East Kent Hospitals University NHS
NHS Foundation Trust

JULY 2016

INTEGRATED PERFORMANCE REPORT

East Kent Hospitals University NHS
NHS Foundation Trust

Chief Executive's Summary

In July the Trust has received positive feedback on our patient experience and environmental audits and this reflects the hard work done by many staff - there is more to be done including on complaints responsiveness but the positive progress is a sign that the work is starting to make a difference. This will be an important element of the forthcoming CQC re-inspection when we will be assessed for the progress we have made on our Improvement Journey and a decision taken about Special Measures. Significant preparation has been undertaken led by clinical and support staff led by the Improvement Board and this will continue to be the overarching governance process for our on-going improvement journey.

The work on emergency care improvement – the second element of our overall improvement journey has shown improvements in month on discharges earlier in the day but bed occupancy across the Trust and delayed transfers of care across the system are adding to the challenges we have with our internal systems. This impacts on the effectiveness and responsiveness of our services and this is reflected in these domains in the IPR. This month the 4 hour performance position remains a very significant challenge and the work within the trust and with our partners across the system remains an absolute priority for us. Specifically this month we are working with colleagues in the mental health trust as well as developing new approaches in all of our sites with new models of emergency care – the new K&C acute medical unit, the acute medical model at QEQM and the new streaming process at WHH are all examples of this.

Whilst diagnostic waiting times remain in line with agreed trajectories, the position has become more difficult with cancer and RTT waiting times. Waiting times have extended in some areas and we are developing new roles and ways of working to address this and move performance back towards the trajectories over the coming months. This, along with emergency care, remain the key performance priorities for the Trust and are a specific focus of work across the Divisions, corporately and with our partners.

Within the safety domain there has been a slight increase in C-Diff cases identified year to date but we remain broadly on the expected trajectory – maintaining this is crucial and specific work has been undertaken with and key messages have been communicated to clinical staff. We have again seen positive figures in terms of overall mortality rates, falls and pressure ulcers and this is reflected in the overall safety thermometer scores. This is heartening to see as they are fundamental issues for patients and staff and at the core of our strategic priorities this year.

With regard to the financial position the Trust's monthly income and expenditure deficit position remained at a similar level (£0.6m) to June and better than the four prior months. Income has stabilised between months 3 and 4 but is still above average for the first quarter as a whole. Overall pay expenditure is consistent with month 3 as the higher agency spend is offset by some reductions elsewhere – work on reducing agency costs to match the cap agreed nationally remains a focus for all Divisions. Whilst this is in line with our forecast position it is still a very significant deficit position so the work on efficiencies, cost improvements and productivity remains as one of strategic priorities and a must do. The overall control total and year end position is being finalised in discussion with NHSI over the coming weeks.

The wider work on the cultural change programme and the great place to work initiative are also part of our improvement journey and will be examined as part of the CQC re-inspection. A number of the staffing KPIs have worsened this month and this was discussed in detail at the monthly EPRs. All Divisions have work in place for recruitment, retention and reduction in agency usage which would have a positive impact on a number of the metrics. The improvement in appraisal rates and stabilised mandatory training figures are positive but there is more improvement work planned for these areas too.

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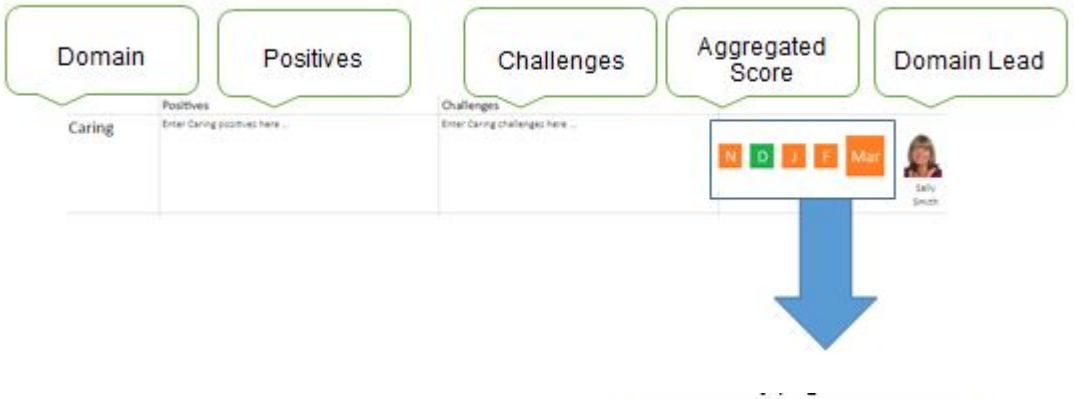
Understanding the IPR

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.

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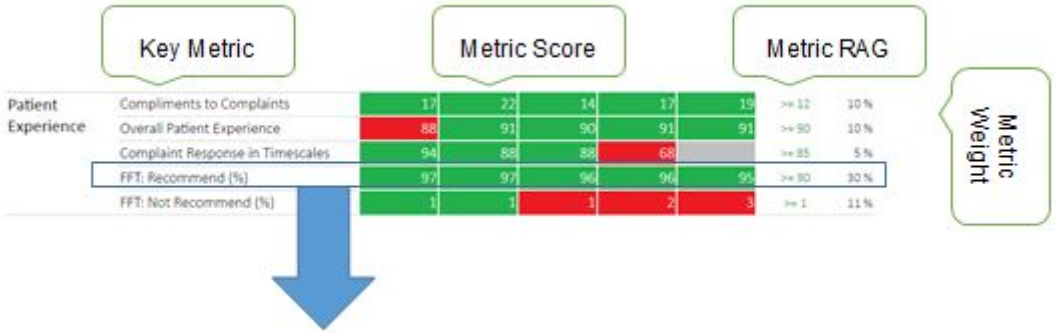
Understanding the IPR

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



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

All RAGs are banded as Green, Amber and Red. 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.

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Strategic Priorities

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Headlines

	Positives	Challenges	
Caring	Improved patient experience satisfaction this month from the real-time inpatients surveys resulting in the highest score over the previous 12 months; The Friends and Family Test satisfaction remains high overall; The 2016 PLACE assessment results show a significant and consistently positive picture against our 2015 results. All domains and metrics show an upward direction of travel (with only Privacy & Dignity at QEQM achieving the same as 2015) and our continued focus on our Improvement Journey; The complaint response times exceeded our internal standard with 96% of responses meeting the date agreed with the client.	The Trust reported mixed sex breaches during July and more than the number reported in June 16; The number of people who would not recommend the Trust increased during July, although still lower than this time 12 months ago; The complaint responses within 30 days standard is still not being met.	M A M J Jul  Sally Smith
Effective	We have seen a slight improvement in the number of patients discharged before midday. Although the bed occupancy remains too high, we have seen very few operations cancelled due to no capacity. We have set ourselves a high standard for medical equipment maintenance and we are target to deliver this.	Our bed occupancy remains high, and the number of patients who are delayed transfers of care is also too high. This is a whole system health and social care issue and we are all working to ensure that people can be care for in their own homes were possible with a team supporting them. This requires is to build a new workforce to support such models. The "did not attend" numbers are higher than we would like, so we are reviewing the text message system that we use.	M A M J Jul  Jane Ely
Responsive	The demand for both emergency care is higher than expected and out teams are working 24 hours a day, every day to ensure our patients are seen and treated as quickly as possible. The new model introduced at the Kent & Canterbury Hospital, working in partnership with primary care, has been very well received by the public. Our performance against the 6 week diagnostic test standard remains on plan.	Performance against the 4 hour standard has declined, linked with the high number of attendances. The Trust is working with partners (KMPT) to support mental health patients who attend our emergency departments. Both Cancer and referral to treatment performance has declined in July and this is explained by on-going work to manage all the patients in date order on a pathway. There are challenges for cancer within lower GI, Urology, Gynae-oncology and Head and Neck. However, we are several consultants joining us shortly which will help.	M A M J Jul  Jane Ely

Safe	HSMR and SHMI continue to show a downward trend; No MRSA bacteraemias were reported in July; New harms, as reported in the Safety Thermometer demonstrate that patients in our care acquire lower levels of harm than nationally; The rate of avoidable category 2 pressure ulcers dropped during July and met our reduction target; No category 3 or 4 deep ulcers were reported; The rate of falls was reduced this month compared to last month; Fewer medicines management and blood transfusion incidents were reported during July than June.	Due to an increase in the number of cases relating to C-Difficile in July, we have risen above trajectory for the first time this contract year. The percentage of overall harm free care, including harms patients are admitted with, has dropped below the national average in July.	M A M J Jul	 Paul Stevens
Well Led	- Cultural change work continues to develop as part of overall Improvement Journey - Mandatory training remains at 87% - Staff friends and family test results demonstrating real improvement - Overall pay has decreased slightly - Monthly financial performance improved	- Agency and locum costs have increased - Significant increase in CIP trajectory in coming months - Key staffing metrics worsened in month but focussed work agreed to support improvement	M A M J Jul	 Matthew Kershaw

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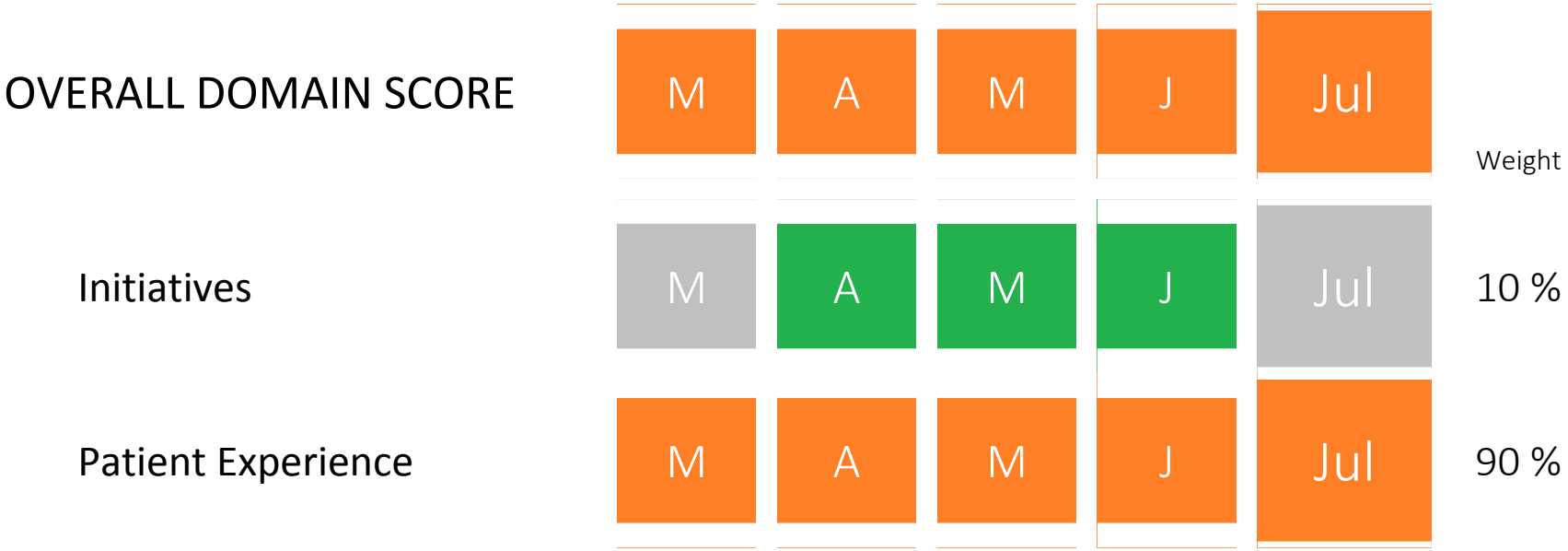
Caring



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Caring

		Mar	Apr	May	Jun	Jul	Green	Weight
Initiatives	Staff Health & Wellbeing CQUIN		100	100	100		>= 100	20 %
	Sepsis CQUIN Delivered %		90	90	90		>= 100	20 %
	Antimicrobial Resistance &		100	100	100		>= 100	20 %
	End of Life Pathway CQUIN Delivered		100	100	100		>= 100	20 %
	Patient Flow CQUIN Delivered %		100	100	100		>= 100	20 %
Patient Experience	Compliments to Complaints (#/1)	16	16	13	12	11	>= 12	10 %
	Mixed Sex Breaches	89	26	0	11	29	1	10 %
	Overall Patient Experience %	91	91	91	91	92	>= 90	10 %
	Complaint Response in Timescales %	82	54	84	94	96	>= 85	5 %
	FFT: Recommend (%)	95	96	97	98	97	>= 90	30 %
	FFT: Not Recommend (%)	2.5	1.6	1.5	1.0	1.7	>= 1	10 %

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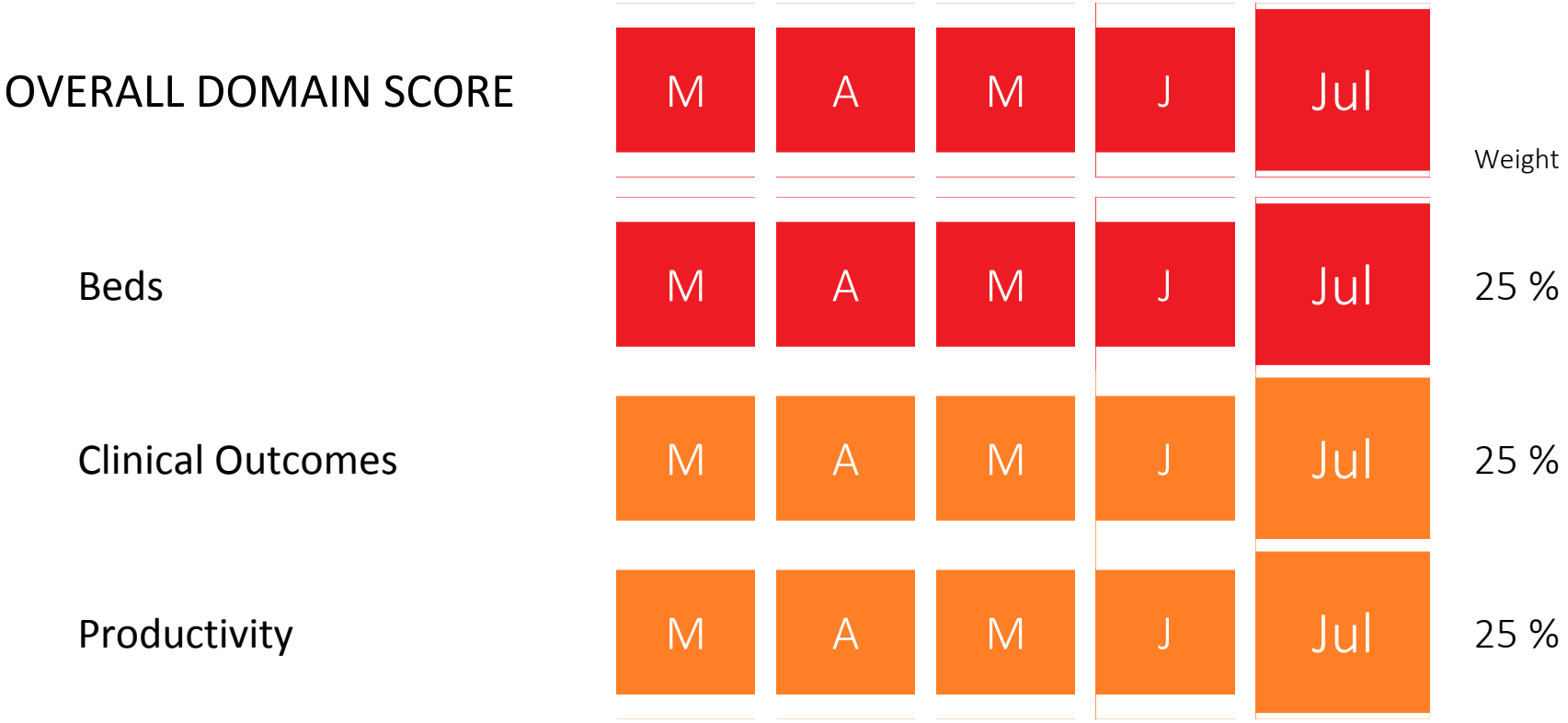
Effective



