Imperial College Healthcare NHS Trust

# Trust Board Public

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| **Agenda Item** | 2.3 |
| **Title** | Operational Report |
| **Report for** | Monitoring/Noting |
| **Report Author** | Steve McManus, Chief Operating Officer |
| **Responsible Executive Director** | Steve McManus, Chief Operating Officer |
| **Freedom of Information Status** | Report can be made public |

**Executive Summary:** This is a regular report to the Board and outlines the key operational headlines that relate to the reporting month of August 2014.

**Recommendation(s) to the Board/Committee:** The Board is asked to note the contents of this report. A discussion is recommended as to the appropriate domain lead for the Efficiency section.

**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 Board on Operational Performance

**Introduction:** This report relates to activity within M5 (August) 2014/15.

## A. Shadow Monitor compliance

**Foundation Trust governance risk rating (shadow): Amber**

Rationale: The Trust under-delivered on two of the three RTT standards and the Cancer breast symptomatic two week wait referral standard in July (cancer data reported one month in arrears). We are confident that the reported RTT under-performance is directly related to bedding-in issues with the new patient administration system and that our actual, underlying RTT performance remains strong.

## B. Safety

## Mortality Rates & Incidents

**Mortality Rates:**
The Trust's Hospital Standardised Mortality Rate (HSMR) and Summary Hospital Mortality Index (SHMI) remain amongst the lowest of the non-specialist acute providers nationally with statistically significantly low figures.

**Incident Reporting:**
The incident reporting rate (number of incidents per 100 admissions) continues to increase. In August the rate was 9.4 compated to 8.6 in July and 8.3 in June. This is the third consequtive month that the Trust reporting rate is above our peers (7.98). This is an important indicator of the safety culture in the organisation. There has been no increase in the harm caused by the incidents.

**Serious Incidents (SIs) & Never Events:**
The year to date reported total of SIs is 47, compared to 59 for same time period last year.

No confirmed never events were reported in August.

3 Never Events have been reported by the Trust in the last year, two of which related to mis-placed naso-gastric (NG) tubes. The following actions have been taken to prevent reoccurence and improve awareness:

- NG policy amended to add a radiology review of any x-rays taken to confirm placement before feeding and to remove a step in the paediatric policy regarding the "whoosh test";
- Communication has gone out and a letter sent from the MD (with confirmation by the DDNs & DDs that ward managers, consultants and junior doctors have received the message);
- Moodle training module now in place for junior doctors which includes this new step – launched at induction in August with programme of assurance now running to capture all doctors;
- Review of the NG policy (to include longer term decision re introducing competency

based assessment for junior doctors or continuing with radiologist review) underway by Dr Williams (Chair of the NSG);
- Results of trust-wide snapshot audit of compliance with policy to be reported to ExCo – Quality & Safety in October 2014;
- Nursing competency and training assurance being managed by the DDNs;
- Meeting arranged with Medical Director and divisional leads for 26th September to follow up actions.

## Infection Prevention & Control

See separate board report this month – agenda item 4.3

## Cost improvement programme (CIP) quality impact assessments (QIA)

- **2014/15 schemes**

The Medical Director and Director of Nursing met with all four divisions in August to discuss 2014/15 CIP schemes. Currently, there is only one scheme that has a risk assessment score of 12 with the remaining schemes being scored at 9 or below. Where risk has been identified, mitigating actions are in place. It was acknowledged that work is currently being undertaken within the divisions to revise/develop additional schemes for the remainder of the year. The QIAs for these will be discussed at the next set of meetings in October.

- **2013/14 schemes: post-implementation evaluations**

The division of medicine presented four post-implementation evaluations for 2013/14 schemes, at the meeting in August. The purpose of the evaluations are to consider if there has been any adverse impact on quality after the scheme has been implemented, using key performance indicators such as complaints, incidents, infection rates and workforce indicators. Divisions will present further post-implementation evaluations at the meetings in October and these will be reported back to the Trust Board in November.

## C. Patient Centeredness

## Friends and Family Test

Overall response rates remain above the threshold in August. However, the response rate for St Mary's A&E was relatively low in August; this has been reviewed with the department and the rate has improved at the time of writing.

