

# **INTEGRATED PERFORMANCE REPORT**



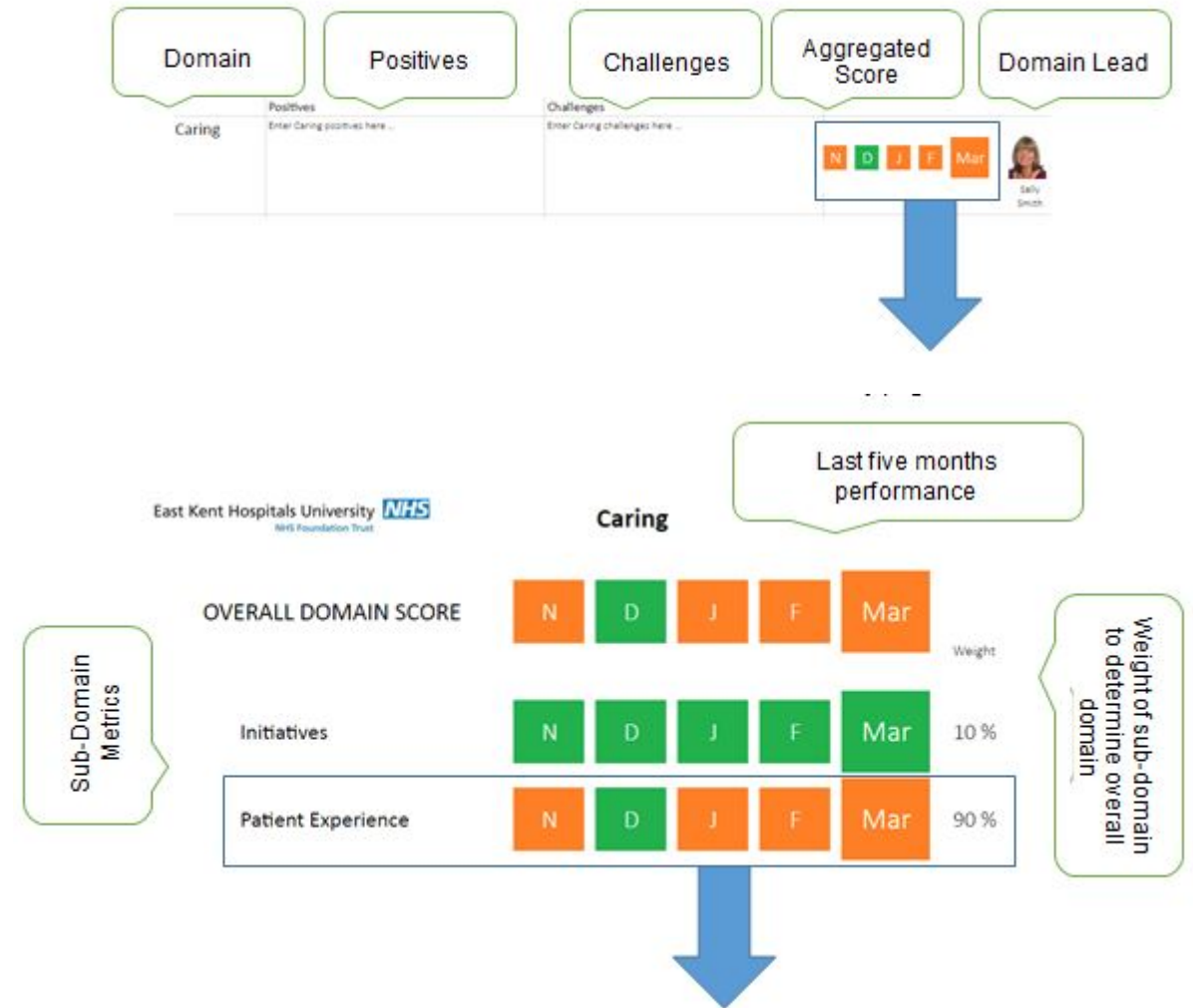
# Chief Executive's Summary

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.

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



# Understanding the IPR

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

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

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



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

# Strategic Priorities



**Our vision:**

Great healthcare from great people

**Our mission:**

Together we care: improving health and lives

**Our values:**

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





**Our strategic priorities:**

Patients, people, provision and partnerships

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# Headlines

	Positives	Challenges	
<b>Caring</b>	<p>The Friends and Family test inpatient satisfaction rate remains positive at 96% recommended.</p> <p>The ratio of compliments to complaints is also positive with 45 compliments to every single complaint.</p> <p>Complaint response times have met our standard with 85% being responded to within the timescales agreed with the client.</p> <p>We have seen a reduction in the number of mixed sex accommodation breaches.</p>	<p>Overall patient experience as expressed by the real time inpatient surveys has decreased in January compared to recent months.</p> <p>Despite the improved position, we are still reporting 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.</p> <p>The percentage of patients not recommending the Trust as depicted in the Friends and Family Test has increased this month.</p>	  <p>Sally Smith</p>
<b>Effective</b>	<p>Whilst there were significant challenges to maintain patient flow in our hospitals, we saw an increase in the number of discharges before midday and readmissions after a non-elective admission has not changed which is positive.</p> <p>Planned preventative maintenance for medical equipment has maintained the improvement of 84% which is a great achievement.</p> <p>Clinical audit programmes remain on track as planned.</p>	<p>Bed Occupancy increased to over 100% in January and the non-elective length of stay remained high at 6.4 days indicating the significant pressure on the whole system emergency pathways and the increased acuity of patients.</p> <p>This has been further challenged by increased delayed transfers of care.</p> <p>Theatre utilisation has been negatively impacted by the mandated cancellation of elective activity in January. However, cancellations on the day for non-clinical reasons have remained low whilst our ability to perform a cancelled procedure within a month is challenged. Elective activity is expected to restart in February.</p>	  <p>Jane Ely</p>

## Responsive

In January there was very significant pressure on the whole system reflected by emergency pathways flow, whilst the Trust saw the beginning of some recovery for A&E performance. It does still remain a significant challenge.

Cancer performance for 2 week wait has been maintained.

Diagnostic waits performance has been maintained.

As the 12 week Rapid Improvement Programme came to an end in January, a slight improvement in performance against the A&E 4 hour standard was seen to 74.09%. The Trust is now being supported by a programme management team in order to track improvements across the projects being implemented which are focussed on faster diagnosis and treatment in the emergency department as well as reducing the length of stay once treatment after admission has been completed.

Our Clinical Commissioning Groups are implementing the additional funding given to support discharges to patients own homes or to a suitable bed. The Trust and partners increased planning and promoting discharge through a concentrated two week period with an aim to get the bed occupancy back into balance. This resulted in a bed occupancy in February of less than 100% yet not low enough to support improved flow from the emergency department. More intensive more is being planned to gain this step change.

January cancer performance in two week wait for breast referrals, and 31 day diagnosis to treatment, has not improved. The 62 day standard from GP referral has declined slightly to 73.18%. Although the total numbers on the waiting list have remained at 2400 and those over 62 days have reduced yet there are still 28 over 104 days with or without a diagnosis. there will be a further review of the recovery plans.

Referral to Treatments (18 weeks RTT) performance has fallen again to 77.62% 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. The mandated elective cancellations in January did have an impact. Recovery plans for general surgery, gynaecology, orthopaedics, ENT and maxillofacial surgery are being developed.

S O N D Jan



Jane Ely



Safe

Despite the very real challenges to emergency care overall VTE assessment recording has been sustained at 94.8%.

We are now reliably hitting target for screening in EDs and QEQM should be congratulated this month with regards to antibiotics within the hour of arrival at hospital - achieving 89%. Given the overcrowding and flow through EDs this was impressive.

Harm Free Care (New harms)improved this month to 98.9% harm free care delivered to our patients.

The rate of falls reduced in January compared to December.

This period has remained hugely challenging with a high bed occupancy and additional challenges from outbreaks of Norovirus.

The Trust has reported a further never event during this reporting period and has reported 5 never events in the last 12 months.

Trust assigned MRSA bacteraemia is another area of concern and year to date the number of cases Trust assigned numbers 7



Paul Stevens

Well Led

Finance is £2.3m behind plan in month and YTD after NHSi adjustments

I&E CIPS of £25.6m reported against a plan ytd of £25.5m

Sickness is unchanged at 3.9% - Amber rated

£0.8m of cash was repaid in January

Appraisal rates worsened slightly to 81.7% (previously 82.2%)

Forecast remains £11m worse than plan 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 decreased 0.6% (to 12.2% from 11.6%)- still red RAG rated

Staff turnover has remained the same at 13.5% - still red RAG rated

Temporary staff costs increasing and still running well above budget (inc. Bank and Over time) at £4.4m in month

A&E recovery plan requires significant funding

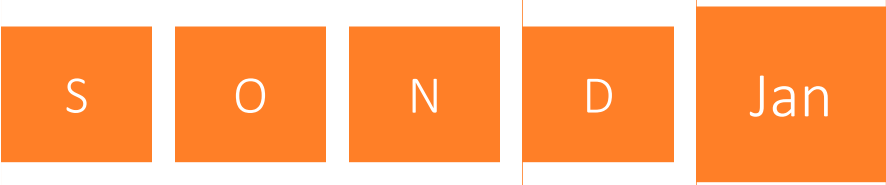
Pressure on CIP delivery as to recover Bite 4 schemes e.g. Patient Flow 2 and Agency reductions.



Susan Acott

# Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

# Caring

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	28	34	51	48	45	>= 12	10 %
	Mixed Sex Breaches	90	134	146	223	111	< 1	10 %
	Overall Patient Experience %	90.6	91.5	90.5	90.8	89.8	>= 90	10 %
	Complaint Response in Timescales %	76.7	79.7	87.0	79.2	84.8	>= 85	5 %
	FFT: Recommend (%)	97	97	97	97	96	>= 90	30 %
	FFT: Not Recommend (%)	1.5	1.7	1.5	1.2	2.1	>= 1	10 %

# Effective

## OVERALL DOMAIN SCORE

Beds

Clinical Outcomes

Productivity

	S	O	N	D	Jan	Weight
OVERALL DOMAIN SCORE	S	O	N	D	Jan	
Beds	S	O	N	D	Jan	25 %
Clinical Outcomes	S	O	N	D	Jan	25 %
Productivity	S	O	N	D	Jan	25 %

# Effective

		Sep	Oct	Nov	Dec	Jan	Green	Weight
<b>Beds</b>	Bed Occupancy (%)	94	95	93	96	101	<= 92	60 %
	IP - Discharges Before Midday (%)	12	12	13	12	14	>= 35	10 %
	DToCs (Average per Day)	50	55	55	49	56	< 35	30 %
<b>Clinical Outcomes</b>	Readmissions: EL dis. 30d (12M%)	3.3	3.3	3.3	3.4	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.7	15.4	15.4	15.3	15.1	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	100	100	100	100	100	>= 99	10 %
<b>Demand vs Capacity</b>	DNA Rate: New %	7.0	6.7	6.5	7.3	7.4	< 7	
	DNA Rate: Fup %	6.0	6.3	6.1	6.9	6.5	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	0.3		
<b>Productivity</b>	LoS: Elective (Days)	3.0	2.9	2.7	2.7	2.7		
	LoS: Non-Elective (Days)	6.4	6.6	5.9	6.3	6.4		
	Theatres: Session Utilisation (%)	84	80	82	80	76	>= 85	25 %
	Theatres: On Time Start (% 30min)	78	76	77	74	77	>= 90	10 %
	Non-Clinical Cancellations (%)	1.7	1.4	1.6	1.9	1.3	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	5	2	6	6	15	< 5	10 %
	EME PPE Compliance %	81	82	84	84	84	>= 80	20 %

# Responsive

## OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

	S	O	N	D	Jan	Weight
	S	O	N	D	Jan	
A&E	S	O	N	D	Jan	25 %
Cancer	S	O	N	D	Jan	25 %
Diagnostics	S	O	N	D	Jan	25 %
RTT	S	O	N	D	Jan	25 %

