

INTEGRATED PERFORMANCE REPORT



Chief Executive's Summary

Firstly, I want to express my gratitude for the way in which I have been welcomed into the Trust. Staff have been extremely open which has helped me understand quickly the challenges faced by the Trust in order that I can help support these effectively. I have been encouraged by clear messages from staff about what they want to achieve for our patients, in particular improving patient flow through hospitals is a priority as well as adding to our staff complement.

I am pleased to note that overall patient experience continues to report positively and in particular the Trust has seen an improvement in the real time inpatient survey questions. However, it is recognised that further improvement work is required, in particular within the emergency care pathway and A&E performance remains a significant challenge for our teams.

However, I am pleased to report that there has been a slight improvement in performance compared to August 2017. A rapid improvement plan has commenced mid-October as part of the Trust's overall Emergency Department (ED) improvement plan. Five days into this intense programme, the Trust reported the highest standards it has seen in the last eight weeks with 77% of patients being seen, treated and discharged or admitted within the four hour standard. Although the percentage improvement has been small, our relative position compared to our peers nationally has also improved in the last couple of weeks. Key partner organisations are engaged in regular meetings with the Trust to implement a number of immediate actions as well as looking at medium and longer term plans to ensure progress is sustained in order to deliver a clear trajectory of improvement.

We have listened to staff concerns regarding our plans for a major PAS upgrade before Christmas as well as learning from the experiences of other Trusts who have gone live with the system. As a result, we have decided to put back the roll out the implementation of the system to the end of the financial year.

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. This has increased in two specialties and a revised trajectory will be submitted to ensure the target to move the Trust's position from 30 patients to five before the end of the financial year is reached. However, the overall 52 week wait position will be affected by the A&E improvement plan, in particular the cancelling of elective activity.

Cancer 2 week wait performance continues to report a compliant position. Unfortunately, Cancer 62 day (GP Referral) performance has not met the planned standard due to a greater backlog of patients to be treated in key specialities. However, daily monitoring shows a significant reduction in the number of patients on the cancer tracking list.

Although our reported rates of mixed sex accommodation have decreased during September, we are reporting a high number in the Clinical Decision Units and this is a particular area of focus for us.

Our complaint response times remain a challenge for us and have deteriorated slightly compared to August 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 98.6% a slight increase compared to August 2017. There has been a slight increase in the number of falls during September 2017 and focussed work is in place to address this, in particular an Associate Practitioner is now in post.

There was a reported decrease in the number of category two pressure ulcers. One unavoidable category 3 ulcer was reported and I am pleased to confirm there were no confirmed category 4 ulcers. During September a meeting was held with the community to establish a pathway to improve the follow up of patients with unstageable ulcers following discharge from hospital. 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 September 2017, our number of c.difficile infections reported below trajectory. In addition, we have had no trust assigned MRSA bacteraemia infections reported in the last three months. However, I am disappointed to report we have had a hospital acquired legionella pneumonia at the Queen Elizabeth The Queen Mother Hospital and this is currently being investigated. A full report will be given at the Trust Board meeting in the public section.

Although VTE risk assessment recording continues report below the national standard of 95%, improvements in this area reported a further increase for September 2017 at 94.56%, and is up to 91.75% for the last 12 months overall.

The Trusts I&E deficit in September (month 6) was £1.45m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing and after technical adjustment) against a plan of £1.42m.

The year to date I&E deficit is £11.8m against a plan of £12.4m (£0.6m better than plan).

Trust pay costs in the month of £29m were £0.3m up on August and also £0.5m worse than plan. Permanent staff costs were £0.1m higher than August with overtime at similar levels to last month. Bank increased by £0.1m and agency/locum staff increased by £0.1m. Temporary staff (agency, bank, locum, overtime) costs were 1.7% higher than August at £3.9m. Waiting list payments are £0.1m higher than August. Pay is now £0.6m better than plan year to date.

Clinical income was £0.1m (0.2%) behind plan in month and is £0.7m (0.2%) better than plan year to date. Other income is £0.7m (2.5%) worse than plan year to date so that total income is on plan year to date.

Against the £32m CIPS target, including income, £12.1m is reported year to date against a target of £11.8m, £0.3m better than plan. Of the reported position 18% 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 £6.6m. A new loan of £3.3m was called down in September with a further £1m requested in October. STF of £1.8m for Q1 was received in September. Total risks net of opportunities of £11.5m have been identified. The main change in risks is related to a potential impact of the K&C A&E closure on clinical income.

The Trust's Financial Recovery Plan has been received and accepted by NHSI. This is for an £18.9m deficit target (excluding Sustainability and Transformation Funds). The Trust remains in Financial Special Measures.

Further analysis is being conducted on cash availability/risks post the recent MOU with Commissioners this month and the impact of the K&C A&E change and A&E pressures on income will be reviewed along with all risks.

The Turnover rate in month is 12.8%, remaining broadly the same as 12.7% in August. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting hard to recruit roles.

Sickness absence decreased slightly during September 2017 to 4% which remains above the Trust target (the most recent data available). Focus remains on consistency of process and with line manager coaching and support with long term sickness cases. All metrics are reviewed and challenged at a Divisional level in the monthly Executive Performance Reviews.

WTE temporary staff decreased from 240 wte in July to 234 wte in September. The percentage of employed staff vs temporary staff has remained broadly the same at 89.4%. Total staff in post increased 6836.

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.

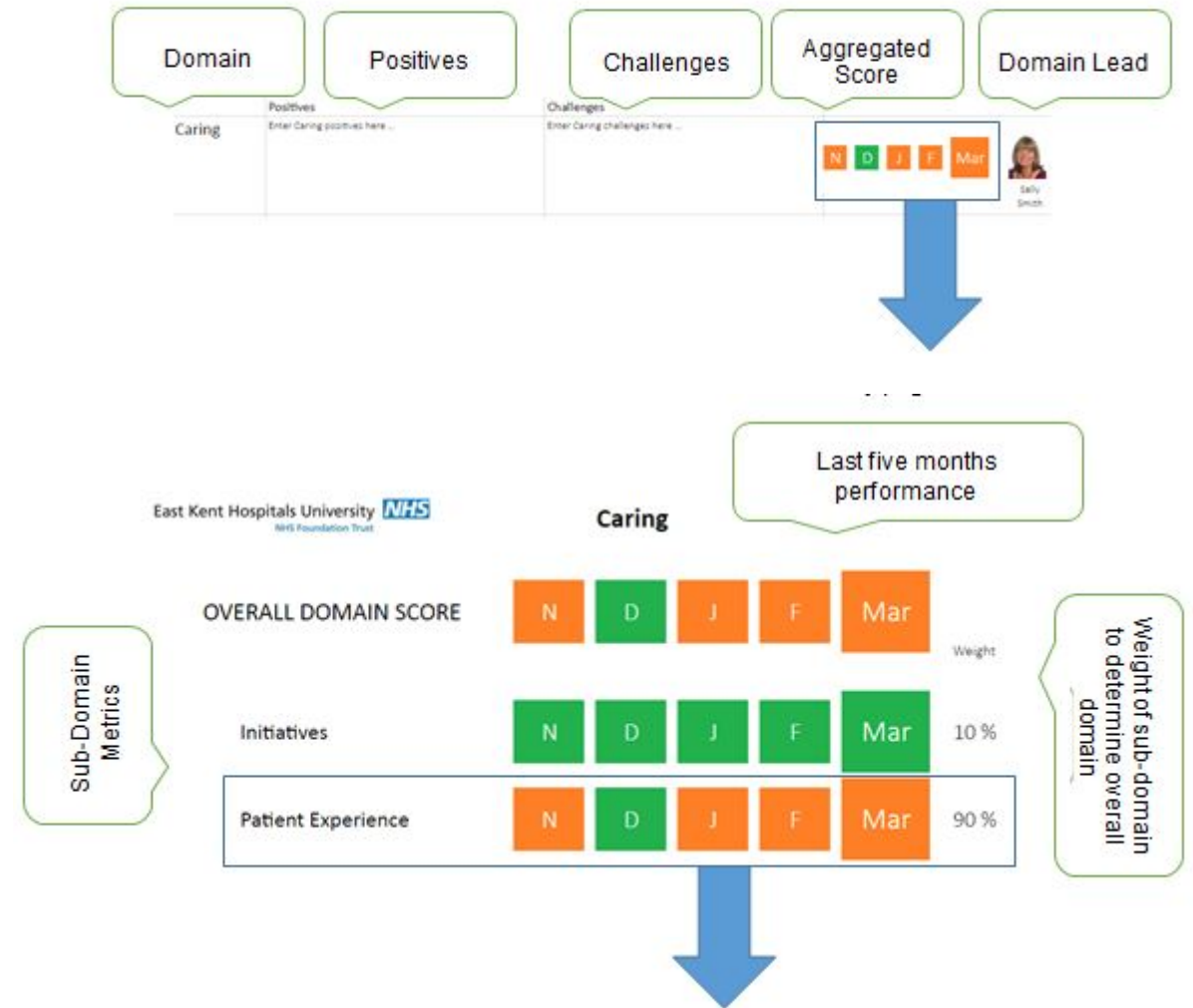
Average Statutory training is 89%. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. There remains an on-going issue with the recording of Information Governance, so this is being sent manually in some cases.

The Trust staff appraisal rate remained at 81.5% but continues to be below the 90% target. Divisions are working on plans to complete appraisals and to avoid a further drop in appraisal rates. The annual staff survey commenced on 9th October - the first week reports show a 11% completion rate. The target for the year is to have 50% of colleagues complete the survey.

