Imperial College Healthcare NHS Trust

Report to:	Date
Trust board - public	**26 July 2017**

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of June 2017 (month 3).

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) Catherine Urch (Divisional Director) Tim Orchard (Divisional Director) Tg Teoh (Divisional Director)

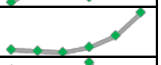
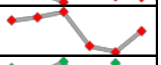
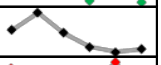
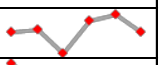
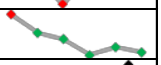
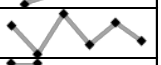
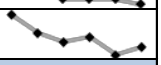
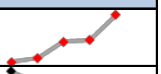
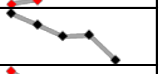
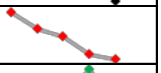
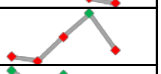
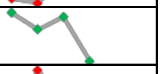
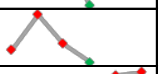
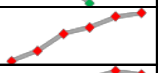
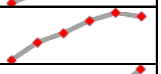
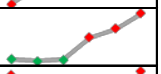
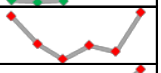
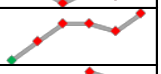
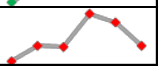
Contents

1. Scorecard

ICHT Integrated Performance Scorecard - 2017/18

Month 3 Report

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Jun-17	-	**22**	
Incidents causing severe harm (number)	Julian Redhead	Jun-17	-	**2**	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Jun-17	-	**0.08%**	
Incidents causing extreme harm (number)	Julian Redhead	Jun-17	-	**2**	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Jun-17	-	**0.08%**	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Jun-17	44.0	**45.7**	
Never events (number)	Julian Redhead	Jun-17	0	**0**	
MRSA (number)	Julian Redhead	Jun-17	0	**0**	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Jun-17	62	**15**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Jun-17	95.0%	**85.90%**	
CAS alerts outstanding (number)	Janice Sigsworth	Jun-17	0	**0**	
Avoidable pressure ulcers (number)	Janice Sigsworth	Jun-17	-	**3**	
Staffing fill rates (%)	Janice Sigsworth	Jun-17	tbc	**97.3%**	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Jun-17	2.8%	**2.8%**	
Core Skills Rate - excluding Doctors in Training (%)	David Wells	Jun-17	90.0%	**84.2%**	
Core Skills Rate - Doctors in Training only (%)	David Wells	Jun-17	90.0%	**72.1%**	
Core Clinical Skills (excluding Doctors in Training) (%)	David Wells	Jun-17	tbc	**52.9%**	
Core Clinical Skills (including Doctors in Training) (%)	David Wells	Jun-17	tbc	**78.4%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Jun-17	0	**2**	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Feb-17	100	**70.0**	
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	Dec-16	-	**7.40%**	
Unplanned readmission rates (28 days) for under 15s (%)	Tg Teoh	Dec-16	-	**4.12%**	
Outpatient appointments not checked-in or DNAd (app within last 90 days) (number)	Tg Teoh	Jun-17	-	**1513**	
Outpatient appointments checked-in AND not checked-out (number)	Tg Teoh	Jun-17	-	**2402**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Caring					
Friends and Family Test: **Inpatient** service - % patients recommended	Janice Sigsworth	Jun-17	95.0%	**98.0%**	
Friends and Family Test: **A&E** service - % recommended	Janice Sigsworth	Jun-17	85.0%	**99.2%**	
Friends and Family Test: **Maternity** service - % recommended	Janice Sigsworth	Jun-17	95.0%	**92.7%**	
Friends and Family Test: **Outpatient** service - % recommended	Janice Sigsworth	Jun-17	94.0%	**90.1%**	
Complaints: Total number received from our patients	Janice Sigsworth	Jun-17	100	**65**	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Jun-17	-	**76.3%**	
Mixed-Sex Accommodation (EMSA) breaches	Janice Sigsworth	Jun-17	0	**12**	
Well Led					
Vacancy rate (%)	David Wells	Jun-17	10.0%	**12.0%**	
Voluntary turnover rate (%) 12-month rolling	David Wells	Jun-17	10.0%	**10.4%**	
Sickness absence (%)	David Wells	Jun-17	3.1%	**2.4%**	
Personal development reviews (%)	David Wells	Jun-17	95.0%	**43.3%**	
Consultant Appraisal Rate (%)	Julian Redhead	Jun-17	95.0%	**89.7%**	
Education open actions (number)	Julian Redhead	Jun-17	-	**3**	
Reactive maintenance performance (% tasks completed within agreed response time)	Janice Sigsworth	Jun-17	98%	**38.7%**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Catherine Urch	May-17	92.0%	**85.0%**	
RTT: Patients waiting over 18 weeks for treatment (number)	Catherine Urch	May-17	-	**9552**	
RTT: Patients waiting 52 weeks or more for treatment (number)	Catherine Urch	May-17	0	**196**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Catherine Urch	May-17	85.0%	**77.7%**	
Cancelled operations (as % of total elective activity)	Catherine Urch	Mar-17	0.8%	**0.7%**	
28 day rebooking breaches (% of cancellations)	Catherine Urch	Mar-17	5.0%	**10.4%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Jun-17	95.0%	**78.8%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Jun-17	95.0%	**90.1%**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Jun-17	1.0%	**7.7%**	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Jun-17	11.0%	**12.4%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Jun-17	7.5%	**8.8%**	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Jun-17	95.0%	**78.9%**	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Twenty two serious incidents were reported in June 2017. These are currently under investigation. In the period of July 2016 to June 2017 a total of 191 SIs were reported compared to 146 in 2015/16. The increase reflects the Trust's commitment to improving the culture of safety through encouraging transparent identification of issues to enhance the opportunities for learning in a supportive just environment. The increases are understood and when our harm profile is considered there is no cause for concern. Safety improvement programmes are in place to support reducing recurrence for the categories that have been reported most.

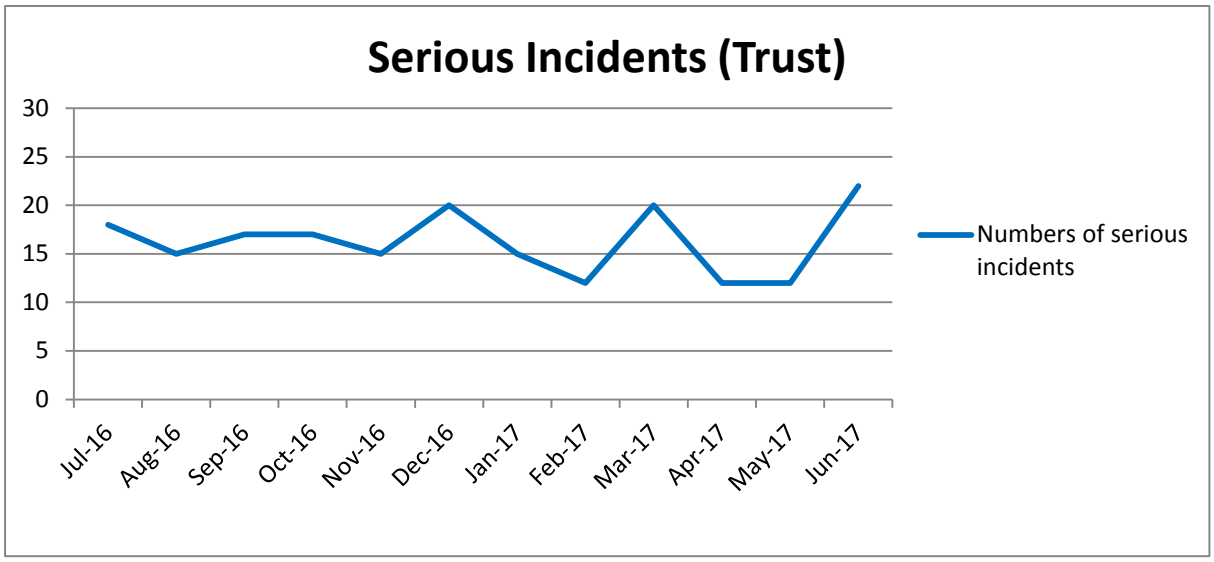


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period July 2016 – June 2017

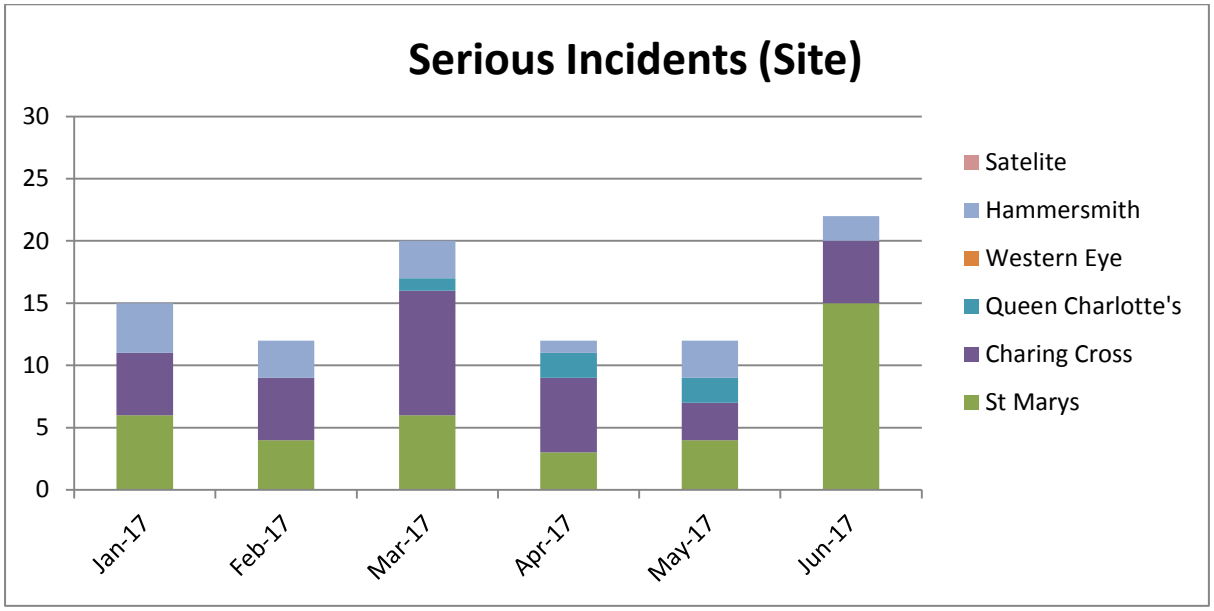


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period January 2016 – June 2017

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported two major/severe harm incidents and two extreme harm/death incidents in June 2017. This is below average when compared to data published by the National Reporting and Learning System (NRLS) in April 2017.

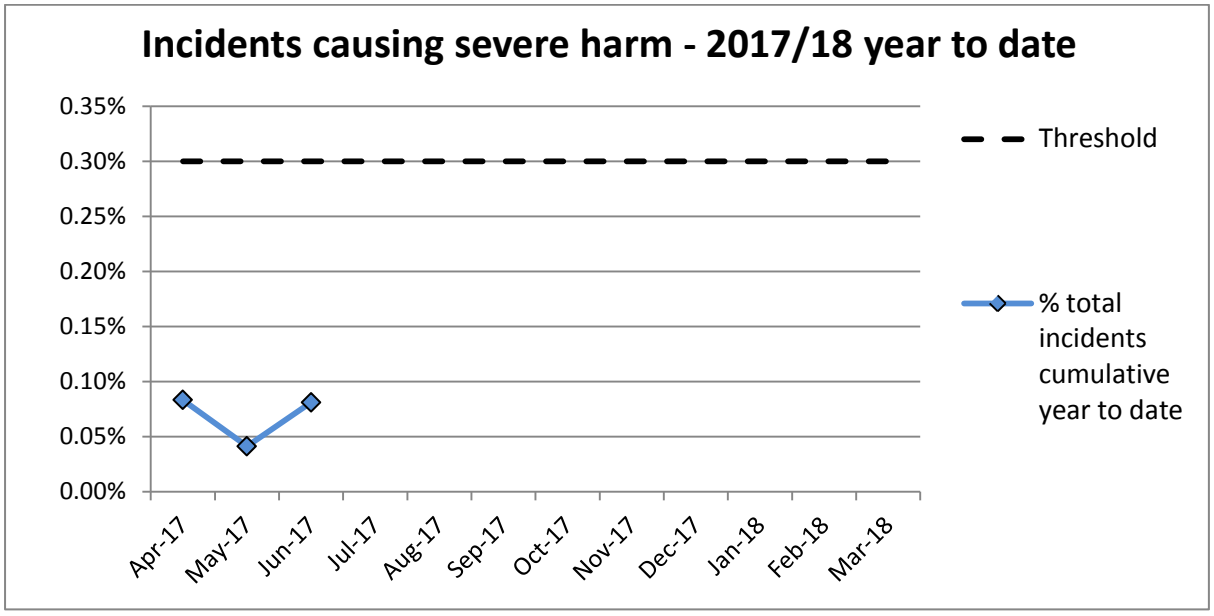


Figure 3 – Incidents causing severe harm by month from the period April 2017 – March 2018 (% of total patient safety incidents YTD)

