

Report to:	Date of meeting
Trust board - public	30 November 2016

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of October 2016 (month 7).

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.

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Tim Orchard (Divisional Director)

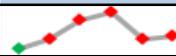
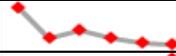
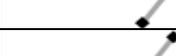
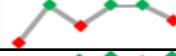
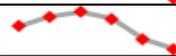
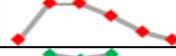
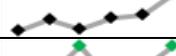
Tg Teoh (Divisional Director)

Contents

1. Key indicator overviews	5
1.1 Safe	5
1.1.1 Safe: Serious Incidents	5
1.1.2 Safe: Incident reporting and degree of harm	6
1.1.3 Safe: Meticillin - resistant Staphylococcus aureus bloodstream infections (MRSA BSI).....	8
1.1.4 Safe: Clostridium difficile.....	8
1.1.5 Safe: Venous thromboembolism (VTE) risk assessment.....	9
1.1.6 Safe: Avoidable pressure ulcers	10
1.1.7 Safe: Safe staffing levels for registered nurses, midwives and care staff.....	10
1.1.8 Safe: CAS alerts	12
1.1.9 Safe: Postpartum haemorrhage	12
1.1.10 Safe: Statutory and mandatory training.....	12
1.1.11 Safe: Work-related reportable accidents and incidents	13
1.2 Effective	14
1.2.1 Effective: National Clinical Audits.....	14
1.2.2 Effective: Mortality data.....	14
1.2.3 Effective: Mortality reviews completed	15
1.2.4 Effective: Recruitment of patients into interventional studies.....	15
1.2.5 Effective: Discharges before noon	15
1.2.6 Effective: Readmission rates.....	16
1.2.7 Effective: Outpatient appointments checked in and checked out	17
1.3 Caring	18
1.3.1 Caring: Friends and Family Test	18
1.3.2 Caring: Patient transport waiting times.....	19
1.4 Well-Led	20
1.4.1 Well-Led: Vacancy rate.....	20
1.4.2 Well-Led: Sickness absence rate.....	21
1.4.3 Well-Led: Performance development reviews	22
1.4.4 Well-Led: Doctor Appraisal Rate.....	22
1.4.5 Well-Led: General Medical Council - National Training Survey Actions	23
1.4.6 Well Led: Estates – maintenance tasks completed on time.....	23
1.5 Responsive	25
1.5.3 Responsive: Consultant-led Referral to Treatment waiting times.....	25
1.5.4 Responsive: Cancer	27
1.5.5 Responsive: Elective operations cancelled on the day for non-clinical reasons.....	29
1.5.6 Responsive: Accident and Emergency.....	30
1.5.7 Responsive: Diagnostics.....	31
1.5.8 Responsive: Patient attendance rates at outpatient appointments	32
1.5.9 Responsive: Outpatient appointments cancelled by the Trust	32
1.5.10 Responsive: Outpatient appointments made within 5 days of receipt	33
1.5.11 Responsive: Access to antenatal care – booking appointment.....	34
1.5.12 Responsive: Complaints	35
2. Finance.....	35

Scorecard summary

Key indicator	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Oct-16	-	17	
Incidents causing severe harm (number)	Julian Redhead	Oct-16	-	2	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Oct-16	-	0.10%	
Incidents causing extreme harm (number)	Julian Redhead	Oct-16	-	1	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Oct-16	-	0.03%	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Sep-16	44.0	43.9	
Never events (number)	Julian Redhead	Oct-16	0	0	
MRSA (number)	Julian Redhead	Oct-16	0	1	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Oct-16	23	43	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Oct-16	95.0%	95.5%	
CAS alerts outstanding	Janice Sigsworth	Oct-16	0	0	
Avoidable pressure ulcers (number)	Janice Sigsworth	Oct-16	-	5	
Staffing fill rates (%)	Janice Sigsworth	Oct-16	tbc	97.1%	
Post Partum Haemorrhage 1.5L (PPH) %	Tg Teoh	Oct-16	2.80%	3.8%	
Core training - excluding doctors in training / trust grades (%)	David Wells	Oct-16	90.0%	86.0%	
Core training - doctors in training / trust grades (%)	David Wells	Oct-16	90.0%	59.3%	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Oct-16	0	2	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Jun-16	100	63.06	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 4 15/16	90.0%	94.2%	
Discharges before noon (downstream medicine)	Tim Orchard	Oct-16	35.0%	16.7%	
Unplanned readmission rates (28 days) for over 15s (%)	Tim Orchard	Apr-16	-	6.58%	
Unplanned readmission rates (28 days) for under 15s (%)	Tg Teoh	Apr-16	-	5.86%	
Outpatient appointments not checked-in or DNA'd (app within last 90 days) (number)	Tg Teoh	Oct-16	-	3,013	
Outpatient appointments checked-in AND not checked-out (number)	Tg Teoh	Oct-16	-	3,952	
Caring					
Friends and Family Test: Inpatient service % patients recommended	Janice Sigsworth	Oct-16	95.0%	96.6%	
Friends and Family Test: A&E service % recommended	Janice Sigsworth	Oct-16	85.0%	93.1%	
Friends and Family Test: Maternity service % recommended	Janice Sigsworth	Oct-16	95.0%	92.6%	
Friends and Family Test: Outpatient service % recommended	Janice Sigsworth	Oct-16	94.0%	89.7%	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Oct-16	-	71.7%	

Key indicator	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Well Led					
Vacancy rate (%)	David Wells	Oct-16	10.0%	10.3%	
Voluntary turnover rate (%) 12-month rolling	David Wells	Oct-16	10.0%	10.4%	
Sickness absence (%)	David Wells	Oct-16	3.1%	3.1%	
Bank and agency spend (%)	David Wells	Oct-16	9.2%	12.5%	
Personal development reviews (%)	David Wells	Sep-16	95.0%	86.2%	
Non-training grade doctor appraisal rate (%)	Julian Redhead	Oct-16	95.0%	73.5%	
Staff FFT (% recommended as a place to work)	David Wells	Q1	-	65%	
Staff FFT (% recommended as a place for treatment)	David Wells	Q1	-	83%	
Education open actions (number)	Julian Redhead	Oct-16	-	59	
Reactive maintenance performance	Janice Sigsworth	Oct-16	98%	71%	
Responsive					
RTT: 18 Weeks Incomplete (%)	Jamil Mayet	Oct-16	92.0%	83.4%	
RTT: 18 weeks Incomplete breaches - number of patients waiting	Jamil Mayet	Oct-16	-	10624	
RTT: Number of patients waiting 52 weeks or more	Jamil Mayet	Oct-16	0	475	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Jamil Mayet	Sep-16	93.0%	91.2%	
Cancer: 2-week GP referral to 1st outpatient – breast symptoms (%)	Jamil Mayet	Sep-16	93.0%	93.6%	
Cancer: 31 day wait from diagnosis to first treatment (%)	Jamil Mayet	Sep-16	96.0%	96.1%	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Jamil Mayet	Sep-16	94.0%	95.7%	
Cancer: 31 day second or subsequent treatment (drug) (%)	Jamil Mayet	Sep-16	98.0%	100.0%	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Jamil Mayet	Sep-16	94.0%	95.6%	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Jamil Mayet	Sep-16	85.0%	77.5%	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Jamil Mayet	Sep-16	90.0%	86.0%	
Cancelled operations (as % of elective activity)	Jamil Mayet	Sep-16	0.8%	0.6%	
28 day rebooking breaches (% of cancellations)	Jamil Mayet	Sep-16	5.0%	8.5%	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Oct-16	95.0%	70.1%	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Oct-16	95.0%	87.0%	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Oct-16	1.0%	0.2%	
Outpatient Did Not Attend rate %: (First & Follow-Up)	Tg Teoh	Oct-16	11.0%	11.3%	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Oct-16	10.0%	8.0%	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Oct-16	95.0%	76.4%	
Antenatal booking 12 weeks and 6 days excluding late referrals (%)	Tg Teoh	Oct-16	95.0%	97.0%	
Complaints: Total number received from our patients	Janice Sigsworth	Oct-16	100	86	
Complaints: % responded to within timeframe	Janice Sigsworth	Oct-16	95%	98.0%	

1. Key indicator overviews

1.1 Safe

1.1.1 Safe: Serious Incidents

Seventeen serious incidents (SIs) were reported in October 2016. These are currently under investigation.

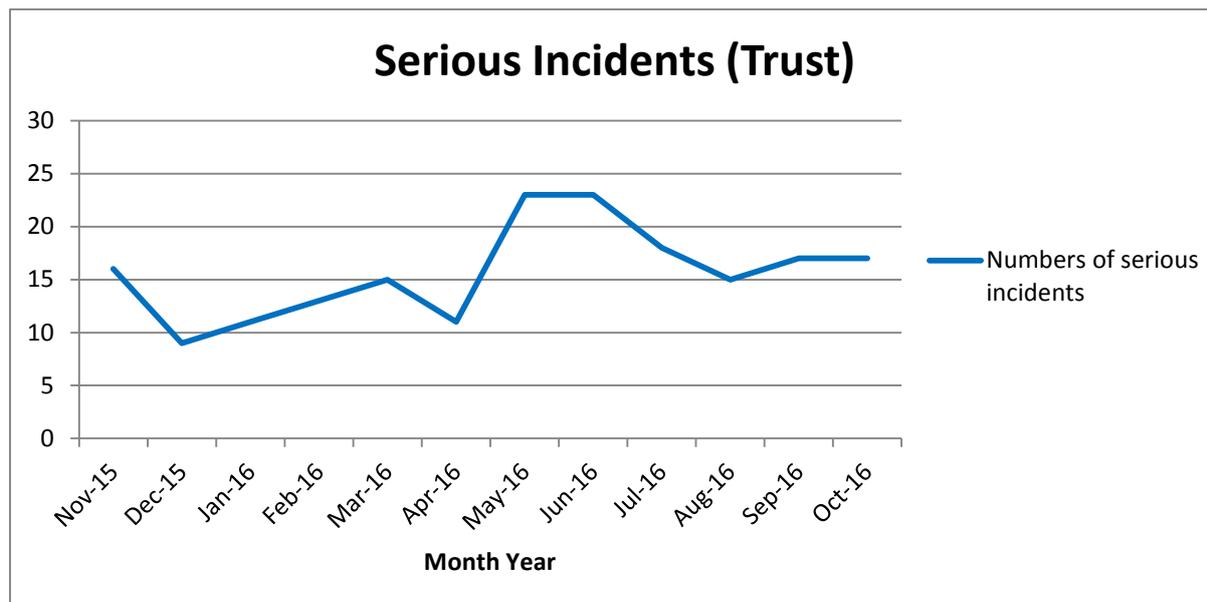


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period November 2015 – October 2016

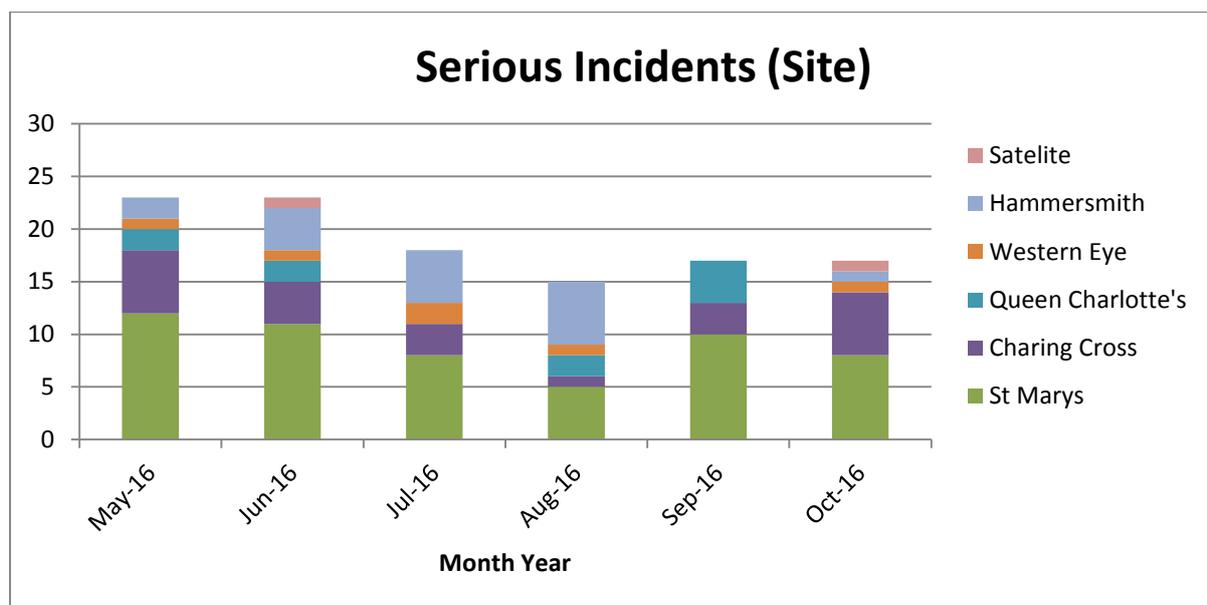


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period May 2016 – October 2016

1.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported two major/severe harm incidents and one extreme harm/death incident in October 2016.

The percentage of incidents causing these levels of harm reported by the Trust since April 2016 remains below national average as per the data published by the National Reporting and Learning System (NRLS) in September 2016.

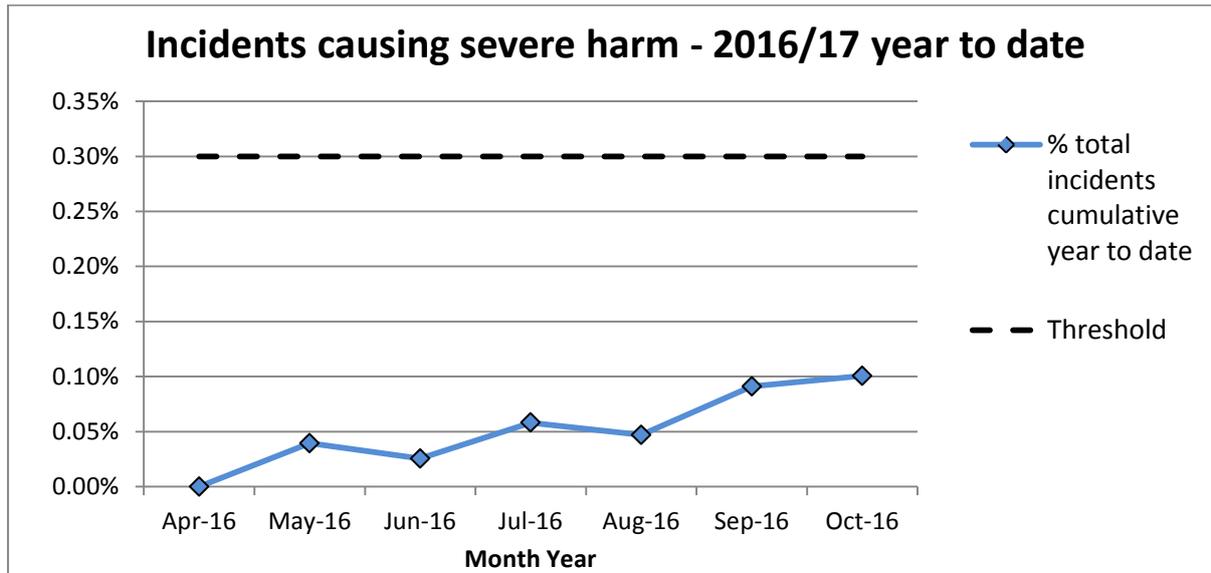


Figure 3 – Incidents causing severe harm by month from the period April 2016 – October 2016 (% of total patient safety incidents YTD)

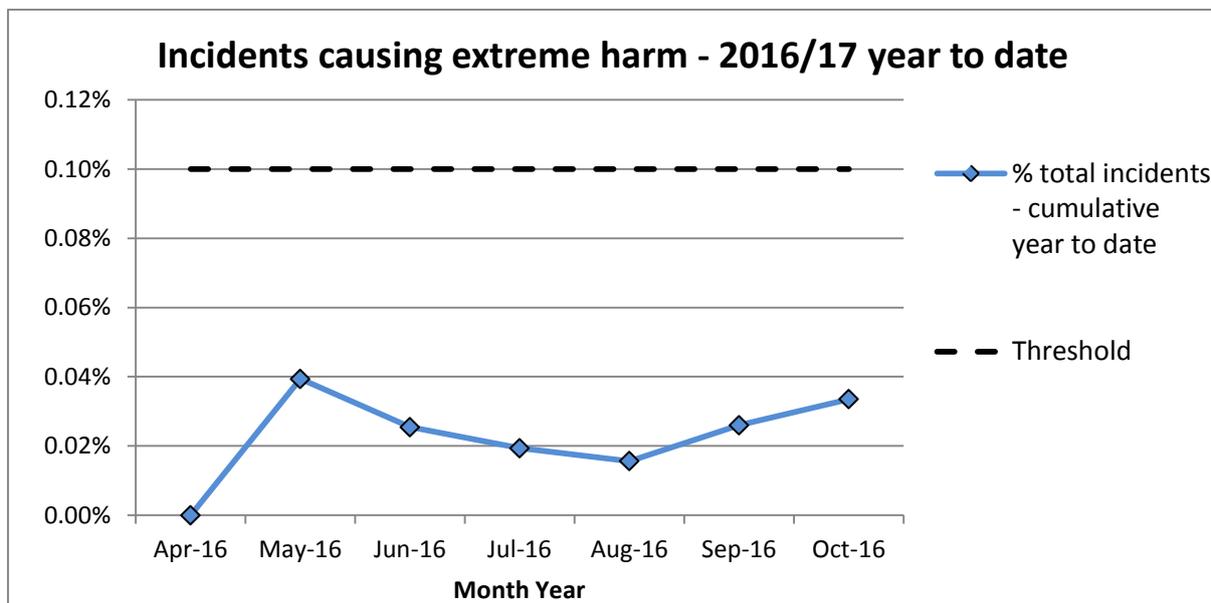


Figure 4 – Incidents causing extreme harm by month from the period April 2016 – October 2016 (% of total patient safety incidents YTD)

Patient safety incident reporting rate

Each month, all incidents reported on the Trust's incident reporting system (Datix) must be validated to confirm if they should be registered as a patient safety incident. A patient safety incident is any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving NHS-funded healthcare. All patient safety incidents are sent to the National Reporting and Learning System and contribute to national statistics.