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 has improved this month with a large number of compliments received compared to formal complaints made.</p> <p>Harm free care (new harms) also remains green, and this month we have reported an improvement for all harms.</p> <p>The friends and family test inpatient satisfaction rate remains positive at 96% recommended.</p> <p>Overall patient experience is registering green and we have seen an improvement in the three real-time inpatient survey questions this month, recognising that more improvement work is still required.</p>	<p>Although our reported mixed sex occurrences have decreased during September, we are still reporting a high number in the Clinical Decision Units.</p> <p>The friends and family test for ED 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 September and has deteriorated 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>The parameters of Bed Occupancy, the length of stay for both elective and non-elective admissions have not improved from the levels on August and the reportable delayed transfers of Care (DTOC), have deteriorated further in September.</p> <p>DNA rates for new appointments went up slightly to 7%.</p> <p>The cancelled operations has increased to 1.8% this month.</p>	  <p>Jane Ely</p>

Responsive

Cancer 2 week wait compliant and 2 week wait for breast referral are both compliant.

Diagnostic performance remains compliant and continues to perform well.

The A&E 4 hour performance has not deteriorated further and this is a slight improvement ahead of a rapid improvement programme to commence in mid-October.

Cancer 62 day (from GP referral) performance has not met the planned standard due to a greater backlog of patient to be treated in key specialties. However, daily monitoring shows a significantly reduced number of patients on the cancer tracking list (more than 600 less from the number in June) and those over 104 days.

Referral to Treatments (18 weeks RTT) performance has fallen again whilst total waiting list and backlog numbers have increased.

The number of patients waiting for treatment beyond 52 weeks has increased in two specialties and a revised trajectory will be submitted to ensure that the target for March 18 is reached.



Jane Ely

Safe

VTE Trustwide for September was 94.56% and is now up to 91.75% for the last 12 months overall

Harm free care (new harms) was 98.6% and reported Category 2 pressure ulcers was 0.07.

C.difficile remains below trajectory and there were no Trust assigned MRSA during the reporting period.

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

The falls rate has increased during September. Focused work is in place to address this.

We have had a hospital acquired Legionella pneumonia from the QEQM site which is currently being investigated.

Falls rate has crept up to 6

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

VTE recording remains below the national standard of 95%.



Paul Stevens

Well Led

£0.6m better than plan ytd

I&E CIPS of £12.1m reported against a plan ytd of £11.8m

Vacancies decreased (11.9% from 12.3%)- still red RAG rated

Staff turnover decreased (13.1 from 13.6%) - still red RAG rated

Continuing low appraisal rates (80.1%)

Cash balance requiring additional borrowing in October of £1m

Increase in temporary staff costs

A&E recovery plan requires significant funding

Pressure on CIP delivery rising in last half of year



Susan Acott

Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

Caring

		May	Jun	Jul	Aug	Sep	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	34	28	20	17	27	>= 12	10 %
	Mixed Sex Breaches	7	17	70	150	90	< 1	10 %
	Overall Patient Experience %	94	93	92	91	91	>= 90	10 %
	Complaint Response in Timescales %	86	79	79	83	77	>= 85	5 %
	FFT: Recommend (%)	97	97	96	96	97	>= 90	30 %
	FFT: Not Recommend (%)	1.4	1.3	2.0	1.3	1.5	>= 1	10 %

Effective

OVERALL DOMAIN SCORE

Beds

Clinical Outcomes

Productivity

M	J	J	A	Sep	Weight
M	J	J	A	Sep	25 %
M	J	J	A	Sep	25 %
M	J	J	A	Sep	25 %

Effective

		May	Jun	Jul	Aug	Sep	Green	Weight
Beds	Bed Occupancy (%)	99	90	91	93	94	<= 92	60 %
	IP - Discharges Before Midday (%)	15	13	13	13	12	>= 35	10 %
	DToCs (Average per Day)	62	47	40	43	50	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.4	3.4	3.4	3.3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.0	15.9	16.0	15.9	15.6	< 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 %	6.6	6.8	6.5	6.9	7.0	< 7	
	DNA Rate: Fup %	5.8	6.4	6.3	6.5	6.0	< 7	
	New:FUp Ratio (1:#)	0.7	0.6	0.6	0.6	0.6		
Productivity	LoS: Elective (Days)	3.0	3.1	2.8	3.1	2.9		
	LoS: Non-Elective (Days)	6.7	6.5	5.9	6.2	6.4		
	Theatres: Session Utilisation (%)	82	82	82	82	84	>= 85	25 %
	Theatres: On Time Start (% 30min)	77	78	76	76	78	>= 90	10 %
	Non-Clinical Cancellations (%)	1.3	0.8	1.6	1.5	1.8	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	12	29	16	4	5	< 5	10 %
	EME PPE Compliance %	75	77	78	81	81	>= 80	20 %

Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

	M	J	J	A	Sep	Weight
OVERALL DOMAIN SCORE	M	J	J	A	Sep	
A&E	M	J	J	A	Sep	25 %
Cancer	M	J	J	A	Sep	25 %
Diagnostics	M	J	J	A	Sep	25 %
RTT	M	J	J	A	Sep	25 %

Responsive

		May	Jun	Jul	Aug	Sep	Green	Weight
A&E	ED - 4hr Compliance (%)	76.78	78.15	70.63	70.10	70.51	>= 95	100 %
Cancer	Cancer: 2ww (All) %	95.67	96.78	94.86	95.65	94.97	>= 93	10 %
	Cancer: 2ww (Breast) %	90.71	89.87	83.97	91.72	95.50	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	94.81	95.99	93.92	96.99	92.50	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	92.00	85.96	87.04	89.58	85.11	>= 94	5 %
	Cancer: 31d (Drug) %	95.24	97.53	98.41	95.52	92.19	>= 98	5 %
	Cancer: 62d (GP Ref) %	70.19	75.18	73.80	74.29	73.46	>= 85	50 %
	Cancer: 62d (Screening Ref) %	95.00	95.83	92.73	92.00	85.29	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	80.56	76.19	86.84	87.50	77.55	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.36	99.46	99.20	99.14	99.47	>= 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 (%)	85.82	85.07	83.61	82.58	81.56	>= 92	100 %
	RTT: 52 Week Waits (Number)	36	30	30	31	51	< 1	

Safe

OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

	M	J	J	A	Sep	Weight
OVERALL DOMAIN SCORE	M	J	J	A	Sep	
Incidents	M	J	J	A	Sep	20 %
Infection	M	J	J	A	Sep	20 %
Mortality	M	J	J	A	Sep	50 %
Observations	M	J	J	A	Sep	10 %

Safe

		May	Jun	Jul	Aug	Sep	Green	Weight
Incidents	Serious Incidents (STEIS)	6	8	3	4	7		
	Harm Free Care: New Harms (%)	98.5	99.4	98.9	98.5	98.6	>= 98	20 %
	Falls (per 1,000 bed days)	5.26	4.77	6.09	5.76	6.01	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.30	0.17	0.27	0.26	0.07	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,407	1,376	1,373	1,264	1,204		
Infection	Cases of C.Diff (Cumulative)	8	11	14	15	19	<= Traj	40 %
	Cases of MRSA (per month)	0	0	1	0	0	< 1	40 %
Mortality	HSMR (Index)	76	66	80			< 90	35 %
	Crude Mortality EL (per 1,000)	0.3	0.5	0.7	0.4	1.4	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	35	28	32	34	34	< 27.1	10 %
	RAMI (Index)	87	85	85	83		< 87.45	30 %
Observations	Cannula: Daily Check (%)	77.4	76.3	73.8	73.5	70.8	>= 50	10 %
	Catheter: Daily Check (%)	47.7	47.3	46.3	46.0	42.8	>= 50	10 %
	Central Line: Daily Check (%)	68.5	67.8	65.1	64.6	64.1	>= 50	10 %
	VTE: Risk Assessment %	91	92	93	93	95	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	91.9	91.2	92.1	91.8	92.1	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.8	89.0	89.1	89.0	89.2	>= 90	25 %

Well Led

OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

	M	J	J	A	Sep	Weight
OVERALL DOMAIN SCORE	M	J	J	A	Sep	
Culture	M	J	J	A	Sep	15 %
Data Quality & Assurance	M	J	J	A	Sep	10 %
Finance	M	J	J	A	Sep	25 %
Health & Safety	M	J	J	A	Sep	10 %
Staffing	M	J	J	A	Sep	25 %
Training	M	J	J	A	Sep	15 %

Well Led

		May	Jun	Jul	Aug	Sep	Green	Weight
Culture	Staff FFT - Treatment (%)	77	77	70	70	70	>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.3	0.3	0.3	0.3	1.1	<= 0.1	25 %
	Valid NHS Number %	100	100	100	100	100	>= 99.5	40 %
	Uncoded Spells %	0.1	0.1	0.1	0.0	0.1	< 0.25	25 %
Finance	I&E £m	-1.8	-0.7	-0.5	-1.9	-0.9	>= Plan	30 %
	Cash Balance £m	13.0	7.9	9.7	4.1	6.6	>= Plan	20 %
	Total Cost £m	-48.5	-49.7	-49.0	-50.2	-49.1	>= 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)	0	1	3	3	2	<= 3	20 %
	Formal Notices	0	0	1	0	0	< 1	15 %
Staffing	Sickness (%)	3.7	3.8	3.9	3.9	3.9	< 3.6	10 %
	Staff Turnover (%)	12.9	12.6	12.6	13.6	13.1	<= 10	15 %
	Vacancy (%)	11.7	11.5	11.0	12.3	11.9	<= 7	15 %
	Total Staff In Post (SiP)	6913	6900	6937	6826	6856		1 %
	Temp Staff (WTE)	226	240	251	240	219	< 182	1 %
	Shifts Filled - Day (%)	99	98	96	96	95	>= 80	15 %
	Shifts Filled - Night (%)	106	107	105	105	103	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	10	12	12	12	12		
	Local Induction Compliance %	20.8	23.5	28.8			>= 85	
	Agency %	5.3	5.8	6.1	6.5	6.3	<= 10	
Training	Appraisal Rate (%)	81.1	75.8	78.3	79.4	80.1	>= 90	50 %
	Statutory Training (%)	89	89	89	89	90	>= 85	50 %

Strategic Theme: Patient Safety

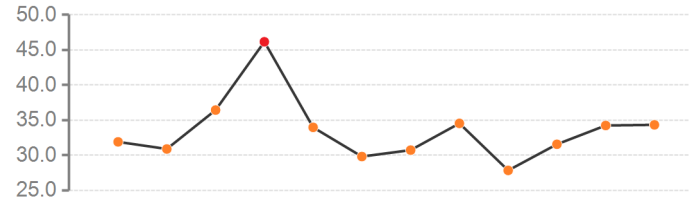
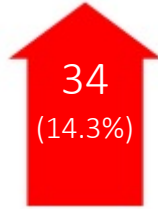
Mortality

Sep	HSMR (Index)	81 (-1.6%)		<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>	
Sep	RAMI (Index)	89 (1.3%)		<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>	
Sep	Crude Mortality EL (per 1,000)	0.4 (12.5%)		<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

Sep

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.



