East Kent Hospitals University NHS
NHS Foundation Trust

NOVEMBER 2017

INTEGRATED PERFORMANCE REPORT

East Kent Hospitals University NHS
NHS Foundation Trust

Chief Executive's Summary

Please note that the CEO Summary now forms part of a report front sheet and is not included within the main IPR pack.

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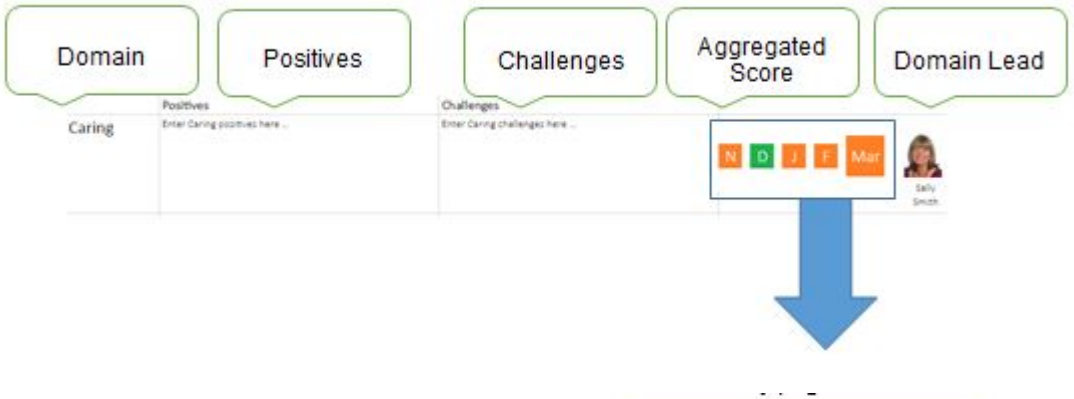
Understanding the IPR

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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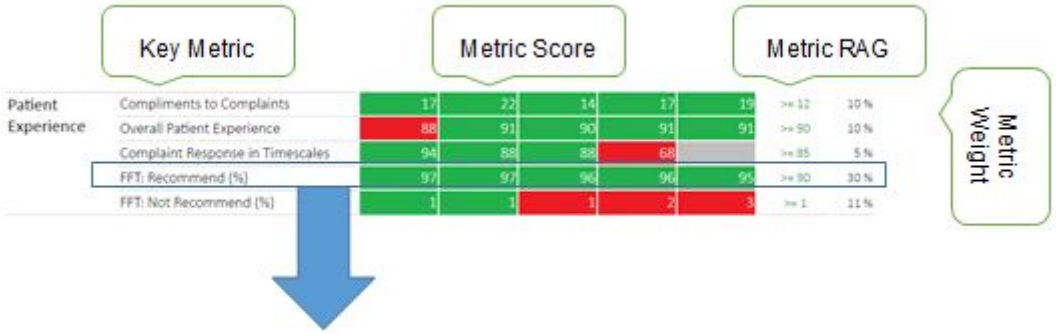
Understanding the IPR

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. A grey cell indicates that data is not yet available. The threshold for the green RAG point is indicated in the Glossary pages together with how much weight each metric holds towards the sub-domain.

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Strategic Priorities

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Contents

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Headlines

	Positives	Challenges	
Caring	Timeliness of complaints handling has improved now registering green and the ratio of compliments to complaints has continued an upward trend this month with a large number of compliments received compared to formal complaints. The friends and family test inpatient satisfaction rate remains positive at 97% recommended. Overall patient experience remains green and we have sustained our improvement in overall patient satisfaction. Improvement is also noted against the specific metric "discuss worries with nurses" albeit that more improvement work is still required.	We are still reporting a high number of mixed sex breaches in the Clinical Decision Units. This is due to patient flow and decongesting the Emergency Departments to maintain safety.	J A S O Nov  Sally Smith
Effective	Bed Occupancy has reduced to 93% from 95% Planned preventative maintenance for medical equipment has improved further this month to 84% which is a great achievement. Clinical audit programmes remain on track as planned. Readmissions after a non-elective admission has improved. DNA rates for new and follow up appointments have improved further to 6.5% and 6.1% respectively which is excellent performance.	Reportable delayed transfers of Care (DTOC), has not improved in November. Theatre utilisation is till a significant challenge.	J A S O Nov  Jane Ely

Responsive	The A&E 4 hour performance has improved again to 79.91% for November as a result of a rapid improvement programme. Cancer performance overall has improved with 2 week wait, 2 week wait breast, 31 day diagnosis to treatment, and drug treatments all compliant. The Urology review has been undertaken and the Lung pathway will be under taken in January to determine when compliance for the 62 day from GP referral will be achieved. Diagnostic waits performance has been maintained.	Referral to Treatments (18 weeks RTT) performance has fallen again whilst total waiting list and backlog numbers has now stabilised. The number of patients waiting for treatment beyond 52 weeks has increased, the majority of these are general surgery and gynaecology. Detailed plans for additional capacity are already being implemented.	J A S O Nov	 Jane Ely
Safe	VTE improvement Trustwide has been sustained to date and for November was 95.1%. C.difficile remains below trajectory. By peer distribution the Trust continues to remain in the low rate quartile for HSMR. Despite the conditions the A&E staff are working under they continue to screen 93% of patients with an early warning score of 4 or more for sepsis which is phenomenal. The National Falls Audit was received during the month reporting the Trust favourably compared with national performance.	The Trust continues to be dragged down by the occurrence of never events and although all such events in the last year have been of either low or no harm they have continued to occur (4 in the previous calendar year) There was a Trust assigned MRSA bacteraemia during this reporting period. In November we reported one deep category 3 pressure ulcer.	J A S O Nov	 Paul Stevens
Well Led	On plan in month after NHSi adjustments, £0.1m behind plan ytd I&E CIPS of £18.8m reported against a plan ytd of £18.6m Vacancies decreased (to 11.6% from 12.2%)- still red RAG rated Staff turnover was unchanged at 13.2% - still red RAG rated Sickness remained at 3.8% - Amber rated No new cash borrowing was required in November	Continuing low appraisal rates (81.9%) Temporary staff costs increasing and still running well above budget (inc. Bank and Over time) at £4.8m in month A&E recovery plan requires significant funding Pressure on CIP delivery as to recover Bite 4 schemes e.g. Patient Flow 2 and Agency reductions.	J A S O Nov	 Susan Acott

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Caring

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

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Caring

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	20	17	27	34	52	>= 12	10 %
	Mixed Sex Breaches	70	150	90	134	146	< 1	10 %
	Overall Patient Experience %	92	91	91	91	90	>= 90	10 %
	Complaint Response in Timescales %	79	83	77	80	87	>= 85	5 %
	FFT: Recommend (%)	96	96	97	97	97	>= 90	30 %
	FFT: Not Recommend (%)	2.0	1.3	1.5	1.7	1.5	>= 1	10 %

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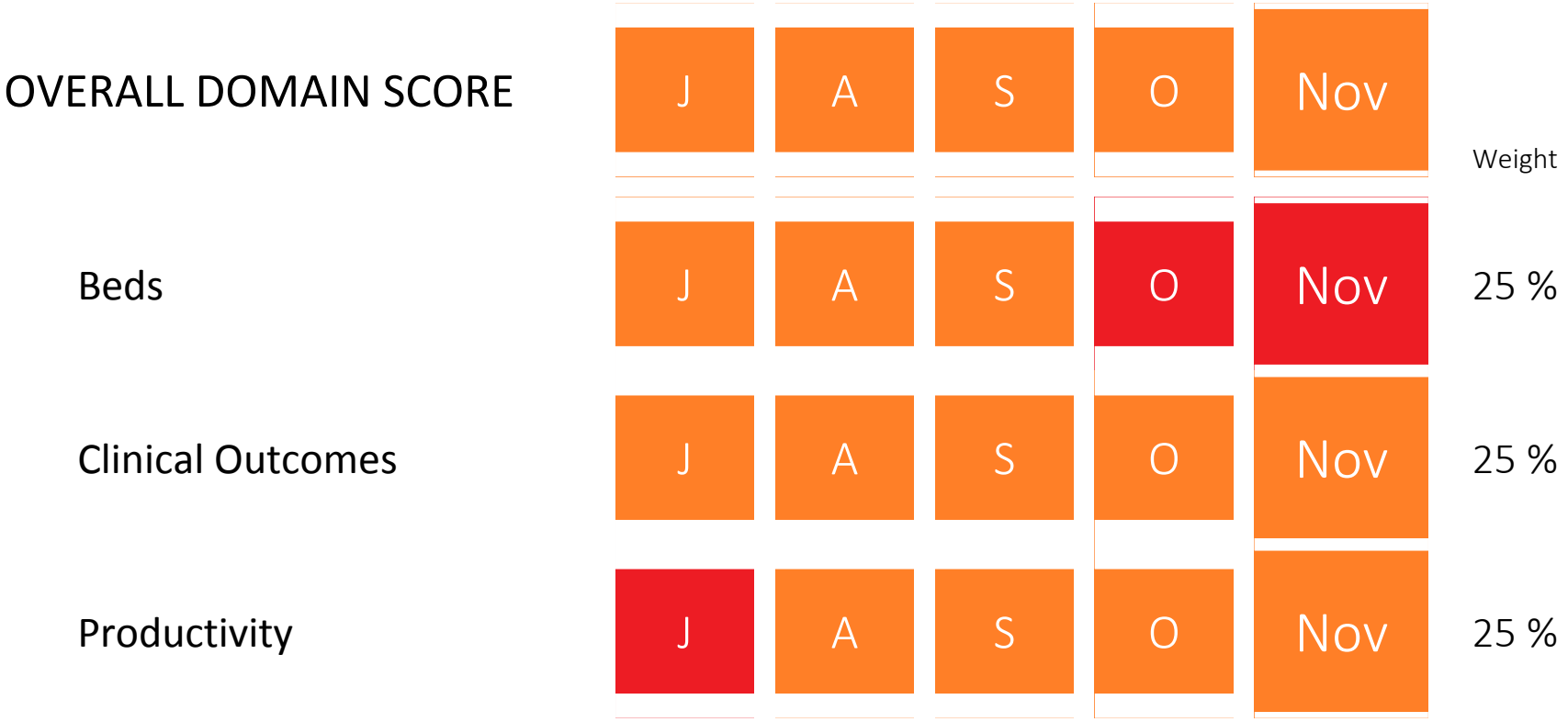
Effective



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Effective

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Beds	Bed Occupancy (%)	91	93	94	95	93	<= 92	60 %
	IP - Discharges Before Midday (%)	13	13	12	12	13	>= 35	10 %
	DToCs (Average per Day)	40	43	50	55	55	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.4	3.3	3.3	3.3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.0	15.9	15.7	15.4	15.3	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	100	100	100	100	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	6.5	6.9	7.0	6.7	6.5	< 7	
	DNA Rate: Fup %	6.3	6.5	6.0	6.3	6.1	< 7	
	New:FUp Ratio (1:#)	0.6	0.6	0.6	0.6	0.7		
Productivity	LoS: Elective (Days)	2.8	3.1	3.0	2.8	2.6		
	LoS: Non-Elective (Days)	5.9	6.2	6.4	6.6	5.9		
	Theatres: Session Utilisation (%)	82	82	84	80	83	>= 85	25 %
	Theatres: On Time Start (% 30min)	76	76	78	76	77	>= 90	10 %
	Non-Clinical Cancellations (%)	1.6	1.5	1.7	1.4	1.6	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	16	4	5	2	6	< 5	10 %
	EME PPE Compliance %	78	81	81	82	84	>= 80	20 %

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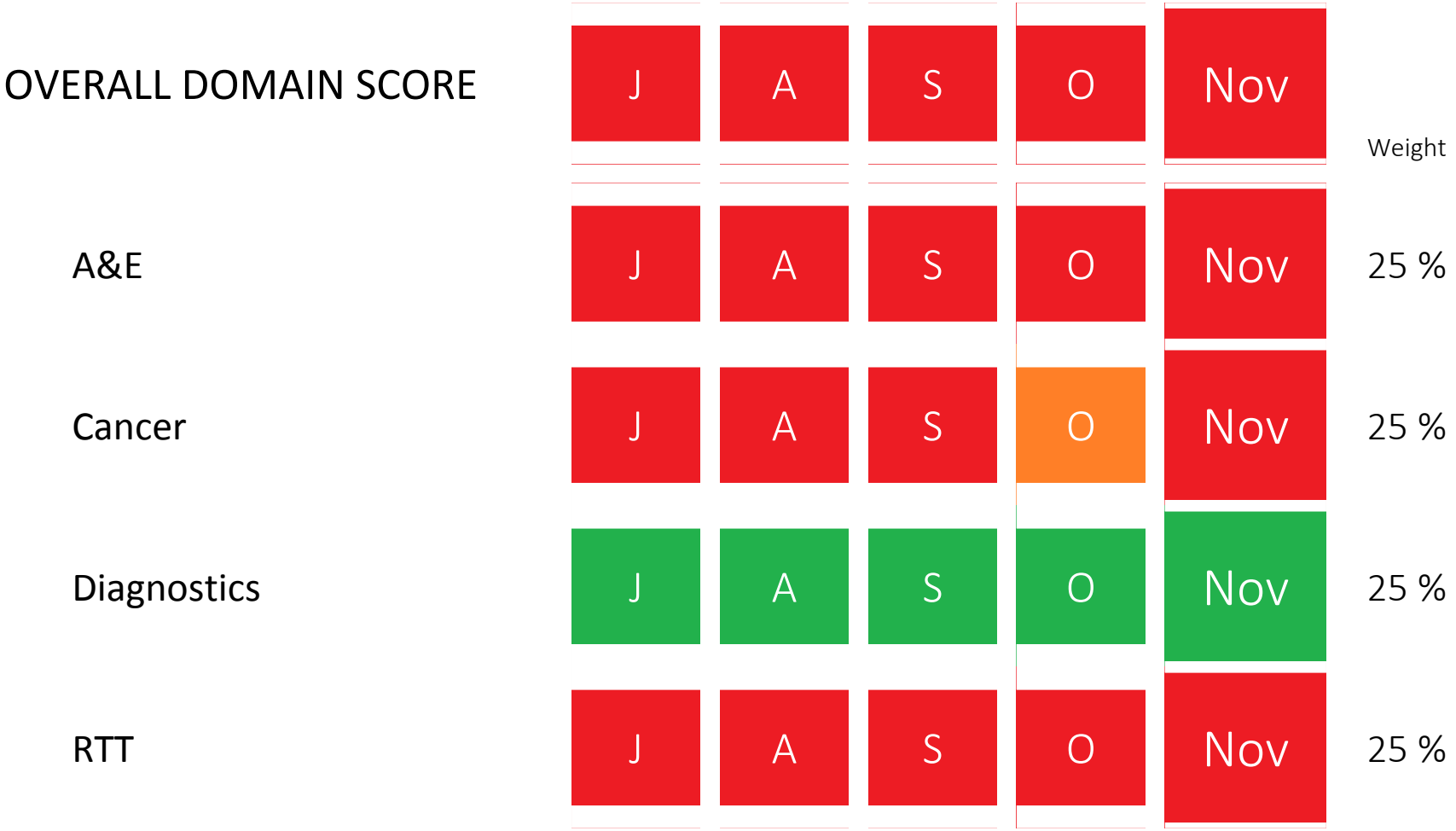
Responsive



