



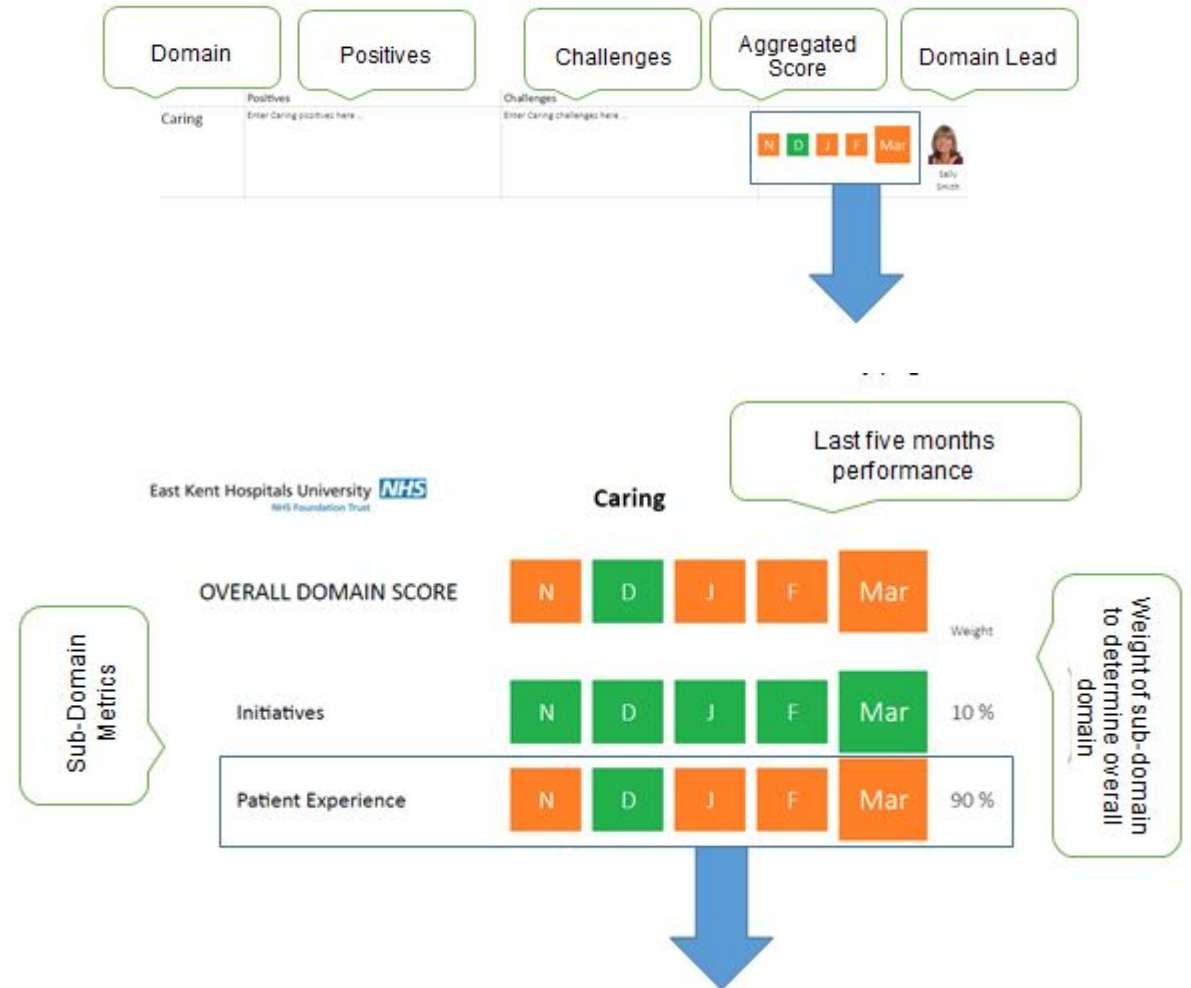
# INTEGRATED PERFORMANCE REPORT



# Understanding the IPR

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

**2 Domain Metrics:** Each domain will have two pages; one showing overall aggregated scores split by sub-domain and another showing a selection of key metrics which help form the sub-domain aggregated metric scores. The first page indicates the sub-domain weighting % which is used to calculate the overall domain score. The second page illustrates key (but not all) metrics measured within that sub-domain. This is important as it explains why the sum of each metric doesn't total 100%. A list of all metrics used in the calculation is summarised in the Glossary pages.

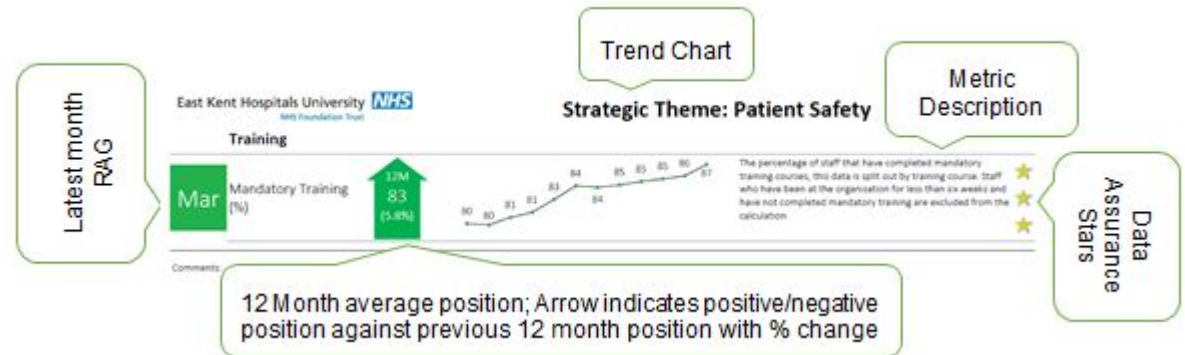


# Understanding the IPR

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

Key Metric	Metric Score					Metric RAG		Metric Weight
Patient Experience	Compliments to Complaints	17	22	14	17	19	>= 22	10%
	Overall Patient Experience	88	91	90	91	91	>= 90	10%
	Complaint Response in Timescales	94	88	88	68		>= 85	5%
	FFT: Recommend (%)	97	97	94	94	95	>= 90	32%
	FFT: Not Recommend (%)	1	1	3	2	3	>= 1	11%

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



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

# Strategic Priorities



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# Headlines

## Caring

### Positives

The Friends and Family test inpatient satisfaction rate remains positive at 97%.

The percentage of people not recommending the Trust is registering green this month at 1%.

The compliments to complaints ratio improved this month with 52 compliments for every complaint.

Complaints performance has improved this month as the backlog of complaints opened for more than 30 working days is addressed. Our improvement work further includes refocusing the complaints process to be more clinically led through engagement of the Care Group triumvirate. We are also working with neighbouring Trusts to continue our improvement work.

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

### Challenges

In November we reported 22 unjustified mixed sex occurrences. This is an increase on 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.



Sally  
Smith

## Effective

### 4 hour Emergency Access Standard

The number of DTOC's have increased by 176 in month and now average 55 per day; this remains higher than the Trust internal target of 30 DTOC's per day. There are weekly reviews of all 7 and 21 day patients on each site and a whole system focus on resolving complex discharge issues. The number of 7 and 21 day patients has decreased in month by 613 and 636 patients respectively, which is an improvement in that there has been a reduction in patients delayed, however, a greater number of patients have been reportable delays in month, which indicates an increase in complex patients.

Conversely, discharges before 12 noon have improved with a greater number of patients being discharged before 12 noon.

### 18 week RTT

The number of 52 week patients has decreased to 102 against a trajectory of 125.

### Cancer

The number of patients on a Cancer pathway waiting over 104 days has decreased to 4. 2ww performance has been achieved.

### DM01

The 6 week diagnostic treatment time has been achieved with no radiology breaches.

The implementation of the new PAS has created challenges for staff across all the Constitutional and internal standards and although there have been sustained improvements in month there continues to be a requirement for further training and embedding of new processes.

There is concern regarding the increasing number of DTOC patients across the sites.

J A S O Nov



Lee  
Martin

## Responsive

### 4 hour Emergency Access Standard

November performance for the 4 hour target has improved to 81.74%, excluding the community MIU and 84.50% including and against a NHS Improvement trajectory of 89.9%. This represents almost a 1% improvement in performance compared to the previous month. There were no 12 Hour Trolley Waits. The number of patients who left the department without being seen continued to be compliant and has improved to 2.77%, whilst unplanned re-attendances remained non-compliant at 9.54%. Time to treatment (60 minutes) has improved to the highest level since January 2018 and is compliant as 52.7%.

### RTT

November performance reduced to 72.16% against an improvement trajectory of 81.84%.

The number of patients waiting over 52 weeks for first treatment has continued to over perform and improve with the number decreasing further to 102. 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 November 2018 with a compliance of 99.65%, which is a significant improvement. Radiology have achieved a 100% performance with zero breaches.

### Cancer

November performance is currently 71.83% against the improvement trajectory of 79.01%, validation continues until the beginning of January in line with the national timetable. The total number of patients on an active cancer pathway at the end of the month was 2,589 and there were 4 patients waiting 104 days or more for treatment or potential diagnosis. This is a significant improvement.

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

All patients on a 2ww pathway and who are over 104 days are reviewed at the cancer PTL meetings weekly and daily review is being progressed by the speciality to ensure timely investigations and treatment for patients.

### 4 hour Emergency Access Standard

The A&E four hour standard remains a priority for the Trust. Patient flow delays due to timely bed availability continue to be a challenge; however, the ED Improvement Plan is progressing with ED escalation and streaming becoming embedded.

### RTT

Embedding the administrative processes of the new PAS system to ensure that out patient activity is actioned in real time.

### CANCER

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



Lee  
Martin



Safe

Positives this month include falls rate and harm free care for new harms. All of these compare favourably in November.

The 12 month average for VTE assessment recording has come up to 93% and all specialist areas remain above 96% for the year.

Clostridium difficile infections are now below the DH trajectory and hand hygiene audits are at 96.2% across the Trust.

Despite no MSSA bacteraemias this month and an overall monthly rate per 100,000 occupied bed days below the England average for the year disappointingly we have had 2 MRSA bacteraemias during November.

Pressure ulcer rates have increased slightly during November, with category 2 ulcers slightly above our target and one deep ulcer reported, although the rate remains within our target. November saw an increase in serious incident reporting with one Never Event reported in Surgery. The themes are varied but all are being investigated and the learning will be reported, shared and implemented.

Although the risk adjusted mortality index breached the upper control limit for this month for the latest 12 month reporting period (October 2017 to September 2018) the RAMI was was 89.2, 3.8 points lower than the previous year.