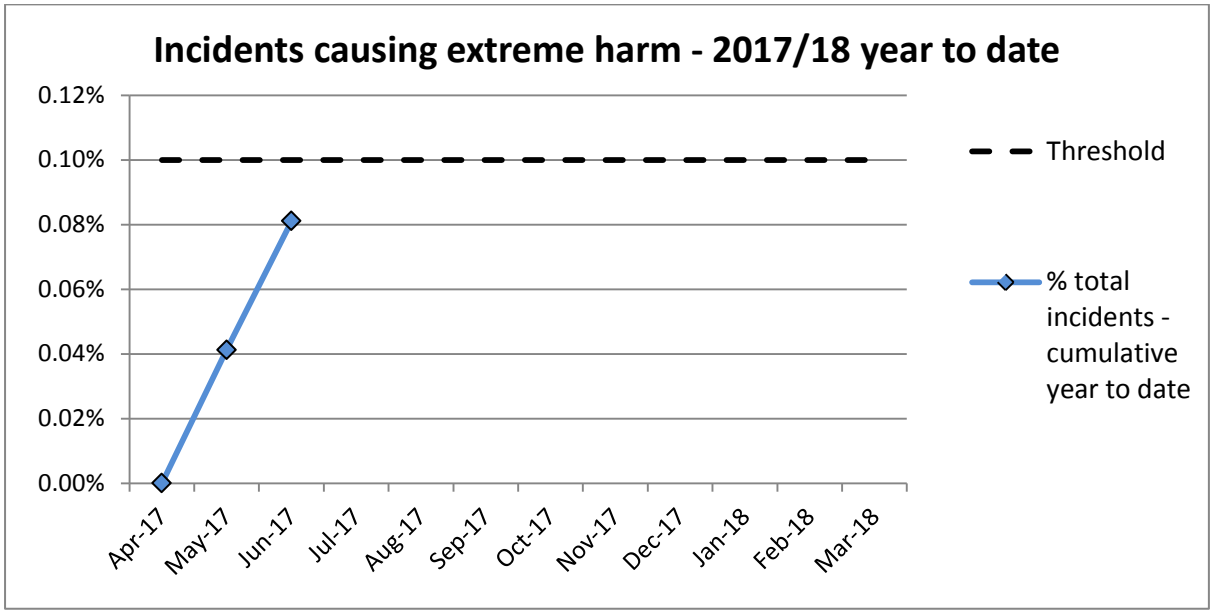


Figure 4 – Incidents causing extreme harm by month from the period April 2017 – March 2018 (% of total patient safety incidents YTD)

Patient safety incident reporting rate

The Trust's patient safety incident reporting rate for June 2017 is 45.69. This places the organisation just above the highest 25 per cent of reporters nationally.

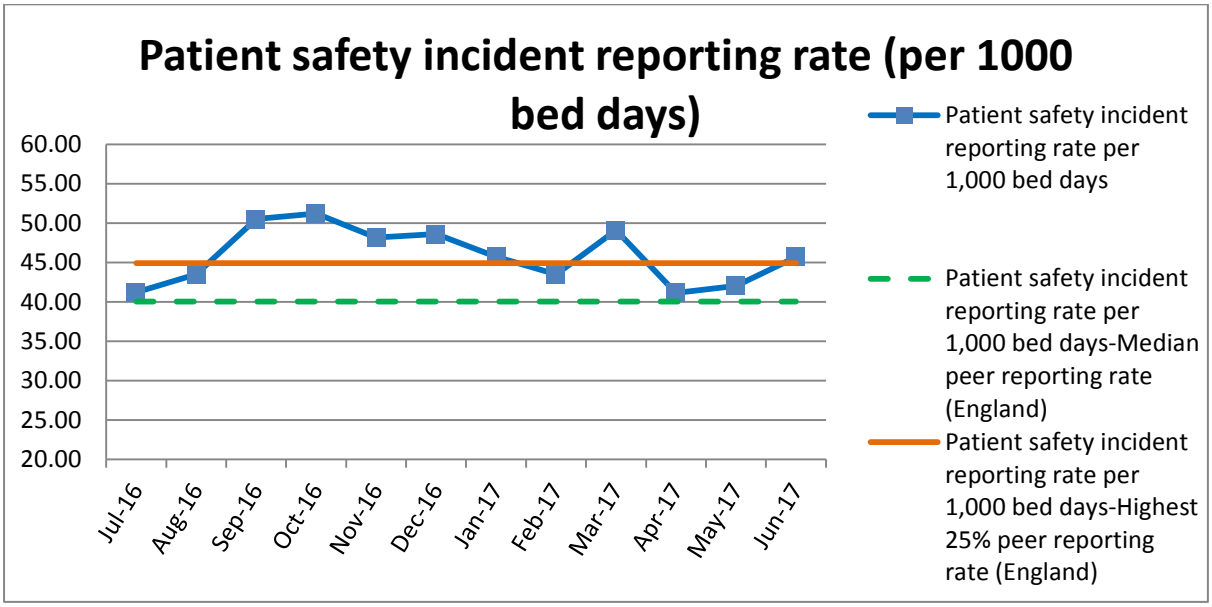


Figure 5 – Trust incident reporting rate by month for the period July 2016 – June 2017

(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 June 2017. The last never event reported by the Trust was in November 2016

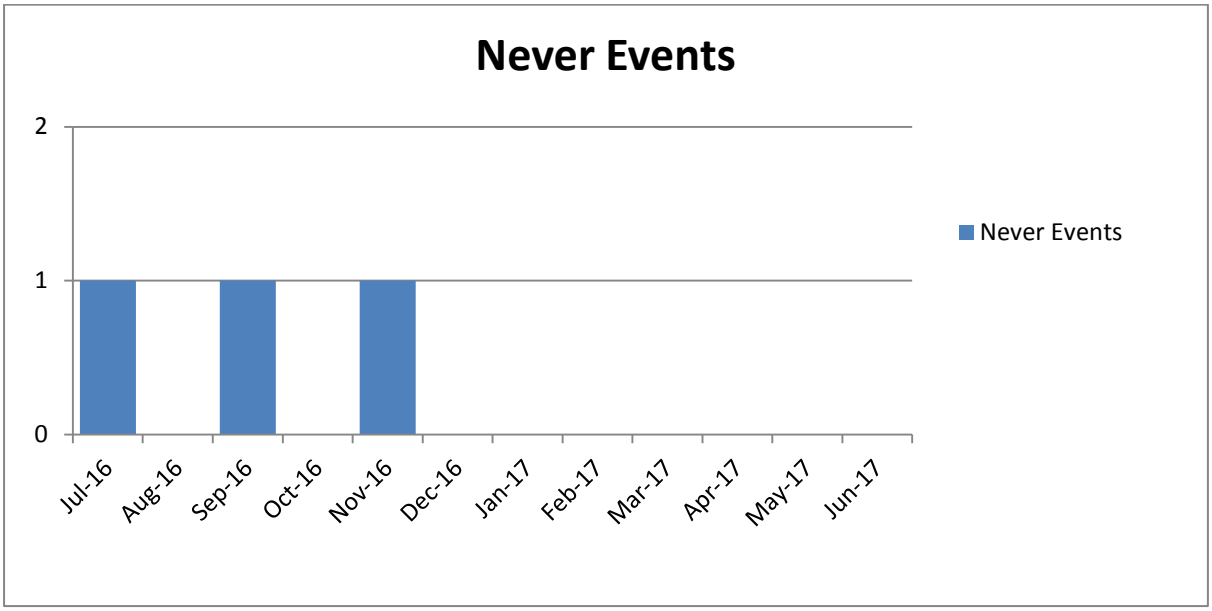


Figure 6 – Trust Never Events by month for the period July 2016 – June 2017

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

There were no cases of MRSA BSI identified at the Trust in June 2017, however one case originally assigned as non-Trust in April 2017 has been reassigned to the Trust. This patient had an infected vascular graft and had a previous prolonged admission at the Trust. The investigation identified some learning around MRSA screening and suppression therapy but this did not contribute to the patient developing a BSI.

2.1.4 Safe: *Clostridium difficile*

Seven cases of *Clostridium difficile* were allocated to the Trust for June 2017. None of these have been identified as a lapse in care. Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care occurred.

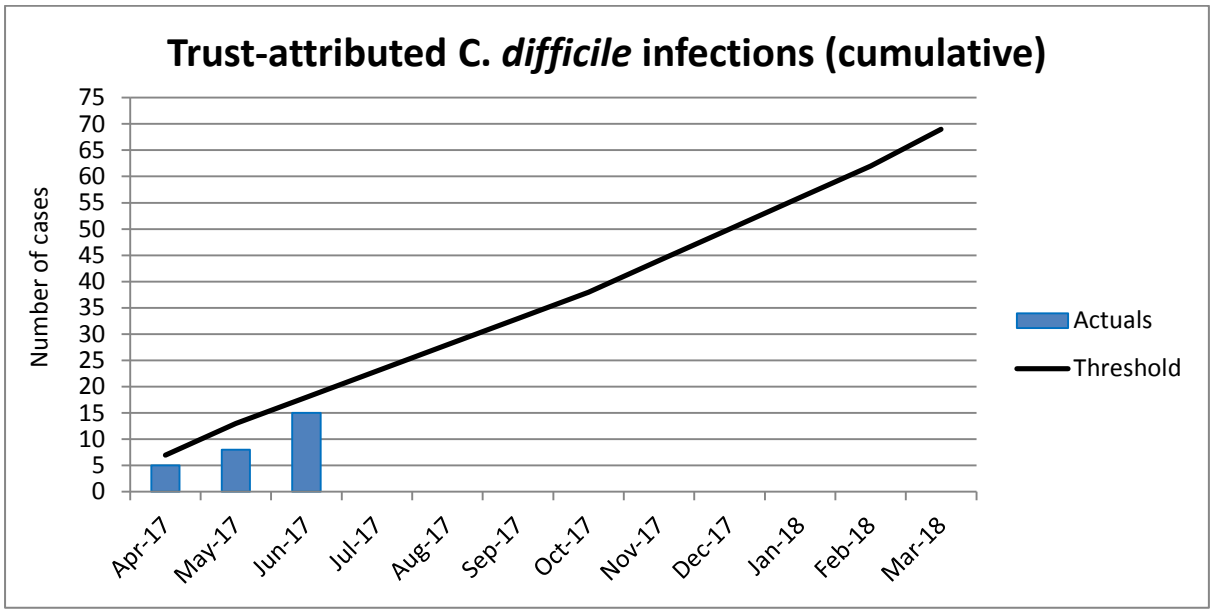


Figure 7 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2017 – March 2018

2.1.5 Safe: Venous thromboembolism (VTE) risk assessment

The Trust has moved to assessment for VTE at drug prescription on admission rather than at discharge. This went live in Cerner at the end March 2017. There were issues with the reporting script which meant we were unable to accurately reflect admission assessment for April and May; the data included for these two months therefore shows data on discharge. The reporting script has now been amended; assessment data for June 2017 is 85.9%. Weekly reports showing actual performance on admission are being provided to the divisions; the latest reports for July show improvements, with performance around 90%. The divisions are developing trajectories for areas which are not meeting the target.

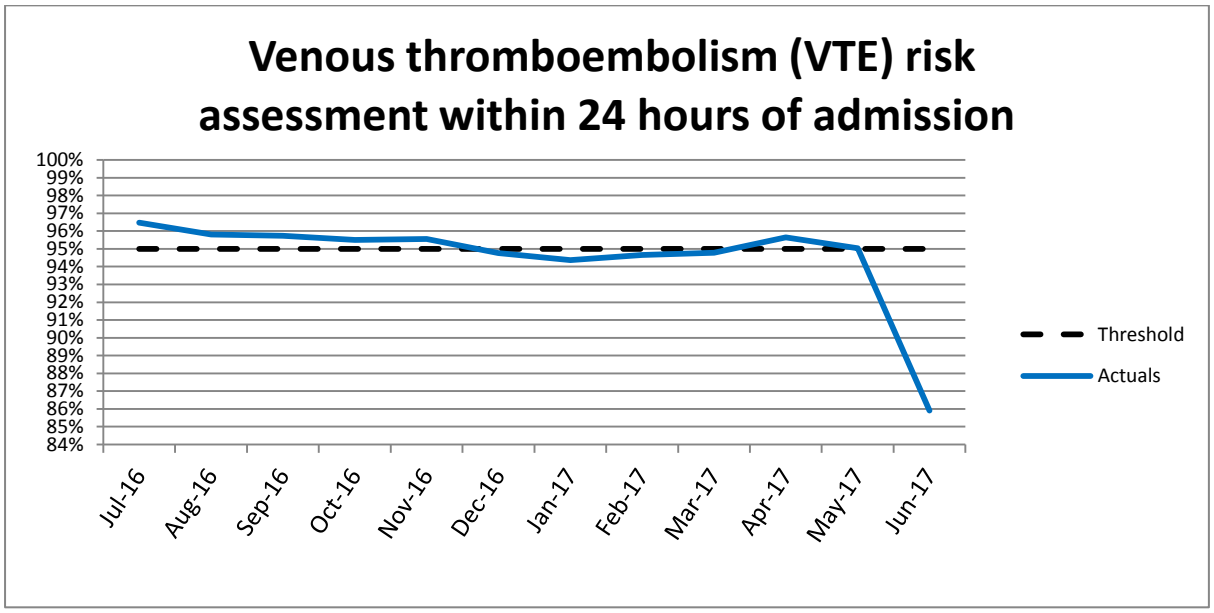


Figure 8 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period July 2016 – June 2017

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 June 2017 there were no overdue CAS alerts.

2.1.7 Safe: Avoidable pressure ulcers

There were three confirmed avoidable pressure ulcers (unstageable) reported in June 2017. The new pressure ulcer policy went live in April 2017 and this has been supported by a Trust wide study day for Tissue Viability Champions in June detailing the changes within the new policy.