For the month of October 2016, validation has not been fully completed by all divisions so we are currently unable to report our patient safety incident reporting rate accurately. Performance for October has therefore not been included in figure 5 below.

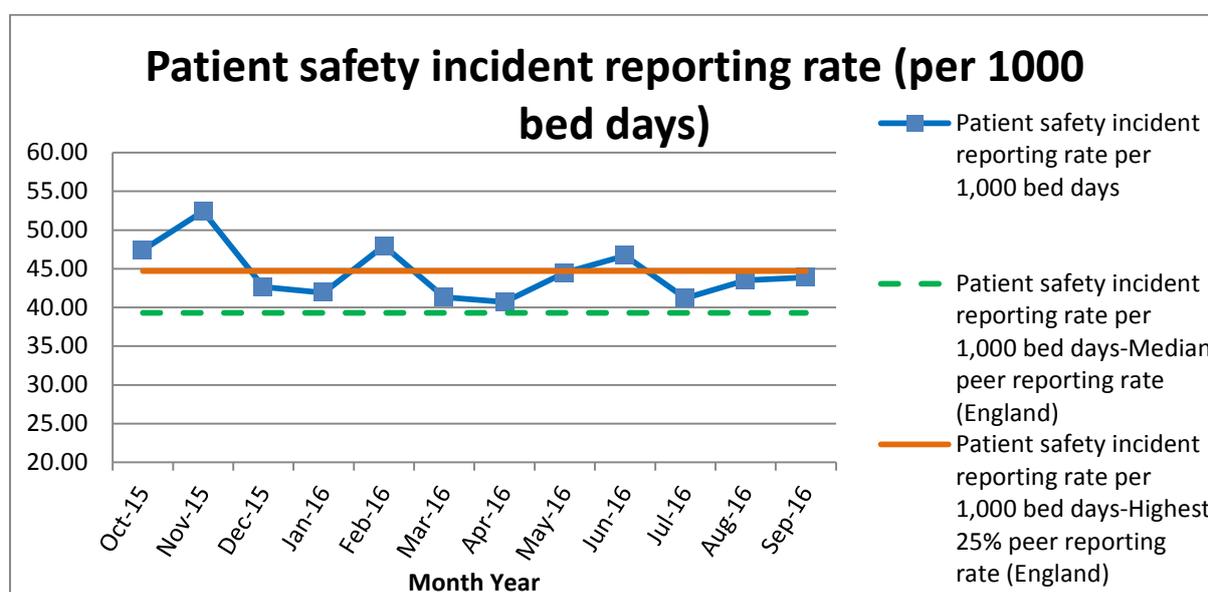


Figure 5 – Trust incident reporting rate by month for the period October 2015 – September 2016

- (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 October 2016, however one never event has been reported in November which occurred at Queen Charlotte's & Chelsea Hospital and was the result of an unintentionally retained vaginal swab. The incident is being investigated; immediate actions were taken by the division, including stopping staff changing over during emergency maternity procedures.

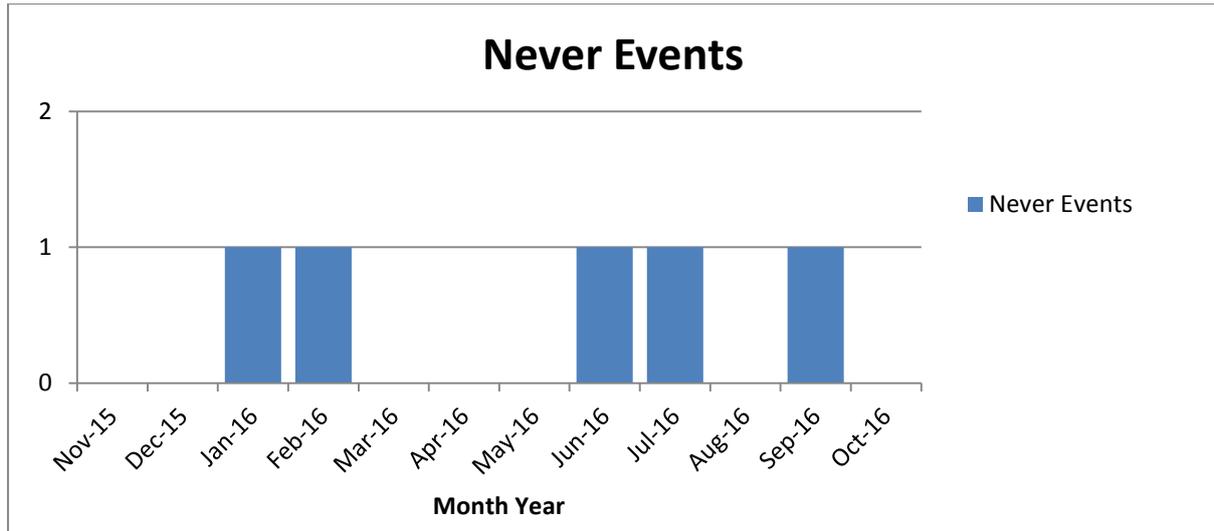


Figure 6 – Trust Never Events by month for the period November 2015 – October 2016

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

Seven cases of MRSA BSI have been identified at the Trust in 2016/17; two of these have been allocated to the Trust, one in May 2016 and one in October 2016. Each case is reviewed by a multi-disciplinary team. Actions arising from these meetings are reviewed regularly to identify themes. Contributory factors are addressed with the divisions via the taskforce weekly group meetings.

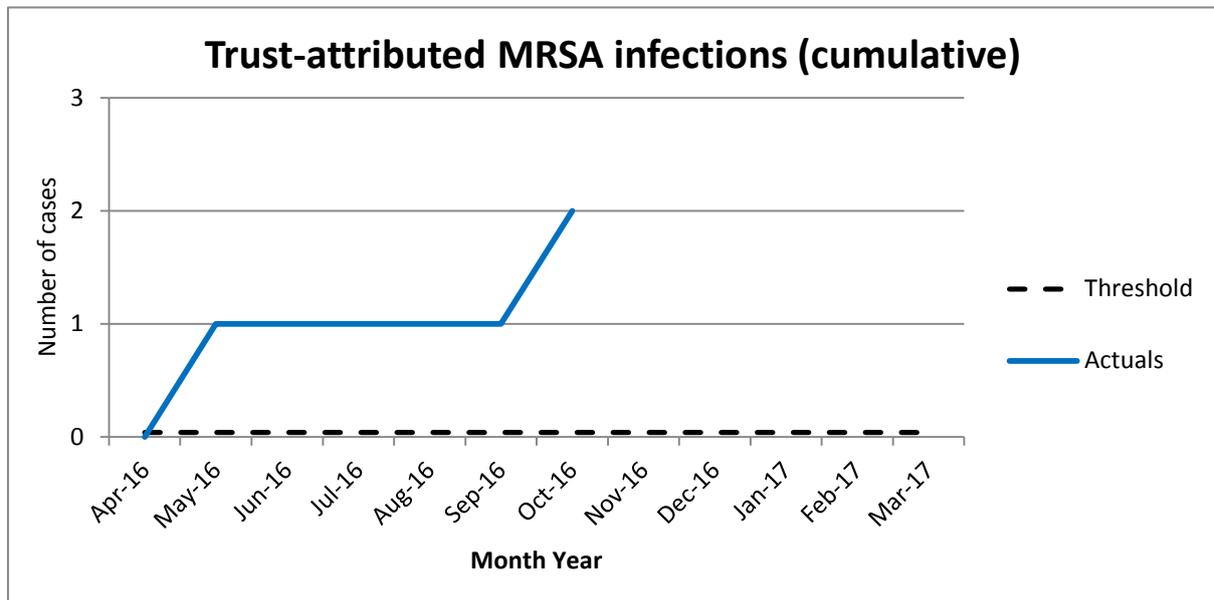


Figure 7 – Cumulative number of MRSA infections for the period April 2016 – October 2017

1.1.4 Safe: Clostridium difficile

Eight cases of *Clostridium difficile* were allocated to the Trust for October 2016. The site, ward locations and divisions of these cases are as follows:

- CXH – 8 North, 9 West, 4 South (MIC), 6 West (SCCS)

- HH – De Wardener (MIC), A8 (SCCS)
- SMH – Lewis Lloyd (MIC), Grand Union (WCCS)

The case on Lewis Lloyd Ward has been identified as a potential lapse in care related to a transmission event, which is awaiting confirmation by ribotyping.

A total of 43 cases have been allocated to the Trust in 2016/17, which is above the year to date threshold.

Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care occurred. Actions from cases where a lapse of care is identified are reviewed through the Trust quality and safety sub-group.

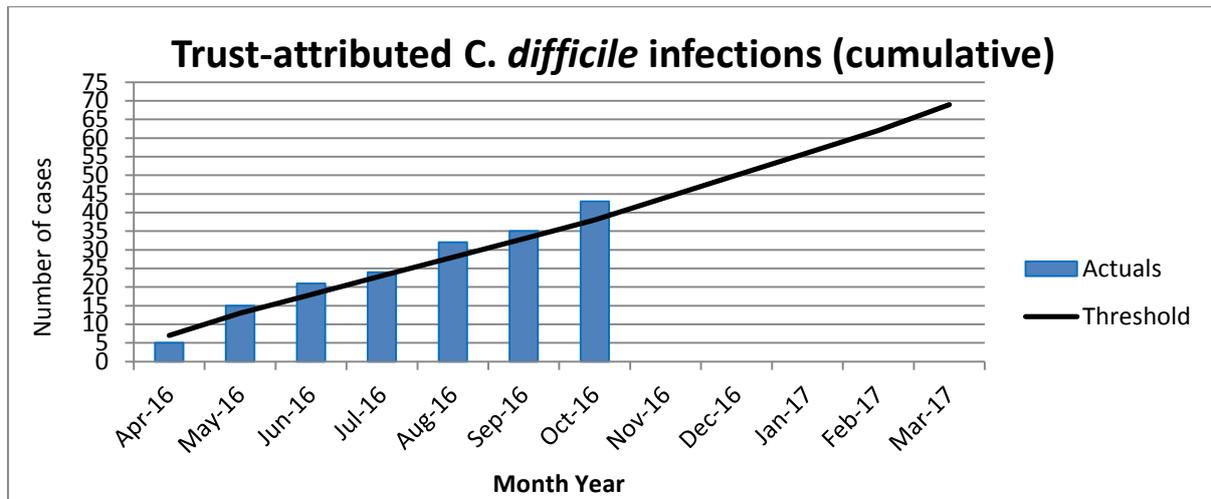


Figure 8 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2016 – October 2017

1.1.5 Safe: Venous thromboembolism (VTE) risk assessment

In October 2016, 95.55 per cent of adult inpatients (including day cases) were reported as being risk assessed for venous thromboembolism (VTE) within 24 hours of admission, against the national quality target of 95 per cent or more.

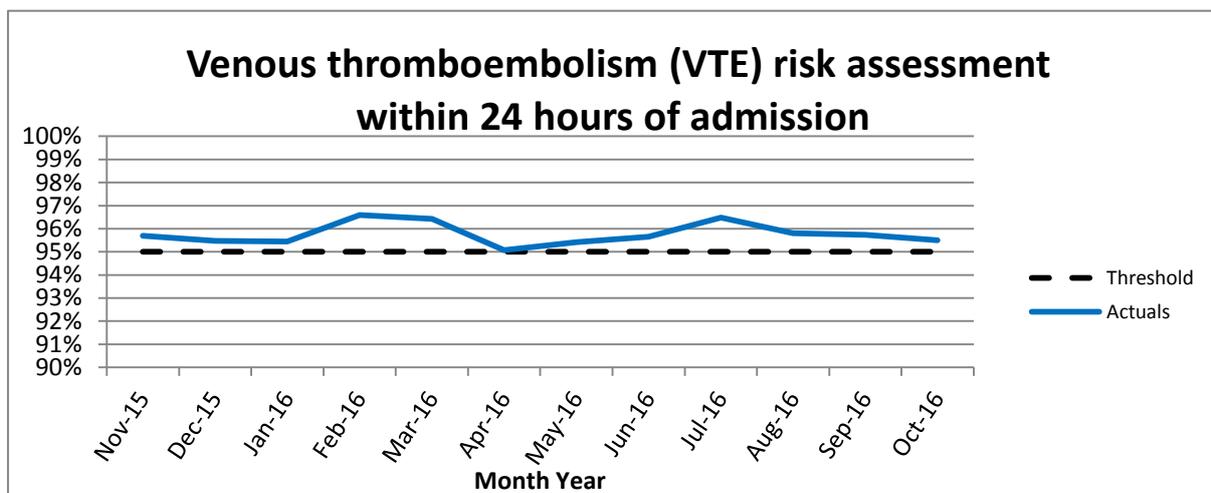


Figure 9 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period November 2015 – October 2016

1.1.6 Safe: Avoidable pressure ulcers

There were 5 avoidable pressure ulcers recorded in October 2016. A total of 17 have now been reported so far in 2016/17. The target is for a 10 per cent reduction on 2015/16 which equates to no more than 22. All pressure ulcers are reported as serious incidents and investigated by the Senior Nurse for the clinical area and local action plan implemented. No trust-acquired category 4 pressure ulcer has been reported since March 2013

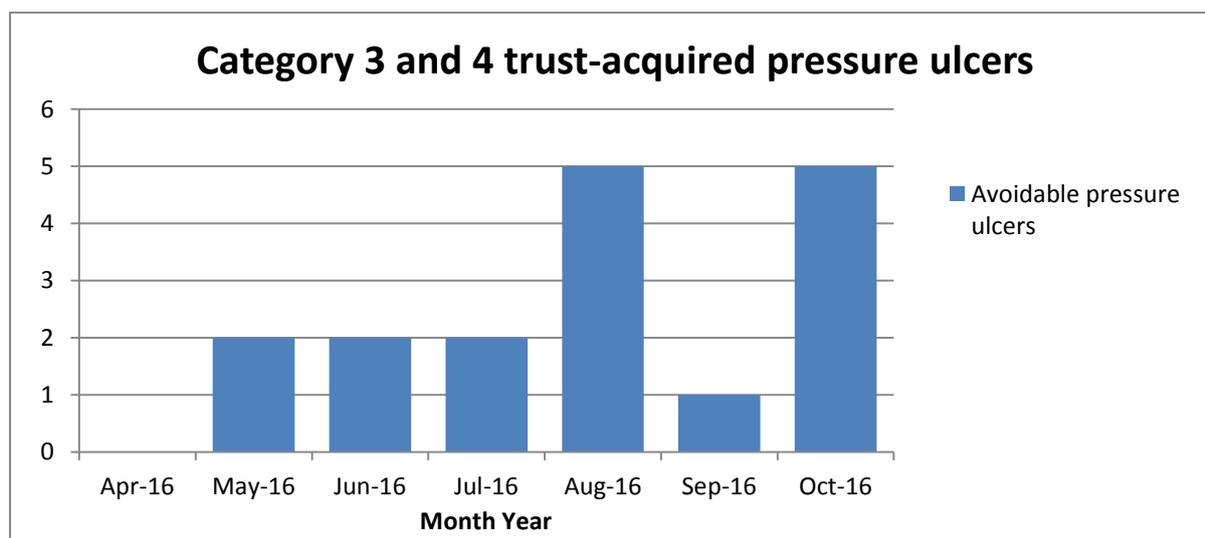


Figure 10 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period April 2016 – October 2016

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

In October 2016 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	97.37%	93.33%	98.29%	98.09%
Hammersmith	98.58%	94.76%	97.44%	98.54%
Queen Charlotte's	96.56%	93.48%	97.72%	97.52%
St. Mary's	96.88%	92.88%	97.60%	97.30%

The fill rate was below 85 per cent for care staff in the following ward:

- 5 South (critical care medicine) had a fill rate of 80 per cent for care staff during the day. This was due to an Ad-Hoc requirement for care staff on the unit for enhanced care, of which there were 7 shifts unfilled. These shifts were covered by staff being flexible on the unit to fill vacant shifts to ensure patients received the care they needed.

