NHS
East Kent
**Hospitals University**
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

Understanding the IPR

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

2 **Domain Metrics**: Each domain will have two pages; one showing overall aggregated scores split by sub-domain and another showing a selection of key metrics which help form the sub-domain aggregated metric scores. The first page indicates the sub-domain weighting % which is used to calculate the overall domain score. The second page illustrates key (but not all) metrics measured within that sub-domain.

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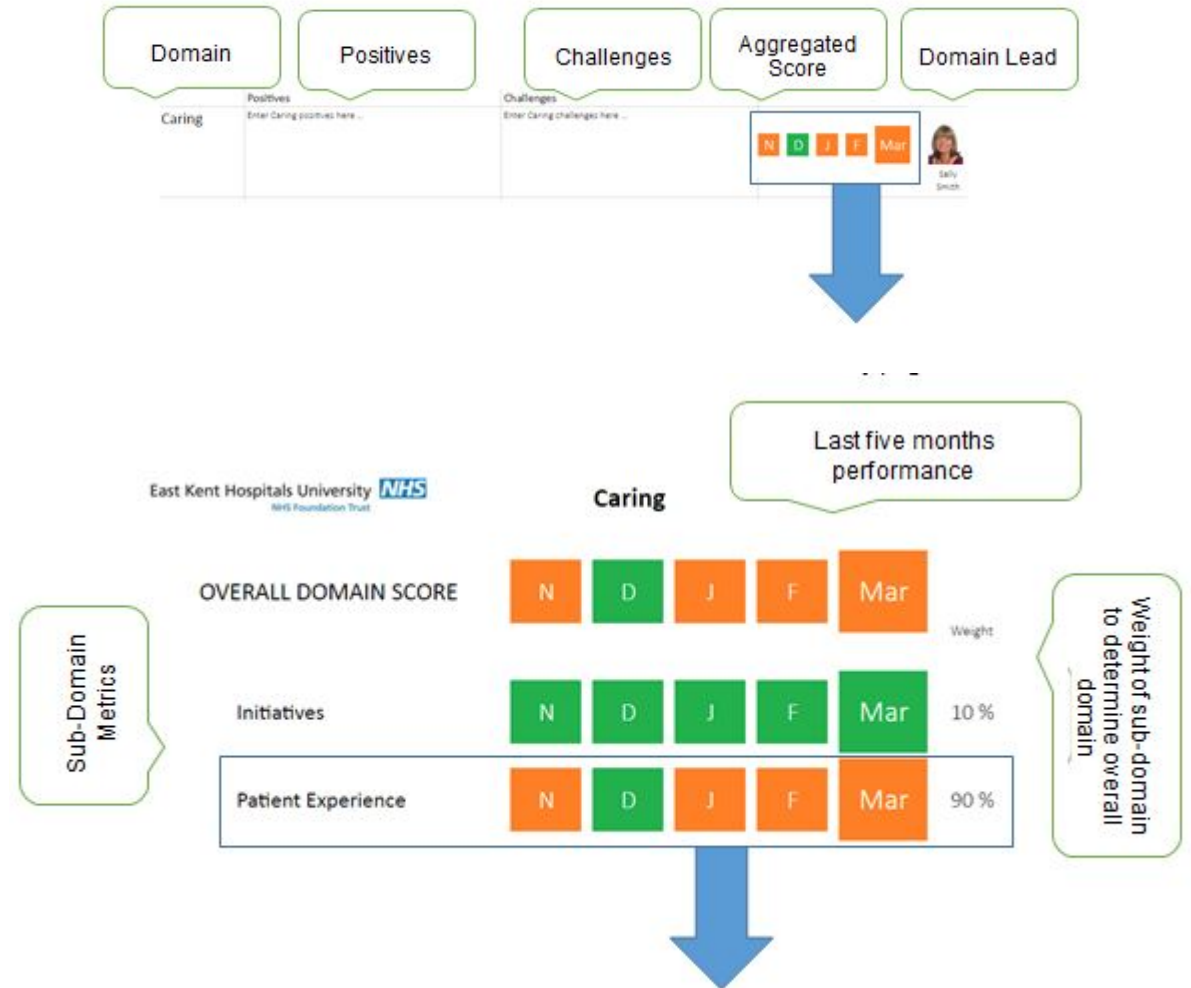
Understanding the IPR

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

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.

Contents

Headlines

	Positives	Challenges	
Caring	The Friends and Family test inpatient satisfaction rate remains positive at 96%. The compliments to complaints ratio is registering green this month with 49 compliments for every complaint. Complaints performance has improved in January with 3 day acknowledgement registering 100%. We have seen an improvement this month is the number of patients feeding back to us that they are up and dressed. This allows them to feel more like themselves and aids recovery. Patients' perception of cleanliness, hospital food, knowing who is in charge have also all improved in January. Care, Staff attitude and Implementation of care are the three top positive themes from the Friends & Family returns for January.	In January we reported 23 unjustified mixed sex occurrences. This is similar to last month but remains half the number we were reporting in the Summer. The reason for the breaches is to maintain safety and flow through the Emergency Departments. Improvement work is in place across the paediatric pathway (from ED to ward / theatres). We continue to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas. This month we have reported amber for complaint response times within timescales agreed with the client registering 84%. Part of the reason for the drop in performance is because we have been focusing on the backlog which have already breached. Improvement work and a review of the complaint process by an external expert is being planned. Two of the three top negative themes for the trust in the Friends & Family returns were also Care and Staff Attitude, demonstrating the importance of good patient communication with a positive staff attitude, the third was waiting times to be seen.	S O N D Jan Sally Smith

Effective

Beds
During January the multi disciplinary team daily board rounds have identified patients who will be simple or complex to discharge and with an added focus on patients with a length of stay over 7 and 21 days. There has also been continued focus on discharges before midday with 15% of patients achieving this and a greater number of patients being discharged through the Discharge Lounges.

Clinical Outcomes
99% of patients have the WHO checklist completed in theatre.

Demand and Capacity
The DNA rate for new and follow up patients has improved slightly in month. The Planned Care Activity Recovery Plan includes actions to improve the Trust DNA rates.

Productivity
The Planned Care Activity Recovery Plan includes actions to improve theatre productivity, including pre-assessment, theatre utilisation and productivity to improve patient experience and reduce cancellations.

Beds
Patient flow has been severely compromised due to low discharge profile for all sites. The significant reduction in capacity for discharge has caused an increase in site occupancy transfers to Canterbury and over 7 day patients admitted.

Clinical Outcomes
Readmissions for elective and non-elective discharges has remained static.

Demand and Capacity
To reduce the number of DNA's by fully booking out patient appointments; in particular for 2ww cancer pathway patients by ensuring patients.

Productivity
To reduce the number of non clinical and clinical cancellations for theatre whilst increasing theatre productivity.

To improve length of stay by reducing internal and external delays, particularly in January when there has been a reduction in availability of external capacity.

S O N D Jan

Lee Martin

Responsive

4 hour Emergency Access Standard
January performance for the 4 hour target is 74.20% excluding the community MIU and 77.93% including and against a NHS Improvement trajectory of 88.4%. There were no 12 Hour Trolley Waits. The number of patients who left the department without being seen continued to be compliant 3.02%. Time to treatment (60 minutes) has improved and is compliant at 50.5%.

RTT
January performance improved to 76.10% against an improvement trajectory of 81.16%. The Planned Care Activity Recovery Plan includes a work stream to maximise out patient clinic utilisation and reducing the number of DNA's and cancellations.

The number of patients waiting over 52 weeks for first treatment has continued to over perform and improve with the number decreasing further to 38. This is within the trajectory of 125 submitted to NHSI and is a reduction of over 50% since April 2018 when there were 222 patients waiting.

DM01
The standard is compliant for January with a compliance of 99.73% against a trajectory of 99.11% and has maintained a compliant and improving position for the last four months.

Cancer
January performance for 62 day treatments is currently 67.92% against the improvement trajectory of 85.31%, validation continues until the beginning of March in line with the national timetable. There were 10 patients waiting 104 days or more for treatment or potential diagnosis.
2ww performance has been achieved at 96.45% against a performance standard of 93% and have show a significant improvement over the past three months.

All patients on a 2ww pathway and those who are over 73 days are reviewed daily and into patient level detail. There is also a weekly cancer PTL meetings to progress patients pathways.

4 hour Emergency Access Standard
The A&E four hour standard remains a priority for the Trust. Patient flow delays due to timely bed availability continue to be a challenge due to the high number of patients with a length of stay over 7 and super stranded patients with a length of stay over 21 days. Unfortunately, patient flow has been severely compromised due to low discharge profile for all sites. The significant reduction in capacity for discharge has caused an increase in site occupancy transfers to Canterbury and over 7 day patients admitted. This increased pressure has put additional strain on all staff groups coordinating patient discharges.

RTT
Ensuring that all out patient outcome forms are completed in real time in the OPD environment. It is a key action with the Planned Care Activity Recovery Plan to prioritise the booking of all out patient clinic activity and to ensure that clinic capacity is fully booked and utilised.

CANCER
To continue to reduce the time a patient is seen at their first 2ww appointment to 7 days or below and to also progress patients through their pathway in order to achieve any necessary treatment within the 62 day pathway.

DM01
Maintaining excellent performance consistently across all diagnostic modalities.

S	O	N	D	Jan

Lee Martin

Safe

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

Harm free care for new harms was above 99%, rising above the upper control limit. As part of this both the pressure ulcer rate and falls rates have come down in January.

Clostridium difficile infections continue just below the DH trajectory.

Care, Staff attitude and Implementation of care are the three top positive themes from the Friends & Family returns for January.

Despite the improvement in E.coli bacteraemia Healthcare Associated Infections remains an area of challenge requiring further improvement concentrating on embedding of good infection prevention and control practice and full implementation of the aseptic non touch technique principles.

VTE assessment recording for this month has improved in comparison to last month but is below the target of 95%. Hidden behind the overall Trust value of 91.8% are areas of good practice reaching 100% offset by other areas where performance is below 90%. This will remain under constant review with the Care Groups until performance is sustained.

Two of the three top negative themes for the trust in the Friends & Family returns were also Care and Staff Attitude, demonstrating the importance of good patient communication with a positive staff attitude, the third was waiting times to be seen.

S O N D Jan

Paul Stevens

Well Led

Vacancy (M10 - 12.1% , M9 - 13%) improved and Staff Turnover (M10 - 14.4%, M9 - 14.4%) rates have remained unchanged in month.

I&E CIPS of £24.0m are reported up to Month 10 against a plan of £23.3m . Risks remain in relation to finalising full delivery of some identified schemes (e.g. Patient Flow savings) in order that the full net £30m of savings can be delivered by the year end.

The Trust delivered a £2.5m deficit (after NHSi adjustments) in Month 10 which was £0.6m behind plan. This brings the YTD position to a deficit of £32.4m which is behind plan by £7.4m (consolidated position including Spencer Wing and 2geather Support Solutions and is after technical adjustments).

The key drivers to the deteriorating financial position are: under performance on the elective plan, in year winter pressures and high agency usage.

Trust Pay is £1.4m over plan in month and £13m over plan YTD. The main overspend is in Agency costs (£14.6m over plan YTD) offset by an underspend on permanent staffing (£3.2m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U&LTC and increased pressures in Medical pay in Surgery.

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

Total Cash borrowed has risen to £72.8m.