Paul Stevens

Well Led

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

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

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

Trust Pay is £1.3m over plan in month and £10.8m over plan YTD. The main overspend is in Agency costs (£12.7m over plan YTD) offset by an underspend on permanent staffing (£3m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U&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 £65.5m

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



Susan Acott



# Caring

OVERALL DOMAIN SCORE

J	A	S	O	Nov
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Weight

Patient Experience

J	A	S	O	Nov
---	---	---	---	-----

100 %



# Caring

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Patient Experience	Mixed Sex Breaches	50	73	19	0	22	>= 0 & <1	10 %
	AE Mental Health Referrals	106	115	81	116	113		5 %
	Compliments to Complaints (#/1)	30	23	17	32	51	>= 12	10 %
	Overall Patient Experience %	91.9	89.7	90.0	89.7	89.3	>= 90	10 %
	IP FFT: Recommend (%)	97	96	97	97	97	>= 90	30 %
	IP FFT: Not Recommend (%)	1.1	1.7	1.2	1.3	1.0	>= 0 & <1	10 %
	Complaint Response in Timescales %	87.3	90.2	75.7	72.1	81.6	>= 85	5 %



# Effective

OVERALL DOMAIN SCORE	J	A	S	O	Nov	Weight
Beds	J	A	S	O	Nov	33 %
Clinical Outcomes	J	A	S	O	Nov	33 %
Productivity	J	A	S	O	Nov	33 %

# Effective

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Beds	DToCs (Average per Day)	57	52	48	48	55	>= 0 & <35	30 %
	Bed Occupancy (%)	86	88	92	93	90	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	13	17	14	15	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.8	4.4	3.9	3.7		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	14.4	15.6	15.7	15.3		>= 0 & <15	15 %
	Audit of WHO Checklist %	96	98	100	99	99	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.8	8.5	9.1	8.9	7.8	>= 0 & <7	
	DNA Rate: Fup %	6.9	7.3	8.3	9.3	7.6	>= 0 & <7	
	New:FUp Ratio (1:#)	1.9	1.9	1.8	1.9	1.9	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.5	2.8	3.2	3.4	3.2		
	LoS: Non-Elective (Days)	6.2	6.1	6.1	6.3	5.9		
	Theatres: Session Utilisation (%)	80	81	79	81	80	>= 85	25 %
	Theatres: On Time Start (% 15min)	41	42	46	51	50	>= 90	10 %
	Non-Clinical Cancellations (%)	1.4	0.9	1.4	2.2	1.0	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	0	0	0	0	0	>= 0 & <5	10 %
	EME PPE Compliance %	81	78	79	79	77	>= 80	20 %

## Responsive

OVERALL DOMAIN SCORE

	J	A	S	O	Nov	Weight
A&E	J	A	S	O	Nov	25 %
Cancer	J	A	S	O	Nov	25 %
Diagnostics	J	A	S	O	Nov	25 %
RTT	J	A	S	O	Nov	25 %



# Responsive

		Jul	Aug	Sep	Oct	Nov	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	82.95	83.52	81.02	83.88	84.50	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	79.18	80.04	77.15	80.89	81.74	>= 95	1 %
Cancer	Cancer: 2ww (All) %	94.94	93.64	91.00	83.51	93.29	>= 93	10 %
	Cancer: 2ww (Breast) %	93.18	86.32	94.39	68.46	84.17	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	95.70	94.57	96.83	97.49	96.93	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	94.74	95.56	96.00	93.10	100.00	>= 94	5 %
	Cancer: 31d (Drug) %	99.20	98.98	97.87	99.21	98.08	>= 98	5 %
	Cancer: 62d (GP Ref) %	65.52	66.13	71.43	77.05	71.83	>= 85	50 %
	Cancer: 62d (Screening Ref) %	81.63	94.37	81.48	87.50	83.78	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	85.00	94.87	76.00	82.14	90.32	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	98.44	98.03	98.53	99.31	99.66	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	79.65	79.06	76.27	74.89	72.16	>= 92	100 %
	RTT: 52 Week Waits (Number)	167	125	129	120	102	>= 0	

# Safe

## OVERALL DOMAIN SCORE

	J	A	S	O	Nov	Weight
Incidents	J	A	S	O	Nov	20 %
Infection	J	A	S	O	Nov	20 %
Mortality	J	A	S	O	Nov	50 %
Observations	J	A	S	O	Nov	10 %



# Safe

		Jul	Aug	Sep	Oct	Nov	Green	Weight
<b>Incidents</b>	Clinical Incidents: Total (#)	1,484	1,288	1,261	1,343	1,139		
	Serious Incidents (STEIS)	8	9	9	12	15		
	Harm Free Care: New Harms (%)	98.3	99.3	99.1	99.1	98.9	>= 98	20 %
	Falls (per 1,000 bed days)	5.02	4.94	5.30	5.63	5.17	>= 0 & <5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.19	0.16	0.13	0.13	0.19	>= 0 & <0.15	10 %
<b>Infection</b>	Cases of C.Diff (Cumulative)	19	22	25	26	26	<= Traj	40 %
	Cases of MRSA (per month)	0	0	1	0	2	>= 0 & <1	40 %
	Hand Hygiene Audit	94.6	94.0	96.8	92.1	96.2	>= 95	
<b>Mortality</b>	HSMR (Index)	96	96				>= 0 & <90	35 %
	Crude Mortality EL (per 1,000)	0.8	0.9	0.7	1.2	0.9	>= 0 & <0.33	10 %
	Crude Mortality NEL (per 1,000)	29.1	24.8	27.3	25.9	28.2	>= 0 & <27.1	10 %
	RAMI (Index)	90	89	89	89	90	>= 0 & <87.45	30 %
<b>Observations</b>	Cannula: Daily Check (%)	70.8	68.9	65.6	65.9	65.9	>= 50	10 %
	Catheter: Daily Check (%)	39.2	43.7	36.9	39.6	39.4	>= 50	10 %
	Central Line: Daily Check (%)	66.9	66.1	62.3	63.8	62.3	>= 50	10 %
	VTE: Risk Assessment %	93.1	92.9	90.3	90.2	91.7	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	91.9	92.0	91.5	92.1	92.2	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.1	89.6	89.4	89.7	89.3	>= 90	25 %

# Well Led

## OVERALL DOMAIN SCORE

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

	J	A	S	O	Nov
	J	A	S	O	Nov
	J	A	S	O	Nov
	J	A	S	O	Nov
	J	A	S	O	Nov
	J	A	S	O	Nov
	J	A	S	O	Nov
	J	A	S	O	Nov

Weight

15 %

25 %

15 %

25 %

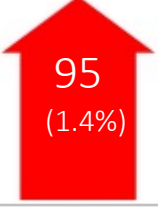
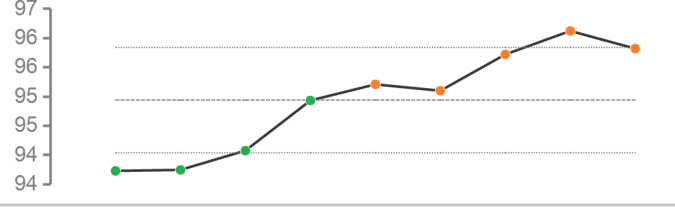

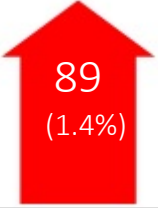
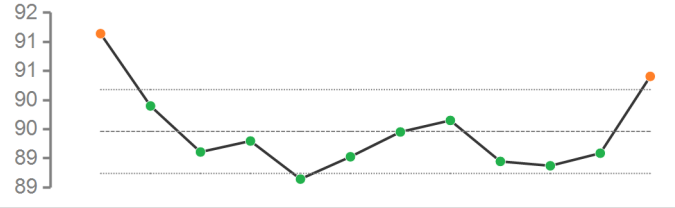

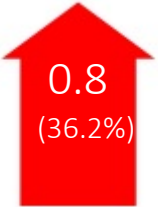
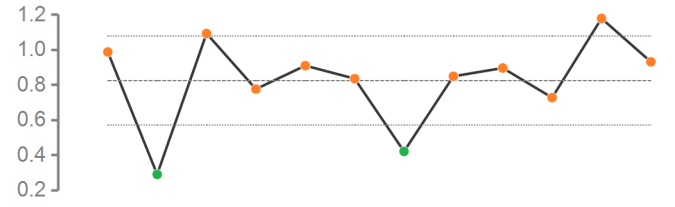

20 %

# Well Led

		Jul	Aug	Sep	Oct	Nov	Green	Weight
Data Quality & Assurance	Not Cached Up Clinics %	0.9	0.6	0.5	0.6	1.1	>= 0 & <0.2	25 %
	Uncoded Spells %	0.4	0.5	0.7	0.4	2.4	>= 0 & <0.25	25 %
Finance	Forecast £m	-30.0	-30.0	-29.9	-29.9	-29.9	>= 0	10 %
	Total Cost £m (Trust Only)	-54.0	-54.0	-52.5	-88.8	-53.0	>= 0	20 %
	Cash Balance £m	16.0	9.2	5.1	6.4	3.4	>= 0	20 %
	I&E £m (Trust Only)	-1.3	-4.4	-2.1	-37.6	-3.4	>= 0	30 %
Health & Safety	Formal Notices	0	0	0	0	0	>= 0 & <1	15 %
	RIDDOR Reports (Number)	0	0	1	1	4	>= 0 & <3	20 %
Staffing	Sickness (%)	3.8	3.8	3.8	4.7	5.5	>= 0 & <3.3	10 %
	Agency %	7.4	7.5	7.4	7.6	7.9	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	59	60	59	58	59		1 %
	Shifts Filled - Day (%)	96	93	93	97	98	>= 80	15 %
	Shifts Filled - Night (%)	107	104	102	105	106	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	12	11	11	11		
	Staff Turnover (%)	15.0	13.9	14.2	14.6	14.5	>= 0 & <10	15 %
	Vacancy (%)	13.6	14.2	13.8	13.2	12.6	>= 0 & <7	15 %
	Total Staff In Post (SiP)	7136	7027	7076	6928	6998		1 %
Training	Appraisal Rate (%)	70.5	75.9	76.3	77.2	75.4	>= 85	50 %
	Statutory Training (%)	98	98	98	97	97	>= 85	50 %

# Strategic Theme: Patient Safety

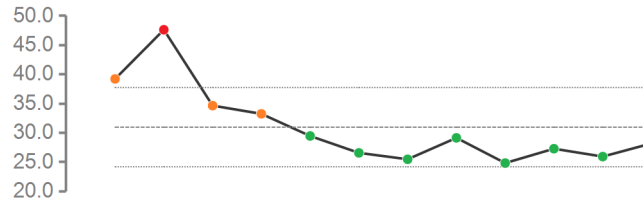
## Mortality

Nov	HSMR (Index)	 <p><b>95</b> (1.4%)</p>		<p>Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death &amp; scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.</p>	
Nov	RAMI (Index)	 <p><b>89</b> (1.4%)</p>		<p>Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.</p>	
Nov	Crude Mortality EL (per 1,000)	 <p><b>0.8</b> (36.2%)</p>		<p>"The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	

# Strategic Theme: Patient Safety

Nov

Crude Mortality NEL  
(per 1,000)



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



Highlights  
and  
Actions:

Crude Mortality Rate: The overall rate continues at 1.4% and 0.1% higher than the peer value.

RAMI: The risk adjusted mortality index for this reporting period (October 2017 to September 2018) was 89.2, 3.8 points lower than the previous year and 1.6 points higher than the peer. This places us around the 50th centile in comparison nationally.

HSMR: The hospital standardised mortality rate of 96 was 1.7 higher than the previous year but was below the peer mean of 98.2 and has come back down below the upper control limit breached last month. The HSMR in this period covered 87.0% of hospital deaths with 41 deaths attributed following transfer and 22 still births.

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

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

### Actions

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

# Strategic Theme: Patient Safety

## Serious Incidents

Nov	<p>Serious Incidents (STEIS)</p> <p style="font-size: 24pt; font-weight: bold;">105</p> <p>(52.2%)</p>		<p>"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."</p>	
Nov	<p>Never Events (STEIS)</p> <div style="text-align: center; color: green; font-size: 24pt; font-weight: bold;">4</div> <p>(-33.3%)</p>		<p>"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."</p>	

Highlights and Actions:

Total open SIs on StEIS in November 2018: 88 (including 17 new).  
 SIs under investigation: 46  
 Breaches: 5  
 Non-breaches: 41  
 Waiting EKHUFT non-closure response: 21  
 Waiting CCG response: 21

Supporting Narrative:  
 The number of breached cases is 5. Breaches are due to delays in report writing and gaps in and the rigour of the analysis. The Executive SI Meeting is now in place to support completion and the quality of the investigations. This is attended by the Medical Director, Chief Nurse and Chief Operating Officer. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process. The Chief Nurse and Medical Director now receive weekly updates on the breached cases.

# Strategic Theme: Patient Safety

## Infection Control

Nov	Cases of MRSA (per month)	7 (-41.7%)		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.	★ ★ ★
Nov	Cases of C.Diff (Cumulative)	26 (0.0%)		"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."	★ ★ ★
Nov	E. Coli	86 (-2.3%)		"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	★ ★ ★
Nov	MSSA	27 (-22.9%)		"The total number of MSSA bacteraemia recorded, post 48hrs."	★ ★ ★
Nov	Hand Hygiene Audit	94.1 (-1.4%)		"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	★ ★ ★

# Strategic Theme: Patient Safety

Highlights and Actions: C.difficile  
C.difficile data is presented as the cumulative number of cases and resets to zero each April. In the new reporting period since April to date the number of cases at the end of December (28) is now below the trajectory set for the year by the Department of Health (33). The Trust monthly rate of C.difficile per 100,000 occupied bed days is 11.54 versus an England average of 13.14.

All of the hospital onset C.difficile infections to date have been in either the surgical or medical care groups with no cases recorded in specialist services (renal, haematology, obstetrics, gynaecology). Ribotyping has not suggested transmission of C.diff between patients.

