

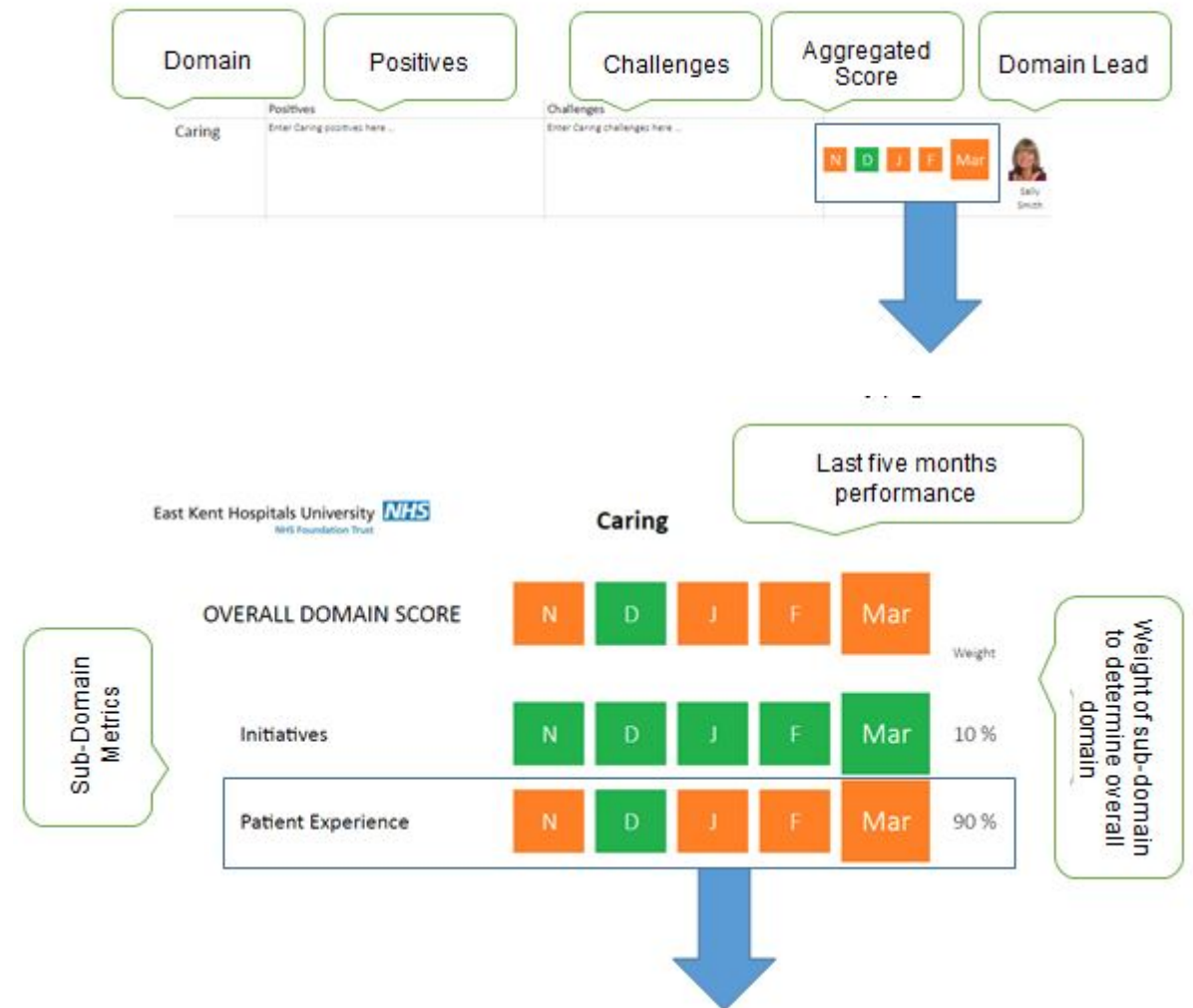
INTEGRATED PERFORMANCE REPORT



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	96	96	96	>= 90	30 %	
	FFT: Not Recommend (%)	1	1	1	2	3	>= 1	11 %	

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



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

Strategic Priorities



Our vision:

Great healthcare from great people

Our mission:

Together we care: improving health and lives

Our values:

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




Our strategic priorities:

Patients, people, provision and partnerships

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Headlines

	Positives	Challenges						
Caring	<p>The Friends and Family test inpatient satisfaction rate remains positive at 97%.</p> <p>Overall patient experience is registering green this month, similar to last month, and we have seen an improvement on all but one of the real time survey metrics.</p> <p>The ratio of compliments to complaints is also positive with a high number of recorded compliments to every single complaint.</p> <p>Complaint response times have met our standard with 91.4% being responded to within the timescales agreed with the client. This is the 4th month running of achieving our standard.</p>	<p>Despite the improved position, we are still reporting mixed sex breaches in the Clinical Decision Units and in some of the escalation areas. This is due to patient flow and decongesting the Emergency Departments to maintain safety.</p> <p>The percentage of people not recommending our services has very slightly increased during May by 0.7%.</p>	J	F	M	A	May	 <p>Sally Smith</p>
Effective	<p>May reported an improved flow position across the organisation. Improved theatre utilisation has also been reported.</p>	<p>Bed occupancy remains high with very high numbers of "delayed transfers of care" (DTCs) patients.</p> <p>Cancellations are high due to a drive to move forward patients how had been booked.</p>	J	F	M	A	May	 <p>Lee Martin</p>
Responsive	<p>May reported the highest performance in emergency care since March 2017.</p> <p>There has been significant focus on cancer and RTT performance.</p>	<p>The A&E four hour standard remains a priority for the Trust. The A&E Improvement Plan is underway and significant amount of redesign announced. Business cases have been submitted for emergency department redevelopment and additional capacity.</p> <p>Demand for diagnostics has increased due to efforts to reduce cancer and RTT waiting times.</p>	J	F	M	A	May	 <p>Lee Martin</p>

Safe

The rate of falls has decreased in May to 4.93/1000 bed days.

Medicines safety in terms of missed doses continue improve and the rate of missed doses of critical medicines has now come down to the national rate.

Screening for sepsis and administration of intravenous antibiotic to those screening positive continues to hit exemplary levels in the EDs and is an improving picture in the inpatient areas.

Cumulative Clostridium difficile infections are above trajectory for the year, this is in UC<C and surgical divisions, both of whom are above trajectory.

Harm free care (new harms) has fallen to 96.6, the lowest for several months.



Paul Stevens

Well Led

The Trust delivered a £3.1m deficit in Month 2 bringing the YTD position to a £8.1M deficit which is £0.2m ahead of plan (consolidated position including Spencer Wing and after technical adjustments).

Vacancies improved 0.2% (to 12.8% from 13%) - still red RAG rated

Staff turnover has also improved 0.2% to 13.1% - still red RAG rated

Trust Pay is £1.4m over plan in month and £1.9m over plan YTD. The overspend is in Agency costs (£4m over plan YTD) offset by an underspend on permanent staffing (£2.6m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U<C.

Risks remain in relation to the impact on Income of the recent Expert Determination. The Trust is working with Commissioners to agree the final impact.

Total Cash borrowed remains at £48.5m

Appraisal rates worsened to 71.8% (previously 80.1%) and is now red rated

I&E CIPS of £2.9m are reported up to Month 2 against a plan of £3m. Risks remain in relation to finalising CIP schemes to deliver a net £30m of savings by the year end.



Susan Acott

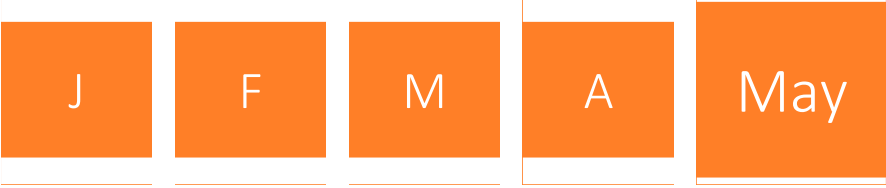
Caring

OVERALL DOMAIN SCORE



Weight

Patient Experience



90 %

Caring

		Jan	Feb	Mar	Apr	May	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	45	64	37	43	28	>= 12	10 %
	Mixed Sex Breaches	111	69	91	67	69	< 1	10 %
	Overall Patient Experience %	89.8	90.7	90.9	91.6	91.4	>= 90	10 %
	Complaint Response in Timescales %	84.8	87.2	88.9	94.4	91.4	>= 85	5 %
	AE Mental Health Referrals	113	72	92	97	104		5 %
	FFT: Recommend (%)	96	97	96	97	97	>= 90	30 %
	FFT: Not Recommend (%)	2.1	1.3	1.9	1.1	1.8	>= 1	10 %

Effective

OVERALL DOMAIN SCORE	J	F	M	A	May	Weight
Beds	J	F	M	A	May	25 %
Clinical Outcomes	J	F	M	A	May	25 %
Productivity	J	F	M	A	May	25 %

Effective

		Jan	Feb	Mar	Apr	May	Green	Weight
Beds	Bed Occupancy (%)	101	100	97	101	100	<= 92	60 %
	IP - Discharges Before Midday (%)	15	15	15	15	15	>= 35	10 %
	DToCs (Average per Day)	56	52	63	63	61	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.4	3.5	3.4	3.3	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.3	15.3	15.2	15.1	14.5	< 15	15 %
	Audit of WHO Checklist %	100	98	99	98	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.3	6.9	7.0	7.0	7.0	< 7	
	DNA Rate: Fup %	6.4	6.9	7.4	6.5	6.7	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	2.4		
Productivity	LoS: Elective (Days)	2.8	2.6	3.0	3.0	2.9		
	LoS: Non-Elective (Days)	6.5	6.0	6.3	6.5	6.3		
	Theatres: Session Utilisation (%)	76	78	77	77	81	>= 85	25 %
	Theatres: On Time Start (% 30min)	77	72	74	76	73	>= 90	10 %
	Non-Clinical Cancellations (%)	1.3	1.9	2.1	2.4	2.2	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	15	6	2	0	0	< 5	10 %
	EME PPE Compliance %	84	83	83	82	81	>= 80	20 %

Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

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

Responsive

		Jan	Feb	Mar	Apr	May	Green	Weight
A&E	ED 4hr Performance (incl KCHFT MIUs) %	74.09	77.76	78.78	81.73	83.95	>= 95	100 %
	ED 4hr Performance (EKHUFT Sites) %	69.33	73.75	75.08	76.93	80.80	>= 95	1 %
Cancer	Cancer: 2ww (All) %	95.76	97.10	91.42	89.07	93.79	>= 93	10 %
	Cancer: 2ww (Breast) %	89.84	98.50	90.28	75.16	84.46	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	94.06	97.74	96.08	95.26	95.59	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	87.23	91.43	89.47	88.57	81.08	>= 94	5 %
	Cancer: 31d (Drug) %	98.85	98.33	98.21	98.94	98.85	>= 98	5 %
	Cancer: 62d (GP Ref) %	74.87	73.40	71.88	66.67	64.74	>= 85	50 %
	Cancer: 62d (Screening Ref) %	90.91	79.31	100.00	93.75	84.09	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	85.00	77.27	100.00	91.67	62.07	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.45	99.56	99.65	99.38	99.30	>= 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 (%)	77.62	77.03	76.08	76.66	78.56	>= 92	100 %
	RTT: 52 Week Waits (Number)	108	141	201	222	218	< 1	

Safe

OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

	J	F	M	A	May	Weight
Incidents	J	F	M	A	May	20 %
Infection	J	F	M	A	May	20 %
Mortality	J	F	M	A	May	50 %
Observations	J	F	M	A	May	10 %

Safe

		Jan	Feb	Mar	Apr	May	Green	Weight
Incidents	Serious Incidents (STEIS)	4	8	9	12	13		
	Harm Free Care: New Harms (%)	98.9	99.3	99.1	98.6	98.7	>= 98	20 %
	Falls (per 1,000 bed days)	5.13	4.61	4.84	5.46	4.93	<= 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.24	0.37	0.24	0.12	0.15	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,430	1,322	1,377	1,312	1,443		
Infection	Cases of C.Diff (Cumulative)	29	34	38	3	12	<= Traj	40 %
	Cases of MRSA (per month)	1	0	1	0	1	< 1	40 %
Mortality	HSMR (Index)	85	85	85			< 90	35 %
	Crude Mortality EL (per 1,000)	0.3	1.0	0.7	0.8	0.9	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	54.6	40.0	37.7	34.1	29.7	< 27.1	10 %
	RAMI (Index)	90	89	89	89	89	< 87.45	30 %
Observations	Cannula: Daily Check (%)	68.2	68.2	67.0	70.0	70.0	>= 50	10 %
	Catheter: Daily Check (%)	42.1	42.8	37.9	41.6	40.6	>= 50	10 %
	Central Line: Daily Check (%)	67.9	63.4	65.0	68.7	67.8	>= 50	10 %
	VTE: Risk Assessment %	94.6	93.9	94.2	93.7	94.6	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.1	92.5	92.6	92.6	92.1	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.8	89.7	89.9	90.0	89.7	>= 90	25 %

