

# INTEGRATED PERFORMANCE REPORT



# Chief Executive's Summary

Whilst there has been a slight decrease in reported rates in July, overall patient experience continues to report positively demonstrated through real time patient survey although there are challenges particularly in the emergency care pathway.

We have more work to do to improve complaint response times (within 30 working days) and this is being addressed, led by our Complaints Steering Group. Meanwhile, the increase in the number of mixed sex accommodation breaches is linked in part to patient flow and the need to move patients from Emergency Departments as soon as possible. It is also a result of strengthened reporting processes.

The number of reported pressure ulcers has increased in July. However, there were no avoidable deep ulcers reported. The Infection Prevention and Control Team is now fully established and our Pressure Ulcer Steering Group is working hard to encourage incident reporting and to implement targeted actions to restore our previous improving position.

A trust-wide action plan is in place to drive improvement in reported falls, which unfortunately reported an increase in July. Despite this increase, our falls rate remains well under the national average and no avoidable fractures were recorded in July.

A&E performance remains a real challenge for our teams and performance has not improved since my last report. Performance as at July 2017 reported 70.17%. We are working hard to implement immediate and short term actions in terms of decongesting emergency departments, improving patient flow and improve the environment and facilities. Workforce challenges continue and the Trust will be exploring these with regional and national input. These measures are essential for both our staff and our patients.

Referral to Treatment performance has decreased slightly and backlog numbers have increased. There is now an improvement trajectory in place at specialty level to address the number of patients waiting beyond 52 weeks, which reported a static position for July 2017. The improvement trajectory will move the Trust's position from 30 patients to five before the end of the year.

Cancer 2 week wait performance continues to report a compliant position. Unfortunately, Cancer 62 day performance remains a challenge for the Trust and recovery plans are in place within specialities to deliver the 85% national target by the end of September 2017.

Harm free care (new harms which we can influence) continues to report better than the national average. I am, however, disappointed to report a never event with low harm related to failure to follow standard operational policy occurred in theatres. The Trust will be working to ensure all staff (including new starts) receive training and adhere to the 'stop before you block' campaign against the WHO safer surgical checklist, evidenced by regular audits. The Care Quality Commission (CQC) has recently asked the Trust to provide assurance around measures put in place operationally and corporately and we await feedback from our comprehensive reply.

As reported last month, infection control is an area of increased focus as this is a key area of patient safety. There have been no further reported cases of C.difficile since the last report – as at 20/08/2017 C.difficile remains at 14 cases against an annual objective of 46 cases which is below trajectory. There have been two cases of MRSA bacteraemia this current year to date and I am pleased to note there have been no reported infection control incidents.

The Trust's I&E deficit in July (month 4) was £1.4m (consolidated position excluding Sustainability and Transformation Funds and after technical adjustment) against a plan of £0.2m.

The year to date I&E deficit is £8m against a plan of £8.4m (£0.4m better than plan).

Pay costs in the month of £28.5m were £0.2m lower than June but were £0.1m (0.4%) worse than plan. Permanent staff reduced by a further £0.3m, bank staff were £0.1m lower than June, overtime costs were unchanged and agency/locum staff increased by £0.2m. The temporary move of Kent and Canterbury medical trainees represented a full month of costs which are under review. Temporary staff (agency, bank, locum, overtime) costs were 4.3% higher than June at £3.6m, the highest level since July 2015. Waiting list payments continued to be depressed at £0.2m. Pay overall is now £1.4m better than plan year to date.

Activity/income was £0.7m worse than plan in month with total income now £0.4m worse than plan year to date. Clinical income was £0.85m worse than plan in month although July had been

set at a high level. Divisions are focused on recovering lost income during August and September.

Against the £32m CIPS target, including income, £2.3m was reported in month against a target of £2.3m. Year to date £7.5m is reported against a plan of £7m. Of the reported position, £1.5m (19.6%) is non- recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of July was £9.7m. No new borrowings were required.

No agreement on the 2016/17 contract value outturn or CQUIN has yet been reached with East Kent CCG commissioners. A proposal has been discussed And further work is now being undertaken to finalise this. We are working well with our commissioners to resolve this issue.

The Trust's Financial Recovery Plan has been received and accepted by NHSI. This is for an £18.9m deficit target (excluding Sustainability and Transformation Funds). The latest review meeting took place on 1 August and was a constructive and positive discussion. The Trust remains in Financial Special Measures.

The Turnover rate reported a static position at 12.6%. The vacancy rate did report a marginal decrease, but remains on average higher than the previous 12 month period. Continued action is being taken for roles which have been identified as hard to recruit either because of repeated difficulty in recruiting to EKHUFT posts or because of shortages in labour supply nationally. Some posts are agreed as 'on hold' as part of cost improvement plans and will be reviewed.

Sickness absence reported the same position during June 2017 (the most recent data available) from May's position. Approximately 75% of this sickness absence is categorised as long term, therefore the Trust will be reviewing long term sickness management.

The proportion of temporary staff engaged by the Trust reported an increase in July to 240wte. However, the percentage of employed staff vs temporary staff increased slightly to 89.6%, although this is still lower than the previous 12 month average. Total staff in post increased to 6937wte.

Agency costs are monitored at Executive Performance Review Meetings (EPR) and the Trust's Agency Taskforce Group review strategies for reducing agency costs. Greater efficiencies are being sought in the use of E-Roster aimed at maximising use of substantive staff. Divisions are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from our Human Resources and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

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

Average Statutory training compliance fell slightly to 88% and remains above the target of 85%. Divisions are monitored at EPR, particularly how they are addressing those staff who have never completed one or more of the statutory training requirements. There remains an on-going issue with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff appraisal rate reported a slight increase from 76% to 78%, but continues to be below the 90% target. Divisions are working on plans to complete appraisals due in (traditionally high volumes are due in April/May) to avoid a further drop in appraisal rates.

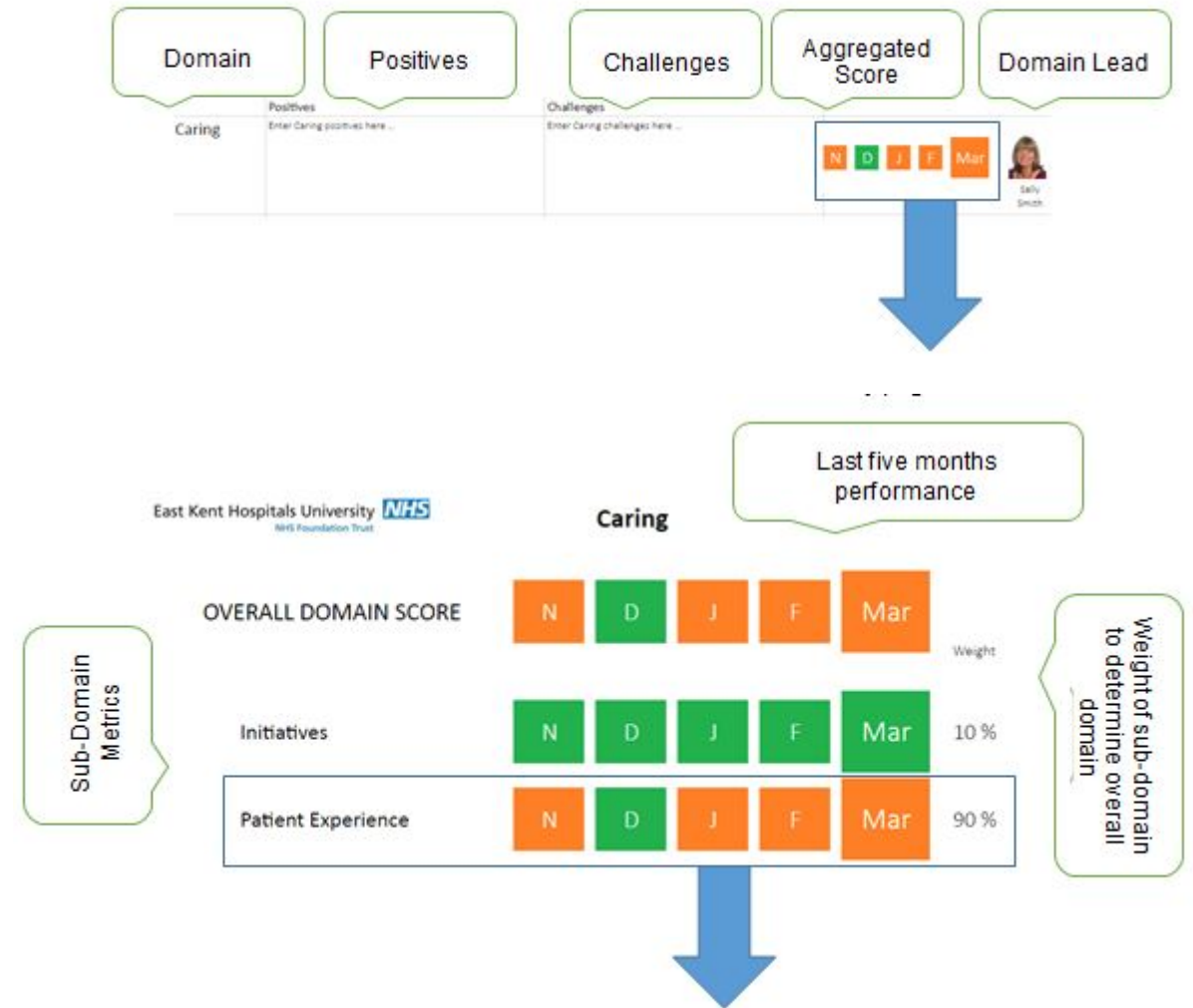
Time to recruit fell slightly to below 11 weeks, but the 12 month average still remains higher than the previous 12 month average.

Great place to work plans are being refreshed to ensure plans within the Divisions reflect the recent results of the Staff Friends & Family Test.

# Understanding the IPR

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

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



# Understanding the IPR

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

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

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



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

# Strategic Priorities



**Our vision:**

Great healthcare from great people

**Our mission:**

Together we care: improving health and lives

**Our values:**

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

**Our strategic priorities:**





Patients, people, provision and partnerships

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# Headlines

|                  | Positives   | Challenges  |   |
|------------------|---|---|---|
| <b>Caring</b>    | <p>Despite a slight decrease in reported rates in July, overall patient experience measured through real time in patient survey remains green.</p> <p>FFT recommended remains green. FFT response rates which had been decreasing, showed positive improvement in July for maternity, inpatients and A&amp;E.</p> <p>Harm free care (new harms) has decreased but also remains green.</p> <p>While the rate of all reported Falls increased in July compared with June, our falls rate remains well under the national average. We reported no avoidable fractures in July and we continue to encourage a positive reporting culture.</p> | <p>While real time inpatient survey reporting remains green, this metric shows a slight decrease in performance compared with June. This is being monitored closely and targeted work is in place to regain our previously improving position.</p> <p>Our complaint responses within 30 working days remains amber in July and there has been a decrease in our complaints:compliments ratio albeit that this metric remains green. Action is being led by the complaints steering group to address this.</p> <p>Reported rates of mixed sex accommodation breeches have increased in July, specifically within the WHH clinical decision making unit. This increase is due in part to high patient flow and a strengthened reporting process.</p> <p>The number of reported pressure ulcers (PU) increased in July, currently reporting at median level for previous Q1. We continue to encourage pressure ulcer incident reporting and targeted actions remain in place to minimise avoidable pressure ulcers. This work is being led by the PU steering group to restore our previous improving position.</p> <p>While the rate of all reported Falls increased in July, as described above, our falls rate remains well under the national average and we reported no avoidable fractures in July. A Trust wide action plan is in place to drive our improvement focus.</p> |   <p>Sally Smith</p>  |
| <b>Effective</b> | <p>The parameters of Bed Occupancy, readmission rates, audit programmes, DNA rates and medical equipment maintenance have all remained stable and we are now working on the next set of actions to deliver the improvement required.</p> <p>There has been significant reduction in the number of reportable delayed transfers of Care (DTC), and the length of stay for both elective and non-elective admissions has improved.</p>  | <p>There has been an increase in the number of cancelled operations, some of which have been linked to the need for critical care beds. This has been overcome in August.</p>   |   <p>Jane Ely</p> |



**Responsive**

Cancer 2 week wait performance remained compliant  
 Diagnostic performance remained compliant and continues to perform well.

The A&E 4 hour performance has not improved and remains a real challenge for our teams.  
 Cancer 62 day performance has not improved however, the daily performance meetings has resulted in the numbers on the cancer patient tracking list reducing (which is due to treatment or removal as no treatment required) The same specialties – Colorectal, Lung, Head and Neck and Urology - are working through recovery plans.  
 Referral to Treatments (18 weeks RTT) performance has fallen slightly whilst total waiting list and backlog numbers have increased.  
 The number of patients treated beyond 52 weeks has remained the same this month and an improvement trajectory at specialty level is now in place.



Jane Ely

**Safe**

Harm free care (New harms, that we can influence) remains better than the national average.  
 There were no avoidable deep ulcers reported in July.  
 The infection prevention and control team is now fully established and the antimicrobial stewardship team is rebuilding.  
 Although VTE risk assessment recording is still below the line July data was the best for over 12 months at 92%.

This month the falls rate has risen for the first time in the last 4 months and the incidence of category 2 pressure ulcers has also risen, although remains lower than March, April and May.  
 Another never event with low harm related to failure to follow standard operational policy has occurred in theatres, on this occasion at the WHH.



Paul Stevens

**Well Led**

I&E £0.4m ahead of plan YTD at month 3  
 Permanent staff spend reduced by £0.2m from June  
 Sickness rates increased by 0.16% (3.86%)  
 Cash balance as at end of July was above £1.1M above plan (£9.7m)  
 Nursing shifts filled  
 CIPS of £7.5m reported against a plan of £7m year to date

Vacancies fell a little in month but are still high (11.1% from 11.5%)  
 Turnover stable (12.6%)  
 Appraisal rate improved a little but is still low (78.3% from 75.8% last month)  
 Temporary staff spend increased by £0.2m (agency, locum, overtime)  
 High number of medical staff vacancies  
 Non recurrent CIPS at £1.5m year to date (19.6%)



Matthew Kershaw

# Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

# Caring

|                    |                                    | Mar | Apr | May | Jun | Jul | Green | Weight |
|--------------------|------------------------------------|-----|-----|-----|-----|-----|-------|--------|
| Patient Experience | Compliments to Complaints (#/1)    | 20  | 40  | 33  | 28  | 19  | >= 12 | 10 %   |
|                    | Mixed Sex Breaches                 | 17  | 10  | 7   | 17  | 70  | < 1   | 10 %   |
|                    | Overall Patient Experience %       | 92  | 92  | 92  | 92  | 91  | >= 90 | 10 %   |
|                    | Complaint Response in Timescales % | 84  | 86  | 86  | 79  | 79  | >= 85 | 5 %    |
|                    | FFT: Recommend (%)                 | 95  | 96  | 97  | 97  | 96  | >= 90 | 30 %   |
|                    | FFT: Not Recommend (%)             | 2.4 | 1.8 | 1.4 | 1.3 | 2.0 | >= 1  | 10 %   |

# Effective

OVERALL DOMAIN SCORE

Beds

Clinical Outcomes

Productivity

|   |   |   |   |     |
|---|---|---|---|-----|
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |

