

INTEGRATED PERFORMANCE REPORT



Chief Executive's Summary

I am pleased to have been welcomed to the Trust and have appreciated the openness and hospitality I have received. I been involved in a number of staff forums over the last few weeks and I continue to be encouraged by the dialogue with staff albeit they have been through a difficult period. It is really vital that we encourage and promote open dialogue with our staff and that this is seen as normal, vital and dynamic. It's the only way of taking the Trust forward.

The staff awards have been a highlight for me as both an opportunity to celebrate success but also to talk to more staff in a more relaxed environment.

The exec team, led by Liz Shutler, have been busy talking to staff and dealing with the inevitable range of questions that came from last week's announcement regarding the medium list of options for the Trusts clinical strategy. The briefings have been well attended and staff have dealt with the news in a sophisticated way, especially as the message is layered and complex.

I am also pleased to inform the Board that the bid for a Kent Medical School went off from the universities last week. This will be evaluated and the decision announced in March. This a vital development for the county and one which we should all put all of our influence behind.

The Chairman, Finance Director, HR director and I met with NHS I regarding our financial progress. This was an upbeat meeting which clearly demonstrated the continuing assurance NHS have regarding our financial grip and control. Phil Cave led a confident presentain of our progress. The business end of the year has increased risk to the final plan as both winter arrives and the profile of savings increases. NHSI are fully aware of this so month 8 is key.

Regarding the Trusts over all performance, I am pleased to note that overall patient experience continues to report positively and, although I recognise further work is still required, the Trust has noted an improvement in patient satisfaction of hospital food and cleanliness. Our emergency department waiting times remain an area of heightened focus for us, which has been further demonstrated through our friends and family test.

However, I am pleased to report that there has been further improvement in our A&E 4 hour performance, now reporting at 75.3%. As reported last month, this is as a result of a rapid improvement programme that commenced in October as part of the Trust's overall Emergency Department (ED) improvement plan. Our relative position compared to our peers nationally continues to report positively and we are continuing regular meetings with our key partners and regulators to address system wide issues.

Unfortunately, referral to treatment performance has decreased again slightly whilst backlog numbers have increased. As reported in the previous report, there is an improvement trajectory in place at specialty level to address the number of patients waiting beyond 52 weeks. The Trust is working on a revised trajectory which will be submitted to ensure that the target for March 2018 is reached in collaboration with our commissioners.

I am pleased to report that cancer performance overall has improved. Two week wait, two week wait breast, 31 day diagnosis to treatment, 2nd treatment to surgery, drug treatments and the 62 day screening standards are now reporting a compliant position.

As reported in the last report we are still reporting a high number of mixed sex breaches in our Clinical Decision Units. This is due to challenges we face as a whole system around patient flow.

Our complaint response times remain a challenge for us, but reported an improved position compared to September 2017. This continues to be addressed by our Complaints Steering Group.

Our 'safe' domain reported harm free care (new harms which we can influence) at 96% a decrease compared to September 2017. All of our hospital sites have reported an increase in new harms and a rigorous programme of validation and focussed work will continue to ensure patient safety remains a priority.

The number of falls has decreased slightly in October compared to September. I reported in the last report that the Trust now has an Associate Practitioner in post and she has made excellent progress, particularly on Cambridge L and Cambridge M1, frailty wards, both of which have now reported over 10 fall free days. I take this opportunity to express my gratitude to all teams involved.

Unfortunately, the prevalence of all pressure ulcers has increased compared to September. October's avoidable category 2 pressure ulcer rate is very slightly worse than reported in September but reported a better position compared to this time last year. This continues to be an area of focus for the Trust.

As we have recognised in previous reports, our infection prevention and control performance is an area of challenge and increased focus. However, I am pleased to report that in October 2017, our number of c.difficile infections reported below trajectory at 19 cases against an annual objective of 46. There was one reported case of MRSA in October 2017.

As reported in the last report, the Trust reported a hospital acquired legionella at the beginning of October. The whole legionella programme has been reviewed together with Public Health England and the Health and Safety Executive and an independent review of our control programme has been undertaken. A full report will be reported at the Board of Directors meeting in the public session.

I am pleased to report that VTE risk assessment reported a compliant position for the month of October 2017. Focus continues to sustain performance and continually improve the overall year end position.

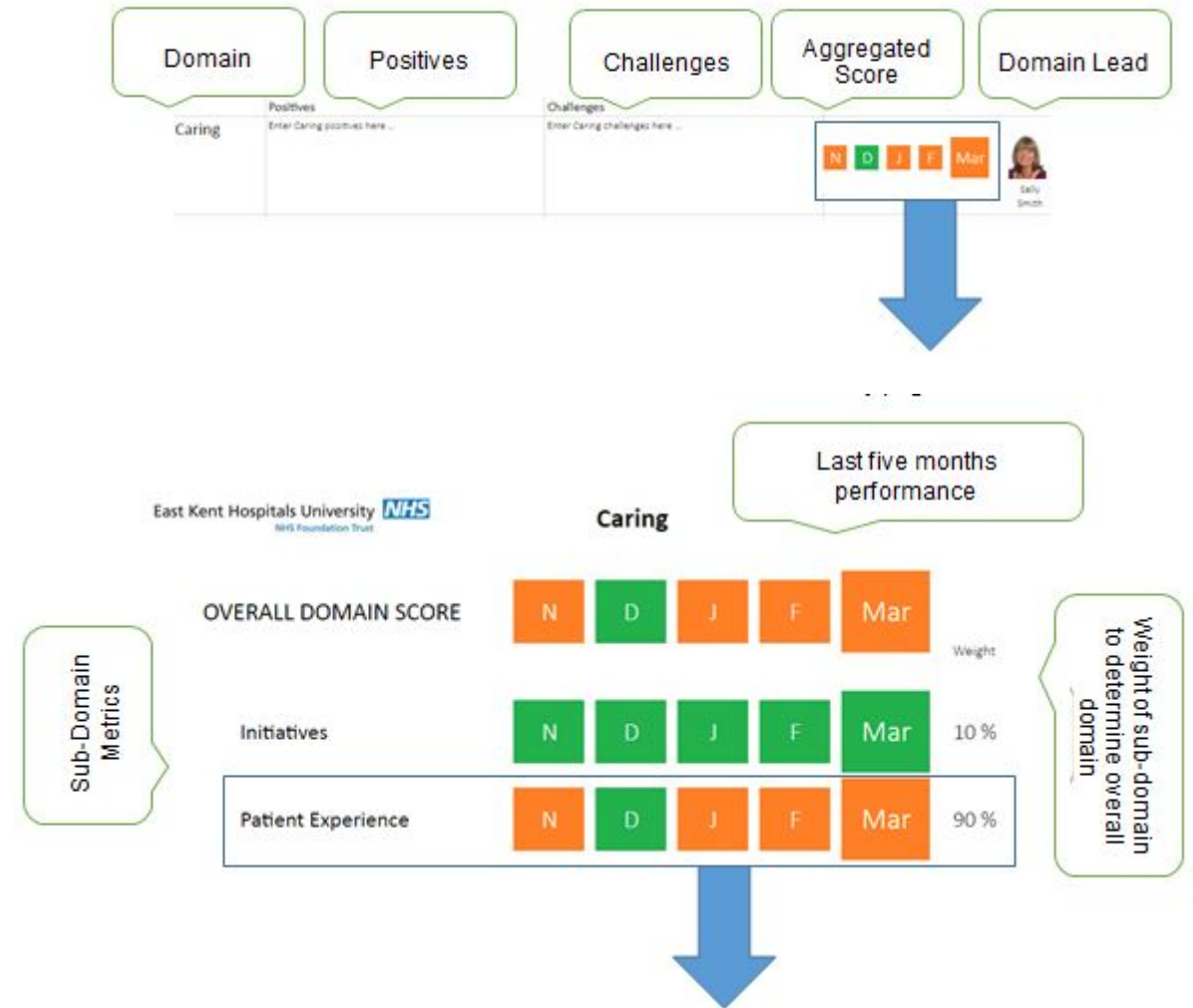
Our detailed finance position can be found in the Finance Strategic Theme pages of the report. The Trust's I&E deficit position in October (month 7) reported at £1.1m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing, and after technical adjustments) against a plan of £0.8m. The year to date I&E deficit is £12.9m against a plan of £13.1m (£0.2m better than plan). We continue to work with our regulators to monitor the Trust's Financial Recover plan. Our recovery plan remains as an £18.9m deficit target (excluding Sustainability and Transformation Funds) this year. Total risks of £13.3m have been identified as a result of risks related to the likely impact of the A&E improvement plan where funding streams are unclear.

I refer you to Workforce Strategic Theme pages which provide the Trust's workforce data as at October 2017. There is a continued focus on our hard to recruit roles and reduction in agency. Our Human Resources Team is working hard with Divisions to identify new ways and methods of recruitment in a more timely way and to explore different workforce models.

Understanding the IPR

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

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



Understanding the IPR

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

Key Metric		Metric Score					Metric RAG		Metric Weight
Patient Experience	Compliments to Complaints	17	22	14	17	19	>= 12	10 %	
	Overall Patient Experience	88	91	90	91	91	>= 90	10 %	
	Complaint Response in Timescales	94	88	88	68		>= 85	5 %	
	FFT: Recommend (%)	97	97	96	96	96	>= 90	30 %	
	FFT: Not Recommend (%)	1	1	1	2	3	>= 1	11 %	

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



All RAGs are banded as Green, Amber and Red. A grey cell indicates that data is not yet available. The threshold for the green RAG point is indicated in the Glossary pages together with how much weight each metric holds towards the sub-domain.

Strategic Priorities



Our vision:

Great healthcare from great people

Our mission:

Together we care: improving health and lives

Our values:

People feel cared for, safe, respected and confident
we are making a difference







Our strategic priorities:

Patients, people, provision and partnerships

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Headlines

	Positives	Challenges	
Caring	<p>The ratio of compliments to complaints remains high this month with a large number of compliments received compared to formal complaints made.</p> <p>The friends and family test inpatient satisfaction rate remains positive at 97% recommended.</p> <p>Overall patient experience is registering green and we have seen an improvement in patient satisfaction of hospital food and cleanliness, recognising that more improvement work is still required.</p> <p>All wards submitted inpatient real-time surveys this month for the first time.</p>	<p>We are still reporting a high number of mixed sex breaches in the Clinical Decision Units. This is due to patient flow and decongesting the Emergency Departments to maintain safety.</p> <p>The friends and family test for ED although improved this month, remains below where we would like with feedback relating to waiting times as the key theme.</p> <p>Our complaint responses within the time agreed with the client remains amber in October although has improved slightly.</p>	  <p>Sally Smith</p>
Effective	<p>Planned preventative maintenance for medical equipment has maintained the 81% which is a great achievement.</p> <p>Clinical audit programmes remain on track as planned.</p> <p>Readmissions after an elective or non-elective admission have not deteriorated.</p> <p>DNA rates for new appointments has improved to below 7%.</p>	<p>The parameters of Bed Occupancy, and the reportable delayed transfers of Care (DTC), have deteriorated further in October.</p> <p>Theatre utilisation and cancelled operations have both deteriorated in month.</p>	  <p>Jane Ely</p>
Responsive	<p>Cancer performance overall has improved with 2 week wait, 2 week wait breast, 31 day diagnosis to treatment, 2nd treatment to surgery, drug treatments and the 62 day from screening referral now all compliant. Full reviews of Urology and Lung pathways are being undertaken to determine when compliance for the 62 day from GP referral will be achieved.</p> <p>The A&E 4 hour performance has improved to 75.3% as a result of a rapid improvement programme that commenced on 9th October.</p>	<p>Referral to Treatments (18 weeks RTT) performance has fallen again whilst total waiting list and backlog numbers have increased.</p> <p>The number of patients waiting for treatment beyond 52 weeks has increased and a revised trajectory will be submitted to ensure that the target for March 18 is reached in collaboration with our commissioners.</p>	  <p>Jane Ely</p>

Safe

VTE improvement Trustwide has been sustained and for October was 95.03% and is now up to 92.12% for the last 12 months overall. Specialties division deserve a mention as the best performing division (96.18% average for the last 12 months).

C.difficile remains below trajectory.

By peer distribution the Trust continues to remain in the low rate quartile for HSMR

The falls rate has improved during October.

We did not report any avoidable category 3 pressure ulcers.

There was a Trust assigned MRSA bacteraemia during this reporting period and the work done around the Legionella incident has dictated a necessity for a change to the control actions.

Incident reporting in terms of total numbers has fallen. We support and encourage high incident reporting that reflects an open and transparent culture.

Although the adjusted mortality rate (HSMR) remains below the national average there are 3 areas of concern raised through CHKS data. One area is hip fracture mortality at the Ashford site which has now been reviewed and actions are being implemented; the other 2 areas are also apparent in the NHS digital data too and these are myocardial infarction and septicaemia.

Harm Free Care has fallen during October with the prevalence of all pressure ulcers registering double that of September. All four harms show a worse position than last month.

October's avoidable category 2 pressure ulcer rate is very slightly worse than reported in September (by 0.01/1000 bed days) but is better than this time last year.