#### New Actions:

1. A 'stocktake' of Infection Prevention and Control was undertaken by the newly appointed Director of Infection Prevention and Control (DIPC) for the Kent & Medway System together with the NHSI DIPC at both the WHH & QEOMH on the 19th & 20th December. Full report is awaited but in preliminary feedback there were no major issues.

#### MRSA

From April 2018, all post 48 hour MRSA bacteraemias have been automatically assigned to the Trust and all pre48 hour cases to the CCG. Year to date there have been 5 hospital onset MRSA bacteraemias which included 2 in November. Root cause analysis of one has suggested that it was unavoidable (the patient was admitted with MRSA parotitis (infected parotid gland) and subsequent blood cultures grew MRSA.

#### MSSA

The number of Trust apportioned MSSA bacteraemias year to date is 19, MSSA is reported as an SPC run chart in this report and this month has dipped below the lower control limit. This is reflected in the monthly rate per 100,000 occupied bed days which compares favourably with the England average (8.43 versus 9.78)

#### Actions:

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

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

#### E.coli

The number of E.coli bacteraemias (hospital onset is also presented as an SPC run chart and this month has come back below the upper control limit. Our Trust monthly rate per 100,000 occupied bed days is above the England average (25.74 versus 23.03) but below the Kent average (26.64). E.coli bacteraemia in hospital is almost exclusively associated with pathology in the urinary and digestive tracts and other than infection associated with indwelling urethral catheters is largely unpreventable. The underlying causes of community onset E.coli bacteraemia are similar and work to reduce E.coli bacteraemia centres around a collaborative aiming to reduce those bacteraemias associated with urinary tract infection through introduction of catheter bundles in both hospital and community.

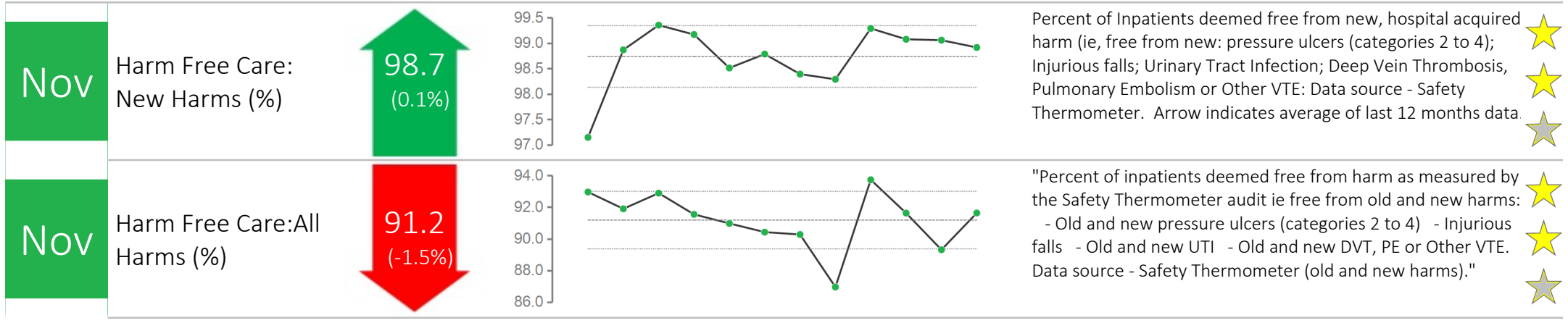
#### Action

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



# Strategic Theme: Patient Safety

## Harm Free Care



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 November18 (91.65%) shows a significant improvement since last month (89.32%). A marked improvement is seen in Surgery and Anaesthetics with a rise to 90.88% (87.96% October 18).

Actions include:

- A review of incidence of these harms during October continues to identify admission source and any themes in order to inform improvement priorities;
- EKHUFT involvement with the 2nd phase of the NHS Improvement Falls Collaborative continues and ;
- 'React to Risk' event was held on 15th November to coincide with Worldwide stop the pressure day. PROMPT card launching and Waterlow risk assessment guides;
- Awaiting publication of national guidance to inform completion of Kent & Medway wide catheter guidelines and catheter passport and to roll out.

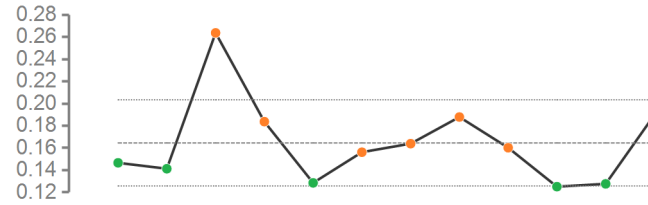
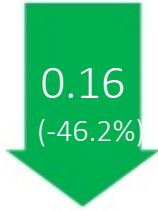
Harm Free Care experienced in our care (New Harms only) at 98.87% fell slightly since last month (99.02% October-18). The prevalence of New VTE's (0.31%) are lower than the national average for Acute Hospitals (0.44%) and New Pressure Ulcers (0.62%) are lower than the national average for Acute Hospitals (0.90%). The prevalence of Catheters and New UTI's, and Falls with Harm continue to remain below the national average for Acute Hospitals.

# Strategic Theme: Patient Safety

## Pressure Damage

Nov

Pressure Ulcers Cat  
 2 (per 1,000)



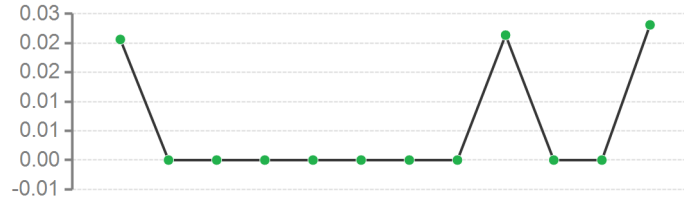
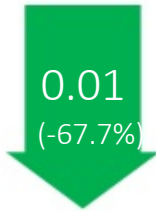
"Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."



# Strategic Theme: Patient Safety

Nov

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."



Highlights  
and  
Actions:

There were a total of 52 pressure ulcers reported, 20 more than last month. 25 of these were category 2 ulcers an increase of 1. The trust came over the 0.15 avoidable incidence/1000 bed days with a result of 0.250/1000 bed days. This coincides with the increased reported incidence overall for November. 8 were avoidable an increase of 5. Six of these reported at WHH and 2 at K&C.

Actions in November 2018:

- Worldwide stop the pressure event held trust-wide PROMPT cards given to all nursing staff
- Dressing trials commenced for Honey and Hydro fibre dressings
- Kings D ward continue to trial the new wound care passport with regular audit to demonstrate compliance.

Recommendations:

- Trial equipment of active mattress/Hybrid to ensure sufficient supply for winter period
- Hybrid mattress trials to commence at QEQM
- Active mattress show case with a view to trialling top 2-4 systems
- Work with community colleagues to streamline services and improve communication
- seeking educative support from industry who deliver ward based training
- Company rep from Heelpro to deliver more ward based training
- Trolley dashes trust wide focusing on sacral pressure ulcers and refresh heel campaign

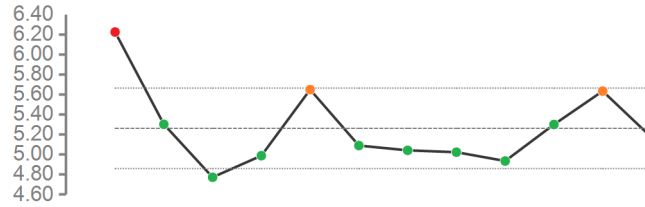
# Strategic Theme: Patient Safety

## Falls

Nov

Falls (per 1,000 bed days)

5.26  
(-40.4%)



"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."



# Strategic Theme: Patient Safety

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Highlights  
and  
Actions:

Falls incidents have decreased in November.

There were a total of 160, 35 at K&CH , 49 at QEQMH and 71 at WHH.

In comparison to October K&CH and WHH had fewer falls and QEQMH had slightly more.

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

Actions:

1. Following the NHSI Falls Collaborative programme, further implementation of medication review by RMOs at K&CH is planned. An education programme is being planned with support from Pharmacy and Clinical Audit.
2. Educational collaboration with the Manual Handling Team is being planned following a number of incidents where patients were moved incorrectly following a fall. This includes post fall protocol and hoverjack use.
3. The Falls Team are continuing to work with agency staff on CJ (where there is a high number of agency nurses) to ensure appropriate awareness of falls policy and risk assessment tools.

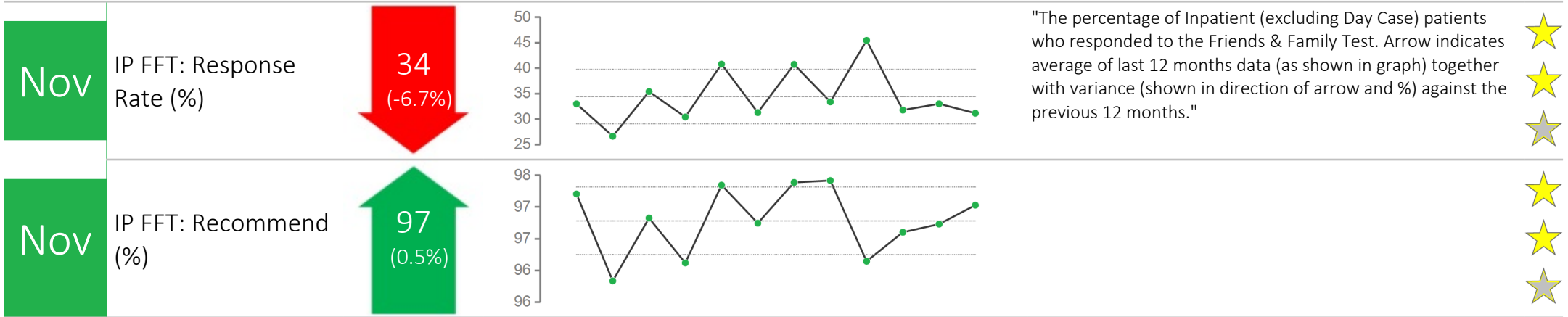
# Strategic Theme: Patient Safety

## Incidents

Nov	<p>Clinical Incidents: Total (#)</p> <p><b>16,268</b> (-0.7%)</p>		<p>"Number of Total Clinical Incidents reported, recorded on Datix.</p>	
Nov	<p>Blood Transfusion Incidents</p> <p><b>104</b> (-35.8%)</p>		<p>"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."</p>	
Nov	<p>Medicines Mgmt. Incidents</p> <p><b>1,765</b> (14.8%)</p>		<p>"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."</p>	

# Strategic Theme: Patient Safety

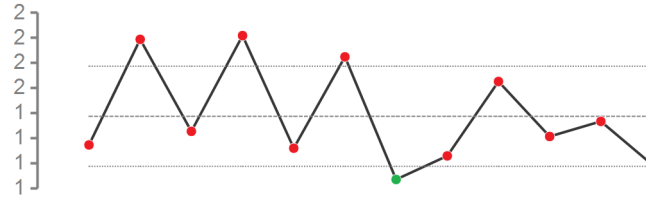
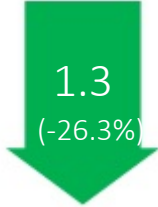
## Friends & Family Test



# Strategic Theme: Patient Safety

Nov

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."



Highlights  
and  
Actions:

A total of 6969 responses were received (29% eligible patients). Overall response rates decreased for inpatients, ED's, Day Cases and maternity. Response rate for the EDs was 12.8% (14.1% October-18), inpatients 30.8% (31.7% October-18), maternity; birth only 40.6% (51.5% October-18) and day cases 20.3 (23.3% October -18).

The Trust star rating in November is 4.59 (4.55 October-18). 91.8% of responders would recommend us to their friends and family and 4.2% would not. Recommendations by patients in November improved in ED's and inpatients, however fell in maternity, remained the same in day cases and outpatients. The total number of inpatients, including paediatrics, who would recommend our services 97% (96.6% October-18), EDs 85.6% (83% October-18), maternity 99% (100% October-18), outpatients 91.2% (91.6% October-18) and day cases 95.2% (95.4% October-18).

