East Kent Hospitals University NHS
NHS Foundation Trust

DECEMBER 2016

INTEGRATED PERFORMANCE REPORT

East Kent Hospitals University NHS
NHS Foundation Trust

Chief Executive's Summary

As reported previously, the Trust was re-inspected by the CQC in September 2016 and reports were published in December 2016. The CQC held a Quality Summit on 12 January. This was attended by the Chair of Health Overview Scrutiny Committee, NHS Improvement (NHSI), NHS England, Healthwatch, Kent county Council, Kent Community Health Trust and East Kent Hospitals Trust. The CQC presented its findings, the Trust gave an update on further improvements it had made since the re inspection and NHSI led a discussion about the next steps, which focussed on partnership working.

The Trust now has no "red" inadequate scores and Sir Mike Richards, England's Chief Inspector of Hospitals, has recommended that the Trust be taken out of special measures as a result of "further significant improvements" for local patients.

NHS Improvement will make the final decision about whether the Trust will come out of special measures. The regulator's decision is expected at the end of February.

The Trust has seen continued improvement in the 62 day GP cancer referral target since August, although still under target. There has also been a marginal increase in Cancer 31 day (diagnosis to treatment) which is now reporting nearly at target.

The 4 hour target continues to be an area of significant challenge for the Trust, with performance reducing further in December to 74.23% compared to 75.76% in November 2016.

As reported previously, this performance has been driven by continued pressure on the whole system and reduced patient flow and increased attendances especially of elderly patients with complex needs. Internal and external focus continues to improve processes to ensure rapid support to patients and support to staff.

Referral to treatment (18 weeks) performance has reduced further to 83.83% in December from 85.79% in November 2016. This is due to reduced elective activity as a result of emergency pressures. Work is underway to address these issues.

The Trust continues to deliver well on the safety metrics: an increase in the compliments to complaints ratio compared to the previous month; further improvement in complaint response times; improved inpatient satisfaction across every metric; and a reported improvement in harm free care.

With regard to infection control, there was one (unassigned and not reported) case of MRSA bacteraemia reported in December and five (unrelated) cases of post 72 hours C.difficle. Although, the latter is at the top end of our trajectory and remains a cause for concern and therefore real focus.

The outbreak of carbepenmase-resistant Klebsiella pneumonia reported last month continues to be managed and all contacts who responded were found to be negative. Contract tracing also continues following the late diagnosis of pulmonary TB in a patient on ITU at William Harvey Hospital. Patient risk is considered to be minimal.

The Trust?'s monthly I&E deficit reported at £2.5m in December 2016 compared to £ 1.3m in November 2016. This is in line with forecast trajectory through to year end driven by income being £2.8m lower in month linked to the reduced working days in December.

The year to date I&E deficit stands at £16.5m with STF income of £4m relating to Q1 having been received. No further STF is expected.

Pay costs in the month of £28.2m included agency and locum costs of £2.2m which now stand at £20.4m for the year to date against the ceiling trajectory of £18.8m. Spend reduced by £0.4m in December through staff taking leave and fewer working days. Of the December agency spend, 70% related to medical staff. The agency spend is forecast to rise again in Q4.

Total income was £46.9m in month 9. Use of the independent sector increased for the fourth consecutive month to £1.2m driven by Ophthalmology, Endoscopy and Orthopaedics. Against the initial £20m CIPS target, including income, for the year to date £11.7m has been delivered against a target of £13.6m.

The Trust has put in place a set of measures following the board meeting designed to secure the year end forecast but has been experiencing, in common with the majority of acute trusts,

extreme operational demand-led pressures, with high levels of occupancy, poor flow and an increase in cancelled operations. A more likely year end position is a deficit of £23m rather than the stretch target of £19m although work will continue to ensure the best possible financial position is delivered.

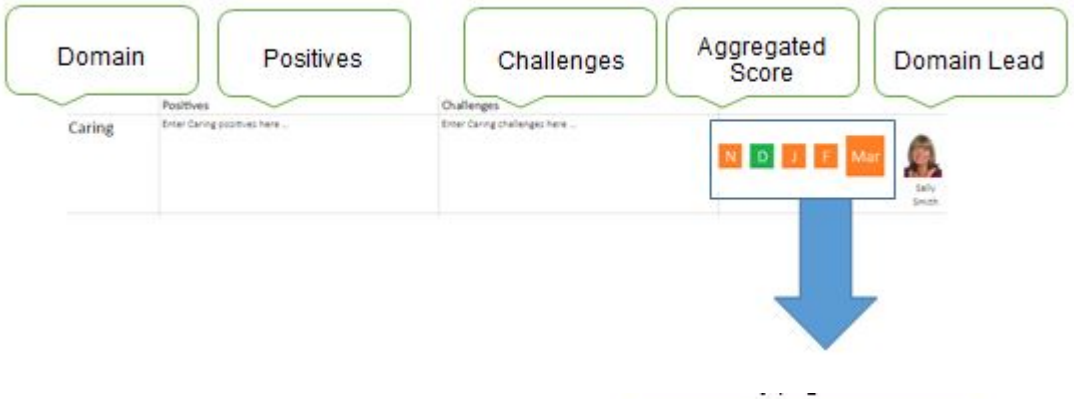
The Q4 position must be a substantial improvement on the year to date performance if forecast position is to be achieved.

NHSI continues to provide intensive support and challenge to the Trust to deliver our 2016/17 financial plan and to develop and implement a financial plan which delivers the 2017/18 and 208/19 control totals and takes the trust to a sustainable financial operating model. This work will continue and remains a top priority for the organisation linked to our work on the improvement journey and special measures.

East Kent Hospitals University NHS
NHS Foundation Trust

Understanding the IPR

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

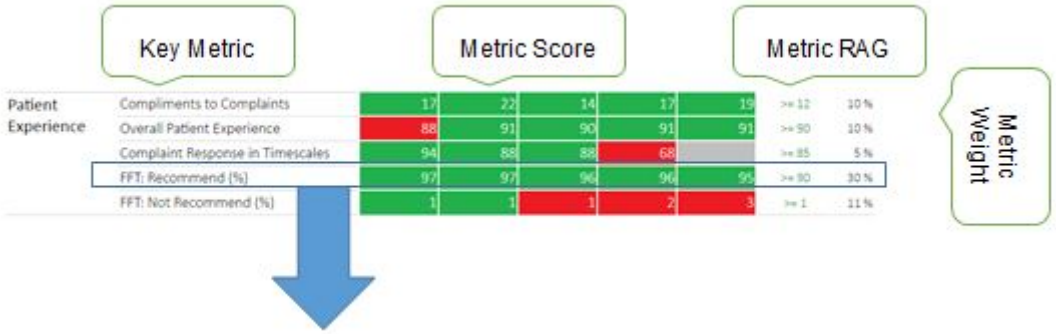


2 **Domain Metrics**: Each domain will have two pages; one showing overall aggregated scores split by sub-domain and another showing a selection of key metrics which help form the sub-domain aggregated metric scores. The first page indicates the sub-domain weighting % which is used to calculate the overall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

East Kent Hospitals University NHS
NHS Foundation Trust

Understanding the IPR

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



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

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

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Priorities

East Kent Hospitals University NHS
NHS Foundation Trust

Contents

East Kent Hospitals University NHS
NHS Foundation Trust

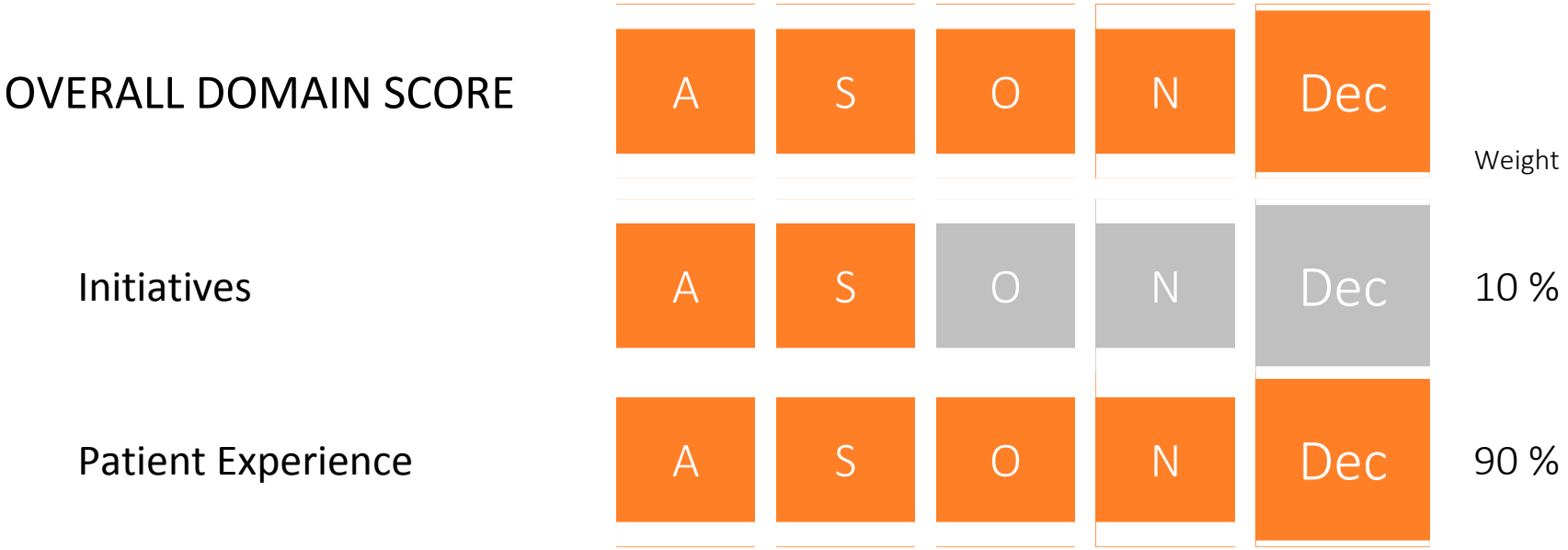
Headlines

	Positives	Challenges	
Caring	• Increase in compliment to complaint ratio compared to last month • December has returned an improved overall inpatient satisfaction with care across every metric, in particular with respect and dignity • We are reporting this month a further improvement in complaint response times	• The number of mixed sex breaches has increased this month. This is a reflection of the operational winter pressures experienced in December • Although the percentage of patients who would not recommend the Trust remains better than this time last year, December did show an increase in this domain	A S O N Dec  Sally Smith
Effective	• Elective and non-elective readmissions have not changed significantly which is encouraging when there is so much pressure on the whole system. • Did not attend rates over the Christmas period have increased slightly for first appointments and reduced slightly for follow up appointments. • On time starts in theatre have improved slightly.	• Bed occupancy remains well above 100% in December which shows the significant pressure our acute hospitals have been under. A great deal of hard work resulted in a fall in bed occupancy immediately prior to Christmas yet this was short lived. • Discharges before midday and delayed transfers of care have not improved again highlighting the pressure in the whole system and our patients staying longer than they should in an acute bed once they are ready for discharge.	A S O N Dec  Jane Ely
Responsive	• There has been further improvement in performance of Cancer 62 day (GP Ref) since August at 76.15 % although still under target. there has been a marginal increase in performance for Cancer 31 day(diagnosis – treat) from 94.93 to 95.25%, nearly at target of >96 There has also been a marginal increase for Cancer 31 day (2nd treat – surgical) from 89.09 to 91.18% • Patients waiting more than 52 weeks on an elective pathway have reduced further to 12 in total. • We continue to meet the diagnostic standard with 99.72% of patients receiving their test within 6 weeks of referral.	• The emergency A&E 4 hour standard has deteriorated further to 74.23% and reflects the pressure on the department with increased attendances especially of elderly patients that have complex needs. Maintaining safety in the department and across the whole hospital sites is our main focus. Patients are delayed when we are unable to move them to a bed in the hospital. This requires on going commitment internally and externally to improve our processes so that there is rapid support for patients to return to their own home or to a safe bed in the community • Cancer 2ww (Breast) performance dropped by nearly 10% reflective of patients delaying their appointments over the festive period. • RTT - 18 weeks performance has reduced further to 83.83%, due to reduced elective activity as a result on emergency pressures.	A S O N Dec  Jane Ely

Safe	• December has reported an improvement in harm free care • This month we have seen a reduction in the falls rate compared to this time last year, and although above target, our falls rate has improved across all three sites and is better than the national average	• December reported an increase in category 2 pressure ulcers and one category three ulcer • On the heatmap the medical wards at William Harvey Hospital are flagging with regard to harm free care	A S O N Dec	 Paul Stevens
Well Led	• Reduction in agency spend in month by £0.4m to £2.2m • Vacancy levels flat (10.1%) • Reducing sickness rates (3.5%)	• Increase in I&E position in month to £2.5m • Income lower by £2.8m (as forecast) • Cash balance at lowest level this year (£2.5m) • Financial position through to year end • Increase in RIDDOR reports (3) • Small reduction in nursing shifts filled (97% day, 106% night)	A S O N Dec	 Matthew Kershaw

East Kent Hospitals University NHS
NHS Foundation Trust

Caring



East Kent Hospitals University NHS
NHS Foundation Trust

Caring

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Initiatives	Staff Health & Wellbeing CQUIN	100	100				>= 100	20 %
	Sepsis CQUIN Delivered %	90	90				>= 100	20 %
	Antimicrobial Resistance &	100	100				>= 100	20 %
	End of Life Pathway CQUIN Delivered	90	90				>= 100	20 %
	Patient Flow CQUIN Delivered %	100	90				>= 100	20 %
Patient Experience	Compliments to Complaints (#/1)	15	20	21	16	46	>= 12	10 %
	Mixed Sex Breaches	45	70	51	10	87	1	10 %
	Overall Patient Experience %	92	91	90	92	94	>= 90	10 %
	Complaint Response in Timescales %	97	92	94	94	97	>= 85	5 %
	FFT: Recommend (%)	97	97	97	97	95	>= 90	30 %
	FFT: Not Recommend (%)	1.1	1.5	1.3	1.3	2.1	>= 1	10 %

East Kent Hospitals University NHS
NHS Foundation Trust

Effective

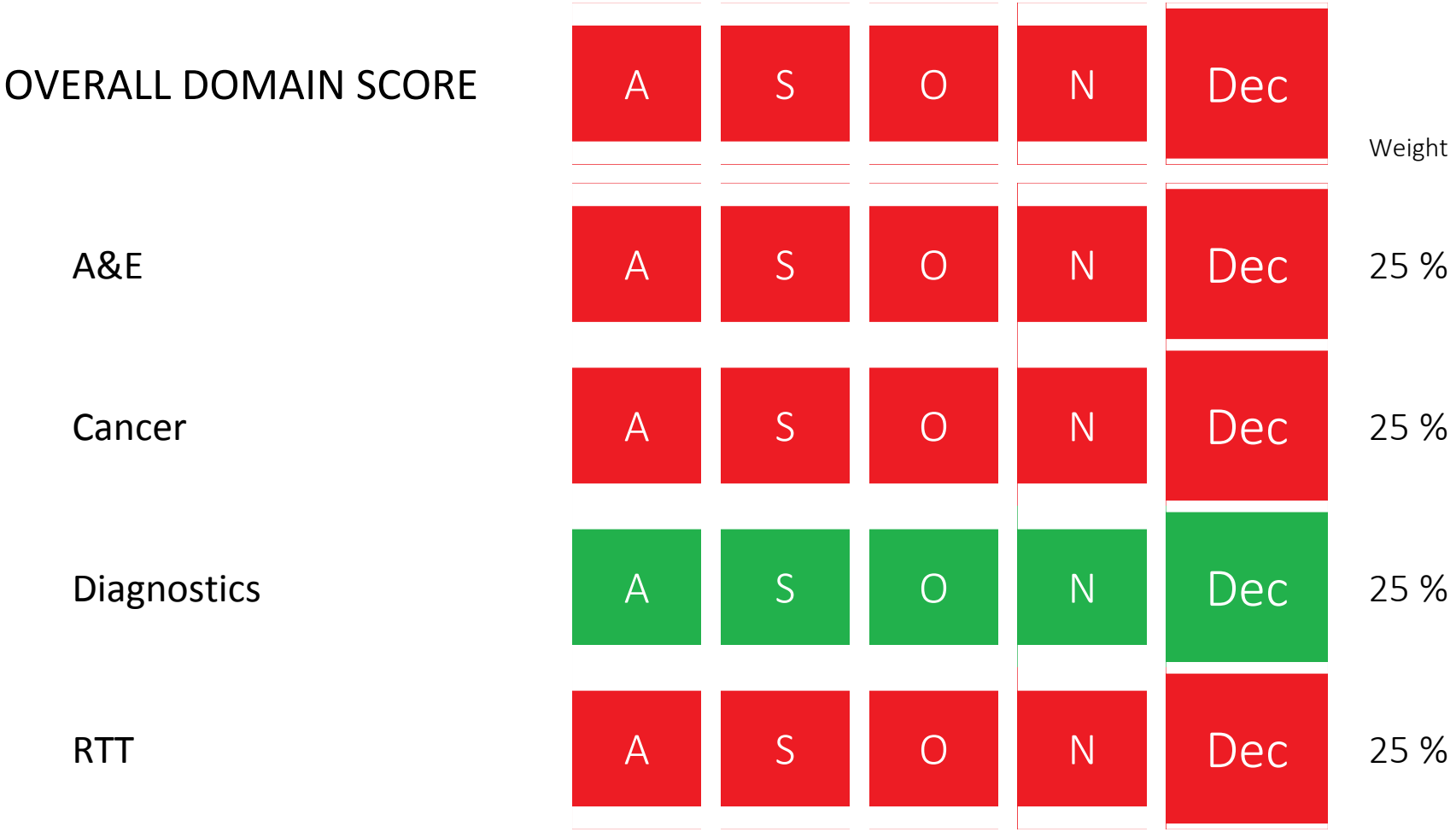
East Kent Hospitals University NHS
NHS Foundation Trust

