East Kent Hospitals University NHS
NHS Foundation Trust

APRIL 2018

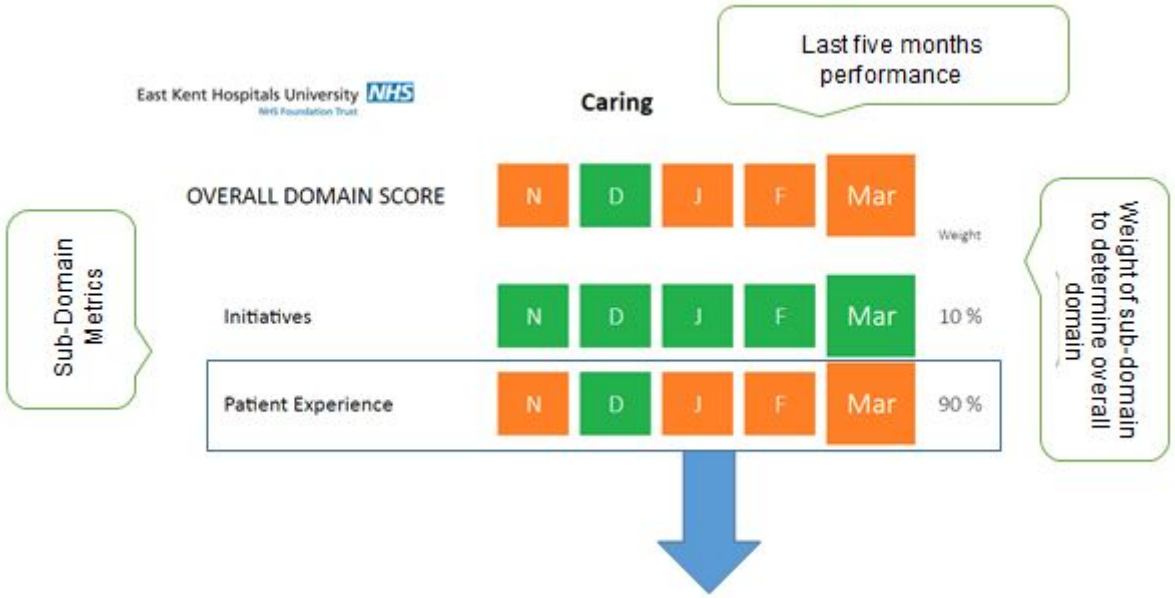
# INTEGRATED PERFORMANCE REPORT

East Kent Hospitals University NHS
NHS Foundation Trust

# 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.



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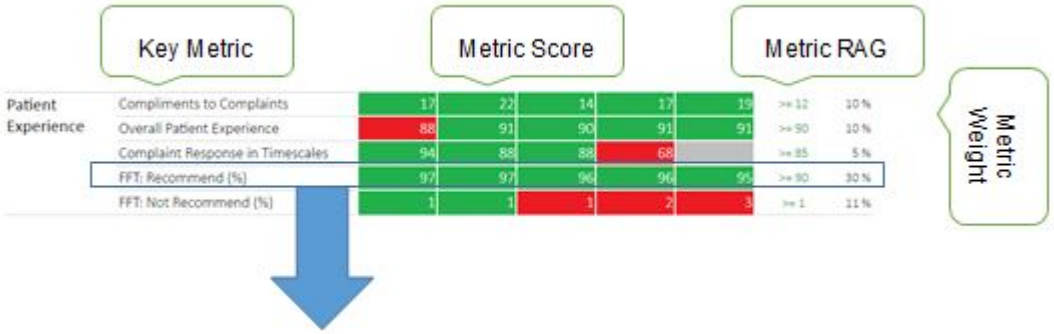
# Understanding the IPR

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




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


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

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# Strategic Priorities

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# Contents

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# Headlines

| | Positives | Challenges | |
|---|---|---|---|
| Caring | The Friends and Family test inpatient satisfaction rate remains positive at 97%.<br><br>The percentage of people not recommending our services has decreased during April which is good.<br><br>Overall patient experience is registering green this month, slightly improved on last month, and we have seen an improvement on each of the real time survey metrics.<br><br>The ratio of compliments to complaints is also positive with a high number of recorded compliments to every single complaint.<br><br>Complaint response times have met our standard with 94.4% being responded to within the timescales agreed with the client. This is a marked improvement. | Despite the improved position, we are still reporting mixed sex breaches in the Clinical Decision Units and in some of the escalation areas. This is due to patient flow and decongesting the Emergency Departments to maintain safety. | D J F M Apr<br>  <br>Sally Smith |
| Effective | Despite, April still seeing pressure on emergency care and high bed occupancy, the non-elective readmissions has reduced below the threshold.<br><br>The "did not attend" rate in out patients for both new and follow up appointments has reduced this month.<br><br>Maintenance on equipment has been at a high performance for another month. | April has seen an increased challenge to emergency care and bed occupancy has again risen to over 100% and in particular non-elective length of stay has increased . This is linked to the fact that the number of reportable "delayed transfers of care" (DTOCs) has remained at the highest level this year at 63. It would suggest that the external capacity to support people at home or in a safe bed is challenged.<br><br>Theatre utilisation has still not improved in April, as although the full elective programme has been established, there are still too many non-clinical cancellations. | D J F M Apr<br>  <br>Jane Ely |

| | | | | |
|---|---|---|---|---|
| Responsive | In April A&E 4 hour performance has improved again to 81.73. The significant pressure on the whole system in terms of emergency pathways remains a challenge with peak attendances on particular days. The Trust has made progress with flow and focussed on patient safety.<br><br>Diagnostic waits performance has been maintained despite the high numbers of tests. | The A&E four hour standard remains a priority for the Trust and the improvement indicates that challenge is still very difficult with bed occupancy so high.<br><br>April cancer performance has deteriorated for all of the standards. there was an increase in 2 week wait referrals particularly for breast and urology tumour sites. The Trust has received guidance reports on suggested improvements to pathways for Urology (prostate) and Lung. Action plans are being developed. The Trust continues to work with the Kent & Medway Cancer Alliance on Urology, Colorectal, Lung and upper Gastrointestinal pathways.<br><br>In April, Referral to Treatments (18 weeks / RTT) performance has improved to 76.66%, however the mandated cancellation of activity in January has resulted in significant increases in those waiting over 52 weeks. The majority of those over 52 weeks are still general surgery and gynaecology. Each patient record is being reviewed by a Consultant and patients contacted to discuss options for treatment. | D J F M Apr |  <br>Jane Ely |
| Safe | Harm Free Care (New harms) remains green for April with 98.6% harm free care delivered to our patients.<br><br>The rates of avoidable pressure ulcers has improved in April registering green for both category 2 and deep ulcers.<br><br>Information have launched a new portal and include easy to access infection prevention and control metrics. Currently Bare Below the Elbows compliance across the Trust is 98.4% and Hand Hygiene compliance is 94.6%. Although reported as a positive this is related to the information, the aim is achieve 100% consistently. | All harms, as reported by the Safety Thermometer, has improved, but still remains red. These are the harms patients are admitted with and not in the control of our teams.<br><br>The rate of falls has increased this month although still less than the national rate. With a rate of 5.5/1000 bed days in April falls is registering amber.<br><br>Although VTE assessment recording has improved that improvement has to be sustained, April was 93.8% and the 12 month average has come up to 93.9%, it needs to be >95%.<br><br>Infection prevention and control will continue to be a concern until all HAI indices are indicating better control. | D J F M Apr |  <br>Paul Stevens |

| | | | | |
|---|---|---|---|---|
| Well Led | The Trust delivered a £4.9m deficit in Month 1 which is £0.3m ahead of plan (consolidated position including Spencer Wing and after technical adjustments).<br><br>Sickness has improved 0.1% to 3.9% - Amber rated | Trust Pay is £0.5m over plan in month with the large Agency overspend of £1.6m being partially offset with underspends on Permanent Staff. The key driver for the overspend against plan are the continuing Nursing pressures in U&LTC.<br><br>Risks remain in relation to the impact on Income of the recent Expert Determination. The Trust is working with Commissioners to agree the final impact.<br><br>Total Cash borrowed now stands at £48.5m<br><br>Appraisal rates worsened slightly to 79.8% (previously 80.9%)<br><br>Vacancies increased 0.2% (to 11.1% from 10.9%)- still red RAG rated<br><br>Staff turnover has increased 0.2% to 13.2% - still red RAG rated<br><br>I&E CIPS of £1.2m are reported for the month against a plan of £1.5m. Risks remain in relation to finalising CIP schemes to deliver a net £30m of savings by the year end. | D J F M Apr |  <br>Susan Acott |

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# Caring

| | D | J | F | M | Apr | Weight |
|---|---|---|---|---|---|---|
| OVERALL DOMAIN SCORE | | | | | | |
| Patient Experience | D | J | F | M | Apr | 90 % |

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# Caring

| | | Dec | Jan | Feb | Mar | Apr | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| Patient Experience | Compliments to Complaints (#/1) | 48 | 45 | 64 | 37 | 45 | >= 12 | 10 % |
| | Mixed Sex Breaches | 223 | 111 | 69 | 91 | 67 | < 1 | 10 % |
| | Overall Patient Experience % | 90.8 | 89.8 | 90.7 | 90.9 | 91.6 | >= 90 | 10 % |
| | Complaint Response in Timescales % | 79.2 | 84.8 | 87.2 | 88.9 | 94.4 | >= 85 | 5 % |
| | AE Mental Health Referrals | 98 | 113 | 72 | 92 | 97 | | 5 % |
| | FFT: Recommend (%) | 97 | 96 | 97 | 96 | 97 | >= 90 | 30 % |
| | FFT: Not Recommend (%) | 1.2 | 2.1 | 1.3 | 1.9 | 1.1 | >= 1 | 10 % |

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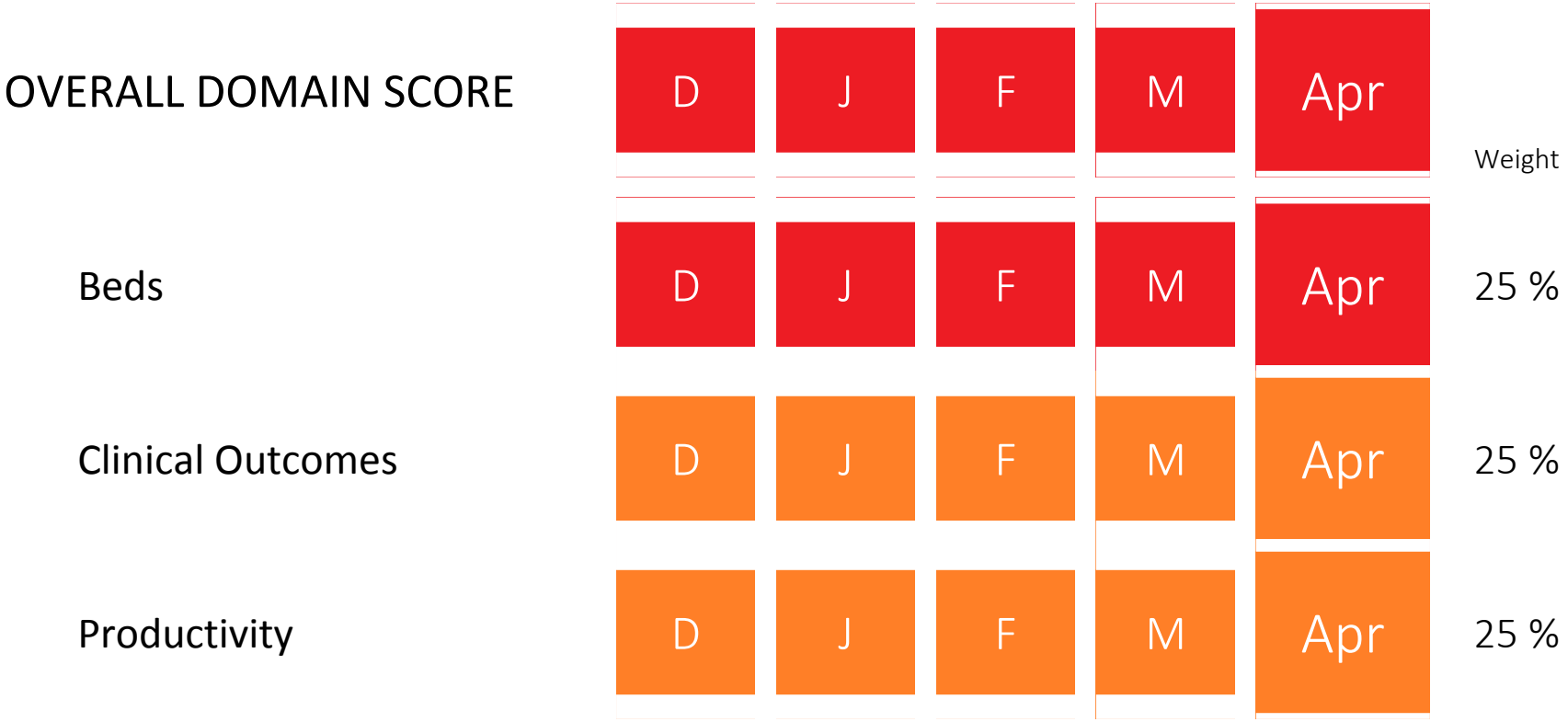
# Effective



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# Effective

| | | Dec | Jan | Feb | Mar | Apr | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| Beds | Bed Occupancy (%) | 96 | 101 | 100 | 97 | 101 | <= 92 | 60 % |
| | IP - Discharges Before Midday (%) | 14 | 15 | 15 | 15 | 15 | >= 35 | 10 % |
| | DToCs (Average per Day) | 49 | 56 | 52 | 63 | 63 | < 35 | 30 % |
| Clinical Outcomes | Readmissions: EL dis. 30d (12M%) | 3.4 | 3.4 | 3.4 | 3.5 | 3.4 | < 2.75 | 20 % |
| | Readmissions: NEL dis. 30d (12M%) | 15.3 | 15.3 | 15.3 | 15.2 | 15.1 | < 15 | 15 % |
| | Audit of WHO Checklist % | 100 | 100 | 98 | 99 | 98 | >= 99 | 10 % |
| Demand vs Capacity | DNA Rate: New % | 7.3 | 7.3 | 6.9 | 7.0 | 6.9 | < 7 | |
| | DNA Rate: Fup % | 6.9 | 6.4 | 6.9 | 7.4 | 6.5 | < 7 | |
| | New:FUp Ratio (1:#) | 0.6 | 0.7 | 0.7 | 0.7 | 0.6 | | |
| Productivity | LoS: Elective (Days) | 2.7 | 2.8 | 2.6 | 3.0 | 2.9 | | |
| | LoS: Non-Elective (Days) | 6.3 | 6.5 | 6.0 | 6.3 | 6.5 | | |
| | Theatres: Session Utilisation (%) | 80 | 76 | 78 | 77 | 77 | >= 85 | 25 % |
| | Theatres: On Time Start (% 30min) | 74 | 77 | 72 | 74 | 76 | >= 90 | 10 % |
| | Non-Clinical Cancellations (%) | 1.9 | 1.3 | 1.9 | 2.1 | 2.4 | < 0.8 | 20 % |
| | Non-Clinical Canx Breaches (%) | 10 | 15 | 6 | 2 | 0 | < 5 | 10 % |
| | EME PPE Compliance % | 84 | 84 | 83 | 83 | 82 | >= 80 | 20 % |

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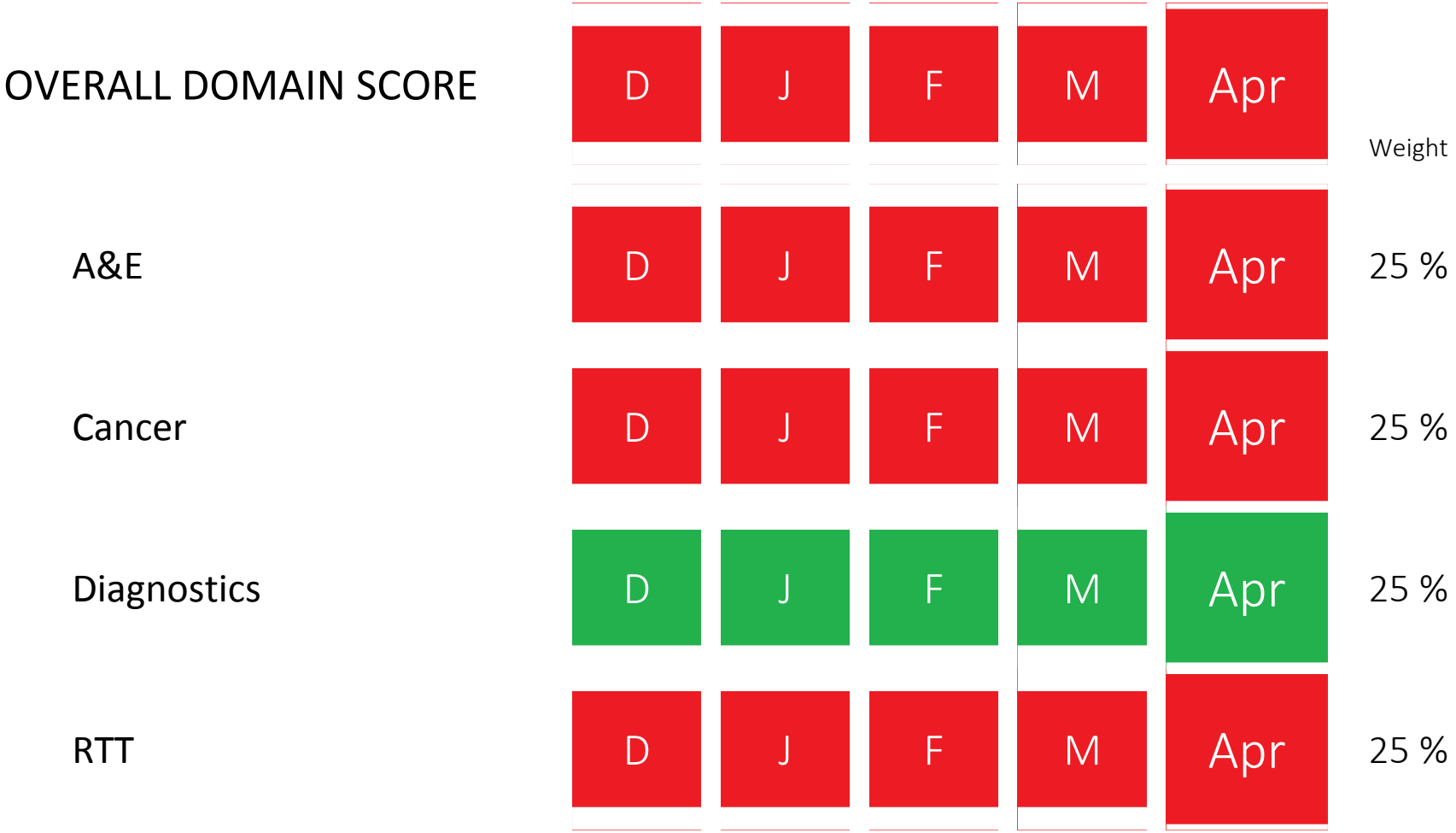
# Responsive



