Imperial College Healthcare **NHS**

NHS Trust

Report to:	Date
Trust board - public	**24 May 2017**

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of April 2017 (month 12).

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
Terence Lacey (Performance Support Business Partner) Julie O'Dea (Head of Performance Support)	Julian Redhead (Medical Director) Janice Sigsworth (Director of Nursing) David Wells (Director of People and Organisational Development) Jamil Mayet (Divisional Director) Tim Orchard (Divisional Director) Tg Teoh (Divisional Director)

Contents

1. Scorecard summary

ICHT Integrated Performance Scorecard

Month 1 Report

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Apr-17	-	**12**	
Incidents causing severe harm (number)	Julian Redhead	Apr-17	-	**1**	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Apr-17	-	**0.08%**	
Incidents causing extreme harm (number)	Julian Redhead	Apr-17	-	**1**	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Apr-17	-	**0.08%**	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Apr-17	44.0	**41.2**	
Never events (number)	Julian Redhead	Apr-17	0	**0**	
MRSA (number)	Julian Redhead	Apr-17	0	**0**	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Apr-17	62	**5**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Mar-17	95.0%	**94.8%**	
CAS alerts outstanding (number)	Janice Sigsworth	Apr-17	0	**0**	
Avoidable pressure ulcers (number)	Janice Sigsworth	Apr-17	-	**1**	
Staffing fill rates (%)	Janice Sigsworth	Apr-17	tbc	**96.7%**	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Apr-17	2.8%	**2.4%**	
Core training - excluding doctors in training / trust grades (%)	David Wells	Mar-17	90.0%	**85.3%**	
Core training - doctors in training / trust grades (%)	David Wells	Mar-17	90.0%	**70.2%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Apr-17	0	**4**	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Dec-16	100	**60.7**	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 4 16/17	90.0%	**73.1%**	
Unplanned readmission rates (28 days) for over 15s (%)	Tim Orchard	Oct-16	-	**6.59%**	
Unplanned readmission rates (28 days) for under 15s (%)	Tg Teoh	Oct-16	-	**5.56%**	
Outpatient appointments not checked-in or DNAd (app within last 90 days) (number)	Tg Teoh	Apr-17	-	**2073**	
Outpatient appointments checked-in AND not checked-out (number)	Tg Teoh	Apr-17	-	**1415**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Caring					
Friends and Family Test: **Inpatient** service % patients recommended	Janice Sigsworth	Apr-17	95.0%	**95.8%**	
Friends and Family Test: **A&E** service % recommended	Janice Sigsworth	Apr-17	85.0%	**94.7%**	
Friends and Family Test: **Maternity** service % recommended	Janice Sigsworth	Apr-17	95.0%	**95.1%**	
Friends and Family Test: **Outpatient** service % recommended	Janice Sigsworth	Apr-17	94.0%	**89.4%**	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Apr-17	-	**80.1%**	
Mixed-Sex Accommodation (EMSA) breaches	Janice Sigsworth	Apr-17	0	**18**	
Well Led					
Vacancy rate (%)	David Wells	Apr-17	10.0%	**11.7%**	
Voluntary turnover rate (%) 12-month rolling	David Wells	Apr-17	10.0%	**10.5%**	
Sickness absence (%)	David Wells	Apr-17	3.1%	**2.3%**	
Personal development reviews (%)	David Wells	Apr-17	95.0%	**5.4%**	
Doctor Appraisal Rate (%)	Julian Redhead	Apr-17	95.0%	**89.5%**	
Education open actions (number)	Julian Redhead	Apr-17	-	**0**	
Reactive maintenance performance (% tasks completed within agreed response time)	Janice Sigsworth	Apr-17	98%	**43.5%**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Catherine Urch	Mar-17	92.0%	83.2%	
RTT: Patients waiting over 18 weeks for treatment (number)	Catherine Urch	Mar-17	-	10601	
RTT: Patients waiting 52 weeks or more for treatment (number)	Catherine Urch	Mar-17	0	287	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Catherine Urch	Mar-17	93.0%	93.2%	
Cancer: Two week GP referral to 1st outpatient – breast symptoms (%)	Catherine Urch	Mar-17	93.0%	**93.8%**	
Cancer: 31 day wait from diagnosis to first treatment (%)	Catherine Urch	Mar-17	96.0%	**97.8%**	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Catherine Urch	Mar-17	94.0%	**100.0%**	
Cancer: 31 day second or subsequent treatment (drug) (%)	Catherine Urch	Mar-17	98.0%	**99.2%**	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Catherine Urch	Mar-17	94.0%	**96.9%**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Catherine Urch	Mar-17	85.0%	**80.9%**	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Catherine Urch	Mar-17	90.0%	**91.8%**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Cancelled operations (as % of total elective activity)	Catherine Urch	Mar-17	0.8%	**0.8%**	
28 day rebooking breaches (% of cancellations)	Catherine Urch	Mar-17	5.0%	**17.7%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Apr-17	95.0%	**75.2%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Apr-17	95.0%	**89.7%**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Mar-17	1.0%	**0.4%**	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Apr-17	11.0%	**11.6%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Apr-17	7.5%	**8.5%**	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Apr-17	95.0%	**81.5%**	
Antenatal booking 12 weeks and 6 days excluding late referrals (%)	Tg Teoh	Apr-17	95.0%	**98.0%**	
Complaints: Total number received from our patients	Janice Sigsworth	Apr-17	100	**66**	
Complaints: % responded to within timeframe	Janice Sigsworth	Apr-17	95.0%	**100.0%**	
Money and Resources					
In month variance to plan (£m)	Richard Alexander	Mar-17		**0.01**	
YTD variance to plan (£m)	Richard Alexander	Mar-17		**0.40**	
Annual forecast variance to plan (£m)	Richard Alexander	Mar-17		**0.00**	
Agency staffing (% YTD)	Richard Alexander	Mar-17		**5.5%**	
YTD NHS income performance variance to plan (£m)	Richard Alexander	Mar-17		**18.69**	
CIP % delivery YTD	Richard Alexander	Mar-17		**97.0%**	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

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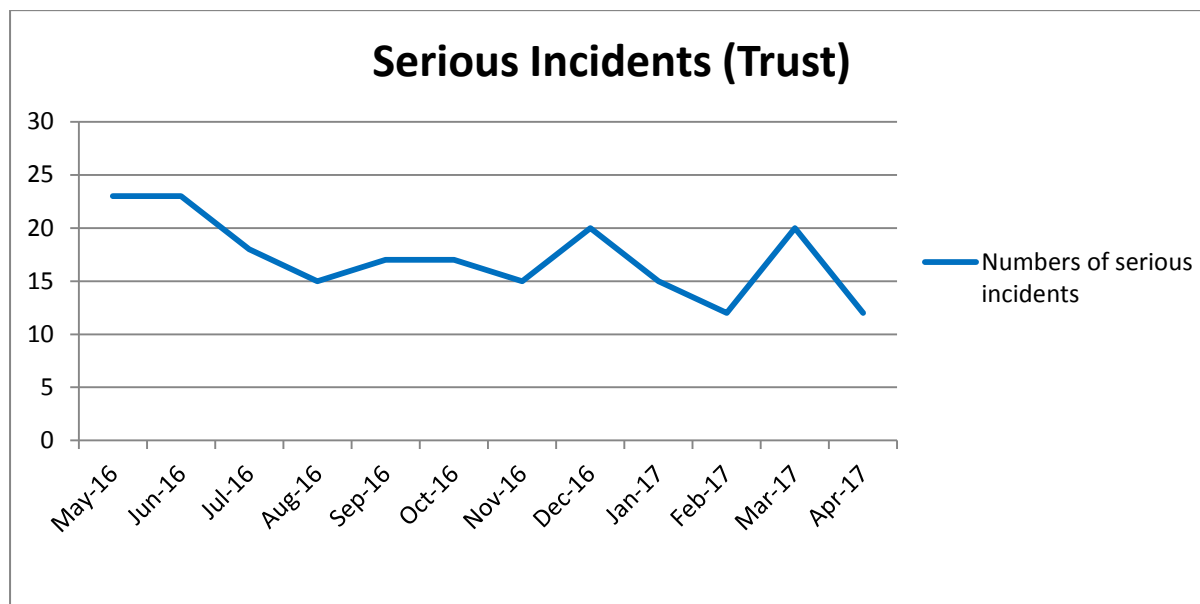

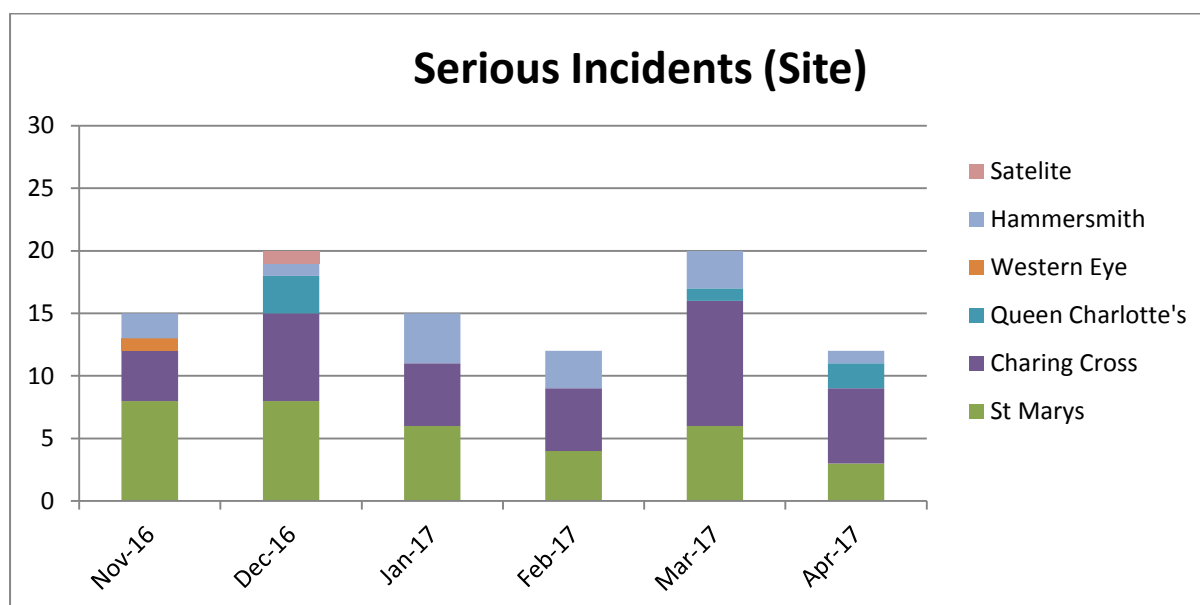**Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period May 2016 – April 2017**

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

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

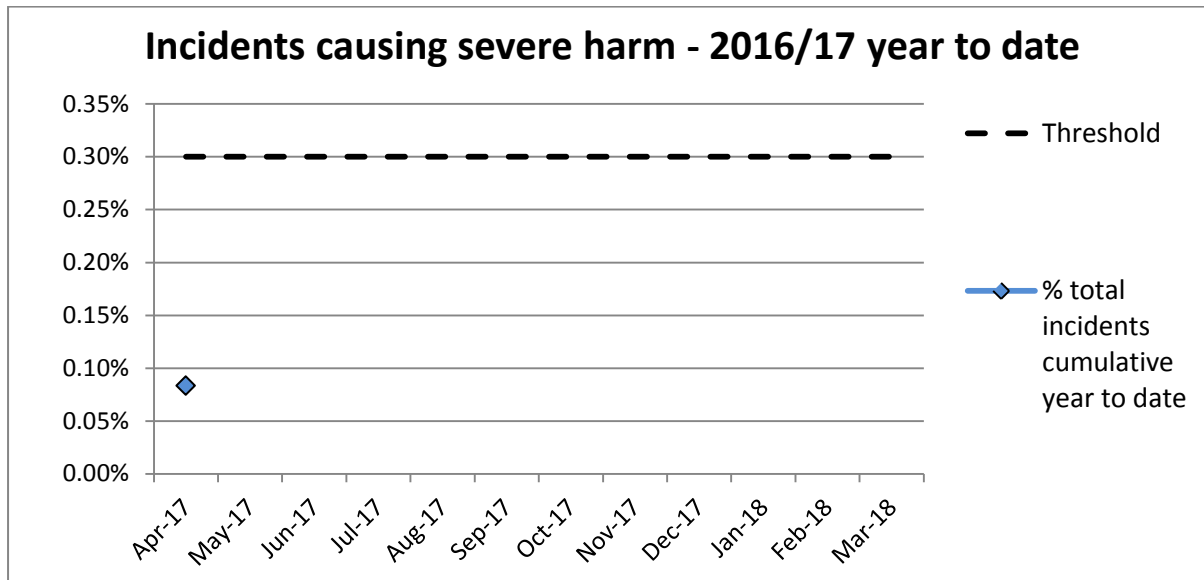The Trust reported one major/severe harm incident and one extreme harm/death incident in April 2017.