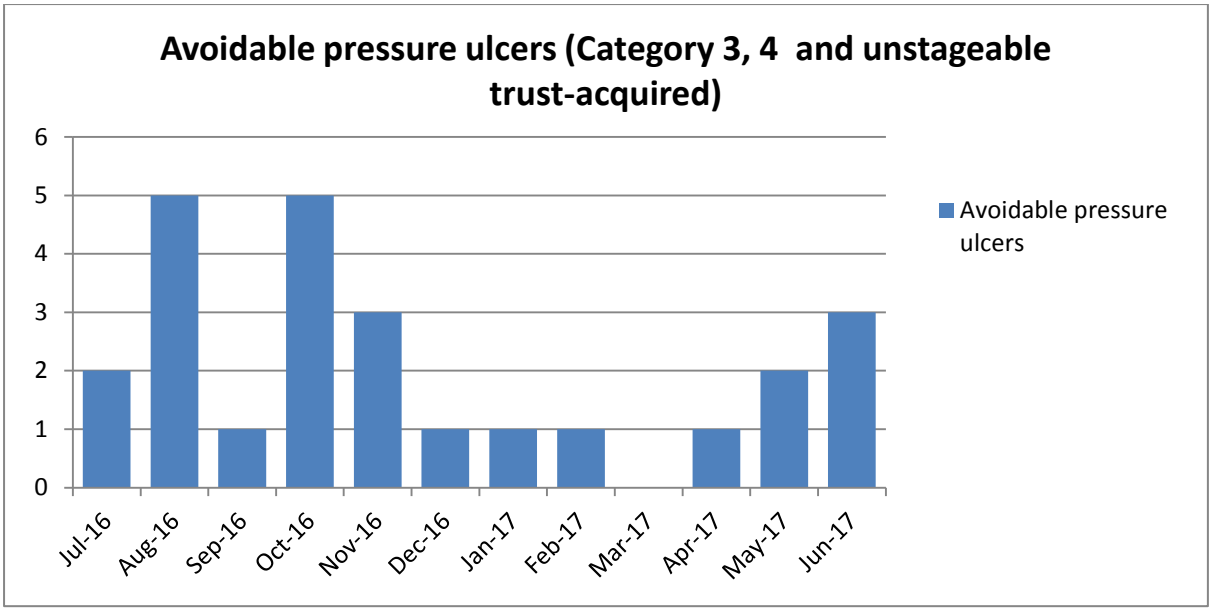


Figure 9 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period July 2016 – June 2017

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

In May 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	**96.83%**	**92.72%**	**98.33%**	**98.50%**
Hammersmith	**97.71%**	**90.17%**	**99.21%**	**98.92%**
Queen Charlotte's	**98.07%**	**93.85%**	**97.94%**	**98.01%**
St. Mary's	**97.79%**	**93.78%**	**98.68%**	**98.53%**

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 has been developed .

The Nursing Associate pilot commenced in April and 21 new trainees were employed across our partner organisations, 13 of which are 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 May 2017 were safe and appropriate for the clinical case mix.

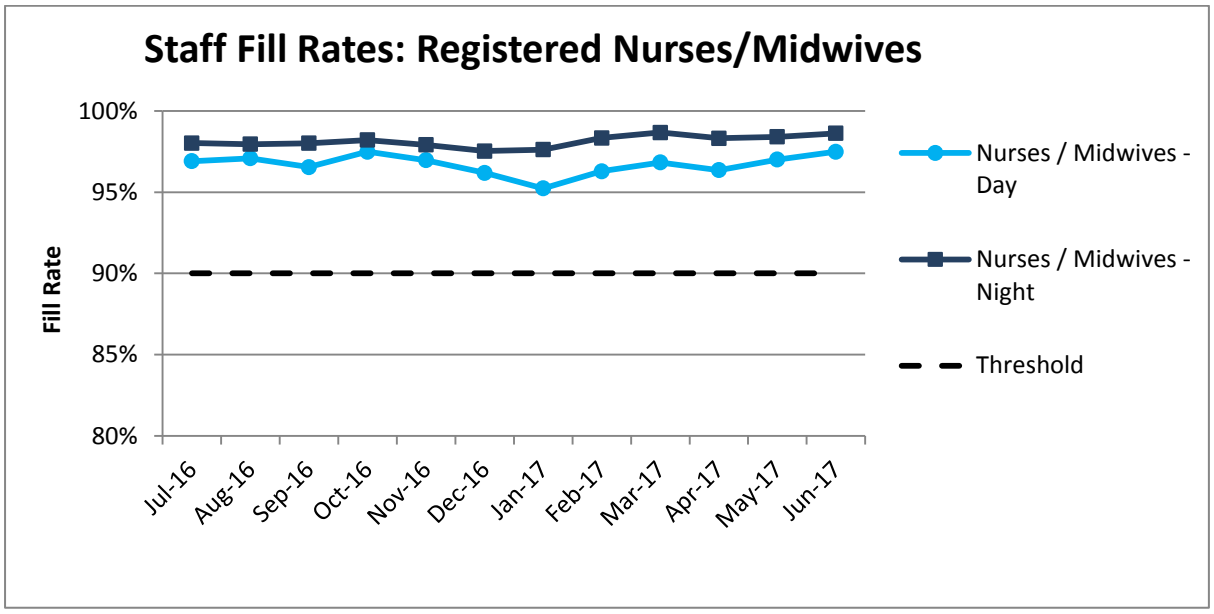


Figure 10 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period July 2016 – June 2017

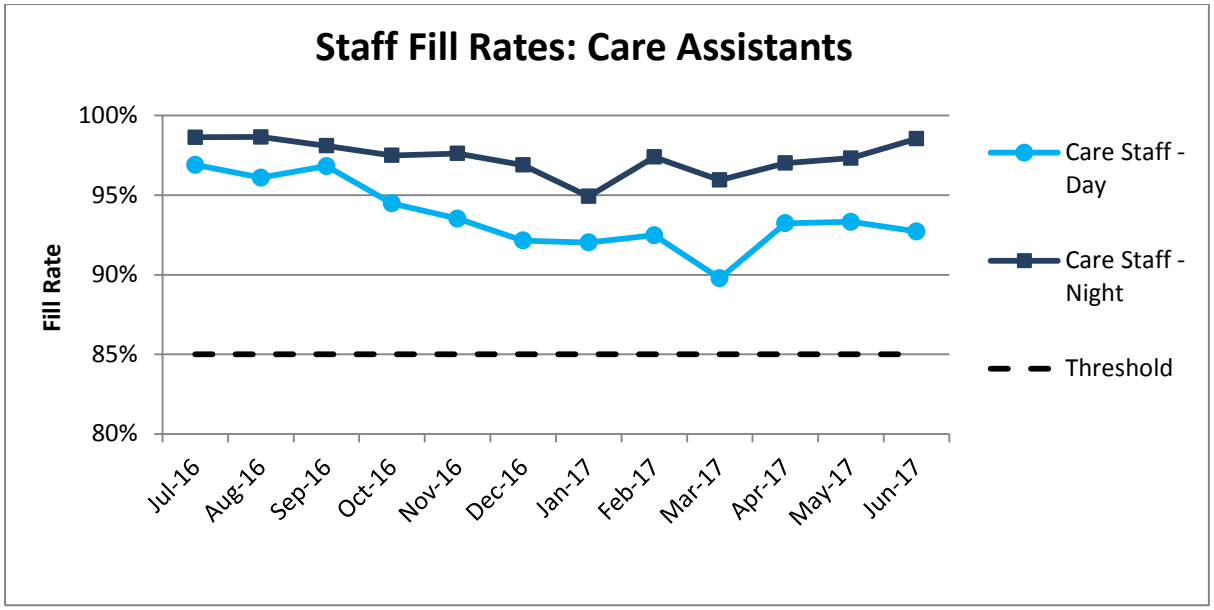


Figure 11 - Monthly staff fill rates (Care Assistants) by month for the period July 2016 – June 2017

2.1.9 Safe: Postpartum haemorrhage

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

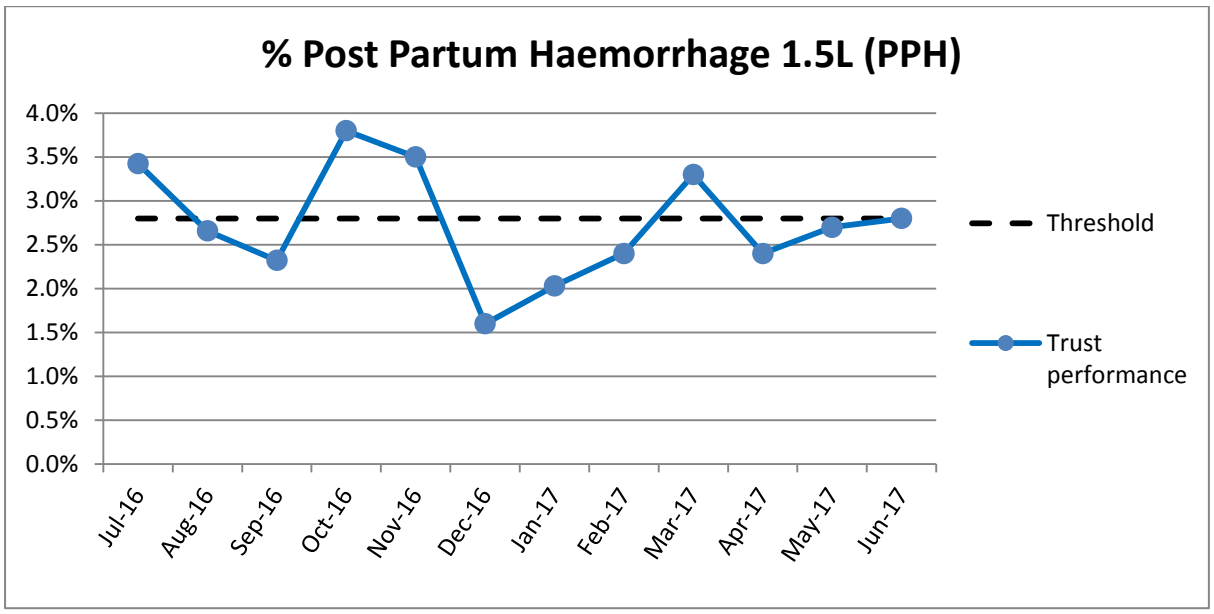


Figure 12 – Postpartum haemorrhage (PPH) for the period July 2016 – June 2017

2.1.10 Safe: Core skills training

Core skills

At the end of May, the compliance rate for doctors in training was 72.34 per cent and for all other staff, 83.72 per cent.

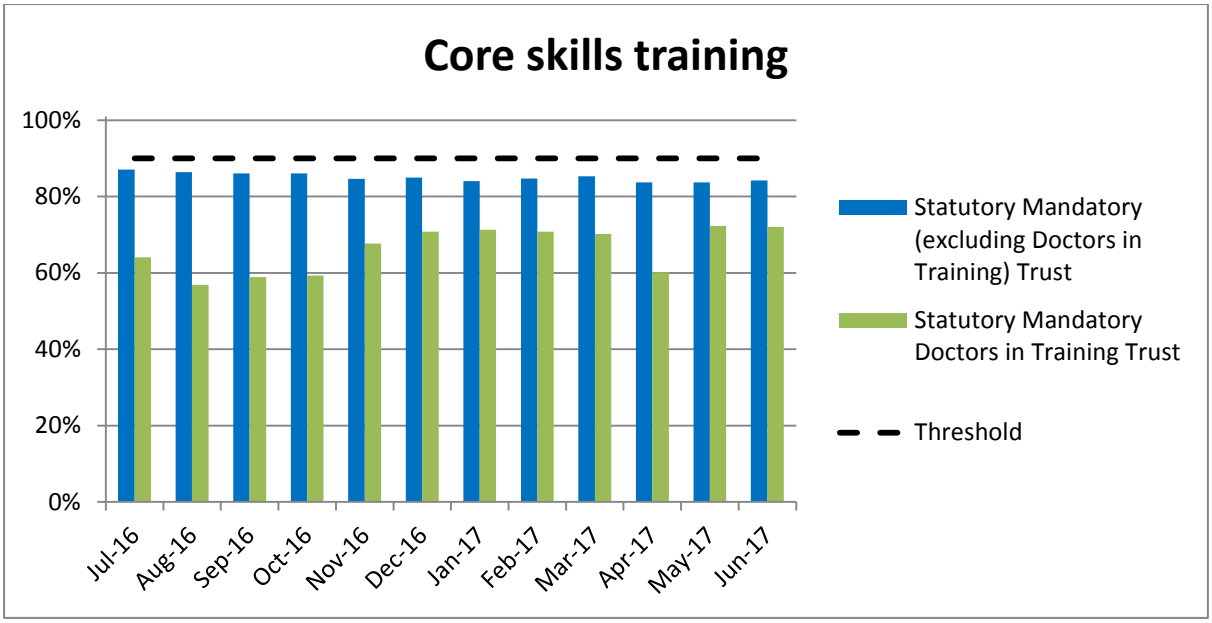


Figure 13 - Statutory and mandatory training for the period July 2016 – June 2017

Core clinical skills

A new indicator on core clinical skills training has been introduced and will be reported monthly from Month 4 onwards.

2.1.11 Safe: Work-related reportable accidents and incidents

There were three RIDDOR-reportable (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents in May 2017

- The first incident involved a member of staff being exposed to fumes from a nearby chimney, experiencing major respiratory problems and being taken to A&E. This resulted in a sickness absence of over 7 days.
- 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 sustaining injuries to her ankle and back whilst trying to calm and restrain a patient. This resulted in a sickness absence of over 7 days.

In the 12 months to 31st May 2017, there have been 37 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.

