Imperial College Healthcare NHS Trust

Report to:	Date
Trust board - public	**23 May 2018**

Integrated Performance Report

Executive summary:

This is a regular report which outlines the key headlines relating to the reporting month of March 2018 (month 12).

In line with the new process for performance and quality reporting, this report and subsequent reports will refer to figures for two months previous. This change is intended to allow each of the sections to be appropriately discussed at the executive and quality committees before the meeting of the Trust Board.

The July 2018 meeting of the Trust Board will also receive the report in a revised format, with more detail against relevant improvement plans and actions for the 2018/19 indicators.

Recommendation to the Trust board:

The Board is asked to note this report.

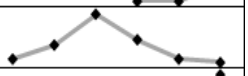
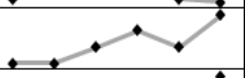
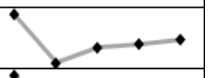
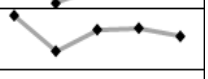
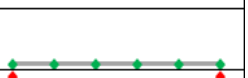
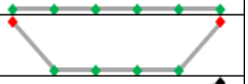
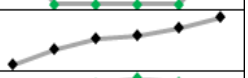
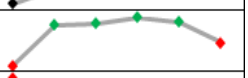
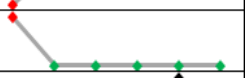
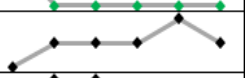
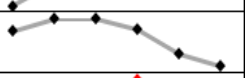
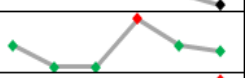
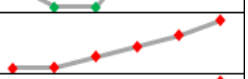
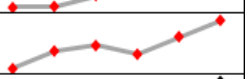
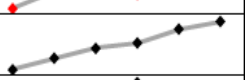
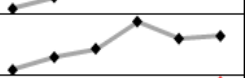
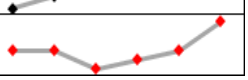
Trust strategic objectives supported by this paper:

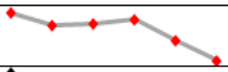
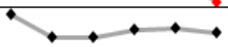
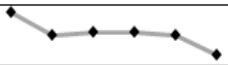
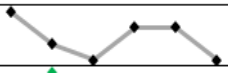
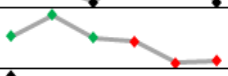
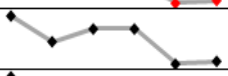
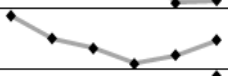
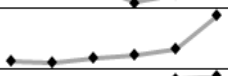
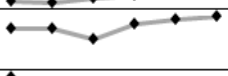
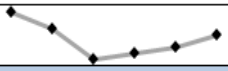
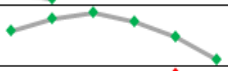
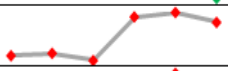
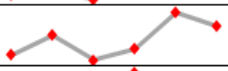
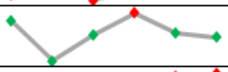
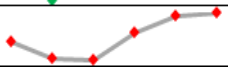
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

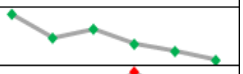
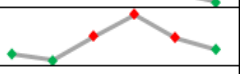
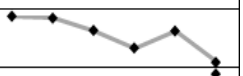
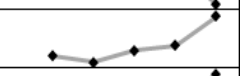
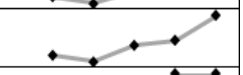
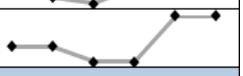
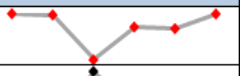
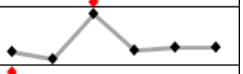
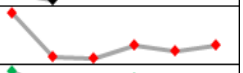
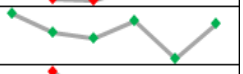
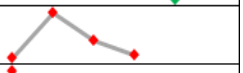
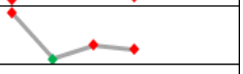
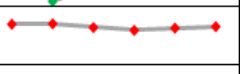
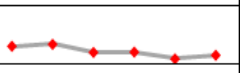
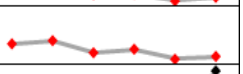
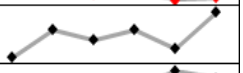
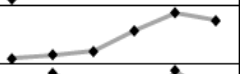
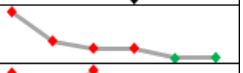
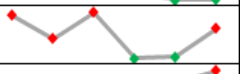
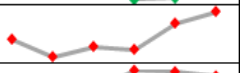
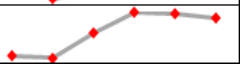
Author	Responsible executive director
Performance Support Team	William Oldfield (Acting Medical Director for Quality, Safety and Strategy) Janice Sigsworth (Director of Nursing) David Wells (Director of People and Organisational Development) Catherine Urch (Divisional Director) Tim Orchard (Divisional Director and acting Medical Director for Development, Education and Research) Tg Teoh (Divisional Director)

Contents

1. Scorecard

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	William Oldfield	Mar-18	-	**7**	
Incidents causing severe harm (number)	William Oldfield	Mar-18	-	**1**	
Incidents causing severe harm (% of all incidents YTD)	William Oldfield	Mar-18	-	**0.08%**	
Incidents causing extreme harm (number)	William Oldfield	Mar-18	-	**3**	
Incidents causing extreme harm (% of all incidents YTD)	William Oldfield	Mar-18	-	**0.08%**	
Patient safety incident reporting rate per 1,000 bed days	William Oldfield	Mar-18	44.0	**51.64**	
Duty of candour compliance at 09/04/2018:					
Compliance with duty of candour (SIs)	William Oldfield	Mar-18	100%	**98.0%**	
Compliance with duty of candour (Level 1 - internal investigations)	William Oldfield	Mar-18	-	**89.0%**	
Compliance with duty of candour (Moderate and above incidents)	William Oldfield	Mar-18	-	**79.0%**	
Never events (number)	William Oldfield	Mar-18	0	**0**	
MRSA (number)	William Oldfield	Mar-18	0	**1**	
Clostridium difficile (cumulative YTD) (number)	William Oldfield	Mar-18	62	**59**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	William Oldfield	Mar-18	95.0%	**94.6%**	
CAS alerts outstanding (number)	William Oldfield	Mar-18	0	**0**	
Avoidable Pressure Ulcers	Janice Sigsworth	Mar-18	-	**1**	
Staffing fill rates (%)	Janice Sigsworth	Mar-18	tbc	**95.7%**	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Mar-18	2.8%	**2.7%**	
Core Skills (excluding Doctors in Training) (%)	David Wells	Mar-18	90.0%	**87.4%**	
Core Skills (Doctors in Training) (%)	David Wells	Mar-18	90.0%	**74.8%**	
Core Clinical Skills (excluding Doctors in Training) (%)	David Wells	Mar-18	tbc	**85.9%**	
Core Clinical Skills (Doctors in Training) (%)	David Wells	Mar-18	tbc	**66.5%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Mar-18	0	**6**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Effective					
Hospital standardised mortality ratio (HSMR)	William Oldfield	Nov-17	100	**69.0**	
Mortality reviews at 12/04/2018:					
Total number of deaths	William Oldfield	Mar-18	-	**178**	
Number of local reviews completed	William Oldfield	Mar-18	-	**107**	
% of local reviews completed	William Oldfield	Mar-18	100%	**60.1%**	
Number of SJR reviews requested	William Oldfield	Mar-18	-	**23**	
Number of SJR reviews completed	William Oldfield	Mar-18	-	**3**	
Number of avoidable deaths (Score 1-3)	William Oldfield	Mar-18	-	**0**	
Clinical trials - recruitment of 1st patient within 70 days (%)	William Oldfield	Sep-17	90.0%	**53.3%**	
Unplanned readmission rates (28 days) over 15s (%)	Tim Orchard	Sep-17	-	**6.6%**	
Unplanned readmission rates (28 days) under 15s (%)	Tg Teoh	Sep-17	-	**4.9%**	
Outpatient appointments not checked-in or DNAd (app within last 90 days)	Tg Teoh	Mar-18	-	**2553**	
Outpatient appointments checked-in AND not checked-out	Tg Teoh	Mar-18	-	**3089**	
Diagnostic and surgical orders waiting to be processed (Add/Set Encounter)	Catherine Urch	Mar-18	0	**1763**	
Caring					
Friends and Family Test: **Inpatient** service - % patients recommended	Janice Sigsworth	Mar-18	95.0%	**97.5%**	
Friends and Family Test: **A&E** service - % recommended	Janice Sigsworth	Mar-18	85.0%	**90.9%**	
Friends and Family Test: **Maternity** service - % recommended	Janice Sigsworth	Mar-18	95.0%	**94.1%**	
Friends and Family Test: **Outpatient** service - % recommended	Janice Sigsworth	Mar-18	94.0%	**92.3%**	
Complaints: Total number received from our patients	Janice Sigsworth	Mar-18	100	**88**	
Mixed-Sex Accommodation (EMSA) breaches	Catherine Urch	Mar-18	0	**44**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Well Led					
Vacancy rate (%)	David Wells	Mar-18	10.0%	**12.7%**	
Voluntary turnover rate (%) 12-month rolling	David Wells	Mar-18	10.0%	**9.1%**	
Sickness absence (%)	David Wells	Mar-18	3.1%	**3.1%**	
Personal development reviews (%)	David Wells	Jul-17	95.0%	**-**	
Doctor Appraisal Rate (%)	Tim Orchard	Mar-18	95.0%	**84.5%**	
Staff FFT (% recommended as a place to work)	David Wells	17/18 Q1	-	**70.6%**	
Staff FFT (% recommended as a place for treatment)	David Wells	17/18 Q1	-	**85.1%**	
Education open actions (number)	Tim Orchard	Mar-18	-	**3**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Catherine Urch	Mar-18	92.0%	**83.3%**	
RTT: Patients waiting over 18 weeks for treatment (number)	Catherine Urch	Mar-18	-	**10776**	
RTT: Patients waiting 52 weeks or more for treatment (number)	Catherine Urch	Mar-18	0	**267**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Catherine Urch	Feb-18	85.0%	**88.5%**	
Cancelled operations (as % of total elective activity)	Catherine Urch	Jan-18	0.8%	**0.9%**	
28 day rebooking breaches (% of cancellations)	Catherine Urch	Jan-18	8.0%	**8.2%**	
Theatre utilisation (elective) (%)	Catherine Urch	Mar-18	85.0%	**74.5%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Mar-18	95.0%	**61.9%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Mar-18	95.0%	**83.2%**	
A&E patients spending >12 hours from decision to admit to admission	Tim Orchard	Mar-18	0	**8**	
Discharges before noon	Tim Orchard	Mar-18	35.0%	**13.3%**	
Waiting times for first outpatient appointment (routine) (average weeks waited for attended appointments)	Tg Teoh	Mar-18	-	**7.9**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Feb-18	1.0%	**0.9%**	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Mar-18	11.0%	**11.8%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Mar-18	7.5%	**9.0%**	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Mar-18	95.0%	**87.3%**	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Seven serious incidents (SIs) were reported during March 2018, compared to nine last month. All of them are undergoing root cause analysis.

The categories of SIs reported in March are comparable to previous trends. This month the highest numbers related to maternity/obstetric (baby only) and treatment delay (availability of mental health beds), with two SIs reported for each. The availability of mental health beds category is an internally amended version of the StEIS category; 'Treatment Delay' which was introduced to enable the capture of any patient safety risks that are being experienced in the emergency departments due to a lack of downstream mental health beds. An action plan is in place, led by the MIC division to address the root cause of these incidents. The Trust has also agreed that this work will be scoped as a safety improvement stream for 2018/19.

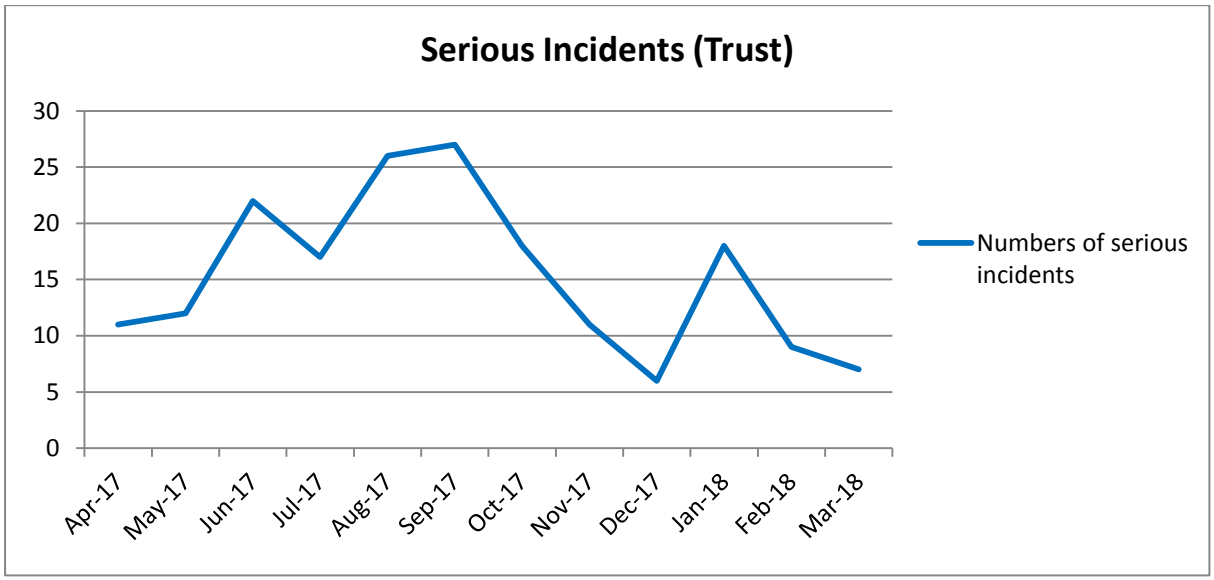


Chart 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period April 2017 – March 2018

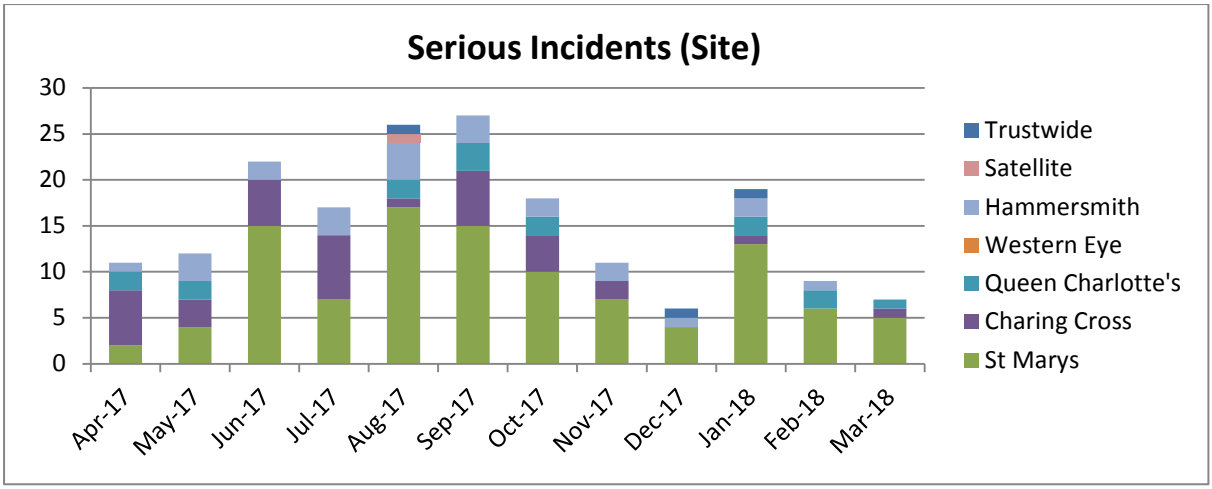


Chart 2 - Number of Serious Incidents (SIs) (Site level) by month for the period April 2017 – March 2018

For the first time we have not seen an overall increase in the number of SIs reported cumulatively over the preceding twelve month period, reporting 190 compared to 185. Our overall incident reporting rate continues to rise, and the decreases in a number of SI categories are due to focused improvement work. Those showing the largest decrease are aligned with the safety improvement programmes (safety streams), with the three largest decreases in pressure ulcers, falls and the deteriorating patient categories. We have also reviewed and implemented a more detailed 72 hour report for all moderate incidents which may be contributing to this plateauing of our reporting.

