

Report to:	Date of meeting
Trust board - public	28 September 2016

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of August 2016 (month 5).

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.

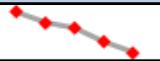
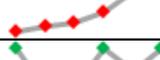
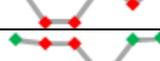
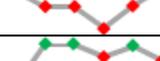
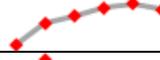
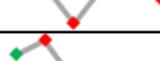
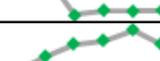
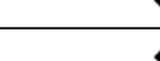
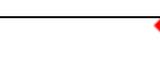
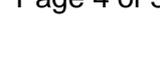
Author	Responsible executive director
Terence Lacey (Performance Support Business Partner) Ruth Holland (Deputy Chief Information Officer)	Julian Redhead (Medical Director) Janice Sigsworth (Director of Nursing) David Wells (Director of People and Organisational Development) Jamil Mayet (Divisional Director) Tim Orchard (Divisional Director) Tg Teoh (Divisional Director)

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Scorecard summary

Key indicator	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Aug-16	-	16	
Incidents causing severe harm (number)	Julian Redhead	Aug-16	-	0	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Aug-16	-	0.04%	
Incidents causing extreme harm (number)	Julian Redhead	Aug-16	-	0	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Aug-16	-	0.01%	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Aug-16	44.0	43.5	
Never events (number)	Julian Redhead	Aug-16	0	0	
MRSA (number)	Julian Redhead	Aug-16	0	0	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Aug-16	23	32	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Aug-16	95.0%	95.8%	
Avoidable pressure ulcers (number)	Janice Sigsworth	Aug-16	-	5	
Staffing fill rates (%)	Janice Sigsworth	Aug-16	tbc	97.3%	
Post Partum Haemorrhage 1.5L (PPH) %	Janice Sigsworth	Aug-16	2.80%	2.2%	
Core training - excluding doctors in training / trust grades (%)	David Wells	Aug-16	90.0%	86.4%	
Core training - doctors in training / trust grades (%)	David Wells	Aug-16	90.0%	56.9%	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Aug-16	0	1	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Apr-16	100	62.01	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 4 15/16	90.0%	92.2%	
Caring					
Friends and Family Test: Inpatient service % patients recommended	Janice Sigsworth	Aug-16	95.0%	96.7%	
Friends and Family Test: A&E service % recommended	Janice Sigsworth	Aug-16	85.0%	96.9%	
Friends and Family Test: Maternity service % recommended	Janice Sigsworth	Aug-16	95.0%	95.0%	
Friends and Family Test: Outpatient service	Janice Sigsworth	Aug-16	94.0%	89.4%	
Well Led					
Vacancy rate (%)	David Wells	Aug-16	10.0%	11.6%	
Voluntary turnover rate (%) 12-month rolling	David Wells	Aug-16	10.0%	10.5%	
Sickness absence (%)	David Wells	Aug-16	3.1%	2.7%	
Bank and agency spend (%)	David Wells	Aug-16	9.2%	12.0%	
Personal development reviews (%)	David Wells	Aug-16	95.0%	51.2%	
Non-training grade doctor appraisal rate (%)	Julian Redhead	Aug-16	95.0%	74.1%	
Staff FFT (% recommended as a place to work)	David Wells	Q1		53%	
Staff FFT (% recommended as a place for treatment)	David Wells	Q1		75%	
Education open actions (number)	Julian Redhead	Aug-16	-	59	

Key indicator	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Responsive					
RTT: 18 Weeks Incomplete (%)	Jamil Mayet	Aug-16	92.0%	83.3%	
RTT: 18 weeks Incomplete breaches - number of patients waiting	Jamil Mayet	Aug-16	-	10,028	
RTT: Number of patients waiting 52 weeks or more	Jamil Mayet	Aug-16	0	102	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Jamil Mayet	Jul-16	93.0%	93.2%	
Cancer: Two week GP referral to 1st outpatient – breast symptoms (%)	Jamil Mayet	Jul-16	93.0%	93.5%	
Cancer: 31 day wait from diagnosis to first treatment (%)	Jamil Mayet	Jul-16	96.0%	97.3%	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Jamil Mayet	Jul-16	94.0%	100.0%	
Cancer: 31 day second or subsequent treatment (drug) (%)	Jamil Mayet	Jul-16	98.0%	100.0%	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Jamil Mayet	Jul-16	94.0%	100.0%	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Jamil Mayet	Jul-16	85.0%	80.9%	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Jamil Mayet	Jul-16	90.0%	86.0%	
Cancelled operations (as % of elective activity)	Jamil Mayet	Aug-16	0.8%	0.9%	
28 day rebooking breaches (% of cancellations)	Jamil Mayet	Aug-16	5.0%	9.6%	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Aug-16	95.0%	77.9%	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Aug-16	95.0%	90.8%	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Aug-16	1.0%	0.8%	
Outpatient Did Not Attend rate %: (First & Follow-Up)	Tg Teoh	Aug-16	11.0%	11.9%	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Aug-16	10.0%	8.2%	
Antenatal booking 12 weeks and 6 days excluding late referrals (%)	Tg Teoh	Aug-16	95.0%	96.0%	
Complaints: Total number received from our patients	Janice Sigsworth	Aug-16	100	110	
Complaints: % responded to within timeframe	Janice Sigsworth	Aug-16	95%	99.0%	
Money and Resources					
In month variance to plan (£m)	Richard Alexander	Aug-16		0.01	
YTD variance to plan (£m)	Richard Alexander	Aug-16		0.49	
Annual forecast variance to plan (£m)	Richard Alexander	Aug-16		0.00	
Agency staffing (% YTD)	Richard Alexander	Aug-16	1.0%	5.1%	
YTD NHS income performance variance to plan (£m)	Richard Alexander	Aug-16		6.41	
CIP % delivery YTD	Richard Alexander	Aug-16		82.0%	

1. Key indicator overviews

1.1 Safe

1.1.1 Safe: Serious Incidents

Sixteen serious incidents (SIs) were reported in August 2016. We continue to declare SIs as soon as the incident is reported. The Trust harm profile remains low.

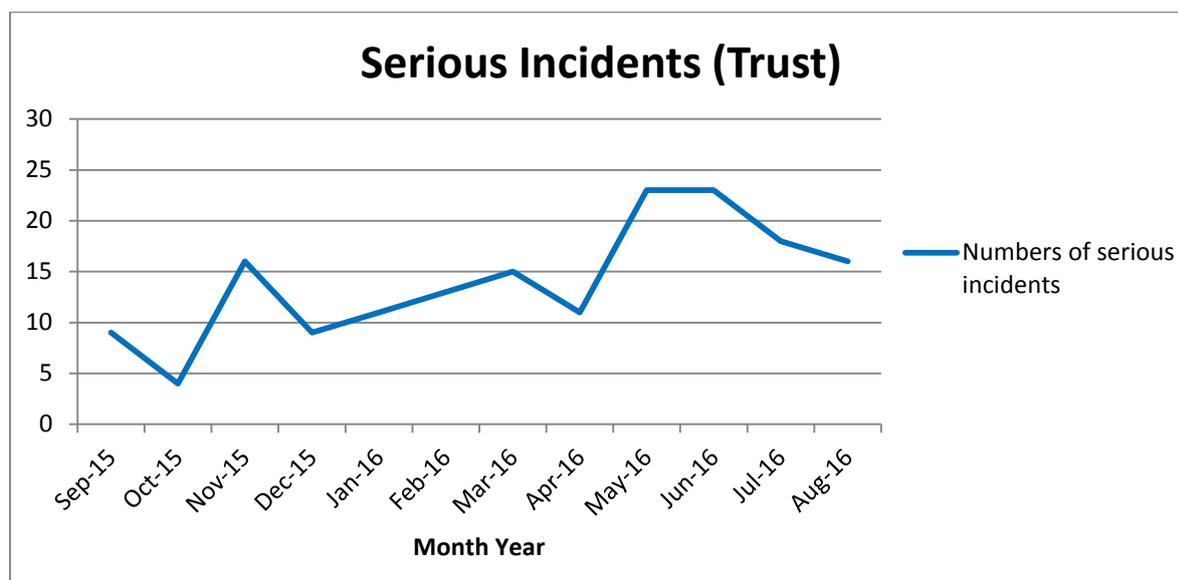


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period September 2015 – August 2016

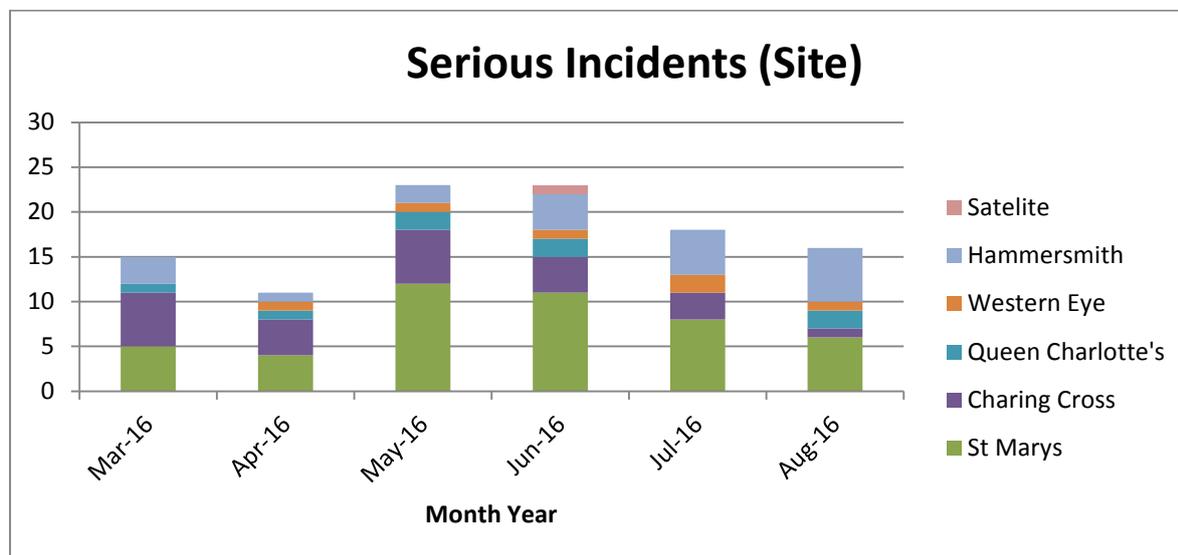


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period March 2016 – August 2016

1.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust did not report any incidents causing major/severe harm or extreme harm/death during August 2016.

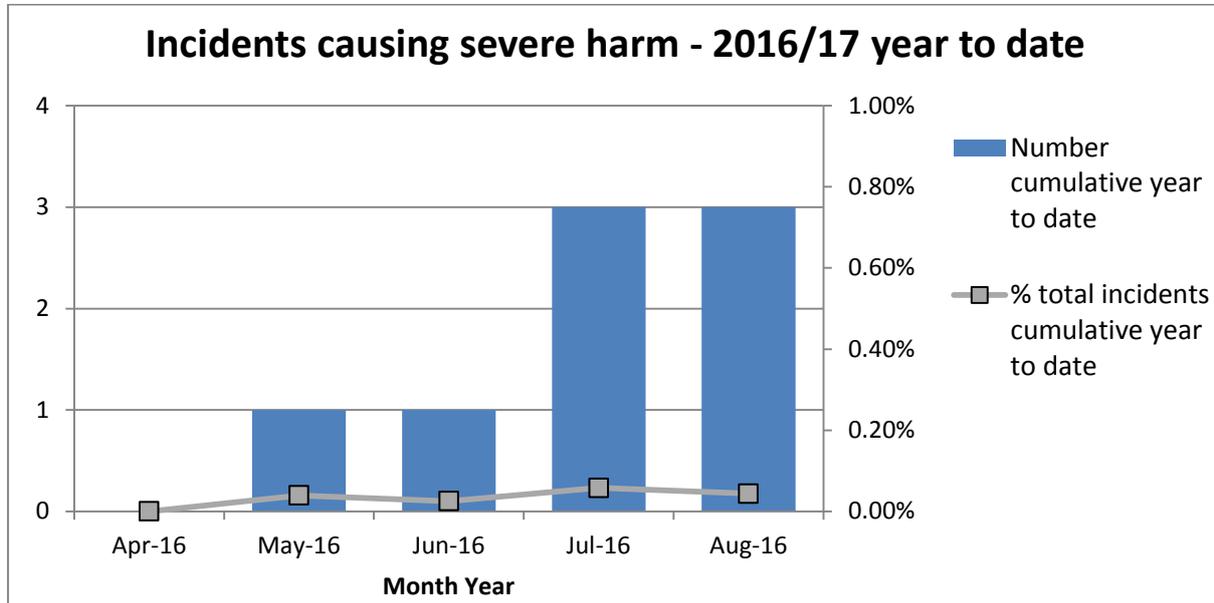


Figure 3 – Incidents causing severe harm by month from the period April 2016 – August 2016 (numbers YTD and as % of total patient safety incidents YTD)

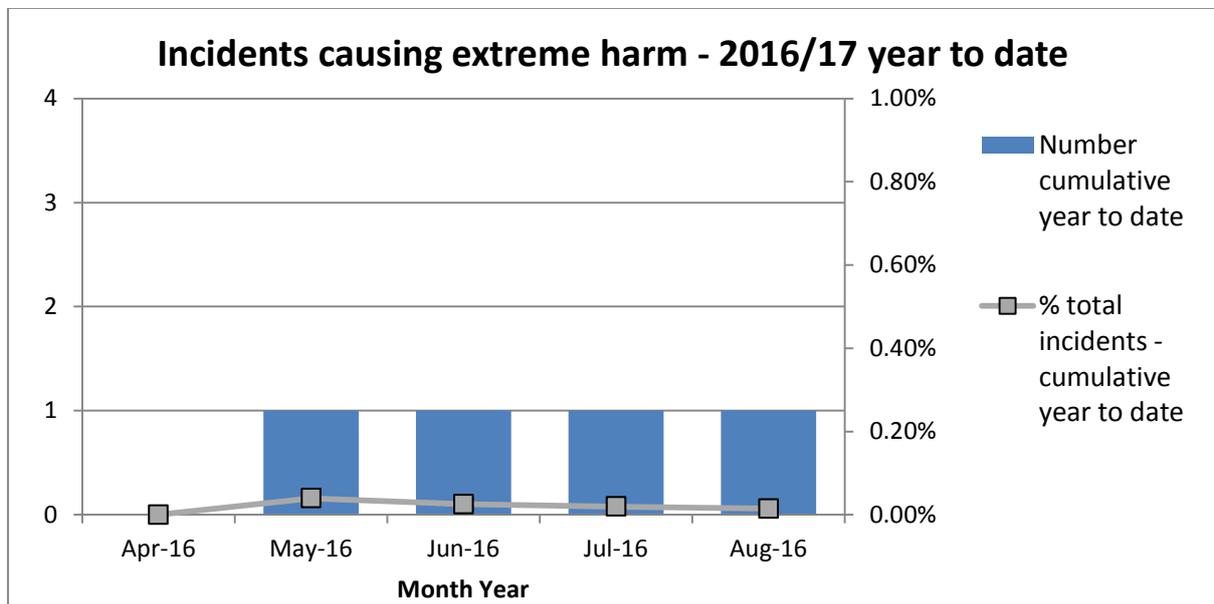


Figure 4 – Incidents causing extreme harm by month from the period April 2016 – August 2016 (numbers YTD and as % of total patient safety incidents YTD)

Patient safety incident reporting rate

The Trust’s patient safety incident reporting rate is 43.5 for August 2016 which is just below the top quartile. The rate typically fluctuates monthly.

