

INTEGRATED PERFORMANCE REPORT





Chief Executive's Summary

Please note that the CEO Summary now forms part of a report front sheet and is not included within the main IPR pack.

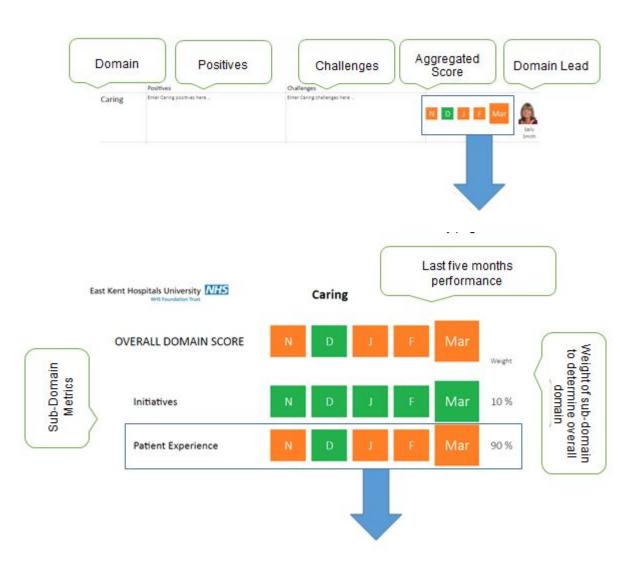


Understanding the IPR

1 Headlines: Each domain has an aggregated score which is made up of a weighted score derived from their respective subdomain. 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.

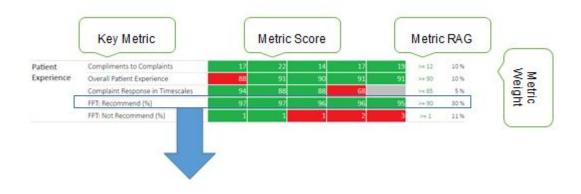
This is important as it explains why the sum of each metric doesn't total 100%. A list of all metrics used in the calculation is summarised in the Glossary pages.





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.



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	The Friends and Family test inpatient satisfaction rate remains positive at 97% recommended. The percentage of patients not recommending the Trust has reduced in February sowing an improvement. This is good news given the operational pressures the sites have experienced this Winter. Overall patient experience is registering green this month, an improvement on last month. The ratio of compliments to complaints is also positive with an increase of recorded compliments to every single complaint. Complaint response times have met our standard with 87% being responded to within the timescales agreed with the client. We have seen a marked reduction in the number of mixed sex accommodation breaches.	Overall patient experience as expressed by the real time inpatient surveys remains 'red' overall, but we have improved in 4 out of the 5 areas reported. 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.	O N D	J Feb	Sally Smith
Effective	February was very challenged with adverse weather (snow) having an impact yet bed occupancy has reduced slightly to 100% although this is still too high to maintain patient flow in our hospitals. We saw reportable delayed transfers of care reduce slightly and readmissions after a non-elective admission have reduced further which is positive. At a trust level, the length of stay has reduced by half a day, to 6.0 days, which is a great achievement.	The WHO checklist in theatres has dropped to 98% and there is a more detailed review of this being undertaken. Theatre utilisation has still been negatively impacted by the continued need to cancel elective activity in February, due to increased non-elective admissions which have included trauma.	O N D	J Feb	Jane Ely

Responsive

In February A&E 4 hour performance has improved again to 77.77%. The significant pressure on the whole system in terms positive and the commitment and focus of the staff is of emergency pathways remains a challenge whilst the Trust has continued to implement the improvement plan and focussed on patient safety.

Cancer performance has been achieved for 2 week wait, 2 week wait breast, 31 day diagnosis to treatment and there has in terms of care packages and suitable beds for the "discharge been improvement in the 31 day diagnosis to surgery.

Diagnostic waits performance has been maintained despite the high numbers of tests.

The improvement in the A&E performance to 77.77% is relentless in order to maintain patient safety. Within the Emergency departments, the implementation of a "rapid assessment and treatment" model is showing good results.

For the whole system, there is a need to review the capacity to assess" model. Internally, the Trust is focussing on use of the discharge lounge as part of business as usual and supporting the "simple" discharges.

February cancer performance for the 62 day standard from GP referral to treatment has declined from the validated January figure of 74.87% to 73.31% (additional days allowed for validation - 73.9% as at 25th March). The total numbers on the waiting list have remained at 2400 and those over 62 days have maintained at 28 over 104 days with or without a diagnosis. The Trust is working on a detailed recovery plan supported by the Cancer Alliance with a focus on Urology, Colorectal, and Breast pathways.

Referral to Treatments (18 weeks / RTT) performance has been impacted by the pressures on emergency pathways and the need to cancel elective activity longer than anticipated. Current performance is 77.03% and the number of patients waiting for treatment beyond 52 weeks has increased significantly. These cases in general surgery and gynaecology are being reviewed and patient contacted to discuss options for treatment. Business planning is key to 18 weeks / RTT and the Trust is reviewing the whole pathways to support improved clinic and theatre processes.





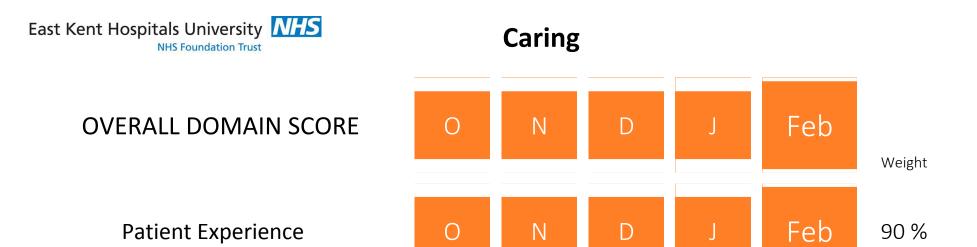






Safe	Despite the very real challenges to emergency care overall VTE assessment recording has been sustained at 94.12% during February. The overall 12 month average is now 93.2% and a significant improvement nationally in comparison to other Trusts.	All harms, as reported by the Safety Thermometer, has improved, but still remains red. These are the harms patients are admitted with and not in the control of our teams. We are reporting an increase in avoidable category 2 pressure ulcers this month.	0 1	J D	J	Feb	Paul
	We are now reliably hitting target for sepsis screening in the EDs and in February the EDs screened 94% overall and 85% of patients screened received intravenous antibiotics within an hour of arrival at hospital. Paediatric screening is even better, there has been 100% compliance with paediatric screening for the last 5 months. Harm Free Care (New harms)improved again this month to 98.5% harm free care delivered to our patients.	Although VTE assessment recording has improved that improvement has to be sustained and we should look to achieving a 12 month average of >95%. Infection prevention and control remains a concern despite Clostridium difficile numbers being within limits and there are particular concerns with respect to MRSA and E.coli rates (both hospital ascribed and community ascribed).					Stevens
	The rate of falls reduced again in February and is registering green.	We reported 8 serious incidents on StEIS during February which are subject to the root cause analysis process to extract the learning to share.					
Well Led	Finance is £4.2m behind plan in month and £6.4m behind plan YTD after NHSi adjustments I&E CIPS of £29m reported against a plan ytd of £28.8m	Forecast remains £11m worse than plan giving a forecast of £30m (after NHSi adjustments) driven mainly by winter pressures and other previously flagged adjustments. CCG challenges remain a further risk.	0 1	J D	J	Feb	
	Sickness is unchanged at 4% - Amber rated £3.1m of cash was borrowed in month Appraisal rates worsened slightly to 81.4% (previously 81.7%)	Vacancies decreased 0.2% (to 11.4% from 11.6%)- still red RAG rated Staff turnover has remained the same at 13.5% - still red RAG rated					Susan Acott
		Temporary staff costs increased £0.1m in month and is running well above budget (inc. Bank and Over time) at £4.5m in month					
		A&E recovery plan is requiring significant funding					
		Pressure on CIP delivery as to recover Bite 4 schemes e.g.					

Patient Flow 2 and Agency reductions.





Caring

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Patient	Compliments to Complaints (#/1)	34	51	48	45	66	>= 12	10 %
Experience	Mixed Sex Breaches	134	146	223	111	69	< 1	10 %
	Overall Patient Experience %	91.5	90.5	90.8	89.8	90.7	>= 90	10 %
	Complaint Response in Timescales %	79.7	87.0	79.2	84.8	87.2	>= 85	5 %
	FFT: Recommend (%)	97	97	97	96	97	>= 90	30 %
	FFT: Not Recommend (%)	1.7	1.5	1.2	2.1	1.3	>= 1	10 %



Effective

OVERALL DOMAIN SCORE	O	N	D	J	Feb	Weight
Beds	O	N	D	J	Feb	25 %
Clinical Outcomes	Ο	N	D	J	Feb	25 %
Productivity	О	N	D	J	Feb	25 %



Effective

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Beds	Bed Occupancy (%)	95	93	96	101	100	<= 92	60 %
	IP - Discharges Before Midday (%)	12	13	12	14	13	>= 35	10 %
	DToCs (Average per Day)	55	55	49	56	52	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.3	3.3	3.4	3.4	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.4	15.4	15.3	15.2	15.1	< 15	15 %
	Clinical Audit Prog. Audit	3	3	3	3	3	>= 3	5 %
	Audit of WHO Checklist %	100	100	100	100	98	>= 99	10 %
Demand vs	DNA Rate: New %	6.7	6.5	7.3	7.3	6.9	< 7	
Capacity	DNA Rate: Fup %	6.3	6.1	6.9	6.4	7.0	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	0.3		
Productivity	LoS: Elective (Days)	2.9	2.7	2.7	2.8	2.5		
	LoS: Non-Elective (Days)	6.6	5.9	6.3	6.5	6.0		
	Theatres: Session Utilisation (%)	80	82	80	76	77	>= 85	25 %
	Theatres: On Time Start (% 30min)	76	77	74	77	72	>= 90	10 %
	Non-Clinical Cancellations (%)	1.4	1.6	1.9	1.3	1.9	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	4	8	6	15	4	< 5	10 %
	EME PPE Compliance %	82	84	84	84	83	>= 80	20 %



Responsive

OVERALL DOMAIN SCORE	Ο	N	D	J	Feb	Weight
A&E	O	N	D	J	Feb	25 %
Cancer	O	N	D	J	Feb	25 %
Diagnostics	О	N	D	J	Feb	25 %
RTT	Ο	N	D	J	Feb	25 %



Responsive

		Oct	Nov	Dec	Jan	Feb	Green	Weight
A&E	ED - 4hr Compliance (%)	75.35	79.91	73.60	74.09	77.77	>= 95	100 %
Cancer	Cancer: 2ww (All) %	94.63	96.43	96.28	95.76	97.11	>= 93	10 %
	Cancer: 2ww (Breast) %	94.29	94.44	92.37	89.84	98.48	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	98.97	97.00	95.67	94.06	97.63	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	95.12	85.71	84.85	87.23	89.19	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	100.00	94.59	98.85	97.67	>= 98	5 %
	Cancer: 62d (GP Ref) %	74.37	71.97	74.17	74.87	73.31	>= 85	50 %
	Cancer: 62d (Screening Ref) %	92.86	89.29	93.33	90.91	79.31	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	82.98	84.00	92.11	85.00	78.26	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.59	99.85	99.64	99.45	99.56	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	81.18	80.87	78.67	77.62	77.03	>= 92	100 %
	RTT: 52 Week Waits (Number)	64	67	80	108	141	< 1	



Safe

OVERALL DOMAIN SCORE	O	N	D	J	Feb	Weight
Incidents	O	N	D	J	Feb	20 %
Infection	O	N	D	J	Feb	20 %
Mortality	O	N	D	J	Feb	50 %
Observations	O	N	D	J	Feb	10 %



Safe

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Incidents	Serious Incidents (STEIS)	7	4	5	4	8		
	Harm Free Care: New Harms (%)	97.7	97.7	97.4	98.9	99.3	>= 98	20 %
	Falls (per 1,000 bed days)	5.41	5.62	6.03	5.13	4.54	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.19	0.23	0.19	0.21	0.30	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,369	1,327	1,397	1,401	1,282		
Infection	Cases of C.Diff (Cumulative)	22	23	25	29	34	<= Traj	40 %
	Cases of MRSA (per month)	1	1	0	1	0	< 1	40 %
Mortality	HSMR (Index)	82	82				< 90	35 %
	Crude Mortality EL (per 1,000)	0.5	0.1	0.9	0.3	1.0	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	36.6	34.9	45.7	54.6	40.0	< 27.1	10 %
	RAMI (Index)	93	92	91	90		< 87.45	30 %
Observations	Cannula: Daily Check (%)	68.7	69.7	69.6	68.2	68.6	>= 50	10 %
	Catheter: Daily Check (%)	41.1	41.5	44.0	42.1	44.0	>= 50	10 %
	Central Line: Daily Check (%)	64.0	63.9	66.3	67.9	64.8	>= 50	10 %
	VTE: Risk Assessment %	94.9	95.2	93.8	94.6	93.9	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.2	92.2	92.4	92.1	92.4	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.1	89.2	89.7	89.8	89.7	>= 90	25 %



