Imperial College Healthcare NHS Trust

Report to:	Date
Trust board - public	**28 March 2018**

Integrated Performance Report

Executive summary:

This is a regular report which outlines the key headlines relating to the reporting month of February 2018 (month 11).

Recommendation to the Trust board:

The Board is asked to note this report.

Trust strategic objectives supported by this paper:

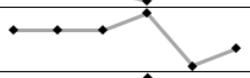
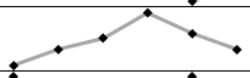
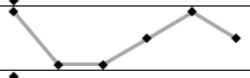
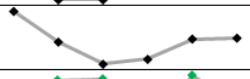
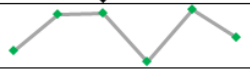
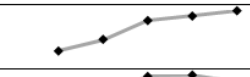
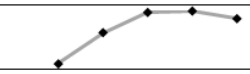
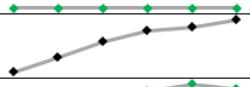
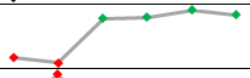
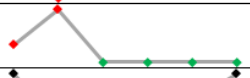
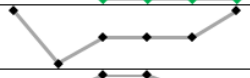
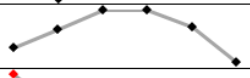
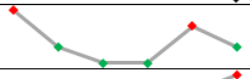
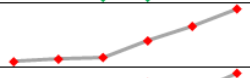
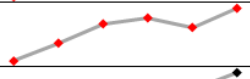
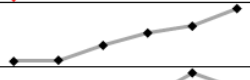
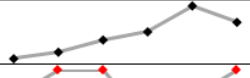
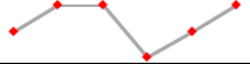
To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

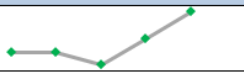
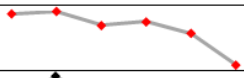
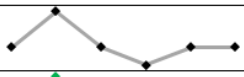
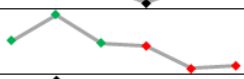
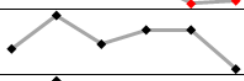
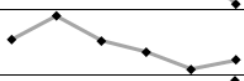
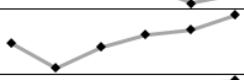
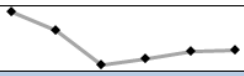
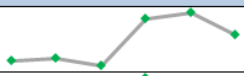
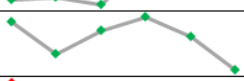
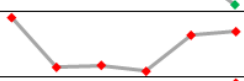
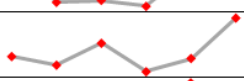
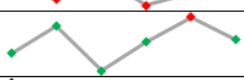
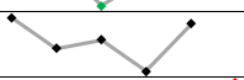
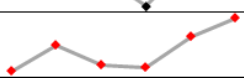
Author	Responsible executive director
Performance Support Team	William Oldfield (acting Medical Director for quality, safety and strategy) Janice Sigsworth (Director of Nursing) David Wells (Director of People and Organisational Development) Catherine Urch (Divisional Director) Tim Orchard (Divisional Director and acting Medical Director for development, education and research) Tg Teoh (Divisional Director)

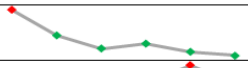
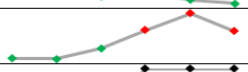
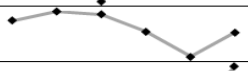
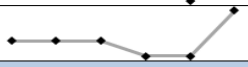
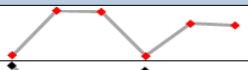
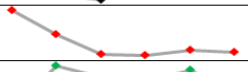
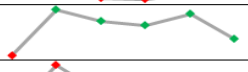
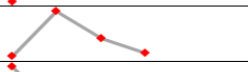
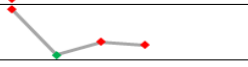
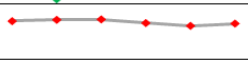
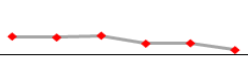
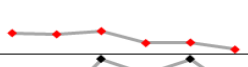
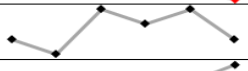
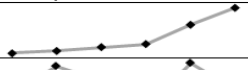
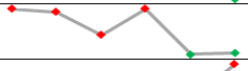
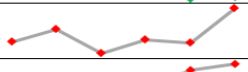
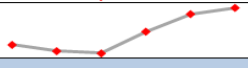
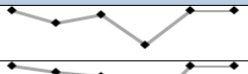
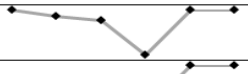
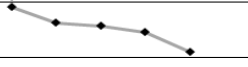
Contents

