East Kent Hospitals University NHS
NHS Foundation Trust

OCTOBER 2016

INTEGRATED PERFORMANCE REPORT

East Kent Hospitals University NHS
NHS Foundation Trust

Chief Executive's Summary

The Trust is expecting the CQC report from our September re-inspection in early December and in advance of that building on the informal feedback we have received, a new high level improvement plan has been developed and signed off by the Improvement Plan Delivery Board. This will focus our work on those areas where further improvement is required ahead of the draft formal report and as such maintains the momentum created by the creation of the previous report and supporting infrastructure – the latter remains in place. As part of the newly introduced single oversight framework adopted across all providers in the NHS, we are identified as a segment 4 Trust due to special measures. This impacts on the level of support and direction we are giving and when we are removed from special measures the Trust should change segments, giving it more control than it currently enjoys,

In this month we have seen positive patient feedback with improvements in managing complaints, compliments outstripping complaints and overall progress in terms of patient recommendations. Whilst this is positive real challenges remain as demonstrated by a slight reduction in real time patient experience scores. A specific concern is the reduction that has been seen in the friends and family score for the Emergency Department. Part of the reason for this is the increases in bed occupancy and Delayed Transfers of Care that are impacting on capacity and are being addressed through ongoing discussions with commissioners, community care and local authorities. Other issues remain for the Trust to address and this is a huge priority for the Trust at this time.

In month there has been some improvement in 62 day cancer and referral to treatment targets. Notwithstanding this much more needs to be done to achieve the level of performance that has been set and this is also true of the four hour performance across the Trust which remains the most challenging and important of all the performance standards. Support is being provided by the Emergency Care Improvement Programme as well as the internal focus and both will remain in place until improvements are realised.

Despite the obvious pressures, the Trust continues to deliver well on the safety metrics which reflects positively on staff across the Trust and this remains a central element to our Improvement Journey. However, a never event for a wrong site anaesthetic block demonstrates the importance of continued vigilance with all safety metrics.

The Trust's monthly I&E deficit in October (month 7) was £1.7m compared to £1.6m in September. This was in line with the forecast trajectory through to year end.

The year to date I&E deficit stands at £12.7m with STF income of £4m relating to Q1 having been received. No further STF is expected.

Pay costs in month were £28.3m as against an average of £28.1m per month up to month 6. Agency and locum costs increased in month to £2.6m, the highest level since October 2015, and now stands at £15.5m for the year to date against the ceiling trajectory of £15.4m. 65% of agency spend is medical staff compared with 34% across the region Measures continue to be strengthened to reduce the agency bill, but are challenged from the high number of vacant medical staff posts, particularly in medicine.

In order to meet activity plans, use of the independent sector has increased significantly over the last 2 months, reaching £1m in October largely through Ophthalmology and Orthopaedics outsourcing. Total income was £47.4m in month 7 compared to a monthly average of £46.5m to the end of month 6.

The Trust's year end forecast is £19m as agreed at the Trust Board on 7 October 2016 and communicated to NHSI, a £5m stretch on the previous forecast, comprising a £7m operational deficit and £12m of lost STF income. The Trust has put in place a set of measures following the board meeting designed to secure the year end forecast. The divisions are engaged fully in delivering these plans including the assessment of all agency filled posts and vacancies. The Q4 position must be a substantial improvement on the year to date performance if the stretched target is to be achieved.

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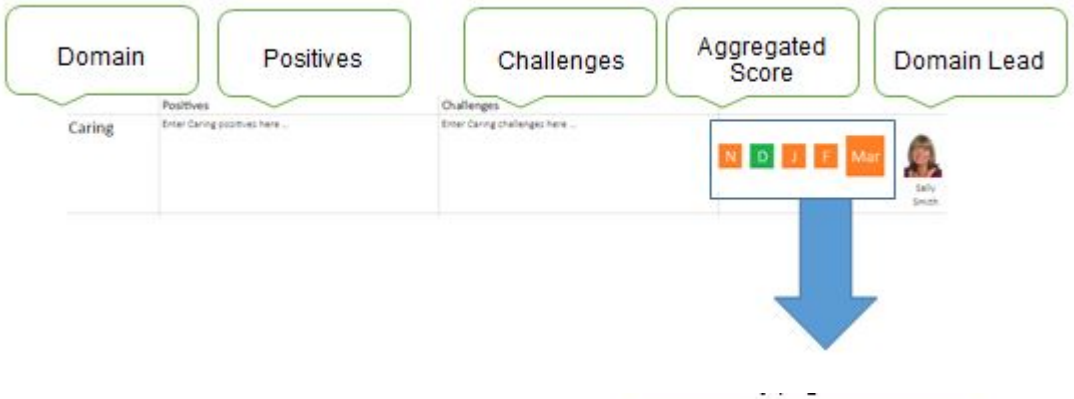
Understanding the IPR

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



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

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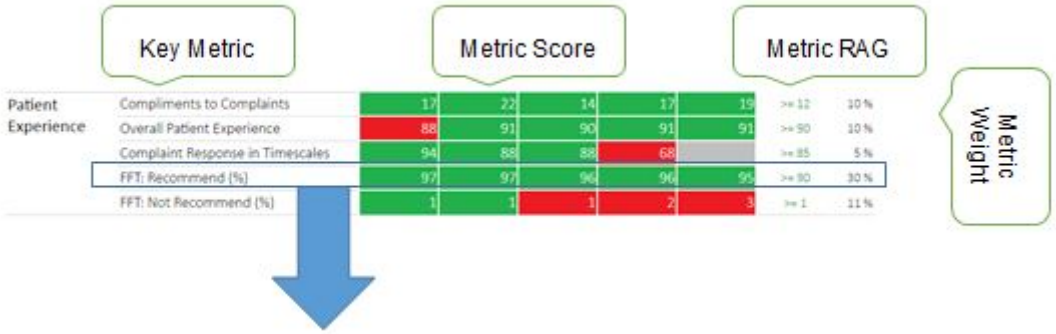
Understanding the IPR

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



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

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

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Strategic Priorities

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Contents

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Headlines

	Positives	Challenges	
Caring	• 97% of our patients would recommend the Trust to their friends and family • Maternity services received a 99% recommendation; • This month there was a reduction in the number of mixed sex breaches reported; • Complaint response times as agreed with the client was above the Trust standard; • Compliment to complaint ratio improved this month.	• Real-time patient experience shows a slight reduction this month to 90%. There has been a slight fall in the reported experience of patients in relation to both overall care experience and the explanation of care or treatment in an understandable way, although overall performance has improved over the last 12 months; • Patient experience in the Emergency Departments as reported by the Friends and Family test remains below national average. Comfort rounding is in place to ensure patients receive refreshments, information and pain control when they need it; • We still need to work on reducing the number of occasions we breach the mix sex standard although dignity and privacy is maximised when these breaches occur.	J J A S Oct  Sally Smith
Effective	• Whilst we are challenged with bed occupancy the readmission rates have not increased. Length of stay has not, on average, increased significantly. • Did not attend rates for first and follow up appointments remain consistent at low levels. • Theatre utilisation, on time starts and medical equipment compliance have remained stable.	• Bed occupancy has remained high at 101%, and the average number of reportable delayed transfers of care have increased to 61. • The percentage compliance for WHO checklist used in theatres has deteriorated by 2%.	J J A S Oct  Jane Ely
Responsive	• Cancer performance has improved in almost all of the standards. Performance against the 62 day standard has only improved marginally due to the need to ensure that those waiting longest are seen and treated in date order. Still only around 10% will actually have a diagnosis of cancer from the large numbers that are referred on a cancer pathway. • Diagnostic performance still remains high and there is concentrated effort to improve the reporting times after the test. • RTT (18 weeks) has seen an improvement in the recovery trajectory by almost 1%. plans are NHS Elect are supporting the Clinical Commissioning Groups with referral management and improved use of the independent sector.	• Performance against the Emergency Department 4 hour standard has declined in October to 78.94% due to increased attendances, difficulty covering all the shifts in the ED for doctors and nurses. the greatest challenge is overnight and at weekends. • The Trust will not reach 85% (for 62 days) as planned in November, due to capacity for the urology pathway. It is expected that 85% will now be achieved in January. • The Trust did not reach 92% (incomplete pathways less than 18 weeks) in September and, working with NHS Elect and the CCGs, it will be a challenge to achieve this in March. This is due to high demand in certain specialties and the challenge of highly specialised surgery that can only be undertaken by particular surgeons.	J J A S Oct  Jane Ely

Safe	• Harm Free Care experienced in our care (New Harms only) in October is higher than national average which means that our patients are receiving care that causes less harm than is reported nationally; • Avoidable pressure ulcers reported reduced this month and there were no deep ulcers reported; • Overall, mortality indices continue to show much better results in comparison to our peers; • Despite the challenges engendered by bed occupancy, patient demographic and comorbidity our staff continue to be able to provide and evidence very good care to our patients.	• The occurrence of a never event wrong site block, even though associated with low harm is extremely disappointing given the amount of work that has taken place in this area • Infection control indices are within the limits set but our overall performance in this area has slipped in comparison to last year • VTE assessment recording has maintained last month's level but still requires much better performance we need further work with prevention of hospital associated thrombotic events • Although the rate of new harms experienced by our patients is better than the national average a number of indices related to harm free care are not and many of these are associated with bed occupancy, patient demographic and comorbidity	J J A S Oct	 Paul Stevens
Well Led	• Sickness levels reduced (3.3%) • Appraisal rates increasing (83.2%) • Maintaining positive cash balance • Health and Safety issues	• Increasing agency and locum spend (£2.6m in month) • Vacancy rates (11%) and turnover rates (12.7%) • Financial position through to year end • Number of RIDDOR reports (3)	J J A S Oct	 Matthew Kershaw

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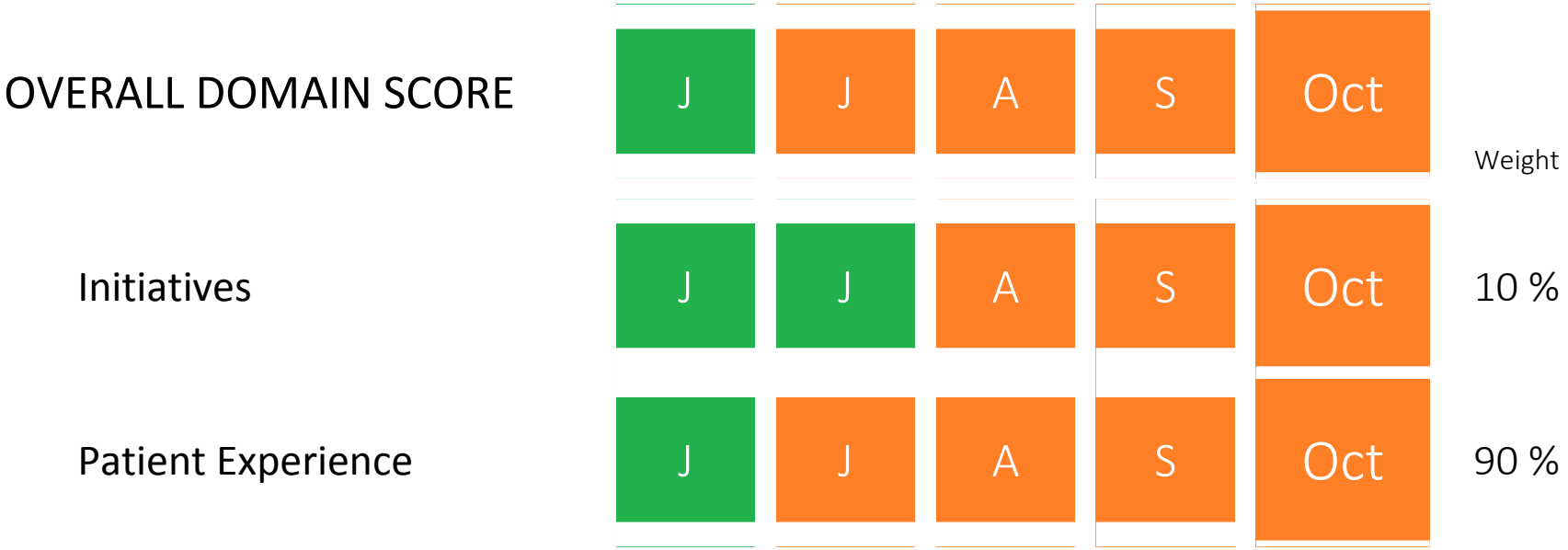
Caring



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Caring

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Initiatives	Staff Health & Wellbeing CQUIN	100	100	100	100	100	>= 100	20 %
	Sepsis CQUIN Delivered %	90	90	90	90	90	>= 100	20 %
	Antimicrobial Resistance &	100	100	100	100	100	>= 100	20 %
	End of Life Pathway CQUIN Delivered	100	100	90	90	90	>= 100	20 %
	Patient Flow CQUIN Delivered %	100	100	100	90	90	>= 100	20 %
Patient Experience	Compliments to Complaints (#/1)	12	12	15	20	21	>= 12	10 %
	Mixed Sex Breaches	11	29	45	70	51	1	10 %
	Overall Patient Experience %	91	92	92	91	90	>= 90	10 %
	Complaint Response in Timescales %	94	96	97	92	94	>= 85	5 %
	FFT: Recommend (%)	98	97	97	97	97	>= 90	30 %
	FFT: Not Recommend (%)	1.0	1.7	1.1	1.5	1.3	>= 1	10 %

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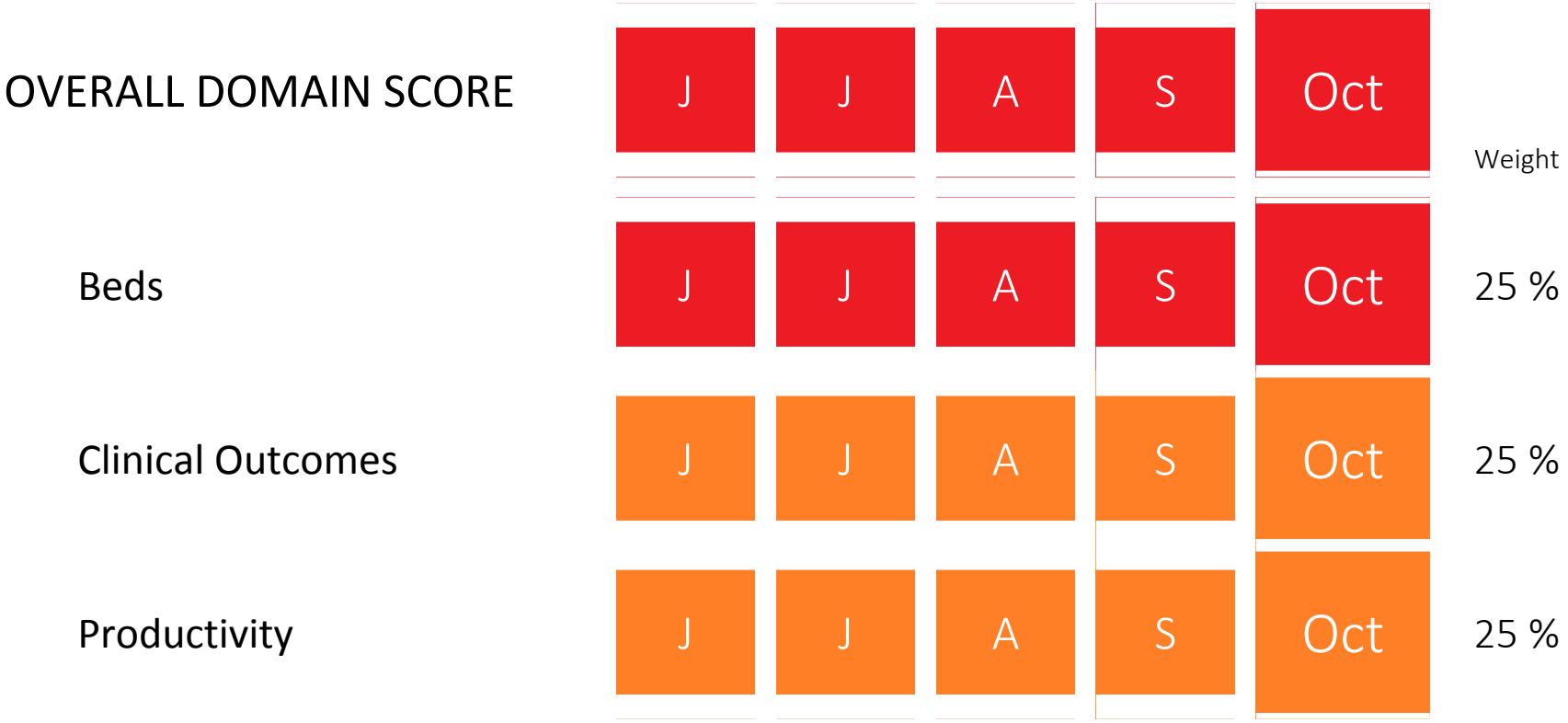
Effective



