

Report to:	Date
Trust board - public	29 March 2017

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of March 2016 (month 11).

Recommendation to the Trust board:

The Board is asked to note this report.

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

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Contents

1. Scorecard summary	3
2. Key indicator overviews	6
2.1 Safe	6
2.1.1 Safe: Serious Incidents	6
2.1.2 Safe: Incident reporting and degree of harm	7
2.1.3 Safe: Meticillin - resistant <i>Staphylococcus aureus</i> bloodstream infections (MRSA BSI)	9
2.1.4 Safe: <i>Clostridium difficile</i>	9
2.1.5 Safe: Venous thromboembolism (VTE) risk assessment	10
2.1.6 Safe: Avoidable pressure ulcers	11
2.1.7 Safe: Safe staffing levels for registered nurses, midwives and care staff	11
2.1.8 Safe: Postpartum haemorrhage	13
2.1.9 Safe: Statutory and mandatory training	13
2.1.10 Safe: Work-related reportable accidents and incidents	14
2.2 Effective	14
2.2.1 Effective: National Clinical Audits	14
2.2.2 Effective: Mortality data	14
2.2.3 Effective: Mortality reviews completed	15
2.2.4 Effective: Recruitment of patients into interventional studies	15
2.2.5 Effective: Readmission rates	16
2.2.6 Effective: Outpatient appointments checked in and checked out	17
2.3 Caring	18
2.3.1 Caring: Friends and Family Test	18
2.3.2 Caring: Patient transport waiting times	18
2.3.3 Caring: Eliminating mixed sex accommodation	19
2.4 Well-Led	20
2.4.1 Well-Led: Vacancy rate	20
2.4.2 Well-Led: Sickness absence rate	21
2.4.3 Well-Led: Performance development reviews	21
2.4.4 Well-Led: Doctor Appraisal Rate	22
2.4.5 Well-Led: General Medical Council - National Training Survey Actions	22
2.4.6 Well Led: Estates – maintenance tasks completed on time	23
2.5 Responsive	23
2.5.3 Consultant-led Referral to Treatment waiting times	23
2.5.4 Responsive: Cancer	25
2.5.5 Responsive: Elective operations cancelled on the day for non-clinical reasons	27
2.5.6 Responsive: Accident and Emergency	28
2.5.7 Responsive: Diagnostics	29
2.5.8 Responsive: Patient attendance rates at outpatient appointments	30
2.5.9 Responsive: Outpatient appointments cancelled by the Trust	31
2.5.10 Responsive: Outpatient appointments made within 5 days of receipt	31
2.5.11 Responsive: Access to antenatal care – booking appointment	32
2.5.12 Responsive: Complaints	32
3. Finance	33

1. Scorecard summary

ICHT Integrated Performance Scorecard - Responsive

Month 11 Report

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Feb-17	-	12	
Incidents causing severe harm (number)	Julian Redhead	Feb-17	-	1	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Feb-17	-	0.11%	
Incidents causing extreme harm (number)	Julian Redhead	Feb-17	-	1	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Feb-17	-	0.06%	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Feb-17	44.0	43.5	
Never events (number)	Julian Redhead	Feb-17	0	0	
MRSA (number)	Julian Redhead	Feb-17	0	0	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Feb-17	56	57	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Feb-17	95.0%	95.1%	
CAS alerts outstanding (number)	Janice Sigsworth	Feb-17	0	0	
Avoidable pressure ulcers (number)	Janice Sigsworth	Feb-17	-	1	
Staffing fill rates (%)	Janice Sigsworth	Feb-17	tbc	98.0%	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Feb-17	2.80%	2.4%	
Core training - excluding doctors in training / trust grades (%)	David Wells	Feb-17	90.0%	85.0%	
Core training - doctors in training / trust grades (%)	David Wells	Feb-17	90.0%	85.0%	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Feb-17	0	2	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Oct-16	100	59.2	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 3 16/17	90.0%	85.1%	
Unplanned readmission rates (28 days) for over 15s (%)	Tim Orchard	Aug-16	-	6.99%	
Unplanned readmission rates (28 days) for under 15s (%)	Tg Teoh	Aug-16	-	4.95%	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Caring					
Friends and Family Test: Inpatient service % patients recommended	Janice Sigsworth	Feb-17	95.0%	96.5%	
Friends and Family Test: A&E service % recommended	Janice Sigsworth	Feb-17	85.0%	94.2%	
Friends and Family Test: Maternity service % recommended	Janice Sigsworth	Feb-17	95.0%	93.0%	
Friends and Family Test: Outpatient service % recommended	Janice Sigsworth	Feb-17	94.0%	90.6%	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Feb-17	-	84.7%	
Mixed-Sex Accommodation (EMSA) breaches	Janice Sigsworth	Feb-17	0	12	
Well Led					
Vacancy rate (%)	David Wells	Feb-17	10.0%	11.3%	
Voluntary turnover rate (%) 12-month rolling	David Wells	Feb-17	10.0%	10.5%	
Sickness absence (%)	David Wells	Feb-17	3.1%	3.0%	
Bank and agency spend (%)	David Wells	Feb-17	9.2%	11.9%	
Personal development reviews (%)	David Wells	Sep-16	95.0%	n/a	
Doctor Appraisal Rate (%)	Julian Redhead	Feb-17	95.0%	89.0%	
Staff FFT (% recommended as a place to work)	David Wells	Q2	-	65.0%	
Staff FFT (% recommended as a place for treatment)	David Wells	Q2	-	83.0%	
Education open actions (number)	Julian Redhead	Feb-17	-	24	
Reactive maintenance performance (% tasks completed within agreed response time)	Janice Sigsworth	Feb-17	98%	45.6%	
Responsive					
RTT: 18 Weeks Incomplete (%)	Jamil Mayet	Feb-17	92.0%	82.2%	
RTT: Patients waiting over 18 weeks for treatment (number)	Jamil Mayet	Feb-17	-	11090	
RTT: Patients waiting 52 weeks or more for treatment (number)	Jamil Mayet	Feb-17	0	316	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Jamil Mayet	Jan-17	93.0%	87.2%	
Cancer: Two week GP referral to 1st outpatient – breast symptoms (%)	Jamil Mayet	Jan-17	93.0%	93.4%	
Cancer: 31 day wait from diagnosis to first treatment (%)	Jamil Mayet	Jan-17	96.0%	96.0%	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Jamil Mayet	Jan-17	94.0%	96.4%	
Cancer: 31 day second or subsequent treatment (drug) (%)	Jamil Mayet	Jan-17	98.0%	98.4%	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Jamil Mayet	Jan-17	94.0%	98.8%	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Jamil Mayet	Jan-17	85.0%	76.2%	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Jamil Mayet	Jan-17	90.0%	80.4%	
Cancelled operations (as % of total elective activity)	Jamil Mayet	Dec-16	0.8%	0.7%	
28 day rebooking breaches (% of cancellations)	Jamil Mayet	Dec-16	5.0%	10.4%	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Feb-17	95.0%	69.7%	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Feb-17	95.0%	87.8%	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Feb-17	1.0%	0.2%	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Feb-17	11.0%	11.6%	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Feb-17	8.5%	8.0%	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Feb-17	95.0%	78.9%	
Antenatal booking 12 weeks and 6 days excluding late referrals (%)	Tg Teoh	Feb-17	95.0%	95.2%	
Complaints: Total number received from our patients	Janice Sigsworth	Feb-17	100	82	
Complaints: % responded to within timeframe	Janice Sigsworth	Feb-17	95.0%	98.9%	
Money and Resources					
In month variance to plan (£m)	Richard Alexander	Feb-17		0.00	
YTD variance to plan (£m)	Richard Alexander	Feb-17		0.39	
Annual forecast variance to plan (£m)	Richard Alexander	Feb-17		0.00	
Agency staffing (% YTD)	Richard Alexander	Feb-17		5.5%	
YTD NHS income performance variance to plan (£m)	Richard Alexander	Feb-17		13.03	
CIP % delivery YTD	Richard Alexander	Feb-17		96.6%	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Twelve serious incidents were reported in February 2017. These are currently under investigation.

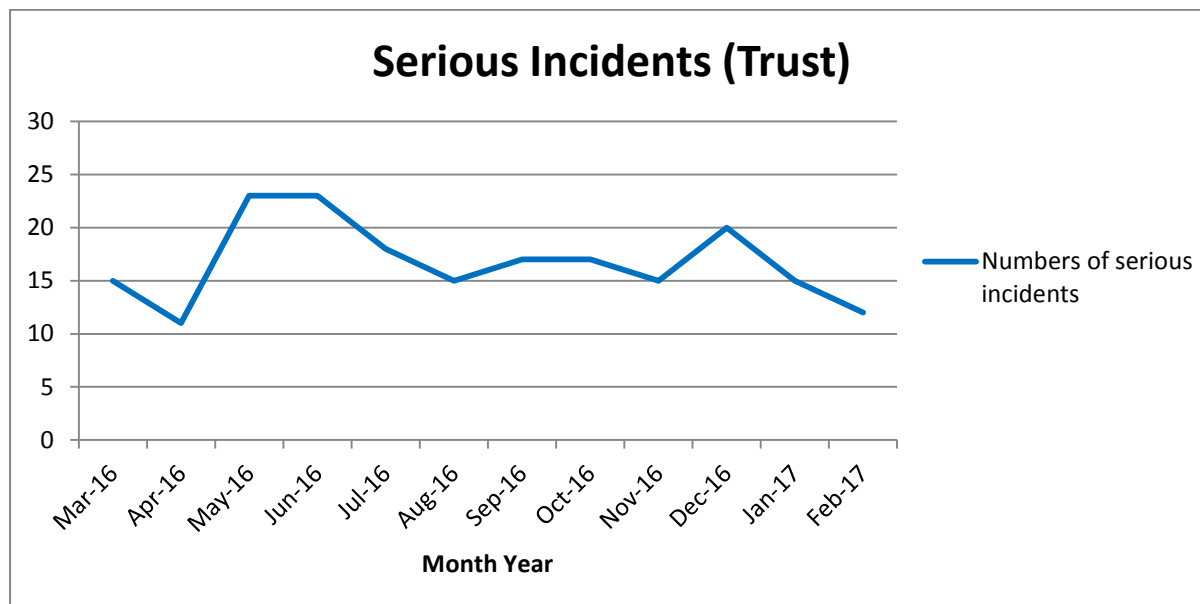


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period March 2016 – February 2017

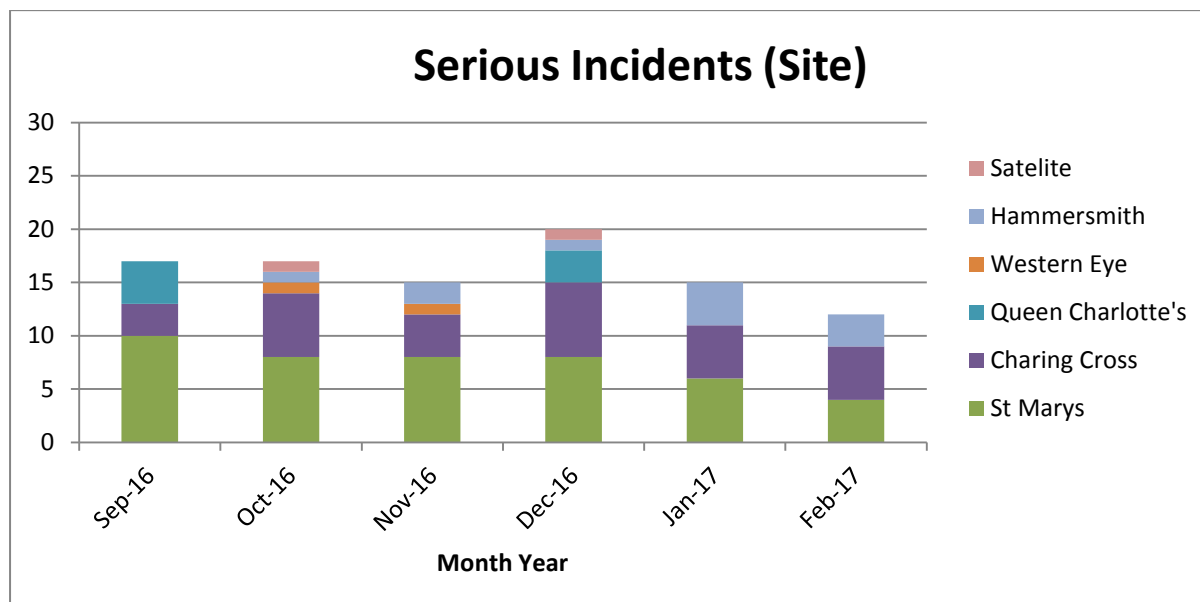


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period September 2016 – February 2017

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported one major/severe harm incident and one extreme harm/death incident in February 2017.

The percentage of incidents causing these levels of harm reported by the Trust since April 2016 remains below national average when compared to data published by the National Reporting and Learning System (NRLS) in September 2016.

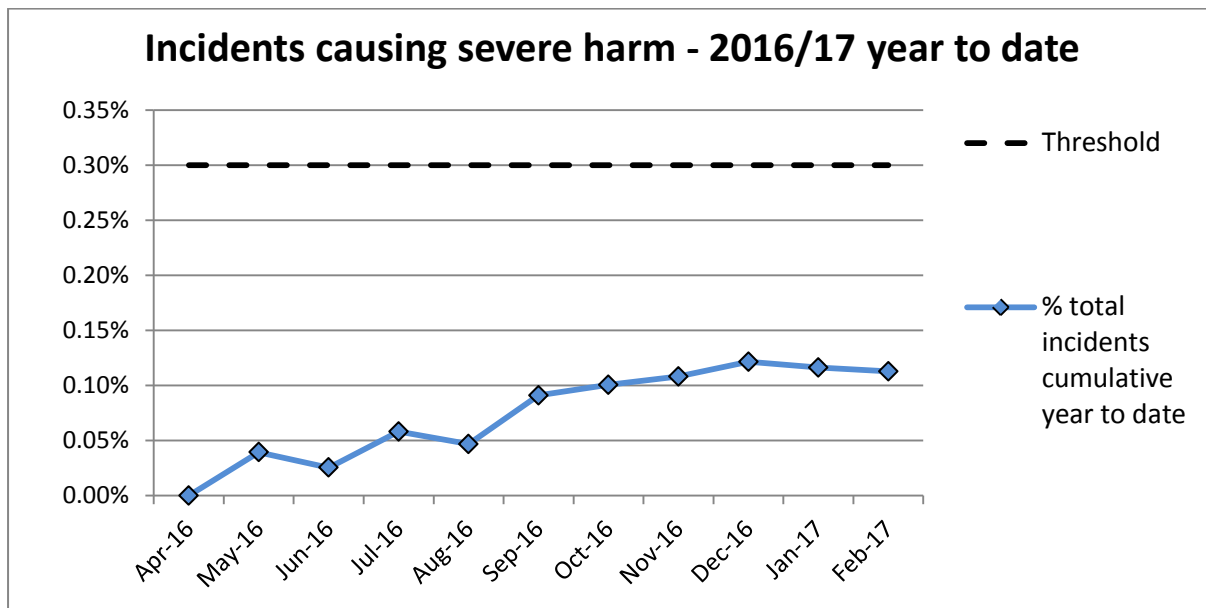


Figure 3 – Incidents causing severe harm by month from the period April 2016 – February 2017 (% of total patient safety incidents YTD)

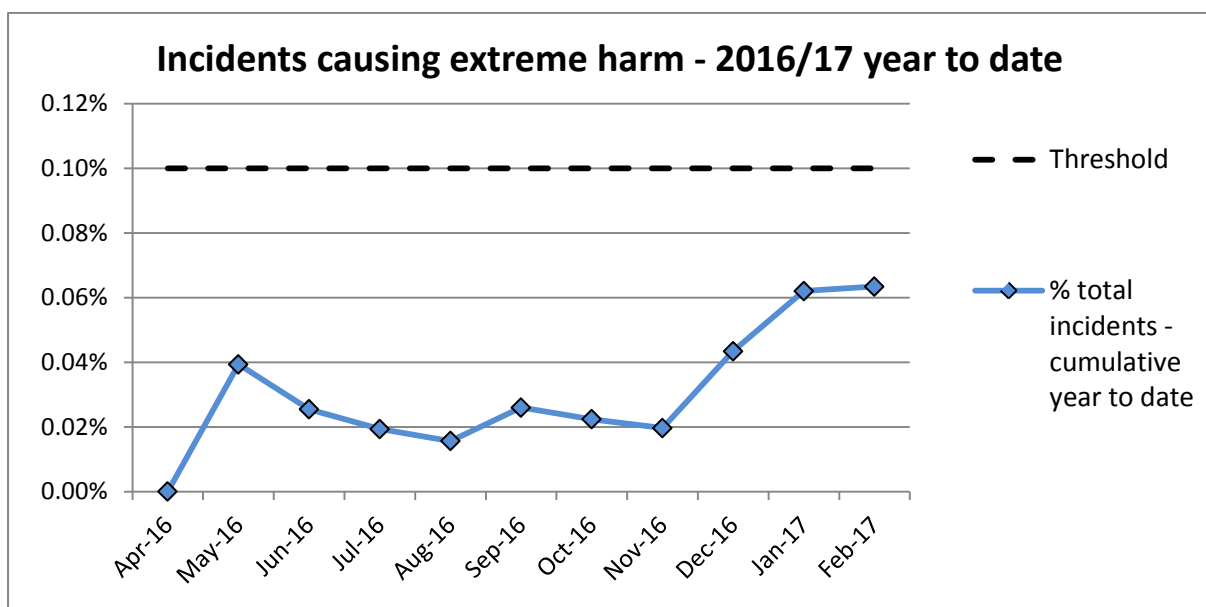


Figure 4 – Incidents causing extreme harm by month from the period April 2016 – February 2017 (% of total patient safety incidents YTD)

Patient safety incident reporting rate

The Trust’s incident reporting rate for February 2017 is 43.50 per 1,000 bed days. This places the organisation just outside the highest 25 per cent of reporters nationally.

