

INTEGRATED PERFORMANCE REPORT



Chief Executive's Summary

I am pleased to report that overall patient experience continues to report positively demonstrated through real time patient survey although clearly there are particular challenges in the emergency care pathway.

Unfortunately, our reported rates of mixed sex accommodation have risen significantly in August 2017 driven by a focus on data capture. Out of 150 patients affected, 52 were non-justifiable occurrences. The remainder, although still reportable, were within areas where specialist clinical need was prioritised.

Although our complaint response times had slightly improved in August, challenges remain and continue to be addressed by our Complaints Steering Group.

Our 'safe' domain reported positive improvements within falls compared to July 2017 and there were no avoidable deep ulcers reported in August 2017. As reported in the last IPR, our Pressure Ulcer Steering Group is working hard to implement targeted actions.

Harm free care (new harms which we can influence) continues to report better than the national average. However, I am disappointed to report one never event in August 2017 linked to a wrong implant. A full review will be undertaken by an external human factors consultant and we are working closely with our CCG colleagues to review and embed best practice.

Our trust-wide action plan to drive improvement in reported falls has resulted in an improved position in August 2017 compared to July 2017 and our falls rate remains below the national average.

A&E performance remains a significant challenge for our teams and performance has decreased since the last report. Performance as at August 2017 reported 70.10%. We are continuing to implement improvements in Emergency Departments to reduce over-crowding and improve patient and staff experience and maintain safety. The NHS in East Kent has developed an improvement plan which includes the immediate actions the Trust is taking as well as a number of medium and longer-term plans to ensure that progress is sustained in order to deliver a clear trajectory of improvement now, up to and throughout winter.

Referral to Treatment performance has decreased slightly and backlog numbers have increased. As reported in the previous IPR, there is an improvement trajectory in place at specialty level to address the number of patients waiting beyond 52 weeks. This again reported a static position for August 2017. The aim of the 52 week improvement trajectory is to move the Trust's position from 30 patients to five before the end of the financial year. However, the overall 52 week wait position will be affected by the A&E improvement plan, in particular the cancelling of elective activity.

Cancer 2 week wait performance continues to report a compliant position. Cancer 62 day (GP Referral) performance reported an improved position and daily monitoring shows a reduced number of patients on the cancer tracking list and demonstrating strong recovery plans in key specialties.

As we have recognised in previous reports, our infection prevention and control performance is an area of challenge and increased focus. However, I am pleased to report that in August 2017, our number of c.difficile infections reported below trajectory. In addition, we have had no reported MRSA bacteraemia infections reported in August 2017 and there has also been a decrease in MSSe and e.coli infections.

Although VTE risk assessment recording continues report below the national standard of 95%, improvements in this area reported at the highest for over 12 months at 92%.

The Trust's Income and Expenditure (I&E) deficit in August (month 5) was £2.5m (consolidated position excluding Sustainability and transformation Funds, including Spencer Wing and after technical adjustment) against a plan of £2.5m.

The year to date I&E deficit is £10.6m against a plan of £11m (£0.6m better than plan).

Pay costs in the month of £28.7m were £0.2m up on July and also £0.3m worse than plan. Permanent staff were the same as in July and overtime was unchanged, but bank increased by £0.1m and agency/locum staff by £0.2m. Temporary staff (agency, bank, locum, overtime) costs were 7% (£0.25m) higher than July at £3.9m. Waiting list payments continued to be depressed at £0.1m,

a £0.1m decrease on July. Pay is now £1m better than plan year to date.

Clinical income was £1.1m (2.7%) better than plan in month and is £0.8m (0.4%) better than plan year to date. Other income is £0.3m (1.4%) worse than plan year to date so that total income is £0.5m (0.2%) better than plan year to date.

Against the £32m Cost Improvement Plan (CIPS) target, including income, £9.7m is reported year to date against a target of £9.4m, £0.3m better than plan. Of the reported position 20% is non-recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of August was £4.1m. A new loan of £3.3m will be called down in September with a further £2.6m requested in October. STF of £1.9m has not yet been received for Q1.

Total risks net of opportunities of £10.5m have been identified. Risks relating to the settlement of 2016/17 outstanding items with the CCGs have reduced but this has been offset by higher risks relating to A&E performance.

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 Trust remains in Financial Special Measures.

Further analysis is being conducted on: agency spend in UCLTC; drugs spend year to date and clinical supplies spend in month; the impact on costs and income from the move of the K&C acute medical take; Spencer Wing I&E.

The Turnover rate in month is 12.7%, which is broadly the same as July. Action continues on recruiting 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. Some posts are agreed as 'on hold' as part of cost improvement plans and will be reviewed. A number of leavers during August may be pushing the overtime up in August.

Sickness absence increased slightly during July 2017 (the most recent data available) from June's position. All metrics are reviewed and challenged at a Divisional level in the monthly Executive Performance Reviews.

WTE temporary staff decreased from 250 wte in July to 240 wte in August, back to June's rate. The percentage of employed staff vs temporary staff remained static at 89.5%. Total staff in post reduced to 6826 from 6937 WTE.

Agency costs are monitored at EPR. The Agency Taskforce review strategies for reducing agency 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.

Local induction compliance and reporting continues to be an area of concern and focus for the executive team. However, there are concerns over the accuracy of the data used with the NHSP software, which is currently being investigated through the Agency Taskforce Group.

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Average Statutory training stabilised at 88%. 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 increased from 78% to 81.5%, but continues to be below the 90% target. Divisions are working on plans to complete appraisals and to avoid a further drop in appraisal rates.

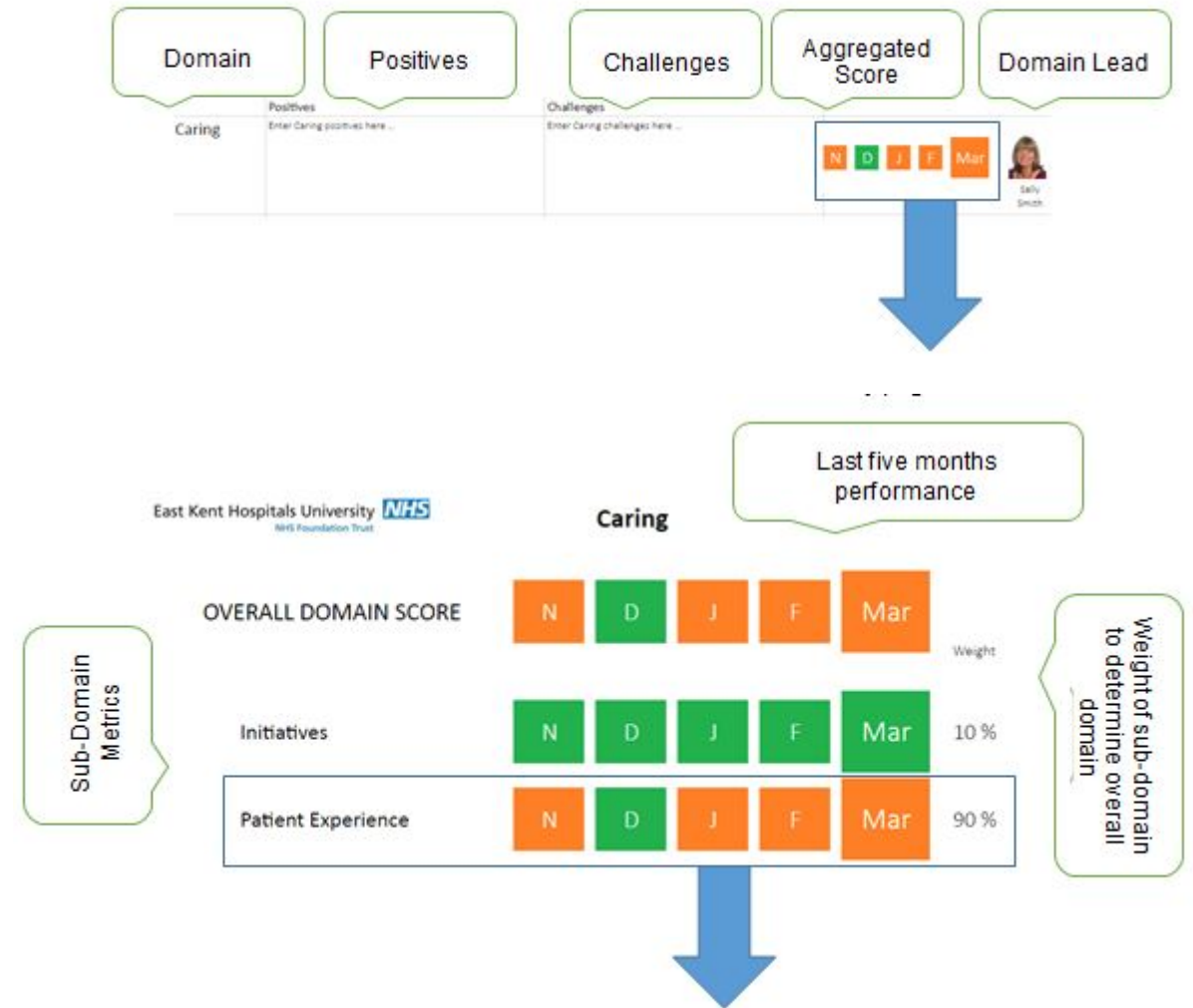
Time to recruit increased to 12 weeks from 11 possible due to annual leave in August of candidates and resourcing managers meaning turnaround times are slightly delayed.

Plans are being mobilised to promote and support the annual staff survey starting in September 2017.

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>The ratio of compliments to complaints continues to register green with a large number of compliments received compared to formal complaints made.</p> <p>Harm free care (new harms) also remains green. The Trust is registering lower levels of harm than national for patients developing new pressure ulcers, falls with harm and new VTEs.</p> <p>The friends and family test inpatient satisfaction rate remains positive at 96% recommended.</p> <p>This month we have seen a drop in the percentage of people not recommending the Trust to friends and family and this has returned to the lowest level for 6 months.</p>	<p>Reported rates of mixed sex accommodation breaches has risen significantly this month due to a focus on data capture. Among the 150 patients affected during the month, there were 52 non-justifiable occurrences reported. The remainder were patients within areas where specialist clinical need was prioritised, such as CCU and Stroke wards. Although reportable, these are categorised as justifiable occurrences. The occurrences that were not due to clinical need largely occurred within the WHH Clinical Decision Unit to maintain patient flow from the ED.</p> <p>We are reporting a lower level of real time patient experience this month due to us targeting those areas where we were below national in the patient survey. New questions have been asked of our patients and focused actions are in place. However, we report a positive PLACE report .</p> <p>The friends and family test for ED remains below where we would like with feedback relating to waiting times as the key theme.</p> <p>Our complaint responses within the time agreed with the client remains amber in August, although slightly improved.</p>	  <p>Sally Smith</p>
Effective	<p>Planned preventative maintenance for medical equipment has now reached 81% which is a great achievement.</p> <p>The Canx Breaches metric shows that we have improved the rebooking of patients within 28 days when a previous procedure has been cancelled.</p> <p>Clinical audit programmes remain on track as planned.</p> <p>Readmissions after an elective or non-elective admission have not deteriorated.</p>	<p>The parameters of Bed Occupancy, the length of stay for both elective and non-elective admissions and reportable delayed transfers of Care (DTC), have deteriorated within August.</p> <p>DNA rates for new and follow up outpatient appointments went up slightly which may be due to the holiday period.</p>	  <p>Jane Ely</p>

Responsive

Cancer 2 week wait performance remained compliant and 2 week wait for breast referral has improved. The 31 day diagnosis to treatment, and 62 day (screening referral) are both compliant.

Cancer 62 day (from GP referral) performance has improved and the daily monitoring shows a reduced number of patients on the cancer tracking list and strong recovery plans in key specialties.

Diagnostic performance remains compliant and continues to perform well.

The A&E 4 hour performance has not improved and remains priority to focus on urgently.