Paul Stevens

Well Led

£0.2m better than plan ytd

I&E CIPS of £15m reported against a plan ytd of £15.1m

Vacancies decreased (11.5% from 12.2%)- still red RAG rated

Staff turnover was unchanged at 13.1% - still red RAG rated

No new cash borrowing was required in October

Continuing low appraisal rates (81.7%)

Temporary staff costs still running above budget (inc. Bank and Over time) at £3.9m

A&E recovery plan requires significant funding

Pressure on CIP delivery as plans increase circa £1m per month in last half of year



Susan Acott

Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

Caring

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	28	20	17	27	33	>= 12	10 %
	Mixed Sex Breaches	17	70	150	90	134	< 1	10 %
	Overall Patient Experience %	93	92	91	91	91	>= 90	10 %
	Complaint Response in Timescales %	79	79	83	77	80	>= 85	5 %
	FFT: Recommend (%)	97	96	96	97	97	>= 90	30 %
	FFT: Not Recommend (%)	1.3	2.0	1.3	1.5	1.7	>= 1	10 %

Effective

OVERALL DOMAIN SCORE

Beds

Clinical Outcomes

Productivity

J	J	A	S	Oct	Weight
J	J	A	S	Oct	25 %
J	J	A	S	Oct	25 %
J	J	A	S	Oct	25 %

Effective

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Beds	Bed Occupancy (%)	90	91	93	94	95	<= 92	60 %
	IP - Discharges Before Midday (%)	13	13	13	12	12	>= 35	10 %
	DToCs (Average per Day)	47	40	43	50	55	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.4	3.4	3.3	3.3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.9	16.0	15.9	15.7	15.3	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	100	100	100	100	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	6.8	6.5	6.9	7.0	6.7	< 7	
	DNA Rate: Fup %	6.4	6.3	6.5	6.0	6.3	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	0.3		
Productivity	LoS: Elective (Days)	3.1	2.8	3.1	3.0	2.8		
	LoS: Non-Elective (Days)	6.5	5.9	6.2	6.4	6.5		
	Theatres: Session Utilisation (%)	82	82	82	84	80	>= 85	25 %
	Theatres: On Time Start (% 30min)	78	76	76	78	76	>= 90	10 %
	Non-Clinical Cancellations (%)	0.8	1.6	1.5	1.7	1.4	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	29	16	4	5	2	< 5	10 %
	EME PPE Compliance %	77	78	81	81	82	>= 80	20 %

Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

	J	J	A	S	Oct	Weight
	J	J	A	S	Oct	25 %
	J	J	A	S	Oct	25 %
	J	J	A	S	Oct	25 %
	J	J	A	S	Oct	25 %

Responsive

		Jun	Jul	Aug	Sep	Oct	Green	Weight
A&E	ED - 4hr Compliance (%)	78.15	71.18	70.10	70.51	75.35	>= 95	100 %
Cancer	Cancer: 2ww (All) %	96.78	94.86	95.65	95.17	94.56	>= 93	10 %
	Cancer: 2ww (Breast) %	89.87	83.97	91.72	95.50	94.24	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	95.99	93.92	96.99	92.99	99.32	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	85.96	87.04	89.58	85.42	95.00	>= 94	5 %
	Cancer: 31d (Drug) %	97.53	98.41	95.52	96.88	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	75.18	73.80	74.29	73.61	72.55	>= 85	50 %
	Cancer: 62d (Screening Ref) %	95.83	92.73	92.00	85.29	92.31	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	76.19	86.84	87.50	77.55	81.63	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.46	99.20	99.14	99.47	99.59	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	85.07	83.61	82.58	81.56	81.18	>= 92	100 %
	RTT: 52 Week Waits (Number)	30	30	31	51	64	< 1	

Safe

OVERALL DOMAIN SCORE	J	J	A	S	Oct	Weight
Incidents	J	J	A	S	Oct	20 %
Infection	J	J	A	S	Oct	20 %
Mortality	J	J	A	S	Oct	50 %
Observations	J	J	A	S	Oct	10 %

Safe

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Incidents	Serious Incidents (STEIS)	8	3	4	7	7		
	Harm Free Care: New Harms (%)	99.4	98.9	98.5	98.6	96.0	>= 98	20 %
	Falls (per 1,000 bed days)	4.77	6.10	5.76	6.01	5.42	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.17	0.27	0.26	0.07	0.19	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,377	1,379	1,274	1,263	1,327		
Infection	Cases of C.Diff (Cumulative)	11	14	15	19	22	<= Traj	40 %
	Cases of MRSA (per month)	0	1	0	0	1	< 1	40 %
Mortality	HSMR (Index)	66	79	78			< 90	35 %
	Crude Mortality EL (per 1,000)	0.5	0.7	0.4	1.4	0.5	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	27.8	31.6	34.2	34.4	36.6	< 27.1	10 %
	RAMI (Index)	85	85	83	82		< 87.45	30 %
Observations	Cannula: Daily Check (%)	76.3	73.8	73.5	70.8	71.8	>= 50	10 %
	Catheter: Daily Check (%)	47.3	46.3	46.0	42.8	41.1	>= 50	10 %
	Central Line: Daily Check (%)	67.8	65.1	64.6	64.1	59.2	>= 50	10 %
	VTE: Risk Assessment %	92.0	93.4	93.5	94.7	95.0	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	91.2	92.1	91.8	92.1	92.9	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.0	89.1	89.0	89.2	89.9	>= 90	25 %

Well Led

OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

J	J	A	S	Oct
J	J	A	S	Oct
J	J	A	S	Oct
J	J	A	S	Oct
J	J	A	S	Oct
J	J	A	S	Oct
J	J	A	S	Oct

Weight

15 %

10 %

25 %

10 %

25 %


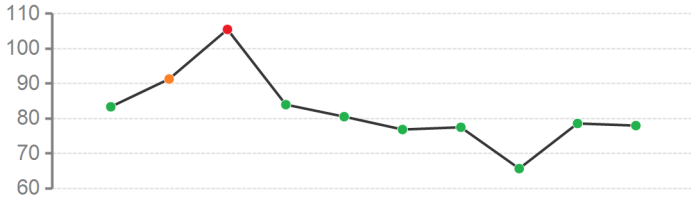

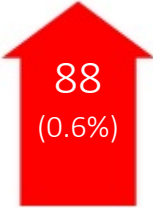
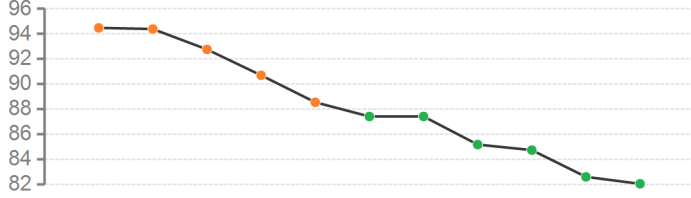


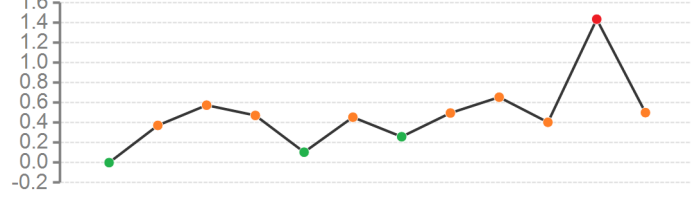

15 %

Well Led

		Jun	Jul	Aug	Sep	Oct	Green	Weight
Culture	Staff FFT - Treatment (%)	77	70	70	70	70	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.3	0.3	0.3	0.8	1.1	<= 0.1	25 %
	Uncoded Spells %	0.1	0.1	0.1	0.0	0.2	< 0.25	25 %
Finance	I&E £m	-0.7	-0.5	-1.9	-0.9	-0.2	>= Plan	30 %
	Cash Balance £m	7.9	9.7	4.1	6.6	10.1	>= Plan	20 %
	Total Cost £m	-49.7	-49.0	-50.2	-49.1	-49.6	>= Plan	20 %
	Forecast I&E £m	-19.0	-19.0	-19.0	-19.0	-19.0	>= Plan	20 %
	Normalised Forecast £m	-19.0	-19.0	-19.0	-19.0	-19.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	1	3	3	2	2	<= 3	20 %
	Formal Notices	0	1	0	0	1	< 1	15 %
Staffing	Sickness (%)	3.8	3.9	3.9	3.9	3.9	< 3.6	10 %
	Staff Turnover (%)	12.6	12.6	13.6	13.1	13.1	<= 10	15 %
	Vacancy (%)	11.5	11.0	12.3	12.2	11.5	<= 7	15 %
	Total Staff In Post (SiP)	6900	6937	6826	6856	6913		1 %
	Temp Staff (WTE)	240	251	240	219	229	< 182	1 %
	Shifts Filled - Day (%)	98	96	96	95	105	>= 80	15 %
	Shifts Filled - Night (%)	107	105	105	103	117	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	12	12	12	13		
	Local Induction Compliance %	23.5	28.8				>= 85	
	Agency %	5.8	6.1	6.5	6.4	6.5	<= 10	
Training	Appraisal Rate (%)	75.8	78.3	79.4	80.1	81.7	>= 90	50 %
	Statutory Training (%)	89	89	89	90	89	>= 85	50 %

Strategic Theme: Patient Safety

Mortality

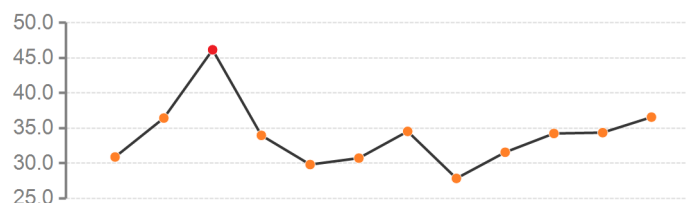
Oct	HSMR (Index)	 <p>83 (-4.6%)</p>		<p>Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.</p>	
Oct	RAMI (Index)	 <p>88 (0.6%)</p>		<p>Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.</p>	
Oct	Crude Mortality EL (per 1,000)	 <p>0.5 (10.2%)</p>		<p>The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Strategic Theme: Patient Safety

Oct

Crude Mortality NEL
(per 1,000)

34.0
(14.2%)



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



Comments:

The Trust HSMR remains in the low quartile, which is good but should not be a cause for complacency.

At first glance the RAMI date may appear confusing in that the RAMI is falling but the 12 month average (88) is higher than the previous 12 month average. The methodology behind RAMI is limited to just six factors, each of which is known to have a significant and demonstrable impact on risk of death. They are:

- Age (six groups)
- Admission type (elective or not)
- Primary clinical classification (260 different diagnostic groups)
- Gender (defaults to female if not known)
- Length of stay (specific groups only)
- Most significant secondary diagnosis (list covers 90% of all diagnoses mentioned in patients who died)

CHKS define the first five of these as primary factors. Each is known with greater certainty and recorded with greater consistency than secondary diagnoses. For this reason the methodology uses these factors first. CHKS then look to see which secondary diagnoses most significantly and consistently increase risk of death.

Our overall crude mortality rate trend continues to be higher than peer, and continues at 1.4% which is an increase from 1.3% from the same 2015/16 period, but is within the peer 25th to 75th percentile.

Historically we have seen a marked site difference in mortality rates with the lowest on the K&CH site, followed by QEPMH and then WHH. That site difference has begun to disappear and the rolling 12 month HSMRs for K&CH, QEPMH and WHH respectively are now 70.3, 89.1 and 91.7 respectively.

As in the previous reports Septicaemia continues to be the red alerting condition from CHKS data and from National data. Although mortality of sepsis patients (a key cohort of the deteriorating patient programme) is alerting the Trust have been frontrunners in implementing newly advised coding practices which are likely to account for the increase in mortality. From data collected by the AHSN sepsis collaborative it can be seen that EKHUFT have reported a subsequent decline in sepsis mortality in the first two quarters on FY 17/18.

The patient safety team are now undertaking an analysis of the other alerting diagnostic group which is acute myocardial infarction.

Finally, since the alert to an increased hip fracture mortality on the WHH site mortality has consistently reduced month on month in CHKS data but there are no recent mortality data available from the National Hip Fracture Database.