Well Led

OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

	J	F	M	A	May	
	J	F	M	A	May	Weight
Culture	J	F	M	A	May	15 %
Data Quality & Assurance	J	F	M	A	May	10 %
Finance	J	F	M	A	May	25 %
Health & Safety	J	F	M	A	May	10 %
Staffing	J	F	M	A	May	25 %
Training	J	F	M	A	May	15 %

Weight

15 %

10 %

25 %

10 %

25 %

15 %

Well Led

		Jan	Feb	Mar	Apr	May	Green	Weight
Culture	Staff FFT - Treatment (%)	70	70	70			>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.7	0.5	0.7	0.9	1.1	<= 0.1	25 %
	Uncoded Spells %	0.1	0.1	0.2	0.3	0.6	< 0.25	25 %
Finance	I&E £m	-2.7	-6.3	-5.2	-5.0	-3.2	>= Plan	30 %
	Cash Balance £m	5.0	6.8	7.2	16.3	4.8	>= Plan	20 %
	Total Cost £m	-51.7	-51.2	-58.0	-50.1	-53.2	>= Plan	20 %
	Forecast I&E £m	-30.0	-30.0	-29.9	-29.8	-31.0	>= Plan	20 %
	Normalised Forecast £m	-30.0	-30.0	-29.9	-29.8	-30.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	0	2	1	0	1	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	4.0	4.0	4.0	3.7	4.0	< 3.6	10 %
	Staff Turnover (%)	13.5	13.6	13.4	13.4	13.2	<= 10	15 %
	Vacancy (%)	11.6	11.4	11.0	13.0	12.8	<= 7	15 %
	Total Staff In Post (SiP)	6953	6968	7009	7015	7052		1 %
	Shifts Filled - Day (%)	100	100	97	99	100	>= 80	15 %
	Shifts Filled - Night (%)	108	108	106	104	105	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	10	11	10	11		
	Bank Filled Hours vs Total Agency Hours	57	59	58	56	57		1 %
	Agency %	6.6	6.8	6.8	6.6	7.0	<= 10	
Training	Appraisal Rate (%)	81.7	81.4	80.9	80.1	71.8	>= 85	50 %
	Statutory Training (%)	89	89	90	91	90	>= 85	50 %

Mortality

May	HSMR (Index)	87 (-3.5%)		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 (Cha)	★ ★ ★
May	RAMI (Index)	88 (-0.5%)		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. Arro	★ ★ ★
May	Crude Mortality EL (per 1,000)	0.7 (89.2%)		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.	★ ★ ★
May	Crude Mortality NEL (per 1,000)	36.9 (14.4%)		The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★

Comments: Whilst the crude mortality rate showed an increase compared to the same reporting period the previous year all the other casemix adjusted indicators showed the Trust outcomes to be lower in this reporting period. The actual Trust crude rate continues at 1.4%.

RAMI: The Risk Adjusted Mortality Index Includes all activity including well babies, (the model does no longer excludes palliative care deaths). The RAMI index of 88.1 is below the peer value of 88.4.

HSMR: The Hospital Standardised Mortality Ratio covered 87.2% (previous report 87.4%) of in hospital deaths. The Trust HSMR is in the lower peer quartile nationally.

SHMI: The latest Summary Hospital Mortality Index reported on NHS digital is from the October 2016 to September 2017 period and was 1.02 (0.90-1.11, 95% over dispersion control limits), this is described on NHS digital as being as expected. Overall 65.4% of deaths contributing to the SHMI occurred in hospital and 34.6% within the 30 days of discharge. The corresponding figure of deaths within 30 days of discharge for our peers is 29.6%.

Serious Incidents

May	Serious Incidents (STEIS)	84 (-2.3%)		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.
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May

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.



Comments:

Total open SIs on StEIS in May 2018: 65 (including 13 new)

SIs under investigation: 47

Breaches: 12

Non-breaches: 35

Waiting EKHUFT non-closure response: 12

Waiting CCG response: 6

Supporting Narrative:

The number of breached cases is 12; the number of long standing breaches is reducing, however breached cases numbers have remained fairly static since December 2017 as work continues on clearing the longest breached cases. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process.


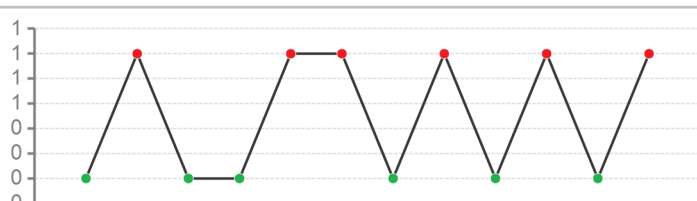


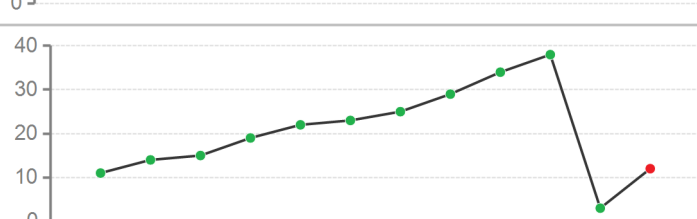


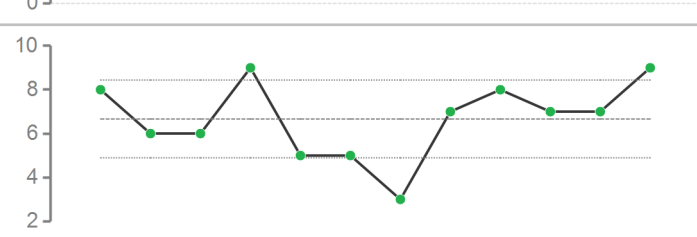

The Clinical Effectiveness Manager and Head of Patient Safety have been working with the divisions to progress completion of breached cases.

The 13 new SIs are:

- one treatment delay relating to a possible necrotising fasciitis case (now known to be severe Staphylococcus aureus infection secondary to myositis)
- two fall cases that resulted in each patient sustaining a hip fracture
- one medication case relating to 5FU drug
- one maternity case relating to an intrapartum stillbirth
- one infection control case relating to TB
- four treatment delay cases relating to ophthalmology
- one maternity/obstetric incident relating to a maternal death
- one treatment delay relating to lung cancer
- one medication incident relating to a diabetic patient

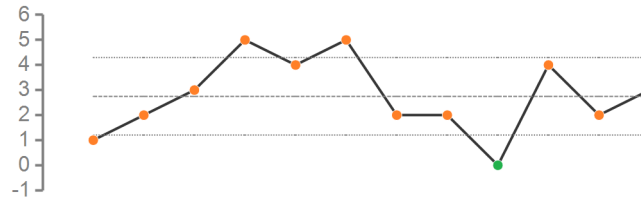
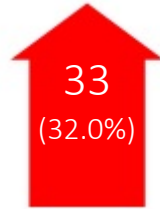
Strategic Theme: Patient Safety

Infection Control

May	Cases of MRSA (per month)	 <p>6 (-40.0%)</p>		<p>Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia</p>	
May	Cases of C.Diff (Cumulative)	 <p>12 (300.0%)</p>		<p>Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.</p>	
May	E. Coli	 <p>80 (-14.9%)</p>		<p>The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Strategic Theme: Patient Safety

May MSSA



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



Comments:

C.difficile

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 thus far would see us exceeding the trajectory set for the year by the Department of Health. There are general and specific actions that the infection prevention and control team are taking around this. General actions include a drive on basics such as hand hygiene and bare below the elbows initiatives and refreshing of anti-microbial stewardship. Specific actions are targeted at individual wards where all standards are being closely monitored in a 'special measures' regimen.

MRSA

MRSA data is presented as cases per month and that data represents those that are post-48 hrs ie the blood culture that was positive for MRSA was taken 48 hrs or more after admission to hospital. The desired number is zero, every MRSA bacteraemia is subject to a post infection review to determine any avoidable causes. In this instance the patient concerned had been admitted from the community with multiple infected leg ulcers on a background of considerable comorbidity (ischaemic heart disease, diabetes, cerebrovascular disease and venous insufficiency).

MSSA

MSSA data is also reported as the total monthly number of post-48 hr bacteraemias and the data points are mainly within the upper and lower control limits.

E.coli

E. coli data is also reported as the total monthly number of post-48 hr bacteraemias and the data points are mainly within the upper and lower control limits. This month's data point is above the upper control limit. For perspective Public Health England report Trust data as the quarterly rate of infection per 100,000 bed days and also include upper and lower control limits in those reports using the average of the South East Trusts as the mean. Currently EKHUFT remains between the upper and lower control limits for all the HAIs that are reported.

Measles Incident

2 cases of adults with measles presented through our A&E departments during this period. Measles is a highly infectious viral illness, one of the most infectious diseases known. 1 in 5 children have complications such as pneumonia and adults are even more prone to measles complications. There is no treatment for the disease. Vaccination is the only way of preventing it. You can catch measles if you spend just 15 minutes with someone who has the disease. Most adults born before 1970 are likely to be immune because they have probably been exposed to measles already. However, the MMR debate from several years ago has led to a significant proportion of the population being non-immune to measles. The consequences of this in a healthcare organisation is that those non-immune people exposed to measles would need to be away from the workplace for up to 21 days potentially following exposure to the virus. Initial checks of staff working in our frontline and critical care areas indicated that between 35-40% of staff either were of unknown measles status or non-immune. Joint work between ward managers, infection control, and occupational health has led to identification and vaccination of those identified as non-immune. Further work to offer vaccination to all non-immune staff is underway.

Strategic Theme: Patient Safety

Harm Free Care



Comments: Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for May18 (90.44%) shows a small deterioration since last month (90.99% Apr-18). However, marked improvements are seen in the Specialist Division with a rise to 97.37% (96.62% Apr-18) and Surgical Division 88.12% (87.41% Apr-18).

The total of Harm Free Care experienced in our care (New Harms only) at 98.73% has improved since last month (98.45% Apr-18). The prevalence of catheters & New UTIs has improved for May 18 and decreased to 0.10% (0.27% Apr-18), which is lower than both the overall National Average (0.27%) and the Acute Hospital only average (0.33%). Further work will continue to explore admission source, and identify any themes, for patients admitted with a urinary catheter to drive improvement priorities.

Rigorous work will continue to ensure robust validation of prevalence data to ensure harms are kept to a minimum and that patient safety remains a priority. Improvement work continues including involvement in revision of Kent wide catheter guidelines and planned launch of the catheter passport.

Pressure Damage

May	Pressure Ulcers Cat 2 (per 1,000)	<div style="background-color: green; width: 50px; height: 50px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 0.21 (-35.4%) </div>		Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12	<div style="display: flex; flex-direction: column; align-items: center;"> ★ ★ ★ </div>
May	Pressure Ulcers Cat 3/4 (per 1,000)	<div style="background-color: green; width: 50px; height: 50px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 0.01 (-54.9%) </div>		Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	<div style="display: flex; flex-direction: column; align-items: center;"> ★ ★ ★ </div>

Comments: In May 2018 there were a total of 39 pressure ulcers reported. 24 of these were category 2 ulcers. This is an increase of 2 from last month. The trust was very slightly over the 0.15 avoidable incidence/1000 bed days with a result of 0.151/1000. 5 were avoidable, an increase of 1 to last month. These were avoidable due to no heel offloading, a patient being sat out for prolonged periods in the chair and lack of skin inspection. One of the avoidable ulcers had been a potentially deep but on review we were able to downgrade to a category 2 which has taken us minimally over trajectory.