Figure 3 – Incidents causing severe harm by month from the period April 2017 – March 2018 (% of total patient safety incidents YTD)
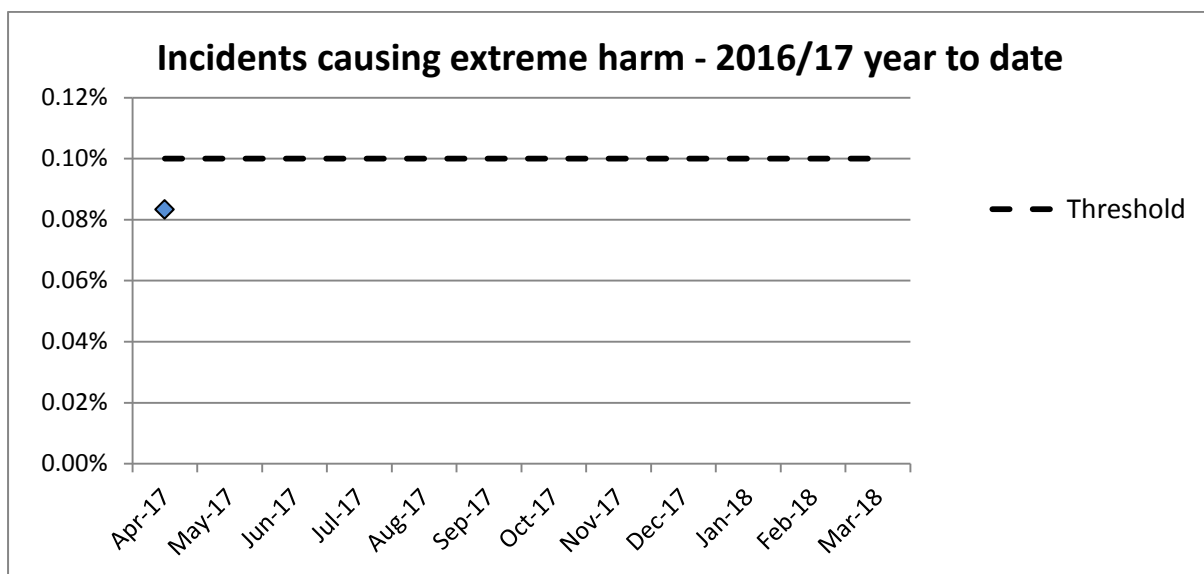

Figure 4 – Incidents causing extreme harm by month from the period April 2017 – March 2018 (% of total patient safety incidents YTD)

Patient safety incident reporting rate

The Trust's patient safety incident reporting rate for April 2017 is 41.15. This places the organisation below the highest 25 per cent of reporters nationally. A priority of the safety culture programme is to support improvements in incident reporting which will include a re-design of the Datix incident reporting system so that logging

incidents is quicker and more straightforward, feedback takes place more quickly and themes can be spotted more swiftly, and escalated for prompt action.
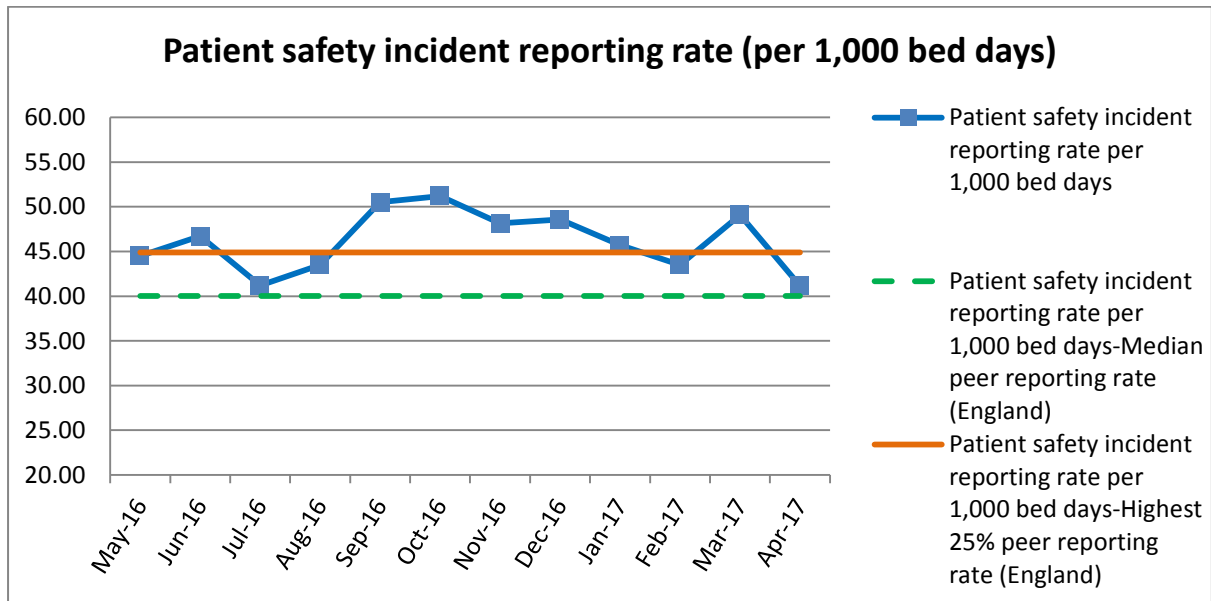

Figure 5 – Trust incident reporting rate by month for the period May 2016 – April 2017

(1) Median reporting rate for Acute non specialist organisations (NRLS 01/10/2015 to 01/03/2016)

(2) Highest 25% of incident reporters among all Acute non specialist organisations (NRLS 01/04/2015 to 30/09/2015)

Never Events

No never events were reported in April 2017. The last never event reported by the Trust was in November 2016.
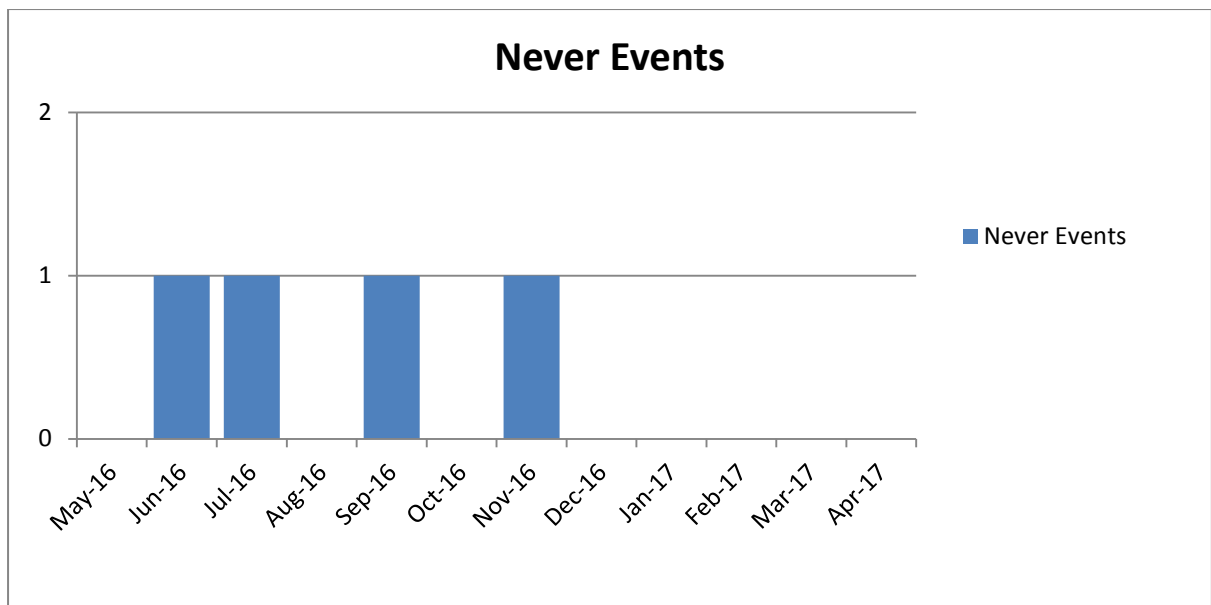

Figure 6 – Trust Never Events by month for the period May 2016 – April 2017

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

There was one case of MRSA BSI identified in April 2017; this has not been allocated to the Trust. Each case is reviewed by a multi-disciplinary team. Actions arising from these meetings are reviewed regularly to identify themes. Contributory factors are addressed with the divisions via the weekly Taskforce group meetings.

2.1.4 Safe: *Clostridium difficile*

Five cases of *Clostridium difficile* were allocated to the Trust for April 2017, one of which has been identified as a lapse in care, due to non-adherence to the antibiotic policy.

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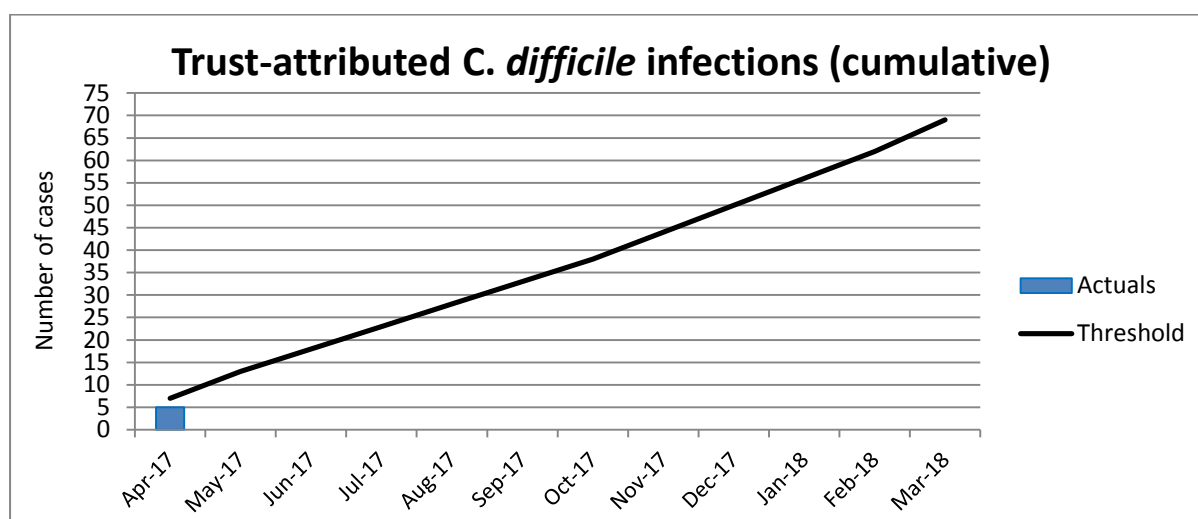

Figure 7 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2017 – March 2018

2.1.5 Safe: Venous thromboembolism (VTE) risk assessment

The Trust moved to recording VTE assessment at the point of medication prescription at the end of March 2017. Following this change, there have been issues with accurately reporting performance against this target. We are therefore unable to report Trust level data for April 2017. The medical director is leading a weekly task and finish group to ensure reporting can recommence as soon as possible. An action plan is in place to drive improvements in all aspects of VTE performance, which reports monthly to the executive quality committee.

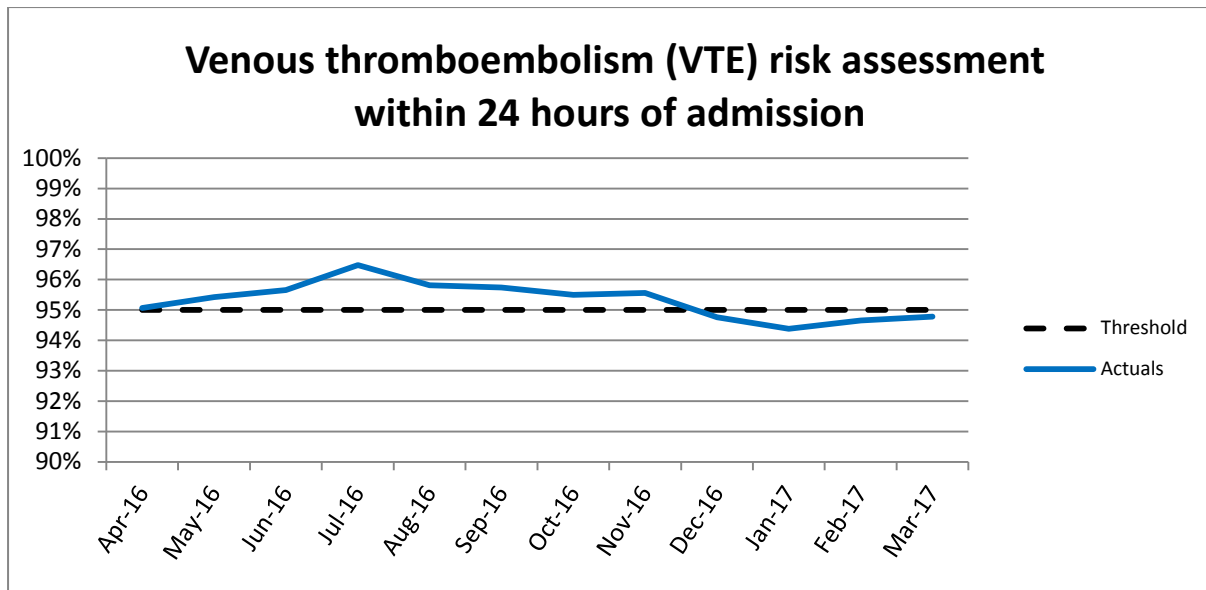**Venous thromboembolism (VTE) risk assessment within 24 hours of admission**

Figure 8 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period April 2016 – March 2017

2.1.6 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. At end April 2017 there were no overdue CAS alerts.

2.1.7 Safe: Avoidable pressure ulcers

There was one confirmed avoidable category 3 pressure ulcer reported in April 2017. The Trust remains a high performing outlier with comparatively very low incidence of avoidable pressure ulcers. The Trust has not reported a trust acquired category 4 pressure ulcer since March 2014.
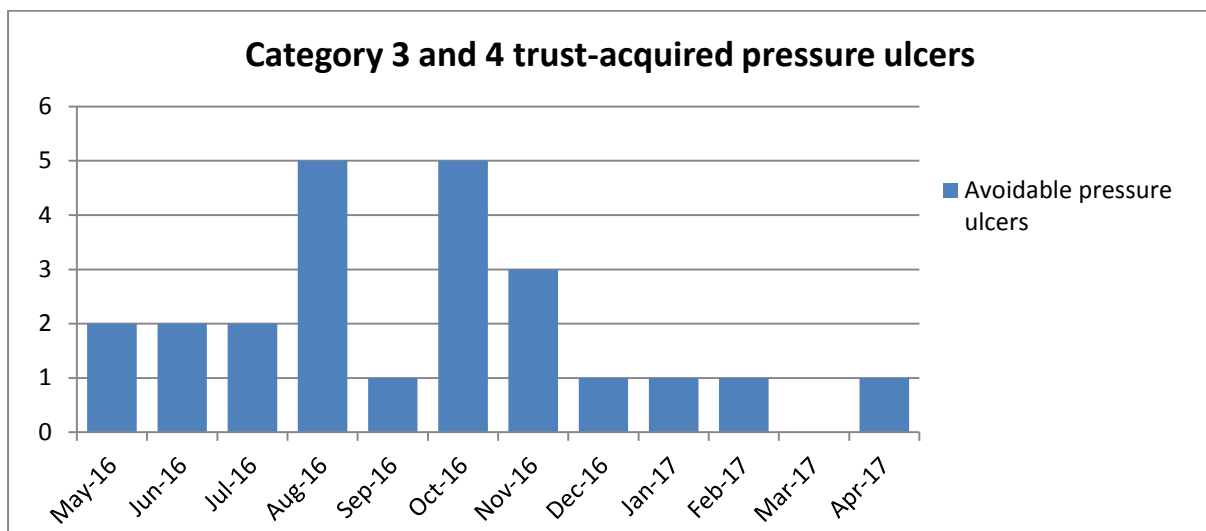
Category 3 and 4 trust-acquired pressure ulcers

Figure 9 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period May 2016 – April 2017

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

In April 2017 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	94.82%	93.06%	98.31%	96.45%
Hammersmith	97.50%	92.51%	98.95%	98.03%
Queen Charlotte's	98.25%	95.07%	97.74%	96.37%
St. Mary's	97.19%	94.45%	98.16%	97.73%

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

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

- Using the workforce flexibly across floors and clinical areas and in some circumstances between the three hospital sites.
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale.

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

In order to respond to the continued challenge of filling shifts for health care staff from the nurse bank, plans are being established to improve the uptake of these shifts to reduce future staffing gaps.

There is also renewed focus on recruitment and retention of staff across bands 2-6 and a strategic reponse to the challenges is being developed , including:

- The Nursing Associate pilot commenced in April and 21 new trainees were employed across our partner organisations, 13 of which will be based at Imperial.
- The development of the apprentice nurse pathway in the coming months will also offer an opportuntiy to bolster up the workforce whilst new recruits train towards registration over a four year period, whilst being employed as apprentices. The divisons will consider increasing numbers of trainees in the coming months.