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Responsive

		Jul	Aug	Sep	Oct	Nov	Green	Weight
A&E	ED - 4hr Compliance (%)	71.18	70.10	70.51	75.35	79.91	>= 95	100 %
Cancer	Cancer: 2ww (All) %	94.86	95.65	95.17	94.57	96.36	>= 93	10 %
	Cancer: 2ww (Breast) %	83.97	91.72	95.50	94.29	94.44	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	93.92	96.99	93.01	98.71	96.61	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	87.04	89.58	85.42	92.86	85.37	>= 94	5 %
	Cancer: 31d (Drug) %	98.41	95.52	96.97	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	73.80	74.29	73.61	74.06	71.69	>= 85	50 %
	Cancer: 62d (Screening Ref) %	92.73	92.00	85.29	92.31	89.29	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	86.84	87.50	77.55	82.35	84.31	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.20	99.14	99.47	99.59	99.85	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	83.61	82.58	81.56	81.18	80.87	>= 92	100 %
	RTT: 52 Week Waits (Number)	30	31	51	64	67	< 1	

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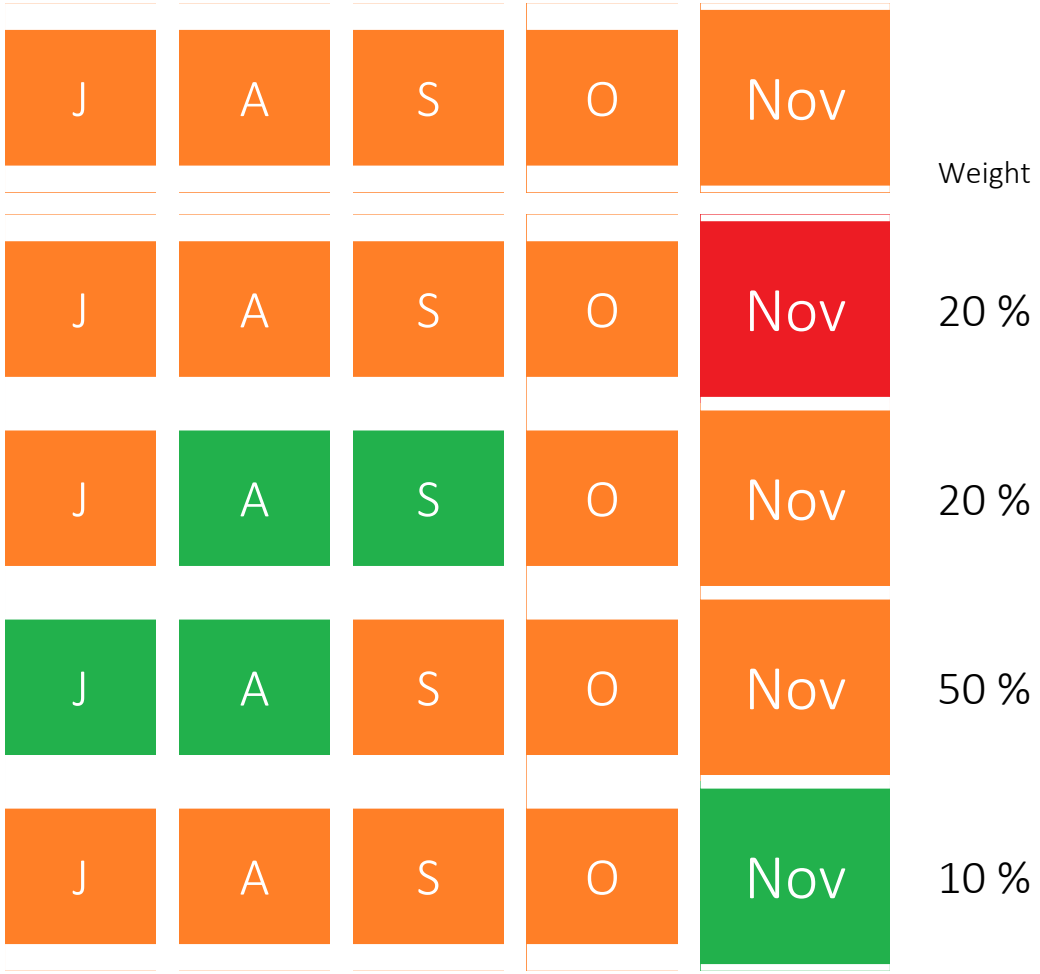
Safe



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Safe

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Incidents	Serious Incidents (STEIS)	3	4	7	7	4		
	Harm Free Care: New Harms (%)	98.9	98.5	98.6	97.7	97.7	>= 98	20 %
	Falls (per 1,000 bed days)	6.10	5.76	6.01	5.42	5.62	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.27	0.26	0.07	0.19	0.23	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,383	1,278	1,273	1,352	1,286		
Infection	Cases of C.Diff (Cumulative)	14	15	19	22	23	<= Traj	40 %
	Cases of MRSA (per month)	1	0	0	1	1	< 1	40 %
Mortality	HSMR (Index)	79	78				< 90	35 %
	Crude Mortality EL (per 1,000)	0.7	0.4	1.4	0.5	0.1	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	31.6	34.2	34.4	36.6	34.9	< 27.1	10 %
	RAMI (Index)	85	83	82	93		< 87.45	30 %
Observations	Cannula: Daily Check (%)	73.8	73.5	70.8	68.7	69.7	>= 50	10 %
	Catheter: Daily Check (%)	46.3	46.0	42.8	41.1	41.6	>= 50	10 %
	Central Line: Daily Check (%)	65.1	64.6	64.1	64.0	63.9	>= 50	10 %
	VTE: Risk Assessment %	93.2	93.5	94.7	94.9	95.2	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.1	91.8	92.1	92.2	92.2	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.1	89.0	89.2	89.1	89.2	>= 90	25 %

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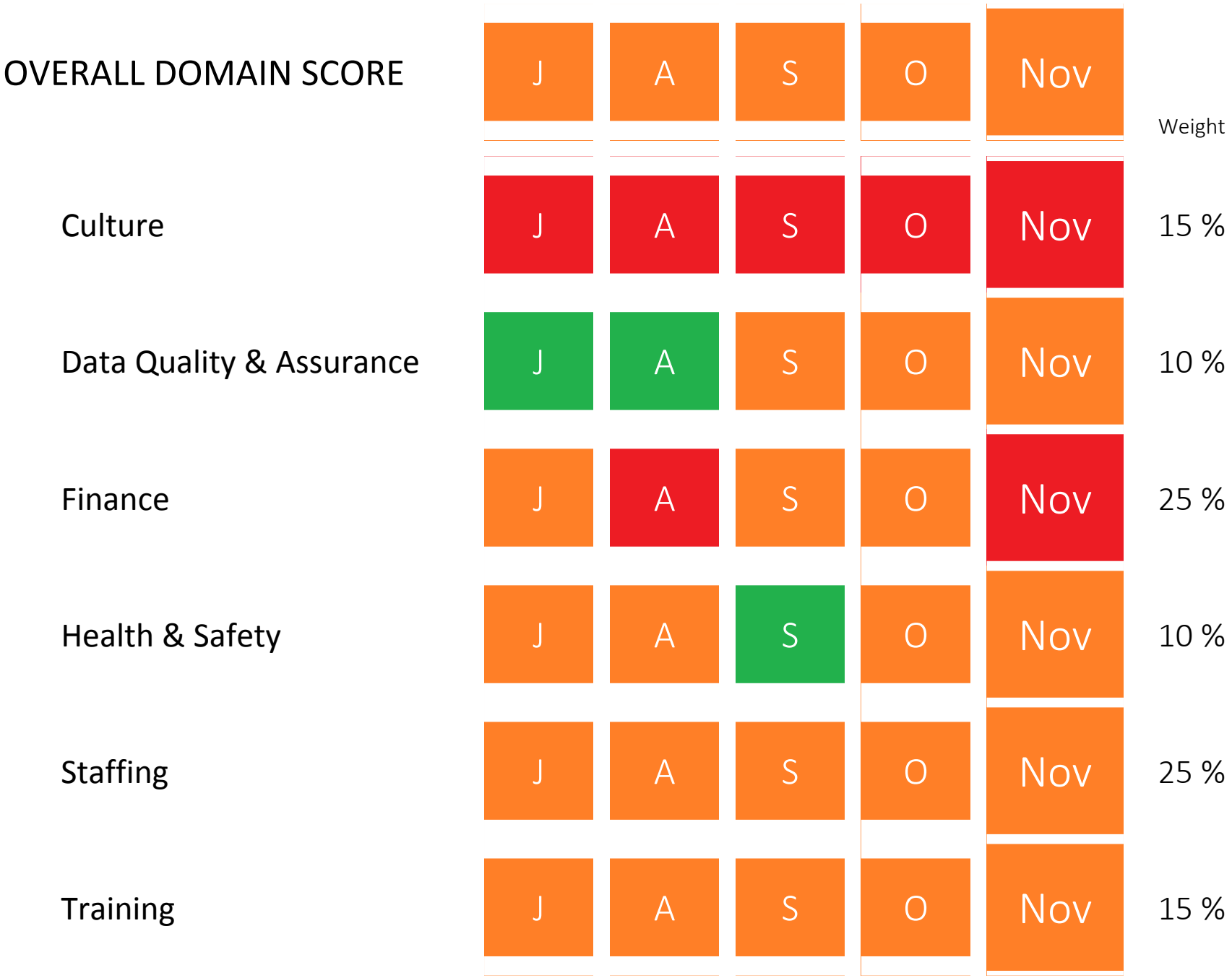
Well Led



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Well Led

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Culture	Staff FFT - Treatment (%)	70	70	70	70	70	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.3	0.3	0.7	0.9	1.2	<= 0.1	25 %
	Uncoded Spells %	0.1	0.1	0.1	0.1	0.2	< 0.25	25 %
Finance	I&E £m	-0.5	-1.9	-0.9	-0.2	-0.3	>= Plan	30 %
	Cash Balance £m	9.7	4.1	6.6	10.1	1.4	>= Plan	20 %
	Total Cost £m	-49.0	-50.2	-49.1	-49.6	-51.4	>= Plan	20 %
	Forecast I&E £m	-19.0	-19.0	-19.0	-19.0	-19.0	>= Plan	20 %
	Normalised Forecast £m	-19.0	-19.0	-19.0	-19.0	-19.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	3	3	2	2	2	<= 3	20 %
	Formal Notices	1	0	0	1	0	< 1	15 %
Staffing	Sickness (%)	3.9	3.9	3.8	3.8	3.8	< 3.6	10 %
	Staff Turnover (%)	12.6	13.7	13.1	13.2	13.2	<= 10	15 %
	Vacancy (%)	11.0	12.3	12.2	12.2	11.6	<= 7	15 %
	Total Staff In Post (SiP)	6927	6816	6846	6903	6946		1 %
	Temp Staff (WTE)	253	240	219	230		< 182	1 %
	Shifts Filled - Day (%)	96	96	95	105	97	>= 80	15 %
	Shifts Filled - Night (%)	105	105	103	117	103	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	12	12	13	12		
	Local Induction Compliance %	28.8					>= 85	
	Agency %	6.1	6.5	6.4	6.6	6.6	<= 10	
Training	Appraisal Rate (%)	78.2	79.4	80.1	81.7	81.9	>= 90	50 %
	Statutory Training (%)	89	89	90	89	89	>= 85	50 %

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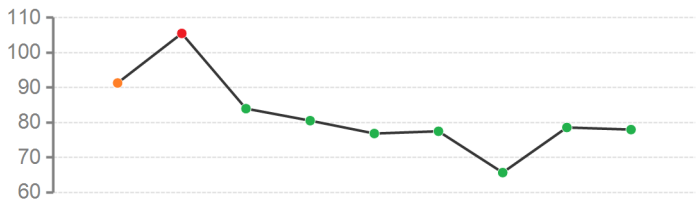
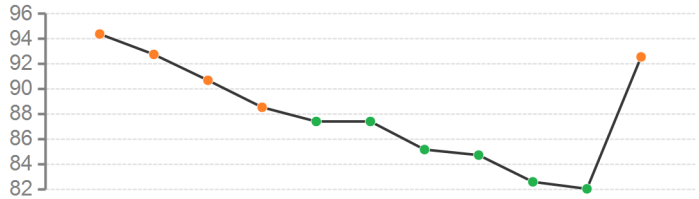
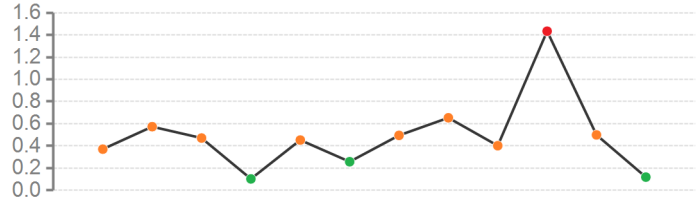
Strategic Theme: Patient Safety

Mortality

Nov	HSMR (Index)	83 (-5.7%)		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)	88 (0.7%)		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	Crude Mortality EL (per 1,000)	0.5 (13.8%)		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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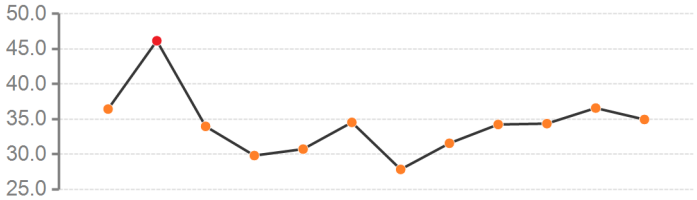
Strategic Theme: Patient Safety

Nov

Crude Mortality NEL (per 1,000)

34.4
(13.5%)



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:

NEW RAMI MODEL - IMPORTANT PLEASE NOTE
CHKS have amended and updated the Risk Adjusted Mortality Index (RAMI) methodology which means that the latest value is no longer comparable with previous values. RAMI has previously been based on Health Resource Groups (HRGs) but there are now 2466 groups meaning that for some HRGs the number of deaths are too small to be statistically significant. Additionally there is strong evidence that for long term conditions the risk of death is directly proportional to the length of stay. In other words, there is a constant risk per day associated with any condition rather than an admission risk that exists for acute conditions such as cardiac arrest. The new RAMI addresses both of these through including all patients and using a step-wise approach. This takes the most important predictor of mortality first and then tests each variable until no further improvement in predictive modelling is seen. CHKS used five years of data encompassing 90 million spells and including 1.1 million deaths. The key variables identified were:
Classification – Consistency between HSMR and RAMI in using the clinical coding system groups as opposed to HRGs.
Coverage – All activity including Well Babies, (Palliative care deaths are no longer excluded).
Age – six groups
Admission type – elective or non-elective
Primary diagnosis – 260 clinical coding system groups (Internationally accepted way of grouping diagnoses)
Gender
Length of stay (for specific groups)
Most significant secondary diagnosis.
Age, admission type, primary diagnosis and length of stay are shown minimise Trust level dispersion creating a statistically robust model. Gender and secondary diagnosis can enhance patient level risk explaining differences between patients but they do not reduce Trust dispersion further.

With the above provisos whilst the crude mortality rate overall showed an increase compared to the same reporting period the previous year all the other casemix adjusted indicators showed the Trust outcomes to be lower in this reporting period. In comparison with peers this month's RAMI is in the 50th to 75th centile and for HSMR we remain in the lowest quartile (which is good) and the 2 main sites continue to come closer (QEQMH 87, WHH 91).