Effective

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Beds	Bed Occupancy (%)	99	101	101	102	101	<= 90	60 %
	IP - Discharges Before Midday (%)	15	14	15	15	14	>= 35	10 %
	DToCs (Average per Day)	58	53	61	57	50	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3	3	3	3	3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16	17	17	16	16	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	97	97	95	94	93	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	8.0	7.6	7.4	7.1	7.8	< 7	
	DNA Rate: Fup %	7.1	6.9	6.6	6.3	7.5	< 7	
	New:FUp Ratio (1:#)	0.7	0.7	0.7	0.7	0.6		
Productivity	LoS: Elective (Days)	3.1	3.0	3.0	2.8	3.1		
	LoS: Non-Elective (Days)	6.0	6.1	6.1	6.5	6.2		
	Theatres: Session Utilisation (%)	83	80	82	81	80	>= 85	25 %
	Theatres: On Time Start (% 30min)	78	75	77	78	80	>= 90	10 %
	Non-Clinical Cancellations (%)	1.1	1.2	1.7	1.5	1.1	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	17	10	7	6	5	< 5	10 %
	EME PPE Compliance %	83	82	82	79	76	>= 90	20 %

East Kent Hospitals University NHS
NHS Foundation Trust

Responsive



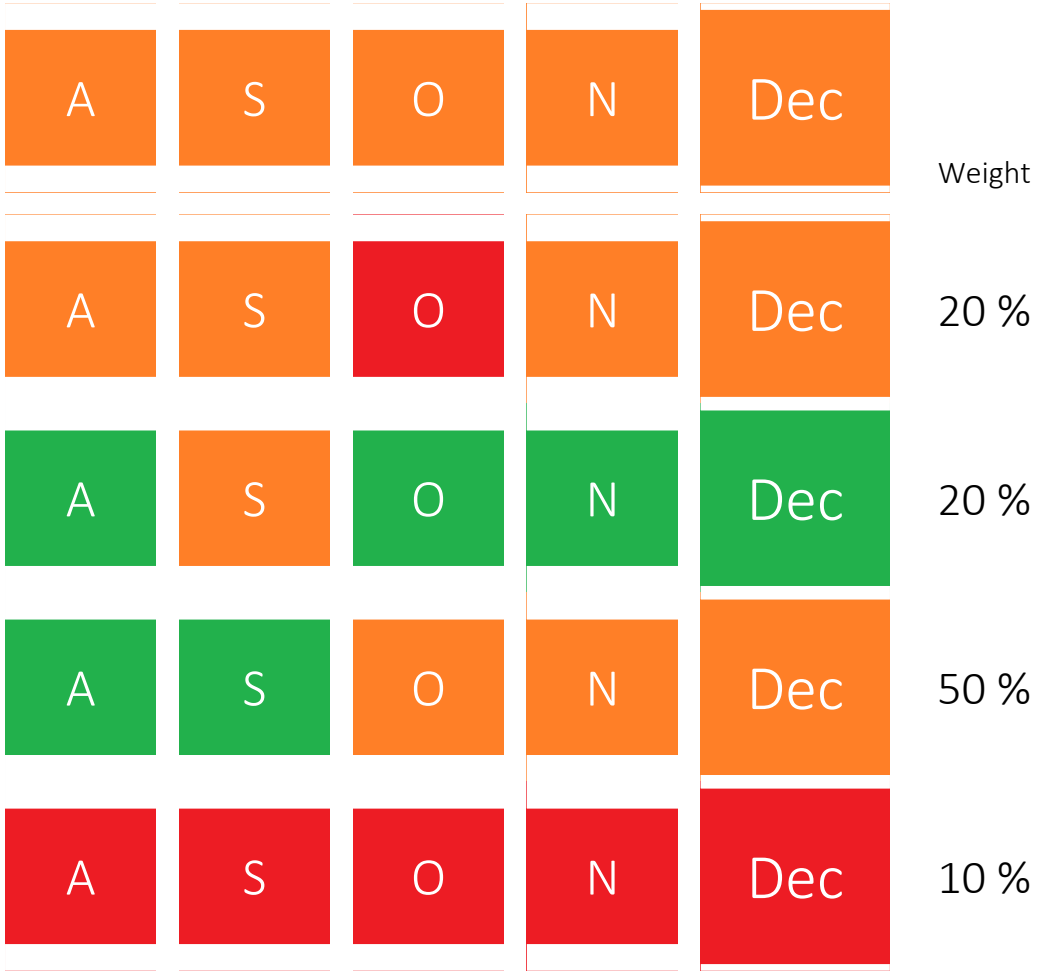
East Kent Hospitals University NHS
NHS Foundation Trust

Responsive

		Aug	Sep	Oct	Nov	Dec	Green	Weight
A&E	ED - 4hr Compliance (%)	82.24	84.29	79.35	75.76	74.23	>= 95	100 %
Cancer	Cancer: 2ww (All) %	94.77	94.81	97.21	97.45	96.30	>= 93	10 %
	Cancer: 2ww (Breast) %	93.22	95.31	94.59	96.43	86.61	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	93.64	93.39	96.10	94.93	95.25	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	90.38	92.59	89.23	89.09	91.18	>= 94	5 %
	Cancer: 31d (Drug) %	98.88	100.00	100.00	99.12	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	74.58	71.50	70.00	72.77	76.15	>= 85	50 %
	Cancer: 62d (Screening Ref) %	87.50	93.94	89.55	96.23	91.43	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	85.71	100.00	80.00	83.33	74.36	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.56	99.74	99.91	99.88	99.72	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	99.66	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	99.65	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	85.52	85.11	86.03	85.79	83.83	>= 92	100 %
	RTT: 52 Week Waits (Number)	20	27	21	13	12	< 1	

East Kent Hospitals University NHS
NHS Foundation Trust

Safe



East Kent Hospitals University NHS
NHS Foundation Trust

Safe

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Incidents	Serious Incidents (STEIS)	5	8	6	4	6		
	Harm Free Care: New Harms (%)	98.0	97.7	97.9	98.1	98.4	>= 98	20 %
	Falls (per 1,000 bed days)	5.50	5.52	5.76	6.62	6.27	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.25	0.31	0.24	0.24	0.39	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,307	1,392	1,375	1,391	1,237		
Infection	Cases of C.Diff (Cumulative)	19	21	27	30	35	<= Traj	40 %
	Cases of MRSA (per month)	0	1	0	0	0	< 1	40 %
Mortality	HSMR (Index)	82	82				< 90	35 %
	Crude Mortality EL (per 1,000)	0.4	0.3	0.3	0.0	0.4	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	30	27	32	31	37	< 27.1	10 %
	RAMI (Index)	82	83				< 87.45	30 %
Observations	VTE: Risk Assessment %	88	91	90	91	89	>= 95	20 %

East Kent Hospitals University NHS
NHS Foundation Trust

Well Led

East Kent Hospitals University NHS
NHS Foundation Trust

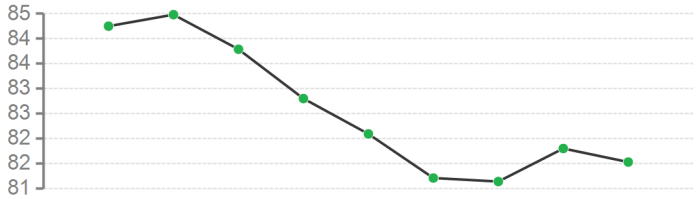
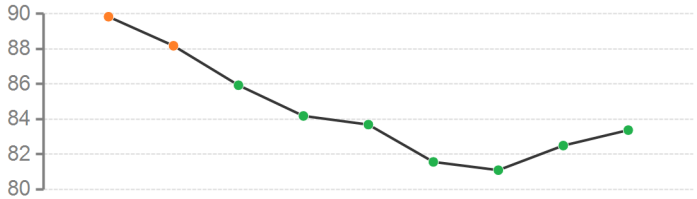
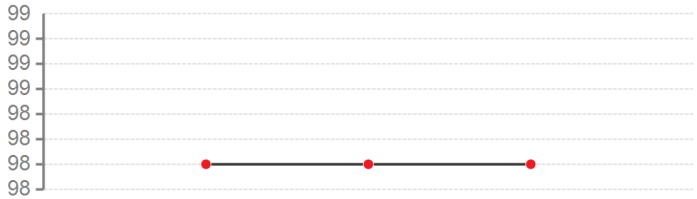
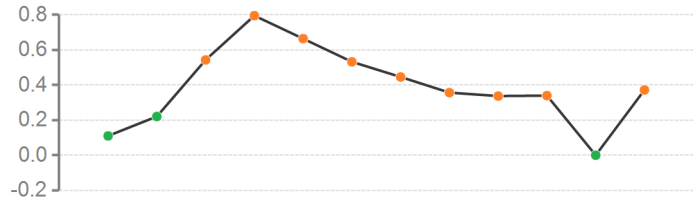
Well Led

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Culture	Staff FFT - Work (%)	58	58	58	58	58	>= 60	50 %
	Staff FFT - Treatment (%)	79	79	79	79	79	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	1	1	1	1	1	< 4	25 %
	Valid NHS Number %	99	99	99	100	100	>= 99.5	40 %
	Uncoded Spells %	0	0	0	0	0	< 0.25	25 %
Finance	I&E £m	-3.5	-1.6	-1.7	-1.2	-2.5	>= Plan	30 %
	Cash Balance £m	17.5	9.8	11.7	10.0	2.4	>= Plan	20 %
	Total Cost £m	-49.4	-50.1	-49.1	-51.0	-49.4	>= Plan	20 %
	Forecast I&E £m	-24.6	-19.6	-19.6	-19.6	-19.6	>= Plan	20 %
	Normalised Forecast £m	-27.6	-23.6	-23.6	-23.6	-23.6	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	1	1	3	0	3	<= 3	20 %
	Formal Notices	0	0	0	0	0	1	15 %
Staffing	Sickness (%)	3.8	3.8	3.9	3.9	3.5	< 3.6	10 %
	Staff Turnover (%)	12.0	12.6	12.7	12.6	12.7	<= 10	15 %
	Vacancy (%)	10.5	10.8	10.7	10.1	10.1	<= 7	15 %
	Shifts Filled - Day (%)	91	93	93	99	97	>= 80	15 %
	Shifts Filled - Night (%)	102	100	102	110	106	>= 80	15 %
	Agency %	21.7	21.1	22.0	21.3		<= 10	
	NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	> 90	
Training	Appraisal Rate (%)	79.5	81.2	83.2	82.2	82.5	>= 90	50 %
	Mandatory Training (%)	88	89	88	88	87	>= 85	50 %

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Mortality

Dec	HSMR (Index)	83 (-9.0%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Dec	RAMI (Index)	84 (-10.8%)		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.
Dec	SHMI	98 (-4.6%)		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.
Dec	Crude Mortality EL (per 1,000)	0.4 (26.0%)		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.

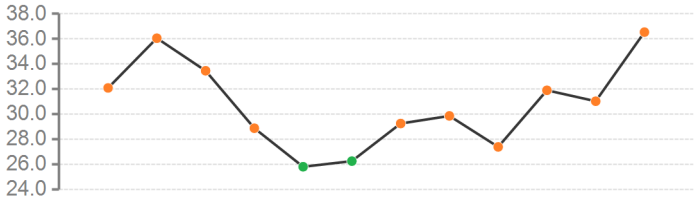
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Dec

Crude Mortality NEL (per 1,000)

31
(1.4%)



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.

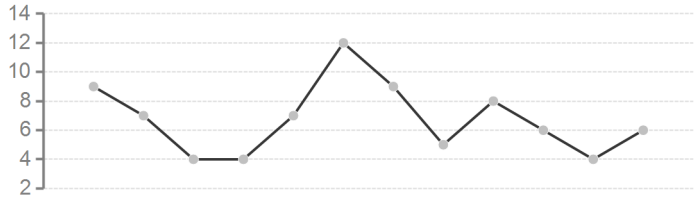
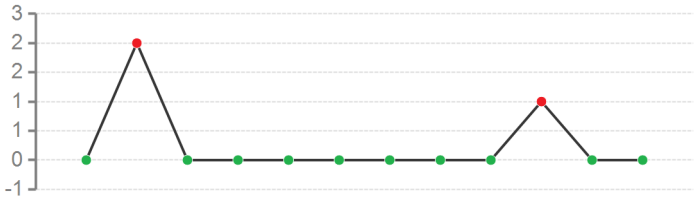
Comments:

Crude mortality for December has risen as expected at this time of year but adjusted mortality continues to be positive and our HSMR was again 83 demonstrating a favourable position in comparison to other Trusts. Our national SHMI is 0.97 for the period July 2015 - June 2016 and this
has shown a consistent fall from 1.03 in the period July 2014 - June 2015. There are some areas of concern lying below that overall indicator and these continue to include cardiac related
diagnostic groups (acute myocardial infarction, cardiac arrests/ventricular fibrillation, heart failure), carcinoma of the lung and colon, chronic obstructive pulmonary disease and septicaemia.
Although the above areas are the areas where observed mortality is higher than expected there are no worrying trends apart from septicaemia and we clearly have work to do here. During this past month we have received the national standardised mortality review tool and we will use this to critically examine a sample of 30 deaths due to septicaemia to extract the learning.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Serious Incidents

Dec	Serious Incidents (STEIS)	81 (-9.0%)		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.
Dec	Never Events (STEIS)	3 (-50.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on STEIS December 2016: 78 (including 6 new)
SIs under investigation: 32
Breaches: 15
Non-breaches: 17

SIs awaiting closure: 46
Waiting CCG response: 39
Waiting EKHUFT non-closure response: 7

Supporting Narrative:
The number of breached cases have fallen from 21 to 15. Breaches are mainly due to the quality of analysis. This is being managed by the Root Cause Analysis Group and at the Executive Performance Reviews each month.

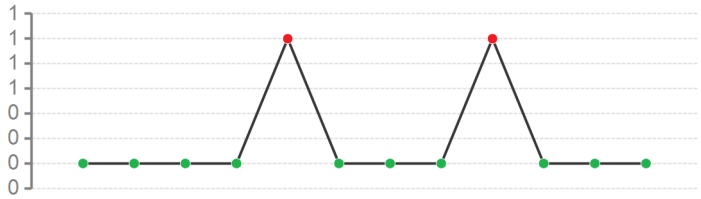
Work continues on clearing the longest breached cases and there has been progress on this and further progress is predicted. There are no longer breaches over four months old (compared to eight months last month). The Clinical Incident Manager has been working with the division to progress these cases.

There were six new SIs relating to:
- one Never Event – wrong site surgery (wrong tooth removed)
- one infection control relating to CPO (Carbapenemase-Producing Organism);
- one fall following a delayed angiogram leading to the death of a patient;
- one treatment delay relating to a head and neck tumour
- one delayed treatment relating to Clexane
- one maternity incident (affecting baby only) – five pulls of ventouse leading to hypoxia

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Infection Control

Dec	Cases of MRSA (per month)	2 (0.0%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
Dec	Cases of C.Diff (Cumulative)	35 (16.7%)		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.
Dec	E. Coli	87 (40.3%)		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.

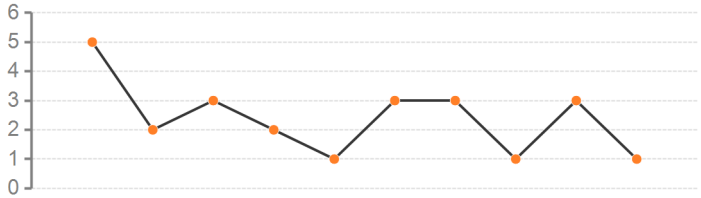
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Dec

MSSA

24
(14.3%)



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

Comments:

There was one (unassigned and not yet reported) case of MRSA bacteremia in December 2016. This case has been correctly assigned to the Trust due to the patient acquiring MRSA colonisation during a recent hospital stay.

There were 5 cases of post 72 Hours C.difficile and the total number of cases to-date is 35 which although in line with trajectory is at the top of our trajectory and remains a cause for concern. None of the cases in December are related (2 in K&CH, 2 in QEQMH and 1 in WHH, all different wards).

Investigation of possible contacts following the outbreak of Carbepenemase resistant Klebsiella infection has to date found all contacts who have responded (17/23) to be negative on stool testing. The remaining patients will be requested to send stool sample to rule out CPO acquisition.

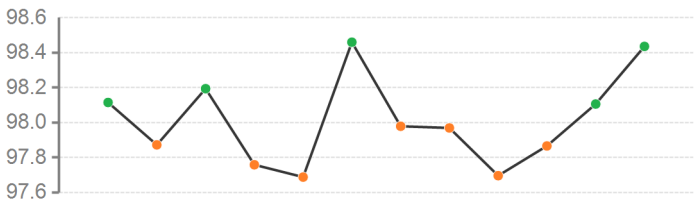
TB exposure incident - 26 ITU staff contacts are being followed up with Tspot testing to assess if they have acquired TB infection. Risk to other patients was considered minimal due to the nature of clinical environment (WHH ITU). Staff who managed the source patient's airways were those at risk of exposure. Results are not yet available.

Parvovirus incident. A pregnant staff member (Midwife) developed a rash on the 15th January and subsequent serology testing of current and antenatal booking blood samples confirmed a Parvovirus infection. The serum sample has been sent to the Reference laboratory for confirmation. The relevance of this for most people is low, parvovirus infection is mild and treatment is not required. However, in pregnant women who are not immune, infection in the first 20 weeks of pregnancy can lead to serious adverse outcomes in the foetus: hydrops foetalis and intrauterine death. These consequences usually occur some 3 to 5 weeks after the onset of maternal infection, but can be later.
The period of infectivity is 5-10 days prior to onset of rash which means that the member of staff will have had contact with other pregnant women. We have identified 16 pregnant patients who may have been exposed to the infected staff member between 5-15th January. Two of these patients are known to be immune based on past antenatal serology results. We are currently testing antenatal serum samples for remaining 14 patients and results will shortly be available.
A incident meeting will be convened to agree actions and patients will be contacted for follow-up serology testing.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Dec	Harm Free Care: New Harms (%)	98.0 (-0.2%)		Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.

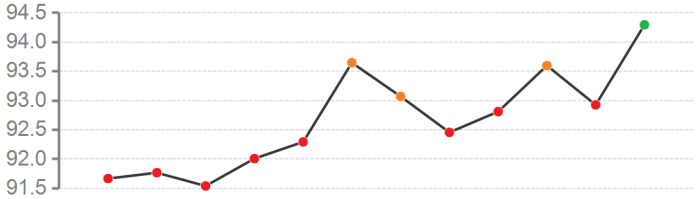
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Dec

Harm Free Care: All Harms (%)

92.7
(-0.3%)



Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data together with variance against the previous 12 months.