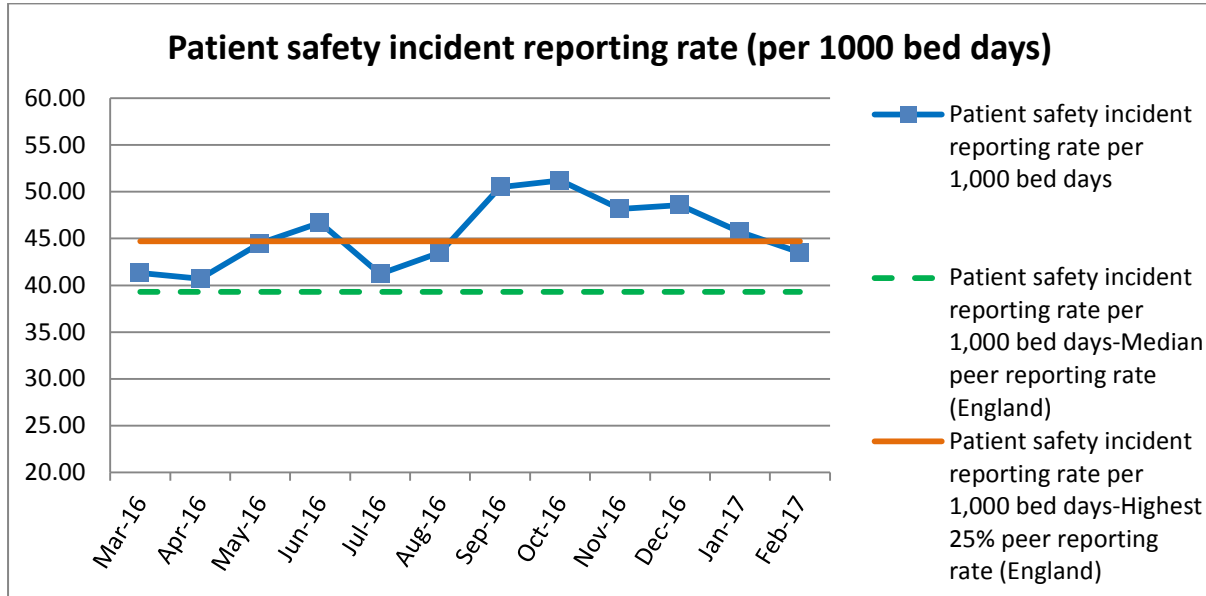


Figure 5 – Trust incident reporting rate by month for the period March 2016 – February 2017

- (1) Median reporting rate for Acute non specialist organisations (NRLS 01/10/2015 to 01/03/2016)
- (2) Highest 25% of incident reporters among all Acute non specialist organisations (NRLS 01/04/2015 to 30/09/2015)

Never Events

No never events were reported in February 2017.

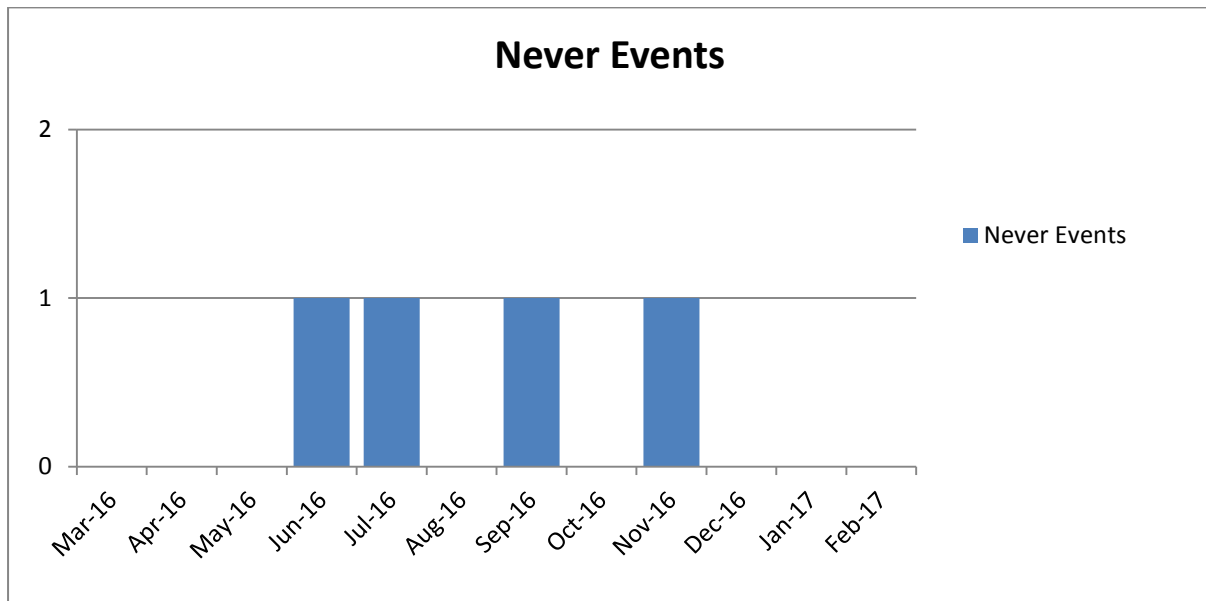


Figure 6 – Trust Never Events by month for the period March 2016 – February 2017

2.1.3 Safe: Meticillin - resistant *Staphylococcus aureus* bloodstream infections (MRSA BSI)

Nine cases of MRSA BSI have been identified at the Trust between April 2016 and February 2017; three of these have been allocated to the Trust, one in May 2016, one in October 2016 and one in November 2016. Each case is reviewed by a multi-disciplinary team. Actions arising from these meetings are reviewed regularly to identify themes. Contributory factors are addressed with the divisions via the weekly Taskforce group meetings.

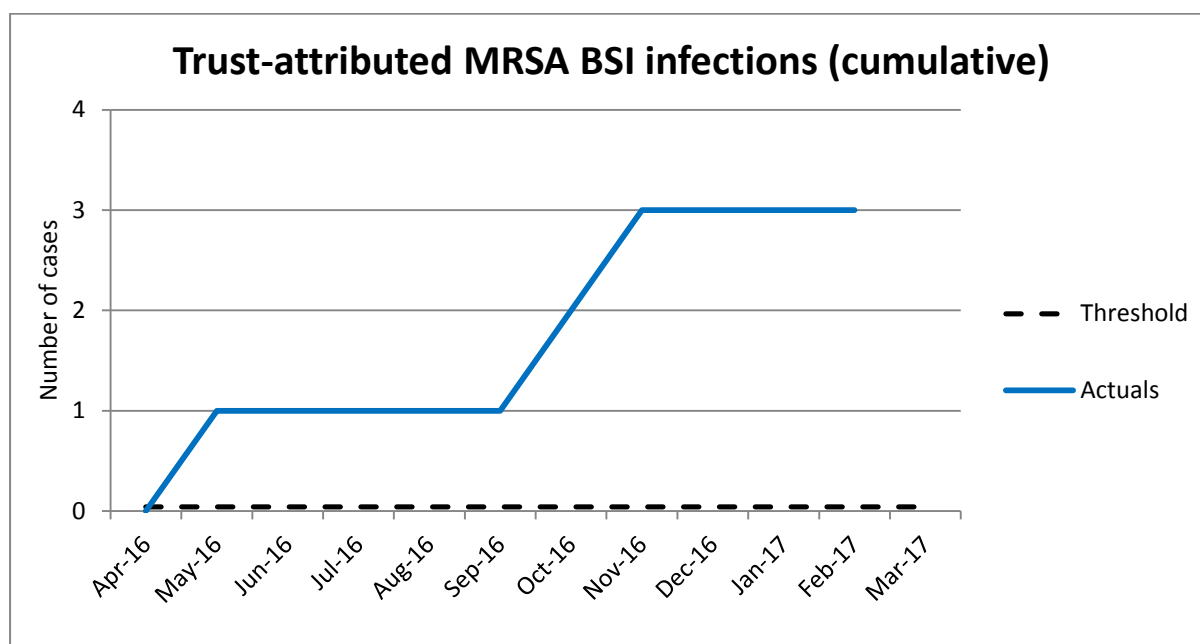


Figure 7 – Cumulative number of MRSA BSI infections for the period April 2016 – February 2017

2.1.4 Safe: *Clostridium difficile*

Two cases of *Clostridium difficile* were allocated to the Trust for February 2017, none of which have been identified as a lapse in care.

A total of 57 cases have been allocated to the Trust between April 2016 and February 2017; the annual target is 69 cases.

Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care occurred.

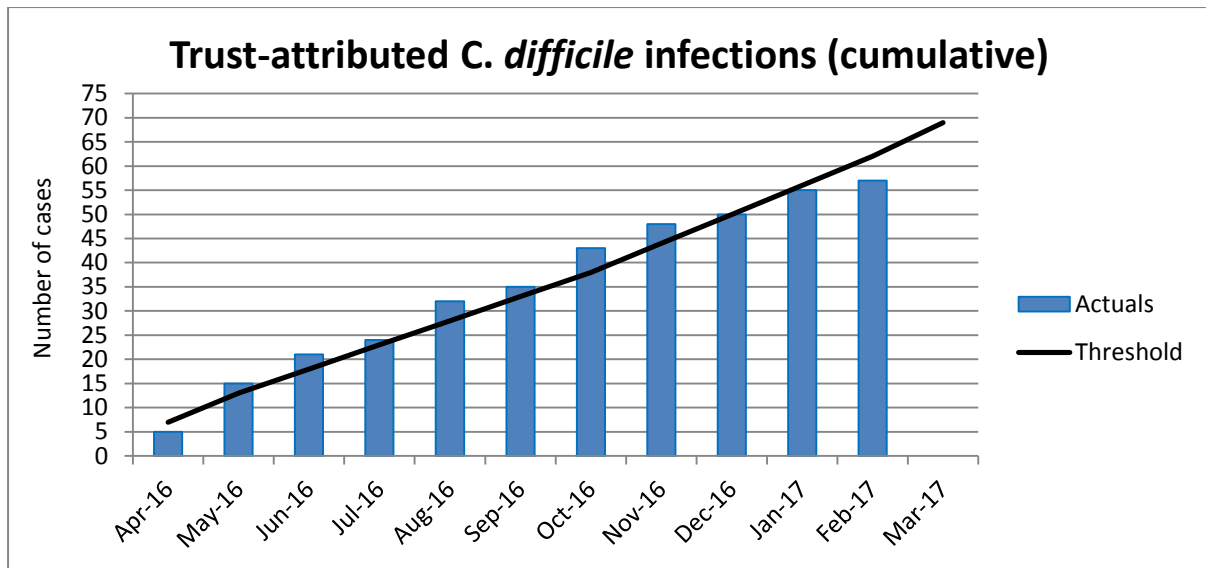


Figure 8 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2016 – February 2017

2.1.5 Safe: Venous thromboembolism (VTE) risk assessment

The VTE risk assessment performance for February 2017 was 95.1 per cent of adult inpatients (including day cases) assessed for venous thromboembolism (VTE) within 24 hours of admission, against the national quality target of 95 per cent or more. The dip in performance reported in December and 2016 January 2017 coincided with pilots testing the use of the Cerner discharge process.

A new process for the recording of VTE assessment on CERNER was rolled out on 22nd March. This mandates assessment at the point of prescription. An action plan is in place to ensure the new process is embedded and performance against the target sustained. Weekly reporting of data to the divisions is planned to allow immediate response to any areas of reduced compliance.

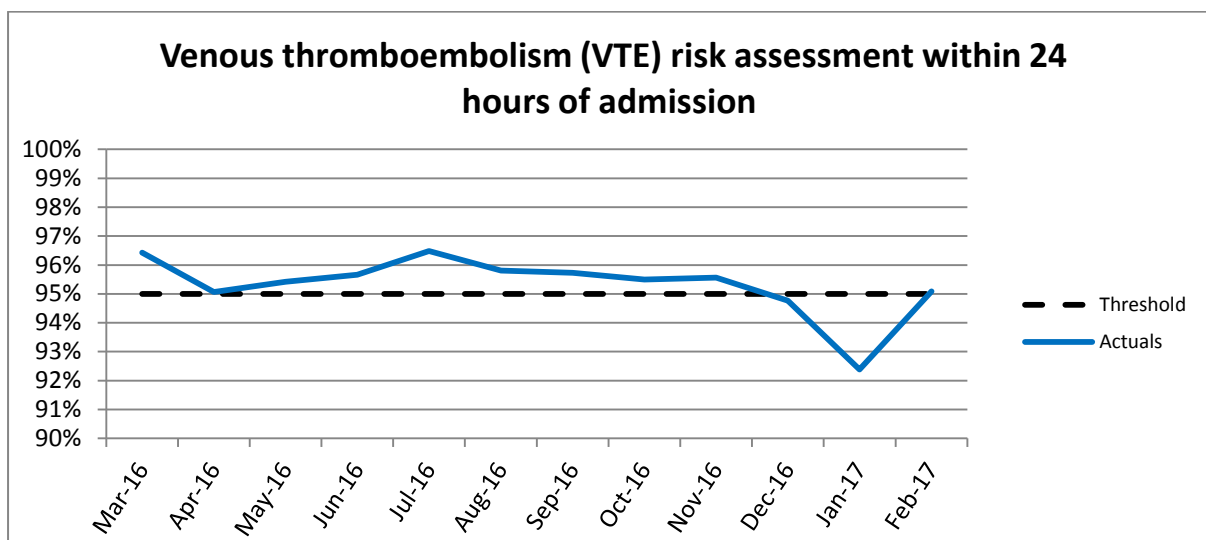


Figure 9 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period March 2016 – February 2017

2.1.6 Safe: Avoidable pressure ulcers

One confirmed unstageable pressure ulcer was reported in February 2017 bringing the total to 26 for the 2016/17 year to date. The Trust target was to achieve no more than 22 for the whole of 2016/17. While this ambitious target has not been achieved the Trust remains a high performing outlier with comparatively very low incidence of avoidable pressure ulcers. The trust has not reported a category 4 trust acquired pressure ulcer since March 2013.