Referral to Treatments (18 weeks RTT) performance has fallen again whilst total waiting list and backlog numbers have increased.

The number of patients waiting for treatment beyond 52 weeks has not reduced in line with the trajectory.



Jane Ely

Safe

Harm free care (New harms, that we can influence) remains green.

There were no avoidable deep ulcers reported in August.

The falls rate improved this month compared to July.

Although we recognise that our infection prevention and control performance is a challenge we report that in August our number of C.diffile infections is below the limit.

We have had no MRSA bacteraemia infections reported during August.

We are registering a drop in MSSE and E.coli bacteraemia infections in August.

Although VTE risk assessment recording is still below the line August data has remained the best for over 12 months at 92%.

We reported a Never Event (wrong implant) during August. This occurred at the WHH. We have commissioned a review from an external human factors consultant and are working closely with the CCGs to review and embed best practice.

Incident reporting has dropped slightly this month in particular at K&CH. We support and encourage high incident reporting that reflects an open and transparent culture.

VTE recording remains below the national standard of 95%.

We continue to develop and implement improvements in the Emergency Departments to reduce over crowding and improve patient and staff experience and maintain safety.



Paul Stevens

Well Led

£0.6m better than plan ytd I&E

CIPS of £9.7m reported against a plan ytd of £9.4m

Increased vacancies (12.5% from 11%)

Increased turnover (13.7% from 12.6%)

Continuing low appraisal rates (79.4%)

Reducing cash balance requiring unplanned borrowing in October of £2.5m

Increase in temporary staff costs



Matthew Kershaw

Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

Caring

		Apr	May	Jun	Jul	Aug	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	40	33	28	19	17	>= 12	10 %
	Mixed Sex Breaches	10	7	17	70	150	< 1	10 %
	Overall Patient Experience %	93	94	93	92	91	>= 90	10 %
	Complaint Response in Timescales %	86	86	79	79	83	>= 85	5 %
	FFT: Recommend (%)	96	97	97	96	96	>= 90	30 %
	FFT: Not Recommend (%)	1.8	1.4	1.3	2.0	1.3	>= 1	10 %

Effective

OVERALL DOMAIN SCORE

Beds

Clinical Outcomes

Productivity

A	M	J	J	Aug
A	M	J	J	Aug
A	M	J	J	Aug
A	M	J	J	Aug

Weight

25 %

25 %

25 %

Effective

		Apr	May	Jun	Jul	Aug	Green	Weight
Beds	Bed Occupancy (%)	97	99	90	91	93	<= 92	60 %
	IP - Discharges Before Midday (%)	15	15	13	13	13	>= 35	10 %
	DToCs (Average per Day)	49	62	47	40	43	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.4	3.4	3.4	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.0	16.0	15.9	16.0	15.8	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	100	100	100	100	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	6.5	6.6	6.8	6.5	6.9	< 7	
	DNA Rate: Fup %	6.1	5.8	6.4	6.3	6.5	< 7	
	New:FUp Ratio (1:#)	0.6	0.7	0.6	0.6	0.6		
Productivity	LoS: Elective (Days)	3.3	3.0	3.1	2.8	3.0		
	LoS: Non-Elective (Days)	6.1	6.7	6.5	5.8	6.1		
	Theatres: Session Utilisation (%)	78	82	82	82	82	>= 85	25 %
	Theatres: On Time Start (% 30min)	80	77	78	76	76	>= 90	10 %
	Non-Clinical Cancellations (%)	1.2	1.3	0.8	1.6	1.5	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	6	12	29	16	7	< 5	10 %
	EME PPE Compliance %	76	75	77	78	81	>= 80	20 %

Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

	A	M	J	J	Aug	Weight
	A	M	J	J	Aug	25 %
	A	M	J	J	Aug	25 %
	A	M	J	J	Aug	25 %
	A	M	J	J	Aug	25 %

Responsive

		Apr	May	Jun	Jul	Aug	Green	Weight
A&E	ED - 4hr Compliance (%)	76.93	76.78	78.15	71.18	70.10	>= 95	100 %
Cancer	Cancer: 2ww (All) %	93.59	95.67	96.80	94.89	95.51	>= 93	10 %
	Cancer: 2ww (Breast) %	90.91	90.71	89.87	83.97	91.72	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	95.68	94.81	96.11	92.92	96.64	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	89.29	92.00	85.96	87.27	87.76	>= 94	5 %
	Cancer: 31d (Drug) %	97.06	95.24	97.62	98.44	95.16	>= 98	5 %
	Cancer: 62d (GP Ref) %	72.40	70.19	74.88	70.33	73.28	>= 85	50 %
	Cancer: 62d (Screening Ref) %	92.00	95.00	95.92	86.44	92.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	66.67	80.56	75.00	81.82	76.47	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.06	99.36	99.46	99.20	99.14	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	99.67	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	84.85	85.82	85.07	83.61	82.58	>= 92	100 %
	RTT: 52 Week Waits (Number)	29	36	30	30	31	< 1	

Safe

OVERALL DOMAIN SCORE	A	M	J	J	Aug	Weight
Incidents	A	M	J	J	Aug	20 %
Infection	A	M	J	J	Aug	20 %
Mortality	A	M	J	J	Aug	50 %
Observations	A	M	J	J	Aug	10 %

Safe

		Apr	May	Jun	Jul	Aug	Green	Weight
Incidents	Serious Incidents (STEIS)	5	6	8	3	4		
	Harm Free Care: New Harms (%)	99.2	98.5	99.4	98.9	98.5	>= 98	20 %
	Falls (per 1,000 bed days)	5.12	5.26	4.77	6.09	5.76	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.38	0.30	0.17	0.27	0.26	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,282	1,406	1,373	1,360	1,232		
Infection	Cases of C.Diff (Cumulative)	5	8	11	14	15	<= Traj	40 %
	Cases of MRSA (per month)	2	0	0	1	0	< 1	40 %
Mortality	HSMR (Index)	77	78	67			< 90	35 %
	Crude Mortality EL (per 1,000)	0.5	0.3	0.5	0.7	0.4	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	31	35	28	32	34	< 27.1	10 %
	RAMI (Index)	87	87	85	85		< 87.45	30 %
Observations	Cannula: Daily Check (%)	76.3	77.4	76.3	74.2		>= 50	10 %
	Catheter: Daily Check (%)	46.9	47.7	47.2	46.6		>= 50	10 %
	Central Line: Daily Check (%)	67.8	68.5	67.7	67.0		>= 50	10 %
	VTE: Risk Assessment %	89	89	91	92	92	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.1	91.9	91.2	92.2		>= 90	25 %
	Obs. On Time - 8am-8pm (%)	90.1	89.8	89.0	89.1		>= 90	25 %

Well Led

OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

A	M	J	J	Aug
A	M	J	J	Aug
A	M	J	J	Aug
A	M	J	J	Aug
A	M	J	J	Aug
A	M	J	J	Aug
A	M	J	J	Aug
A	M	J	J	Aug

Weight

15 %

10 %

25 %

10 %

25 %

15 %

		Apr	May	Jun	Jul	Aug	Green	Weight
Culture	Staff FFT - Treatment (%)	77	77	77	77	77	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.5	0.5	0.4	0.4	0.5	< 4	25 %
	Valid NHS Number %	100	100	100	99	99	>= 99.5	40 %
	Uncoded Spells %	0.2	0.1	0.1	0.1	0.2	< 0.25	25 %
Finance	I&E £m	-2.8	-1.8	-0.7	-0.5	-1.9	>= Plan	30 %
	Cash Balance £m	8.9	13.0	7.9	9.7	4.1	>= Plan	20 %
	Total Cost £m	-47.3	-48.5	-49.7	-49.0	-50.2	>= Plan	20 %
	Forecast I&E £m	-19.0	-19.0	-19.0	-19.0	-19.0	>= Plan	20 %
	Normalised Forecast £m	-19.0	-19.0	-19.0	-19.0	-19.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	0	0	1	3	3	<= 3	20 %
	Formal Notices	0	0	0	1	0	< 1	15 %
Staffing	Sickness (%)	3.6	3.7	3.8	3.9	3.9	< 3.6	10 %
	Staff Turnover (%)	12.9	12.9	12.6	12.6	13.7	<= 10	15 %
	Vacancy (%)	11.4	11.7	11.5	11.0	12.5	<= 7	15 %
	Total Staff In Post (SiP)	6921	6913	6900	6937	6826		1 %
	Temp Staff (WTE)	234	226	240	251	240	< 182	1 %
	Shifts Filled - Day (%)	101	99	98	96	96	>= 80	15 %
	Shifts Filled - Night (%)	110	106	107	105	105	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	10	10	12	12	12		
	Local Induction Compliance %	16.3	20.8	23.5	28.8		>= 85	
	Agency %	18.5	18.9	20.5			<= 10	
Training	Appraisal Rate (%)	84.9	81.1	75.8	78.3	79.4	>= 90	50 %
	Statutory Training (%)	89	89	89	89	89	>= 85	50 %

Strategic Theme: Patient Safety

Mortality

Aug	HSMR (Index)	82 (-1.4%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	★ ★ ★
Aug	RAMI (Index)	90 (1.6%)		Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	★ ★ ★
Aug	Crude Mortality EL (per 1,000)	0.4 (-11.1%)		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.	★ ★ ★
Aug	Crude Mortality NEL (per 1,000)	33 (12.1%)		The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★

Comments: The Trust crude mortality rate (latest data) continues at 1.4% and is within the peer 25th to 75th percentile. Similarly by peer distribution the Trust HSMR continues to remain in the lowest quartile. As in the previous reports Septicaemia continues to be the red alerting condition from CHKS data. From National data the SHMI is again 1.01 (covering the period April 2016-March 2017). Diagnostic codes with observed mortality greater than expected are cerebrovascular disease (stroke) (255 vs. 234.9); acute MI (150 vs. 125), cancer of the lung (91 vs. 76.8), COPD (143 vs. 128.8) and septicaemia (484 vs. 363). Conversely acute kidney injury, pneumonia and urinary tract infection both had significantly lower observed versus expected.

Serious Incidents

Aug	Serious Incidents (STEIS)	75 (-8.5%)		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.	★ ★ ★
Aug	Never Events (STEIS)	3 (-25.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	★ ★ ★

Comments: Total open SIs on STEIS August 2017: 62 (including 4 new)
 SIs under investigation: 25
 Breaches: 12
 Non-breaches: 13
 Waiting EKHUFT non-closure response: 12
 Waiting CCG response: 25

Supporting Narrative:

The number of breached cases is 12. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports.

Work continues on clearing the longest breached cases and most of these have been completed with further progress predicted. The Clinical Incident Manager and Head of Patient Safety have been working with the divisions to progress completion of breached cases.

The four new SIs are:

- never event relating to the wrong implant of a femoral implant instead of a tibial implant
- a radiology missed caecum cancer
- a category 4 pressure ulcer
- delayed treatment of a baby of a mother who was gestational diabetic

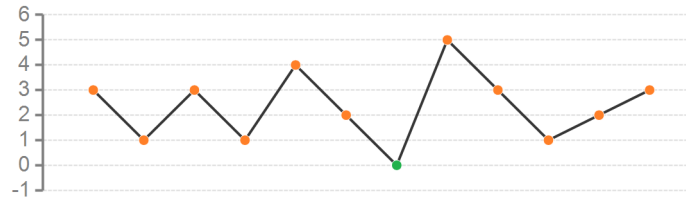
Infection Control

Aug	Cases of MRSA (per month)	<div style="background-color: red; color: white; padding: 5px; text-align: center;"> 11 1000.0% </div>		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	★ ★ ☆
Aug	Cases of C.Diff (Cumulative)	<div style="background-color: red; color: white; padding: 5px; text-align: center;"> 15 (7.1%) </div>		Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	★ ★ ☆
Aug	E. Coli	<div style="background-color: red; color: white; padding: 5px; text-align: center;"> 91 (3.4%) </div>		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.	★ ★ ☆

Strategic Theme: Patient Safety

Aug MSSA

28
(21.7%)



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:

C.difficile

The current year to date total (as at 31/08/2017) remains 15 cases against an annual objective of 46 cases which is below trajectory.