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported one severe/major harm and three extreme harm/death incidents in March 2018. These incidents are being investigated.

There were fourteen severe and thirteen extreme harm incidents reported during 2017/2018. This is below average when compared to data published by the National Reporting and Learning System (NRLS) in March 2018 for the March 2017 – September 2017 period.

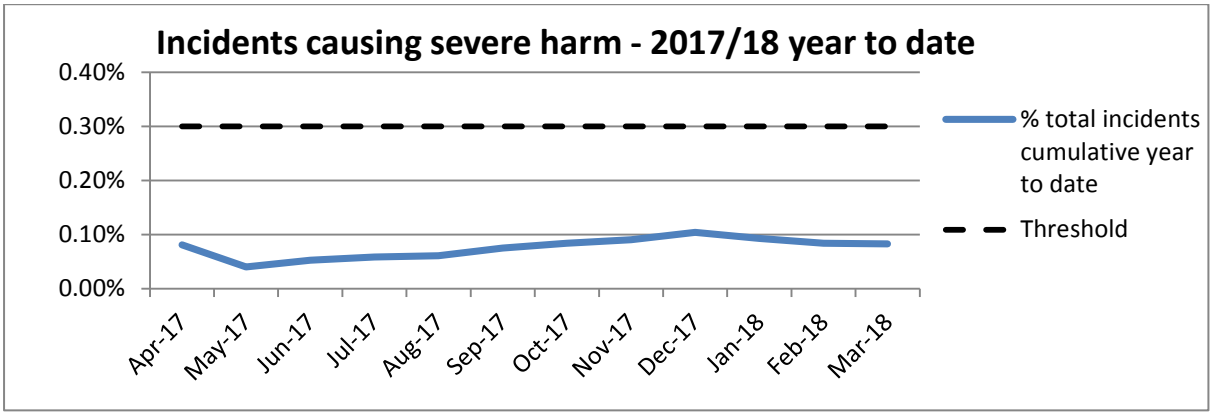


Chart 3 – Incidents causing severe harm by month from the period April 2017 – March 2018 (% of total patient safety incidents YTD). Threshold Source: National Reporting and Learning System (NRLS)

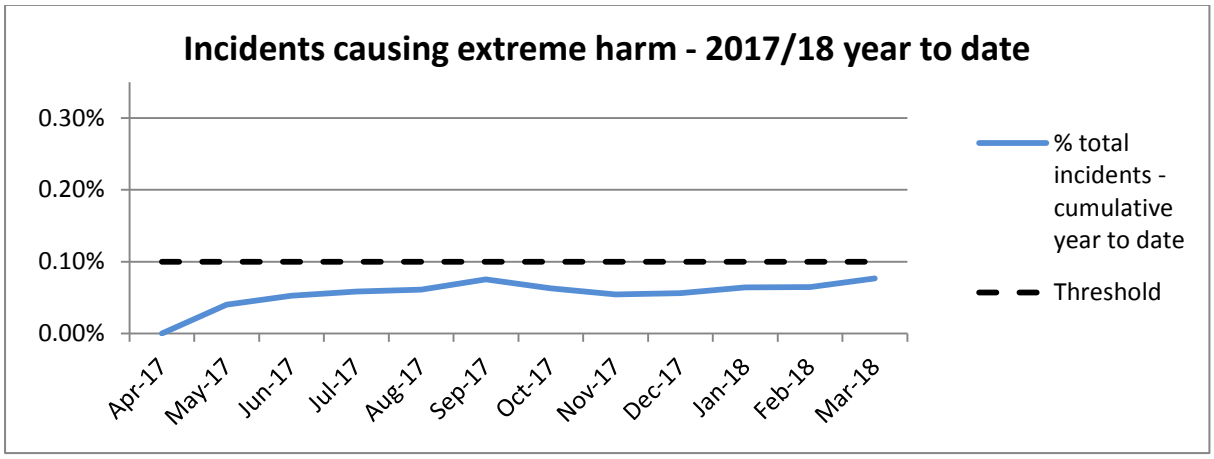


Chart 4 – Incidents causing extreme harm by month from the period April 2017 – March 2018 (% of total patient safety incidents YTD). Threshold Source: National Reporting and Learning System (NRLS)

Patient safety incident reporting rate

The Trust's incident reporting rate for March 2018 is 51.64 which places us within the highest 25% of reporters nationally. A high reporting rate with low levels of harm is one indicator of a positive safety culture and is one of the key focus areas for the safety culture improvement programme launched in July 2016. We consistently report 1% of incidents as moderate or above and this has not changed.

Over the last 6 months there has been a steady increase in patient safety incident reporting in a number of directorates as a result of focussed local improvement work.

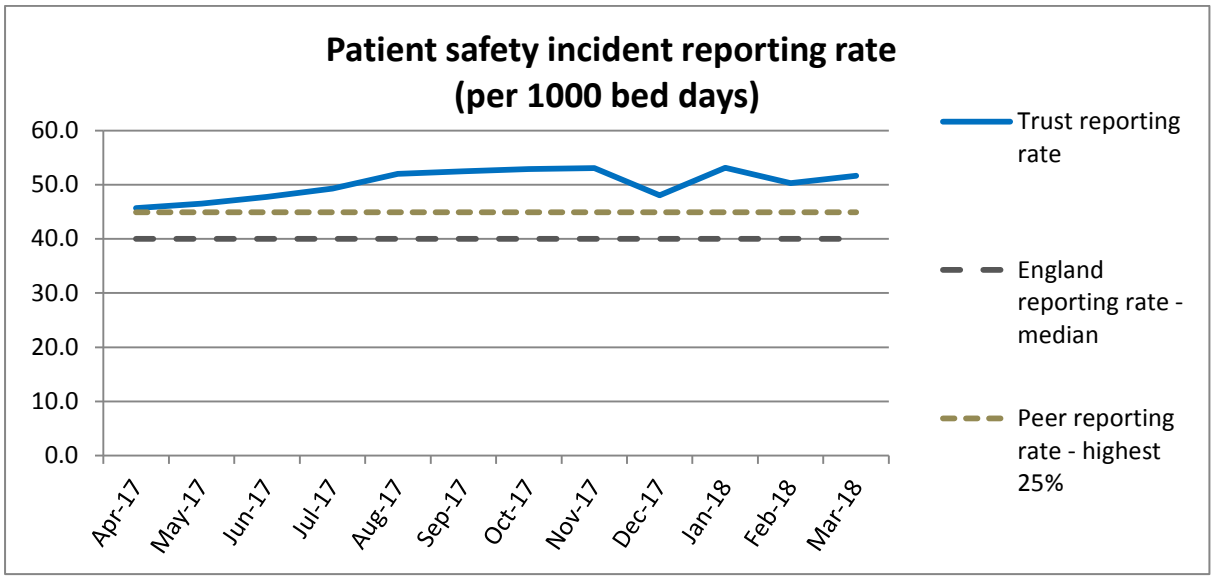


Chart 5 – Trust incident reporting rate by month for the period April 2017 – March 2018

1. Median reporting rate for Acute non specialist organisations
2. Highest 25% of incident reporters among all Acute non specialist organisations

2.1.3 Safe: Duty of candour

A full review of duty of candour processes across the Trust was commissioned by the Medical Director in 2017 following limited assurance audit outcomes and specific examples where candour was not found to be adequate. Compliance is now monitored through the medical director's incident review panel. As reported last month focussed work is underway with the divisional teams to ensure that the evidence of the duty of candour conversation and copies of the letter sent are uploaded on to Datix as the single repository for compliance data.

The table below shows the number of SIs, internal investigations and cases of moderate harm reported between April 2017 and February 2018, and the percentage of these which have had stage 1 and stage 2 of the duty of candour process completed which are all improving.

The compliance for March 2018 is not yet available as data is reported one month in arrears.

	SIs	Level 1 (internal investigations)	Moderate and above incidents
Number of incidents (Apr 2017 – February 2018)	162	70	62
Total with stage 1 complete	160	62	50
Total with stage 2 complete	159	63	50
Total with both stages complete	159	62	49
Percentage fully compliant with duty of candour requirements	98%	89%	79%

Percentage of incidents fully compliant with duty of candour requirements at 9 April 2018.

2.1.4 Safe: Never events

There have been no further never events declared since the case in July 2017. The surgery, cancer and cardiovascular (SCCS) division have implemented immediate action to minimise recurrence of the July case by using an alert on epidural lines in the form of a printed sticker. This is a short term measure until new products which do not allow connection of epidural lines to inappropriate devices become available.

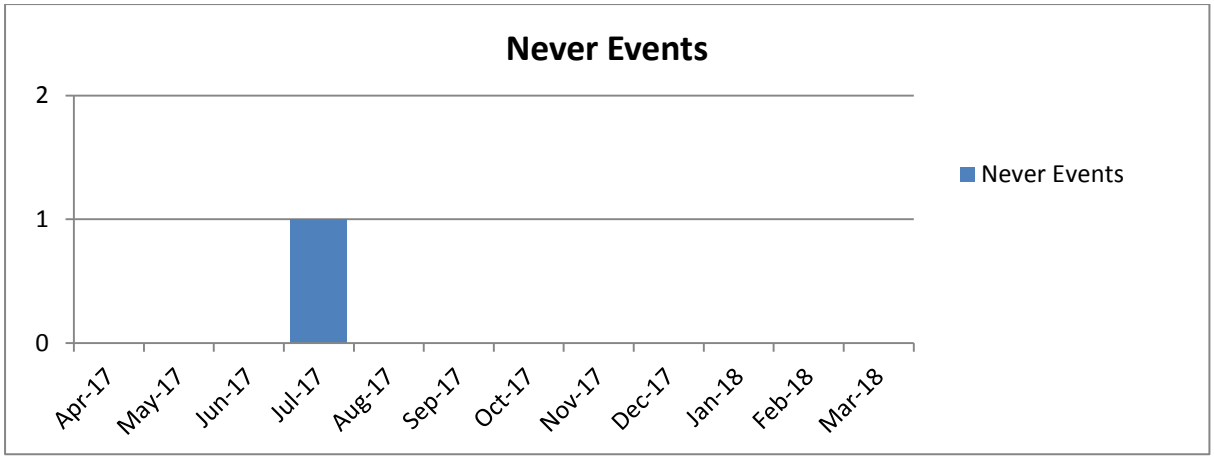


Chart 6 – Trust Never Events by month for the period April 2017 – March 2018

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

One case of MRSA BSI was assigned to the Trust in March 2018. This was a surgical patient known to be MRSA colonised, who subsequently had a positive blood culture. The source of infection was considered to be either the skin or a surgical site infection. We have reported a total of three Trust MRSA BSI cases this year, which is the same number we reported in 2016/2017. The sources for the three Trust-attributed BSIs were an infected vascular graft, a central veneous access device, and the skin or a surgical site infection. Actions arising from the multidisciplinary post-infection review of these cases include improving documentation and management of vascular access devices, improving the flagging of infection status/MRSA status on Cerner, and improving the administration of suppression therapy. These actions are being implemented by the relevant groups, reporting through TIPCC.

2.1.6 Safe: *Clostridium difficile*

Sixty three cases of Clostridium difficile have been allocated to the Trust in 2017/18, which is below trajectory. During Q4, there were sixteen cases of Trust-attributable C. difficile, three of which had lapses or potential lapses in care identified. All three of these lapses in care in Q4 were in the month of March 2018 (there were no lapses in care in January or February 2018). One of the cases related to potential transmission and has undergone local investigation. The other two cases were related to antibiotic non-compliance; these cases have been discussed with the prescribers and clinical teams involved.

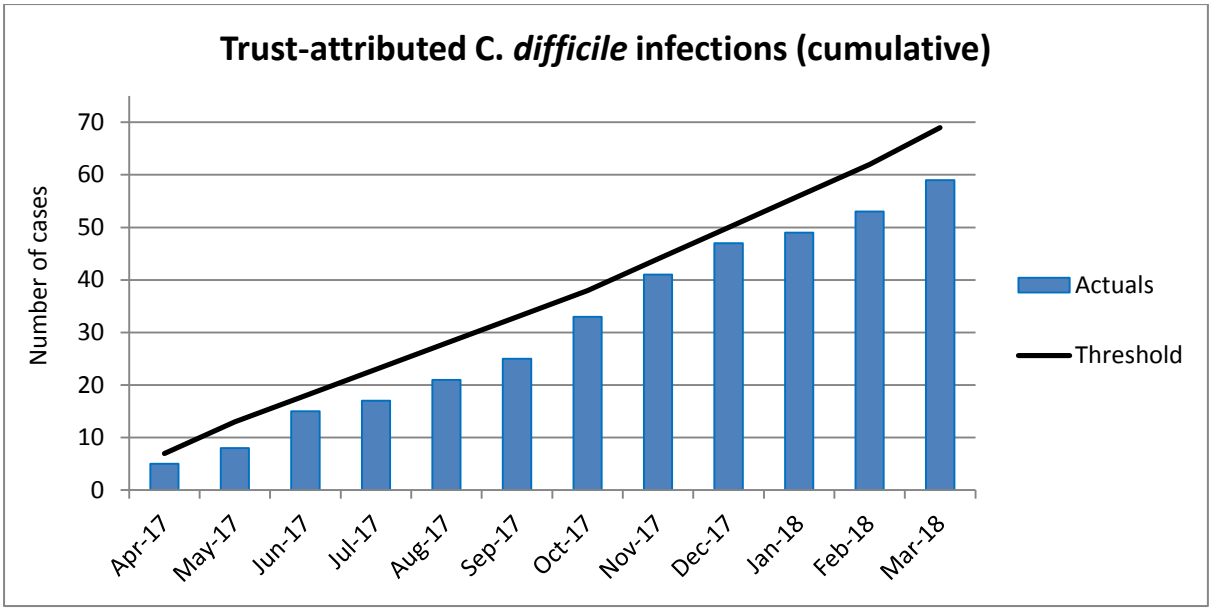


Chart 7 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2017 – March 2018

2.1.7 Safe: Venous thromboembolism (VTE) risk assessment

The Trust performance is just below target at 94.56 per cent for the month of March. This reduction has been driven by a reduction in compliance in the divisions of MIC and WCCS during one week in March with specific issues in Maternity and CDU. Sustained improvements had previously been reported across all divisions as a result of local action plans and monitoring arrangements. Divisions are reviewing the cause of this dip in compliance however we have returned to 95% for all weeks since 19th March 2018.

TIAA have now completed their 'Assurance Review of the VTE Risk Assessment' to evaluate the accuracy, completeness and timeliness of VTE data reported both internally and externally. The review concluded that there was substantial assurance in comparison to the limited assurance given in December 2015.

VTE data quality will also undergo an external audit as part of the indicator testing for the Trust's 2017/18 Quality Account.

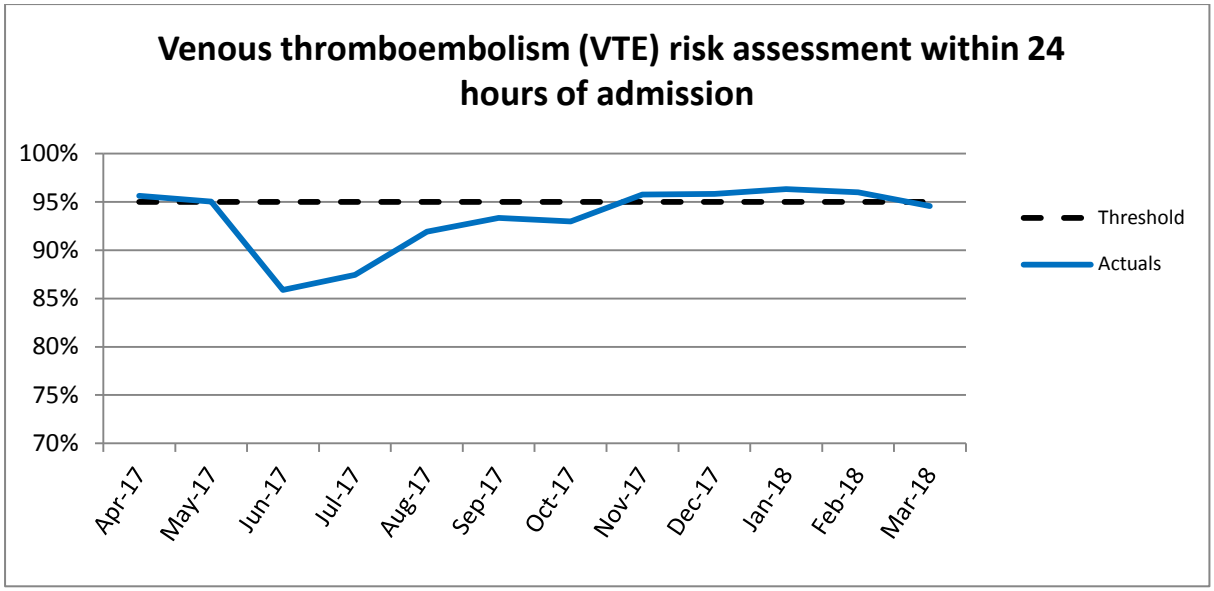


Chart 8 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period April 2017 – March 2018

2.1.8 Safe: CAS alerts outstanding

The Department of Health Central Alerting System (CAS) is a system for issuing patient safety alerts, public health messages and other safety critical information and guidance to the NHS and others. There are currently no overdue alerts.