Weight

25 %

25 %

25 %

# Effective

|                    |                                   | Mar  | Apr  | May  | Jun  | Jul  | Green  | Weight |
|--------------------|-----------------------------------|------|------|------|------|------|--------|--------|
| Beds               | Bed Occupancy (%)                 | 101  | 97   | 99   | 90   | 91   | <= 90  | 60 %   |
|                    | IP - Discharges Before Midday (%) | 14   | 15   | 15   | 13   | 13   | >= 35  | 10 %   |
|                    | DToCs (Average per Day)           | 59   | 49   | 62   | 47   | 40   | < 28   | 30 %   |
| Clinical Outcomes  | Readmissions: EL dis. 30d (12M%)  | 3.4  | 3.4  | 3.4  | 3.4  | 3.3  | < 2.75 | 20 %   |
|                    | Readmissions: NEL dis. 30d (12M%) | 16.1 | 16.0 | 16.0 | 15.8 | 15.7 | < 15   | 15 %   |
|                    | Clinical Audit Prog. Audit        | 3    | 3    | 3    | 3    | 3    | >= 3   | 5 %    |
|                    | Audit of WHO Checklist %          | 100  | 100  | 100  | 100  | 100  | >= 99  | 10 %   |
| Demand vs Capacity | DNA Rate: New %                   | 6.6  |      | 6.6  | 6.8  | 6.5  | < 7    |        |
|                    | DNA Rate: Fup %                   | 5.8  |      | 5.8  | 6.4  | 6.3  | < 7    |        |
|                    | New:FUp Ratio (1:#)               | 0.7  | 0.6  | 0.7  | 0.6  | 0.6  |        |        |
| Productivity       | LoS: Elective (Days)              | 2.9  | 3.3  | 3.0  | 3.1  | 2.7  |        |        |
|                    | LoS: Non-Elective (Days)          | 6.2  | 6.1  | 6.7  | 6.5  | 5.8  |        |        |
|                    | Theatres: Session Utilisation (%) | 81   | 78   | 82   | 82   | 82   | >= 85  | 25 %   |
|                    | Theatres: On Time Start (% 30min) | 80   | 80   | 77   | 78   | 77   | >= 90  | 10 %   |
|                    | Non-Clinical Cancellations (%)    | 1.7  | 1.2  | 1.3  | 0.8  | 1.6  | < 0.8  | 20 %   |
|                    | Non-Clinical Canx Breaches (%)    | 15   | 6    | 12   | 29   | 14   | < 5    | 10 %   |
|                    | EME PPE Compliance %              | 76   | 76   | 75   | 77   | 78   | >= 90  | 20 %   |

# Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

|   |   |   |   |     |
|---|---|---|---|-----|
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |

Weight

25 %

25 %

25 %

25 %

# Responsive

|             |                                   | Mar    | Apr    | May    | Jun    | Jul    | Green | Weight |
|-------------|-----------------------------------|--------|--------|--------|--------|--------|-------|--------|
| A&E         | ED - 4hr Compliance (%)           | 80.16  | 76.93  | 76.78  | 78.15  | 70.07  | >= 95 | 100 %  |
| Cancer      | Cancer: 2ww (All) %               | 97.41  | 93.59  | 95.67  | 96.80  | 95.08  | >= 93 | 10 %   |
|             | Cancer: 2ww (Breast) %            | 93.57  | 90.91  | 90.71  | 89.87  | 83.21  | >= 93 | 5 %    |
|             | Cancer: 31d (Diag - Treat) %      | 97.42  | 95.68  | 94.81  | 96.02  | 93.87  | >= 96 | 15 %   |
|             | Cancer: 31d (2nd Treat - Surg) %  | 90.24  | 89.29  | 92.00  | 85.96  | 87.27  | >= 94 | 5 %    |
|             | Cancer: 31d (Drug) %              | 97.50  | 97.06  | 95.24  | 97.59  | 98.39  | >= 98 | 5 %    |
|             | Cancer: 62d (GP Ref) %            | 77.30  | 72.40  | 70.19  | 75.00  | 69.19  | >= 85 | 50 %   |
|             | Cancer: 62d (Screening Ref) %     | 89.23  | 92.00  | 95.00  | 95.74  | 84.21  | >= 90 | 5 %    |
|             | Cancer: 62d (Con Upgrade) %       | 69.77  | 66.67  | 80.56  | 75.00  | 79.49  | >= 85 | 5 %    |
| Diagnostics | DM01: Diagnostic Waits %          | 99.78  | 99.06  | 99.36  | 99.46  | 99.20  | >= 99 | 100 %  |
|             | Audio: Complete Path. 18wks (%)   | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | >= 99 |        |
|             | Audio: Incomplete Path. 18wks (%) | 100.00 | 99.67  | 100.00 | 100.00 | 100.00 | >= 99 |        |
| RTT         | RTT: Incompletes (%)              | 85.40  | 84.85  | 85.82  | 85.07  | 83.61  | >= 92 | 100 %  |
|             | RTT: 52 Week Waits (Number)       | 28     | 29     | 36     | 30     | 30     | < 1   |        |



# Safe

## OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

|   |   |   |   |     |        |
|---|---|---|---|-----|--------|
| M | A | M | J | Jul | Weight |
| M | A | M | J | Jul | 20 %   |
| M | A | M | J | Jul | 20 %   |
| M | A | M | J | Jul | 50 %   |
| M | A | M | J | Jul | 10 %   |

# Safe

|                     |                                   | Mar   | Apr   | May   | Jun   | Jul   | Green   | Weight |
|---------------------|-----------------------------------|-------|-------|-------|-------|-------|---------|--------|
| <b>Incidents</b>    | Serious Incidents (STEIS)         | 9     | 5     | 6     | 8     | 3     |         |        |
|                     | Harm Free Care: New Harms (%)     | 99.0  | 99.2  | 98.5  | 99.4  | 98.9  | >= 98   | 20 %   |
|                     | Falls (per 1,000 bed days)        | 5.07  | 5.12  | 5.25  | 4.76  | 6.09  | <= 5    | 20 %   |
|                     | Pressure Ulcers Cat 2 (per 1,000) | 0.30  | 0.38  | 0.30  | 0.17  | 0.27  | <= 0.15 | 10 %   |
|                     | Clinical Incidents: Total (#)     | 1,397 | 1,278 | 1,406 | 1,363 | 1,350 |         |        |
| <b>Infection</b>    | Cases of C.Diff (Cumulative)      | 53    | 5     | 8     | 11    | 14    | <= Traj | 40 %   |
|                     | Cases of MRSA (per month)         | 2     | 2     | 0     | 0     | 1     | < 1     | 40 %   |
| <b>Mortality</b>    | HSMR (Index)                      | 81    |       |       |       |       | < 90    | 35 %   |
|                     | Crude Mortality EL (per 1,000)    | 0.1   | 0.5   | 0.3   | 0.5   | 0.7   | < 0.33  | 10 %   |
|                     | Crude Mortality NEL (per 1,000)   | 30    | 31    | 35    | 28    | 32    | < 27.1  | 10 %   |
|                     | RAMI (Index)                      | 89    | 87    | 87    | 85    |       | < 87.45 | 30 %   |
| <b>Observations</b> | Cannula: Daily Check (%)          | 77.2  | 76.3  | 77.4  | 76.3  | 74.2  | >= 50   | 10 %   |
|                     | Catheter: Daily Check (%)         | 49.5  | 46.9  | 47.7  | 47.2  | 46.6  | >= 50   | 10 %   |
|                     | Central Line: Daily Check (%)     | 68.0  | 67.8  | 68.5  | 67.7  | 67.0  | >= 50   | 10 %   |
|                     | VTE: Risk Assessment %            | 90    | 89    | 89    | 91    | 92    | >= 95   | 20 %   |
|                     | Obs. On Time - 8pm-8am (%)        | 92    | 92    | 92    | 91    | 92    | >= 90   | 25 %   |
|                     | Obs. On Time - 8am-8pm (%)        | 90    | 90    | 90    | 89    | 89    | >= 90   | 25 %   |

# Well Led

## OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

|   |   |   |   |     |
|---|---|---|---|-----|
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |
| M | A | M | J | Jul |

Weight

15 %

10 %

25 %

10 %

25 %

15 %

# Well Led

|                          |                                    | Mar   | Apr   | May   | Jun   | Jul   | Green   | Weight |
|--------------------------|------------------------------------|-------|-------|-------|-------|-------|---------|--------|
| Culture                  | Staff FFT - Treatment (%)          | 76    | 77    | 77    | 77    | 77    | >= 81.4 | 40 %   |
| Data Quality & Assurance | Not Cached Up Clinics %            | 0.4   | 0.3   | 0.3   | 0.4   | 0.3   | < 4     | 25 %   |
|                          | Valid NHS Number %                 | 100   | 100   | 100   | 100   | 99    | >= 99.5 | 40 %   |
|                          | Uncoded Spells %                   |       | 0.1   | 0.1   | 0.0   | 0.3   | < 0.25  | 25 %   |
| Finance                  | I&E £m                             | -8.8  | -2.8  | -1.8  | -0.7  | -0.5  | >= Plan | 30 %   |
|                          | Cash Balance £m                    | 5.1   | 8.9   | 13.0  | 7.9   | 9.7   | >= Plan | 20 %   |
|                          | Total Cost £m                      | -55.3 | -47.3 | -48.5 | -49.7 | -49.0 | >= Plan | 20 %   |
|                          | Forecast I&E £m                    | -31.4 | -19.0 | -19.0 | -19.0 | -19.0 | >= Plan | 20 %   |
|                          | Normalised Forecast £m             | -30.7 | -19.0 | -19.0 | -19.0 | -19.0 | >= Plan | 10 %   |
| Health & Safety          | RIDDOR Reports (Number)            | 1     | 0     | 0     | 1     | 3     | <= 3    | 20 %   |
|                          | Formal Notices                     | 0     | 0     | 0     | 0     | 1     | < 1     | 15 %   |
| Staffing                 | Sickness (%)                       | 4.1   | 3.6   | 3.7   | 3.8   | 3.8   | < 3.6   | 10 %   |
|                          | Staff Turnover (%)                 | 12.7  | 12.9  | 12.9  | 12.6  | 12.6  | <= 10   | 15 %   |
|                          | Vacancy (%)                        | 9.8   | 11.4  | 11.7  | 11.5  | 11.1  | <= 7    | 15 %   |
|                          | Total Staff In Post (SiP)          | 6967  | 6921  | 6913  | 6900  | 6937  |         | 1 %    |
|                          | Temp Staff (WTE)                   | 260   | 234   | 226   | 240   | 251   | < 182   | 1 %    |
|                          | Shifts Filled - Day (%)            | 100   | 101   | 99    | 98    | 96    | >= 80   | 15 %   |
|                          | Shifts Filled - Night (%)          | 111   | 110   | 106   | 107   | 105   | >= 80   | 15 %   |
|                          | Care Hours Per Patient Day (CHPPD) | 11    | 10    | 10    | 12    | 12    |         |        |
|                          | Local Induction Compliance %       | 21.8  | 16.3  | 20.8  | 23.5  | 28.8  | >= 85   |        |
|                          | Agency %                           | 21.9  | 18.5  | 18.9  | 20.5  |       | <= 10   |        |
| Training                 | Appraisal Rate (%)                 | 84.6  | 84.9  | 81.1  | 75.8  | 78.3  | >= 90   | 50 %   |
|                          | Statutory Training (%)             | 89    | 89    | 89    | 89    | 89    | >= 85   | 50 %   |

## Mortality

|     |                                 |                        |  |  |             |
|-----|---------------------------------|------------------------|--|--|-------------|
| Jul | HSMR (Index)                    | <b>89</b><br>(5.6%)    |  | 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.                                   | ★<br>★<br>★ |
| Jul | RAMI (Index)                    | <b>90</b><br>(-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. | ★<br>★<br>★ |
| Jul | Crude Mortality EL (per 1,000)  | <b>0.4</b><br>(-11.9%) |  | 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.  | ★<br>★<br>★ |
| Jul | Crude Mortality NEL (per 1,000) | <b>33</b><br>(12.8%)   |  | 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.  | ★<br>★<br>★ |

Comments: The Trust crude mortality rate (July 2017) was 1.23%, over the last 12 months crude mortality was 1.42% (higher than the previous 12 month period which was 1.32% and higher than peer but within the peer 25th to 75th percentile). The latest risk adjusted mortality index (May 2017) was 74.8% compared with a peer index of 94.2% (data from CHKS). The latest Summary Hospital-level Mortality Indicator was 1.01 (January 2016-December 2016) and this will be updated in next month's report.

## Serious Incidents

|     |                           |               |  |   |          |
|-----|---------------------------|---------------|--|---|----------|
| Jul | Serious Incidents (STEIS) | 76<br>(-7.3%) |  | <p>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.</p>    | <br><br> |
| Jul | Never Events (STEIS)      | 2<br>(-50.0%) |  | <p>Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> | <br><br> |

Comments: Total open SIs on STEIS July 2017: 59 (including 3 new)  
 SIs under investigation: 39  
 Breaches: 13  
 Non-breaches: 17  
 Waiting EKHUFT non-closure response: 9  
 Waiting CCG response: 20

**Supporting Narrative:**

The number of breached cases is 13. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports.


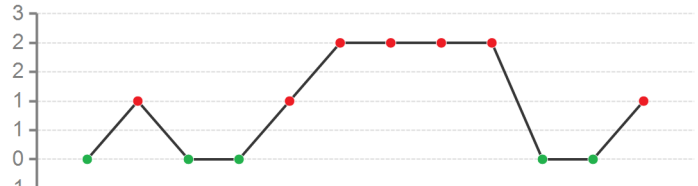




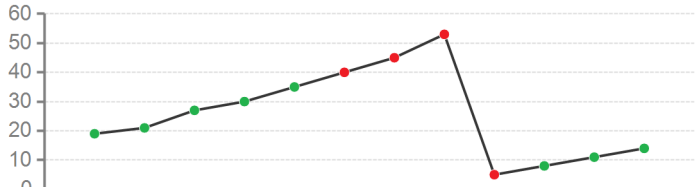








Work continues on clearing the longest breached cases and further progress is predicted. The Clinical Incident Manager and Head of Patient Safety have been working with the divisions to progress completion of breached cases.

The three new SIs are:

- an allergic reaction in a child
- an incident affecting a patient's body after death
- a baby of a gestational diabetic mother had an unidentified low BM



## Infection Control

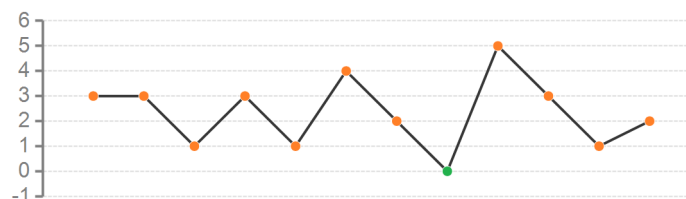
|     |                              |  |  |   |   |
|-----|------------------------------|--|--|---|---|
| Jul | Cases of MRSA (per month)    |  <p>11<br/>(266.7%)</p> |  | <p>Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.</p> | <br><br> |
| Jul | Cases of C.Diff (Cumulative) |  <p>14<br/>(27.3%)</p>  |  | <p>Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.</p>  | <br><br> |
| Jul | E. Coli                      |  <p>95<br/>(15.9%)</p>  |  | <p>The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>   | <br><br> |

## Strategic Theme: Patient Safety

Jul

MSSA

28  
(33.3%)



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



Comments:

**C.difficile**  
The current year to date total (as at 20/08/2017) remains 14 cases against an annual objective of 46 cases which is below trajectory.

**MRSA**  
Altogether there have been 2 cases of MRSA bacteraemia this current year to date, one of which was a contaminant (ie not a true MRSA bacteraemia). Nationally overall population rates of MRSA were 1.3/100,000 population in 2016, this rose to 8.3 and 3.7 in males and females aged 75 and older respectively.

**MSSA**  
Year to date there have been 12 cases of MSSA bacteraemia. Nationally overall population rates of MSSA were 18.2/100,000 population in 2016, this rose to 86.3 and 40.3 in males and females aged 75 and older respectively.

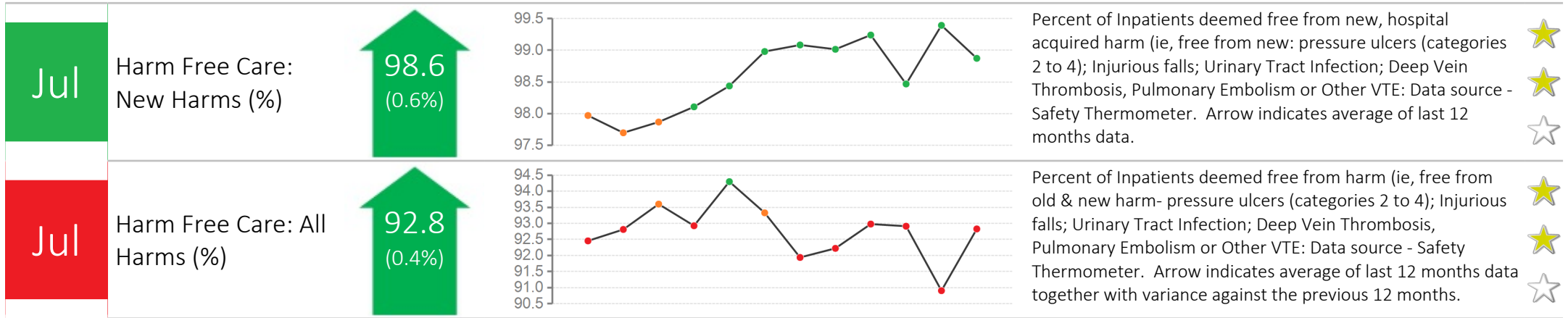
**E.coli**  
Year to date there have been 34 cases of E.coli bacteraemia assigned to EKHUFT and 208 cases in East Kent. This continues to be an area of cause for concern. As a region we have the 2nd highest rate, Frimley Park is the highest with 51 Trust assigned E.coli bacteraemias and a total of 261 for the area they cover.