MRSA

There have been 2 cases of MRSA bacteraemia this current year to date - assigned to EKHUFT, one of which was a contaminant (ie not a true MRSA bacteraemia).

MSSA

Year to date there have been 14 cases of MSSA bacteraemia assigned to EKHUFT i.e. post 48 hour admission date.

E.coli

Year to date there have been 38 cases of E.coli bacteraemia assigned to EKHUFT and 213 cases in East Kent. This continues to be an area of cause for concern. As a region we have the 2nd highest rate, Frimley Park is higher with 59 Trust assigned E.coli bacteraemia.

Anti-microbial Stewardship (AMS)

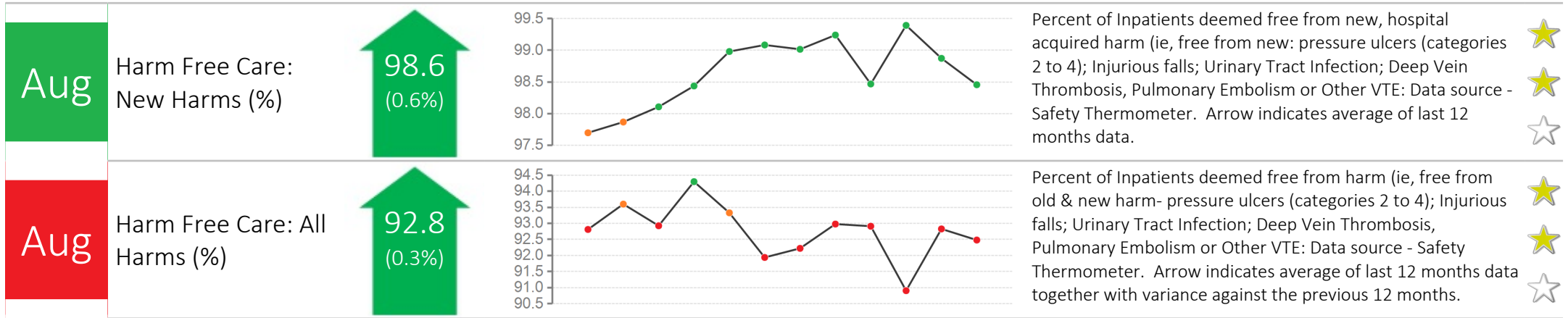
The AMS team have begun discussions around the activity required to ensure the service will be provided across EKHUFT.

Critical Friend Review

This review took place as scheduled on August 8/9, a written report has been received and is due to be disseminated to determine the actions required for implementing with agreed timelines.

There have been no 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 Aug-17 was 92.48% compared to 92.83% in July-17. A wide variation, as expected, is seen across the divisions with specialist achieving 97.83% (a fall from 98.05% in July-17), surgical 94.87% (an increase from 93.31% in July-17) and UCLTC 89.21% (a fall from 90.79% in July-17). There was a significant increase in prevalence of pressure ulcers (admitted with) in June-17 (7.5%) compared with 5% in May-17 and a detailed review of old harms (patients admitted with) during Q1 was undertaken which revealed no particular themes in admission source. A further review of the 240 Datix reported incidents of patients admitted with pressure ulcers in Q1 has been completed. The total of Harm Free Care experienced in our care (New Harms only) has slightly increased to 98.46% in August from 98.86% in July.

WHH New Harms Only HFC had a slight increase to 98.60% in August compared to 98.41% in July.
 QEQM New Harms Only HFC had a decrease to 98.61% in August compared to 99.71% in July.
 K&C New Harms Only HFC also had a decrease 97.80% in August compared to 98.41% in July.

HFC (new harms only) for three out of four individual harms shows decrease rate against the national averages. The Safety Thermometer for Aug-17 demonstrates:

- Higher levels of catheters & New UTI's (1.02%) compared to the acute hospitals average (0.32)
- Lower levels of New Pressure Ulcers (0.2%) compared to the acute hospitals average (0.89)
- Lower prevalence of falls with harm (0.10%) compared to the acute hospitals average (0.51)
- Lower prevalence of new VTEs (0.31%) compared to the acute hospitals average (0.43)

Rigorous work will continue to ensure validation is carried out correctly and focus work continues to be carried out to ensure the lower number of falls this month is maintained and patient safety remains a priority.

Strategic Theme: Patient Safety

Pressure Damage

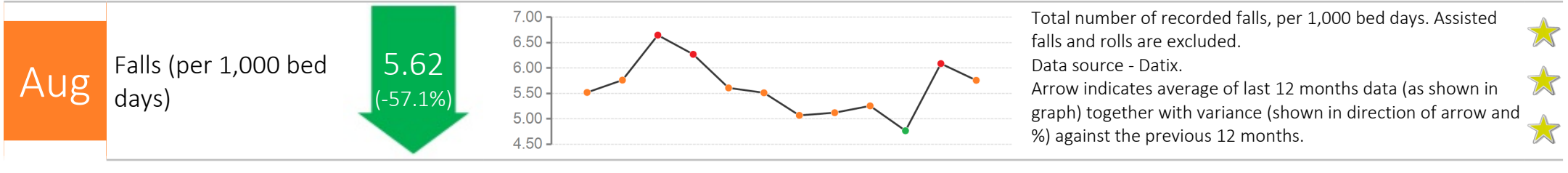
Aug	Pressure Ulcers Cat 2 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;">0.33 (-46.1%)</div>		Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	
Aug	Pressure Ulcers Cat 3/4 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;">0.02 (-64.7%)</div>		Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	

Comments: In August 2017 a total of 35 category two pressure ulcers were reported, an increase of 1 from last month. Of these incidents, 8 were confirmed as avoidable which is equal. 23 incidents affected the sacrum/buttock area of which 6 were avoidable. These were related to insufficient repositioning, delay in equipment and inappropriate risk assessment. The remaining avoidable incidents occurred at the back and elbow due to lack of skin inspection. Of the remaining superficial ulcers, 2 affected the heel both unavoidable. There were 3 incidents related to medical devices affecting the, nose and lips and associated with CPAP and oxygen. For all of these there was sufficient evidence of regular skin checks.

In August 2017, there were no confirmed avoidable category 3 or 4 pressure ulcers. There were 7 potential deep ulcers, a decrease of 2 to last month. Five affected the heels. One of these was avoidable on Seabathing due to lack of evidenced heel offloading. One the sacrum, one the ankle.

During August, the first task and finish group met designed to identify common themes with avoidable superficial ulcers and to find strategies to reduce these.

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 decreased slightly in August. There were a total of 176 compared with 183 in July. 5 of these falls happened on the renal satellite sites at Medway and Maidstone or in non ward settings. 50 were at K&CH, 53 at QEQQMH and 71 at WHH. 1 fall resulted in a hip fracture at K&CH but was unavoidable. 1 fall at QEQQMH resulted in a femoral fracture. The patient later died but this was not as a result of the fall (which was unavoidable). Wards with the highest number of falls were 10 on CDU at WHH and 8 on Invicta at K&CH.

To support continued improvement the Falls Team are working hard to embed the “Fallstop” programme and have now recruited an Associate Practitioner (AP) to implement Fallstop. Initial focus will be on the Cambridge wards and CDU at WHH. This is an exciting step forward to achieve the improved quality of falls prevention on our wards. Participant wards will be auditing their compliance with the falls risk assessment and care plan and setting their own targets for improvement weekly. Our AP will be auditing the care of patients who fall on these wards. Both audits measure the care we provide against the Trust's policies and protocols and the NICE Quality Standards for falls. All ward based staff will receive training in risk assessment, post fall care and simulation training. We will be celebrating success with a 'Star of the Month' award and all wards will display their results.

We are proud to announce that the WHH site achieved 100% in the National Inpatient Falls Audit for having an appropriate walking aid within reach of patients. This is a huge increase of 40% on the previous audit and is the result of collaboration between the Falls Team, wards and Therapies. We will have this result published as a successful case study in the formal audit report in November.

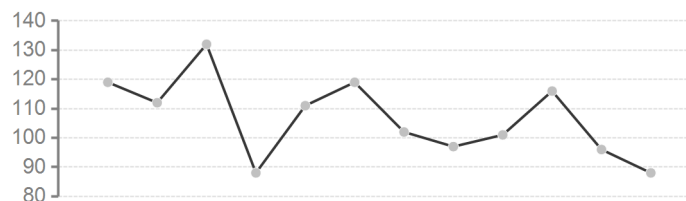
Strategic Theme: Patient Safety

Incidents

Aug	<p>Clinical Incidents: 16,468 Total (#) (5.8%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p>	
Aug	<p>Blood Transfusion Errors: 157 Errors (10.6%)</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>	

Aug

Medicines Mgmt. Incidents 1,281 (2.2%)



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:

Clinical incidents overall summary

A total of 1224 clinical incidents have been logged as occurring in Aug-17 compared with 1359 recorded for Jul-17 and 1321 in Aug-16. In Aug-17, three incidents have been graded as deaths and one incident has been graded as severe harm. In addition, 23 incidents have been escalated as a serious near miss, of which 14 are still under investigation.

Comparison of moderate harm incidents reported: 24 in Aug-17, 20 in Jul-17 and 6 in Aug-16.

Four serious incidents were required to be reported on STEIS in August. Seven cases have been closed in August; there remains 62 serious incidents open at the end of August.

Over the last 12 months incident reporting has risen significantly at WHH, has remained constant at QEH and is declining at K&CH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 22 Blood Transfusion incidents for August 2017 (15 in July 2017 and 13 in August 2016). Themes included four delay in provision of blood components these were due (patient unable to attend, and electronic order for platelets not being received by NHSBT, product expiring as nursing staff were busy with a disruptive patient and a lone working BMS inundated with emergency requests so unable to issue blood for a top up). 13 incidents fell into the 'other' category, of these 12 were recalls from NHSBT (there was a batch failure where some units showed micro clots) no patients were harmed. Of the incidents 19 were graded as no harm and 3 as low. Reporting by site: seven at K&CH, five at QEQM and nine at WHH.

Medicines management

There were 88 medication incidents reported as occurring in August (96 in Jul-17 and 111 in Aug-16). On average, over the last 12 months, the numbers of medication incidents reported at WHH have risen and at QEQM and K&CH have decreased.

Of the 88 reported, 60 were graded as no harm (including four serious near misses) and 26 as low harm. Two incidents have been graded as moderate harm; no incidents are graded severe harm or death. Top reporting areas were: A&E (WHH) with six incidents; ITU (WHH), A&E (QEQM), Pharmacy (K&C) with four incidents each; Cathedral Day unit / Kent ward (K&CH), Kings B ward (WHH) and Sandwich Bay (QEH) with three incidents each; other areas reported 2 incidents or fewer. Twenty-three incidents occurred at K&CH, 26 at QEH and 38 at WHH.

*Missing Drugs are broken down as follows: 5 incidents relating to stock control/documentation errors, one incident of medication delivered to the wrong ward, one incident where delivery to patient's home went missing, two delayed deliveries from Aseptics and two incidents where medication had been stored incorrectly.