There was a dip in the inpatient score in August. It is not yet clear why this was the case. Analysis of the free text comments associated with "detractor" responses has not highlighted any themes that would account for the dip. There are no national benchmark data available for August at this time, so it is not possible to see if this is an issue wider than the trust. We will review once national benchmark data for August and ICHT's September data are available.

At 50, the A&E FFT score is lower than the previous month (although this score should still be considered a good net promoter score). This downward trend has been seen across London and nationally. Benchmark data are not available for August but in July ICHT's score (54) remained above the London and UK averages (49 and 53 respectively).

The Trust is expecting to receive the results of the 2014 national cancer patient experience survey in September, but these were not available at the time of writing.

## Complaints & PALS

A rise in formal complaints and PALS complaints had been previously reported. This was attributed to a number of issues, but specifically to outpatient administrative issues associated with the introduction of the electronic patient administration system. This trend now seems to be reversing, with reductions in both formal complaints and PALS enquiries in July and August. The category most closely aligned to patient administration system related issues also has decreased, although it should be noted that this category still accounts for over 40% of the total complaints/PALS enquiries.

Previously reported concerns about the proportion of complaints responded to within the agreed timescales appear to be being addressed with a 10% overall improvement in August. The average time to respond has gone up in August, but this number is skewed because divisions have been working hard to clear a backlog of outstanding complaints.

## D. Effectiveness

**National Clinical Audit**

The Medical Director's Office has proposed a new process for centralised reporting of national clinical audit, which has been approved at ExCo:

- A new national audit summary sheet has been created for completion by audit clinical leads, which includes benchmarking data and areas of good practice and concern;
- The clinical lead will be requested to complete the new audit report template and agree actions within the specialty ;
- This will be submitted to the directorate quality meeting in the first instance, prior to reporting to the monthly divisional quality board, ExCo – Quality & Safety, followed by the Quality Committee and Trust Board by exception;
- A schedule of all national audits, an updated list of clinical leads and a reporting schedule are being collated for submission to ExCo in October;
- The additional resource required to effectively implement and manage clinical effectiveness will be reviewed at the Strategic Investment Group in September.

## E. Efficiency

Performance against some of the key efficiency measures is reported in the Integrated Performance Scorecard. The Trust performs well against peers for pre-operative length of stay (0.69 days), post-operative length of stay (4.34 days) and admission on the day of surgery (87.02%).

However, there is improvement needed in theatre utilisation and outpatient did not attend (DNA) rates. Over the last month there has been a drive to improve theatre utilisation and this has started to be reflected in performance figures. Further work, led by the Clinical Transformation Programme, will support increased productivity and improved utilisation. Outpatient DNA rates have worsened in recent months. Since the implementation of Cerner, the Trust had to turn off its text messaging reminder service for patients as there were technical reasons which needed to be resolved. The service will be partially switched on at the end of September and this will result in improved attendance rates for outpatient

appointments.

## F. Timeliness

### Accident and Emergency

In August, the Trust continued to deliver the 4-hour waiting time standard in our A&E department. The Trust consistently delivers this standard each month.

NW London Trusts were invited to apply for additional funding for schemes to the Tri-Borough, which has received confirmation of funding for £4.522m to support resilience over the winter period. The performance of the schemes will be monitored via the Urgent Care Board. The successful ICHT bids were:

- Expanding the Older Persons Assessment Service to 7 day working;
- Ensure the presence of a GP 24/7 in the Urgent Care Centre at St Marys;
- Further resilience to the Site Operations team, to include additional senior nursing and administrative support to strengthen the SITREP and ensure robust reporting arrangements to escalate patient delays externally at the earliest opportunity to facilitate rapid spot-purchase of additional capacity as appropriate;
- Extending the Cancer Assessment Unit to 7 day working;
- Additional senior clinical decision makers in ED, care of the elderly medicine and acute medicine.

In addition to ICHT schemes, several schemes from other agencies were approved and will positively impact on the ICHT system:

- 18 CLCH step down beds in partnership with ICHT to be housed on the Charing Cross Hospital site;
- Improvements to support 7 day discharge with Hammersmith & Fulham;
- Expansion of the CIS service.