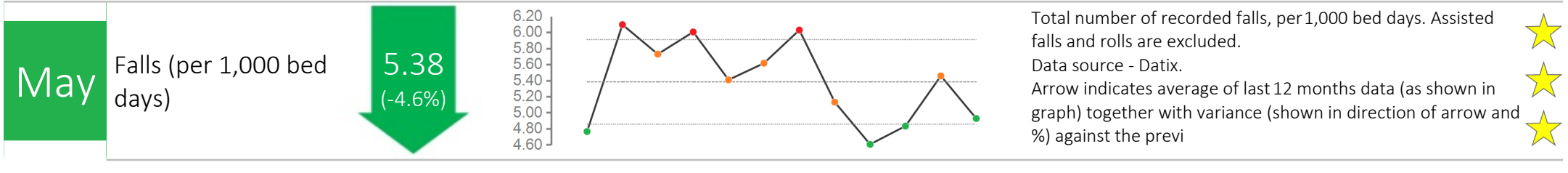
There was 1 confirmed category 3 ulcer, unavoidable and no category 4 ulcers. We have remained consistently under the set 0.15/1000 bed day target for avoidable category 3 and 4 ulcers.

14 potential deep ulcers were reported. 2 of these were avoidable (equal to last month). These were all heel ulcers and the reason was lack of heel offloading. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.061/1000 bed days.

Actions in May 2018:

- Manage Moisture in May event held on all 3 sites including events in QII HUB and trolley dashes to wards and clinical areas
- 3 TVNs participating in External leg ulcer course to improve standards across EKHUFT
- New band 6 TVN in post to base at K&C
- Joint mattress reviews with Moving and Handling team
- Increased referrals on Careflow increasing efficiency in response
- Quarterly TV times newsletter sent trust-wide
- Tissue Viability Link Nurse Study day at K&C with almost 50 attendees
- TVNs met with Clinical Effectiveness manager to discuss reporting of hospital acquired pressure ulcers to improve understanding of StEIS reporting.

Falls



Comments: Falls incidents have decreased in May 2018, although within control limit, nearing the lower limit which is positive. There were a total of 160 compared with 194 in April. 51 were at K&CH, 32 at QEQMH and 77 at WHH. At WHH 12 falls occurred on CJ, the ward was changed to Frailty in March, this included a ward rearrangement where CML was moved to CJ the frailty ward therefore had an increase in numbers, 11 falls were reported on CDU.

At K&CH there were 12 falls on Harbledown ward, 11 on Kingston ward. There were 7 falls on Invicta ward. Most patient falls were associated with confusion and delirium.

One fall on Harbledown ward resulted in a Small subglial haematoma which appears to have been unavoidable and is being investigated. There were no other falls resulting in injury.

Actions:

1. Fall Stop programme continues with a set rollout programme Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs and frailty wards. Wards taking part are CDU and frailty wards at WHH, CDU, St Margaret's and St Augustine's at QEQMH and Invicta and Harbledown at K&CH.
2. Fall Stop education sessions have been undertaken with pharmacists and therapy technicians, as part of their 'Falls and Frailty May' programme, who will begin a process within frailty wards, of technicians identifying patients who are at risk of falls due to culprit drugs and referring them for medication reviews.
3. Link worker meetings have taken place across all 3 sites to share the national audit findings and promote Fall Stop.
4. Therapy engagement is on-going to involve them in lying and standing blood pressure measurements.
5. Hip fractures are currently being graded as severe, following the national audit recommendations. However, there is further discussion needed to agree to level of investigation of these as up to half are unavoidable and therefore may not warrant a full RCA.
6. EKHUFT are going to be taking part in the 2nd phase of the NHS Improvement Falls Collaborative with the launch on the 20th June 2018. This is a great opportunity to be involved in a national project of quality improvement around falls. The team is multi-professional, and fits with our action plan for falls and the FallStop programme.

Strategic Theme: Patient Safety

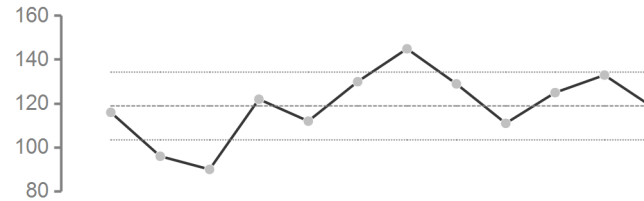
Incidents

May	<p>Clinical Incidents: Total (#)</p> <p>16,331 (-1.7%)</p>		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>
May	<p>Blood Transfusion Incidents</p> <p>142 (-7.8%)</p>		<p>The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p> <p>★ ★ ★</p>

Strategic Theme: Patient Safety

May

Medicines Mgmt. Incidents **1,427**
(9.3%)



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



Comments:

Clinical incidents overall summary

A total of 1399 clinical incidents have been logged as occurring in May-18 compared with 1278 recorded for Apr-18 and 1390 in May-17.

In May-18, 2 incidents have been reported on StEIS. 19 incidents have been escalated as a serious near miss, of which 14 are still under investigation. Comparison of moderate harm incidents reported: 12 in May-18, 5 in Apr-18 and 6 in May-17.

Over the last 12 months incident reporting shows an increase at QEQM, is declining at WHH and remains level at K&CH. This month the number of incidents reported has exceeded the upper control limit. At this stage we are unable to explain this trend.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 6 Blood Transfusion related incidents for May2018 (7 in April 2018 and 13 in May 2017). Unlike the overall number this month these have exceeded the lower control limit.

All five incidents were classified as no harm and one as low harm.

Two of the incidents were related to the laboratory not being informed that the patient had special requirement and required irradiated blood. The need for irradiation was picked up by checking the pharmacy purine analogue lists; neither patient received a blood product.

No other themes were identified with the incidents reported.

Reporting by site: 2 at QEQM, 3 at K&CH and 1 at WHH

Medicines management (submitted by the Medication Safety Officer)

As of 13/06/2018 the total number of medication related incidents reported in May 2018 was 141. These included 102 no harm, 39 low harm. There have however been 2 incidents recently reported regarding historical death harm incidents that relate to insulin not being prescribed for diabetic patients, both of which developed ketoacidosis and profound metabolic acidosis. The other strong themes of concern include the safe discharge of patients on the correct medication and the safe use of benzodiazepines in the Trust.

The severity of medication related incidents in May 2018 shows that 72.3% of incidents reported were no harm incidents. No incidents reported in May required RCA investigation or StEIS reported.

There were 35 incidents in May 2018 categorised as 'omitted medicine/ingredient', representing 24.8% of all medication related incidents in May. The data produced by the Medication Safety Thermometer in May 2018 was taken from 27 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication has decreased to 20.3% and the percentage of patients with a missed critical medicine also has continued to decrease to 6.6% in May. This included 11 wards with less than 10% of patients with a missed dose of medication and 18 wards with less than 5% of patients with an omitted critical medicine.

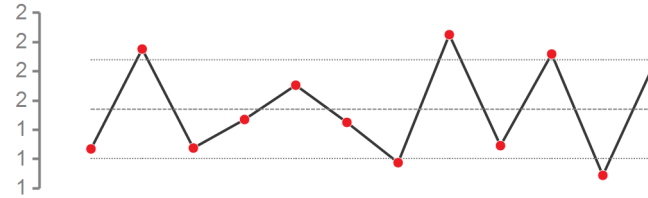
Friends & Family Test

<p>May</p>	<p>FFT: Response Rate (%)</p>	<p>35 (-9.0%)</p>		<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 mon</p>	<p>★ ★ ★</p>
<p>May</p>	<p>FFT: Recommend (%)</p>	<p>97 (0.1%)</p>		<p>Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction</p>	<p>★ ★ ★</p>

Strategic Theme: Patient Safety

May

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 direct



Comments:

A total of 9514 responses were received (38% eligible patients). Overall response rates fell for inpatients and day cases this month and the greater fall was shown in maternity. ED response rates increased this month. Response rate for the EDs was 17.4% (16.8% Apr-18), inpatients 31.6% (40.3% Apr-18), maternity; birth only 10.3% (23.7% Apr-18) and day cases 24.0% (22.3% Apr-18).


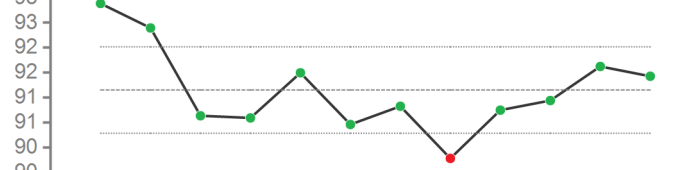

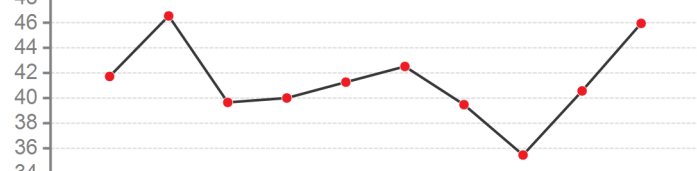

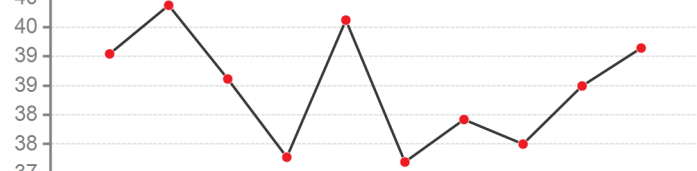

Recommendations by patients in May were similar to April in outpatients and inpatients, however, fell slightly in daycases; and improved in ED and maternity. The total number of inpatients, including paediatrics, who would recommend our services 96.7% (97.3% Apr-18), EDs 83.2% (80.6% Apr-18), maternity 100% (99.2% Apr-18), outpatients 92.3% (92.7% Apr-18) and day cases 94.6% (96.6% Apr-18). There is much variability across months when analysed in relation to the control limits. Continued focused action and learning being applied in practice should help sustain embedded continuous improvement.

90.9% of responders would recommend us to their friends and family and 5.3% would not. The Trust star rating in May is 4.56 (4.57 Apr-18).

Care, Staff attitude and implementation of care feature as the three top positive themes for May18 and the three top negative themes for the trust were Care, Staff attitude and waiting times demonstrating the importance of improving staff attitude and waiting times for positive patient experience.

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 Divisional Governance teams.

Patient Experience 1

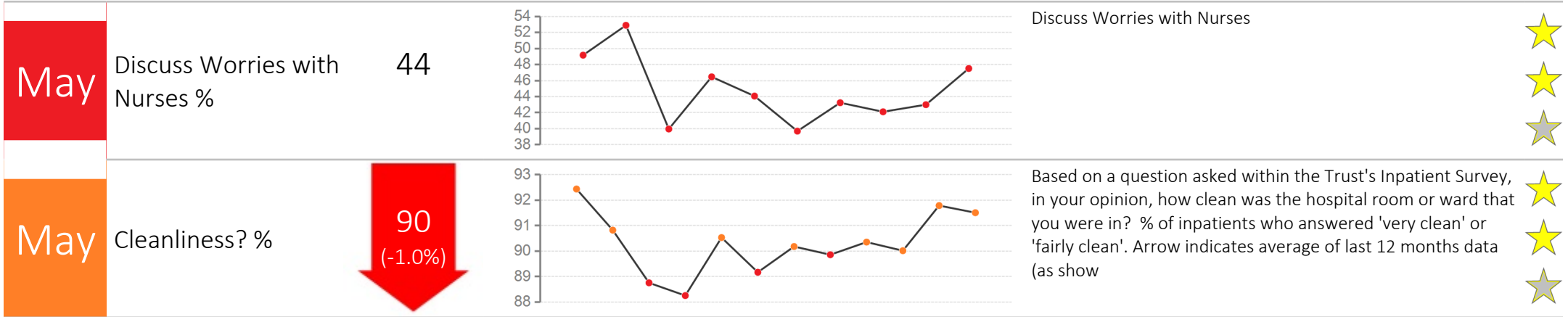
May	Overall Patient Experience %	 <p>91.1 (-1.3%)</p>		<p>Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las</p>	
May	Privacy for discussions with Nurses %	41		<p>Privacy for discussions Nurses</p>	
May	Aware of Nurse in each shift %	38		<p>Aware of nurse in each shift</p>	

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

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

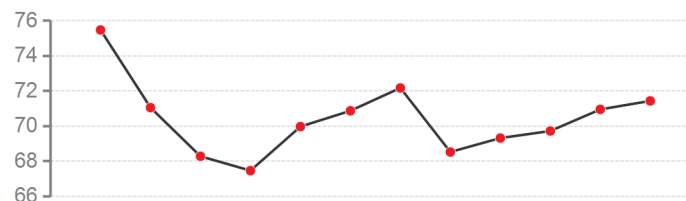
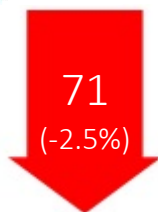
This month small increases are seen within all three of these important elements of patient experience, which is positive. Yet, overall patient experience is has fallen slightly. Early indications from the results of the 2017 national adult inpatient survey shows improvement across all three of these indicators of patient experience. An improvement plan will be progressed when the national report is available and progress monitored through the Patient Experience Group.