- There were no fill rates that fell below 90 per cent for registered staff in the month of October

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. All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in October 2016 were safe and appropriate for the clinical case mix.

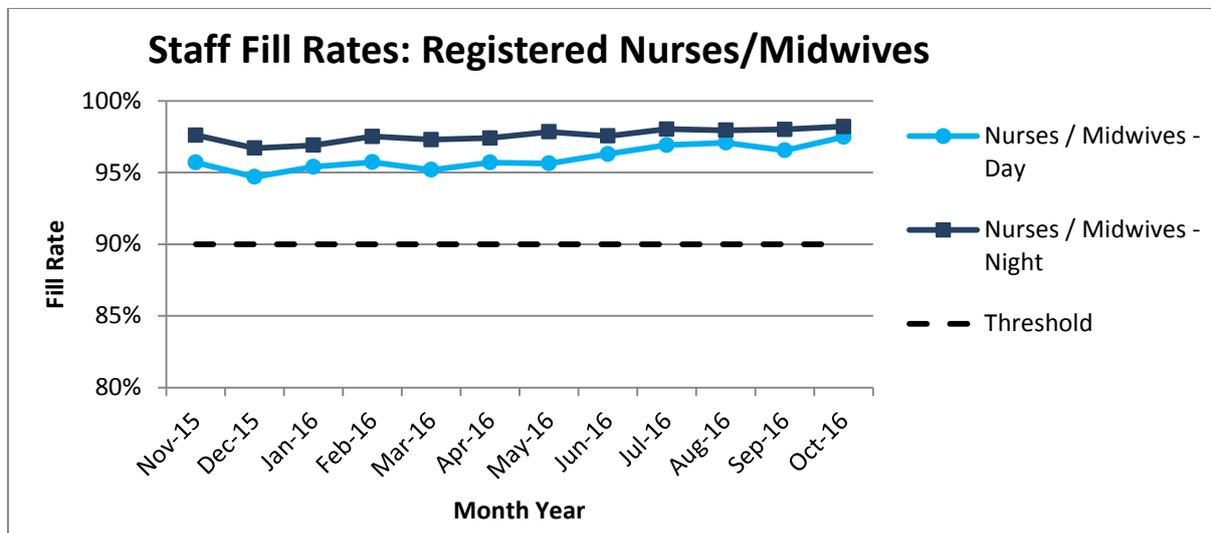


Figure 12 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period November 2015 – October 2016

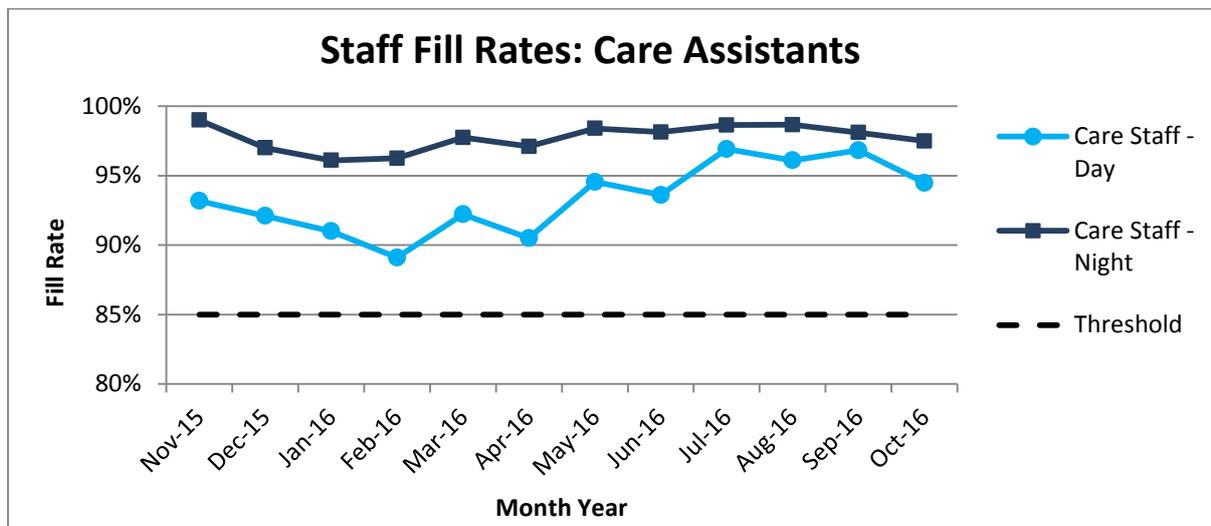


Figure 13 - Monthly staff fill rates (Care Assistants) by month for the period November 2015 – October 2016

1.1.8 Safe: CAS alerts

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 October 2016 there were 0 overdue CAS alerts at the Trust. All open alerts are within their completion deadline dates.

1.1.9 Safe: Postpartum haemorrhage

In October 2016, 29 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 equates to 3.8 per cent of deliveries which is in line with the improvement trajectory target for the month of 3.9 per cent.

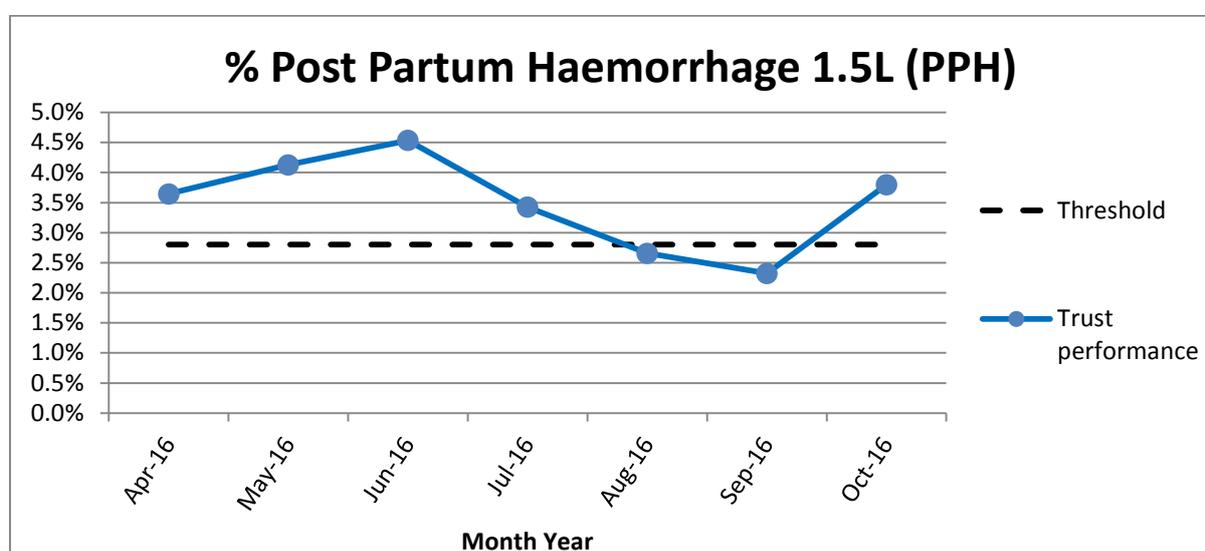


Figure 14 – Postpartum haemorrhage (PPH) for the period April 2016 – October 2016

1.1.10 Safe: Statutory and mandatory training

Core skills - excluding doctors in training / trust grade

In October 2016, overall compliance was 86.06 per cent against the target of 90 per cent or more. Work continues to improve compliance in the departments where performance is below target.

Core Skills for doctors in training / trust grade

In October 2016, overall compliance was 67.43 per cent against the target of 90 per cent or more. The compliance for junior doctors is currently below target. This is related to the London Streamlining Programme which did not produce any results in August and manual processes had to be implemented and doctors asked to repeat modules.

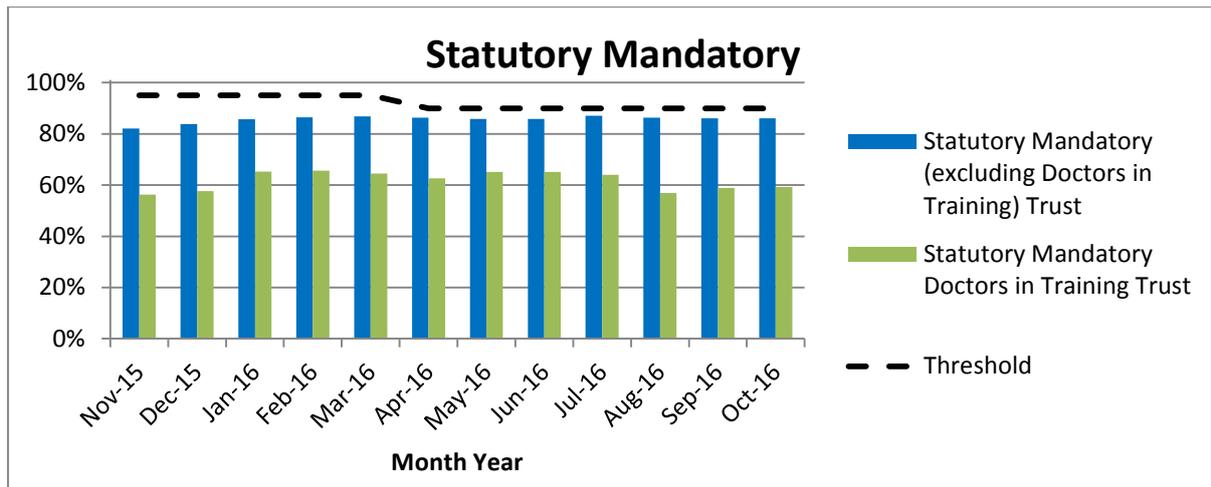


Figure 15 - Statutory and mandatory training for the period November 2015 – October 2016

1.1.11 Safe: Work-related reportable accidents and incidents

There was one RIDDOR-reportable incident (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) in October 2016.

- The incident was a nurse who received a sharps injury from a haemodialysis fistula needle during use on a Hepatitis C positive patient; this is reportable as a dangerous occurrence.

There was also one reported RIDDOR-reportable incident that occurred in April 2016, but reported in October 2016.

- The incident was during patient manual handling, resulting in a work related sickness absence of over 7 days. The incident was reported on Datix following return to work, after a number of month’s absence, resulting in a late report to the HSE.

In the 12 months to 31 October 2016, there have been 36 RIDDOR reportable incidents of which 14 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.

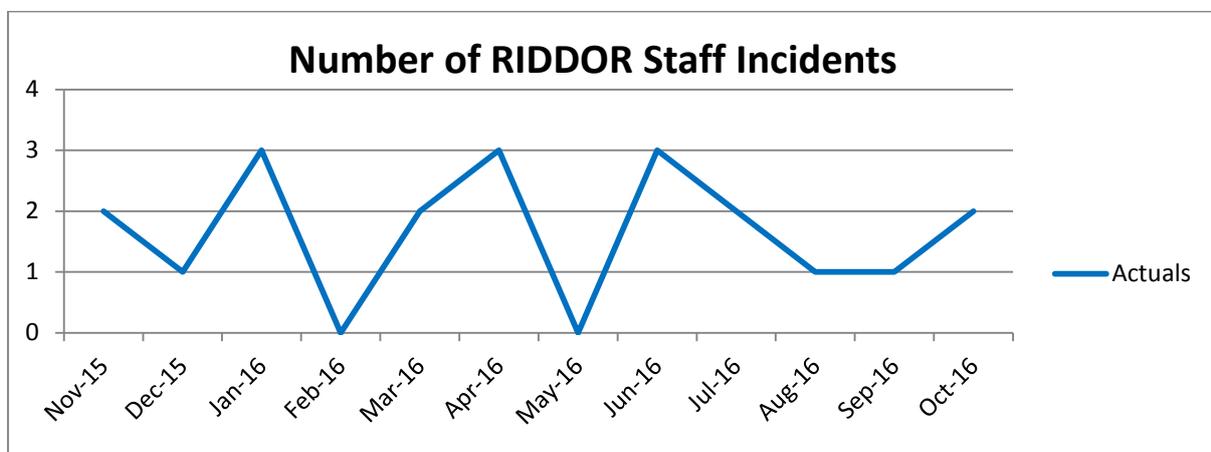


Figure 16 – RIDDOR Staff Incidents for the period November 2015 – October 2016

1.2 Effective

1.2.1 Effective: National Clinical Audits

The effective goal in our quality strategy for 2016/17 is to show continuous improvement in national clinical audits with no negative outcomes.

There have been 20 national clinical audit reports published since April 2016 in which the Trust participated. These are reviewed by the relevant division and a template completed by the audit lead. Of the 20 published audits, 9 audit report summary templates have been completed by the audit leads, with the remaining 11 are still under review by the divisions.

Where an audit indicates areas for improvement, the service is required to develop an action plan which is monitored by the divisional governance team and reported through the Directorate and Divisional Quality and Safety Committees; this process is overseen by the Clinical Audit and Effectiveness Group.

1.2.2 Effective: Mortality data

Our target for mortality rates in 2016/17 is to be in the top five lowest-risk acute non-specialist trusts as measured by the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI). The most recent monthly figure for HSMR is 63.06 for June 2016. Across the last year of available data (July 2015 – June 2016), the Trust has the third lowest HSMR for acute non-specialist trusts nationally. The Trust has the fourth lowest SHMI of all non-specialist providers in England for 2015/16.

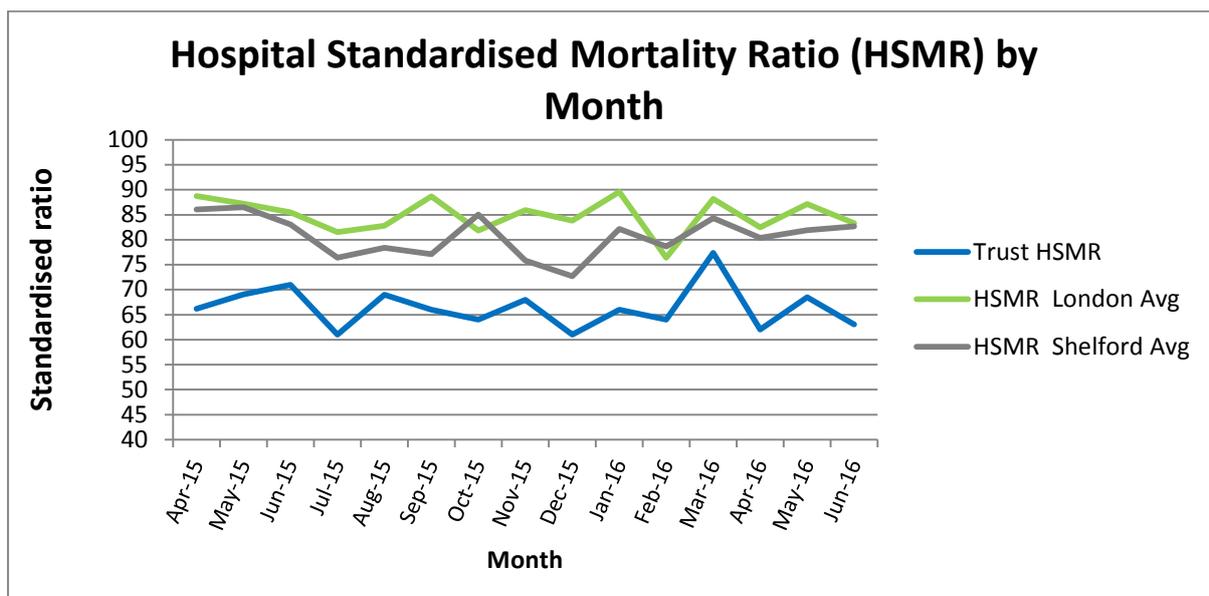


Figure 17 - Hospital Standardised Mortality Ratios for the period April 2015 – June 2016

1.2.3 Effective: Mortality reviews completed

In February 2016, the Trust introduced a new online mortality review process to standardise the way all deaths are reported and reviewed. This allows reporting of avoidable mortality in line with national guidance issued by NHS England.

Eighty five per cent of deaths occurring in the Trust between April-September 2016 have been reviewed by the divisions. Twelve deaths were categorised as possible avoidable deaths. Seven of these have been fully investigated: three have been confirmed as avoidable as result. A large retrospective note review exercise conducted across acute hospital trusts in England concluded that 3.6 per cent of deaths across the NHS were avoidable¹; in an organisation this size that equates to 55 deaths a year.

1.2.4 Effective: Recruitment of patients into interventional studies

In quarter 1 2016/17, 94.2 per cent of clinical trials recruited their first patient within 70 days of a valid research application, against an internal target of 90 per cent.