# Responsive

		Sep	Oct	Nov	Dec	Jan	Green	Weight
A&E	ED - 4hr Compliance (%)	70.51	75.35	79.91	73.60	74.09	>= 95	100 %
Cancer	Cancer: 2ww (All) %	95.26	94.63	96.43	96.28	95.51	>= 93	10 %
	Cancer: 2ww (Breast) %	95.50	94.29	94.44	92.37	89.76	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	93.23	98.97	97.00	95.67	93.61	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	85.42	95.12	85.71	84.85	85.11	>= 94	5 %
	Cancer: 31d (Drug) %	96.77	100.00	100.00	94.59	96.47	>= 98	5 %
	Cancer: 62d (GP Ref) %	74.55	74.37	71.97	74.17	73.18	>= 85	50 %
	Cancer: 62d (Screening Ref) %	93.55	92.86	89.29	93.33	91.43	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	85.71	82.98	84.00	92.11	77.08	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.47	99.59	99.85	99.64	99.45	>= 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 (%)	81.56	81.18	80.87	78.67	77.62	>= 92	100 %
	RTT: 52 Week Waits (Number)	51	64	67	80	108	< 1	

# Safe

## OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

	S	O	N	D	Jan	Weight
	S	O	N	D	Jan	
Incidents	S	O	N	D	Jan	20 %
Infection	S	O	N	D	Jan	20 %
Mortality	S	O	N	D	Jan	50 %
Observations	S	O	N	D	Jan	10 %



# Safe

		Sep	Oct	Nov	Dec	Jan	Green	Weight
<b>Incidents</b>	Serious Incidents (STEIS)	7	7	4	5	4		
	Harm Free Care: New Harms (%)	98.6	97.7	97.7	97.4	98.9	>= 98	20 %
	Falls (per 1,000 bed days)	6.01	5.41	5.62	6.03	5.13	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.07	0.19	0.23	0.19	0.21	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,288	1,366	1,319	1,390	1,377		
<b>Infection</b>	Cases of C.Diff (Cumulative)	19	22	23	25	29	<= Traj	40 %
	Cases of MRSA (per month)	0	1	1	0	0	< 1	40 %
<b>Mortality</b>	HSMR (Index)	83	82	82			< 90	35 %
	Crude Mortality EL (per 1,000)	1.4	0.5	0.1	0.9	0.3	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	34.4	36.6	34.9	45.7	54.6	< 27.1	10 %
	RAMI (Index)	82	93	92	91	90	< 87.45	30 %
<b>Observations</b>	Cannula: Daily Check (%)	70.8	68.7	69.7	69.6	68.2	>= 50	10 %
	Catheter: Daily Check (%)	42.8	41.1	41.5	44.0	42.1	>= 50	10 %
	Central Line: Daily Check (%)	64.1	64.0	63.9	66.3	67.9	>= 50	10 %
	VTE: Risk Assessment %	94.7	94.9	95.2	93.8	94.6	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.1	92.2	92.2	92.4	92.1	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.2	89.1	89.2	89.7	89.8	>= 90	25 %

# Well Led

## OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

	S	O	N	D	Jan
	S	O	N	D	Jan
Culture	S	O	N	D	Jan
Data Quality & Assurance	S	O	N	D	Jan
Finance	S	O	N	D	Jan
Health & Safety	S	O	N	D	Jan
Staffing	S	O	N	D	Jan
Training	S	O	N	D	Jan

Weight

15 %

10 %

25 %

10 %

25 %

15 %

# Well Led

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Culture	Staff FFT - Treatment (%)	70	70	70	70	70	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.7	0.8	0.7	0.8	1.2	<= 0.1	25 %
	Uncoded Spells %	0.1	0.1	0.1	0.1	0.6	< 0.25	25 %
Finance	I&E £m	-0.9	-0.2	-0.3	-2.0	-2.7	>= Plan	30 %
	Cash Balance £m	6.6	10.1	1.4	8.3	5.0	>= Plan	20 %
	Total Cost £m	-49.1	-49.6	-51.4	-51.1	-51.7	>= Plan	20 %
	Forecast I&E £m	-19.0	-19.0	-19.0	-30.0	-30.0	>= Plan	20 %
	Normalised Forecast £m	-19.0	-19.0	-19.0	-30.0	-30.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	2	2	2	1	0	<= 3	20 %
	Formal Notices	0	1	0	0	0	< 1	15 %
Staffing	Sickness (%)	3.8	3.8	3.9	3.9	3.9	< 3.6	10 %
	Staff Turnover (%)	13.1	13.2	13.2	13.5	13.5	<= 10	15 %
	Vacancy (%)	12.2	12.2	11.4	12.2	11.6	<= 7	15 %
	Total Staff In Post (SiP)	6846	6903	6946	6918	6953		1 %
	Shifts Filled - Day (%)	95	105	97	98	100	>= 80	15 %
	Shifts Filled - Night (%)	103	117	103	107	108	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	13	12	12	11		
	Bank Filled Hours vs Total Agency Hours	57	54	54	55	57		1 %
	Agency %	6.4	6.6	6.6	6.1	6.4	<= 10	
Training	Appraisal Rate (%)	80.1	81.7	81.9	82.2	81.7	>= 85	50 %
	Statutory Training (%)	90	89	89	88	89	>= 85	50 %

# Strategic Theme: Patient Safety

## Mortality

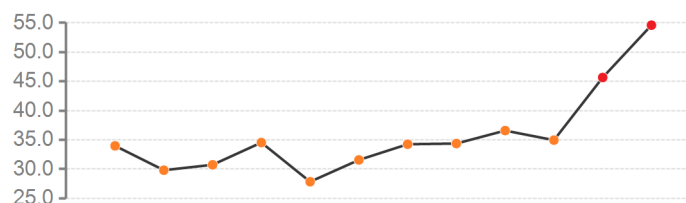
Jan	HSMR (Index)	85 (-1.3%)		<p>Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death &amp; scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.</p>	
Jan	RAMI (Index)	88 (0.4%)		<p>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.</p>	
Jan	Crude Mortality EL (per 1,000)	0.5 (13.0%)		<p>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.</p>	

## Strategic Theme: Patient Safety

Jan

Crude Mortality NEL  
(per 1,000)

35.6  
(11.6%)



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 remained elevated as expected and is consistent across the country. As per last month this is in association with a surge in predominantly acute respiratory illness.

Following the rise associated with re-basing the RAMI has begun to fall and remains below average, this is consistent with the HSMR which also remains below average.

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

On CHKS data is available up until November 2017, the Trust continues to be in the lower quartile of the HES Acute Peer for HSMR. The previously observed HSMR site difference between WHH and QEQMH continues to converge and latest values were 86.0 and 86.7 respectively. Alerting conditions from CHKS mirrored those from SHMI indicators and were Septicaemia, stroke and acute myocardial infarction. The greatest numerical difference is in septicaemia where observed deaths for the reporting period (July 2016 to June 2017) were 541 against predicted 435. Of the 541 deaths 103 occurred post-discharge (would not be a direct consequence of septicaemia).

## Serious Incidents

Jan	Serious Incidents (STEIS)	68 (-17.1%)		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.  
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## Strategic Theme: Patient Safety

Jan

Never Events (STEIS)

5  
(66.7%)



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 January 2018: 56 (including 5\* new)

SIs under investigation: 22

Breaches: 8

Non-breaches: 14

Waiting EKHUFT non-closure response: 6

Waiting CCG response: 28

### Supporting Narrative:

The number of breached cases is 8; 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.

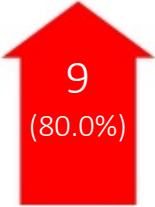
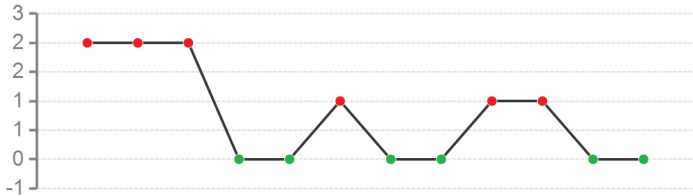



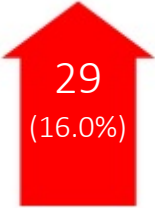
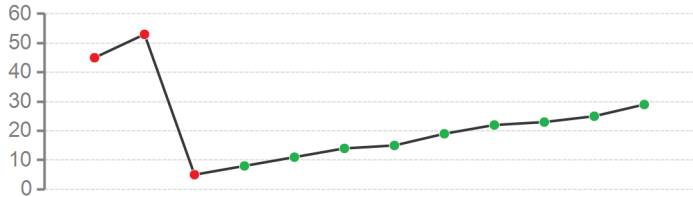




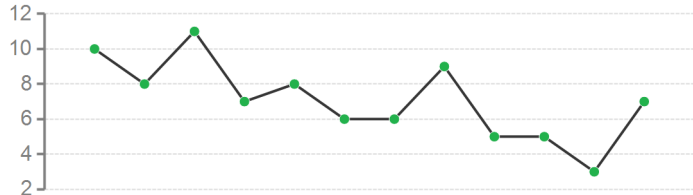



### The \*five new SIs are:

- a Never Event relating to a retained guidewire.
- \*a case which has been reported by EKHUFT, as requested by PHE, but which does not relate to EKHUFT. A decision is being made as to who should lead the investigation. The case relates to illegal drug use in the community across East Kent.
- an unexpected intrapartum stillbirth.
- a death in ED where staff were using a working diagnosis of cancer, but this had not been diagnosed.
- a treatment delay where the patient, attending ED, died in the hospital car park.

### Never Events

During the last calendar year the trust has reported five 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.

## Infection Control

Jan	Cases of MRSA (per month)			<p>Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.</p>	  
Jan	Cases of C.Diff (Cumulative)			<p>Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.</p>	  
Jan	E. Coli			<p>The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  

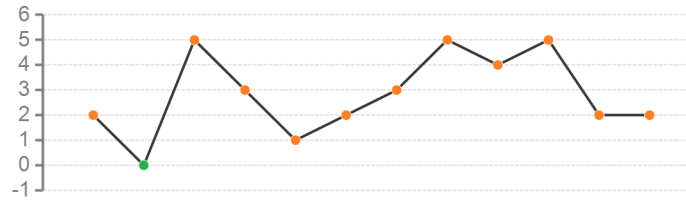


## Strategic Theme: Patient Safety

Jan

MSSA

34  
(47.8%)



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 33 cases against an annual objective of 46 cases (as of 26/02/2018). There is 1 case for Specialist Services, 24 cases for UC&LTC and 8 cases for the Surgical

Division

MRSA

There are 7 cases of Trust assigned MRSA bacteraemia this current year to date (as of 26/2/2018).

MSSA

Year to date there have been 30 cases of MSSA bacteraemia assigned to EKHUFT i.e. post 48 hour admission date.

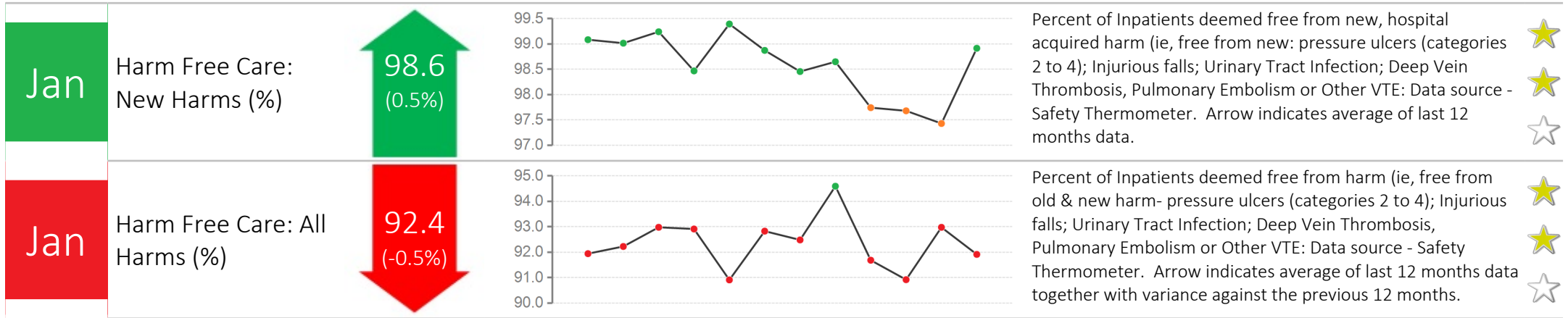
E.coli

Year to date there continue to have been 70 cases of E.coli bacteraemia assigned to EKHUFT but the number of cases in East Kent has risen to 505.

