East Kent Hospitals University NHS
NHS Foundation Trust

NOVEMBER 2016

INTEGRATED PERFORMANCE REPORT

East Kent Hospitals University NHS
NHS Foundation Trust

Chief Executive's Summary

The CQC published their reports on 21 December 2016 following their re-inspection of the Trust's hospitals in Ashford, Canterbury and Margate in September 2016. The reports show widespread improvements to the quality of care of our patients and there are now no "red" inadequate scores. Sir Mike Richards, England's Chief Inspector of Hospitals, has recommended that the Trust be taken out of special measures as a result of "further significant improvements" for local patients. This recommendation will be put forward to NHSI and we await the final decision in the New Year.

The CQC's assessment of our progress since the inspection last year is encouraging and provides us with clear direction on where further improvements are needed. Encouragingly, these are things we know about and are already working hard to improve, through our on-going improvement plan and by working together with our partners across Kent and Medway to transform how patients are cared for, both in and out of hospital, over the next five years.

Since October our teams have been working to an interim high level improvement plan to bridge the gap between inspection and final report. Now the final reports are with us, we will continue to work with our teams and partners to add to these improvement plans which inform the next steps of our improvement journey.

The Trust has seen further improvement in the 62 day GP cancer referral target and the number of patients being managed on the cancer pathway over 103 days has reduced to the lowest number this year. The cancer two week wait also continues to perform well. We will continue to focus on this as we work to compliance on 62 days over the next three months.

The 4 hour target continues to be an area of significant challenge for the Trust, with performance reducing further in November to 75.75% compared to 79.31% in October 2016. This performance has been driven by continued pressure on the whole system, issues within our own systems and processes, reduced patient flow and challenges with workforce in the emergency departments and medical specialties. Support continues to be provided by the Emergency Care Improvement Programme and internal focus continues. Learning from the Super Discharge Week will help us to drive the next phase of improvement.

Referral to treatment (18 weeks) performance has reduced slightly to 85.79% in November from 86.03% in October 2016. This is due to increased demand in high volume specialties. However, the number of patients waiting longer than 52 weeks has reduced significantly to 13 in November 2016, compared to 21 in October 2016. The positive work in terms of activity levels, if demand is managed will help us to make further improvements in the coming months with long term sustainability being the objective for next year.

The Trust continues to deliver well on the safety metrics. This is a key focus for our improvement journey. Avoidable pressure ulcers reduced this month and there were no deep ulcers reported. Overall, mortality indices continue to show much better results in comparison to our peers. However, emergency pressures create additional challenges for quality and experience. In particular, there are challenges with infection control associated with norovirus and influenza. There have also been two further infection control incidents in November 2016, the first is an outbreak (4 cases) of carbepenemase-resistant Klebsiella pneumoniae in the William Harvey Hospital. Appropriate control and contact tracing measures have been instituted and no additional cases have been identified to date. The second concerns a late diagnosis of pulmonary TB in a patient on ITU, also in the William Harvey Hospital. Contact tracing has not revealed any additional cases to date.

The Trust's monthly I&E deficit reported an improved position in November 2016 (£1.3m) compared to £1.7m in October 2016 and continues to report in line with the forecast trajectory through to year end.

The year to date I&E deficit stands at £14m with STF income of £4m relating to Q1 having been received. No further STF is expected.

Pay costs in month were £28.5m against an average of £28.1m per month up to month 7. Agency and locum costs increased in month to £2.7m, the highest level since October 2015 and now stands at £18.2m for the year to date against the ceiling trajectory of £17.1m. This is a 15% reduction year on year. Of the November agency spend, 74% related to medical staff (43% consultant, 57% other grades). Year to date 65% of agency spend is medical staff compared with 34% across the region. 61% of agency and locum costs are in Urgent Care and Long Term Conditions. The trend in agency spend over the last three months represents the most serious risk to the Trust's financial position.

In order to meet activity plans, use of the independent sector has increased significantly over the last 3 months, reaching £1.2m in November as against £1m in October largely through

Ophthalmology and Orthopaedics outsourcing.

The Trust's year end forecast is £19m as agreed at the Trust Board on 7 October 2016 and communicated to NHSI, a £5m stretch on the previous forecast, comprising a £7m operational deficit and £12m of lost STF income. The Trust has put in place a set of measures following the board meeting designed to secure the year end forecast. The divisions are engaged fully in delivering these plans including the assessment of all agency filled posts and vacancies.

The Q4 position must be a substantial improvement on the year to date performance if the stretched target is to be achieved.

NHSI is currently providing intensive support and challenge to the Trust to deliver our 2016/17 financial plan and to develop and implement a financial plan which delivers the 2017/18 and 208/19 control totals and takes the trust to a sustainable financial operating model. We are working closely with NHSI on this and will continue to do so as this remains a top priority for the organisation.

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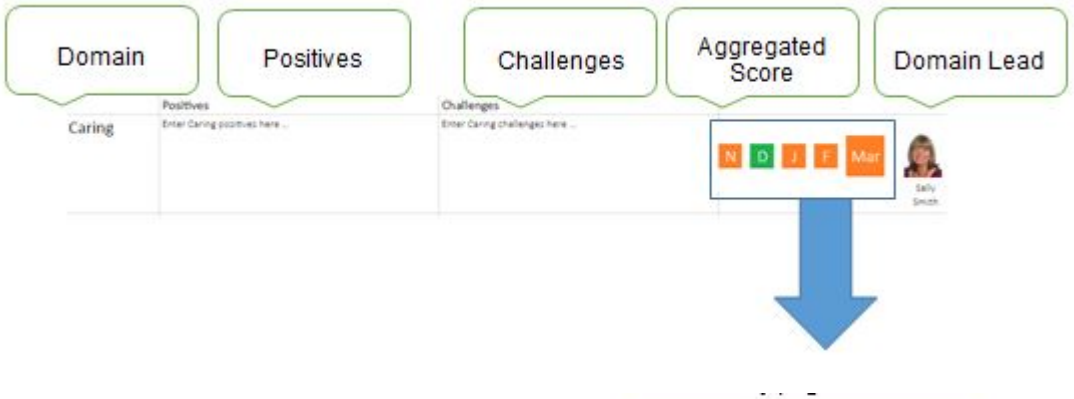
Understanding the IPR

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



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

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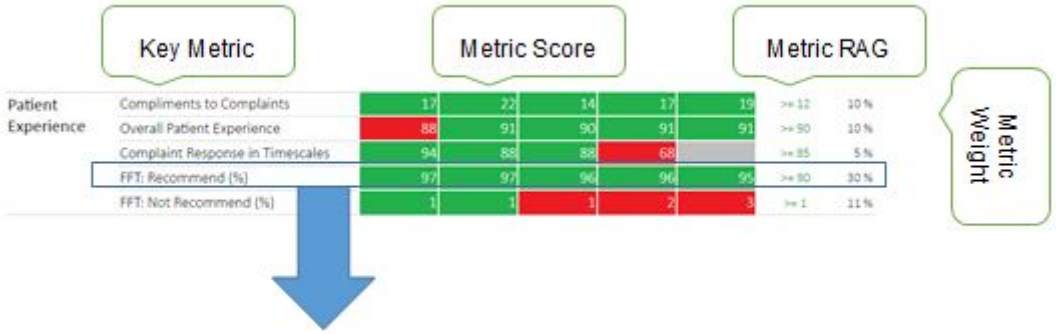
Understanding the IPR

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



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

All RAGs are banded as Green, Amber and Red. The threshold for the green RAG point is indicated in the Glossary pages together with how much weight each metric holds towards the sub-domain.

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Strategic Priorities

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Contents

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Headlines

	Positives	Challenges	
Caring	• 97% of our patients would recommend the Trust to their friends and family • This month there was a reduction in the number of mixed sex breaches reported; • Complaint response times as agreed with the client was above the Trust standard; • Compliment to complaint ratio was 31:1; • Number of complaints received decreased by 26%; • Overall inpatient real-time patient experience improved compared to last month.	• Despite the recorded drop in mixed sex breach occurrences we still need to work on reducing the number of occasions we breach the mix sex standard although dignity and privacy is maximised when these breaches occur; • Patient experience in the Emergency Departments as reported by the Friends and Family test remains below national average. Comfort rounding is in place to ensure patients receive refreshments, information and pain control when they need it; • The number of complaint responses sent out within 30 days is till below the Trust standard.	J A S O Nov  Sally Smith
Effective	Reportable Delayed Transfers of Care (DTOCs) have reduced slightly as some of our more complex patients have been discharged. Did Not Attend (DNAs) rates for out patient appointments are the lowest they have been this year and compare well against the national benchmark. We still have plans to reduce the DNA rates further by continuing to remind patients.	Bed occupancy has increased which is a reflection of the extreme pressure that our hospital sites are under. Linked to this our length of stay (LOS) for non-elective patients is the highest it has been this year. We have also had to cancel a number of operations to ensure that non-elective (emergency) patients can be admitted. This is reflected in the cancelled operations and theatre utilisation metrics.	J A S O Nov  Jane Ely
Responsive	Cancer two week wait is achieving well, as is Breast symptomatic two week wait. Cancer GP 62 days has improved again and the number of patients being managed on a cancer pathway over 103 days has reduced to the lowest number this year. Diagnostic waits continue to perform well against the 6 week standard for routine tests.	A&E four hour performance is still significantly challenged and performance has reduced further in November due to pressure on the whole system, reduce patient flow and challenges with workforce in the emergency departments and medical specialties Referral to treatment (18 weeks) performance has reduced slightly as demand has increased again in high volume specialties. However, the number of patients waiting longer than 52 weeks has reduced significantly.	J A S O Nov  Jane Ely

Safe	• Harm Free Care experienced in our care (New Harms only) in November 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 1.83% compared to 2.18% national average for acute hospitals; this means that our patients acquire slightly reduced levels of new harms than the national average for acute hospitals; • Avoidable pressure ulcers reported reduced this month and there were no deep ulcers reported. Indeed we met our Trust objective for November; • The falls rate this month also reduced compared to October and met our Trust objective; • Clinical incident reporting remains at a similar level to last month at around 1300 reports; • Overall, mortality indices continue to show much better results in comparison to our peers; • Despite the challenges engendered by bed occupancy, patient demographic and comorbidity our staff continue to be able to provide and evidence very good care to our patients.	• Infection control indices are within the limits set but our overall performance in this area has slipped in comparison to last year • VTE assessment recording has maintained last month's level and our performance in the National data for Q2 has also seen an improvement in comparison with other acute Trusts. This still requires much better performance we need further work with prevention of hospital associated thrombotic events • Although the rate of new harms experienced by our patients is better than the national our combined harm free care is slightly worse than national and slightly worse than the acute hospital comparison	J A S O Nov	 Paul Stevens
Well Led	• Small reduction in vacancies (10.2%) • Increase in nursing shifts filled (99% day, 110% night) • Improved I&E position (£1.3m) • Reducing sickness rates (3.4%) • Maintaining positive cash balance (£10m) • Reduction in RIDDOR reports (0)	• Increasing agency and locum spend (£2.7m in month) • Financial position through to year end	J A S O Nov	 Matthew Kershaw

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Caring

	J	A	S	O	Nov	Weight
OVERALL DOMAIN SCORE						
Initiatives	J	A	S	O	Nov	10 %
Patient Experience	J	A	S	O	Nov	90 %

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Caring

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Initiatives	Staff Health & Wellbeing CQUIN	100	100	100			>= 100	20 %
	Sepsis CQUIN Delivered %	90	90	90			>= 100	20 %
	Antimicrobial Resistance &	100	100	100			>= 100	20 %
	End of Life Pathway CQUIN Delivered	100	90	90			>= 100	20 %
	Patient Flow CQUIN Delivered %	100	100	90			>= 100	20 %
Patient Experience	Compliments to Complaints (#/1)	12	15	20	21	16	>= 12	10 %
	Mixed Sex Breaches	29	45	70	51	10	1	10 %
	Overall Patient Experience %	92	92	91	90	92	>= 90	10 %
	Complaint Response in Timescales %	96	97	92	94	94	>= 85	5 %
	FFT: Recommend (%)	97	97	97	97	97	>= 90	30 %
	FFT: Not Recommend (%)	1.7	1.1	1.5	1.3	1.3	>= 1	10 %

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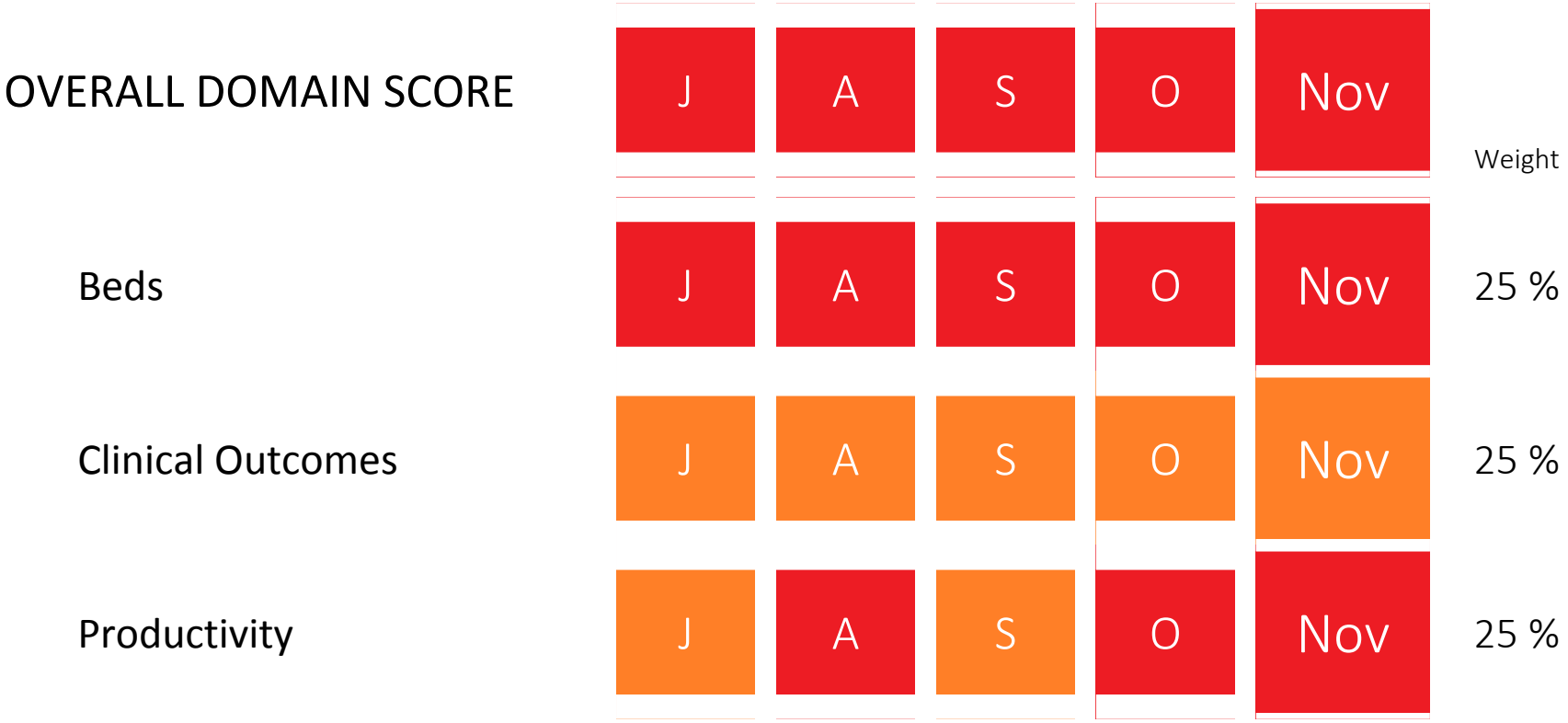
Effective



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Effective

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Beds	Bed Occupancy (%)	99	99	101	101	102	<= 90	60 %
	IP - Discharges Before Midday (%)	15	15	14	15	15	>= 35	10 %
	DToCs (Average per Day)	62	58	53	61	57	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3	3	3	3	3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17	16	17	17	16	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	97	97	97	95	96	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.9	8.0	7.6	7.4	7.1	< 7	
	DNA Rate: Fup %	7.3	7.1	6.9	6.7	6.4	< 7	
	New:FUp Ratio (1:#)	0.7	0.7	0.7	0.7	0.7		
Productivity	LoS: Elective (Days)	3.0	3.1	3.0	3.0	2.8		
	LoS: Non-Elective (Days)	5.7	6.0	6.1	6.1	6.5		
	Theatres: Session Utilisation (%)	82	82	80	82	81	>= 85	25 %
	Theatres: On Time Start (% 30min)	81	78	75	77	78	>= 90	10 %
	Non-Clinical Cancellations (%)	1.0	1.1	1.2	1.7	1.5	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	3	7	0	0	6	< 5	10 %
	EME PPE Compliance %	83	83	82	82	79	>= 90	20 %