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 December was 94.02% compared to 92.50% in November and is slightly below both the overall national average of 94.28% and the acute hospitals only national average of 94.06%. A wide variation, as expected, is seen across the divisions with specialist achieving 96.97%, surgical 93.97% and UCLTC 93.18%. All harms were 5.70% compared to national average of 5.72% which indicates that our patients are admitted with a slightly lower level of harm than the national average.

However, Harm Free Care experienced in our care (New Harms only) at 98.44% in December is higher than national average which means that our patients are receiving care that causes less harm than is reported nationally. New Harms only were 1.56% compared to 2.19% national average for acute hospitals; this means that our patients acquire reduced levels of new harms than the national average for acute hospitals. This is particularly relevant when looked at in the context of our bed occupancy (which is unsustainably high).

WHH New Harms Only HFC improved to 98.05% in December compared to 96.70% in November.
QEQM New Harms Only HFC improved to 99.22% in December compared to 99.13% in November.
K&C New Harms Only HFC fell slightly to 97.94% in December from 98.62% in November.

HFC (new harms only) for individual harms are lower than or close to the national average for acute hospitals for 3 out of the 4 harms measured. The Safety Thermometer for December demonstrates:

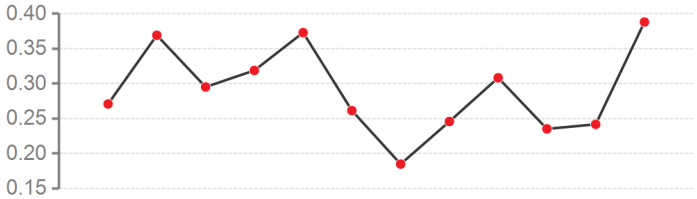
- Lower levels of New Pressure Ulcers (0.46%) compared to the acute hospitals average (0.86%)
- Lower levels of catheters & New UTI's (0.09%) compared to the acute hospital average (0.35%)
- Higher prevalence of falls with harm (0.64%) than the acute hospital average (0.45%)
- Lower prevalence of new VTEs (0.37%) compared to the acute hospital national average (0.58%)

Rigorous work will continue to ensure validation is carried out correctly and focus work continues to be carried out to reduce the number of falls to ensure patient safety.

Notably, HFC (all harms) shows a lower than national level of patients being admitted who have already started treatment for UTI or a UTI was already present on admission – 0.92% compared to the national average of 0.95% for acute hospitals. This has improved as a result of the collaborative work undertaken with community partners.

Strategic Theme: Patient Safety

Pressure Damage

Dec	Pressure Ulcers Cat 2 (per 1,000)	0.29 (14.3%)		Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Dec	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-76.6%)		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 December 2016 a total of 40 category two pressure ulcers were reported and 13 were confirmed as avoidable. This has increased by five avoidable ulcers from last month. Five of these affected the sacrum/buttocks occurring on RSW x 2 (both related to equipment, one malfunction and one delay); CSF due to lack of repositioning and KC1 x 2 (both relating to length of time sitting in the chair and one also delayed equipment). Three avoidable ulcers affected the heels, on CDU/WHH, CM2 and Seabathing, all due to lack of heel offloading. All the others related to medical devices i.e. AES stockings, NG tubes and catheter tubing, where lack of evidence of regular skin care was identified as learning.

There were two confirmed category three pressure ulcers acquired in December 2016 of which one was avoidable. This occurred on Deal Ward and affected the sacrum with long periods laying supine and inappropriate moving and handling techniques using the bed sheet were identified. There were 12 potential deep tissue ulcers/unstageable of which three were avoidable. One affecting the sacrum on Kings B with delay in active mattress and repositioning issues identified; two affected the heel (Kingston/Cambridge L), both due to heel offloading insufficiencies and one also had a malfunctioning active mattress.

During December 2016, there was a learning event for Tissue Viability link nurses which consisted of workshops including moving and handling demonstrations. Each ward was visited and presented with an award for the highest number of avoidable pressure ulcer free days they had achieved since April 2015. The Tissue Viability team have been highly visible in the clinical areas supporting with patient care and raising awareness of pressure ulcer prevention strategies.

East Kent Hospitals University NHS
NHS Foundation Trust

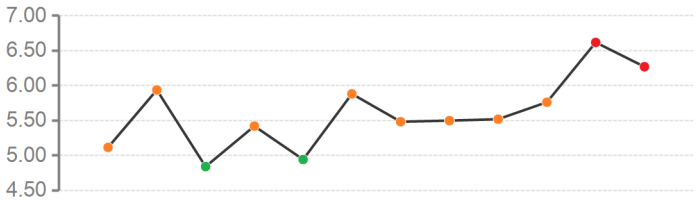
Strategic Theme: Patient Safety

Falls

Dec

Falls (per 1,000 bed days)

5.61
(-24.0%)



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.

Comments:

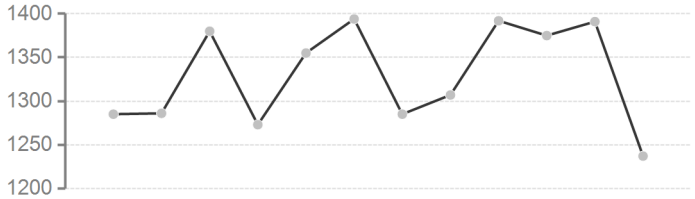
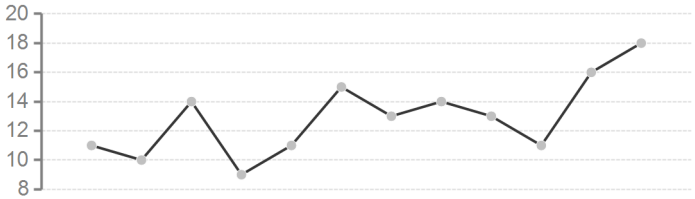
The number of falls decreased slightly in December (210) compared to November (219). 97 were at WHH (increase) with a rate of 6.98 (6.25 in Nov), 64 at QEQMH (decrease)with a rate of 5.63 (8.73 in Nov) and 48 at K&CH (same) with a rate of 6.61 (6.44 in Nov). Wards with the most reported falls were Cambridge L (17), CDU WHH (13), Kings D male (12), Treble (11), Minster (10) and Kings B, Richard Stevens and Cambridge M1 (8). 1 fall at QEQMH resulted in an avoidable hip fracture and is being investigated. 1 fall at QEQMH resulted in a head injury where the patient subsequently died. This is being investigated with a RCA. 1 fall at K&CH resulted in a fractured hip but was unavoidable. 1 fall at K&CH resulted in a head injury but was unavoidable and a further head injury at K&CH following a fall was potentially avoidable. Falls at WHH resulted in a nasal fracture and humeral fracture but were both unavoidable. Further falls resulted in 1 avoidable and 1 unavoidable head injury.

Very high bed occupancy and increasing frailty have been significant contributory factors. Overall the Trust still has a lower than the national average falls rate for the year to date and a lower rate than was seen in the previous year. Open training dates have been planned to enable wards to participate in a self directed way in the Fallstop programme.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Dec	Clinical Incidents: Total (#)	15,960 (11.4%)		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.
Dec	Blood Transfusion Errors	155 (-5.5%)		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.

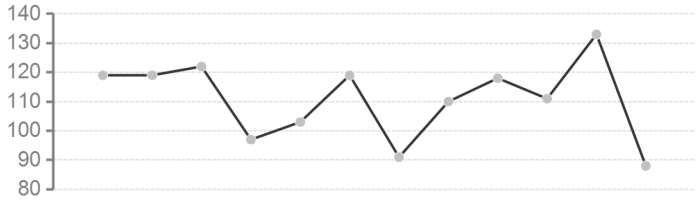
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Dec

Medicines Mgmt. Incidents

1,330
(11.0%)



The number of medicine management issues sourced from Datix.
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

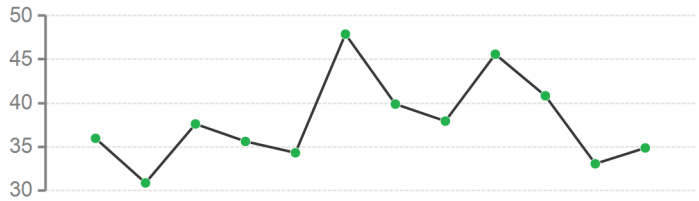
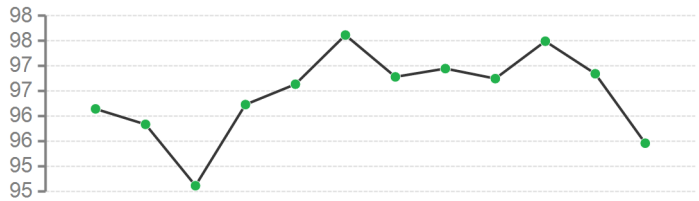
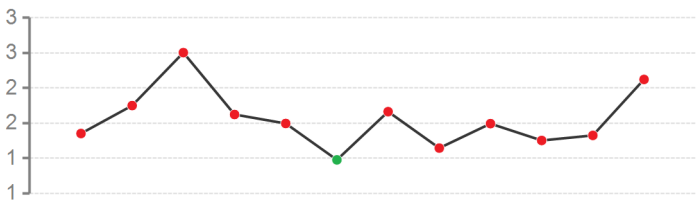
A total of 1214 clinical incidents have been logged as occurring in Dec-16 compared with 1388 recorded for Nov-16 and 1215 in Dec-15. In Dec-16, four incidents have been graded as death and one as severe harm. In addition, 20 incidents have been escalated as a serious near miss, of which 18 are still under investigation. The number of moderate harm incidents reported during Dec-16 is on a par with previous months [Dec-16: 40 compared with Nov-16: 58 and Dec-15: 32].
Six serious incidents were required to be reported on STEIS in December. Three cases have been closed and one case downgraded; there remains 78 serious incidents open at the end of December.
Over the last 12 months incident reporting has increased at WHH, remained level at QEQMH, and has decreased at K&CH.
Blood transfusion
In December, there were 18 blood transfusion errors reported (16 in Nov-16 and 14 in Dec-15). There was one theme in December: there were five incidents of allergic reaction to transfusion, 2 delays in provision of component/product and 2 incidents of wastage. Thirteen incidents were graded no harm and five low harm. Reporting by site: four at K&CH, ten at QEH and four at WHH.
Medicines management
There were 87 medication incidents reported as occurring in December (133 in Nov-16 and 109 in Dec-15). On average, over the last 12 months, the numbers of medication incidents reported at K&CH and QEQMH have risen, but have declined at WHH.
Of the 87 reported, 53 were graded as no harm (including two serious near misses) and 34 as low harm. No incidents resulted in moderate harm, severe harm or death. Top reporting areas were: Cheerful Sparrows male ward (QEQMH) with six incidents; A&E (QEQMH), CDU (QEQMH) and ITU (K&CH) with four incidents each; ECC / Pharmacy (K&CH), Minster ward / Rainbow ward / Seabathing unit / Viking Day unit (QEQMH), Cambridge L / Folkestone ward (WHH) with three incidents each; other areas reported 2 incidents or fewer. Twenty-six incidents occurred at K&CH, 40 at QEQMH and 21 at WHH.
*Missing Drugs are broken down as follows: four incidents relating to stock control/documentation errors, one incident of medication being delivered to the wrong department and one where medication was omitted as was unlicensed (prescribed in the community).

Total
Drug error - prescribing 13
Drug error - dispensing 18
Drug error - administering 44
Drug shortage (not available or in stock) 1
Drug missing* (stock discrepancy or lost between wards/pharmacy) 6
Adverse drug reaction 2
Infusion injury - extravasation 1
Infusion problems - medication related 2
Totals: 87

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

Dec	FFT: Response Rate (%)	38 (10.5%)		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.
Dec	FFT: Recommend (%)	96 (1.0%)		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.
Dec	FFT: Not Recommend (%)	1.6 (-22.9%)		Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

During December we received 7513 responses in total. Overall 32% eligible patients responded and 90% would recommend us to their friends and family and 7% would not. The total number of inpatients, including pediatrics who would recommend our services was 95% (97% November-16). For A&E it was 76% (76% November-16), maternity 99% (99% November-16), outpatients 92% (91% November-16) and day cases 96% (94% November-16). The Trust star rating in December is 4.52 (4.50 November-16).

Response rates for December have reduced in some departments and work will continue to make improvements. The response rate for inpatients was 35% (33% in November-16), A&E 15% (17% November-16), maternity 30% (21% November-16). (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 19% (23% November-16) but for outpatients was not available due to a national reporting error.

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

FFT - Top 5 Positive & Negative Themes

ED
Positive Themes – Care, Staff attitude, Implementation of care, Competence, Communication
Negative Themes – Care, Waiting times, Staff attitude, Environment, Communication

Inpatients

Strategic Theme: Patient Safety

Positive Themes – Staff attitude, Care, Competence, Compassion, Communication
Negative Themes – Care, Staff attitude, Competence, Environment, Implementation of care

Out patients
Positives Themes – Staff attitude, Care, Competence, Compassion, Implementation of care
Negative Themes – Care, Waiting time, Communication, Staff attitude, Environment

Maternity
Antenatal
Positive Themes – Staff attitude, Care, Communication, Patient mood/feeling, Competence
Negative Themes – None

Birth
Positive Themes – Staff attitude, Care, Competence, Compassion, Implementation of care
Negative Themes – None

Postnatal ward
Positive Themes – Staff attitude, Care, Competence, Compassion, Commitment
Negative Themes – None

Postnatal community
Positive Themes – Staff attitude, Care, Compassion, Implementation of care, Commitment
Negative Themes - None

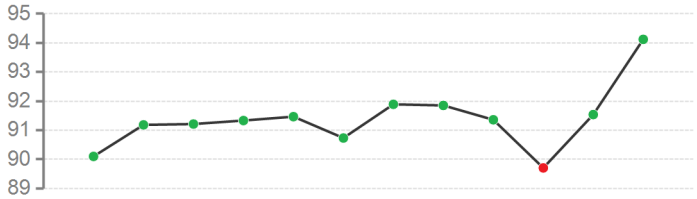
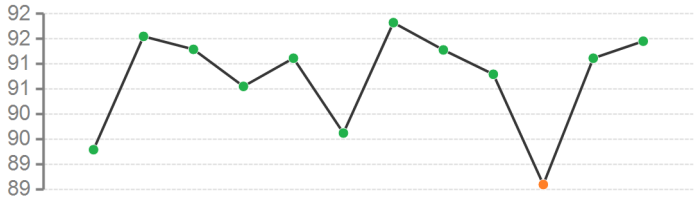
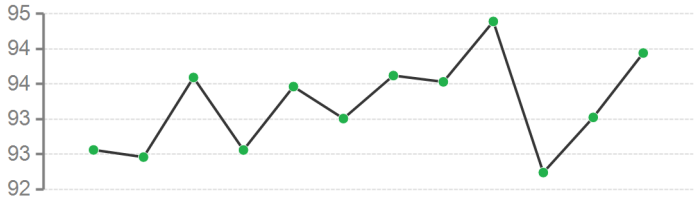
Day Case
Positive Themes – Staff attitude, Care, Competence, Implementation of care, Compassion
Negative Themes – Care, Staff attitude, Waiting time, Communication, Clinical treatment

The trust needs to improve on staff attitude, Care, the environment and waiting times for patients within the ED, Outpatients, Inpatients and Day Case care. Maternity received no negative themes for December, which is a outstanding achievement. It should be highlighted that there are considerably more positive themes/comments regarding Staff attitude, care and competence, which staff must be congratulated on.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 1

Dec	Overall Patient Experience %	91 (2.3%)		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.
Dec	Care Explained? %	91 (15.7%)		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.
Dec	Care that matters to you? %	93 (0.9%)		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).

Comments:

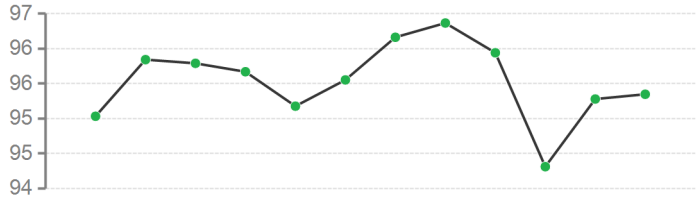
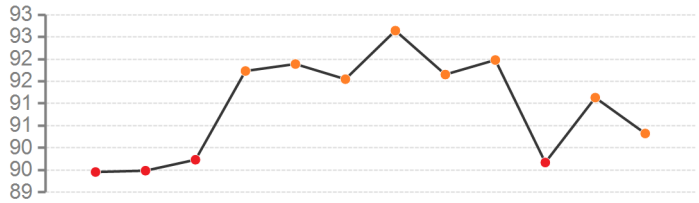
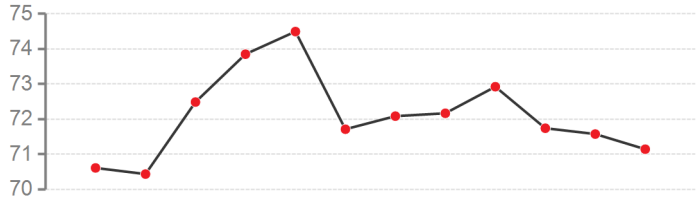
This month patient experience as recorded in real-time by the patients has remained the same as last month with 3 out of the 6 criteria being rated as green.

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

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2

Dec	Respect & Dignity? %	96 (-0.2%)		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.
Dec	Cleanliness? %	91 (-1.5%)		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.
Dec	Hospital Food? %	72 (1.6%)		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.

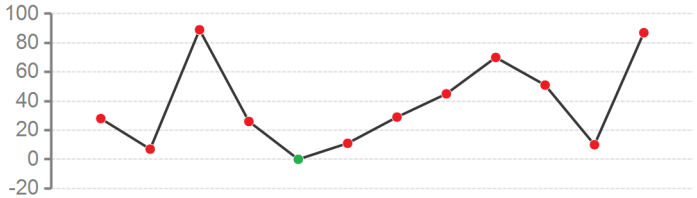
Comments:

December 16 - Evaluation of the Patient Safety Heatmap demonstrates that the majority of wards are now compliant with capturing patient experience in December. Escalation to Divisional heads of nursing and matrons has taken place to enable focused local improvements.