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

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

Nov	Overall Patient Experience %	<div style="font-size: 2em; font-weight: bold;">90.7</div> <div style="font-size: 1.2em;">(-1.4%)</div>		Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	<div style="display: flex; justify-content: space-around;"> <span>★</span> <span>★</span> <span>★</span> </div>
Nov	IP Survey: Aware of Nurse in each shift (%)	<div style="font-size: 2em; font-weight: bold;">79</div> <div style="font-size: 1.2em;">(-0.7%)</div>		IP Survey: Aware of nurse in each shift (%)	<div style="display: flex; justify-content: space-around;"> <span>★</span> <span>★</span> <span>★</span> </div>
Nov	IP Survey: Encouraged to get up and wear own clothes (%)	<div style="font-size: 2em; font-weight: bold;">63</div>		Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"	<div style="display: flex; justify-content: space-around;"> <span>★</span> <span>★</span> <span>★</span> </div>

**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 952 completed inpatient surveys, a slight improvement from 928 last month.

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

# Strategic Theme: Patient Safety

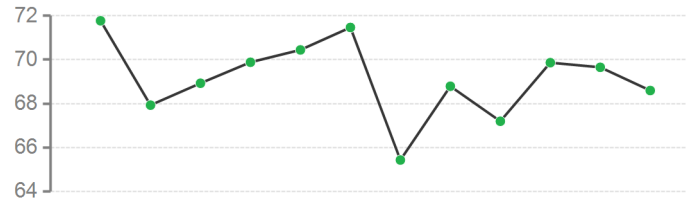
## Patient Experience 2

Nov	IP Survey: Help from Staff to Eat Meals (%)	66		<p>Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"</p>	
Nov	Cleanliness %	<div style="background-color: red; color: white; padding: 5px; text-align: center;"> <b>91</b>            (-0.3%)         </div>		<p>Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

# Strategic Theme: Patient Safety

Nov

Hospital Food? %



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

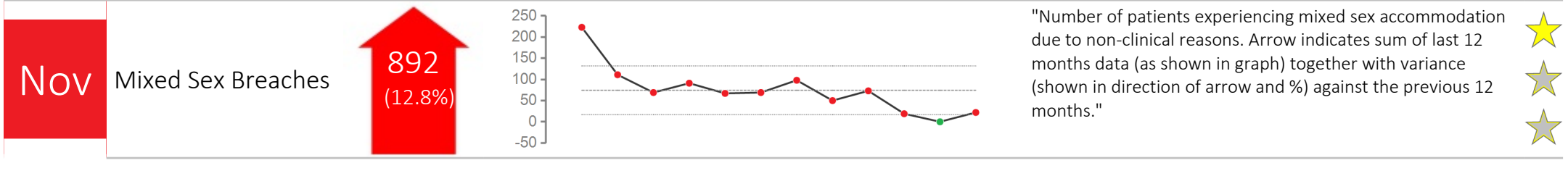


Highlights  
and  
Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards, except two have reported their performance (against the patient experience metrics) through the inpatient survey in November 18. The IT team are currently working with one ward to solve the issue; the second ward has moved site and an iPad has been ordered.

# Strategic Theme: Patient Safety

## Mixed Sex



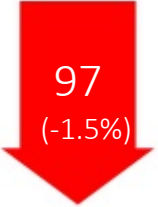
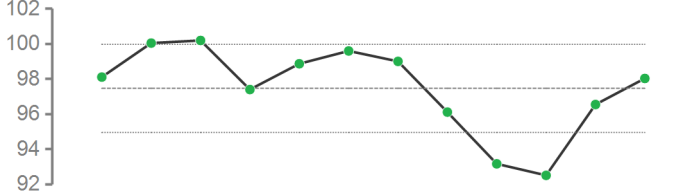


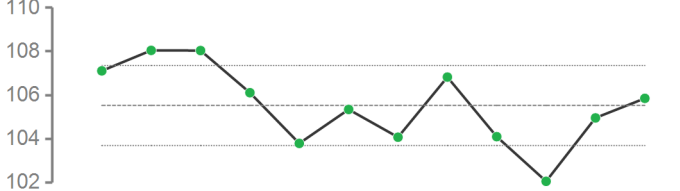

Highlights  
 and  
 Actions:

There were 7 mixed sex accommodation occurrences in total, affecting 120 patients. Incidence of mixed sex accommodation breaches increased this month from October and there were 3 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. The remaining incidents occurred in the WHH CCU (4) which was justifiable based on clinical need. This information has been reported to NHS England.

During November patient flow changes continued within CDU WHH in reducing same sex accommodation occurrences. Rigorous work continues as the Trust is working closely with the CCGs and NHSI on the Mixed Sex Accommodation Improvement Collaborative. This will support the trust in achieving compliance with the national definition of mixed sex accommodation.

# Strategic Theme: Patient Safety

## Safe Staffing

Nov	Shifts Filled - Day (%)	<div style="text-align: center;">  <p><b>97</b> (-1.5%)</p> </div>		<p>Percentage of RCN and HCA shifts filled on wards during the day (split by RCN &amp; HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Nov	Shifts Filled - Night (%)	<div style="text-align: center;">  <p><b>105</b> (-2.6%)</p> </div>		<p>Percentage of RCN and HCA shifts filled on wards at night (split by RCN &amp; HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

# Strategic Theme: Patient Safety

Nov	Care Hours Per Patient Day (CHPPD)	11 (4.4%)		<p>Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
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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. The average overall fill rate improved to 101.0% from 99.7% in October.

Low fill rates were seen, in registered nurse day shifts, on several wards due to a combination of high sickness, maternity leave and vacancies (Harvey, Invicta, Cambridge L, Treble, Mount McMaster, Fordwich, Kingston, Harbeldown, St Augustines, Quex, CDU WHH, Kent and Kings C2).

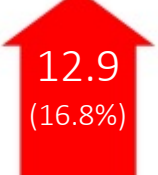
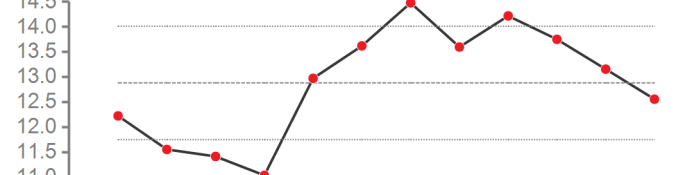

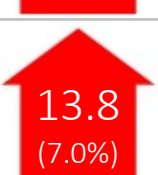
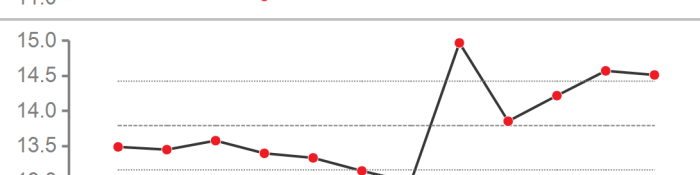


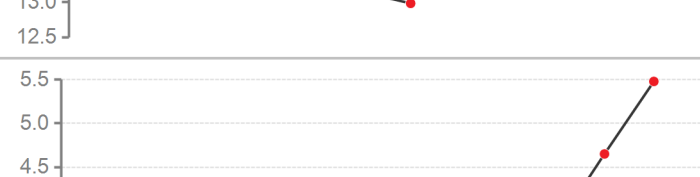

Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 hrs each day during the month. CHPPD is slightly higher than October and within the control limits. The range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

Actions;

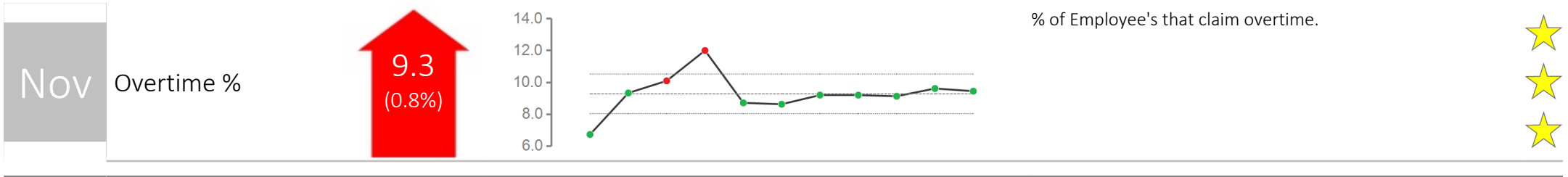
- There is a Trust wide recruitment and retention improvement plan in place
- Incentives have been implemented such recruitment and retention premium for hard to recruit areas
- A financial reward for each person a staff member attracts to the Trust once that person starts in the organisation
- All vacant posts are being recruited to on NHS jobs as well as via open days and recruitment fairs
- All of the above is being monitored weekly for assurance purposes.

# Strategic Theme: Human Resources

## Gaps & Overtime

Nov	Vacancy (%)  <b>12.9</b> (16.8%)		<p>"% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	
Nov	Staff Turnover (%)  <b>13.8</b> (7.0%)		<p>"% Staff leaving &amp; joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	
Nov	Sickness (%)  <b>4.1</b> (3.2%)		<p>% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	

# Strategic Theme: Human Resources



Highlights  
and  
Actions:

Gaps and Overtime

The vacancy rate increased to 12.9% (up from 12.7%) for the average of the last 12 months, which is higher than last year. However, the monthly rate fell for the third month running to 9.35%. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently over 600 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances - with more than 80 staff due to attend the first Welcome Day in January 2019. This includes approximately 400 Nursing and Midwifery staff (including ODPs) and 80 Medical and Dental staff.

The Turnover rate in month decreased slightly to 12.1% (last month 12.2%), but the 12 month average increased to 13.8% (13.7% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern. The Trust has introduced a Refer A Friend scheme, and also a recruitment and retention scheme for medical staff in hard to recruit areas and ED nursing staff.

The in month sickness absence position for October was over 3.96% - which is an increase from 3.74% in September. The 12 month average is 4.1%. Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training. A deep dive into sickness absence is currently being carried out by the Corporate HR Business Partner, who is working with the Care Group Business Partners to create a Trust action plan.

Overtime as a % of wte decreased very slightly on last month. The average over the last 12 months fell to 9.3% from 9.4% last month. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.



# Strategic Theme: Human Resources

## Temporary Staff

Nov	Employed vs Temporary Staff (%)	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">88.8 (-0.4%)</div>		"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	★ ★ ★
Nov	Agency %	<div style="background-color: red; color: white; padding: 5px; font-weight: bold;">7.1 (22.4%)</div>		% of temporary (Agency and Bank) staff of the total WTE	★ ★ ★
Nov	Bank Filled Hours vs Total Agency Hours	<div style="background-color: #cccccc; color: white; padding: 5px; font-weight: bold;">58 (-0.8%)</div>		% 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**

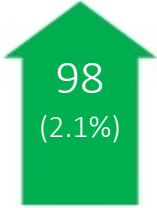
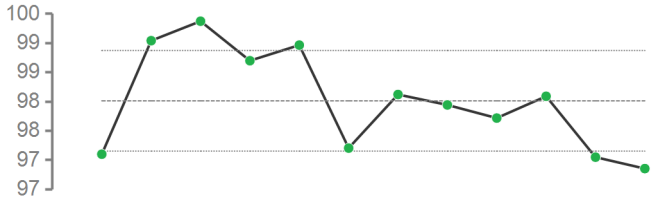

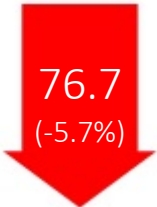
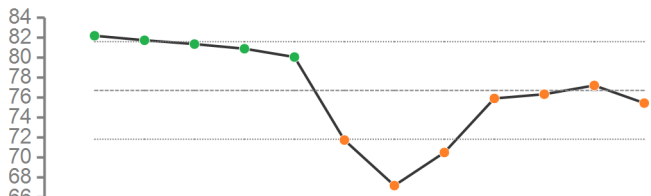

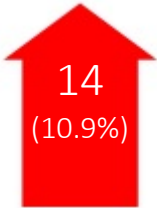
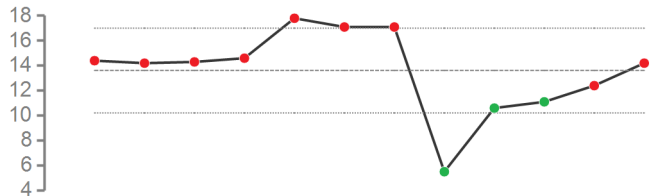

Total staff in post (WTE) increased to 7016 in November, which left a vacancy factor of approx. 723 wte across the Trust.