Staff sickness (M10 - 4%, M9 - 3.9%) have worsened in month.

| S | O | N | D | Jan |

Susan Acott

NHS East Kent Hospitals University NHS Foundation Trust

Caring

OVERALL DOMAIN SCORE	S	O	N	D	Jan	Weight
Patient Experience	S	O	N	D	Jan	100 %

Caring

Patient Experience		Sep	Oct	Nov	Dec	Jan	Green	Weight
	Mixed Sex Breaches	19	0	22	23	34	>= 0 & <1	10 %
	Number of Complaints	87	78	63	64	85		
	AE Mental Health Referrals	81	116	113	93	87		
	IP FFT: Recommend (%)	97	97	97	97	96	>= 95	30 %
	IP FFT: Not Recommend (%)	1.2	1.3	1.0	1.1	1.4	>= 0 & <2	30 %
	IP Survey: Overall, did you get the care			47.6	44.4	44.9		
	Number of Compliments	1322	1836	2477	2236	1813	>= 1 & <1	15 %
	Complaint Response in Timescales %	75.7	72.1	81.6	94.6	84.2	>= 85	15 %

Effective

	S	O	N	D	Jan	
OVERALL DOMAIN SCORE	S	O	N	D	Jan	Weight
Beds	S	O	N	D	Jan	33 %
Clinical Outcomes	S	O	N	D	Jan	33 %
Productivity	S	O	N	D	Jan	33 %

Effective

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Beds	DToCs (Average per Day)	48	48	55	53	54	>= 0 & <35	30 %
	Bed Occupancy (%)	82	84	89	90	94	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	17	14	15	15	15	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.9	3.7	3.5	3.9		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.8	15.5	15.5	15.2		>= 0 & <15	15 %
	Audit of WHO Checklist %	100	99	99	99	99	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	9.0	8.8	7.9	9.0	8.4	>= 0 & <7	
	DNA Rate: Fup %	8.2	9.2	7.6	8.9	8.5	>= 0 & <7	
	New:FUp Ratio (1:#)	1.8	1.9	1.9	1.9	2.0	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.2	3.4	3.0	3.4	3.2		
	LoS: Non-Elective (Days)	6.1	6.3	5.9	6.2	6.5		
	Theatres: Session Utilisation (%)	79	81	80	78	80	>= 85	25 %
	Theatres: On Time Start (% 15min)	46	51	50	44	40	>= 90	10 %
	Non-Clinical Cancellations (%)	1.4	2.2	1.3	1.3	1.8	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	0	0	0	0	0	>= 0 & <5	10 %
	EME PPE Compliance %	79	79	77	76	77	>= 80	20 %

Responsive

	S	O	N	D	Jan	Weight
OVERALL DOMAIN SCORE	S	O	N	D	Jan	
A&E	S	O	N	D	Jan	25 %
Cancer	S	O	N	D	Jan	25 %
Diagnostics	S	O	N	D	Jan	25 %
RTT	S	O	N	D	Jan	25 %

Responsive

		Sep	Oct	Nov	Dec	Jan	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	81.02	83.88	84.50	82.25	77.93	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	77.15	80.89	81.74	79.36	74.20	>= 95	1 %
Cancer	Cancer: 2ww (All) %	90.96	83.54	93.29	96.75	96.45	>= 93	10 %
	Cancer: 2ww (Breast) %	94.39	68.70	84.03	95.00	97.22	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.83	97.52	97.08	97.00	95.40	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	96.08	91.67	100.00	97.06	95.45	>= 94	5 %
	Cancer: 31d (Drug) %	97.83	99.21	98.15	100.00	97.50	>= 98	5 %
	Cancer: 62d (GP Ref) %	71.14	77.05	71.35	81.93	67.63	>= 85	50 %
	Cancer: 62d (Screening Ref) %	81.48	87.50	84.21	87.50	100.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	76.00	82.14	85.29	73.91	85.19	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	98.53	99.31	99.66	99.56	99.72	>= 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 (%)	76.27	74.89	72.16	72.42	76.10	>= 92	100 %
	RTT: 52 Week Waits (Number)	129	120	102	74	38	>= 0	

Safe

OVERALL DOMAIN SCORE	S	O	N	D	Jan	
						Weight
Incidents	S	O	N	D	Jan	20 %
Infection	S	O	N	D	Jan	20 %
Mortality	S	O	N	D	Jan	50 %
Observations	S	O	N	D	Jan	10 %

Safe

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,271	1,385	1,502	1,437	1,571		
	Serious Incidents (STEIS)	9	12	14	10	10		
	Harm Free Care: New Harms (%)	98.8	99.0	98.8	98.7	99.4	>= 98	20 %
	Falls (per 1,000 bed days)	5.30	5.64	5.18	5.65	5.00	>= 0 & <5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.13	0.14	0.18	0.18	0.12	>= 0 & <0.15	10 %
Infection	Cases of C.Diff (Cumulative)	25	26	26	32	36	<= Traj	40 %
	Cases of MRSA (per month)	1	0	2	0	0	>= 0 & <1	40 %
	Hand Hygiene Audit	96.8	92.1	96.2	94.0	94.0	>= 95	
Mortality	HSMR (Index)	96	96	97	97		>= 0 & <90	35 %
	Crude Mortality EL (per 1,000)	0.7	1.2	0.9	0.9	0.6	>= 0 & <0.33	10 %
	Crude Mortality NEL (per 1,000)	27.3	25.9	28.2	33.5	34.7	>= 0 & <27.1	10 %
	RAMI (Index)	89	89	90	90	93	>= 0 & <87.45	30 %
Observations	Cannula: Daily Check (%)	65.6	65.9	65.9	62.9	62.2	>= 50	10 %
	Catheter: Daily Check (%)	36.9	39.6	39.4	36.7	40.9	>= 50	10 %
	Central Line: Daily Check (%)	62.3	63.8	62.3	58.7	61.1	>= 50	10 %
	VTE: Risk Assessment %	90.2	90.1	91.8	90.1	91.8	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	91.5	92.1	92.2	94.3	95.6	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.4	89.7	89.3	92.2	94.1	>= 90	25 %

Well Led

						Weight
OVERALL DOMAIN SCORE	S	O	N	D	Jan	
Data Quality & Assurance	S	O	N	D	Jan	15 %
Finance	S	O	N	D	Jan	25 %
Health & Safety	S	O	N	D	Jan	15 %
Staffing	S	O	N	D	Jan	25 %
Training	S	O	N	D	Jan	20 %

Well Led

		Sep	Oct	Nov	Dec	Jan	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.7	0.4	0.5	0.3	0.9	>= 0 & <0.25	25 %
Finance	Forecast £m	-29.9	-29.9	-29.9	-41.8	-42.2	>= 0	10 %
	Total Cost £m (Trust Only)	-52.5	-88.8	-53.0	-53.0	-54.6	>= 0	20 %
	Cash Balance £m	5.1	6.4	3.4	8.7	8.7	>= 0	20 %
	I&E £m (Trust Only)	-2.1	-37.6	-3.4	-6.2	-3.2	>= 0	30 %
Health & Safety	Formal Notices	0	0	0	0	0	>= 0 & <1	15 %
	RIDDOR Reports (Number)	1	1	4	2	2	>= 0 & <3	20 %
Staffing	Sickness (%)	3.8	3.8	3.8	3.9	4.0	>= 0 & <3.3	10 %
	Agency %	7.4	7.6	8.0	7.3	8.3	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	59	58	59	61	59		1 %
	Shifts Filled - Day (%)	93	97	98	95	98	>= 80	15 %
	Shifts Filled - Night (%)	102	105	106	104	106	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	11	11	12	11		
	Staff Turnover (%)	14.2	14.6	14.5	14.4	14.4	>= 0 & <10	15 %
	Vacancy (%)	13.8	13.2	12.6	13.0	12.1	>= 0 & <7	15 %
	Total Staff In Post (SiP)	7076	6928	6998	6996	7058		1 %
Training	Appraisal Rate (%)	76.3	77.2	75.4	79.6	80.3	>= 85	50 %
	Statutory Training (%)	98	97	97	96	98	>= 85	50 %

Strategic Theme: Patient Safety

Mortality

Jan	HSMR (Index)	↑ 95 (2.2%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Jan	RAMI (Index)	↑ 89 (1.5%)		Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.
Jan	Crude Mortality EL (per 1,000)	↑ 0.8 (38.5%)		"The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

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Jan

Crude Mortality NEL
(per 1,000)

29.4
(-5.5%)
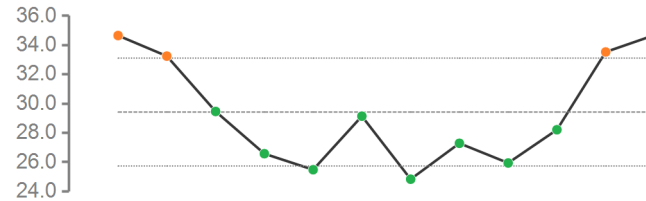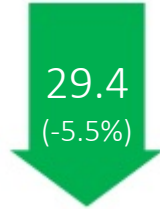
"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

The non-elective crude mortality and RAMI this month have both breached the upper control limit. This is related to the expected seasonal variation and the overall 2 year crude mortality rate remains unchanged at 1.4%. RAMI for the latest 12 month period (December 2017 to November 2018) is 90.2 and sits just above the 50th centile in comparison to peer.

HSMR also undergoes seasonal variation and follows the same pattern as crude mortality although interpretation is complicated by the in-year rebasing, nevertheless HSMR is sitting just below the upper control limit. Peer comparison puts the Trust just below the 50th centile for the latest 12 month period.

Comparison of the 2 acute sites for crude mortality indicate that crude mortality at QEQMH is 0.2% higher (2.0% versus 1.8%). However, risk adjusted mortality is lower at QEQMH (91.5 versus 98.2).

The latest data for the national summary hospital mortality index covers up to September 2018. SHMI is not shown on this report but is relevant to understanding overall Trust mortality data.The value of 1.06 is banded as expected. During this latest period 35.2% (1493/4237) were attributed to Out of Hospital Deaths, this is at variance with the England average of 29.1% and is a consistent finding. As previously reported we also have a lower percentage of deaths with palliative care diagnosis coding compared with the England average (24.1 versus 32.9) and a lower depth of coding for both elective (3.4 versus 4.4) and non-elective admissions (3.8 versus 4.6). In the future we will also be able to look at SHMI comparisons between sites.
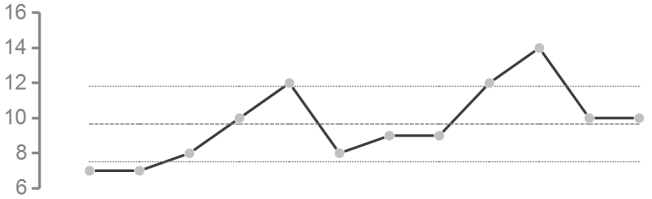
Further analysis of mortality indices again flags septicaemia and this is also evident in the SHMI indicator.
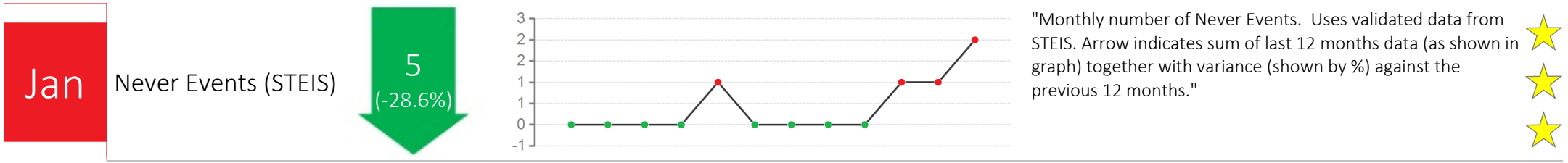
Actions to be completed
1. Exploration of coding to ensure that all relevant comorbidity for both elective and non-elective episodes is captured together with a review of accuracy of palliative coding.
2. Repeat in depth analysis of a random sample of deaths coded as septicaemia.

Strategic Theme: Patient Safety

Serious Incidents

Jan	Serious Incidents (STEIS)	116 (87.1%)		

"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."

Strategic Theme: Patient Safety

Jan

Never Events (STEIS)

5
(-28.6%)

"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."

Highlights and Actions:

Total open SIs on StEIS in January 2019: 93 (including 10 new).
SIs under investigation: 45
Breaches: 5
Non-breaches: 40
Waiting EKHUFT non-closure response: 16
Waiting CCG response: 32

Supporting Narrative:
The number of breached cases is five. Breaches are due to delays in report writing and gaps in and the rigour of the analysis. The Executive weekly SI Meeting continues to support completion and the quality of the investigations. This is attended by the Medical Director, Chief Nurse and Chief Operating Officer. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process. The Chief Nurse and Medical Director now receive weekly updates on the breached cases and take actions to unblock delays.

