

INTEGRATED PERFORMANCE REPORT



Chief Executive's Summary

I am pleased to report that our caring domain is demonstrating continued positive patient experience levels to those reported in my previous report. Our focused work continues in improving patient experience in our Emergency Departments where there have been significant challenges. There is also more to do with our complaints response time and focussed work continues with our Divisions to bring this back in line.

Referral to treatment (18 weeks) has remained static reporting at 85%. As reported last month, this is positive particularly as the Trust continues to see an increase in referrals and additions to our admitted waiting list but further work is required to make improvements in compliance. I am pleased to report that the number of patients treated beyond 52 weeks has reported a decrease in June compared to the previous month. Work on this continues as a priority.

Cancer 2 week wait performance continues to report a compliant position. Unfortunately, breast symptomatic 2 week wait performance reported a non-compliant position in June at 89.87% and work is underway to address that for the future. Cancer 62 day performance remains a challenge in particular specialties and focussed work continues as we work to achieve compliance from September 2017 data.

We have seen a slight improvement in our A&E 4 hour performance for June 2017 reporting at 78.59% compared to the position in May 2017 which reported at 76.78% but this remains well below the expected level and following the Canterbury changes to the acute medical take in June, our focus is now on embedding the model and improving 4 hour performance. This will take time and one of the key drivers for this continues to be staffing issues across our emergency departments and this and other issues are currently being examined and solutions being identified to help improve performance ahead of the winter.

Harm free care (new harms which we can influence) continues to report higher than the national average with a further improvement in June 2017 compared to May 2017.

As reported last month, infection control is an area of increased focus as this is a key area of patient safety. The current year to date total (as at 21/07/2017) for C.difficile is 14 cases against an annual objective of 46 cases which is just below trajectory.

Although there were no cases of MRSA in May and June 2017, there have been 2 as yet unassigned MRSA bacteraemias in July 2017 to date. A validated position will be reported in our next report to Board.

Mercia Spare, Head of Quality, NHSI, has agreed to undertake a critical friend review of our Infection Prevention and Control together with a review of the Trust's action plan. This review is scheduled for August 2017.

Whilst the rate of falls within the Trust remains lower than the national average, inpatient falls remain a challenge in our hospitals and for the NHS as a whole. However, the number of falls decreased significantly in June 2017 with a total of 138 compared to 174 in May 2017. The Falls Team continue to work hard to implement the "Fallstop" programme across the Trust.

Performance around Category 2 pressure ulcers compares well with other Trusts and a decrease was reported in June compared to May 2017. One category 3 pressure ulcer was reported in June 2017 which was avoidable. During June 2017, the TV team continue to reinforce the 'react-to-red' message throughout the Trust.

The Trust's I&E deficit in June (month 3) was £1.1m (consolidated position excluding Sustainability and Transformation Funds and after technical adjustment) against a plan of £1.5m.

The year to date I&E deficit is £6.6m against a plan of £8.2m (£1.6m better than plan).

Pay costs in the month of £28.7m were £0.2m up on May but also £0.2m better than plan. Permanent staff reduced by £0.3m, bank staff was unchanged, but overtime increased by £0.1m and agency/locum staff by £0.4m. The move of Kent and Canterbury medical trainees to WHH and QEQM took place on 19 June necessitating additional costs. Invoicing from NHSP continues to be investigated. Temporary staff spend in month is a concern and will need to see a reduction in future months if workforce CIPS are to be delivered. Waiting list payments continued to be depressed at £0.16m, a small increase on May. Pay is now £1.5m better than plan year to date.

Activity/income was £1.2m better than plan in month with total income now £0.9m better than plan YTD.

Against the £32m CIPS target, including income, £1.79m was reported in month against a target of £1.97m. Year to date £5.2m is reported against a plan of £4.7m. Of the reported position, £1.3m (25%) is non-recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of May was £7.9m. 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 are planned before the end of July. Total risks net of opportunities of £11.4m have been identified.

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 third review meeting took place on 3 July and was a constructive and positive discussion. The Trust remains in Financial Special Measures.

The turnover rate has reported a slight reduction in June 2017 at 12.6%. The vacancy rate increased marginally from 11.6% to 11.9%. 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.

The proportion of temporary staff engaged by the Trust increased in April and May (this despite the fact the wte temporary staff used in month reduced). This has largely resulted from an increased supply of bank staff in the reporting period. Percentage agency supply showed a marginal increase. Agency costs are controlled by the Agency Taskforce and are a key part of controlling staffing 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 continues to be an area of concern and focus for the executive team. Statutory training compliance remained steady at 89%. 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 training, so this is being sent manually in some cases.

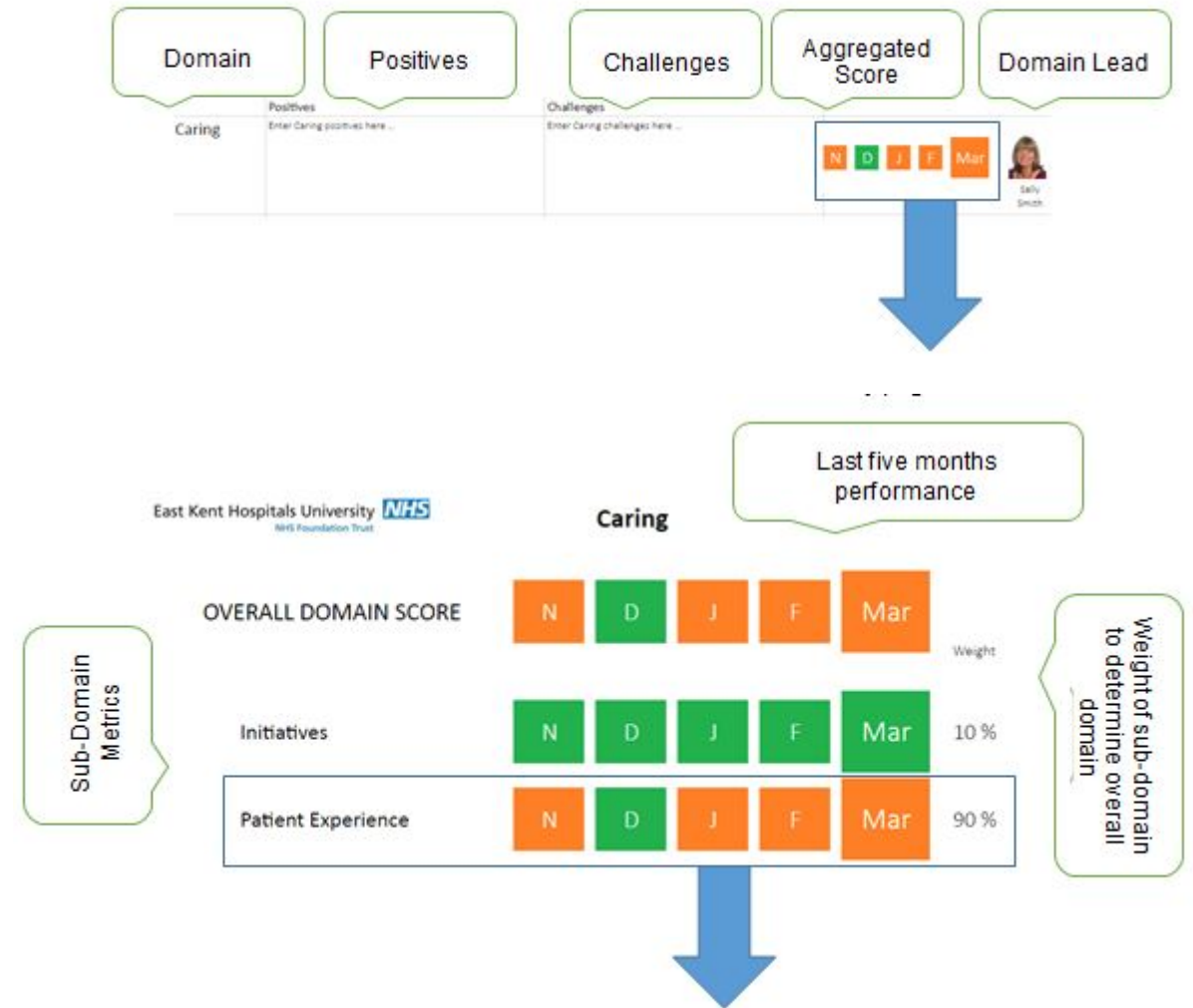
The Trust staff appraisal rate decreased to 81.1%, below the 90% target. Divisions are working on plans to complete appraisals due in (traditionally high volumes are due in April/May) to avoid a further drop in appraisal rates.

Time to recruit has decreased in the last two months and it is hoped that this will be further supported by the recruitment process mapping plans in place for implementation by the end of June 2017.

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	
Caring	<p>Friends and Family Test for inpatients remains at 97% registering green.</p> <p>The percentage of patients not recommending the Trust reduced again and is registering the lowest level of dissatisfaction since January 17.</p> <p>Overall patient experience as recorded by the real-time survey is similar to last month.</p> <p>Satisfaction with 'Care that matters to you' is showing an improvement compared to last month as is patients' reported satisfaction with hospital food.</p> <p>The complaints:compliments ratio is registering green in June</p>	<p>We are still reporting mixed sex breaches in our Clinical Decision Units and in June the occurrences increased</p> <p>Our complaint responses within 30 working days is registering amber.</p>	  <p>Sally Smith</p>
Effective	<p>Bed Occupancy improved in June to a monthly figure of 94% with a reduced non-elective length of stay. This follows the work undertaken to prepare the sites for the moves of medical services from the Kent and Canterbury Hospital site.</p> <p>An increase in the number of patients discharged before midday and also a reduction in the number of reportable delayed transfers of Care (DTOC), balanced by slight reductions in the readmissions rates.</p>		  <p>Jane Ely</p>
Responsive	<p>Cancer 2 week wait performance remained compliant</p> <p>Diagnostic performance remained compliant and continues to perform well.</p> <p>Referral to Treatments (18 weeks RTT) performance has remained steady at 85%, however referrals, total waiting list and additions to the admitted waiting list have all increased significantly.</p> <p>The number of patients treated beyond 52 weeks has decreased slightly and an improvement trajectory at specialty level is now in place.</p> <p>The A&E 4 hour performance has improved to 78.59%.</p>	<p>Improving the A&E 4 hour performance remains a challenge due to the doctor cover across the Emergency departments.</p> <p>The high number of attendances have put pressure on departments and found to be related to the hot weather.</p> <p>Cancer 62 day performance is a challenge in a number of tumour sites – Colorectal, Lung, Head and Neck and Urology.</p> <p>Daily performance meetings are now in place to work towards September compliance.</p> <p>RTT performance will be a challenge to maintain with the increasing in the waiting list</p>	  <p>Jane Ely</p>

Safe

Harm free care (New harms, that we can influence) remains better than the national average and improved in June compared to May.
 The falls rate is registering green in June and is below the national average.
 The incidence of category 2 pressure ulcers has improved in June.
 There were no avoidable deep ulcers reported in June.
 The infection prevention and control team is virtually back to establishment.
 Clinical incident reporting has increased this month compared to last month. We see this as a positive indication of a culture of openness and transparency with regard to safety and quality.
 The % of patients screening positive for sepsis and receiving antibiotics within an hour of arriving in A&E has risen to 81% this month, similarly 80% of inpatients screened received intravenous antibiotics within the golden hour.