Serious Incidents

Oct	Serious Incidents (STEIS)	75 (-13.8%)		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)	3 (-25.0%)		Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	★ ★ ★

Comments: Total open SIs on STEIS October 2017: 62 (including 7 new)
SIs under investigation: 33
Breaches: 15
Non-breaches: 18
Waiting EKHUFT non-closure response: 12

Waiting CCG response: 17

Supporting Narrative:


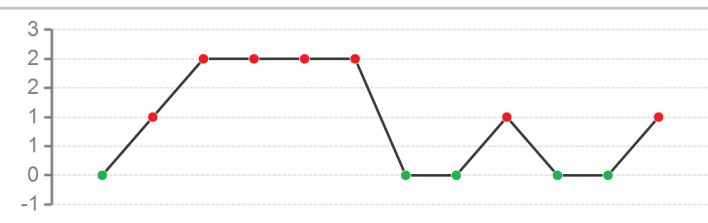



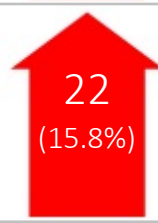
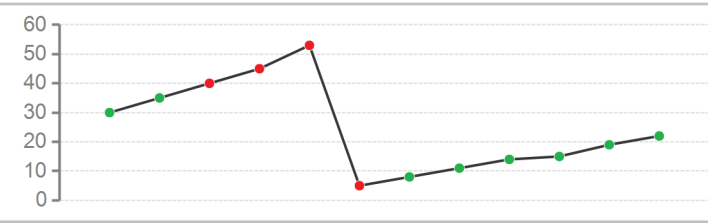



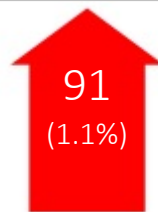
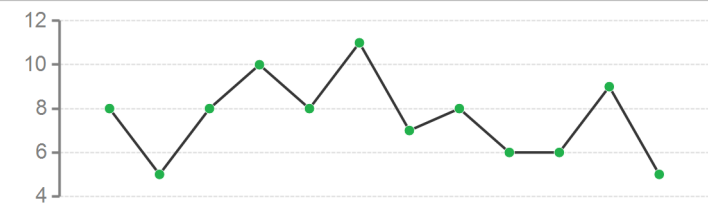



The number of breached cases is 15. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process.

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

The seven new SIs are:

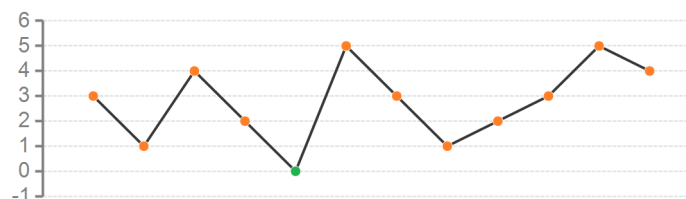
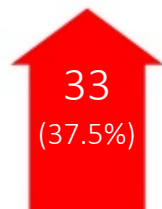
- invasive procedure issue leading to a delayed termination of a foetus
- an information governance case relating to a member of staff accessing a relative's records
- delayed treatment for a woman with an ectopic pregnancy
- BCG screening issues
- an anaesthetic case
- a legionella case
- a neonatal death

Infection Control

Oct	Cases of MRSA (per month)	 <p>11 (450.0%)</p>		<p>Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.</p>	  
Oct	Cases of C.Diff (Cumulative)	 <p>22 (15.8%)</p>		<p>Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.</p>	  
Oct	E. Coli	 <p>91 (1.1%)</p>		<p>The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	  

Strategic Theme: Patient Safety

Oct MSSA



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



Comments:

C.difficile

The year-to-date total is 22 cases against an annual objective of 46 cases (as of 20/11/2017). There are 2 cases for Specialist Services, 13 cases for UC<C and 7 cases for the Surgical Division

MRSA

There have now been 4 cases of Trust assigned MRSA bacteraemia this current year to date. Our monthly rate per 100,000 occupied bed days is 1.98 compared to 4.66 in Medway and 2.7 in Dartford. Kent & Medway as a group fare worse than Surrey & Sussex where the highest rate is 2.4 (Guildford)

MSSA

Year to date there have been 27 cases of MSSA bacteraemia assigned to EKHUFT i.e. post 48 hour admission date.

E.coli

Year to date there have been 50 cases of E.coli bacteraemia assigned to EKHUFT and 364 cases in East Kent. This continues to be an area of cause for concern although within the Southern region our proportion of Trust assigned is the fifth lowest.

Anti-microbial Stewardship (AMS)

The AMS team are now up completely established.

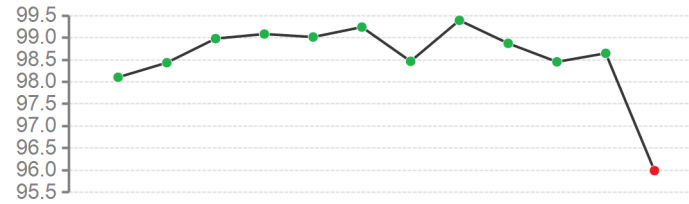
Legionella

A hospital acquired Legionella became known to us at the beginning of October and the incident patient was on Minster ward. Thankfully there has only been one case. The whole Legionella programme has been reviewed (see Medical Director's report)

Harm Free Care

Oct

Harm Free Care:
 New Harms (%)



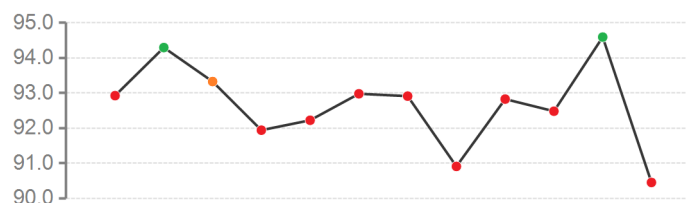
Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.



Strategic Theme: Patient Safety

Oct

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.



Comments:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. HFC in Oct-17 fell to 90.45% compared to 94.59% in Sep-17.

A wide variation, as expected, is seen across the divisions with specialist improved to 100% (97.44% in Sept-17), UCLTC 89.74% (a fall from 93.69% in Sept-17) and surgical 88.14% (a reduction from 94.6% in Sept-17).

- The prevalence of patients admitted with catheters and UTIs at 1.73% rose from 1.65% in Sept-17 and is higher than the national average (0.68%).
- The prevalence of All pressure ulcers (those admitted with and acquired in hospital) has almost doubled in Oct-17 (6.20%) from 3.5% in Sept-17 against the national average of 4.28%.

The total of Harm Free Care experienced in our care (New Harms only) has also fallen, to 96% from 98.65%, in Sept-17. All sites show an increase in new harms with QEQM showing the highest increase since last month:

QEQM New Harms Only HFC fell to 93.73% from 98.34% in Sept-17.

WHH New Harms Only HFC fell 97.12% from 98.80% in Sept-17.

K&C New Harms Only HFC fell to 97.58% from 98.92% in Sept-17.

HFC (new harms only) All four individual harms show an increased prevalence since Sept-17. The Safety Thermometer for Oct-17 demonstrates:

- Higher prevalence of catheters & New UTI's (1.01%) compared to the overall National Average (0.29%) and the Acute Hospital only average (0.39%).
- Lower prevalence of New Pressure Ulcers (0.71%) compared to the National Average (0.86%) but similar to the Acute Hospital only average of 0.72%.
- Slightly higher prevalence of falls with harm (0.51%) compared to the National Average (0.45%) and higher than the Acute Hospital only average of 0.31%.
- Higher prevalence of new VTEs (1.93%) compared to the National Average (0.39%) and the Acute Hospital only average of 0.61%. This partly reflects an uploading technical issue which is being investigated and will be rectified in next month's data. However, the incidence of new VTEs also increased in Oct-17 with 5 new VTEs confirmed against an average of 3 reported each month.

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

Pressure Damage

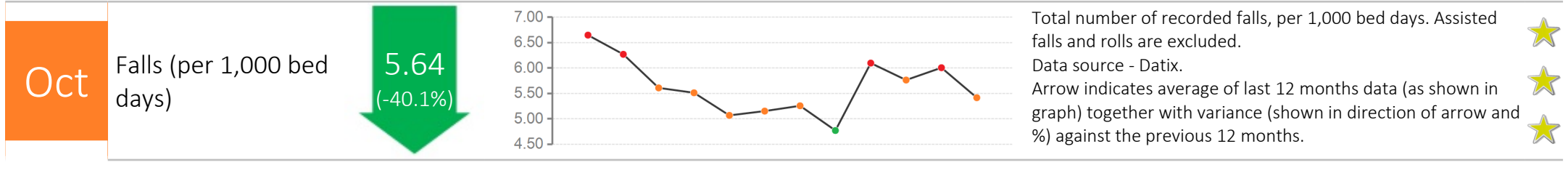
Oct	Pressure Ulcers Cat 2 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;">0.31 (-32.2%)</div>		Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	
Oct	Pressure Ulcers Cat 3/4 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;">0.01 (-40.8%)</div>		Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	

Comments: In October 2017 a total of 29 category 2 pressure ulcers were reported. This is an increase of 6 from last month. The trust exceeded the target of 0.15 avoidable incidence/1000 bed days reporting 0.16/1000. However this is the second best monthly performance of the year to date. Of these incidents, 5 were confirmed as avoidable an increase of 3. Three Category 2 ulcers affected the heel all unavoidable. 18 incidents affected the sacrum/buttock 3 avoidable due to lack of skin inspection and issues around nutrition. The remaining avoidable ulcers were at the hip and wrist and BOTH involved medical devices. A screensaver has been developed and a campaign is planned for November to raise awareness of the care of medical devices.

In October 2017, there were no confirmed category 3 or 4 pressure ulcers and 4 potential deep ulcers, a decrease of 6 from last month. Three affected the heels. The trust has consistently been under the 0.15 avoidable incidence/1000 bed days for deep ulcers. The result for this month was 0.032/1000. As a trust we are reporting more hospital acquired category 1 and 2 pressure ulcers and early interventions ensure that many are prevented from progressing to deeper ulcers.

During October 2017 the last site based study day took place in WHH. Due to positive feedback the TV team are planning to repeat these days early next year. Training continued in the ED at QEQM and CDU at WHH. The TV team attended the bariatric bed trials at Buckland and gave feedback on the various beds and mattresses on trial.

Falls



Comments: The number of falls decreased slightly in October. There were a total of 169 compared with 179 in September. 4 of these falls happened in non ward settings. 50 were at K&CH, 49 at QEQMH and 69 at WHH. Wards with the highest number of falls were CDU at WHH (13), Harbledown at K&CH (11), Treble at K&CH (9), CDU at QEQMH (9). 1 fall resulted in a hip fracture (likely to be unavoidable but still under investigation). 1 fall resulted in a head injury and subsequent death. However, this was unavoidable as it could not have been predicted or prevented.

To support continued improvement the Falls Team now have an Associate Practitioner in post who's role is to deliver the Fallstop programme. She has made excellent progress with Cambridge L and Cambridge M1, frailty wards, both of which have now had over 10 fall free days. Both areas have been awarded certificates of achievement and photographs have been displayed in Trust news. The team pledged, during Fab Change week, to replace all red F signs (for at risk patients) with Fall Stop branded signs. There has been a noticeable cultural change in both areas.

We are still awaiting the National Inpatient Audit of Falls report which is due to be released this month.

In addition, the Trust was informed of the issue of a PFD (Regulation 28) by one of the local HM Coroners following the conclusion of an inquest in September 2017. This was as a result of incomplete falls risk assessments, which were considered to have contributed to the patients fall and ultimately to his death. The Trust received this PFD, with another two PFDs on 20 November 2017. All three cases refer to incomplete falls risk assessments on these three patients. The response to the three PFDs is required by 18 January 2018.

Strategic Theme: Patient Safety

Incidents

Oct	<p>Clinical Incidents: Total (#)</p> <p>16,331 (2.2%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p>	
Oct	<p>Blood Transfusion Incidents</p> <p>162 (14.9%)</p>		<p>The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p>	
Oct	<p>Medicines Mgmt. Incidents</p> <p>1,287 (-1.5%)</p>		<p>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.</p>	

Clinical incidents overall summary

Comments: A total of 1321 clinical incidents have been logged as occurring in Oct-17 compared with 1259 recorded for Sep-17 and 1400 in Oct-16. In Oct-17, four incidents have been graded as death and no incidents have been graded as severe harm. In addition, 21 incidents have been escalated as a serious near miss, of which 17 are still under investigation. Comparison of moderate harm incidents reported: 14 in Oct-17, 8 in Sep-17 and 19 in Oct-16.

Seven serious incidents were required to be reported on StEIS in October. Eight cases have been closed in October; there remains 61 serious incidents open at the end of October. Over the last 12 months incident reporting continues to rise at WHH, has reduced slightly at QEH and is dropped significantly at K&CH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 13 Blood Transfusion related incidents for October 2017 (14 in September 2017 and 10 in October 2016). There doesn't appear to be any clear themes amongst the incidents reported and were all graded as no or low harm events. Incidents reported included 3 incidents where products were available for collection by the clinical area post either the sample expiry date or the product expiry date. These include a unit of platelets that had a limited shelf life and two cases where the sample the products had been prepared against time expired.

There were two further incidents where products were recalled by NHSBT, in one of the cases the product had been transfused; there was no harm to the patient.

Reporting by site: 1 at K&CH, 3 at QEQM 1 at RVHF and 8 at WHH.

Medicines management (submitted by the Medication Safety Officer)

The total number of medication related incidents occurring in October was 130, a decrease of 12% from last month.

The severity of medication related incidents in October shows that 62.3% of incidents reported were no harm incidents and there were 1 moderate and 1 death incident reported. The moderate harm incident involved the abrupt stopping of a steroid to a patient without tapering and this caused the patient to suffer an Addisonian crisis. A warning around this patient safety issue has been sent to prescribers and an article written for Risk wise has been written by one of the pharmacy team.