Actions:
Performance management of the RCA timelines is being strengthened through the SI panel
Presentation at the panel of RCAs enables critique and extraction of Trust wide learning to be shared
The next SI panel will include a refresh of the procedure, standards and expected timelines for the Governance Teams
Reporting to the Patient Safety Committee is being strengthened
Collaborative work with the CCGs is in place to ensure more timely closure of cases
Learning is shared via Risk Wise and the Care Group meetings.

Strategic Theme: Patient Safety

Highlights and Actions:

C.difficile

C.difficile data is presented as the cumulative number of cases and resets to zero each April. In the new reporting period since April to date the number of cases as at the 22/2/2019 was 38 against a trajectory set for the year by the Department of Health of 41.

New Actions:

1. The IPC nursing team are continuing to undertake a rolling programme of education and training with ward staff particularly with respect to environmental cleaning and appropriate use of the Diarrhoea Assessment Tool.

2. The educational programme for trainee and junior doctors from the microbiologists will be reviewed to ensure consistency in IP&C approach.

3. Following receipt of the Kent & Medway DIPC stocktake report the IP&C Trust Action Plan will be refreshed accordingly.

MRSA

Year to date there have been 6 hospital onset MRSA bacteraemias. How this compares with peers is best looked at by the rate per 100,000 occupied bed days. Our rate this financial year to date is 1.78/100,000 bed days, other acute Trusts in the South region range from 0.00 to 7.02 but the distribution is skewed to lower rates and the average is 1.03/100,000 bed days.

MSSA

The number of Trust apportioned MSSA bacteraemias year to date is 25. Our rate this financial year to date is 7.4/100,000 bed days, other acute Trusts in the South region range from 4.09 to 18.75, average 8.55/100,000 bed days.

Actions:

Staphylococcus aureus, whether MRSA or MSSA, is found on people's skin and in the respiratory tract and therefore easily colonises ulcers and wounds etc. Care of indwelling devices that breach natural defences is therefore an integral part of prevention of both MRSA and MSSA bacteraemias and becomes even more important when bed occupancy rates are in excess of 100%. the key actions are to:
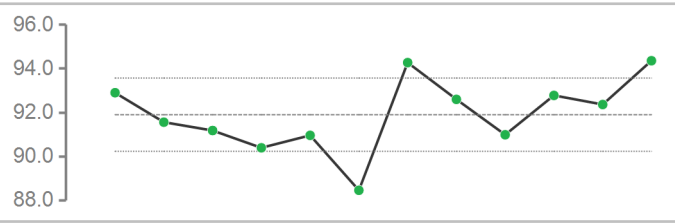
1. Continue to reinforce the basic principles of IP&C in all our clinical areas

2. Continue with implementation of the aseptic non-touch technique and audit of compliance with ANTT guidance for wound care and care of indwelling devices

E.coli

The number of E.coli bacteraemias (hospital onset) is also presented as an SPC run chart and this month has come back below the lower control limit, an encouraging reduction. Our Trust rate per 100,000 occupied bed days this financial year to date is 20.13, the South region range is 7.02 to 29.0 and average 18.22. E.coli bacteraemia in hospital is almost exclusively associated with pathology in the urinary and digestive tracts and other than infection associated with indwelling urethral catheters is largely unpreventable. Of note the community onset rate of E.coli bacteraemia is 124.4/100,000 occupied bed days versus a South region average of 97.0. The underlying causes of community onset E.coli bacteraemia are similar and work to reduce E.coli bacteraemia centres around a collaborative led by the Kent & Medway DIPC aiming to reduce those bacteraemias associated with urinary tract infection through introduction of catheter bundles in the community as well as in hospital.

Strategic Theme: Patient Safety

Harm Free Care

Jan	Harm Free Care: New Harms (%)	▲ 98.9 (0.5%)	*[line chart, scale 98.2–99.6]*	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.
Jan	Harm Free Care: All Harms (%)	▼ 91.9 (-0.5%)	*[line chart, scale 88.0–96.0]*	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)."

Highlights and Actions:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for Jan-19 (94.36%) shows a significant improvement since last month (91.87%). A marked improvement to 100% is seen in Women's and Children's (97.74% Dec-18).

Actions include:
• The Trust has registered for the new National Falls Audit which will focus on patients who sustain a hip fracture while in hospital. This involves measurement of care against NICE
• Patient centred wound care group continues and wound care passport nearing completion for the launch trust-wide
• Awaiting publication of national guidance to inform completion of Kent & Medway wide catheter guidelines and catheter passport and to roll out.

Harm Free Care experienced in our care (New Harms only) at 99.43% shows an improvement from last month (98.81% Dec-18). The prevalence of New VTEs; New Pressure Ulcers; Falls with Harm and Catheters and New UTIs with Harm continues to remain below the national average for Acute Hospitals.

Strategic Theme: Patient Safety

Pressure Damage

Jan	Pressure Ulcers Cat 2 (per 1,000)	0.17 (-20.1%)		"Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

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Jan

Pressure Ulcers Cat 3/4 (per 1,000)

0.00
(-70.9%)

"Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

January 2019
There were a total of 43 category 2 and above hospital acquired pressure ulcers reported, 5 less than last month. 30 of these were category 2 ulcers a decrease of 5. At time of writing the report the trust was below 0.15 avoidable incidence/1000 bed days this month with a result of. 0.142/1000 bed days. However it should be noted that due to retrospective amendments made to PAS records after the event the denominator will alter the avoidable incidence calculation. 5 were avoidable equal to last month. Three affected the sacrum; these were avoidable due to poor documentation and late provision of an active mattress.

There was 1 confirmed avoidable category 3. This was a sacral ulcer reported on Kings C2 and will require further investigation. The trust were below the trajectory with a result of 0.028/1000 bed days. There were no confirmed category 4 pressure ulcers.
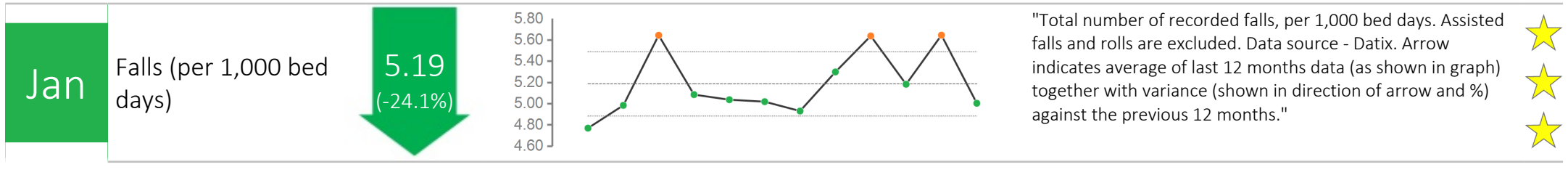Twelve potential deep ulcers were reported. One of these was avoidable, a decrease of 1 from last month. This was Cambridge K and a sacral ulcer due to limited repositioning evidence. The trust were below the trajectory with a result of 0.028/1000 bed days.
Actions:
• Active mattress trials due to commence in February 2019 to involve ITU at QEQM and K&C
• Hybrid trial extended at QEQM which will mean that over 200 mattresses and 100 pumps will be available. This allows active mattresses to be released to the other sites to relieve equipment pressures there.
• ED checklist reviewed to include skin inspection by hour 4 as opposed to within 6 hours of decision to admit.
• Pressure ulcer policy has been simplified and is now ratified and available on policy centre
• Multi-disciplinary meeting regarding leg ulceration with the development of a simplified pathway to include the removal of bandages and the care of heel pressure ulcers.
• Teaching took place with Ami group to improve pressure ulcer prevention and management within this community setting
Recommendations:
• Continue to implement changes as per NHSI document
• Bespoke teaching to be held in areas of concern
• Site based study days to be held on all 3 main hospital sites
• Further analysis of on admission pressure damage to monitor trends and also of hospital acquired deep pressure damage to target areas of concern
• Annual audit to be carried on 13th February 2019 with a trust wide action plan formulated according to results.

Strategic Theme: Patient Safety

Falls

Jan	Falls (per 1,000 bed days)	5.19 (-24.1%) ⬇

"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

Falls incidents have reduced in January.

There were a total of 171 patient falls including 43 at K&CH , 48 at QEQMH and 171 at WHH.

QEQM of specific note:
• 1 fall on the observational ward caused a humeral fracture. This is being investigated.
• 7 falls on Fordwich (1 patient fell twice)

KCH of specific note:
• 9 falls on Invicta (two patients fell 3 twice).

WHH of specific note:
• 9 falls occurred on Kings C2 (1 patient fell twice).
• 1 fall on Kings C1 resulted in an elbow fracture and is being investigated.

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

Actions:
1. FallStop February launched with a focus on medication reviews and correct manual handling after a fall.
2. Working with Pharmacy to integrate ward whiteboard data to Pharmacy PTL, to enable high risk patients to be identified, enabling triage of medication reviews.
3. Ongoing FallStop training increased to target staff during Trust clinical induction programme.

Strategic Theme: Patient Safety

Highlights and Actions:

A total of 1570 clinical incidents have been logged as occurring in Jan-19 compared with 1436 recorded for Dec-18 and 1448 in Jan-18.
In Jan-19, 10 incidents have been reported on StEIS. 21 serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 19 in Jan-19 and 11 in Dec-18, and 2 in Jan-18.
Over the last 12 months incident reporting is declining at K&C and QEQM, but increasing at WHH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 4 Blood Transfusion related incidents in January 2019 (5 December 2018 and 7 in January 2018).

Of the 4 incidents 3 were graded as no harm and 1 as low harm.

Reporting by site: at 1 QEQM and 3 at K&CH.

As of 22/02/2018 the total number of medication related incidents reported in January 2019 was 199. These included 149 no harm, 48 low harm, 1 moderate harm and 1 severe harm incident. The severity of medication related incidents reported in January 2019 shows that 74.9% of medication related incidents reported were no harm incidents.

There were 54 incidents in January 2019 categorised as 'omitted medicine/ingredient', representing 27.1% of all medication related incidents reported in January. The data produced by the Medication Safety Thermometer in January 2019 was taken from 19 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 14.5% and the percentage of patients with a missed critical medicine was 4.5% in January.

The Medication Safety Officer continues to work with the Heads of Nursing to commit to protecting the drug round and avoiding distractions when a nurse is administering medicines, and to checking drug charts at the end of the shift to ensure that all medications that have been given are signed. This will be an integral part of Medicine Management March that will raise awareness of medication safety issues.

Strategic Theme: Patient Safety

Friends & Family Test

Jan (green)	IP FFT: Response Rate (%)	35 (-2.3%) ↓	*graph*	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Jan (green)	IP FFT: Recommend (%)	97 (0.4%) ↑	*graph*	
Jan (red)	IP FFT: Not Recommend (%)	1.3 (-22.5%) ↓	*graph*	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

A total of 9797 responses were received (41% eligible patients). Overall response rates improved for day cases and maternity and fell in inpatients and EDs. Response rate for the EDs was 18.6% (41.6% Dec-18), inpatients 33.5% (37.6% Dec-18), maternity; birth only 17.7% (7.4% Dec-18) and day cases 29.3 (27.6% Dec-18).

The Trust star rating in January is 4.54 (4.58 Dec-18). 90.5% of responders would recommend us to their friends and family and 5.5% would not. Recommendations by patients in January improved in outpatients, however fell in day cases, inpatients, EDs and maternity. The total number of inpatients, including paediatrics, who would recommend our services 96.5% (97.5% Dec-18), EDs 81.8% (85.4% Dec-18), maternity 96.8% (97.7% Dec-18), outpatients 92.4% (91.9% Dec-18) and day cases 94.4% (96.2% Dec-18).