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Effective

		Mar	Apr	May	Jun	Jul	Green	Weight
Beds	Bed Occupancy (%)	107	103	101	98	99	<= 90	60 %
	IP - Discharges Before Midday (%)	15	15	15	15	16	>= 35	10 %
	DToCs (Average per Day)	71	78	62	62	62	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3	3	3	3	3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17	17	17	17	16	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	99	100	99	99	98	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.9	7.7	8.0	8.1	8.0	< 7	0 %
	DNA Rate: Fup %	7.9	8.1	9.0	8.0	7.4	< 7	0 %
	New:FUp Ratio (1:#)	0.8	0.7	0.7	0.7	0.7		0 %
Productivity	LoS: Elective (Days)	3.5	3.3	3.2	2.7	3.1		0 %
	LoS: Non-Elective (Days)	6.1	6.1	5.7	6.3	5.8		0 %
	Theatres: Session Utilisation (%)	82	82	83	85	82	>= 85	25 %
	Theatres: On Time Start (% 30min)	79	83	79	81	81	>= 90	10 %
	Non-Clinical Cancellations (%)	0.3	0.1	0.0	0.0	0.0	< 0.8	20 %
	EME PPE Compliance %	83	85	85	85	83	>= 90	20 %

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Responsive

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Responsive

		Mar	Apr	May	Jun	Jul	Green	Weight
A&E	ED - 4hr Compliance (%)	79.25	84.06	82.69	85.40	82.83	>= 95	100 %
Cancer	Cancer: 2ww (All) %	93.58	89.25	88.48	94.61	96.15	>= 93	10 %
	Cancer: 2ww (Breast) %	92.98	85.00	83.73	93.71	93.10	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	98.10	96.11	96.31	94.55	93.54	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	96.72	91.49	88.24	86.96	94.92	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	98.25	98.95	100.00	97.22	>= 98	5 %
	Cancer: 62d (GP Ref) %	73.57	71.04	79.20	75.42	70.69	>= 85	50 %
	Cancer: 62d (Screening Ref) %	92.31	92.86	93.10	100.00	88.24	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	70.37	100.00	57.14	100.00	73.68	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.65	99.78	99.87	99.86	99.77	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	99.65	100.00	100.00	100.00	>= 99	0 %
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	0 %
RTT	RTT: Incompletes (%)	89.27	88.56	87.89	86.81	86.65	>= 92	100 %
	RTT: 52 Week Waits (Number)	5	6	9	17	25	< 1	0 %

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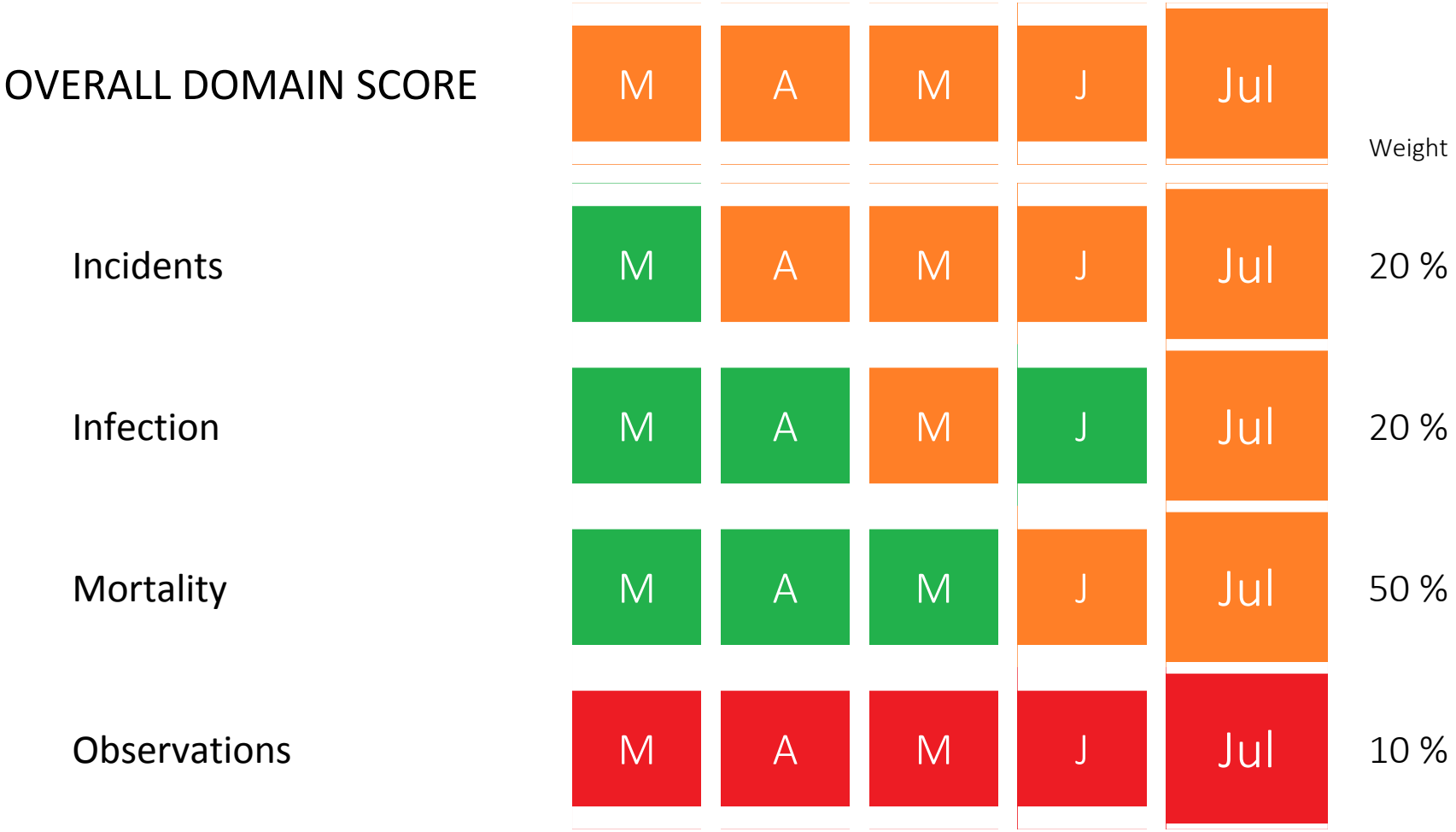
Safe



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Safe

		Mar	Apr	May	Jun	Jul	Green	Weight
Incidents	Serious Incidents (STEIS)	4	4	7	12	9		0 %
	Harm Free Care: New Harms (%)	98.2	97.8	97.7	98.5	98.0	>= 98	20 %
	Falls (per 1,000 bed days)	4.80	5.35	4.94	5.85	5.50	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.29	0.32	0.37	0.26	0.12	<= 0.15	10 %
	Clinical Incidents: Total (#)	1347	1225	1313	1351	1215		0 %
Infection	Cases of MRSA (per month)	0	0	1	0	0	< 1	40 %
	Cases of C. Diff (Cumulative)	28	4	8	11	16	<= Traj	40 %
Mortality	HSMR (Index)	84					< 90	35 %
	Crude Mortality EL (per 1,000)	0.5	0.8	0.7	0.5	0.5	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	33	29	26	26	29	< 27.1	10 %
	RAMI (Index)	86	84	84			< 87.45	30 %
Observations	VTE: Risk Assessment %	83	81	85	86	85	>= 95	20 %
	Obs. On Time - 9pm-8am (%)	36					>= 90	25 %
	Obs. On Time - 8am-9pm (%)	41					>= 90	25 %

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Well Led

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Well Led

		Mar	Apr	May	Jun	Jul	Green	Weight
Culture	Staff FFT - Work (%)	49	58	58	58	58	>= 67.2	50 %
	Staff FFT - Treatment (%)	76	78	78	78	78	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	2	2	2	1	2	< 4	25 %
	Valid NHS Number %	100	99	99	99	99	>= 99.5	40 %
	Uncoded Spells %	0	0	0	0	1	< 0.25	25 %
Finance	I&E £m	-3.6	-2.8	-1.9	-0.6	-0.6	>= Plan	30 %
	Cash Balance £m	3.9	7.9	8.5	8.5	14.2	>= Plan	20 %
	Total Cost £m	-50.1	-47.9	-48.0	-47.4	-47.4	>= Plan	20 %
	Forecast I&E £m	-35.4	0.0	-11.0	-11.0	-11.0	>= Plan	20 %
	Normalised Forecast £m	-46.0	-16.6	-27.6	-27.6	-27.6	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	0	0	0	0	1	<= 3	20 %
	Formal Notices	0	0	1	0	0	1	15 %
Staffing	Sickness (%)	3.8	3.9	3.8	3.8	4.0	< 3.3	10 %
	Staff Turnover (%)	11.2	11.2	11.3	11.8	12.1	< 7.4	15 %
	Vacancy (%)	8.0	8.8	9.2	9.7	10.4	< 10	15 %
	Shifts Filled - Day (%)	88	97	101	98	91	>= 97	15 %
	Shifts Filled - Night (%)	97	102	105	103	103	>= 97	15 %
	Agency %	18.8	16.3	18.3	18.1	20.3	<= 10	0 %
	NHSP Use % of Agency	57.1	100.0	100.0	100.0	100.0	> 90	0 %
Training	Appraisal Rate (%)	82.2	79.2	70.0	73.1	75.4	>= 90	50 %
	Mandatory Training (%)	87	87	79	87	87	>= 85	50 %

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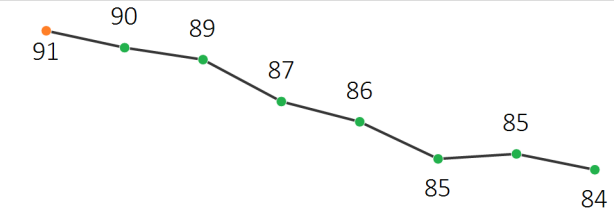
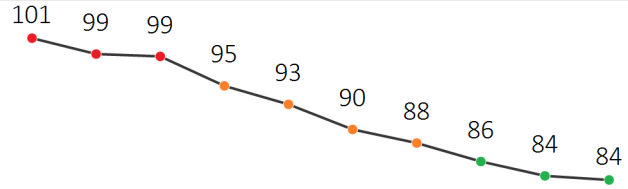
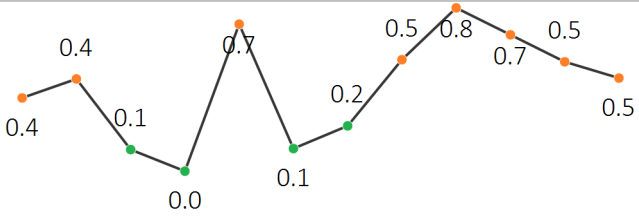
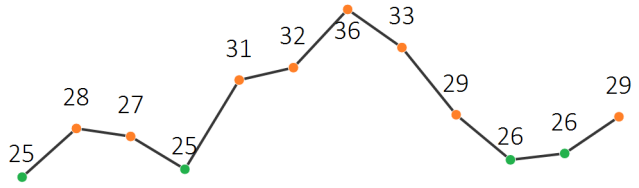
Strategic Theme: Patient Safety

Mortality

Jul	HSMR (Index)	87 (-6.2%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data together with variance against previous
Jul	RAMI (Index)	92 (-0.2%)		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.
Jul	SHMI	96 (-6.5%)		Summary Hospital Mortality Indicator (SHMI) as reported via CHKS includes in hospital and out of hospital deaths within 30 days of discharge. 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.
Jul	Crude Mortality EL (per 1,000)	0.4 (4.7%)		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.
Jul	Crude Mortality NEL (per 1,000)	29 (-5.7%)		The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments: The mortality figures for the month of July continue to show that we have a lower mortality than the national average.
The mortality review group has held its first meeting allowing a more in-depth view of hospital mortality. This will hopefully lead to a decrease in any preventable causes of death.

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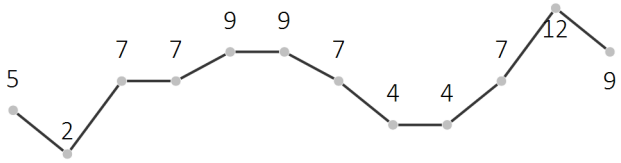
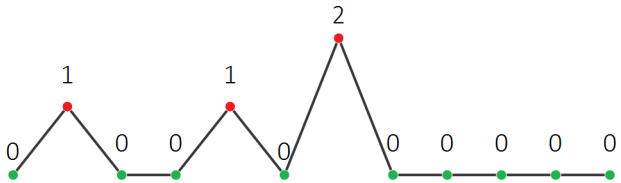
Strategic Theme: Patient Safety

Serious Incidents

Jul	Serious Incidents (STEIS)	82 (-4.7%)		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.
Jul	Never Events (STEIS)	4 (0.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on STEIS July 2016: 74 (including 19 new)
SIs under investigation: 41
Breaches: 10
Non-breaches: 31

SIs awaiting closure: 33
Waiting CCG response: 24
Waiting EKHUFT non-closure response: 9

Supporting Narrative:
Further work was underway to improve the quality of the investigations and Duty of Candour actions to enable RCA completion within the 60 day deadline. This includes attendance by the Clinical Incident Manager at RCA meetings on occasions when divisions are requiring additional support. The numbers of breached cases have dropped from 11 to 10, however it is noted that some of the newer cases are beginning to be delayed and divisions have been advised to prevent further breaches. Work continues to ensure that the oldest breached cases will be submitted first, along with additional work to prevent the newer cases from breaching. There remain four cases open between six to ten months although it is anticipated that all four will be sent to the CCG in the forthcoming month.

There were nine new SIs relating to:
- five treatment delays (lung nodules (x2), pulmonary embolism, sepsis and ophthalmology)
- one fall (subdural haemorrhage with a right mid line shift)
- one screening case (relating to obstetric screening for blood tests (sickle cell, thalassemia and infectious disease screening)
- one medication incident (possible opioid overdose)
- one other (bogus healthcare professional)

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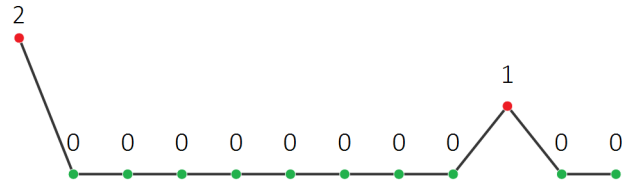
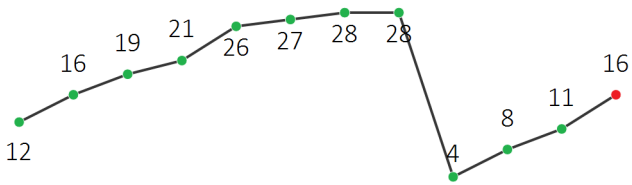
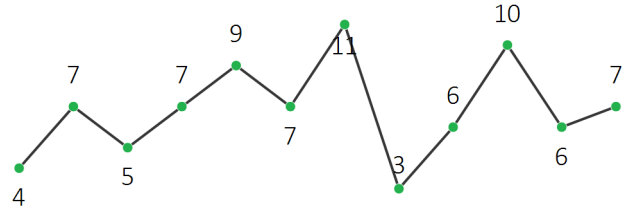
Strategic Theme: Patient Safety

Infection Control

Jul	Cases of MRSA (per month)	3		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.
Jul	Cases of C. Diff (Cumulative)	16 (45.5%)		Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Position in arrow shows YTD cumulative position and variance against previous month. Graph shows last 12 months, noting that C. Diff is reported as a cumulative YTD position, which explains the drop from 28 (as at March-
Jul	E. Coli	82 (36.7%)		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.