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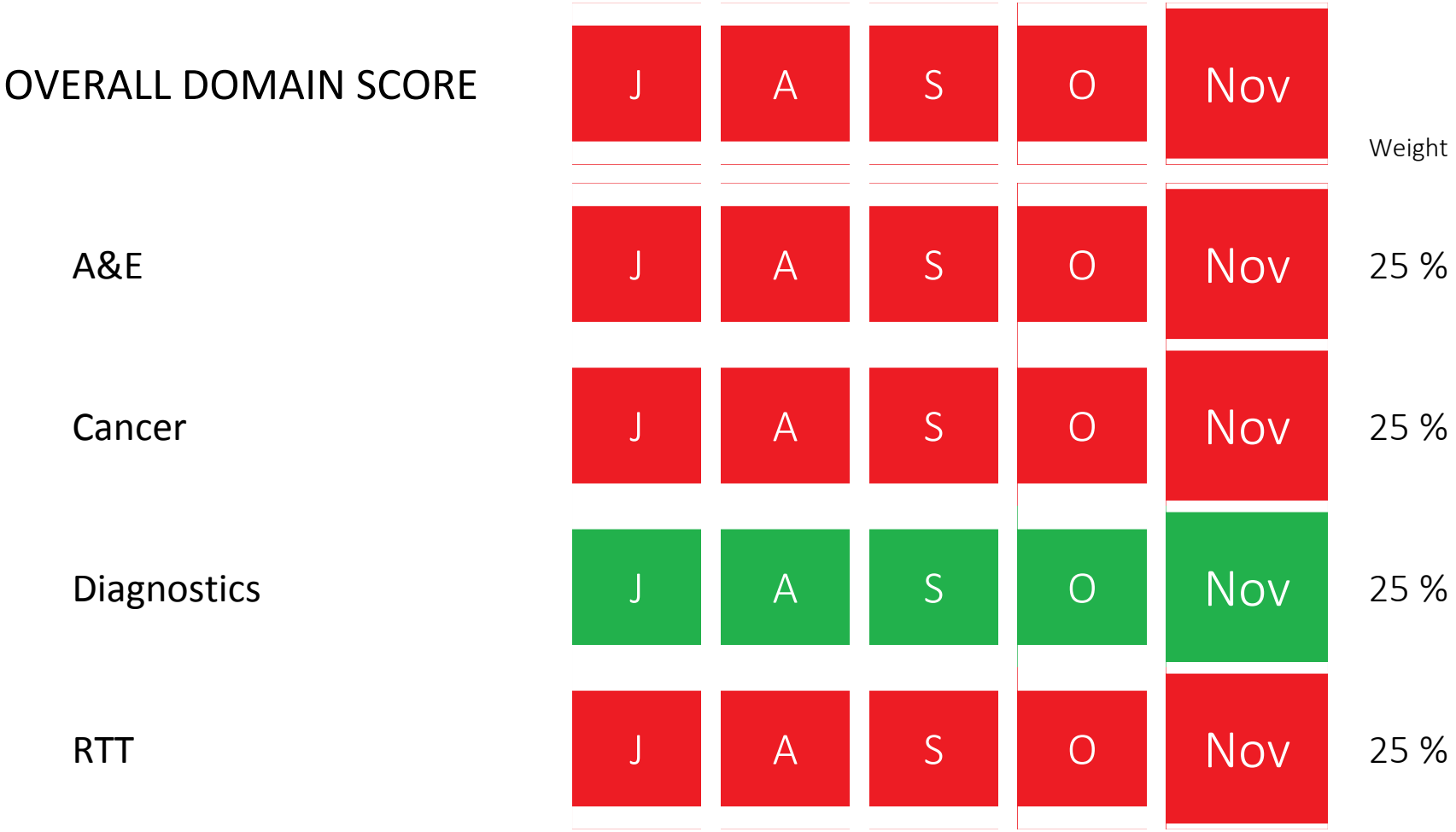
Responsive



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Responsive

		Jul	Aug	Sep	Oct	Nov	Green	Weight
A&E	ED - 4hr Compliance (%)	82.87	82.26	84.27	79.31	75.75	>= 95	100 %
Cancer	Cancer: 2ww (All) %	96.44	94.77	94.81	97.21	97.37	>= 93	10 %
	Cancer: 2ww (Breast) %	93.10	93.22	95.31	94.59	96.40	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	94.31	93.64	93.39	95.54	94.77	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	96.61	90.38	92.59	86.76	92.00	>= 94	5 %
	Cancer: 31d (Drug) %	97.33	98.88	100.00	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	70.94	74.58	71.50	71.20	73.18	>= 85	50 %
	Cancer: 62d (Screening Ref) %	83.33	87.50	93.94	89.55	96.23	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	82.35	85.71	100.00	81.82	84.62	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.77	99.56	99.74	99.91	99.88	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	99.66	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	99.65	100.00	>= 99	
RTT	RTT: Incompletes (%)	86.65	85.52	85.11	86.03	85.79	>= 92	100 %
	RTT: 52 Week Waits (Number)	25	20	27	21	13	< 1	

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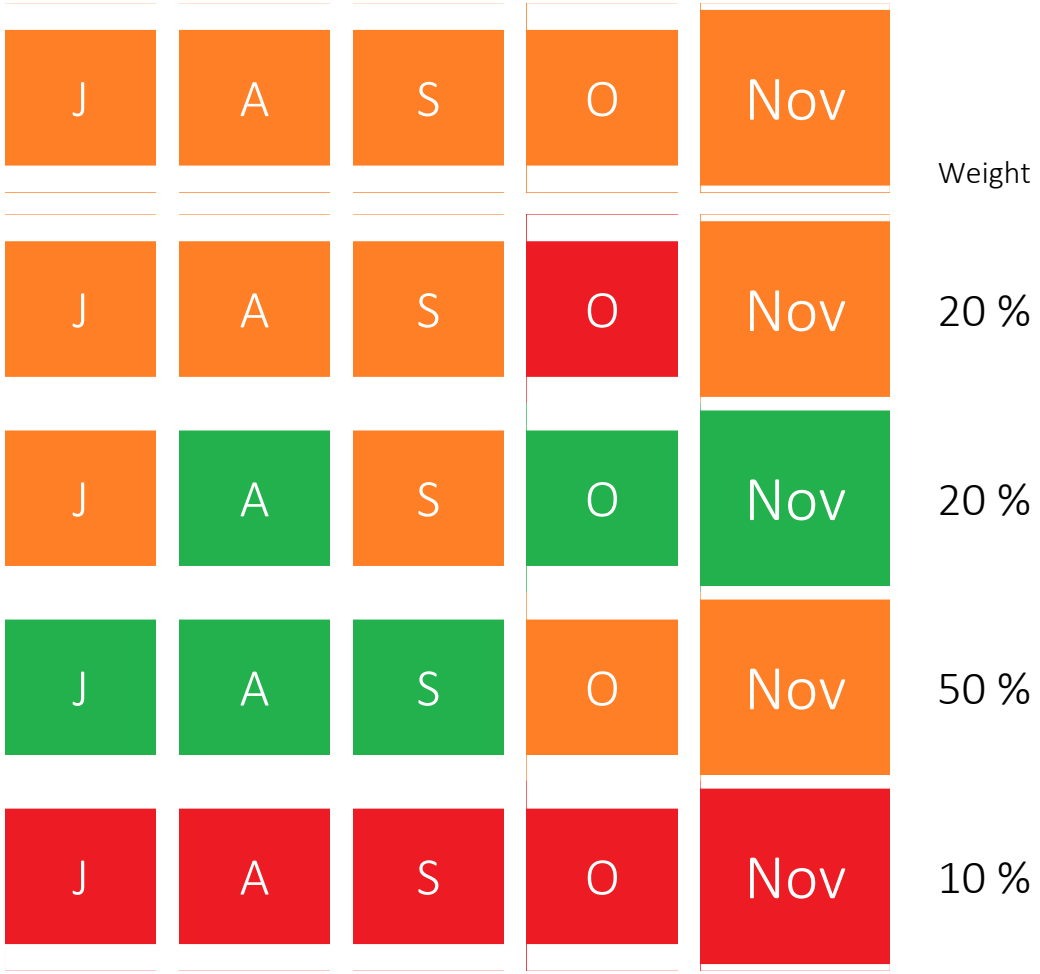
Safe



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Safe

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Incidents	Serious Incidents (STEIS)	9	5	8	6	4		
	Harm Free Care: New Harms (%)	98.0	98.0	97.7	97.9	98.1	>= 98	20 %
	Falls (per 1,000 bed days)	5.48	5.50	5.52	5.76	6.58	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.18	0.25	0.31	0.24	0.24	<= 0.15	10 %
	Clinical Incidents: Total (#)	1280	1301	1389	1364	1358		
Infection	Cases of C.Diff (Cumulative)	16	19	21	27	30	<= Traj	40 %
	Cases of MRSA (per month)	0	0	1	0	0	< 1	40 %
Mortality	HSMR (Index)	81	82				< 90	35 %
	Crude Mortality EL (per 1,000)	0.4	0.4	0.3	0.3	0.0	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	29	30	27	32	31	< 27.1	10 %
	RAMI (Index)	81	82	83			< 87.45	30 %
Observations	VTE: Risk Assessment %	88	88	91	90	91	>= 95	20 %

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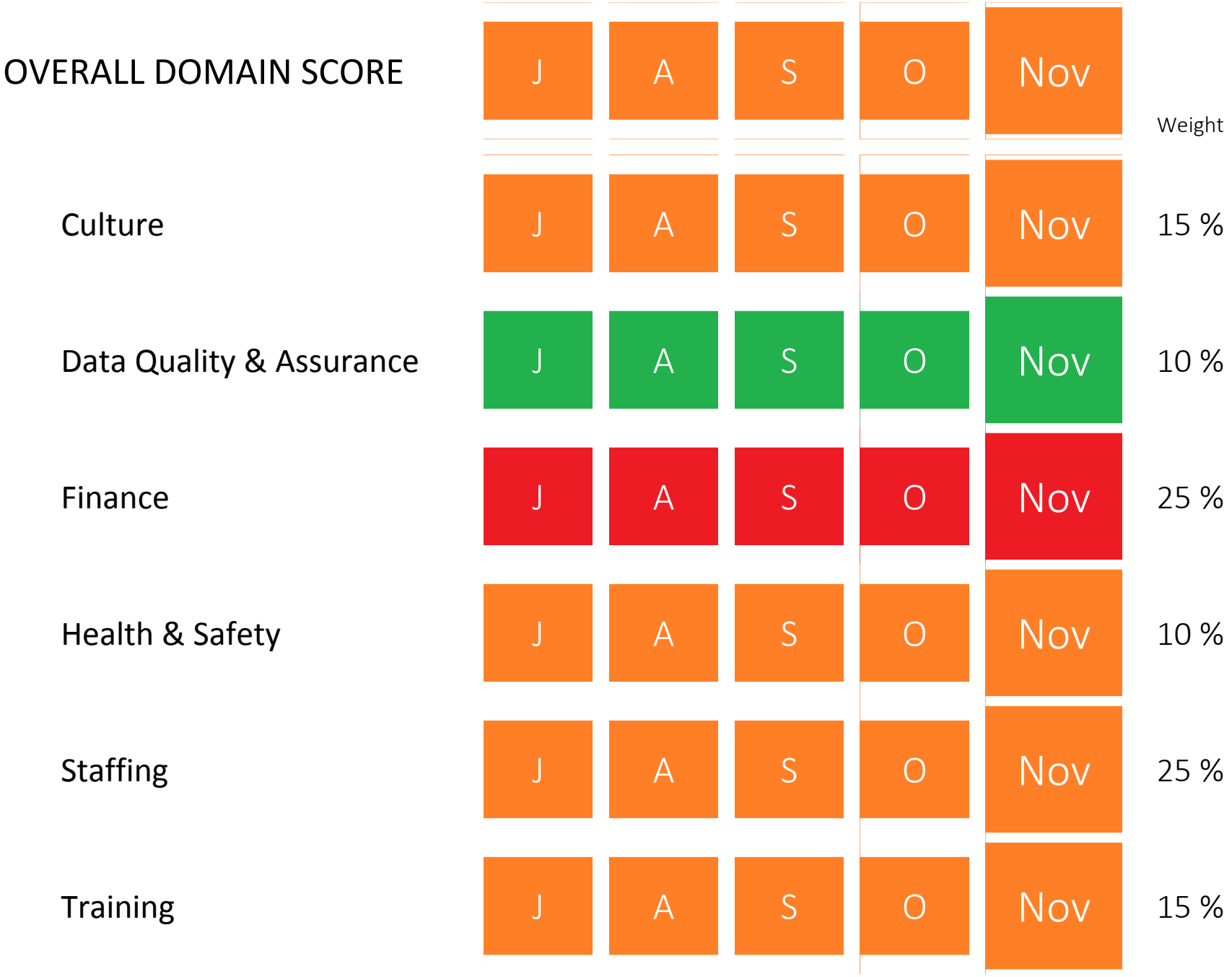
Well Led



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Well Led

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Culture	Staff FFT - Work (%)	58	58	58	58	58	>= 60	50 %
	Staff FFT - Treatment (%)	79	79	79	79	79	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	1	1	1	1	2	< 4	25 %
	Valid NHS Number %	99	99	99	99	99	>= 99.5	40 %
	Uncoded Spells %	0	0	0	0	0	< 0.25	25 %
Finance	I&E £m	-0.6	-3.5	-1.6	-1.7	-1.2	>= Plan	30 %
	Cash Balance £m	14.2	17.5	9.8	11.7	10.0	>= Plan	20 %
	Total Cost £m	-47.4	-49.4	-50.1	-49.1	-51.0	>= Plan	20 %
	Forecast I&E £m	-11.0	-24.6	-19.6	-19.6	-19.6	>= Plan	20 %
	Normalised Forecast £m	-27.6	-27.6	-23.6	-23.6	-23.6	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	1	1	1	3	0	<= 3	20 %
	Formal Notices	0	0	0	0	0	1	15 %
Staffing	Sickness (%)	3.8	3.8	3.8	3.9	3.4	< 3.6	10 %
	Staff Turnover (%)	12.1	12.0	12.6	12.7	12.6	<= 10	15 %
	Vacancy (%)	10.4	10.5	10.8	10.7	10.2	<= 7	15 %
	Shifts Filled - Day (%)	91	91	93	93	99	>= 80	15 %
	Shifts Filled - Night (%)	103	102	100	102	110	>= 80	15 %
	Agency %	20.3	21.7	21.1	22.0	21.3	<= 10	
	NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	> 90	
Training	Appraisal Rate (%)	75.4	79.5	81.2	83.2	82.2	>= 90	50 %
	Mandatory Training (%)	87	88	89	88	88	>= 85	50 %

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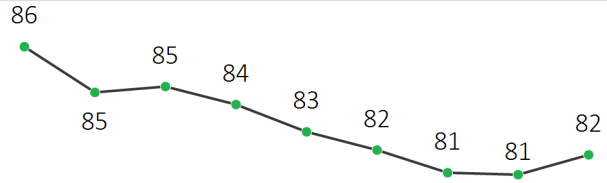
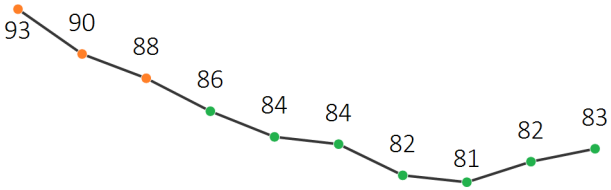
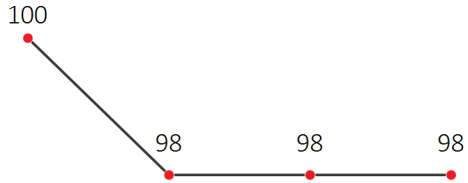
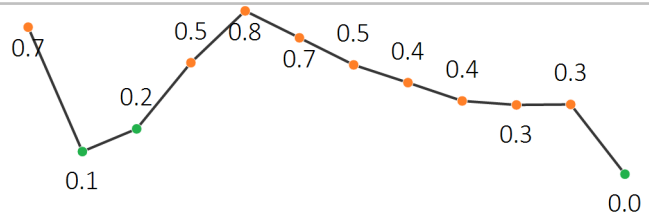
Strategic Theme: Patient Safety

Mortality

Nov	HSMR (Index)	83 (-9.1%)		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.
Nov	RAMI (Index)	85 (-10.0%)		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.
Nov	SHMI	99 (-4.0%)		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.
Nov	Crude Mortality EL (per 1,000)	0.4 (35.3%)		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.

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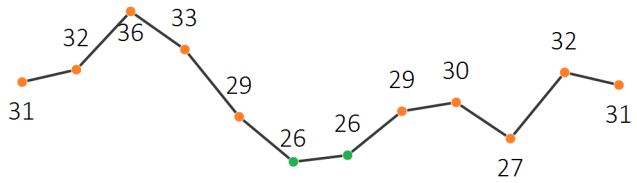
Strategic Theme: Patient Safety

Nov

Crude Mortality NEL (per 1,000)

30 (-1.0%)



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

Comments:

The mortality figures for the month of September continue to be positive in comparison to other Trusts. Our national SHMI is 0.97 for the period July 2015 - June 2016 and this has shown a consistent fall from 1.03 in the period July 2014 - June 2015. There are some areas of concern lying below that overall indicator and these continue to include cardiac related
diagnostic groups (acute myocardial infarction, cardiac arrests/ventricular fibrillation, heart failure), carcinoma of the lung and colon, chronic obstructive pulmonary disease and septicaemia.
A higher observed versus expected mortality in the cardiac related diagnostic groups is in part explained by the regional primary percutaneous coronary intervention service at Ashford and there are no worrying trends, however this will be an area that the Mortality Steering Committee concentrates on. Carcinoma of the lung and colon mortality rates are going to be influenced by delays in the cancer pathways and these are being actively addressed. Finally the increase in mortality from sepsis is in part due to more accurate coding (over the period that this has increased and mortality from pneumonia and urinary tract infection has significantly fallen). Again this is an area that the Mortality Steering Committee will concentrate on and the sepsis collaborative have also recently introduced inpatient sepsis screening with a positive impact on time to administration of intravenous antibiotic. Further work in this area is clearly required.