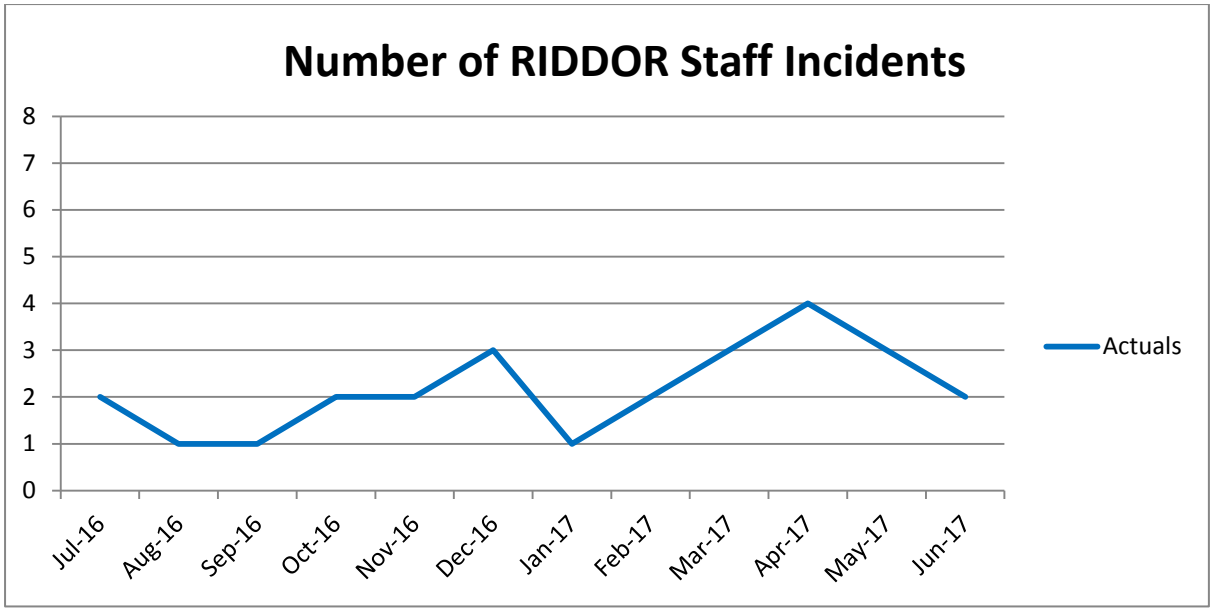


Figure 14 – RIDDOR Staff Incidents for the period July 2016 – June 2017

2.2 Effective

2.2.1 Effective: National Clinical Audits

Each month throughout 2017/18 we will report the number of audits which have been published, and the number of improvement plans which have been developed by the services in response to recommendations and areas for improvement. A quarterly report summarising these plans will be provided to the executive quality committee.

The national perinatal mortality surveillance report MBRRACE UK was published in June 2017. This is currently being reviewed by the service; however initial review shows that the Trust's perinatal mortality rates were lower than those seen across similar Trusts.

2.2.2 Effective: Mortality data

The Trust target for mortality rates in 2017/18 is to be in the top five lowest-risk acute non-specialist trusts as measured by the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI).

The most recent HSMR is 70 (February 2017). 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.

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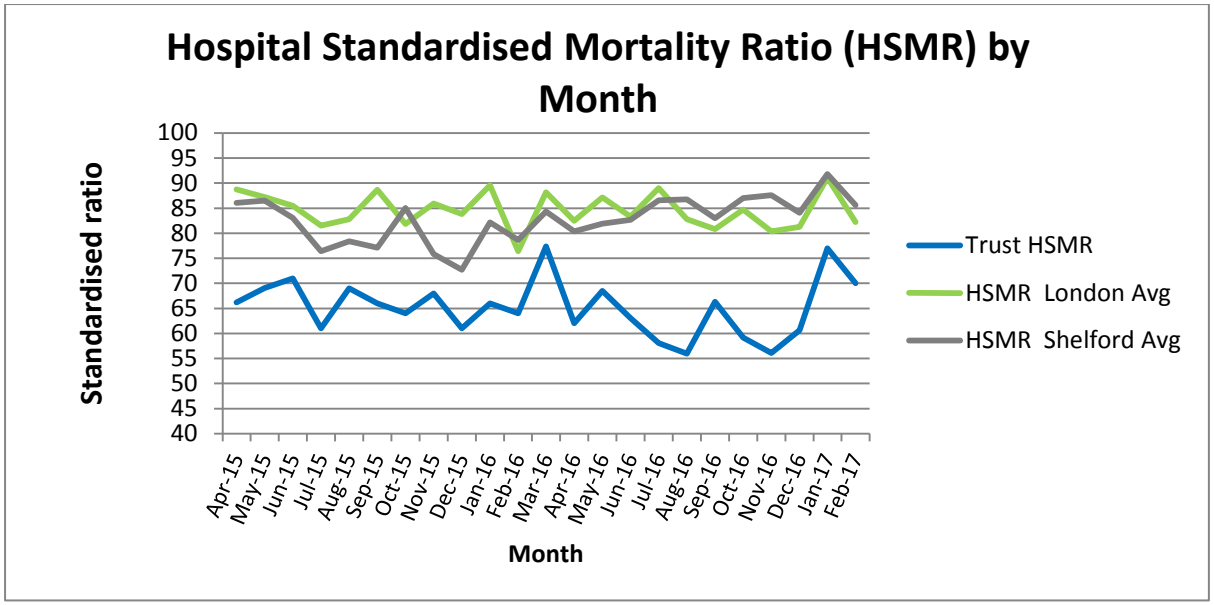

Figure 15 - Hospital Standardised Mortality Ratios for the period April 2015 – February 2017

2.2.3 Effective: Mortality reviews completed

This data is reported quarterly, with the next update due in August 2017. 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.

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. Data will be available for quarter one 2017/18 in August 2017.

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.

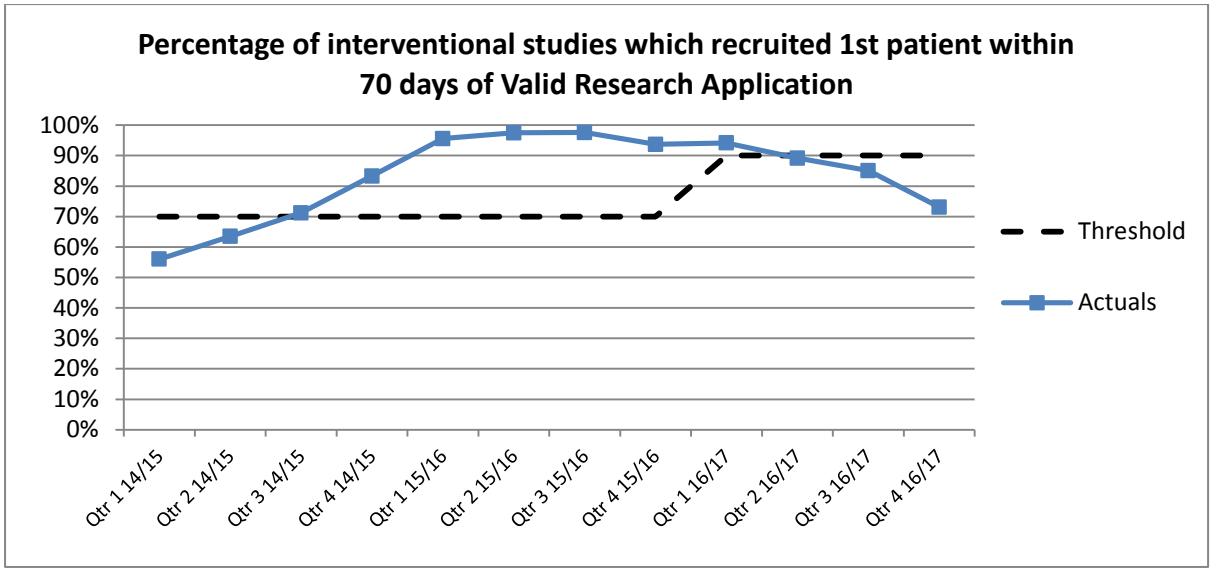

Figure 16 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2016/17

2.2.5 Effective: Readmission rates

For December 2016 (the latest month reported), the Trust readmission rates continued to be lower in both age groups than the Shelford and National rates for both age groups (0-15 years and ages 16 plus).

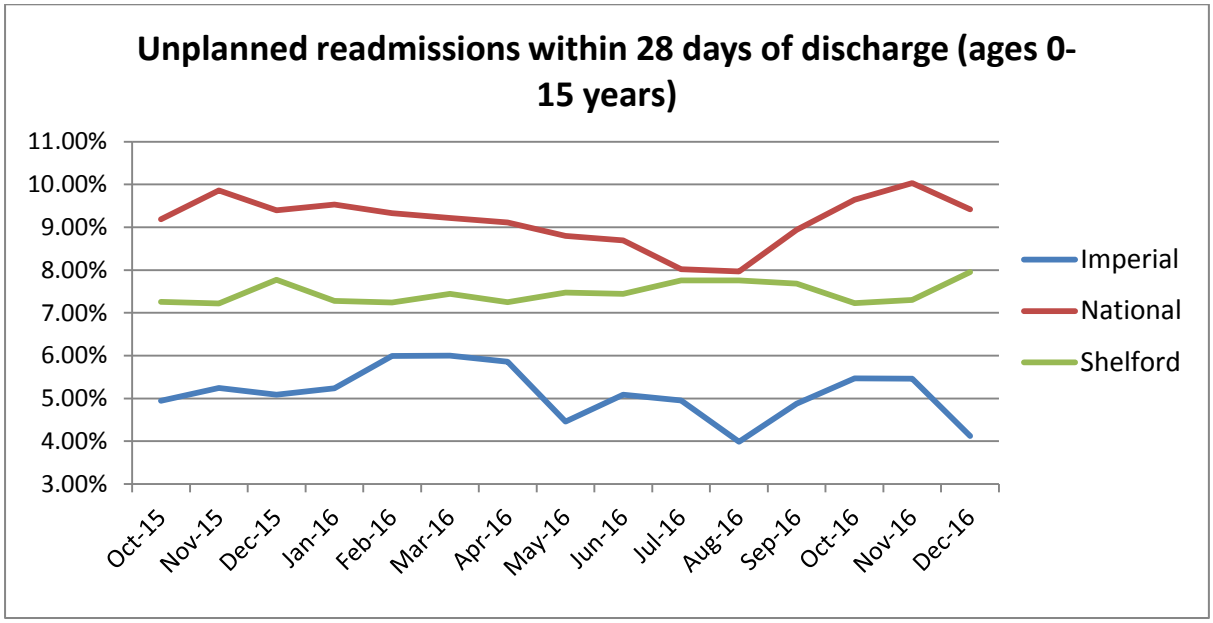

Figure 17 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – December 2016

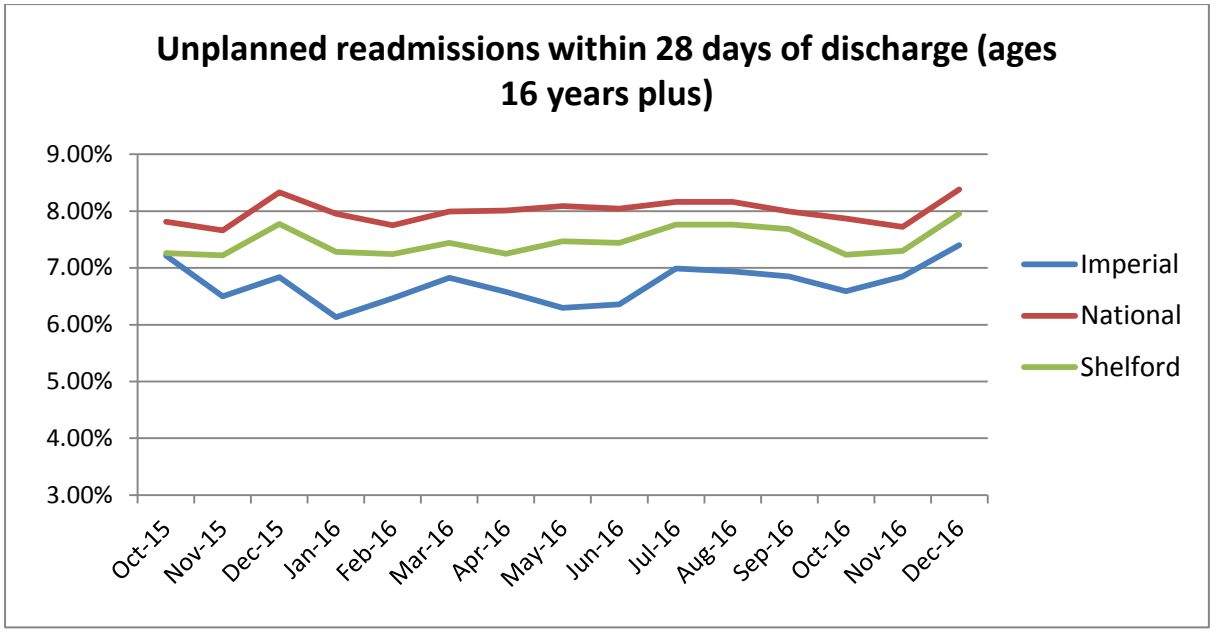

Figure 18 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – December 2016

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. The escalation processes to clear appointments on the system in a timely manner continue to be implemented.