Well Led

OVERALL DOMAIN SCORE	О	N	D	J	Feb	Weight
Culture	Ο	N	D	J	Feb	15 %
Data Quality & Assurance	О	N	D	J	Feb	10 %
Finance	O	N	D	J	Feb	25 %
Health & Safety	О	N	D	J	Feb	10 %
Staffing	O	N	D	J	Feb	25 %
Training	Ο	N	D	J	Feb	15 %

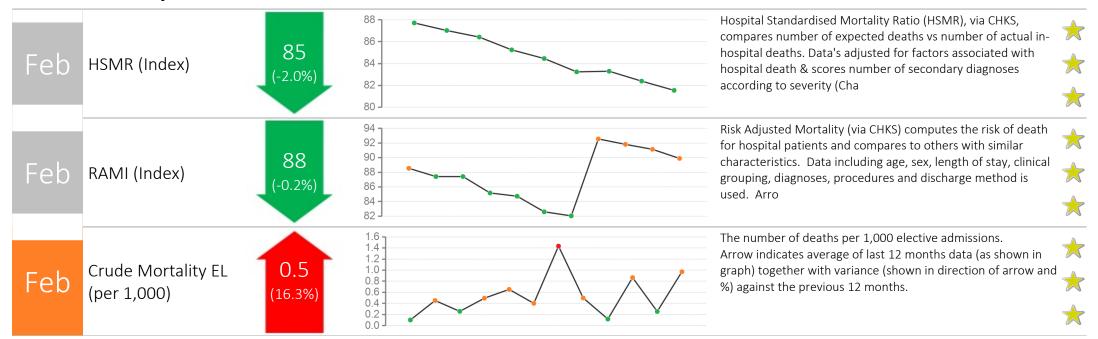


Well Led

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Culture	Staff FFT - Treatment (%)	70	70	70	70	70	>= 81.4	40 %
Data Quality &	Not Cached Up Clinics %	0.7	0.7	0.8	1.0	1.3	<= 0.1	25 %
Assurance	Uncoded Spells %	0.1	0.1	0.1	0.0	0.1	< 0.25	25 %
Finance	I&E £m	-0.2	-0.3	-2.0	-2.7	-6.3	>= Plan	30 %
	Cash Balance £m	10.1	1.4	8.3	5.0	6.8	>= Plan	20 %
	Total Cost £m	-49.6	-51.4	-51.1	-51.7	-51.2	>= Plan	20 %
	Forecast I&E £m	-19.0	-19.0	-30.0	-30.0	-30.0	>= Plan	20 %
	Normalised Forecast £m	-19.0	-19.0	-30.0	-30.0	-30.0	>= Plan	10 %
Health &	RIDDOR Reports (Number)	2	2	1	0	2	<= 3	20 %
Safety	Formal Notices	1	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	3.8	3.9	3.9	4.0	4.0	< 3.6	10 %
	Staff Turnover (%)	13.2	13.2	13.5	13.5	13.5	<= 10	15 %
	Vacancy (%)	12.2	11.4	12.2	11.6	11.4	<= 7	15 %
	Total Staff In Post (SiP)	6903	6946	6918	6953	6968		1 %
	Shifts Filled - Day (%)	105	97	98	100	100	>= 80	15 %
	Shifts Filled - Night (%)	117	103	107	108	108	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	13	12	12	11	10		
	Bank Filled Hours vs Total Agency Hours	54	54	55	57	59		1 %
	Agency %	6.6	6.6	6.1	6.6	6.8	<= 10	
Training	Appraisal Rate (%)	81.7	81.9	82.2	81.7	81.4	>= 85	50 %
	Statutory Training (%)	89	89	88	89	89	>= 85	50 %



Mortality



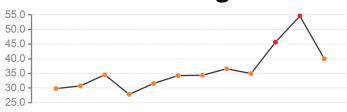
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety



Crude Mortality NEL (per 1,000)





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





Comments:

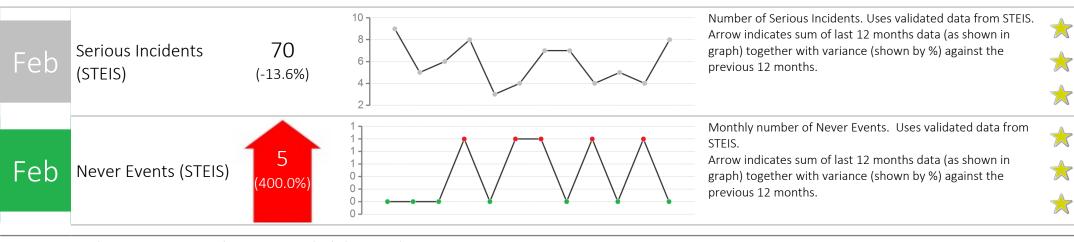
Whilst the crude mortality rate showed an increase compared to the same reporting period the previous year all the other casemix adjusted indicators showed the Trust outcomes to be lower in this reporting period. The Trust's crude mortality is within the 50th to 75th peer percentile of the Hospital Episode Statistics Acute Peer. The overall national picture in relation to deaths per week, and how this varies by week of the year together with a comparison of the previous 5 years average is shown in the mortality section of the Trust Board Medical Director's report.

The hospital standardised mortality rate (HSMR) continues to be in the lower quartile of the HES Acute Peer and the risk associated mortality index (RAMI) is within the peer mean and 75th percentile. The latest summary hospital mortality index (SHMI) 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, these percentages have remained consistent since October 2015.

Alerting conditions from SHMI indicators that triangulate with CHKS were Septicaemia and acute myocardial infarction. The greatest numerical difference is in septicaemia where observed deaths for the reporting period (October 2016 to September 2017) were 628 against predicted 509.1. Of the 628 deaths 124 occurred post-discharge (would not be a direct consequence of septicaemia but in conditions where the risk of septicaemia was higher). Both of these areas are subject to in depth analysis to understand the causes. Conversely a previously alerting condition (fracture neck of femur) is now positively alerting with observed deaths of 59 versus predicted of 83.5 and acute kidney injury continues to positively alert (observed deaths 78 versus predicted 98.4).



Serious Incidents



Comments:

Total open SIs on StEIS in February 2018: 51 (including 8 new)

SIs under investigation: 24

Breaches: 9 Non-breaches: 15

Waiting EKHUFT non-closure response: 12

Waiting CCG response: 15

Supporting Narrative:

The number of breached cases is 9; the number of older breaches is reducing. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process.

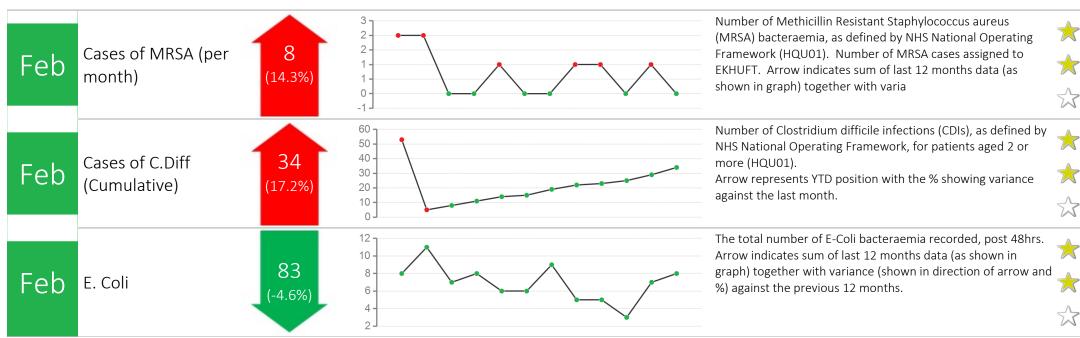
Work continues on clearing the longest breached cases and most of these have been completed with further progress predicted. The Clinical Effectiveness Manager and Head of Patient Safety have been working with the divisions to progress completion of breached cases.

The eight new SIs are:

- an ophthalmology procedural case that resulted in a collapsed eye
- an allegation of abuse case
- a delayed treatment case the patient died before his pacemaker
- a procedural case in dentistry that resulted in the patient having a lip with significant damage
- two pressure ulcer incidents
- a fall that resulted in a patient sustain a hip fracture
- a case relating to a missed diagnosis of progressive multifocal leucoencephalopathy following diagnostic tests.



Infection Control



East Kent Hospitals University NHS

NHS Foundation Trust

Strategic Theme: Patient Safety







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





Comments:

C.difficile

The year-to-date total is 37 cases against an annual limit of 46 cases (as of 25/03/2018). There is 1 case for Specialist Services, 28 cases for UC<C and 8 cases for the Surgical

MRSA

There are 6 cases of Trust assigned MRSA bacteraemia this current year to date (as of 25/03/2018).

MSSA

Year to date (as of 25/3/2108) there have been 33 cases of MSSA bacteraemia assigned to EKHUFT i.e. post 48 hour admission date.

E.coli

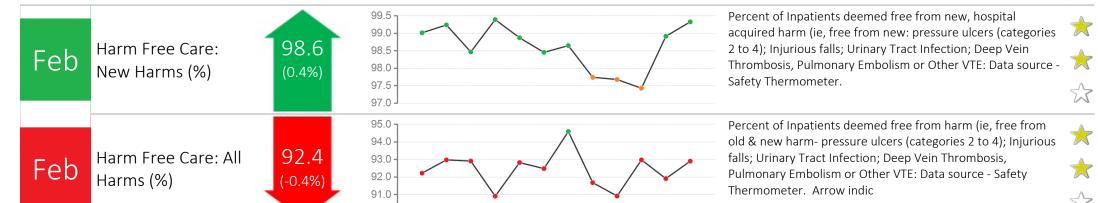
Year to date (as of 25/03/2018) there have been 74 cases of E.coli bacteraemia assigned to EKHUFT but the number of cases in East Kent has risen to 551.

This last week (week beginning 19/03/2018) we have also reported an outbreak of MRSA colonisation on the neonatal unit at the WHH Ashford involving 6 babies. Although this has been simply colonisation with no invasive infection this represents a further concern that the organisation's infection prevention and control culture needs improvement. Specific actions in relation to this outbreak of MRSA colonisation include the following control measures:

- 1) MRSA colonised babies- All 6 babies have been cohorted in a separate room and commenced on skin decolonisation. Parents of these babies have been informed and MRSA screening of parents undertaken.
- 2) Other babies- All babies have been placed on daily octenisan washing to reduce risk of MRSA skin burden/MRSA infection.
- 3) Weekly MRSA screening- All babies on the unit are being screened on a weekly basis to identify any new acquisitions.
- 4) Changes to empirical antibiotics Vancomycin to be part of empirical antibiotic treatment of neonatal sepsis.
- 5) Staff carriers- All staff have been screened for MRSA carriage with Occupational Health follow up of any staff carriers.
- 6) Environmental cleaning- All cots are being cleaned with clinell wipes daily.
- 7) Hand Hygiene compliance- The hand hygiene compliance message has been reinforced among staff and visitors.
- 8) Nurse-baby ratio- Review staff-baby ratio and ensure adequate staffing levels. Aim for dedicated staff where possible to nurse MRSA colonised babies.
- 9) Typing- All 6 isolates have been sent to typing to determine strain type. Preliminary antibiogram data suggests that they are likely to be same strain.



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 Feb -18 (92.91%) shows an improvement since last month (91.91% Jan 18). A marked improvement is seen in the Urgent Care & Long Term Conditions Division with a rise to 92.41% (90.37% Jan 18).

