East Kent Hospitals University **NHS**
NHS Foundation Trust

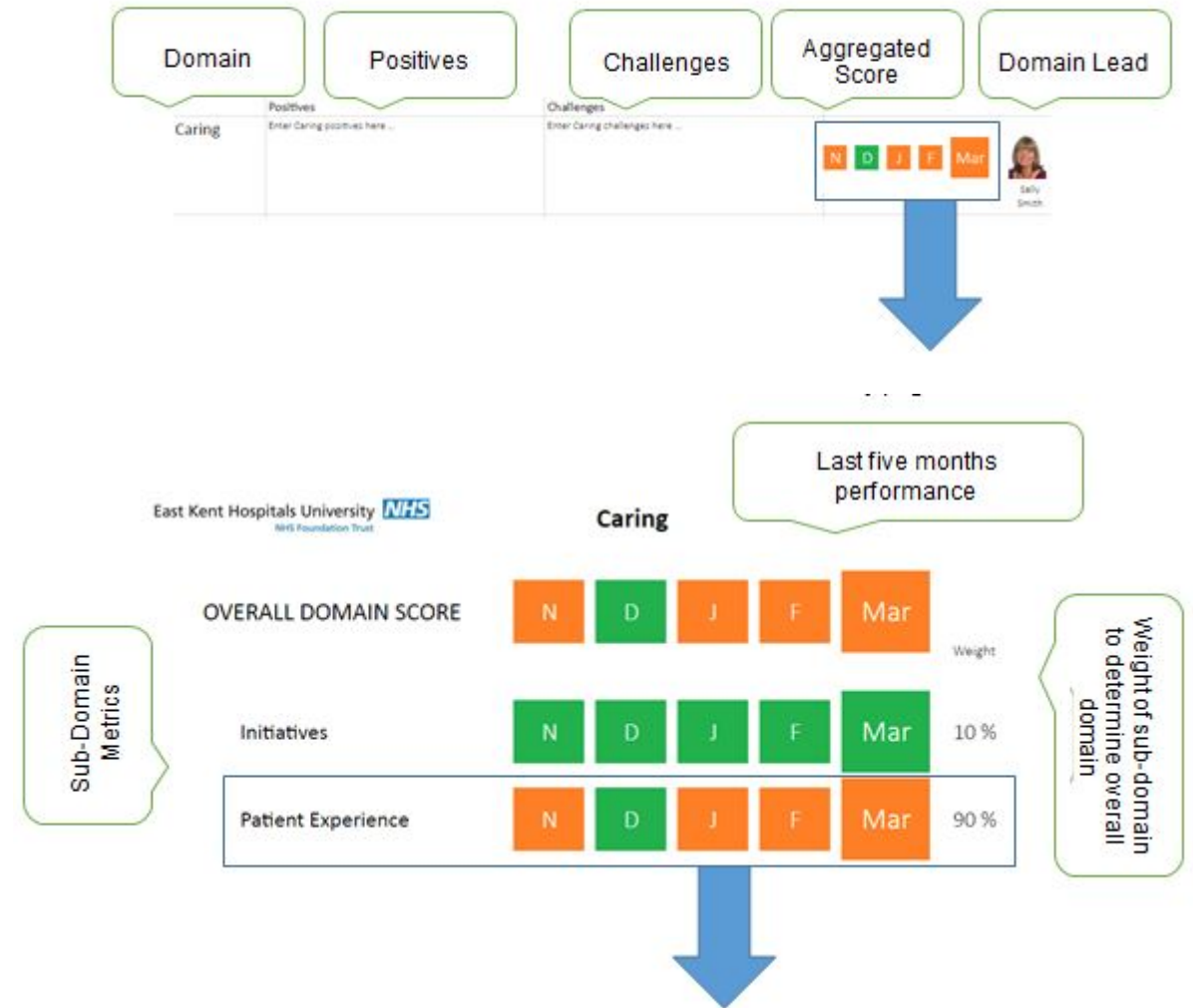# INTEGRATED PERFORMANCE REPORT

Chief Executive's Summary

Please note that the CEO Summary now forms part of a report front sheet and is not included within the main IPR pack.

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.

Domain | Positives | Challenges | Aggregated Score | Domain Lead

Positives
Caring · Enter Caring positives here ... · Challenges · Enter Caring challenges here ...

N D J F Mar

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.

Last five months performance

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Caring

Sub-Domain Metrics

OVERALL DOMAIN SCORE	N	D	J	F	Mar	Weight
Initiatives	N	D	J	F	Mar	10 %
Patient Experience	N	D	J	F	Mar	90 %

Weight of sub-domain to determine overall domain

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

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

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

East Kent Hospitals University NHS Foundation Trust

Strategic Priorities

Our vision:
Great healthcare from great people

Our mission:
Together we care: improving health and lives

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

Our strategic priorities:
Patients, people, provision and partnerships

Contents

East Kent Hospitals University NHS Foundation Trust

Headlines

	Positives	Challenges	
Caring	Overall patient experience, as per the real-time inpatient survey remains green with overall patient experience rated at 91%. The friends and family test inpatient satisfaction rate remains positive at 97% recommended. The percentage of responders not recommending the Trust as a place to receive care is the lowest (best) it has been for 5 months. The ratio of compliments to complaints is also positive with 48 compliments to every single complaint.	We are still reporting a high number of mixed sex breaches in the Clinical Decision Units and in some of the escalation areas. This is due to patient flow and decongesting the Emergency Departments to maintain safety. Complaints response times are registering amber this month. Improvement actions are in place to recover the position.	A S O N Dec Sally Smith
Effective	Reportable delayed transfers of Care (DTOC), has improved slightly in December. Readmissions after an elective and non-elective admission has not changed which is positive considering the significant challenges. Planned preventative maintenance for medical equipment has maintained the improvement of 84% which is a great achievement. Clinical audit programmes remain on track as planned.	Bed Occupancy has increased to 96% and the non-elective length of stay as increased by almost half a day. DNA rates for new and follow up appointments have not improved this month which is a common trend seen each year. Theatre utilisation is still a significant challenge and cancellations on the day for non-clinical reasons have increased to 1.9%.	A S O N Dec Jane Ely

Responsive

Cancer performance overall has improved with 2 week wait, 31 day diagnosis to treatment, and 62 days from screening referrals and consultant upgrades now compliant.
The 62 day standard from GP referral has improved by over 3% in the month to 74.48%. The Urology review has been undertaken and the Lung pathway will be under taken in January to determine when compliance for the 62 day from GP referral will be achieved.

Diagnostic waits performance has been maintained.

Despite the continued improvement in our internal processes through our Rapid Improvement Programme, performance against the A&E 4 hour standard dropped in December to 73.59%. It is evident that the cause was due to reduced patient flow as a result of a reduction in discharges and increased length of stay. Our Clinical Commissioning Groups were granted additional funding in December to support the need for additional beds, yet this could not be fully implemented in time to meet the increased demand. We opened additional acute beds in December and into January and our whole system partners are now increasing a refocus in planning and promoting discharge through a concentrated two week period with an aim to get the bed occupancy back into balance.

Referral to Treatments (18 weeks RTT) performance has fallen again to 78.67% and the number of patients waiting for treatment beyond 52 weeks has increased further, the majority of these are still in general surgery and gynaecology. Revised plans are being developed.

A S O N Dec

Jane Ely

Safe

The rate of hospital acquired pressure ulcers improved compared to last month.

Despite the very real challenges to emergency care although as anticipated overall VTE assessment recording dipped below 95% to 93.8%. Specialties have achieved >95% for all of the last 12 months.

Sepsis screening within the busy EDs remains extremely good as does administration of IV antibiotics with the first hour of arrival at hospital.

This period has been hugely challenging with a high bed occupancy and additional challenges from Norovirus and a surge of influenza.

The Trust has reported a further never event during this reporting period and this period has also seen an increase in the number of incidents with moderate harm. There was also a severe harm incident recorded in relation to staff stress within the WHH emergency department.

Harm Free Care remains static at 'amber'. This includes patients admitted with harms as well as those who acquire a harm in hospital.

The rate of falls has increased during December registering red. Year to date, however, we remain below the national average for falls rate.

We reported 1 avoidable deep ulcer during December.

A S O N Dec

Paul Stevens

Well Led

Finance is on plan in month after NHSi adjustments, and also on plan ytd

I&E CIPS of £21.7m reported against a plan ytd of £22m

Sickness is unchanged at 3.9% - Amber rated

£2.6m of cash was borrowed in December

Appraisal rates improved slightly to 82.2% (previously 81.9%)

Forecast has been altered adding £11m of cost to the expected deficit giving a forecast of £30m (after NHSi adjustments) driven mainly by winter pressures and other previously flagged adjustments. CCG challenges remain a further risk.

Vacancies increased 0.2% (to 11.8% from 11.6%)- still red RAG rated

Staff turnover has increased to 13.6% form 13.2% prior month- still red RAG rated

Temporary staff costs increasing and still running well above budget (inc. Bank and Over time) at £4.8m in month

A&E recovery plan requires significant funding

Pressure on CIP delivery as to recover Bite 4 schemes e.g. Patient Flow 2 and Agency reductions.

A	S	O	N	Dec

Susan Acott

Caring

OVERALL DOMAIN SCORE	A	S	O	N	Dec	Weight
Patient Experience	A	S	O	N	Dec	90 %

Caring

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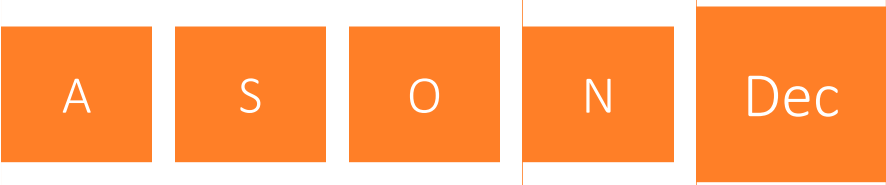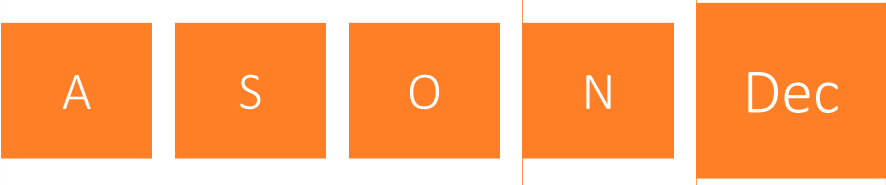
		Aug	Sep	Oct	Nov	Dec	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	17	27	34	51	48	>= 12	10 %
	Mixed Sex Breaches	150	90	134	146	223	< 1	10 %
	Overall Patient Experience %	91	91	91	90	91	>= 90	10 %
	Complaint Response in Timescales %	83	77	80	87	79	>= 85	5 %
	FFT: Recommend (%)	96	97	97	97	97	>= 90	30 %
	FFT: Not Recommend (%)	1.3	1.5	1.7	1.5	1.2	>= 1	10 %

Effective

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	A	S	O	N	Dec	Weight
OVERALL DOMAIN SCORE	A	S	O	N	Dec	
Beds	A	S	O	N	Dec	25 %
Clinical Outcomes	A	S	O	N	Dec	25 %
Productivity	A	S	O	N	Dec	25 %

Effective

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Beds	Bed Occupancy (%)	93	94	95	93	96	<= 92	60 %
	IP - Discharges Before Midday (%)	13	12	12	13	12	>= 35	10 %
	DToCs (Average per Day)	43	50	55	55	49	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.3	3.3	3.3	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.9	15.7	15.4	15.4	15.2	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	100	100	100	100	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	6.9	7.0	6.7	6.5	7.3	< 7	
	DNA Rate: Fup %	6.5	6.0	6.3	6.1	6.8	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	0.3		
Productivity	LoS: Elective (Days)	3.1	3.0	2.8	2.7	2.7		
	LoS: Non-Elective (Days)	6.2	6.4	6.6	5.9	6.3		
	Theatres: Session Utilisation (%)	82	84	80	82	80	>= 85	25 %
	Theatres: On Time Start (% 30min)	76	78	76	77	74	>= 90	10 %
	Non-Clinical Cancellations (%)	1.5	1.7	1.4	1.6	1.9	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	4	5	2	6	6	< 5	10 %
	EME PPE Compliance %	81	81	82	84	84	>= 80	20 %

Responsive

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	A	S	O	N	Dec	Weight
OVERALL DOMAIN SCORE	A	S	O	N	Dec	
A&E	A	S	O	N	Dec	25 %
Cancer	A	S	O	N	Dec	25 %
Diagnostics	A	S	O	N	Dec	25 %
RTT	A	S	O	N	Dec	25 %