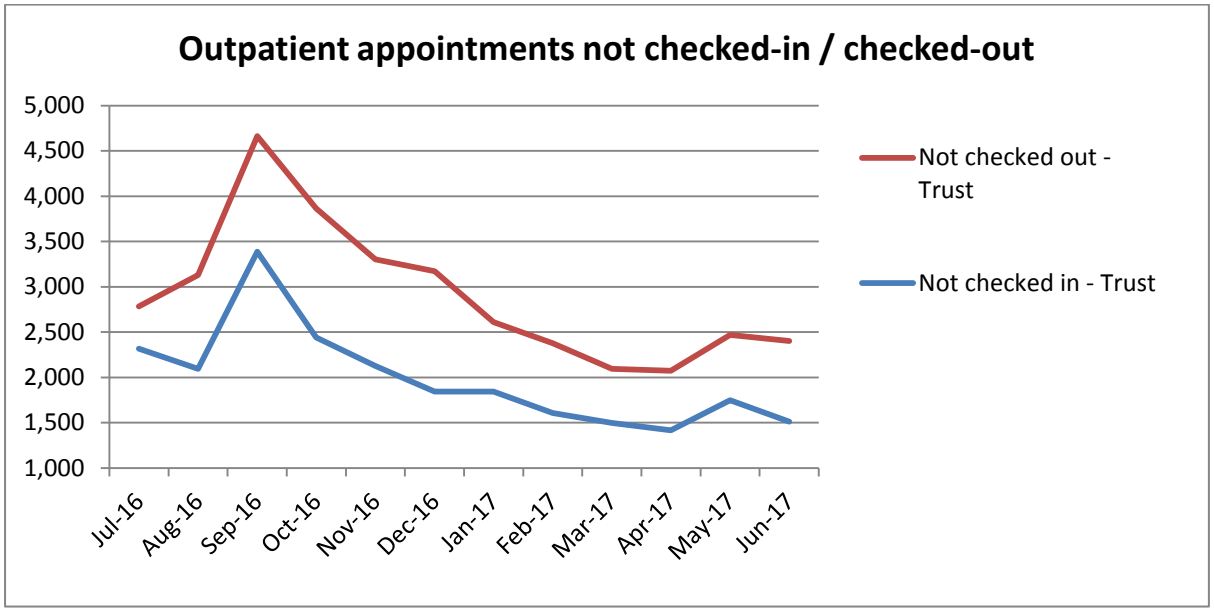

Figure 19 – Number of outpatient appointments not checked-in or DNA'd (in the last 90 days)/ checked-in and not checked-out for the period July 2016 – June 2017

2.3 Caring

2.3.1 Caring: Friends and Family Test

Generally the likelihood to recommend score remains high across the board. The outpatient FFT has the lowest willingness to recommend but this is still at 90%. The "unlikely to recommend" responses from outpatient services almost exclusively relate to waiting (either in clinic or for an appointment).

The A&E response rate remains below target although is up marginally since last month. The issue continues to centre on St Mary's A&E, although in month there were falls in response rates across all trust emergency departments.

Service	Metric Name	Apr-17	May-17	June-17
Inpatients	Response Rate (target 30%)	30%	32%	**35%**
	Recommend %	*96%*	*97%*	**98%**
	Not Recommend %	*1%*	*1%*	**1%**
A&E	Response Rate (target 20%)	16%	15%	**12%**
	Recommend %	*95%*	*96%*	**99%**
	Not Recommend %	*3%*	*3%*	**0.4%**
Maternity	Response Rate (target 15%)	28%	30%	**29%**
	Recommend %	*95%*	*93%*	**93%**
	Not Recommend %	*1%*	*2%*	**3%**
Outpatients	Response Rate (target 6%)	10%	8%	**9%**
	Recommend %	*89%*	*89%*	**90%**
	Not Recommend %	*5%*	*6%*	**5%**

Friends and Family test results

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

Due to technical issues the most recently reported performance for patient transport is March 2017. The Trust is working with the service provider to re-establish monthly reporting for this indicator.

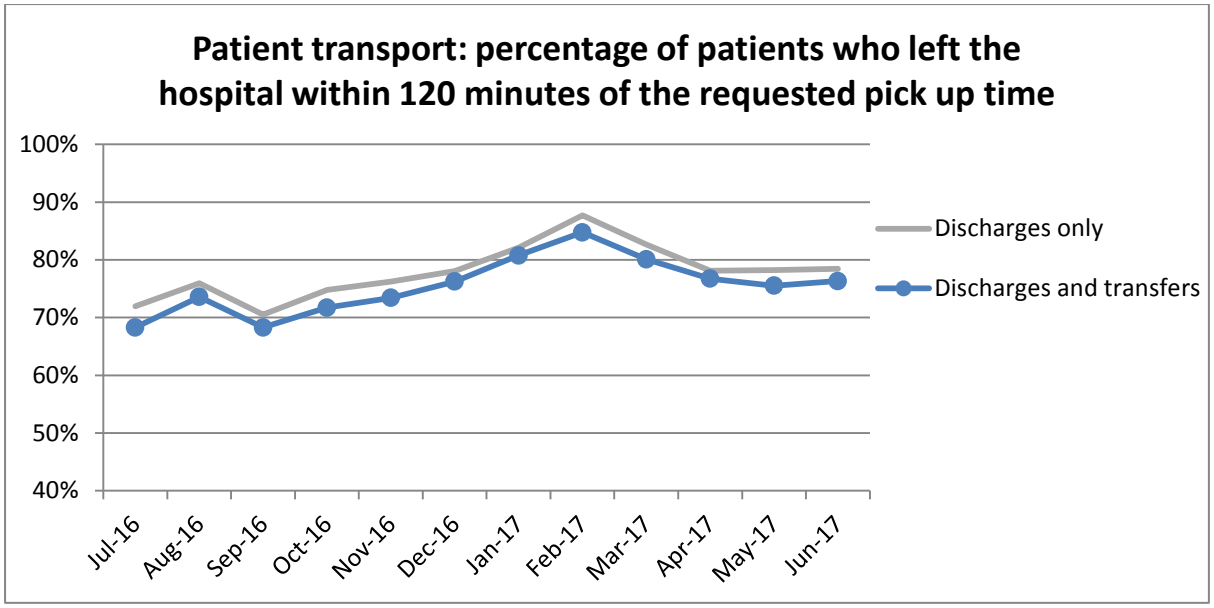

Figure 20 - Percentage of patients who left the hospital as part of the patient transport scheme within 120 minutes of their requested pick up time between July 2016 and June 2017

2.3.3 Caring: Eliminating mixed sex accommodation

The Trust reported 12 mixed-sex accommodation (MSA) breaches for the month of June 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. The Division of Surgery and Cancer are undertaking a deep dive into the situation at Charing Cross to understand the root causes and an action plan is being put in place to address any recommendations.

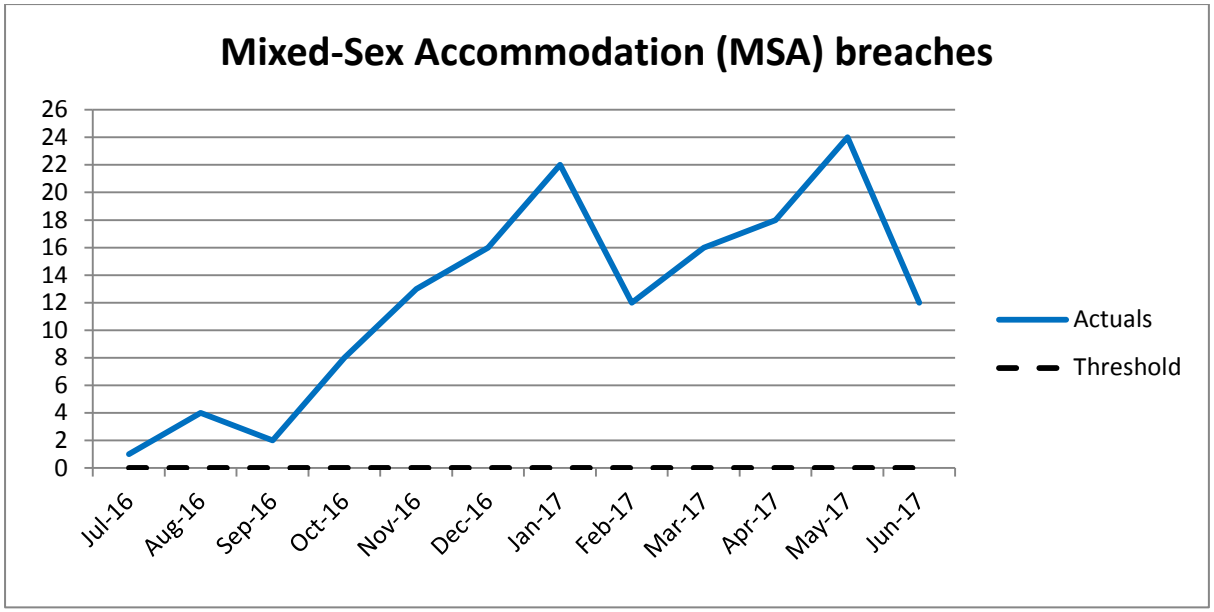

Figure 21 – Number of mixed-sex accommodation breaches reported for the period July 2016 – June 2017

2.3.4 Caring: Complaints

The volume of formal complaints fell by a third in June. There is no single category or division that accounts for this.

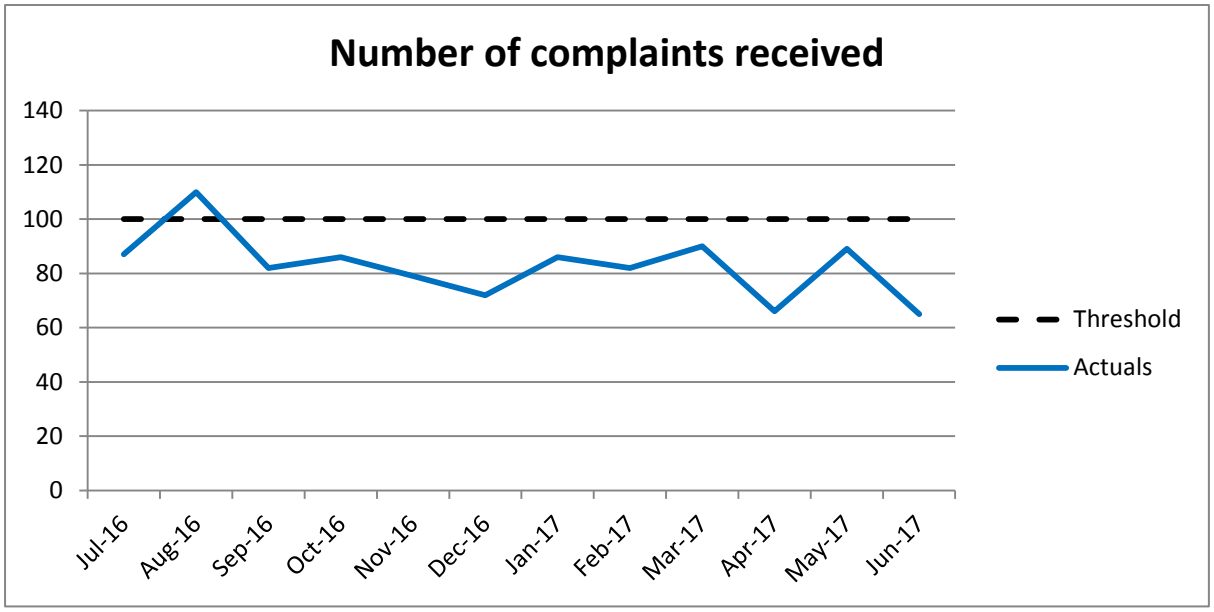

Figure 22 – Number of complaints received for the period July 2016 – June 2017

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

All roles

At the end of June 2017, the Trust directly employed 9,035 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions. The contractual vacancy rate for all roles was 12.03 per cent against the target of 10 per cent; continuing to compare favourably to the average vacancy rate of 14.0 per cent across all London Trusts.

During the month there were a total of 143 WTE joiners and 97 WTE leavers across all staffing groups and the Trusts voluntary turnover rate (rolling 12 month position) stands at 10.43 per cent.

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

- Bespoke campaigns and advertising is underway for a variety of specialities e.g. Radiography and Imaging

- 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

- An assessment and selection tool is now live to ensure consistent decision-making to support retention and engagement

-The medical recruitment process is under review and all roles are being managed through Trac - full functionality will be available by the end of August

- The Careers website content will be redrafted during July. The main recruitment look and feel has been agreed. An internal campaign will commence in July and will involve an article in Pulse, revamping of the 'Our Working Lives' pages on the Source pages and a Road-show in September. Marketing materials and adverts refreshed for all hard to recruit areas

- A planned recruitment campaign is being developed to run along the next Hospital series to commence late June/July involving an RCN advert, programmatic campaign and twitter social media

All Nursing & Midwifery Roles

At end of June 2017, the contractual vacancy rate for all of the Trusts Nursing & Midwifery ward roles was 14.92 per cent with 739 WTE vacancies across all bands. Within the band 2 – 6 roles of this staffing group, the vacancy rate stands at 16.82 per cent and we continue to work with other London Acute Teaching 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:

- A project group is up and running 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 was sent out to all of our student nurses who graduate in August. Student Open Day is being planned for end of July, a video is being created to promote the offer at Imperial and ambassadors are being sourced to help attract more students

- An Open Day for Oncology is planned for July and for the Western Eye for June

- The volume assessment centres have been revised to make these more efficient, effective and to realise a better candidate experience and conversion

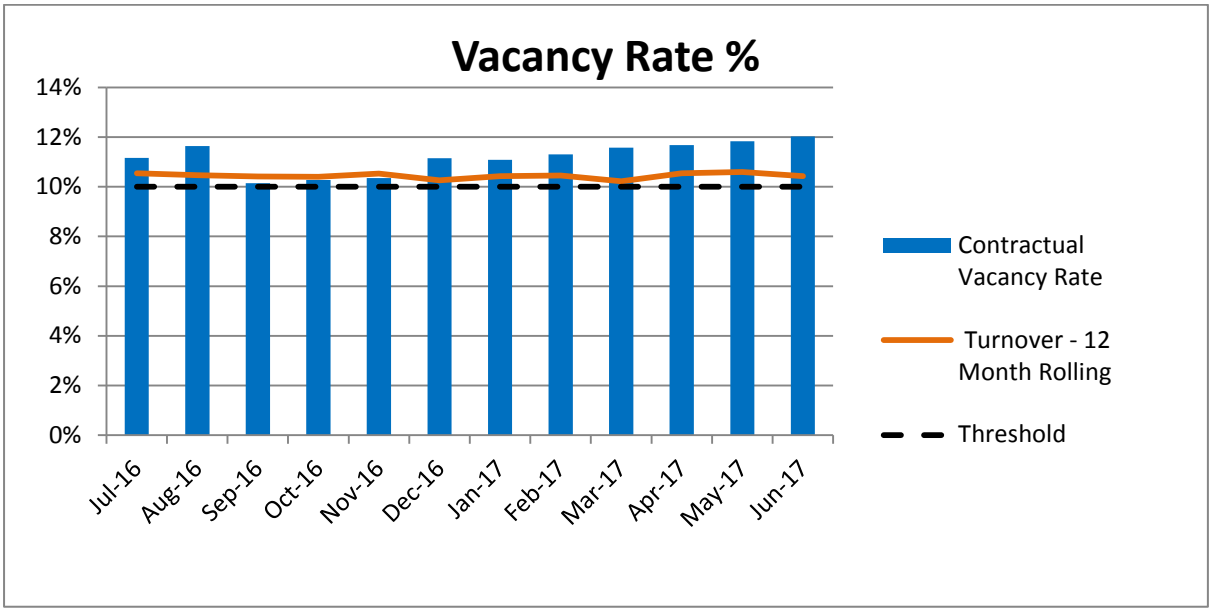

Figure 23 - Vacancy rates for the period June 2016 – July 2017

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence in June was 2.36 per cent bringing the Trusts rolling 12 month sickness position to 2.90 per cent against the year-end target of 3.10 per cent or lower.

