHAB UNIT	94.7	0	4	0	0	0	0	94	89	93	33	100	0.0	86.1	131	220	9
MTMC - MOUNT/MCMASTER WARD	100.0	3	3	0	0	2	7	71	83	91	39	100	0.0	69.4	100	140	6
TAY - TAYLOR WARD	100.0	0	0	0	0	0	1	97	96	100	85	100	0.0	89.3	72	100	8
TREB - TREBLE WARD	100.0	0	2	0	0	1	0	100	100	100	44	90	5.0	87.0	77	137	7

QEH - Queen Elizabeth Queen Mother

Specialist	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
BIR - BIRCHINGTON WARD	100.0	1	1	0	0	2	0	84	81	92	50	100	0.0	97.5	99	102	8
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	74	N/A	N/A	N/A	N/A	N/A	N/A	92.0	82	70	10
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	17	N/A	N/A	N/A	N/A	N/A	N/A	103.5	94	104	11
RAI - RAINBOW WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	53	98	0.8	93.3	96	99	12
Surgical																	
BIS - BISHOPSTONE WARD	100.0	1	0	0	0	0	19	98	97	99	116	95	0.0	88.4	107	110	16
CSF - CHEERFUL SPARROWS FEMALE	100.0	2	1	0	1	0	17	100	97	100	47	91	1.8	67.7	95	91	6
CSM - CHEERFUL SPARROWS MALE	100.0	1	6	0	0	1	10	100	100	100	49	95	0.0	77.4	90	95	6
QITU - QEH ITU	100.0	0	0	0	0	0	27	N/A	N/A	N/A	N/A	N/A	N/A	89.6	87	105	26

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
QX - QUEX WARD	100.0	0	2	0	0	0	100	94	85	94	78	97	0.0	99.1	104	99	6
SB - SEA BATHING WARD	96.2	0	0	0	0	0	33	97	95	97	60	100	0.0	81.3	N/A	N/A	N/A
Urgent Care																	
DEAL - DEAL WARD	100.0	0	9	0	0	0	0	100	99	99	13	100	0.0	86.6	133	125	8
FRD - FORDWICH WARD STROKE UNIT	95.7	0	6	0	0	0	0	100	100	100	37	100	0.0	82.9	116	145	9
MW - MINSTER WARD	91.3	2	6	0	0	0	14	NULL	NULL	NULL	129	93	5.5	86.4	120	141	8
QCCU - QEH CCU	100.0	0	0	0	0	0	8	100	100	100	136	100	0.0	89.7	101	116	9
QCDU - QEH CDU	96.3	0	0	1	0	0	7	99	93	95	23	78	14.6	95.6	130	184	12
SAN - SANDWICH BAY WARD	95.2	0	2	0	0	1	0	87	87	97	41	90	5.0	99.9	137	204	8
SAU - ST AUGUSTINES WARD	100.0	0	2	0	0	1	0	100	71	80	40	86	7.1	92.9	116	124	5
STM - ST MARGARETS WARD	100.0	0	3	0	0	2	11	94	89	94	6	100	0.0	100.6	123	132	6
WHH - William Harvey																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	0	2	NULL	NULL	NULL	N/A	N/A	N/A	104.8	64	52	5
KEN - KENNINGTON WARD	100.0	0	1	0	0	0	0	100	92	100	25	94	3.2	80.8	83	95	9
PAD - PADUA	100.0	0	0	0	0	0	0	N/A	N/A	N/A	11	100	0.0	92.1	88	93	10
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	0	46	N/A	N/A	N/A	N/A	N/A	N/A	98.9	85	87	11
Surgical																	
ITU - WHH ITU	100.0	0	0	2	0	0	69	N/A	N/A	N/A	N/A	N/A	N/A	99.7	117	105	29
KA2 - KINGS A2	100.0	1	5	0	0	0	0	94	93	96	72	94	2.9	93.3	102	107	6
KB - KINGS B	100.0	0	2	0	0	1	17	100	94	100	57	98	0.0	88.1	96	106	6
KC - KINGS C1	100.0	4	5	0	0	0	0	97	97	98	59	100	0.0	88.6	111	99	5
KC2 - KINGS C2	100.0	0	3	0	0	0	75	97	100	98	49	99	0.0	82.9	87	98	6
KDF - KINGS D FEMALE	100.0	1	7	0	0	0	201	98	87	96	38	100	0.0	94.8	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	3	4	0	0	2	0	95	97	100	52	100	0.0	N/A	97	113	11
RW - ROTARY WARD	100.0	0	3	0	0	1	46	93	96	97	62	99	0.0	86.0	100	97	8
Urgent Care																	
CCU - CCU	100.0	0	0	0	0	0	12	100	100	100	138	99	1.3	86.3	85	76	12
CJ2 - CAMBRIDGE J2	100.0	2	6	0	0	0	1	88	81	90	38	91	3.1	73.6	126	122	7
CK - CAMBRIDGE K	100.0	1	7	0	0	0	12	88	77	89	94	99	1.1	97.7	114	104	6
CL - CAMBRIDGE L REHABILITATION	100.0	3	11	0	0	1	0	91	91	98	155	100	0.0	96.0	93	153	6

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	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
CM1 - CAMBRIDGE M1 SHORT STAY	100.0	2	2	0	0	1	0	93	79	85	21	100	0.0	58.1	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	0	1	0	0	1	7	84	84	94	57	100	0.0	95.7	108	101	6
OXF - OXFORD	100.0	0	7	0	1	0	20	100	100	100	23	100	0.0	90.5	115	128	9
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	2	3	0	2	0	11	100	95	95	58	97	0.0	87.9	131	159	11
WAE0 - A&E OBSERVATION BAY WHH	NULL	0	0	0	0	0	0	75	75	94	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WCDM - WHH CDU MIXED	100.0	0	0	1	0	0	77	98	97	99	24	86	11.9	80.3	98	108	14

Human Resources Heatmap

	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	4.1	4.7	4.3	7.2	10.5	4.4	17.1	44.7
Appraisal Rate (%)	89.4	86.5	86.9	83.0	89.2	87.8	90.3	70.5
Employed vs Temporary Staff (%)	89.2	91.0	89.4	88.6	91.9	89.1	91.1	87.5
Mandatory Training (%)	92	95	90	82	89	94	86	87
NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Staff Turnover (%)	13.7	8.6	17.6	21.0	13.0	11.2	10.7	14.4
Vacancy (%)	10.8	9.0	11.5	14.4	8.1	10.9	8.9	12.6