Care, Staff attitude and Implementation of care are the three top positive themes for January-19. The three top negative themes for the trust were Care, Staff Attitude and waiting times demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting times. All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by Care Group Governance teams.

Strategic Theme: Patient Safety

Patient Experience 1

Jan	IP Survey: Overall, did you get the care that matters to you?	45.3	*(chart, scale 43–48)*	Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %	⭐⭐☆
Jan	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	⬆ 79 (0.9%)	*(chart, scale 74–82)*	IP Survey: Are you aware of nurse in charge of your care each shift? (%)	⭐⭐☆
Jan	IP Survey: Encouraged to get up and wear own clothes (%)	64	*(chart, scale 60–68)*	Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"	⭐⭐☆

Highlights and Actions:

Overall patient experience, as a calculated average of the key questions within the local inpatient survey, which enables our patients to record their experience in real-time. This month we received 2766 completed inpatient surveys, an improvement from 2196 last month.

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

This month increase is seen in all four of these important elements of patient experience. This local survey supports our improvement priorities, with progress monitored through the Patient Experience Group

![NHS East Kent Hospitals University NHS Foundation Trust logo]

Strategic Theme: Patient Safety

Patient Experience 2

| Jan | IP Survey: Help from Staff to Eat Meals (%) | 62 | | Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?" |
| Jan | Cleanliness % | ↑ 91 (0.6%) | | Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |

Strategic Theme: Patient Safety

Jan	Hospital Food? %	69 (-1.0%)

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

Highlights and Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards, except two have reported their performance (against the patient experience metrics) through the inpatient survey in January-19. The IT team are currently working with one ward to solve the on-going issue; the second ward has been reinstated and an I pad is being sourced.

Strategic Theme: Patient Safety

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Mixed Sex

Jan	Mixed Sex Breaches	615 (-37.3%)		"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."
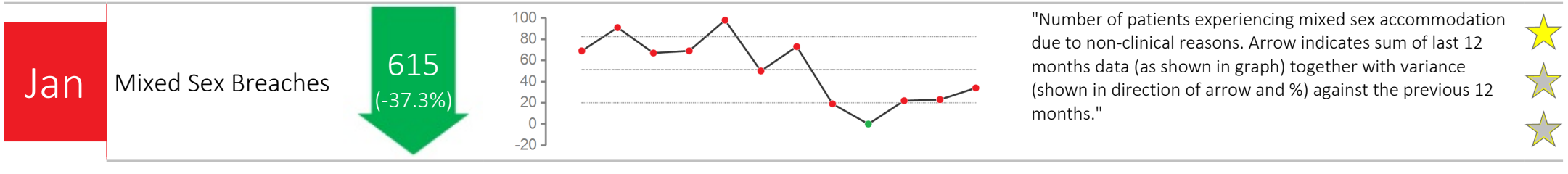
Highlights and Actions:

There were 16 mixed sex accommodation occurrences in total, affecting 121 patients.

Incidence of mixed sex accommodation breaches increased Jan-19 from Dec-18 and there were 7 non-justifiable affecting 34 patients; occurrences within the WHH AMU B linked to flow and capacity issues (6) and Mount McMaster (1) K&C. The remaining incidents occurred in WHH CCU (6) and QEQM Fordwich (3), which were justifiable based on clinical need. This information has been reported to NHS England.

Rigorous work continues as the Trust is working closely with the CCGs and NHSI on the Mixed Sex Accommodation Improvement Collaborative. This will support the trust in achieving compliance with the national definition of mixed sex accommodation. The Privacy and Dignity and Eliminating mixed sex accommodation Policy is updated to reflect National guidance

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Safe Staffing

| Month	Metric	Value	Graph	Description
Jan	Shifts Filled - Day (%)	97 (-1.7%)		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.
Jan	Shifts Filled - Night (%)	105 (-2.3%)		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.
Jan	Care Hours Per Patient Day (CHPPD)	11 (-4.2%)		Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Highlights and Actions:

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows the average overall fill rate improved to 101.3% from 98.5% in Dec-18.

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 23.59hrs each day during the month. CHPPD is slightly lower than Dec-18 but within the control limits. The range is from around 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required.

Further detail is provided in the appended paper submitted to the Quality Committee and reported by the Chair at Board of Directors.

Strategic Theme: Human Resources

Gaps & Overtime

Jan	Vacancy (%)	↑ 13.0 (14.1%)		"% 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."
Jan	Staff Turnover (%)	↑ 14.0 (7.1%)		"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Jan	Sickness (%)	↓ 3.9 (-1.6%)		% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the

Strategic Theme: Human Resources

Jan

Overtime %

9.3
(3.8%)

% of Employee's that claim overtime.
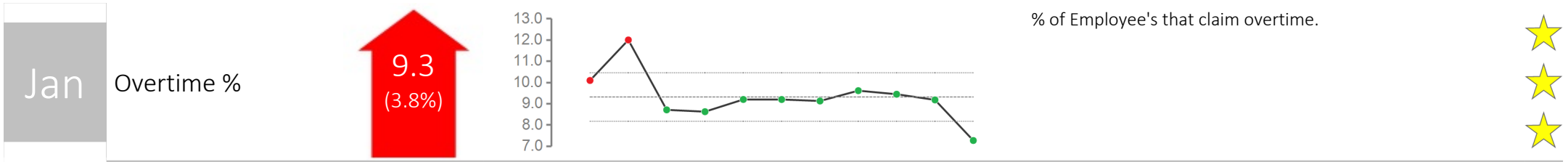
Highlights and Actions:

Gaps and Overtime

The vacancy rate increased to 13.0% (up from 12.9%) for the average of the last 12 months, which is higher than last year. However, the monthly rate remained below 10% at 9.28% (down from 9.78%). More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently over 600 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 300 Nursing and Midwifery staff (including ODPs) and 70 Medical and Dental staff.

The Turnover rate in month remained 12.0% (last month 12.0%), but the 12 month average increased to 14.0% (13.9% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern. The Trust has introduced a Refer A Friend scheme, and also a recruitment and retention scheme for medical staff in hard to recruit areas and ED nursing staff. Some areas have seen a large decline in their Turnover in the past 12 months, in particular Surgery and Anaesthetics (from 12.1% to 9.9%).

The in month sickness absence position for December was 3.95% - which is n decrease from 4.20% in November. The 12 month average is 3.9%, and remains on a downward trajectory. Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training.

Overtime as a % of wte decreased substantially last month, from approximately 9% to approximately 7%, and is the lowest level for the last 12 months. As a result of this, the average over the last 12 months decreased to 9.3% from 9.5% last month. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

Strategic Theme: Human Resources

Temporary Staff

				Description	
Jan	Employed vs Temporary Staff (%)	↑ 89.0 (0.2%)	*(chart)*	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	★★☆
Jan	Agency %	↑ 7.3 (22.0%)	*(chart)*	% of temporary (Agency and Bank) staff of the total WTE	★☆☆
Jan	Bank Filled Hours vs Total Agency Hours	59 (0.6%)	*(chart)*	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff	★★★

Highlights and Actions:

Temporary Staff
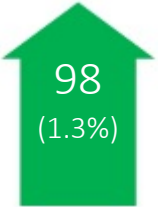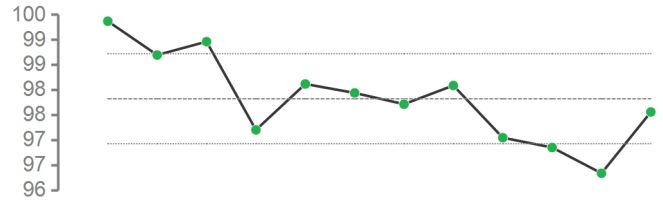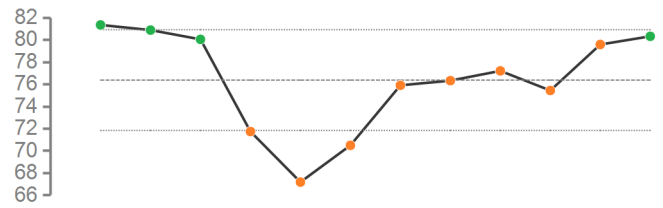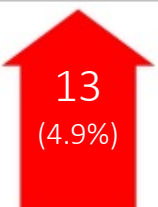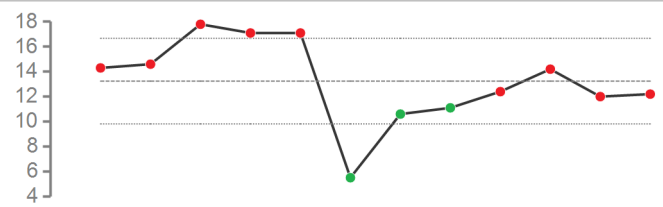
Total staff in post (WTE) increased in January to 7078.15 (up from 7013), which left a vacancy factor of approx. 724 wte across the Trust (753 wte in December).

The average percentage of employed staff vs temporary staff over the last 12 months was 89.0% (88.9% last month), and remains lower than the previous 12 months.

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

Strategic Theme: Human Resources

Workforce & Culture

Jan (green)	Statutory Training (%)	↑ 98 (1.3%)		"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	★★★
Jan (green)	Appraisal Rate (%)	↓ 76.4 (-6.0%)		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.	★★★
Jan (red)	Time to Recruit	↑ 13 (4.9%)		"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."	★★★

Strategic Theme: Human Resources

Jan

Total Staff In Post (SiP)

7058

(0.9%)

Count of total staff in post (WTE)
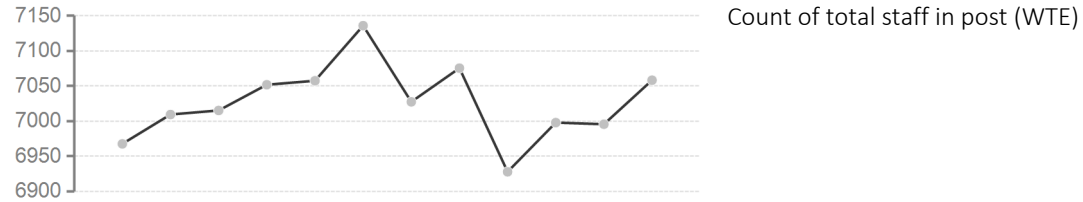
Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month average is 90% and increased to 91% in month for December. This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate remained 80% in month for January, with Surgery & Anaesthetics achieving 91% compliance and General & Specialist Medicine achieving 82% compliance, which is the highest compliance rate for this area in the last 12 months. Care Groups are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months. Targeted work within the Urgent Care and General Medicine Care Groups continues to see the appraisal compliance increase.

The average time to recruit is 11 weeks, which is the same as last month, and an improvement on the previous 12 months. The 12 month average time to recruit was 13 weeks. The Resourcing Team are on track to reduce time to recruit to below 8 weeks to ensure recruitment time meets the demands of our services. To support this reduction, the team are now fully established and Advisors have been allocated to Care Groups to support improvements.