### Referral to treatment

In August, the Trust continued to meet the Referral to Treatment (RTT) standard for patients treated on a non-admitted pathway (as an outpatient). Reported performance remained challenged for patients treated on an admitted pathway (as an inpatient) and for incomplete pathways (patients waiting for treatment). Since implementing a new Patient Administration System (PAS) in April, the Trust has been going through a period of stabilisation and familiarisation. It was expected that there would be a number of data quality issues that would need to be resolved following the switch over. One of the key problems is that the number of patients waiting on our system is showing as higher than the true number of patients. These issues are being managed during weekly meetings with divisional teams. However, there are still some challenges with both ensuring that staff record data correctly onto the system, and the volume of validation that needs to happen to ensure appropriate prospective monitoring of patients waiting for treatment.

The Trust is committed to both improving data quality through validation and supporting staff in ensuing that they understand how to correctly record patient encounters on the PAS system to reduce data quality issues. Funded through the national RTT resilience funding, announced in the press during early August, a temporary staff team has been recruited to support the validation of data exercise and a team of experienced RTT trainers will be training front line staff on the correct way to record RTT pathways to reduce the

manual data correction needed at the end of the month. A further team will start with the Trust on 22nd September to ensure that the entire waiting list is validated. The overall size of the waiting list (incomplete pathways) is now starting to reduce on a weekly basis as a result of the intensive validation and is on track to be complete by the middle of December.

The Trust reported 5 patients waiting over 52 weeks for treatment in August 2014. Three of these were due to reduced capacity over the summer period in Ophthalmology. The service has a new consultant that started with the Trust in September and additional work has been put on to clear the backlog of work. The other two pathways related to waits for a particular orthopaedic surgeon. The Trust has offered alternative surgeons to the patients but they have requested to wait. This surgeon is gradually reducing the amount of operating time at ICHT and is not accepting referrals from new patients so this will not be an on-going issue.

At a national level, and locally agreed, we have an agreed level of reported underperformance in relation to our admitted and incomplete performance with an expectation that performance will be achieved for all three specialities from October. This is under review with commissioners with the potential that the national position changes so that performance is recovered in December, instead of October, to allow the Trust to treat additional backlog patients. This would provide extra resilience over the winter period.

### Cancer

In September, performance is reported for the cancer waiting times standards in July. In July, the Trust achieved seven of the eight cancer standards. The Trust did not meet the breast symptomatic standard, reporting performance of 85.6% against a 93% target, making July the third month of under-delivery against this standard. This was due to the continued impact of the reduction in breast clinic capacity identified in Quarter 1 2014-15.

The Trust has since recovered this position in August, with current performance for the month reporting at 98% against the breast symptomatic standard. This recovered position has been maintained through September and the expectation is that the recovery is sufficient enough to meet the 93% target for Quarter 2 2014-15.

The Trust recovered the 62-day first treatment and 62-day screening standards in July. The Trust is now working with local providers to redesign their diagnostic pathways. This is to ensure that patients are transferred to ICHT for treatment earlier in their pathways in order to reduce the number of shared pathway breaches, the predominant cause of 62-day breaches for the Trust.

## G. Equity

Progress continues to be made in relation to strengthening systems and processes that support adult safeguarding work. Extensive training was undertaken in July and August, which provides increasing confidence that we are moving towards the year-end target of 85% compliance with level 1 training.

There were also major efforts in August to raise awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

## H. People

## Talent Development

**Talent Management**
A new Talent Management process was launched in September, initially aimed at more senior leaders. This process will include an assessment of both performance (linked to the PDR process) and potential, in order to create a Trust succession plan for all senior leadership positions. This will be reported back to the ExCo in the autumn after the results have been compiled and calibrated, and the Trust Board early in the new calendar year. This represents Phase 1 of a wider roll out of Talent Management within the Trust.

**Mandatory Training**
Mandatory training have been working hard to push up compliance with an exercise of auditing staff records to ensure that all staff who have completed all their e-learning are moved to compliant status. Total compliance has increased to 72% as a result of this audit.
There is still much to do and an ongoing programme of work is underway to improve data quality and the systems and processes which affect data quality.