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

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

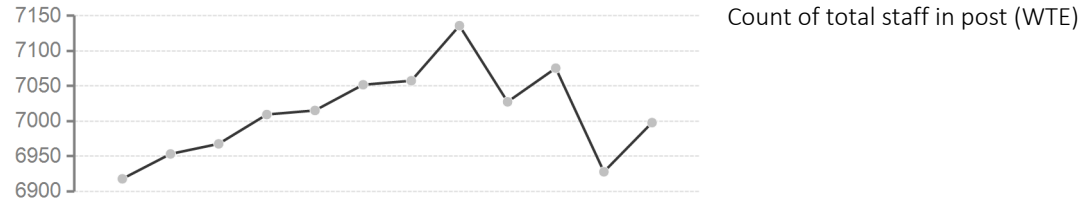
## Workforce & Culture

Nov	Statutory Training (%)	 <p>98 (2.1%)</p>		<p>"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	
Nov	Appraisal Rate (%)	 <p>76.7 (-5.7%)</p>		<p>Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Nov	Time to Recruit	 <p>14 (10.9%)</p>		<p>"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."</p>	

# Strategic Theme: Human Resources

Nov

Total Staff In Post (SiP) **6998**  
(1.0%)



Highlights  
and  
Actions:

### Workforce & Culture

Average Statutory training 12 month average is 90% and remained 90% in month for November. 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 decreased to 75% in month for November (77% in October). Care Groups are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months. Targeted work within the Urgent Care and General Medicine Care Groups has seen the appraisal compliance increase in the previous four months.

The average time to recruit is 14 weeks, which is a increase on last month, but an improvement on the previous 12 months. The 12 month average time to recruit was 14 weeks. The Resourcing Ream are on track to reduce time to recruit to below 8 weeks to ensure recruitment time meets the demands of our services.

# Strategic Theme: Activity

## Activity vs. Internal Business Plan

Key Performance Indicators		Nov-18				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green	
Nov	Referral Primary Care	15,187	14,919	268	2%	119,660	116,383	3,277	3%	119,660	117,968	1,692	1%	<=0%
	Referral Non-Primary Care	15,957	14,299	1,658	12%	119,895	111,440	8,455	8%	119,895	111,589	8,306	7%	<=0%
	OP New	17,883	19,764	(-1,881)	-10%	144,341	152,420	(-8,079)	-5%	144,341	148,577	(-4,236)	-3%	>=0%
	OP Follow Up	40,434	45,434	(-5,000)	-11%	319,043	335,014	(-15,971)	-5%	319,043	321,630	(-2,587)	-1%	>=0%
	Elective Daycase	6,272	7,363	(-1,091)	-15%	50,376	54,259	(-3,883)	-7%	50,376	49,940	436	1%	>=0%
	Elective Inpatient	1,244	1,450	(-206)	-14%	10,299	10,991	(-692)	-6%	10,299	10,186	113	1%	>=0%
	A&E	18,009	16,933	1,076	6%	148,053	141,500	6,553	5%	148,053	140,473	7,580	5%	>=0 & <5%
	Non-Elective Inpatient	7,007	6,677	330	5%	54,296	54,117	179	0%	54,296	53,689	607	1%	>=0 & <5%
	Chemotherapy	1,250	1,263	(-13)	-1%	9,774	9,502	272	3%	9,774	9,660	114	1%	>=0%
	Critical Care	1,565	1,649	(-84)	-5%	14,181	13,088	1,093	8%	14,181	14,640	(-459)	-3%	>=0%
	Dialysis	6,726	7,244	(-518)	-7%	54,512	56,264	(-1,752)	-3%	54,512	55,152	(-640)	-1%	>=0%
	Maternity Pathway	1,140	1,265	(-125)	-10%	9,051	9,582	(-531)	-6%	9,051	9,612	(-561)	-6%	>=0%
	Pre-Op Assessments	3,431	3,651	(-220)	-6%	26,972	27,521	(-549)	-2%	26,972	23,827	3,145	13%	>=0%
	Diagnostic	474,517	458,661	15,856	3%	3,726,219	3,570,398	155,821	4%	3,726,219	3,555,766	170,453	5%	<=0%
Other	5,012	4,658	354	8%	40,309	38,256	2,053	5%	40,309	38,500	1,809	5%	>=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.

## **November 2018**

### **Elective Care**

In November Primary Care referrals were 2% above expected levels growing the YTD variance to +3% (+3,277). Following the initial implementation of the new PAS a number of data quality issues impacted the mapping of referral types, specifically ERS referrals. Significant work has been undertaken to rectify the issues, referrals are now back in line with planned levels and comparable with the same period last year. An administrative error within the Paediatric service has now been resolved however Paediatric Blood Clinics where the recording issue was identified remain in the YTD position.

The Trust under-achieved the new outpatient plan in November with appointments 10% below planned levels, generating a YTD variance of -5%. The biggest drivers behind the under-performance are Trauma and Orthopaedics, Urology, Paediatrics and Gynaecology. Following the introduction of the new PAS system on 10<sup>th</sup> September 2018, the Trust has experienced some delays with the timely recording of outpatient attend statuses. It is estimated a further 600 appointments require attendance outcome details for November activity. The Trust has identified extra resource to address the backlog, and despite these challenges, services are continuing to actively produce quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan.

The impact of the Virtual Fracture Clinic implemented in mid-February is likely to render the Orthopaedic plan unachievable due to high discharge rates that were not anticipated. The Ophthalmology service continues to provide additional weekend capacity at KCH delivered through an insourcing provider. It is expected this will deliver the Ophthalmology plan and support the RTT backlog recovery.

The Trust under-performed the Follow up plan in November (-11%) with YTD performance now underachieving by -5% , as with New Outpatient activity it is expected that the position will improve after all activity is administered with the appropriate outcome details. The biggest drivers behind the under-performance are Physiotherapy and Trauma and Orthopaedics. The Rheumatology service are experiencing high levels of specialist nurse vacancies affecting the delivery of follow up activity.

In November the Trust under-achieved the Daycase plan by 1,091 patients with YTD performance now underachieving by -7%. A large number of specialties continue to experience significant workforce issues affecting the delivery of elective activity. T&O (-1,129%), Dermatology (-1,074%) and Pain Management (-777%) continue to underperform the business plan. A mandated change in recording will render the Dermatology plan unachievable, it is anticipated an over performance in Outpatient procedures will offset the Daycase underperformance. Following the introduction of the PAS system the Trust experienced a small number of isolated recording issues, in the main these user issues have been addressed however Rheumatology still have a small number of records that were not entered onto the new PAS system following down time procedures.

Elective Admissions are 6% below plan YTD. Large underperformance remains in the Urology service (-425). Due to emergency pressures, elective inpatient activity was limited for the service at the start of the financial year. In order to ensure theatre utilisation was maximised additional daycase patients were booked. The Orthopaedic service have developed long term plans to address the underperformance. Additional capacity commenced in November through the New Orthopaedic Centre at KCH.

### **Non Elective Care**

The Trust sees non elective admissions to all of its 3 sites. These are typically some of the patients who attend the Trust Accident & Emergency departments, or are admitted directly through to the wards upon agreement with General Practitioners. These patients have an urgent clinical need that cannot wait for an elective pathway or outpatient appointment to be given, and so are monitored within the hospital site as diagnosis and treatment for their clinical condition is conducted.

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

The Bed Occupancy of the Trust continued to be at challenging levels and increased again in October to an overall Trust wide position of 96.4% of funded beds. Queen Elizabeth the Queen Mother Hospital demonstrated the most challenge with the bed occupancy position at 102% for October, a declining position from September of 100.1%. The William Harvey Hospital position improved slightly to an overall bed occupancy of 93.2% in October. Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During October the number of medical outliers increased to a monthly average of 57 outliers across the Trust compared to September with a monthly average of 46. Individual site levels of medical outliers over the month were 14 at the Queen Elizabeth the Queen Mother Hospital and 35 at William Harvey Hospital.

An increased volume of patients through the Accident & Emergency Department contributes to increased pressures in non-elective care. The demand on the department in October increased slightly to 22,426 attendances compared to September (22,077 attendances).

## YTD Exception Reporting: Top 10 Outliers

### Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	9,718	11,290	-14%	-1,572
300 - General Medicine	111	1,001	-89%	-890
120 - Ear, Nose & Throat	7,129	7,771	-8%	-642
502 - Gynaecology	6,874	7,387	-7%	-513
420 - Paediatrics	4,224	3,567	18%	657
410 - Rheumatology	2,754	2,078	33%	676
320 - Cardiology	11,908	11,183	6%	725
103 - Breast Surgery	5,525	4,715	17%	810
330 - Dermatology	10,235	9,079	13%	1,156
110 - Trauma & Orthopaedics	7,656	6,153	24%	1,503
<b>Total</b>	<b>119,660</b>	<b>116,383</b>	<b>3%</b>	<b>3,277</b>

### OP New

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	10,867	12,731	-15%	-1,864
101 - Urology	5,776	7,354	-21%	-1,578
420 - Paediatrics	5,293	6,670	-21%	-1,377
502 - Gynaecology	9,229	10,482	-12%	-1,253
650 - Physiotherapy	12,045	13,131	-8%	-1,086
120 - Ear, Nose & Throat	9,032	9,882	-9%	-850
400 - Neurology	3,397	3,997	-15%	-600
100 - General Surgery	3,280	3,825	-14%	-545
130 - Ophthalmology	17,561	17,017	3%	544
330 - Dermatology	9,564	8,720	10%	844
<b>Total</b>	<b>144,341</b>	<b>152,420</b>	<b>-5%</b>	<b>-8,079</b>

### Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	22,306	24,250	-8%	-1,944
650 - Physiotherapy	8,725	9,250	-6%	-525
191 - Pain Management	975	587	66%	388
340 - Respiratory Medicine	2,166	1,760	23%	406
301 - Gastroenterology	2,191	1,771	24%	420
655 - Orthoptics	1,716	1,027	67%	689
300 - General Medicine	2,404	1,345	79%	1,059
100 - General Surgery	3,186	2,074	54%	1,112
130 - Ophthalmology	11,804	8,586	37%	3,218
110 - Trauma & Orthopaedics	16,003	12,726	26%	3,277
<b>Total</b>	<b>119,895</b>	<b>111,440</b>	<b>8%</b>	<b>8,455</b>

### OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	40,160	43,506	-8%	-3,346
110 - Trauma & Orthopaedics	28,517	31,854	-10%	-3,337
410 - Rheumatology	6,765	9,415	-28%	-2,650
130 - Ophthalmology	34,513	36,963	-7%	-2,450
300 - General Medicine	1,473	3,446	-57%	-1,973
120 - Ear, Nose & Throat	11,083	12,113	-8%	-1,030
400 - Neurology	5,865	6,634	-12%	-769
420 - Paediatrics	6,749	7,354	-8%	-605
340 - Respiratory Medicine	5,671	5,135	10%	536
101 - Urology	15,181	14,578	4%	603
<b>Total</b>	<b>319,043</b>	<b>335,014</b>	<b>-5%</b>	<b>-15,971</b>

### Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	3,144	4,273	-26%	-1,129
330 - Dermatology	2,504	3,578	-30%	-1,074
191 - Pain Management	1,507	2,284	-34%	-777
300 - General Medicine	13,826	14,433	-4%	-607
130 - Ophthalmology	3,155	3,637	-13%	-482
502 - Gynaecology	1,592	2,037	-22%	-445
120 - Ear, Nose & Throat	1,747	2,078	-16%	-331
303 - Clinical Haematology	2,316	2,150	8%	166
301 - Gastroenterology	1,054	620	70%	434
800 - Clinical Oncology	3,906	3,286	19%	620
<b>Total</b>	<b>50,376</b>	<b>54,259</b>	<b>-7%</b>	<b>-3,883</b>

### Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	16,422	17,322	-5%	-900
430 - HCOOP	6,519	7,245	-10%	-726
560 - Midwifery	1,558	1,933	-19%	-375
180 - Accident & Emergency	2,505	2,753	-9%	-248
340 - Respiratory Medicine	453	269	68%	184
301 - Gastroenterology	436	244	79%	192
104 - Colorectal Surgery	273	63	334%	210
420 - Paediatrics	6,134	5,899	4%	235
101 - Urology	2,912	2,559	14%	353

### Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	1,891	2,316	-18%	-425
502 - Gynaecology	759	1,129	-33%	-370
100 - General Surgery	735	898	-18%	-163
110 - Trauma & Orthopaedics	2,342	2,481	-6%	-139
320 - Cardiology	146	215	-32%	-69
107 - Vascular Surgery	228	285	-20%	-57
104 - Colorectal Surgery	342	283	21%	59
503 - Gynaecology Oncology	284	181	57%	103
303 - Clinical Haematology	180	73	146%	107
300 - General Medicine	1,353	1,235	10%	118
<b>Total</b>	<b>10,299</b>	<b>10,991</b>	<b>-6%</b>	<b>-692</b>

### Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	3726219	3570398	4%	155,821
A&E	148053	141500	5%	6,553
Other	40309	38256	5%	2,053
Dialysis	54512	56264	-3%	-1,752
Critical Care	14181	13088	8%	1,093
Pre-Op	26972	27521	-2%	-549
Maternity Pathway	9051	9582	-6%	-531
Chemotherapy	9774	9502	3%	272



# Strategic Theme: KPIs

## 4 Hour Emergency Access Standard

### Key Performance Indicators

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
<b>81.74%</b>												
4 Hour Compliance (EKHUFT Sites) %*	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%	82.73%	79.18%	80.04%	77.15%	80.89%	81.74%
4 Hour Compliance (inc KCHFT MIUs)	73.60%	74.09%	77.76%	78.78%	81.73%	83.95%	85.81%	82.95%	83.52%	81.02%	83.88%	84.50%
12 Hour Trolley Waits	2	2	0	2	1	0	0	0	0	0	0	0
Left without being seen	3.30%	2.77%	2.26%	2.61%	2.70%	2.39%	2.05%	2.75%	2.44%	3.52%	3.09%	2.77%
Unplanned Reattenders	9.10%	9.01%	8.92%	9.11%	9.69%	9.12%	9.31%	9.84%	9.91%	10.23%	9.82%	9.54%
Time to initial assessment (15 mins)	88.3%	93.3%	95.3%	94.4%	94.2%	95.3%	93.2%	94.4%	91.4%	72.8%	71.4%	70.9%
% Time to Treatment (60 Mins)	51.8%	54.0%	48.0%	42.5%	46.4%	49.5%	51.6%	42.7%	48.1%	45.7%	50.7%	52.7%

### 2018/19 Trajectory (NHSI return 2<sup>nd</sup> May)

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
<b>-8.14%</b>												
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%				

\*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**

November performance for the organisation against the 4 hour target was 81.74%; against the NHS Improvement trajectory of 89.9%. This represents a slight increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in November. The number of patients who left the department without being seen remained compliant and decreased from last month to 2.77%. The unplanned re-attendance position remains high at 9.54%. Time to treatment improved again from the October position & increased to 52.7%.

Although there has been significant improvement in compliance against the 4 hour Emergency Access standard, during November all sites have continued to experience access issues due to bed capacity which are due to the very high level of bed occupancy, and which relates to the number of stranded and super stranded patients. A stranded patient is a patient with a length of stay over 7 days and a super stranded patient has a length of stay of over 21 days.

Progress highlights from the ED Improvement Plan include:

- Site Clinical Practitioner teams are now fully recruited to at QEQMH and WHH, with new staff induction being completed in December 2018.
- The Observation Ward at QEQMH is progressing to plan and will be open on w/c 7 January 2019. The WHH Observation Ward is due to open by mid January.
- Staff recruitment is delivering above trajectory.
- ED Triage and UCC improvements continue to become embedded as staff becomes confident with ED Escalation Pack.
- Rapid Transfer of Care Service (RTOCS) is now in place and increasing the number of patients who are able to be discharged from the Emergency Floor.
- Frailty Consultant working within ED and across Emergency Floor at WHH in core hours and a minimum of 3 sessions per week at QEQMH

# Strategic Theme: KPIs

## Cancer Compliance

### Key Performance Indicators

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	
<b>71.83 %</b>													Green
62 day Treatments	74.17%	74.87%	73.40%	71.88%	66.14%	65.32%	65.64%	65.52%	66.13%	71.43%	77.05%	71.83%	≥85%
>104 day breaches	16	21	23	30	27	31	34	36	24	12	9	4	0
Demand: 2ww Refs	2,365	3,009	2,734	3,250	3,193	3,406	3,243	3,204	3,100	2,875	3,485	3,303	2990 - 3305
2ww Compliance	96.28%	95.76%	97.10%	91.42%	89.06%	93.81%	94.22%	94.94%	93.64%	91.00%	83.51%	93.29%	≥93%
Symptomatic Breast	92.37%	89.84%	98.50%	90.28%	75.16%	84.46%	94.12%	93.18%	86.32%	94.39%	68.46%	84.17%	≥93%
31 Day First Treatment	95.67%	94.06%	97.74%	96.08%	95.17%	96.34%	96.49%	95.70%	94.57%	96.83%	97.49%	96.93%	≥96%
31 Day Subsequent Surgery	84.85%	87.23%	91.43%	89.47%	88.57%	82.05%	82.61%	94.74%	95.56%	96.00%	93.10%	100.00%	≥94%
31 Day Subsequent Drug	94.59%	98.85%	98.33%	98.21%	97.94%	98.90%	98.13%	99.20%	98.98%	97.89%	99.21%	98.08%	≥98%
62 Day Screening	93.33%	90.91%	79.31%	100.00%	93.75%	84.09%	100.00%	81.63%	94.37%	81.48%	87.50%	83.78%	≥90%
62 Day Upgrades	92.11%	85.00%	77.27%	100.00%	89.19%	77.42%	84.38%	85.00%	94.87%	76.00%	82.14%	90.32%	≥85%

### 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	
<b>-7.18 %</b>													Green
STFTrajectory	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	66.14%	65.32%	65.64%	65.52%	66.13%	71.43%	77.05%	71.83%					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

November performance is currently 71.83% against the improvement trajectory of 79.01%, validation continues until the beginning of January in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,589 and there were 4 patients waiting 104 days or more for treatment or potential diagnosis.

### 62 Day Performance Breakdown by Tumour Site

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
01 - Breast	96.2%	88.9%	83.3%	100.0%	92.9%	96.6%	92.0%	93.8%	81.5%	88.6%	74.5%	71.4%
03 - Lung	84.6%	90.3%	100.0%	81.0%	62.8%	91.7%	73.0%	70.6%	73.3%	60.0%	56.0%	60.6%
04 - Haematological	58.3%	75.0%	33.3%	33.3%	50.0%	25.0%	50.0%	70.6%	13.3%	61.1%	54.5%	66.7%
06 - Upper GI	78.3%	70.0%	64.3%	73.3%	69.0%	69.2%	79.3%	93.3%	66.7%	62.5%	70.6%	66.7%
07 - Lower GI	61.3%	65.9%	43.8%	63.2%	61.1%	46.5%	64.6%	68.3%	75.0%	68.4%	84.8%	33.3%
08 - Skin	92.5%	92.7%	100.0%	88.9%	88.0%	88.2%	97.2%	97.7%	97.1%	100.0%	100.0%	89.7%
09 - Gynaecological	57.1%	80.0%	63.6%	75.0%	30.8%	32.0%	42.1%	55.6%	75.0%	85.2%	71.4%	100.0%
10 - Brain & Nervous System					100.0%					100.0%		
11 - Urological	63.7%	52.0%	63.5%	63.2%	58.5%	50.8%	38.2%	39.4%	51.0%	52.0%	70.5%	67.5%
13 - Head & Neck	28.6%	66.7%	85.7%	78.6%	20.0%	43.8%	94.1%	50.0%	60.0%	64.7%	100.0%	50.0%
14 - Sarcoma	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%			100.0%	
15 - Other	0.0%	0.0%	0.0%		50.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A Cancer Improvement Plan is in place and includes actions to review the cancer strategy and policies, roles and responsibilities of the cancer management team, a training programme and structure and format of the MDT meetings. There is also an action plan for each tumour site and diagnostic provision. CCG referral pathways have been included with an audit of GP referrals on to 2ww pathways, which is expected to be reported back to the Trust in December.

There has been significant progress against the improvement plan in month which include:

- Daily 2ww calls are now established and continuing to monitor performance and capacity issues to ensure compliance is sustained.
- Monthly meetings with each speciality lead to review tumour site pathways are in place to review progress against their action plan and is resulting in greater clinical oversight of complex patient pathways.
- Weekly KPI meeting continues to monitor all Cancer standards.
- Cancer Alliance and McMillan investment into two colorectal nurses; lung co-ordinators, administrators and navigators; prostate navigators, specialist nurses and support workers; McMillian nurses x 3 (2 lung and 1 haematology).
- 104 weekly review at tumour site meetings is managed at patient level, with next key event confirmed and actioned.

## 18 Week Referral to Treatment Standard

### Key Performance Indicators

<b>72.16</b> %		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Green
	Performance	78.67%	77.62%	77.03%	76.08%	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	>=92%
	52w+	80	108	141	201	222	218	201	167	125	129	120	102	0
	Waiting list Size	54,383	52,942	54,306	54,519	54,979	54,964	53,411	53,193	53,552	54,712	55,607	54,492	<38,938
	Backlog Size	11,599	11,847	12,474	13,039	12,830	11,785	11,207	10,824	11,212	12,983	13,966	15,170	<2,178

### 2018/2019 Trajectory

<b>-9.68</b> %		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	Performance Trajectory	77.03%	78.20%	79.31%	80.21%	81.02%	81.32%	81.69%	81.84%	81.40%	81.16%	80.87%	80.76%	87%
	Performance	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%					Sept
<b>-23</b>		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
	Performance	222	218	201	167	125	129	120	102					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 Performance

- November performance of the RTT standard was reported as 72.16% against a trajectory of 81.84%. All specialities failed to meet their trajectory with the exception of cardiothoracic.
- The total waiting list reported 55,610 against trajectory of 49,309, which is a shortfall of 5,603.
- The total waiting list is split into 45,731 on the non-admitted waiting list and 8,761 on the admitted waiting list.
- 52 week patients reported 102 against a trajectory of 125.

The WL increase is expected to be as a result of reduced clinical outcomes at first outpatient appointment, and the creation of duplicate pathways when requesting Pre-Assessment and diagnostic services. Actions to resolve the data quality issues which are arising post Allscripts implementation include:

- A data quality, validation and training plan has been implemented with increase training and validation capacity.
- A Training Tree has been established to deliver cascade training and development to all levels of PAS users.
- An administrative staff training and competency development programme is underway, which includes individual or team coaching.
- Administrative Standard Operating Procedures (SOP) are all being reviewed with post Allscripts 'go live' knowledge and experience and have been relaunched with staff.

Daily reviews of 52 week patients are underway to ensure further patients are treated or managed along their pathways ahead of trajectory. Director led weekly monitoring of all 52 week patients is also in place down to patient level detail.

Additional capacity via our own staff, together with outsourcing and Insourcing options is being explored to deliver elective activity in surgical, T&O and Gynaecology specialities.

## 6 Week Referral to Diagnostic Standard

### Key Performance Indicators

99.65 %		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Green
	Performance	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	>=99%
Waiting list Size	14,345	13,637	14,125	14,174	14,597	15,192	16,350	16,888	15,126	12,750	12,820	13,329	<14,000	
Waiting > 6 Week Breaches	52	75	62	49	91	106	149	264	298	182	88	46	<60	
Average Wait													<4	

### 2018/19 Trajectory

0.55 %		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
	STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%
Performance	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	

### Summary Performance

The standard has been met for November 2018 with a compliance of 99.65%. As at the end of the month there were 46 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 0
- Cardiology: 16
- Urodynamic: 26


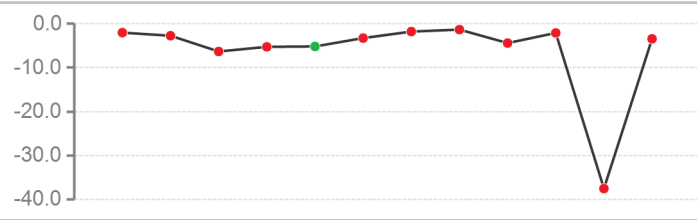


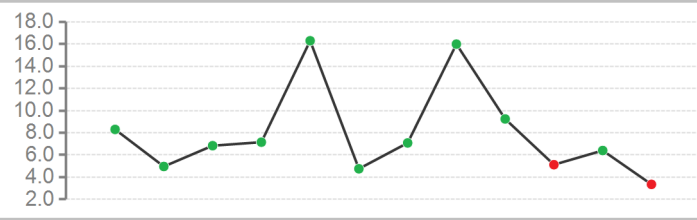


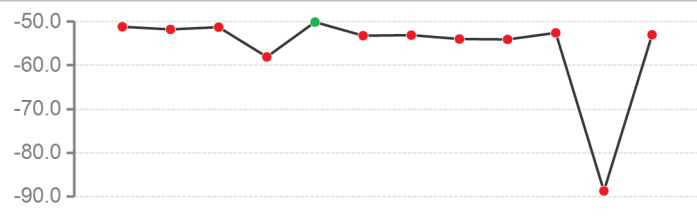



- Sleep Studies : 0
- Cystoscopy : 1
- Colonoscopy : 2
- Gastroscopy : 1
- Flexi Sigmoidoscopy: 0

The significant improvements in DM01 performance have continued in November due to the improvement plan in respiratory becoming embedded and sustained. It is noted that radiology have achieved zero breaches in month which is commended as they have equally supported the 4 hour Emergency Access Standard and also RTT and Cancer pathway improvement plans.