Responsive

		Aug	Sep	Oct	Nov	Dec	Green	Weight
A&E	ED - 4hr Compliance (%)	70.10	70.51	75.35	79.91	73.59	>= 95	100 %
Cancer	Cancer: 2ww (All) %	95.65	95.17	94.57	96.36	96.14	>= 93	10 %
	Cancer: 2ww (Breast) %	91.72	95.50	94.29	94.44	92.37	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.99	93.01	98.71	97.02	96.14	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	89.58	85.71	93.02	88.10	81.82	>= 94	5 %
	Cancer: 31d (Drug) %	95.52	97.01	100.00	100.00	92.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	74.29	73.61	73.92	71.24	74.48	>= 85	50 %
	Cancer: 62d (Screening Ref) %	92.00	85.29	92.31	89.29	93.33	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	87.50	77.55	82.35	84.31	87.80	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.14	99.47	99.59	99.85	99.64	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	82.58	81.56	81.18	80.87	78.67	>= 92	100 %
	RTT: 52 Week Waits (Number)	31	51	64	67	80	< 1	

Safe

East Kent Hospitals University NHS Foundation Trust

	A	S	O	N	Dec	Weight
OVERALL DOMAIN SCORE	A	S	O	N	Dec	
Incidents	A	S	O	N	Dec	20 %
Infection	A	S	O	N	Dec	20 %
Mortality	A	S	O	N	Dec	50 %
Observations	A	S	O	N	Dec	10 %

Safe

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Incidents	Serious Incidents (STEIS)	4	7	7	4	5		
	Harm Free Care: New Harms (%)	98.5	98.6	97.7	97.7	97.4	>= 98	20 %
	Falls (per 1,000 bed days)	5.76	6.01	5.42	5.62	6.06	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.26	0.07	0.19	0.23	0.19	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,283	1,281	1,366	1,308	1,364		
Infection	Cases of C.Diff (Cumulative)	15	19	22	23	25	<= Traj	40 %
	Cases of MRSA (per month)	0	0	1	1	0	< 1	40 %
Mortality	HSMR (Index)	83	83	83			< 90	35 %
	Crude Mortality EL (per 1,000)	0.4	1.4	0.5	0.1	0.9	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	34.2	34.4	36.6	35.0	45.7	< 27.1	10 %
	RAMI (Index)	83	82	93			< 87.45	30 %
Observations	Cannula: Daily Check (%)	73.5	70.8	68.7	69.7	70.3	>= 50	10 %
	Catheter: Daily Check (%)	46.0	42.8	41.1	41.6	40.4	>= 50	10 %
	Central Line: Daily Check (%)	64.6	64.1	64.0	63.9	62.1	>= 50	10 %
	VTE: Risk Assessment %	93.5	94.6	94.9	95.1	93.8	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	91.8	92.1	92.2	92.2	92.5	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.0	89.2	89.1	89.2	90.5	>= 90	25 %

Well Led

	A	S	O	N	Dec	Weight
OVERALL DOMAIN SCORE	A	S	O	N	Dec	
Culture	A	S	O	N	Dec	15 %
Data Quality & Assurance	A	S	O	N	Dec	10 %
Finance	A	S	O	N	Dec	25 %
Health & Safety	A	S	O	N	Dec	10 %
Staffing	A	S	O	N	Dec	25 %
Training	A	S	O	N	Dec	15 %

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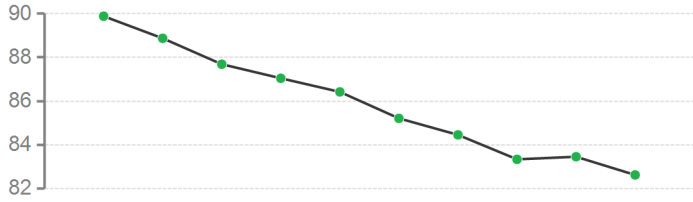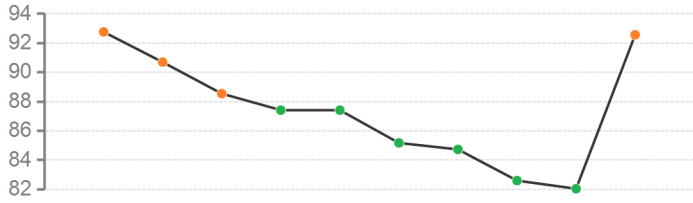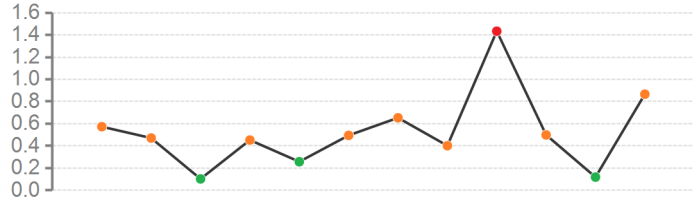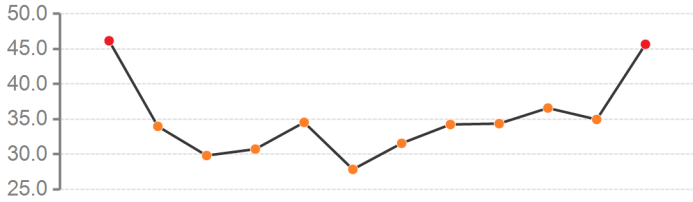
Well Led

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Culture	Staff FFT - Treatment (%)	70	70	70	70	70	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.3	0.7	0.8	0.8	1.0	<= 0.1	25 %
	Uncoded Spells %	0.1	0.1	0.1	0.1	0.3	< 0.25	25 %
Finance	I&E £m	-1.9	-0.9	-0.2	-0.3	-2.0	>= Plan	30 %
	Cash Balance £m	4.1	6.6	10.1	1.4	8.3	>= Plan	20 %
	Total Cost £m	-50.2	-49.1	-49.6	-51.4	-51.1	>= Plan	20 %
	Forecast I&E £m	-19.0	-19.0	-19.0	-19.0	-30.0	>= Plan	20 %
	Normalised Forecast £m	-19.0	-19.0	-19.0	-19.0	-30.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	3	2	2	2	1	<= 3	20 %
	Formal Notices	0	0	1	0	0	< 1	15 %
Staffing	Sickness (%)	3.9	3.8	3.8	3.9	3.9	< 3.6	10 %
	Staff Turnover (%)	13.7	13.1	13.2	13.2	13.6	<= 10	15 %
	Vacancy (%)	12.3	12.2	12.2	11.4	11.8	<= 7	15 %
	Total Staff In Post (SiP)	6816	6846	6903	6946	6918		1 %
	Shifts Filled - Day (%)	96	95	105	97	98	>= 80	15 %
	Shifts Filled - Night (%)	105	103	117	103	107	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	12	13	12	12		
	Bank Filled Hours vs Total Agency Hours	58	57	54	54	55		1 %
	Agency %	6.5	6.4	6.6	6.6	6.0	<= 10	
Training	Appraisal Rate (%)	79.4	80.1	81.7	81.9	82.2	>= 85	50 %
	Statutory Training (%)	89	90	89	89	88	>= 85	50 %

Strategic Theme: Patient Safety

Mortality

Dec	HSMR (Index)	↑ 86 (0.2%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Dec	RAMI (Index)	↓ 87 (-0.1%)		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	Crude Mortality EL (per 1,000)	↑ 0.5 (31.0%)		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.
Dec	Crude Mortality NEL (per 1,000)	↑ 35.0 (14.1%)		The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

Crude mortality in non-elective admissions has risen this period as expected. This is in association with a surge in predominantly acute respiratory illness.

As forewarned last month because the RAMI has been re-based there appears to have been a worsening index which still remains below the average and HSMR also remains below average.

The latest SHMI is from the July 2016 to July 2017 period and was 1.01 (0.90-1.12, 95% CI), this is as expected.

On CHKS data is available up until October 2017, in the period August to October 2017 overall crude mortality was 1.35% as compared with 1.33% in the corresponding months in 2016; the RAMI for the 2 periods was 87 and 99 respectively.

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Serious Incidents

Dec	Serious Incidents (STEIS)	74 (-8.6%)		

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

Strategic Theme: Patient Safety

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Dec Never Events (STEIS)

↑ 4 (33.3%)
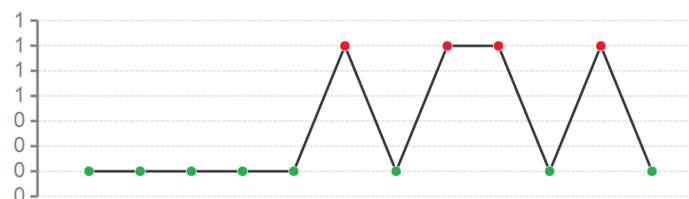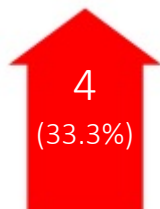
Monthly number of Never Events. Uses validated data from STEIS.
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on STEIS in December 2017: 58 (including 5 new)
SIs under investigation: 26
Breaches: 10
Non-breaches: 16
Waiting EKHUFT non-closure response: 8
Waiting CCG response: 24

Supporting Narrative:
The number of breached cases is 10; the number of older breaches is reducing. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process.

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

The five new SIs are:
- a Never Event (wrong implant of ophthalmology lens)
- screening issues (newborn hearing). This case has subsequently been downgraded in agreement with PHE.
- delayed treatment which meant the patient had a tracheostomy
- allegation of abuse - this is a managerial investigation
- suboptimal care of the deteriorating patient (this relates to three structured judgement reviews relating to fractured neck of femurs)

Never Events
During the last calendar year the trust has reported 4 Never Events. All have been associated with low or no harm and they have not been confined to one site or to one specialty. Specific action to be undertaken is to hold an Executive led Never Event Workshop to review the circumstances and establish the key learning which needs to be taken out to the organisation, a strategy for embedding that learning and a review process to check that the learning has been embedded.

Strategic Theme: Patient Safety

Infection Control

Dec	Cases of MRSA (per month)	↑ 11 (266.7%)	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)	↑ 25 (8.7%)	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	↓ 86 (-1.1%)	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.
Dec	MSSA	↑ 36 (50.0%)	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

C.difficile
The year-to-date total is 28 cases against an annual limit of 46 cases (as of 19/01/2018). There is 1 case for Specialist Services, 20 cases for UC&LTC and 7 cases for the Surgical Division
MRSA
There continue to be 5 cases of Trust assigned MRSA bacteraemia this current year to date.
MSSA
Year to date there have been 30 cases of MSSA bacteraemia assigned to EKHUFT i.e. post 48 hour admission date.
E.coli
Year to date there continue to have been 58 cases of E.coli bacteraemia assigned to EKHUFT but the number of cases in East Kent has risen to 453.

The picture with Influenza has changed and in keeping with the rest of the country we have also experienced an influenza rate roughly double that of last year. Nationally for the 2nd week in January the rate was 151.2/1000 and 216 new acute respiratory outbreaks have been reported in the past 7 days (up to 18/01/2018), both Influenza A & B are co-circulating.

Strategic Theme: Patient Safety

Harm Free Care

Dec (orange)	Harm Free Care: New Harms (%)	↑ 98.6 (0.6%)		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.	⭐⭐☆
Dec (red)	Harm Free Care: All Harms (%)	↓ 92.5 (-0.2%)		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. The Safety Thermometer for Dec-17 shows an improvement in HFC to 92.98% (92.32% Nov-17). The most marked improvement is seen in the Surgical Services Division with a rise to 96.31% (87.43% Nov-17).

HFC was lower than the national average of 94.44% and the acute hospital only average of 94.32%. This reflects the high prevalence of patients admitted with urinary catheter related infections (1.98% against an acute hospital only average of 0.89%). Further work will be undertaken to explore admission source, and identify any themes, for patients admitted with a urinary catheter and UTI to understand why performance is significantly below the national average and to drive improvement priorities.

The total of Harm Free Care experienced in our care (New Harms only) at 97.46% remains similar to last month (97.72% Nov-17). This is similar to the national average of 97.94% and the acute hospital only average of 97.9%. However, there was a higher prevalence of catheters & New UTIs (1.19%) compared to the overall National Average (0.28%) and the Acute Hospital only average (0.35%). Development work led by the Infection Control team is underway to ensure improvement.