1. Scorecard

Month 11

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	William Oldfield	Feb-18	-	**9**	
Incidents causing severe harm (number)	William Oldfield	Feb-18	-	**0**	
Incidents causing severe harm (% of all incidents YTD)	William Oldfield	Feb-18	-	**0.08%**	
Incidents causing extreme harm (number)	William Oldfield	Feb-18	-	**1**	
Incidents causing extreme harm (% of all incidents YTD)	William Oldfield	Feb-18	-	**0.06%**	
Patient safety incident reporting rate per 1,000 bed days	William Oldfield	Feb-18	44.0	**53.9**	
Duty of candour compliance at 12/03/2018:					
Compliance with duty of candour (SIs)	William Oldfield	Feb-18	100%	**95.0%**	
Compliance with duty of candour (Level 1 - internal investigations)	William Oldfield	Feb-18	-	**69.0%**	
Compliance with duty of candour (Moderate and above incidents)	William Oldfield	Feb-18	-	**74.0%**	
Never events (number)	William Oldfield	Feb-18	0	**0**	
MRSA (number)	William Oldfield	Feb-18	0	**0**	
Clostridium difficile (cumulative YTD) (number)	William Oldfield	Feb-18	62	**53**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	William Oldfield	Feb-18	95.0%	**96.0%**	
CAS alerts outstanding (number)	William Oldfield	Feb-18	0	**0**	
Avoidable Pressure Ulcers	Janice Sigsworth	Feb-18	-	**2**	
Staffing fill rates (%)	Janice Sigsworth	Feb-18	tbc	**96.0%**	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Feb-18	2.8%	**2.8%**	
Core Skills (excluding Doctors in Training) (%)	David Wells	Feb-18	90.0%	**86.4%**	
Core Skills (Doctors in Training) (%)	David Wells	Feb-18	90.0%	**73.7%**	
Core Clinical Skills (excluding Doctors in Training) (%)	David Wells	Feb-18	tbc	**85.1%**	
Core Clinical Skills (Doctors in Training) (%)	David Wells	Feb-18	tbc	**66.1%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Feb-18	0	**3**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Effective					
Hospital standardised mortality ratio (HSMR)	William Oldfield	Sep-17	100	**72.0**	
Mortality reviews at 09/03/2018:					
Total number of deaths	William Oldfield	Feb-18	-	**176**	
Number of local reviews completed	William Oldfield	Feb-18	-	**87**	
% of local reviews completed	William Oldfield	Feb-18	100%	**49.4%**	
Number of SJR reviews requested	William Oldfield	Feb-18	-	**24**	
Number of SJR reviews completed	William Oldfield	Feb-18	-	**3**	
Number of avoidable deaths (Score 1-3)	William Oldfield	Feb-18	-	**1**	
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	Aug-17	-	**6.6%**	
Unplanned readmission rates (28 days) under 15s (%)	Tg Teoh	Aug-17	-	**4.6%**	
Outpatient appointments not checked-in or DNAd (app within last 90 days)	Tg Teoh	Feb-18	-	**1904**	
Outpatient appointments checked-in AND not checked-out	Tg Teoh	Feb-18	-	**2952**	
Diagnostic and surgical orders waiting to be processed (Add/Set Encounter)	Catherine Urch	Feb-18	0	**1508**	
Caring					
Friends and Family Test: **Inpatient** service - % patients recommended	Janice Sigsworth	Feb-18	95.0%	**97.5%**	
Friends and Family Test: **A&E** service - % recommended	Janice Sigsworth	Feb-18	85.0%	**92.5%**	
Friends and Family Test: **Maternity** service - % recommended	Janice Sigsworth	Feb-18	95.0%	**94.4%**	
Friends and Family Test: **Outpatient** service - % recommended	Janice Sigsworth	Feb-18	94.0%	**92.9%**	
Complaints: Total number received from our patients	Janice Sigsworth	Feb-18	100	**90**	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Jan-18	-	**78.2%**	
Mixed-Sex Accommodation (EMSA) breaches	Catherine Urch	Feb-18	0	**42**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Well Led					
Vacancy rate (%)	David Wells	Feb-18	10.0%	**12.3%**	
Voluntary turnover rate (%) 12-month rolling	David Wells	Feb-18	10.0%	**9.2%**	
Sickness absence (%)	David Wells	Feb-18	3.1%	**3.3%**	
Personal development reviews (%)	David Wells	Jul-17	95.0%	-	
Doctor Appraisal Rate (%)	Tim Orchard	Feb-18	95.0%	**88.3%**	
Education open actions (number)	Tim Orchard	Feb-18	-	**3**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Catherine Urch	Feb-18	92.0%	**82.8%**	
RTT: Patients waiting over 18 weeks for treatment (number)	Catherine Urch	Feb-18	-	**10793**	
RTT: Patients waiting 52 weeks or more for treatment (number)	Catherine Urch	Feb-18	0	**256**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Catherine Urch	Jan-18	85.0%	**85.1%**	
Cancelled operations (as % of total elective activity)	Catherine Urch	Jan-18	0.8%		
28 day rebooking breaches (% of cancellations)	Catherine Urch	Jan-18	8.0%		
Theatre utilisation (elective) (%)	Catherine Urch	Feb-18	85.0%	**73.4%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Feb-18	95.0%	**59.1%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Feb-18	95.0%	**82.4%**	
A&E patients spending >12 hours from decision to admit to admission	Tim Orchard	Feb-18	0	**4**	
Discharges before noon	Tim Orchard	Feb-18	35.0%	**14.2%**	
Waiting times for first outpatient appointment (routine) (average weeks waited for attended appointments)	Tg Teoh	Feb-18	-	**7.9**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Feb-18	1.0%	**0.8%**	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Feb-18	11.0%	**10.8%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Feb-18	7.5%	**8.6%**	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Feb-18	95.0%	**88.8%**	
Money and Resources					
In month variance to plan (£m)	Richard Alexander	Feb-18		-	
YTD variance to plan (£m)	Richard Alexander	Feb-18		-	
Annual forecast variance to plan (£m)	Richard Alexander	Feb-18		-	
Agency staffing (% YTD)	Richard Alexander	Feb-18		**0.0%**	
CIP % delivery YTD	Richard Alexander	Feb-18		**0.0%**	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Nine serious incidents (SIs) were reported during February 2018, compared to nineteen last month. All of them are undergoing root cause analysis.

The categories of SIs reported in February are comparable to previous trends, with the highest number relating to the sub-optimal care of a deteriorating patient, with five SIs reported. These SIs showed no specific themes as they were reported across all three clinical divisions. A safety improvement stream is in place for this area.

Two SIs were reported for the category of treatment delay due to a lack of availability of mental health beds. This 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.

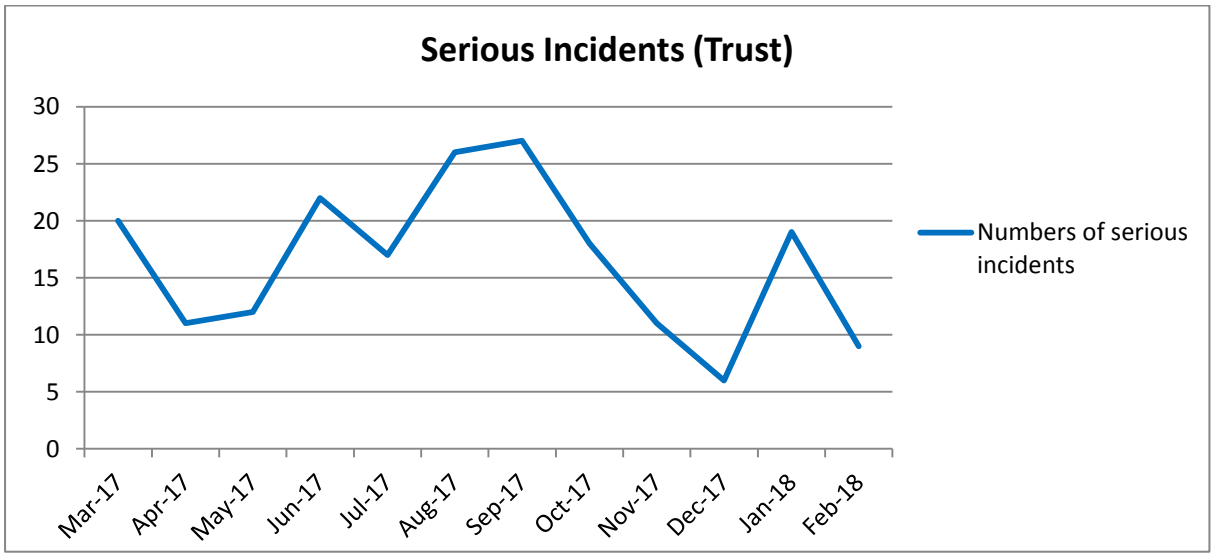


Chart 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period March 2017 – February 2018