2.1.9 Safe: Avoidable pressure ulcers

There was one pressure ulcers recorded for the month of March 2018. This takes the total of avoidable Trust acquired pressure ulcers to 17 compared with 27 in the same period in 2016/2017. Each pressure ulcer is investigated using a root cause analysis and an action plan is then implemented within the clinical area to avoid further ulcers occurring.

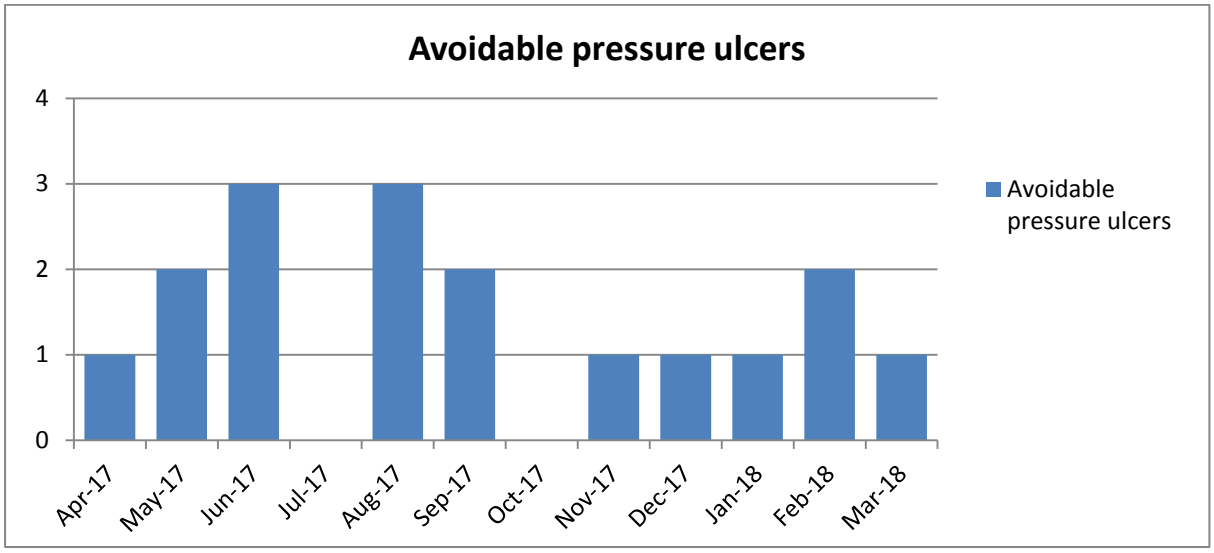


Chart 9 – Number of category 3 and category 4 (including unstageable) Trust-acquired pressure ulcers by month for the period April 2017 – March 2018

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

In March 2018 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	93.66%	94.89%	97.71%	97.19%
Hammersmith	96.53%	89.74%	98.20%	96.95%
Queen Charlotte's	94.87%	96.37%	97.32%	99.44%
St. Mary's	94.74%	93.46%	96.66%	96.64%
Trust wide	94.79%	93.58%	97.36%	97.05%

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

<u>Division of Surgery</u>

- A9 Cardiothoracics

  Unfilled special shifts equated to 8 long shifts (94.5 hours). These were coverd by existing staff with no quality or safety issues.

- C8 Cardiology

  Unfilled special shifts equated to 9 long shifts (105.5 hours). These were coverd by existing staff with no quality or safety issues.

- Imperial Surgical Innovation Centre

  Unfilled shits equated to 4 short and 6 long shifts (99hrs). these were covered by the ward manager working in the numbers or a health care support worker with no quality or safety issues.

<u>Division of Medicine</u>

- 7 West Gastroenterology

  Unfilled shifts equated to 15 long shifts (172.5 hours). These were coverd by the ward manager working in the numbers with no quality or safety issues.

- 8 West Geriatric medicine

Unfilled shifts equated to 9 long shifts (103.5 hours). These were coverd by the ward manager working in the numbers with no quality or safety issues.

- 9 South Neurology

  Unfilled special shifts equated to 26 long shifts (264.5 hours). Around 50% of these were relating to vacancy.Seventeen hours were coverd by the ward manager working in the numbers. Staff were redelpoyed to the area and staffing and skill mix monitored twice a day. No quality or safety issues were reported.

- Acute Admissions CXH

  Unfilled special shifts equated to 3 long shifts (34.5 hours). These were coverd by the ward manager working in the numbers with no quality or safety issues.

- John Humphrey Geriatric Medicine

  Unfilled shifts equated to 16 long shifts (184 hours). These were coverd by the ward manager working in the numbers with no quality or safety issues.

- Douglas HSU SMH

  Unfilled shifts equated to 39 long shifts (407 hours). 272.5 hours were for escalation beds opened during March to address capacity issues. 22.5 hours were for Health Care Support Workers. Night duty unfilled shifts equated to 11 shifts (126.5 hours).

- Joseph Toynbee General Medicine

  Unfilled RN night shifts equated to 11 long shifts (126.5 hours) due to vacany ,sockeness and specials. No harm identified as a result of the gap.

- Manvers Respiratory Medicine

  Unfilled Health Care Support Worker shifts equated to 18 long shifts (205 hours). No harm was identified as a result of the gap.

- Witherow Geriatric Medicine

  The gap of 31 RN shifts equated to 252 hours and health care support worker shifts equated to 20 long shifts (230 hours). These shifts were for escalation beds on Grafton ward. Grafton has remained open consistently and shifts are being put out further in advance which has resulted in a better fill rate. Quality and safety is constantly monitored.

During the month of March increased activity across all NHS Trusts continued. As a result many non-urgent elective procedures were postponed to reduce the pressure on bed capacity and increased Emergency Department activity.

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

- Reviewing staffing at the 5 x daily site calls
- Using the workforce flexibly across floors and clinical areas as described and in some circumstances between the three hospital sites.
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale.

In addition, the Divisional Directors of Nursing regularly review staffing when, or if there is a shift in local quality metrics, including patient feedback.

Nursing and midwifery workforce planning continues to be a major focus in the Trust. We are exploring apprenticeships, rotation programmes and nursing asccociate development.

All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in March 2018 were safe and appropriate for the clinical case mix.

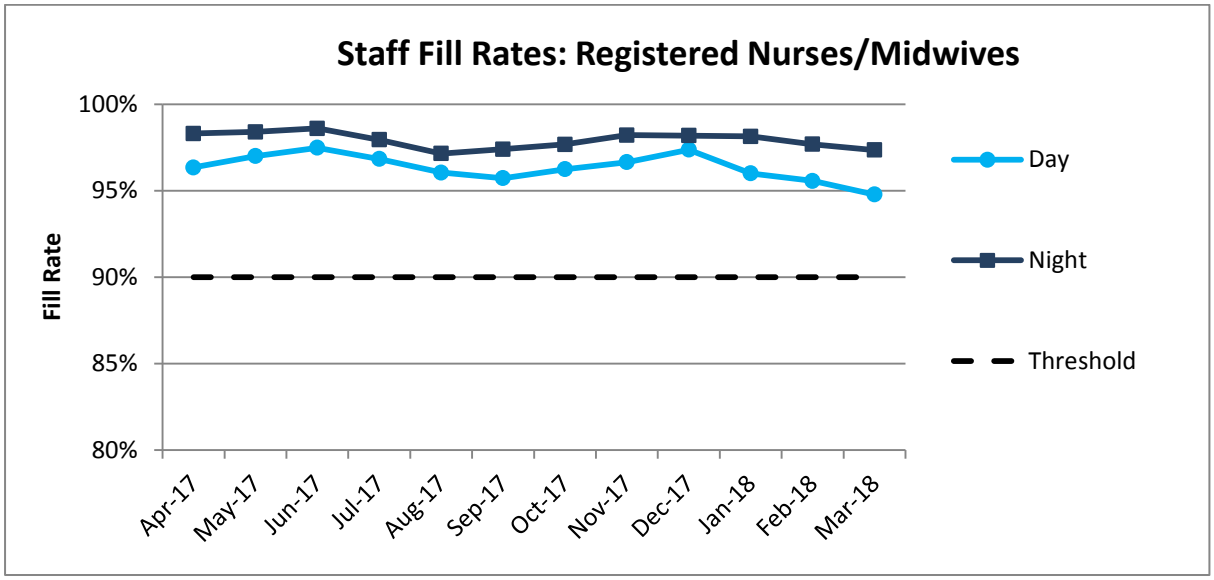


Chart 10 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period April 2017 – March 2018

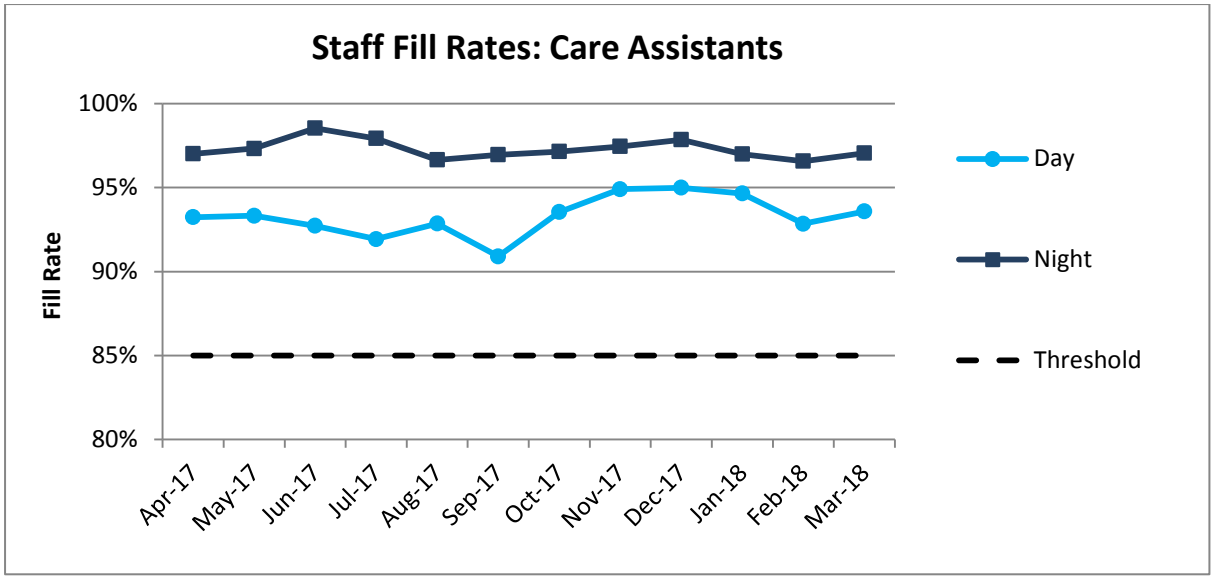


Chart 11 - Monthly staff fill rates (Care Assistants) by month for the period April 2017 – March 2018

2.1.11 Safe: Postpartum haemorrhage

In March the postpartum haemorrhage (PPH) rate was 2.7 per cent (defined as % of women who gave birth at the Trust had a 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.

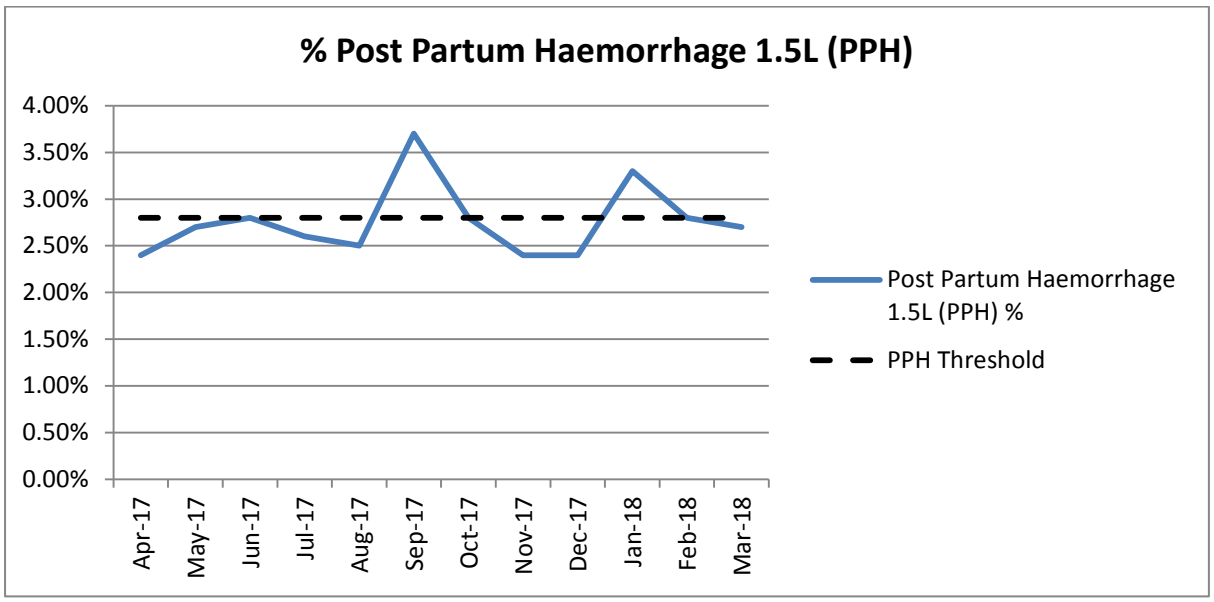


Chart 12 – Postpartum haemorrhage (PPH) for the period April 2017 – March 2018

2.1.12 Safe: Core skills training

Core Skills compliance

The compliance rates continue to improve in all areas. At the end of March, the compliance rate for Doctors in Training/Trust Grade was 75 per cent and for all other staff, 87 per cent.

Core Clinical Skills compliance

At the end of March, the compliance rate for Doctors in Training/Trust Grade was 67 per cent and for all other staff, 86 per cent.

Pilot non-compliance emails – The second phase of the pilot was run within the imaging department to send all staff that are non-compliant an email with details of the subjects that they need to complete. Following the pilot the compliance rate across imaging increased from 92.2 per cent to 93.6 per cent demonstrating this is an effective way to help improve compliance. This will now be followed up with emails to one division per month.

A project plan has been designed to capture all the elements of work that are currently being conducted with a view to improving Core Skills compliance.

The Core Skills team are working to support the RTT training rollout, training admin staff in recording and reporting on completions.