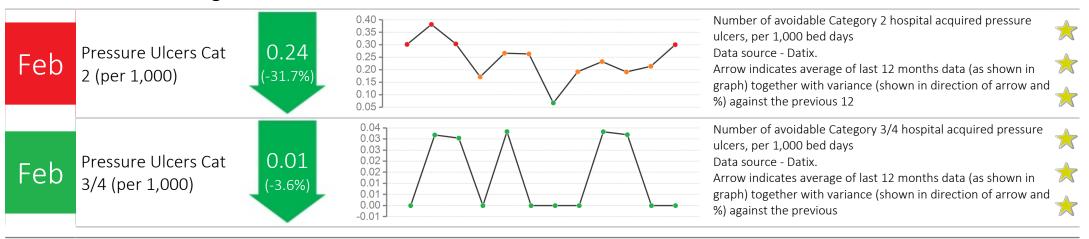
90.0 -

The total of Harm Free Care experienced in our care (New Harms only) at 99.33% shows an improvement from last month (98.92% Jan 18). Significant improvement is seen in prevalence of catheters & New UTIs (0.10%) which is lower than both the overall National Average (0.29%) and the Acute Hospital only average (0.37%). Development work led by the Infection Control team has contributed to the marked improvement seen.

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



Pressure Damage



Comments:

In February 2018 there were a total of 45 pressure ulcers reported. 32 of these were category 2 ulcers. This is a decrease of 9 from last month. The trust exceeded the 0.15 avoidable incidence/1000 bed days with a result of 0.30/1000. We have met our 25% reduction target for the second time with a target of 88 as a trajectory and a cumulative total of 80 avoidable category 2 ulcers to year date. Although we reported significantly less category 2 pressure ulcers 9 were avoidable, an increase of 2. These were avoidable due to lack of skin inspection (3 incidents), inappropriate risk assessment meaning the intervention was inappropriate for the level of actual risk, 1 due to lack of heel offloading and 1 patient was sat in the chair for a long period of time.

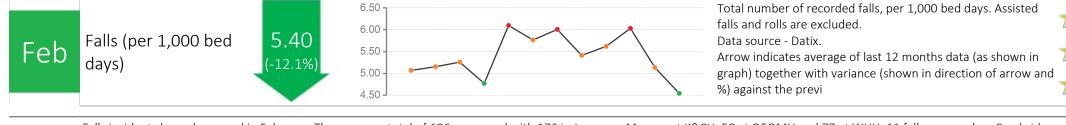
There was 1 confirmed category 3 which was unavoidable and no category 4 ulcers. We have remained consistently under the set 0.15/1000 bed day target for avoidable category 3 and 4 ulcers.

12 potential deep ulcers were reported, a decrease of 2 from last month. Only 1 of these was avoidable 2 less than last month. (3 are yet to be assessed one of these likely unavoidable). Reason for the avoidable decision was lack of heel offloading. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.033/1000. Actions:

- During February 2018 bespoke ward based teaching continued, focusing on areas of particular concern.
- The TV team continue to visit the EDs at least twice daily to ensure prevention strategies are in place especially during this period of winter pressure.
- The annual trust wide audit took place on 14th February with the highest number of participants to date.
- Interviews took place for the band 6 TVN post and the post will be filled in April.
- Work commenced around the discussion of formal link nurse competencies.
- The TVNs continue to support student and associate practitioner placements as well as therapies and some link nurses.
- Another member of the TV team is participating in the trust's TIPS programme following the success of TIPS 3 and the PROMPT project



Falls



Comments:

Falls incidents have decreased in February. There were a total of 136 compared with 176 in January. 44 were at K&CH, 58 at QEQMH and 77 at WHH. 11 falls occurred on Cambridge L ward at WHH, where 1 patient fell 3 times and 1 patient fell twice. No other ward had more than 7 falls. No falls resulted in moderate or above harm. An audit is being undertaken on Cambridge L and M1 to determine compliance with the falls risk assessment and to assess quality of handover of risk when transferred from CDU.

Actions:

- 1. Fall Stop programme continues with a set rollout programme from April Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs and frailty wards, including improving handover of risk; in line with the recommendations of the National Audit of Inpatient Falls, 2017.
- 2. Work is underway to bring the management of older patients who fall in hospital and sustain trauma in line with the care provided to those who receive trauma care in our EDs.
- 3. Band 6 CNS successful candidate has now started in post at QEQMH.



Incidents

Feb	Clinical Incidents: Total (#)	16,224 (-1.9%)	1420 1400 1380 1360 1340 1320 1300 1280	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.	***
Feb	Blood Transfusion Incidents	143 (-7.7%)	25 20 15 10 5 0	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.	★ ★ ★



NHS Foundation Trust

Strategic Theme: Patient Safety

Feb

Medicines Mgmt.
Incidents

1,353 (2.0%)



The number of medicine management issues sourced from Datix.

Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.





Comments:

Clinical incidents overall summary

A total of 1275 clinical incidents have been logged as occurring in Feb-18 compared with 1395 recorded for Jan-18 and 1344 in Feb-17.

In Feb-18, no incidents have been graded as death or severe harm. 21 incidents have been escalated as a serious near miss, of which 11 are still under investigation. Comparison of moderate harm incidents reported: 15 in Feb-18, 4 in Jan-18 and 8 in Feb-17.

Over the last 12 months incident reporting shows a gradual increase at WHH and QEQM and has continues to drop at K&CH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 13 Blood Transfusion related incidents for February 2018 (4 in January 2018 and 10 in February 2017).

Of the 13 incidents, nine were classified as no harm, three low harm and one as moderate harm.

The one moderate harm incident was a transfusion reaction, this was fully investigated, no serological cause was found; the reaction was due to the underlying clinical condition of the patient.

Two further incidents fell in the 'special requirements not met' category. One of these was a failure to alert the laboratory that the patient required irradiated blood and blood components. As soon at the laboratory was informed of the requirement the units were reissued and the other was the failure to transfuse a patient using a blood warmer. A blood warmer was sourced for further units.

There were no other themes within the incidents reported.

Reporting by site: 4 at QEQM, 1 at K&CH and 8 at WHH

Medicines management (submitted by the Medication Safety Officer)

The total number of medication related incidents reported in February 2018 was 133. These included 90 no harm, 42 low harm and 1 moderate harm incidents. The moderate harm incident concerned the unclear prescribing and delay in administration of omeprazole which led to the delay in repeating the endoscopy.

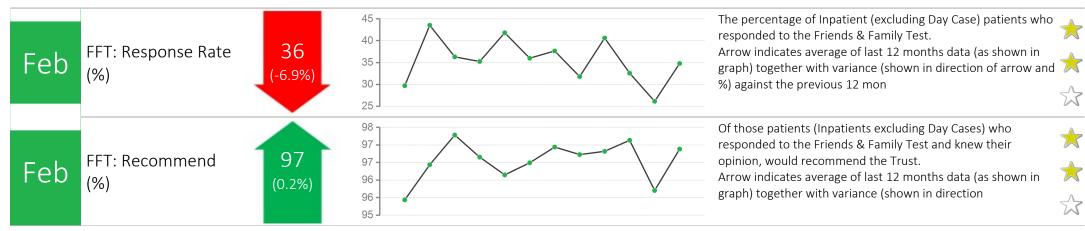
The severity of medication related incidents in February 2018 shows that 67.6% of incidents reported were no harm incidents. There was 1 incident that required RCA/AAR and this relates to gentamycin being given 8 hours after the previous dose to a paediatric patient.

There were 29 incidents in February 2018 categorised as 'omitted medicine/ingredient' showing a further decrease over the previous 2 months to 21.8%. The data produced by the Medication Safety Thermometer in February 2018 was taken from 16 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 24% in February, a decrease of 9.9% from January 2018.

Apart from the missed doses of medication the themes from the incident reporting include 8 incidents concerning penicillin allergic patients being given penicillin containing antibiotics. Other themes include venous thromboembolic risk assessments being undertaken and not acted on by prescribing anti-coagulants when indicated and critical medicines including insulin not being prescribed when patients are admitted from the Intermediate Doctor Teams and the Emergency departments.



Friends & Family Test

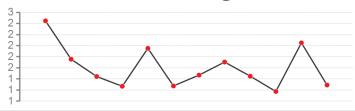






FFT: Not Recommend (%)





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 7697 responses were received (37% eligible patients). Overall response rate fell only for maternity this month. Response rate for the EDs was 16.8% (16.4% Jan 18), inpatients 34.8% (26.1% Jan 18), maternity; birth only 9.5% (29.6% Jan 18) and day cases 22.5% (22.1% Jan 18).

Recommendations by patients in February were similar to January with the total number of inpatients, including paediatrics, who would recommend our services 96.9% (95.7% Jan 18), EDs 82.0% (81.1% Jan 18), maternity 100% (98.7% Jan 18), outpatients 92.3% (92.8% Jan 18) and day cases 96.5% (96.2% Jan 18).

97% of responders would recommend us to their friends and family and 1.3% would not.

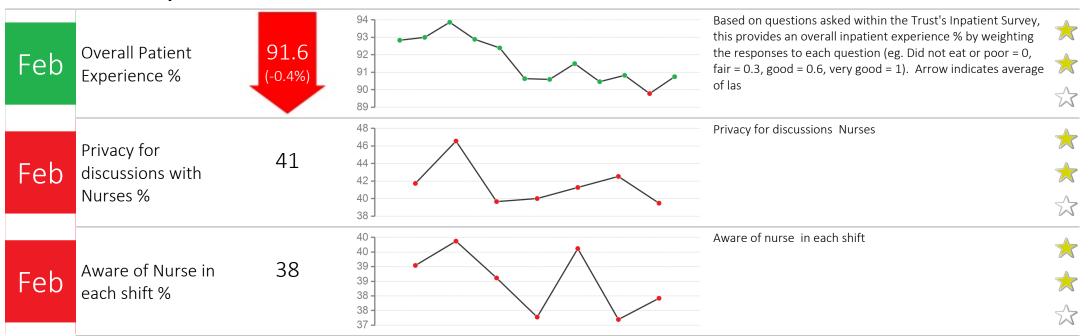
Care, staff attitude and staff competence feature as both the three top positive and three top negative themes for the trust, demonstrating the importance of these elements of patient experience.

Within maternity the only negative theme was environment and cleanliness in the postnatal ward.

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



Comments:

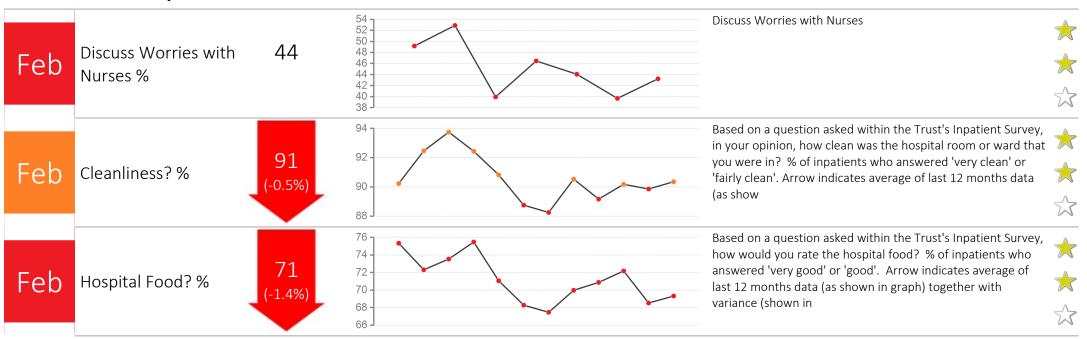
This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows little change over the past few months.

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 a small improvement is seen in two but a fall in one of these three important elements of patient experience. Early indications from the results of the national inpatient survey shows improvement across all three of these indicators of patient experience. An improvement plan was implemented and progress is monitored through the Patient Experience Group.



Patient Experience 2



Comments:

Cleaning satisfaction and hospital Food as rated by the survey, increased modestly in February. Auditing at ward level remains consistent at over 98.8%. Its important to note that the small numbers being sampled currently will have a significant impact both positively and negatively until such time as the sampled group becomes larger.

We continue to work with Serco and Trust colleagues to amalgamate auditing resources so has to get a larger sample responses. We are aiming to deliver this in the new financial year.

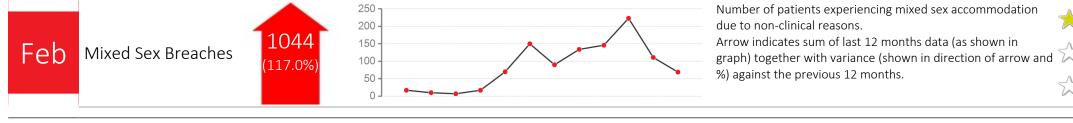
Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. A few wards have not reported their performance (against the patient experience metrics) through the inpatient survey and FFT in February. Over the next quarter, the Divisional Heads of Nursing and Matrons will be working to ensure this is improved and sustained.

In quarter 4, greater focus is being placed on reviewing the results of ward and Trust surveys. The Complaints and Patient feedback steering group and Patient Experience Group will oversee this important work, to provide a Trust wide overview and ensure pace.