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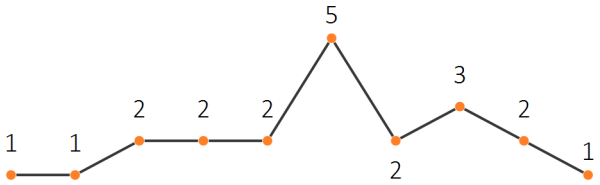
Strategic Theme: Patient Safety

Jul

MSSA

21
(-8.7%)



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

Comments:

The MRSA attributable bacteraemia numbers for 2015-16 were in total 2 cases, which gives us a rate of 0.6/100,000 bed days which is below the national average of 0.9 /100,000 bed days. The past decade has seen a remarkable fall in MRSA infections in UK hospitals as national MRSA bacteraemia rates in 2005-06 were 17.7/100,000 bed days.

Please note that the C.diff 'graph' is cumulative from the beginning of the financial year ie year to date we have had a total of 16 cases, whereas the MRSA, MSSA and E.coli graphs indicate numbers each month.

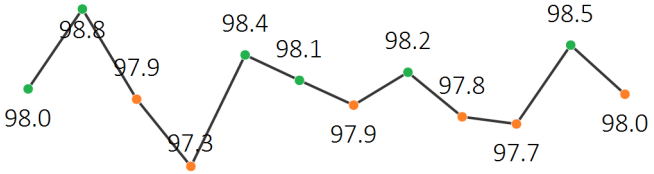
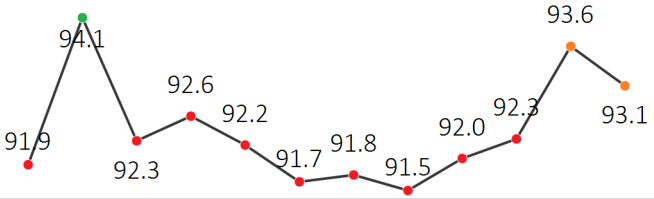
During July we reported 5 new cases of C-difficile. This has taken us over our limit for the year to date. The majority of the cases were at QEQM and specific work is being undertaken to assess the root cause and take additional corrective actions to address the situation. These include:

- A News Flash from Dr Sri Reddy (Infection Control Doctor) and the Chief Nurse to ask staff to ensure they follow policy;
- We have the Senior Infection Control Nurse from the Kent Community Foundation Trust working with our Infection Control Team to provide challenge, support and expert advice to help address the situation;
- This expert is working with the team to undertake the root cause analysis meetings for each of the cases;
- A specific focus on ensuring staff take and send a stool specimen when the patient first has diarrhoea is in place;
- An emphasis on the proper use of the Diarrhoea Assessment Tool (DAT). This ensures we can capture patients who develop C.diff infection as early as possible;
- Ensuring temporary staff and new staff follow our policies around the DAT and send early stool specimens;
- A reminder to all staff about hand washing before and after every patient contact;
- The use of Deprox decontamination will be discussed and evaluated at the next Infection Control Committee meeting;
- The new Deputy DIPC commences the week beginning 10th September 16.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Jul	Harm Free Care: New Harms (%)	98.0 (-0.3%)		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 together with variance against the previous 12
Jul	Harm Free Care: All Harms (%)	92.4 (-0.8%)		Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data together with variance against the previous 12 months.

Comments:

Harm free care

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in July was 93.07% compared to 93.65% in June and remains below both the overall national average of 94.20% and the acute hospitals only national average of 94.06%. A wide variation, as expected, is seen across the divisions with specialist achieving 97.21%, surgical 94.20% and UCLTC 90.16%.

However, Harm Free Care experienced in our care (New Harms only) is at 97.98% in July. This is higher than national average which means that our patients are receiving care that causes less harm than is reported nationally. New Harms only were 2.02% compared to 2.13% national average for acute hospitals and all harms were 5.33% compared to national average of 5.94%. This means that our patients acquire lower levels of new harms than the national average for acute hospitals.

QEH New Harms Only HFC improved to 98.66% in July from 98.42% in June.
WHH New Harms Only HFC fell slightly to 98.63% in July compared to 98.86% in June.
K&C New Harms Only HFC fell to 95.59% in July compared to 97.73% in June.

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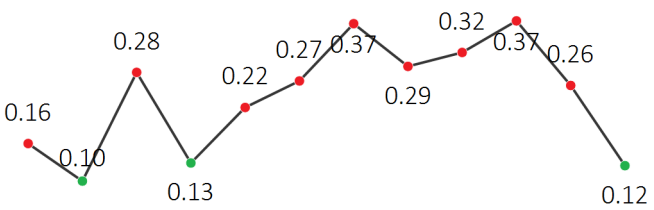
Strategic Theme: Patient Safety

Pressure Damage

Jul	Pressure Ulcers Cat 2 (per 1,000)	0.24 (-57.2%)		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.
Jul	Pressure Ulcers Cat 3/4 (per 1,000)	0.02 (-75.3%)		Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

In July 16 a total of 24 category two pressure ulcers were reported and 4 were confirmed as avoidable. This is a reduction of 4 avoidable ulcers from last month. These occurred on Kingston, CDU/WHH, Cambridge L and Birchington wards. All affected the sacrum/buttocks apart from one which affected the elbow. The 'Bottoms Up' campaign results show a slight increase in avoidable sacral ulcers this month resulting in 9 over the cumulative trajectory.

There were 6 suspected deep ulcers presenting as unstageable/deep tissue injury in July 16 with four being avoidable. These occurred on St Augustine's; Harbledown; Marlowe and Clarke wards and were related to missed opportunities to enhance care within the prevention plan. There were no reported deep ulcers at WHH in July 2016. The procurement of a further 30 block rental active systems may have influenced this positive result.

Further actions undertaken in July include a review of the Pressure Ulcer Steering Group purpose and membership; updating and presenting the Pressure Ulcer Prevention and Management Policy and Pressure Ulcer Annual Prevalence Audit report. Further work is planned to strengthen the tissue viability link nurse role to influence quality improvements.

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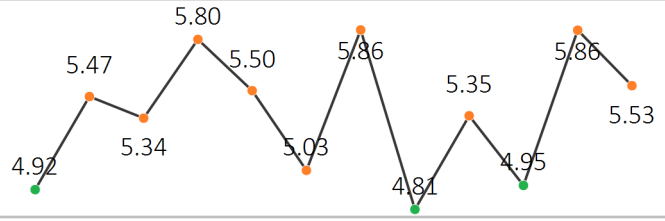
Strategic Theme: Patient Safety

Falls

Jul	Falls (per 1,000 bed days)	5.36 (-66.9%)		Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments: In July there were 181 falls across the Trust, 45 at K&CH, 58 at QEQMH and 77 at WHH. The wards with the most reported falls were Harbledown (8), Deal (11), Richard Stevens (11), Cambridge M1 (9) and CDU at WHH (10). Unavoidable falls resulting in fractures occurred on the Thomas Beckett Unit (humerus), Kings D Female (humerus) and Cambridge M1 (ankle). An avoidable fall on Treble ward resulted in a sub dural haematoma and is being investigated in conjunction with Serco. A further avoidable fall on St Augustine's ward resulted in a fractured humerus. There have been 3 avoidable falls with moderate harm since April on St Augustine's ward. Despite support from the Falls Team to provide training and good use of appropriate harm prevention equipment, the use of the falls risk assessment and care plan requires further commitment to embed. The Fallstop Programme is due to commence in September. The focus of the programme will be initially on St Augustine's, Harbledown and Cambridge L wards.

East Kent Hospitals University NHS
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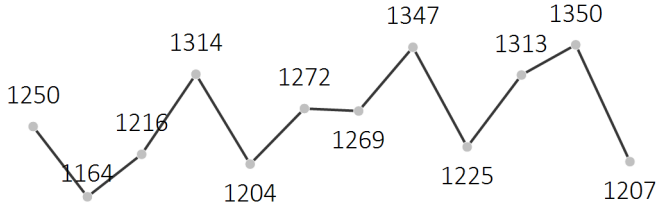
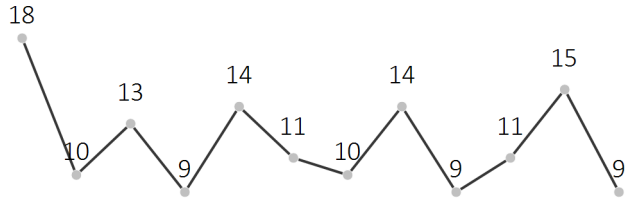
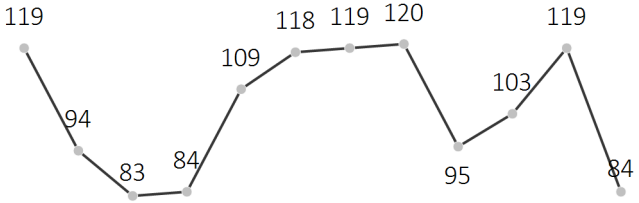
Strategic Theme: Patient Safety

Incidents

Jul	Clinical Incidents: Total (#)	15131 (10.0%)		Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.
Jul	Blood Transfusion Errors	143 (-14.4%)		The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.
Jul	Medicines Mgmt. Incidents	1247 (4.1%)		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.

Strategic Theme: Patient Safety

Comments:

A total of 1216 clinical incidents have been logged as occurring in Jul-16 compared with 1365 recorded for Jun-16 and 1335 in Jul-15. In Jul-16, four incidents have been graded as death and two as severe harm. In addition, 24 incidents have been escalated as a serious near miss, of which 7 are still under investigation. The number of moderate harm incidents reported during Jul-16 is lower than in previous months (Jul-16: 34 compared with Jun-16: 69 and Jul-15: 33).
Nine serious incidents were required to be reported on STEIS in July. Six cases have been closed and one downgraded; there remains 74 serious incidents open at the end of July.
Over the last 12 months incident reporting has increased at all three main sites.

Blood transfusion

In July, there were 8 blood transfusion errors reported (15 in Jun-16 and 10 in Jul-15). There were two themes in July: two delays in provision of blood component/product and three prescription/documentation errors. Seven incidents were graded no harm and one moderate harm (delayed provision of blood for patient with upper GI bleed, currently under investigation). Reporting by site: three at K&CH, two at QEH and three at WHH.

Medicines management

There were 84 medication incidents reported as occurring in July (119 in Jun-16 and 109 in Jul-15). On average, over the last 12 months, there has been no change in the numbers of medication incidents reported at the three main sites.
Of the 84 reported, 69 were graded as no harm (no serious near misses) and 14 as low harm. There was one incident graded moderate harm: Patient given over the recommended dose of paracetamol on three separate occasions. This incident is currently under investigation. Top reporting areas were: Cheerful Sparrows male ward (QEH) with seven incidents; Cathedral day unit (K&CH) with six incidents; Folkestone ward (WHH) with five incidents; ITU (QEH) and Kingsgate ward (QEH) with four each; CDU (K&CH), Clarke ward (K&CH) and ITU (WHH) with three incidents each; other areas reported 2 incidents or fewer. Thirty incidents occurred at K&CH, 27 at QEH and 28 at WHH.
*Missing Drugs are broken down as follows: nine incidents relating to stock control/documentation errors, two incidents of drugs accidentally damaged (broken vials) and one incident where drugs were lost between pharmacy and the ward.

Total
Drug error - prescribing 20
Drug error - dispensing 9
Drug error - administering 38
Drug shortage (not available or in stock) 4
Drug missing* (stock discrepancy or lost between wards/pharmacy) 12
Adverse drug reaction 0
Infusion injury - extravasation 0
Infusion problems - medication related 1
Totals: 84

East Kent Hospitals University NHS
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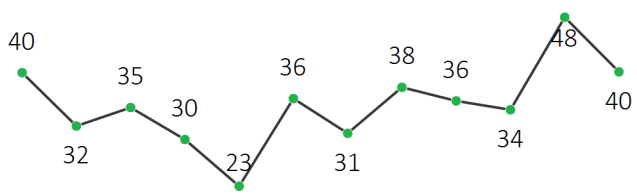
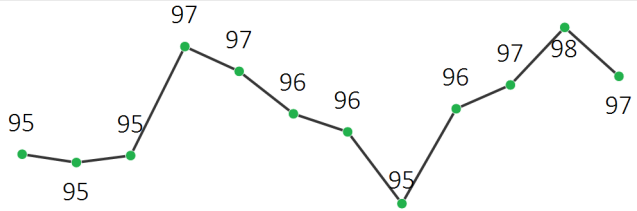
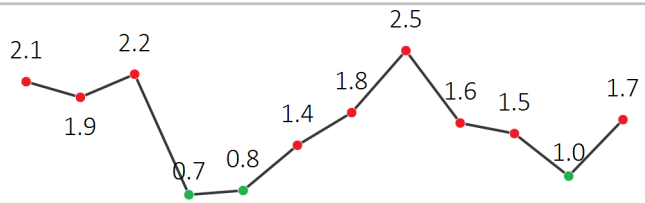
Strategic Theme: Patient Safety

Friends & Family Test

Jul	FFT: Response Rate (%)	35 (-5.2%)		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.
Jul	FFT: Recommend (%)	96 (1.2%)		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.
Jul	FFT: Not Recommend (%)	1.6 (-32.1%)		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:

FFT

During July we received 11,187 responses in total. Overall 45% eligible patients responded and 90% would recommend us to their friends and family and 6% would not. The total number of inpatients, including paediatrics who would recommend our services was 95% (96% June -16). For A&E it was 79% (same as June -16), maternity 98% (94% in June -16), outpatients 92% (Same as June -16) and day cases 95% (Same as June -16). The Trust star rating in June is 4.52 (4.58 in June-16).

Work to improve response rates has resulted in significant improvement. The response rate for inpatients was 40% (48% in June -16), A&E 19% (17% in June -16), maternity 61% (52% in June -16). (Please note as per DH guidelines only the Birth experience is given a response rate, FFT questions at other stages in the woman's pathway are not calculated or required nationally). The response rate for day cases was 27% (24% in June -16) but for outpatients was not available due to a national reporting error. All areas receive their individual reports to display each month, containing the feedback left by our patients which will assist staff in identifying areas for further improvement. This is monitored and actioned by the Divisional Governance teams.