The picture with Influenza is in keeping with the rest of the country and new cases have tailed off over the past month.

Norovirus has been more prevalent in the Trust over the last month leading to bed closures at both QEQMH (Sandwich Bay and Deal wards) and K&CH (Invicta). Again this is in keeping with the rest of the country and across the UK more than 800 hospital beds were closed per day in the beginning of February (841 per day last week).

## Harm Free Care



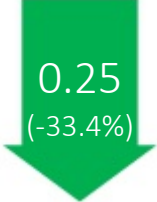
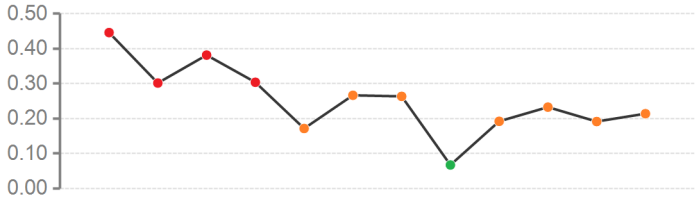


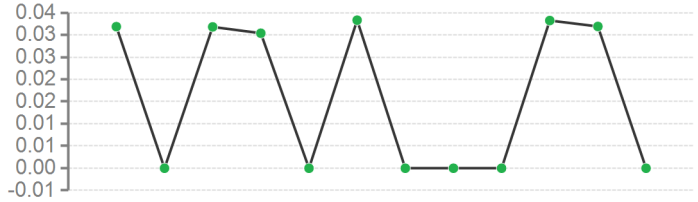

Comments: Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for Jan-18 (91.90%) shows deterioration since last month (92.98% Dec-17). However, a marked improvement is seen in the Urgent Care & Long Term Conditions Division with a rise to 90.37% (88.78% Dec-17).

The total of Harm Free Care experienced in our care (New Harms only) at 98.92% shows an improvement from last month (97.46% Dec-17).

National comparative data was unavailable at the time of this report.

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.

## Pressure Damage

Jan	Pressure Ulcers Cat 2 (per 1,000)	 <p>0.25 (-33.4%)</p>		<p>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.</p>	
Jan	Pressure Ulcers Cat 3/4 (per 1,000)	 <p>0.02 (31.4%)</p>		<p>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.</p>	

Comments: In January 2018 a total of 40 category 2 pressure ulcers were reported. This is an increase of 7 from last month. This is likely to be due to the continued increase in patient acuity that we are experiencing within the winter months. The trust came over the 0.15 avoidable incidence/1000 bed days with a result of 0.214/1000 however we have met our 25% reduction target for the first time with a target of 77 as a trajectory and a cumulative total of 71 avoidable category 2 ulcers to year date. Although we reported significantly more category 2 pressure ulcers 7 were avoidable, an increase of 1. These were avoidable due to delay and lack of documented prevention strategies and inappropriate risk assessment meaning the intervention was inappropriate for the level of actual risk.

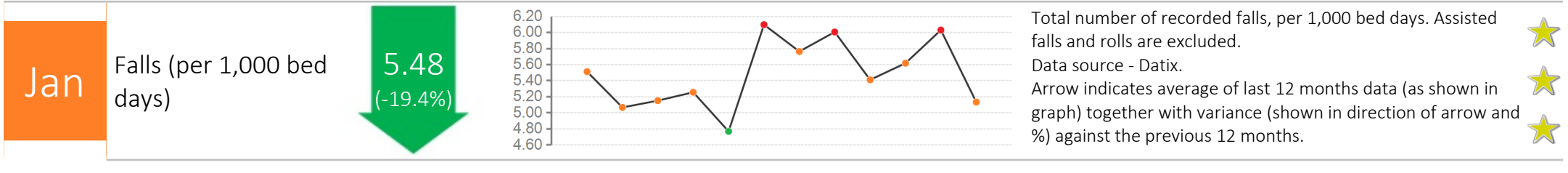
There were 0 confirmed category 3 or 4 ulcers. We have remained consistently under the set 0.15/1000 bed day target.

15 potential deep ulcers were reported, an increase of 4 from last month. Three of these were avoidable which equalled last month. Reasons for the avoidable decision were: two heel ulcers were due to lack of offloading and an ulcer on the spine due to lack of skin inspection and prevention. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.092/1000 less than last month (0.10/1000).

Actions:

- During January 2018 bespoke ward based teaching continued, focusing on areas of particular concern.
- The TV team continue to visit the EDs at least twice daily to ensure prevention strategies are in place especially during this period of winter pressure.
- The TVNs now have access to the specialist dressings to avoid delays in administering appropriate treatment.
- Training has been delivered to the medical students at WHH to raise awareness.
- Tissue Viability team are now part of the diabetic foot task and finish group to help improve care of foot ulcers within the trust.
- Joint working with moving and handling team to address areas of concern.

## Falls



**Comments:** The falls rate has decreased in January. There were a total of 176 compared with 190 in November. 5 of these falls happened in non ward areas. 44 were at K&CH, 58 at QEQMH and 77 at WHH. Wards with the highest number of falls were CM2, CL and CDU (8) at WHH, Harbledown at K&CH (10) and Seabathing at QEQMH (8). A patient on St Margaret's ward died following a fall which resulted in a hip fracture and is currently being investigated. 2 patients fell twice on Cambridge L. The recording of witnessed and unwitnessed falls continues to be worked up through the Datix reporting but is currently limited to those investigated by the specialist Falls Team.

**Actions:**

1. Fall Stop programme continues at WHH with a new focus on CDU.
2. Junior doctors have received training at WHH in the management of the fallen patient.

**Plans:**

1. Team have now recruited to the vacant band 6 post at QEQMH. The link worker network there will be refreshed when she starts in post in March.

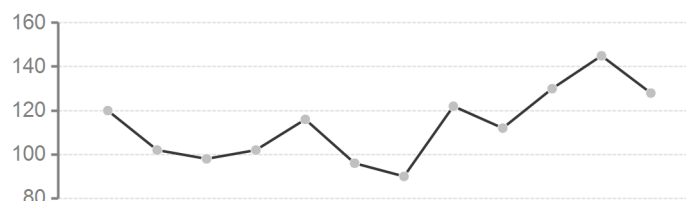
# Strategic Theme: Patient Safety

## Incidents

Jan	<p>Clinical Incidents: Total (#)</p> <p><b>16,239</b> (-1.4%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>
Jan	<p>Blood Transfusion Incidents</p> <p><b>138</b> (-11.0%)</p>		<p>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.</p> <p>★ ★ ★</p>

Jan

Medicines Mgmt. Incidents **1,361**  
(2.6%)



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 1350 clinical incidents have been logged as occurring in Jan-18 compared with 1370 recorded for Dec-17 and 1509 in Jan-17.

In Jan-18, five incidents have been graded as death and three incidents have been graded as severe harm. In addition, 34 incidents have been escalated as a serious near miss, of which 10 are still under investigation. Comparison of moderate harm incidents reported: 24 in Jan-18, 13 in Dec-17 and 7 in Jan-17.

Over the last 12 months incident reporting continues to rise at WHH, and has remained constant at QEQM and has dropped at K&CH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 4 Blood Transfusion related incidents for January 2018 (5 in December 2017 and 13 in January 2017). There are no clear themes amongst the incidents reported. One incident affected two patients so accounts for 2 of the 4. All the incidents reported were low or no harm.

The incidents were a suspected blood transfusion reaction for which no serological cause was found. The issue of anti D from a different batch to the label on the product and lastly the wastage of a unit of red blood cells; due to the patient developing a temperature and the unit not being returned to the blood transfusion department within the 30 minute timeframe.

Reporting by site: 1 at QEQM and 3 at K&CH

Medicines management (submitted by the Medication Safety Officer)

The total number of medication related incidents reported in January 2018 was 161. These included 121 no harm, 37 low harm and 3 moderate harm incidents. The moderate harm incidents included possible drug error due to eligible prescription, delay in the administration of palliative care medications and the prescribing and administration of a double dose of gentamycin.


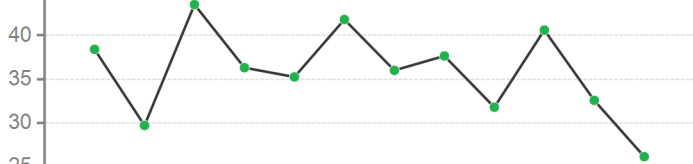




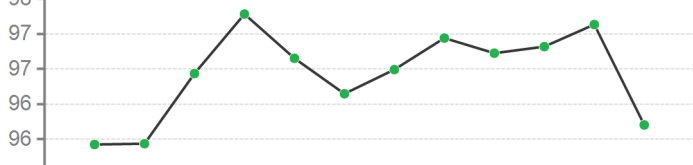



The severity of medication related incidents in January 2018 shows that 75.2% of incidents reported were no harm incidents. There are 2 incidents that require RCA investigations concerning medication errors and no sTEIS reportable incidents currently.

There were 39 incidents in January 2018 categorised as 'omitted medicine/ingredient' showing a decrease to 25.6% from December 2017. The data produced by the Medication Safety Thermometer in January was taken from 20 wards across the sites, and has shown that the percentage of patients with an omitted dose was 33.9%.

Apart from the missed doses of medication the themes from the incident reporting include 5 incidents concerning penicillin allergic patients being given penicillin containing antibiotics. An updated Missed Doses plan was reported to the Patient Safety board in February 2018 and a further plan on actions around penicillin allergies will be presented at the next Patient Safety Board.

# Strategic Theme: Patient Safety

## Friends & Family Test

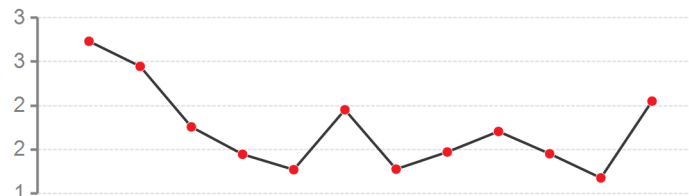
Jan	FFT: Response Rate (%)	 <p>36 (-4.5%)</p>		<p>The percentage of Inpatient (excluding Day Case) patients who responded to the Friends &amp; Family Test.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  
Jan	FFT: Recommend (%)	 <p>96 (0.0%)</p>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends &amp; Family Test and knew their opinion, would recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  

## Strategic Theme: Patient Safety

Jan

FFT: Not  
Recommend (%)

1.7  
(3.4%)



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 8391 responses were received (38% eligible patients). Overall response rate fell only for inpatients this month. Response rate for the EDs was 16.4% (16.0% Dec-17), inpatients 26.1% (32.6% Dec-17), maternity; birth only 29.6% (13.5% Dec-17) and day cases 22.1% (19.8% Dec-17).

Recommendations by patients in January were similar to December with the total number of inpatients, including paediatrics, who would recommend our services 95.7% (97.1% in Dec-17), EDs 81.1% (79.6% in Dec-17), maternity 98.7% (100% Dec-17), outpatients 92.8% (92.9% Dec-17) and day cases 96.2% (95.0% Dec-17).