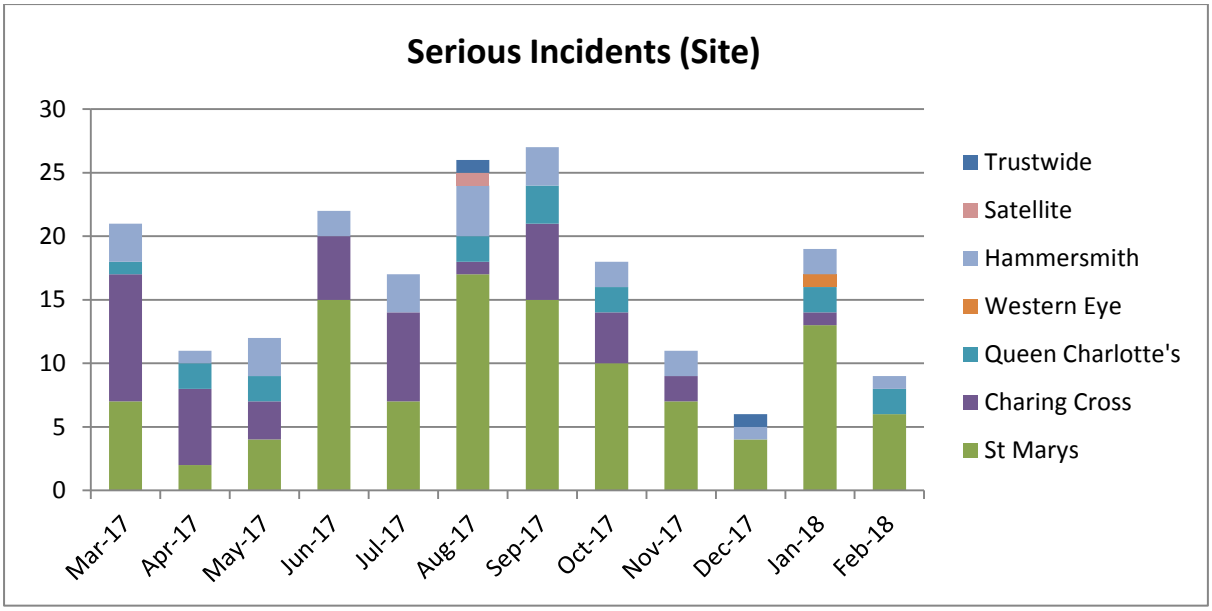


Chart 2 - Number of Serious Incidents (SIs) (Site level) by month for the period March 2017 – February 2018

In the last 12 months there has been an overall increase in the number of SIs reported compared to the preceding 12 month period, from 184 to 199. The increase reflects the Trust's commitment to improving the culture of safety through encouraging transparent identification of issues to enhance the opportunities for learning in a supportive environment. The increases are understood and our harm profile is not raising a specific cause for concern.

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported no severe/major harm incidents and one extreme harm/death incident in February 2018. This incident is being investigated.

There have been thirteen severe and ten extreme harm incidents reported so far this year. This is below average when compared to data published by the National Reporting and Learning System (NRLS) in September 2017 for the October 2016 – March 2017 period.

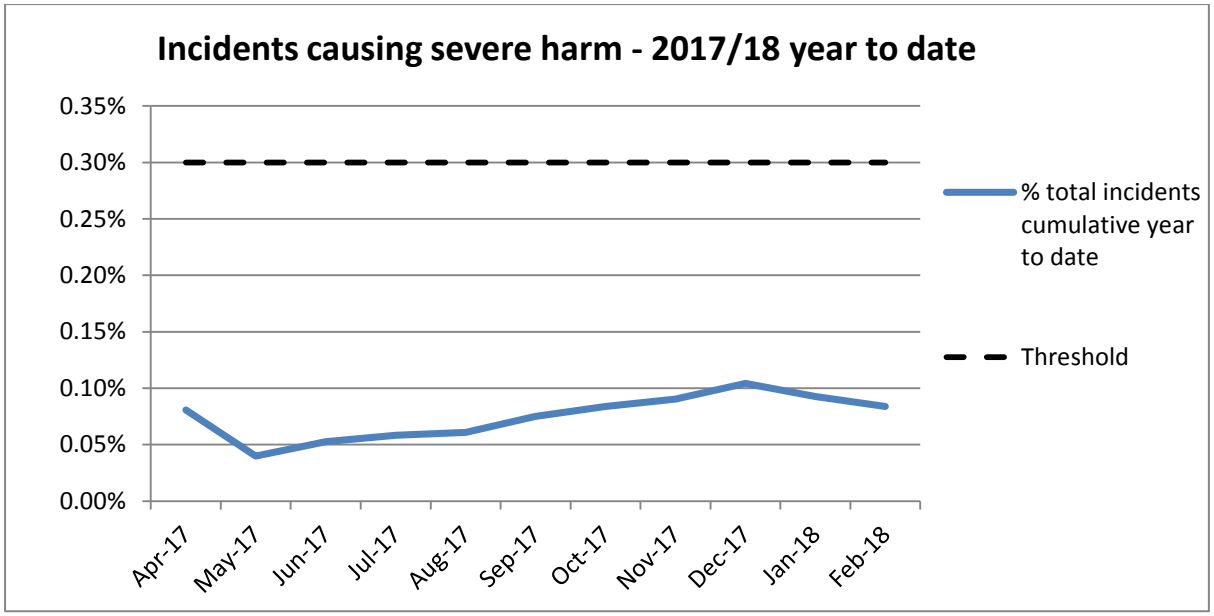


Chart 3 – Incidents causing severe harm by month from the period April 2017 – February 2018 (% of total patient safety incidents YTD). Threshold Source: National Reporting and Learning System (NRLS)

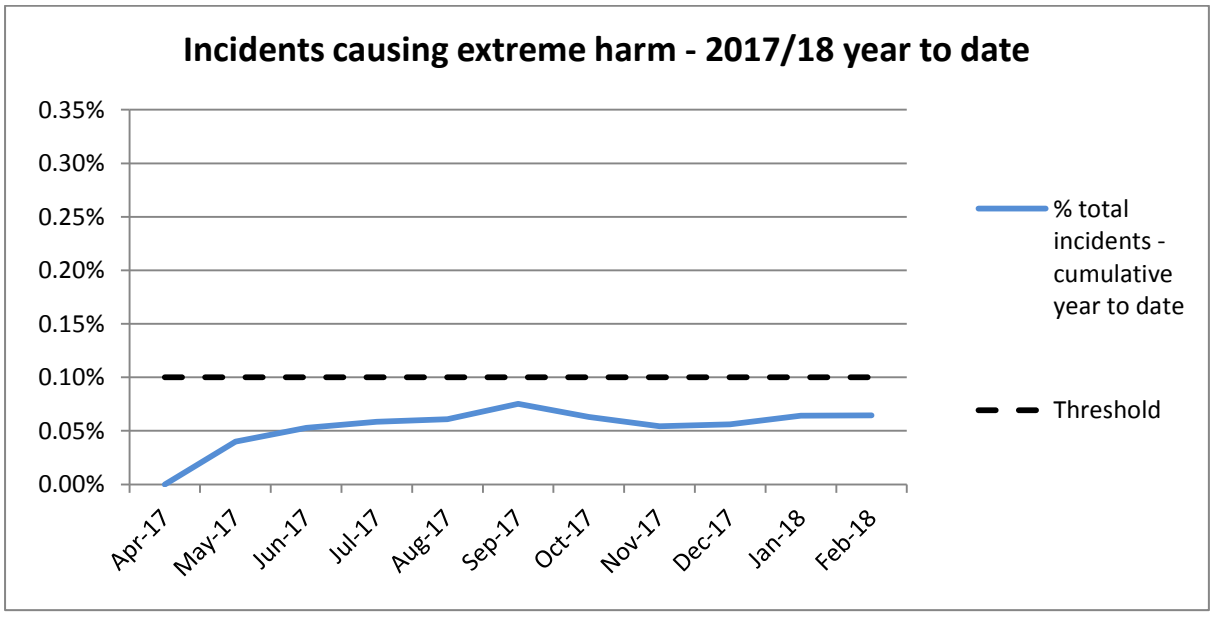


Chart 4 – Incidents causing extreme harm by month from the period April 2017 – February 2018 (% of total patient safety incidents YTD). Threshold Source: National Reporting and Learning System (NRLS)

Patient safety incident reporting rate

The Trust's incident reporting rate for February 2018 is 53.88 which places us within the highest 25% of reporters nationally (34th highest rate). 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.

