Imperial College Healthcare ***NHS***

NHS Trust

Trust Board - Public

Agenda Item	2.3
Title	Operational Report
Report for	Monitoring/Noting
Report Author	Nicola Grinstead, Interim Chief Operating Officer
Responsible Executive Director	Nicola Grinstead, Interim Chief Operating Officer

Executive Summary: This is a regular report to the Trust board and outlines the key operational headlines that relate to the reporting month of April 2015.

Recommendation to the Trust board: The Trust board is asked to note the contents of this report. Please note that the revised scorecard template will now be available for the July Trust board meeting.

Trust strategic objectives supported by this paper:

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

- To educate and engage skilled and diverse people committed to continual learning and improvement.

- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.

- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Imperial College Healthcare NHS

NHS Trust

Title : Operational Report

Purpose of the report: Regular report to the Trust Board on Operational Performance

Introduction: This report relates to activity within M1 (April) 2015/16.

A. Shadow Monitor compliance

Foundation Trust governance risk rating (shadow): Amber
Rationale: The Trust is expected to have under-delivered on the RTT standards, has under-delivered the 4 hour A&E waiting time standard and the 62 day cancer standard for quarter four.

B. Safety

Mortality Rates & Incidents

Mortality Rates:

The Trust's HSMR for Q3 2014-15 is 67.45, statistically significantly low. The rate for the last year of data (Jan-Dec 2014) is excellent when compared nationally, being the lowest in the Shelford Group And second lowest in our peer group of non-speciality acute providers across the last year of data.

There was one mortality alert for the December 2014 data relating to the diagnosis group 'other psychoses'. This will be investigated by the appropriate division and will be reported to ExCo in the Quality Report.

Serious Incidents (SIs) & Never Events:

7 SIs were reported in April 2015. No never events were reported in April.

Reporting Rate:

The Trust reporting rate for 2014/15 was 45.29 per 1000 bed days. The Trust reporting rate continues to exceed the peer reporting rate of 35.1.

The Trust reported a total of 12 (0.08 per cent) severe harm incidents and 27 (0.17 per cent) incidents causing death for the period 2014/15 compared with our NRLS peer group 0.4 per cent and 0.1 per cent respectively. (Using NRLS published data for April – September 2014. October 2014 – March 2015 NRLS data is published in Sept 2015).

Infection Prevention & Control

Meticillin resistant *Staphylococcus aureus* bloodstream infections (MRSA BSI):
- Three cases of MRSA BSI occurred in April 2015 and are under investigation (One of these has been initially allocated to the Trust);

Imperial College Healthcare **NHS**

NHS Trust

- The first (initially non-trust) case was in a patient who regularly attends the dialysis unit and the source of infection was thought to be the dialysis catheter;
- The second (initially trust) case was in a patient on a medical ward and the likely source of infection was skin contamination; &
- The third (initially non-trust) case was in a patient who attended our A&E but who had recently had orthopedic surgery at the Trust. This case is still under investigation.

Clostridium difficile infections:
- Eight cases of *C. difficile* were allocated to the Trust for April 2015;
- The annual objective for the Trust is 69 for 2015/16; &
- The provisional definition of a lapse in care associated with toxin positive *C. difficile* disease within ICHT is described as a) non-compliance to the ICHNT antibiotic policy or b) If the patient shared a ward with another patient who was symptomatic and later found to be *C. difficile* positive (with the same ribotype). After a review of Trust attributable *C. difficile* cases from FY 2014/15, eight cases have been agreed with the IPC lead for the CCG, there are two additional cases from March 2015 that we are awaiting ribotyping on.

Adult ICU CLABSI
- The 12 month rolling CLABSI rate for all three adult ICUs combined is 1.0 per 1000 catheter days, benchmarked against the ECDC (Annual epidemiological report, 2014) ICU CLABSI rate of 3.0 per 1000 catheter days; &
- There have been two episodes of CLABSI this calendar year (Jan- April 2015), a period which saw approximately 3610 catheter line days.