**Anti-microbial Stewardship (AMS)**  
The AMS team has now re-formed around the new pharmacist appointed together with Dr Graeme Calver as the clinical microbiology lead. The AMS pharmacist lead is still on track to join in the Autumn.

**Critical Friend Review**  
This review took place as scheduled on August 8/9, a written report is awaited.

There have been no infection control incidents.

## Harm Free Care



Comments: Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in July-17 was 92.79% compared to 90.91% in June-17. A wide variation, as expected, is seen across the divisions with specialist achieving 98.05% (an increase from 95.42% in June-17), surgical 93.31% (an increase from 88.98% in June-17) and UCLTC 90.79% (an increase from 89.96% in June-17), an improvement across all divisions which must be congratulated. It is also of note that analysis of previous months June data showed an increase of the prevalence of pressure ulcers (admitted with) 7.5% compared with 5% in May-17. In response a more detailed review of old harms (patients admitted with) during Q1 has been undertaken. This reveals no particular themes in admission source. A further review of the 240 Datix reported incidents of patients admitted with pressure ulcers is currently underway to identify any trends and drive improved work with our partners.

The total of Harm Free Care experienced in our care (New Harms only) has slightly decreased to 98.86% in July compared to 99.39% in June-17.

WHH New Harms Only HFC had a slight decrease to 98.41% in July compared to 99.30% in June.  
 QEQM New Harms Only HFC had an increase to 99.71% in July compared to 99.42% in June.  
 K&C New Harms Only HFC also had a decrease 98.41% in July compared to 99.54% in June.

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

- Higher levels of catheters & New UTI's (0.61%) compared to the acute hospitals average (0.38)
- Lower levels of New Pressure Ulcers (0.29%) compared to the acute hospitals average (0.83)
- Lower prevalence of falls with harm (0.10%) compared to the acute hospitals average (0.37)
- Lower prevalence of new VTEs (0.20%) compared to the acute hospitals average (0.62)

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

## Pressure Damage

|     |                                     |  |  |   |  |
|-----|-------------------------------------|--|--|---|--|
| Jul | Pressure Ulcers Cat 2 (per 1,000)   | <div style="background-color: green; color: white; padding: 5px; display: inline-block;">0.32<br/>(-56.8%)</div> |  | Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days<br>Data source - Datix.<br>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) | <div style="background-color: green; color: white; padding: 5px; display: inline-block;">0.02<br/>(-71.5%)</div> |  | Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days<br>Data source - Datix.<br>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. |  |

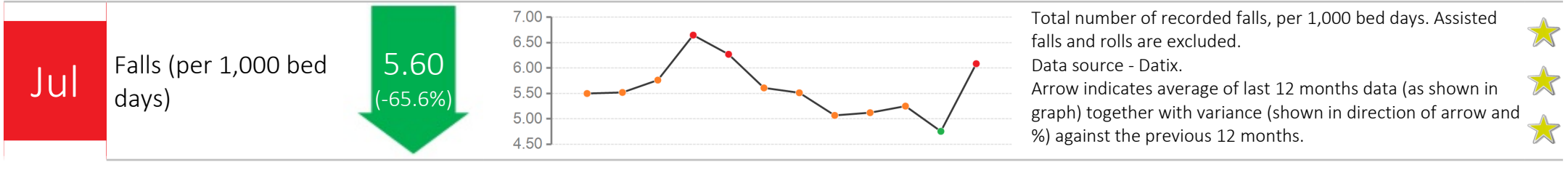
Comments: In July 2017 a total of 34 category two pressure ulcers were reported, an increase of 7 from last month. Of these incidents, 8 were confirmed as avoidable, an increase of four. 21 incidents affected the sacrum/buttock area of which 4 were avoidable. These and two further ulcers affecting the shoulder and spine were related to insufficient repositioning. A number of factors were identified which impacted on this intervention. This included lack of recognition of high risk as patient was able to move; not reassessing the risk on change of condition; too long periods chair sitting; chair too high; equipment provided after the pressure ulcer developed. These occurred on Invicta, Mt/McMaster, Seabathing, Marlowe, ITU/WHH and Harbledown.

Of the remaining superficial ulcers, 6 affected the heel and one of these was avoidable, on Kent ward where offloading was omitted overnight followed by ulcer development. There were 4 incidents related to medical devices affecting the ears, nose and lips and associated with Optiflow, oxygen and ET tubing. One was avoidable due to lack of evidence for care of nasogastric tube and alternative fixation techniques have been suggested.

In July 2017, there was one confirmed avoidable category 3 pressure ulcer (KDM). This occurred on the patient's foot, identified by the Podiatrist and associated with contact with the bed footplates. Further investigation is pending. There were 9 potential deep ulcers, which is equal to last month. Three affected the heels, four the sacrum, one the spine. The other was avoidable and occurred on Oxford ward due to the straps of the oxygen mask marking the ears. The rationale for avoidability was due to lack of evidence for prevention.

During July, tissue viability events were held in the QII Hubs where staff were invited to take the Pressure Ulcer Challenge and identify as many pressure areas in one minute, participate in a quiz and update on equipment. We were invited back to share our heel campaign successes at a national conference and participated in our local Kent Collaborative meeting.

## Falls



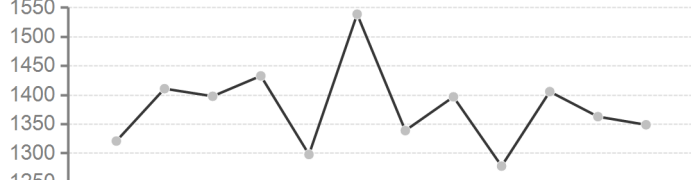

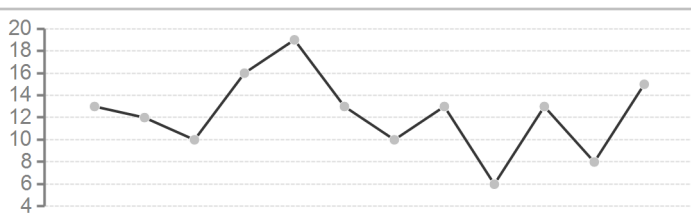

Comments: While the rate of falls within the Trust remains lower than the national average, inpatient falls remain a great challenge in our hospitals and for the NHS.

The number of falls increased significantly in July. There were a total of 183 compared with 138 in June. However, the total in June had been particularly low. 47 were at K&CH, 51 at QEQMH and 83 at WHH. 1 fall resulted in a rib fracture and 1 in a facial fracture at K&CH. There were no other falls resulting in fractures. Both falls resulting in fractures have been investigated by the specialist Falls Team and were deemed unavoidable.

To support continued improvement the Falls Team are working hard to embed the “Fallstop” programme and have had a band 4 post approved and recruited to (to start in September). This is an exciting step forward to achieve the improved quality of falls prevention on our wards. Another exciting project has been the success of our TIPS programme on Invicta ward, which has identified the issue of pedal operated bins causing a threat to balance, leading to falls. We will be trialling new bins which are not pedal operated, on Invicta as a result.

# Strategic Theme: Patient Safety

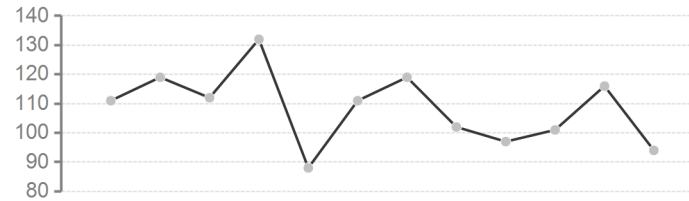
## Incidents

|     |  |  |   |   |
|-----|--|--|---|---|
| Jul | <p>Clinical Incidents:<br/>Total (#)</p> <p><b>16,532</b><br/>(6.7%)</p> |  | <p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> |  |
| Jul | <p>Blood Transfusion<br/>Errors</p> <p><b>148</b><br/>(0.7%)</p>         |  | <p>The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p>      |  |

## Strategic Theme: Patient Safety

Jul

Medicines Mgmt. Incidents 1,302 (3.3%)



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



Comments:

A total of 1342 clinical incidents have been logged as occurring in Jul-17 compared with 1362 recorded for Jun-17 and 1303 in Jul-16. In Jul-17, one incident has been graded as death and two incidents have been graded as severe harm. In addition, 21 incidents have been escalated as a serious near miss, of which 6 are still under investigation. Comparison of moderate harm incidents reported: 19 in Jul-17, 23 in Jun-17 and 5 in Jul-16.

Three serious incidents were required to be reported on STEIS in July. Five cases have been closed in July; there remains 65 serious incidents open at the end of July.

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

Blood transfusion

There were 15 blood transfusion errors reported as occurring in July (eight in Jun-17 and 13 in Jul-16). Themes included three suspected allergic reactions and two non-haemolytic reactions to transfusion. Eight incidents were graded no harm, six low harm and one moderate harm (may be downgraded following review). Reporting by site: four at K&CH, six at QEH and five at WHH.

Medicines management (submitted by the Medication Safety Officer)

The total number of medication related incidents occurring in July was 111 (July 2016 – 125), a decrease of 13.8% on the average medication incidents reported this financial year. A breakdown by hospital in July shows that all sites were down on reporting numbers from the average of incidents reported this financial year: KCH 28 (average 32.75), QEQM 39 (average 41.5), WHH 41 (average 52.5) and BHD 2 incidents reported.

A breakdown by division also shows a decrease of reporting in every division from the average in this financial year: UCLTC 43 (average 44.5), Surgical 30 (average 35.5), CSSD 11 (average 17) and Specialist 27 (average 31.25).

The severity of medication related incidents in July shows that 69.4% of incidents reported were no harm incidents and no severe or death incidents. 1 moderate incident reported concerning the prescribing and administering of a treatment dose of enoxaparin when the patient was already taking apixaban, patient had evidence of subsequent bleeding and the incident is still under investigation.

To date this financial year 70.2% of incidents have been no harm and there have been no severe or death incidents related to medication errors. There have been 6 moderate severity incidents reported. In the same period last year there were 76.2% no harm incidents, 5 moderate incidents and 2 death incidents.

The incidents in July by medication error showed a continued high number of omitted dose errors and this concern has been reflected in data produced by the Medication Safety Thermometer undertaken over the last 4 months. The Medication Safety Group (MSG) will be looking at ways to improve patient safety around omitted doses over the next few months with the support of the divisions.

The medication incidents by sub-category show a consistent high percentage in drug error by administration, dispensing and prescribing. With administration errors at 30.6% of all medication incidents reported in July, the average for this financial year being 31.15%.

The top 2 medications reported in July were 7 incidents involving enoxaparin and 4 incidents involving insulin. Enoxaparin is consistently the highest related medication involved in incident reported and as a high risk medication this is cause for concern and an area that both the (MSG) and Thrombosis group are reviewing to improve patient safety in this area.



## Friends & Family Test

|     |                        |                |  |  |  |
|-----|------------------------|----------------|--|--|--|
| Jul | FFT: Response Rate (%) | 37<br>(6.9%)   |  | <p>The percentage of Inpatient (excluding Day Case) patients who responded to the Friends &amp; Family Test.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>  |  |
| Jul | FFT: Recommend (%)     | 96<br>(0.2%)   |  | <p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends &amp; Family Test and knew their opinion, would recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>     |  |
| Jul | FFT: Not Recommend (%) | 1.8<br>(10.6%) |  | <p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends &amp; Family Test and knew their opinion, would not recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> |  |

Comments: During July-17 we received 9200 responses in total. Overall 37% eligible patients responded and 89% would recommend us to their friends and family and 7% would not. The total number of inpatients, including Paediatrics who would recommend our services was 96.1% (96.71% June-17), for A&E it was 74.7% (79.8% June-17), maternity 97.4% (100% June-17), outpatients 92.0% (93.3% June-17) and day cases 94.8% (94.8% June-17). The Trust star rating in July is 4.5 (4.57 June-17). Response rates for July were slightly higher in maternity, inpatients and A&E. The response rate for inpatients was 41.8% (35.2% June-17), A&E 16.4% (15.8% June-17), maternity 28.2% (10% June-17). (Please note as per DH guidelines only the Birth experience is given a response rate, FFT questions at other stages in the patient's pathway are not calculated or required nationally). The response rate for day cases was slightly lower at 21.3% (22% June-17)

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

### FFT - Top 5 Positive & Negative Themes

ED

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

Negative Themes – Care, Waiting times, Staff attitude, Environment, Communication

Inpatients

Positive Themes – Staff attitude, Care, Cleaning, Implementation or care and Compassion.

Negative Themes – Care, Staff Attitude, Environment, Patient mood/feeling and Cleaning.

Out patients

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

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

Maternity

Antenatal

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

Negative Themes – None

Birth

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

Negative Themes – Care, Cleaning, Environment, Waiting times, Commitment.

Postnatal ward

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

Negative Themes – Care, Staff Attitude, Implementation of Care, Competence and Commitment.

Postnatal community

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

Negative Themes - None

Day Case

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

Negative Themes – Care, Staff attitude, Communication, Waiting Times and Competence.

Special Day Case

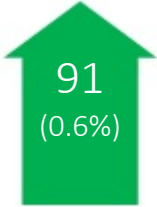

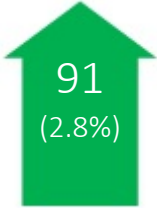

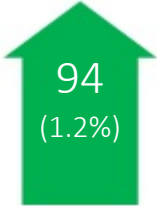

Positive Themes – Care, Staff attitude, Cleaning, Compassion and Competence.

Negative Themes – None

The trust needs to improve on staff attitude, Care and Implementation of Care. Maternity received no negative themes for July, which is an outstanding achievement.

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

## Patient Experience 1

|     |                              |  |  |   |   |
|-----|------------------------------|--|--|---|---|
| Jul | Overall Patient Experience % |  <p>91<br/>(0.6%)</p> |  | <p>Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.</p>              |  |
| Jul | Care Explained? %            |  <p>91<br/>(2.8%)</p> |  | <p>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.</p> |  |
| Jul | Care that matters to you? %  |  <p>94<br/>(1.2%)</p> |  | <p>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).</p>   |  |

Comments: This months patient experience (as recorded in real-time by our inpatients), shows an decrease this month albeit that our overall position remains green for this metric and we are still reporting a positive position when compared with the previous rolling year.

Targeted work is in place to understand the reasons for the decrease in performance this month, to enable us to take appropriate action to restore our previous reported monthly improvement for this metric.

## Patient Experience 2

|     |                      |               |  |  |          |
|-----|----------------------|---------------|--|--|----------|
| Jul | Respect & Dignity? % | 96<br>(0.0%)  |  | 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.                  | <br><br> |
| Jul | Cleanliness? %       | 91<br>(-0.1%) |  | 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. | <br><br> |
| Jul | Hospital Food? %     | 73<br>(1.4%)  |  | Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | <br><br> |

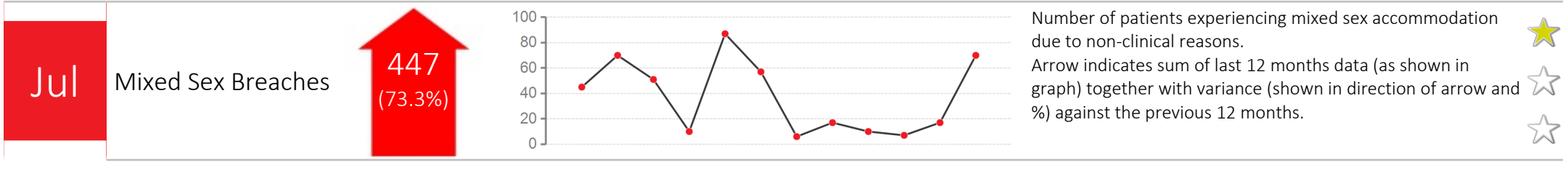
Comments: Cleaning falls to 91 in July. Whilst auditing at ward level remains higher at 98 for the month, work is being undertaken with IPC colleagues to identify the baselines for IPC environmental audits and to confirm the assurance on availability and quality of Red and Amber cleans. Additional further work is being undertaken with the support of the British Institute of Cleaning (BICs) in relation to the effectiveness of training provided to cleaners.

