

INTEGRATED PERFORMANCE REPORT



Chief Executive's Summary

I am pleased to report that cancer performance has further improved with compliance reached against the two week wait, breast symptomatic and 31 days from diagnosis to treatment. The 62 day standard is also reporting an improved position. Challenges remain within urology, colorectal and gynaecology and further support is being provided in these specialities.

The RTT/18 week's standard performance has recovered slightly in March 2017 to 85.32%. However, challenges still remain due to the volume of patients being referred and challenges with capacity linked to emergency demand.

Whilst the 4 hour target continues to be a significant area of focus for the Trust, performance in March has continued to report an improved performance at 80.14%, compared to 75.93% in February 2017. Work continues to revise plans to focus on direct streaming of patients, into ambulatory pathways and specialist areas. Work continues with wards to plan discharges better and with our partners to support patients to return to their own homes.

Infection control continues to be an area of concern for the Trust. Clostridium difficile reported over trajectory with 53 cases at year end and MRSA bacteraemias reported 7 trust assigned cases year to date. From April 2017 Clostridium difficile infection data collection on the HCAI Data Capture System (HCAI DCS) will include additional data items to facilitate the collection of information relating to prior admissions to the same hospital. Identification of Clostridium difficile infections within the first 2 days of admission are considered community onset cases and categorised further based upon the patient's last discharge from a health facility.

Overall harm free care (those patients are admitted with) reported 92.22% in March 2017 compared to 91.94% in February 2017, slightly below the national average. However, harm free care experienced in our Trust (new harms) reported at 99.02% in March 2017. New Harms only were 0.98% compared to 2.13% national average for acute hospitals; this means that our patients acquire reduced levels of new harms than the national average for acute hospitals.

March 2017 performance reported a total of 28 category two pressure ulcers which was a reduction of 16 from the previous month. Of these, 10 were confirmed as avoidable, a decrease of 4.

The number of falls increased slightly in March, compared to February which is consistent with a longer month. 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). Providing Fallstop training aims to achieve this with measurement being via the ward based audits and second National Audit of Inpatient Falls (2017).

The Trust's Income and Expenditure (I&E) deficit in March (month 12) reported at £1.7m.

The (pre audit) 2016/17 I&E deficit (consolidated) against the control total was £24m with Sustainability and Transformation Fund (STF) income of £4m relating to Q1 having been received. This is after adjusting for £7.2m of impairments relating to the alternative site valuation and for donated assets. This outturn is in line with forecast. Excluding STF the deficit against control total was £28m.

Pay costs in the month of £28.9m included agency and locum costs of £2.3m. Agency costs for the year were £26.9m against the ceiling trajectory of £23m. Agency spend was 8.5% below the spend in 2015/16. Of the March agency spend, 71% related to medical staff (67% ytd). 61% of spend related to Urgent care and Long Term Conditions.

Total income was £46.5m in month 12 against a monthly average of £46.6m.

Against the initial £20m CIPS target, including income, £19m has been reported of which £3.25m is non recurrent.

The Trust received a further cash loan of £7.3m in March bringing its total borrowing for the year to £22.8m.

No agreement on the 2016/17 contract value outturn or CQUIN has been reached with East Kent CCG commissioners. A proposal has been forwarded to them but at the time of writing no response had been received. Limited provision has been made.

A Financial Recovery Plan, approved by the Trust Board, was submitted to NHSI on 13 April 2017 in line with the conditions of the Trust's Financial Special Measures status.

Pay costs in the month of £28.9m included agency and locum costs of £2.3m which now stands at £26.9m for the year against the ceiling trajectory of £23m. Agency spend is 9% below the spend in 2015/16. Of the March agency spend, 71% related to medical staff. 61% of spend relates to Urgent care and Long Term Conditions. Medical staff vacancies are at 11% compared to 9% across all staff groups.

CIPS of £19m have been reported for the year with £3.25m non recurrent. The CIPS target for the year was £20m.

At the end of March the cash balance stood at £5.5m. The Trust received a further £7.3m in March bringing the total borrowing to the year to £22.8m.

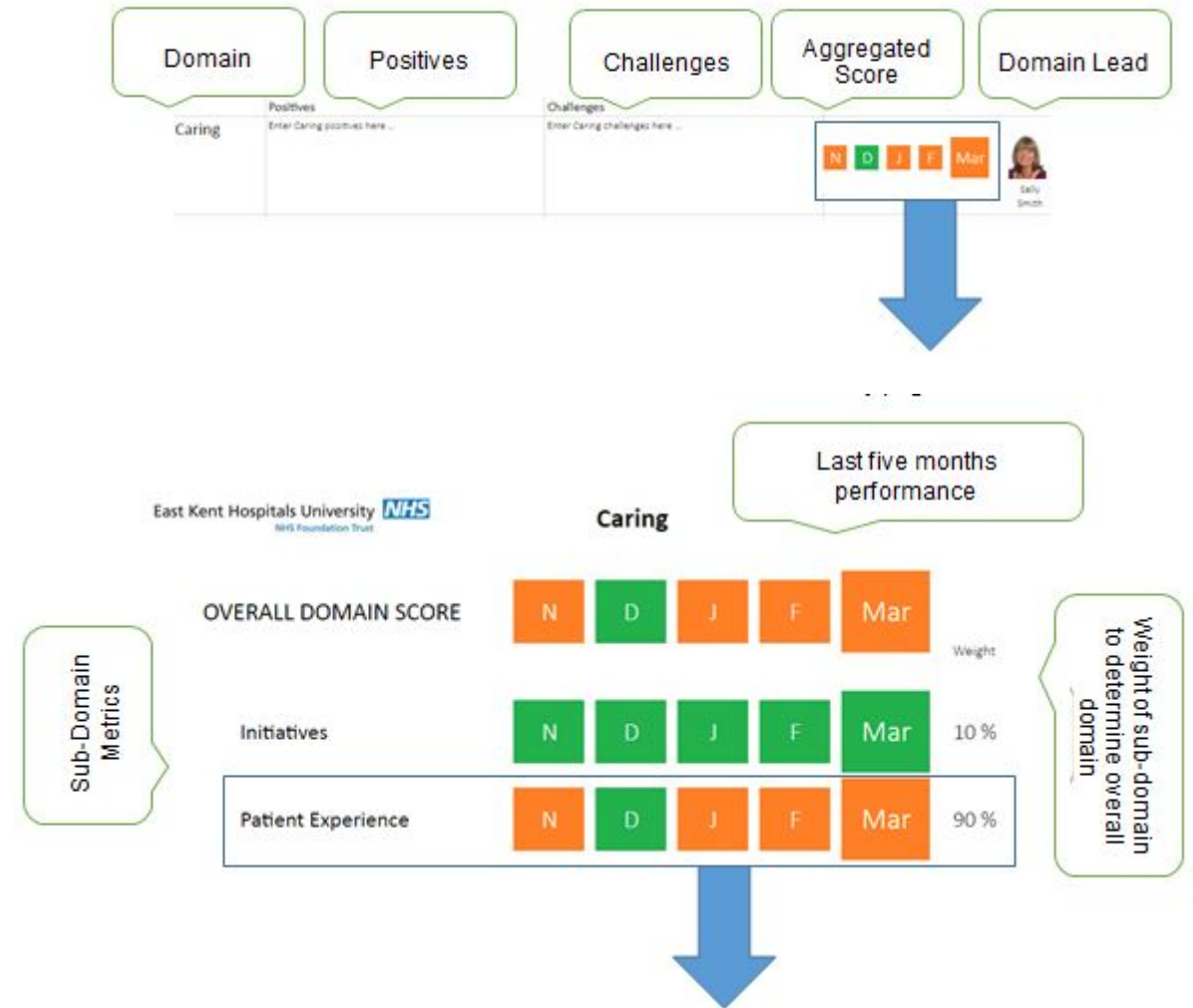
A full programme of CIPS valued at £30m for 2017/18 is being rolled out with £16m of pay savings, £7m of non pay savings and £7m of income generation. A £2m 'stretch' is being identified.

As previously reported, the Trust is receiving national support to progress the work on our finances under its financial special measures regime. The Trust is working closely with NHSI and has submitted a financial recovery plan in late April 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

Contents

Headlines	Organisation Overview	7
	Caring	8
	Effective	10
	Responsive	12
	Safe	14
	Effective	16
	Well Led	18
Strategic Themes	Patient Safety	20
	Human Resources	32
	Key Performance Indicators	35
	Finance	43
	Health & Safety	44
	Use of Resources	46
	Improvement Journey	49
Glossary	Metric Descriptions	51

Headlines

	Positives	Challenges	
Caring	<p>Our Friends and Family Test recommendations remain high at 95%.</p> <p>Real-time inpatient patient experience is registering green with feedback on whether patients received the care that matters to them, the explanation of care or treatment in an understandable way, and whether they were treated with respect and dignity has improved this month.</p> <p>The percentage of patients not recommending the Trust has reduced in March.</p> <p>The ratio of compliments to complaints remains positive.</p>	<p>We are still reporting mixed sex sleeping breaches in our Clinical Decision Units across the Trust. This is due to seasonal pressures throughout the month.</p> <p>Although an improved picture, we did not meet our standard in March for sending complaints out to the client within the time agreed.</p>	  <p>Sally Smith</p>
Effective	<p>Bed occupancy has reduced from its peak in January, however it is still over 100% which indicates the pressure our sites are still feeling.</p> <p>Did not attend rates for follow up appointments have fallen further to 5.8%</p> <p>The WHO audit is 100%</p>	<p>Bed Occupancy is still too high, so we are revising our plans to improve discharges to home or a suitable other bed.</p> <p>Discharges before midday are still too low. Reportable delayed transfers of care are static.</p> <p>Compliance for equipment maintenance is at 76% and not yet back to the higher level in November</p>	  <p>Jane Ely</p>
Responsive	<p>With attendances still very high, the A&E performance in March has improved to 80.14%. Our staff have really pulled together after a very tough winter to make sure that we have a renewed energy and they are determined to continue with this improvement.</p> <p>Cancer performance has improved - we have met the 2 week wait, breast symptomatic, the 31 days from diagnosis to treatment, and the 62 day standard is improving.</p> <p>The Diagnostic standard is being maintained with almost 100% of patients sent for tests having them completed within 6 weeks.</p> <p>The RTT/ 18 weeks standard performance has recovered slightly to 85.32% on a pathway for no longer than 18 weeks.</p>	<p>Our A&E performance is still a significant challenge which is due to lack of patient flow within our sites. We are revising our plans to focus on direct streaming of patients, into ambulatory pathways and specialist areas. We are working with our wards to plan discharges better and with our partners to support people to return to their own homes.</p> <p>When we have flow out of our emergency departments, we are able to see and treat others within 4 hours.</p> <p>Cancer performance is still a challenge and Urology, Colorectal and Gynaecology are the specialties that require further support.</p> <p>Referral to treatment (18 weeks) performance is still challenged due to the volume of patients referred.</p> <p>Recruitment to additional consultant posts as part of our business plan with help.</p>	  <p>Jane Ely</p>

Safe

Continued strong performance in mortality;
Continued strong performance in avoidance of new harms;
Sustained reduction in falls rate;
Sustained reduction in pressure ulcer rate;

Poor performance in infection prevention and control with particular reference to MRSA and C.difficile;
Plateau in compliance with VTE risk assessment recording



Paul Stevens

Well Led

Forecast position v control total secured at £24m deficit
Reducing sickness rates (3.8%)
Cash balance as at 31 March on plan £5.5m)
Nursing shifts filled

Vacancies increasing in month (9.7% from 9.4%)
Turnover up marginally (12.6% to 12.7%)
Agency spend and usage increased in month
High number of medical staff vacancies