Surgical Site Infection (SSI)
Orthopaedics:
- The 12 month rolling Trust average SSI rate is 0.3 per cent for Knee replacement and 0 per cent for Hip replacement procedures (Apr 2014 – Mar 2015); &
- The latest quarter (Jan – Mar 2015) has seen zero SSIs identified in 83 knee replacement and 53 hip replacement procedures; the National average (PHE) SSI rate is 0.6 per cent for both procedures.

Cardiothoracic:
- The 12 month rolling Trust average SSI rate is 2.2 per cent for CABG and 0.4 per cent for non-CABG replacement procedures (Apr 2014 – Mar 2015). The latest quarter (Jan – Mar 2015) has seen three post-CABG SSIs, two superficial incisional, the third a deep incisional, of 122 CABG procedures; &
- This period has seen zero SSIs identified out of 48 non-CABG procedures, the National average (PHE) SSI rate is 4.5 per cent for CABG and 1.2 per cent for non-CABG.

Carbapenemase Producing Organisms:
- The total PHE reference lab confirmed CPO isolates for 2014/15 until the end of March 2015 is 56.These represent multiple different types of organisms;
- April 2015 has seen 9 PHE reference lab confirmed CPO isolates, 7 of which were identified as *Klebsiella pneumoniae* NDM;
- In line with the guidance issued by PHE and NHS England, an action plan is in place to ensure that the tool kit is embedded into practice; &

- We continue to send risk factor information relating to each (PHE reference lab confirmed) CPO case to Public Health England.

Carbapenemase Producing Enterobacteraciae Outbreak (*Klebsiella pneumoniae* NDM):
- As part of an ongoing investigation, liasion between IPC and PHE, into cases of *K pneumoniae* New-Delhi Metallo-beta-lactamase (NDM) organisms across the Hammersmith and St. Mary's sites, mainly affecting vascular and renal wards, we have identified 21 patients, spanning a 12 month period, with this organism and mechanism of resistance; &
- Investigations are underway regarding patient pathways within ICHNT and other hospitals, in collaboration with PHE.

C. Patient Centeredness

Friends and Family Test
In April, the Trust changed to a new real-time feedback system: meridian from Optimum Contact. This new system provides much greater flexibility in terms of collecting and reporting feedback. During the changeover period, the Trust ran both electronic and paper collections in order to ensure that we were able to maintain our FFT reporting. The real-time ward surveys were not undertaken in April and the surveys will be reviewed and rebuilt with a view to restarting these surveys in June or July.

It will be noted that, in line with NHS England guidance, the net promoter score is no longer reported. FFT scores are now presented as the percentage of those likely to recommend (extremely likely + likely responses) versus those unlikely to recommend (unlikely + extremely unlikely responses). Neutral responses are not considered except as part of the denominator (total responses).

As a result of the introduction of the system and a period where patients were using paper surveys whilst the feedback devices were updated, there was a fall in the inpatient response rate in April to 19.2 per cent (1600 responses). All ward based devices are now operational and this is expected to improve. The percentage of patients that would recommend the ward on which they were staying remains high.

There was a significant fall in the A&E response rate in April. This was in part for the same reasons as outlined for the inpatient areas, but in addition from April, there was a requirement to include urgent care centres in the responses. This has led to a large increase in the denominator used to calculate the response rate. Combined with the reduced volume of responses this has led to a low response rate. As mentioned above, all areas now have operational devices and the expectation is that this will improve from May onwards.

Now the technology is in place, the patient experience team is working with the divisions to promote the new system in order to drive up the response rates to previous levels. The new system also enables other routes for collection - for example, through a link on the Trust website, which will be developed over the coming months. The enhanced and real-time reporting that is now available will support divisions in monitoring feedback and learning from it. The divisions are committed to collecting it and using feedback from patients and this should now be much easier.