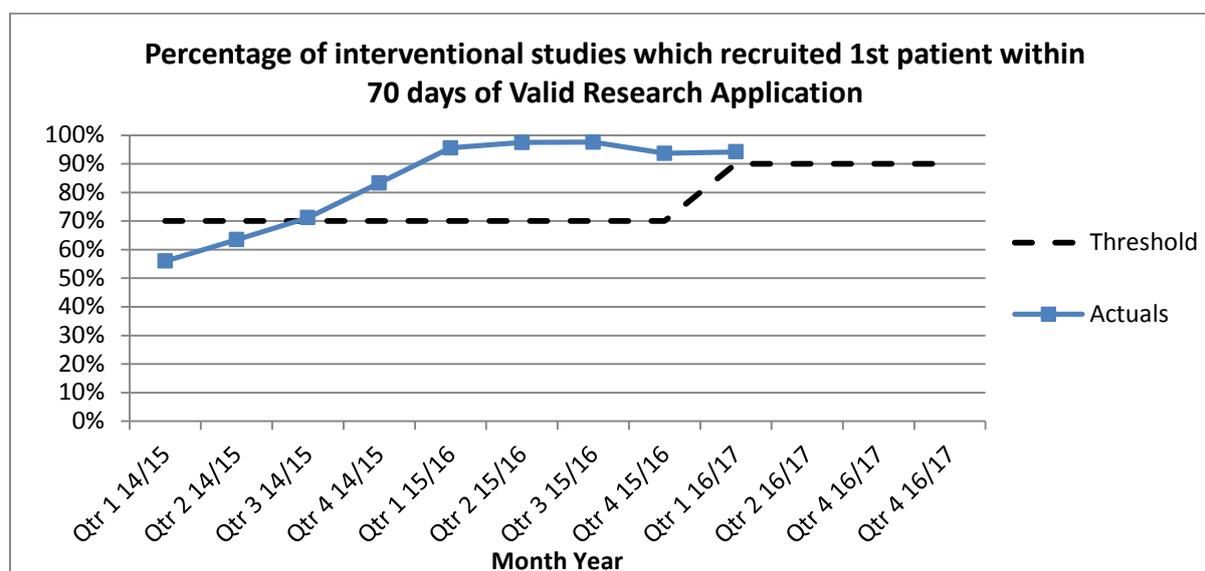


Figure 18 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2015/16

1.2.5 Effective: Discharges before noon

During October the performance of discharges before noon remained below target. There was reduced discharge unit capacity at SMH as the unit was closed for bedded patients for a period to support overnight stays allowing only ambulant patients in a single bay. The CXH unit remains as part of the transport area until end of November and will be reopening to bedded model, located on 5 South.

¹ Hogan H, Zipfel R, Neuburger J et al. (2015) Avoidability of hospital deaths and association with hospital-wide mortality ratios: retrospective case record review and regression analysis. The British Medical Journal. 351:h3239

The Playing our Part programme has been launched with the aim of identifying and addressing delays in patient flow and earlier identification of suitable patients for discharge before noon.

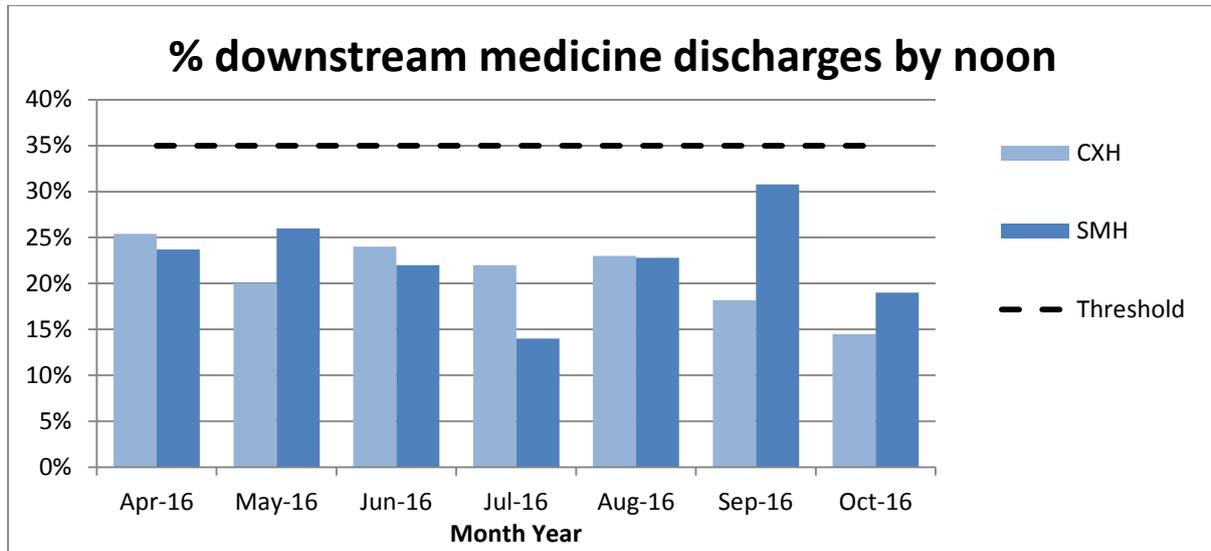


Figure 19 - Patients discharged from downstream medical wards before noon for the period April 2016 – October 2016

1.2.6 Effective: Readmission rates

The Trust target is to reduce unplanned readmissions after discharge from the Trust and be below the national average. The most recent monthly figure is for April 2016 because of the time lag involved.

For April 2016, Imperial readmission rates are lower in both age groups than the Shelford and National rates.

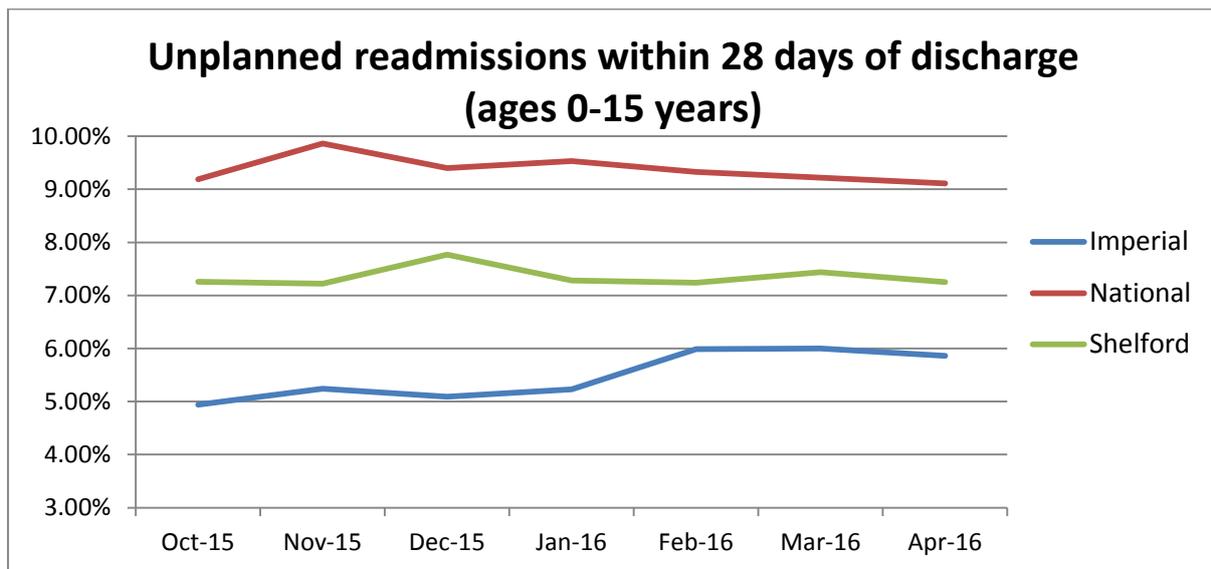


Figure 20 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – April 2016

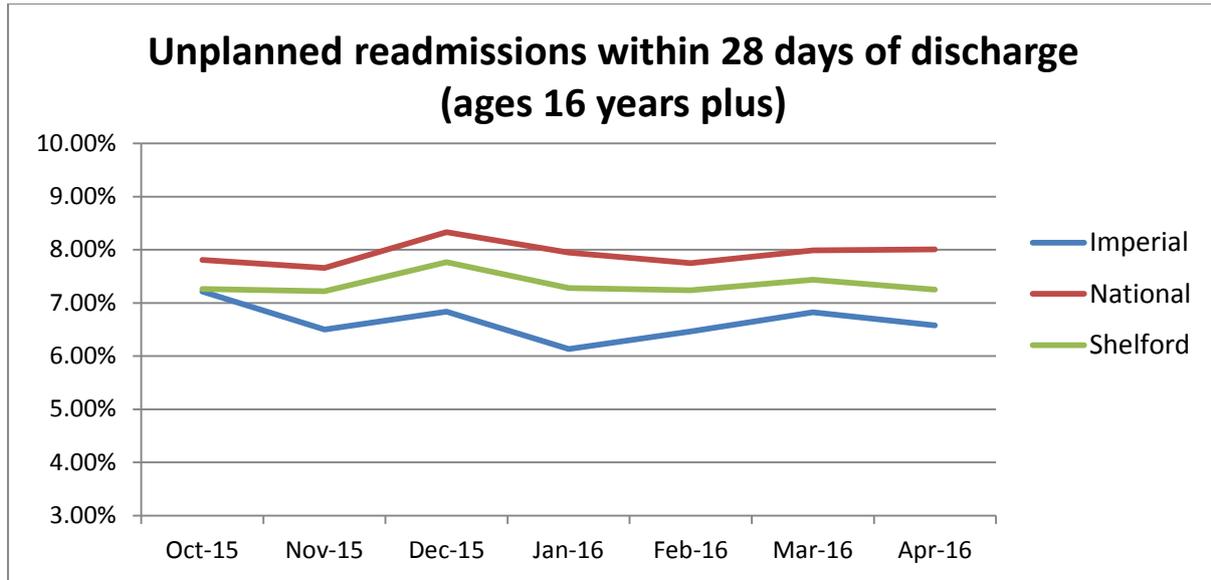


Figure 21 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – April 2016

1.2.7 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. If these steps are not done the Trust waiting list performance may be affected and patients may also not be moved on promptly to the next stage in treatment.

A new Trust-wide target has been introduced for all outpatient appointments to be checked-in within 1 week of the clinic date after which time they are flagged for action with service leads. This includes a newly agreed escalation process for areas not showing improvement. A similar approach to reducing appointments not checked out is being adopted.

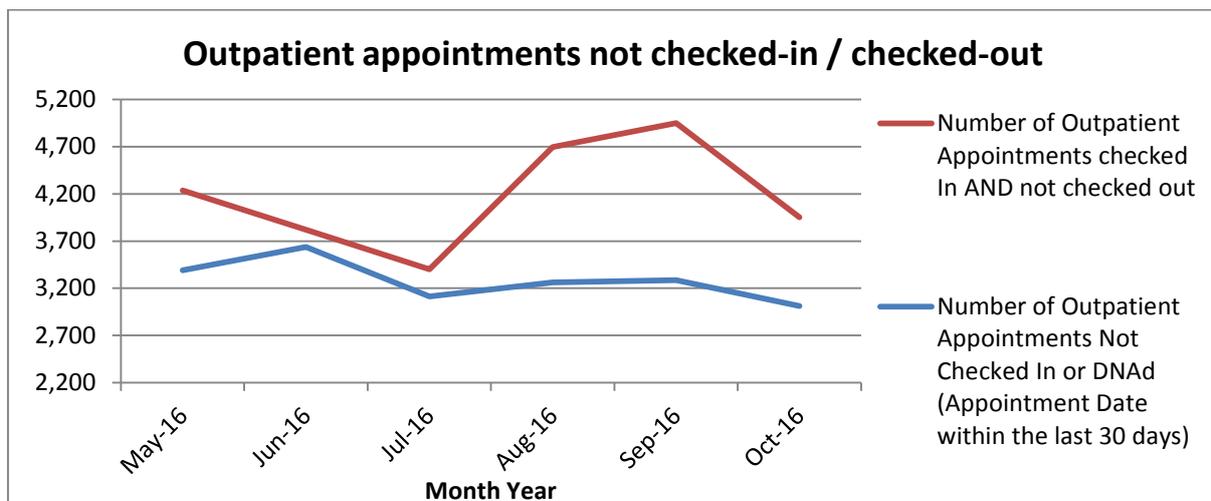


Figure 22 – Number of outpatient appointments not checked-in / checked-out for the period May 2016 – October 2016

1.3 Caring

1.3.1 Caring: Friends and Family Test

The Accident and Emergency response rates remain below target. Options to utilise a similar approach to that employed recently in outpatients is being explored as this has been very successful in terms of increasing the numbers of patients completing the FFT survey.

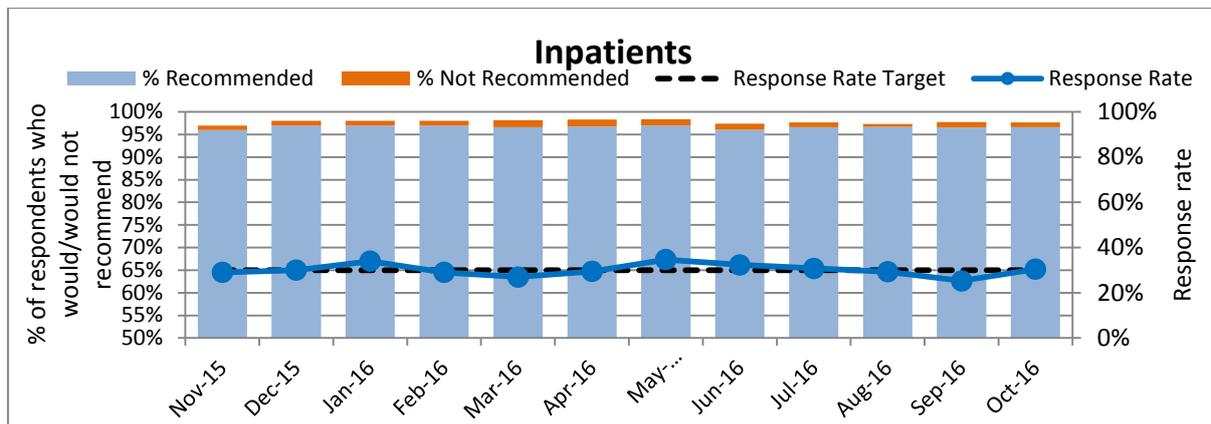


Figure 23 - Friends and Family (Inpatients) for the period November 2015 – October 2016

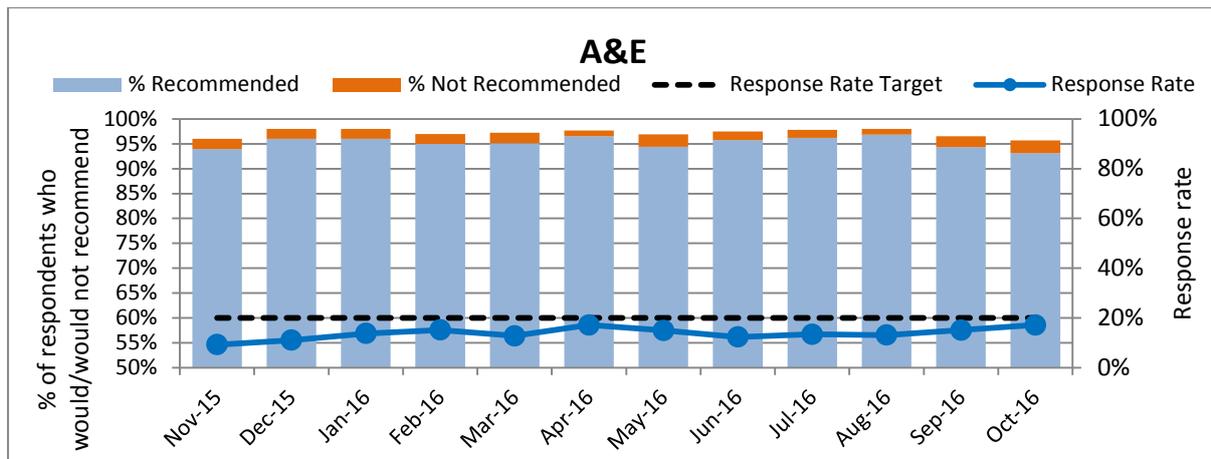


Figure 24 - Friends and Family (Accident and Emergency) for the period November 2015 – October 2016