Patient Experience 2



Strategic Theme: Patient Safety

May 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

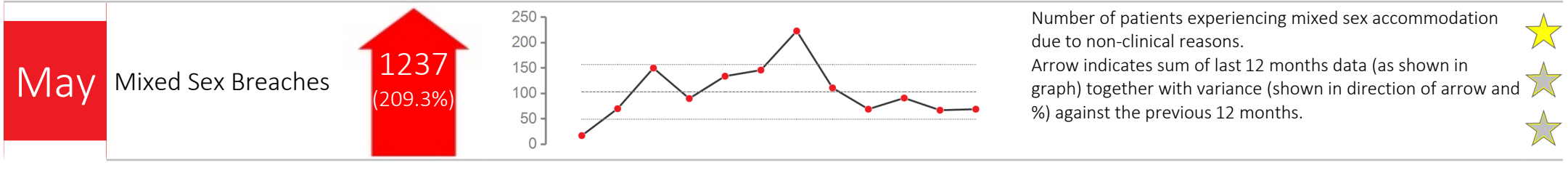


Comments:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards have reported their performance (against the patient experience metrics) through the inpatient survey in May 18 and there has been only a couple of non-compliant wards for FFT. However, compliance has and will continue to improve for the Trust.

In 2018/19, greater focus is being placed on reviewing the results of ward and Trust surveys. The Patient Experience Group and the Complaints and Patient feedback steering group and will oversee this important work, to provide a Trust wide overview and ensure pace.

Mixed Sex



Comments: There were 18 mixed sex accommodation occurrences in total, affecting 139 patients.

Incidence of mixed sex accommodation breaches were similar this month to April, however there were 10 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. This information has been reported to NHS England. The remaining incidents occurred in the WHH RSU (4) CCU WHH (2) and QEQM Fordwich (2), which was justifiable based on clinical need.

Daily reporting of mixed sex occurrences has been sustained in certain areas demonstrating understanding of the reporting method for mixed sex breaches. Rigorous work continues as the trust is working closely with the CCG and NHSI. Senior nursing staff will be attending the Mixed Sex Accommodation Improvement Collaborative over the next 3 months. This will support the trust in reaching compliance with the national definition of mixed sex accommodation

Safe Staffing

May	Shifts Filled - Day (%)	98 (1.3%)		Percentage of RN 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.	★ ★ ★
May	Shifts Filled - Night (%)	107 (-0.4%)		Percentage of RN 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.	★ ★ ★
May	Care Hours Per Patient Day (CHPPD)	12 (153.3%)		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	★ ★ ★

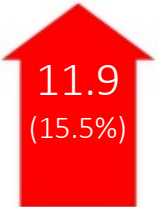
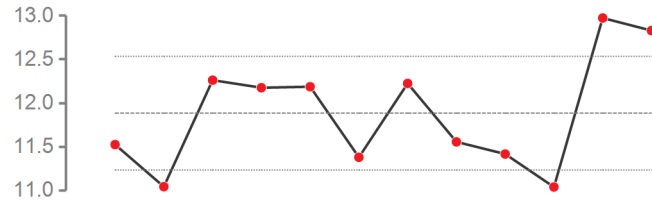

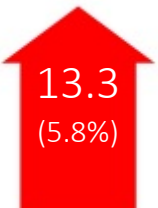
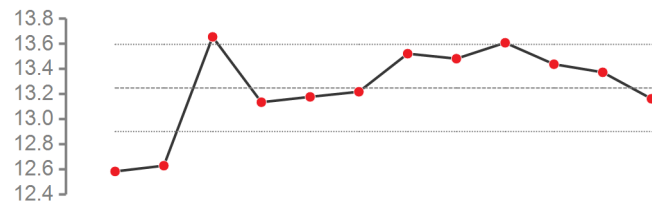


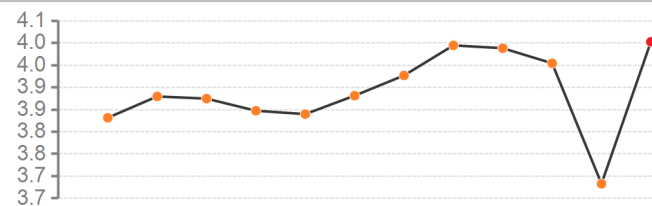

Comments: % fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system and overall fill rate was 101.7% (100.7% Apr-18).

Low fill rates were seen on several wards due to a combination of high sickness, maternity leave and vacancies (Minster, Coronary Care QE, Treble, Critical Care K&C, Kingston, Richard Stevens and Fordwich stroke units, Kings C2 and Birchington).

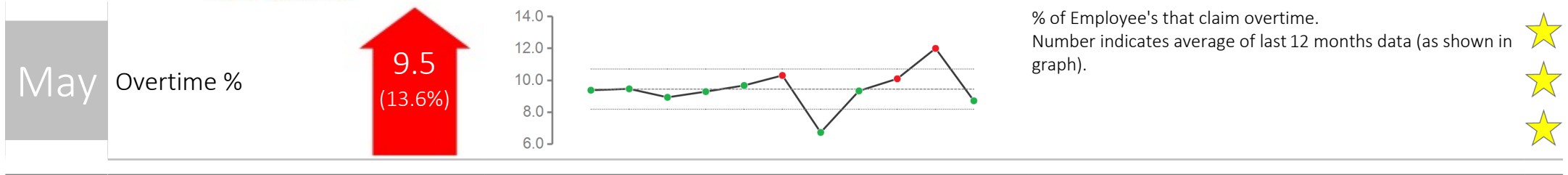
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month. Average CHPPD in May-18 was 8.2 (7.8 Apr-18). The range is from around 5.5 hours of 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 shows EKHUFT average CHPPD is in line with our peer median based on spend and clinical output.

Strategic Theme: Human Resources

Gaps & Overtime

May	Vacancy (%)	 <p>11.9 (15.5%)</p>		<p>% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
May	Staff Turnover (%)	 <p>13.3 (5.8%)</p>		<p>% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous</p>	
May	Sickness (%)	 <p>3.9 (-1.2%)</p>		<p>% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont</p>	

Strategic Theme: Human Resources



Comments: Gaps and Overtime
The vacancy rate increased to 11.9% for the average of the last 12 months, which is higher than last year. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently 334 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 121 Nursing and Midwifery staff and 61 Medical and Dental staff.

The Turnover rate in month fell to 12.3%, although the 12 month average is higher than the previous 12 months. 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 in month sickness absence position for April was 3.69% - which is slightly higher than the 3.59% in March. Divisions are working to develop sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health 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 Sickness Absence Helpline is being piloted by the Occupational Health department with the Surgical Services wards across the Trust to see if this can support improvements in early referrals to OH in order to get staff back to work.

Overtime as a % of wte decreased last month. However, it increased to 9.5% for the year on average over the last 12 months. All metrics are reviewed and challenged at a Divisional level in the monthly Executive Performance Reviews.

Strategic Theme: Human Resources

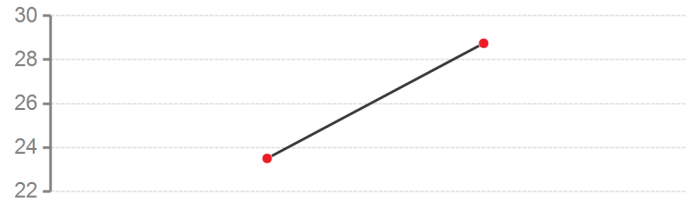
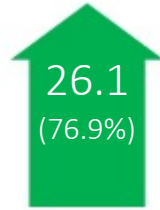
Temporary Staff

May	Employed vs Temporary Staff (%)	<div style="background-color: red; color: white; padding: 5px; text-align: center;"> 88.7 (-1.3%) </div>		<p>Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again</p>	<div style="display: flex; flex-direction: column; align-items: center;"> ★ ★ ★ </div>
May	Agency %	<div style="background-color: red; color: white; padding: 5px; text-align: center;"> 6.5 (19.2%) </div>		<p>% of temporary (Agency and Bank) staff of the total WTE</p> <p>Number indicates average of last 12 months data (as shown in graph).</p>	<div style="display: flex; flex-direction: column; align-items: center;"> ★ ★ ★ </div>
May	Bank Filled Hours vs Total Agency Hours	<div style="text-align: center;"> 58 (6.1%) </div>		<p>% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff</p>	<div style="display: flex; flex-direction: column; align-items: center;"> ★ ★ ★ </div>

Strategic Theme: Human Resources

May

Local Induction
Compliance %



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



Comments: Temporary Staff

Total staff in post (WTE) increased slightly from 7030 in April to 7067 in May, which left a vacancy factor of approx. 665 wte across the Trust. As stated in the previous section, there are currently 334 candidates in the recruitment pipeline.

Agency staffing as a percentage of WTE increased slightly at approx. 7%, and still remains at high levels compared to the beginning of the year. The 12 months average shows a slight increase to 6.5% of WTE (6.3% in the previous month).

The average percentage of employed staff vs temporary staff over the last 12 months has decreased slightly from 89.1% to 88.7%.

Agency costs are monitored at EPR and weekly agency meetings, the focus remains on recruiting substantively to 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

May	Statutory Training (%)	89 (1.5%)		<p>The percentage of staff that have completed Statutory training courses, this data is split out by training course.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr</p>	★ ★ ★
May	Appraisal Rate (%)	79.6 (-1.9%)		<p>Number of staff with appraisal in date as a % of total number of staff.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
May	Time to Recruit	14 (16.7%)		<p>Average time taken to recruit to a new role. This metric is shown in weeks.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	★ ★ ★
May	Total Staff In Post (SiP)	7052 (0.5%)		<p>Count of total staff in post (WTE)</p>	★ ★ ★

Workforce & Culture
 Comments: Average Statutory training 12 month average is 89% and remains 91% in month for May. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate decreased to 72% in month for May. This is a result of many clinical appraisals happening during April in the previous year, which were not completed within the 12 month period. The Specialist Division (74%) and Surgical Services Division (83%) remain above Trust Average. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months, particularly with the expected fall in compliance at the beginning of each financial year.

The average time to recruit is 14 weeks, an increase on last month, due to the changeover from ATS to the new Trac system. However a target has been set to reduce this to 8 weeks to ensure recruitment time meets the demands of our services. The new Trac system will support this reduction.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators

May	Key Performance Indicators	May-18				YTD				YTD vs Last Yr				Green
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
	Referral Primary Care	14,539	15,171	(-632)	-4%	28,808	27,573	1,235	4%	28,808	27,978	830	3%	<=0%
	Referral Non-Primary Care	13,562	14,849	(-1,287)	-9%	27,698	27,482	216	1%	27,698	27,524	174	1%	<=0%
	OP New	18,998	19,858	(-860)	-4%	35,235	34,860	375	1%	35,235	33,853	1,382	4%	>=0%
	OP Follow Up	41,444	43,242	(-1,798)	-4%	78,637	73,387	5,250	7%	78,637	76,546	2,091	3%	>=0%
	Elective Daycase	6,672	6,768	(-96)	-1%	12,930	12,667	263	2%	12,930	11,678	1,252	11%	>=0%
	Elective Inpatient	1,334	1,290	44	3%	2,492	2,504	(-12)	0%	2,492	2,286	206	9%	>=0%
	A&E	18,714	18,473	241	1%	36,154	35,808	346	1%	36,154	35,551	603	2%	>=0 & <5%
	Non-Elective Inpatient	6,850	7,293	(-443)	-6%	13,425	14,007	(-582)	-4%	13,425	13,899	(-474)	-3%	>=0 & <5%
	Chemotherapy	1,245	1,165	80	7%	2,387	2,272	115	5%	2,387	2,313	74	3%	>=0%
	Critical Care	2,034	1,570	464	30%	3,730	3,212	518	16%	3,730	3,615	115	3%	>=0%
	Dialysis	7,028	7,063	(-35)	0%	13,722	13,783	(-61)	0%	13,722	13,502	220	2%	>=0%
	Maternity Pathway	1,076	1,169	(-93)	-8%	2,153	2,330	(-177)	-8%	2,153	2,337	(-184)	-8%	>=0%
	Pre-Op Assessments	3,642	3,243	399	12%	6,863	6,129	734	12%	6,863	5,423	1,440	27%	>=0%
	Diagnostic	470,187	459,573	10,614	2%	925,324	856,859	68,465	8%	925,324	853,264	72,060	8%	<=0%
	Other	5,310	4,841	469	10%	10,310	9,389	921	10%	10,310	9,318	992	11%	>=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.