Total

Drug error - prescribing 23

Drug error - dispensing 14

Drug error - administering 32

Drug shortage (not available or in stock) 1

Drug missing* (stock discrepancy or lost between wards/pharmacy) 11

Adverse drug reaction 2

Infusion injury - extravasation 2

Infusion problems - medication related 3

Totals: 88

Friends & Family Test

Aug	FFT: Response Rate (%)	<div style="font-size: 2em; font-weight: bold;">37</div> <div style="font-size: 0.8em;">(7.1%)</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 months.</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Aug	FFT: Recommend (%)	<div style="font-size: 2em; font-weight: bold;">96</div> <div style="font-size: 0.8em;">(0.1%)</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 of arrow and %) against the previous 12 months.</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Aug	FFT: Not Recommend (%)	<div style="font-size: 2em; font-weight: bold;">1.8</div> <div style="font-size: 0.8em;">(17.4%)</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 direction of arrow and %) against the previous 12 months.</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>

Comments: During Aug-17 we received 8906 responses in total. Overall 37.5% eligible patients responded and 89.6% would recommend us to their friends and family and 6.5% would not. Recommendations by patients improved in August with the total number of inpatients, including Paediatrics who would recommend our services 96.5% (96.1% July-17), A&E 76.8% (74.7% July-17), maternity 98% (97.4% July-17), outpatients 92% (92% July-17) and day cases 95.3% (94.8% July-17). The Trust star rating in August is 4.51 (4.5 July-17). A+E and day case response rates rose slightly but fell across inpatients and maternity in August. The response rate for inpatients was 35.7% (41.8% July-17), A&E 16.8% (16.4% July-17), maternity 16.7% (28.2% July-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 slightly higher at 22.2% (21.3% July-17)

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, Implementation of care, Communication and Competence.

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

Inpatients

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

Negative Themes – Care, Staff Attitude, Environment, Implementation of Care and Cleaning.

Out patients

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

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

Maternity

Antenatal

Positive Themes – Staff Attitude, Commitment, Communication, Care and Competence.

Negative Themes – None.

Birth

Positive Themes – Staff attitude, Care, Competence, Commitment and Cleaning.

Negative Themes – Care, Competence, Clinical Treatment, Patient mood/feeling and Staff Attitude.

Postnatal ward

Positive Themes – Staff Attitude, Care, Compassion, Implementation of Care and Commitment.

Negative Themes – Care, Staff Attitude, Cleaning, Competence and Environment.

Postnatal community

Positive Themes – Staff Attitude, Cleaning, Competence, Implementation of Care and Care.

Negative Themes – None.

Day Case

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

Negative Themes – Care, Staff attitude, Communication, Implementation of Care and Competence.

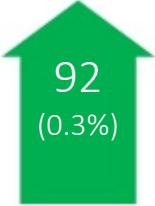
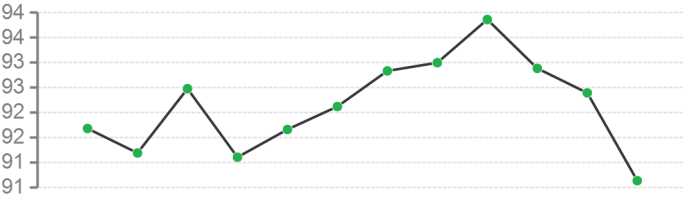





Special Day Case

Positive Themes – Care, Staff attitude, Cleaning, Implementation of Care and Competence.

Negative Themes – Care, Communication, Staff Attitude, and Clinical Treatment.

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



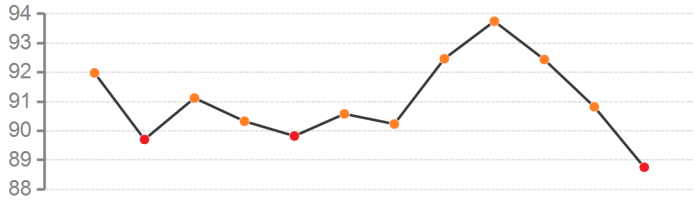

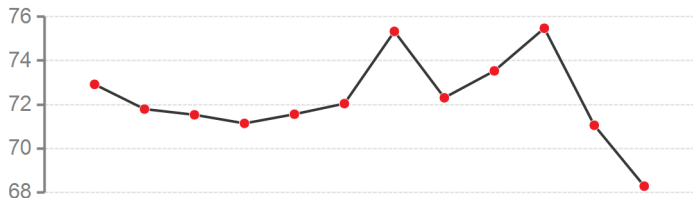

Patient Experience 1

Aug	Overall Patient Experience %	 <p>92 (0.3%)</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 last 12 months data together with variance against the previous 12 months.</p>	
Aug	Privacy for discussions with Nurses %	42		<p>Privacy for discussions Nurses</p>	
Aug	Aware of Nurse in each shift %	39		<p>Aware of nurse in each shift</p>	

Comments: This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, has fallen.

This change was anticipated due to new questions being added into the survey in August to enable close monitoring of three key areas where our performance in the 2016 national inpatient survey (published in May-17) was below the national average. Baseline performance in ensuring privacy when discussing patients' condition or treatment, ensuring patients are aware of which nurse is looking after them each shift and ensuring patients are able to discuss their worries and fears demonstrates significant opportunity for improvement.

Patient Experience 2

Aug	Discuss Worries with Nurses %	49		Discuss Worries with Nurses	
Aug	Cleanliness? %	91 (-0.2%)		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	
Aug	Hospital Food? %	72 (0.9%)		Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	

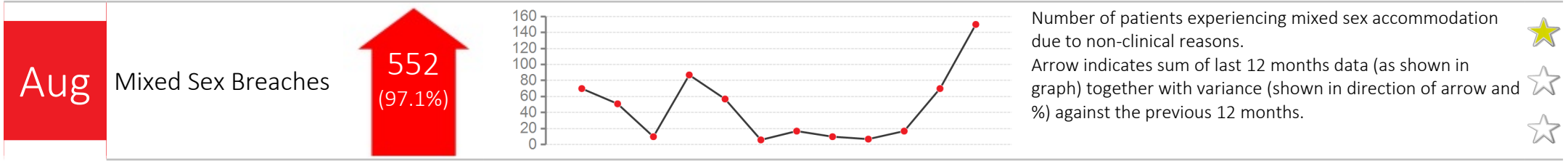
Comments: Cleaning as rated by the survey fell to 89 in August. Whilst auditing at ward level remains higher at 98.5 for the month we continue to work with IPC colleagues to ensure assurance of cleaning levels. Including positive feedback from the Head of Nursing for NHSI south region. Cleaning scored above the national average in the 2017 PLACE audit.

Hospital Food decreases in Aug but as reported previous the small numbers sampled mean the metric changes are not statistically significant. Food scored above average in the 2017 annual PLACE audit.

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. The majority of wards have reported their performance (against the patient experience metrics) in August and over the next quarter, the Deputy Chief Nurse will be working with the Divisional Heads of Nursing and Matrons to ensure reporting for the remainder.

In quarter 3, greater focus is being placed on reviewing the results of ward and Trust survey(s). The Complaints and Patient feedback steering group and Patient Experience Group will oversee this important work, to provide a Trust wide overview and ensure pace.

Mixed Sex




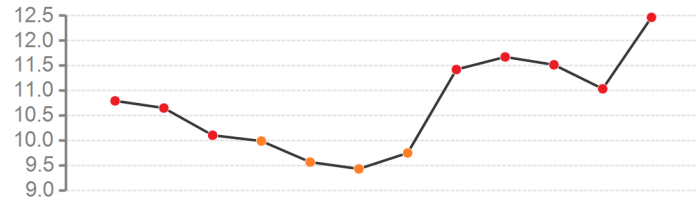

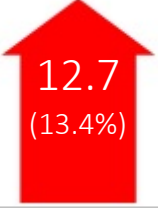
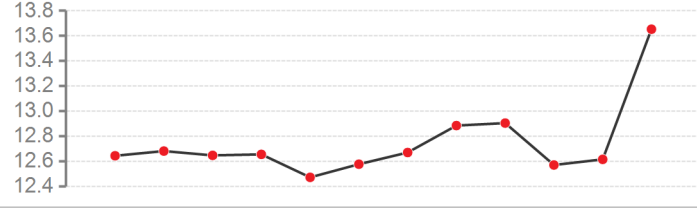


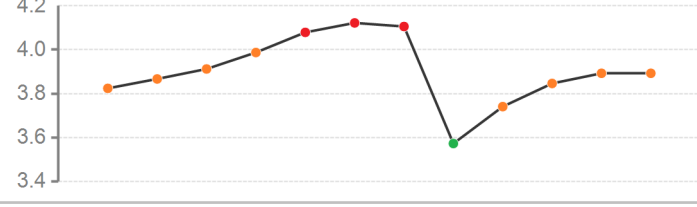


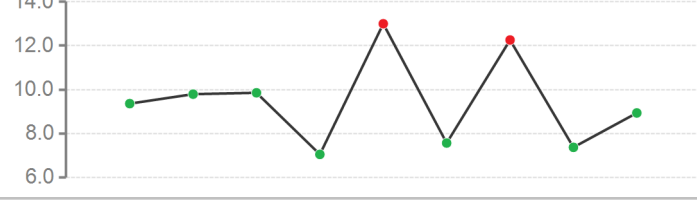

Comments: During Aug-17, 52 non-justifiable incidents of a mixed sex accommodation breach occurred within the WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 60 mixed sex accommodation occurrences in total, affecting 247 patients. This number has increased since last month when there were a total of 25 occurrences affecting 117 patients. The remaining incidents occurred at QEQM CCU (1) and Fordwich (7) which are justifiable mixes based on clinical need.

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

Strategic Theme: Human Resources

Gaps & Overtime

Aug	Vacancy (%)	 <p>10.7 (20.4%)</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>	
Aug	Staff Turnover (%)	 <p>12.7 (13.4%)</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 12 months.</p>	
Aug	Sickness (%)	 <p>4.0 (6.5%)</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 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Aug	Overtime %	 <p>9.5 (35.3%)</p>		<p>% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).</p>	


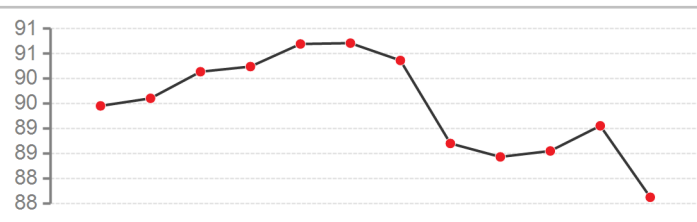
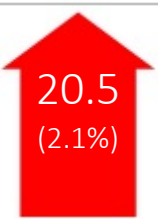
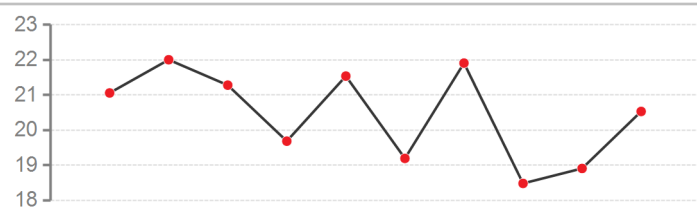
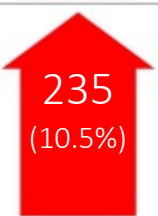
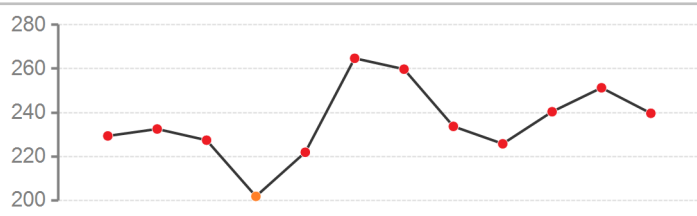
Comments: Gaps and Overtime
The Turnover rate in month is 12.7%, which is broadly the same as July. Action continues on recruiting for roles which have been identified as hard to recruit either because of repeated difficulty in recruiting to EKHUFT posts or because of shortages in labour supply nationally. Some posts are agreed as 'on hold' as part of cost improvement plans and will be reviewed. A number of leavers during August may be pushing the overtime up in August.

Sickness absence increased slightly during July 2017 (the most recent data available) from June's position.