Imperial College Healthcare NHS

NHS Trust

Complaints & PALS
Scorecard data for this indicator was not available at the time of compiling this report.

D. Effectiveness

No update for Month 1.

E. Efficiency

Performance against some of the key efficiency measures is reported in the Integrated Performance Scorecard. Both elective and non-elective length of stay has remained above threshold and higher than in 2014/15. Elective length of stay was 4.38 in April against a threshold of less than 3.5 days, continuing the upwards trend seen over the last year. The Information Team are aware of data quality issues relating to this indicator and are currently investigating the causes.

Non-elective stay was 4.70 in April against a threshold of less than 4.5 days. The post-operation length of stay has increased slightly month on month to 5.4 days, although has decreased each month over the previous quarter.

Although performance against the Day of Surgery Admission indicator has decreased in month, this is potentially the culmination of more accurate reporting for both surgery and admission dates and is therefore reflective of the Trust's true position.

Scorecard data for theatre utilisation data was not available at the time of compiling this report.

The Trust's Did Not Attend (DNA) rate has resumed its continued decreased for both first outpatient and follow up appointments after a slight increase in March 2015. This follows the resumption of the text messaging reminder service for patients at the end of September.

F. Timeliness

Accident and Emergency
Performance against the standard for 95 per cent of Emergency Department patients to be seen within four hours remained challenged in April 2015. There is considerable management focus on sustainably improving this performance.

Referral to treatment (RTT)
Submission of the Trust's data for April RTT performance will be delayed by six days until Tuesday, 26th May 2015, due to an issue with retrieving reports from Surginet.

The validation programme to improve data quality is still underway and the Trust continues to see a reduction in the backlog of patients waiting for treatment (exact number to be confirmed before Trust Board meeting).

There are a number of initiatives to reduce further the number of patients on the Trust waiting lists for treatment. These include:
- Clinical validation of referrals
    - Will support referral back to GP earlier for those patients who do not need hospital

treatment and support application of access policy for patients who DNA
- Additional outpatient activity
    - Will support earlier delivery of non-admitted standard
    - Will reduce time to first outpatient appointment to support shorter pathway time for admitted and non-admitted pathways
- Outsourcing of diagnostic work
    - Trust has capacity constraints in several diagnostic modalities
    - Reducing waiting times will support delivery of 6 week standard as well as reducing overall pathway times for RTT and cancer patients
- Additional inpatient activity
    - This will support clearance of a backlog of admitted activity in challenged specialties
- Outsourcing of inpatient activity
    - Additional capacity will be needed in the later part of the summer months as a proportion of the additional outpatient activity converts to admitted pathways
    - Starting planning for this extra volume of capacity now will allow for a structured approach to managing the flow of activity to alternative providers.

It is expected that the Trust will return to achieving all the RTT standards within the second quarter of 2015/16, however achievement may be earlier with the above initiatives.

Additional dedicated resource is now in place within the Performance Team to support two significant projects within the Trust related to Choose & Book and RTT capacity & demand.

Following the successful pilot of the Clinic Outcome Form in the ENT section of main St Mary's hospital outpatients building, this is now being extended to additional specialties in coordination with specialist RTT training for all staff involved. The aim of this project is to improve the data that is captured following a patient outpatient appointment and this will in turn have an impact on the quality of the data for patients waiting for treatment.

Cancer
In May, performance is reported for the cancer waiting times standard in March. In March, the Trust achieved all of the eight cancer standards.

The Trust recovered performance against the 62-day GP referral to first treatment standard. Having failed to meet the standard in January and February, the Trust was unable to meet the standard for Quarter 4 2014-15. The performance recovery seen in March has continued into April and it is expected that the standard will be met in May. The Trust expects to achieve the standard in Quarter 1 2015-16.

The Trust achieved the 6-day Screening standard for both the month and for Quarter 4 2014-15 after failing to meet the standard in Quarter 3 2014-15.