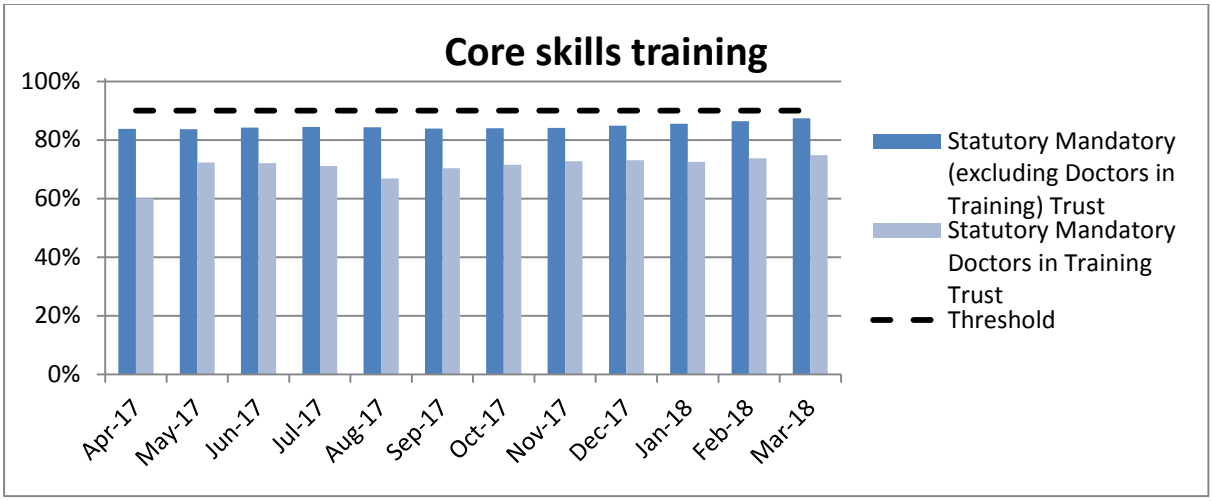


Chart 13 - Statutory and mandatory training for the period April 2017 – March 2018

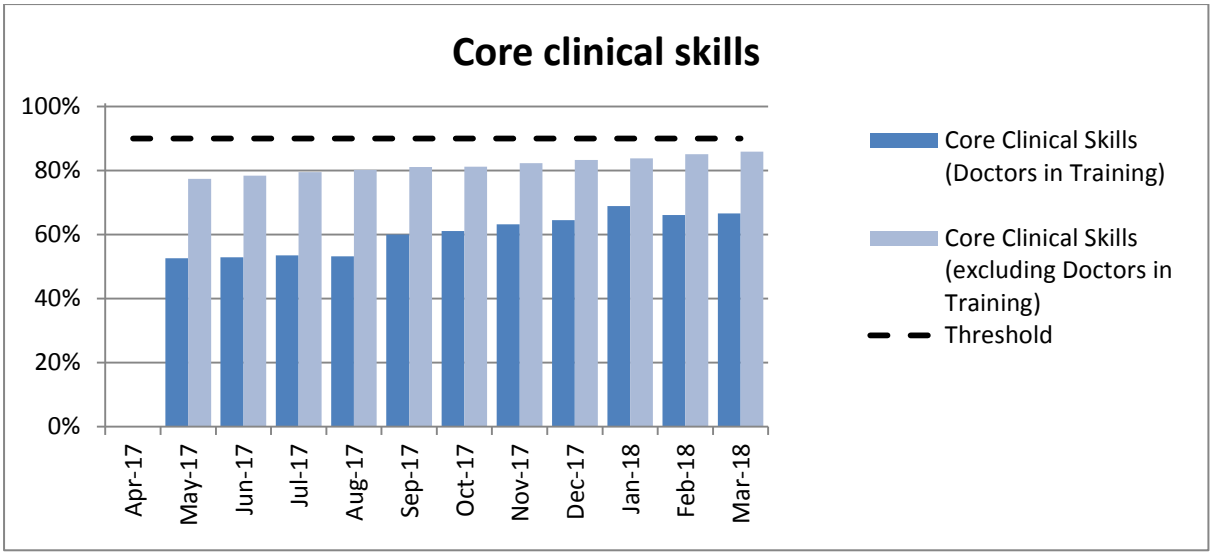


Chart 14 – Core clinical skills training for the period May 2017 (first reported) – March 2018

2.1.13 Safe: Work-related reportable accidents and incidents

There were six (6) RIDDOR-reportable (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents in March 2018.

-The first incident involved a member of staff fracturing a finger whilst lifting a patient and, subsequently, going on sick leave. The incident was reportable to the HSE as an 'over 7 day absence' incident;

-The second incident involved a member of staff slipping whilst walking (due to water on the floor) and sustaining a fracture to his arm. The incident was reportable to the HSE as a 'Specified Injury (fracture)';

-The third incident involved a member of staff sustaining injury from being struck on the head/shoulder by a filing folder that had been left on top of the locker and, subsequently, going on sick leave. The incident was reportable to HSE as an 'Over 7 day absence' incident;

-The fourth incident involved a member of staff having a splash of bodily fluid in her eye whilst removing an ECG cable from a HIV-positive patient. The incident was reportable to HSE as a 'Dangerous Occurrence';

-The fifth incident involved a member of staff having a splash of bodily fluid in his eye from a HEP C-positive patient. The incident was reportable to the HSE as a 'Dangerous Occurrence';

-The sixth incident involved a patient with dementia and no capacity falling from a hospital trolley and, due to apparent shortcomings in the Trust system of work, sustaining injury. The incident was report to HSE as a 'Specified Injury (to public) - Concussion and / or internal injuries'.

In the 12 months to 31st March 2018, there have been 52 RIDDOR reportable incidents of which 21 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.

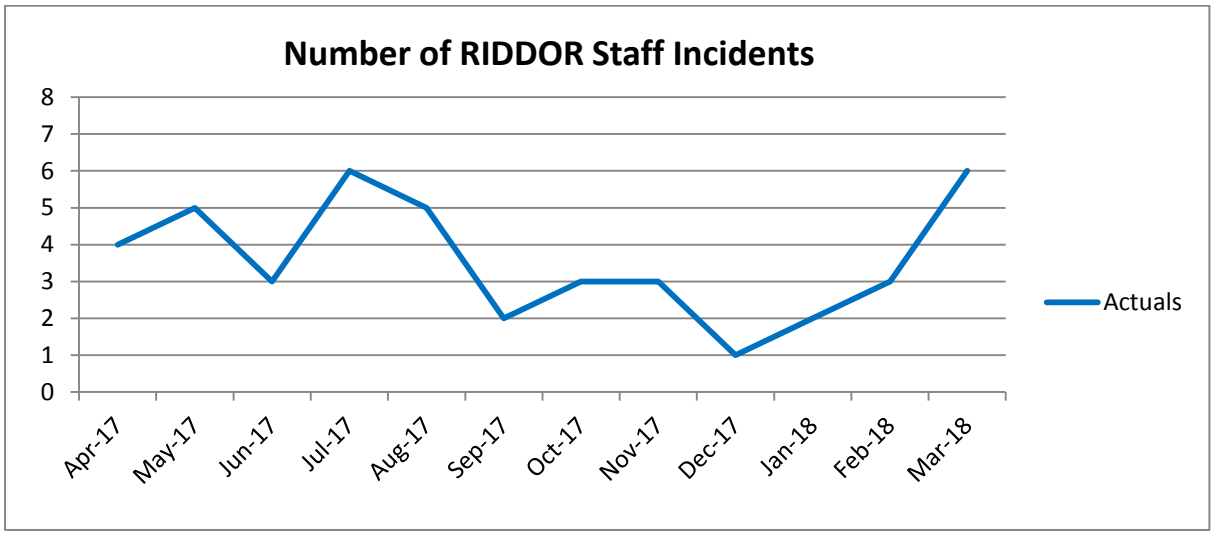


Chart 15 – RIDDOR Staff Incidents for the period April 2017 – March 2018

2.2 Effective

2.2.1 Effective: National Clinical Audits

Since April 2017, a total of 53 relevant HQIP and NCEPOD national study reports have been published. The Trust participated in 49 of these studies and the reports have been issued to the relevant divisions for a full review and are progressing through the specialty and divisional review processes. As reported previously progress is being monitored by the divisional quality and safety committees and reviewed by the quality and safety subgroup. Monitoring has also now commenced at the weekly incident panel meetings to allow greater oversight of progress until the end of the business year.

Twenty four reports have been through the full trust process and levels of assurance agreed by the relevant division/directorate quality and safety committee, compared to nine last month. Action plans are in place for each of these audits.

2.2.2 Effective: Mortality data

The Trust target for mortality rates in 2017/18 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 69 (November 2017). Over the last 12 months the Trust has had the second lowest HSMR for acute non-specialist trusts nationally. The Trust also has the 2nd lowest SHMI of all non-specialist providers in England for Q2 2016/17 – Q1 2017/18.

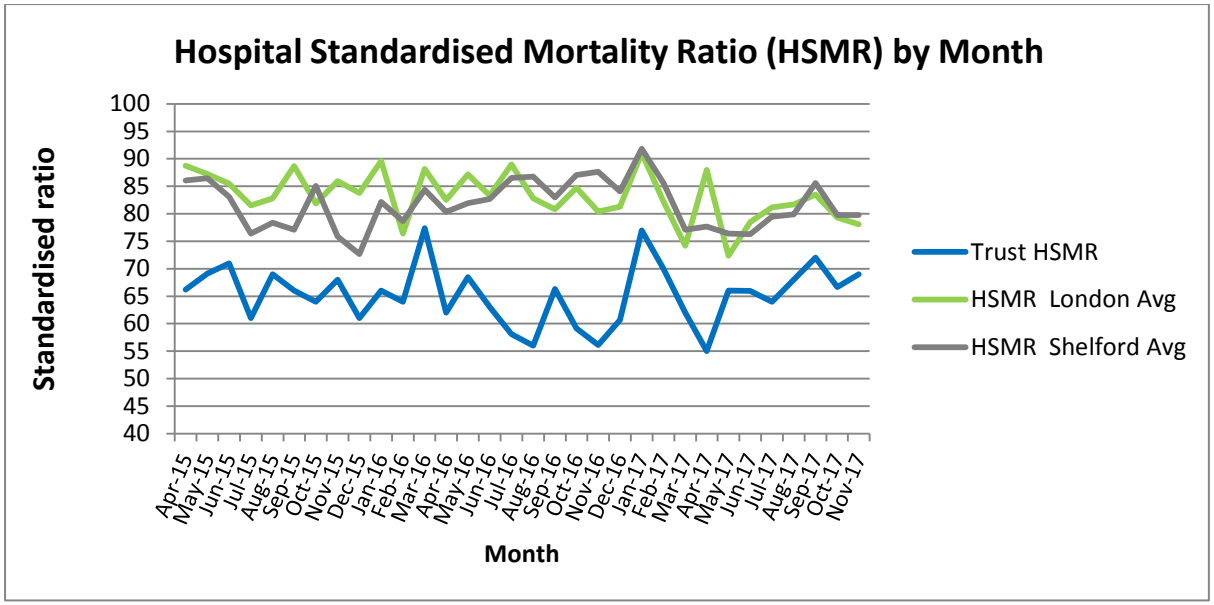


Chart 16 - Hospital Standardised Mortality Ratios for the period April 2015 – November 2017

2.2.3 Effective: Mortality reviews completed

In March 2017 a framework for NHS Trusts on identifying, reporting, investigating and learning from deaths in care was published by the National Quality Board.

The Trust implemented the structured judgement review methodology (SJR) in September 2017, which included deaths from July 2017 onwards. Data is refreshed on a monthly basis as SJRs are completed. 148 completed reports have been received to date, from the 229 requested. Cases are reviewed at the monthly Mortality Review Group (MRG) with a focus on any avoidable factors and learning themes. Early emerging themes map to the 'falls' and the 'responding to the deteriorating patient' safety streams. As more cases are reviewed the group will be able to recommend work streams to be considered as part of the trust improvement programme**.**

To date, the Trust has confirmed thirteen cases of avoidable death. Nine cases have been through MRG, of which five have completed SI investigations, with action plans in place. A further three cases have an SI investigation underway, and one case is undergoing local investigation.

In order to instigate the SJR process at the earliest opportunity the timeframe for local mortality review has been shortened to 7 days (from 30 days). This came into effect from September 2017. A weekly performance report is now reviewed at the MD incident panel and in month compliance is improving.

Mortality reviews (at March 2018)

	Apr 17	May 17	Jun 17	Jul 17	Aug 17		Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	YTD
Total number of deaths (17/18):	120	152	137	138	163		151	161	167	161	191	176	178	1895
No. Level 1 Reviews Completed	120	152	136	138	163		145	158	147	144	177	134	107	1721
Percentage of deaths reviewed locally (Level 1):	100%	100%	99%	100%	100%		96%	98%	88%	89%	93%	76%	60%	91%
Number of SJR reviews requested:	3	3	2	21	29		22	37	19	19	25	26	23	229
Number of SJR reviews completed:	2	3	2	12	23		16	27	14	16	16	14	3	148
Number of confirmed avoidable deaths (Score 1-3):	1	0	0	1	2		1	3	1	0	2	2	0	13

Note: The timeframe for local, level 1 review completion was shorted from 30 days to 7 days, effective September 2017

2.2.4 Effective: Recruitment of patients into interventional studies

We have not achieved our target of 90% of clinical trials recruiting their first patient within 70 days of a valid research application this year. However, validated data for Q3 2017/18 showed performance at 64.3%, which is an improvement on 53.3% in Q2. It is also above the national average of 60.4%.

Historically, much of the delay for ICHT studies has been at the contract negotiation stage. As reported previously we have spent the previous 6-9 months re-staffing the ICHT Joint Research Office (JRO) with new contracting experts and new leadership. As well as now being fully resourced, the team are taking a more pragmatic and proactive approach to contract and cost negotiation (within agreed negotiation boundaries). Weekly team meetings now take place to review all studies in the pipeline, to identify potential issues and escalate. These changes are now starting to impact on performance.

Performance declined nationally following the process and data changes introduced by the DoH in 2016/17, but the national trend is now upward again. An ongoing consultation by NHS England is currently proposing to establish a single set of national clinical trials metrics – agreed by the industry sector – by Q3 2018/19, which are more robust and which are resistant to different interpretations by NHS Trusts as is currently the case.

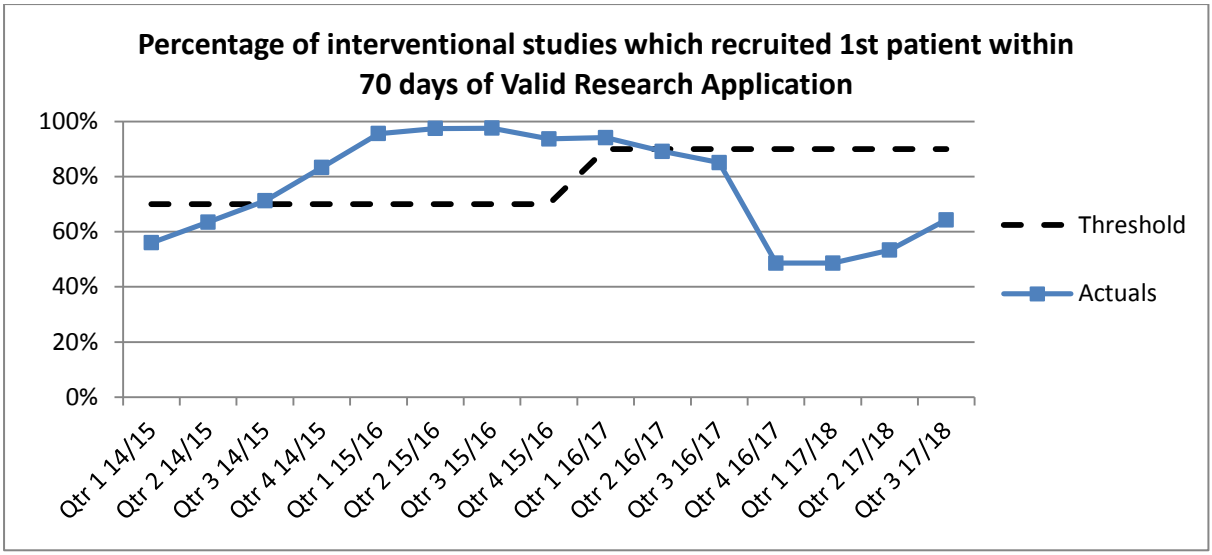


Chart 17 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q3 2017/18

2.2.5 Effective: Readmission rates

The most recently reported 28 day readmission rates (through Dr Foster intelligence) continued to be lower in both age groups than the Shelford and National rates.