Activity vs. Internal Business Plan

Key Performance Indicators

	Jan-19 Activity	Jan-19 Plan	Jan-19 Var #	Jan-19 Var %	YTD Activity	YTD Plan	YTD Var #	YTD Var %	YTD vs Last Yr Activity	YTD vs Last Yr Last Yr	YTD vs Last Yr Var #	YTD vs Last Yr Var %	Green
Referral Primary Care	14,653	13,358	1,295	10%	147,550	141,189	6,361	5%	147,550	144,362	3,188	2%	<=0%
Referral Non-Primary Care	15,816	12,359	3,457	28%	149,393	134,720	14,673	11%	149,393	136,866	12,527	9%	<=0%
OP New	17,947	19,266	(1,319)	-7%	178,123	188,448	(10,325)	-5%	178,123	182,481	(4,358)	-2%	>=0%
OP Follow Up	40,618	43,472	(2,854)	-7%	393,553	415,943	(22,390)	-5%	393,553	398,306	(4,753)	-1%	>=0%
Elective Daycase	6,762	7,262	(500)	-7%	62,602	67,701	(5,099)	-8%	62,602	62,105	497	1%	>=0%
Elective Inpatient	1,228	1,276	(48)	-4%	12,668	13,531	(863)	-6%	12,668	12,473	195	2%	>=0%
A&E	18,462	16,678	1,784	11%	184,535	175,124	9,411	5%	184,535	173,814	10,721	6%	>=0 & <5%
Non-Elective Inpatient	6,965	6,953	12	0%	67,860	67,637	223	0%	67,860	67,108	752	1%	>=0 & <5%
Chemotherapy	1,268	1,173	95	8%	12,155	11,794	361	3%	12,155	12,030	125	1%	>=0%
Critical Care	1,892	1,716	176	10%	17,921	16,466	1,455	9%	17,921	18,194	(273)	-2%	>=0%
Dialysis	5,527	7,126	(1,599)	-22%	65,714	70,631	(4,917)	-7%	65,714	69,617	(3,903)	-6%	>=0%
Maternity Pathway	1,213	1,194	19	2%	11,344	11,778	(434)	-4%	11,344	11,957	(613)	-5%	>=0%
Pre-Op Assessments	3,293	3,664	(371)	-10%	32,955	34,174	(1,219)	-4%	32,955	30,263	2,692	9%	>=0%
Diagnostic	27,572	27,877	(305)	-1%	4,123,757	3,944,406	179,351	5%	4,123,757	4,358,033	(234,276)	-5%	<=0%
Other	3,694	2,790	904	32%	48,680	46,287	2,393	5%	48,680	48,687	(7)	0%	>=0%

The 2018/19 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2017/18 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals. The plan is capped at our total capacity and as such further activity (or demand reduction schemes would be required to achieve sustainable elective services. Further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2018/19.

It should be noted that this does not reflect demand levels agreed within the 2018/19 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

The capacity levels within the plans should be considered achievable although in many instances will stretch our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments.

January 2019

Summary Performance

Elective Care

In January Primary Care referrals were 10% (+1,295) above expected levels growing the YTD variance to +5% (+6,361). Non Primary Care referrals were also significantly above expected levels, 28% (+3,497) in month and 11% (+14,673) YTD.

The Trust under-achieved the new outpatient plan in January with appointments 7% below planned levels, generating a YTD variance of -5%. The biggest drivers behind the under-performance are Trauma and Orthopaedics, Urology, Paediatrics and Gynaecology.

The Trust under-performed the Follow up plan in January (-7%) with YTD performance now underachieving by -5%. The biggest drivers behind the under-performance are Physiotherapy, Trauma and Orthopaedics, Rheumatology and Ophthalmology.

In January the Trust under-achieved the Daycase plan by 500 patients with YTD performance underachieving by -8%. T&O (-1,827), Dermatology (-1,370) and Pain Management (-1,101) continue to underperform the business plan.

Elective Admissions are 6% below plan YTD. Large underperformance remains in the Urology service (-541) and Gynaecology (-428).

Summary Actions

- Continue the daily focus on data quality issues impacting duplicate referrals.
- Patient Service Centre (PSC) actions are to ensure that all outstanding clinic templates have been rebuilt to ensure full clinic utilisation of appointment slots.
- PSC and other areas which book their own appointments are to ensure that all clinics are fully booked, prioritising new outpatient appointments.
- PSC and Care Groups are to ensure that outpatient clinic outcome forms are completed to ensure that outpatient activity is cashed up.
- Care Group leadership team to complete weekly review of production plans to confirm delivery of stated schemes and develop new schemes to close the gap.
- PSC to confirm process for managing Electronic Referral Service (ERS) OPD clinic cancellations.
- Additional internal and external capacity to be sourced.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	11,915	13,337	-11%	-1,422
300 - General Medicine	114	1,082	-89%	-968
120 - Ear, Nose & Throat	8,832	9,489	-7%	-657
104 - Colorectal Surgery	7,770	7,089	10%	681
320 - Cardiology	14,271	13,473	6%	798
420 - Paediatrics	5,330	4,432	20%	898
410 - Rheumatology	3,459	2,521	37%	938
103 - Breast Surgery	6,830	5,887	16%	943
330 - Dermatology	12,304	10,791	14%	1,513
110 - Trauma & Orthopaedics	9,710	7,546	29%	2,164
Total	**147,550**	**141,189**	**5%**	**6,361**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	26,026	28,889	-10%	-2,863
301 - Gastroenterology	2,756	2,163	27%	593
655 - Orthoptics	1,921	1,195	61%	726
191 - Pain Management	1,441	695	107%	746
340 - Respiratory Medicine	3,210	2,129	51%	1,081
800 - Clinical Oncology	10,802	9,580	13%	1,222
300 - General Medicine	3,202	1,816	76%	1,386
100 - General Surgery	4,303	2,564	68%	1,739
130 - Ophthalmology	14,489	10,326	40%	4,163
110 - Trauma & Orthopaedics	19,592	15,323	28%	4,269
Total	**149,393**	**134,720**	**11%**	**14,673**

OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	13,532	15,700	-14%	-2,168
101 - Urology	6,984	9,115	-23%	-2,131
502 - Gynaecology	11,508	12,995	-11%	-1,487
420 - Paediatrics	6,925	8,293	-16%	-1,368
650 - Physiotherapy	14,765	16,030	-8%	-1,265
120 - Ear, Nose & Throat	10,946	12,142	-10%	-1,196
400 - Neurology	4,193	4,955	-15%	-762
100 - General Surgery	4,119	4,859	-15%	-740
320 - Cardiology	5,384	4,634	16%	750
330 - Dermatology	11,825	10,836	9%	989
Total	**178,123**	**188,448**	**-5%**	**-10,325**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	48,525	53,597	-9%	-5,072
110 - Trauma & Orthopaedics	34,929	39,734	-12%	-4,805
410 - Rheumatology	8,471	11,745	-28%	-3,274
130 - Ophthalmology	43,050	45,580	-6%	-2,530
300 - General Medicine	1,782	4,171	-57%	-2,389
120 - Ear, Nose & Throat	13,447	15,108	-11%	-1,661
400 - Neurology	7,254	8,245	-12%	-991
655 - Orthoptics	7,343	8,148	-10%	-805
191 - Pain Management	4,319	5,055	-15%	-736
420 - Paediatrics	8,469	9,134	-7%	-665
Total	**393,553**	**415,943**	**-5%**	**-22,390**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	3,960	5,787	-32%	-1,827
330 - Dermatology	2,972	4,342	-32%	-1,370
191 - Pain Management	1,831	2,932	-38%	-1,101
130 - Ophthalmology	3,945	4,499	-12%	-554
502 - Gynaecology	2,003	2,511	-20%	-508
120 - Ear, Nose & Throat	2,075	2,562	-19%	-487
320 - Cardiology	2,558	2,750	-7%	-192
303 - Clinical Haematology	2,942	2,724	8%	218
301 - Gastroenterology	1,373	798	72%	575
800 - Clinical Oncology	5,031	4,288	17%	743
Total	**62,602**	**67,701**	**-8%**	**-5,099**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	2,381	2,922	-19%	-541
502 - Gynaecology	958	1,386	-31%	-428
100 - General Surgery	903	1,014	-11%	-111
320 - Cardiology	169	254	-33%	-85
107 - Vascular Surgery	292	353	-17%	-61
300 - General Medicine	1,595	1,652	-3%	-57
811 - Interventional Radiology	153	86	79%	67
104 - Colorectal Surgery	430	348	24%	82
303 - Clinical Haematology	211	101	108%	110
503 - Gynaecology Oncology	343	233	47%	110
Total	**12,668**	**13,531**	**-6%**	**-863**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	20,419	21,592	-5%	-1,173
430 - HCOOP	8,229	9,153	-10%	-924
560 - Midwifery	1,861	2,331	-20%	-470
502 - Gynaecology	1,984	2,139	-7%	-155
340 - Respiratory Medicine	529	361	46%	168
420 - Paediatrics	7,780	7,593	2%	187
301 - Gastroenterology	552	323	71%	229
104 - Colorectal Surgery	381	77	393%	304
101 - Urology	3,632	3,193	14%	439
100 - General Surgery	5,779	4,929	17%	850
Total	**67,860**	**67,637**	**0%**	**223**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	4123757	3944406	5%	179,351
A&E	184535	175124	5%	9,411
Dialysis	65714	70631	-7%	-4,917
Other	48680	46287	5%	2,393
Critical Care	17921	16466	9%	1,455
Pre-Op	32955	34174	-4%	-1,219
Maternity Pathway	11344	11778	-4%	-434
Chemotherapy	12155	11794	3%	361

4 Hour Emergency Access Standard

Key Performance Indicators

74.20%		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Green
	4 Hour Compliance (EKHUFT Sites) %*	73.75%	75.08%	76.93%	80.80%	82.73%	79.18%	80.04%	77.15%	80.89%	81.74%	79.36%	74.20%	95%
	4 Hour Compliance (inc KCHFT MIUs)	77.76%	78.78%	81.73%	83.95%	85.81%	82.95%	83.52%	81.02%	83.88%	84.50%	82.25%	77.93%	95%
	12 Hour Trolley Waits	0	2	1	0	0	0	0	0	0	0	0	0	0
	Left without being seen	2.26%	2.61%	2.70%	2.39%	2.05%	2.75%	2.44%	3.52%	3.09%	2.77%	3.03%	3.02%	<5%
	Unplanned Reattenders	8.92%	9.11%	9.69%	9.12%	9.31%	9.84%	9.91%	10.23%	9.82%	9.56%	9.46%	9.59%	<5%
	Time to initial assessment (15 mins)	95.3%	94.4%	94.2%	95.3%	93.2%	94.4%	91.4%	72.8%	71.4%	70.9%	65.0%	66.3%	90%
	% Time to Treatment (60 Mins)	48.0%	42.5%	46.4%	49.5%	51.6%	42.7%	48.1%	45.7%	50.7%	52.7%	48.7%	50.5%	50%

2018/19 Trajectory (NHSI return 2ⁿᵈ May)

-14.17 %		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	Trajectory	78.6%	77.5%	78.5%	83.9%	85.4%	85.4%	87.4%	89.9%	88.6%	88.4%	87.6%	87.6%	
	Performance	76.9%	80.8%	82.7%	79.2%	80.0%	77.1%	80.9%	81.7%	79.4%	74.2%			

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

The above table shows the ED performance, including the health economy MIU activity and also with EKHUFT only performance. The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard.

Summary Performance

January performance for the organisation against the 4 hour target was 74.2%; against the NHS Improvement trajectory of 88.4%.This represents a decrease in performance compared to the previous month (79.4%), but an improvement on the Trust wide compliance on the previous January (69.3% in 2018). There were no 12 Hour Trolley Waits in January. The number of patients who left the department without being seen remained compliant at 3.02%. The unplanned re-attendance position remains high at 9.59%. Time to treatment improved above 50% following a performance drop in December to 48.7%.

ED Summary Actions

- Continue to implement ED Improvement Plan and Winter Capacity plan actions.
- Maintain health economy focus on patient flow, in particular for complex discharge.
- Continue the daily focus on internal and external delays to reduce stranded and super stranded patients by identifying whether patients will be complex or simple to discharges to proactively manage discharge plans.
- Prioritise recruitment and retention actions for medical and nursing workforce.