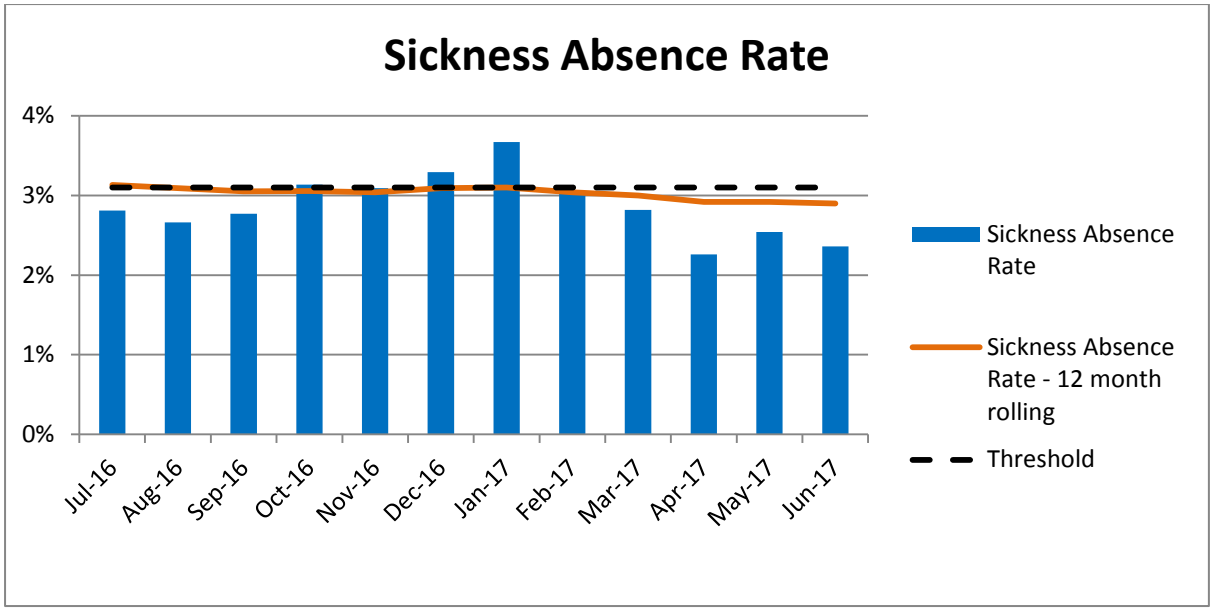

Figure 24 - Sickness absence rates for the period July 2016 – June 2017

2.4.3 Well-Led: Core skills training

Core skills

At the end of June, the compliance rate for doctors in training was 72.05 per cent and for all other staff, 84.18 per cent.

Core Clinical Skills

At the end of June, the compliance rate for doctors in training was 52.58 per cent and for all other staff, 78.40 per cent.

- Overall Core 10 compliance and Core Clinical is being pushed via normal management channels as well proactive chasing of poor performing teams and departments working with SMEs to achieve the target of 90 per cent
- Juniors Doctors compliance will be pushed via the new intake of Junior Doctors in August 2017, through encouraging junior doctors to bring their training records from previous Trusts, offering incentives to complete training before they come and piloting pre assessments to enable fast completion on arrival

2.4.4 Well-Led: Performance development reviews

The new PDR cycle began on 1st April 2017 with all PDR's to be completed by the end of July 2017; compliance for Clinical and Corporate Divisions was 43.31 per cent at the end of June.

2.4.5 Well-Led: Health and Safety incidents

There were three RIDDOR-reportable (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents in June 2017

- The first incident involved a member of staff being assaulted and sustaining injuries (including being bitten). This resulted in a sickness absence of over 7 days.

- The second incident involved a member of staff receiving 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 being exposed to ammonia from a fridge leak and experiencing breathing difficulties. The incident was reportable to the HSE as a Dangerous Occurrence (hazardous escapes of substances).

In the 12 months to 30th June 2017, there have been 36 RIDDOR reportable incidents of which 12 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.

2.4.6 Well-Led: Doctor Appraisal Rate

Doctors' appraisal rates have fallen slightly this month to 89.76 per cent from 90.66 per cent in May. We remain above the national average of 86.6 per cent.

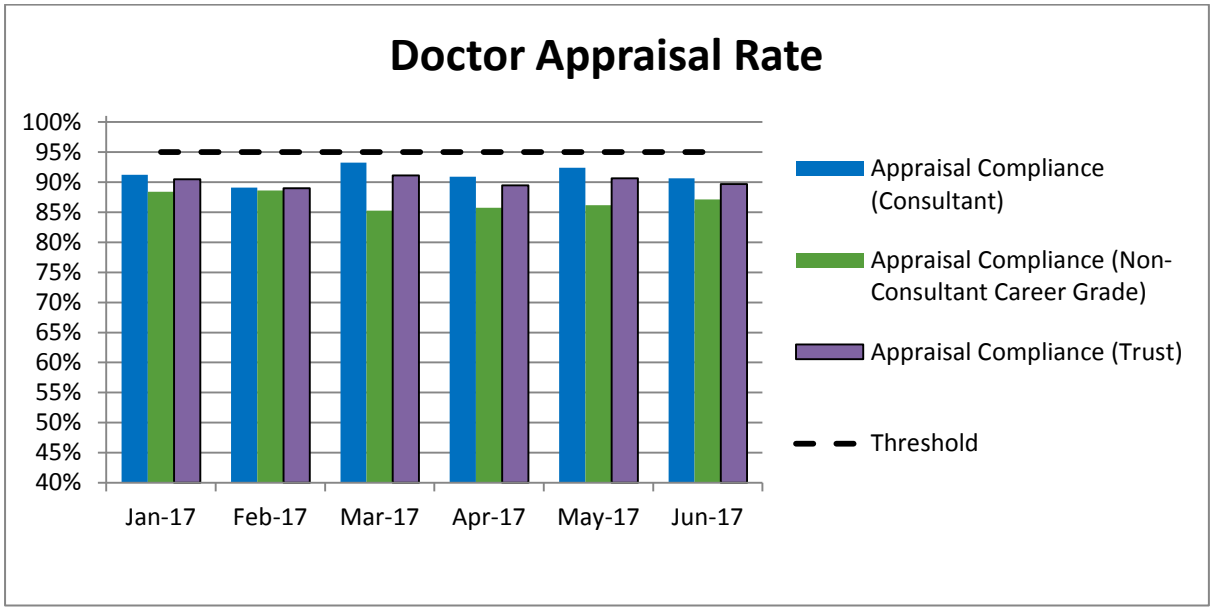

Figure 25 - Doctor Appraisal Rates for the period January 2017 to June 2018

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

<u>Health Education England quality visit</u>

Three actions from the quality visit were closed in June 2017. Three remain open and are being monitored through the local faculty group meetings (LFGs).

2015/16 General Medical Council National Training Survey

All outstanding actions on the 2016 National Training Survey action plan were closed in May.

2016/17 General Medical Council National Training Survey

The 2017 National Training Survey results were published in July. The results are currently being analysed, however initial review shows that the Trust's performance is similar to last year, with 24 red flags (where we are shown to be a significant national outlier) compared to 25 in 2016, and 53 green flags compared to 54 last year. Improvement plans are currently being developed, with the first Trust action plan due for submission to Health Education England in September 2017

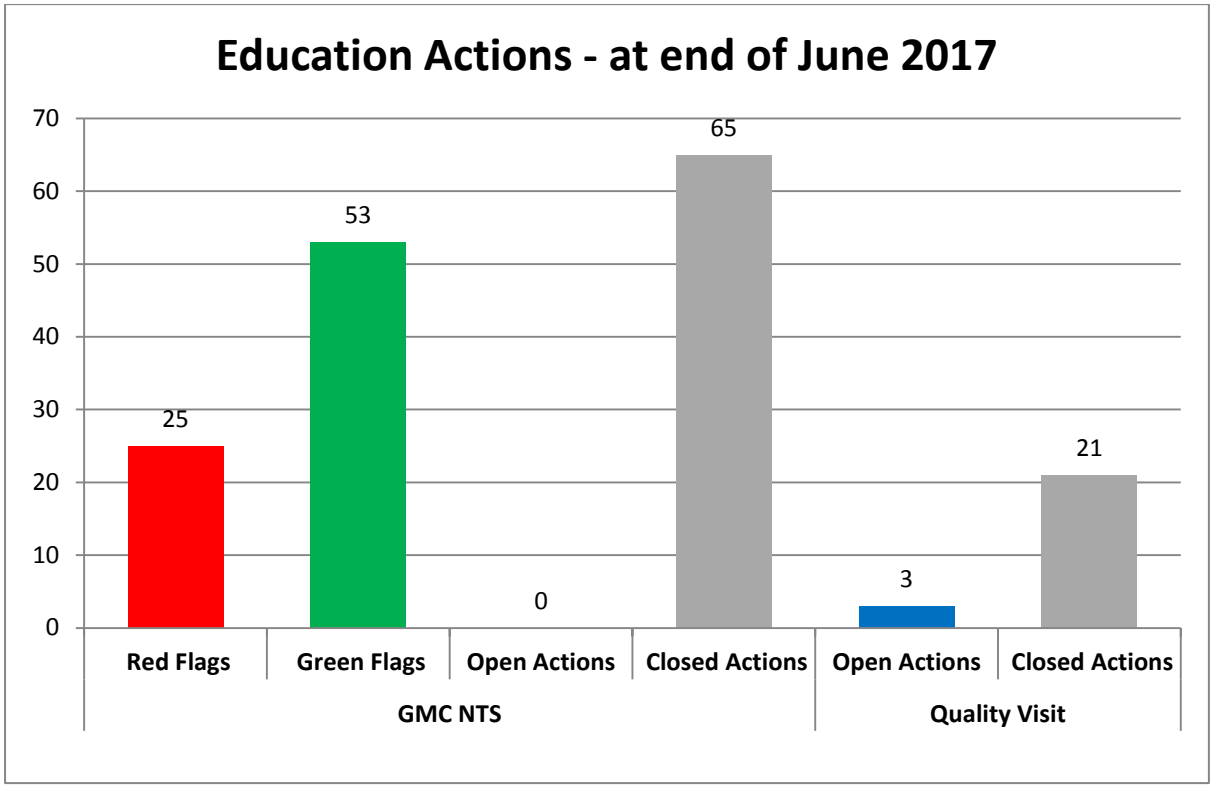

Figure 26 – General Medical Council - National Training Survey action tracker, updated at end June 2017

2.4.8 Well Led: Estates – reactive (repair) maintenance tasks completed on time

The percentage of estates reactive (repair) maintenance tasks completed on time fell in May. There were higher than expected number of tasks received for May. As part of the cyber-attack response in May, our supplier was unable to remotely access the Trust network for a period of one week. This caused delays in receiving and updating records on their helpdesk system and affected operational performance. The figures are being reviewed as part of the detailed HardFM contract review.