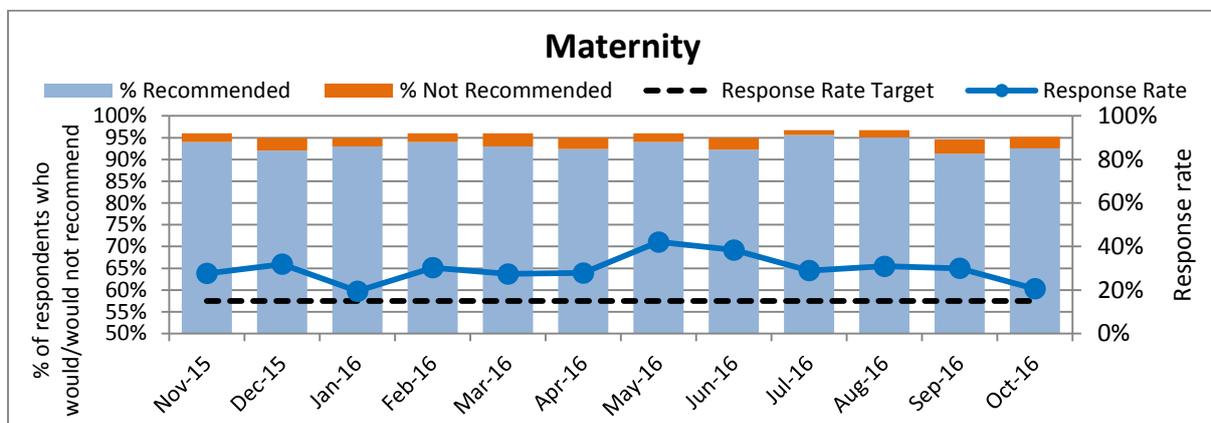


Figure 25 - Friends and Family (Maternity) for the period November 2015 – October 2016

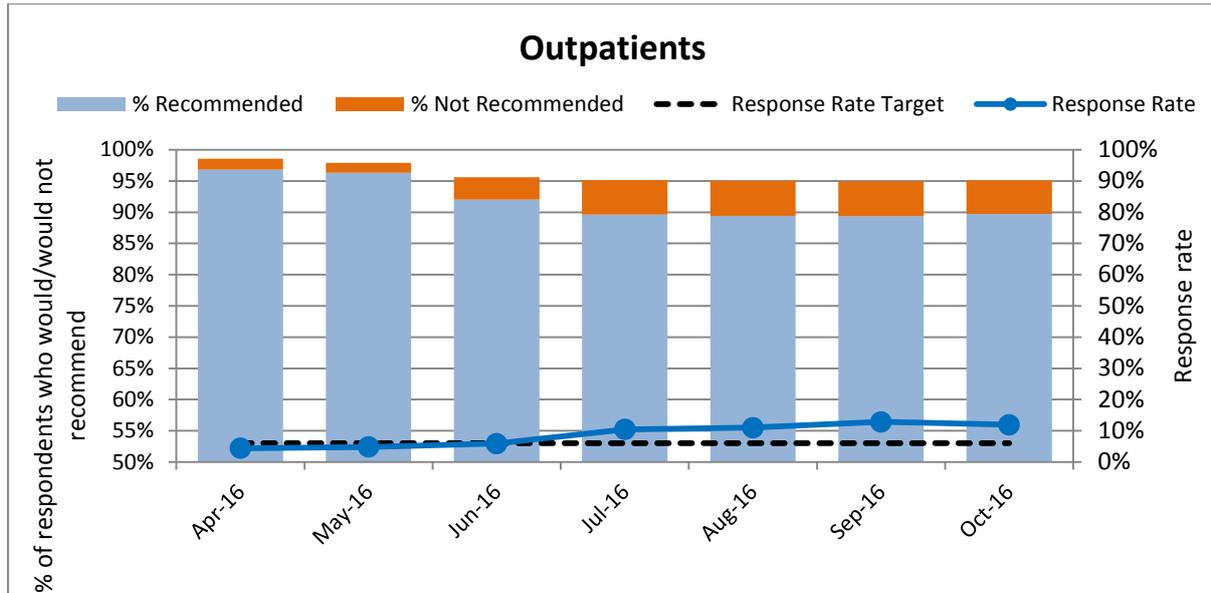


Figure 26 - Friends and Family (Outpatients) for the period April 2016 – October 2016

1.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

In October 2016, 71.72 per cent of patients who left the hospital as part of the non-emergency patient transport scheme left within 120 minutes of their requested pick up time (outward discharges and transfers), against a target of 98 per cent.

One of the main drivers for current performance is compressed demand for the transport service between 1600 and 1800 hrs. The Trust is drafting proposals to spread planned discharges across the day. This will help to reduce transport waiting times, improving performance and patient experience. Other initiatives are being put in place with our service provider to optimise the vehicle fleet utilisation.

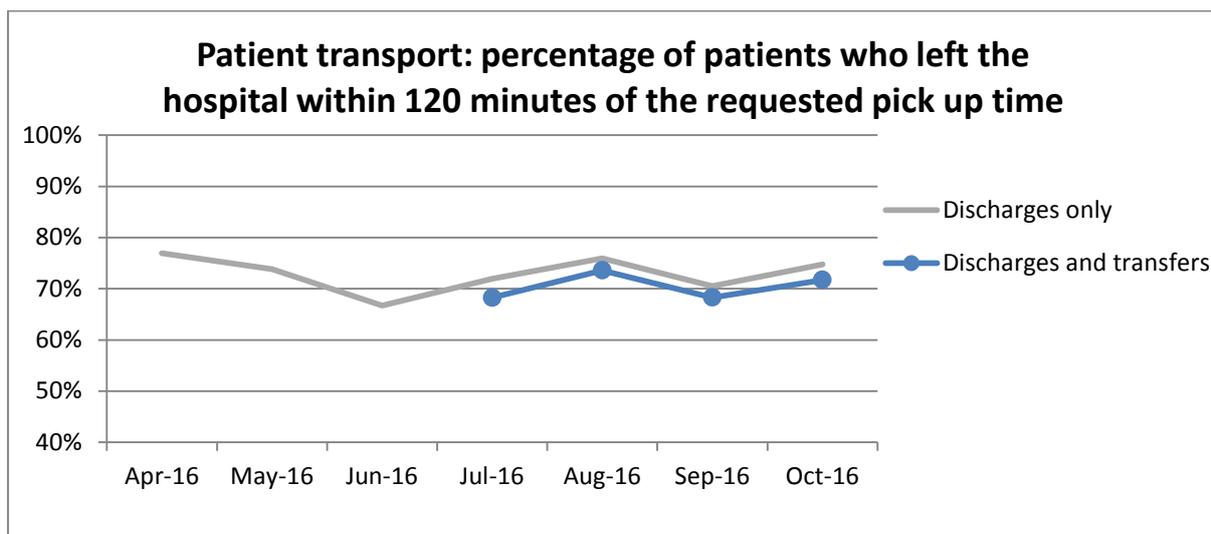


Figure 27 - Percentage of patients who left the hospital (discharges and transfers) as part of the patient transport scheme within 120 minutes of their requested pick up time between April 2016 and October 2016 ****as of July 16 transfers are measured within this indicator**

1.4 Well-Led

1.4.1 Well-Led: Vacancy rate

All Roles

At the end of October 2016, the Trust employed 9,753 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions and Research & Development areas.

The contractual vacancy rate for all roles was 10.27 per cent against the target of 10 per cent (the September performance was 10.21 per cent). During the month there were a total of 294 WTE joiners and 208 WTE leavers across all staffing groups. The Trust's voluntary turnover rate (rolling 12 month position) returned to normal levels of 10.40 per cent following the expected seasonal uplift reported in September of 10.59 per cent.

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

- Bespoke campaigns for Radiographers, Imaging, Cardiac Services, NICU and Paediatrics
- Open Days booked for 2017
- An assessment and selection tool to help consistent decision-making to support retention and engagement – to be available from January 2017 onwards.

There were 370 WTE candidates waiting to join the Trust across all occupational groups.

Bands 2 - 6 Nursing & Midwifery on Wards

At end of October 2016, the contractual vacancy rate for band 2-6 Nursing & Midwifery ward roles was 15.74 per cent with 378 WTE vacancies; small reduction from the September position of 387 WTE vacancies. Turnover for this staffing group is at 18 per cent with 90 WTE candidates waiting to join the Trust.

Actions being taken to support reduction in vacancies include:

- Second phase of the new Capital Nurse Rotation Foundation programme, in partnership with Health Education England, will start in the new year
- The assessment approach for Healthcare Assistant recruitment will be changed in November to do testing on online. This will improve the recruitment process.
- An attraction plan developed for theatres including: over-recruiting, changing the mix of Band 5 and 6s, and focused agency recruitment. The vacancy rate is coming down as a result of this intervention.
- Student Nurse Recruitment has launched for February in-take. We are attending events at a number of Universities and advertising free of charge on their news boards and we will run a series of adverts to attract students from a variety of Universities

- The new internal Band 5 transfer process has commenced; Additional advertising is about to be launched

Across London, for all Nursing & Midwifery roles, the vacancy rate averages at 15 per cent, whilst for the Trust, it is currently at 13.06 per cent; reflective of successful and focused recruitment campaigns.

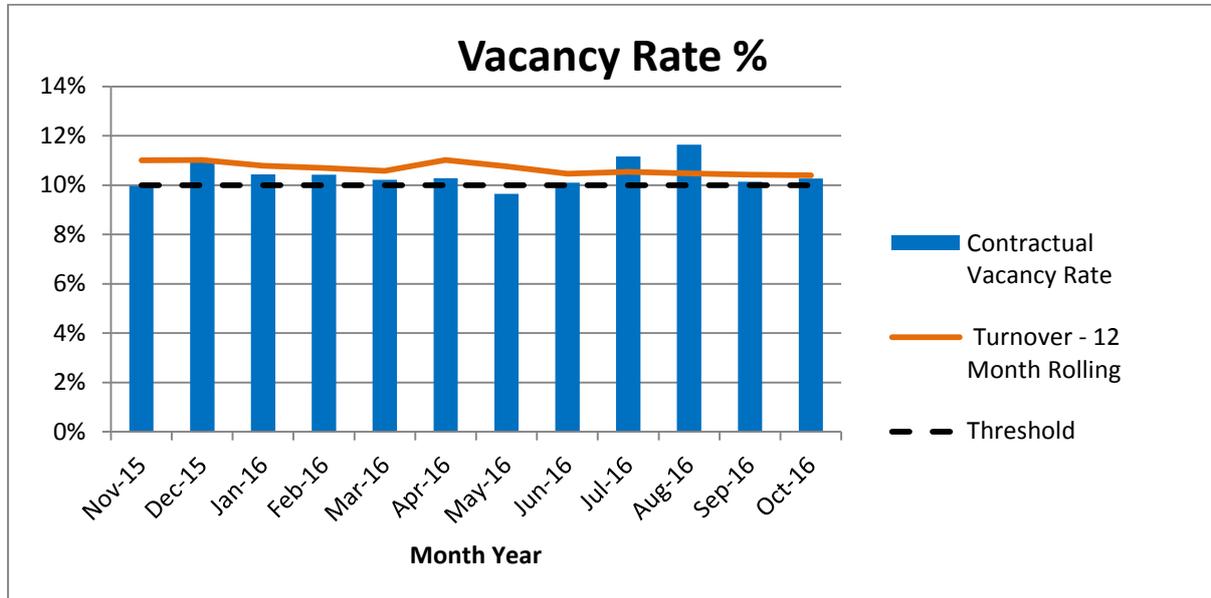


Figure 28 - Vacancy rates for the period November 2015 – October 2016

1.4.2 Well-Led: Sickness absence rate

In October 2016 the recorded sickness absence was 3.13 per cent, against the annual target of 3.10 per cent. The rolling 12 month performance was of 3.06. This is lower than the performance at October 2015 where it was 3.30 per cent.

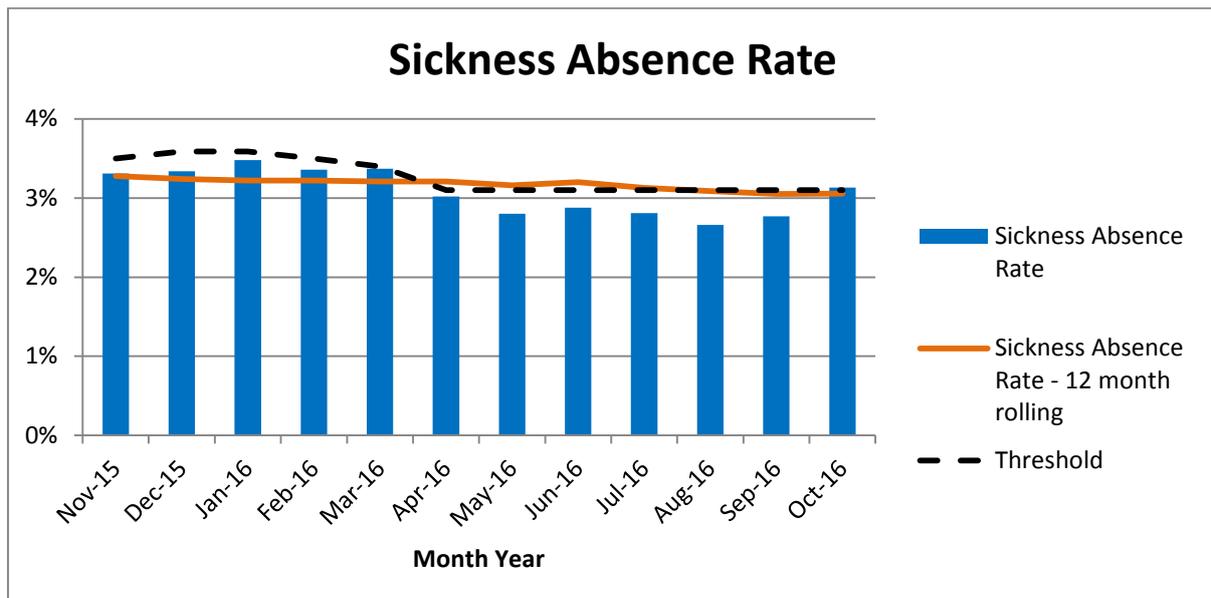


Figure 29 - Sickness absence rates for the period November 2015 – October 2016

1.4.3 Well-Led: Performance development reviews

For the 2016/17 financial year the trust achieved an 86 per cent compliance rate for completed Performance Development Reviews (PDR) for our non-medical staff. The target was for 95 per cent completion by September 2016. The new PDR cycle will begin on 1st April 2017.

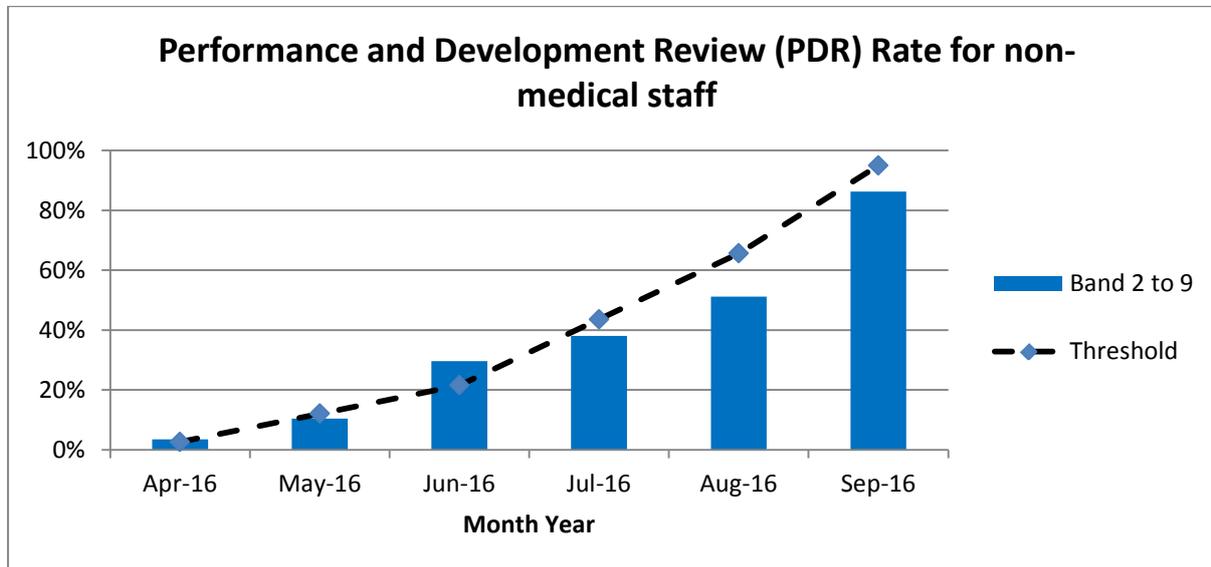


Figure 30 - Band 2 - 9 Performance development review completion rates for the period April 2016 to September 2016

1.4.4 Well-Led: Doctor Appraisal Rate

Overall doctors' appraisal rates have increased slightly this month to 83.3 per cent. As per Trust policy, review meetings are being arranged with doctors whose appraisals are overdue by 3 months to improve compliance.