Rigorous work will continue to ensure validation is carried out correctly and focused work continues to be carried out to ensure harms are kept to a minimum and that patient safety remains a priority.
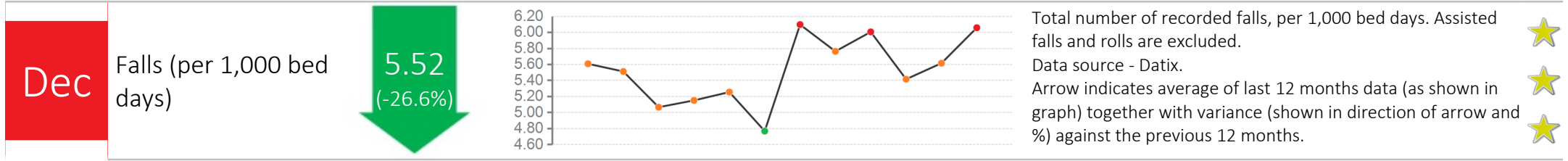
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Pressure Damage

Dec	Pressure Ulcers Cat 2 (per 1,000)	0.29 (-26.4%) ⬇	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)	0.02 (16.6%) ⬆	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 2017 a total of 33 category 2 pressure ulcers were reported. This is an increase of 15 from last month. This is likely to be due to the increased patient acuity that we are experiencing within the winter months. We are reporting a rate slightly over the 0.15 avoidable incidence/1000 bed days with a rate of 0.19/1000. This is an improvement on last month (0.23/1000). Although we reported significantly more category 2 pressure ulcers 6 were avoidable, a decrease of 1. These were avoidable due to lack of active mattress provision, heel offloading, a long period on an ED trolley and one incident involved a patient lying on their catheter tubing. There were 2 confirmed category 3 ulcers of which one was avoidable due to lack of documented interventions. There were no category 4 pressure ulcers. 11 unstageable ulcers were reported, an increase of 4 from last month. Three of these were avoidable. Reasons for the avoidable decision were: lack of heel offloading (x2) and lack of skin inspection under TED stockings. Actions: During December 2017 the screensaver raising awareness around medical devices was displayed again Trust-wide. Bespoke ward based teaching continued, focusing on areas of particular concern. The TVNs were invited to teach as part of the think glucose programme at QEQM and on the care certificate course trust-wide. Ward based active mattress and 'Heelpro' offloading boot training took place across the trust. The trust's 'Pressure Ulcer Patient Information' leaflet was sent to the virtual patient panel for comment and will be amended accordingly. Following discussion with the critical care outreach nurses the addition of pressure relief of medical devices is to be added to their NIV training course. The TV team are walking the floor of the EDs at least twice daily to ensure prevention strategies are in place especially during this period of winter pressure.

Strategic Theme: Patient Safety

Falls

| Dec | Falls (per 1,000 bed days) | 5.52 (-26.6%) ⬇ | | 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 falls rate has increased in December. There were a total of 190 compared with 170 in November. 3 of these falls happened in non ward areas. 45 were at K&CH, 57 at QEQMH and 87 at WHH. Wards with the highest number of falls were CM1 (10), Oxford (12) and RSU (12) at WHH, Invicta at K&CH (11) and Deal at QEQMH (8). The sites have been under pressure in December with some staffing issues that has impacted on close observation of some high risk patients closely. Of significance is that there were 5 falls in the EDs (which is highly unusual). A patient on CL sustained a hip fracture but it is not possible to definitively state if this was the result of a medical collapse. A patient on Kent also sustained a hip fracture and preliminary opinion is that the fall was avoidable. A patient on Invicta fell 6 times and sustained a neck fracture. An RCA is being undertaken and it is likely the fall was avoidable and there is significant learning from it.

The recording of witnessed and unwitnessed falls continues to be worked up through the Datix reporting.

Actions:

1. Fall Stop programme continues at WHH on CL and CM1
2. Daily ward checks of Fall Stop AP to WHH wards to identify high risk patients and ensure risk assessments are completed and interventions are in place
3. 50% of staff on CL have now received the detailed Fall Stop training package
4. Weekly audits of risk assessment compliance on CL and CM1 demonstrates high compliance
5. Training dates set for 2018
6. Fall Stop AP is supporting Invicta at K&CH in light of the recent incident

Success:

CL ward had 17 falls in December 2016 and only 4 in December 2017, despite the seasonal pressures.

Plans:

1. Team are recruiting to the vacant band 6 post this month
2. Associate Practitioner to commence training in CDU at WHH
3. Associate Practitioner to support ED training at WHH

Strategic Theme: Patient Safety

Incidents

			Chart	Description	
Dec	Clinical Incidents: Total (#)	16,355 (1.0%)		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 Incidents	147 (-3.9%)		The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	★ ★ ★

Strategic Theme: Patient Safety

Medicines Mgmt.
Incidents

1,344

(0.8%)
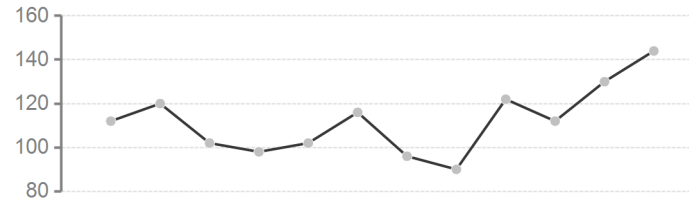
The number of medicine management issues sourced from Datix.
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Clinical incidents overall summary
A total of 1356 clinical incidents have been logged as occurring in Dec-17 compared with 1304 recorded for Nov-17 and 1300 in Dec-16.
In Dec-17, three incidents have been graded as death and one incident has been graded as severe harm. In addition, 40 incidents have been escalated as a serious near miss, of which 11 are still under investigation. Comparison of moderate harm incidents reported: 27 in Dec-17, 11 in Nov-17 and 6 in Dec-16.
Over the last 12 months incident reporting continues to rise at WHH, and has remained constant at QEQM and K&CH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 5 Blood Transfusion related incidents for December 2017 (10 in November 2017 and 19 in December 2016). There are no clear themes amongst the incidents reported. All the incidents reported were low or no harm.

The incidents were a delay in administration on the ward, a collection error where the wrong unit was collected but returned to the laboratory, a wrong blood in tube, a unit given using an incorrect giving set and a suspected transfusion reaction; that upon investigation was found to be due to the underlying condition of the patient.

Reporting by site: 4 at QEQM and 1 at WHH.

Medicines management (submitted by the Medication Safety Officer)
The total number of medication related incidents occurring in December was 172, a 21% increase from the previous month. These included 119 no harm, 50 low harm and 3 moderate harm incidents. The moderate harm incidents involved omitted doses of sodium bicarbonate and digoxin to a patient with tachyarrhythmia, the commencement of a surgical procedure before refractory hypotension had been corrected and the omission isoprenaline to a patient in complete heart block.
The severity of medication related incidents in December shows that 69.1% of incidents reported were no harm incidents. This year to date the degree of harm related to no harm incidents is 69.3% and severe harm to death 0.1%. No incidents in December required RCA or were StEIS reportable incidents.
The incidents in December by medication error showed a further increase in the number of omitted dose errors reported to 31.5%. The data produced by the Medication Safety Thermometer in December, however, has shown that the percentage of patients with an omitted dose for the Trust has decreased to 20% from 36.7% in September. However due to the reconfiguration of some of the surgical wards these were not included in the audit for December.
Apart from the missed doses of medication the themes from the incident reporting include incidents concerning the discharge of patients either without medication or the wrong medication, three penicillin allergic patients given penicillin containing antibiotics, multiple reports of enoxaparin being prescribed with Direct Oral Anticoagulants and 6 incidents involving the prescribing and administration of Total Parenteral Nutrition.

Strategic Theme: Patient Safety

Friends & Family Test

Dec	FFT: Response Rate (%)	36 (-3.5%) ▼		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 (0.0%) ▼		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.

Strategic Theme: Patient Safety

Dec

FFT: Not Recommend (%)
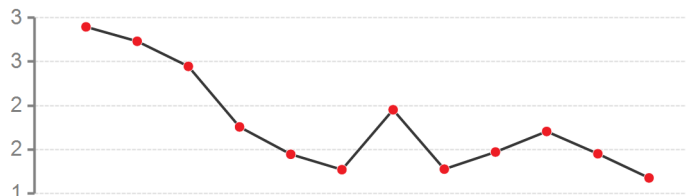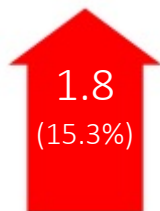
1.8
(15.3%)

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:

A total of 7381 responses were received (33.4% eligible patients) during December. The response rate for the ED was 16.0% (15.8% Nov-17), inpatients was 32.6% (40.6% Nov-17), maternity; birth only 13.5% (19.4% Nov-17) and day cases 19.8% (21.7% Nov-17).

Recommendations by patients in December were similar to November with the total number of inpatients, including paediatrics, who would recommend our services 97.1% (96.8% in Nov-17), ED 79.6% (81.6% in Nov-17), maternity 100% (94.7% Nov-17), outpatients 92.9% (93.1% Nov-17) and day cases 95.0% (95.0% Nov-17).

90.5% of responders would recommend us to their friends and family and 6.1% would not. The Trust star rating in November is 4.55 (4.58 Nov-17).

Positive themes within FFT feedback include Staff attitude, Care, Cleaning and Competence across ED, inpatients, outpatients, maternity and day case. Negative themes within FFT feedback include:
• Patients who have experienced our EDs, outpatients and day case units feedback a poor experience of waiting times;
• Care, communication, staff attitude and environment within the EDs, inpatient areas and outpatients;
• There are no negatives themes for maternity antenatal, birth, postnatal community and postnatal
All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by the Divisional Governance teams.

Strategic Theme: Patient Safety

Patient Experience 1

Dec (green)	Overall Patient Experience %	↑ 92 (0.0%)		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 (red)	Privacy for discussions with Nurses %	41		Privacy for discussions Nurses ⭐⭐☆
Dec (red)	Aware of Nurse in each shift %	39		Aware of nurse in each shift ⭐⭐☆

Comments:

This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows little change over the past few months.

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

This month a small improvement is seen across two but a fall in one of these three important elements of patient experience. An improvement plan has been implemented and progress is monitored through the Patient Experience Group.

Strategic Theme: Patient Safety

Patient Experience 2

Dec	Discuss Worries with Nurses %	45		Discuss Worries with Nurses

Dec	Cleanliness? %	91 (-0.3%) ↓		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 (-0.4%) ↓		Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

Cleaning satisfaction, as rated by the survey, improved slightly in December. Auditing at ward level remains consistent at over 98%.

Hospital Food marginally improved again in December. We continue to work with Serco and Trust colleagues to amalgamate auditing resources so has to get a larger sample responses. We are aiming to deliver this in the new financial year.

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. Several wards have not reported their performance (against the patient experience metrics) through the inpatient survey and FFT in December. Over the next quarter, the Divisional Heads of Nursing and Matrons will be working to ensure this is improved and sustained.

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

Strategic Theme: Patient Safety

Mixed Sex

| Dec | Mixed Sex Breaches | ↑ 927 (104.6%) | | 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. |
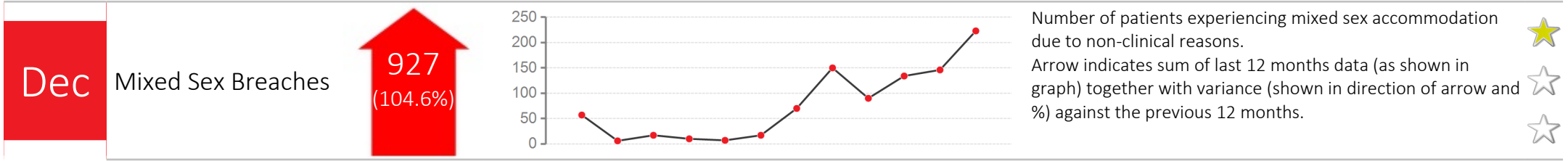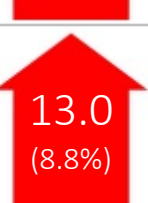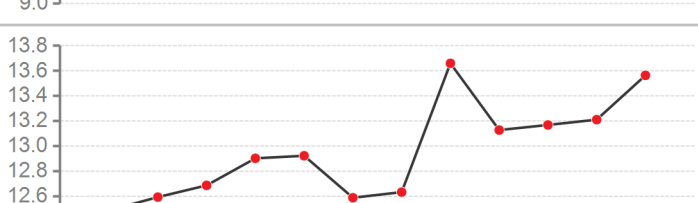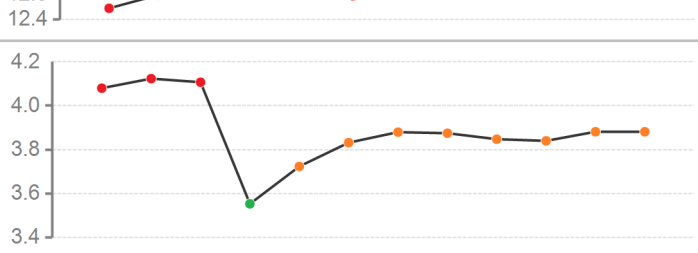
Comments:

Incidence of mixed sex accommodation breaches increased this month with 45 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues.