An "August Amnesty", led by the central team also took place to identify people who had not completed Local Induction. This has brought about an increase in the compliance rate from 73% in July to 91% in August. In addition, the compliance rate for attendance at Corporate welcome has seen an increase to 90% in August.

## Employee relations

**Make a Difference recognition scheme**
Nominations for the instant recognition element of the Make a Difference people recognition scheme continue at a high rate. We estimate that more than a 1000 nominations have been made of which about half have come from patients and other service users

**Strike Action**
Some NHS trade unions are balloting their members on a proposed four hour strike, followed by a period of action short of strike action. The ballots are in response to the 2014/15 pay award. Other public sector unions including teachers and care workers may strike on the same day. The following unions are participating: UNITE, UNISON, GMB, The Society of Radiographers, the RCM and the Hospital Consultants and Specialists Association. The Chartered Society of Physiotherapists may also ballot. The RCN and the BMA are *not* balloting. Trade unions are obliged to confirm ballot results as soon as possible and then give at least seven days' notice of strike action. We have been told informally that the strike will take place on the morning of 13 October. It is our intention to maintain activity and ensure no cancellation of elective activity. One of our key objectives is to ensure that our positive local industrial relations climate is not disturbed by the national dispute.

## Health & Wellbeing

**Wellbeing Week**
Wellbeing week commences on Monday September 22, 2014, with the launch of the Wellbeing Website. Our people will be incentivised to register to the site through a prize draw which will be advertised next week on the source and at Wellbeing Week.

Thus far we have received **no** cash donations from our suppliers; everything has been collateral items which will be used as giveaways across the week (and beyond), through competitions and challenges and also as prizes for feedback from our people on the service and their ideas for improvement.

Look out for the posters on all sites!

**Flu Vaccinations**
Flu vaccinations will be launched as part of Wellbeing Week where we hope to vaccinate as many staff as possible. We anticipate attendance of 300-400 people per site per day, so with an active audience, this would allow us to make a good start on our flu effort for this year. With an ambitious target of 75% front line staff this will give us the start we need.

**Smoking Cessation**
The Trust has been invited to sign up to the NHS Statement of support for Tobacco Control, making clear our commitment to tackle the harm smoking causes our community. This is a document that the Trust will sign up to in partnership with our local Health & Wellbeing Board. With ICHT moving towards Smoke Free from October and to ensure effective blanket ban on smoking across all hospital sites, this is timely.

The Health and Wellbeing team, through the Smoking project group are working closely with Public Health and patient facing colleagues on this agenda. We had a total of 114 referrals into Kick It in the past quarter, with roughly 55% of these individuals signposted to engage with smoking cessation clinics within the Tri-borough Alliance catchment area. We expect the number of referrals to increase significantly following Wellbeing Week and the build-up to the Stoptober signal launch events.

## Safe Nurse/Midwife Staffing

**Performance in July**
In July, the Trust reported above 95% for the average fill rate for registered nursing/midwifery staff during the day and night and also for unregistered staff at night. The fill rate for unregistered staff during the day was reported as above 90%.

**Performance in August**
In August, the Trust reported an average fill rate of above 95% for registered and unregistered nursing/midwifery staff during the day and night.

Please refer to Appendices 1 and 2 in the Integrated Performance Scorecard for ward level data.

For both months there were some ward areas where the fill rate was below 90%. Key

reasons for this include; vacancies and/or inability to fill with temporary staff due to specialist skills required, patients requiring unplanned one to one care, small numbers in some areas which showed a bigger impact on the overall fill rate for that area and complexities with how to reflect case mix change and/or reduced bed occupancy on the roster system.

On these occasions senior nurses have made decisions to mitigate any risk to patient safety by strategies such as; using the cover of matrons/ward sisters, reducing activity and bed occupancy and redeploying staff from other areas, where appropriate.

Staffing levels and the monitoring of these remain a top priority for the Trust to ensure the correct number of staff are available on a shift by shift basis.