VTE risk assessment recording remains sub-standard but has improved to above 90%.
 A stop before you block never event occurred in the QEQMH operating theatre despite work done previously with the anaesthetic teams to prevent this from happening.
 Hip fracture 30 day mortality at the WHH Ashford has flagged negatively having risen from 6.4% in April 2016 (cf. 6.8% nationally) to 10.4% in February 2017 and 9.9% in March 2017 (latest data). This compares to national figures of 6.6% and 6.5% and to the QEQMH figures of 7.1% and 6.1%. This is being actively investigated with individual case note review.
 Infection prevention and control remains an area of concern



Paul Stevens

Well Led

I&E £1.6m ahead of plan at month 3
 Permanent staff spend reduced by £0.3m
 Sickness rates stable (3.7%)
 Cash balance as at 31 March on plan £7.9m
 Nursing shifts filled
 CIPS of £5.2m reported against a plan of £4.7m year to date

Vacancies increase for 5th month in a row (11.9% from 11.7%)
 Turnover stable (12.6%)
 Appraisal rate reducing for 3rd month (81.1% to 75.8%)
 Temporary staff spend increased by £0.5m (agency, locum, overtime)
 High number of medical staff vacancies
 Non recurrent CIPS at £1.2m year to date (25%)



Matthew Kershaw

Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

Caring

		Feb	Mar	Apr	May	Jun	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	39	20	40	32	27	>= 12	10 %
	Mixed Sex Breaches	6	17	10	7	17	< 1	10 %
	Overall Patient Experience %	91	92	92	92	92	>= 90	10 %
	Complaint Response in Timescales %	79	84	86	86	79	>= 85	5 %
	FFT: Recommend (%)	95	95	96	97	97	>= 90	30 %
	FFT: Not Recommend (%)	2.7	2.4	1.8	1.4	1.3	>= 1	10 %

Effective

OVERALL DOMAIN SCORE

Beds

Clinical Outcomes

Productivity

F	M	A	M	Jun	Weight
F	M	A	M	Jun	25 %
F	M	A	M	Jun	25 %
F	M	A	M	Jun	25 %

Effective

		Feb	Mar	Apr	May	Jun	Green	Weight
Beds	Bed Occupancy (%)	104	101	97	99	94	<= 90	60 %
	IP - Discharges Before Midday (%)	15	14	15	15	13	>= 35	10 %
	DToCs (Average per Day)	56	59	49	62	56	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.4	3.4	3.4	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.2	16.1	16.0	15.9	15.8	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	99	100	100	100	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	6.5	6.7	6.7	6.8	6.9	< 7	
	DNA Rate: Fup %	6.1	5.7	6.4	6.2	6.9	< 7	
	New:FUp Ratio (1:#)	0.7	0.7	0.6	0.7	0.6		
Productivity	LoS: Elective (Days)	2.7	2.9	3.3	3.0	3.1		
	LoS: Non-Elective (Days)	6.6	6.2	6.1	6.7	6.5		
	Theatres: Session Utilisation (%)	81	81	78	82	82	>= 85	25 %
	Theatres: On Time Start (% 30min)	78	80	80	77	78	>= 90	10 %
	Non-Clinical Cancellations (%)	1.6	1.7	1.2	1.3	0.8	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	11	15	9	12	25	< 5	10 %
	EME PPE Compliance %	73	76	76	75	77	>= 90	20 %

Responsive

OVERALL DOMAIN SCORE	F	M	A	M	Jun	Weight
A&E	F	M	A	M	Jun	25 %
Cancer	F	M	A	M	Jun	25 %
Diagnostics	F	M	A	M	Jun	25 %
RTT	F	M	A	M	Jun	25 %

Responsive

		Feb	Mar	Apr	May	Jun	Green	Weight
A&E	ED - 4hr Compliance (%)	76.24	80.45	78.57	76.48	78.15	>= 95	100 %
Cancer	Cancer: 2ww (All) %	96.08	97.41	93.59	95.67	96.76	>= 93	10 %
	Cancer: 2ww (Breast) %	94.81	93.57	90.91	90.71	89.87	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.96	97.42	95.68	94.81	95.91	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	94.12	90.24	89.29	92.00	85.45	>= 94	5 %
	Cancer: 31d (Drug) %	95.77	97.50	97.06	95.24	95.35	>= 98	5 %
	Cancer: 62d (GP Ref) %	70.45	77.30	72.40	70.19	74.47	>= 85	50 %
	Cancer: 62d (Screening Ref) %	76.47	89.23	92.00	95.00	95.74	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	92.59	69.77	66.67	80.56	76.09	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.67	99.78	99.06	99.36	99.46	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	99.67	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	84.35	85.40	84.85	85.82	85.07	>= 92	100 %
	RTT: 52 Week Waits (Number)	24	28	29	36	30	< 1	

Safe

OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

F	M	A	M	Jun	Weight
F	M	A	M	Jun	20 %
F	M	A	M	Jun	20 %
F	M	A	M	Jun	50 %
F	M	A	M	Jun	10 %

Safe

		Feb	Mar	Apr	May	Jun	Green	Weight
Incidents	Serious Incidents (STEIS)	6	9	5	6	8		
	Harm Free Care: New Harms (%)	99.1	99.0	99.2	98.5	99.4	>= 98	20 %
	Falls (per 1,000 bed days)	5.51	5.07	5.12	5.25	4.75	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.48	0.30	0.38	0.30	0.17	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,337	1,391	1,255	1,372	1,356		
Infection	Cases of C.Diff (Cumulative)	45	53	5	8	11	<= Traj	40 %
	Cases of MRSA (per month)	2	2	1	0	0	< 1	40 %
Mortality	HSMR (Index)	83	81				< 90	35 %
	Crude Mortality EL (per 1,000)	0.5	0.1	0.5	0.3	0.5	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	34	30	31	35	28	< 27.1	10 %
	RAMI (Index)	91	89	87	87		< 87.45	30 %
Observations	Cannula: Daily Check (%)	75.4	77.2	76.3	77.5	76.3	>= 50	10 %
	Catheter: Daily Check (%)	49.3	49.5	46.9	47.8	47.3	>= 50	10 %
	Central Line: Daily Check (%)	65.4	68.0	67.8	68.5	67.7	>= 50	10 %
	VTE: Risk Assessment %	91	90	89	89	90	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92	92	92	92	91	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	90	90	90	90	89	>= 90	25 %

Well Led

OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun

Weight

15 %

10 %

25 %

10 %

25 %

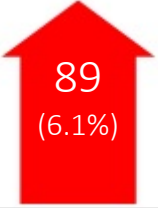
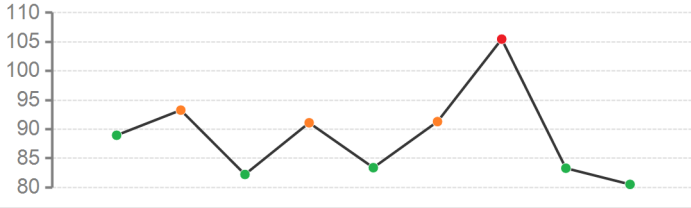


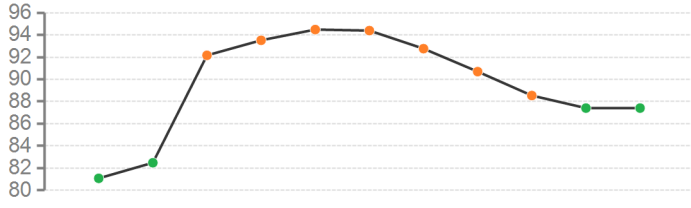


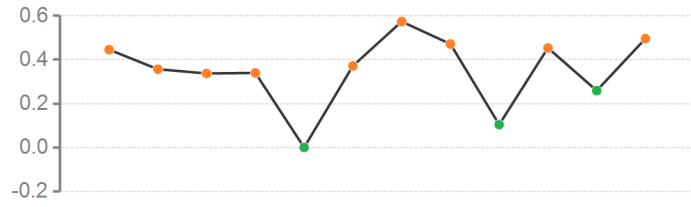

15 %

Well Led

		Feb	Mar	Apr	May	Jun	Green	Weight
Culture	Staff FFT - Treatment (%)	76	76	77	77	77	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.5	0.4	0.3	0.3	0.8	< 4	25 %
	Valid NHS Number %	100	100	100	100	100	>= 99.5	40 %
	Uncoded Spells %	0.0	0.0	3.3	0.1	0.1	< 0.25	25 %
Finance	I&E £m	-3.3	-8.8	-2.8	-1.8	-0.7	>= Plan	30 %
	Cash Balance £m	8.2	5.1	8.9	13.0	7.9	>= Plan	20 %
	Total Cost £m	-46.8	-55.3	-47.3	-48.5	-49.7	>= Plan	20 %
	Forecast I&E £m	-27.7	-31.4	-19.0	-19.0	-19.0	>= Plan	20 %
	Normalised Forecast £m	-31.8	-30.7	-19.0	-19.0	-19.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	1	1	0	0	1	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	4.1	4.1	3.6	3.7	3.7	< 3.6	10 %
	Staff Turnover (%)	12.6	12.7	12.9	12.9	12.6	<= 10	15 %
	Vacancy (%)	9.4	9.8	11.4	11.7	11.9	<= 7	15 %
	Total Staff In Post (SiP)	6989	6967	6921	6913	6900		1 %
	Temp Staff (WTE)	265	260	234	226	240	< 182	1 %
	Shifts Filled - Day (%)	100	100	101	99	98	>= 80	15 %
	Shifts Filled - Night (%)	111	111	110	106	107	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	11	10	10	12		
	Local Induction Compliance %	15.0	21.8	16.3	20.8	23.5	>= 85	
	Agency %	19.2	21.9	18.5	18.9	20.5	<= 10	
Training	Appraisal Rate (%)	83.6	84.6	84.9	81.1	75.8	>= 90	50 %
	Statutory Training (%)	88	89	89	89	89	>= 85	50 %

Strategic Theme: Patient Safety

Mortality

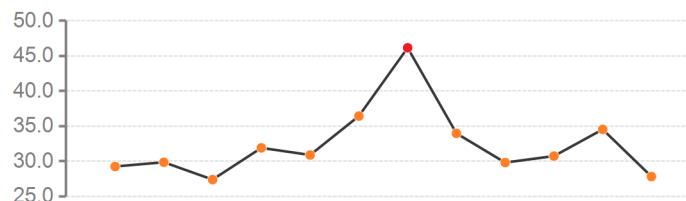
Jun	HSMR (Index)	 <p>89 (6.1%)</p>		<p>Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.</p>	
Jun	RAMI (Index)	 <p>89 (-1.8%)</p>		<p>Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.</p>	
Jun	Crude Mortality EL (per 1,000)	 <p>0.3 (-8.8%)</p>		<p>The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Strategic Theme: Patient Safety

Jun

Crude Mortality NEL
(per 1,000)

32
(12.9%)



The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.