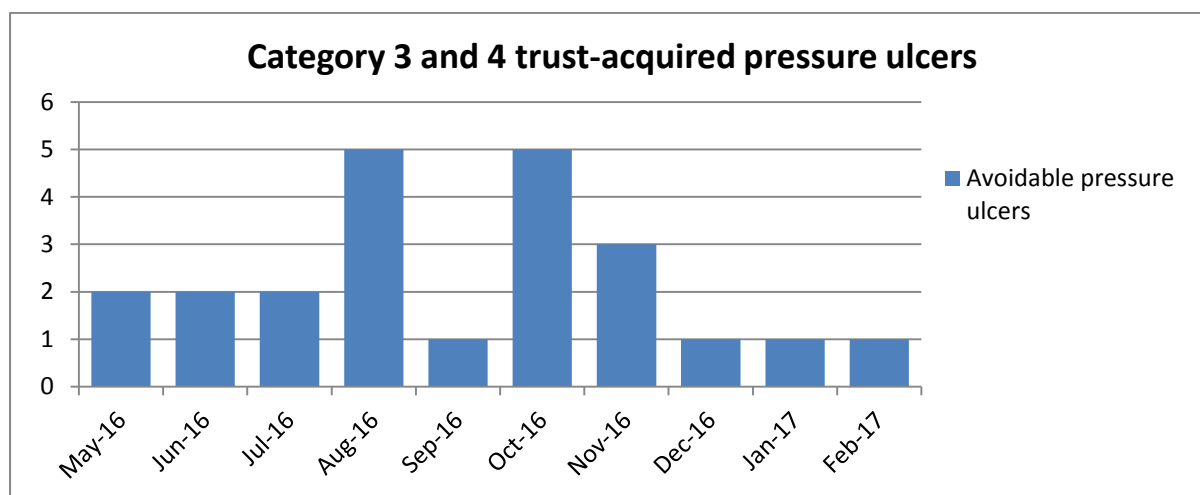


Figure 10 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period April 2016 – February 2017

2.1.7 Safe: Safe staffing levels for registered nurses, midwives and care staff

The Trust met safe staffing levels for registered nurses and midwives and care staff overall during the day and at night. The thresholds are 90 per cent for registered nurses and 85 per cent for care staff. The percentage of shifts meeting planned safe staffing levels by hospital site are as follows:

Site Name	Day shifts – average fill rate		Night shifts – average fill rate	
	Registered nurses/midwives	Care staff	Registered nurses/midwives	Care staff
Charing Cross	95.16%	89.78%	97.73%	95.90%
Hammersmith	96.99%	90.83%	99.05%	96.83%
Queen Charlotte's	97.14%	91.61%	98.27%	93.78%
St. Mary's	96.60%	92.07%	98.25%	98.94%

See appendix 1 for ward level narrative detail of the fill rate below threshold.

In order to maintain standards of care the Trust's Divisional Directors of Nursing and their teams optimised staffing and mitigated any risk to the quality of care delivered to patients in the following ways:

- Using the workforce flexibly across floors and clinical areas and in some circumstances between the three hospital sites.

- Cohorting patients and adjusting case mixes to ensure efficiencies of scale.

In order to respond to the continued challenge of filling shifts for health care staff from the nurse bank, plans are being established to improve the uptake of these shifts to reduce future staffing gaps. There is also renewed focus on recruitment and retention of staff across bands 2-6 and a strategic response to the challenge is being developed.

The Nursing Associate pilot will commence in April and 21 new trainees will be employed across our partner organisations, 13 of which will be based at ICHT.

The development of the apprentice nurse pathway in the coming months will also offer an opportunity to bolster up the workforce whilst new recruits train towards registration over a four year period, whilst being employed as apprentices. The divisions will consider increasing numbers of trainees in the coming months.

All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in February 2017 were safe and appropriate for the clinical case mix.

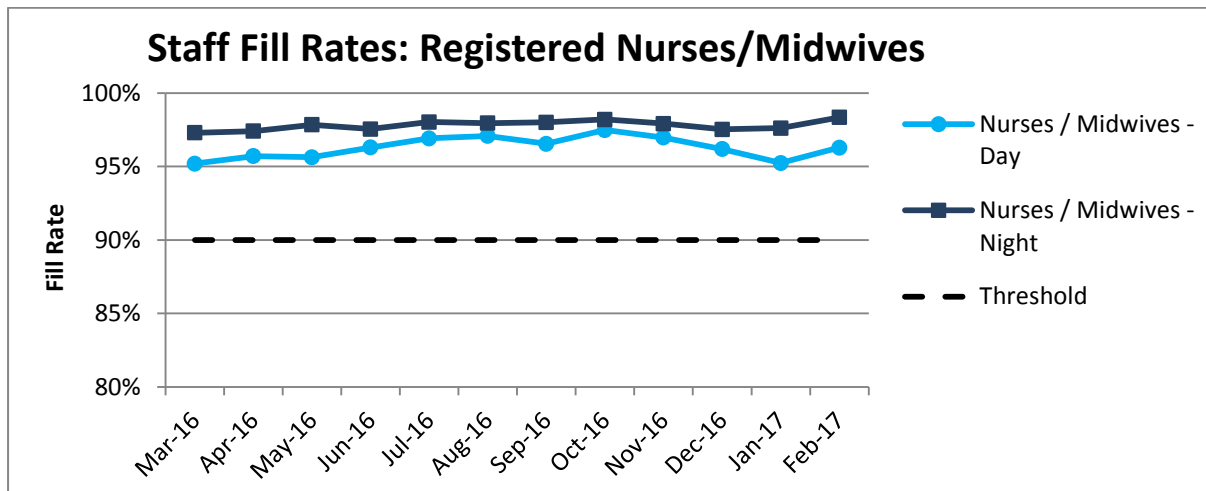


Figure 11 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period March 2016 – February 2017

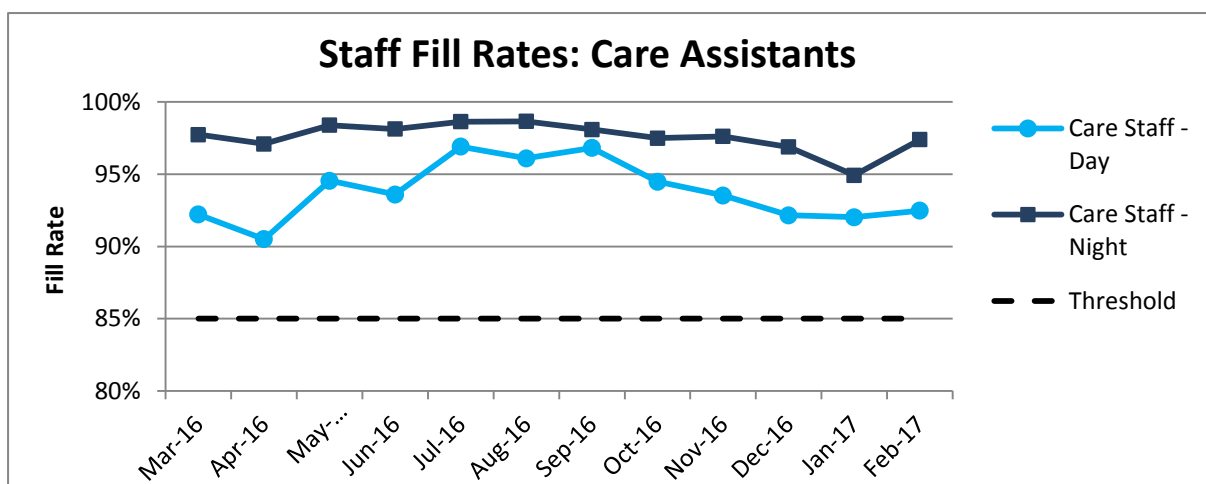


Figure 12 - Monthly staff fill rates (Care Assistants) by month for the period March 2016 – February 2017

2.1.8 Safe: Postpartum haemorrhage

In February 2.4 per cent of women who gave birth at the Trust had a postpartum haemorrhage (PPH), involving an estimated blood loss of 1500ml or more within 24 hours of the birth of the baby. This met the Trust target of 2.8 per cent or less.

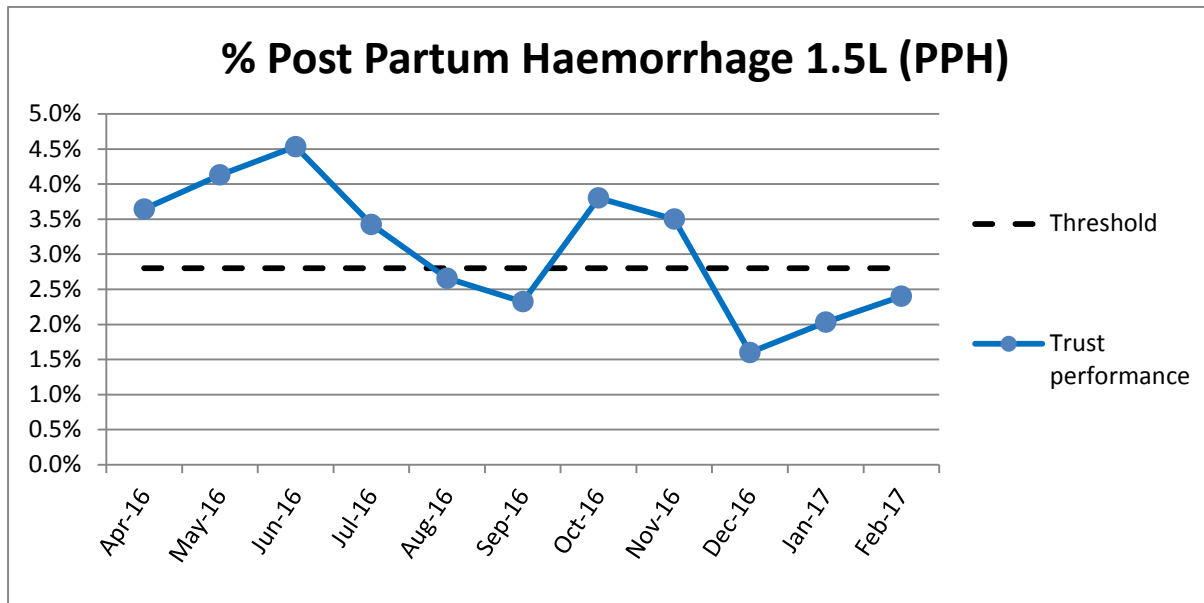


Figure 13 – Postpartum haemorrhage (PPH) for the period April 2016 – February 2017

2.1.9 Safe: Statutory and mandatory training

Core skills - excluding doctors in training / trust grade

Overall compliance was 84.7 per cent against a target of 90 per cent.

Core Skills for doctors in training / trust grade

Overall compliance was 70.8 per cent against a target of 90 per cent, compliance for Junior Doctors continues to improve.

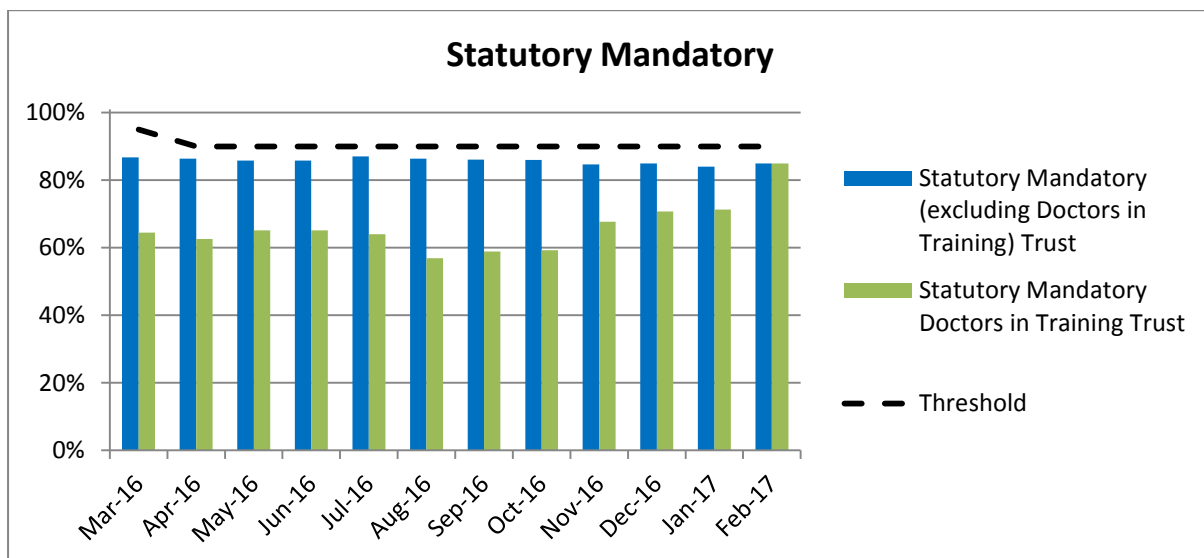


Figure 14 - Statutory and mandatory training for the period March 2016 – February 2017

2.1.10 Safe: Work-related reportable accidents and incidents

There were two RIDDOR-reportable (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents in February 2017.

- The first incident involved a member of staff who was exposed accidentally to a biological agent. The incident was reportable to the Health and Safety Executive as a Dangerous Occurrence.
- The second incident involved a catastrophic failure of a small carbon dioxide cylinder, resulting in a gas leak. The incident was reportable to the HSE as a Dangerous Occurrence.

In the 12 months to end February 2017, there have been 37 RIDDOR reportable incidents of which 12 were slips, trips and falls. The Health and Safety service continues to work with the Estates & Facilities service and its contractors to identify suitable action to take to ensure floors present a significantly lower risk of slipping.

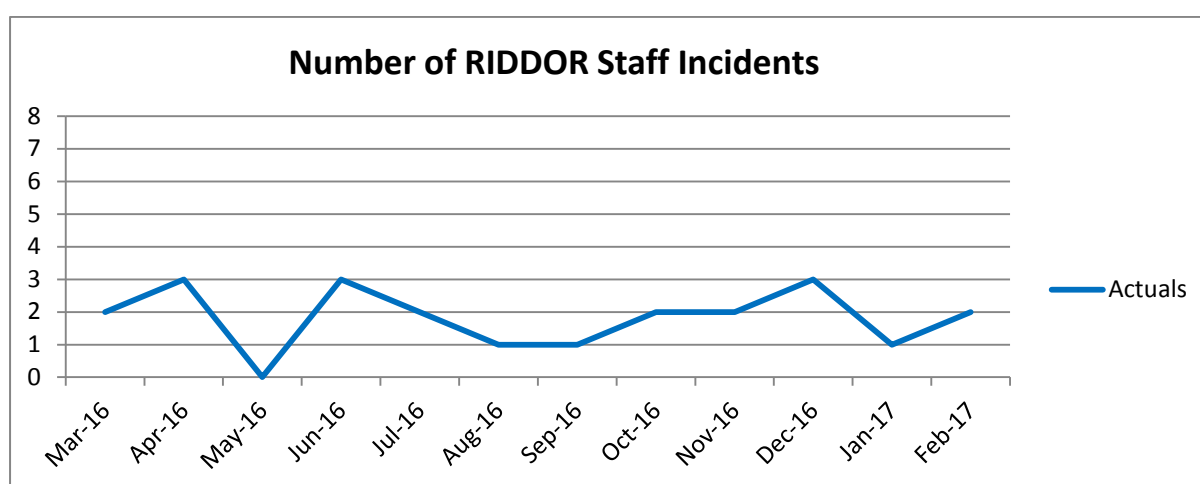


Figure 15 – RIDDOR Staff Incidents for the period March 2016 – February 2017

2.2 Effective

2.2.1 Effective: National Clinical Audits

Thirty four national clinical audit reports have been published since April 2016 in which the Trust participated. Fourteen have been reviewed by the divisions, with actions plans developed in response to recommendations and areas for improvement.