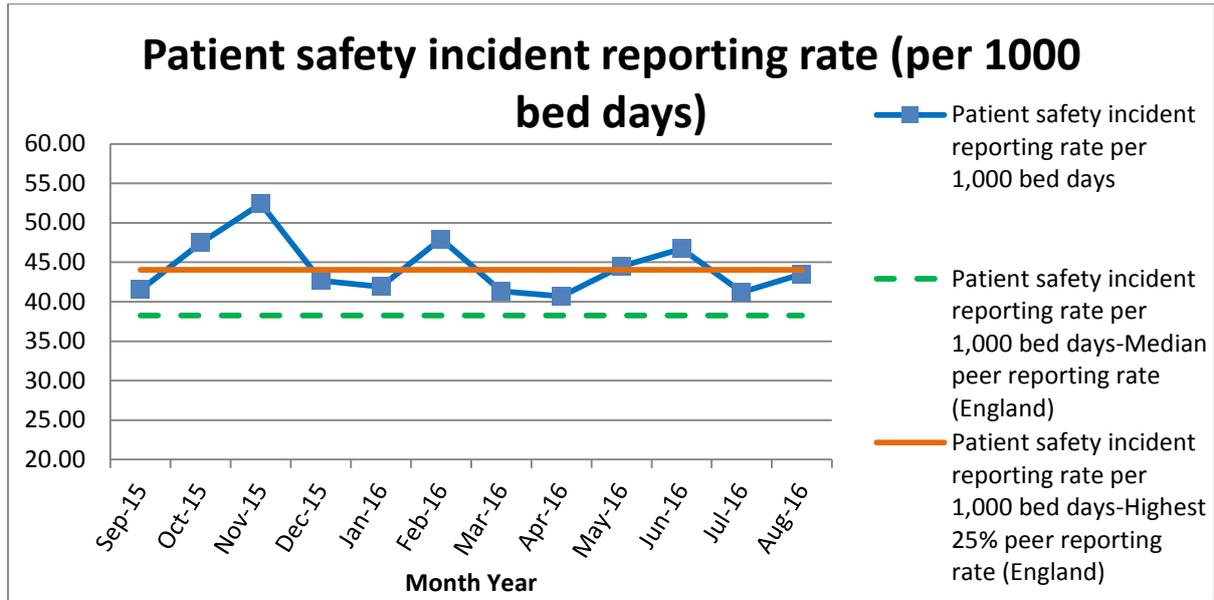


Figure 5 – Trust incident reporting rate by month for the period September 2015 – August 2016

- (1) Median reporting rate for Acute non specialist organisations (NRLS 01/04/2015 to 30/09/2015)
- (2) Highest 25% of incident reporters among all Acute non specialist organisations (NRLS 01/04/2015 to 30/09/2015)

Never Events

There were no never events reported by the Trust in August 2016. The never event reported in March 2016 has been downgraded to a serious incident following agreement with the commissioners that it did not meet the never event criteria.

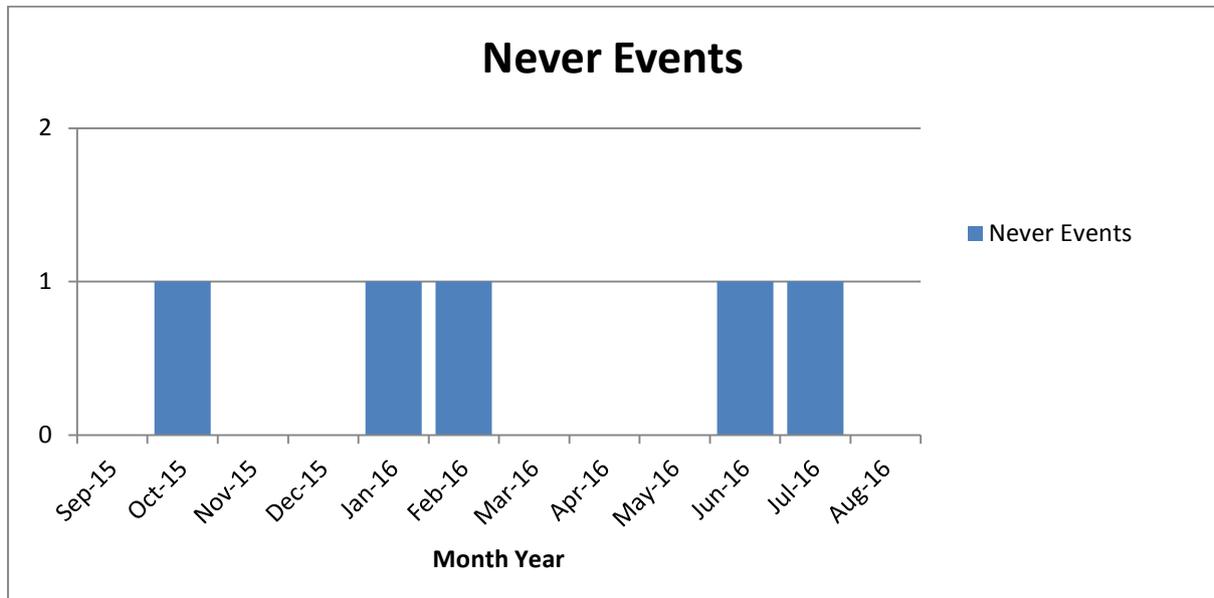


Figure 6 – Trust Never Events by month for the period September 2015 – August 2016

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

Five cases of MRSA BSI have been identified at the Trust in 2016/17; only one case has been allocated to the Trust which was in May 2016.

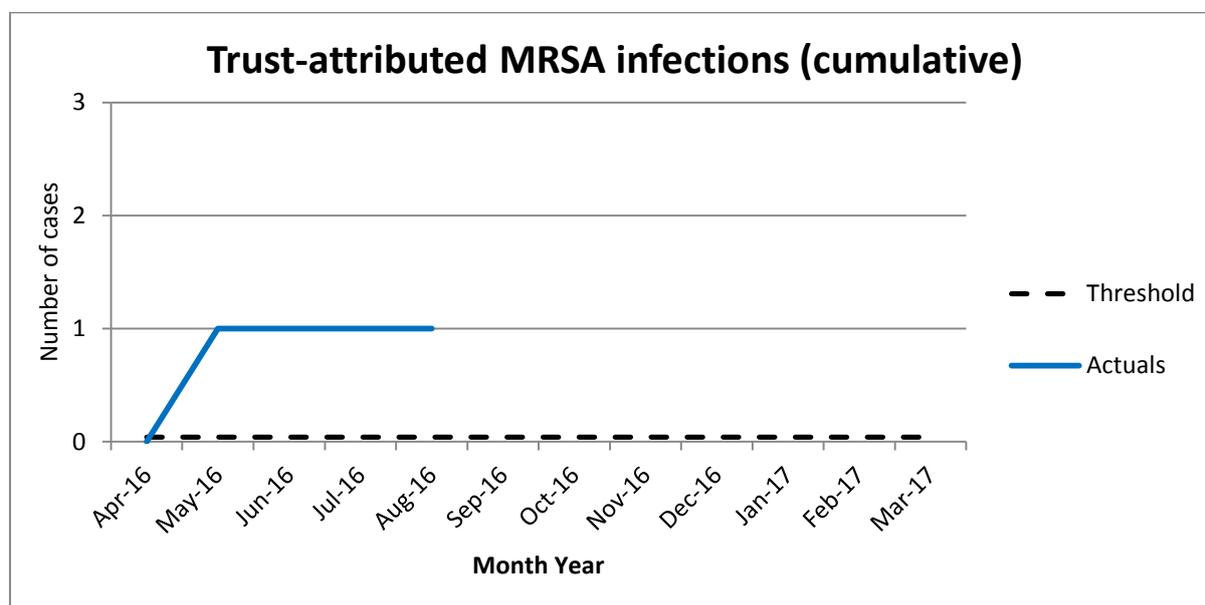


Figure 7 – Cumulative number of MRSA infections for the period April 2016 – March 2017

1.1.4 Safe: *Clostridium difficile*

Eight cases of *Clostridium difficile* were allocated to the Trust for August 2016.

The locations of these cases are shown below:

- CXH: Ward 6 West (Division of Surgery, Cancer & Cardiovascular)
- SMH: Medical HDU, Samuel Lane and two on Manvers Ward (Division of Medicine and Integrated Care)
- HH: Peters Ward, Christopher Booth Ward and Kerr Ward (Division of Medicine and Integrated Care)

Two of these cases have been identified as a potential lapse in care, one on Medical HDU and one on Samuel Lane. Both related to cross-transmission of the same ribotype.

A total of 32 cases have been allocated to the Trust in 2016/17 which is above the year to date threshold, the annual threshold is 69 cases.

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 now reviewed through the Trust quality and safety sub-group.

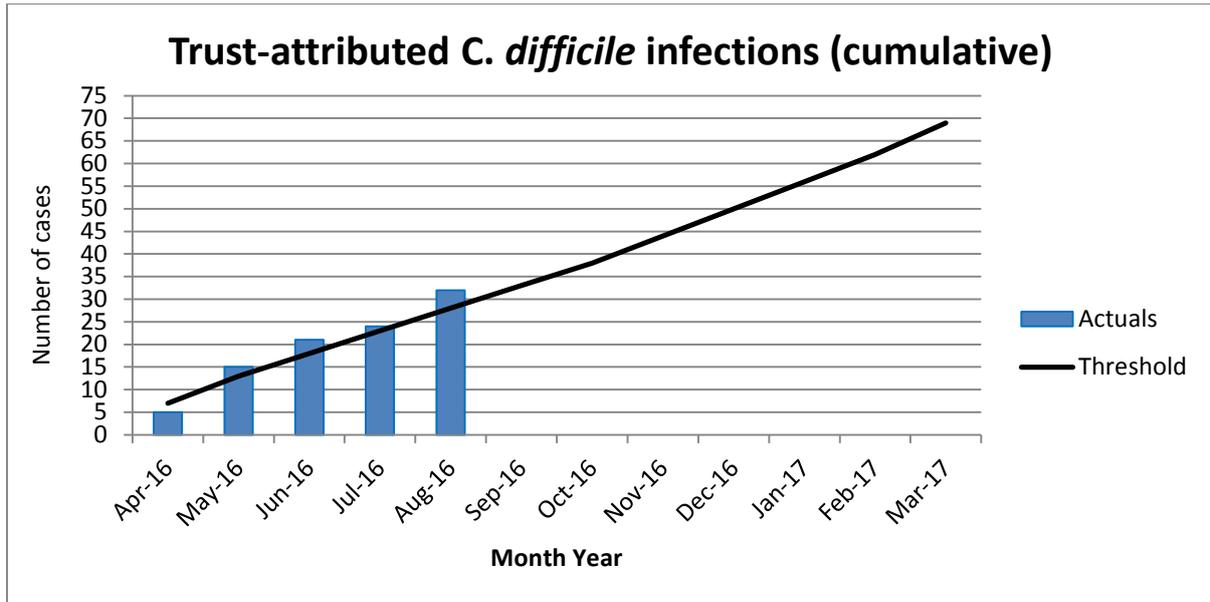


Figure 8 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2016 – March 2017

1.1.5 Safe: Venous thromboembolism (VTE) risk assessment

In August 2016, 95.81 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.

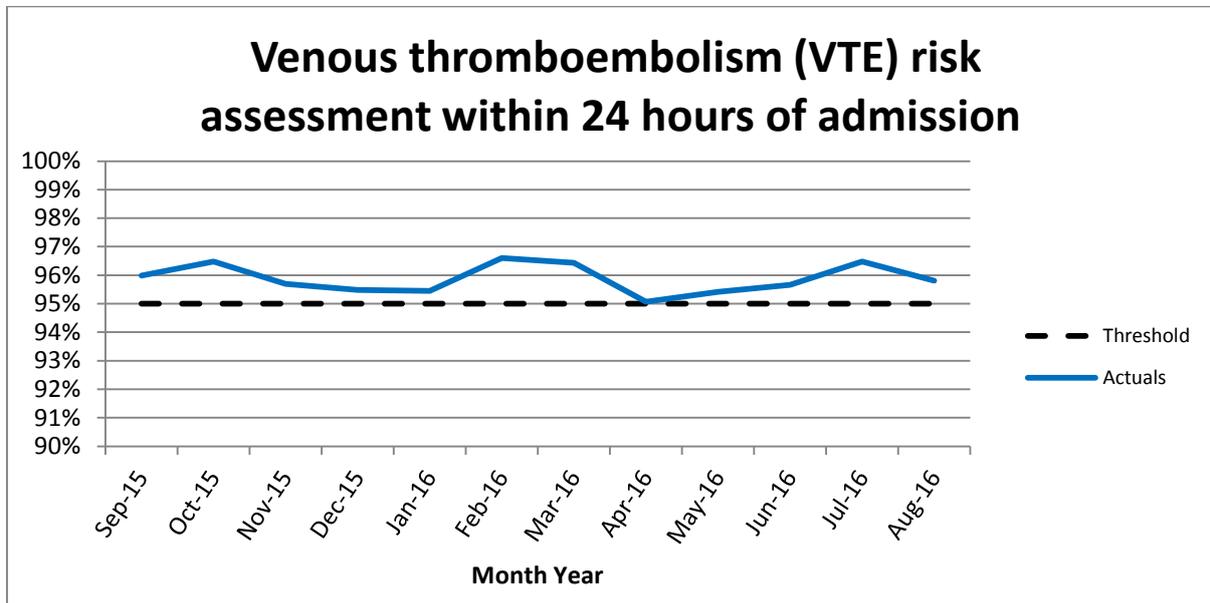


Figure 9 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period September 2015 – August 2016

1.1.6 Safe: Avoidable pressure ulcers

There were 5 avoidable pressure ulcers reported in August 2016 (defined as trust-acquired category 3, 4 and unstageable). A total of 11 have been reported in 2016/17. The target is for a 10 per cent reduction on 2016/17 which equates to no more than 22. The Trust has not reported a grade 4 trust acquired pressure ulcer since March 2013.