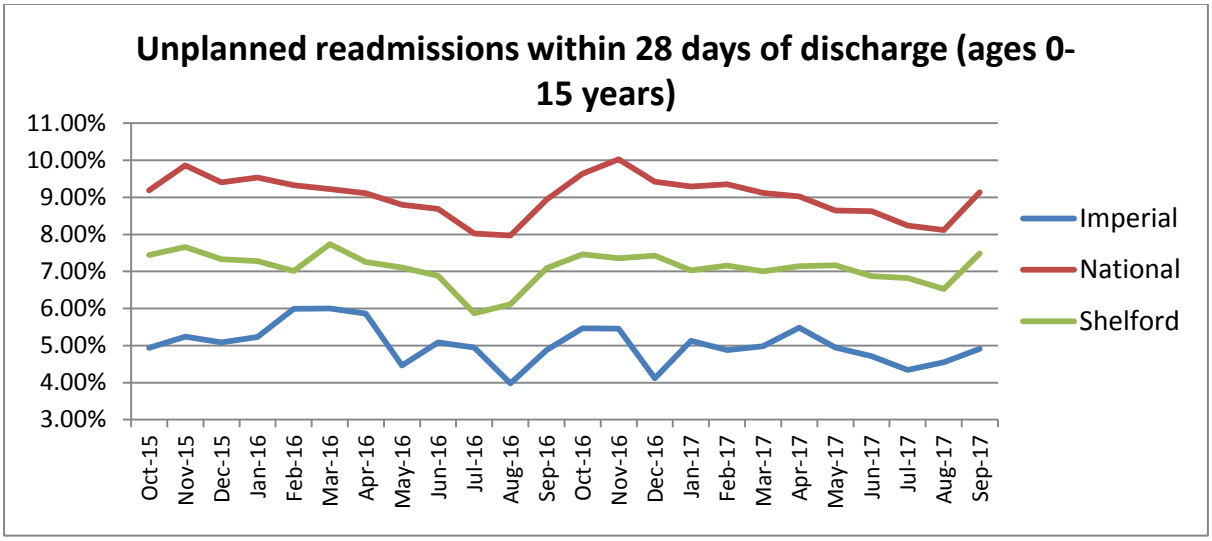


Chart 18 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – September 2017 (Source: Dr Foster Intelligence)

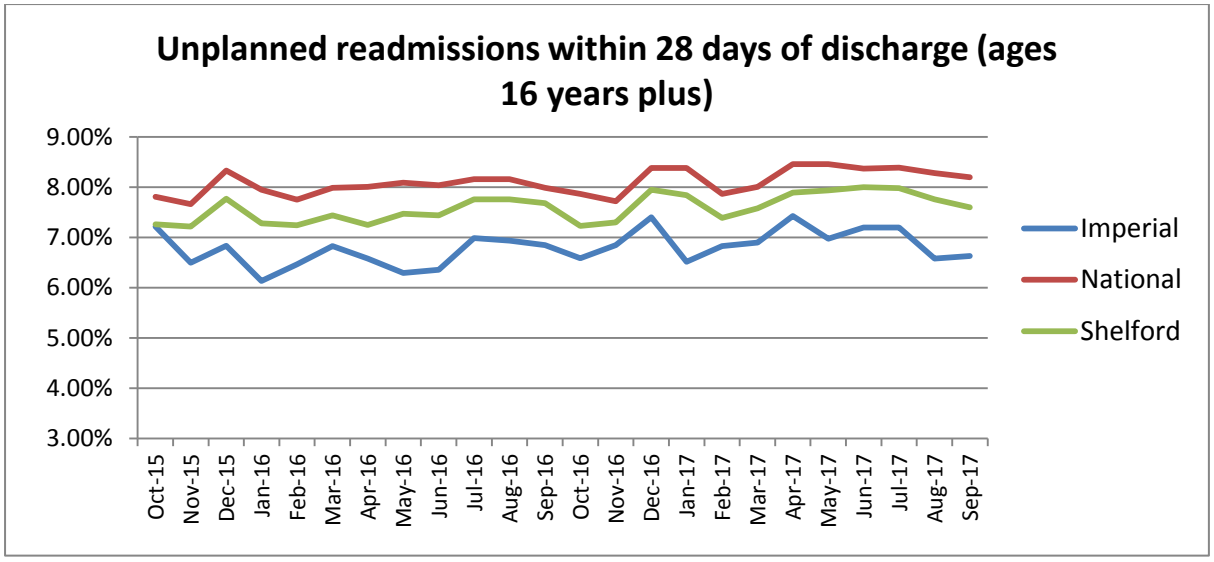


Chart 19 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – September 2017 (Source: Dr Foster Intelligence)

2.2.6 Effective: Diagnostic and surgical orders waiting to be placed on the inpatient waiting list

This is a key data quality indicator in the trust data quality framework. It measures the number of requests for elective admissions (diagnostic or surgical procedure) placed by the clinical team, but these have not yet been processed by the administration team. Processing orders quickly ensures patients are appropriately placed onto the inpatient waiting list and facilitates the offer of timely treatment in line with RTT targets. The Trust operating standard is that orders should be processed within 2 working days of being placed by the clinician. The data quality action group that is being established will include agreeing local plans to address high numbers of orders that are not being processed quickly enough.

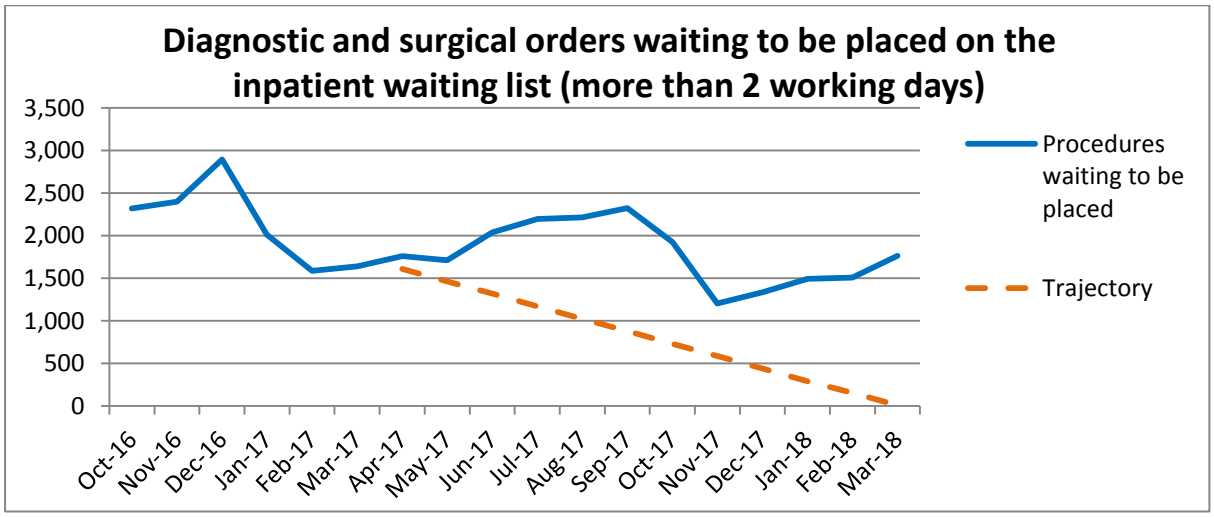


Chart 20 – Number of patients on the Add/Set Encounter request list of more than 2 working days for the period October 2016 – March 2018

2.2.7 Effective: Outpatient appointments checked in and checked out

When patients attend for their outpatient appointment they should be checked-in on the Trust patient administration system (CERNER) and then checked-out after their appointment. This is important so that the record of the patient's attendance is accurate and it is clear what is going to happen next in the patient's treatment journey. The escalation processes to clear appointments on the system in a timely manner continue to be implemented.

There has been an increase in appointments waiting to be cleared on the system and this is being driven mainly from our non-centralised booking areas. This is being discussed at the newly established waiting times data quality group to understand root causes.

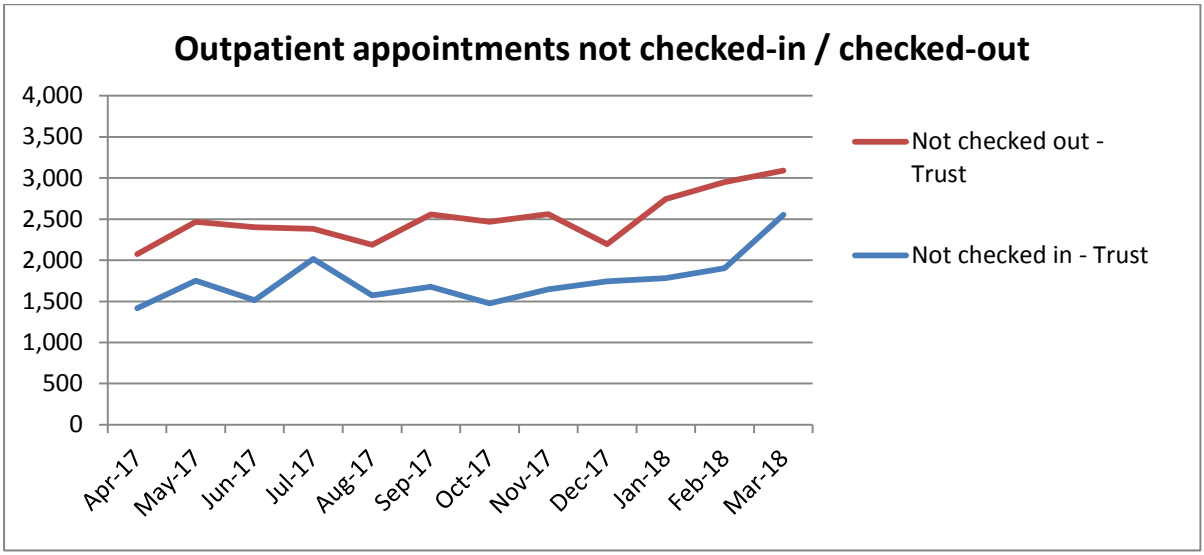


Chart 21 – Number of outpatient appointments not checked-in or DNA'd (in the last 90 days) AND number of outpatient appointments checked-in and not checked-out for the period April 2017 – March 2018

2.3 Caring

2.3.1 Caring: Friends and Family Test

The willingness to recommend remains generally high across all surveys. The dip in A&E response rates was due to one off issue with paper surveys in the urgent care centres, which has now been addressed.

Friends and Family test results

Service	Metric Name	Jan-18	Feb-18	Mar-18
Inpatients	Response Rate (target 30%)	35.00%	35.80%	35.80%
	Recommend %	98.00%	97.50%	97.50%
A&E	Response Rate (target 20%)	16.40%	16.80%	12.90%
	Recommend %	93.70%	92.50%	90.90%
Maternity	Response Rate (target 15%)	28.20%	36.40%	29.60%
	Recommend %	94.30%	94.40%	94.10%
Outpatients	Response Rate (target 6%)	14.30%	15.90%	16.00%
	Recommend %	91.40%	92.90%	92.30%

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

The metrics for estates maintenance performance are currently under review within the nursing directorate; these will be included as part of the updated integrated performance framework during 2018/19.

2.3.3 Caring: Eliminating mixed sex accommodation

The Trust reported 44 mixed-sex accommodation (MSA) breaches for March 2018. As previously reported the increase in breaches since October 2016 has been mainly attributable to breaches occurring within ITU at Charing Cross. For critical care (level 2 and 3) mixing is acceptable as it is recognised nursing acuity requires gender mixing, however in line with national policy it is not acceptable when a patient in the critical care units no longer requires level 3 or 2 care, but cannot be placed in an appropriate level one ward bed.

The Division of Surgery and Cancer are undertaking a detailed assessment of the situation in discussion with commissioners to understand root causes. This involves gaining an understanding of how other Trusts interpret the policy to report breaches within the context of critical care. The resultant actions with progress will continue to be reported to the Executive Quality Committee.

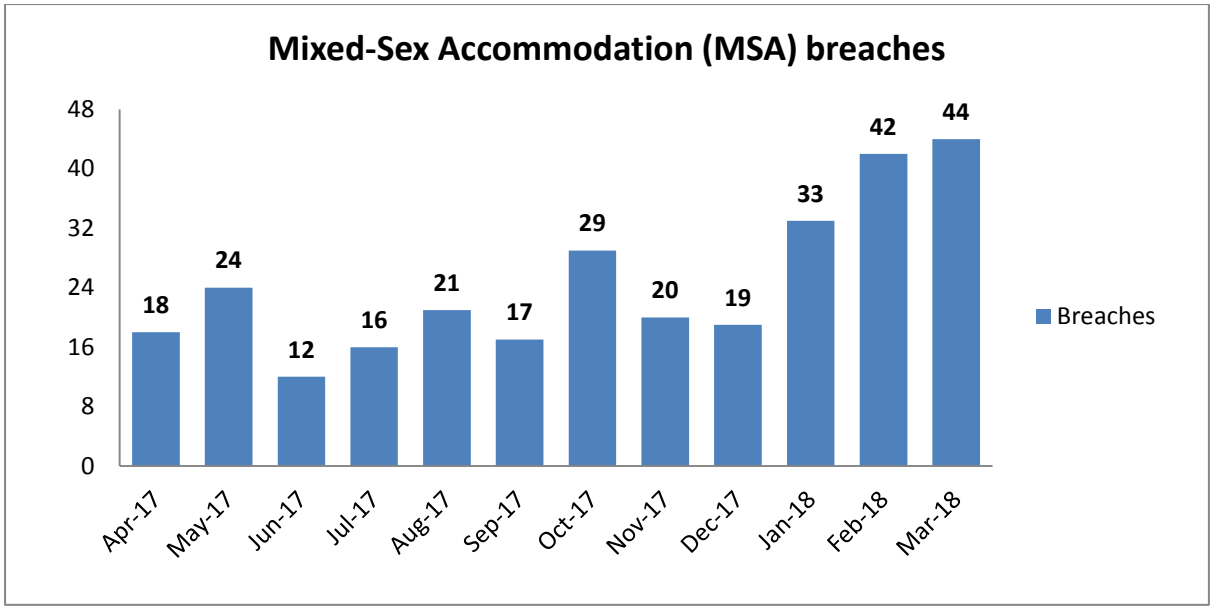


Chart 23 – Number of mixed-sex accommodation breaches reported for the period April 2017 – March 2018

2.3.4 Caring: Complaints

The volume of formal complaints remains consistent, but the proportion related to appointments, delays and cancellations has increased.

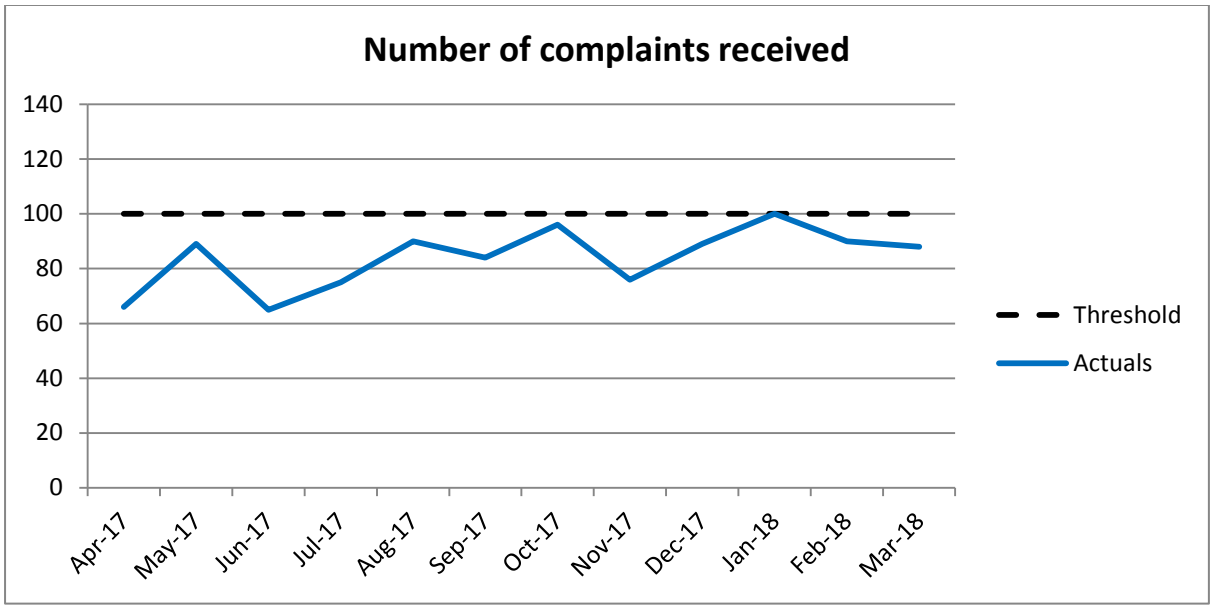


Chart 24 – Number of complaints received for the period April 2017 – March 2018

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

All roles

At the end of March 2018, the Trust directly employed 9,361 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions. The contractual vacancy rate for all roles was 12.7 per cent against the target of 10 per cent.

During the month there were a total of 140 WTE joiners and 157 WTE leavers across all staffing groups and the Trusts voluntary turnover rate (rolling 12 month position) stands at 9.1 per cent.