Twenty national clinical audit reports are still under review. The divisions have been asked to review all outstanding audit reports by 31 March.

2.2.2 Effective: Mortality data

The Trust target for mortality rates in 2016/17 is to be in the top five lowest-risk acute non-specialist trusts as measured by the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI).

The most recent HSMR is 59.18 (October 2016). Over the previous 12 months the Trust has had the second lowest HSMR for acute non-specialist trusts nationally. The Trust has the fourth lowest SHMI of all non-specialist providers in England for July 2015 to June 2016.

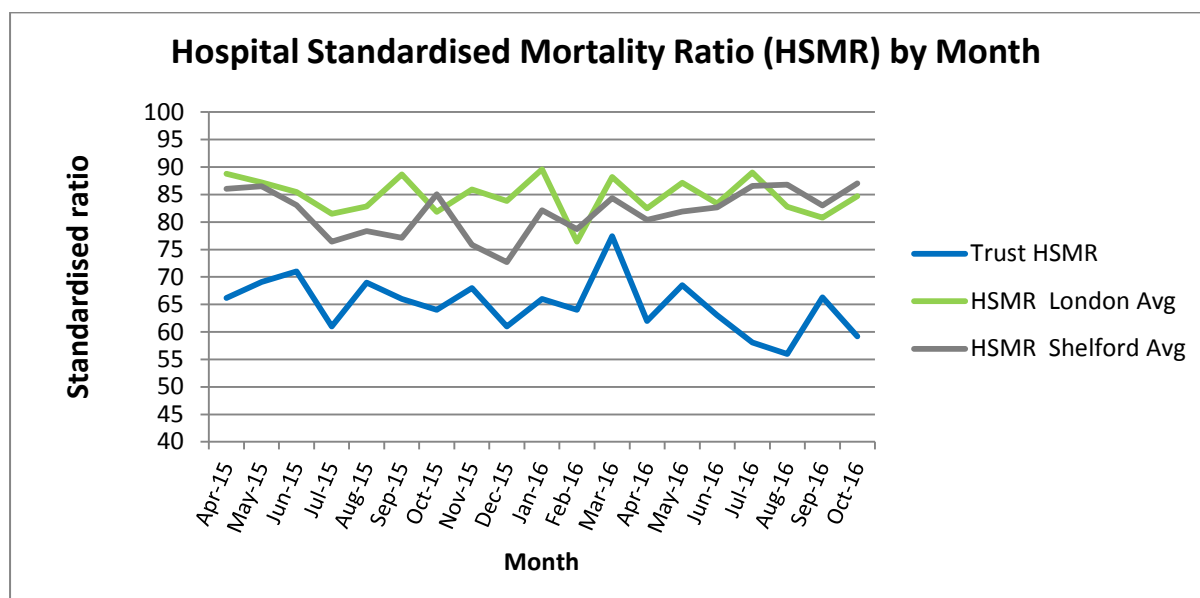


Figure 16 - Hospital Standardised Mortality Ratios for the period April 2015 – October 2016

2.2.3 Effective: Mortality reviews completed

Since the online mortality review system went live in February 2016, five avoidable deaths have been confirmed. These have all been investigated as serious incidents. An additional five cases of potential avoidable death currently remain under review.

Seventy three per cent of deaths occurring in the Trust between February-December 2016 have been reviewed by the divisions as part of this process. Plans are in place within the divisions to review outstanding cases. This data is reported quarterly and will next be updated in May 2017.

2.2.4 Effective: Recruitment of patients into interventional studies

The Trust did not achieve its target of 90 per cent of clinical trials recruiting their first patient within 70 days of a valid research application in quarter two and three 2016/17.

The most recent results reflect the impact of the full implementation of the new Health Research Authority (HRA) approvals process. The main reason for longer approval times in the new system is that the full duration of contract negotiation must now be included within the strictly-defined study initiation window of 70 days. The contracts team only receives legal agreements for review on the date when the HRA clock starts; no initial review or assessment can take place prior to that date (which was the practice previously). The average approval times have increased nationally as well as locally in the last two quarters, according to the NIHR reports. ICHT are reviewing processes for contractual review and negotiation, to identify ways of

shortening these approval times and coming back within our target metric. This is likely to take another two quarters to achieve given the inherent lag involved in the clinical trials submission and set-up process.

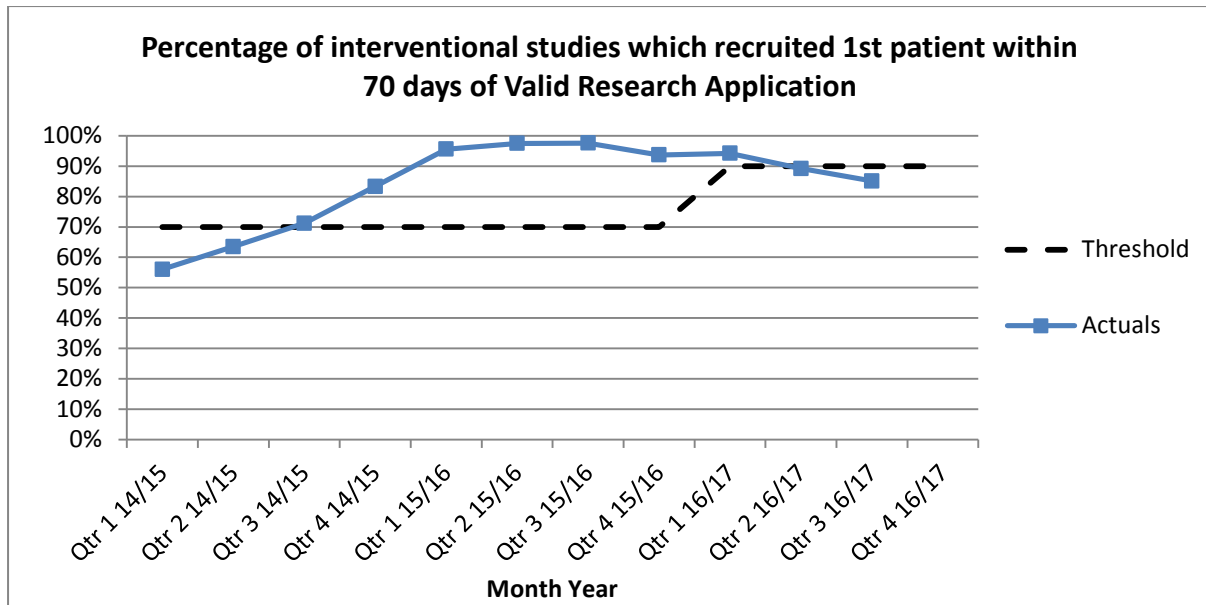


Figure 17 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q3 2016/17

2.2.5 Effective: Readmission rates

The most recent monthly figure is for August 2016 where the Trust’s readmission rates were lower in both age groups than the Shelford and National rates.

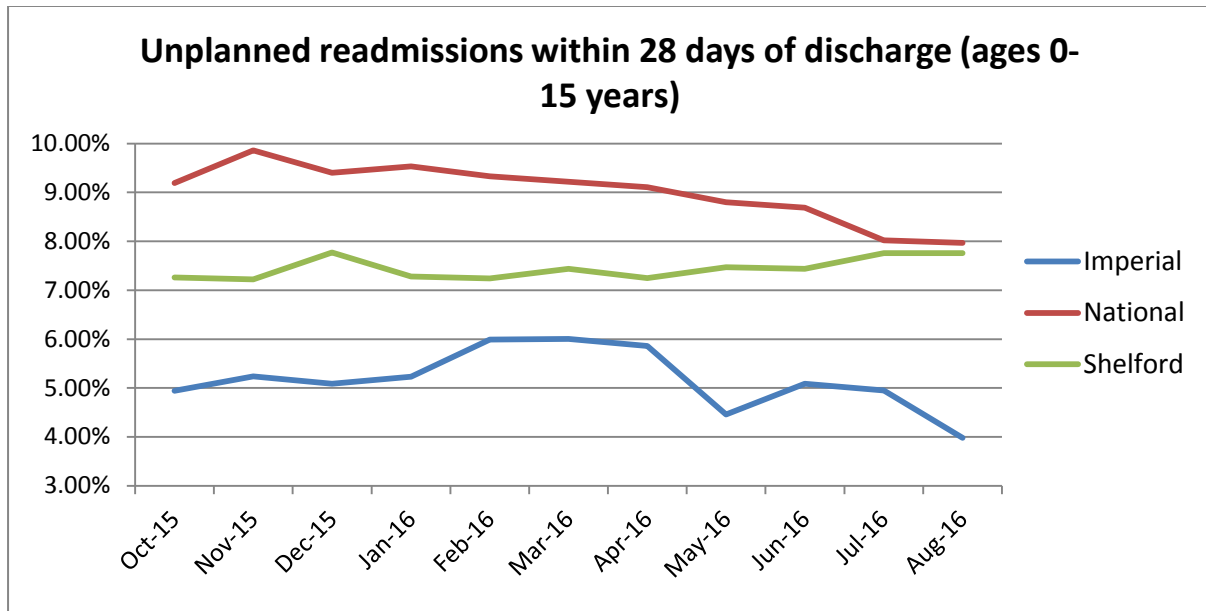


Figure 18 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – August 2016

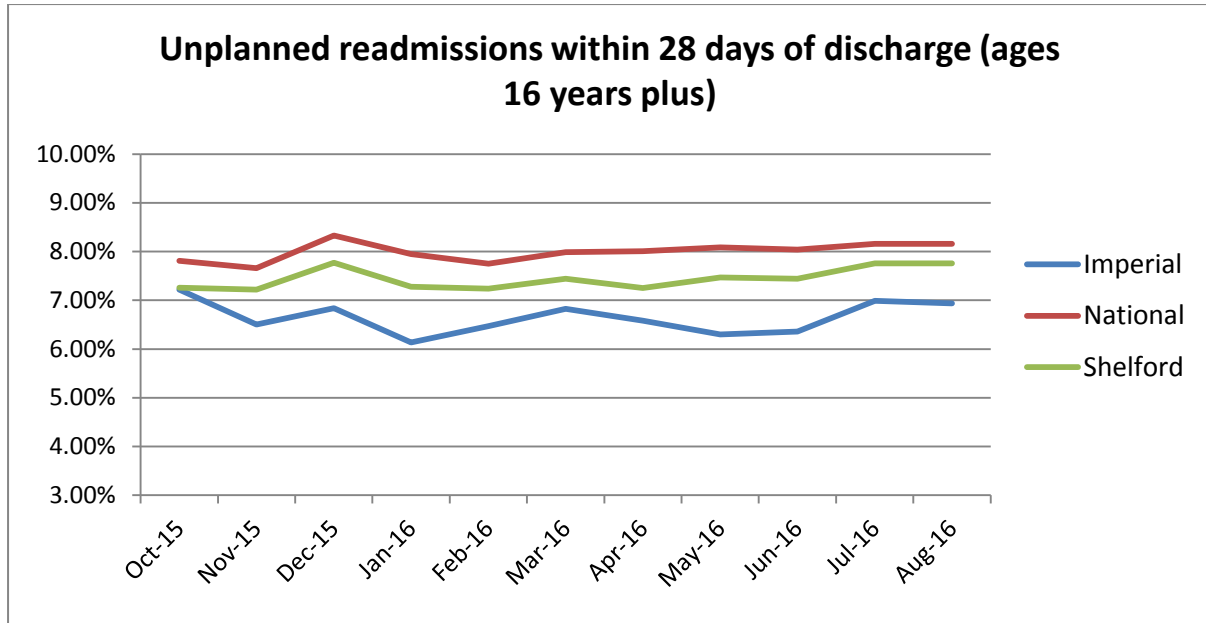


Figure 19 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – August 2016

2.2.6 Effective: Outpatient appointments checked in and checked out

When patients attend for their outpatient appointment they should be checked-in on the Trust system (CERNER) and then checked-out after their appointment so that it is clear what is going to happen next. The improving performance reflects new Trust-wide targets and escalation processes to clear appointments on the system in a timely manner.

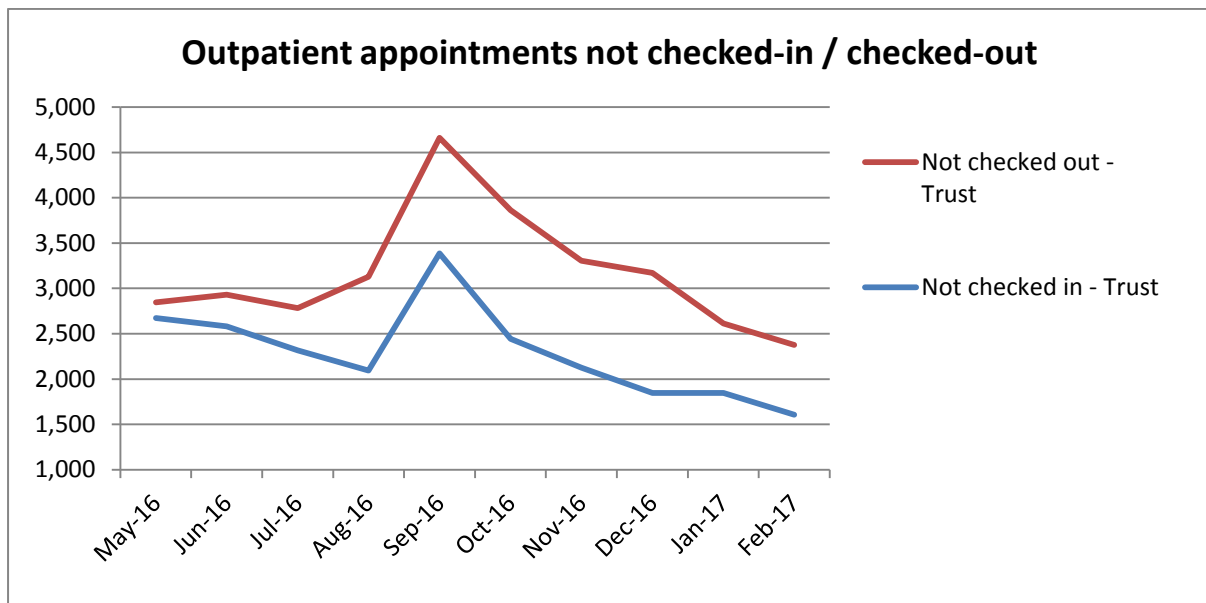


Figure 20 – Number of outpatient appointments not checked-in or DNA'd (in the last 90 days)/ checked-in and not checked-out for the period May 2016 – February 2017

2.3 Caring

2.3.1 Caring: Friends and Family Test

The inpatient response rate improved in February bringing it back up above the required threshold. The A&E response rate has stabilised after two months of falling. The outpatient willingness to recommend score exceeded 90 per cent for the first time in 8 months (since the introduction of the new mode of collection) and appears to be on a steady upward trajectory.

Service	Metric Name	Jan-17	Feb-17
Inpatients	Response Rate (target 30%)	28%	35%
	Recommend %	95%	97%
	Not Recommend %	1%	1%
A&E	Response Rate (target 20%)	12%	13%
	Recommend %	94%	94%
	Not Recommend %	3%	3%
Maternity	Response Rate (target 15%)	36%	32%
	Recommend %	95%	93%
	Not Recommend %	2%	3%
Outpatients	Response Rate (target 6%)	11%	12%
	Recommend %	91%	91%
	Not Recommend %	5%	5%

Friends and Family test: January 2017 and February 2017 results

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

The performance in non-emergency patient transport for patients leaving the hospital continues to improve.