Matthew Kershaw

Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

Caring

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	16	46	21	37	19	>= 12	10 %
	Mixed Sex Breaches	10	87	57	6	17	< 1	10 %
	Overall Patient Experience %	92	94	96	93	92	>= 90	10 %
	Complaint Response in Timescales %	94	97	94	79	84	>= 85	5 %
	FFT: Recommend (%)	97	95	96	95	95	>= 90	30 %
	FFT: Not Recommend (%)	1.3	2.1	2.9	2.7	2.4	>= 1	10 %

Effective

OVERALL DOMAIN SCORE

	N	D	J	F	Mar	Weight
Beds	N	D	J	F	Mar	25 %
Clinical Outcomes	N	D	J	F	Mar	25 %
Productivity	N	D	J	F	Mar	25 %

Effective

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Beds	Bed Occupancy (%)	102	101	106	104	101	<= 90	60 %
	IP - Discharges Before Midday (%)	15	14	14	15	14	>= 35	10 %
	DToCs (Average per Day)	57	50	59	56	59	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.4	3.3	3.3	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.5	16.4	16.3	16.2	16.0	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	95	95	99	99	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.1	7.8	7.4	6.5	6.7	< 7	
	DNA Rate: Fup %	6.4	7.5	7.2	6.1	5.7	< 7	
	New:FUp Ratio (1:#)	0.7	0.6	0.7	0.7	0.7		
Productivity	LoS: Elective (Days)	2.7	3.0	3.1	2.7	2.9		
	LoS: Non-Elective (Days)	6.5	6.2	6.2	6.6	6.2		
	Theatres: Session Utilisation (%)	81	80	80	81	81	>= 85	25 %
	Theatres: On Time Start (% 30min)	78	80	74	78	80	>= 90	10 %
	Non-Clinical Cancellations (%)	1.7	1.3	2.9	1.6	1.6	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	14	10	7	2	5	< 5	10 %
	EME PPE Compliance %	79	76	75	73	76	>= 90	20 %

Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

	N	D	J	F	Mar	Weight
OVERALL DOMAIN SCORE	N	D	J	F	Mar	
A&E	N	D	J	F	Mar	25 %
Cancer	N	D	J	F	Mar	25 %
Diagnostics	N	D	J	F	Mar	25 %
RTT	N	D	J	F	Mar	25 %

Responsive

		Nov	Dec	Jan	Feb	Mar	Green	Weight
A&E	ED - 4hr Compliance (%)	76.10	74.47	70.77	75.96	80.14	>= 95	100 %
Cancer	Cancer: 2ww (All) %	97.45	96.49	95.82	96.08	97.65	>= 93	10 %
	Cancer: 2ww (Breast) %	96.43	86.61	97.27	94.81	97.09	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	94.93	95.79	93.63	96.96	96.99	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	89.09	89.19	82.22	94.12	90.48	>= 94	5 %
	Cancer: 31d (Drug) %	99.12	98.39	96.94	95.77	97.48	>= 98	5 %
	Cancer: 62d (GP Ref) %	72.77	75.94	60.61	70.45	73.22	>= 85	50 %
	Cancer: 62d (Screening Ref) %	96.23	91.89	91.67	76.47	88.89	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	83.33	70.73	75.68	92.59	65.91	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.88	99.72	99.65	99.67	99.78	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	85.79	83.83	83.79	84.35	85.40	>= 92	100 %
	RTT: 52 Week Waits (Number)	13	12	18	24	28	< 1	

Safe

OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

	N	D	J	F	Mar	Weight
OVERALL DOMAIN SCORE	N	D	J	F	Mar	
Incidents	N	D	J	F	Mar	20 %
Infection	N	D	J	F	Mar	20 %
Mortality	N	D	J	F	Mar	50 %
Observations	N	D	J	F	Mar	10 %

Safe

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Incidents	Serious Incidents (STEIS)	4	6	10	6	9		
	Harm Free Care: New Harms (%)	98.1	98.4	99.0	99.1	99.0	>= 98	20 %
	Falls (per 1,000 bed days)	6.65	6.27	5.60	5.51	5.10	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.24	0.39	0.54	0.41	0.30	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,427	1,286	1,521	1,305	1,334		
Infection	Cases of C.Diff (Cumulative)	30	35	40	45	53	<= Traj	40 %
	Cases of MRSA (per month)	0	1	2	0	2	< 1	40 %
Mortality	HSMR (Index)	88	88	90			< 90	35 %
	Crude Mortality EL (per 1,000)	0.0	0.4	0.6	0.5	0.1	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	31	36	46	34	30	< 27.1	10 %
	RAMI (Index)	94	94	93			< 87.45	30 %
Observations	VTE: Risk Assessment %	91	89	92	91	91	>= 95	20 %

Well Led

OVERALL DOMAIN SCORE	N	D	J	F	Mar	Weight
Culture	N	D	J	F	Mar	15 %
Data Quality & Assurance	N	D	J	F	Mar	10 %
Finance	N	D	J	F	Mar	25 %
Health & Safety	N	D	J	F	Mar	10 %
Staffing	N	D	J	F	Mar	25 %
Training	N	D	J	F	Mar	15 %

Well Led

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Culture	Staff FFT - Work (%)	58	58	54	54	54	>= 60	50 %
	Staff FFT - Treatment (%)	79	79	76	76	76	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.5	0.6	0.3	0.7	1.4	< 4	25 %
	Valid NHS Number %	100	100	100	100	100	>= 99.5	40 %
	Uncoded Spells %	0.0	0.0	0.0	0.0	0.1	< 0.25	25 %
Finance	I&E £m	-1.2	-2.5	-2.9	-3.3	-8.7	>= Plan	30 %
	Cash Balance £m	10.0	2.4	9.9	8.2	5.1	>= Plan	20 %
	Total Cost £m	-51.0	-49.4	-48.7	-46.8	-55.3	>= Plan	20 %
	Forecast I&E £m	-19.6	-19.6	-26.7	-27.7	-31.4	>= Plan	20 %
	Normalised Forecast £m	-23.6	-23.6	-30.7	-31.8	-30.7	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	0	3	3	1	1	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	3.9	4.0	4.1	4.1	3.8	< 3.6	10 %
	Staff Turnover (%)	12.6	12.7	12.5	12.6	12.7	<= 10	15 %
	Vacancy (%)	10.1	10.0	9.6	9.4	9.7	<= 7	15 %
	Shifts Filled - Day (%)	99	97	103	100	100	>= 80	15 %
	Shifts Filled - Night (%)	110	106	117	111	111	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)			11	11	11		
	Agency %	21.3		21.5	19.2	21.9	<= 10	
	NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	> 90	
Training	Appraisal Rate (%)	82.2	82.5	82.2	83.6	84.6	>= 90	50 %
	Mandatory Training (%)	88	87	88	88	89	>= 85	50 %

Strategic Theme: Patient Safety

Mortality

Mar	HSMR (Index)	86 (-4.2%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	★ ★ ★
Mar	RAMI (Index)	88 (-5.9%)		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.	★ ★ ★
Mar	Crude Mortality EL (per 1,000)	0.4 (54.2%)		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.	★ ★ ★
Mar	Crude Mortality NEL (per 1,000)	31 (6.4%)		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 latest national data (October 2015 to September 2016) shows a SHMI of 0.99. In the individual diagnostic groups acute myocardial infarction (observed deaths 146 vs. expected deaths 127), carcinoma of the bronchus (observed 105 vs. expected 80) and septicaemia (observed 445 vs. expected 370) are highlighted negatively whereas mental health disorders (observed 23 vs. expected 37), pneumonia (observed 650 vs. expected 722) and urinary tract infection (observed 136 vs. expected 170) highlight positively.

As per the Medical Director board report of April 2017 the new methodology of structured case note review of deaths is being introduced to improve learning from avoidable mortality and metrics from this will begin to appear in future IPRs

Serious Incidents

Mar	Serious Incidents (STEIS)	86 (7.5%)		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.	★ ★ ★
Mar	Never Events (STEIS)	1 (-87.5%)		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 March 2017: 71 (including 9 new)
SIs under investigation: 38
Breaches: 15
Non-breaches: 23


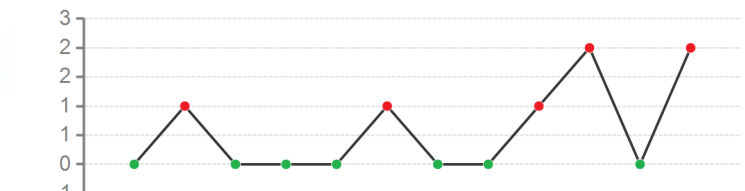

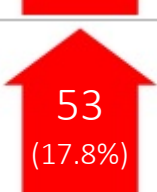
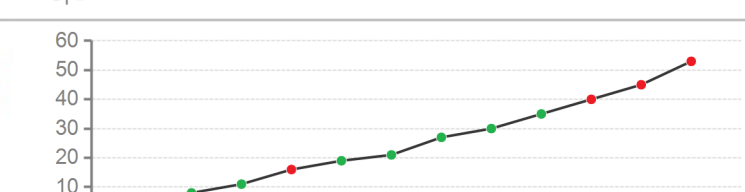

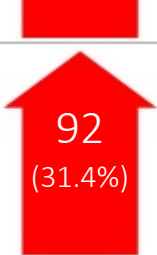
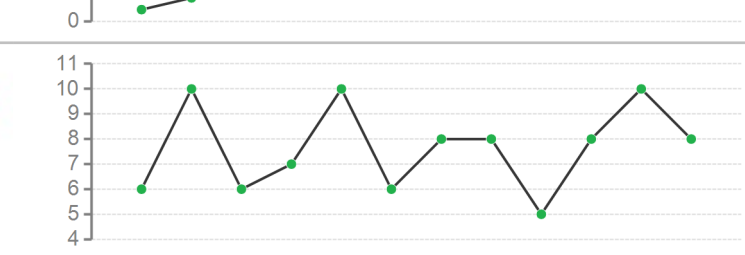

SIs awaiting closure: 33
Waiting CCG response: 21
Waiting EKHUFT non-closure response: 12

Supporting Narrative:
The number of breached cases is 15. 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.