91% of responders would recommend us to their friends and family and 5.4% would not. The Trust star rating in January is 4.56 (4.55 Dec-17).

Positive themes within FFT feedback include Staff attitude, Care, Implementation of Care and Competence across EDs, inpatients, outpatients, maternity and day case. Negative themes within FFT feedback include:

- Poor experience of waiting times in EDs, outpatients and day case units;
- Care, communication, staff attitude and environment within the EDs, inpatient areas and outpatients;
- Within maternity the only negative theme was cleanliness in the postnatal ward.

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 Divisional Governance teams.



## Patient Experience 1

Jan	Overall Patient Experience %	91.8 (-0.2%)		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.	
Jan	Privacy for discussions with Nurses %	41		Privacy for discussions Nurses	
Jan	Aware of Nurse in each shift %	38		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 Aug-17 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 in one but a fall across two of these three important elements of patient experience. An improvement plan has been implemented and progress is monitored through the Patient Experience Group.

## Patient Experience 2

Jan	Discuss Worries with Nurses % 44		Discuss Worries with Nurses 
Jan	Cleanliness? % 91 (-0.4%)		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. 
Jan	Hospital Food? % 72 (-0.8%)		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. 

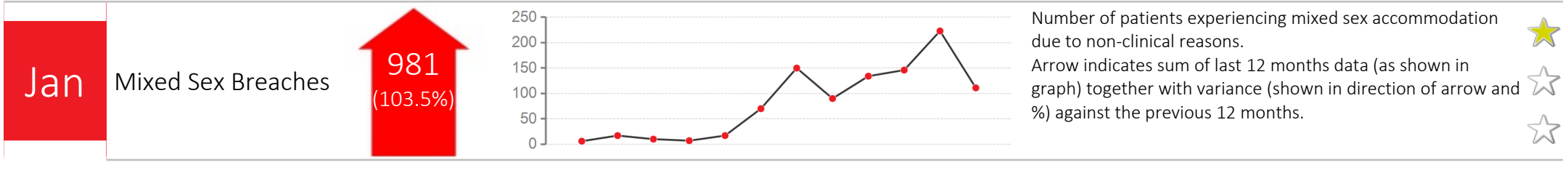
Comments: Cleaning satisfaction, as rated by the survey, decreased in January. Auditing at ward level remains consistent at over 98.8%. Hospital Food decreased in January. Its important to note that the small numbers being sampled currently will have a significant impact both positively and negatively until such time as the sampled group becomes larger.

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 January. Over the next quarter, the Divisional Heads of Nursing and Matrons will be working to ensure this is improved and sustained.

In quarter 4, 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.


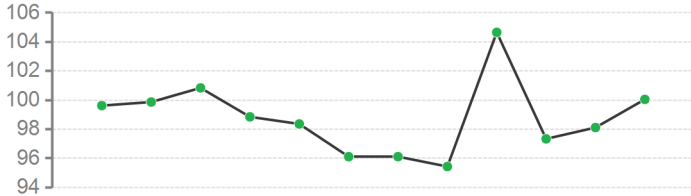



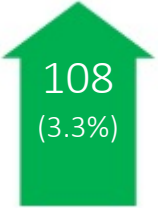
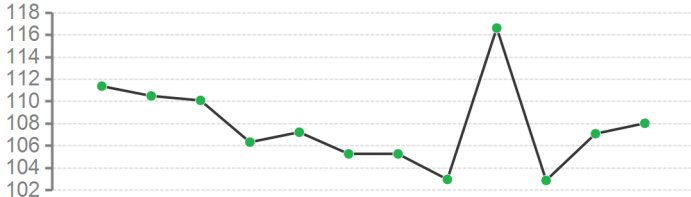



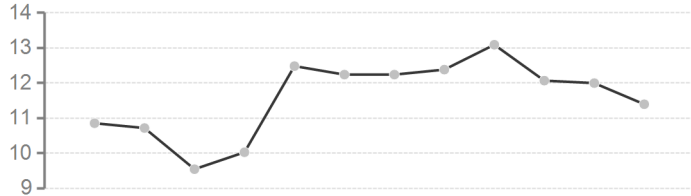



## Mixed Sex



Comments: There were 23 mixed sex accommodation occurrences in total, affecting 152 patients. Incidence of mixed sex accommodation breaches decreased this month with 13 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. This information has been reported to NHS England. The remaining incidents occurred in the WHH CCU (10), 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 Sept-17. 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.

## Safe Staffing

Jan	Shifts Filled - Day (%)	 <p>99 (3.7%)</p>		Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	  
Jan	Shifts Filled - Night (%)	 <p>108 (3.3%)</p>		Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	  
Jan	Care Hours Per Patient Day (CHPPD)	<p>12 (987.5%)</p>		Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	  

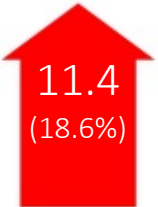
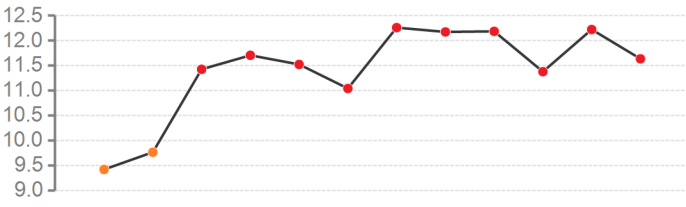


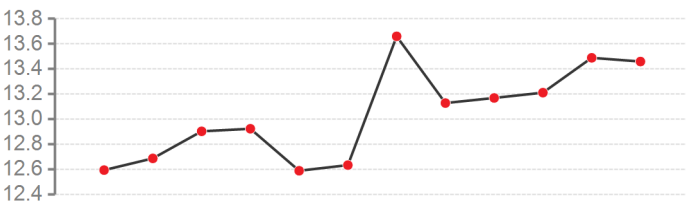


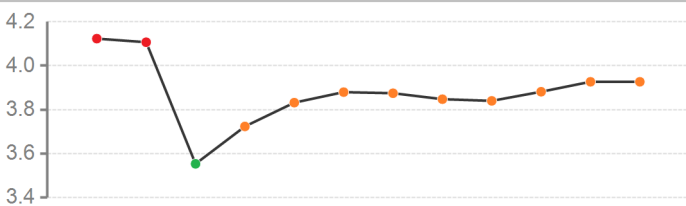

Comments: % fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system and overall fill rate was 103.0% in Jan-18.

Low fill rates were seen on several wards due to a combination of high sickness and vacancies (Minster, Treble, MountMcMaster, Kingston, Richard Stevens, St Augustines, K&C ITU and Birchington).

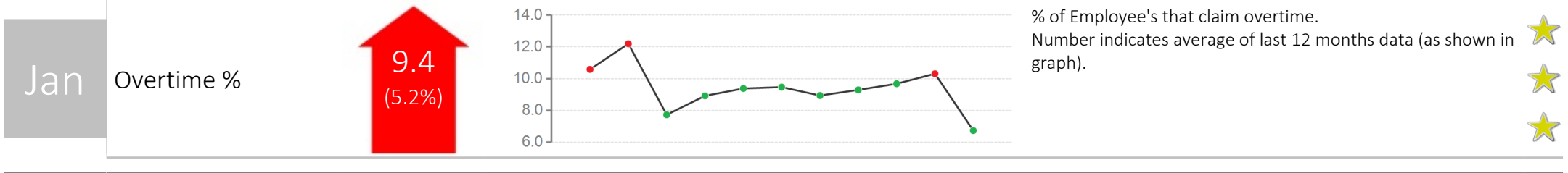
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month. The range is from around 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. Comparative data within the Model Hospital Dashboard shows EKHUFT average of 8.0 CHPPD is in line with our peer median based on spend and clinical output.

# Strategic Theme: Human Resources

## Gaps & Overtime

Jan	Vacancy (%)	 <p><b>11.4</b> (18.6%)</p>		<p>% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jan	Staff Turnover (%)	 <p><b>13.0</b> (8.6%)</p>		<p>% Staff leaving &amp; joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jan	Sickness (%)	 <p><b>3.9</b> (1.6%)</p>		<p>% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

## Strategic Theme: Human Resources



Comments: Gaps and Overtime  
The vacancy rate fell, month on month, to approx. 11.5%, but the average of the last 12 months is higher than last year. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently 410 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 118 Nursing and Midwifery staff and 66 Medical and Dental staff.

The Turnover rate in month is 13.5%. 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 December was 4.29% - which is an increase from 4.18% in November. 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. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training.

Overtime as a % of wte fell to the lowest level in over 12 months, and well below the annual average of 9.4%.

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

# Strategic Theme: Human Resources

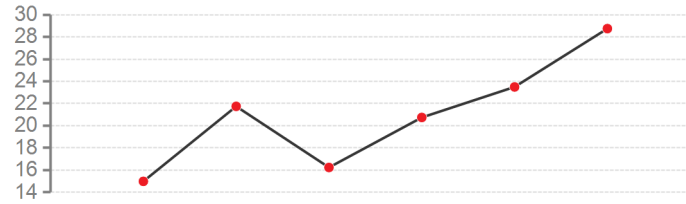
## Temporary Staff

Jan	Employed vs Temporary Staff (%)	<div style="background-color: red; color: white; padding: 10px; text-align: center; font-weight: bold;">             88.7 (-2.1%)         </div>		<p>Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <span style="color: gold; font-size: 2em;">★</span> <span style="color: gold; font-size: 2em;">★</span> <span style="color: gray; font-size: 2em;">★</span> </div>
Jan	Agency %	<div style="background-color: red; color: white; padding: 10px; text-align: center; font-weight: bold;">             6.0 (29.8%)         </div>		<p>% of temporary (Agency and Bank) staff of the total WTE</p> <p>Number indicates average of last 12 months data (as shown in graph).</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <span style="color: gold; font-size: 2em;">★</span> <span style="color: gray; font-size: 2em;">★</span> <span style="color: gray; font-size: 2em;">★</span> </div>
Jan	Bank Filled Hours vs Total Agency Hours	<div style="text-align: center; font-weight: bold;">             59 (18.5%)         </div>		<p>% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <span style="color: gold; font-size: 2em;">★</span> <span style="color: gold; font-size: 2em;">★</span> <span style="color: gray; font-size: 2em;">★</span> </div>

## Strategic Theme: Human Resources

Jan

Local Induction  
Compliance %



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



Comments: Temporary Staff

Total staff in post (WTE) increased from 6918 in December to 6968 in January, which left a vacancy factor of 793 wte across the Trust. As stated in the previous section, there are currently 410 candidates in the recruitment pipeline.

Agency staffing as a percentage of WTE increased slightly in January to just below 7%, although remains lower than the four peak months last autumn. The 12 months average shows a slight increase to 6% of WTE.

The average percentage of employed staff vs temporary staff over the last 12 months has reduced slightly from 89.1% to 88.8%.

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.



## Workforce & Culture

Jan	Statutory Training (%)	89 (2.6%)		<p>The percentage of staff that have completed Statutory training courses, this data is split out by training course.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Jan	Appraisal Rate (%)	81.3 (2.1%)		<p>Number of staff with appraisal in date as a % of total number of staff.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Jan	Time to Recruit	12 (0.9%)		<p>Average time taken to recruit to a new role. This metric is shown in weeks.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ☆
Jan	Total Staff In Post (SiP)	6953 (0.5%)		<p>Count of total staff in post (WTE)</p>	★ ★ ★

Workforce & Culture  
 Comments: Average Statutory training 12 month average remains at 89% but has increased in month from 87% to 89% in January. 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.

The Trust staff average appraisal rate remained at 82%. An agreement was made by the Executive Team to lower the compliance rate to 85%, to take into account vacancies, sickness absence and maternity. The Strategic Development & Capital Planning and Surgical Services Divisions remain above the 85% 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, particularly with the expected fall in compliance at the beginning of each financial year.