Comments:

The Trust crude mortality rate continues at 1.4% and is within the peer 25th to 75th percentile. HSMR for the current period of reporting (April 2016 to March 2017) was 88.8%, below the peer 25th percentile of 89.6%. There continues to be a site variation and the rolling 12 months chart continues to show highest indices at WHH followed by QEQMH and then K&CH. In the previous report septicaemia was alerting on red and abdominal pain alerting on amber. In this reporting period these 2 conditions continue to alert and also with the addition of 154 non infectious gastroenteritis.

1. Septicaemia

The Trust continues to monitor this group. It is expected that with the introduction of new coding rules nationally that this CCS group will continue to alert. In this reporting period the number of cases was 392 compared to 367 in the previous report covering March 2016 to February 2017.

2. 154 Non-infectious gastroenteritis

The cusum illustrates that the alerting period was in the earlier months of the reporting period followed by a decrease in the following months. There was one death in March 2017, 91 years of age with a length of stay of 7 days, the patient had extensive secondary diagnoses including acute lower respiratory infection, acute renal failure.

3. 251 Abdominal pain

The cusum illustrates that the alerting period was in the earlier months of the reporting period followed by a decrease in the following months. The amber alert was triggered by a death in February 2017 which was an 87 year old with secondary diagnoses including malignant neoplasm of the caecum. Following a length of stay of 7 days the patient was discharged to another provider and under the HSMR methodology the death was attributed to the Trust.

An additional area that has not been picked up by the routine mortality alert monitoring is 30 day hip fracture mortality. Hip fracture 30 day mortality had previously alerted at the WHH Ashford back in 2013 when the mortality was 13.7% compared with national mortality of 8.5%. Following investigation an improvement programme was established which saw the 30 day mortality at WHH progressively fall to 6.4% in April 2016 compared to a national figure of 6.8%. Since April 2016 the 30 day hip fracture mortality has progressively risen again to 10.4% in February 2017 and 9.9% in March 2017 (latest data). This compares to national figures of 6.6% and 6.5% and to the QEQMH figures of 7.1% and 6.1%. This is being actively investigated with individual case note review.

Serious Incidents

Jun	Serious Incidents (STEIS)	82 (2.5%)		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.	
Jun	Never Events (STEIS)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;">2 (-60.0%)</div>		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	

Comments: Total open SIs on STEIS June 2017: 68 (including 8 new)
SIs under investigation: 38
Breaches: 18
Non-breaches: 20

SIs awaiting closure: 30
Waiting CCG response: 22
Waiting EKHUFT non-closure response: 8

Supporting Narrative:


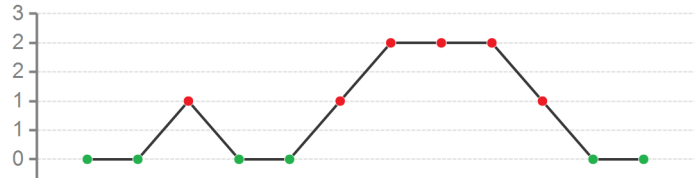



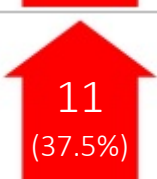
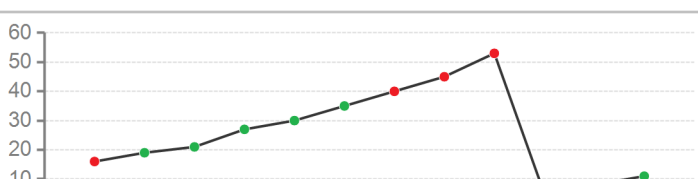



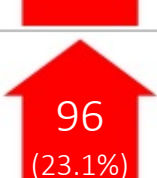
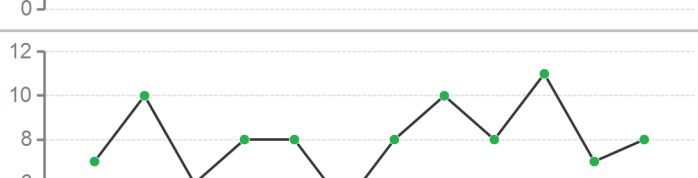



The number of breached cases is 18. Breaches are mainly due to the quality of analysis. This is being managed by the Root Cause Analysis Group and at the Executive Performance Reviews each month.

Work continues on clearing the longest breached cases and further progress is predicted. The Clinical Incident Manager and Head of Patient Safety have been working with the divisions to progress these cases and are now attending many of the RCA meetings, and supporting the writing of the investigations.

The eight new SIs related to:

- one never event relating to wrong site block
- three treatment delays relating to a trauma patient with a haemothorax and fractures, a patient who required earlier escalation when he deteriorated and an ophthalmology case
- one diagnostic delay relating to a patient with discitis
- one surgical procedure relating to dentistry
- one fall
- one obstetric incident regarding a post-partum haemorrhage.

Infection Control

Jun	Cases of MRSA (per month)	 <p>9 (200.0%)</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>	  
Jun	Cases of C.Diff (Cumulative)	 <p>11 (37.5%)</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>	  
Jun	E. Coli	 <p>96 (23.1%)</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>	  

Strategic Theme: Patient Safety

Jun MSSA



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



Comments: C.difficile
The current year to date total (as at 21/07/2017) is 14 cases against an annual objective of 46 cases which is just below trajectory. Performance is driven down by medicine who are above trajectory.

MRSA

Although there were no cases of MRSA bacteraemia in May and June there have been 2 as yet unassigned MRSA bacteraemias in July to date.

Anti-microbial Stewardship (AMS)

The employment of a Band 8a Pharmacist in intensive care with focus on antimicrobials will pick up issues around sepsis and critical care AMS. That individual comes into post in August 2017. A further band 8a pharmacist will be in post in the autumn as AMS lead and they will take the lead in training of staff, alongside other members of the clinical microbiology team. Dr Graeme Calver has taken on the microbiological lead for this area with effect from now.

Critical Friend Review

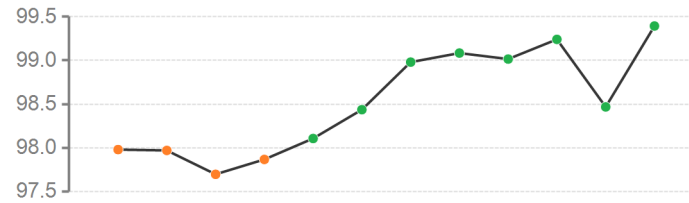
Mercia Spare (NHS Head of Quality) has kindly agreed to undertake a critical friend review of our Infection Prevention and Control together with a review of the IPC action plan, this review is scheduled for August 8/9.

There have been no further infection control incidents.

Harm Free Care

Jun

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.

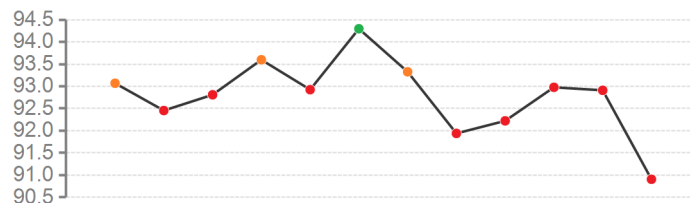


Strategic Theme: Patient Safety

Jun

Harm Free Care: All Harms (%)

92.8
(0.5%)



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



Comments:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in June-17 was 90.91% compared to 92.91% in May-17. A wide variation, as expected, is seen across the divisions with specialist achieving 95.42%, surgical 88.98% (a reduction from 94.18% in May-17) and UCLTC 89.96%. The prevalence of pressure ulcers (admitted with) has increased in June to 7.5% from 5% in May-17. A review of old harms (patients admitted with) during Q1 has been undertaken and reveals no particular themes in admission source. A review of the 240 Datix reported incidents of patients admitted with pressure ulcers is underway to identify any trends and drive improved work with our partners.

Harm Free Care experienced in our care (New Harms only) has significantly improved to 99.39% in June compared to 98.4 in May-17.

WHH New Harms Only HFC had a slight increase to 99.30% in June compared to 99.13% in May.
 QEQM New Harms Only HFC also had an increase to 99.42% in June compared to 98.01% in May.
 K&C New Harms Only HFC also had an increase 99.54% in June compared to 97.84% in May.

HFC (new harms only) for all four individual harms have fallen this month. No national comparison data was available at the time of reporting due to a technical issue. The Safety Thermometer for June-17 demonstrates:

- Lower levels of catheters & New UTIs (0.10%) compared to 0.57% in May-17.
- Lower levels of New Pressure Ulcers (0.20%) compared to 0.38% in May-17.
- Lower prevalence of falls with harm (0.20%) compared to 0.29% in May-17.
- Lower prevalence of new VTEs (0.10%) compared to 0.29% in May-17.

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

Pressure Damage

Jun	Pressure Ulcers Cat 2 (per 1,000)	<div style="font-size: 2em; font-weight: bold;">0.32</div> <div style="font-size: 1.2em;">(-69.0%)</div>		Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	
Jun	Pressure Ulcers Cat 3/4 (per 1,000)	<div style="font-size: 2em; font-weight: bold;">0.02</div> <div style="font-size: 1.2em;">(-75.9%)</div>		Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	

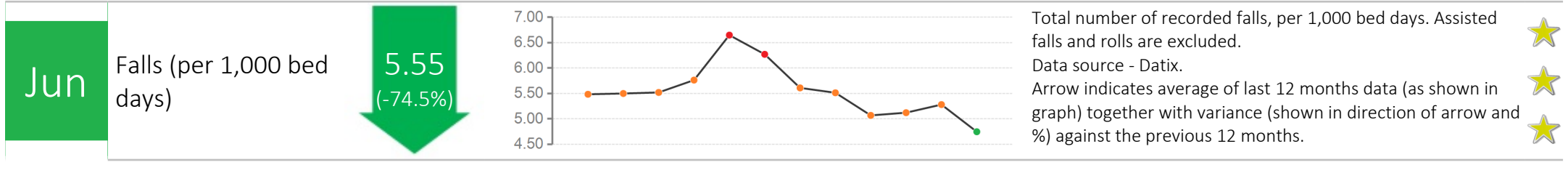
Comments: In June 2017 a total of 27 category two pressure ulcers were reported, a reduction of 7 from last month. Of these incidents, 5 were confirmed as avoidable, a decrease of 50%. Four incidents affected the sacrum/buttock area. These occurred on CL, CDU/WHH, Maternity/QEQM and Bishopstone. Learning issues identified were insufficient repositioning; lack of reacting to red skin; delay in equipment and laying on a plastic device. The other incident affected the abdomen resulting from incorrect incontinence pad application (Kingston). Of the 22 unavoidable superficial ulcers, 15 affected the sacrum/buttocks and one the thigh. The remaining 6 were related to medical devices affecting the nose x 1, ears x 2, mouth/chin x 2 (optiflow and ET tube fastenings) and one brace affecting the arm.