All pressure ulcers are reported as a serious incident and investigated by the Senior Nurse for the clinical area and local actions plans implemented.

A new Trust pressure ulcer policy will be launched on 'Stop Pressure Ulcer Day' on the 17 November 2016. Pressure ulcer prevention is a mandatory e-learning requirement for Nurses, Midwives and healthcare assistants. The Tissue Viability team continue to work closely with all of the wards to ensure prevention of pressure ulcers is a priority.

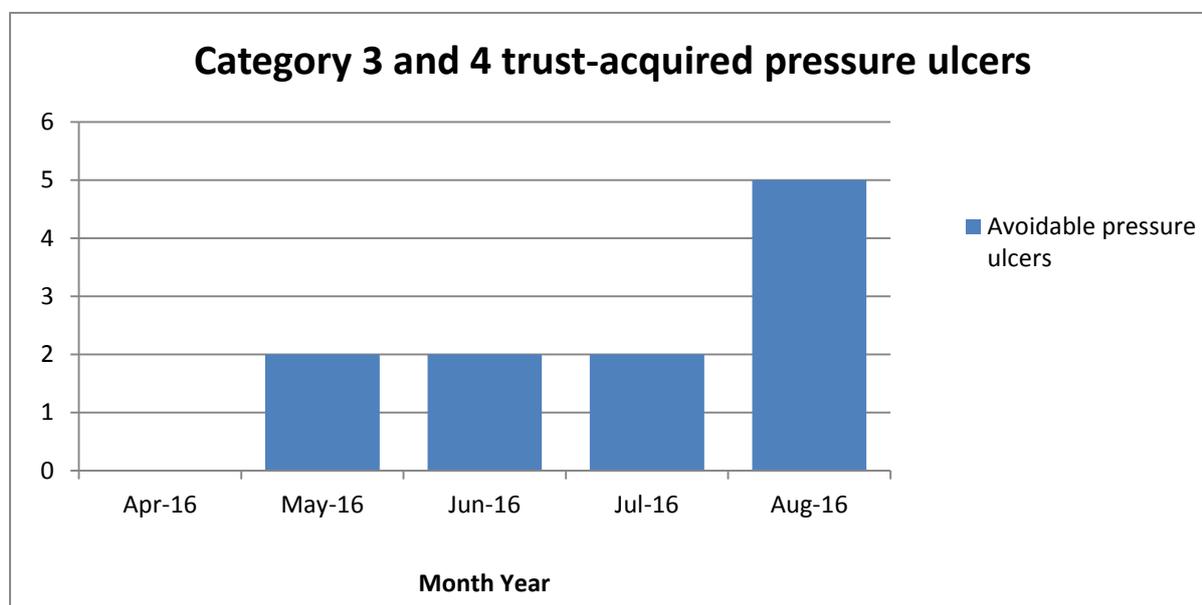


Figure 10 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period April 2016 – August 2016

1.1.7 Safe: Postpartum haemorrhage

In August 2016, 17 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 2.2 per cent of deliveries and meets the NW London target which is for no more than 2.8 per cent of women to have a PPH.

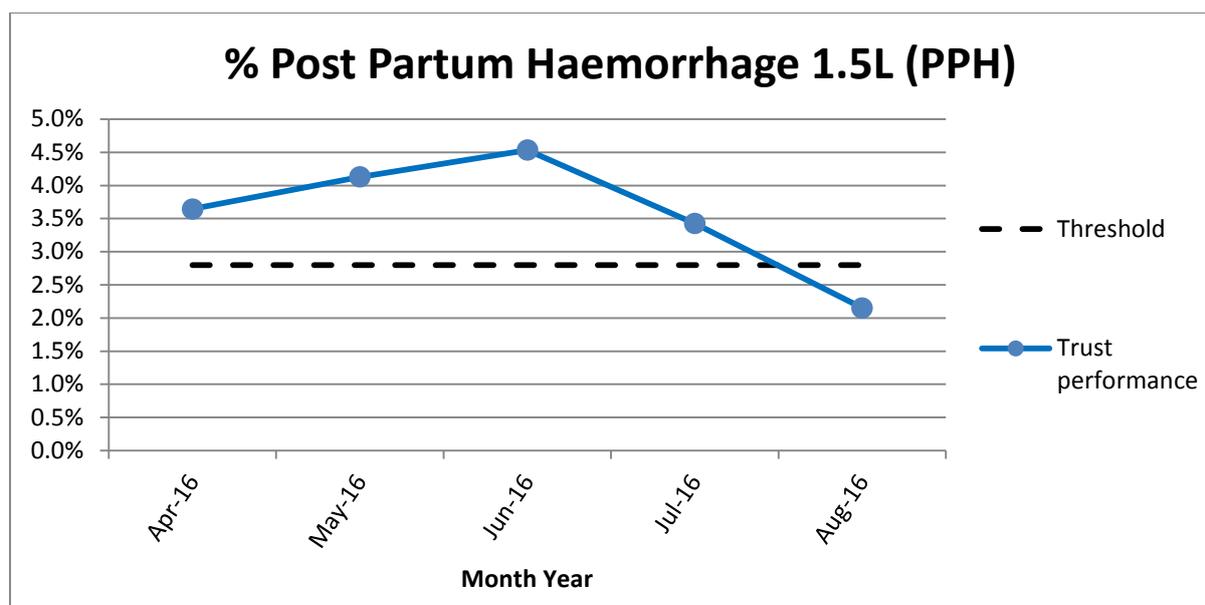


Figure 11 – Postpartum haemorrhage (PPH) for the period April 2016 – August 2016

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

In August 2016 the Trust met safe staffing levels overall. The thresholds are 90 per cent for registered nurses and midwives and 85 per cent for care staff. The percentage 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	97.33%	95.16%	97.34%	98.76%
Hammersmith	96.06%	95.68%	99.42%	98.46%
Queen Charlotte's	96.36%	99.25%	97.86%	97.40%
St. Mary's	97.13%	94.50%	97.52%	97.83%

The fill rate was below 85 per cent for care staff and 90 per cent for registered nurses (RNs) for the following wards.

- 7 North (general surgery) had a fill rate of 84.76 per cent for day shifts, which was 13 shifts unfilled mainly as a result of difficulty in filling the healthcare assistant (HCA) shifts through bank. The overall fill rate was 92 per cent.
- 6 South (oncology) had a night fill rate of 75.29 per cent for RNs and 81.58 per cent fill rate for RNs overall. This reflected a deliberate reduction in staffing in response to reduced clinical activity during the month of August.
- Valentine Ellis Ward (trauma and orthopaedics) had a fill rate of 81.61 per cent during the day for care staff and an overall fill rate of 91.76 per cent for care staff. This equates to 13 unfilled shifts that were required for patients requiring one to one care.
- Western Ward (clinical haematology) had a fill rate of 81 per cent for care staff

at night and this equates to two shifts unfilled.

- In the division of surgery, cancer and cardiovascular sciences Ward C8 had a day fill rate of 76.92 per cent for RNs, a day fill rate of 80 per cent for care staff with an overall day fill rate of 77.78 per cent. This was due to reduced activity and bed base within the area requiring a deliberate reduction of the original planned staffing numbers.
- Riverside ward had a night fill rate of 89.04 percent for RNs . This gap reflects a change in the establishment that is not yet reflected in the e-rostering template and as such there were no unfilled shifts.

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.

Ward sisters and matrons covered unfilled shifts for enhanced care in the division of surgery, cancer and cardiovascular sciences. In addition, the Divisional Directors of Nursing regularly review staffing requirements including patient feedback.

There is continued difficulty in filling HCA shifts at the Hammersmith site and this is being addressed by the nurse bank.

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

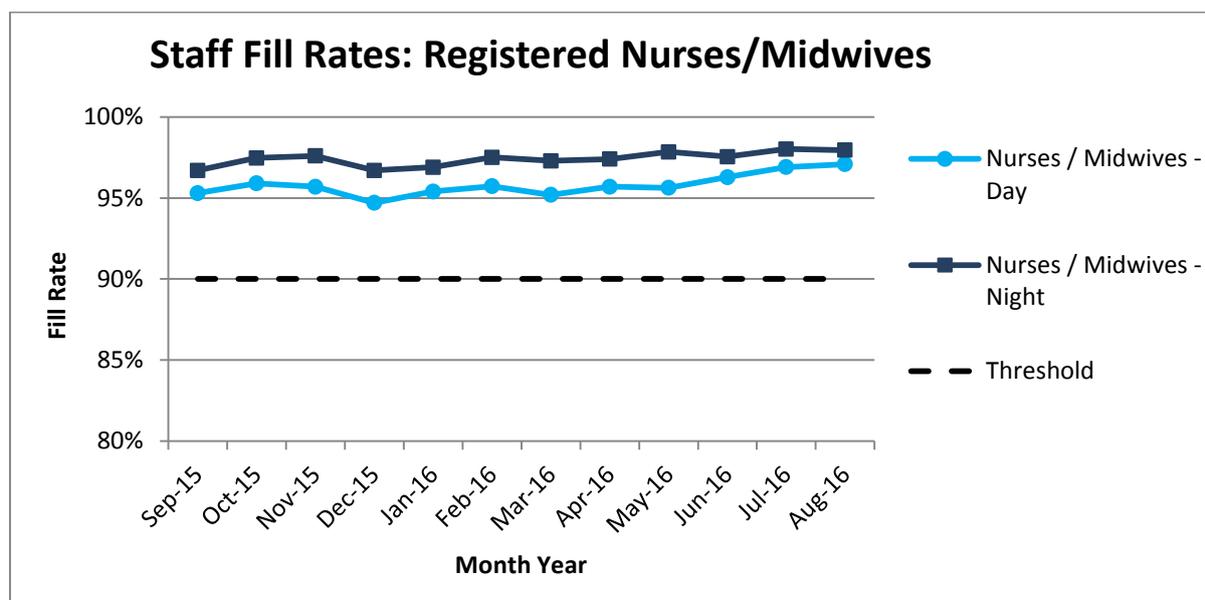


Figure 12 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period September 2015 – August 2016

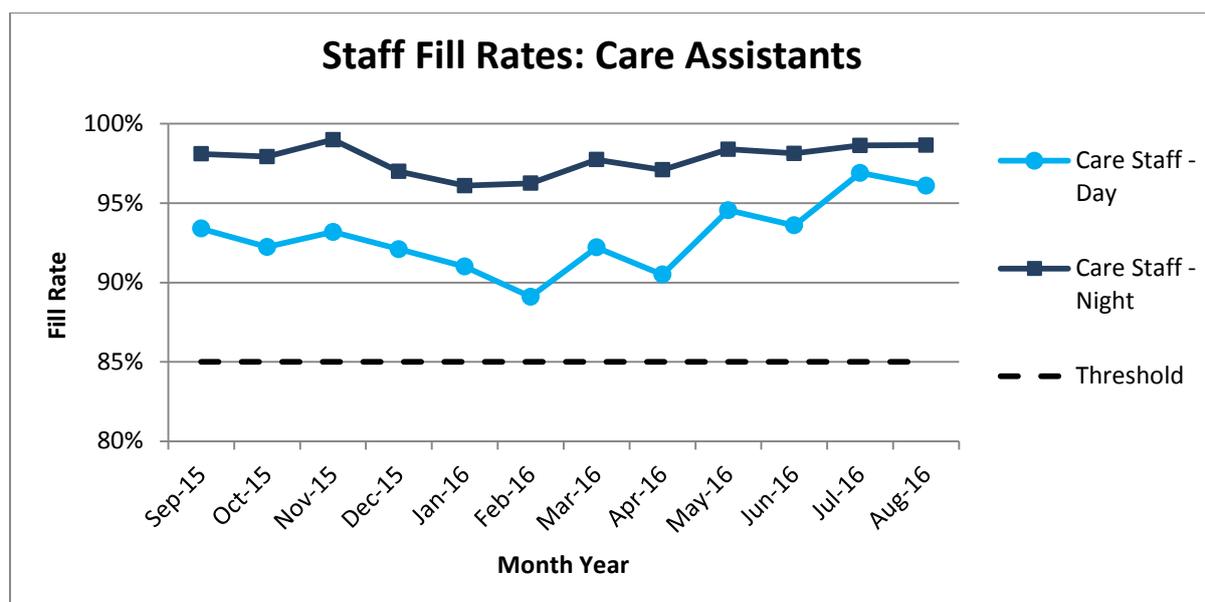


Figure 13 - Monthly staff fill rates (Care Assistants) by month for the period September 2015 – August 2016

1.1.9 Safe: Statutory and mandatory training

Core skills - excluding doctors in training / trust grade

In August 2016, overall compliance was 86.36 per cent against the target of 90 per cent or more. Work continues to improve compliance in the departments where performance is below target, and particular focus is on the topics of Fire Safety for Clinical and High Risk staff, and Resuscitation as part of the Core 10 topics all staff are required to complete.