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

Strategic Theme: Human Resources

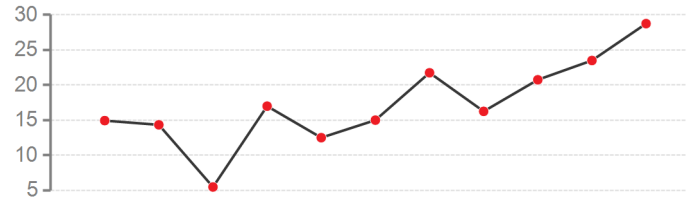
Temporary Staff

Aug	Employed vs Temporary Staff (%)	 <p>89.5 (-2.2%)</p>		<p>Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>
Aug	Agency %	 <p>20.5 (2.1%)</p>		<p>% of temporary staff who work via agency</p> <p>Number indicates average of last 12 months data (as shown in graph).</p> <p>★ ☆ ☆</p>
Aug	Temp Staff (WTE)	 <p>235 (10.5%)</p>		<p>WTE Count of Temporary Staff Used</p> <p>★ ★ ☆</p>

Strategic Theme: Human Resources

Aug

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: Temporary Staff
WTE temporary staff decreased from 250 wte in July to 240 wte in August, back to June's rate. The percentage of employed staff vs temporary staff remained static at 89.5%. Total staff in post reduced to 6826 from 6937 WTE.

Agency costs are monitored at EPR. The Agency Taskforce review strategies for reducing agency 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.

Local induction compliance and reporting continues to be an area of concern and focus for the executive team. However, there are concerns over the accuracy of the data used with the NHSP software, which is currently being investigated through the Agency Taskforce Group.

Strategic Theme: Human Resources

Workforce & Culture

Aug	Statutory Training (%)	88 (3.7%)		<p>The percentage of staff that have completed Statutory training courses, this data is split out by training course.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Aug	Appraisal Rate (%)	81.6 (2.3%)		<p>Number of staff with appraisal in date as a % of total number of staff.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Aug	Time to Recruit	12 (3.5%)		<p>Average time taken to recruit to a new role. This metric is shown in weeks.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ☆
Aug	Total Staff In Post (SiP)	6826 (-1.6%)		<p>Count of total staff in post (WTE)</p>	★ ★ ★

Workforce & Culture
 Comments: Average Statutory training stabilised at 88%. 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 increased from 78% to 81.5%, but continues to be below the 90% target. Divisions are working on plans to complete appraisals and to avoid a further drop in appraisal rates.

Time to recruit increased to 12 weeks from 11 possible due to annual leave in August of candidates and resourcing managers meaning turnaround times are slightly delayed.

Plans are being mobilised to promote and support the annual staff survey starting in September 2017.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators

Aug	Key Performance Indicators	Aug-17				YTD				YTD vs Last Yr				Green
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
	Referral Primary Care	14,376	14,451	(-75)	-1%	72,708	74,244	(-1,536)	-2%	72,708	73,684	(-976)	-1%	<=0%
	Referral Non-Primary Care	13,234	12,773	461	4%	68,977	68,373	604	1%	68,977	70,685	(-1,708)	-2%	<=0%
	OP New	19,949	19,730	219	1%	97,730	98,652	(-922)	-1%	97,730	102,392	(-4,662)	-5%	>=0%
	OP Follow Up	40,264	40,298	(-34)	0%	203,580	207,279	(-3,699)	-2%	203,580	206,109	(-2,529)	-1%	>=0%
	Elective Daycase	6,054	5,918	136	2%	30,457	30,289	168	1%	30,457	33,702	(-3,245)	-10%	>=0%
	Elective Inpatient	1,253	1,301	(-48)	-4%	6,154	6,443	(-289)	-4%	6,154	6,440	(-286)	-4%	>=0%
	A&E	17,483	18,063	(-580)	-3%	89,280	90,885	(-1,605)	-2%	89,280	89,547	(-267)	0%	>=0 & <5%
	Non-Elective Inpatient	6,449	7,034	(-585)	-8%	33,851	35,697	(-1,846)	-5%	33,851	29,544	4,307	15%	>=0 & <5%
	Chemotherapy	1,278	1,402	(-124)	-9%	6,011	6,628	(-617)	-9%	6,011	6,619	(-608)	-9%	>=0%
	Critical Care	1,845	1,837	8	0%	9,146	9,174	(-28)	0%	9,146	8,899	247	3%	>=0%
	Dialysis	7,185	6,991	194	3%	34,170	34,534	(-364)	-1%	34,170	34,733	(-563)	-2%	>=0%
	Maternity Pathway	1,054	1,130	(-76)	-7%	5,800	5,740	60	1%	5,800	5,845	(-45)	-1%	>=0%
	Pre-Op Assessments	2,992	3,424	(-432)	-13%	14,365	16,195	(-1,830)	-11%	14,365	14,266	99	1%	>=0%
	Diagnostic	445,700	469,860	(-24,160)	-5%	2,180,315	2,222,295	(-41,980)	-2%	2,180,315	2,213,062	(-32,747)	-1%	<=0%
	Other	4,867	4,795	72	2%	23,435	24,664	(-1,229)	-5%	23,435	20,315	3,120	15%	>=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 our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments. Within Orthopaedics 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.

August 2017

Elective Care

In August Primary Care referrals were 1% below the plan which increased the YTD variance to -1,536. Referrals are comfortably within normal levels and at this stage we believe reduction to be generated by natural variation.

The Trust delivered the new outpatient plan in August with appointments +1% (+220) above plan, reducing the YTD variance to less than -1%. The August position was delivered by strong performance in General Surgery, Colorectal, and Cardiology & Paediatrics. Eleven services are actively producing quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan.

The New Outpatient activity delivered by the Trust in August matched observed demand; the number of patients waiting to be seen for a first consultant led appointment remained stable in month but has increased by 5,500 over the first five months of the year. This trend is expected to slow significantly during the remainder of the year with plans to substantively deliver the additional activity now starting to be realised.

The Trust delivered the follow up plan in August (0%), and has eradicated the marginal YTD over-performance. There remain a number of large underperformances particularly within Physiotherapy (-2,837), Ophthalmology (-2,748), Rheumatology (-1,457) and Endocrinology (-1,249) continue to underperform the business plan. and The Physiotherapy service are reporting induction delays, a high vacancy rate and unusually high levels of maternity leave as the key drivers behind the underperformance, plans have been developed to recover the financial performance. There is a capacity shortfall within the Rheumatology service affecting the follow up position, this is being addressed with locum capacity in August and September and recruitment of an additional nurse, expected to commence in October 2017.

Despite a sizable and successful recruitment drive in Ophthalmology, not all of the new clinical team or technical support teams were in place by April 1st. In addition to this the service is no longer using the insourcing provider to deliver activity. It is expected that primary care providers will soon start to offer services for existing long term conditions Wet AMD and Glaucoma. In addition to the services detailed above a further eleven services have actively developed recovery plans as part of the grip and control recovery process.

In August the Trust achieved the Daycase plan by +2% which has generated a small YTD surplus +168. The Orthopaedic service remains the largest risk to delivery of the plan. A number of unavoidable recruitment delays combined with significant unplanned leave is driving an underperformance in activity. In addition to this, the service continues to lose capacity to short notice cancellations for Trauma and DNA's. Changes to the waiting list initiative payment has limited the services ability to recover the position with additional sessions in month, as such they have now developed long term plans to address the underperformance and deliver the full year plan.

Elective Admissions are 4% behind the plan in the YTD, with large underperformances observed in Orthopaedics, Cardiology, Gynaecology and ENT. The Trust is developing plans to secure additional theatre capacity to improve the position over the remainder of the year, although recovery plans would be dependent on access to acute beds, there is a significant risk the required beds will be taken for non-elective acute medical patients over the winter months. General Surgery Ambulatory care continues to perform well above planned levels.

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. From the 19th June 2017, the Trust invoked a business continuity plan which resulted in acute medical patients no longer being admitted at the Kent & Canterbury site.

Accident & Emergency activity was -3% below expected levels in August and continues to track within 2% of expected activity levels.

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

The Bed Occupancy of the Trust continued to be at challenging levels through August, with overall Trust wide bed occupancy around 92% (89.7% in July). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position has remained close to 94% throughout the month. However the William Harvey Hospital position has continued to show above-expected bed occupancy with a position in excess of 93% over the majority of the August.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During August the number of medical outliers increased slightly compared to July, with a monthly average of 56 medical outliers across the Trust (24 at QEQMH, 28 at WHH).

After the changes that occurred on the 19th June, the Trust has seen a changing picture of non-elective activity across the sites. Part of this has been the expected reduction in the number of admissions formerly seen at the K&CH site (now attending the Emergency Departments at QEQMH and WHH instead of the Urgent Care Centre at K&CH), as well as a further reduction in non-elective activity in excess of the levels expected. There has been an increase in emergency ambulatory care that has partially offset some of the activity reduction, but the overall figures remain below plan for the month of August. The Medical Division is continuing to review processes around recording of emergency ambulatory care, as well as patient flow through the acute medical model at the sites.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	3,715	4,532	-18%	-817
130 - Ophthalmology	7,245	7,577	-4%	-332
650 - Physiotherapy	4,589	4,892	-6%	-303
140 - Maxillo Facial	3,195	3,451	-7%	-256
300 - General Medicine	641	879	-27%	-238
107 - Vascular Surgery	979	1,193	-18%	-214
120 - Ear, Nose & Throat	4,834	5,047	-4%	-213
651 - Occupational Therapy	266	20	1220%	246
329 - TIA	572	295	94%	277
420 - Paediatrics	2,650	2,278	16%	372
Total	72,708	74,244	-2%	-1,536

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	8,459	9,592	-12%	-1,133
650 - Physiotherapy	8,032	8,809	-9%	-777
502 - Gynaecology	6,504	6,859	-5%	-355
320 - Cardiology	10,241	10,571	-3%	-330
328 - Stroke Medicine	334	625	-47%	-291
107 - Vascular Surgery	1,277	1,536	-17%	-259
300 - General Medicine	1,148	817	40%	331
655 - Orthoptics	1,317	905	46%	412
420 - Paediatrics	3,471	3,020	15%	451
100 - General Surgery	1,966	1,406	40%	560
Total	97,730	98,652	-1%	-922

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	14,677	15,460	-5%	-783
650 - Physiotherapy	5,730	6,180	-7%	-450
110 - Trauma & Orthopaedics	8,179	8,542	-4%	-363
328 - Stroke Medicine	387	650	-40%	-263
329 - TIA	369	573	-36%	-204
811 - Interventional Radiology	163	326	-50%	-163
107 - Vascular Surgery	639	462	38%	177
655 - Orthoptics	739	476	55%	263
800 - Clinical Oncology	4,991	4,673	7%	318
130 - Ophthalmology	5,257	3,955	33%	1,302
Total	68,977	68,373	1%	604

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	26,528	29,365	-10%	-2,837
130 - Ophthalmology	24,015	26,763	-10%	-2,748
410 - Rheumatology	5,930	7,387	-20%	-1,457
302 - Endocrinology	875	2,124	-59%	-1,249
110 - Trauma & Orthopaedics	14,133	15,099	-6%	-966
330 - Dermatology	9,207	10,059	-8%	-852
300 - General Medicine	2,078	995	109%	1,083
800 - Clinical Oncology	18,130	16,820	8%	1,310
290 - Community Paediatrics	9,294	7,323	27%	1,971
320 - Cardiology	10,066	7,231	39%	2,835
Total	203,580	207,279	-2%	-3,699

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,018	2,451	-18%	-433
410 - Rheumatology	581	767	-24%	-186
303 - Clinical Haematology	1,314	1,490	-12%	-176
330 - Dermatology	1,843	1,968	-6%	-125
120 - Ear, Nose & Throat	1,066	1,152	-7%	-86
101 - Urology	3,487	3,382	3%	105
502 - Gynaecology	937	808	16%	129
320 - Cardiology	1,342	1,189	13%	153
800 - Clinical Oncology	1,869	1,508	24%	361
300 - General Medicine	8,703	8,319	5%	384
Total	30,457	30,289	1%	168

