



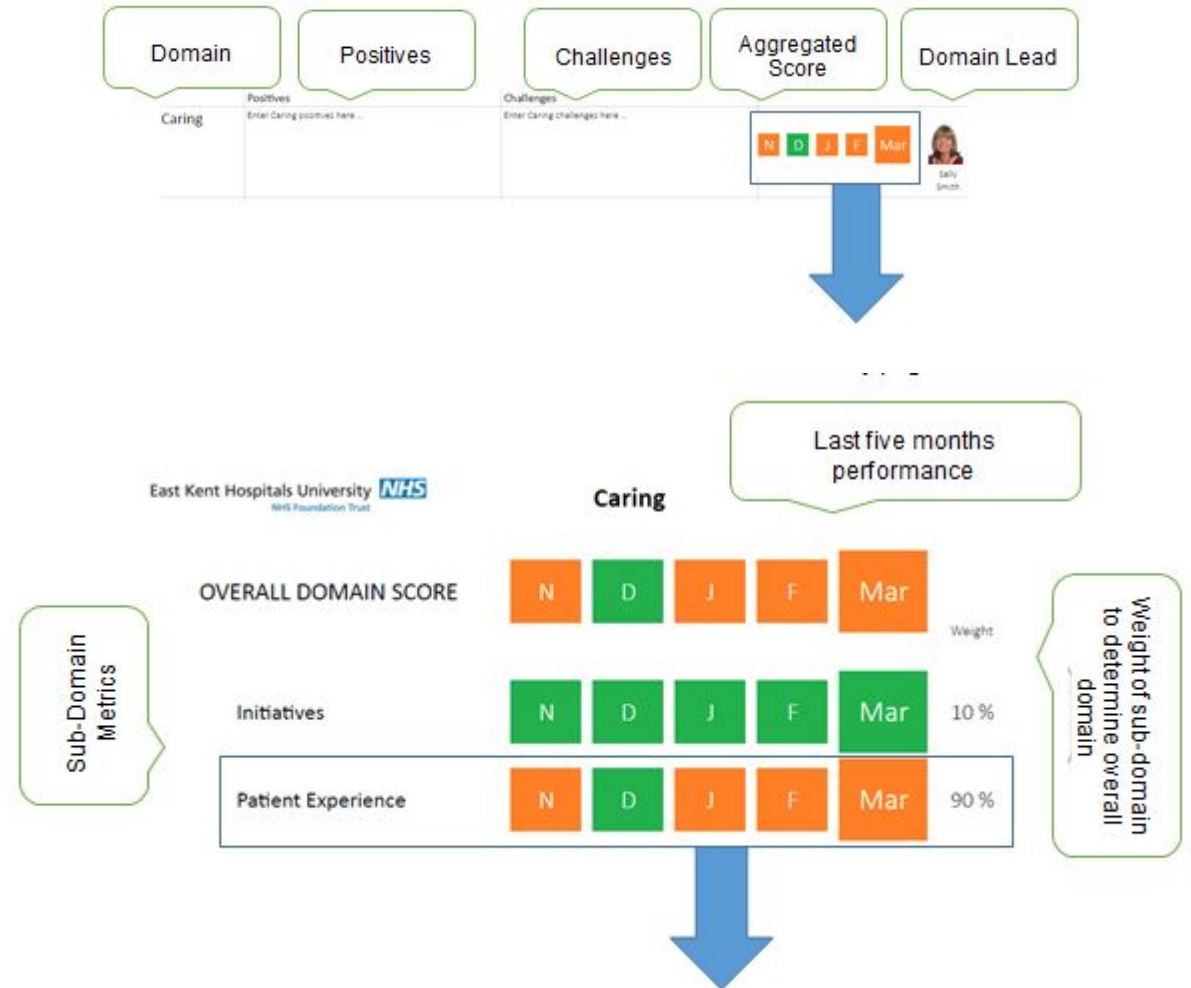
INTEGRATED PERFORMANCE REPORT



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	>= 22	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	94	94	95	>= 90	32%
	FFT: Not Recommend (%)	1	1	3	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



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Headlines

	Positives	Challenges	
Caring	<p>The Friends and Family test inpatient satisfaction rate remains positive at 97%. The compliments to complaints ratio is registering green this month with 47 compliments for every complaint. Complaints performance has improved in December with 3 day acknowledgement registering 97% and complaint response times registering 95% for responding within timescales agreed with the client. We have seen an improvement this month is the number of patients feeding back to us that they are up and dressed. This allows them to feel more like themselves and aids recovery.</p>	<p>In December we reported 23 unjustified mixed sex occurrences. This is similar to last month but remains half the number we were reporting in the Summer. The reason for the breaches is to maintain safety and flow through the Emergency Departments. Improvement work is in place across the paediatric pathway (from ED to ward / theatres). We continue to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas.</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">A</div> <div style="text-align: center;">S</div> <div style="text-align: center;">O</div> <div style="text-align: center;">N</div> <div style="text-align: center;">Dec</div> </div> <div style="text-align: right; margin-top: 10px;">  Sally Smith </div>
Effective	<p>Beds During December there has been an increased focus on Matron review of all complex patients who have been in hospital over 7 and 21 days. There has also been continued focus on discharges before midday with 15% of patients achieving this and a greater number of patients being discharged through the Discharge Lounges.</p> <p>Clinical Outcomes 99% of patients have the WHO checklist completed in theatre.</p> <p>Demand and Capacity Out patient waiting lists are being validated to improve data quality post Allscripts (new PAS implementation).</p> <p>Theatres Increased focus on Day Case and Pre-Assessment activity to improve theatre productivity and patient experience.</p>	<p>The implementation of the new PAS has created challenges for staff across all the Constitutional and internal standards and although there have been sustained improvements in month there continues to be a requirement for further training and embedding of new processes.</p> <p>There is concern regarding the increasing number of DTOC patients across the sites.</p> <p>The number of out patient appointments that are DNA'd has increased in month.</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">A</div> <div style="text-align: center;">S</div> <div style="text-align: center;">O</div> <div style="text-align: center;">N</div> <div style="text-align: center;">Dec</div> </div> <div style="text-align: right; margin-top: 10px;">  Lee Martin </div>

Responsive

4 hour Emergency Access Standard
December performance for the 4 hour target is 79.36% excluding the community MIU and 82.25% including and against a NHS Improvement trajectory of 88.6%. There were no 12 Hour Trolley Waits. The number of patients who left the department without being seen continued to be compliant 3.03%. Time to treatment (60 minutes) has improved to the highest level since January 2018 and is compliant as 48.7%.

RTT

December performance improved to 72.42% against an improvement trajectory of 81.40%. There is a focus on improving clinic utilisation and reducing the number of DNA's and cancellations.

The number of patients waiting over 52 weeks for first treatment has continued to over perform and improve with the number decreasing further to 74. This is within the trajectory of 150 submitted to NHSI and is a reduction of over 50% since April 2018 when there were 222 patients waiting.

DM01

The standard is compliant for December 2018 with a compliance of 99.59% against a trajectory of 99.11% which is a significant improvement over the last six months.

Cancer

December performance for 62 day treatments is currently 82.21% against the improvement trajectory of 83.12%, validation continues until the beginning of February in line with the national timetable. The total number of patients on an active cancer pathway at the end of the month was 2,589 and there were 8 patients waiting 104 days or more for treatment or potential diagnosis.

2ww performance has been achieved at 93.29% against a performance standard of 93%.

All patients on a 2ww pathway and those who are over 73 days are reviewed daily and into patient level detail at the weekly cancer PTL meetings to ensure timely investigations and treatment for patients.

4 hour Emergency Access Standard

The A&E four hour standard remains a priority for the Trust. Patient flow delays due to timely bed availability continue to be a challenge due to the high number of patients with a length of stay over 7 and super stranded patients with a length of stay over 21 days.

RTT

Ensuring that all out patient outcome forms are completed in real time in the OPD environment. Ensuring out patient clinic activity is fully booked and utilised.

CANCER

Managing 2ww patient referrals to ensure that there is sufficient capacity to book all patients within 48 hours of receipt of a referral.

A

S

O

N

Dec



Lee
Martin

Safe

Positives this month include a fall in E.coli bacteraemia rates, related to the prevalence of Catheter associated urinary tract infection (UTI) and New UTI's with Harm continuing below the national average for Acute Hospitals.

Harm free care for new harms was 99.0%. As part of this the prevalence of New VTE's (0.58%) remains lower than the national average for Acute Hospitals (0.59%) and the prevalence of New Pressure Ulcers (0.10%) also remains lower than the national average for Acute Hospitals (0.78%).

Clostridium difficile infections are now below the DH trajectory.

Influenza vaccination rate is now >76% for clinical staff and >70% for all staff. Our highest rates ever.

The falls rate has increased this month to 5.58 and Falls with Harm (0.68) are higher than the national average for Acute Hospitals (0.36).

Hand hygiene audit compliance has slipped backwards to 94%.

VTE assessment recoding for the last 12 months has dipped to 92.6, a reflection of a drop in monthly performance in December to 90.1%



Paul Stevens

Well Led

Vacancy (M8 - 12.6% , M7 - 13.2%) and Staff Turnover (M8 - 14.5%, M7 - 14.6%) rates have both improved in month.

I&E CIPS of £17.6m are reported up to Month 8 against a plan of £17.2m. Risks remain in relation to finalising full delivery of some identified schemes (e.g. Patient Flow savings) in order that the full net £30m of savings can be delivered by the year end.

The Trust delivered a £3.6m deficit (after NHSi adjustments) in Month 8 which was £2m behind plan. This brings the YTD position to a deficit of £23.4M which is behind plan by £4.5m (consolidated position including Spencer Wing and 2geather Support Solutions and is after technical adjustments).

Trust Pay is £1.3m over plan in month and £10.8m over plan YTD. The main overspend is in Agency costs (£12.7m over plan YTD) offset by an underspend on permanent staffing (£3m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U<C and increased pressures in Medical pay in Surgery.

Risks are increasing in relation to the impact on Income of lower than planned elective activity.

Total Cash borrowed has risen to £65.5m

Staff sickness (M8 - 5.5%, M5 4.7%) and Appraisal rates (M8 - 75.4% , M7 - 77.2%) rates have both worsened in month.



Susan Acott



Caring

OVERALL DOMAIN SCORE

A	S	O	N	Dec
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Weight

Patient Experience

A	S	O	N	Dec
---	---	---	---	-----

100 %



Caring

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Patient Experience	Mixed Sex Breaches	73	19	0	22	23	>= 0 & <1	10 %
	AE Mental Health Referrals	115	81	116	113	93		5 %
	Compliments to Complaints (#/1)	23	17	32	51	47	>= 12	10 %
	Overall Patient Experience %	89.7	90.0	89.7	89.2	88.7	>= 90	10 %
	IP FFT: Recommend (%)	96	97	97	97	97	>= 90	30 %
	IP FFT: Not Recommend (%)	1.7	1.2	1.3	1.0	1.1	>= 0 & <1	10 %
	Complaint Response in Timescales %	90.2	75.7	72.1	81.6	94.6	>= 85	5 %



Effective

OVERALL DOMAIN SCORE

	A	S	O	N	Dec	Weight
Beds	A	S	O	N	Dec	33 %
Clinical Outcomes	A	S	O	N	Dec	33 %
Productivity	A	S	O	N	Dec	33 %

Effective

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Beds	DToCs (Average per Day)	52	48	48	55	53	>= 0 & <35	30 %
	Bed Occupancy (%)	79	82	84	89	90	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	13	17	14	15	15	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	4.4	3.9	3.7	3.5		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.6	15.7	15.4	15.4		>= 0 & <15	15 %
	Audit of WHO Checklist %	98	100	99	99	99	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	8.5	9.0	8.8	7.9	8.9	>= 0 & <7	
	DNA Rate: Fup %	7.3	8.3	9.3	7.6	9.0	>= 0 & <7	
	New:FUp Ratio (1:#)	1.9	1.8	1.9	1.9	1.8	>= 0 & <7	
Productivity	LoS: Elective (Days)	2.8	3.2	3.4	3.0	3.4		
	LoS: Non-Elective (Days)	6.1	6.1	6.3	5.9	6.3		
	Theatres: Session Utilisation (%)	81	79	81	80	78	>= 85	25 %
	Theatres: On Time Start (% 15min)	42	46	51	50	44	>= 90	10 %
	Non-Clinical Cancellations (%)	0.9	1.4	2.2	1.3	1.3	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	0	0	0	0	0	>= 0 & <5	10 %
	EME PPE Compliance %	78	79	79	77	76	>= 80	20 %



Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

A	S	O	N	Dec
A	S	O	N	Dec
A	S	O	N	Dec
A	S	O	N	Dec
A	S	O	N	Dec

Weight

25 %

25 %

25 %

25 %

Responsive

		Aug	Sep	Oct	Nov	Dec	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	83.52	81.02	83.88	84.50	82.25	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	80.04	77.15	80.89	81.74	79.36	>= 95	1 %
Cancer	Cancer: 2ww (All) %	93.64	90.96	83.54	93.29	96.76	>= 93	10 %
	Cancer: 2ww (Breast) %	86.32	94.39	68.70	84.17	95.00	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	94.57	96.81	97.49	96.95	96.02	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	95.65	96.00	93.22	100.00	96.97	>= 94	5 %
	Cancer: 31d (Drug) %	98.98	97.87	99.21	98.11	98.81	>= 98	5 %
	Cancer: 62d (GP Ref) %	66.13	71.30	77.05	71.73	82.21	>= 85	50 %
	Cancer: 62d (Screening Ref) %	94.37	81.48	87.50	83.78	86.67	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	94.87	76.00	82.14	84.85	75.00	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	98.03	98.53	99.31	99.66	99.56	>= 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 (%)	79.06	76.27	74.89	72.16	72.42	>= 92	100 %
	RTT: 52 Week Waits (Number)	125	129	120	102	74	>= 0	