Hospital Food decreases in July but as reported previous the small numbers sampled mean the metric changes are not statistically significant.

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

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

## Mixed Sex



Comments: During July-17, 15 non-justifiable incidents of a mixed sex accommodation breach occurred within the WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 25 mixed sex accommodation occurrences in total, affecting 117 patients. This number has increased since last month when there were a total of 7 occurrences affecting 34 patients. The remaining incidents occurred at QEQM CCU (2) and Fordwich (8) which are justifiable mixes based on clinical need.

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

# Strategic Theme: Human Resources

## Gaps & Overtime

|     |                    |                 |  |  |                  |
|-----|--------------------|-----------------|--|--|------------------|
| Jul | Vacancy (%)        | 10.5<br>(19.5%) |  | % 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.  | ★<br>★<br>★<br>★ |
| Jul | Staff Turnover (%) | 12.6<br>(12.6%) |  | % Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | ★<br>★<br>★      |
| Jul | Sickness (%)       | 4.0<br>(6.7%)   |  | % 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. | ★<br>★<br>★      |
| Jul | Overtime %         | 9.5<br>(23.3%)  |  | % of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).  | ★<br>★<br>★      |

Comments: Gaps and Overtime

The Turnover rate in month is 12.6%, which is the same last month. The vacancy rate decreased marginally, but remains on average higher than the previous 12 month period. Continued action is being taken for roles which have been identified as hard to recruit either because of repeated difficulty in recruiting to EKHUFT posts or because of shortages in labour supply nationally. Some posts are agreed as 'on hold' as part of cost improvement plans and will be reviewed.

Sickness absence remained the same during June 2017 (the most recent data available) from May's position. Approximately 75% of this sickness absence is categorised as long term, therefore the Trust will be reviewing long term sickness management.

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

# Strategic Theme: Human Resources

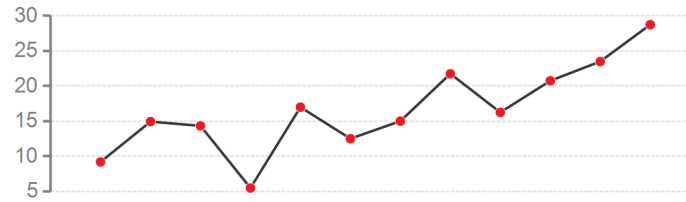
## Temporary Staff

|     |                                 |  |  |  |             |
|-----|---------------------------------|--|--|--|-------------|
| Jul | Employed vs Temporary Staff (%) | <div style="background-color: red; color: white; padding: 5px; text-align: center;"> <span style="font-size: 2em;">↓</span><br/> <b>89.6</b><br/>                     (-2.2%)                 </div> |  | Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.<br>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. | ★<br>★<br>☆ |
| Jul | Agency %                        | <div style="background-color: red; color: white; padding: 5px; text-align: center;"> <span style="font-size: 2em;">↑</span><br/> <b>20.6</b><br/>                     (7.1%)                 </div>  |  | % of temporary staff who work via agency<br>Number indicates average of last 12 months data (as shown in graph).   | ★<br>☆<br>☆ |
| Jul | Temp Staff (WTE)                | <div style="background-color: red; color: white; padding: 5px; text-align: center;"> <span style="font-size: 2em;">↑</span><br/> <b>233</b><br/>                     (10.8%)                 </div>  |  | WTE Count of Temporary Staff Used  | ★<br>★<br>☆ |

## Strategic Theme: Human Resources

Jul

Local Induction  
Compliance %



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



Comments: Temporary Staff  
WTE temporary staff increased from 240 wte in June to 250 wte in July. However, the percentage of employed staff vs temporary staff increased slightly to 89.6%, although this is still lower than the previous 12 month average. Total staff in post increased to 6937 WTE.

Agency costs are monitored at EPR. The Agency Taskforce review strategies for reducing agency costs. Greater efficiencies are being sought in the use of E-Roster aimed at maximising use of substantive staff, for example, using net hours owed before booking overtime or agency cover. Breaches in pay caps continue to be reported and monitored. Divisions are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

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



## Workforce & Culture

|     |                           |                |  |  |             |
|-----|---------------------------|----------------|--|--|-------------|
| Jul | Statutory Training (%)    | 88<br>(4.0%)   |  | <p>The percentage of staff that have completed Statutory training courses, this data is split out by training course.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> | ★<br>★<br>★ |
| Jul | Appraisal Rate (%)        | 81.6<br>(2.7%) |  | <p>Number of staff with appraisal in date as a % of total number of staff.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>  | ★<br>★<br>★ |
| Jul | Time to Recruit           | 12<br>(2.8%)   |  | <p>Average time taken to recruit to a new role. This metric is shown in weeks.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>  | ★<br>★<br>★ |
| Jul | Total Staff In Post (SiP) | 6937<br>(0.5%) |  | <p>Count of total staff in post (WTE)</p>  | ★<br>★<br>★ |

Workforce & Culture  
 Comments: Average Statutory training compliance fell slightly to 88%. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. There remains an on-going issue with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff appraisal rate increased slightly from 76% to 78%, but continues to be below the 90% target. Divisions are working on plans to complete appraisals due in (traditionally high volumes are due in April/May) to avoid a further drop in appraisal rates.

Time to recruit fell slightly to below 11 weeks, but the 12 month average still remains higher than the previous 12 month average.

Great place to work plans are being refreshed to ensure plans within the Divisions reflect the recent results of the Staff Friends & Family Test.

# Strategic Theme: Activity

## Activity vs. Internal Business Plan

| Key Performance Indicators |                           | Jul-17                |         |           |          | YTD       |           |           |          | YTD vs Last Yr |           |           |          |           |
|----------------------------|---------------------------|-----------------------|---------|-----------|----------|-----------|-----------|-----------|----------|----------------|-----------|-----------|----------|-----------|
| Jul                        |                           | Activity              | Plan    | Var #     | Var %    | Activity  | Plan      | Var #     | Var %    | Activity       | Last Yr   | Var #     | Var %    | Green     |
|                            |                           | Referral Primary Care | 14,588  | 15,699    | (-1,111) | -7%       | 58,164    | 59,793    | (-1,629) | -3%            | 58,164    | 59,405    | (-1,241) | -2%       |
|                            | Referral Non-Primary Care | 13,410                | 14,451  | (-1,041)  | -7%      | 55,373    | 55,599    | (-226)    | 0%       | 55,373         | 56,352    | (-979)    | -2%      | <=0%      |
|                            | OP New                    | 19,976                | 21,086  | (-1,110)  | -5%      | 77,797    | 78,922    | (-1,125)  | -1%      | 77,797         | 82,360    | (-4,563)  | -6%      | >=0%      |
|                            | OP Follow Up              | 40,785                | 44,891  | (-4,106)  | -9%      | 163,293   | 166,981   | (-3,688)  | -2%      | 163,293        | 164,895   | (-1,602)  | -1%      | >=0%      |
|                            | Elective Daycase          | 6,159                 | 6,399   | (-240)    | -4%      | 24,401    | 24,371    | 30        | 0%       | 24,401         | 27,495    | (-3,094)  | -11%     | >=0%      |
|                            | Elective Inpatient        | 1,259                 | 1,421   | (-162)    | -11%     | 4,843     | 5,141     | (-298)    | -6%      | 4,843          | 5,173     | (-330)    | -6%      | >=0%      |
|                            | A&E                       | 18,446                | 18,931  | (-485)    | -3%      | 71,797    | 72,822    | (-1,025)  | -1%      | 71,797         | 71,610    | 187       | 0%       | >=0 & <5% |
|                            | Non-Elective Inpatient    | 6,410                 | 7,335   | (-925)    | -13%     | 27,247    | 28,664    | (-1,417)  | -5%      | 27,247         | 23,798    | 3,449     | 14%      | >=0 & <5% |
|                            | Chemotherapy              | 1,136                 | 1,338   | (-202)    | -15%     | 4,733     | 5,226     | (-493)    | -9%      | 4,733          | 5,208     | (-475)    | -9%      | >=0%      |
|                            | Critical Care             | 1,959                 | 1,879   | 80        | 4%       | 7,305     | 7,337     | (-32)     | 0%       | 7,305          | 7,070     | 235       | 3%       | >=0%      |
|                            | Dialysis                  | 6,786                 | 7,039   | (-253)    | -4%      | 26,897    | 27,543    | (-646)    | -2%      | 26,897         | 27,761    | (-864)    | -3%      | >=0%      |
|                            | Maternity Pathway         | 1,153                 | 1,232   | (-79)     | -6%      | 4,696     | 4,610     | 86        | 2%       | 4,696          | 4,645     | 51        | 1%       | >=0%      |
|                            | Pre-Op Assessments        | 2,908                 | 3,270   | (-362)    | -11%     | 11,371    | 12,771    | (-1,400)  | -11%     | 11,371         | 11,322    | 49        | 0%       | >=0%      |
|                            | Diagnostic                | 435,493               | 448,681 | (-13,188) | -3%      | 1,734,557 | 1,752,434 | (-17,877) | -1%      | 1,734,557      | 1,782,212 | (-47,655) | -3%      | <=0%      |
|                            | Other                     | 4,557                 | 4,897   | (-340)    | -7%      | 18,515    | 19,869    | (-1,354)  | -7%      | 18,515         | 15,767    | 2,748     | 17%      | >=0%      |

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

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

## **July 2017**

### **Elective Care**

In July Primary Care referrals were 7% below the plan which increased the YTD variance to -1,627. Referrals are comfortably within normal levels and at this stage we believe reduction to be generated by natural variation.

The Trust failed to deliver the new outpatient plan In July 2017 with appointments -5% (-1,110) below plan. In July a number of services generated large variances to the plan, with complex workforce issues cited as the biggest drivers behind the underperformance. As performance has reduced, the number of services who are underperforming the plans has increased significantly with eight services producing quantified recovery plans intended to respond to the underperformance and deliver the full new outpatient plan.

The New Outpatient activity delivered by the Trust remains below the observed demand; in July the number of patients waiting to be seen for a first consultant led appointment has increased by over 2,000 over the first quarter of the year. This trend is expected to slow significantly during the remainder of Quarter 2 when plans to substantively deliver the additional activity are expected to be realised.

The Trust under-performed the follow up plan in July (-9%) which equates to over 4,000 attendances, and has eradicated the marginal YTD over-performance. but remains at planned levels for the quarter. There remain a number of large underperformances particularly within Physiotherapy (-2,126), Ophthalmology (-2,062). Rheumatology (-1,277) and Endocrinology (-965) continue to underperform the business plan. and The Physiotherapy service are reporting induction delays, a high vacancy rate and unusually high levels of maternity leave as the key drivers behind the underperformance, plans have been developed to recover the performance. There is a capacity shortfall within the Rheumatology service affecting the follow up position, this is being addressed with locum capacity in August and September and recruitment of an additional nurse, expected to commence in October 2017.

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

In July the Trust under achieved the Daycase plan by 4% which has eradicated the YTD surplus. Despite improved performance the Orthopaedic services remain a huge risk. A number of unavoidable recruitment delays combined with significant unplanned leave is driving an underperformance in activity. In addition to this, the service continues to

lose capacity to short notice cancellations for Trauma and DNA's. Changes to the waiting list initiative payment has limited the services ability to recover the position with additional sessions in month, as such they have now developed long term plans to address the underperformance and deliver the full year plan.

### **Non Elective Care**

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

In the year to date A&E Activity is at expected levels, with sites continuing to see an-uplift in the proportion of majors attending, as seen over the previous year.

In addition to activity counts we balance this with additional monitoring metrics detailed below to determine if patients are able to flow through the hospital without significant delays and bottlenecks.

The Bed Occupancy of the Trust continued to be at challenging levels through July, with overall Trust wide bed occupancy close to 90%. At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position has remained close to 90% throughout the month. However the William Harvey Hospital position has continued to show above-expected bed occupancy with a position in excess of 93% over the majority of the July.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During July the number of medical outliers increased slightly compared to June, with a monthly average of 52 medical outliers across the Trust (23 at QEQMH, 25 at WHH).

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

## YTD Exception Reporting: Top 10 Outliers

### Referral Primary Care

| Specialty                   | Activity      | Plan          | Var (%)    | Significance  |
|-----------------------------|---------------|---------------|------------|---------------|
| 110 - Trauma & Orthopaedics | 2,955         | 3,613         | -18%       | -658          |
| 330 - Dermatology           | 4,949         | 5,165         | -4%        | -216          |
| 130 - Ophthalmology         | 5,846         | 6,042         | -3%        | -196          |
| 101 - Urology               | 2,458         | 2,653         | -7%        | -195          |
| 300 - General Medicine      | 513           | 705           | -27%       | -192          |
| 140 - Maxillo Facial        | 2,562         | 2,752         | -7%        | -190          |
| 107 - Vascular Surgery      | 786           | 952           | -17%       | -166          |
| 651 - Occupational Therapy  | 227           | 16            | 1308%      | 211           |
| 329 - TIA                   | 465           | 241           | 93%        | 224           |
| 420 - Paediatrics           | 2,155         | 1,918         | 12%        | 237           |
| <b>Total</b>                | <b>58,164</b> | <b>59,793</b> | <b>-3%</b> | <b>-1,629</b> |

### OP New

| Specialty                   | Activity      | Plan          | Var (%)    | Significance  |
|-----------------------------|---------------|---------------|------------|---------------|
| 320 - Cardiology            | 7,997         | 8,679         | -8%        | -682          |
| 110 - Trauma & Orthopaedics | 6,919         | 7,585         | -9%        | -666          |
| 650 - Physiotherapy         | 6,454         | 6,945         | -7%        | -491          |
| 502 - Gynaecology           | 5,146         | 5,408         | -5%        | -262          |
| 104 - Colorectal Surgery    | 2,195         | 2,452         | -10%       | -257          |
| 103 - Breast Surgery        | 2,484         | 2,257         | 10%        | 227           |
| 300 - General Medicine      | 959           | 657           | 46%        | 302           |
| 420 - Paediatrics           | 2,774         | 2,450         | 13%        | 324           |
| 100 - General Surgery       | 1,473         | 1,132         | 30%        | 341           |
| 655 - Orthoptics            | 1,105         | 727           | 52%        | 378           |
| <b>Total</b>                | <b>77,797</b> | <b>78,922</b> | <b>-1%</b> | <b>-1,125</b> |

### Referral Non-Primary Care

| Specialty                   | Activity      | Plan          | Var (%)   | Significance |
|-----------------------------|---------------|---------------|-----------|--------------|
| 320 - Cardiology            | 11,636        | 12,669        | -8%       | -1,033       |
| 110 - Trauma & Orthopaedics | 6,662         | 6,984         | -5%       | -322         |
| 650 - Physiotherapy         | 4,594         | 4,873         | -6%       | -279         |
| 328 - Stroke Medicine       | 336           | 527           | -36%      | -191         |
| 329 - TIA                   | 289           | 468           | -38%      | -179         |
| 100 - General Surgery       | 969           | 1,116         | -13%      | -147         |
| 107 - Vascular Surgery      | 491           | 368           | 33%       | 123          |
| 800 - Clinical Oncology     | 3,983         | 3,838         | 4%        | 145          |
| 655 - Orthoptics            | 620           | 379           | 63%       | 241          |
| 130 - Ophthalmology         | 4,063         | 3,153         | 29%       | 910          |
| <b>Total</b>                | <b>55,373</b> | <b>55,599</b> | <b>0%</b> | <b>-226</b>  |

