Imperial College Healthcare NHS Trust

Trust board - public

Agenda Item	2.3
Title	Operational Report and Scorecard
Report for	For noting
Report Author	Steve McManus, Chief Operating Officer
Responsible Executive Director	Steve McManus, Chief Operating Officer

Executive Summary: This is a regular report to the Trust Board for Operational Performance and outlines the key operational headlines that relate to the reporting month of August 2015.

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

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.

Operational Performance Report

Report Period Month 5 (to end August 2015)

Trust Board, 30th September 2015

Table of Contents

1. Scorecard Summary

Pg	Metric	Period	Standard	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Performance	Direction of Travel	Forecasting Q3	Q4	Q1
	Safe												
5	Serious Incidents (S.I.s)	Aug-15	0	25	7	5	14	3	20				
6	Staffing fill rates		tbc	94.58%	96.00%	96.00%	96.75%	97.00%	95.30%				
7	MRSA		0	0	1	0	0	1	2				
7	Clostridium difficile		28		8	16	23	26	31				
	Effective												
8	Hospital Standardised Mortality Ratio (HSMR)	Qtr 4 14/15	100	64.7	63	70.97	80.8	67.06	71.78				
8	Percentage of interventional studies which recruited 1st patient within 70 days of Valid Research Application	Qtr 1 15/16	70%	56.00%	64.00%	71.20%	71.20%	83.30%	96.70%				
9	Harm Free Care (Safety Thermometer)	Aug-15	90%	96.6%	97.2%	96.6%	97.0%	95.9%	96.7%				
9	30 day readmissions		tbc	5.21%	5.59%	6.77%	6.43%	4.57%	4.69%				
10	Average length of Stay (elective)		3.4	3.7	3.9	4.2	3.7	3.7	4.2				
11	Average length of stay (non-elective)		4.5	4.8	4.8	4.5	4.8	5.2	4.1				
11	Activity: First Outpatient	Jul-15	27,337	28,336	31,909	29,333	27,776	32,578	30,331				
11	Activity: Follow-up Outpatient		45,300	45,314	50,352	47,082	44,830	50,973	47,965				
12	Activity: Daycase		6,433	5,774	6,536	6,059	6,001	7,618	5,982				
12	Activity: Elective Inpatient		1,752	1,688	1,637	1,308	1,335	1,393	1,821				
12	Activity: Non-elective Inpatient		8,286	7,794	8,593	8,742	8,895	8,945	8,391				
12	Activity: Adult Critical Care		3,561	3,729	3,444	3,390	3,227	3,257	4,173				
12	Activity: Regular Day Attender		270	986	1,217	1,114	167	161	932				
	Caring												
14	Mixed-Sex Accommodation	Aug-15	0	0	0	2	0	0	0				
15	Friends and Family Test - Inpatients		95%		94.00%	93.00%	97.00%	97.00%	96.00%				
15	Friends and Family Test - A&E		85%		79.00%	87.00%	91.00%	87.00%	93.00%				
16	Complaints (total number received)		100	117	111	79	106	103	106				
	Well Led												
16	Vacancy rate (%)	Aug-15	10.0%	11.7%	12.1%	12.5%	11.6%	12.9%	12.6%				
16	Sickness absence rate (%)		3.4%	3.5%	3.1%	3.1%	3.0%	3.1%	3.0%				
17	Statutory and mandatory training excl. doctors in training / Trust grades (%)		95.0%	80.0%	80.5%	80.9%	82.0%	81.0%	82.4%				
17	Statutory & mandatory training - doctors in training /Trust grades (%)		95.0%	n/a	n/a	68.1%	63.0%	63.5%	59.6%				
18	Consultant appraisal rate (%)		95.0%	92.0%	93.0%	91.0%	86.0%	84.2%	83.0%				
18	Band 2-9 & VSM PDR rate		95.0%		2.0%	9.0%	27.0%	35.6%	51.3%				
19	Health and Safety RIDDOR		0	2	2	2	2	1	1				
19	Open actions relating to GMC surveys, quality and monitoring visits		tbc	0	0	0	No Data	No Data	No Data	NEW			
20	Staff engagement score		tbc	39	37	38	37	41	44				
	Responsive		0										
22	18 Weeks Incomplete (%)	Aug-15	92.0%	90.2%	91.6%	91.7%	92.1%	92.0%	No Data				
22	18 weeks Incomplete Breaches (number)		tbc	5097	4375	4591	4,367	4,306	No Data				
22	52 Weeks Waits (Number)		0	15	8	11	2	4	No Data				
23	Diagnostic tests waiting longer than 6 weeks (%)		1.0%	1.4%	3.2%	4.4%	2.0%	2.2%	No Data				
24	A&E Type 1 Performance (%)		95.0%	82.3%	83.8%	85.6%	89.0%	87.4%	87.9%				
24	A&E All Types Performance (%)		95.0%	92.1%	92.6%	93.8%	95.4%	94.7%	94.9%				
25	Two week GP referral to 1st outpatient, cancer (%)	Jul-15	93.0%	94.5%	94.4%	93.0%	94.1%	93.0%	94.6%				
25	Two week GP referral to 1st outpatient – breast symptoms (%)		93.0%	93.1%	95.5%	93.4%	93.1%	95.4%	93.7%				
25	31 day wait from diagnosis to first treatment (%)		96.0%	96.6%	98.7%	96.2%	97.4%	97.3%	96.6%				
25	31 day second or subsequent treatment (surgery) (%)		94.0%	100.0%	94.8%	94.3%	97.3%	100.0%	100.0%				
25	31 day second or subsequent treatment (drug) (%)		98.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%				
25	31 day second or subsequent treatment (radiotherapy) (%)		94.0%	99.0%	100.0%	97.3%	98.7%	95.8%	100.0%				
25	62 day urgent GP referral to treatment for all cancers (%)		85.0%	73.1%	87.8%	86.4%	76.4%	85.7%	79.7%				
	62 day urgent GP referral excl. late ITRs (%)		85.0%	79.7%	90.3%	88.6%	79.0%	88.2%	85.3%				
25	62 day urgent GP referral to treatment from screening (%)		90.0%	86.7%	90.6%	89.5%	88.0%	88.2%	94.4%				
26	New Outpatient DNA rate (%)	Aug-15	12.3%	15.0%	13.2%	12.6%	13.9%	14.0%	13.6%				
26	Follow-up Outpatient DNA rate (%)		11.3%	14.1%	12.3%	11.8%	12.6%	12.3%	12.4%				
27	Hospital initiated outpatient cancellation rate (%)		tbc	6.8%	6.8%	6.6%	6.7%	7.2%	7.1%				

2. Indicator Overviews

2.1 Safety

2.1.1 Safety: Serious Incidents (SIs)

20 serious incidents were reported in August 2015. The year to date total is 44, in line with this time last year. We continue to review each case.

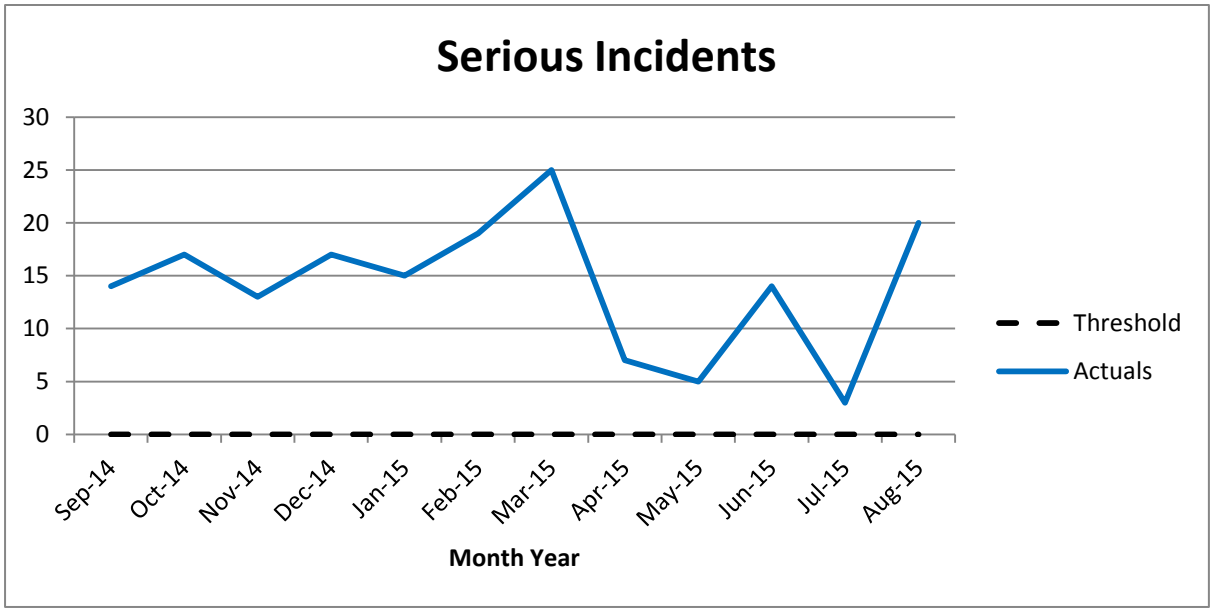

Figure 1 - Number of Serious Incidents (SIs) by month for the period Sep 2014 – August 2015

2.1.2 Safety: Nurse / Midwife staffing levels

In August the Trust reported the following for the average staffing fill rate overall:

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

The average staffing fill rate for August by hospital site was as follows:

Charing Cross

- 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.

Hammersmith

- 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.

Queen Charlotte's

- Above 90 per cent for registered nursing/midwifery staff during the day and night; &
- Above 85 per cent for care staff during the day and night.

St. Mary's

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

Please refer to Appendix 1 for ward level detail.

The month of August continued to see a sustained improvement in performance for registered nursing staff and a slight decline for care staff during the day. There were a small number of ward areas where the fill rate was below 85 per cent for care staff and below 90 per cent for registered nursing staff and this is largely due to the following:

- The introduction of more stringent controls on using agency staff has impacted on the fill rate where shifts that were traditionally filled by agency staff are no longer being requested;
- Small numbers of unfilled shifts in some areas e.g. A8, D7 and Dacie wards which has shown a bigger impact on the overall fill rate for that area; &
- Staff within medical wards such as AMU and Joseph Toynbee are pooled and redeployed across areas to ensure patient safety is maintained. This is not always reflected on the rostering system. An in-depth quality review of these areas is undertaken on a monthly basis looking at acuity and dependency, incidents and a variety of workforce measures. The establishment for these areas will be reviewed in the autumn as part of the Trust's agreed establishment review process.

On occasions where small number of shifts were unfilled, 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 August were safe.

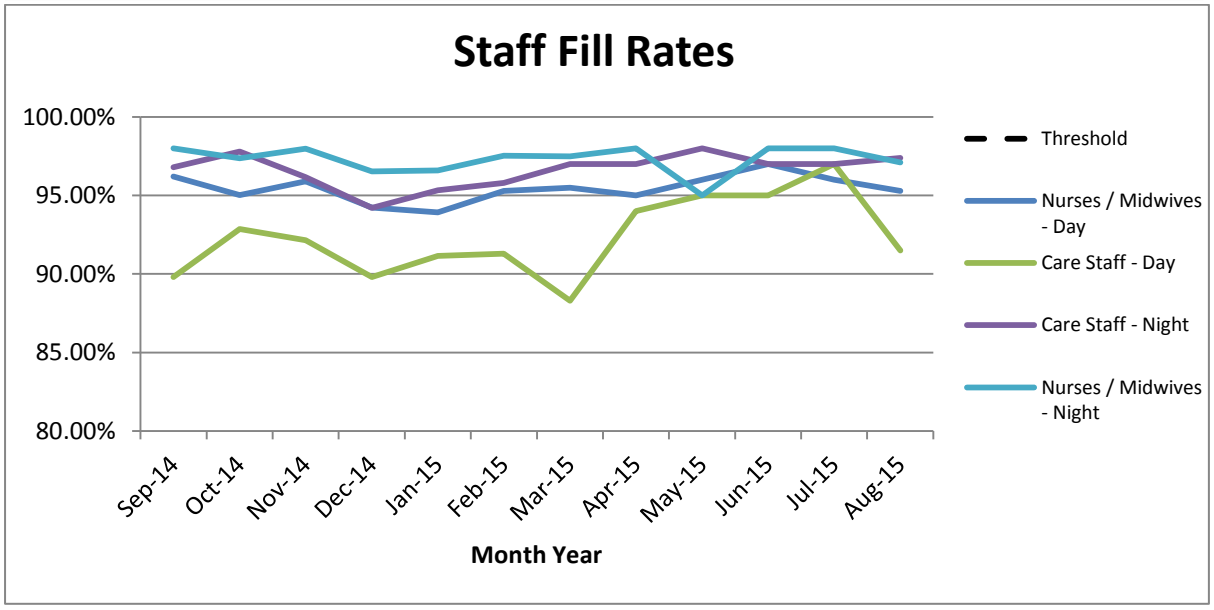

Figure 2 – Staff fill rates by month for the period September 2014 – August 2015

2.1.3 Safety: Meticillin resistant Staphylococcus aureus bloodstream infections (MRSA BSI)

Two cases of MRSA BSI were provisionally allocated to the Trust in August. These cases are being investigated. So far this year, 2 cases have been allocated to the Trust compared to 3 cases this time last year.