East Kent Hospitals University NHS
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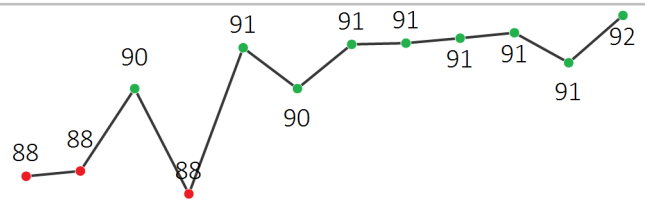
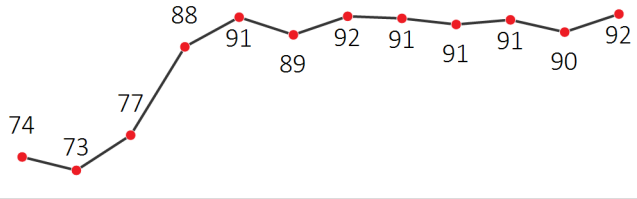
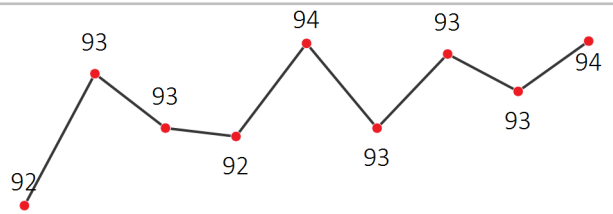
Strategic Theme: Patient Safety

Patient Experience 1

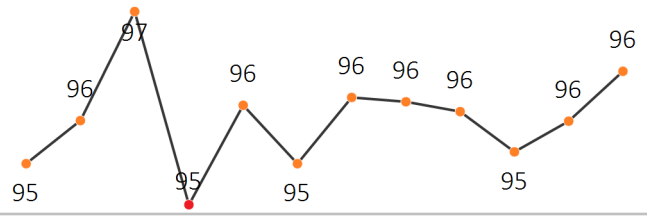
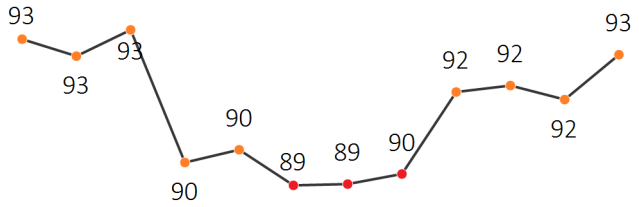
Jul	Overall Patient Experience %	91 (2.8%)		Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Jul	Care Explained? %	89 (18.7%)		Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Jul	Care that matters to you? %	93		Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).

Comments: This month we have seen an improvement in the patient experience as recorded in real-time by the patients. Indeed overall patient experience in July is the highest it has been in the previous rolling 12 months. Similarly we have recorded the highest satisfaction year to date for explaining care. This is a key metric in the National Inpatient Survey and an area of focus for us.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2

Jul	Respect & Dignity? %	96 (-0.2%)		Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Jul	Cleanliness? %	91 (-1.1%)		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.

East Kent Hospitals University NHS
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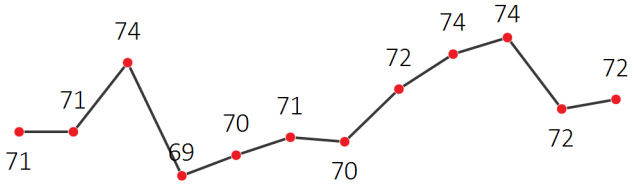
Strategic Theme: Patient Safety

Jul

Hospital Food? %

72
(1.7%)



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:

Both respect and dignity, and cleanliness have seen an improvement during July, with satisfaction of hospital food remaining static. Our plan is to continue to respond to patient feedback and work carefully to continue to improve this area. Although not captured in these data, the Emergency Department Teams are improving the dignity and privacy of patients, particularly when the department becomes full. We shall continue to monitor this metric through the friends and family data we receive every week.

The Trust received its 2016 Patient Level Assessment in Care Environment (PLACE) results at the beginning of August. The 2016 PLACE assessment results show a significant and consistently positive picture against our 2015 results. All domains and metrics show an upward direction of travel (with only Privacy & Dignity at QEQM achieving the same as 2015) and our continued focus on our Improvement Journey.

Noticeable areas of improvement include cleaning which saw an overall 6% increase and places the Trust above average. Food, and particularly ward food, has seen a 7% increase overall and again places the Trust above the national average along with the assessment of the condition and maintenance of our buildings which increased by 6%.

In 2015, EKHUFT rated red against Privacy & Dignity (now renamed wellbeing) and rated amber against cleanliness and food. These have now all turned green. The Trust has no ambers or reds this year.

As with 2015, Dementia is a real success story for the Trust, with the EKHUFT average assessment score at 85.77% against a national average of 74.5%. This reflects the continued effort of many staff and departments towards the Trust's main fundraising appeal this year and operationally at ward and patient level.

2016 saw the inclusion of a new Disability metric. The Trust has scored 88.7% against a national average of 78.8%, a good 10% above average.

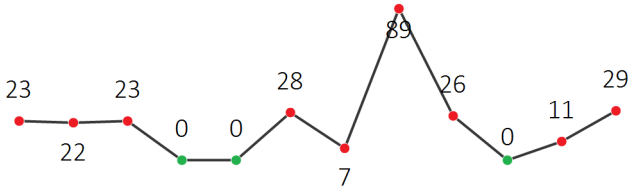
Strategic Theme: Patient Safety

Mixed Sex

Jul

Mixed Sex Breaches

258
(-5.8%)



Number of patients experiencing mixed sex accommodation due to non-clinical reasons.
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

Mixed sex

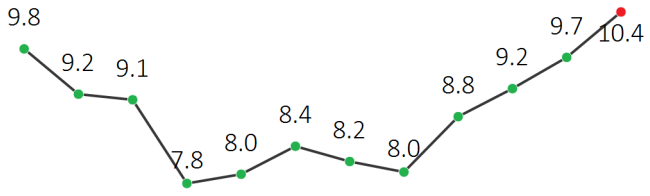
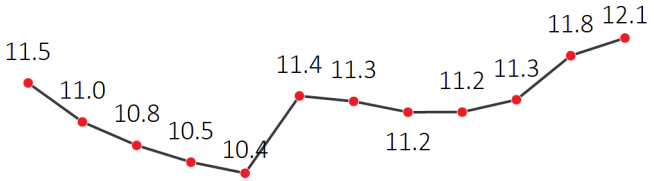
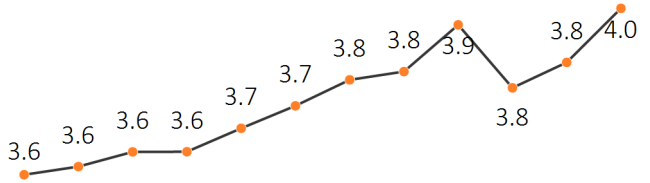
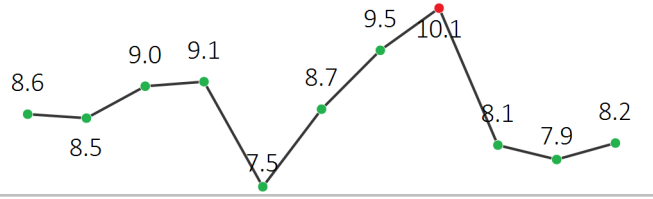
During July-16, 4 non-justifiable incidents of mixed sex accommodation breaches occurred at WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 16 mixed sex accommodation occurrences in total, affecting 74 patients. This number has increased since last month when there were a total of 12 occurrences affecting 46 patients. The remaining incidents occurred at QEQM on the Fordwich stroke unit (6), K&C Kingston stroke unit (5) and WHH Richard Stevens stroke unit (1), which are justifiable mixes based on clinical need.
During July-16 daily reporting of mixed sex occurrences has improved at the three acute sites.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Jul	Vacancy (%)	8.9 (2.3%)		% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jul	Staff Turnover (%)	11.2 (-20.0%)		% 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.
Jul	Sickness (%)	3.7 (-1.1%)		% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the
Jul	Overtime %	8.7		% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).

Comments:

The key risks and mitigation of Divisional Workforce Plans are being presented to the Strategic Workforce Committee in August and September 2016. These presentations will identify the actions that are in place to support recruitment to hard to fill roles and plans to reduce turnover and vacancy rates.

Following a number of static months, the Turnover rate has increased in the past two months, which has also increased the vacancy rate from 9.7% in June to 10.3% in July. However, the average Turnover rate for the past 12 months remains significantly lower than the previous 12 months at 11.2%. The vacancy rates by Division are examined in detail at Executive Performance Reviews (EPR).

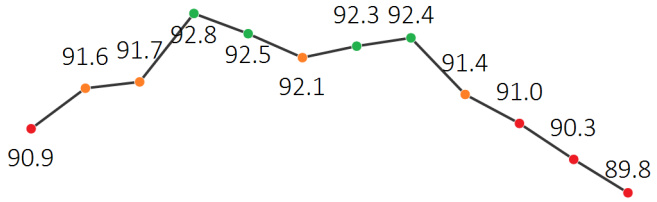
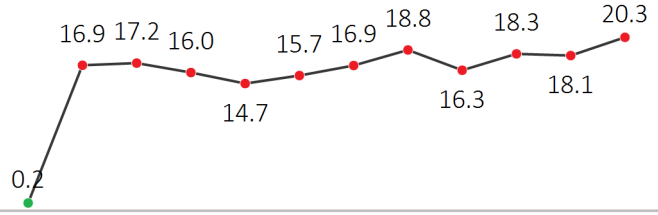
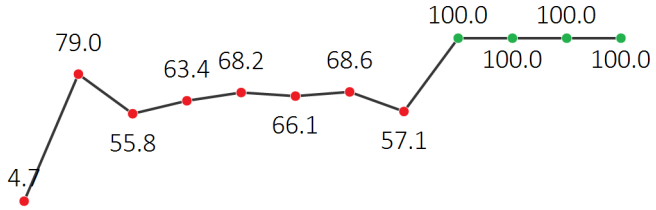
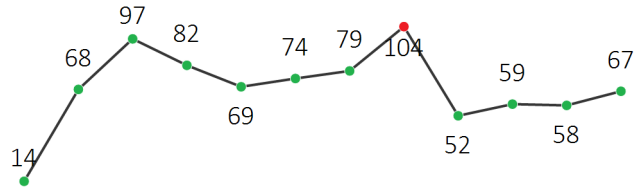
Sickness absence increased to 4% in June, against the Trust target of 3.3%. Divisions have submitted a monthly trajectory for sickness absence, which are examined at EPRs and monthly Agency Pay Control meetings. Although Divisions are running behind their trajectories, the 12 month average remains lower than the previous 12 month average.

The percentage of employees claiming overtime remains relatively static at 8.2%, after peaking at 10.1% earlier in the year.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Jul	Employed vs Temporary Staff (%)	91.6 (-0.4%)		Ratio showing mix of permanent vs temporary staff in post. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jul	Agency %	15.8		% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).
Jul	NHSP Use % of Agency	73.6		% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).
Jul	Agency Orders Placed	69		Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).

Comments:

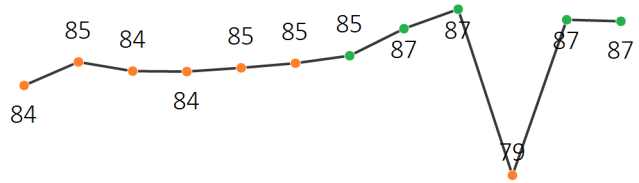
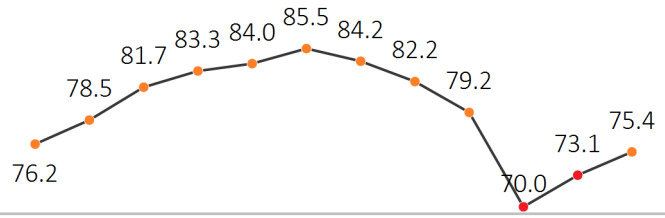
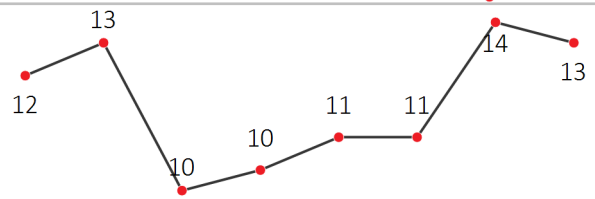
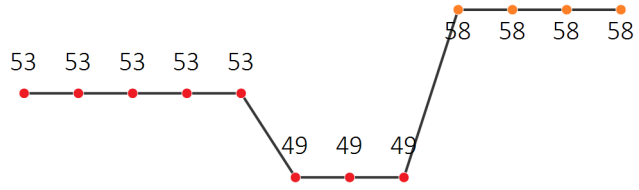
Reduction in agency spend is a key component of our cost improvement programme (£4.1m). There is an Agency Pay Control programme, led by the Head of Human Resources and supported by the Improvement Delivery Team. The Trust monitors and reports on a weekly basis, all agency shifts that breach the agency framework and NHSI pay caps by occupational group and division. The percentage of employees deployed through an agency that are NHSP remains at 100%.

Divisions are held to account for their Agency CIPs at EPR meetings, and against Divisional Agency Spend Trajectories, that are updated monthly by Divisional Finance Leads and HR Business Partners.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Jul	Mandatory Training (%)	85 (4.9%)		The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jul	Appraisal Rate (%)	79.5 (4.0%)		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.
Jul	Time to Recruit	12 (8.5%)		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.
Jul	Staff FFT - Work (%)	54 (12.8%)		Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

East Kent Hospitals University NHS
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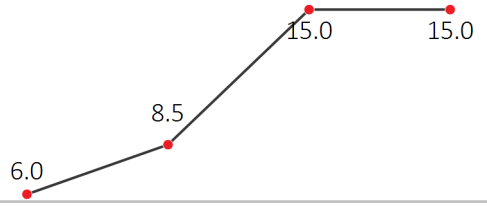
Strategic Theme: Human Resources

Jul

Local Induction Compliance %

11.1



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

Comments:

Statutory training was at 86% for July which remains above the target of 85%, and the 12 month average remains significantly above the previous 12 months. There remains a significant risk in regard to statutory training compliance, particularly with staff who have been identified as not completing one or more of the statutory training courses required. The 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 appraisal rate has continued to recover in July to 75.4%, but remains below the 90% target. Divisions have been focussed on improving appraisal compliance, and work is being undertaken between Divisions and HR on supporting a more consistent and robust way of reporting Appraisal dates to the HR Systems team. It is unlikely that we will see a significant increase in August's compliance rate, due to Summer annual leave, but are expecting to see a large improvement in September's figures.

Time taken to recruit has fallen to 13 weeks, from a high of 14 weeks in the previous month. Weekly Recruitment Updates are sent out by the Resourcing Team to Divisions to provide information on workload within the team, and plans to reduce time the time taken to recruit.

A new FFT Survey was sent to staff in mid-August, following the improvements in the previous quarter to 58% recommending the Trust as a place to work. A full staff survey is due in September 2016.

Local Induction Compliance remained at 15%, although remains significantly higher than in previous months. A copy of the Local Induction Guidance and Policy has been sent out to all Divisional senior teams by the Head of Human Resources for circulation and discussion to ensure that compliance continues to improve. This Policy and Guidance has now been discussed at the Surgical Senior Performance Meeting, and will be discussed at other senior meetings across the Division's in the next few weeks.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators

Jul

	Jul-16				YTD				FOT				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Forecast	Plan	Var #	Var %	Green
Referral Primary Care	14,589	15,227	(-638)	-4%	60,084	58,452	1,632	3%					<=0%
Referral Non-Primary Care	12,935	15,900	(-2,965)	-19%	55,288	61,025	(-5,737)	-9%					<=0%
OP New	19,839	21,535	(-1,696)	-8%	82,104	81,996	108	0%					>=0%
OP Follow Up	39,404	43,452	(-4,048)	-9%	163,983	167,869	(-3,886)	-2%					>=0%
Elective Daycase	6,623	7,676	(-1,053)	-14%	27,428	30,086	(-2,658)	-9%					>=0%
Elective Inpatient	1,366	1,411	(-45)	-3%	5,151	5,514	(-363)	-7%					>=0%
A&E	17,985	17,752	233	1%	70,997	68,288	2,709	4%					>=0 & <5%
Urgent Care Assessment	1,014	1,185	(-171)	-14%	4,656	4,579	77	2%					>=0 & <5%
Non-Elective Inpatient	5,803	5,961	(-158)	-3%	23,730	23,343	387	2%					>=0 & <5%
Chemotherapy	1,174	1,074	100	9%	4,971	4,300	671	16%					>=0%
Critical Care	1,730	1,876	(-146)	-8%	7,039	7,038	1	0%					>=0%
Dialysis	6,969	7,295	(-326)	-4%	27,761	28,545	(-784)	-3%					>=0%
Maternity Pathway	1,118	1,272	(-154)	-12%	4,522	4,771	(-249)	-5%					>=0%
Pre-Op Asssessments	2,822	2,944	(-122)	-4%	11,279	11,490	(-211)	-2%					>=0%
Diagnostic	424,857	452,922	(-28,065)	-6%	1,787,368	1,811,064	(-23,696)	-1%					<=0%
Other	4,458	3,858	600	16%	18,336	15,524	2,812	18%					>=0%

The 2016/17 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2015/16 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals, activity required to achieve sustainable elective services is included and further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2016/17. It should be noted that this does not reflect demand levels agreed within the 2016/17 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

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

July 2016

The Primary Care demand received by the Trust was 5% lower than expected this month which has reduced the Trust level over performance to 3%, this still equates to over 1,600 additional referrals YTD. Encouragingly the Trust has not observed the historic exponential growth that has occurred in both Gastroenterology and Breast Referrals, although referrals into key specialties Orthopaedics & Maxillo Facial and Paediatrics continue to significantly exceed plan levels. The Trusts Internal Business Plan stretches most services to maximum capacity and as such we have not been able to flex our capacity further to deal with this unplanned demand. The Trust does not have the operative capacity to deal with the current demand, a key element of our business plan requires Orthopaedic referrals to be directed to the independent sector at point of referral, unfortunately there is no evidence to support this redirection and referrals continue to arrive at a rate which far exceeds our ability to treat patients within 18 weeks.