Safe

OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

	A	S	O	N	Dec
OVERALL DOMAIN SCORE	A	S	O	N	Dec
Incidents	A	S	O	N	Dec
Infection	A	S	O	N	Dec
Mortality	A	S	O	N	Dec
Observations	A	S	O	N	Dec

Weight

20 %

20 %

50 %

10 %

Safe

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,295	1,268	1,371	1,475	1,405		
	Serious Incidents (STEIS)	9	9	12	15	10		
	Harm Free Care: New Harms (%)	99.3	99.2	99.1	98.9	99.0	>= 98	20 %
	Falls (per 1,000 bed days)	4.94	5.30	5.64	5.22	5.64	>= 0 & <5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.16	0.13	0.14	0.19	0.19	>= 0 & <0.15	10 %
Infection	Cases of C.Diff (Cumulative)	22	25	26	26	32	<= Traj	40 %
	Cases of MRSA (per month)	0	1	0	2	0	>= 0 & <1	40 %
	Hand Hygiene Audit	94.0	96.8	92.1	96.2	94.0	>= 95	
Mortality	HSMR (Index)	96	96	96			>= 0 & <90	35 %
	Crude Mortality EL (per 1,000)	0.9	0.7	1.2	0.9	0.9	>= 0 & <0.33	10 %
	Crude Mortality NEL (per 1,000)	24.8	27.3	25.9	28.2	33.5	>= 0 & <27.1	10 %
	RAMI (Index)	89	89	89	90	90	>= 0 & <87.45	30 %
Observations	Cannula: Daily Check (%)	68.9	65.6	65.9	65.9	62.9	>= 50	10 %
	Catheter: Daily Check (%)	43.7	36.9	39.6	39.4	36.7	>= 50	10 %
	Central Line: Daily Check (%)	66.1	62.3	63.8	62.3	58.7	>= 50	10 %
	VTE: Risk Assessment %	93.0	90.3	90.3	91.8	90.1	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.0	91.5	92.1	92.2	94.3	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.6	89.4	89.7	89.3	92.2	>= 90	25 %

Well Led

OVERALL DOMAIN SCORE

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

A	S	O	N	Dec
A	S	O	N	Dec
A	S	O	N	Dec
A	S	O	N	Dec
A	S	O	N	Dec
A	S	O	N	Dec

Weight

15 %

25 %

15 %

25 %

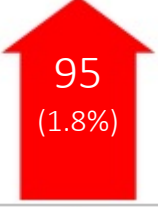
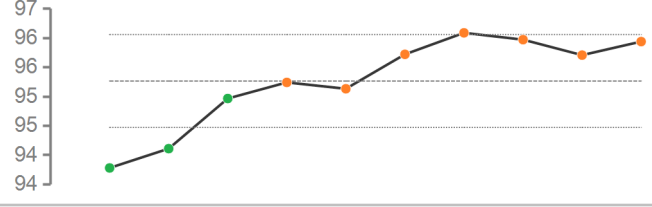
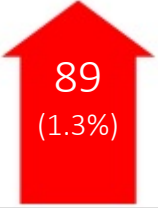
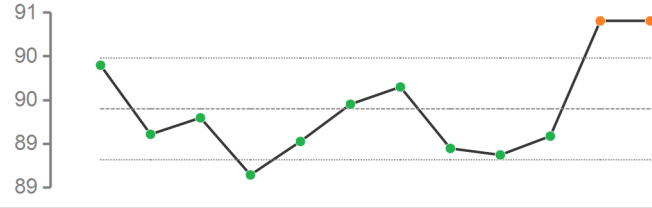
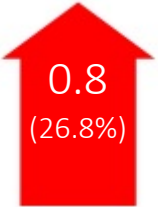

20 %

Well Led

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Data Quality & Assurance	Not Cached Up Clinics %	0.6	0.7	0.6	0.5	1.2	>= 0 & <0.2	25 %
	Uncoded Spells %	0.5	0.7	0.4	0.4	1.2	>= 0 & <0.25	25 %
Finance	Forecast £m	-30.0	-29.9	-29.9	-29.9	-41.8	>= 0	10 %
	Total Cost £m (Trust Only)	-54.0	-52.5	-88.8	-53.0	-53.4	>= 0	20 %
	Cash Balance £m	9.2	5.1	6.4	3.4	8.7	>= 0	20 %
	I&E £m (Trust Only)	-4.4	-2.1	-37.6	-3.4	-6.7	>= 0	30 %
Health & Safety	Formal Notices	0	0	0	0	0	>= 0 & <1	15 %
	RIDDOR Reports (Number)	0	1	1	4	2	>= 0 & <3	20 %
Staffing	Sickness (%)	3.8	3.8	3.8	3.8	4.5	>= 0 & <3.3	10 %
	Agency %	7.5	7.4	7.6	8.0	7.3	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	60	59	58	59	61		1 %
	Shifts Filled - Day (%)	93	93	97	98	95	>= 80	15 %
	Shifts Filled - Night (%)	104	102	105	106	104	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	11	11	11	12		
	Staff Turnover (%)	13.9	14.2	14.6	14.4	14.4	>= 0 & <10	15 %
	Vacancy (%)	14.2	13.8	13.2	12.6	12.7	>= 0 & <7	15 %
	Total Staff In Post (SiP)	7027	7076	6928	6998	6996		1 %
Training	Appraisal Rate (%)	75.9	76.3	77.2	75.4	79.6	>= 85	50 %
	Statutory Training (%)	98	98	97	97	96	>= 85	50 %

Strategic Theme: Patient Safety

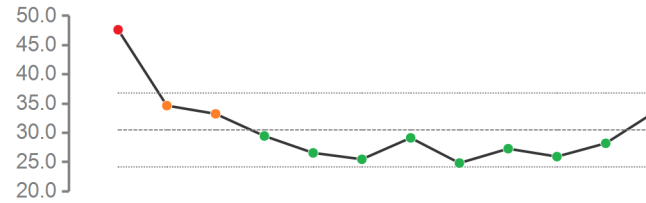
Mortality

Dec	HSMR (Index)	 <p>95 (1.8%)</p>		<p>Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.</p>	
Dec	RAMI (Index)	 <p>89 (1.3%)</p>		<p>Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.</p>	
Dec	Crude Mortality EL (per 1,000)	 <p>0.8 (26.8%)</p>		<p>"The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	

Strategic Theme: Patient Safety

Dec

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."



Highlights
and
Actions:

Crude Mortality Rate: The 2 year trend shows the Trust to follow the peer trend but consistently at a higher crude rate. The peer distribution showed the Trust rate of 1.4% to be 0.2% higher than the peer rate for the 2 year period. For the last 12 month period (November 2017 to October 2018) the Trust rate was also 1.4%, 0.2% higher than peer rate for the 12 month period. This is all largely unchanged.

RAMI: The latest risk associated mortality index (RAMI) of 89.1 for this 12 month reporting period (November 2017 to October 2018) is on the peer 50th percentile nationally. The upper control limit of the SPC run chart for the actual month is breached, an expected result because of the seasonal variation in mortality (national results are the same).

HSMR: The hospital standardised mortality ratio (HSMR) for the latest period (November 2017 to October 2018) was 95.7 compared to a peer value of 97.6. This is in the 25th to 50th quartile of HES Acute Peers. HSMR also varies throughout the year and follows the same pattern as crude mortality. The diagnostic groups are chosen to cover over 80% of in hospital deaths and during this reporting period covered 86.8% of in hospital deaths. There is very little site variation between the 2 acute sites, but an understandably lower HSMR on the K&CH site.

SHMI: The latest date of the national summary hospital mortality index covers up to June 2018. SHMI is not shown on this report but is relevant to understanding overall Trust mortality data. The value of 1.05 is banded as expected. During this latest period 35.2% (1492/4242) were attributed to Out of Hospital Deaths, this is at variance with the England average of 29.1% and is a consistent finding. We also have a lower percentage of deaths with palliative care diagnosis coding compared with the England average (24.1 versus 32.9) and a lower depth of coding for both elective (3.4 versus 4.4) and non-elective admissions (3.8 versus 4.6).

These differences in coding, if inaccurate, will result in a higher SHMI for the Trust and the depth of coding will also influence both HSMR and RAMI.

Actions

1. Exploration of coding to ensure that all relevant comorbidity for both elective and non-elective episodes is captured together with a review of accuracy of palliative coding.
2. Further analysis of those areas where observed mortality is significantly higher than expected notwithstanding the fact that the expected mortality may be lower as a consequence of the lower depth of coding.

Strategic Theme: Patient Safety

Serious Incidents

Dec	<p>Serious Incidents (STEIS)</p> <p style="font-size: 24pt; font-weight: bold;">110</p> <p>(59.4%)</p>		<p>"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."</p>	
Dec	<p>Never Events (STEIS)</p> <div style="text-align: center; color: green; font-size: 24pt; font-weight: bold;"> 4 (-33.3%) </div>		<p>"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."</p>	

Highlights and Actions:

Total open SIs on StEIS in December 2018: 98 (including 12 new).
 SIs under investigation: 49
 Breaches: 7
 Non-breaches: 42
 Waiting EKHUFT non-closure response: 21
 Waiting CCG response: 27

Supporting Narrative:
 The number of breached cases is seven. Breaches are due to delays in report writing and gaps in and the rigour of the analysis. The Executive SI Meeting continues to support completion and the quality of the investigations. This is attended by the Medical Director, Chief Nurse and Chief Operating Officer. 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. The Chief Nurse and Medical Director now receive weekly updates on the breached cases.

Strategic Theme: Patient Safety

Infection Control

Dec	Cases of MRSA (per month)	7 (-36.4%)		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.	
Dec	Cases of C.Diff (Cumulative)	32 (23.1%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month."	
Dec	E. Coli	88 (2.3%)		"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	
Dec	MSSA	27 (-25.0%)		"The total number of MSSA bacteraemia recorded, post 48hrs."	
Dec	Hand Hygiene Audit			"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	

Strategic Theme: Patient Safety

Highlights
and
Actions:

C.difficile

C.difficile data is presented as the cumulative number of cases and resets to zero each April. In the new reporting period since April to date the number of cases as at the 8/1/2019 was 33 against a trajectory set for the year by the Department of Health of 37. There has been a period of increased incidence on Kings B ward in Ashford, no avoidable causes were found but ribotyping is not yet available.

New Actions:

1. A 'stocktake' of Infection Prevention and Control was undertaken by the newly appointed Director of Infection Prevention and Control (DIPC) for the Kent & Medway System together with the NHSI DIPC at both the WHH & QEPMH on the 19th & 20th December. Full report is awaited but in preliminary feedback there were no major issues.
2. Further work from the IPC nursing team will be undertaken with the wards in respect of appropriate use of the Diarrhoea Assessment Tool.

MRSA

From April 2018, all post 48 hour MRSA bacteraemias have been automatically assigned to the Trust and all pre 48 hour cases to the CCG. Year to date there have been 5 hospital onset MRSA bacteraemias (unchanged position from last month).

MSSA

The number of Trust apportioned MSSA bacteraemias year to date is 23 (as at 23/01/2019), MSSA is reported as an SPC run chart in this report and this month has dipped below the lower control limit. This is reflected in the monthly rate per 100,000 occupied bed days (6.97) which compares favourably with the England average (9.78)

Actions:

Staphylococcus aureus, whether MRSA or MSSA, is found on people's skin and in the respiratory tract and therefore easily colonises ulcers. Care of indwelling devices that breach natural defences is therefore an integral part of prevention of both MRSA and MSSA bacteraemias.

1. Continue to revisit the 5 moments of hand hygiene with all clinical teams (before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient, and after touching patient surroundings).
2. Continue with implementation of the aseptic non-touch technique and audit of compliance with ANTT guidance for wound care and care of indwelling devices

E.coli

The number of E.coli bacteraemias (hospital onset is also presented as an SPC run chart and this month has come back below the lower control limit, and encouraging reduction. Our Trust monthly rate per 100,000 occupied bed days is above the England average (25.46 versus 23.03) but below the Kent average (26.64). E.coli bacteraemia in hospital is almost exclusively associated with pathology in the urinary and digestive tracts and other than infection associated with indwelling urethral catheters is largely unpreventable. The underlying causes of community onset E.coli bacteraemia are similar and work to reduce E.coli bacteraemia centres around a collaborative aiming to reduce those bacteraemias associated with urinary tract infection through introduction of catheter bundles in both hospital and community.

Action

Audit of hospital onset E.coli bacteraemia to determine underlying associations and inform future preventative actions.

Strategic Theme: Patient Safety

Harm Free Care

Dec	Harm Free Care: New Harms (%)	<div style="color: green; font-size: 2em; font-weight: bold;">↑</div> <div style="font-size: 1.5em; font-weight: bold; color: green;">98.9</div> <div style="font-size: 1.2em; color: green;">(0.4%)</div>		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.	<div style="color: yellow; font-size: 1.5em;">★</div> <div style="color: yellow; font-size: 1.5em;">★</div> <div style="color: grey; font-size: 1.5em;">★</div>
Dec	Harm Free Care:All Harms (%)	<div style="color: red; font-size: 2em; font-weight: bold;">↓</div> <div style="font-size: 1.5em; font-weight: bold; color: red;">91.1</div> <div style="font-size: 1.2em; color: red;">(-1.5%)</div>		"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)."	<div style="color: yellow; font-size: 1.5em;">★</div> <div style="color: yellow; font-size: 1.5em;">★</div> <div style="color: grey; font-size: 1.5em;">★</div>

Highlights and Actions:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for December-18 (91.87%) shows a slight improvement since last month (91.65%). A marked improvement is seen in Urgent and Emergency Care with a rise to 97.75% (92.05% November 18).

Actions include:

- The review of incidence of these harms during October 18 demonstrated that there were no particular themes.
- EKHUFT involvement with the 2nd phase of the NHS Improvement Falls Collaborative continues and ;
- Worldwide stop the pressure event held trust-wide. PROMPT cards given to all nursing staff
- Awaiting publication of national guidance to inform completion of Kent & Medway wide catheter guidelines and catheter passport and to roll out.