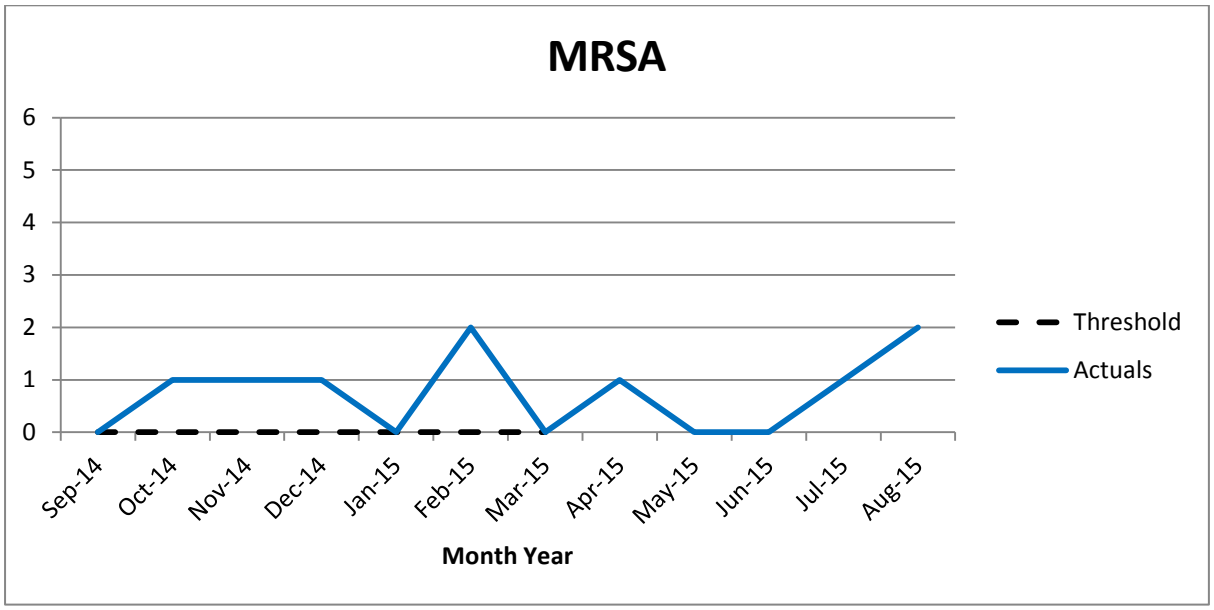

Figure 3 - Number of MRSA (b) infections by month for the period Sep 2014 – Aug 2015

2.1.4 Safety: Clostridium difficile

Two cases of C. difficile were allocated to the Trust for August 2015. Neither of these have been identified as a potential lapse in care. A total of 28 cases, 2 of which are attributable to lapses in care, have been allocated to the Trust so far this year, compared to 41 last year.

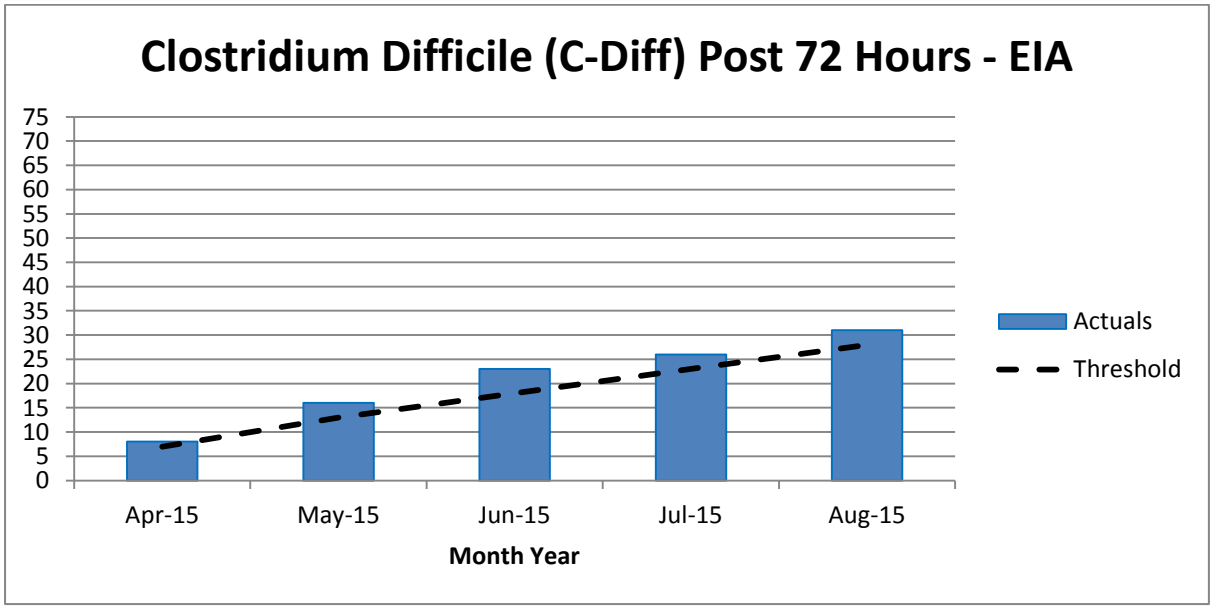

Figure 4 - Number of Clostridium Difficile infections above cumulative plan by month for the period April 2015 – August 2015

2.2 Effectiveness

2.2.1 Effectiveness: Mortality Data

The Trust's Hospital Standardised Mortality Ratio (HSMR) is 66.67 for April 2015. Across the last year of available data (May 2014 – April 2015), the Trust has the second lowest HSMR rate for acute non-specialist trusts nationally and the lowest in the Shelford Group. The Trust also has the second lowest Summary Hospital-Level Mortality Indicator (SHMI) of all non-specialist providers in England for Q4 2013/14 to Q3 2014/15.

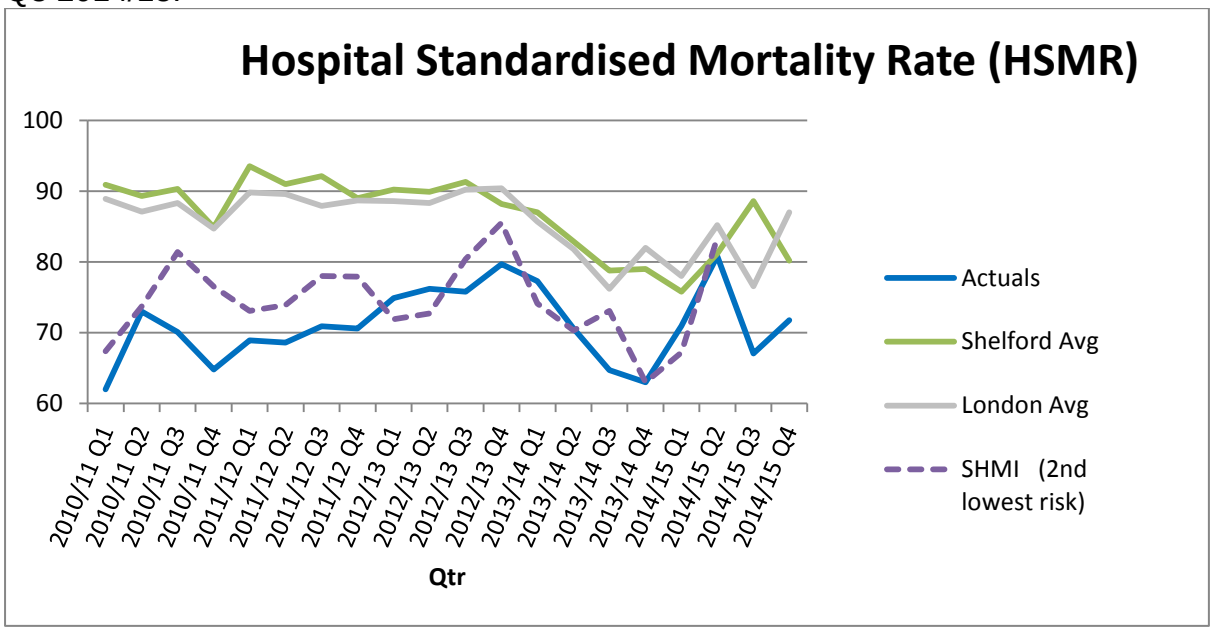

Figure 5 - Hospital Standardised Mortality Ratios for the period Q1 2010/11 to Q4 2014/15

2.2.2 Effectiveness: Recruitment of patients into interventional studies

The national target for recruiting the first patient into clinical trials within 70 days is 70 per cent. Trust performance for Q4 is 83.3 per cent. Preview data for Q1 2015/16 suggests the Trust performance against the 70-day benchmark is over 90 per cent. This improvement in performance is the result of applying a robust feasibility assessment to every clinical trial which the Trust is asked to host.

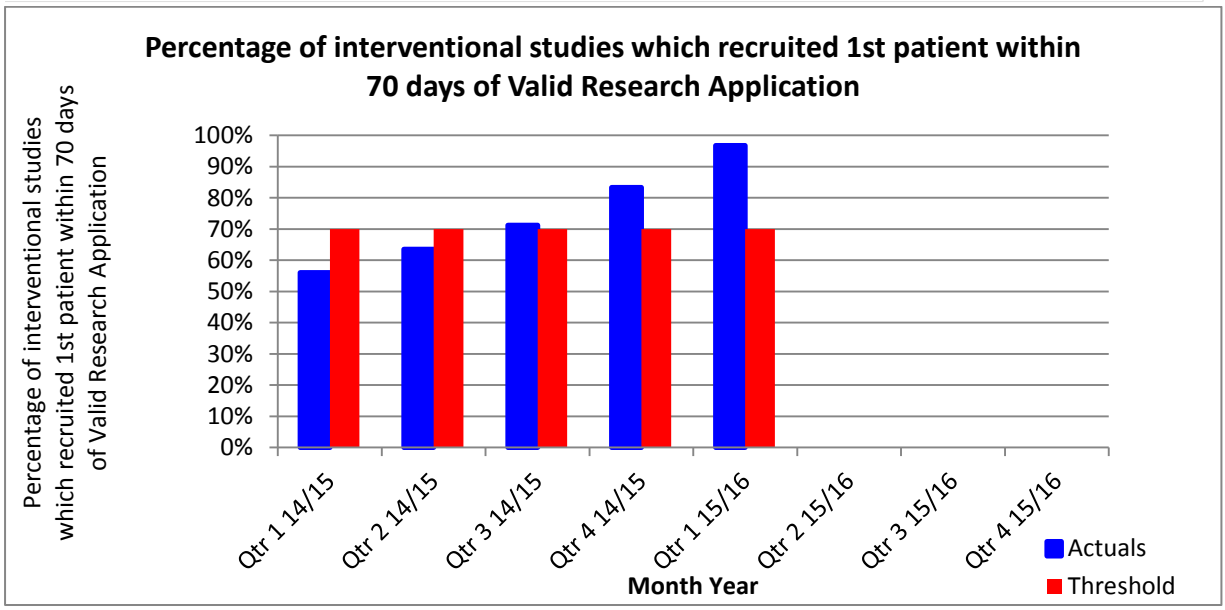

Figure 6 - Interventional studies which recruited First patient within 70 days of Valid Application Q1 2014/15 – Q1 2015/16

2.2.3 Effectiveness: Harm Free Care (Safety Thermometer)

The Trust continues to deliver excellent results in ensuring our patients experience Harm Free Care during their inpatient stays, with scores that are consistent with higher scores than both the London and Shelford average.