May 2018

Elective Care

In May Primary Care referrals were 4% below expected levels. Although Routine referrals are comfortably within normal levels and comparable to last year, Rapid Access referrals do remain high and were 14% (+424) above expected levels. The unplanned increase was observed across a number of specialties, most notably in Urology, Dermatology, Breast Surgery and Colorectal Surgery.

In addition to this we have identified a recording error resulting in primary care referrals to the Paediatric Blood Clinic being included within our position, the administrative error which will have no financial implication will be fixed moving forward.

The Trust under achieved the new outpatient plan for May with appointments 4% below planned levels. This has decreased the YTD variance to 1% above plan. The biggest drivers behind the under-performance are General Medicine, Gynaecology, Neurology and T&O. Neurology, T&O and six further services are actively producing recovery plans intended to recover the underperformance and deliver the full new outpatient plan.

The Ophthalmology service continues to provide additional weekend capacity at KCH delivered through an insourcing provider. It is expected this will recover the Ophthalmology YTD underperformance and support the RTT backlog recovery. Due to the loss of substantive and locum neurology consultants in April activity was reduced. Additional substantive consultants have now been successfully appointed, job plans are being finalised and with the proposed extension of the current locum consultants, it is expected the YTD underperformance will be recoverable.

Outpatient productivity delivered by the Trust in May increased from the previous month by 12%, allowing the Trust to clear 500 patients from the outpatient waiting list.

The Trust under-performed the follow up plan in May (-4%) but remains above planned levels YTD (+7%). General Medicine (-489) and Rheumatology (-325) continue to underperform their business plan. There is a capacity shortfall within the Rheumatology service affecting the follow up position, this is being addressed with locum capacity in August and September and recruitment of an additional nurse, expected to commence in October 2017.

In May the Trust under-achieved the Daycase plan by -96 patients, however, the YTD performance remains above planned levels (+263). Daycase productivity delivered in May increased from the previous month by 7%. Large underperformances were seen in key elective specialties Orthopaedics, Gynaecology,

Ophthalmology and ENT. The Orthopaedic service generated the biggest under-performance; the biggest contributing factor was due to theatre rental for high productivity spinal injections lists being unavailable until the end on April. Additional weekend injection lists will commence in June in order to start to recover the position. Due to microscope and ventilation failure, the Ophthalmology service had to cancel 47 daycases at the Buckland Hospital. The service have developed long term plans to address the underperformance through improved theatre booking efficiencies. Unavoidable recruitment delays have affected ENT capacity. The service plan to recover the position through additional capacity.

The Trust delivered the Elective Admission plan in May removing the YTD underperformance. 15% more activity was delivered in May compared to the previous month. Underperformances was observed in Gynaecology (-126) and Urology (-110). Due to emergency pressures, elective inpatient activity was limited for the Urology service, in order to ensure theatre utilisation, additional daycase patients were scheduled which provided more capacity for patients.

Non Elective Care

The Trust sees non elective admissions at 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.

The Bed Occupancy of the Trust continued to be high levels and decreased slightly in May to an overall Trust wide position of 99.1% of funded beds (100.8% in March). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position increased slightly to 101.2% in May, compared to 100.8% in April. The William Harvey Hospital position also increased slightly with an overall bed occupancy of 99.6% in May, (98.9% in April). 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 admitted to 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 May the number of medical outliers remained at a similar level to April, with a monthly average of 56 medical outliers across the Trust. Individual site levels of medical outliers over the month were 9 at the Queen Elizabeth the Queen Mother Hospital (average of 13 in April) and 40 at William Harvey Hospital (36 in April).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	2,430	3,087	-21%	-657
300 - General Medicine	15	236	-94%	-221
650 - Physiotherapy	1,656	1,827	-9%	-171
410 - Rheumatology	663	541	22%	122
302 - Endocrinology	214	90	138%	124
110 - Trauma & Orthopaedics	1,615	1,400	15%	215
103 - Breast Surgery	1,435	1,147	25%	288
420 - Paediatrics	1,194	870	37%	324
101 - Urology	1,505	1,145	31%	360
330 - Dermatology	2,489	1,966	27%	523
Total	28,808	27,573	4%	1,235

OP New

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	232	563	-59%	-331
400 - Neurology	635	936	-32%	-301
502 - Gynaecology	2,271	2,518	-10%	-247
110 - Trauma & Orthopaedics	2,571	2,810	-8%	-239
320 - Cardiology	952	804	18%	148
330 - Dermatology	2,302	2,145	7%	157
340 - Respiratory Medicine	963	796	21%	167
800 - Clinical Oncology	761	560	36%	201
103 - Breast Surgery	1,386	1,182	17%	204
650 - Physiotherapy	3,372	2,800	20%	572
Total	35,235	34,860	1%	375

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	5,493	5,959	-8%	-466
400 - Neurology	255	456	-44%	-201
651 - Occupational Therapy	416	612	-32%	-196
650 - Physiotherapy	2,072	2,239	-7%	-167
420 - Paediatrics	351	517	-32%	-166
502 - Gynaecology	1,072	1,216	-12%	-144
800 - Clinical Oncology	1,888	2,016	-6%	-128
300 - General Medicine	505	258	96%	247
130 - Ophthalmology	2,408	1,909	26%	499
110 - Trauma & Orthopaedics	3,925	3,268	20%	657
Total	27,698	27,482	1%	216

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	473	962	-51%	-489
410 - Rheumatology	1,760	2,085	-16%	-325
420 - Paediatrics	1,895	1,598	19%	297
361 - Renal	3,199	2,900	10%	299
655 - Orthoptics	1,728	1,418	22%	310
340 - Respiratory Medicine	1,451	1,017	43%	434
101 - Urology	3,913	3,270	20%	643
650 - Physiotherapy	9,955	9,205	8%	750
290 - Community Paediatrics	3,981	3,149	26%	832
800 - Clinical Oncology	7,303	6,282	16%	1,021
Total	78,637	73,387	7%	5,250

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	732	1,032	-29%	-300
502 - Gynaecology	363	559	-35%	-196
130 - Ophthalmology	714	887	-19%	-173
120 - Ear, Nose & Throat	431	500	-14%	-69
320 - Cardiology	564	502	12%	62
361 - Renal	148	76	95%	72
340 - Respiratory Medicine	246	147	67%	99
303 - Clinical Haematology	642	494	30%	148
301 - Gastroenterology	291	133	119%	158
800 - Clinical Oncology	1,081	691	56%	390
Total	12,930	12,667	2%	263

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	4,021	4,424	-9%	-403
430 - HCOOP	1,679	2,058	-18%	-379
180 - Accident & Emergency	649	802	-19%	-153
560 - Midwifery	397	468	-15%	-71
420 - Paediatrics	1,514	1,567	-3%	-53
110 - Trauma & Orthopaedics	726	692	5%	34
104 - Colorectal Surgery	55	7	717%	48
301 - Gastroenterology	92	36	158%	56
340 - Respiratory Medicine	151	52	192%	99
100 - General Surgery	1,099	933	18%	166
Total	13,425	14,007	-4%	-582

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	189	315	-40%	-126
101 - Urology	465	575	-19%	-110
110 - Trauma & Orthopaedics	505	600	-16%	-95
320 - Cardiology	38	80	-53%	-42
430 - HCOOP	6	25	-76%	-19
303 - Clinical Haematology	31	17	85%	14
340 - Respiratory Medicine	25	6	317%	19
420 - Paediatrics	61	33	83%	28
503 - Gynaecology Oncology	57	8	649%	49
300 - General Medicine	419	159	164%	260
Total	2,492	2,504	0%	-12

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	925324	856859	8%	68,465
Other	10310	9389	10%	921
Pre-Op	6863	6129	12%	734
Critical Care	3730	3212	16%	518
A&E	36154	35808	1%	346
Maternity Pathway	2153	2330	-8%	-177
Chemotherapy	2387	2272	5%	115
Dialysis	13722	13783	0%	-61

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
80.80%												
4 Hour Compliance*	78.15%	71.18%	70.10%	70.51%	70.66%	76.21%	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%
12 Hour Trolley Waits	1	1	2	0	0	0	2	2	0	2	1	0
Left without being seen	3.75%	5.30%	4.69%	4.38%	3.56%	2.73%	3.45%	2.75%	2.29%	2.70%	2.71%	2.43%
Unplanned Reattenders	9.45%	9.78%	9.22%	8.75%	8.69%	8.33%	9.05%	8.97%	8.91%	9.09%	9.61%	9.07%
Time to initial assessment (15 mins)	93.9%	92.4%	92.3%	93.4%	90.6%	91.1%	88.6%	93.6%	96.0%	94.4%	94.6%	95.4%
% Time to Treatment (60 Mins)	51.6%	46.7%	46.1%	45.9%	47.8%	54.6%	53.3%	55.5%	47.8%	42.5%	46.2%	49.5%

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
3.3%												
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%										

*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 Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour agreed trajectory and national standard.

Summary Performance

May performance for the 4 hour target was 80.8%; against the NHS Improvement trajectory of 77.5%. This represents an increase in performance compared to the previous month and is the highest performance since March 2017. There were no 12 Hour Trolley Waits in May. The number of patients who left the department without being seen remained compliant, with 2.4% of attendances being recorded as did not wait. Unplanned re-attendances remain around 9% with May performance of 9.1%, remaining above the target of 5%.

During April and May 2018, the Trust's ED Improvement programme had been reviewed and the following work streams identified:

- *To provide a robust clinical site management team which co-ordinates and leads across the organisation.* This work stream is progressing well to embed a new staffing model, a review of day to day processes and to review and standardise escalation processes.
- *Improving the quality, safety and access to ED care:* Work is progressing to establish a UCC model; a review of all triage models within ED; a defined model of care definition for each area; and a review of workforce capacity to demand.
- *Provide a response in line with escalation cards to achieve hourly standards:* An escalation pack has been drafted for specialities and support services to agree and work to standardise response times to ED.
- *Develop capacity to meet demand for short stay patients:* The Trust is looking to develop a business case for ED observation capacity. Work has commenced to develop and implement an acute medical model on both sites, with the model being implemented during the Summer 2018. Work continues with specialities such as women and paediatrics to assess capacity and criteria for response. Work has commenced with partner organisations to develop and implement a frailty pathway.
- *Reduce LOS and maximise treatment at home or in the community:* This work stream is focussing on the efficiency of internal processes to reduce LoS, to include SAFER, development of leadership teams and use of the discharge lounge.
- *Ensure capacity plans are in place to meet the predicted demand:* The Trust is working with NHSI and key partners to review the annual plan and winter plan. In addition, the Trust will be reviewing its own internal processes and develop a template for weekend and demand during key peak periods.
- *To develop integrated plans to meet emergency demand with our partners:* The Trust is working with key partner organisations such as SECAMB, KMPT and the Community Trust to improve ambulance handover times, mental health and frailty pathways.

Within our ED's 49% of patients presenting to the ED are being seen within 60 minutes of arrival by a senior doctor. The WHH ED's Rapid Assessment and Treatment (RAT) area continues to improve and has achieved 55.4%. QEQMH achieved 36.9% and reflects the fact that they do not have a dedicated RAT area.

The GP services at QEQMH and WHH have not significantly increased the number of patients being streamed to the service, particularly at WHH and therefore a review of the service has been agreed with the CCG's. There are regular meetings with Commissioners and GP colleagues and a commitment to develop an urgent treatment centre model with integrated primary care.

A workforce plan has been drafted based on the new models of care within ED and alignment, recruitment and retention tasks underway. Medical staffing vacancies at Speciality Doctor (middle grade level) continue to improve as new substantive doctors are coming into post. WHH is now fully recruited to and

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

May performance is currently 64.74% against the improvement trajectory of 77.42%, validation continues until the beginning of July in line with the national time table. The total number of patients on an active cancer pathway is 3,152. There are currently 33 patients waiting 104 days or more for treatment.