Harm Free Care experienced in our care (New Harms only) at 98.81% were similar to last month (98.87% November-18). The prevalence of New VTE's (0.58%) are lower than the national average for Acute Hospitals (0.59%) and New Pressure Ulcers (0.10%) are lower than the national average for Acute Hospitals (0.78%). Falls with Harm (0.68) are higher than the national average for Acute Hospitals (0.36). The prevalence of Catheters and New UTI's with Harm continues to remain below the national average for Acute Hospitals.

Strategic Theme: Patient Safety

Pressure Damage

Dec	Pressure Ulcers Cat 2 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;">0.17 (-34.5%)</div>		<p>"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."</p>	
Dec	Pressure Ulcers Cat 3/4 (per 1,000)	<div style="background-color: green; color: white; padding: 5px; display: inline-block;">0.00 (-74.8%)</div>		<p>"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."</p>	

Highlights and Actions:

December 2018

There were a total of 48 pressure ulcers reported, 4 less than last month. 36 of these were category 2 ulcers an increase of 9. At time of writing the report the trust equalled 0.19 avoidable incidence/1000 bed days this month. 5 were avoidable 3 less than last month. All of these reported at WHH. Four affected the sacrum; this was avoidable due to lack of evidenced repositioning and a prolonged period in the chair. One affected the neck on Kings D due to the Orthopaedic neck collar as the dressing underneath was not placed correctly causing pressure damage.

There were no confirmed category 3 or 4 pressure ulcers.

Twelve potential deep ulcers were reported. Two of these were avoidable a decrease of 3 from last month. All at WHH. Both affected the sacrum. One on Richard Stevens due to lack of repositioning evidence. The second was on Kings D female due to a prolonged length of time on the bedpan. The trust came under the set trajectory with a result of 0.060/1000 bed days.

Actions in December 2018:

- Patient centred wound care group continues wound care passport nearly complete and for launch trust-wide.
- Active mattress trials to be commenced with a day of evaluations held in Buckland
- Hybrid trial commenced at QEQM
- Review of ED checklist to ensure skin checks and risk assessments are completed in the ED
- Heelpro educator carried out ward based training on all sites

Recommendations:

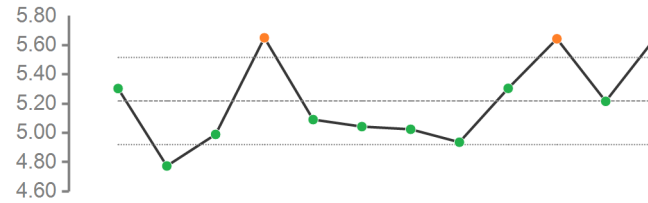
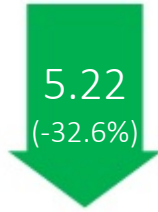
- Commence active mattress trial in ITU at QEQM and K&C
- Pressure ulcer policy to be ratified
- Multi-disciplinary meeting to take place re leg ulcer care
- Continue to implement changes as per NHSI document
- Bespoke teaching to be held in areas of concern

Strategic Theme: Patient Safety

Falls

Dec

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."



Highlights
and
Actions:

Falls incidents have increased in December.

There were a total of 181 patient falls, 47 at K&CH , 46 at QEQMH and 88 at WHH.

All patients who had more than one fall were assessed by the Falls Team and measures put in place to prevent falls.

Actions:

1. Following the recent Leadership Forum the Falls Risk Assessment and Care Plan audit will become a 'must do' audit, completed on 5 patients weekly on all adult wards. The Post Fall Audit will also be completed by investigators. This enables us to measure post fall care against the local post fall protocol and NICE standards.
2. The Trust has registered for the new National Falls Audit which will focus on patients who sustain a hip fracture while in hospital. This involves measurement of care against NICE standards and NRLS reporting.
2. Educational collaboration with the Manual Handling Team is being planned following a number of incidents where patients were moved incorrectly following a fall. This includes post fall protocol and hoverjack use.
3. The Falls Team are continuing to work with agency staff on CJ (where there is a high number of agency nurses) to ensure appropriate awareness of falls policy and risk assessment tools.
4. Targeted ward based FallStop training at K&CH is being delivered, as staff are unable to leave ward areas to attend the 3 hour sessions.

Strategic Theme: Patient Safety

Incidents

Dec	Clinical Incidents: Total (#)	16,677 (1.1%)		"Number of Total Clinical Incidents reported, recorded on Datix.	★ ★ ★
Dec	Blood Transfusion Incidents	105 (-29.1%)		"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."	★ ★ ★
Dec	Medicines Mgmt. Incidents	1,765 (11.0%)		"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."	★ ★ ★

Strategic Theme: Patient Safety

Highlights and Actions:	<p>Clinical incidents overall summary A total of 1408 clinical incidents have been logged as occurring in Dec-18 compared with 1480 recorded for Nov-18 and 1417 in Dec-17.</p> <p>In Dec-18, 12 incidents have been reported on StEIS. 18 serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 14 in Dec-18 and 17 in Nov-18, and 11 in Dec-17.</p> <p>Over the last 12 months incident reporting is declining at K&C and QEQM, but increasing at WHH.</p> <p>Blood transfusion (submitted by the Blood Transfusion Coordinator)</p> <p>There were 7 Blood Transfusion related incidents November 2018 (8 in October 2018 and 15 in November 2017).</p> <p>Of the 7 incidents 5 were graded as no harm and 2 as low harm.</p> <p>Medication incidents (submitted by the Medication Safety Officer)</p> <p>As of 18/01/2018 the total number of medication related incidents reported in December 2018 was 156. These included 113 no harm, 40 low harm, 2 moderate harm and 1 death incident. The severity of medication related incidents reported in December 2018 shows that 72.4% of medication related incidents reported were no harm incidents. There was 1 medication related incident reported in December that required RCA investigation and 1 incidents sTEIS reported.</p> <p>There were 43 incidents in December 2018 categorised as 'omitted medicine/ingredient', representing 27.6% of all medication related incidents reported in December. The data produced by the Medication Safety Thermometer in December 2018 was taken from 19 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 19.4% and the percentage of patients with a missed critical medicine was 9.7% in December.</p>
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Strategic Theme: Patient Safety

Friends & Family Test

Dec	IP FFT: Response Rate (%)	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">35 (-5.2%)</div>		<p>"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."</p>	<div style="display: flex; justify-content: space-around;"> ★ ★ ★ </div>
Dec	IP FFT: Recommend (%)	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">97 (0.4%)</div>			<div style="display: flex; justify-content: space-around;"> ★ ★ ★ </div>
Dec	IP FFT: Not Recommend (%)	<div style="background-color: green; color: white; padding: 5px; font-weight: bold;">1.3 (-23.8%)</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. 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-around;"> ★ ★ ★ </div>

Highlights and Actions: A total of 8133 responses were received (57% eligible patients). Overall response rates improved for inpatients, EDs, Day Cases and fell in maternity. Response rate for the EDs was 41.6% (12.8% November-18), inpatients 37.6% (30.8% November-18), maternity; birth only 7.4% (40.6% November-18) and day cases 27.6 (20.3% November -18).


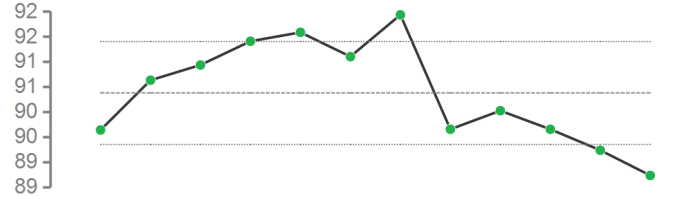

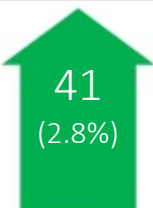
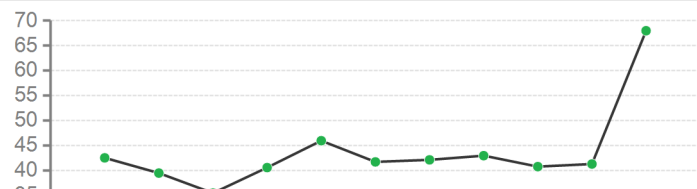

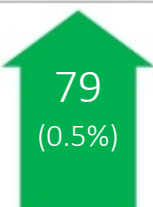
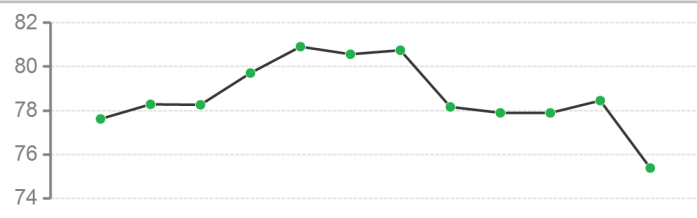

The Trust star rating in December is 4.58 (4.59 November-18). Recommendations by patients in December improved in outpatients, day cases and inpatients, however fell in EDs and maternity. The total number of inpatients, including paediatrics, who would recommend our services 97.5% (97% November-18), EDs 85.4% (85.6% November-18), maternity 97.7% (99% November-18), outpatients 91.9% (91.2% November-18) and day cases 96.2% (95.2% November-18).

Care, Staff attitude and Implementation of care are the three top positive themes for December-18. The three top negative themes for the trust were Care, Staff Attitude and waiting times demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting times.

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

Strategic Theme: Patient Safety

Patient Experience 1

Dec	Overall Patient Experience %	 <p>90.6 (-0.3%)</p>		<p>Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.</p>	
Dec	Privacy for discussions with Nurses %	 <p>41 (2.8%)</p>		<p>Privacy for discussions Nurses</p>	
Dec	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	 <p>79 (0.5%)</p>		<p>IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)</p>	

Strategic Theme: Patient Safety

Dec	<p>IP Survey: Encouraged to get up and wear own clothes (%)</p> <p style="font-size: 24pt; font-weight: bold;">63</p>		<p>Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"</p>	
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Highlights and Actions:

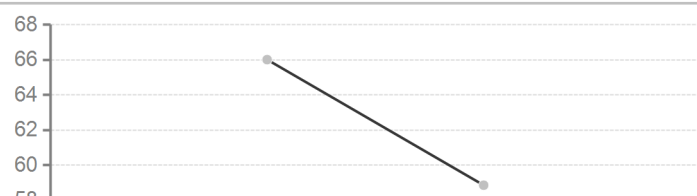

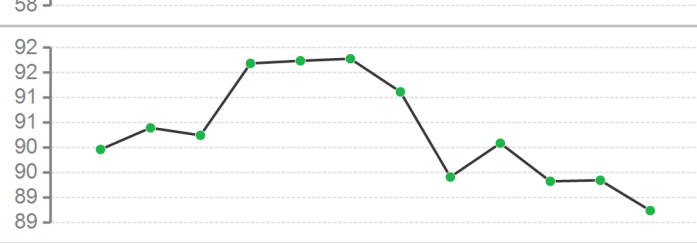
Overall patient experience, as a calculated average of the key questions within the local inpatient survey, which enables our patients to record their experience in real-time. This month we received 2196 completed inpatient surveys, an improvement from 1392 last month.

New questions were added into the survey on 1st November 18 to enable close monitoring of three key areas where our performance in the 2017 national inpatient survey (published in May-18) was below the national average. Baseline performance in ensuring patients are aware of which nurse is in charge of their care, ensuring patients have been encouraged to get up during their hospital stay and wear their own clothes and ensuring that patients received enough help from staff to eat their meals demonstrates significant opportunity for improvement.

This month a small increase for each of these important elements of patient experience, which is positive. This local survey will reflect improvement priorities, with progress monitored through the Patient Experience Group

Strategic Theme: Patient Safety

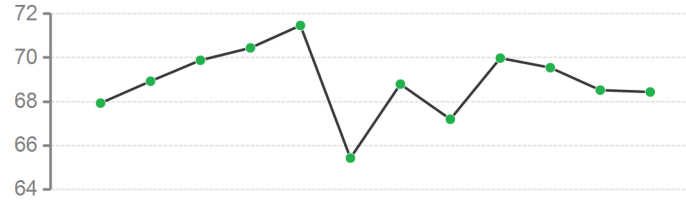
Patient Experience 2

Dec	IP Survey: Help from Staff to Eat Meals (%)	63	 <p>A line graph with a y-axis ranging from 58 to 68. The data points are approximately (1, 66), (2, 66), and (3, 59). A downward-sloping line connects the first and last points.</p>	<p>Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"</p> <p>★ ★ ★</p>
Dec	Cleanliness %	 <p>90 (0.4%)</p>	 <p>A line graph with a y-axis ranging from 89 to 92. The data points are approximately (1, 90), (2, 90.5), (3, 90.5), (4, 91.5), (5, 91.5), (6, 91), (7, 90), (8, 90.5), (9, 89.5), (10, 89.5), (11, 89.5), (12, 89). A line connects all points.</p>	<p>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.</p> <p>★ ★ ★</p>

Strategic Theme: Patient Safety

Dec

Hospital Food? %



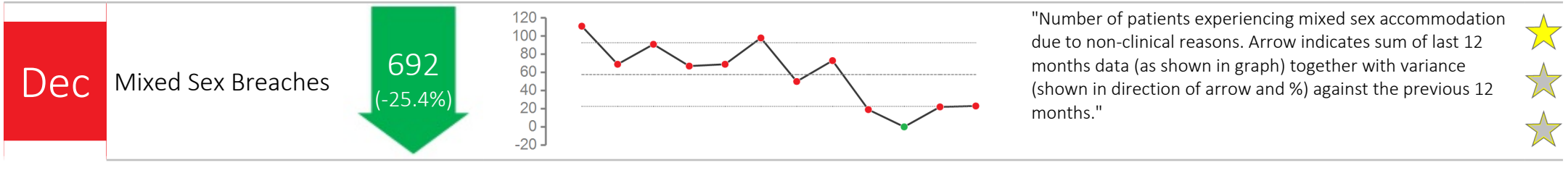
Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12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



Highlights
and
Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. Most wards have reported their performance (against the patient experience metrics) through the inpatient survey in December-18 apart from 5 wards; 2 wards are still experiencing Wi-Fi issues and 3 ward have been non-compliant. However, compliance will continue to improve for the Trust.