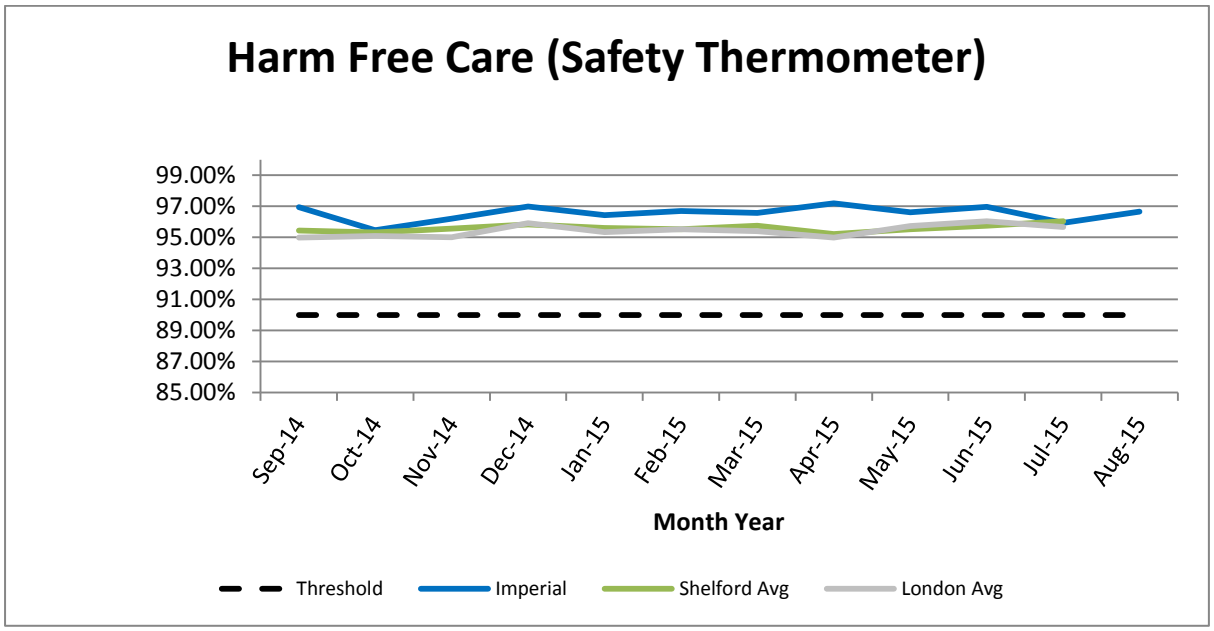

Figure 7 – Harm Free Care (Safety Thermometer) September 2014 – August 2015

2.2.4 Effectiveness: 30 Day Readmissions

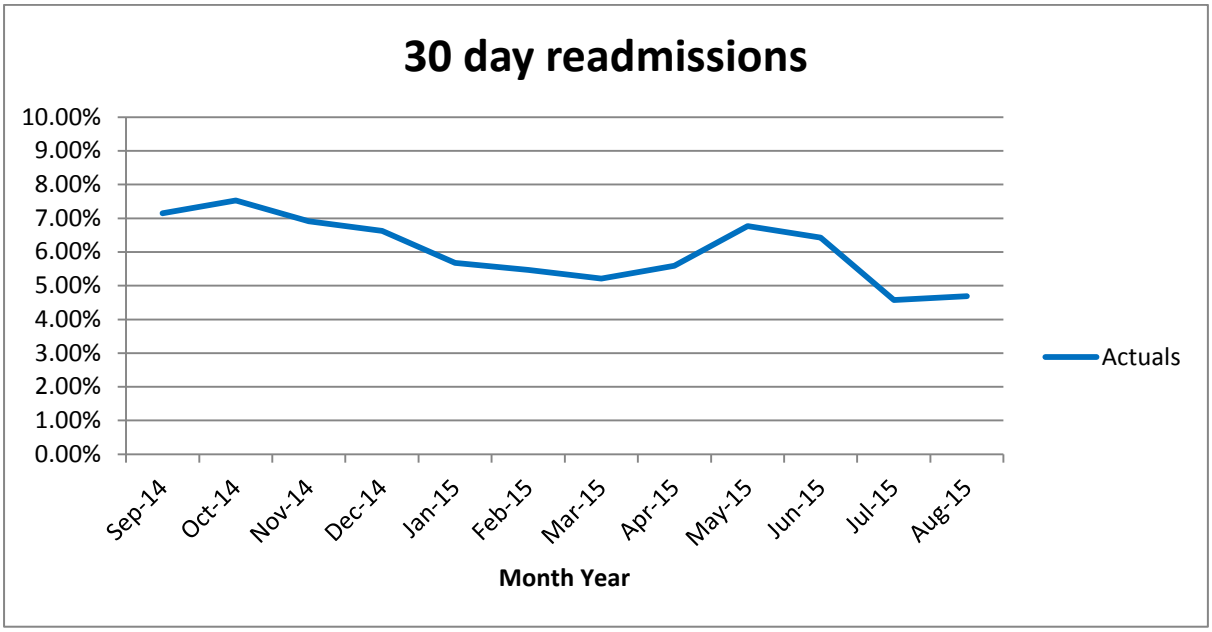

Figure 8 - 30 day readmissions for the period September 2014 - August 2015

2.2.5 Effectiveness: Average Length of Stay

The Trust has seen an overall reduction in the average length of stay for patients on an elective pathway in August. However, the shift between elective and non-elective length of stay will be reviewed by a working collective constituted by the site, information, and performance teams.

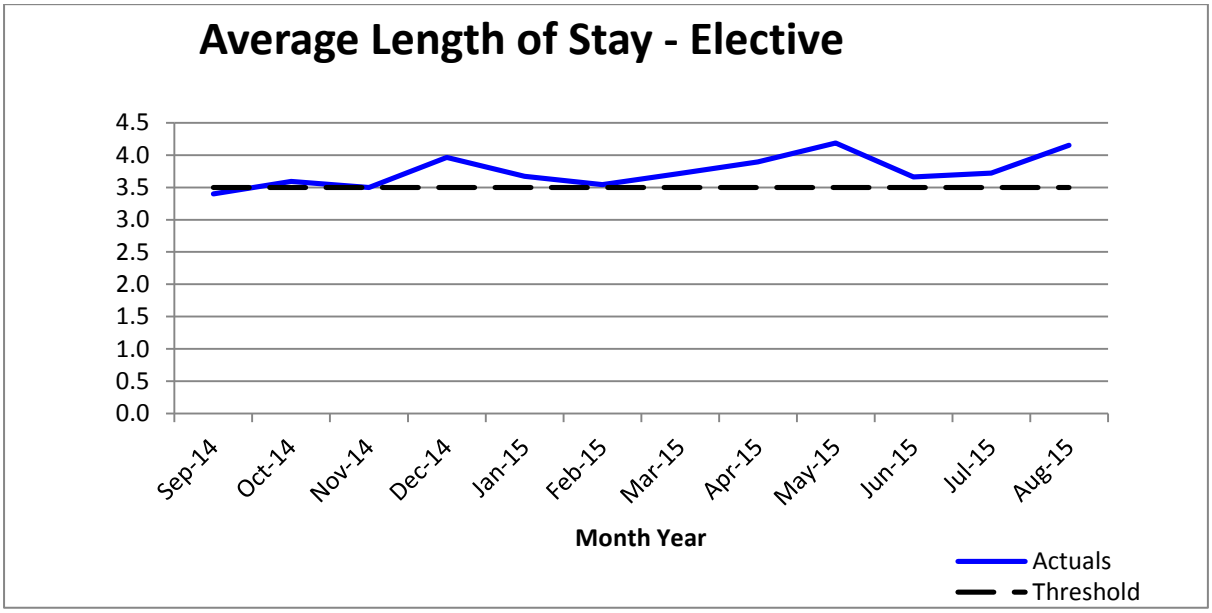

Figure 9 – Average Length of Stay – Elective for the period Septermber 2014 – August 2015

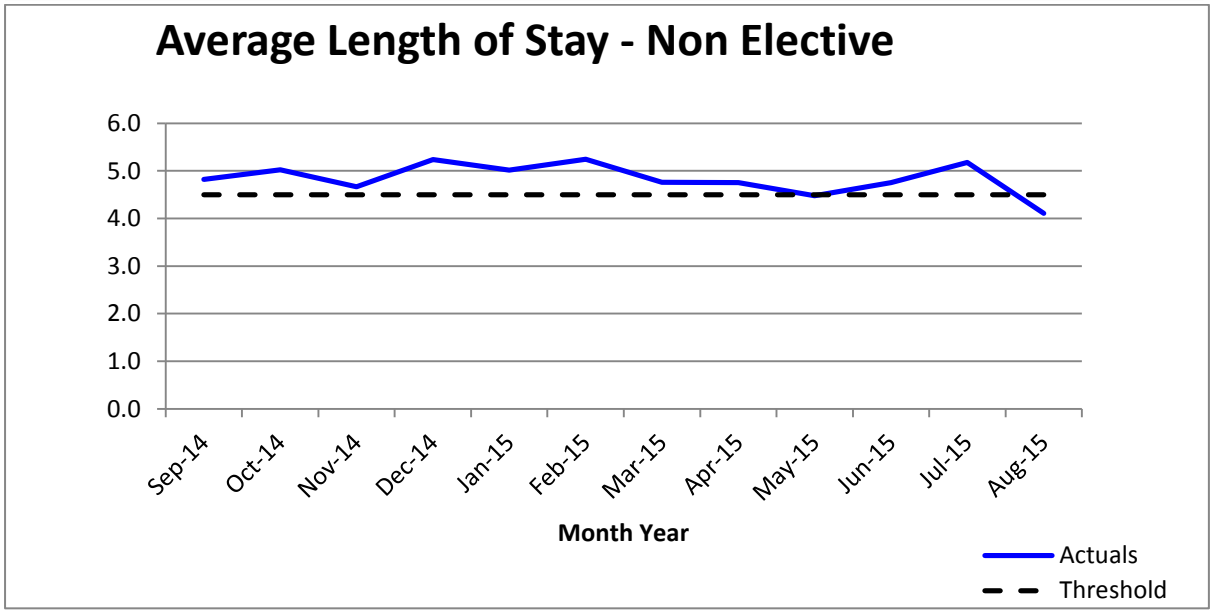

Figure 10 – Average Length of Stay – Non-Elective for the period Septermber 2014 – August 2015

2.2.6 Effectiveness: Activity data

Plans are in place to operationalise a regular review with the Finance, Operational, and Corporate teams. These reviews will commence in October. The analysis of these indicators will drive data quality improvement to ensure the correct depth of coding. The data for August 2015 is not available at the time of writing of this report.

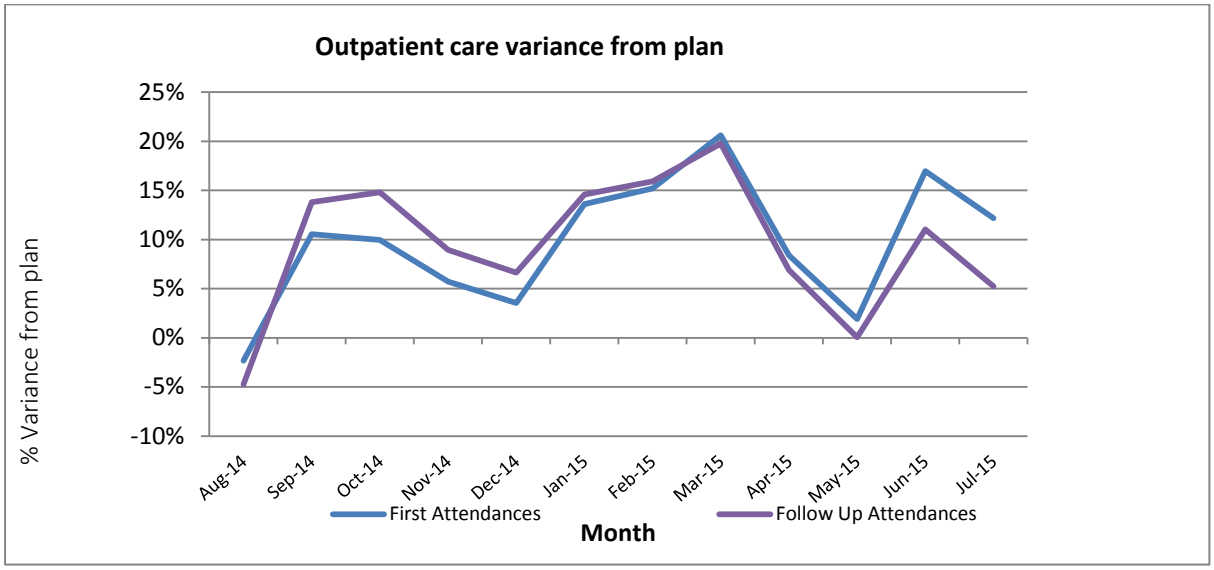

Figure 11 – Outpatient Care Variance from Plan for the period August 2014 – July 2015

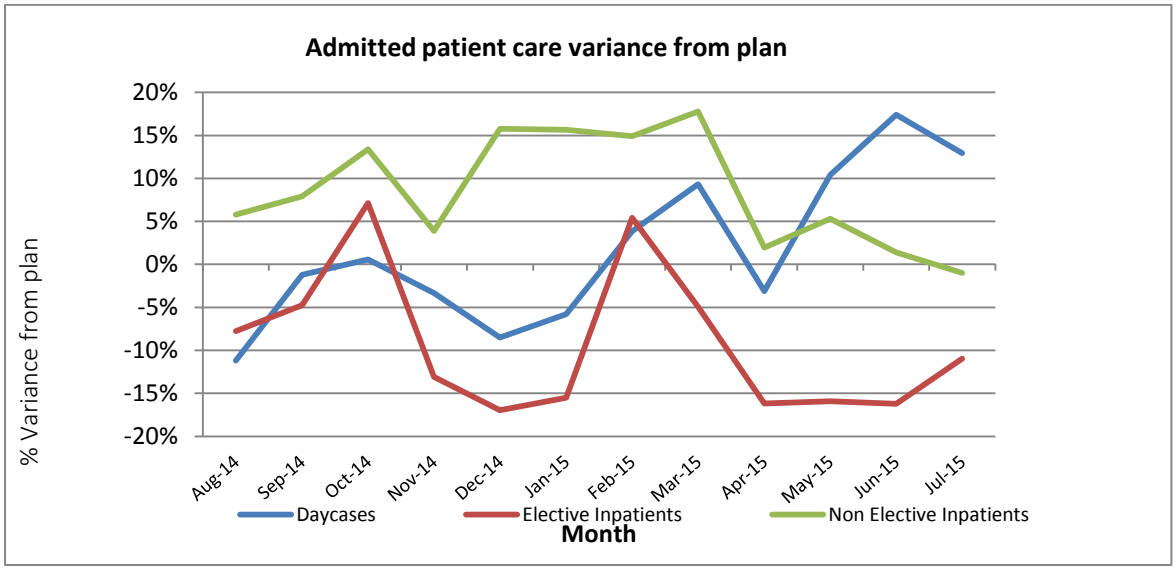

Figure 12 – Admitted Patient Care Variance from Plan for the period August 2014 – July 2015