In June 2017, there was one confirmed category 3 pressure ulcer (CM2) which was unavoidable. There were 9 potential deep ulcers, a reduction of 10 from last month. Five were confirmed as avoidable. Two heel ulcers occurred on CM1 and CL with lack of preventative heel offloading found. The patient is being monitored and it is hoped that this discolouration will resolve without depth of skin loss. The remaining 3 patients sustained pressure damage at QEQM, all T & O. Two occurred on Bishopstone affecting the sacrum (one DTI and one unstageable) with lack of repositioning and delay in active mattress cited as key factors. The other was an unstageable ulcer which developed under hip protectors on Quex ward where lack of skin monitoring was identified.

In total, 4 ulcers affected the foot/heel, 2 avoidable. 23 affected the sacrum/buttock, 6 avoidable. 10 affected other body sites with 6 being medical device related.

During June 2017, the TV team continue to reinforce the 'react-to-red' message throughout the Trust. Joint team meetings have been held with the TV team and EME to address and improve any equipment issues. Bespoke drop in training sessions have taken place on the trauma floor at QEQM to deal with recurrent themes in avoidable ulceration.

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 decreased significantly in June. There were a total of 138 compared with 174 in May. 34 were at K&CH, 45 at QEQMH and 56 at WHH. 1 fall resulted in a hip fracture at WHH, 2 in wrist fractures at K&CH and 1 in a humeral fracture at K&CH. All falls resulting in fractures have been investigated by the specialist Falls Team and were unavoidable.

To support continued improvement the Falls Team are working hard to embed the “Fallstop” programme and have had a band 4 post approved, with interviews to be held this week. Aimed at falls prevention, this programme is available to all wards across the Trust sites. With a new focus on self- directed development to promote engagement, the project has now been implemented at the William Harvey Hospital, with further implementation planned across the remaining sites.

Going forward we will use “Fallstop” audit data to benchmark our wards. The target for the coming year is to improve completion of risk assessments at each site by 10% (based on the national inpatient falls audit result from 2015). We will also use the results of the 2017 national audit (when the report is available). Many wards have already begun to use the Qlikview audits to assess compliance with falls risk assessments. The next step will be to use the post fall audit to routinely audit post fall care against the Trust's Post Fall Protocols.

Strategic Theme: Patient Safety

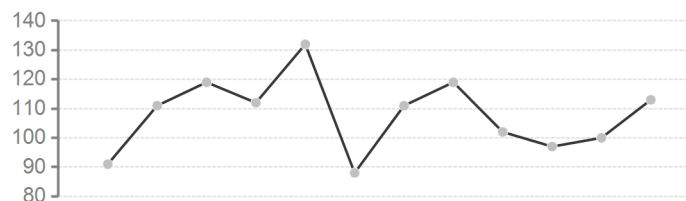
Incidents

Jun	<p>Clinical Incidents: Total (#)</p> <p>16,405 (5.9%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>
Jun	<p>Blood Transfusion Errors</p> <p>147 (1.4%)</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> <p>★ ★ ★</p>

Strategic Theme: Patient Safety

Jun

Medicines Mgmt. Incidents 1,295 (1.3%)



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 Jun-17 compared with 1366 recorded for May-17 and 1412 in Jun-16. In Jun-17, no incidents have been graded as death and two incidents have been graded as severe harm. In addition, 12 incidents have been escalated as a serious near miss, of which 8 are still under investigation. The number of moderate harm incidents reported during Jun-17 is higher than in previous months [Jun-17: 25 compared with May-17: 15 and Jun-16: 13].

Eight serious incidents (including one Never Event) were required to be reported on STEIS in June. Ten cases have been closed in June; there remains 67 serious incidents open at the end of June.

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

In June, there were eight blood transfusion errors reported (13 in May-17 and 16 in Jun-16). Themes included two allergic reactions to transfusion and two delays in provision of blood products. Five incidents were graded no harm and three low harm. Reporting by site: three at K&CH, three at QEH and two at WHH.

Medicines management

There were 112 medication incidents reported as occurring in June (99 in May-17 and 119 in Jun-16). On average, over the last 12 months, the numbers of medication incidents reported at WHH have risen, at K&CH have decreased and at QEQM remained constant.

Of the 112 reported, 77 were graded as no harm (including no serious near misses) and 33 as low harm. One incident has been graded moderate harm: a renal transplant patient had not been provided with prednisolone causing a significant decline in renal function (not attributable to EKHUFT). No incidents were graded severe harm or death. Top reporting areas were: ITU (WHH) with seven incidents; A&E (WHH) with six incidents; Folkestone ward / Pharmacy (WHH) with five incidents each; Cambridge J (WHH), Bishopstone ward / CDU (QEH) with four incidents each; Pharmacy (K&CH), Cheerful Sparrows Female / Kingsgate ward / Sandwich Bay ward (QEH) with three incidents each; other areas reported 2 incidents or fewer. Twenty-two incidents occurred at K&CH, 37 at QEH and 52 at WHH.

*Missing Drugs are broken down as follows: 10 incidents relating to stock control/documentation errors, two incidents of medication missing on the ward, one incident of excessive ordering of a controlled drug by a ward and one incident where medication was missing in transit between sites.

Total

Drug error - prescribing 9

Drug error - dispensing 25

Drug error - administering 49

Drug shortage (not available or in stock) 4

Drug missing* (stock discrepancy or lost between wards/pharmacy) 14

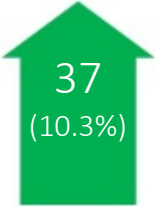
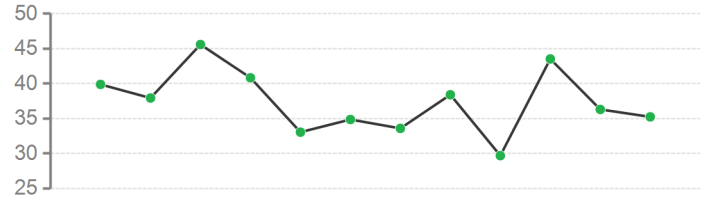



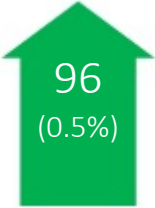
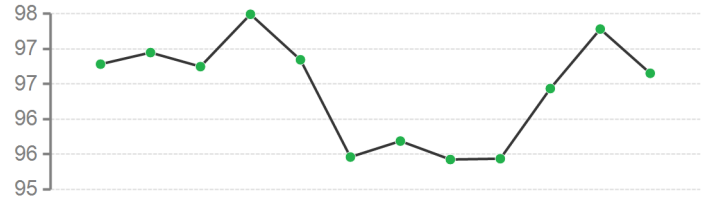



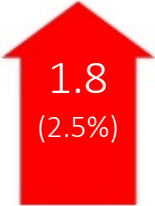
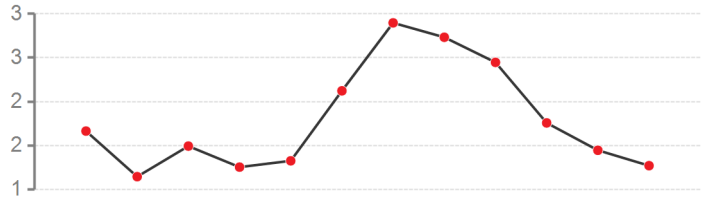



Adverse drug reaction 3

Infusion injury - extravasation 5

Infusion problems - medication related 3

Totals: 112

Friends & Family Test

Jun	FFT: Response Rate (%)	 <p>37 (10.3%)</p>		<p>The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & 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> <p>  </p>
Jun	FFT: Recommend (%)	 <p>96 (0.5%)</p>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends & 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> <p>  </p>
Jun	FFT: Not Recommend (%)	 <p>1.8 (2.5%)</p>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends & 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> <p>  </p>

Comments: During June-17 we received 9091 responses in total. Overall 37% eligible patients responded and 91% would recommend us to their friends and family and 5% would not. The total number of inpatients, including Paediatrics who would recommend our services was 96.71% (95.1% May-17), for A&E it was 79.8% (82.8% May-17), maternity 100% (98.5% May-17), outpatients 93.3% (89.1% May-17) and day cases 95% (94.8% May-17). The Trust star rating in May is 4.57 (4.49 May-17).

Response rates for June were slightly lower in maternity, inpatients and A&E. The response rate for inpatients was 35.2% (36.8% May-17), A&E 15.8% (21.5% May-17), maternity 10% (23.4% May-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 22% (29.8% May-17) but for outpatients whose response rates are no longer reported either locally or nationally.

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, Communication and Competence.

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

Inpatients

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

Negative Themes – Care, Environment, Implementation of Care, Communication 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 – None

Negative Themes – None

Birth

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

Negative Themes – None

Postnatal ward

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

Negative Themes – None

Postnatal community

Positive Themes – Staff Attitude, Compassion, Communication, Commitment and Care

Negative Themes - None

Day Case

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

Negative Themes – Care, Staff attitude, Communication, Clinical treatment and Competence.

Special Day Case

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

Negative Themes – None

The trust needs to improve on staff attitude, Care and communication. Maternity received no negative themes for June, 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

Jun	Overall Patient Experience %	91 (0.9%)		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.	
Jun	Care Explained? %	91 (4.2%)		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.	
Jun	Care that matters to you? %	94 (1.3%)		Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	

Comments: This month patient experience as recorded in real-time by the patients has improved with all 6 of the criteria being rated as green. Overall performance has improved over the last 12 months across all these elements of patient feedback.

Significant improvement is seen this month in the reporting for the experience of patients in relation to whether patients received the care that matters to them. There has also been further improvement in patient feedback on overall patient experience, the explanation of care or treatment in an understandable way and whether they were treated with respect and dignity.