Actions being taken to support reduction in vacancies across the Trust include:

- Bespoke campaigns and advertising are underway for a variety of specialities. Imaging and Radiography are looking to target University Open days and third year students and will be hosting a CPD Open Day/seminar to attract candidates

- A Trust Open Day was held in Charing Cross on 29 March and a further Open Day took place at St Mary's on 18 April to support recruitment for Medicine within acute respiratory and Manvers ward

- A further Acute & Medicine for Elderly Open Day highlighting RRP is planned on 17 May and a Stroke & Neurosurgery Open Day will be held in the next 6 weeks

- An HCA Trust wide Open Day is being held on 27 April and additional HCA assessment centres have been introduced to increase candidate numbers

- Recruitment will be attending RCN nursing and midwifery jobs fair on 20 April and will have a stall at the RCN Congress in Belfast in May

- .A Preferred Supplier List is in place to support with the hard to recruit areas which have already resulted in a number of placements

- The Careers website content is being redrafted and the design is taking an incremental approach. A meeting is being held on 9 May involving Recruitment, Marketing and a number of nursing leads to agree on appropriate careers site content. The new recruitment look and feel is now live and marketing materials have been developed to support recruitment activity. All hard to recruit areas adverts have been redesigned, refreshed and are live to ensure a more compelling and consistent look and feel in the marketplace

All Nursing & Midwifery Roles

At end of March 2018, the contractual vacancy rate for all of the Trusts Nursing & Midwifery ward roles was 14.2 per cent with 725 WTE vacancies across all bands. Within the band 2 – 6 roles of this staffing group, the vacancy rate stands at 15.5 per cent and we continue to work with other London Acute Teaching Trusts to share

information to support a reduction in these vacancies.

Actions being taken to support reduction in our Nursing and Midwifery vacancies include:

- A project group is up and running to address Band 2-6 ward based recruitment & retention. The plan is being refreshed for 2018/2019

- An automatic conditional offer letter was sent out to all of our student nurses who will graduate in February. We have had 39 of our 47 students accept our offer to date. The automatic offer letter has already been sent out to those who complete their qualification in August. There is a 'Student Attraction Strategy' which will build on this activity year on year (including adverts on job boards, attending student fairs and looking at the offer and support we give to newly qualified nurses as part of the Recruitment and Retention plan) to work towards making us an 'employer of choice' for students

- A social media campaign has commenced for Medicine for the Elderly and an Open Day ran on 28th February. A Recruitment and Retention Premium (R&RP) has been agreed for areas which have a vacancy rate above 35% in Medicine. This has been launched for Acute Medicine and Medicine for the Elderly to date and we have seen a boost in applications.

- We continue to pilot a pro-active sourcing tool which holds membership of job boards and databases to source out candidates

- Midwifery will be looking to target specific Midwifery events this year and hosting specific recruitment events to attract Band 6 experienced midwives. They are also looking at creating Band 6 developmental pathway roles that can offer career development

- The volume assessment centres have been revised to make them more efficient, effective and to realise a better candidate experience and conversion rate. This will be an iterative process and further changes will be made as needed

- We have agreed to do monthly Open Days for clinical haematology instead of quarterly and we are also currently putting a case together for an R&R Premium. We will be having an Open Day for 7 North when the refurbishment is finished in early April.

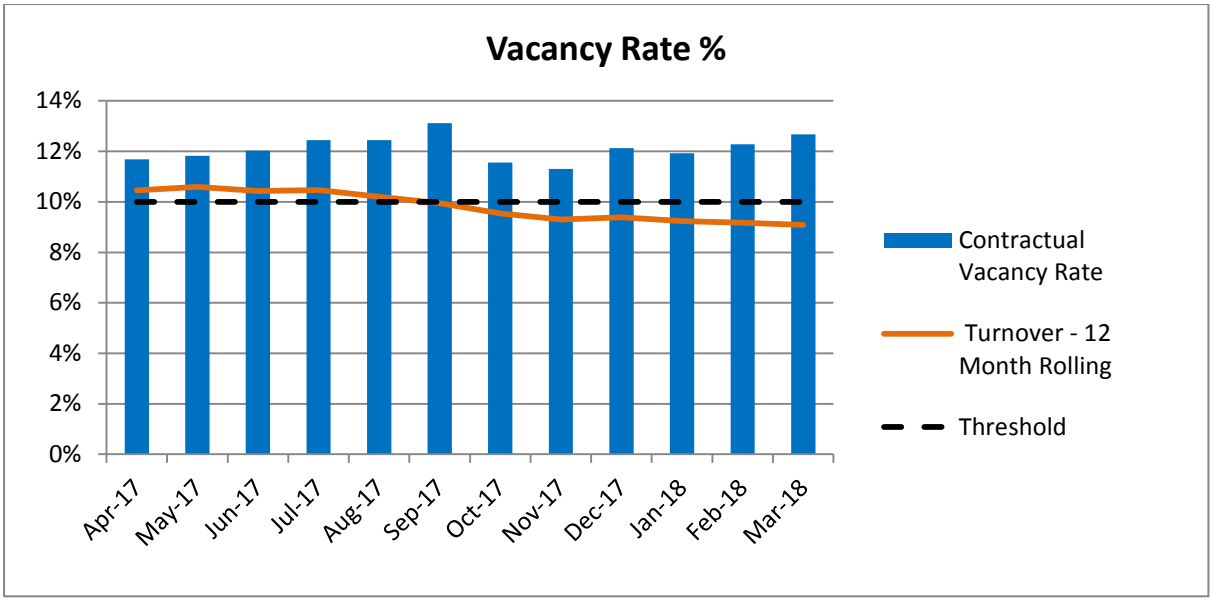


Chart 25 - Vacancy rates for the period April 2017 – March 2018

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence in March was 3.1 per cent, bringing the full-year Trusts rolling 12 month sickness position to 2.9 per cent, achieving the target of 3.10 per cent or lower.

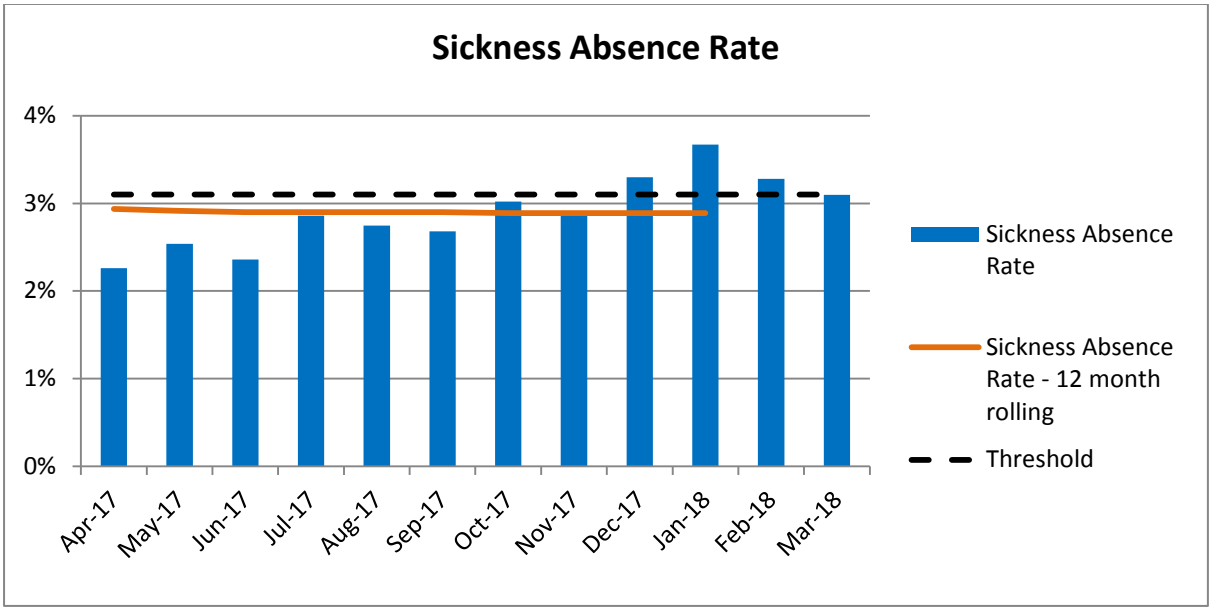


Chart 26 - Sickness absence rates for the period April 2017 – March 2018

2.4.3 Well-Led: Performance development reviews

The PDR cycle for 17/18 began on 1st April 2017 and closed on the 31st July 2017 with 88.5 per cent of staff having completed a PDR with their line manager; reviewing past year performance against objectives and the Trust values, agreeing

personal development plans and setting objectives for the year. The new PDR cycle begins in April 2018.

2.4.4 Well-Led: Doctor Appraisal Rate

Doctors' appraisal rates are 84.53 per cent this month, compared to 88.34 per cent in February. Actions being taken to increase compliance include continuing the Professional Development monthly drop-in sessions across all Trust sites, reviewing the automated reminder emails from PREP and reviewing the system to ensure it is user friendly and easy to navigate by doctors. Individual contact continues with doctors who are overdue with escalation of actions in line with the trust policy. A list of overdue appraisals is being circulated to the divisions each month to allow appropriate management according to the escalation process. There are 66 doctors who are more than eight weeks overdue who are being supported by the professional development team. Appropriate RO intervention is being taken in line with the policy.

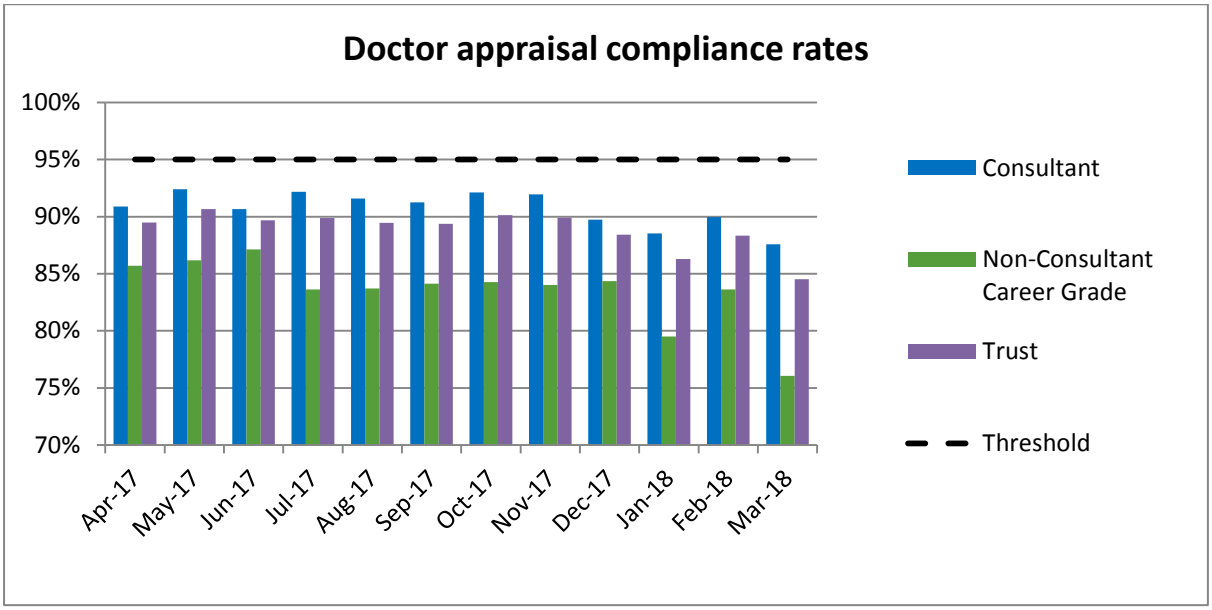


Chart 27 - Doctor Appraisal Rates for the period April 2017 to March 2018

2.4.5 Well-Led: Staff Friends and Family

The overall Engagement score increased from 77% in 2016 to 80% in 2017. The headlines of the Staff Friends and Family test results showed that:

- 86% of staff recommend the Trust as a place for care or treatment
- 72% of staff recommend the Trust as a place to work

The FFT scores were our highest performance to date in the last three years. The Trust has undertaked the 2017 NHS National Staff Survey and the results will be published in March 2018.

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

Health Education England quality visit

The quality visit action plan has now been closed based on the evidence submitted.

2016/17 General Medical Council National Training Survey

The results of the General Medical Council's National Training Survey 2017 were published in July. The 2016 survey demonstrated significant improvements on previous results. The 2017 results indicate that we have maintained our performance overall, with some specialties demonstrating significant improvements, while others either remain challenged or have seen a deterioration in performance. On-going internal monitoring is being undertaken for specialities of concern through education specialty reviews.

In 2015 three specialities were put under enhanced monitoring by the GMC – critical care at Charing Cross Hospital, ophthalmology and neurosurgery. Formal actions plans were put in place with progress monitored at monthly meetings with the Medical Director, and locally through local faculty groups. The 2017 results for both ophthalmology and neurosurgery demonstrated sustained performance and therefore the GMC have removed them from enhanced monitoring. Critical care remains under enhanced monitoring and the recurring red flags triggered a quality review from Health Education England in September which resulted in an additional action plan around developing the workforce, developing MDT simulation opportunities and enhancing supervision.

Health Education England (HEE) requested action plans in response to the survey results with 10 actions remaining outstanding. These are being monitored via the education specialty reviews and local faculty groups and will be reported in this report. A progress report on our actions was submitted to HEE on 19th January 2018.

The General Medical Council's National Training Survey 2018 is now open with results expected in July 2018.

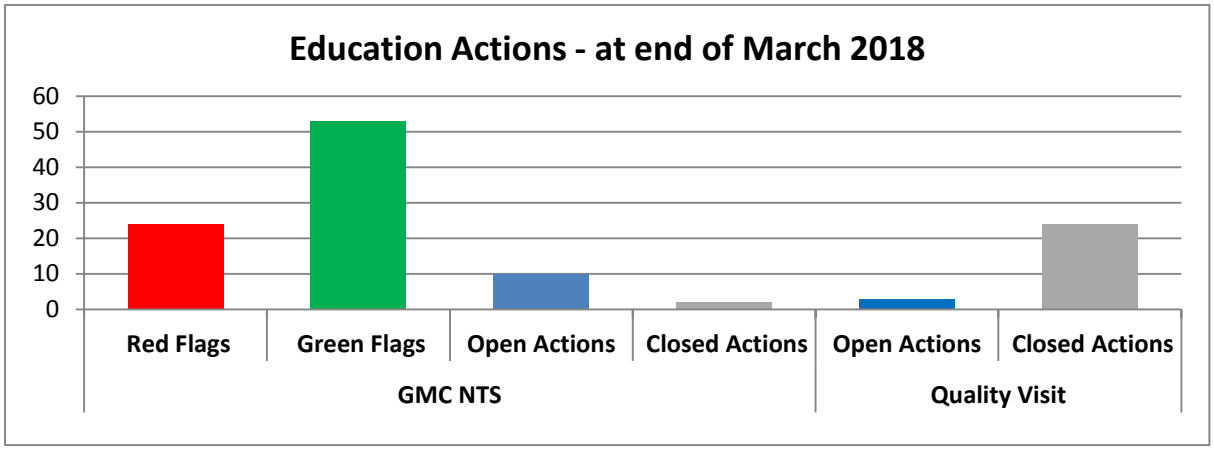


Chart 28 – General Medical Council - National Training Survey action tracker, updated at end March 2018

2.4.7 Well Led: Estates – maintenance tasks completed on time

The metrics for estates maintenance performance are currently under review within the nursing directorate; these will be included as part of the updated integrated performance framework for 2018/19.

2.5 Responsive

2.5.1 Consultant-led Referral to Treatment waiting times

At end of March 2018, 83.3 per cent of patients had been waiting less than 18 weeks to receive consultant-led treatment, against the standard of 92 per cent (February performance was 82.8 per cent). There were 267 patients who had waited over 52 weeks for their treatment since referral from their GP.

The temporary postponement of non-urgent elective activity in January 2018 (to support the emergency pathways as part of the national response), and continued bed pressures in February led to significant numbers of cancellations. This is now feeding through to more long-waiting patients on the waiting list. RTT action plans and recovery trajectories for the most challenged specialties are now in place, and the Trust-level RTT recovery trajectory for 2018/19 is being finalised in line with the updated 2018/19 planning guidance.