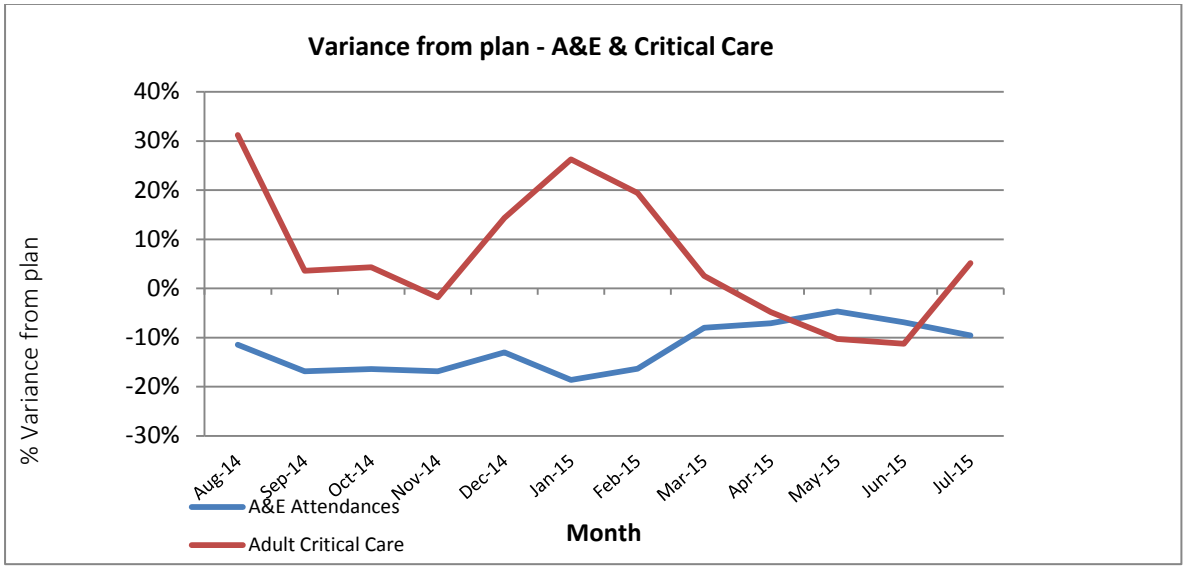

Figure 13 – A&E and Critical Care Variance from Plan for period August 2014 – July 2015

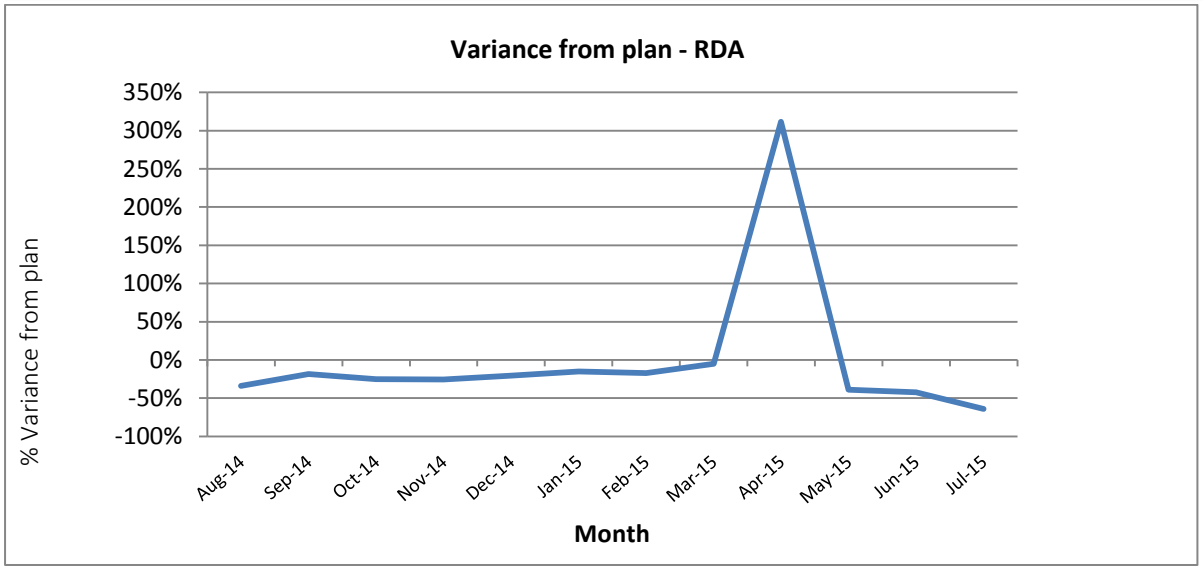

Figure 14 – Regular Day Attender (RDA) Variance from Plan for the period August 2014 – July 2015

There is a notable spike in the variance against plan for the Regular Day Attenders (RDA) data. This was due to a counting and coding change for our Oncology service where the Trust has agreed with commissioners to code activity as daycase work rather than regular day attender work. The plan was agreed from April but the change in coding did not reflect until May, hence the variance.

2.3 Caring

2.3.1 Caring: Eliminating mixed sex accommodation

The Trust reported 0 instances of mixed-sex accommodation breaches during August 2015.

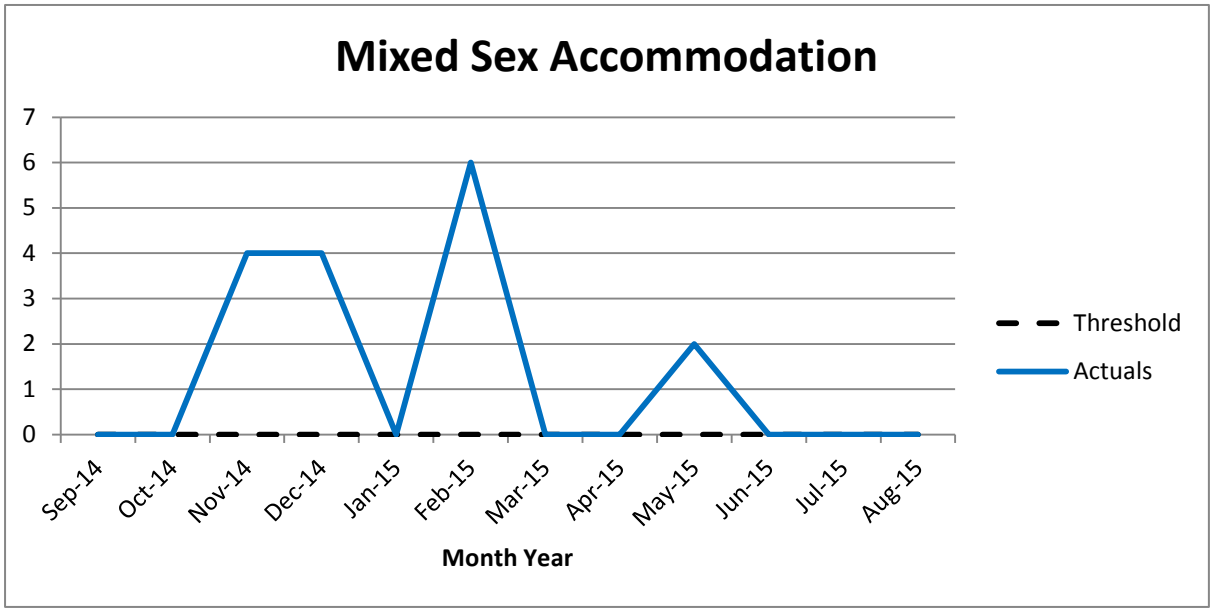

Figure 15 - Mixed Sex Accommodation breaches by month for the period Septermber 2014 – August 2015

2.3.2 Caring: Friends and Family Test

The percentage of patients willing to recommend friends and family to the Trust remains good. Notably in August the A&E percentage willing to recommend was 93 per cent, the highest it has been in the last 12 months. Response rates are fairly consistent but require further improvement. More options for patients to provide feedback are being developed, for example patients will be able to respond through the new trust website when it is launched in October.

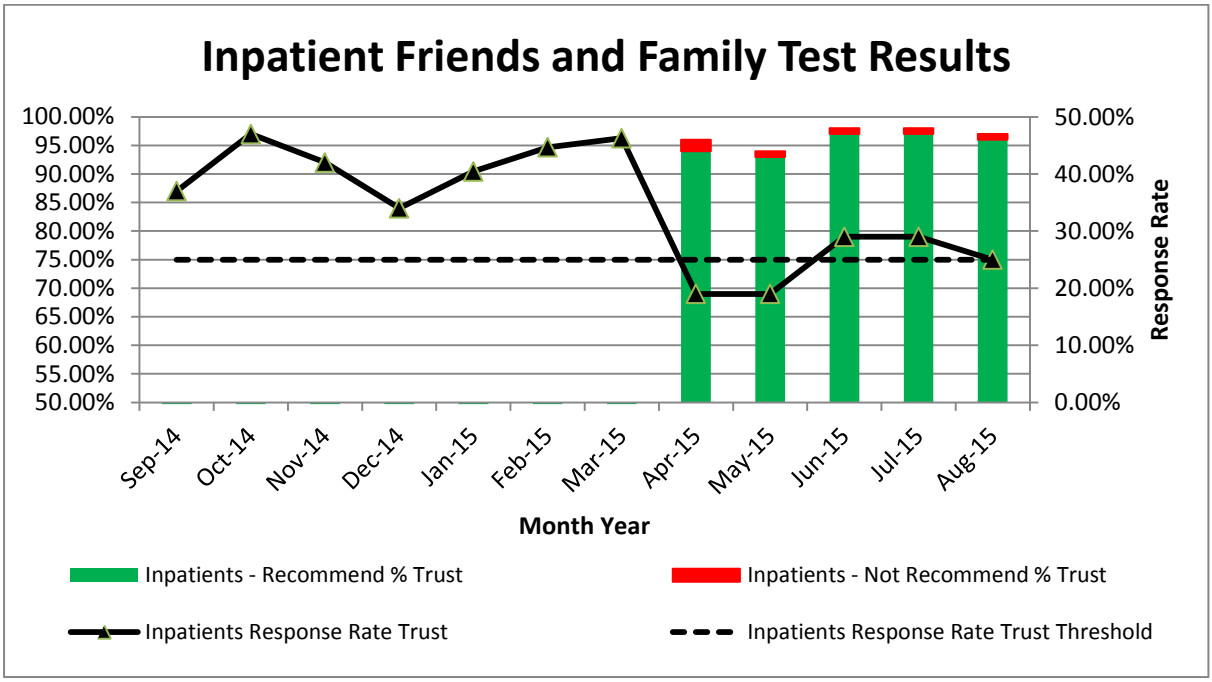

Figure 16 - Friends and Family: Percentage who would recommend ICHT Inpatients for the period April 2015 – August 2015

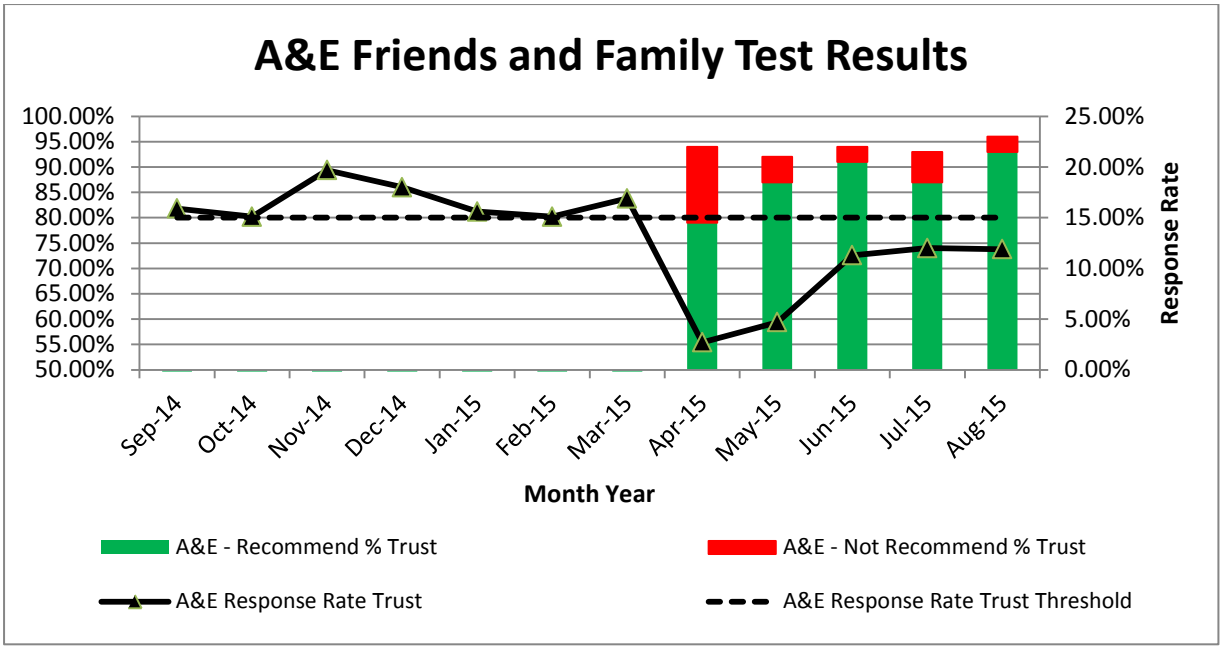

Figure 17 - Friends and Family: Percentage who would recommend ICHT Accident and Emergency for the period April 2015 – August 2015

2.3.3 Caring: Complaints

The number of complaints received in August was consistent with previous months. August saw a significant improvement in the percentage of complaints responded to within the timeframe agreed with the complainant (nominally 25 days). At 74 per cent this is the best it has been for over a year, there was a concurrent reduction in the average response time to 42 days, the lowest since April 2014. This improvement is as the result of a determined effort by the divisional and central teams to clear a

backlog in advance of the change to the complaints system. Key appointments have now been made and the new system is expected to go live at the beginning of October.