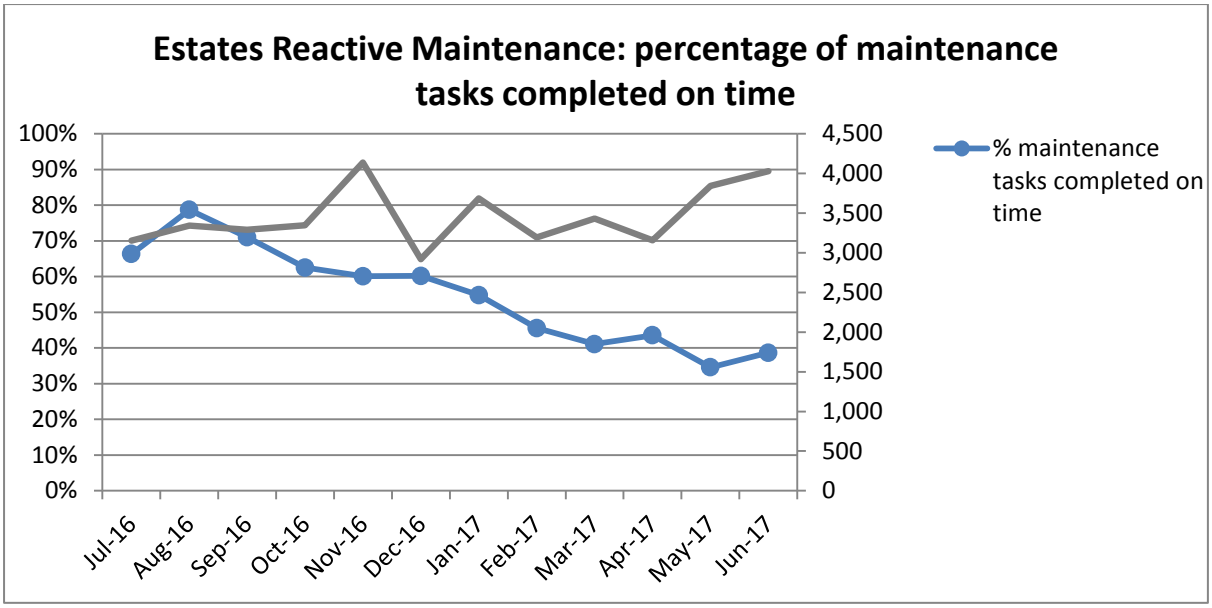

Figure 27 – Estates: percentage of maintenance tasks completed on time for the period July 2016 – June 2017

2.5 Responsive

2.5.3 Responsive: Consultant-led Referral to Treatment waiting times

The latest reported performance is for the end of May where 85.0 per cent of patients had been waiting less than 18 weeks to receive consultant-led treatment, against the standard of 92 per cent. This was an improvement on the position reported in April of 83.4 per cent and achieved the trajectory target of 81.8 per cent.

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 is being 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. 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.

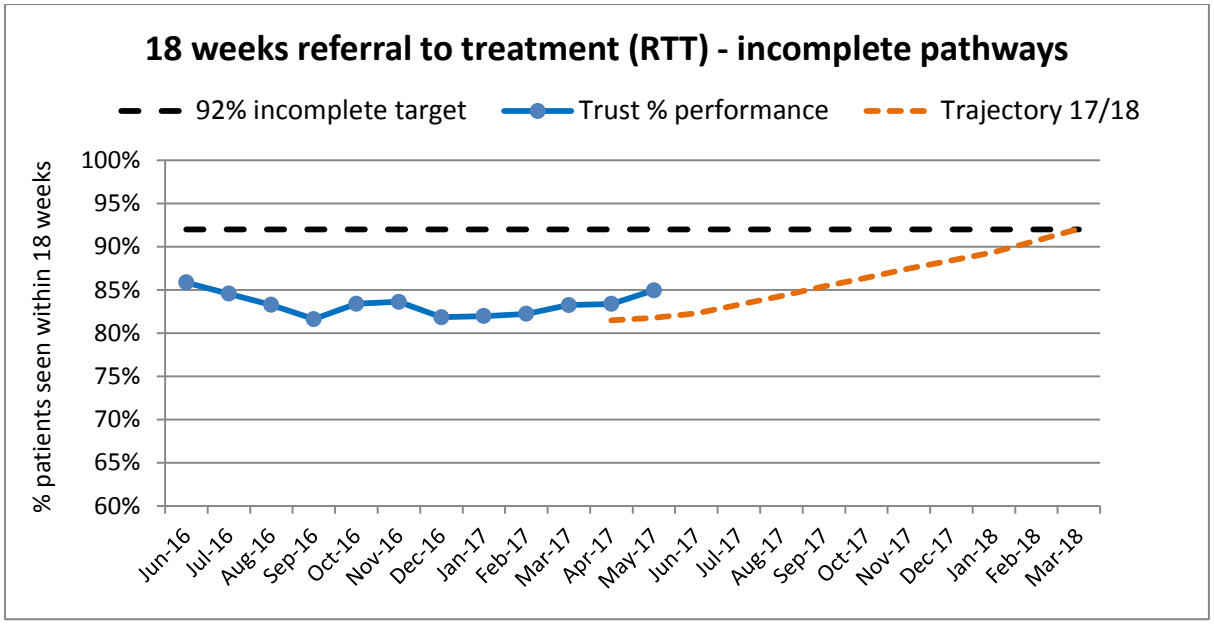

Figure 28 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period June 2016 – May 2017

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 196 patients waiting over 52 weeks at the end of May; this was an improvement on April reported position of 217 patients. 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.

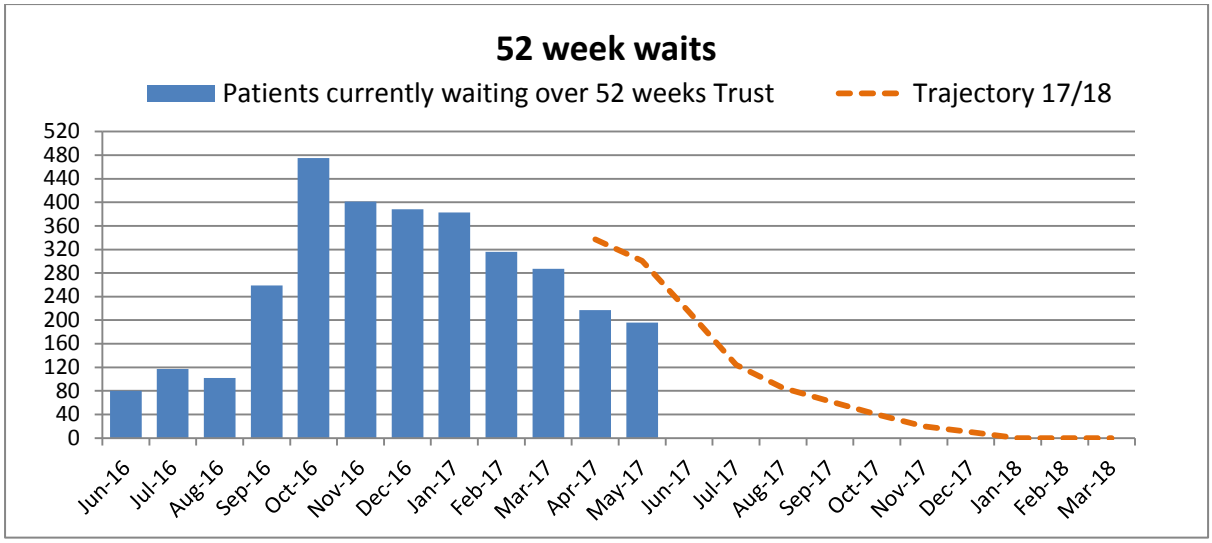

Figure 29 - Number of patients waiting over 52 weeks split by gender pathways and non-gender pathways, for the period June 2016 – May 2017

2.5.4 Responsive: Cancer 62 day waits

The trust underperformed against the 62 day standard for two key reasons. There were 8 internal prostate pathway breaches.

While this had a negative impact in May, it was a positive step in recovering the persistent problems on that pathway, reducing the prostate treatment backlog. There have been no prostate breaches in June.

There were also 15 shared pathway breaches (7.5 reported breaches). These were referred from a number of different trusts, across different treatment pathways, but the majority came from the LNWH gynae service. LNWH have been asked by the CCG to resubmit their performance trajectory and provide ICHT with a more accurate forecast of future likely shared breaches to allow us to assess any likely impact on our future performance, but they have not yet produced this. ICHT have offered the LNWH exec team support with producing their forecast, but this has not been taken up. ICHT have also offered to take a significant number of gynae referrals at the point of GP referral to support LNWH in recovering their position, but LNWH are yet to accept the offer.

The Trust has received £207k to provide additional MRI capacity to facilitate same-day scanning, reporting any biopsy. 18 patients per week will follow this pathway from July. Early pilot results show an average referral to treatment wait of 27 days, brought down from above 62 days under the old pathway. The money will also be used to reduce CTC reporting time to support delivery of the colorectal STT pathway.

This investment is separate to the RAPID transformation fund bid, which is expected to be agreed at the July RPM exec group meeting.

The 62 day standard has been delivered for June. This is will be the second month in Q1 that has been delivered in target and is above trajectory.

Both the 2WW and breast symptomatic standards were not delivered in May. This was because the breast capacity problems in April could not be contained to that month and a significant number of patients were seen beyond day 14 in May. The capacity problems have now been resolved in breast, and the booking profile across the majority of services has been brought down to be able to offer patients a first appointment by day 10. The standards are both expected to be delivered in June after validation.

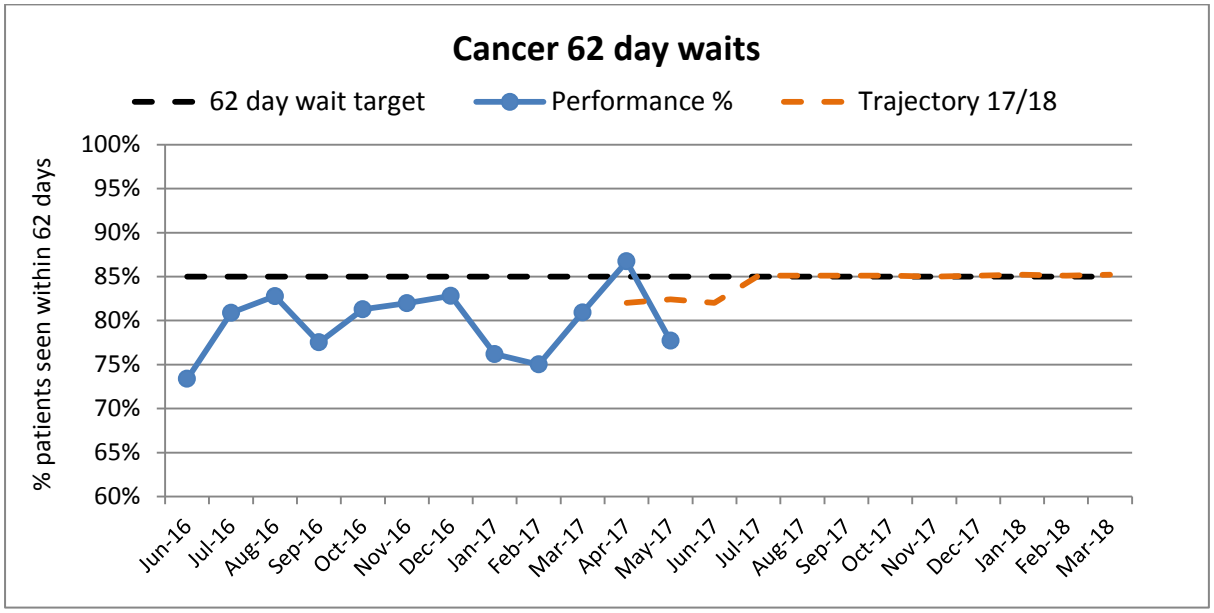

Figure 30 – Cancer 62 day GP referral to treatment performance for the period June 2016 – May 2017

2.5.5 Responsive: Cancelled operations

The cancelled operations performance for Quarter 1 (April to June) will be submitted on Thursday 27 July and a full update will be provided in the month 4 report. A review of the reporting and rebooking arrangements for cancellations is continuing across the Trust.

2.5.6 Responsive: Accident and Emergency

Performance against the four-hour access standard for patients attending Accident and Emergency was 90.4 per cent in June 2017 which did not meet the performance trajectory target for the month. 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.

The Trust has launched a programme of developments, focussing on the following six work streams:

1. Streaming and admission avoidance strategies
2. Effective emergency department operations and avoiding non admitted breaches
3. Efficient specialist decisions and pathways
4. Managing beds effectively
5. Improving ward processes
6. Effective discharge processes

A four-hour Performance Steering Group has been established to oversee the activities within the six 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.