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Effective

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Beds	Bed Occupancy (%)	98	99	99	101	101	<= 90	60 %
	IP - Discharges Before Midday (%)	14	15	15	14	15	>= 35	10 %
	DToCs (Average per Day)	62	62	58	53	61	< 28	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3	3	3	3	3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17	16	16	17	16	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	99	98	96	96	94	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	8.1	7.9	8.0	7.6	7.4	< 7	0 %
	DNA Rate: Fup %	8.0	7.3	7.1	6.8	6.7	< 7	0 %
	New:FUp Ratio (1:#)	0.7	0.7	0.7	0.7	0.7		0 %
Productivity	LoS: Elective (Days)	2.8	3.0	3.1	3.0	3.0		0 %
	LoS: Non-Elective (Days)	6.3	5.7	6.0	6.1	6.1		0 %
	Theatres: Session Utilisation (%)	85	82	82	80	82	>= 85	25 %
	Theatres: On Time Start (% 30min)	81	81	78	76	77	>= 90	10 %
	Non-Clinical Cancellations (%)	0.0	0.0	0.3	0.0	0.0	< 0.8	20 %
	EME PPE Compliance %	85	83	83	82	82	>= 90	20 %

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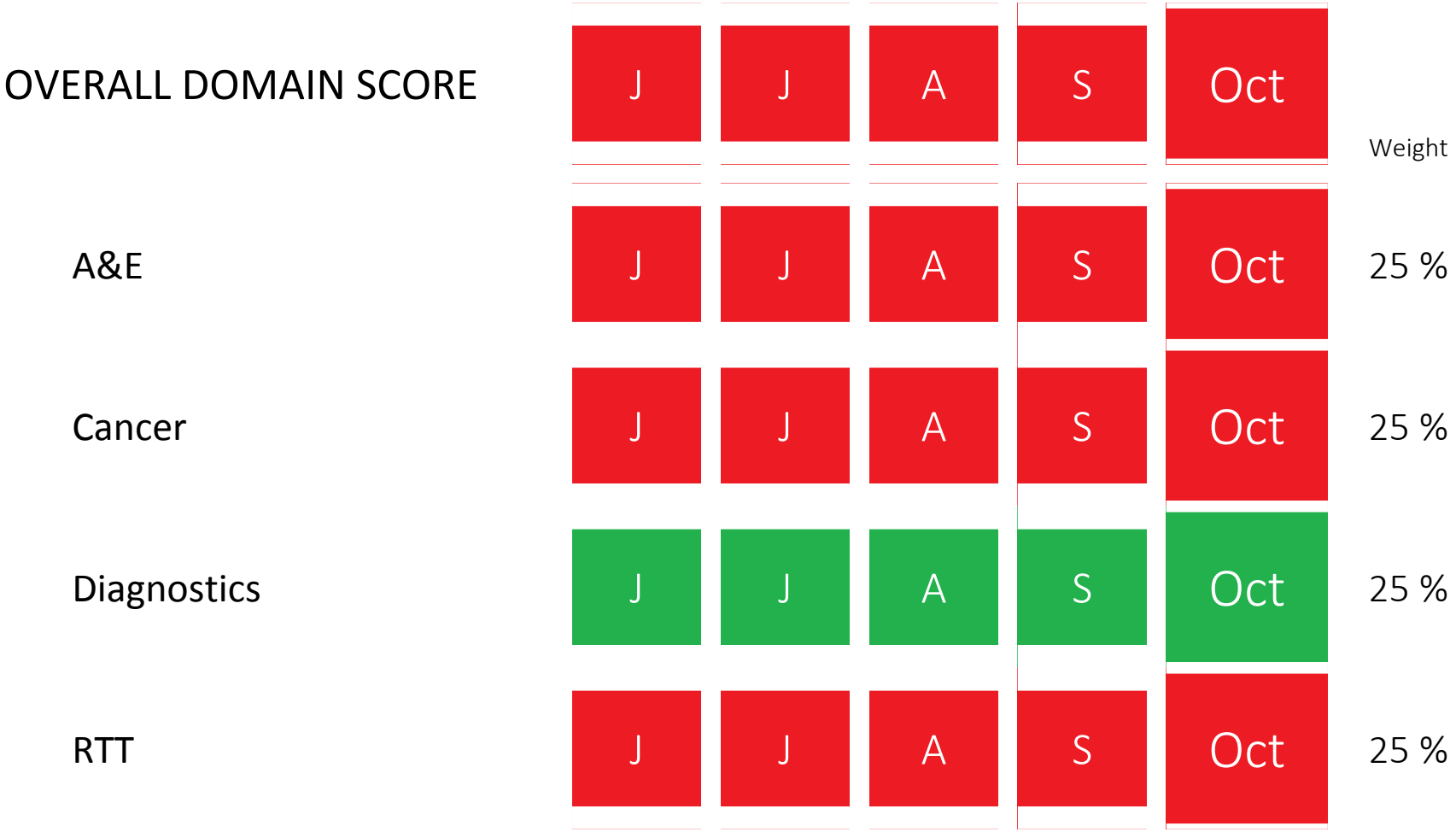
Responsive



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Responsive

		Jun	Jul	Aug	Sep	Oct	Green	Weight
A&E	ED - 4hr Compliance (%)	85.40	82.87	82.26	84.27	79.30	>= 95	100 %
Cancer	Cancer: 2ww (All) %	94.61	96.44	94.77	94.81	97.02	>= 93	10 %
	Cancer: 2ww (Breast) %	93.71	93.10	93.22	95.31	94.59	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	94.55	94.31	93.64	93.42	96.07	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	86.96	96.61	90.38	92.59	88.33	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	97.33	98.88	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	75.42	70.94	74.58	70.21	69.36	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	83.33	87.50	93.94	89.86	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	100.00	82.35	85.71	82.35	63.64	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.86	99.77	99.56	99.74	99.91	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	99.66	100.00	>= 99	0 %
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	99.65	>= 99	0 %
RTT	RTT: Incompletes (%)	86.81	86.65	85.52	85.11	86.03	>= 92	100 %
	RTT: 52 Week Waits (Number)	17	25	20	27	21	< 1	0 %

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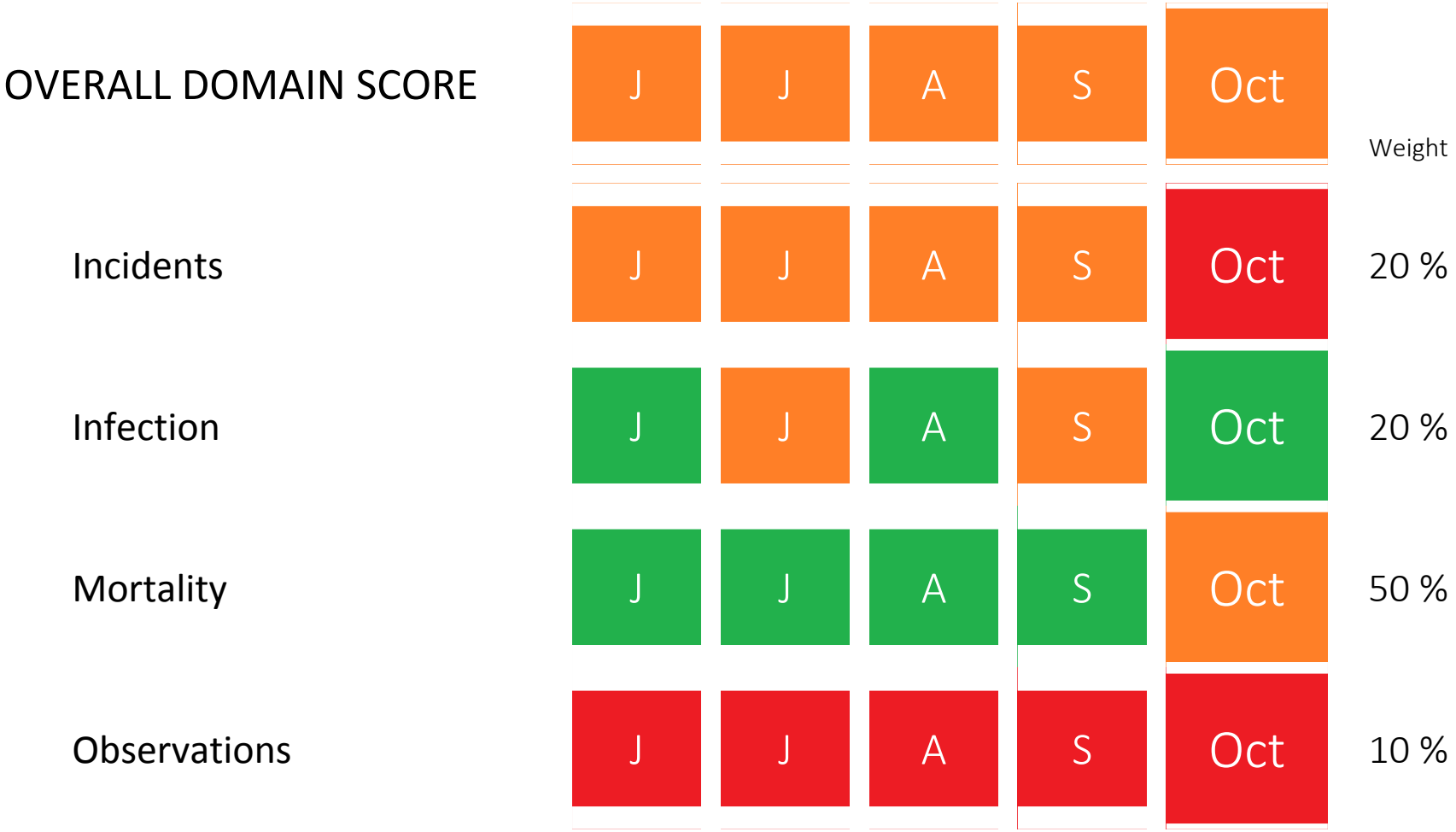
Safe



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Safe

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Incidents	Serious Incidents (STEIS)	12	9	5	8	6		0 %
	Harm Free Care: New Harms (%)	98.5	98.0	98.0	97.7	97.9	>= 98	20 %
	Falls (per 1,000 bed days)	5.89	5.48	5.50	5.52	5.78	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.26	0.18	0.25	0.31	0.23	<= 0.15	10 %
	Clinical Incidents: Total (#)	1383	1265	1275	1349	1307		0 %
Infection	Cases of C.Diff (Cumulative)	11	16	19	21	27	<= Traj	40 %
	Cases of MRSA (per month)	0	0	0	1	0	< 1	40 %
Mortality	HSMR (Index)	82	82	83			< 90	35 %
	Crude Mortality EL (per 1,000)	0.6	0.5	0.4	0.3	0.4	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	27	30	31	29	33	< 27.1	10 %
	RAMI (Index)	82	81	83	84		< 87.45	30 %
Observations	VTE: Risk Assessment %	89	88	88	91	90	>= 95	20 %

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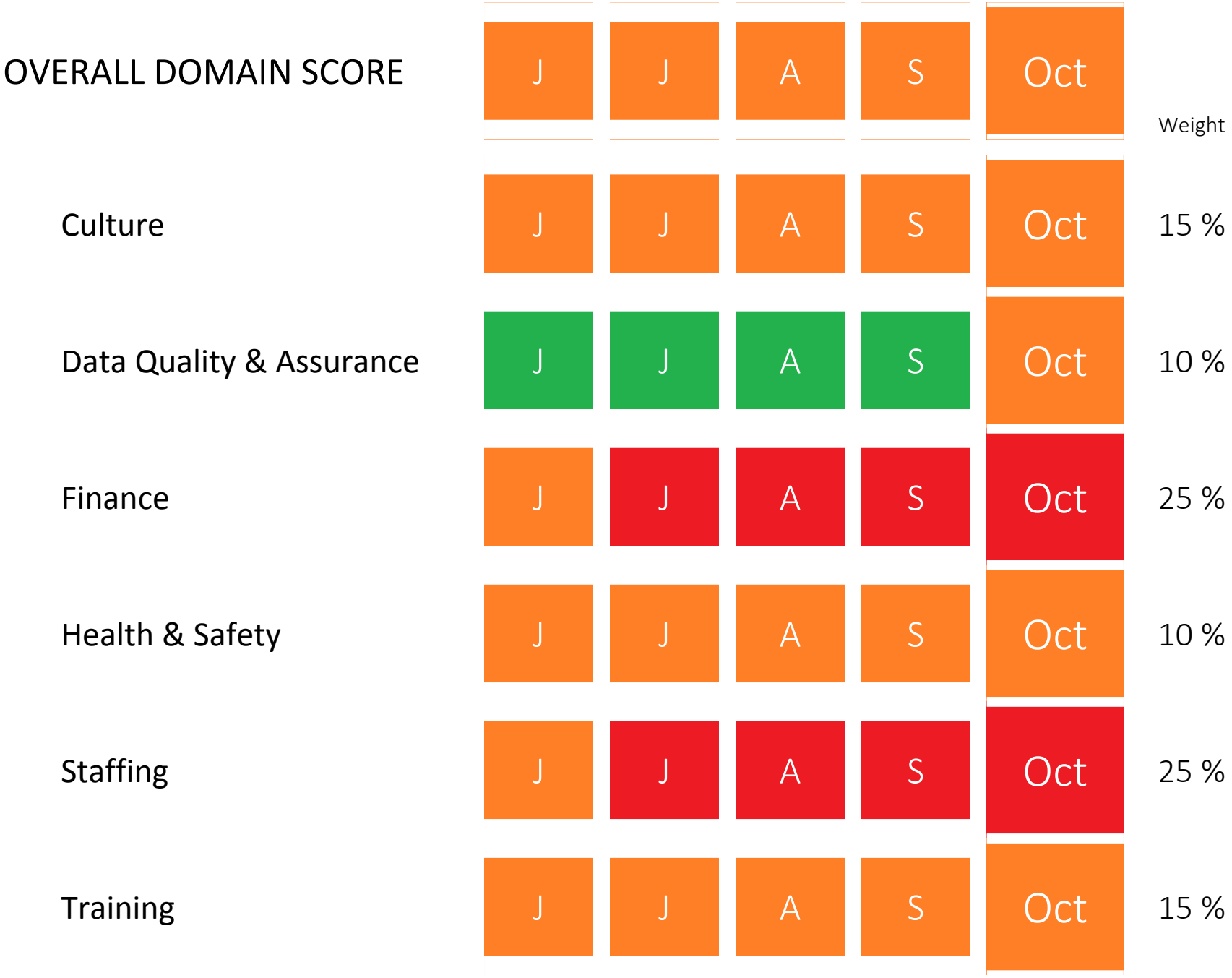
Well Led



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Well Led

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Culture	Staff FFT - Work (%)	58	58	58	58	58	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	1	1	1	1	2	< 4	25 %
	Valid NHS Number %	99	99	99	99	99	>= 99.5	40 %
	Uncoded Spells %	0	0	0	0	0	< 0.25	25 %
Finance	I&E £m	-0.6	-0.6	-3.5	-1.6	-1.7	>= Plan	30 %
	Cash Balance £m	8.5	14.2	17.5	9.8	11.7	>= Plan	20 %
	Total Cost £m	-47.4	-47.4	-49.4	-50.1	-49.1	>= Plan	20 %
	Forecast I&E £m	-11.0	-11.0	-24.5	-19.5	-19.5	>= Plan	20 %
	Normalised Forecast £m	-27.6	-27.6	-27.6	-23.6	-23.6	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	0	1	1	1	3	<= 3	20 %
	Formal Notices	0	0	0	0	0	1	15 %
Staffing	Sickness (%)	3.8	3.8	3.8	3.8	3.3	< 3.6	10 %
	Staff Turnover (%)	11.9	12.1	12.0	12.7	12.7	<= 10	15 %
	Vacancy (%)	10.0	10.6	10.8	11.1	11.0	<= 7	15 %
	Shifts Filled - Day (%)	99	91	91	93	93	>= 97	15 %
	Shifts Filled - Night (%)	103	103	102	100	102	>= 97	15 %
	Agency %	18.2	20.4	21.8	21.2		<= 10	0 %
	NHSP Use % of Agency	100.0	100.0	100.0	100.0	100.0	> 90	0 %
Training	Appraisal Rate (%)	73.1	75.4	79.5	81.2	83.2	>= 90	50 %
	Mandatory Training (%)	87	87	88	89	88	>= 85	50 %

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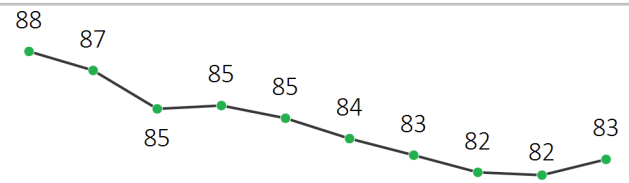
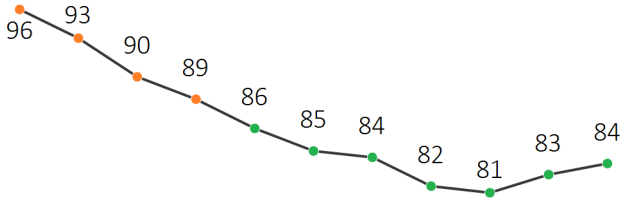
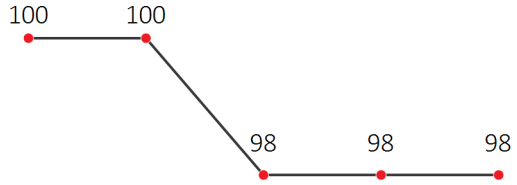
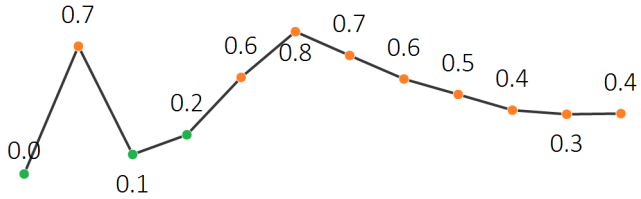
Strategic Theme: Patient Safety

Mortality

Oct	HSMR (Index)	84 (-9.1%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Oct	RAMI (Index)	86 (-8.9%)		Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Oct	SHMI	99 (-3.2%)		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.
Oct	Crude Mortality EL (per 1,000)	0.4 (9.4%)		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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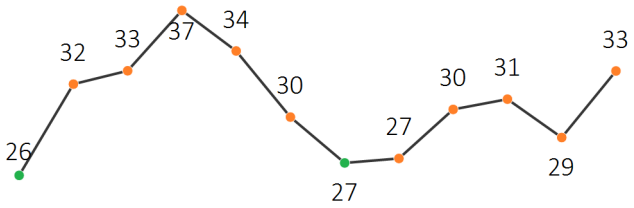
Strategic Theme: Patient Safety

Oct

Crude Mortality NEL (per 1,000)

31
(-3.6%)



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

Comments:

The mortality figures for the month of September continue to be positive in comparison to other Trusts. Our national SHMI is 0.98 for the period April 2015 - March 2016 and this has shown a consistent fall from 1.03 in the period July 2014 - June 2015. There are some areas of concern lying below that overall indicator and these include cardiac related diagnostic groups (acute myocardial infarction, cardiac arrests/ventricular fibrillation, heart failure), carcinoma of the lung and colon, chronic obstructive pulmonary disease and septicaemia.