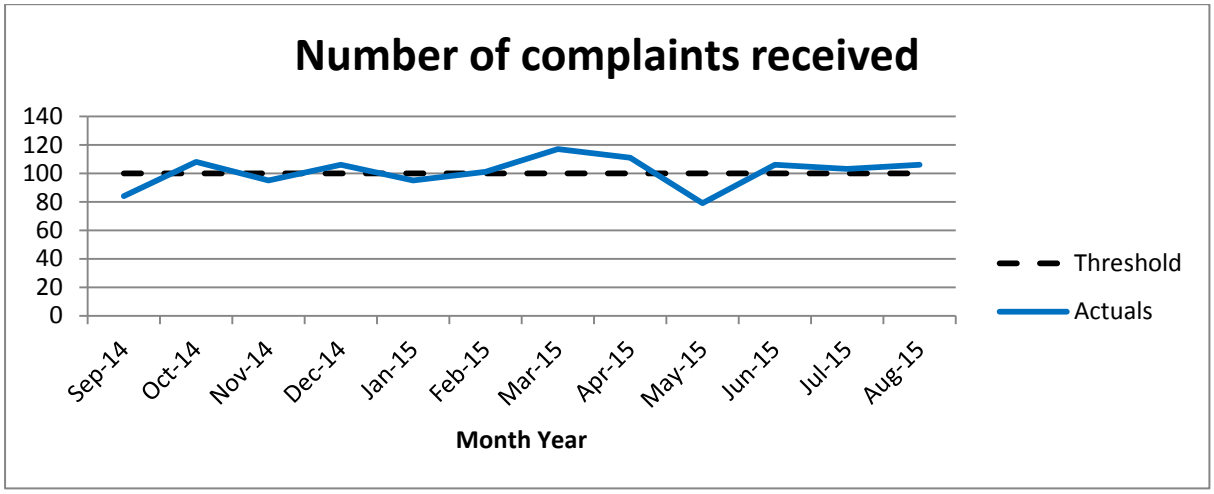

Figure 18 – Number of complaints received for the period Septermber 2014 – August 2015

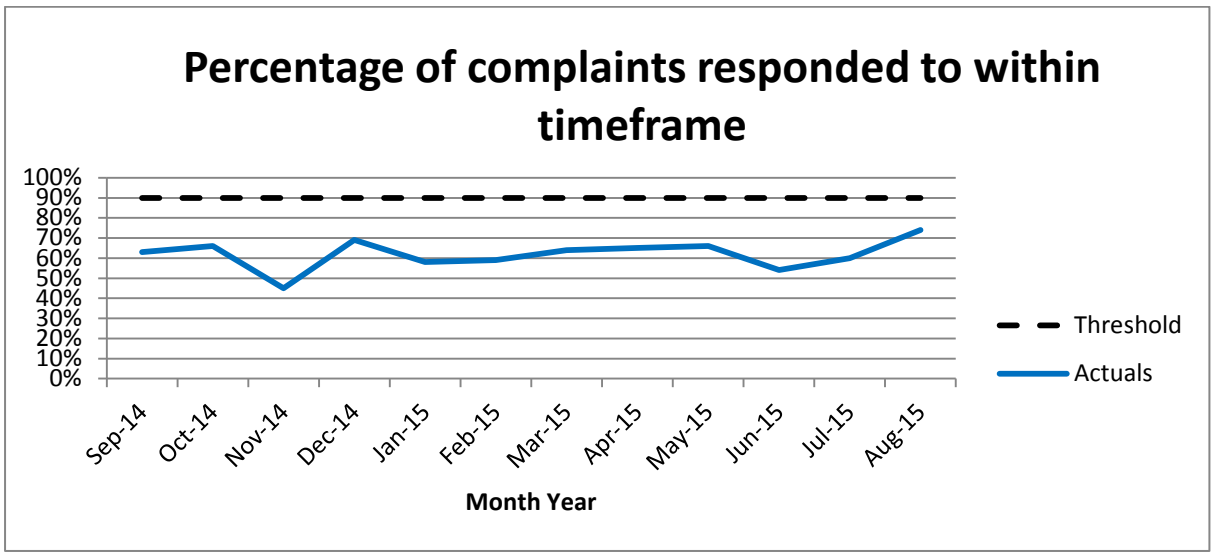

Figure 19 – Number of complaints responded to within the period Septermber 2014 – August 2015

2.4 Well-Led

2.4.1 Well-Led: Vacancy Rate

All roles

At the end of August, we directly employed 9,293 WTE (35 WTE greater than end of July) which when factored in with establishment updates, has reduced our vacancies by 45 WTE down to 12.55 per cent. A further 1,464 WTE was worked through bank and agency staffing giving a total staffing compliment of 10,757 WTE; 85 WTE above the ESR post establishment. During the coming months, additional staffing resource will be required to support the roll-out of Cerner documentation and e-Prescribing as well as delivery of the newly won community tenders; Harrow Cardiology, Ealing Cardiology and Ophthalmology Triborough.

Bespoke and generic recruitment strategies and campaigns continue to support the reduction of vacancies with 486 WTE pipeline candidates waiting to join, giving a non-recruited to vacancy rate of 7.97 per cent. The Trust voluntary turnover rate is 10.88 per cent, one of the lowest when compared to other London Acute Teaching Trusts, which equates to approximately 90 WTE per month.

Bands 2~6 Nursing & Midwifery on Wards

Within the wards, the band 2-6 vacancy rate was 17.17 per cent (421 WTE vacant); marginally higher than the 16.93 per cent seen at the end of July and due to an increased number of leavers in August reducing the numbers of directly employed staff. A further 178 WTE candidates are waiting to fill these ward vacancies, giving a non-recruited vacancy rate of 9.90 per cent per cent. On average, we lose 18 WTE from the band 2-6 ward staffing base each month giving a current turnover rate of 10.60 per cent.

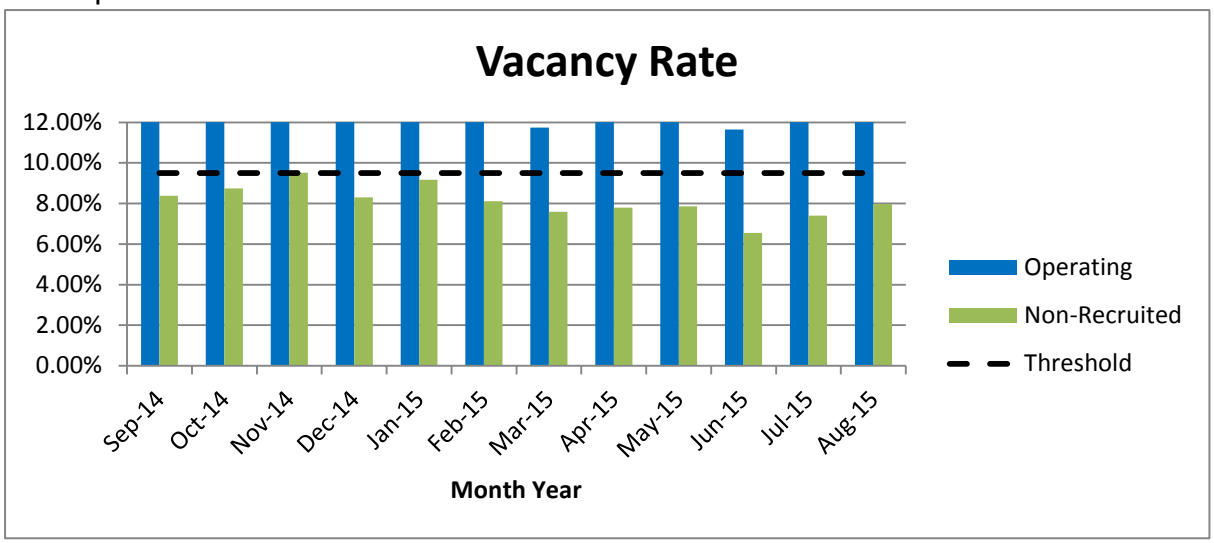

Figure 20 - Vacancy rates for the period Septermber 2014 – August 2015

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence decreased marginally in month from 3.09 per cent to 3.04 per cent but remains lower than the 3.23 per cent recorded in July 2014 (4 per cent less). Overall, this brings the rolling 12-month position to 3.36 per cent which remains within the 15/16 target of 3.40 per cent.

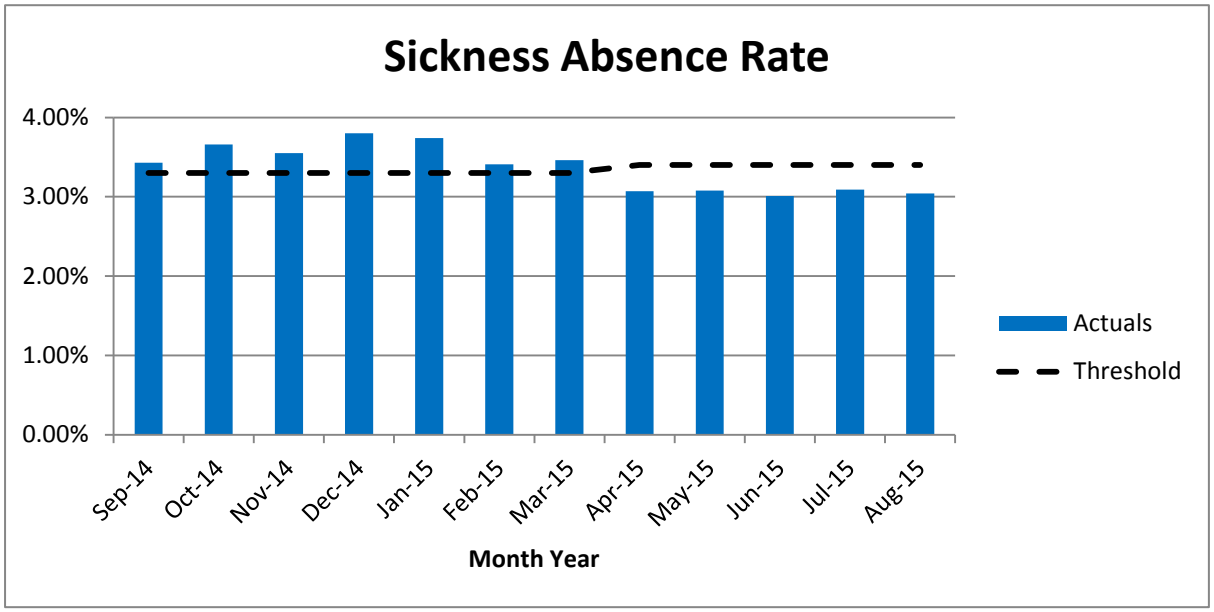

Figure 21 - Sickness absence rates for the period Septermber 2014 – August 2015

2.4.3 Well-Led: Statutory and mandatory training

- **Excluding doctors in training / trust grade**

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 82 per cent currently. A campaign has been launched to increase compliance in Fire Training, with Loop day sessions and targeted communications across the Trust. Compliance has increased from 71 to 75 per cent during July with further campaigns in September. To further support Manual Handling training compliance, an additional trainer will be joining the Trust in October, for three months, to provide additional classroom training.

- **Doctors in training / trust grade**

Reports for doctors in training mirror those of other staff groups and shows an overall compliance rate of 60 per cent. Individualised training profiles produced by WIRED are prompting the steady increase in compliance as the group have clarity around which courses they are required to complete from point of induction. A new cohort of doctors joined us in August and will be monitored for core skills compliance.

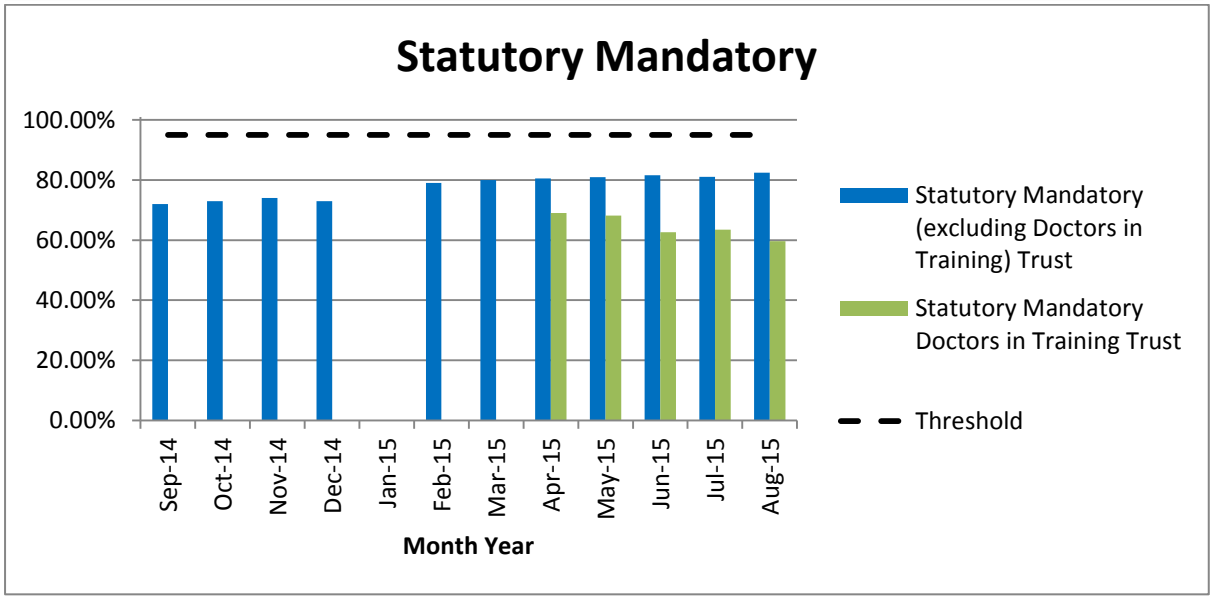

Figure 22 - Statutory and mandatory training for the period Septermber 2014 – August 2015

2.4.4 Well-Led: Non-training grade Doctor Appraisal Rate

The appraisal figures reported now include doctors starting at the Trust with an overdue appraisal. This change in reporting which is compliant with GMC guidelines has led to a reduction in the reported appraisal rates. As new starters complete their appraisals we anticipate a return to previous levels.