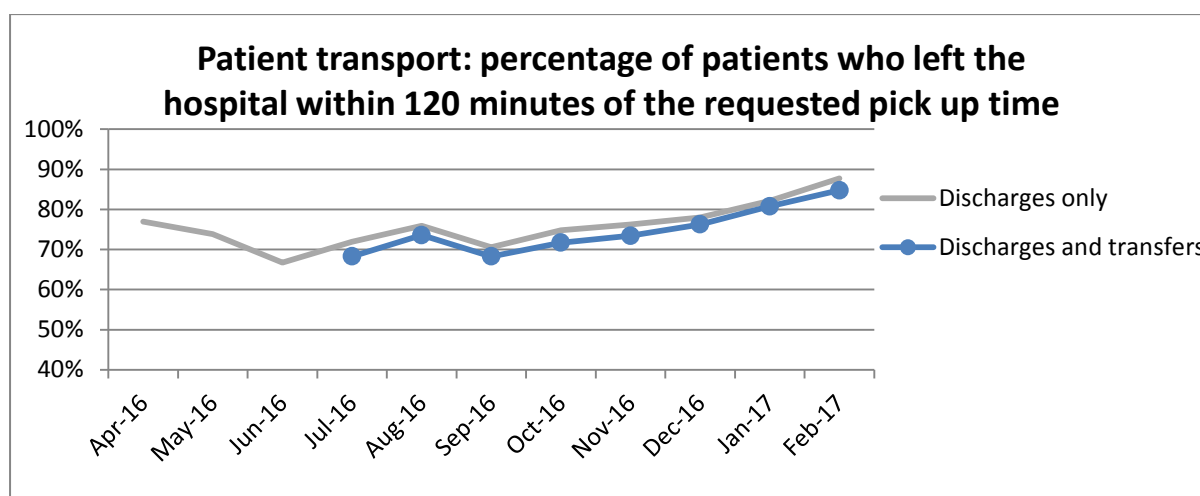


Figure 21 - Percentage of patients who left the hospital (discharges and transfers) as part of the patient transport scheme within 120 minutes of their requested pick up time between April 2016 and February 2017

2.3.3 Caring: Eliminating mixed sex accommodation

The Trust reported 12 mixed-sex accommodation (MSA) breaches in February 2017. All breaches were incurred by patients awaiting step down from critical care to ward areas and whose discharge is delayed.

Patients who are waiting for discharge from ICU to the appropriate ward are counted as MSA breaches if they are still in the ICU at midnight. Patients are usually identified for discharge at 9am.

The Trust previously used side rooms to move patients awaiting discharge to prevent MSA breaches. However this practice has stopped because it presents a safety risk for these patients and there have been concerns about infection control and the need to minimise patient moves following a recent VRE outbreak.

The key issues for February performance are as follows:

- Increased demand for critical care with many patients requiring side rooms on clinical grounds e.g. suspected flu or potential norovirus which requires isolation for clinical areas cases. This has further restricted their use for patients awaiting discharge.
- A rising trend in patients waiting longer in critical care to be discharged.

A new discharge process is in place and the impact on performance continues to be closely monitored.

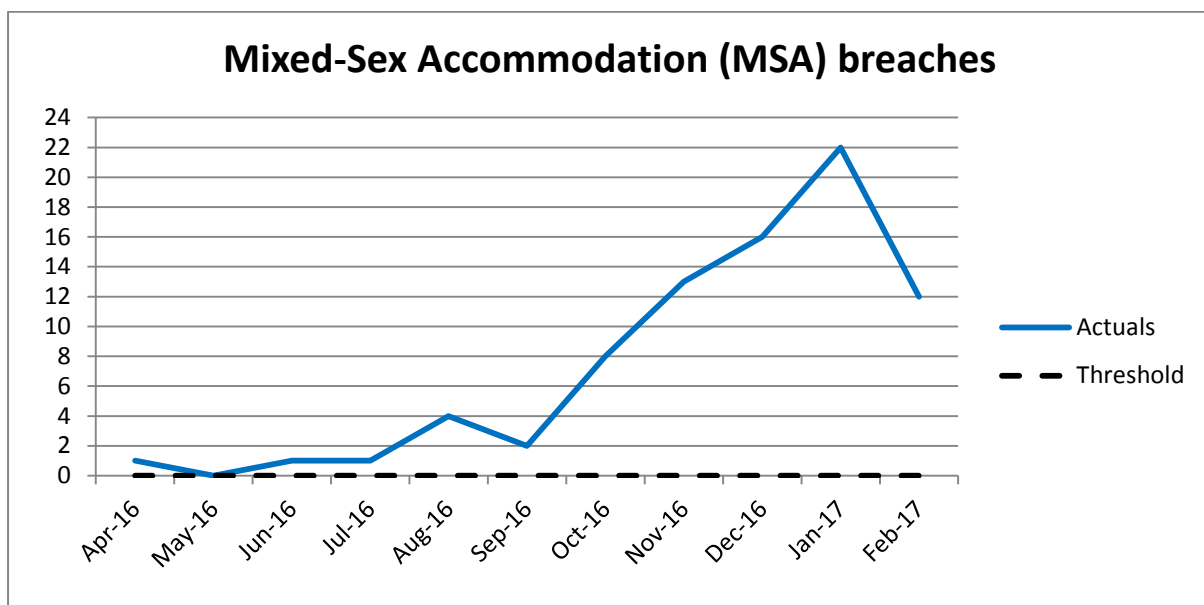


Figure 22 – Number of mixed-sex accommodation breaches reported for the period April 2016 – February 2017

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

All roles

The contractual vacancy rate was 11.3 per cent against the target of 10 per cent (January vacancy rate was 11.1 per cent). The average vacancy rate for all London Trusts is 14.0 per cent.

Actions include:

- Bespoke campaigns across specialties;
- Open days, Recruitment Fairs, social media, print advertising and recruitment databases;
- The medical recruitment process is under review;
- The Trust microsite and brand is under review;
- A social media campaign to maximise publicity from the BBC documentary; &
- Assessment and selection tool to ensure consistent decision-making to support retention and engagement.

All Nursing & Midwifery Roles

The contractual vacancy rate for all of the Trusts Nursing & Midwifery ward roles was 14.2 per cent with 699 WTE vacancies; the average across London is 15 per cent. The vacancy rate band 2 – 6 roles was at 16.7 per cent.

The Trust is working with other London Acute Teaching Trusts to benchmark and share information to support a reduction in vacancies.

A range of activities and actions are being taken including:

- Open days, social media and marketing including new videos / brochures (currently planned for Haematology, children's services, and care for the elderly);
- Capital Nurse Rotation Programme;
- Nurse Associate Pilot commencing April 2017;
- Attracting additional student nurses over and above our trainees;
- - An automatic conditional offer letter will be sent out to all of our student nurses who graduate in August – depending on obtaining their qualification; &
- Scoping of new International recruitment campaign.

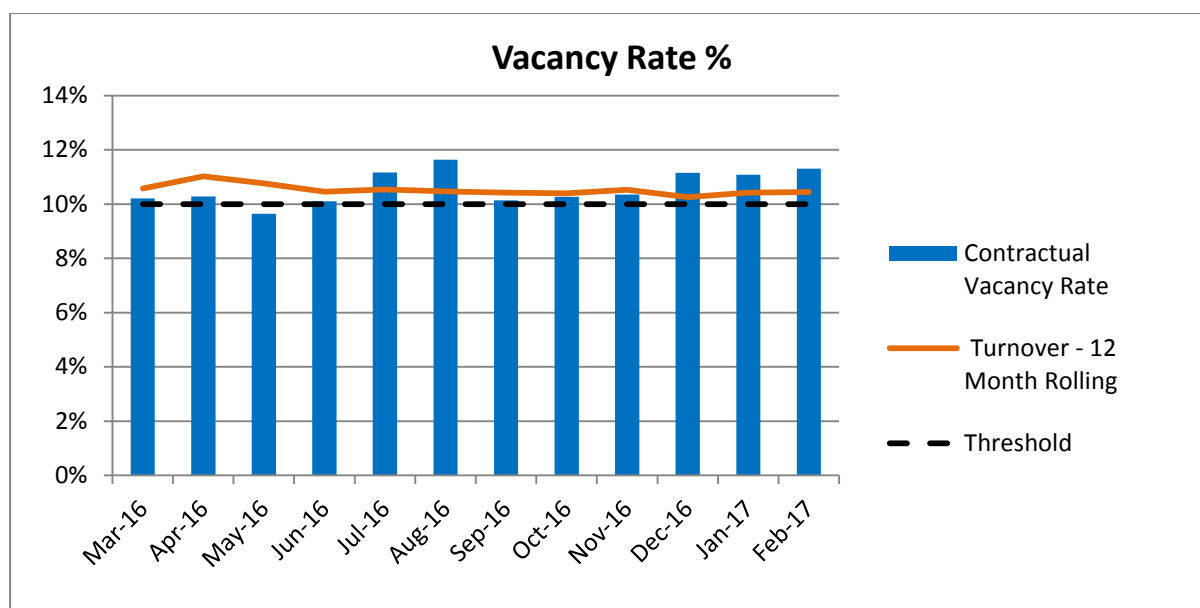


Figure 23 - Vacancy rates for the period March 2016 – February 2017

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence fell from 3.8 per cent in January to 3.0 per cent in February. This brings the Trusts rolling 12 month sickness position to 3.04 per cent against the year-end target of 3.10 per cent or lower.

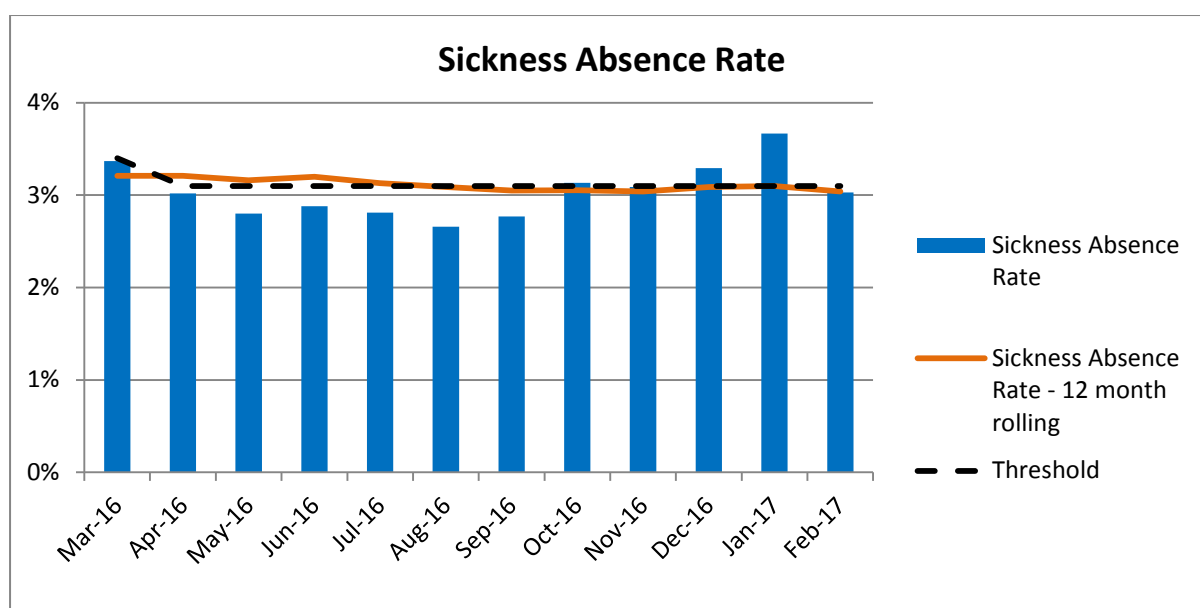


Figure 24 - Sickness absence rates for the period March 2016 – February 2017

2.4.3 Well-Led: Performance development reviews

The Trust achieved an 86 per cent compliance rate for completed Performance Development Reviews (PDR) for our non-medical staff. The new PDR cycle for 2017/18 will begin on 1st April 2017 and will run up until September 2017.

2.4.4 Well-Led: Doctor Appraisal Rate

Doctors’ appraisal rates decreased from 91 per cent in January to 89 per cent in February. The Trust remains above the national average of 86.6 per cent.

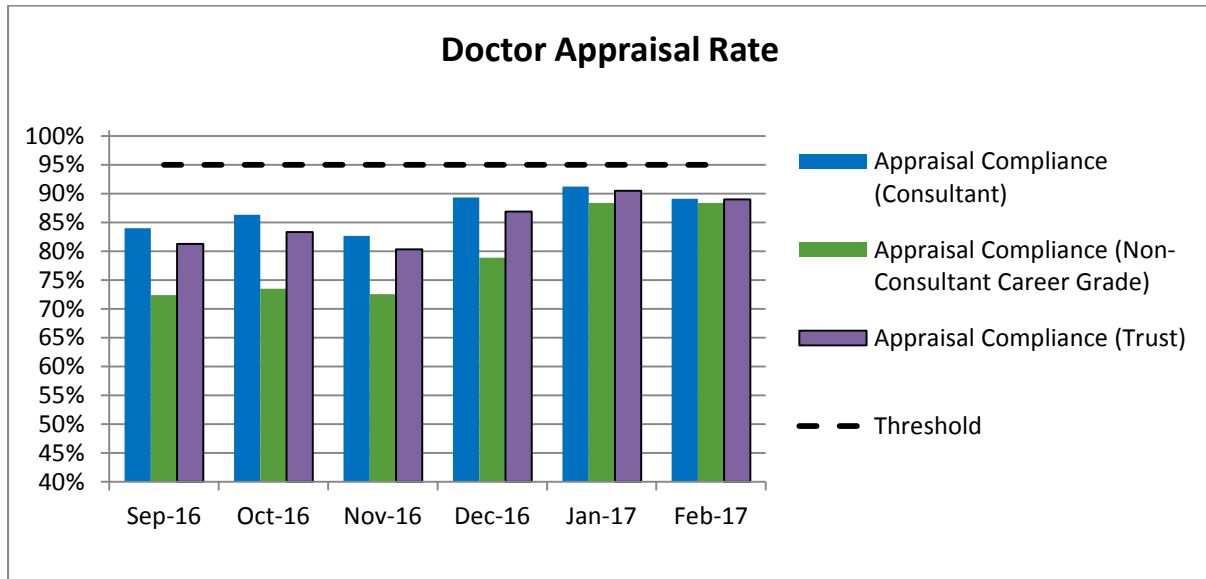


Figure 25 - Doctor Appraisal Rates for the period September 2016 to February 2017

2.4.5 Well-Led: General Medical Council - National Training Survey Actions

Health Education North West London (HENWL) quality visit

Twenty four actions remain open from the Health Education North West London quality visit; progress with the open actions was submitted in January 2017 and a response from HENWL is awaited.

2015/16 General Medical Council National Training Survey

An updated action plan in response to the GMC NTS red flags was submitted to Health Education England in January 2017 and a response is awaited.

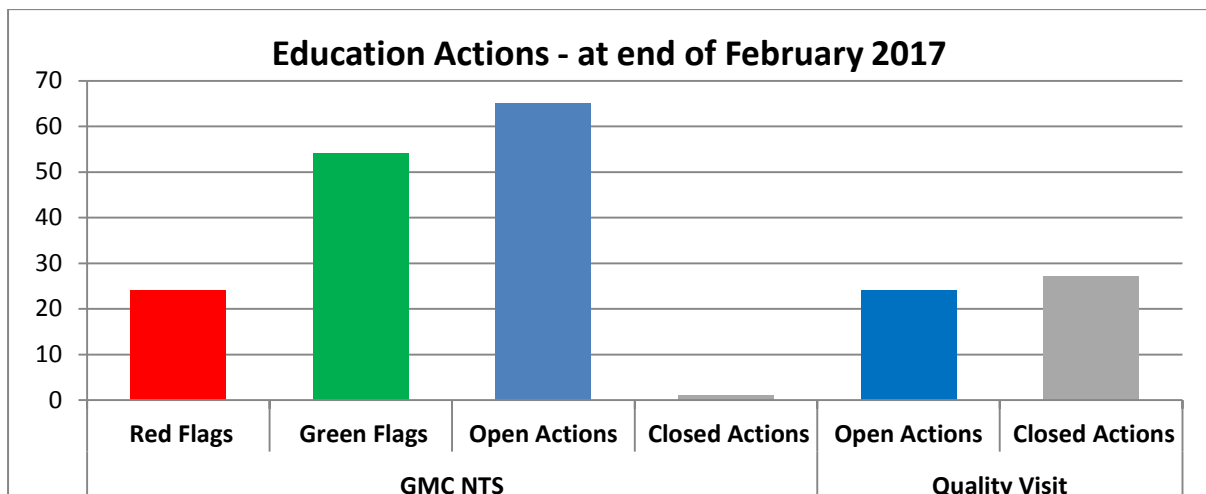


Figure 26 – General Medical Council - National Training Survey action tracker, updated at end February 2017

2.4.6 Well Led: Estates – maintenance tasks completed on time

The percentage of estates maintenance tasks completed on time fell during February. The main underlying causes were annual leave and sickness absence and this is being closely monitored by the Estates team.