Comments: The Trust crude rate continues at 1.4% which is an increase from 1.33% from the same 2015/16 period but is within the peer 25th to 75th percentile. Similarly by peer distribution the Trust HSMR continues to remain in the lowest quartile and overall is 85.3, our 2 year rolling month trend continues to show the actual well below the expected.

As in the previous reports Septicaemia continues to be the red alerting condition from CHKS data and from National data. The SHMI is 1.01 (covering the period April 2016-March 2017). Diagnostic codes with observed mortality greater than expected are cerebrovascular disease (stroke) (255 vs. 234.9); acute MI (150 vs. 125), cancer of the lung (91 vs. 76.8), COPD (143 vs. 128.8) and septicaemia (484 vs. 363). 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.

Acute kidney injury, pneumonia and urinary tract infection all had significantly lower observed mortality versus expected in the NHS Digital data.

Serious Incidents

Sep	Serious Incidents (STEIS)	74 (-15.9%)		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.	★ ★ ★
Sep	Never Events (STEIS)	4 (33.3%)		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 September 2017: 62 (including 7 new)
 SIs under investigation: 30
 Breaches: 14
 Non-breaches: 16
 Waiting EKHUFT non-closure response: 12
 Waiting CCG response: 20

Supporting Narrative:
 The number of breached cases is 14. 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:
- a retrospective never event relating to a wrong knee implant
 - an unexpected death of an elective patient undergoing laryngocele surgery
 - a fall resulting in a subdural haematoma and the death of a patient
 - a delayed treatment for a patient with testicular torsion
 - an delay in a patient being treated within ophthalmology
 - a delayed treatment case relating to a patient found deceased in ED
 - a neonatal overdose of paracetamol

Infection Control

<p>Sep</p>	<p>Cases of MRSA (per month)</p>	<p>10 (400.0%)</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>	<p>★ ★ ☆</p>
<p>Sep</p>	<p>Cases of C.Diff (Cumulative)</p>	<p>19 (26.7%)</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>	<p>★ ★ ☆</p>
<p>Sep</p>	<p>E. Coli</p>	<p>94 (8.0%)</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>	<p>★ ★ ☆</p>

Strategic Theme: Patient Safety

Sep 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 current year to date total (as at 24/10/2017) remains 19 cases against an annual objective of 46 cases which is below trajectory.

MRSA

There have been 3 cases of Trust assigned MRSA bacteraemia this current year to date but none in the last 3 months.

MSSA

Year to date there have been 21 cases of MSSA bacteraemia assigned to EKHUFT i.e. post 48 hour admission date.

E.coli

Year to date there have been 47 cases of E.coli bacteraemia assigned to EKHUFT and 317 cases in East Kent. This continues to be an area of cause for concern. As a region we have the 3rd highest rate, Frimley Park and Oxford are both higher with 73 and 65 Trust assigned E.coli bacteraemia respectively.

Anti-microbial Stewardship (AMS)

The AMS team are now up and running again and are linking in with AMS groups in the community.

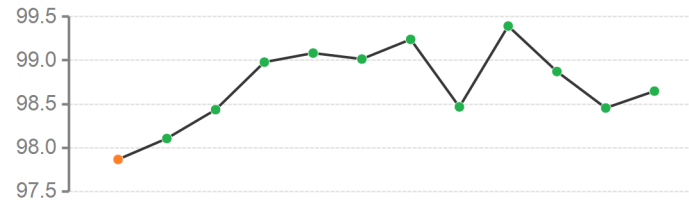
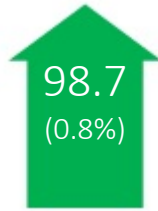
Legionella

A hospital acquired Legionella became known to us at the beginning of October and the incident patient was on Minster ward. The whole Legionella programme has been reviewed together with PHE and HSE and an independent review of our control programme has been undertaken. A full report will be given at the Trust Board meeting in the public section.

Harm Free Care

Sep

Harm Free Care:
 New Harms (%)



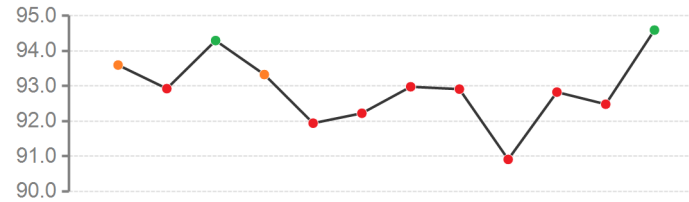
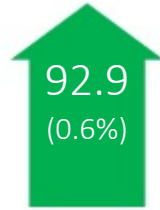
Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.



Strategic Theme: Patient Safety

Sep

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 Sep-17 was 94.59% compared to 92.48% in Aug-17. This is the highest level of harm free care we have reported for 12 months. UC<Cs saw a significant improvement this month.

A wide variation, as expected, is seen across the divisions with specialist achieving 97.44% (a fall from 97.83% in Aug-17), surgical 94.6% (a reduction from 94.87% in Aug-17) and UCLTC 93.69% (an increase from 89.21% in Aug-17).

Average prevalence of pressure ulcers (admitted with) is 2.88% in Sept-17. Prevalence rose to 7.5% in June-17 but reduced to around 5% in July and August. A detailed review of old harms (patients admitted with) during Q1 was undertaken which revealed no particular themes in admission source. A further review of the 240 Datix reported incidents of patients admitted with pressure ulcers in Q1 was completed and shows that most patients admitted with pressure ulcers lived in their own homes and there were no particular themes in admission source from nursing homes.

The total of Harm Free Care experienced in our care (New Harms only) has slightly increased to 98.65% from 98.46% in August.

K&C New Harms Only HFC had an increase 98.92% compared to 97.80% in August.

WHH New Harms Only HFC had a slight increase to 98.80% compared to 98.60% in August.

QEQM New Harms Only HFC had a decrease to 98.34% from 98.61% in August.

HFC (new harms only) All four individual harms show a decreased rate against the national averages. The Safety Thermometer for Sept-17 demonstrates:

- Lower levels of catheters & New UTI's (0.21%) compared to the National Average (0.35%)
- Lower levels of New Pressure Ulcers (0.62%) compared to the National Average (0.83%)
- Lower prevalence of falls with harm (0.20%) compared to the National Average (0.48%)

This is the highest level of harm free care we have reported for 12 months. UC<Cs saw a significant improvement this month.

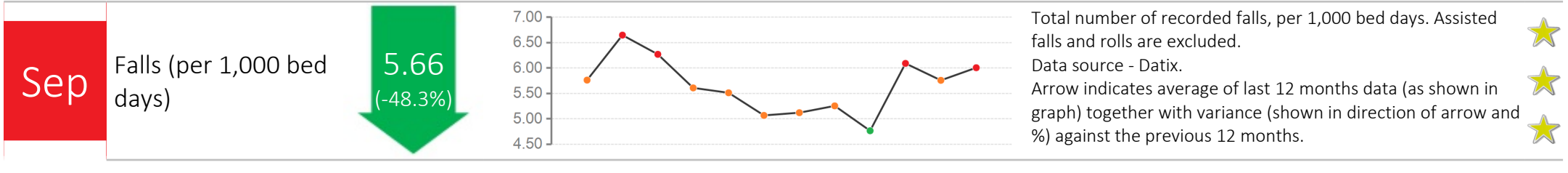
- Lower prevalence of new VTEs (0.30%) compared to the National Average (0.44%)

Pressure Damage

Sep	Pressure Ulcers Cat 2 (per 1,000)	<div style="font-size: 24px; font-weight: bold;">0.31</div> <div style="font-size: 18px;">(-42.9%)</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.	
Sep	Pressure Ulcers Cat 3/4 (per 1,000)	<div style="font-size: 24px; font-weight: bold;">0.02</div> <div style="font-size: 18px;">(-50.1%)</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 September 2017 a total of 23 category 2 pressure ulcers were reported. This is a decrease of 12 from last month. Of these incidents, 2 were confirmed as avoidable which is a decrease of 6. 14 incidents affected the sacrum/buttock these accounted for both avoidable incidents relating to insufficient repositioning, inappropriate risk assessment and lack of skin inspection. One was also due to prolonged period on a trolley in the ED at QEQM. Of the remaining superficial ulcers, 3 affected the heel all unavoidable. There were 3 incidents related to medical devices affecting the, nose and ears and associated with oxygen. For all of these there was sufficient evidence of regular skin checks. There were 2 affecting the back/spine and 1 other. In September 2017, there was 1 confirmed category 3 pressure ulcer that was unavoidable and no confirmed category 4 ulcers. There were 10 potential deep ulcers, an increase of 3 to last month. 5 affected the heels. One of these was avoidable on Oxford ward due to lack of evidenced heel offloading. Four affected the sacrum and one on the toe. During September a meeting was held with the community TVNs to establish a pathway to improve the follow up of patient's with unstageable ulcers following discharge from hospital. HUBS were held on all 3 sites QEQM and K&C to introduce the PROMPT card that was part of the TIPS project and a mattress training session was held at WHH HUB. TVNs also had a display at the trust's annual AGM meeting. The TV team attended the ITU bed trials at Buckland and gave feedback on the various beds and mattresses on trial. The Tissue Viability support workers are being trained as medical photographers to aid the compliance with photographs on all 3 main hospital sites. Teaching has taken place on: ED at QEQM, Kings D, Kent ward, CDU WHH and site based training at QEQM and K&C for new link nurses, staff nurses and HCAs to be repeated at WHH in October.