There were 71mixed sex accommodation occurrences in total, affecting 309 patients. The remaining incidents occurred in the WHH CCU (21) and the QEQM Fordwich Stroke Unit (5), which were justifiable based on clinical need.

An NHSE and NHSI led Kent, Surrey and Sussex wide Task & Finish Group was established to ensure a consensus of the definitions and reporting arrangements of the national guidance, and this informed a local audit of providers of NHS funded care during September 2017. Revised guidance for reporting will be implemented from 1st Feb-18 and will include patients in critical care who are clinically ready for transfer to a ward.

Strategic Theme: Human Resources

Gaps & Overtime

Dec	Vacancy (%)	↑ 11.2 (17.6%)		% 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 (%)	↑ 13.0 (8.8%)		% 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 (%)	↑ 4.0 (3.1%)		% 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.

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Strategic Theme: Human Resources

Overtime %

9.6
(49.4%)

% of Employee's that claim overtime.
Number indicates average of last 12 months data (as shown in graph).

Comments:

Gaps and Overtime
The vacancy rate remains steady at 11.2%, after three previous months above 12%. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties.

The Turnover rate in month is 13.0%. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

The validated sickness absence position for November was 4.18% - which is an increase from 3.80% in October. The in month position for December is predicted at 4%. Divisions are working to develop sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact.

Overtime as a % of wte remains steady at 9.6% for December.

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

Strategic Theme: Human Resources

Temporary Staff

Dec (red)	Employed vs Temporary Staff (%)	89.0 (-2.0%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Dec (green)	Agency %	5.9 (39.4%)		% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).
Dec (grey)	Bank Filled Hours vs Total Agency Hours	59 (22.1%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Strategic Theme: Human Resources
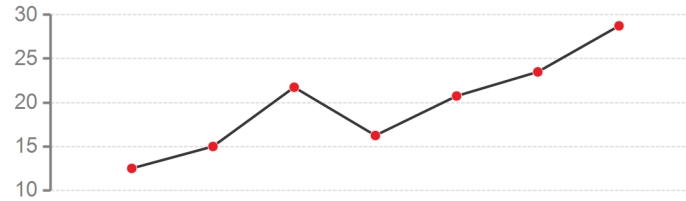
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| Dec | Local Induction Compliance % | 19.8 (68.8%) ⬆ |

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

Comments:

Temporary Staff

Total staff in post (WTE) reduced from 6960 to 6918 in December, which left a vacancy factor of 796 wte across the Trust.

WTE agency decreased in December to 180 wte compared to 209 wte in November. Bank also reduced from 250 wte in November to 226 wte in December.

The average percentage of employed staff vs temporary staff over the last 12 months has reduced slightly from 89.1% to 89.0%.

Agency costs are monitored at EPR and weekly agency meetings, the focus remains on recruiting substantively to the reduce the use of agency. The Agency Taskforce review strategies for reducing agency costs. Divisions are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

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Workforce & Culture

Dec	Statutory Training (%)	▲ 89 (2.8%)		The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Dec	Appraisal Rate (%)	▲ 81.3 (1.8%)		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 (2.4%)		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	Total Staff In Post (SiP)	6918 (-0.4%)		Count of total staff in post (WTE)

Comments:

Workforce & Culture
Average Statutory training 12 month average remains at 89% but has reduced in month from 89% to 87% in December. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. There remains an on-going issue with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff average appraisal rate increased slightly in November from to 81.3% to 82% but continues to be below the 90% target. The Surgical Services Division remain above the 90% target. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months.

The annual staff survey commenced on 9th October. EKHUFTs aim of achieving a response rate of over 50% across the organisation was achieved, with a 50.3% response rate.

The average time to recruit is 12 weeks, however a target has been set to reduce this to 8 weeks to ensure recruitment time meets the demands of our services.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators

Dec		Dec-17				YTD				YTD vs Last Yr				Green
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
	Referral Primary Care	11,645	13,695	(2,050)	-15%	129,613	132,921	(3,308)	-2%	129,613	129,851	(238)	0%	<=0%
	Referral Non-Primary Care	10,933	12,519	(1,586)	-13%	122,522	121,829	693	1%	122,522	126,835	(4,313)	-3%	<=0%
	OP New	16,604	18,273	(1,669)	-9%	177,674	180,852	(3,178)	-2%	177,674	183,716	(6,042)	-3%	>=0%
	OP Follow Up	35,782	38,693	(2,911)	-8%	370,112	381,599	(11,487)	-3%	370,112	369,521	591	0%	>=0%
	Elective Daycase	5,559	5,836	(277)	-5%	55,499	55,448	51	0%	55,499	59,578	(4,079)	-7%	>=0%
	Elective Inpatient	1,243	1,195	48	4%	11,429	11,870	(441)	-4%	11,429	11,986	(557)	-5%	>=0%
	A&E	16,815	17,406	(591)	-3%	157,288	161,041	(3,753)	-2%	157,288	160,088	(2,800)	-2%	>=0 & <5%
	Non-Elective Inpatient	6,516	7,475	(959)	-13%	60,207	64,911	(4,704)	-7%	60,207	52,915	7,292	14%	>=0 & <5%
	Chemotherapy	1,139	1,084	55	5%	10,799	11,791	(992)	-8%	10,799	11,910	(1,111)	-9%	>=0%
	Critical Care	1,816	1,773	43	2%	16,398	16,071	327	2%	16,398	16,272	126	1%	>=0%
	Dialysis	7,394	7,125	269	4%	62,546	62,434	112	0%	62,546	62,261	285	0%	>=0%
	Maternity Pathway	1,006	1,089	(83)	-8%	10,618	10,268	350	3%	10,618	10,598	20	0%	>=0%
	Pre-Op Assessments	2,721	2,654	67	3%	26,548	28,812	(2,264)	-8%	26,548	25,580	968	4%	>=0%
	Diagnostic	342,859	363,516	(20,657)	-6%	3,883,403	3,952,978	(69,575)	-2%	3,883,403	3,887,616	(4,213)	0%	<=0%
	Other	4,683	4,835	(152)	-3%	43,058	44,840	(1,782)	-4%	43,058	38,892	4,166	11%	>=0%

The 2017/18 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2016/17 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals. The plan is capped at our total capacity and as such further activity (or demand reduction schemes would be required to achieve sustainable elective services. Further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2017/18. It should be noted that this does not reflect demand levels agreed within the 2017/18 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

The capacity levels within the plans should be considered achievable although in many instances will stretch our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments. Within Orthopaedics projected demand exceeded our ability to deliver the operative demand and as such agreements have been made with our local CCGs for services to be directly commissioned with alternative providers.

December 2017

Elective Care

In December Primary Care referrals were 15% below expected levels; this increased the YTD variance to approximately -2,500. Referrals are comfortably within normal levels and at the same levels as those observed last year.

The Trust under achieved the new outpatient plan for December with appointments -9% (-1,669) under plan. This has increased the YTD variance to -2%. As with previous month the biggest drivers behind the under-performance are T&O, Physiotherapy, Ophthalmology and Cardiology. With the exception of T&O these specialties and seventeen further services are actively producing quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan. Reduction in primary care demand for Orthopaedics has rendered the specialty plan unachievable. Additional Locum capacity within the Neurology service has enabled them to recover their YTD underperformance and plans are in place to reduce waiting times to expected levels.

Expected reductions in capacity due to bank holidays and high annual leave throughout the festive period meant the Trust was unable to deliver capacity in line with demand, and as such both the waiting lists and backlogs increased in month.

As with new Outpatients the Trust was unable to deliver the follow up plan December, the YTD underperformance has remained at -3% (-11,487). There remain a number of large underperforming specialties, most notably Ophthalmology (-6,673), Physiotherapy (-4,433), Rheumatology (-3,100), Dermatology (-2,897) and Endocrinology (-2,122). The Physiotherapy service are reporting induction delays, a high vacancy rate and unusually high levels of maternity leave as the key drivers behind the underperformance, plans have been developed to recover the financial performance are now being realised.

A delay in the implementation of the CCG community contracts has resulted in long waiting times for Ophthalmology patients requiring follow up management. This has impacted on quality and patient safety. A recovery plan has now been implemented and the CCG has finalised contracts with community providers and the issue regarding the community clinical teams being requested to work outside NICE guidance in terms of the drug regime for wet Macular Degeneration (wAMD) has now been resolved. In order to address the immediate backlog of patients the following actions are being taken:

- Sub specialities such as Ophthalmology- therapeutics, diagnostics, Orthoptics general, refraction, contact lens and low vision have plans to validate and reduce the waiting times focusing on removing duplication of appointments
- The clinical lead is exploring the external medical workforce for short term options of recruitment until substantive appointments are made from phase 2 of the business case

- Investment of phase 2 of business case to engage clinical staff for 2018/19
- Review phase 3 of business case to ensure this is still in line with current growth with Business Planning 2018/19
- Transfer of Wet AMD follow ups to community (Dec 2017)
- Transferring of Wet AMD internal capacity to medical retina (Feb 2018)
- Commence with external insourcing to provide additional capacity (Feb 2018)
- Redesign of operational support to ensure targeted validation and booking of high risk areas. This will be further supported by a team of failsafe officers
- Redesign pathways to implement virtual clinics, linked to phase 2 of the Business case
- Implemented an urgent category process to ensure follow up patients receive their appointment within 8 weeks.
- Transfer of glaucoma stable patients to the community when CCG advise this pathway is in place (Feb 2018)
- Additional internal clinics continue to be undertaken (commenced)
- Change of job plans to facilitate additional clinic capacity (Jan 2018)

A more detailed report is being taken to the Board's Quality Committee and will be appended to the Quality Committee's Chair Report to the Board of Directors.

In December the Trust under-achieved the Daycase plan by -227 patients however the YTD performance remains at planned levels. The Orthopaedic service remains the largest risk to delivery of the plan. A number of unavoidable recruitment delays combined with significant unplanned leave is driving an underperformance in activity. In addition to this, the service continues to lose capacity to short notice cancellations for Trauma and DNA's. Changes to the waiting list initiative payment has limited the services ability to recover the position with additional sessions in month, as such they have now developed long term plans to address the underperformance, plans to increase day surgery rates over a 6 week winter period will improve this position across the year.

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

Non Elective Care

The Trust sees non elective admissions to all of its 3 sites. These are typically some of the patients who attend the Trust Accident & Emergency departments, or are admitted directly through to the wards upon agreement with General Practitioners. These patients have an urgent clinical need that cannot wait for an elective pathway or outpatient appointment to be given, and so are monitored within the hospital site as diagnosis and treatment for their clinical condition is conducted. From the 19th June 2017, the Trust invoked a business continuity plan which resulted in acute medical patients no longer being admitted at the Kent & Canterbury site.

Accident & Emergency continues to track within 2% of expected activity levels.