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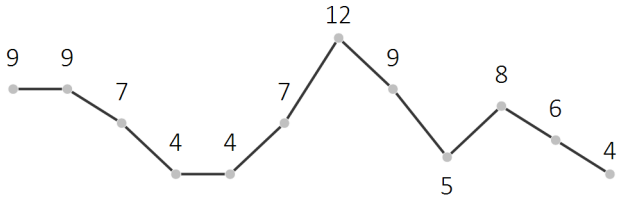
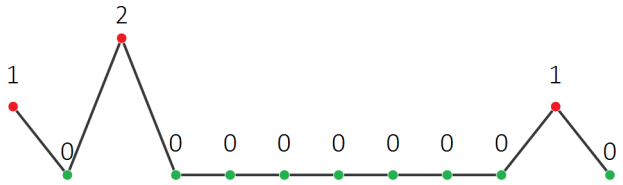
Strategic Theme: Patient Safety

Serious Incidents

Nov	Serious Incidents (STEIS)	84 (-3.4%)		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.
Nov	Never Events (STEIS)	4 (-20.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on STEIS November 2016: 76 (including 4 new)
SIs under investigation: 41
Breaches: 12
Non-breaches: 20

SIs awaiting closure: 35
Waiting CCG response: 21
Waiting EKHUFT non-closure response: 14

Supporting Narrative:
The number of breached cases have risen from 19 to 21. This has been in part due to changes in Divisional governance leads, and, in part, greater analysis as we endeavour to improve the quality of investigations. 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 there has been progress on this and further progress is predicted. There are no longer breaches over one year old and the current oldest breaches (two) are eight months old. The Clinical Incident Manager has been working with the division to progress these cases.

The Corporate Risk Team are reviewing the process for when the draft report comes to the team.

There were four new SIs relating to:
- one suboptimal care of the deteriorating patient leading to death of a 38 year old;
- one allegation of abuse relating to a spiral fracture;
- one invasive procedure case relating to a baby requiring an arterial line and
- one diagnostic delay relating to abdominal pain.

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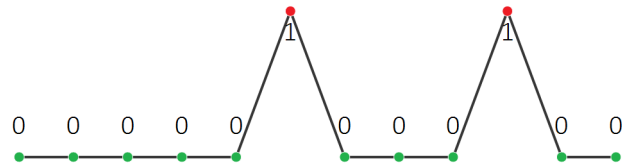
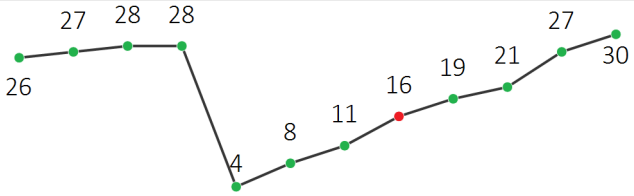
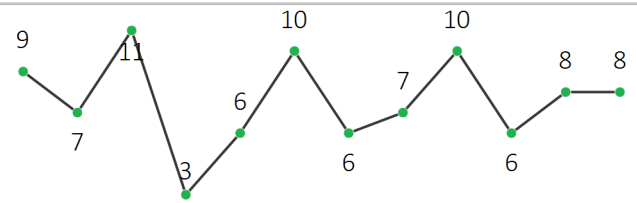
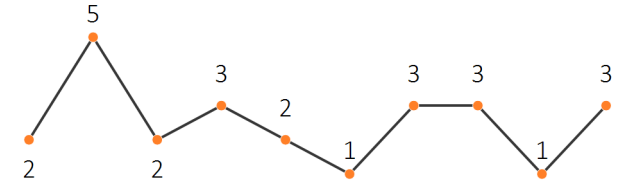
Strategic Theme: Patient Safety

Infection Control

Nov	Cases of MRSA (per month)	2 (0.0%)		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.
Nov	Cases of C.Diff (Cumulative)	30 (11.1%)		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.
Nov	E. Coli	91 (46.8%)		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.
Nov	MSSA	25 (19.0%)		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: Areas of concern at time of reporting include C. difficile (on trajectory but not as good as last year) and a number of outbreaks of Norovirus (in keeping with other Trusts in the country). We have also had a cluster of Influenza cases (4) in the William Harvey Hospital and all doctors have been sent advice as part of a heightened awareness campaign.
There have been 2 further infection control issues since the last report. The first of these concerns an outbreak (4 cases) of carbepenemase-resistant Klebsiella pneumoniae in the William Harvey Hospital, this type of organism is classed as a 'super bug'. Appropriate control and contact tracing measures have been instituted and no additional cases have been identified to date. The second concerns a late diagnosis of pulmonary TB in a patient on ITU, also in the William Harvey Hospital. Contact tracing has not revealed any additional cases to date.

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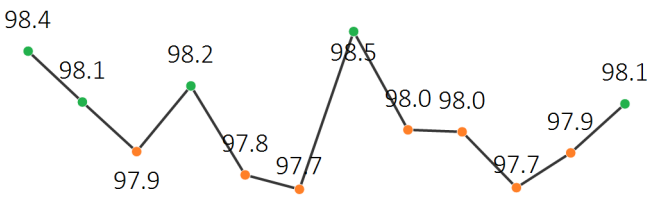
Strategic Theme: Patient Safety

Harm Free Care

Nov	Harm Free Care: New Harms (%)	98.0 (-0.2%)		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.

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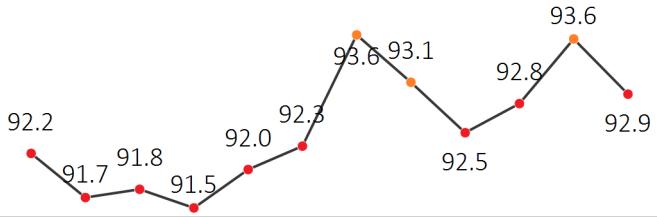
Strategic Theme: Patient Safety

Nov

Harm Free Care: All Harms (%)

92.5
(-0.4%)



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

Comments:

Harm free care

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in November was 92.50% compared to 93.6 % in October and remains below both the overall national average of 94.28% and the acute hospitals only national average of 94.01%. A wide variation, as expected, is seen across the divisions with specialist achieving 98.39%, surgical 91.32% and UCLTC 91.90%. All harms were 7.03% compared to national average of 5.99% 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 98.07% in November 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 1.83% compared to 2.18% national average for acute hospitals; this means that our patients acquire slightly reduced levels of new harms than the national average for acute hospitals.

WHH New Harms Only HFC fell to 96.93% in November compared to 98.61% in October.
QEQM New Harms Only HFC improved to 99.13% in November compared to 98.11% in October.
K&C New Harms Only HFC improved to 98.62% in November from 96.46% in October.

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 November demonstrates:

- Lower levels of New Pressure Ulcers (0.58%) compared to the acute hospitals average (0.78%)
- Lower levels of catheters & New UTI's (0.29%) compared to the acute hospital average (0.40%)
- Higher prevalence of falls with harm (0.48%) than the acute hospital average (0.39%)
- Lower prevalence of new VTEs (0.58%) compared to the acute hospital national average (0.65%)

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

Noteably, 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 – 1.06% compared to the national average of 1.09% for acute hospitals. This has improved as a result of the collaborative work undertaken with community partners.

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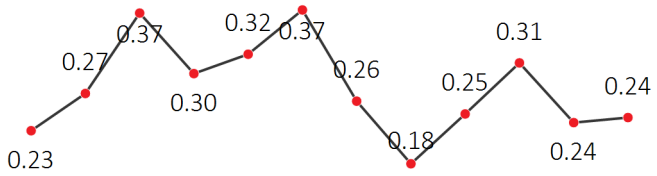
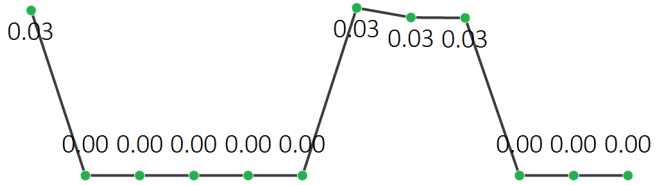
Strategic Theme: Patient Safety

Pressure Damage

Nov	Pressure Ulcers Cat 2 (per 1,000)	0.28 (-6.0%)		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.
Nov	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-79.1%)		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 November 2016 a total of 31 category two pressure ulcers were reported and 8 were confirmed as avoidable. This is equal to last month. Three of these affected the sacrum/buttocks occurring on CDU WHH(x2) and 1 on Kingston. Related care issues were prolonged periods in a chair and limited evidence of repositioning. One avoidable ulcer affected the heels, (CDU WHH) relating to insufficient heel offloading evidence. The remaining avoidable ulcers were connected to medical devices. Three affected the ear (CK x2 and CJ) due to lack of preventative measures and two involving nasal oxygen cannula. One affected the nose (CDU WHH) as the BiPAP mask was felt to be too tight.
There were no confirmed category three pressure ulcers acquired in November 2016. There were 8 potential deep tissue ulcers; one was avoidable on Kings D male (heel) due to limited offloading strategies. There are two pending a decision from RCAs, 1 on Seabathing (sacrum) and one on Mount McMaster (elbow). Further investigations are planned.
During November 16, joint work continues with the Kent & Medway collaborative group to improve pressure ulcer care and tackle common issues. The combined Diabetes / Tissue Viability risk assessment tool has now been approved and is uploaded onto patient centre. The Tissue Viability team held an event on all 3 sites in conjunction with worldwide 'Stop the Pressure' day. This was to promote the React to Red campaign dealing with issues such as medical devices, prolonged chair sitting and repositioning evidence. The SKINS bundle has been updated with a prompt for the wards to check medical devices.

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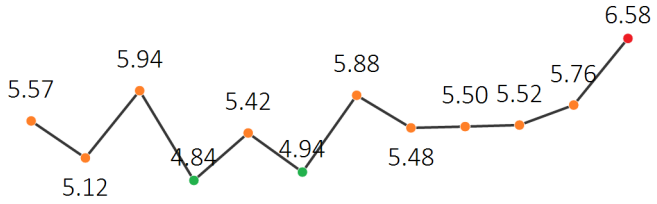
Strategic Theme: Patient Safety

Falls

Nov	Falls (per 1,000 bed days)	5.54 (-32.9%)		Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

There was an increase in falls from 193 in October, to 215 In November, 2016. 79 were at WHH, 88 at QEQMH and 47 at K&CH. Wards with the most reported falls were Cambridge L (10), CDU QEQMH and Deal (11), St Augustine's (12), CDU WHH and Minster (15). Alongside this there has been an increase in the rate of falls per occupied bed days, most significantly at QEQMH where it was 8.73 (6.44 at K&CH and 6.25 at WHH). Within UCLTC, where the most falls are recorded, the rate was 11.52 at QEQMH (5.71 at K&CH and 9.03 at WHH). 1 fall at QEQMH resulted in an avoidable hip fracture and is being investigated. 1 fall at WHH resulted in a fractured wrist but was unavoidable. A further fall at WHH resulted in a head injury and was avoidable had 1 to 1 care been available. 1 fall at K&CH resulted in a head injury but was unavoidable.
There is an increasing level of frailty within our patient population, and some of our wards are more profoundly affected by this than others, especially within UCLTC. High frailty and patient flow are perceived to be impacting adversely on the falls rate. Although the Fallstop programme has been widely advertised now, the team have had to review it's implementation and are now planning to set open training days to provide ward link workers with the skills, knowledge and resources to run the programme themselves.

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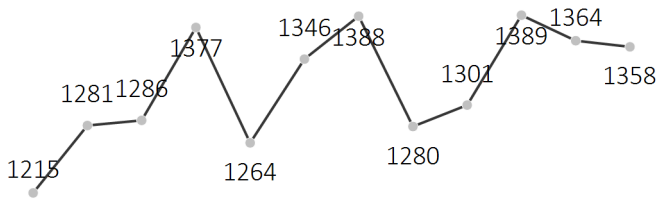
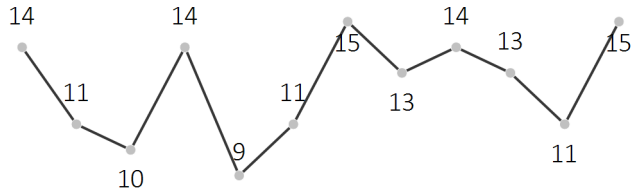
Strategic Theme: Patient Safety

Incidents

Nov	Clinical Incidents: Total (#)	15849 (11.0%)		Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.
Nov	Blood Transfusion Errors	150 (-8.5%)		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.

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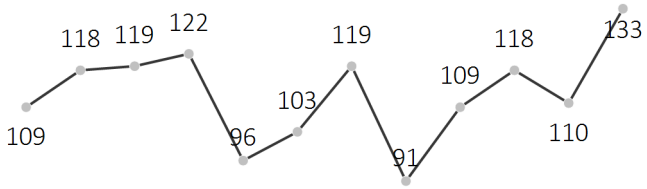
Strategic Theme: Patient Safety

Nov

Medicines Mgmt. Incidents

1347
(13.4%)



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 1330 clinical incidents have been logged as occurring in Nov-16 compared with 1309 recorded for Oct-16 and 1318 in Nov-15. In Nov-16, one incident has been graded as death and five as severe harm. In addition, 20 incidents have been escalated as a serious near miss, of which 17 are still under investigation. The number of moderate harm incidents reported during Nov-16 on a par with previous months [Nov-16: 54 compared with Oct-16: 55 and Nov-15: 40].
Four serious incidents were required to be reported on STEIS in November. Seven cases have been closed; there remains 76 serious incidents open at the end of November.
Over the last 12 months incident reporting has increased at WHH and QEH, and shows a slight decrease at K&CH.

Blood transfusion
In November, there were 15 blood transfusion errors reported (10 in Oct-16 and 9 in Nov-15). There were no themes in November, although, there were two expired products available for collection and two incidents where special requirements were not met. Twelve incidents were graded no harm and three low harm. Reporting by site: three at K&CH, six at QEH and six at WHH.
Medicines management
There were 132 medication incidents reported as occurring in November (110 in Oct-16 and 84 in Nov-15). On average, over the last 12 months, the numbers of medication incidents reported at K&CH and QEH have risen, have declined at WHH.
Of the 132 reported, 96 were graded as no harm (including four serious near misses) and 34 as low harm. There were two incidents graded moderate harm. No incidents resulted in severe harm or death. Top reporting areas were: Cathedral day unit (K&CH) with 15 incidents; Cheerful Sparrows male ward (QEH) with seven incidents; Cheerful Sparrows female ward (QEH) and ITU (QEH) with six incidents each; ITU (WHH) with five incidents; A&E (WHH), CDU (QEH), Deal ward (QEH), Sandwich Bay (QEH) and Seabathing unit (QEH) with four incidents each; Invicta ward (K&CH), Kingsgate ward / Labour suite / Pharmacy /St Margaret's ward (QEH), NICU/SCBU (WHH) with three incidents each; other areas reported 2 incidents or fewer. Thirty-nine incidents occurred at K&CH, 56 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, three relate to missing drug charts, one incident of spillage, one of medication lost on ward (delivered but not stored away / documented), one documentation error (wrong ward on drug chart) and one incident of delayed dispensing due to communication issues.

	Total
Drug error - prescribing	18
Drug error - dispensing	35
Drug error - administering	53
Drug shortage (not available or in stock)	3
Drug missing* (stock discrepancy or lost between wards/pharmacy)	15
Adverse drug reaction	2
Infusion injury - extravasation	5
Infusion problems - medication related	1
Totals:	132

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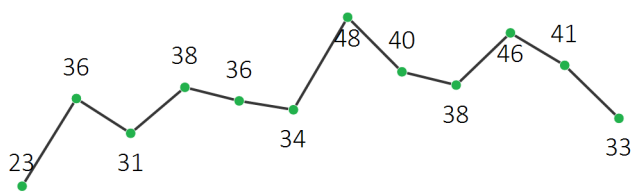
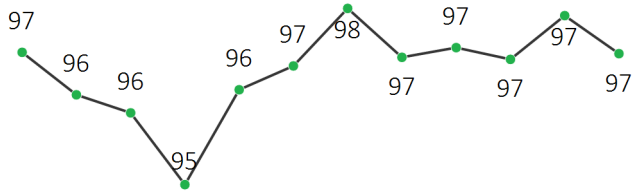
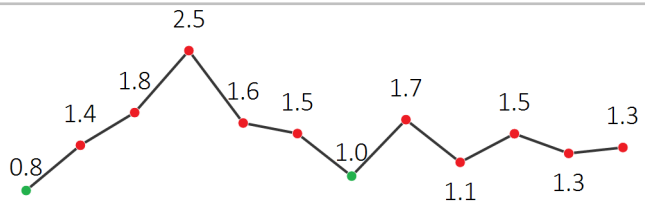
Strategic Theme: Patient Safety

Friends & Family Test

Nov	FFT: Response Rate (%)	36 (2.9%)		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 together with variance (shown in direction of arrow and %) against the previous 12 months.
Nov	FFT: Recommend (%)	97 (1.2%)		Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Nov	FFT: Not Recommend (%)	1.5 (-30.8%)		Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

FFT

During November we received 9276 responses in total. Overall 39% eligible patients responded and 89% would recommend us to their friends and family and 7% would not. The total number of inpatients, including paediatrics who would recommend our services was 97% (97% October-16). For A&E it was 76% (77% October-16), maternity 96% (99% October-16), outpatients 91% (92% October-16) and day cases 94% (95% October-16). The Trust star rating in November is 4.50 (4.52 October-16).