A higher observed versus expected mortality in the cardiac related diagnostic groups is in part explained by the regional primary percutaneous coronary intervention service at Ashford and there are no worrying trends, however this will be an area that the Mortality Steering Committee concentrates on. Carcinoma of the lung and colon mortality rates are going to be influenced by delays in the cancer pathways and these are being actively addressed. Finally the increase in mortality from sepsis is in part due to more accurate coding (over the period that this has increased and mortality from pneumonia and urinary tract infection has significantly fallen). Again this is an area that the Mortality Steering Committee will concentrate on and the sepsis collaborative have also recently introduced inpatient sepsis screening with a positive impact on time to administration of intravenous antibiotic.

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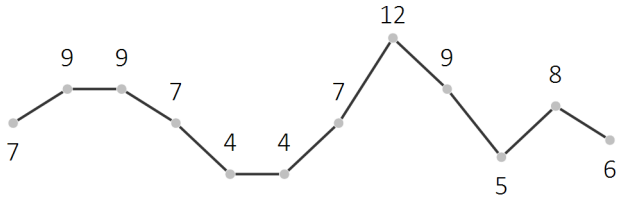
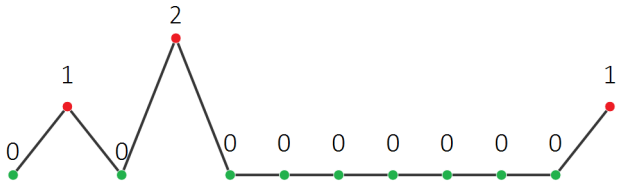
Strategic Theme: Patient Safety

Serious Incidents

Oct	Serious Incidents (STEIS)	87 (3.6%)		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.
Oct	Never Events (STEIS)	4 (-20.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicatessum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on STEIS October 2016: 79 (including 6 new)
SIs under investigation: 41
Breaches: 19
Non-breaches: 22

SIs awaiting closure: 38
Waiting CCG response: 22
Waiting EKHUFT non-closure response: 16

Supporting Narrative:
The number of breached cases have risen from 17 to 19. This has been in part due to changes in Divisional governance leads, and in part greater analysis as we endeavour to improve the quality of investigations. This is being managed by the Root Cause Analysis Group and at the Executive Performance Reviews each month.

Work continues on clearing the longest breached cases and there has been progress on this and further progress is predicted. There are no longer breaches over one year old and the current oldest breaches (two) are seven months old.

The Corporate Risk Team are reviewing the process for when the draft report comes to the team and this is currently being trialled within the surgical division.

There were six new SIs relating to:
- one Never Event (wrong site block - wrong leg was blocked)
- two screening cases (newborn and infant physical examinations (NIPE) and Down's syndrome screening);
- one Trust-wide case relating to oncology as requested by the CCG;
- one medication incident relating to Dabigatran;
- one treatment delay relating to ophthalmology

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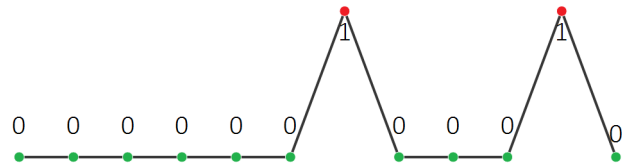
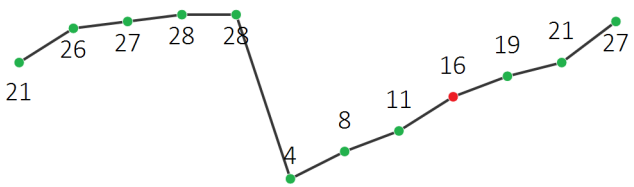
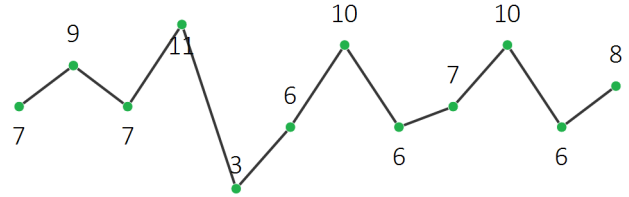
Strategic Theme: Patient Safety

Infection Control

Oct	Cases of MRSA (per month)	2 (0.0%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
Oct	Cases of C.Diff (Cumulative)	27 (28.6%)		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.
Oct	E. Coli	90 (52.5%)		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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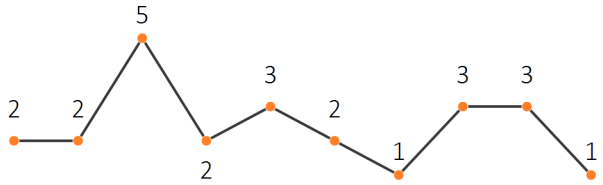
NHS Foundation Trust

Strategic Theme: Patient Safety

Oct

MSSA

24
(14.3%)



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

Comments:

There have been no further cases of MRSA bacteraemia at time of reporting - actions identified which contributed to the case in September have been implemented which have ensured compliance to procedures.

Data collection depicts MSSA and E. coli remain areas for heightened awareness - the majority of these are attributed to the community however we must remain vigilant and ensure compliance to infection control procedures.

There were 6 cases of C.difficile in the month of October 2016. 3 cases of C.difficile were linked to Cheerful Sparrows Male ward and are being investigated with on-going concerns of the compliance to appropriate and accurate assessment of patients presenting with symptoms, also factors contributing to the transmission . Ribotyping data for these 3 cases ruled out the possibility of cross transmission (this is a positive finding).

The Infection Prevention and Control team have instigated educational sessions and are maintaining high visibility in areas of concern. This period of increased incidence has occurred at a time when the total number of C.difficile cases has risen to 29 - although on trajectory this continues to be a significantly worse position in comparison to last year. The new diarrhoea assessment tool pilot was successfully carried out on two wards at WHH and QEQM and will be cascaded across the other areas of the Trust.

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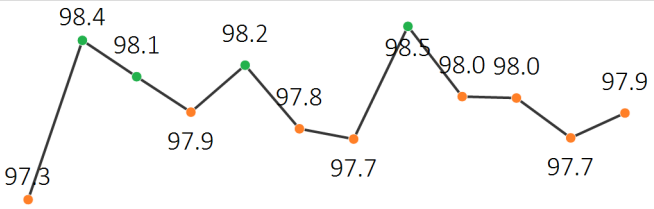
Strategic Theme: Patient Safety

Harm Free Care

Oct	Harm Free Care: New Harms (%)	97.9 (-0.4%)		Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.

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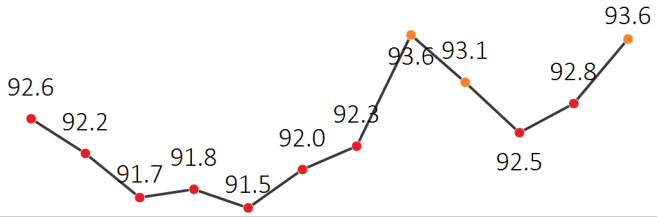
NHS Foundation Trust

Strategic Theme: Patient Safety

Oct

Harm Free Care: All Harms (%)

92.5
(-0.5%)



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

Comments:

Harm free care

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in October was 93.6% compared to 92.53 % in September but remains below both the overall national average of 94.16% and the acute hospitals only national average of 94.04%. A wide variation, as expected, is seen across the divisions with specialist achieving 99.39%, surgical 92.88% and UCLTC 92.44%. All harms were 6.40% compared to national average of 5.96% which indicates that our patients are admitted with a higher level of harm than the national average.

However, Harm Free Care experienced in our care (New Harms only) at 97.96% in October is higher than national average which means that our patients are receiving care that causes less harm than is reported nationally. New Harms only were 2.13% compared to 2.11% national average for acute hospitals; this means that our patients acquire slightly higher levels of new harms than the national average for acute hospitals.

WHH New Harms Only HFC improved to 98.61% in October compared to 97.00% in September.
QEQM New Harms Only HFC fell slightly to 98.11% in October compared to 98.14% in September.
K&C New Harms Only HFC fell to 96.46% in October from 98.35% in September.

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

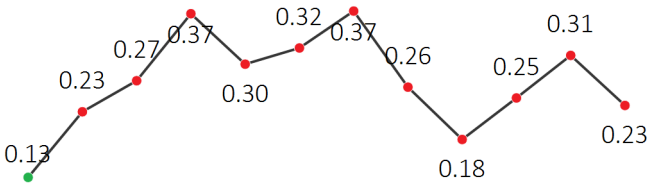
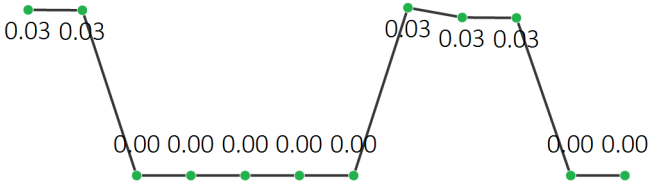
- Lower levels of New Pressure Ulcers (0.48%) compared to the acute hospitals average (0.76%)
- Lower levels of catheters & New UTI's (0.39%) compared to the acute hospital average (0.41%)
- Slightly higher prevalence of falls with harm (0.48%) than the acute hospital average 0.43%)
- Higher prevalence of new VTEs (0.78%) compared to the acute hospital national average (0.55%)

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

Noteably, HFC (all harms) shows a lower than national level of patients being admitted who have already started treatment for UTI or a UTI was already present on admission – 1.07% compared to the national average of 1.08% for acute hospitals. This has improved as a result of the collaborative work undertaken with community partners.

Strategic Theme: Patient Safety

Pressure Damage

Oct	Pressure Ulcers Cat 2 (per 1,000)	0.27 (-20.6%)		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.
Oct	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-75.0%)		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 October 2016 a total of 30 category two pressure ulcers were reported and 8 were confirmed as avoidable. This is a decrease of 2 avoidable ulcers from last month. Six of these affected the sacrum/buttocks occurring on Cambridge L, KDF, CSF and CDU x 3. Related care issues were delay in risk assessment, active mattress and limited evidence of repositioning. The other two avoidable ulcers affected the heels, one on CM1 and one on CL, both related to offloading insufficiency.

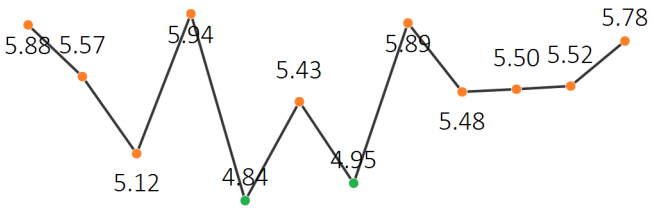
There were no confirmed category three pressure ulcers acquired in October 2016. There were 9 potential deep tissue ulcers; one was avoidable on St Margaret's ward (heel) due to limited offloading strategies. Further investigation is planned.

During October 16, joint work was commenced with the Kent & Medway collaborative group to improve pressure ulcer care and tackle common issues. A review of the soft tube nasal specs trial feedback was insufficient for decision making and further work agreed. Collaborative work has also been undertaken with the Diabetic Specialist Nurses to promote awareness of diabetic foot ulcer risk and a combined assessment tool has been produced. Specialist equipment is also being trialled on the Thomas Becket Unit to improve pressure relief for patients using therapy chairs.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Oct	Falls (per 1,000 bed days)	5.49 (-41.2%)		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:

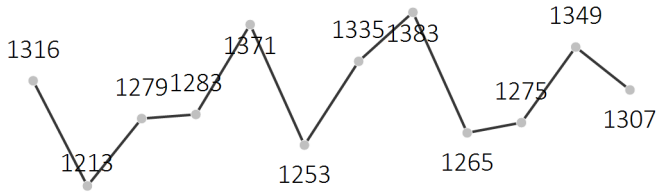
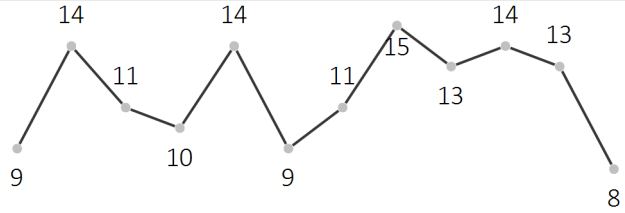
In October, 2016 there were 193 in patient falls. 77 were at WHH, 76 at QEQMH and 40 at K&CH. Wards with the most reported falls were Kingston (9), Cambridge L (10), Bishopstone (12), Fordwich (14) and CDU WHH (20). A fall on Cambridge L caused a hip fracture but it is not yet clear if this was avoidable or not. An incident on Invicta resulted in a pelvic fracture but was unavoidable. An avoidable fall on Forwich led to a fractured humerus and is being investigated with an AAR.

The Fallstop project has started with events in the QII hubs at WHH and K&CH. Audit tools have been finalised and shared and the Datix falls reporting form is currently being updated to reflect the audit tools. Ward staff and Falls Link workers have been encouraged to use the Fallstop audits (outside of the programme) to ensure monitoring and to set weekly targets for improvement. A support worker will be in post from December to support the project and simulated falls sessions are planned to support correct management of the fallen patient, in conjunction with the Manual Handling Team.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Oct	Clinical Incidents: Total (#)	15629 (10.9%)		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.
Oct	Blood Transfusion Errors	141 (-16.1%)		The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

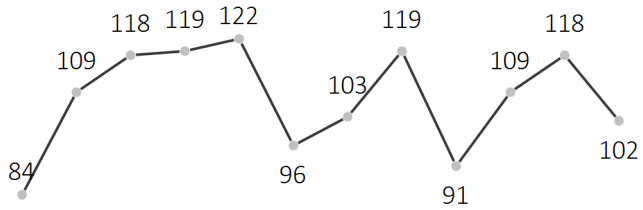
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Oct

Medicines Mgmt. Incidents

1290
(7.9%)



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

Comments:

A total of 1325 clinical incidents have been logged as occurring in Oct-16 compared with 1350 recorded for Sep-16 and 1222 in Oct-15. In Oct-16, two incidents have been graded as death and three as severe harm. In addition, 24 incidents have been escalated as a serious near miss, of which 18 are still under investigation. The number of moderate harm incidents reported during Oct-16 is higher than in previous months [Oct-16: 59 compared with Sep-16: 51 and Oct-15: 35].
Six serious incidents were required to be reported on STEIS in October. Two cases have been closed; there remains 79 serious incidents open at the end of October.
Over the last 12 months incident reporting has increased at WHH and QEH, and shows a slight decrease at K&CH.

Blood transfusion
In October, there were 9 blood transfusion errors reported (13 in Sep-16 and 13 in Oct-15). There were no themes in October, although, there were two wrong blood in tube incidents. Eight incidents were graded no harm and one low harm. Reporting by site: four at K&CH (of which two occurred in Maternity Day Care), two at QEH and three at WHH.
Medicines management
There were 106 medication incidents reported as occurring in October (117 in Sep-16 and 83 in Oct-15). On average, over the last 12 months, the numbers of medication incidents reported at K&CH have risen, have remain static at WHH and at QEH have declined.
Of the 106 reported, 80 were graded as no harm (including five serious near misses) and 23 as low harm. There were three incidents graded moderate harm. No incidents resulted in severe harm or death. Top reporting areas were: Cathedral day unit (K&CH) with seven incidents; Cheerful Sparrows female ward (QEH) with six incidents; Cheerful Sparrows male ward (QEH) with five incidents; Kings B ward (WHH) and A&E (QEH) with four incidents each; ITU / Kent ward / Marlowe ward (K&CH), CDU / Sandwich Bay (QEH), ITU / Cambridge K ward / Folkestone ward (WHH) with three incidents each; other areas reported 2 incidents or fewer. Thirty-seven incidents occurred at K&CH, 35 at QEH, 32 at WHH and two in the Community.
*Missing Drugs are broken down as follows: seven incidents relating to stock control/documentation errors, one incident where medication went missing in transit / was not delivered to the ward, two incidents where medication was not given to patients on discharge, one incident where ward stock was given as discharge medication and one incident where drugs appeared on ward without handover.