# Strategic Theme: Finance

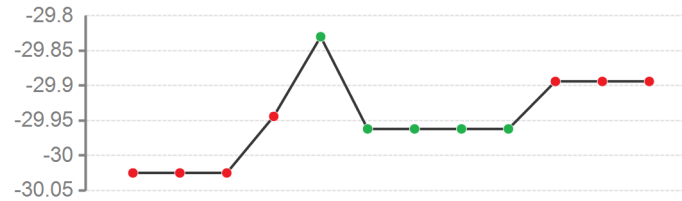
## Finance

Nov	I&E £m (Trust Only)	 <p>-58.9 (-90.9%)</p>		<p>The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.</p>	
Nov	Cash Balance £m	 <p>3.4 (-47.6%)</p>		<p>Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.</p>	
Nov	Total Cost £m (Trust Only)	 <p>-53.0 (-40.3%)</p>		<p>Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported. Mth 7 includes a £34.7m impairment, see I&amp;E note above.</p>	

# Strategic Theme: Finance

Nov Forecast £m

-29.9  
(0.0%)



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 £3.5m and a year to date (YTD) deficit of £58.1m which is £38.5m 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 plan. This is mainly driven by low elective work in Surgery (Trauma & Orthopaedic (T&O) did not start as planned) and General and Specialist Services (Respiratory, Neurology and Bowel Scope Business Case (BC)). Whilst non elective work is over performing it is insufficient to make up for the elective shortfall. In addition to these driver the YTD position is impacted by a £34.3m impairment. Reserves now remaining are very small and the plan assumes increased elective activity over the coming four months which, if not delivered, will lead to a failure to deliver the financial plan.

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trusts YTD I&E deficit to Month 8 (November) was £23.4m (consolidated position including Subsidiaries and after technical adjustments) against a planned deficit of £18.9m, £4.5m worse than plan.

Trust unconsolidated pay costs in month of £31.9m are £0.3m more than October. Temporary staffing costs have increased £0.2m in month due to a increases in bank costs mainly driven by increased medical staffing. When measured against Budget, pay is over spent by £1.3m. The main driver for the overspend continues to relate to above plan usage of clinical agency and bank staff. All Care Groups contribute to the overspend. Agency spend is reduced a little (£0.1M) at £2.9m in month. Agency costs are now £12.7m more than plan YTD driven by operational pressures. Permanent staff costs (including Overtime and waiting list work) are £3.1m less than plan YTD driven by all staff groups other than HCA's.

Clinical income was behind plan by £0.8 in month. Once the impact of pay awards income funding (£0.4m, not included in the plan) is adjusted the net position in £1.2m less than plan for the month. The YTD position is now £4.9m ahead of plan but once pay awards income funding (YTD £3.3m) and prior year reserve releases (£3m) are removed the net position is £1.4m less than plan. The key drivers to activity remain over performance of non-electives, A&E and ITU offset by under performance in Elective and Outpatient activity. Once all adjustments are removed the month on month Income has increased £1m as activity in Electives increased a little. Other income is £0.5m ahead of plan in month and above plan £4.2m YTD driven mainly by 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, £17.6m of CIPS have been delivered YTD against a target of £17.2m, £0.4m ahead of plan. CIPs achieved in Month 8 were £2.8m (the same as month 7) and £0.1m behind plan. Agency and Patient flow schemes slightly under delivered in month. CIPs in November amounted to £2.5m recurrent and £0.3m on a non-recurrent basis. The YTD position is recurrent £11.4m and non-recurrent £6.2m.

The Trusts cash balance as at the end of September was £3.4m, which is £0.1m below plan. The Trust's total cash borrowing is now £65.5m and is forecast at £81.6m by the year end.

The Trust carries and estimated £7.2m of risk to the year end position. The main risks relate to CIP delivery, activity related costs and increasingly low elective activity. The Trust will seek to mitigate these risks as we move through the year.

# Strategic Theme: Health & Safety

## Health & Safety 1

Nov	Representation at H&S	800 (12.7%)		"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	
Nov	RIDDOR Reports (Number)	13 (-38.1%)		"RIDDOR reports sent to HSE each month.	
Nov	Formal Notices	0 (-100.0%)		"Formal notices from HSE (Improvement Notices, Prohibition Notices).	
Nov	Health & Safety Training	3281 (22.8%)		H&S Training includes all H&S and risk avoidance training including manual handling	

Highlights  
and  
Actions:

Representation at committees declined in November as a result of two committees being poorly attended. This has been discussed at the strategic committee with actions agreed to maintain attendance during the coming Q4 busy period.

There were 4 RIDDORS reported in month, two of which were historical. 3 related to staff slipping over items/off balance and 1 related to an aggressive patient.

# Strategic Theme: Health & Safety

## Health & Safety 2

Nov	Accidents	303 (-2.3%)		"Accidents excluding sharps (needles etc) but including manual handling."	★ ★ ★
Nov	Fire Incidents	108 (-16.9%)		"Fire alarm activations (including false alarms)."	★ ★ ★
Nov	Violence & Aggression	352 (-12.7%)		"Violence, aggression and verbal abuse."	★ ★ ★
Nov	Sharps	114 (-19.1%)		"Incidents with sharps (e.g. needle stick)."	★ ★ ★

**Highlights and Actions:** The number of accidents increased in the month this looks to be as a result of increased activity across departments. However the number of sharps related activity decreased in month.  
 Fire incidents increased via accommodation related false alerts.

# Strategic Theme: Use of Resources

## Pay Independent

Nov	Payroll Pay £m	<div style="color: red; font-weight: bold; font-size: 1.2em;">↓</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">-27.5</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">(0.5%)</div>		Payroll Pay (Permanent+Overtime). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: yellow;">★</div>
Nov	Agency Spend £m	<div style="color: green; font-weight: bold; font-size: 1.2em;">↑</div> <div style="color: green; font-weight: bold; font-size: 1.2em;">-1.0</div> <div style="color: green; font-weight: bold; font-size: 1.2em;">(-50.4%)</div>		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: grey;">★</div>
Nov	Additional sessions £k			Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: grey;">★</div>
Nov	Independent Sector £k	<div style="color: green; font-weight: bold; font-size: 1.2em;">↑</div> <div style="color: green; font-weight: bold; font-size: 1.2em;">-929</div> <div style="color: green; font-weight: bold; font-size: 1.2em;">(-11.7%)</div>		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	<div style="color: yellow;">★</div> <div style="color: yellow;">★</div> <div style="color: grey;">★</div>


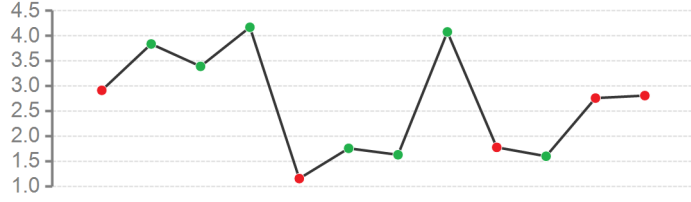



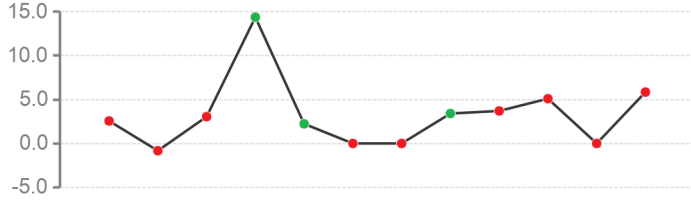



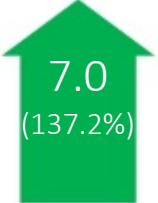
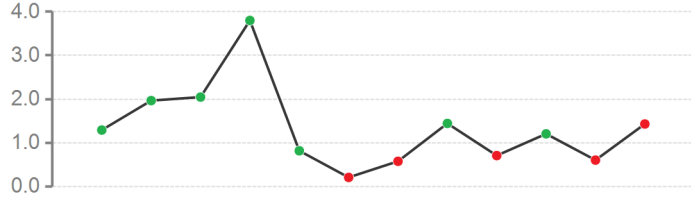



**Highlights and Actions:** Pay performance is adverse to plan in November by £1.3m and by £10.8m ytd (4.4%). Pay CIPs are adverse to plan in month by £0.7m and by £3.1m ytd. The estimated AfC pay award excess impact not included in the base plan (funded in-year by the DOH in Clinical Income) is c£0.4m in month and £3.3m ytd.

Total expenditure on pay in November was £31.9m, £0.3m higher than in October. Expenditure on substantive and temporary staffing, including bank, agency and directly engaged medical staff, increased by £0.2m each.

The main driver for the pay overspend in month continues to relate to above plan usage of agency staff, partially offset by directly engaged medical locums, totalling £1.1m in month and £12.7m ytd. All Care Groups contribute to the overspend and CIP schemes are behind plan by £0.3m in November and by £2.2m ytd.

# Strategic Theme: Use of Resources

## Balance Sheet

Nov	CIPS £m	 <b>17.6</b> (1.8%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	  
Nov	Cash borrowings £m	<b>66.5</b>		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	  
Nov	Capital position £m	 <b>7.0</b> (137.2%)		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 £10.9m to £17.6m (excluding the 2gether invoices totalling £115.7m of which £99.3m will be converted to long term debt/equity). Excluding 2gether, the largest debtors at 30th November were East Kent CCGs £5.2m and East Kent Medical Services £2.0m.

CAPITAL

Total YTD expenditure for Mth8 2018/19 is £5.6m below plan mainly driven by NHSI approval for funding the observation bays.

CASH

The closing cash balance for the Trust as at 30th November was £3.4m

FINANCING

£1.8m of interest was incurred in respect of the drawings against working capital facilities to 30th November 2018

## Strategic Theme: Improvement Journey

		Jul	Aug	Sep	Oct	Nov	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	82.95	83.52	81.02	83.88	84.50	>= 95
	ED - 1hr Clinician Seen (%)	43	48	45	51	52	>= 55 & <55
MD04 - Flow	DToCs (Average per Day)	57	52	48	48	55	>= 0 & <35
	IP - Discharges Before Midday (%)	14	13	17	14	15	>= 35
	Medical Outliers	47	51	51	57	49	
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	65.52	66.13	71.43	77.05	71.83	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	30	28	27	28	25	>= 0 & <28
	Staff Turnover (Midwifery)	14	13	13	14	14	>= 0 & <10
	Vacancy (Midwifery) %	6	6	5	4	5	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	15.0	13.9	14.2	14.6	14.5	>= 0 & <10
	Vacancy (%)	13.6	14.2	13.8	13.2	12.6	>= 0 & <7
	Staff Turnover (Nursing)	14	13	14	14	14	>= 0 & <10
	Staff Turnover (Medical)	14	13	14	14	14	>= 0 & <10



**MD08 - Recruitment & Staffing**

Vacancy (Nursing) %

16	16	17	15	15
----	----	----	----	----

>= 0 & <7

Vacancy (Medical) %

13	13	13	13	12
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>= 0 & <7

**MD09 - Workforce Compliance**

Appraisal Rate (%)

70.5	75.9	76.3	77.2	75.4
------	------	------	------	------

>= 85

Statutory Training (%)

98	98	98	97	97
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>= 85

**KF01 - Complaints**

Complaint Response within 30 days %

47.4	30.6	16.0	21.4	36.8
------	------	------	------	------

>= 85

Complaint Response in Timescales %

87.3	90.2	75.7	72.1	81.6
------	------	------	------	------

>= 85

**KF09 - Medicines Management**

Pharm: Drug Trolleys Locked (%)