Our overall PTL size has increased by circa 400 referrals since the beginning of March. This is largely due to an increase in two week wait referrals, which over March and April were 18% (+1,047) higher than the previous year. The main specialties affected by this rise are Urology (+64%, +364), Breast (+22%, +240), and Dermatology (+22%, +214). There has been a small reduction in the PTL size during May, but the legacy of the increase means the percentage of patients currently waiting over 62 days (with and without a diagnosis) is currently 7.6%, which is the highest seen since November 2015.

62 Day Performance Breakdown by Tumour Site

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
01 - Breast	94.4%	95.0%	92.1%	81.8%	100.0%	96.6%	96.2%	88.9%	83.3%	100.0%	96.2%	96.1%
03 - Lung	53.8%	66.7%	79.3%	100.0%	46.4%	70.0%	84.6%	90.3%	100.0%	81.0%	61.4%	90.6%
04 - Haematological	64.3%	100.0%	43.5%	57.1%	53.3%	40.0%	58.3%	75.0%	33.3%	33.3%	50.0%	25.0%
06 - Upper GI	80.6%	80.0%	73.1%	82.6%	71.1%	81.0%	78.3%	70.0%	64.3%	73.3%	66.7%	63.6%
07 - Lower GI	34.1%	43.2%	75.0%	78.8%	70.8%	53.7%	61.3%	65.9%	43.8%	63.2%	66.7%	50.0%
08 - Skin	97.6%	100.0%	100.0%	84.1%	92.3%	95.0%	92.5%	92.7%	100.0%	88.9%	87.0%	89.5%
09 - Gynaecological	88.9%	60.0%	61.9%	75.0%	73.3%	52.4%	57.1%	80.0%	63.6%	75.0%	30.8%	26.1%
10 - Brain & Nervous System			0.0%								100.0%	
11 - Urological	68.4%	62.4%	55.3%	58.5%	63.8%	55.7%	63.7%	52.0%	63.5%	63.2%	57.7%	48.7%
13 - Head & Neck	53.8%	48.1%	66.7%	90.5%	73.3%	87.5%	28.6%	66.7%	85.7%	78.6%	18.2%	28.6%
14 - Sarcoma	66.7%	0.0%				0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
15 - Other	66.7%	100.0%	100.0%	100.0%		42.9%	0.0%	0.0%	0.0%		50.0%	0.0%

- A significant number of breaches were seen in Gynaecology, Haematology Lower GI and Urology last month.
- 6 of the gynaecological breaches were due to delays with surgical dates, this will improve from June 2018.
- All of the haematology breaches were referred in to another tumour site and had complex diagnostic pathways prior to being diagnosed with a haematological cancer.
- Of the 29 urological breaches, 5 were due to patient choice. Therefore, if these were not included, compliance would have been 58%.
- 3 of the 10.5 lower GI breaches were due to complex diagnostic pathways, the others were breaches caused by delays for patients to get diagnostic tests or treatments including two at other providers.

Risks to delivery of the standard:

- Key areas of concern for the Trust are Urology, Lung, lower GI and adequate surgical theatre capacity.
- We saw significant increases in referrals in breast and urology in March and this trend has continued for April. It is thought that the impact in urology will be most significant with the likelihood for a 17% conversion rate and for 60 of these patients to breach a 62 day pathway.

Actions taken to mitigate risk and improve performance:

A substantial improvement plan for cancer services is being implemented over the next few weeks, this includes the following:

- Development of a Cancer Strategy
- Dedicated Cancer Management Team
- Management of 2 Week Wait
- Timed pathways implemented for all specialities
- PTL Management
- MDT Coordinators development and coordination
- MDT Meetings
- Diagnostic capacity
- Chemotherapy and radiology provision
- Tertiary referrals

The Referral to Treatment Waiting Time Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against this standard. An RTT Recovery Plan has been developed jointly with local CCGs in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance during 18/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

Summary Performance

May's performance has improved to 78.56%.

The number of patients waiting over 52 weeks for first treatment has decreased to 218. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties; **Gynaecology (123), General Surgery (67), Trauma & Orthopaedics (9), ENT (7), Ophthalmology (5), Dermatology (1), Neurology (1), Urology (2) and Other Specs (3)**

Actions taken to mitigate risk and improve performance:

A RTT improvement plan has been designed which covers the following:

- Agree and implement a trust wide access policy with training for frontline staff
- Implement a robust planned care management team
- Implement clear procedures for the management of referrals
- Review and implement OPD processes to maximise capacity and meet demand
- Ensure pre admission model of care are robust and have the capacity to meet demands
- Efficient and effective theatre capacity and management of resources
- Effective and efficient admitted waiting times management by each speciality
- Effective and efficient PTL Management
- Efficient and effective diagnostic services
- High quality data
- integrated pathways with primary care

Updates will be provided based on the improvement plan over the next few months.

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Green
99.3% Performance	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	>=99%
Waiting list Size	14,709	14,822	14,011	14,827	15,419	14,321	14,345	13,637	14,125	14,174	14,597	15,192	<14,000
Waiting > 6 Week Breaches	80	119	120	79	63	22	52	75	62	49	91	106	<60
Average Wait													<4

2017/18 Trajectory

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Green
0.20% STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%	Apr
Performance	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	Apr

Summary Performance

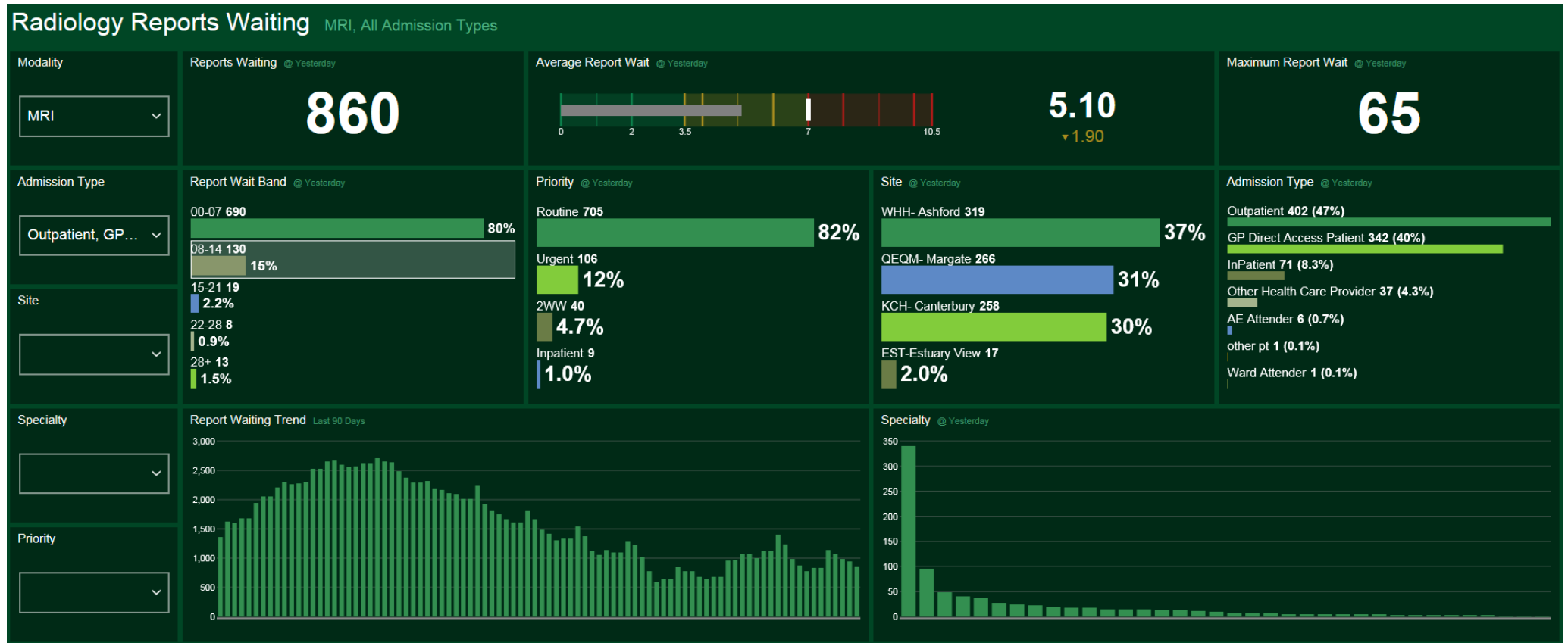
The standard has been met for May 2018 with a compliance of 99.30%. As at the end of the month there were 106 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 71; 68 in Computed Tomography, 2 in Non-Obstetric ultrasound, 1 in MRI
- Cardiology: 22
- Urodynamics: 12
- Cystoscopy : 1

Risks to delivery of the standard:

- Of the 106 breaches in total (71 Radiology, 22 in Echocardiography, 12 Urodynamics in Gynaecology, 1 Cystoscopy). The number of patients waiting has increased by 594 (CT+325, Cardiology+170, Colonoscopy+140 compared to April). Focussed daily oversight is required in order to maximise each patient and equipment on all sites to continue to deliver the standard.
- The backlogging of examinations on to the RIS and completing the unspecified images on PACS in radiology due to the November GE / IT/ server issues, which caused a major outage for 7 days was completed by January. The knock on reporting backlog has improved for CT & MRI since the February report.
- Current wait time for Cancer referrals is 13 days for CT and 10 days for MRI.
- CT backlog reports are 647 (previous report 879) and MRI is 973 (previous 1,410) Both the CT and MRI backlogs have shown improvement in month as a result of the third party, new substantive and locum reporting activity as of 14/06/18. Reporting in a timely way for each patient within all modalities remains a concern for the Division; some patients are still waiting a long time for a report and a clinical outcome.
- Some improvements in sickness positively impacted this month going forward, however the Nuclear Medicine services remains a risk due to on-going sickness and maintaining high professional standards (MHPS) investigations.
- Workforce resilience: It is additionally acknowledged the reliability and clinical skill mix of locums restricts service improvement and backlog reductions, recent new substantive radiologists is allowing a reduction in the outsourcing of third party provider support for the MRI backlog in particular.

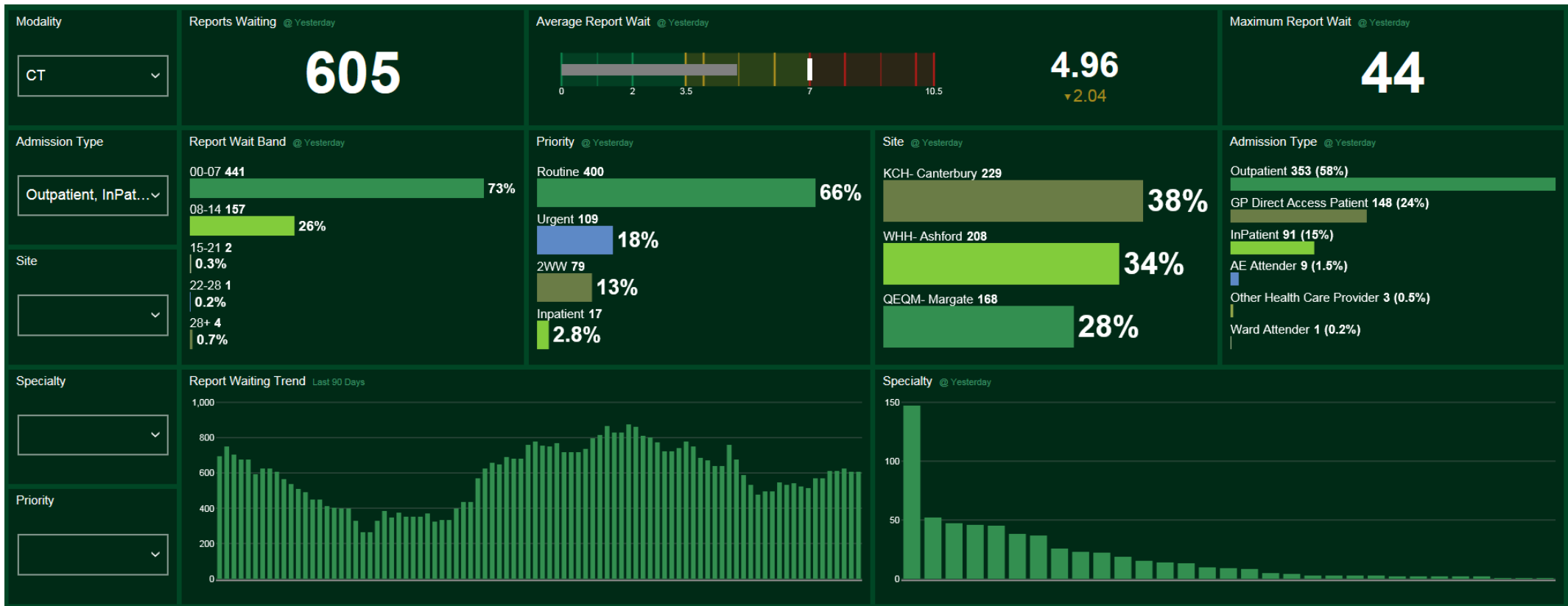
Reporting backlogs:



Total MRI backlog reporting position as of 15/06/18: (N.B. this data excludes written exams sent to third party reporters ~ 59 exams)

Since the last report the number of MRI reports outstanding has decreased by 429 examinations overall compared to the April report (1,289). Following the Bank holiday period the trend is now downward again.