Falls



Comments: The number of falls increased slightly in September. There were a total of 176 compared with 173 in August. 4 of these falls happened in non ward settings. 47 were at K&CH, 53 at QEQMH and 76 at WHH. Wards with the highest number of falls were CDU at WHH (11), Kingston at K&CH (10), Kings D female at WHH (9) and Invicta at K&CH, Cambridge L, Cambridge M2 (8). No falls resulted in fractures, death or significant head injuries.

To support continued improvement the Falls Team now have an Associate Practitioner in post who's role is to deliver the Fallstop programme. Work has already started at WHH on the Cambridge wards with additional input planned for CDU and WHH. Training dates and Link Worker meetings are planned and risk assessment compliance audits and post fall care audits are already being undertaken. This has helped the team to triangulate data to identify areas where compliance is poor, numbers of falls are above average and staff engagement needs to improve. We have used the Balanced Scorecard to enable targeted input. It has also helped identify areas where practice is good and should be celebrated. To celebrate success we have introduced 'star of the month' certificates.

We are awaiting the National Inpatient Audit of Falls report which is due to be released in November.

Strategic Theme: Patient Safety

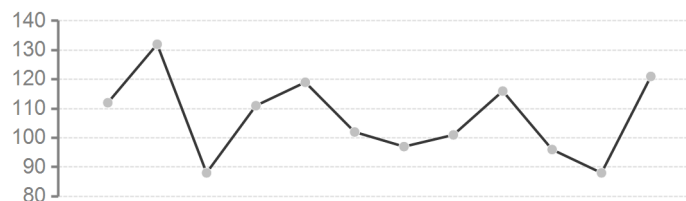
Incidents

<p>Sep</p>	<p>Clinical Incidents: Total (#)</p> <p>16,313 (3.2%)</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> <p>★ ★ ★</p>
<p>Sep</p>	<p>Blood Transfusion Incidents</p> <p>159 (10.4%)</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> <p>★ ★ ★</p>

Strategic Theme: Patient Safety

Sep

Medicines Mgmt. Incidents 1,283 (0.4%)



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



Comments:

Clinical incidents overall summary

A total of 1188 clinical incidents have been logged as occurring in Sep-17 compared with 1259 recorded for Aug-17 and 1411 in Sep-16. In Sep-17, one incident has been graded as death and one incident has been graded as severe harm. In addition, 16 incidents have been escalated as a serious near miss, of which 14 are still under investigation. Comparison of moderate harm incidents reported: 15 in Sep-17, 11 in Aug-17 and 8 in Sep-16.

Seven serious incidents were required to be reported on STEIS in September. Seven cases have been closed in September; there remains 62 serious incidents open at the end of September.

Over the last 12 months incident reporting has risen significantly at WHH, has remained constant at QEH and is declining at K&CH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 14 Blood Transfusion incidents for September 2017 (22 in August 2017 and 12 in September 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 2 possible transfusion reactions and 2 documentation related errors that were raised by clinical staff about another clinical area. There was 1 wrong blood in tube (WBIT) incident reported that was identified by the laboratory; due to having an historical record for the patient.

No harm came to the patient as repeat samples were requested. Reporting by site: 2 at K&CH, 5 at QEQM and 7 at WHH.

Medicines management (submitted by the Medication Safety Officer)

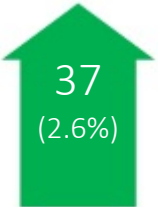
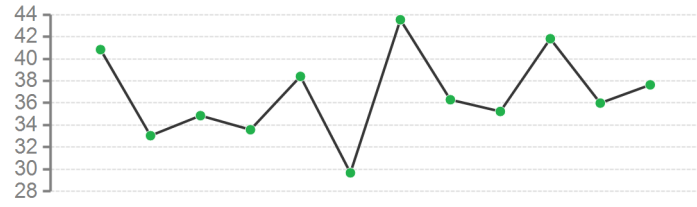








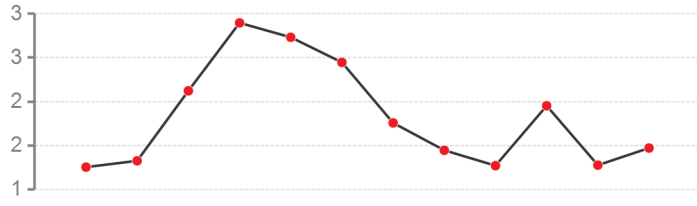



The total number of medication related incidents occurring in September was 149, an increase of 30% from last month.

The severity of medication related incidents in September shows that 71.8% of incidents reported were no harm incidents and that there were no moderate, severe or death incidents in September. 1 incident required an RCA investigation and 1 incident was reported on STEIS. This financial year there have been 7 moderate medication incidents and 1 severe incident in August.

The incidents in September by medication error showed a continued high number of omitted dose errors and this concern has been reflected in data produced by the Medication Safety Thermometer undertaken over the last 6 months. The data collected in September has shown that the percentage of omitted doses for the Trust was 36.7%, for all organisations entering data the rate of omitted doses was 7.7%. The objective is to obtain data from all the wards and departments that administer medications to produce a heat map to identify key areas where more input and support is required to improve patient safety around omitted doses. Progress will be reviewed at the Medication Safety Group and reported to the Patient Safety Board.

The top 3 medications reported in September were 11 incidents involving morphine and 6 incidents involving insulin and co-amoxiclav. The morphine incidents are monitored by the CD accountable officer and the Medication safety Officer. Two of the incidents concerning co-amoxiclav involved the prescribing and administration of this anti-infective to a known penicillin allergic patient. This is an ongoing theme of concern despite multiple actions and communications to staff.

Friends & Family Test

Sep	<p>FFT: Response Rate (%)</p> <div style="text-align: center;">  <p>37 (2.6%)</p> </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>	  
Sep	<p>FFT: Recommend (%)</p> <div style="text-align: center;">  <p>96 (0.0%)</p> </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>	  
Sep	<p>FFT: Not Recommend (%)</p> <div style="text-align: center;">  <p>1.8 (20.4%)</p> </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 Sept-17 we received 8639 responses in total. Overall 36.3% eligible patients responded and 89.0% would recommend us to their friends and family and 7.3% would not. Recommendations by patients in September is similar to August with the total number of inpatients, including Paediatrics who would recommend our services 96.9% (96.5% in Aug-17), A&E 73.7% (76.8% in Aug-17), maternity 98.4% (98.0% Aug-17), outpatients 91.5% (92% Aug-17) and day cases 95.1% (95.3% Aug-17). The Trust star rating in August is 4.49 (4.51 Aug-17).

Inpatient, Maternity and Day Case response rates rose slightly in Sep-17 but fell in A&E. The response rate for inpatients was 37.7% (35.7% Aug-17), A&E 16.3% (16.8% Aug-17), maternity 30.3% (16.7% in Aug-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 21.3% (22.2% Aug-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 Communication.

Out patients

Positive 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, Compassion and Competence.

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, Compassion, Communication and Commitment.

Negative Themes – None.

Postnatal community

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

Negative Themes – None.

Day Case

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

Negative Themes – Care, Staff attitude, Environment, Clinical Treatment and Implementation of Care.

Special Day Case

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

Negative Themes – Care, Staff Attitude, Waiting Time, Clinical Treatment and Implementation of Care.

Patient Experience 1

Sep	Overall Patient Experience %	<div style="background-color: #008000; color: white; padding: 5px; width: 40px; margin: 0 auto;"> ↑ 92 (0.3%) </div>		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.	
Sep	Privacy for discussions with Nurses %	44		Privacy for discussions Nurses	
Sep	Aware of Nurse in each shift %	39		Aware of nurse in each shift	

Comments: This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, is similar to last month when a fall was seen.

This change was anticipated due to 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 some improvement is already seen in these three important elements of patient experience.

Patient Experience 2

Sep	Discuss Worries with Nurses %	51		Discuss Worries with Nurses	
Sep	Cleanliness? %	<div style="background-color: red; color: white; padding: 5px; display: inline-block;"> 91 (-0.3%) </div>		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.	
Sep	Hospital Food? %	<div style="background-color: green; color: white; padding: 5px; display: inline-block;"> 72 (0.2%) </div>		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.	

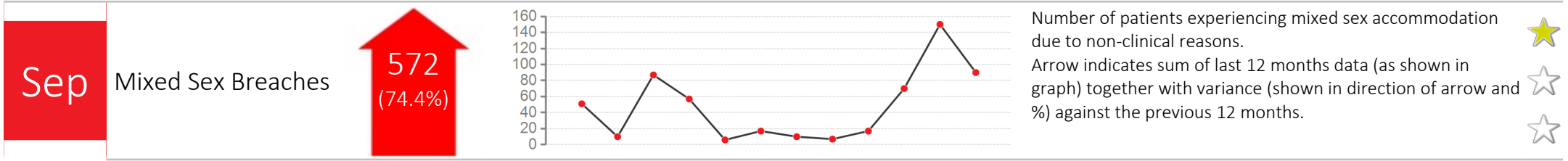
Comments: Cleaning as rated by the survey fell in September. Whilst auditing at ward level remains high for the month we continue to work with IPC colleagues to ensure assurance of cleaning levels.