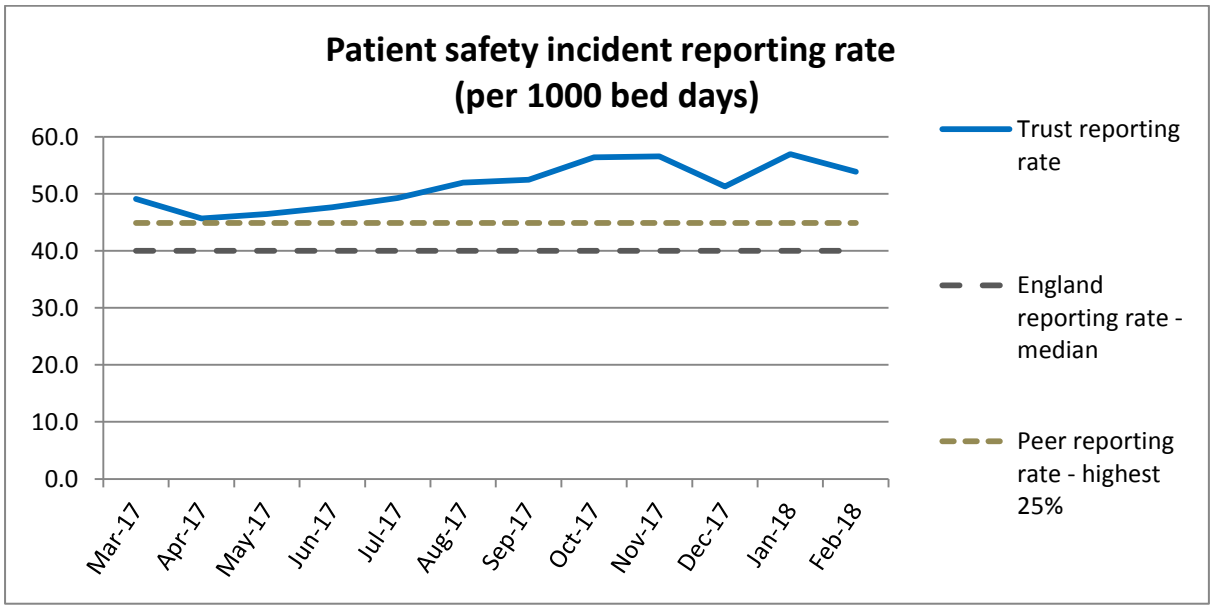


Chart 5 – Trust incident reporting rate by month for the period March 2017 – February 2018

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. 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 January 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 February 2018 is not yet available as data are reported one month in arrears.

	SIs	Level 1 (internal investigations)	Moderate and above incidents
Number of incidents (Apr 2017 – January 2018)	159	71	54
Total with stage 1 complete	154	50	42
Total with stage 2 complete	151	51	41
Total with both stages complete	151	49	40
Percentage fully compliant with duty of candour requirements	95%	69%	74%

Percentage of incidents fully compliant with duty of candour requirements at 12 March 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 (expected in Quarter 4). An implementation plan has been developed and a Task and Finish group has been set up by the SCCS division to review the available devices and manage the roll out trust wide.

An audit of the sticker alert on epidural lines has now taken place in all clinical areas. The audit showed that out of 50 cases audited, 38 were labelled correctly (76%). The results will be presented at the relevant quality committees and a plan will be developed in response to the audit findings. Detailed information will also be included in this month's Quality Report.

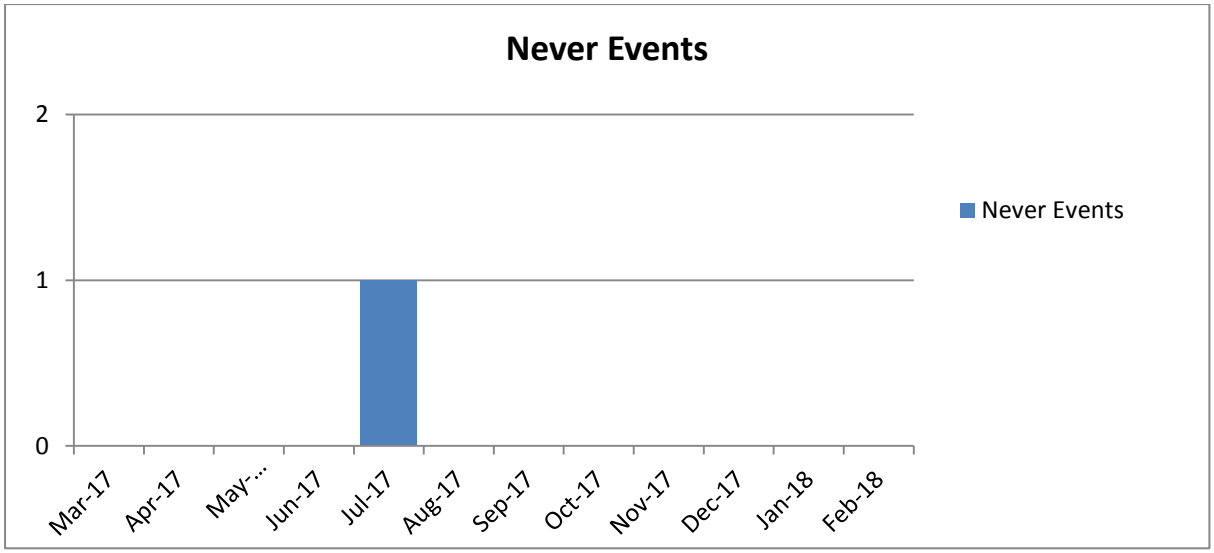


Chart 6 – Trust Never Events by month for the period March 2017 – February 2018

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

There were no cases of MRSA BSI identified at the Trust in February 2018, however since the last report one case of MRSA BSI has been allocated to the Trust for January 2018. Two cases of MRSA BSI have been allocated to the Trust so far in 2017/18; these occurred in April 2017 and January 2018.

2.1.6 Safe: *Clostridium difficile*

Four cases of Clostridium difficile were allocated to the Trust in February 2018; none of these were identified as a lapse in care.

Fifty three cases of Clostridium difficile have so far been allocated to the Trust in 2017/18, which is below trajectory. Four cases have been identified as a lapse in care so far in 2017/18, following multi-disciplinary team review, held monthly. Two of these four cases were related to antibiotic non-compliance; these cases have been discussed with the prescribers and clinical teams involved. The other two cases related to potential transmission and have undergone local investigation.