The death incident is under investigation at present but included the use of strong opiates via the intrathecal route and weak opiates orally which led to a patient requiring the opiate antidote, naloxone twice. This incident is awaiting RCA investigation, however has been discussed at the Medication Safety Group and guidelines around the use of opiates and naloxone will be discussed at the next pain steering group at the beginning of December. The incident associated with the death of the patient is under investigation and has already been subject to a Structured Judgement Review. This has identified some issues relating to the use of morphine-based opioids in a patient with known kidney disease and post-operative patient monitoring. The incident has been discussed at the Medication Safety Group and guidelines around the use of opioids in renal disease.

2 other incidents prompted an RCA investigation, one involving the administering of cetuximab over the wrong period of time and the other was an insulin labelling error from pharmacy. The opiate incident discussed earlier was the only medication incident reported on StEIS in October.

This financial year there are currently reported 4 moderate medication incidents, 1 severe incident in August and 1 death incident. The severe and death incident are still under review.

The incidents in October by medication error showed a continued high number of omitted dose errors, in October 27.7% of incidents reported were due to omitted doses of medication. This concern continues to be reflected in data produced by the Medication Safety Thermometer. The data collected in October has shown that the overall percentage of patients with an omitted dose for the Trust has decreased to 25.6% from 36.7% in September. A heat map of the Medication Safety Thermometer data on missed doses has been collected from 87% of wards in the Trust. This reveals that 75% of wards did not have the recommended <10% rate of patients with missed doses.

Medication incidents by medication showed 11 incidents involving the use of enoxaparin in October, 5 involving co-amoxiclav and 5 involving oxycodone. The 5 incidents concerning co-amoxiclav were all patients given this when they had a known and documented allergy to penicillin. The pharmacy staff and Medication Safety Group members have been asked to promote the penicillin stickers on the ward and increase awareness around co-amoxiclav being a penicillin.

Friends & Family Test

Oct	FFT: Response Rate (%)	<div style="background-color: red; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 36 (-0.7%) </div>		<p>The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Oct	FFT: Recommend (%)	<div style="background-color: red; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 96 (-0.3%) </div>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Oct	FFT: Not Recommend (%)	<div style="background-color: red; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 1.9 (30.9%) </div>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★

Comments: During Oct-17 we received 8751 responses in total. Overall (excluding Outpatients) 20.8% eligible patients responded and 90.3% would recommend us to their friends and family and 6.2% would not. Recommendations by patients in October were similar from September with the total number of inpatients, including Paediatrics, who would recommend our services 96.7% (96.9% in Sept-17), A&E 77.8% (73.7% in Sept-17), maternity 99.3% (98.4% Sept-17), outpatients 92.3% (91.5% Sept-17) and day cases 95.6% (95.3% Sept-17). The Trust star rating in October is 4.54 (4.59 Sept-17).

A & E and Day Case response rates rose slightly in Oct-17 but fell in Inpatients and Maternity. The response rate for inpatients was 30.6% (37.7% Sept-17), A&E 16.4% (16.3% Sept-17), maternity 25.8% (30.3% in Sept-17). (Please note as per DH guidelines only the Birth experience is given a response rate, FFT questions at other stages in the patient's pathway are not calculated or required nationally). The response rate for day cases was slightly higher at 22.1% (21.3% Sept-17)

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

FFT - Top 5 Positive & Negative Themes
 ED
 Positive Themes – Staff attitude, Care, Implementation of care, Cleaning and Competence.
 Negative Themes – Care, Waiting Times, Competence, Staff attitude and Environment.

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

Negative Themes – Care, Staff Attitude, Environment, Implementation of Care and cleaning.

Out patients

Positives Themes – Care, Staff attitude, Communication, Implementation of care and competence.

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

Maternity

Antenatal

Positive Themes – Staff Attitude, Communication, Care and Implementation of Care.

Negative Themes – None.

Birth

Positive Themes – Staff attitude, Care, Competence, Commitment and Implementation of Care

Negative Themes – Care, Competence and Staff Attitude.

Postnatal ward

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

Negative Themes – Care, patient mood/feeling, environment, staff attitude.

Postnatal community

Positive Themes – None.

Negative Themes – None.

Day Case

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


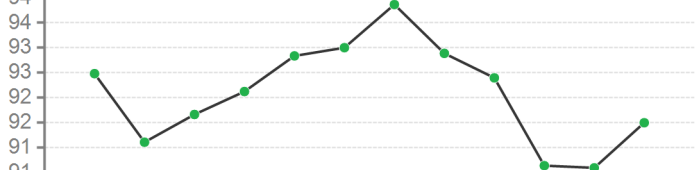

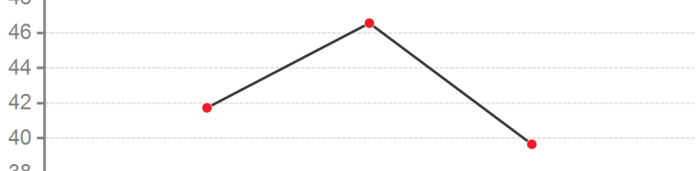

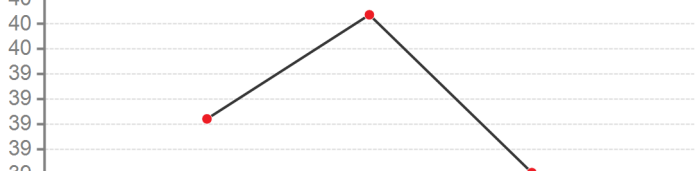

Negative Themes – Care, Staff attitude, Environment, Communication and competence.

Special Day Case

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

Negative Themes – Staff Attitude and compassion.

Patient Experience 1

Oct	Overall Patient Experience %	 <p>92 (0.4%)</p>		<p>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.</p>	
Oct	Privacy for discussions with Nurses %	42		<p>Privacy for discussions Nurses</p>	
Oct	Aware of Nurse in each shift %	39		<p>Aware of nurse in each shift</p>	

Comments: This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows some improvement.

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

This month a fall is seen across these three important elements of patient experience. An improvement plan has been developed and progress will be reported to the Patient Experience Group next month.

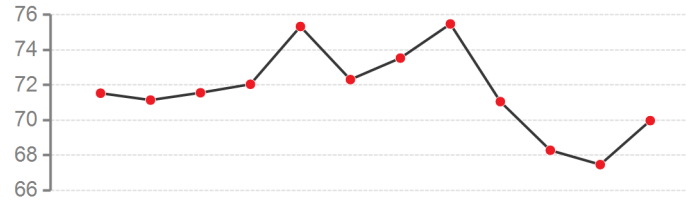
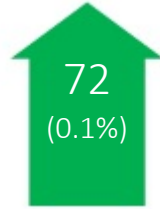
Patient Experience 2

Oct	Discuss Worries with Nurses %	45		Discuss Worries with Nurses
Oct	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.

Strategic Theme: Patient Safety

Oct

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.



Comments:

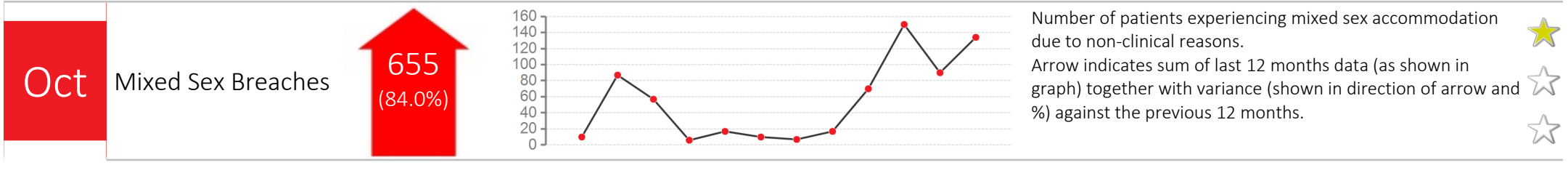
Cleaning as rated by the survey positively increased in October. Supporting this is auditing at ward level which remains high at over 98%.

Hospital Food also marginally increased in October. We expect this change to be generated from too small a sample to be valuable at this time. As reported last month we continue to work with Serco and trust colleagues to amalgamate auditing resources so has to get a larger sample responses.

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards have reported their performance (against the Inpatient Survey patient experience metrics) in October and over the next quarter, the Divisional Heads of Nursing and Matrons will be working to ensure this is sustained. Two wards did not submit Friends and Family Test data (one of these was Invicta which had very few appropriate patients to offer the survey to).

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

Mixed Sex



Comments: During Oct-17, 62 non-justifiable incidents of a mixed sex accommodation breach occurred within the WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 66 mixed sex accommodation occurrences in total, affecting 343 patients. This number has increased from last month when there were a total of 54 occurrences affecting 255 patients. The remaining incidents occurred on Fordwich Stroke Unit, QEQM where 4 mixes occurred, which are justifiable based on clinical need.

Oct-17 daily reporting of mixed sex occurrences has improved in some areas, demonstrating improvement and a more robust recording of mixed sex occurrence. However, there has been an issue with the recording of all the correct data into the daily reporting form for mix sex occurrences at two of the acute sites, which is being addressed by the Deputy Chief Nurse and the Clinical Site Manager Leads.

Gaps & Overtime

Oct	Vacancy (%)	10.9 (18.7%)		% 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 (%)	12.8 (11.1%)		% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Oct	Sickness (%)	4.0 (5.4%)		% 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.	★ ★ ★
Oct	Overtime %	10.0 (32.0%)		% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	★ ★ ★

Comments: Gaps and Overtime

The Turnover rate in month is 13.1%, remaining the same as September, with a 12.8% 2month average. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles.

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

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

Strategic Theme: Human Resources

Temporary Staff

Oct	Employed vs Temporary Staff (%)	<div style="font-size: 2em; margin-bottom: 5px;">↓</div> 89.3 (-2.0%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ☆
Oct	Agency %	<div style="font-size: 2em; margin-bottom: 5px;">↑</div> 5.7 (73.6%)		% of temporary staff who work via agency Number indicates average of last 12 months data (as shown in graph).	★ ☆ ☆
Oct	Temp Staff (WTE)	<div style="font-size: 2em; margin-bottom: 5px;">↑</div> 233 (8.4%)		WTE Count of Temporary Staff Used	★ ★ ☆
Oct	Local Induction Compliance %	<div style="font-size: 2em; margin-bottom: 5px;">↑</div> 17.9 (50.8%)		Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	★ ★ ☆

Comments: Temporary Staff

WTE temporary staff increased from 219 in September to 229 in October. The average percentage of employed staff vs temporary staff over the last 12 months has remained broadly the same at 89.3%. Total staff in post (WTE) increased to 6913 in October.

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

Workforce & Culture

Oct	Statutory Training (%)	89 (3.2%)		<p>The percentage of staff that have completed Statutory training courses, this data is split out by training course.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Oct	Appraisal Rate (%)	81.4 (1.6%)		<p>Number of staff with appraisal in date as a % of total number of staff.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Oct	Time to Recruit	12 (3.2%)		<p>Average time taken to recruit to a new role. This metric is shown in weeks.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
Oct	Total Staff In Post (SiP)	6913 (0.8%)		<p>Count of total staff in post (WTE)</p>	★ ★ ★

Workforce & Culture
 Comments: Average Statutory training over the last 12 months is 89% which is also the in month figure for October. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. There remains an on-going issue with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff appraisal rate increased slightly in October to 81.7% but continues to be below the 90% target. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months.

The annual staff survey commenced on 9th October - as at 20th November the Trust overall response rate was 41.7%. This is above the average response rate for Acute Trusts surveyed by Picker (35.9%) but remains below EKHUFTs aim of achieving a response rate of over 50% across the organisation.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators		Oct-17				YTD				YTD vs Last Yr				
Oct		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
		Referral Primary Care	15,355	15,300	55	0%	102,731	104,528	(-1,797)	-2%	102,731	101,795	936	1%
	Referral Non-Primary Care	14,315	14,021	294	2%	96,966	95,912	1,054	1%	96,966	98,696	(-1,730)	-2%	<=0%
	OP New	21,243	20,690	553	3%	138,172	140,836	(-2,664)	-2%	138,172	143,767	(-5,595)	-4%	>=0%
	OP Follow Up	44,073	44,110	(-37)	0%	287,954	296,861	(-8,907)	-3%	287,954	288,397	(-443)	0%	>=0%
	Elective Daycase	6,452	6,479	(-27)	0%	43,148	43,127	21	0%	43,148	46,714	(-3,566)	-8%	>=0%
	Elective Inpatient	1,381	1,369	12	1%	8,799	9,215	(-416)	-5%	8,799	9,358	(-559)	-6%	>=0%
	A&E	17,128	17,924	(-796)	-4%	123,666	126,264	(-2,598)	-2%	123,666	125,502	(-1,836)	-1%	>=0 & <5%
	Non-Elective Inpatient	6,691	7,378	(-687)	-9%	47,066	50,183	(-3,117)	-6%	47,066	41,062	6,004	15%	>=0 & <5%
	Chemotherapy	1,218	1,275	(-57)	-4%	8,376	9,305	(-929)	-10%	8,376	9,300	(-924)	-10%	>=0%
	Critical Care	1,731	1,721	10	1%	12,740	12,670	70	1%	12,740	12,560	180	1%	>=0%
	Dialysis	7,029	7,174	(-145)	-2%	48,043	48,539	(-496)	-1%	48,043	48,038	5	0%	>=0%
	Maternity Pathway	1,054	1,172	(-118)	-10%	8,216	8,079	137	2%	8,216	8,237	(-21)	0%	>=0%
	Pre-Op Assessments	3,264	3,116	148	5%	20,461	22,735	(-2,274)	-10%	20,461	19,837	624	3%	>=0%
	Diagnostic	468,049	427,398	40,651	10%	3,085,132	3,119,636	(-34,504)	-1%	3,085,132	3,074,453	10,679	0%	<=0%
	Other	4,880	5,051	(-171)	-3%	33,149	34,828	(-1,679)	-5%	33,149	29,430	3,719	13%	>=0%

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

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

October 2017

Elective Care

In October Primary Care referrals were at expected levels, which maintained the YTD variance at approximately -1,800. Referrals are comfortably within normal levels and at this stage we believe the YTD reduction to be generated by natural variation.