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

		Jan-18				YTD				YTD vs Last Yr				
Jan		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
		Referral Primary Care	13,290	14,921	(-1,631)	-11%	143,061	147,842	(-4,781)	-3%	143,061	143,845	(-784)	-1%
	Referral Non-Primary Care	11,918	13,522	(-1,604)	-12%	134,814	135,351	(-537)	0%	134,814	140,957	(-6,143)	-4%	<=0%
	OP New	19,906	20,616	(-710)	-3%	197,604	201,467	(-3,863)	-2%	197,604	203,815	(-6,211)	-3%	>=0%
	OP Follow Up	42,747	44,219	(-1,472)	-3%	412,841	425,817	(-12,976)	-3%	412,841	413,586	(-745)	0%	>=0%
	Elective Daycase	6,607	6,405	202	3%	62,106	61,854	252	0%	62,106	66,229	(-4,123)	-6%	>=0%
	Elective Inpatient	1,050	1,380	(-330)	-24%	12,479	13,250	(-771)	-6%	12,479	13,102	(-623)	-5%	>=0%
	A&E	16,526	17,924	(-1,398)	-8%	173,814	178,964	(-5,150)	-3%	173,814	176,838	(-3,024)	-2%	>=0 & <5%
	Non-Elective Inpatient	6,856	7,336	(-480)	-7%	67,065	72,247	(-5,182)	-7%	67,065	58,836	8,229	14%	>=0 & <5%
	Chemotherapy	1,172	1,338	(-166)	-12%	11,971	13,129	(-1,158)	-9%	11,971	13,289	(-1,318)	-10%	>=0%
	Critical Care	1,682	1,863	(-181)	-10%	18,105	17,935	170	1%	18,105	18,127	(-22)	0%	>=0%
	Dialysis	7,071	7,004	67	1%	69,617	69,438	179	0%	69,617	69,387	230	0%	>=0%
	Maternity Pathway	1,073	1,179	(-106)	-9%	11,811	11,447	364	3%	11,811	11,790	21	0%	>=0%
	Pre-Op Assessments	3,606	3,270	336	10%	30,230	32,082	(-1,852)	-6%	30,230	28,726	1,504	5%	>=0%
	Diagnostic	455,946	448,672	7,274	2%	4,339,373	4,401,650	(-62,277)	-1%	4,339,373	4,314,420	24,953	1%	<=0%
	Other	5,235	5,127	108	2%	48,475	49,967	(-1,492)	-3%	48,475	43,770	4,705	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.

## **January 2018**

### **Elective Care**

In January Primary Care referrals were 11% below expected levels; the YTD variance is approximately -4,800. Referrals are comfortably within normal levels and at within 1% of those observed last year.

The Trust under achieved the new outpatient plan for January with appointments -3% (-710) under plan. YTD variance remains at -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.

The New Outpatient capacity delivered by the Trust in January exceeded demand, with the number of patients waiting to be seen for a first consultant led appointment reducing by 1,780 in month to 27,621 patients. This new trend is expected to continue during the Quarter 4 of the year with plans to substantively deliver the additional activity now being realised.

As with new Outpatients the Trust was unable to deliver the follow up plan in January, the YTD underperformance has remained at -3% (-12,976). There remain a number of large underperforming specialties, most notably Ophthalmology (-7,877), Physiotherapy (-5,588), Rheumatology (-3,674), Dermatology (-2,982) and Endocrinology (-2,332). 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 January the Trust over-achieved the Daycase plan by 202 patients and continues to deliver the YTD plan at Trust level. 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 6% behind the plan YTD. As with previous months large underperformances remain 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 were dependent on access to acute beds in early December and from mid-February. Due to Emergency pressures on the acute sites elective inpatient activity in most specialty areas has been limited to Cancer patients and patients whose operative procedures were time critical in terms of a worsening condition. Sustained pressure into February has meant that it has not been possible to resume non-urgent elective operating, the Trust is planning for this to recommence in full w/c 5<sup>th</sup> March. 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 19<sup>th</sup> June 2017, the Trust invoked a business continuity plan which resulted in acute medical patients no longer being admitted at the Kent & Canterbury site.

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

The Bed Occupancy of the Trust continued to be at challenging levels and increased in January to an overall Trust wide position of 101.0% (95.1 in December). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position deteriorated to 107.2% over January. The William Harvey Hospital position has also continued to show above-expected bed occupancy with an overall position of 98.2% for January. 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 January the number of medical outliers continued to increase in comparison to December & November, with a monthly average of 103 medical outliers across the Trust, compared to an average of 85 and 70 previously. Individual site levels of medical outliers show a continuation of raised numbers over the month at both the Queen Elizabeth the Queen Mother Hospital and William Harvey Hospital sites (34 at QEQMH, 50 at WHH).

## YTD Exception Reporting: Top 10 Outliers

### Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	13,229	15,155	-13%	-1,926
110 - Trauma & Orthopaedics	7,508	9,063	-17%	-1,555
300 - General Medicine	1,049	1,791	-41%	-742
140 - Maxillo Facial	6,311	6,903	-9%	-592
107 - Vascular Surgery	1,811	2,387	-24%	-576
120 - Ear, Nose & Throat	9,437	9,997	-6%	-560
650 - Physiotherapy	9,208	9,689	-5%	-481
320 - Cardiology	13,560	12,957	5%	603
329 - TIA	1,254	576	118%	678
420 - Paediatrics	5,392	4,700	15%	692
<b>Total</b>	<b>143,061</b>	<b>147,842</b>	<b>-3%</b>	<b>-4,781</b>

### OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	16,984	18,721	-9%	-1,737
650 - Physiotherapy	16,430	17,808	-8%	-1,378
320 - Cardiology	20,353	21,600	-6%	-1,247
130 - Ophthalmology	18,103	18,783	-4%	-680
328 - Stroke Medicine	590	1,250	-53%	-660
430 - HCOOP	2,536	3,015	-16%	-479
800 - Clinical Oncology	3,720	3,347	11%	373
143 - Orthodontics	644	246	162%	398
655 - Orthoptics	2,428	1,800	35%	628
420 - Paediatrics	7,302	6,635	10%	667
<b>Total</b>	<b>197,604</b>	<b>201,467</b>	<b>-2%</b>	<b>-3,863</b>

### Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	28,883	30,605	-6%	-1,722
110 - Trauma & Orthopaedics	15,321	16,347	-6%	-1,026
650 - Physiotherapy	11,403	12,242	-7%	-839
328 - Stroke Medicine	695	1,288	-46%	-593
400 - Neurology	1,678	2,151	-22%	-473
329 - TIA	714	1,118	-36%	-404
107 - Vascular Surgery	1,320	924	43%	396
300 - General Medicine	1,819	1,269	43%	550
800 - Clinical Oncology	9,500	8,877	7%	623
130 - Ophthalmology	10,291	7,911	30%	2,380
<b>Total</b>	<b>134,814</b>	<b>135,351</b>	<b>0%</b>	<b>-537</b>

### OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	47,816	55,693	-14%	-7,877
650 - Physiotherapy	53,958	59,546	-9%	-5,588
410 - Rheumatology	11,798	15,472	-24%	-3,674
330 - Dermatology	17,612	20,594	-14%	-2,982
302 - Endocrinology	1,830	4,162	-56%	-2,332
110 - Trauma & Orthopaedics	29,062	31,258	-7%	-2,196
400 - Neurology	6,126	7,814	-22%	-1,688
800 - Clinical Oncology	36,161	33,926	7%	2,235
290 - Community Paediatrics	20,308	16,271	25%	4,037
320 - Cardiology	20,892	14,988	39%	5,904
<b>Total</b>	<b>412,841</b>	<b>425,817</b>	<b>-3%</b>	<b>-12,976</b>

### Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	4,632	5,384	-14%	-752
410 - Rheumatology	1,100	1,522	-28%	-422
330 - Dermatology	3,531	3,902	-10%	-371
303 - Clinical Haematology	2,691	3,013	-11%	-322
120 - Ear, Nose & Throat	2,233	2,408	-7%	-175
300 - General Medicine	17,228	16,975	1%	253
320 - Cardiology	2,785	2,479	12%	306
430 - HCOOP	713	406	75%	307
502 - Gynaecology	1,987	1,600	24%	387
800 - Clinical Oncology	4,265	3,099	38%	1,166
<b>Total</b>	<b>62,106</b>	<b>61,854</b>	<b>0%</b>	<b>252</b>

### Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	3,149	5,861	-46%	-2,712
430 - HCOOP	9,070	10,612	-15%	-1,542
300 - General Medicine	21,049	22,361	-6%	-1,312
420 - Paediatrics	7,615	8,071	-6%	-456
101 - Urology	3,182	3,541	-10%	-359
100 - General Surgery	4,951	5,196	-5%	-245
340 - Respiratory Medicine	437	236	85%	201
320 - Cardiology	1,790	1,558	15%	232
501 - Obstetrics	4,083	3,816	7%	267
110 - Trauma & Orthopaedics	3,497	3,073	14%	424
<b>Total</b>	<b>67,065</b>	<b>72,247</b>	<b>-7%</b>	<b>-5,182</b>

### Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,593	3,212	-19%	-619
320 - Cardiology	255	610	-58%	-355
502 - Gynaecology	1,049	1,358	-23%	-309
120 - Ear, Nose & Throat	613	784	-22%	-171
420 - Paediatrics	159	257	-38%	-98
103 - Breast Surgery	344	438	-21%	-94
104 - Colorectal Surgery	434	345	26%	89
430 - HCOOP	150	60	152%	90
503 - Gynaecology Oncology	228	90	152%	138
300 - General Medicine	1,683	837	101%	846
<b>Total</b>	<b>12,479</b>	<b>13,250</b>	<b>-6%</b>	<b>-771</b>

### Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	4339373	4401650	-1%	-62,277
A&E	173814	178964	-3%	-5,150
Pre-Op	30230	32082	-6%	-1,852
Other	48475	49967	-3%	-1,492
Chemotherapy	11971	13129	-9%	-1,158
Maternity Pathway	11811	11447	3%	364
Dialysis	69617	69438	0%	179
Critical Care	18105	17935	1%	170

# Strategic Theme: KPIs

## 4 Hour Emergency Access Standard

### Key Performance Indicators

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	
<b>74.09%</b>													<b>Green</b>
4 Hour Compliance	75.94%	80.16%	76.93%	76.78%	78.15%	71.18%	70.10%	70.51%	75.34%	79.91%	73.59%	74.09%	95%
12 Hour Trolley Waits	0	0	0	0	1	1	2	0	0	0	2	2	0
Left without being seen	3.53%	3.08%	3.82%	3.57%	3.62%	5.05%	4.51%	4.48%	3.44%	2.65%	3.33%	2.68%	<5%
Unplanned Reattenders	8.62%	9.11%	8.48%	9.04%	9.45%	10.00%	9.22%	8.75%	8.68%	9.04%	8.94%	8.23%	<5%
Time to initial assessment (15 mins)	76.4%	77.8%	77.9%	93.8%	93.9%	92.4%	92.3%	93.4%	90.6%	91.1%	88.6%	93.6%	90%
% Time to Treatment (60 Mins)	40.8%	40.7%	39.4%	51.1%	51.6%	46.7%	46.1%	45.9%	47.8%	54.6%	53.3%	55.5%	50%

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

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
<b>-15.91%</b>													<b>Green</b>
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%	74.1%			

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

### Summary Performance

January performance for the 4 hour target was 74.1%, against the NHS Improvement trajectory of 90.0%. This is a slight increase in performance compared to the previous month. Again, as for December, there were two 12 Hour Trolley Waits in January. The number of patients who left the department without being seen remained compliant, decreasing to 2.68% from last month. Unplanned reattendances decreased in January to 8.23%, but remained non-compliant.

The priority and focus for January 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, with evidence of this being through the increased pressure and demand for ITU beds. ITU has been under continuous pressure throughout the month with level 2 patients being managed in theatre recovery or ED whilst transfer into a ITU bed was organised. The increase in acuity has put increasing pressure on the staff in ED to maintain safe patient care and in order to mitigate the clinical risk additional consultant acute physician hours have continued to be allocated to ED, 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.