Diagnostic waiting times
Performance against the six week wait for diagnostic test standard in March remained challenged. This was as a result of a number of issues, with the most notable in Gynaecology regarding capacity issues due to sharing equipment amongst services.

There are a number of longer term capacity issues within imaging services and these are currently being addressed as part of the RTT recovery plan but will affect the six week

Imperial College Healthcare **NHS**

NHS Trust

diagnostic standard over the next few months.

G. Equity

Scorecard data for the Trust's safeguarding training indicator was not available at the time of writing this report.

H. People

Mandatory Training

WIRED 2 was launched on 13 March 2015 to enhance our ability to report on topic level compliance rates for the Trust's ten core skills training topics. Compliance rates have improved significantly from 69 per cent in April 2014 to 80.49 per cent currently.

WIRED 2 allows individuals to review their individual compliance profile and directly access e-learning for 9 of the 10 core skills topics, which has already led to an increase in learning activity. WIRED 2 also provides summary compliance reports at departmental, specialty and divisional level. A number of training campaigns will launch over the next few months focusing on improving compliance rates for particular topics, including patient manual handling and clinical and high risk fire training.

A first set of Seminars for managers have been held across sites with over 40 managers attending, with more planned in May.

Health and Wellbeing

Fast tracking our people for consultant appointments (with ICHT specialists)

Nearly 90 per cent of the referrals to Occupational Health are for musculoskeletal and psychological/ psychiatric conditions, the remainder are respiratory, allergy and dermatological, cardiac and cancer conditions. Due to the nature of the cancer and cardiac conditions, patients are generally seen by specialists fairly quickly. Therefore we have focussed our initial fast track efforts on conditions which cause significant sickness absence.

During our communication with the relevant clinical leads, we have found great levels of engagement and they are encouraging us to refer cases and fast track our people. The departments we have been in contact with so far are Orthopaedics, Respiratory, Allergy, Neurology and Neurosurgery. The dermatology is only needed for work related skin conditions. Although we have fast track counselling/psychological therapy, we are exploring fast track for psychiatric cases. The cases we have referred have successfully been expedited and this has been supported by the Medical Director which is encouraging. We will continue our efforts in other specialities over the coming months.

Raising Concerns (Whistleblowing)

In April we began a campaign to raise awareness of the need to report concerns to support the launch of our new Raising Concerns (Whistleblowing) Policy. The policy is available on the source and communication has gone out via the Leadership Brief, In-Brief and direct emails to the Divisional Directors to cascade information. The Source pages have been updated and information will be incorporated into the workforce policy training sessions and Corporate Induction moving forward. The policy launch is also supported by a poster

campaign and a new raising concerns screen saver.

Workforce Equality: the NHS Equality Delivery System

In April a stakeholder group met to decide the two key areas for focus for workforce equality in 2015/16:

a)   Access to non-core statutory training for nurses and midwives. Data on the protected characteristics of people accessing courses provided by universities has traditionally been poor. An analysis of data provided by the universities will be undertaken with a report back in the autumn.

b)   Equal pay. The Trust will expand its range of equal pay reports to include awards of clinical excellence awards and agenda for change incremental pay progression.

The stakeholder group will meet again in October 2015 to review the information and determine further action as appropriate

E-Rostering

- SafeCare - Private Patients are live with inputting into Safecare. Women's & Children are in the implementation phase. Further work required to ensure Divisions are realising the benefits of the data available and use as part of day-to-day processes and supporting decisions making. The team are reviewing any opportunities to bid for funds to provide all wards with tablets so that they can easily review the data from Safecare; &

- The Executive Team would like the roll out of auto-rostering to be completed within a shorter timeframe to release the benefits as soon as possible.   As a consequence we are looking to appoint a further person to the team for a period of 3 / 4 months to complete this project.

HEALTH AND SAFETY

Health and Safety Updates for Directorates

A number of health and safety initiatives/projects/toolkits have been developed by the health and safety team. Feedback from the March Health and Safety Committee intimated that not all divisional health and safety leads/coordinators felt they had been provided with enough information, understanding and appreciation of the new health and safety systems.