Cancer Compliance

NHS East Kent Hospitals University NHS Foundation Trust

Key Performance Indicators

67.63%		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Green
	62 day Treatments	73.40%	71.88%	66.32%	64.85%	65.79%	65.52%	66.13%	71.14%	77.05%	71.35%	81.93%	67.63%	>=85%
	>104 day breaches	23	30	27	31	34	36	24	12	9	4	8	10	0
	Demand: 2ww Refs	2,734	3,250	3,193	3,406	3,243	3,204	3,100	2,875	3,485	3,308	2,662	3,429	2990 - 3305
	2ww Compliance	97.10%	91.42%	89.06%	93.81%	94.22%	94.94%	93.64%	90.96%	83.54%	93.29%	96.75%	96.45%	>=93%
	Symptomatic Breast	98.50%	90.28%	75.16%	84.46%	94.12%	93.18%	86.32%	94.39%	68.70%	84.03%	95.00%	97.22%	>=93%
	31 Day First Treatment	97.74%	96.08%	95.24%	96.42%	96.51%	95.73%	94.58%	96.83%	97.52%	97.08%	96.99%	95.40%	>=96%
	31 Day Subsequent Surgery	91.43%	89.47%	86.11%	80.95%	82.61%	94.87%	95.65%	96.08%	91.67%	100.00%	97.06%	95.45%	>=94%
	31 Day Subsequent Drug	98.33%	98.21%	97.94%	98.92%	98.13%	99.20%	98.98%	97.83%	99.21%	98.15%	100.00%	97.50%	>=98%
	62 Day Screening	79.31%	100.00%	93.75%	84.09%	100.00%	81.63%	94.37%	81.48%	87.50%	84.21%	87.50%	100.00%	>=90%
	62 Day Upgrades	77.27%	100.00%	89.19%	77.42%	85.29%	85.00%	94.74%	76.00%	82.14%	85.29%	73.91%	85.19%	>=85%

2018/2019 Trajectory

-17.68%		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	STF Trajectory	65.08%	61.38%	61.13%	55.57%	57.87%	62.76%	73.66%	79.01%	83.12%	85.31%	85.24%	86.17%	Jan
	Performance	66.32%	64.85%	65.79%	65.52%	66.13%	71.14%	77.05%	71.35%	81.93%	67.63%			Jan

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

Summary Performance

January 62 day performance is currently 67.63% against the improvement trajectory of 85.31%, validation continues until the beginning of March in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,371 and there were 10 patients waiting 104 days or more for treatment or potential diagnosis.

Summary Actions:

- Continue daily monitoring of 2ww pathways to ensure patients are offered an appointment within 48 hours of referral being received and are offered a first appointment by day 7 ideally.
- Continue daily monitoring of all patients over 73 to 104 days and progress the patients next key event.
- Progress action plans to complete new timed pathways for each tumour site.
- Be sighted on demand weekend at the front end of each pathway to mitigate earlier decisions and actions required.

62 Day Performance Breakdown by Tumour Site

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
01 - Breast	83.3%	100.0%	92.9%	96.6%	92.0%	93.8%	81.5%	86.1%	74.5%	72.4%	89.7%	64.4%
03 - Lung	100.0%	81.0%	62.8%	91.7%	73.0%	70.6%	73.3%	60.0%	56.0%	59.4%	90.9%	60.7%
04 - Haematological	33.3%	33.3%	50.0%	25.0%	54.5%	70.6%	13.3%	61.1%	54.5%	71.4%	75.0%	40.0%
06 - Upper GI	64.3%	73.3%	69.0%	69.2%	79.3%	93.3%	66.7%	62.5%	70.6%	60.0%	100.0%	57.9%
07 - Lower GI	43.8%	63.2%	61.1%	46.5%	64.6%	68.3%	75.0%	68.4%	84.8%	45.2%	55.0%	58.8%
08 - Skin	100.0%	88.9%	88.0%	88.2%	97.2%	97.7%	97.1%	100.0%	100.0%	90.0%	96.8%	94.9%
09 - Gynaecological	63.6%	75.0%	30.8%	32.0%	42.1%	55.6%	75.0%	85.2%	71.4%	100.0%	80.0%	80.0%
10 - Brain & Nervous System			100.0%					100.0%				
11 - Urological	63.5%	63.2%	59.3%	50.0%	38.2%	39.4%	51.0%	52.0%	70.5%	68.5%	76.8%	64.8%
13 - Head & Neck	85.7%	78.6%	20.0%	38.9%	94.1%	50.0%	60.0%	60.0%	100.0%	60.0%	86.7%	57.9%
14 - Sarcoma	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%		100.0%		100.0%		
15 - Other	0.0%		50.0%		100.0%	100.0%	100.0%	100.0%	100.0%		63.6%	70.0%

18 Week Referral to Treatment Standard

Key Performance Indicators

		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Green
76.10 %	Performance	77.03%	76.08%	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%	>=92%
	52w+	141	201	222	218	201	167	125	129	120	102	74	38	0
	Waiting list Size	54,306	54,519	54,979	54,964	53,411	53,193	53,552	54,712	55,607	54,492	53,169	50,134	<38,938
	Backlog Size	12,474	13,039	12,830	11,785	11,207	10,824	11,212	12,983	13,966	15,170	14,662	11,984	<2,178

2018/2019 Trajectory

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
-5.07 %	Performance Trajectory	77.03%	78.20%	79.31%	80.21%	81.02%	81.32%	81.69%	81.84%	81.40%	81.16%	80.87%	80.76%	87%
	Performance	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%			Sept

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
-87	52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
	Performance	222	218	201	167	125	129	120	102	74	38			Sept

An RTT Recovery Plan has been developed jointly with local CCGs in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance during 18/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

Summary Actions

- Elective care recovery plan to be delivered.
- Maximise all outpatient clinics to ensure capacity is fully booked and prioritising new outpatient appointments.
- To ensure that outpatient clinic outcome forms are fully completed and to ensure that outpatient activity is cashed up.
- Validation of active 18 week waiting lists to be prioritised.
- Director led review of all 52 week wait patients to progress next key event in the patient's pathways.
- Director led daily review of 6-4-2 theatre booking, to monitor theatre capacity and productivity.
- Additional internal and external capacity to be sourced.

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.72 %		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Green
	Performance	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.72%	>=99%
	Waiting list Size	14,125	14,174	14,597	15,192	16,350	16,888	15,126	12,750	12,820	13,329	12,235	12,949	<14,000
	Waiting > 6 Week Breaches	62	49	91	106	149	264	298	182	88	46	54	36	<60
	Average Wait													<4

2018/19 Trajectory

0.62 %		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
	STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%
	Performance	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.72%

Summary Performance

The standard has been met for January 19 with a compliance of **99.72%**. As at the end of the month there were **36** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 3
- Cardiology: 5
- Urodynamic: 24
- Sleep Studies : 0

- Cystoscopy : 3
- Colonoscopy : 0
- Neurophysiology : 1
- Gastroscopy : 0
- Flexi Sigmoidoscopy: 0

Summary Actions

- Continue recruitment to respiratory and cardiac physiologist vacancies.
- Provide additional through additional lists for Cardiac CT.

Strategic Theme: Finance

Finance

Jan (red)	I&E £m (Trust Only)	↑ -68.3 (-49.1%)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.	★★★
Jan (green)	Cash Balance £m	↓ 8.7 (-0.1%)	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.	★★★
Jan (red)	Total Cost £m (Trust Only)	↓ -54.6 (3.0%)	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above.	★★★
Jan (red)	Forecast £m	↓ -42.2 (0.8%)	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.	★★★

Highlights and Actions:

The Trust has generated a consolidated deficit in month of £2.5m (£0.6m behind plan) and a year to date (YTD) deficit of £67m which is £41.2m behind plan. The main drivers of the deficit in month are the continuing themes whereby operational pressures are leading to significant Agency spend on Medical and Nursing staff but Elective activity and income are increasingly falling behind a plan which was based on increasing inpatient elective activity in Q3 and 4. In addition there was a slowing down of outpatient work following the PAS implementation. The main specialties showing performance behind plan are Trauma & Orthopaedic (T&O), Urology, Pain Management and Gynaecology. Whilst non elective work is over performing it is insufficient to make up for the elective shortfall. In addition to these drivers the YTD position is impacted by a £34.3m impairment. Reserves now remaining are very small and the financial position relies on the delivery of increased elective and outpatient activity over the coming two months which, if not delivered, will lead to a failure to deliver the revised financial forecast. Care groups are meeting weekly with the COO and FD to improve the elective trajectory.

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's YTD I&E deficit to Month 10 (January) was £32.4m (consolidated position including subsidiaries and after technical adjustments) against a planned deficit of £24.9m, £7.4m worse than plan. A revised full year forecast of £42.2m deficit has been approved by the Board and submitted to NHSi.

The year to date position now includes a £360k impact on consolidation relating to intercompany trading between 2gether and the Trust which was highlighted when the full Q3 accounts were completed for NHS I. The M10 YTD position is slightly better than expected however due to outstanding risks the forecast is held at £42.2m.

Trust unconsolidated pay costs in month of £32.4m are £0.9m more than December. Substantive costs have increased £0.1m due to the payment of Bank holiday pay and agency staffing costs have increased £0.8m in month due to higher levels of Agency cover being available to fill open shifts. During the Christmas period it is normal for these staffing groups to reduce as workers are less willing to cover the holiday period. When measured against Budget, pay is over spent by £1.4m in month and £13m YTD. The main driver for the over spend continues to relate to above plan usage of clinical agency and bank staff. All Care Groups contribute to the over spend. The pay spend includes £4m year to date and £0.4m in month of pay awards relating to Agenda for change not previously budgeted. Agency costs are now £14.6m more than plan YTD driven by operational pressures. Permanent staff costs (including Overtime and waiting list work) are £3m less than plan YTD driven by all staff groups other than HCA's.

Clinical income was on plan in month. Once the impact of pay awards income funding (£0.6m, not included in the plan) is adjusted the net position in £0.6m less than plan for the month. The YTD position is now £3.2m ahead of plan but once pay awards income funding (YTD £4.2m) and prior year reserve releases (£3m) are removed the net position is £4m behind plan. The key drivers remain over performance of non-electives, A&E and ITU offset by under performance in pass through drugs, elective and Outpatient activity however this underperformance has significantly reduced in month. Month on month income has increased £4.8m due to more activity in almost all areas, other than A&E, driven by additional available working days and a care group focus on increasing elective activity. Other income is £1.4m ahead of plan in month (driven by increased education income and the release of deferred income to match PAs costs) and above plan £7.3m YTD, driven by the month 10 drivers as well as the SERCO termination payment and the impact of Trust charges to 2Gether which are offset in expenditure by higher non pay charges from the subsidiary.

Against the full year £30m CIP target, including income, £24m of CIPS have been delivered YTD against a target of £23.3m, £0.7m ahead of plan. CIPs achieved in Month 10 were £2.3m, £0.9m behind plan due to Agency and Patient flow schemes slightly under delivering in month and phasing differences. CIPs in January amounted to £1.7m recurrent and £0.6m on a non-recurrent basis. The YTD position is recurrent £14.9m and non-recurrent £9.1m.
The Trusts cash balance as at the end of September was £8.7m, which is £5.8m above plan. The Trust's total cash borrowing is now £72.8m and is forecast at £81.6m by the year end.

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

Strategic Theme: Health & Safety
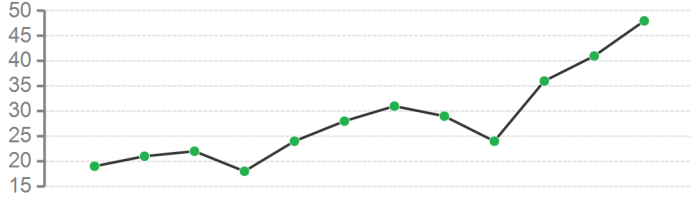
Health & Safety 1
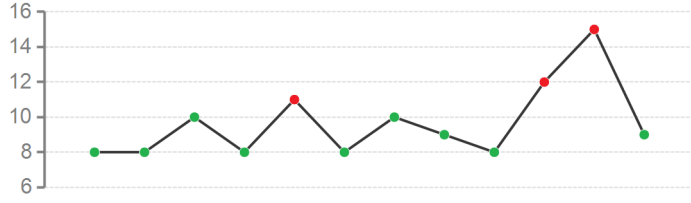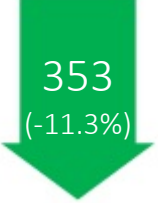
Jan	Representation at H&S	⬆ 748 (0.7%)		"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	⭐⭐⭐
Jan	RIDDOR Reports (Number)			"RIDDOR reports sent to HSE each month.	⭐⭐⭐
Jan	Formal Notices	⬇ 0 (-100.0%)		"Formal notices from HSE (Improvement Notices, Prohibition Notices).	⭐⭐⭐
Jan	Health & Safety Training	⬆ 3294 (18.6%)		H&S Training includes all H&S and risk avoidance training including manual handling	⭐⭐⭐

Highlights and Actions:

H&S attendance at committees has declined in January. The Strategic H&S Committee has discussed this downward trend and escalated the issue with the care group leaders.