Cleaning and food remain relative to normal ranges with both showing slight positive movements. Cleaning audits are recording cleaning this month at 98.3%. Discussions have been had with SERCO to ensure consistent standards are maintained during this busy period.

Strategic Theme: Patient Safety

Mixed Sex

Dec	Mixed Sex Breaches	453 (52.5%)		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.

Comments:

During December, 11 non-justifiable incidents of a mixed sex accommodation breach occurred at WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 20 mixed sex accommodation occurrences in total, affecting 119 patients. This number has increased since last month when there were a total of 4 occurrences affecting 22 patients. The remaining incidents occurred at QEQM on the QEQM CCU (1), Fordwich (4), WHH Richard Stevens Unit (1), K&C Kingston stroke unit (2), Ambulatory care (1), which are justifiable mixes based on clinical need.

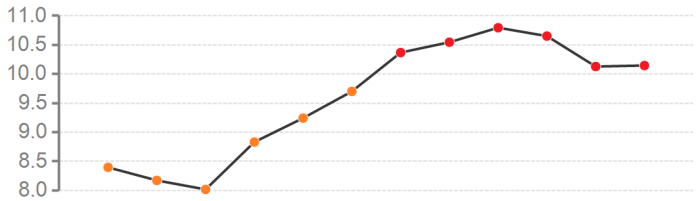
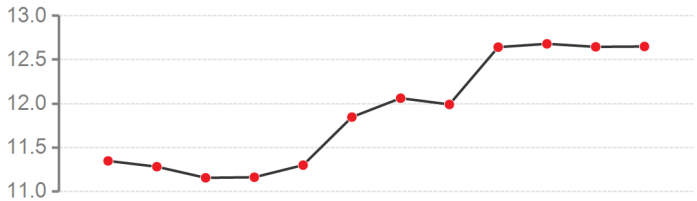
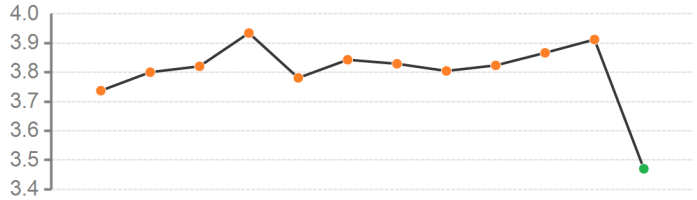
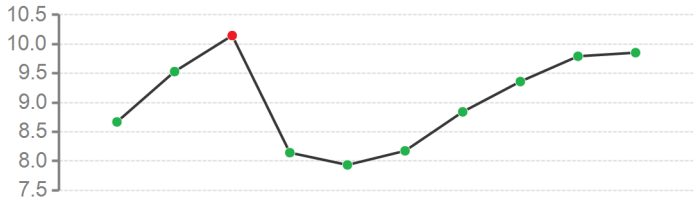
During December, daily reporting of mixed sex occurrences has improved at the three acute sites. WHH CDU had a significant increased number of mixed sex breaches during December due to a more robust recording of mixed sex occurrences and to minimise the risk of mix sex occurrences the nursing team are:

- Each side of CDU is separated one side for males and the other for females
- Nursing staff move patients continuously to stop mixed sex breaches
- Transfer patients to the ward quickly and efficiently
- Discharge patients home as soon as possible
- Use the discharge lounge, whilst patients await transport etc.
- Observation bay is used for patients when possible to stop any mixed sex breaches
- Side rooms are used (if mixing has to occur on the male/female side)

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Dec	Vacancy (%)	9.6 (8.3%)		% 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.
Dec	Staff Turnover (%)	11.9 (-2.6%)		% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Dec	Sickness (%)	3.8 (1.5%)		% 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
Dec	Overtime %	9.0 (20.0%)		% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).

Comments:

Gaps and Overtime

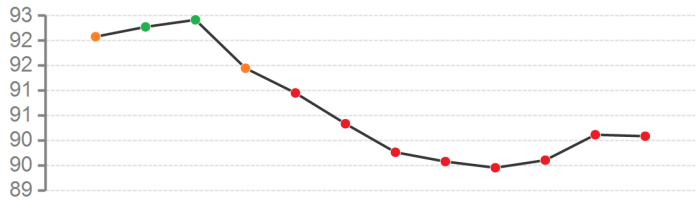
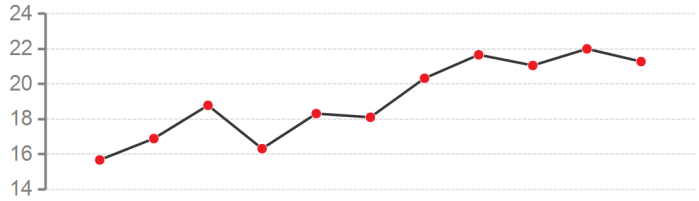
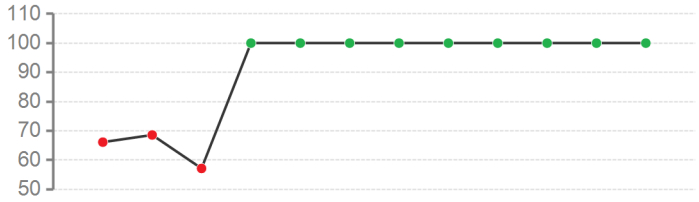
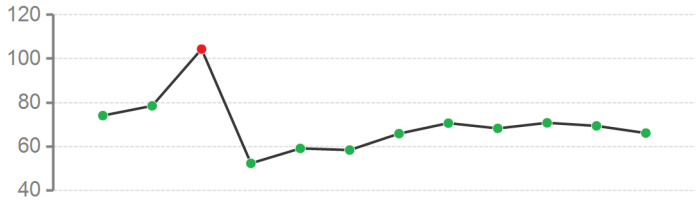
The Turnover rate remained above 12.5%, and the vacancy rate remained at 10.2%. The average Turnover rate for the past 12 months remains marginally lower than the previous 12 months. The vacancy and turnover rates by Division are examined in detail at Executive Performance Reviews (EPR), and Divisions have actions in place to address their recruitment hotspots and retention challenges. Vacancy Rates within Specialist and Surgical Divisions continue to remain lower than the Trust average as vacancies held by the Vacancy Control Panel are removed.

Sickness absence predicted rate for December is 4.25%, which would be an increase from November. The 12 month average sickness rate is 3.8%, which is much higher than the previous 12 months. Divisions have submitted a monthly trajectory for sickness absence, which are examined at EPRs and monthly Agency Pay Control meetings. Divisions are running behind their trajectories, and a deep dive of sickness absence by Division has been requested for thee EPRs in January.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Dec	Employed vs Temporary Staff (%)	90.7 (-1.2%)		Ratio showing mix of permanent vs temporary staff in post. 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.
Dec	Agency %	19.1 (42.3%)		% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).
Dec	NHSP Use % of Agency	88.6 (29.8%)		% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).
Dec	Agency Orders Placed	70 (0.9%)		Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).

Comments:

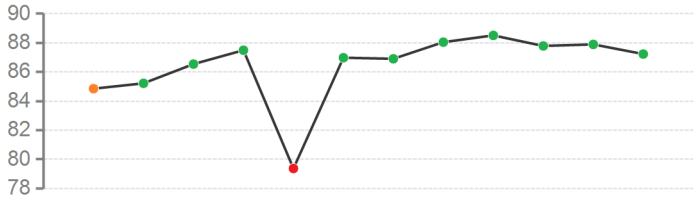
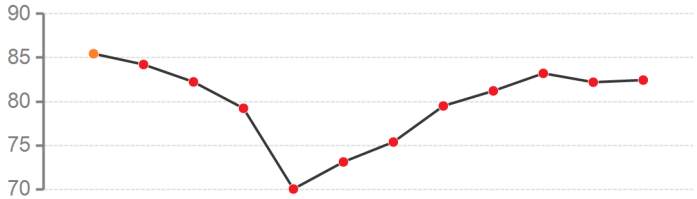
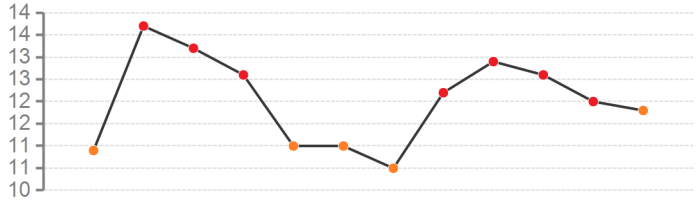
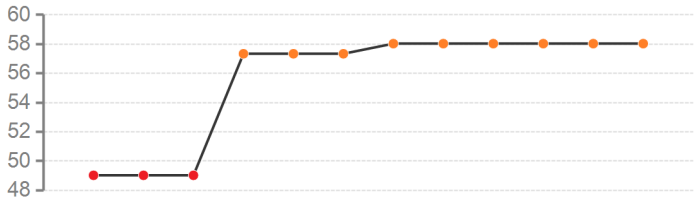
Reduction in agency spend is a key component of our cost improvement programme and continues to be an area of focus. There is an Agency Pay Control programme, led by the Head of Human Resources and supported by the Improvement Delivery Team and Programme Management Office. The Trust monitors and reports on a weekly basis, all agency shifts that breach the agency framework and NHSI pay caps by occupational group and division. Additionally, any shifts that breach the agency framework and pay caps now require approval at an executive level. The percentage of employees deployed through an agency that are NHSP remains at 100%. The percentage of staffing which is agency is at 21.3% (predicted) in December, with the 12 month average increasing to 19.1%.

Divisions are held to account for their Agency CIPs at EPR meetings, and against Divisional Agency Spend Trajectories, that are updated monthly by Divisional Finance Leads and HR Business Partners. Action Plans to remove the use of the Pulse agency are being presented by Divisions to the Agency Pay Control Group during January.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Dec	Mandatory Training (%)	86 (4.6%)		The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Dec	Appraisal Rate (%)	79.9 (1.7%)		Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Dec	Time to Recruit	12 (11.6%)		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.
Dec	Staff FFT - Work (%)	56 (9.0%)		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.

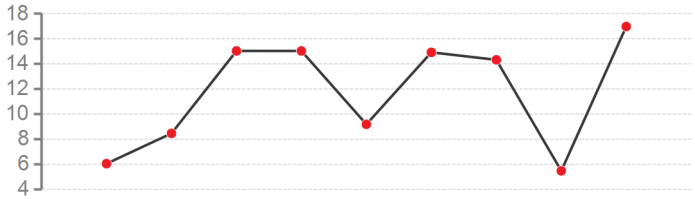
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Dec

Local Induction Compliance %

11.7



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

Comments:

Statutory training was at 86% for December. This remains above the target of 85%, with the Clinical Support Services Division at 91% compliance. 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 with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff appraisal rate in December was 82%, and remains below the 90% target. The Surgical Division remains above the target at 91%. Divisions have been focussed on improving appraisal compliance whilst also ensuring appraisal quality using the new 'We Care' Behaviours appraisal paperwork. Work continues to implement less manual ways of reporting the information.

The 12 month average for both Mandatory Training and Appraisal Compliance remains higher than the previous 12 month average.

Weekly Recruitment Updates are sent out by the Resourcing Team to Divisions to provide information on workload within the team, and plans to reduce time the time taken to recruit. Two days of process mapping took place during November/December to review current systems and develop new streamlined ways of working.

Local Induction Compliance increased to 16.99%, which is the highest it has been to date. However, the Divisions are working with their teams to improve this level significantly over the next couple of months.

Activity vs. Internal Business Plan

Key Performance Indicators

Dec

	Dec-16				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	12,469	12,145	324	3%	129,582	124,728	4,854	4%	129,582	128,570	1,012	1%	<=0%
Referral Non-Primary Care	12,333	13,179	(-846)	-6%	125,670	128,621	(-2,951)	-2%	125,670	130,966	(-5,296)	-4%	<=0%
OP New	17,571	18,747	(-1,176)	-6%	183,341	182,317	1,024	1%	183,341	183,542	(-201)	0%	>=0%
OP Follow Up	35,006	38,956	(-3,950)	-10%	368,965	375,041	(-6,076)	-2%	368,965	377,751	(-8,786)	-2%	>=0%
Elective Daycase	6,014	7,079	(-1,065)	-15%	59,571	66,733	(-7,162)	-11%	59,571	61,408	(-1,837)	-3%	>=0%
Elective Inpatient	1,230	1,199	31	3%	11,984	12,060	(-76)	-1%	11,984	11,793	191	2%	>=0%
A&E	17,513	16,322	1,191	7%	160,090	151,013	9,077	6%	160,090	152,230	7,860	5%	>=0 & <5%
Urgent Care Assessment	1,026	1,272	(-246)	-19%	9,649	10,544	(-895)	-8%	9,649	10,777	(-1,128)	-10%	>=0 & <5%
Non-Elective Inpatient	6,091	6,062	29	0%	52,925	52,745	180	0%	52,925	52,777	148	0%	>=0 & <5%
Chemotherapy	1,160	1,130	30	3%	11,669	9,666	2,003	21%	11,669	10,227	1,442	14%	>=0%
Critical Care	1,983	1,753	230	13%	16,269	15,539	730	5%	16,269	15,493	776	5%	>=0%
Dialysis	7,250	7,426	(-176)	-2%	62,261	64,878	(-2,617)	-4%	62,261	64,704	(-2,443)	-4%	>=0%
Maternity Pathway	1,044	1,175	(-131)	-11%	10,453	10,756	(-303)	-3%	10,453	10,613	(-160)	-2%	>=0%
Pre-Op Assessments	2,457	2,868	(-411)	-14%	25,426	25,824	(-398)	-2%	25,426	25,648	(-222)	-1%	>=0%
Diagnostic	358,061	367,066	(-9,005)	-2%	3,875,185	4,053,610	(-178,425)	-4%	3,875,185	3,877,187	(-2,002)	0%	<=0%
Other	4,474	4,079	395	10%	42,476	35,778	6,698	19%	42,476	36,424	6,052	17%	>=0%

The 2016/17 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2015/16 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals, activity required to achieve sustainable elective services is included and 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 2016/17. It should be noted that this does not reflect demand levels agreed within the 2016/17 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 and Dermatology 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.

December 2016

Elective Care

Elective care is pre-arranged, non-emergency care, including scheduled operations. It is provided by medical specialists in a hospital or another care setting; Patents will usually be referred by their GP, and covers the period from referral through to discharge.

The Primary Care demand received by the Trust was 3% above planned levels in December and the Trust level over performance remains +4% above contract, this equates to over 4,854 additional referrals. Encouragingly the Trust has not observed the historic exponential growth that has occurred in both Gastroenterology and Breast Referrals, although referrals into key specialties Orthopaedics, Dermatology Maxillo Facial, Gynaecology, and Paediatrics have significantly exceeded planned levels. The Trusts Internal Business Plan stretches most services to maximum capacity and as such we have not been able to flex our capacity further to deal with this unplanned demand. The Trust does not have the operative capacity to deal with the current demand, a key element of our business plan requires Orthopaedic referrals to be directed to the independent sector at point of referral.

The Trust failed to deliver the new outpatient Plan in December 2016. The observed variance of -6% (-1,176) reduced the year to date position to just 1% of planned performance. New Outpatient activity was at its lowest level since 2011. The biggest under performances were observed in the following specialties, Orthopaedics, Ophthalmology, Dermatology, HCOOP and Gastroenterology. Orthopaedics identified higher than expected annual leave in month, it is expected that this is purely a change of delivery profile and will not affect achievement of the full year business plan. The specialty is still over performing their YTD business plans although the waiting list for first outpatient appointments grew significantly during December. Ophthalmology & Dermatology services are currently reliant on external providers providing insourcing services to deliver their Outpatient plans, this activity could not be delivered during the festive period. The postponing of some outpatient clinics was required within HCOOP to release clinician time for inpatient work.

Anti-coagulation follow up appointments continue to decrease at higher than anticipated levels. More patients are taking up long-acting drugs, and being seen in the community, rather than in the acute settings. The service has already reduced the workforce through natural turnover and reallocation of resources, and continues to monitor the demand vs capacity requirements.

November hit plan across outpatient news, but in December this has ‘fallen back’ to the year to date position. This is due to annual leave (lower than expected amounts in November); and contribution towards rotas over the Christmas period requiring cancellation of outpatient activity of a consultant to support this. Additional Endoscopy capacity continues to allow the Trust to meet its plan over December, allowing the service to cope with the current demand levels and begin to reduce the waiting list size.

Primary care referrals into Gynaecology remain high (13% increase compared to last year) and consequently first outpatients continue to over perform against the plan (9% year to date). However, follow ups are under plan (7% year to date) as the service prioritises seeing new patients, especially those referred under rapid access. The numbers

of follow ups seen in December was lower than normal, as a change in Colposcopy management has started to occur which sees more patients discharged after their first appointment. The impact of this was not anticipated in the business planning assumptions.

Furthermore, a potential data recording issue has been identified within the Early Pregnancy service at WHH, which is being investigated by the service. Gynaecology has seen another month of high elective activity by utilising as much capacity as possible within the existing workforce and two additional locum consultants. Currently, the service is back to delivering the majority of activity needed to sustain the demand, however, there is still insufficient capacity to reduce the backlog to the required level. Work continues to identify additional capacity both internally and with external providers.

The General Surgery department (including Colorectal and Breast) has continued to achieve near to planned levels since July 2016, this has been achieved by maximising the use of empty theatre lists in the weekdays, funded through a combination of flexible job plans & additional sessions. The service has now identified additional capacity required to recover the YTD day case underperformance. The recovery plans for Orthopaedics and General Surgery will be reliant on access to the day surgery departments at weekends, as such pressure from sustained increased Non-Elective demand may render the recovery plan unachievable.

The Ophthalmology service implemented a contractually mandated cost neutral change in activity recording within the AMD Injection service. The service is now recording and reporting approximately 600-800 injections per month as outpatient procedures as opposed to elective admitted daycase activity. The change is reflective of the PbR tariff the trust receives for this activity. As a result of the change we are now expecting daycase activity to underperform the plan for the remainder of the year.