Endoscopy activity continues to drive the biggest underperformance in activity across the Trust. The service has been supported by locum consultants however this has not provided consistent and sustainable levels of activity to enable the business plan to be delivered. The service cannot commit to delivering the shortfall from quarter one in quarter two due to this reliance on temporary workforce, current capacity is being used to focus on those patients on active Cancer and Referral to Treatment pathways. The recruitment of a substantive consultant in quarter three (start date 3rd October) will provide additional capacity and stability within the service. In addition, the service will be supported by an Acute Physician with a specialist interest in gastroenterology, which will increase the available capacity (start date 5 September 2016). Further recruitment advertisements will be published for Consultant posts and Nurse Specialists with a view to further bolstering the service as current plans are still insufficient to deliver the full plan for outpatients.

A number of services have identified that higher than expected annual leave has meant they have been unable to produce the high productivity July that has been previously observed, this was particularly prevalent within both Orthopaedics, Ophthalmology, Cardiology and Oncology, it is expected that this is purely a change of delivery profile and will not affect achievement the full year business plan. With the exception of Cardiology, the specialties are over performing their YTD business plans.

The HCOOP service has had a significant reduction in outpatient capacity following a consultant retirement; this is further to additional pressures in the year to date position from unplanned leave. The service is expecting further retirement in August, and whilst some clinics are able to be covered it is expected they will have a capacity shortfall of ~40 attendances per month. The Trust intends to fill this capacity with locum cover in the short term, with long term recruitment plans expected to proceed to shortlisting at the end of August 2016.

Gynaecology elective activity has underperformed in the year to date due to gaps in the middle grade rota, unexpected staff leave, being unable to utilise a list at WHH due to clinician job plan clashes, and being unable to replace a consultant who left late in 2015. The service have been actively bringing breached patients forward to be seen in

Outpatients sooner, which has resulted in a large number being listed for Surgery and thus further deteriorating both the Non Admitted and Elective backlog. Attempts to recruit the known locum failed due to their preference for a post elsewhere, the service is now in talks with an alternative locum consultant to join the team, and are facilitating this process and looking for a start date in September as they are currently without employment and free to start once our processes are undertaken. Furthermore we are exploring whether there is any possibility of securing a second consultant via NHSP or agency. The net result of any additional consultants will be focused predominantly on Electives whilst supporting clinics to improve the outpatient throughput.

The Orthopaedic team have been unable to provide the Independent Sector Capacity stated in the contract so far this year, this is in part due to delays with the tender exercises and also due to the inability to obtain enough capacity within the Spencer Wing. To mitigate against this risk the service is working with commissioners to agree alternative providers for patients waiting for elective and daycase procedures, the Trust has secured additional capacity on behalf of the CCG and has commenced the transfer to the independent sectors for Orthopaedics, 171 patients have been transferred to date with a further 329 being validated. The commissioning support unit and our primary care colleagues are continuing to source additional outpatient capacity to divert referrals this is reviewed at the primary care Contract Performance Notice meetings (CPN)

Delayed administrative processes have affected a number of services in month, leading to a reported position that does not reflect the true delivered activity. It is expected the Ophthalmology daycase position will improve by 200 admissions, A&E attendances at KCH were 400 higher than reported and in line with YTD position and it is expected Antenatal Maternity Pathway activity will increase by 100 patients. All services involved have confirmed the activity has now been input to the relevant administration system within nationally governed timelines and as such should not affect payment of tariff.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	2,863	3,272	-13%	-409
103 - Breast Surgery	2,440	2,613	-7%	-173
430 - HCOOP	785	670	17%	115
107 - Vascular Surgery	917	789	16%	128
330 - Dermatology	4,954	4,819	3%	135
410 - Rheumatology	1,208	1,061	14%	147
420 - Paediatrics	1,777	1,460	22%	317
140 - Maxillo Facial	2,764	2,440	13%	324
502 - Gynaecology	3,560	3,061	16%	499
110 - Trauma & Orthopaedics	3,789	3,203	18%	586
Total	**51,287**	**49,146**	**4%**	**2,141**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
800 - Clinical Oncology	3,466	4,072	-15%	-606
110 - Trauma & Orthopaedics	7,045	7,565	-7%	-520
560 - Midwifery	0	362	-100%	-362
502 - Gynaecology	2,392	2,681	-11%	-289
140 - Maxillo Facial	586	795	-26%	-209
120 - Ear, Nose & Throat	1,109	1,304	-15%	-195
430 - HCOOP	1,441	1,593	-10%	-152
400 - Neurology	929	761	22%	168
101 - Urology	2,386	2,170	10%	216
130 - Ophthalmology	3,640	3,186	14%	454
Total	**35,271**	**36,853**	**-4%**	**-1,582**

OP New

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	2,222	2,834	-22%	-612
100 - General Surgery	1,824	2,338	-22%	-514
430 - HCOOP	1,722	1,973	-13%	-251
400 - Neurology	1,907	1,702	12%	205
502 - Gynaecology	5,167	4,881	6%	286
420 - Paediatrics	2,873	2,572	12%	301
300 - General Medicine	743	403	84%	340
130 - Ophthalmology	7,856	7,373	7%	483
110 - Trauma & Orthopaedics	7,733	7,231	7%	502
330 - Dermatology	4,874	4,190	16%	684
Total	**63,714**	**63,009**	**1%**	**705**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	3,799	6,067	-37%	-2268
100 - General Surgery	943	1,696	-44%	-753
324 - Anticoagulation Service	5,348	6,057	-12%	-709
502 - Gynaecology	4,846	5,467	-11%	-621
302 - Endocrinology	2,661	3,268	-19%	-607
430 - HCOOP	1,382	1,943	-29%	-561
410 - Rheumatology	5,310	5,833	-9%	-523
103 - Breast Surgery	2,134	1,725	24%	409
110 - Trauma & Orthopaedics	12,891	11,688	10%	1203
130 - Ophthalmology	20,157	18,637	8%	1520
Total	**126,724**	**129,994**	**-3%**	**-3,270**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	5,814	7,722	-25%	-1908
330 - Dermatology	1,513	1,786	-15%	-273
110 - Trauma & Orthopaedics	2,069	2,269	-9%	-200
100 - General Surgery	672	841	-20%	-169
502 - Gynaecology	645	760	-15%	-115
410 - Rheumatology	535	640	-16%	-105
130 - Ophthalmology	4,907	5,009	-2%	-102
101 - Urology	2,651	2,527	5%	124
140 - Maxillo Facial	810	676	20%	134
303 - Clinical Haematology	1,184	1,001	18%	183
Total	**27,428**	**30,086**	**-9%**	**-2,658**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	489	654	-25%	-165
110 - Trauma & Orthopaedics	1,309	1,460	-10%	-151
100 - General Surgery	414	520	-20%	-106
320 - Cardiology	233	312	-25%	-79
300 - General Medicine	289	340	-15%	-51
430 - HCOOP	21	50	-58%	-29
103 - Breast Surgery	163	137	19%	26
503 - Gynaecology Oncology	42	10	319%	32
400 - Neurology	128	90	42%	38
101 - Urology	984	896	10%	88
Total	**5,151**	**5,514**	**-7%**	**-363**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	555	863	-36%	-308
100 - General Surgery	2,002	2,262	-11%	-260
420 - Paediatrics	1,995	2,203	-9%	-208
501 - Obstetrics	1,563	1,728	-10%	-165
110 - Trauma & Orthopaedics	1,322	1,487	-11%	-165
320 - Cardiology	652	768	-15%	-116
120 - Ear, Nose & Throat	343	261	31%	82
430 - HCOOP	3,498	3,320	5%	178
180 - Accident & Emergency	2,323	1,859	25%	464
300 - General Medicine	6,940	5,862	18%	1078
Total	**23,730**	**23,343**	**2%**	**387**

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

82.83 %

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
4 Hour Compliance	88.46%	87.54%	87.00%	89.37%	87.79%	84.91%	80.01%	79.26%	84.04%	82.68%	85.39%	82.83%
12 Hour Trolley Waits	2	0	0	0	0	1	0	1	1	0	0	0
Left without being seen	3.39%	2.79%	2.87%	3.06%	3.19%	2.87%	3.78%	4.20%	3.46%	4.09%	3.84%	4.71%
Unplanned Reattenders	9.39%	8.98%	8.80%	8.93%	8.71%	8.88%	8.97%	9.31%	9.10%	9.40%	9.17%	8.01%
Time to initial assessment (15 mins)	93.5%	94.9%	91.1%	89.5%	91.7%	93.3%	92.6%	91.1%	86.0%	86.0%	89.0%	84.7%
% Time to Treatment (60 Mins)	53.3%	49.4%	51.0%	49.9%	50.3%	49.5%	43.5%	40.8%	46.3%	43.5%	48.2%	46.0%

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

-6.85 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
STF Trajectory	85.22%	90.02%	90.17%	89.68%	90.80%	90.80%	91.20%	91.50%	89.90%	89.83%	90.48%	91.40%
Performance	84.04%	82.68%	85.39%	82.83%								

Summary Performance

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

The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard. An Emergency Care Recovery Plan (ECRP) has been developed, which reviews all aspect of the emergency patient pathways from attendance in the Emergency Department to discharge from an inpatient ward. The aim of the plan is to improve performance and ensure that the ECRP delivers sustainability across emergency care pathways. It has been

mandated through the Sustainability & Transformational Plans that the Trust will achieve performance levels which demonstrate consistent improvement over the course of 2016-17, with overall compliance in excess of 90%.

July performance against the 4 hour target was 82.83%, against a trajectory of 89.68% and a compliance target of 95%. July's performance shows a decline in performance compared to the June position, with a lower proportion of patients seen within 4 hours of arrival. Analysis of the breach reasons shows a similar split in breach reasons as seen in recent months, with the largest proportion of breaches assigned due to delays to be seen by a first clinician (47% of all breach reasons, compared to 45% in June). The timing of the breaches is also relevant in that the majority of breaches occur in the evening and overnight due to the high volumes of patients who present in the evening. This is a particular issue with up to 20 paediatric attendances during the course of the evening. After this breach category, the next biggest breach reason was around delays to Treatment Decision (16% of all breaches). Breaches due to Bed Management reasons remain at reduced levels (compared to previous months where bed pressures had this breach reason for upwards of 30% of breaches).

While the delay in Treatment Decision breach reason continues to relate to a large proportion of the breaches, performance against the 60 minute time to treatment worsened in the month, with the individual sites showing mixed performance. The William Harvey Hospital in Ashford declined from 38.4% to 33.6%, and the Queen Elizabeth the Queen Mother Hospital in Margate reduced from 43.0% to 38.2%. This metric ties into a key improvement priority for the Emergency Departments (EDs), and improving the proportion of patients seen within 60 minutes is an important outcome measure of success in this area.

Volume of attendances remained high. This continues the trend of year to date attendance volumes being in excess of the planned activity levels (4.6%) above plan YTD. Attendance numbers continue to be high, with individual spikes in activity to sites creating isolated periods of poor performance as emergency departments respond to the raised demand. A new model for the Urgent Care Centre at Kent & Canterbury was launched on the 6th July, details of which are available through an appendix document to this report.

Improvements in Emergency Department performance are being pursued through the ECRP. The programme now has a dedicated programme manager who has supported a full review of the governance arrangements and a detailed review of the ERCP, including updating the evidence portfolio for all closed actions. The programme uses a BRAG rating to monitor progress against the plan and any new actions relating to improving emergency care pathways are discussed / agreed at the Urgent Care Board to ensure that there is an audit and governance trail.

Good progress is being made across all the workstreams with the following notable highlights in July:

- QEQMH tested, using a PDSA cycle, an ED Consultant, Acute Physician and nursing staff working together to assess and stream all self presenting patients to ED. The pilot was considered successful due to the number of patients which could be managed within the ED environment without onward referral to a specialist team. The pilot is going to be repeated on a Friday in August to ensure that the model was not influenced by the day of the week it was run.
- The Patient Flow and SAFER programme continues to evidence success in embedding board rounds and with improved morning discharges. On the Cambridge floor at WHH there are now 3 wards involved in the programme and with improved senior clinical engagement in board rounds; greater junior doctor engagement and sustainable improvements with regards to estimated discharge dates being documented. The SAFER dashboard is circulated to all Ward Managers weekly and is shared with the ward team to enable all staff to monitor their progress on their improvement journey.

- The Acute Medical model at QEQMH continues to become embedded and the team have also expanded the model to include a frailty pathway. A second Nurse Consultant in Acute Medicine has been appointed with a start date agreed for August.
- At WHH a project group has been identified with key stakeholders and weekly meetings are being used to ensure that the WHH Acute Medical Unit is developed at pace. The model will use the Standard Operating Procedures and ambulatory pathways which have been developed for the QEQMH and KCH models to ensure that a standardised approach and learning from, in particular QEQMH, is utilised.
- The staff consultation to review the current site management teams and support the implementation of a 24/7 clinical site management team has been completed. Staff meetings regarding next steps will be held in August. The Operational Control Centres (OCC's) have implemented a standardised approach to recording site SITREP information with a RAG rates report being sent out following the site SITREP meetings at 08:00, 13:00 and 16:00. The information presented at the SITREP meetings has progressed to providing a risk and quality report for the site, including actions to resolve/mitigate as opposed to a site bed meeting. The report is extremely effective at focussing the teams on key issues and highlighting potential clinical risks, eg staffing or equipment downtime and named owners to resolve the issue or escalation.

Notable risks

- The Emergency Departments (ED's) have a high level of specialty doctor vacancies. This is a national issue and is a key workforce issue and risk within the ECRP. UK and international recruitment is on-going; however, the ED's continue to depend on a high level of agency doctors and during July there has continued to be gaps in the specialty doctor rota, particularly on evening and night shifts. Mitigating actions have included broadening the number of agencies, transferring medical staff between sites whilst ensuring that there is a safe rota on each site, utilising medical teams to work in the majors' area of the department. Despite these actions there continues to be a serious risk in identifying sustainable cover for the rota and this does result in increased breaches in the evenings and overnight.
- There has been an increase in the number of patients presenting to QEQMH and WHH with mental health conditions, with patients attending after 20:00 often having to wait until the following morning to be assessed by a member of the mental health team. Once assessed there have been significant delays for those patients requiring a mental health bed. This puts an additional pressure on the ED nursing staff at times when there are more than two patients with a mental health condition within the department. A risk assessment is completed for each patient and additional staff requested to support caring for the patients, however it is not always possible to book a RMN (Registered mental health nurse).