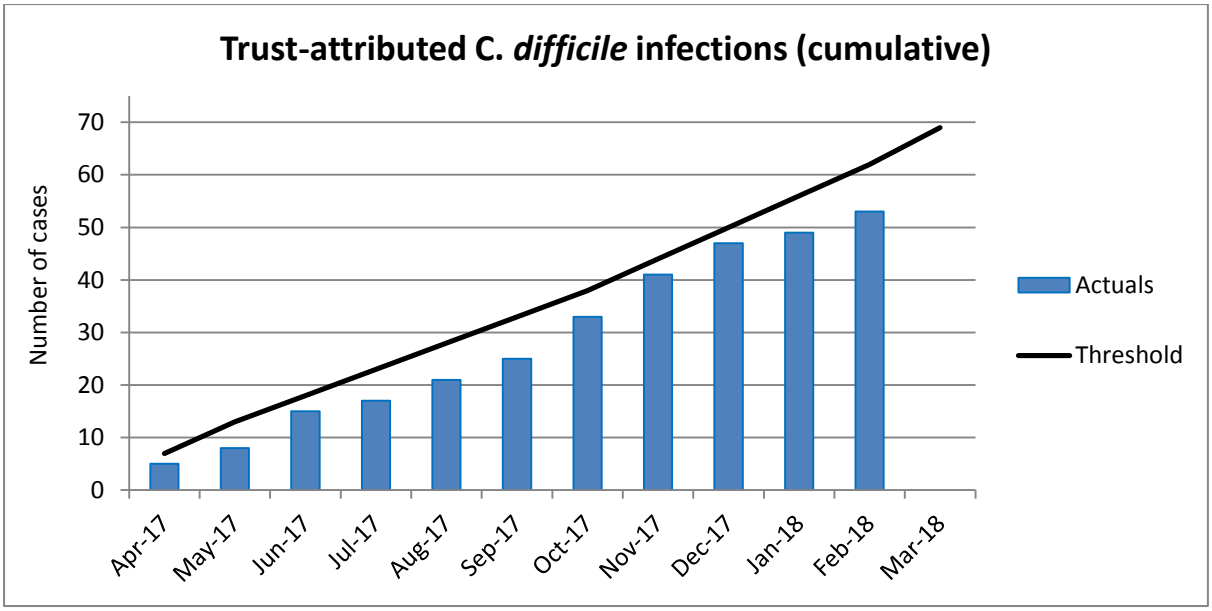


Chart 7 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2017 – February 2018

2.1.7 Safe: Venous thromboembolism (VTE) risk assessment

The Trust performance remained above target at 96.03 per cent at the end of February. Sustained improvements have been seen across all divisions as a result of local action plans and monitoring arrangements. A Trust wide action plan has been in place during this financial year given the difficulties we have experienced and progress reported to Executive Quality Committee through the Trust's Quality Report.

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 and an action plan is in place to address the recommendations of the report.

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

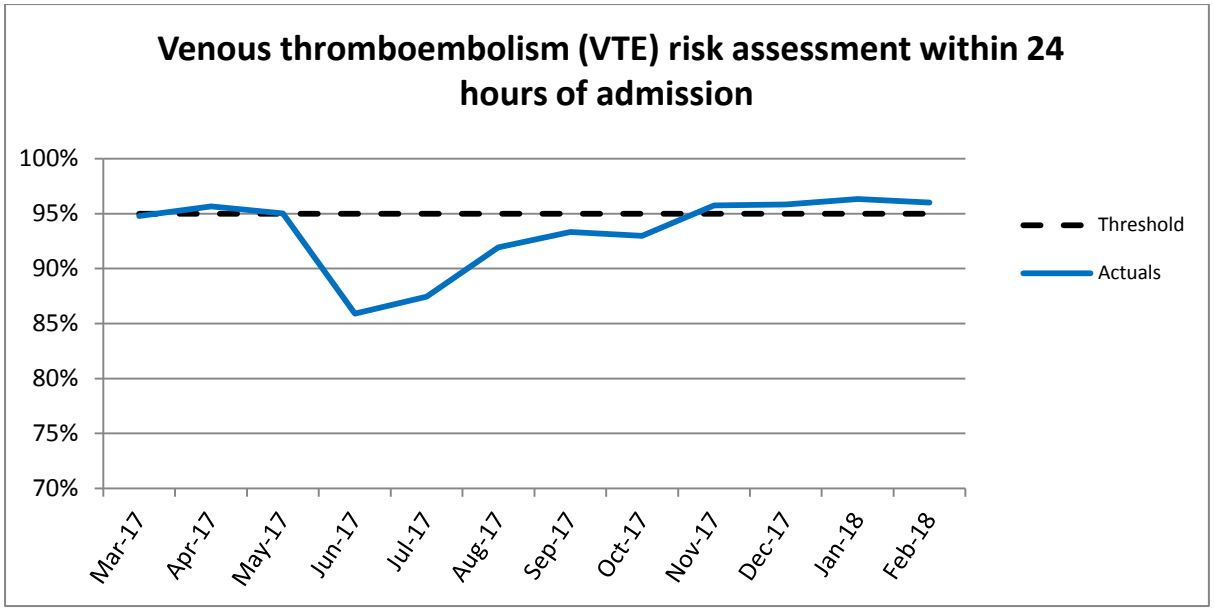


Chart 8 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period March 2017 – February 2018

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 were two unstageable pressure ulcers recorded for the month of February 2018. This takes the total of avoidable Trust acquired pressure ulcers to 16 compared with 23 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.

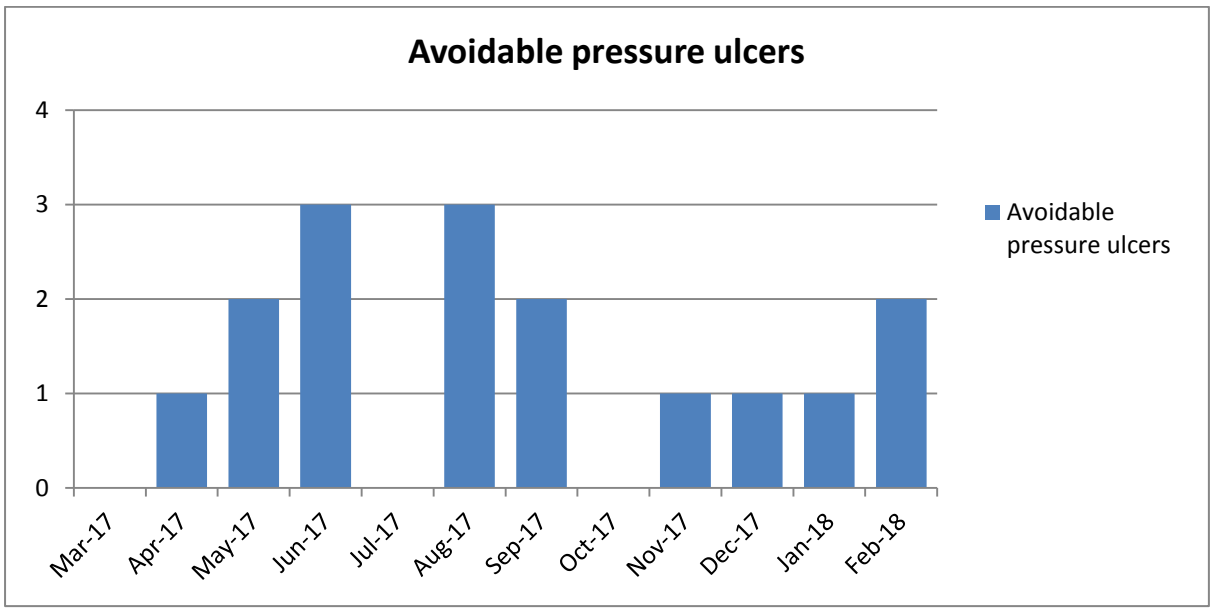


Chart 9 – Number of category 3 and category 4 (including unstageable) Trust-acquired pressure ulcers by month for the period March 2017 – February 2018

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

In February 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	94.53%	92.73%	97.32%	96.98%
Hammersmith	95.89%	89.91%	98.75%	94.65%
Queen Charlotte's	96.80%	93.51%	98.05%	98.72%
St. Mary's	96.05%	94.36%	97.33%	96.59%
Trust wide	95.58%	92.85%	97.70%	96.58%

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

<u>Surgery Cancer and Cardiovascular Sciences</u>

- A7 Cardiology

Unfilled care staff shifts for specials equated to 85 hours filled by moving staff around.