Mixed Sex



Highlights
and
Actions:

There were 4 reportable mixed sex accommodation occurrences affecting 23 patients .

These were within the WHH AMU B linked to flow and capacity issues. The remaining incidents occurred in the WHH CCU (5), QEQM Fordwich (1) which were justifiable based on clinical need. This information has been reported to NHS England.

During December patients flow and same sex accommodation is achieved by moving beds, in order for the ward to reduce same sex accommodation occurrences. Rigorous work continues as the Trust is working closely with the CCGs and NHSI on the Mixed Sex Accommodation Improvement Collaborative. This will support the trust in achieving compliance with the national definition of mixed sex accommodation.

Strategic Theme: Patient Safety

Safe Staffing

Dec	Shifts Filled - Day (%)	<div style="text-align: center;"> ↓ 97 (-1.9%) </div>		<p>Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). 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>
Dec	Shifts Filled - Night (%)	<div style="text-align: center;"> ↓ 105 (-2.9%) </div>		<p>Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). 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>
Dec	Care Hours Per Patient Day (CHPPD)	<div style="text-align: center;"> 11 (-4.0%) </div>		<p>Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. 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>

Strategic Theme: Patient Safety

Highlights
and

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system. The average overall fill rate fell slightly to 98.5% from 101.0% in November.

Actions:

Low fill rates were seen, in registered nurse day shifts, on several wards due to a combination of high sickness, maternity leave and vacancies (St Margarets, Harvey, Invicta, Cambridge L, Mount McMaster, Fordwich, Kingston, Harbeldown, St Augustines, Quex and WHH CDU).

Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 hrs each day during the month. CHPPD is similar to November and within the control limits. The range is from around 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. Comparative data within the Model Hospital Dashboard for October shows EKHUFT average CHPPD is in the mid to low 25% (Quartile 2) and in line with our recommended peer group and peer median based on spend and clinical output.


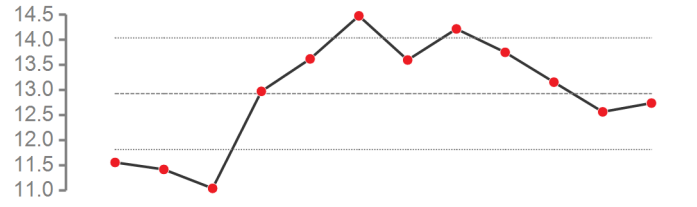




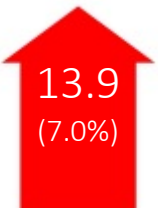
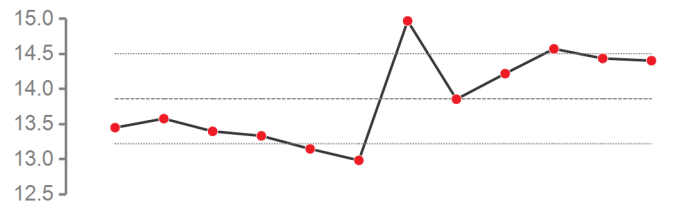




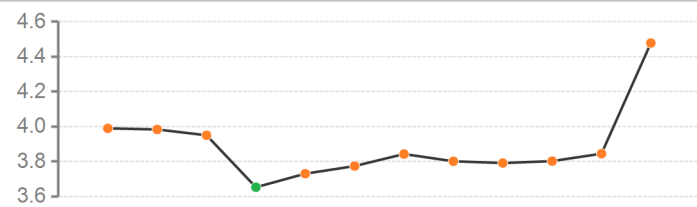



Actions;

- There is a Trust wide recruitment and retention improvement plan in place
 - Incentives have been implemented such recruitment and retention premium for hard to recruit areas
 - A financial reward for each person a staff member attracts to the Trust once that person starts in the organisation
 - All vacant posts are being recruited to on NHS jobs as well as via open days and recruitment fairs
 - The Trust has a proactive recruitment programme. We have recruited overseas staff through Skype interviews.
 - Around 60 of our Healthcare Assistants who are overseas trained are undertaking a core programme to enable them to achieve the English language requirements and OSCE in preparation for UK registration.
 - We have recruited two Matrons to focus solely on recruitment and retention
-
- • There is a daily focus via safety huddles of the paediatric staffing in the wards and ED. The actions and mitigations are reported by noon each day to the Chief Nurse, Medical Director and Chief Operating Officer
 - The twice daily site reports make staffing risks and mitigations visible to managers, leaders and the Executive.

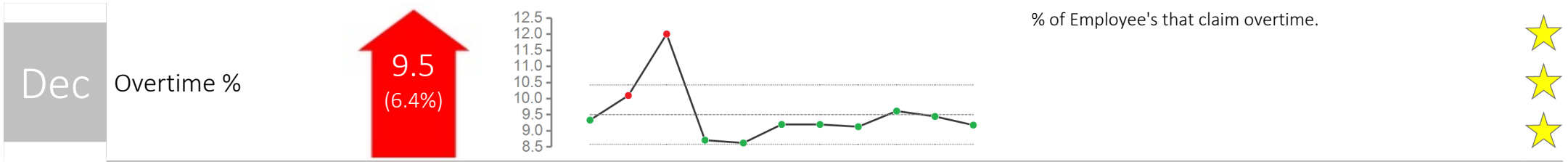
All of the above is being monitored weekly for assurance purposes.

Strategic Theme: Human Resources

Gaps & Overtime

Dec	Vacancy (%)	 12.9 (15.2%)		<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>	   
Dec	Staff Turnover (%)	 13.9 (7.0%)		<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>	  
Dec	Sickness (%)	 3.9 (-0.3%)		<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>	  

Strategic Theme: Human Resources



Highlights
and
Actions:

Gaps and Overtime

The vacancy rate increased to 12.9% (up from 12.7%) for the average of the last 12 months, which is higher than last year. However, the monthly rate remained below 10% at 9.70%. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently over 600 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances - with more than 80 staff attending the first Welcome Day in January 2019. This includes approximately 400 Nursing and Midwifery staff (including ODPs) and 80 Medical and Dental staff.

The Turnover rate in month decreased slightly to 12.0% (last month 12.1%), but the 12 month average increased to 13.9% (13.8% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern. The Trust has introduced a Refer A Friend scheme, and also a recruitment and retention scheme for medical staff in hard to recruit areas and ED nursing staff.

The in month sickness absence position for November was over 4.20% - which is an increase from 3.96% in October. The 12 month average is 3.9%, down from 4.1%. Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training. A deep dive into sickness absence is currently being carried out by the Corporate HR Business Partner, who is working with the Care Group Business Partners to create a Trust action plan.

Overtime as a % of wte decreased very slightly on last month. The average over the last 12 months increased to 9.5% from 9.4% last month. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

Strategic Theme: Human Resources

Temporary Staff

Dec	Employed vs Temporary Staff (%)	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">88.9 (0.0%)</div>		"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."	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Dec	Agency %	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">7.2 (22.4%)</div>		% of temporary (Agency and Bank) staff of the total WTE	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Dec	Bank Filled Hours vs Total Agency Hours	<div style="text-align: center;">59 (-0.3%)</div>		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>

Highlights and Actions:

Temporary Staff

Total staff in post (WTE) remained almost the same as in November at 7013, which left a vacancy factor of approx. 753 wte across the Trust.

The average percentage of employed staff vs temporary staff over the last 12 months was 88.9% (88.8% last month), and remains lower than the previous 12 months.

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

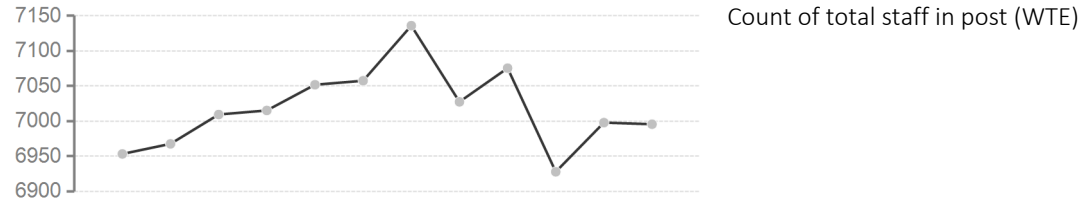
Workforce & Culture

Dec	Statutory Training (%)	<div style="font-size: 2em; margin: 0;">↑</div> <div style="font-size: 1.5em; margin: 0;">98</div> <div style="font-size: 0.8em; margin: 0;">(1.8%)</div>		<p>"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."</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>
Dec	Appraisal Rate (%)	<div style="font-size: 2em; margin: 0;">↓</div> <div style="font-size: 1.5em; margin: 0;">76.5</div> <div style="font-size: 0.8em; margin: 0;">(-6.0%)</div>		<p>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.</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>
Dec	Time to Recruit	<div style="font-size: 2em; margin: 0;">↑</div> <div style="font-size: 1.5em; margin: 0;">13</div> <div style="font-size: 0.8em; margin: 0;">(7.3%)</div>		<p>"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."</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 style="margin-bottom: 5px;">★</div> </div>

Strategic Theme: Human Resources

Dec

Total Staff In Post (SiP) **6996**
(0.0%)



Highlights
and
Actions:

Workforce & Culture

Average Statutory training 12 month average is 90% and remained 90% in month for December. This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate increased to 80% in month for December (75% in October), with Surgery & Anaesthetics achieving 90% compliance. Care Groups are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months. Targeted work within the Urgent Care and General Medicine Care Groups has seen the appraisal compliance increase in the previous four months.

The average time to recruit is 11 weeks, which is an improvement on last month, and an improvement on the previous 12 months. The 12 month average time to recruit was 13 weeks. The Resourcing Team are on track to reduce time to recruit to below 8 weeks to ensure recruitment time meets the demands of our services.

Activity vs. Internal Business Plan

Key Performance Indicators		Dec-18				YTD				YTD vs Last Yr				
Dec		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
		Referral Primary Care	11,629	11,444	185	2%	131,511	127,827	3,684	3%	131,511	129,803	1,708	1%
	Referral Non-Primary Care	12,041	10,913	1,128	10%	132,225	122,356	9,869	8%	132,225	123,037	9,188	7%	<=0%
	OP New	14,094	16,760	(-2,666)	-16%	158,527	169,181	(-10,654)	-6%	158,527	164,012	(-5,485)	-3%	>=0%
	OP Follow Up	30,186	37,436	(-7,250)	-19%	349,741	372,453	(-22,712)	-6%	349,741	356,011	(-6,270)	-2%	>=0%
	Elective Daycase	5,435	6,180	(-745)	-12%	55,811	60,440	(-4,629)	-8%	55,811	55,503	308	1%	>=0%
	Elective Inpatient	1,156	1,263	(-107)	-8%	11,455	12,254	(-799)	-7%	11,455	11,424	31	0%	>=0%
	A&E	18,022	16,945	1,077	6%	166,074	158,445	7,629	5%	166,074	157,288	8,786	6%	>=0 & <5%
	Non-Elective Inpatient	6,658	6,566	92	1%	60,945	60,684	261	0%	60,945	60,208	737	1%	>=0 & <5%
	Chemotherapy	1,043	1,118	(-75)	-7%	10,817	10,620	197	2%	10,817	10,799	18	0%	>=0%
	Critical Care	1,779	1,662	117	7%	15,981	14,751	1,230	8%	15,981	16,491	(-510)	-3%	>=0%
	Dialysis	0	0	0	#DIV/0!	54,512	56,264	(-1,752)	-3%	54,512	62,546	(-8,034)	-13%	>=0%
	Maternity Pathway	1,024	1,002	22	2%	10,104	10,585	(-481)	-5%	10,104	10,738	(-634)	-6%	>=0%
	Pre-Op Assessments	2,666	2,950	(-284)	-10%	29,660	30,473	(-813)	-3%	29,660	26,624	3,036	11%	>=0%
	Diagnostic	369,644	346,131	23,513	7%	4,096,065	3,916,529	179,536	5%	4,096,065	3,900,083	195,982	5%	<=0%
	Other	4,520	4,776	(-256)	-5%	44,845	43,496	1,349	3%	44,845	43,363	1,482	3%	>=0%

The 2018/19 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2017/18 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 2018/19. It should be noted that this does not reflect demand levels agreed within the 2018/19 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.

December 2018

Elective Care

In December Primary Care referrals were 2% (+185) above expected levels growing the YTD variance to +3% (+3,684). Following the initial implementation of the new PAS a number of data quality issues impacted the mapping of referral types, specifically ERS referrals. Significant work has been undertaken to rectify the issues, referrals are now back in line with planned levels and comparable with the same period last year. Demand into the Pain service remains significantly below expected levels as the referrers cannot refer into the Trust through the Electronic Referral Service (ERS). An administrative error within the Paediatric service has now been resolved however Paediatric Blood Clinics where the recording issue was identified remain in the YTD position.

The Trust under-achieved the new outpatient plan in December with appointments 16% below planned levels, generating a YTD variance of -6%. The biggest drivers behind the under-performance are Trauma and Orthopaedics, Urology, Paediatrics and Gynaecology. Following the introduction of the new PAS system on 10th September 2018, the Trust has experienced some delays in booking processes for Outpatient appointments. A recovery plan is now in place to maximise the utilisation of our capacity. Despite these challenges, services are continuing to actively produce quantified recovery plans intended to respond to specialty level underperformance and increase the run rate over the remainder of quarter 4.

The impact of the Virtual Fracture Clinic implemented in mid-February is likely to render the Orthopaedic plan unachievable due to high discharge rates that were not anticipated. The Paediatric service continue to actively produce quantified recovery plans to maintain their focus on reducing patient wait times for first outpatient appointment. The Ophthalmology service continues to provide additional weekend capacity at KCH delivered through an insourcing provider. It is expected this will deliver the Ophthalmology plan and support the RTT backlog recovery.