All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in April 2017 were safe and appropriate for the clinical case mix.
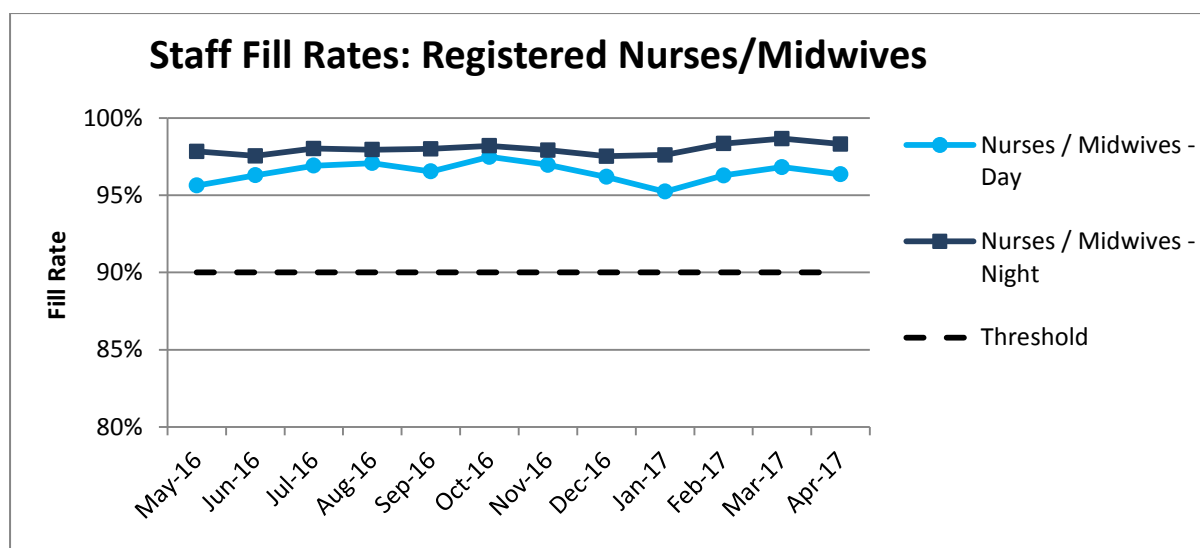
Figure 10 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period May 2016 – April 2017
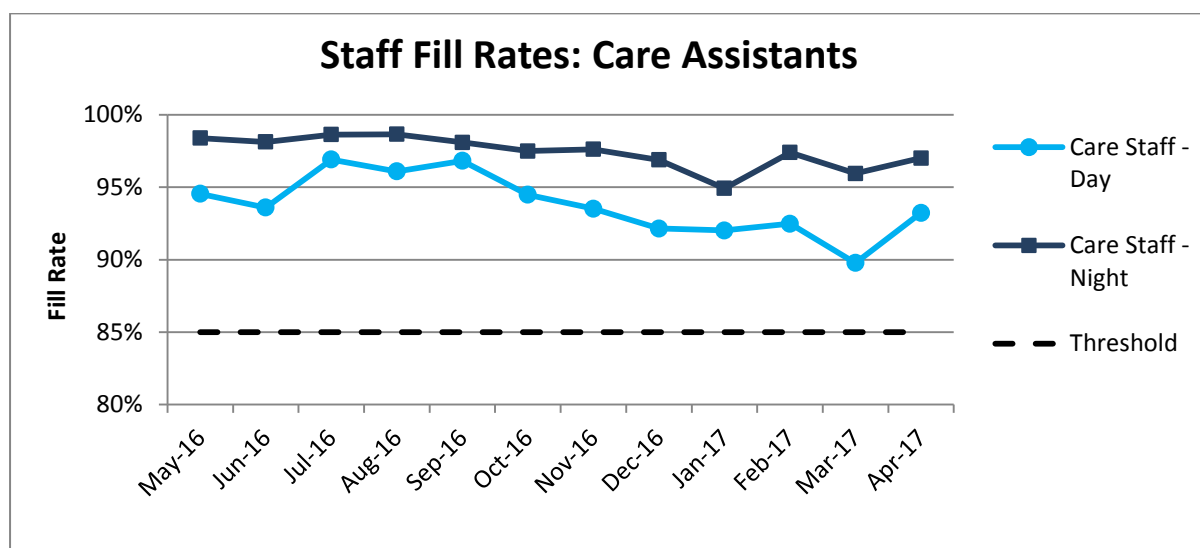

Figure 11 - Monthly staff fill rates (Care Assistants) by month for the period May 2016 – April 2017

2.1.9 Safe: Postpartum haemorrhage

In April 2.4 per cent of women who gave birth at the Trust had a postpartum haemorrhage (PPH), involving an estimated blood loss of 1500ml or more within 24 hours of the birth of the baby. This met the Trust target of 2.8 per cent or less.
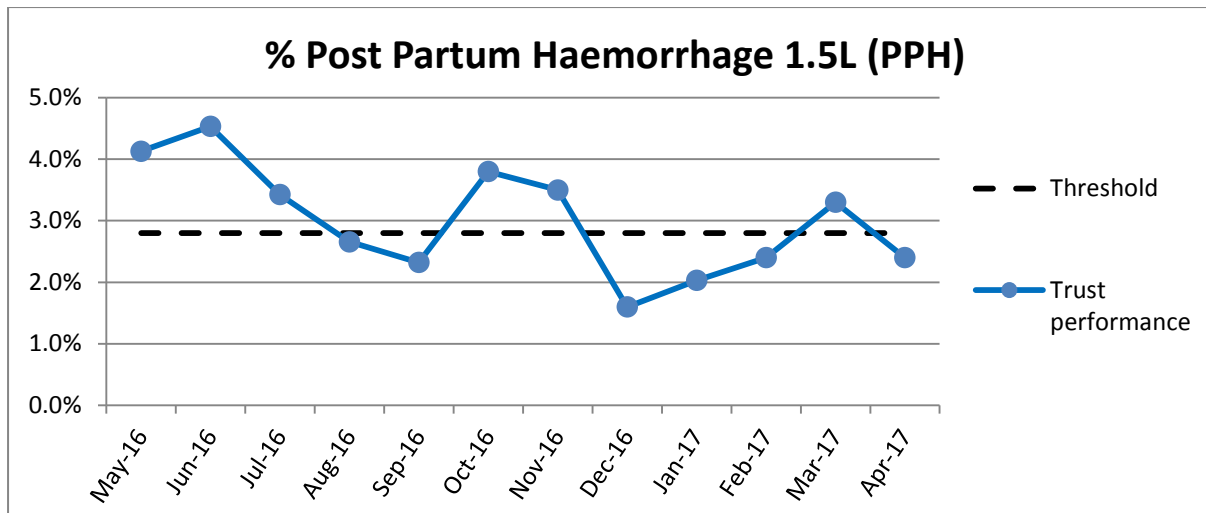
% Post Partum Haemorrhage 1.5L (PPH)

Figure 12 – Postpartum haemorrhage (PPH) for the period May 2016 – April 2017

2.1.10 Safe: Statutory and mandatory training

Core skills

The core skills figures for April are not yet available as the reporting system is being updated. In March, overall compliance was 85.6 per cent against a target of 90 per cent for all staff excluding Junior Doctors in training and 71.4 per cent compliance for Junior Doctors.

Core Clinical Skills

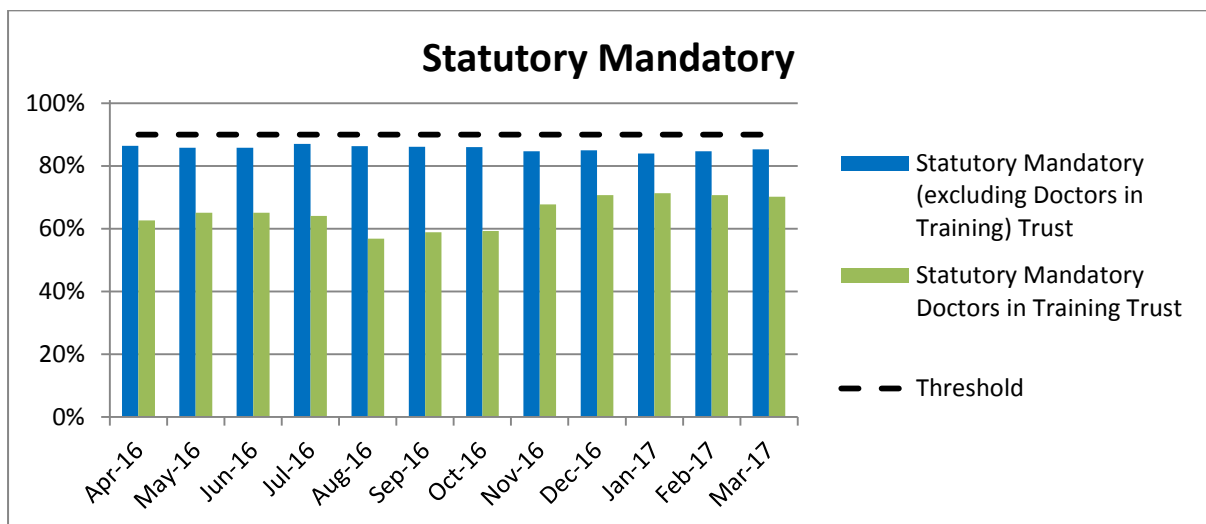A new indicator on core clinical skills will be reported monthly commencing in June 2017.

Statutory Mandatory

Figure 13 - Statutory and mandatory training for the period April 2016 – March 2017

2.1.11 Safe: Work-related reportable accidents and incidents

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

-       The first incident involved a member of staff slipping on a wet floor and sustained a fractured kneecap, which resulted in a sickness absence of over 7 days. The incident was reportable to the Health and Safety Executive (HSE) because of the bone fracture.

-       The second incident involved a member of staff who received a needle stick injury from a sharp contaminated with a blood borne virus. The incident was reportable to the HSE as a Dangerous Occurrence (release or escape of a biological agent).

-       The third incident involved a member of staff tripping over bed wires and sustaining an injury which resulted in a sickness absence of over 7 days.

-       The fourth incident involved the failure of lifting equipment (whilst hoisting a patient). The incident was reportable to the HSE as a Dangerous Occurrence (failure of lifting equipment)

 In the 12 months to 30th April 2017, there have been 36 RIDDOR reportable incidents of which 13 were slips, trips and falls. The Health and Safety service continues to work with the Estates & Facilities service and its contractors to identify suitable action to take to ensure floors present a significantly lower risk of slipping.
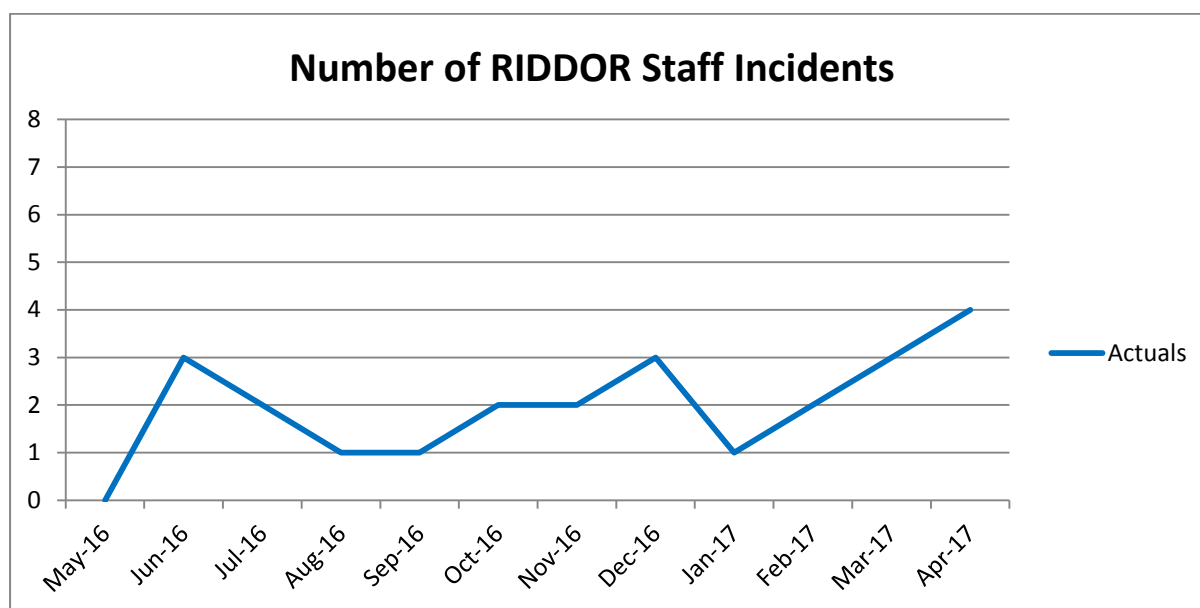

Figure 14 – RIDDOR Staff Incidents for the period May 2016 – April 2017

2.2 Effective

2.2.1 Effective: National Clinical Audits

Thirty-three national clinical audit reports have been published since April 2016 in which the Trust participated. Thirty-two of these have been fully reviewed with actions plans developed in response to recommendations and areas for improvement. The outstanding report (national comparative audit of blood transfusion) remains under review by the division. A summary of performance will be published as part of the Trust's Quality Account.

2.2.2 Effective: Mortality data

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

The most recent HSMR is 60.65 (December 2016). Over the last 12 months the Trust has had the second lowest HSMR for acute non-specialist trusts nationally. The Trust has the fourth lowest SHMI of all non-specialist providers in England for July 2015 to June 2016.
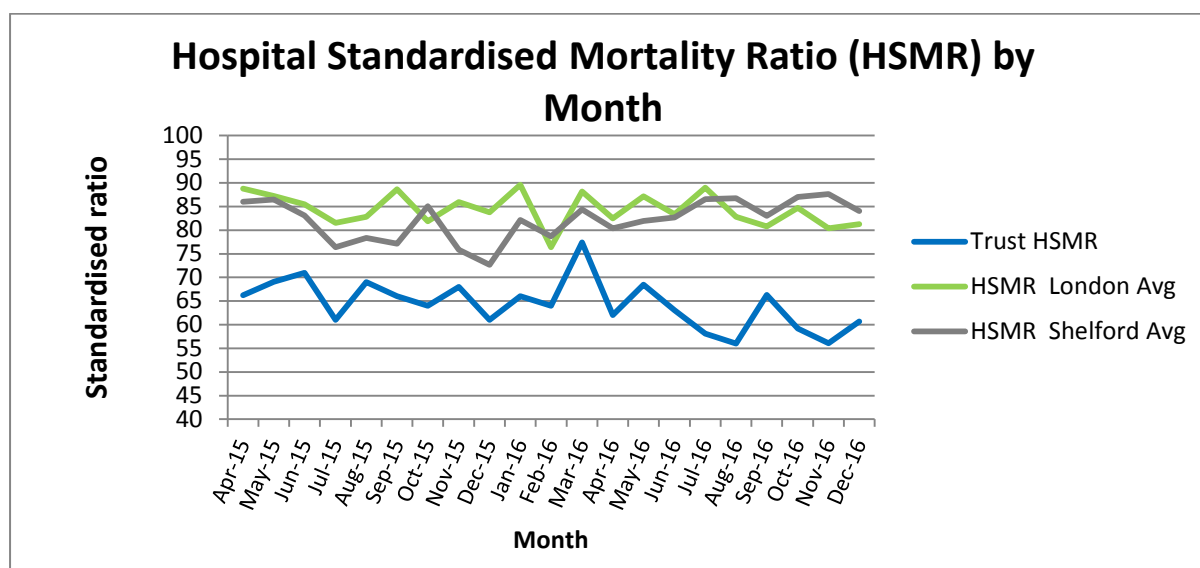

Figure 15 - Hospital Standardised Mortality Ratios for the period April 2015 – December 2016

2.2.3 Effective: Mortality reviews completed

Since the online mortality review system went live in February 2016, seven avoidable deaths have been confirmed. These have all been investigated as serious incidents.