Total
Drug error - prescribing 22
Drug error - dispensing 17
Drug error - administering 46
Drug shortage (not available or in stock) 1
Drug missing* (stock discrepancy or lost between wards/pharmacy) 12
Adverse drug reaction 3
Infusion injury - extravasation 4
Infusion problems - medication related 1
Totals: 106

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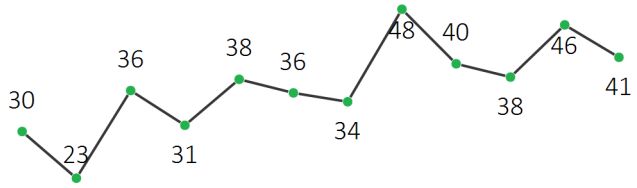
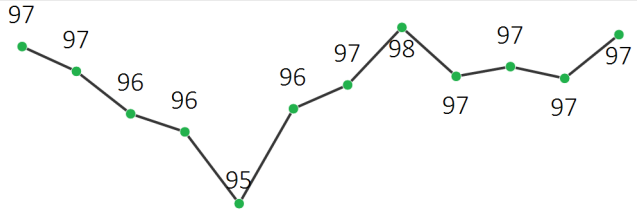
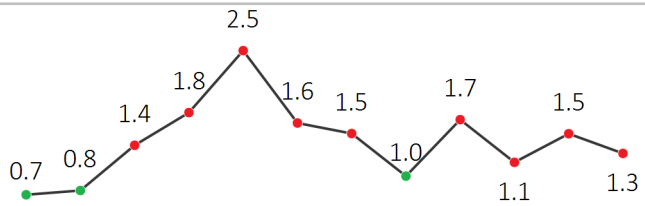
NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

Oct	FFT: Response Rate (%)	36 (-0.2%)		The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together together with variance (shown in direction of arrow and %) against the previous 12 months.
Oct	FFT: Recommend (%)	97 (1.5%)		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.
Oct	FFT: Not Recommend (%)	1.4 (-37.6%)		Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

FFT

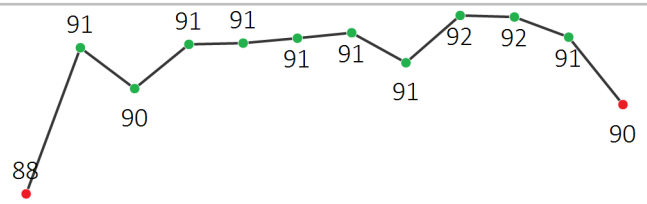
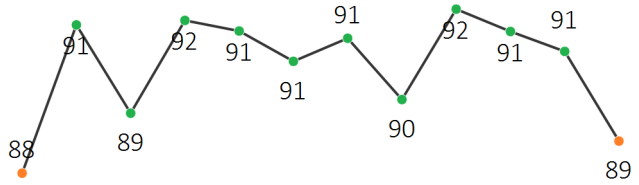
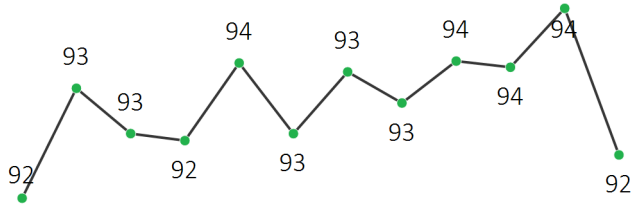
During October we received 9319 responses in total. Overall 39% eligible patients responded and 90% would recommend us to their friends and family and 6% would not. The total number of inpatients, including paediatrics who would recommend our services was 97% (97% September-16). For A&E it was 77% (82% September-16), maternity 99% (98% September-16), outpatients 92% (92% September-16) and day cases 95% (95% September-16). The Trust star rating in October is 4.52 (4.55 September-16).

Work to improve response rates has resulted in significant improvement. The response rate for inpatients was 41% (46% in September-16), A&E 18% (20% September-16), maternity 24% (38% September-16). (Please note as per DH guidelines only the Birth experience is given a response rate, FFT questions at other stages in the patient's pathway are not calculated or required nationally). The response rate for day cases was 23% (30% September-16) but for outpatients was not available due to a national reporting error. All areas receive their individual reports to display each month, containing the feedback left by our patients which will assist staff in identifying areas for further improvement. This is monitored and actioned by the Divisional Governance teams.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 1

Oct	Overall Patient Experience %	91 (2.6%)		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.
Oct	Care Explained? %	90 (21.4%)		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.
Oct	Care that matters to you? %	93		Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).

Comments:

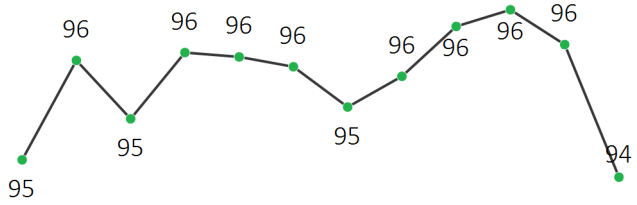
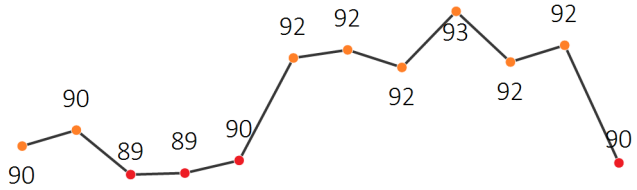
This month patient experience as recorded in real-time by the patients has slightly deteriorated with 3 out of the 6 criteria being rated as red.

There has been a slight fall in the reported experience of patients in relation to both overall care experience and the explanation of care or treatment in an understandable way although overall performance has improved over the last 12 months. Feedback on whether patients received the care that matters to them and whether they were treated with respect and dignity has also fallen slightly this month. This will be fed back to ward teams to enable focused work to support improvement.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2

Oct	Respect & Dignity? %	96 (-0.4%)		Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nasrsing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Oct	Cleanliness? %	91 (-1.8%)		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.

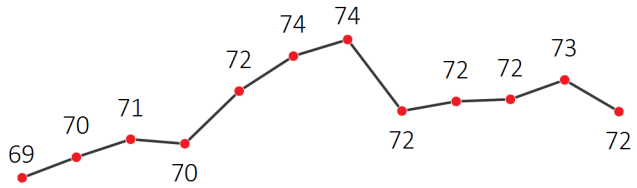
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Patient Safety

Oct

Hospital Food? %

72
(1.1%)



Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

The inpatient survey for cleanliness went down 1.8% this month to 90%. This sort of movement remains consistent with the picture we have seen for the last six months. The Trust continues to manage with Serco and the nursing leadership, the cleaning on a daily basis through its weekly auditing process. This auditing work undertaken at ward and department level for October rates cleaning at 98.3%.

Hospital Food remains in the 70% range this month. We continue to monitor performance of the catering contract and any new initiatives through the Food Steering group. Strategic Development's monthly 'back to the floor' saw all of the Division's Directors shadowing domestic and catering staff on the ward.

The Patient Safety Heatmap has previously demonstrated that patient experience was not always captured and many wards appeared not to be completing the inpatient surveys using the ward iPads. Work has been undertaken to explore the reasons for non-compliance and this revealed that 7 out of the 16 wards not regularly completing the surveys were having technical issues with the survey which has now been resolved. The actions taken include:

- Confirmation from the IT department that all iPads now fixed and in full working order.
- Wards walks continue to check that inpatient survey is now being completed, iPads are working correctly and ward managers are receiving the reports.
- Evaluation of the Heatmap to ensure that Inpatients survey is being completed by these wards.
- Discussion with Volunteer lead to explore support for helping patients to complete the local Inpatient Survey on the iPads.

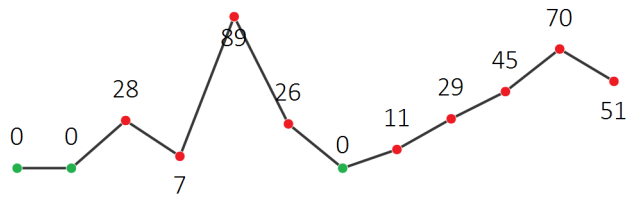
Strategic Theme: Patient Safety

Mixed Sex

Oct

Mixed Sex Breaches

356
(4.1%)



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:

Mixed Sex Accommodation

During October-16, 7 non-justifiable incidents of mixed sex accommodation breaches occurred 7 at WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 17 mixed sex accommodation occurrences in total, affecting 97 patients. This number has decreased since last month when there were a total of 28 occurrences affecting 134 patients. The remaining incidents occurred at QEQM on the Fordwich stroke unit (3), QEQM CCU (1), K&C Kingston stroke unit (3), WHH Richard Stevens Unit (3) which are justifiable mixes based on clinical need.

During October-16 daily reporting of mixed sex occurrences has improved at the three acute sites. WHH CDU continues to have a significant increased number of mixed sex breaches during October and to minimise the risk of mixed sex occurrences the nursing team continue to focus on:

- Moving patients appropriately to minimise mixed sex breaches
- Discharging patients home as soon as possible
- Using the discharge lounge whilst patients await transport
- Using the observation bay for patients when possible to prevent any mixed sex breaches
- Maintaining one side of CDU for males and the other for females
- Optimising the use of side rooms (if mixing has to occur on the male/female side)
- Strengthening local monitoring by the CDU ward clerk by recording all mixed sex breaches to ensure accurate monitoring and assistance in validation

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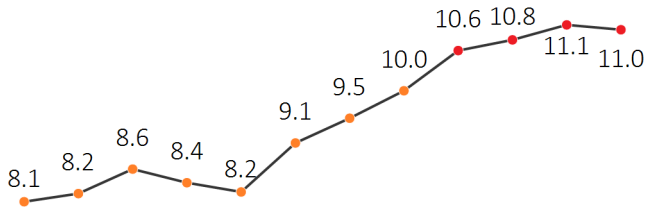
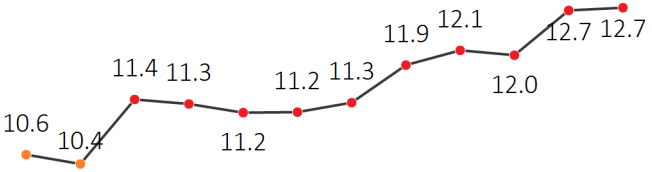
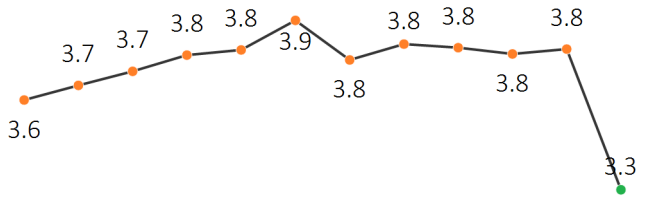
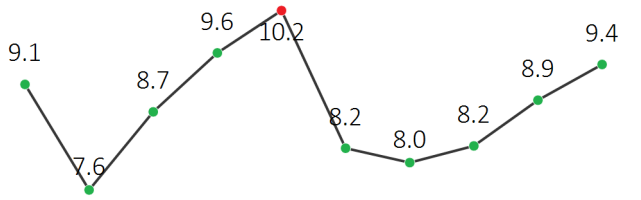
Strategic Theme: Human Resources

Gaps & Overtime

Oct	Vacancy (%)	9.5 (4.3%)		% 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.
Oct	Staff Turnover (%)	11.6 (-12.7%)		% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Oct	Sickness (%)	3.7 (-0.8%)		% 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
Oct	Overtime %	8.8 (-3.0%)		% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).

Comments:

Gaps and Overtime

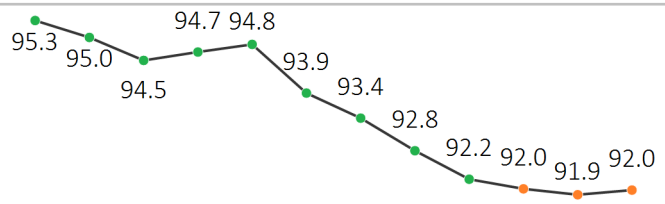
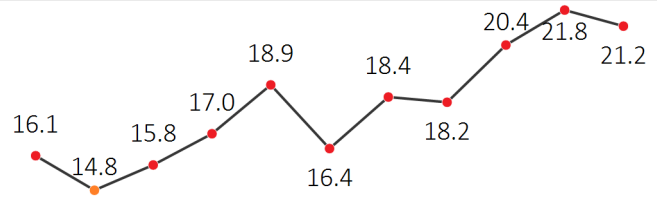
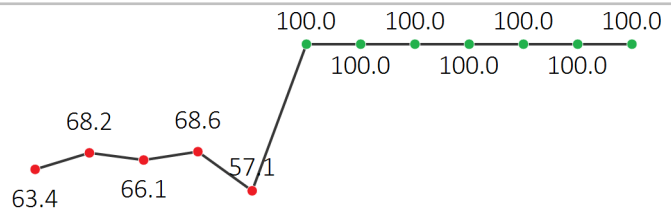
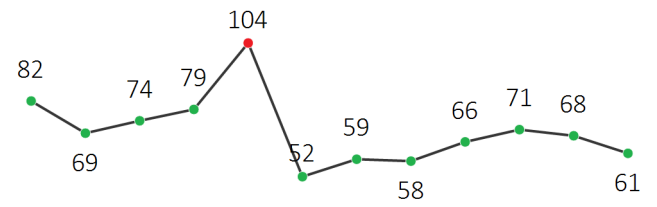
The Turnover rate remained static at 12.6% and the vacancy rate decreased marginally from 11.1% to 11.0%. The average Turnover rate for the past 12 months remains marginally higher than the previous 12 months at 11.54%. The vacancy and turnover rates by Division are examined in detail at Executive Performance Reviews (EPR), and Divisions have actions in place to address their recruitment and retention challenges. There is also dedicated resource in place to support improved onboarding, induction and retention of colleagues, with particular focus on colleagues leaving within the first 12 months of employment.

Sickness absence decreased to 3.3% in October from 3.8% in September which is now level with the Trust target of 3.3%. Divisions have submitted a monthly trajectory for sickness absence, which are examined at EPRs and monthly Agency Pay Control meetings. Although Divisions are running behind their trajectories, the 12 month average continues to reduce month on month.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Oct	Employed vs Temporary Staff (%)	93.5 (-0.8%)		Ratio showing mix of permanent vs temporary staff in post. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Oct	Agency %	18.1 (16.1%)		% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).
Oct	NHSP Use % of Agency	82.7 (48.2%)		% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).
Oct	Agency Orders Placed	70 (-27.8%)		Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).

Comments:

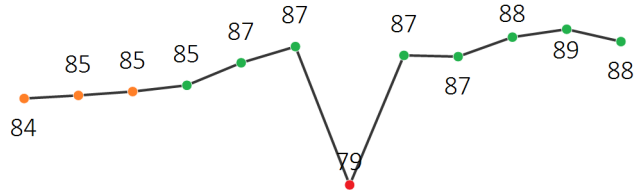
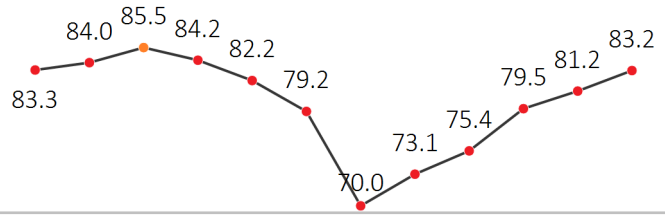
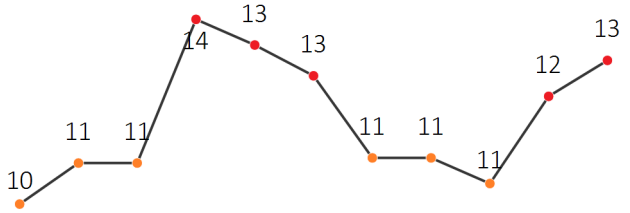
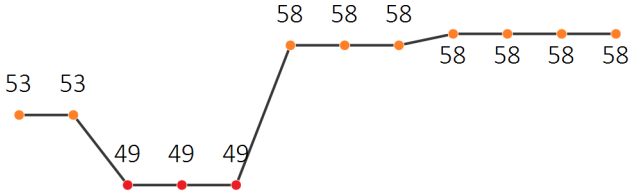
Reduction in agency spend is a key component of our cost improvement programme and continues to be an area of focus. There is an Agency Pay Control programme, led by the Head of Human Resources and supported by the Improvement Delivery Team and Programme Management Office. The Trust monitors and reports on a weekly basis, all agency shifts that breach the agency framework and NHSI pay caps by occupational group and division. Additionally, any shifts that breach the agency framework and pay caps now require approval at an executive level. The percentage of employees deployed through an agency that are NHSP remains at 100%. The percentage of staffing which is agency has reduced from 21.8% (Aug) to 21.2% (Sept) despite an increase in vacancy percentage between those months.