- C8 Cardiology

Unfilled registered mental nurse shifts equated to 144 hours and unfilled unregistered staff shifts for specials equated to 104 hours .This was covered my moving staff around the directorate.

- Dacie

One unregistered special shift was unfilled and covered my moving staff from other areas.

- Weston ward

Unfilled registered nurse shifts for vacancies equated to 139 hours covered by the ward manager working in the numbers.Unregistered shifts for specials equated to 83 hours covered by moving staff in the directorate.

- Surgical assessment unit

Unfilled shifts covering vacancies equated to 134 hours covered by the ward manager working in the numbers.

Medicine and Integrated Care

- 11 South

Unfilled unregistered shifts equated to 91.5 hours filled by moving staff around.

- 8 West

Registered nurseunfilled shifts equated to 130.5 hours due to vacancies was covered by the ward manager working in the numbers.

- Acute assessment unit Charing Cross

Registered nurse unfilled shifts for escalation,specials and vacancies equated to 138 hours and were covered by the lead nurse, clinical nurse specialists and educators.

- Acute medical Unit Charing cross

Registered nurse unfilled shifts for escalation.specials, vacancies and sickness equated to 478 hours. Some shifts were covered by staff within the directorate and no harm was recorded as a result of the shortfall.

- Thistle Ward

Unregistered and unfilled special shifts equated to 138 hours.This was covered by other staff in the area and no harm was recorded as a result of the shortfall.

Divisions of Womens and Childrens and Imperial Private Health

- There were no shortfalls in the Divisions of Womens and Childrens and Imperial Private Health.

During the month of February increased activity across NHS Trusts continued which required and initiated a national response from NHS England.

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 February 2018 were safe and appropriate for the clinical case mix.

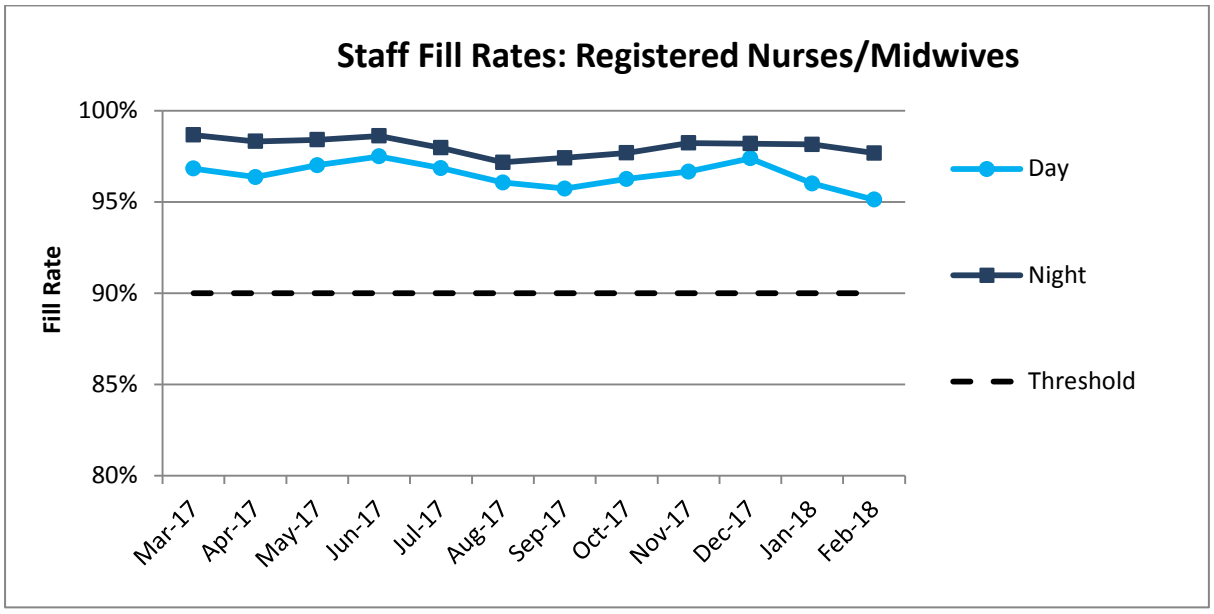


Chart 10 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period March 2017 – February 2018

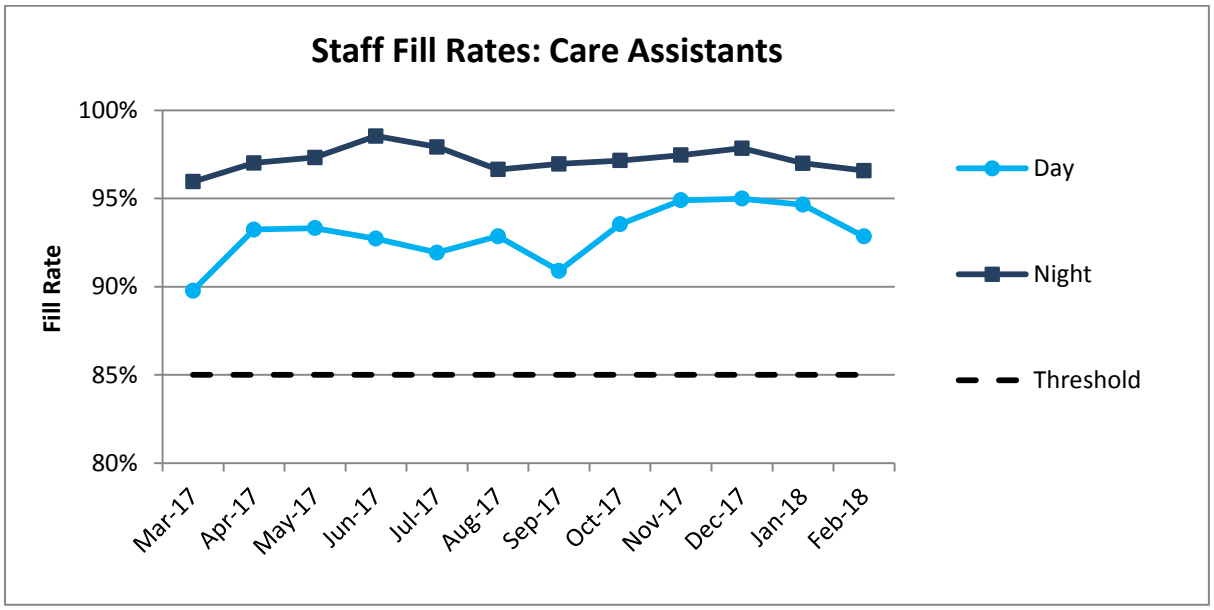


Chart 11 - Monthly staff fill rates (Care Assistants) by month for the period March 2017 – February 2018

2.1.11 Safe: Postpartum haemorrhage

In February, 2.8 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.