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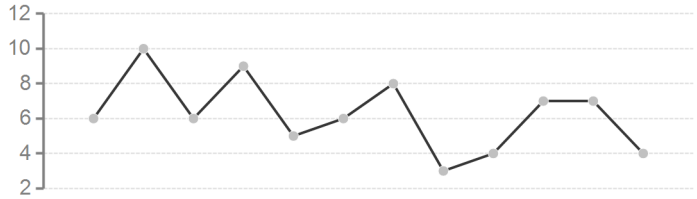
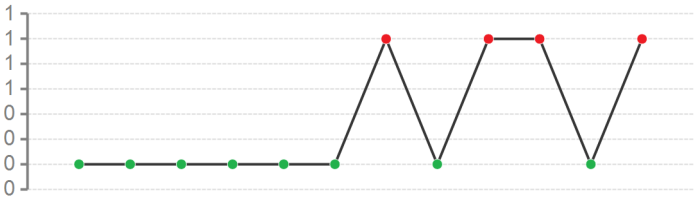
Strategic Theme: Patient Safety

Serious Incidents

Nov	Serious Incidents (STEIS)	75 (-10.7%)		Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.
Nov	Never Events (STEIS)	4 (0.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on STEIS in November 2017: 59 (including 4 new)
SIs under investigation: 32
Breaches: 14
Non-breaches: 18
Waiting EKHUFT non-closure response: 9
Waiting CCG response: 17

Supporting Narrative:
The number of breached cases is 14, although the number of older breaches is reducing. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process.

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

The four new SIs are:
- a Never Event (retained tampon post-procedure)
- delayed treatment within ophthalmology (glaucoma)
- maternity incident affecting the baby only (delayed delivery and difficult intubation)
- a medication incident (opioid overdose).

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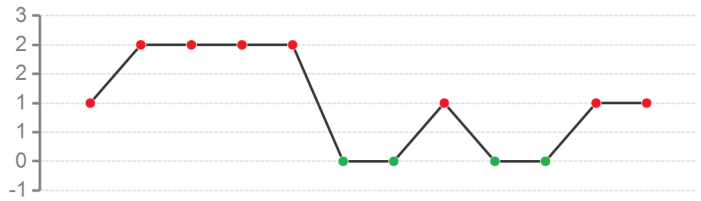
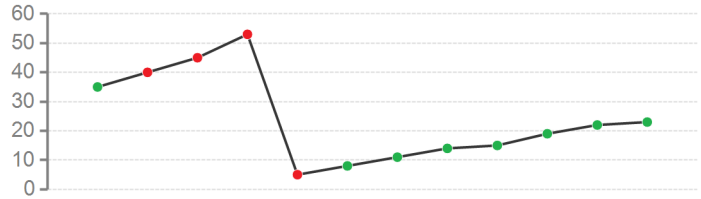
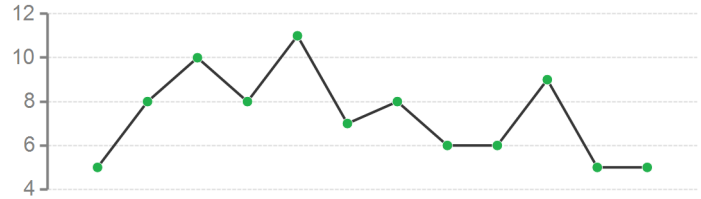
Strategic Theme: Patient Safety

Infection Control

Nov	Cases of MRSA (per month)	12 (500.0%)		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)	23 (4.5%)		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	88 (-3.3%)		The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

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Strategic Theme: Patient Safety

Nov

MSSA

35
(40.0%)

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:

C.difficile
The year-to-date total is 24 cases against an annual objective of 46 cases (as of 27/12/2017). There are 2 cases for Specialist Services, 15 cases for UC&LTC and 7 cases for the Surgical Division
MRSA
There have now been 5 cases of Trust assigned MRSA bacteraemia this current year to date. To put that in perspective the highest number in NHS England South is 15 (in Bristol) followed by Portsmouth (9), Frimley Park (8), North Bristol 8), the Oxford and Dartford (both 5)
MSSA
Year to date there have been 28 cases of MSSA bacteraemia assigned to EKHUFT i.e. post 48 hour admission date.
E.coli
Year to date there have been 58 cases of E.coli bacteraemia assigned to EKHUFT and 416 cases in East Kent.

Although we have had isolated pockets of Norovirus during this last month there have been no infection control incidents.

To date we have not experienced any influenza outbreaks and the rate of staff vaccination this year has been our highest ever and the best in Kent & Medway.

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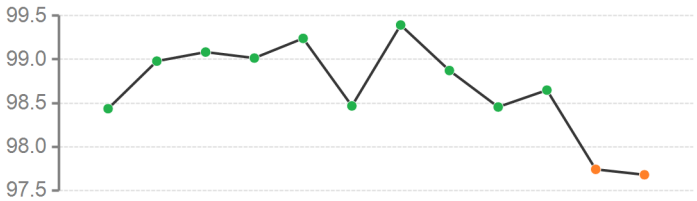
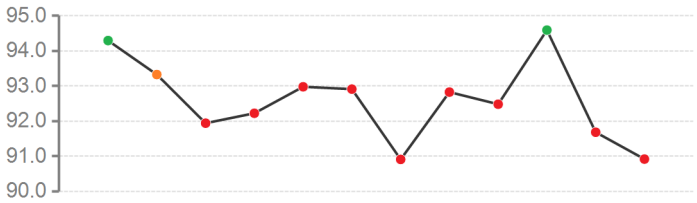
Strategic Theme: Patient Safety

Harm Free Care

Nov	Harm Free Care: New Harms (%)	98.7 (0.7%)		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.
Nov	Harm Free Care: All Harms (%)	92.6 (0.1%)		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.

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Comments: Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for Oct-17 data has been refreshed following a data upload anomaly. HFC in Nov-17 improved to 92.32% from 91.69% in Oct-17.

A wide variation, as expected, is seen across the divisions with specialist falling to 98.76% (100% in Oct-17), UCLTC improving to 90.78% (89.74% in Oct-17) and surgical falling to 87.43% (88.14% in Oct-17).

- The prevalence of patients admitted with catheters and UTIs at 2.42% rose from 1.73% in Oct-17 and is much higher than the national average (0.73%).
- The prevalence of All pressure ulcers (those admitted with and acquired in hospital) at 6.26% is similar to Oct-17 (6.20%) against a national average of 4.28%.

Further work will be undertaken to explore admission source, and identify any themes, for patients admitted with a urinary catheter and UTI and also those admitted with a pressure ulcer to understand why performance is significantly below the national average and to drive improvement priorities.

The total of Harm Free Care experienced in our care (New Harms only) at 97.72% remains similar to last month (97.71% in Oct-17):

o QEQM New Harms Only HFC improved to 98.15% from 97.72% in Oct-17.
o WHH New Harms Only HFC fell to 97.21% from 97.84% in Oct-17.
o K&C New Harms Only HFC improved to 97.81% from 97.58% in Oct-17.

New Harms only HFC; Three of the four individual harms show a reduced prevalence since Oct-17. However, the prevalence of catheters and new UTIs has increased. The Safety Thermometer for Nov-17 shows:

- Higher prevalence of catheters & New UTI's (1.31%) compared to the overall National Average (0.32%) and the Acute Hospital only average (0.41%). This shows a rise from 1.01% in Oct-17.

- Lower prevalence of New Pressure Ulcers (0.20%) compared to the National Average (0.90%) and the Acute Hospital only average of 0.78%.

- Lower prevalence of falls with harm (0.40%) compared to the National Average (0.55%) but higher than the Acute Hospital only average of 0.37%.

- Lower prevalence of new VTEs (0.40%) compared to the National Average (0.41%) and the Acute Hospital only average of 0.66%.

Rigorous work will continue to ensure validation is carried out correctly and focused work continues to be carried out to ensure harms are kept to a minimum and patient safety remains a priority.

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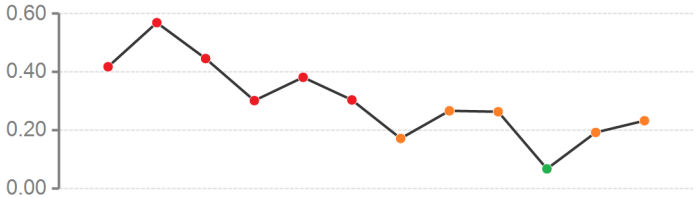
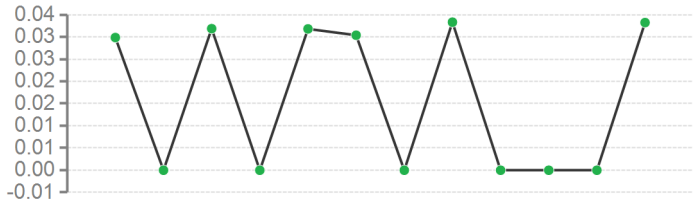
Pressure Damage

Nov	Pressure Ulcers Cat 2 (per 1,000)	0.31 (-25.8%)		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)	0.02 (2.6%)		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 2017 a total of 18 category 2 pressure ulcers were reported. This is a decrease of 11 from last month. The trust exceeded the 0.15 avoidable incidence/1000 bed days with a result of 0.233/1000. Although we are over the set trajectory we remain (positively) below the number of ulcers reported same month in 2016. Of these incidents, 7 were confirmed as avoidable an increase of 2. Five of these affected the sacrum/buttocks due to inappropriate risk assessment and minimal documentation around repositioning. Of the remaining 2 one was on the ear due to a medical device and the other was on the back due to inappropriate risk assessment and lack of preventative interventions.

In November 2017, there was 1 confirmed category 3 which was avoidable due to a Miami J collar. The trust reported under the 0.15 avoidable incidence/1000 bed days with a result of 0.033/1000.There were no category 4 pressure ulcers.

There were 7 potential deep ulcers, an increase of 3 from last month. Three of these were avoidable. The trust reported under the 0.15 avoidable incidence/1000 bed days with a result of 0.10/1000. Of the avoidable ulcers, 2 occurred on the sacrum due to lack of repositioning. The remaining ulcer was on the toe and lack of skin inspection under TED stockings was identified as contributory cause.

During November 2017 we held our bi-annual Link nurse study day attended by nearly 70 staff members proving again the strength and commitment of the Link Nurses network. Training continued in the ED at WHH where the focus was on new band 2 support workers. The Tissue Viability (TV) team held trolley dashes on all sites in response to Worldwide stop the pressure day and Fab change week. Information packs focusing on reducing medical devices pressure ulcers were handed out to all wards and clinical areas. The recent TIPS project was additionally presented at the senior leadership forum, Link Nurse Study day and the poster was taken to the patient first safety conference in London.

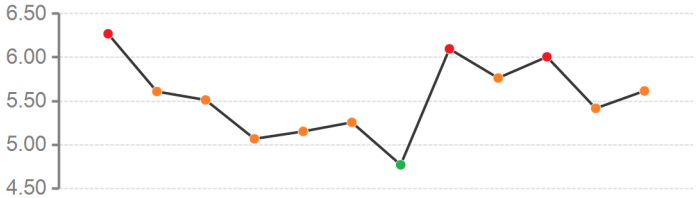
Strategic Theme: Patient Safety

Falls

Nov

Falls (per 1,000 bed days)

5.55
(-33.6%)



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:

The number of falls remained stable in November. There were a total of 170 compared with 169 in October. 5 of these falls happened in non ward areas. 52 were at K&CH, 43 at QEQMH and 72 at WHH. Wards with the highest number of falls were CDU at WHH (13), Harbledown at K&CH (10), Cambridge J and Cambridge L at WHH and Kingston at K&CH (8). No falls resulted in fractures, serious head injuries or death and there were none with moderate or above harm. We are exploring the feasibility of including the number of witnessed and unwitnessed falls in our reporting.

We have now received the report for the 2017 National Audit of Inpatient Falls. All 3 sites performed extremely well.
Results:
Kent and Canterbury Hospital:
Compliance with all indicators- 82.4% (previously 78.3%)- 8/138 hospitals

Queen Elizabeth the Queen Mother Hospital:
Compliance with all indicators- 87.7% (previously 65.8%)- 4/138 hospitals

William Harvey Hospital:
Compliance with all indicators- 86.0% (previously 34.2%) -5/138 hospitals

The Trust scored well over the national average in all indicators. 17/21 indicators were over 80% (green). 1 was 50-79% (amber). 3 were <49% (red). This was for lying and standing blood pressure measurement (34%- national average was 19%). Overall these are excellent results and show good improvement against the 2015 results. An action plan will be developed to include improvements in recording of blood pressures, rapid assessment in CDU's, grading of hip fractures, improving documentation and communication to GPs of medicines management and assessing the gap between reported and unreported falls.

The Fall Stop project continues at WHH. This is having positive results across the Cambridge floor, which are evident in the audits on Qlikview. Staff training continues with over 50 members of the nursing teams having received training and multiple dates already planned for next year. Staff feedback is very positive.

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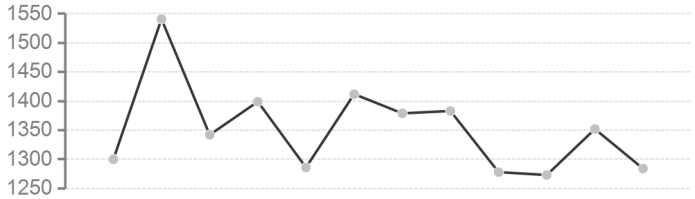
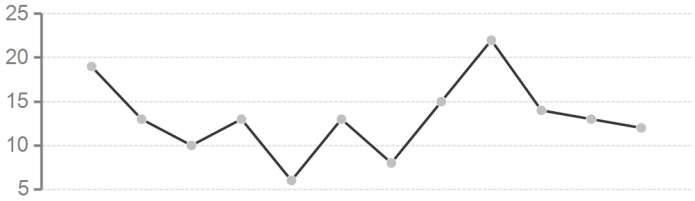
Incidents

Nov	Clinical Incidents: Total (#)	16,229 (0.8%)		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 Incidents	158 (6.8%)		The number of blood transfusion incidents 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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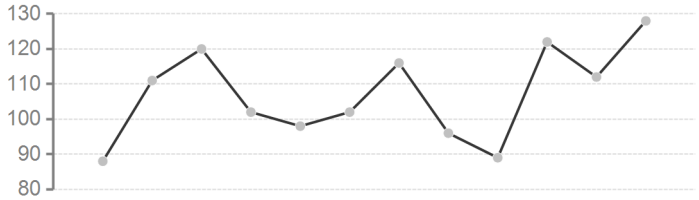
Nov

Medicines Mgmt. Incidents

1,284
(-5.2%)



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:

Clinical incidents overall summary
A total of 1271 clinical incidents have been logged as occurring in Nov-17 compared with 1350 recorded for Oct-17 and 1434 in Nov-16. In Nov-17, five incidents have been graded as death and four incidents have been graded as severe harm. In addition, 17 incidents have been escalated as a serious near miss, of which 8 are still under investigation.
Comparison of moderate harm incidents reported: 19 in Nov-17, 11 in Oct-17 and 9 in Nov-16.
Four serious incidents were required to be reported on StEIS in November. Eight cases have been closed in November; there remains 57 serious incidents open at the end of November.
Over the last 12 months incident reporting continues to rise at WHH, has reduced slightly at QEH and is dropped significantly at K&CH.
Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 10 Blood Transfusion related incidents for November 2017 (13 in October 2017 and 15 in November 2016). There doesn't appear to be any clear themes amongst the incidents reported. Of the incidents reported one was graded as moderate harm and the rest were graded as low or no harm.
The moderate harm incident was the issue and part transfusion of an incompatible unit of blood. The patient had a blood group antibody and the unit was positive for the antigen. The unit was stopped part way through and returned to the laboratory. The patient was monitored closely for the next week but did not have any signs for symptoms of a transfusion reaction.
Other incidents included errors at the time of phlebotomy, these were a wrong blood in tube, request forms not matching sample tubes and mislabelled DART samples from outpatients.
Reporting by site: 2 at K&CH, 1 at QEQM 1 at RVHF and 6 at WHH.
Medicines management
The total number of medication related incidents occurring in November was 125, a decrease of 3% from last month.
The severity of medication related incidents in November shows that 68.8% of incidents reported were no harm incidents and the remainder a higher grade. Incidents include a patient discharged post-surgery without the correct anticoagulant, and an incident relating to the use of disease modifying. An incident is under regarding an adverse reaction to lorazepam is awaiting the findings of a Structured Judgement Review (SJR) and is under consideration for reporting as a Serious Incident.
In November, no other incidents prompted an RCA investigation and no medication incidents were reported on StEIS.
The incidents in November by medication error continue to show a high number of omitted dose errors, in November 27.0% of incidents reported were due to omitted doses of medication. A workstream is in place to address this issue.