Core Skills for doctors in training / trust grade

In August 2016, overall compliance was 56.88 per cent against the target of 90 per cent or more. This reflects the current compliance of the new intake of doctors in August/September. Action is underway to identify how we can improve on the number of training records that can be transferred from other Trusts on transfer and action now is focused completing e-learning modules for those that did not transfer records.

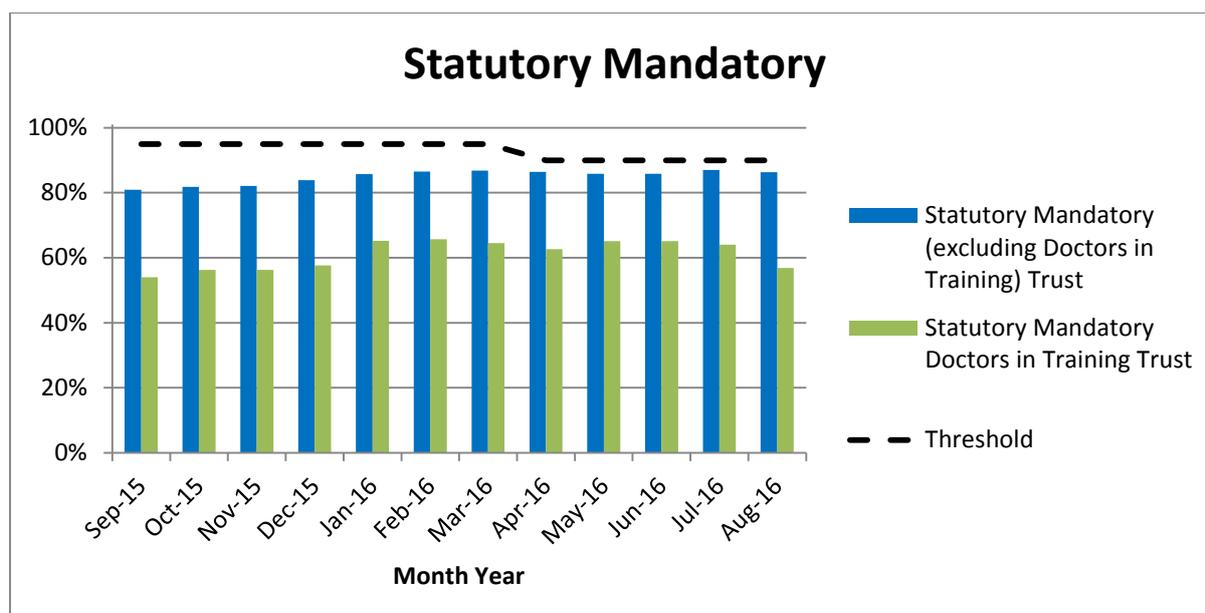


Figure 14 - Statutory and mandatory training for the period September 2015 – August 2016

1.1.10 Safe: Work-related reportable accidents and incidents

There were two RIDDOR-reportable incidents (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) in August 2016.

- The first incident was a staff slip, trip and fall, resulting in a work-related sickness absence of over 7 days
- The second incident was a staff 'collision' (person struck their head on a cupboard), resulting in the person being taken to A&E where they lost consciousness

In the 12 months to 31st August 2016, there have been 35 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.

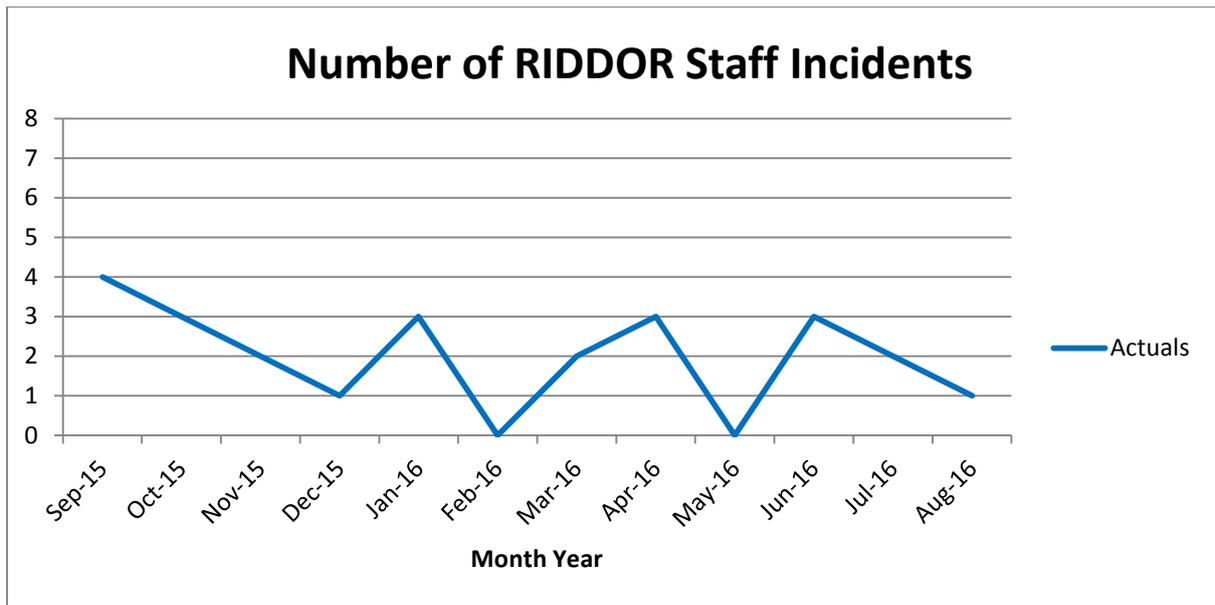


Figure 15 – RIDDOR Staff Incidents for the period September 2015 – August 2016

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.

The reports of 19 national clinical audits in which the Trust participated have been published between April 2016 and August 2016; these are being reviewed by the clinical divisions. Actions and recommendations arising from the audit reports will be monitored through the clinical audit & effectiveness group, the first meeting of which is taking place on 30th September 2016. The results will be reported to executive quality committee in the quality report.

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 62.01 for April 2016. Across the last year of available data (May 2015 – April 2016), the Trust has the third lowest HSMR for acute non-specialist trusts nationally. The Trust has the third lowest SHMI of all non-specialist providers in England for Q4 2014/15 to Q3 2015/16.

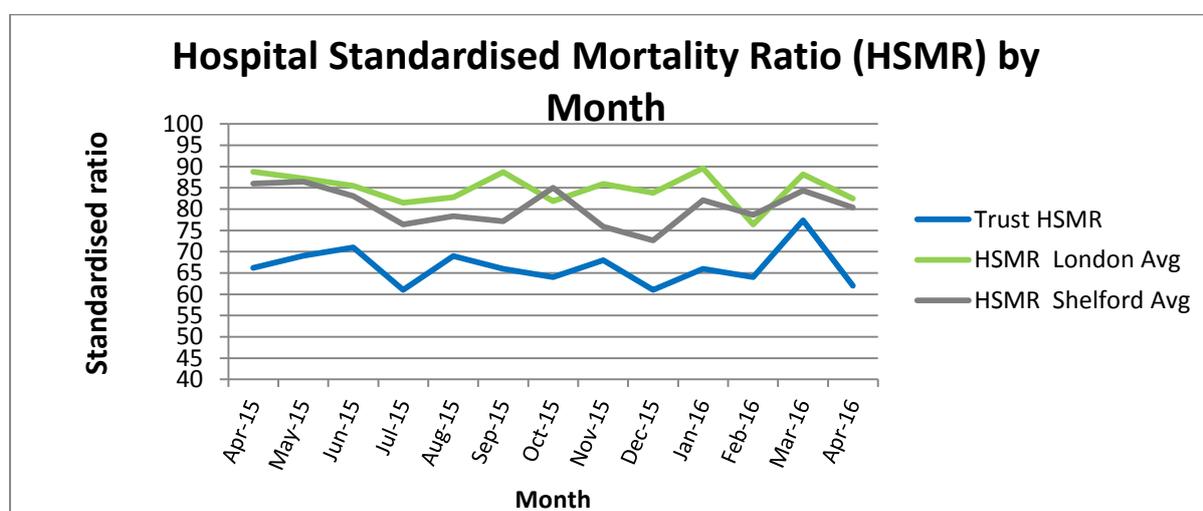


Figure 16 - Hospital Standardised Mortality Ratios for the period April 2015 – April 2016

1.2.3 Effective: Mortality reviews completed

Eighty eight per cent of deaths occurring in Q1 2016/17 have been reviewed by the divisions. Twelve deaths have been categorised as grade two (possible avoidable death) by the consultant conducting the initial review. Five of the 12 cases have been declared as an SI; the remaining seven are being reviewed by the Division of Surgery, Cancer and Cardiovascular Services.

1.2.4 Effective: Recruitment of patients into interventional studies

In quarter 4 2015/16, 92.2 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.

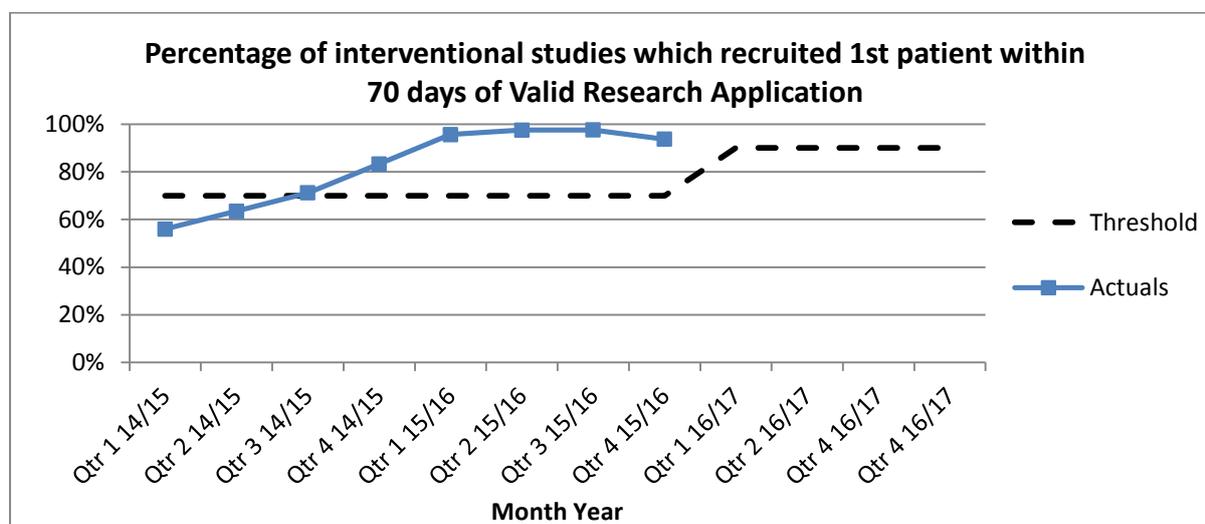


Figure 17 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2015/16

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.

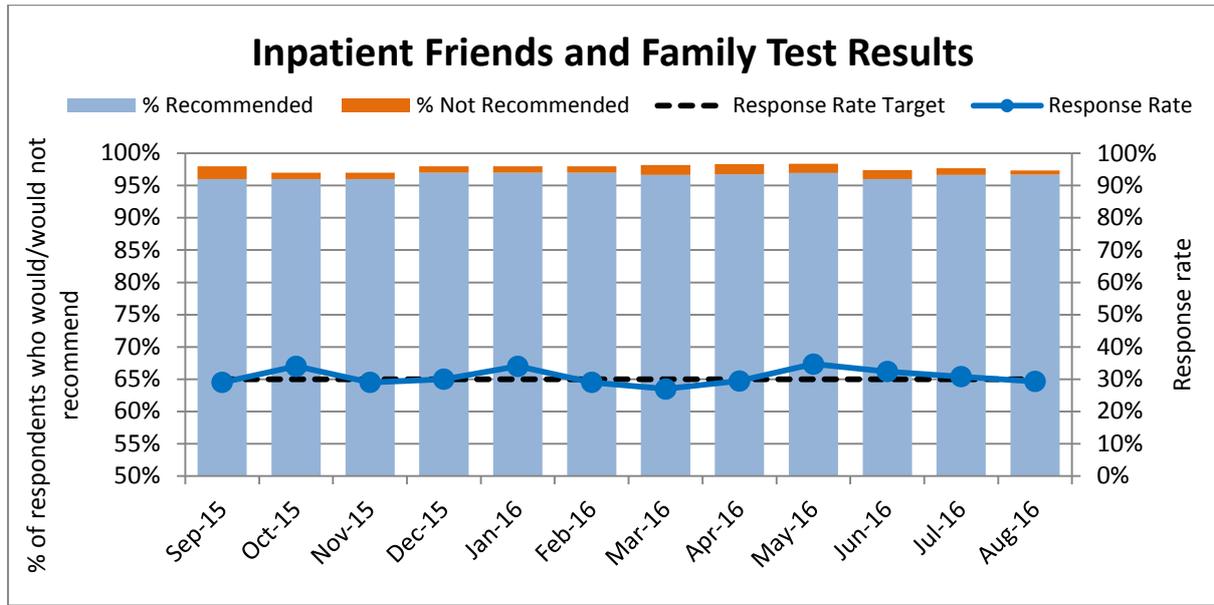


Figure 18 - Friends and Family (Inpatients) for the period September 2015 – August 2016