Health and Safety Head (Sanjay Dhir) & Managers (Paul Reilly & Damian London) have made contact with Divisional Leads and requested attendance at their Divisional Health and Safety Committee Meeting or set up subcommittee (whichever is sooner) to provide two-way information, updates and tutorials with respect to:

1.   Updating DSC, First Aider & Fire Warden lists/gaps by department and location;

2.   Reviewing and discussing division health and safety risk profile to ensure its agreement, accuracy and in line with division's scorecard;

3.   Full overview and tutorial of Qlikview including installing software patches, compiling dashboards, filtering data, reviewing incidents and links with Datix;

4.   Logging H&S incidents on Datix and the importance of accuracy and quality;

5.   Navigating the H&S Intranet and understanding where/when information is stored, updated and controlled;

6.   Update on the risk assessment process & forms, how to complete (paper or Assessnet);

7. Update on health and safety training courses available – including e-learning, stat – mand and classroom based;
8. Concept of health and safety inspection forms, frequency, completion and retention;
9. Update on health and safety audit programme – including new form, pilot project and programme role out; &
10. Assist and guidance in the completion of the Divisional Health and Safety Objectives Template.

Sessions have been completed for Investigative Sciences and Estates (as of 6 May), remaining divisions and corporate functions are scheduled with divisional/directorate leads within the next two weeks.

Chemical and Biological Agents Management & Control

Matthew Hall, our new Health and Safety Manager (BioScience), has started with the Trust and is undertaking a review of chemical and biological safety in order to ensure compliance with the control of substances hazardous to health (CoSHH) regulations. This review will extend to:

- CoSHH policy and assessments;
- Safe handling, storage and use of chemical and biological agents;
- Correct selection and use of personal protective equipment (PPE);
- Appropriate information, training, communication and awareness;
- Monitoring and measuring of safe practices and reporting of incidents; &
- Emergency arrangements – including spillages, fire safety, and first aid.

The review is not limited to laboratories as it will include maintenance, clinical and cleaning operations. Once the review is completed, an action plan will be developed and shared with managers and ExCo.

Matthew will also be the Trust health and safety lead for the Joint Clinical Research Committee and a meeting has been set up with Alison Holmes.

Health and Safety Benchmarking

Sanjay Dhir has contacted a number of Shelford NHS Trusts in order to establish health and safety benchmarking data. Data being analysed and benchmarked includes:

- First aid injuries;
- RIDDOR 7+ Day accidents;
- RIDDOR Major injuries;
- RIDDOR Dangerous Occurrences; &
- Patient on staff assaults.

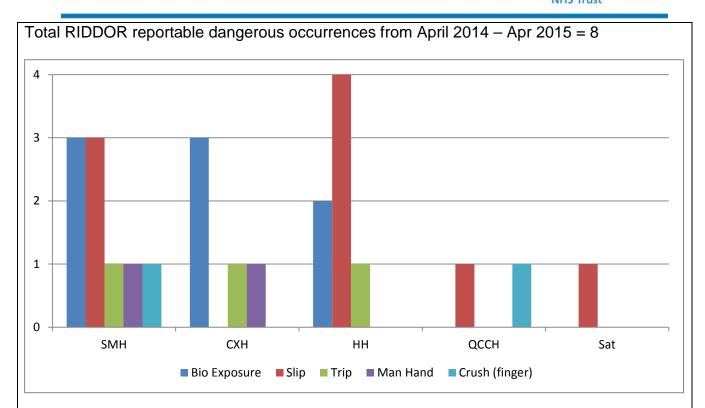In order to gauge a comparison, incident rates will be per 1000 employees (WTE).

Accidents & Incidents

No RIDDOR reportable accidents during April 2015.