The Trust under-performed the Follow up plan in December (-19%) with YTD performance now underachieving by -6%. Following the introduction of the new PAS system on 10th September 2018, the Trust has experienced some delays with the timely recording of outpatient attend statuses. It is expected that the position will improve after all activity is administered with the appropriate outcome details. The biggest drivers behind the under-performance are Physiotherapy, Trauma and Orthopaedics and Rheumatology. The Rheumatology service are experiencing high levels of specialist nurse vacancies affecting the delivery of follow up activity.

In December the Trust under-achieved the Daycase plan by 745 patients with YTD performance now underachieving by -8%. A large number of specialties continue to experience significant workforce issues affecting the delivery of elective activity. T&O (-1,317), Dermatology (-1,289) and Pain Management (-963) continue to underperform the business plan. A mandated change in recording will render the Dermatology plan unachievable, it is anticipated an over performance in Outpatient procedures will offset the Daycase underperformance. Following the introduction of the PAS system the Trust experienced a small number of isolated recording issues, in the main these user issues have been addressed however Rheumatology still have a small number of records that were not entered onto the new PAS system following down time procedures effecting the YTD position.

Elective Admissions are 7% below plan YTD. Large underperformance remains in the Urology service (-449). Due to emergency pressures, elective inpatient activity was limited for the service at the start of the financial year. In order to ensure theatre utilisation was maximised additional daycase patients were booked. The Orthopaedic service have developed long term plans to address their underperformance (-129). Additional capacity commenced in November through the New Orthopaedic Centre at KCH.

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.

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 and in December the Bed occupancy of the Trust was at an overall position of 93.7% of funded beds (midnight Bed Occupancy). Queen Elizabeth the Queen Mother Hospital demonstrated the most challenge with the bed occupancy position at 101% for December,



maintaining the same level as November. The William Harvey Hospital position was also largely unchanged, with an overall bed occupancy of 92% in December. 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 December the number of medical outliers increased to a monthly average of 64 outliers across the Trust, an increase from the November level of 47 outliers. Individual site levels of medical outliers over the month were 17 at the Queen Elizabeth the Queen Elizabeth The Queen Mother Hospital (12 last month) and 42 at William Harvey Hospital (32 last month).

An increased volume of patients through the Accident & Emergency Department contributes to increased pressures in non-elective care. The demand on the department in December remains high with continued numbers of daily attends to the Queen Elizabeth the Queen Mother Hospital and William Harvey Hospital as seen in previous months (+6% growth on last year).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	10,733	12,244	-12%	-1,511
300 - General Medicine	112	1,038	-89%	-926
120 - Ear, Nose & Throat	7,862	8,541	-8%	-679
502 - Gynaecology	7,565	8,163	-7%	-598
104 - Colorectal Surgery	6,904	6,390	8%	514
420 - Paediatrics	4,689	3,948	19%	741
103 - Breast Surgery	6,059	5,252	15%	807
410 - Rheumatology	3,099	2,282	36%	817
330 - Dermatology	11,184	9,852	14%	1,332
110 - Trauma & Orthopaedics	8,488	6,750	26%	1,738
Total	131,511	127,827	3%	3,684

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	23,698	26,417	-10%	-2,719
650 - Physiotherapy	9,528	10,160	-6%	-632
191 - Pain Management	1,140	655	74%	485
301 - Gastroenterology	2,430	1,939	25%	491
655 - Orthoptics	1,812	1,104	64%	708
340 - Respiratory Medicine	2,666	1,925	38%	741
300 - General Medicine	2,785	1,593	75%	1,192
100 - General Surgery	3,678	2,282	61%	1,396
130 - Ophthalmology	13,020	9,367	39%	3,653
110 - Trauma & Orthopaedics	17,693	13,991	26%	3,702
Total	132,225	122,356	8%	9,869

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	12,020	14,113	-15%	-2,093
101 - Urology	6,346	8,170	-22%	-1,824
420 - Paediatrics	5,716	7,436	-23%	-1,720
502 - Gynaecology	10,262	11,663	-12%	-1,401
650 - Physiotherapy	13,079	14,468	-10%	-1,389
120 - Ear, Nose & Throat	9,829	10,928	-10%	-1,099
400 - Neurology	3,741	4,440	-16%	-699
100 - General Surgery	3,694	4,301	-14%	-607
301 - Gastroenterology	5,612	6,203	-10%	-591
330 - Dermatology	10,659	9,744	9%	915
Total	158,527	169,181	-6%	-10,654

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	43,521	48,317	-10%	-4,796
110 - Trauma & Orthopaedics	31,341	35,511	-12%	-4,170
410 - Rheumatology	7,437	10,505	-29%	-3,068
130 - Ophthalmology	37,944	40,968	-7%	-3,024
300 - General Medicine	1,557	3,781	-59%	-2,224
120 - Ear, Nose & Throat	12,006	13,499	-11%	-1,493
400 - Neurology	6,441	7,380	-13%	-939
420 - Paediatrics	7,355	8,181	-10%	-826
655 - Orthoptics	6,634	7,282	-9%	-648
191 - Pain Management	3,891	4,513	-14%	-622
Total	349,741	372,453	-6%	-22,712

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	3,527	4,844	-27%	-1,317
330 - Dermatology	2,683	3,972	-32%	-1,289
191 - Pain Management	1,625	2,588	-37%	-963
130 - Ophthalmology	3,494	4,038	-13%	-544
300 - General Medicine	15,311	15,791	-3%	-480
502 - Gynaecology	1,783	2,258	-21%	-475
120 - Ear, Nose & Throat	1,876	2,300	-18%	-424
320 - Cardiology	2,285	2,473	-8%	-188
301 - Gastroenterology	1,204	711	69%	493
800 - Clinical Oncology	4,436	3,763	18%	673
Total	55,811	60,440	-8%	-4,629

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	18,409	19,326	-5%	-917
430 - HCOOP	7,335	8,070	-9%	-735
560 - Midwifery	1,691	2,139	-21%	-448
502 - Gynaecology	1,776	1,928	-8%	-152
420 - Paediatrics	6,989	6,829	2%	160
340 - Respiratory Medicine	493	322	53%	171
301 - Gastroenterology	479	293	63%	186
104 - Colorectal Surgery	337	65	416%	272
101 - Urology	3,264	2,870	14%	394
100 - General Surgery	5,202	4,443	17%	759
Total	60,945	60,684	0%	261

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	2,128	2,577	-17%	-449
502 - Gynaecology	861	1,250	-31%	-389
100 - General Surgery	814	964	-16%	-150
110 - Trauma & Orthopaedics	2,601	2,730	-5%	-129
320 - Cardiology	154	234	-34%	-80
107 - Vascular Surgery	260	317	-18%	-57
811 - Interventional Radiology	136	80	69%	56
104 - Colorectal Surgery	392	313	25%	79
503 - Gynaecology Oncology	310	208	49%	102
303 - Clinical Haematology	192	86	123%	106
Total	11,455	12,254	-7%	-799

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	4096065	3916529	5%	179,536
A&E	166074	158445	5%	7,629
Dialysis	54512	56264	-3%	-1,752
Other	44845	43496	3%	1,349
Critical Care	15981	14751	8%	1,230
Pre-Op	29660	30473	-3%	-813
Maternity Pathway	10104	10585	-5%	-481
Chemotherapy	10817	10620	2%	197

4 Hour Emergency Access Standard

Key Performance Indicators

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
79.36%												
4 Hour Compliance (EKHUFT Sites) %*	69.33%	73.75%	75.08%	76.93%	80.80%	82.73%	79.18%	80.04%	77.15%	80.89%	81.74%	79.36%
4 Hour Compliance (inc KCHFT MIUs)	74.09%	77.76%	78.78%	81.73%	83.95%	85.81%	82.95%	83.52%	81.02%	83.88%	84.50%	82.25%
12 Hour Trolley Waits	2	0	2	1	0	0	0	0	0	0	0	0
Left without being seen	2.77%	2.26%	2.61%	2.70%	2.39%	2.05%	2.75%	2.44%	3.52%	3.09%	2.77%	3.03%
Unplanned Reattenders	9.01%	8.92%	9.11%	9.69%	9.12%	9.31%	9.84%	9.91%	10.23%	9.82%	9.56%	9.46%
Time to initial assessment (15 mins)	93.3%	95.3%	94.4%	94.2%	95.3%	93.2%	94.4%	91.4%	72.8%	71.4%	70.9%	65.0%
% Time to Treatment (60 Mins)	54.0%	48.0%	42.5%	46.4%	49.5%	51.6%	42.7%	48.1%	45.7%	50.7%	52.7%	48.7%

2018/19 Trajectory (NHSI return 2nd May)

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
-9.21 %												
Trajectory	78.6%	77.5%	78.5%	83.9%	85.4%	85.4%	87.4%	89.9%	88.6%	88.4%	87.6%	87.6%
Performance	76.9%	80.8%	82.7%	79.2%	80.0%	77.1%	80.9%	81.7%	79.4%			

*The historic 4 Hour compliance position differs slightly from that previously published. While this means that the figures contained here from those submitted nationally, they have been re-stated to be reflective of EKHUFT site performance and in order to align against the NHSI trajectory over 2018-19.

The above table shows the ED performance, including the health economy MIU activity and also with EKHUFT only performance. 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

December performance for the organisation against the 4 hour target was 79.36%; against the NHS Improvement trajectory of 88.6%. This represents a decrease in performance compared to the previous month. There were no 12 Hour Trolley Waits in December. The number of patients who left the department without being seen remained compliant at 3.03%. The unplanned re-attendance position remains high at 9.46%. Time to treatment reduced below 50% to 48.7% in December; from 52.7% the previous month.

ED Summary Actions

- Continue to implement ED Improvement Plan and Winter Capacity plan actions.
- Maintain health economy focus on patient flow.
- Continue the daily focus on internal and external delays to reduce stranded and super stranded patients.
- For December, compared to last year, East Kent Hospitals has improved to 37th place from the lowest place last year which was the 2nd to last place in the country

Cancer Compliance

Key Performance Indicators

82.21 %		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Green
	62 day Treatments	74.87%	73.40%	71.88%	66.32%	65.16%	65.79%	65.52%	66.13%	71.30%	77.05%	71.73%	82.21%	>=85%
>104 day breaches	21	23	30	27	31	34	36	24	12	9	4	8	0	
Demand: 2ww Refs	3,009	2,734	3,250	3,193	3,406	3,243	3,204	3,101	2,875	3,485	3,307	2,656	2990 - 3305	
2ww Compliance	95.76%	97.10%	91.42%	89.06%	93.81%	94.22%	94.94%	93.64%	90.96%	83.54%	93.29%	96.76%	>=93%	
Symptomatic Breast	89.84%	98.50%	90.28%	75.16%	84.46%	94.12%	93.18%	86.32%	94.39%	68.70%	84.17%	95.00%	>=93%	
31 Day First Treatment	94.06%	97.74%	96.08%	95.22%	96.37%	96.50%	95.71%	94.57%	96.81%	97.49%	96.95%	96.02%	>=96%	
31 Day Subsequent Surgery	87.23%	91.43%	89.47%	86.11%	80.49%	82.61%	94.87%	95.65%	96.00%	93.22%	100.00%	96.97%	>=94%	
31 Day Subsequent Drug	98.85%	98.33%	98.21%	97.94%	98.91%	98.13%	99.19%	98.98%	97.87%	99.21%	98.11%	98.81%	>=98%	
62 Day Screening	90.91%	79.31%	100.00%	93.75%	84.09%	100.00%	81.63%	94.37%	81.48%	87.50%	83.78%	86.67%	>=90%	
62 Day Upgrades	85.00%	77.27%	100.00%	89.19%	77.42%	84.38%	85.00%	94.87%	76.00%	82.14%	84.85%	75.00%	>=85%	

2018/2019 Trajectory

-0.91 %		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	STF Trajectory	65.08%	61.38%	61.13%	55.57%	57.87%	62.76%	73.66%	79.01%	83.12%	85.31%	85.24%	86.17%	Jan
Performance	66.32%	65.16%	65.79%	65.52%	66.13%	71.30%	77.05%	71.73%	82.21%				Jan	

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

December 62 day performance is currently 82.21% against the improvement trajectory of 83.12%, validation continues until the beginning of February in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,589 and there were 4 patients waiting 104 days or more for treatment or potential diagnosis.

Summary Actions:

- Continue daily monitoring of 2ww pathways to ensure patients are offered an appointment within 48 hours of referral being received and are offered a first appointment at day 7 ideally.
- Continue daily monitoring of all patients over 73 to 104 days and progress the patients next key event.
- Progress action plans to complete new timed pathways for each tumour site.