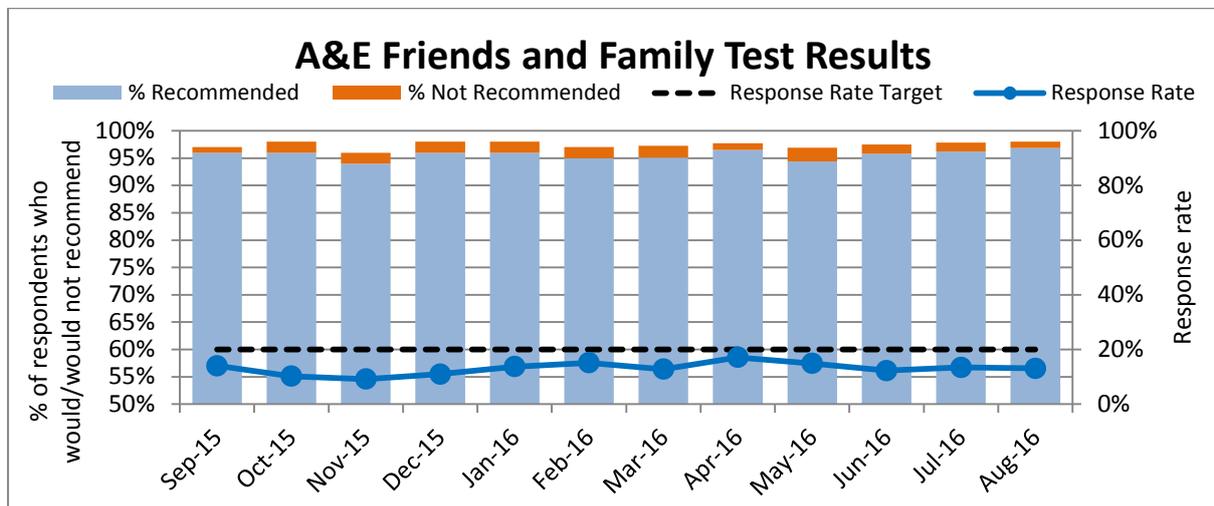


Figure 19 - Friends and Family (Accident and Emergency) for the period September 2015 – August 2016

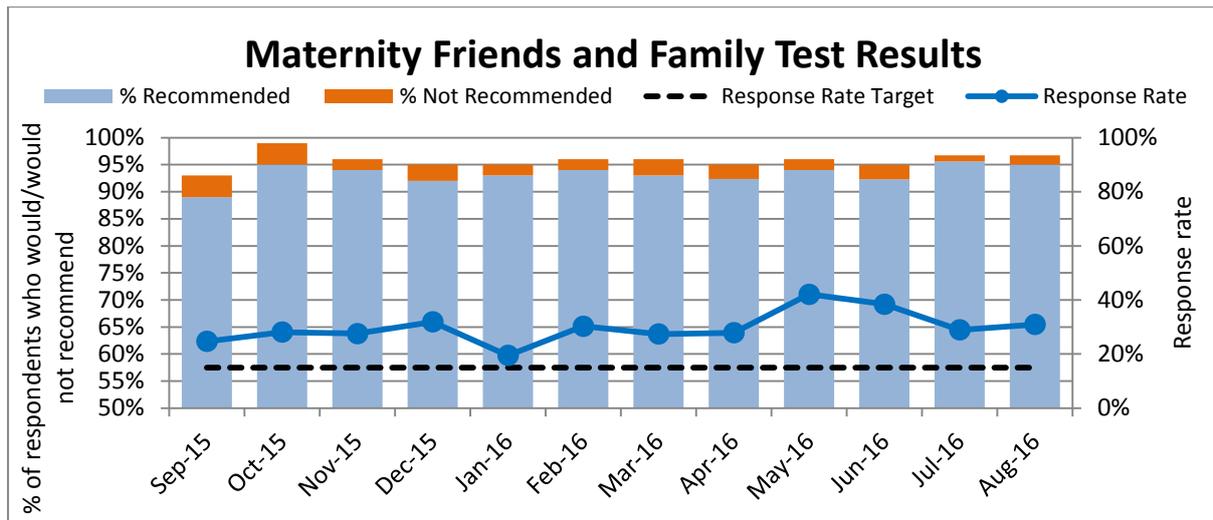


Figure 20 - Friends and Family (Maternity) for the period September 2015 – August 2016

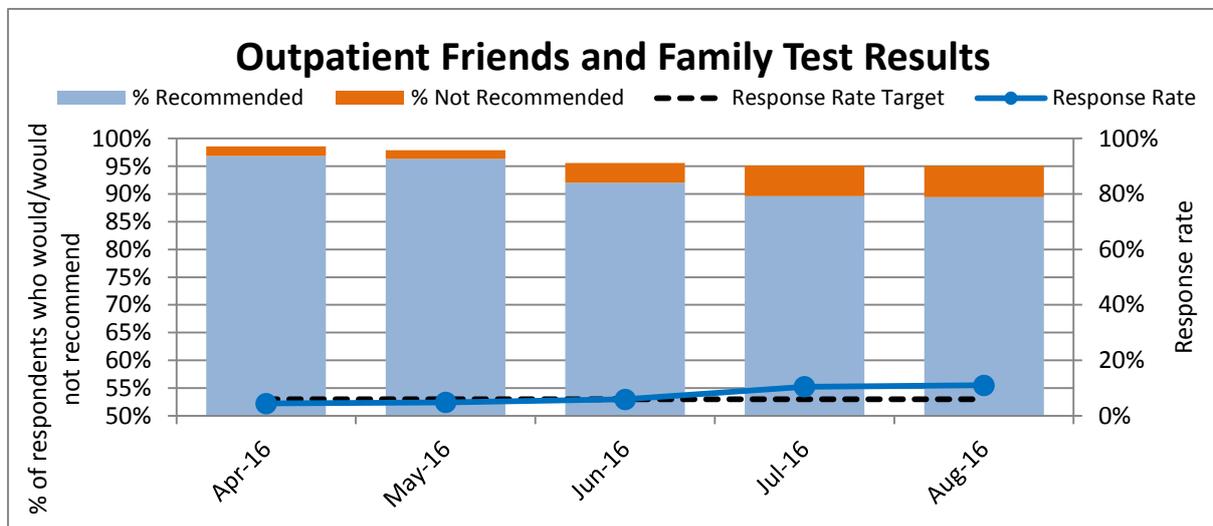


Figure 21 - Friends and Family (Outpatients) for the period April 2016 – August 2016

1.4 Well-Led

1.4.1 Well-Led: Vacancy rate

All Roles

At the end of August 2016, the Trust directly employed 9,627 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions and Research & Development areas.

The contractual vacancy rate for all roles was 11.63 per cent against the target of 10 per cent; an increase in month from the 11.16 per cent reported in July. The overall vacancy rate has been impacted by the delays in Occupational Health which resulted in very few candidates being OH cleared for a 7 week period between the end of June and middle of August. An interim solution has been put in place to manage this. Both the ‘time to hire’ and increase in the overall vacancy rate reflect this delay. The

Trust's voluntary turnover rate (rolling 12 month position) remains stable and shows a small reduction from 10.54 percent in July to the current 10.47 per cent; against the year-end target of 10 per cent or less.

Actions being taken to support reduction in vacancies include:

- Bespoke campaigns are underway for Radiographers, Imaging and Therapies
- A task and finish group for medical recruitment focusing on a new approach to recruiting hard to areas will run for the next 9 months.
- We are in the process of creating a new proactive approach to Administrative and Clerical recruitment which will start in October.
- A Trust Open Day will run at CXH on 27th September the response to this has been very positive.

There were 451 WTE candidates waiting to join the Trust across all occupational groups.

Bands 2 - 6 Nursing & Midwifery on Wards

At end of August 2016, the contractual vacancy rate for band 2-6 Nursing & Midwifery ward roles was 16.64 per cent with 405 WTE vacancies; reflecting a small increase from the July position (8 WTE additional vacancies) as a result of staff moving to non-ward areas through service changes and delays in health clearances for new staff. Further pressure comes from an 18 per cent turnover rate for this staffing group. However, the Trust continues to track lower than the London-wide situation of 17 per cent vacancy rate for all Nursing and Midwifery roles.

Actions being taken to support reduction in vacancies include:

- The new Band 5 rolling advert approach is now in place across all Divisions
- An attraction plan is being developed for theatres including: over-recruiting, changing the mix of Band 5 and 6s; and focused agency recruitment
- Attending the RCN fairs in Glasgow later in the Autumn and events at South Bank University and Bucks University in November
- The pilot for the more proactive rolling recruitment approach for Midwifery is yielding good results. It will also explore this for other hard to recruit areas
- Plans are underway to refresh the approach to the Student Nurse Recruitment for 2016/2017. A cohort of Student Nurses join the Trust in Sept/Oct
- The new internal Band 5 transfer process has commenced. Anecdotally this is being well received. The task and finish group will continue to enhance our N&M recruitment

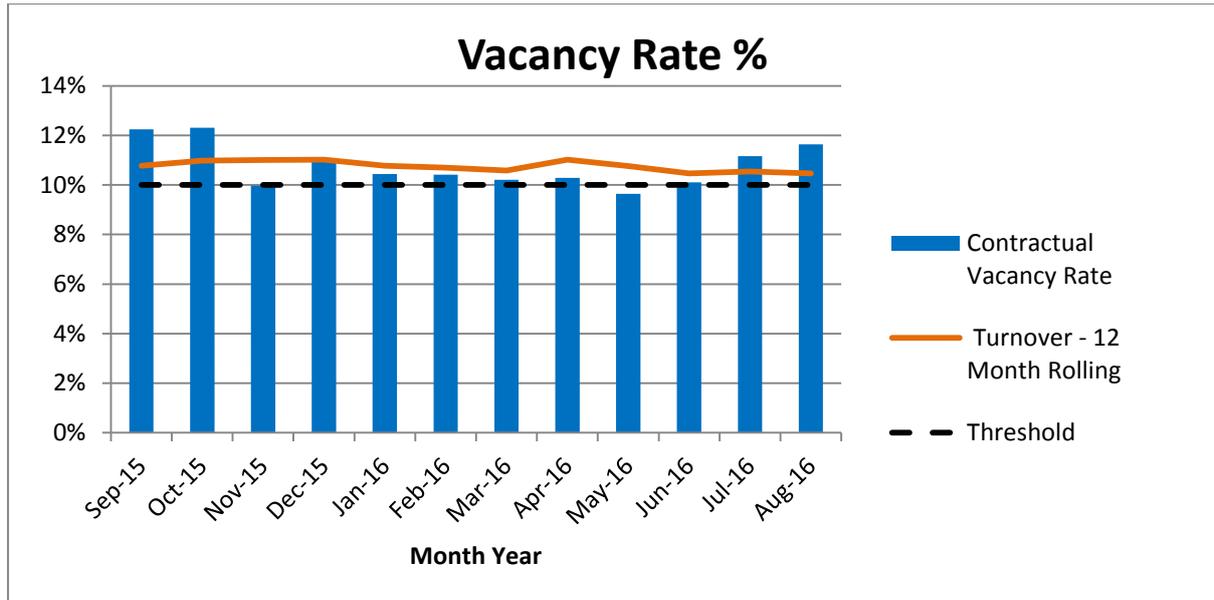


Figure 22 - Vacancy rates for the period September 2015 – August 2016

1.4.2 Well-Led: Sickness absence rate

In August 2016, recorded sickness absence was 2.66 per cent, against the target of 3.10 per cent.

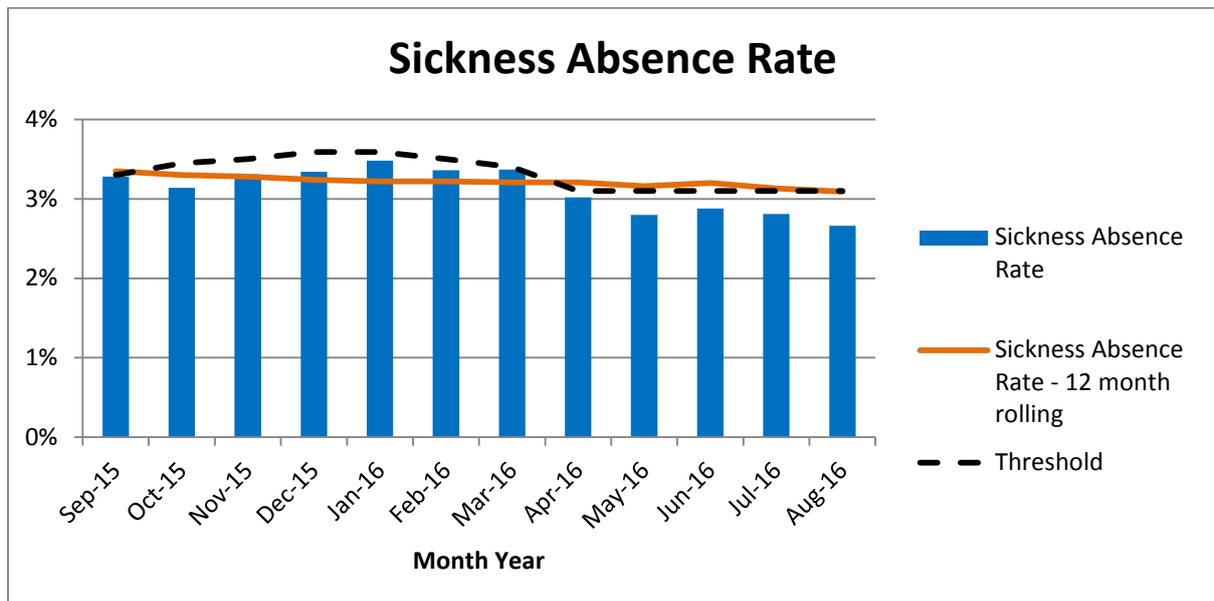


Figure 23 - Sickness absence rates for the period September 2015 – August 2016

1.4.3 Well-Led: Performance development reviews

The 2016/17 personal development review (PDR) cycle began on 1 April 2016 with all non-medical staff at bands 7 to 9, currently working, expected to have a completed PDR with their line manager by the end of June; the completion rate at end of August was 91.72 per cent with remaining PDRs scheduled as soon as possible. The remainder of staff on bands 2 – 6 are expected to have a completed PDR by the end of September.