Both food and cleaning FFT responses increased positively in Feb. This change remains relatively small based on the number surveyed.



Mixed Sex



Comments:

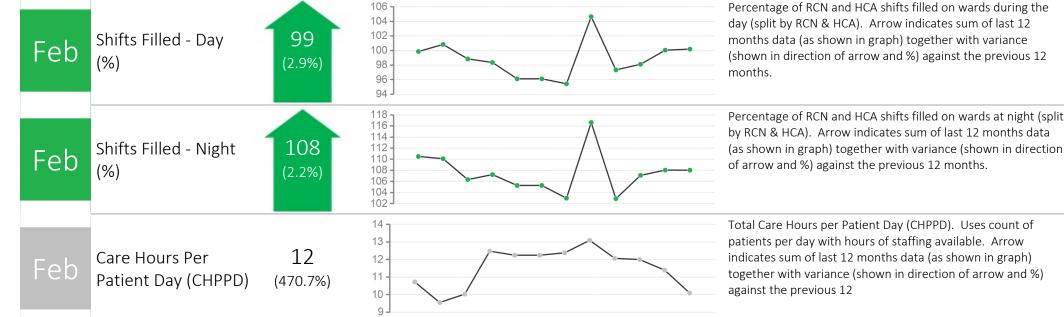
There were 26 mixed sex accommodation occurrences in total, affecting 154 patients.

Incidence of mixed sex accommodation breaches decreased this month with 9 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 CCU (15), RSU (1) and QEQM Fordwich (1) which were justifiable based on clinical need.

An NHSE and NHSI led Kent, Surrey and Sussex wide Task & Finish Group was established to ensure a consensus of the definitions and reporting arrangements of the national guidance, and this informed a local audit of providers of NHS funded care during September 2017. Revised guidance for reporting was implemented from 1st Feb 18 and includes patients in critical care who are clinically ready for transfer to a ward.



Safe Staffing





% 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 103.1% in Feb-18 (103.0% Jan-18).

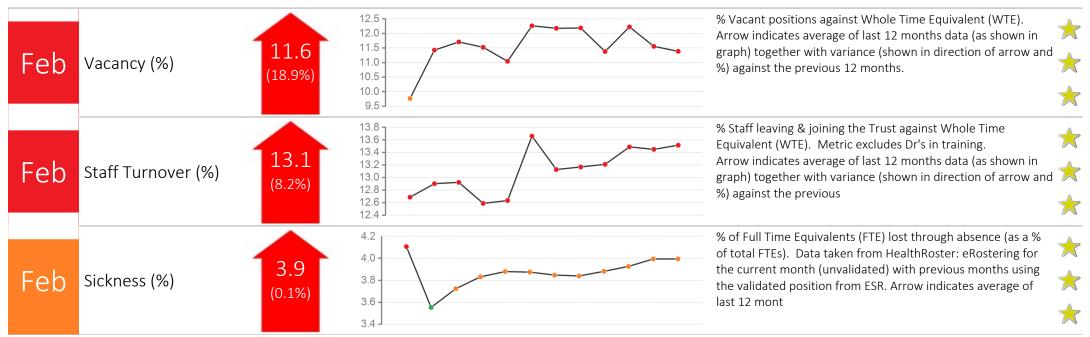
Low fill rates were seen on several wards due to a combination of high sickness and vacancies (St Margarets, Harvey, Invicta, Treble, MountMcMaster, Fordwich and Kingston, St Augustines, Kent, NICU and Birchington).

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. 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 of 7.7 (8.0 Jan-18) CHPPD is in line with our peer median based on spend and clinical output.



Strategic Theme: Human Resources

Gaps & Overtime



East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Feb

Overtime %





% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).





Comments:

Gaps and Overtime

The vacancy rate fell, month on month, to under 11.5%, but the average of the last 12 months 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 385 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 105 Nursing and Midwifery staff and 58 Medical and Dental staff.

The Turnover rate in month is 13.5%. 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 validated sickness absence position for January was 4.61% - which is an increase from 4.29% in December. 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.

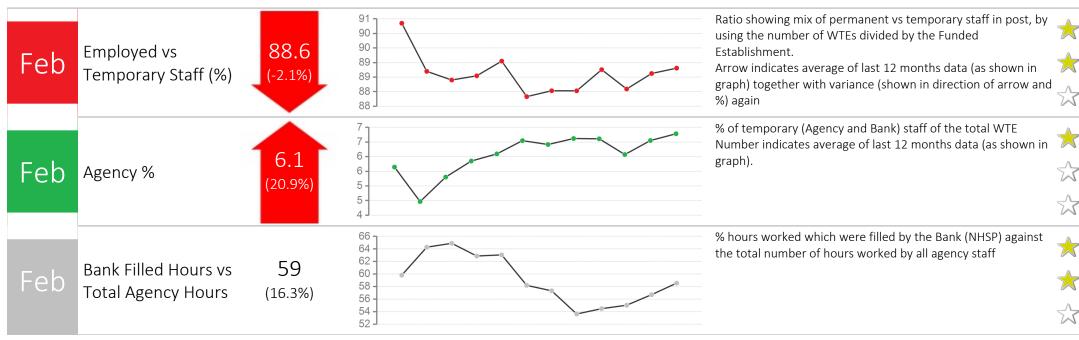
Overtime as a % of wte fell increased last month, but lower than two months ago. It remains at approximately 9.3% for the year on average.

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



Strategic Theme: Human Resources

Temporary Staff



East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Feb

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





Comments:

Temporary Staff

Total staff in post (WTE) increased slightly from 6968 in January to 6982 in February, which left a vacancy factor of approx. 770 wte across the Trust. As stated in the previous section, there are currently 385 candidates in the recruitment pipeline.

Agency staffing as a percentage of WTE remained the same in February at approx. 7%, although remains lower than the four peak months last autumn. The 12 months average shows a slight increase to 6.1% of WTE.

The average percentage of employed staff vs temporary staff over the last 12 months has reduced slightly from 88.8% to 88.6%.

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



Strategic Theme: Human Resources

Workforce & Culture



Comments:

Workforce & Culture

Average Statutory training 12 month average remains at 89% and has remained in month at 89% for February. 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 fell by 1% to 81%. An agreement was made by the Executive Team to lower the compliance rate to 85%, to take into account vacancies, sickness absence and maternity. The Strategic Development & Capital Planning and Surgical Services Divisions remain above the 85% target. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months, particularly with the expected fall in compliance at the beginning of each financial year.

The annual staff survey commenced on 9th October. EKHUFTs aim of achieving a response rate of over 50% across the organisation was achieved, with a 50.3% response rate.

The average time to recruit is 12 weeks, however a target has been set to reduce this to 8 weeks to ensure recruitment time meets the demands of our services.



Strategic Theme: Activity

Activity vs. Internal Business Plan

Kev Perfor	Key Performance Indicators		Feb-:	18			YTI)		YTD vs Last Yr				
Key i cito	I I I I I I I I I I I I I I I I I I I	Activity	Plan	Var#	Var %	Activity	Plan	Var#	Var %	Activity	Last Yr	Var#	Var %	Groon
		Activity	Plan	vai #	Var 70	Activity	Plati	vai #	Val 70	Activity	Last 11	Val #	Val %	Green
Feb	Referral Primary Care	13,620	14,140	(-520)	-4%	157,982	161,983	(-4,001)	-2%	157,982	157,806	176	0%	<=0%
100	Referral Non-Primary Care	12,295	12,455	(-160)	-1%	149,161	147,806	1,355	1%	149,161	154,555	(-5,394)	-3%	<=0%
	OP New	17,264	19,491	(-2,227)	-11%	215,035	220,959	(-5,924)	-3%	215,035	223,522	(-8,487)	-4%	>=0%
	OP Follow Up	38,508	41,620	(-3,112)	-7%	452,668	467,437	(-14,769)	-3%	452,668	454,221	(-1,553)	0%	>=0%
	Elective Daycase	5,951	6,084	(-133)	-2%	68,056	67,938	118	0%	68,056	72,662	(-4,606)	-6%	>=0%
	Elective Inpatient	1,115	1,288	(-173)	-13%	13,588	14,538	(-950)	-7%	13,588	14,241	(-653)	-5%	>=0%
	A&E	15,320	17,577	(-2,257)	-13%	189,134	196,541	(-7,407)	-4%	189,134	192,352	(-3,218)	-2%	>=0 & <5%
	Non-Elective Inpatient	6,126	6,838	(-712)	-10%	73,236	79,084	(-5,848)	-7%	73,236	64,411	8,825	14%	>=0 & <5%
	Chemotherapy	1,114	1,211	(-97)	-8%	13,144	14,340	(-1,196)	-8%	13,144	14,574	(-1,430)	-10%	>=0%
	Critical Care	1,777	1,574	203	13%	19,857	19,508	349	2%	19,857	19,737	120	1%	>=0%
	Dialysis	6,528	6,370	158	2%	76,145	75,808	337	0%	76,145	75,919	226	0%	>=0%
	Maternity Pathway	912	1,057	(-145)	-14%	12,869	12,504	365	3%	12,869	12,916	(-47)	0%	>=0%
	Pre-Op Assessments	3,152	2,962	190	6%	33,415	35,044	(-1,629)	-5%	33,415	31,456	1,959	6%	>=0%
	Diagnostic	423,006	406,189	16,817	4%	4,762,568	4,807,839	(-45,271)	-1%	4,762,568	4,725,877	36,691	1%	<=0%
	Other	5,040	4,603	437	9%	53,596	54,571	(-975)	-2%	53,596	48,292	5,304	11%	>=0%

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

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

February 2018

Elective Care

In February Primary Care referrals were 4% below expected levels; the YTD variance is approximately -4,000. Referrals are comfortably within normal levels and comparable to the same period last year (+176).

The Trust under achieved the new outpatient plan for February with appointments -11% (-2,227) under plan. This has increased the YTD variance to -3%. As with previous months the biggest drivers behind the under-performance are T&O, Physiotherapy, Ophthalmology and Cardiology. All services are actively engaging to respond to specialty level underperformance however it is unlikely they will be able to recover their forecasted deficits in March 2018. A reduction in primary care demand for Orthopaedics has rendered the specialty plan unachievable. The Neurology service has secured additional Locum capacity which has enabled them to recover their YTD underperformance and plans are in place to reduce waiting times to expected levels over the coming months. Across the Trust we observed an increased number of patient cancellations due to adverse weather. The Physiotherapy service observed a loss of outpatient capacity due to Ambulatory Care moving into the MSK gym at QEQMH as part of measures taken to improve A&E flow at the site. Cardiology Consultant led Outpatient activity remains in a strong position, the reported shortfall is observed within Cardiology Diagnostics.

The New Outpatient capacity delivered by the Trust in February was below demand levels, with the number of patients waiting to be seen for a first consultant led appointment increasing by 762 in month to 28,383 patients.

As with new Outpatients the Trust was unable to deliver the follow up plan in February, the YTD underperformance has remained at -3% (-14,769). There remain a number of large underperforming specialties, most notably Ophthalmology (-7,951), Physiotherapy (-6,518), Rheumatology (-4,162), Dermatology (-3,628) and T&O (-2,644). The Ophthalmology service secured additional weekend Follow Up capacity in February in order to improve the position over the remainder of the year. The Orthopaedic service commenced the Virtual Fracture Clinic and added additional clinic capacity for specific consultants during winter pressures to deal with any Follow Up backlog while operating has been reduced. The Physiotherapy service are reporting induction delays, a high vacancy rate and unusually high levels of maternity leave as the key drivers behind the underperformance, plans have been developed to recover the financial performance, unfortunately as with Outpatient Physiotherapy Newls the loss of the MSK gym capacity has affected the services ability to continue to recover their position.

A delay in the implementation of the CCG community contracts has resulted in long waiting times for Ophthalmology patients requiring follow up management. This has impacted on quality and patient safety. A recovery plan has now been implemented and the CCG has finalised contracts with community providers and the issue regarding the community clinical teams being requested to work outside NICE guidance in terms of the drug regime for wet Macular Degeneration (wAMD) has now been resolved.

The Trust continues to deliver the Daycases at planned levels with the YTD activity 118 procedures above plan. The Orthopaedic service remains the largest risk to delivery of the plan. A number of unavoidable recruitment delays combined with significant unplanned leave is driving an underperformance in activity. In addition to this, the service continues to lose capacity to short notice cancellations for Trauma and DNAIs. Changes to the waiting list initiative payment has limited the services ability to recover the position with additional sessions in month, as such they have now developed long term plans to address the underperformance, plans to increase day surgery rates over a 6 week winter period will improve this position across the year.