Response rates for November have reduced and work will continue to make improvements . The response rate for inpatients was 33% (41% in October-16), A&E 17% (18% October-16), maternity 21% (24% October-16). (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 23% (23% October-16) but for outpatients was not available due to a national reporting error. All areas receive their individual reports to display each month, containing the feedback left by our patients which will assist staff in identifying areas for further improvement. This is monitored and actioned by the Divisional Governance teams.

ED
Positive Themes – Polite, Excellent care, kind, friendly, gentle, helpful, professional
Negative Themes – Waiting times, treatment, staff rude, more staff

Inpatients
Positive Themes – Wonderful staff, good care, professional, helpful, caring, kind
Negative Themes - Long discharge, poor communication, food, staff shortage, noisy

Strategic Theme: Patient Safety

Out patients
Positives Themes – Friendly, efficient, staff attitude, communication good, kind
Negative Themes – Staff attitude, communication, waiting time, parking, dirty

Maternity
Birth
Positive Themes – Friendly, helpful, supportive, Brilliant staff, kind, caring, friendly, environment
Negative comments – Room/toilet unclean, Not enough Doctors,

Postnatal ward
Positive Themes – Fantastic staff, happy, kind, helpful, reassuring, good care
Negative comments – Food, Short staffed, blood on bed, traumatic transfer to ward.

Postnatal community
Positive Themes – supportive, friendly, caring, kind, professional, fabulous care
There were no negative comments

Day Case
Positive Themes – Friendly, felt relaxed, good service, caring, kind, helpful, clean
Negative Themes – Staff attitude, rude, cold/no heating, pain, waiting

The trust needs to improve on staff attitude/shortages and the waiting times for patients within the ED, Outpatients and Day Case care. Inpatient and Outpatient feedback indicates that we should look to improve our discharge/waiting times and staff attitude. Maternity received no negative comments for November. It should be highlighted that there are considerably more positive comments regarding Staff attitude and the excellent care/service that is given by all departments, which staff must be congratulated on.

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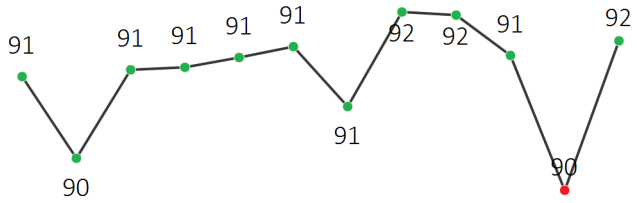
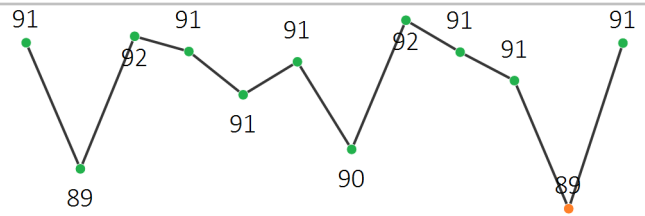
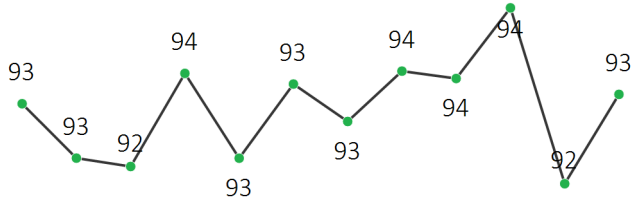
Strategic Theme: Patient Safety

Patient Experience 1

Nov	Overall Patient Experience %	91 (3.4%)		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.
Nov	Care Explained? %	91 (18.8%)		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.
Nov	Care that matters to you? %	93 (1.7%)		Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).

Comments:

This month patient experience as recorded in real-time by the patients has significantly improved with 3 out of the 6 criteria being rated as green.

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

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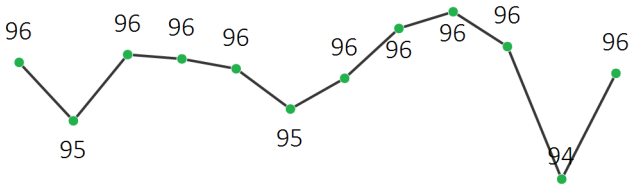
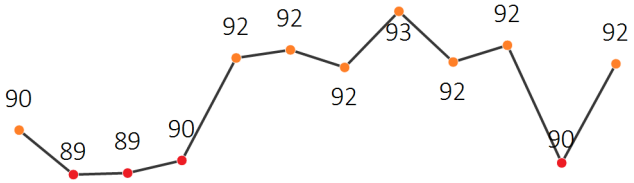
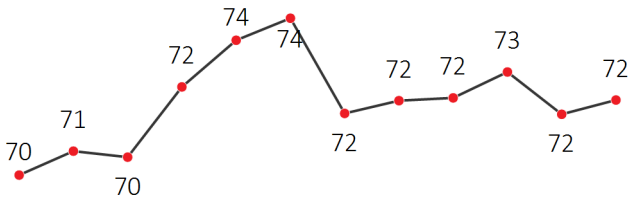
Strategic Theme: Patient Safety

Patient Experience 2

Nov	Respect & Dignity? %	96 (-0.2%)		Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nasrsing 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.
Nov	Cleanliness? %	91 (-1.6%)		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.
Nov	Hospital Food? %	72 (1.4%)		Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments: The inpatient survey for cleanliness increased 2% and in doing so returned to 92%. The auditing work undertaken at ward and department level for November rates cleaning at 98.1%.

Hospital Food remains unchanged this month. New Serco picture menus are being launched in the New Year. These aim to support better patient choices, have improved images of the food range available and clarity on ingredients such as Gluten Free, Vegan and Halal choices.

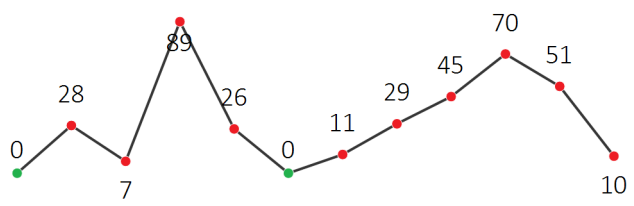
Strategic Theme: Patient Safety

Mixed Sex

Nov

Mixed Sex Breaches

366
(7.0%)



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

Comments:

During November-16, 1 non-justifiable incident 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 4 mixed sex accommodation occurrences in total, affecting 22 patients. This number has decreased since last month when there were a total of 17 occurrences affecting 97 patients. The remaining incidents occurred at QEQM on the QEQM CCU (1), K&C Kingston stroke unit (2), which are justifiable mixes based on clinical need.

During November-16 daily reporting of mixed sex occurrences has improved at two out of the three acute sites. WHH CDU continues to have a significant increased number of mixed sex breaches during November that are being underreported and work continues to improve the reporting of these mixed sex breaches.

East Kent Hospitals University NHS
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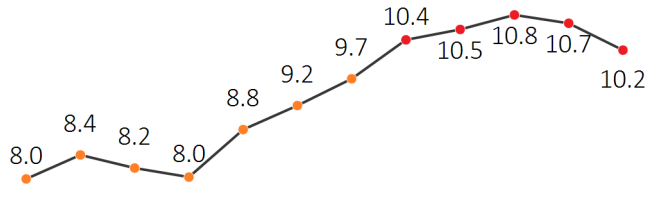
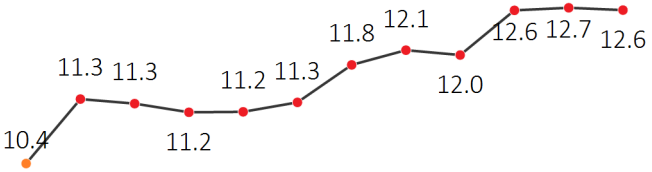
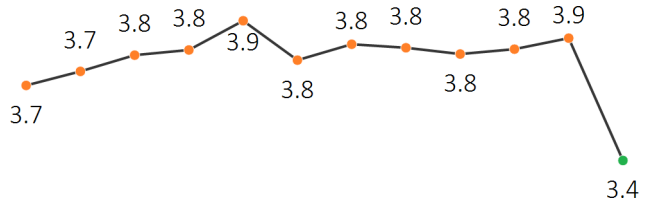
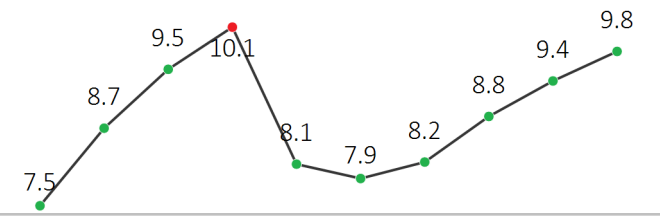
Strategic Theme: Human Resources

Gaps & Overtime

Nov	Vacancy (%)	9.4 (6.4%)		% 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.
Nov	Staff Turnover (%)	11.7 (-8.1%)		% 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.
Nov	Sickness (%)	3.8 (0.3%)		% 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
Nov	Overtime %	8.8 (-2.9%)		% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).

Comments:

Gaps and Overtime

The Turnover rate remains static at 12.6% and the vacancy rate decreased marginally from 10.7% to 10.2%. The average Turnover rate for the past 12 months remains marginally higher than the previous 12 months at 11.54%. The vacancy and turnover rates by Division are examined in detail at Executive Performance Reviews (EPR), and Divisions have actions in place to address their recruitment hotspots and retention challenges.

Sickness absence predicted rate for November is 3.4%, which would be a decrease from 3.9% in October. Divisions have submitted a monthly trajectory for sickness absence, which are examined at EPRs and monthly Agency Pay Control meetings. Although Divisions are running behind their trajectories, the 12 month average continues to reduce month on month.

East Kent Hospitals University NHS
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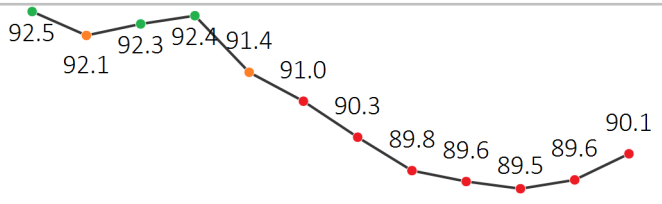
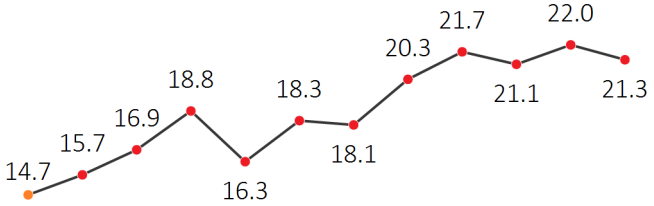
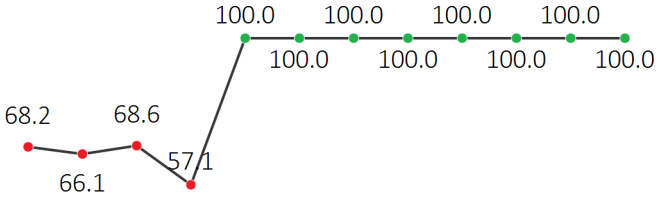
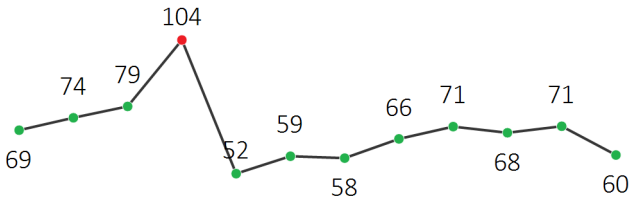
Strategic Theme: Human Resources

Temporary Staff

Nov	Employed vs Temporary Staff (%)	90.9 (-1.0%)		Ratio showing mix of permanent vs temporary staff in post. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Nov	Agency %	18.8 (16.9%)		% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).
Nov	NHSP Use % of Agency	86.0 (35.7%)		% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).
Nov	Agency Orders Placed	69 (-15.4%)		Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).

Comments:

Reduction in agency spend is a key component of our cost improvement programme and continues to be an area of focus. There is an Agency Pay Control programme, led by the Head of Human Resources and supported by the Improvement Delivery Team and Programme Management Office. The Trust monitors and reports on a weekly basis, all agency shifts that breach the agency framework and NHSI pay caps by occupational group and division. Additionally, any shifts that breach the agency framework and pay caps now require approval at an executive level. The percentage of employees deployed through an agency that are NHSP remains at 100%. The percentage of staffing which is agency has reduced from 22% (Sept) to 21.3 (Oct).

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

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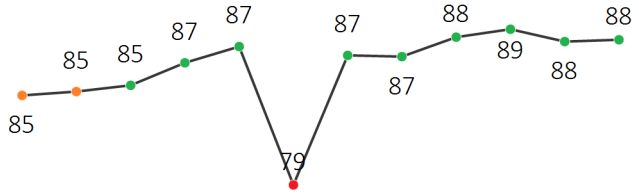
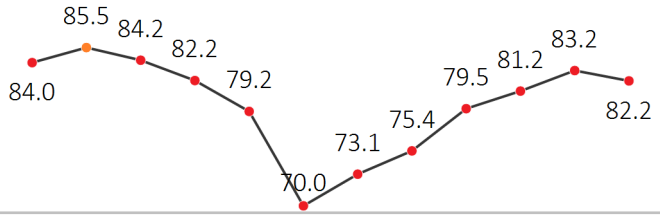
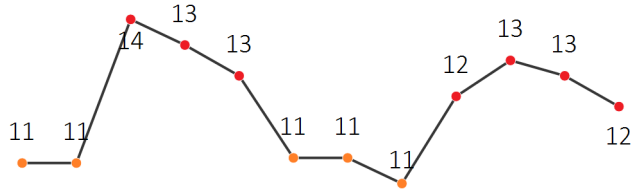
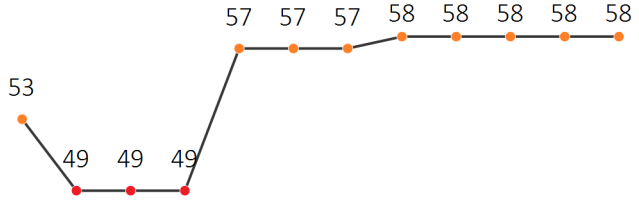
Strategic Theme: Human Resources

Workforce & Culture

Nov	Mandatory Training (%)	86 (4.7%)		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.
Nov	Appraisal Rate (%)	80.0 (2.7%)		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.
Nov	Time to Recruit	12 (11.1%)		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.
Nov	Staff FFT - Work (%)	55 (9.8%)		Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

East Kent Hospitals University NHS
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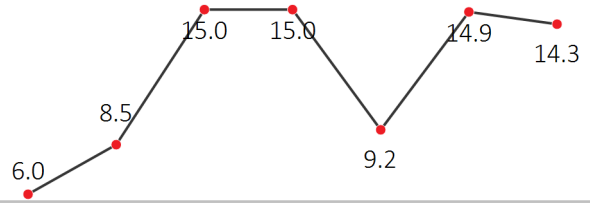
Strategic Theme: Human Resources

Nov

Local Induction Compliance %

11.9



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 remained the same at 88% for November. 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.

The Trust staff appraisal rate has reduced slightly in November to 82.2%, from 83.3% in October and remains below the 90% target. Divisions have been focussed on improving appraisal compliance whilst also ensuring appraisal quality using the new 'We Care' Behaviours appraisal paperwork. Work continues to implement less manual ways of reporting the information.

Weekly Recruitment Updates are sent out by the Resourcing Team to Divisions to provide information on workload within the team, and plans to reduce time the time taken to recruit. Two days of process mapping have taken place in November/December to review current systems and develop new streamlined ways of working.

The final Staff Survey completion rate was 47.2%, which is 7% increase on last year. Other acute Trusts had a completion rate of between 30.3% and 52.2%.