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# Responsive

| | | Dec | Jan | Feb | Mar | Apr | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| A&E | ED 4hr Performance (incl KCHFT MIUs) % | 73.60 | 74.09 | 77.76 | 78.78 | 81.73 | >= 95 | 100 % |
| | ED 4hr Performance (EKHUFT Sites) % | 69.13 | 69.33 | 73.75 | 75.08 | 76.93 | >= 95 | 1 % |
| Cancer | Cancer: 2ww (All) % | 96.28 | 95.76 | 97.10 | 91.42 | 88.99 | >= 93 | 10 % |
| | Cancer: 2ww (Breast) % | 92.37 | 89.84 | 98.50 | 90.28 | 75.16 | >= 93 | 5 % |
| | Cancer: 31d (Diag - Treat) % | 95.67 | 94.06 | 97.74 | 96.08 | 94.57 | >= 96 | 15 % |
| | Cancer: 31d (2nd Treat - Surg) % | 84.85 | 87.23 | 91.43 | 89.47 | 87.88 | >= 94 | 5 % |
| | Cancer: 31d (Drug) % | 94.59 | 98.85 | 98.33 | 98.21 | 97.56 | >= 98 | 5 % |
| | Cancer: 62d (GP Ref) % | 74.17 | 74.87 | 73.40 | 71.88 | 65.45 | >= 85 | 50 % |
| | Cancer: 62d (Screening Ref) % | 93.33 | 90.91 | 79.31 | 100.00 | 94.12 | >= 90 | 5 % |
| | Cancer: 62d (Con Upgrade) % | 92.11 | 85.00 | 77.27 | 100.00 | 97.06 | >= 85 | 5 % |
| Diagnostics | DM01: Diagnostic Waits % | 99.64 | 99.45 | 99.56 | 99.65 | 99.38 | >= 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 (%) | 78.67 | 77.62 | 77.03 | 76.08 | 76.66 | >= 92 | 100 % |
| | RTT: 52 Week Waits (Number) | 80 | 108 | 141 | 201 | 222 | < 1 | |

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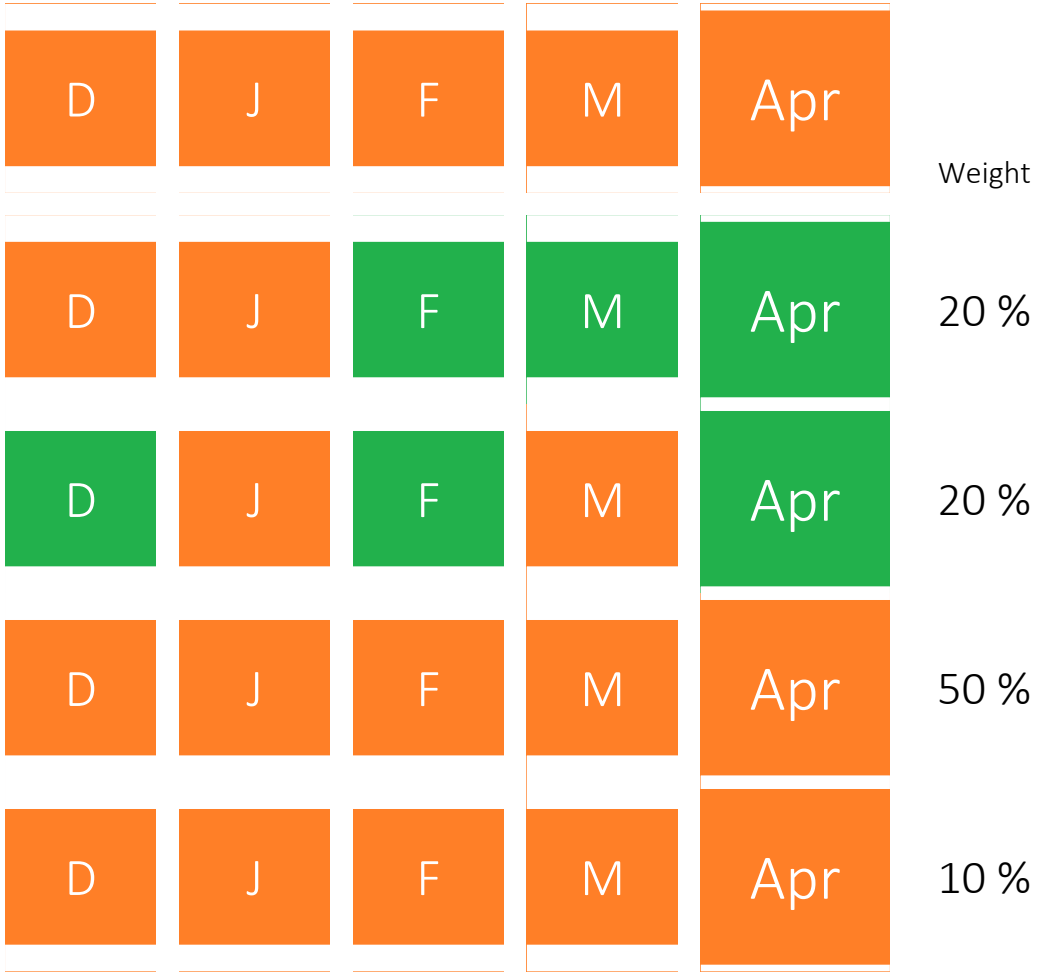
# Safe



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# Safe

| | | Dec | Jan | Feb | Mar | Apr | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| Incidents | Serious Incidents (STEIS) | 5 | 4 | 8 | 9 | 12 | | |
| | Harm Free Care: New Harms (%) | 97.4 | 98.9 | 99.3 | 99.1 | 98.6 | >= 98 | 20 % |
| | Falls (per 1,000 bed days) | 6.03 | 5.13 | 4.61 | 4.84 | 5.50 | < = 5 | 20 % |
| | Pressure Ulcers Cat 2 (per 1,000) | 0.19 | 0.24 | 0.33 | 0.24 | 0.12 | <= 0.15 | 10 % |
| | Clinical Incidents: Total (#) | 1,404 | 1,419 | 1,310 | 1,363 | 1,301 | | |
| Infection | Cases of C.Diff (Cumulative) | 25 | 29 | 34 | 38 | 3 | <= Traj | 40 % |
| | Cases of MRSA (per month) | 0 | 1 | 0 | 1 | 0 | < 1 | 40 % |
| Mortality | HSMR (Index) | 82 | 81 | 81 | | | < 90 | 35 % |
| | Crude Mortality EL (per 1,000) | 0.9 | 0.3 | 1.0 | 0.7 | 0.8 | < 0.33 | 10 % |
| | Crude Mortality NEL (per 1,000) | 45.7 | 54.6 | 40.0 | 37.7 | 34.1 | < 27.1 | 10 % |
| | RAMI (Index) | 91 | 90 | 89 | 89 | | < 87.45 | 30 % |
| Observations | Cannula: Daily Check (%) | 69.6 | 68.2 | 68.2 | 67.0 | 69.9 | >= 50 | 10 % |
| | Catheter: Daily Check (%) | 44.0 | 42.1 | 42.8 | 37.9 | 38.8 | >= 50 | 10 % |
| | Central Line: Daily Check (%) | 66.3 | 67.9 | 63.4 | 65.0 | 63.8 | >= 50 | 10 % |
| | VTE: Risk Assessment % | 93.8 | 94.6 | 93.9 | 94.2 | 93.7 | >= 95 | 20 % |
| | Obs. On Time - 8pm-8am (%) | 92.4 | 92.1 | 92.5 | 92.6 | 92.4 | >= 90 | 25 % |
| | Obs. On Time - 8am-8pm (%) | 89.7 | 89.8 | 89.7 | 89.9 | 90.1 | >= 90 | 25 % |

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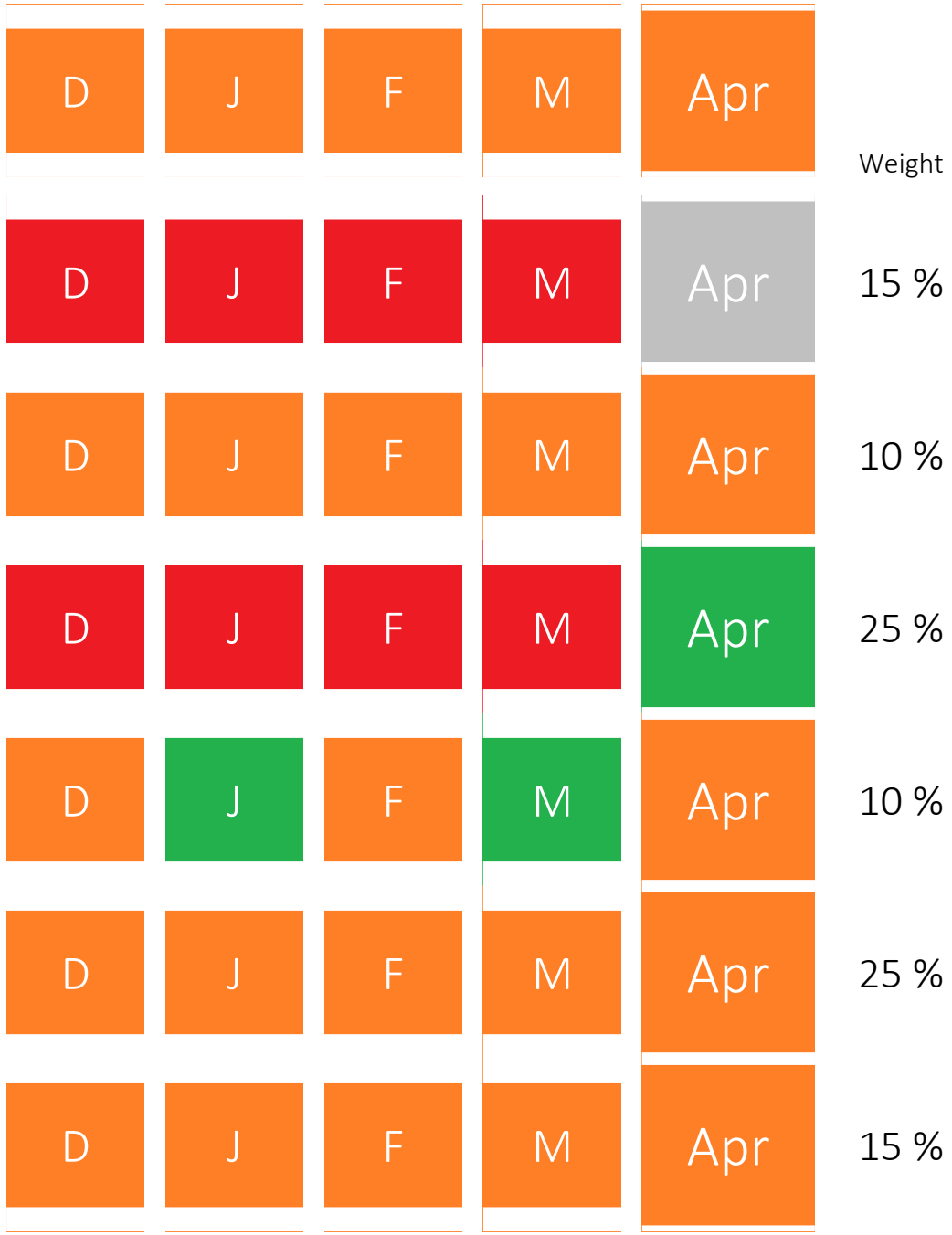
# Well Led



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# Well Led

| | | Dec | Jan | Feb | Mar | Apr | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| Culture | Staff FFT - Treatment (%) | 70 | 70 | 70 | 70 | | >= 81.4 | 40 % |
| Data Quality & Assurance | Not Cached Up Clinics % | 0.6 | 0.7 | 0.6 | 0.9 | 1.3 | <= 0.1 | 25 % |
| | Uncoded Spells % | 0.1 | 0.1 | 0.1 | 0.1 | 0.5 | < 0.25 | 25 % |
| Finance | I&E £m | -2.0 | -2.7 | -6.3 | -5.2 | -5.0 | >= Plan | 30 % |
| | Cash Balance £m | 8.3 | 5.0 | 6.8 | 7.2 | 16.3 | >= Plan | 20 % |
| | Total Cost £m | -51.1 | -51.7 | -51.2 | -58.0 | -50.1 | >= Plan | 20 % |
| | Forecast I&E £m | -30.0 | -30.0 | -30.0 | -29.9 | -29.8 | >= Plan | 20 % |
| | Normalised Forecast £m | -30.0 | -30.0 | -30.0 | -29.9 | -29.8 | >= Plan | 10 % |
| Health & Safety | RIDDOR Reports (Number) | 1 | 0 | 2 | 1 | 5 | <= 3 | 20 % |
| | Formal Notices | 0 | 0 | 0 | 0 | 0 | < 1 | 15 % |
| Staffing | Sickness (%) | 3.9 | 4.0 | 4.0 | 4.0 | | < 3.6 | 10 % |
| | Staff Turnover (%) | 13.5 | 13.5 | 13.6 | 13.0 | 13.4 | <= 10 | 15 % |
| | Vacancy (%) | 12.2 | 11.6 | 11.4 | 4.9 | 10.9 | <= 7 | 15 % |
| | Total Staff In Post (SiP) | 6918 | 6953 | 6968 | 7494 | 7014 | | 1 % |
| | Shifts Filled - Day (%) | 98 | 100 | 100 | 97 | 99 | >= 80 | 15 % |
| | Shifts Filled - Night (%) | 107 | 108 | 108 | 106 | 104 | >= 80 | 15 % |
| | Care Hours Per Patient Day (CHPPD) | 12 | 11 | 10 | 11 | 10 | | |
| | Bank Filled Hours vs Total Agency Hours | 55 | 57 | 59 | 58 | 56 | | 1 % |
| | Agency % | 6.1 | 6.6 | 6.8 | 6.4 | 6.5 | <= 10 | |
| Training | Appraisal Rate (%) | 82.2 | 81.7 | 81.4 | 74.8 | 80.1 | >= 85 | 50 % |
| | Statutory Training (%) | 88 | 89 | 89 | 90 | 91 | >= 85 | 50 % |

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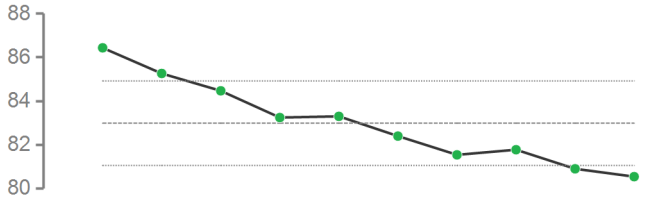
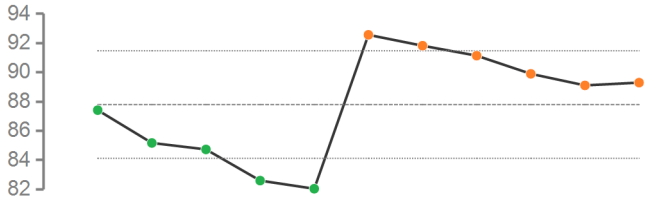
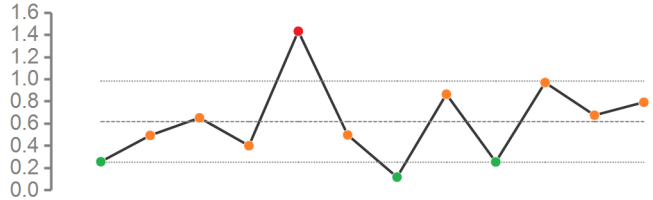
# Strategic Theme: Patient Safety

## Mortality

| | | | | |
|---|---|---|---|---|
| Apr | HSMR (Index) | 83 (-4.3%) |  | Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha |
| Apr | RAMI (Index) | 88 (-0.4%) |  | Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro |
| Apr | Crude Mortality EL (per 1,000) | 0.6 (58.9%) |  | The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |

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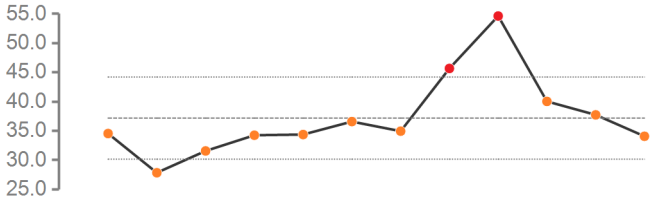
# Strategic Theme: Patient Safety

Apr

Crude Mortality NEL (per 1,000)

37.2
(17.9%)




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

Comments:

Crude mortality is following national trends, overall Trust crude mortality was 1.4% and was comparable to last year and continues to be 0.1% higher than peer. Given the demography of our population this is an expected finding. borne out by the adjusted mortality figures below.

The risk associated mortality index (RAMI) includes all activity including well babies, (the model no longer excludes palliative care deaths). The RAMI index of 88.1 is below the peer value of 88.4.

Hospital standardised mortality rate (HSMR) covered 87.2% of in hospital deaths during this current period (previous report 87.4%). There were 52 deaths following transfer and 14 still births with the HSMR Index of 81.1 comparable to the lower peer quartile. When split by site the convergence of HSMR on the 2 main sites has continued and there is now no difference in HSMR between sites.

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

Whilst the diagnostic groups of Septicaemia and Cancer of the colon both show amber CUSUM alerts the breaches occurred in the earlier reporting periods and this is an improving picture. The Acute Myocardial Infarction (AMI) group continues to alert on red as does Other Perinatal Conditions. Further analysis against the peer illustrates convergence of mortality rates between peer and EKHUFT and in the latest data available (February 2018) mortality rate has fallen below peer. For Other Perinatal Conditions, although the numbers are very small and there is considerable variation across all sites nationally, comparison against peer puts us in the 75th centile and indicates a need for further review.

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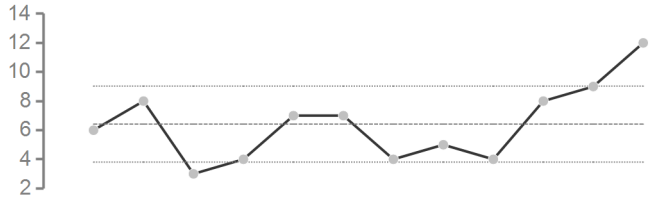
# Strategic Theme: Patient Safety

## Serious Incidents

| | | | | |
|---|---|---|---|---|
| Apr | Serious Incidents (STEIS) | 77 (-11.5%) |   | Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months. |

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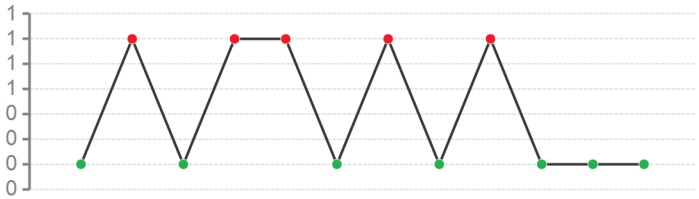
# Strategic Theme: Patient Safety

Apr

Never Events (STEIS)

5
(400.0%)




Monthly number of Never Events. Uses validated data from STEIS.
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on StEIS in April 2018: 61 (including 12 new)
SIs under investigation: 37
Breaches: 8
Non-breaches: 29
Waiting EKHUFT non-closure response: 12
Waiting CCG response: 11

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

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

The 12 new SIs are:
- four treatment delays relating to four separate cases of high numbers of ambulances at QEQM
- one treatment delay relating to a RIS/PACS issue
- one infection control issue relating to colonisation of MRSA in SCBU
- one medication delay relation to Apixaban
- one fall that resulted in a patient sustaining a neck fracture
- one maternity case leading to a baby developing HIE and an extradural haemorrhage
- one treatment delay relating to laser treatment in ophthalmology
- one treatment delay relating to a detached retina
- one treatment delay regarding metastatic disease

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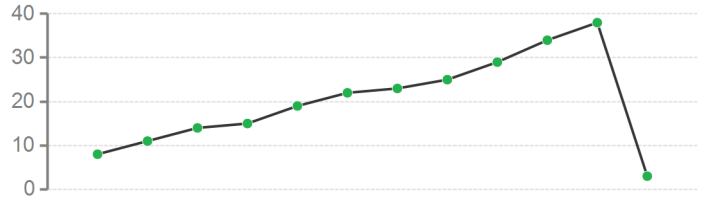
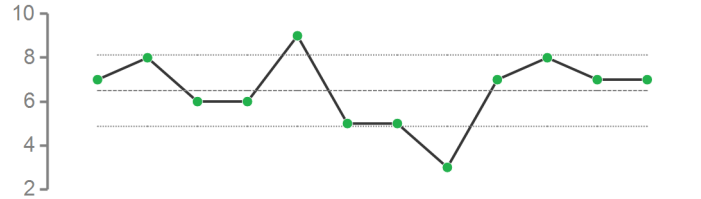
# Strategic Theme: Patient Safety

## Infection Control

| | | | | |
|---|---|---|---|---|
| Apr | Cases of MRSA (per month) | 5 (-54.5%) |  | Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia |
| Apr | Cases of C.Diff (Cumulative) | 3 (-92.1%) |  | Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01).<br>Arrow represents YTD position with the % showing variance against the last month. |
| Apr | E. Coli | 78 (-19.6%) |  | 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. |

East Kent Hospitals University NHS
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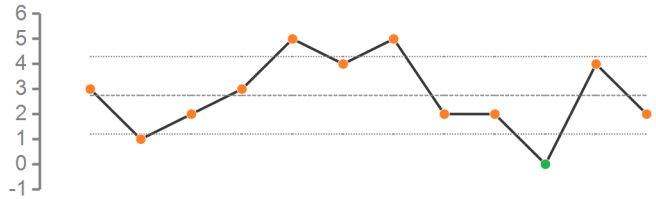
# Strategic Theme: Patient Safety

Apr

MSSA

33
(43.5%)




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

Comments:

C.difficile
In the last 8 years our rate of C.difficile per 100,000 bed days averaged 14.4 (range 8.5-25.0) and for the year 2017/2018 the rate was 11.6. The England average for 2017/18 was 13.3 and the rate for other Trusts in Kent & Medway ranged from 8.5 to 25.0.