Total RIDDOR reportable accidents from April 2014 – Apr 2015 = 16

No RIDDOR Reportable Dangerous Occurrence during April

Imperial College Healthcare **NHS**
NHS Trust

Total RIDDOR reportable dangerous occurrences from April 2014 – Apr 2015 = 8

The majority of RIDDOR accidents relate to slips, trips and falls followed by manual handling injuries. Health and safety has introduced a more robust monthly workplace inspection form whereby DSCs/Managers identify slip/trip hazards and controls. Health and safety is also working with Estates to look at reactive and preventative maintenance programmes to reduce the likelihood of slipping/tripping hazards. There is also an increase in Manual handling training [Level 2] to educate employees working in high risk areas on manual handling risks and risk reduction techniques. Further information on health and safety risks and risk management is contained within the department risk assessments and health and safety e-learning modules.

The RIDDOR dangerous occurrences relate to exposure of biological risks (e.g. HIV, Hep B/C). Education continues on hygiene, PPE provisions, supervision and monitoring.

Violence and aggression continues to be the biggest cause of workplace health and safety incidents. Staff are encouraged to report all incidents of violence and aggression in order for the Trust to monitor and evaluate trends and hot spots (which are currently emergency medicine and elderly care (32 per cent) followed by stroke and neuroscience (8 per cent)). The health and safety team are working with security, wards and A&E to develop and implement prevention, intervention and control strategies. This includes training and awareness, improved guidance and review of physical conditions.

Safe Nurse/Midwife Staffing

In April, the Trust reported the following for the average staffing fill rate:

- Above 90 per cent for registered nursing/midwifery and care staff during the day; &
- Above 95 per cent for registered nursing/midwifery and care staff during the night.

Imperial College Healthcare **NHS**

NHS Trust

Please refer to Appendix 1 for ward level detail.

The month of April saw an improvement in performance, particularly regarding care staff. This is due to a reduction in vacancies and an increase in the bank fill rate. There were some ward areas where the fill rate was below 85 per cent for care staff. Key reasons for this are:
- Small numbers of unfilled shifts in some areas e.g. A6 CICU and Paterson ward which has shown a bigger impact on the overall fill rate for that area.
- An increase in the acuity of patients particularly on medical wards which has resulted in requesting additional staff for patients who require specialling. Where additional shifts have not been filled, this has impacted on the fill rates for these areas

On these occasions senior nurses have made decisions to mitigate any risk to patient safety by undertaking the following:

- The ward manager/sister working clinically within the numbers;
- Increasing the compliment of registered staff where there has been a reduced fill rate for care staff;
- Monitoring progress against recruitment and vacancy reduction plans;
- Reviewing staffing on a daily basis;
- Adjusting the occupancy to ensure patient needs are met by the staff that are available; &
- Redeploying staff from other areas, where possible.

Divisional Directors of Nursing have confirmed that the levels of care provided during April were safe, effective and caring.

I. Finance

Please see separate agenda item.

J. Education

In response to a number of concerns raised both internally and by our external stakeholders, two new processes for monitoring education quality have been established.

These comprise of a formal process for the management of education action plans and an annual series of specialty education reviews, which will include meetings with the trainees and students to triangulate metrics with real time feedback. This will allow the Medical Director to have continued oversight of postgraduate and undergraduate education at specialty level and to provide assurance to the executive committee and the board that areas of concern are being addressed, improvements monitored and any patient safety or service impact issues as a consequence of developments in education are dealt with.

This process will also be more pre-emptive, allowing problems to come to light earlier and ensuring actions are put in place to deal with any issues before they escalate.

K. Research

Local Clinical Research Network:

Imperial College Healthcare **NHS**

NHS Trust

North West London LCRN and Imperial College NHS Trust have been confirmed as the first network/site to achieve 1st global patient in a commercial study in 2015/16 across the country.

NIHR Imperial Biomedical Research Centre (BRC): no update this month.

Recommendation to the Trust board: The Trust board is asked to note the contents of this report. Please note that the revised scorecard template will now be available for the July Trust board meeting.