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

The Bed Occupancy of the Trust continued to be at challenging levels through December with overall Trust wide bed occupancy around 95.1% (92.8 in November). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position deteriorated and remained at 99.3% over December. The William Harvey Hospital position has also continued to show above-expected bed occupancy with an overall position of 96.8% for December. Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During December the number of medical outliers continued to increase in comparison to November & October, with a monthly average of 85 medical outliers across the Trust, compared to an average of 70 and 65 previously. Individual site levels of medical outliers show a continuation of raised numbers over the month at the William Harvey Hospital site (30 at QEQMH, 50 at WHH).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	6,750	8,145	-17%	-1,395
130 - Ophthalmology	12,244	13,619	-10%	-1,375
300 - General Medicine	1,038	1,621	-36%	-583
140 - Maxillo Facial	5,631	6,204	-9%	-573
107 - Vascular Surgery	1,666	2,145	-22%	-479
120 - Ear, Nose & Throat	8,541	8,978	-5%	-437
651 - Occupational Therapy	448	36	1135%	412
329 - TIA	1,089	516	111%	573
420 - Paediatrics	4,812	4,208	14%	604
320 - Cardiology	12,309	11,630	6%	679
Total	**129,613**	**132,921**	**-2%**	**-3,308**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	26,417	27,527	-4%	-1,110
110 - Trauma & Orthopaedics	13,991	14,863	-6%	-872
650 - Physiotherapy	10,405	10,994	-5%	-589
328 - Stroke Medicine	619	1,162	-47%	-543
400 - Neurology	1,563	1,948	-20%	-385
329 - TIA	642	1,002	-36%	-360
107 - Vascular Surgery	1,203	830	45%	373
300 - General Medicine	1,593	1,133	41%	460
800 - Clinical Oncology	8,599	8,046	7%	553
130 - Ophthalmology	9,367	7,109	32%	2,258
Total	**122,522**	**121,829**	**1%**	**693**

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	15,258	16,964	-10%	-1,706
320 - Cardiology	18,241	19,468	-6%	-1,227
650 - Physiotherapy	14,738	15,909	-7%	-1,171
328 - Stroke Medicine	558	1,125	-50%	-567
130 - Ophthalmology	16,380	16,932	-3%	-552
143 - Orthodontics	587	221	166%	366
300 - General Medicine	1,955	1,581	24%	374
100 - General Surgery	3,462	3,046	14%	416
420 - Paediatrics	6,384	5,922	8%	462
655 - Orthoptics	2,243	1,623	38%	620
Total	**177,674**	**180,852**	**-2%**	**-3,178**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	43,291	49,964	-13%	-6,673
650 - Physiotherapy	48,723	53,156	-8%	-4,433
410 - Rheumatology	10,756	13,856	-22%	-3,100
330 - Dermatology	15,655	18,552	-16%	-2,897
302 - Endocrinology	1,609	3,731	-57%	-2,122
110 - Trauma & Orthopaedics	25,995	28,058	-7%	-2,063
400 - Neurology	5,391	6,927	-22%	-1,536
800 - Clinical Oncology	32,296	30,442	6%	1,854
290 - Community Paediatrics	17,881	14,349	25%	3,532
320 - Cardiology	18,637	13,503	38%	5,134
Total	**370,112**	**381,599**	**-3%**	**-11,487**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	3,986	4,792	-17%	-806
410 - Rheumatology	982	1,364	-28%	-382
303 - Clinical Haematology	2,401	2,694	-11%	-293
330 - Dermatology	3,219	3,510	-8%	-291
120 - Ear, Nose & Throat	2,009	2,152	-7%	-143
430 - HCOOP	585	376	55%	209
320 - Cardiology	2,476	2,232	11%	244
502 - Gynaecology	1,749	1,437	22%	312
300 - General Medicine	15,591	15,189	3%	402
800 - Clinical Oncology	3,724	2,777	34%	947
Total	**55,499**	**55,448**	**0%**	**51**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,487	2,871	-13%	-384
320 - Cardiology	235	549	-57%	-314
502 - Gynaecology	1,005	1,228	-18%	-223
120 - Ear, Nose & Throat	550	685	-20%	-135
420 - Paediatrics	143	229	-38%	-86
103 - Breast Surgery	315	395	-20%	-80
430 - HCOOP	129	54	141%	75
104 - Colorectal Surgery	397	310	28%	87
503 - Gynaecology Oncology	201	81	147%	120
300 - General Medicine	1,464	751	95%	713
Total	**11,429**	**11,870**	**-4%**	**-441**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	2,878	5,300	-46%	-2,422
430 - HCOOP	8,014	9,422	-15%	-1,408
300 - General Medicine	18,894	20,016	-6%	-1,122
420 - Paediatrics	6,817	7,267	-6%	-450
101 - Urology	2,863	3,187	-10%	-324
100 - General Surgery	4,452	4,703	-5%	-251
422 - Neonatology	423	255	66%	168
320 - Cardiology	1,599	1,413	13%	186
501 - Obstetrics	3,665	3,434	7%	231
110 - Trauma & Orthopaedics	3,168	2,800	13%	368
Total	**60,207**	**64,911**	**-7%**	**-4,704**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	3883389	3952978	-2%	-69,589
A&E	157288	161041	-2%	-3,753
Pre-Op	26548	28812	-8%	-2,264
Other	43058	44840	-4%	-1,782
Chemotherapy	10799	11791	-8%	-992
Maternity Pathway	10618	10268	3%	350
Critical Care	16398	16071	2%	327
Dialysis	62546	62434	0%	112

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

73.59%		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Green
	4 Hour Compliance	70.57%	75.94%	80.16%	76.93%	76.78%	78.15%	71.18%	70.10%	70.51%	75.34%	79.91%	73.59%	95%
	12 Hour Trolley Waits	2	0	0	0	0	1	1	2	0	0	0	2	0
	Left without being seen	4.87%	3.53%	3.08%	3.82%	3.57%	3.62%	5.05%	4.51%	4.48%	3.44%	2.65%	3.34%	<5%
	Unplanned Reattenders	8.20%	8.62%	9.11%	8.48%	9.04%	9.45%	10.00%	9.22%	8.75%	8.68%	8.32%	9.03%	<5%
	Time to initial assessment (15 mins)	76.1%	76.4%	77.8%	77.9%	93.8%	93.9%	92.4%	92.3%	93.4%	90.6%	91.1%	88.6%	90%
	% Time to Treatment (60 Mins)	39.8%	40.8%	40.7%	39.4%	51.1%	51.6%	46.7%	46.1%	45.9%	47.8%	54.6%	53.3%	50%

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

-16.41%		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	Trajectory	75.0%	75.0%	80.0%	83.0%	87.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%	
	Performance	76.9%	76.8%	78.2%	71.2%	70.1%	70.5%	75.3%	79.9%	73.6%				

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

Summary Performance

December performance for the 4 hour target was 73.6%, against the NHS Improvement trajectory of 90.0%.This is a decreased performance compared to the previous month. There were two 12 Hour Trolley Waits for December compared to zero for the previous three months. The number of patients who left the department without being seen remained compliant, but increased from last month to 3.34%. Unplanned reattendances increased further to 9.03%.

The priority and focus for December has been to maintain safe patient care; improving performance and patient flow across the whole emergency patient pathway. There has been an increase in activity, with high numbers of medically unwell patients attending ED by ambulance. Patient acuity has been high with notable respiratory illness. The increase in acuity has put increasing pressure on the staff in ED to maintain safe patient care and in order to mitigate this risk additional consultant acute physician hours have been allocated to ED and also ambulatory care and the Acute Medical Unit. Additional Consultant Physician sessions have also been implemented to ensure that, where possible, patients on the medical wards, including patients in winter escalation beds or outliers have been reviewed 7 days per week.

It is also a priority to work with SECAMB colleagues in order to minimise the number of handover delays. This has proven to be challenging when high numbers of ambulance arrive within an hour, including GP expected medical patients arriving in the early evening.

The WHH ED's Rapid Assessment and Treatment area has been opened with a new patient flow to enable ambulance and walking patients to be assessed on arrival and steamed to the most appropriate area of the department. A dedicated seated observation area for patients, who may require a longer period of assessment or treatment, has been completed and is temporarily in use as an assessment area until the furniture arrives.

The QEQMH improvement works have all been completed with new waiting room chairs arriving in January. Due to the number of majors patients attending in the evenings and at weekends, the minor injuries service has been relocating into Monkton Suite, which has been successful in helping to maintain patient flow.

Medical staffing vacancies at Speciality Doctor (middle grade level) continue to improve as new substantive doctors are coming into post. Nursing vacancies are increasing due to the pressure of work within the department, however, a robust workforce plan is being developed, which includes a skills escalator for nursing career development.

The 2020 improvement programme continues with a site focus on patient flow. Identifying a golden patient from each ward to support early morning discharge, together with increased use of the Discharge Lounge is on-going. A priority is to focus on improving the bed allocation process to reduce any unnecessary time delays from when a bed is allocated to a new patient arriving on the ward.

The GP in ED service continues to become integrated within the departments.

Risks to delivery of the standard:

- Overcrowding in ED due to poor patient flow and lack of timely bed availability.
- High patient acuity
- Continued high levels of activity, particularly in the evenings.

Strategic Theme: KPIs

NHS
East Kent Hospitals University
NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

74.48%		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Green
	62 day Treatments	60.61%	70.45%	77.30%	72.40%	70.19%	75.18%	73.80%	74.29%	73.61%	73.92%	71.24%	74.48%	>=85%
	>104 day breaches	40	40	40	38	32	46	42	30	25	28	27	23	0
	Demand: 2ww Refs	3,100	2,920	3,609	2,625	3,296	3,630	3,329	3,475	3,174	3,399	3,341	2,716	2990 - 3305
	2ww Compliance	95.82%	96.08%	97.41%	93.59%	95.67%	96.78%	94.86%	95.65%	95.17%	94.57%	96.36%	96.14%	>=93%
	Symptomatic Breast	97.27%	94.81%	93.57%	90.91%	90.71%	89.87%	83.97%	91.72%	95.50%	94.29%	94.44%	92.37%	>=93%
	31 Day First Treatment	93.63%	96.96%	97.42%	95.68%	94.81%	95.99%	93.92%	96.99%	93.01%	98.71%	97.02%	96.14%	>=96%
	31 Day Subsequent Surgery	82.22%	94.12%	90.24%	89.29%	92.00%	85.96%	87.04%	89.58%	85.71%	93.02%	88.10%	81.82%	>=94%
	31 Day Subsequent Drug	96.94%	95.77%	97.50%	97.06%	95.24%	97.53%	98.41%	95.52%	97.01%	100.00%	100.00%	92.00%	>=98%
	62 Day Screening	91.67%	76.47%	89.23%	92.00%	95.00%	95.83%	92.73%	92.00%	85.29%	92.31%	89.29%	93.33%	>=90%
	62 Day Upgrades	75.68%	92.59%	69.77%	66.67%	80.56%	76.19%	86.84%	87.50%	77.55%	82.35%	84.31%	87.80%	>=85%

2017/2018 Trajectory

-11.52%		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	71.60%	66.60%	76.80%	80.90%	83.40%	85.90%	85.60%	85.80%	86.00%	86.00%	85.50%	87.00%	Sep
	Performance	72.40%	70.19%	75.18%	73.80%	74.29%	73.61%	73.92%	71.24%	74.48%				Sep

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

Summary Performance

December performance is currently 74.48% against the improvement trajectory of 86%, validation continues until the beginning of February in line with the national time table. The total number of patients on an active cancer pathway is 2,318. There are currently 23 patients waiting 104 days or more for treatment, a significant reduction over the past year.

Our overall PTL size has been decreasing over the past six months from approximately 3,100 to circa 2,300 in the previous three months. There is also a decrease in the total number of patients over 62 days on the PTL (both diagnosed and undiagnosed) which has been an average of 180 over the past year, but is currently 160

Risks to delivery of the standard:

- Key areas of concern for the Trust are Urology, Lung, and adequate surgical theatre capacity.

Actions taken to mitigate risk and improve performance:

- Daily cancer huddle meetings have been implemented for Lung, Lower GI, Urology and Head and Neck with the focus on patients between day 40 upwards, to ensure all breaches are prevented as far as possible. We have seen a significant reduction in patients over 62 days and 104 days since this has been implemented and have prevented breaches since this process has been implemented.

	July Average	August Average	September Average	October Average	November Average
Over 62 days	180	155	158	140	135
Over 104 days	43	38	29	22	26

- A webpage style PTL has been implemented with all tumour sites. This refreshes data every 30 minutes from Infloflex providing a real time position and validation for each tumour site. This has seen significant improvements within tumour sites in terms of actions being completed and patients being pushed through their pathways.
- We had a successful visit from NHSI and IST at the end of October, with the focus on Urology. Key actions have been taken from this meeting including demand and capacity modelling for diagnostics and urology.

- In October we saw significant improvements in key target areas – in particular 31 day first treatment where we only had 2 breaches for the whole of October which illustrates our capacity to treat these patients is right.
- Our 62 day upgrade performance also improved to 81%.
- We have been successful in gaining funding from NHSI to support improvement in our 62 day performance. We have been given £48K which was utilised for additional cancer pathway trackers and a pathway tracker for pathology. This has been very successful and we are looking to make this role substantive. Last month and additional £145k was agreed to be spent on radiology reporting to improve this turnaround time.