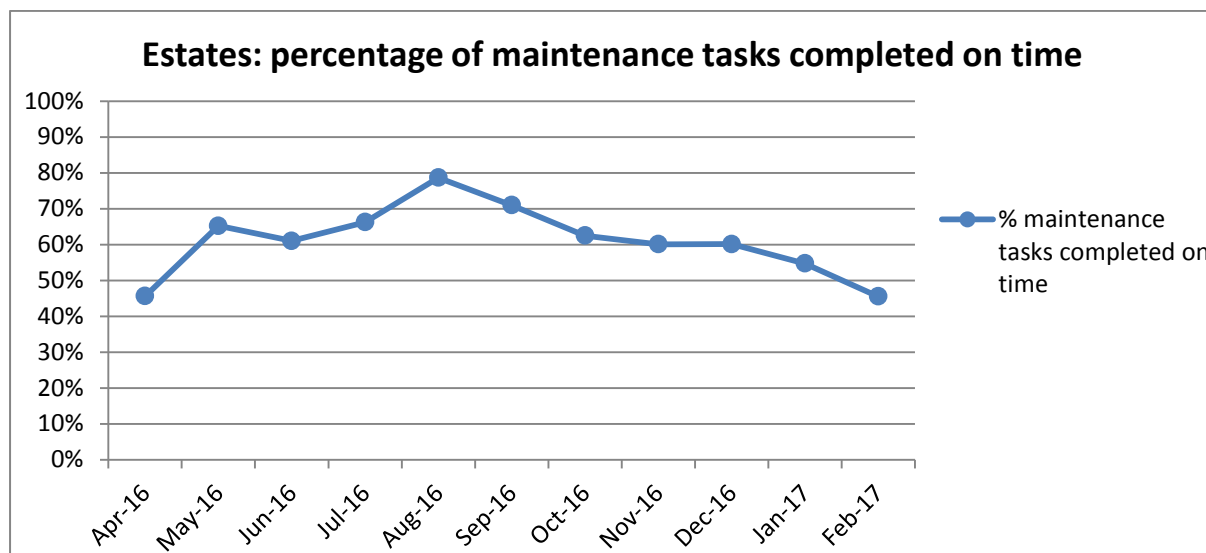


Figure 27 – Estates: percentage of maintenance tasks completed on time for the period April 2016 – February 2017

2.5 Responsive

2.5.3 Consultant-led Referral to Treatment waiting times

At the end of the February, 82.24 per cent of patients had been waiting less than 18 weeks to receive consultant-led treatment. The numbers of patients waiting over 18 weeks was 11,090. This achieved the Trust's Sustainability and Transformation Fund (STF) RTT incomplete trajectory of 81.74 per cent, and was an improvement from the reported position of 81.98 per cent at the end January.

The Trust continues the work of its waiting list improvement programme (WLIP) and action plan to address RTT challenges and return to delivering the RTT standard sustainably. The WLIP also oversees the management of the existing clinical review process which provides assurance that patients who wait over 52 weeks are not coming to harm.

Significant progress has been made on all of the aspects of the programme, including the data clean-up of the waiting lists, the roll out of a new Clinical Outcome form across the Trust, the establishment of right first time processes, additional clinical activity and theatre capacity and performance recovery trajectories for 18 week and long waiters. The project continues into 2017/18.

Performance is expected to continue to improve over the coming months; however there is a risk to delivery of the March trajectory as target performance is 1 per cent higher than February and there are on-going capacity pressures in many services. Elective capacity modelling has now been completed and actions are underway to

support improvements. Additional capacity is also being delivered for outpatients and work is on-going to quantify the capacity and demand gap to inform future planning.

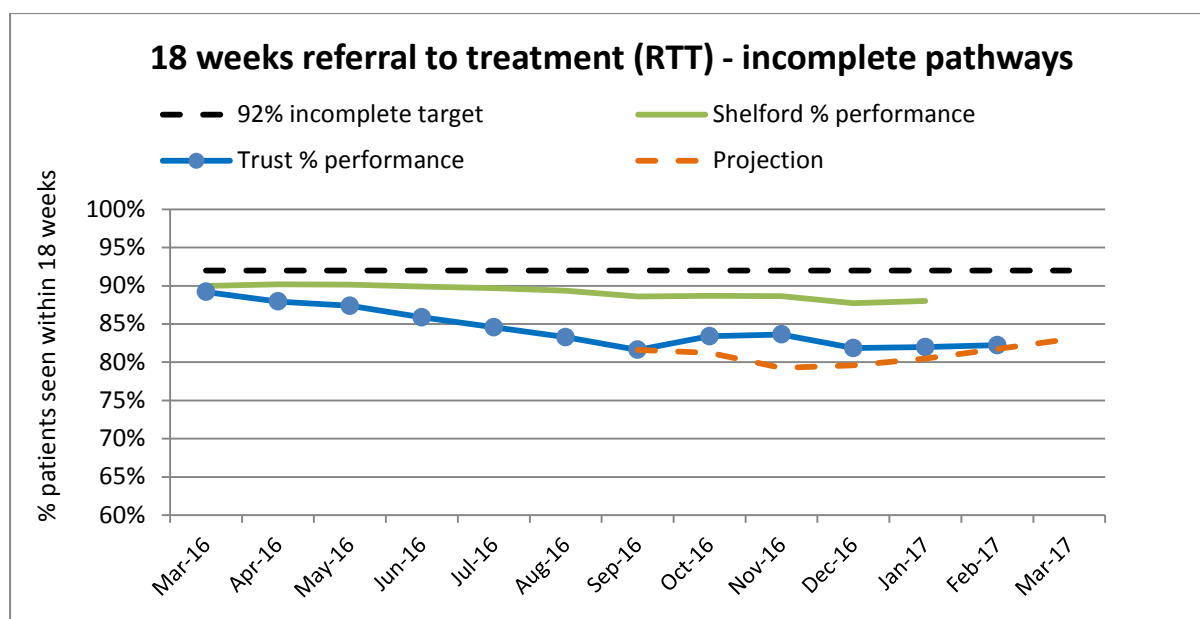


Figure 28 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period March 2016 – February 2017

52 weeks

The on-going data clean-up of the inpatient and outpatient waiting lists has resulted in a large number of patients whom we had not been tracking consistently in specific specialities. This is because RTT rules were applied incorrectly at an earlier stage of the patient's treatment pathway.

The Trust reported 316 patients waiting over 52 weeks at the end of February; this was an improvement on January's reported position (383 patients) but did not achieve the STF trajectory of 152 patients. This is primarily due to continued high levels of patients being reported from the data clean-up work streams, on-going capacity challenges in orthopaedics, plastics and ENT, and the continued impact of winter pressures.

The priority for all long waiters is to agree a date for treatment for each patient as soon as possible. Each patient is subject to a clinical review to make sure that their care plan is appropriate in view of the time they have waited for treatment.

Performance is expected to continue to improve over the coming months, however it is not expected that the STF trajectory for March for 52 weeks will be achieved.

Reducing the number of patients waiting over 52 weeks is a priority work stream for the programme over the coming months, and work is currently on going to support the directorates in their efforts to rapidly improve this position.

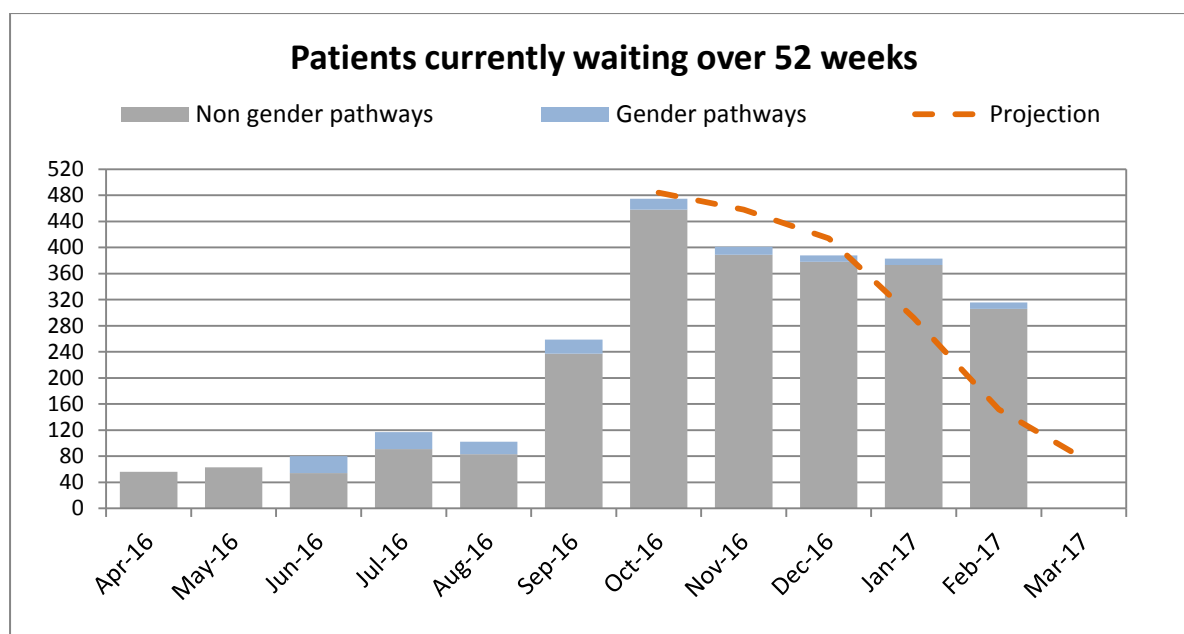


Figure 29 - Number of patients waiting over 52 weeks split by gender pathways and non-gender pathways, for the period April 2016 – February 2016

2.5.4 Responsive: Cancer

In March 2017, performance is reported for Cancer Waiting Times standards for January 2017.

In January 2017 the Trust achieved five of the eight national cancer standards. The Trust underperformed against the two week GP referral to 1st appointment (delivering 87.2% against a 93% standard), the GP referral to treatment for all cancers (delivering 76.2% against a 85% target), and the 62-day GP referral to treatment from screening (delivering 80.4% against a 90 per cent target).

The 2WW target standard failed through a combination of three issues. Firstly, larger than normal patient choice delays as a result of the Christmas period, with many patients opting to be seen after the New Year. Secondly, some services did not adequately provide capacity over the back end of December meaning capacity was reduced below what would have already been expected for the bank holidays. The third problem related specifically to dermatology after the department cancelled four 2WW clinics with patients booked into them at very short notice and not all patients could be accommodated into alternative clinics within what remained of their 2WW clocks.

Our cancer team are working with the new dermatology lead to start to address the clinic planning issues in that service. Their performance has been poor for a number of months but we are now making some headway with better planning across the three sites. We have also started demand and capacity modelling for breast, urology, colorectal and ENT, and we will work through the remainder of the specialties by order of priority. This will also feed into the RTT programme and the service planning that is being undertaken as part of that.

The 62-day GP referral to treatment standard (all cancers) failed principally because of late referrals of patients on shared pathway who we share the breach for on the current allocation rules. However, this month we also failed if only our internal pathways are considered. This was principally related to the low numbers of cancers diagnosed this month leading to a low denominator. We are continuing to work with our linked hospitals and CCGs to improve shared patient pathways.

The screening standard was missed partly through a low denominator making the standard more susceptible to big swings in performance. There were only 22 treatments against the standard in January. None of the breaches were the fault of ICHT. Two were genuinely complex pathways with multiple repeated diagnostics as malignancy could not be confirmed, two breaches were the result of patients refusing to attend their first appointments (for which there is no adjustment available) and one breach occurred at the local treating hospital after they were repatriated by the ICHT screening service.

Indicator	Standard	Jan-16
Two week GP referral to 1st outpatient – all urgent referrals (%)	93.0%	87.2%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.4%
31 day wait from diagnosis to first treatment (%)	96.0%	96.0%
31 day second or subsequent treatment (drug treatments) (%)	98.0%	98.4%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	98.8%
31 day second or subsequent treatment (surgery) (%)	94.0%	96.4%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	76.2%
62 day urgent GP referral to treatment from screening (%)	90.0%	80.4%

Performance against national cancer standards for January 2017

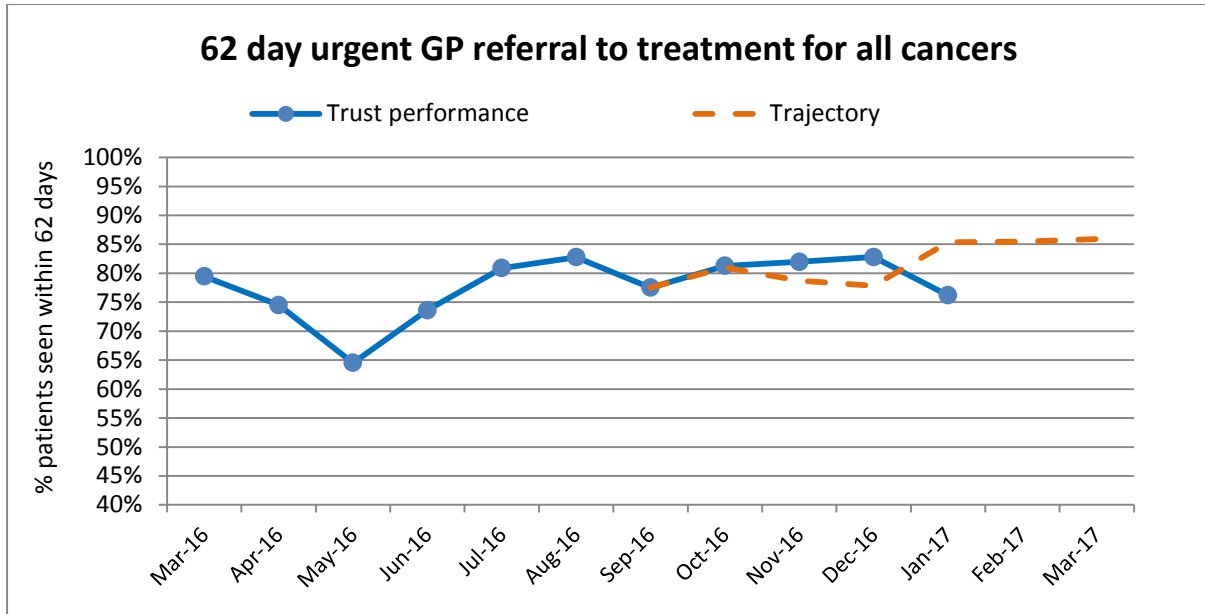


Figure 30 – Cancer 62 day GP referral to treatment performance for the period March 2016 – January 2017

2.5.5 Responsive: Elective operations cancelled on the day for non-clinical reasons

The non-clinical cancelled operations performance is submitted quarterly. In quarter three, 0.7 per cent of operations (195 cancellations) were cancelled on the day as a percentage of total elective activity. Breaches of the 28-day rebooking guarantee remain high at the Trust (26 breaches reported in quarter 3).

A full update has been scheduled for presentation to the Clinical Quality Group meeting on 22 April 2017. This paper will cover: Trend data of cancellations incl. repeat cancellations and cancer pathways; actions in place to reduce cancellations and ensure compliance with the 28-day rebooking guarantee; management of clinical risks; and patient experience.