Hospital Food decreases in Sept but as reported previous the small numbers sampled mean the metric changes are not statistically significant. We have agreed with Serco that rather than Serco completing its own feedback auditing on food, that we will use their face to face auditing tools and staff to support the Trusts auditing programme. By doing this we expect to get a greater number of responses and as a result generate useful feedback data.

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. The majority of wards have reported their performance (against the patient experience metrics) in September and over the next quarter, the Divisional Heads of Nursing and Matrons will be working to ensure reporting for the remainder.

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




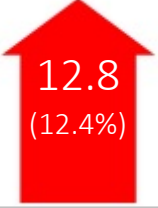

Comments: During Sept-17, 44 non-justifiable incidents of a mixed sex accommodation breach occurred within the WHH CDU due to capacity issues. This information has been reported to NHS England via the Unify2 system.

There were 54 mixed sex accommodation occurrences in total, affecting 255 patients. This number is similar to last month when there were a total of 60 occurrences affecting 247 patients. The remaining incidents occurred on Fordwich where 10 mixes occurred, which are justifiable based on clinical need.

Sept-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 Ste Manager Leads.

Strategic Theme: Human Resources

Gaps & Overtime

Sep	Vacancy (%)	 <p>10.8 (19.4%)</p>		<p>% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Sep	Staff Turnover (%)	 <p>12.8 (12.4%)</p>		<p>% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Sep	Sickness (%)	 <p>4.0 (6.1%)</p>		<p>% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Sep	Overtime %	<p>9.4</p>		<p>% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).</p>	

Comments: Gaps and Overtime
The Turnover rate in month is 12.8%, remaining broadly the same as 12.7% in August. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting hard to recruit roles.

Sickness absence decreased slightly during September 2017 to 4% which remains above the Trust target (the most recent data available). Focus remains on consistency of process and with line manager coaching and support with long term sickness cases.

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

Strategic Theme: Human Resources

Temporary Staff

Sep	Employed vs Temporary Staff (%)	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">89.4</div> <div style="font-size: small;">(-2.1%)</div>		<p>Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Sep	Agency %	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">5.6</div> <div style="font-size: small;">(101.8%)</div>		<p>% of temporary staff who work via agency</p> <p>Number indicates average of last 12 months data (as shown in graph).</p>	<div style="display: flex; justify-content: space-between;"> ★ ☆ ☆ </div>
Sep	Temp Staff (WTE)	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">234</div> <div style="font-size: small;">(9.1%)</div>		<p>WTE Count of Temporary Staff Used</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>
Sep	Local Induction Compliance %	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">17.5</div> <div style="font-size: small;">(53.1%)</div>		<p>Local Induction Compliance rates (%) for temporary employee's to the Trust.</p> <p>Number indicates average of last 12 months data (as shown in graph).</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ☆ </div>

Comments: Temporary Staff

WTE temporary staff decreased from 240 wte in July to 234 wte in September. The percentage of employed staff vs temporary staff has remained broadly the same at 89.4%. Total staff in post increased 6836.

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.

Strategic Theme: Human Resources

Workforce & Culture

Sep	Statutory Training (%)	<div style="font-size: 2em; font-weight: bold;">89</div> <div style="font-size: 0.8em;">(3.4%)</div>		<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>	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Sep	Appraisal Rate (%)	<div style="font-size: 2em; font-weight: bold;">81.5</div> <div style="font-size: 0.8em;">(1.9%)</div>		<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>	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Sep	Time to Recruit	<div style="font-size: 2em; font-weight: bold;">12</div> <div style="font-size: 0.8em;">(4.2%)</div>		<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>	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Sep	Total Staff In Post (SiP)	<div style="font-size: 2em; font-weight: bold;">6856</div> <div style="font-size: 0.8em;">(0.4%)</div>		<p>Count of total staff in post (WTE)</p>	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>

Comments: Workforce & Culture

Average Statutory training is 89%. 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 remained at 81.5% but continues to be below the 90% target. Divisions are working on plans to complete appraisals and to avoid a further drop in appraisal rates.

The annual staff survey commenced on 9th October - the first week reports show a 11% completion rate. The target for the year is to have 50% of colleagues complete the survey.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators

Key Performance Indicators	Sep-17				YTD				YTD vs Last Yr				Green
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
Sep Referral Primary Care	14,305	14,984	(-679)	-5%	87,253	89,228	(-1,975)	-2%	87,253	87,959	(-706)	-1%	<=0%
Referral Non-Primary Care	12,805	13,518	(-713)	-5%	82,301	81,891	410	1%	82,301	85,104	(-2,803)	-3%	<=0%
OP New	19,038	21,495	(-2,457)	-11%	116,787	120,146	(-3,359)	-3%	116,787	123,069	(-6,282)	-5%	>=0%
OP Follow Up	40,073	45,472	(-5,399)	-12%	243,719	252,751	(-9,032)	-4%	243,719	248,110	(-4,391)	-2%	>=0%
Elective Daycase	6,232	6,359	(-127)	-2%	36,690	36,648	42	0%	36,690	40,169	(-3,479)	-9%	>=0%
Elective Inpatient	1,274	1,404	(-130)	-9%	7,424	7,846	(-422)	-5%	7,424	7,892	(-468)	-6%	>=0%
A&E	17,252	17,455	(-203)	-1%	106,532	108,340	(-1,808)	-2%	106,532	107,469	(-937)	-1%	>=0 & <5%
Non-Elective Inpatient	6,525	7,107	(-582)	-8%	40,377	42,805	(-2,428)	-6%	40,377	35,284	5,093	14%	>=0 & <5%
Chemotherapy	1,146	1,402	(-256)	-18%	7,157	8,030	(-873)	-11%	7,157	8,061	(-904)	-11%	>=0%
Critical Care	1,820	1,775	45	3%	10,971	10,949	22	0%	10,971	10,745	226	2%	>=0%
Dialysis	6,844	6,831	13	0%	41,014	41,365	(-351)	-1%	41,014	41,311	(-297)	-1%	>=0%
Maternity Pathway	987	1,167	(-180)	-15%	6,931	6,907	24	0%	6,931	7,078	(-147)	-2%	>=0%
Pre-Op Assessments	2,832	3,424	(-592)	-17%	17,197	19,619	(-2,422)	-12%	17,197	17,049	148	1%	>=0%
Diagnostic	436,640	469,944	(-33,304)	-7%	2,617,034	2,692,239	(-75,205)	-3%	2,617,034	2,645,674	(-28,640)	-1%	<=0%
Other	4,729	5,114	(-385)	-8%	28,165	29,778	(-1,613)	-5%	28,165	24,822	3,343	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.

September 2017

Elective Care

In September Primary Care referrals were 5% below the plan which increased the YTD variance to -1,975. Referrals are comfortably within normal levels and at this stage we believe reduction to be generated by natural variation.

The Trust significantly underperformed the new outpatient plan in September with appointments -11% (+2,474) below plan this has increased the YTD variance -3%. As with previous month the biggest drivers behind the under-performance is T&O, Ophthalmology & Cardiology. These three specialties Eleven 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 Demand significantly outpaced New Outpatient capacity delivered by the Trust in September, with the number of patients waiting to be seen for a first consultant led appointment increasing by 680 in month and by nearly 6,500 over the first six months of the year. This trend is expected to slow significantly during the remainder of the year with plans to substantively deliver the additional activity now starting to be realised.

As with new Outpatients the Trust under-delivered the follow up plan in September (-12%), and has generated a YTD under-performance of -4% There remain a number of large underperforming specialties, most notably Ophthalmology (-4,213), Physiotherapy (-3,812), Rheumatology (-2,002), 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. There is a capacity shortfall within the Rheumatology service affecting the follow up position, this is being addressed with locum capacity in August and September and recruitment of an additional nurse, commencing in October 2017.

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 September the Trust achieved the Daycase plan by -2% however continues to deliver the YTD plan at Trust level. 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 and deliver the full year plan.

Elective Admissions are 5% behind the plan in the YTD, with large underperformances observed in Orthopaedics, Cardiology, Gynaecology and ENT. The Trust is developing plans to secure additional theatre capacity to improve the position over the remainder of the year, although recovery plans would be dependent on access to acute beds, 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 -1% below expected levels in September and continues to track within 2% of expected activity levels.

The Trust has seen a changing picture of non-elective activity across the sites. Part of this has been the expected reduction in the number of admissions formerly seen at the K&CH site (now attending the Emergency Departments at QEQMH and WHH instead of the Urgent Care Centre at K&CH), as well as a further reduction in non-elective activity in excess of the levels expected. There has been an increase in emergency ambulatory care that has partially offset some of the activity reduction, but the headline figures remain below plan for the month of September.