- The nine new SIs related to:
- one pressure ulcer
 - one fall
 - one treatment delay relating to ophthalmology
 - two medication incidents - one relating to insulin and one relating to Apixaban
 - one maternity incident (affecting baby only) regarding a stillbirth
 - one treatment delay relating to testicular torsion
 - one diagnostic incident relating to a patient who was discharged from A&E
 - one allegation of abuse against a midwife (since downgraded)

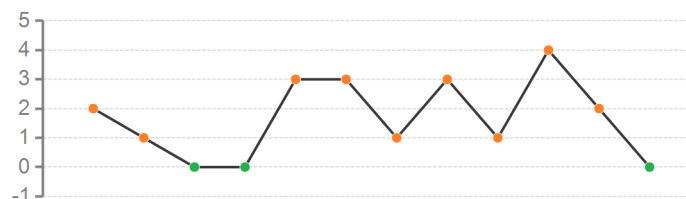
Infection Control

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

Strategic Theme: Patient Safety

Mar MSSA

20
(-23.1%)



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:	Organism	2015/2016	2016/2017
	MRSA (EKHUFT/South)	2/64	9/64*
	MSSA (EKHUFT/South)	26/664	20/744
	C. difficile (EKHUFT/South)	27/1072	54/978*
	E. coli (East Kent/South)	536/9194	604/9838

*worsening position versus South of England

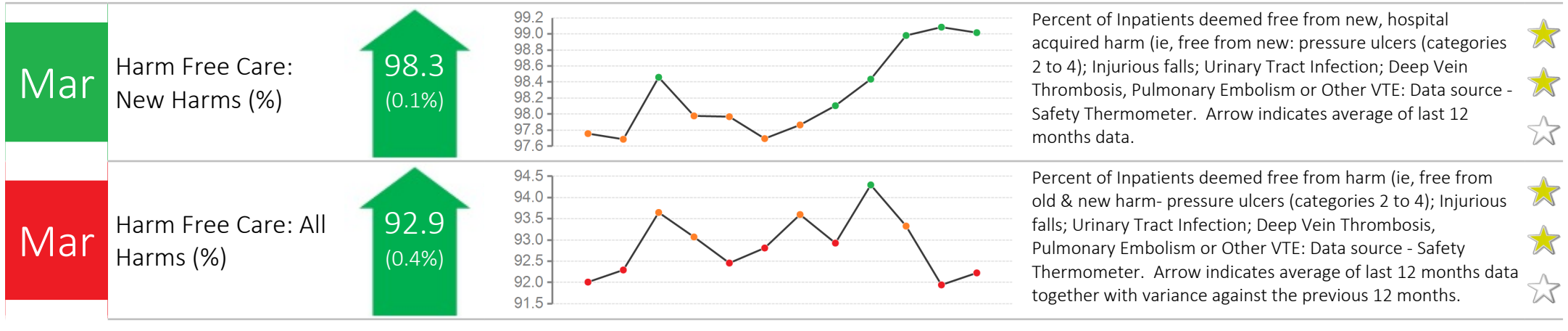
The end of year positions for 2016/17 is shown in comparison to 2015/16 and a comparison with absolute numbers for the South of England is also shown. Some things here have to be put in perspective and the first of these is that we had a particularly strong performance in 2015/16. The second is that the comparisons above, whilst not particularly statistically rigorous, very much highlight the deterioration in performance in 2 key areas, MRSA and C.diff. Nevertheless, performance in MSSA (which apart from its resistance profile is no less virulent than MRSA) is better.

Studies from Public Health England demonstrate that against a background of falling MRSA rates nationally there is a marked increase in genetic diversity of MRSA. What is worrying is that Panton-Valentine Leukocidin (PVL)-producing strains of Staphylococcus aureus are gaining ascendancy. The PVL toxin is a defence mechanism used by the bacteria against the hosts' immune system to break down white blood cells and increase the virulence of the bacterium. PVL positive Staphylococcus aureus often cause recurrent and severe skin and soft tissue infections, but occasionally they cause more severe infections such as necrotising pneumonia, which has a 75% mortality rate.

From April 2017 Clostridium difficile infection data collection on the HCAI Data Capture System (HCAI DCS) will include additional data items to facilitate the collection of information relating to prior admissions to the same hospital. Identification of C.diff infections within the first 2 days of admission are considered community onset cases and categorised further based upon the patient's last discharge from a health facility. Antimicrobial stewardship remains a central component of C difficile infection control programmes and recent study nationally again demonstrates that fluoroquinolone and cephalosporin prescribing correlated highly with incidence of C difficile infections (cross-correlations >0.88), by contrast with total antibiotic prescribing (cross-correlations <0.59).

There are no current infection control incidents.

Harm Free Care



Comments: Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in March 17 was 92.22% compared to 91.94% in February and is slightly below both the overall national average of 94.13% and the acute hospitals only national average 94.03%. A wide variation, as expected, is seen across the divisions with specialist achieving 90.47%, surgical 99.30% and UCLTC 91.94%. All harms were 7.78% compared to national average of 5.97% which indicates that our patients are admitted with a higher level of harm than the national average.

However, Harm Free Care experienced in our care (New Harms only) at 99.02% in March is higher than national average which means that our patients are receiving care that causes less harm than is reported nationally. New Harms only were 0.98% compared to 2.13% national average for acute hospitals; this means that our patients acquire reduced levels of new harms than the national average for acute hospitals.

WHH New Harms Only HFC fell slightly to 98.64% in March compared to 99.12% in February.
 QEQM New Harms Only HFC improved to 99.44% in March compared to 98.97% in February.
 K&C New Harms Only HFC fell slightly to 99.09% in March from 99.19% in February.

HFC (new harms only) for individual harms are lower than or close to the national average for acute hospitals for 3 out of the 4 harms measured. The Safety Thermometer for March 17 demonstrates:

- Lower levels of New Pressure Ulcers (0.10%) compared to the acute hospitals average (0.86%)
- Lower levels of catheters & New UTI's (0.30%) compared to the acute hospital average (0.34%)
- Slightly Lower prevalence of falls with harm (0.30%) than the acute hospital average (0.37%)
- Lower prevalence of new VTEs (0.10%) compared to the acute hospital national average (0.60%)

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. Notably, HFC (all harms) shows a lower than national level of patients being admitted who have already started treatment for UTI or a UTI was already present on admission 0.89% compared to the national average of 0.90% for acute hospitals. This has improved as a result of the collaborative work undertaken with community partners.

Pressure Damage

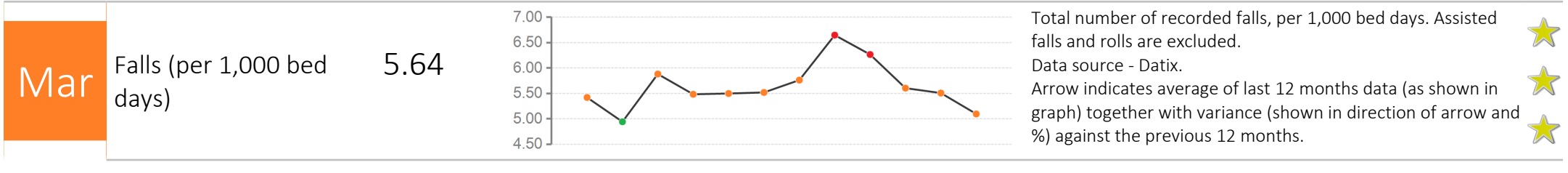
Mar	Pressure Ulcers Cat 2 (per 1,000)	0.32		Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Mar	Pressure Ulcers Cat 3/4 (per 1,000)	0.02		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 March 2017 a total of 28 category two pressure ulcers were reported which is a reduction of 16 from last month. Of these incidents, 10 were confirmed as avoidable, a decrease of four. Six avoidable pressure ulcers affected the sacrum/buttock area. Three of these were at WHH (Oxford, CDU and KB), all with repositioning issues identified. The other three were at QEQM (Minster, CSF, St Margaret's) due to lack of alternating positions and use of slide sheets for repositioning. Two affected the heel (Harvey and Bishopstone) with lack of risk assessment and offloading identified. The remaining incidents affected the spine (CM1) where there was lack of evidence of response to initial erythema, and left knee (KDF) where the Plaster caste was rubbing between the patient's knees without sufficient protection.

In March 2017, there were 15 potential deep ulcers (7 unstageable and 8 DTI). One was confirmed as avoidable, with buttock and heel affected and three awaiting assessment. These occurred at CDU/QEQM x 2 and CJ and are awaiting further investigations. The avoidable ulcer occurred at CDU at WHH as the patient had incorrectly been identified as independent on the repositioning chart meaning that there was insufficient repositioning for the level of risk.

It is encouraging that a reduction in acquired pressure ulcers has been demonstrated this month. However, a review of Heel protector boot supplies is indicated as front line staff have raised concerns that the current allocation runs out early each month. Also during March 2017, there were events held on each acute site in the QII Hubs during the month to raise awareness of the React to Red campaign.

Falls



Comments: The number of falls increased slightly in March (177) compared to February (173), consistent with a longer month. 75 were at WHH, 50 at QEQMH and 52 at K&CH. Wards with the most reported falls were CDU WHH (12), Cambridge M1 (9), Kingston (8), CDU QEQMH and St Augustine's (7). 1 fall at WHH resulted in a head injury where the patient subsequently died but was deemed unavoidable on investigation. A further head injury and subsequent death is being investigated. The indications are that the fall could not have been avoided, but the injury may have, if the environment had been safer.

The first Fallstop open training day was held on the 27th March at WHH with many attendees from a variety of ward areas and representation from the UCLTC division at QEQMH (to enable further rollout there). Staff received training in completing the falls risk assessment and care plan and undertaking regular audits as well as management of the fallen patient. The next planned day is the 24th April.

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). Providing Fallstop training aims to achieve this with measurement being via the ward based audits and second National Audit of Inpatient Falls (2017).

Strategic Theme: Patient Safety

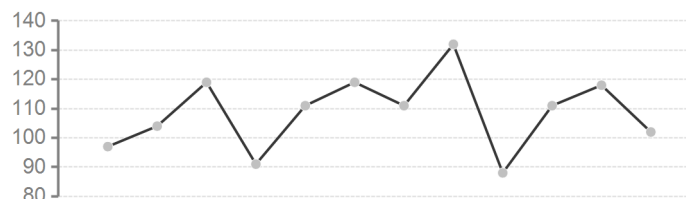
Incidents

Mar	<p>Clinical Incidents: Total (#)</p> <p>16,341 (9.7%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★ ★</p>
Mar	<p>Blood Transfusion Errors</p> <p>152 (-5.6%)</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

Mar

Medicines Mgmt. Incidents 1,303 (3.0%)



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 1323 clinical incidents have been logged as occurring in Mar-17 compared with 1300 recorded for Feb-17 and 1384 in Mar-16. In Mar-17, five incidents have been graded as death and no incidents have been graded as severe harm. In addition, 20 incidents have been escalated as a serious near miss, of which 11 are still under investigation. The number of moderate harm incidents reported during Mar-17 is on a par with previous months [Mar-17: 31 compared with Feb-17: 33 and Mar-16: 44].

Nine serious incidents were required to be reported on STEIS in March. Ten cases have been closed and one downgraded; there remains 71 serious incidents open at the end of February.

Over the last 12 months incident reporting has increased at all three main sites.

Blood transfusion

In March, there were 12 blood transfusion errors reported (9 in Feb-17 and 14 in Mar-16). There were two themes in March: 1) there were three prescription / documentation errors and 2) there were two communication issues. Ten incidents were graded no harm and two low harm. Reporting by site: five at K&CH, two at QEH, four at WHH and one in the Community.

Medicines management

There were 102 medication incidents reported as occurring in March (118 in Feb-17 and 122 in Mar-16). On average, over the last 12 months, the numbers of medication incidents reported at K&CH and QEH have risen and at WHH have decreased.

Of the 102 reported, 61 were graded as no harm (including four serious near misses) and 40 as low harm. No incidents resulted in severe harm or death. There was one incident graded as moderate harm: 10 times prescribed dose of insulin given to patient. Top reporting areas were: CDU (QEH) with seven incidents; ITU (WHH) with six incidents; Cheerful Sparrows female ward (QEH), CDU / Cambridge M1 / Pharmacy (WHH) with four incidents each; Clarke ward (K&CH), Accident and Emergency (WHH), Cheerful Sparrows male / Kingsgate / Pharmacy (QEH) with three incidents each; other areas reported 2 incidents or fewer. Twenty-five incidents occurred at K&CH, 40 at QEH, 35 at WHH, and two in the community.

*Missing Drugs are broken down as follows: eight incidents relating to stock control/documentation errors, two incidents of medication missing between pharmacy and ward, and three incidents where opened or expiry dates were not documented and medication had to be discarded.