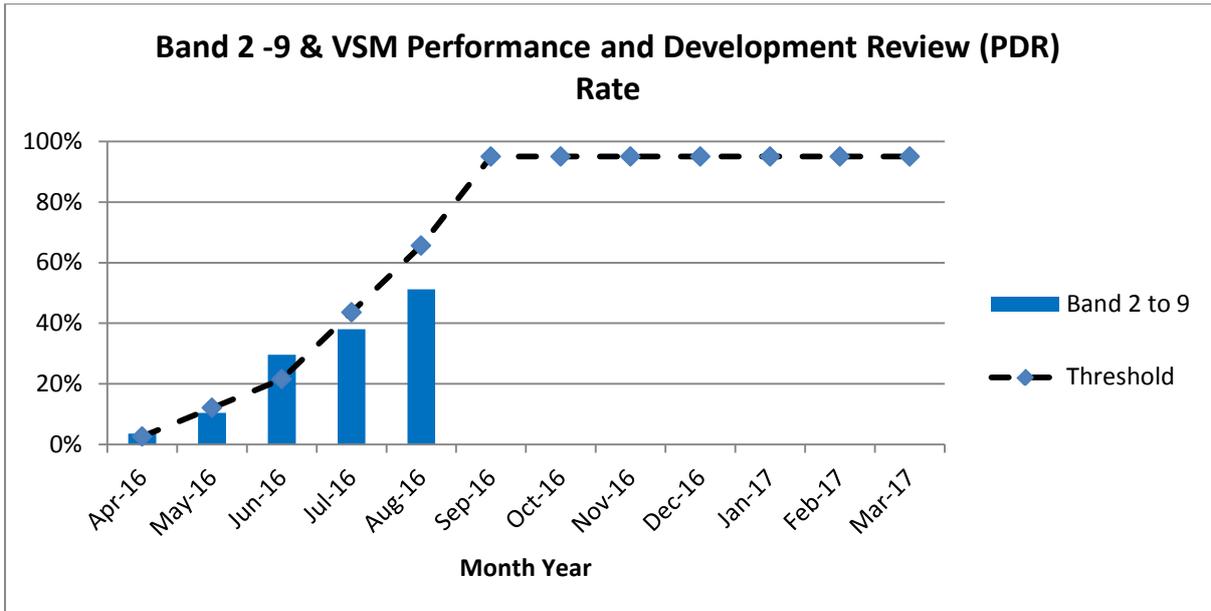


Figure 24 - Band 2 - 9 performance development review rates for the period April 2016 to March 2017

1.4.4 Well-Led: Doctor Appraisal Rate

Overall doctors' appraisal rates have increased slightly this month to 80.5 per cent.

As per Trust policy, review meetings are being arranged with doctors whose appraisals are overdue by 3 months to improve compliance.

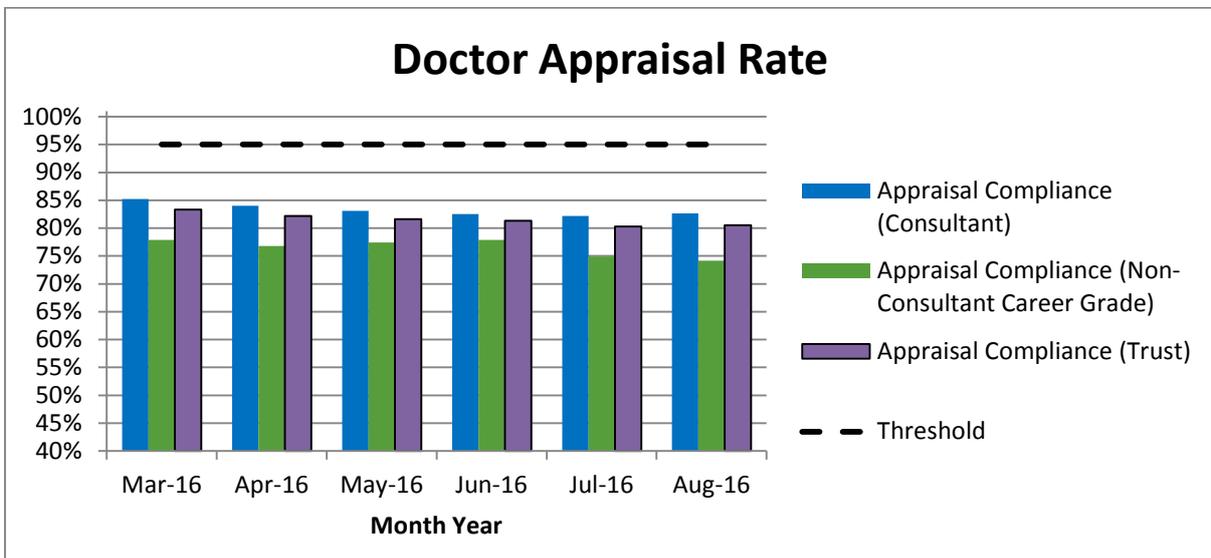


Figure 25 - Doctor Appraisal Rates for the period March 2016 to August 2016

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

2014/15 General Medical Council National Training Survey

All outstanding actions from the 2014/15 General Medical Council National Training Survey (GMC NTS) were confirmed as closed in June 2016.

Health Education North West London quality visit

There remain 59 actions open from the Health Education North West London quality visit action plan and a response to 38 was submitted in July 2016 with the next action plan submission due October 2016.

2015/16 General Medical Council National Training Survey

The results of the GMC NTS survey 2015/16 were published on 14th 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.

Action plans for all red flags are currently being developed by the relevant programmes/specialties. The Trust action plan is due to be submitted to Health Education England on 30th September 2016. The numbers of open and closed actions will then be monitored through this report from October 2016.

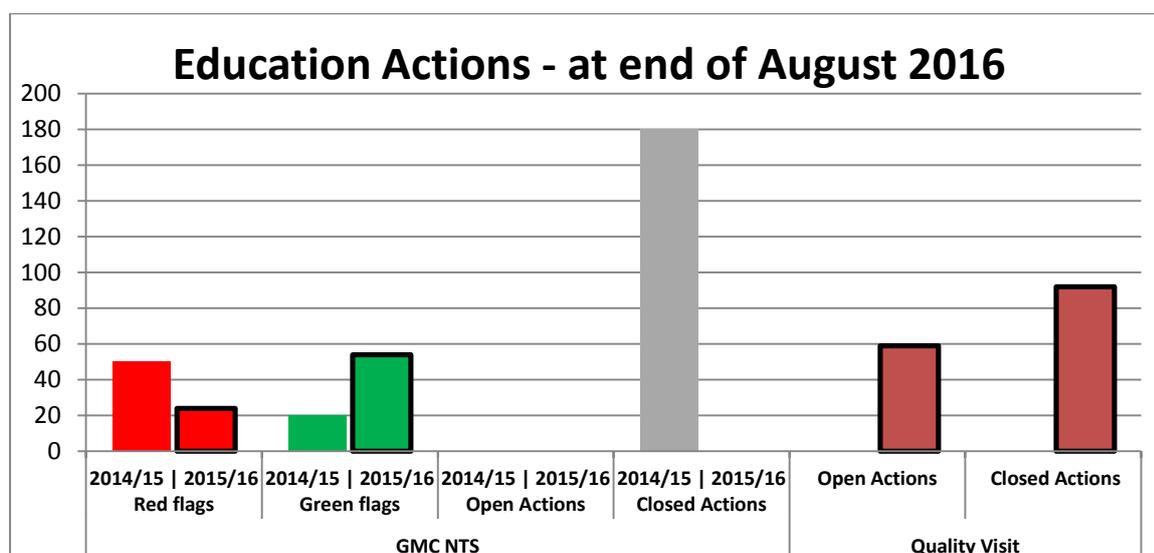


Figure 26 – General Medical Council - National Training Survey action tracker, updated at the end of August 2016

1.5 Responsive

1.5.1 Responsive: Consultant-led Referral to Treatment waiting times

The performance for August 2016 was 83.27 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.

At the end of August 2016, 10,028 patients were waiting over 18 weeks to reflecting a rapid growth in the 18 week backlog since February 2016 which was 4,890 patients on an incomplete pathway waiting over 18 weeks to receive treatment.

In February 2016 the Trust identified patients awaiting treatment that were not correctly recorded on the RTT patient tracking list and invited the NHS Improvement's Intensive Support Team to review our data quality. This led to a greater understanding of the issues and the action that we needed to take to resolve them. The Trust established a Waiting List Turnaround Improvement Programme in July, with external support, to address recommendations made by the NHS Elective Intensive Care Team and oversee 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 harm. System-wide governance arrangements have been established with our commissioners to oversee the improvement work and the Trust is receiving ongoing support from the IST.

The Trust Board paper on the Trust's Waiting List Improvement Programme provides further detail.

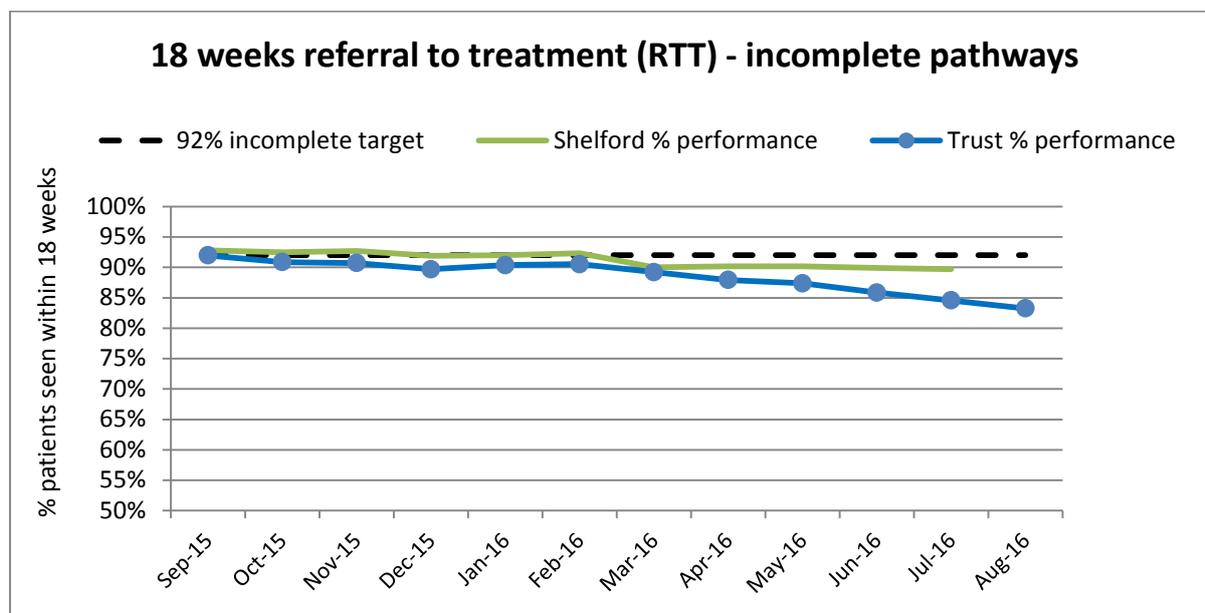


Figure 27 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period September 2015 – August 2016

52 weeks

At the end of August 2016, there were 83 patients who had waited over 52 weeks for their treatment since referral from their GP (not including patients on gender reassignment pathways).

Of the 83 patients reported as waiting over 52 weeks at end of July:

- 27 patients were previously reported as waiting over 52 weeks at end of June for whom 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.
- 36 patients are patients whom we had not been tracking consistently because RTT rules were applied incorrectly at an earlier stage of the patient's treatment pathway. These patients were confirmed too late on the waiting list for treatment to be put in place.
- 20 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.
- Clinical reviews and treatments plans are being completed on all new patients waiting over 52 weeks at end August and have already commenced for September.
- An improvement trajectory for reducing known 52 week waiters (including gender reassignment patients) to zero by April 2017 has been agreed with NHS England. A new performance management and escalation process has been put into place to ensure that this trajectory can be delivered.

Gender reassignment surgery pathways

- 19 patients on gender reassignment surgery pathways had waited over 52 weeks at end August 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.

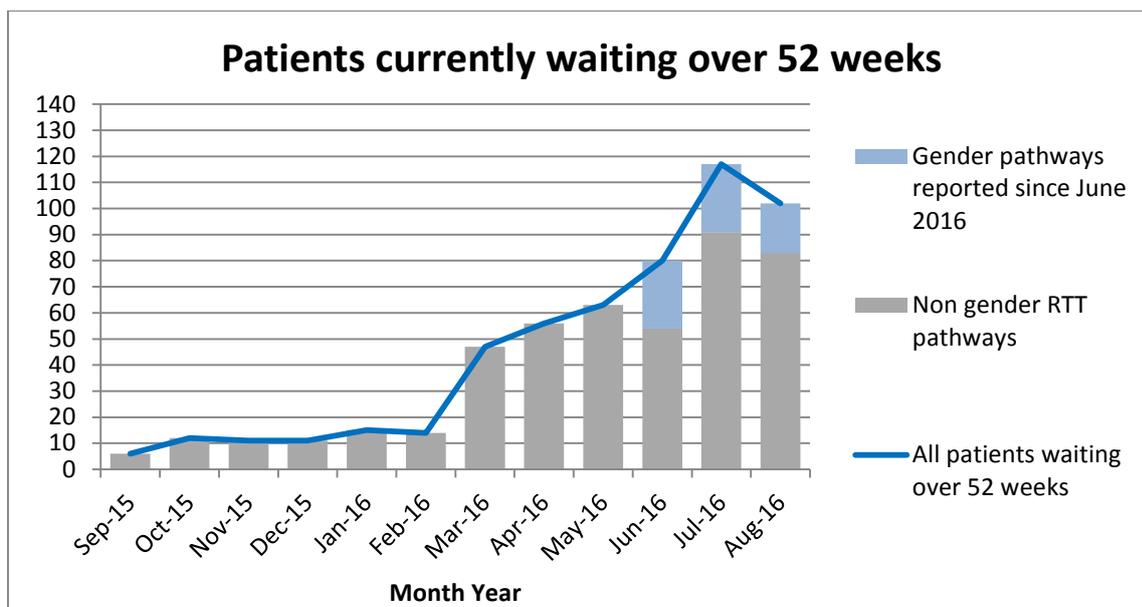


Figure 27 - Number of patients waiting over 52 weeks split by gender pathways and non-gender pathways, for the period September 2015 – August 2016

1.5.2 Responsive: Cancer

In August 2016, performance is reported for Cancer Waiting Times standards for July 2016. In July, the Trust achieved six of the eight national standards. The Trust underperformed against the 62-day GP referral to first treatment standard and underperformed against the 62-day screening standard.