Non Elective Care

The Trust accepts 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.

Over Quarter 1 of 2016-17, the Trust saw a rise in medical non elective admissions that was significantly above the planned levels for the year (+10%). This has reduced slightly over Q2 and the forecast position for year end is that the Trust will be 2% above plan for medical non elective admissions (+883 patients). December showed a month position of -2% against the plan (-95), as the number of medical patients was below the expected levels in the month.

Despite the reduced medical admissions against the December plan, the continuing increase in Length of Stay of patients over the year compared to the previous year continues to put pressure on the Trust's bed base, as Bed Occupancy levels remain high and in excess of 100%, above a recommended level of 85%. A high number of beds continue to be occupied by Delayed Transfers of Care patients (DToC), patients who are safe for discharge or transfer and do not require the use of an acute hospital bed.

Monitoring metrics shown below demonstrate that though the month's activity was within the levels planned, the Trust sites continued to see high bed occupancy throughout the month (patients present in beds at midnight against the core bed base). There was some variation across all of the Trust sites, with William Harvey Hospital Ashford showing high bed occupancy in December (100% on average), despite a fall in occupancy in the weeks around Christmas. Occupancy at Kent & Canterbury Hospital increased notably to 104.3% on average over December. This contrasts with both the William Harvey & Queen Elizabeth the Queen Mother Hospital in Margate (97.9%) –

both sites saw a reduction in bed occupancy in December compared to November, whereas Kent & Canterbury Hospital saw an increase, and did not see a characteristic reduction in the weeks around Christmas.

	Last 8 Weeks Weekly Trend - Daily Average								Monthly Totals	
	13.11.16	20.11.16	27.11.16	04.12.16	11.12.16	18.12.16	25.12.16	01.01.17	Nov 2016	Dec 2016
ED - Total Attendances	3,939	4,104	4,069	4,058	4,208	4,016	3,579	4,048	17,075	17,512
IP - Stranded Patient Metric (> 7 Days LoS)	507	531	525	516	513	512	438	529	500	499
IP - LoS - Medical - exc. 0 day (Avg)	9.1	9.1	9.2	8.3	8.9	8.9	8.3	8.2	9.3	8.5
IP - Discharges before Midday (%)	16.9%	15.2%	14.7%	16.1%	15.6%	16.9%	14.9%	16.%	16.2%	15.7%
IP - Discharges before 3pm (%)	39.%	38.7%	37.5%	39.5%	38.9%	38.4%	39.9%	41.3%	39.1%	39.2%
IDT - DToC - Total Patients (Avg)	51	57	62	59	51	53	41	39	56	49
IP - NEL Medical Discharges < 24h (%)	41.8%	45.7%	44.5%	47.%	43.5%	43.9%	43.3%	41.%	44.7%	43.5%
IP - NEL Medical Discharges < 72h (%)	61.5%	62.5%	62.6%	63.8%	61.7%	62.2%	61.2%	61.5%	62.2%	62.%
IP - Occupancy @ Midnight (%)	100.9%	101.9%	102.3%	100.7%	101.9%	101.6%	98.1%	101.1%	101.3%	100.5%
IP - Escalation Beds @ Midnight (Avg)	49	53	53	49	57	59	53	62	51	56
IP - Medical Outliers (Avg)	87	74	73	74	88	88	74	122	81	89

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 December the number of Medical Outliers increased from a daily average of 81 patients across the Trust to 89.

The number of escalation beds open at midnight also increased in month, with an average of 56 open daily during December compared to 51 in November.

Length of Stay is a measure of how long patients stay in Hospital Treatment. The Length of Stay for Medical patients reduced slightly in month to 8.5 days on average from 9.3 days in November. These Figures exclude patients discharged on the same day as their admission. Length of Stay for medical patients has grown year on year across all Trust Sites, indicating that though the month of December showed a reduction in Length of Stay overall, the number of occupied beds remained high.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	6,537	7,393	-12%	-856
103 - Breast Surgery	5,111	5,688	-10%	-577
300 - General Medicine	1,479	1,787	-17%	-308
101 - Urology	6,034	5,742	5%	292
130 - Ophthalmology	14,228	13,827	3%	401
140 - Maxillo Facial	5,920	5,500	8%	420
330 - Dermatology	10,787	10,087	7%	700
110 - Trauma & Orthopaedics	7,957	7,220	10%	737
420 - Paediatrics	3,988	3,203	25%	785
502 - Gynaecology	7,828	6,828	15%	1000
Total	**112,565**	**109,178**	**3%**	**3,387**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	15,403	16,096	-4%	-693
502 - Gynaecology	5,360	5,853	-8%	-493
140 - Maxillo Facial	1,337	1,792	-25%	-455
430 - HCOOP	3,216	3,512	-8%	-296
303 - Clinical Haematology	772	1,034	-25%	-262
100 - General Surgery	2,532	2,249	13%	283
420 - Paediatrics	2,409	2,045	18%	364
340 - Respiratory Medicine	2,001	1,529	31%	472
101 - Urology	5,363	4,838	11%	525
130 - Ophthalmology	8,660	7,183	21%	1477
Total	**80,969**	**79,842**	**1%**	**1,127**

OP New

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	4,941	6,207	-20%	-1266
100 - General Surgery	3,954	5,143	-23%	-1189
430 - HCOOP	3,582	4,253	-16%	-671
420 - Paediatrics	6,017	5,559	8%	458
104 - Colorectal Surgery	5,917	5,250	13%	667
300 - General Medicine	1,671	970	72%	701
110 - Trauma & Orthopaedics	16,848	16,019	5%	829
502 - Gynaecology	12,072	11,110	9%	962
130 - Ophthalmology	17,958	16,769	7%	1189
330 - Dermatology	10,810	9,544	13%	1266
Total	**142,868**	**140,965**	**1%**	**1,903**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	8,807	13,796	-36%	-4989
324 - Anticoagulation Service	10,440	12,842	-19%	-2402
100 - General Surgery	2,097	3,801	-45%	-1704
430 - HCOOP	2,893	4,178	-31%	-1285
302 - Endocrinology	5,824	6,996	-17%	-1172
502 - Gynaecology	11,077	12,053	-8%	-976
103 - Breast Surgery	5,106	4,151	23%	955
800 - Clinical Oncology	31,072	29,099	7%	1973
110 - Trauma & Orthopaedics	28,633	25,619	12%	3014
130 - Ophthalmology	50,393	45,583	11%	4810
Total	**288,403**	**290,592**	**-1%**	**-2,189**

*Payment by Results Only

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	7,973	11,282	-29%	-3309
300 - General Medicine	13,913	16,865	-18%	-2952
110 - Trauma & Orthopaedics	4,607	5,080	-9%	-473
330 - Dermatology	3,494	3,883	-10%	-389
410 - Rheumatology	1,121	1,399	-20%	-278
800 - Clinical Oncology	2,553	2,746	-7%	-193
340 - Respiratory Medicine	705	897	-21%	-192
180 - Accident & Emergency	164	10	1521%	154
303 - Clinical Haematology	2,435	2,244	9%	191
140 - Maxillo Facial	1,794	1,524	18%	270
Total	**59,562**	**66,733**	**-11%**	**-7,171**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	1,155	1,454	-21%	-299
100 - General Surgery	957	1,181	-19%	-224
320 - Cardiology	534	689	-22%	-155
401 - Neurophysiology	1	54	-98%	-53
120 - Ear, Nose & Throat	551	495	11%	56
300 - General Medicine	834	771	8%	63
103 - Breast Surgery	382	306	25%	76
503 - Gynaecology Oncology	98	21	358%	77
400 - Neurology	245	167	47%	78
101 - Urology	2,230	2,013	11%	217
Total	**11,980**	**12,060**	**-1%**	**-80**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
420 - Paediatrics	4,599	5,266	-13%	-667
502 - Gynaecology	1,351	1,974	-32%	-623
100 - General Surgery	4,562	5,092	-10%	-530
501 - Obstetrics	3,429	3,828	-10%	-399
320 - Cardiology	1,502	1,701	-12%	-199
410 - Rheumatology	44	223	-80%	-179
180 - Accident & Emergency	3,942	4,051	-3%	-109
560 - Midwifery	2,054	1,836	12%	218
430 - HCOOP	8,143	7,411	10%	732
300 - General Medicine	15,626	13,708	14%	1918
Total	**52,906**	**52,745**	**0%**	**161**

*Payment by Results Only

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

74.23 %

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Green
4 Hour Compliance	84.91%	80.01%	79.25%	84.06%	82.69%	85.40%	82.87%	82.24%	84.29%	79.35%	75.76%	74.23%	95%
12 Hour Trolley Waits	0	1	0	1	1	0	0	0	0	0	1	1	0
Left without being seen	2.87%	3.78%	4.20%	3.46%	4.09%	3.84%	4.59%	4.11%	3.31%	3.85%	3.96%	3.85%	<5%
Unplanned Reattenders	8.88%	8.97%	9.31%	9.10%	9.40%	9.22%	8.62%	9.01%	8.78%	8.58%	8.65%	8.95%	<5%
Time to initial assessment (15 mins)	95.4%	94.6%	92.9%	88.4%	88.7%	91.2%	85.2%	81.0%	86.9%	79.5%	74.4%	79.1%	90%
% Time to Treatment (60 Mins)	49.5%	43.5%	40.8%	46.3%	43.5%	48.3%	46.3%	48.9%	48.5%	40.9%	39.9%	40.0%	50%

Sustainability & Transformational Funding Trajectory (Submission 18th April 2016)

-15.67 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	85.22%	90.02%	90.17%	89.68%	90.80%	90.80%	91.20%	91.50%	89.90%	89.83%	90.48%	91.40%	
Performance	84.06%	82.69%	85.40%	82.87%	82.24%	84.29%	79.35%	75.76%	74.23%				

Summary Performance

The NHS Constitution sets out that a minimum of 95 per cent of patients attending an A&E department in England must be seen, treated, and then admitted or discharged in under 4 hours. This target was last revised by the Department of Health in 2010. When a decision to admit a patient from the emergency department is made, there is zero tolerance for waits of over 12 hours for admission to a ward.

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. An Emergency Care Recovery Plan (ECRP) has revised to include the five mandatory requirements of the A&E Improvement Delivery Plan. The aim of the plan is to improve performance and ensure that the A&E Improvement Delivery Plan delivers sustainability across emergency care pathways. It has been mandated through the Sustainability & Transformational Plans that the Trust will achieve performance levels which demonstrate consistent improvement over the course of 2016-17, with overall compliance in excess of 90%.

December performance against the 4 hour target was 74.21% against a trajectory of 89.90%. This shows a decline in performance compared to the previous month, with a lower proportion of patients seen within 4 hours. Analysis of the breach reasons shows a similar picture compared to the previous month, with 369 additional breaches in December compared to the previous month, with the an increase in breach reasons assigned to ED-department reasons such as delays to be seen (2,105 from 1,780 in November, now 47% of the total breach reasons), delays in treatment decision (989 from 868 the previous month, 22% of all breaches). Non-ED assigned breach reasons such as Bed Management breaches fell once again in both volume and proportion of the whole, as (now only 7% of breaches in month (306 compared to 348 in November); There was a single 12 hour Trolley Wait reported in December.

Volume of attendances to Trust emergency departments remain above expected levels, with December activity showing a raised position above the plan (+1191, +7.3%). This continues the year to date trend excess volumes of attendances with a cumulative +6.0% variance to the plan since April 2016. Volumes of attendances to Trust A&E departments continue to be higher than the previous year (+5.2% YTD), with raised volumes in particular noted at the Dover Buckland Hospital Minor Injuries Unit (+14.4% year on year), but also at the William Harvey Hospital in Ashford (+6.5%) and the Queen Elizabeth the Queen Mother in Margate (+5.9%).

The above-expected activity levels continue to contribute to high in department numbers at the sites, and with an increase in month within medical outliers (average compared to 81 in November, and a slight decrease in bed occupancy (100.5%; a high occupancy rate requiring the use of escalation beds). These metrics reflect some of the difficulties in achieving flow of patients from the Emergency departments to acute wards. While the breach analysis shows a slight reduction in the proportion of bed management breaches, occupancy figures show the potential influence of reduced patient flow out of the department to other hospital areas, with a large proportion of patients not being seen a timely manner, with an extended wait to see a senior decision maker noted through the breach reasons around the 60 minute metric.

Traditionally, for those patients who see and ED clinician and are then referred on to a specialist team for onward assessment, treatment and potential admission; the 4 hour standard has had the first two hours allocated to the Emergency Department with the next two hours allocated to the specialist team. This has meant that if the Emergency Department has not assessed and referred to a specialist within the first two hours from arrival in the breach would be allocated as a delay in being seen in ED. However, it has been raised that this is an internal metric and over the past year there have been a growing number of patients who have been referred to a specialist after two hours and then gone on to spend a greater amount of time in the ED awaiting specialist assessment or admission to a ward. In recognition of this fact, a review of how breaches are allocated will be undertaken to ensure that the impact of patients awaiting admission is recognised and specialist delays can be escalated to the appropriate Divisional teams for review and action.

ECASCARD

The Trust has now introduced ecascard into both majors departments at both the William Harvey Hospital (27th September), and into the Queen Elizabeth, the Queen Mother Hospital (from 25th during October). Implementation of this system is aimed to bring real-time recorded activity to the A&E department, and being one of the first organisations in the country to go paperless, and provide up to date, real time tracking of patient journeys through the department.

The implementation plan has highlighted the requirement for clinical staff to use the system in real time and ensure that staffs always fully track patients throughout their pathway. Although 24/7 training and support has been available within the departments there have been issues with staff adapting to using the new system; which have slowed down processes and caused increased breaches, particularly in the evenings and overnight. During the implementation period all staff have been encouraged, and are able to highlight issues and propose improvements, many of which have subsequently been implemented.

Since the implementation there has been a decrease in performance against the 4 hour target; actions have been taken to increase management support, training and speedy resolution of issues. Executive and senior Divisional management are actively monitoring and supporting the situation to resolve issues and compliance to fully using the system to support patient care and flow through the departments.

A&E IMPROVEMENT PROGRAMME

The Urgent Care and Long Term Conditions Division have restructured the urgent care leadership team to provide a triumvirate of a General Manager, Head of Nursing and Deputy Divisional Medical Director. In December the Deputy Divisional Medical Director and Head of Nursing for Urgent Care were appointed. The General Manager interviews will be held in January. The Head of Nursing and Deputy Divisonal Medical Director are new posts which will provide a dedicated senior clinical focus for the Emergency Department, Acute Medical Unit and Ambulatory Care. The A&E Delivery Plan has been critically reviewed by the new leadership team to ensure that the actions will deliver an improvement in performance and reflect the current challenges the ED's are facing with high paediatric attendances in the evenings; increased clinical acuity resulting in a higher conversion to admission.

The A&E Delivery plan is part of an whole system plan which has been ratified by the A&E Delivery Board. The plan will continue to be monitored internally by the Urgent Care Board and from an whole system perspective via the A&E Delivery Board. The Trust is leading on two of the 5 workstreams relating to Patient Flow and Streaming.

Mandated initiative 1 - Front Door – Primary and Ambulatory Care streaming

It is recommended that A&Es, particularly those with chronic staff shortages, should consider developing primary care streams to manage patients presenting with minor illnesses and/or chronic conditions during peak demand periods. The GP in the Urgent Care Centre at K&CH is now established within the minor injuries unit. Pilots for an integrated primary care service are underway; at QEQMH the Acute Response Team model went live in November 2016 and has been successful in identifying frail elderly patients who can be discharged from ED with GP and/or multi-disciplinary team support. Discussions are underway to develop an integrated streaming model for WHH with a visit to Guy's Hospital in London to review their integrated model; however, due to capacity in primary care it may not be possible to implement the model until the spring 2017.

Mandated initiative 2 - Ambulance Response Programme

EKHUFT and SECAMB have an excellent supportive working relationship, with patient safety and care being the highest priority for both organisations. During peaks in activity both organisations clinical staff prioritise the safe handover of patients. This has included a senior nurse or doctor reviewing all patients awaiting handover to ensure that clinical priority is given to the sickest patients. It is a priority to reduce handover delays and consistently improve handover times. A dedicated RAT (Rapid Assessment and Treatment) area has been identified at WHH and is opened as and when clinical staffing levels allow. This area provides a dedicated area to assess patients arriving by ambulance.

Mandated initiative 3 - NHS 111

Primecare are the providers of the out of hours service and NHS 111. There have been some issues with consistent GP cover on the rota out of hours at weekends and overnight. It has been noted that there was an increase in paediatric attendances in the evenings and weekends. In response to this increase, the ED has booked a senior paediatric doctor to work on the middle grade rota and manage the increase in activity.

Mandated initiative 4 - Flow

It is a priority to enhance patient flow and reduce hospital bed occupancy. The SAFER programme has become embedded within the medical wards at WHH and is being implemented at QEQMH. On both sites there has been renewed focus on clinical engagement and decision making on board rounds. Senior Matron and Managers are actively involved in reviewing patient's pathways to expedite internal waits and actively progress.

Mandated initiative 5 - Improving discharge from hospital

It is a priority for health economies to develop a 'discharge to assess' model so health and social care assessments of care are carried out in patients' places of residence rather than in acute hospitals. The 'Home First' model has been launched, however there has remained issues relating to the availability of external capacity.

Progress updates on the following work streams also include:

Improving Clinical Leadership in ED

- At QEQMH there is an on-going issue in recruiting substantive middle grade doctors. There are now 13 vacant posts resulting in a high dependency on agency doctors. It is recognised that this is not a sustainable position and therefore a business case is being developed to develop advanced nurse practitioner (AHP) posts. This will be a 3 – 5 year strategy to train 8 AHP's per year. In the meantime on-going recruitment will continue, including the development of internal rotations and training programme to enhance the posts.
- An Emergency Nurse Practitioner (ENP) business case to enable a dedicated ENP service has been developed. It is proposed that this case will be funded through reinvestment of agency funding. The successful implementation of this case will also reduce the dependency on medical locums.