The increased number of emergency medical admission have required all bed escalation areas to be opened throughout the month, these areas have included additional ward areas, cardiac step down, surgical assessment unit and the discharge lounge at QEQMH. It has been a priority to de-escalate back into ward areas as quickly as possible to reduce the pressure and requirement for additional clinical staff.

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. The implementation of the RAT at WHH has seen an improvement in the 60 minute performance standard with WHH achieving 49.2 in January, which is a 9% improvement. Plans are underway to also pilot a small RAT area at QEQMH as soon as an appropriate clinical area can be released.

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. The GP services at QEQMH and WHH continues to become embedded in both departments with an increasing number of patients being streamed through this pathway.

Medical staffing vacancies at Speciality Doctor (middle grade level) continue to improve as new substantive doctors are coming into post. Both sites are now fully recruited to, with a waiting list of Doctors as we have consciously over recruited to mitigate the risk of Doctors dropping out during the oversease recruitment process. We have had a small number of nursing resignations during January, however, these were not above the normal turnover rate and a robust workforce plan is being developed, which includes a skills escalator for nursing career development.

The Urgent Care Recover Plan remains a priority with the focus on patient safety and patient flow across the whole pathway.



**Priorities for January have been:**

- Daily huddles with the multi-disciplinary team to set the pace for the day and focus on operational management of the Hospital.
- Identifying a golden patient from each ward to support early morning discharge
- Increased use of the Discharge Lounge, with extended hours and dedicated portering support to facilitate timely transfer.
- Improving timely bed allocation process to reduce any unnecessary time delays from when a bed is allocated to a new patient arriving on the ward
- Silver Command – a senior manager based in the ED to proactively manage patient flow throughout the ED
- Primary care service in ED with the objective of achieving 30% of patients being streamed to the GP during the primary care service hours.

**Risks to delivery of the standard:**

- Overcrowding in ED due to poor patient flow and lack of timely bed availability
- Availability of medical registrar level locums to provide a twilight senior doctor on call
- High patient acuity
- High demand for ITU beds
- High ambulance attendances in the evenings
- Availability of medical agency staff to cover escalation areas

# Strategic Theme: KPIs

## Cancer Compliance

### Key Performance Indicators

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	
<b>73.18 %</b>													<b>Green</b>
62 day Treatments	70.45%	77.30%	72.40%	70.19%	75.18%	73.80%	74.29%	74.55%	74.37%	71.97%	74.17%	73.18%	>=85%
>104 day breaches	40	40	38	32	46	42	30	25	28	27	26	30	0
Demand: 2ww Refs	2,920	3,609	2,625	3,296	3,630	3,329	3,475	3,174	3,399	3,341	2,716	3,398	2990 - 3305
2ww Compliance	96.08%	97.41%	93.59%	95.67%	96.78%	94.86%	95.65%	95.26%	94.63%	96.43%	96.28%	95.51%	>=93%
Symptomatic Breast	94.81%	93.57%	90.91%	90.71%	89.87%	83.97%	91.72%	95.50%	94.29%	94.44%	92.37%	89.76%	>=93%
31 Day First Treatment	96.96%	97.42%	95.68%	94.81%	95.99%	93.92%	96.99%	93.23%	98.97%	97.00%	95.67%	93.61%	>=96%
31 Day Subsequent Surgery	94.12%	90.24%	89.29%	92.00%	85.96%	87.04%	89.58%	85.42%	95.12%	85.71%	84.85%	85.11%	>=94%
31 Day Subsequent Drug	95.77%	97.50%	97.06%	95.24%	97.53%	98.41%	95.52%	96.77%	100.00%	100.00%	94.59%	96.47%	>=98%
62 Day Screening	76.47%	89.23%	92.00%	95.00%	95.83%	92.73%	92.00%	93.55%	92.86%	89.29%	93.33%	91.43%	>=90%
62 Day Upgrades	92.59%	69.77%	66.67%	80.56%	76.19%	86.84%	87.50%	85.71%	82.98%	84.00%	92.11%	77.08%	>=85%

### 2017/2018 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
<b>-11.83 %</b>													<b>Green</b>
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%	74.55%	74.37%	71.97%	74.17%	73.18%			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

January performance is currently 73.18% against the improvement trajectory of 86%, validation continues until the beginning of March in line with the national time table. The total number of patients on an active cancer pathway is 2,403. There are currently 30 patients waiting 104 days or more for treatment, which has been fairly static for 5 months now.

Our overall PTL size has been decreasing over the past six months from approximately 3,100 to circa 2,400 in the previous 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 166

### Risks to delivery of the standard:

- Key areas of concern for the Trust are Urology, Lung, lower GI 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 began.

	July Average	August Average	September Average	October Average	November Average	December Average	January Average
Over 62 days	180	155	158	140	135	126	164
Over 104 days	43	38	29	22	26	24	28

- We have seen a slight increase in the number of patients on a cancer pathway over 62 days, this is however beginning to decrease and positively our diagnosed patients over 62 days has not increased due to this.
- A webpage style PTL has been implemented with all tumour sites. This refreshes data every 30 minutes from Infoflex 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.
- 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. In December an additional £145k was agreed to be spent on radiology reporting to improve this turnaround time.
- Urology have additional staffing from February (one consultant and two clinical nurse specialists) this increase in workforce should start to allow us to implement pathway changes which will significantly impact on performance.

# Strategic Theme: KPIs

## 18 Week Referral to Treatment Standard

### Key Performance Indicators

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	
<b>77.62 %</b>													Green
Performance	84.35%	85.40%	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%	77.62%	>=92%
52w+	24	28	29	36	30	30	31	51	64	67	80	108	0
Waiting list Size	45,449	46,483	47,649	49,241	50,377	53,801	54,519	54,749	54,783	54,777	54,383	52,942	<38,938
Backlog Size	7,111	6,785	7,218	6,980	7,519	8,816	9,497	10,096	10,312	10,481	11,599	11,847	<2,178
Demand: PC Referrals	14,911	17,863	13,818	16,465	16,947	15,783	15,539	15,191	16,539	16,047	12,529	15,246	<15,484
Demand: Additions to IP WL	3,091	3,604	2,715	3,118	3,477	3,205	3,121	3,208	3,526	3,793	2,847	3,411	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

### 2017/2018 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
<b>-7.56 %</b>													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%	77.62%			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

January performance decreased to 77.62%.

The number of patients waiting over 52 weeks for first treatment has increased to 108, with elective cancellations over the winter pressures period largely responsible. **This is above the trajectory submitted to NHSI, General Surgery (20), Gynaecology (24), ENT (3), Urology (1), Gastroenterology (1), Dermatology (1) and Other Specs (1).** 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:

- Impact of NHSI directive to cancel all non-urgent or time critical patients due to emergency pressures
- 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.
- Endoscopy capacity due to high demand.
- Change in payment for waiting list initiatives, has led to a significant reduction in medical staff providing additional capacity outside agreed job plans.
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits.
- ENT surgical demand remains in excess of capacity in key subspecialties resulting in 52 week waits.

### Actions taken to mitigate risk and improve performance:

- Transferring of some Orthopaedic patients to independent sector, where surgical procedures are deemed suitable
- Utilising independent beds for time critical patients
- Use of day unit as an overnight stay unit
- Prioritising those patients with the longest waiting times into the above areas where surgical appropriate

- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and Gynaecology.
- 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. These schemes will be able to be fully realised when we commence with elective surgery
- Semi – permanent increase in theatre base to deliver a minimum of 5 additional theatre sessions per week implemented

A revised Trajectory has been completed for NHSI for reduction in patients waiting over 52 weeks

# Strategic Theme: KPIs

## 6 Week Referral to Diagnostic Standard

### Key Performance Indicators

<b>99.5%</b>		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Green
	Performance	99.67%	99.78%	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	>=99%
	Waiting list Size	14,048	15,580	14,882	14,480	14,709	14,822	14,011	14,827	15,419	14,321	14,345	13,637	<14,000
	Waiting > 6 Week Breaches	46	35	140	92	80	119	120	79	63	22	52	75	<60
	Average Wait													<4

### 2017/18 Trajectory

<b>0.35%</b>		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%	99.45%			Apr

### Summary Performance

The standard has been met for January 2018 with a compliance of 99.45%. As at the end of the month there were 75 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

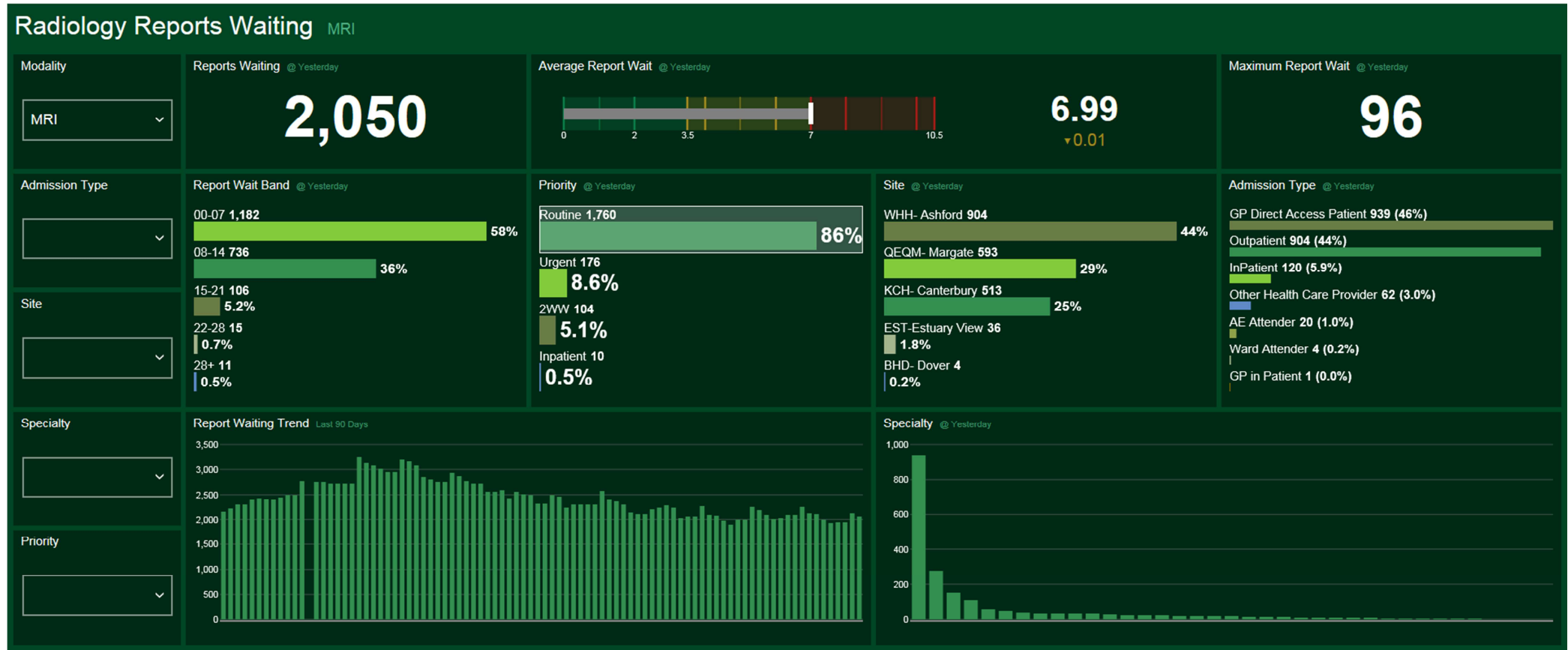
- Radiology: 53; 10 in Computed Tomography, 9 in Non-Obstetric ultrasound, 6 in MRI, 28 in DEXA
- Cardiology: 5
- Neurophysiology: 2
- Urodynamics: 14
- Audiology : 1