Total

Drug error - prescribing 13

Drug error - dispensing 17

Drug error - administering 43

Drug shortage (not available or in stock) 6

Drug missing* (stock discrepancy or lost between wards/pharmacy) 13

Adverse drug reaction 2

Infusion injury - extravasation 3

Infusion problems - medication related 5

Totals: 102

Friends & Family Test

Mar	FFT: Response Rate (%)	<div style="font-size: 2em; font-weight: bold;">38</div> <div style="font-size: 0.8em;">(9.4%)</div>		<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>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Mar	FFT: Recommend (%)	<div style="font-size: 2em; font-weight: bold;">97</div> <div style="font-size: 0.8em;">(1.1%)</div>		<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>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Mar	FFT: Not Recommend (%)	<div style="font-size: 2em; font-weight: bold;">1.7</div> <div style="font-size: 0.8em;">(-13.7%)</div>		<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>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>

Comments: During March 17 we received 9201 responses in total. Overall 37% eligible patients responded and 89% would recommend us to their friends and family and 6% would not. The total number of inpatients, including paediatrics who would recommend our services was 95% (95% February 17), for A&E it was 83% (81% February 17), maternity 99% (100% February 17), outpatients 89% (92% February 17) and day cases 94% (95% February 17). The Trust star rating in March is 4.49 (4.55 February 17).

Response rates for March improved in day cases and A&E due to closer working with our provider. However, reduced slightly in inpatients and maternity, work will continue to make improvements. The response rate for inpatients was 36% (38% February 17), A&E 21% (17% February 17), maternity 21% (30% February 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 30% (22% February 17) but for outpatients was not available due to a national reporting error.

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

FFT - Top 5 Positive & Negative Themes

ED

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

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

Inpatients

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

Negative Themes –Care, Staff attitude, Environment, Cleaning, Competence

Out patients

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

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

Maternity

Antenatal

Positive Themes –Care

Negative Themes – None

Birth

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

Negative Themes – None

Postnatal ward

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

Negative Themes – None

Postnatal community

Positive Themes – Staff attitude, Care, Communication, Competence, Commitment

Negative Themes - None

Day Case

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

Negative Themes – Care, Staff attitude, Communication, Environment, Clinical treatment

Special Day Case

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

Negative Themes – None

The trust needs to improve on staff attitude, Care, communication and waiting times for patients within the ED, Outpatients and Day Case care. Waiting times have improved within Inpatients. Maternity received no negative themes for March, this 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

Strategic Theme: Patient Safety

Patient Experience 1

Mar	Overall Patient Experience %	91 (1.4%)		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.	
Mar	Care Explained? %	91 (8.5%)		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.	
Mar	Care that matters to you? %	94 (1.0%)		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 have reduced with 4 out of the 6 criteria being rated as green.

There has been an improvement in the reporting for the experience of patients in relation to both overall patient experience and overall performance has improved over the last 12 months. Feedback on whether patients received the care that matters to them, the explanation of care or treatment in an understandable way has improved and whether they were treated with respect and dignity has improved slightly for this month.

Patient Experience 2

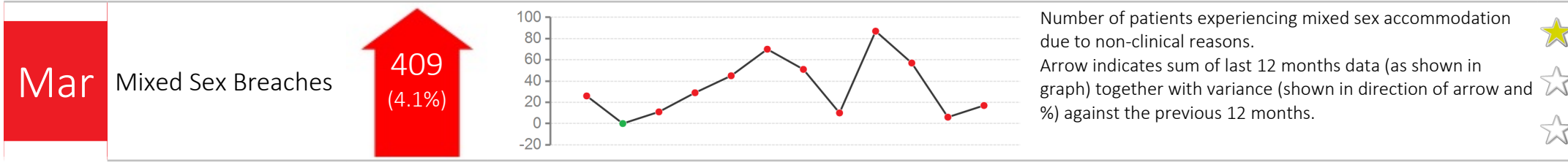
Mar	Respect & Dignity? %	96 (-0.1%)		<p>Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.</p>	
Mar	Cleanliness? %	91 (-0.7%)		<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>	
Mar	Hospital Food? %	73 (2.6%)		<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>	

Comments: Evaluation of the Patient Safety Heatmap demonstrates that the majority of wards are now compliant with capturing patient experience in March. 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, enabling nursing staff to focus on patient care.

Cleaning is fractionally down this month at 91 (this reflects are very minor change) auditing at ward level reports a consistent 98 however.

Hospital Food is up for the third month at 76, this has been the highest FFT rating in the last 12 months, however sampling numbers remain relatively low.

Mixed Sex




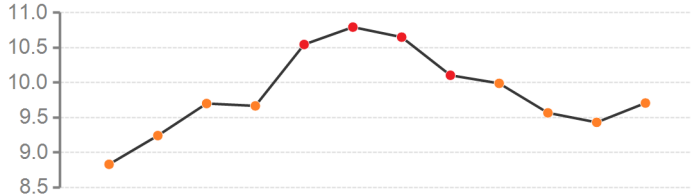

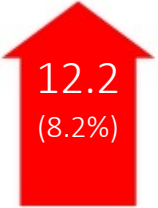
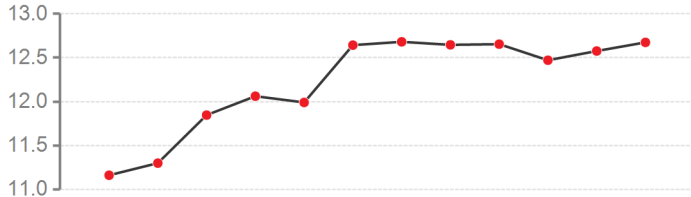


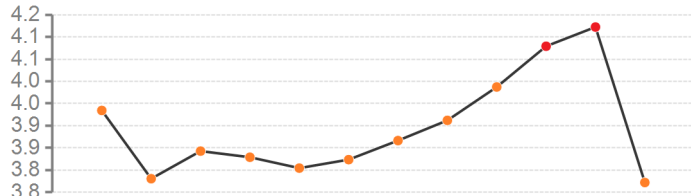

Comments: During March 17, 3 non-justifiable incidents of a mixed sex accommodation breach occurred at WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 17 mixed sex accommodation occurrences in total, affecting 41 patients. This number has decreased since last month when there were a total of 9 occurrences affecting 54 patients. The remaining incidents occurred K&C Kingston stroke unit (4), which are justifiable mixes based on clinical need.

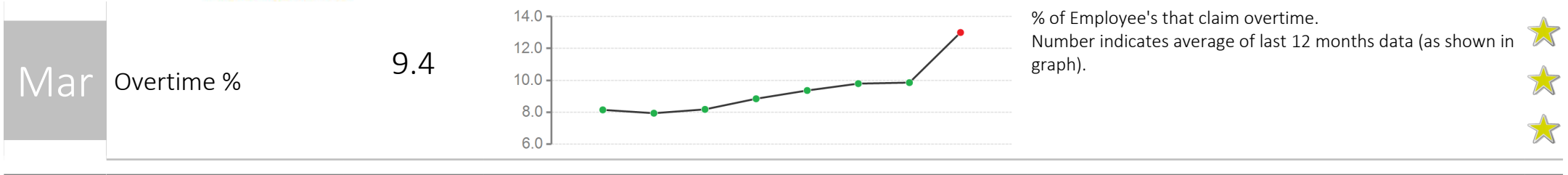
March17 daily reporting of mixed sex occurrences has improved at two acute sites demonstrating improvement and a more robust recording of mixed sex occurrences. However, there has been an issue with the daily reporting of the mix sex occurrences accurately at one of the acute site, which is being addressed.

Strategic Theme: Human Resources

Gaps & Overtime

Mar	Vacancy (%)	 <p>9.9 (11.5%)</p>		<p>% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Mar	Staff Turnover (%)	 <p>12.2 (8.2%)</p>		<p>% 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.</p>	
Mar	Sickness (%)	 <p>3.9 (6.3%)</p>		<p>% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Strategic Theme: Human Resources



Comments: **Gaps and Overtime**
The Turnover rate increased to 12.2%, (although there is still some discrepancy in data between IPR and data held in ESR which is reporting a Turnover rate of 12.8%, excluding Doctors in Training). The vacancy rate increased marginally from 9.7% to 9.9%. 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, including working with suppliers of the RMO model to support with gaps in junior doctor rotas..

Sickness absence decreased across the trust in February 2017 (the most recent data available) from a high in January 2017. There is discrepancy between the data produced for this report and the Workforce Performance Data produced from ESR which is showing at 4.6% for the Trust. All Divisions, except for Corporate and Strategic Development, showed a decrease in sickness absence rates. Work continues on sickness hotspot areas identified in the deep dive completed for January EPR, and ongoing work with Occupational Health to tackle health and wellbeing issues within hotspot areas.

The percentage of employees that claim overtime always reaches a peak in March, as many employees book leave before the end of the financial/leave year.

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

Strategic Theme: Human Resources

Temporary Staff

Mar	Employed vs Temporary Staff (%)	90.3 (-1.6%)		<p>Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Mar	Agency %	20.2		<p>% of Staff working employed through an agency.</p> <p>Number indicates average of last 12 months data (as shown in graph).</p>	
Mar	NHSP Use % of Agency	100.0		<p>% of Employee's deployed through an agency that are NHSP.</p> <p>Number indicates average of last 12 months data (as shown in graph).</p>	
Mar	Agency Orders Placed	65		<p>Total count of agency orders placed.</p> <p>Number indicates average of last 12 months data (as shown in graph).</p>	

Comments: The proportion of staff employed by an agency continues to drop and those that are deployed through an agency are all being booked through NHSP. Agency bookings are being monitored during April and May to see if there is any short term changes in agency bookings or costs due to the impact of the IR35 tax implications.

Agency costs are controlled by the Agency Task Group 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 SMART Agency action plans with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

Strategic Theme: Human Resources

Workforce & Culture

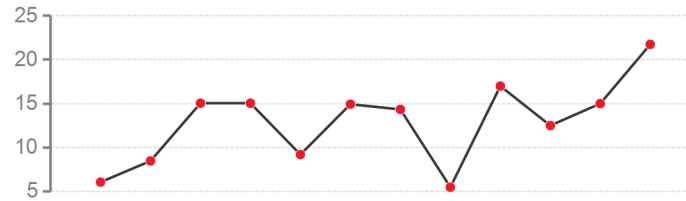
Mar	Mandatory Training (%)	87 (4.1%)		<p>The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Mar	Appraisal Rate (%)	79.7 (-0.6%)		<p>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.</p>	
Mar	Time to Recruit	12 (5.5%)		<p>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.</p>	
Mar	Staff FFT - Work (%)	58 (11.6%)		<p>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.</p>	

Strategic Theme: Human Resources

Mar

Local Induction
Compliance %

12.9



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



Comments:

Statutory training compliance increased to 89% in March. 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 with the recording of Information Governance, so this is being sent manually in some cases. IG did, however, increase to 77% with Infection Control, Manual Handling, Health & Safety and Child Protection all over 90% compliance.

The Trust staff appraisal rate increased to 85% below the 90% target. Divisions are working on plans to complete appraisals due in April and May (traditionally high volumes are due in these months) to avoid a further drop in appraisal rates. The Surgical Services and Strategic Development Divisions both achieved the 90% target.