Acute Medical Model

- In December the Ambulatory Care service was run on a 7 day basis as and when staffing resources allowed. On the weekends that the service was open there was a notable improvement in performance against the 4 hour standard, particularly at WHH.
- Ambulatory Care clinicians have established a successful process of reviewing patients in ED every morning to identify patients who can be transferred from ED to be managed on an ambulatory pathway.

- At QEQMH Consultant Acute Physicians have been very successfully working in ED in the evenings and weekends, to provide senior consultant cover out of hours and mitigate the risk of high agency medical staff.

Trajectory Confidence

December performance against the 4 hour target was 74.21 %, against a trajectory of 89.90%. The increased activity levels seen so far this year have continued being 5% above plan YTD. The numbers attending the departments, particularly in the evenings and overnight continue to have an adverse effect on the Trusts ability to meet the 4 hour emergency access standard. The increase in children and GP expected patients' attending in the evenings has not abated.

The on-going risk to delivery of the trajectory is:

- On-going 5% increased demand to ED. These high levels of activity, particularly in the evenings make it very difficult to discharge frail elderly patients home.
- Impact of Primecare, the new out of hour's primary care provider.
- A high % of breaches of the 4 hour emergency access standard relate to implementation of the new ECASCARD system as staff become accustomed to using the system in real time.
- High numbers of patients attending ED in the evenings and weekends who could be managed by primary care, in particular paediatric attendances.
- Poor patient flow due to lack of timely bed availability.
- The number of DTOC's (delayed transfers of care) and access to short term external capacity in the community continues to be a high risk. There have been issues with a lack of external capacity across all geographic areas.
- Impact on the ED when trying to manage high risk patients attending with a mental health condition, and who are awaiting assessment overnight by the Crisis Team.
- Delays in mental health bed availability.
- 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.
- High number of nursing vacancies across the emergency floor at QEQMH.

Actions taken to mitigate risk and improve performance:

- Increased daily SITREP meetings with Chief Operating Officer or Divisional Director leadership at the 08:00, 13:00 and 16:00 meetings. Action focussed and structured meetings following the Trust Escalation Action Cards.
- Detained reviews of patients on the IDT working caseload and also of all admitted patients to ensure that all patients pathways are being proactively managed.

- Additional management support, at Executive and General Manager on call level has been provided at WHH and QEQMH at weekends and weekday evenings, with escalation to the CCG Executive on call to ensure all external stakeholders were aware and supporting the Acute Trust.
- Greater senior clinical engagement into the Operational Control Centres with peer review and challenge of patient flow issues.
- Additional internal and agency medical staff have been booked to provide senior clinical support in the Emergency Departments and also to enable senior medical review at the weekend.
- Continued support and close working with SECAMB to ensure that patients are handed over safely.
- ECASCARD issues are being monitored, with issues being actioned as a priority in order to make improvements to the system. Increased communication and training has been provided in real time to staff.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

76.15 %

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Green
62 day Treatments	71.68%	79.86%	73.57%	71.04%	79.20%	75.42%	70.94%	74.58%	71.50%	70.00%	72.77%	76.15%	>=85%
>104 day breaches	75	57	64	65	61	42	56	57	45	53	44	31	<0
Demand: 2ww Refs	2,553	2,733	2,812	2,950	3,085	2,964	2,999	2,905	2,869	3,036	2,763	3,042	2628 - 2905
2ww Compliance	93.28%	94.10%	93.58%	89.25%	88.48%	94.61%	96.44%	94.77%	94.81%	97.21%	97.45%	96.30%	>=93%
Symptomatic Breast	94.06%	88.03%	92.98%	85.00%	83.73%	93.71%	93.10%	93.22%	95.31%	94.59%	96.43%	86.61%	>=93%
31 Day First Treatment	94.82%	97.07%	98.10%	96.11%	96.31%	94.55%	94.31%	93.64%	93.39%	96.10%	94.93%	95.25%	>=96%
31 Day Subsequent Surgery	94.59%	97.50%	96.72%	91.49%	88.24%	86.96%	96.61%	90.38%	92.59%	89.23%	89.09%	91.18%	>=94%
31 Day Subsequent Drug	86.17%	100.00%	100.00%	98.25%	98.95%	100.00%	97.33%	98.88%	100.00%	100.00%	99.12%	100.00%	>=98%
62 Day Screening	93.75%	95.65%	92.31%	92.86%	93.10%	100.00%	83.33%	87.50%	93.94%	89.55%	96.23%	91.43%	>=90%
62 Day Upgrades	50.00%	86.67%	70.37%	100.00%	57.14%	100.00%	82.35%	85.71%	100.00%	80.00%	83.33%	74.36%	>=85%

Sustainability & Transformational Funding Trajectory

- 12.73

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	74.10%	76.40%	77.60%	77.40%	82.70%	85.40%	85.00%	85.50%	85.20%	85.10%	85.40%	85.20%	Sept
Performance	71.04%	79.20%	75.42%	70.94%	74.58%	71.50%	70.00%	72.77%					Sept

Summary Performance

The NHS Constitution states that patients with suspected cancer have the right to:

- Access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible.
- To be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

In addition there are a set of performance standards set out by NHS England on which NHS providers are held to account. The standards for treatment of patients with suspected cancer are:

- A maximum two-week wait to see a specialist for all patients referred with suspected cancer symptoms (**standard 93%**).
- A maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms; even if cancer is not initially suspected (**standard 93%**).
- A maximum of 31 day wait from the date a decision to treat (DTT) is made to the first definitive treatment for all cancers (**standard 96%**).
- Maximum 31 day wait for subsequent treatments where treatment is surgery (**standard 94%**).
- Maximum 31 day wait for subsequent treatments where the treatment is a course of radiotherapy (no standard – aim for 98%).
- Maximum 31 day wait for subsequent treatments where the treatment is an anti-cancer drug regimen (chemotherapy) (**standard 98%**).
- Maximum 62 day wait from urgent referral for suspected cancer to the first definitive treatment for all cancers (**standard 85%**).
- Maximum 62 day wait from an NHS cancer screening service to the first definitive treatment for cancer (**standard 90%**).
- Maximum 62 day wait for the first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) (no standard – aim 85%).

These standards are all measured across a number of defined tumour sites:

- Breast
- Skin
- Urology
- Upper Gastro-intestinal
- Lower Gastro-intestinal
- Lung
- Gynaecology
- Head and neck
- Haematology
- Other (includes brain, thyroid, children)

The Trust's performance is weighted as 5% of the sustainability and transformation fund (STF) with the most emphasis on the 62 day treatment:

- 50% for the 62 day treatment (includes screening)
- 15 % each 2 week wait and 31 day surgery (30%)
- The remaining standards 5% each (5% x 4)

The Trust has been non-compliant against the 62 day standard since December 2014. A trajectory to recover this target was agreed in April 2016, which predicted compliance by September 2016, due to a drop in Urology performance and the agreed recovery this trajectory has been revised to January 2017. Performance in Urology has dipped significantly over the summer period lack of DaVinci Robotic surgery capacity, MRI breakdown at Canterbury and the failure of the booking process, following the first outpatient appointment. Radiology and Urology teams are meeting to align the MRI appointments and reporting with the TRUS biopsy to prevent delays in the pathway and reports have been designed to support this.

December performance is currently 76.15% against the improvement trajectory of 85.20%, validation continues to the 6th Feb 2017

- The total number of patients currently on an active Cancer Pathway is 2,686
- Number of patients over the 62 day standard is 226 (7.4% of total PTL) of which;
    - 65 have a diagnosis
    - 34 of these have a decision to treat
- The total number of patients waiting 104 days is 31 (1.2% of Total PTL) of which;
    - 10 have a diagnosis
    - 5 have a decision to treat.

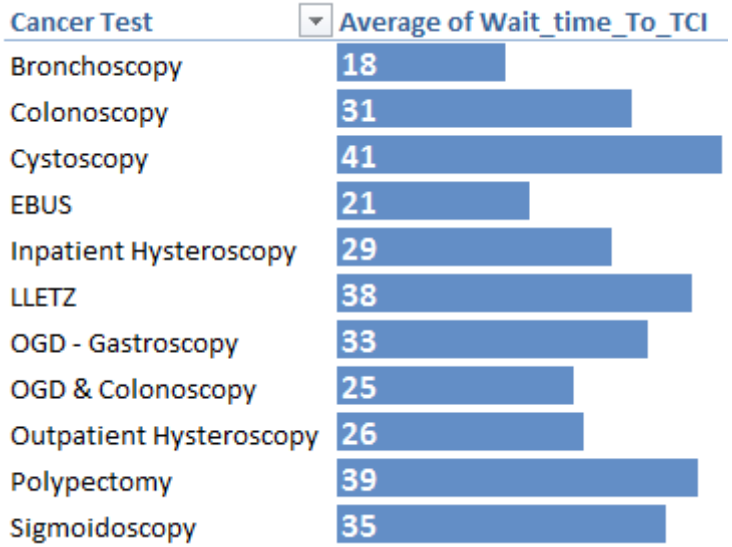
During December there has been significant emphasis on clearing the backlog of patients waiting beyond 62 days on a cancer pathway. The cancer compliance team are focussing on escalation which has resulted in a reduction in the number of patients waiting above 62 days. The number of patients over 104 days has fluctuated through December between just below and just above 30.

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.

Diagnostics

Key areas of concern for the Trust are Endoscopy, Colorectal, Urology, Gynae-oncology and Radiology (both appointment and reporting capacity). Monitoring tools for the delivery of waiting times of diagnostic that are timely along the Cancer Pathway are being developed by the Information team (ie. 10 days turnaround time from referral for cancer test to patient having that test). Reduction of waiting times for key diagnostic tests undertaken along the cancer pathway will deliver sustainable compliance against the 62 day target.

Summary of current waiting times for key cancer tests within the Trust.



Tumour site risks

Urology remains a risk to the trajectory of 85% compliance in January. Monthly meetings between the Cancer Compliance Team and Urology are scheduled to monitor compliance to the action plan and recovery trajectory.

Lower GI and Gynae are also areas of concern. Delivery of waiting times of key diagnostic has been recognised as bottle necks for these pathways. Plans for extra Endoscopy capacity and Gynae Hysteroscopy capacity are underway.

104 day patients

The number of patients waiting past 104 days has reduced and is currently 31. It is expected that will continue to reduce through January when it is expected to fall below 30. This will represent around 1.1% (2.15% Nov 15) of the overall PTL. DATIX reporting and clinical investigation continues for these patients, if harm to a patient is considered an RCA will be completed. This process was recently praised by NHSI on review of the Trusts reports from August 2016.

The escalation processes that have been introduced will ensure that patients with long waits are moved more quickly through their pathway. The aim of the Trust is to have zero tolerance to non-clinical waits over 104 days, recognising there will always be clinical exceptions, but these will be small in numbers. A trajectory is being worked on to improve 104 days with the aim to get down to zero.

A report of patients waiting over 104 days is presented to Patient Safety Board each month and discussed at each Cancer Board.

A meeting with the CCG has reviewed the process for monitoring patients over 104 days and reported serious incidents where there has been a delay in diagnosis or missed cancer. This will continue to be an agenda item through the CCH Performance and Quality Meeting.

18 Week Referral to Treatment Standard

Key Performance Indicators

83.83 %

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Green
Performance	90.10%	89.17%	89.27%	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%	>=92%
52w+	3	5	5	6	9	17	25	20	27	21	13	12	0
Waiting list Size	42,239	42,791	43,000	44,620	45,663	44,213	45,487	45,352	45,531	44,822	46,191	46,398	<38,938
Backlog Size	4,181	4,634	4,614	5,105	5,531	5,831	6,072	6,568	6,781	6,262	6,563	7,502	<2,178
Demand: PC Referrals	15,057	15,907	16,431	16,760	16,103	16,254	16,174	15,596	15,489	14,854	16,522	13,403	<15,484
Demand: Additions to IP WL	3,201	3,346	3,325	3,145	3,233	3,560	3,266	3,357	3,432	3,487	4,054	3,138	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

Sustainability & Transformational Funding Trajectory

-8.74 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	89.03%	89.86%	90.45%	90.96%	91.67%	92.10%	92.66%	92.94%	92.57%	92.93%	93.42%	94.41%	Sept
Performance	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%				Sept

Summary Performance

The NHS Constitution gives all patients the legal right to start their non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral; unless they choose to wait longer or it is clinically appropriate that they wait longer. To measure compliance against this constitutional right EKHUFT is monitored against the Percentage of Patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral, the Threshold for national compliance has been set at 92%. There is a zero tolerance for any patient waiting over 52 weeks for treatment to commence. All breaches undergo a full root cause analysis, the results are shared with our Clinical Commissioning Groups and themes and lessons learnt are cascaded through our divisional governance structure.

The Trust failed to deliver compliance against the national standard by the agreed trajectory timelines of September 2016. This was due to;

- Primary care referrals higher than planned particularly in Orthopaedics which have continued all year, this results in long waiting times for first outpatient appointments i.e. Gastroenterology, Ophthalmology and Gynaecology
- 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
- Gastroenterology & Endoscopy capacity due to high demand
- Workforce vacancies in Otology resulting in referring to London Hospital which has seen an increase in waiting times, particularly 52 weeks waits
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits

Despite being unable to deliver the performance against the aggregate target, the Trust has maintained performance in;

- Health care of older people
- General medicine and respiratory medicine.

The new Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery

Recovery Trajectory

The Trust, working in partnership with the four local clinical commissioning groups and NHS Elect, has developed a recovery Trajectory intended to achieve compliance by March 2017. The challenging recovery Trajectory will require significant investment from both the Trust and the CCGs to reduce waiting list sizes to sustainable levels.

The Recovery profile is detailed below;

Recovery Trajectory

-4.57 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
Recovery Trajectory						85.60%	85.96%	87.00%	88.40%	89.84%	90.97%	92.20%	Sept
Performance						85.11%	86.03%	85.79%	83.83%				Sept

Key Elements to the recovery plan

Scheme	Specialty	Provider	Backlog Reduction Required (as at 8/11/2016)	Nov	Dec	Jan	Feb	Mar	Total	Status
Additional theatre lists to achieve plan	General Surgery	EKHUFT	319	60	60	60	60	60	**300**	On plan to deliver
Demand redirection for >35 BMI	General Surgery	KIMS		30	30	30	30	30	**150**	CCG to advise on timescale
Outsourcing of current admitted waiting list	General Surgery	Ash 1, SW		50	50	50	50		**200**	Approved
Outsourcing of current admitted waiting list	Orthopaedics	One Health Ashford	941	100	100	140	140	140	**620**	Recovery plan in place
Outsourcing of current admitted waiting list	Orthopaedics	Spencer Wing		45	45	45	45	45	**225**	On plan to deliver
Demand redirection: Choice at point of Referral	Orthopaedics	IS Providers						250	**250**	CCG to advise on timescale
Intensive Validation	ENT	EKHUFT	211	75					**75**	On plan to deliver
Recruitment of two Otologists	ENT	EKHUFT		8	8	16	16	16	**64**	Recovery plan in place
Resolution of sleep studies	ENT	EKHUFT		10	10	10	10	10	**50**	CCG to advise on timescale
Appointment of Locum Consultant	Maxillo Facial	EKHUFT	201	56	56	56	56	56	**280**	On plan to deliver
Insourcing additional capacity for Cataracts	Ophthalmology	18 Week Insourcing	470	96	96	96	96	96	**480**	Recovery plan in place
Insourcing additional capacity for Endoscopy	Gastroenterology	18 Week Insourcing	362	75	75	75	75	75	**375**	Recovery plan in place

Further work is continuing in other specialities such as Urology, cardiology and Gynaecology with the CCG

In December performance against the standard fell to 83.83%. This significant reduction in performance was driven by a combination of factors. Throughout the month the Trust planned to reduce clinical outpatient and surgical activity due to the festive period. A surge in an unprecedented number in non-elective demand, led to beds and emergency services coming under extreme pressure. This led to the postponing of some outpatient clinics to release clinician time for inpatient work, and an increased cancellation rate for elective surgery, primarily driven by a reduction in surgical bed availability. The Medical Director, Chief Nurse and the Chief Operating Officer are working closely together to make sure all these decisions take into account clinical need, quality of care and patient safety.

In addition to the loss of capacity, as operational focus was directed to unblocking delays and improving patient flow to ensure business continuity, resource was taken away from validation of RTT pathways throughout December. Further challenges were also observed in all specialties, with high vacancy and sickness rates, combined with an inability to recruit short term clinical cover for Gastroenterology services has led to a significant increase in patients waiting over 18 weeks for a first outpatient appointment.

Encouragingly the number of patients who were waiting for treatment for more than 52 weeks as at the end of the month reduced to 12 by the end of December.

Priority 1 - Improve Pathway Management

- Due to operational issues with the unprecedented demand focus has been on the emergency pathways and flow. Through January and February there will be a focus on validation and the use of newly developed information tools

Priority 2 - Achieve the Outpatient Milestones

Demand Management – The health system acknowledges the Trust does not have the operational capacity to deal with the current demand, as such our local Clinical Commissioning Groups (CCGs) committed to reducing referrals to East Kent in 2016/17.

- The CCGs are continuing to identify alternative providers to deliver pathways in Gynaecology, Orthopaedics and General Surgery in 2016/17.
- The CCG's have implemented choice navigators into referral management centres for Orthopaedics and are exploring other avenues to aid other specialities, such as gastroenterology and Gynaecology, although the benefit of this is yet to be seen in the trust.
- The CCG are in the process of awarding the contracts for outpatient procedure management of wet macular oedema (Ophthalmology). This will mean patients will receive treatment closer to home in a primary care setting and will no longer have to attend hospital. Time frame yet to be established.
- The trust is working with the CCG to explore the development of in-house sleep studies in ENT to enable a one stop service to avoid transfer to the community for diagnostic testing.

The Trust is addressing current shortfalls in capacity with increased demand by:

- Additional outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and gynaecology
- Seven new consultant posts have been recruited in Ophthalmology to commence in February and March 2017
- Validation process in ENT being reviewed with individual consultants with training being provided on the RTT pathway
- 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.
- Bring forward the Decision to Treat Date – Identifying patients who have passed the optimal point in patient pathway and securing decision or treatment capacity

Priority 3 - Deliver the Efficiency Programme

6-4-2 Programme – The Trust has established a programme of work to reduce the number of Theatre sessions that are cancelled and not re-established.