There are currently ten cases of potential avoidable death under review and due for presentation to the Trust's Mortality Review Group (MRG) once completed.

Ninety-two per cent of deaths occurring in the Trust between February 2016 and April 2017 have been reviewed by the divisions as part of the standardised review

process. Plans are in place within the divisions to review outstanding cases. This data is reported quarterly and will next be updated following the next MRG in July 2017.

From April 2017, NHS England has mandated that Trusts must collect and publish specified information on deaths, including those that are assessed as more likely than not to be due to problems in care, and evidence of learning and action that is happening as a consequence of this information. To meet this requirement, quarterly reports, including numbers of avoidable mortalities reported and learning from this process, will be submitted to Executive quality committee and Quality Committee, with the first report occurring in June 2017, with an annual report to Trust Board.

2.2.4 Effective: Recruitment of patients into interventional studies

We did not achieve our target of 90 per cent of clinical trials recruiting their first patient within 70 days of a valid research application in the last three quarters of 2016/17, with performance reducing to 73.1 per cent in quarter four.

The most recent result reflects the impact of the full implementation of the new Health Research Authority (HRA) approvals process. The main reason for longer approval times in the new system is that the full duration of contract negotiation must now be included within the strictly-defined study initiation window of 70 days. The contracts team only receives legal agreements for review on the date when the HRA clock starts; no initial review or assessment can take place prior to that date (which was the practice previously). Average approval times have increased nationally as well as locally in the last two quarters, according to the NIHR reports, and as shown by the national average figure of 72.5 per cent. The Trust is reviewing processes for contractual review and negotiation, to identify ways of shortening these approval times and coming back within our target metric of 90 per cent. It should be noted also that there is an inherent lag involved in the clinical trials set-up and reporting process.
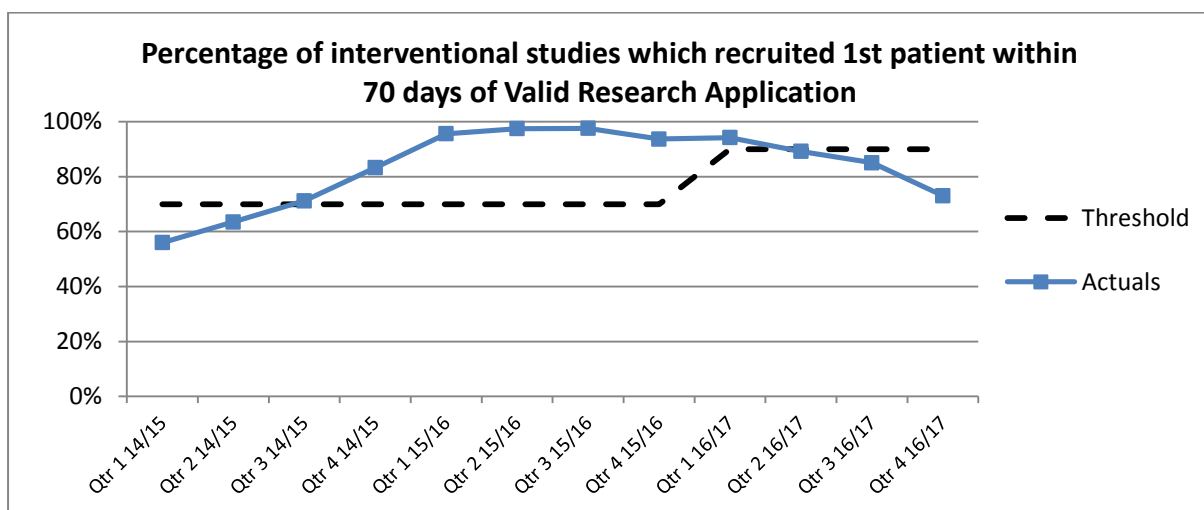

Figure 16 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2016/17

2.2.5 Effective: Readmission rates

For October 2016 (the latest month reported), the Trust readmission rates continued to be lower in both age groups than the Shelford and National rates.
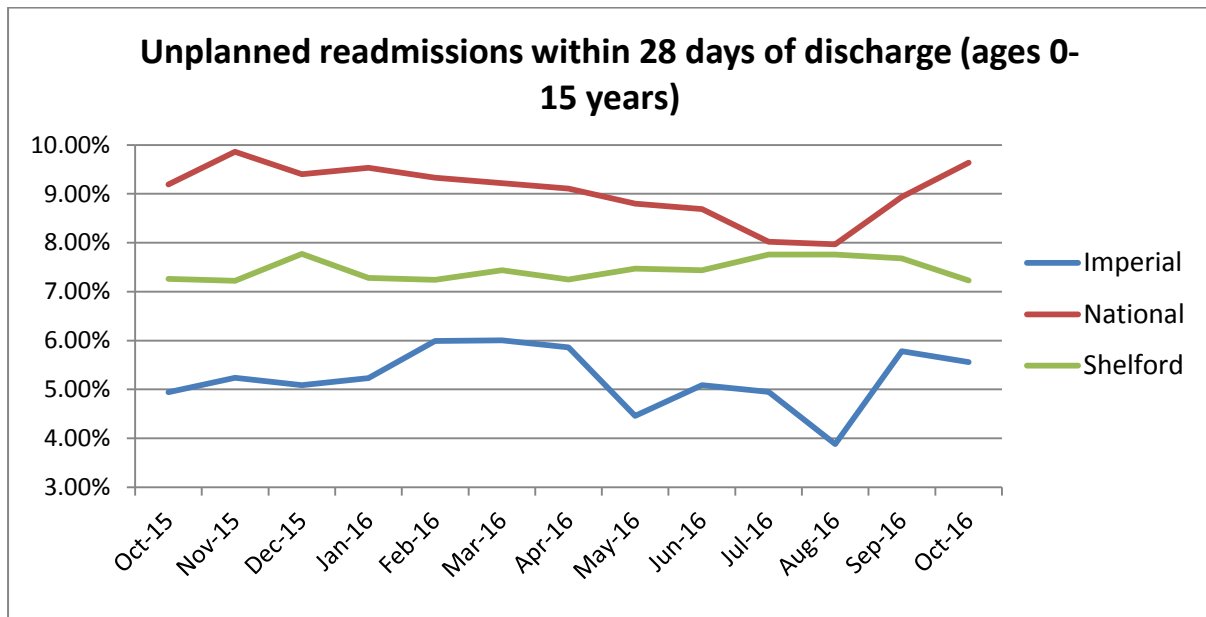

Figure 17 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – October 2016
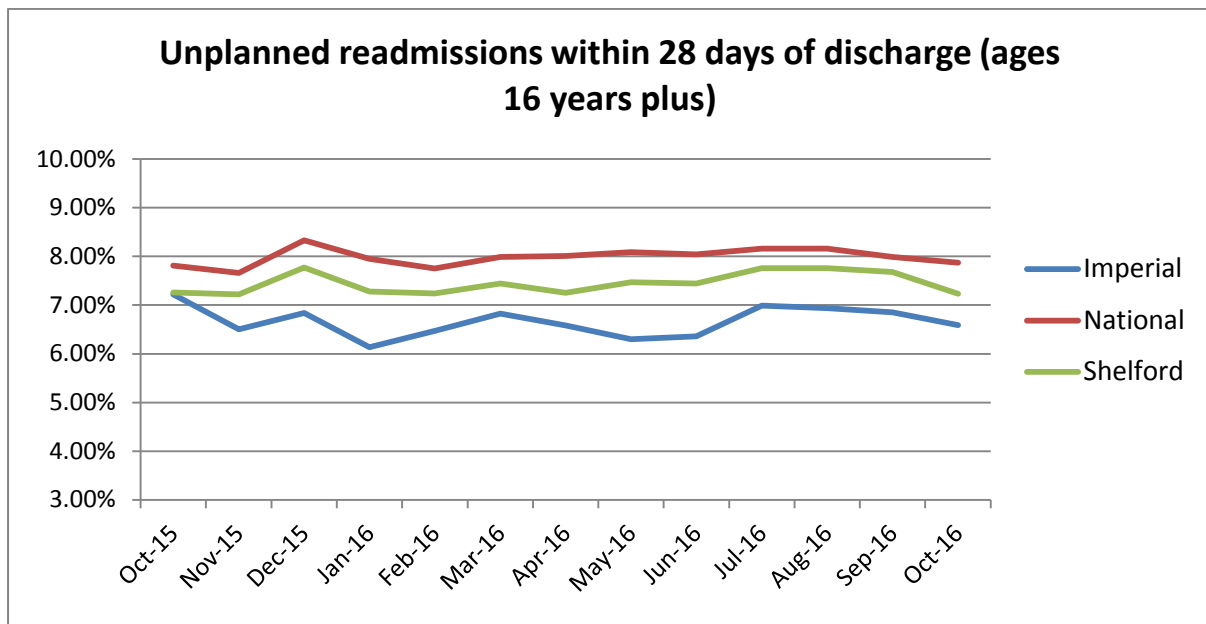

Figure 18 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – October 2016

2.2.6 Effective: Outpatient appointments checked in and checked out

When patients attend for their outpatient appointment they should be checked-in on the Trust system (CERNER) and then checked-out after their appointment so that it

is clear what is going to happen next. Trust-wide targets and escalation processes to clear appointments on the system in a timely manner continue to be implemented.
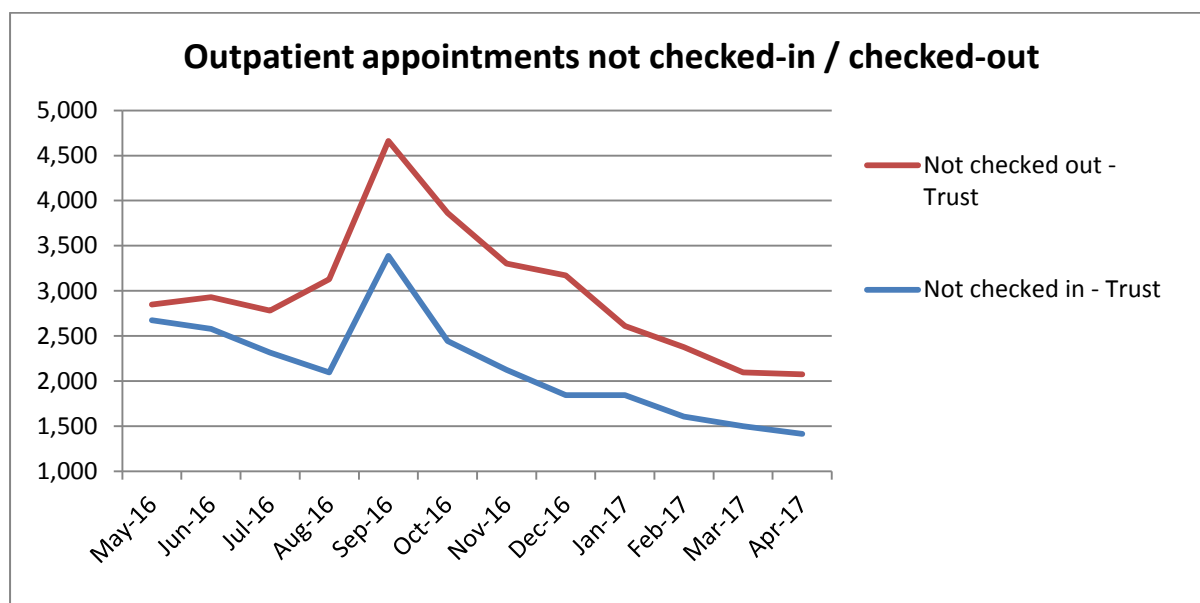

Figure 19 – Number of outpatient appointments not checked-in or DNA'd (in the last 90 days)/ checked-in and not checked-out for the period May 2016 – April 2017

2.3 Caring

2.3.1 Caring: Friends and Family Test

The Likelihood to recommend remains high across all surveys. In April all response rate targets were met apart from A&E. The A&E response rate performance remains above the national average but below target.

Service	Metric Name	Feb-17	Mar-17	Apr-17
Inpatients	Response Rate (target 30%)	35%	33%	30%
	Recommend %	*97%*	*97%*	*96%*
	Not Recommend %	*1%*	*1%*	*1%*
A&E	Response Rate (target 20%)	13%	18%	16%
	Recommend %	*94%*	*94%*	*95%*
	Not Recommend %	*3%*	*3%*	*3%*
Maternity	Response Rate (target 15%)	32%	41%	28%
	Recommend %	*93%*	*92%*	*95%*
	Not Recommend %	*3%*	*2%*	*1%*
Outpatients	Response Rate (target 6%)	12%	11%	10%
	Recommend %	*91%*	*91%*	*89%*
	Not Recommend %	*5%*	*5%*	*5%*

Friends and Family test results

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

Due to the recent network disruptions we have been unable to report figures from our patient transport system this month.
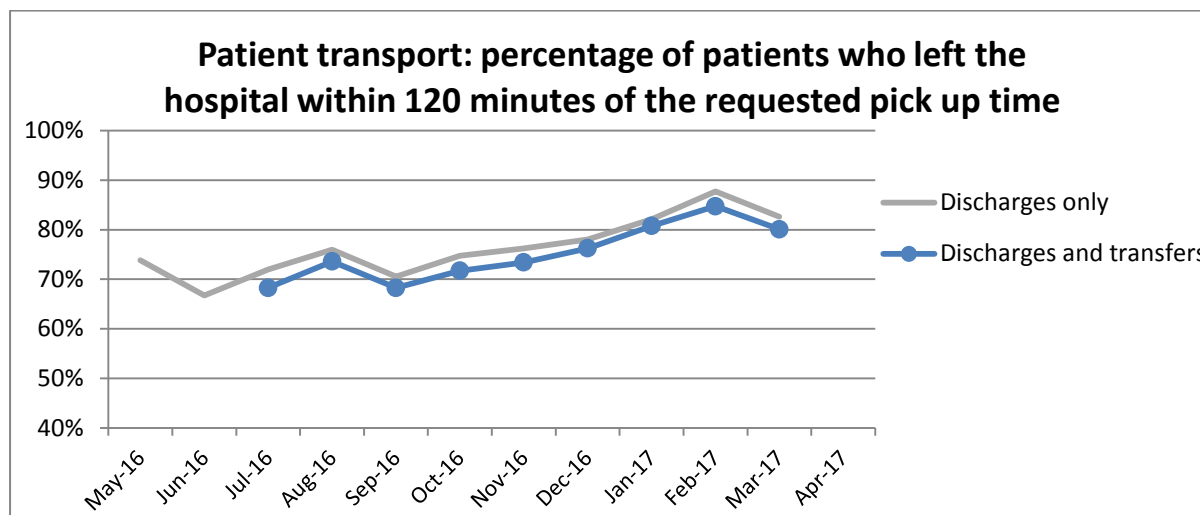

Figure 20 - Percentage of patients who left the hospital as part of the patient transport scheme within 120 minutes of their requested pick up time between May 2016 and March 2017

2.3.3 Caring: Eliminating mixed sex accommodation

The Trust reported 18 mixed-sex accommodation (MSA) breaches in April 2017. All breaches were incurred by patients awaiting step down from critical care to ward areas and whose discharge is delayed.