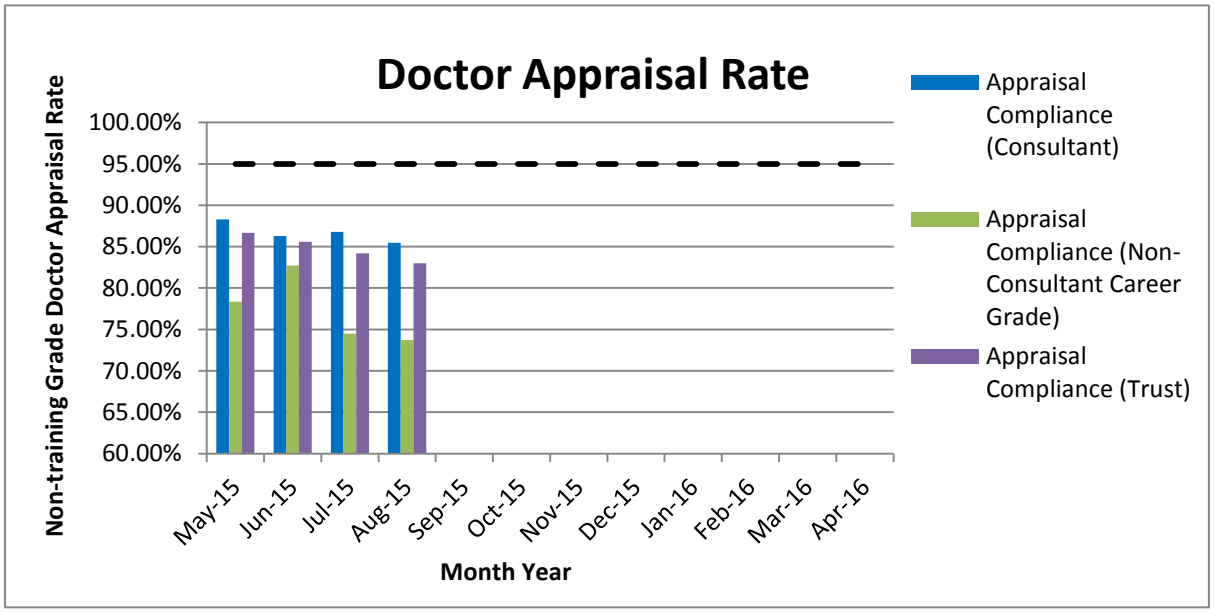

Figure 23 - Grade Doctor Appraisal Rates for the period May 2015 to April 2016

2.4.5 Well-Led: Performance Development Reviews (band 2 – 9 & VSM)

At the end of August, the PDR compliance rate for all of our non-medical staff was 51.32 per cent; against an expected trajectory compliance of 65.61 per cent. All of our non-medical staff are expected to have had a completed PDR by the end of September and Divisional and Corporate leads, with the support of the HR Business Partners, are working to ensure that remaining PDR's are scheduled, completed and

recorded as soon as possible (as of 15th September, compliance stands at 56.71 per cent).

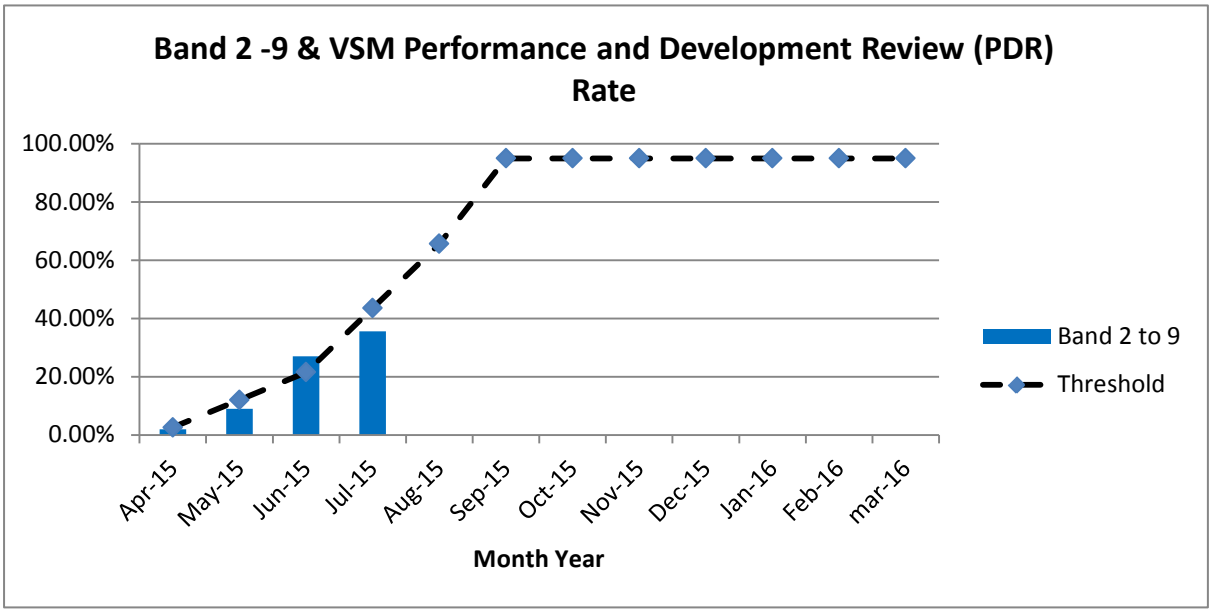

Figure 24 - Band 2 - 9 performance development review rates for the period April 2015 to March 2016

2.4.6 Well-Led: Health and Safety RIDDOR

One reportable RIDDOR accident occurred in August. The incident involved a staff member slipping on a wet floor when walking across a room, resulting in a torn hamstring and more than seven days off work. In the 12 months to 31st August 2015, there have been 30 RIDDOR reportable accidents of which 4 were RIDDOR reportable dangerous occurrences. Since April 2015, there have been 8 RIDDOR reportable accidents, 4 of which were 'slips, trips and falls/ collisions'; consistently, the majority of all RIDDOR accidents are slips, trips and falls. The Health and Safety service is working with the Estates & Facilities service and its contractors to investigate ways of ensuring floors present a significantly lower risk of slipping.

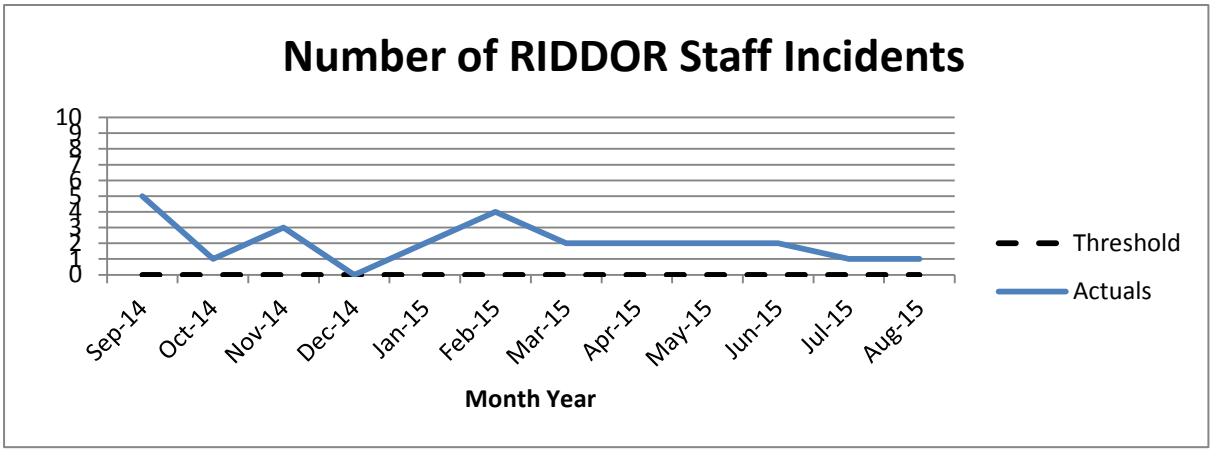

Figure 25 – RIDDOR Staff Incidents for the period Septermber 2014 – August 2015

2.4.7 Well-Led: GMC NTS Actions

The GMC National Training survey was published in June 2015. 24 of our programmes have at least one red flag (negative outliers), with the total number of red flags being 50. We have developed 176 actions in response to the red flags and will monitor performance against these on a monthly basis, reporting the number of actions which have been closed internally through the monthly scorecard.

A total of 85 actions are on track to be closed by the end of October. The remaining 91 are longer term in scope and are anticipated to be completed by the end of January 2016.

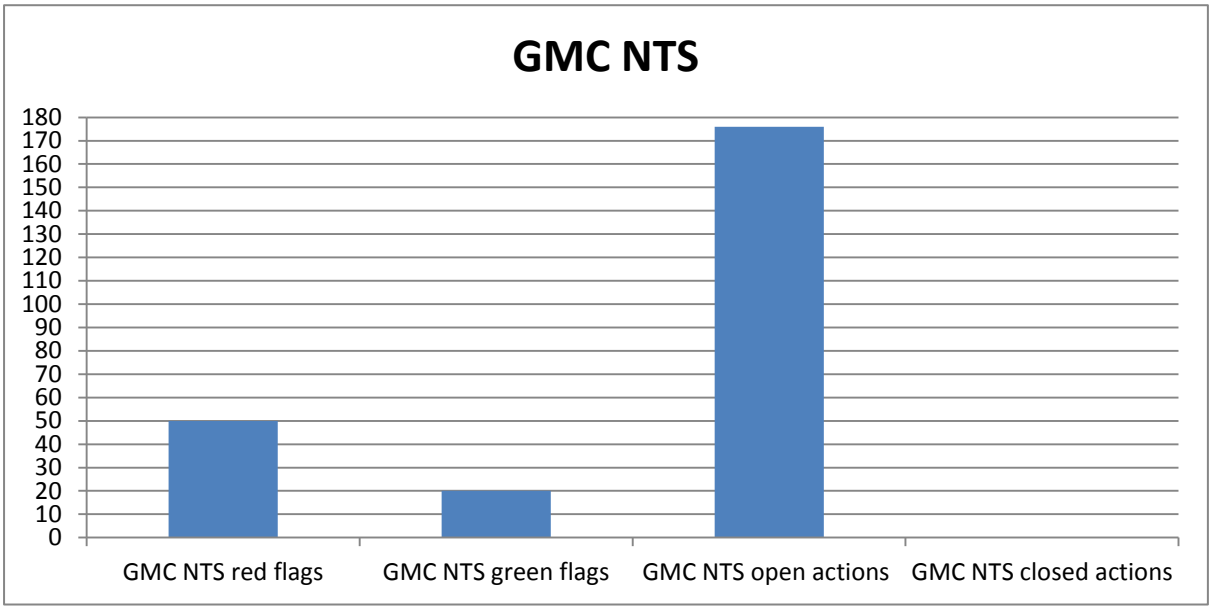

Figure 26 – GMC NTS action tracker, updated at the end of August 2015

2.4.8 Well-Led: Staff Engagement

The current cycle of the Trustwide engagement survey started on Monday 20 July and closed on 10 August. The early indicators are of a steady rise in response rate in all areas. The engagement scores and narrative will be updated for next month's operational report.