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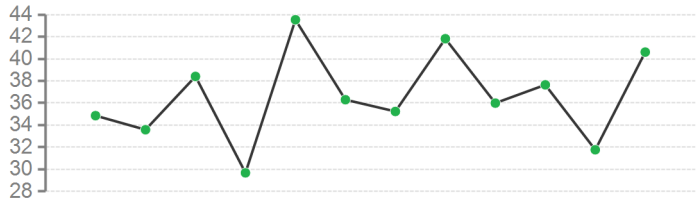
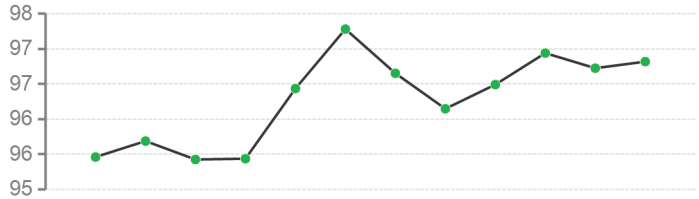
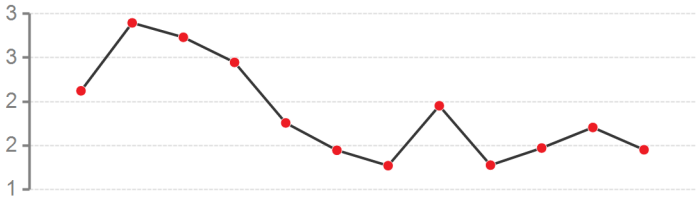
Friends & Family Test

Nov	FFT: Response Rate (%)	37 (0.1%)		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.
Nov	FFT: Recommend (%)	96 (-0.3%)		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 (%)	1.9 (27.2%)		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:

During Nov-17 we received 9348 responses in total. Overall (excluding Outpatients) 22.1% eligible patients responded and 91.6% would recommend us to their friends and family and 4.8% would not.

Recommendations by patients in November were similar from October with the total number of inpatients, including Paediatrics, who would recommend our services 96.8% (96.7% in Oct-17), A&E 81.6% (77.8% in Oct-17), maternity 94.7% (99.3% Oct-17), outpatients 93.1% (92.3% Oct-17) and day cases 95.0% (95.6% Oct-17). The Trust star rating in November is 4.58 (4.54 Oct-17).

Inpatients response rates rose in Nov-17 but fell in A&E and Maternity. The response rate for inpatients was 40.6% (30.6% Oct-17), A&E 15.8% (16.4% Oct-17), maternity 19.4% (25.8% in Oct-17). (Please note as per DH guidelines only the Birth experience is given a response rate, FFT questions at other stages in the patient's pathway are not calculated or required nationally). The response rate for day cases was slightly lower at 21.7% (22.1% Oct-17)

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

FFT - Top 5 Positive & Negative Themes:

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

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

Inpatients
Positive Themes – Staff attitude, Care, Cleaning, Implementation of care and Competence.
Negative Themes – Care, Staff Attitude, Environment, Competence and Cleaning.

Out patients
Positives Themes –Care, Staff attitude, Communication, Implementation of care and competence.
Negative Themes – Care, Staff attitude, Communication, Waiting time and Competence.

Maternity
Antenatal
Positive Themes – None.
Negative Themes – None.

Birth
Positive Themes – Staff attitude, Care, Competence, Commitment and Cleaning.
Negative Themes – Care, Competence, Staff Attitude, Communication and Patient Mood/Feeling.

Postnatal ward
Positive Themes – Staff Attitude, Care, Cleaning, Implementation of Care and Commitment.
Negative Themes – Staff Attitude and Cleaning.

Postnatal community
Positive Themes – None.
Negative Themes – None.

Day Case
Positive Themes –Care, Staff attitude, Competence, Implementation of care, Cleaning.
Negative Themes – Care, Staff attitude, Environment, Communication and Implementation of Care.

Special Day Case
Positive Themes – Care, Staff attitude, Cleaning, Competence and Compassion.
Negative Themes – None.

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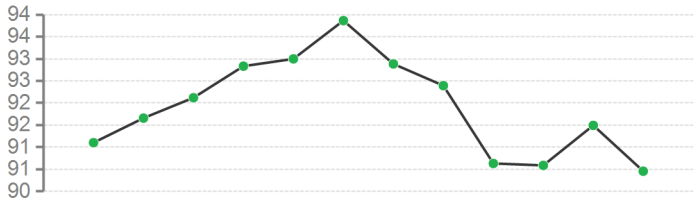
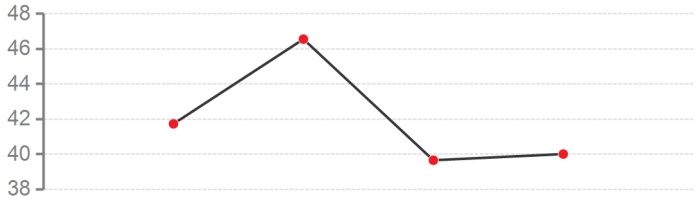
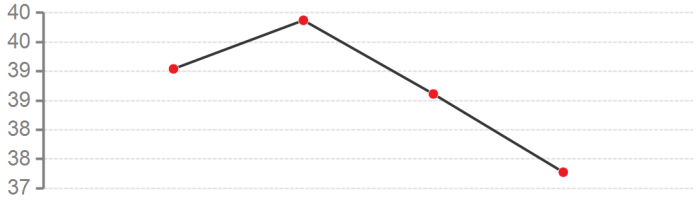
Patient Experience 1

Nov	Overall Patient Experience %	92 (0.1%)		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	Privacy for discussions with Nurses %	41		Privacy for discussions Nurses
Nov	Aware of Nurse in each shift %	38		Aware of nurse in each shift

Comments:

This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows little change over the past few months.

New questions were added into the survey in August to enable close monitoring of three key areas where our performance in the 2016 national inpatient survey (published in May-17) was below the national average. Baseline performance in ensuring privacy when discussing patients' condition or treatment, ensuring patients are aware of which nurse is looking after them each shift and ensuring patients are able to discuss their worries and fears demonstrated significant opportunity for improvement.

This month an improvement is seen across one but a fall in another of these three important elements of patient experience. An improvement plan has been implemented and progress is monitored through the Patient Experience Group.

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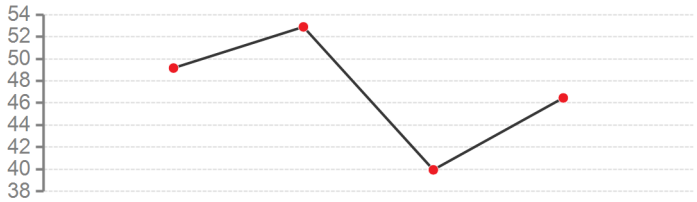
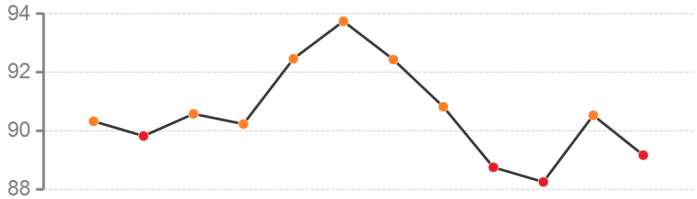
Strategic Theme: Patient Safety

Patient Experience 2

Nov	Discuss Worries with Nurses %	46		Discuss Worries with Nurses
Nov	Cleanliness? %	91 (-0.3%)		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.

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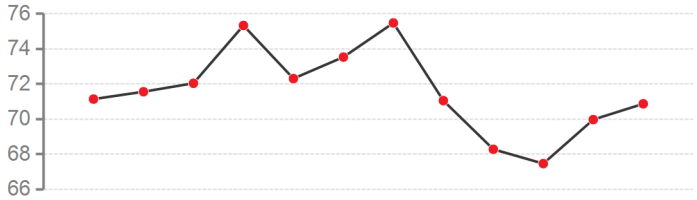
Strategic Theme: Patient Safety

Nov

Hospital Food? %

72
(-0.4%)



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:

Cleaning as rated by the survey decreased slightly in November. Auditing at ward level remains consistent at over 98%.

Hospital Food marginally increased in November. We continue to work with Serco and Trust colleagues to amalgamate auditing resources so has to get a larger sample responses.

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards have reported their performance (against the patient experience metrics) through the inpatient survey in November but two wards did not submit Friends and Family Test data due to delayed communication. Over the next quarter, the Divisional Heads of Nursing and Matrons will be working to ensure this is improved and sustained.

In quarter 3, greater focus is being placed on reviewing the results of ward and Trust surveys. The Complaints and Patient feedback steering group and Patient Experience Group will oversee this important work, to provide a Trust wide overview and ensure pace.

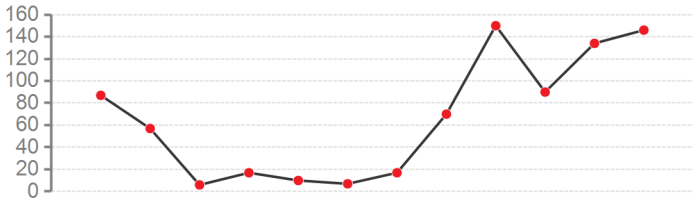
Strategic Theme: Patient Safety

Mixed Sex

Nov

Mixed Sex Breaches

791
(116.1%)



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 Nov-17, 29 non-justifiable incidents of a mixed sex accommodation breach occurred within the WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.
There were 30 mixed sex accommodation occurrences in total, affecting 150 patients. This number has decreased from last month when there were a total of 66 occurrences affecting 543 patients. The remaining incidents occurred on Fordwich Stroke Unit, QEQM where 1 mixed sex breach occurred, which was justifiable based on clinical need.
Nov-17 daily reporting of mixed sex occurrences has improved in some areas, demonstrating improvement and a more robust recording of mixed sex occurrence. However, there has been an issue with the recording of all the correct data into the daily reporting form for mix sex occurrences at two of the acute sites, which is being addressed by the Deputy Chief Nurse and the Clinical Site Manager Leads.

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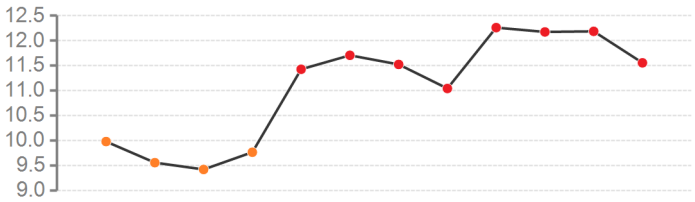
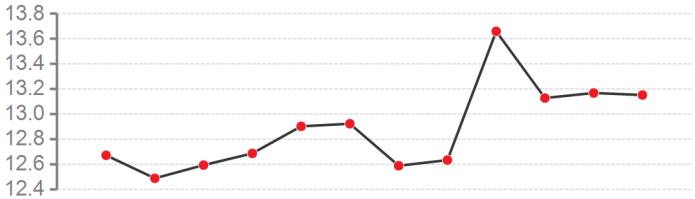
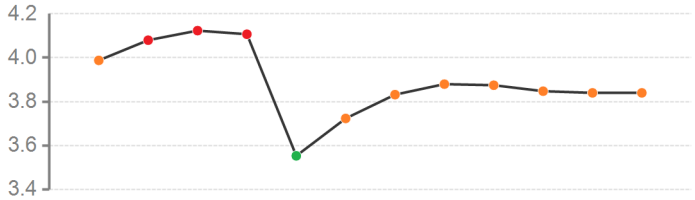
Strategic Theme: Human Resources

Gaps & Overtime

Nov	Vacancy (%)	11.1 (18.2%)		% 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 (%)	12.9 (9.9%)		% 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 (%)	4.0 (4.3%)		% 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

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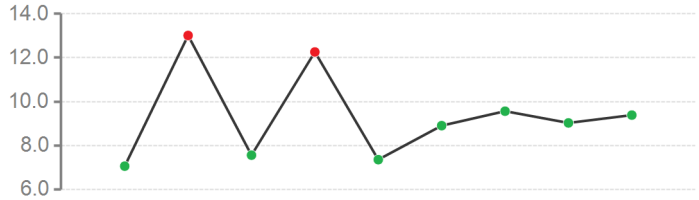
Strategic Theme: Human Resources

Nov

Overtime %

9.3
(16.4%)



% of Employee's that claim overtime.
Number indicates average of last 12 months data (as shown in graph).

Comments:

Gaps and Overtime
The vacancy rate fell to approximately 11.5%, after three months above 12%. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties.

The Turnover rate in month is 13.1%, remaining the same as October, with a 12.9% twelve month average. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles.

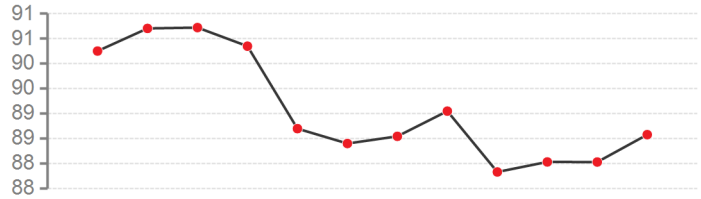
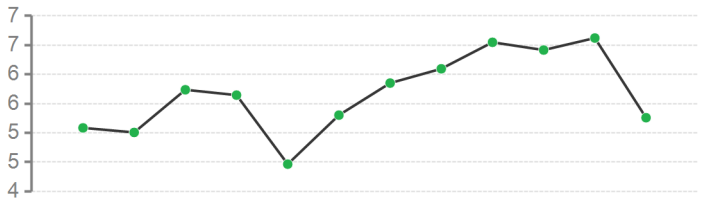
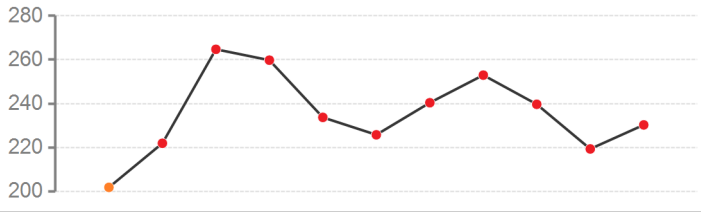
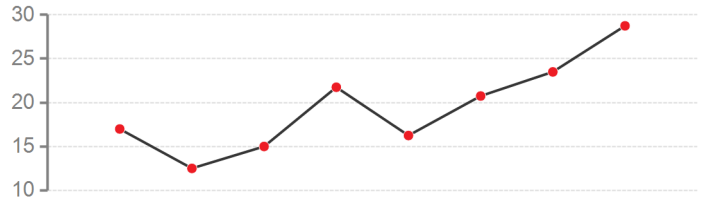
The validated sickness absence position for October was 3.8% - this was a slightly more favourable position than the initial (unvalidated) percentage of 3.9%. The in month position is predicted to remain the same for November alongside a 12 month average of 4%. Divisions are working to develop sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health.