Trajectory Confidence

July performance against the 4 hour target was 82.83%, against a trajectory of 89.68%. The increased activity levels seen so far this year remain above plan 4.7% in July, compared to +4.9% above plan in June. The numbers attending the departments, particularly in the evenings and overnight have had an adverse effect on the Trusts ability to meet the 4 hour standard for patients, with difficulties caused by spikes in activity and also the gaps in the specialty doctor rota.

The increased levels of activity experienced in May have continued throughout June and July. The QEQMH and WHH have continued to see high numbers of patients attending in the evenings and overnight. The increase in children attending in the evenings has not abated.

There have also been high ambulance attendances presenting and due to the ED's focussing on reducing handover delays patients are being clinically assessed on arrival and safely streamed to areas such as the waiting room or minors. The conversion to admission is an indication that the patients have had a higher medical acuity with patients also being streamed to ambulatory care where possible. The ED's and management teams are working closely with SECAMB colleagues to reduce the number of handover delays and ensure patients have been safely handed over as quickly as possible.

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

- A high % of breaches of the 4 hour emergency access standard relate to patient flow and bed availability.
- High numbers of patients attending ED in the evenings and weekends who could be managed by primary care, in particular paediatric attendances.
- Mental health patients who are awaiting assessment overnight by the mental health Crisis Team.
- Mental health patients who require a mental health bed often having to wait several days for a bed, both in ED assessment beds and also in the wider ward bed base.
- Medical staffing vacancies, which medical staffing agencies are unable to fill. QEQMH is a particular risk due to the geographic location of the hospital.
- The number of DTOC's (delayed transfers of care) and access to short term external capacity in the community continues to be a high risk. There have been issues with a lack of external capacity across all geographic areas.

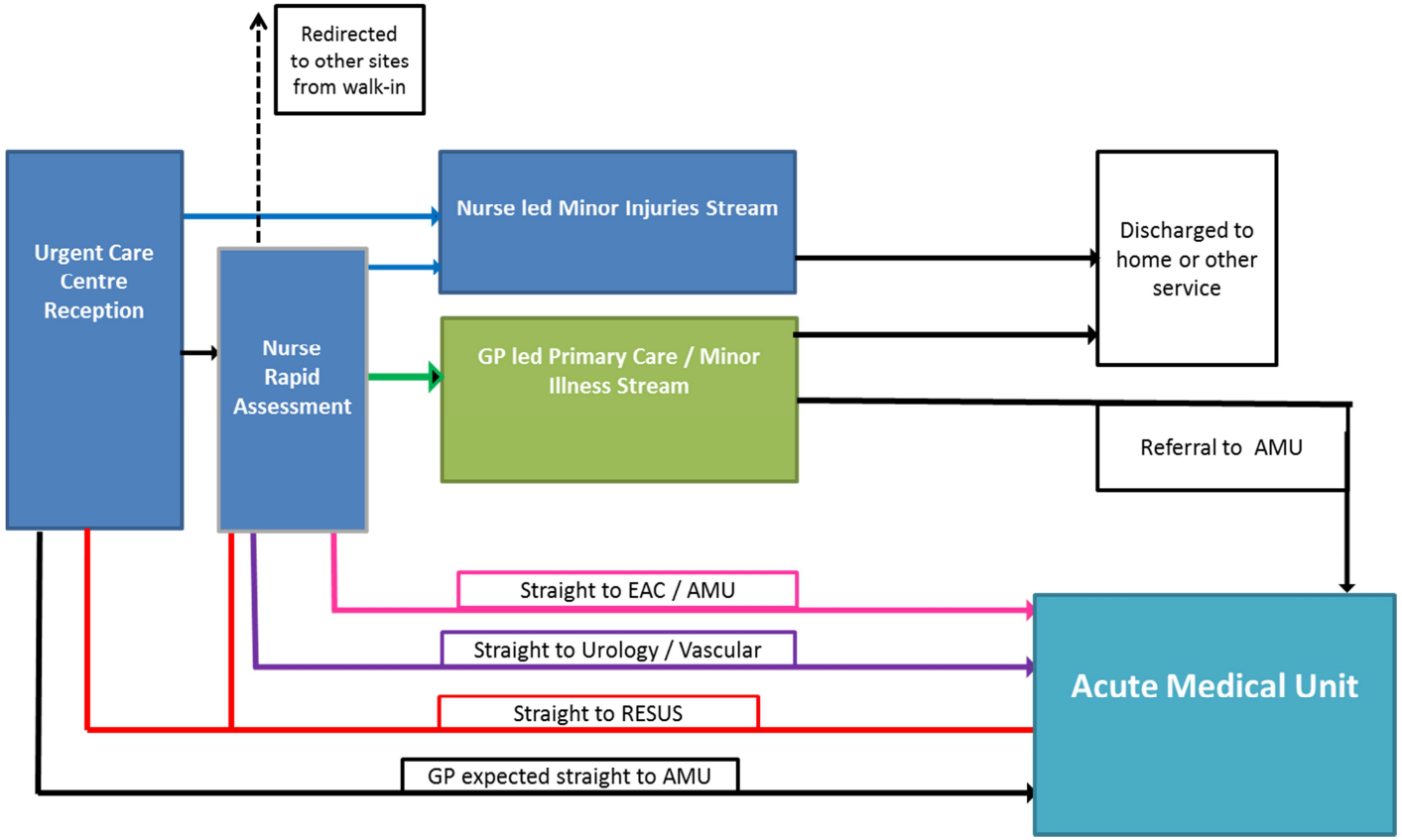
Appendix 1: Urgent Care Centre Model at Kent & Canterbury Hospital

On 6th July, the Urgent Care Centre was launched. The reason for making these changes was that, over time, the Emergency Care Centre's (ECC) criteria for providing care had gradually broadened due to clinical staff's willingness to provide care for everybody who attends. The result of this is that the ECC has been seeing more and more patients whose healthcare needs would be better met at another part of our Trust. As of 6 July, a small number of self-presenting patients will be taken to one of the Trust A&E's instead, where services such as emergency surgery are available. Kent & Canterbury Hospital will continue to see the vast majority of patients as before.

This will mean that the model of care at Kent & Canterbury Hospital has changed to include 3 patient streams; all behind a single front door open 24/7. This is shown below.

The Minor Injuries Unit service remains the same as before. The GP-Led Primary Care Centre will assess & treat patients with minor illnesses. Patients with an obvious urgent need will be streamed to the Acute Medical Unit, or escalated to this unit from the other streams.

The Acute Medical Unit includes a resuscitation area, a bedded Medical Unit for admission and assessment of patients sent directly from their local GP Surgery, and an area for hot ambulatory care services, enabling patients to be treated and enabled to return to their homes without the need to stay in hospital overnight.



East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

70.69 %

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Green
62 day Treatments	68.83%	69.76%	70.45%	70.89%	79.11%	71.68%	79.86%	73.57%	71.04%	79.20%	75.42%	70.69%	>=85%
100 day breaches	86	130	87	75	57	64	65	61	42	56	57	45	<0
Demand: 2ww Refs	2,535	2,835	2,748	2,785	2,550	2,725	2,839	2,908	3,085	2,963	3,004	2,861	2693 - 2976
2ww Compliance	89.96%	95.05%	95.62%	94.52%	93.87%	93.28%	94.10%	93.58%	89.25%	88.48%	94.61%	96.15%	>=93%
Symptomatic Breast	80.52%	93.46%	94.12%	93.55%	92.22%	94.06%	88.03%	92.98%	85.00%	83.73%	93.71%	93.10%	>=93%
31 Day First Treatment	94.02%	93.17%	96.43%	97.48%	98.00%	94.82%	97.07%	98.10%	96.11%	96.31%	94.55%	93.54%	>=96%
31 Day Subsequent Surgery	92.86%	92.11%	94.44%	96.97%	94.44%	94.59%	97.50%	96.72%	91.49%	88.24%	86.96%	94.92%	>=94%
31 Day Subsequent Drug	100.00%	100.00%	100.00%	98.53%	98.44%	86.17%	100.00%	100.00%	98.25%	98.95%	100.00%	97.22%	>=98%
62 Day Screening	88.24%	86.27%	84.21%	86.36%	85.00%	93.75%	95.65%	92.31%	92.86%	93.10%	100.00%	88.24%	>=90%
62 Day Upgrades	33.33%	91.67%	66.67%	77.78%	70.00%	50.00%	86.67%	70.37%	100.00%	57.14%	100.00%	73.68%	>=85%

Sustainability & Transformational Funding Trajectory

-6.71 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	74.10%	76.40%	77.60%	77.40%	82.70%	85.40%	85.00%	85.50%	85.20%	85.10%	85.40%	85.20%	Sept
Performance	71.04%	79.20%	75.42%	70.69%									Sept

Summary Performance

The Trust's main priority within cancer services is to ensure our patients receive treatment within the appropriate timeframe.

Patients who remain on a cancer pathway more than 100 days continue to be reviewed and are reported through the Trust datix system. Each patient is clinically reviewed and a RCA (Root Cause Analysis) is undertaken where patient harm is identified. In July there were zero RCA's reported.

July performance against this standard is 70. 69%, against its improvement trajectory of 77.40%, with 45 patients (11 with a diagnosis) remaining on a cancer pathway more than 100 days. The Trust delivered a total of 159.5 treatments, and 49.5 of those patients breached the 62 day timeframe. The Trust aggregate position is 9.14% behind the submitted recovery trajectory. The breaches are generally caused by either capacity shortfalls or delays in agreed pathways e.g. diagnostics. The tumour sites of concern are Lower GI, Urology, Gynae-oncology and Head and Neck

Recovery action plans have been agreed with tumour sites and have been shared with the Divisional Management Teams. Progress against the plans is monitored by the cancer compliance team and each tumour site clinical team will report to the Cancer Board in September.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

18 Week Referral to Treatment Standard

Key Performance Indicators

86.65 %

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Green
Performance	88.14%	90.13%	92.06%	91.51%	88.82%	90.10%	89.17%	89.27%	88.56%	87.89%	86.81%	86.65%	>=92%
52w+	8	15	12	3	5	2	4	4	6	9	17	25	0
Waiting list Size	42,508	42,577	40,125	39,842	41,178	42,239	42,791	43,000	44,620	45,663	44,213	45,488	<38,938
Backlog Size	5,042	4,201	3,186	3,384	4,604	4,181	4,634	4,614	5,105	5,531	5,831	6,073	<2,178
Demand: PC Referrals	14,457	15,954	16,444	15,704	14,299	15,033	15,879	16,400	16,680	15,801	15,944	15,524	<15,484
Demand: Additions to IP WL	2,842	3,201	3,443	3,532	3,040	3,239	3,402	3,425	3,299	3,429	3,839	3,562	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

Sustainability & Transformational Funding Trajectory

-4.31 %

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

Summary Performance

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

Throughout the last year the Trust has been unable to deliver performance against the national standard as the number of patients waiting for treatment significantly exceeded our capability to see and treat within 18 weeks of referral. The Trust has developed internal activity plans which address the imbalance, and delivery of these activity levels alongside primary care commitments to reduce demand will enable the Trust to successfully deliver the Trajectory over the course of the financial year, this has formed the basis of our Sustainability and Transformation Fund Improvement Trajectory. The Trust intends to deliver compliance against the national standard by September 2016.

In July performance against the standard was 86.65%. There were twenty five patients who were waiting for treatment for more than 52 weeks as at the end of the month. There are number of issues that are driving the reduction in performance against the trajectory; higher than planned primary care referrals and an inability to deliver the additional capacity identified within business plans in key specialities such as General Surgery, Gastroenterology, and Gynaecology across all points in the patients pathway (first appointment, follow up and patients listed for surgery intervention). In other specialities such as ENT there are administrative delays leading to an unreliable reported waiting list position.

The Trust continues to receive primary care demand over the predicted planned referral rate, in the year to date the trust has received over 1,600 more referrals than planned. They key areas are Orthopaedics, Maxillo Facial, Gynaecology and Paediatrics. The current rate of referrals means that the trajectory for referral to treatment for patients is unachievable unless the trust and the CCG agree a process to either; invest to create more internal capacity across the patient pathway which will involve additional pay and non-pay resource, outsourcing to the independent sector; or contract with alternative providers to utilise our facilities with an alternative workforce to the trusts. The decision making process to this will be taken jointly with the CCG and the trust within the existing meeting structures

The increase in the number of 52 week waiters is predominantly within the ENT specialty. The Trust has a capacity deficit within the Otology sub specialty due to vacancies, and is currently working in partnership with the Royal National Throat, Nose and Ear Hospital in London and primary care to ensure patients receive treatment. With the remaining patients we have seen an increase in refusal of treatment by the patient due to alternative commitments throughout their pathways.

The Trust has developed four key priorities which address all of the issues detailed above and we will continue to work with our local commissioners to achieve the sustainability and transformational trajectories and comply with our NHS constitutional duty.

Priority 1 - Improve Pathway Management

Development of New Interactive Patient Tracking List – We have developed a new Interactive Patient Tracking System which will enable our Operational Teams to access to live data, ensuring all patients waiting for Treatment are being actively monitored and managed, it is anticipated that this will significantly reduce the risk of patients waiting in excess of 52 weeks for Treatment.

- The system will be fully operational from 22nd August

Documented Timed Referral to Treatment Patient Pathways – Each specialty to map 18 week compliant pathways to enable us to unblock delays, monitor and hold ourselves to account to achievement of the RTT standard.

- All clinical pathways have now been mapped and agreed with the clinical staff, implementation of these pathways is now required to commence. This will begin in September.

Priority 2 - Achieve the Outpatient Milestones

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

- The CCGs are continuing to identify alternative providers to deliver Orthopaedic pathways in 2016/17
- The CCG are in the process of awarding the contracts for outpatient procedure management of wet macular oedema (Ophthalmology). This will mean patients will receive treatment closer to home in a primary care setting and will no longer have to attend hospital.

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

- Additional outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and gynaecology
- A tender process is underway to secure additional capacity in Ophthalmology using a company who will utilise our facilities in order to treat our patients.
- Two new consultants commencing in gastroenterology in September to stabilise the service
- Two new consultants commencing in Otology in November
- One new consultant commencing in October in Maxillo Facial
- Seven new consultant posts in recruitment process for Ophthalmology
- Validation process in ENT being reviewed with individual consultants with training being provided on the RTT pathway
- The Trust has identified an alternative provider who will accept tertiary referrals for complex adult ear procedures. The trust is liaising with London for outcomes of these treatments

- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.
- Bring forward the Decision to Treat Date – Identifying patients who have passed the optimal point in patient pathway and securing decision or treatment capacity

Priority 3 - Deliver the Efficiency Programme

Deliver Theatre Booking Magic Numbers – In collaboration with Medical Productivity & Clinical Service Redesign Specialists, Four Eyes Insight, the Trust has identified an efficiency opportunity of 5,000 operative procedures per annum.

- The Trust has developed key monitoring documentation and enhanced the booking procedures required to achieve the required Theatre efficiency target.
- Increase in number of sessions run.
- General Surgery, Gynaecology and Ophthalmology continue to be the areas for focus during August and September

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

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

Priority 4 – Deliver recurrent demand substantively

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

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

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

Substantive planning – identifying demand within core capacity to deliver within financial constraints

- Job planning of clinical teams to deliver flexible sessions to achieve cross covering of clinical commitment during leave in outpatient and theatres is now operational
- Identified Ophthalmology sessions to transfer to extended days to release theatre capacity and provide cross cover – commenced

- Capacity to be commissioned from alternative provider for Ophthalmology during August and September until recruitment of consultants and technical staff has been successful. 3,000 appointments to be commenced during August and September – commenced
- The trust has secured additional capacity on behalf of the CCG and has commenced the transfer to the independent sectors for Orthopaedics 171 patients have been transferred to date with a further 329 being validated. The commissioning support unit and our primary care colleagues are continuing to source additional outpatient capacity to divert referrals this is reviewed at the primary care Contract and Performance Notice meetings (CPN)
- The trust has also secured additional capacity (130) on behalf of the CCG with the independent sector for General Surgery and has commenced transfer of patients for treatment.