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 September, with overall Trust wide bed occupancy around 93.6% (92% in August). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position has remained high (95.8%) 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 September. 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 September the number of medical outliers increased notably in comparison to August, with a monthly average of 70 medical outliers across the Trust, compared to an average of 56 the previous month. Individual site levels of medical outliers show the increase occurring primarily at the William Harvey Hospital site (23 at QEQMH, 43 at WHH).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	4,478	5,420	-17%	-942
130 - Ophthalmology	8,494	9,063	-6%	-569
650 - Physiotherapy	5,369	5,926	-9%	-557
120 - Ear, Nose & Throat	5,723	6,115	-6%	-392
140 - Maxillo Facial	3,777	4,128	-9%	-351
300 - General Medicine	791	1,069	-26%	-278
107 - Vascular Surgery	1,171	1,427	-18%	-256
651 - Occupational Therapy	330	24	1264%	306
329 - TIA	703	352	100%	351
420 - Paediatrics	3,141	2,736	15%	405
Total	86,345	89,228	-3%	-2,883

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	10,110	11,785	-14%	-1,675
650 - Physiotherapy	9,608	10,712	-10%	-1,104
320 - Cardiology	12,090	12,791	-5%	-701
502 - Gynaecology	7,740	8,310	-7%	-570
130 - Ophthalmology	10,935	11,473	-5%	-538
328 - Stroke Medicine	391	750	-48%	-359
302 - Endocrinology	382	713	-46%	-331
420 - Paediatrics	4,089	3,705	10%	384
655 - Orthoptics	1,592	1,100	45%	492
100 - General Surgery	2,298	1,715	34%	583
Total	116,436	120,146	-3%	-3,710

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	17,126	18,444	-7%	-1,318
650 - Physiotherapy	6,695	7,488	-11%	-793
110 - Trauma & Orthopaedics	9,673	10,308	-6%	-635
328 - Stroke Medicine	439	782	-44%	-343
651 - Occupational Therapy	1,313	1,557	-16%	-244
329 - TIA	448	683	-34%	-235
107 - Vascular Surgery	783	552	42%	231
655 - Orthoptics	829	569	46%	260
800 - Clinical Oncology	5,913	5,545	7%	368
130 - Ophthalmology	6,188	4,730	31%	1,458
Total	80,797	81,891	-1%	-1,094

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	28,468	33,065	-14%	-4,597
650 - Physiotherapy	31,688	35,730	-11%	-4,042
410 - Rheumatology	7,049	9,061	-22%	-2,012
110 - Trauma & Orthopaedics	16,900	18,597	-9%	-1,697
330 - Dermatology	10,781	12,326	-13%	-1,545
302 - Endocrinology	984	2,527	-61%	-1,543
300 - General Medicine	2,290	1,155	98%	1,135
800 - Clinical Oncology	21,602	20,330	6%	1,272
290 - Community Paediatrics	11,062	9,095	22%	1,967
320 - Cardiology	11,923	8,848	35%	3,075
Total	242,383	252,751	-4%	-10,368

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,549	3,039	-16%	-490
410 - Rheumatology	677	913	-26%	-236
303 - Clinical Haematology	1,587	1,814	-13%	-227
330 - Dermatology	2,185	2,336	-6%	-151
120 - Ear, Nose & Throat	1,300	1,412	-8%	-112
180 - Accident & Emergency	27	96	-72%	-69
502 - Gynaecology	1,093	979	12%	114
320 - Cardiology	1,628	1,445	13%	183
300 - General Medicine	10,431	10,019	4%	412
800 - Clinical Oncology	2,300	1,812	27%	488
Total	36,656	36,648	0%	8

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	2,072	3,530	-41%	-1,458
430 - HCOOP	5,480	6,199	-12%	-719
300 - General Medicine	12,761	13,128	-3%	-367
420 - Paediatrics	4,215	4,524	-7%	-309
100 - General Surgery	2,963	3,136	-6%	-173
101 - Urology	1,979	2,122	-7%	-143
422 - Neonatology	285	181	58%	104
320 - Cardiology	1,074	941	14%	133
501 - Obstetrics	2,467	2,313	7%	154
110 - Trauma & Orthopaedics	2,163	1,947	11%	216
Total	40,391	42,805	-6%	-2,414

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,598	1,865	-14%	-267
320 - Cardiology	174	379	-54%	-205
502 - Gynaecology	705	810	-13%	-105
120 - Ear, Nose & Throat	361	420	-14%	-59
400 - Neurology	169	226	-25%	-57
103 - Breast Surgery	217	267	-19%	-50
430 - HCOOP	88	36	146%	52
503 - Gynaecology Oncology	109	54	101%	55
104 - Colorectal Surgery	280	208	34%	72
300 - General Medicine	793	496	60%	297
Total	7,431	7,846	-5%	-415

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	2204414	2692239	-18%	-487,825
Dialysis	34170	41365	-17%	-7,195
Pre-Op	17178	19619	-12%	-2,441
A&E	106532	108340	-2%	-1,808
Other	28032	29778	-6%	-1,746
Chemotherapy	7098	8030	-12%	-932
Maternity Pathway	6931	6907	0%	24
Critical Care	10971	10949	0%	22

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
70.51%												
4 Hour Compliance	79.30%	75.75%	74.25%	70.57%	75.94%	80.16%	76.93%	76.78%	78.15%	71.18%	70.10%	70.51%
12 Hour Trolley Waits	0	1	1	2	0	0	0	0	1	1	2	0
Left without being seen	3.85%	3.96%	4.35%	4.87%	3.53%	3.08%	3.82%	3.57%	3.62%	5.05%	4.51%	4.25%
Unplanned Reattenders	8.58%	8.68%	8.98%	8.20%	8.62%	9.11%	8.48%	9.04%	9.45%	10.00%	9.21%	8.75%
Time to initial assessment (15 mins)	79.5%	74.4%	78.5%	76.1%	76.4%	77.8%	77.9%	93.8%	93.9%	92.4%	92.3%	93.4%
% Time to Treatment (60 Mins)	40.9%	39.9%	39.9%	39.8%	40.8%	40.7%	39.4%	51.1%	51.6%	46.7%	46.1%	45.9%

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

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
-19.49%												
Trajectory	75.0%	75.0%	80.0%	83.0%	87.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
Performance	76.9%	76.8%	78.2%	71.2%	70.1%	70.5%						

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

September performance against the 4 hour target was 70.5%, against the NHS Improvement trajectory of 90.0%. This shows a slight increase in performance compared to the previous month. 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 4.52% to a continued compliant position of 4.25%.

The priority and focus for September has been to maintain safe patient care; improving performance and patient flow across the whole emergency patient pathway. An additional challenge to maintaining flow throughout the ED's has been the improvement building works. At WHH this will provide a new minor injuries area which will have 4 dedicated consulting rooms and 3 trolley spaces. At QEQMH there has been refurbishment works which will enhance the minor injuries unit, waiting room and paediatric area. The building work is planned to be completed by November 2017 and the project is working to schedule. The ED Standard Operational Policy will be 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) remain high, however, due to a successful recruitment campaign new substantive doctors are coming into post as offers have been made against every post. 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 now a whole system improvement plan which is overseen by NHSI/NHSE on a weekly basis. The improvement trajectory within the plan has been diligently developed to ensure confidence in delivery and is being monitored weekly via a Single Oversight Committee and there are additional sentinel targets that have been identified as well, which include the daily discharges per day, 7 day length of stay stranded patient metric, 21 day super stranded patient metric; number of breaches from midnight to 08.00.

Risks to delivery of the standard:

- Overcrowding in ED due to poor patient flow and lack of timely bed availability.
- Middle grade medical staffing vacancies and unfilled gaps in rotas due to lack of agency or substantive staff.
- Continued high levels of activity, particularly in the evenings.
- Delays in mental health bed availability for adult.

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	
73.46 %													Green
62 day Treatments	70.00%	72.77%	75.94%	60.61%	70.45%	77.30%	72.40%	70.19%	75.18%	73.80%	74.29%	73.46%	>=85%
>104 day breaches	53	44	31	40	40	40	38	32	46	42	30	25	0
Demand: 2ww Refs	2,890	3,264	2,594	3,100	2,920	3,608	2,625	3,296	3,630	3,330	3,473	3,162	2990 - 3305
2ww Compliance	96.62%	97.45%	96.49%	95.82%	96.08%	97.41%	93.59%	95.67%	96.78%	94.86%	95.65%	94.97%	>=93%
Symptomatic Breast	94.59%	96.43%	86.61%	97.27%	94.81%	93.57%	90.91%	90.71%	89.87%	83.97%	91.72%	95.50%	>=93%
31 Day First Treatment	96.10%	94.93%	95.79%	93.63%	96.96%	97.42%	95.68%	94.81%	95.99%	93.92%	96.99%	92.50%	>=96%
31 Day Subsequent Surgery	89.23%	89.09%	89.19%	82.22%	94.12%	90.24%	89.29%	92.00%	85.96%	87.04%	89.58%	85.11%	>=94%
31 Day Subsequent Drug	100.00%	99.12%	98.39%	96.94%	95.77%	97.50%	97.06%	95.24%	97.53%	98.41%	95.52%	92.19%	>=98%
62 Day Screening	89.55%	96.23%	91.89%	91.67%	76.47%	89.23%	92.00%	95.00%	95.83%	92.73%	92.00%	85.29%	>=90%
62 Day Upgrades	80.00%	83.33%	70.73%	75.68%	92.59%	69.77%	66.67%	80.56%	76.19%	86.84%	87.50%	77.55%	>=85%

2017/2018 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
-12.44 %													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%	73.46%							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 73.46% against the improvement trajectory of 85.90%, validation continues until the beginning of November in line with the national time table. The total number of patients on an active cancer pathway is 2,451; this is over 7% lower than the previous month. There are currently 25 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 four months from approximately 3,100 to 2,450 to date.