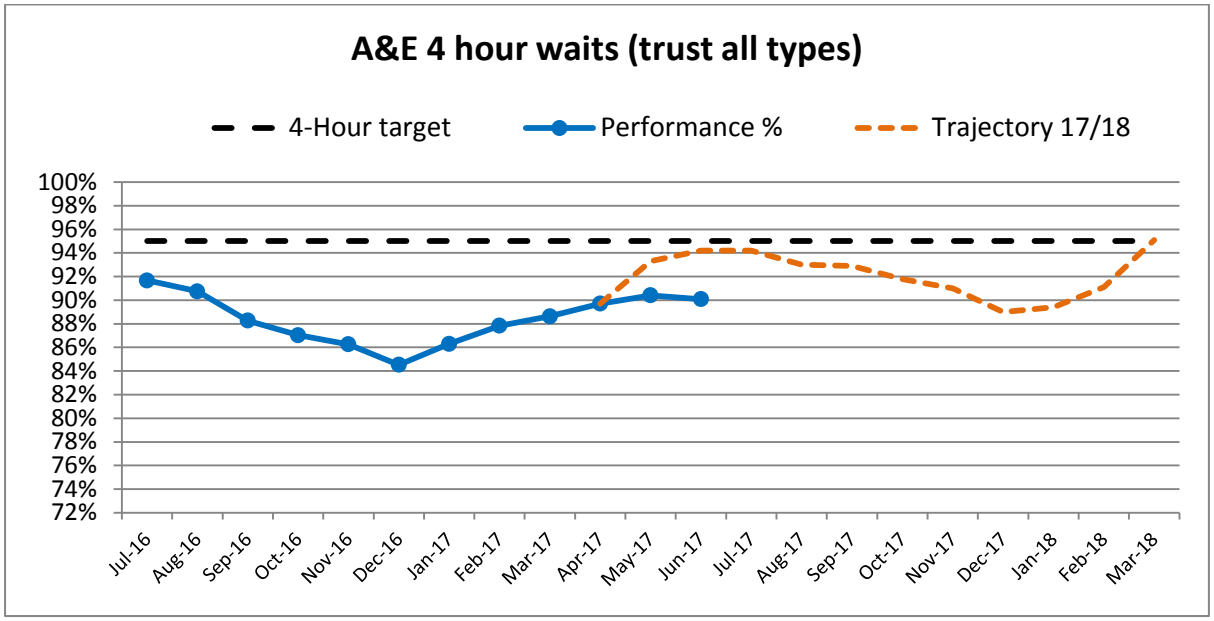

Figure 31 – A&E Maximum waiting times 4 hours (Trust All Types) for the period July 2016 – June 2017

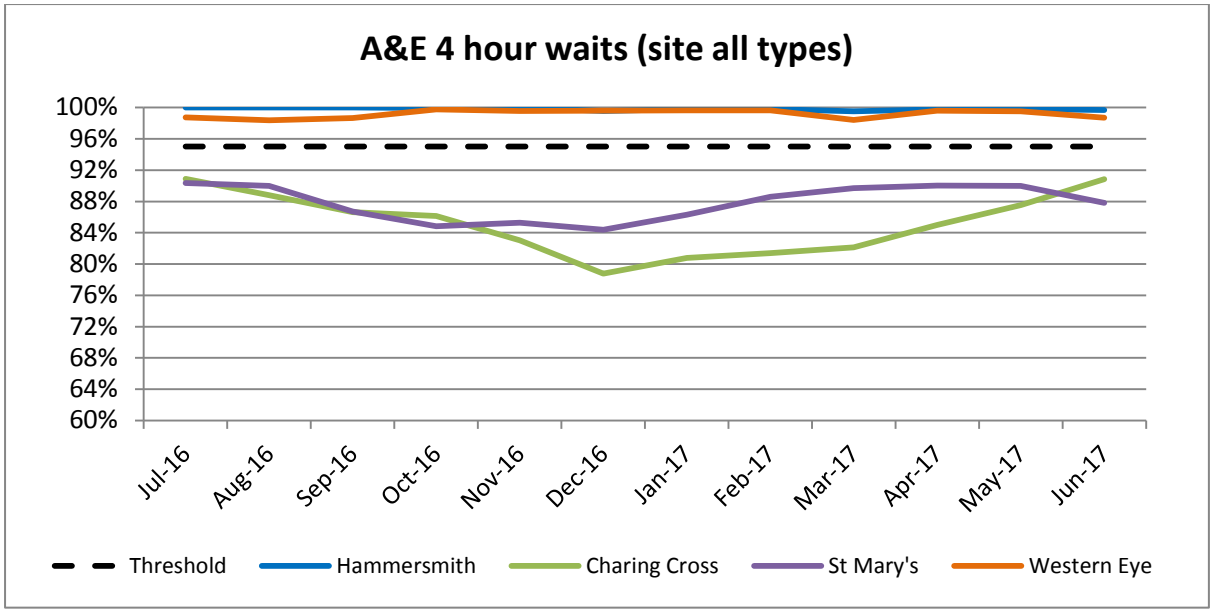

Figure 32 – A&E Maximum waiting times (Site All Types) 4 hours for the period July 2016 – June 2017

2.5.7 Responsive: Diagnostics

In June 2017, 7.73 per cent of patients were waiting over six weeks against a tolerance of 1 per cent. The deterioration in performance resulted from a deep dive into local data records, this identified an issue with patient tracking and the recording of offer dates for some patients.

The Trust has continues to hold a weekly Steering Group which is carrying out a full assessment. Steps are being taken to ensure a rapid improvement of performance and weekly progress updates are being made to NHS Improvement and Commissioners.

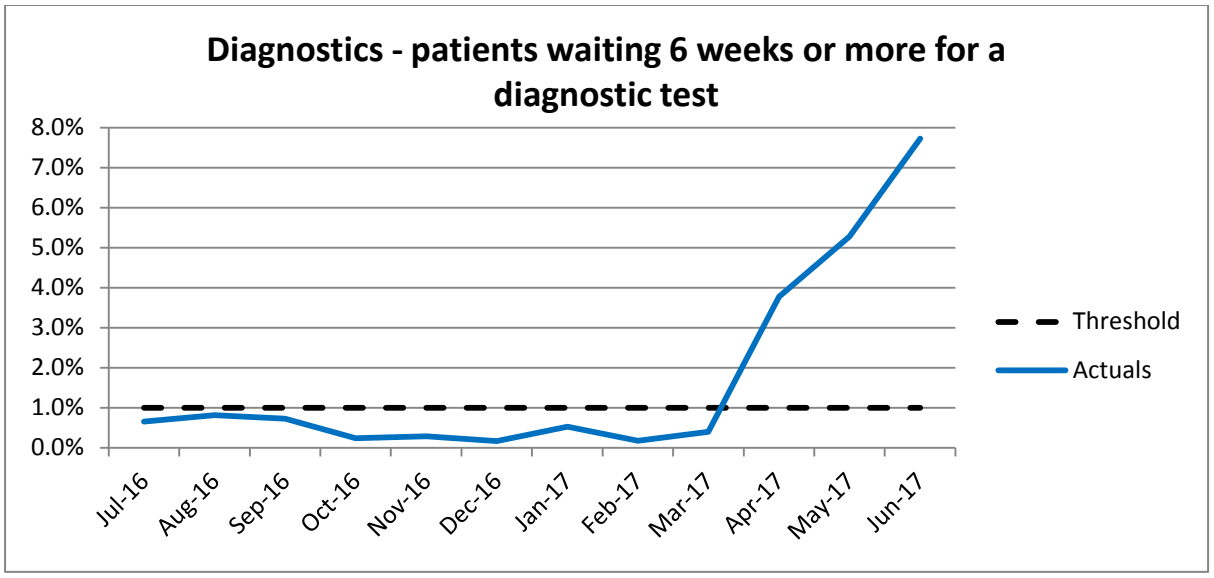

Figure 33 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period July 2016 – June 2017

2.5.8 Responsive: Outpatient DNA

The overall DNA rate (first and follow up) was 12.4 per cent in June. 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.

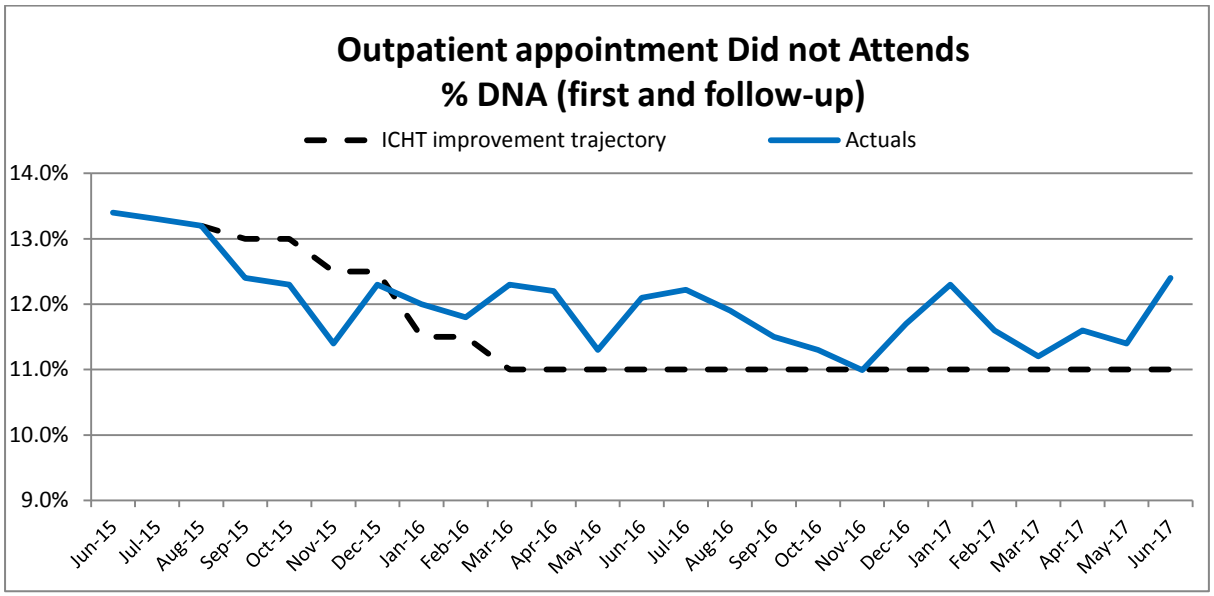

Figure 34 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period June 2015 – June 2017

2.5.9 Responsive: Outpatient appointments cancelled by the Trust

In June, 8.8 per cent of outpatient appointments were cancelled by the hospital with less than 6 weeks' notice. As noted above a detailed review of appointments data is being conducted to identify underlying trends and improvement actions.

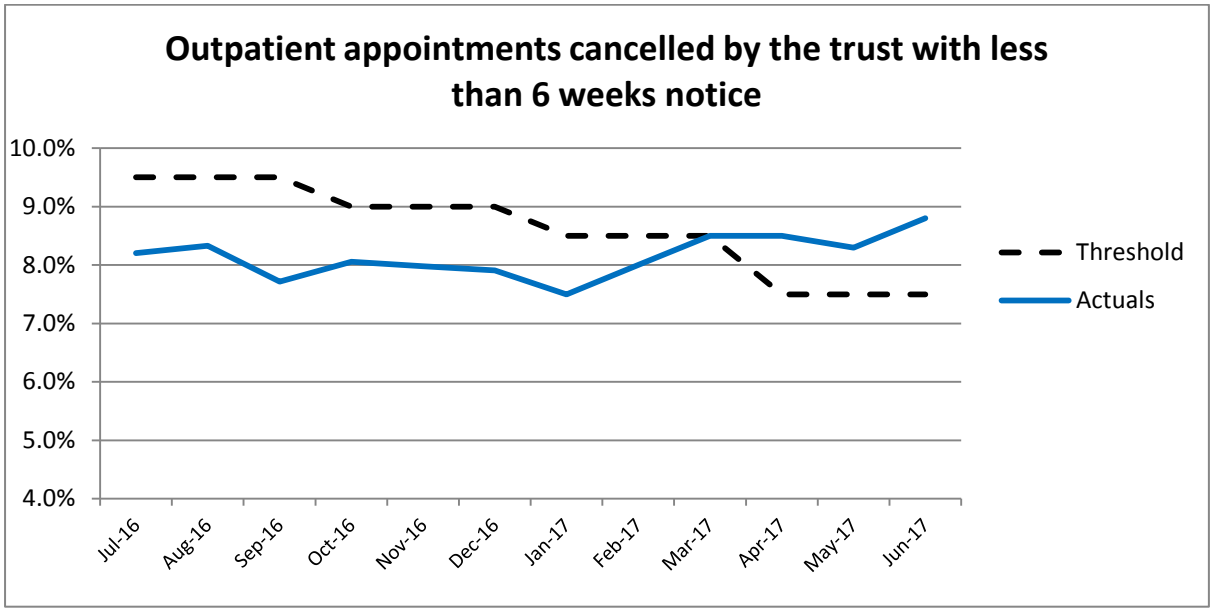

Figure 35 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period July 2016 – June 2017

2.5.10 Responsive: Outpatient appointments made within 5 days of receipt

In June, 79.0 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.

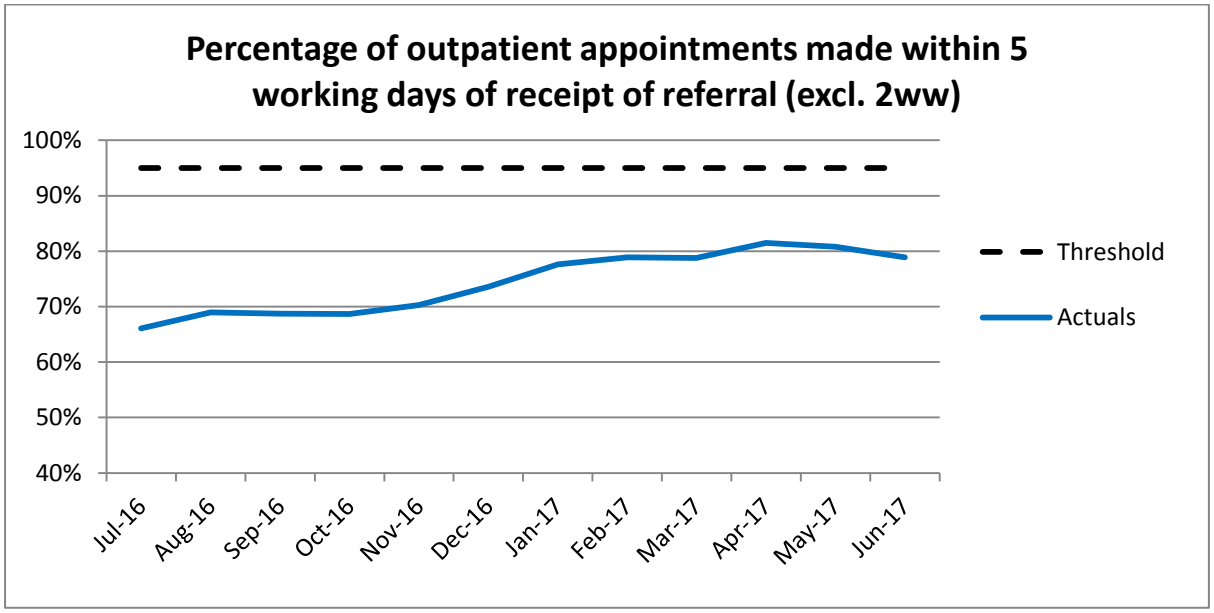

Figure 36 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period July 2016 – June 2017

3. Finance

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