MRSA
In the last 8 years our rate of MRSA per 100,000 bed days is 1.84 (range 0.0 - 3.1) and for the year 2017/2018 the rate was 1.84. The England average for 2017/18 was 0.84 and the rate for other Trusts in Kent & Medway ranged from 0.41 to 3.11.

MSSA
In the last 8 years our rate of MSSA per 100,000 bed days is 7.53 (range 6.12-11.02) and for the year 2017/2018 the rate was 11.02. The England average for 2017/18 was 8.9 and the rate for other Trusts in Kent & Medway ranged from 6.0 to 11.4.

E.coli
In the last 7 years our rate of E.coli per 100,000 bed days is 22.6 (range 14.6-28.2) and for the year 2017/2018 the rate was 25.1. The England average for 2017/18 was 21.9 and the rate for other Trusts in Kent & Medway ranged from 23.8 to 27.7.

There has been a low infectivity TB incident in a staff member which is currently under investigation. There have been no positive contacts identified.

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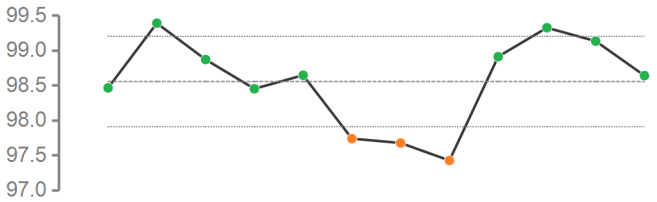
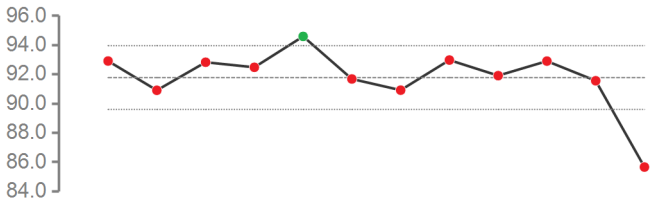
# Strategic Theme: Patient Safety

## Harm Free Care

| | | | | |
|---|---|---|---|---|
| Apr | Harm Free Care: New Harms (%) | 98.6 (0.2%) |   | 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. |
| Apr | Harm Free Care: All Harms (%) | 91.8 (-1.3%) |   | Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic |

Comments:

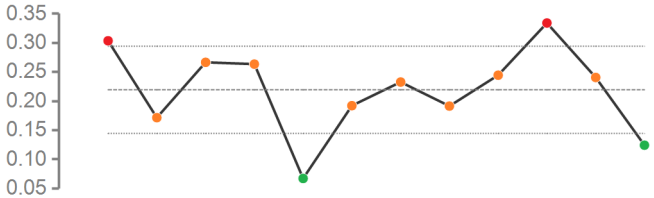
Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for April-18 (90.99%) shows a small deterioration since last month (91.56% Mar-18). However, marked improvements are seen in the Specialist Division with a rise to 96.62% (89.04% Mar-18) and UC&LTC 94.35% (91.65% Mar-18).

The total of Harm Free Care experienced in our care (New Harms only) at 98.45% fell slightly from last month (99.14% Mar-18). The prevalence of catheters & New UTIs has increased to 0.39% (0.10% Mar-18), which is higher than both the overall National Average (0.27%) and the Acute Hospital only average (0.37%). Further work will be undertaken to explore admission source, and identify any themes, for patients admitted with a urinary catheter to understand why performance is significantly below the national average and to drive improvement priorities.

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

# Strategic Theme: Patient Safety

## Pressure Damage

| | | | | |
|---|---|---|---|---|
| Apr | Pressure Ulcers Cat 2 (per 1,000) | 0.22 (-33.2%) |   | Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days<br>Data source - Datix.<br>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 |
| Apr | Pressure Ulcers Cat 3/4 (per 1,000) | 0.01 (-29.9%) |   | Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days<br>Data source - Datix.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous |

Comments:

In April 2018 there were a total of 35 pressure ulcers reported. 22 of these were category 2 ulcers. This is a decrease of 22 from last month. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.124/1000 for the first time since September 2017. Four were avoidable a reduction on 4 from last month. These were avoidable due to no heel offloading, a patient being sat out for prolonged periods in the chair and inappropriate risk assessment.

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

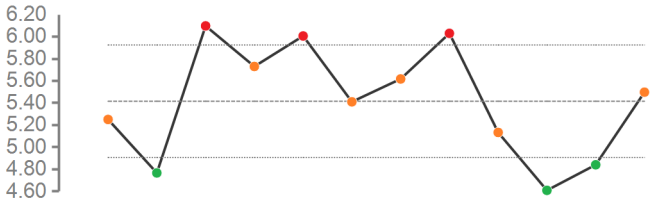
9 potential deep ulcers were reported. 2 of these were avoidable. Reasons for the avoidable decisions were an ill-fitting neck collar and lack of heel offloading. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.062/1000 bed days.

Actions in April 2018:

- The first patient focus group was held to enhance improved patient-centred care
- Care home training delivered in the community
- New band 6 TVN commenced in post to be based at K&C
- TVNs participated in 'Think Glucose' training at QEQM
- Joint mattress reviews with Moving and Handling team
- Participated in newly qualified nurses induction training
- Task and finish group meeting held to discuss link nurse competency and referrals to Tissue Viability service

# Strategic Theme: Patient Safety

## Falls

| | | | | |
|---|---|---|---|---|
| Apr | Falls (per 1,000 bed days) | 5.41 (-3.6%) |  | Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded.<br>Data source - Datix.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ |



Comments:

Falls incidents have increased in April. There were a total of 194 compared with 161 in March. 68 were at K&CH, 49 at QEQMH and 77 at WHH. At WHH 13 falls occurred on CDU , where 2 patients fell 2 times, 10 falls were reported on Cambridge L where 1 patient fell twice and 9 on Richard Stevens ward where 2 patients fell twice. At K&CH there were 11 falls on Kingston ward where 1 patient fell 2 times and 11 on McMaster/ Mount ward. There were 10 falls on Invicta ward where 1 patient fell 3 times. Most patient falls were associated with confusion and delirium.

One fall on Harbledown ward resulted in a hip fracture which appears to have been avoidable and is being investigated. A fall on Invicta resulted in hip and pelvic fractures and is being investigated, but appears likely to have been unavoidable. On CDU at WHH a fall resulted in a humeral fracture which was unavoidable.

Actions:
1. Fall Stop programme continues with a set rollout programme Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs and frailty wards. Wards taking part are CDU and frailty wards at WHH, CDU, St Margaret's and St Augustine's at QEQMH and Invicta and Harbledown at K&CH.
2. FallStop education sessions have been undertaken with pharmacists and therapy technicians, as part of their 'Falls and Frailty May' programme, who will begin a process within frailty wards, of technicians identifying patients who are at risk of falls due to culprit drugs and referring them for medication reviews.
3. Link worker meetings have taken place across all 3 sites to share the national audit findings and promote FallStop.
4. Therapy engagement is ongoing to involve them in lying and standing blood pressure measurements.
5. Hip fractures are currently being graded as severe, following the national audit recommendations. However, there is further discussion needed to agree to level of investigation of these as up to half are unavoidable and should therefore, not warrant a full RCA.

East Kent Hospitals University NHS
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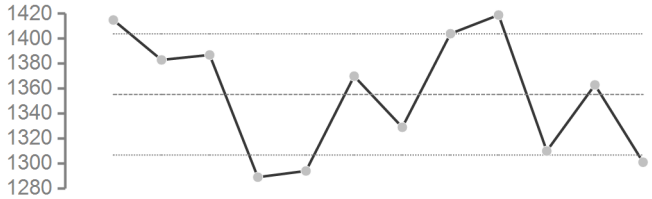
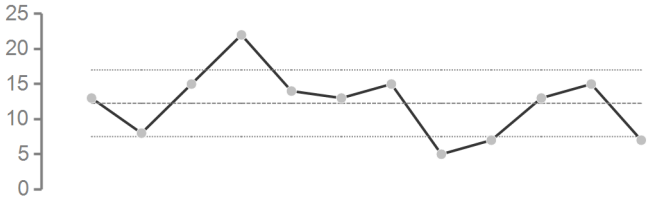
# Strategic Theme: Patient Safety

## Incidents

| | | | | |
|---|---|---|---|---|
| Apr | Clinical Incidents: Total (#) | 16,264 (-1.8%) |  | Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months. |
| Apr | Blood Transfusion Incidents | 147 (-3.3%) |  | 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. |

East Kent Hospitals University NHS
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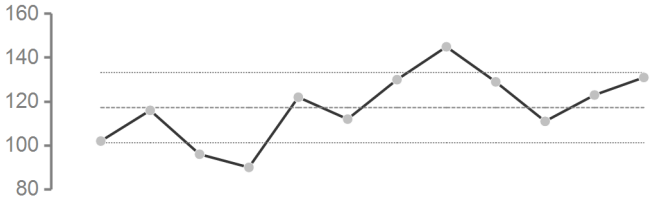
# Strategic Theme: Patient Safety

Apr

Medicines Mgmt. Incidents

1,407
(7.6%)




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

Comments:

Clinical incidents overall summary
A total of 1277 clinical incidents have been logged as occurring in Apr-18 compared with 1363 recorded for Mar-18 and 1287 in Apr-17.
In Apr-18, 2 incidents have been graded as death and 3 have been graded as severe harm - of these 5, 3 have been reported on StEIS at the time of this report. 19 incidents have been escalated as a serious near miss, of which 15 are still under investigation. Comparison of moderate harm incidents reported: 4 in Apr-18, 8 in Feb-18 and 4 in Apr-17.
Over the last 12 months incident reporting shows an increase at QEQM but is declining at WHH and K&CH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 7 Blood Transfusion related incidents for April 2018 (15 in March 2018 and 6 in April 2017).

All 7 incidents were classified as no harm.

There were no themes identified within the incidents reported.

One of the incidents has precipitated an after actin review – this was an incident where a unit of cryoprecipitate was collected and transfused rather than a unit of FFP. The cryoprecipitate had been stored incorrectly in the fridge resulting in the porter mistaking it for FFP. The ward did not detect the error. The patient had also been prescribed cryoprecipitate. No harm came to the patient.

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

Medicines management (submitted by the Medication Safety Officer)
As of 08/05/2018 the total number of medication related incidents reported in April 2018 was 139. These included 103 no harm, 34 low harm, 1 moderate harm and 1 severe incident. The moderate harm incidents included a patient being given the wrong oral dose of chemotherapy, this alongside other similar recent incidents will require a review of the chemotherapy supply and administration processes with recommendations within an RCA review. The severe incident involved a primary PCI patient having the wrong antiplatelet medicine stopped causing a delay in a biopsy and subsequent further cardiac event.
The severity of medication related incidents in April 2018 shows that 74.1% of incidents reported were no harm incidents and 1 RCA/AAR incident.
There were 25 incidents in April 2018 categorised as 'omitted medicine/ingredient' showing an decrease from the previous month of 6%. The data produced by the Medication Safety Thermometer in April 2018 was taken from 21 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication has decreased to 21% and the percentage of patients with a missed critical medicine was 11.3% in April. This included 6 wards with less than 10% of patients with a missed dose of medication and 8 wards with less than 5% of patients with an omitted critical medicine.
Apart from the missed doses of medication the themes from the incident reporting in April include 3 further incidents related to penicillin allergic patients being given penicillin, concern around the clear prescribing of frequency of medications, the safe use of benzodiazepines and patients being discharged with the correct medications.

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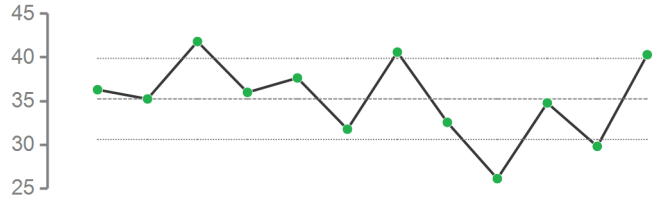
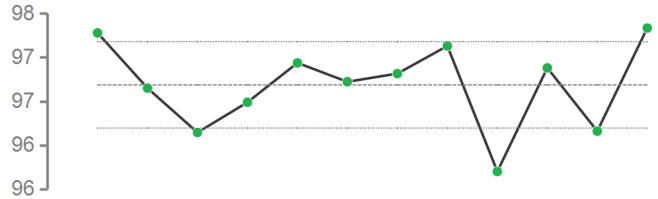
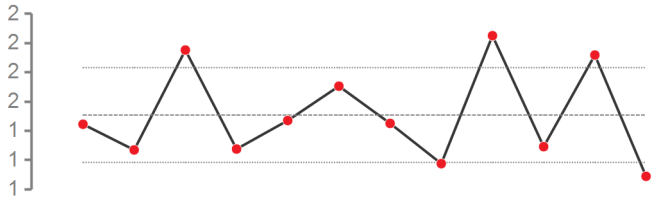
# Strategic Theme: Patient Safety

## Friends & Family Test

| | | | | |
|---|---|---|---|---|
| Apr | FFT: Response Rate (%) | 35 (-7.4%) |   | The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon |
| Apr | FFT: Recommend (%) | 97 (0.2%) |   | Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction |
| Apr | FFT: Not Recommend (%) | 1.5 (-13.5%) |   | Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct |

Comments:

A total of 8682 responses were received (37% eligible patients). Overall response rates fell slightly for ED and day cases this month and a greater fall was shown in maternity. Response rate for the EDs was 16.8% (17.4% Mar-18), inpatients 40.3% (29.8% Mar-18), maternity; birth only 23.7% (39.9% Mar-18) and day cases 22.3% (23.4% Mar-18).

Recommendations by patients in April were similar to March in day cases, ED, outpatients, and daycases; however improved in inpatients and maternity. The total number of inpatients, including paediatrics, who would recommend our services 97.3% (96.2% Mar-18), EDs 80.6% (80.6% Mar-18), maternity 99.2% (98.1% Mar-18), outpatients 92.7% (92.7% Mar-18) and day cases 96.6% (96.3% Mar-18).

91.1% of responders would recommend us to their friends and family and 5.7% would not. The Trust star rating in April is 4.57 (4.54 Mar-18).

Staff attitude, care and competence feature as the three top positive themes for April 18 and the three top negative themes for the trust were Care, Staff attitude and waiting times demonstrating the importance of improving staff attitude and waiting times for positive patient experience.
All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by Divisional Governance teams.

East Kent Hospitals University NHS
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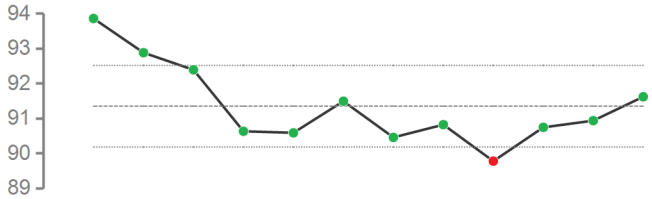
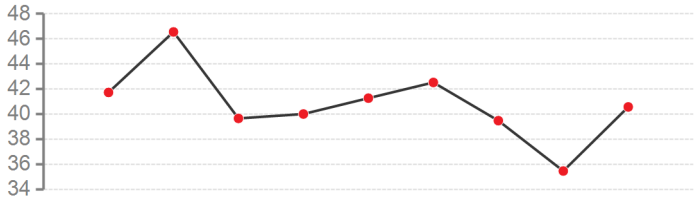
# Strategic Theme: Patient Safety

## Patient Experience 1

| | | | | |
|---|---|---|---|---|
| Apr | Overall Patient Experience % | 91.3 (-1.0%) |  | Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las |
| Apr | Privacy for discussions with Nurses % | 40 |  | Privacy for discussions Nurses |

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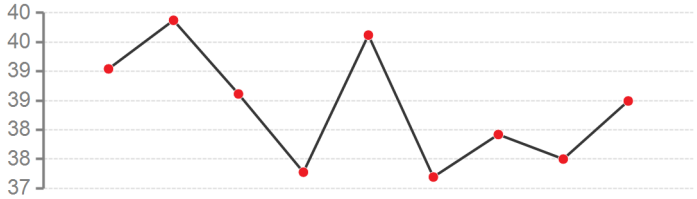
# Strategic Theme: Patient Safety

Apr

Aware of Nurse in each shift %

38




Aware of nurse in each shift

Comments:

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

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

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

For the recording of mental health patients we plan to collect three measures; the number of people referred from ED for psychiatric assessment, the number sectioned within the Trust and those visiting the trust already sectioned. Currently we can only report the first of these and it is included in the data above. We are currently investigating how to record the patients who have been sectioned and will immediately be adding it as a flag to our Inpatient PTL and conducting an audit of those referred from ED for assessment to calculate how many patients this is– we estimate this to be very low, around just one or two per month. In addition we record the type of institution that patients from our acute Trust are discharged to and secure MH institutions are included within that – in 2017/18 for example 106 patients were discharged to a range of different types of psychiatric accommodation.

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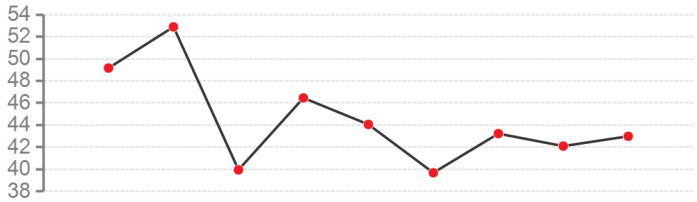
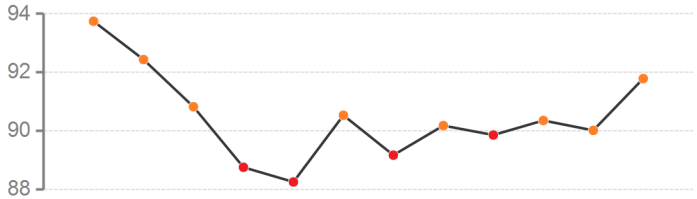
# Strategic Theme: Patient Safety

## Patient Experience 2

| | | | | |
|---|---|---|---|---|
| Apr | Discuss Worries with Nurses % | 44 |  | Discuss Worries with Nurses |
| Apr | Cleanliness? % | 91 (-0.7%) |  | Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show |

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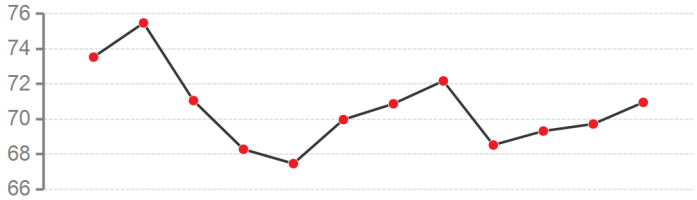
# Strategic Theme: Patient Safety

Apr

Hospital Food? %

71
(-2.4%)




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

Comments:

Cleaning satisfaction and hospital Food as rated by the survey, decreased slightly in April. Auditing at ward level remains consistent at over 98%. The sample group for these measures remains low and therefore marginal changes are not statistically useful. The Trusts Support Service Strategy will look to integrate surveying so that it is a more useful tool for these metrics.