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

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Nov	Employed vs Temporary Staff (%)	89.1 (-2.0%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Nov	Agency %	5.7 (50.2%)		% of temporary staff who work via agency Number indicates average of last 12 months data (as shown in graph).
Nov	Temp Staff (WTE)	234 (8.5%)		WTE Count of Temporary Staff Used
Nov	Local Induction Compliance %	19.4 (75.7%)		Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).

Comments: Temporary Staff

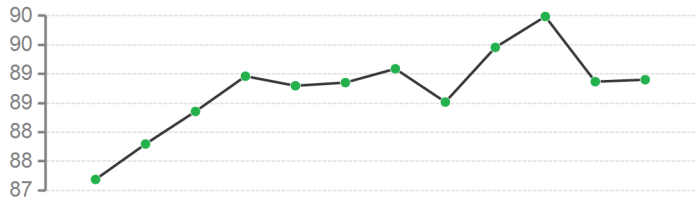
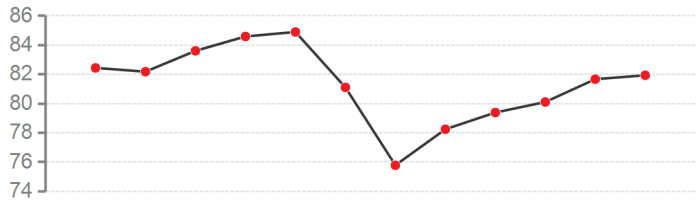
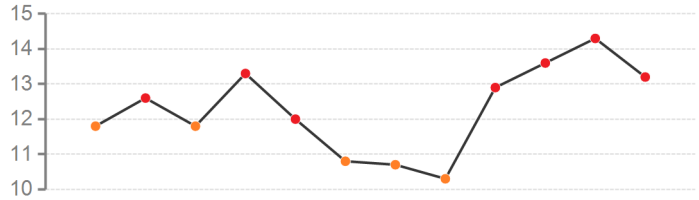
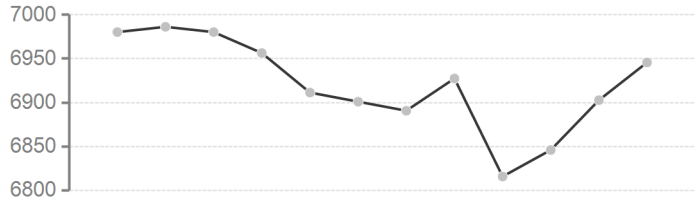
WTE temporary staff increased from 229 in October, to 234 in November. The average percentage of employed staff vs temporary staff over the last 12 months has remained broadly the same at 89.1%. Total staff in post (WTE) increased to 6960.71 in October.

Agency costs are monitored at EPR and weekly agency meetings, the focus remains on recruiting substantively to the reduce the use of agency. The Agency Taskforce review strategies for reducing agency costs. Divisions are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Nov	Statutory Training (%)	89 (3.0%)		The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Nov	Appraisal Rate (%)	81.3 (1.7%)		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 (2.6%)		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	Total Staff In Post (SiP)	6946 (0.6%)		Count of total staff in post (WTE)

Comments:

Workforce & Culture

Average Statutory training over the last 12 months remains 89%, which is also the in month figure 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 issue with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff average appraisal rate decreased slightly in October to 81.3% and continues to be below the 90% target. The Surgical Services Division remain above the 90% target. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months.

The annual staff survey commenced on 9th October. EKHUFTs aim of achieving a response rate of over 50% across the organisation was achieved, with a 50.3% response rate.

Strategic Theme: Activity

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Nov

	Nov-17				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	14,981	14,698	283	2%	117,835	119,226	(-1,391)	-1%	117,835	117,216	619	1%	<=0%
Referral Non-Primary Care	13,872	13,399	473	4%	111,140	109,310	1,830	2%	111,140	113,987	(-2,847)	-2%	<=0%
OP New	22,613	21,742	871	4%	160,955	162,578	(-1,623)	-1%	160,955	165,833	(-4,878)	-3%	>=0%
OP Follow Up	46,691	46,045	646	1%	334,168	342,906	(-8,738)	-3%	334,168	334,009	159	0%	>=0%
Elective Daycase	6,778	6,485	293	5%	49,926	49,612	314	1%	49,926	53,569	(-3,643)	-7%	>=0%
Elective Inpatient	1,401	1,460	(-59)	-4%	10,198	10,675	(-477)	-4%	10,198	10,759	(-561)	-5%	>=0%
A&E	16,807	17,370	(-563)	-3%	140,473	143,634	(-3,161)	-2%	140,473	142,577	(-2,104)	-1%	>=0 & <5%
Non-Elective Inpatient	6,625	7,254	(-629)	-9%	53,691	57,436	(-3,745)	-7%	53,691	46,853	6,838	15%	>=0 & <5%
Chemotherapy	1,280	1,402	(-122)	-9%	9,658	10,707	(-1,049)	-10%	9,658	10,653	(-995)	-9%	>=0%
Critical Care	1,805	1,629	176	11%	14,571	14,299	272	2%	14,571	14,289	282	2%	>=0%
Dialysis	7,109	6,770	339	5%	55,152	55,309	(-157)	0%	55,152	55,011	141	0%	>=0%
Maternity Pathway	1,101	1,099	2	0%	9,444	9,179	265	3%	9,444	9,459	(-15)	0%	>=0%
Pre-Op Assessments	3,356	3,424	(-68)	-2%	23,821	26,158	(-2,337)	-9%	23,821	22,970	851	4%	>=0%
Diagnostic	454,332	469,825	(-15,493)	-3%	3,539,919	3,589,461	(-49,542)	-1%	3,539,919	3,527,924	11,995	0%	<=0%
Other	5,026	5,177	(-151)	-3%	38,349	40,005	(-1,656)	-4%	38,349	34,383	3,966	12%	>=0%

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

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

November 2017

Elective Care

In November Primary Care referrals were at expected levels, the YTD variance is approximately -1,400. Referrals are comfortably within normal levels and are within 1% of those observed last year.

The Trust delivered the new outpatient plan for the second consecutive month with appointments +4% (+871) above plan. This has reduced the YTD variance to -1%. As with previous month the biggest drivers behind the under-performance is T&O, Physiotherapy, and Ophthalmology & Cardiology. These four specialties and eleven further services are actively producing quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan, although a reduction in referrals is likely to render the Orthopaedic, Breast and Vascular plans unachievable. Additional Locum capacity within the Neurology service has enabled them to recover their YTD underperformance and plans are in place to reduce waiting times to expected levels.

The New Outpatient capacity delivered by the Trust in November exceeded demand for the first time since January 2017, with the number of patients waiting to be seen for a first consultant led appointment reducing to at 29,614 patients. This new trend is expected to continue during the Quarter 4 of the year with plans to substantively deliver the additional activity now being realised.

As with new Outpatients the Trust delivered the follow up plan in November, the YTD underperformance has reduced at -3% (-8,738). There remain a number of large underperforming specialties, most notably Ophthalmology (-6,064), Physiotherapy (-4,126), Dermatology (-2,501), Endocrinology (-2,007), Paediatrics (-1,067), Rheumatology (-2,633) and T&O (-2,007). The Physiotherapy service are reporting induction delays, a high vacancy rate and unusually high levels of maternity leave as the key drivers behind the underperformance, plans have been developed to recover the financial performance are now being realised.

Despite a sizable and successful recruitment drive in Ophthalmology, not all of the new clinical team or technical support teams were in place by April 1st. In addition to this the service is no longer using the insourcing provider to deliver activity. The trust continues to work with commissioners to transfer Wet AMD & Glaucoma services to primary care providers. In addition to this Trust is working with external providers to provide insourcing services to reduce the Ophthalmology waiting list which reduced by 500 patients in month but remains at just over 25,500 patients.

In November the Trust over-achieved the Daycase plan by 293 patients and as such was able to eradicate the YTD deficit and the Trust is now over performing the plan. The Orthopaedic service remains the largest risk to delivery of the plan. A number of unavoidable recruitment delays combined with significant unplanned leave is driving an underperformance in activity. In addition to this, the service continues to lose capacity to short notice cancellations for Trauma and DNA’s. Changes to the waiting list

initiative payment has limited the services ability to recover the position with additional sessions in month, as such they have now developed long term plans to address the underperformance, plans to increase day surgery rates over a 6 week winter period will improve this position across the year.

Elective Admissions are 4% behind the plan in the YTD, with large underperformances observed in Orthopaedics, Cardiology, Gynaecology and Paediatrics. The Trust secured additional theatre capacity to improve the position over the remainder of the year, although recovery plans would be dependent on access to acute beds in early December and from mid-February. There is a significant risk the required beds will be taken for non-elective acute medical patients over the winter months. General Surgery and Ambulatory care continue to perform well above planned levels.

Non Elective Care

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

Accident & Emergency activity was -3% below expected levels in September and continues to track within 2% of expected activity levels.

In monitoring Non Elective care, metrics (detailed below) are reviewed to determine if patients are able to flow through the hospital without significant delays and bottlenecks.

The Bed Occupancy of the Trust, although improved, continued to be at challenging levels through November with overall Trust wide bed occupancy around 92.8% (94.4% in October). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position has improved, but remained raised at 95-96% throughout the month. The William Harvey Hospital position has also continued to show above-expected bed occupancy with an overall position of 94.9% for November. Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

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 November the number of medical outliers remained high in comparison to October, with a monthly average of 70 medical outliers across the Trust, compared to an average of 65 previously. Individual site levels of medical outliers shows a continuation of raised numbers over the month at the William Harvey Hospital site (25 at QEQMH, 43 at WHH).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	6,156	7,227	-15%	-1,071
130 - Ophthalmology	11,292	12,084	-7%	-792
300 - General Medicine	1,022	1,445	-29%	-423
120 - Ear, Nose & Throat	7,769	8,153	-5%	-384
107 - Vascular Surgery	1,528	1,903	-20%	-375
651 - Occupational Therapy	388	32	1103%	356
502 - Gynaecology	7,383	7,011	5%	372
329 - TIA	999	463	116%	536
320 - Cardiology	11,106	10,489	6%	617
420 - Paediatrics	4,352	3,725	17%	627
Total	**117,835**	**119,226**	**-1%**	**-1,391**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	23,970	24,749	-3%	-779
110 - Trauma & Orthopaedics	12,719	13,411	-5%	-692
650 - Physiotherapy	9,436	9,984	-5%	-548
328 - Stroke Medicine	572	1,039	-45%	-467
329 - TIA	587	898	-35%	-311
140 - Maxillo Facial	1,496	1,205	24%	291
107 - Vascular Surgery	1,077	736	46%	341
300 - General Medicine	1,342	1,001	34%	341
800 - Clinical Oncology	7,856	7,243	8%	613
130 - Ophthalmology	8,571	6,307	36%	2,264
Total	**111,140**	**109,310**	**2%**	**1,830**

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	13,865	15,484	-10%	-1,619
650 - Physiotherapy	13,380	14,390	-7%	-1,010
320 - Cardiology	16,648	17,432	-4%	-784
130 - Ophthalmology	14,869	15,359	-3%	-490
328 - Stroke Medicine	511	1,000	-49%	-489
143 - Orthodontics	526	196	169%	330
300 - General Medicine	1,745	1,408	24%	337
100 - General Surgery	3,226	2,649	22%	577
420 - Paediatrics	5,776	5,180	12%	596
655 - Orthoptics	2,073	1,472	41%	601
Total	**160,955**	**162,578**	**-1%**	**-1,623**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	39,038	45,095	-13%	-6,057
650 - Physiotherapy	44,028	48,049	-8%	-4,021
410 - Rheumatology	9,710	12,342	-21%	-2,632
330 - Dermatology	14,188	16,684	-15%	-2,496
302 - Endocrinology	1,439	3,364	-57%	-1,925
110 - Trauma & Orthopaedics	23,436	25,269	-7%	-1,833
300 - General Medicine	2,868	1,482	94%	1,386
800 - Clinical Oncology	29,107	27,267	7%	1,840
290 - Community Paediatrics	16,355	13,060	25%	3,295
320 - Cardiology	16,792	12,060	39%	4,732
Total	**334,168**	**342,906**	**-3%**	**-8,738**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	3,533	4,268	-17%	-735
410 - Rheumatology	877	1,215	-28%	-338
330 - Dermatology	2,880	3,152	-9%	-272
303 - Clinical Haematology	2,130	2,394	-11%	-264
104 - Colorectal Surgery	309	201	54%	108
430 - HCOOP	489	342	43%	147
320 - Cardiology	2,242	2,000	12%	242
502 - Gynaecology	1,562	1,305	20%	257
300 - General Medicine	14,110	13,548	4%	562
800 - Clinical Oncology	3,252	2,454	33%	798
Total	**49,926**	**49,612**	**1%**	**314**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,223	2,571	-14%	-348
320 - Cardiology	216	501	-57%	-285
502 - Gynaecology	904	1,107	-18%	-203
120 - Ear, Nose & Throat	503	596	-16%	-93
420 - Paediatrics	129	202	-36%	-73
103 - Breast Surgery	291	357	-18%	-66
430 - HCOOP	116	48	144%	68
104 - Colorectal Surgery	358	281	27%	77
503 - Gynaecology Oncology	175	72	142%	103
300 - General Medicine	1,247	677	84%	570
Total	**10,198**	**10,675**	**-4%**	**-477**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	2,634	4,733	-44%	-2,099
430 - HCOOP	7,197	8,260	-13%	-1,063
300 - General Medicine	16,941	17,722	-4%	-781
420 - Paediatrics	5,889	6,258	-6%	-369
101 - Urology	2,553	2,830	-10%	-277
100 - General Surgery	3,946	4,195	-6%	-249
422 - Neonatology	377	229	64%	148
320 - Cardiology	1,433	1,258	14%	175
501 - Obstetrics	3,256	3,079	6%	177
110 - Trauma & Orthopaedics	2,840	2,512	13%	328
Total	**53,691**	**57,436**	**-7%**	**-3,745**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	3539919	3589461	-1%	-49,542
A&E	140473	143634	-2%	-3,161
Pre-Op	23821	26158	-9%	-2,337
Other	38349	40005	-4%	-1,656
Chemotherapy	9658	10707	-10%	-1,049
Critical Care	14571	14299	2%	272
Maternity Pathway	9444	9179	3%	265
Dialysis	55152	55309	0%	-157

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

79.91%

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Green
4 Hour Compliance	74.25%	70.57%	75.94%	80.16%	76.93%	76.78%	78.15%	71.18%	70.10%	70.51%	75.34%	79.91%	95%
12 Hour Trolley Waits	1	2	0	0	0	0	1	1	2	0	0	0	0
Left without being seen	4.35%	4.87%	3.53%	3.08%	3.82%	3.57%	3.62%	5.05%	4.51%	4.48%	4.20%	3.43%	<5%
Unplanned Reattenders	8.98%	8.20%	8.62%	9.11%	8.48%	9.04%	9.45%	10.00%	9.22%	8.75%	8.68%	8.30%	<5%
Time to initial assessment (15 mins)	78.5%	76.1%	76.4%	77.8%	77.9%	93.8%	93.9%	92.4%	92.3%	93.4%	90.6%	91.1%	90%
% Time to Treatment (60 Mins)	39.9%	39.8%	40.8%	40.7%	39.4%	51.1%	51.6%	46.7%	46.1%	45.9%	47.8%	54.6%	50%

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

-10.09 %

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
Trajectory	75.0%	75.0%	80.0%	83.0%	87.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%	
Performance	76.9%	76.8%	78.2%	71.2%	70.1%	70.5%	75.3%	79.9%					

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

Summary Performance

November performance against the 4 hour target was 79.9%, against the NHS Improvement trajectory of 90.0%.This shows an increase in performance compared to the previous month. Once again there were no 12 Hour Trolley Waits for the month. The number of patients who have left the department without being seen decreased further from last month at 4.20% to a continued compliant position of 3.43%.