### OP Follow Up

| Specialty                   | Activity       | Plan           | Var (%)    | Significance  |
|-----------------------------|----------------|----------------|------------|---------------|
| 650 - Physiotherapy         | 21,027         | 23,153         | -9%        | -2,126        |
| 130 - Ophthalmology         | 18,973         | 21,035         | -10%       | -2,062        |
| 410 - Rheumatology          | 4,756          | 6,033          | -21%       | -1,277        |
| 302 - Endocrinology         | 754            | 1,719          | -56%       | -965          |
| 400 - Neurology             | 2,264          | 2,846          | -20%       | -582          |
| 140 - Maxillo Facial        | 4,117          | 3,467          | 19%        | 650           |
| 800 - Clinical Oncology     | 14,509         | 13,719         | 6%         | 790           |
| 300 - General Medicine      | 1,668          | 821            | 103%       | 847           |
| 290 - Community Paediatrics | 7,697          | 6,441          | 20%        | 1,256         |
| 320 - Cardiology            | 7,756          | 5,947          | 30%        | 1,809         |
| <b>Total</b>                | <b>163,293</b> | <b>166,981</b> | <b>-2%</b> | <b>-3,688</b> |

### Elective Daycase

| Specialty                   | Activity      | Plan          | Var (%)   | Significance |
|-----------------------------|---------------|---------------|-----------|--------------|
| 110 - Trauma & Orthopaedics | 1,623         | 1,908         | -15%      | -285         |
| 303 - Clinical Haematology  | 1,020         | 1,202         | -15%      | -182         |
| 410 - Rheumatology          | 464           | 623           | -26%      | -159         |
| 120 - Ear, Nose & Throat    | 825           | 913           | -10%      | -88          |
| 100 - General Surgery       | 554           | 608           | -9%       | -54          |
| 101 - Urology               | 2,784         | 2,718         | 2%        | 66           |
| 320 - Cardiology            | 1,044         | 977           | 7%        | 67           |
| 502 - Gynaecology           | 768           | 637           | 21%       | 131          |
| 800 - Clinical Oncology     | 1,448         | 1,225         | 18%       | 223          |
| 300 - General Medicine      | 7,091         | 6,727         | 5%        | 364          |
| <b>Total</b>                | <b>24,401</b> | <b>24,371</b> | <b>0%</b> | <b>30</b>    |

### Non-Elective Inpatient

| Specialty                   | Activity      | Plan          | Var (%)    | Significance  |
|-----------------------------|---------------|---------------|------------|---------------|
| 180 - Accident & Emergency  | 1,479         | 2,425         | -39%       | -946          |
| 430 - HCOOP                 | 3,780         | 4,215         | -10%       | -435          |
| 300 - General Medicine      | 8,430         | 8,612         | -2%        | -182          |
| 100 - General Surgery       | 1,968         | 2,088         | -6%        | -120          |
| 420 - Paediatrics           | 2,979         | 3,085         | -3%        | -106          |
| 101 - Urology               | 1,352         | 1,413         | -4%        | -61           |
| 422 - Neonatology           | 191           | 124           | 54%        | 67            |
| 501 - Obstetrics            | 1,620         | 1,550         | 5%         | 70            |
| 320 - Cardiology            | 725           | 638           | 14%        | 87            |
| 110 - Trauma & Orthopaedics | 1,429         | 1,319         | 8%         | 110           |
| <b>Total</b>                | <b>27,247</b> | <b>28,664</b> | <b>-5%</b> | <b>-1,417</b> |

### Elective Inpatient

| Specialty                   | Activity     | Plan         | Var (%)    | Significance |
|-----------------------------|--------------|--------------|------------|--------------|
| 320 - Cardiology            | 137          | 249          | -45%       | -112         |
| 110 - Trauma & Orthopaedics | 1,071        | 1,163        | -8%        | -92          |
| 400 - Neurology             | 110          | 158          | -31%       | -48          |
| 120 - Ear, Nose & Throat    | 230          | 271          | -15%       | -41          |
| 420 - Paediatrics           | 64           | 98           | -35%       | -34          |
| 103 - Breast Surgery        | 146          | 177          | -17%       | -31          |
| 430 - HCOOP                 | 58           | 24           | 144%       | 34           |
| 100 - General Surgery       | 306          | 268          | 14%        | 38           |
| 104 - Colorectal Surgery    | 184          | 136          | 35%        | 48           |
| 300 - General Medicine      | 380          | 331          | 15%        | 49           |
| <b>Total</b>                | <b>4,843</b> | <b>5,141</b> | <b>-6%</b> | <b>-298</b>  |

### Other

| Specialty         | Activity | Plan    | Var (%) | Significance |
|-------------------|----------|---------|---------|--------------|
| Diagnostic        | 1734557  | 1752434 | -1%     | -17,877      |
| Pre-Op            | 11371    | 12771   | -11%    | -1,400       |
| Other             | 18536    | 19869   | -7%     | -1,333       |
| A&E               | 71797    | 72822   | -1%     | -1,025       |
| Dialysis          | 26985    | 27543   | -2%     | -558         |
| Chemotherapy      | 4733     | 5226    | -9%     | -493         |
| Maternity Pathway | 4696     | 4610    | 2%      | 86           |
| Critical Care     | 7305     | 7337    | 0%      | -32          |

# Strategic Theme: KPIs

## 4 Hour Emergency Access Standard

### Key Performance Indicators

|                                      | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>70.07 %</b>                       |        |        |        |        |        |        |        |        |        |        |        |        |
| 4 Hour Compliance                    | 82.27% | 84.21% | 79.30% | 75.75% | 74.25% | 70.57% | 75.94% | 80.16% | 76.93% | 76.78% | 78.15% | 70.07% |
| 12 Hour Trolley Waits                | 0      | 0      | 0      | 1      | 1      | 2      | 0      | 0      | 0      | 0      | 1      | 1      |
| Left without being seen              | 4.11%  | 3.31%  | 3.85%  | 3.96%  | 4.35%  | 4.87%  | 3.53%  | 3.08%  | 3.82%  | 3.57%  | 3.62%  | 5.07%  |
| Unplanned Reattenders                | 9.01%  | 8.78%  | 8.58%  | 8.68%  | 8.98%  | 8.20%  | 8.62%  | 9.11%  | 8.48%  | 9.04%  | 9.41%  | 9.97%  |
| Time to initial assessment (15 mins) | 81.0%  | 86.9%  | 79.5%  | 74.4%  | 78.5%  | 76.1%  | 76.4%  | 77.8%  | 77.9%  | 93.8%  | 93.9%  | 92.4%  |
| % Time to Treatment (60 Mins)        | 48.9%  | 48.5%  | 40.9%  | 39.9%  | 39.9%  | 39.8%  | 40.8%  | 40.7%  | 39.4%  | 51.1%  | 51.6%  | 46.7%  |

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

|                 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>-12.93 %</b> |        |        |        |        |        |        |        |        |        |        |        |        |
| Trajectory      | 75.0%  | 75.0%  | 80.0%  | 83.0%  | 87.0%  | 90.0%  | 90.0%  | 90.0%  | 90.0%  | 90.0%  | 90.0%  | 95.0%  |
| Performance     | 76.9%  | 76.8%  | 78.2%  | 70.1%  |        |        |        |        |        |        |        |        |

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

## Summary Performance

July performance against the 4 hour target was 70.1%, against the NHS Improvement trajectory of 83.0%. This shows a decrease in performance compared to the previous month. There was one 12 Hour Trolley Waits reported in month. The number of patients who have left the department without being seen notably increased in month, from recent figures of 3.5%-3.8% to above 5.0%.

The priority and focus for June has been to continue to maintain safe patient care; improving performance and patient flow across the whole emergency patient pathway. On the 19 June, acute medical services were transferred out of the Kent and Canterbury Hospital as part of a business continuity plan in response to the GMC and Health Education England's request that junior doctor posts at Kent and Canterbury Hospital were transferred to the other two acute sites in order to improve the level of consultant supervision and training. In preparation for the transfer on the 19<sup>th</sup> June a detailed whole system action plan was successfully implemented to support an improvement in bed occupancy down to 90% and improve patient flow.

Patient attendances were on plan, however, there continues to be surges in attendances with notable high activity in the evenings and weekends. June also saw the highest daily attendance of 700 patients on the 26<sup>th</sup> June, which coincided with a heat wave causing a high number of patients to attend by ambulance and self-presenting to the sites.

Medical staffing vacancies at Speciality Doctor (middle grade level) remain high with on-going recruitment in place via monthly interview panels. Although there over 10 doctors have been offered posts and are in the recruitment pipeline it takes several months for a new recruit to take up their post due to the length of time it takes for Visa applications to be completed.

The IR35 challenges have continued, particularly at QEQMH. The agency doctors we had been using to provide ED cover have not returned to work and this continues to leave the rotas seriously depleted. In order to mitigate this risk and ensure that safe patient care is provided daily senior meetings (ED Consultant and General Manager) have been implemented to monitor the clinical risk and with daily escalation to the Divisional Director and Divisional Medical Director as appropriate.

Actions taken include:

- Reviewing the rotas at WHH and QEQMH to assess the depth of cover and skill mix to agree a sharing of staff across both sites.
- Two GP's are now being booked to provide ad hoc cover within their availability.
- Alternative specialities, i.e. Consultant Physicians have been booked to fill the gaps in the rota.
- Senior core trainee level doctors who had experience of working in ED were booked to fill gaps.
- The implementation of new pathways in line with K&CH medical services moves, designed to maximise the acute medical model (ambulatory care) and greater support discharge to people's own homes. These changes are now being reviewed and refined to support sustainability.
- Recruitment to senior site management has taken place.



- Additional recruitment for ED doctors via an agency is being taken forward supported by the Medical Director.

**Risks to delivery of the standard:**

- Middle grade medical staffing vacancies and unfilled gaps in rotas due to lack of agency or substantive staff. QEQMH is a particular risk due to the geographic location of the hospital.
- Continued high levels of activity, particularly in the evenings.
- Overcrowding in ED due to poor patient flow and lack of timely bed availability.
- Delays in mental health bed availability for adult.

# Strategic Theme: KPIs

## 18 Week Referral to Treatment Standard

### Key Performance Indicators

|                |                            |        |        |        |        |        |        |        |        |        |        |        |        |         |       |
|----------------|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|-------|
| <b>83.61 %</b> |                            | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Green   |       |
|                | Performance                | 85.52% | 85.11% | 86.03% | 85.79% | 83.83% | 83.79% | 84.35% | 85.40% | 84.85% | 85.82% | 85.07% | 83.61% | >=92%   |       |
|                | 52w+                       | 20     | 27     | 21     | 13     | 12     | 18     | 24     | 28     | 29     | 36     | 30     | 30     | 0       |       |
|                | Waiting list Size          | 45,352 | 45,531 | 44,822 | 46,191 | 46,398 | 45,682 | 45,449 | 46,483 | 47,649 | 49,241 | 50,377 | 53,803 | <38,938 |       |
|                | Backlog Size               | 6,568  | 6,781  | 6,262  | 6,563  | 7,502  | 7,407  | 7,111  | 6,785  | 7,218  | 6,980  | 7,519  | 8,816  | <2,178  |       |
|                | Demand: PC Referrals       | 15,668 | 15,530 | 14,908 | 16,634 | 13,619 | 15,072 | 14,925 | 17,866 | 13,832 | 16,444 | 16,781 | 15,493 | <15,484 |       |
|                | Demand: Additions to IP WL | 3,200  | 3,198  | 3,229  | 3,698  | 2,884  | 3,424  | 3,185  | 3,755  | 2,868  | 3,291  | 3,678  | 3,427  | <3,076  |       |
|                | Pathway 1st OPA            |        |        |        |        |        |        |        |        |        |        |        |        |         | >=92% |
|                | Pathway Decision to Treat  |        |        |        |        |        |        |        |        |        |        |        |        |         | >=92% |

### 2017/2018 Trajectory

|                |                |        |        |        |        |        |        |        |        |        |        |        |        |       |
|----------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| <b>-0.83 %</b> |                | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Green |
|                | STF Trajectory | 84.13% | 83.46% | 84.20% | 84.44% | 83.91% | 84.45% | 84.75% | 85.71% | 84.95% | 85.18% | 86.00% | 86.93% | 87%   |
|                | Performance    | 84.85% | 85.82% | 85.07% | 83.61% |        |        |        |        |        |        |        |        |       |

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

## Summary Performance

June performance decreased to 83.61%. The Trust was again unable to provide enough activity to sustain waiting list sizes throughout the month, despite specialities delivering their business plans. Waiting list size has reached its highest point to date. Sustainable long terms plans to resolve capacity constraints and deliver RTT 2017/18 trajectory are planned to start and come in to effect from quarter two/quarter three.

The number of patients waiting over 52 weeks for first treatment remained static at 30. This is 2 above the trajectory submitted to NHSI General Surgery (10), Gynaecology (8), ENT (5), Ophthalmology (1), T&O (1), General Medicine (3), MFU (1) Diabetes (1) A trajectory has been submitted to reduce the 52 week waits to 5 or less by March 2018 and then maintain this position.

## Risks to delivery of the standard:

- Continued Increase in Orthopaedic & General Surgery waiting list additions.
- Higher than planned demand within business plan resulting in no flexibility within capacity in key specialities such as Orthopaedics, Dermatology, Maxillo Facial and Gynaecology.
- Recruitment constraints in services such as Neurology an Dermatology, leading to long outpatient waits.
- Gastroenterology & Endoscopy capacity due to high demand.
- Change in payment for waiting list initiatives, has led to a significant reduction in medical staff providing additional capacity outside agreed job plans.
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits.
- Gynaecology capacity for named sub-specialty conditions resulting in 52 week waits.
- ENT surgical demand remains in excess of capacity in key subspecialties resulting in 52 week waits.

## Actions taken to mitigate risk and improve performance:

- The new Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery.
- Focused management of undated pathways waiting over 30 weeks and risks to 52 weeks, particularly within General Surgery, ENT and Gynaecology, daily patient focus meetings and weekly progress reports to COO and CEO.
- Action plans in key specialties to ensure improved performance reviewed weekly.
- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and Gynaecology.
- Saturday working in new consultants contracts across the trust to improve utilisation of theatre capacity and increase capacity.
- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.

- The Trust is developing long term solutions to sustainably address the imbalance in capacity and demand, through a number of schemes, including; increasing theatre utilisation to 50 weeks per year (commencing July 2017), develop local anaesthetic cataract surgery in Buckland Hospital, Dover releasing 5 theatre sessions per week at acute hospitals William Harvey and Queen Elizabeth the Queen Mother Hospitals (November 2017).
- Exploring opportunities to increase theatre base with semi-permanent solutions, to deliver a minimum of 8 additional theatre sessions per week (October/November 2017).
- Trajectory has been submitted to NHSI for reduction in patients waiting over 52 weeks

# Strategic Theme: KPIs

## 6 Week Referral to Diagnostic Standard

### Key Performance Indicators

|              |                           |        |        |        |        |        |        |        |        |        |        |        |        |         |
|--------------|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| <b>99.2%</b> |                           | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Green   |
|              | Performance               | 99.56% | 99.74% | 99.91% | 99.88% | 99.72% | 99.65% | 99.67% | 99.78% | 99.06% | 99.36% | 99.46% | 99.20% | >=99%   |
|              | Waiting list Size         | 10,269 | 14,728 | 14,011 | 15,457 | 15,023 | 14,171 | 14,048 | 15,580 | 14,882 | 14,480 | 14,709 | 14,822 | <14,000 |
|              | Waiting > 6 Week Breaches | 45     | 39     | 12     | 19     | 42     | 49     | 46     | 35     | 140    | 92     | 80     | 119    | <60     |
|              | Average Wait              |        |        |        |        |        |        |        |        |        |        |        |        | <4      |

### 2017/18 Trajectory

|             |                |        |        |        |        |        |        |        |        |        |        |        |        |       |
|-------------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| <b>0.1%</b> |                | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Green |
|             | STF Trajectory | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | Apr   |
|             | Performance    | 99.06% | 99.36% | 99.46% | 99.20% |        |        |        |        |        |        |        |        | Apr   |

### Summary Performance

The standard has been met for July 17 with a compliance of 99.2%. As at the end of the month there were 119 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 85, 70 in Computed Tomography, 13 in Non-Obstetric ultrasound and 2 in DEXA scanning
- Cardiology: 30
- Gynaecology: 2
- Audiology: 1
- Neurophysiology: 1


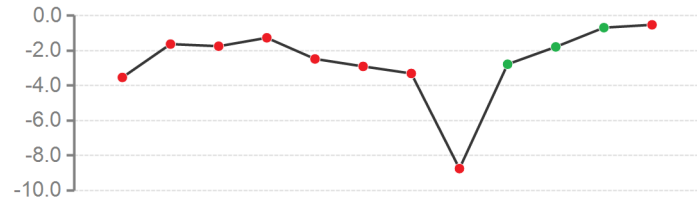



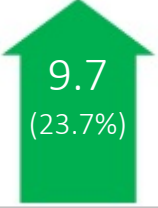
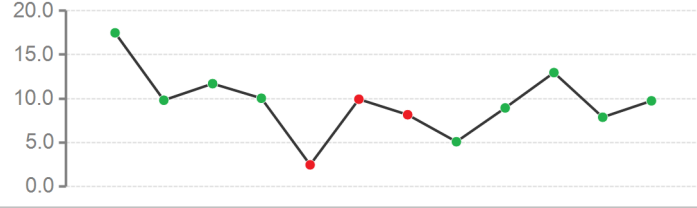



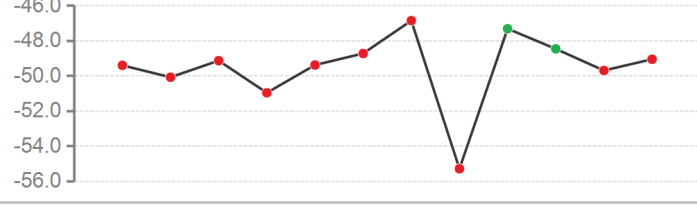







### **Risks to delivery of the standard:**

- The demand is growing month on month in all modalities to deliver the diagnostic RTT (DMO1) (target 99%)
- Reporting in a timely way for each patient within all modalities remains a concern for the Division and patients are still waiting a long time for a report and outcome. The backlog reporting is currently at 14 days. The best position for a year. This has improved because of additional locums and additional outsourcing and a focus targeted approach to reduce long waits.
- The current number of backlog reports has improved as at the 10<sup>th</sup> August 2017 CT = 671 and MRI = 932 total = 1603
- This backlog risk is captured and reported on via the Divisional risk register and on the Corporate risk register. Recent datix and incidental findings in the backlog have been raised and are being investigated. These will be fully reported to patient safety, quality and governance boards
- Cardiology diagnostics remains a concern as the numbers are growing and we have limited consultants with the skills to address. The total number of breaches in this modality was 30 this month. This position was impacted adversely in month by reduced capacity due to leave and sickness late in month where patients could not be rebooked in time.
- Recent changes to Vascular Ultrasound service have also begun to impact the service and open an additional risk to the delivery of DMO1. This service until recently was outsourced independently by the surgical division. This has stopped and the patients have transferred in house; again limitations and availability of expert skills to support this is adversely impacting on our ability to manage within the tolerance levels.