Patient Experience 2

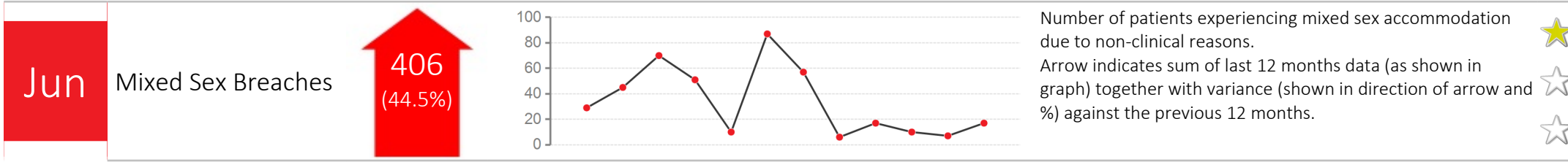
Jun	Respect & Dignity? %	<div style="font-size: 2em; margin: 0;">↑</div> <div style="font-size: 1.5em; margin: 0;">96</div> <div style="font-size: 0.8em; margin: 0;">(0.2%)</div>		<p>Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and 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.</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Jun	Cleanliness? %	<div style="font-size: 2em; margin: 0;">↑</div> <div style="font-size: 1.5em; margin: 0;">91</div> <div style="font-size: 0.8em; margin: 0;">(0.0%)</div>		<p>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.</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Jun	Hospital Food? %	<div style="font-size: 2em; margin: 0;">↑</div> <div style="font-size: 1.5em; margin: 0;">73</div> <div style="font-size: 0.8em; margin: 0;">(1.9%)</div>		<p>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.</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>

Comments: Evaluation of the Patient Safety Heatmap demonstrates that the majority of wards are now compliant with capturing patient experience in June. Escalation to Divisional heads of nursing and matrons has taken place to enable focused local improvements. Patient volunteers are now assisting patients with the completion of the Inpatient Survey at each acute site, thus enabling nursing staff to focus on patient care.

Cleaning dips slightly in June to 91 which remains in the green, ward auditing remains at 98 for the month.

Hospital Food remains high at 73 reflecting marginally swings, in both directions, due to the small numbers sampled. Both metrics are not statistically significant.

Mixed Sex



Comments: During June-17, 3 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 7 mixed sex accommodation occurrences in total, affecting 34 patients. This number has increased since last month when there were a total of 5 occurrences affecting 19 patients. The remaining incidents occurred at QEQM CCU (2) and Fordwich (2) which are justifiable mixes based on clinical need.

June-17 daily reporting of mixed sex occurrences has improved at one acute site 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.

Gaps & Overtime

Jun	Vacancy (%)	10.5 (18.9%)		% 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.	★ ★ ★
Jun	Staff Turnover (%)	12.6 (12.7%)		% 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.	★ ★ ★
Jun	Sickness (%)	4.0 (6.9%)		% 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.	★ ★ ★
Jun	Overtime %	9.4 (15.0%)		% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	★ ★ ★

Comments: Gaps and Overtime

The Turnover rate in month is 12.6%, which is a slight reduction on last month. The vacancy rate increased marginally to 11.9%. 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.

Sickness absence increased slightly in May 2017 (the most recent data available) from April's position (2017) to 3.7%. 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

Jun	Employed vs Temporary Staff (%)	89.7 (-2.1%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ☆
Jun	Agency %	20.6 (13.5%)		% of temporary staff who work via agency Number indicates average of last 12 months data (as shown in graph).	★ ☆ ☆
Jun	Temp Staff (WTE)	229 (8.9%)		WTE Count of Temporary Staff Used	★ ★ ☆
Jun	Local Induction Compliance %	15.5 (57.1%)		Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	★ ★ ☆

Comments: WTE temporary staff increase from 226 wte in May to 240 wte in June. There was also a decrease in employed staff in post staff from 6913 wte in May to 6900 wte in June.

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.

Workforce & Culture

Jun	Statutory Training (%)	88 (4.3%)		<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>	★ ★ ★
Jun	Appraisal Rate (%)	81.4 (2.3%)		<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>	★ ★ ★
Jun	Time to Recruit	12 (2.5%)		<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>	★ ★ ★
Jun	Total Staff In Post (SiP)	6900 (-0.2%)		<p>Count of total staff in post (WTE)</p>	★ ★ ★

Comments: Statutory training compliance remained steady at 89%. 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 decreased again from 81.1% to 75.8%. (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.

The Q1 (April-June) 2017 Staff Friends and Family score was made available in July. This shows that place for treatment has stayed the same at 76% in green and the place to work score whilst remaining in amber reduced by 2% to 52%. High level analysis shows that as expected the impact of financial special measures and the temporary transfer of services from Kent and Canterbury to other sites has affected morale of colleagues. Great place to work plans are being refreshed to ensure plans within the Divisions.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators		Jun-17				YTD				YTD vs Last Yr				
Jun	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green	
		Referral Primary Care	15,444	15,201	243	2%	43,422	43,916	(-494)	-1%	43,422	44,667	(-1,245)	-3%
Referral Non-Primary Care	13,983	13,867	116	1%	41,507	40,804	703	2%	41,507	42,833	(-1,326)	-3%	<=0%	
OP New	20,851	21,005	(-154)	-1%	57,704	57,836	(-132)	0%	57,704	62,295	(-4,591)	-7%	>=0%	
OP Follow Up	42,780	44,026	(-1,246)	-3%	122,303	122,090	213	0%	122,303	124,637	(-2,334)	-2%	>=0%	
Elective Daycase	6,553	6,317	236	4%	18,231	17,972	259	1%	18,231	20,811	(-2,580)	-12%	>=0%	
Elective Inpatient	1,305	1,349	(-44)	-3%	3,591	3,720	(-129)	-3%	3,591	3,792	(-201)	-5%	>=0%	
A&E	17,800	18,216	(-416)	-2%	53,351	53,891	(-540)	-1%	53,351	53,013	338	1%	>=0 & <5%	
Non-Elective Inpatient	6,942	7,042	(-100)	-1%	20,842	21,329	(-487)	-2%	20,842	17,928	2,914	16%	>=0 & <5%	
Chemotherapy	1,280	1,402	(-122)	-9%	3,593	3,888	(-295)	-8%	3,593	3,838	(-245)	-6%	>=0%	
Critical Care	1,734	1,831	(-97)	-5%	5,335	5,458	(-123)	-2%	5,335	5,309	26	0%	>=0%	
Dialysis	6,609	6,752	(-143)	-2%	20,111	20,504	(-393)	-2%	20,111	20,792	(-681)	-3%	>=0%	
Maternity Pathway	1,139	1,158	(-19)	-2%	3,478	3,378	100	3%	3,478	3,458	20	1%	>=0%	
Pre-Op Assessments	3,037	3,424	(-387)	-11%	8,460	9,502	(-1,042)	-11%	8,460	8,478	(-18)	0%	>=0%	
Diagnostic	451,908	470,127	(-18,219)	-4%	1,298,858	1,303,753	(-4,895)	0%	1,298,858	1,358,524	(-59,666)	-4%	<=0%	
Other	4,627	5,124	(-497)	-10%	13,910	14,972	(-1,062)	-7%	13,910	11,445	2,465	22%	>=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.

June 2017

Elective Care

In June Primary Care referrals were 2% above plan which reduced the YTD variance to -494. Evidence suggests the reduction in referrals observed in April was an outlier and there is currently no evidence that this will develop into a trend moving forward.

The Trust was within 0.7% of the New Outpatient plan in June 2017. Strong performance within Paediatrics, ENT and Orthoptics helped deliver the in-month position. Despite achievement at Trust level, a number of services have increased YTD variances and are included within the recently instigated grip and control recovery process intended to ensure delivery of the income targets. Cardiology (-684), Physiotherapy (-462) Orthopaedics (-242), Gynaecology (-131) and Stroke (-166) have all now formally entered this process and have produced quantifiable recovery plans intended to respond to this underperformance.

Whilst the Trust delivered the new Outpatient plan in Quarter 1, this was set at substantive capacity levels with a significant reduction applied for annual leave and as such was not enough to maintain the RTT waiting list size. The number of patients waiting to be seen for a first consultant led appointment has increased by almost 3,500 over the first quarter of the year. This trend is expected to slow significantly in Quarter 2 when plans to substantively deliver the additional activity are expected to be realised.

The Trust under-performed the follow up plan in June (-3%) but remains at planned levels for the quarter. There remain a number of large underperformances particularly within Physiotherapy (-1,709), Rheumatology (-855) and Ophthalmology (-837). The Physio 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 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, Endocrinology and Neurology have been added to the grip and control recovery process.

In June the Trust over achieved the Daycase plan by 4% which has generated a YTD surplus of 1% (+259). Despite the improved performance 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.

In Quarter 1 both Non-elective and 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 Trust sites continued to be at challenging levels throughout June, with the transfer of acute medical services from the Kent & Canterbury site creating a need to reduce the occupied beds at the other sites. This reduced bed occupancy at the sites to close to 90%, with a notable reduction made during the month, driven by additional discharge capacity & acute management improvements throughout June.

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 June the number of medical outliers maintained a reduced position seen at the end of May, with a monthly average of 43 outliers (May end ~46).

Over the first few weeks of July, the bed occupancy position at The Queen Elizabeth the Queen Mother Hospital in Margate has remained close to 90%. William Harvey Hospital in Ashford has increased above the site position of 92% bed occupancy (96% week ending 23rd July).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,200	2,695	-18%	-495
300 - General Medicine	360	508	-29%	-148
104 - Colorectal Surgery	2,081	2,218	-6%	-137
107 - Vascular Surgery	578	710	-19%	-132
140 - Maxillo Facial	1,944	2,053	-5%	-109
101 - Urology	1,831	1,936	-5%	-105
301 - Gastroenterology	2,225	2,114	5%	111
658 - Orthotics	347	234	48%	113
420 - Paediatrics	1,654	1,459	13%	195
329 - TIA	345	0		345
Total	43,422	43,916	-1%	-494

OP New

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	5,814	6,498	-11%	-684
650 - Physiotherapy	4,705	5,167	-9%	-462
110 - Trauma & Orthopaedics	5,244	5,486	-4%	-242
328 - Stroke Medicine	209	375	-44%	-166
107 - Vascular Surgery	745	901	-17%	-156
100 - General Surgery	1,039	840	24%	199
300 - General Medicine	722	480	50%	242
103 - Breast Surgery	1,846	1,602	15%	244
655 - Orthoptics	849	541	57%	308
420 - Paediatrics	2,139	1,773	21%	366
Total	57,704	57,836	0%	-132

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	8,783	9,319	-6%	-536
650 - Physiotherapy	3,455	3,625	-5%	-170
110 - Trauma & Orthopaedics	5,038	5,190	-3%	-152
328 - Stroke Medicine	252	394	-36%	-142
100 - General Surgery	714	831	-14%	-117
101 - Urology	1,956	1,841	6%	115
800 - Clinical Oncology	2,968	2,837	5%	131
655 - Orthoptics	483	283	71%	200
329 - TIA	230	0		230
130 - Ophthalmology	3,013	2,352	28%	661
Total	41,507	40,804	2%	703