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

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

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.77 %

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Performance	99.93%	99.73%	99.84%	99.86%	99.90%	99.81%	99.65%	99.65%	99.78%	99.87%	99.86%	99.77%
Waiting list Size	13,990	14,137	13,962	12,799	13,593	12,496	12,993	13,358	13,449	14,812	13,533	13,321
Waiting > 6 Week Breaches	10	38	23	18	13	24	45	47	29	19	19	31
Average Wait												

Sustainability & Transformational Funding Trajectory

0.62 %

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

Summary Performance

The DM01 is a national monthly report of performance against the 6 week standard for 15 key diagnostic tests. These include Radiology (MRI, CT and Ultrasound), Audiology, Echocardiography, Neurophysiology and Cystoscopy.

31 patients waited over the 6 weeks standards in July 16 – breakdown below

Non-obstetric ultrasound – 5
Echocardiography – 1
Sleep Studies – 1
Urodynamics - 2
Neurosphysiology - 1

Colonoscopy – 13
Flexi Sigmoidoscopy- 3
Gastroscopy – 5

Around 13/14 thousand tests per month are measured against the 6 week standard. The Division support the pathways for all patients on an 18 week and Cancer pathway. As well as monitoring the % of patients waiting 6 weeks or less for a diagnostic, the waiting list size and number of breaches over 6 weeks are also monitored, as these are key indicators that result in achievement of the DM01 standard.

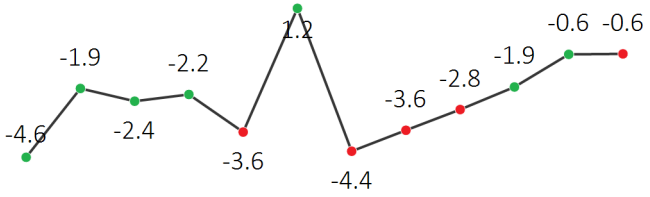
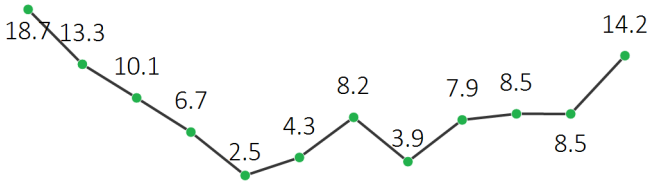
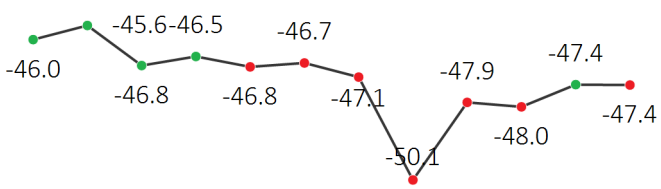
Risks; Issues and action's to mitigate a sustainable performance

- Increasing demand in modalities of CT MRI and Ultrasound with limited capacity to deliver more. All equipment working to maximise opportunity - **Action** continue to vet requests, provide information to Trust Divisional clinical teams; CCG's at Consultant/Practice and GP level to enable a greater level of understanding and assessment of need and challenge as to requesting. Additional lists being undertaken to include both extended days during the week and Saturday lists.
- The position on MSK Ultrasound is a real challenge in terms of both referrals and Consultants with key expertise. **Action** This process is being managed daily and have advised a risk for August which we are continuing to mitigate
- Recruitment remains a huge risk to delivery concern across Radiology and Endoscopy Services. **Action** On-going substantive recruitment. Successful recruitment this month of 2 Radiologists; however this is negated by 2 leavers. We are sourcing locums; paying overtime and outsourcing where it is practical to do so.
- A further reduction to current workforce and reduction to outsourcing would dramatically reduce the ability to deliver and sustain the DMO1 position –it would further compromise the RTT and cancer standards. **Action** Daily active monitoring of waiting list and backlog position. We are mapping/developing a Radiology /Cancer PTL Tracker to better manage our Cancer patients this will be in place this month.
- The Division continues to deal with challenging management HR and MHPS issues which may impact further on backlog and performance. **Action** HR and MD involvement.
- The Trust ageing equipment continues to be monitored closely and serviced as required. We have had interim breakdowns in month on both CT and MRI .The Division have secured capital funding for the replacement of 2 MRIs at KCH. The New CT is in place and operational at the William Harvey. Planning has commenced to deliver MRI solutions to be in place by Jan 2017. **Action.** Plan down time for repair sensibly and use of interim mobile solution are in place to mitigate position.
- We are working with Cardiology to review their pathways and booking processes and enable Nurse led booking of requests and reduce bulk ordering of tests.
- Endoscopy – Numbers of referrals remain high. We continue to manage with daily overview of all available capacity. We have a new locum who is jag accredited joining first week of September which will provide 5 lists per week. We have 2 independent Endoscopists signed off who are in their last year of registrar training transferring which adds 2 more substantive lists. A new consultant is joining on the 3 October and an acute physician who is almost independent in OGD with two training list per week scheduled in his new job plan which commences 19 September. Our nurse consultant swill also be trained to undertake flexi cystoscopies by November. Additionally we continue to offer direct access and straight to diagnostic approaches.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Finance

Finance

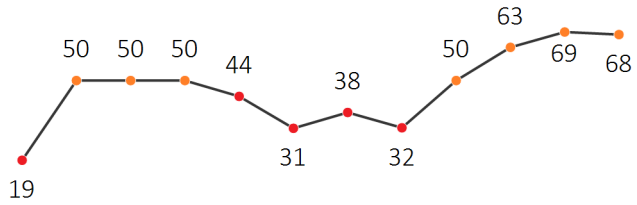
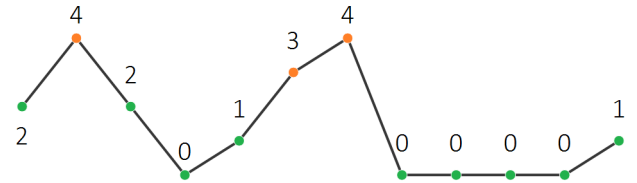
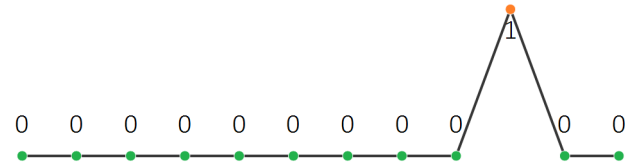
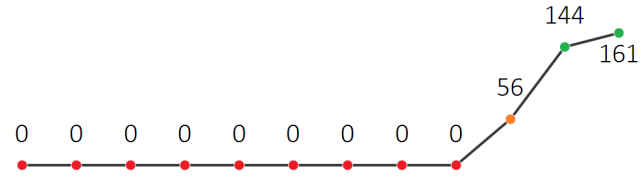
Jul	I&E £m	-5.8 (-3.1%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for "extra" CIPS
Jul	Cash Balance £m	14.2 (66.7%)		Closing Bank Balance. 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.
Jul	Total Cost £m	-47.4 (0.0%)		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.
Jul	Forecast I&E £m	-11.0 (0.0%)		This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.
Jul	Normalised Forecast £m	-27.6 (0.0%)		This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.

Comments: The I&E deficit in July (Month 4) was £0.6M. The position remains at a similar level to June and is better than the four Months prior to that. SLA income remains at the same level as M3 and is still above the average for Q1. Pay has remained at the same level as M3 but higher Agency spend has been offset by reductions in substantive payroll. The M4 pay is £0.2M lower than the Q1 average spend at £27.9M. Non pay costs are £0.1M higher than M3 but at £17.2m is still £0.1M lower than Q1 average. This takes the year to date deficit to £5.8m and remains consistent with a forecast year end deficit of £10-12M. Cash continues to be carefully managed and discussions continue with NHSi to extend the existing £14.6M interim credit facility. The normalised forecast strips out access to Sustainability and Transformation Funds.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Jul	Representation at H&S	563 (15.4%)		% 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.
Jul	RIDDOR Reports (Number)	17 (-10.5%)		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.
Jul	Formal Notices	1		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).
Jul	Health & Safety Training	361		H&S Training includes all H&S and risk avoidance training including manual handling

Comments:

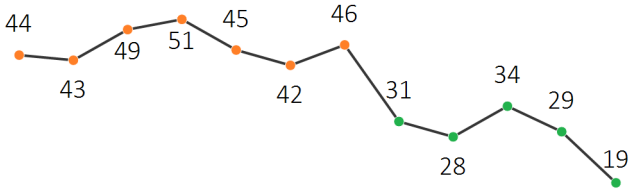
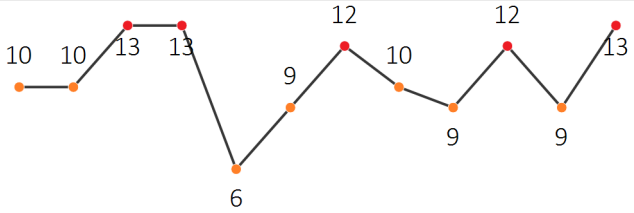
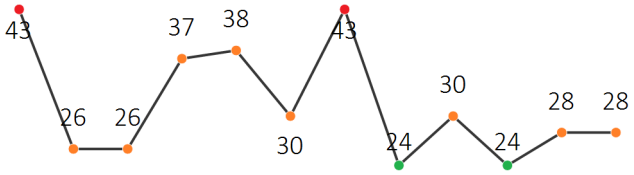
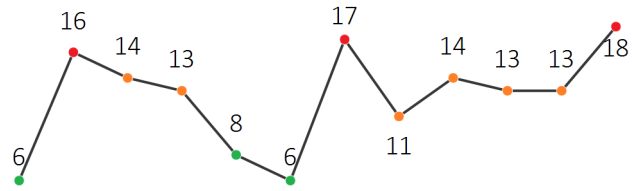
One RIDDOR occurred in July - a member of staff hurt their back whilst lifting a piece of equipment. Manual handling training had been provided but not followed in this instance.

Training data is now being captured on the IPR. The number of staff receiving face to face, H&S related training in month was 161, which represents a good %

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Jul	Accidents	461 (-18.1%)		Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jul	Fire Incidents	126 (-6.0%)		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.
Jul	Violence & Aggression	377 (-10.7%)		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.
Jul	Sharps	149 (231.1%)		Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

Accidents continue to see a downward trend and is now at its lowest monthly level to date.

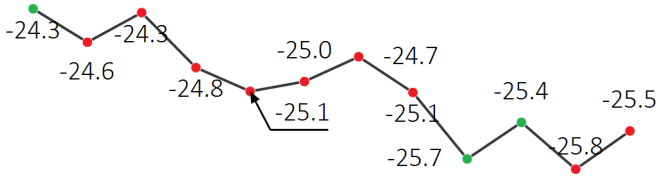
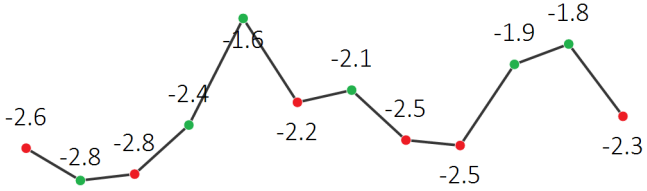
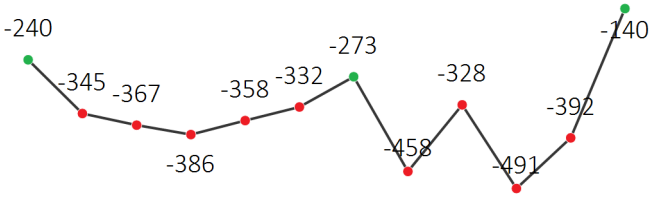
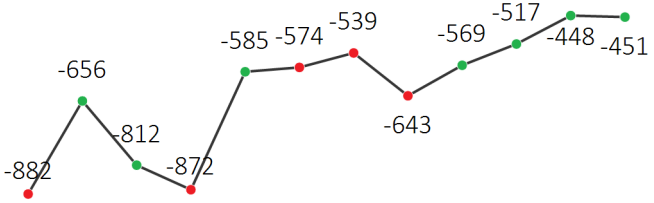
Fire alarm incidents and false alarms continues to remain at the monthly average. A new rolling program of fire evacuation exercises is being developed. These will help staff retain "what to do" training in the event of localised fire issues. A number of exercises have taken place this year, with the Strategic H&S Committee reviewing any action learning.

Sharps remain a concern with the number of incidents at the highest monthly number in year. Further staff awareness training and engagement may be required to improve the number of incidents, recognising that encouraging more staff to report "sharps" is likely to see this number rise in the near term and allow the Trust to manage further.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Jul	Payroll Pay £m	-25.5 (-1.4%)		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.
Jul	Agency Spend £m	-2.3 (32.2%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Jul	Additional sessions £k	-140 (-64.3%)		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.
Jul	Independent Sector £k	-451 (0.8%)		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: Payroll costs have fallen in July as the impact of June's bank holiday pay is removed. Agency and Locum costs increased where ULTC were required to cover vacancies and holidays. Additional sessions payments fell in month.

East Kent Hospitals University NHS
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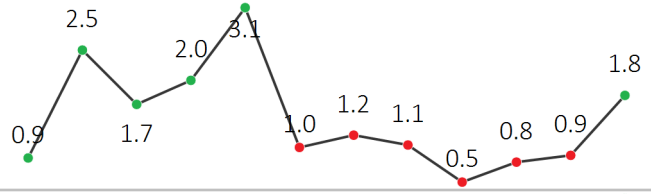
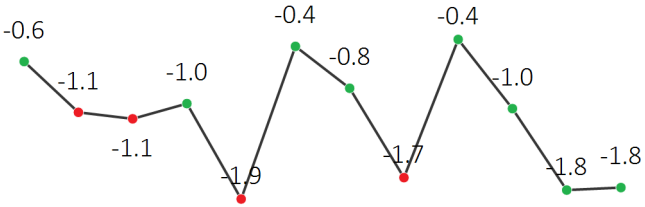
Strategic Theme: Use of Resources

Balance Sheet

Jul	CIPS £m	4.0 (96.7%)		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.
Jul	Cash borrowings £m			Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Jul	Capital position £m	-5.0 (-1.3%)		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.

Comments:

CIP delivery in Month was on plan including income scheme recognition. The YTD CIPS do not include any recognition of the Theatre Productivity Programme where efficiency improvements are being validated.
The Trust borrowed £4.1M in July bringing cumulative borrowing to £11.8M compared to an agreed borrowing level of £14.6M. Negotiations to extend this value are in progress.
Capital spend is a little behind plan due to delays in ordering medical equipment but is expected to catch up later in the year.

East Kent Hospitals University NHS
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Strategic Theme: Use of Resources

Productivity

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

Comments:

Theatres:
The planned savings in year for Theatre efficiencies are £3.2M to be driven by increasing the number of cases per list and reducing dropped sessions. The work has been supported by Four Eyes who have provided the Trust with evidence of improvements which is currently being reviewed.

Out Patients:
Identified savings are £1M based on cost reductions. Divisions continue to struggle to cope with high levels of activity and, as a result, have highlighted a significant risk to achieving the cost savings. The Trust continues to review the potential in this area but is not currently recognising any savings.