The Trust delivered the new outpatient plan in September with appointments +3% (+553) above plan. This has reduced the YTD variance -2%. As with previous month the biggest drivers behind the under-performance is T&O, Physiotherapy, Ophthalmology & Cardiology. These four specialties and Eleven further services are actively producing quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan, although a reduction in referrals is likely to render the Orthopaedic plan unachievable.

The New Outpatient capacity delivered by the Trust in October matched demand for the first time since January 2017, with the number of patients waiting to be seen for a first consultant led appointment plateauing at 30,500 patients. This new trend is expected to continue during the remainder of the year with plans to substantively deliver the additional activity now being realised.

As with new Outpatients the Trust delivered the follow up plan in October, the YTD underperformance remains at -5% (-5081). There remain a number of large underperforming specialties, most notably Ophthalmology (-4,886), Physiotherapy (-3,925), Rheumatology (-2,442), Dermatology (-2,136) and T&O (-1,631). The Physiotherapy service are reporting induction delays, a high vacancy rate and unusually high levels of maternity leave as the key drivers behind the underperformance, plans have been developed to recover the financial performance.

Despite a sizable and successful recruitment drive in Ophthalmology, not all of the new clinical team or technical support teams were in place by April 1st. In addition to this the service is no longer using the insourcing provider to deliver activity. The trust continues to work with commissioners to transfer Wet AMD & Glaucoma services to primary care providers. In addition to the services detailed above a further eleven services have actively developed recovery plans as part of the grip and control recovery process. In addition to this Trust is working with external providers to provide insourcing services to reduce the Ophthalmology waiting list which stands at almost 26,000 patients

In October the Trust under-achieved the Daycase plan by just 10 patients and as such was unable to observed improve -3% YTD deficit. The Orthopaedic service remains the largest risk to delivery of the plan. A number of unavoidable recruitment delays combined with significant unplanned leave is driving an underperformance in activity. In addition to this, the service continues to lose capacity to short notice cancellations for Trauma and DNA's. Changes to the waiting list initiative payment has limited the

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

Elective Admissions are 5% behind the plan in the YTD, with large underperformances observed in Orthopaedics, Cardiology, Gynaecology and Paediatrics. The Trust secured additional theatre capacity to improve the position over the remainder of the year, although recovery plans would be dependent on access to acute beds in early December and from mid-February. There is a significant risk the required beds will be taken for non-elective acute medical patients over the winter months. General Surgery Ambulatory care continues to perform well above planned levels.

Non Elective Care

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

Accident & Emergency activity was -4% below expected levels in October and continues to track within 2% of expected activity levels.

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

The Bed Occupancy of the Trust continued to be at challenging levels through October, with overall Trust wide bed occupancy around 94.4% (93.6% in September). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position has remained at a raised level (98.4%) throughout the month. The William Harvey Hospital position has also continued to show above-expected bed occupancy with a position in excess of 95% over the majority of October. Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During October the number of medical outliers remained high in comparison to September, with a monthly average of 65 medical outliers across the Trust, compared to an average of 70 the previous month. Individual site levels of medical outliers shows a continuation of raised numbers over the month at the William Harvey Hospital site (25 at QEQMH, 38 at WHH).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	5,339	6,338	-16%	-999
130 - Ophthalmology	9,957	10,598	-6%	-641
140 - Maxillo Facial	4,474	4,828	-7%	-354
120 - Ear, Nose & Throat	6,744	7,086	-5%	-342
107 - Vascular Surgery	1,359	1,669	-19%	-310
651 - Occupational Therapy	355	28	1158%	327
502 - Gynaecology	6,466	6,136	5%	330
329 - TIA	850	410	107%	440
320 - Cardiology	9,696	9,220	5%	476
420 - Paediatrics	3,728	3,247	15%	481
Total	102,731	104,528	-2%	-1,797

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	11,959	13,542	-12%	-1,583
650 - Physiotherapy	11,431	12,446	-8%	-1,015
320 - Cardiology	14,278	15,145	-6%	-867
130 - Ophthalmology	12,873	13,324	-3%	-451
328 - Stroke Medicine	455	875	-48%	-420
302 - Endocrinology	454	844	-46%	-390
420 - Paediatrics	4,823	4,438	9%	385
300 - General Medicine	1,705	1,201	42%	504
655 - Orthoptics	1,832	1,277	43%	555
100 - General Surgery	2,812	2,165	30%	647
Total	138,172	140,836	-2%	-2,664

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	11,235	11,979	-6%	-744
320 - Cardiology	21,068	21,728	-3%	-660
650 - Physiotherapy	8,116	8,676	-6%	-560
328 - Stroke Medicine	519	924	-44%	-405
400 - Neurology	1,231	1,502	-18%	-271
329 - TIA	527	795	-34%	-268
101 - Urology	4,584	4,297	7%	287
107 - Vascular Surgery	955	646	48%	309
800 - Clinical Oncology	6,810	6,442	6%	368
130 - Ophthalmology	7,450	5,532	35%	1,918
Total	96,966	95,912	1%	1,054

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	33,907	38,793	-13%	-4,886
650 - Physiotherapy	37,605	41,530	-9%	-3,925
410 - Rheumatology	8,314	10,756	-23%	-2,442
330 - Dermatology	12,406	14,542	-15%	-2,136
110 - Trauma & Orthopaedics	20,060	21,796	-8%	-1,736
302 - Endocrinology	1,222	2,956	-59%	-1,734
800 - Clinical Oncology	25,222	23,921	5%	1,301
300 - General Medicine	2,769	1,313	111%	1,456
290 - Community Paediatrics	13,622	10,898	25%	2,724
320 - Cardiology	14,282	10,451	37%	3,831
Total	287,954	296,861	-3%	-8,907

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	3,035	3,631	-16%	-596
410 - Rheumatology	777	1,065	-27%	-288
303 - Clinical Haematology	1,847	2,111	-12%	-264
330 - Dermatology	2,520	2,745	-8%	-225
180 - Accident & Emergency	27	112	-76%	-85
104 - Colorectal Surgery	260	172	51%	88
320 - Cardiology	1,914	1,729	11%	185
502 - Gynaecology	1,328	1,134	17%	194
300 - General Medicine	12,193	11,831	3%	362
800 - Clinical Oncology	2,768	2,159	28%	609
Total	43,148	43,127	0%	21

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	2,311	4,122	-44%	-1,811
430 - HCOOP	6,358	7,239	-12%	-881
300 - General Medicine	14,902	15,485	-4%	-583
420 - Paediatrics	5,004	5,337	-6%	-333
101 - Urology	2,262	2,484	-9%	-222
100 - General Surgery	3,479	3,672	-5%	-193
422 - Neonatology	332	209	59%	123
501 - Obstetrics	2,870	2,709	6%	161
320 - Cardiology	1,270	1,105	15%	165
110 - Trauma & Orthopaedics	2,505	2,245	12%	260
Total	47,066	50,183	-6%	-3,117

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,897	2,206	-14%	-309
320 - Cardiology	196	439	-55%	-243
502 - Gynaecology	807	967	-17%	-160
103 - Breast Surgery	247	310	-20%	-63
420 - Paediatrics	114	175	-35%	-61
120 - Ear, Nose & Throat	432	491	-12%	-59
100 - General Surgery	551	497	11%	54
104 - Colorectal Surgery	317	243	30%	74
503 - Gynaecology Oncology	142	63	125%	79
300 - General Medicine	1,028	595	73%	433
Total	8,799	9,215	-5%	-416

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	3085132	3119636	-1%	-34,504
A&E	123666	126264	-2%	-2,598
Pre-Op	20461	22735	-10%	-2,274
Other	33149	34828	-5%	-1,679
Chemotherapy	8376	9305	-10%	-929
Dialysis	48043	48539	-1%	-496
Maternity Pathway	8216	8079	2%	137
Critical Care	12740	12670	1%	70

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

75.35%		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Green
	4 Hour Compliance	75.75%	74.25%	70.57%	75.94%	80.16%	76.93%	76.78%	78.15%	71.18%	70.10%	70.51%	75.35%	95%
12 Hour Trolley Waits	1	1	2	0	0	0	0	1	1	2	0	0	0	
Left without being seen	3.96%	4.35%	4.87%	3.53%	3.08%	3.82%	3.57%	3.62%	5.05%	4.51%	4.23%	3.49%	<5%	
Unplanned Reattenders	8.68%	8.98%	8.20%	8.62%	9.11%	8.48%	9.04%	9.45%	10.00%	9.22%	8.76%	8.67%	<5%	
Time to initial assessment (15 mins)	74.4%	78.5%	76.1%	76.4%	77.8%	77.9%	93.8%	93.9%	92.4%	92.3%	93.4%	90.6%	90%	
% Time to Treatment (60 Mins)	39.9%	39.9%	39.8%	40.8%	40.7%	39.4%	51.1%	51.6%	46.7%	46.1%	45.9%	47.8%	50%	

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

-14.65 %		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	Trajectory	75.0%	75.0%	80.0%	83.0%	87.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
Performance	76.9%	76.8%	78.2%	71.2%	70.1%	70.5%	75.4%							

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

Summary Performance

October performance against the 4 hour target was 75.4%, against the NHS Improvement trajectory of 90.0%. This shows an increase in performance compared to the previous month. Once again there were no 12 Hour Trolley Waits for the month. The number of patients who have left the department without being seen decreased further from last month at 4.23% to a continued compliant position of 3.49%.

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.

The priority and focus for October has been to maintain safe patient care; improving performance and patient flow across the whole emergency patient pathway. The ED's improvement building works to extend and improve the minor stream area of the departments was completed by the end of October. At WHH the new minor injuries area, which will have 4 dedicated consulting rooms and 3 trolley spaces is now fully open allowing the GP and Emergency Nurse Practitioners to have a dedicated area to work from. At QEQQMH the refurbishment works have been completed and now provides 3 dedicated consulting rooms and 4 trolley spaces. The paediatric environment has been made self-contained and there is also now 2 assessment cubicles in the waiting area to allow patients to be assessed by a nurse upon arrival in the Department. Further building works are on-going at both sites to refurbish the waiting room at QEQQMH and to provide an observation bay and rapid assessment bay in the WHH. The project is working to schedule and should be completed by mid-December 2017.

The ED Standard Operational Policy is being revised to reflect the new patient flows across the ED and will include patient streaming to pathways across the wider emergency floor (Acute Medical Unit and Emergency Ambulatory Care).

Patient attendances were broadly on plan, however, there continues to be surges in attendances with notable high activity in the evenings and weekends. Medical staffing vacancies at Speciality Doctor (middle grade level) are improving as new substantive doctors are coming into post. Over 10 new appointments are due to arrive over the coming months. Executive agreement has also been given to over offer to ED middle grade posts to mitigate the risk of doctors dropping off during the recruitment process.

The A&E Improvement plan has been completely rewritten and is overseen by NHSI/NHSE on a weekly basis and now links to the improvement programme which is being led by 2020. The focus for October has been to implement team 'huddles' with representation from each Division to ensure we have a site based focus to managing patient flow; increasing and extending the discharge lounge usage and increasing morning discharges, using the 'golden' patient principles.