Activity vs. Internal Business Plan

Key Performance Indicators

Nov

	Nov-16				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	15,155	13,650	1,505	11%	116,872	112,584	4,288	4%	116,872	115,571	1,301	1%	<=0%
Referral Non-Primary Care	14,785	13,479	1,306	10%	112,892	115,442	(-2,550)	-2%	112,892	117,545	(-4,653)	-4%	<=0%
OP New	21,883	20,646	1,237	6%	165,650	163,570	2,080	1%	165,650	164,652	998	1%	>=0%
OP Follow Up	45,101	43,416	1,685	4%	333,455	336,085	(-2,630)	-1%	333,455	338,640	(-5,185)	-2%	>=0%
Elective Daycase	6,849	7,315	(-466)	-6%	53,557	59,654	(-6,097)	-10%	53,557	55,085	(-1,528)	-3%	>=0%
Elective Inpatient	1,403	1,374	29	2%	10,755	10,860	(-105)	-1%	10,755	10,614	141	1%	>=0%
A&E	17,077	16,289	788	5%	142,579	134,691	7,888	6%	142,579	135,776	6,803	5%	>=0 & <5%
Urgent Care Assessment	1,069	1,207	(-138)	-11%	8,627	9,272	(-645)	-7%	8,627	9,446	(-819)	-9%	>=0 & <5%
Non-Elective Inpatient	5,787	5,885	(-98)	-2%	46,833	46,682	151	0%	46,833	46,472	361	1%	>=0 & <5%
Chemotherapy	1,343	1,079	264	24%	10,507	8,536	1,971	23%	10,507	9,027	1,480	16%	>=0%
Critical Care	1,726	1,697	29	2%	14,285	13,786	499	4%	14,285	13,774	511	4%	>=0%
Dialysis	6,973	7,148	(-175)	-2%	55,011	57,452	(-2,441)	-4%	55,011	57,320	(-2,309)	-4%	>=0%
Maternity Pathway	1,159	1,209	(-50)	-4%	9,352	9,581	(-229)	-2%	9,352	9,525	(-173)	-2%	>=0%
Pre-Op Assessments	2,909	2,837	72	3%	22,678	22,957	(-279)	-1%	22,678	22,960	(-282)	-1%	>=0%
Diagnostic	451,824	474,163	(-22,339)	-5%	3,516,964	3,686,543	(-169,579)	-5%	3,516,964	3,485,663	31,301	1%	<=0%
Other	5,108	3,984	1,124	28%	37,995	31,698	6,297	20%	37,995	31,844	6,151	19%	>=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.

November 2016

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; Patents 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 11% (+1,105) above planned levels in November which has increased the Trust over performance to +4% of the contract, and equates to over 4,250 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, services have not been able to flex capacity further to deal with this unplanned demand. A key element of the 2016/17 business plan requires Orthopaedic referrals to be directed to the independent sector at point of referral, yet the Trust observed a surge of referrals in November.

The Trust delivered 6% (+1,237) above the New OP plan in November 2016, this level of activity is the highest since July 2015. Unfortunately, despite the increase in outpatients, a similar increase in referrals 11% (+1,105) has meant that the planned decrease in waiting lists has not been realised. Furthermore this new outpatient activity has created additional diagnostic demand which has increased waiting list sizes in this area.

Gastroenterology activity continues to drive the biggest underperformance in activity across the Trust. The service has been supported by locum consultants, which has not provided consistent and sustainable levels of activity to enable the business plan to be delivered. The service cannot commit to delivering the shortfall from quarter one and two in quarter three, due to the reliance on the temporary workforce. Current capacity is being used to focus on patients under Cancer and Referral to Treatment pathways. With the introduction of two Consultants in October; the service released 16 new outpatient appointments per week, and with the support of a further additional clinic; alternate weeks we have been able to increase this to a total of 18 new outpatient appointments.

Additional endoscopy capacity was implemented in October as planned. A further increase in capacity was introduced on 19 November and has continued every weekend Trust wide with the support of an external provider working within East Kent endoscopy facilities. It is envisaged that this capacity will allow the service to achieve the planned day case activity levels and meet the demand for most of Q3 and all of Q4.

Dermatology remain over plan in November for outpatient activity and referrals into the service, and continue their use of the Independent Sector to ensure patients are seen in a timely manner across all points of delivery. The service is interviewing for a locum consultant post in mid-January, who will focus specifically on complex elective/cancer activity. Dermatology continues to maintain an RTT performance of circa 92%.

Gynaecology elective activity has underperformed this year due to gaps in the middle grade rota, unexpected staff leave, inability to utilise a list at WHH due to clinician job plan clashes, and being unable to replace a consultant who left late in 2015. As a result of securing two locum consultants after the summer, the service has over performed the daycase plan in October and November (YTD now 9% above plan +128). However, elective activity was low at 18% below plan (-29) following a continuation of the capacity pressures the service has been under all year, but worsened by significant bed pressures across the Trust. The team prioritised cancer treatments during this time, but unfortunately had to cancel a number of elective lists to accommodate non-elective patients on the wards. The service is continuing with plans to increase theatre capacity and reduce their long waiters, which has included picking up additional lists throughout December. Part of the recovery plan has included extensive over-performance in outpatients, which has led to an increase in the elective waiting list, as more patients are listed for surgery. The service now has agreement from two local CCGs to use the independent sector to help address the elective backlog, so these plans are being worked up with a view to ensuring the patients are prioritised in quarter four.

To deliver sustainable Orthopaedic pathways the Trust is reliant on a significant reduction in surgical demand being received from Primary Care, this was agreed with the CCG during 2016/17 contract negotiations. Unfortunately the Trust has received a surge of referrals in November 2016, with an additional 187 referrals being received during the month. The service has largely responded to this unplanned demand in Outpatients and is significantly over performing the new (+1,061) and follow up (+3,299) outpatient plan. The Trust has been unable to deliver the daycase capacity to support these referral levels and is 400 cases behind plan. The service has developed plans to recover this in Quarter 4. The service is continuing to deliver the inpatient plan despite a large number of on the day cancellations due to a lack of surgical bad availability.

The General Surgery department (including Colorectal and Breast) has continued to achieve near or very near to planned levels since July 2016, this has been achieved by maximising the use of empty theatre lists in the weekdays, funded through a combination of flexible job plans & additional sessions. The service has now identified additional capacity required to recover the YTD day case underperformance. The recovery plans for Orthopaedics and General Surgery will be reliant on access to the day surgery departments at weekends, as such pressure from sustained increased Non-Elective demand may render the recovery plan unachievable.

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.

In summary, despite increasing the amount of activity delivered within the organisation in November, equal or larger increases in demand for outpatient and surgical intervention have meant we have been unable to significantly reduce the waiting times in month.

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.

Over Quarter 1 of 2016-17, the Trust saw a rise in medical non elective admissions that was significantly above the planned levels for the year (+10%). This has reduced slightly over Q2 and the forecast position for year end is that the Trust will be 2% above plan for medical non elective admissions (+859 patients). November showed a month position of -5% against the plan (-195), as the number of medical patients was below the expected levels in the month.

Despite the reduced medical admissions in November, the continuing increase in Length of Stay of patients over the year compared to the previous year continues to put pressure on the Trust's bed base, and Bed Occupancy levels remain high and in excess of 100%, above a recommended level of 85%. A high number of beds continue to be occupied by Delayed Transfers of Care patients (DToC), patients who are safe for discharge or transfer and do not require the use of an acute hospital bed.

Monitoring metrics shown below demonstrate that though the month's activity was at the levels planned, the Trust continued to see high 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 a slight increase in bed occupancy compared to November (101.4% to 102.3%), an increase at Kent & Canterbury Hospital(from 98.1% to 102.1%), and a slight decrease at Queen Elizabeth The Queen Mother Hospital in Margate (102.9% to 99.6%).

	Last 8 Weeks Weekly Trend - Daily Average								Monthly Totals		
Overall Compliance	23.10.16	30.10.16	06.11.16	13.11.16	20.11.16	27.11.16	04.12.16	11.12.16	Oct 2016	Nov 2016	Dec 2016
ED - Total Attendances	4,109	3,925	3,782	3,939	4,104	4,069	4,058	4,207	18,033	17,077	6,610
IP - Stranded Patient Metric (> 7 Days LoS)	517	530	524	507	532	527	518	523	534	503	523
IP - LoS - Medical - exc. 0 day (Avg)	10.6	8.6	9.8	9.1	9.1	9.2	8.3	8.9	8.9	9.3	8.6
IP - Discharges before Midday (%)	15.8%	16.6%	16.9%	16.9%	15.2%	14.8%	16.1%	15.9%	16.8%	16.2%	15.9%
IP - Discharges before 3pm (%)	37.5%	39.3%	40.1%	39.%	38.7%	37.5%	39.5%	39.2%	38.8%	39.1%	39.2%
IDT - DToC - Total Patients (Avg)	51	54	55	51	57	62	59	51	60	56	55
IP - NEL Medical Discharges < 24h (%)	43.4%	45.2%	44.6%	41.9%	45.7%	44.4%	47.%	43.6%	45.4%	44.7%	45.1%
IP - NEL Medical Discharges < 72h (%)	59.9%	62.1%	60.5%	61.6%	62.5%	62.6%	64.%	61.7%	63.2%	62.2%	63.4%
IP - Occupancy @ Midnight (%)	101.1%	102.1%	100.8%	100.9%	101.9%	102.3%	100.7%	101.9%	101.1%	101.3%	101.5%
IP - Escalcation Beds @ Midnight (Avg)	51	56	52	49	53	53	49	57	50	51	54
IP - Medical Outliers (Avg)	102	97	102	87	74	73	74	88	96	81	83

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 October the number of Medical Outliers reduced from a daily average of 96 patients across the Trust to 81.

While the Medical Outlier position improved in month, the average number of escalation beds open at midnight remained at similar level, with an average of 51 open daily during November compared to 50 in October.

Length of Stay is a measure of how long patients stay in Hospital Treatment. The Length of Stay for Medical patients has risen from 8.9 days on average in October 2016 to 9.3 days in November. 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, indicating that though the month of November showed a reduced number of admissions, there the number of occupied beds remained high as overall medical patients were staying longer.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	5,842	6,604	-12%	-762
103 - Breast Surgery	4,637	5,108	-9%	-471
300 - General Medicine	1,365	1,593	-14%	-228
101 - Urology	5,382	5,113	5%	269
130 - Ophthalmology	12,641	12,268	3%	373
140 - Maxillo Facial	5,311	4,880	9%	431
330 - Dermatology	9,875	9,187	7%	688
420 - Paediatrics	3,568	2,835	26%	733
110 - Trauma & Orthopaedics	7,215	6,406	13%	809
502 - Gynaecology	7,019	6,167	14%	852
Total	**101,462**	**97,855**	**4%**	**3,607**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	13,938	14,525	-4%	-587
140 - Maxillo Facial	1,193	1,590	-25%	-397
502 - Gynaecology	4,835	5,223	-7%	-388
303 - Clinical Haematology	693	932	-26%	-239
100 - General Surgery	2,284	2,046	12%	238
420 - Paediatrics	2,107	1,811	16%	296
BLANK	379	7	5129%	372
340 - Respiratory Medicine	1,790	1,374	30%	416
101 - Urology	4,801	4,310	11%	491
130 - Ophthalmology	7,429	6,373	17%	1056
Total	**72,671**	**71,526**	**2%**	**1,145**

OP New

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	4,453	5,601	-20%	-1148
100 - General Surgery	3,559	4,565	-22%	-1006
430 - HCOOP	3,323	3,859	-14%	-536
420 - Paediatrics	5,450	4,983	9%	467
104 - Colorectal Surgery	5,244	4,751	10%	493
300 - General Medicine	1,464	864	69%	600
502 - Gynaecology	10,784	9,884	9%	900
110 - Trauma & Orthopaedics	15,547	14,424	8%	1123
330 - Dermatology	9,982	8,534	17%	1448
130 - Ophthalmology	16,296	14,846	10%	1450
Total	**128,956**	**126,257**	**2%**	**2,699**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	7,937	12,245	-35%	-4308
324 - Anticoagulation Service	9,641	11,442	-16%	-1801
100 - General Surgery	1,905	3,438	-45%	-1533
430 - HCOOP	2,683	3,797	-29%	-1114
302 - Endocrinology	5,244	6,316	-17%	-1072
361 - Renal	12,659	11,831	7%	828
103 - Breast Surgery	4,581	3,625	26%	956
800 - Clinical Oncology	27,825	26,077	7%	1748
110 - Trauma & Orthopaedics	26,092	23,015	13%	3077
130 - Ophthalmology	45,052	39,921	13%	5131
Total	**260,430**	**259,329**	**0%**	**1,101**

*Payment by Results Only

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	12,215	15,153	-19%	-2938
130 - Ophthalmology	7,528	10,019	-25%	-2491
110 - Trauma & Orthopaedics	4,152	4,563	-9%	-411
330 - Dermatology	3,131	3,499	-11%	-368
410 - Rheumatology	1,014	1,247	-19%	-233
800 - Clinical Oncology	2,249	2,427	-7%	-178
180 - Accident & Emergency	145	10	1391%	135
101 - Urology	5,281	5,140	3%	141
303 - Clinical Haematology	2,198	1,994	10%	204
140 - Maxillo Facial	1,638	1,353	21%	285
Total	**53,557**	**59,654**	**-10%**	**-6,097**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	1,021	1,310	-22%	-289
100 - General Surgery	861	1,058	-19%	-197
320 - Cardiology	478	628	-24%	-150
401 - Neurophysiology	1	48	-98%	-47
430 - HCOOP	56	100	-44%	-44
120 - Ear, Nose & Throat	506	443	14%	63
400 - Neurology	226	159	42%	67
103 - Breast Surgery	347	278	25%	69
503 - Gynaecology Oncology	91	17	435%	74
101 - Urology	2,008	1,797	12%	211
Total	**10,755**	**10,860**	**-1%**	**-105**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	1,204	1,779	-32%	-575
420 - Paediatrics	3,920	4,466	-12%	-546
100 - General Surgery	4,089	4,541	-10%	-452
501 - Obstetrics	3,033	3,432	-12%	-399
320 - Cardiology	1,326	1,514	-12%	-188
410 - Rheumatology	38	199	-81%	-161
180 - Accident & Emergency	3,750	3,620	4%	130
560 - Midwifery	1,862	1,648	13%	214
430 - HCOOP	7,077	6,483	9%	594
300 - General Medicine	13,748	12,132	13%	1616
Total	**46,833**	**46,682**	**0%**	**151**

*Payment by Results Only

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

75.75 %

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
4 Hour Compliance	87.78%	84.91%	80.01%	79.25%	84.06%	82.69%	85.40%	82.87%	82.26%	84.27%	79.30%	75.75%
12 Hour Trolley Waits	0	0	1	0	1	1	0	0	0	0	0	1
Left without being seen	3.19%	2.87%	3.78%	4.20%	3.46%	4.09%	3.84%	4.59%	4.11%	3.31%	3.85%	3.96%
Unplanned Reattenders	8.71%	8.88%	8.97%	9.31%	9.10%	9.40%	9.22%	8.62%	9.01%	8.78%	9.05%	8.62%
Time to initial assessment (15 mins)	94.7%	95.4%	94.6%	92.9%	88.4%	88.7%	91.2%	85.2%	81.0%	86.9%	79.5%	74.6%
% Time to Treatment (60 Mins)	50.3%	49.5%	43.5%	40.8%	46.3%	43.5%	48.3%	46.3%	48.9%	48.5%	40.9%	39.9%

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

-15.75 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
STF Trajectory	85.22%	90.02%	90.17%	89.68%	90.80%	90.80%	91.20%	91.50%	89.90%	89.83%	90.48%	91.40%
Performance	84.06%	82.69%	85.40%	82.87%	82.26%	84.27%	79.30%	75.75%				

Summary Performance

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

The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard. An Emergency Care Recovery Plan (ECRP) has revised to include the five mandatory requirements of the A&E Improvement Delivery Plan. The aim of the plan is to improve performance and ensure that the A&E Improvement Delivery Plan delivers sustainability across emergency care pathways. It has been mandated through the Sustainability & Transformational Plans that the Trust will achieve performance levels which demonstrate consistent improvement over the course of 2016-17, with overall compliance in excess of 90%.

November performance against the 4 hour target was 75.75% against a trajectory of 91.50%. This shows a decline in performance compared to the previous month, with a lower proportion of patients seen within 4 hours. Analysis of the breach reasons shows a similar picture compared to the previous month, with 414 additional breaches in November compared to the previous month, with the an increase in breach reasons assigned to ED-department reasons such as delays to be seen (1,780 from 1,551 the previous month ~43% of all breaches), delays in treatment decision (868 from 765 the previous month, still 21% of all breaches). Non-ED assigned breach reasons such as Bed Management breaches (348 compared to 473 in October); however waiting for acute specialist opinion breaches increased to 632 from 500 breaches in October. There was a single 12 hour Trolley Wait reported in November.

Volume of attendances to Trust emergency departments remain above expected levels, with November activity maintaining raised activity numbers (+777; +4.8% above plan). This continues the trend of year to date attendance volumes being in excess of the planned activity levels (6.2% above plan YTD). Volumes of attendances to Trust A&E departments continue to be higher than the previous year (+5.0% YTD), with raised volumes in particular noted at the Dover Buckland Hospital Minor Injuries Unit (+14.2% year on year), but also at the William Harvey Hospital in Ashford (+6.9%) and the Queen Elizabeth the Queen Mother in Margate (+6.1%).

The above-expected activity levels continue to contribute to high in department numbers at the sites, and with an decrease in month within medical outliers (average 81 compared to 96 in October), but with a slight increase in bed occupancy (101.3%). this illustrate difficulties in achieving flow of patients from the Emergency departments to acute wards. While the breach analysis shows a slight reduction in the proportion of bed management breaches, occupancy figures show the potential influence of reduced patient flow out of the department to other hospital areas, with a large proportion of patients not being seen a timely manner, with an extended wait to see a senior decision maker noted through the breach reasons around the 60 minute metric.

ECASCARD

Ecascard has been implemented into the Emergency Departments at both the William Harvey Hospital (27th September), and into the Queen Elizabeth, the Queen Mother Hospital (from 25th during October). Implementation of this system is aimed to bring real-time recorded activity to the A&E department, and being one of the first organisations in the country to go paperless. The system will provide up to date, real time tracking of the patient's pathway from attendance to discharge or transfer to a ward.