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	15,515	17,224	-10%	-1,709
410 - Rheumatology	3,560	4,415	-19%	-855
130 - Ophthalmology	14,183	15,020	-6%	-837
302 - Endocrinology	564	1,268	-56%	-704
140 - Maxillo Facial	3,116	2,560	22%	556
300 - General Medicine	1,157	590	96%	567
800 - Clinical Oncology	10,891	10,214	7%	677
655 - Orthoptics	2,709	2,013	35%	696
290 - Community Paediatrics	5,835	4,826	21%	1,009
320 - Cardiology	5,702	4,341	31%	1,361
Total	122,303	122,090	0%	213

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,148	1,342	-14%	-194
303 - Clinical Haematology	763	876	-13%	-113
410 - Rheumatology	354	461	-23%	-107
101 - Urology	2,082	2,023	3%	59
330 - Dermatology	1,205	1,144	5%	61
320 - Cardiology	779	711	10%	68
502 - Gynaecology	566	474	19%	92
130 - Ophthalmology	1,231	1,138	8%	93
800 - Clinical Oncology	1,074	914	18%	160
300 - General Medicine	5,238	5,006	5%	232
Total	18,231	17,972	1%	259

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	1,205	1,779	-32%	-574
430 - HCOOP	2,986	3,169	-6%	-183
100 - General Surgery	1,454	1,537	-5%	-83
107 - Vascular Surgery	113	80	42%	33
422 - Neonatology	131	94	40%	37
410 - Rheumatology	60	14	316%	46
501 - Obstetrics	1,211	1,159	5%	52
320 - Cardiology	559	486	15%	73
300 - General Medicine	6,483	6,403	1%	80
110 - Trauma & Orthopaedics	1,070	979	9%	91
Total	20,842	21,329	-2%	-487

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	113	172	-34%	-59
110 - Trauma & Orthopaedics	776	810	-4%	-34
420 - Paediatrics	46	73	-37%	-27
400 - Neurology	80	106	-24%	-26
103 - Breast Surgery	108	132	-18%	-24
120 - Ear, Nose & Throat	176	197	-11%	-21
430 - HCOOP	39	18	118%	21
502 - Gynaecology	431	407	6%	24
104 - Colorectal Surgery	137	100	37%	37
300 - General Medicine	274	227	21%	47
Total	3,591	3,720	-3%	-129

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	1298858	1303753	0%	-4,895
Other	13910	14972	-7%	-1,062
Pre-Op	8460	9502	-11%	-1,042
A&E	53351	53891	-1%	-540
Dialysis	20111	20504	-2%	-393
Chemotherapy	3593	3888	-8%	-295
Critical Care	5335	5458	-2%	-123
Maternity Pathway	3478	3378	3%	100

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
78.15 %												
4 Hour Compliance	82.85%	82.27%	84.21%	79.30%	75.75%	74.25%	70.57%	75.94%	80.16%	76.93%	76.78%	78.15%
12 Hour Trolley Waits	0	0	0	0	1	1	2	0	0	0	0	1
Left without being seen	4.59%	4.11%	3.31%	3.85%	3.96%	4.35%	4.87%	3.53%	3.08%	3.82%	3.57%	3.62%
Unplanned Reattenders	8.62%	9.01%	8.78%	8.58%	8.68%	8.98%	8.20%	8.62%	9.11%	8.48%	9.04%	9.41%
Time to initial assessment (15 mins)	85.2%	81.0%	86.9%	79.5%	74.4%	78.5%	76.1%	76.4%	77.8%	77.9%	93.8%	93.9%
% Time to Treatment (60 Mins)	46.3%	48.9%	48.5%	40.9%	39.9%	39.9%	39.8%	40.8%	40.7%	39.4%	51.1%	51.6%

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
-1.85 %												
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%									

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

June performance against the 4 hour target was 78.2%, against the NHS Improvement trajectory of 80.0%. This shows an improvement 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 remains below 4% for a fifth month.

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 19th 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 26th 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.

Ambulance Handover

The Ambulance handover improvement plan continued to show excellent performance with a significant reduction in delays with less than 5% being delayed by 60 minutes and less than 15% being delayed for over 30 minutes. This continues to be a joint team effort from SECAMB and EKHUFT with both organisations signed up to a data set with agreed standards and an escalation plan which included active management of the daily ambulance flow. The early improvements have continued and become embedded with the clinical teams working together to handover patients as safely and quickly as possible.

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

Cancer Compliance

Key Performance Indicators

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Green
74.47 %													
62 day Treatments	70.94%	74.58%	71.50%	70.00%	72.77%	75.94%	60.61%	70.45%	77.30%	72.40%	70.19%	74.47%	>=85%
>104 day breaches	56	57	45	53	44	31	40	40	40	38	32	46	<0
Demand: 2ww Refs	3,142	3,013	3,171	2,951	3,307	2,636	3,150	2,936	3,672	2,650	3,356	3,660	2990 - 3305
2ww Compliance	96.44%	94.77%	94.81%	96.62%	97.45%	96.49%	95.82%	96.08%	97.41%	93.59%	95.67%	96.76%	>=93%
Symptomatic Breast	93.10%	93.22%	95.31%	94.59%	96.43%	86.61%	97.27%	94.81%	93.57%	90.91%	90.71%	89.87%	>=93%
31 Day First Treatment	94.31%	93.64%	93.39%	96.10%	94.93%	95.79%	93.63%	96.96%	97.42%	95.68%	94.81%	95.91%	>=96%
31 Day Subsequent Surgery	96.61%	90.38%	92.59%	89.23%	89.09%	89.19%	82.22%	94.12%	90.24%	89.29%	92.00%	85.45%	>=94%
31 Day Subsequent Drug	97.33%	98.88%	100.00%	100.00%	99.12%	98.39%	96.94%	95.77%	97.50%	97.06%	95.24%	95.35%	>=98%
62 Day Screening	83.33%	87.50%	93.94%	89.55%	96.23%	91.89%	91.67%	76.47%	89.23%	92.00%	95.00%	95.74%	>=90%
62 Day Upgrades	82.35%	85.71%	100.00%	80.00%	83.33%	70.73%	75.68%	92.59%	69.77%	66.67%	80.56%	76.09%	>=85%

2017/2018 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
-2.33 %													
STF Trajectory	71.60%	66.60%	76.80%	80.90%	83.40%	85.90%	85.60%	85.80%	86.00%	86.00%	85.50%	87.00%	Sep
Performance	72.40%	70.19%	74.47%										Sep

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

Summary Performance

June performance is currently 74.47 % against the improvement trajectory of 76.80%, validation continues until the beginning of August in line with the national time table. The total number of patients on an active cancer pathway is 3,013; this is higher than the previous month and predominately increased in the front part of the pathway (under 40 days). There are currently 46 patients waiting 104 days or more for treatment, 18 of whom have a cancer diagnosis and 13 have a decision to treat.

Risks to delivery of the standard:

- Key areas of concern for the Trust are Colorectal, Urology, Lung, Head and Neck, Radiology (both appointment and reporting capacity) and adequate surgical theatre capacity.

Actions taken to mitigate risk and improve performance:

- PTL meetings have been revised to clearly identify who is taking actions forward. All incomplete actions are escalated to the weekly performance meeting for resolution.
- Daily cancer huddle meetings have been implemented for Lung, Lower GI and Head and Neck with the focus on patients between day 40 to 62, to ensure all breaches are prevented as far as possible, this will be reviewed at the end of July to understand the impact that this has had on compliance. This will be implemented for urology in due course.
- All tumour sites and diagnostic elements of the pathway have agreed specific action plans. These are reviewed monthly with each tumour site.
- A summary of the PTL is shared with Divisional Directors each week to support escalation and resolution of pathways of patients on the cancer PTL.
- The Information team have developed a daily report for radiology which focuses on patients that require diagnostics and their next key event milestone, with the aim for this to decrease.
- A webpage style PTL is currently being developed with the Information team. This will refresh data every 30 minutes from Infloflex providing a real time position and validation for each tumour site. This will also be RAG rated against the gold standard pathway milestones. This is due to be rolled out from July.
- Plans are being revised to maximise all capacity with the aim to deliver compliance in September.

Strategic Theme: KPIs

18 Week Referral to Treatment Standard

Key Performance Indicators

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Green
85.07 %													
Performance	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%	83.79%	84.35%	85.40%	84.85%	85.82%	85.07%	≥92%
52w+	25	20	27	21	13	12	18	24	28	29	36	30	0
Waiting list Size	45,487	45,352	45,531	44,822	46,191	46,398	45,682	45,449	46,483	47,649	49,241	50,377	<38,938
Backlog Size	6,072	6,568	6,781	6,262	6,563	7,502	7,407	7,111	6,785	7,218	6,980	7,519	<2,178
Demand: PC Referrals	16,194	15,668	15,530	14,908	16,635	13,620	15,072	14,922	17,862	13,813	16,414	16,683	<15,484
Demand: Additions to IP WL	3,170	3,200	3,202	3,233	3,710	2,896	3,441	3,212	3,791	2,895	3,329	3,702	<3,076
Pathway 1st OPA													≥92%
Pathway Decision to Treat													≥92%

2017/2018 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
0.88 %													
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%										Sept

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

Summary Performance

June performance decreased to 85.07%. Whilst performance has improved, 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 term 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 decreased from 36 to 30, General Surgery (10), Gynaecology (11), ENT (1), Ophthalmology (2), T&O (1), Neurology (1) Other specialities (4). 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 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 (October/November 2017).