The priority and focus for November has been to maintain safe patient care; improving performance and patient flow across the whole emergency patient pathway. The WHH ED's improvement building work to improve the flow of patients through the major's area has been completed. This has enabled a dedicated Rapid Assessment and Treatment area to be implemented for ambulance and walking patients to be assessed on arrival and steamed to the most appropriate area of the department. A dedicated seated observation area for patients who may require a longer period of assessment or treatment will also be completed before the end of December. The QEQMH improvement works have all been completed with new waiting room chairs arriving in January.

Patient attendances were broadly on plan, however, there continues to be increasing high surges of ambulance attendances in the evenings and weekends with 5 or 6 ambulances arriving within a very short space of time.

Medical staffing vacancies at Speciality Doctor (middle grade level) are improving as new substantive doctors are coming into post. Over 10 new appointments are due to arrive over the coming months. Executive agreement has also been given to over offer to ED middle grade posts to mitigate the risk of doctors dropping off during the recruitment process.

Nursing vacancies are increasing due to the pressure of work within the department, which is mainly due to poor patient flow which inhibits the ED's ability to transfer patients to the medical assessment unit or ward in a timely manner.

The 2020 improvement programme continues to embed the daily 'huddles' in which representatives from all clinical and support areas meet at 10am and 3pm to ensure that there is a site focus on patient flow. Identifying a golden patient from each ward to support early morning discharge, together with increased use of the Discharge Lounge are ongoing. Further improvements have been to focus on improving the bed allocation process to reduce any unnecessary time delays from when a bed is allocated to a new patient arriving on the ward.

The GP in ED service is becoming integrated within the departments, particularly at QEQMH where the GP service has now been extended to cover 8.00am to 5pm and 7pm to 00.00 daily.

Risks to delivery of the standard:

- Overcrowding in ED due to poor patient flow and lack of timely bed availability.
- High patient acuity
- Continued high levels of activity, particularly in the evenings.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

71.69 %

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Green
62 day Treatments	75.94%	60.61%	70.45%	77.30%	72.40%	70.19%	75.18%	73.80%	74.29%	73.61%	74.06%	71.69%	>=85%
>104 day breaches	31	40	40	40	38	32	46	42	30	25	28	27	0
Demand: 2ww Refs	2,593	3,100	2,920	3,609	2,625	3,296	3,630	3,329	3,475	3,174	3,399	3,341	2990 - 3305
2ww Compliance	96.49%	95.82%	96.08%	97.41%	93.59%	95.67%	96.78%	94.86%	95.65%	95.17%	94.57%	96.36%	>=93%
Symptomatic Breast	86.61%	97.27%	94.81%	93.57%	90.91%	90.71%	89.87%	83.97%	91.72%	95.50%	94.29%	94.44%	>=93%
31 Day First Treatment	95.79%	93.63%	96.96%	97.42%	95.68%	94.81%	95.99%	93.92%	96.99%	93.01%	98.71%	96.61%	>=96%
31 Day Subsequent Surgery	89.19%	82.22%	94.12%	90.24%	89.29%	92.00%	85.96%	87.04%	89.58%	85.42%	92.86%	85.37%	>=94%
31 Day Subsequent Drug	98.39%	96.94%	95.77%	97.50%	97.06%	95.24%	97.53%	98.41%	95.52%	96.97%	100.00%	100.00%	>=98%
62 Day Screening	91.89%	91.67%	76.47%	89.23%	92.00%	95.00%	95.83%	92.73%	92.00%	85.29%	92.31%	89.29%	>=90%
62 Day Upgrades	70.73%	75.68%	92.59%	69.77%	66.67%	80.56%	76.19%	86.84%	87.50%	77.55%	82.35%	84.31%	>=85%

2017/2018 Trajectory

-14.11 %

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
STF Trajectory	71.60%	66.60%	76.80%	80.90%	83.40%	85.90%	85.60%	85.80%	86.00%	86.00%	85.50%	87.00%	Sep
Performance	72.40%	70.19%	75.18%	73.80%	74.29%	73.61%	74.06%	71.69%					Sep

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

Summary Performance

November performance is currently 71.69% against the improvement trajectory of 85.80%, validation continues until the beginning of December in line with the national time table. The total number of patients on an active cancer pathway is 2,489. There are currently 28 patients waiting 104 days or more for treatment, a significant reduction over the past year.

Our overall PTL size has been decreasing over the past five months from approximately 3,100 to circa 2500 in the previous two months. There is also a decrease in the total number of patients over 62 days on the PTL (both diagnosed and undiagnosed) which has been an average of 180 over the past year, but is currently 130 patients over 62 days.

Risks to delivery of the standard:

- Key areas of concern for the Trust are Urology, Lung, and adequate surgical theatre capacity.

Actions taken to mitigate risk and improve performance:

- Daily cancer huddle meetings have been implemented for Lung, Lower GI, Urology and Head and Neck with the focus on patients between day 40 upwards, to ensure all breaches are prevented as far as possible. We have seen a significant reduction in patients over 62 days and 104 days since this has been implemented and have prevented breaches since this process has been implemented.

	July Average	August Average	September Average	October Average	November Average
Over 62 days	180	155	158	140	135
Over 104 days	43	38	29	22	26

- A webpage style PTL has been implemented with all tumour sites. This refreshes data every 30 minutes from Infloflex providing a real time position and validation for each tumour site. This has seen significant improvements within tumour sites in terms of actions being completed and patients being pushed through their pathways.

- We had a successful visit from NHSI and IST at the end of October, with the focus on Urology. Key actions have been taken from this meeting including demand and capacity modelling for diagnostics and urology.
- In October we saw significant improvements in key target areas – in particular 31 day first treatment where we only had 2 breaches for the whole of October which illustrates our capacity to treat these patients is right.
- Our 62 day upgrade performance also improved to 81%.
- We have been successful in gaining funding from NHSI to support improvement in our 62 day performance. We have been given £48K which was utilised for additional cancer pathway trackers and a pathway tracker for pathology. This has been very successful and we are looking to make this role substantive. Last month and additional £145k was agreed to be spent on radiology reporting to improve this turnaround time.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

80.87 %

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Green
Performance	83.83%	83.79%	84.35%	85.40%	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%	>=92%
52w+	12	18	24	28	29	36	30	30	31	51	64	67	0
Waiting list Size	46,398	45,682	45,449	46,483	47,649	49,241	50,377	53,801	54,519	54,749	54,783	54,777	<38,938
Backlog Size	7,502	7,407	7,111	6,785	7,218	6,980	7,519	8,816	9,497	10,096	10,312	10,481	<2,178
Demand: PC Referrals	13,621	15,063	14,909	17,860	13,816	16,462	16,942	15,780	15,494	15,162	16,490	15,928	<15,484
Demand: Additions to IP WL	2,842	3,361	3,103	3,630	2,740	3,159	3,524	3,249	3,200	3,258	3,583	3,879	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

2017/2018 Trajectory

-4.85 %

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
STF Trajectory	84.13%	83.46%	84.20%	84.44%	83.91%	84.45%	84.75%	85.71%	84.95%	85.18%	86.00%	86.93%	87%
Performance	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%					Sept

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

Summary Performance

November performance decreased to 80.87%. In November 2017 the trust delivered capacity in line with demand and as such the waiting list growth has plateaued remained stable for the second consecutive month. Sustainable long terms plans to resolve capacity constraints have now commenced and as such the system has started to stabilise.

The number of patients waiting over 52 weeks for first treatment has increased to 67. This is above the trajectory submitted to NHSI, General Surgery (25), Gynaecology (27), ENT (7), MFU (2), Urology (1), Dermatology (1), Ophthalmology (1), Neurology (1) and Other Specs (1). This is due to the following reasons:

1. Gynaecology coding – Due to a coding error that was previously identified human error that coded some procedures as diagnostic on the waiting list entries for Gynaecology resulting in exclusion from our RTT incompletes position. This was only for a short period and has now been corrected. However, in order to resolve this, it has displaced capacity intended for long waiters and has resulted in Gynaecology being behind in their trajectory. This affected 22 patients.

2. Non-admitted activity – there are a number of patient pathways that are excluded from RTT in line with national guidance (such as Non-Consultant led Services). We have a robust validation process that reviews all these pathways to ensure that if they have progressed onto an active pathway, the RTT clock has been started. We are still establishing whether patient's pathways are still active.

3. Due to slippage of additional capacity schemes that were due to commence in September, it has not been possible to resolve the capacity issues highlighted in Gynaecology and General Surgery in particular. Schemes are now confirmed for the end of October (and beginning of December (gynaecology and general surgery). However, with the pressure on emergency pathways the majority of this capacity will be based on day case admission only.

4. As a result of winter bed pressures and the requirement to review elective activity it will be necessary to review patients on elective pathways to mitigate the risk for 52 week breaches in these and other specialities.

Risks to delivery of the standard:

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

Actions taken to mitigate risk and improve performance:

- The new Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery.
- Action plans in key specialties to ensure improved performance reviewed weekly.
- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and Gynaecology.
- Saturday working in new consultants contracts across the trust to improve utilisation of theatre capacity and increase capacity.
- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.
- The Trust has established long term solutions to begin to sustainably address the imbalance in capacity and demand in December, through a number of schemes, including; increasing theatre utilisation to 50 weeks per year, develop local anaesthetic cataract surgery in Buckland Hospital, Dover releasing 5 theatre sessions per week at acute hospitals William Harvey and Queen Elizabeth the Queen Mother Hospitals.
- Semi – permanent increase in theatre base to deliver a minimum of 5 additional theatre sessions per week implemented
- A revised Trajectory has been completed for NHSI for reduction in patients waiting over 52 weeks

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.8%

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Green
Performance	99.72%	99.65%	99.67%	99.78%	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	>=99%
Waiting list Size	15,023	14,171	14,048	15,580	14,882	14,480	14,709	14,822	14,011	14,827	15,419	14,321	<14,000
Waiting > 6 Week Breaches	42	49	46	35	140	92	80	119	120	79	63	22	<60
Average Wait													<4

2017/18 Trajectory

0.75%

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	Apr
Performance	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.60%	99.85%					Apr

Summary Performance

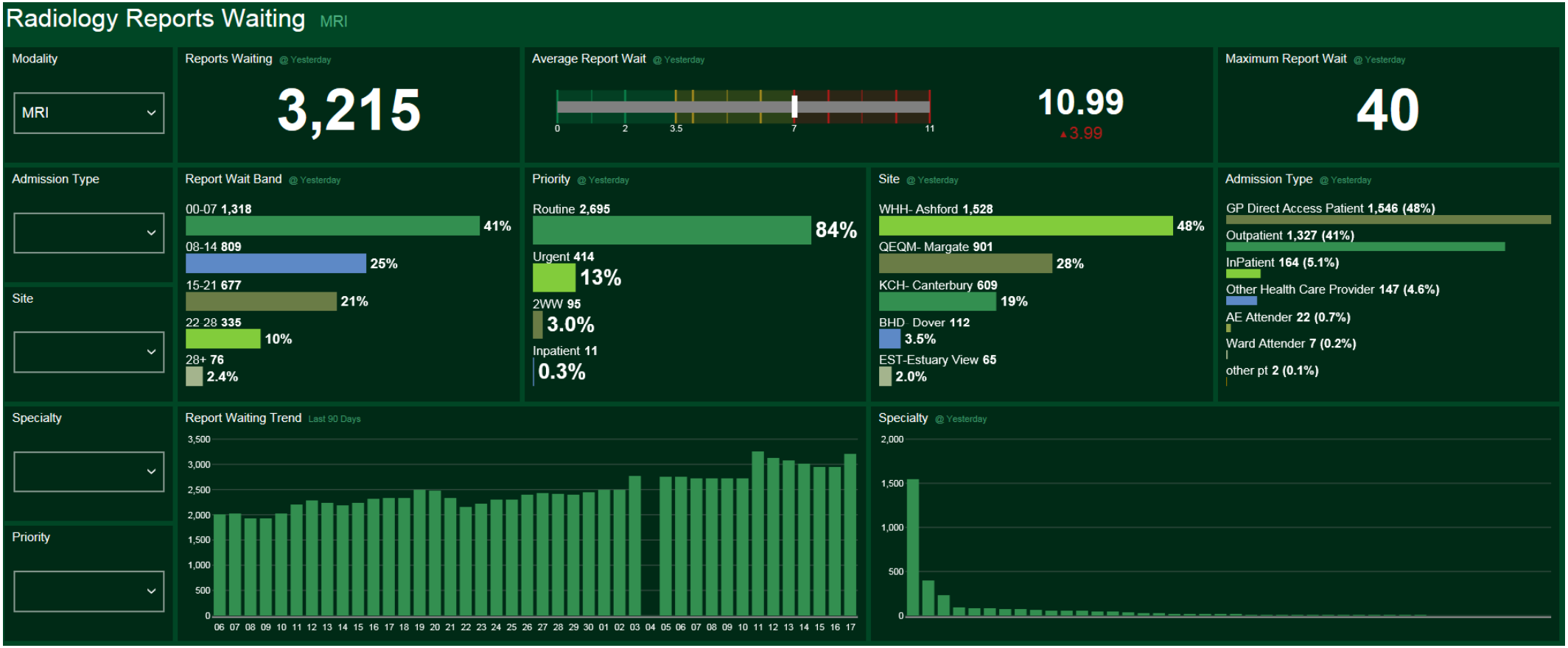
The standard has been met for November 2017 with a compliance of 99.85%. As at the end of the month there were 22 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 6, 1 in Computed Tomography, 5 in Non-Obstetric ultrasound
- Cardiology: 10
- Gynaecology: 5
- Neurophysiology: 1

Risks to delivery of the standard:

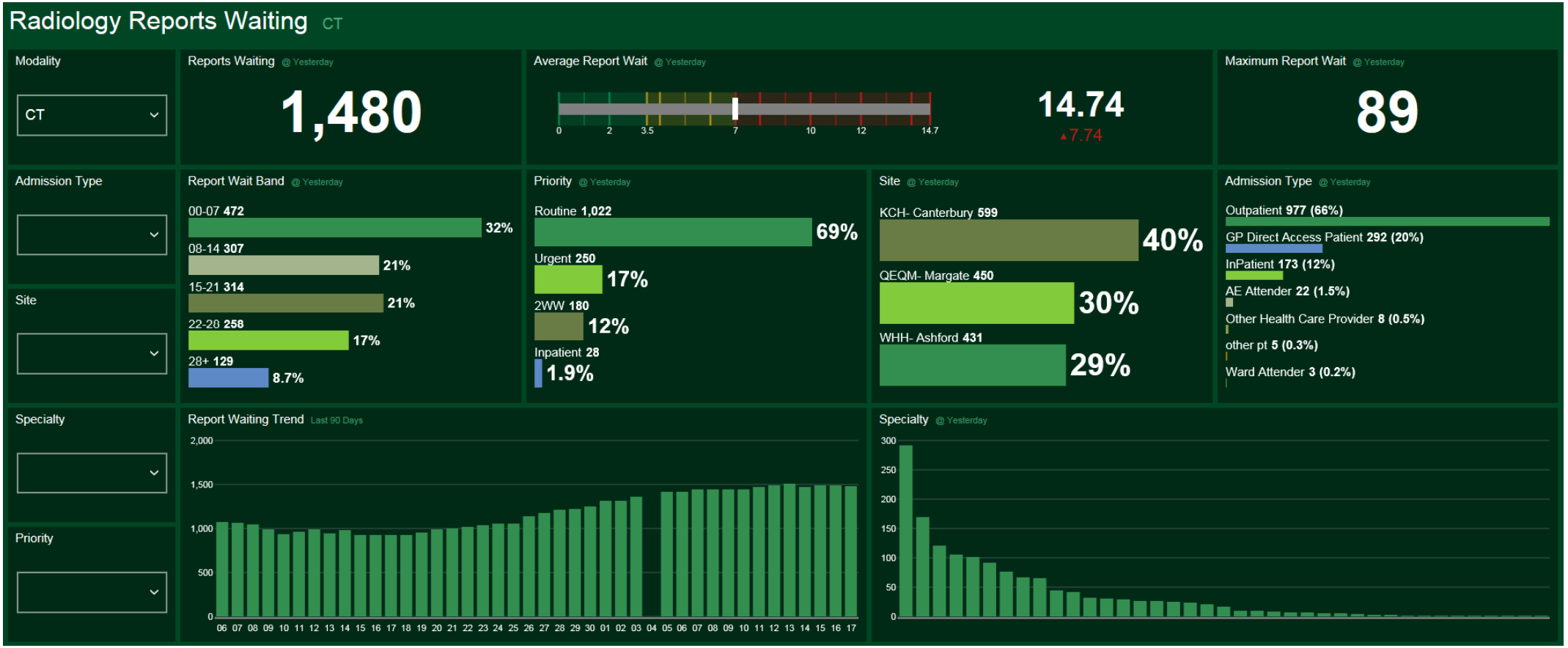
- Of the 22 breaches in total (10 in Echocardiography, 6 Radiology 5 Gynaecology & 1 Neurophysiology). The number of patients waiting has decreased by 1,112 to 14,321. The main specialties seeing a decrease are Cardiology (-700), MRI (-309). Obviously this is offset in part by some reductions elsewhere. Focussed daily oversight is required in order to maximise each patient and equipment on all sites to continue to deliver the standard.
- Unstable system. The departmental backlog has increased in month due to GE / IT/ server issues which caused a major outage for 7 days – Root cause of the outage yet to be confirmed. This meant that patients could not be booked onto the system and we had to manually book patients/ when it intermittently returned it was slow to use, clinics were cancelled and we had to rebook patients. Communications were sent to GPs and we operationally kept all of the sites updated via the huddles prioritising ED and Inpatients. This caused a major backlog to occur and we have been offering overtime and outsourcing to recover.
- Current wait time for Cancer referrals is 3-6 days for CT and 7-9 days for MRI.
- CT backlog reports are 1,529 (previous report 1,048) and MRI is 3,225 (previous 2,313) both grown in month as a result of the RIS downtime as of 14/12/17. Reporting in a timely way for each patient within all modalities remains a concern for the Division; patients are still waiting a long time for a report and a clinical outcome.
- Some improvements in sickness positively impacted this month going forward, however the Nuclear Medicine services remains a risk due to on-going sickness and maintaining high professional standards (MHPS) investigations.
- Increasing third party provider support for MRI backlog in particular.
- It is additionally acknowledged the calibre and competence of recent locums restricts service improvement and backlog reductions.

Reporting backlogs:



Total MRI backlog reporting position as of 17/12/17:

MRI is a large number of reports outstanding; the proportion waiting over 2 weeks for a report has increased since the October report due to the RIS downtime.



The total CT backlog reporting position as of 17/12/17:

For CT, there is half the number in total waiting for a report. However there is a higher percentage waiting over 2 weeks for a report.

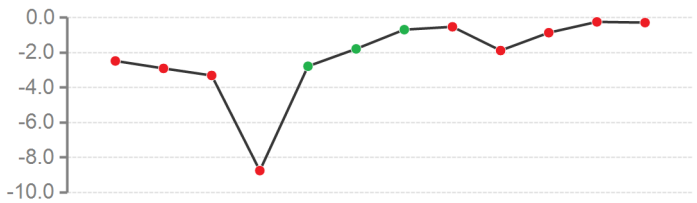
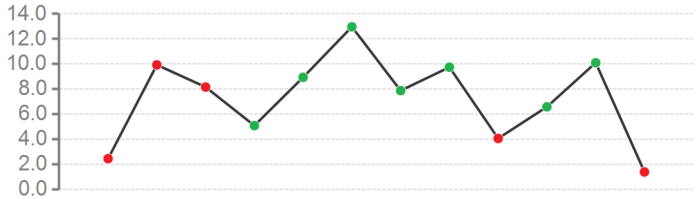
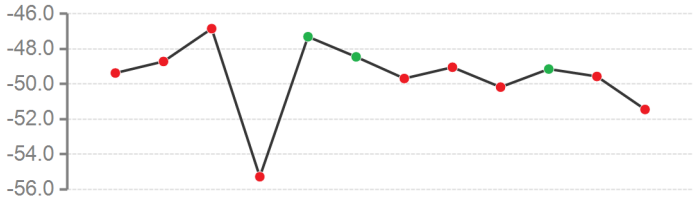
Actions taken to mitigate risk and sustain performance:

- We are working closely with GE and IT to monitor resilience of the system; some planned downtime is required to make this happen but this will be planned in collaboration with all parties.
- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- We are actively addressing the sickness and locum issues with DMD, HR and MD
- Outsourcing Cardiology CT in month with plan to bring back in house in January 18.
- New MRI's are commissioned and fully functional at KCH are enabling us to review some mobile use week on week; however to bring the workload to realistic levels of 2 weeks we continue to need additional vans supporting service delivery.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Working with third party reporting providers to increase capacity.
- We have made a request to Commissioners to close Direct Access MRI slots to reduce demand, free up capacity and or reduce financial burden of buying in Vans and outsourcing the reporting which is no longer cost effective. This has been agreed for South Kent and Thanet but not yet for Canterbury and Ashford areas and no formal agreement is yet in place for either commissioner.
- The Division have received £125k from Central Cancer funding to support delivery of 2 WW position and bring this to within 7 days the department.
- All our equipment is monitored closely and regularly serviced to ensure we maximise capacity and reduce down time.
- Daily oversight continues.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Finance

Finance

Nov	I&E £m	-40.4 (17.9%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS
Nov	Cash Balance £m	1.4 (-86.3%)		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	-51.4 (3.8%)		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	-19.0 (0.0%)		This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Finance

Nov

Normalised Forecast £m

-19.0
(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 I&E deficit in November (month 8) was £1.2m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing, and after technical adjustments) against a planned deficit of £1.1m.

The year to date I&E deficit is £14.18m against a planned deficit of £14.22m (on plan)

Trust unconsolidated pay costs in the month of £30.3m were £0.9m up on October and also £1.7m worse than plan. Permanent staff costs were £0.3M higher than October with overtime at similar levels to last month. Bank increased by £0.1m and agency/locum staff increased by £0.7m. Temporary staff (agency, bank, locum, overtime) increased by £0.8m to £4.8m in month. Waiting list payments are unchanged but £0.2m higher than plan in month. Pay is now £1.6m worse than plan year to date. The main driver for the pay overspend in month is the inability to close beds due to patient flow pressures which had been expected as part of a CIP.

Clinical income was £0.8m (1.8%) ahead of plan in month driven by NEL activity and is £1m better than plan year to date. Other income is £0.8m (2.8%) worse than plan year to date so that total income is ahead of plan £0.2m year to date. £0.3m of other Income has been assumed in month as a contribution to A&E cost pressures after discussions with NHSi although final funding has not been agreed.

Against the £32m CIPS target, including income, £18.8m is reported year to date against a target of £18.6m, £0.2m ahead of plan. Of the reported position 16% is non recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of September was £1.4m, £0.9m above plan. No additional cash was borrowed this month.

Total risks net of opportunities of £9.5m have been identified. The main change in risks is related to the likely impact of the A&E improvement plan where funding streams are unclear and commissioner challenges where data has not been received.

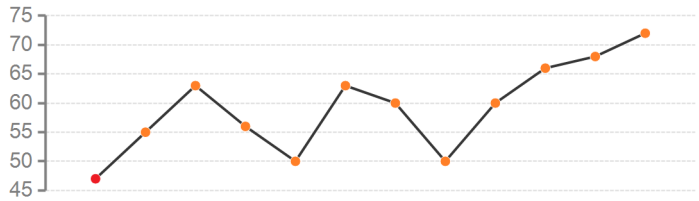
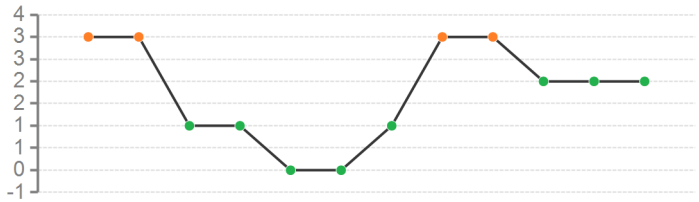
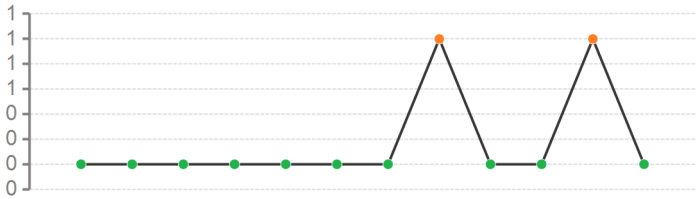
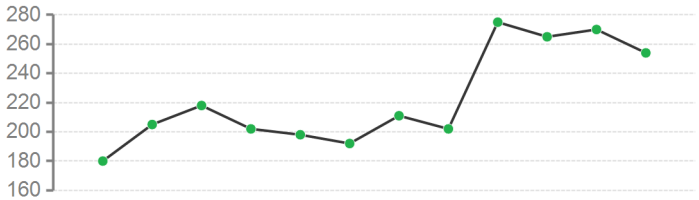
The Trust's Financial Recovery Plan remains as an £18.9m deficit target (excluding Sustainability and Transformation Funds and the impact of A&E recovery) this year and the Trust remains in Financial Special Measures.

Analysis of Financial risks continues this month to ensure the impact of winter, A&E improvement, Consultant Pay awards etc. are fully understood

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Nov	Representation at H&S	710 (14.5%)		% 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)	21 (50.0%)		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	2 (100.0%)		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	★★☆
Nov	Health & Safety Training	2672 (148.3%)		H&S Training includes all H&S and risk avoidance training including manual handling	★★☆

Comments:

Attendance at H&S committee's increased again in November which maintained attendance across departments/divisions in the amber.

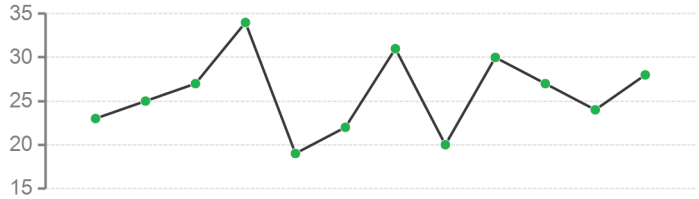
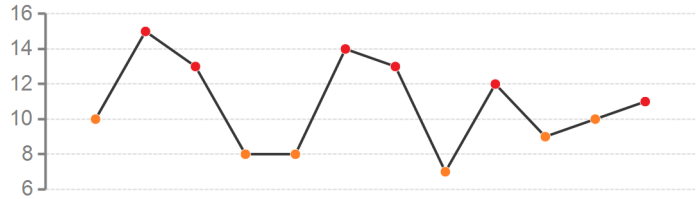
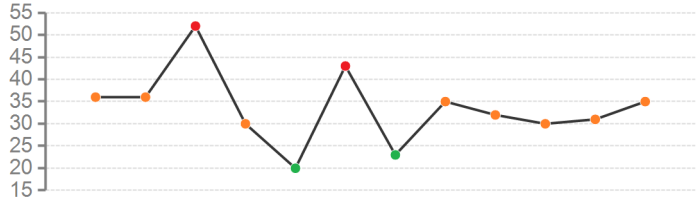
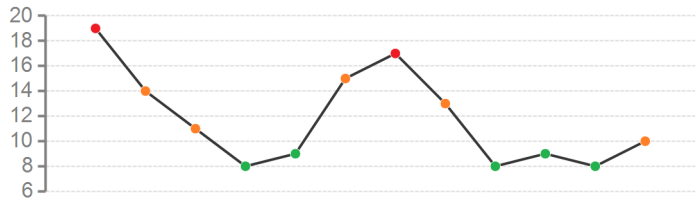
There are 2 RIDDORs to report this month both relate to staff and patient interactions. This maintains the number of in month RIDDORs as green. There have been 21 RIDDORs over the last 12 month reporting period, a 50% increase on the preceding period. Its worth noting however that this now also includes backdated reporting of events.

Significant numbers of staff continue to receive a range of H&S training in November, maintaining the year to date high levels being delivered across all sites.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Nov	Accidents	310 (-19.3%)		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	130 (4.8%)		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	403 (2.5%)		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	141 (-19.9%)		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 increased in November, this maintains a green rating against this metric and year to date green.

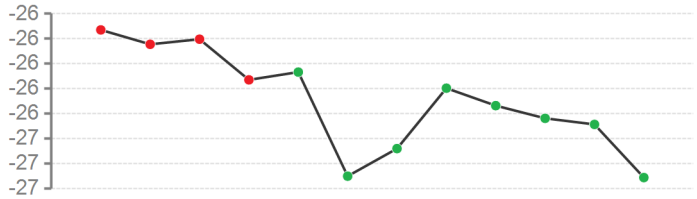
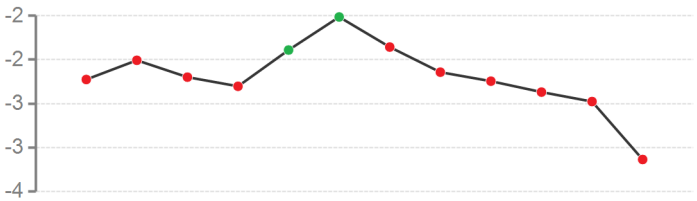
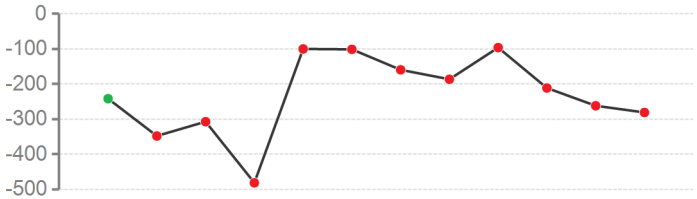
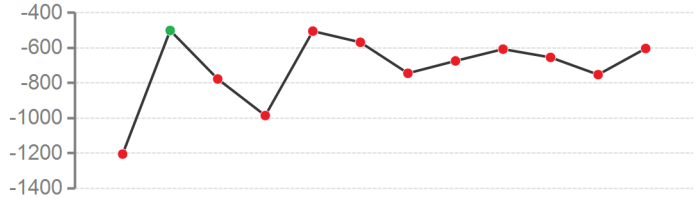
The number of Fire incidents and Violence & Aggression marginally increased in November representing a 4.8% and 2.5% increases.