The implementation plan has highlighted the requirement for clinical staff to use the system in real time and ensure that staffs always fully track patients throughout their pathway. Training and support have been provided, however, issues remain with regards to clinical staff fully using the system. It is recognised that some staff are finding it difficult to adapt to using the new system; which continues to slow down processes and has caused increased breaches, particularly in the evenings and overnight.

All specialities who assess patients in the Emergency Departments are required to use the system and all Divisions have committed to reinforcing that all Doctors must use the system.

Since the implementation has been in place for a month at both sites, there has been a decrease in performance against the 4 hour target; actions have been taken to increase management support, training and speedy resolution of issues. Executive and senior Divisional management are actively monitoring and supporting the situation to resolve issues and compliance to fully using the system to support patient care and flow through the departments.

A&E IMPROVEMENT PROGRAMME

The Emergency Care Recovery Plan has been reviewed to incorporate the national recommendations in the A&E Improvement Plan 16/17 and mandates five key areas to improve performance, patient safety and reduce waste. The ECRP will now be formally known as the A&E Improvement Delivery Plan to reflect the five mandated initiatives:

Mandated initiative 1 - Front Door – Primary and Ambulatory Care streaming

The GP service is now embedded in the Urgent Care Centre at K&CH. At QEQMH, the Acute Response Team model has been launched in November 2016 with the team integrated and working very collaboratively with the clinical teams across the Emergency Floor. Discussions have started to develop an integrated streaming model for WHH with a joint visit planned to view an external model.

The Acute Medical Model on all sites is developing at pace with activity moving to ambulatory units on a daily basis. Weekend opening of the ambulatory units is being pursued as and when staffing levels allow. This has been very successful with approximately 30 patients being seen direct from ED in a weekend at WHH.

Mandated initiative 2 - Ambulance Response Programme

SECAMB and EKHUFT have a strong collaborative professional relationship, which benefits both organisations to work jointly to ensure that patients are handed over as a priority to improve and reduce delays and to consistently improve handover times. A dedicated RAT (Rapid Assessment and Treatment) area has been identified at WHH and is opened in November 2016. This will provides a dedicated area to assess patients arriving by ambulance and reduce handover delays and is open at times of peak activity and as current staffing levels allow.

Mandated initiative 3 - NHS 111

All CCGs are required to work as a whole system and consider how to increase levels of clinical input into current 111 providers. In September 2016, Primecare began working as the new out of hours primary care provider with the 111 Contract also being transferred across in a phased approach during November and December 2016. Analysis to assess the impact of the change of provider and 111 service on the ED services, in particular the timing of attendances and number of children attending out of hours.

Mandated initiative 4 - Flow

It is an absolute priority to enhance patient flow and reduce hospital bed occupancy. On a daily basis patients who have attended overnight are delayed in the ED awaiting transfer to the Acute Medical Unit (AMU). Consultants have agreed that they will start their post take ward round in the ED to ensure that patients have a senior review as early as possible to ensure that those patients who can be discharged or transferred to an ambulatory pathway are prioritised. The SAFER programme continues to be embedded within the medical wards at WHH. Next steps include a roll out of 'Red and Green' days to identify internal delays in the patients pathway. Weekly meetings are being implemented to ensure that there is a senior clinical review of all patients who have a length of stay over 7 days and identify the reason why the patient remains in hospital.

Mandated initiative 5 - Improving discharge from hospital

Delays in timely discharge have continued due to lack of care package capacity and also there continues to be significant delays in discharging patients with complex needs such as those requiring EMI homes or four time per day care packages. The Integrated Discharge Team at WHH is undergoing a significant recruitment programme which will enable the team to be fully established and will support patient flow.

The new A&E Delivery plan is a whole system plan and was ratified by the A&E Delivery Board in November 2017. The plan will continue to be monitored by the Urgent Care Board and be monitored via the whole system A&E Delivery Board.

Trajectory Confidence

November performance against the 4 hour target was 75.73%, against a trajectory of 91.50%. The increased activity levels seen so far this year have continued being 6% above plan YTD. The numbers of patients arriving by ambulance, particularly in the evenings and overnight continue to have an adverse effect on the Trusts ability to meet the 4 hour standard for patients. The increase in children attending in the evenings has not abated and it has been recognised by clinicians and SECAMB that the acuity of patients has also increased, particularly within the cohort of frail elderly patients. The conversion to admission remains high, particularly for frail elderly patients who arrive in the ED in the evenings.

QEQMH ED is dependent on a high number of agency doctors at specialty doctor (middle grade). Due to the geographical location of the hospital it is a challenge to attract doctors to permanent and locum posts. The high use of locums has a negative impact on performance due to lower productivity and familiarity with the departments systems and processes. Active recruitment continues along with trying to book regular locums to mitigate this risk. The implementation of the new ECASCARD system, Primecare out of hours GP service and 111 transferring from SECAMB to Primecare have all had a negative impact on performance this month.

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

- Ongoing 6% increased demand to ED.
- Impact of Primecare, the new out of hours primary care provider.

- Impact of 111 transferring to Primecare as the new provider.
- A high % of breaches of the 4 hour emergency access standard relate to implementation of the new ECASCARD system as staff become familiar and confident in using the new system.
- 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 and bed availability due to internal delays in morning discharge and the number of patients awaiting supportive discharge within the medical wards.
- The number of DTOC's (delayed transfers of care) and access to short term external capacity in the community continues to be a high risk. There have been issues with a lack of external capacity across all geographic areas.
- 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 number of nursing vacancies across the emergency floor at QEQMH.

Actions taken to mitigate risk and improve performance:

- 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.
- Greater senior clinical engagement into the Operational Control Centres with peer review and challenge of patient flow issues.
- Continued support and close working with SECAMB to ensure that patients are handed over safely.
- ECASCARD issues have been monitored and resolved to action improvements to the system. Increased communication and training to all staff regarding the availability of training.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

73.18 %

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Green
62 day Treatments	79.11%	71.68%	79.86%	73.57%	71.04%	79.20%	75.42%	70.94%	74.58%	71.50%	71.20%	73.18%	>=85%
>104 day breaches	75	57	64	65	61	42	56	57	45	53	44	31	<0
Demand: 2ww Refs	2,553	2,733	2,812	2,950	3,085	2,964	2,999	2,905	2,869	3,036	2,763	3,042	2628 - 2905
2ww Compliance	93.87%	93.28%	94.10%	93.58%	89.25%	88.48%	94.61%	96.44%	94.77%	94.81%	97.21%	97.37%	>=93%
Symptomatic Breast	92.22%	94.06%	88.03%	92.98%	85.00%	83.73%	93.71%	93.10%	93.22%	95.31%	94.59%	96.40%	>=93%
31 Day First Treatment	98.00%	94.82%	97.07%	98.10%	96.11%	96.31%	94.55%	94.31%	93.64%	93.39%	95.54%	94.77%	>=96%
31 Day Subsequent Surgery	94.44%	94.59%	97.50%	96.72%	91.49%	88.24%	86.96%	96.61%	90.38%	92.59%	86.76%	92.00%	>=94%
31 Day Subsequent Drug	98.44%	86.17%	100.00%	100.00%	98.25%	98.95%	100.00%	97.33%	98.88%	100.00%	100.00%	100.00%	>=98%
62 Day Screening	85.00%	93.75%	95.65%	92.31%	92.86%	93.10%	100.00%	83.33%	87.50%	93.94%	89.55%	96.23%	>=90%
62 Day Upgrades	70.00%	50.00%	86.67%	70.37%	100.00%	57.14%	100.00%	82.35%	85.71%	100.00%	81.82%	84.62%	>=85%

Sustainability & Transformational Funding Trajectory

- 12.32

	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%	71.20%	73.18%					Sept

Summary Performance

The NHs Constitution states that patients with suspected cancer have the right to:

- Access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible.
- To be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

In addition there are a set of performance standards set out by NHS England on which NHS providers are held to account. The standards for treatment of patients with suspected cancer are:

- A maximum two-week wait to see a specialist for all patients referred with suspected cancer symptoms (**standard 93%**).
- A maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms; even if cancer is not initially suspected (**standard 93%**).
- A maximum of 31 day wait from the date a decision to treat (DTT) is made to the first definitive treatment for all cancers (**standard 96%**).
- Maximum 31 day wait for subsequent treatments where treatment is surgery (**standard 94%**).
- Maximum 31 day wait for subsequent treatments where the treatment is a course of radiotherapy (no standard – aim for 98%).
- Maximum 31 day wait for subsequent treatments where the treatment is an anti-cancer drug regimen (chemotherapy) (**standard 98%**).
- Maximum 62 day wait from urgent referral for suspected cancer to the first definitive treatment for all cancers (**standard 85%**).
- Maximum 62 day wait from an NHS cancer screening service to the first definitive treatment for cancer (**standard 90%**).
- Maximum 62 day wait for the first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) (no standard – aim 85%).

These standards are all measured across a number of defined tumour sites:

- Breast
- Skin
- Urology
- Upper Gastro-intestinal
- Lower Gastro-intestinal
- Lung
- Gynaecology
- Head and neck

- Haematology
- Other (includes brain, thyroid, children)

The Trust's performance is weighted as 5% of the sustainability and transformation fund (STF) with the most emphasis on the 62 day treatment:

- 50% for the 62 day treatment (includes screening)
- 15 % each 2 week wait and 31 day surgery (30%)
- The remaining standards 5% each (5% x 4)

The Trust has been non-compliant against the 62 day standard since December 2014. A trajectory to recover this target was agreed in April 2016, which predicted compliance by September 2016, due to a drop in Urology performance and the agreed recovery this trajectory has been revised to January 2017. Performance in Urology has dipped significantly over the summer period lack of DaVinci Robotic surgery capacity, MRI breakdown at Canterbury and the failure of the booking process, following the first outpatient appointment. Radiology and Urology teams are meeting to align the MRI appointments and reporting with the TRUS biopsy to prevent delays in the pathway and reports have been designed to support this.

November performance is currently 73.18% against the improvement trajectory of 85.00%, validation continues to the 6th Jan 2017

- The total number of patients currently on an active Cancer Pathway is 2,865
- Number of patients over the 62 day standard is 211 (7.4% of total PTL) of which;
    - 50 have a diagnosis
    - 43 of these have a decision to treat
- The total number of patients waiting 104 days is 44 (1.8% of Total PTL) of which;
    - 20 have a diagnosis
    - 15 have a decision to treat.

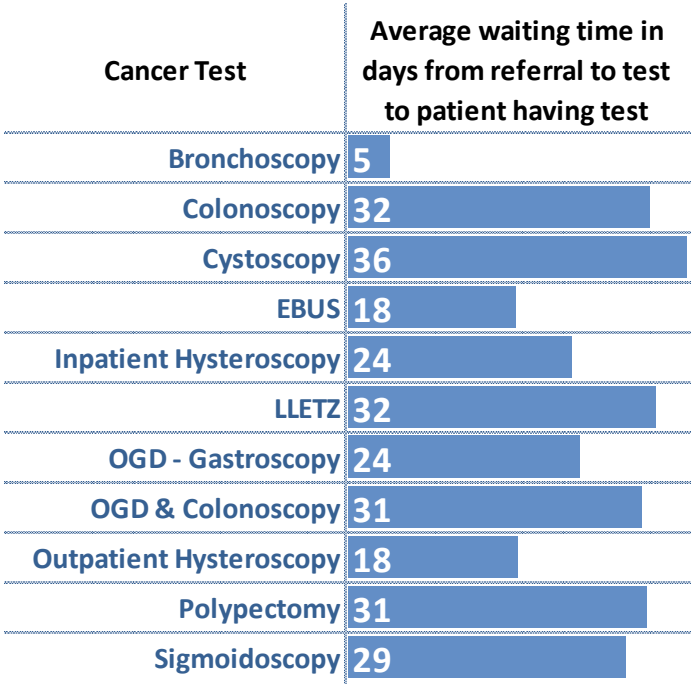
During November there has been significant emphasis on clearing the backlog of patients waiting beyond 62 days on a cancer pathway. The cancer compliance team are focussing on escalation which has resulted in a reduction in the number of patients waiting above 62 days. It is predicted that the number of patients above 104 days will be below 30 in December.

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.

Diagnostics

Key areas of concern for the Trust are Endoscopy, Colorectal, Urology, Gynae-oncology and Radiology (both appointment and reporting capacity). Monitoring tools for the delivery of waiting times of diagnostic that are timely along the Cancer Pathway are being developed by the Information team (ie. 10 days turnaround time from referral for cancer test to patient having that test). Reduction of waiting times for key diagnostic tests undertaken along the cancer pathway will deliver sustainable compliance against the 62 day target.

Summary of current waiting times for key cancer tests within the Trust.



Tumour site risks

Urology remains a risk to the trajectory of 85% compliance in January. An action plan has been drafted and will be presented to Cancer Board in January. Monthly meetings between the Cancer Compliance Team and Urology are scheduled to monitor compliance to the action plan and recovery trajectory.

Lower GI and Gynae are also areas of concern. Delivery of waiting times of key diagnostic has been recognised as bottle necks for these pathways. Plans for extra Endoscopy capacity and Gynae Hysteroscopy capacity are underway.

104 day patients

The number of patients waiting past 104 days has reduced and is currently around 40. It is expected that will continue to reduce through December when it is expected to fall below 30. This will represent around 1.5% (2.15% Nov 15) of the overall PTL. DATIX reporting and clinical investigation continues for these patients, if harm to a patient is considered an RCA will be completed. This process was recently praised by NHSI on review of the Trusts reports from August 2016.

The escalation processes that have been introduced will ensure that patients with long waits are moved more quickly through their pathway. The aim of the Trust is to have zero tolerance to non-clinical waits over 104 days, recognising there will always be clinical exceptions, but these will be small in numbers.

A report of patients waiting over 104 days is presented to Patient Safety Board each month and discussed at each Cancer Board.

A meeting with the CCG has reviewed the process for monitoring patients over 104 days and reported serious incidents where there has been a delay in diagnosis or missed cancer. This will continue to be an agenda item through the CCH Performance and Quality Meeting.

18 Week Referral to Treatment Standard

Key Performance Indicators

85.79 %

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Green
Performance	88.82%	90.10%	89.17%	89.27%	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	85.79%	>=92%
52w+	5	3	5	5	6	9	17	25	20	27	21	13	0
Waiting list Size	41,178	42,239	42,791	43,000	44,620	45,663	44,213	45,487	45,352	45,531	44,822	46,190	<38,938
Backlog Size	4,604	4,181	4,634	4,614	5,105	5,531	5,831	6,072	6,568	6,781	6,262	6,563	<2,178
Demand: PC Referrals	14,314	15,053	15,903	16,428	16,754	16,096	16,246	16,113	15,496	15,491	14,843	16,231	<15,484
Demand: Additions to IP WL	3,015	3,204	3,347	3,330	3,161	3,249	3,594	3,318	3,417	3,522	3,551	4,089	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

Sustainability & Transformational Funding Trajectory

-7.15 %

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

Summary Performance

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

The Trust has failed to deliver compliance against the national standard by the agreed trajectory timelines of September 2016. This was due too;

- Primary care referrals higher than planned particularly in Orthopaedics which have continued all year, this results in long waiting times for first outpatient appointments ie; Gastroenterology, Ophthalmology and Gynaecology
- 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
- Workforce vacancies in Otology resulting in referring to London Hospital which has seen an increase in waiting times, particularly 52 weeks waits
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits

Despite being unable to deliver the performance against the aggregate target, the Trust has delivered in the following areas;

- Neurology and Dermatology

Maintained performance in;

- Health care of older people
- General medicine and respiratory medicine.

The new Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery

Recovery Trajectory

The Trust, working in partnership with the four local clinical commissioning groups and NHS Elect, has developed a recovery Trajectory intended to achieve compliance by March 2017. The challenging recovery Trajectory will require significant investment from both the Trust and the CCGs to reduce waiting list sizes to sustainable levels.

The Recovery profile is detailed below;

Recovery Trajectory

-1.21 %

	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
Recovery Trajectory						85.60%	85.96%	87.00%	88.40%	89.84%	90.97%	92.20%	Sept
Performance						85.11%	86.03%	85.79%					Sept

Key Elements to the recovery plan

Scheme	Specialty	Provider	Backlog Reduction Required (as at 8/11/2016)	Nov	Dec	Jan	Feb	Mar	Total	Status
Additional theatre lists to achieve plan	General Surgery	EKHUFT	319	60	60	60	60	60	**300**	On plan to deliver
Demand redirection for >35 BMI	General Surgery	KIMS		30	30	30	30	30	**150**	CCG to advise on timescale
Outsourcing of current admitted waiting list	General Surgery	Ash 1, SW		50	50	50	50		**200**	Approved
Outsourcing of current admitted waiting list	Orthopaedics	One Health Ashford	941	100	100	140	140	140	**620**	Recovery plan in place
Outsourcing of current admitted waiting list	Orthopaedics	Spencer Wing		45	45	45	45	45	**225**	On plan to deliver
Demand redirection: Choice at point of Referral	Orthopaedics	IS Providers						250	**250**	CCG to advise on timescale
Intensive Validation	ENT	EKHUFT	211	75					**75**	On plan to deliver
Recruitment of two Otologists	ENT	EKHUFT		8	8	16	16	16	**64**	Recovery plan in place
Resolution of sleep studies	ENT	EKHUFT		10	10	10	10	10	**50**	CCG to advise on timescale
Appointment of Locum Consultant	Maxillo Facial	EKHUFT	201	56	56	56	56	56	**280**	On plan to deliver
Insourcing additional capacity for Cataracts	Ophthalmology	18 Week Insourcing	470	96	96	96	96	96	**480**	Recovery plan in place
Insourcing additional capacity for Endoscopy	Gastroenterology	18 Week Insourcing	362	75	75	75	75	75	**375**	Recovery plan in place

Further work is continuing in other specialities such as Urology, cardiology and Gynaecology with the CCG

In November, an un-validated performance against the standard was 85.35%, this is expected to increase by 0.5%- 1%. There were thirteen patients who were waiting for treatment for more than 52 weeks as at the end of the month. The trust continues to see a rise in primary care referrals, 1000 over plan and increase in additions to the waiting list, now at 4,076.