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	1,814	2,988	-39%	-1,174
430 - HCOOP	4,647	5,178	-10%	-531
420 - Paediatrics	3,530	3,774	-6%	-244
300 - General Medicine	10,654	10,882	-2%	-228
100 - General Surgery	2,439	2,608	-6%	-169
101 - Urology	1,660	1,776	-7%	-116
422 - Neonatology	229	150	52%	79
501 - Obstetrics	2,047	1,948	5%	99
320 - Cardiology	902	784	15%	118
110 - Trauma & Orthopaedics	1,837	1,633	13%	204
Total	33,851	35,697	-5%	-1,846

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,330	1,499	-11%	-169
320 - Cardiology	159	308	-48%	-149
502 - Gynaecology	623	685	-9%	-62
120 - Ear, Nose & Throat	293	342	-14%	-49
420 - Paediatrics	81	123	-34%	-42
103 - Breast Surgery	181	220	-18%	-39
100 - General Surgery	375	333	13%	42
430 - HCOOP	74	30	149%	44
104 - Colorectal Surgery	235	171	38%	64
300 - General Medicine	613	415	48%	198
Total	6,154	6,443	-4%	-289

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	2180315	2222295	-2%	-41,980
Pre-Op	14365	16195	-11%	-1,830
A&E	89280	90885	-2%	-1,605
Other	23435	24664	-5%	-1,229
Chemotherapy	6011	6628	-9%	-617
Dialysis	34170	34534	-1%	-364
Maternity Pathway	5800	5740	1%	60
Critical Care	9146	9174	0%	-28

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

70.10%		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Green
	4 Hour Compliance	84.21%	79.30%	75.75%	74.25%	70.57%	75.94%	80.16%	76.93%	76.78%	78.15%	71.18%	70.10%	95%
12 Hour Trolley Waits	0	0	1	1	2	0	0	0	0	1	1	2	0	
Left without being seen	3.31%	3.85%	3.96%	4.35%	4.87%	3.53%	3.08%	3.82%	3.57%	3.62%	5.05%	4.52%	<5%	
Unplanned Reattenders	8.78%	8.58%	8.68%	8.98%	8.20%	8.62%	9.11%	8.48%	9.04%	9.45%	9.98%	9.19%	<5%	
Time to initial assessment (15 mins)	86.9%	79.5%	74.4%	78.5%	76.1%	76.4%	77.8%	77.9%	93.8%	93.9%	92.4%	92.3%	90%	
% Time to Treatment (60 Mins)	48.5%	40.9%	39.9%	39.9%	39.8%	40.8%	40.7%	39.4%	51.1%	51.6%	46.7%	46.1%	50%	

2017/18 Trajectory (NHSI Return 7th June 2017)

-16.89%		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
	Trajectory	75.0%	75.0%	80.0%	83.0%	87.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
Performance	76.9%	76.8%	78.2%	71.2%	70.1%									

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

August performance against the 4 hour target was 70.1%, against the NHS Improvement trajectory of 87.0%. This shows a decrease in performance compared to the previous month. There were two 12 Hour Trolley Waits reported in month. The number of patients who have left the department without being seen, decreased from last month at 5.05% to a compliant position of 4.52%. The Emergency Departments continue to experience peaks in activity from self-presenting and ambulance patients, particularly in the early evening.

The priority and focus for August has been to decongest the Emergency Departments to maintain safe patient care; to improve patient flow and to ensure that patients who require admission or who fit the criteria for an ambulatory pathway are able to transfer to the Medical Assessment Unit or an appropriate ward.

Actions that have been taken to improve patient flow across the whole emergency patient pathway include:

- Daily consultant led board rounds on medical wards
- Acute Physician led ambulatory service running from 08:00 – 20:00 Monday – Sunday.
- Acute Physician led Acute Medical Unit with daily specialist inreach from Gastroenterology, Respiratory, Cardiology and Geriatric medicine a minimum of 6 days per week.
- Acute Physician inreach in to the Emergency Department. Acute Physician led ambulatory service running from 08:00 – 20:00 Monday – Sunday.
- Acute Physician led Acute Medical Unit with daily specialist inreach from Gastroenterology, Respiratory, Cardiology and Geriatric medicine a minimum of 6 days per week.
- Acute Physician inreach in to the Emergency Department at 08:00 daily and within on going in reach throughout the day.

Acute medical services were transferred out of the Kent and Canterbury Hospital on 19 June 2017 under Business Continuity. Activity has largely been on plan and as predicted. Discussions have been on going with CCG's and external stakeholders regarding access to fast track care packages to enable patients who are delayed in hospital to be discharged; The lack of an Integrated Discharge Team therapist service in the evenings and weekends has resulted in patients being delayed in the Emergency Department awaiting assessment and may result in admission to hospital.

Medical staffing vacancies at Speciality Doctor (middle grade level) have increased due to an additional 3 doctors leaving to take up training posts within the UK. Ongoing recruitment has successfully recruited into all current speciality doctor vacancies. It is expected that 4 of these new doctors will arrive in September 2017 and more in the following few months. It does take several months for a new recruit to take up their post due to the length of time it takes for Visa applications to be completed.

The IR35 challenges have continued, particularly at QEQMH. In order to mitigate the risk due to gaps in the middle grade / speciality doctor rota a daily senior conference call has been implemented to monitor the rota, assess the clinical risk and escalation to the Divisional Director and Divisional Medical Director as appropriate.

The QEQMH has 8 junior doctor posts, 4 of which are GP trainees. All of the GP trainees posts are vacant from August and for the next 4 months.

Actions taken include:

- Continuing daily review of rotas at WHH and QEQMH to assess the depth of cover and skill mix to agree a sharing of staff across both sites.
- The Trust has employed GP's to work within the ED teams to provide ad hoc cover within their availability. The CCGs have also started to provide more regular weekend sessions at WHH during the weekend.
- Alternative specialities, i.e. Consultant Physicians have been 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.
- Additional recruitment for ED doctors via an agency is being taken forward supported by the Medical Director.

Ambulance Handover

Ambulance handover has been challenging over the past month, particularly at times when there are over 5 ambulances arriving within 30 minutes. The improvement plan continues to be a joint team effort from SECAMB and EKHUFT, with the monthly operational meetings in place. It is acknowledged by ED staff that it is a priority to off load patients from an ambulance as quickly as possible to enable the ambulance crews to be released back out to respond to further emergency calls.

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, however the risk has now increased at WHH due to 3 Doctors leaving in August.
- Continued high levels of activity, particularly in the evenings.
- Overcrowding in ED due to poor patient flow and lack of timely bed availability.
- Delays in mental health bed availability for adults.

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	
73.28 %													Green
62 day Treatments	71.50%	70.00%	72.77%	75.94%	60.61%	70.45%	77.30%	72.40%	70.19%	74.88%	70.33%	73.28%	>=85%
>104 day breaches	45	53	44	31	40	40	40	38	32	46	42	30	0
Demand: 2ww Refs	3,111	2,890	3,264	2,594	3,100	2,920	3,608	2,625	3,297	3,629	3,327	3,468	2990 - 3305
2ww Compliance	94.81%	96.62%	97.45%	96.49%	95.82%	96.08%	97.41%	93.59%	95.67%	96.80%	94.89%	95.51%	>=93%
Symptomatic Breast	95.31%	94.59%	96.43%	86.61%	97.27%	94.81%	93.57%	90.91%	90.71%	89.87%	83.97%	91.72%	>=93%
31 Day First Treatment	93.39%	96.10%	94.93%	95.79%	93.63%	96.96%	97.42%	95.68%	94.81%	96.11%	92.92%	96.64%	>=96%
31 Day Subsequent Surgery	92.59%	89.23%	89.09%	89.19%	82.22%	94.12%	90.24%	89.29%	92.00%	85.96%	87.27%	87.76%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	99.12%	98.39%	96.94%	95.77%	97.50%	97.06%	95.24%	97.62%	98.44%	95.16%	>=98%
62 Day Screening	93.94%	89.55%	96.23%	91.89%	91.67%	76.47%	89.23%	92.00%	95.00%	95.92%	86.44%	92.00%	>=90%
62 Day Upgrades	100.00%	80.00%	83.33%	70.73%	75.68%	92.59%	69.77%	66.67%	80.56%	75.00%	81.82%	76.47%	>=85%

2017/2018 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	
-10.12 %													Green
STF Trajectory	71.60%	66.60%	76.80%	80.90%	83.40%	85.90%	85.60%	85.80%	86.00%	86.00%	85.50%	87.00%	Sep
Performance	72.40%	70.19%	74.88%	70.33%	73.28%								Sep

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

Summary Performance

August performance is currently 73.28 % against the improvement trajectory of 83.40%, validation continues until the beginning of November in line with the national time table. The total number of patients on an active cancer pathway is 2,714; this is slightly higher than the previous month and predominately increased in the front part of the pathway (under 40 days). There are currently 30 patients waiting 104 days or more for treatment.

Risks to delivery of the standard:

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

Actions taken to mitigate risk and improve performance:

- Daily cancer huddle meetings have been implemented for Lung, Lower GI, Urology and Head and Neck with the focus on patients between day 40 upwards, to ensure all breaches are prevented as far as possible. We have seen a significant reduction in patients over 62 days and 104 days since this has been implemented and have prevented breaches since this process has been implemented.
- Meetings held with colorectal and urology MDT leads – agreement of processes to streamline the pathway has been completed and key actions are being taken forward with senior operational team and MDT leads.
- 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.
- The Information team have developed a daily report for radiology which focuses on patients that require diagnostics and their next key event milestone, with the aim for this to decrease.
- A webpage style PTL has been implemented with all tumour sites. This refreshes data every 30 minutes from Infloflex providing a real time position and validation for each tumour site. This has seen significant improvements within tumour sites in terms of actions being completed and patients being pushed through their pathways.

Strategic Theme: KPIs

18 Week Referral to Treatment Standard

Key Performance Indicators

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	
82.58 %													Green
Performance	85.11%	86.03%	85.79%	83.83%	83.79%	84.35%	85.40%	84.85%	85.82%	85.07%	83.61%	82.58%	>=92%
52w+	27	21	13	12	18	24	28	29	36	30	30	31	0
Waiting list Size	45,531	44,822	46,191	46,398	45,682	45,449	46,483	47,649	49,241	50,377	53,801	54,519	<38,938
Backlog Size	6,781	6,262	6,563	7,502	7,407	7,111	6,785	7,218	6,980	7,519	8,816	9,497	<2,178
Demand: PC Referrals	15,532	14,907	16,629	13,614	15,064	14,911	17,857	13,809	16,454	16,866	15,651	15,236	<15,484
Demand: Additions to IP WL	3,196	3,222	3,692	2,865	3,395	3,162	3,718	2,829	3,243	3,624	3,380	3,290	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

2017/2018 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	
-1.33 %													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%	85.82%	85.07%	83.61%	82.58%								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

August performance decreased to 82.58%. The Trust continues to be unable to provide enough activity to sustain waiting list sizes, despite specialities delivering their business plans. Waiting list size has again reached its highest point to date. Sustainable long terms plans to resolve capacity constraints and deliver RTT 2017/18 trajectory are planned to start and come in to effect from quarter two/quarter three.

The number of patients waiting over 52 weeks for first treatment has increased to 31. This is 4 above the trajectory submitted to NHSI General Surgery (15), Gynaecology (14), Urology (1) and ENT (1). A trajectory has been submitted to reduce the 52 week waits to 5 or less by March 2018 and then maintain this position.

Risks to delivery of the standard:

- Continued Increase in Orthopaedic & General Surgery waiting list additions.
- Higher than planned demand within business plan resulting in no flexibility within capacity in key specialities such as Orthopaedics, Dermatology, Maxillo Facial and Gynaecology.
- Recruitment constraints in services such as Neurology an Dermatology, 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.