For critical care (level 2 and 3) mixing is acceptable as it is recognised nursing acuity requires gender mixing, however 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 increase in breaches since October 2016 has been mainly attributable to breaches occurring within ITU at Charing Cross. This appears to have been caused by a combination of bed pressures and a VRE outbreak which was formally declared in November 2016 which has restricted the use of side rooms for patients awaiting discharge to minimise patient moves on non-clinical grounds.

A deep dive into the situation in ITU at Charing Cross is continuing to understand the root causes and an action plan is being put in place to return to the previous good level of performance.
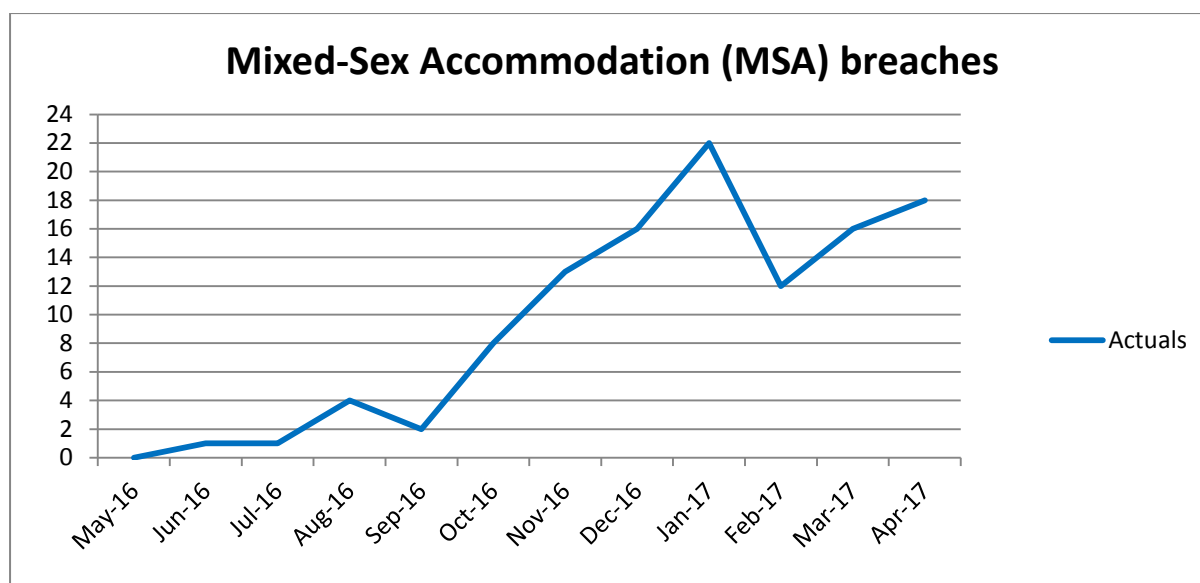
Mixed-Sex Accommodation (MSA) breaches

Figure 21 – Number of mixed-sex accommodation breaches reported for the period May 2016 – April 2017

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

<u>All roles</u>

At the end of April 2017, the Trust directly employed 9,818 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions. The contractual vacancy rate for all roles was 11.7 per cent against the target of 10 per cent. The average vacancy rate across all London Trusts is 14.0 per cent.

There were 166 WTE joiners and 142 WTE leavers across all groups. The voluntary turnover rate (rolling 12 month position) was 10.5 per cent.

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

- Bespoke campaigns for a variety of specialities.

- A variety of channels are being used to attract and recruit people including: Open Days, Fairs, social media, print advertising and recruitment databases for direct sourcing.

- Open Days planned for all staff groups for Children's services and at the Western Eye Hospital.

- A new assessment and selection tool to ensure consistent decision-making to support retention and engagement – available from June 2017.

- The medical recruitment process is under review.

- Work has started on the Trust microsite and brand to better align it to the overall

Trust brand. The microsite will be moved onto the main Trust site by end of May and the new 'Look and Feel' of the recruitment brand will be available by June 2017.

- A planned recruitment campaign is being developed to run along the next BBC Hospital series.

All Nursing & Midwifery Roles

At end of March 2017, the contractual vacancy rate for all Nursing & Midwifery ward roles was 14.7 per cent with 717 WTE vacancies. The London average is 15 per cent. Across the band 2 – 6 roles the vacancy rate stands at 18.6 per cent. We continue to work with other London Acute Teachng Trusts to benchmark and share information to support a reduction in these vacancies.

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

- Care for the Elderly and Acute Medical Unit: An Open Day is being planned for June. Social targeting and social media will be used in the short-term and in the longer-term a campaign is being developed to promote the area and developing messages to use in advertising materials.

- A social media campaign is being planned for Stroke/Neurology and direct sourcing is being planned for IBS nurses.

- An Open Day for IPH nurses is planned for May.

- A project group is established to address Band 2-6 ward based recruitment & retention.

- The Recruitment Team are planning three main nursing campaigns for early summer, the autumn and in early 2018.

- An automatic conditional offer letter has been sent out to all of our student nurses who graduate in August 2017 – depending on obtaining their qualification.

- We are actively attracting additional student nurses over and above our trainees. A student nurse database has been created places adverts on all job boards and we will target fairs to attend next year. We are benchmarking other trusts and what they do to maximise their conversion rate for their own students, so that insights can be developed for our recruitment.

- A supplier is in place for international recruitment.

- A sole vendor relationship is being explored for nurses for 'hard to recruit' areas as some other large NHS Trusts in London already have in place.

- The volume assessment centres have been revised to make these more efficient, effective and to realise a better candidate experience and conversion rate.
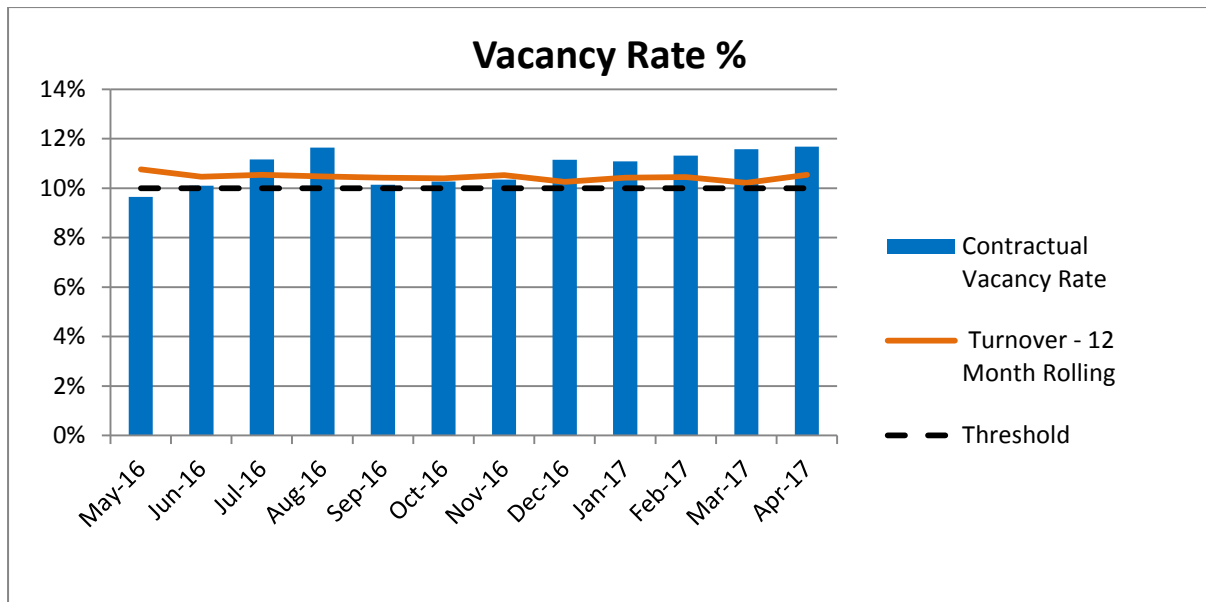
Figure 22 - Vacancy rates for the period May 2016 – April 2017

2.4.2   Well-Led: Sickness absence rate

Recorded sickness absence in April was 2.26 per cent bringing the Trusts rolling 12 month sickness position to 2.92 per cent against the year-end target of 3.10 per cent or lower.
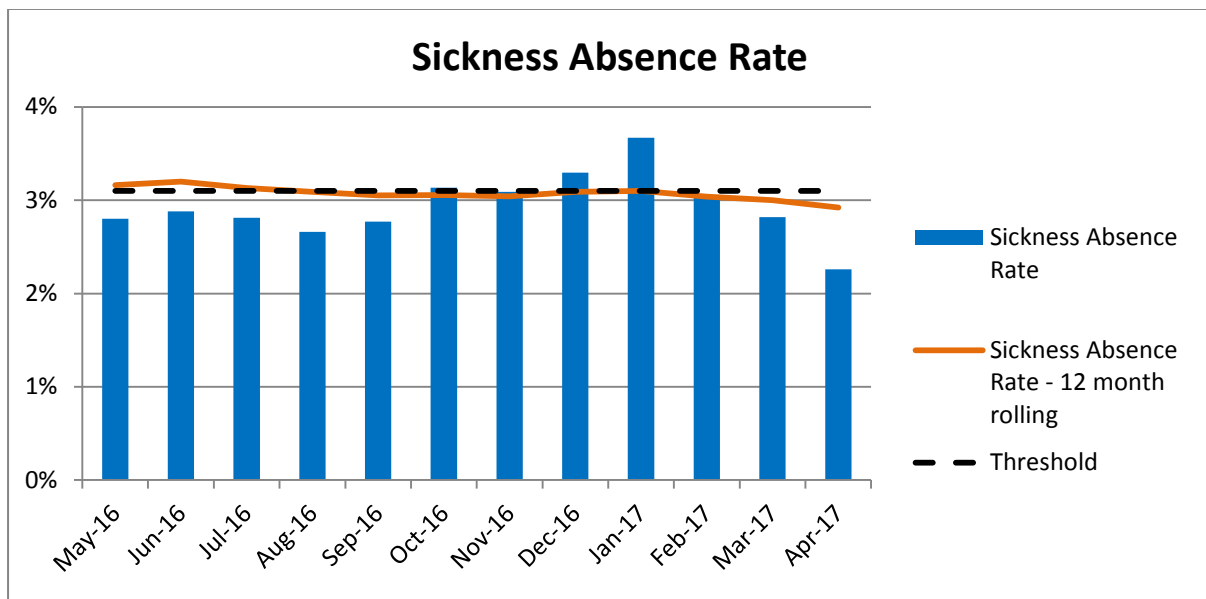

Figure 23 - Sickness absence rates for the period May 2016 – April 2017

2.4.3   Well-Led: Performance development reviews

The new PDR cycle began on 1 April 2017 with all PDR's to be completed by the end of July 2017; compliance for Clinical and Corporate Divisions was 5.73 per cent at the end of April.

2.4.4 Well-Led: Doctor Appraisal Rate

Doctors' appraisal rates have fallen slightly this month to 89.47 per cent from 91.13 per cent in March. However, we remain above the national average of 86.6 per cent.
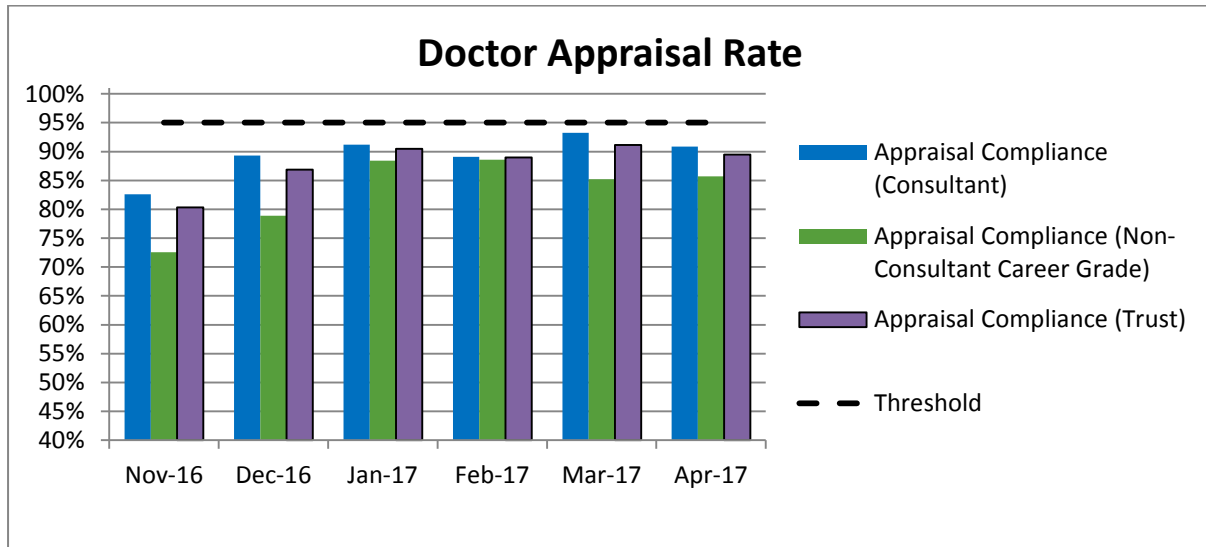

Figure 24 - Doctor Appraisal Rates for the period November 2016 to April 2017

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

Health Education England quality visit

Six actions from the quality visit remain open and are being monitored through the local faculty group meetings (LFGs).