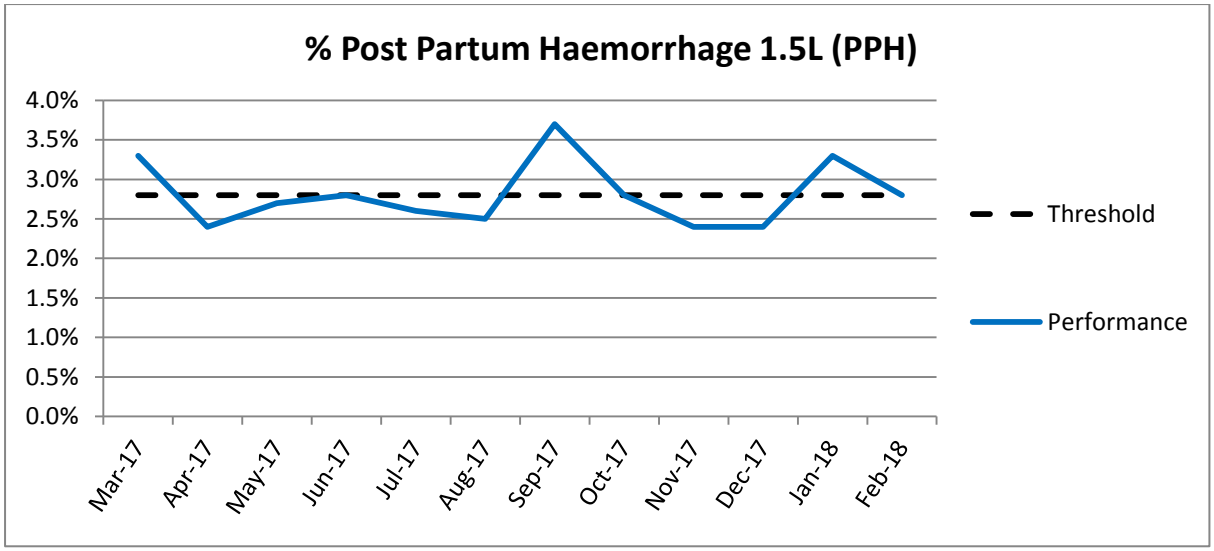


Chart 12 – Postpartum haemorrhage (PPH) for the period March 2017 – February 2018

2.1.12 Safe: Core skills training

Core Skills compliance

At the end of January, the compliance rate for Doctors in Training/Trust Grade was 73.69 per cent and for all other staff, 86.39 per cent

Core Clinical Skills compliance

At the end of January, the compliance rate for Doctors in Training/Trust Grade was 66.11 per cent and for all other staff, 85.12 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. The compliance rate is expected to improve and this will be monitored the next time WIRED is upload (28th March)

Core skills governance committee - The first 2 meetings of the Core Skills Governance Committee have taken place. The indicator definitions were reviewed for 2018/19 reporting; a report will be presented to the executive committee with proposals that will address duplications, focus the training on key areas and remove some staff from denominators where the training is not required.

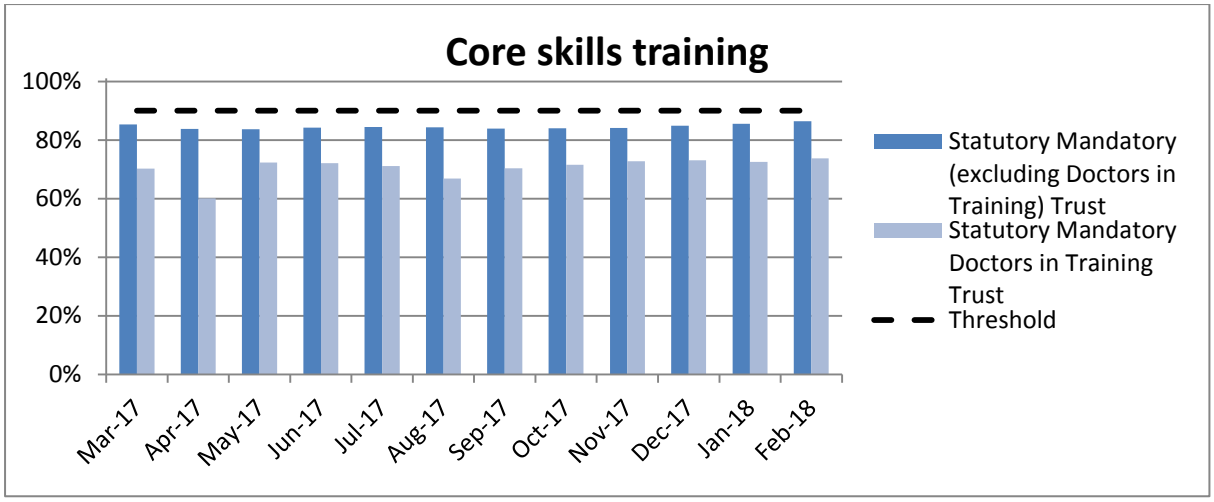


Chart 13 - Statutory and mandatory training for the period March 2017 – February 2018

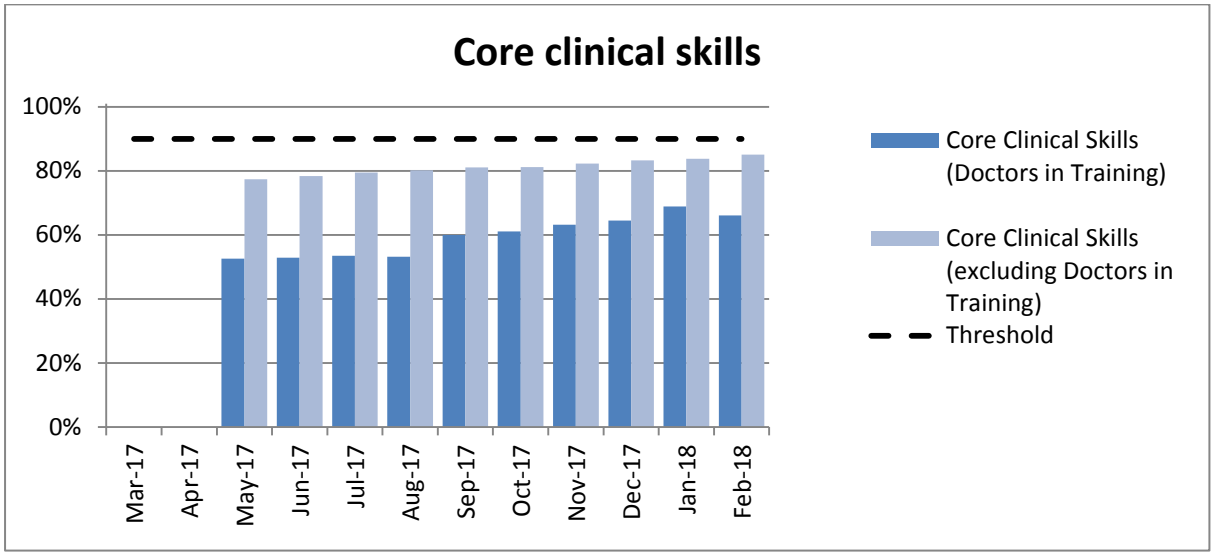


Chart 14 – Core clinical skills training for the period May 2017 (first reported) – February 2018

2.1.13 Safe: Work-related reportable accidents and incidents

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

- The first incident involved a member of staff slipping whilst walking, sustaining a fracture to his arm. The incident was reportable to the HSE as a specified injury (fracture)
- The second incident involved a member of staff sustaining a needle stick injury when delivering care to a patient who was hepatitis C positive. The incident was reportable to the HSE as a dangerous occurrence (exposure to a biological agent)
- The third incident involved a member of staff sustaining a needle stick injury when delivering care to a patient who was hepatitis C positive. The incident was

reportable to the HSE as a dangerous occurrence (exposure to a biological agent).