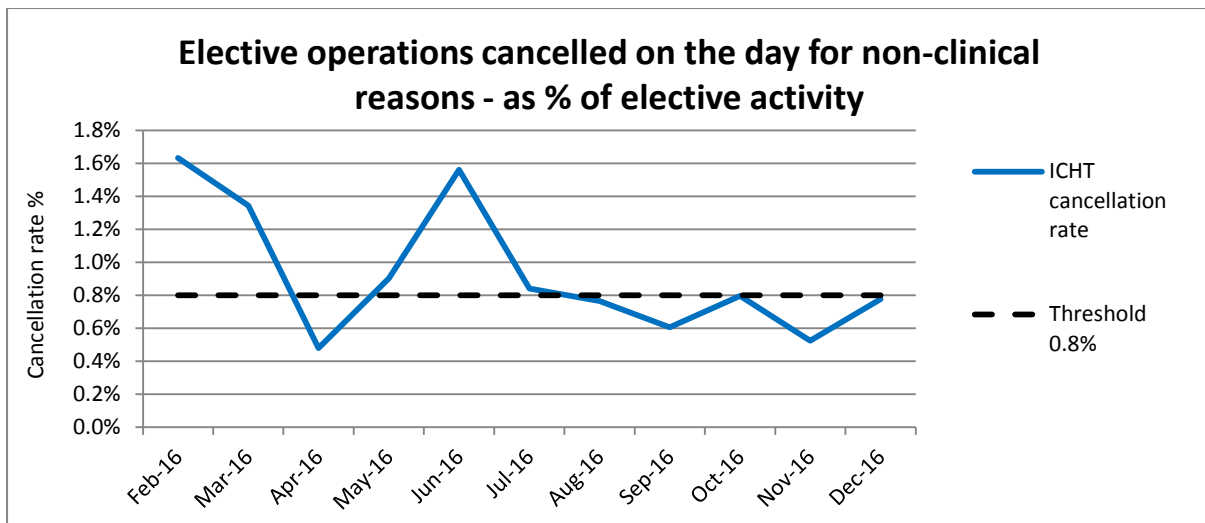


Figure 31 – Non-clinical cancellations as a % of total elective admissions for the period February 2016 – December 2016

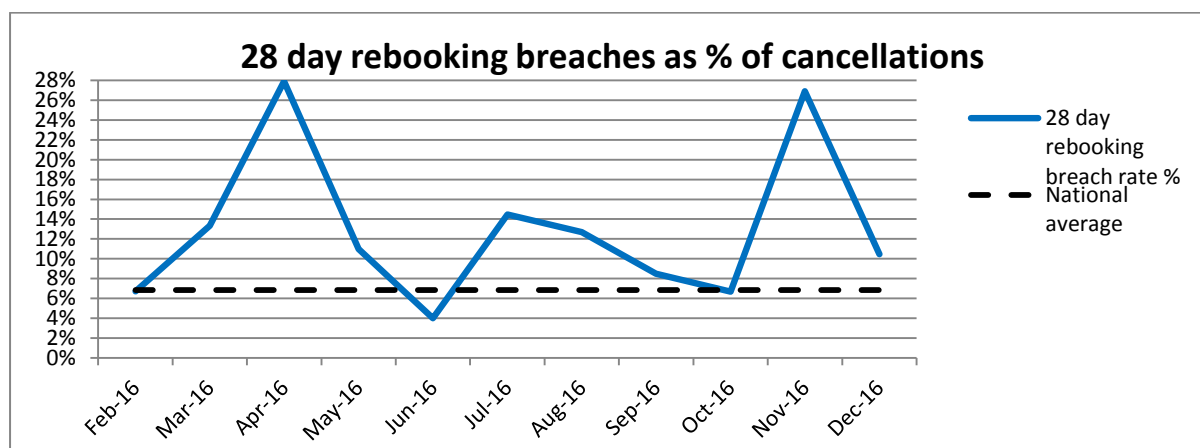


Figure 32 - Patients not treated within 28 days of their cancellation as a % of cancellations for the period February 2016 – December 2016

2.5.6 Responsive: Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency continued to improve in February 2017. Overall performance was 87.83 per cent (January performance was 86.30 per cent). This was against the performance trajectory target of 93.22 per cent for the month which was not achieved.

The improved performance follows expansion in capacity for emergency admissions with the opening of a new acute assessment unit at CXH and a new surgical assessment unit at SMH. The Trust is also extending operational hours for ambulatory emergency care services to help avoid unnecessary hospital admissions.

The key issues remain as follows:

- Difficulties with transfer of patients from the Vocare UCC to the Emergency Department;
- Increased demand and acuity;
- High levels of bed occupancy;
- High numbers of bed days lost through delayed transfers of care from the hospital; & delays for mental health beds.

The Trust continues to implement its on-going programme of improvements and interventions to reduce waits, improve flow and capacity and manage demand.

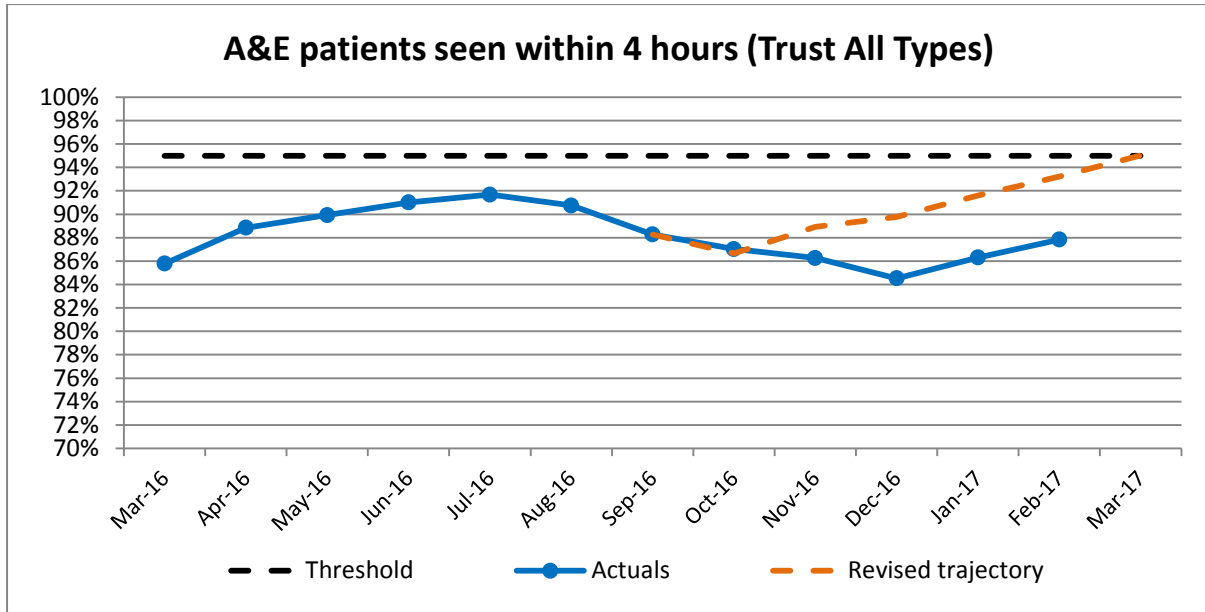


Figure 33 – A&E Maximum waiting times 4 hours (Trust All Types) for the period March 2016 – February 2017

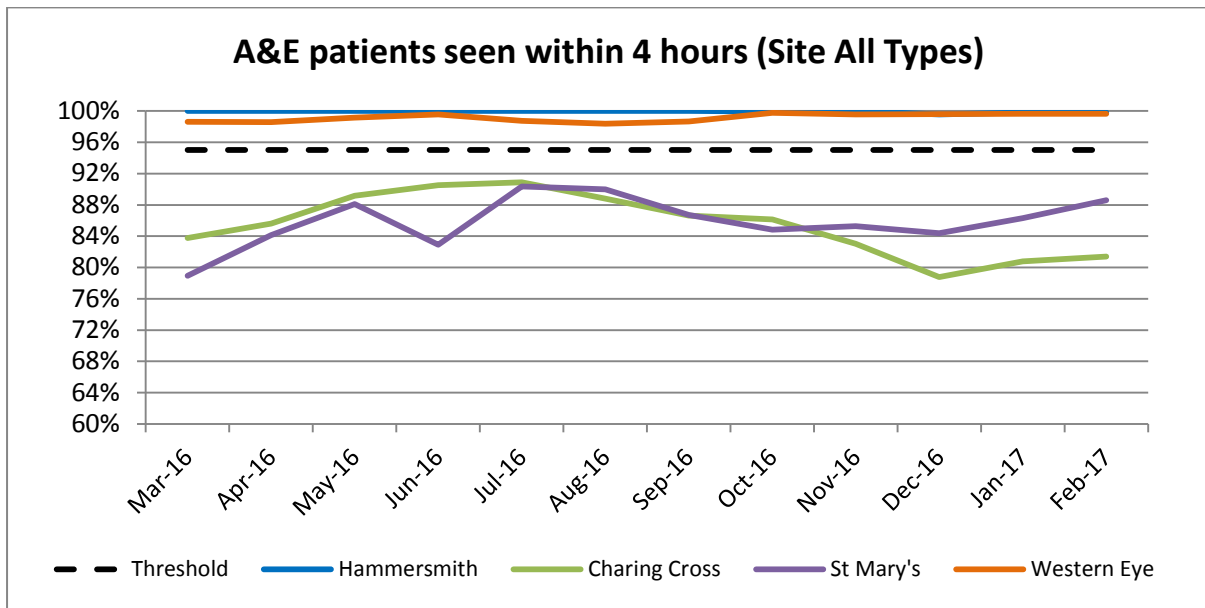


Figure 34 – A&E Maximum waiting times (Site All Types) 4 hours for the period March 2016 – February 2017

2.5.7 Responsive: Diagnostics

In February the Trust met the monthly 6 week diagnostic waiting time standard with 0.18 per cent of patients waiting over six weeks against a tolerance of 1 per cent.

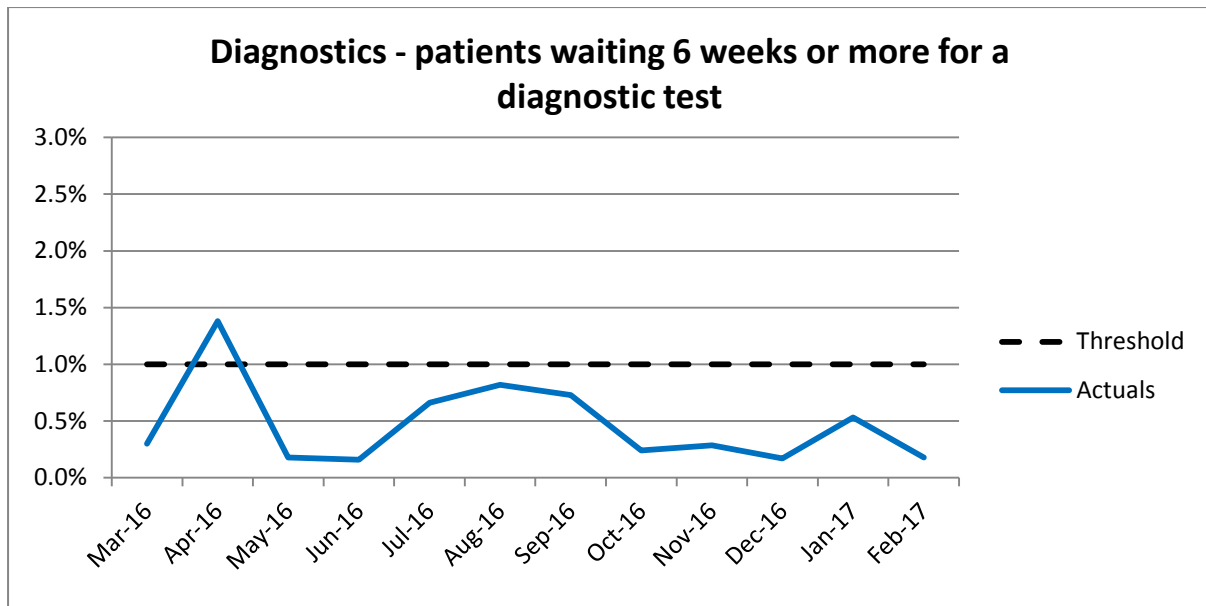


Figure 35 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period March 2016 – February 2017

2.5.8 Responsive: Patient attendance rates at outpatient appointments

The overall DNA (first and follow up) rate was 11.6 per cent (9,611 appointments) and has come down by 0.7 per cent from the previous month (January performance was 12.3 per cent). The DNA rate for new appointments was 12.5 per cent and for Follow-up appointments it was 11.2 per cent.

The outpatient improvement programme is carrying a detailed review of the data to ascertain the underlying trends, establish contributing factors and identify steps that can be taken to improve attendance at outpatient appointments further.

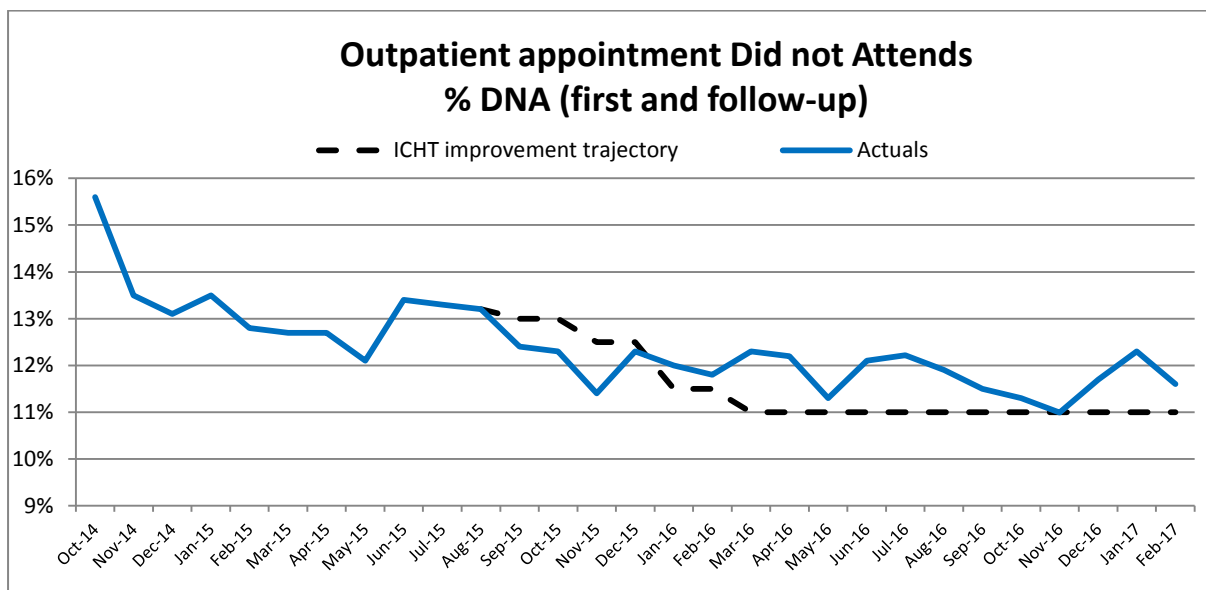


Figure 36 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period October 2014 – February 2017

2.5.9 Responsive: Outpatient appointments cancelled by the Trust

In January, 8.0 per cent (9,193) of outpatient appointments were cancelled by the hospital with less than 6 weeks’ notice. This is a slight increase on the January performance of 7.5 per cent but still within the target threshold of 8.5 per cent for the month.