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. Only a few wards have not reported their performance (against the patient experience metrics) through the inpatient survey and FFT in April-18.

QEQM has experienced Wi-Fi issues on a couple of wards which has now been resolved and at the WHH the moving of wards has impacted on reporting performance. However, compliance has and will continue to improve.

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

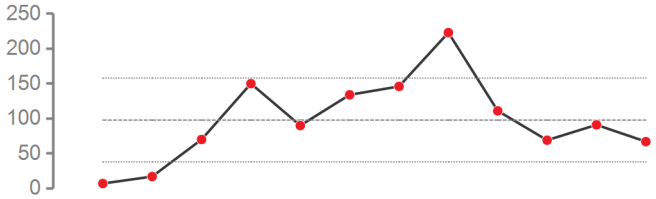
# Strategic Theme: Patient Safety

## Mixed Sex

Apr

Mixed Sex Breaches

1175
(199.0%)




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.

Comments:

There were 15 mixed sex accommodation occurrences in total, affecting 130 patients.

Incidence of mixed sex accommodation breaches were similar this month to March, however there were 9 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. This information has been reported to NHS England. The remaining incidents occurred in the WHH RSU (3) CCU WHH (3) which was justifiable based on clinical need.

Daily reporting of mixed sex occurrences has been sustained in areas demonstrating understanding of the reporting method for mixed sex breaches. Rigorous work will continue to ensure all mixed sex breaches are captured accurately.

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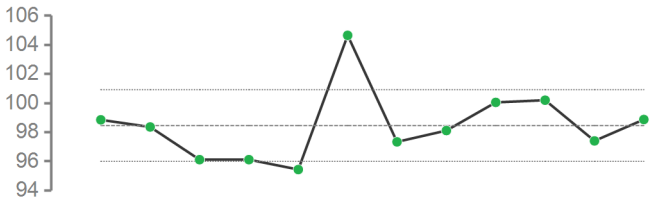
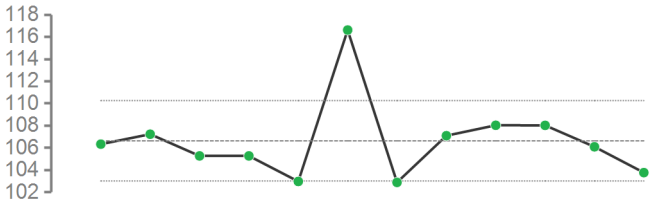
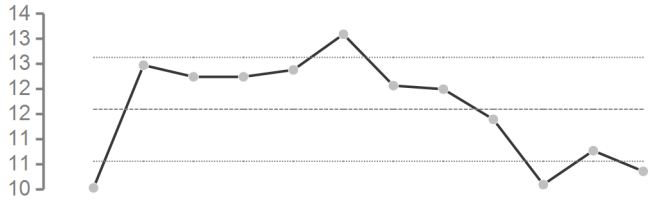
# Strategic Theme: Patient Safety

## Safe Staffing

| | | | | |
|---|---|---|---|---|
| Apr | Shifts Filled - Day (%) | 98 (1.1%) |   | Percentage of RN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |
| Apr | Shifts Filled - Night (%) | 107 (-0.3%) |   | Percentage of RN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |
| Apr | Care Hours Per Patient Day (CHPPD) | 12 (208.3%) |   | Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 |

Comments:

% fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system and overall fill rate was 100.7% (100.6% Mar-18).

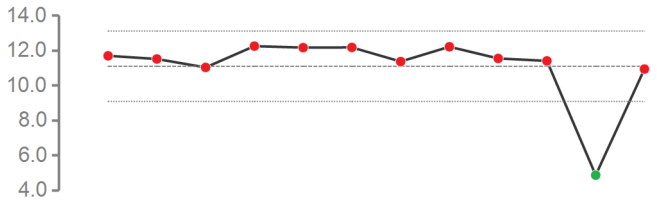
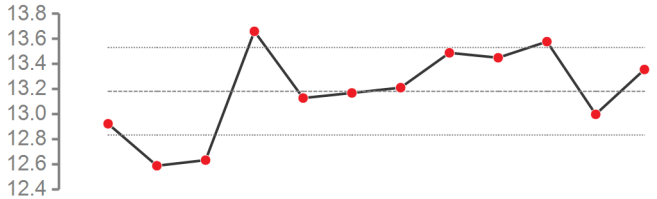
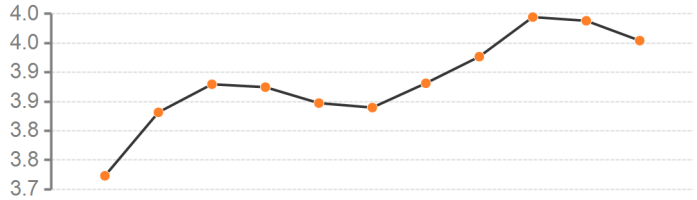
Low fill rates were seen on several wards due to a combination of high sickness, maternity leave and vacancies (Minster, Treble, MountMcMaster, Kingston and Richard Stevens, St Augustines, Cheerful Sparrows male, Kings C2 and Birchington).

Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month. Average CHPPD in Apr-18 was 7.8 (7.5 Mar-18). The range is from around 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. Comparative data within the Model Hospital Dashboard shows EKHUFT average CHPPD is in line with our peer median based on spend and clinical output.

East Kent Hospitals University NHS
NHS Foundation Trust

# Strategic Theme: Human Resources

## Gaps & Overtime

| | | | | |
|---|---|---|---|---|
| Apr | Vacancy (%) | 11.1 (10.2%) |  | % 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. |
| Apr | Staff Turnover (%) | 13.2 (6.4%) |  | % 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 |
| Apr | Sickness (%) | 3.9 (-1.4%) |  | % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont |

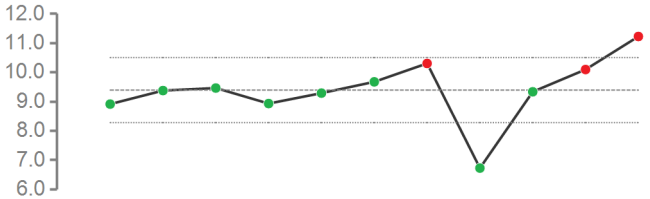
East Kent Hospitals University NHS
NHS Foundation Trust

# Strategic Theme: Human Resources

Apr

Overtime %

9.4
(21.8%)




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

Comments:

Gaps and Overtime

The vacancy rate fell, month on month, to 9.22% in April, but the average of the last 12 months is higher than last year. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently 334 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 121 Nursing and Midwifery staff and 61 Medical and Dental staff.

The Turnover rate in month fell to under 12.6%, although the 12 month average is higher than the previous 12 months. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

The validated sickness absence position for March was 3.59% - which is lower than the 3.92% in February. Divisions are working to develop sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training. A Sickness Absence Helpline is being piloted by the Occupational Health department with the Surgical Services wards across the Trust to see if this can support improvements in early referrals to OH in order to get staff back to work.

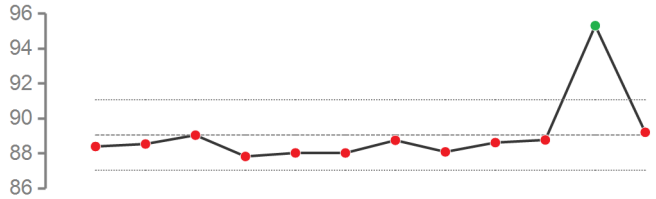
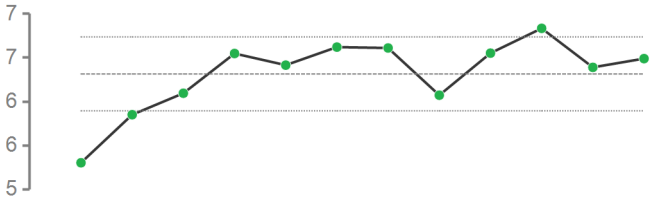
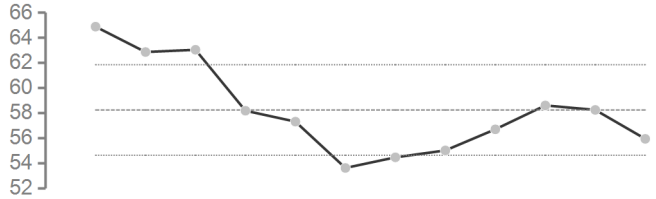
Overtime as a % of wte increased last month to the highest level in a year. It increased to approximately 9.4% for the year on average.

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

East Kent Hospitals University NHS
NHS Foundation Trust

# Strategic Theme: Human Resources

## Temporary Staff

| | | | | |
|---|---|---|---|---|
| Apr | Employed vs Temporary Staff (%) | 89.1 (-1.2%) |  | Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again |
| Apr | Agency % | 6.3 (16.2%) |  | % of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph). |
| Apr | Bank Filled Hours vs Total Agency Hours | 58 (9.9%) |  | % hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff |

East Kent Hospitals University NHS
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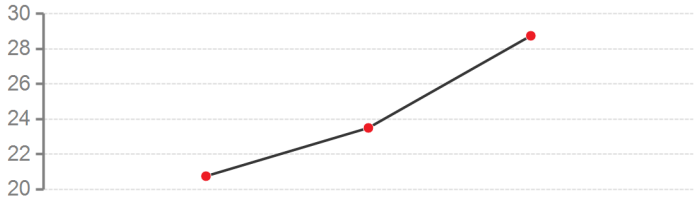
# Strategic Theme: Human Resources

Apr

Local Induction Compliance %

24.3
(77.0%)




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

Comments:

Temporary Staff

Total staff in post (WTE) increased slightly from 7023 in March to 7030 in April, which left a vacancy factor of approx. 715 wte across the Trust. As stated in the previous section, there are currently 334 candidates in the recruitment pipeline.

Agency staffing as a percentage of WTE remained the same in April as in March at approx. 7%, although still remains at high levels compared to the beginning of the year. The 12 months average shows a slight increase to 6.3% of WTE.

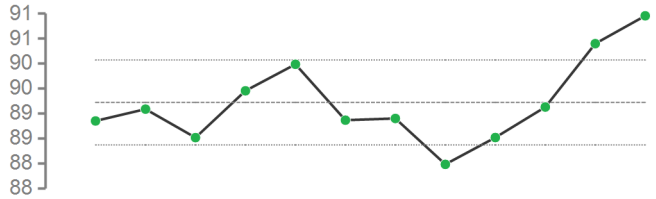
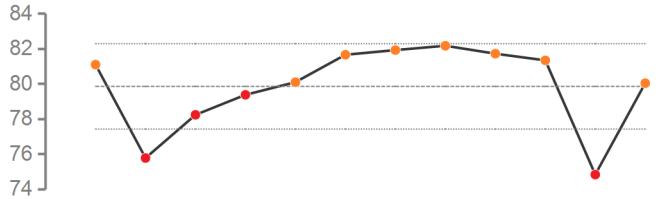
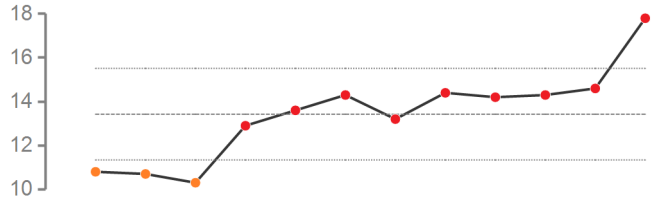
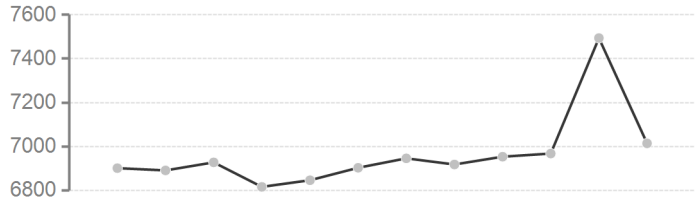
The average percentage of employed staff vs temporary staff over the last 12 months has increased slightly from 88.5% to 89.1%.

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

East Kent Hospitals University NHS
NHS Foundation Trust

# Strategic Theme: Human Resources

## Workforce & Culture

| | | | | |
|---|---|---|---|---|
| Apr | Statutory Training (%) | 89 (2.3%) |  | The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr |
| Apr | Appraisal Rate (%) | 79.8 (-0.4%) |  | 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. |
| Apr | Time to Recruit | 13 (12.1%) |  | 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. |
| Apr | Total Staff In Post (SiP) | 7014 (-6.4%) |  | Count of total staff in post (WTE) |

Comments:

Workforce & Culture

Average Statutory training 12 month average is 88% and has increased in month to 91% for April. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate decreased to 80%. The Surgical Services Division remains above the 85% target, with Strategic Development just falling slightly to 84%. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months, particularly with the expected fall in compliance at the beginning of each financial year.

The average time to recruit is 13 weeks, however a target has been set to reduce this to 8 weeks to ensure recruitment time meets the demands of our services.

# Strategic Theme: Activity

East Kent Hospitals University NHS Foundation Trust

## Activity vs. Internal Business Plan

**Key Performance Indicators**

Apr

| | Apr-18 | | | | YTD | | | | YTD vs Last Yr | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Activity | Plan | Var # | Var % | Activity | Plan | Var # | Var % | Activity | Last Yr | Var # | Var % | Green |
| Referral Primary Care | 14,192 | 12,405 | 1,787 | 14% | 14,192 | 12,405 | 1,787 | 14% | 14,192 | 12,601 | 1,591 | 13% | <=0% |
| Referral Non-Primary Care | 13,826 | 12,632 | 1,194 | 9% | 13,826 | 12,632 | 1,194 | 9% | 13,826 | 12,648 | 1,178 | 9% | <=0% |
| OP New | 16,182 | 15,002 | 1,180 | 8% | 16,182 | 15,002 | 1,180 | 8% | 16,182 | 15,597 | 585 | 4% | >=0% |
| OP Follow Up | 36,961 | 30,145 | 6,816 | 23% | 36,961 | 30,145 | 6,816 | 23% | 36,961 | 34,817 | 2,144 | 6% | >=0% |
| Elective Daycase | 6,257 | 5,898 | 359 | 6% | 6,257 | 5,898 | 359 | 6% | 6,257 | 5,331 | 926 | 17% | >=0% |
| Elective Inpatient | 1,159 | 1,213 | (-54) | -4% | 1,159 | 1,213 | (-54) | -4% | 1,159 | 1,083 | 76 | 7% | >=0% |
| A&E | 17,440 | 17,334 | 106 | 1% | 17,440 | 17,334 | 106 | 1% | 17,440 | 17,208 | 232 | 1% | >=0 & <5% |
| Non-Elective Inpatient | 6,575 | 6,714 | (-139) | -2% | 6,575 | 6,714 | (-139) | -2% | 6,575 | 6,662 | (-87) | -1% | >=0 & <5% |
| Chemotherapy | 1,142 | 1,109 | 33 | 3% | 1,142 | 1,109 | 33 | 3% | 1,142 | 1,128 | 14 | 1% | >=0% |
| Critical Care | 1,673 | 1,642 | 31 | 2% | 1,673 | 1,642 | 31 | 2% | 1,673 | 1,839 | (-166) | -9% | >=0% |
| Dialysis | 6,694 | 6,720 | (-26) | 0% | 6,694 | 6,720 | (-26) | 0% | 6,694 | 6,583 | 111 | 2% | >=0% |
| Maternity Pathway | 998 | 1,160 | (-162) | -14% | 998 | 1,160 | (-162) | -14% | 998 | 1,164 | (-166) | -14% | >=0% |
| Pre-Op Assessments | 3,221 | 2,887 | 334 | 12% | 3,221 | 2,887 | 334 | 12% | 3,221 | 2,532 | 689 | 27% | >=0% |
| Diagnostic | 480,675 | 397,286 | 83,389 | 21% | 480,675 | 397,286 | 83,389 | 21% | 480,675 | 395,484 | 85,191 | 22% | <=0% |
| Other | 5,010 | 4,548 | 462 | 10% | 5,010 | 4,548 | 462 | 10% | 5,010 | 4,508 | 502 | 11% | >=0% |

The 2018/19 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2017/18 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals. The plan is capped at our total capacity and as such further activity (or demand reduction schemes would be required to achieve sustainable elective services. Further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2018/19. It should be noted that this does not reflect demand levels agreed within the 2018/19 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

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

## April 2018

**Elective Care**

In April Primary Care referrals were 14% above expected levels. Although Routine referrals are comfortably within normal levels and comparable to last year, Rapid Access referrals were 34% (+827) above expected levels. The unplanned increase was observed across a number of specialties, most notably in Urology, Dermatology, Cardiology, Breast Surgery and Gastroenterology.

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

The Trust achieved the new outpatient plan for April with appointments 6% above planned levels. The Colorectal service experienced a period of sickness in the consultant body resulting in a loss of capacity and delays to full implementation of their business plan in month 1, moving forward outpatient rooms and appropriate nursing workforce have now been secured meaning business plan schemes are able to commence. In addition, the service has secured two locum consultants from July to support sickness cover. It is expected this will assist in the achievement of the RTT backlog recovery and recover their YTD underperformance.

The Ophthalmology service secured additional weekend capacity at KCH delivered through an insourcing provider. It is expected this will recover the Ophthalmology YTD underperformance and support the RTT backlog recovery. Loss of substantive and locum consultants in April rendered the plan undeliverable for Neurology. Additional substantive consultants have now been successfully appointed, job plans are being finalised and with the proposed extension of the current locum consultants the YTD underperformance will be recoverable.

The New Outpatient capacity delivered by the Trust in April matched demand, with the number of patients waiting to be seen for a first consultant led appointment plateauing at 29,000 patients. The Trust s Outpatient activity plan was reduced across all specialties due to a planned Patient Administration System upgrade which was subsequently postponed, it is anticipated that the April over performance will be eradicated at the point in time the Trust is able to migrate to the new system.

The Trust over achieved the follow up plan in April, as with new outpatients, the Business plan was reduced due to the planned system upgrade.

In April the Trust over-achieved the daycase plan by 322 patients however large underperformances were seen in key elective specialties Orthopaedics, Gynaecology, Ophthalmology and ENT. The Orthopaedic service generated the biggest under-performance; the biggest contributing factor was due to theatre rental for high productivity spinal injections lists being unavailable until the end on April. Additional weekend injection lists will commence in June in order to start to recover the position. Due to microscope and ventilation failure, the Ophthalmology service had to cancel 47 daycases at the Buckland Hospital. The service

have developed long term plans to address the underperformance through improved theatre booking efficiencies. Unavoidable recruitment delays drive the underperformance in ENT, unfortunately specialty doctor opted against joining Trust in April, and the service have now recommenced the recruitment process. The service plan to recover the position through waiting list initiative lists.

Elective Admissions are 5% behind the plan. Orthopaedics (-72), Gynaecology (-62) and Urology (-58) contribute to the largest underperformance. Due to emergency pressures, elective inpatient activity was limited for the Urology service, in order to ensure theatre utilisation was maximised additional daycase patients were booked and this is reflected in the Urology daycase performance.

**Non Elective Care**

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

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 Trust observed a spike in Non Elective Admissions to surgical specialties affecting Trauma and Urology patients, whilst this will be monitored closely, at this stage it is believed the activity will return to normal levels moving forward.