2015/16 General Medical Council National Training Survey
There are six outstanding open actions on the 2016 National Training Survey (NTS) action plan. All other actions were closed in March. The 2017 NTS closed in May; the results will be published in July 2017 and summarised in the August report.
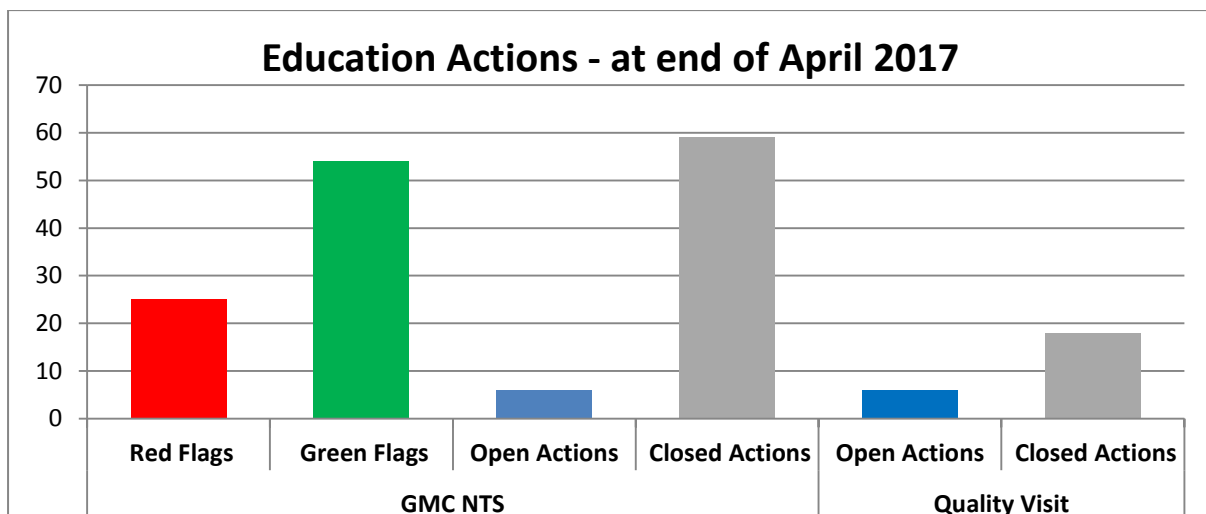

Figure 25 – General Medical Council - National Training Survey action tracker, updated at end April 2017

2.4.6 Well Led: Estates – maintenance tasks completed on time

The percentage of estates maintenance tasks completed on time improved slightly in April following month on month reductions since August 2016. The main underlying causes, including staff leave, continue to be closely monitored by the Estates team.
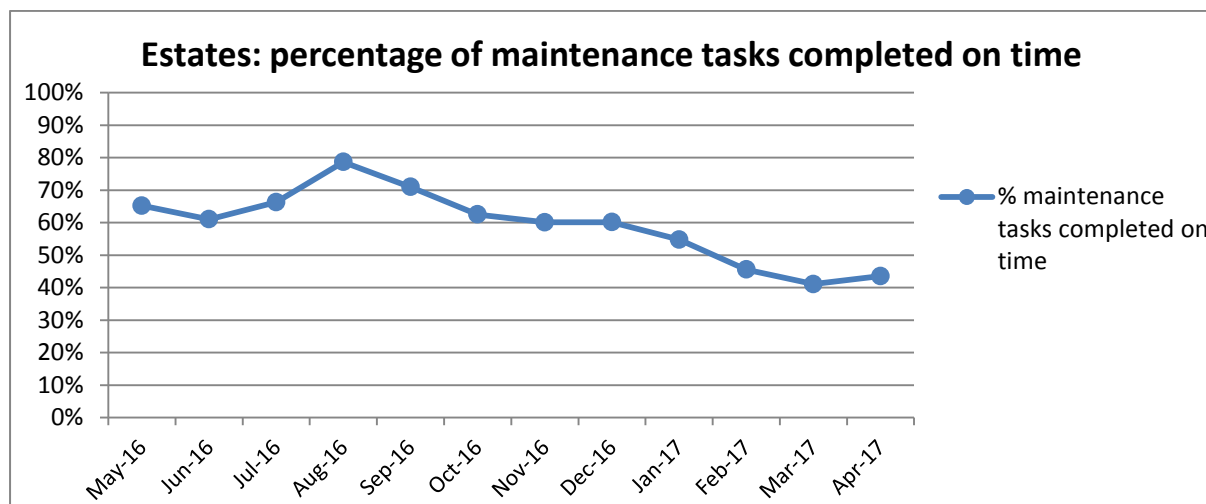

Figure 26 – Estates: percentage of maintenance tasks completed on time for the period May 2016 – April 2017

2.5 Responsive

2.5.1 Responsive: Consultant-led Referral to Treatment waiting times

The latest RTT submitted performance position is end March where 83.2% of patients had been waiting less than 18 weeks to receive consultant-led treatment, against the national standard of 92%; this met the trajectory target and was an improvement on February's position of 83.1%. The Trust anticipates that the 18 week wait position for April will continue to improve and will meet the trajectory target of 81.5% for the month.

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

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

Elective capacity modelling has now been completed and actions are underway to support improvements. Additional capacity is also being delivered for outpatients and work is on-going to quantify the capacity and demand gap to inform future planning.

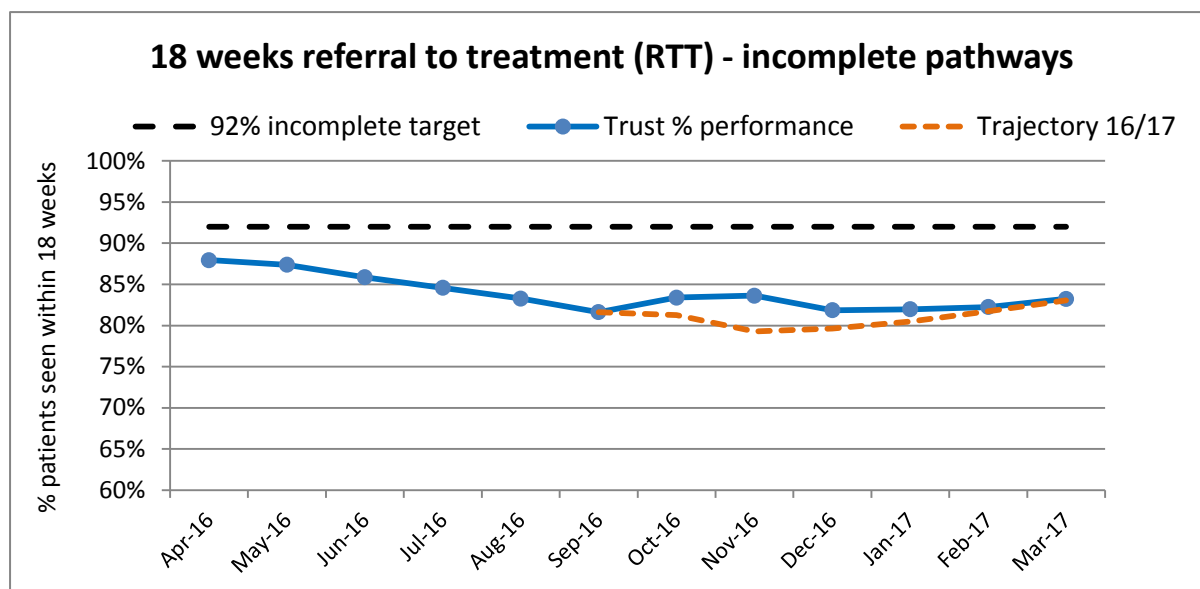The Trust RTT trajectory for 2017-18 is to deliver the 92 per cent national standard by March 2018.

Figure 27 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period April 2016 – March 2017

52 weeks

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

The Trust reported 287 patients waiting over 52 weeks at the end of March; this was an improvement on February reported position (316 patients) but did not achieve the Month 12 STF trajectory. This is primarily due to continued high levels of patients being reported from the data clean-up work streams, on-going capacity challenges in orthopaedics, plastics and ENT. The April 52 week wait performance is expected to improve further and will meet the trajectory target for the month.

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

Reducing the number of patients waiting over 52 weeks is a priority work stream for the programme over the coming months, and work is currently on going to support the directorates in their efforts to rapidly improve this position. The Trust 52 week wait trajectory for 2017-18 is to deliver zero 52 week waits by January 2018.
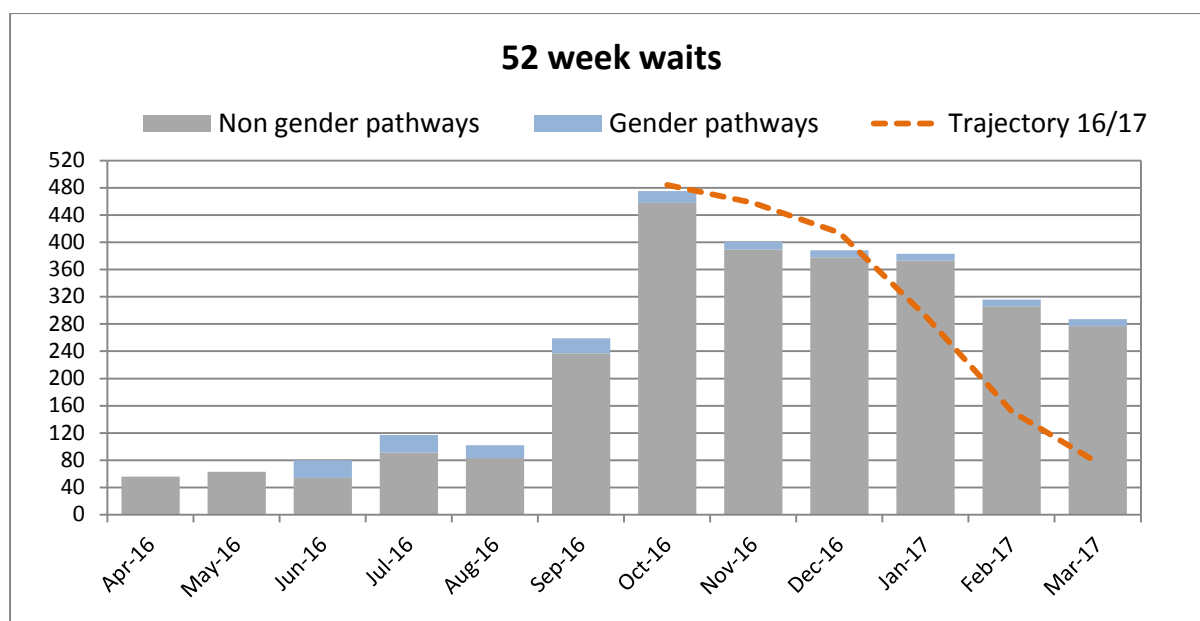
Figure 28 - Number of patients waiting over 52 weeks split by gender pathways and non-gender pathways, for the period April 2016 – March 2017

2.5.2 Responsive: Cancer

In May 2017, performance is reported for Cancer Waiting Times standards for March 2017. In March 2017 the Trust achieved seven of the eight national cancer standards. The Trust recovered performance against the 62-day GP referral to treatment from screening (delivering 91.8 per cent against a 90 per cent target).

The trust delivered improved performance against the GP referral to treatment for all cancers, delivering 80.9 per cent compared with February (75.0 per cent) but did not meet the trajectory target of 85.0 per cent or more.

Underperformance against the 62-day GP referral to first treatment standard predominantly related to urology and colorectal diagnostic pathways and late referrals from NWL sites. The Trust is implementing improvements to the prostate diagnostic pathway through the RAPID programme pilot, re-launching the colorectal straight to test pathway and continues to ensure improvements on shared pathway performance. Delivery of the performance trajectory is on track for quarter one.

Indicator	Standard	Feb-17	Mar-17
Two week GP referral to 1st outpatient – all urgent referrals (%)	93.0%	93.2%	93.2%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.1%	93.8%
31 day wait from diagnosis to first treatment (%)	96.0%	96.3%	97.8%
31 day second or subsequent treatment (drug treatments) (%)	98.0%	100.0%	99.2%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	97.0%	96.9%

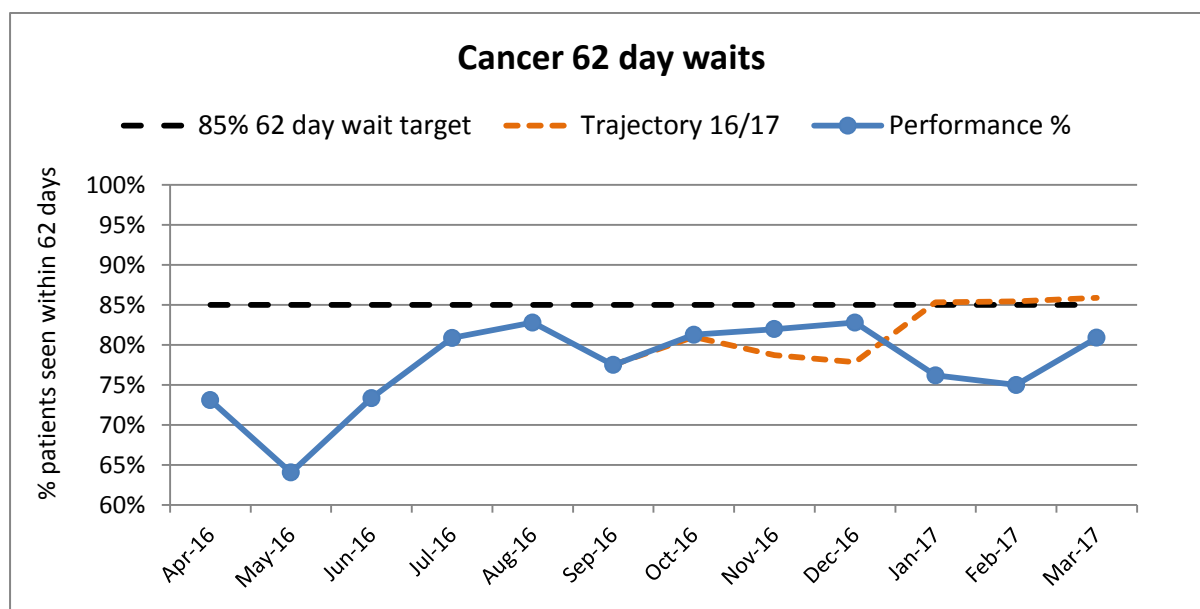| 31 day second or subsequent treatment (surgery) (%)	94.0%	97.0%	100.0%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	75.0%	80.9%
62 day urgent GP referral to treatment from screening (%)	90.0%	67.6%	91.8%

Performance against national cancer standards

Figure 29 – Cancer 62 day GP referral to treatment performance for the period April 2016 – March 2017

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

All NHS patients who have elective operations cancelled for non-clinical reasons on the day of surgery (or day of admission) are to be offered another binding date within 28 days. The most recent national submission is for quarter 4, January 2017 – March 2017.

- Overall, 0.8 per cent of operations (252 cancellations) were cancelled on the day as a percentage of total elective activity which is slightly less than the national average of 1 per cent.

- Thirty patients breached the 28-day rebooking guarantee standard. This is a breach rate of 12 per cent and remains high; the national average is around 7 per cent of cancellations not rebooked within 28 days.