62 Day Performance Breakdown by Tumour Site

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
01 - Breast	88.9%	83.3%	100.0%	92.9%	96.6%	92.0%	93.8%	81.5%	88.6%	74.5%	72.4%	89.2%
03 - Lung	90.3%	100.0%	81.0%	62.8%	91.7%	73.0%	70.6%	73.3%	60.0%	56.0%	59.4%	90.3%
04 - Haematological	75.0%	33.3%	33.3%	50.0%	25.0%	54.5%	70.6%	13.3%	61.1%	54.5%	71.4%	100.0%
06 - Upper GI	70.0%	64.3%	73.3%	69.0%	69.2%	79.3%	93.3%	66.7%	62.5%	70.6%	60.0%	100.0%
07 - Lower GI	65.9%	43.8%	63.2%	61.1%	46.5%	64.6%	68.3%	75.0%	68.4%	84.8%	45.2%	55.0%
08 - Skin	92.7%	100.0%	88.9%	88.0%	88.2%	97.2%	97.7%	97.1%	100.0%	100.0%	90.0%	96.8%
09 - Gynaecological	80.0%	63.6%	75.0%	30.8%	32.0%	42.1%	55.6%	75.0%	85.2%	71.4%	100.0%	80.0%
10 - Brain & Nervous System				100.0%					100.0%			
11 - Urological	52.0%	63.5%	63.2%	59.3%	50.0%	38.2%	39.4%	51.0%	52.0%	70.5%	69.6%	76.9%
13 - Head & Neck	66.7%	85.7%	78.6%	20.0%	43.8%	94.1%	50.0%	60.0%	60.0%	100.0%	60.0%	84.6%
14 - Sarcoma	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%			100.0%		
15 - Other	0.0%	0.0%			0.0%	100.0%	100.0%	100.0%	100.0%	100.0%		73.9%

18 Week Referral to Treatment Standard

Key Performance Indicators

72.42 %		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Green
	Performance	77.62%	77.03%	76.08%	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	>=92%
	52w+	108	141	201	222	218	201	167	125	129	120	102	74	0
	Waiting list Size	52,942	54,306	54,519	54,979	54,964	53,411	53,193	53,552	54,712	55,607	54,492	53,169	<38,938
	Backlog Size	11,847	12,474	13,039	12,830	11,785	11,207	10,824	11,212	12,983	13,966	15,170	14,662	<2,178

2018/2019 Trajectory

-8.98 %		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	Performance Trajectory	77.03%	78.20%	79.31%	80.21%	81.02%	81.32%	81.69%	81.84%	81.40%	81.16%	80.87%	80.76%	87%
	Performance	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%				Sept
-76		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
	Performance	222	218	201	167	125	129	120	102	74				Sept

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 during 18/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

Summary Actions

- Elective care recovery plan to be delivered.
- Patient Service Centre (PSC) actions are to ensure that all outstanding clinic templates have been rebuilt to ensure full clinic utilisation of appointment slots.
- PSC and other areas which book their own appointments are to ensure that all clinics are fully booked, prioritising new outpatient appointments.
- PSC and Care Groups are to ensure that outpatient clinic outcome forms are completed to ensure that outpatient activity is cashed up.
- Validation of active 18 week waiting lists to be prioritised.
- Director led review of all 52 week wait patients to progress next key event in the patient's pathways.
- Director led daily review of 6-4-2 theatre booking, to monitor theatre capacity and productivity.
- Care Group leadership team to complete weekly review of production plans to confirm delivery of stated schemes and develop new schemes to close the gap.
- PSC to confirm process for managing Electronic Referral Service (ERS) OPD clinic cancellations.
- Additional internal and external capacity to be sourced.

6 Week Referral to Diagnostic Standard

Key Performance Indicators

KPI	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Target
	99.56 %	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%
Waiting list Size	13,637	14,125	14,174	14,597	15,192	16,350	16,888	15,126	12,750	12,820	13,329	12,235	<14,000
Waiting > 6 Week Breaches	75	62	49	91	106	149	264	298	182	88	46	54	<60
Average Wait													<4

2018/19 Trajectory

Metric	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Target
	0.46 %	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%
Performance	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	Dec-18

Summary Performance

The standard has been met for December 2018 with a compliance of **99.56%**. The number of patients waiting has decreased by 1094. As at the end of the month there were **54** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 10
- Cardiology: 5
- Urodynamic: 35
- Sleep Studies : 0
- Cystoscopy : 0

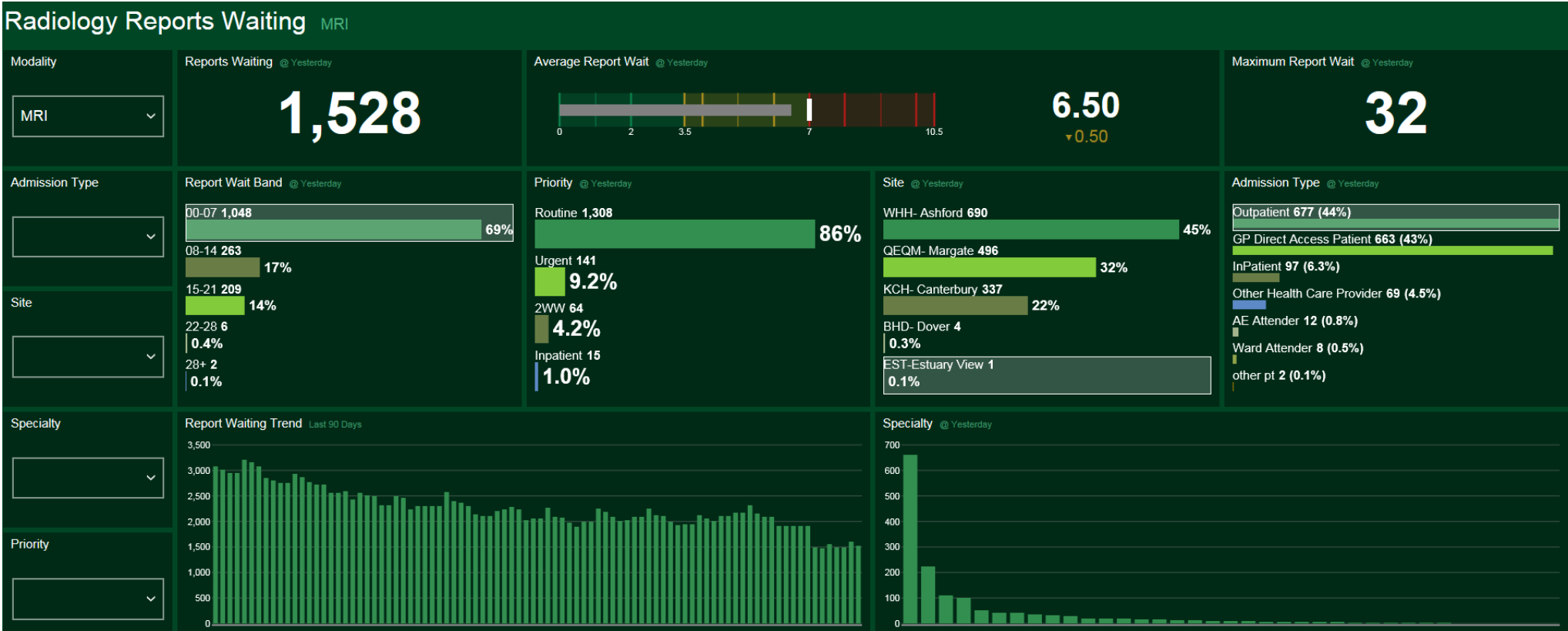
- Colonoscopy : 2
- Gastroscopy : 2
- Flexi Sigmoidoscopy: 0

There remains a continued demand for Sleep Studies; however, the robust plan which was developed in June 2018 in response to the increased demand is having a positive impact.

Actions:

- Continue recruitment to respiratory and cardiology technician posts.
- Providing additional capacity through outsourcing and internal additional lists for Cardiac CT whilst a sustainable solution is developed.

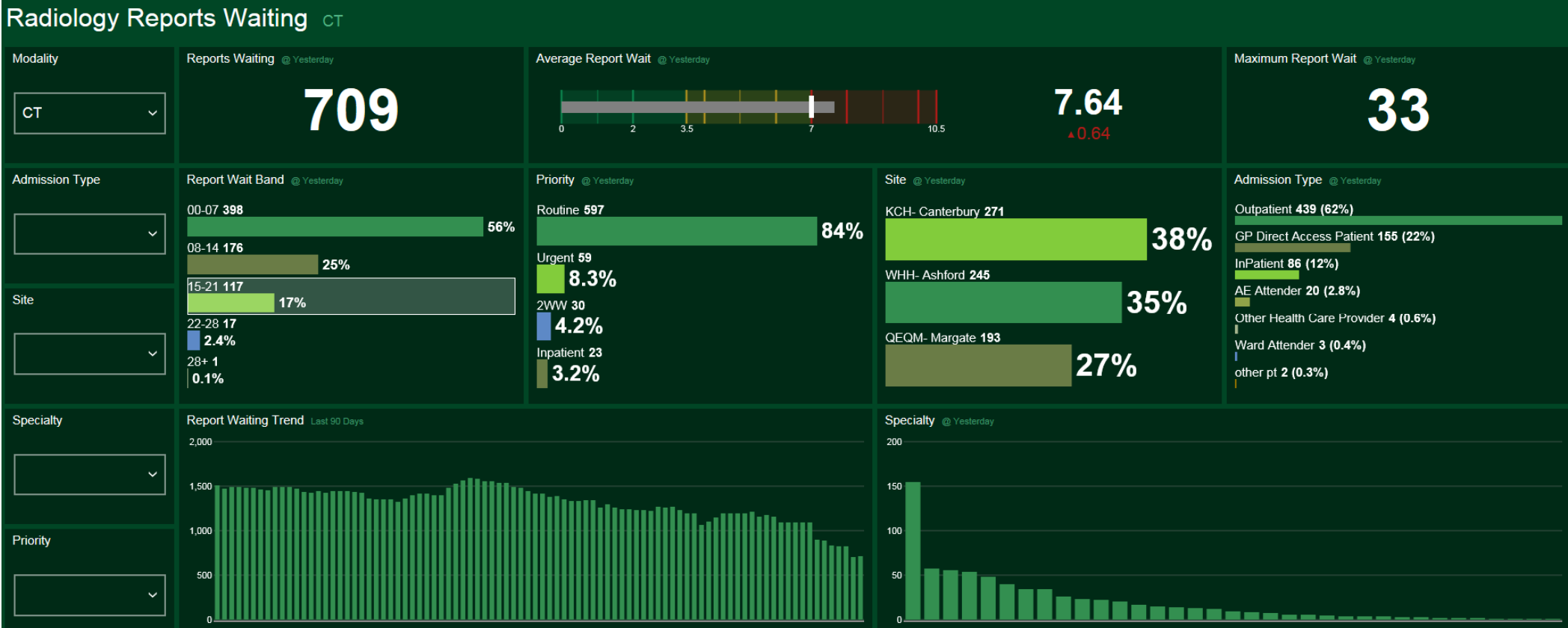
Reporting backlogs:



Total MRI backlog reporting position as of 12/03/18: (N.B. this data excludes written exams sent to third party reporters ~ 227 exams)

MRI has improved its large number of reports outstanding by 522 examinations overall compared to the January report (2,050).

Whilst numbers waiting over 2 weeks have improved significantly over the last 3 months there is still a very small number waiting over 28 days.



The total CT backlog reporting position as of 12/03/18:

For CT, the total waiting for a report has decreased by 395 examinations overall compared to the January report (1,104).

There is a higher percentage waiting over 2 weeks for a report than MRI that competes with pressure for 2WW and A/E-Inpatient urgent imaging reports. However there has been a significant improvement in this tail by ~310 examinations since the last report.

Actions taken to mitigate risk and sustain performance:

- We are working closely with GE and IT to monitor resilience of the system; some planned downtime is required to make this happen but this will be planned in collaboration with all parties.
- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- Outsourcing Cardiology CT in month with plan to bring back in house in March 2018.
- New MRI's are commissioned and fully functional at KCH are enabling us to review some mobile use week on week; however to bring the workload to realistic levels of 2 weeks we continue to need additional vans supporting service delivery.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Working with third party reporting providers to increase capacity.
- We have made a request to Commissioners to close Direct Access MRI slots to reduce demand, free up capacity and or reduce financial burden of buying in Vans and outsourcing the reporting which is no longer cost effective. This has been agreed for South Kent and Thanet but not yet for Canterbury and Ashford areas and no formal agreement is yet in place for either commissioner.
- The Division have received £125k from Central Cancer funding to support delivery of 2 WW position and bring this to within 7 days the department – but have been unable to source a locum to increase specific capacity.
- All our equipment is monitored closely and regularly serviced to ensure we maximise capacity and reduce down time.
- Daily oversight continues.

Strategic Theme: Finance

Finance

Dec	I&E £m (Trust Only)	-65.5 (95.1%)		<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. Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.</p>	★ ★ ★
Dec	Cash Balance £m	8.7 (159.3%)		<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>	★ ★ ★
Dec	Total Cost £m (Trust Only)	-53.4 (0.8%)		<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. Mth 7 includes a £34.7m impairment, see I&E note above.</p>	★ ★ ★
Dec	Forecast £m	-41.8 (39.9%)		<p>This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	★ ★ ★

Strategic Theme: Finance

Highlights
and
Actions:

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's in month deficit is £6m, £2m behind plan and the YTD I&E deficit to Month 9 (December) was £29.5m (consolidated position including Subsidiaries and after technical adjustments) against a planned deficit of £23m, £6.5m worse than plan. The main drivers of the deficit in month are the continuing themes whereby operational pressures are leading to significant Agency spend on Medical and Nursing staff but Elective activity and income are increasingly falling behind a plan which was based on increasing inpatient elective activity in Q3 and 4 as well as a slowing down of outpatient work following the PAS implementation. The main specialties showing performance behind plan are Trauma & Orthopaedic (T&O), ENT, Ophthalmology, Pain Management, Dermatology and Gynaecology. Whilst non elective work is over performing it is insufficient to make up for the elective shortfall. Reserves now remaining are very small and the financial position relies on the delivery of increased elective and outpatient activity over the coming three months which, if not delivered, will lead to a failure to deliver the revised financial forecast.

Trust unconsolidated pay costs in month of £31.5m are £0.4m less than November. Although substantive costs have increased £0.1m as we become more successful at recruitment (net 62 WTE increase in month) temporary staffing costs have decreased £0.6m in month due to a lower levels of Agency and Bank costs for Nursing and Medical staffing. During the Christmas period it is normal for these staffing groups to reduce as workers are less willing to cover the holiday period. This is not therefore expected to be a long term trend. When measured against Budget, pay is over spent by £0.9m. The main driver for the overspend continues to relate to above plan usage of clinical agency and bank staff. All Care Groups contribute to the overspend. The pay spend includes £3.6m year to date and £0.4m year to date of pay awards relating to Agenda for change not previously budgeted for. Agency costs are now £13.3m more than plan YTD driven by operational pressures. Permanent staff costs (including Overtime and waiting list work) are £3m less than plan YTD driven by all staff groups other than HCA's.