## I. Finance

The Trust's Income & Expenditure (I&E) position at the end of August was a Year-to-Date (YTD) deficit of £1.9m (after adjusting for the impairment of fixed assets and donated assets), an adverse variance against the plan of £6.1m. There was an improvement in the month due to a reduction in Bank & Agency expenditure of £1.6m and Non-Pay of £2.1m when compared to the previous month. The main reasons for the YTD adverse variance are:-

- Cost Improvement Plans (CIPs) are behind plan by £8.1m (46%);
- Expenditure on the Cerner patient administration system implementation was greater than expected and year to date expenditure remains above plan;
- Temporary staff pay costs are higher than plan but the introduction of new controls has had a significant impact this month.

There is on-going dialogue with the TDA about the impact of the proposed Project Diamond funding reductions on the Trust's financial position in both current and future years. Any reductions in funding will mean that the Trust's I&E control total will have to reduce accordingly.

## J. Education

**GMC Trainee Survey Action Plans**
In August 2014, the Trust submitted action plans in response to the GMC trainee survey for each specialty with a red flag. Actions to be taken include the following:

Emergency Medicine F2:

- Rota has been changed so sequencing follows best practice, with breaks allocated and implemented;
- Additional nursing support in Urgent Care Centre provided, especially overnight Genito-urinary medicine;
- Continuing review of and change to the structure of outpatient services, moving towards more team-based clinics;
- A review at Consultant level of the degree of hand-over for out-of-hours inpatient care.

Medical Microbiology:

- A review of all educational resources across all rotation sites/infection group sites.

Neurology:

- Review of trainees' clinical commitments already undertaken, with resulting revision of TIA clinic arrangements and on-call rota underway.

Prior to publication of the survey results, the Trust was required to respond with action plans to the immediate safety concerns and bullying and undermining issues as soon as they are raised by trainees.

There were 6 immediate safety concerns raised by the survey in 2014, in comparison to 33 safety concerns in 2013. Three of these related to ITU capacity and nursing at Charing Cross. The following actions are being undertaken to deal with the issues raised:

- ITU capacity and nursing at Charing Cross (3) - action being taken by Division to support additional capacity and escalation
- ODP availability in maternity - action to ensure clear escalation and prioritisation
- Radiology report amendments - standard operating procedure in place; usage being monitored
- Acute medicine and relationship to UCC at Hammersmith - effects will be negated by EU closure, UCC referral patterns monitored as part of EU closure project.

There were 5 reports of bullying and undermining, which have been dealt with individually by the divisions using the Trust's Bullying & Harassment Policy.

## K. Research

## Local Clinical Research Network

The network was required to provide a plan within a specified template format of how we will deliver against a set of key performance indicators; High Level Objectives, Specialty Specific Objectives and Cross Cutting Objectives. These are detailed within a Performance and Operating Framework as part of the hosting contract and are also part of the step-down contracts with our partner organisations. Our performance against these objectives has been RAG rated and are subject to approval by the Medical Director. The only major risk identified was the delivery of a Local Portfolio Management System by 1st April 2015.

As a condition of receiving National Institute of Health Research Funding to support the Clinical Research Network, an operational and financial plan was developed. Plans were produced with input from network Clinical Specialty Leads, Partner organisations and existing Research Delivery Managers from each of the former Topic and Comprehensive Networks who provided local intelligence. Due to timelines for submission, the plan was circulated to the Network Executive Group for comment, was signed off by the Medical Director and submitted in draft form on 9th April. The plan was tabled for discussion at the AHSN board meeting on June 11th and was ratified by ExCo on 5th August.

The procurement of a local portfolio management system (LPMS) for the region, rated red in the plan, is being taken forward as part of a consortium approach with the Central and East London and South London Networks to achieve best value for money. The procurement process is being led by Imperial on behalf of the other networks. The process closes on 29th September. We expect to have identified a system by early 2015 within expected timelines.

## NIHR Imperial Biomedical Research Centre (BRC)

**Mid-term Review**
A mid-term external review of the NIHR Imperial BRC will take place on 2nd October 2014. This review will inform the remaining two and a half years of the programme and shape our plans for re-application in 2016. An independent external panel of national and international experts has agreed to participate and a teleconference was held on 9 September to highlight issues and clarify requirements around the process. The Dean of the Faculty of Medicine is chairing the review and the ICHT Chief Executive is a member of the panel.