**Risks to delivery of the standard:**

- Of the 75 breaches in total (5 in Echocardiography, 53 Radiology, 14 Urodynamics in Gynaecology, 2 Neurophysiology, 1 Audiology). The number of patients waiting has decreased by 708 (ultrasound -400 & cardiology -300 compared to December). 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 was completed by January. The knock on reporting backlog has improved for CT & MRI since the January report.
- Current wait time for Cancer referrals is 3 days for CT and 6 days for MRI.
- CT backlog reports are 1,311 (previous report 1,621) and MRI is 2,221 (previous 2,819) both backlogs have shown improvement in month as a result of the third party, substantive and locum reporting activity as of 08/02/18. Reporting in a timely way for each patient within all modalities remains a concern for the Division; some 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:**

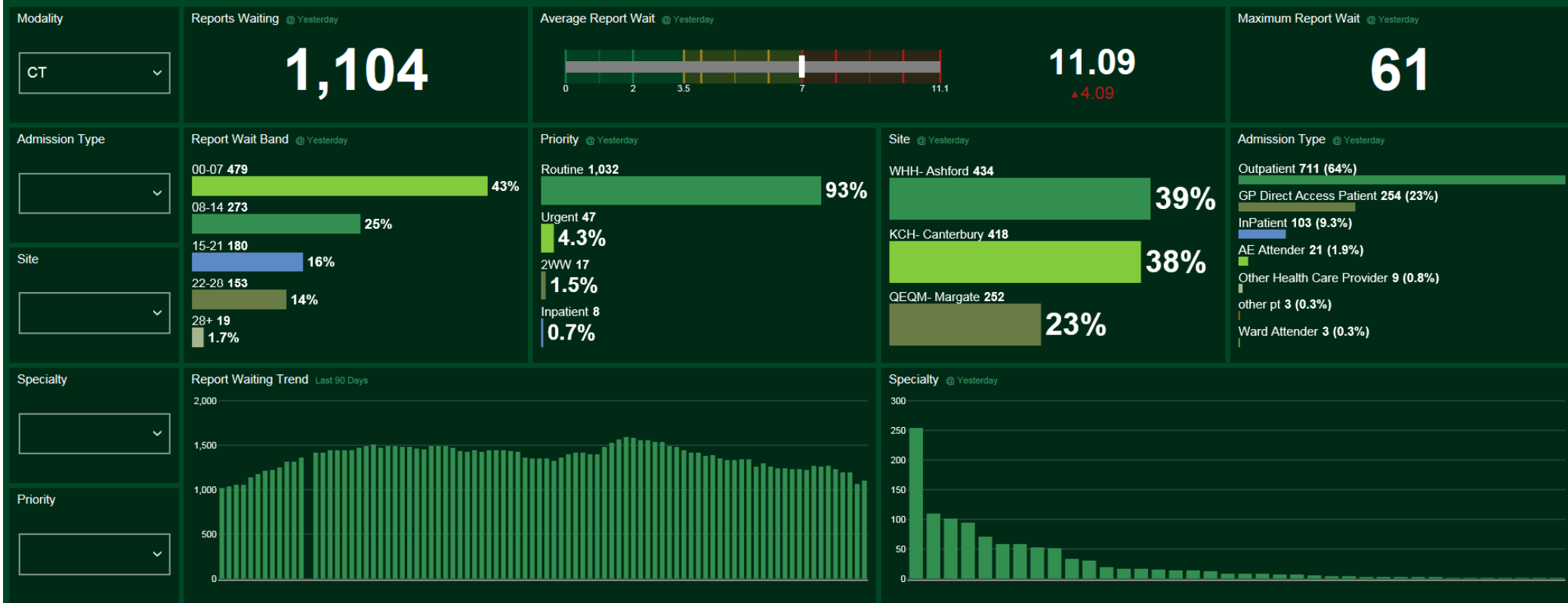


Total MRI backlog reporting position as of 18/02/18: (N.B. this data excludes written exams sent to third party reporters ~ 350 exams)

MRI has improved its large number of reports outstanding by ~105 examinations overall compared to January (2,145).

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

# Radiology Reports Waiting CT



The total CT backlog reporting position as of 18/02/18:

For CT, the total waiting for a report has decreased by 475 examinations overall compared to December (1,579).

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. However there has been a significant improvement in this tail by ~350 examinations since the last report.

**Actions taken to mitigate risk and sustain performance:**

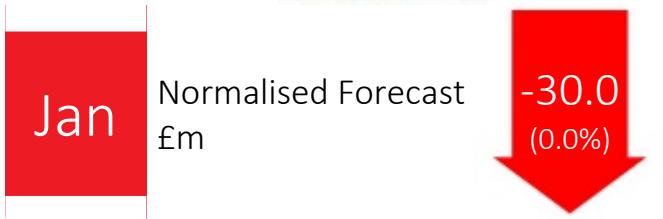
- We are working closely with GE and IT to monitor resilience of the system; some planned downtime is required to make this happen but this will be planned in collaboration with all parties.
- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the 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.

# Strategic Theme: Finance

## Finance

Jan	I&E £m	-45.1 (35.4%)		<p>The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS</p>	★ ★ ★
Jan	Cash Balance £m	5.0 (-40.2%)		<p>Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	★ ★ ★
Jan	Total Cost £m	-51.7 (1.2%)		<p>Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	★ ★ ★
Jan	Forecast I&E £m	-30.0 (0.0%)		<p>This shows the latest forecast year end Income &amp; Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	★ ★ ☆

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



Comments: The Trust's I&E deficit in January (month 10) was £2.6m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing, and after technical adjustments) against a planned deficit of £0.3m.

The year to date I&E deficit is £19.8m which is £2.3m behind plan

The Trust forecasts remains at £11m worse than plan to recognise 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 £30.2m were £0.9m more than December largely due to A&E/Winter pressures and were £1.2m worse than plan. Permanent staff costs (including Overtime) were £0.6m higher than December. Bank usage increased by £0.1m and agency/locum staff increased £0.4m. All Temporary staff (agency, bank, locum, overtime) increased by £0.4m to £4.4m in month. Waiting list payments remained at £0.2m in month but were still higher than plan by £0.1m. Pay is now £6.4m 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 and were built into the budget. A&E/Winter activities have also resulted in increased pay spend in January compared to December.


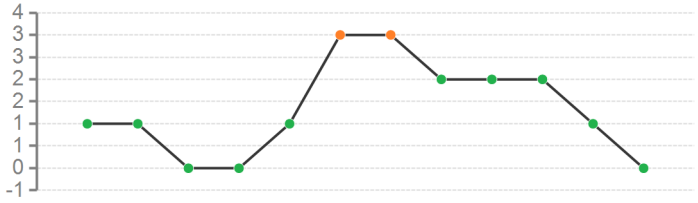

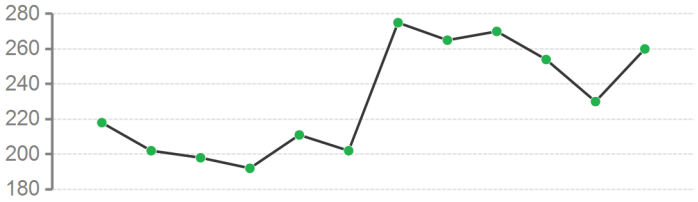
Clinical income was broadly on plan in month. This is driven by strong non-elective activity, non planned Health and Social Village bed income. This is offset by low elective activity due to NHSi requested bed closures. Clinical income is £1.9m better than plan year to date. Other income is £1.5m worse than plan in month driven by lost STF funding. Year to date Other Income is £2m behind plan as lost STF income is offset by over recovery of R&D and Education income.

Against the £32m CIPS target, including income, £25.6m is reported year to date against a target of £25.5m, £0.1m behind plan. Of the reported position 17% is non recurrent.

The cash balance as at the end of December was £5m, £2.8m above plan. The trusts total cash borrowing is now £28.8m.

As the expenditure risks are now recognised as crystallising in the revised Trust forecast the risks remaining have been estimated at £5.3m driven mainly by Commissioner challenges the result of which is still to be agreed.

## Health & Safety 1

Jan	Representation at H&S	743 (14.8%)		% 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.	★ ★ ☆
Jan	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.	★ ★ ☆
Jan	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).	★ ★ ☆
Jan	Health & Safety Training	2777 (90.1%)		H&S Training includes all H&S and risk avoidance training including manual handling	★ ★ ☆

Comments: H&S as a metric improved to an overall rating of Green in January. This reflects the general positive direction of travel for metrics over the last 12 months and that no RIDDORs were reported in January.

Representation at H&S committee's decreased in January largely due to the on going operational pressures for frontline colleagues. The importance of attendance has been emphasised and reminder emails will be sent prior to meetings.

There was no RIDDORs reported in January and no Improvement Notices.

Staff training on H&S increased in January and will further be enhanced with the roll out of Fire Evacuation training across all sites over the coming months. Our aim will be to provided this training to all patient facing staff within a 12 month cycle and to remaining staff groups on a risk assessed basis.

## Health & Safety 2

Jan	Accidents	313 (-9.3%)		<p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jan	Fire Incidents	121 (-9.7%)		<p>Fire alarm activations (including false alarms).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jan	Violence & Aggression	398 (0.3%)		<p>Violence, aggression and verbal abuse.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jan	Sharps	127 (-34.9%)		<p>Incidents with sharps (e.g. needle stick).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Comments: The number of accidents increased in January reflecting the pattern seen for the last six months. The overall number remains low considering the number of staff, patients and visitors using Trust facilities.

The number of Fire incidents decreased in January maintaining this metric in Amber.

The number of Violent & Aggressive incidents captured on Datix has remained steady again this month. The Trust continues to deploy its Conflict Resolution Training along with other initiatives to support staff.

The number of sharps incidents decreased in month returning this metric to green.



# Strategic Theme: Use of Resources

## Pay Independent

Jan	Payroll Pay £m	-27.1 (2.6%)		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.	★ ★ ★
Jan	Agency Spend £m	-2.8 (15.4%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ☆
Jan	Additional sessions £k	-240 (27.2%)		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.	★ ★ ☆
Jan	Independent Sector £k	-822 (1.8%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ☆


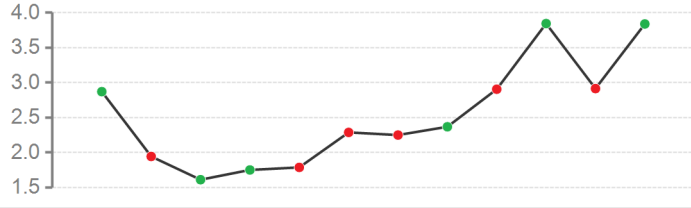


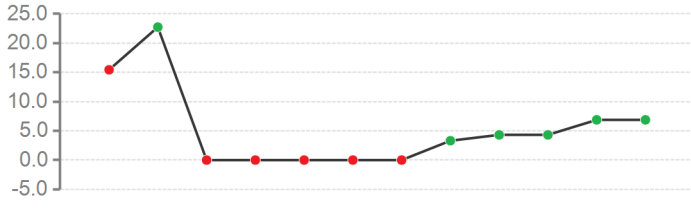


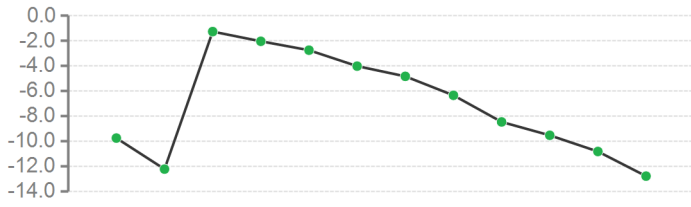

Comments: Pay performance is adverse to plan ytd by £3.3m (1.2%).

Trust unconsolidated pay costs in the month of £30.2m were £1.1m more than December (mainly driven by A&E/Winter spend) and was £1.2m worse than plan.