Whilst numbers waiting over 2 weeks have improved significantly over the last 5 months there is still a small number waiting over 28 days.



The total CT backlog reporting position as of 15/06/18:

For CT, the total waiting for a report has decreased by 272 examinations overall compared to the April report (877).

There has been a significant improvement in the CT reporting tail over the last 5 months, despite competing with pressure for 2WW and A/E-Inpatient urgent CT imaging reports.


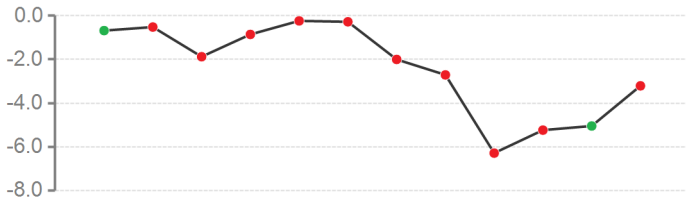


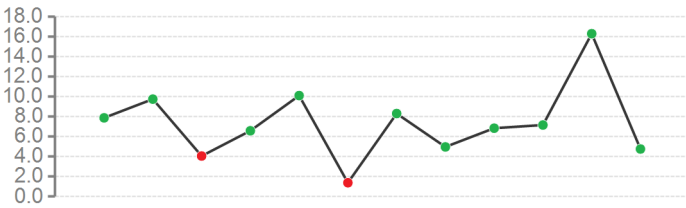


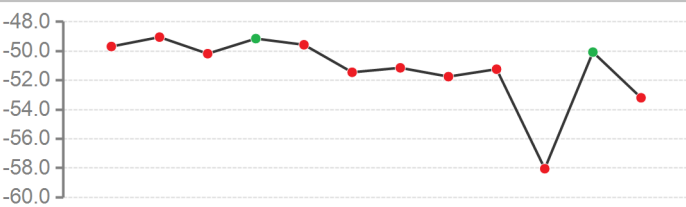



Numbers waiting over 2 weeks have improved significantly over the same time period, however there is still a very small number waiting over 28 days.

Actions taken to mitigate risk and sustain performance:

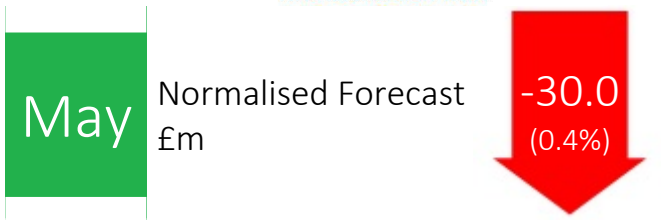
- We are working closely with GE and IT to monitor resilience of the system; some planned downtime is required to make this happen but this will be planned in collaboration with all parties.
- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- Outsourcing Cardiology CT in month with plan to bring back in house.
- 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 where necessary.
- 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

May	I&E £m	<div style="text-align: center;">  <p>-8.3 (-36.4%)</p> </div>		<p>The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS</p>	
May	Cash Balance £m	<div style="text-align: center;">  <p>4.8 (-70.8%)</p> </div>		<p>Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	
May	Total Cost £m	<div style="text-align: center;">  <p>-53.2 (6.2%)</p> </div>		<p>Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	
May	Forecast I&E £m	<div style="text-align: center;">  <p>-31.0 (3.9%)</p> </div>		<p>This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	

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



Comments: The Trust has generated a consolidated deficit in month of £3.2m and a year to date (YTD) deficit of £8.3m which is £0.2m better plan. The YTD variance is driven by:-
Higher than planned Out Patient and A&E activity driving higher income
Under performance of complex elective activity driving low , clinical supplies costs and drugs.
The above are off set due to very high agency spend driven by U<C

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trusts YTD I&E deficit to Month 2 (May) was £8.1m (consolidated position including Spencer Wing and after technical adjustments) against a planned deficit of £8.3m.

Trust unconsolidated pay costs in the month of £32m are £1.1m more than April largely due to increases in the use of Agency and Bank staff and are also £1.4m more than plan. Permanent staff costs (including Overtime) were £0.2m higher than April. Bank usage increased by £0.2m and agency/locum staff increased £0.7m of which circa £0.2m was an adjustment for prior months. All temporary staff (agency, bank, locum, overtime) increased by £0.8m to £5.6m in month. Waiting list payments are £0.3m in month and are slightly above plan. The main driver for the pay overspend against plan in month is driven in U<C where Quex and Cambridge J wards are proving more expensive than expected to staff due to slow recruitment and due to the use of TFS staff .

Clinical income was ahead of plan by £0.6m in month. This is driven by higher than planned elective income, which has picked up significantly (£1.3m) in May when compared to April although some case mix issues remain. In addition Critical Care has over performed due to the discharge of long stay patients and Out Patients have over performed due to high activity. Rechargeable costs and their related income were under planned levels. There is some benefit in Elective income from phasing in the plan which will reverse in Month3. Other income is £0.1m better than plan in month driven by the release of SACP income and brings Other Income back to plan YTD.

Against the full year £30m CIPS target, including income, £2.9m has been reported to Month against a target of £3m, £0.1m behind plan. Of the reported position 48% is non recurrent.

The cash balance as at the end of March was £4.7m, £0.9m above plan. The Trust's total cash borrowing is now £48.5m and is expected to reach £73.7m by the end of the financial year.

The Trust has identified £9.5m of risk to the year end position in relation to expert determination on income, CIP delivery and activity related costs. The Trust will seek to mitigate these risks as we move through the year.

Health & Safety 1

May	Representation at H&S	787 (12.9%)		% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
May	RIDDOR Reports (Number)	18 (28.6%)		RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
May	Formal Notices	2		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	★ ★ ★
May	Health & Safety Training	3097 (39.8%)		H&S Training includes all H&S and risk avoidance training including manual handling	★ ★ ★

Comments: Representation at H&S meetings decreased slightly in May we continue to support divisional attendance.

There was 1 RIDDORs to report this month due to manual handling issue.

There where no formal notices this month which reflects a good period without any formal notices or Improvement Orders.

H&S training remains high and inline with previous months.

Health & Safety 2


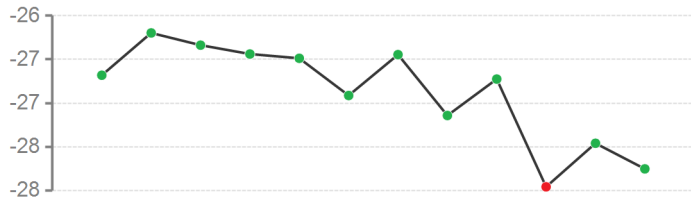


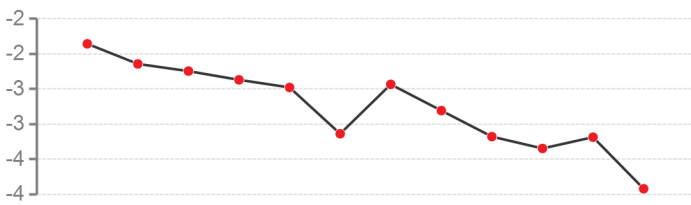


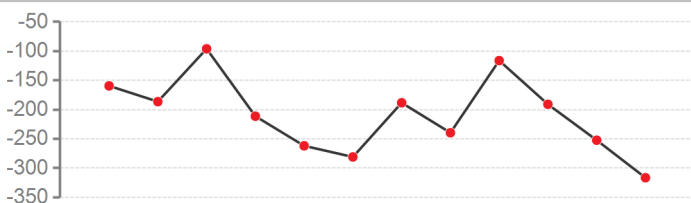

May	Accidents	291 (-5.5%)		<p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
May	Fire Incidents	112 (-16.4%)		<p>Fire alarm activations (including false alarms).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
May	Violence & Aggression	369 (-12.4%)		<p>Violence, aggression and verbal abuse.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
May	Sharps	119 (-35.0%)		<p>Incidents with sharps (e.g. needle stick).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Comments: Fire, V&A and Accidents all decreased in May - staying broadly aligned to the year to date trend

Sharps incidents increased slightly in month but continues to be a much improved picture from the last financial year.

Strategic Theme: Use of Resources

Pay Independent

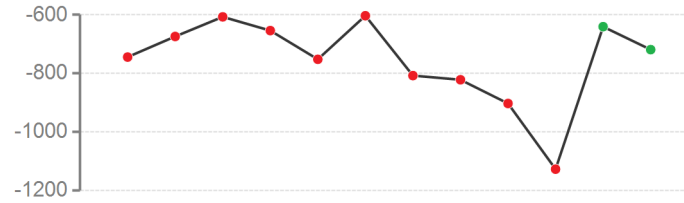
May	Payroll Pay £m 		Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	
May	Agency Spend £m 		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	
May	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.	

Strategic Theme: Use of Resources

May

Independent Sector
£k

-719
(12.3%)



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



Comments:

Pay performance is adverse to plan in May by £1.4m and by £1.9m ytd (3.1%). Pay CIPs are adverse to plan in month by £0.4m and by £0.5m ytd.

Expenditure on medical staff is adverse to plan in month by £0.8m and by £0.9m ytd. The in month adverse variance is driven by an overspend on medical agency staff of £1.4m, predominantly in UC<C where ED middle grade doctors and acute physicians were over-established by 10 wte.

Expenditure on qualified nursing staff is adverse to plan by £0.7m in May and by £1.1m ytd. Agency nurses again account for all of this overspend with an adverse performance in month of £0.8m. Agency nurse usage remains high in UC<C, particularly in EDs, Quex Ward, and staffing medical outlier beds on Cheerful Sparrows Ward.

Other staffing groups and are £0.3m adverse to plan in May, all of which can be attributed to expenditure on HCAs. The UC<C Division continues to show most pressure in this area and is £0.2m overspent on HCAs.

These overspends are offset by underspends on scientific, therapeutic and technical and A&C staff totalling £0.4m in month.

Total expenditure on pay in May was £32.0m, £1.1m higher than in April. Expenditure has increased in all pay areas except direct engagement and overtime with the majority of the increase relating to agency staff where spend increased by £0.9m, inclusive of £0.1m of TFS costs relating to April.

Strategic Theme: Use of Resources

Balance Sheet

May	CIPS £m	<div style="background-color: #008000; color: white; padding: 5px; width: 40px; margin: 0 auto;">↑</div> <div style="background-color: #008000; color: white; padding: 5px; width: 40px; margin: 0 auto;">2.9 (52.2%)</div>		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.	<div style="color: yellow;">★</div> <div style="color: grey;">★</div> <div style="color: grey;">★</div>
May	Cash borrowings £m	<div style="background-color: #008000; color: white; padding: 5px; width: 40px; margin: 0 auto;">↓</div> <div style="background-color: #008000; color: white; padding: 5px; width: 40px; margin: 0 auto;">19.4 (-51.3%)</div>		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: yellow;">★</div>
May	Capital position £m	<div style="background-color: #008000; color: white; padding: 5px; width: 40px; margin: 0 auto;">↑</div> <div style="background-color: #008000; color: white; padding: 5px; width: 40px; margin: 0 auto;">1.8 (25.3%)</div>		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: yellow;">★</div>

Comments: Trust closing cash balances for May was £4.7m, £0.9m above the revised plan. The Trusts total cash borrowing remains at £48.5m and is expected to reach £84.3m by the end of the financial year.

Total invoiced debtors have decreased from the opening position £28.5m by £7.9m to £20.6m. At 31st May there were 6 debtors owing over £1m. South Kent Coast CCG £2.6m, Canterbury & Coastal CCG £2.4m, Ashford CCG £2.2m, NHS England £1.8m, Thanet CCG £1.2m, East Kent Medical Services £1.3m. The debtors team are focussing on collection of all other debt to support the Trust cash position.

Invoiced creditors have decreased by £1m from the opening position to £32.6m. 58% relates to current invoices with 9% or £2.9m over 90 days.