The Bed Occupancy of the Trust continued to be at challenging levels and decreased slightly in April to an overall Trust wide position of 100.8% of funded beds (101.0% in March). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position declined notably to 100.8% in April, compared to 106.9% in March. The William Harvey Hospital position has deteriorated slightly with an overall bed occupancy of 98.9% in April (95.5% for March). 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 April the number of medical outliers decreased notably in comparison March, with a monthly average of 56 medical outliers across the Trust, compared to an average of 68 previously (down from 76 in February). Individual site levels of medical outliers over the month were 13 at the Queen Elizabeth the Queen Mother Hospital and 36 at William Harvey Hospital sites.

# YTD Exception Reporting: Top 10 Outliers

### Referral Primary Care

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 130 - Ophthalmology | 1,243 | 1,479 | -16% | -236 |
| 300 - General Medicine | 7 | 108 | -94% | -101 |
| 140 - Maxillo Facial | 626 | 541 | 16% | 85 |
| 110 - Trauma & Orthopaedics | 742 | 643 | 15% | 99 |
| 410 - Rheumatology | 331 | 217 | 52% | 114 |
| 420 - Paediatrics | 566 | 390 | 45% | 176 |
| 103 - Breast Surgery | 710 | 523 | 36% | 187 |
| 320 - Cardiology | 1,375 | 1,136 | 21% | 239 |
| 101 - Urology | 768 | 495 | 55% | 273 |
| 330 - Dermatology | 1,198 | 803 | 49% | 395 |
| **Total** | **14,192** | **12,405** | **14%** | **1,787** |

### Referral Non-Primary Care

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 651 - Occupational Therapy | 150 | 296 | -49% | -146 |
| 420 - Paediatrics | 173 | 246 | -30% | -73 |
| 140 - Maxillo Facial | 222 | 139 | 60% | 83 |
| 101 - Urology | 680 | 588 | 16% | 92 |
| 290 - Community Paediatrics | 333 | 240 | 39% | 93 |
| 650 - Physiotherapy | 1,110 | 1,005 | 10% | 105 |
| 501 - Obstetrics | 653 | 543 | 20% | 110 |
| 300 - General Medicine | 261 | 125 | 109% | 136 |
| 130 - Ophthalmology | 1,106 | 924 | 20% | 182 |
| 110 - Trauma & Orthopaedics | 1,930 | 1,559 | 24% | 371 |
| **Total** | **13,826** | **12,632** | **9%** | **1,194** |

### OP New

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 300 - General Medicine | 96 | 256 | -62% | -160 |
| 130 - Ophthalmology | 1,644 | 1,803 | -9% | -159 |
| 104 - Colorectal Surgery | 546 | 667 | -18% | -121 |
| 400 - Neurology | 310 | 425 | -27% | -115 |
| 301 - Gastroenterology | 677 | 583 | 16% | 94 |
| 290 - Community Paediatrics | 224 | 110 | 104% | 114 |
| 320 - Cardiology | 443 | 325 | 36% | 118 |
| 103 - Breast Surgery | 706 | 578 | 22% | 128 |
| 800 - Clinical Oncology | 333 | 190 | 76% | 143 |
| 650 - Physiotherapy | 1,604 | 1,039 | 54% | 565 |
| **Total** | **16,182** | **15,002** | **8%** | **1,180** |

### OP Follow Up

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 143 - Orthodontics | 617 | 408 | 51% | 209 |
| 502 - Gynaecology | 1,330 | 1,110 | 20% | 220 |
| 655 - Orthoptics | 864 | 591 | 46% | 273 |
| 110 - Trauma & Orthopaedics | 3,300 | 2,990 | 10% | 310 |
| 101 - Urology | 1,776 | 1,411 | 26% | 365 |
| 330 - Dermatology | 1,681 | 1,277 | 32% | 404 |
| 130 - Ophthalmology | 4,015 | 3,530 | 14% | 485 |
| 290 - Community Paediatrics | 1,849 | 845 | 119% | 1,004 |
| 650 - Physiotherapy | 4,571 | 3,492 | 31% | 1,079 |
| 800 - Clinical Oncology | 3,598 | 2,468 | 46% | 1,130 |
| **Total** | **36,961** | **30,145** | **23%** | **6,816** |

**Elective Daycase**

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 110 - Trauma & Orthopaedics | 357 | 503 | -29% | -146 |
| 502 - Gynaecology | 174 | 275 | -37% | -101 |
| 130 - Ophthalmology | 338 | 432 | -22% | -94 |
| 320 - Cardiology | 244 | 203 | 20% | 41 |
| 340 - Respiratory Medicine | 127 | 59 | 115% | 68 |
| 101 - Urology | 693 | 624 | 11% | 69 |
| 301 - Gastroenterology | 143 | 57 | 151% | 86 |
| 303 - Clinical Haematology | 304 | 216 | 41% | 88 |
| 300 - General Medicine | 1,654 | 1,514 | 9% | 140 |
| 800 - Clinical Oncology | 528 | 307 | 72% | 221 |
| **Total** | **6,257** | **5,898** | **6%** | **359** |

**Elective Inpatient**

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 110 - Trauma & Orthopaedics | 224 | 289 | -23% | -65 |
| 502 - Gynaecology | 100 | 161 | -38% | -61 |
| 101 - Urology | 229 | 284 | -19% | -55 |
| 320 - Cardiology | 14 | 46 | -70% | -32 |
| 120 - Ear, Nose & Throat | 47 | 58 | -19% | -11 |
| 104 - Colorectal Surgery | 30 | 36 | -16% | -6 |
| 340 - Respiratory Medicine | 10 | 5 | 100% | 5 |
| 140 - Maxillo Facial | 32 | 23 | 39% | 9 |
| 503 - Gynaecology Oncology | 24 | 5 | 401% | 19 |
| 300 - General Medicine | 203 | 72 | 182% | 131 |
| **Total** | **1,159** | **1,213** | **-4%** | **-54** |

**Non-Elective Inpatient**

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 300 - General Medicine | 1,947 | 2,124 | -8% | -177 |
| 430 - HCOOP | 842 | 942 | -11% | -100 |
| 180 - Accident & Emergency | 279 | 359 | -22% | -80 |
| 420 - Paediatrics | 737 | 788 | -7% | -51 |
| 560 - Midwifery | 182 | 231 | -21% | -49 |
| 101 - Urology | 359 | 324 | 11% | 35 |
| 320 - Cardiology | 196 | 160 | 22% | 36 |
| 301 - Gastroenterology | 51 | 13 | 280% | 38 |
| 100 - General Surgery | 536 | 478 | 12% | 58 |
| 340 - Respiratory Medicine | 94 | 31 | 199% | 63 |
| **Total** | **6,575** | **6,714** | **-2%** | **-139** |

**Other**

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| Diagnostic | 480675 | 397286 | 21% | 83,389 |
| Other | 5010 | 4548 | 10% | 462 |
| Pre-Op | 3221 | 2887 | 12% | 334 |
| Maternity Pathway | 998 | 1160 | -14% | -162 |
| A&E | 17440 | 17334 | 1% | 106 |
| Chemotherapy | 1142 | 1109 | 3% | 33 |
| Critical Care | 1673 | 1642 | 2% | 31 |
| Dialysis | 6694 | 6720 | 0% | -26 |

# Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

## 4 Hour Emergency Access Standard

### Key Performance Indicators

**76.93%**

| | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 Hour Compliance* | 76.78% | 78.15% | 71.18% | 70.10% | 70.51% | 70.66% | 76.21% | 69.13% | 69.33% | 73.75% | 75.08% | 76.93% |
| 12 Hour Trolley Waits | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 2 | 2 | 0 | 2 | 1 |
| Left without being seen | 3.69% | 3.75% | 5.30% | 4.69% | 4.38% | 3.56% | 2.73% | 3.45% | 2.75% | 2.29% | 2.70% | 2.71% |
| Unplanned Reattenders | 9.04% | 9.45% | 9.78% | 9.22% | 8.75% | 8.69% | 8.33% | 9.05% | 8.97% | 8.91% | 9.09% | 9.61% |
| Time to initial assessment (15 mins) | 93.8% | 93.9% | 92.4% | 92.3% | 93.4% | 90.6% | 91.1% | 88.6% | 93.6% | 96.0% | 94.4% | 94.6% |
| % Time to Treatment (60 Mins) | 51.1% | 51.6% | 46.7% | 46.1% | 45.9% | 47.8% | 54.6% | 53.3% | 55.5% | 47.8% | 42.5% | 46.2% |

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

**-1.67 %**

| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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% | | | | | | | | | | | |

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

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

**Summary Performance**

April performance for the 4 hour target was 76.9%, against the NHS Improvement trajectory of 78.6%.This represents an increase in performance compared to the previous month. There was a single 12 Hour Trolley Waits in April, which is an increase as there were none from in February. The number of patients who left the department without being seen remained compliant, at 2.7% from last month. Unplanned reattendances increased for the second month running in April to 9.6%, remaining above the target of 5%.

The priority and focus for April has been to maintain safe patient care; improving performance and patient flow across the whole emergency patient pathway. It continued to be a priority to work with SECAMB colleagues in order to minimise the number of handover delays. This has proven to be challenging when high numbers of ambulance arrive within an hour, including GP expected medical patients arriving in the early evening.

April saw a 1% increase in activity above plan with patient acuity continuing to be high. Patient flow continues to be a challenge and therefore in order to ensure patient safety and care the increased staffing levels have been maintained through support of agency nursing whilst a robust recruitment plan is being progressed.

The increased number of emergency medical admission have required bed escalation areas to be opened throughout the month, these areas have included medical outliers.

The WHH ED's Rapid Assessment and Treatment (RAT) area continues to improve the number of patients who are seen by a senior clinical team on arrival in the department. QEQMH is not currently able to provide a dedicated RAT area; however, plans are being developed to explore opportunities to extend the ED at QEQMH to provide a dedicated RAT area and also an enhanced ED observation ward. The GP services at QEQMH and WHH have not significantly increased the number of patients being streamed to the service, particularly at WHH and therefore a review of the service has been agreed with the CCG's.

Medical staffing vacancies at Speciality Doctor (middle grade level) continue to improve as new substantive doctors are coming into post. Nursing resignations have continued to stabilise and slow down during April with a robust workforce plan being developed, which includes overseas recruitment in Portugal and Australia.

The Urgent Care Recovery Plan and programme management has been reviewed, with weekly Executive led meetings reviewing performance and actions. The Plan is a Trust and whole health economy priority with the focus on patient safety and patient flow across the whole pathway.

# Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

## Cancer Compliance

### Key Performance Indicators

65.45 %

| | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 day Treatments | 70.19% | 75.18% | 73.80% | 74.29% | 74.55% | 74.37% | 71.97% | 74.17% | 74.87% | 73.40% | 71.88% | 65.45% | >=85% |
| >104 day breaches | 32 | 46 | 42 | 30 | 25 | 28 | 27 | 26 | 30 | 29 | 33 | 31 | 0 |
| Demand: 2ww Refs | 3,296 | 3,630 | 3,329 | 3,475 | 3,174 | 3,399 | 3,341 | 2,716 | 3,398 | 3,155 | 3,690 | 3,481 | 2990 - 3305 |
| 2ww Compliance | 95.67% | 96.78% | 94.86% | 95.65% | 95.26% | 94.63% | 96.43% | 96.28% | 95.76% | 97.10% | 91.42% | 88.99% | >=93% |
| Symptomatic Breast | 90.71% | 89.87% | 83.97% | 91.72% | 95.50% | 94.29% | 94.44% | 92.37% | 89.84% | 98.50% | 90.28% | 75.16% | >=93% |
| 31 Day First Treatment | 94.81% | 95.99% | 93.92% | 96.99% | 93.23% | 98.97% | 97.00% | 95.67% | 94.06% | 97.74% | 96.08% | 94.57% | >=96% |
| 31 Day Subsequent Surgery | 92.00% | 85.96% | 87.04% | 89.58% | 85.42% | 95.12% | 85.71% | 84.85% | 87.23% | 91.43% | 89.47% | 87.88% | >=94% |
| 31 Day Subsequent Drug | 95.24% | 97.53% | 98.41% | 95.52% | 96.77% | 100.00% | 100.00% | 94.59% | 98.85% | 98.33% | 98.21% | 97.56% | >=98% |
| 62 Day Screening | 95.00% | 95.83% | 92.73% | 92.00% | 93.55% | 92.86% | 89.29% | 93.33% | 90.91% | 79.31% | 100.00% | 94.12% | >=90% |
| 62 Day Upgrades | 80.56% | 76.19% | 86.84% | 87.50% | 85.71% | 82.98% | 84.00% | 92.11% | 85.00% | 77.27% | 100.00% | 97.06% | >=85% |

### 2017/2018 Trajectory

-12.66 %

| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| STF Trajectory | 78.11% | 77.42% | 77.78% | 80.77% | 83.85% | 87.08% | 86.60% | 86.67% | 86.32% | 87.68% | 85.80% | 86.67% | Sep |
| Performance | 65.45% | | | | | | | | | | | | Sep |

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

**Summary Performance**

April performance is currently 65.45% against the improvement trajectory of 78.11%, validation continues until the beginning of June in line with the national time table. The total number of patients on an active cancer pathway is 3,202. There are currently 31 patients waiting 104 days or more for treatment.

Our overall PTL size has increased by 400 since the beginning of March. This is largely due to an increase in two week wait referrals, which over March and April were 18% (+1,047) higher than the previous year. The main specialties affected by this rise are Urology (+64%, +364), Breast (+22%, +240), and Dermatology (+22%, +214).

**62 Day Performance Breakdown by Tumour Site**

| | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 - Breast | 91.9% | 94.4% | 95.0% | 92.1% | 81.8% | 100.0% | 96.6% | 96.2% | 88.9% | 83.3% | 100.0% | 96.0% |
| 03 - Lung | 52.0% | 53.8% | 66.7% | 79.3% | 100.0% | 46.4% | 70.0% | 84.6% | 90.3% | 94.7% | 81.0% | 56.8% |
| 04 - Haematological | 43.5% | 64.3% | 100.0% | 43.5% | 57.1% | 53.3% | 40.0% | 58.3% | 75.0% | 37.5% | 33.3% | 53.3% |
| 06 - Upper GI | 87.1% | 80.6% | 80.0% | 73.1% | 82.6% | 71.1% | 81.0% | 78.3% | 70.0% | 69.2% | 73.3% | 69.2% |
| 07 - Lower GI | 32.3% | 34.1% | 43.2% | 75.0% | 78.8% | 70.8% | 53.7% | 61.3% | 65.9% | 43.8% | 63.2% | 62.9% |
| 08 - Skin | 97.5% | 97.6% | 100.0% | 100.0% | 84.1% | 92.3% | 95.0% | 92.5% | 92.7% | 100.0% | 88.9% | 87.0% |
| 09 - Gynaecological | 80.0% | 88.9% | 60.0% | 61.9% | 75.0% | 73.3% | 52.4% | 57.1% | 80.0% | 63.6% | 75.0% | 25.0% |
| 10 - Brain & Nervous System | | | | 0.0% | | | | | | | | 100.0% |
| 11 - Urological | 61.4% | 68.4% | 62.4% | 55.3% | 58.5% | 63.8% | 55.7% | 63.7% | 52.0% | 64.8% | 63.2% | 58.0% |
| 13 - Head & Neck | 22.2% | 53.8% | 48.1% | 66.7% | 90.5% | 73.3% | 87.5% | 28.6% | 66.7% | 87.5% | 78.6% | 16.7% |
| 14 - Sarcoma | | 66.7% | 0.0% | | | | 0.0% | 0.0% | 100.0% | | 0.0% | 100.0% |
| 15 - Other | | 66.7% | 100.0% | 100.0% | 100.0% | | 42.9% | 0.0% | 0.0% | 0.0% | | 0.0% |

- A significant number of breaches were seen in Lung, Gynaecology, Lower GI and Urology last month.
- 3 of the 9 lung breaches were due to complex diagnostic pathways or referrals from other tumour sites.
- 4 of the Gynaecology breaches were due to delays with surgical dates, this was due to annual leave and a loss of capacity over Easter, and it is thought this will improve from May.
- Of the 21 urological breaches, 6 were due to patient choice. Therefore, if these were not included, compliance would have been 70%.
- 2.5 of the 6 lower GI breaches were due to complex diagnostic pathways, the others were breaches caused by delays for patients to get diagnostic tests or treatments.

**Risks to delivery of the standard:**

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

**Actions taken to mitigate risk and improve performance:**

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

| | July Average | August Average | September Average | October Average | November Average | December Average | January Average | February Average | March Average | April Average |
|---|---|---|---|---|---|---|---|---|---|---|
| Over 62 days | 180 | 155 | 158 | 140 | 135 | 126 | 164 | 155 | 146 | 170 |
| Over 104 days | 43 | 38 | 29 | 22 | 26 | 24 | 28 | 27 | 30 | 34 |

- A webpage style PTL has been implemented with all tumour sites. This refreshes data every 30 minutes from Infoflex providing a real time position and validation for each tumour site. This has seen significant improvements within tumour sites in terms of actions being completed and patients being pushed through their pathways.
- Urology have additional staffing from February (one consultant and two clinical nurse specialists) this increase in workforce should start to allow us to implement pathway changes which will significantly impact on performance.
- A realistic trajectory for all tumour groups has been designed and the concept approved at the Cancer Board meeting March 2018 and these have been amended following review from MDT lead clinicians.

- All tumour groups and associated services such as radiology and pathology to review their demand and capacity plans for cancer diagnostics and treatments and to ensure that all clinicians job plans reflect the demand for cancer treatments and diagnostics.
- Cancer MDT Operational Team meetings to have the same agenda that covers management of breaches, cancer actions, demand and capacity updates and any associates risks with mitigations
- It is expected that all breach reports are reviewed monthly by clinical leads and are assessed for harm. These are returned to the Cancer Compliance Team. This is governed via the weekly performance meetings.
- We have implemented a weekly PTL with Kings College Hospital to discuss patients that are transferred between East Kent and there and we are in the process of setting up something similar for Guys and St Thomas.
- We are in the process of reviewing and re-vamping our trust wide cancer action plan to ensure that the actions on these are specific and measurable.
- Following an NHSI visit in April for lung we are working with the team to follow through on actions and are in the process of setting up a half day workshop with the team.

# Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

## 18 Week Referral to Treatment Standard

### Key Performance Indicators

76.66 %

| | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Performance | 85.82% | 85.07% | 83.61% | 82.58% | 81.56% | 81.18% | 80.87% | 78.67% | 77.62% | 77.03% | 76.08% | 76.66% | >=92% |
| 52w+ | 36 | 30 | 30 | 31 | 51 | 64 | 67 | 80 | 108 | 141 | 201 | 222 | 0 |
| Waiting list Size | 49,241 | 50,377 | 53,801 | 54,519 | 54,749 | 54,783 | 54,777 | 54,383 | 52,942 | 54,306 | 54,519 | 54,979 | <38,938 |
| Backlog Size | 6,980 | 7,519 | 8,816 | 9,497 | 10,096 | 10,312 | 10,481 | 11,599 | 11,847 | 12,474 | 13,039 | 12,830 | <2,178 |
| Demand: PC Referrals | 16,468 | 16,949 | 15,785 | 15,552 | 15,232 | 16,669 | 16,129 | 12,585 | 15,566 | 14,582 | 15,594 | 14,971 | <15,484 |
| Demand: Additions to IP WL | 3,062 | 3,384 | 3,123 | 3,040 | 3,109 | 3,379 | 3,680 | 2,766 | 3,351 | 2,955 | 3,309 | 2,979 | <3,076 |

### 2018/2019 Trajectory

-0.37 %

| | 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% | 83.46% | 84.20% | 84.44% | 83.91% | 84.45% | 84.75% | 85.71% | 84.95% | 85.18% | 86.00% | 86.93% | 87% |
| Performance | 76.66% | | | | | | | | | | | | Sept |

-28

| | 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 | | | | | | | | | | | | Sept |

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

**Summary Performance**

March performance has improved to 76.66%.