Permanent staff costs (including Overtime) were £0.6m higher than December. Bank usage increased by £0.1m and agency/locum staff increased £0.4m. All Temporary staff (agency, bank, locum, overtime) increased by £0.4m to £4.4m in month. Waiting list payments remained at £0.2m in month but were still higher than plan by £0.1m. Pay is now £6.4m 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 and were built into the budget. A&E/Winter activities have also resulted in increased pay spend in January compared to December.

# Strategic Theme: Use of Resources

## Balance Sheet

Jan	CIPS £m	 <p>44.4 (31.7%)</p>		<p>Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.</p>	
Jan	Cash borrowings £m	 <p>11.5 (-35.3%)</p>		<p>Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.</p>	
Jan	Capital position £m	 <p>-124.7 (18.2%)</p>		<p>Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.</p>	

Comments: The cash balance as at the end of January was £5m, £2.8m above plan. £0.8m was repaid in January but the Trust has requested £6m of exceptional working capital funding in February to address creditor payment issues. The Trust is currently borrowing a total of £28.8m of cash.

Total invoiced debtors have decreased from the opening position of £19.2m by £2.5m to £16.7m. The 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 £6.29m from the opening position to £37.4m. 49% relates to current invoices (M9 50.4%) with 11.5% or £4.3m (M9 £3.6m) over 90 days.

# Strategic Theme: Use of Resources

## Productivity

Jan	Clinical Productivity: Theatres	0.0		Clinical Productivity graph: theatre sessions v plan.	  
Jan	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 M10 were £3.8m (an increase of £0.9m in month due to workforce and patient flow 2 delivery) against a plan of £3.5m. Achievement for the Year to Date is £25.6m against plan of £25.5m. The major areas of CIP achievement in M10 were Divisional schemes £1.1m, Patient Flow £0.8m, Medicines Optimisation £0.1m and Workforce £0.9m offset by shortfalls in agency £(0.3m). CIPs in December amounted to £3.5m recurrent and £0.3m on a non-recurrent basis. Year to date £21.9m recurrent and £3.7m non-recurrently.

# Strategic Theme: Improvement Journey

		Sep	Oct	Nov	Dec	Jan	
MD01 - End Of Life	Lost Days (Fast Track)	17	13	15	14	13	
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	70.51	75.35	79.91	73.60	74.09	>= 95
	ED - 1hr Clinician Seen (%)	47	38	45	41	45	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	12	12	13	12	14	>= 35
	Medical Outliers	73	69	73	87	105	
	Lost Days (Non-EKHUFT)	61	56	61	61	64	
	DToCs (Average per Day)	50	55	55	49	56	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	74.55	74.37	71.97	74.17	73.18	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	30	29	30	28	27	< 28
	Staff Turnover (Midwifery)	13	13	13	13	13	<= 10
	Vacancy (Midwifery) %	6	5	6	7	7	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.1	13.2	13.2	13.5	13.5	<= 10
	Vacancy (%)	12.2	12.2	11.4	12.2	11.6	<= 7
	Staff Turnover (Nursing)	13	13	13	14	14	<= 10
	Vacancy (Nursing) %	12	13	9	10	10	<= 7
	Vacancy (Medical) %	19	16	13	17	17	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	80.1	81.7	81.9	82.2	81.7	>= 85
	Statutory Training (%)	90	89	89	88	89	>= 85
KF01 - Complaints	Complaint Response in Timescales %	76.7	79.7	87.0	79.2	84.8	>= 85
	Complaint Response within 30 days %	19.0	3.4	7.2	15.1	13.6	>= 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 (%)	77	78		94		>=95
	Pharm: Fridge Temps (%)	78	84		86		>= 100
	Pharm: Drug Trolleys Locked (%)	97	99		100		>= 90
	Pharm: Resus. Trolley Check (%)	87	79		83		>= 90
	Pharm: Drug Cupboards Locked (%)	75	74	0	83		>= 90

# Glossary

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

Clinical Outcomes	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	>= 95	10 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	<= 0.1	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %

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



## Health & Safety

Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %

## Incidents

All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
Blood Transfusion 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 indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 0.15	10 %
	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
Infection	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.		
	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85		

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

## Observations

Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %
Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %

## Patient Experience

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

## Patient Experience

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

## Productivity

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

eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %

## RTT

RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	
RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %

## Staffing

1:1 Care in labour	The number of women in labour compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 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. 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.		
Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	< 28	2 %
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
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 expenditure on agency staff as a % of total monthly budget.	< 100	5 %
Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Training			
Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	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

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	2.0	0.8	1.8	0.8	3.5	2.9	6.8	4.7	9.5
Appraisal Rate (%)	81.1	63.0	84.2	90.2	53.6	83.8	87.6	90.1	73.5
Employed vs Temporary Staff (%)	86.3	85.0	92.0	86.9	88.3	92.9	87.0	90.7	85.4
Sickness (%)	4.1	3.1	2.0	3.8	3.0	4.1	3.7	4.0	3.9
Staff Turnover (%)	15.3	17.9	10.1	16.0	13.0	12.2	8.0	12.5	14.7
Statutory Training (%)	91	87	96	95	87	88	95	87	86
Total Staff In Post (SiP)	1438	74	131	120	118	1352	327	1738	1655
Vacancy (%)	13.7	18.0	8.0	15.2	11.7	7.1	13.0	9.6	14.7

# Patient Safety Heatmap - JANUARY 2018

**KEY**

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with patients %	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)
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KCH - Kent & Canterbury

Specialist

KBRA - BRABOURNE (KCH)	100.0	0	2	0	0	23	NULL	NULL	NULL	38	100	0.0	98.6	84	102	10
MARL - MARLOWE WARD	100.0	8	0	0	0	27	50	50	50	45	97	2.8	88.3	97	95	7

Surgical

CLKE - CLARKE WARD	100.0	2	1	0	0	113	33	100	33	21	99	1.4	86.4	99	94	6
KENT - KENT WARD	100.0	8	4	0	0	1	50	100	100	31	100	0.0	96.3	107	111	8
KITU - KCH ITU	100.0	0	0	0	0	34	N/A	N/A	N/A	N/A	N/A	N/A	96.6	83	95	27

Urgent Care

HARB - HARBLEDOWN WARD	100.0	1	10	0	1	8	100	100	100	0	NULL	NULL	97.6	104	121	6
INV - INVICTA WARD	100.0	2	8	0	0	7	100	100	100	10	100	0.0	90.1	101	105	6
KING - KINGSTON WARD	95.7	0	7	0	0	0	50	50	50	2	100	0.0	92.0	88	133	6
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	2	0	0	0	100	50	50	725	97	0.0	93.8	104	126	6
MTMC - MOUNT/MCMMASTER WARD	100.0	0	2	0	0	12	100	100	100	38	100	0.0	85.5	84	133	5
TREB - TREBLE WARD	100.0	1	3	0	0	42	100	50	100	8	100	0.0	85.3	87	95	7

QEH - Queen Elizabeth Queen Mother

Specialist

BIR - BIRCHINGTON WARD	94.1	2	0	0	1	0	50	33	50	31	100	0.0	98.8	92	111	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	81.8	88	85	22
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	16	N/A	N/A	N/A	N/A	N/A	N/A	90.6	80	100	21
RAI - RAINBOW WARD	100.0	0	0	0	0	2	N/A	N/A	N/A	0	NULL	NULL	90.8	107	109	9

Surgical

BIS - BISHOPSTONE WARD	100.0	3	3	0	1	1	33	33	25	45	100	0.0	96.2	80	108	6
CSF - CHEERFUL SPARROWS FEMALE	100.0	0	4	0	0	68	33	33	50	37	100	0.0	78.6	134	149	9
CSM - CHEERFUL SPARROWS MALE	94.4	1	5	0	0	4	33	50	33	33	94	0.0	97.1	109	123	6
QITU - QEH ITU	100.0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	93.1	94	114	27
QX - QUEX WARD	100.0	0	0	0	0	89	NULL	NULL	NULL	0	NULL	NULL	0.0	173	174	7
SB - SEA BATHING WARD	100.0	0	0	0	0	33	50	50	50	45	96	4.3	124.4	132	135	7

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**Urgent Care**

DEAL - DEAL WARD	96.4	0	5	0	0	1	50	100	100	0	NULL	NULL	93.2	97	120	5
FRD - FORDWICH WARD STROKE UNIT	100.0	0	6	0	1	5	100	100	100	75	90	0.0	78.0	112	133	8
MW - MINSTER WARD	95.7	2	2	0	0	14	50	50	50	32	100	0.0	89.8	90	101	6
QCCU - QEH CCU	100.0	0	0	0	0	2	NULL	NULL	NULL	50	100	0.0	90.9	87	93	8
QCDU - QEH CDU	100.0	0	0	0	0	11	NULL	NULL	NULL	23	81	18.5	101.5	126	163	10
SAN - SANDWICH BAY WARD	100.0	0	1	0	0	1	NULL	NULL	NULL	31	93	0.0	97.8	130	159	7
SAU - ST AUGUSTINES WARD	96.6	0	3	0	0	1	NULL	NULL	NULL	22	100	0.0	84.7	132	129	6
STM - ST MARGARETS WARD	100.0	0	6	0	1	0	50	50	50	18	89	0.0	89.2	87	106	5

**WHH - William Harvey**

**Specialist**

FF - FOLKESTONE	100.0	0	0	0	1	0	33	50	50	N/A	N/A	N/A	89.5	87	87	20
KEN - KENNINGTON WARD	100.0	0	2	0	0	2	33	50	33	13	100	0.0	77.5	87	122	7
PAD - PADUA	100.0	0	1	0	0	1	N/A	N/A	N/A	8	96	3.6	95.0	100	96	8
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	283	N/A	N/A	N/A	N/A	N/A	N/A	99.4	81	87	18

**Surgical**

ITU - WHH ITU	100.0	0	0	3	0	40	N/A	N/A	N/A	N/A	N/A	N/A	96.8	154	136	29
KA2 - KINGS A2	100.0	2	1	0	0	136	33	33	33	69	96	0.0	86.6	102	119	6
KB - KINGS B	100.0	1	3	0	2	147	33	33	50	45	100	0.0	95.3	111	105	6
KC - KINGS C1	100.0	4	1	0	1	1	33	50	33	26	92	0.0	91.8	96	99	5
KC2 - KINGS C2	100.0	2	2	0	0	3	100	100	100	30	92	8.0	77.5	59	93	4
KDF - KINGS D FEMALE	100.0	4	2	0	0	224	33	50	50	24	91	0.0	97.0	N/A	N/A	N/A
KDM - KINGS D MALE	95.8	7	5	0	0	0	33	50	50	23	100	0.0	N/A	101	109	6
RW - ROTARY WARD	100.0	1	5	0	0	52	33	25	25	39	95	2.4	89.7	97	110	8

**Urgent Care**

CCU - CCU	100.0	0	0	0	0	1	33	50	25	78	100	0.0	89.9	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	0	0	0	0	4	33	33	50	31	94	2.0	79.6	100	111	5
CK - CAMBRIDGE K	100.0	0	0	0	0	15	50	50	50	43	97	0.0	89.9	103	98	7
CL - CAMBRIDGE L REHABILITATION	100.0	1	8	0	0	11	33	33	33	45	95	5.3	88.9	110	127	7
CM1 - CAMBRIDGE M1 SHORT STAY	100.0	4	3	0	1	0	50	100	50	0	NULL	NULL	78.1	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	94.7	0	7	0	1	45	33	50	50	53	88	6.3	101.2	103	100	6

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OXF - OXFORD	100.0	2	2	0	0	4	50	50	33	27	88	12.5	94.8	99	104	7
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	4	8	0	0	12	33	50	50	73	100	0.0	84.3	108	121	9
WCDM - WHH CDU MIXED	97.6	0	0	3	0	14	33	50	100	20	82	5.9	79.8	98	92	13