This is the un-validated position i would expect it to improve by approx. 0.5-1.0% by WD10.

Priority 1 - Improve Pathway Management

- The surgical division commenced more intensive time protected validation continues. This will be reviewed weekly to ensure continues to have an impact on the RTT position

Priority 2 - Achieve the Outpatient Milestones

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

- The CCGs are continuing to identify alternative providers to deliver Orthopaedic pathways in 2016/17.
- The CCG's are implementing choice navigators into referral management centres for Orthopaedics and are exploring other avenues to aid other specialities, such as gastroenterology and Gynaecology.
- The CCG are in the process of awarding the contracts for outpatient procedure management of wet macular oedema (Ophthalmology). This will mean patients will receive treatment closer to home in a primary care setting and will no longer have to attend hospital. This will commence in December.
- The trust is working with the CCG to explore the development of in-house sleep studies in ENT to enable a one stop service to avoid transfer to the community for diagnostic testing.

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

- Additional outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and gynaecology
- Seven new consultant posts have been recruited in Ophthalmology to commence in February and March 2017
- Validation process in ENT being reviewed with individual consultants with training being provided on the RTT pathway
- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.
- Bring forward the Decision to Treat Date – Identifying patients who have passed the optimal point in patient pathway and securing decision or treatment capacity

Priority 3 - Deliver the Efficiency Programme

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

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

Priority 4 – Deliver recurrent demand substantively

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

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

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

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

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

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.88 %

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Performance	99.90%	99.81%	99.65%	99.65%	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	99.88%
Waiting list Size	13,593	12,496	12,993	13,358	13,449	14,812	13,533	13,321	10,269	14,728	14,011	15,457
Waiting > 6 Week Breaches	13	24	45	47	29	19	19	31	45	39	12	19
Average Wait												

Sustainability & Transformational Funding Trajectory

0.83 %

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

19 patients waited over the 6 weeks standards in November 16 – breakdown below

Non-obstetric ultrasound – 8
Cardiology Echocardiography – 3
Audiology - Audiology Assessments - 2
Neurophysiology - peripheral neurophysiology - 2
Gynaecology Urodynamics - pressures & flows - 2
Other - 2

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

The DM01 and management of the performance in Radiology continue to be challenged by ever growing demand and vacancies at all sites.

The waiting list for November is 9% (+1,446) higher than October 2016. This is becoming more difficult to manage on a day to day basis with the vacancies and skills

The biggest are of growth occurred in the following tests

Cardiology – echocardiography: 14% (+226)
Magnetic Resonance Imaging: 11%(+445)
Non-obstetric ultrasound: 12% (+542)
DEXA scan: 28% (+109)

Vacancies are covered by Locums and we are focusing on specific hot spots addressing reporting backlog.
The team continue to outsource and use locums with a reduction in plan in use of agencies where possible through to end of March.

Recruitment of Consultants Radiologists remains a huge risk to delivery concern. **Mitigating Action** On-going substantive recruitment 2 Consultant appointed in month with view to take up post in April 2017 External advert opened in Holland on Radiology Professional body web site and reviewing opportunities in Europe.

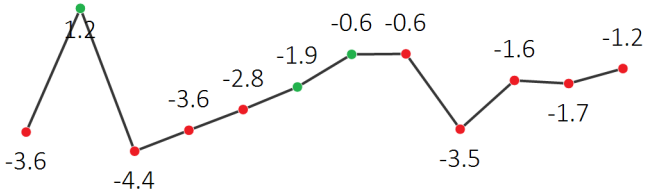
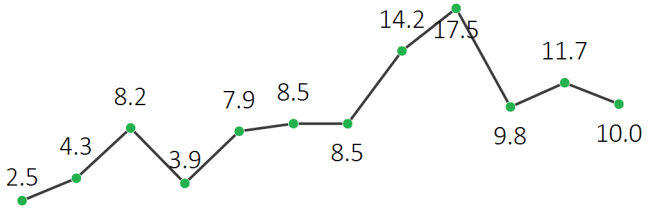
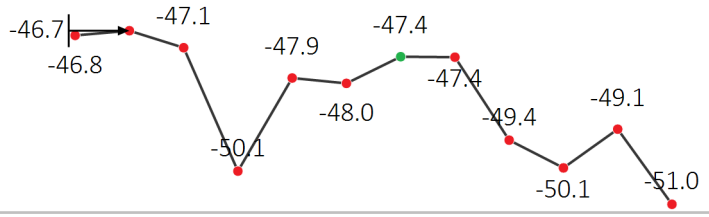
The Trust ageing equipment continues to be monitored closely and serviced as required. **Mitigating Actions,** the Division are planning to replace MRI's at Canterbury between January and June 2017.

Daily oversight, monitoring and escalation to DD as required

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Finance

Finance

Nov	I&E £m	-13.9 (-33.7%)		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
Nov	Cash Balance £m	10.0 (-14.2%)		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.
Nov	Total Cost £m	-51.0 (3.7%)		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.
Nov	Forecast I&E £m	-19.6 (0.0%)		This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Finance

Nov

Normalised Forecast £m

-23.6
(0.0%)

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

Comments:

The Trust's monthly I&E deficit in November (month 8) was £1.3m compared to £1.7m in October and £1.6m in September. This was in line with the forecast trajectory through to year end. The year to date I&E deficit stands at £14m with STF income of £4m relating to Q1 having been received. No further STF is expected.

Pay costs in the month of £28.5m included agency and locum costs of £2.7m which now stand at £18.2m for the year to date against the ceiling trajectory of £17.1m. Of the November agency spend, 74% related to medical staff (43% consultant, 57% other grades). The trend in agency spend over the last three months represents the most serious risk to the Trust's financial position.

Total income was £49.7m in month 8 with average income per working/calendar day up in all areas except elective inpatients. In order to meet activity plans, use of the independent sector has increased significantly over the last 3 months, reaching £1.2m in November. Against the initial £20m CIPS target, including income, for the year to date, £10.1m has been delivered against a target of £11.5m.

The Trust is continuing to discuss its cash requirements with NHSI and to the end of M8 had accessed £12.8 of its approved interim credit facility of £14.6m. The latest forecast submitted to NHSI indicates a requirement for c£28.5m.

The Trust's year end forecast is £19m as agreed at the Trust Board on 7 October 2016 and communicated to NHSI, a £5m stretch on the previous forecast, comprising a £7m operational deficit and £12m of lost STF income. The Trust has put in place a set of measures following the board meeting designed to secure the year end forecast. The divisions are engaged fully in delivering these plans including the assessment of all agency filled posts and vacancies.

The Q4 position must be a substantial improvement on the year to date performance if the stretched target is to be achieved.

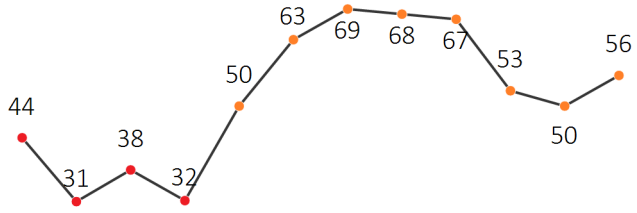
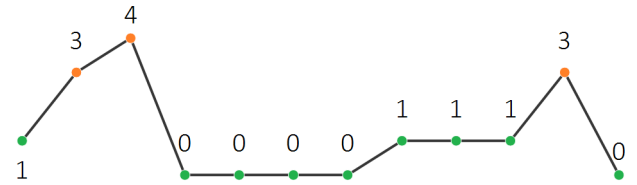
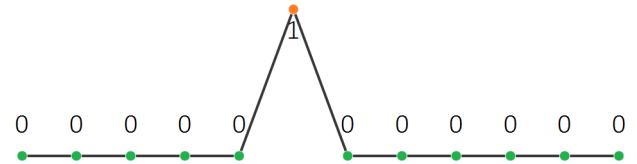
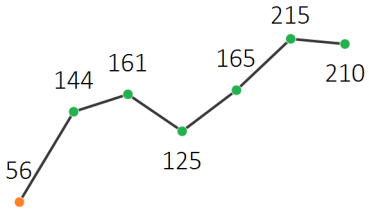
The forecast is rated as high risk and 'best case' as a result of:

- Workforce pressures continue with increasing agency spend in month
- Potential activity and income reductions over the December/January period
- Continuing and significant demand and activity pressures in emergency care
- High levels of cancelled operations, occupancy rates and delayed transfers of care
- High level of commissioner challenge continues
- Oncology SLA with MTW £0.5m+ risk
- Minimal reserve against fines, penalties and challenges and the crystallisation of those risks

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Nov	Representation at H&S	620 (21.4%)		% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★★☆
Nov	RIDDOR Reports (Number)	14 (-36.4%)		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.	★★☆
Nov	Formal Notices	1		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	★★☆
Nov	Health & Safety Training	1076		H&S Training includes all H&S and risk avoidance training including manual handling	★★☆

Comments:

Divisional Representation at H&S meetings improved in November increasing 6% to 56%. All Divisions have now agreed site and corporate leads, including deputies, which should see this metric improving over the coming months.

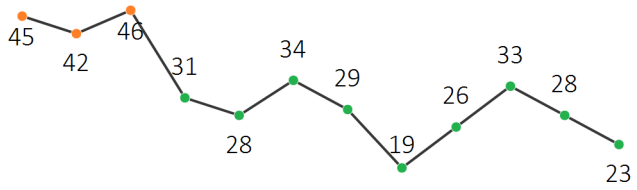
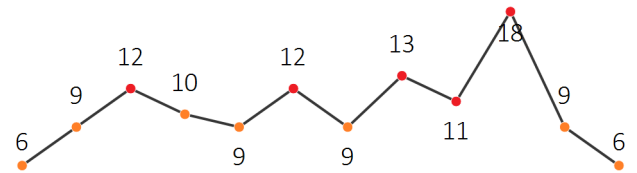
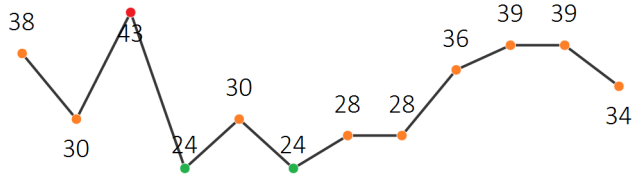
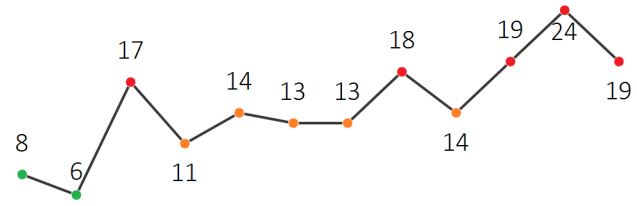
In the last 12 months we have had no Improvement Notices or Fee for Intervention notices from the HSE. 1 environmental health alert was issued to Serco in May, which was addressed by the company. We will be proactively writing to the HSE with our Quarterly update in December.

The question relating to the number of RIDDOR reports increasing and its relation to near misses, raised at the last Board is being investigated and will be reported formally at the February Board meeting.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Nov	Accidents	384 (-28.5%)		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.
Nov	Fire Incidents	124 (-8.8%)		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.
Nov	Violence & Aggression	393 (-15.7%)		Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Nov	Sharps	176 (87.2%)		Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

The number of Accidents and Violence & Aggression incidents has improved in November, with both having a lower number of incidents than in October.

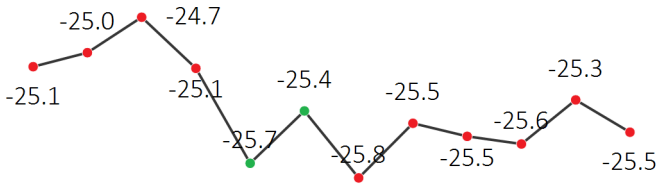
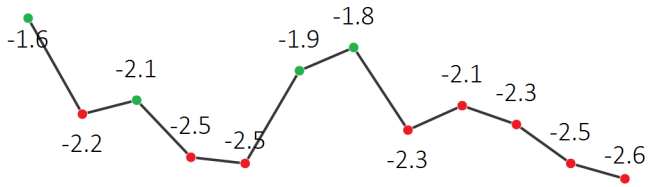
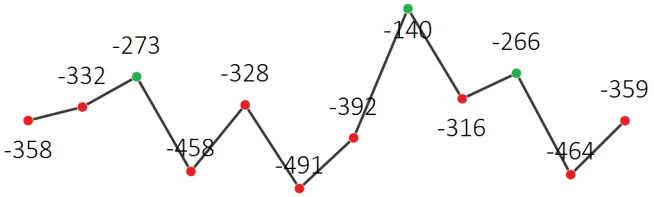
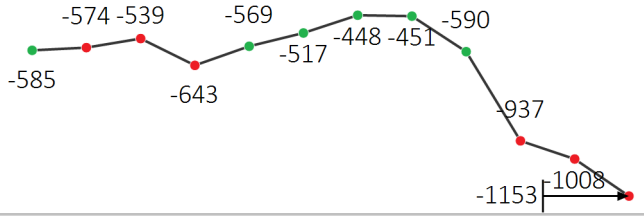
The number of fire alarm activations continues to decrease as a result of the Trust's on-going investment in fire systems. This statistic will be levelling off over the next couple of months as the number of false alarms, arising from the faulty fire detection systems being replaced, become less common.

Sharps incidents fell slightly in November from its 12 month peak last month. This area will be picked up more specifically in the Annual Report, which is produced by OH in January.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

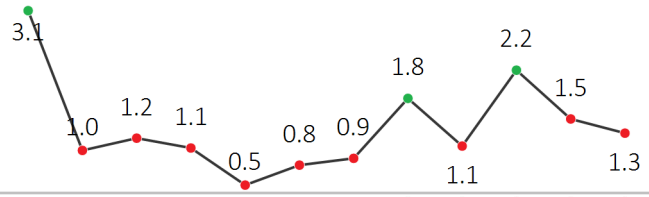
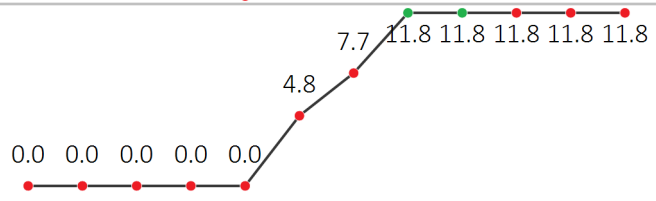
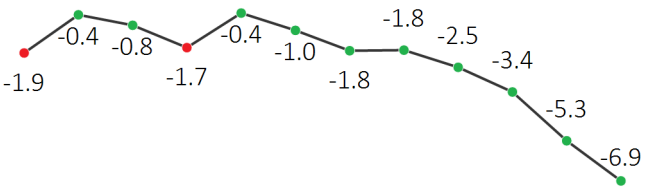
Nov	Payroll Pay £m	-25.5 (0.9%)		Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Nov	Agency Spend £m	-2.6 (4.1%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Nov	Additional sessions £k	-359 (-22.6%)		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.
Nov	Independent Sector £k	-1153 (14.3%)		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 month were £28.5m as against an average of £28.1m per month up to month 7. Agency and locum costs increased in the month to £2.7m, the highest level since October 2015, and now stands at £18.2m for the year to date against the ceiling trajectory of £17.1m. This is a 15% reduction year on year. Of the November agency spend, 74% related to medical staff (43% consultant, 57% other grades). Year to date 65% of agency spend is medical staff compared with 34% across the region. 61% of agency and locum costs are in Urgent Care and Long Term Conditions. Measures continue to be strengthened to reduce the agency bill, but are challenged from the high number of vacant medical staff posts, particularly in medicine. The trend in agency spend over the last three months represents the most serious risk to the Trust's financial position.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Nov	CIPS £m	10.1 (-14.0%)		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.
Nov	Cash borrowings £m			Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Nov	Capital position £m	-23.1 (29.3%)		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.

Comments:

CIPS of £8.1m have been reported ytd which is £3.4m below plan mainly due to the shortfall in theatres efficiency savings, and some slippage on outpatients and workforce. Additionally, an income CIPs contribution of £2m ytd has been delivered. The CIPS target for the year is £20m with a further £5m stretch of run rate and cost avoidance measures. As at the end of October, schemes valued at £17m had been identified. This reduces to £16.2m when risk adjusted. The forecast for Income Completeness schemes is £2.4m. New CIPs Ideas sufficient to close the gap continue to be developed.