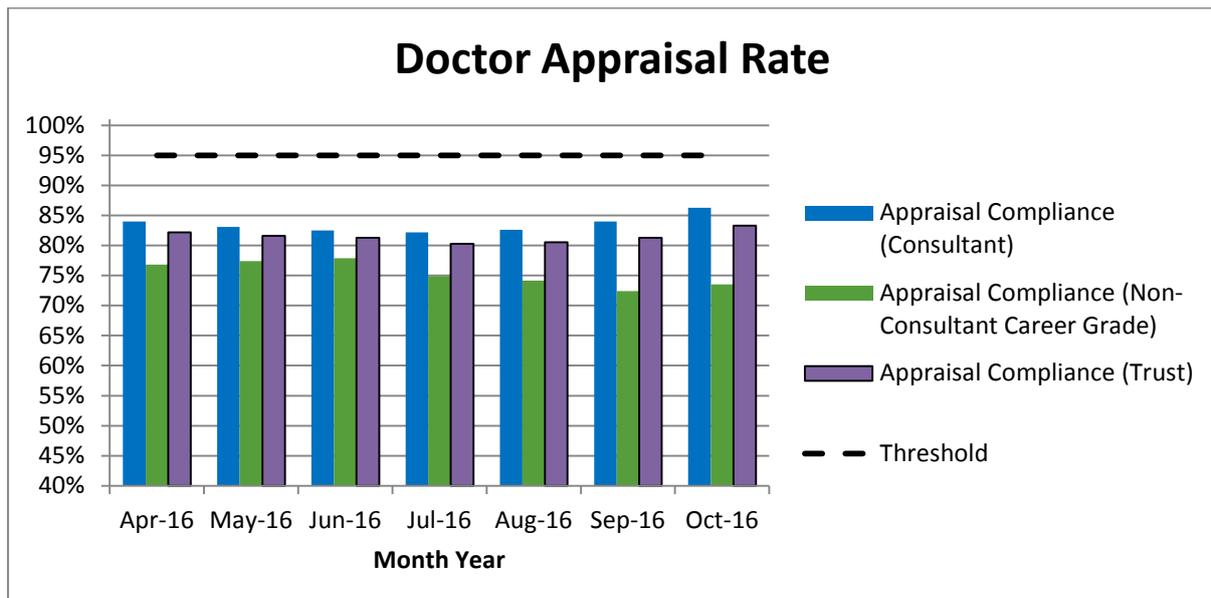


Figure 31 - Doctor Appraisal Rates for the period April 2016 to October 2016

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

Health Education North West London quality visit

There remain 24 actions open from the Health Education North West London quality visit. The next action plan submission will occur in November 2016.

2015/16 General Medical Council National Training Survey

The results of the GMC NTS survey 2015/16 were published in July and show a significant improvement, with 54 green flags compared to 20 last year and 25 red flags (where we are shown to be a significant national outlier), compared to 50 last year.

An action plan in response to the red flags was submitted to Health Education England in October 2016, consisting of 66 actions. The next update is due on 31 December. The numbers of open and closed actions will be monitored through this report going forward.

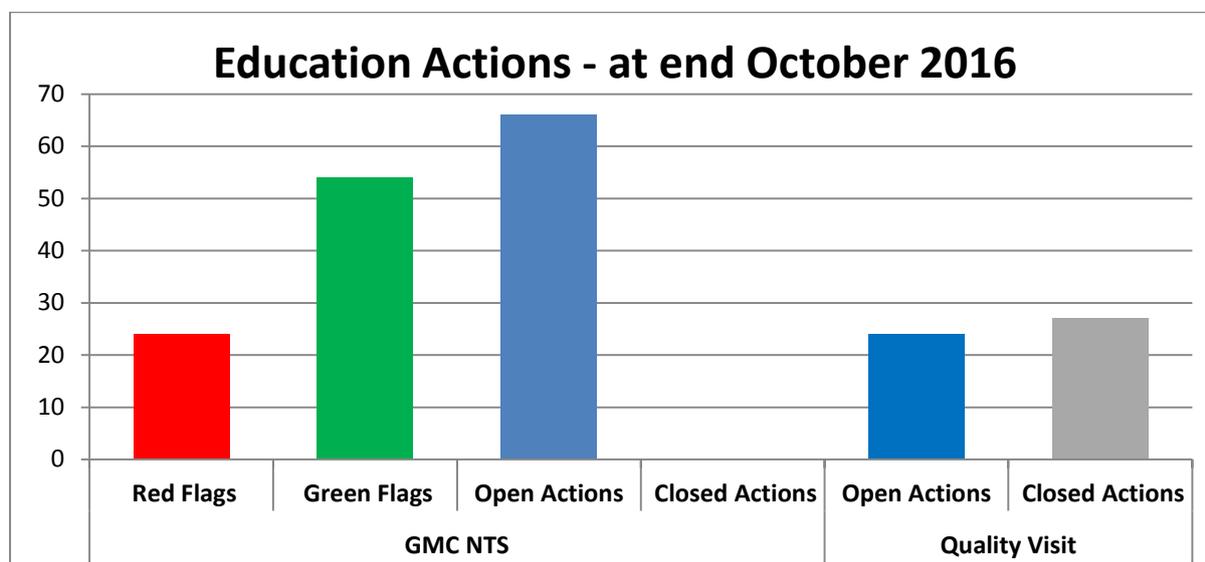


Figure 32 – General Medical Council - National Training Survey action tracker, updated at end October 2016

1.4.6 Well Led: Estates – maintenance tasks completed on time

In October 2016, 62.52 per cent of maintenance tasks were completed within the allocated response time against a target of 98 per cent.

The Trust's facilities management (Hard-FM) contract was outsourced to a new service provider which commenced on 1 April 2016. Overall the volume of calls to the maintenance helpdesk has remained fairly constant and is in line with pre-April 2016 figures. Delays with our service supplier accessing the Trust's maintenance management system have now been addressed, allowing full implementation of standard operating processes. As the contract is beginning to 'bed-in' a steady improvement in reactive repair maintenance performance is expected throughout the remainder of the 2016/17 financial year.

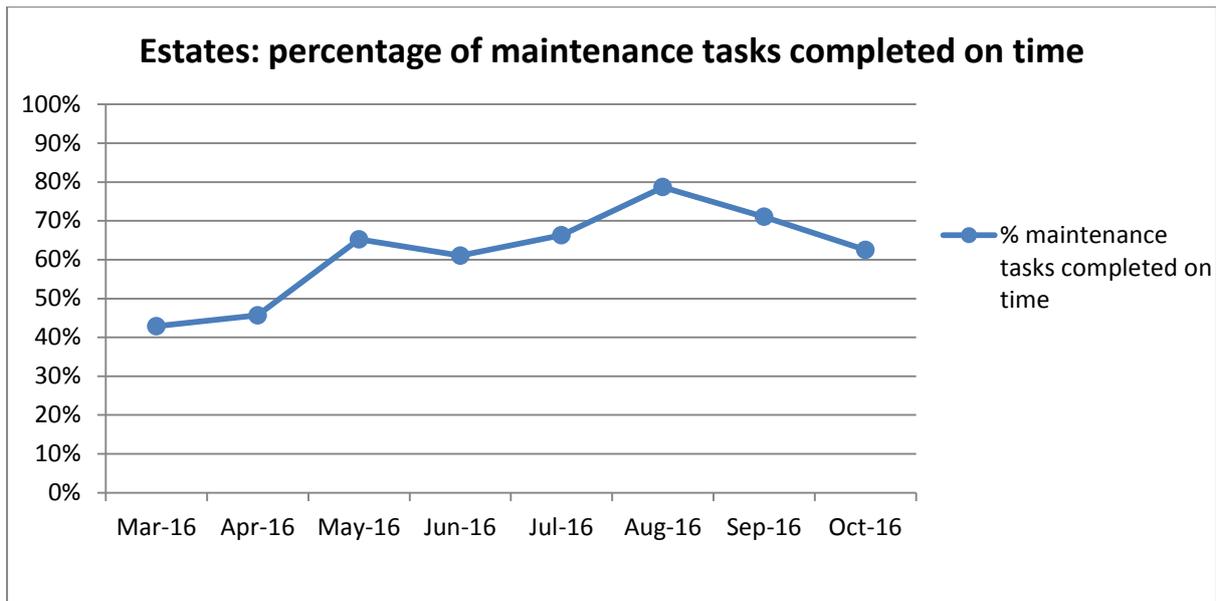


Figure 33 – Estates: percentage of maintenance tasks completed on time for the period March 2016 – October 2016

1.5 Responsive

1.5.3 Responsive: Consultant-led Referral to Treatment waiting times

Incomplete pathways are waiting times for patients waiting to start treatment at the end of the month. The performance for October 2016 was 83.40 per cent of patients on an incomplete pathway waiting less than 18 weeks to receive consultant-led treatment, against the national standard of 92 per cent (September performance was 81.63 per cent).

At the end of October 2016, 10,624 patients were waiting over 18 weeks (September performance was 10,764 patients).

The Trust Waiting List Improvement Programme (established in July 2016) oversees essential improvements in response to the RTT challenges. The project also oversees the management of the existing clinical review process which provides assurance that patients who wait over 52 weeks are not coming to significant harm. System-wide governance arrangements have been established with our commissioners and the Trust is receiving on-going support from the NHS Elective Intensive Care Team.

The Trust has submitted projections of our future performance alongside our application for Sustainability and Transformation funding. These projections will be updated as more information becomes available from the clean-up of the waiting list data which is being undertaken by the Waiting List Improvement Programme and from the specialty plans to increase capacity to address the underlying issues.

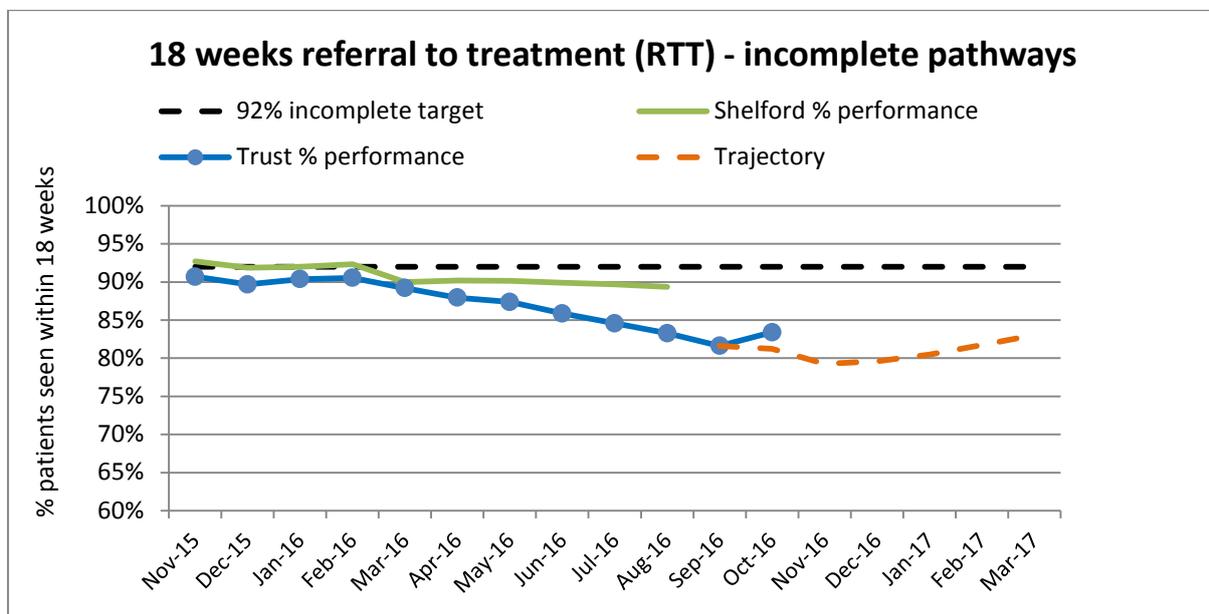


Figure 34 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period November 2015 – October 2016

52 weeks

The clean-up of the inpatient waiting lists through the improvement programme continued in October and is now largely complete. The impact is that there are a large number of patients whom we had not been tracking consistently in specific specialities because RTT rules were applied incorrectly at an earlier stage of the patient's treatment pathway. The numbers of those who are waiting over 52 weeks in Orthopaedics is particularly high.

In total at the end of October 2016, there were 475 patients who had waited over 52 weeks for their treatment since referral from their GP (including 17 patients on gender reassignment pathways). Over 400 patients were identified as part of the data clean-up exercise (242 patients in Orthopaedics, 85 patients in Plastics and 73 patients in ENT). This cohort of long waiters has now been reinstated onto the active RTT waiting list and patients are being contacted to agree a treatment date.

The position for end November is expected to be similar. Some patients will be added to the patient tracking list from continuing audits while a number of the over 52 week waiters reported for October will receive their treatment in November. This includes using outsourcing arrangements in some specialties, where the independent sector can provide capacity for the specific procedures required.

Of the 475 patients reported as waiting over 52 weeks at end October:

- **37** patients were previously reported as waiting over 52 weeks at end of September (including data clean-up). Clinical reviews and treatment plans are now in place. In many cases the patient continued to be waiting because they did not wish to have their delayed surgical operation straight away.
- **385** patients are patients identified as part of the data clean-up who have been re-instated onto the RTT waiting list.
- **35** patients were new breaches for whom we had been reviewing regularly, but whose treatment took longer than it should have done because of capacity problems or other reasons.
- **1** additional community pathway was identified.

Clinical reviews and treatments plans are being completed on all patients waiting over 52 weeks at end October.

Gender reassignment surgery pathways

- **17** patients on gender reassignment surgery pathways had waited over 52 weeks at end October 2016. These pathways were reported for the first time in June 2016 following agreement with NHS England which commissions the service from the Trust. The Trust is the only NHS provider of male to female gender reassignment surgery in the country. This backlog is steadily reducing in line with the agreed plan.

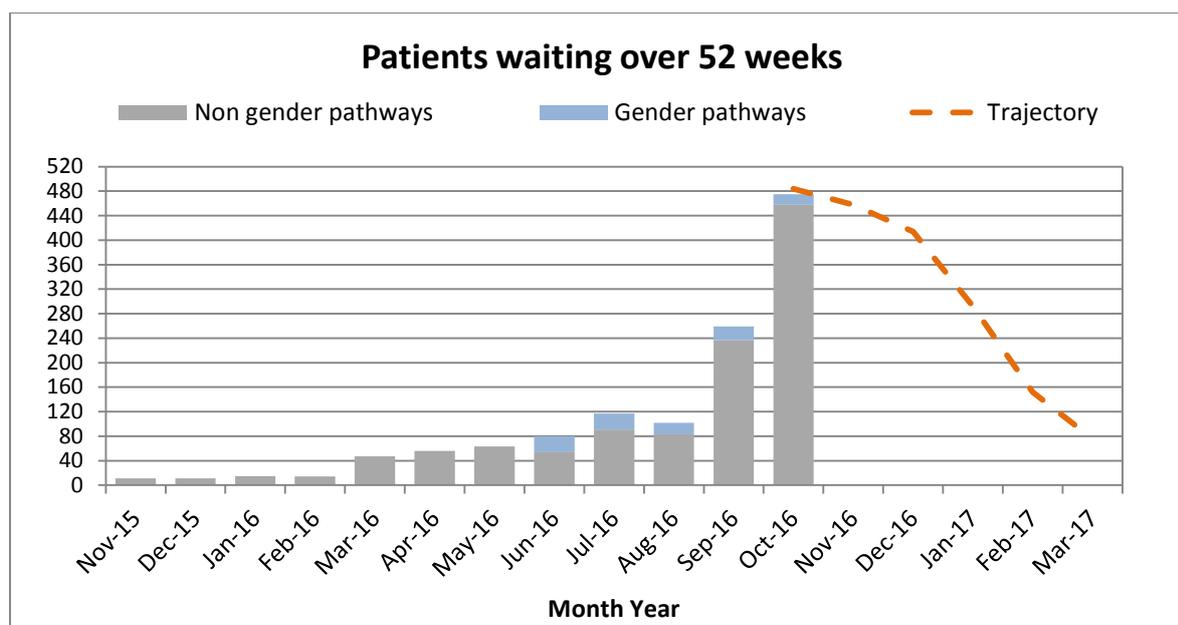


Figure 35 - Number of patients waiting over 52 weeks split by gender pathways and non-gender pathways, for the period November 2015 – October 2016

1.5.4 Responsive: Cancer

In November 2016, performance is reported for Cancer Waiting Times standards for September 2016. In September, the Trust achieved five of the eight national standards. The Trust underperformed against the two-week wait from GP referral to first outpatient appointment, the 62-day wait for GP referral to treatment and the 62-day screening standards.