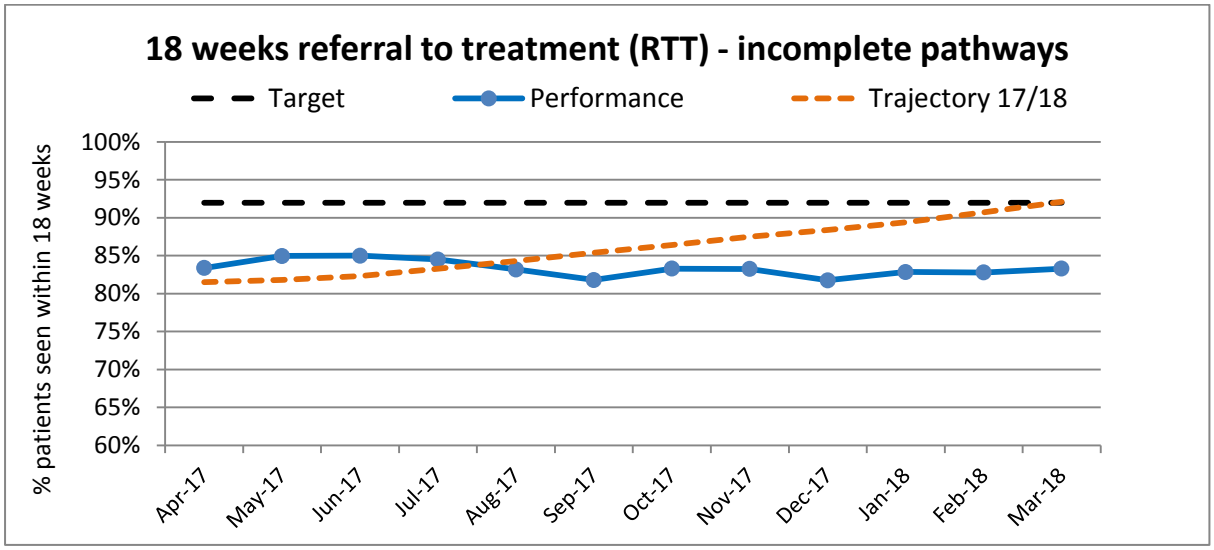


Chart 29 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period April 2017 – March 2018

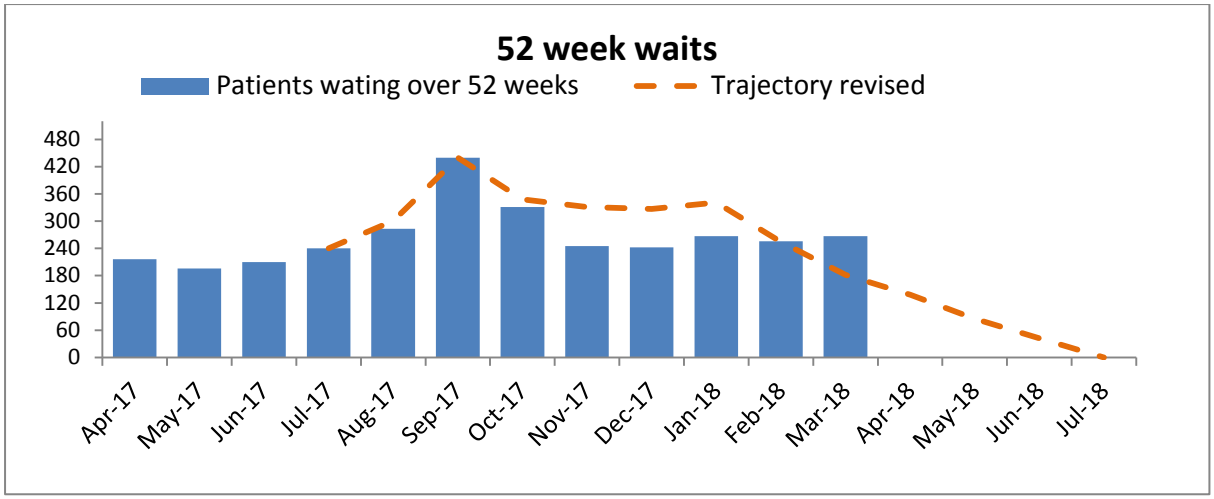


Chart 30 - Number of patients waiting over 52 weeks for the April 2017 – March 2018

2.5.2 Cancer 62 day waits

Due to the timing of submissions cancer performance is reported for February 2018. The Trust achieved the 62-day standard, delivering performance of 88.5 per cent against, above the trajectory target of 85.1 per cent.

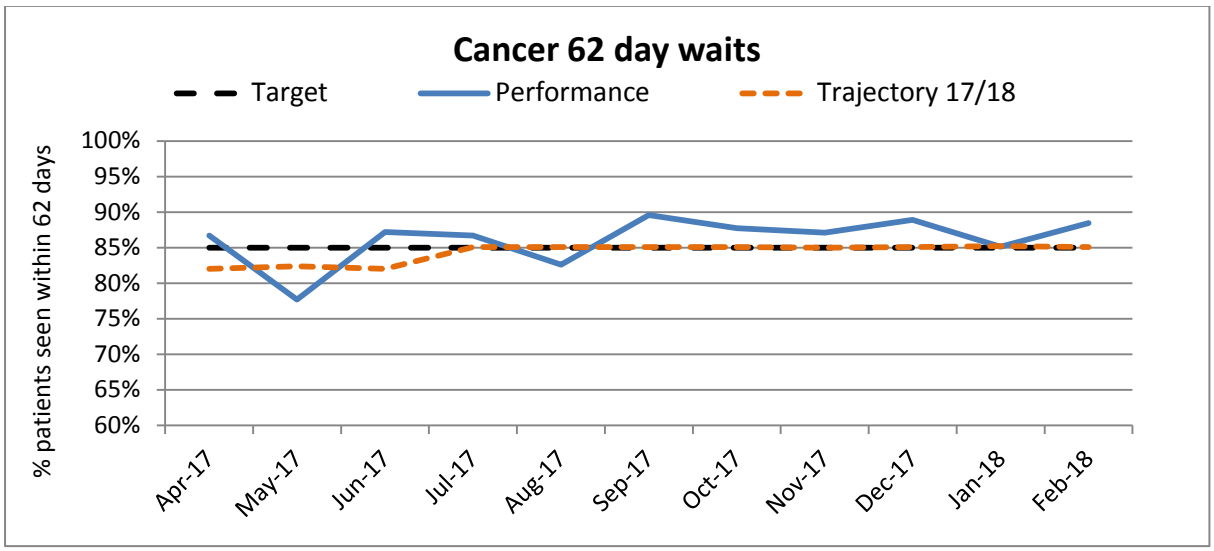


Chart 31 – Cancer 62 day GP referral to treatment performance for the period Apr 2017 – February 2018

2.5.3 Theatre utilisation

Based on the Trust's current methodology for measuring elective theatre productivity the performance in March 2018 was 75 per cent against a target of 85 per cent (includes elective, trauma and waiting list initiative sessions and excludes emergency and private sessions).

The key issues remain as follows:

- On the day cancellations rose significantly across the Trust during March, especially at SMH due to the unavailability of wards beds (General Surgery and

Gynaecology)

- At CXH there was a rise in cancellations due to DNA's and patient unfit for surgery, which were largely the result of continued booking/scheduling issues (T&O and Neurosurgery)
- Significant opportunity[1] exists within Trauma & Orthopaedics and Gynaecology (22 per cent and 28 per cent respectively of the Trust's overall opportunity for March)

Performance is being reviewed within the Trust's weekly Theatres SRO meeting with Four Eyes. Site performance is also monitored at a Divisional level at the monthly Divisional Committee. The Four Eyes productivity programme continues to show signs of improved performance across all areas of focus.

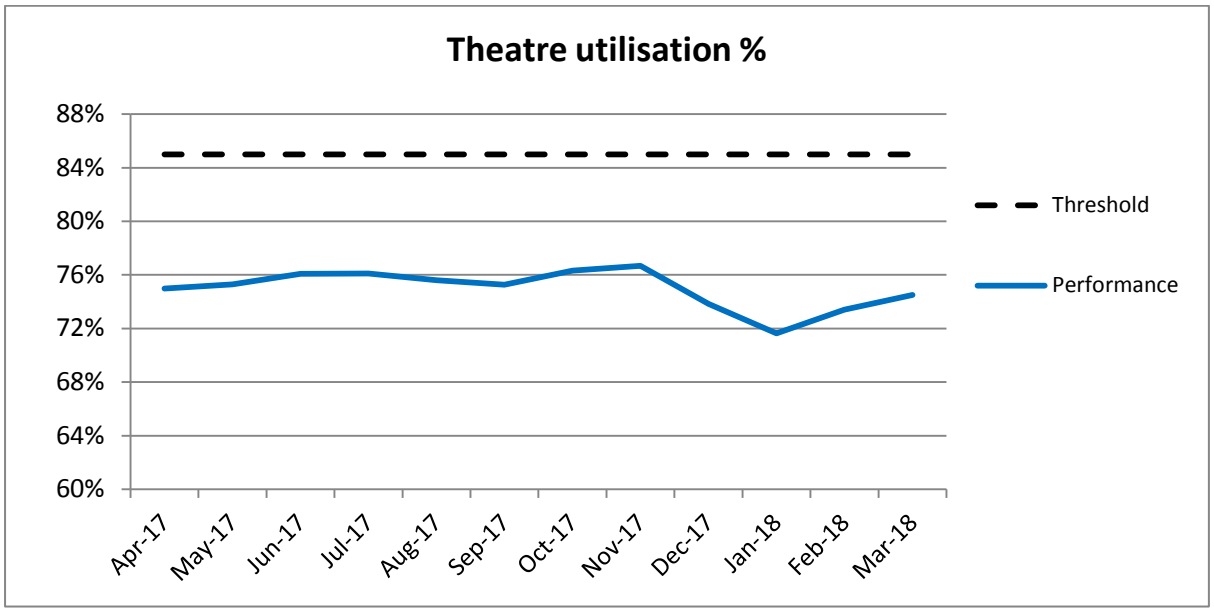


Chart 32 – Average theatre utilisation – elective lists (Trust) for the period April 2017 – March 2018

2.5.4 28-Day Rebookings

Cancelled operations performance is submitted quarterly and a full update will on the trends and impact of the quarter 4 cancellations will be provided in the subsequent report.

2.5.5 Accident and Emergency

Performance against the four-hour access standard for patients attending Accident and Emergency was 83.2 per cent in March 2018. There were eight 12-hour trolley wait breaches for the month (source: monthly A&E SitRep to NHS England).

[1] Opportunity is defined as the sum of late starts, early finishes and overruns in minutes

The Trust continues to experience significant pressures and the key issues remain as follows:

- Increased demand and acuity within type 1 departments
- An increase in arrivals via ambulance and daily trauma presentations at SMH;
- Difficulties with late transfer of patients from the Vocare UCC to the Emergency Department at SMH; &
- High levels of bed occupancy

The Trust continues the programme of patient flow improvements which are overseen by the four-hour Performance Steering Group.

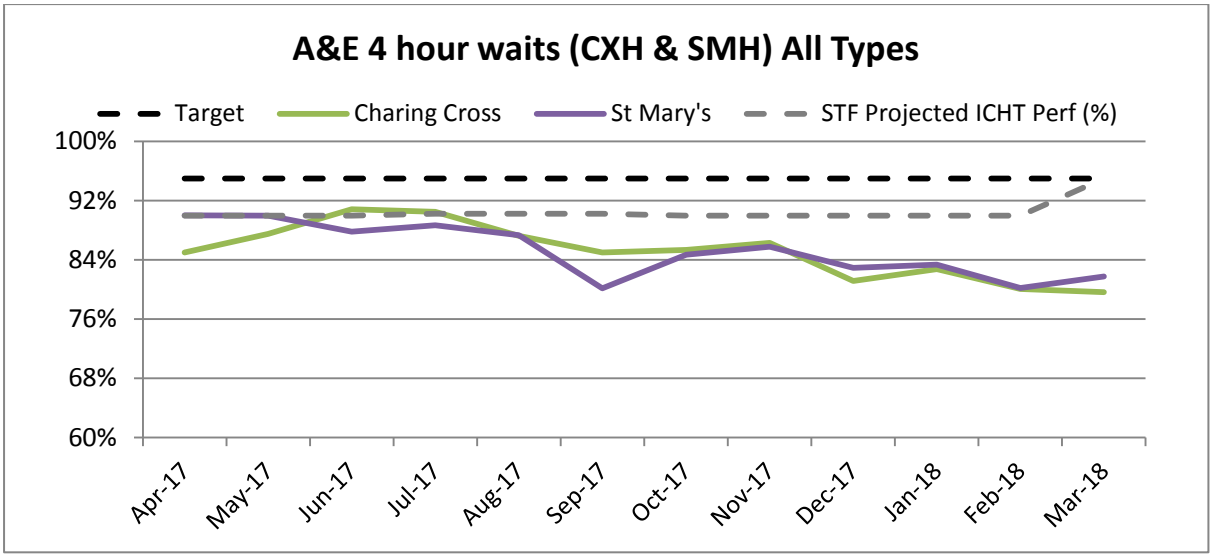


Chart 33 – A&E Maximum waiting times 4 hours (CXH and SMH) for the period April 2017 – March 2018

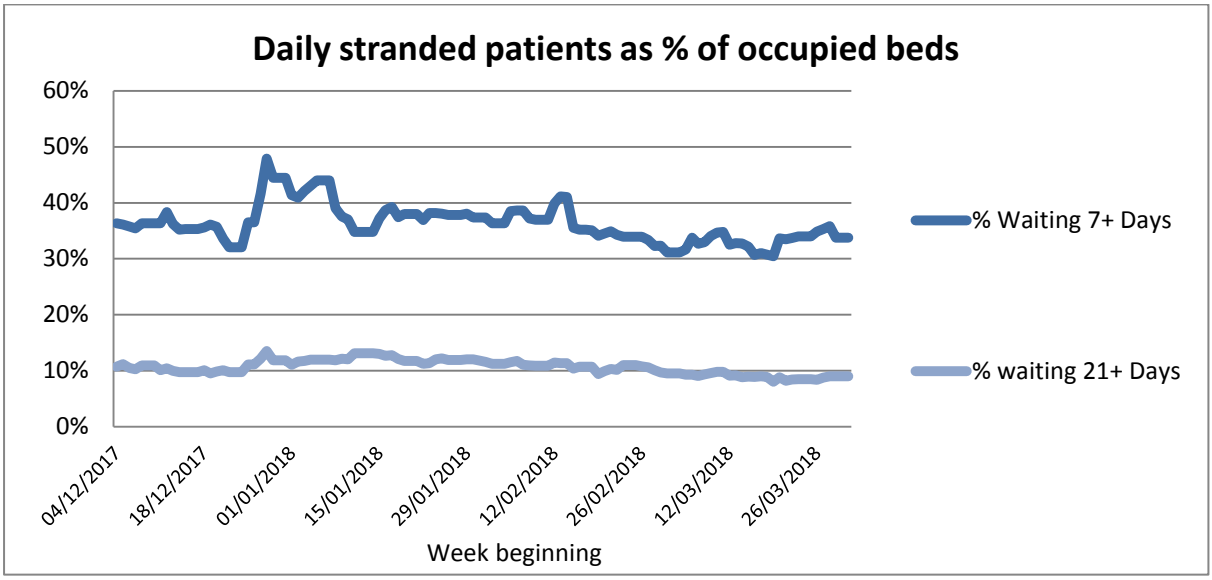


Chart 34 Daily trend in occupied beds that were occupied by patients who have been in hospital 7 days or more (stranded) and patients who have been in hospital 21 days or more (super stranded), from 4 December 2017

The chart shows 'stranded' patients (LOS 7 days or more) and 'super stranded' patients (LOS 21 days or more) (as a subset of the above) as a % of total occupied beds. The source is the daily SitRep report to NHS Improvement.

2.5.6 Effective: Discharges before noon

The Trust is supporting wards to implement the SAFER flow bundle which combines five elements of best practice to improve patient flow and prevent unnecessary waiting for patients. This includes early discharge to make beds available on the wards to admit new patients from A&E. The March performance was 13 per cent of patients discharged before noon. The aim is to achieve the national standard of 33 per cent as set out in the SAFER bundle.

Regular reports on discharge by noon data by ward are being published on the source to show where good patient flow is being achieved and where improvements need to be prioritised. Several wards already have board rounds in place and more are expected to implement these as part of the roll out of SAFER. Multidisciplinary engagement is required from across the Trust to ensure SAFER board rounds are embedded as business as usual.