The cash forecast for 2016/17 continues to be extremely challenging with only £2.8m remaining available from the current agreed working capital facility of £14.6m. In August the Trust received the first quarter STF payment £4m but no further STF is expected. The Trust is continuing to work with NHSI to secure additional working capital financing. The latest cash forecast submitted to NHSi highlighted a working capital financing requirement of £28.5m (plan submission £20.8m). The main driver for the increased requirement is the removal of the STF funding relating to future periods and the reforecast to reflect the I&E Trust deficit.

The capital position at the end of September is £0.3m ahead of plan (£6.9m v £6.6m). It is expected that the full £14.2m plan will be delivered by year end.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Productivity

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

Comments:

Theatres: £0.9m has been booked against this scheme year to date with a £3.1m target. The current forecast is £2.2m. The programme of improvement put in place supported by Four Eyes is being rolled out and further efficiency improvements are planned for the second half of the year. A review of pre-assessment procedures has identified further opportunities. Data indicates an increase in the average number of cases per list and a higher contribution per list.

Outpatients: £0 has been booked against this scheme year to date against a plan of £0.5m. Divisions are struggling to implement cost reductions given high levels of demand.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Improvement Journey

		Jul	Aug	Sep	Oct	Nov
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	82.87	82.26	84.27	79.31	75.75
MD03 - Maternity Capacity	Midwife:Birth Ratio (%)	30	29	30	30	27
MD06 - Pathway Flow	IP - Discharges Before Midday (%)	15	15	14	15	15
	DToCs (Average per Day)	62	58	53	61	57
MD07 - Medicines Management	Pharm: Fridges Locked (%)	90	92	93	91	89
	Pharm: Fridge Temps (%)	83	81	83	84	87
	Pharm: Drug Trolleys Locked (%)	97	99	98	98	98
	Pharm: Resus. Trolley Check (%)	92	90	89	87	87
	Pharm: Drug Cupboards Locked (%)	91	92	90	91	86
MD08 - Staffing Levels	Vacancy (%)	10.4	10.5	10.8	10.7	10.2
	Shifts Filled - Day (%)	91	91	93	93	99
	Shifts Filled - Night (%)	103	102	100	102	110
MD09 - Workforce Culture	Sickness (%)	3.8	3.8	3.8	3.9	3.4
	Appraisal Rate (%)	75.4	79.5	81.2	83.2	82.2
	Staff Turnover (%)	12.1	12.0	12.6	12.7	12.6
	Corporate Induction (%)	100	100	100	100	100
	Staff FFT - Work (%)	58	58	58	58	58
	Staff FFT - Treatment (%)	79	79	79	79	79
MD11 - Clinical Audit	Clinical Audit Prog. Audit	3	3	3	3	3
	Clinical Audit Review	3	3	3	3	3

MD12 - Environment	Cleanliness Audits (%)	97.9	98.0	97.7	98.3	98.1
MD17 - Incident Reporting	Clinical Incidents: Total (#)	1280	1301	1389	1364	1358
MD19 - Major Incident Planning	Major Incident Training (%)	31	32	33	34	36
MD22 - Agency Staffing	Unplanned Agency Expense	98	100	115	109	103
	Clinical Time Worked (%)	74	71	70	74	74
	Temp Staff (WTE)	205	226	229	233	227
	Employed vs Temporary Staff (%)	89.8	89.6	89.5	89.6	90.1
	Local Induction Compliance %	15.0	9.2	14.9	14.3	
MD26 - Complaints Process	Complaint Response in Timescales %	96	97	92	94	94
MD30 - Medicines Management	Medicines Mgmt. Incidents	91	109	118	110	133

East Kent Hospitals University NHS
NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
	Adults VTE Risk Assessed Ever	Adults who have had a VTE Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	
	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.		
	Avg. Time to Recruit (Wks)	Average time to recruit staff in weeks, split by the staff group	<8	
	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	
	Bed Occupancy (%)	The number of occupied beds per ward as a percentage of the number of funded beds. Data source - Data Warehouse (Bed Occupancy Table)		
	Cancer PTL: Over 104d Waiters	Number of patients who having been waiting over 104 days for treatment as per the month end extract		
	Cannulated Pts Checked Daily	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	
	Catheterised Pts Checked Daily	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	
	Central Line Pts Checked Daily	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	
	Compliments to Complaints	Number of compliments per complaint	>= 12	
	Compliments to Complaints (Trust)	Number of compliments per complaint	>= 12	
	Crude Mortality EL (per 1,000)	The number of deaths per 1,000 elective admissions.	< 0.33	
	Crude Mortality NEL (per 1,000)	The number of deaths per 1,000 non-elective admissions.	< 27.1	
	DNA Rate: Follow-Up	Follow up appointments where the patient did not attend (appointment type=2, appointment status 3) as a % of all follow up appointments.	< 7	
	DNA Rate: FUp	Follow up appointments where the patient did not attend (appointment type=2, appointment status 3) as a % of all follow up appointments.	< 7	

DNA Rate: New	New appointments where the patient did not attend (appointment type=1, appointment status 3) as a % of all new appointments.	< 7
E. Coli		
eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99
eDN Compliance	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 80
Emergency Training (%)	Percentage of identified staff who have completed Emergency Planning Training, the thresholds are replicated from the mandatory training thresholds	>= 95
Falls: Total	Total number of recorded falls. Data source - Datix.	
Falls: Total	Total number of recorded falls. Data source - Datix.	< 3
Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95
Harm Free Care: All Harms (%)	Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms).	>= 93
Harm Free Care: New Harms (%)	Percent of inpatients deemed free from new, hospital acquired harm as measured by the Safety Thermometer audit ie free from: - New pressure ulcers (categories 2 to 4) - Injurious falls - New UTI - New DVT, PE or Other VTE. Data source - Safety Thermometer (new harms only).	>= 93
Harm Free Care:All Harms (%)	Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms).	>= 93

HSMR	As defined by CHKS: Hospital Standardised Mortality Ratios (HSMRs) compare the number of expected deaths with the number of actual deaths, in Hospital. The data is adjusted for factors statistically associated with hospital death rates. Severity of illness is an important factor on mortality and the methodology acknowledges this by using a measure of co-morbidity called the Charlson index, which looks at a number of secondary diagnoses and scores them according to severity. (Source: DFI)	< 75
Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85
LoS: Elective	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using MLU, Maternity and Community Midwives budget codes.	< 29
MRSA Bacteraemia	The number of Trust assigned MRSA Bacteraemia cases. Data source - VitalPAC (James Nash).	< 1
MSSA		
New:Follow-Up Ratio	Ratio of attended follow up appointments compared to attended new appointments	
Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total non-clinical cancellations.	< 0.8
Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5
Not Cached Up Clinics	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	< 4
Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	
Obs. On Time - Day (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 10%
Obs. On Time - Night (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 10%
Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	>= 95
Readmissions w/in 30 Days (EL)	All readmissions that are elective that occur within 30 days of any previous discharge. Data source - Trust Activity Report	
Readmissions w/in 30 Days (NEL)	All readmissions that are an emergency that occur within 30 days of any previous discharge. Data source - Trust Activity Report	
Roster (Clinical) Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.	

	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS.	< 1	
	Shifts Filled Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)	>= 97	
	Shifts Filled Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 97	
	Staff Turnover (%)	Percentage of total staff turnover	<10	
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 97	
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	
	Uncoded Spells	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	
	Valid Ethnic Category Code	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all OP, IP and A&E contacts.	>= 99.5	
	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	
	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 OP, IP and A&E contacts.	>= 99.5	
A&E	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	<= 90	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 28	30 %
	Extra Beds	Number of extra 'unfunded' beds available		
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Outliers	Number of Bed Outliers in the Trust, where the intended use of the bed is used for another service		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %

Cancer	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	PROMs EQ-5D Index: Groin Hernia	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		
	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.		

Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	>= 95	10 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	< 4	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	

Diagnostics	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for “extra” CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.		

Incidents	Blood Transfusion Errors	The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< = 5	20 %
	Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
	Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 94	10 %
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %
	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 0.15	10 %
	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	

Infection	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1	
	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
	MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12	
Initiatives	Antimicrobial Resistance & Stewardship CQUIN Delivered %	CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours	>= 100	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	>= 100	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	>= 100	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	>= 100	20 %

Initiatives	Staff Health & Wellbeing CQUIN Delivered %	CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake	>= 100	20 %
Mortality	Crude Mortality EL (per 1,000)	The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	< 87.45	30 %
	SHMI	Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data.	< 0.95	15 %
Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-9pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 9pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	4 %

Patient Experience	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89	4 %
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Audit due to commence in January - Percentage of controlled drugs signed off by two nurses	>= 85	5 %
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 1	10 %
	FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	30 %
	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 15	1 %
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.		0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
	Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	2 %
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %

Productivity	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 90	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total non-clinical cancellations.	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency %	% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	<= 10	
	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).	<= 100	
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
	Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	< 28	2 %
	NHSP Use % of Agency	% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	> 90	

Staffing	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
	Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)	>= 80	15 %
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 80	15 %
	Sickness (%)	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 3.6	10 %
	Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
	Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
	Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	15 %
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Temp Staff (WTE)	Count of Temporary Staff in post	< 182	1 %
	Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Total Staff In Post (SiP)	Count of total staff in post		1 %
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	< 100	5 %
	Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %

Training	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Mandatory Training (%)	The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	0	
	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

East Kent Hospitals University NHS
NHS Foundation Trust

Patient Safety Heatmap

	All Pressure Damage: Cat 2	FFT: Response Rate (%)	Respect & Dignity? %	Employed vs Temporary Staff (%)	Falls: Total	Care that matters to you? %	Shifts Filled - Night (%)	Harm Free Care: New Harms (%)	FFT: Recommend (%)	Shifts Filled - Day (%)	Number of Complaints	Care Explained? %	FFT: Not Recommend (%)	Number of Cardiac Arrests
KCH - Kent & Canterbury														
Specialist														
KBRA - BRABOURNE (KCH)	0	61			1		94	100.0	100	90	0		0.0	0
MARL - MARLOWE WARD	0	22		87.4	4		103	100.0	95	101	1		0.0	0
Surgical														
CLKE - CLARKE WARD	1	18		85.3	2		104	100.0	98	98	1		1.6	0
KENT - KENT WARD	7	40	100	94.0	6	89	96	100.0	100	109	0	90	0.0	0
KITU - KCH ITU	0			91.6	0		100	100.0		88	0			0
Urgent Care														
HARB - HARBLEDOWN WARD	0	45	95	72.8	6	96	123	95.8	97	105	3	93	2.7	0
INV - INVICTA WARD	0	16		86.7	2		170	100.0	100	102	0		0.0	0
KCDU - EMERGENCY CARE CENTRE	0	9		90.9	0			100.0	91		0		5.5	1
KING - KINGSTON WARD	1	22		95.6	6		103	96.0	95	96	1		5.0	0
KNRU - EAST KENT NEURO REHAB UNIT	0	58		84.6	0		138	94.4	86	103	1		0.0	0
MTMC - MOUNT/MCMASTER WARD	0	31		90.2	3		156	100.0	97	96	1		0.0	0
TAY - TAYLOR WARD	0	44	100	82.7	0	100	100	100.0	100	74	0	92	0.0	0
TREB - TREBLE WARD	1	43	96	88.6	6	97	146	100.0	100	82	1	87	0.0	0
QEH - Queen Elizabeth Queen Mother														
Specialist														
BIR - BIRCHINGTON WARD	1	28	100	105.4	0	100	99	100.0	98	102	0	100	2.4	0
KIN - KINGSGATE WARD	0			93.4	0		91	100.0		89	1			0
QSCB - QEH SPECIAL CARE BABY UNIT	0			85.3	0		100	100.0		88	0			0
RAI - RAINBOW WARD	0	6		97.4	1		104	100.0	100	101	1		0.0	0
Surgical														
BIS - BISHOPSTONE WARD	1	62	95	85.8	6	94	123	100.0	100	102	0	82	0.0	0
CSF - CHEERFUL SPARROWS FEMALE	1	69	98	82.8	1	96	114	100.0	99	90	0	96	0.0	0
CSM - CHEERFUL SPARROWS MALE	0	49	98	85.8	6	94	97	96.2	93	84	1	96	0.0	0
QITU - QEH ITU	0			94.8	0		101	100.0		85	0			0

Apdx.

	All Pressure Damage: Cat 2	FFT: Response Rate (%)	Respect & Dignity? %	Employed vs Temporary Staff (%)	Falls: Total	Care that matters to you? %	Shifts Filled - Night (%)	Harm Free Care: New Harms (%)	FFT: Recommend (%)	Shifts Filled - Day (%)	Number of Complaints	Care Explained? %	FFT: Not Recommend (%)	Number of Cardiac Arrests
QX - QUEX WARD	0	69	97	102.2	3	94	101	100.0	99	108	0	93	1.4	0
SB - SEA BATHING WARD	0	43	100	89.4	0	100		100.0	94		0	100	0.0	0
Urgent Care														
DEAL - DEAL WARD	1	2	100	94.0	11	100	160	100.0	100	130	1	97	0.0	0
FRD - FORDWICH WARD STROKE UNIT	1	51		87.4	5		120	100.0	100	93	1		0.0	0
MW - MINSTER WARD	0	95	85	87.9	16	94	98	95.7	93	94	3	83	2.4	0
QCCU - QEH CCU	0	63		89.7	0		105	100.0	97	90	0		2.9	0
QCDU - QEH CDU	0	15	100	90.0	0	100		100.0	84		0	100	16.0	2
SAN - SANDWICH BAY WARD	2	64	99	89.6	6	89	141	100.0	100	130	1	94	0.0	0
SAU - ST AUGUSTINES, THE REHAB. WARD	0	70	100	77.7	13	100		96.2	95		0	94	5.0	0
STM - ST MARGARETS WARD	0	31		100.6	4		107	100.0	100	111	2		0.0	0
WHH - William Harvey														
Specialist														
FF - FOLKESTONE	0		96		1	75	100	100.0		95	2	63		0
KEN - KENNINGTON WARD	0	16	88	80.4	1	100	90	100.0	90	82	2	100	0.0	0
PAD - PADUA	0	16			1		94	100.0	100	91	1		0.0	1
SCBU - THOMAS HOBBES NEONATAL UNIT	0				0		94	100.0		102	0			0
Surgical														
ITU - WHH ITU	0			100.9	0		112	88.9		118	0			0
KA2 - KINGS A2	1	51	96	92.0	0	94	128	100.0	95	107	0	94	0.0	0
KB - KINGS B	0	51	98	92.6	0	100	140	100.0	100	100	0	95	0.0	0
KC - KINGS C1	3	49	88	93.8	6	92	100	96.3	95	109	1	87	0.0	0
KC2 - KINGS C2	0	51	97	84.1	2	95	100	89.5	99	88	1	94	1.3	0
KDF - KINGS D FEMALE	2	25	95	90.9	3	95		88.9	100		0	85	0.0	0
KDM - KINGS D MALE	2	27	96		3	88	109	100.0	100	98	1	82	0.0	0
RW - ROTARY WARD	0	34	96	92.3	2	90	98	93.8	98	98	1	92	2.0	0
Urgent Care														
CCU - CCU	0	69		82.5	0		79	100.0	100	96	0		0.0	3
CJ2 - CAMBRIDGE J2	2	51		73.8	8		121	100.0	90	114	1		6.5	0
CK - CAMBRIDGE K	2	75	90	87.7	3	92	110	96.2	99	113	0	90	0.0	2
CL - CAMBRIDGE L REHABILITATION	2	129		96.6	11		138	92.3	91	97	1		0.0	0

	All Pressure Damage: Cat 2	FFT: Response Rate (%)	Respect & Dignity? %	Employed vs Temporary Staff (%)	Falls: Total	Care that matters to you? %	Shifts Filled - Night (%)	Harm Free Care: New Harms (%)	FFT: Recommend (%)	Shifts Filled - Day (%)	Number of Complaints	Care Explained? %	FFT: Not Recommend (%)	Number of Cardiac Arrests
CM1 - CAMBRIDGE M1 SHORT STAY	0	8			3				100		1		0.0	0
CM2 - CAMBRIDGE M2	2	49	96	89.8	4	95	106	100.0	95	100	0	93	4.5	0
OXF - OXFORD	0	38			8		116	100.0	100	115	0		0.0	0
RST1 - RICHARD STEVENS 1 STROKE UNIT	3	36	84	91.4	6	83	106	83.3	100	96	1	78	0.0	0
WCDM - WHH CDU MIXED	0	18	97		0	93		100.0	86		0	93	3.6	1

East Kent Hospitals University NHS
NHS Foundation Trust

Human Resources Heatmap

	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	7.3	0.0	5.2	3.2	9.8	10.5	22.6	48.1
Appraisal Rate (%)	83.9	79.7	82.9	79.1	81.1	87.3	91.8	71.0
Employed vs Temporary Staff (%)	89.9	94.0	88.5	86.9	92.7	88.1	91.7	87.0
Mandatory Training (%)	91	91	93	80	84	90	86	88
NHSP Use % of Agency	100.0		100.0	100.0	100.0	100.0	100.0	100.0
Sickness (%)	3.3	1.5	2.2	2.4	3.9	3.1	3.5	3.3
Staff Turnover (%)	12.7	11.3	16.9	16.0	12.5	13.0	10.5	14.3
Vacancy (%)	10.1	6.0	13.1	15.3	7.4	11.9	8.3	13.6

Apdx.