- Exploring opportunities to increase theatre base with semi-permanent POD solutions, creating a minimum of 10 additional theatre sessions per week (October/November 2017).
- The increase in the waiting list will be discussed at the next performance meeting with the CCGs

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.5%		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Green
	Performance	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%	99.65%	99.67%	99.78%	99.06%	99.36%	99.46%	>=99%
Waiting list Size	13,321	10,269	14,728	14,011	15,457	15,023	14,171	14,048	15,580	14,882	14,480	14,709	<14,000	
Waiting >6 Week Breaches	31	45	39	12	19	42	49	46	35	140	92	80	<60	
Average Wait													<4	

2017/18 Trajectory

0.4%		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%	99.10%
Performance	99.06%	99.36%	99.46%											Apr

Summary Performance

The standard has been met for June 17 with a compliance of 99.46%. As at the end of the month there were 80 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 63, 56 in Computed Tomography, 6 in Non-Obstetric ultrasound and 1 in Magnetic Resonance Imaging
- Cardiology: 12
- Endoscopy: 3
- Gynaecology: 1
- Neurophysiology: 1


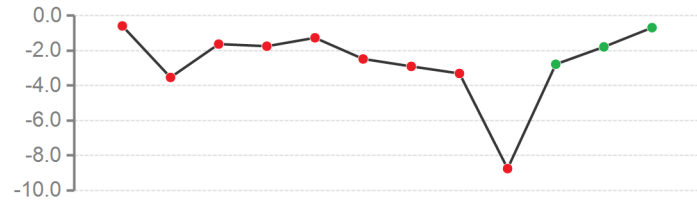


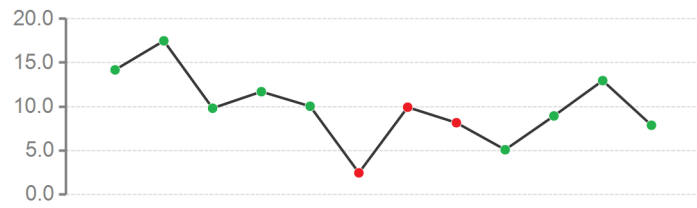


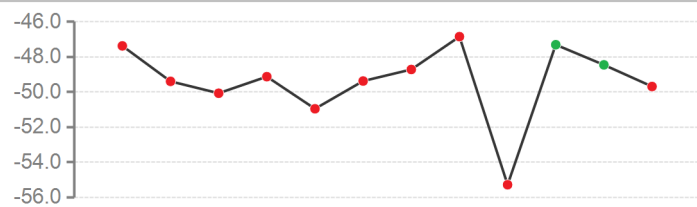



Risks to delivery of the standard:

- The Radiology Booking team remain under extreme pressure to book additional lists to meet current operational demand. Additionally sourcing of Locums remains in place to mitigate backlogs and where possible clinicians agreeing to undertake the additional list. The IR35 arrangements and new waiting list payments for Consultants has impacted- the uptake of additional shifts has noticeably reduced since overtime payments were reduced.
- Reporting in each modality remains a concern for the Division - There is an identified increasing clinical risk of patients waiting too long on a diagnosis. This is on the Division Risk Register and on the Corporate Risk Register.
- 4 datax issues have been raised in month due to findings within the backlog. These will be fully investigated and reported to patient safety and governance boards
- Current number of backlog CT = 1247 and MRI = 1246 Total = 2493 (This is a total in month reduction of 260 broken down by CT 299 and increase in MRI + 39 compared to 15/06/17)
- Cardiology diagnostics is a fluctuating picture. The number of breaches has reduced this month however in-month capacity continues to cause bottlenecks and booking concerns.

Actions taken to mitigate risk and sustain performance:

- The Division are actively recruiting substantive and interim 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 hours of the CT's and MRI until 8pm and including BH to add extra capacity into the system
- Buying additional daily mobile CT and MRI from 3rd party providers to add in daily resilience
- Replacement of the 2 MRI scanners is under way at K&CH
- Additional lists being undertaken by locums to include both extended days during the week and Saturday lists.
- Daily oversight continues.

Finance

Jun	I&E £m	<div style="text-align: center;">  <p>-36.6 (-61.9%)</p> </div>		<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>	
Jun	Cash Balance £m	<div style="text-align: center;">  <p>7.9 (-39.3%)</p> </div>		<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>	
Jun	Total Cost £m	<div style="text-align: center;">  <p>-49.7 (2.5%)</p> </div>		<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>	
Jun	Forecast I&E £m	<div style="text-align: center;">  <p>-19.0 (0.0%)</p> </div>		<p>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.</p>	

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



Jun

Normalised Forecast
£m



Comments: The Trust's I&E deficit in June (month 3) was £1.1m (consolidated position excluding Sustainability and Transformation Funds and after technical adjustment) against a plan of £1.5m.

The year to date I&E deficit is £6.6m against a plan of £8.2m (£1.6m better than plan). A reconciliation of the various adjustments is presented below.

A full report on the EKMS/Spencer Wing reported deficit at Q1 has been requested.

Pay costs in the month of £28.7m were £0.2m up on May but also £0.2m better than plan. Permanent staff reduced by £0.3m, bank staff was unchanged, but overtime increased by £0.1m and agency/locum staff by £0.4m. The move of Kent and Canterbury medical trainees to WHH and QEQM took place on 19 June necessitating additional costs. Invoicing from NHSP continues to be investigated. Temporary staff spend in month is a concern and will need to see a reduction in future months if workforce CIPS are to be delivered. Waiting list payments continued to be depressed at £0.16m, a small increase on May. Pay is now £1.5m better than plan year to date.

Activity/income was £1.2m better than plan in month with total income now £0.9m better than plan ytd.

Against the £32m CIPS target, including income, £1.79m was reported in month against a target of £1.97m. Year to date £5.2m is reported against a plan of £4.7m. Of the reported position, £1.3m (25%) is non recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of May was £7.9m. 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 are planned before the end of July. Total risks net of opportunities of £11.4m have been identified.

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 third review meeting took place on 3 July and was a constructive and positive discussion. The Trust remains in Financial Special Measures.

Health & Safety 1

Jun	Representation at H&S	688 (37.3%)		<p>% of Clinical Divisions representation/attendance at each site's Health & 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>	
Jun	RIDDOR Reports (Number)	15 (-11.8%)		<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>	
Jun	Formal Notices	0 (-100.0%)		<p>Formal notices from HSE (Improvement Notices, Prohibition Notices).</p> <p>Number indicates sum of last 12 months data (as shown in graph).</p>	
Jun	Health & Safety Training	2282 1041.0%		<p>H&S Training includes all H&S and risk avoidance training including manual handling</p>	

Comments: H&S representation at committee's remains positive in June.

There is 1 RIDDOR to report this month - relating to an injury sustained by a staff member who was supporting a patient suffering a fit.

The provision of H&S training remains extremely positive

Health & Safety 2

Jun	Accidents	310 (-36.3%)		<p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jun	Fire Incidents	138 (7.8%)		<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>	
Jun	Violence & Aggression	416 (3.5%)		<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>	
Jun	Sharps	187 (31.7%)		<p>Incidents with sharps (e.g. needle stick).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Comments: The number of accidents rose in June although this remains in the green for the Trust.


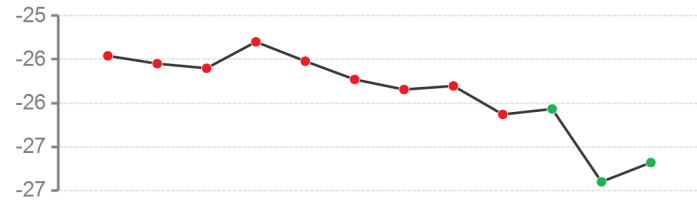








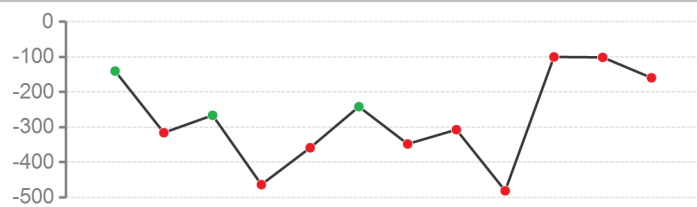




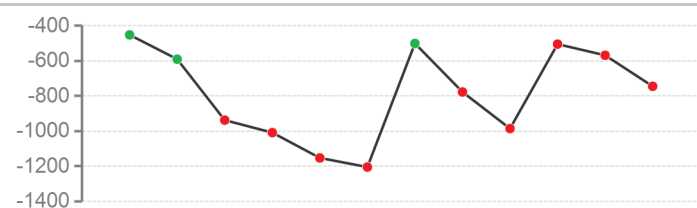



The number of Fire incidents marginally decreased from May. Also following the Grenfell Tower incident the Trust has been supporting the DoH with its cladding review and assessment on Hospital sites. The Trust has not been identified as a site of interest following the review. Additionally we have met with Kent Fire and Rescue at both Buckland and William Harvey Hospitals, both visits raised no concerns for the Trust. A further update on the remaining site visits will follow in next months IPR and in the six monthly H&S report to Board in September.

Violence & Aggression decreased in June and returned to green for the month.

Sharps incidents rose this month although below the highs seen earlier this year. Nursing and H&S teams continue to support education and training so as to reduce the likelihood of incidents, the majority of incidents remain human error at the time of localised procedures or disposal.

Strategic Theme: Use of Resources


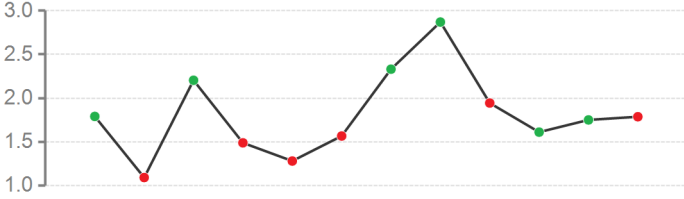



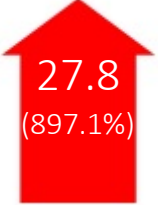
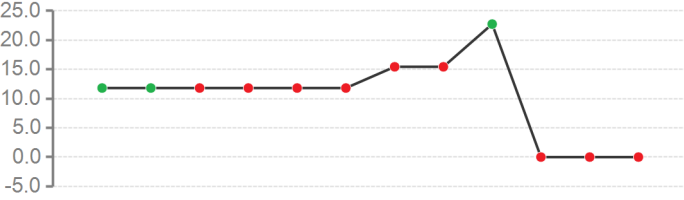








Pay Independent

Jun	Payroll Pay £m	 -26.7 (-0.8%)		Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	  
Jun	Agency Spend £m	 -1.9 (22.7%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	  
Jun	Additional sessions £k	 -159 (57.7%)		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.	  
Jun	Independent Sector £k	 -744 (31.1%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	  

Comments: Pay performance is favourable to plan ytd by £1.5m (1.7%). Pay CIPs are favourable to plan ytd by £0.4m. Total expenditure on pay in June was £28.7m, an increase in spend of £0.2m when compared to May. Permanent staff reduced by £0.3m, bank staff was unchanged, but overtime increased by £0.1m and agency/locum staff by £0.4m. Expenditure on substantive staff groups is favourable to plan ytd by £1.4m and temporary staffing expenditure is adverse to plan by £0.8m.

Strategic Theme: Use of Resources

Balance Sheet









Jun	CIPS £m	 <p>23.9 (2.1%)</p>		<p>Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.</p>	  
Jun	Cash borrowings £m	 <p>27.8 (897.1%)</p>		<p>Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.</p>	  
Jun	Capital position £m	 <p>-67.9 (35.1%)</p>		<p>Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.</p>	  

Comments: Against the £32m CIPS target, including income, £1.79m was reported in month against a target of £1.97m. Year to date £5.2m is reported against a plan of £4.7m. Of the reported position, £1.2m is non recurrent and steps are being taken to ensure that this is made up recurrently

The cash balance as at the end of May was £7.9m. No new borrowings were required.

Strategic Theme: Use of Resources

Productivity

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

Comments: A full programme of CIPS valued at £32m for 2017/18 is being rolled out with £16m of pay savings, £8m of non pay savings and £8m of income generation.