Risks to delivery of the standard:

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

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

72.55 %		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Green
	62 day Treatments	72.77%	75.94%	60.61%	70.45%	77.30%	72.40%	70.19%	75.18%	73.80%	74.29%	73.61%	72.55%	>=85%
>104 day breaches	44	31	40	40	40	38	32	46	42	30	25	28	0	
Demand: 2ww Refs	3,264	2,593	3,100	2,920	3,609	2,625	3,296	3,631	3,330	3,475	3,172	3,397	2990 - 3305	
2ww Compliance	97.45%	96.49%	95.82%	96.08%	97.41%	93.59%	95.67%	96.78%	94.86%	95.65%	95.17%	94.56%	>=93%	
Symptomatic Breast	96.43%	86.61%	97.27%	94.81%	93.57%	90.91%	90.71%	89.87%	83.97%	91.72%	95.50%	94.24%	>=93%	
31 Day First Treatment	94.93%	95.79%	93.63%	96.96%	97.42%	95.68%	94.81%	95.99%	93.92%	96.99%	92.99%	99.32%	>=96%	
31 Day Subsequent Surgery	89.09%	89.19%	82.22%	94.12%	90.24%	89.29%	92.00%	85.96%	87.04%	89.58%	85.42%	95.00%	>=94%	
31 Day Subsequent Drug	99.12%	98.39%	96.94%	95.77%	97.50%	97.06%	95.24%	97.53%	98.41%	95.52%	96.88%	100.00%	>=98%	
62 Day Screening	96.23%	91.89%	91.67%	76.47%	89.23%	92.00%	95.00%	95.83%	92.73%	92.00%	85.29%	92.31%	>=90%	
62 Day Upgrades	83.33%	70.73%	75.68%	92.59%	69.77%	66.67%	80.56%	76.19%	86.84%	87.50%	77.55%	81.63%	>=85%	

2017/2018 Trajectory

-13.05 %		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	71.60%	66.60%	76.80%	80.90%	83.40%	85.90%	85.60%	85.80%	86.00%	86.00%	85.50%	87.00%	Sep
Performance	72.40%	70.19%	75.18%	73.80%	74.29%	73.61%	72.55%						Sep	

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

Summary Performance

September performance is currently 71.80% against the improvement trajectory of 85.60%, validation continues until the beginning of December in line with the national time table. The total number of patients on an active cancer pathway is 2,489. There are currently 28 patients waiting 104 days or more for treatment, a significant reduction over the past year.

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

Risks to delivery of the standard:

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

Actions taken to mitigate risk and improve performance:

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

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

- A webpage style PTL has been implemented with all tumour sites. This refreshes data every 30 minutes from Infloflex providing a real time position and validation for each tumour site. This has seen significant improvements within tumour sites in terms of actions being completed and patients being pushed through their pathways.
- We have seen significant improvements within the lower GI pathway. Their 62 day performance has gone from between 35% and 50% to 69% in September. There are a number of actions the team have taken to improve this performance. This is due to be presented at the next Cancer Board by the team in November.

- Unfortunately in September we had 14 more breaches than anticipated. 9 of these were within urology and 5 within skin which was due to head and neck surgical capacity.
- NHSI and the Intensive Support Team will be visiting the trust at the end of October. This will involve a review of the urology PTL, review the current pathway and attend their MDM.
- We have been successful in gaining funding from NHSI to support improvement in our 62 day performance. We have been given £48K which was utilised for additional cancer pathway trackers and a pathway tracker for pathology. This has been very successful and we are looking to make this role substantive. Last week it was also agreed for an additional £145k to be spent on radiology reporting to improve this turnaround time.

Strategic Theme: KPIs

18 Week Referral to Treatment Standard

Key Performance Indicators

81.18 %		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Green
	Performance	85.79%	83.83%	83.79%	84.35%	85.40%	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	>=92%
52w+	13	12	18	24	28	29	36	30	30	31	51	64	0	
Waiting list Size	46,191	46,398	45,682	45,449	46,483	47,649	49,241	50,377	53,801	54,519	54,749	54,783	<38,938	
Backlog Size	6,563	7,502	7,407	7,111	6,785	7,218	6,980	7,519	8,816	9,497	10,096	10,312	<2,178	
Demand: PC Referrals	16,630	13,619	15,064	14,912	17,860	13,816	16,463	16,938	15,724	15,441	15,141	16,401	<15,484	
Demand: Additions to IP WL	3,689	2,846	3,368	3,118	3,654	2,771	3,175	3,555	3,300	3,241	3,314	3,577	<3,076	
Pathway 1st OPA													>=92%	
Pathway Decision to Treat													>=92%	

2017/2018 Trajectory

-3.58 %		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	84.13%	83.46%	84.20%	84.44%	83.91%	84.45%	84.75%	85.71%	84.95%	85.18%	86.00%	86.93%	87%
Performance	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%						Sept	

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

Summary Performance

October performance decreased to 81.18%. In November 2017 the trust delivered capacity in line with demand and as such the waiting list growth has plateaued for the first time since February 2017. Sustainable long terms plans to resolve capacity constraints and deliver RTT 2017/18 trajectory are planned to start and come in to effect from quarter three/four.

The number of patients waiting over 52 weeks for first treatment has increased to 66. **This is above the trajectory submitted to NHSI, General Surgery (20), Gynaecology (24), ENT (3), Urology (1), Gastroenterology (1), Dermatology (1) and Other Specs (1).** This is due to the following reasons:

1. Gynaecology coding – We have identified a human error that coded some procedures as diagnostic on the waiting list entries for Gynaecology resulting in exclusion from our RTT incompletes position. This was only for a short period and has now been corrected. However, in order to resolve this, it has displaced capacity intended for long waiters and has resulted in Gynaecology being behind in their trajectory. This affected 22 patients.
2. Non-admitted activity – as you know there are a number of patient pathways that are excluded from RTT in line with national guidance (such as Non-Consultant led Services). We have a robust validation process that reviews all these pathways to ensure that if they have progressed onto an active pathway, the RTT clock has been started. We have yielded 13 real 52 week waits which have been highlighted to the operational teams for immediate treatment plans to be agreed. On the basis of the validation we have already carried out we do not expect there to be more than 10 further 52 week breaches.
3. Due to slippage of additional capacity schemes that were due to commence in September, it has not been possible to resolve the capacity issues highlighted in Gynaecology and General Surgery in particular. Schemes are now confirmed for the end of October (and beginning of December (gynaecology and general surgery)). However, with the pressure on emergency pathways the majority of this capacity will be based on day case admission only.
4. Furthermore the CCG have asked that we review our elective activity from November through to February which if enforced will create further 52 week breaches in these and other specialities.

Risks to delivery of the standard:

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

- Gynaecology capacity for named sub-specialty conditions resulting in 52 week waits.
- ENT surgical demand remains in excess of capacity in key subspecialties resulting in 52 week waits.

Actions taken to mitigate risk and improve performance:

- The new Interactive Patient Tracking Technology has been implemented which allows real time recording of patient pathways and supports the operational teams in delivery.
- Action plans in key specialties to ensure improved performance reviewed weekly.
- Continued sourcing of outpatient internal capacity is being established for Orthopaedics, ENT, General Surgery, Maxillo Facial and Gynaecology.
- Saturday working in new consultants contracts across the trust to improve utilisation of theatre capacity and increase capacity.
- Improve Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots, a baseline has been produced and the effectiveness in reducing waste has commenced.
- The Trust is developing long term solutions to sustainably address the imbalance in capacity and demand, through a number of schemes, including; increasing theatre utilisation to 50 weeks per year (commencing July 2017), develop local anaesthetic cataract surgery in Buckland Hospital, Dover releasing 5 theatre sessions per week at acute hospitals William Harvey and Queen Elizabeth the Queen Mother Hospitals (December 2017).
- Exploring opportunities to increase theatre base with semi-permanent solutions, to deliver a minimum of 8 additional theatre sessions per week (November 2017).
- A revised Trajectory has been submitted to NHSI for reduction in patients waiting over 52 weeks

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.6%		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Green
	Performance	99.88%	99.72%	99.65%	99.67%	99.78%	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.59%	>=99%
	Waiting list Size	15,457	15,023	14,171	14,048	15,580	14,882	14,480	14,709	14,822	14,011	14,827	15,419	<14,000
	Waiting > 6 Week Breaches	19	42	49	46	35	140	92	80	119	120	79	63	<60
	Average Wait													<4

2017/18 Trajectory

0.5%		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
	STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	Apr
	Performance	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.60%						Apr

Summary Performance

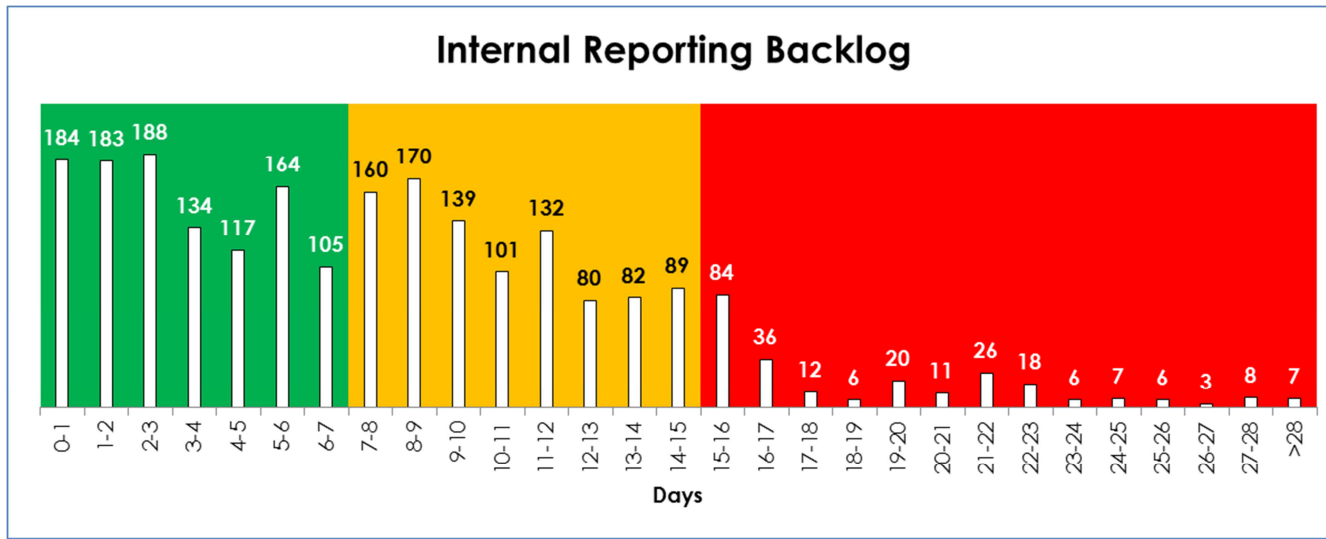
The standard has been met for October 2017 with a compliance of 99.59%. As at the end of the month there were 63 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 34, 32 in Computed Tomography, 1 in Non-Obstetric ultrasound and 1 in MRI
- Cardiology: 23
- Gynaecology: 4
- Neurophysiology: 1

Risks to delivery of the standard:

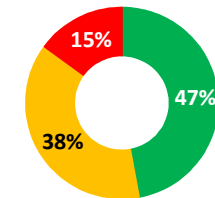
- Of the 64 breaches in total (32 in CT and 23 in Echocardiography). The number of patients waiting has grown by over 600 to 15,433. The main specialties seeing an increase are Cardiology (+556), CT (+127), Sleep studies (+75) and Endoscopy (+69). Obviously this is offset in part by some reductions elsewhere. Focussed daily oversight is required in order to maximise each patient and equipment on all sites to continue to deliver the standard.
- Current wait time for Cancer referrals is 5/6 days which is best it has been for over a year.
- CT backlog reports are 1,048 (previous report 987) and MRI is 2,313 (previous 2,058) both grown in month. Reporting in a timely way for each patient within all modalities remains a concern for the Division; patients are still waiting a long time for a report and a clinical outcome.
- Some improvements in sickness will positively impact this month going forward, however the Nuclear Medicine services remains a risk due to on-going sickness and maintaining high professional standards (MHPS) investigations.
- It is additionally acknowledged the calibre and competence of recent locums restricts service improvement and backlog reductions.