The number of patients waiting over 52 weeks for first treatment has increased to 222. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties**; Gynaecology (98), General Surgery (91), Trauma & Orthopaedics (15), ENT (5), Ophthalmology (4), Dermatology (3), Neurology (3), Maxillo Facial (1), Urology (1) and Other Specs**

Elective capacity recommenced to full planned levels in the first week of April, including the return of Orthopaedic elective wards from medical emergencies.

**Risks to delivery of the standard:**

- Recruitment constraints in key areas such as Maxillo Facial, Urology, ENT, Dermatology, Pain and Neurology following advertisement
- General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits.
- Gynaecology are experiencing unforeseen reduced capacity due to medical workforce
- Advanced booking of patients within all elements of the patients pathway

**Actions taken to mitigate risk and improve performance:**

- Prioritising those patients with the longest waiting times into the above areas where surgical appropriate
- Recruiting to additional short term booking staff to ensure full booking ahead of recruitment to vacancies
- All speciality RTT improvement plans refreshed and focused towards the RTT 18/19 plan monitored weekly
- A continued refreshed focus on all patients currently at 35 weeks and above to reduce the patients waiting at 52 weeks, this includes a patient by patient personal treatment plan, monitored weekly
- Introduction of site theatre efficiency programme to improve forward booking and utilisation of lists and create a team approach to problem solving problem
- Utilising additional sources or fixed term appointments to address the long waiting times in key specialities, such as General Surgery
- Focused clinical leadership in key specialities with long waiting times to support action plans
- Working with CCG to implement a referral management service in General Surgery to support patients with a high BMI
- Engagement of tier 3 service for weight management for high BMI patients currently on the waiting list

# Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

## 6 Week Referral to Diagnostic Standard

### Key Performance Indicators

**99.4%**

| | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Performance | 99.36% | 99.46% | 99.20% | 99.14% | 99.47% | 99.59% | 99.85% | 99.64% | 99.45% | 99.56% | 99.65% | 99.38% | >=99% |
| Waiting list Size | 14,480 | 14,709 | 14,822 | 14,011 | 14,827 | 15,419 | 14,321 | 14,345 | 13,637 | 14,125 | 14,174 | 14,597 | <14,000 |
| Waiting > 6 Week Breaches | 92 | 80 | 119 | 120 | 79 | 63 | 22 | 52 | 75 | 62 | 49 | 91 | <60 |
| Average Wait | | | | | | | | | | | | | <4 |

### 2017/18 Trajectory

**0.28%**

| | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| STF Trajectory | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.10% | 99.11% | Apr |
| Performance | 99.36% | 99.46% | 99.20% | 99.14% | 99.47% | 99.59% | 99.85% | 99.64% | 99.45% | 99.56% | 99.65% | 99.38% | Apr |

### Summary Performance

The standard has been met for March 2018 with a compliance of 99.38%. As at the end of the month there were 91 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

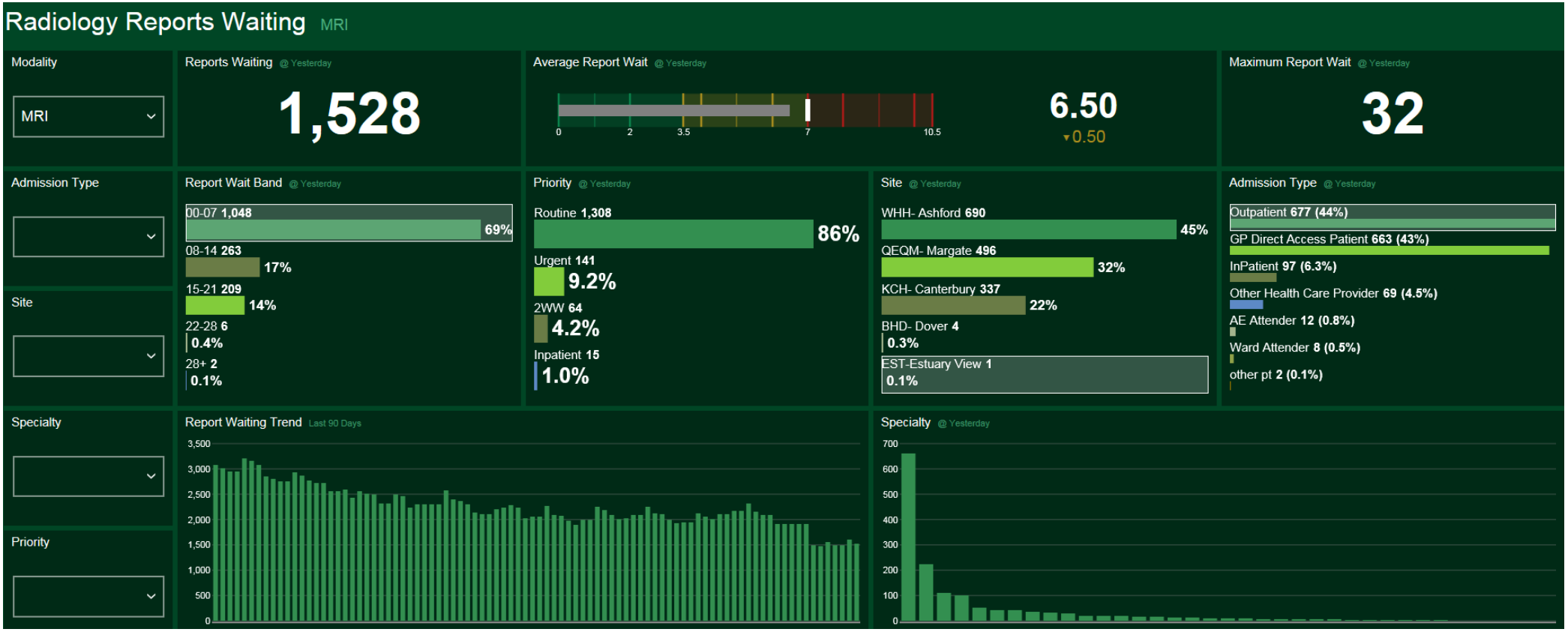
- Radiology: 70; 49 in Computed Tomography, 17 in Non-Obstetric ultrasound, 4 in MRI
- Cardiology: 8

- Urodynamics: 4
- Cystoscopy : 9

**Risks to delivery of the standard:**

- Of the 67 breaches in total (36 Radiology, 17 in Echocardiography, 10 Urodynamics in Gynaecology, 4 Gastoscopy). The number of patients waiting has decreased by 486 (ultrasound +500 compared to January). Focussed daily oversight is required in order to maximise each patient and equipment on all sites to continue to deliver the standard.
- The backlogging of examinations on to the RIS and completing the unspecified images on PACS in radiology due to the November GE / IT/ server issues, which caused a major outage for 7 days was completed by January. The knock on reporting backlog has improved for CT & MRI since the February report.
- Current wait time for Cancer referrals is 4-5 days for CT and 6 days for MRI.
- CT backlog reports are 1,140 (previous report 1,311) and MRI is 2,073 (previous 2,221) both backlogs have shown improvement in month as a result of the third party, substantive and locum reporting activity as of 01/03/18. Reporting in a timely way for each patient within all modalities remains a concern for the Division; some patients are still waiting a long time for a report and a clinical outcome.
- Some improvements in sickness positively impacted this month going forward, however the Nuclear Medicine services remains a risk due to on-going sickness and maintaining high professional standards (MHPS) investigations.
- Increasing third party provider support for MRI backlog in particular.
- Workforce resilience: It is additionally acknowledged the reliability and clinical skill mix of locums restricts service improvement and backlog reductions.

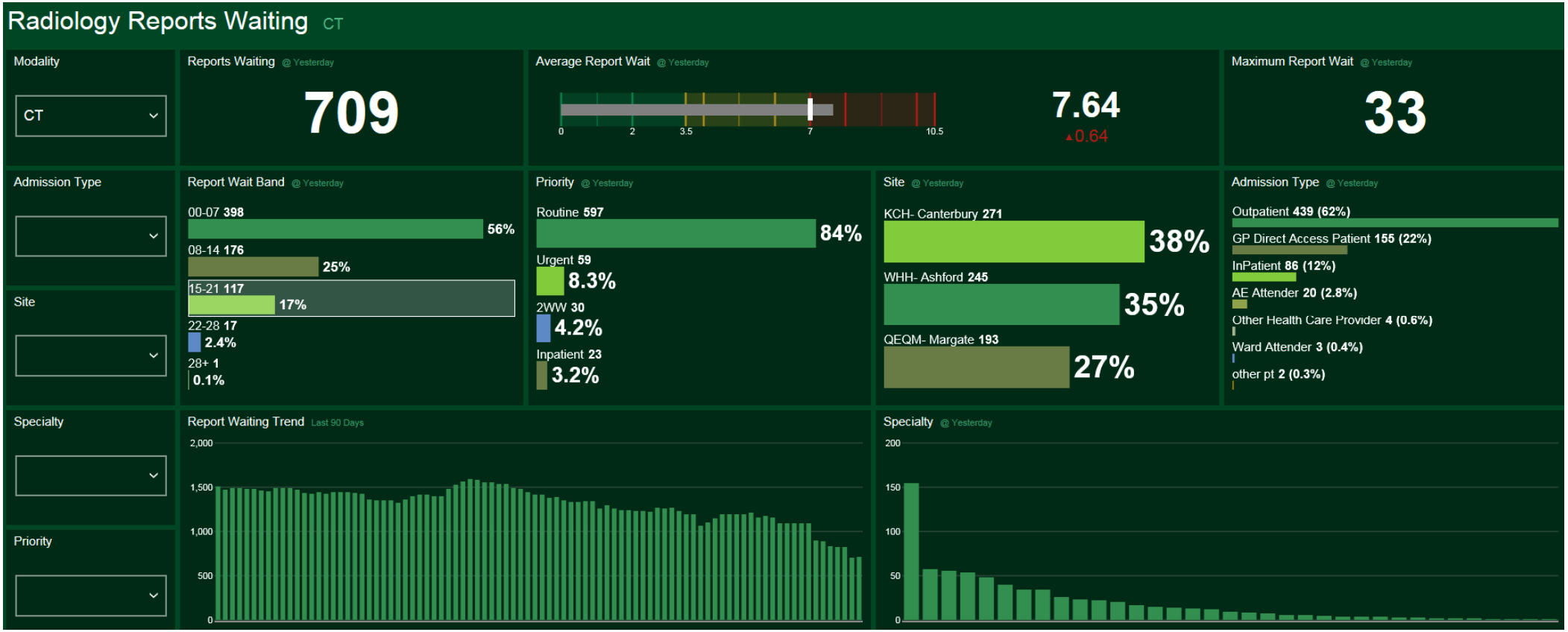
**Reporting backlogs:**




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

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

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




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

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

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

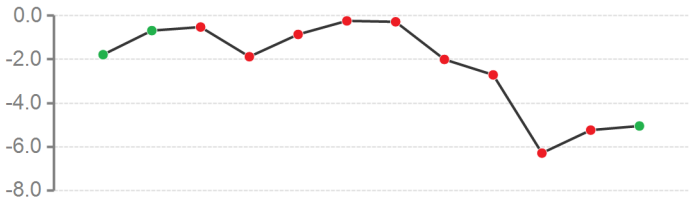
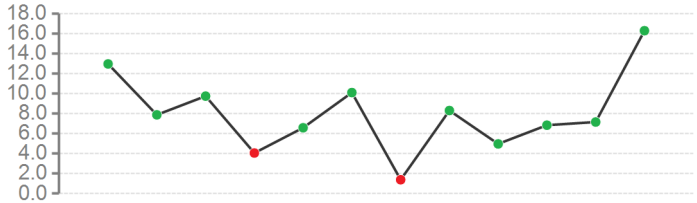
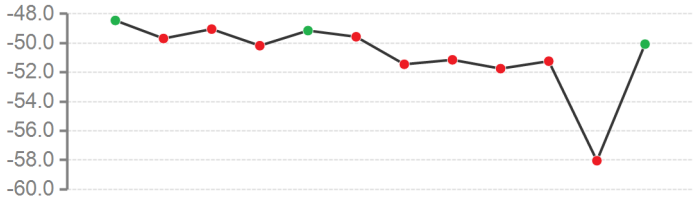
**Actions taken to mitigate risk and sustain performance**:

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

East Kent Hospitals University NHS
NHS Foundation Trust

# Strategic Theme: Finance

## Finance

| | | | | |
|---|---|---|---|---|
| Apr | I&E £m | -58.9 (-3.6%) |  | The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS |
| Apr | Cash Balance £m | 16.3 (127.6%) |  | 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. |
| Apr | Total Cost £m | -50.1 (-13.7%) |  | 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. |
| Apr | Forecast I&E £m | -29.8 (-0.4%) | | This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported. |

East Kent Hospitals University NHS
NHS Foundation Trust

# Strategic Theme: Finance

Apr

Normalised Forecast £m

-29.8
(-0.4%)

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

Comments:

The Trust has generated a consolidated deficit year to date of £5m which is £0.3m better plan. The variance is driven by the net effect of:-
- low pass through income and costs
- slow starts to some income and expenditure CIPs
- under performance of complex elective activity driving low income, clinical supplies costs and drugs.
- high agency spend driven by U&LTC

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's I&E deficit in April (month 1) was £4.9m (consolidated position including Spencer Wing and after technical adjustments) against a planned deficit of £5.3m.

Trust unconsolidated pay costs in the month of £30.4m were £0.5m less than March largely due to a reduction in the use of bank staff but were £0.5m worse than plan. Permanent staff costs (including Overtime) were £0.1m higher than March. Bank usage decreased by £0.4m and agency/locum staff decreased £0.2m as the level of A&E pressure began to ease a little post winter. All temporary staff (agency, bank, locum, overtime) reduced by £0.5m to £4.8m in month. Waiting list payments are £0.3m in month and are slightly above plan. The main driver for the pay overspend against plan in month is driven in U&LTC where emergency flow is still requiring more agency nursing support than anticipated.

Clinical income was behind plan £0.6m in month. This is driven by low rechargeable costs and related income and lower than planned income CIP's. Elective income was behind plan, despite activity being over plan, as the activity was driven mainly by high levels of regular day attenders which produce a much lower tariff than average elective episodes. Other income is £0.1m worse than plan in month driven by lower than expected PAS IT spend and matching income.

Against the full year £30m CIPS target, including income, £1.2m is reported for Month 1 against a target of £1.5m, £0.3m behind plan. Of the reported position 50% is non recurrent.

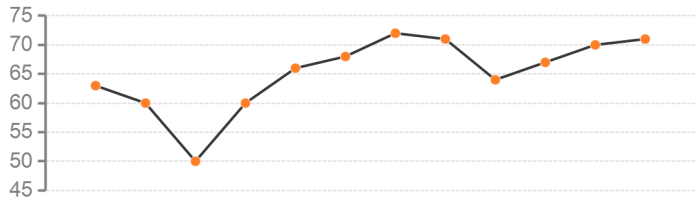
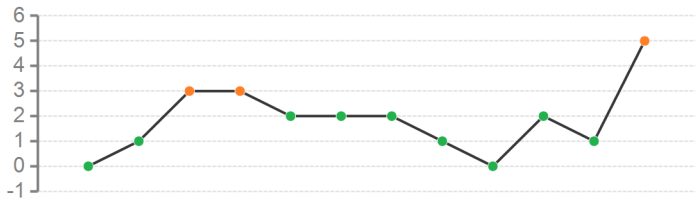
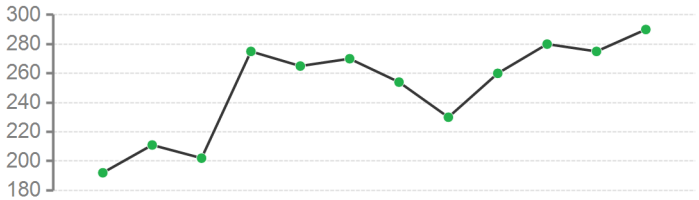
The cash balance as at the end of March was £16.3m, £0.7m above plan. The Trusts total cash borrowing is now £48.5m and is expected to reach £73.7m by the end of the financial year.

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

East Kent Hospitals University NHS
NHS Foundation Trust

# Strategic Theme: Health & Safety

## Health & Safety 1

| | | | | |
|---|---|---|---|---|
| Apr | Representation at H&S | 782 (12.2%) |  | % of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |
| Apr | RIDDOR Reports (Number) | 22 (57.1%) |  | RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |
| Apr | Formal Notices | 2 (100.0%) |  | Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph). |
| Apr | Health & Safety Training | 3004 (44.5%) |  | H&S Training includes all H&S and risk avoidance training including manual handling |

Comments:

Representation at H&S meetings increased positively in April following the increased awareness by Divisions and a review undertaken by the new Head of H&S.

There were five RIDDORs to report this month. One of which relates to an incident from 2017 which was not reported at the time. The remaining 4 incidents occurred in March and April and relate to human error. Staff were supported at the time and have since been assessed and returned to work following a period of rest.

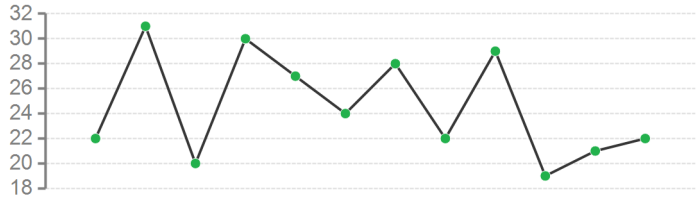
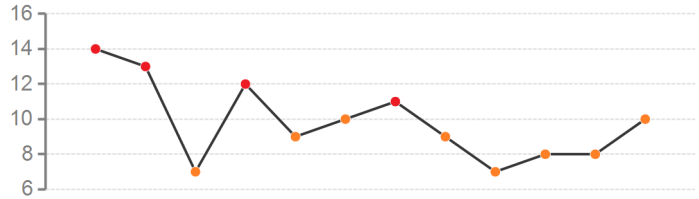
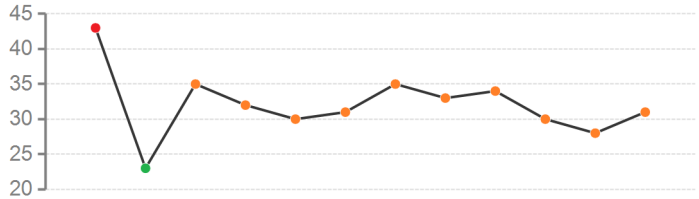
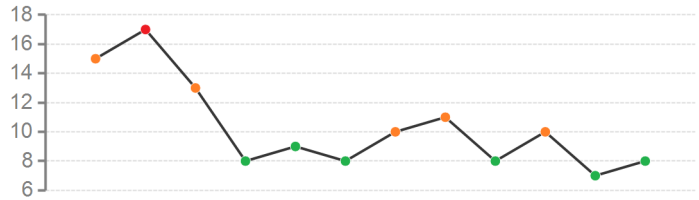
There where no formal notices this month which reflects a period of 6 months without any formal notices or Improvement Orders.

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

East Kent Hospitals University NHS
NHS Foundation Trust

# Strategic Theme: Health & Safety

## Health & Safety 2

| | | | | |
|---|---|---|---|---|
| Apr | Accidents | 295 (-7.8%) |  | Accidents excluding sharps (needles etc) but including manual handling.<br>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. |
| Apr | Fire Incidents | 118 (-10.6%) |  | Fire alarm activations (including false alarms).<br>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. |
| Apr | Violence & Aggression | 385 (-4.2%) |  | Violence, aggression and verbal abuse.<br>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. |
| Apr | Sharps | 124 (-31.5%) |  | Incidents with sharps (e.g. needle stick).<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |

Comments:

The number of Accidents rose slightly in month but remain green in month and green year to date.

Fire incidents remain in line with previous months with a slight increase - this measure remains relatively low for the size and age of the estate and continues to be improved in the long term through investment in fire management.

Violence and Aggression also remains consistent and remains in an amber rating and year to date green.