Strategic Theme: KPIs

NHS
East Kent
Hospitals University
NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

<div style="color:red">78.67%</div>

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Green
Performance	83.79%	84.35%	85.40%	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%	>=92%
52w+	18	24	28	29	36	30	30	31	51	64	67	80	0
Waiting list Size	45,682	45,449	46,483	47,649	49,241	50,377	53,801	54,519	54,749	54,783	54,777	54,383	<38,938
Backlog Size	7,407	7,111	6,785	7,218	6,980	7,519	8,816	9,497	10,096	10,312	10,481	11,599	<2,178
Demand: PC Referrals	15,063	14,909	17,861	13,817	16,462	16,946	15,779	15,534	15,172	16,529	16,026	12,428	<15,484
Demand: Additions to IP WL	3,359	3,096	3,613	2,720	3,134	3,496	3,224	3,143	3,228	3,551	3,824	2,885	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

2017/2018 Trajectory

<div style="color:red">-6.28%</div>

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
STF Trajectory	84.13%	83.46%	84.20%	84.44%	83.91%	84.45%	84.75%	85.71%	84.95%	85.18%	86.00%	86.93%	87%
Performance	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%				Sept

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

Summary Performance

December performance decreased to 78.67%. Expected reductions in capacity due to bank holidays and high annual leave throughout the festive period meant the Trust was unable to deliver capacity in line with demand, and as such both the waiting lists and backlogs increased in month. The Trust had planned to reduce elective activity to increase capacity for emergency acute medicine. This was a national requirement. The 2% reduction in performance is similar to that observed in previous years. On the 21st of December two elective orthopaedic wards were transferred to medicine in accordance to the planned winter plan to support the sickest patients attending our hospitals. This has resulted in a reduction in the admission of elective Orthopaedic inpatients.

The number of patients waiting over 52 weeks for first treatment has increased to 80. **This is above the trajectory submitted to NHSI, General Surgery (32), Gynaecology (34), ENT (5), Urology (3), Orthopaedics (1), MFU (1), General Medicine (1), Dermatology (1) and Other Specs (2).** This is due to the following reasons:

> 1. Due to slippage of additional capacity schemes that were due to commence in September, it has not been possible to resolve the capacity issues highlighted in Gynaecology and General Surgery in particular. Schemes are now confirmed for the end of October (and beginning of December (gynaecology and general surgery). However, with the pressure on emergency pathways the majority of this capacity will be based on day case admission only.

> 2. As a result of winter bed pressures and the requirement to review elective activity it will be necessary to review patients on elective pathways to mitigate the risk for 52 week breaches in these and other specialities.

Risks to delivery of the standard:

- Continued Increase in Orthopaedic & General Surgery waiting list additions.
- Higher than planned demand within business plan resulting in no flexibility within capacity in key specialities such as Orthopaedics, Dermatology, Maxillo Facial and Gynaecology.
- Recruitment constraints in services such as Neurology and Dermatology, leading to long outpatient waits.
- Change in payment for waiting list initiatives, has led to a significant reduction in medical staff providing additional capacity outside agreed job plans.
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits.
- ENT surgical demand remains in excess of capacity in key subspecialties resulting in 52 week waits.
- Winter pressures, reduction in bed and theatre capacity as stipulated by NHSI to admit and treat our sickest patients
- Waiting time from referral to first outpatients in some key specialities
- High wait times in the awaiting decision to treat in General Surgery

Actions taken to mitigate risk and improve performance:

- The new Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery.
- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and Gynaecology.
- Saturday working in new consultants contracts across the trust to improve utilisation of theatres and increase capacity.
- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.
- The Trust has established long term solutions to begin to sustainably address the imbalance in capacity and demand in December, through a number of schemes, including; increasing theatre utilisation to 50 weeks per year, develop local anaesthetic cataract surgery in Buckland Hospital, Dover releasing 5 theatre sessions per week at acute hospitals William Harvey and Queen Elizabeth the Queen Mother Hospitals.
- Tendered for insourcing providers for Ophthalmology and Orthopaedic day case capacity to commence in February
- Business Planning for 18/19 to reduce the waiting list size utilising the capacity that is available
- Production plans in each speciality linked to reducing waiting times

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.6%		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Green
	Performance	99.65%	99.67%	99.78%	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	>=99%
	Waiting list Size	14,171	14,048	15,580	14,882	14,480	14,709	14,822	14,011	14,827	15,419	14,321	14,345	<14,000
	Waiting > 6 Week Breaches	49	46	35	140	92	80	119	120	79	63	22	52	<60
	Average Wait													<4

2017/18 Trajectory

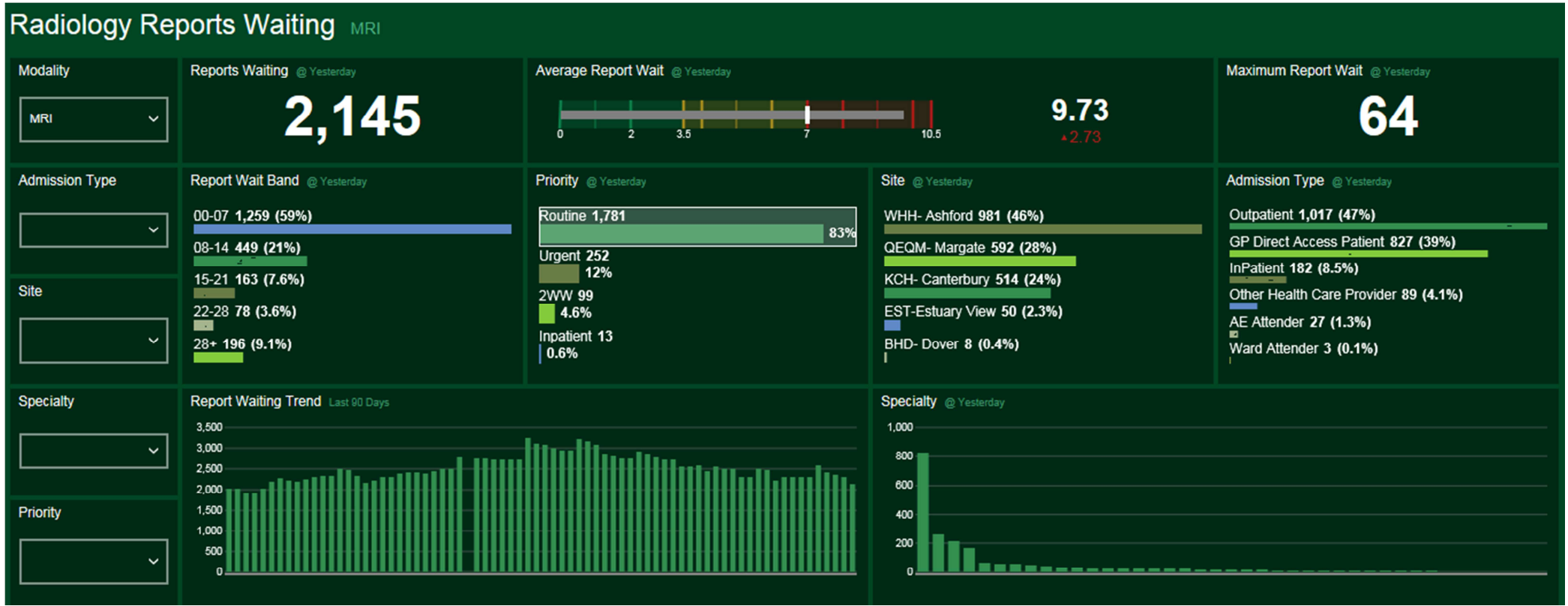| 0.54%		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	Apr
	Performance	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.60%	99.85%	99.64%				Apr

Summary Performance

The standard has been met for December 2017 with a compliance of 99.64%. As at the end of the month there were 582patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 39, 24 in Computed Tomography, 8 in Non-Obstetric ultrasound, 5 in MRI, 2 in DEXA
- Cardiology: 6
- Urodynamics: 7

Risks to delivery of the standard:

- Of the 58 breaches in total (12 in Echocardiography, 39 Radiology, 7 Urodynamics in Gynaecology). The number of patients waiting has decreased slightly by 29. Focussed daily oversight is required in order to maximise each patient and equipment on all sites to continue to deliver the standard.
- The backlogging of examinations on to the RIS and completing the unspecified images on PACS in radiology due to the November GE / IT/ server issues, which caused a major outage for 7 days has been completed. The knock on reporting backlog has improved for MRI since December but deteriorated slightly for CT.
- Current wait time for Cancer referrals is 3-5 days for CT and 11-12 days for MRI.
- CT backlog reports are 1,621 (previous report 1,529) and MRI is 2,819 (previous 3,225) CT has grown in month as a result of the reduction in locum capacity, some progress had been made in MRI in the main due to third party capacity as of 18/01/18. Reporting in a timely way for each patient within all modalities remains a concern for the Division; patients are still waiting a long time for a report and a clinical outcome.
- Some improvements in sickness positively impacted this month going forward, however the Nuclear Medicine services remains a risk due to on-going sickness and maintaining high professional standards (MHPS) investigations.
- Increasing third party provider support for MRI backlog in particular.
- Workforce resilience: It is additionally acknowledged the reliability and clinical skill mix of locums restricts service improvement and backlog reductions.

Reporting backlogs:

Radiology Reports Waiting MRI

Modality	Reports Waiting @ Yesterday	Average Report Wait @ Yesterday		Maximum Report Wait @ Yesterday
MRI ▾	**2,145**	0 2 3.5 7 10.5	**9.73** ▲2.73	**64**

Admission Type ▾	Report Wait Band @ Yesterday	Priority @ Yesterday	Site @ Yesterday	Admission Type @ Yesterday
	00-07 **1,259 (59%)**	Routine **1,781** 83%	WHH- Ashford **981 (46%)**	Outpatient **1,017 (47%)**
	08-14 **449 (21%)**	Urgent **252** 12%	QEQM- Margate **592 (28%)**	GP Direct Access Patient **827 (39%)**
Site ▾	15-21 **163 (7.6%)**	2WW **99** 4.6%	KCH- Canterbury **514 (24%)**	InPatient **182 (8.5%)**
	22-28 **78 (3.6%)**	Inpatient **13** 0.6%	EST-Estuary View **50 (2.3%)**	Other Health Care Provider **89 (4.1%)**
	28+ **196 (9.1%)**		BHD- Dover **8 (0.4%)**	AE Attender **27 (1.3%)**
				Ward Attender **3 (0.1%)**

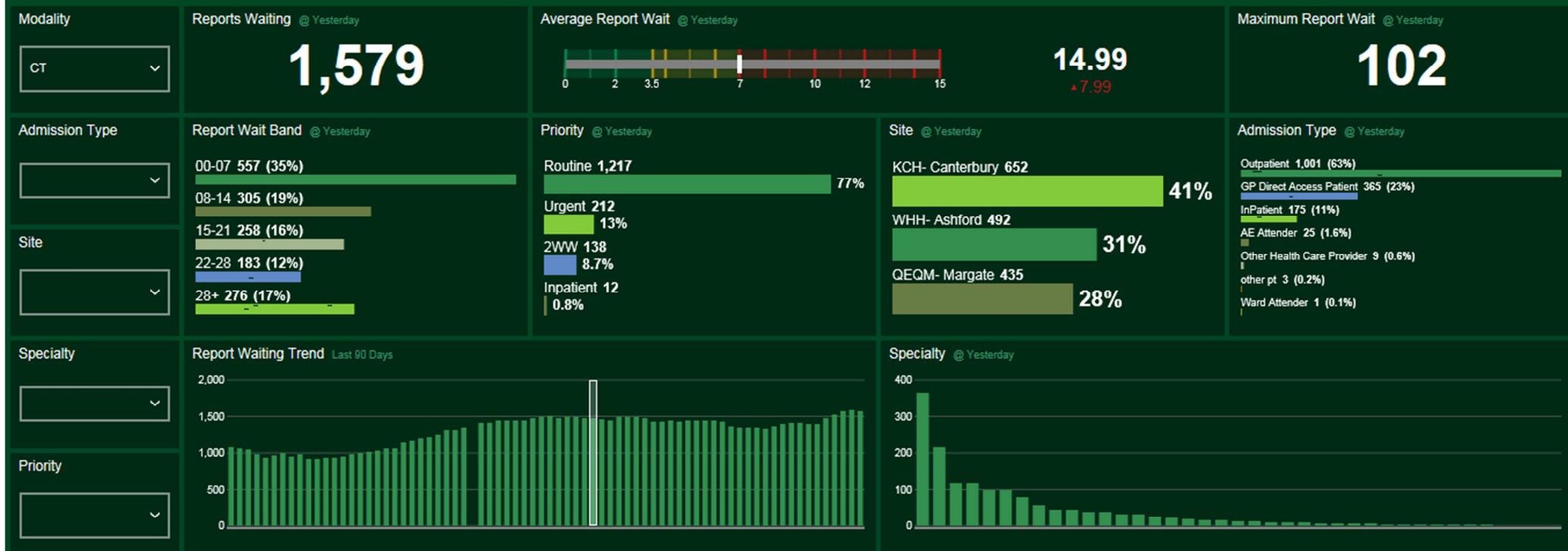| Specialty ▾	Report Waiting Trend Last 90 Days	Specialty @ Yesterday
Priority ▾		

Total MRI backlog reporting position as of 18/01/18: (N.B. this data excludes written exams sent to third party reporters ~ 600 exams)

MRI has improved its large number of reports outstanding by ~470 examinations overall compared to December (3,215).