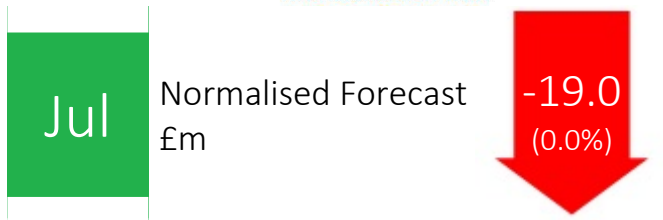
### **Actions taken to mitigate risk and sustain performance:**

- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- The Division are working with third party companies to support additional reporting in close liaison with procurement.
- All equipment is monitored closely and regularly serviced to ensure we maximise capacity.
- Extend opening of CT's and MRI is in place
- Buying additional daily mobile CT and MRI from 3<sup>rd</sup> party providers to add in daily resilience
- Capacity for non-obstetric ultrasound and outsourcing of specialist work to private sector is now in place for next 2 months.
- Alerted the demand and growth in Ultrasound MSK to our Commissioners as untenable and sustainable position.
- A deep dive with Cardiology Service has been agreed by Divisional Directors.
- We are trying to source specialist radiologists to help in key areas FNA, MSK and Vascular.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Replacement of the 2 MRI scanners is well under way at K&CH
- Daily oversight continues.

## Finance

|     |                 |  |  |   |   |
|-----|-----------------|--|--|---|---|
| Jul | I&E £m          |  <p><b>-37.2</b><br/>(-23.9%)</p> |  | <p>The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS</p>                           | <br><br>   |
| Jul | Cash Balance £m |  <p><b>9.7</b><br/>(23.7%)</p>    |  | <p>Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.</p>                           | <br><br>   |
| Jul | Total Cost £m   |  <p><b>-49.0</b><br/>(-1.3%)</p>  |  | <p>Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.</p> | <br><br>   |
| Jul | Forecast I&E £m |  <p><b>-19.0</b><br/>(0.0%)</p>  |  | <p>This shows the latest forecast year end Income &amp; Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.</p>                      | <br><br> |

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



Comments: The Trust's I&E deficit in July (month 4) was £1.4m (consolidated position excluding Sustainability and Transformation Funds and after technical adjustment) against a plan of £0.2m. Spencer Wing position estimated.

The year to date I&E deficit is £8m against a plan of £8.4m (£0.4m better than plan).

Pay costs in the month of £28.5m were £0.2m lower than June but were £0.1m (0.4%) worse than plan. Permanent staff reduced by a further £0.3m, bank staff were £0.1m lower than June, overtime costs were unchanged and agency/locum staff increased by £0.2m. The move of Kent and Canterbury medical trainees to WHH and QEQM took place on 19 June so represented a full month of costs which are under review. Temporary staff (agency, bank, locum, overtime) costs were 4.3% higher than June at £3.6m, the highest level since July 2015. Waiting list payments continued to be depressed at £0.2m. Pay overall is now £1.4m better than plan year to date.

Activity/income was £0.7m worse than plan in month with total income now £0.4m worse than plan ytd. Clinical income was £0.85m worse than plan in month although July had been set at a high level. Divisions are focused on recovering lost income during August and September.

Against the £32m CIPS target, including income, £2.3m was reported in month against a target of £2.3m. Year to date £7.5m is reported against a plan of £7m. Of the reported position, £1.5m (19.6%) is non recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of July was £9.7m. No new borrowings were required.

No agreement on the 2016/17 contract value outturn or CQUIN has yet been reached with East Kent CCG commissioners. A proposal has been forwarded to them and further discussions took place before the end of July. Further proposals are awaited.

The Trust's Financial Recovery Plan has been received and accepted by NHSI. This is for an £18.9m deficit target (excluding Sustainability and Transformation Funds). The latest review meeting took place on 1 August and was a constructive and positive discussion. The Trust remains in Financial Special Measures.



## Health & Safety 1

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

Comments: Attendance at H&S committee's reduced this month (but remaining in amber) due to the meeting at K&CH being cancelled.

There is 3 RIDDOR to report this month all relate to interactions with patients. A member of staff sustained a back injury supporting a patient, a second staff member sustained a back injury transferring a patient into a bed and the remaining staff member was injured by a patient suffering from Dementia.

Although not a formal notice, we have included in the IPR data, a letter from Kent Fire & Rescue Service (sent to the Trust following a visit to Buckland Hospital) requiring the Trust to develop face to face fire training. This would supplement the existing e-learning provided to all staff. The H&S team have begun to collect training dates and are sourcing training providers.

The provision of H&S training remains extremely positive

## Health & Safety 2

|     |                       |                 |  |   |          |
|-----|-----------------------|-----------------|--|---|----------|
| Jul | Accidents             | 311<br>(-32.5%) |  | <p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> | <br><br> |
| Jul | Fire Incidents        | 132<br>(4.8%)   |  | <p>Fire alarm activations (including false alarms).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>                        | <br><br> |
| Jul | Violence & Aggression | 423<br>(12.2%)  |  | <p>Violence, aggression and verbal abuse.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>                              | <br><br> |
| Jul | Sharps                | 182<br>(22.1%)  |  | <p>Incidents with sharps (e.g. needle stick).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>                              | <br><br> |

Comments: The number of accidents decreased in July.









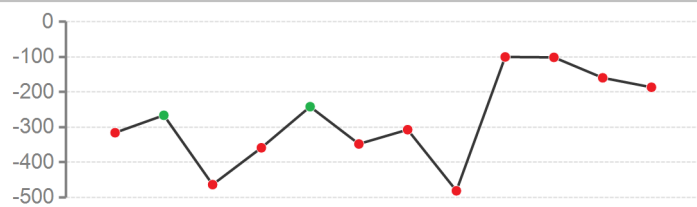





The number of Fire incidents also decreased in July. In addition to visiting Buckland Hospital, Kent fire & Rescue have also visited WHH and advised a number of low risk improvements to the staff accommodation block D. These do not relate to cladding. The Estates team are addressing these issues.

Violence & Aggression rose in July returning to amber for the month. There is no significant trend to escalate to Board.

Sharps incidents decreased this month.

# Strategic Theme: Use of Resources

## Pay Independent

|     |                        |  |   |   |  |
|-----|------------------------|--|---|---|--|
| Jul | Payroll Pay £m         |  -26.2<br>(-1.8%) |   | Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.   | <br><br>  |
| Jul | Agency Spend £m        |  -2.1<br>(15.4%)  |   | Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.  | <br><br>  |
| Jul | Additional sessions £k |  -186<br>(16.9%)  |   | 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.  | <br><br>  |
| Jul | Independent Sector £k  |  -674<br>(-9.5%) |  | Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported. | <br><br> |

Comments: Pay performance is favourable to plan ytd by £1.4m (1.2%). Pay CIPs are favourable to plan ytd by £0.3m. Total expenditure on pay in July was £28.5m, a decrease in spend of £0.2m when compared to June. Expenditure on permanent staff reduced by a further £0.3m in July, partially offset by an increase in medical locum sessions of £0.1m. Expenditure on substantive staff groups is favourable to plan ytd by £3m and temporary staffing expenditure is adverse to plan by £1.6m.

# Strategic Theme: Use of Resources

## Balance Sheet

|     |                     |   |  |   |   |
|-----|---------------------|---|--|---|---|
| Jul | CIPS £m             | <div style="color: green; font-size: 2em; font-weight: bold;">↑</div> <div style="color: green; font-size: 1.5em; font-weight: bold;">26.2</div> <div style="color: green; font-size: 1.2em;">(28.0%)</div> |  | Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month. | <div style="color: gold;">★</div><br><div style="color: grey;">★</div><br><div style="color: grey;">★</div> |
| Jul | Cash borrowings £m  | <div style="color: red; font-size: 2em; font-weight: bold;">↑</div> <div style="color: red; font-size: 1.5em; font-weight: bold;">20.9</div> <div style="color: red; font-size: 1.2em;">(363.8%)</div>      |  | Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.  | <div style="color: gold;">★</div><br><div style="color: gold;">★</div><br><div style="color: gold;">★</div> |
| Jul | Capital position £m | <div style="color: red; font-size: 2em; font-weight: bold;">↓</div> <div style="color: red; font-size: 1.5em; font-weight: bold;">-72.0</div> <div style="color: red; font-size: 1.2em;">(46.4%)</div>      |  | Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.   | <div style="color: gold;">★</div><br><div style="color: gold;">★</div><br><div style="color: gold;">★</div> |

Comments: Invoiced creditors have increased by £1.6m from the opening position to £32.7m. Total invoiced debtors have decreased from the opening position of £19.2m by £0.7m to £18.5m  
 Unconsolidated Cash balance was £9.7m at the end of July 2017, £1.1m above the plan revised 19 May 2017. No new borrowings were required.

# Strategic Theme: Use of Resources

## Productivity

|     |                                      |     |  |   |          |
|-----|--------------------------------------|-----|--|---|----------|
| Jul | Clinical Productivity:<br>Theatres   | 0.0 |  | Clinical Productivity graph: theatre sessions v plan.   | <br><br> |
| Jul | Clinical Productivity:<br>Outpatient | 0.0 |  | Clinical Productivity graph: outpatient sessions v plan | <br><br> |

Comments: A full programme of CIPS valued at £32m for 2017/18 is being rolled out . The CIPs Plan is net of the cost of delivery. CIPs achieved in M04 were £2.3m against a plan of £2.3m. Achievement for the Year to Date £7.5m against plan of £7.0m. The net target for the year is £32m. The major areas of CIP achievement in M04 were Divisional schemes £0.7m, Patient Flow £0.2m, Procurement £0.2m and Central £0.3m offset by shortfalls in agency (£0.2m). CIPs in July amounted to £2.0m recurrent and £0.3m on a non-recurrent basis. Year to date £6.0m recurrent and £1.5m non-recurrently.

# Strategic Theme: Improvement Journey

|                               |                                     | Mar   | Apr   | May   | Jun   | Jul   |       |
|-------------------------------|-------------------------------------|-------|-------|-------|-------|-------|-------|
| MD01 - End Of Life            | Lost Days (Fast Track)              | 20    | 19    | 16    | 12    | 13    |       |
| MD02 - Emergency Pathway      | ED - 4hr Compliance (%)             | 80.42 | 78.53 | 76.44 | 78.08 | 70.17 | >= 95 |
|                               | ED - 1hr Clinician Seen (%)         | 2     | 5     | 4     | 18    | 38    | >= 55 |
| MD04 - Flow                   | IP - Discharges Before Midday (%)   | 14    | 15    | 15    | 13    | 13    | >= 35 |
|                               | Medical Outliers                    | 67    | 57    | 61    | 47    | 54    |       |
|                               | Lost Days (Non-EKHUFT)              | 86    | 70    | 81    | 61    | 52    |       |
|                               | DToCs (Average per Day)             | 59    | 49    | 62    | 47    | 40    | < 28  |
| MD05 - 62 Day Cancer          | Cancer: 62d (GP Ref) %              | 77.30 | 72.40 | 70.19 | 75.00 | 69.19 | >= 85 |
| MD07 - Maternity              | Midwife:Birth Ratio (%)             | 27    | 30    | 28    | 31    | 31    | < 28  |
|                               | Staff Turnover (Midwifery)          | 13    | 13    | 13    | 13    | 13    | <= 10 |
|                               | Vacancy (Midwifery) %               | 5     | 7     | 7     | 7     | 7     | <= 7  |
| MD08 - Recruitment & Staffing | Staff Turnover (%)                  | 12.7  | 12.9  | 12.9  | 12.6  | 12.6  | <= 10 |
|                               | Vacancy (%)                         | 9.8   | 11.4  | 11.7  | 11.5  | 11.1  | <= 7  |
|                               | Staff Turnover (Nursing)            | 13    | 13    | 13    | 13    | 13    | <= 10 |
|                               | Vacancy (Nursing) %                 | 17    | 12    | 13    | 12    | 12    | <= 7  |
|                               | Vacancy (Medical) %                 | 10    | 13    | 12    | 14    | 15    | <= 7  |
| MD09 - Workforce Compliance   | Appraisal Rate (%)                  | 84.6  | 84.9  | 81.1  | 75.8  | 78.3  | >= 90 |
|                               | Statutory Training (%)              | 89    | 89    | 89    | 89    | 89    | >= 85 |
|                               | Local Induction Compliance %        | 21.8  | 16.3  | 20.8  | 23.5  | 28.8  | >= 85 |
| KF01 - Complaints             | Complaint Response in Timescales %  | 84    | 86    | 86    | 79    | 79    | >= 85 |
|                               | Complaint Response within 30 days % | 25    | 13    | 25    | 12    | 23    | >= 85 |

|                             |                                  |    |    |    |     |     |         |
|-----------------------------|----------------------------------|----|----|----|-----|-----|---------|
| KF02 - Workforce & Culture  | Staff FFT - Work (%)             | 54 | 52 | 52 | 52  | 52  | >= 60   |
|                             | Staff FFT - Treatment (%)        | 76 | 77 | 77 | 77  | 77  | >= 81.4 |
| KF09 - Medicines Management | Pharm: Fridges Locked (%)        | 86 | 86 | 86 | 90  | 88  | >=95    |
|                             | Pharm: Fridge Temps (%)          | 80 | 80 | 82 | 86  | 83  | >= 100  |
|                             | Pharm: Drug Trolleys Locked (%)  | 98 | 99 | 99 | 100 | 100 | >= 90   |
|                             | Pharm: Resus. Trolley Check (%)  | 80 | 84 | 85 | 85  | 86  | >= 90   |
|                             | Pharm: Drug Cupboards Locked (%) | 90 | 89 | 89 | 93  | 89  | >= 90   |