96	99	99	48	97
----	----	----	----	----

>= 90 & <90

Pharm: Resus. Trolley Check (%)

94	95	92	94	96
----	----	----	----	----

>= 90 & <90

Pharm: Drug Cupboards Locked (%)

67	88	78	74	86
----	----	----	----	----

>= 90 & <90

Pharm: Fridges Locked (%)

78	85	86	78	83
----	----	----	----	----

>= 95

Pharm: Fridge Temps (%)

86	89	82	82	91
----	----	----	----	----

>= 100

# Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55 & <55	
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
	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 %
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 (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 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	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90 & <90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>= 95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90 & <90	5 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %	
Culture	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 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings	>= 0 & <0.2	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %

Data Quality & Assurance	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	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	
Diagnostics	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 %
	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 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 %
	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 %
Health & Safety	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 %
	Sharps	"Incidents with sharps (e.g. needle stick).	>= 0 & <10	5 %
	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

Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	$\geq 80$	5 %
Violence & Aggression	"Violence, aggression and verbal abuse.	$\geq 0$ & $< 25$	10 %

## Incidents

Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
Clinical Incidents: Minimal Harm			
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.	$\geq 98$	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."	$\geq 0$ & $< 0.15$	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."		
All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	$\geq 0$ & $< 1$	
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)."	$\geq 0$ & $< 1$	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: $\leq 140$ , Score2: $> 140$ & $\leq 147$ , Score3: $> 147$ & $\leq 155$ , Score4: $> 155$ & $\leq 163$ , Score5: $> 163$ "		
Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		

Incidents	Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
	Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE c Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
	Medication Missed Doses	Number of missed medication doses recorded on Datix		
	Medicines Mgmt. Incidents	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Never Events (STEIS)	"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	>= 0 & <1	30 %
	Pressure Ulcers Cat 3/4 (per 1,000)	"Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
	Infection	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	
MSSA		"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
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	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	
Mortality	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 %
	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		
Observations	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 %
	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 %
Patient Experience	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 %

## Patient Experience

Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days		
Complaints Open <= 30 Days	Number of complaints open for less than 30 days		
Complaints Open > 90 Days	Number of Complaints open for more than 90 Days		
Complaints Open 31 - 60 Days	Number of Complaints open between 31 and 60 Days		
Complaints Open 61 - 90 Days	Number of Complaints open between 61 and 90 Days		
Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
FFT: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 15	1 %
Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
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?"		
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?"		
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 Compliments	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD)	>= 1 & <1	0 %
Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 90	10 %
AE Mental Health Referrals	A&E Mental Health Referrals		5 %



Patient Experience	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		
	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 %
	FFT: Recommend (%)		>= 90	30 %
	IP Survey: Aware of Nurse in each shift (%)	IP Survey: Aware of nurse in each shift (%)	>= 89	4 %
	Number of Complaints	"The number of Complaints recorded overall . Data source - Patient Experience Team"	>= 0 & <1	0 %
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use– allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN 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 %
	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 %
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

1:1 Care in labour	The number of women in labour compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
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	

## Staffing

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	
Agency & Locum Spend	Total agency spend including NHSP spend		
Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
Local Induction Compliance %	"Local Induction Compliance rates (%) for temporary employee's to the Trust.	>= 85	
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %
Overtime (WTE)	Count of employee's claiming overtime		1 %
Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Sickness (%)	% of Full Time Equivalent (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 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 %

Staffing	Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
	Vacancy (Nursing) %	"% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
Training	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %
	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	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	
	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	
Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.			

## 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 %	2.1	2.9	12.7	8.3	5.1	22.8	4.6	5.3
Appraisal Rate (%)	74.6	75.5	74.3	79.2	78.8	60.7	72.4	83.5
Employed vs Temporary Staff (%)	89.1	90.9	83.1	94.8	95.9	77.5	91.8	92.6
Sickness (%)	5.7	5.3	5.4	5.7	2.8	6.5	5.2	6.0
Staff Turnover (%)	16.4	13.2	17.4	14.3	11.9	15.2	13.8	12.8
Statutory Training (%)	92	94	98	98	100	100	95	97
Total Staff In Post (SiP)	176	943	1409	1455	144	406	1575	890
Vacancy (%)	10.9	9.1	17.6	5.8	4.1	22.5	16.5	7.5

# Patient Safety Heatmap - NOVEMBER 2018

**KEY**

<span style="background-color: #cccccc; border: 1px solid black; padding: 2px;"> </span>	data not yet available
<span style="background-color: #ff0000; color: white; border: 1px solid black; padding: 2px;">NULL</span>	null return, data not received
<span style="background-color: #ffffff; border: 1px solid black; padding: 2px;">N/A</span>	metric is not applicable

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

**Specialist**

KBRA - K&C BRABOURNE WARD	100.0	NULL	0	0	8	74	100	0.0	96.0	79	100	13
KCADU - K&C CATHEDRAL UNIT	N/A	46.2	0	0	0	N/A	N/A	N/A	79.6	NULL	NULL	NULL
KDOLP - K&C DOLPHIN WARD	N/A	NULL	0	0	325	N/A	N/A	N/A	98.4	NULL	NULL	NULL
KMARL - K&C MARLOWE WARD	100.0	100.0	0	0	70	73	98	1.7	93.7	103	99	7

**Surgical**

KCLK - K&C CLARKE WARD	94.7	100.0	0	0	132	23	97	1.3	85.4	95	90	8
KITU - K&C INTENSIVE CARE UNIT	100.0	100.0	0	0	48	N/A	N/A	N/A	81.5	86	78	30
KWURO - K&C UROLOGY SUITE	N/A	NULL	0	0	0	N/A	N/A	N/A	92.2	NULL	NULL	NULL

**Urgent & Long Term**

KACU - K&C AMBULATORY CARE UNIT	N/A	NULL	1	0	0	N/A	N/A	N/A	91.0	NULL	NULL	NULL
KHAR - K&C HARBLEDOWN WARD	100.0	97.3	0	0	67	46	71	14.3	75.8	79	124	6
KINV - K&C INVICTA WARD	100.0	100.0	0	0	0	6	100	0.0	89.6	110	120	7
KKIN - K&C KINGSTON WARD	94.1	100.0	0	0	0	13	100	0.0	80.6	84	116	6
KMM - K&C MOUNT MCMASTER WARD	100.0	100.0	0	0	0	44	95	0.0	85.8	109	107	6
KNRU - K&C EAST KENT NEURO REHAB	100.0	100.0	0	0	0	27	100	0.0	NULL	91	100	5
KTRE - K&C TREBLE WARD	100.0	NULL	0	0	0	75	100	0.0	86.5	82	97	7

**QEQM - QUEEN ELIZABETH QUEEN MOTHER HOSPITAL**

**Specialist**

KIN - QEQM KINGSGATE WARD	100.0	92.3	0	0	0	N/A	N/A	N/A	85.9	90	91	23
QBIR - QEQM BIRCHINGTON WARD	100.0	100.0	0	1	37	2	100	0.0	96.9	99	129	7
QRAI - QEQM RAINBOW WARD	100.0	NULL	0	0	0	41	100	0.0	94.3	96	103	11
QSCB - QEQM SPECIAL CARE BABY UNIT	100.0	NULL	0	0	11	N/A	N/A	N/A	87.7	106	96	12
QVDM - QEQM VIKING DAY UNIT	N/A	NULL	0	0	0	N/A	N/A	N/A	117.1	NULL	NULL	NULL

## KEY

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

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## Surgical

QBIS - QEQM BISHOPSTONE WARD	90.9	NULL	0	0	101	77	98	0.0	72.2	77	87	8
QCSF - QEQM CHEERFUL SPARROWS WAR	100.0	100.0	0	0	0	76	94	3.1	105.0	108	120	6
QCSM - QEQM CHEERFUL SPARROWS WAF	100.0	NULL	0	0	0	23	100	0.0	89.9	127	135	6
QITU - QEQM INTENSIVE CARE UNIT	100.0	95.2	0	0	28	N/A	N/A	N/A	95.8	87	111	25
QSB - QEQM SEA BATHING WARD	96.2	NULL	0	0	1	44	91	0.0	83.7	112	99	6

## Urgent &amp; Long Term

QCCU - QEQM CCU	100.0	NULL	3	0	0	67	100	0.0	81.5	94	99	8
QDEA - QEQM DEAL WARD	100.0	99.3	1	3	0	16	100	0.0	106.2	119	149	6
QFOR - QEQM FORDWICH WARD	100.0	NULL	0	0	0	30	100	0.0	89.7	88	124	7
QMW - QEQM MINSTER WARD	95.7	NULL	0	0	0	10	100	0.0	46.6	118	126	7
QQX - QEQM QUEX WARD	95.2	NULL	0	0	50	42	97	2.8	101.2	108	122	6
QSAN - QEQM SANDWICH WARD	100.0	100.0	0	0	0	1	100	0.0	93.1	128	156	7
QSTA - QEQM ST. AUGUSTINES WARD	100.0	NULL	0	1	0	79	97	0.0	83.8	102	122	5
QSTM - QEQM ST. MARGARETS WARD	100.0	NULL	0	0	20	19	100	0.0	80.6	105	112	6

## WHH - WILLIAM HARVEY HOSPITAL

## Specialist

FF - WHH FOLKESTONE WARD	NULL	100.0	0	0	0	N/A	N/A	N/A	90.8	92	92	48
WCBC - WHH CELIA BLAKEY CENTRE	N/A	NULL	0	1	0	N/A	N/A	N/A	92.4	NULL	NULL	NULL
WKEN - WHH KENNINGTON WARD	100.0	NULL	0	2	0	63	93	1.3	77.8	98	130	7
WPAD - WHH PADUA WARD	100.0	NULL	0	0	3	6	100	0.0	78.5	98	91	6
WSCBU - WHH THOMAS HOBBS NEONATA	100.0	96.0	0	1	0	N/A	N/A	N/A	99.4	91	88	22

## Surgical

WITU - WHH INTENSIVE CARE UNIT	100.0	94.1	0	0	42	N/A	N/A	N/A	100.0	86	87	25
WKA2 - WHH KINGS A2 WARD	95.0	99.6	0	0	198	66	100	0.0	108.4	123	141	7
WKB - WHH KINGS B WARD	96.2	100.0	1	0	209	77	97	2.3	97.1	111	113	6
WKC1 - WHH KINGS C1 WARD	100.0	78.5	0	1	150	35	100	0.0	86.4	109	99	6
WKC2 - WHH KINGS C2 WARD	NULL	100.0	1	0	0	26	98	0.0	48.6	53	69	9
WKDF - WHH KINGS D FEMALE	100.0	100.0	0	0	361	49	96	3.8	104.2	N/A	N/A	N/A
WKDM - WHH KINGS D MALE	100.0	100.0	0	1	0	36	100	0.0	N/A	113	112	7
WROT - WHH ROTARY WARD	100.0	100.0	0	0	31	47	98	0.0	94.7	105	100	8



**KEY**

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WSEAU - WHH SEAU	N/A	NULL	0	0	0	53	99	0.0	114.4	NULL	NULL	NULL
WSURA - WHH SURGICAL ADMISSIONS LO	N/A	NULL	0	0	0	N/A	N/A	N/A	107.8	NULL	NULL	NULL
<b>Urgent &amp; Long Term</b>												
WBAR - WHH BARTHOLOMEW WARD	95.5	100.0	0	0	0	34	93	0.0	86.3	101	99	12
WCCU - WHH CARDIAC CARE UNIT	100.0	90.4	0	0	0	61	100	0.0	N/A	N/A	N/A	N/A
WCDF - WHH CDU FEMALE	100.0	NULL	0	0	0	NULL	NULL	NULL	NULL	NULL	NULL	NULL
WCK - WHH CAMBRIDGE K WARD	100.0	98.2	1	0	26	52	100	0.0	54.2	94	93	6
WCM1 - WHH CAMBRIDGE M1 WARD	100.0	100.0	1	1	0	17	89	0.0	51.2	N/A	N/A	N/A
WCM2 - WHH CAMBRIDGE M2 WARD	94.7	85.7	0	0	38	33	100	0.0	91.0	101	97	6
WOXF - WHH OXFORD WARD	100.0	100.0	0	0	0	23	89	0.0	89.8	101	103	7
WRSU - WHH RICHARD STEVENS WARD	100.0	100.0	0	1	22	22	82	0.0	89.3	98	108	8