Whilst numbers waiting over 2 weeks have improved there is still a significant number waiting over 28 days.

Radiology Reports Waiting CT

Modality	Reports Waiting @ Yesterday	Average Report Wait @ Yesterday		Maximum Report Wait @ Yesterday
CT	**1,579**	0 2 3.5 7 10 12 15	**14.99** ▲7.99	**102**

Report Wait Band @ Yesterday
- 00-07 557 (35%)
- 08-14 305 (19%)
- 15-21 258 (16%)
- 22-28 183 (12%)
- 28+ 276 (17%)

Priority @ Yesterday
- Routine 1,217 — 77%
- Urgent 212 — 13%
- 2WW 138 — 8.7%
- Inpatient 12 — 0.8%

Site @ Yesterday
- KCH- Canterbury 652 — 41%
- WHH- Ashford 492 — 31%
- QEQM- Margate 435 — 28%

Admission Type @ Yesterday
- Outpatient 1,001 (63%)
- GP Direct Access Patient 365 (23%)
- InPatient 175 (11%)
- AE Attender 25 (1.6%)
- Other Health Care Provider 9 (0.6%)
- other pt 3 (0.2%)
- Ward Attender 1 (0.1%)

Report Waiting Trend Last 90 Days

Specialty @ Yesterday

The total CT backlog reporting position as of 18/01/18:

For CT, the total waiting for a report has increased by 99 examinations overall compared to December (1,480).

There is a higher percentage waiting over 2 weeks for a report than MRI that competes with pressure for 2WW and A/E-Inpatient urgent imaging reports.

Actions taken to mitigate risk and sustain performance:

- We are working closely with GE and IT to monitor resilience of the system; some planned downtime is required to make this happen but this will be planned in collaboration with all parties.

- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- Outsourcing Cardiology CT in month with plan to bring back in house in March 2018.
- New MRI's are commissioned and fully functional at KCH are enabling us to review some mobile use week on week; however to bring the workload to realistic levels of 2 weeks we continue to need additional vans supporting service delivery.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Working with third party reporting providers to increase capacity.
- We have made a request to Commissioners to close Direct Access MRI slots to reduce demand, free up capacity and or reduce financial burden of buying in Vans and outsourcing the reporting which is no longer cost effective. This has been agreed for South Kent and Thanet but not yet for Canterbury and Ashford areas and no formal agreement is yet in place for either commissioner.
- The Division have received £125k from Central Cancer funding to support delivery of 2 WW position and bring this to within 7 days the department – but have been unable to source a locum to increase specific capacity.
- All our equipment is monitored closely and regularly serviced to ensure we maximise capacity and reduce down time.
- Daily oversight continues.

East Kent Hospitals University NHS NHS Foundation Trust

Strategic Theme: Finance

Finance

Dec (red)	I&E £m	-42.4 (623.0%) ↓	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS	★★★
Dec (green)	Cash Balance £m	8.3 (499.1%) ↑	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 (red)	Total Cost £m	-51.1 (-0.6%) ↑	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 (red)	Forecast I&E £m	-30.0 (58.2%) ↓	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.	★★☆

Strategic Theme: Finance

Dec

Normalised Forecast £m

-30.0
(58.2%)

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

Comments:

The Trust's I&E deficit in December (month 9) was £3m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing, and after technical adjustments) against a planned deficit of £2.9m.

The year to date I&E deficit is £17.1m which is on plan

The Trust has had to worsen its Forecast in Month 9 by £11m to recognised the expected impact of additional A&E pressures and winter costs which will deliver a £30m deficit for the full year.

Trust unconsolidated pay costs in the month of £29.1m were £1.2m better than November (of which approximately half was due to the non recurrence of catch up charges seen in November) but was £0.5m worse than plan. Permanent staff costs were £0.4M lower than November with overtime at similar levels to last month. Bank usage reduced by £0.1m and agency/locum staff reduced £0.7m. All Temporary staff (agency, bank, locum, overtime) reduced by £0.8m to £3.5m in month. Waiting list payments also reduced by £0.1m to £0.2m in month but were still higher than plan in month by £0.1m. Pay is now £2.1m worse than plan year to date. The main driver for the pay overspend in month is the inability to close beds due to patient flow pressures which had been expected as part of a CIP built into the budget, this is likely to continue. The reduction in spend in month is driven by both lower levels of available labour during the Christmas period and the fact November included some one off catch up Agency/Locum costs.
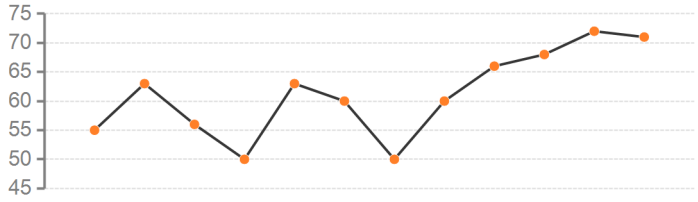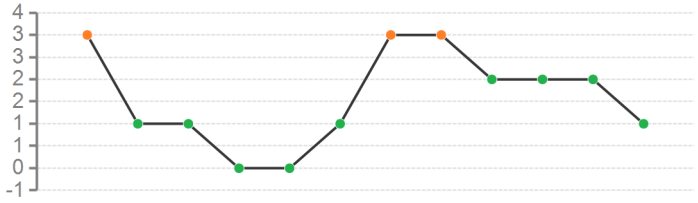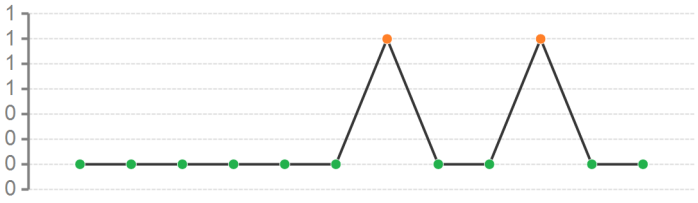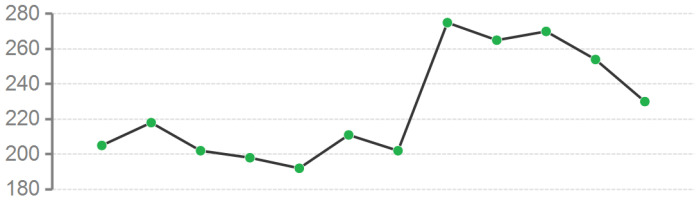
Clinical income was £0.7m (1.6%) ahead of plan in month. This is driven by strong non-elective activity, non planned Health and Social Village bed income and NHSE income reductions which they have not been able to deliver. This is offset by low elective activity. Clinical income is £1.9m better than plan year to date. Other income is £0.3m better than plan in month driven by recognition of centrally funded one off A&E recovery income (per NHSi instructions). Year to date other income is £0.5m behind plan as lost STF income is offset by over recovery of R&D and Education income.

Against the £32m CIPS target, including income, £21.7m is reported year to date against a target of £22m, £0.3m behind plan. Of the reported position 15% is non recurrent.

The cash balance as at the end of December was £8.3m, £6.3m above plan. The trusts total cash borrowing is now £29.6m.

As the expenditure risks are now recognised as crystallising in the revised Trust forecast the risks remaining have been estimated at £4m driven by Commissioner challenges the result of which is still to be agreed.

Strategic Theme: Health & Safety
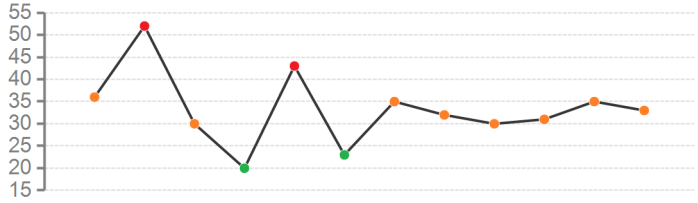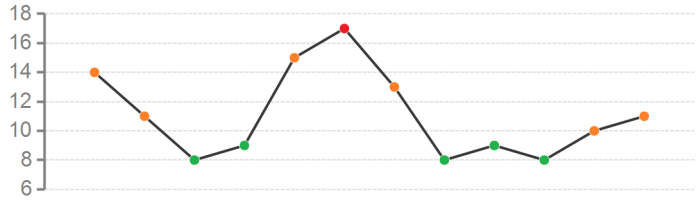
Health & Safety 1

Dec	Representation at H&S	734 (17.8%) ⬆		% 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)	19 (18.8%) ⬆		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	2 (100.0%) ⬆		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph). ⭐⭐☆
Dec	Health & Safety Training	2722 (116.7%) ⬆		H&S Training includes all H&S and risk avoidance training including manual handling ⭐⭐☆

Comments: Representation at H&S committee's decreased fractionally in December due to the Christmas holiday period. The direction of travel for this metric is green reflecting the improvement made in terms of Divisional commitment to attending key H&S meetings.

There was 1 RIDDOR in December - relating to a staff member who slipped on ice in one of the car parks. Gritting had been undertaken.

Staff training on H&S has declined in Q3 but remains very high over all. The overall program of training is cyclical, reflecting the availability of staff and as such tends to tail off in Q3 and Q4.

Strategic Theme: Health & Safety

East Kent Hospitals University **NHS**
NHS Foundation Trust

Health & Safety 2

Dec	Accidents	**309** (-14.6%)		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	**129** (0.8%)		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	**400** (2.3%)		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	**133** (-28.9%)		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:

The number of accidents decreased in December, this maintains a green rating against this metric and year to date green.

The number of Fire incidents decreased in December returning this metric to Amber.

The number of Violent & Aggressive incidents captured on Datix has remained steady for the last 6 months with minimal changes. The Trust continues to deploy its Conflict Resolution Training along with other initiatives to support staff.

The number of sharps incidents remained low this month although increasing slightly from November.

Pay Independent

Month	Metric	Arrow	Graph	Description
Dec (green)	Payroll Pay £m	↑ -26.4 (-1.7%)		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 (red)	Agency Spend £m	↑ -2.4 (-22.4%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Dec (red)	Additional sessions £k	↑ -188 (-33.0%)		Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Dec (red)	Independent Sector £k	↓ -808 (34.0%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Comments:

Pay performance is adverse to plan ytd by £2.1m (0.8%).

Trust unconsolidated pay costs in the month of £29.1m were £1.2m better than November (of which approximately half was due to the non recurrence of catch up charges seen in November) but was £0.5m worse than plan.

Permanent staff costs were £0.4M lower than November with overtime at similar levels to last month. Bank usage reduced by £0.1m and agency/locum staff reduced £0.7m. All Temporary staff (agency, bank, locum, overtime) reduced by £0.8m to £3.5m in month. Waiting list payments also reduced by £0.1m to £0.2m in month but were still higher than plan in month by £0.1m. Pay is now £2.1m worse than plan year to date. The main driver for the pay overspend against plan in month is the inability to close beds due to patient flow pressures which had been expected as part of a CIP built into the budget, this is likely to continue.

Strategic Theme: Use of Resources

Balance Sheet

Dec	CIPS £m	40.5 (-24.2%)		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	12.7 (-13.1%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	★ ★ ★
Dec	Capital position £m	-111.9 (13.5%)		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:

The cash balance as at the end of December was £8.3m, £6.3m above plan. A further £2.6m was drawn down in December but under the terms of the loans it is expected £0.8m will be repaid in January. The Trust is currently borrowing a total of £29.6m of cash.

Total invoiced debtors have decreased from the opening position of £19.2m by £12.8m to £6.4m. The significant reduction is primarily due to credits and re-invoices in respect of the 2016/17 final position for the EK CCGS.

Invoiced creditors have increased by £4.8m from the opening position to £35.9m. 50.4% relates to current invoices (M8 50.3%) with 10.2% or £3.6m (M8 £3.3m) over 90 days.