Clinical income was behind plan by £1.7m in month. Once the impact of pay awards income funding (£0.4m, not included in the plan) is adjusted the net position is £2.1m less than plan for the month. The YTD position is now £3.2m ahead of plan but once pay awards income funding (YTD £3.7m) and prior year reserve releases (£3m) are removed the net position is £3.5m behind plan. The key drivers remain over performance of non-electives, A&E and ITU offset by under performance in pass through drugs, elective and Outpatient activity. Month on month income has decreased £3.9m as activity in almost all areas, other than A&E, has decreased during the Christmas period. Other income is £1.7m ahead of plan in month (driven by one off gains from property sales and capital goods scheme benefits) and above plan £5.9m YTD driven by the month 9 drivers as well as the SERCO termination payment and the impact of Trust charges to 2Gether which are offset in expenditure by higher non pay charges from the subsidiary.

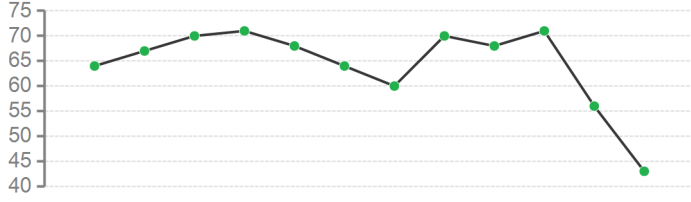
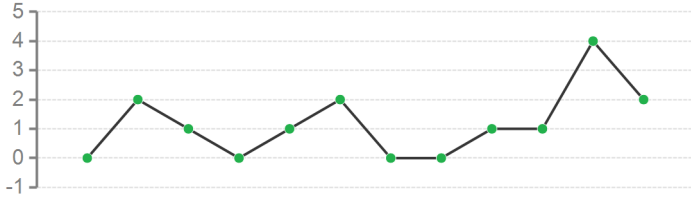

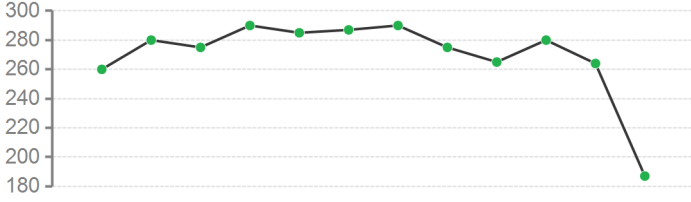
Against the full year £30m CIP target, including income, £21.6m of CIPS have been delivered YTD against a target of £20.1m, £1.5m ahead of plan. CIPs achieved in Month 9 were £4m and £1m ahead of plan due to the one off benefits of property sales and the capital goods scheme VAT reclaim. Agency and Procurement schemes slightly under delivered in month. CIPs in December amounted to £2.2m recurrent and £1.8m on a non-recurrent basis. The YTD position is recurrent £13.3m and non-recurrent £8.3m.

The Trusts cash balance as at the end of September was £8.7m. The Trust's total cash borrowing is now £70.7m and is forecast at £81.6m by the year end.

The Trust Board has agreed to change the Trust forecast to a £42.2m deficit (consolidated after NHSi adjustments). As a result risks have been restated in relation to the new forecast. An estimated £4.4m of risk remains in regard to the revised year end Forecast. The main risks relate to CIP delivery and the delivery of elective activity. The Trust will seek to mitigate these risks as we move through the remainder of the year.

Strategic Theme: Health & Safety

Health & Safety 1

Dec	Representation at H&S	772 (5.2%)		"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	★ ★ ★
Dec	RIDDOR Reports (Number)	14 (-26.3%)		"RIDDOR reports sent to HSE each month.	★ ★ ★
Dec	Formal Notices	0 (-100.0%)		"Formal notices from HSE (Improvement Notices, Prohibition Notices).	★ ★ ★
Dec	Health & Safety Training	3238 (19.0%)		H&S Training includes all H&S and risk avoidance training including manual handling	★ ★ ★

Highlights and Actions:

Representation at committees declined in December for a successive month partly reflecting the activity being seen at sites over December. The Strategic Health & Safety Committee is discussing in January meeting how it can support the Care Groups further and what support is needed to improve their attendance at the committees.

There were 2 RIDDORs reported in month both staff related incidents which involved patient activity. The H&S committee continue to monitor trends and themes and have identified a need to reinforce the timing guidance standards for reporting. This will ensure that the Trust has a minimal backlog for reporting RIDDORs each month to the HSE.

Training decreased in December again partly to do with operational pressures and the holiday period and is expected to improve in January 2019.

Strategic Theme: Health & Safety

Health & Safety 2

Dec	Accidents	<div style="color: red; font-size: 2em; font-weight: bold;">↑</div> <div style="color: red; font-size: 1.5em; font-weight: bold;">322</div> <div style="color: red; font-size: 1em;">(4.2%)</div>		"Accidents excluding sharps (needles etc) but including manual handling."	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Dec	Fire Incidents	<div style="color: green; font-size: 2em; font-weight: bold;">↓</div> <div style="color: green; font-size: 1.5em; font-weight: bold;">114</div> <div style="color: green; font-size: 1em;">(-11.6%)</div>		"Fire alarm activations (including false alarms)."	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Dec	Violence & Aggression	<div style="color: green; font-size: 2em; font-weight: bold;">↓</div> <div style="color: green; font-size: 1.5em; font-weight: bold;">350</div> <div style="color: green; font-size: 1em;">(-12.5%)</div>		"Violence, aggression and verbal abuse."	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>
Dec	Sharps	<div style="color: green; font-size: 2em; font-weight: bold;">↓</div> <div style="color: green; font-size: 1.5em; font-weight: bold;">113</div> <div style="color: green; font-size: 1em;">(-15.0%)</div>		"Incidents with sharps (e.g. needle stick)."	<div style="display: flex; justify-content: space-between;"> ★ ★ ★ </div>

Highlights and Actions:

The number of accidents increased in the month for December, whilst this is still green and relatively low, we will continue to monitor trends, particularly over Q4 when the Trust activity is at its highest.

The number fire alarm incidents increased in December, largely due to false alarms within the staff residences and fire exits being blocked by the movement and storage of beds on the acute sites due to the activity levels. The Trust plans to raise awareness of the important of not blocking fire exists in January.

Both Violence & Aggression and Sharp incidents increased slightly in month but remain in Green.

Strategic Theme: Use of Resources

Pay Independent

Dec	Payroll Pay £m	<div style="font-size: 2em; font-weight: bold;">-27.6</div> <div style="font-size: 1.2em;">(0.5%)</div>		Payroll Pay (Permanent+Overtime). 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.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: yellow;">★</div>
Dec	Agency Spend £m	<div style="font-size: 2em; font-weight: bold;">-0.5</div> <div style="font-size: 1.2em;">(-49.1%)</div>		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: grey;">★</div>
Dec	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.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: grey;">★</div>
Dec	Independent Sector £k	<div style="font-size: 2em; font-weight: bold;">-797</div> <div style="font-size: 1.2em;">(-14.2%)</div>		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.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: grey;">★</div>

Highlights
and
Actions:

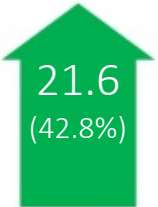
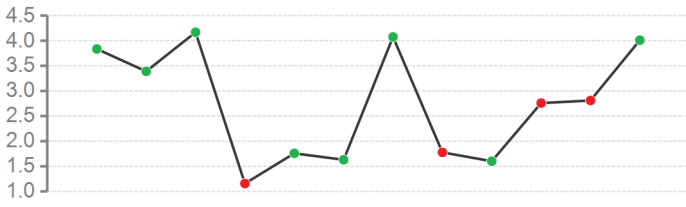



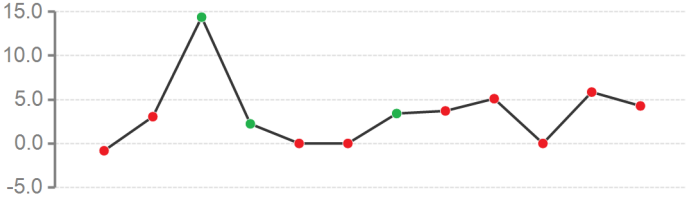



Pay performance is adverse to plan in December by £0.9m and by £11.6m ytd (4.24%). Pay CIPs are adverse to plan in month by £0.5m and by £3.6m ytd. The estimated AfC pay award excess impact not included in the base plan (funded in-year by the DOH in Clinical Income) is c£0.4m in month and £3.7m ytd.

Total expenditure on pay in December was £31.5m, £0.4m lower than in November with all of the reduction relating to expenditure on medical agency staff.

The main driver for the pay overspend in month continues to relate to above plan usage of agency staff, totalling £0.6m in month and £13.2m ytd. All Care Groups contribute to the overspend.

Strategic Theme: Use of Resources

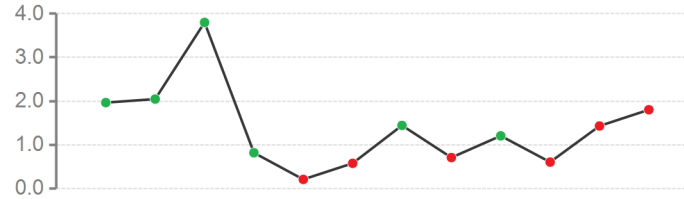
Balance Sheet

Dec	CIPS £m	 21.6 (42.8%)		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.	  
Dec	Cash borrowings £m	70.8		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	  

Strategic Theme: Use of Resources

Dec

Capital position £m



Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.



Highlights
and
Actions:

DEBT

Total invoiced debtors have decreased from the opening position of £28.5m by £8.2m to £20.3m. The largest debtors at 31st December were East Kent CCGs £5.2m, East Kent Medical Services £2.2m and 2gether support solutions £1.7m

CAPITAL

Total YTD expenditure for Mth 9 2018/19 is £3.3m below plan mainly driven by slower than planned delivery of the observation bays.

EBITDA

The Trust is reporting a year to date deficit EBITDA of £12.7m

CASH

The closing cash balance for the Trust as at 31st December was £3.4m

FINANCING

£1.5m of interest was incurred in respect of the drawings against working capital facilities to 31st December 2018.

Strategic Theme: Improvement Journey

		Aug	Sep	Oct	Nov	Dec	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	83.52	81.02	83.88	84.50	82.25	>= 95
	ED - 1hr Clinician Seen (%)	48	45	51	52	48	>= 55 & <55
MD04 - Flow	DToCs (Average per Day)	52	48	48	55	53	>= 0 & <35
	IP - Discharges Before Midday (%)	13	17	14	15	15	>= 35
	Medical Outliers	51	51	57	49	63	
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	66.13	71.30	77.05	71.73	82.21	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	28	27	28	25	24	>= 0 & <28
	Staff Turnover (Midwifery)	13	13	14	13	13	>= 0 & <10
	Vacancy (Midwifery) %	6	5	4	5	5	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.9	14.2	14.6	14.4	14.4	>= 0 & <10
	Vacancy (%)	14.2	13.8	13.2	12.6	12.7	>= 0 & <7
	Staff Turnover (Nursing)	13	14	14	14	14	>= 0 & <10
	Staff Turnover (Medical)	13	14	14	14	14	>= 0 & <10

MD08 - Recruitment & Staffing

Vacancy (Nursing) %

16	17	15	15	15	>= 0 & <7
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Vacancy (Medical) %

13	13	13	12	12	>= 0 & <7
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MD09 - Workforce Compliance

Appraisal Rate (%)

75.9	76.3	77.2	75.4	79.6	>= 85
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Statutory Training (%)

98	98	97	97	96	>= 85
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KF01 - Complaints

Complaint Response within 30 days %

30.6	16.0	21.4	36.8	13.3	>= 85
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Complaint Response in Timescales %

90.2	75.7	72.1	81.6	94.6	>= 85
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KF09 - Medicines Management

Pharm: Drug Trolleys Locked (%)

99	99	48	97	99	>= 90 & <90
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Pharm: Resus. Trolley Check (%)

95	92	94	96	96	>= 90 & <90
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Pharm: Drug Cupboards Locked (%)

88	78	74	86	88	>= 90 & <90
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Pharm: Fridges Locked (%)

85	86	78	83	84	>= 95
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Pharm: Fridge Temps (%)

89	82	82	91	95	>= 100
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Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55 & <55	
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 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.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	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: 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 %
	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	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 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <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 & <90	5 %
	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.	>= 0 & <15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	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 - selecting 'Prompt Surgery%'. 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 & <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.	>= 0 & <2.75	20 %
	Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	
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	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %

Data Quality & Assurance	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 %
	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 & <0.2	25 %
Demand vs Capacity	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <7	
	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
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	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.	>= 0	10 %
	I&E £m (Trust Only)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.	>= 0	30 %
	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.	>= 0	20 %
	Total Cost £m (Trust Only)	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. Mth 7 includes a £34.7m impairment, see I&E note above.	>= 0	20 %
Health & Safety	Accidents	"Accidents excluding sharps (needles etc) but including manual handling.	>= 0 & <40	15 %
	Fire Incidents	"Fire alarm activations (including false alarms).	>= 0 & <5	10 %
	Formal Notices	"Formal notices from HSE (Improvement Notices, Prohibition Notices).	>= 0 & <1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Violence & Aggression	"Violence, aggression and verbal abuse.	>= 0 & <25	10 %
	Representation at H&S	"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	>= 76	20 %