1. Performance against the two week wait standard has been recovered in October. The CCG has asked that Trusts work to reduce median waits for first outpatient appointments by one day over the next three months. The Trust Corporate Cancer Service will work with the outpatients team and cancer-treating services to deliver this in the new year.
2. Underperformance against the 62-day screening standard was the result of two capacity related breaches within the breast service. A new weekly meeting has been established within the SCC division to support the prioritisation of surgical work in the context of the Cancer Waiting Times and Referral to Treatment recovery plans, which will improve service responsiveness to escalation of capacity issues. The Trust Corporate Cancer Service has also agreed to review the management of internal screening pathways with the Trust lead for women's cancers.
3. The main contributing factor to underperformance against the 62-day GP referral to treatment standard was delays on shared pathways originating from other NWL Trusts. The Trust has agreed a new performance trajectory against the standard with the CCG and NHS Improvement, shown below. The expectation is that internal performance (i.e. with all shared activity excluded) remains compliant

against the 85 per cent operational standard, as was achieved in September. The Trust is expected to deliver internal improvements to urology and colorectal diagnostic pathways within Quarter 3, and work is on track to achieve this. Other NWL trusts have committed to the resolution of delays prior to referral to ICHT within Quarter 3. If this is delivered, the Trust is expected to be compliant with the standard from January 2017. However, the CCG and NHSI understand that aggregate underperformance is likely to continue until the referring sites have addressed their internal pathway issues. ICHT have committed to supporting local sites with the development and delivery of their plans.

From January 2017 performance reporting against the new national breach reallocation policy will be formally rolled out. This is expected to benefit ICHT's reported monthly position against the 62-day GP referral to treatment standard and will support the monitoring of performance improvements on shared treatment pathways.

Indicator	Standard	Quarter 2	Sep-16
Two week from GP referral to 1st outpatient – all urgent referrals (%)	93.0%	92.4%	91.2%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.3%	93.6%
31 day wait from diagnosis to first treatment (%)	96.0%	96.7%	96.1%
31 day second or subsequent treatment (drug treatments) (%)	98.0%	100.0%	100.0%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	98.2%	95.6%
31 day second or subsequent treatment (surgery) (%)	94.0%	97.5%	95.7%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	80.1%	77.5%
62 day urgent GP referral to treatment from screening (%)	90.0%	87.7%	86.0%

Table 1 - Performance against national cancer standards for Quarter 2 and September 2016

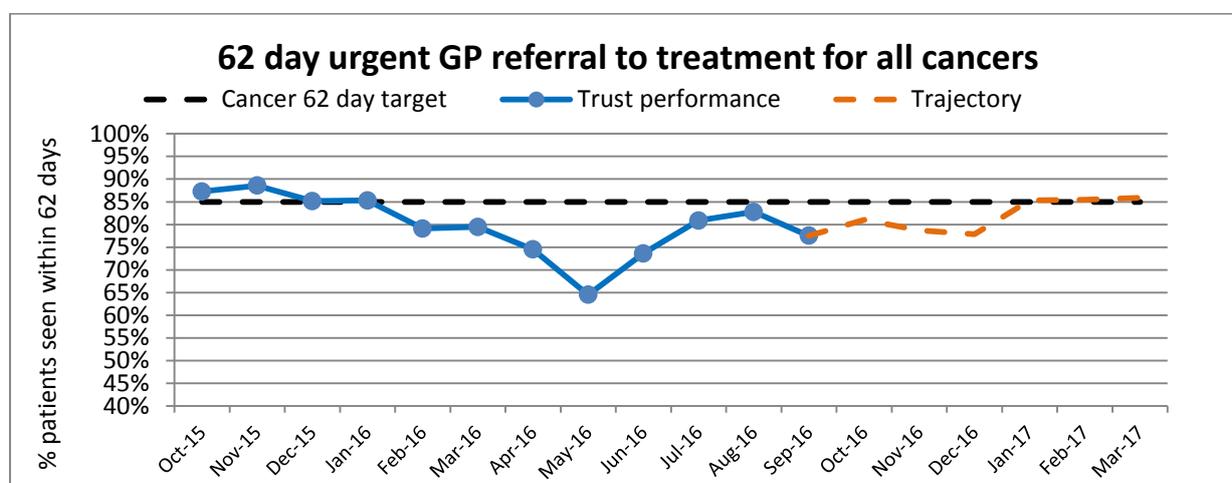


Figure 36 – Cancer 62 day GP referral to treatment performance for the period October 2015 – September 2016

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

The cancellation rate for September was 0.6 per cent which met the target threshold of 0.8 per cent. The 28-day rebooking breach rate remained above the threshold of 5 per cent. Validation of October cancellations is not yet complete.

A Trust-wide action plan has been developed which focusses on improving communication arrangements to minimise cancellations made on the day, greater visibility of high priority patients and improved escalation of 28 day rebooking to ensure earlier management intervention.

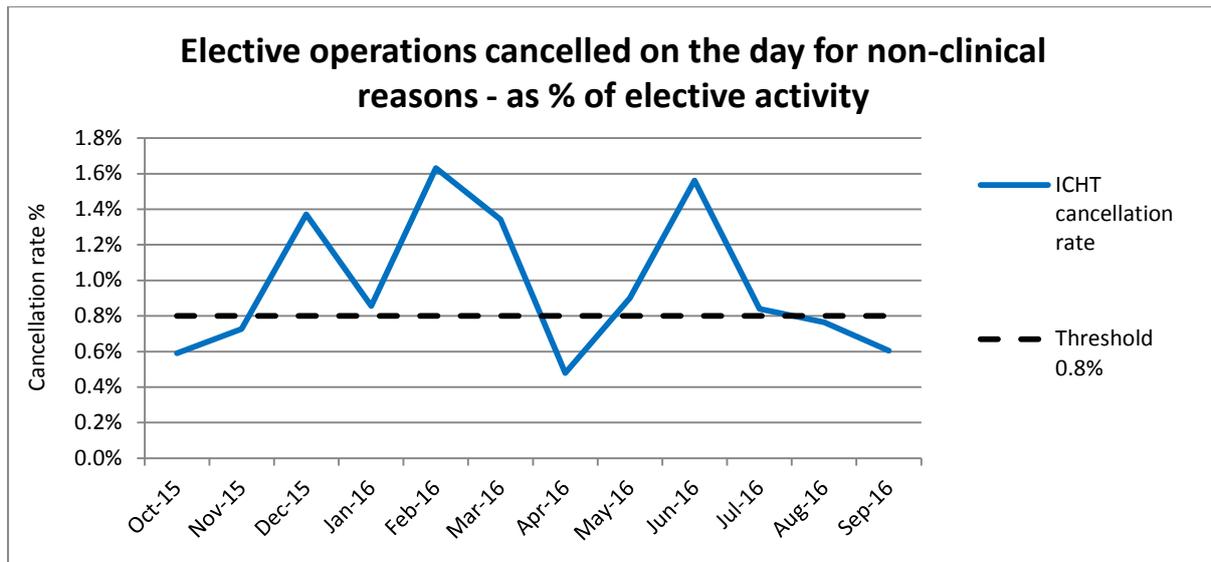


Figure 37 - Elective operations cancelled at the last minute for non-clinical reasons as a % of elective admissions for the period October 2015 – September 2016

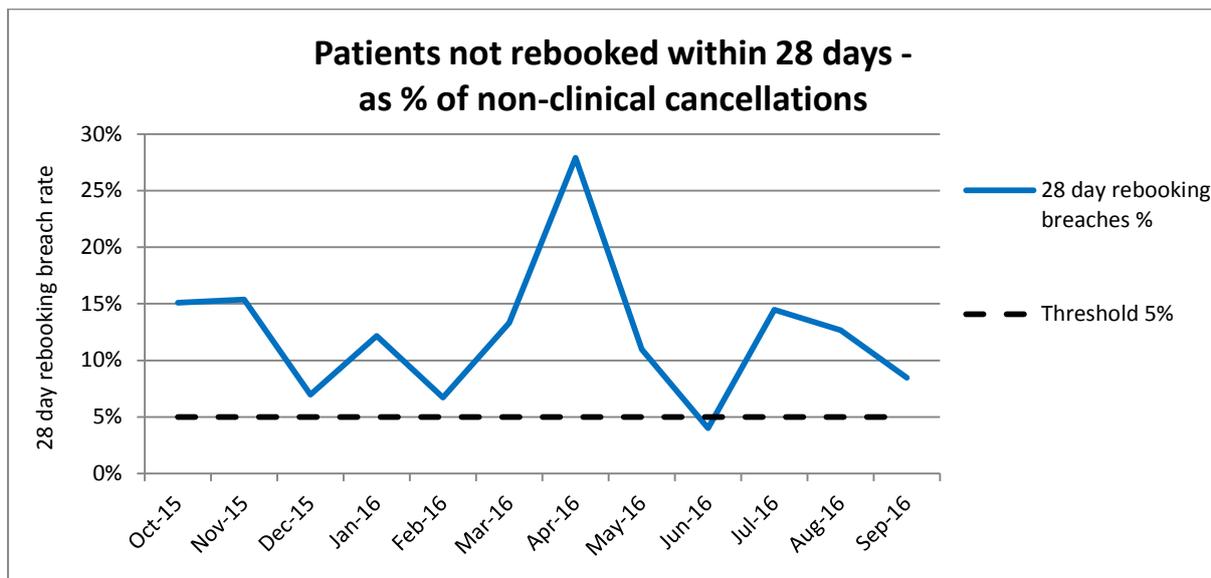


Figure 38 - Patients not treated within 28 days of their cancellation as a % of cancellations for the period October 2015 – September 2016

1.5.6 Responsive: Accident and Emergency

In October 2016, performance against the four hour access standard for patients attending Accident and Emergency was 87.03 per cent, which met the revised performance trajectory target 86.65 per cent for the month.

The drivers of current levels of performance continue to be:

- Increasing demand, especially at CXH
- Increasing acuity (much of the increase in demand is through ambulance arrivals)
- Delays and difficulties with the pathway from the Urgent Care Centre to the Emergency Department at SMH
- Crowding has been a particular problem and the recently approved Full Capacity Protocol was instigated on two occasions during October. The Site Operations Team coordinated a successful response and a full debrief following both incidents.

Actions underway to improve performance during November are:

- A second “Playing our Part” week
- The Ambulatory Emergency Care service to move to 7 day working at CXH (this is already in place at SMH)

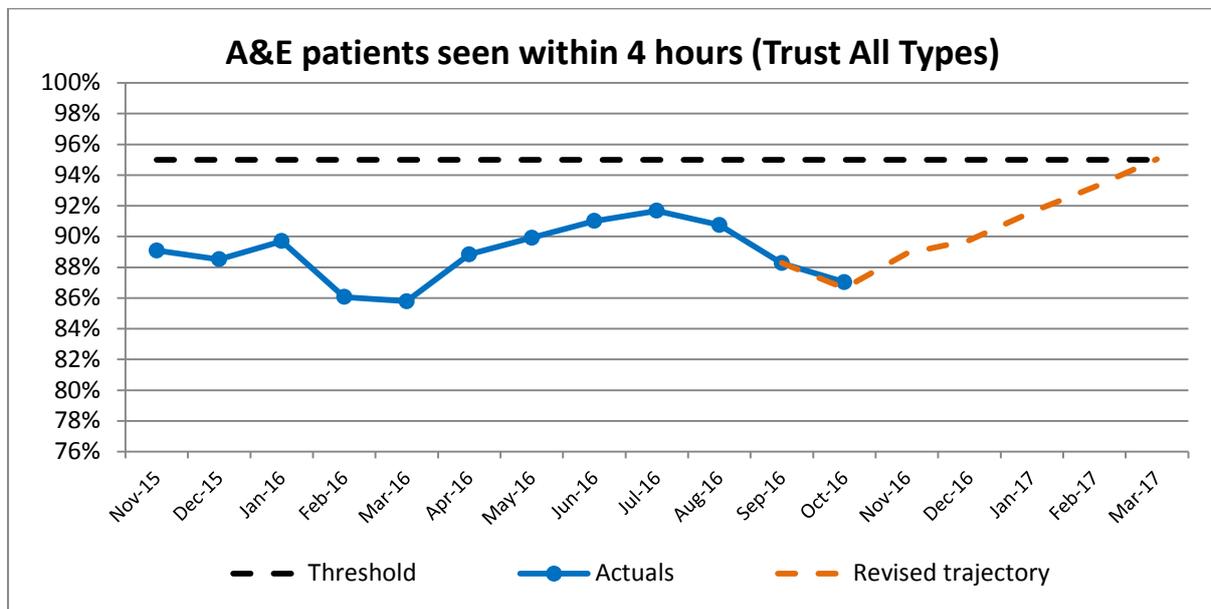


Figure 39 – A&E Maximum waiting times 4 hours (Trust All Types) for the period November 2015 – October 2016

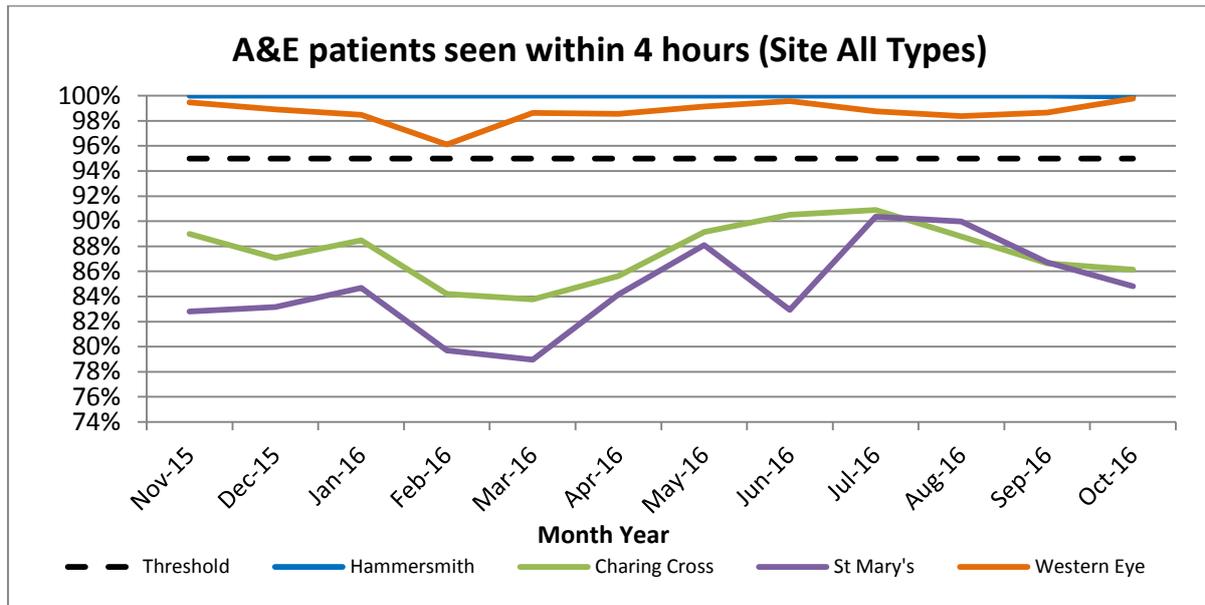


Figure 40 – A&E Maximum waiting times (Site All Types) 4 hours for the period November 2015 – October 2016

1.5.7 Responsive: Diagnostics

In October 2016, the Trust met the monthly 6 week diagnostic waiting time standard with 0.24 per cent of patients waiting over six weeks against a tolerance of 1 per cent. Work continues to strengthen diagnostic reporting and planning as per the Trust diagnostic action plan.

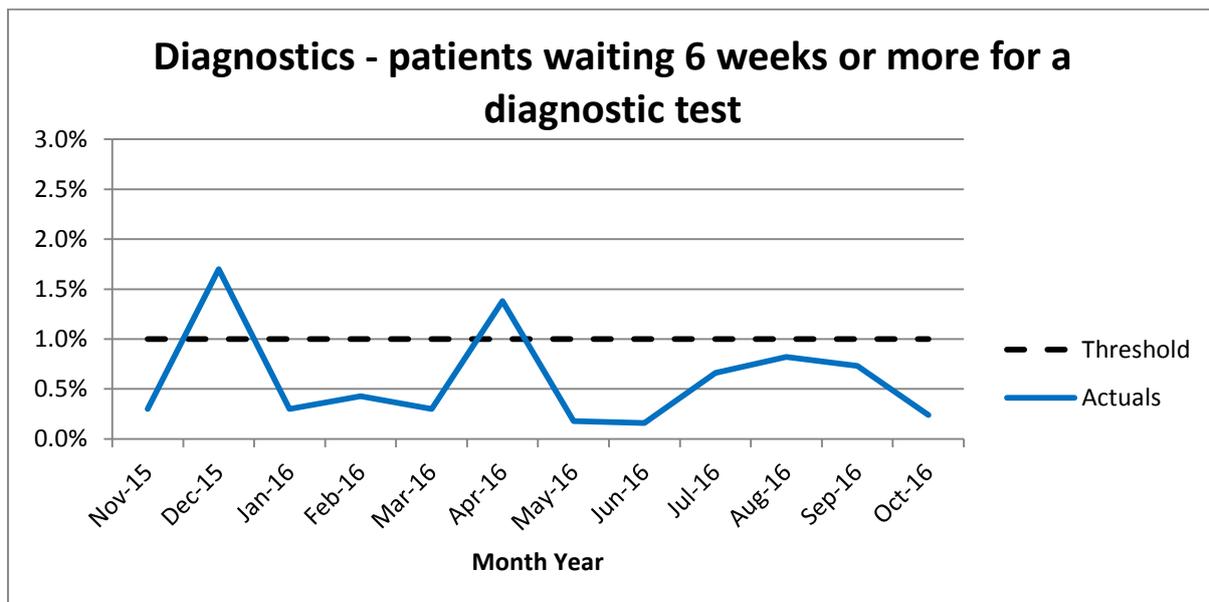


Figure 41 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period November 2015 – October 2016

1.5.8 Responsive: Patient attendance rates at outpatient appointments

In October, the aggregate DNA (first and follow up) performance was 11.3 per cent which equates to a total of 9,750 appointments in the month and 464 DNAs per working day. This is an improvement on September performance of 11.5 per cent (9,952 appointments).