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

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Oct	Mandatory Training (%)	86 (4.6%)		The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Oct	Appraisal Rate (%)	80.1 (3.6%)		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.
Oct	Time to Recruit	12 (8.8%)		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.
Oct	Staff FFT - Work (%)	55 (10.5%)		Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

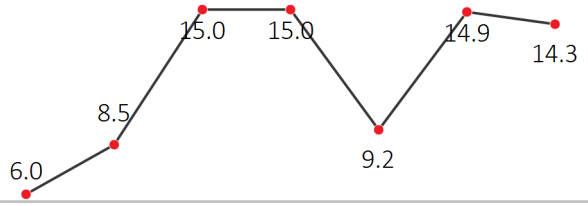
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Human Resources

Oct

Local Induction Compliance %

11.9



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

Comments:

Statutory training was at 88% for October, down marginally from 89% in September. This remains above the target of 85%. There remains a significant risk in regard to statutory training compliance, particularly with staff who have been identified as not completing one or more of the statutory training courses required and the Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff appraisal rate has continued to increase in October to 83.2%, but remains below the 90% target. Divisions have been focussed on improving appraisal compliance, and are continuing to work on a more consistent and robust way of reporting Appraisal dates to the HR Systems team. Work continues to implement less manual ways of reporting the information.

Weekly Recruitment Updates are sent out by the Resourcing Team to Divisions to provide information on workload within the team, and plans to reduce time the time taken to recruit.
The Staff Survey completion rate is currently 38.8%, 2% below the best performing acute Trust. Work continues to increase the percentage response rate. The closing date for the Staff Survey is 2nd December. This will provide a more detailed annual review into staff satisfaction within the Trust.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators

Oct

	Oct-16				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	13,623	14,631	(-1,008)	-7%	101,454	98,933	2,521	3%	101,454	101,242	212	0%	<=0%
Referral Non-Primary Care	12,934	14,789	(-1,855)	-13%	97,262	101,963	(-4,701)	-5%	97,262	103,410	(-6,148)	-6%	<=0%
OP New	20,279	20,923	(-644)	-3%	143,242	142,924	318	0%	143,242	143,562	(-320)	0%	>=0%
OP Follow Up	39,060	43,714	(-4,654)	-11%	287,068	292,669	(-5,601)	-2%	287,068	294,906	(-7,838)	-3%	>=0%
Elective Daycase	6,494	7,565	(-1,071)	-14%	46,656	52,339	(-5,683)	-11%	46,656	48,215	(-1,559)	-3%	>=0%
Elective Inpatient	1,454	1,387	67	5%	9,342	9,486	(-144)	-2%	9,342	9,239	103	1%	>=0%
A&E	18,011	16,808	1,203	7%	125,481	118,402	7,079	6%	125,481	119,356	6,125	5%	>=0 & <5%
Urgent Care Assessment	1,067	1,213	(-146)	-12%	7,553	8,065	(-512)	-6%	7,553	8,062	(-509)	-6%	>=0 & <5%
Non-Elective Inpatient	5,742	6,012	(-270)	-4%	41,014	40,797	217	1%	41,014	40,551	463	1%	>=0 & <5%
Chemotherapy	1,182	1,159	23	2%	9,123	7,457	1,666	22%	9,123	7,884	1,239	16%	>=0%
Critical Care	1,809	1,426	383	27%	12,553	12,089	464	4%	12,553	12,202	351	3%	>=0%
Dialysis	6,727	7,435	(-708)	-10%	48,038	50,304	(-2,266)	-5%	48,038	50,304	(-2,266)	-5%	>=0%
Maternity Pathway	1,100	1,174	(-74)	-6%	8,120	8,373	(-253)	-3%	8,120	8,338	(-218)	-3%	>=0%
Pre-Op Assessments	2,712	2,932	(-220)	-8%	19,761	20,119	(-358)	-2%	19,761	20,262	(-501)	-2%	>=0%
Diagnostic	427,012	452,937	(-25,925)	-6%	3,060,019	3,212,380	(-152,361)	-5%	3,060,019	3,041,147	18,872	1%	<=0%
Other	4,607	4,123	484	12%	32,741	27,715	5,026	18%	32,741	27,311	5,430	20%	>=0%

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

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

October 2016

The Primary Care demand received by the Trust was 7% under planned levels in October which has reduced the Trust level over performance to within 1% of the contract. Encouragingly the Trust has not observed the historic exponential growth that has occurred in both Gastroenterology and Breast Referrals, although referrals into key specialties Orthopaedics, Maxillo Facial, Gynaecology, and Paediatrics have significantly exceeded planned levels. The Trusts Internal Business Plan stretches most services to maximum capacity and as such we have not been able to flex our capacity further to deal with this unplanned demand. The Trust does not have the operative capacity to deal with the current demand, a key element of our business plan requires Orthopaedic referrals to be directed to the independent sector at point of referral, encouragingly referrals in September & October reduced significantly.

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

Additional endoscopy capacity was implemented in October as planned. The expected increase in November has been delayed due to largely an external provider being unable to fully utilise the available endoscopy capacity as scheduled. Additional weekend capacity will be insourced from weekend of 19 and 20 November with a phased introduction to cover weekday capacity from the end of the month. It is envisaged that this capacity will allow the service to hit the planned day case activity levels and hit demand for most of Q3 and all of Q4.

Health Care of Older People Clinics cover a wide range of patients and conditions. Activity within HCOOP outpatients is significantly below the YTD plan for new and follow up Outpatient appointments, this has been driven by a shortfall in nurse-led outpatient capacity due to vacancies in these roles. Recruitment has taken place; but training requirements over Q1 has meant that the capacity has been reduced over the early part of 2016-17. The nurse-led capacity is now in place to deliver the planned activity on a monthly. Further to this there has been 2 recent retirements of substantive HCOOP consultants, which will impact on consultant led capacity in the short term. Attempts are being made to recruit and there is currently partial covering of the capacity and attempts to source available locum staff.

The Neurology Service, significantly over subscribed outpatient activity throughout the first 4 months of the year, this over performance delivered locum doctors enable the service to significantly reduce waiting times from referral to treatment. The service is now performing well against the national standard and has now reduced the additional capacity accordingly.

Dermatology has seen low activity numbers in October, despite continuing use of the Independent Sector to ensure patients are seen in a timely manner. The drop in activity is across New, Follow Up and Daycases and was caused by a combination of sickness, annual leave and lost capacity from 2 middle grades who have now left the service. The impact of this is that New outpatients were on plan, rather than over performing significantly as seen in previous months, follow ups were 12% below plan, and daycases were 14% below plan.

Gynaecology elective activity has underperformed in the year to date due to gaps in the middle grade rota, unexpected staff leave, inability to utilise a list at WHH due to clinician job plan clashes, and being unable to replace a consultant who left late in 2015. As a result of securing a locum clinician who started in September, the service has over performed the Daycase plan 16% in October (+24) and the second month in a row where improvements have been seen in the number of patients being treated. However, Elective activity was low at 39% below plan (-72) which was a continuation of the capacity pressures the service has been under all year, but worsened by significant bed pressures across the Trust. The team prioritised cancer treatments during this time, but unfortunately had to cancel a number of elective lists to accommodate patients on the wards. The service is continuing with plans to increase theatre capacity and reduce their long waiters.

The Orthopaedic team have been unable to provide either the Independent Sector capacity or the internal daycase capacity that was stated in the contract so far this year. The under-performance is in part due to delays with the tender exercises and also due to the inability to obtain enough capacity within the Spencer Wing. However following a change in case-mix the service is significantly over-achieving the elective inpatient plan. To recover the position The Trust has secured additional capacity on behalf of the CCG and has commenced the transfer of 140 Orthopaedic procedures to the independent sectors each month. In addition to this the Trust is actively seeking additional capacity required to recover the YTD day case underperformance which is currently 429 admissions.

The General Surgery department (including Colorectal and Breast) has continued to achieve near or very near to planned levels since July 2017, this has been achieved by minimising dropped theatre lists in the weekdays. The service has now identified additional capacity required to recover the YTD day case underperformance. The recovery plans for Orthopaedics and General Surgery will be reliant on access to the day surgery departments at weekends, as such pressure from sustained increased Non-Elective demand may render the recovery plan unachievable.

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

Chemotherapy treatments have been lower than expected in October (although still 2% above plan), primarily due to a natural reduction, a cohort of longer treatments and some delayed treatments which will fall into November, which already looks 13% above plan. Data has been checked against the KOMS system, which shows a similar level of activity reduction, so the service are confident there are no data capture issues as seen in 2015/16.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	4,691	5,759	-19%	-1068
130 - Ophthalmology	9,965	10,760	-7%	-795
103 - Breast Surgery	3,760	4,483	-16%	-723
120 - Ear, Nose & Throat	6,590	7,007	-6%	-417
104 - Colorectal Surgery	4,544	4,861	-7%	-317
100 - General Surgery	2,200	2,465	-11%	-265
400 - Neurology	2,571	2,824	-9%	-253
110 - Trauma & Orthopaedics	5,861	5,619	4%	242
502 - Gynaecology	5,685	5,398	5%	287
420 - Paediatrics	2,879	2,472	16%	407
Total	**82,199**	**85,867**	**-4%**	**-3,668**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	11,616	12,974	-10%	-1358
800 - Clinical Oncology	6,049	6,835	-11%	-786
502 - Gynaecology	3,910	4,612	-15%	-702
560 - Midwifery	0	634	-100%	-634
430 - HCOOP	2,283	2,792	-18%	-509
140 - Maxillo Facial	973	1,395	-30%	-422
501 - Obstetrics	3,743	4,067	-8%	-324
303 - Clinical Haematology	574	829	-31%	-255
101 - Urology	3,915	3,717	5%	198
BLANK	370	6	5734%	364
Total	**58,276**	**63,614**	**-8%**	**-5,338**

OP New

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	3,522	4,947	-29%	-1425
100 - General Surgery	2,879	3,981	-28%	-1102
120 - Ear, Nose & Throat	6,963	7,652	-9%	-689
430 - HCOOP	2,672	3,344	-20%	-672
140 - Maxillo Facial	4,192	4,723	-11%	-531
303 - Clinical Haematology	800	1,210	-34%	-410
400 - Neurology	2,636	3,005	-12%	-369
320 - Cardiology	2,837	3,198	-11%	-361
300 - General Medicine	1,176	737	60%	439
330 - Dermatology	8,298	7,420	12%	878
Total	**103,752**	**110,214**	**-6%**	**-6,462**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	6,247	10,624	-41%	-4377
324 - Anticoagulation Service	8,241	10,129	-19%	-1888
502 - Gynaecology	8,001	9,393	-15%	-1392
100 - General Surgery	1,632	2,998	-46%	-1366
302 - Endocrinology	4,256	5,559	-23%	-1303
430 - HCOOP	2,187	3,321	-34%	-1134
410 - Rheumatology	8,606	9,556	-10%	-950
143 - Orthodontics	3,418	4,307	-21%	-889
104 - Colorectal Surgery	1,589	2,269	-30%	-680
110 - Trauma & Orthopaedics	20,827	20,122	4%	705
Total	**208,736**	**226,280**	**-8%**	**-17,544**

*Payment by Results Only

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	9,658	13,378	-28%	-3720
130 - Ophthalmology	6,659	8,778	-24%	-2119
110 - Trauma & Orthopaedics	3,350	3,960	-15%	-610
330 - Dermatology	2,581	3,062	-16%	-481
100 - General Surgery	1,212	1,479	-18%	-267
410 - Rheumatology	839	1,093	-23%	-254
800 - Clinical Oncology	1,884	2,135	-12%	-251
191 - Pain Management	1,482	1,669	-11%	-187
340 - Respiratory Medicine	515	672	-23%	-157
101 - Urology	4,320	4,474	-3%	-154
Total	**43,710**	**52,339**	**-16%**	**-8,629**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	849	1,144	-26%	-295
100 - General Surgery	706	923	-24%	-217
110 - Trauma & Orthopaedics	2,163	2,365	-9%	-202
320 - Cardiology	396	550	-28%	-154
300 - General Medicine	562	611	-8%	-49
430 - HCOOP	41	87	-53%	-46
401 - Neurophysiology	1	42	-98%	-41
103 - Breast Surgery	290	242	20%	48
400 - Neurology	193	139	39%	54
101 - Urology	1,643	1,558	5%	85
Total	**8,714**	**9,486**	**-8%**	**-772**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
420 - Paediatrics	2,967	3,769	-21%	-802
100 - General Surgery	3,366	3,975	-15%	-609
502 - Gynaecology	1,013	1,574	-36%	-561
501 - Obstetrics	2,527	3,020	-16%	-493
110 - Trauma & Orthopaedics	2,229	2,530	-12%	-301
320 - Cardiology	1,045	1,330	-21%	-285
410 - Rheumatology	29	176	-83%	-147
430 - HCOOP	5,788	5,680	2%	108
180 - Accident & Emergency	3,458	3,151	10%	307
300 - General Medicine	11,283	10,592	7%	691
Total	**38,459**	**40,797**	**-6%**	**-2,338**

*Payment by Results Only

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

79.30 %

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Green
4 Hour Compliance	89.37%	87.78%	84.91%	80.01%	79.25%	84.06%	82.69%	85.40%	82.88%	82.26%	84.27%	79.30%	95%
12 Hour Trolley Waits	0	0	1	0	1	1	0	0	0	0	0	0	0
Left without being seen	3.06%	3.19%	2.87%	3.78%	4.20%	3.46%	4.09%	3.84%	4.59%	4.11%	3.31%	5.39%	<5%
Unplanned Reattenders	8.93%	8.71%	8.88%	8.97%	9.31%	9.10%	9.40%	9.22%	8.62%	8.68%	8.19%	5.22%	<5%
Time to initial assessment (15 mins)	93.4%	94.7%	95.4%	94.6%	92.9%	88.4%	88.7%	91.2%	85.2%	81.0%	86.9%	79.7%	90%
% Time to Treatment (60 Mins)	49.9%	50.3%	49.5%	43.5%	40.8%	46.3%	43.5%	48.3%	46.3%	48.9%	48.5%	41.9%	50%

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

-11.9 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	85.22%	90.02%	90.17%	89.68%	90.80%	90.80%	91.20%	91.50%	89.90%	89.83%	90.48%	91.40%	
Performance	84.06%	82.69%	85.40%	82.88%	82.26%	84.27%	79.30%						

*Accurate at Working Day 10

Summary Performance

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

The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard. An Emergency Care Recovery Plan (ECRP) has revised to include the five mandatory requirements of the A&E Improvement Delivery Plan. The aim of the plan is to improve performance and

ensure that the A&E Improvement Delivery Plan delivers sustainability across emergency care pathways. It has been mandated through the Sustainability & Transformational Plans that the Trust will achieve performance levels which demonstrate consistent improvement over the course of 2016-17, with overall compliance in excess of 90%.

October performance against the 4 hour target was 79.30% against a trajectory of 91.20%. This shows a decline in performance compared to the previous month, with a lower proportion of patients seen within 4 hours.

Analysis of the breach reasons shows a similar picture to the previous month:

- The largest proportion of breaches in October was assigned as due to delays to be seen by a first clinician (increased to 41% of all breaches, compared to 31% in September and 44% of all breaches in August).
- The next biggest breach reason was around delays to Treatment Decision, which reduced slightly to 20% of all breaches from 22% in September.
- Bed Management & Waiting for Specialist Opinion breaches were 12% & 13% respectively.

Volume of attendances to Trust emergency departments remain above expected levels, with October activity maintaining raised activity numbers (+1,203; **+7.2% above plan**). This continues the trend of year to date attendance volumes being in excess of the planned activity levels (**6.0% above plan YTD**). Raised volumes in particular are noted at the Dover Buckland Hospital Minor Injuries Unit (+15% year on year), but also at the William Harvey Hospital in Ashford (+7%) and the Queen Elizabeth the Queen Mother in Margate (+6%).

The above-expected activity levels continue to contribute to high in department numbers at the sites, and with an increase in month within medical outliers (average 96 compared to 93 in September), and a rise in bed occupancy. While the breach analysis shows little change in the proportion of bed management breaches, the breaches show the knock–on effects of reduced patient flow out of the department to other hospital areas.

ECASCARD

The Trust introduced ecas card into the majors departments at both the William Harvey Hospital at the end of September, and into the Queen Elizabeth, the Queen Mother Hospital during October. Implementation of this system is aimed to bring real-time recorded activity to the A&E department, and being one of the first organisations in the country to go paperless, and provide up to date, real time tracking of patient journeys through the department.

The implementation plan has highlighted the requirement for clinical staff to use the system in real time and ensure that staff always fully track patients throughout their pathway. Although 24/7 training and support has been available within the departments there have been issues with staff adapting to using the new system; which have slowed down processes and caused increased breaches, particularly in the evenings and overnight. During the implementation period all staff have been encouraged, and are able to highlight issues and propose improvements, many of which have subsequently been implemented.

Since the implementation there has been a 5% decrease in performance; actions have been taken to increase management support, training and speedy resolution of issues. Executive and senior Divisional management are actively monitoring and supporting the situation to resolve issues and compliance to fully using the system.

A&E IMPROVEMENT PROGRAMME

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

Mandated initiative 1 - Front Door – Primary and Ambulatory Care streaming (EKHUFT lead)

- An integrated primary care service was implemented in the Urgent Care Centre at K&CH in July 2016.
- Pilots for an integrated primary care service are underway, at QEQMH the Acute Response Team model is due to go live in November 2016 and discussions have started to develop an integrated streaming model for WHH.

Mandated initiative 2 - Ambulance Response Programme (SECamB lead)

- It is a priority to improve patient handover and reduce delays to consistently improve handover times.
- A dedicated RAT (Rapid Assessment and Treatment) area has been identified at WHH and is planned to open in November 2016. This will provides a dedicated area to assess patients arriving by ambulance and reduce handover delays.