The number of sharps incidents remained low this month although increasing slightly from October. The H&S team continues to work with colleagues to support local training on disposal techniques and greater awareness of sharps risks at the time of procedure.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Nov	Payroll Pay £m	-26.9 (1.6%)		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	-3.1 (26.6%)		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	-281 (7.3%)		Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Nov	Independent Sector £k	-603 (-19.8%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Comments:

Pay performance is adverse to plan ytd by £1.6m (0.7%).

Total expenditure on pay in November was £30.3m, an increase in spend of £1.1m when compared to October. Expenditure on all pay categories has grown in November with the exception of internal medical locum claims which reduced marginally. Bank, agency and STAFFflow locum expenditure increased by a total of £0.8m and is adverse to plan by £6.1m ytd, partially offset by underspends on substantive staff.

East Kent Hospitals University NHS
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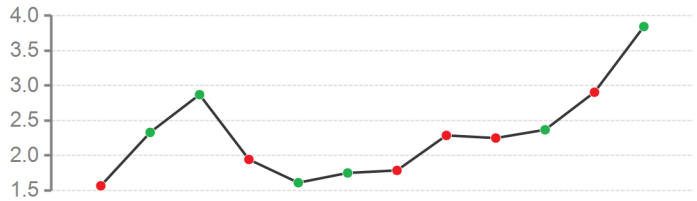
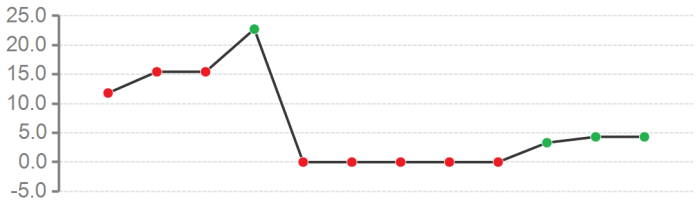
Strategic Theme: Use of Resources

Balance Sheet

Nov	CIPS £m	37.6 (32.3%)		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	13.3 (8.2%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Nov	Capital position £m	-101.1 (12.6%)		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:

The cash balance as at the end of September was £1.4m, £0.9m behind plan. No new cash draw down was required in November but a further £2.6m has been requested in . The Trust is currently borrowing a total of £29.6m of cash.

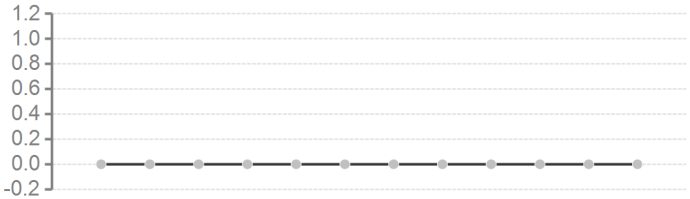
Total invoiced debtors have decreased from the opening position of £19.2m by £10.2m to £9.0m. The significant reduction is primarily due to reduced challenges in respect of the 2016/17 final position for the East Kent CCGS.

Invoiced creditors have increased by £0.6m from the opening position to £31.9m. 50.3% relates to current invoices (M7 51.8%) with 10.4% or £3.3m (M7 £3.8m) over 90 days.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Productivity

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

Comments: A full programme of CIPS valued at £32m for 2017/18 is being rolled out . The CIPs Plan is net of the cost of delivery. CIPs achieved in M08 were £3.8m (an increase of £0.9m in month driven by non recurrent items) against a plan of £3.5m. Achievement for the Year to Date £18.8m against plan of £18.6m. The major areas of CIP achievement in M08 were Divisional schemes £2.4m, Medicines Optimisation £0.1m and Workforce £0.1m offset by shortfalls in Patient Flow £(0.3m) and agency £(0.3m). CIPs in October amounted to £3.0m recurrent and £0.8m on a non-recurrent basis. Year to date £15.7m recurrent and £3.1m non-recurrently.

East Kent Hospitals University NHS
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Strategic Theme: Improvement Journey

		Jul	Aug	Sep	Oct	Nov	
MD01 - End Of Life	Lost Days (Fast Track)	13	10	17	13	15	
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	71.18	70.10	70.51	75.35	79.91	>= 95
	ED - 1hr Clinician Seen (%)	46	47	47	48	55	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	13	13	12	12	13	>= 35
	Medical Outliers	54	59	73	69	73	
	Lost Days (Non-EKHUFT)	52	54	61	56	61	
	DToCs (Average per Day)	40	43	50	55	55	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	73.80	74.29	73.61	74.06	71.69	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	31	31	30	29	30	< 28
	Staff Turnover (Midwifery)	13	14	13	13	13	<= 10
	Vacancy (Midwifery) %	7	8	6	5	6	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	12.6	13.7	13.1	13.2	13.2	<= 10
	Vacancy (%)	11.0	12.3	12.2	12.2	11.6	<= 7
	Staff Turnover (Nursing)	13	14	13	13	13	<= 10
	Vacancy (Nursing) %	12	13	12	13	10	<= 7
	Vacancy (Medical) %	13	21	19	16	16	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	78.2	79.4	80.1	81.7	81.9	>= 90
	Statutory Training (%)	89	89	90	89	89	>= 85
	Local Induction Compliance %	28.8					>= 85
KF01 - Complaints	Complaint Response in Timescales %	79	83	77	80	87	>= 85
	Complaint Response within 30 days %	23	49	24	2	6	>= 85

KF02 - Workforce & Culture	Staff FFT - Work (%)	49	49	49	49	49	>= 60
	Staff FFT - Treatment (%)	70	70	70	70	70	>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)	88	82	77	78		>=95
	Pharm: Fridge Temps (%)	83	80	78	84		>= 100
	Pharm: Drug Trolleys Locked (%)	100	100	97	99		>= 90
	Pharm: Resus. Trolley Check (%)	86	80	87	79		>= 90
	Pharm: Drug Cupboards Locked (%)	89	79	75	74		>= 90

East Kent Hospitals University NHS
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Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55	
	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	<= 92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Lost Days (Fast Track)	Beddays lost due to delayed discharge (Fast Track)		
	Lost Days (Non-EKHUFT)	Beddays lost due to delayed discharge (Non-EKHUFT)		
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %

Clinical Outcomes	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is 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.	<= 0.1	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %

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

Health & Safety	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
	Blood Transfusion Incidents	The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< = 5	20 %
	Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
	Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 94	10 %
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		

Incidents	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow 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	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	

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

Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
	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	
	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	
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
	Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	

Patient Experience	Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
	Discuss Worries with support %	Discuss Worries with support	>= 89	
	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.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
	Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
	Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
	Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
	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	
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	>= 80	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	
	RTT: 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	1:1 Care in labour	The number of women in labour 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.	>= 99	
	Agency %	% of temporary staff who work via agency Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (Staffflow) against the total number of hours worked by agency staff		
	Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		

Staffing

Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available.		
Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time 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 Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
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	Staff Turnover (Midwifery)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Staff Turnover (Nursing)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Temp Staff (WTE)	WTE Count of Temporary Staff Used	< 182	1 %
	Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Total Staff Headcount	Headcount of total staff in post		
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
	Unplanned Agency Expense	Total 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 %
	Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	

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

Data Assurance Stars


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


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


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

East Kent Hospitals University NHS
NHS Foundation Trust

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	0.9	0.8	2.5	0.5	2.1	2.3	5.0	3.9	7.4
Appraisal Rate (%)	79.8	61.7	80.7	84.9	52.1	83.4	87.3	90.5	76.6
Employed vs Temporary Staff (%)	85.8	87.1	89.8	91.5	89.8	92.7	87.4	90.9	85.5
Sickness (%)	3.9	2.8	2.0	4.0	2.5	4.0	3.6	4.0	3.8
Staff Turnover (%)	14.8	19.5	10.0	14.9	14.6	12.0	6.6	12.4	14.5
Statutory Training (%)	91	86	96	94	87	89	96	87	86
Total Staff In Post (SiP)	1442	75	128	123	119	1348	325	1741	1645
Vacancy (%)	14.2	15.0	10.2	10.1	10.2	7.4	12.6	9.2	14.7

Apdx.

East Kent Hospitals University NHS
NHS Foundation Trust

Patient Safety Heatmap - NOVEMBER 2017

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
KCH - Kent & Canterbury																	
Specialist																	
KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	24	100	50	100	29	100	0.0	98.6	85	100	17
MARL - MARLOWE WARD	95.0	1	6	0	0	0	117	33	50	100	73	100	0.0	90.6	102	96	10
Surgical																	
CLKE - CLARKE WARD	96.8	3	7	0	0	1	91	33	33	50	13	100	0.0	80.1	91	94	7
KENT - KENT WARD	100.0	3	4	0	0	0	0	33	50	50	33	100	0.0	93.1	98	79	10
KITU - KCH ITU	100.0	0	0	0	0	0	49	N/A	N/A	N/A	N/A	N/A	N/A	93.5	85	92	34
Urgent Care																	
HARB - HARBLEDOWN WARD	100.0	0	10	0	0	0	0	50	100	50	25	100	0.0	96.3	106	123	7
INV - INVICTA WARD	100.0	2	4	0	0	0	0	50	100	50	3	100	0.0	79.4	89	130	6
KING - KINGSTON WARD	100.0	1	8	0	0	1	0	33	33	33	63	93	3.4	82.0	90	144	7
KNRU - EAST KENT NEURO REHAB UNIT	88.2	0	6	0	0	0	0	33	33	33	50	100	0.0	97.5	97	128	6
MTMC - MOUNT/MCMASTER WARD	100.0	1	3	0	0	0	9	50	50	50	26	100	0.0	78.2	89	133	6
TREB - TREBLE WARD	100.0	0	3	0	0	0	0	50	100	50	62	94	0.0	87.0	94	92	7
QEH - Queen Elizabeth Queen Mother																	
Specialist																	
BIR - BIRCHINGTON WARD	100.0	0	2	0	0	0	0	50	50	50	90	98	0.8	98.0	95	99	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	83.4	94	87	21
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	86.1	84	104	11
RAI - RAINBOW WARD	100.0	0	0	0	0	1	0	N/A	N/A	N/A	35	100	0.0	91.8	100	111	9
Surgical																	
BIS - BISHOPSTONE WARD	95.5	2	3	0	0	1	0	33	100	50	88	97	3.4	73.1	95	102	7
CSF - CHEERFUL SPARROWS FEMALE	95.5	1	1	0	0	0	0	33	25	50	71	99	1.4	81.3	93	98	7
CSM - CHEERFUL SPARROWS MALE	100.0	2	5	0	0	0	1	50	50	50	70	95	1.8	99.8	97	104	7
QITU - QEH ITU	100.0	0	0	0	0	0	35	N/A	N/A	N/A	N/A	N/A	N/A	94.8	93	112	26
QX - QUEX WARD	94.4	0	0	0	0	0	136	33	25	50	89	100	0.0	89.2	98	97	6
SB - SEA BATHING WARD	100.0	0	0	0	0	0	1	33	33	33	50	100	0.0	88.2	91	98	6

Apdx.

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	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
Urgent Care																	
DEAL - DEAL WARD	100.0	0	4	0	0	0	2	50	50	100	21	100	0.0	93.2	108	127	6
FRD - FORDWICH WARD STROKE UNIT	100.0	0	5	0	0	1	0	100	100	100	50	100	0.0	74.9	126	137	9
MW - MINSTER WARD	94.7	0	4	0	1	0	50	33	33	50	0	NULL	NULL	83.1	104	112	7
QCCU - QEH CCU	100.0	0	0	0	0	0	0	50	50	50	52	100	0.0	86.4	92	92	8
QCDU - QEH CDU	95.8	0	0	1	0	0	10	33	50	50	21	86	8.3	99.3	118	152	11
SAN - SANDWICH BAY WARD	95.0	0	1	0	0	0	0	50	50	100	81	100	0.0	99.3	129	140	7
SAU - ST AUGUSTINES WARD	96.6	0	5	0	0	0	1	100	100	100	53	100	0.0	93.3	130	137	6
STM - ST MARGARETS WARD	100.0	0	3	0	0	1	0	33	100	50	11	100	0.0	94.0	109	111	6
WHH - William Harvey																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	0	0	33	50	50	N/A	N/A	N/A	84.3	93	86	17
KEN - KENNINGTON WARD	100.0	1	0	0	0	1	0	33	50	50	32	100	0.0	79.6	93	99	7
PAD - PADUA	100.0	0	2	0	0	1	1	N/A	N/A	N/A	11	100	0.0	97.0	100	98	8
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	78	N/A	N/A	N/A	N/A	N/A	N/A	101.4	43	58	9
Surgical																	
ITU - WHH ITU	100.0	0	0	0	0	0	87	N/A	N/A	N/A	N/A	N/A	N/A	96.2	134	123	29
KA2 - KINGS A2	100.0	0	6	0	0	0	103	33	50	50	70	96	1.8	91.5	105	132	7
KB - KINGS B	96.3	0	3	0	0	1	106	33	25	50	53	93	1.6	93.5	111	106	6
KC - KINGS C1	92.0	0	2	0	0	0	154	50	50	50	31	93	7.1	92.9	105	103	6
KC2 - KINGS C2	100.0	0	3	0	0	1	77	33	50	50	82	99	0.0	82.8	91	95	6
KDF - KINGS D FEMALE	92.9	2	0	0	0	0	253	33	50	50	45	91	4.3	98.0	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	2	3	0	0	0	0	33	33	33	49	100	0.0	N/A	101	111	12
RW - ROTARY WARD	100.0	2	1	0	0	0	0	33	33	33	56	96	0.0	90.7	99	97	9
Urgent Care																	
CCU - CCU	87.5	0	0	0	0	0	0	50	50	50	70	96	0.0	86.7	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	0	0	0	0	0	11	33	33	33	95	97	1.7	75.9	103	115	6
CK - CAMBRIDGE K	96.3	0	0	0	0	0	0	33	100	33	34	100	0.0	80.2	103	109	7
CL - CAMBRIDGE L REHABILITATION	96.2	5	8	0	0	0	0	33	25	50	78	96	0.0	90.5	97	122	6
CM1 - CAMBRIDGE M1 SHORT STAY	77.8	0	7	0	0	0	0	33	50	50	0	NULL	NULL	81.8	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	94.7	2	5	0	0	0	24	50	33	33	19	100	0.0	101.2	106	105	6

Apdx.

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	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
OXF - OXFORD	100.0	2	3	0	0	1	1	33	50	50	39	82	18.2	97.4	107	113	8
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	5	3	0	0	1	21	33	33	50	22	100	0.0	82.9	110	113	8
WCDM - WHH CDU MIXED	100.0	0	0	1	0	0	21	50	100	100	20	84	8.1	85.6	105	98	13