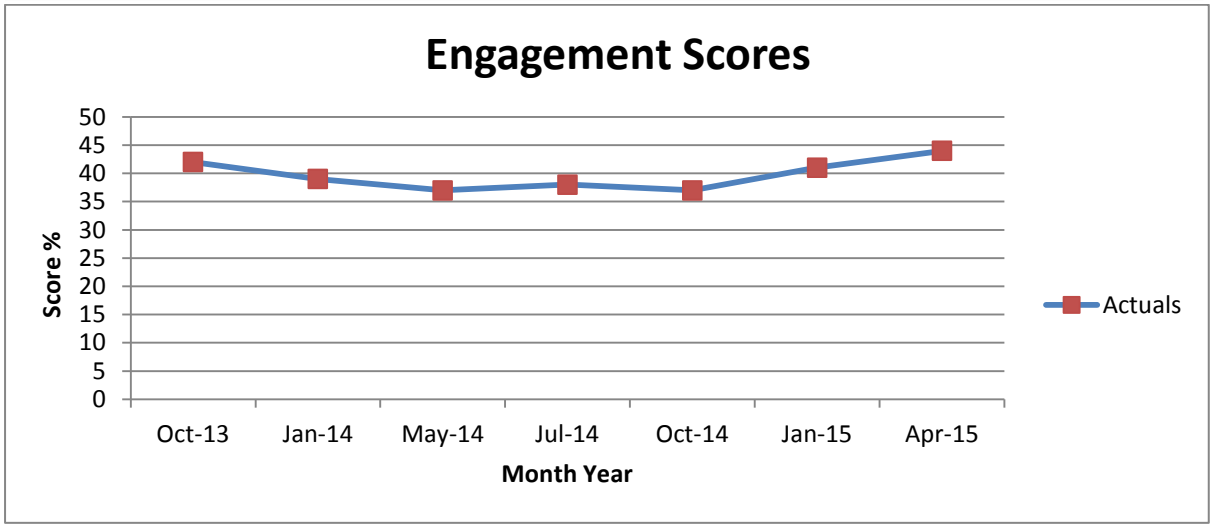

Figure 27 – Engagement scores for the period October 2013 – April 2015

2.5 Responsive

2.5.1 Responsive: Referral to Treatment (RTT)

The NHS Constitution enshrines the right of patients to be treated within 18 weeks of referral to a consultant-led service. Performance is assessed against two primary performance standards;

- Incomplete Pathways (92 per cent); &
- Number of over 52 week waits (zero tolerance).

Referral to treatment performance has considerably improved over recent months. The primary measure of RTT performance is that 92 per cent of patients should be waiting under 18 weeks at the end of each month. With agreement from local commissioners, submission for this standard has been delayed this month to Friday 25th September due to technical issues with availability of our data. It is expected that the Trust will continue to show a reduction in the number of patients waiting over 18 weeks for treatment.

Further work over the coming months in increasing capacity, particularly in surgical specialities, will result in patient waiting times reducing further and a reduced number of patients waiting over 18 weeks.

The Trust had 4 patients in July who were waiting over 52 weeks for treatment. One, it was found, subsequent to reporting, had already had their treatment previously. Two have now had their treatment and the final patient had chosen to wait due to work commitments.

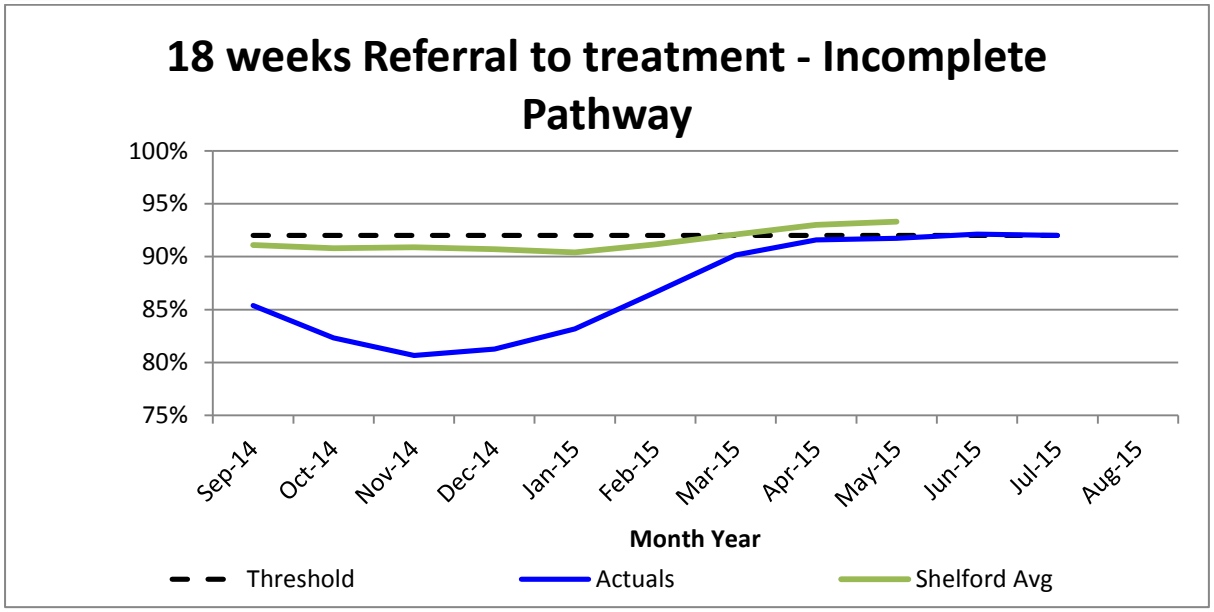

Figure 28 - RTT Incomplete Pathways for the period August 2014 – July 2015

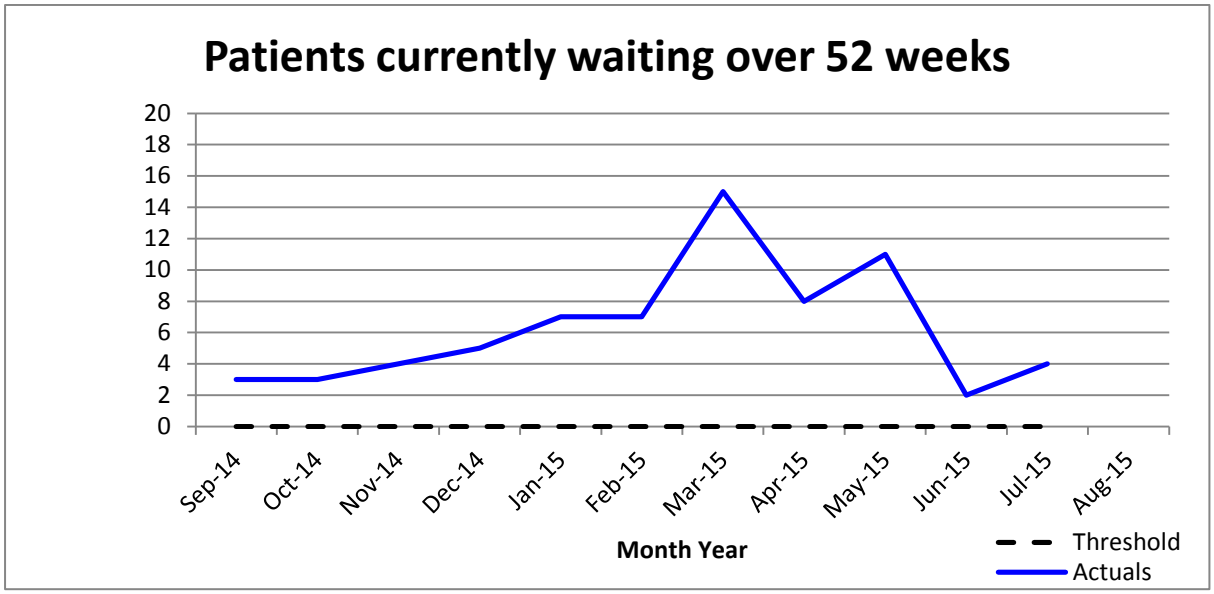

Figure 29 - Number of patients waiting over 52 weeks for the period August 2014 – July 2015

2.5.2 Responsive: Diagnostics

The Trust has had significant challenges with diagnostic capacity in recent months. This was particularly affecting our imaging services and is as a result of insufficient staff and high staff turnover, break down of old diagnostic equipment, and additional equipment needed to increase capacity. The Trust has not met the 6-week diagnostic standard since May 2014 and does not expect to achieve until the third quarter of 2015/16.

There is a recovery plan in place for improving imaging capacity and reducing the time that patients wait for their diagnostic test. This includes recruitment of additional staff to accommodate longer machine opening hours and access to additional

scanning machines. Recruitment of staff is going well and new staff have begun to staff over the summer period. This has supported a reduced waiting time for patients needing an imaging diagnostic test and reduced breaches of the six week diagnostic standard. It is noteworthy that the Trust is currently significantly ahead of the recovery trajectory.

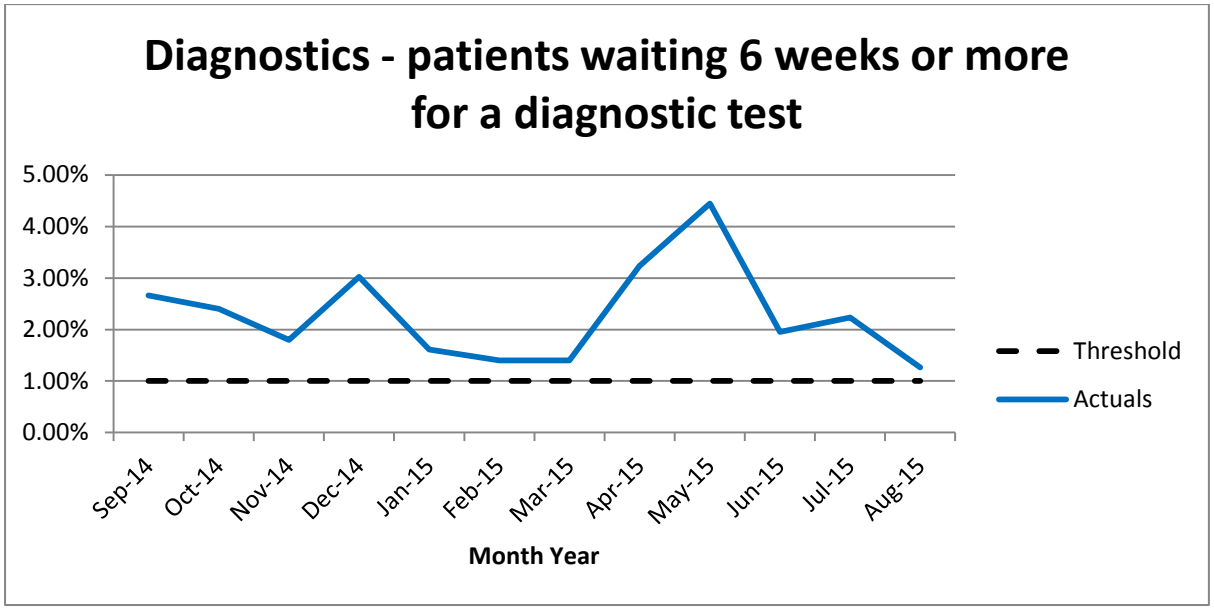

Figure 30 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period September 2014 – August 2015

2.5.3 Responsive: Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency remained slightly below threshold at 94.86 per cent in August.

A number of initiatives to improve flow within the organisation are on-going. For patients who are discharged, there has been an increased focus on discharging before noon, to allow increased capacity for any new emergency admissions and free up capacity within the Emergency Department.

The A&E performance (all types) is presented at Trust level and split by site (CXH, HH, SMH, WEH). The CQC would assess our performance across four sites.

The Trust is the in process of finalising the plan for delivery of services over the winter period. It is expected that demand in many services will rise during the winter period and capacity is increased in order to accommodate this. The final versison of the winter plan will be signed off by the executive team at the end of September.

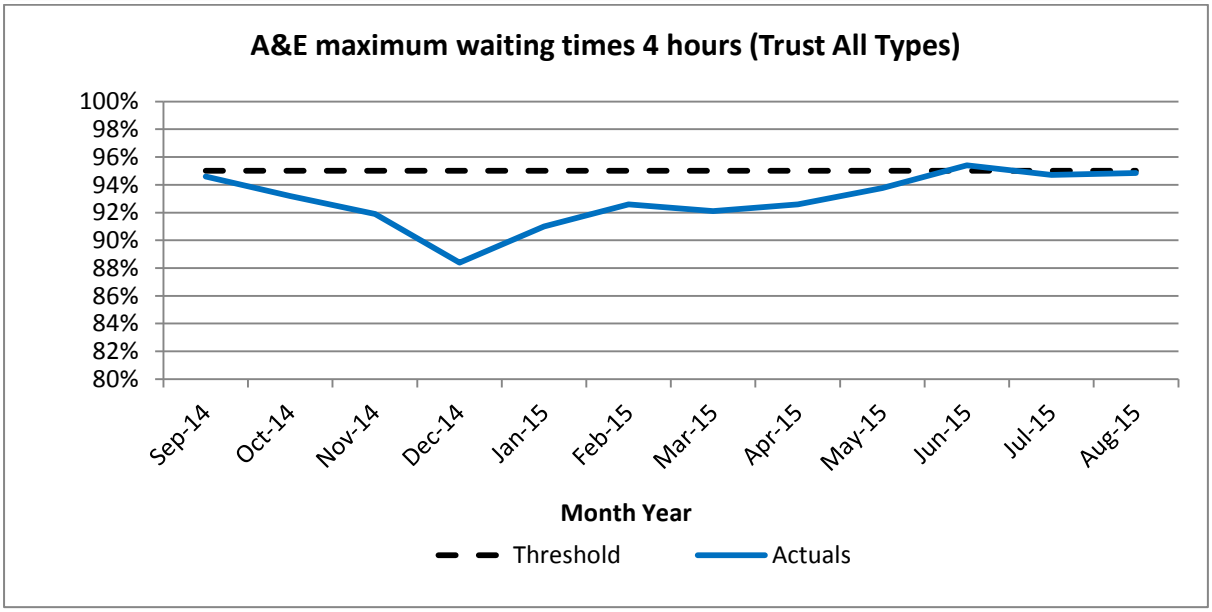

Figure 31 – A&E Maximum waiting times 4 hours (Trust All Types) for the period September 2014 – August 2015