Elective Admissions are 7% behind the plan YTD. As with previous months large underperformances remain in Orthopaedics, Cardiology, Gynaecology, ENT and Paediatrics. Whilst the Trust secured additional theatre capacity to improve the position over Quarter 4, recovery plans were dependent on access to acute beds in early December and from mid-February. Due to Emergency pressures on the acute sites, elective inpatient activity in most specialty areas continues to be limited to cancer procedures and patients whose operative procedures were time critical in terms of a worsening condition. Sustained pressure into February has meant that it has not been possible to resume non-urgent elective operating. Ambulatory care continues to perform well above planned levels.

Non Elective Care

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

A&E Attendances in February were 12.8% below plan for the month, with the lowest number of observed monthly attendances since 2014. Further analysis shows low activity levels towards the end of the month caused which coincided with cold weather and poor travel conditions. It is expected that activity will return to normal planned levels from March 2018.

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

The Bed Occupancy of the Trust continued to be at challenging levels, but decreased in February to an overall Trust wide position of 100.0% (101.1% in January). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position improved, but was still very high at 104.1% during February. The William Harvey Hospital position has also continued to show above-expected bed occupancy with an overall position of 99.5% for February. Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During February the number of medical outliers decreased in comparison to January & December, with a monthly average of 76 medical outliers across the Trust,

compared to an average of 103 and 85 previously. Individual site levels of medical outliers over the month were 25 at the Queen Elizabeth the Queen Mother Hospital and 44 at William Harvey Hospital sites.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	14,538	16,541	-12%	-2,003
110 - Trauma & Orthopaedics	8,216	9,893	-17%	-1,677
300 - General Medicine	1,083	1,966	-45%	-883
107 - Vascular Surgery	1,997	2,605	-23%	-608
120 - Ear, Nose & Throat	10,348	10,920	-5%	-572
140 - Maxillo Facial	7,030	7,535	-7%	-505
651 - Occupational Therapy	541	44	1120%	497
329 - TIA	1,406	630	123%	776
420 - Paediatrics	6,042	5,234	15%	808
320 - Cardiology	15,591	14,189	10%	1,402
Total	157,982	161,983	-2%	-4,001

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	18,379	20,385	-10%	2,006
650 - Physiotherapy	17,819	19,529	-9%	1,710
320 - Cardiology	22,066	23,717	-7%	1,651
130 - Ophthalmology	19,603	20,541	-5%	-938
328 - Stroke Medicine	667	1,375	-51%	-708
430 - HCOOP	2,785	3,332	-16%	-547
330 - Dermatology	12,325	12,762	-3%	-437
143 - Orthodontics	698	268	160%	430
655 - Orthoptics	2,568	1,969	30%	599
420 - Paediatrics	8,038	7,393	9%	645
Total	215,035	220,959	-3%	-5,924

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	16,767	17,815	-6%	-1,048
320 - Cardiology	32,576	33,419	-3%	-843
650 - Physiotherapy	12,582	13,372	-6%	-790
328 - Stroke Medicine	769	1,407	-45%	-638
329 - TIA	768	1,222	-37%	-454
400 - Neurology	1,901	2,350	-19%	-449
107 - Vascular Surgery	1,473	1,008	46%	465
800 - Clinical Oncology	10,286	9,633	7%	653
300 - General Medicine	2,068	1,397	48%	671
130 - Ophthalmology	11,499	8,635	33%	2,864
Total	149,161	147,806	1%	1,355

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	53,184	61,135	-13%	-7,951
650 - Physiotherapy	58,821	65,339	-10%	-6,518
410 - Rheumatology	12,827	16,989	-24%	-4,162
330 - Dermatology	19,058	22,686	-16%	-3,628
110 - Trauma & Orthopaedics	31,676	34,320	-8%	-2,644
302 - Endocrinology	2,112	4,554	-54%	-2,442
420 - Paediatrics	9,127	11,120	-18%	-1,993
800 - Clinical Oncology	39,569	37,314	6%	2,255
290 - Community Paediatrics	22,694	17,885	27%	4,809
320 - Cardiology	22,804	16,412	39%	6,392
Total	452.668	467.437	-3%	-14.769

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	5,089	5,953	-15%	-864
410 - Rheumatology	1,209	1,665	-27%	-456
330 - Dermatology	3,889	4,302	-10%	-413
303 - Clinical Haematology	2,926	3,310	-12%	-384
120 - Ear, Nose & Throat	2,411	2,654	-9%	-243
300 - General Medicine	18,900	18,629	1%	271
430 - HCOOP	791	450	76%	341
320 - Cardiology	3,057	2,715	13%	342
502 - Gynaecology	2,172	1,748	24%	424
800 - Clinical Oncology	4,651	3,423	36%	1,228
Total	68,056	67,938	0%	118

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
180 - Accident & Emergency	3,477	6,383	-46%	-2,906
430 - HCOOP	9,881	11,644	-15%	-1,763
300 - General Medicine	22,867	24,559	-7%	-1,692
420 - Paediatrics	8,365	8,882	-6%	-517
101 - Urology	3,471	3,868	-10%	397
422 - Neonatology	520	305	71%	21 5
340 - Respiratory Medicine	494	258	92%	23 6
501 - Obstetrics	4,420	4,175	6%	245
320 - Cardiology	1,984	1,679	18%	30 5
110 - Trauma & Orthopaedics	3,796	3,335	14%	461
Total	73,236	79,084	-7%	-5,848

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	2,776	3,530	-21%	-754
320 - Cardiology	272	666	-59%	-394
502 - Gynaecology	1,134	1,484	-24%	-350
120 - Ear, Nose & Throat	672	880	-24%	-208
420 - Paediatrics	159	279	-43%	-120
103 - Breast Surgery	368	479	-23%	-111
430 - HCOOP	159	65	143%	94
104 - Colorectal Surgery	479	378	27%	101
503 - Gynaecology Oncology	255	99	157%	156
300 - General Medicine	1,846	901	105%	945
Total	13,588	14,538	-7 %	-950

Other

-1%	-45,271
-4%	-7,407
-5%	-1,629
-8%	-1,196
-2%	-975
3%	365
2%	349
0%	337
75808	75808 0%
-	-8% -2% 3% 2%

Strategic Theme: KPIs



4 Hour Emergency Access Standard

Key Performance Indicators

77.77%

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Green
4 Hour Compliance	80.16%	76.93%	76.78%	78.15%	71.18%	70.10%	70.51%	75.34%	79.91%	73.59%	74.09%	77.77%	95%
12 Hour Trolley Waits	0	0	0	1	1	2	0	0	0	2	2	0	0
Left without being seen	3.08%	3.82%	3.57%	3.62%	5.05%	4.51%	4.48%	3.44%	2.65%	3.45%	2.75%	2.30%	<5%
Unplanned Reattenders	9.11%	8.48%	9.04%	9.45%	10.00%	9.22%	8.75%	8.68%	8.96%	8.96%	8.88%	8.81%	<5%
Time to initial assessment (15 mins)	77.8%	77.9%	93.8%	93.9%	92.4%	92.3%	93.4%	90.6%	91.1%	88.6%	93.6%	95.8%	90%
% Time to Treatment (60 Mins)	40.7%	39.4%	51.1%	51.6%	46.7%	46.1%	45.9%	47.8%	54.6%	53.3%	55.5%	47.9%	50%

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

-12.23	
%	

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
Trajectory	75.0%	75.0%	80.0%	83.0%	87.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%	
Performance	76.9%	76.8%	78.2%	71.2%	70.1%	70.5%	75.3%	79.9%	73.6%	74.1%	77.8%		

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

Summary Performance

February performance for the 4 hour target was 77.8%, against the NHS Improvement trajectory of 90.0%. This is an increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in February, which is an improvement from the two seen in January. The number of patients who left the department without being seen remained compliant, decreasing to 2.30% from last month. Unplanned re-attendances decreased slightly in February to 8.81%, but remained non-compliant.

The priority and focus for February has been to maintain safe patient care; improving performance and patient flow across the whole emergency patient pathway.

There has been an increase in activity, with high numbers of medically unwell patients continuing to attend ED by ambulance. Although patient acuity has been high there has been reduction in the demand and pressure on ITU beds. The high numbers of emergency patients attending ED has put increasing pressure on the staff in ED to maintain safe patient care and in order to mitigate the clinical risk the additional consultant acute physician hours have continued to be been allocated to ED, ambulatory care and the Acute Medical Unit. Additional Consultant Physician sessions have also been utilised to provide additional medical ward rounds. The February Half Term plans were robustly managed across all Divisions to provide assurance that all ward areas were safely covered and normal services were maintained and enhanced at weekends.

The increased number of emergency medical admission have required all bed escalation areas to be opened throughout the month, these areas have included additional ward areas, cardiac step down and surgical assessment unit at WHH. The discharge lounge at QEQMH was only opened in extremis with a priority to close the beds as quickly as possible. The QEQMH have successfully increased their discharge lounge usage through the team proactively pulling patients from the wards, offering patient services, including organising discharge summaries and medication to encourage wards to transfer patients to the discharge lounge in the mornings.

It continued to be a priority to work with SECAMB colleagues in order to minimise the number of handover delays. This has proven to be challenging when high numbers of ambulance arrive within an hour, including GP expected medical patients arriving in the early evening, however performance has improved with 96% of patients being handed over within 15 minutes.

The WHH EDIs Rapid Assessment and Treatment (RAT) area has been opened with a new patient flow to enable ambulance and walking patients to be assessed on arrival and steamed to the most appropriate area of the department. The implementation of the RAT at WHH has seen an improvement in the 60 minute performance standard with WHH achieving 53.8% in February. The Trust achieved 47.8% and QEQMH 30.8% due to the department not having a dedicated space to implement a RAT. Plans are being developed for a small RAT area to be implemented at QEQMH as soon as an appropriate clinical area can be released.

The GP services at QEQMH and WHH continues to become embedded in both departments with an increasing number of patients being streamed through this pathway.

Medical staffing vacancies at Speciality Doctor (middle grade level) continue to improve as new substantive doctors are coming into post. Both sites are now fully recruited to, with a waiting list of Doctors as we have consciously over recruited to mitigate the risk of Doctors dropping out during the oversease recruitment process. Nursing resignations during February have slowed with a robust workforce plan is being developed, which includes a skills escalator for nursing career development.

The Urgent Care Recovery Plan remains a priority with the focus on patient safety and patient flow across the whole pathway.

Priorities for February have been:

- Daily huddles with the multi-disciplinary team to set the pace for the day and focus on operational management of the Hospital.
- Prioritising and embedding the process of identifying a golden patient from each ward to support early morning discharge
- Increased use of the Discharge Lounge.
- Improving timely bed allocation process to reduce any unnecessary time delays from when a bed is allocated to a new patient arriving on the ward
- Silver Command I The GM or Matron for Urgent Care are based in the ED to proactively manage patient flow throughout the ED and mitigate 4 hour breaches
- Primary care service in ED with the objective of achieving 30% of patients being streamed to the GP during the primary care service hours.

Risks to delivery of the standard:

- Overcrowding in ED due to poor patient flow and lack of timely bed availability
- Availability of medical registrar level locums to provide a twilight senior doctor on call
- High patient acuity
- High ambulance attendances in the evenings
- Availability of medical agency staff to cover escalation areas

Strategic Theme: KPIs



Cancer Compliance

Key Performance Indicators

73.31 %

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Green
62 day Treatments	77.30%	72.40%	70.19%	75.18%	73.80%	74.29%	74.55%	74.37%	71.97%	74.17%	74.87%	73.31%	>=85%
>104 day breaches	40	38	32	46	42	30	25	28	27	26	30	29	0
Demand: 2ww Refs	3,609	2,625	3,296	3,630	3,329	3,475	3,174	3,399	3,341	2,716	3,398	3,000	2990 - 3305
2ww Compliance	97.41%	93.59%	95.67%	96.78%	94.86%	95.65%	95.26%	94.63%	96.43%	96.28%	95.76%	97.11%	>=93%
Symptomatic Breast	93.57%	90.91%	90.71%	89.87%	83.97%	91.72%	95.50%	94.29%	94.44%	92.37%	89.84%	98.48%	>=93%
31 Day First Treatment	97.42%	95.68%	94.81%	95.99%	93.92%	96.99%	93.23%	98.97%	97.00%	95.67%	94.06%	97.63%	>=96%
31 Day Subsequent Surgery	90.24%	89.29%	92.00%	85.96%	87.04%	89.58%	85.42%	95.12%	85.71%	84.85%	87.23%	89.19%	>=94%
31 Day Subsequent Drug	97.50%	97.06%	95.24%	97.53%	98.41%	95.52%	96.77%	100.00%	100.00%	94.59%	98.85%	97.67%	>=98%
62 Day Screening	89.23%	92.00%	95.00%	95.83%	92.73%	92.00%	93.55%	92.86%	89.29%	93.33%	90.91%	79.31%	>=90%
62 Day Upgrades	69.77%	66.67%	80.56%	76.19%	86.84%	87.50%	85.71%	82.98%	84.00%	92.11%	85.00%	78.26%	>=85%

2017/2018 Trajectory

-11.83		. 42	May-17						Nov-17					Green
%	STF Trajectory	71.60%	66.60%	76.80%	80.90%	83.40%	85.90%	85.60%	85.80%	86.00%	86.00%	85.50%	87.00%	Sep
70	Performance	72.40%	70.19%	75.18%	73.80%	74.29%	74.55%	74.37%	71.97%	74.17%	74.87%	73.31%		Sep

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

Summary Performance

February performance is currently 73.14% against the improvement trajectory of 85.5%, validation continues until the beginning of April in line with the national time table. The total number of patients on an active cancer pathway is 2,612. There are currently 29 patients waiting 104 days or more for treatment, which has been fairly static for 5 months.