Mandated initiative 3 - NHS 111 (CCGs lead)

- In September 2016, Primecare began working as the new out of hours primary care provider and will also be taking over the 111 Contract in a phased approach in November 2016. Primecare have experienced issues in providing adequate staffing rotas which have impacted on the Emergency Departments and resulted in higher numbers of paediatric and adult attendances in the evenings and weekends. Escalation and communication between the Trust, Primecare and the CCG's is ongoing.

Mandated initiative 4 - Flow (EKHUFT lead)

- The SAFER programme has become embedded within the medical wards at WHH, with the next steps priorities to embed 'Red and Green' days to identify the reasons for 'Red' days and improve processes to ensure that patients do not experience delays waiting for issues such as diagnostics.
- The 7 day stranded patient metric is also a priority and will enable a senior clinical review of all patients who have a length of stay over 7 days and identify the reason why the patient remains in hospital.

Mandated initiative 5 - Improving discharge from hospital (KCHFT lead)

- It is a priority for health economies to develop a 'discharge to assess' model so health and social care assessments of care are carried out in patients' places of residence rather than in acute hospitals. The 'Home First' model has been developed with engagement from all stakeholders within the health economy and will be launched in November 2016.

The new A&E Delivery plan will become a whole system plan and be reissued in November after ratification by the A&E Delivery Board. The plan will continue to be monitored by the Urgent Care Board and from a whole system perspective via the A&E Delivery Board which has Executive representation.

Progress updates on the following also include:

Improving Clinical Leadership in ED

- Two new consultants have taken up their posts in the WHH ED, one of whom has dual accreditation as a paediatrician. This is a huge advantage to the Emergency Departments and will provide senior clinical leadership to enhance emergency children's services across the Trust.

Acute Medical Model

- A new Nurse Consultant in Acute Medicine has taken up his post at WHH, he has advanced clinical skills and experience in teaching and developing advanced practice roles. This post will be key in supporting the senior clinical team to embed the acute medical model and implement new nursing roles.
- A new consultant Acute Physician is rejoining the Trust in November 2016 bringing the QEQMH Consultant workforce to 3 wte.

Other issues

- There is an A&E summit on 3rd November to review the whole system capacity plans and agree investments for the winter.
- As part of the Emergency Care Recovery Programme additional support is to be given to run a "super discharge" week.

Trajectory Confidence

October performance against the 4 hour target was 78.95%, against a trajectory of 91.20%. Implementation of the new ECASCARD system and Primecare out of hours GP service have had a negative impact on performance this month.

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

- Ongoing 6% increased demand to ED. These high levels of activity, particularly in the evenings make it very difficult to discharge frail elderly patients home.
- Impact of Primecare, the new out of hours primary care provider.
- A high % of breaches of the 4 hour emergency access standard relate to implementation of the new ECASCARD system as staff become familiar and confident in using the new system.
- High numbers of patients attending ED in the evenings and weekends who could be managed by primary care, in particular paediatric attendances.
- Poor patient flow and bed availability due to internal delays in morning discharge and the number of patients awaiting supportive discharge within the medical wards..

- The number of DTOC's (delayed transfers of care) and access to short term external capacity in the community continues to be a high risk. There have been issues with a lack of external capacity across all geographic areas.
- Impact on the ED when trying to manage high risk patients attending with a mental health condition and who are awaiting assessment overnight by the Crisis Team.
- Delays in mental health bed availability.
- Middle grade medical staffing vacancies and unfilled gaps in rotas due to lack of agency or substantive staff. QEQMH is a particular risk due to the geographic location of the hospital.
- High number of nursing vacancies across the emergency floor at QEQMH.

Actions taken to mitigate risk and improve performance:

- Increased daily SITREP meetings with Chief Operating Officer or Divisional Director leadership at the 08:00, 13:00 and 16:00 meetings. Action focussed and structured meetings following the Trust Escalation Action Cards.
- Additional management support, at Executive and General Manager on call level has been provided at WHH and QEQMH at weekends and weekday evenings, with escalation to the CCG Executive on call to ensure all external stakeholders were aware and supporting the Acute Trust.
- Additional internal and agency medical staff have been booked to provide senior clinical support in the Emergency Departments and also to enable senior medical review at the weekend.
- Continued support and close working with SECAMB to ensure that patients are handed over safely.
- ECASCARD issues have been monitored and resolved to action improvements to the system. Continued 24/7 in department support is being provided. Increased communication to all staff regarding the availability of training.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

69.36 %

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Green
62 day Treatments	70.89%	79.11%	71.68%	79.86%	73.57%	71.04%	79.20%	75.42%	70.94%	74.58%	70.21%	69.36%	>=85%
>104 day breaches	87	75	57	64	65	61	42	56	57	45	53	44	<0
Demand: 2ww Refs	2,758	2,553	2,733	2,812	2,950	3,085	2,964	2,999	2,905	2,869	3,036	2,763	2628 - 2905
2ww Compliance	94.52%	93.87%	93.28%	94.10%	93.58%	89.25%	88.48%	94.61%	96.44%	94.77%	94.81%	97.02%	>=93%
Symptomatic Breast	93.55%	92.22%	94.06%	88.03%	92.98%	85.00%	83.73%	93.71%	93.10%	93.22%	95.31%	94.59%	>=93%
31 Day First Treatment	97.48%	98.00%	94.82%	97.07%	98.10%	96.11%	96.31%	94.55%	94.31%	93.64%	93.42%	96.07%	>=96%
31 Day Subsequent Surgery	96.97%	94.44%	94.59%	97.50%	96.72%	91.49%	88.24%	86.96%	96.61%	90.38%	92.59%	88.33%	>=94%
31 Day Subsequent Drug	98.53%	98.44%	86.17%	100.00%	100.00%	98.25%	98.95%	100.00%	97.33%	98.88%	100.00%	100.00%	>=98%
62 Day Screening	86.36%	85.00%	93.75%	95.65%	92.31%	92.86%	93.10%	100.00%	83.33%	87.50%	93.94%	89.86%	>=90%
62 Day Upgrades	77.78%	70.00%	50.00%	86.67%	70.37%	100.00%	57.14%	100.00%	82.35%	85.71%	82.35%	63.64%	>=85%

Sustainability & Transformational Funding Trajectory

-15.64

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
STF Trajectory	74.10%	76.40%	77.60%	77.40%	82.70%	85.40%	85.00%	85.50%	85.20%	85.10%	85.40%	85.20%	Sept
Performance	71.04%	79.20%	75.42%	70.94%	74.58%	70.21%	69.36%						Sept

Summary Performance

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

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

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

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

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

- Breast
- Skin
- Urology
- Upper Gastro-intestinal
- Lower Gastro-intestinal

- Lung
- Gynaecology
- Head and neck
- Haematology
- Other (includes brain, thyroid, children)

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

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

The Trust has been non-compliant against the 62 day standard since December 2014. A trajectory to recover this target was agreed in April 2016, which predicted compliance by September 2016, due to a drop in Urology performance and the agreed recovery this trajectory has been revised to January 2017. Performance in Urology has dipped significantly over the summer period lack of DaVinci Robotic surgery capacity, MRI breakdown at Canterbury and the failure of the booking process, following the first outpatient appointment. Radiology and Urology teams are meeting to align the MRI appointments and reporting with the TRUS biopsy to prevent delays in the pathway. In the meantime the cancer compliance team are highlighting MRI's that need reporting to avoid breaching the TRUS biopsy date. A review of the DaVinci capacity is being undertaken to understand if there is a gap between demand and capacity.

October performance is currently 69.36% against the improvement trajectory of 85.00%, validation continues to the 4th Dec 2016

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

During October there has been significant emphasis on clearing the backlog of patients waiting beyond 62 days. The cancer compliance team are focussing on escalation which has resulted in a 2% reduction in the number of patients waiting above 62 days (9 % to 7%). It is predicted that the number of patients above 104 days will be below 40 in November.

Patient Target List (PTL)

The Patient Target List details the patients waiting on a cancer pathway for either treatment or diagnosis. The PTL is part of a live Cancer Dashboard that is available through Qlikview on the intranet. The dashboard is updated every 30 minutes from the Cancer Clinical Information Systems, Infoflex. The key events for each patients (i.e. the tests, procedures or appointments) to establish diagnosis are published on the PTL and the patients wait times compared. This allows teams to know what block there are and any themes emerging from a cancer pathway.

Example of the Lower GI PTL Key Events breakdown

Extract: 09-Nov-2016 | Div: Surgical Services | Tumour: Lower GI | Sit

	Next Key Event	Total Pts	With NKE Date			No NKE Date		
			Max Wait	Average	No of Pts	Max Wait	Average	No of Pts
3	MDM Review	18	23	7.61	18			0
4	Out-patient appointment - to agr...	3	13	10.00	3			0
16	Diagnostic Scoping	1	41	41.00	1			0
40	Out-patient appointment - FIRST...	11	19	8.44	9	41	26.50	2
41	Out-patient appointment - f/up ...	2	34	29.00	2			0
45	Out-patient appointment - Oncol...	5	26	16.60	5			0
51	Awaiting Results - Histology	42	1	0.05	42			0
52	Awaiting Results - Imaging	10	4	-0.40	10			0
59	Results Review by Consultant	12	12	0.63	8	10	4.75	4
84	EUS	1	24	24.00	1			0
101	Surgery	6	43	22.40	5	10	10.00	1
102	Chemotherapy	3	14	14.00	1	4	4.00	2
109	MRCP	1	17	17.00	1			0
111	Barium Enema	6	35	25.25	4	22	11.50	2
114	EUA & Biopsy	3	42	30.00	2	3	3.00	1
120	Chemo-Radiotherapy	1	29	29.00	1			0
130	Best interest meeting	1			0	43	43.00	1
151	Ultrasound	3	16	11.00	3			0
153	CT	16	23	10.83	12	9	4.75	4
154	MRI	4	20	12.00	4			0
159	Virtual Colonography	27	60	25.52	25	6	3.50	2
162	OGD - Gastroscopy	1	3	3.00	1			0
163	Colonoscopy	202	121	31.83	133	50	8.30	69
164	OGD & Colonoscopy	30	88	42.37	19	43	9.00	11
165	Sigmoidoscopy	11	93	35.83	6	14	7.20	5
202	Stent	2			0	14	14.00	2
206	Polypectomy	7	36	25.20	5	14	8.50	2
207	Anaesthetic Review/OPA	1	12	12.00	1			0

A summary of the PTL is shared with Divisional Directors each week to support escalation of patients on the cancer PTL.

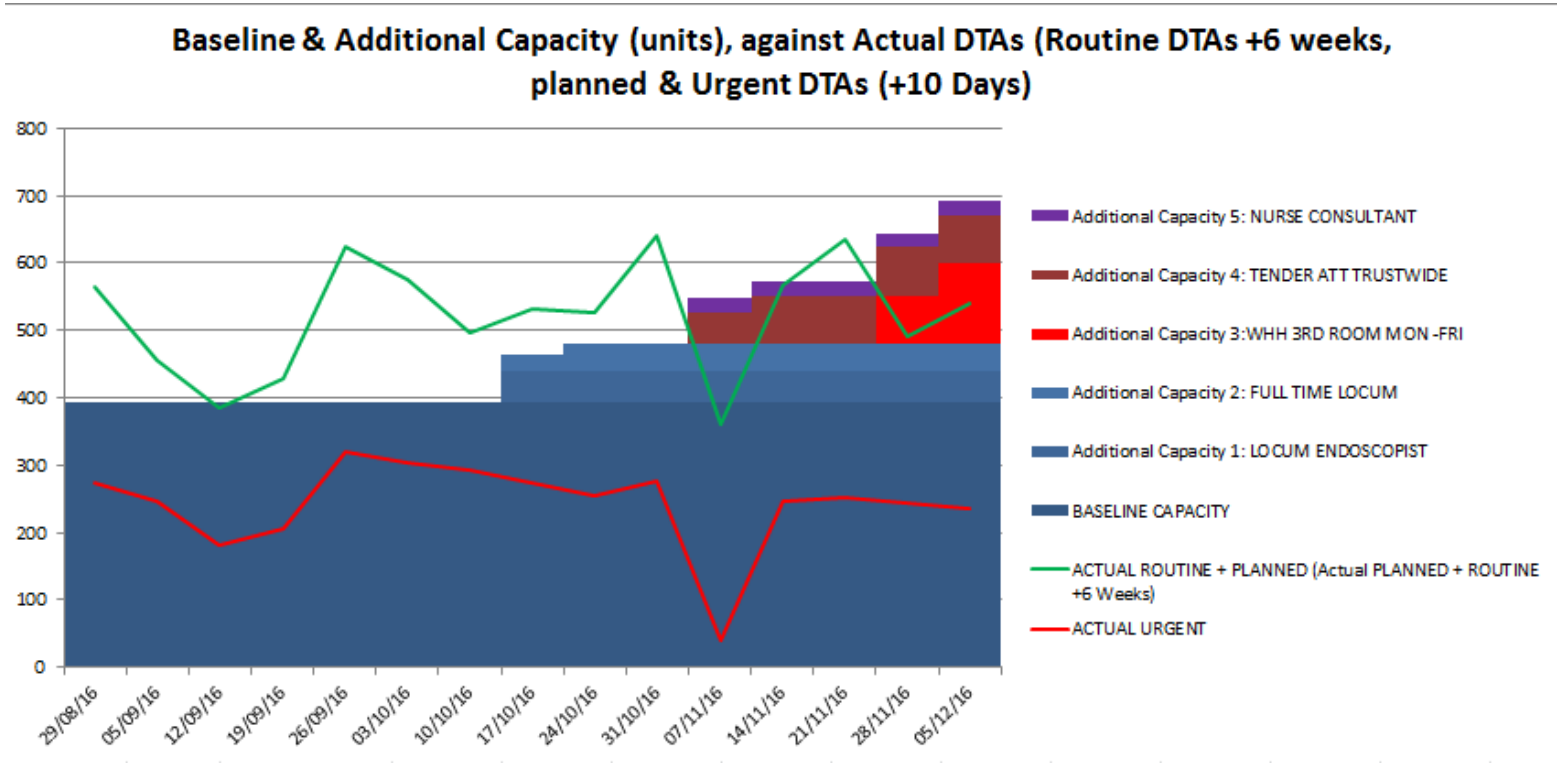
Count of NHS No	Tumo														
Period	Brain & CNS	Breast	Childrens	Gynaecological	Haematological	Head & Neck	Lower GI	Lung	Other	Skin	Sympt. Breast	Testicular	Thyroid	Upper GI	Urological	Grand Total
> 104 days		2		5		4	19	1		2			2	5	11	51
> 100 days				1		2	5								1	9
90 to 99				3		4	7	1		1			1	2	3	22
80 to 89				8		3	8	2		2		1		2	12	38
70 to 79				5		1	11	2		1			1	3	14	38
63 to 69		1		11		4	11	1						4	17	49
55 to 62		4	2	4	2	3	14	1		6	1		2	7	19	65
45 to 54	1	10		18		9	39	6		17	1		2	18	42	163
35 to 44		10	1	35	3	15	48	14		16	1		1	15	37	196
25 to 34	2	27		51	1	16	99	13	1	33	2		4	52	68	369
15 to 24		73	1	59	1	26	102	24		51	23		3	69	84	516
0 to 14	2	188		111	5	121	189	57		183	60		5	115	153	1189
Grand Total	5	315	4	311	12	208	552	122	1	312	88	1	21	292	461	2705

The Cancer Compliance Team continues to meet the MDM co-ordinators each day and agree actions and escalations. In weeks 1and 2 35 and 37 patients were removed from the waiting list. This is gradually reducing with 15 patients removed in week 4 by moving patient's through their cancer pathway , but pulling an operation date, outpatient date or diagnostic test forward, getting a report on CT or MRI etc. The team are able to offer on the spot training. Issues are escalated daily to Divisional Directors to unblock.

key areas of concern for the Trust are Endoscopy, Colorectal, Urology, Gynae-oncology and Radiology (both appointment and reporting capacity). The most significant risks are Colorectal, Endoscopy and Urology.

A joint meeting of Colorectal and Gastroenterology Ops Team and Clinicians is scheduled each month where the action plan and recovery trajectory will be monitored. Key actions from the group include:

- Increase capacity once tender awarded – the graph below shows when additional activity is planned to come on line and how much this will increase capacity by. An assessment of this against the business plan indicates that there will be sufficient capacity to meet demand. (table 2)
- Recruited two consultants which has created additional gastro and endoscopy capacity.(table 2)
- Recruit to Consultant vacancy on the William Harvey site.
- Nurse Consultant will be completing his endoscopy training at the end of the month and will have substantive endoscopy lists independently from November (table2).
- Business plan underway to expand IBD nursing team which includes funding faecal calprotectin test (FC)- this will reduce demand in endoscopy as the FC test will be used instead of scoping. Currently South Kent Coast is the only CCG to have this test funded in the community. We are in discussion with the remaining 3 CCG's to introduce this test. Further work is being done to agree a standard pathway for the management of IBD
- November – advertising for Endoscopy Lead (Gastro and Surgical Consultant) to jointly manage endoscopy services. This will support a more collaborative approach to KPI's, service development and workforce development. This will compliment Dr Muller role who will continue to manage gastro and screening services
- Validation and audit of referrals for gastro and surgical endoscopy referral - this will inform a revised locally agreed criteria to support appropriate endoscopy referrals.
- Governance meetings have been establishes to review the KPI's of Endoscopists, clinical incidents, RCA/AAR which are all supported by risk and change registers
- Continue work operationally to ensure our surgical colleagues are delivering 42 weeks of activity and leave process in as per trust policy
- Build on the joint meetings and establish a regular gastro/surgical business meeting.
- Through the additional capacity waiting times will be reduced and this will enable a successful application for JAG accreditation. The aim is to apply in December 16 at the William Harvey. This will enable Public Health England to approve EKHUFT to roll out bowel scope.
- Daily PTL management of the cancer pathway in place
- The revised cancer PTL showing diagnostics is assisting a new weekly demand and capacity model that the Information Business Partner ids developing– this will help us with the on-going management of the LGI pathway and enable us to share learning and constraints re booking Lower GI Endoscopy referrals



Urology

An action plan has been drafted and will be presented to Cancer Board in November. Monthly meetings between the Cancer Compliance Team and Urology are scheduled to monitor compliance to the action plan and recovery trajectory.