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

81.56 %		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Green
	Performance	86.03%	85.79%	83.83%	83.79%	84.35%	85.40%	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	>=92%
	52w+	21	13	12	18	24	28	29	36	30	30	31	51	0
	Waiting list Size	44,822	46,191	46,398	45,682	45,449	46,483	47,649	49,241	50,377	53,801	54,519	54,749	<38,938
	Backlog Size	6,262	6,563	7,502	7,407	7,111	6,785	7,218	6,980	7,519	8,816	9,497	10,096	<2,178
	Demand: PC Referrals	14,907	16,628	13,618	15,064	14,912	17,858	13,815	16,458	16,923	15,709	15,418	15,074	<15,484
	Demand: Additions to IP WL	3,221	3,692	2,856	3,379	3,136	3,692	2,794	3,215	3,587	3,340	3,284	3,333	<3,076
	Pathway 1st OPA													>=92%
	Pathway Decision to Treat													>=92%

2017/2018 Trajectory

-2.89 %		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%							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

September performance decreased to 81.56%. The Trust continues to be unable to provide enough activity to sustain waiting list sizes, despite specialities delivering their business plans. Waiting list size has again reached its highest point to date. 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 51. 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 (November 2017).
- Exploring opportunities to increase theatre base with semi-permanent solutions, to deliver a minimum of 8 additional theatre sessions per week (October/November 2017).
- 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

99.5%		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Green
	Performance	99.91%	99.88%	99.72%	99.65%	99.67%	99.78%	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	>=99%
	Waiting list Size	14,011	15,457	15,023	14,171	14,048	15,580	14,882	14,480	14,709	14,822	14,011	14,827	<14,000
	Waiting > 6 Week Breaches	12	19	42	49	46	35	140	92	80	119	120	79	<60
	Average Wait													<4

2017/18 Trajectory

0.4%		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%							Apr

Summary Performance

The standard has been met for September 2017 with a compliance of 99.5%. As at the end of the month there were 79 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 17, 13 in Computed Tomography, 3 in Non-Obstetric ultrasound and 1 in MRI
- Cardiology: 52
- Gynaecology: 9
- Neurophysiology: 1

Risks to delivery of the standard:

- The demand continues growing month on month with a stepped increase of 800 this month to all modalities. Focussed daily oversight is required in order to maximise each patient and equipment on all sites to continue to deliver the standard.
- The current number of backlog reports in month; as at the 19th October 2017 CT = 987 and MRI = 2058 total = 3045. (increase since 12th Sept CT 232, MRI = 329)
- 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.
- Cardiology activity and growth is a risk, to minimise breaches we are using the private sector. This growth speciality has limited internal capacity and expertise to deliver to the demand. Both Divisions are reviewing this issue developing modelling opportunities.
- We have new long term Consultant General Radiology and Nuclear Medicine sickness (3) which impacts on daily availability and on call
- The calibre and competence of recent locums restricts abilities of service provision.

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
- As of the 21st October both MRI's are commissioned at KCH and will add new capacity into system, enabling us to reduce some mobile use week on week.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- 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 will need additional vans to support that position and reduction in waiting time.
- The Division are working with third party companies to support additional reporting in close liaison with procurement.
- All equipment is monitored closely and regularly serviced to ensure we maximise capacity and reduce down time.
- We have alerted the demand and growth in Ultrasound MSK to our Internal Contracting teams and Commissioners as this is untenable and sustainable position.
- Daily oversight continues.

Strategic Theme: Finance

Finance

Sep	I&E £m	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">↑</div> <div style="text-align: center; font-weight: bold;">-39.9</div> <div style="text-align: center;">(-54.4%)</div>		<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>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Sep	Cash Balance £m	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">↑</div> <div style="text-align: center; font-weight: bold;">6.6</div> <div style="text-align: center;">(62.2%)</div>		<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>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Sep	Total Cost £m	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">↑</div> <div style="text-align: center; font-weight: bold;">-49.1</div> <div style="text-align: center;">(-2.1%)</div>		<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>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Sep	Forecast I&E £m	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">↓</div> <div style="text-align: center; font-weight: bold;">-19.0</div> <div style="text-align: center;">(0.0%)</div>		<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>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">☆</div> </div>

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.



Sep

Normalised Forecast
£m



Comments: The Trusts I&E deficit in September (month 6) was £1.45m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing and after technical adjustment) against a plan of £1.42m.

The year to date I&E deficit is £11.8m against a plan of £12.4m (£0.6m better than plan).

Trust pay costs in the month of £29m were £0.3m up on August and also £0.5m worse than plan. Permanent staff costs were £0.1M higher than August with overtime at similar levels to last month. Bank increased by £0.1m and agency/locum staff increased by £0.1m. Temporary staff (agency, bank, locum, overtime) costs were 1.7% higher than August at £3.9m. Waiting list payments are £0.1m higher than August. Pay is now £0.6m better than plan year to date.

Clinical income was £0.1m (0.2%) behind plan in month and is £0.7m (0.2%) better than plan year to date. Other income is £0.7m (2.5%) worse than plan year to date so that total income is on plan year to date.

Against the £32m CIPS target, including income, £12.1m is reported year to date against a target of £11.8m, £0.3m better than plan. Of the reported position 18% 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 £6.6m. A new loan of £3.3m was called down in September with a further £1m requested in October. STF of £1.8m for Q1 was received in September.

Total risks net of opportunities of £11.5m have been identified. The main change in risks is related to a potential impact of the K&C A&E closure on clinical income.

The Trust's Financial Recovery Plan has been received and accepted by NHSI. This is for an £18.9m deficit target (excluding Sustainability and Transformation Funds). The Trust remains in Financial Special Measures.

Further analysis is being conducted on cash availability/risks post the recent MOU with Commissioners this month and the impact of the K&C A&E change and A&E pressures on income will be reviewed along with all risks.

Health & Safety 1

Sep	Representation at H&S	<div style="color: green; font-size: 2em; font-weight: bold;">↑</div> <div style="color: green; font-size: 1.5em; font-weight: bold;">676</div> <div style="color: green; font-size: 1em;">(10.1%)</div>		<p>% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.</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>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Sep	RIDDOR Reports (Number)	<div style="color: red; font-size: 2em; font-weight: bold;">↑</div> <div style="color: red; font-size: 1.5em; font-weight: bold;">20</div> <div style="color: red; font-size: 1em;">(53.8%)</div>		<p>RIDDOR reports sent to HSE each month.</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>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Sep	Formal Notices	<div style="color: green; font-size: 2em; font-weight: bold;">↑</div> <div style="color: green; font-size: 1.5em; font-weight: bold;">1</div> <div style="color: green; font-size: 1em;">(100%)</div>		<p>Formal notices from HSE (Improvement Notices, Prohibition Notices).</p> <p>Number indicates sum of last 12 months data (as shown in graph).</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>
Sep	Health & Safety Training	<div style="color: green; font-size: 2em; font-weight: bold;">↑</div> <div style="color: green; font-size: 1.5em; font-weight: bold;">2573</div> <div style="color: green; font-size: 1em;">(295.2%)</div>		<p>H&S Training includes all H&S and risk avoidance training including manual handling</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> <div style="margin-bottom: 5px;">★</div> </div>

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

There are 2 RIDDORs to report this month both relate to injuries sustained from manual handling whilst interacting with patients.

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

Health & Safety 2

Sep	Accidents	309 (-28.6%)		<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>	
Sep	Fire Incidents	124 (-8.1%)		<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>	
Sep	Violence & Aggression	410 (7.0%)		<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>	
Sep	Sharps	166 (3.8%)		<p>Incidents with sharps (e.g. needle stick).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Comments: The number of accidents decreased in September, maintaining green in month and year to date.

The number of Fire incidents and Violence & Aggression both decreased this month, returning both metrics to amber.

The number of sharps incidents remained low this month, maintaining green on this metric.

The collective measure of all H&S KPIs returned Health & Safety to green overall, in September

Strategic Theme: Use of Resources


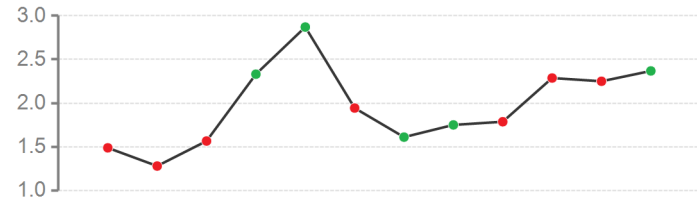



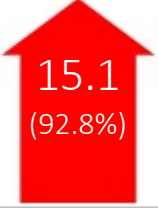
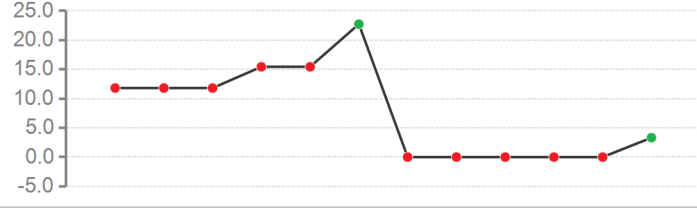




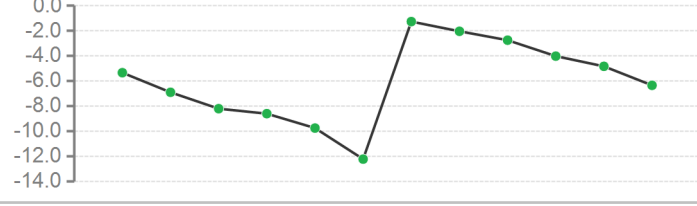



Pay Independent

Sep	Payroll Pay £m	-26.4 (0.4%)		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.	
Sep	Agency Spend £m	-2.4 (5.5%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	
Sep	Additional sessions £k	-211 (120.0%)		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.	
Sep	Independent Sector £k	-654 (7.7%)		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 £0.6m. Total expenditure on pay in September was £29.0m, an increase in spend of £0.3m when compared to August, but it does include the impact of bank holiday payments. Most areas of pay spend have increased in September including substantive staff £0.2m waiting list payments £0.1m and agency staff £0.2m, offset by reductions in medical locum and bank costs £0.2m.

Strategic Theme: Use of Resources

Balance Sheet

Sep	CIPS £m	 30.9 (5.3%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	  
Sep	Cash borrowings £m	 15.1 (92.8%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	  
Sep	Capital position £m	 -83.1 (31.4%)		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	  

Comments: Against the £32m CIPS target, including income, £12.1m is reported year to date against a target of £11.8m, £0.3m better than plan. Of the reported position 18% 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 £6.6m. A new loan of £3.3m was called down in September with a further £1m requested in October. STF of £1.8m for Q1 was received in September.