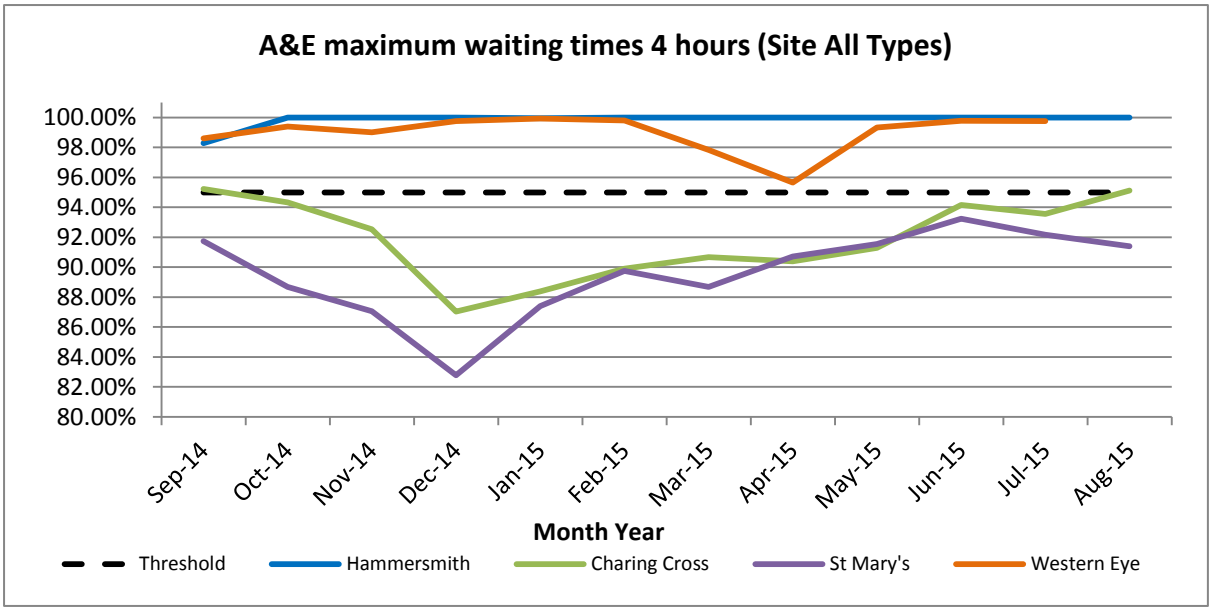

Figure 32 – A&E Maximum waiting times (Site All Types) 4 hours for the period September 2014 – August 2015

2.5.4 Responsive: Cancer

In September, performance is reported for the cancer waiting times standards in July. In July, the Trust achieved seven of the eight national standards. The Trust failed to meet the 62-day GP referral to first treatment standard.

In July, there were 16 breaches reported against the 62-day standard, relating to 22 individual patients (pathways started at other trusts only contribute half of a breach to the ICHT total). Of the 22 patients, only two breached the target as a result of delays caused by the Trust. Both related to the urology rapid access diagnostic pathway. An action plan has been agreed with the Urology team which includes:

- Demand and capacity analysis of the rapid access clinics;
- A review of how imaging services support the rapid access model;
- Extended support with patient contact through the Macmillan Navigator service; &
- The implementation of new diagnostic equipment for suspected prostate cancers delivered through a research agreement.

The remaining breaches related to patient comorbidities preventing treatment, patient choice delays during the diagnostic phase of the pathway and referrals from other trusts arriving too late to be able to schedule treatments within target. There were 10 breaches caused by the late transfer of patients. The Trust negotiated a breach reallocation policy with the CCGs which has been included in the 2015/16 contract. This requires that referring trusts deliver patients to ICHT by day 42 of a 62 day pathway with full diagnostic workup. If they fail to do this, and the patient subsequently breaches, the breach will be reallocated in full to the referring trust. This is not reflected in the nationally reported position, but is reflected in local reporting. The application of the policy to the July activity improves the performance from 79.7 per cent to 85.3 per cent against the 85 per cent standard.

NHSE have offered to support the management of NWL trusts who regularly refer patients to ICHT too late into the pathway to treat within target, or without appropriate work up. This issue is also under continued management through the CWHHE cancer performance committee meetings and a joint action plan has been agreed between all NWL cancer treatment providers.

The Trust has recovered performance against the standard in August and expects to report as passing the month. The Trust also recovered performance against the 62-day screening standard in July after failing to meet the target in June and Quarter 1.

Indicator	Standard	July-15	Q1 15/16
Two week GP referral to 1st outpatient, cancer (%)	93.0%	94.6%	93.3%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.7%	93.9%
31 day wait from diagnosis to first treatment (%)	96.0%	96.6%	97.2%
31 day second or subsequent treatment (surgery) (%)	94.0%	100%	96.8%
31 day second or subsequent treatment (drug) (%)	98.0%	100%	99.4%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	100%	97.5%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	79.7%	85.0%
62 day urgent GP referral to treatment from screening (%)	90.0%	94.4%	88.0%

Table 1 - Performance against national cancer standards for the period 1st June to 30th June 2015

2.5.5 Responsive: Outpatient DNA rates

A DNA (Did Not Attend) occurs where a patient fails to attend an arranged appointment without cancelling it beforehand. DNAs cost the NHS an average of £108 per appointment. When a patient DNAs appointment, they may be discharged back to their GP.

DNA rates have reduced since September following increased rates of use of text messaging reminders to patients prior to their outpatient appointment.

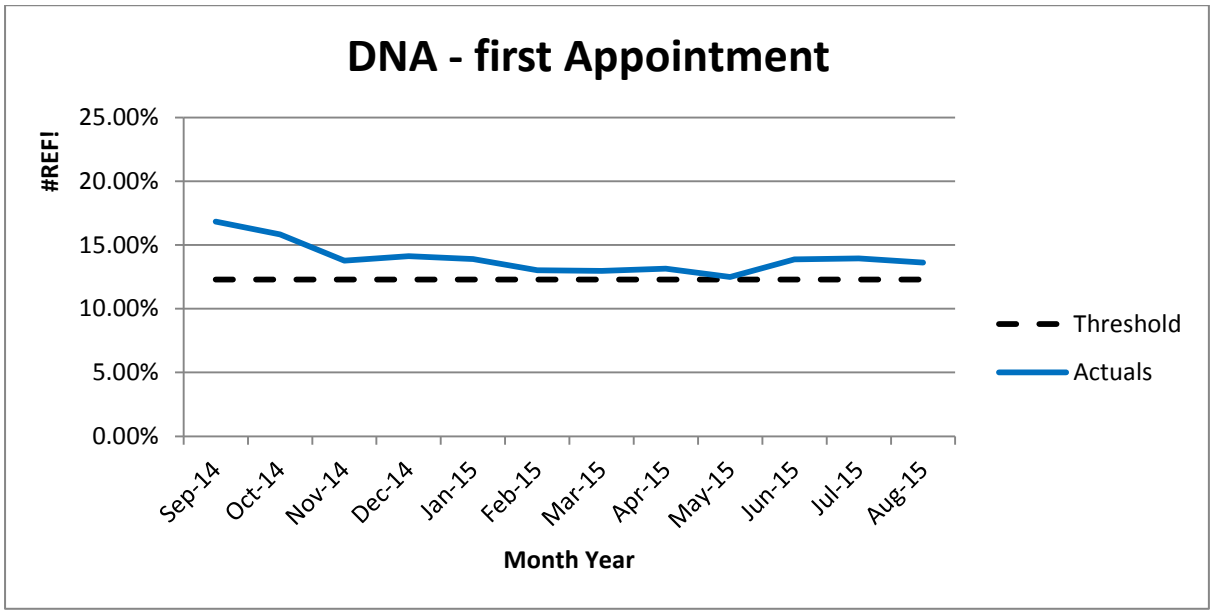

Figure 33 – First outpatient DNA rate for the period September 2014 – August 2015

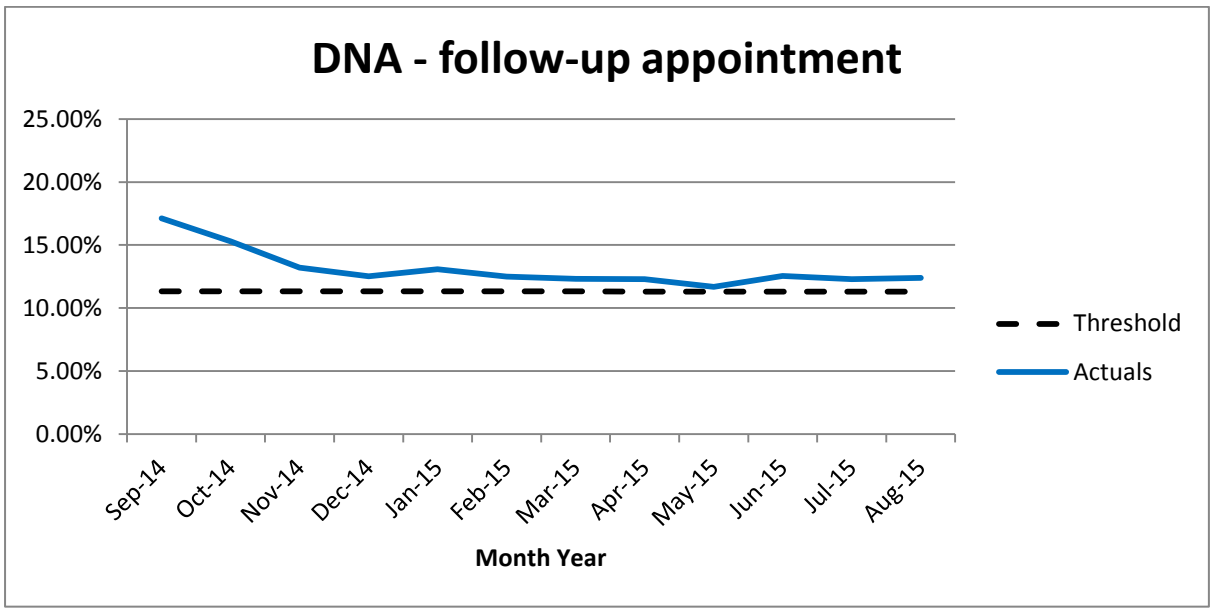

Figure 34 – Follow up outpatient DNA rate for the period September 2014 – August 2015

2.5.6 Responsive: Hospital Appointment Cancellations (hospital instigated)

Appointments are sometimes cancelled by a service within the hospital. This should only occur in very limited circumstances – such as in an emergency or when a member of staff is ill. Hospital instigated cancellations impact on the hospital's efficiency and potentially delays treatment for our patients.

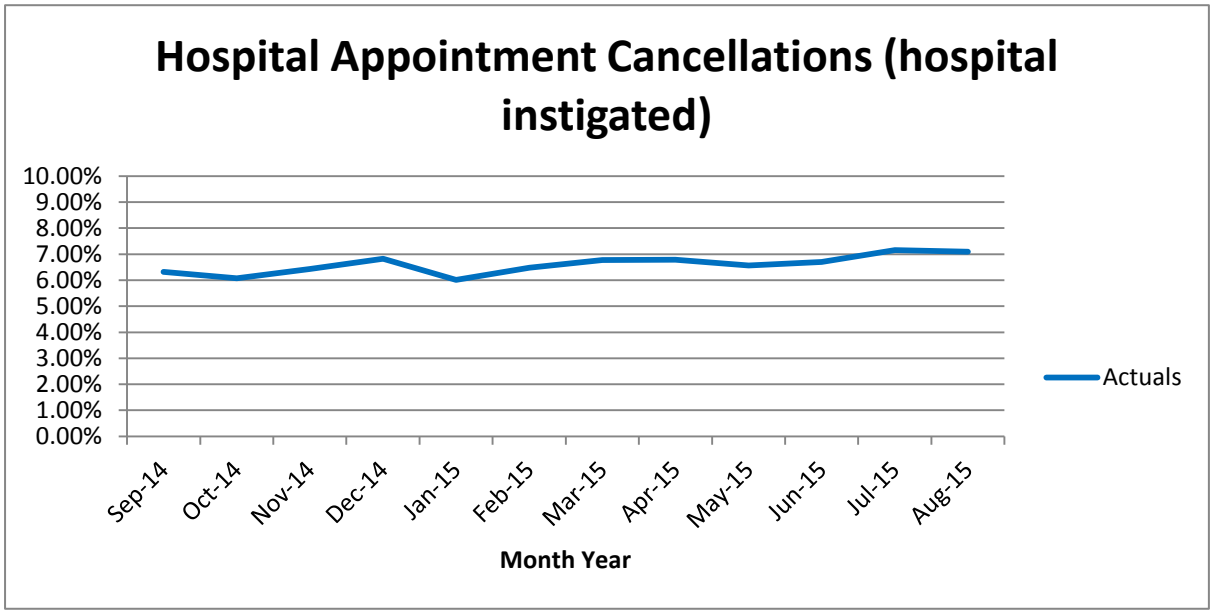

Figure 35 – Outpatient Hospital instigated cancellation rate for the period September 2014 – August 2015

3. Finance

Please refer to the Monthly Finance Report for the Finance narrative.