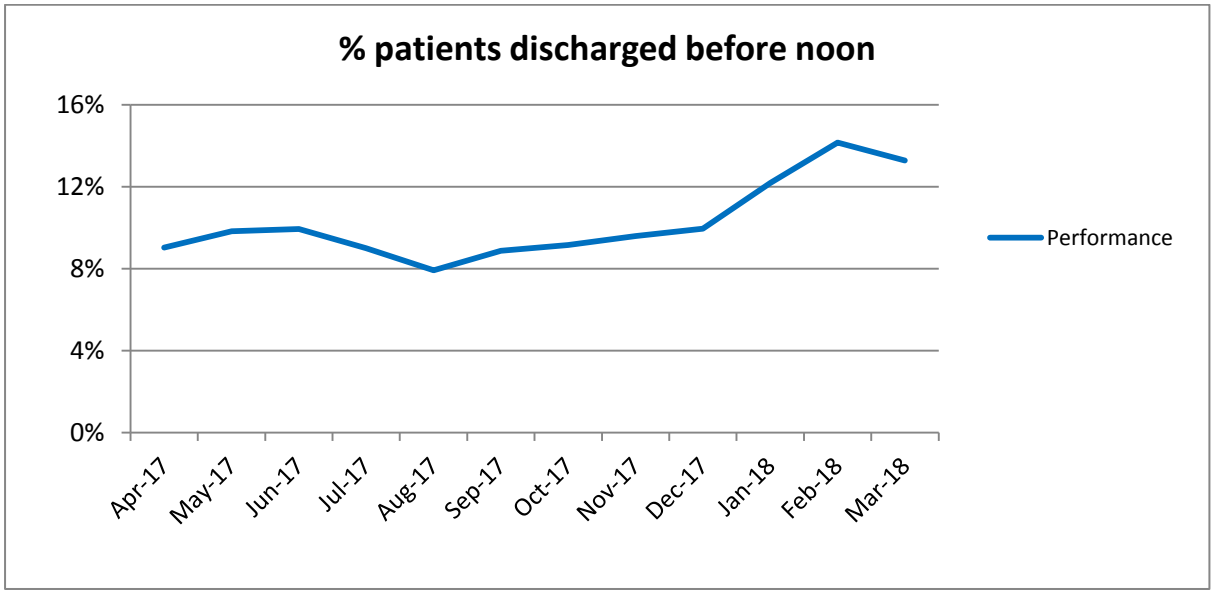


Chart 35 – Patients discharged before noon as a % of total discharges for the period April 2017 - March 2018

2.5.7 Diagnostic waiting times

In March 2018, the diagnostics waiting times performance was recovered to deliver 0.9 per cent of patients who had waited over six weeks for their diagnostic test, meeting the national target of less than 1 per cent.

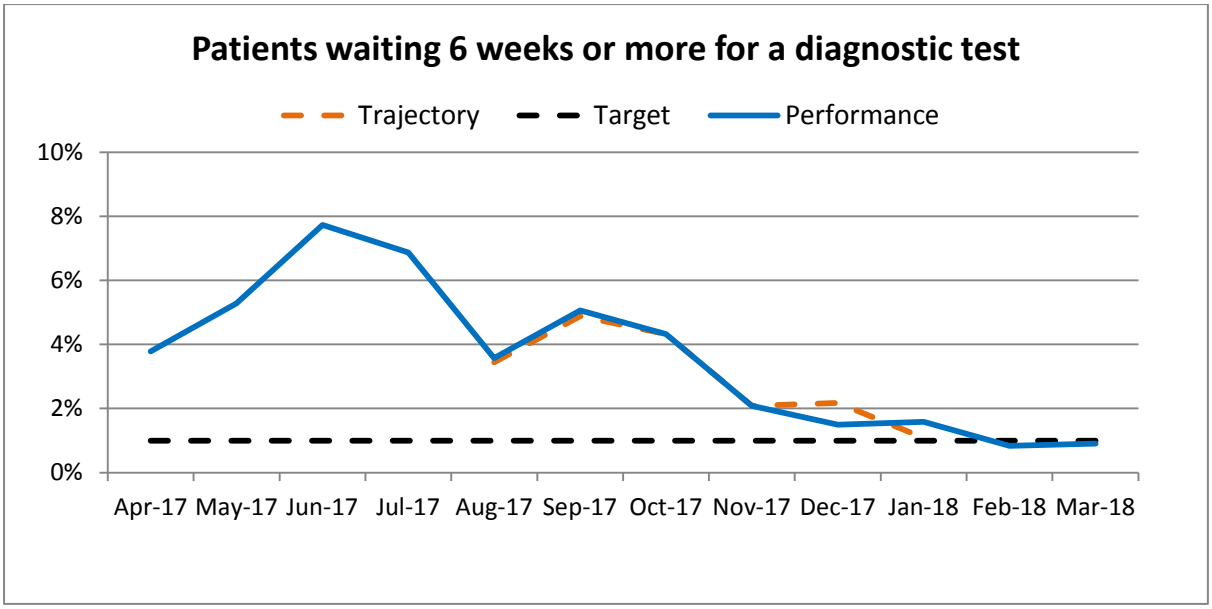


Chart 36 – Diagnostic waiting times for the period April 2017 – March 2018

2.5.8 Outpatient DNA

The overall DNA rate was 11.8 per cent in March 2018. This represented an increase of the 10.8 per cent DNA rate in January and February 2018, for which no root cause has been identified. Analysis of the DNA rate using SPC has showed that the March 2018 DNA rate was within the control limits and did not highlight special cause variation.

The priority is to reduce the numbers of patients not attending their appointments to less than 11 per cent with a target of 10 per cent in 2018/19. Actions include:

- Promoting option for patients to receive appointment letters via email providing instant notification of appointments;
- Deliver a single point of access for appointment handling and queries; &
- Informing patients of the cost to the Trust of missed appointments, through patient communications.

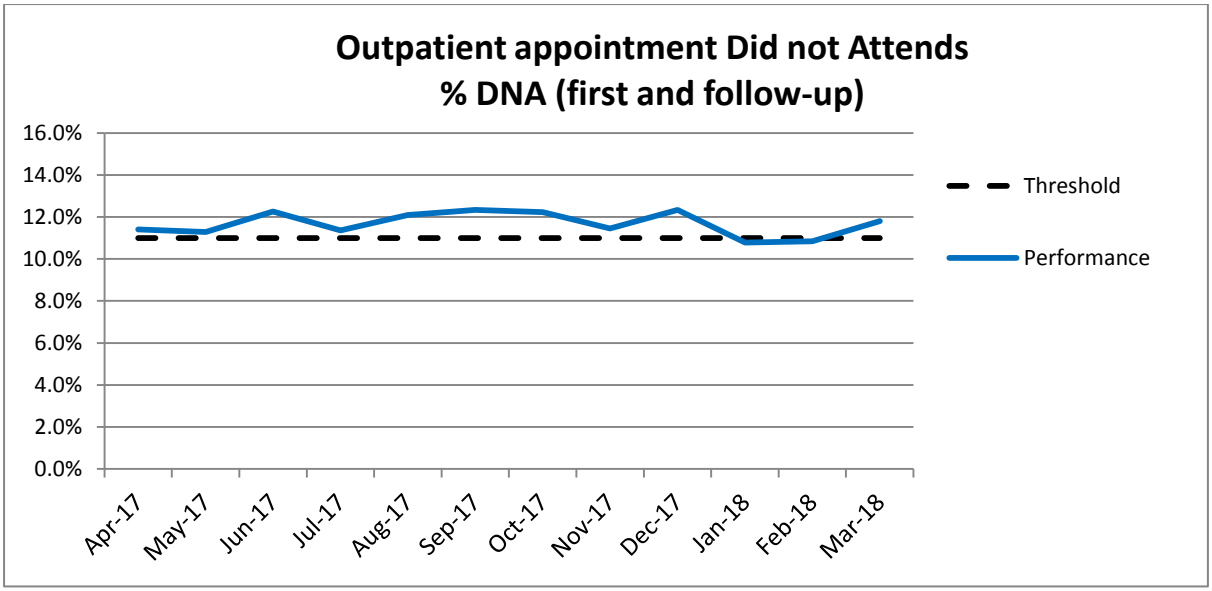


Chart 37 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period April 2017 – March 2018

2.5.9 Outpatient appointments made within 5 days of receipt

Further improvements are expected with the roll-out of e-vetting as the turnaround time for the vetting processes and turnaround times can be reduced. Further improvements are also expected when the introduction of capacity escalation is added to the e-vetting product.

Outsourcing can have a negative impact on this KPI as we do not routinely book those services that outsource until 14+ days after referral receipt date. This is to give the outsourcing team time to liaise with the outsourcing provider and patient. If a patient is not outsourced, they will return to the outpatient waiting list at 14+ days and are booked in excess of the 5 working day target.

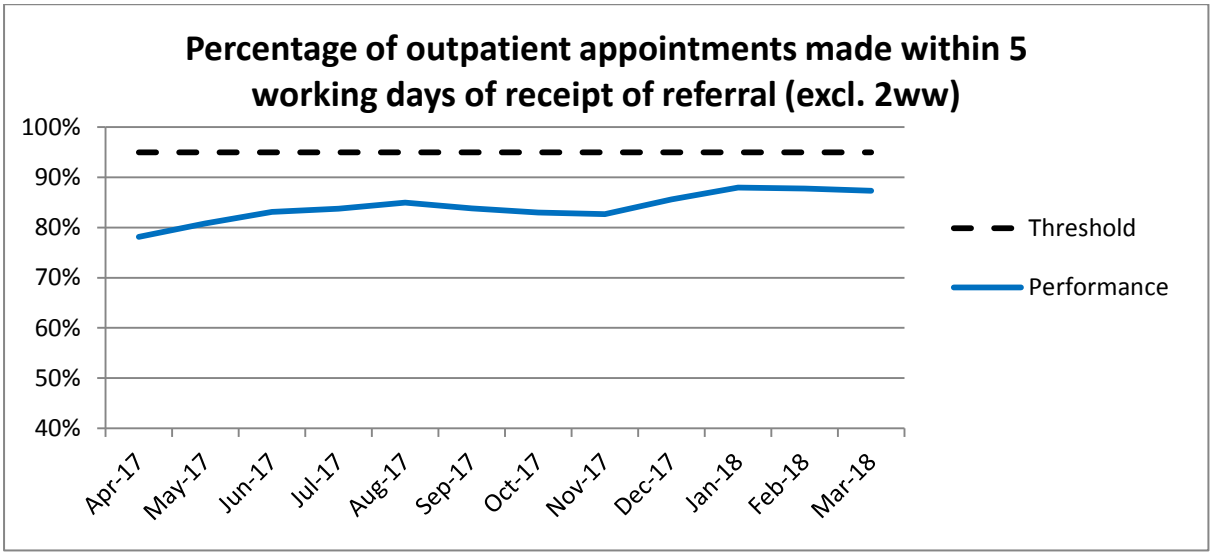


Chart 38 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period April 2017 – March 2018

2.5.10 Outpatient appointments cancelled by the Trust

The hospital initiated cancellation rate (less than 6 weeks' notice) was 9 per cent in March 2018. The division of WCCS is completing a review of the main drivers for hospital cancellations and patient impact with resultant actions to be discussed through the Executive Committee for Operational Performance.

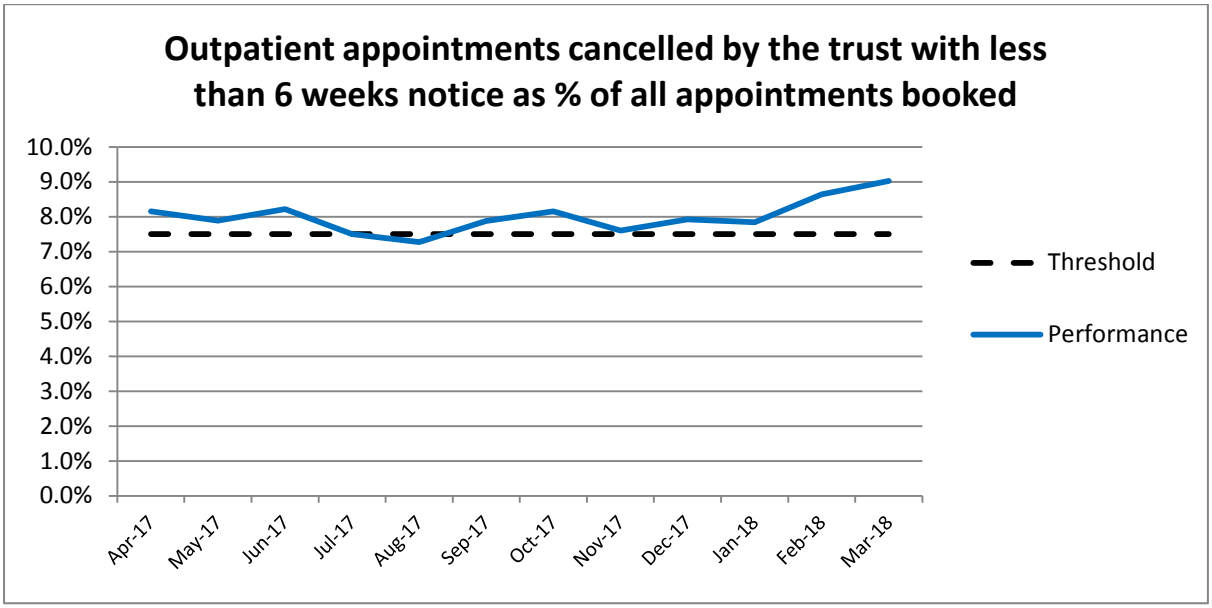


Chart 39 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period April 2017 – March 2018

2.5.11 Waiting times for first outpatient appointment

A key milestone of the 18 week RTT pathway is the first outpatient appointment. This is where the patient will be assessed by a specialist and decisions on whether further tests are needed and the likely course of treatment are made. This indicator shows the average number of weeks that patients waited before attending their first outpatient appointment following a referral for routine appointments only. The average waiting time in March 2018 was 7.3 weeks to attending first appointment from referral (it was 8.8 in the same period last year). The waiting times vary widely between clinical services, ranging from 4 – 13 weeks.

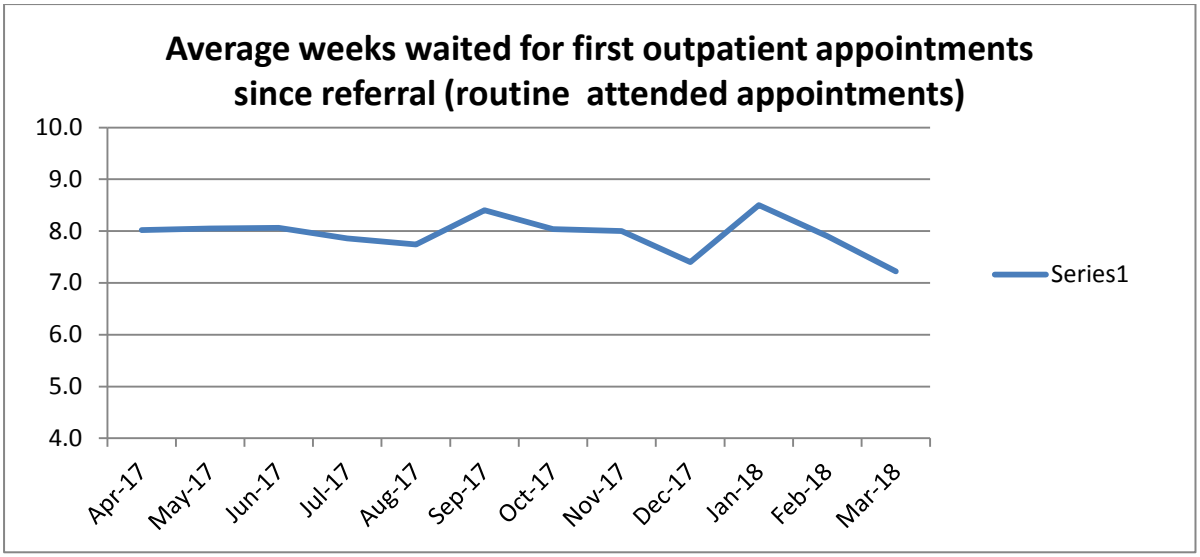


Chart 40 – Average weeks waiting time from referral to first outpatient appointment for the period January 2017 – February 2018 (routine appointments)

3. Finance

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