There were 2 RIDDORs in month.

There were no formal notices in January.

H&S training returned to positive levels after the Christmas break. This returns the number of staff receiving H&S to good levels.

Strategic Theme: Health & Safety

Jan

Sharps

111
(-12.6%)

"Incidents with sharps (e.g. needle stick).

Highlights and Actions:

The number of accidents increased in January. This shows a continued increase from October. Although this is still green it does show a trend and will be discussed at the next H&S committee. Historically the number of accidents, most of which are minor, does increase at this time of year.

The number of fire incidents decreased in January and returns this KPI to green. This is positive given that last two months had moved this KPI into Red. It's important to note that these are largely false alarms and the significant majority occur in the resident kitchens as a result of cooking.

The number of violence and aggressive incidents increased in January, partly related to how busy the sites are. Although the KPI is green it will continue to be monitored in the comings months. Conversely the number of sharps incidents deceased in month.

Strategic Theme: Use of Resources

Pay Independent

Jan	Payroll Pay £m	-27.7 (0.2%)		Payroll Pay (Permanent+Overtime). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Jan	Agency Spend £m	0.0 (-100.0%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Jan	Independent Sector £k	-673 (-15.5%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:
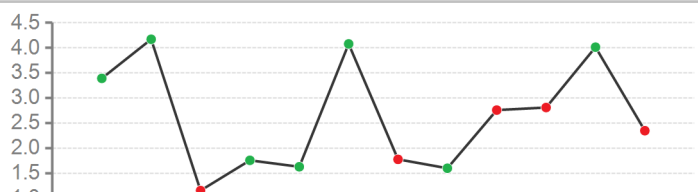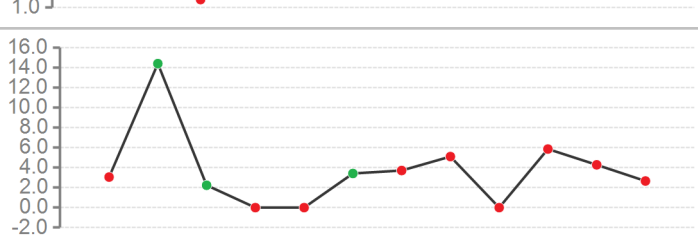
Pay performance is adverse to plan in January by £1.4m and by £13m ytd. The estimated AfC pay award excess impact not included in the base plan (funded in-year by the DOH in Clinical Income) is c£0.4m in month and 4.0m ytd. The main driver of pay relates to agency usage covered below.

Total expenditure on pay in December was £32.3m, £0.9m higher than in December with the increase relating to agency usage to keep the wards and A&E safe.

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

Strategic Theme: Use of Resources

Balance Sheet

Jan	CIPS £m	⭐	**23.9** (-41.5%)		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. ⭐⭐⭐
Jan	Cash borrowings £m	⭐	73.5		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow. ⭐⭐⭐

Strategic Theme: Use of Resources

Jan

Capital position £m
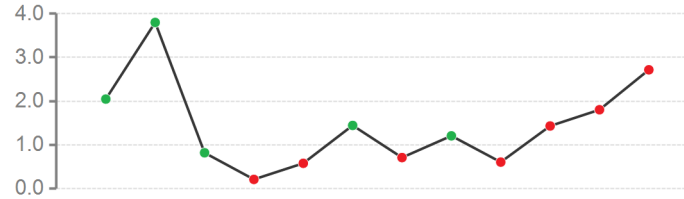
11.5
(50.7%)

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

Highlights and Actions:

DEBT
Total invoiced debtors have decreased from the opening position of £28.5m by £12.4m to £16.1m. The largest debtors at 31st January were East Kent CCGs £5.1m and East Kent Medical Services £2.2m. Agreement has now been reached with CCGs in respect of 1718 overperformance, £3.5m is expected to be paid in February.

CREDITORS
The management of creditors continues to be an issue and in January the Trust commenced paying invoices at 20 days behind creditor terms on average (from 17 days).

CAPITAL
Total YTD expenditure for Mth 10 2018/19 is £2m below plan mainly driven by slower than planned delivery of the observation bays.

EBITDA
The Trust is reporting a year to date deficit EBITDA of £14.1m

CASH
The closing cash balance for the Trust as at 31st January was £8.7m

FINANCING
£1.7m of interest was incurred in respect of the drawings against working capital facilities to 31st January 2019.

Strategic Theme: Improvement Journey

		Sep	Oct	Nov	Dec	Jan	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	81.02	83.88	84.50	82.25	77.93	>= 95
	ED - 1hr Clinician Seen (%)	45	51	52	48	50	>= 55 & <55
MD04 - Flow	DToCs (Average per Day)	48	48	55	53	54	>= 0 & <35
	IP - Discharges Before Midday (%)	17	14	15	15	15	>= 35
	Medical Outliers	51	57	49	63	89	
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	71.14	77.05	71.35	81.93	67.63	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	28	28	25	24	26	>= 0 & <28
	Staff Turnover (Midwifery)	13	14	14	13	13	>= 0 & <10
	Vacancy (Midwifery) %	5	4	5	5	6	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	14.2	14.6	14.5	14.4	14.4	>= 0 & <10
	Vacancy (%)	13.8	13.2	12.6	13.0	12.1	>= 0 & <7
	Staff Turnover (Nursing)	14	14	14	14	14	>= 0 & <10
	Staff Turnover (Medical)	14	14	14	14	14	>= 0 & <10

MD08 - Recruitment & Staffing	Vacancy (Nursing) %	17	15	15	15	15	>= 0 & <7
	Vacancy (Medical) %	13	13	12	13	12	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	76.3	77.2	75.4	79.6	80.3	>= 85
	Statutory Training (%)	98	97	97	96	98	>= 85
KF01 - Complaints	Complaint Response within 30 days %	16.0	21.4	36.8	13.3	23.9	>= 85
	Complaint Response in Timescales %	75.7	72.1	81.6	94.6	84.2	>= 85
KF09 - Medicines Management	Pharm: Drug Trolleys Locked (%)	99	48	97	99	49	>= 90 & <90
	Pharm: Resus. Trolley Check (%)	92	94	96	96	84	>= 90 & <90
	Pharm: Drug Cupboards Locked (%)	78	74	86	88	81	>= 90 & <90
	Pharm: Fridges Locked (%)	86	78	83	84	79	>= 95
	Pharm: Fridge Temps (%)	82	82	91	95	87	>= 100

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55 & <55	
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %

Cancer	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>= 95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90 & <90	5 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90 & <90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %
	Staff FFT - Work (%)	"Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 60	50 %
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %

Category	Metric	Description	Target	Weight
Data Quality & Assurance	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <7	
	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	10 %
	I&E £m (Trust Only)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.	>= 0	30 %
	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	20 %
	Total Cost £m (Trust Only)	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above.	>= 0	20 %
Health & Safety	Accidents	"Accidents excluding sharps (needles etc) but including manual handling.	>= 0 & <40	15 %
	Fire Incidents	"Fire alarm activations (including false alarms).	>= 0 & <5	10 %
	Formal Notices	"Formal notices from HSE (Improvement Notices, Prohibition Notices).	>= 0 & <1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Violence & Aggression	"Violence, aggression and verbal abuse.	>= 0 & <25	10 %
	Representation at H&S	"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	>= 76	20 %
	RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.	>= 0 & <3	20 %

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

Incidents	Clinical Incidents: Severe Harm			
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	Pressure Ulcers Cat 2 (per 1,000)	"Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <0.15	10 %
	Serious Incidents (STEIS)	"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
Infection	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	>= 0 & <1	
	Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	E. Coli	"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	>= 0 & <1	
	Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	Cases of C.Diff (Cumulative)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month."	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %
	Hand Hygiene Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95	

Infection	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Crude Mortality EL (per 1,000)	"The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <0.33	10 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
	Crude Mortality NEL (per 1,000)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <90	35 %
	Number of Avoidable Deaths > 50%	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable','Strong evidence of avoidability','Probably avoidable (more than 50:50)')		
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 0 & <87.45	30 %
Observations	Cannula: Daily Check (%)	"The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Central Line: Daily Check (%)	"The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 90	25 %
	Catheter: Daily Check (%)	"The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Obs. On Time - 8pm-8am (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 90	25 %
	VTE: Risk Assessment %	"Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant."	>= 95	20 %
Patient Experience	AE Mental Health Referrals	A&E Mental Health Referrals		5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	IP FFT: Recommend (%)		>= 90	30 %

Patient Experience	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	IP Survey: Are you aware of nurse in charge of your care each shift? (%)	>= 89	4 %
	Number of Compliments	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD)	>= 1 & <1	15 %
	Cleanliness %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days		
	Complaints Open <= 30 Days	Number of complaints open for less than 30 days		
	Complaints Open > 90 Days	Number of Complaints open for more than 90 Days		
	Complaints Open 31 - 60 Days	Number of Complaints open between 31 and 60 Days		
	Complaints Open 61 - 90 Days	Number of Complaints open between 61 and 90 Days		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	IP FFT: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 15	1 %
	IP Survey: Encouraged to get up and wear own clothes (%)	Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"		3 %

Patient Experience	IP Survey: Help from Staff to Eat Meals (%)	Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"		3 %
	IP Survey: Overall, did you get the care that matters to you?	Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %		10 %
	Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Number of Complaints	"The number of Complaints recorded overall . Data source - Patient Experience Team"	>= 0 & <1	15 %
Productivity	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Compliance	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 80 & <80	
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		

Staffing				
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
	Local Induction Compliance %	"Local Induction Compliance rates (%) for temporary employee's to the Trust.	>= 85	
	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 Midwives budget codes.	>= 0 & <28	2 %
	Overtime (WTE)	Count of employee's claiming overtime		1 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	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 Community Midwives budget codes.	>= 99 & <99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
	Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
	Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
	Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
	NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
	Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %

Staffing				
Staffing	Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Staff Turnover (Nursing)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Vacancy (%)	"% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	15 %
	Vacancy (Medical) %	"% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Midwifery) %	"% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Sickness (%)	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 0 & <3.3	10 %
	Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
	Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
	Staff Turnover (Midwifery)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Time to Recruit	"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Total Staff Headcount	Headcount of total staff in post		
	Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
	Vacancy (Nursing) %	"% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	

Training	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %
	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
Use of Resources	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.	>= 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	>= 0	
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	>= 0	
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan		
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	
	Payroll Pay £m	Payroll Pay (Permanent+Overtime). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.		

Data Assurance Stars

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

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

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

Human Resources Heatmap

	CAN (Cancer)	CSS (Clinical Support Services)	GSM (General and Specialist Medicine)	S&A (Surgery & Anaesthetics)	SHN (Surgery Head & Neck)	UEC (Urgent and Emergency)	Unknown	W&C (Womens and Childrens)
Agency %	2.2	1.4	13.6	7.8	3.8	26.2	4.7	6.0
Employed vs Temporary Staff (%)	91.9	90.4	82.9	97.4	98.1	75.5	91.5	92.1
Sickness (%)	4.2	4.0	3.9	4.2	2.4	4.9	3.7	4.4
Staff Turnover (%)	13.5	12.8	18.4	13.6	11.6	18.4	13.3	12.4
Statutory Training (%)	97	95	99	99	101	100	96	97
Total Staff In Post (SiP)	180	947	1405	1495	174	399	1572	887
Vacancy (%)	8.1	9.6	18.0	3.1	1.4	24.5	16.2	7.9

Apdx.