The latest Staff Friends and Family questionnaire closed on 19th March 2017, with results published soon after. As a Trust, 76% would recommend as a place to be treated (down 2% since Q2), and 54% would recommend the Trust as a place to work (down 4% since Q2). This follows a similar trend from last year where the Q4 feedback was lower, and improved during the following two quarters. This suggests that Winter pressures may have an impact on F&FT results. Ongoing work continues with the Great Place to Work plans, including the Respect Campaign anniversary during April. If the trend from last year continues, improvements should be expected in Q1 and Q2 2017/18.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators		Mar-17				YTD				YTD vs Last Yr				
Mar		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
		Referral Primary Care	16,477	13,882	2,595	19%	174,232	164,553	9,679	6%	174,232	171,749	2,483	1%
	Referral Non-Primary Care	15,376	14,329	1,047	7%	169,617	170,409	(-792)	0%	169,617	172,077	(-2,460)	-1%	<=0%
	OP New	22,245	20,918	1,327	6%	245,767	243,271	2,496	1%	245,767	243,140	2,627	1%	>=0%
	OP Follow Up	44,941	44,429	512	1%	499,162	502,946	(-3,784)	-1%	499,162	500,858	(-1,696)	0%	>=0%
	Elective Daycase	7,129	7,656	(-527)	-7%	79,791	89,012	(-9,221)	-10%	79,791	82,406	(-2,615)	-3%	>=0%
	Elective Inpatient	1,398	1,367	31	2%	15,639	15,986	(-347)	-2%	15,639	15,473	166	1%	>=0%
	A&E	17,942	17,973	(-31)	0%	210,294	202,276	8,018	4%	210,294	204,428	5,866	3%	>=0 & <5%
	Urgent Care Assessment	1,117	1,249	(-132)	-11%	12,661	14,168	(-1,507)	-11%	12,661	14,918	(-2,257)	-15%	>=0 & <5%
	Non-Elective Inpatient	6,400	6,137	263	4%	70,806	70,410	396	1%	70,806	70,891	(-85)	0%	>=0 & <5%
	Chemotherapy	1,452	1,023	429	42%	16,026	12,854	3,172	25%	16,026	14,957	1,069	7%	>=0%
	Critical Care	1,798	1,753	45	3%	21,535	20,669	866	4%	21,535	21,052	483	2%	>=0%
	Dialysis	7,092	7,104	(-12)	0%	83,011	86,547	(-3,536)	-4%	83,011	86,269	(-3,258)	-4%	>=0%
	Maternity Pathway	1,130	1,239	(-109)	-9%	14,046	14,402	(-356)	-2%	14,046	14,045	1	0%	>=0%
	Pre-Op Assessments	2,852	2,934	(-82)	-3%	34,308	34,297	11	0%	34,308	34,130	178	1%	>=0%
	Diagnostic	493,419	495,634	(-2,215)	0%	5,203,453	5,433,309	(-229,856)	-4%	5,203,453	5,190,539	12,914	0%	<=0%
	Other	4,851	3,952	899	23%	53,143	47,706	5,437	11%	53,143	49,559	3,584	7%	>=0%

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

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

March 2017

Elective Care

Elective care is pre-arranged, non-emergency care, including scheduled operations. It is provided by medical specialists in a hospital or another care setting; Patients will usually be referred by their GP, and covers the period from referral through to discharge.

The Primary Care demand received by the Trust was 19% above planned levels in March 2017 and the year to date Trust level over performance was +6% above contract, this equates to 9,679 additional referrals. Encouragingly the Trust has not observed the historic exponential growth that has occurred in both Gastroenterology and Breast Referrals, although referrals into key specialties Orthopaedics, Dermatology Maxillo Facial, Gynaecology, and Paediatrics have significantly exceeded planned levels. The Trusts Internal Business Plan stretches most services to maximum capacity and as such we have not been able to flex our capacity further to deal with this unplanned demand. The Trust does not have the operative capacity to deal with the current demand; a key element of our business plan requires Orthopaedic referrals to be directed to the independent sector at point of referral.

The Trust was able to deliver the new outpatient plan in 2017/18, this was driven by continued YTD over performance in Ophthalmology, Gynaecology, Dermatology, Paediatrics & General Medicine.

New outpatient activity across Gastroenterology was above plan in March. This is the second consecutive month in which additional capacity has been sourced from an external provider for gastroenterology (commencing 11th Feb). These clinics had been delayed while the Trust negotiated the requirements around patient follow up and sought assurance around the clinical quality of the services. This enabled Gastroenterology new outpatients to hit the monthly plan for M12, and reduce the year to date deficit. The additional activity has driven a significant reduction in the number of patients waiting over 18 weeks for a first outpatient appointment.

Additional Endoscopy capacity continues to allow the Trust to meet its plan over March, allowing the service to cope with the current demand levels and begin to reduce the waiting list sizes.

Anti-coagulation follow up appointments continue to decrease at higher than anticipated levels. Stable Anti-Coagulation patients have been written to and discharged to the appropriate primary care services. Activity levels are expected to stabilise now, and next year's business plan reflects this.

Gynaecology continues to utilise all possible internal capacity including the two additional locum consultants. The service continues to deliver the majority of activity needed to sustain current levels of demand; however, there is still insufficient capacity to reduce the backlog to the required level. Whilst the service books patients in chronological order, each week more patients tip into the over 18 week time band, and more patients are at risk of approaching 52 weeks before receiving treatment. The service is currently working on a business case to close capacity gap, however a major limiting factor is the physical theatre capacity available across the Trust.

Orthopaedic activity was severely reduced due to a combination of unplanned sickness and compassionate leave. Further to this the Service was unable to secure the high productivity weekend injection list required to deliver the planned activity.

The Ophthalmology service implemented a contractually mandated cost neutral change in activity recording within the AMD Injection service. The service is now recording and reporting approximately 600-800 injections per month as outpatient procedures as opposed to Elective admitted daycase activity. The change is reflective of the PbR tariff the trust receives for this activity. As a result of the change we are now expecting daycase activity to underperform the plan for the remainder of the year.

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.

Within UCLTC, Non Electives have been above plan by 13.4% in month, 7.5% above plan for the year. The Bed occupancy of medical patients continues to be at challenging levels, with numbers of outliers demonstrating the outcome of both the volumes of patients requiring admission, as well as numbers in who require an assisted discharge.

Monitoring metrics shown below demonstrate that though the month's activity was at the levels planned, the Trust sites saw a slight reduction in bed occupancy throughout the month (patients present in beds at midnight against the core bed base). There was some variation across all of the Trust sites, with William Harvey Hospital Ashford showing continuing high bed occupancy (102%). Occupancy at Kent & Canterbury Hospital reduced from the March position but is notably still in excess of 100% (102%).

	Last 8 Weeks Weekly Trend - Daily Average								Monthly Totals	
	19.02.17	26.02.17	05.03.17	12.03.17	19.03.17	26.03.17	02.04.17	09.04.17	Feb 2017	Mar 2017
ED - Total Attendances	3,705	3,977	3,978	4,073	4,108	4,027	4,129	3,843	15,531	17,949
IP - Stranded Patient Metric (> 7 Days LoS)	494	520	527	481	477	466	464	478	518	419
IP - LoS - Medical - exc. 0 day (Avg)	9.0	8.2	8.8	8.6	8.7	8.8	7.7	8.5	8.9	8.6
IP - LoS - Surgical - exc. 0 day (Avg)	8.1	6.3	6.1	5.7	5.9	6.0	6.2	5.9	6.8	5.9
IP - Discharges before 10am (%)	7.2%	6.7%	7.6%	6.2%	6.8%	6.3%	7.6%	7.7%	7.1%	6.7%
IP - Discharges before Midday (%)	16.3%	15.9%	17.7%	15.9%	15.4%	14.9%	16.2%	17.1%	16.4%	15.7%
IP - Discharges before 3pm (%)	38.9%	40.5%	42.2%	39.8%	37.5%	38.4%	38.8%	41.4%	40.5%	39.5%
IDT - DToC - Total Patients (Avg)	47	56	61	59	66	55	42	44	53	58
IP - NEL Medical Discharges < 24h (%)	43.0%	44.6%	44.4%	45.1%	50.4%	46.6%	47.2%	48.8%	43.2%	46.9%
IP - NEL Medical Discharges < 72h (%)	61.2%	64.2%	62.5%	61.7%	66.5%	62.2%	65.5%	65.4%	61.7%	63.4%
IP - Occupancy @ Midnight (%)	101.8%	103.2%	104.8%	101.8%	98.9%	98.1%	98.4%	96.0%	104.0%	100.1%
IP - Escalation Beds @ Midnight (Avg)	55	60	71	59	47	46	46	41	67	51
IP - Medical Outliers (Avg)	73	68	95	85	57	50	48	45	84	65

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 March the number of Medical Outliers decreased from a daily average of 84 patients across the Trust to 65.

The number of escalation beds open at midnight also decreased in month, with an average of 67 open daily during February reducing to an average of 51 in March.

Length of Stay is a measure of how long patients stay in Hospital Treatment. The Length of Stay for Medical patients decreased in March to 8.6 days on average (8.9 in Feb). These Figures exclude patients discharged on the same day as their admission. Length of Stay for medical patients has grown year on year across all Trust Sites, and with high bed occupancy figures being an outcome of this increase.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	8,818	10,103	-13%	-1285
103 - Breast Surgery	7,024	7,749	-9%	-725
140 - Maxillo Facial	7,935	7,300	9%	635
650 - Physiotherapy	9,382	8,741	7%	641
130 - Ophthalmology	19,111	18,352	4%	759
110 - Trauma & Orthopaedics	10,362	9,583	8%	779
330 - Dermatology	14,074	13,216	6%	858
502 - Gynaecology	10,539	9,203	15%	1336
420 - Paediatrics	5,955	4,410	35%	1545
320 - Cardiology	15,518	11,530	35%	3988
Total	174,232	164,553	6%	9,679

OP New

Specialty	Activity	Plan	Var (%)	Significance
100 - General Surgery	5,409	6,774	-20%	-1365
301 - Gastroenterology	6,962	8,074	-14%	-1112
655 - Orthoptics	0	1,095	-100%	-1095
430 - HCOOP	4,874	5,732	-15%	-858
300 - General Medicine	2,416	1,444	67%	972
110 - Trauma & Orthopaedics	22,150	21,147	5%	1003
420 - Paediatrics	8,545	7,475	14%	1070
330 - Dermatology	13,975	12,704	10%	1271
502 - Gynaecology	16,339	14,786	11%	1553
130 - Ophthalmology	23,998	22,360	7%	1638
Total	245,767	243,271	1%	2,496

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	38,895	43,637	-11%	-4742
110 - Trauma & Orthopaedics	19,927	21,099	-6%	-1172
650 - Physiotherapy	13,462	14,232	-5%	-770
340 - Respiratory Medicine	2,681	2,049	31%	632
420 - Paediatrics	3,382	2,723	24%	659
291 - Community Paediatric Neuro-Disab	2,053	1,373	50%	680
651 - Occupational Therapy	3,347	2,664	26%	683
101 - Urology	7,259	6,525	11%	734
800 - Clinical Oncology	11,895	11,126	7%	769
130 - Ophthalmology	12,355	9,533	30%	2822
Total	169,617	170,409	0%	-792

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	12,148	18,415	-34%	-6267
650 - Physiotherapy	67,111	72,985	-8%	-5874
324 - Anticoagulation Service	12,534	16,881	-26%	-4347
100 - General Surgery	2,881	5,088	-43%	-2207
430 - HCOOP	3,917	5,703	-31%	-1786
302 - Endocrinology	7,768	9,297	-16%	-1529
120 - Ear, Nose & Throat	14,912	13,544	10%	1368
800 - Clinical Oncology	42,370	38,918	9%	3452
110 - Trauma & Orthopaedics	38,278	33,846	13%	4432
130 - Ophthalmology	69,482	62,131	12%	7351
Total	499,162	502,946	-1%	-3,784

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	9,553	15,006	-36%	-5,453
300 - General Medicine	19,457	22,258	-13%	-2,801
110 - Trauma & Orthopaedics	6,156	6,856	-10%	-700
330 - Dermatology	4,700	5,197	-10%	-497
410 - Rheumatology	1,503	1,870	-20%	-367
800 - Clinical Oncology	3,412	3,700	-8%	-288
340 - Respiratory Medicine	944	1,232	-23%	-288
140 - Maxillo Facial	2,279	2,025	13%	254
320 - Cardiology	2,888	2,606	11%	282
502 - Gynaecology	2,211	1,874	18%	337
Total	79,791	89,012	-10%	-9,221