In the 12 months to 28th February 2018, there have been 40 RIDDOR reportable incidents of which 16 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.

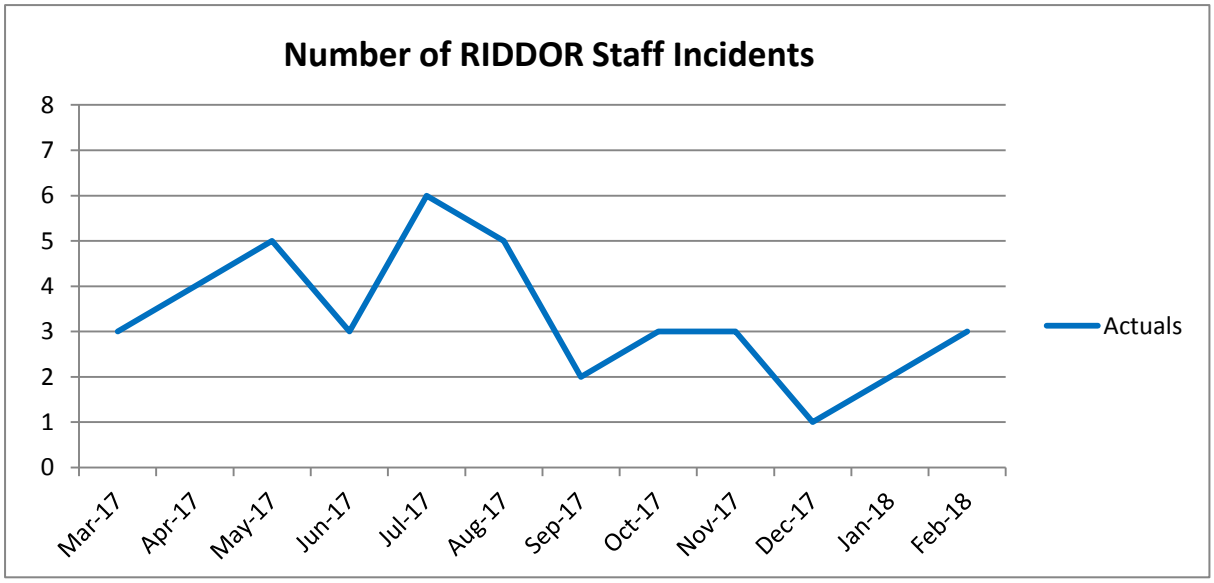


Chart 15 – RIDDOR Staff Incidents for the period March 2017 – February 2018

2.2 Effective

2.2.1 Effective: National Clinical Audits

Since April 2017, a total of 44 relevant HQIP and NCEPOD national study reports have been published. The Trust participated in 43 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 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 72 (September 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.

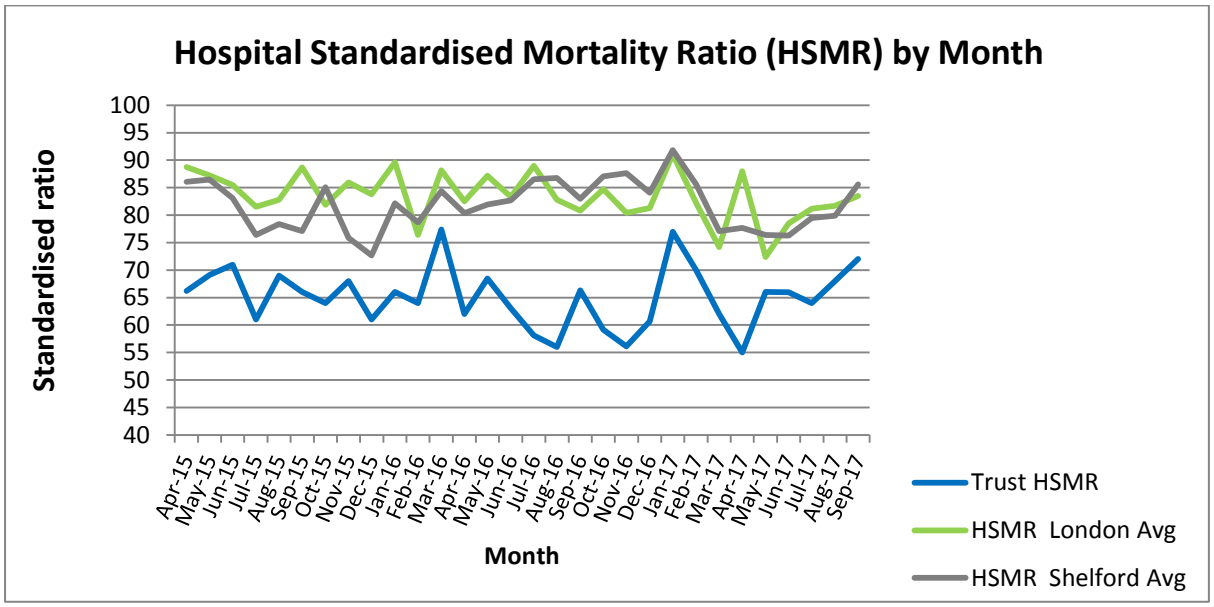


Chart 16 - Hospital Standardised Mortality Ratios for the period April 2015 – September 2017

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. 125 completed reports have been received to date, from the 202 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 eleven cases of avoidable death. Two cases had already undergone SI investigations, with action plans in place. Four cases have undergone SI investigation as well as the SJR process and will be presented at the March MRG meeting. Five further cases of avoidable death have been through the MRG who have recommended further level 1 (one case) or SI investigations (four cases) to explore wider care and service delivery issues that were identified. These are currently underway.

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.

Mortality reviews (at 9 March 2018)

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
Total number of deaths	120	152	137	138	163	151	161	167	161	191	176	1717
Number of local reviews completed	120	152	136	137	161	143	156	141	141	148	87	1522
% Local Reviews Completed	100%	100%	99%	99%	99%	95%	97%	84%	88%	77%	49%	89%
Number of SJR reviews requested	3	3	2	21	28	22	37	19	19	24	24	202
Number of SJR reviews completed	2	3	2	11	22	16	27	14	14	11	3	125
Number of avoidable deaths (Score 1-3)	1	0	0	1	2	1	3	1	0	1	1	11

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 did not achieve our target of 90% of clinical trials recruiting their first patient within 70 days of a valid research application for the previous two quarters. Validated data for Q2 2017/18 showed performance at 53.3%. This is an increase on the two previous quarter's performance, but slightly below the national average of 55.6%.

Historically, much of the delay for ICHT studies has been at the contract negotiation stage. As reported last month we have now re-staffed the ICHT 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.

Performance has declined nationally following the process and data changes introduced by the DoH in 2016/17. A new 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, which are more robust and which are resistant to different interpretations by NHS Trusts as is currently the case.