Patient Safety Heatmap - JANUARY 2019

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

Ward	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Hand Hygiene Audit	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	IP FFT: Response Rate (%)	IP FFT: Recommend (%)	IP FFT: Not Recommend (%)	IP Survey: Overall, did you get the care...	IP Survey: Help from Staff to Eat Meals (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
K&C - KENT & CANTERBURY HOSPITAL																	
CAN (Cancer)																	
KBRA - K&C BRABOURNE WARD	100.0	0	0	98.2	0	0	0	7	44	100	0.0	100.0	0	101.1	87	100	15
KCADU - K&C CATHEDRAL UNIT	N/A	0	0	43.9	0	0	0	0	N/A	N/A	N/A	NULL	NULL	83.0	N/A	N/A	N/A
GSM (General and Specialist Medicine)																	
KACU - K&C AMBULATORY CARE UNIT	N/A	0	0	NULL	0	0	0	0	N/A	N/A	N/A	NULL	NULL	89.9	N/A	N/A	N/A
KHAR - K&C HARBLEDOWN WARD	100.0	2	6	100.0	2	0	2	47	32	100	0.0	100.0	100	69.8	77	115	5
KINV - K&C INVICTA WARD	100.0	1	9	97.3	0	0	0	0	11	100	0.0	33.3	87	87.5	117	113	6
KKIN - K&C KINGSTON WARD	100.0	0	7	100.0	0	0	1	0	17	100	0.0	50.0	60	75.2	77	108	5
KMARL - K&C MARLOWE WARD	100.0	1	2	100.0	1	1	1	73	50	98	0.0	50.0	77	90.1	96	97	6
KMM - K&C MOUNT MCMASTER WARD	100.0	1	5	100.0	0	0	0	0	39	100	0.0	50.0	50	76.7	104	114	5
KNRU - K&C EAST KENT NEURO REHAB	94.7	0	5	66.7	0	0	0	3	67	75	0.0	50.0	100	NULL	81	101	5
KTRE - K&C TREBLE WARD	100.0	0	1	NULL	0	0	0	0	28	100	0.0	100.0	100	79.8	94	98	7
S&A (Surgery & Anaesthetics)																	
KCLK - K&C CLARKE WARD	100.0	3	0	100.0	0	0	1	104	19	99	0.0	50.0	80	89.8	90	96	6
KDSC - K&C DAY SURGERY	NULL	0	1	NULL	0	0	0	0	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL
KITU - K&C INTENSIVE CARE UNIT	100.0	1	1	100.0	0	0	0	55	N/A	N/A	N/A	NULL	NULL	80.0	82	82	31
KSLA - K&C ST LAWRENCE WARD	100.0	0	3	NULL	0	0	0	0	60	98	0.0	100.0	100	64.1	NULL	NULL	NULL
KWURO - K&C UROLOGY SUITE	N/A	0	0	NULL	0	0	0	0	N/A	N/A	N/A	NULL	NULL	109.9	N/A	N/A	N/A
W&C (Womens and Childrens)																	
KDOLP - K&C DOLPHIN WARD	N/A	0	0	NULL	0	0	0	352	N/A	N/A	N/A	NULL	NULL	101.2	N/A	N/A	N/A
QEQM - QUEEN ELIZABETH QUEEN MOTHER HOSPITAL																	
CAN (Cancer)																	
QVDM - QEQM VIKING DAY UNIT	N/A	0	1	80.0	0	0	1	0	N/A	N/A	N/A	NULL	NULL	101.4	N/A	N/A	N/A
GSM (General and Specialist Medicine)																	

KEY

(grey)	data not yet available
NULL (red)	null return, data not received
N/A	metric is not applicable

Ward	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Hand Hygiene Audit	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	IP FFT: Response Rate (%)	IP FFT: Recommend (%)	IP FFT: Not Recommend (%)	IP Survey: Overall, did you get the care	IP Survey: Help from Staff to Eat Meals	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
QCCU - QEQM CCU	NULL	0	0	91.2	0	2	1	7	115	100	0.0	100.0	77	79.7	95	100	7
QDEA - QEQM DEAL WARD	95.0	0	1	98.7	0	2	0	0	16	83	8.3	50.0	100	109.1	124	143	6
QFOR - QEQM FORDWICH WARD	100.0	1	7	100.0	0	1	1	0	77	90	9.5	100.0	100	89.2	93	118	7
QQX - QEQM QUEX WARD	95.8	0	3	87.5	0	0	1	14	8	88	0.0	NULL	NULL	98.4	108	129	6
QSAN - QEQM SANDWICH WARD	100.0	2	2	99.4	0	0	0	1	18	100	0.0	50.0	18	96.7	138	165	7
QSTA - QEQM ST. AUGUSTINES WARD	96.6	0	5	NULL	0	0	1	1	47	96	0.0	50.0	75	82.7	100	130	5
QSTM - QEQM ST. MARGARETS WARD	95.0	0	1	94.2	0	0	0	14	74	97	0.0	50.0	93	80.7	110	124	6
S&A (Surgery & Anaesthetics)																	
QBIS - QEQM BISHOPSTONE WARD	100.0	2	1	NULL	0	0	1	0	110	96	1.5	100.0	3	79.7	70	94	7
QCSF - QEQM CHEERFUL SPARROWS WAR	100.0	0	4	100.0	0	0	1	1	78	98	0.0	33.3	69	108.2	115	124	7
QCSM - QEQM CHEERFUL SPARROWS WA	100.0	2	2	NULL	0	0	1	0	28	97	0.0	50.0	98	89.9	115	130	6
QDSU - QEQM DAY SURGERY WARD	NULL	0	0	66.7	0	0	0	0	N/A	N/A	N/A	NULL	NULL	NULL	N/A	N/A	N/A
QITU - QEQM INTENSIVE CARE UNIT	100.0	1	0	89.8	0	0	0	32	N/A	N/A	N/A	NULL	NULL	90.2	98	119	24
QSAL - QEQM SURGICAL ADMISSIONS LO	NULL	0	0	NULL	0	0	0	0	N/A	N/A	N/A	NULL	NULL	0.0	N/A	N/A	N/A
QSB - QEQM SEA BATHING WARD	100.0	0	0	NULL	0	0	0	0	80	97	0.0	100.0	50	82.9	101	114	6
UEC (Urgent and Emergency Care)																	
QAMUB - QEQM ACUTE MEDICAL UNIT B	100.0	3	6	NULL	0	1	0	2	35	83	10.9	NULL	NULL	62.7	NULL	NULL	NULL
W&C (Womens and Childrens)																	
KIN - QEQM KINGSGATE WARD	NULL	0	0	100.0	0	0	2	0	N/A	N/A	N/A	NULL	NULL	86.6	88	87	22
QBIR - QEQM BIRCHINGTON WARD	100.0	0	2	100.0	0	0	0	33	4	100	0.0	50.0	25	99.8	97	134	6
QRAI - QEQM RAINBOW WARD	100.0	0	0	94.7	0	0	0		23	100	0.0	NULL	NULL	96.3	93	110	16
QSCB - QEQM SPECIAL CARE BABY UNIT	100.0	0	0	100.0	0	0	0	0	N/A	N/A	N/A	NULL	NULL	93.9	111	101	10
WHH - WILLIAM HARVEY HOSPITAL																	
CAN (Cancer)																	
WCBC - WHH CELIA BLAKEY CENTRE	N/A	0	0	NULL	0	0	0	0	N/A	N/A	N/A	NULL	NULL	103.4	N/A	N/A	N/A
GSM (General and Specialist Medicine)																	
WBAR - WHH BARTHOLOMEW WARD	100.0	0	0	81.5	0	0	0	0	69	100	0.0	50.0	26	82.3	109	102	13
WCCU - WHH CARDIAC CARE UNIT	100.0	0	0	NULL	0	0	0	1	65	100	0.0	50.0	71	N/A	N/A	N/A	N/A
WCJ - WHH CAMBRIDGE J WARD	100.0	0	0	NULL	0	0	0	0	0	NULL	NULL	100.0	27	82.3	129	165	8
WCK - WHH CAMBRIDGE K WARD	100.0	1	2	100.0	0	0	0	40	35	95	0.0	33.3	72	59.2	99	98	7
WCL - WHH CAMBRIDGE L WARD	100.0	6	4	100.0	0	0	1	5	46	100	0.0	50.0	11	76.3	97	93	6

Apdx.

Ward	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	Hand Hygiene Audit	C. Diff Infections (Post 72h)	Number of Cardiac Arrests	Number of Complaints	Number of Compliments	IP FFT: Response Rate (%)	IP FFT: Recommend (%)	IP FFT: Not Recommend (%)	IP Survey: Overall, did you get the care that you wanted?	IP Survey: Help from Staff to Eat Meals (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
WCM1 - WHH CAMBRIDGE M1 WARD	100.0	1	5	48.8	0	0	1	0	48	87	6.7	25.0	42	61.3	N/A	N/A	N/A
WCM2 - WHH CAMBRIDGE M2 WARD	100.0	1	6	85.0	0	0	0	67	57	100	0.0	33.3	11	85.7	101	101	6
WKC2 - WHH KINGS C2 WARD	NULL	2	9	100.0	0	0	2	0	0	NULL	NULL	NULL	NULL	NULL	72	71	5
WOXF - WHH OXFORD WARD	100.0	1	2	96.8	0	1	0	0	30	100	0.0	50.0	13	94.0	99	121	8
WRSU - WHH RICHARD STEVENS WARD	100.0	0	4	100.0	0	0	0	0	43	87	0.0	50.0	17	78.2	100	112	8
S&A (Surgery & Anaesthetics)																	
WITU - WHH INTENSIVE CARE UNIT	100.0	5	0	96.5	0	0	0	40	N/A	N/A	N/A	NULL	NULL	110.9	106	93	29
WKA2 - WHH KINGS A2 WARD	100.0	4	4	100.0	1	1	0	157	63	100	0.0	50.0	74	108.4	109	125	6
WKB - WHH KINGS B WARD	100.0	2	1	100.0	0	0	0	179	73	98	0.0	25.0	70	97.8	114	107	6
WKC1 - WHH KINGS C1 WARD	100.0	0	4	NULL	0	0	0	204	53	100	0.0	50.0	85	86.4	115	102	6
WKDF - WHH KINGS D FEMALE	94.4	5	3	100.0	0	0	1	251	51	100	0.0	50.0	92	100.8	N/A	N/A	N/A
WKDM - WHH KINGS D MALE	100.0	5	3	96.7	0	0	0	0	35	96	4.3	50.0	89	N/A	113	109	7
WSEAU - WHH SEAU	N/A	0	0	NULL	0	0	0	0	64	96	0.0	NULL	NULL	133.8	N/A	N/A	N/A
WSURA - WHH SURGICAL ADMISSIONS LO	N/A	0	0	NULL	0	0	0	0	N/A	N/A	N/A	NULL	NULL	105.6	N/A	N/A	N/A
SHN (Surgery Head & Neck)																	
WROT - WHH ROTARY WARD	100.0	1	2	100.0	0	0	1	29	42	100	0.0	33.3	51	95.1	98	106	7
UEC (Urgent and Emergency Care)																	
WAMUB - WHH ACUTE MEDICAL UNIT B	100.0	3	5	NULL	0	1	0	33	NULL	NULL	NULL	NULL	NULL	71.9	NULL	NULL	NULL
W&C (Womens and Childrens)																	
FF - WHH FOLKESTONE WARD	NULL	0	0	52.9	0	0	1	0	N/A	N/A	N/A	50.0	50	89.5	91	88	34
WKEN - WHH KENNINGTON WARD	100.0	0	1	NULL	0	0	1	0	27	90	10.0	33.3	75	73.9	97	122	6
WPAD - WHH PADUA WARD	100.0	0	0	NULL	0	0	1	1	10	100	0.0	NULL	NULL	76.1	89	109	6
WSCBU - WHH THOMAS HOBBS NEONATA	100.0	0	0	100.0	0	0	1	0	N/A	N/A	N/A	NULL	NULL	96.9	88	83	15

Apdx.