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
420 - Paediatrics	6,246	7,139	-13%	-893
502 - Gynaecology	2,021	2,731	-26%	-710
100 - General Surgery	6,013	6,680	-10%	-667
180 - Accident & Emergency	4,678	5,309	-12%	-631
501 - Obstetrics	4,539	5,096	-11%	-557
410 - Rheumatology	61	296	-79%	-235
320 - Cardiology	2,008	2,186	-8%	-178
560 - Midwifery	2,667	2,406	11%	261
430 - HCOOP	11,242	10,061	12%	1,181
300 - General Medicine	21,268	18,468	15%	2,800
Total	70,806	70,410	1%	396

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
100 - General Surgery	1,191	1,581	-25%	-390
502 - Gynaecology	1,674	1,946	-14%	-272
320 - Cardiology	683	930	-27%	-247
401 - Neurophysiology	1	72	-99%	-71
430 - HCOOP	97	150	-35%	-53
400 - Neurology	307	229	34%	78
104 - Colorectal Surgery	499	417	20%	82
120 - Ear, Nose & Throat	744	660	13%	84
103 - Breast Surgery	498	410	22%	88
101 - Urology	2,901	2,689	8%	212
Total	15,639	15,986	-2%	-347

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	5203453	5433309	-4%	-229,856
A&E	210294	202276	4%	8,018
Other	53143	47706	11%	5,437
Dialysis	83011	86547	-4%	-3,536
Chemotherapy	16026	12854	25%	3,172
Urgent Care Assessment	12661	14168	-11%	-1,507
Critical Care	21535	20669	4%	866
Maternity Pathway	14046	14402	-2%	-356
Pre-Op	34308	34297	0%	11

4 Hour Emergency Access Standard

Key Performance Indicators

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
80.14 %													
4 Hour Compliance	84.05%	82.69%	85.40%	82.87%	82.24%	84.29%	79.46%	76.10%	74.47%	70.8%	75.96%	80.14%	95%
12 Hour Trolley Waits	1	1	0	0	0	0	0	1	1	2	0	0	0
Left without being seen	3.46%	4.09%	3.84%	4.59%	4.11%	3.31%	3.85%	3.96%	4.35%	4.87%	3.53%	3.08%	<5%
Unplanned Reattenders	9.10%	9.40%	9.22%	8.62%	9.01%	8.78%	8.58%	8.68%	8.98%	8.82%	8.62%	9.04%	<5%
Time to initial assessment (15 mins)	88.4%	88.7%	91.2%	85.2%	81.0%	86.9%	79.5%	74.4%	78.5%	76.1%	76.4%	77.8%	90%
% Time to Treatment (60 Mins)	46.3%	43.5%	48.3%	46.3%	48.9%	48.5%	40.9%	39.9%	39.9%	39.8%	40.8%	40.7%	50%

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

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
-11.26 %													
STF Trajectory	85.22%	90.02%	90.17%	89.68%	90.80%	90.80%	91.20%	91.50%	89.90%	89.83%	90.48%	91.40%	
Performance	84.05%	82.69%	85.40%	82.87%	82.24%	84.29%	79.46%	76.10%	74.47%	70.77%	75.96%	80.15%	

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

March performance against the 4 hour target was 80.14%, against a trajectory of 91.40%. This shows an improvement in performance compared to the previous month. There were no 12 Hour Trolley Waits reported in month. The number of patients who have left the department without being seen has continued to improve.

The priority and focus for March has been to maintain safe patient care and improving performance and patient flow across the whole emergency patient pathway. Patient attendances were on plan, however, there continues to be surges in attendances with notable high activity in the evenings and weekends. Medical staffing vacancies,

particularly at QEQMH, have created an additional pressure on the Emergency Departments with an ongoing dependency on agency locum doctors to cover the middle grade rota.

Risks to delivery of the standard:

- High levels of activity, particularly in the evenings make it very difficult to discharge frail elderly patients home.
- 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.
- High numbers of patients attending ED in the evenings and weekends who could be managed by primary care, in particular paediatric attendances.
- Poor patient flow due to lack of timely bed availability.
- The number of DTOC's (delayed transfers of care) and access to short term external capacity in the community continues to be a high risk. There have been issues with a lack of external care package capacity across all geographic areas.
- Delays in mental health bed availability for adult and children.

- **Actions taken to mitigate risk and improve performance:**
- 7/7 Ambulatory care service has been available at weekends, supported by ad hoc medical staff whilst recruitment is completed.
- Red and Green days has been implemented across all medical wards on all sites.
- Increased daily SITREP meetings with Chief Operating Officer or Divisional Director leadership at the 08:00, 13:00 and 16:00 meetings. Action focussed and structured meetings following the Trust Escalation Action Cards.
- The General Manager on call rota now has two people rostered at weekends to provide greater support and availability to go on site as required.
- The 7 day plus LOS reviews have been implemented by senior matrons.
- Escalation to CCG and external stakeholders, down to specific patient level detail, to proactively manage complex patient cases.
- Continued support and close working with SECAMB to ensure that patients are handed over safely.
- Additional medical and nursing staff are booked, as available to reduce the risk of overcrowding within the Emergency Departments.

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

73.22 %		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
	62 day Treatments	71.04%	79.20%	75.42%	70.94%	74.58%	71.50%	70.00%	72.77%	75.94%	60.61%	70.45%	73.22%	>=85%
	>104 day breaches	65	61	42	56	57	45	53	44	31	40	40	40	<0
	Demand: 2ww Refs	3,293	3,210	3,282	3,142	3,013	3,171	2,951	3,307	2,636	3,150	2,936	3,580	2857 - 3158
	2ww Compliance	89.25%	88.48%	94.61%	96.44%	94.77%	94.81%	96.62%	97.45%	96.49%	95.82%	96.08%	97.65%	>=93%
	Symptomatic Breast	85.00%	83.73%	93.71%	93.10%	93.22%	95.31%	94.59%	96.43%	86.61%	97.27%	94.81%	97.09%	>=93%
	31 Day First Treatment	96.11%	96.31%	94.55%	94.31%	93.64%	93.39%	96.10%	94.93%	95.79%	93.63%	96.96%	96.99%	>=96%
	31 Day Subsequent Surgery	91.49%	88.24%	86.96%	96.61%	90.38%	92.59%	89.23%	89.09%	89.19%	82.22%	94.12%	90.48%	>=94%
	31 Day Subsequent Drug	98.25%	98.95%	100.00%	97.33%	98.88%	100.00%	100.00%	99.12%	98.39%	96.94%	95.77%	97.48%	>=98%
	62 Day Screening	92.86%	93.10%	100.00%	83.33%	87.50%	93.94%	89.55%	96.23%	91.89%	91.67%	76.47%	88.89%	>=90%
62 Day Upgrades	100.00%	57.14%	100.00%	82.35%	85.71%	100.00%	80.00%	83.33%	70.73%	75.68%	92.59%	65.91%	>=85%	

Sustainability & Transformational Funding Trajectory

- 11.98		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
	STF Trajectory	74.10%	76.40%	77.60%	77.40%	82.70%	85.40%	85.00%	85.50%	85.20%	85.10%	85.40%	85.20%	Sept
	Performance	71.04%	79.20%	75.42%	70.94%	74.58%	71.50%	70.00%	72.77%	75.94%	60.61%	70.45%	73.22%	Sept

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

March performance is currently 73.22% against the improvement trajectory of 85.00%, validation continues until the beginning of April in line with the national time table. The total number of patients on an active cancer pathway is 2,961, this is an improving position on the previous month. There are currently 40 patients waiting 104 days or more for treatment, 16 of whom have a cancer diagnosis and 12 have a decision to treat.

Risks to delivery of the standard:

- Key areas of concern for the Trust are Endoscopy, Colorectal, Urology, Radiology (both appointment and reporting capacity) and adequate surgical theatre capacity.
- Diagnostic waiting times, particularly MRI (average wait 24 days) and CT scans (average wait 20 days).

Actions taken to mitigate risk and improve performance:

- PTL meetings have been revamped to clearly identify who is taking actions forward. All incomplete actions are escalated to the weekly performance meeting for resolution.
- Dedicated meetings have been held with all tumour sites and diagnostic elements of the pathway to re-design and agree specific action plans. These have been fully agreed and 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.
- Monitoring tools for the delivery of waiting times of diagnostic that are timely along the Cancer Pathway have been developed by the Information team (ie. 10 days turnaround time from referral for cancer test to patient having that test).
- Additional Urology diagnostic and follow up capacity has been planned for the next few months with the aim to reduce breaches, plans are being made to ensure this capacity is substantive going forward.

Strategic Theme: KPIs

18 Week Referral to Treatment Standard

Key Performance Indicators

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
85.40 %													
Performance	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%	83.79%	84.35%	85.40%	>=92%
52w+	6	9	17	25	20	27	21	13	12	18	24	28	0
Waiting list Size	44,620	45,663	44,213	45,487	45,352	45,531	44,822	46,191	46,398	45,682	45,449	46,482	<38,938
Backlog Size	5,105	5,531	5,831	6,072	6,568	6,781	6,262	6,563	7,502	7,407	7,111	6,785	<2,178
Demand: PC Referrals	16,769	16,111	16,252	16,193	15,664	15,529	14,905	16,631	13,618	15,058	14,880	17,505	<15,484
Demand: Additions to IP WL	3,142	3,204	3,499	3,189	3,223	3,242	3,288	3,808	3,003	3,628	3,363	3,953	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

Sustainability & Transformational Funding Trajectory

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
-9 %													
STF Trajectory	89.03%	89.86%	90.45%	90.96%	91.67%	92.10%	92.66%	92.94%	92.57%	92.93%	93.42%	94.41%	Sept
Performance	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	83.83%	83.79%	84.35%	85.40%	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

March performance significantly improved 85.40%. RTT Referrals coming into the Trust were significantly above planned levels in March. In addition to the increased primary care demand we continue to receive unprecedented demand for elective surgery due to an increase in the listing rate. The improved March position has been driven by increased new Gastroenterology outpatient activity reducing backlog for first treatment in this specialty. In addition to this, increased Theatre activity across the Trust has also reduced the total inpatient waiting list size with improvements identified within the Orthopaedics, Cardiology and MFU.

The number of patients waiting over 52 weeks for first treatment increased by 4 to 28, General Surgery, Gynaecology and ENT.

Risks to delivery of the standard:

- Primary care referrals higher than planned particularly in Orthopaedics which are continuing, this continues to drive long waiting times for first outpatient appointments particularly within surgical specialties such as Orthopaedics, Gynaecology and Maxillo Facial.
- 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
- 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, particularly within General Surgery, ENT and Gynaecology.
- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and Gynaecology.
- Seven new consultant posts have been recruited in Ophthalmology and commenced in February and March 2017.
- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.
- The Trust has purchased equipment to provide in-house sleep studies in ENT to enable a one stop service to avoid transfer to the community for diagnostic testing.

- 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).