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

East Kent Hospitals University NHS
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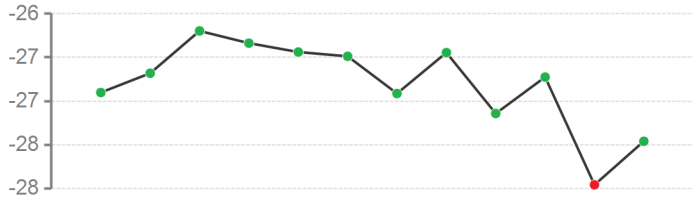
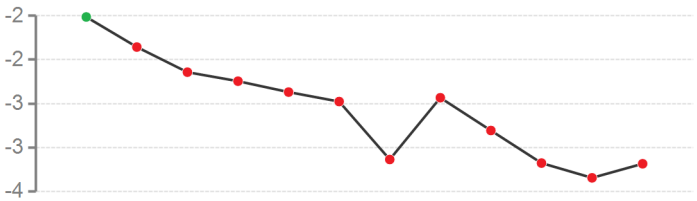
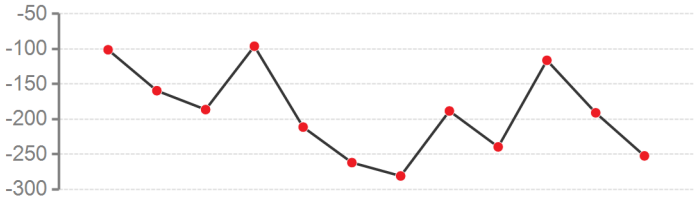
# Strategic Theme: Use of Resources

## Pay Independent

| | | | | |
|---|---|---|---|---|
| Apr | Payroll Pay £m | -27.5 (-1.8%) |   | Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported. |
| Apr | Agency Spend £m | -3.2 (-4.8%) |   | Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported. |
| Apr | Additional sessions £k | -252 (32.1%) |   | 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. |

East Kent Hospitals University NHS
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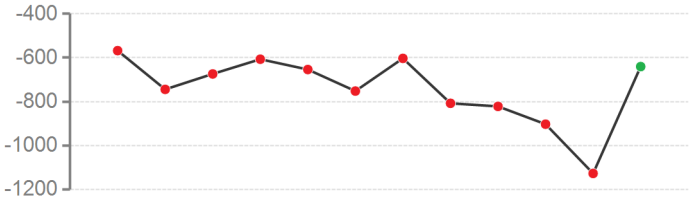
# Strategic Theme: Use of Resources

Apr

Independent Sector
£k

-640
(-43.2%)




Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure togeth

Comments:

Pay performance is adverse to plan in April by £0.5m (1.6%). Pay CIPs are adverse to plan by £0.1m.

Expenditure on qualified nursing staff is adverse to plan by £0.5m in April. Agency nurses account for all of this overspend with Emergency Departments showing an overspend on agency nurses of £0.4m in month.

Overspends on HCAs account for the majority of the overspend on other staffing groups and are £0.2m adverse to plan in April. The UC&LTC Division is showing most pressure in this area and is £0.3m overspent on HCAs (substantive, bank and agency).

Medical staff are adverse to plan by less than £0.1m in April although spend on agency staff is adverse to plan by £0.7m, again mainly in UC&LTC. This is offset by underspends on all other medical staffing headings (bank, direct engagement, locum sessions and substantive staff) except waiting list payments which are marginally adverse to plan.

These overspends are offset by underspends on scientific, therapeutic and technical staff and A&C staff totalling £0.3m

Total expenditure on pay in April was £30.1m, £0.5m lower than March, mainly in bank and Direct Engagement costs.

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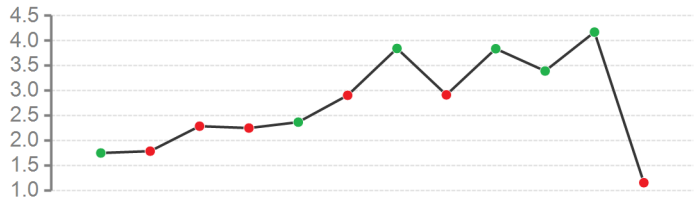
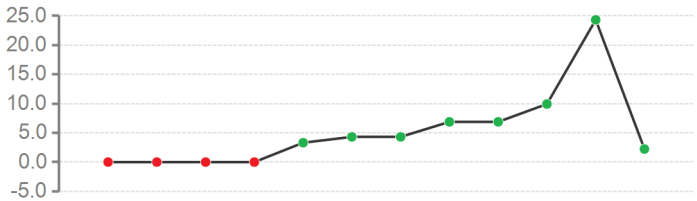
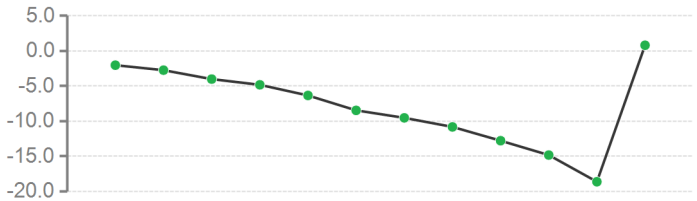
# Strategic Theme: Use of Resources

## Balance Sheet

| | | | | |
|---|---|---|---|---|
| Apr | CIPS £m | 52.6 (-72.3%) |  | 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. |
| Apr | Cash borrowings £m | 14.4 (-54.6%) |  | Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow. |
| Apr | Capital position £m | -157.0 (-104.4%) |  | Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m. |

Comments: The cash balance as at the end of March was £16.3m, £0.7m above plan. The Trusts total cash borrowing is now £48.5m and is expected to reach £73.7m by the end of the financial year.

Trade and other receivables have decreased from the 2018/19 opening position by £6.7m to £31.7m. Seven debtors owed over £1m at 30th April : South Kent Coast CCG £3.1m, Canterbury & Coastal CCG £2.8m, Ashford CCG £2.5m, NHS England £1.7m, Thanet CCG £1.6m,East Kent Medical Services £1.2m, Maidstone and Tunbridge Wells NHS Trust £1.0m.

The EK CCG outstanding debt is primarily in respect of overperformance against contract for 2017/18

Invoiced creditors have decreased by £3.1m from the opening position to £36.8m. 59% relates to current invoices with 8% or £3m over 90 days.

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# Strategic Theme: Improvement Journey

| | | Dec | Jan | Feb | Mar | Apr | |
|---|---|---|---|---|---|---|---|
| MD01 - End Of Life | Lost Days (Fast Track) | 14 | 13 | 15 | 12 | 3 | |
| MD02 - Emergency Pathway | ED 4hr Performance (incl KCHFT MIUs) % | 73.60 | 74.09 | 77.76 | 78.78 | 81.73 | >= 95 |
| | ED - 1hr Clinician Seen (%) | 23 | 45 | 48 | 42 | 46 | >= 55 |
| MD04 - Flow | IP - Discharges Before Midday (%) | 14 | 15 | 15 | 15 | 15 | >= 35 |
| | Medical Outliers | 87 | 105 | 79 | 70 | 57 | |
| | Lost Days (Non-EKHUFT) | 61 | 64 | 58 | 64 | 20 | |
| | DToCs (Average per Day) | 49 | 56 | 52 | 63 | 63 | < 35 |
| MD05 - 62 Day Cancer | Cancer: 62d (GP Ref) % | 74.17 | 74.87 | 73.40 | 71.88 | 65.45 | >= 85 |
| MD07 - Maternity | Midwife:Birth Ratio (%) | 28 | 27 | 24 | 25 | 26 | < 28 |
| | Staff Turnover (Midwifery) | 13 | 13 | 13 | 13 | 13 | <= 10 |
| | Vacancy (Midwifery) % | 7 | 7 | 8 | 7 | 8 | <= 7 |
| MD08 - Recruitment & Staffing | Staff Turnover (%) | 13.5 | 13.5 | 13.6 | 13.0 | 13.4 | <= 10 |
| | Vacancy (%) | 12.2 | 11.6 | 11.4 | 4.9 | 10.9 | <= 7 |
| | Staff Turnover (Nursing) | 14 | 14 | 14 | 13 | 13 | <= 10 |
| | Vacancy (Nursing) % | 10 | 10 | 11 | 10 | 12 | <= 7 |
| | Vacancy (Medical) % | 17 | 17 | 13 | 4 | 14 | <= 7 |
| MD09 - Workforce Compliance | Appraisal Rate (%) | 82.2 | 81.7 | 81.4 | 74.8 | 80.1 | >= 85 |
| | Statutory Training (%) | 88 | 89 | 89 | 90 | 91 | >= 85 |
| KF01 - Complaints | Complaint Response in Timescales % | 79.2 | 84.8 | 87.2 | 88.9 | 94.4 | >= 85 |
| | Complaint Response within 30 days % | 15.1 | 13.6 | 25.5 | 35.2 | 40.3 | >= 85 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| KF02 - Workforce & Culture | Staff FFT - Work (%) | 49 | 48 | 48 | 48 | | >= 60 |
| | Staff FFT - Treatment (%) | 70 | 70 | 70 | 70 | | >= 81.4 |
| KF09 - Medicines Management | Pharm: Fridges Locked (%) | 94 | | | | 82 | >=95 |
| | Pharm: Fridge Temps (%) | 86 | | | | 100 | >= 100 |
| | Pharm: Drug Trolleys Locked (%) | 100 | | | | 100 | >= 90 |
| | Pharm: Resus. Trolley Check (%) | 83 | | | | 73 | >= 90 |
| | Pharm: Drug Cupboards Locked (%) | 83 | | | | 82 | >= 90 |

East Kent Hospitals University NHS
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# Glossary

| Domain | Metric Name | Metric Description | Green | Weight |
|---|---|---|---|---|
| A&E | ED - 1hr Clinician Seen (%) | % of A&E attendances seen within 1 hour by a clinician | >= 55 | |
| | ED 4hr Performance (EKHUFT Sites) % | % of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD) | >= 95 | 1 % |
| | ED 4hr Performance (incl KCHFT MIUs) % | % of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for all sites including KCFT MIU Sites | >= 95 | 100 % |
| Beds | Bed Occupancy (%) | This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and P | <= 92 | 60 % |
| | DToCs (Average per Day) | The average number of delayed transfers of care | < 35 | 30 % |
| | IP - Discharges Before Midday (%) | % of Inpatients discharged before midday | >= 35 | 10 % |
| | Lost Days (Fast Track) | Beddays lost due to delayed discharge (Fast Track) | | |
| | Lost Days (Non-EKHUFT) | Beddays lost due to delayed discharge (Non-EKHUFT) | | |
| | Medical Outliers | Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons) | | |
| Cancer | Cancer: 2ww (All) % | Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6) | >= 93 | 10 % |
| | Cancer: 2ww (Breast) % | Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7). | >= 93 | 5 % |
| | Cancer: 31d (2nd Treat - Surg) % | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9). | >= 94 | 5 % |
| | Cancer: 31d (Diag - Treat) % | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8) | >= 96 | 15 % |
| | Cancer: 31d (Drug) % | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10). | >= 98 | 5 % |
| | Cancer: 62d (Con Upgrade) % | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status. | >= 85 | 5 % |
| | Cancer: 62d (GP Ref) % | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer. | >= 85 | 50 % |
| | Cancer: 62d (Screening Ref) % | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service. | >= 90 | 5 % |

| | | | | |
|---|---|---|---|---|
| Clinical Outcomes | Audit of WHO Checklist % | An observational audit takes place to audit the World Health Organisation (WHO) checklist | >= 99 | 10 % |
| | FNoF (36h) (%) | % Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - select | >= 85 | 5 % |
| | Pharm: Drug Cupboards Locked (%) | Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked | >= 90 | 5 % |
| | Pharm: Drug Trolleys Locked (%) | Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked | >= 90 | 5 % |
| | Pharm: Fridge Temps (%) | Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day | >= 100 | 5 % |
| | Pharm: Fridges Locked (%) | Data taken from Medicines Storage & Waste Audit - percentage of fridges locked | >=95 | 5 % |
| | Pharm: Resus. Trolley Check (%) | Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked | >= 90 | 5 % |
| | pPCI (Balloon w/in 150m) (%) | % Achievement of Call to Balloon Time within 150 mins of pPCI. | >= 75 | 5 % |
| | Readmissions: EL dis. 30d (12M%) | Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. Th | < 2.75 | 20 % |
| | Readmissions: NEL dis. 30d (12M%) | Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. | < 15 | 15 % |
| | Stroke Brain Scans (24h) (%) | % stroke patients receiving a brain CT scan within 24 hours. | >= 100 | 5 % |
| Culture | Staff FFT - Treatment (%) | Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission. | >= 81.4 | 40 % |
| | Staff FFT - Work (%) | Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) | >= 60 | 50 % |
| Data Quality & Assurance | Not Cached Up Clinics % | Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings. | <= 0.1 | 25 % |
| | Uncoded Spells % | Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells). | < 0.25 | 25 % |
| | Valid Ethnic Category Code % | Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts. | >= 99.5 | 5 % |
| | Valid GP Code % | Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts | >= 99.5 | 5 % |

| | | | | |
|---|---|---|---|---|
| Data Quality & Assurance | Valid NHS Number % | Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts. | >= 99.5 | 40 % |
| Demand vs Capacity | DNA Rate: Fup % | Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments. | < 7 | |
| | DNA Rate: New % | New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments. | < 7 | |
| | New:FUp Ratio (1:#) | Ratio of attended follow up appointments compared to attended new appointments | | |
| Diagnostics | Audio: Complete Path. 18wks (%) | AD01 = % of Patients waiting under 18wks on a completed Audiology pathway | >= 99 | |
| | Audio: Incomplete Path. 18wks (%) | AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway | >= 99 | |
| | DM01: Diagnostic Waits % | The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from | >= 99 | 100 % |
| Finance | Cash Balance £m | Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported. | >= Plan | 20 % |
| | Forecast I&E £m | This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported. | >= Plan | 20 % |
| | I&E £m | The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for “extra” CIPS | >= Plan | 30 % |
| | Normalised Forecast £m | This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported. | >= Plan | 10 % |
| | Total Cost £m | Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported. | >= Plan | 20 % |
| Health & Safety | Accidents | Accidents excluding sharps (needles etc) but including manual handling.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 40 | 15 % |
| | Fire Incidents | Fire alarm activations (including false alarms).<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 5 | 10 % |
| | Formal Notices | Formal notices from HSE (Improvement Notices, Prohibition Notices).<br>Number indicates sum of last 12 months data (as shown in graph). | < 1 | 15 % |
| | Health & Safety Training | H&S Training includes all H&S and risk avoidance training including manual handling | >= 80 | 5 % |
| | Representation at H&S | % of Clinical Divisions representation/attendance at each site's Health & Safety Committee.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 76 | 20 % |

| | | | | |
|---|---|---|---|---|
| Health & Safety | RIDDOR Reports (Number) | RIDDOR reports sent to HSE each month.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 3 | 20 % |
| | Sharps | Incidents with sharps (e.g. needle stick).<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 10 | 5 % |
| | Violence & Aggression | Violence, aggression and verbal abuse.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 25 | 10 % |
| Incidents | All Pressure Damage: Cat 2 | Number of all (old and new) Category 2 pressure ulcers.<br>Data source - Datix. | < 1 | |
| | Blood Transfusion Incidents | The number of blood transfusion incidents sourced from Datix.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months. | | |
| | Clinical Incidents: Total (#) | Number of Total Clinical Incidents reported, recorded on Datix.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months. | | |
| | Falls (per 1,000 bed days) | Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded.<br>Data source - Datix.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ | < = 5 | 20 % |
| | Falls: Total | Total number of recorded falls. Assisted falls and rolls are excluded.<br>Data source - Datix. | < 3 | 0 % |
| | Harm Free Care: All Harms (%) | Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic | >= 94 | 10 % |
| | Harm Free Care: New Harms (%) | Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. | >= 98 | 20 % |
| | Medicines Mgmt. Incidents | The number of medicine management issues sourced from Datix.<br>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.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months. | < 1 | 30 % |
| | Number of Cardiac Arrests | Number of actual cardiac arrests, not calls | >= 1 | 0 % |

| | | | | |
|---|---|---|---|---|
| Incidents | Pressure Ulcers Cat 2 (per 1,000) | Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days<br>Data source - Datix.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 | <= 0.15 | 10 % |
| | Pressure Ulcers Cat 3/4 (per 1,000) | Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days<br>Data source - Datix.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous | < 1 | 10 % |
| | Serious Incidents (STEIS) | Number of Serious Incidents. Uses validated data from STEIS.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months. | | |
| Infection | Bare Below Elbows Audit | The % of ward staff compliant with hand hygiene standards.<br>Data source - SharePoint | >= 95 | |
| | Blood Culture Training | Blood Culture Training compliance | >= 85 | |
| | C. Diff (per 100,000 bed days) | Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days | < 1 | |
| | Cases of C.Diff (Cumulative) | Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01).<br>Arrow represents YTD position with the % showing variance against the last month. | <= Traj | 40 % |
| | Cases of MRSA (per month) | Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia | < 1 | 40 % |
| | Commode Audit | The % of ward staff compliant with hand hygiene standards.<br>Data source - SharePoint | >= 95 | |
| | E. Coli | The total number of E-Coli bacteraemia recorded, post 48hrs.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | < 44 | 10 % |
| | E. Coli (per 100,000 population) | The total number of E-Coli bacteraemia per 100,000 population. | < 44 | |
| | Hand Hygiene Audit | The % of ward staff compliant with hand hygiene standards.<br>Data source - SharePoint | >= 95 | |
| | Infection Control Training | Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded | >= 85 | |
| | MRSA (per 100,000 bed days) | Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days | < 1 | |
| | MSSA | The total number of MSSA bacteraemia recorded, post 48hrs.<br>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | < 1 | 10 % |

| | | | | |
|---|---|---|---|---|
| Infection | MSSA - 48hr (per 100,000 bed days) | The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days. | < 1 | |
| | MSSA (per 100,000 population) | The total number of MSSA bacteraemia per 100,000 population. | < 12 | |
| Initiatives | Antimicrobial Resistance & Stewardship CQUIN Delivered % | CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours | >= 100 | 20 % |
| | End of Life Pathway CQUIN Delivered % | CQUIN linked to current improvement work and multi-agency policy | >= 100 | 20 % |
| | Patient Flow CQUIN Delivered % | CQUIN linked to SAFER project | >= 100 | 20 % |
| | Sepsis CQUIN Delivered % | CQUIN including acute wards and with antibiotic review at 72 hours | >= 100 | 20 % |
| | Staff Health & Wellbeing CQUIN Delivered % | CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake | >= 100 | 20 % |
| Mortality | Crude Mortality EL (per 1,000) | The number of deaths per 1,000 elective admissions.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | < 0.33 | 10 % |
| | Crude Mortality NEL (per 1,000) | The number of deaths per 1,000 non-elective admissions.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | < 27.1 | 10 % |
| | HSMR (Index) | Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha | < 90 | 35 % |
| | RAMI (Index) | Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro | < 87.45 | 30 % |
| Observations | Cannula: Daily Check (%) | The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day.<br>Data source - VitalPAC | >= 50 | 10 % |
| | Catheter: Daily Check (%) | The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day.<br>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.<br>Data source - VitalPAC | >= 50 | 10 % |
| | Obs. On Time - 8am-8pm (%) | Number of patient observations taken on time | >= 90 | 25 % |

| | | | | |
|---|---|---|---|---|
| Observations | Obs. On Time - 8pm-8am (%) | Number of patient observations taken on time | >= 90 | 25 % |
| | VTE: Risk Assessment % | Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant. | >= 95 | 20 % |
| Patient Experience | AE Mental Health Referrals | The Number of Referrals made to a Mental Health team from A&E | | 5 % |
| | Aware of Nurse in each shift % | Aware of nurse in each shift | >= 89 | 4 % |
| | Care Explained? % | Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates | >= 89 | |
| | Cleanliness? % | Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show | >= 95 | 5 % |
| | Complaint Response in Timescales % | Complaint Response within agreed Timescales % | >= 85 | 5 % |
| | Complaint Response within 30 days % | Complaint Response within 30 working day timescale % | >= 85 | |
| | Compliments to Complaints (#/1) | Number of compliments per complaint | >= 12 | 10 % |
| | Discuss Worries with Doctors % | Discuss Worries with Doctors | >= 89 | |
| | Discuss Worries with domestic % | Discuss Worries with domestic | >= 89 | |
| | Discuss Worries with Nurses % | Discuss Worries with Nurses | >= 89 | 4 % |
| | Discuss Worries with support % | Discuss Worries with support | >= 89 | |
| | FFT: Not Recommend (%) | Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct | >= 1 | 10 % |
| | FFT: Recommend (%) | Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction | >= 90 | 30 % |
| | FFT: Response Rate (%) | The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon | >= 15 | 1 % |