- The Trust has developed future focused reports and established meetings to review underutilised and empty theatre sessions.
- Profile of unused theatre lists are addressed at weekly theatre site meetings and weekly Trust theatre efficiency meetings.

Priority 4 – Deliver recurrent demand substantively

Live view of current demand – Monitoring referrals on a weekly basis to identify outpatient and admitted capacity required to respond

Real time response – Developing a process to empower staff to address changes in demand, this will reduce delays in responding to unplanned or unexpected changes to patient flow.

- Agreed waiting list initiative authorisation process, to include weekly demand monitoring and risk management within in the established PTL meetings.

Closing the loop on business planning and accountability – Developing operational procedures and monitoring tools to ensure delivery of the Business Plan

- Develop, train and embed consultant session tracker models to ensure we achieve our substantive internal activity.
- Deliver business planning action plans at speciality level to be monitored weekly at the RTT meeting.
- Clear objective setting, monitoring and accountability at monthly 1-2-1 meetings.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.72 %

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Performance	99.81%	99.65%	99.65%	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%
Waiting list Size	12,496	12,993	13,358	13,449	14,812	13,533	13,321	10,269	14,728	14,011	15,457	15,023
Waiting > 6 Week Breaches	24	45	47	29	19	19	31	45	39	12	19	42
Average Wait												

Sustainability & Transformational Funding Trajectory

0.62 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
STF Trajectory	99.08%	99.09%	99.15%	99.15%	99.13%	99.14%	99.13%	99.05%	99.10%	99.02%	99.03%	99.13%
Performance	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%			

Summary Performance

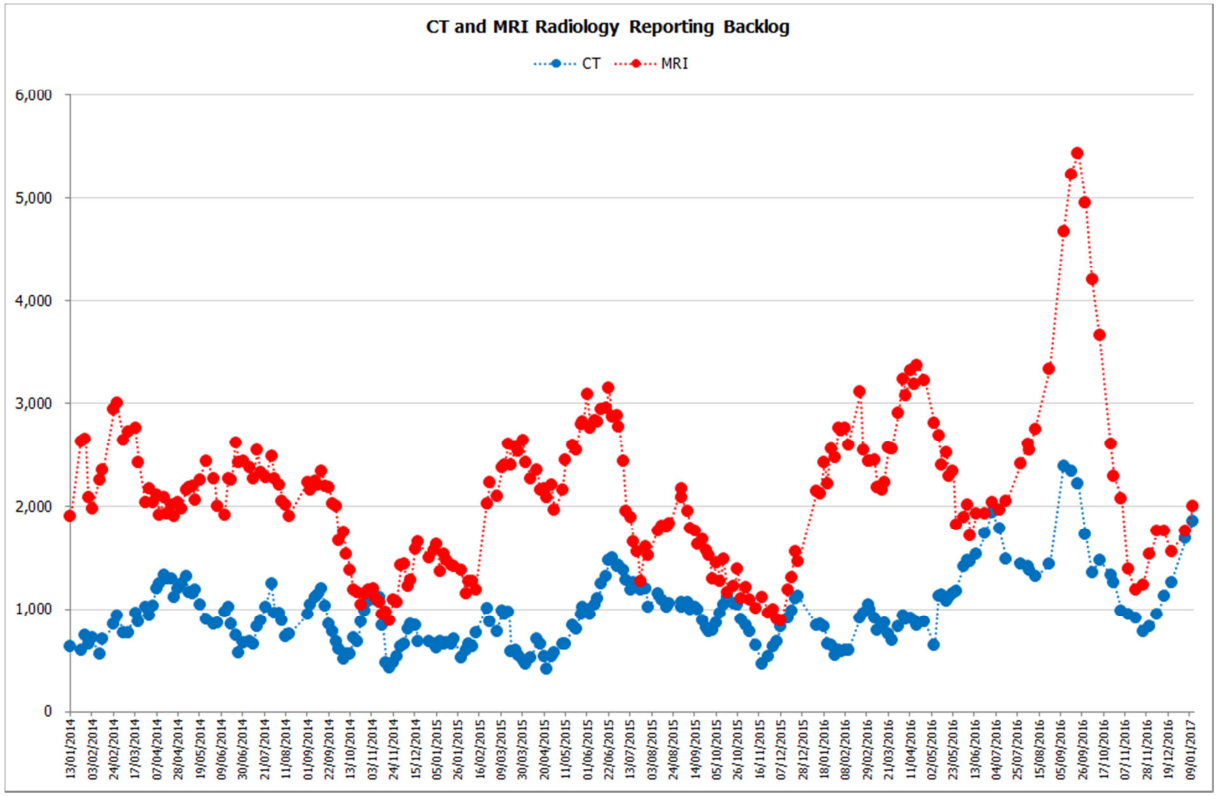
The DM01 is a national monthly report of performance against the 6 week standard for 15 key diagnostic tests. These include Radiology (MRI, CT and Ultrasound), Audiology, Echocardiography, Neurophysiology and Cystoscopy. Around 13/14 thousand tests per month are measured against the 6 week standard. The Division support the pathways for all patients on an 18 week and Cancer pathway. As well as monitoring the % of patients waiting 6 weeks or less for a diagnostic, the waiting list size and number of breaches over 6 weeks are also monitored, as these are key indicators that result in achievement of the DM01 standard.

42 patients waited over the 6 weeks standards in December 16 – breakdown below

Computed Tomography – 13
Magnetic Resonance Imaging – 8
Cardiology – echocardiography - 7
Non-obstetric ultrasound – 5
Urodynamics - pressures & flows - 4
Other - 5

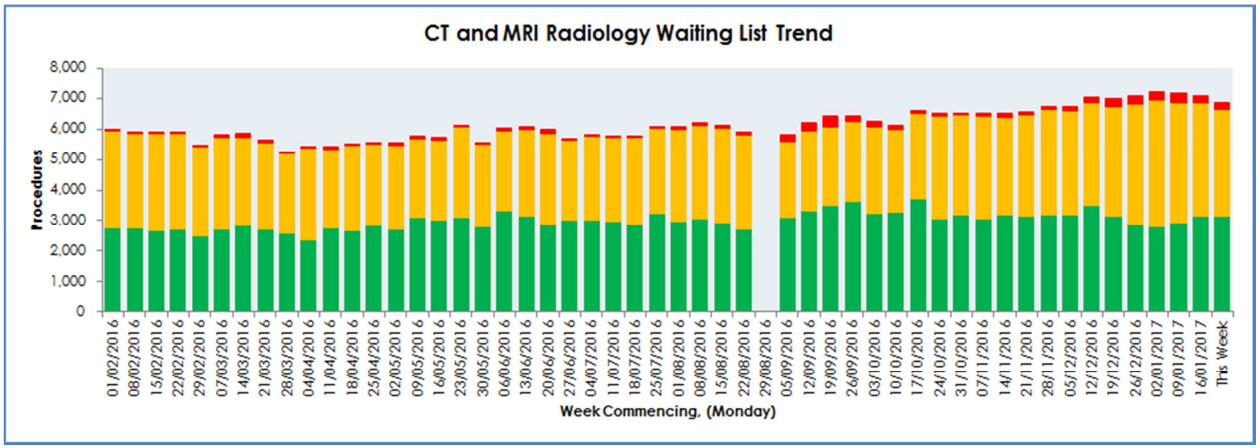
Risks; Issues and action's to mitigate a sustainable performance

The DM01 position remains compliant above the 99% standard, however, at the cost of putting on additional capacity to meet increasing Emergency activity over and above plan. This is coupled with additional reporting costs in order to get results back to clinicians in a timely manner.



The Reporting Backlog in Radiology is beginning to increase again. Significant efforts and investment had been put into reducing the backlog after the GE RIS downtime. However we were trying to manage the demand and locum use –this is not proving easy or sustainable

If the Reporting Backlog continues to grow at the current rate, the DMO1 position and sustainability is not achievable without significant additional resources.



CT and MRI Waiting lists remain high. Currently CT and MRI average waits are close to 5 weeks.

Therefore, if these waiting lists were to increase over the coming weeks/months, it is likely that the 6 week DM01 standard would become at risk.

Mitigating Actions Taken

The team continue to outsource and use locums with a reduction planned over next few weeks. We have undertaken benchmark and deep dive exercises to understand our productivity and efficiency in supporting the above. This has proved useful and serves to prove an overall productive department.

We continue to manage variations in demand in all modalities with limited capacity to deliver more. All equipment working to maximise opportunity – **Mitigating Action** We continue to vet requests, provide information to Trust Divisional clinical teams; CCG's at Consultant/Practice and GP level to enable a greater level of understanding and assessment of need and challenge as to requesting. Additional lists being undertaken to include both extended days during the week and Saturday lists.

Recruitment of Consultants Radiologists remains a huge risk to delivery concern. **Mitigating Action** On-going substantive recruitment. External advert open and reviewing opportunities in Europe for recruitment. We are also developing a marketing strategy to sit alongside our normal recruitment

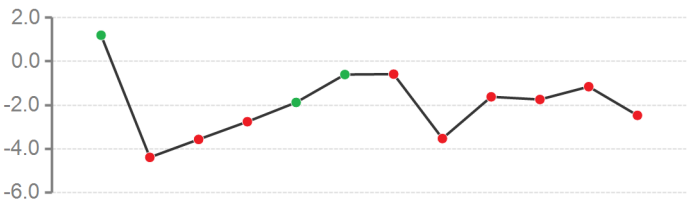
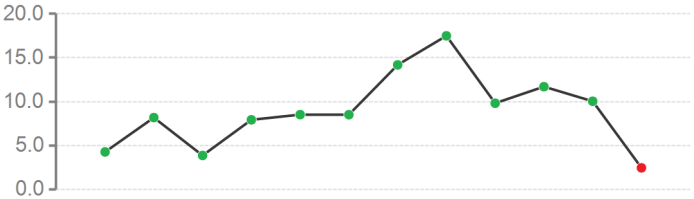
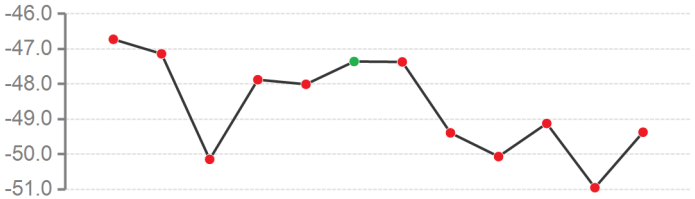
The Trust ageing equipment continues to be monitored closely and serviced as required. **Mitigating Actions,** The Division are replacing 2 MRIs at KCH. Works have commenced however there is slippage to original timelines due to a requirement of more detailed evaluation of the original Siemen supplied estimates for required building works, into the turnkey solution. Although this resulted in delaying the project, it required Siemens to quantify the actual likely costs associated with the supplied provisional sums, thereby limiting future cost risk to the Trust. This is being picked up by SIG and Management Board. Work will progress at pace.

Daily oversight, monitoring and escalation to DD as required.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Finance

Finance

Dec	I&E £m	-16.3 (113.8%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for "extra" CIPS
Dec	Cash Balance £m	2.4 (-75.6%)		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.
Dec	Total Cost £m	-49.4 (-3.1%)		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.
Dec	Forecast I&E £m	-19.6 (0.0%)		This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Finance

Dec

Normalised Forecast £m

-23.6
(0.0%)

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

Comments:

The Trust's monthly I&E deficit in December (month 9) was £2.5m compared to £1.3m in November and £1.7m in October. This was roughly in line with the forecast trajectory through to year end driven by income being £2.8m lower in month. The year to date I&E deficit stands at £16.5 with STF income of £4m relating to Q1 having been received. No further STF is expected. If the Trust had received STF in Q2 and Q3, the year to date deficit would be £8.5m.

Pay costs in the month of £28.2m included agency and locum costs of £2.2m which now stand at £20.4m for the year to date against the ceiling trajectory of £18.8m. Spend reduced by £0.4m in December through staff taking leave and fewer working days. Of the December agency spend, 70% related to medical staff. The agency spend is forecast to rise again in Q4.

Total income was £46.9m in month 9. Use of the independent sector increased for the fourth consecutive month to £1.2m driven by Ophthalmology, Endoscopy and Orthopaedics. Against the initial £20m CIPS target, including income, for the year to date £11.7m has been delivered against a target of £13.6m.

The Trust is continuing to discuss its cash requirements with NHSI and to the end of M9 had accessed £12.8 of its approved interim credit facility of £14.6m. The latest forecast submitted to NHSI indicates a requirement for c£28.5m.

The Trust's year end forecast is £19m as agreed at the Trust Board on 7 October 2016 and communicated to NHSI, a £5m stretch on the previous forecast, comprising a £7m operational deficit and £12m of lost STF income. The Trust has put in place a set of measures following the board meeting designed to secure the year end forecast but has been experiencing, in common with the majority of acute trusts, extreme operational demand-led pressures, with high levels of occupancy, poor flow and an increase in cancelled operations. A more likely year end position is a deficit of £22m

The Q4 position must be a substantial improvement on the year to date performance if forecast position is to be achieved.

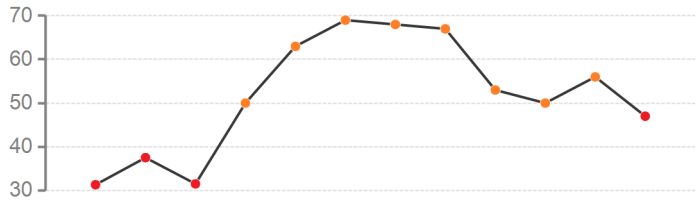
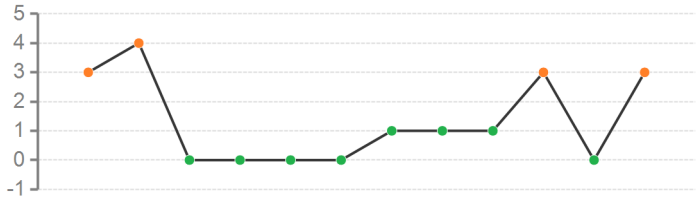
The forecast is rated as high risk as a result of:

- Workforce pressures increasing in Q4
- Potential activity and income reductions in Q4
- Continuing and significant demand and activity pressures in emergency care
- High levels of cancelled operations, occupancy rates and delayed transfers of care
- High level of commissioner challenge continues (£6m)
- Oncology SLA with MTW £0.5m+ risk
- Minimal reserve against fines, penalties and challenges and the crystallisation of those risks

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Dec	Representation at H&S	623 (23.1%)		% 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.
Dec	RIDDOR Reports (Number)	16 (-23.8%)		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.
Dec	Formal Notices	1		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).

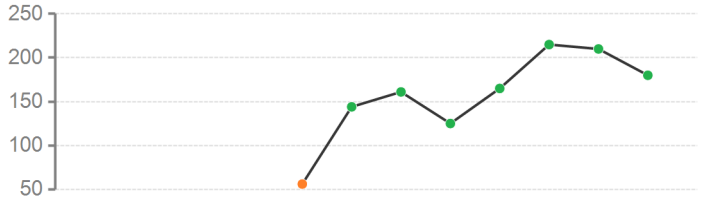
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Dec

Health & Safety Training

1256



H&S Training includes all H&S and risk avoidance training including manual handling

Comments:

Divisional Representation at H&S meetings decreased in December to a low of 47%. As all sites were in BC during December we did expect attendance to be low.

We have had 3 RIDDOR reports in December as follows:
A staff member slipped on water in a procedure room (following hand washing at the sink)
A back injury from retrieving patient notes from a filing room
A member of staff sprained their finger whilst washing a patient.

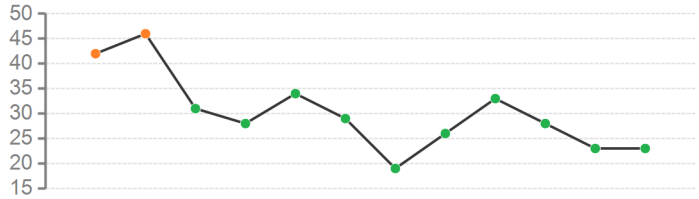
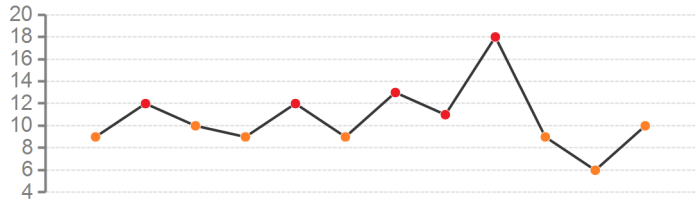
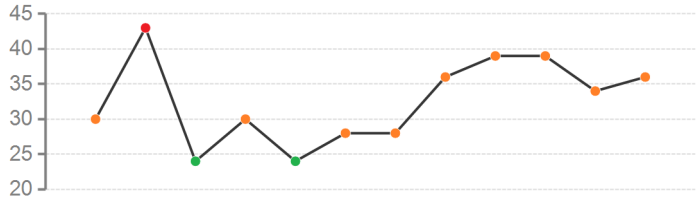
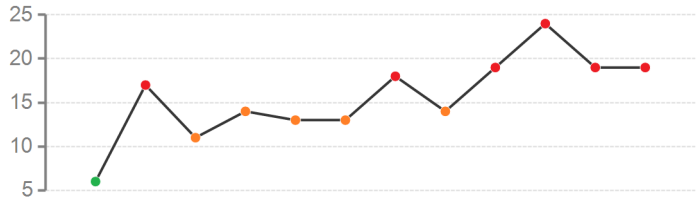
In the last 12 months we have had no Improvement Notices or Fee for Intervention notices from the HSE. We have proactively supplied the HSE with a written Quarterly update and follow up meeting in December. The HSE have thanked us for the update.