Health & Safety

RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.	>= 0 & <3	20 %
Sharps	"Incidents with sharps (e.g. needle stick).	>= 0 & <10	5 %
Incidents	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <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."		
C. Diff Infections (Post 72h)	"The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)."	>= 0 & <1	0 %
Clinical Incidents: Moderate Harm			
Clinical Incidents: No Harm	"Number of Non-Clinical Incidents, recorded on DATIX, per 10,000 FTE hours. Bandings based on total numbers of incidents (corporate level) is: Score1: <= 140, Score2: > 140 & <= 147, Score3: > 147 & <= 155, Score4: > 155 & <= 163, Score5: > 163"		
Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		
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."	>= 0 & <5	20 %
Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE c Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
Medication Missed Doses	Number of missed medication doses recorded on Datix		
Medicines Mgmt. Incidents	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
Never Events (STEIS)	"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	>= 0 & <1	30 %
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."	>= 0 & <1	10 %
Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
Clinical Incidents: Minimal Harm			

Incidents

Clinical Incidents: Severe Harm				
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 %
Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm			
Medication Missed Critical Doses	Number of missed doses for critical drugs / medications			
Number of Cardiac Arrests	Number of actual cardiac arrests, not calls			
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 & <0.15		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

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	>= 0 & <1		
Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <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."	>= 0 & <44		10 %
E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44		
Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85		
MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	>= 0 & <1		
Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95		
Blood Culture Training	Blood Culture Training compliance	>= 85		
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.	>= 0 & <1		40 %
Hand Hygiene Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95		

Infection	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
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 & <0.33	10 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
	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."	>= 0 & <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.	>= 0 & <90	35 %
	Number of Avoidable Deaths > 50%	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable', 'Strong evidence of avoidability', 'Probably avoidable (more than 50:50)')		
	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.	>= 0 & <87.45	30 %
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 %
	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 (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 90	25 %
	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 %
	Obs. On Time - 8pm-8am (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 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	AE Mental Health Referrals	A&E Mental Health Referrals		5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	IP FFT: Recommend (%)		>= 90	30 %

Patient Experience

Number of Complaints	"The number of Complaints recorded overall . Data source - Patient Experience Team"	>= 0 & <1	0 %
Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days		
Complaints Open <= 30 Days	Number of complaints open for less than 30 days		
Complaints Open > 90 Days	Number of Complaints open for more than 90 Days		
Complaints Open 31 - 60 Days	Number of Complaints open between 31 and 60 Days		
Complaints Open 61 - 90 Days	Number of Complaints open between 61 and 90 Days		
Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
IP 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."	>= 0 & <1	10 %
IP 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 %
IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	>= 89	4 %
IP Survey: Encouraged to get up and wear own clothes (%)	Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"		3 %
IP Survey: Help from Staff to Eat Meals (%)	Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"		3 %
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."	>= 0 & <1	10 %

Patient Experience	Number of Compliments	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD)	>= 1 & <1	0 %
Productivity	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	Theatres: On Time Start (% 15min)	The % of cases that start within 15 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 %
	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 %
	eDN Compliance	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 80 & <80	
	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 & <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.	>= 0 & <5	10 %
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	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	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.	>= 85	

Staffing

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.	>= 0 & <28	2 %
Overtime (WTE)	Count of employee's claiming overtime		1 %
Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). 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.	>= 80	15 %
Sickness (%)	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 0 & <3.3	10 %
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 & <99	
Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
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 Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. 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.		
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.	>= 0 & <10	
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). 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.	>= 80	15 %
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."	>= 0 & <10	15 %
Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. 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."	>= 0 & <10	

Staffing

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."	>= 0 & <10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
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."	>= 0 & <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."	>= 0 & <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."	>= 0 & <7	
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 (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."	>= 0 & <10	
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."	>= 0 & <10	
Total Staff Headcount	Headcount of total staff in post		
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.	>= 0 & <100	5 %
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."	>= 0 & <7	

Training

Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
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 %

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.	>= 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	
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.		
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.	>= 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		
	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). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	

Data Assurance Stars



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



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



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

Human Resources Heatmap

	CAN (Cancer)	CSS (Clinical Support Services)	GSM (General and Specialist Medicine)	S&A (Surgery & Anaesthetics)	SHN (Surgery Head & Neck)	UEC (Urgent and Emergency)	Unknown	W&C (Womens and Childrens)
Agency %	2.0	1.6	12.5	6.8	4.9	22.7	3.8	5.3
Employed vs Temporary Staff (%)	89.0	90.3	83.9	94.2	96.3	75.9	91.7	92.3
Sickness (%)	4.8	4.5	4.4	4.7	2.4	5.5	4.1	4.9
Statutory Training (%)	94	93	98	97	98	98	95	97
Total Staff In Post (SiP)	176	943	1418	1445	145	399	1580	889
Vacancy (%)	11.0	9.7	17.5	6.4	3.7	24.1	15.9	7.7

Patient Safety Heatmap - DECEMBER 2018

KEY

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

	Harm Free Care: New Harms (%)	Hand Hygiene Audit	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	IP FFT: Response Rate (%)	IP FFT: Recommend (%)	IP FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
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K&C - KENT & CANTERBURY HOSPITAL

Specialist

KBRA - K&C BRABOURNE WARD	100.0	96.3	0	0	0	10	50	100	0.0	96.0	84	103	16
KCADU - K&C CATHEDRAL UNIT	N/A	4.3	0	0	0	0	N/A	N/A	N/A	76.1	NULL	NULL	NULL
KDOLP - K&C DOLPHIN WARD	N/A	NULL	0	0	0	185	N/A	N/A	N/A	101.2	NULL	NULL	NULL
KMARL - K&C MARLOWE WARD	95.0	93.8	0	1	0	123	55	98	2.0	93.7	99	95	7

Surgical

KCLK - K&C CLARKE WARD	96.2	84.6	0	0	0	116	6	100	0.0	85.4	85	89	6
KITU - K&C INTENSIVE CARE UNIT	91.7	100.0	0	0	0	91	N/A	N/A	N/A	82.6	86	83	26
KSLA - K&C ST LAWRENCE WARD	100.0	NULL	0	0	0	0	NULL	NULL	NULL	NULL	NULL	NULL	NULL
KWURO - K&C UROLOGY SUITE	N/A	NULL	0	0	0	0	N/A	N/A	N/A	91.4	NULL	NULL	NULL

Urgent & Long Term

KACU - K&C AMBULATORY CARE UNIT	N/A	NULL	0	0	0	0	N/A	N/A	N/A	87.8	NULL	NULL	NULL
KHAR - K&C HARBLEDDOWN WARD	95.0	100.0	0	0	0	61	33	95	5.3	72.7	81	116	5
KINV - K&C INVICTA WARD	100.0	100.0	0	0	1	0	37	100	0.0	93.0	114	113	6
KKIN - K&C KINGSTON WARD	100.0	100.0	0	1	0	0	11	50	25.0	72.5	81	110	6
KMM - K&C MOUNT MCMASTER WARD	100.0	100.0	0	0	1	0	33	100	0.0	80.0	103	106	5
KNRU - K&C EAST KENT NEURO REHAB	100.0	100.0	0	0	0	0	43	100	0.0	NULL	85	101	5
KTRE - K&C TREBLE WARD	90.0	NULL	0	0	0	0	33	100	0.0	86.5	83	94	8

QEQM - QUEEN ELIZABETH QUEEN MOTHER HOSPITAL

Specialist

KIN - QEQM KINGSGATE WARD	100.0	98.1	0	0	1	0	N/A	N/A	N/A	85.9	89	94	21
QBIR - QEQM BIRCHINGTON WARD	100.0	NULL	0	0	0	42	13	100	0.0	96.9	94	127	6
QRAI - QEQM RAINBOW WARD	100.0	NULL	0	0	0	0	17	100	0.0	93.8	95	111	12
QSCB - QEQM SPECIAL CARE BABY UNIT	100.0	NULL	0	0	0	0	N/A	N/A	N/A	95.1	104	96	13

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	Harm Free Care: New Harms (%)	Hand Hygiene Audit	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	IP FFT: Response Rate (%)	IP FFT: Recommend (%)	IP FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
QVDM - QEQM VIKING DAY UNIT	N/A	NULL	0	0	0	0	N/A	N/A	N/A	108.4	NULL	NULL	NULL

Surgical

QBIS - QEQM BISHOPSTONE WARD	100.0	NULL	0	0	1	0	84	100	0.0	76.6	77	89	7
QCSF - QEQM CHEERFUL SPARROWS WAR	100.0	81.8	0	0	0	0	79	99	1.3	111.4	110	122	7
QCSM - QEQM CHEERFUL SPARROWS WA	100.0	NULL	0	0	1	0	30	100	0.0	86.9	119	129	7
QDSU - QEQM DAY SURGERY WARD	NULL	73.5	0	0	0	0	NULL	NULL	NULL	NULL	NULL	NULL	NULL
QITU - QEQM INTENSIVE CARE UNIT	100.0	100.0	0	0	0	45	N/A	N/A	N/A	87.4	91	115	23
QSAL - QEQM SURGICAL ADMISSIONS LO	NULL	NULL	0	0	0	0	NULL	NULL	NULL	0.0	NULL	NULL	NULL
QSB - QEQM SEA BATHING WARD	100.0	NULL	0	0	0	0	50	97	0.0	82.9	109	112	6

Urgent & Long Term

QAMUB - QEQM ACUTE MEDICAL UNIT B	100.0	NULL	0	1	0	0	NULL	NULL	NULL	NULL	NULL	NULL	NULL
QCCU - QEQM CCU	100.0	NULL	0	2	0	10	29	100	0.0	78.9	98	100	8
QDEA - QEQM DEAL WARD	100.0	98.9	0	0	0	0	25	100	0.0	108.0	126	144	6
QFOR - QEQM FORDWICH WARD	95.0	94.9	0	0	1	0	38	100	0.0	87.9	88	128	7
QMW - QEQM MINSTER WARD	100.0	NULL	0	2	0	1	1400	100	0.0	52.9	102	94	11
QQX - QEQM QUEX WARD	100.0	77.8	0	0	0	58	46	94	0.0	106.8	111	122	6
QSAN - QEQM SANDWICH WARD	100.0	97.9	0	0	0	1	48	97	2.9	96.7	123	153	7
QSTA - QEQM ST. AUGUSTINES WARD	96.3	96.8	0	0	0	1	64	100	0.0	81.0	93	122	5
QSTM - QEQM ST. MARGARETS WARD	91.3	93.0	0	0	0	1	23	100	0.0	77.9	99	115	5

WHH - WILLIAM HARVEY HOSPITAL

Specialist

FF - WHH FOLKESTONE WARD	NULL	83.3	0	0	2	1	N/A	N/A	N/A	88.6	91	92	39
WCBC - WHH CELIA BLAKEY CENTRE	N/A	NULL	0	0	0	0	N/A	N/A	N/A	103.4	NULL	NULL	NULL
WKEN - WHH KENNINGTON WARD	100.0	71.7	0	0	0	0	51	94	1.5	77.8	102	134	8
WPAD - WHH PADUA WARD	100.0	NULL	0	0	2	0	6	100	0.0	76.3	86	91	5
WSCBU - WHH THOMAS HOBBS NEONATA	100.0	100.0	0	0	0	0	N/A	N/A	N/A	99.0	96	94	16

Surgical

WITU - WHH INTENSIVE CARE UNIT	100.0	96.5	0	0	0	71	N/A	N/A	N/A	98.8	79	88	24
WKA2 - WHH KINGS A2 WARD	100.0	100.0	0	0	0	278	43	97	3.3	108.4	108	115	6
WKB - WHH KINGS B WARD	100.0	100.0	2	0	0	348	90	96	2.1	98.8	109	115	6
WKC1 - WHH KINGS C1 WARD	100.0	39.3	0	0	0	172	55	96	4.2	86.4	118	99	6

KEY

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

	Harm Free Care: New Harms (%)	Hand Hygiene Audit	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	IP FFT: Response Rate (%)	IP FFT: Recommend (%)	IP FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
WKC2 - WHH KINGS C2 WARD	NULL	NULL	1	0	2	0	0	NULL	NULL	22.8	29	35	3
WKDF - WHH KINGS D FEMALE	100.0	100.0	1	0	0	327	48	100	0.0	102.7	N/A	N/A	N/A
WKDM - WHH KINGS D MALE	88.0	100.0	0	0	0	0	51	98	2.3	N/A	110	101	7
WROT - WHH ROTARY WARD	100.0	100.0	0	0	0	51	35	98	2.2	94.6	99	112	8
WSEAU - WHH SEAU	N/A	NULL	0	0	0	0	150	98	0.0	109.5	NULL	NULL	NULL
WSURA - WHH SURGICAL ADMISSIONS LO	N/A	NULL	0	0	0	0	N/A	N/A	N/A	107.8	NULL	NULL	NULL

Urgent & Long Term

WAMUB - WHH ACUTE MEDICAL UNIT B	100.0	NULL	0	1	0	0	NULL	NULL	NULL	NULL	NULL	NULL	NULL
WBAR - WHH BARTHOLOMEW WARD	100.0	NULL	0	0	0	0	95	99	0.0	85.7	101	97	12
WCCU - WHH CARDIAC CARE UNIT	100.0	NULL	0	0	0	0	83	98	0.0	N/A	N/A	N/A	N/A
WCDU - WHH CLINICAL DECISION UNIT	100.0	NULL	0	2	0	59	NULL	NULL	NULL	73.3	75	96	NULL
WCJ - WHH CAMBRIDGE J WARD	100.0	100.0	0	0	0	0	13	80	0.0	82.3	127	146	7
WCK - WHH CAMBRIDGE K WARD	100.0	100.0	0	0	2	35	67	88	7.7	63.5	95	92	6
WCL - WHH CAMBRIDGE L WARD	100.0	100.0	1	3	1	56	32	93	0.0	77.1	95	105	6
WCM1 - WHH CAMBRIDGE M1 WARD	100.0	95.3	0	2	0	0	18	100	0.0	60.1	N/A	N/A	N/A
WCM2 - WHH CAMBRIDGE M2 WARD	100.0	87.5	0	0	1	36	39	96	0.0	88.6	102	104	6
WOXF - WHH OXFORD WARD	100.0	100.0	0	0	0	0	23	100	0.0	94.0	88	103	7
WRSU - WHH RICHARD STEVENS WARD	100.0	84.2	0	0	0	42	43	100	0.0	86.1	98	116	8