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

| | | | | |
|---|---|---|---|---|
| RTT | RTT: Incompletes (%) | % of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for pa | >= 92 | 100 % |
| Staffing | 1:1 Care in labour | The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Communit | >= 99 | |
| | Agency % | % of temporary (Agency and Bank) staff of the total WTE<br>Number indicates average of last 12 months data (as shown in graph). | <= 10 | |
| | Agency & Locum Spend | Total agency spend including NHSP spend | | |
| | Agency Filled Hours vs Total Agency Hours | % hours worked which were filled by the NHSP against the total number of hours worked by agency staff | | |
| | Agency Orders Placed | Total count of agency orders placed.<br>Number indicates average of last 12 months data (as shown in graph). | <= 100 | |
| | Agency Staff WTE (Bank) | WTE Count of Bank Hours worked | | |
| | Agency Staff WTE (NHSP) | WTE Count of NHSP Hours worked | | |
| | Bank Filled Hours vs Total Agency Hours | % hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff | | 1 % |
| | Bank Hours vs Total Agency Hours | % hours worked by Bank (Staffflow) against the total number of hours worked by agency staff | | |
| | Care Hours Per Patient Day (CHPPD) | Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 | | |
| | Clinical Time Worked (%) | % of clinical time worked as a % of total rostered hours. | >= 74 | 2 % |
| | Employed vs Temporary Staff (%) | Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again | >= 92.1 | 1 % |
| | Local Induction Compliance % | Local Induction Compliance rates (%) for temporary employee's to the Trust.<br>Number indicates average of last 12 months data (as shown in graph). | >= 85 | |
| | Midwife:Birth Ratio (%) | The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwive | < 28 | 2 % |
| | NHSP Hours vs Total Agency Hours | % hours worked by NHSP against the total number of hours worked by agency staff | | |
| | Overtime % | % of Employee's that claim overtime.<br>Number indicates average of last 12 months data (as shown in graph). | <= 10 | |

| | | | | |
|---|---|---|---|---|
| Staffing | Overtime (WTE) | Count of employee's claiming overtime | <= 60 | 1 % |
| | Roster Effectiveness (%) | The time ward staff attribute to clinical duties as a % of the ward duty roster.<br>Data source - eRoster. | | 15 % |
| | Shifts Filled - Day (%) | Percentage of RN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 80 | 15 % |
| | Shifts Filled - Night (%) | Percentage of RN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 80 | 15 % |
| | Sickness (%) | % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont | < 3.6 | 10 % |
| | Stability Index (excl JDs) % | Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior | | |
| | Stability Index (incl JDs) % | Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage | | |
| | Staff Turnover (%) | % Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous | <= 10 | 15 % |
| | Staff Turnover (Midwifery) | % Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against | <= 10 | |
| | Staff Turnover (Nursing) | % Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against th | <= 10 | |
| | Staffing Level Difficulties | Any incident related to Staffing Levels Difficulties | | 1 % |
| | Time to Recruit | Average time taken to recruit to a new role. This metric is shown in weeks.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 10 | |
| | Total Staff Headcount | Headcount of total staff in post | | |
| | Total Staff In Post (FundEst) | Count of total funded establishment staff | | 1 % |
| | Total Staff In Post (SiP) | Count of total staff in post (WTE) | | 1 % |
| | Unplanned Agency Expense | Total expediture on agency staff as a % of total monthly budget. | < 100 | 5 % |

| | | | | |
|---|---|---|---|---|
| Staffing | Vacancy (%) | % Vacant positions against Whole Time Equivalent (WTE).<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 7 | 15 % |
| | Vacancy (Medical) % | % Vacant positions against Whole Time Equivalent (WTE) for Medical Staff.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 7 | |
| | Vacancy (Midwifery) % | % Vacant positions against Whole Time Equivalent (WTE) for Midwives.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 7 | |
| | Vacancy (Nursing) % | % Vacant positions against Whole Time Equivalent (WTE) for Nurses.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | <= 7 | |
| Training | Appraisal Rate (%) | Number of staff with appraisal in date as a % of total number of staff.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 85 | 50 % |
| | Corporate Induction (%) | % of people who have undertaken a Corporate Induction | >= 95 | |
| | Major Incident Training (%) | % of people who have undertaken Major Incident Training | >= 95 | |
| | Statutory Training (%) | The percentage of staff that have completed Statutory training courses, this data is split out by training course.<br>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr | >= 85 | 50 % |
| Use of Resources | Additional sessions £k | Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported. | < 0 | |
| | Agency Spend £m | Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported. | < 0 | |
| | Capital position £m | Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m. | < 0 | |
| | Cash borrowings £m | Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow. | < 0 | |
| | CIPS £m | Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month. | < 0 | |
| | Independent Sector £k | Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure togeth | < 0 | |
| | Payroll Pay £m | Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported. | < 0 | |

## Data Assurance Stars

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

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

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

East Kent Hospitals University NHS
NHS Foundation Trust

# Human Resources Heatmap

| | Clinical | Corporate | Finance & Perform | HR | Qual Safety & Ops | Specialist | Strat Dev & Cap Plan | Surgical | Urgent & Long Term |
|---|---|---|---|---|---|---|---|---|---|
| Agency % | 2.5 | 0.8 | 2.6 | 0.7 | 3.4 | 3.7 | 7.0 | 6.5 | 13.3 |
| Appraisal Rate (%) | 79.1 | 63.2 | 84.8 | 85.2 | 66.9 | 81.4 | 83.9 | 87.1 | 73.2 |
| Employed vs Temporary Staff (%) | 88.2 | 89.2 | 86.5 | 91.0 | 90.6 | 92.5 | 86.2 | 92.8 | 84.7 |
| Staff Turnover (%) | 14.9 | 14.8 | 13.2 | 13.1 | 10.4 | 11.6 | 9.1 | 12.5 | 15.3 |
| Statutory Training (%) | 93 | 88 | 95 | 94 | 87 | 90 | 95 | 91 | 89 |
| Total Staff In Post (SiP) | 1465 | 80 | 125 | 124 | 121 | 1347 | 322 | 1754 | 1675 |
| Vacancy (%) | 11.8 | 12.8 | 13.5 | 11.1 | 9.4 | 7.5 | 13.8 | 7.5 | 15.4 |

Apdx.

East Kent Hospitals University NHS
NHS Foundation Trust

# Patient Safety Heatmap - APRIL 2018

KEY

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

| | Harm Free Care: New Harms (%) | All Pressure Damage: Cat 2 | Falls: Total | C. Diff Infections (Post 72h) | Number of Complaints | Number of Compliments | Aware of Nurse in each shift % | Privacy for discussions with Nurses % | Discuss Worries with Nurses % | FFT: Response Rate (%) | FFT: Recommend (%) | FFT: Not Recommend (%) | Employed vs Temporary Staff (%) | Shifts Filled - Day (%) | Shifts Filled - Night (%) | Care Hours Per Patient Day (CHPPD) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KCH - KENT & CANTERBURY | | | | | | | | | | | | | | | | |
| Specialist | | | | | | | | | | | | | | | | |
| KBRA - BRABOURNE (KCH) | 100.0 | 0 | 1 | 0 | 0 | 23 | 50 | 100 | 100 | 63 | 100 | 0.0 | 98.6 | 94 | 98 | 12 |
| MARL - MARLOWE WARD | 100.0 | 4 | 2 | 0 | 0 | 185 | 33 | 33 | 33 | 53 | 100 | 0.0 | 85.2 | 104 | 98 | 7 |
| Surgical | | | | | | | | | | | | | | | | |
| CLKE - CLARKE WARD | 100.0 | 0 | 2 | 0 | 0 | 119 | NULL | NULL | NULL | 23 | 97 | 2.8 | 86.4 | 101 | 103 | 5 |
| KENT - KENT WARD | 100.0 | 5 | 7 | 1 | 0 | 29 | 50 | 50 | 100 | 17 | 100 | 0.0 | 100.6 | 113 | 127 | 7 |
| KITU - KCH ITU | 100.0 | 2 | 0 | 0 | 0 | 43 | N/A | N/A | N/A | N/A | N/A | N/A | 86.5 | 71 | 75 | 28 |
| Urgent & Long Term | | | | | | | | | | | | | | | | |
| HARB - HARBLEDOWN WARD | 96.2 | 1 | 9 | 0 | 0 | 34 | 33 | 33 | 50 | 45 | 100 | 0.0 | 89.5 | 103 | 124 | 6 |
| INV - INVICTA WARD | 100.0 | 1 | 9 | 0 | 0 | 36 | 50 | 50 | 33 | 15 | 100 | 0.0 | 90.1 | 97 | 118 | 6 |
| KING - KINGSTON WARD | 96.0 | 1 | 10 | 0 | 2 | 45 | 33 | 33 | 33 | 39 | 100 | 0.0 | 91.7 | 114 | 130 | 7 |
| KNRU - EAST KENT NEURO REHAB UNIT | 100.0 | 0 | 3 | 0 | 0 | 0 | 100 | 50 | 33 | 100 | 100 | 0.0 | 91.9 | 104 | 94 | 6 |
| MTMC - MOUNT/MCMASTER WARD | 100.0 | 0 | 10 | 0 | 1 | 29 | 33 | 25 | 33 | 81 | 98 | 0.0 | 88.3 | 91 | 107 | 5 |
| TREB - TREBLE WARD | 100.0 | 0 | 2 | 0 | 0 | 19 | 33 | 50 | 50 | 31 | 100 | 0.0 | 91.1 | 100 | 90 | 7 |
| QEH - QUEEN ELIZABETH QUEEN MOTHER | | | | | | | | | | | | | | | | |
| Specialist | | | | | | | | | | | | | | | | |
| BIR - BIRCHINGTON WARD | 100.0 | 0 | 1 | 0 | 0 | 32 | 50 | 50 | 100 | 38 | 100 | 0.0 | 96.3 | 97 | 100 | 7 |
| KIN - KINGSGATE WARD | 100.0 | 0 | 0 | 0 | 1 | 0 | N/A | N/A | N/A | N/A | N/A | N/A | 81.0 | 91 | 90 | 20 |
| QSCB - QEH SPECIAL CARE BABY UNIT | 100.0 | 0 | 0 | 0 | 0 | 21 | N/A | N/A | N/A | N/A | N/A | N/A | 93.9 | 96 | 102 | 11 |
| RAI - RAINBOW WARD | 100.0 | 0 | 1 | 0 | 1 | 0 | N/A | N/A | N/A | 27 | 100 | 0.0 | 94.7 | 106 | 118 | 13 |
| Surgical | | | | | | | | | | | | | | | | |
| BIS - BISHOPSTONE WARD | 100.0 | 2 | 0 | 0 | 0 | 85 | 33 | 33 | 33 | 100 | 98 | 0.0 | 86.7 | 88 | 95 | 9 |
| CSF - CHEERFUL SPARROWS FEMALE | 95.7 | 0 | 3 | 0 | 2 | 143 | 33 | 50 | 50 | 76 | 99 | 0.0 | 83.3 | 106 | 135 | 7 |
| CSM - CHEERFUL SPARROWS MALE | 100.0 | 1 | 3 | 0 | 1 | 132 | 33 | 33 | 33 | 49 | 100 | 0.0 | 89.5 | 95 | 102 | 5 |
| QITU - QEH ITU | 100.0 | 2 | 1 | 0 | 0 | 45 | N/A | N/A | N/A | N/A | N/A | N/A | 88.1 | 93 | 117 | 24 |
| SB - SEA BATHING WARD | 100.0 | 0 | 0 | 0 | 0 | 87 | 50 | 50 | 50 | 95 | 94 | 2.9 | 118.0 | 131 | 121 | 7 |
| Urgent & Long Term | | | | | | | | | | | | | | | | |

Apdx.

**KEY**

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

| | Harm Free Care: New Harms (%) | All Pressure Damage: Cat 2 | Falls: Total | C. Diff Infections (Post 72h) | Number of Complaints | Number of Compliments | Aware of Nurse in each shift % | Privacy for discussions with | Discuss Worries with Nurses % | FFT: Response Rate (%) | FFT: Recommend (%) | FFT: Not Recommend (%) | Employed vs Temporary Staff (%) | Shifts Filled - Day (%) | Shifts Filled - Night (%) | Care Hours Per Patient Day (CHPPD) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEAL - DEAL WARD | 96.3 | 0 | 6 | 1 | 0 | 0 | 50 | 100 | 50 | 11 | 100 | 0.0 | 90.6 | 93 | 118 | 5 |
| FRD - FORDWICH WARD STROKE UNIT | 88.5 | 1 | 3 | 0 | 0 | 0 | 100 | 100 | 100 | 47 | 100 | 0.0 | 82.8 | 105 | 131 | 8 |
| MW - MINSTER WARD | 100.0 | 1 | 2 | 0 | 1 | 32 | NULL | NULL | NULL | 30 | 95 | 0.0 | 88.9 | 86 | 103 | 6 |
| QCCU - QEH CCU | 100.0 | 0 | 5 | 0 | 0 | 0 | 100 | 100 | 100 | 76 | 100 | 0.0 | 77.1 | 84 | 98 | 8 |
| QCDU - QEH CDU | 94.1 | 31 | 1 | 0 | 1 | 46 | 50 | 33 | 50 | 19 | 87 | 10.0 | 97.0 | N/A | N/A | N/A |
| QX - QUEX WARD | 100.0 | 1 | 2 | 0 | 1 | 54 | 50 | 100 | 100 | 18 | 100 | 0.0 | NULL | 123 | 90 | 6 |
| SAN - SANDWICH BAY WARD | 100.0 | 2 | 2 | 0 | 0 | 21 | 33 | 100 | 100 | 70 | 100 | 0.0 | 100.7 | 125 | 137 | 6 |
| SAU - ST AUGUSTINES WARD | 89.7 | 1 | 2 | 0 | 0 | 21 | 50 | 33 | 50 | 21 | 92 | 8.3 | 88.1 | 135 | 118 | 6 |
| STM - ST MARGARETS WARD | 100.0 | 1 | 4 | 0 | 1 | 0 | 50 | 50 | 50 | 40 | 95 | 0.0 | 89.8 | 95 | 103 | 5 |
| WHH - WILLIAM HARVEY HOSPITAL | | | | | | | | | | | | | | | | |
| Specialist | | | | | | | | | | | | | | | | |
| FF - FOLKESTONE | 100.0 | 0 | 0 | 0 | 0 | 32 | 50 | 33 | 50 | N/A | N/A | N/A | 91.4 | 91 | 88 | 19 |
| KEN - KENNINGTON WARD | 100.0 | 0 | 0 | 0 | 0 | 31 | 33 | 50 | 25 | 65 | 94 | 1.4 | 75.0 | 87 | 104 | 7 |
| PAD - PADUA | 100.0 | 0 | 0 | 0 | 1 | 19 | 100 | 100 | 100 | 8 | 100 | 0.0 | 88.4 | 90 | 97 | 8 |
| SCBU - THOMAS HOBBES NEONATAL UNIT | 100.0 | 0 | 0 | 0 | 0 | 36 | N/A | N/A | N/A | N/A | N/A | N/A | 97.5 | 85 | 82 | 16 |
| Surgical | | | | | | | | | | | | | | | | |
| ITU - WHH ITU | 100.0 | 5 | 0 | 0 | 0 | 35 | N/A | N/A | N/A | N/A | N/A | N/A | 99.2 | 92 | 108 | 28 |
| KA2 - KINGS A2 | 100.0 | 2 | 1 | 0 | 0 | 147 | 33 | 33 | 50 | 87 | 96 | 0.0 | 97.0 | 103 | 110 | 6 |
| KB - KINGS B | 95.7 | 2 | 3 | 0 | 1 | 179 | 33 | 50 | 50 | 51 | 98 | 1.9 | 86.5 | 95 | 102 | 5 |
| KC - KINGS C1 | 100.0 | 2 | 3 | 0 | 0 | 0 | 33 | 50 | 50 | 48 | 91 | 0.0 | 84.7 | 102 | 99 | 6 |
| KC2 - KINGS C2 | 100.0 | 0 | 3 | 0 | 0 | 0 | 33 | 33 | 33 | 57 | 99 | 1.3 | 65.8 | 76 | 85 | 7 |
| KDF - KINGS D FEMALE | 100.0 | 2 | 4 | 0 | 0 | 32 | 33 | 33 | 50 | 39 | 96 | 4.2 | 94.5 | N/A | N/A | N/A |
| KDM - KINGS D MALE | 100.0 | 5 | 3 | 0 | 0 | 0 | 50 | 33 | 50 | 58 | 100 | 0.0 | N/A | 100 | 98 | 6 |
| RW - ROTARY WARD | 100.0 | 1 | 0 | 0 | 0 | 12 | 33 | 33 | 33 | 90 | 100 | 0.0 | 87.4 | 100 | 100 | 8 |
| Urgent & Long Term | | | | | | | | | | | | | | | | |
| CCU - CCU | 100.0 | 0 | 0 | 0 | 0 | 0 | NULL | NULL | NULL | 80 | 98 | 2.3 | 86.7 | N/A | N/A | N/A |
| CJ2 - CAMBRIDGE J2 | 100.0 | 0 | 0 | 1 | 2 | 0 | NULL | NULL | NULL | 41 | 95 | 0.0 | 64.8 | 122 | 142 | 5 |
| CK - CAMBRIDGE K | 97.1 | 2 | 1 | 0 | 0 | 0 | 50 | 50 | 50 | 10 | 100 | 0.0 | 101.6 | 101 | 109 | 7 |
| CL - CAMBRIDGE L REHABILITATION | 100.0 | 1 | 9 | 0 | 0 | 0 | 33 | 33 | 33 | 64 | 96 | 0.0 | 89.0 | 96 | 129 | 6 |
| CM1 - CAMBRIDGE M1 SHORT STAY | 100.0 | 1 | 2 | 0 | 0 | 0 | NULL | NULL | NULL | 38 | 94 | 0.0 | 81.1 | N/A | N/A | N/A |
| CM2 - CAMBRIDGE M2 | 100.0 | 2 | 5 | 0 | 0 | 69 | 50 | 50 | 50 | 76 | 94 | 6.1 | 103.9 | 99 | 117 | 6 |
| OXF - OXFORD | 100.0 | 1 | 2 | 0 | 0 | 0 | 33 | 50 | 50 | 44 | 100 | 0.0 | 88.0 | 120 | 138 | 9 |

**KEY**

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|---|---|
| | data not yet available |
| NULL | null return, data not received |
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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RST1 - RICHARD STEVENS 1 STROKE UNIT | 95.2 | 5 | 8 | 0 | 1 | 0 | 50 | 50 | 50 | 62 | 98 | 0.0 | 88.3 | 107 | 124 | 9 |
| WBAR - BARTHOLOMEW WARD WHH | NULL | 0 | 0 | 0 | 0 | 0 | 33 | 50 | 50 | NULL | NULL | NULL | NULL | 89 | 81 | 10 |
| WCDM - WHH CDU MIXED | 100.0 | 2 | 13 | 0 | 0 | 26 | 100 | 100 | NULL | 14 | 78 | 11.1 | 83.4 | N/A | N/A | N/A |