Strategic Theme: Improvement Journey

		Jan	Feb	Mar	Apr	May	
MD01 - End Of Life	Lost Days (Fast Track)	13	15	12	3	0	
MD02 - Emergency Pathway	ED 4hr Performance (incl KCHFT MIUs) %	74.09	77.76	78.78	81.73	83.95	>= 95
	ED - 1hr Clinician Seen (%)	45	48	42	46	49	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	15	15	15	15	15	>= 35
	Medical Outliers	105	79	70	57	57	
	Lost Days (Non-EKHUFT)	64	58	64	20	4	
	DToCs (Average per Day)	56	52	63	63	61	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	74.87	73.40	71.88	66.67	64.74	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	27	24	25	26	28	< 28
	Staff Turnover (Midwifery)	13	13	13	13	13	<= 10
	Vacancy (Midwifery) %	7	8	7	8	7	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.5	13.6	13.4	13.3	13.1	<= 10
	Vacancy (%)	11.6	11.4	11.0	13.0	12.8	<= 7
	Staff Turnover (Nursing)	14	14	13	13	13	<= 10
	Vacancy (Nursing) %	10	11	12	14	13	<= 7
	Vacancy (Medical) %	17	13	14	11	11	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	81.7	81.4	80.9	80.1	71.8	>= 85
	Statutory Training (%)	89	89	90	91	90	>= 85
KF01 - Complaints	Complaint Response in Timescales %	84.8	87.2	88.9	94.4	91.4	>= 85
	Complaint Response within 30 days %	13.6	25.5	35.2	40.3	38.6	>= 85

KF02 - Workforce & Culture	Staff FFT - Work (%)	48	48	48			>= 60
	Staff FFT - Treatment (%)	70	70	70			>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)				82		>=95
	Pharm: Fridge Temps (%)				100		>= 100
	Pharm: Drug Trolleys Locked (%)				100		>= 90
	Pharm: Resus. Trolley Check (%)				73		>= 90
	Pharm: Drug Cupboards Locked (%)				82		>= 90

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55	
	ED 4hr 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)	>= 95	1 %
	ED 4hr Performance (incl KCHFT MIUs) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for all sites including KCFT MIU Sites	>= 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 P	<= 92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Lost Days (Fast Track)	Beddays lost due to delayed discharge (Fast Track)		
	Lost Days (Non-EKHUFT)	Beddays lost due to delayed discharge (Non-EKHUFT)		
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %

Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	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 - select	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. Th	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team.	< 15	15 %
Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %	
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %)	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	<= 0.1	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %
	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 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %

Health & Safety

RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %

Incidents

All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
Blood Transfusion Incidents	The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ	< = 5	20 %
Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic	>= 94	10 %
Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer.	>= 98	20 %
Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %
Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12	<= 0.15	10 %

Incidents	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	< 1	10 %
	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1	
	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12		

Initiatives	Antimicrobial Resistance & Stewardship CQUIN Delivered %	CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours	>= 100	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	>= 100	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	>= 100	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	>= 100	20 %
	Staff Health & Wellbeing CQUIN Delivered %	CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake	>= 100	20 %
Mortality	Crude Mortality EL (per 1,000)	The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro	< 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 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %
	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %

Patient Experience

AE Mental Health Referrals	The Number of Referrals made to a Mental Health team from A&E		5 %
Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89	
Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	>= 95	5 %
Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	
Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
Discuss Worries with support %	Discuss Worries with support	>= 89	
FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct	>= 1	10 %
FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction	>= 90	30 %
FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon	>= 15	1 %
Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in	>= 85	5 %

Patient Experience	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las	>= 90	10 %
	Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
	Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
	Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use– allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for pa	>= 92	100 %

Staffing


1:1 Care in labour	The number of women in labour compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community	>= 99	
Agency %	% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).	<= 10	
Agency & Locum Spend	Total agency spend including NHSP spend		
Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (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		
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 %) again	>= 92.1	1 %
Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwife	< 28	2 %
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %


Staffing


Shifts Filled - Day (%)	Percentage of RN 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 %
Shifts Filled - Night (%)	Percentage of RN 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 %
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 mont	< 3.6	10 %
Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate— WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior		
Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate— WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	<= 10	15 %
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	<= 10	
Staff Turnover (Nursing)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against th	<= 10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
Total Staff Headcount	Headcount of total staff in post		
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	< 100	5 %
Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %

Staffing	Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	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 pr	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	< 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0	
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	< 0	
	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 togeth	< 0	
	Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	

Data Assurance Stars

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

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

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

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	2.9	1.8	1.5	0.6	3.4	4.2	6.7	7.0	14.3
Appraisal Rate (%)	69.6	54.3	70.1	76.4	75.7	74.3	63.6	83.7	61.7
Employed vs Temporary Staff (%)	89.0	89.8	87.3	94.1	89.8	90.8	87.2	93.5	87.9
Sickness (%)	4.2	2.3	3.5	3.8	4.0	3.9	2.8	4.3	3.9
Staff Turnover (%)	14.8	12.7	12.4	15.4	9.6	11.6	8.5	12.0	15.3
Statutory Training (%)	91	85	93	92	87	90	94	90	88
Total Staff In Post (SiP)	1479	85	127	124	120	1382	324	1752	1660
Vacancy (%)	20.1	12.1	12.7	5.9	10.2	9.3	14.7	6.9	15.6

Patient Safety Heatmap - MAY 2018

KEY

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

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

Specialist																		
KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	0	0	50	50	100	110	100	0.0	98.6	96	100	11
MARL - MARLOWE WARD	96.2	2	1	0	0	0	0	96	50	50	50	54	100	0.0	83.4	98	95	8
Surgical																		
CLKE - CLARKE WARD	100.0	2	2	0	0	0	0	104	50	50	50	22	97	2.8	86.4	169	117	8
KENT - KENT WARD	100.0	4	4	0	0	0	0	23	33	50	100	14	100	0.0	97.5	111	98	8
KITU - KCH ITU	75.0	1	0	0	0	0	0	43	N/A	N/A	N/A	N/A	N/A	N/A	87.0	82	77	28
Urgent & Long Term																		
HARB - HARBLEDOWN WARD	96.3	0	12	0	0	0	0	43	33	50	50	68	100	0.0	85.9	101	120	6
INV - INVICTA WARD	100.0	0	7	0	0	0	0	21	33	50	50	78	89	8.6	100.2	103	101	6
KING - KINGSTON WARD	92.6	1	11	0	1	0	1	0	33	50	50	73	97	0.0	92.4	122	144	7
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	3	0	0	0	0	0	50	50	50	42	80	20.0	91.9	100	100	5
MTMC - MOUNT/MCMMASTER WARD	100.0	0	5	0	0	0	1	0	33	50	33	96	100	0.0	85.5	99	105	5
TREB - TREBLE WARD	100.0	0	2	0	0	0	1	11	50	100	50	51	100	0.0	95.9	95	100	7

QEH - QUEEN ELIZABETH QUEEN MOTHER

Specialist																		
BIR - BIRCHINGTON WARD	100.0	1	2	0	0	0	1	0	50	50	50	14	100	0.0	96.2	98	99	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	87.2	87	88	20
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	94.3	86	100	14
RAI - RAINBOW WARD	100.0	0	0	0	0	0	1	0	N/A	N/A	N/A	10	96	0.0	94.7	91	99	13
Surgical																		
BIS - BISHOPSTONE WARD	100.0	0	0	0	0	0	0	127	33	33	33	80	100	0.0	80.2	81	90	7
CSF - CHEERFUL SPARROWS FEMALE	100.0	1	0	0	0	0	0	0	33	33	50	73	97	1.6	92.0	107	144	7
CSM - CHEERFUL SPARROWS MALE	100.0	1	1	0	1	0	0	0	33	50	50	57	100	0.0	87.4	122	154	7
QITU - QEH ITU	100.0	4	0	0	0	0	1	0	N/A	N/A	N/A	N/A	N/A	N/A	95.0	90	114	23
SB - SEA BATHING WARD	100.0	0	0	0	0	0	0	13	100	100	100	2	100	0.0	103.2	124	124	6
Urgent & Long Term																		

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with patients	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
DEAL - DEAL WARD	100.0	0	4	0	0	0	0	0	50	100	100	12	100	0.0	91.8	95	123	5
FRD - FORDWICH WARD STROKE UNIT	100.0	0	2	0	0	0	1	0	50	100	50	50	100	0.0	82.8	91	124	9
MW - MINSTER WARD	95.7	3	4	0	0	0	0	11	100	100	NULL	61	100	0.0	79.0	90	110	6
QCCU - QEH CCU	100.0	0	3	0	0	0	0	0	50	100	100	65	100	0.0	80.9	92	100	8
QCDU - QEH CDU	100.0	22	2	1	0	0	0	6	50	50	50	26	81	14.8	98.7	N/A	N/A	N/A
QX - QUEX WARD	100.0	1	3	0	2	0	1	8	50	100	50	5	100	0.0	NULL	112	89	6
SAN - SANDWICH BAY WARD	100.0	2	2	0	0	0	0	5	50	50	100	21	100	0.0	100.7	124	133	6
SAU - ST AUGUSTINES WARD	100.0	0	3	0	0	0	0	10	100	100	100	37	88	5.9	89.2	136	116	6
STM - ST MARGARETS WARD	100.0	1	1	0	0	0	0	0	50	50	50	28	100	0.0	94.6	110	106	6
WHH - WILLIAM HARVEY HOSPITAL																		
Specialist																		
FF - FOLKESTONE	100.0	0	0	0	0	0	3	0	33	33	50	N/A	N/A	N/A	87.1	92	91	20
KEN - KENNINGTON WARD	100.0	0	1	0	0	0	0	0	33	50	50	49	94	1.9	75.7	92	103	7
PAD - PADUA	100.0	0	0	0	0	0	0	0	N/A	N/A	N/A	0	NULL	NULL	88.4	92	94	8
SCBU - THOMAS HOBBS NEONATAL UNIT	100.0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	101.3	87	88	15
Surgical																		
ITU - WHH ITU	100.0	7	0	0	1	0	1	47	N/A	N/A	N/A	N/A	N/A	N/A	104.4	98	96	28
KA2 - KINGS A2	100.0	2	5	0	0	0	0	175	33	33	50	64	98	0.0	94.9	99	119	6
KB - KINGS B	96.2	1	4	0	0	0	0	189	33	33	50	31	100	0.0	87.5	101	99	5
KC - KINGS C1	96.3	1	1	0	0	0	0	0	33	50	33	51	97	3.4	82.4	104	98	6
KC2 - KINGS C2	100.0	0	3	0	0	0	2	0	50	33	100	27	100	0.0	64.1	77	96	6
KDF - KINGS D FEMALE	94.4	3	6	0	0	0	0	11	33	50	33	64	93	3.7	94.9	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	3	4	0	1	0	0	0	50	50	50	42	100	0.0	N/A	98	107	6
RW - ROTARY WARD	100.0	1	1	0	0	0	0	2	33	33	33	61	100	0.0	83.9	94	100	8
Urgent & Long Term																		
CCU - CCU	100.0	0	0	0	0	0	0	2	50	50	100	0	NULL	NULL	NULL	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	0	0	0	0	0	0	0	33	33	33	10	85	0.0	63.1	102	184	6
CK - CAMBRIDGE K	96.3	0	3	0	0	0	1	0	100	100	NULL	10	100	0.0	NULL	99	107	7
CL - CAMBRIDGE L REHABILITATION	100.0	3	7	0	0	1	1	0	33	50	50	35	63	25.0	90.2	98	134	7
CM1 - CAMBRIDGE M1 SHORT STAY	88.9	0	3	0	0	0	0	0	33	50	33	10	100	0.0	0.0	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	0	5	0	0	0	0	0	50	100	50	59	100	0.0	102.1	101	105	6
OXF - OXFORD	100.0	0	1	0	1	0	1	0	33	33	33	31	93	7.1	85.4	89	113	8

KEY

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

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with patients	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
RST1 - RICHARD STEVENS 1 STROKE UNIT	95.8	6	3	0	0	0	0	28	100	100	100	102	94	4.1	88.3	106	122	8
WBAR - BARTHOLOMEW WARD WHH	NULL	0	0	0	0	0	0	0	33	50	50	NULL	NULL	NULL	NULL	93	87	11
WCDM - WHH CDU MIXED	100.0	13	11	2	0	0	1	0	50	50	50	18	92	3.8	80.3	N/A	N/A	N/A