The priority is to ensure all potential breaches are re-dated as early as possible following a cancellation. The Trust has introduced new 28-day rebooks reporting to ensure full visibility of potential breaches and escalation processes are being reviewed with discussion with our commissioners.
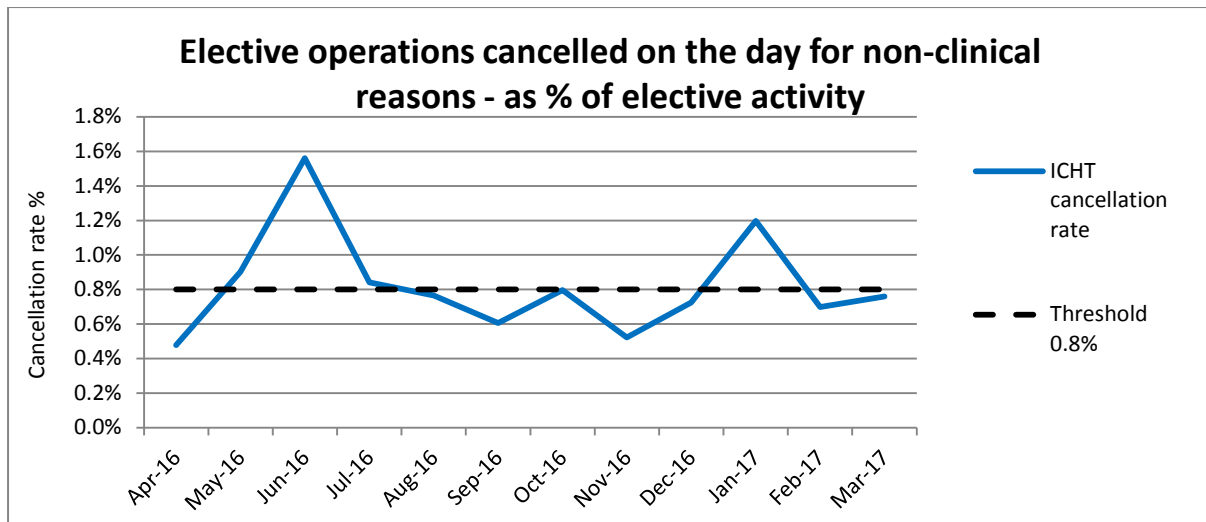
Elective operations cancelled on the day for non-clinical reasons - as % of elective activity

Figure 30 – Non-clinical cancellations as a % of elective activity for April 2016 – March 2017

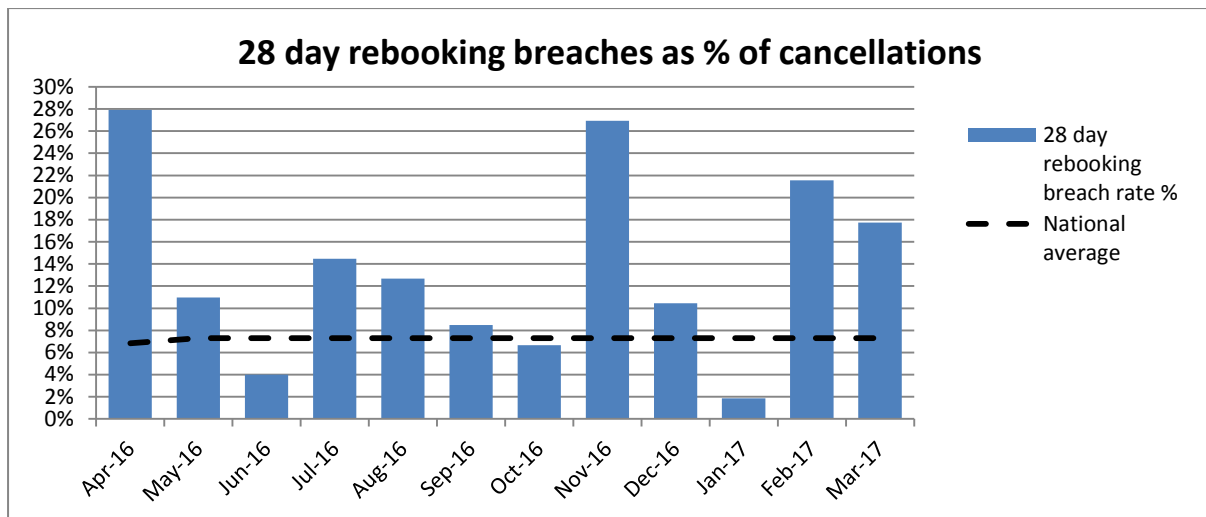**28 day rebooking breaches as % of cancellations**

Figure 31 - 28 day rebooking breaches as % of cancellations for April 2016 – March 2017

2.5.4 Responsive: Accident and Emergency

Performance against the four-hour access standard for patients attending Accident and Emergency continued to improve in April 2017. Overall performance was 89.7 per cent which met the performance trajectory target for the month.

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

The key issues remain as follows:

- Difficulties with transfer of patients from the Vocare UCC to the Emergency Department;

- Increased demand and acuity;

- High levels of bed occupancy;

- High numbers of bed days lost through delayed transfers of care from the hospital; & delays for mental health beds.

To support further improvements in performance over the coming months the Trust has launched a programme of immediate and longer term developments. The programme focuses on the following work streams:

- Streaming and avoiding unnecessary hospital admissions;

- Improving emergency department operations;

- Efficient specialist decisions and pathways;

- Improving capacity availability through more effective management of inpatient beds; &

- Improving our ward and discharge processes.

The Trust has also established a four-hour Performance Steering Group to oversee the activities within the five work streams. The group is chaired by the Divisional Director of the Medicine and Integrated Care and attended by the Chief Executive Officer. Each work stream is led in partnership by a senior clinician and a senior manager.
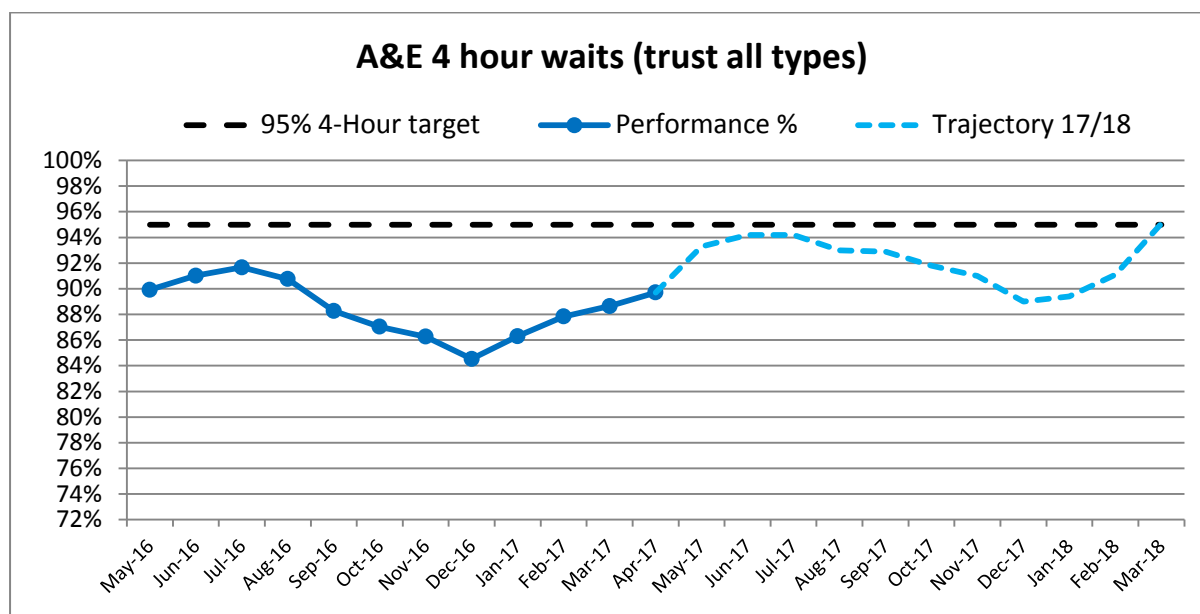

Figure 32 – A&E Maximum waiting times 4 hours (Trust All Types) for the period May 2016 – April 2017
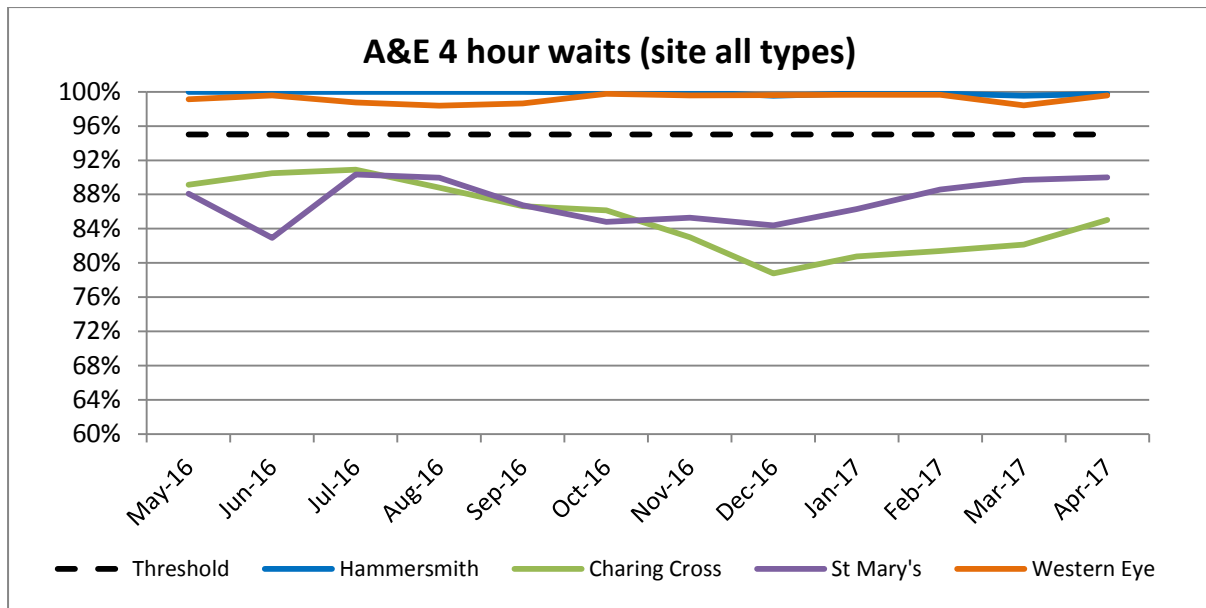
A&E 4 hour waits (site all types)

Figure 33 – A&E Maximum waiting times (Site All Types) 4 hours for the period May 2016 – April 2017

2.5.5 Responsive: Diagnostics

The latest reported position is for the end of March. The Trust anticipates that the performance standard, 1 per cent or less patients waiting over six weeks for a diagnostic, will not be met for April. A deep dive into local data records within endoscopy services identified an issue with patient tracking and the recording of offer dates for some patients. The Trust has established a weekly Steering Group to oversee a full assessment and additional capacity is being investigated to ensure a rapid improvement of performance.
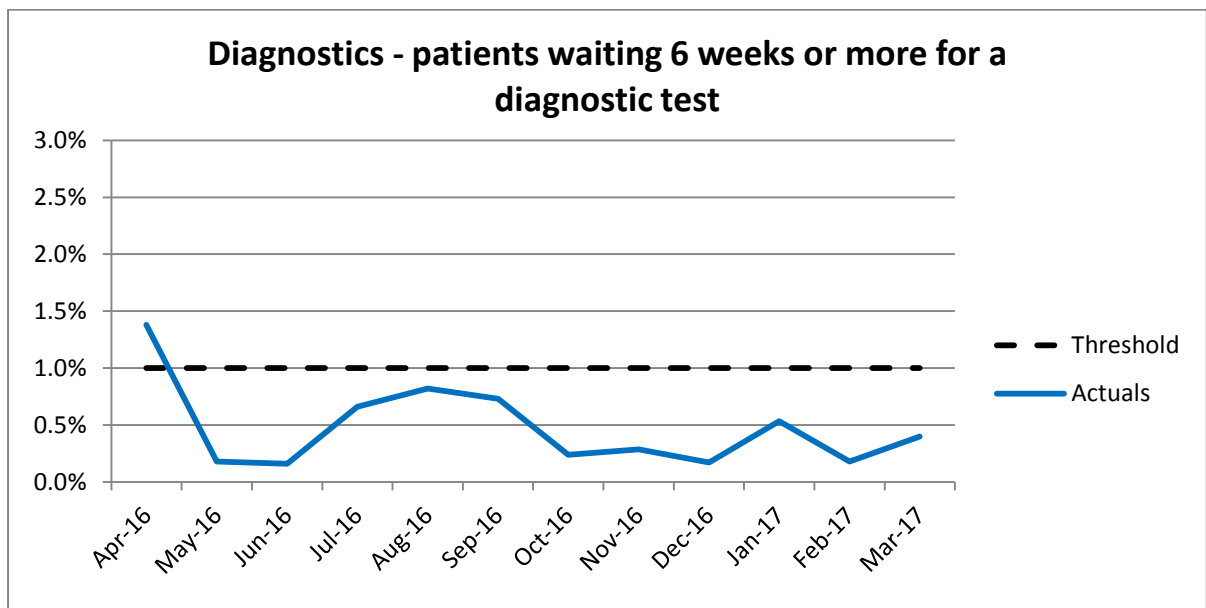
Diagnostics - patients waiting 6 weeks or more for a diagnostic test

Figure 34 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period April 2016 – March 2017

2.5.6 Responsive: Patient attendance rates at outpatient appointments

The overall DNA (first and follow up) rate was 11.6 per cent (8,882 appointments) (March performance was 11.2 per cent). The DNA rate for new appointments was 12.9 per cent and for Follow-up appointments it was 11.1 per cent.