A new process has been introduced in Maternity services to identify women who have given birth and then prospectively cancel future antenatal appointments that have been booked. The number of DNAs for midwife episodes has reduced by 160 (15 per cent) in the last month.

Any impact related to the introduction of 7-day voice reminders for centrally booked services has not yet been quantified. This is a priority action within the business intelligence team.

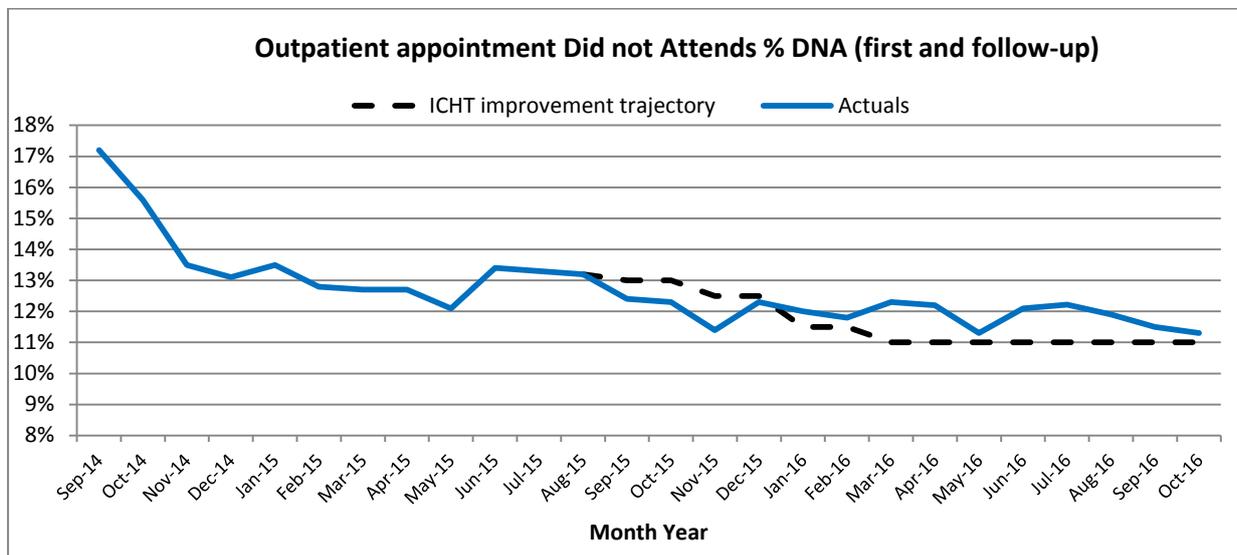


Figure 42 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period September 2014 – October 2016

1.5.9 Responsive: Outpatient appointments cancelled by the Trust

In October, 12.9 per cent of outpatient appointments (15,341) were cancelled by the Trust with 8.0 per cent (9,562) of these cancelled at less than 6 weeks' notice. This equates to 731 appointments per working day, of which 455 appointments are at short notice. While this is a slight improvement on the September position of 13 per cent, the percentage at short notice has gone up compared to 7.7 per cent last month.

PricewaterhouseCoopers are currently supporting the outpatient directorate team to analyse the volume of hospital initiated cancellations for outpatients (HICs) and the reason codes given at less than 6 weeks' notice, so as to inform specialty specific improvement plans. They are also liaising with individual business managers to find out how consultant leave is currently managed in their area.

The central booking office has agreed to enforce the HICs policy and reject any short notice cancellation requests provided without the correct authorisation of a general manager or clinical director.

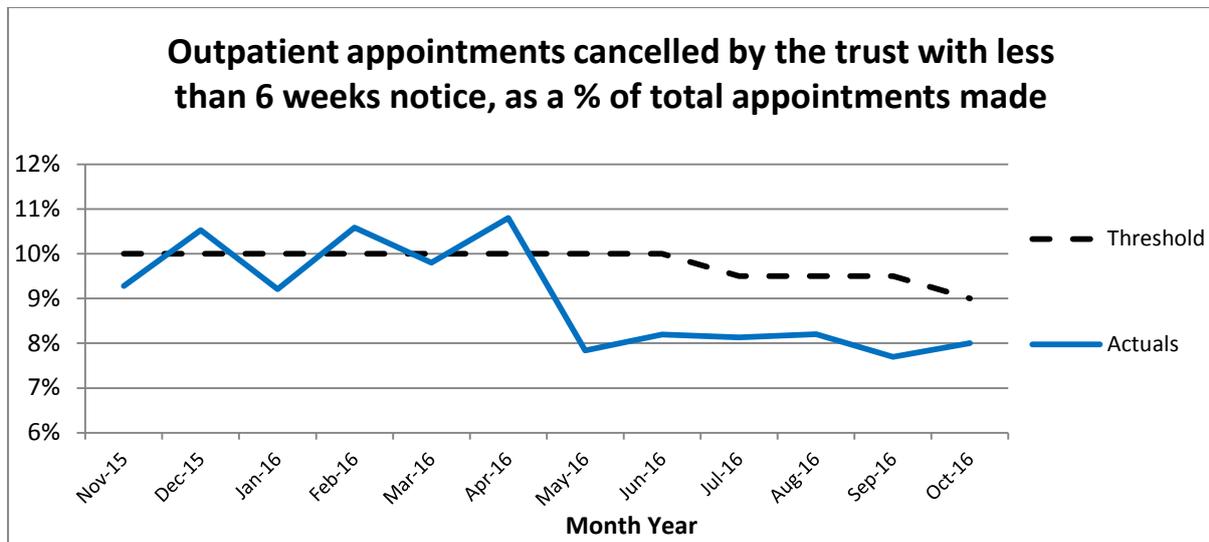


Figure 43 – Outpatient appointments cancelled by the Trust with less than 6 weeks’ notice for the period November 2015 – October 2016

1.5.10 Responsive: Outpatient appointments made within 5 days of receipt

The Trust’s quality strategy target is for 95 per cent of routine outpatient appointments to be made within 5 working days of receipt of referral. In October, 76.4 per cent of routine appointments were made within 5 days compared to 70.7 per cent in September.

The project team leading the implementation of the Patient Service Centre has successfully introduced new ways of working to reduce the time taken to register a referral following receipt in to the Trust. In October, just over 75 per cent were registered within 2 working days compared to just 58 per cent a year ago.

Other initiatives being progressed include the introduction of an electronic vetting (e-vetting) solution providing clinicians with instant access to vet a referral the moment it has been registered and uploaded to the clinical document library (CDL). The e-vetting solution is being piloted in December with clinicians alongside an escalation process to highlight vetting delays.

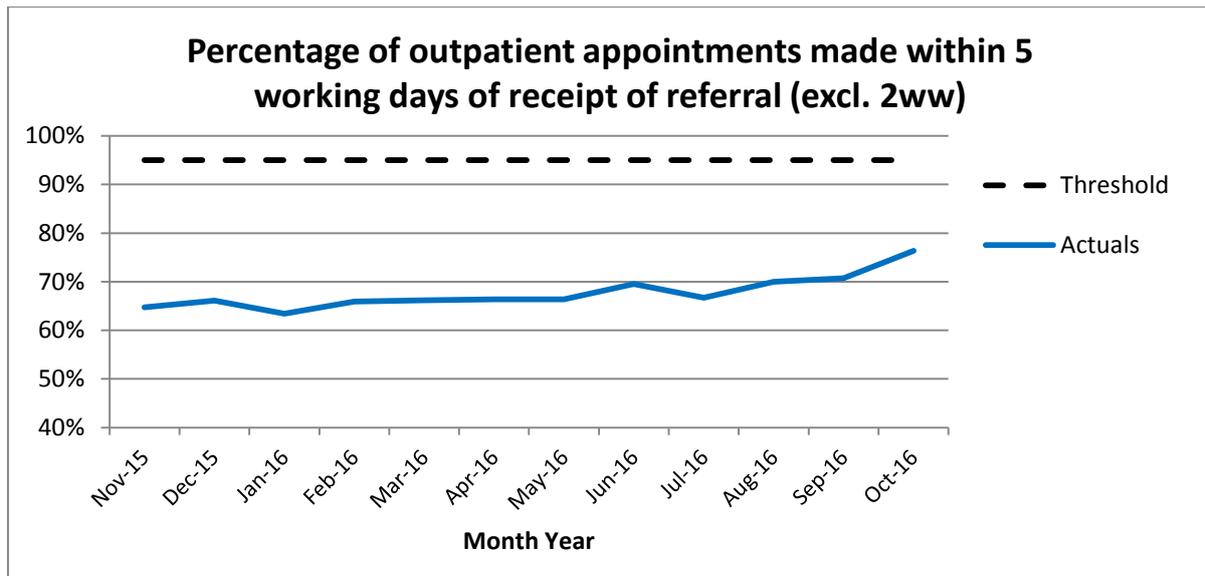


Figure 44 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period November 2015 – October 2016

1.5.11 Responsive: Access to antenatal care – booking appointment

In October 2016, 96.4 per cent of pregnant women accessing antenatal care services completed their booking appointment by 12 weeks and 6 days (excluding late referrals), meeting the target of 95 per cent or more. The Trust is expected to continue to achieve this access standard during 2016/17.

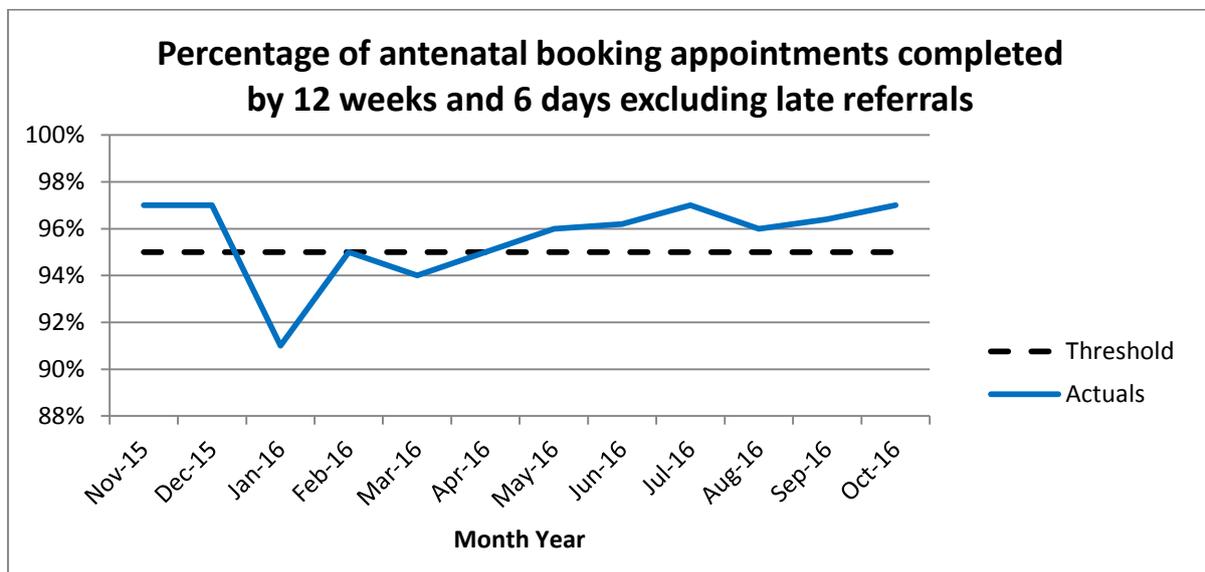


Figure 45 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period November 2015 – October 2016

1.5.12 Responsive: Complaints

The monthly volume of complaints rose in October but remained below the target threshold. Performance against acknowledgement and response time targets remains good.

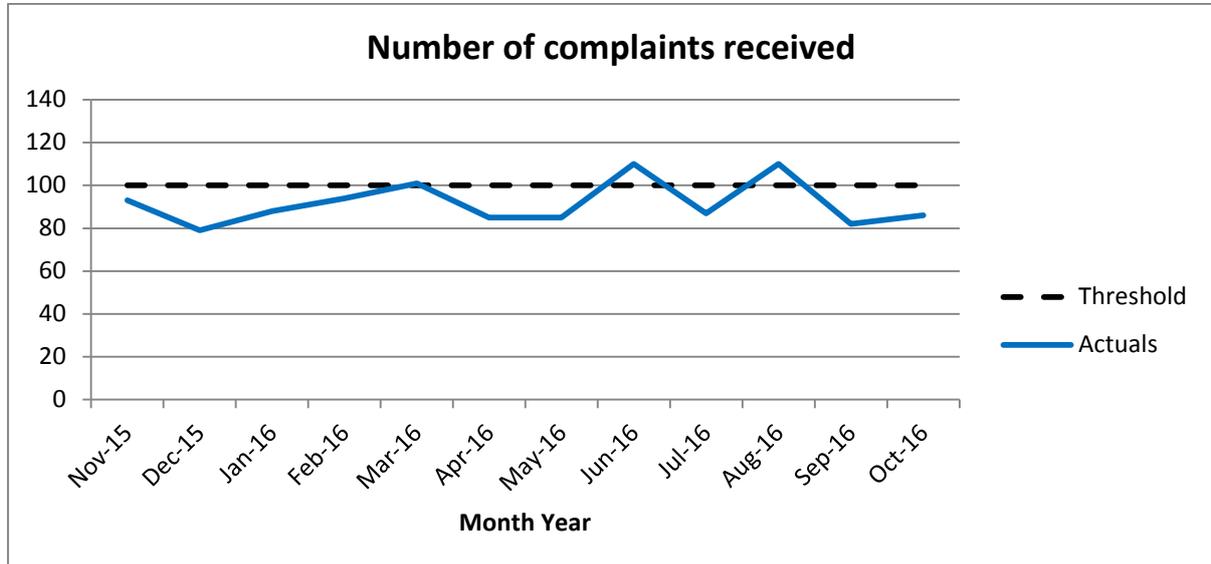


Figure 46 – Number of complaints received for the period November 2015 – October 2016

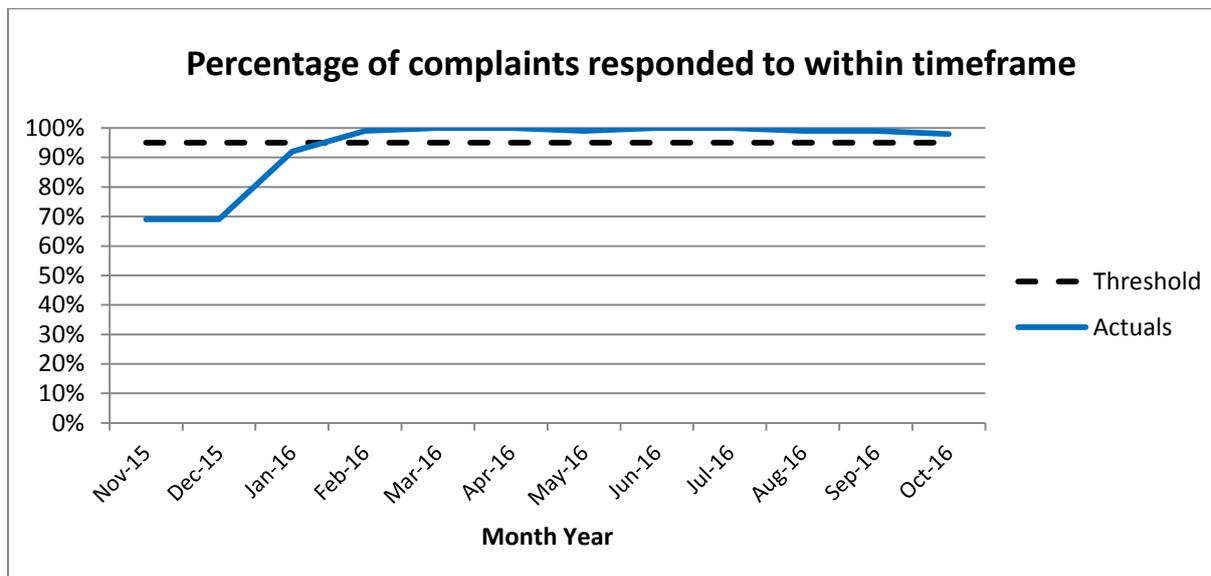


Figure 47 – Response times to complaints for the period November 2015 – October 2016

2. Finance

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