East Kent Hospitals University NHS
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Strategic Theme: Improvement Journey

		Mar	Apr	May	Jun	Jul
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	79.25	84.06	82.69	85.40	82.83
MD03 - Maternity Capacity	Midwife:Birth Ratio (%)	31	29	28	25	30
MD06 - Pathway Flow	IP - Discharges Before Midday (%)	15	15	15	15	16
	DToCs (Average per Day)	71	78	62	62	62
MD07 - Medicines Management	Pharm: Fridges Locked (%)	90	92	94	94	90
	Pharm: Fridge Temps (%)	87	88	85	83	83
	Pharm: Drug Trolleys Locked (%)	100	98	100	100	97
	Pharm: Resus. Trolley Check (%)	91	85	88	88	92
	Pharm: Drug Cupboards Locked (%)	87	87	89	91	91
MD08 - Staffing Levels	Vacancy (%)	8.0	8.8	9.2	9.7	10.4
	Shifts Filled - Day (%)	88	97	101	98	91
	Shifts Filled - Night (%)	97	102	105	103	103
MD09 - Workforce Culture	Sickness (%)	3.8	3.9	3.8	3.8	4.0
	Appraisal Rate (%)	82.2	79.2	70.0	73.1	75.4
	Staff Turnover (%)	11.2	11.2	11.3	11.8	12.1
	Corporate Induction (%)	100	100	100	100	100
	Staff FFT - Work (%)	49	58	58	58	58
	Staff FFT - Treatment (%)	76	78	78	78	78
MD11 - Clinical Audit	Clinical Audit Prog. Audit	3	3	3	3	3
	Clinical Audit Review	3	3	3	3	3

MD12 - Environment	Cleanliness Audits (%)	98	98	98	98	98
MD13 - Equipment	EME Planned Maintenance (%)	83				
MD17 - Incident Reporting	Clinical Incidents: Total (#)	1347	1225	1313	1351	1215
MD19 - Major Incident Planning	Major Incident Training (%)	24	26	28	31	34
MD22 - Agency Staffing	Unplanned Agency Expense	111	95	68	68	98
	Clinical Time Worked (%)	67	74	73	73	74
	Temp Staff (WTE)	216	196	205	202	205
	Employed vs Temporary Staff (%)	92.4	91.4	91.0	90.3	89.8
	Local Induction Compliance %		6.0	8.5	15.0	15.0
MD26 - Complaints Process	Complaint Response in Timescales %	82	54	84	94	96
MD30 - Medicines Management	Medicines Mgmt. Incidents	120	95	103	119	84

East Kent Hospitals University NHS
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Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	<= 90	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 28	30 %
	Extra Beds	Number of extra 'unfunded' beds available		0 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Outliers	Number of Bed Outliers in the Trust, where the intended use of the bed is used for another service		0 %
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %

Clinical Outcomes	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	PROMs EQ-5D Index: Groin Hernia	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		0 %
	PROMs EQ-5D Index: Hip Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		0 %
	PROMs EQ-5D Index: Knee Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		0 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	>= 95	10 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 67.2	50 %

Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	< 4	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	0 %
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	0 %
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		0 %
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	0 %
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	0 %
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for “extra” CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %

Health & Safety	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.		0 %
	Blood Transfusion Errors	The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		0 %
	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.		0 %
	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 %

Incidents	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 together with variance against the previous 12 months.	>= 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.		0 %
	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 0.15	10 %
	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		0 %
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	0 %
	Blood Culture Training	Blood Culture Training compliance	>= 85	0 %
	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	0 %
	C. Diff Infections (Post 72h)	The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash).	< 1	0 %
	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). Position in arrow shows YTD cumulative position and variance against previous month. Graph shows last 12 months, noting that C. Diff is reported as a cumulative YTD position, which explains the drop from 28 (as at March-16) down to 4 (new financial year at April-16).	<= 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	0 %

Infection	E Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	0 %
	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 %
	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	0 %
	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	0 %
	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 (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12	0 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	0 %
Initiatives	75+ Frailty Pathway CQUIN Delivered %	Metric for the measurement of achievement against delivering CQUIN plan by month. CQUIN to develop integrated care pathway	>= 100	0 %
	COPD CQUIN Delivered %	Metric for the measurement of achievement against delivering CQUIN plan by month. CQUIN to develop integrated care pathway and improve referral rates to the Stop Smoking Service and to the Community Respiratory Team	>= 100	0 %
	Dementia Diagnosed CQUIN Delivered %	Metric for the measurement of achievement against delivering CQUIN plan by month. CQUIN to monitor the diagnosis for Dementia. Green = on target for case finding, assessment and referral to reach 90% for each indicator for 3 consecutive months, AND staff training on target for improvement, AND on target to provide support to carers	>= 100	0 %
	Diabetes CQUIN Delivered %	Metric for the measurement of achievement against delivering CQUIN plan by month. CQUIN to develop integrated care pathway	>= 100	0 %
	Heart Failure CQUIN Delivered %	Metric for the measurement of achievement against delivering CQUIN plan by month. CQUIN to develop integrated care pathway and sustain EQ HF measures	>= 100	0 %
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 together with variance against previous 12 months.	< 90	35 %

Mortality	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 CHKS includes in hospital and out of hospital deaths within 30 days of discharge. 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.	< 0.95	15 %
Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-9pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 9pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 98	4 %
	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 98	4 %
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Audit due to commence in January - Percentage of controlled drugs signed off by two nurses	>= 85	5 %
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %

Patient Experience	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.		0 %
	Number of Compliments	The number of compliments recorded per ward. Data source - Patient Experience Team (Kayleigh McIntyre).		0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
	Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 98	2 %
	Returning Complaints	Number of complaints returned		4 %
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 90	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		0 %
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		0 %
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total non-clinical cancellations.	< 0.8	20 %

Productivity	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 %
	Pharmacy TTAs Dispensed (%)	The percentage of Discharge Prescriptions (known as TTAs, TTOs or EDNS) dispensed by Pharmacy before the time required on the ward	>= 80	0 %
	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	0 %
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency %	% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	<= 10	0 %
	Agency & Locum Spend	Total agency spend including NHSP spend		0 %
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	0 %
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
	Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	0 %
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	< 28	2 %
	NHSP Use % of Agency	% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	> 90	0 %
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	0 %
	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)	>= 97	15 %

Staffing	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 97	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.	< 3.3	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		0 %
	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		0 %
	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.	< 7.4	15 %
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Temp Staff (WTE)	Count of Temporary Staff in post	< 182	1 %
	Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 11	0 %
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Total Staff In Post (SiP)	Count of total staff in post		1 %
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	< 100	5 %
	Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 10	15 %
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	0 %
	EME Planned Maintenance (%)	Planned maintenance of EME managed medical equipment	>= 95	0 %
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	0 %

Training	Mandatory Training (%)	The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	0	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	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	0 %
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	0	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	0 %
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan		0 %
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.		0 %
	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	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	0 %

Data Assurance Stars


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


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


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

East Kent Hospitals University NHS
NHS Foundation Trust

Patient Safety Heatmap

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)
KCH - Kent & Canterbury																
HARV - HARVEY WARD	94.7	0	0	0	0	0	0								88	101
KHOM - KCH HOME WARD		0	0	0	0	0	0							0.0		
Specialist																
DOLP - DOLPHIN WARD		0	0	0	0	1	0									
KBRA - BRABOURNE (KCH)	100.0	0	1	0	0	0	0				38	100	0.0		79	99
KRU - RENAL UNIT (KCH)		0	1	0	0	0	0									
MARL - MARLOWE WARD	93.1	4	2	1	0	0	0				37	97	2.6	93.4	90	99
Surgical																
CLKE - CLARKE WARD	100.0	0	2	0	0	0	2	100	83	96	27	99	1.1	90.8	87	105
DSSC - DAY SURGERY		0	0	0	0	3	0									
KENT - KENT WARD	91.7	3	3	0	0	0	0	98	97	98	49	98	0.0	100.2	107	95
KITU - KCH ITU	100.0	1	1	0	0	1	0							89.5	84	93
OPTH - OPHTHALMOLOGY SUITE		0	0	0	0	2	0									
WURO - UROLOGY SUITE		0	0	0	0	2	0									
Urgent Care																
HARB - HARBLEDOWN WARD	100.0	2	8	0	0	0	0	96	94	90	63	93	4.3	74.7	92	92
INV - INVICTA WARD	95.7	1	4	0	1	0	41	94	79	85	28	100	0.0	94.7	96	117
KCDU - EMERGENCY CARE CENTRE	100.0	1	0	0	0	0	0	90	95	99	35	89	8.1	91.4		
KEND - ENDOSCOPY (KCH)		0	0	0	0	1	0									
KING - KINGSTON WARD	100.0	2	5	0	0	2	0	96	87	92	23	94	0.0	103.6	86	95
KNRU - EAST KENT NEURO REHAB UNIT		0	2	0	0	2	0							91.1		
MTMC - MOUNT/MCMASTER WARD	100.0	0	5	0	0	0	1	100	100	88	15	100	0.0	81.0	83	129
TAY - TAYLOR WARD	28.6	0	1	0	0	0	0	98	94	98	85	100	0.0	88.7	56	100
TREB - TREBLE WARD	100.0	1	5	0	0	1	29	96	90	95	45	90	3.2	90.0	77	133
QEH - Queen Elizabeth Queen Mother																

Apdx.

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)
DL - DISCHARGE LOUNGE QEH		0	0	0	0	1	0									
QHOM - QEH HOME WARD	100.0	0	0	0	0	0	0							20.1		
SBU - SEABATHING UNIT		4	1	0	0	2	0									
Specialist																
BIR - BIRCHINGTON WARD	100.0	1	1	0	0	1	162				55	98	1.2	101.8	93	100
KIN - KINGSGATE WARD	100.0	0	0	0	0	1	2							98.5	72	89
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	0							98.1	93	101
RAI - RAINBOW WARD	100.0	0	0	0	0	0	0				27	100	0.0	92.0	83	105
STP - ST PETER'S MLU		0	0	0	0	0	0								84	134
VDM - VIKING DAY UNIT		0	0	0	0	1	0									
Surgical																
BIS - BISHOPSTONE WARD	100.0	1	6	0	1	1	0				25	100	0.0	88.0	90	94
CSF - CHEERFUL SPARROWS FEMALE	100.0	2	3	0	0	3	0	88	94	98	42	100	0.0	67.8	94	129
CSM - CHEERFUL SPARROWS MALE	100.0	0	0	1	0	1	0	89	93	94	43	96	0.0	78.7	81	120
DSU - DAY SURGERY UNIT QEH		0	0	0	0	3	0									
QITU - QEH ITU	100.0	1	2	0	0	0	27							98.8	84	97
QX - QUEX WARD	95.0	0	1	0	0	0	0	93	88	96	83	99	0.0	87.2	89	94
SB - SEA BATHING WARD	100.0	0	0	1	0	0	0	89	94	97	53	92	8.0	93.3		
Urgent Care																
DEAL - DEAL WARD	100.0	2	11	2	1	0	18	100	97	99	26	89	5.6	78.6	94	106
FRD - FORDWICH WARD STROKE UNIT	100.0	0	3	0	0	0	0	100	100	100	52	100	0.0	80.8	95	106
MW - MINSTER WARD	100.0	4	2	0	0	0	0				51	97	3.2	84.0	87	94
QCCU - QEH CCU	91.7	0	0	0	0	0	3	100	100	100	86	100	0.0	94.1	83	100
QCDU - QEH CDU	100.0	9	5	0	0	2	146	100	100	100	25	88	9.8	82.6		
QEND - ENDOSCOPY (QEQM)		0	0	0	0	3	0									
SAN - SANDWICH BAY WARD	91.7	1	6	0	2	0	111	93	69	95	97	95	5.3	86.0	128	141
SAU - ST AUGUSTINES, THE REHAB. WARD	92.6	0	3	0	0	0	0	83	94	98	0			71.1		
STM - ST MARGARETS WARD	100.0	0	3	0	0	0	0	100	93	96	5	100	0.0	95.0	94	102
WHH - William Harvey																
EYE - EYE UNIT		0	0	0	0	1	0									

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)
SEAU - SURGICAL EMERGENCY ASSESS WHH		0	0	0	0	0	0				65	100	0.0			
WHOM - WHH HOME WARD	100.0	0	0	0	0	0	0							225.6		
WWPW - WHH WINTER PRESSURE WARD		0	1	0	0	0	0									
Specialist																
FF - FOLKESTONE	100.0	0	0	0	0	3	1								88	94
KEN - KENNINGTON WARD	100.0	0	1	0	0	0	0				28	100	0.0	86.0	91	97
PAD - PADUA	100.0	0	0	0	0	0	29				20	100	0.0		84	90
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	11								83	95
SING - SINGLETON MLU		0	0	0	0	0	0								93	90
Surgical																
DSC - DAY SURGERY CENTRE		0	0	0	0	1	0									
ITU - WHH ITU	100.0	3	0	0	0	1	0							93.8	112	108
KA2 - KINGS A2	95.0	0	2	0	0	1	0	86	93	97	63	98	0.0	98.8	92	101
KB - KINGS B	100.0	2	2	0	0	3	82	97	91	99	51	100	0.0	95.6	95	131
KC - KINGS C1	92.6	0	9	0	0	1	86	94	92	91	44	95	5.3	88.9	99	104
KC2 - KINGS C2	100.0	0	7	0	0	0	2	100	100	100	62	100	0.0	94.2	90	100
KDF - KINGS D FEMALE	100.0	2	1	0	0	1	0	88	76	95	63	97	0.0	93.3		
KDM - KINGS D MALE	100.0	2	5	0	0	0	166	90	92	100	42	92	2.6		98	101
RW - ROTARY WARD	100.0	0	0	0	0	1	1	94	95	97	43	100	0.0	94.6	100	101
Urgent Care																
CCU - CCU	100.0	0	0	2	0	0	33	94	88	100	82	96	1.8	82.5	90	95
CJ2 - CAMBRIDGE J2	95.5	1	6	0	0	1	0	100	100	93	31	100	0.0	79.3	105	110
CK - CAMBRIDGE K	100.0	0	3	2	0	1	0	100	88	99	45	98	0.0	93.9	107	99
CL - CAMBRIDGE L REHABILITATION	96.2	3	6	0	0	1	18				31	100	0.0	83.3	84	127
CM1 - CAMBRIDGE M1 SHORT STAY		1	5	0	0	1	0	100	100	75	47	93	3.7			
CM2 - CAMBRIDGE M2	100.0	0	5	0	0	1	0	100	91	96	54	100	0.0	97.6	96	92
EKCC - EK CARDIAC CATHETER SUITE		0	0	3	0	0	0									
OXF - OXFORD	100.0	0	0	0	0	0	23				38	94	0.0		100	118
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	4	11	0	0	2	0				56	94	0.0	91.8	98	91
WACU - AMBULATORY CARE UNIT		0	1	0	0	0	0									
WCDM - WHH CDU MIXED	100.0	6	10	0	0	2	0	90	92	97	25	79	10.4			

East Kent Hospitals University NHS
NHS Foundation Trust

Human Resources Heatmap

	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term	Kent Pathology Partnership
Agency %	4.8	0.5	5.5	3.8	10.3	3.0	23.6	46.6	
Appraisal Rate (%)	83.8	93.0	77.2	53.4	77.2	55.2	85.7	59.0	
Employed vs Temporary Staff (%)	88.8	62.1	88.4	91.8	93.3	90.5	93.3	87.4	
Mandatory Training (%)	90	91	86	80	82	88	84	87	
NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Sickness (%)	4.1	2.1	2.3	3.1	4.7	3.6	3.9	3.9	
Stability Index (excl JDs) %	86	87	85	85	89	90	89	87	100
Stability Index (incl JDs) %	85	87	89	86	86	89	84	82	100
Staff Turnover (%)	13.1	11.0	16.8	16.6	10.2	10.8	10.1	13.9	0.0
Vacancy (%)	11.2	37.9	14.4	9.5	6.9	9.5	6.7	12.6	

Apdx.