104 day patients

The number of patients waiting past 104 days has reduced and is currently around 50. It is expected that will continue to reduce through November when it is wexpected to fall below 40. This will represent around 1.5% (2.15% Nov 15) of the overall PTL. DATIX reporting and clinical investigation continues for these patients, if harm to a patient is considered an RCA will be completed.

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

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

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

18 Week Referral to Treatment Standard

Key Performance Indicators

86.03 %

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Green
Performance	91.51%	88.82%	90.10%	89.17%	89.27%	88.56%	87.89%	86.81%	86.65%	85.52%	85.11%	86.03%	>=92%
52w+	3	5	3	5	5	6	9	17	25	20	27	21	0
Waiting list Size	39,842	41,178	42,239	42,791	43,000	44,620	45,663	44,213	45,487	45,352	45,531	44,822	<38,938
Backlog Size	3,384	4,604	4,181	4,634	4,614	5,105	5,531	5,831	6,072	6,568	6,781	6,262	<2,178
Demand: PC Referrals	15,722	14,314	15,053	15,902	16,428	16,750	16,094	16,206	15,957	15,493	15,457	14,702	<15,484
Demand: Additions to IP WL	3,515	3,016	3,203	3,355	3,330	3,177	3,276	3,639	3,378	3,496	3,578	3,580	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

Sustainability & Transformational Funding Trajectory

-6.63 %

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

Summary Performance

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

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

- Primary care referrals higher than planned particularly in Orthopaedics which have continued all year, this results in long waiting times for first outpatient appointments ie Gastroenterology, Ophthalmology and Gynaecology
- Increase in Orthopaedic & General Surgery waiting list additions
- Higher than planned demand within business plan resulting in no flexibility within capacity in key specialities such as Orthopaedics, Dermatology, Maxillo Facial and Gynaecology
- Gastroenterology & Endoscopy capacity due to high demand
- Workforce vacancies in Otology resulting in referring to London Hospital which has seen an increase in waiting times, particularly 52 weeks waits
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits

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

- Neurology and Dermatology

Maintained performance in;

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

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

Recovery Trajectory

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

The Recovery profile is detailed below;

Recovery Trajectory

0.07 %

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Green
Recovery Trajectory						85.60%	85.96%	87.00%	88.40%	89.84%	90.97%	92.20%	Sept
Performance						85.11%	86.03%						Sept

Key Elements to the recovery plan

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

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

In October performance against the standard was 86.03%. There were twenty one patients who were waiting for treatment for more than 52 weeks as at the end of the month. :

Priority 1 - Improve Pathway Management

- The surgical division commenced more intensive time protected validation form Monday 4th October. This will be reviewed weekly to ensure continues to have an impact on the RTT position

Priority 2 - Achieve the Outpatient Milestones

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

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

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

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

Priority 3 - Deliver the Efficiency Programme

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

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

Priority 4 – Deliver recurrent demand substantively

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

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

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

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

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

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.91 %

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Green
Performance	99.86%	99.90%	99.81%	99.65%	99.65%	99.78%	99.87%	99.86%	99.77%	99.56%	99.74%	99.91%	>=99%
Waiting list Size	12,799	13,593	12,496	12,993	13,358	13,449	14,812	13,533	13,321	10,269	14,728	14,011	<14,000
Waiting > 6 Week Breaches	18	13	24	45	47	29	19	19	31	45	39	12	<60
Average Wait													<4

Sustainability & Transformational Funding Trajectory

0.78 %

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

Summary Performance

The DM01 is a national monthly report of performance against the 6 week standard for 15 key diagnostic tests. These include Radiology (MRI, CT and Ultrasound), Audiology, Echocardiography, Neurophysiology and Cystoscopy. Around 13/14 thousand tests per month are measured against the 6 week standard. The Division support the pathways for all patients on an 18 week and Cancer pathway. As well as monitoring the % of patients waiting 6 weeks or less for a diagnostic, the waiting list size and number of breaches over 6 weeks are also monitored, as these are key indicators that result in achievement of the DM01 standard.

12 patients waited over the 6 weeks standards in October 16 – breakdown below

CT – 4
Non-obstetric ultrasound – 4
Gynaecology Urodynamics – 2
Audiology – 1
Cystoscopy – 1

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

The DM01 and management of the performance in Radiology continues to be challenged by the GE RIS failure across Kent and Medway in August. It is advised that the backlog and an improved position for reporting will not be met until mid-December 16.

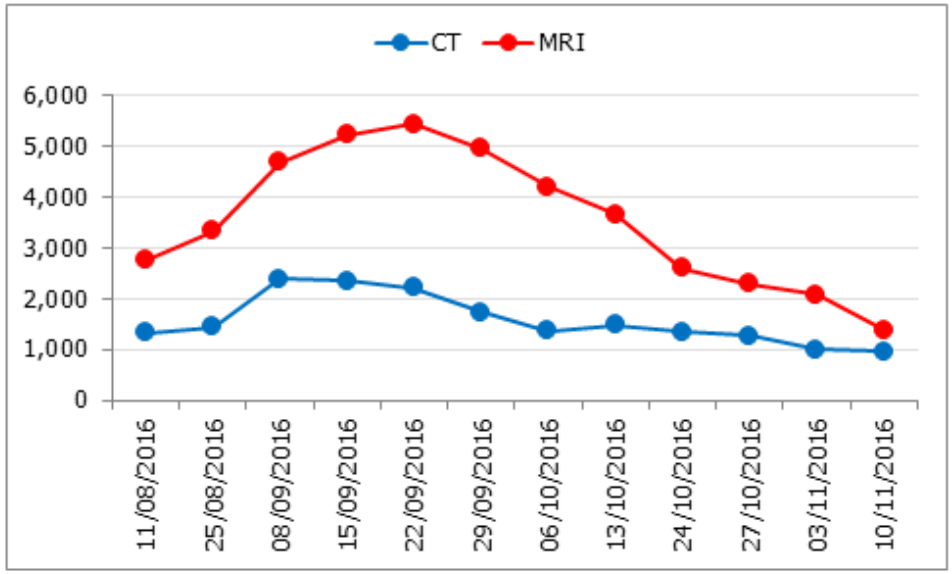
Mitigating Actions Taken

The team continue to outsource and use locums with a reduction in plan over next few weeks.

Current Position = Radiology Reporting Backlog
The graph below shows the reporting backlog trajectory for CT & MRI over the last 2 months.

Pre RIS Downtime

DATE	CT	MRI	TOTAL
11/08/2016	1,316	2,751	4,067
25/08/2016	1,437	3,329	4,766
08/09/2016	2,394	4,674	7,068
15/09/2016	2,339	5,231	7,570
22/09/2016	2,220	5,435	7,655
29/09/2016	1,725	4,952	6,677
06/10/2016	1,355	4,202	5,557
13/10/2016	1,481	3,661	5,142
24/10/2016	1,337	2,605	3,942
27/10/2016	1,257	2,291	3,548
03/11/2016	985	2,082	3,067
10/11/2016	949	1,390	2,339



We continue to manage variations in demand in all modalities with limited capacity to deliver more. All equipment working to maximise opportunity – **Mitigating Action** We continue to vet requests, provide information to Trust Divisional clinical teams; CCG's at Consultant/Practice and GP level to enable a greater level of understanding and assessment of need and challenge as to requesting. Additional lists being undertaken to include both extended days during the week and Saturday lists.

Recruitment of Consultants Radiologists remains a huge risk to delivery concern. **Mitigating Action** On-going substantive recruitment 2 Consultant appointed in month with view to take up post in April 2017 External advert open and reviewing opportunities in Europe for recruitment.

The Trust ageing equipment continues to be monitored closely and serviced as required. **Mitigating Actions,** The Division have secured capital funding for the replacement of 2 MRIs at KCH. Planning has commenced to deliver MRI solutions to be in place between Jan and April 2017 .

Daily oversight, monitoring and escalation to DD as required

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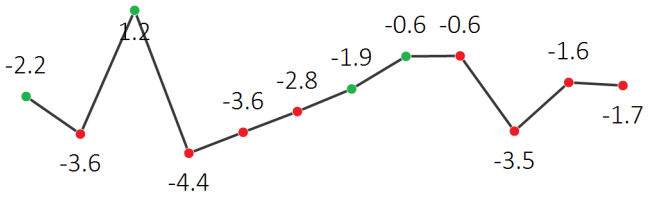
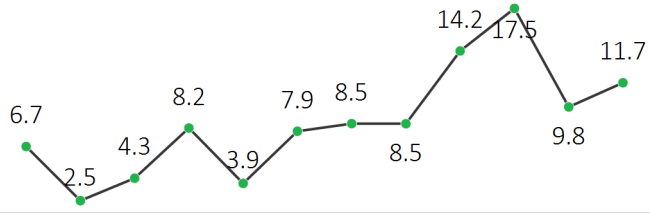
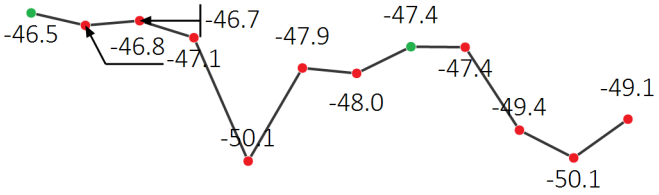
NHS Foundation Trust

Strategic Theme: Finance

Finance

Oct	I&E £m	-12.7 (7.5%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for "extra" CIPS
Oct	Cash Balance £m	11.7 (19.2%)		Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.
Oct	Total Cost £m	-49.1 (-1.9%)		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.
Oct	Forecast I&E £m	-19.5 (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

Oct

Normalised Forecast £m

-23.6
(0.0%)

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

Comments:

The Trust's monthly I&E deficit in October (month 7) was £1.7m compared to £1.6m in September. This was in line with the forecast trajectory through to year end. The year to date I&E deficit stands at £12.7m with STF income of £4m relating to Q1 having been received. No further STF is expected. In order to meet activity plans, use of the independent sector has increased significantly over the last 2 months, reaching £1m in October largely through Ophthalmology and Orthopaedics outsourcing. The Trust's year end forecast is £19m as agreed at the Trust Board on 7 October 2016 and communicated to NHSI, a £5m stretch on the previous forecast, comprising a £7m operational deficit and £12m of lost STF income. The Trust has put in place a set of measures following the board meeting designed to secure the year end forecast. The divisions are engaged fully in delivering these plans including the assessment of all agency filled posts and vacancies. Against the initial £20m CIPS target, including income, for the year to date, £8.8m has been delivered against a target of £9.5m. The Trust is continuing to discuss its cash requirements with NHSI and to the end of M7 had accessed £12.8 of its approved interim credit facility of £14.6m. The latest forecast submitted to NHSI indicates a requirement for c£30m. The Q4 position must be a substantial improvement on the year to date performance if the stretched target is to be achieved.

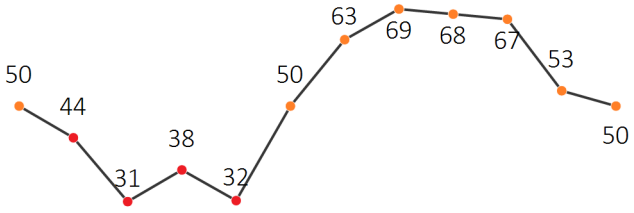
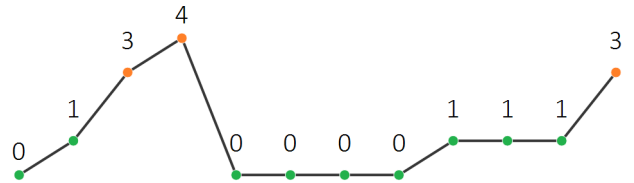
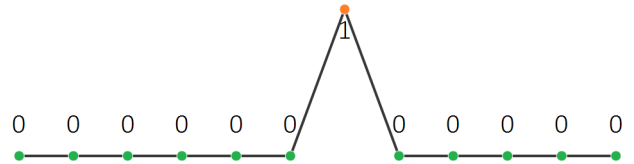
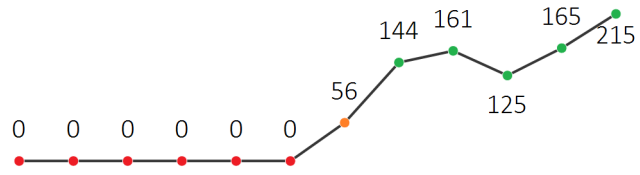
The forecast is rated as high risk as a result of:

- Workforce pressures continue with increasing agency spend in month
- potential activity and income reductions over the December/January period
- Rising levels of staff turnover (12.6%) and vacancies (10.6%)
- continuing demand and activity pressures in emergency care
- high levels of cancelled operations
- Creditor days now stand at 51.4
- the cost of medical outliers in surgical beds now exceeds £1m ytd
- High level of commissioner challenge continues (£6m to Q1)
- Oncology SLA with MTW £0.5m risk
- Minimal reserve against fines, penalties and challenges

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Oct	Representation at H&S	614 (21.4%)		% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Oct	RIDDOR Reports (Number)	14 (-41.7%)		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.
Oct	Formal Notices	1		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).
Oct	Health & Safety Training	866		H&S Training includes all H&S and risk avoidance training including manual handling

Comments:

Divisional representation at site H&S meetings remains low this month. The Strategic H&S Committee have now reviewed all nominated representatives for the site meetings and have signed off a process for improving local attendance. The Strategic H&S Committee is now well attended by Divisional colleagues.

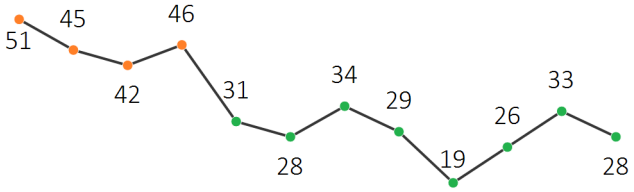
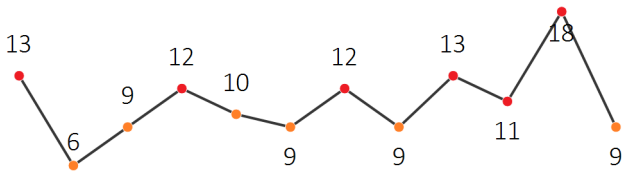
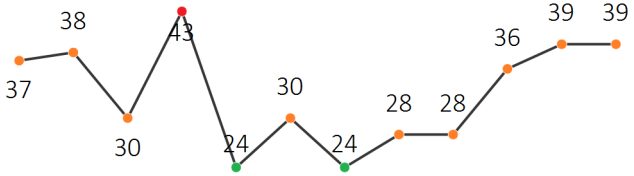
There are 3 RIDDORS reported this month. Assault by patient to staff on Taylor Ward (Dementia) - Physiological injuries. A staff members fingers trapped in closing fire door at WHH (no fault with door). A staff member at QEQM sitting on a wall then climbed over and fell - reported as on Trust premise, although technically not caused by their workplace.

H&S training continues to deliver above required % of staff within the organisation, largely driven by internal courses delivered by the H&S and manual handling teams.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Oct	Accidents	412 (-21.4%)		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.
Oct	Fire Incidents	131 (-3.0%)		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.
Oct	Violence & Aggression	396 (-13.3%)		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.

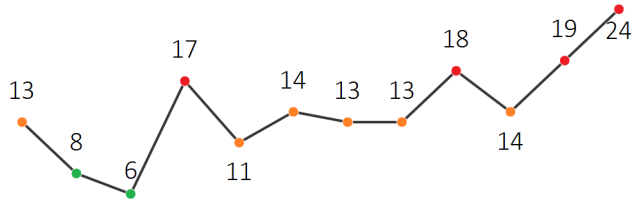
East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Health & Safety

Oct

Sharps

170
(109.9%)



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 Fire incidents (including false alarms has decreased this month). EKHUFT has prioritised fire management investment in 16/17 and 17/18. It is expecting to invest over £1.3m in fire management, compartmentalisation and detection systems across all three main sites. For example the fire alarm system in the 1937 is being replaced currently and is beginning to impact on the number of false alarms as per the stats this month.

The fire management arm of Ashford Borough Council (ABC) has undertaken extensive fire management surveys on each site which the Trust has used to identify how and where the budget is best allocated. These surveys are being uploaded onto MICAD (our asset management system) so we can a map robustly and have an understanding of our existing fire precautions and any gaps, in addition to controlling (via the permit to work system) any potential breaches that might occur through cabling, building works or changes to the use of space.