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.78 %		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
	Performance	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%	99.65%	99.67%	99.78%	>=99%
	Waiting list Size	13,449	14,812	13,533	13,321	10,269	14,728	14,011	15,457	15,023	14,171	14,048	15,580	<14,000
	Waiting >6 Week Breaches	29	19	19	31	45	39	12	19	42	49	46	35	<60
	Average Wait													<4

Sustainability & Transformational Funding Trajectory

0.64 %		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
	STF Trajectory	99.08%	99.09%	99.15%	99.15%	99.13%	99.14%	99.13%	99.05%	99.10%	99.02%	99.03%	99.13%	Apr
	Performance	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%	99.72%	99.65%	99.67%	99.78%	Apr

Summary Performance

The Trust maintains its good performance against this standard with a compliance of 99.78% in March 2017. As at the end of the month there were 35 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality

- Radiology: 13, of which, 12 were in Computed Tomography
- Cardiology: 7
- Neurophysiology: 7

- Endoscopy: 5
- Gynaecology: 3

Risks to delivery of the standard:

- Achievement of the 99% standard is costly to the organisation with additional capacity required to meet the recurrent demand and in the case of Radiology the additional Reporting costs in order to get results back to clinicians in a timely manner.
- Reporting Backlog remains a concern. After a change in backlog position reported last month we recruited some focussed Locums to CT and MRI particularly and this week we have begun to see a reduction in the back log numbers particularly in MRI. More focus is required for the CT demand and reporting to be addressed
- 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 register.
- Recruitment of Consultants Radiologists remains a huge risk to delivery concern. We have recruited some fixed term locums and have 2 more substantive in the pipeline awaiting interview dates.
- CT and MRI Waiting lists remain high. Currently CT and MRI average waits are close to 6 weeks. If these waiting lists were to increase over the coming weeks/months, it is likely that the 6 week DM01 standard would become at risk.
- Spikes in demand for cardiology diagnostics coupled with leave and Dr sickness caused a short term breach in the standard for this area.

Actions taken to mitigate risk and sustain performance:

- The Division are actively recruiting a number of interim locums to support the demand and address the reporting concerns.
- We are ensuring all equipment is monitored closely and regularly serviced to ensure we maximise capacity. We are building a business case to extend the opening Hours of the 2 CT's until 8pm and including BH to add extra capacity into the system – yet to be approved.
- Secured capital funding for the replacement of 2 MRIs at KCH. Planning has commenced; however due to a number of legal and contractual issues there is overall delay to the programme completion – this new Equipment will not fully be commissioned until November 2017 over 9 months delay to original plan.
- Continue to vet requests, provide information to Trust Divisional clinical teams; CCG's at Consultant/Practice and GP level to enable a greater level of understanding and assessment of need and challenge as to requesting.
- Additional lists being undertaken to include both extended days during the week and Saturday lists.
- We are sourcing additional locums to reduce the risk and address the backlog. This is offset again the business case for the approval of 4 additional Radiology Consultants.
- On-going substantive recruitment to radiology consultant posts; External advert open with 2 Consultants interested- planning interview dates.
- We appointed one IR consultant in month bringing the total to 3 whilst this is slightly better position, the Trust require 6 substantive IR Consultants to cover for emergency.
- Daily oversight by GM and frontline Radiographer and admin teams, monitoring and escalation to DD as required.

Finance

Mar	I&E £m	-31.3 (164.6%)		<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 = £5.2m deficit adjusted for "extra" CIPS</p>	★ ★ ★
Mar	Cash Balance £m	5.1 (-37.7%)		<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>	★ ★ ★
Mar	Total Cost £m	-55.3 (18.0%)		<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>	★ ★ ★
Mar	Forecast I&E £m	-31.4 (13.3%)		<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.



Mar

Normalised Forecast
£m



Comments:

The Trust's I&E deficit in March (month 12) was £1.7m.

The (pre audit) 2016/17 I&E deficit (consolidated) against the control total was £24m with STF income of £4m relating to Q1 having been received. This is after adjusting for £7.2m of impairments relating to the alternative site valuation and for donated assets. This outturn is in line with forecast. Excluding STF the deficit against control total was £28m.

Pay costs in the month of £28.9m included agency and locum costs of £2.3m. Agency costs for the year were £26.9m against the ceiling trajectory of £23m. Agency spend was 8.5% below the spend in 2015/16. Of the March agency spend, 71% related to medical staff (67% ytd). 61% of spend related to Urgent care and Long Term Conditions.

Total income was £46.5m in month 12 against a monthly average of £46.6m.

Against the initial £20m CIPS target, including income, £19m has been reported of which £3.25m is non recurrent.

The Trust received a further cash loan of £7.3m in March bringing its total borrowing for the year to £22.8m.

No agreement on the 2016/17 contract value outturn or CQUIN has been reached with East Kent CCG commissioners. A proposal has been forwarded to them but at the time of writing no response had been received. Limited provision has been made.

A Financial Recovery Plan, approved by the Trust Board, was submitted to NHSI on 13 April 2017 in line with the conditions of the Trust's Financial Special Measures status.

Health & Safety 1


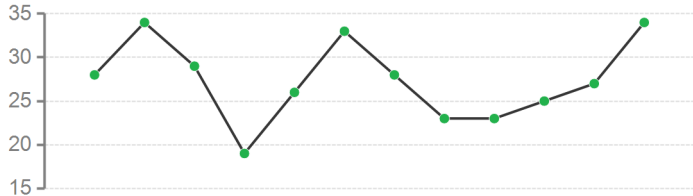



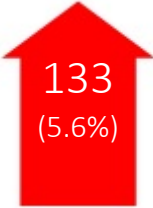
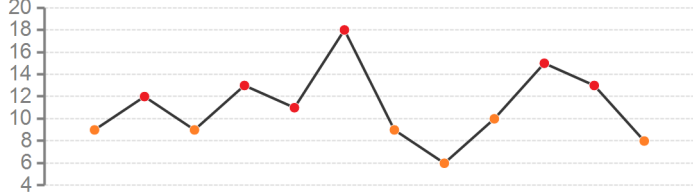



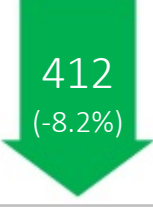
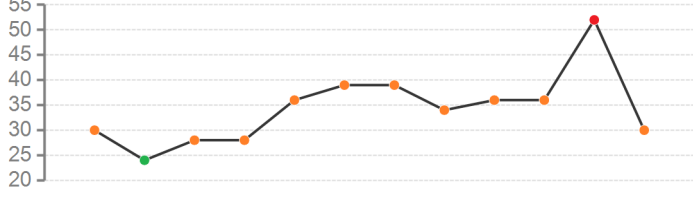



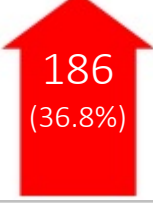
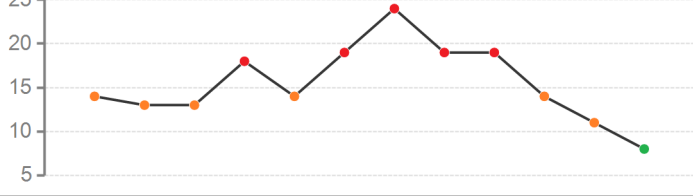



Mar	Representation at H&S	697 (52.6%)		% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Mar	RIDDOR Reports (Number)	14 (-46.2%)		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.	★ ★ ★
Mar	Formal Notices	1		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	★ ★ ★
Mar	Health & Safety Training	1881		H&S Training includes all H&S and risk avoidance training including manual handling	★ ★ ★

Comments: H&S representation is down this month, this has been escalated to Divisional Directors for follow up.

The Trusts RIDDOR this month relates too a late reported January incident when a patient struck a member of staff. Following discussions with the information team we will look to introduce a second RIDDOR metric which reflects qtrly backdated incidents reported on Datix.

The provision of H&S training remains extremely positive

Health & Safety 2

Mar	Accidents	 <p>329 (-41.0%)</p>		<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>	  
Mar	Fire Incidents	 <p>133 (5.6%)</p>		<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>	  
Mar	Violence & Aggression	 <p>412 (-8.2%)</p>		<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>	  
Mar	Sharps	 <p>186 (36.8%)</p>		<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 last month, although this remains in the Green.

The number of Fire incidents decreased and returned to Amber.

Violence & Aggression decreased significantly this month, however it should be noted that this effectively returns this metric to within its regular range following last months (FEB) spike.

Sharps are at a 12 month low and have entered the green for the first time. The agreed actions continue as outlined in the last report and to support a continued low level of incident.

Strategic Theme: Use of Resources

Pay Independent

Mar	Payroll Pay £m	-26.1 (1.3%)		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.	★ ★ ★
Mar	Agency Spend £m	-2.3 (4.7%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ☆
Mar	Additional sessions £k	-481 (56.7%)		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.	★ ★ ☆
Mar	Independent Sector £k	-985 (26.8%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ☆

Comments: Pay costs in the month of £28.9m included agency and locum costs of £2.3m which now stands at £26.9m for the year against the ceiling trajectory of £23m. Agency spend is 9% below the spend in 2015/16. Of the March agency spend, 71% related to medical staff. 61% of spend relates to Urgent care and Long Term Conditions. Medical staff vacancies are at 11% compared to 9% across all staff groups.

Strategic Theme: Use of Resources

Balance Sheet

Mar	CIPS £m	<div style="font-size: 2em; font-weight: bold;">18.8</div> <div style="font-size: 1.2em;">(-32.3%)</div>		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="color: gold;">★</div> <div style="color: gray;">★</div> <div style="color: gray;">★</div> </div>
Mar	Cash borrowings £m			Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="color: gold;">★</div> <div style="color: gold;">★</div> <div style="color: gold;">★</div> </div>
Mar	Capital position £m	<div style="font-size: 2em; font-weight: bold;">-61.9</div> <div style="font-size: 1.2em;">(25.4%)</div>		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="color: gold;">★</div> <div style="color: gold;">★</div> <div style="color: gold;">★</div> </div>

Comments: CIPS of £19m have been reported for the year with £3.25m non recurrent. The CIPS target for the year was £20m.

At the end of March the cash balance stood at £5.5m. The Trust received a further £7.3m in March bringing the total borrowing to the year to £22.8m.

Strategic Theme: Use of Resources

Productivity

Mar	Clinical Productivity: Theatres	0.0		Clinical Productivity graph: theatre sessions v plan.	
Mar	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. A £2m 'stretch' is being identified.