Underperformance against the 62-day GP referral to first treatment standard in July was agreed with Commissioners as part of the Cancer Waiting Times recovery plan. The Trust over-performed against the GGC-agreed trajectory for the month and is on track to deliver continued improvement in August. The Trust has addressed significant pathway delays in urology and GI diagnostic pathways with an agreement to begin delivering the standard again from August 2016. Monthly meetings continue to take place with the Trust, CCG, NHSE and NHSI while this trajectory is delivered.

The Trust failed to deliver the 62-day screening standard due to unavoidable patient choice and complex pathway delays. There was no Trust-initiated contribution to the delays in any of the reported breaches.

The Trust recovered performance against the 2WW GP referral to first outpatient appointment in July, which was not delivered in June.

Indicator	Standard	July-16
Two week from GP referral to 1st outpatient – all urgent referrals (%)	93.0%	93.2%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.5%
31 day wait from diagnosis to first treatment (%)	96.0%	97.3%
31 day second or subsequent treatment (drug treatments) (%)	98.0%	100.0%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	100.0%
31 day second or subsequent treatment (surgery) (%)	94.0%	100.0%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	80.9%
62 day urgent GP referral to treatment from screening (%)	90.0%	86.0%

Table 1 - Performance against national cancer standards for July 2016

1.5.3 Responsive: Elective operations cancelled for non-clinical reasons

A total of 83 elective operations were cancelled on the day for non-clinical reasons in August. This equates to a cancellation rate of 0.95 per cent.

Eight patients whose operations were cancelled failed to be treated within the 28-day rebooking standard in August. Work to improve communication arrangements to minimise cancellations continues. Escalation processes for 28 day rebooking are being revised as part of a review of the Trust’s elective access policy.

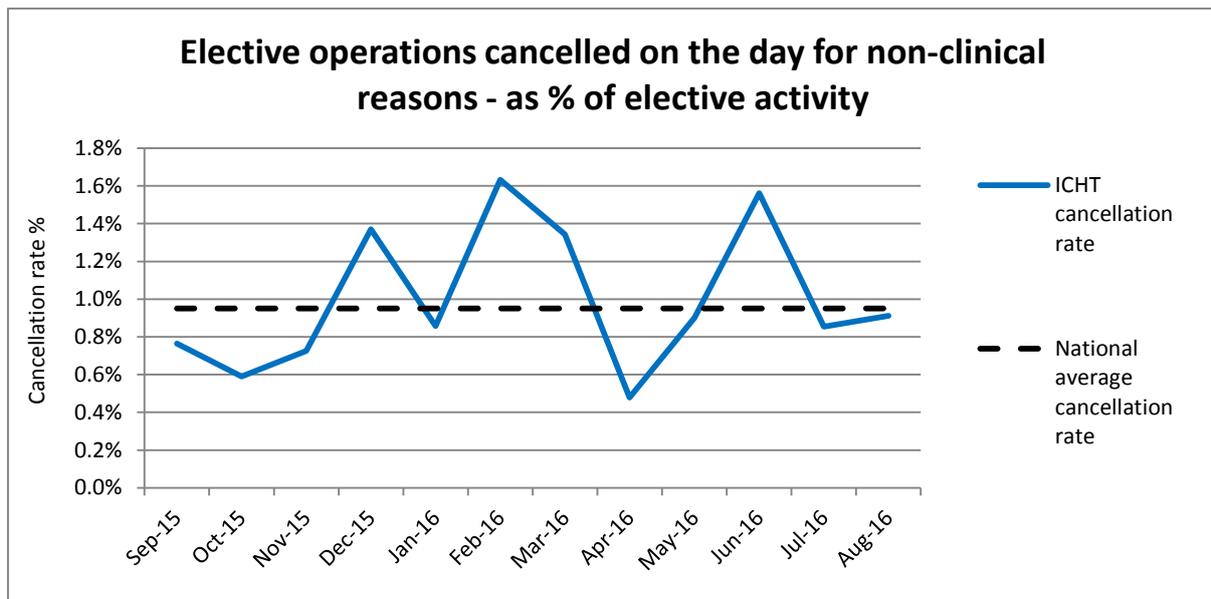


Figure 28 - Elective operations cancelled at the last minute for non-clinical reasons as a % of elective admissions for the period September 2015 – August 2016

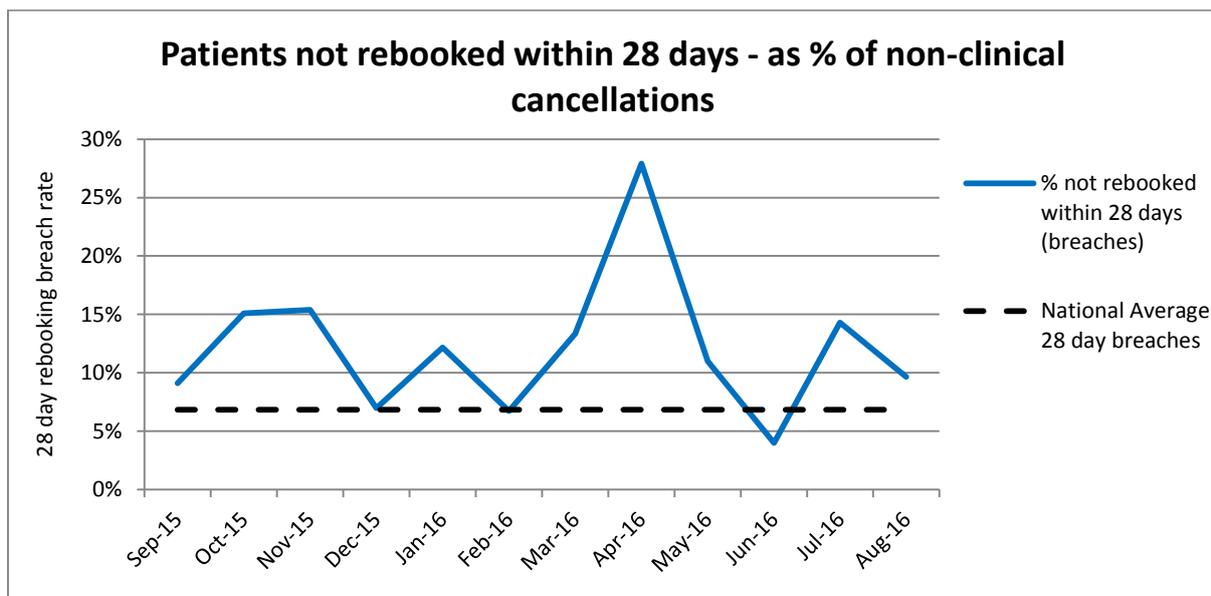


Figure 29 - Patients not treated within 28 days of their cancellation as a % of cancellations for the period September 2015 – August 2016

1.5.4 Responsive: Accident and Emergency

In August 2016, performance against the four hour access standard for patients attending Accident and Emergency was 90.75 per cent, meeting the performance trajectory target 90.06 per cent for the month.

The actions within the agreed recovery plan are on track.

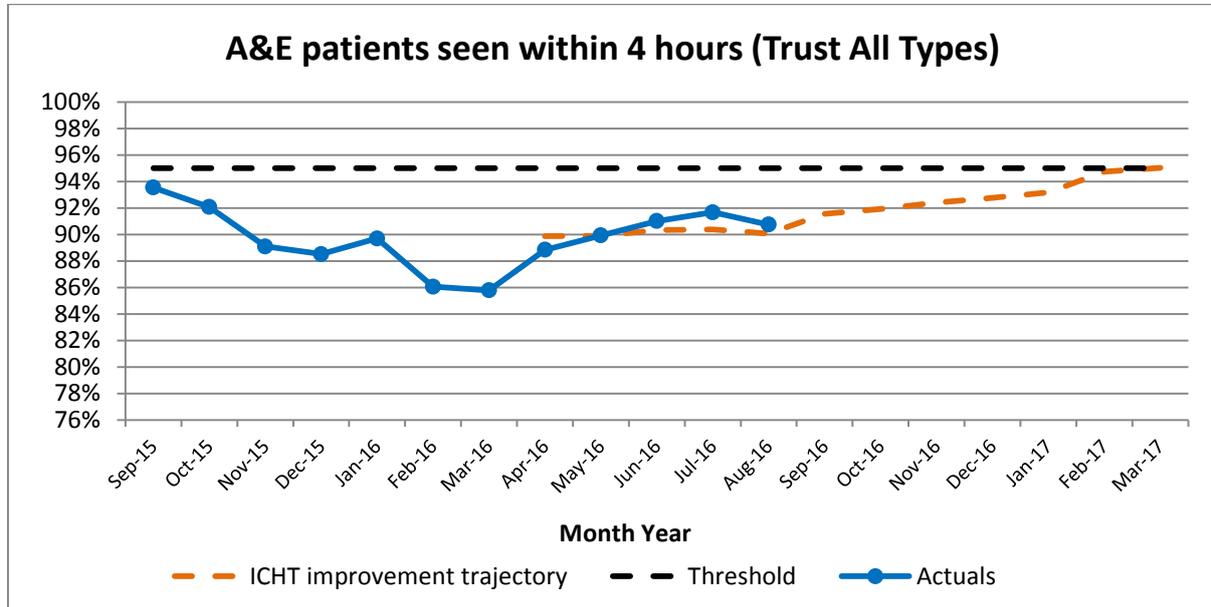


Figure 30 – A&E Maximum waiting times 4 hours (Trust All Types) for the period September 2015 – August 2016

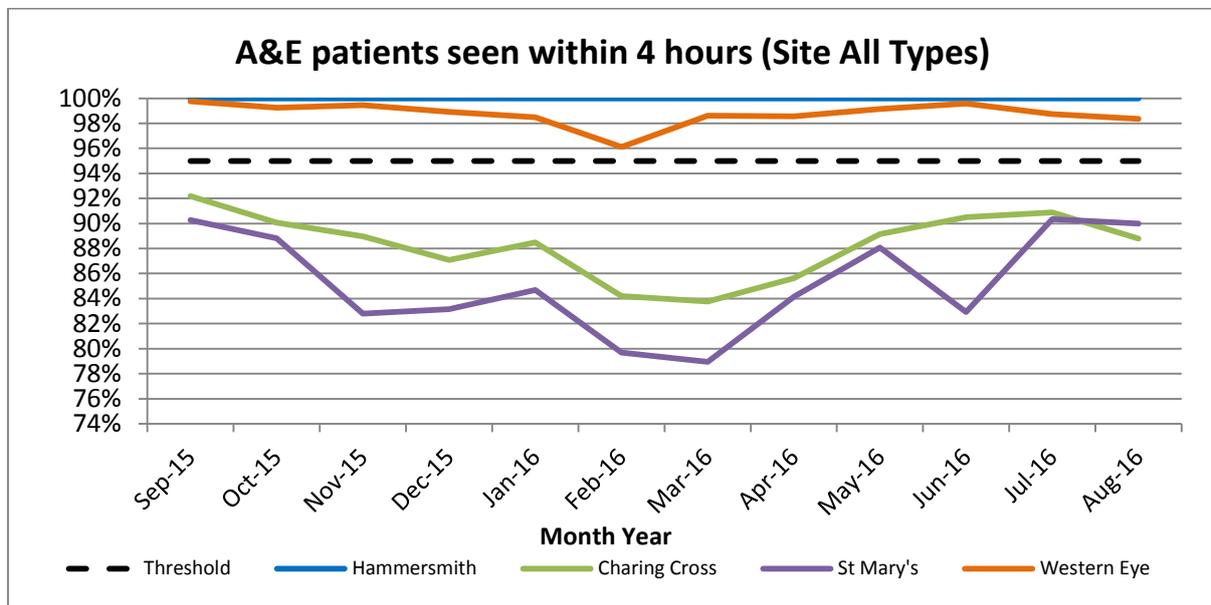


Figure 31 – A&E Maximum waiting times (Site All Types) 4 hours for the period September 2015 – August 2016

1.5.5 Responsive: Diagnostics

In August 2016, the Trust met the monthly 6 week diagnostic waiting time standard with 0.82 per cent of patients waiting over six weeks against a tolerance of 1 per

cent. Performance continues to meet the required standard each month. The Trust diagnostic review has been published internally with a set of key recommendations for action over the coming months.

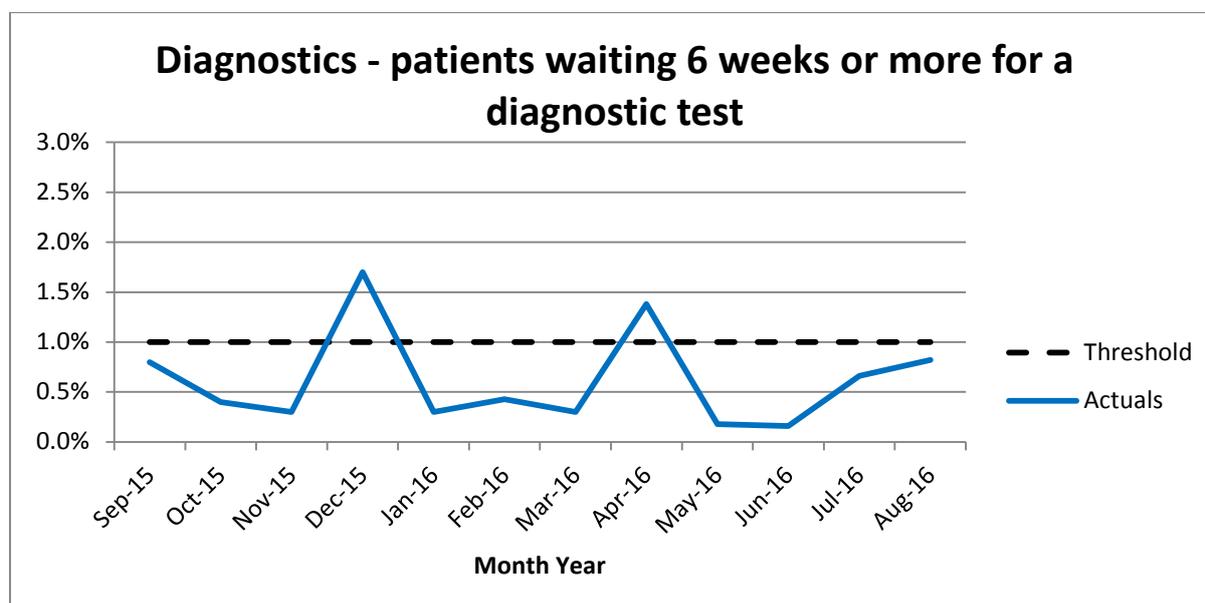


Figure 30 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period September 2015 – August 2016

1.5.6 Responsive: Patient attendance rates at outpatient appointments

The DNA rate (first and follow up) for August improved to 11.9 per cent compared to 12.2 per cent for July, equating to an average of 31 additional attendances a day.