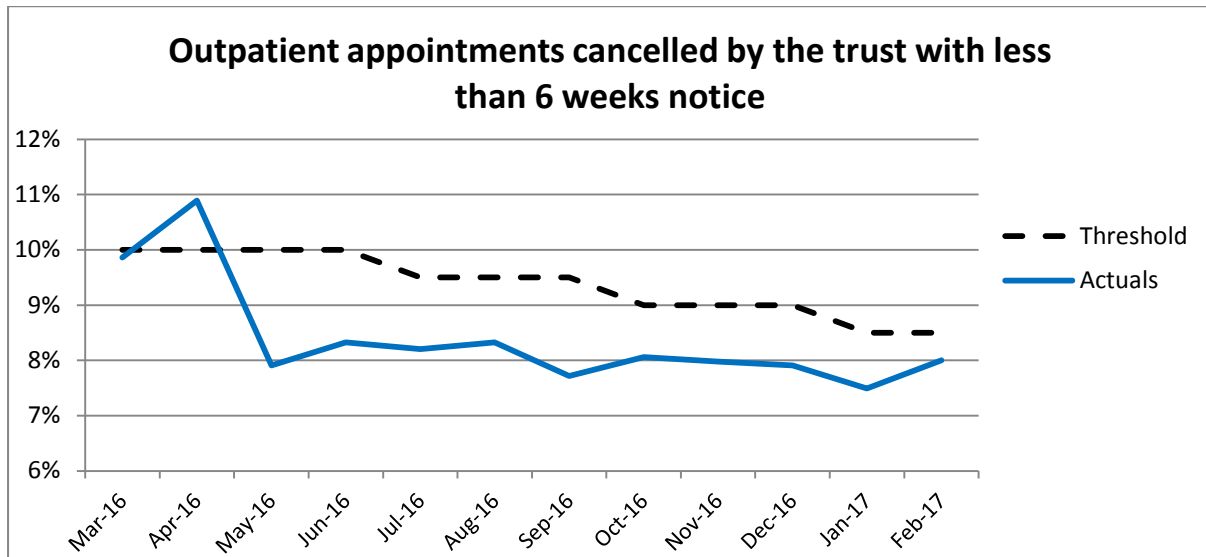


Figure 37 – Outpatient appointments cancelled by the Trust with less than 6 weeks’ notice for the period March 2016 – February 2017

2.5.10 Responsive: Outpatient appointments made within 5 days of receipt

The Trust’s quality strategy target is for 95 per cent of routine outpatient appointments to be made within 5 working days of receipt of referral. In February, 78.9 per cent of routine appointments were made within 5 days. This reflects continued focus on new ways of working though the Patient Service Centre for centralised services, such as improved tracking and performance monitoring, increased responsiveness to outliers using huddle boards, and increased resourcing allocation and improved call handling.

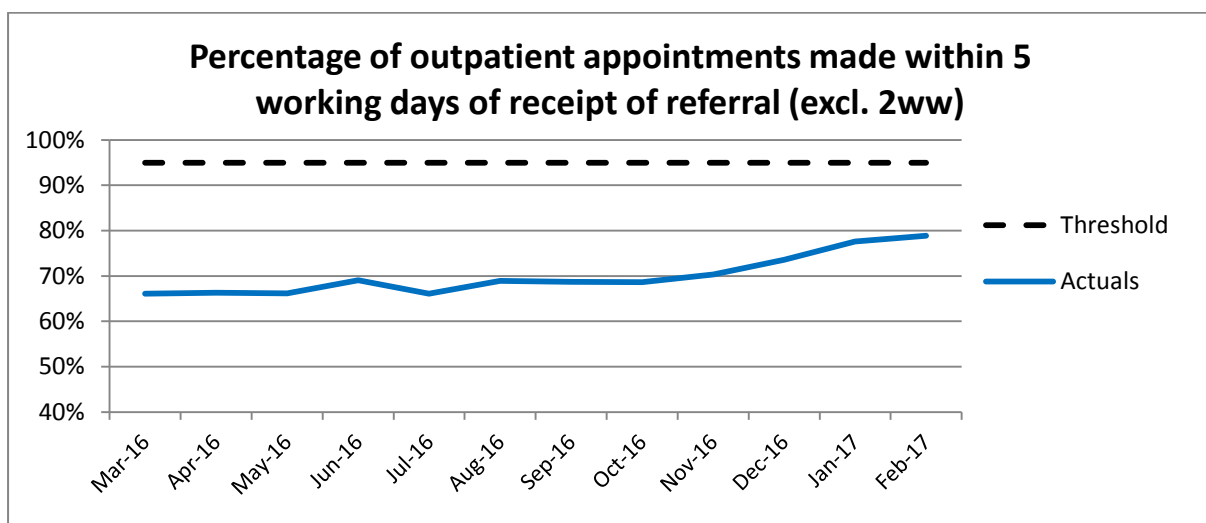


Figure 38 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period March 2016 – February 2017

2.5.11 Responsive: Access to antenatal care – booking appointment

In February 96.0 per cent of pregnant women accessing antenatal care services completed their booking appointment by 12 weeks and 6 days (excluding late referrals), meeting the target of 95 per cent or more.

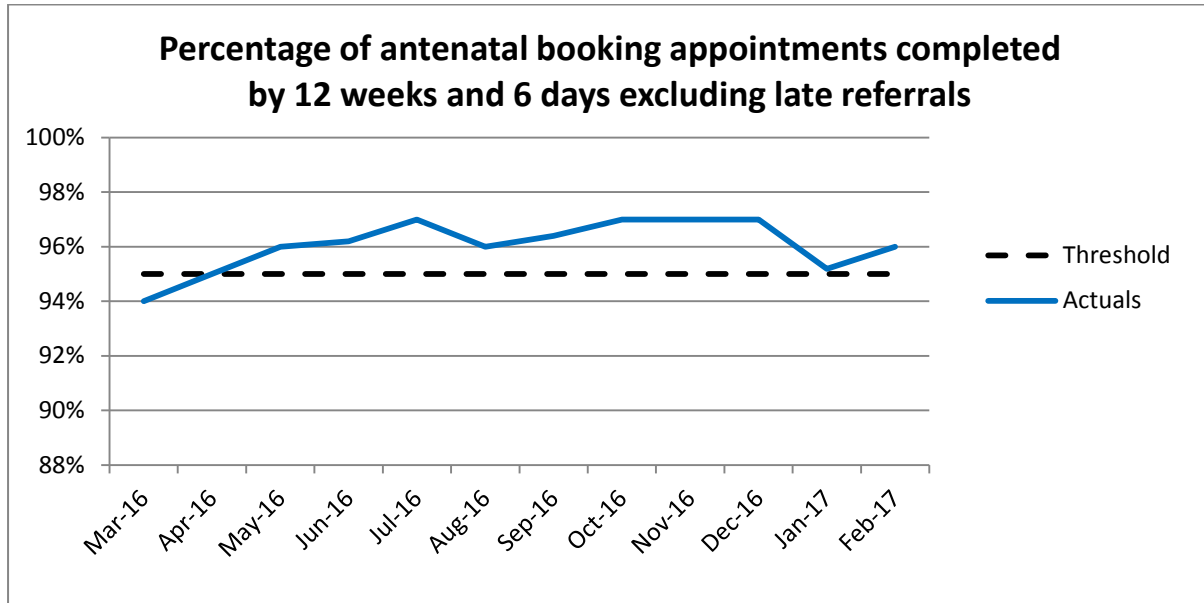


Figure 39 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period March 2016 – February 2017

2.5.12 Responsive: Complaints

The number of complaints in February was consistent with previous months (excluding December). In February all complaints received were acknowledged within 3 days. Ninety-nine per cent of complaints were responded to within the time agreed with the complainant, with the average time to respond falling to 21 days, the lowest yet recorded.

In quarter 3 the Parliamentary Health Service Ombudsman (PHSO) investigated seven complaints where the complainants had been unhappy with the outcome from the ICHT complaints process. The PHSO did not uphold any of these, suggesting that the quality of ICHT complaints investigations and responses is good.

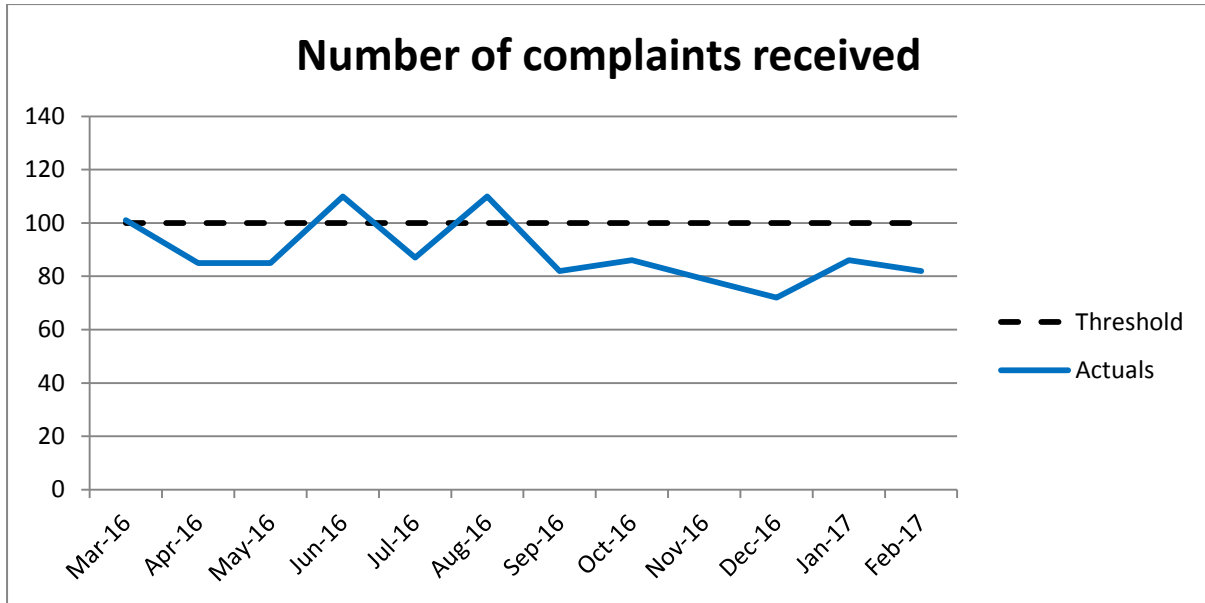


Figure 40 – Number of complaints received for the period March 2016 – February 2017

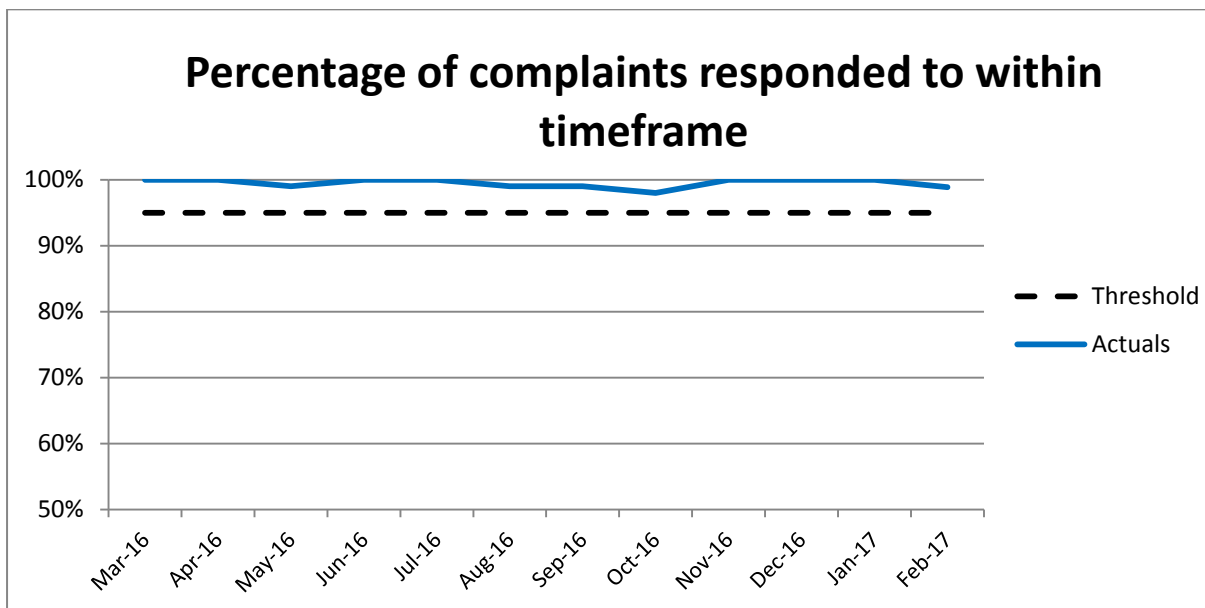


Figure 41 – Response times to complaints for the period March 2016 – February 2017

3. Finance

Please refer to the Monthly Finance Report to Trust Board for the Trust’s finance performance.

Appendix 1 Safe staffing levels below target by ward (additional detail for section 2.1.7)

The fill rate was below 85 per cent for care staff and 90 per cent for registered staff in the following wards:

- 10 North (neurology) had a day fill rate of 52.38 per cent during the day for care staff. Although the report shows a staffing gap there was a much smaller gap than reported as the roster had not been updated to reflect the actual staffing levels that had altered due to fluctuations in staffing requirements.
- 11 South (neurosurgery) had a day fill rate of 64.44 per cent during the day for care staff. Although the report shows a staffing gap there was a much smaller gap than reported as the roster had not been updated to reflect the actual staffing levels that had altered due to fluctuations in staffing requirements. In both areas (10 North and 11 South), registered nurses covered the actual gaps .
- 9 West (neuro rehabilitation) had a day fill rate of 85.51 per cent for registered nurse staff, which resulted from unfilled RMN cover and enhanced care requirements . There was also a night fill rate of 88.26 per cent for registered nurse staff. This equated to 6 shifts unfilled. These shifts were covered by the Nurse in Charge and other registered nurses to ensure patient needs were met. The overall day fill rate was 89.09 per cent. The overall night fill rate was 92.73 per cent.
- DAAU HDU had a day fill rate of 88.90 per cent for registered nurses, and a night fill rate of 89.54 per cent. As there is no establishment for care staff, these requests are entered onto the RN line of the roster template, but do not reflect actual shortages in RN staff. The unfilled care staff shifts were requested for the enhanced care of patients and these needs were covered by the registered staff.
- Handfield Jones had a day fill rate of 75.61 per cent for care staff. This equated to 20 shifts unfilled. The care requirements of patients were met by the Ward Matron and other registered nurses .
- John Humphrey Ward had a day fill rate of 84.07 per cent for care staff. This equated to 3 shifts unfilled. Care staff from across the floor were utilised to cover any staffing gaps that arose from these shifts being unfilled.
- A7 (cardiology) had a day fill rate of 83.39 per cent for care staff. This equated to 5 shifts unfilled for enhanced care. Shifts were covered by the Ward Manager. The overall day fill rate was 94.90 per cent.
- A8 had a night fill rate of 74.73 per cent for care staff. This equated to 4 shifts unfilled for enhanced care. A8 does not have care staff overnight, registered nurse provided enhanced care. The overall night fill rate was 94.92 per cent.

- 6 South had a night fill rate of 84.62 per cent for registered nurses. This equated to 9 shifts unfilled. Staffing across days and nights was flexed to cover unfilled gaps. The overall night fill rate was 87.76 per cent.
- ISIC Surgical Assessment Unit had a day fill rate of 88.79 per cent for registered nurses, this equated to 2 shifts, and a 50.00 per cent fill rate for care staff, this equated to 1 shift. Registered nurse shifts were covered by the Ward Manager. The care staff shift was covered by movement of staff. These gaps reflect the need for a reconciliation in the establishment template that is set up for 12 beds, when only five were open during the month of February. This is a new area and as more beds are open the staffing levels will be flexed up to meet the established levels required for a 12 bedded unit as it becomes necessary.
- Paterson ward had a day fill rate of 84.38 per cent for care staff. This equated to 5 shifts unfilled for enhanced care. The gap in staffing reflects increased activity over the month of January for medical patients who needed enhanced care. Staff were used flexibly across the unit. The overall day fill rate was 93.68 per cent.