The detailed review of outpatient DNA rates in parallel with hospital- and patient-initiated cancellations is continuing. Specialty reports will allow managers and clinicians to explore their appointment data in greater detail and consider steps that can be taken to further improve attendance.
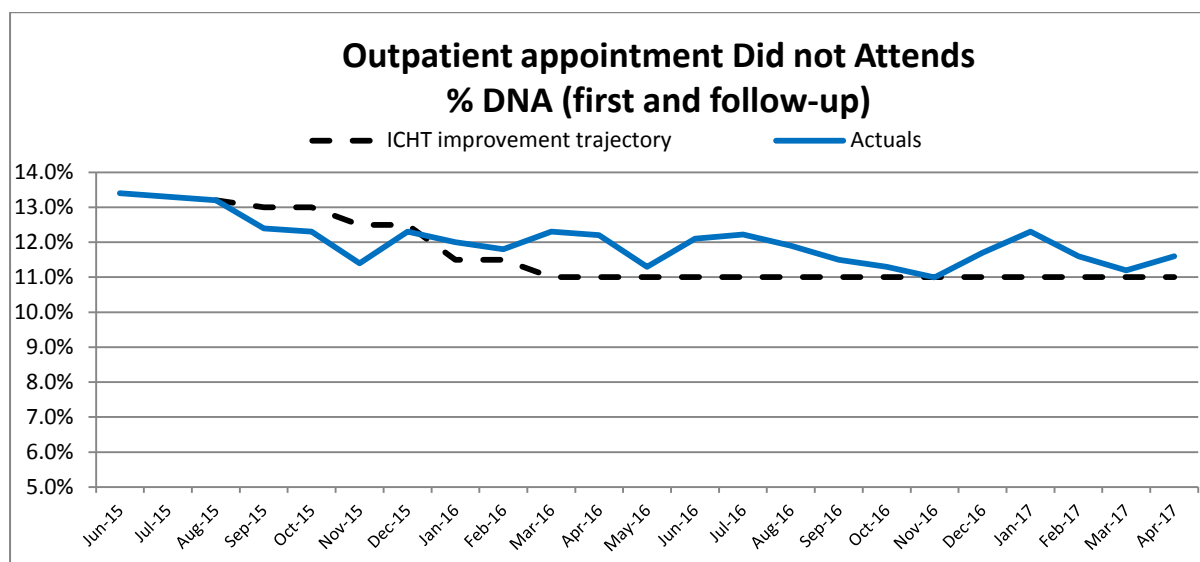

Figure 35 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period June 2015 – April 2017

2.5.7 Responsive: Outpatient appointments cancelled by the Trust

In April, 8.5 per cent of outpatient appointments were cancelled by the hospital with less than 6 weeks' notice. The Trust quality strategy target for 2017/18 changed from 8.5 per cent to reduce the proportion to 7.5 per cent. As noted for DNA a detailed review of appointments data is being conducted to identify underlying trends and improvement actions.
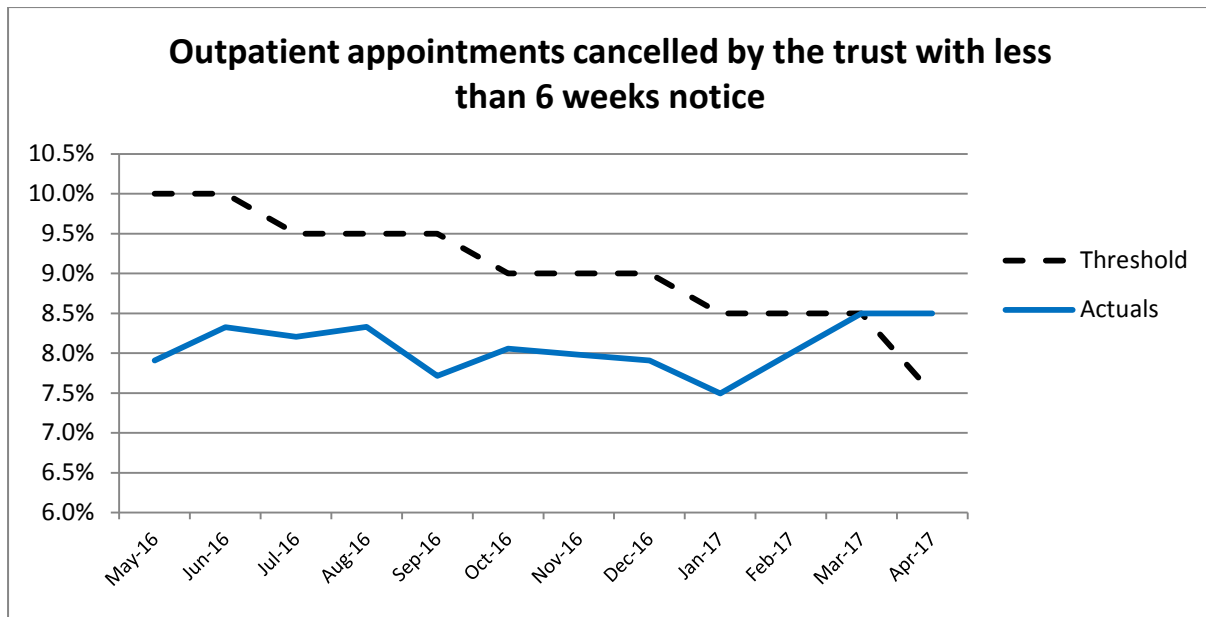
Figure 36 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period May 2016 – April 2017

2.5.8 Responsive: Outpatient appointments made within 5 days of receipt

The Trust's quality strategy target is for 95 per cent of routine outpatient appointments to be made within 5 working days of receipt of referral. In April, 81.5 per cent of routine appointments were made within 5 days. Work continues to establish new ways of working to increase responsiveness including improved tracking through the Patient Service Centre.
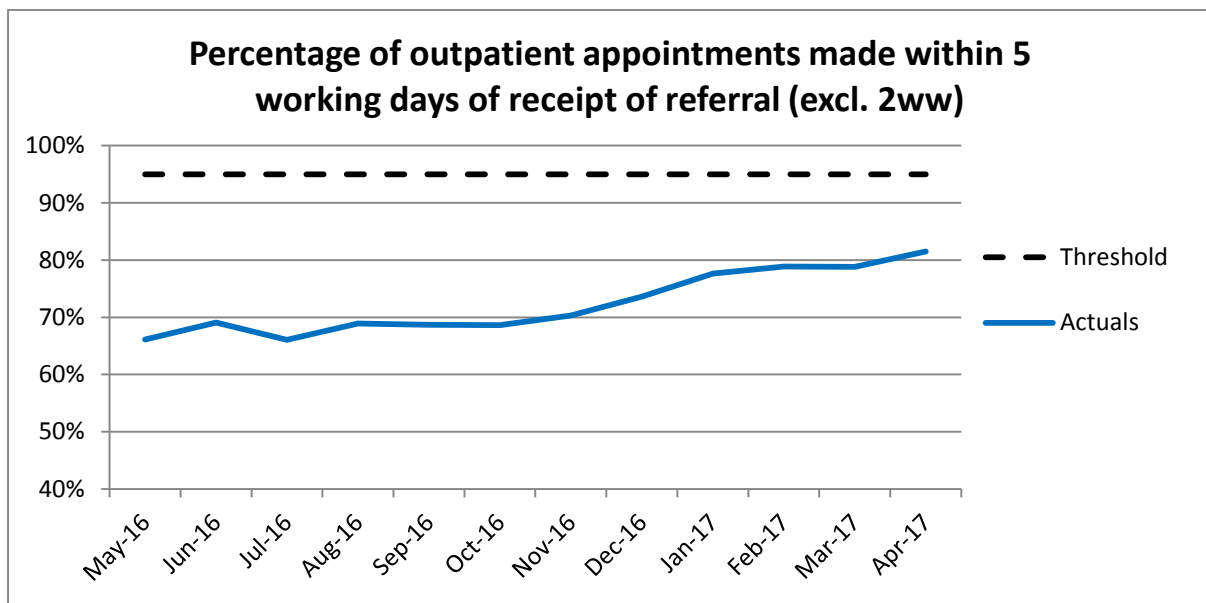

Figure 37 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period May 2016 – April 2017

2.5.9   Responsive: Access to antenatal care – booking appointment

This Trust achieved 98 per cent of pregnant women accessing antenatal care services completed their booking appointment by 12 weeks and 6 days (excluding late referrals).
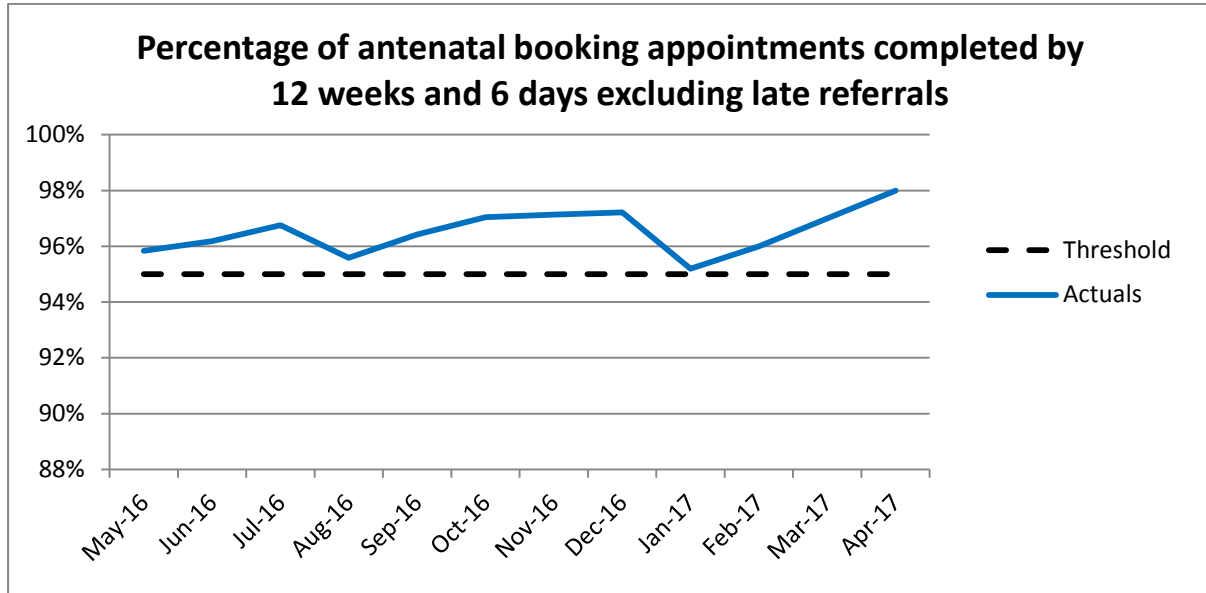

Figure 38 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period May 2016 – April 2017

2.5.10 Responsive: Complaints

The number of complaints in April was lower than expected, which may be due to the two Bank Holidays however our analysis of three years' worth of complaints data is showing a downward trend. In April 2017 all complaints received were acknowledged within 3 days and 100 per cent of complaints were responded to within the time agreed with the complainant. The average time to respond was 22 days.
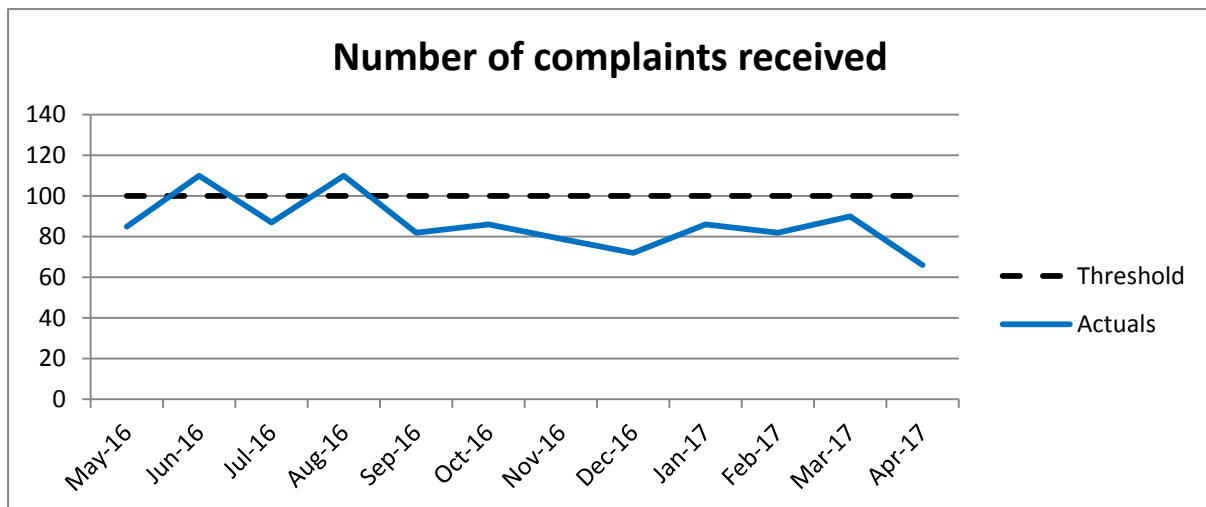

Figure 39 – Number of complaints received for the period May 2016 – April 2017
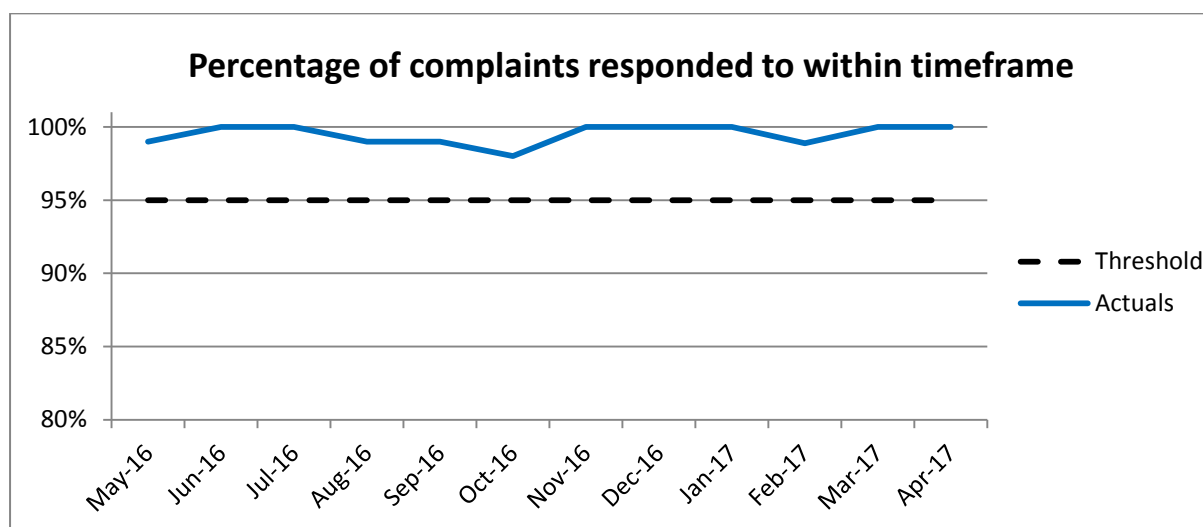
Percentage of complaints responded to within timeframe

Figure 40 – Response times to complaints for the period May 2016 – April 2017

3. Finance

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

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

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

- 11 South (Neurosurgery) had a day fill rate of 83.36 per cent for care staff. This equated to 10 shifts for enhanced care of two patients that were covered by the ward with support from the ward manager. The overall day fill rate was 91.14 per cent.

- Charing Cross AAU had a day fill rate of 75.05 per cent for registered nurse staff. There were no gaps as bed occupancy was not at capacity of 13 beds, the unit flexed between 9 to 11 beds over the month. The overall day fill rate was 79.70 per cent. There was a night fill rate of 59.65 per cent for care staff. There were no gaps as bed occupancy was not a capacity of 13 beds, the unit flexed between 9 to 11 beds over the month. The overall night fill rate was 81.60 per cent.

- DAAU AMU had a day fill rate of 79.98 per cent for care staff. This equated to 8 shifts for enhanced care of patients. These shifts were covered by flexible use of care staff across the first floor, with support from the ward manager. The overall day fill rate was over 88.34 per cent.

- DAAU Joseph Toynbee had a day fill rate of 82.92 per cent for care staff. This equated to 14 shifts for enhanced care of patients. These shifts were covered by flexible use of care staff across the first floor, with support from the ward manager. The overall day fill rate was over 91.59 per cent.