Voice reminders went live for centrally managed services on 15 September and email reminders are scheduled to go live by the end of the month. These additional reminder mechanisms are expected to contribute to meeting our DNA rate.

Price Waterhouse Cooper is also providing support to implement processes and procedures to support the central booking, T&O and Gynaecology teams' adherence to appropriate elective access policy.

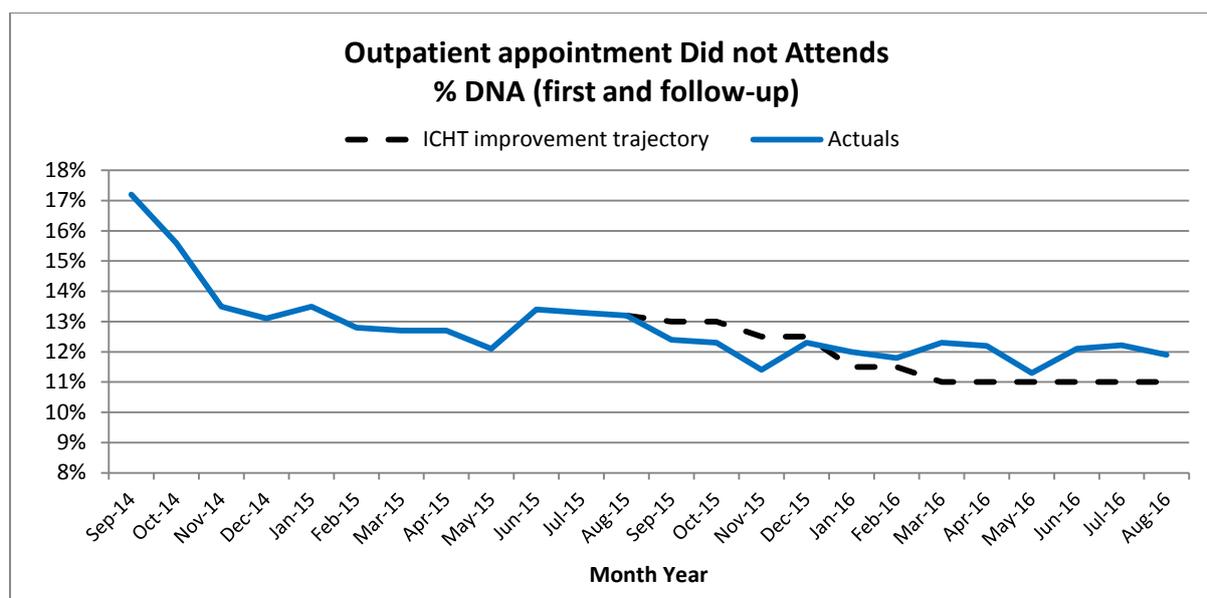


Figure 32 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period September 2014 – August 2016

1.5.3 Responsive: Outpatient appointments cancelled by the Trust

In August 2016, 16,464 outpatient appointments (14 per cent) were cancelled by the Trust with 9,681 (8.2 per cent) of these cancelled at less than 6 weeks' notice. This equates to 440 short notice cancellations per working day in comparison to 450 last month.

The Divisional Directors have agreed new authorisation procedures for short notice clinic cancellations. The updated policy will be ratified through the Outpatient Improvement Programme steering group later this week and rolled out across the organisation.

Price Waterhouse Cooper is conducting a deep dive into the reasons behind short notice cancellations with a view to revising the reason codes on Cerner to improve the quality of the data captured.

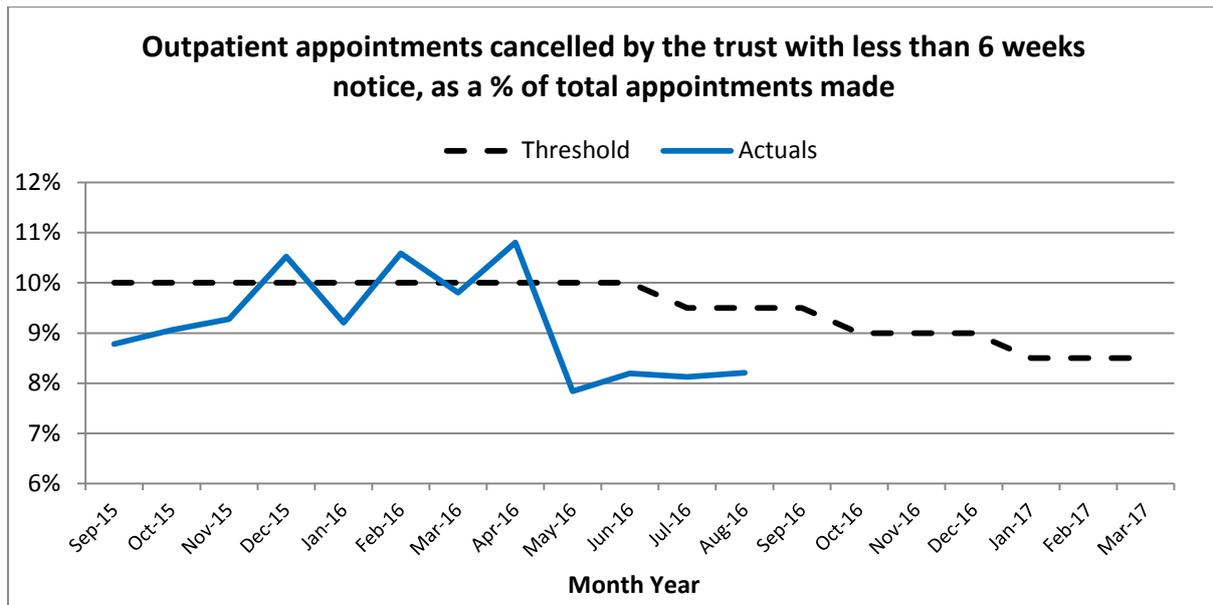


Figure 33 – Outpatient appointments cancelled by the Trust with less than 6 weeks’ notice for the period September 2015 – August 2016

1.5.4 Responsive: Access to antenatal care – booking appointment

In August 2016, 97 per cent of pregnant women accessing antenatal care services completed their booking appointment by 12 weeks and 6 days (excluding late referrals), against the target of 95 per cent or more. The Trust is expected to continue to achieve this access standard during 2016/17.

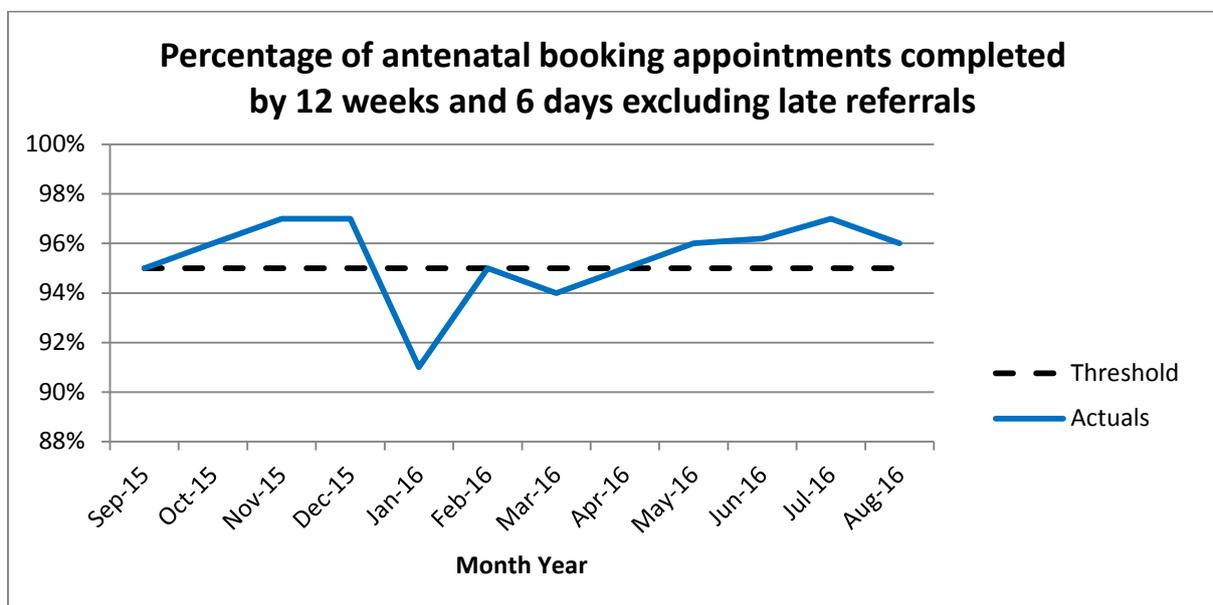


Figure 34 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period September 2015 – August 2016

1.5.5 Responsive: Complaints

The number of formal complaints increased in August and there appears to have been an increase in the volume of appointments related complaints which is being followed up. Performance against acknowledgement and response time targets remains good.

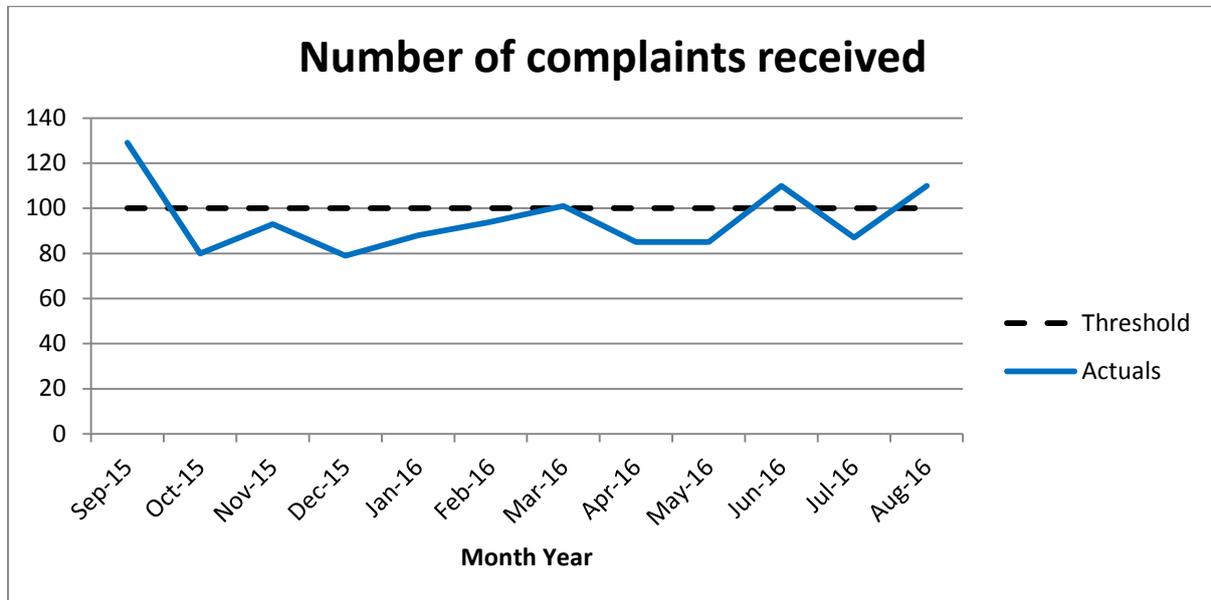


Figure 35 – Number of complaints received for the period September 2015 – August 2016

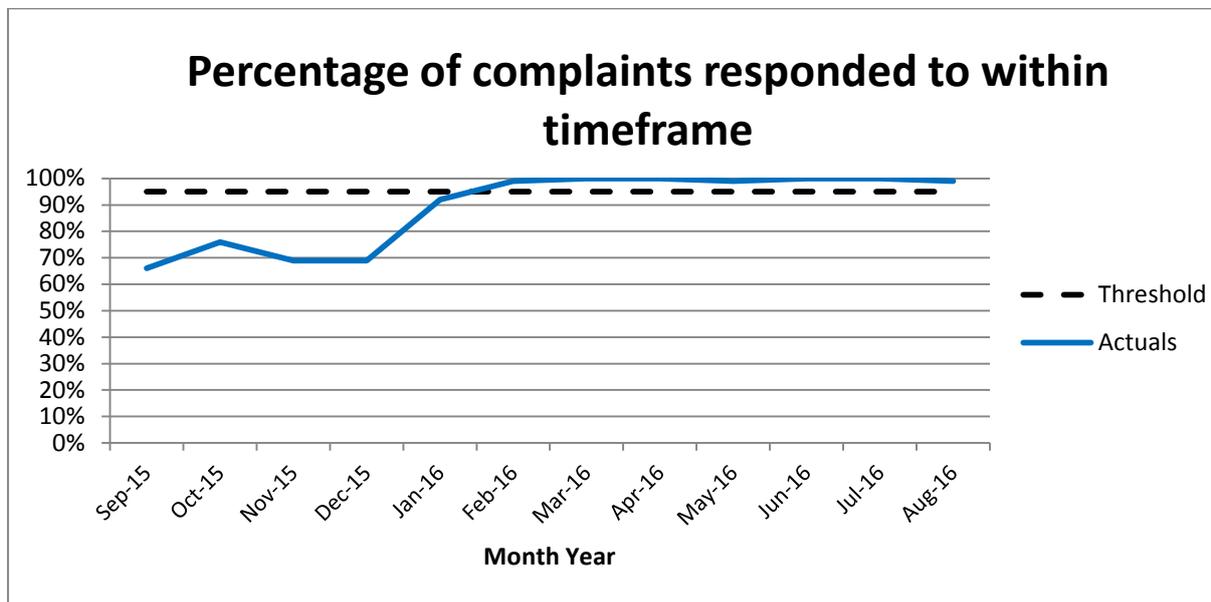


Figure 35 – Response times to complaints for the period September 2015 – August 2016

2. Finance

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