# Glossary

| Domain            | Metric Name                       | Metric Description  | Green | Weight |
|-------------------|-----------------------------------|---|-------|--------|
| A&E               | ED - 1hr Clinician Seen (%)       | % of A&E attendances seen within 1 hour by a clinician  | >= 55 |        |
|                   | ED - 4hr Compliance (%)           | % of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.  | >= 95 | 100 %  |
| Beds              | Bed Occupancy (%)                 | This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity. | <= 90 | 60 %   |
|                   | DToCs (Average per Day)           | The average number of delayed transfers of care   | < 28  | 30 %   |
|                   | IP - Discharges Before Midday (%) | % of Inpatients discharged before midday  | >= 35 | 10 %   |
|                   | Lost Days (Fast Track)            | Beddays lost due to delayed discharge (Fast Track)  |       |        |
|                   | Lost Days (Non-EKHUFT)            | Beddays lost due to delayed discharge (Non-EKHUFT)  |       |        |
|                   | Medical Outliers                  | Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)  |       |        |
| Cancer            | Cancer: 2ww (All) %               | Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)  | >= 93 | 10 %   |
|                   | Cancer: 2ww (Breast) %            | Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).  | >= 93 | 5 %    |
|                   | Cancer: 31d (2nd Treat - Surg) %  | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).   | >= 94 | 5 %    |
|                   | Cancer: 31d (Diag - Treat) %      | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)  | >= 96 | 15 %   |
|                   | Cancer: 31d (Drug) %              | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).  | >= 98 | 5 %    |
|                   | Cancer: 62d (Con Upgrade) %       | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.  | >= 85 | 5 %    |
|                   | Cancer: 62d (GP Ref) %            | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.   | >= 85 | 50 %   |
|                   | Cancer: 62d (Screening Ref) %     | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.   | >= 90 | 5 %    |
| Clinical Outcomes | Audit of WHO Checklist %          | An observational audit takes place to audit the World Health Organisation (WHO) checklist   | >= 99 | 10 %   |



|                          |                                   |   |         |      |
|--------------------------|-----------------------------------|---|---------|------|
| Clinical Outcomes        | Cleanliness Audits (%)            | Cleaning Schedule Audits  | >= 98   | 5 %  |
|                          | Clinical Audit Prog. Audit        | Agreed Clinical Audit programme meets national programme requirements   | >= 3    | 5 %  |
|                          | Clinical Audit Review             | Review of the Clinical Audit Programme  | >= 3    | 5 %  |
|                          | FNoF (36h) (%)                    | % Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database. | >= 85   | 5 %  |
|                          | Pharm: Drug Cupboards Locked (%)  | Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked   | >= 90   | 5 %  |
|                          | Pharm: Drug Trolleys Locked (%)   | Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked   | >= 90   | 5 %  |
|                          | Pharm: Fridge Temps (%)           | Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day   | >= 100  | 5 %  |
|                          | Pharm: Fridges Locked (%)         | Data taken from Medicines Storage & Waste Audit - percentage of fridges locked  | >=95    | 5 %  |
|                          | Pharm: Resus. Trolley Check (%)   | Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked   | >= 90   | 5 %  |
|                          | pPCI (Balloon w/in 150m) (%)      | % Achievement of Call to Balloon Time within 150 mins of pPCI.  | >= 75   | 5 %  |
|                          | Readmissions: EL dis. 30d (12M%)  | Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.  | < 2.75  | 20 % |
|                          | Readmissions: NEL dis. 30d (12M%) | Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.   | < 15    | 15 % |
|                          | Stroke Brain Scans (24h) (%)      | % stroke patients receiving a brain CT scan within 24 hours.  | >= 100  | 5 %  |
| Culture                  | Policies in Date (%)              | All documents that are marked as policies are in date on the SharePoint system  | >= 95   | 10 % |
|                          | Staff FFT - Treatment (%)         | Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.  | >= 81.4 | 40 % |
|                          | Staff FFT - Work (%)              | Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.  | >= 60   | 50 % |
| Data Quality & Assurance | Not Cached Up Clinics %           | Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.  | < 4     | 25 % |
|                          | Uncoded Spells %                  | Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).  | < 0.25  | 25 % |

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

## Health & Safety

|                          |  |       |      |
|--------------------------|--|-------|------|
| Formal Notices           | Formal notices from HSE (Improvement Notices, Prohibition Notices).<br>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.<br>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.<br>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).<br>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.<br>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.<br>Data source - Datix.  | < 1   |      |
| Blood Transfusion Errors      | The number of blood transfusion errors sourced from Datix.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.   |       |      |
| Clinical Incidents: Total (#) | Number of Total Clinical Incidents reported, recorded on Datix.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.  |       |      |
| Falls (per 1,000 bed days)    | Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded.<br>Data source - Datix.<br>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.<br>Data source - Datix.   | < 3   | 0 %  |
| Harm Free Care: All Harms (%) | Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data together with variance against the previous 12 months. | >= 94 | 10 % |
| Harm Free Care: New Harms (%) | Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.   | >= 98 | 20 % |
| Medicines Mgmt. Incidents     | The number of medicine management issues sourced from Datix.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.   |       |      |

|           |                                     |  |         |      |
|-----------|-------------------------------------|--|---------|------|
| Incidents | Never Events (STEIS)                | Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.   | < 1     | 30 % |
|           | Number of Cardiac Arrests           | Number of actual cardiac arrests, not calls  | >= 1    | 0 %  |
|           | Pressure Ulcers Cat 2 (per 1,000)   | Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days<br>Data source - Datix.<br>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<br>Data source - Datix.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.  | < 1     | 10 % |
|           | Serious Incidents (STEIS)           | Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.  |         |      |
| Infection | Bare Below Elbows Audit             | The % of ward staff compliant with hand hygiene standards.<br>Data source - SharePoint   | >= 95   |      |
|           | Blood Culture Training              | Blood Culture Training compliance  | >= 85   |      |
|           | C. Diff (per 100,000 bed days)      | Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days   | < 1     |      |
|           | Cases of C.Diff (Cumulative)        | Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01).<br>Arrow represents YTD position with the % showing variance against the last month.   | <= Traj | 40 % |
|           | Cases of MRSA (per month)           | Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months. | < 1     | 40 % |
|           | Commode Audit                       | The % of ward staff compliant with hand hygiene standards.<br>Data source - SharePoint   | >= 95   |      |
|           | E. Coli                             | The total number of E-Coli bacteraemia recorded, post 48hrs.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.  | < 44    | 10 % |
|           | E. Coli (per 100,000 population)    | The total number of E-Coli bacteraemia per 100,000 population.   | < 44    |      |
|           | Hand Hygiene Audit                  | The % of ward staff compliant with hand hygiene standards.<br>Data source - SharePoint   | >= 95   |      |
|           | Infection Control Training          | Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded  | >= 85   |      |

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

## Observations

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

## Patient Experience

|                                     |  |       |      |
|-------------------------------------|--|-------|------|
| Care Explained? %                   | Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.                   | >= 89 | 4 %  |
| Care that matters to you? %         | Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).   | >= 89 | 4 %  |
| Cleanliness? %                      | Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 95 | 5 %  |
| Complaint Response in Timescales %  | Complaint Response within agreed Timescales %  | >= 85 | 5 %  |
| Complaint Response within 30 days % | Complaint Response within 30 working day timescale %   | >= 85 |      |
| Compliments to Complaints (#/1)     | Number of compliments per complaint  | >= 12 | 10 % |
| 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.<br>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.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.  | >= 90 | 30 % |

|                    |                                   |   |        |      |
|--------------------|-----------------------------------|---|--------|------|
| Patient Experience | FFT: Response Rate (%)            | The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | >= 15  | 1 %  |
|                    | Hospital Food? %                  | Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.                              | >= 85  | 5 %  |
|                    | Mixed Sex Breaches                | Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.  | < 1    | 10 % |
|                    | Number of Complaints              | The number of complaints recorded per ward. Data source - Datix.  | < 1    | 0 %  |
|                    | Number of Compliments             | The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).   | >= 1   | 0 %  |
|                    | Overall Patient Experience %      | Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.               | >= 90  | 10 % |
|                    | Respect & Dignity? %              | Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months. | >= 89  | 2 %  |
| Productivity       | BADS                              | British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.  | >= 100 | 10 % |
|                    | eDN Communication                 | % of patients discharged with an Electronic Discharge Notification (eDN).   | >= 99  | 5 %  |
|                    | EME PPE Compliance %              | EME PPE % Compliance  | >= 90  | 20 % |
|                    | LoS: Elective (Days)              | Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.   |        |      |
|                    | LoS: Non-Elective (Days)          | Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.  |        |      |
|                    | Non-Clinical Cancellations (%)    | Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures  | < 0.8  | 20 % |
|                    | Non-Clinical Canx Breaches (%)    | Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.   | < 5    | 10 % |
|                    | Theatres: On Time Start (% 30min) | The % of cases that start within 30 minutes of their planned start time.  | >= 90  | 10 % |
|                    | Theatres: Session Utilisation (%) | % of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.  | >= 85  | 25 % |
| RTT                | RTT: 52 Week Waits (Number)       | Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework  | < 1    |      |



|                          |  |   |         |       |
|--------------------------|--|---|---------|-------|
| RTT                      | RTT: Incompletes (%)   | % of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period. | >= 92   | 100 % |
| Staffing                 | Agency %   | % of temporary staff who work via agency<br>Number indicates average of last 12 months data (as shown in graph).  | <= 10   |       |
|                          | Agency & Locum Spend   | Total agency spend including NHSP spend   |         |       |
|                          | Agency Filled Hours vs Total Agency Hours  | % hours worked which were filled by the NHSP against the total number of hours worked by agency staff   |         |       |
|                          | Agency Orders Placed   | Total count of agency orders placed.<br>Number indicates average of last 12 months data (as shown in graph).  | <= 100  |       |
|                          | Agency Staff WTE (Bank)  | WTE Count of Bank Hours worked  |         |       |
|                          | Agency Staff WTE (NHSP)  | WTE Count of NHSP Hours worked  |         |       |
|                          | Bank Filled Hours vs Total Agency Hours  | % hours worked which were filled by the Bank (Staffflow) against the total number of hours worked by agency staff   |         |       |
|                          | Bank Hours vs Total Agency Hours   | % hours worked by Bank (Staffflow) against the total number of hours worked by agency staff   |         |       |
|                          | Care Hours Per Patient Day (CHPPD)   | Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available.  |         |       |
|                          | Clinical Time Worked (%)   | % of clinical time worked as a % of total rostered hours.   | >= 74   | 2 %   |
|                          | Employed vs Temporary Staff (%)  | Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.<br>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.<br>Number indicates average of last 12 months data (as shown in graph).   | >= 85   |       |
|                          | Midwife:Birth Ratio (%)  | The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.  | < 28    | 2 %   |
|                          | NHSP Hours vs Total Agency Hours   | % hours worked by NHSP against the total number of hours worked by agency staff   |         |       |
|                          | Overtime %   | % of Employee's that claim overtime.<br>Number indicates average of last 12 months data (as shown in graph).  | <= 10   |       |
|                          | Overtime (WTE)   | Count of employee's claiming overtime   | <= 60   | 1 %   |
| Roster Effectiveness (%) | The time ward staff attribute to clinical duties as a % of the ward duty roster.<br>Data source - eRoster. |   | 15 %    |       |









## Staffing




|                               |   |       |      |
|-------------------------------|---|-------|------|
| Shifts Filled - Day (%)       | Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)  | >= 80 | 15 % |
| Shifts Filled - Night (%)     | Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)  | >= 80 | 15 % |
| Sickness (%)                  | % of Full Time Equivalent (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | < 3.6 | 10 % |
| Stability Index (excl JDs) %  | Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT   |       |      |
| Stability Index (incl JDs) %  | Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage  |       |      |
| Staff Turnover (%)            | % Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.  | <= 10 | 15 % |
| Staff Turnover (Midwifery)    | % Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | <= 10 |      |
| Staff Turnover (Nursing)      | % Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | <= 10 |      |
| Staffing Level Difficulties   | Any incident related to Staffing Levels Difficulties  |       | 1 %  |
| Temp Staff (WTE)              | WTE Count of Temporary Staff Used   | < 182 | 1 %  |
| Time to Recruit               | Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | <= 10 |      |
| Total Staff Headcount         | Headcount of total staff in post  |       |      |
| Total Staff In Post (FundEst) | Count of total funded establishment staff   |       | 1 %  |
| Total Staff In Post (SiP)     | Count of total staff in post (WTE)  |       | 1 %  |
| Unplanned Agency Expense      | Total expenditure on agency staff as a % of total monthly budget.   | < 100 | 5 %  |
| Vacancy (%)                   | % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | <= 7  | 15 % |

|                  |                                   |   |       |      |
|------------------|-----------------------------------|---|-------|------|
| Staffing         | Vacancy (Medical) %               | % Vacant positions against Whole Time Equivalent (WTE) for Medical Staff.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.  | <= 7  |      |
|                  | Vacancy (Midwifery) %             | % Vacant positions against Whole Time Equivalent (WTE) for Midwives.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | <= 7  |      |
|                  | Vacancy (Nursing) %               | % Vacant positions against Whole Time Equivalent (WTE) for Nurses.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.   | <= 7  |      |
| Training         | Appraisal Rate (%)                | Number of staff with appraisal in date as a % of total number of staff.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.  | >= 90 | 50 % |
|                  | Corporate Induction (%)           | % of people who have undertaken a Corporate Induction   | >= 95 |      |
|                  | Major Incident Training (%)       | % of people who have undertaken Major Incident Training   | >= 95 |      |
|                  | Statutory Training (%)            | The percentage of staff that have completed Statutory training courses, this data is split out by training course.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.                               | >= 85 | 50 % |
| Use of Resources | Additional sessions £k            | Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.  | < 0   |      |
|                  | Agency Spend £m                   | Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.  | < 0   |      |
|                  | Capital position £m               | Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.   | < 0   |      |
|                  | Cash borrowings £m                | Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.  | < 0   |      |
|                  | CIPS £m                           | Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.   | < 0   |      |
|                  | Clinical Productivity: Outpatient | Clinical Productivity graph: outpatient sessions v plan   |       |      |
|                  | Clinical Productivity: Theatres   | Clinical Productivity graph: theatre sessions v plan.   |       |      |
|                  | Independent Sector £k             | Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported. | < 0   |      |
|                  | Payroll Pay £m                    | Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.   | < 0   |      |

### Data Assurance Stars

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

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

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

# Patient Safety Heatmap - JULY 2017

**KEY**

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

|  | Harm Free Care: New Harms (%) | All Pressure Damage: Cat 2 | Falls: Total | Number of Cardiac Arrests | C. Diff Infections (Post 72h) | Cases of MRSA (per month) | 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 (%) | Care Hours Per Patient Day (CHPPD) |
|--|-------------------------------|----------------------------|--------------|---------------------------|-------------------------------|---------------------------|----------------------|-----------------------|-----------------------------|-------------------|----------------------|------------------------|--------------------|------------------------|---------------------------------|-------------------------|---------------------------|------------------------------------|
|--|-------------------------------|----------------------------|--------------|---------------------------|-------------------------------|---------------------------|----------------------|-----------------------|-----------------------------|-------------------|----------------------|------------------------|--------------------|------------------------|---------------------------------|-------------------------|---------------------------|------------------------------------|