Our overall PTL size has been decreasing over the past six months from approximately 3,100 to circa 2,400 in the previous months, however this has increased by circa 200 this month. There has been a decrease in the total number of patients over 62 days on the PTL (both diagnosed and undiagnosed) which has been an average of 180 over the past year, but is currently 144

Risks to delivery of the standard:

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

Actions taken to mitigate risk and improve performance:

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

	July Average	August Average	September Average	October Average	November Average	December Average	January Average	February Average
Over 62 days	180	155	158	140	135	126	164	155
Over104 days	43	38	29	22	26	24	28	27

- We have seen a slight increase in the number of patients on a cancer pathway over 62 days; this is however beginning to decrease and positively our diagnosed patients over 62 days has not increased due to this.
- Positively we achieved both the 31 day first treatment metric and the symptomatic breast two week wait target.

- A webpage style PTL has been implemented with all tumour sites. This refreshes data every 30 minutes from Infoflex providing a real time position and validation for each tumour site. This has seen significant improvements within tumour sites in terms of actions being completed and patients being pushed through their pathways.
- We had a successful visit from NHSI and IST at the end of October, with the focus on Urology. Key actions have been taken from this meeting including demand and capacity modelling for diagnostics and urology.
- We have been successful in gaining funding from NHSI to support improvement in our 62 day performance. We have been given £48K which was utilised for additional cancer pathway trackers and a pathway tracker for pathology. This has been very successful and we are looking to make this role substantive. In December an additional £145k was agreed to be spent on radiology reporting to improve this turnaround time.
- Urology have additional staffing from February (one consultant and two clinical nurse specialists) this increase in workforce should start to allow us to implement pathway changes which will significantly impact on performance.
- We are in the process of reviewing and re-vamping our trust wide cancer action plan to ensure that the actions on these are specific and measurable.

Strategic Theme: KPIs



18 Week Referral to Treatment Standard

Key Performance Indicators

77.03 %

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Green
Performance	85.40%	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%	77.62%	77.03%	>=92%
52w+	28	29	36	30	30	31	51	64	67	80	108	141	0
Waiting list Size	46,483	47,649	49,241	50,377	53,801	54,519	54,749	54,783	54,777	54,383	52,942	54,306	<38,938
Backlog Size	6,785	7,218	6,980	7,519	8,816	9,497	10,096	10,312	10,481	11,599	11,847	12,474	<2,178
Demand: PC Referrals	17,864	13,818	16,467	16,948	15,785	15,550	15,218	16,602	16,079	12,568	15,537	14,483	<15,484
Demand: Additions to IP WL	3,587	2,689	3,086	3,432	3,160	3,079	3,164	3,473	3,734	2,815	3,416	2,963	<3,076
Pathway 1st OPA													>=92%
Pathway Decision to Treat													>=92%

2017/2018 Trajectory

-8.97 %

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
STF Trajectory	84.13%	83.46%	84.20%	84.44%	83.91%	84.45%	84.75%	85.71%	84.95%	85.18%	86.00%	86.93%	87%
Performance	84.85%	85.82%	85.07%	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%	77.62%	77.03%		Sept

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

Summary Performance

February performance decreased to 77.03%.

The number of patients waiting over 52 weeks for first treatment has increased to 141, with elective cancellations over the winter pressures period largely responsible. This is above the trajectory submitted to NHSI, General Surgery (20), Gynaecology (24), ENT (3), Urology (1), Gastroenterology (1), Dermatology (1) and Other Specs (1).

Due to the continued winter bed pressures which the trust is still experiencing, it has not been possible to recommence elective activity to the required planned levels. This is particularly evident within Orthopaedics where the specialty has not yet been able to regain the use of their elective wards.

Performance has been further restricted by pockets of reduced activity in outpatients, predominantly within Pain, Orthopaedics and Head and Neck specialities. This is currently being investigated.

Risks to delivery of the standard:

- Impact of NHSI directive to cancel all non-urgent or time critical patients due to emergency pressures
- Continued reduced elective activity due to winter pressures
- Higher than planned demand within business plan resulting in no flexibility within capacity in key specialities such as Dermatology, Maxillo Facial and Gynaecology.
- Recruitment constraints in services such as Neurology, Dermatology, leading to long outpatient and elective waits. (Neurology has now recruited additional locum consultants and is starting to reduce their outpatient waiting times accordingly)
- Change in payment for waiting list initiatives, has led to a significant reduction in medical staff providing additional capacity outside agreed job plans.
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits.
- ENT surgical demand remains in excess of capacity in key subspecialties resulting in 52 week waits.
- Gynaecology are experiencing unforeseen reduced capacity due to medical workforce
- Ability to flex additional capacity due to staffing constraints, particularly within outpatients
- Advanced booking of patients within all elements of the patients pathway
- Clinical criteria of independent sectors to enable transfer of patients for treatment

Actions taken to mitigate risk and improve performance:

- Utilising independent beds for time critical patients
- Use of day unit as an overnight stay facility to mitigate some of the reduction of elective beds
- Prioritising those patients with the longest waiting times into the above areas where surgical appropriate
- Continue to explore sourcing of outpatient internal capacity for all key specialities

- The Trust has established long term solutions for additional theatre capacity. These will be fully realised when elective operating has recommenced in its entirety
- All speciality RTT improvement plans will be refreshed and focused on the agreed compliance for 2018/19
- A refreshed focus on all patients currently at 35 weeks and above to reduce the patients waiting at 52 weeks
- A focus on chronological booking in all specialities, specifically introducing site theatre efficiency programme to improve forward booking and utilisation
 of lists and create a team approach to solving problems

Strategic Theme: KPIs



6 Week Referral to Diagnostic Standard

Key Performance Indicators

|--|

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Green
Performance	99.78%	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	>=99%
Waiting list Size	15,580	14,882	14,480	14,709	14,822	14,011	14,827	15,419	14,321	14,345	13,637	14,125	<14,000
Waiting > 6 Week Breaches	35	140	92	80	119	120	79	63	22	52	75	62	<60
Average Wait													<4

2017/18 Trajectory

0.46%

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Green
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	Apr
Performance	99.06%	99.36%	99.46%	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%		Apr

Summary Performance

The standard has been met for February 2018 with a compliance of 99.56%. As at the end of the month there were 62 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

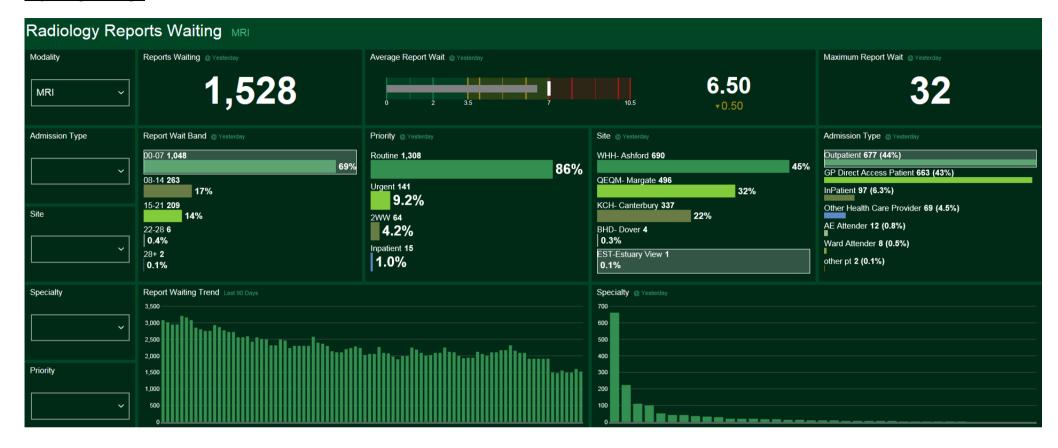
Radiology: 36; 13 in Computed Tomography, 22 in Non-Obstetric ultrasound, 1 in MRI

Cardiology: 17Urodynamics: 9

Risks to delivery of the standard:

- Of the 62 breaches in total (36 Radiology, 17 in Echocardiography, 9 Urodynamics in Gynaecology). The number of patients waiting has
 decreased by 486 (ultrasound +500 compared to January). 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 position details below.
- Current wait time for Cancer referrals is 4-5 days for CT and 6 days for MRI.
- CT backlog reports are 1,140 (previous report 1,311) and MRI is 2,073 (previous 2,221) both backlogs have shown improvement in month as a result of the third party, substantive and locum reporting activity as of 01/03/18. 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.
- Increasing third party provider support for MRI backlog in particular.
- Workforce resilience: It is additionally acknowledged the reliability and clinical skill mix of locums restricts service improvement and backlog reductions.

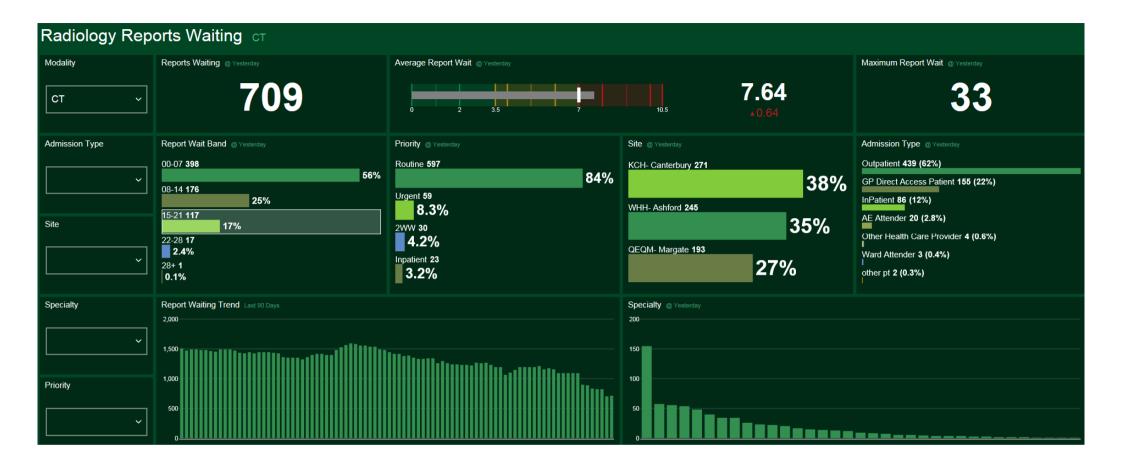
Reporting backlogs:



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

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

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



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

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

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

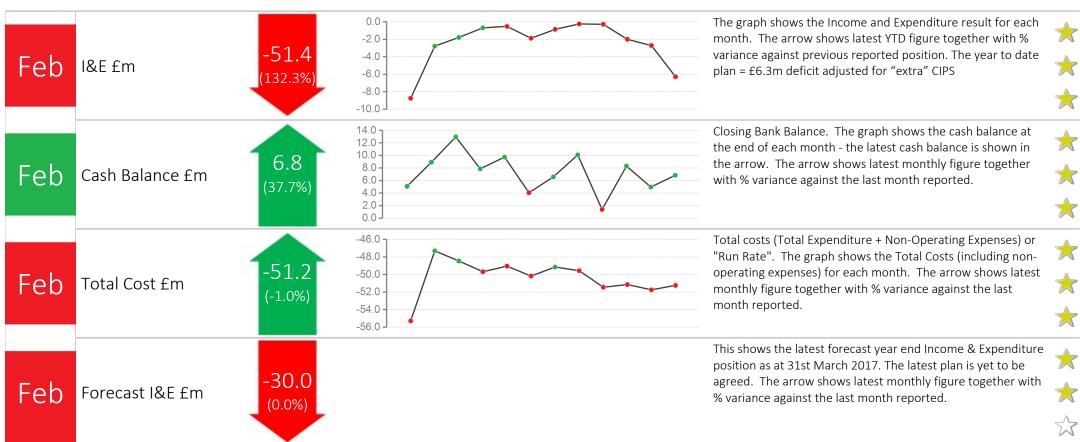
Actions taken to mitigate risk and sustain performance:

- We are working closely with GE and IT to monitor resilience of the system; some planned downtime is required to make this happen but this
 will be planned in collaboration with all parties.
- We continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- Outsourcing Cardiology CT currently 30 per month.
- New MRIIs are commissioned and fully functional at KCH are enabling us to review some mobile use week on week; however to bring the workload to realistic levels of 2 weeks we continue to need additional vans supporting service delivery.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Working with third party reporting providers to increase capacity.
- We have made a request to Commissioners to close Direct Access MRI slots to reduce demand, free up capacity and or reduce financial burden of buying in Vans and outsourcing the reporting which is no longer cost effective. This has been agreed for South Kent and Thanet but not yet for Canterbury and Ashford areas and no formal agreement is yet in place for either commissioner.
- 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



Feb Normalised Forecast £m -30.0 (0.0%)

Strategic Theme: Finance

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







Comments:

The Trust's I&E deficit in February (month 11) was £6.2m (consolidated position excluding Sustainability and Transformation Funds, including Spencer Wing, and after technical adjustments) against a planned deficit of £2m.