Reporting backlogs:

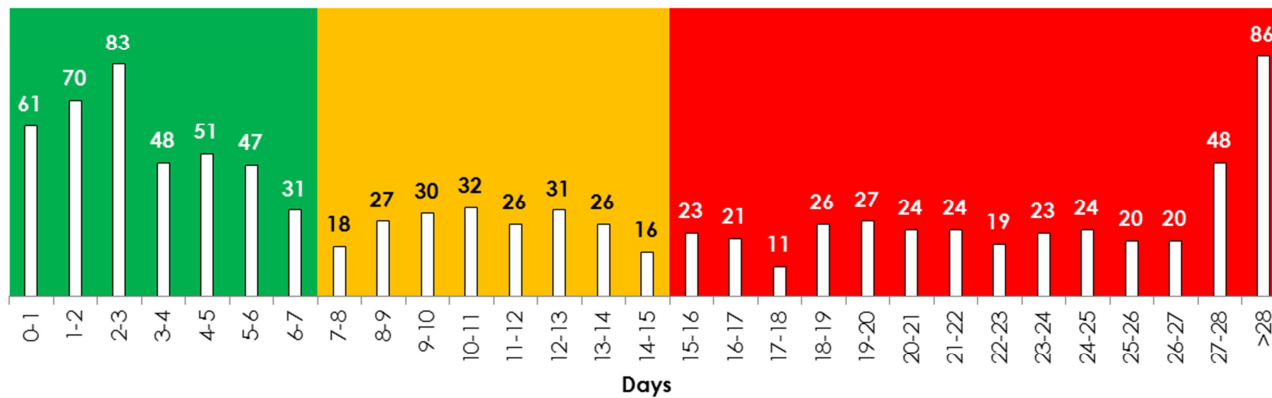


Broadly speaking MRI is a large number but a relatively small number waiting over 2 weeks for a report. Total MRI backlog reporting position as of 12/11/17:

Reports	Count
Green	1,075
Amber	864
Red	339
Total	2,278

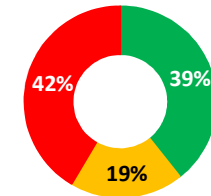


Internal Reporting Backlog



For CT, there is half the number in total waiting for a report. However there is a higher percentage waiting over 2 weeks for a report. The total CT backlog reporting position as of 12/11/17:

Reports	Count
Green	391
Amber	190
Red	412
Total	993


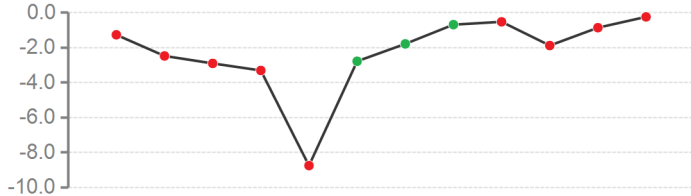




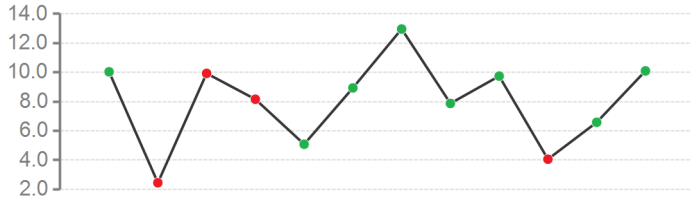




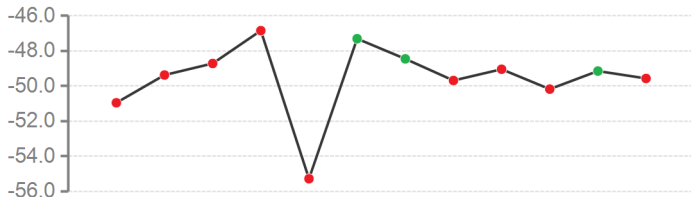









Actions taken to mitigate risk and sustain performance:

- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- We are actively addressing the sickness and locum issues with DMD, HR and MD
- New MRI's are commissioned and fully functional at KCH are enabling us to review some mobile use week on week; however to bring the workload to realistic levels of 2 weeks we continue to need additional vans supporting service delivery.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- We have made a request to Commissioners to close Direct Access MRI slots to reduce demand, free up capacity and or reduce financial burden of buying in Vans and outsourcing the reporting which is no longer cost effective. This has been agreed for South Kent and Thanet but not yet for Canterbury and Ashford areas.
- The Division have been advised that they are to receive £125k from Central Cancer funding to support delivery of 2 WW position and bring this to within 7 days the department.
- The Division are working with third party companies to support additional reporting in close liaison with procurement. We have also opened conversations with third parties to look at the productivity and efficiency of the Radiology service.
- All our equipment is monitored closely and regularly serviced to ensure we maximise capacity and reduce down time.
- Daily oversight continues.

Strategic Theme: Finance

Finance

Oct	I&E £m	 <p>-40.1 (-72.5%)</p>		<p>The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS</p>	  
Oct	Cash Balance £m	 <p>10.1 (53.4%)</p>		<p>Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	  
Oct	Total Cost £m	 <p>-49.6 (0.9%)</p>		<p>Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	  
Oct	Forecast I&E £m	 <p>-19.0 (0.0%)</p>		<p>This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	  

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



Oct

Normalised Forecast
£m



Comments:

The Trust's I&E deficit in October (month 7) was £1.1m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing, and after technical adjustments) against a plan of £0.8m.

The year to date I&E deficit is £12.9m against a plan of £13.1m (£0.2m better than plan).

Trust pay costs in the month of £29.2m were £0.2m up on September and also £0.5m worse than plan. Permanent staff costs were £0.1M higher than September with overtime at similar levels to last month. Bank decreased by £0.1m and agency/locum staff increased by £0.1m. Temporary staff (agency, bank, locum, overtime) costs were unchanged in month at £3.9m. Waiting list payments are £50K higher than September. Pay is now £0.1m better than plan year to date.

Clinical income was £0.5m (0.12%) behind plan in month and is £0.2m better than plan year to date. Other income is £0.9m (2.8%) worse than plan year to date so that total income is behind plan £0.7m year to date.

Against the £32m CIPS target, including income, £15m is reported year to date against a target of £15.2m, behind plan for the first time this year. Of the reported position 19% is non recurrent and steps are being taken to ensure that this is made up recurrently.


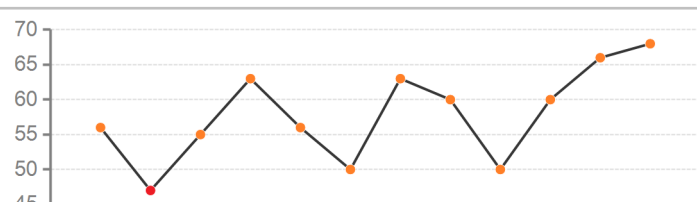
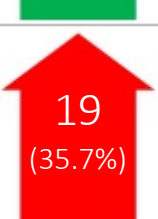
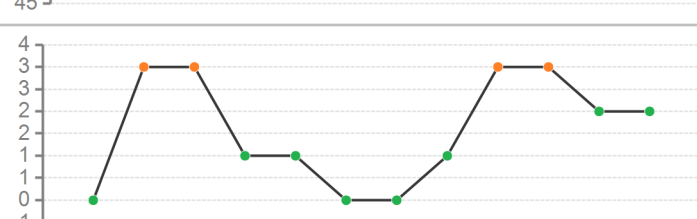

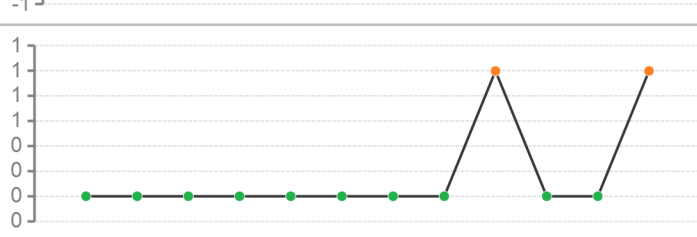
The cash balance as at the end of September was £10.1m with no additional borrowing in month.

Total risks net of opportunities of £13.3m have been identified. The main change in risks is related to the likely impact of the A&E improvement plan where funding streams are unclear.

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

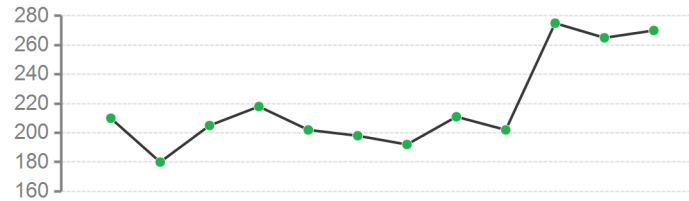
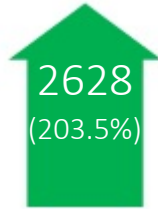
Further analysis is being conducted on risks this month to ensure the impact of winter, A&E improvement, Consultant Pay awards etc. are fully understood.

Health & Safety 1

Oct	Representation at H&S	 <p>694 (13.0%)</p>		<p>% 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.</p> <p>★ ★ ☆</p>
Oct	RIDDOR Reports (Number)	 <p>19 (35.7%)</p>		<p>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.</p> <p>★ ★ ☆</p>
Oct	Formal Notices	 <p>2 (100.0%)</p>		<p>Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).</p> <p>★ ★ ☆</p>

Oct

Health & Safety
Training



H&S Training includes all H&S and risk avoidance training including manual handling



Comments:

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

There are 2 RIDDORs to report this month. one relates to a manual handling fracture arising from the transfer of a patient. The second from a consultant who sustained a needle stick injury from a Hepatitis positive patient.

There is 1 Improvement Notice to report in Oct following a routine HSE inspection in Microbiology.

The purpose of the visit was to assess the adequacy of the facilities, procedural controls and health and safety management arrangements in meeting the legal requirements applying to diagnostic work with biological agents within Containment Level 3 (CL3) laboratory areas.


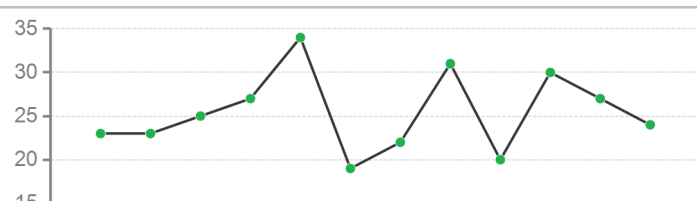

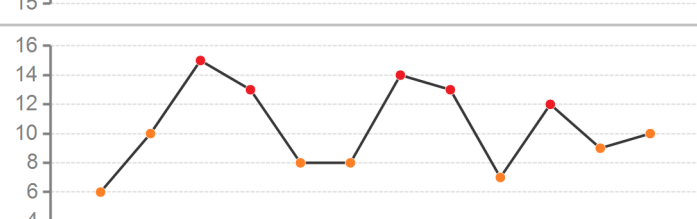
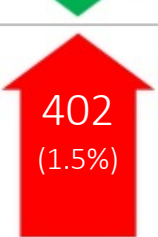
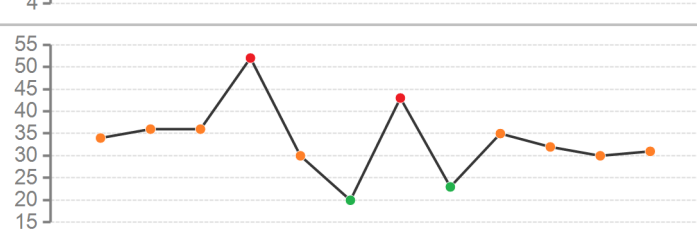
A number of matters were identified as requiring remedy in order to maintain compliance with the legislation - Management of Health and Safety at Work Regulations 1999, COSHH 2002; one of which warranted an improvement notice. This requires that Microbiology review and amends its current arrangements associated with fumigation of class 1 microbiology safety cabinets (MSC's) to ensure, so far as reasonably practicable, that the risks are suitably minimised and the requirements of the relevant legislation are met.

This relates to the poor physical condition of the Class 1 MSC's in use during the inspection, which had already been identified as requiring replacement prior to the HSE visit and purchase order raised after agreement sought from the Medical Device Group.

An action plan, being led by CSSD is in place and has been reviewed has been by the Strategic H&S Committee, to address the matters including replacement of the Class 1 MSC which will be installed and validated before re-inspection 26th Jan 2018. This is being overseen and co-ordinated by pathology H&S lead

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

Health & Safety 2

Oct	Accidents	 <p>305 (-26.0%)</p>		<p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>
Oct	Fire Incidents	 <p>125 (-4.6%)</p>		<p>Fire alarm activations (including false alarms).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>
Oct	Violence & Aggression	 <p>402 (1.5%)</p>		<p>Violence, aggression and verbal abuse.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p> <p>★ ★ ☆</p>

Strategic Theme: Health & Safety

Oct Sharps

150
(-11.8%)



Incidents with sharps (e.g. needle stick).
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.



Comments: The number of accidents decreased again in October, maintaining green in month and year to date with a minus 26% on the previous period.

The number of Fire incidents and Violence & Aggression stayed largely unchanged in October with minor statistical changes. Although V&A does show a 1% increase against the previous 12 month comparison it should be noted that this is an improving picture as this was 7% last month. The Strategic H&S Committee has reviewed V&A at its October meeting. Three actions have been agreed:

- 1) Review progress being made to Charity Committee for improved patient entertainment and stimulation equipment to targeted areas and patients
- 2) Increase number of sessions available to staff for "dementia tour" training
- 3) Conclude review of Safe Assist/Patient watch service needs

The number of sharps incidents remained low this month, maintaining green on this metric and shows a 12% decrease against the previous 12 month comparison. The Strategic H&S Committee continues to work with Occupational health to support local training on disposal techniques and greater awareness of sharps risks at the time of procedure.

Strategic Theme: Use of Resources

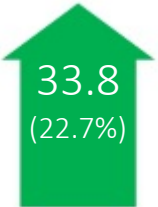
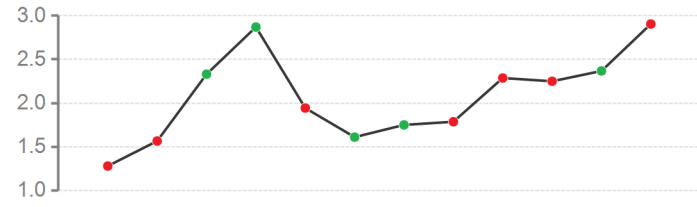



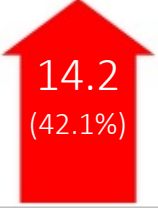
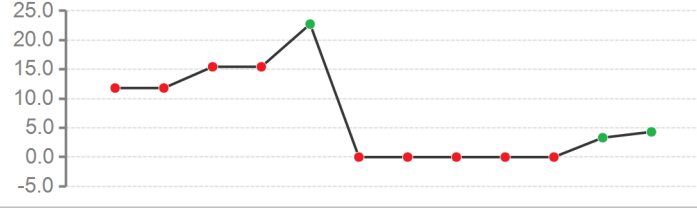








Pay Independent

Oct	Payroll Pay £m	-26.5 (0.2%)		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 (4.6%)		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	-262 (23.9%)		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	-752 (15.0%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ★

Comments: Pay performance is favourable to plan ytd by £0.1m. Total expenditure on pay in October was £29.2m, an increase in spend of £0.2m when compared to September which included £0.1m of bank holiday cost. Expenditure on agency staff shows the highest increase at £0.3m, with spend on substantive staff growing by £0.1m. There were also marginal increases in waiting list and internal locum costs, all offset by reductions in bank costs and STAFFflow locums totalling £0.3m.