- 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 (November 2017).
- Exploring opportunities to increase theatre base with semi-permanent solutions, to deliver a minimum of 8 additional theatre sessions per week (October/November 2017).
- Trajectory has been submitted to NHSI for reduction in patients waiting over 52 weeks

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.1%		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Green
	Performance	99.74%	99.91%	99.88%	99.72%	99.65%	99.67%	99.78%	99.06%	99.36%	99.46%	99.20%	99.14%	>=99%
	Waiting list Size	14,728	14,011	15,457	15,023	14,171	14,048	15,580	14,882	14,480	14,709	14,822	14,011	<14,000
	Waiting > 6 Week Breaches	39	12	19	42	49	46	35	140	92	80	119	120	<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%	99.36%	99.46%	99.20%	99.14%								Apr

Summary Performance

The standard has been met for August 17 with a compliance of 99.14%. The Trust is ranked 18th Regionally. As at the end of the month there were 120 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 94, 69 in Computed Tomography, 12 in Non-Obstetric ultrasound, 11 in DEXA scanning and 2 in MRI
- Cardiology: 20
- Gynaecology: 5
- Neurophysiology: 1

Performance Against National Standard

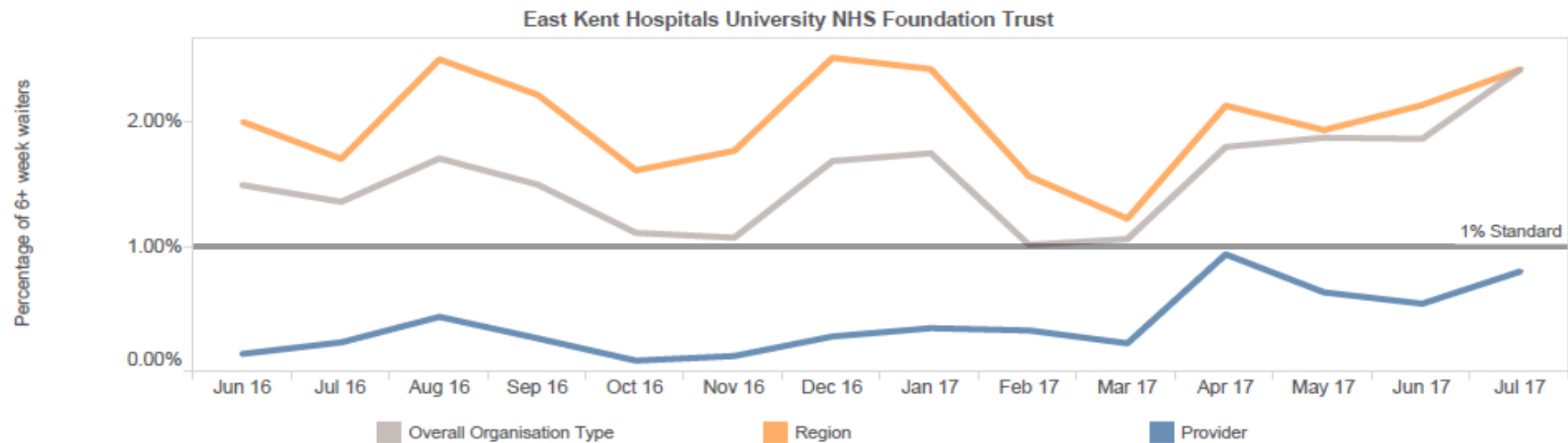


This dashboard shows the percentage of 6+ week waiters for the selected organisation type, region and provider against the 1% national standard. The table shows supporting information including the number of 6+ week waiters, total waiting list and percentage performance for the selected provider and associated regional and national percentage performance.

Select Organisation Type
NHS Trusts (NHSI)

Select Region
South

Select Provider
East Kent Hospitals University NHS Foundation Trust



	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
Provider Position (No. 6+ Weeks)	19	31	45	39	12	19	42	49	46	35	140	92	80	119
Provider Position (Total Waiting List)	13,533	13,321	10,269	14,728	14,009	15,455	14,981	14,122	14,002	15,545	14,870	14,480	14,707	14,803
Provider	0.14%	0.23%	0.44%	0.26%	0.09%	0.12%	0.28%	0.35%	0.33%	0.23%	0.94%	0.64%	0.54%	0.80%
Region	2.01%	1.71%	2.51%	2.23%	1.62%	1.77%	2.52%	2.43%	1.57%	1.23%	2.14%	1.94%	2.14%	2.43%
Overall Organisation Type	1.50%	1.36%	1.71%	1.50%	1.11%	1.08%	1.69%	1.76%	1.02%	1.06%	1.81%	1.88%	1.87%	2.43%

Risks to delivery of the standard:

- The demand is growing month on month in all modalities to deliver the diagnostic RTT (DMO1) (target 99%)
- Reporting in a timely way for each patient within all modalities remains a concern for the Division and patients are still waiting a long time for a report and outcome.
- The current number of backlog reports has deteriorated in month; as at the 12th September 2017 CT = 755 and MRI = 1961 total = 2716. (increase since 10th Aug CT 84, MRI = 1,029)
- This backlog risk is captured and reported on via the Divisional risk register and on the Corporate risk register. Recent datix and incidental findings in the backlog have been raised and are being investigated. These will be fully reported to patient safety, quality and governance boards

Actions taken to mitigate risk and sustain performance:

- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- The Division are working with third party companies to support additional reporting in close liaison with procurement.
- All equipment is monitored closely and regularly serviced to ensure we maximise capacity.
- Buying additional daily mobile CT and MRI from 3rd party providers to add in daily resilience
- Alerted the demand and growth in Ultrasound MSK to our Commissioners as untenable and sustainable position.
- We are trying to source specialist radiologists to help in key areas FNA, MSK and Vascular.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Replacement of the 2 MRI scanners is nearing completion which will help mitigate and release some capacity
- Daily oversight continues.

Strategic Theme: Finance

Finance

Aug	I&E £m	-39.0 (262.6%)		<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 = £6.3m deficit adjusted for "extra" CIPS</p>	★ ★ ★
Aug	Cash Balance £m	4.1 (-58.3%)		<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>	★ ★ ★
Aug	Total Cost £m	-50.2 (2.3%)		<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>	★ ★ ★
Aug	Forecast I&E £m	-19.0 (0.0%)		<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.



Aug

Normalised Forecast
£m

-19.0
(0.0%)

Comments:

The Trust's I&E deficit in August (month 5) was £2.5m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing and after technical adjustment) against a plan of £2.5m.

The year to date I&E deficit is £10.6m against a plan of £11m (£0.6m better than plan).

Pay costs in the month of £28.7m were £0.2m up on July and also £0.3m worse than plan. Permanent staff were the same as in July and overtime was unchanged, but bank increased by £0.1m and agency/locum staff by £0.2m. Temporary staff (agency, bank, locum, overtime) costs were 7% (£0.25m) higher than July at £3.9m. Waiting list payments continued to be depressed at £0.1m, a £0.1m decrease on July. Pay is now £1m better than plan year to date.

Clinical income was £1.1m (2.7%) better than plan in month and is £0.8m (0.4%) better than plan year to date. Other income is £0.3m (1.4%) worse than plan year to date so that total income is £0.5m (0.2%) better than plan year to date.

Against the £32m CIPS target, including income, £9.7m is reported year to date against a target of £9.4m, £0.3m better than plan. Of the reported position 20% is non recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of August was £4.1m. A new loan of £3.3m will be called down in September with a further £2.6m requested in October. STF of £1.9m has not yet been received for Q1.

Total risks net of opportunities of £10.5m have been identified. Risks relating to the settlement of 2016/17 outstanding items with the CCGs have reduced but this has been offset by higher risks relating to A&E performance.

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 Trust remains in Financial Special Measures.

Further analysis is being conducted on: agency spend in UCLTC; drugs spend year to date and clinical supplies spend in month; the impact on costs and income from the move of the K&C acute medical take; Spencer Wing I&E.

Health & Safety 1

Aug	Representation at H&S	<p>663 (8.5%)</p>		<p>% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Aug	RIDDOR Reports (Number)	<p>19 (18.8%)</p>		<p>RIDDOR reports sent to HSE each month.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Aug	Formal Notices			<p>Formal notices from HSE (Improvement Notices, Prohibition Notices).</p> <p>Number indicates sum of last 12 months data (as shown in graph).</p>	
Aug	Health & Safety Training	<p>2473 (408.8%)</p>		<p>H&S Training includes all H&S and risk avoidance training including manual handling</p>	

Comments: Attendance at H&S committee's increased in August which maintained attendance across sites and departments/divisions at amber.

There are 3 RIDDOR to report this month. Two relate to staff injuries from manual handling and one relates to a repetitive injury.

The provision of H&S training increased to its highest level in August. Additionally the H&S team are looking at increasing face to face fire training to staff in general, this would be in addition to the face to face training provided to fire marshals and nominated fire officers (NOF)

Health & Safety 2

Aug	Accidents	315 (-28.9%)		<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>	
Aug	Fire Incidents	133 (4.7%)		<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>	
Aug	Violence & Aggression	419 (13.2%)		<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>	
Aug	Sharps	176 (12.1%)		<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 increased in August, whilst staying in Green overall.

The number of Fire incidents increased in August. The H&S committee have discussed focusing more efforts on supporting the Trust residencies and student induction as this group represents a significant % of false alarms.

Violence & Aggression decreased slightly as did the number of sharps incidents, which returned this metric to green.

Strategic Theme: Use of Resources

Pay Independent

Aug	Payroll Pay £m	-26.3 (0.5%)		Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ★
Aug	Agency Spend £m	-2.2 (4.8%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ☆
Aug	Additional sessions £k	-96 (-48.5%)		Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ☆
Aug	Independent Sector £k	-607 (-10.0%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ☆

Comments: Pay performance is favourable to plan ytd by £1m. Total expenditure on pay in July was £28.7m, an increase in spend of £0.2m when compared to July. Expenditure on permanent staff was similar to July as was overtime. Additional session costs reduced by £0.1m. Temporary staff (agency, bank, locum, overtime) costs were 7% (£0.25m) higher than July at £3.9m. Independent sector spend was £0.6m in month, £0.1m below July, and included £0.3m of H&SCV beds. Year to date spend on H&SCV beds is £1.5n offset by income.

Strategic Theme: Use of Resources

Balance Sheet









Aug	CIPS £m	<div style="font-size: 2em; font-weight: bold;">28.5</div> <div style="font-size: 1.2em;">(-1.6%)</div>		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.	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Aug	Cash borrowings £m	<div style="font-size: 2em; font-weight: bold;">16.1</div> <div style="font-size: 1.2em;">(179.4%)</div>		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Aug	Capital position £m	<div style="font-size: 2em; font-weight: bold;">-76.8</div> <div style="font-size: 1.2em;">(20.3%)</div>		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.	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>

Comments: Against the £32m CIPS target, including income, £9.7m is reported year to date against a target of £9.4m, £0.3m better than plan. Of the reported position 20% is non recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of August was £4.1m. A new loan of £3.3m will be called down in September with a further £2.6m requested in October. STF of £1.9m has not yet been received for Q1.

Strategic Theme: Use of Resources

Productivity

Aug	Clinical Productivity: Theatres 0.0		Clinical Productivity graph: theatre sessions v plan.	  
Aug	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 . The CIPs Plan is net of the cost of delivery. CIPs achieved in M04 were £2.3m against a plan of £2.3m. Achievement for the Year to Date £7.5m against plan of £7.0m. The net target for the year is £32m. The major areas of CIP achievement in M04 were Divisional schemes £0.7m, Patient Flow £0.2m, Procurement £0.2m and Central £0.3m offset by shortfalls in agency (£0.2m). CIPs in July amounted to £2.0m recurrent and £0.3m on a non-recurrent basis. Year to date £6.0m recurrent and £1.5m non-recurrently.