The year to date the adjusted I&E deficit is £26m which is £6.5m behind plan

The Trust forecasts remains at £11m worse than plan to recognise the expected impact of additional A&E pressures and winter costs which will deliver a £30m deficit for the full year. This is excluding the impact of any commissioner challenges.

Trust unconsolidated pay costs in the month of £30.0m were £0.2m less than January but £1.2m over plan. The over spend is driven by A&E/Winter pressures. Permanent staff costs (including Overtime) were £0.6m higher than December. Bank usage decreased by £0.3m and agency/locum staff increased £0.4m. All temporary staff (agency, bank, locum, overtime) increased by £0.1m to £4.5m in month. Waiting list payments fell to £0.1m in month but were still which is on plan. Pay is now £4.5m worse than plan year to date. The main driver for the pay overspend against plan in month is the inability to close beds driven by A&E/Winter activity which have also resulted in increased pay spend in ED to maintain patient safety.

Clinical income was £1m behind plan in month. This is driven by low elective work due to bed pressures which have extended longer than originally predicted and the impact of the snow at the end of the month. This is offset somewhat by strong non-elective activity and the non planned Health and Social Village bed income. Clinical income is £0.8m better than plan year to date. Other income is £1.9m worse than plan in month driven by lost STF funding. Year to date other income is £3.9m behind plan as lost STF income is offset by over recovery of R&D and education income.

Against the £32m CIPS target, including income, £29m is reported year to date against a target of £28.8m, £0.2m behind plan. Of the reported position 18% is non recurrent.

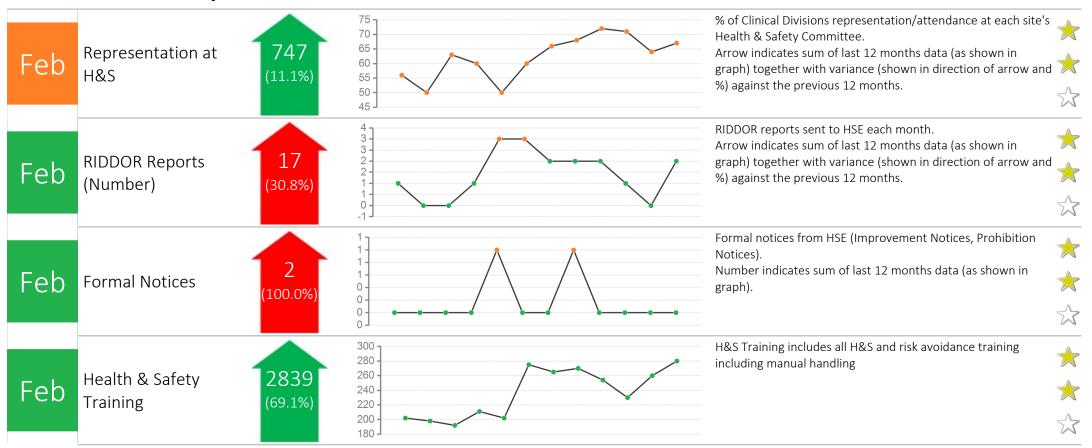
The cash balance as at the end of December was £6.8m, £0.8m above plan. The trusts total cash borrowing is now £31.8m.

As the expenditure impact of A&E/Winter are now impacting the financial position the revised Trust Forecast remains unchanged at £30.1m (after NHSi adjustments) and is dependant upon the ability of the Trust to deliver income at higher levels usually seen in March.



Strategic Theme: Health & Safety

Health & Safety 1



Comments:

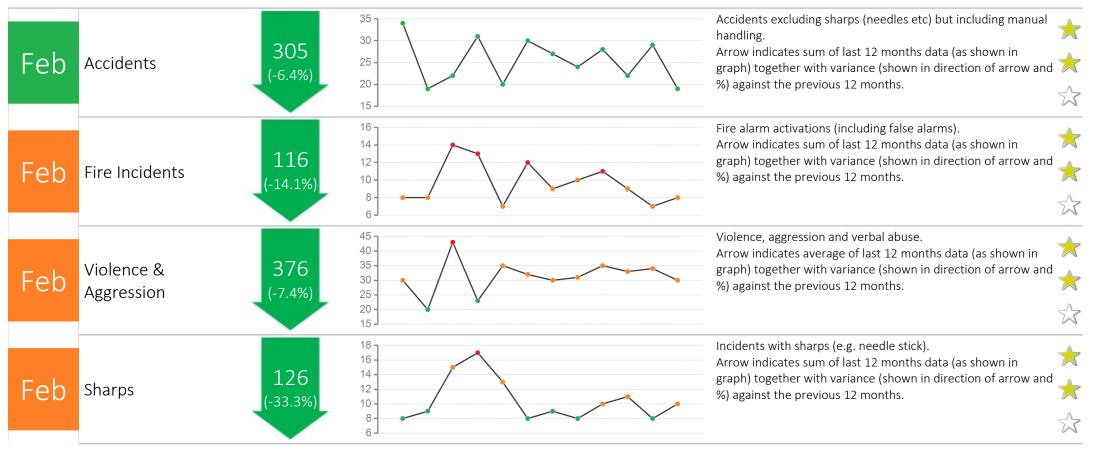
Representation at H&S meetings increased positively in month.

There are two RIDDORs to report this month – both relate to historical incidents. The first related to an accident that occurred whilst at a patients home, the second related to a nurse who sustained a shoulder injury whilst assisting a patient.



Strategic Theme: Health & Safety

Health & Safety 2



Comments:

The number of Accidents declined in month to a year to date low level.

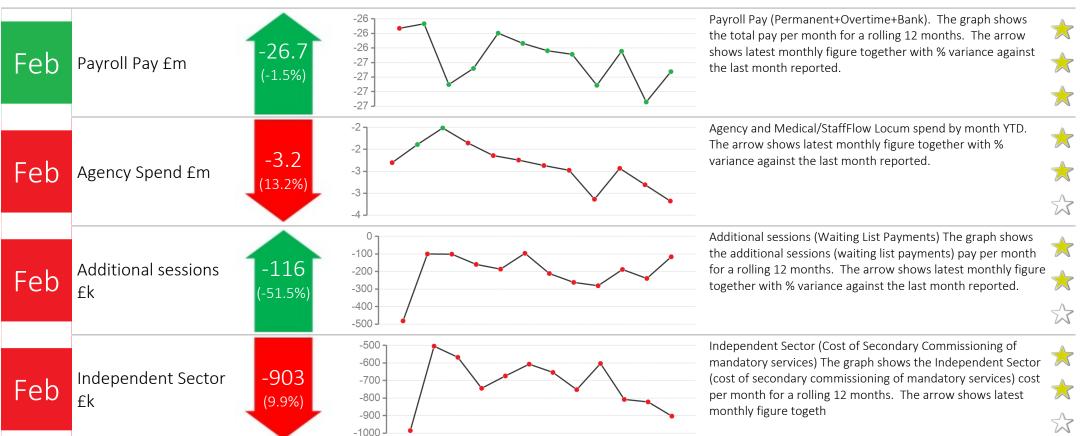
Violent and Aggression incidents remained relatively consistent with previous months and remains in an amber rating.

Fire and Sharps incidents increased in month but both remain low compared to previous periods and will remain under review.



Strategic Theme: Use of Resources

Pay Independent



Comments:

Pay performance is adverse to plan ytd by £4.5m (1.4%).

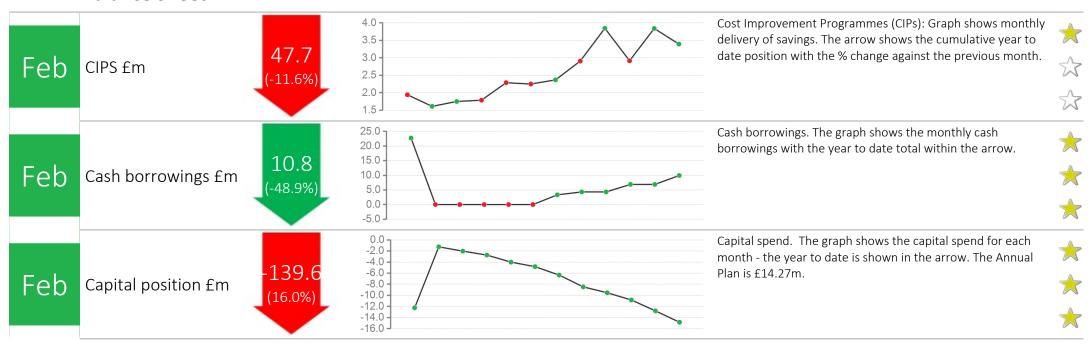
Trust unconsolidated pay costs in the month of £30.0m were £0.2m less than January but £1.2m over plan. The over spend is driven by A&E/Winter pressures.

Permanent staff costs (including Overtime) were £0.6m higher than December. Bank usage decreased by £0.3m and agency/locum staff increased £0.4m. All temporary staff (agency, bank, locum, overtime) increased by £0.1m to £4.5m in month. Waiting list payments fell to £0.1m in month but were still which is on plan. Pay is now £4.5m worse than plan year to date. The main driver for the pay overspend against plan in month is the inability to close beds driven by A&E/Winter activity which have also resulted in increased pay spend in ED to maintain patient safety.



Strategic Theme: Use of Resources

Balance Sheet



Comments:

The cash balance as at the end of January was £6.8m, £0.8m above plan. £3.1m was borrowed in month but the Trust has requested £14.4m of exceptional working capital funding for March to address creditor payment issues. The Trust is currently borrowing a total of £31.8m of cash.

Total invoiced debtors have decreased from the opening position of £19.2m by £1.6m to £17.6m.

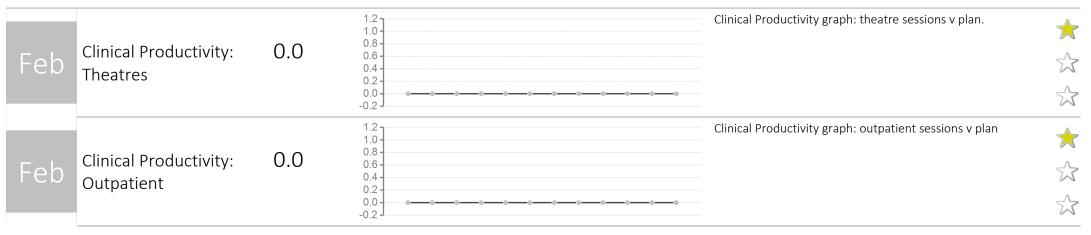
At 28th February there were 5 debtors owing over £1m. South Kent Coast CCG £2.4m, Canterbury & Coastal CCG £1.6m, Ashford CCG £2.1m, all with current outstanding invoices for M1-6 over performance. Maidstone & Tunbridge Wells owes £1.2m and NHS England South East Commissioning Hub £1.3m

Invoiced creditors have increased by £8.8m from the opening position to £39.9m. 49% relates to current invoices (M10 49%) with 10% or £4m (M10 £4.3m) over 90 days.