Productivity

Sep	<p>Clinical Productivity: 0.0</p> <p>Theatres</p>		<p>Clinical Productivity graph: theatre sessions v plan.</p>	<p>★</p> <p>★</p> <p>★</p>
Sep	<p>Clinical Productivity: 0.0</p> <p>Outpatient</p>		<p>Clinical Productivity graph: outpatient sessions v plan</p>	<p>★</p> <p>★</p> <p>★</p>

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 M06 were £2.4m against a plan of £2.4m. Achievement for the Year to Date £12.1m against plan of £11.8m. The net target for the year is £32m. The major areas of CIP achievement in M06 were Divisional schemes £1.0m and Workforce £0.6m offset by shortfalls inpatient Flow £(0.3m) and agency £(0.3m). CIPs in September amounted to £2.1m recurrent and £0.3m on a non-recurrent basis. Year to date £9.6m recurrent and £2.2m non-recurrently.

Strategic Theme: Improvement Journey

		May	Jun	Jul	Aug	Sep	
MD01 - End Of Life	Lost Days (Fast Track)	16	12	13	10	17	
MD02 - Emergency Pathway	ED - 4hr Compliance (%)	76.78	78.15	70.63	70.10	70.51	>= 95
	ED - 1hr Clinician Seen (%)	52	52	47	46	46	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	15	13	13	13	12	>= 35
	Medical Outliers	61	47	54	59	73	
	Lost Days (Non-EKHUFT)	81	61	52	54	61	
	DToCs (Average per Day)	62	47	40	43	50	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	70.19	74.88	70.33	73.28	66.83	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	28	31	31	31	30	< 28
	Staff Turnover (Midwifery)	13	13	13	14	13	<= 10
	Vacancy (Midwifery) %	7	7	7	8	7	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	12.9	12.6	12.6	13.6	13.1	<= 10
	Vacancy (%)	11.7	11.5	11.0	12.3	11.9	<= 7
	Staff Turnover (Nursing)	13	13	13	14	13	<= 10
	Vacancy (Nursing) %	13	12	12	13	12	<= 7
	Vacancy (Medical) %	12	14	13	21	22	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	81.1	75.8	78.3	79.4	80.1	>= 90
	Statutory Training (%)	89	89	89	89	90	>= 85
	Local Induction Compliance %	20.8	23.5	28.8			>= 85
KF01 - Complaints	Complaint Response in Timescales %	86	79	79	83	77	>= 85
	Complaint Response within 30 days %	25	12	23	49	24	>= 85

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

Patient Safety Heatmap - SEPTEMBER 2017

KEY

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

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KCH - Kent & Canterbury

Specialist

KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	22	100	100	100	44	100	0.0	94.4	80	100	18
MARL - MARLOWE WARD	100.0	0	7	0	0	1	76	50	100	100	60	100	0.0	89.5	99	100	11

Surgical

CLKE - CLARKE WARD	100.0	3	3	0	0	0	112	NULL	NULL	NULL	22	100	0.0	89.5	89	92	6
KENT - KENT WARD	86.7	5	1	0	0	1	2	50	100	100	29	100	0.0	99.2	91	96	8
KITU - KCH ITU	100.0	0	0	0	0	0	75	N/A	N/A	N/A	N/A	N/A	N/A	84.5	79	88	29

Urgent Care

HARB - HARBLEDDOWN WARD	100.0	1	7	0	0	0	1	100	50	50	10	100	0.0	93.4	101	105	6
INV - INVICTA WARD	100.0	0	8	0	0	0	0	50	50	50	0	NULL	NULL	86.0	85	127	6
KING - KINGSTON WARD	100.0	0	10	0	0	1	0	50	50	50	31	93	6.7	82.3	93	134	7
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	4	0	0	0	0	33	100	100	40	100	0.0	88.0	82	102	6
MTMC - MOUNT/MCMaster WARD	100.0	0	2	0	0	1	12	50	100	100	55	100	0.0	78.7	73	119	7
TREB - TREBLE WARD	100.0	0	3	0	0	0	0	50	100	100	32	100	0.0	78.1	82	118	6

QEH - Queen Elizabeth Queen Mother

Specialist

BIR - BIRCHINGTON WARD	93.8	0	1	0	1	0	0	33	33	50	69	99	0.0	94.8	92	101	7
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	92.2	90	85	22
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	84.9	79	100	17
RAI - RAINBOW WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	40	100	0.0	90.2	95	94	18

Surgical

BIS - BISHOPSTONE WARD	100.0	0	6	0	1	0	2	NULL	NULL	NULL	0	NULL	NULL	78.8	87	99	7
CSF - CHEERFUL SPARROWS FEMALE	95.0	0	2	0	0	0	79	33	50	50	63	97	0.0	85.7	95	97	6
CSM - CHEERFUL SPARROWS MALE	100.0	0	6	0	0	1	29	NULL	NULL	NULL	66	93	0.0	103.1	104	101	8
QITU - QEH ITU	100.0	0	0	0	0	0	60	N/A	N/A	N/A	N/A	N/A	N/A	91.9	87	105	25
QX - QUEx WARD	100.0	0	3	0	0	0	134	33	50	100	85	99	0.0	89.2	92	97	6

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SB - SEA BATHING WARD	95.5	0	0	0	0	0	0	100	100	100	1	100	0.0	85.3	82	93	6
Urgent Care																	
DEAL - DEAL WARD	96.0	2	6	0	0	1	1	50	100	100	3	100	0.0	88.0	98	122	6
FRD - FORDWICH WARD STROKE UNIT	100.0	0	5	0	0	0	0	100	100	100	60	100	0.0	91.9	117	116	9
MW - MINSTER WARD	95.7	3	2	0	0	0	21	NULL	NULL	NULL	40	97	3.2	76.7	94	102	6
QCCU - QEH CCU	100.0	0	0	0	0	0	1	33	33	50	107	100	0.0	89.8	93	80	8
QCDU - QEH CDU	100.0	0	0	0	0	0	20	NULL	NULL	NULL	19	81	15.0	96.1	120	161	8
SAN - SANDWICH BAY WARD	100.0	2	1	0	0	0	0	50	50	50	31	94	0.0	98.5	127	163	8
SAU - ST AUGUSTINES WARD	96.4	0	3	0	0	0	0	100	100	100	97	97	3.1	80.1	113	124	5
STM - ST MARGARETS WARD	100.0	0	2	0	0	0	0	NULL	NULL	NULL	56	100	0.0	91.1	137	151	8
WHH - William Harvey																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	3	0	50	100	100	N/A	N/A	N/A	93.7	88	86	17
KEN - KENNINGTON WARD	100.0	0	2	0	0	0	0	33	50	50	34	100	0.0	83.0	89	92	7
PAD - PADUA	100.0	0	0	0	0	0	1	N/A	N/A	N/A	16	100	0.0	91.6	91	96	12
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	0	1	N/A	N/A	N/A	N/A	N/A	N/A	96.4	101	96	13
Surgical																	
ITU - WHH ITU	100.0	0	0	6	0	0	1	N/A	N/A	N/A	N/A	N/A	N/A	97.4	146	131	33
KA2 - KINGS A2	95.0	2	2	0	0	1	111	33	50	33	73	100	0.0	95.7	103	128	6
KB - KINGS B	100.0	0	2	0	0	0	138	33	33	50	41	100	0.0	91.7	92	100	5
KC - KINGS C1	96.0	2	1	0	0	2	1	NULL	NULL	NULL	58	100	0.0	90.1	99	101	6
KC2 - KINGS C2	100.0	0	1	0	0	0	79	33	50	50	65	99	0.9	88.4	81	98	6
KDF - KINGS D FEMALE	100.0	1	9	0	1	1	298	50	100	33	49	100	0.0	99.8	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	1	2	0	0	0	0	33	33	50	40	97	0.0	N/A	96	96	11
RW - ROTARY WARD	100.0	0	1	0	1	1	3	33	33	33	39	98	0.0	90.7	109	99	9
Urgent Care																	
CCU - CCU	NULL	0	0	0	0	0	1	NULL	NULL	NULL	24	100	0.0	93.8	NULL	NULL	0
CJ2 - CAMBRIDGE J2	100.0	0	0	0	0	0	11	33	33	33	81	96	1.1	74.2	90	98	10
CK - CAMBRIDGE K	100.0	0	0	0	0	0	0	NULL	NULL	NULL	15	100	0.0	81.6	104	99	8
CL - CAMBRIDGE L REHABILITATION	96.2	2	8	0	0	1	0	33	50	50	48	92	3.8	101.2	116	145	6

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CM1 - CAMBRIDGE M1 SHORT STAY	88.9	8	3	0	0	0	0	33	50	100	2	100	0.0	75.5	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	0	8	0	0	0	8	50	33	50	57	96	0.0	101.8	94	100	6
OXF - OXFORD	100.0	2	3	0	0	1	1	NULL	NULL	NULL	39	85	7.7	97.4	104	107	9
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	1	6	0	0	1	49	50	100	100	14	100	0.0	78.3	102	102	8
WCDM - WHH CDU MIXED	100.0	0	0	1	0	0	20	33	33	50	23	86	4.5	85.7	96	107	14

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	1.5	0.6	3.0	2.0	1.6	3.4	2.8	6.0	14.7
Appraisal Rate (%)	79.5	62.5	74.0	80.8	48.7	81.4	70.8	88.2	77.4
Employed vs Temporary Staff (%)	86.3	86.4	87.7	88.4	89.7	91.8	85.9	91.5	84.4
Sickness (%)	3.8	3.0	1.8	4.2	2.3	4.0	3.4	4.2	3.9
Staff Turnover (%)	14.1	21.0	7.1	16.6	17.5	11.9	7.5	12.1	15.0
Statutory Training (%)	91	83	97	93	82	91	94	88	89
Total Staff In Post (SiP)	1420	73	124	120	96	1330	320	1751	1621
Vacancy (%)	13.7	16.4	12.3	11.7	10.3	8.3	14.1	8.5	15.9