Strategic Theme: Use of Resources

Balance Sheet

Oct	CIPS £m	 <p>33.8 (22.7%)</p>		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	  
Oct	Cash borrowings £m	 <p>14.2 (42.1%)</p>		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	  
Oct	Capital position £m	 <p>-91.6 (33.5%)</p>		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	  

Comments: Against the £32m CIPS target, including income, £15m is reported year to date against a target of £15.2m, £0.2m behind plan. Of the reported position 19% is non recurrent and steps are being taken to ensure that this is made up recurrently.

The cash balance as at the end of September was £10.1m, £4.8m ahead of plan. A new loan of £1m was called down in October with a further draw down expected to be required in December. The Trust is currently borrowing a total of £26m of cash.

Productivity

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

Comments: A full programme of CIPS valued at £32m for 2017/18 is being rolled out . The CIPs Plan is net of the cost of delivery. CIPs achieved in M07 were £2.9m (an increase of £0.5m in month) against a plan of £3.5m. Achievement for the Year to Date £15m against plan of £15.2m. The net target for the year is £32m. The major areas of CIP achievement in M07 were Divisional schemes £1.2m and Workforce £0.5m offset by shortfalls inpatient Flow £(0.3m) and agency £(0.1m). CIPs in October amounted to £2.6m recurrent and £0.3m on a non-recurrent basis. Year to date £12.1m is recurrent and £2.9m non-recurrent.

Strategic Theme: Improvement Journey

		Jun	Jul	Aug	Sep	Oct	
MD01 - End Of Life	Lost Days (Fast Track)	12	13	10	17	13	
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	78.15	71.18	70.10	70.51	75.35	>= 95
	ED - 1hr Clinician Seen (%)	52	46	47	47	48	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	13	13	13	12	12	>= 35
	Medical Outliers	47	54	59	73	69	
	Lost Days (Non-EKHUFT)	61	52	54	61	56	
	DToCs (Average per Day)	47	40	43	50	55	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	75.18	73.80	74.29	73.61	72.55	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	31	31	31	30	29	< 28
	Staff Turnover (Midwifery)	13	13	14	13	13	<= 10
	Vacancy (Midwifery) %	7	7	8	6	5	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	12.6	12.6	13.6	13.1	13.1	<= 10
	Vacancy (%)	11.5	11.0	12.3	12.2	11.5	<= 7
	Staff Turnover (Nursing)	13	13	14	13	13	<= 10
	Vacancy (Nursing) %	12	12	13	12	12	<= 7
	Vacancy (Medical) %	14	13	21	19	20	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	75.8	78.3	79.4	80.1	81.7	>= 90
	Statutory Training (%)	89	89	89	90	89	>= 85
	Local Induction Compliance %	23.5	28.8				>= 85
KF01 - Complaints	Complaint Response in Timescales %	79	79	83	77	80	>= 85
	Complaint Response within 30 days %	12	23	49	24	2	>= 85

KF02 - Workforce & Culture	Staff FFT - Work (%)	52	49	49	49	49	>= 60
	Staff FFT - Treatment (%)	77	70	70	70	70	>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)	90	88	82	77	78	>=95
	Pharm: Fridge Temps (%)	86	83	80	78	84	>= 100
	Pharm: Drug Trolleys Locked (%)	100	100	100	97	99	>= 90
	Pharm: Resus. Trolley Check (%)	85	86	80	87	79	>= 90
	Pharm: Drug Cupboards Locked (%)	93	89	79	75	74	>= 90

Glossary

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

Clinical Outcomes	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Policies in Date (%)	All documents that are marked as policies are in date on the SharePoint system	>= 95	10 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	<= 0.1	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %

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

Health & Safety

Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %

Incidents

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

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

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

Observations

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

Patient Experience

Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	
Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89	
Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	

Patient Experience

Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
Discuss Worries with support %	Discuss Worries with support	>= 89	
FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 1	10 %
FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	30 %
FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 15	1 %
Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 89	

Productivity

BADS	British Association of Day Surgery (BADs) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, speciality and case mix.	>= 100	10 %
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Productivity

eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %

RTT

RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	
RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %

Staffing

1:1 Care in labour	The number of women in labour compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99	
Agency %	% of temporary staff who work via agency Number indicates average of last 12 months data (as shown in graph).	<= 10	
Agency & Locum Spend	Total agency spend including NHSP spend		
Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (Staffflow) against the total number of hours worked by agency staff		
Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		

Staffing


Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available.		
Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 92.1	1 %
Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	< 28	2 %
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA)	>= 80	15 %
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA)	>= 80	15 %
Sickness (%)	% of Full Time Equivalent (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 3.6	10 %
Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	15 %


Staffing

Staff Turnover (Midwifery)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
Staff Turnover (Nursing)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Temp Staff (WTE)	WTE Count of Temporary Staff Used	< 182	1 %
Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
Total Staff Headcount	Headcount of total staff in post		
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	< 100	5 %
Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Training			
Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 90	50 %
Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	

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

Data Assurance Stars

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

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

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

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	1.7	1.9	2.7	1.2	2.0	3.7	2.1	6.5	14.8
Appraisal Rate (%)	81.3	61.7	83.1	83.3	58.1	82.3	77.2	90.8	76.0
Employed vs Temporary Staff (%)	88.0	87.6	84.9	91.6	79.2	92.6	87.0	91.1	85.3
Sickness (%)	3.8	2.8	1.8	4.0	2.4	4.0	3.5	4.1	3.8
Staff Turnover (%)	14.3	22.2	9.2	14.0	16.5	12.0	7.0	12.5	14.6
Statutory Training (%)	91	84	96	94	86	90	95	87	86
Total Staff In Post (SiP)	1434	74	123	123	103	1342	324	1750	1639
Vacancy (%)	12.0	15.2	15.1	8.4	20.8	7.5	13.0	8.9	15.4

Patient Safety Heatmap - OCTOBER 2017

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with patients %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
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KCH - Kent & Canterbury

Specialist

KBRA - BRABOURNE (KCH)	100.0	0	1	0	0	0	29	50	100	100	50	100	0.0	94.4	81	100	15
MARL - MARLOWE WARD	100.0	2	6	0	0	1	99	33	50	50	48	100	0.0	88.8	111	101	12

Surgical

CLKE - CLARKE WARD	100.0	3	2	0	0	0	95	33	33	33	28	99	0.0	85.0	97	106	7
KENT - KENT WARD	94.7	1	1	0	0	1	1	50	50	100	34	100	0.0	93.2	99	93	9
KITU - KCH ITU	100.0	0	0	0	0	0	54	N/A	N/A	N/A	N/A	N/A	N/A	91.0	86	87	33

Urgent Care

HARB - HARBLEDOWN WARD	100.0	0	11	0	0	1	0	100	100	100	16	90	0.0	90.4	117	142	7
INV - INVICTA WARD	95.2	0	3	0	0	1	0	100	100	100	0	NULL	NULL	82.8	106	162	7
KING - KINGSTON WARD	100.0	1	3	0	0	0	0	50	100	50	29	100	0.0	83.9	90	141	6
KNRU - EAST KENT NEURO REHAB UNIT	88.9	1	7	0	0	0	0	33	33	50	50	100	0.0	91.6	89	116	6
MTMC - MOUNT/MCMMASTER WARD	100.0	0	4	0	0	0	10	33	50	50	13	100	0.0	72.7	104	170	7
TREB - TREBLE WARD	94.1	0	9	0	0	0	0	33	50	100	50	95	0.0	84.9	105	131	10

QEH - Queen Elizabeth Queen Mother

Specialist

BIR - BIRCHINGTON WARD	100.0	1	1	0	0	0	0	33	33	33	2	67	33.3	97.8	101	109	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	1	0	N/A	N/A	N/A	N/A	N/A	N/A	92.2	87	84	21
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	86.1	82	100	20
RAI - RAINBOW WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	0	NULL	NULL	92.6	98	115	13

Surgical

BIS - BISHOPSTONE WARD	100.0	2	1	0	0	0	0	33	50	33	46	96	4.0	73.7	110	125	8
CSF - CHEERFUL SPARROWS FEMALE	95.2	4	4	0	0	2	0	33	50	50	50	96	1.9	84.7	116	140	8
CSM - CHEERFUL SPARROWS MALE	100.0	2	4	0	0	0	1	33	33	33	65	94	0.0	99.8	100	122	7
QITU - QEH ITU	100.0	0	0	0	0	0	37	N/A	N/A	N/A	N/A	N/A	N/A	91.2	94	108	28
QX - QUEX WARD	94.7	1	1	0	0	0	97	33	33	33	77	100	0.0	89.2	106	112	6
SB - SEA BATHING WARD	96.2	0	0	0	0	0	1	33	33	33	42	94	3.2	84.7	87	100	5

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Urgent Care

DEAL - DEAL WARD	100.0	0	7	0	0	1	0	50	100	100	9	100	0.0	94.4	121	146	7
FRD - FORDWICH WARD STROKE UNIT	89.5	0	6	0	0	0	1	100	100	100	11	75	0.0	72.7	128	132	9
MW - MINSTER WARD	100.0	4	3	0	1	4	16	33	50	50	67	98	0.0	80.5	103	114	7
QCCU - QEHC CCU	100.0	0	0	0	0	0	1	50	33	33	72	96	0.0	86.4	81	82	7
QCDU - QEHC CDU	39.1	0	0	1	0	0	9	50	100	50	18	85	9.4	91.5	134	185	13
SAN - SANDWICH BAY WARD	95.2	0	3	0	1	0	0	100	100	100	35	100	0.0	102.2	133	157	7
SAU - ST AUGUSTINES WARD	93.1	0	5	0	0	0	0	50	50	100	14	100	0.0	90.4	112	151	6
STM - ST MARGARETS WARD	100.0	0	0	0	0	0	0	50	100	100	44	100	0.0	94.3	130	146	7

WHH - William Harvey

Specialist

FF - FOLKESTONE	100.0	0	0	0	0	2	0	33	50	50	N/A	N/A	N/A	96.1	92	87	17
KEN - KENNINGTON WARD	100.0	0	0	0	0	0	1	100	100	100	12	100	0.0	79.7	90	97	7
PAD - PADUA	100.0	0	0	0	0	0	0	N/A	N/A	N/A	13	100	0.0	93.8	102	97	9
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	0	51	N/A	N/A	N/A	N/A	N/A	N/A	100.1	112	104	9

Surgical

ITU - WHH ITU	91.7	0	0	0	0	0	89	N/A	N/A	N/A	N/A	N/A	N/A	94.4	142	160	34
KA2 - KINGS A2	95.0	0	0	0	0	0	123	33	33	33	67	96	1.8	94.5	122	171	8
KB - KINGS B	100.0	0	4	0	0	2	164	33	33	50	35	97	0.0	96.3	112	130	6
KC - KINGS C1	100.0	1	5	0	0	0	1	100	100	100	70	97	2.9	87.3	125	105	6
KC2 - KINGS C2	100.0	1	2	0	0	0	87	33	33	50	30	100	0.0	87.4	98	133	8
KDF - KINGS D FEMALE	100.0	5	1	0	0	1	245	50	33	50	40	100	0.0	98.0	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	6	4	0	0	1	0	33	33	33	47	98	2.2	N/A	104	116	12
RW - ROTARY WARD	100.0	1	1	0	0	0	70	33	50	33	43	98	1.7	93.6	105	129	9

Urgent Care

CCU - CCU	80.0	0	0	0	0	0	0	50	50	100	50	100	0.0	92.7	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	0	0	0	0	0	17	50	33	33	62	99	0.0	75.8	115	137	7
CK - CAMBRIDGE K	96.3	0	0	0	0	0	0	33	25	33	46	97	0.0	80.2	118	105	8
CL - CAMBRIDGE L REHABILITATION	100.0	3	7	0	1	0	7	50	33	100	41	100	0.0	98.5	104	136	7
CM1 - CAMBRIDGE M1 SHORT STAY	68.8	2	5	0	0	0	0	50	50	33	25	100	0.0	77.3	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	0	6	0	0	0	0	33	33	33	36	100	0.0	98.2	101	123	6

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OXF - OXFORD	92.9	0	5	0	0	0	0	33	100	50	34	93	7.1	97.4	119	137	9
RST1 - RICHARD STEVENS 1 STROKE UNIT	95.2	4	6	0	0	1	0	50	50	50	95	98	1.8	80.5	117	100	8
WCDM - WHH CDU MIXED	100.0	0	0	1	0	0	0	50	33	25	16	81	16.1	89.0	99	96	12