East Kent Hospitals University **NHS**
NHS Foundation Trust

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: A full programme of CIPS valued at £32m for 2017/18 is being rolled out. The CIPs Plan is net of the cost of delivery. CIPs achieved in M09 were £2.9m (a decrease of £0.9m in month due to a number of non recurrent items recognised in M8) against a plan of £3.5m. Achievement for the Year to Date is £21.7m against plan of £21.9m. The major areas of CIP achievement in M09 were Divisional schemes £1.1m, Medicines Optimisation £0.1m and Workforce £0.6m offset by shortfalls in Patient Flow £(0.1m) and agency £(0.2m). CIPs in December amounted to £2.7m recurrent and £0.3m on a non-recurrent basis. Year to date £18.4m recurrent and £3.3m non-recurrently.

Strategic Theme: Improvement Journey

		Aug	Sep	Oct	Nov	Dec	
MD01 - End Of Life	Lost Days (Fast Track)	10	17	13	15	14	
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	70.10	70.51	75.35	79.91	73.59	>= 95
	ED - 1hr Clinician Seen (%)	47	47	48	55	53	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	13	12	12	13	12	>= 35
	Medical Outliers	59	73	69	73	87	
	Lost Days (Non-EKHUFT)	54	61	56	61	61	
	DToCs (Average per Day)	43	50	55	55	49	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	74.29	73.61	73.92	71.24	74.48	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	31	30	29	30	28	< 28
	Staff Turnover (Midwifery)	14	13	13	13	13	<= 10
	Vacancy (Midwifery) %	8	6	5	6	7	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.7	13.1	13.2	13.2	13.6	<= 10
	Vacancy (%)	12.3	12.2	12.2	11.4	11.8	<= 7
	Staff Turnover (Nursing)	14	13	13	13	14	<= 10
	Vacancy (Nursing) %	13	12	13	9	10	<= 7
	Vacancy (Medical) %	21	19	16	13	13	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	79.4	80.1	81.7	81.9	82.2	>= 90
	Statutory Training (%)	89	90	89	89	88	>= 85
KF01 - Complaints	Complaint Response in Timescales %	83	77	80	87	79	>= 85
	Complaint Response within 30 days %	49	24	2	6	7	>= 85

KF02 - Workforce & Culture	Staff FFT - Work (%)	49	49	49	49	49	>= 60
	Staff FFT - Treatment (%)	70	70	70	70	70	>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)	82	77	78		94	>=95
	Pharm: Fridge Temps (%)	80	78	84		86	>= 100
	Pharm: Drug Trolleys Locked (%)	100	97	99		100	>= 90
	Pharm: Resus. Trolley Check (%)	80	87	79		83	>= 90
	Pharm: Drug Cupboards Locked (%)	79	75	74	0	83	>= 90

Glossary

East Kent Hospitals University **NHS**
NHS Foundation Trust

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55	
	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	<= 92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Lost Days (Fast Track)	Beddays lost due to delayed discharge (Fast Track)		
	Lost Days (Non-EKHUFT)	Beddays lost due to delayed discharge (Non-EKHUFT)		
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %

Category	Metric	Description	Target	Weight
Clinical Outcomes	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is 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.	<= 0.1	25 %

Data Quality & Assurance	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %

Health & Safety	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
	Blood Transfusion Incidents	The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< = 5	20 %
	Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
	Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 94	10 %
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		

Incidents	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow 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 Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	

Infection	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1	
	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
	MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12	
Initiatives	Antimicrobial Resistance & Stewardship CQUIN Delivered %	CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours	>= 100	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	>= 100	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	>= 100	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	>= 100	20 %
	Staff Health & Wellbeing CQUIN Delivered %	CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake	>= 100	20 %
Mortality	Crude Mortality EL (per 1,000)	The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	< 87.45	30 %
	SHMI	Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data.	< 0.95	15 %

Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	
	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89	
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
	Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	

Patient Experience	Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
	Discuss Worries with support %	Discuss Worries with support	>= 89	
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 1	10 %
	FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	30 %
	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 15	1 %
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
	Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
	Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
	Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
	Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %

Productivity	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
	Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		

Staffing				
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available.		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) 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 Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
	Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)	>= 80	15 %
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 80	15 %
	Sickness (%)	% of Full Time 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		
	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	Staff Turnover (Midwifery)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Staff Turnover (Nursing)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Temp Staff (WTE)	WTE Count of Temporary Staff Used	< 182	
	Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Total Staff Headcount	Headcount of total staff in post		
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
	Unplanned Agency Expense	Total 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 %
	Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	

Training	Statutory Training (%)	The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	< 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0	
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	< 0	
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan		
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.		
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	

Data Assurance Stars

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

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

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

Human Resources Heatmap

East Kent Hospitals University NHS Foundation Trust

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	1.4	0.6	1.4	0.5	2.6	2.3	5.1	4.1	10.0
Appraisal Rate (%)	81.3	56.4	85.7	89.8	51.8	82.0	87.4	92.4	74.9
Employed vs Temporary Staff (%)	86.4	82.1	87.1	92.3	90.1	92.3	88.0	90.8	84.8
Sickness (%)	4.0	2.9	2.0	3.9	2.7	4.1	3.7	4.0	3.9
Staff Turnover (%)	15.4	18.8	11.0	14.1	14.5	12.4	6.7	12.4	15.3
Statutory Training (%)	91	86	96	95	87	88	95	86	85
Total Staff In Post (SiP)	1428	72	126	125	119	1341	329	1738	1640
Vacancy (%)	13.6	20.0	12.9	9.9	9.9	7.7	12.0	9.6	15.3

Apdx.

Patient Safety Heatmap - DECEMBER 2017

East Kent Hospitals University NHS Foundation Trust

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

Ward	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
KCH - Kent & Canterbury																	
Specialist																	
KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	34	NULL	NULL	NULL	55	100	0.0	92.3	80	100	15
MARL - MARLOWE WARD	100.0	3	4	0	0	0	165	33	50	33	54	100	0.0	90.6	95	96	8
Surgical																	
CLKE - CLARKE WARD	96.6	4	2	0	0	1	1	33	33	50	36	99	0.0	80.1	88	97	6
KENT - KENT WARD	100.0	6	5	0	0	0	0	33	50	50	29	100	0.0	93.1	100	90	10
KITU - KCH ITU	100.0	0	0	0	0	0	53	N/A	N/A	N/A	N/A	N/A	N/A	91.0	91	100	30
Urgent Care																	
HARB - HARBLEDOWN WARD	100.0	3	6	0	0	0	5	100	100	100	6	100	0.0	102.1	88	112	6
INV - INVICTA WARD	90.5	1	11	0	0	0	1	50	100	100	19	100	0.0	82.8	96	138	6
KING - KINGSTON WARD	100.0	1	3	0	0	0	0	50	50	50	30	100	0.0	82.0	97	135	6
KNRU - EAST KENT NEURO REHAB UNIT	100.0	1	3	0	0	1	0	100	33	50	36	100	0.0	97.5	99	131	6
MTMC - MOUNT/MCMASTER WARD	100.0	0	5	0	0	0	0	NULL	NULL	NULL	0	NULL	NULL	80.8	88	131	5
TREB - TREBLE WARD	88.2	0	6	0	0	0	0	50	50	50	34	100	0.0	85.3	90	96	7
QEH - Queen Elizabeth Queen Mother																	
Specialist																	
BIR - BIRCHINGTON WARD	100.0	1	2	0	0	0	1	33	100	33	0	NULL	NULL	96.8	91	101	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	1	0	N/A	N/A	N/A	N/A	N/A	N/A	81.8	93	86	24
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	88.4	82	100	14
RAI - RAINBOW WARD	100.0	0	0	0	0	0	1	N/A	N/A	N/A	26	99	0.0	91.8	108	114	9
Surgical																	
BIS - BISHOPSTONE WARD	100.0	1	2	0	0	1	0	50	50	50	75	98	0.0	67.0	94	99	6
CSF - CHEERFUL SPARROWS FEMALE	100.0	1	1	0	0	0	0	33	33	50	64	96	3.6	81.3	94	100	7
CSM - CHEERFUL SPARROWS MALE	100.0	1	2	0	0	1	2	33	33	33	34	92	2.6	96.9	102	106	8
QITU - QEH ITU	87.5	0	0	0	0	0	95	N/A	N/A	N/A	N/A	N/A	N/A	92.8	97	115	25
QX - QUEX WARD	100.0	0	1	0	0	0	78	50	50	50	75	100	0.0	93.3	75	72	4
SB - SEA BATHING WARD	90.9	0	0	0	0	0	0	100	50	50	58	100	0.0	91.1	111	108	7

Apdx.

Ward	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurse %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
Urgent Care																	
DEAL - DEAL WARD	96.4	1	8	0	0	0	0	50	50	50	4	100	0.0	93.2	94	117	5
FRD - FORDWICH WARD STROKE UNIT	90.9	0	6	0	0	0	1	100	100	100	27	100	0.0	76.2	102	124	8
MW - MINSTER WARD	95.5	2	7	0	0	1	24	50	33	50	66	95	0.0	86.5	110	112	7
QCCU - QEH CCU	100.0	0	0	0	0	0	0	NULL	NULL	NULL	103	100	0.0	86.4	87	86	7
QCDU - QEH CDU	95.8	0	0	2	0	0	8	NULL	NULL	NULL	24	92	6.3	99.3	118	161	11
SAN - SANDWICH BAY WARD	100.0	2	5	0	0	0	1	50	50	100	83	100	0.0	101.5	131	143	7
SAU - ST AUGUSTINES WARD	96.4	1	2	0	0	0	0	NULL	NULL	NULL	45	92	0.0	84.7	135	121	6
STM - ST MARGARETS WARD	100.0	0	6	0	0	3	0	33	50	50	0	NULL	NULL	87.6	151	188	8
WHH - William Harvey																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	2	0	50	50	50	N/A	N/A	N/A	84.3	85	84	17
KEN - KENNINGTON WARD	100.0	0	1	0	0	0	0	33	50	50	0	NULL	NULL	77.5	91	126	8
PAD - PADUA	100.0	0	1	0	0	0	0	N/A	N/A	N/A	7	97	0.0	91.8	102	96	8
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	133	N/A	N/A	N/A	N/A	N/A	N/A	100.4	77	88	16
Surgical																	
ITU - WHH ITU	100.0	0	0	6	0	0	23	N/A	N/A	N/A	N/A	N/A	N/A	92.3	123	130	31
KA2 - KINGS A2	100.0	1	2	0	0	0	148	33	33	50	22	100	0.0	87.4	100	123	6
KB - KINGS B	100.0	0	2	0	1	1	173	33	33	50	38	89	2.2	92.4	104	105	6
KC - KINGS C1	96.2	3	3	0	0	0	0	50	50	50	85	97	2.6	89.0	105	100	6
KC2 - KINGS C2	100.0	2	6	0	0	0	82	33	50	50	31	100	0.0	82.8	84	96	6
KDF - KINGS D FEMALE	94.4	2	1	0	0	0	302	50	33	50	47	100	0.0	97.0	N/A	N/A	N/A
KDM - KINGS D MALE	95.0	8	6	0	0	1	0	33	33	33	46	100	0.0	N/A	105	108	7
RW - ROTARY WARD	100.0	3	3	0	0	1	51	33	50	33	45	100	0.0	90.7	92	98	8
Urgent Care																	
CCU - CCU	100.0	0	0	0	0	0	0	33	50	50	71	100	0.0	83.4	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	0	0	0	1	0	0	33	33	33	85	95	2.6	77.3	101	112	6
CK - CAMBRIDGE K	95.8	0	0	0	0	0	0	50	50	50	35	97	0.0	80.2	101	105	7
CL - CAMBRIDGE L REHABILITATION	100.0	3	4	0	0	0	1	33	33	33	81	96	4.2	90.5	94	126	6
CM1 - CAMBRIDGE M1 SHORT STAY	83.3	3	10	0	0	1	0	50	50	50	18	100	0.0	78.1	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	0	1	0	0	1	0	50	50	50	66	97	0.0	101.2	112	122	7

KEY

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

Apdx.

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
OXF - OXFORD	92.3	1	12	0	0	2	0	50	50	100	17	100	0.0	94.8	110	142	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	3	12	0	0	2	0	50	50	50	12	100	0.0	83.4	117	132	9
WCDM - WHH CDU MIXED	88.2	0	0	3	0	0	0	33	25	25	18	75	14.3	82.6	100	92	12

Apdx.