**Indicators presented in the Integrated Performance Scorecard**
The key performance indicators for R&D are intended to assess the timely initiation and delivery of commercial and non-commercial clinical research studies taking place at ICHT, as well as growth in activity. The first 3 indicators in the list reflect the important NIHR 70-day metric for recruiting the first patient into clinical trials. As of Q1 2014/15, ICHT performance is behind comparator organisations and hence 'red'. However, as presented and discussed at recent meetings of the ExCo and Joint Executive Group, a number of new governance structures, additional resources, and revised processes have been introduced into the Divisions over the past 6 months which are beginning to improve performance in this area. There is a substantial time lag between introducing these new ways of working, and it being reflected in the quarterly statistics, due to the methodology the NIHR uses to collect data. As per the ExCo report last week, however, we have analysed very recent data and have identified a significant improvement in performance which should feed through into these 3 metrics from Q2 14/15 onwards.

Indicator number 4 in the list reflects ICHT's performance in delivering commercial interventional clinical trials to time and target, and we are currently above many of our comparator / competitor Trusts in this respect.

Indicator number 5 reflects the time take to provide local R&D approval for studies hosted at ICHT. This metric has recently been introduced by the NWL Clinical Research Network (NWL CRN) and is different from previous years – Trusts are currently adapting to this new measure. Compared to other Trusts in NWL, as of July 2014, ICHT is rated as amber.

ICHT is performing well in terms of NIHR Portfolio study activity, as measured by indicators 6 to 9. Compared to the same period last year, ICHT has recruited more patients to Portfolio studies (commercial and non-commercial), despite a reduction in funding support. There are also more commercial Portfolio studies being recruited to.

## L. Health and Safety

An Extraordinary Health & Safety Committee was held on 27 August to consider and approve a number of H&S Policies that were due for review. In all some 30 policies were considered and are now being passed through Executive Committee for ratification. The two over-arching policies – on Fire and Health & Safety are on the Trust Board Agenda for ratification on 24 September 2014. The next meeting of the Health & Safety Committee is on 29 September 2014 and a more detailed update will be provided to the Board at its

November meeting.

In terms of RIDDOR (incidences reportable as part of injuries, diseases and dangerous occurrences regulations), there have been 4 incidents since April 2014. These were: a broken toe sustained when a linen trolley fell on a member of staff; a fractured ankle when a member of staff slipped on a drain cover at St Mary's Hospital; and members of staff tripping upon entering a lift at Charing Cross and dislocating a shoulder, and falling (on a public footpath) outside QEQM at St Mary's. This compares with 10 incidents in the same period last year.

There were 43 fire alarm activations in August 2014 and 26 fire alarm activations to date in September 2014. The number of actual fires is four since 1 April 2014 (compared with 10 in the same period last year). These were: a fire in waste paper bin on ward at Charing Cross Hospital; a power surge on Pickering 2nd floor at St Mary's Hospital causing smoke; an incident in the toilets at QEQM at St Mary's; and a lit cigarette being inappropriately discarded outside Charing Cross Hospital. The number of fire alarm activations is high – there have been 200 activations since 1 April 2014, but changes to our fire alarm system including replacing FS90 Fire alarm panels, which are not supported after August 2015 by the manufacturer, should bring this number down.

In terms of Employers' Liability (EL) and Public Liability (PL) Claims, there are currently 29 open claims and the general trend is an overall increase in numbers of about 50% over the previous year although it is difficult to be more specific as claims vary in the length of time they take to settle and can sometimes be classed as open when only the costs are still under discussion. Of the 29 currently open, 13 are for slips and trips, with the remainder split between manual handling, defective equipment, sharps injuries and assault. The oldest of these claims go back to 2010 (3 claims), two relate to 2011, and 6 relate to 2012. Five claims have been submitted since April 2014 – four relate to slips and trips and one to a sharps injury.

**Recommendation to the Board:** The Board is asked to note the contents of this report.