Strategic Theme: Improvement Journey

		Nov	Dec	Jan	Feb	Mar
MD01 - End Of Life	Lost Days (Fast Track)	20	16	14	20	20
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	76.10	74.47	70.77	75.96	80.14
	ED - 1hr Clinician Seen (%)		29	40	41	41
MD04 - Flow	IP - Discharges Before Midday (%)	15	14	14	15	14
	Medical Outliers	85	93	122	88	67
	Lost Days (Non-EKHUFT)	93	83	86	89	86
	DToCs (Average per Day)	57	50	59	56	59
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	72.77	75.94	60.61	70.45	73.22
MD07 - Maternity	Midwife:Birth Ratio (%)	27	28	20	26	27
	Staff Turnover (Midwifery)	12	12	12	12	13
	Vacancy (Midwifery)	104	103	104	103	105
MD08 - Recruitment & Staffing	Staff Turnover (%)	12.6	12.7	12.5	12.6	12.7
	Vacancy (%)	10.1	10.0	9.6	9.4	9.7
	Staff Turnover (Nursing)	13	13	13	13	13
	Vacancy (Medical)	111	111	110	110	111
MD09 - Workforce Compliance	Appraisal Rate (%)	82.2	82.5	82.2	83.6	84.6
	Mandatory Training (%)	88	87	88	88	89
	Local Induction Compliance %	5.5	17.0	12.5	15.0	21.8
KF01 - Complaints	Complaint Response in Timescales %	94	97	94	79	84
KF02 - Workforce & Culture	Staff FFT - Work (%)	58	58	58	58	58

KF02 - Workforce & Culture

KF09 - Medicines Management

Staff FFT - Treatment (%)
Pharm: Fridges Locked (%)
Pharm: Fridge Temps (%)
Pharm: Drug Trolleys Locked (%)
Pharm: Resus. Trolley Check (%)
Pharm: Drug Cupboards Locked (%)

79	79	79	79	79
89	88	89	89	86
87	79	83	83	80
98	98	98	98	98
87	83	87	88	80
86	87	89	89	90

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician		
	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.		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.		60 %
	DToCs (Average per Day)	The average number of delayed transfers of care		30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday		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)		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).		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).		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)		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).		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.		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.		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.		5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist		10 %

Clinical Outcomes

Cleanliness Audits (%)	Cleaning Schedule Audits	5 %
Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	5 %
Clinical Audit Review	Review of the Clinical Audit Programme	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.	5 %
Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	5 %
Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	5 %
Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	5 %
Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	5 %
Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	5 %
pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	5 %
PROMs EQ-5D Index: Groin Hernia	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.	
PROMs EQ-5D Index: Hip Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.	
PROMs EQ-5D Index: Knee Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.	
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.	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 %
Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	5 %
Culture		
Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	10 %
Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	40 %

Culture	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.	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.	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	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	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.	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.	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	
	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	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	
	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.	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.	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.	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for "extra" CIPS	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.	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.	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.		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.		10 %
Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	1	15 %
Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling		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.		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.		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.		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.		10 %
<hr/>			
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	
	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.	20 %
	Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	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.	10 %

Incidents	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	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.	
	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.	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	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.	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	
	Blood Culture Training	Blood Culture Training compliance	
	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	
	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.	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.	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	
	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.	10 %

Infection	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	
	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	
	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	
	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.	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	
	MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	
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	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	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	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.	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.	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.	35 %

Mortality	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	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.	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	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	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	10 %
	Obs. On Time - 8am-9pm (%)	Number of patient observations taken on time	25 %
	Obs. On Time - 9pm-8am (%)	Number of patient observations taken on time	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.	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.	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).	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.	5 %
	Complaint Response in Timescales %	Audit due to commence in January - Percentage of controlled drugs signed off by two nurses	5 %
	Compliments to Complaints (#/1)	Number of compliments per complaint	10 %

Patient Experience

FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		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.		30 %
FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		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.		5 %
Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	1	10 %
Number of Complaints	The number of complaints recorded per ward. Data source - Datix.		0 %
Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).		0 %
Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.		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.		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.		10 %
eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).		5 %
EME PPE Compliance %	EME PPE % Compliance		20 %
LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures		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.		10 %

Productivity	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	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	
	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.	100 %
Staffing	Agency %	% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	
	Agency & Locum Spend	Total agency spend including NHSP spend	
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	
	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.	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.	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).	
	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.	2 %
	NHSP Use % of Agency	% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	
	Overtime (WTE)	Count of employee's claiming overtime	1 %
	Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.	15 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)	15 %
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	15 %	


Staffing


Sickness (%)	% of Full Time Equivalent (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	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.	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.	
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.	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties	1 %
Temp Staff (WTE)	Count of Temporary Staff in post	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.	
Total Staff In Post (FundEst)	Count of total funded establishment staff	1 %
Total Staff In Post (SiP)	Count of total staff in post	1 %
Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	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.	15 %
Vacancy (Medical)	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	

Staffing	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.	
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.	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	
	Mandatory Training (%)	The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	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 - MARCH 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)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
--	-------------------------------	----------------------------	--------------	---------------------------	-------------------------------	---------------------------	----------------------	-----------------------	-----------------------------	-------------------	----------------------	------------------------	--------------------	------------------------	---------------------------------	-------------------------	---------------------------	------------------------------------

KCH - Kent & Canterbury

Specialist

KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	0	0	96	96	99	54	100	0.0	96.7	82	108	10
MARL - MARLOWE WARD	100.0	2	3	0	0	0	1	0	92	89	95	24	100	0.0	86.2	100	101	9

Surgical

CLKE - CLARKE WARD	100.0	2	3	0	0	0	1	0	100	94	96	18	98	0.0	85.3	92	94	7
KENT - KENT WARD	100.0	5	2	0	0	0	1	0	95	86	93	46	98	2.2	88.3	105	99	8
KITU - KCH ITU	100.0	0	0	0	0	0	0	67	N/A	N/A	N/A	N/A	N/A	N/A	102.4	85	94	27

Urgent Care

HARB - HARBLEDOWN WARD	100.0	1	5	0	0	0	0	9	100	96	100	30	100	0.0	82.0	102	112	6
INV - INVICTA WARD	100.0	0	0	0	0	0	2	0	NULL	NULL	NULL	27	95	0.0	83.8	97	116	5
KCDU - EMERGENCY CARE CENTRE	100.0	0	0	0	0	0	0	292	50	50	67	25	86	9.0	85.1	98	97	20
KING - KINGSTON WARD	95.8	0	8	0	0	0	1	0	100	100	97	19	100	0.0	91.8	99	112	7
KNRU - EAST KENT NEURO REHAB UNIT	94.4	1	6	0	0	0	0	0	100	100	100	30	100	0.0	80.9	112	174	8
MTMC - MOUNT/MCMASTER WARD	100.0	0	2	0	0	0	1	4	NULL	NULL	NULL	14	100	0.0	69.4	100	140	5
TAY - TAYLOR WARD	100.0	0	0	0	0	0	0	2	96	89	99	50	92	0.0	89.3	71	95	6
TREB - TREBLE WARD	100.0	0	7	0	0	0	0	41	100	75	100	11	100	0.0	85.3	77	137	6

QEH - Queen Elizabeth Queen Mother

Specialist

BIR - BIRCHINGTON WARD	100.0	0	2	0	0	0	0	1	93	93	98	34	100	0.0	98.1	96	100	8
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	1	23	N/A	N/A	N/A	N/A	N/A	N/A	94.4	51	90	6
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	0	12	N/A	N/A	N/A	N/A	N/A	N/A	100.8	80	105	11
RAI - RAINBOW WARD	100.0	0	0	0	0	0	1	0	N/A	N/A	N/A	0	NULL	NULL	97.9	99	100	12

Surgical

BIS - BISHOPSTONE WARD	100.0	3	4	0	0	0	0	86	NULL	NULL	NULL	33	100	0.0	85.5	106	113	16
CSF - CHEERFUL SPARROWS FEMALE	100.0	3	2	0	0	0	2	29	96	95	99	44	98	0.0	73.8	93	102	6
CSM - CHEERFUL SPARROWS MALE	100.0	1	2	0	0	0	0	34	88	90	90	23	94	0.0	77.4	91	96	7
QITU - QEH ITU	100.0	0	0	0	0	0	0	14	N/A	N/A	N/A	N/A	N/A	N/A	93.9	85	99	29

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
QX - QUEX WARD	100.0	1	1	0	0	0	0	0	91	94	94	84	99	0.0	99.1	102	101	7
SB - SEA BATHING WARD	95.8	0	0	0	0	0	0	84	99	98	98	21	80	13.3	82.4	N/A	N/A	N/A
Urgent Care																		
DEAL - DEAL WARD	100.0	0	3	0	0	0	1	0	98	97	99	8	100	0.0	86.6	127	128	7
FRD - FORDWICH WARD STROKE UNIT	100.0	0	1	0	0	0	1	0	100	99	100	19	88	12.5	80.8	121	142	9
MW - MINSTER WARD	100.0	3	4	0	2	0	0	24	100	100	100	27	100	0.0	87.1	117	137	8
QCCU - QEH CCU	100.0	0	0	0	0	0	0	3	100	100	100	53	100	0.0	89.7	91	105	9
QCDU - QEH CDU	94.7	0	0	2	0	0	0	24	91	75	90	20	84	12.9	91.9	116	171	12
SAN - SANDWICH BAY WARD	100.0	0	5	0	0	0	2	2	NULL	NULL	NULL	72	93	3.7	95.5	135	197	8
SAU - ST AUGUSTINES WARD	100.0	0	7	0	0	0	0	0	100	100	100	0	NULL	NULL	89.8	113	117	5
STM - ST MARGARETS WARD	100.0	2	2	0	0	0	0	11	98	87	97	25	100	0.0	97.5	118	131	6
WHH - William Harvey																		
Specialist																		
FF - FOLKESTONE	100.0	0	0	0	0	0	2	0	NULL	NULL	NULL	N/A	N/A	N/A	108.7	56	50	4
KEN - KENNINGTON WARD	100.0	1	0	0	0	0	0	0	100	75	81	17	100	0.0	80.8	80	89	8
PAD - PADUA	100.0	0	0	0	0	0	1	1	N/A	N/A	N/A	9	94	2.8	93.0	88	94	9
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	0	0	46	N/A	N/A	N/A	N/A	N/A	N/A	99.0	88	88	14
Surgical																		
ITU - WHH ITU	100.0	0	0	3	0	0	0	51	N/A	N/A	N/A	N/A	N/A	N/A	94.6	118	106	30
KA2 - KINGS A2	100.0	0	2	0	1	0	1	0	96	94	100	53	100	0.0	94.1	99	107	6
KB - KINGS B	100.0	2	4	0	0	0	1	128	100	100	100	57	97	1.5	88.1	100	105	5
KC - KINGS C1	100.0	3	6	0	0	0	2	1	95	98	98	33	92	7.7	85.7	105	100	5
KC2 - KINGS C2	100.0	0	3	0	0	0	1	0	92	97	99	56	98	1.0	85.9	83	99	6
KDF - KINGS D FEMALE	94.4	2	2	0	1	0	0	0	92	90	92	19	80	20.0	94.5	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	5	6	0	0	1	1	0	100	100	100	25	100	0.0	NULL	99	112	11
RW - ROTARY WARD	100.0	1	1	0	0	0	2	50	100	99	100	29	100	0.0	90.6	102	100	8
Urgent Care																		
CCU - CCU	100.0	0	0	0	0	0	0	12	100	100	88	84	98	0.0	86.3	88	78	12
CJ2 - CAMBRIDGE J2	100.0	0	5	0	0	0	1	0	94	90	93	25	100	0.0	75.4	122	118	6
CK - CAMBRIDGE K	92.6	4	0	0	0	0	0	10	89	77	87	73	94	1.4	89.0	125	101	6
CL - CAMBRIDGE L REHABILITATION	100.0	1	6	0	1	0	2	0	89	82	94	114	92	4.0	95.0	100	131	6

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
CM1 - CAMBRIDGE M1 SHORT STAY	94.4	2	9	0	2	0	2	0	86	92	98	17	89	0.0	58.8	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	0	4	0	0	0	0	0	100	97	99	40	100	0.0	95.5	104	111	6
OXF - OXFORD	100.0	1	3	0	1	1	0	20	100	100	100	28	100	0.0	89.3	112	116	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	91.3	1	7	0	0	0	0	0	100	95	93	40	95	0.0	88.0	129	153	10
WCDM - WHH CDU MIXED	100.0	0	0	3	0	0	0	77	97	98	97	14	79	14.3	81.8	101	111	14

Human Resources Heatmap

	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	6.1	5.9	7.5	7.9	10.8	5.8	21.7	51.7
Appraisal Rate (%)	88.5	86.5	88.5	86.6	86.5	89.8	91.0	70.4
Employed vs Temporary Staff (%)	90.6	90.3	91.4	87.8	92.9	90.1	91.7	87.3
Mandatory Training (%)	92	95	92	83	89	95	86	88
NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sickness (%)	3.7	1.8	2.6	2.7	4.2	3.3	4.0	3.8
Staff Turnover (%)	13.4	8.6	17.9	20.3	12.6	10.8	10.5	14.1
Vacancy (%)	9.4	9.7	10.3	15.1	7.1	9.9	8.4	12.9