Strategic Theme: Improvement Journey

		Apr	May	Jun	Jul	Aug	
MD01 - End Of Life	Lost Days (Fast Track)	19	16	12	13	10	
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	76.93	76.78	78.15	71.18	70.10	>= 95
	ED - 1hr Clinician Seen (%)	5	4	18	38	57	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	15	15	13	13	13	>= 35
	Medical Outliers	57	61	47	54	59	
	Lost Days (Non-EKHUFT)	70	81	61	52	54	
	DToCs (Average per Day)	49	62	47	40	43	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	72.40	70.19	74.88	70.33	73.28	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	30	28	31	31	31	< 28
	Staff Turnover (Midwifery)	13	13	13	13	14	<= 10
	Vacancy (Midwifery) %	7	7	7	7	8	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	12.9	12.9	12.6	12.6	13.7	<= 10
	Vacancy (%)	11.4	11.7	11.5	11.0	12.5	<= 7
	Staff Turnover (Nursing)	13	13	13	13	14	<= 10
	Vacancy (Nursing) %	12	13	12	12	13	<= 7
	Vacancy (Medical) %	13	12	14	13	21	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	84.9	81.1	75.8	78.3	79.4	>= 90
	Statutory Training (%)	89	89	89	89	89	>= 85
	Local Induction Compliance %	16.3	20.8	23.5	28.8		>= 85
KF01 - Complaints	Complaint Response in Timescales %	86	86	79	79	83	>= 85
	Complaint Response within 30 days %	13	25	12	23	49	>= 85

KF02 - Workforce & Culture	Staff FFT - Work (%)	52	52	52	52	52	>= 60
	Staff FFT - Treatment (%)	77	77	77	77	77	>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)	86	86	90	88		>=95
	Pharm: Fridge Temps (%)	80	82	86	83		>= 100
	Pharm: Drug Trolleys Locked (%)	99	99	100	100		>= 90
	Pharm: Resus. Trolley Check (%)	84	85	85	86		>= 90
	Pharm: Drug Cupboards Locked (%)	89	89	93	89		>= 90

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 Paediatric beds and activity.	<= 92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	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. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 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. This is a rolling twelve month figure.	< 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. This is a rolling twelve month figure.	< 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 %) against the previous 12 months.	>= 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 referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed. The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
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 = £6.3m deficit adjusted for "extra" CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %

Health & Safety

Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
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 previous 12 months.	<= 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 indicates average of last 12 months data together with variance against the previous 12 months.	>= 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. Arrow indicates average of last 12 months data.	>= 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.		

Incidents	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 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 12 months.	< 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 variance (shown in direction of arrow and %) against previous 12 months.	< 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	

Infection	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1	
	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
	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 (Charlson index). Arrow indicates average of last 12 months data.	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	< 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 reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data.	< 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 %
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

Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	
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	
Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	

Patient Experience

Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
Discuss Worries with support %	Discuss Worries with support	>= 89	
FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 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 of arrow and %) against the previous 12 months.	>= 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 months.	>= 15	1 %
Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	

Productivity

BADS	British Association of Day Surgery (BADs) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, speciality and case mix.	>= 100	10 %
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Productivity

eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
Non-Clinical Canx Breaches (%)	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 patients on incomplete pathways at the end of the period.	>= 92	100 %

Staffing

Agency %	% of temporary staff who work via agency Number indicates average of last 12 months data (as shown in graph).	<= 10	
Agency & Locum Spend	Total agency spend including NHSP spend		
Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (Staffflow) against the total number of hours worked by agency staff		
Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available.		

Staffing

Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. 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 Midwives budget codes.	< 28	2 %
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
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 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 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 medical staff, any staff with grade codes beginning MN or MT		
Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 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 the previous 12 months.	<= 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 the previous 12 months.	<= 10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Temp Staff (WTE)	WTE Count of Temporary Staff Used	< 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 (WTE)		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	
Statutory Training (%)	The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %


Use of Resources

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 with % variance against the last month reported.	< 0
Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0

Data Assurance Stars

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

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

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

Patient Safety Heatmap - AUGUST 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 Aware of Nurse in each shift % Privacy for discussions with Nurses % Discuss Worries with Nurses % FFT: Response Rate (%) FFT: Recommend (%) FFT: Not Recommend (%) Employed vs Temporary Staff (%) Shifts Filled - Day (%) Shifts Filled - Night (%) Care Hours Per Patient Day (CHPPD)

KCH - Kent & Canterbury

Specialist

KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	23	50	50	50	84	100	0.0	94.4	88	100	15
MARL - MARLOWE WARD	100.0	1	5	0	0	0	0	33	50	50	26	100	0.0	87.8	99	102	9

Surgical

CLKE - CLARKE WARD	100.0	3	2	0	0	0	1	NULL	NULL	NULL	29	98	1.1	89.8	81	85	6
KENT - KENT WARD	95.0	3	4	0	0	0	0	100	100	100	23	100	0.0	99.2	94	91	10
KITU - KCH ITU	100.0	0	0	0	0	0	62	N/A	N/A	N/A	N/A	N/A	N/A	93.5	84	96	25

Urgent Care

HARB - HARBLEDOWN WARD	95.2	2	6	0	0	0	6	100	100	100	18	100	0.0	89.3	106	120	8
INV - INVICTA WARD	100.0	0	8	0	0	1	0	NULL	NULL	NULL	0	NULL	NULL	84.1	85	126	6
KCDU - EMERGENCY CARE CENTRE	NULL	0	0	0	0	0	2	100	100	100	20	93	4.3	91.9	30	27	79
KING - KINGSTON WARD	100.0	3	7	0	0	0	0	33	33	50	43	100	0.0	82.3	89	129	8
KNRU - EAST KENT NEURO REHAB UNIT	100.0	1	6	0	0	0	0	33	100	50	29	100	0.0	81.3	92	147	6
MTMC - MOUNT/MCMMASTER WARD	100.0	0	7	0	0	0	0	50	50	100	9	80	0.0	79.4	93	132	7
TREB - TREBLE WARD	87.5	0	2	0	0	0	0	100	100	100	16	100	0.0	76.8	89	122	8

QEH - Queen Elizabeth Queen Mother

Specialist

BIR - BIRCHINGTON WARD	100.0	0	2	0	0	1	0	33	100	100	0	NULL	NULL	91.7	92	99	8
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	92.5	88	81	20
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	12	N/A	N/A	N/A	N/A	N/A	N/A	84.6	94	100	12
RAI - RAINBOW WARD	100.0	0	0	0	0	1	0	N/A	N/A	N/A	46	97	0.0	90.0	103	112	16

Surgical

BIS - BISHOPSTONE WARD	100.0	0	4	0	0	0	1	NULL	NULL	NULL	36	95	0.0	84.9	98	112	7
CSF - CHEERFUL SPARROWS FEMALE	100.0	1	1	0	0	1	35	33	33	50	39	100	0.0	78.3	91	88	7
CSM - CHEERFUL SPARROWS MALE	100.0	1	5	0	1	1	38	50	50	50	52	95	2.3	100.2	87	84	8
QITU - QEH ITU	100.0	0	0	0	0	0	27	N/A	N/A	N/A	N/A	N/A	N/A	90.0	91	111	25

KEY

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	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
QX - QUEX WARD	100.0	1	3	0	0	0	1	33	50	50	80	100	0.0	93.3	87	98	6
SB - SEA BATHING WARD	82.6	0	0	0	0	0	0	100	100	100	33	100	0.0	82.6	83	94	6
Urgent Care																	
DEAL - DEAL WARD	100.0	1	5	0	0	0	0	33	50	50	12	86	14.3	82.3	99	149	6
FRD - FORDWICH WARD STROKE UNIT	100.0	0	4	0	0	0	1	NULL	NULL	NULL	35	100	0.0	89.4	115	125	9
MW - MINSTER WARD	100.0	1	6	0	0	0	22	NULL	NULL	NULL	28	94	0.0	76.7	93	99	6
QCCU - QEH CCU	100.0	0	0	0	0	0	6	100	100	100	51	100	0.0	93.3	99	92	8
QCDU - QEH CDU	100.0	0	0	0	0	0	8	50	100	50	21	87	6.9	88.9	116	162	12
SAN - SANDWICH BAY WARD	95.2	0	2	0	0	0	0	33	50	33	32	100	0.0	94.0	156	158	8
SAU - ST AUGUSTINES WARD	100.0	0	4	0	0	0	0	100	100	100	N/A	N/A	N/A	84.7	111	123	5
STM - ST MARGARETS WARD	100.0	1	3	0	0	1	0	NULL	NULL	NULL	12	100	0.0	92.4	122	142	7
WHH - William Harvey																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	0	0	33	33	50	N/A	N/A	N/A	90.2	82	73	16
KEN - KENNINGTON WARD	100.0	0	1	0	0	0	0	33	50	50	16	100	0.0	79.7	81	95	8
PAD - PADUA	100.0	0	0	0	0	0	0	N/A	N/A	N/A	13	100	0.0	89.7	87	85	11
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	0	62	N/A	N/A	N/A	N/A	N/A	N/A	94.4	102	103	14
Surgical																	
ITU - WHH ITU	100.0	0	0	3	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	103.6	136	134	29
KA2 - KINGS A2	100.0	1	1	0	0	1	72	33	33	50	51	88	4.9	91.7	102	116	6
KB - KINGS B	96.0	0	1	0	0	0	114	33	33	33	46	94	0.0	87.5	92	101	5
KC - KINGS C1	100.0	2	6	0	0	0	0	50	50	50	68	100	0.0	87.4	104	101	5
KC2 - KINGS C2	100.0	1	4	0	0	1	86	50	50	100	65	100	0.0	82.7	84	100	6
KDF - KINGS D FEMALE	100.0	1	3	0	0	0	1	33	25	50	51	97	0.0	90.2	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	3	6	0	0	0	0	33	25	33	35	94	0.0	N/A	105	113	11
RW - ROTARY WARD	100.0	0	2	0	0	0	49	33	33	50	37	100	0.0	88.7	107	113	9
Urgent Care																	
CCU - CCU	NULL	0	0	0	0	0	1	50	50	100	86	100	0.0	96.9	NULL	NULL	0
CJ2 - CAMBRIDGE J2	96.0	0	0	0	0	0	7	50	33	33	113	99	0.0	74.6	81	89	9
CK - CAMBRIDGE K	100.0	0	0	0	0	0	0	NULL	NULL	NULL	45	100	0.0	89.5	114	93	9

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CL - CAMBRIDGE L REHABILITATION	100.0	4	6	0	0	3	0	33	33	50	54	88	4.2	101.4	101	135	7
CM1 - CAMBRIDGE M1 SHORT STAY	88.9	4	2	0	0	0	0	33	50	100	11	100	0.0	68.7	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	2	4	0	0	0	0	33	50	50	50	100	0.0	94.3	109	126	7
OXF - OXFORD	100.0	1	3	0	0	0	1	NULL	NULL	NULL	31	90	0.0	93.2	105	119	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	95.7	4	7	0	0	0	0	50	100	100	49	93	4.9	73.7	107	114	8
WCDM - WHH CDU MIXED	100.0	0	0	0	0	0	0	33	50	33	21	83	7.5	72.7	96	106	13

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Appraisal Rate (%)	81.1	68.4	64.4	81.8	44.3	79.2	61.3	84.7	81.1
Employed vs Temporary Staff (%)	85.2	85.6	90.1	87.7	88.0	91.1	86.2	91.0	84.0
Sickness (%)	3.7	2.7	1.8	4.4	2.3	4.0	3.3	4.3	3.9
Staff Turnover (%)	14.8	22.2	7.3	18.2	18.2	13.3	8.0	12.1	15.2
Statutory Training (%)	91	84	96	93	81	90	93	87	89
Total Staff In Post (SiP)	1428	73	124	118	94	1320	321	1735	1613
Vacancy (%)	14.8	16.5	9.9	12.4	12.0	8.9	13.8	9.0	16.3