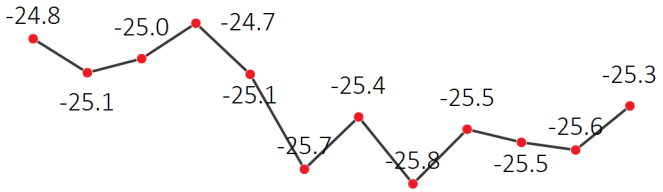
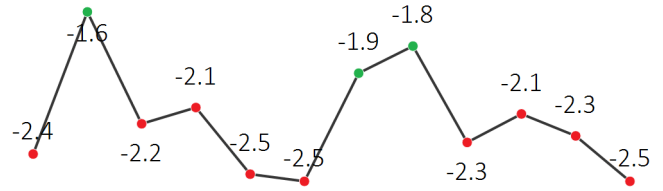
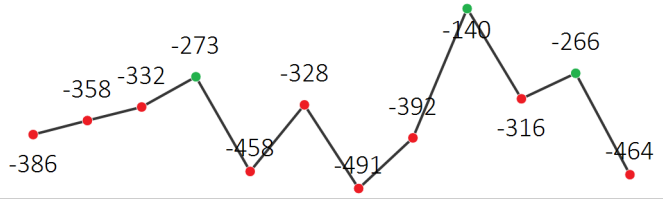
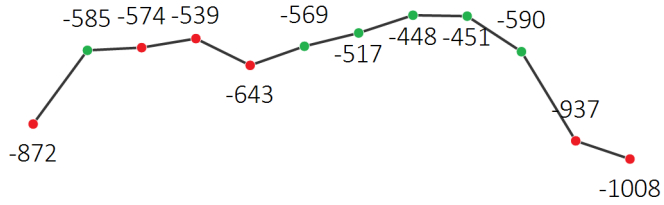
The number of violence and aggressive incidents at 39 remains high (although amber) and at the same level as last month. This has been discussed at the management board with Divisions asked to raise this issue departmentally to ensure staff are being supported.

The number of sharps incidents this month is 24, which is the highest in a single month, this year. The EKHUFT occupational health consultant will be preparing her annual year end report shortly, to identify any underlining themes. It is understood that human error remains the biggest reason for the number of incidents. A new sharps bin trial being undertaken and evaluated at WHH will conclude next month, the trail includes improved safety features which could reduce the potential for human error.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

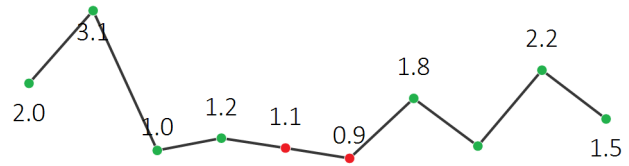
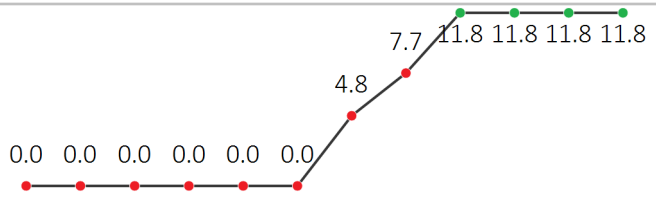
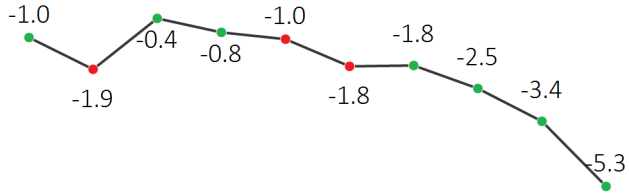
Oct	Payroll Pay £m	-25.3 (-1.2%)		Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Oct	Agency Spend £m	-2.5 (11.7%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Oct	Additional sessions £k	-464 (74.2%)		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.
Oct	Independent Sector £k	-1008 (7.6%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Comments: Pay costs in month were £28.3m as against an average of £28.1m per month up to month 6. Agency and locum costs increased in month to £2.6m, the highest level since October 2015, and now stands at £15.5m for the year to date against the ceiling trajectory of £15.4m. 65% of agency spend is medical staff compared with 34% across the region Measures continue to be strengthened to reduce the agency bill, but are challenged from the high number of vacant medical staff posts, particularly in medicine.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Oct	CIPS £m	8.8 (-32.5%)		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.
Oct	Cash borrowings £m			Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.
Oct	Capital position £m	-16.2 (55.4%)		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.

Comments:

CIPS of £7.1m have been reported ytd which is £2.6m below plan mainly due to the shortfall in theatres efficiency savings, and some slippage on outpatients and workforce. Additionally, an income CIPs contribution of £1.7m ytd has been delivered. The CIPS target for the year is £20m with a further £5m stretch of run rate and cost avoidance measures. As at the end of October, schemes valued at £18.4m had been identified. This reduces to £17.1m when risk adjusted. The forecast for Income Completeness schemes is £2.3m. New CIPs Ideas sufficient to close the gap continue to be developed.

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

The capital position at the end of September is 21% under plan. It is expected that the full £14.2m plan will be delivered by year end.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Use of Resources

Productivity

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

Comments:

Theatres: £0.9m has been booked against this scheme year to date with a £3.1m target. The programme of improvement put in place supported by Four Eyes is being rolled out and further efficiency improvements, resulting in higher levels of clinical productivity and reduced IS and additional session spend is planned for the second half of the year. A review of pre-assessment procedures has identified further opportunities.

Outpatients: £0 has been booked against this scheme year to date against a plan of £0.4m. Divisions are struggling to implement cost reductions given high levels of demand.

East Kent Hospitals University NHS
NHS Foundation Trust

Strategic Theme: Improvement Journey

		Jun	Jul	Aug	Sep	Oct
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	85.40	82.87	82.26	84.21	78.94
MD03 - Maternity Capacity	Midwife:Birth Ratio (%)	25	30	29	30	31
MD06 - Pathway Flow	IP - Discharges Before Midday (%)	14	15	15	14	15
	DToCs (Average per Day)	62	62	58	53	61
MD07 - Medicines Management	Pharm: Fridges Locked (%)	94	90	92	93	91
	Pharm: Fridge Temps (%)	83	83	81	83	84
	Pharm: Drug Trolleys Locked (%)	100	97	99	98	98
	Pharm: Resus. Trolley Check (%)	88	92	90	89	87
	Pharm: Drug Cupboards Locked (%)	91	91	92	90	91
MD08 - Staffing Levels	Vacancy (%)	10.0	10.6	10.8	11.1	11.0
	Shifts Filled - Day (%)	99	91	91	93	93
	Shifts Filled - Night (%)	103	103	102	100	102
MD09 - Workforce Culture	Sickness (%)	3.8	3.8	3.8	3.8	3.3
	Appraisal Rate (%)	73.1	75.4	79.5	81.2	83.2
	Staff Turnover (%)	11.9	12.1	12.0	12.7	12.7
	Corporate Induction (%)	100	100	100	100	100
	Staff FFT - Work (%)	58	58	58	58	58
MD11 - Clinical Audit	Clinical Audit Prog. Audit	3	3	3	3	3
	Clinical Audit Review	3	3	3	3	3
MD12 - Environment	Cleanliness Audits (%)	98.0	97.9	98.0	97.7	98.3

MD17 - Incident Reporting	Clinical Incidents: Total (#)	1383	1265	1275	1349	1307
MD19 - Major Incident Planning	Major Incident Training (%)	29	31	32	34	35
MD22 - Agency Staffing	Unplanned Agency Expense	68	98	100	115	109
	Clinical Time Worked (%)	73	74	71	70	74
	Temp Staff (WTE)	203	205	226	230	233
	Employed vs Temporary Staff (%)	92.8	92.2	92.0	91.9	92.0
	Local Induction Compliance %	15.0	15.0	9.2	14.9	14.3
MD26 - Complaints Process	Complaint Response in Timescales %	94	96	97	92	94
MD30 - Medicines Management	Medicines Mgmt. Incidents	119	91	109	118	102

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Glossary

Domain	Metric Name	Metric Description	Green	Weight
				0 %
A&E	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	<= 90	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 28	30 %
	Extra Beds	Number of extra 'unfunded' beds available		0 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Outliers	Number of Bed Outliers in the Trust, where the intended use of the bed is used for another service		0 %
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 %
	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %

Clinical Outcomes	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	PROMs EQ-5D Index: Groin Hernia	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		0 %
	PROMs EQ-5D Index: Hip Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		0 %
	PROMs EQ-5D Index: Knee Replacement	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.		0 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	>= 95	10 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 60	50 %

Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	< 4	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	0 %
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	0 %
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		0 %
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	0 %
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	0 %
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £5.2m deficit adjusted for “extra” CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %

Health & Safety	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.		0 %
	Blood Transfusion Errors	The number of blood transfusion errors sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		0 %
	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.		0 %
	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 %

Incidents	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.		0 %
	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.		0 %
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	0 %
	Blood Culture Training	Blood Culture Training compliance	>= 85	0 %
	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	0 %
	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	0 %
	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	0 %
	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	0 %

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	0 %
	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 (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12	0 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	0 %
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-9pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 9pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	4 %
	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89	4 %
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Audit due to commence in January - Percentage of controlled drugs signed off by two nurses	>= 85	5 %
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 1	10 %
	FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	30 %

Patient Experience	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 15	1 %
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.		0 %
	Number of Compliments	The number of compliments recorded per ward. Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
	Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	2 %
	Returning Complaints	Number of complaints returned		4 %
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 90	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		0 %
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		0 %
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total non-clinical cancellations.	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %

RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	0 %
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency %	% of Staff working employed through an agency. Number indicates average of last 12 months data (as shown in graph).	<= 10	0 %
	Agency & Locum Spend	Total agency spend including NHSP spend		0 %
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	0 %
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
	Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	0 %
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	< 28	2 %
	NHSP Use % of Agency	% of Employee's deployed through an agency that are NHSP. Number indicates average of last 12 months data (as shown in graph).	> 90	0 %
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	0 %
	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)	>= 97	15 %
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 97	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		0 %

Staffing	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		0 %
	Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	15 %
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Temp Staff (WTE)	Count of Temporary Staff in post	< 182	1 %
	Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	0 %
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Total Staff In Post (SiP)	Count of total staff in post		1 %
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	< 100	5 %
	Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	0 %
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	0 %
	Mandatory Training (%)	The percentage of staff that have completed mandatory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	0	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	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	0 %

Use of Resources	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	0	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	0 %
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan		0 %
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.		0 %
	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	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	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

Quality & Safety Heatmap

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)
KCH - Kent & Canterbury															
Specialist															
KBRA - BRABOURNE (KCH)	100.0	1	0	0	0	63	100	83	100	63	100	0.0		94	104
MARL - MARLOWE WARD	100.0	0	6	1	1	63				61	95	1.6	87.6	91	99
Surgical															
CLKE - CLARKE WARD	96.4	1	3	0	0	1	100	89	100	25	99	0.0	92.9	88	98
KENT - KENT WARD	100.0	2	1	0	1	50	100	100	75	51	100	0.0	94.1	107	94
KITU - KCH ITU	100.0	0	0	0	0	0							92.3	87	97
Urgent Care															
HARB - HARBLEDOWN WARD	91.7	3	7	0	1	34	81	89	88	21	88	0.0	73.2	91	102
HARV - HARVEY WARD	100.0	0	0	0	0	0									
INV - INVICTA WARD	90.5	0	4	0	1	15	96	86	93	27	100	0.0	88.4	93	118
KCDU - EMERGENCY CARE CENTRE	81.8	0	0	0	0	0							91.7		
KING - KINGSTON WARD	100.0	0	9	0	3	2				29	100	0.0	105.6	89	92
KNRU - EAST KENT NEURO REHAB UNIT		0	0	0	0	0				27	100	0.0	86.1	77	108
MTMC - MOUNT/MCMASTER WARD	100.0	0	2	0	2	8	75	77	87	16	100	0.0	100.1	87	131
TAY - TAYLOR WARD	80.0	0	0	0	0	1	88	90	98	93	100	0.0	83.1	70	98
TREB - TREBLE WARD	100.0	0	4	0	0	13	98	91	99	55	94	0.0	88.8	84	121
QEH - Queen Elizabeth Queen Mother															
Specialist															
BIR - BIRCHINGTON WARD	100.0	0	2	0	2	130	100	100	100	49	100	0.0	105.3	104	99
KIN - KINGSGATE WARD	100.0	0	0	0	1	34							92.4	84	87
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0							90.1	88	100
RAI - RAINBOW WARD	100.0	0	1	0	0	0				39	100	0.0	98.9	94	98
Surgical															
BIS - BISHOPSTONE WARD	100.0	1	12	0	1	1	92	88	98	45	100	0.0	95.7	86	105
CSF - CHEERFUL SPARROWS FEMALE	95.5	2	3	0	1	38	85	92	94	26	100	0.0	87.5	86	105
CSM - CHEERFUL SPARROWS MALE	100.0	0	3	0	0	36	94	96	98	39	97	0.0	91.2	78	89

Apdx.

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QITU - QEH ITU	83.3	0	0	0	0	0							98.1	78	91
QX - QUEX WARD	92.3	0	2	0	0	74	94	84	95	93	100	0.0	96.7	97	97
SB - SEA BATHING WARD	96.0	0	0	0	0	0	100	100	100	48	100	0.0	92.6		
Urgent Care															
DEAL - DEAL WARD	96.4	0	5	0	1	5	100	96	100	16	100	0.0	92.4	117	118
FRD - FORDWICH WARD STROKE UNIT	94.7	0	14	0	1	0	100	100	100	0			77.2	96	101
MW - MINSTER WARD	100.0	4	2	1	0	40	91	77	85	75	98	2.3	88.7	102	106
QCCU - QEH CCU	100.0	0	0	0	0	215	100	100	100	74	100	0.0	88.2	80	100
QCDU - QEH CDU	100.0	0	0	1	0	15	96	81	89	17	82	17.9	83.4		
SAN - SANDWICH BAY WARD	100.0	2	3	0	1	0	89	81	98	46	100	0.0	96.6	116	143
SAU - ST AUGUSTINES, THE REHAB. WARD	92.6	0	8	0	1	0	100	83	100	43	88	0.0	74.8		
STM - ST MARGARETS WARD	100.0	0	5	0	1	14				36	100	0.0	95.4	113	103
WHH - William Harvey															
Specialist															
FF - FOLKESTONE	100.0	0	0	0	0	0								80	66
KEN - KENNINGTON WARD	100.0	0	1	0	0	1	100	100	100	71	91	6.5	87.8	87	97
PAD - PADUA	100.0	1	0	0	0	0				20	99	0.0		84	89
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	29								95	101
SING - SINGLETON MLU		0	0	0	0	0								125	192
Surgical															
ITU - WHH ITU	100.0	0	0	0	0	0							101.9	121	109
KA2 - KINGS A2	100.0	0	2	1	2	98	95	89	98	52	100	0.0	90.9	92	113
KB - KINGS B	100.0	1	3	1	2	98	97	96	97	54	100	0.0	94.7	96	140
KC - KINGS C1	100.0	2	2	0	0	94	94	85	84	88	89	0.0	92.3	106	100
KC2 - KINGS C2	100.0	1	1	0	2	3	93	95	97	46	99	0.0	86.6	88	92
KDF - KINGS D FEMALE	100.0	2	2	0	0	0	95	93	94	32	100	0.0	93.1		
KDM - KINGS D MALE	100.0	1	1	0	1	193	92	89	94	51	96	2.2		101	104
RW - ROTARY WARD	100.0	0	3	0	2	43	95	93	97	33	100	0.0	93.3	97	99
Urgent Care															
CCU - CCU	90.9	0	0	2	0	16	100	83	93	85	100	0.0	78.3	101	100
CJ2 - CAMBRIDGE J2	100.0	0	8	0	3	0	100	93	93	41	91	4.5	74.7	101	111

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	Care that matters to you? %	Care Explained? %	Respect & Dignity? %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)
CK - CAMBRIDGE K	100.0	1	2	1	1	17	93	91	95	71	100	0.0	95.4	113	99
CL - CAMBRIDGE L REHABILITATION	96.2	4	10	0	0	0	81	67	99	140	100	0.0	90.2	82	123
CM1 - CAMBRIDGE M1 SHORT STAY		3	4	0	1	0				61	97	0.0			
CM2 - CAMBRIDGE M2	100.0	1	4	0	0	14	81	82	94	59	100	0.0	97.4	95	99
OXF - OXFORD	100.0	0	2	0	0	0				40	100	0.0		99	100
RST1 - RICHARD STEVENS 1 STROKE UNIT	91.7	3	6	0	1	0	91	88	91	51	97	3.1	89.7	95	99
WCDM - WHH CDU MIXED	95.7	0	0	1	0	1	89	87	94	13	74	21.7			

East Kent Hospitals University NHS
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Workforce Heatmap

	Clinical	Finance & Perform	HR & Corporate	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Appraisal Rate (%)	86.3	84.6	81.0	78.6	81.7	78.1	91.4	74.8
Employed vs Temporary Staff (%)	91.8	94.3	91.9	93.3	95.0	90.7	93.8	88.2
Mandatory Training (%)	91	92	93	81	84	89	87	89
NHSP Use % of Agency	100.0		100.0	100.0	100.0	100.0	100.0	100.0
Sickness (%)	3.3	1.4	2.0	2.2	3.8	3.0	3.4	3.2
Staff Turnover (%)	13.2	11.4	18.7	15.0	12.5	12.9	10.5	14.1
Vacancy (%)	11.2	7.4	17.9	14.6	7.9	12.1	8.4	14.9

Apdx.