We continue to evaluate the RIDDOR data in relation to near misses. The relative small data source is making this difficult at this time. One issue that is being reviewed is the time taken by staff to report RIDDORS to managers and the time being taken by managers to relate RIDDOR to episodes to sickness which at the time may not appear as RIDDOR reportable. We are undertaking a review of the data with the support of the HSE.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

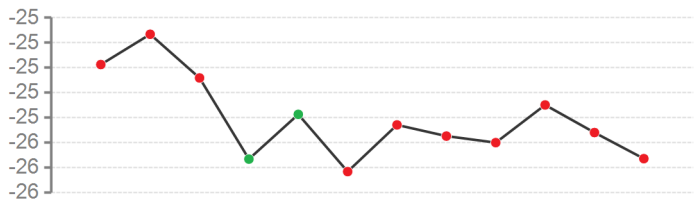
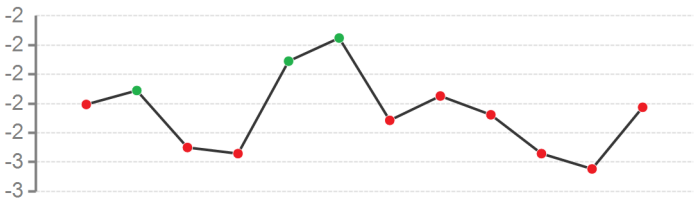
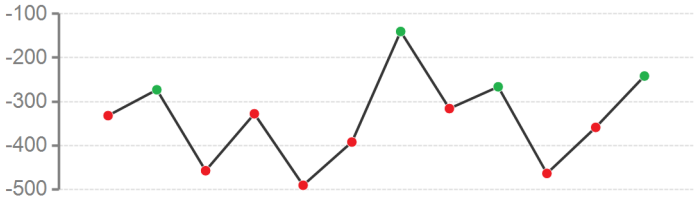
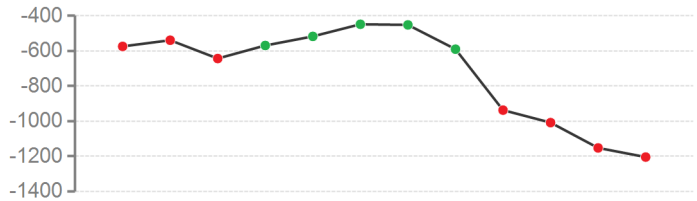
Dec	Accidents	362 (-33.1%)		Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Dec	Fire Incidents	128 (-1.5%)		Fire alarm activations (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.
Dec	Violence & Aggression	391 (-16.3%)		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.
Dec	Sharps	187 (83.3%)		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.

Comments: Both Accidents and Sharps instances remained static in December. However Violence & Aggression and Fire instances increased slightly on last month.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

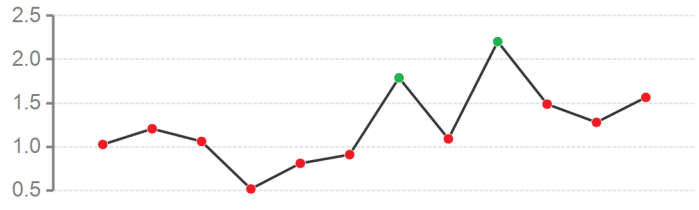
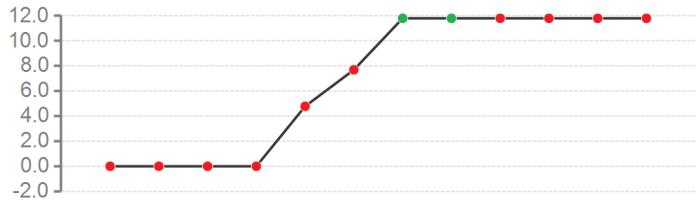
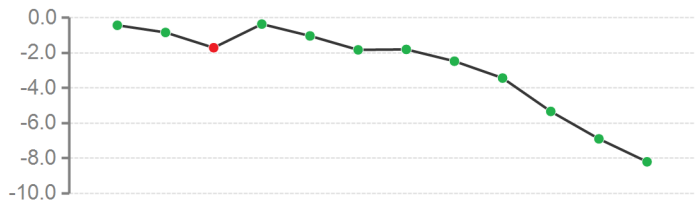
Dec	Payroll Pay £m	-25.7 (0.8%)		Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Dec	Agency Spend £m	-2.2 (-15.9%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Dec	Additional sessions £k	-242 (-32.6%)		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.
Dec	Independent Sector £k	-1,205 (4.5%)		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 costs in month were £28.2m as against an average of £28.2m per month up to month 8. Agency and locum costs reduced by £0.4m in the month to £2.2m, and now stand at £20.4m for the year to date against the ceiling trajectory of £18.8m. This is an 11% reduction year on year. Of the December agency spend, 70% related to medical staff. Year to date 66% of agency spend is medical staff compared with 34% across the region. 66% of agency and locum costs are in Urgent Care and Long Term Conditions. Measures continue to be strengthened to reduce the agency bill, but are challenged from the high number of vacant medical staff posts, particularly in medicine. Although spend reduced in December, it is expected to increase in Q4 and resents the most serious risk to the Trust's financial position.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Dec	CIPS £m	11.7 (22.4%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.
Dec	Cash borrowings £m			Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Dec	Capital position £m	-31.3 (18.9%)		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.

Comments:

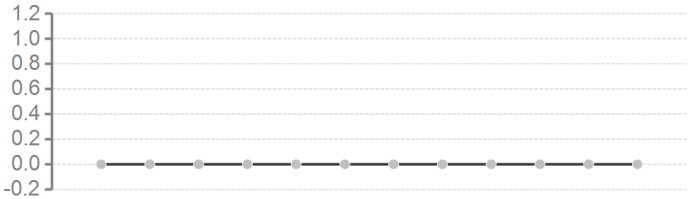
CIPS of £11.7m have been reported ytd, including £2.4m of income schemes, which is £1.9m below plan mainly due to the shortfall in theatres efficiency savings, and some slippage on outpatients and workforce. The CIPS target for the year is £20m with a further £5m stretch of run rate and cost avoidance measures. As at the end of October, schemes valued at £17.5m had been identified. This reduces to £16.7m when risk adjusted. New CIPs Ideas sufficient to close the gap continue to be developed and in recent weeks agreement has been reached to move to a single supplier for hip prostheses (£170k fye), review blue badge parking charges (£250k fye), and pilot Australian CT reporting (£100k)

At the end of December the cash balance stood at £2.5m. The cash forecast for 2016/17 continues to be extremely challenging with only a further £3.3m to be drawn down in January 2017. In August the Trust received the first quarter STF payment £4m but no further STF is expected. The Trust is continuing to work with NHSI to secure additional working capital financing. The latest cash forecast submitted to NHSi highlighted a working capital financing requirement of £28.5m (plan submission £20.8m). The main driver for the increased requirement is the removal of the STF funding relating to future periods and the reforecast to reflect the I&E Trust deficit.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Productivity

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

Comments: The programme of improvement put in place supported by Four Eyes is being rolled out and further efficiency improvements are planned for Q4 to maximise income. This will be dependent on operational pressures reducing. Clinical coding has now coded 100% of activity within the required periods in each of the last three months.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Improvement Journey

		Aug	Sep	Oct	Nov	Dec
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	82.24	84.29	79.35	75.76	74.23
MD03 - Maternity Capacity	Midwife:Birth Ratio (%)	29	30	30	27	28
MD06 - Pathway Flow	IP - Discharges Before Midday (%)	15	14	15	15	14
	DToCs (Average per Day)	58	53	61	57	50
MD07 - Medicines Management	Pharm: Fridges Locked (%)	92	93	91	89	88
	Pharm: Fridge Temps (%)	81	83	84	87	79
	Pharm: Drug Trolleys Locked (%)	99	98	98	98	98
	Pharm: Resus. Trolley Check (%)	90	89	87	87	83
	Pharm: Drug Cupboards Locked (%)	92	90	91	86	87
MD08 - Staffing Levels	Vacancy (%)	10.5	10.8	10.7	10.1	10.1
	Shifts Filled - Day (%)	91	93	93	99	97
	Shifts Filled - Night (%)	102	100	102	110	106
MD09 - Workforce Culture	Sickness (%)	3.8	3.8	3.9	3.9	3.5
	Appraisal Rate (%)	79.5	81.2	83.2	82.2	82.5
	Staff Turnover (%)	12.0	12.6	12.7	12.6	12.7
	Corporate Induction (%)	100	100	100	100	100
	Staff FFT - Work (%)	58	58	58	58	58
	Staff FFT - Treatment (%)	79	79	79	79	79
MD11 - Clinical Audit	Clinical Audit Prog. Audit	3	3	3	3	3
	Clinical Audit Review	3	3	3	3	3

MD12 - Environment	Cleanliness Audits (%)	98.0	97.7	98.3	98.1	98.3
MD17 - Incident Reporting	Clinical Incidents: Total (#)	1,307	1,391	1,375	1,390	1,218
MD19 - Major Incident Planning	Major Incident Training (%)	31	33	34	35	36
MD22 - Agency Staffing	Unplanned Agency Expense	100	115	109	103	95
	Clinical Time Worked (%)	71	70	74	74	72
	Temp Staff (WTE)	226	229	233	227	202
	Employed vs Temporary Staff (%)	89.6	89.5	89.6	90.1	90.1
	Local Induction Compliance %	9.2	14.9	14.3	5.5	17.0
MD26 - Complaints Process	Complaint Response in Timescales %	97	92	94	94	97
MD30 - Medicines Management	Medicines Mgmt. Incidents	110	118	111	133	88

East Kent Hospitals University NHS
NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	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.	<= 90	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 28	30 %
	Extra Beds	Number of extra 'unfunded' beds available		
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Outliers	Number of Bed Outliers in the Trust, where the intended use of the bed is used for another service		
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 %
	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 %

Clinical Outcomes	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. 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 %
	PROMs EQ-5D Index: Groin Hernia	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		
	PROMs EQ-5D Index: Hip Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		
	PROMs EQ-5D Index: Knee Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. 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 %
	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 = £5.2m deficit adjusted for “extra” CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %

Health & Safety	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	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 %

Incidents	Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	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	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1	
	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
	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-9pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 9pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	4 %
	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89	4 %
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Audit due to commence in January - Percentage of controlled drugs signed off by two nurses	>= 85	5 %
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in 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 %

Patient Experience	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 %
	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	2 %
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 90	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	

RTT	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 Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
	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. 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 equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	< 28	2 %
	NHSP Use % of Agency	% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	> 90	
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
	Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)	>= 80	15 %
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 80	15 %
	Sickness (%)	% of Full Time 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.	< 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		

Staffing	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 %
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Temp Staff (WTE)	Count of Temporary Staff in post	< 182	1 %
	Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Total Staff In Post (SiP)	Count of total staff in post		1 %
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	< 100	5 %
	Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Mandatory Training (%)	The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the 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	

Use of Resources	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

East Kent Hospitals University NHS
NHS Foundation Trust

Patient Safety Heatmap

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)
KCH - Kent & Canterbury																
Specialist																
KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	47	100	100	88	72	100	0.0	90.4	83	107
MARL - MARLOWE WARD	96.4	3	6	0	0	0	158	NULL	NULL	NULL	47	98	0.0	87.4	98	100
Surgical																
CLKE - CLARKE WARD	96.3	1	3	1	0	1	1	100	100	100	25	98	0.0	83.5	92	111
KENT - KENT WARD	100.0	6	1	0	0	1	1	86	98	94	46	100	0.0	87.5	108	106
KITU - KCH ITU	100.0	0	0	0	0	0	58	N/A	N/A	N/A	N/A	N/A	N/A	98.3	94	108
Urgent Care																
HARB - HARBLEDOWN WARD	100.0	3	6	0	1	0	23	100	89	96	50	100	0.0	69.9	99	109
INV - INVICTA WARD	95.8	0	4	0	0	1	0	100	94	94	22	100	0.0	93.5	99	122
KCDU - EMERGENCY CARE CENTRE	100.0	0	0	1	0	0	0	NULL	NULL	NULL	24	86	10.3	91.9	N/A	N/A
KING - KINGSTON WARD	100.0	0	5	1	0	0	0	100	100	98	28	88	4.2	93.1	94	114
KNRU - EAST KENT NEURO REHAB UNIT	100.0	1	2	0	0	0	0	91	92	95	10	100	0.0	80.9	102	136
MTMC - MOUNT/MCMASTER WARD	91.3	0	4	0	1	0	13	90	68	96	31	100	0.0	90.2	104	158
TAY - TAYLOR WARD	100.0	0	0	2	0	0	0	95	86	99	77	100	0.0	77.9	71	99
TREB - TREBLE WARD	100.0	0	11	0	0	0	0	79	96	96	17	90	0.0	86.9	79	141
QEH - Queen Elizabeth Queen Mother																
Specialist																
BIR - BIRCHINGTON WARD	100.0	0	2	0	0	2	236	NULL	NULL	NULL	66	99	1.1	105.4	91	100
KIN - KINGSGATE WARD	100.0	0	1	0	0	1	29	N/A	N/A	N/A	N/A	N/A	N/A	96.5	78	86
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	84.6	91	107
RAI - RAINBOW WARD	100.0	0	0	0	0	0	1	N/A	N/A	N/A	8	100	0.0	95.7	104	118
Surgical																
BIS - BISHOPSTONE WARD	100.0	3	7	0	0	0	0	100	100	100	18	100	0.0	83.8	104	109
CSF - CHEERFUL SPARROWS FEMALE	100.0	2	2	0	0	2	0	97	96	98	46	92	3.9	77.5	85	97
CSM - CHEERFUL SPARROWS MALE	100.0	3	5	1	0	0	1	100	100	100	47	95	0.0	86.3	76	91
QITU - QEH ITU	100.0	0	0	0	0	0	45	N/A	N/A	N/A	N/A	N/A	N/A	90.9	83	92

Apdx.

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)
QX - QUEX WARD	100.0	1	3	0	0	0	1	96	88	95	48	100	0.0	102.2	96	97
SB - SEA BATHING WARD	100.0	0	0	0	0	0	0	100	96	100	30	95	5.3	N/A	N/A	N/A
Urgent Care																
DEAL - DEAL WARD	100.0	1	6	1	1	0	0	97	95	100	0	NULL	NULL	91.2	120	128
FRD - FORDWICH WARD STROKE UNIT	100.0	0	4	0	0	0	0	100	100	100	18	100	0.0	82.9	122	140
MW - MINSTER WARD	91.3	0	10	0	1	1	26	92	64	78	0	NULL	NULL	91.7	96	101
QCCU - QEH CCU	100.0	0	0	0	0	0	32	100	97	98	56	100	0.0	89.7	88	109
QCDU - QEH CDU	100.0	0	0	3	0	0	0	NULL	NULL	NULL	17	80	6.7	92.2	N/A	N/A
SAN - SANDWICH BAY WARD	100.0	1	3	0	0	0	0	90	93	100	20	100	0.0	86.0	119	158
SAU - ST AUGUSTINES WARD	96.3	0	0	0	0	0	0	NULL	NULL	NULL	39	100	0.0	NULL	NULL	NULL
STM - ST MARGARETS WARD	100.0	1	1	0	0	0	25	100	79	98	5	100	0.0	100.6	116	108
WHH - William Harvey																
Specialist																
FF - FOLKESTONE	100.0	0	0	0	0	1	0	81	90	95	N/A	N/A	N/A	108.9	96	86
KEN - KENNINGTON WARD	100.0	0	0	0	0	1	2	NULL	NULL	NULL	46	94	2.0	80.4	81	89
PAD - PADUA	100.0	0	1	0	0	0	1	N/A	N/A	N/A	24	95	3.6	89.0	92	100
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	58	N/A	N/A	N/A	N/A	N/A	N/A	99.1	105	101
Surgical																
ITU - WHH ITU	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	96.8	96	89
KA2 - KINGS A2	100.0	0	0	0	0	1	2	98	94	95	71	95	0.0	92.0	110	136
KB - KINGS B	100.0	1	8	2	0	0	121	100	94	100	56	99	0.0	95.6	97	146
KC - KINGS C1	100.0	2	5	0	0	0	124	91	94	96	14	60	20.0	97.2	117	104
KC2 - KINGS C2	100.0	0	2	0	0	1	0	50	91	100	41	100	0.0	87.0	83	93
KDF - KINGS D FEMALE	94.4	2	0	1	0	1	103	92	89	98	34	75	0.0	87.6	N/A	N/A
KDM - KINGS D MALE	100.0	2	12	0	0	0	103	87	93	98	22	100	0.0	N/A	101	108
RW - ROTARY WARD	100.0	0	1	0	0	0	2	89	93	96	57	100	0.0	92.3	98	102
Urgent Care																
CCU - CCU	90.0	0	0	2	0	0	12	100	100	97	81	100	0.0	82.5	97	93
CJ2 - CAMBRIDGE J2	97.1	1	5	0	0	0	0	96	88	90	39	96	3.6	75.1	114	113
CK - CAMBRIDGE K	95.5	1	3	0	0	0	5	90	85	91	81	98	1.2	87.7	112	112
CL - CAMBRIDGE L REHABILITATION	92.3	3	17	0	0	0	13	50	50	50	88	100	0.0	99.3	101	133

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)
CM1 - CAMBRIDGE M1 SHORT STAY	94.4	1	8	0	0	0	0	88	75	91	58	86	7.1	29.7	N/A	N/A
CM2 - CAMBRIDGE M2	94.7	2	6	0	0	0	14	100	96	98	141	100	0.0	99.7	104	125
OXF - OXFORD	100.0	1	6	0	0	0	0	100	100	100	25	100	0.0	88.0	114	122
RST1 - RICHARD STEVENS 1 STROKE UNIT	95.8	4	8	0	1	0	0	91	89	87	22	93	0.0	91.4	75	72
WCDM - WHH CDU MIXED	100.0	0	0	2	0	0	12	96	93	96	15	73	18.2	90.0	N/A	N/A

East Kent Hospitals University NHS
NHS Foundation Trust

Human Resources Heatmap

	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Appraisal Rate (%)	86.2	75.5	90.2	79.1	82.5	88.9	91.1	68.4
Employed vs Temporary Staff (%)	89.6	93.3	89.0	87.8	92.9	89.3	91.6	87.1
Mandatory Training (%)	92	90	93	80	84	92	85	87
NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sickness (%)	3.4	1.7	2.4	2.5	3.9	3.1	3.6	3.5
Staff Turnover (%)	13.1	8.6	18.3	16.4	12.4	12.7	10.6	14.0
Vacancy (%)	10.4	6.7	12.7	13.5	7.2	10.7	8.4	13.5

Apdx.