Strategic Theme: Improvement Journey

		Feb	Mar	Apr	May	Jun	
MD01 - End Of Life	Lost Days (Fast Track)	20	20	19	16	12	
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	76.24	80.45	78.57	76.48	78.15	>= 95
	ED - 1hr Clinician Seen (%)		37	39	42	44	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	15	14	15	15	13	>= 35
	Medical Outliers	88	67	57	61	35	
	Lost Days (Non-EKHUFT)	89	86	70	81	61	
	DToCs (Average per Day)	56	59	49	62	56	< 28
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	70.45	77.30	72.40	70.19	74.47	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	26	27	30	28		< 28
	Staff Turnover (Midwifery)	12	13	13	13	13	<= 10
	Vacancy (Midwifery) %	3	5	7	7	7	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	12.6	12.7	12.9	12.9	12.6	<= 10
	Vacancy (%)	9.4	9.8	11.4	11.7	11.9	<= 7
	Staff Turnover (Nursing)	13	13	13	13	13	<= 10
	Vacancy (Nursing) %	16	17	12	13	14	<= 7
	Vacancy (Medical) %	9	10	13	12	12	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	83.6	84.6	84.9	81.1	75.8	>= 90
	Statutory Training (%)	88	89	89	89	89	>= 85
	Local Induction Compliance %	15.0	21.8	16.3	20.8	23.5	>= 85
KF01 - Complaints	Complaint Response in Timescales %	79	84	86	86	79	>= 85
	Complaint Response within 30 days %	14	25	13	25	12	>= 85

KF02 - Workforce & Culture	Staff FFT - Work (%)	54	54	52	52	52	>= 60
	Staff FFT - Treatment (%)	76	76	77	77	77	>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)	89	86	86	86	90	>=95
	Pharm: Fridge Temps (%)	83	80	80	82	86	>= 100
	Pharm: Drug Trolleys Locked (%)	98	98	99	99	100	>= 90
	Pharm: Resus. Trolley Check (%)	88	80	84	85	85	>= 90
	Pharm: Drug Cupboards Locked (%)	89	90	89	89	93	>= 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. 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). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %

Incidents

All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
Blood Transfusion Errors	The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	20 %
Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 94	10 %
Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		

Incidents	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 0.15	10 %
	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	

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

Observations

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

Patient Experience

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. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 1	10 %
FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	30 %

Patient Experience	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 15	1 %
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall. Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
	Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	2 %
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 90	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	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 Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (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. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
	Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	< 28	2 %
	NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %	
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %	




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 Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 3.6	10 %
Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	15 %
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. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	< 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0	
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	< 0	
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan		
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.		
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	

Data Assurance Stars

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

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

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

Patient Safety Heatmap - JUNE 2017

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
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KCH - Kent & Canterbury

Specialist																	
KBRA - BRABOURNE (KCH)	100.0	0	1	0	0	0	12	100	100	100	17	100	0.0	88.2	71	100	12
MARL - MARLOWE WARD	100.0	1	4	0	0	0	0	100	92	100	23	100	0.0	86.9	96	96	10
Surgical																	
CLKE - CLARKE WARD	100.0	6	3	0	1	2	5	NULL	NULL	NULL	29	97	0.0	89.7	90	84	6
KENT - KENT WARD	100.0	6	1	0	0	0	1	100	88	88	35	100	0.0	96.1	96	94	8
KITU - KCH ITU	100.0	0	0	0	0	0	56	N/A	N/A	N/A	N/A	N/A	N/A	95.3	83	94	25
Urgent Care																	
HARB - HARBLEDOWN WARD	100.0	0	8	0	0	0	7	98	100	100	50	88	3.8	88.9	95	108	7
INV - INVICTA WARD	100.0	1	2	0	0	0	0	NULL	NULL	NULL	11	100	0.0	87.5	86	120	6
KCDU - EMERGENCY CARE CENTRE	94.1	0	0	0	0	0	0	NULL	NULL	NULL	23	90	6.1	36.3	64	65	41
KING - KINGSTON WARD	100.0	2	1	0	0	1	0	NULL	NULL	NULL	34	95	0.0	96.9	90	134	7
KNRU - EAST KENT NEURO REHAB UNIT	100.0	1	1	0	0	0	0	80	90	95	10	100	0.0	80.9	93	133	6
MTMC - MOUNT/MCMASTER WARD	100.0	3	2	0	0	0	8	100	100	100	20	100	0.0	82.7	94	124	6
TAY - TAYLOR WARD	100.0	0	0	0	0	0	0	100	90	100	150	100	0.0	0.0	50	72	9
TREB - TREBLE WARD	100.0	0	7	0	0	0	25	100	92	100	24	100	0.0	80.9	88	124	7

QEH - Queen Elizabeth Queen Mother

Specialist																	
BIR - BIRCHINGTON WARD	100.0	1	2	0	0	0	131	95	92	90	62	98	0.0	94.8	90	99	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	99.9	92	80	22
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	14	N/A	N/A	N/A	N/A	N/A	N/A	87.8	87	104	11
RAI - RAINBOW WARD	100.0	0	0	0	0	0	1	N/A	N/A	N/A	29	100	0.0	93.8	94	96	13
Surgical																	
BIS - BISHOPSTONE WARD	100.0	1	3	0	0	0	0	NULL	NULL	NULL	2	100	0.0	80.4	101	109	8
CSF - CHEERFUL SPARROWS FEMALE	100.0	0	3	0	0	1	27	97	98	99	72	99	0.0	69.9	90	91	6
CSM - CHEERFUL SPARROWS MALE	100.0	3	3	0	0	1	20	89	91	93	47	98	0.0	81.8	82	95	7
QITU - QEH ITU	100.0	0	0	0	0	0	44	N/A	N/A	N/A	N/A	N/A	N/A	87.8	87	99	33

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
QX - QUEX WARD	100.0	0	1	0	0	1	126	95	88	96	92	98	1.2	97.4	100	97	6
SB - SEA BATHING WARD	95.8	0	0	0	0	0	0	100	100	100	0	NULL	NULL	79.6	89	94	6
Urgent Care																	
DEAL - DEAL WARD	100.0	1	4	0	0	2	0	100	98	99	16	75	0.0	85.7	120	152	9
FRD - FORDWICH WARD STROKE UNIT	100.0	1	2	0	0	0	0	100	100	100	61	100	0.0	82.3	111	125	11
MW - MINSTER WARD	95.5	2	7	0	1	2	13	NULL	NULL	NULL	40	94	0.0	87.1	91	98	6
QCCU - QEH CCU	100.0	0	0	0	0	0	13	NULL	NULL	NULL	62	100	0.0	96.8	97	101	9
QCDU - QEH CDU	100.0	0	0	1	0	0	18	100	100	100	19	84	7.3	96.5	118	171	14
SAN - SANDWICH BAY WARD	100.0	1	2	0	0	0	1	100	91	99	14	100	0.0	97.7	154	188	10
SAU - ST AUGUSTINES WARD	100.0	0	5	0	0	1	0	100	100	100	11	75	25.0	101.9	117	143	6
STM - ST MARGARETS WARD	100.0	0	2	0	0	0	1	NULL	NULL	NULL	21	100	0.0	97.5	148	178	9
WHH - William Harvey																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	2	0	NULL	NULL	NULL	N/A	N/A	N/A	88.4	80	62	14
KEN - KENNINGTON WARD	100.0	0	0	0	0	1	0	93	95	95	24	100	0.0	81.6	75	97	9
PAD - PADUA	100.0	0	0	0	0	0	1	N/A	N/A	N/A	12	100	0.0	89.7	90	94	11
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	0	32	N/A	N/A	N/A	N/A	N/A	N/A	93.9	95	98	14
Surgical																	
ITU - WHH ITU	100.0	0	0	1	0	0	1	N/A	N/A	N/A	N/A	N/A	N/A	101.4	135	128	31
KA2 - KINGS A2	100.0	0	1	0	0	0	112	93	91	97	50	96	1.9	87.7	105	132	7
KB - KINGS B	100.0	0	2	0	0	1	122	79	86	89	55	100	0.0	89.7	94	108	6
KC - KINGS C1	100.0	0	1	0	0	0	88	91	95	95	19	100	0.0	88.4	108	99	6
KC2 - KINGS C2	100.0	0	6	0	0	0	76	100	100	100	63	98	0.0	86.5	86	95	7
KDF - KINGS D FEMALE	100.0	2	2	0	0	0	263	94	82	93	31	100	0.0	93.7	N/A	N/A	N/A
KDM - KINGS D MALE	95.8	5	3	0	0	1	0	95	93	95	35	94	0.0	N/A	101	115	12
RW - ROTARY WARD	100.0	0	0	0	0	0	42	95	90	98	52	98	0.0	87.7	101	100	9
Urgent Care																	
CCU - CCU	100.0	0	0	0	0	0	0	NULL	NULL	NULL	132	96	0.0	96.9	69	63	17
CJ2 - CAMBRIDGE J2	100.0	0	3	0	0	0	6	100	99	100	7	100	0.0	72.4	118	105	8
CK - CAMBRIDGE K	96.3	0	1	0	0	0	0	94	84	93	75	97	1.6	87.2	115	98	7
CL - CAMBRIDGE L REHABILITATION	96.2	3	7	0	0	1	0	100	91	100	55	96	4.2	100.3	101	140	7

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CM1 - CAMBRIDGE M1 SHORT STAY	100.0	1	5	0	0	1	0	96	85	95	21	100	0.0	68.7	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	0	3	0	0	2	29	91	88	92	59	100	0.0	91.3	105	111	6
OXF - OXFORD	100.0	2	4	0	0	0	0	100	81	85	48	100	0.0	90.6	110	106	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	0	0	0	0	1	0	93	88	89	46	100	0.0	78.2	110	113	9
WCDM - WHH CDU MIXED	100.0	0	0	0	0	0	0	98	95	98	13	72	20.7	89.4	102	108	16

Human Resources Heatmap

	Central	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %		4.8	3.0	5.8	9.9	11.1	7.1	19.2	49.5
Appraisal Rate (%)	85.7	80.5	84.1	67.0	60.9	79.0	65.3	81.8	66.3
Employed vs Temporary Staff (%)	80.3	86.7	91.5	89.6	85.9	92.1	87.5	90.6	84.5
Sickness (%)	12.0	3.0	1.7	2.9	2.9	4.0	3.1	4.4	3.9
Staff Turnover (%)	0.0	13.1	7.4	18.5	18.6	12.8	10.5	11.3	13.1
Statutory Training (%)	85	92	95	90	82	90	94	86	88
Total Staff In Post (SiP)	15	1458	123	195	93	1330	325	1717	1644
Vacancy (%)	19.7	13.8	8.5	11.2	14.1	8.0	12.5	9.4	15.6

Corporate

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