KCH - Kent & Canterbury

| Specialist                        |       |   |   |   |   |   |   |    |      |      |      |      |     |     |      |      |      |    |
|-----------------------------------|-------|---|---|---|---|---|---|----|------|------|------|------|-----|-----|------|------|------|----|
| KBRA - BRABOURNE (KCH)            | 100.0 | 1 | 3 | 0 | 0 | 0 | 0 | 13 | 100  | 94   | 100  | 47   | 100 | 0.0 | 88.2 | 88   | 100  | 15 |
| MARL - MARLOWE WARD               | 100.0 | 3 | 3 | 0 | 0 | 0 | 1 | 1  | 100  | 93   | 98   | 58   | 96  | 2.0 | 87.8 | 99   | 102  | 9  |
| Surgical                          |       |   |   |   |   |   |   |    |      |      |      |      |     |     |      |      |      |    |
| CLKE - CLARKE WARD                | 100.0 | 4 | 3 | 0 | 0 | 0 | 2 | 1  | 100  | 93   | 95   | 18   | 98  | 0.0 | 87.6 | 81   | 85   | 6  |
| KENT - KENT WARD                  | 92.3  | 2 | 6 | 0 | 0 | 0 | 0 | 1  | 100  | 100  | 100  | 51   | 96  | 0.0 | 99.2 | 94   | 91   | 10 |
| KITU - KCH ITU                    | 100.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | N/A  | N/A  | N/A  | N/A  | N/A | N/A | 96.1 | 84   | 96   | 25 |
| Urgent Care                       |       |   |   |   |   |   |   |    |      |      |      |      |     |     |      |      |      |    |
| HARB - HARBLEDOWN WARD            | 100.0 | 1 | 7 | 0 | 1 | 0 | 1 | 10 | 100  | 100  | 100  | 24   | 100 | 0.0 | 87.0 | 106  | 120  | 8  |
| INV - INVICTA WARD                | 100.0 | 2 | 2 | 0 | 0 | 0 | 1 | 0  | 100  | 100  | 100  | 9    | 100 | 0.0 | 87.5 | 85   | 126  | 6  |
| KCDU - EMERGENCY CARE CENTRE      | NULL  | 0 | 0 | 0 | 0 | 0 | 0 | 1  | NULL | NULL | NULL | 20   | 92  | 3.8 | 34.7 | 30   | 27   | 79 |
| KING - KINGSTON WARD              | 95.0  | 0 | 9 | 0 | 0 | 0 | 0 | 0  | 82   | 70   | 89   | 32   | 100 | 0.0 | 96.9 | 89   | 129  | 8  |
| KNRU - EAST KENT NEURO REHAB UNIT | 94.4  | 1 | 7 | 0 | 0 | 0 | 0 | 0  | 70   | 61   | 68   | 25   | 100 | 0.0 | 84.9 | 92   | 147  | 6  |
| MTMC - MOUNT/MCMASTER WARD        | 100.0 | 2 | 2 | 0 | 0 | 0 | 0 | 13 | 88   | 88   | 91   | 17   | 100 | 0.0 | 82.7 | 93   | 132  | 7  |
| TAY - TAYLOR WARD                 | NULL  | 0 | 0 | 0 | 0 | 0 | 0 | 0  | NULL | NULL | NULL | NULL | 100 | 0.0 | NULL | NULL | NULL | 0  |
| TREB - TREBLE WARD                | 100.0 | 0 | 3 | 0 | 0 | 0 | 1 | 30 | 75   | 79   | 84   | 43   | 100 | 0.0 | 77.5 | 89   | 122  | 8  |

QEH - Queen Elizabeth Queen Mother

| Specialist                        |       |   |    |   |   |   |   |    |      |      |      |     |     |     |      |     |     |    |
|-----------------------------------|-------|---|----|---|---|---|---|----|------|------|------|-----|-----|-----|------|-----|-----|----|
| BIR - BIRCHINGTON WARD            | 100.0 | 0 | 0  | 0 | 0 | 0 | 1 | 75 | 97   | 96   | 95   | 47  | 99  | 1.4 | 91.7 | 92  | 99  | 8  |
| KIN - KINGSGATE WARD              | 100.0 | 0 | 0  | 0 | 0 | 0 | 2 | 0  | N/A  | N/A  | N/A  | N/A | N/A | N/A | 98.0 | 88  | 81  | 20 |
| QSCB - QEH SPECIAL CARE BABY UNIT | 100.0 | 0 | 0  | 0 | 0 | 0 | 0 | 15 | N/A  | N/A  | N/A  | N/A | N/A | N/A | 88.4 | 94  | 100 | 12 |
| RAI - RAINBOW WARD                | 100.0 | 0 | 0  | 0 | 0 | 0 | 0 | 0  | N/A  | N/A  | N/A  | 12  | 100 | 0.0 | 92.6 | 103 | 112 | 16 |
| Surgical                          |       |   |    |   |   |   |   |    |      |      |      |     |     |     |      |     |     |    |
| BIS - BISHOPSTONE WARD            | 100.0 | 2 | 11 | 0 | 0 | 0 | 0 | 0  | NULL | NULL | NULL | 94  | 100 | 0.0 | 83.1 | 98  | 112 | 7  |
| CSF - CHEERFUL SPARROWS FEMALE    | 100.0 | 1 | 4  | 0 | 0 | 0 | 0 | 50 | 97   | 94   | 96   | 85  | 99  | 0.0 | 67.2 | 91  | 88  | 7  |
| CSM - CHEERFUL SPARROWS MALE      | 100.0 | 1 | 2  | 0 | 0 | 0 | 0 | 19 | 75   | 94   | 95   | 79  | 95  | 0.0 | 84.3 | 87  | 84  | 8  |
| QITU - QEH ITU                    | 100.0 | 0 | 0  | 0 | 0 | 0 | 0 | 0  | N/A  | N/A  | N/A  | N/A | N/A | N/A | 90.0 | 91  | 111 | 25 |

## KEY

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

|                                   | Harm Free Care: New Harms (%) | All Pressure Damage: Cat 2 | Falls: Total | Number of Cardiac Arrests | C. Diff Infections (Post 72h) | Cases of MRSA (per month) | 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 (%) | Care Hours Per Patient Day (CHPPD) |
|-----------------------------------|-------------------------------|----------------------------|--------------|---------------------------|-------------------------------|---------------------------|----------------------|-----------------------|-----------------------------|-------------------|----------------------|------------------------|--------------------|------------------------|---------------------------------|-------------------------|---------------------------|------------------------------------|
| QX - QUEX WARD                    | 100.0                         | 0                          | 0            | 0                         | 0                             | 0                         | 0                    | 94                    | 98                          | 90                | 94                   | 61                     | 98                 | 0.0                    | 97.4                            | 87                      | 98                        | 6                                  |
| SB - SEA BATHING WARD             | 100.0                         | 0                          | 0            | 0                         | 0                             | 0                         | 0                    | 58                    | 100                         | 100               | 100                  | 63                     | 96                 | 1.9                    | 80.8                            | 83                      | 94                        | 6                                  |
| Urgent Care                       |                               |                            |              |                           |                               |                           |                      |                       |                             |                   |                      |                        |                    |                        |                                 |                         |                           |                                    |
| DEAL - DEAL WARD                  | 100.0                         | 0                          | 3            | 0                         | 0                             | 0                         | 1                    | 1                     | 100                         | 97                | 97                   | 8                      | 83                 | 16.7                   | 88.6                            | 99                      | 149                       | 6                                  |
| FRD - FORDWICH WARD STROKE UNIT   | 100.0                         | 0                          | 1            | 0                         | 0                             | 0                         | 1                    | 1                     | 100                         | 100               | 100                  | 21                     | 100                | 0.0                    | 93.2                            | 115                     | 125                       | 9                                  |
| MW - MINSTER WARD                 | 95.5                          | 2                          | 4            | 0                         | 0                             | 0                         | 3                    | 22                    | 100                         | 100               | 100                  | 85                     | 97                 | 0.0                    | 84.8                            | 93                      | 99                        | 6                                  |
| QCCU - QEH CCU                    | 100.0                         | 0                          | 0            | 0                         | 0                             | 0                         | 0                    | 0                     | NULL                        | NULL              | NULL                 | 39                     | 100                | 0.0                    | 96.8                            | 99                      | 92                        | 8                                  |
| QCDU - QEH CDU                    | 100.0                         | 0                          | 0            | 0                         | 0                             | 0                         | 0                    | 4                     | NULL                        | NULL              | NULL                 | 16                     | 81                 | 11.9                   | 91.0                            | 116                     | 162                       | 12                                 |
| SAN - SANDWICH BAY WARD           | 100.0                         | 1                          | 4            | 0                         | 0                             | 0                         | 1                    | 1                     | 95                          | 88                | 98                   | 66                     | 97                 | 3.0                    | 97.7                            | 156                     | 158                       | 8                                  |
| SAU - ST AUGUSTINES WARD          | 100.0                         | 0                          | 5            | 0                         | 0                             | 0                         | 1                    | 0                     | NULL                        | NULL              | NULL                 | 0                      | NULL               | NULL                   | 89.8                            | 111                     | 123                       | 5                                  |
| STM - ST MARGARETS WARD           | 100.0                         | 0                          | 2            | 0                         | 0                             | 0                         | 0                    | 0                     | 100                         | 89                | 92                   | 15                     | 88                 | 12.5                   | 95.5                            | 122                     | 142                       | 7                                  |
| WHH - William Harvey              |                               |                            |              |                           |                               |                           |                      |                       |                             |                   |                      |                        |                    |                        |                                 |                         |                           |                                    |
| Specialist                        |                               |                            |              |                           |                               |                           |                      |                       |                             |                   |                      |                        |                    |                        |                                 |                         |                           |                                    |
| FF - FOLKESTONE                   | 100.0                         | 0                          | 1            | 0                         | 0                             | 0                         | 0                    | 0                     | 100                         | 100               | 100                  | N/A                    | N/A                | N/A                    | 88.4                            | 82                      | 73                        | 16                                 |
| KEN - KENNINGTON WARD             | 100.0                         | 0                          | 1            | 0                         | 0                             | 0                         | 0                    | 0                     | 94                          | 87                | 100                  | 42                     | 96                 | 1.9                    | 83.9                            | 81                      | 95                        | 8                                  |
| PAD - PADUA                       | 100.0                         | 0                          | 0            | 0                         | 0                             | 0                         | 1                    | 0                     | N/A                         | N/A               | N/A                  | 11                     | 100                | 0.0                    | 91.4                            | 87                      | 85                        | 11                                 |
| SCBU - THOMAS HOBBS NEONATAL UNIT | 100.0                         | 0                          | 0            | 0                         | 0                             | 0                         | 0                    | 32                    | N/A                         | N/A               | N/A                  | N/A                    | N/A                | N/A                    | 94.4                            | 102                     | 103                       | 14                                 |
| Surgical                          |                               |                            |              |                           |                               |                           |                      |                       |                             |                   |                      |                        |                    |                        |                                 |                         |                           |                                    |
| ITU - WHH ITU                     | 100.0                         | 0                          | 0            | 1                         | 0                             | 0                         | 0                    | 0                     | N/A                         | N/A               | N/A                  | N/A                    | N/A                | N/A                    | 104.5                           | 136                     | 134                       | 29                                 |
| KA2 - KINGS A2                    | 100.0                         | 2                          | 1            | 0                         | 0                             | 0                         | 0                    | 81                    | 94                          | 90                | 94                   | 81                     | 99                 | 0.0                    | 87.7                            | 102                     | 116                       | 6                                  |
| KB - KINGS B                      | 100.0                         | 1                          | 3            | 0                         | 0                             | 0                         | 1                    | 128                   | 80                          | 93                | 95                   | 42                     | 94                 | 0.0                    | 92.3                            | 92                      | 101                       | 5                                  |
| KC - KINGS C1                     | 96.2                          | 1                          | 0            | 0                         | 0                             | 0                         | 0                    | 89                    | 100                         | 100               | 100                  | 70                     | 100                | 0.0                    | 84.6                            | 104                     | 101                       | 5                                  |
| KC2 - KINGS C2                    | 100.0                         | 0                          | 2            | 0                         | 0                             | 0                         | 1                    | 85                    | 100                         | 100               | 100                  | 62                     | 99                 | 0.9                    | 82.7                            | 84                      | 100                       | 6                                  |
| KDF - KINGS D FEMALE              | 100.0                         | 2                          | 6            | 0                         | 0                             | 0                         | 2                    | 232                   | 88                          | 73                | 83                   | 71                     | 97                 | 0.0                    | 90.3                            | N/A                     | N/A                       | N/A                                |
| KDM - KINGS D MALE                | 100.0                         | 2                          | 4            | 0                         | 0                             | 0                         | 0                    | 0                     | 91                          | 83                | 85                   | 50                     | 98                 | 0.0                    | N/A                             | 105                     | 113                       | 11                                 |
| RW - ROTARY WARD                  | 100.0                         | 0                          | 6            | 0                         | 0                             | 0                         | 2                    | 0                     | 98                          | 97                | 98                   | 63                     | 99                 | 0.0                    | 90.6                            | 107                     | 113                       | 9                                  |
| Urgent Care                       |                               |                            |              |                           |                               |                           |                      |                       |                             |                   |                      |                        |                    |                        |                                 |                         |                           |                                    |
| CCU - CCU                         | NULL                          | 0                          | 0            | 0                         | 0                             | 0                         | 0                    | 1                     | 100                         | 86                | 91                   | 356                    | 98                 | 1.8                    | 96.9                            | NULL                    | NULL                      | 0                                  |
| CJ2 - CAMBRIDGE J2                | 96.2                          | 0                          | 0            | 0                         | 1                             | 0                         | 0                    | 3                     | 92                          | 90                | 95                   | 61                     | 97                 | 2.6                    | 72.4                            | 81                      | 89                        | 9                                  |
| CK - CAMBRIDGE K                  | 95.7                          | 0                          | 0            | 0                         | 0                             | 0                         | 0                    | 6                     | NULL                        | NULL              | NULL                 | 105                    | 90                 | 3.3                    | 86.6                            | 114                     | 93                        | 9                                  |
| CL - CAMBRIDGE L REHABILITATION   | 100.0                         | 6                          | 5            | 0                         | 0                             | 0                         | 1                    | 7                     | 80                          | 82                | 92                   | 81                     | 94                 | 6.1                    | 102.4                           | 101                     | 135                       | 7                                  |

**KEY**

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

|                                      | Harm Free Care: New Harms (%) | All Pressure Damage: Cat 2 | Falls: Total | Number of Cardiac Arrests | C. Diff Infections (Post 72h) | Cases of MRSA (per month) | 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 (%) | Care Hours Per Patient Day (CHPPD) |
|--------------------------------------|-------------------------------|----------------------------|--------------|---------------------------|-------------------------------|---------------------------|----------------------|-----------------------|-----------------------------|-------------------|----------------------|------------------------|--------------------|------------------------|---------------------------------|-------------------------|---------------------------|------------------------------------|
| CM1 - CAMBRIDGE M1 SHORT STAY        | 94.1                          | 1                          | 3            | 0                         | 0                             | 0                         | 1                    | 0                     | 100                         | 100               | 100                  | 30                     | 100                | 0.0                    | 72.5                            | N/A                     | N/A                       | N/A                                |
| CM2 - CAMBRIDGE M2                   | 100.0                         | 1                          | 12           | 0                         | 0                             | 1                         | 0                    | 30                    | 89                          | 92                | 97                   | 64                     | 97                 | 0.0                    | 94.3                            | 109                     | 126                       | 7                                  |
| OXF - OXFORD                         | 92.9                          | 0                          | 3            | 0                         | 0                             | 0                         | 0                    | 0                     | NULL                        | NULL              | NULL                 | 63                     | 100                | 0.0                    | 93.2                            | 105                     | 119                       | 8                                  |
| RST1 - RICHARD STEVENS 1 STROKE UNIT | 100.0                         | 2                          | 11           | 0                         | 0                             | 0                         | 0                    | 11                    | 100                         | 95                | 94                   | 39                     | 93                 | 3.4                    | 76.3                            | 107                     | 114                       | 8                                  |
| WCDM - WHH CDU MIXED                 | 95.2                          | 0                          | 0            | 0                         | 0                             | 0                         | 0                    | 0                     | 91                          | 97                | 96                   | 24                     | 79                 | 18.9                   | 89.4                            | 96                      | 106                       | 13                                 |

# Human Resources Heatmap

|                                 | Central | Clinical | Finance & Perform | HR & Corporate | Qual Safety & Ops | Specialist | Strat Dev & Cap Plan | Surgical | Urgent & Long Term |
|---------------------------------|---------|----------|-------------------|----------------|-------------------|------------|----------------------|----------|--------------------|
| Appraisal Rate (%)              | 78.6    | 81.7     | 77.4              | 72.1           | 49.6              | 78.6       | 58.7                 | 80.0     | 80.3               |
| Employed vs Temporary Staff (%) | 80.3    | 88.1     | 92.6              | 89.2           | 88.1              | 92.2       | 86.7                 | 91.6     | 85.2               |
| Sickness (%)                    | 11.4    | 3.5      | 1.6               | 3.3            | 2.6               | 4.1        | 3.2                  | 4.3      | 3.9                |
| Staff Turnover (%)              | 0.0     | 13.8     | 8.0               | 19.3           | 18.1              | 13.1       | 9.3                  | 11.2     | 12.5               |
| Statutory Training (%)          | 87      | 91       | 97                | 89             | 82                | 89         | 94                   | 86       | 87                 |
| Total Staff In Post (SiP)       | 15      | 1450     | 124               | 194            | 94                | 1333       | 323                  | 1743     | 1662               |
| Vacancy (%)                     | 19.7    | 11.9     | 7.4               | 11.7           | 11.9              | 7.8        | 13.3                 | 8.4      | 15.1               |

Corporate

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