Strategic Theme: Use of Resources

Productivity



Comments:

The CIPs Plan is net of the cost of delivery. CIPs achieved in M11 were £3.4m against a plan of £3.3m. Achievement for the Year to Date £29.0m against plan of £28.8m. The net target for the year is £32m. The major areas of CIP achievement in M11 were Divisional schemes £1.2m, Patient Flow £0.4m, Medicines Optimisation £0.1m and Workforce £0.7m offset by shortfalls in agency £(0.2m). CIPs in February amounted to £3.1m recurrent and £0.3m on a non-recurrent basis. Year to date £25.4m recurrent and £4.6m non-recurrently.



Strategic Theme: Improvement Journey

		Oct	Nov	Dec	Jan	Feb	
MD01 - End Of Life	Lost Days (Fast Track)	13	15	14	13	15	
MD02 - Emergency	ED - 4hr Compliance (%)	75.35	79.91	73.60	74.09	77.77	>= 95
Pathway	ED - 1hr Clinician Seen (%)	38	45	41	45	48	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	12	13	12	14	13	>= 35
	Medical Outliers	69	73	87	105	79	
	Lost Days (Non-EKHUFT)	56	61	61	64	58	
	DToCs (Average per Day)	55	55	49	56	52	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	74.37	71.97	74.17	74.87	73.31	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	29	30	28	27	24	< 28
	Staff Turnover (Midwifery)	13	13	13	13	13	<= 10
	Vacancy (Midwifery) %	5	6	7	7	8	<= 7
MD08 - Recruitment &	Staff Turnover (%)	13.2	13.2	13.5	13.5	13.5	<= 10
Staffing	Vacancy (%)	12.2	11.4	12.2	11.6	11.4	<= 7
	Staff Turnover (Nursing)	13	13	14	14	14	<= 10
	Vacancy (Nursing) %	13	9	10	10	11	<= 7
	Vacancy (Medical) %	16	13	17	17	16	<= 7
MD09 - Workforce	Appraisal Rate (%)	81.7	81.9	82.2	81.7	81.4	>= 85
Compliance	Statutory Training (%)	89	89	88	89	89	>= 85
KF01 - Complaints	Complaint Response in Timescales %	79.7	87.0	79.2	84.8	87.2	>= 85
	Complaint Response within 30 days %	3.4	7.2	15.1	13.6	25.5	>= 85

KF02 - Workforce & Cu	Iture Staff FFT - Work (%)	49	49	49	49	49 >= 60
	Staff FFT - Treatment (%)	70	70	70	70	70 >= 81.4
KF09 - Medicines	Pharm: Fridges Locked (%)	78		94		>=95
Management	Pharm: Fridge Temps (%)	84		86		>= 100
	Pharm: Drug Trolleys Locked (%)	99		100		>= 90
	Pharm: Resus. Trolley Check (%)	79		83		>= 90
	Pharm: Drug Cupboards Locked (%)	74	0	83		>= 90



Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55	
	ED - 4hr Compliance (%)	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge.	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and 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 %

Clinical Outcomes	Cleanliness Audits (%)	Cleaning Schedule Audits	>= 98	5 %
	Clinical Audit Prog. Audit	Agreed Clinical Audit programme meets national programme requirements	>= 3	5 %
	Clinical Audit Review	Review of the Clinical Audit Programme	>= 3	5 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - 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 %

Data Quality & Assurance	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from	>= 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 %

Health & Safety	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
	Blood Transfusion Incidents	The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the 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 %

Incidents	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 %		
	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.				

Infection	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 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. Crude Mortality NEL (per The number of deaths per 1,000 non-elective admissions.				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 inhospital 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 %
	SHMI	Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to	< 0.95	15 %
Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %

Observations	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %		
	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %		
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %		
Patient Experience	Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %		
	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89			
	Care that matters to you? %	Based on a question asked within the Trust's Inpatient Survey, did you get the care that matters to you? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates average of last 12 months data (as shown in graph).	>= 89			
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as 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				
	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				

Patient Experience	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 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 %		
	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			
	Respect & Dignity? %	Based on a question asked within the Trust's Inpatient Survey, overall, did you feel you were treated with respect and dignity while you were in hospital by the nursing staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 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				
	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 %		

Productivity	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 equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Communit	>= 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).				

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Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwive	< 28	2 %
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	
Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). 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 RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
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 %
Temp Staff (WTE)	WTE Count of Temporary Staff Used	< 182	

Staffing	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 expediture on agency staff as a % of total monthly budget.	< 100	5 %
	Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
	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	

Use of Resources	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	< 0
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan	
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.	
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure 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



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Human Resources Heatmap

			Finance &		Qual Safety &		Strat Dev &	Urgent & Long		
	Clinical	Corporate	Perform	HR	Ops	Specialist	Cap Plan	Surgical	Term	
Agency %	2.5	1.6	1.7	0.8	3.4	4.0	7.1	6.7	14.1	
Appraisal Rate (%)	78.4	62.8	83.3	91.3	63.2	83.5	85.9	89.5	74.9	
Employed vs Temporary Staff (%)	87.0	89.7	91.2	88.4	91.6	92.9	86.0	91.7	84.7	
Sickness (%)	4.1	3.3	2.1	3.9	3.5	4.1	3.8	4.0	4.0	
Staff Turnover (%)	15.7	15.2	9.5	14.6	10.1	12.1	8.4	12.9	14.6	
Statutory Training (%)	91	87	96	94	87	89	95	88	87	
Total Staff In Post (SiP)	1452	79	130	123	122	1353	322	1733	1655	
Vacancy (%)	13.0	12.6	8.8	13.7	8.4	7.2	14.0	8.7	15.4	



Patient Safety Heatmap - FEBRUARY 2018

data not yet available NULL N/A metric is not applicable	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with	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)
KCH - Kent & Canterbury																	
Specialist																	
KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	25	100	100	100	61	100	0.0	98.6	88	100	11
MARL - MARLOWE WARD	100.0	3	3	0	0	0	98	33	33	50	50	94	2.9	86.5	98	100	6
Surgical																	
CLKE - CLARKE WARD	100.0	2	2	0	0	0	98	33	50	33	6	95	0.0	86.4	105	93	7
KENT - KENT WARD	100.0	0	1	0	0	0	45	50	50	50	26	100	0.0	93.1	102	95	9
KITU - KCH ITU	80.0	0	0	0	0	0	49	N/A	N/A	N/A	N/A	N/A	N/A	92.1	80	96	21
Urgent Care																	
HARB - HARBLEDOWN WARD	100.0	1	7	0	0	0	0	33	50	33	0	NULL	NULL	95.2	102	122	6
INV - INVICTA WARD	100.0	0	0	0	0	0	0	33	50	33	16	100	0.0	90.1	94	100	6
KING - KINGSTON WARD	100.0	0	5	0	0	0	0	33	33	33	24	89	0.0	89.3	108	119	7
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	3	0	0	0	0	50	50	33	27	100	0.0	93.8	99	121	6
MTMC - MOUNT/MCMASTER WARD	100.0	0	2	0	0	0	10	50	50	50	16	100	0.0	88.3	93	129	5
TREB - TREBLE WARD	100.0	0	4	0	0	0	31	50	50	50	36	94	0.0	88.8	101	98	7
QEH - Queen Elizabeth Queen Mother																	
Specialist																	
BIR - BIRCHINGTON WARD	100.0	2	1	0	0	0	0	50	50	50	1	100	0.0	97.5	92	111	6
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	81.4	77	84	21
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	14	N/A	N/A	N/A	N/A	N/A	N/A	91.8	97	102	11
RAI - RAINBOW WARD	100.0	0	1	0	0	0	0	N/A	N/A	N/A	38	96	1.2	91.7	114	134	10
Surgical																	
BIS - BISHOPSTONE WARD	94.4	0	3	0	0	0	70	33	50	33	59	100	0.0	96.2	80	76	8
CSF - CHEERFUL SPARROWS FEMALE	100.0	1	0	0	0	1	72	50	50	50	76	100	0.0	80.0	111	143	7
CSM - CHEERFUL SPARROWS MALE	100.0	2	1	0	0	0	23	50	33	50	62	96	0.0	95.9	130	153	7
QITU - QEH ITU	100.0	2	0	0	0	1	98	N/A	N/A	N/A	N/A	N/A	N/A	87.6	88	107	20
SB - SEA BATHING WARD	100.0	0	0	0	0	0	0	NULL	NULL	NULL	64	100	0.0	123.2	126	130	6
Urgent Care																	

NULL data not yet available null return, data not received metric is not applicable	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with	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	6	0	1	1	1	50	100	100	24	100	0.0	93.0	99	116	5
FRD - FORDWICH WARD STROKE UNIT	100.0	0	1	0	0	0	0	100	100	100	17	100	0.0	82.5	100	129	7
MW - MINSTER WARD	100.0	2	3	0	0	0	17	50	33	50	28	93	6.7	84.8	103	120	7
QCCU - QEH CCU	100.0	1	1	0	0	1	2	50	33	50	62	100	0.0	77.4	78	85	7
QCDU - QEH CDU	100.0	29	0	0	0	0	18	50	100	50	24	91	6.7	99.6	N/A	N/A	N/A
QX - QUEX WARD	100.0	1	4	0	0	2	72	33	50	50	0	NULL	NULL	NULL	217	182	6
SAN - SANDWICH BAY WARD	100.0	1	1	0	0	0	0	100	100	100	40	100	0.0	101.5	129	156	7
SAU - ST AUGUSTINES WARD	96.6	2	3	0	0	0	1	100	100	100	74	100	0.0	85.2	128	132	5
STM - ST MARGARETS WARD	100.0	0	2	0	0	0	0	33	33	33	37	100	0.0	89.2	87	104	5
WHH - William Harvey																	
Specialist																	
FF - FOLKESTONE	100.0	0	0	0	0	0	0	33	33	50	N/A	N/A	N/A	87.6	85	87	17
KEN - KENNINGTON WARD	100.0	0	2	0	0	2	4	33	33	50	7	100	0.0	77.5	83	111	6
PAD - PADUA	100.0	0	0	0	0	0	0	N/A	N/A	N/A	16	100	0.0	95.0	88	95	7
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	56	N/A	N/A	N/A	N/A	N/A	N/A	98.3	75	86	13
Surgical																	
ITU - WHH ITU	100.0	10	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	98.3	150	135	28
KA2 - KINGS A2	100.0	0	1	0	1	0	159	50	33	33	103	95	1.6	88.4	98	123	6
KB - KINGS B	100.0	1	6	0	0	0	158	33	33	33	73	98	0.0	92.4	111	99	6
KC - KINGS C1	100.0	4	2	0	0	1	79	33	50	50	68	97	0.0	91.8	102	100	6
KC2 - KINGS C2	100.0	2	4	0	0	0	64	NULL	NULL	NULL	0	NULL	NULL	71.8	62	85	5
KDF - KINGS D FEMALE	100.0	0	0	0	0	0	269	33	33	50	53	96	0.0	92.9	N/A	N/A	N/A
KDM - KINGS D MALE	96.0	8	4	0	0	0	0	50	33	100	55	100	0.0	N/A	100	103	6
RW - ROTARY WARD	100.0	0	0	0	0	1	78	33	33	33	63	97	1.4	87.4	95	106	8
Urgent Care																	
CCU - CCU	100.0	0	0	0	0	0	0	33	50	50	91	95	0.0	93.2	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	100.0	2	5	0	1	1	12	33	33	33	62	95	2.3	70.9	100	109	5
CK - CAMBRIDGE K	88.9	0	4	0	0	0	5	33	33	50	65	100	0.0	98.7	105	100	7
CL - CAMBRIDGE L REHABILITATION	100.0	2	11	0	0	0	3	33	25	50	33	93	6.7	86.8	99	143	7
CM1 - CAMBRIDGE M1 SHORT STAY	100.0	4	7	0	0	0	0	50	100	100	22	100	0.0	77.0	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	100.0	1	4	0	0	1	32	33	33	50	27	100	0.0	101.2	99	94	6
OXF - OXFORD	100.0	3	4	0	0	1	2	33	100	50	19	100	0.0	94.8	111	126	8

data not yet available NULL N/A metric is not applicable	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Number of Cardiac Arrests	C. Diff Infections (Post 72h)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with	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	100.0	5	5	0	1	3	11	50	100	50	75	100	0.0	83.9	110	115	8
WCDM - WHH CDU MIXED	100.0	7	7	2	0	1	27	NULL	NULL	NULL	17	80	16.0	78.9	N/A	N/A	N/A