

## Trust board - public

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

### Executive Summary:

This is a regular report to the Trust Board and outlines the key operational headlines that relate to the reporting month of October 2015.

Where monthly data for October 2015 are not yet available, this is highlighted in the chart title in red.

### Recommendation(s) to the Committee:

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

### Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion;
- To educate and engage skilled and diverse people committed to continual learning and improvement;
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care; &
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

**Operational Performance Report**  
**Report Period Month 7 (to end October 2015)**

**Trust Board, 25 November 2015**

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## 1. Scorecard Summary

Pg	Metric	Period	Standard	Performance	Direction of Travel	
<b>Safe</b>						
5	Serious Incidents (S.I.s)	Oct-15	0	7		
6	Staffing fill rates		tbc	96.1%		
8	MRSA		0	0		
8	Clostridium difficile		38	44		
9	Harm Free Care (Safety Thermometer)		90.0%	96.9%		
<b>Effective</b>						
10	Hospital Standardised Mortality Ratio (HSMR)	Qtr 1 15/16	100	67.2		
11	Percentage of interventional studies which recruited 1st patient within 70 days of Valid Research Application	Qtr 2 15/16	70.0%	97.5%		
11	30 day readmissions	Oct-15	tbc	4.2%		
12	Average length of Stay (elective)		3.4	3.7%		
12	Average length of stay (non-elective)		4.5	4.2%		
13-14	Activity: First Outpatient	Sep-15	29,333	32,867		
13-14	Activity: Follow-up Outpatient		47,082	52,183		
13-14	Activity: Daycase		6,059	7,385		
13-14	Activity: Elective Inpatient		1,308	1,297		
13-14	Activity: Non-elective Inpatient		8,742	9,203		
13-14	Activity: Adult Critical Care		3,390	3,853		
13-14	Activity: Regular Day Attender		1,114	281		
<b>Caring</b>						
15	Mixed-Sex Accommodation	Oct-15	0	1		
16	Friends and Family Test - Inpatients		95.0%	96.0%		
16	Friends and Family Test - A&E		85.0%	96.0%		
17	Friends and Family Test - Maternity		tbc	95.0%		
17	Complaints (total number received)		100	80		
<b>Well Led</b>						
20	Vacancy rate (%)	Oct-15	10.0%	12.3%		
20	Voluntary Turnover Rate (%) 12-month rolling position		9.5%	11.0%		
20	Sickness absence rate (%)		3.4%	3.1%		
21	StatMand excl. doctors in training / Trust grades (%)		95.0%	81.8%		
21	StatMand - doctors in training / Trust grades (%)		95.0%	56.2%		
22	Consultant appraisal rate (%)		95.0%	86.5%		
22	Band 2-9 & VSM PDR rate		95.0%	91.4%		
24	Health and Safety RIDDOR		0	3		
24	GMC NTS open actions		tbc	113		
25	Bank and Agency Spend (%)		9.0%	14.0%		
25	Staff engagement score		Qtr 2 15/16	tbc	44	
<b>Responsive</b>						
26	18 Weeks Incomplete (%)		Sep-15	92.0%	92.0%	
26	18 weeks Incomplete Breaches (number)	tbc		4,030		
27	52 Weeks Waits (Number)	0		6		
28	Diagnostic tests waiting longer than 6 weeks (%)		1.0%	0.8%		
29	A&E Type 1 Performance (%)	Oct-15	95.0%	81.6%		
29	A&E All Types Performance (%)		95.0%	92.1%		
30-31	Two week GP referral to 1st outpatient, cancer (%)	Sep-15	93.0%	90.5%		
30-31	Two week GP referral to 1st outpatient – breast symptoms (%)		93.0%	94.6%		
30-31	31 day wait from diagnosis to first treatment (%)		96.0%	96.4%		
30-31	31 day second or subsequent treatment (surgery) (%)		94.0%	96.2%		
30-31	31 day second or subsequent treatment (drug) (%)		98.0%	100.0%		
30-31	31 day second or subsequent treatment (radiotherapy) (%)		94.0%	99.0%		
30-31	62 day urgent GP referral to treatment for all cancers (%)		85.0%	86.5%		
30-31	62 day urgent GP referral excl. late ITRs (%)		85.0%	89.0%		
30-31	62 day urgent GP referral to treatment from screening (%)		90.0%	93.9%		
31	New Outpatient DNA rate (%)	Oct-15	12.3%	13.2%		
32	Follow-up Outpatient DNA rate (%)		11.3%	12.0%		
32	Hospital initiated outpatient cancellation rate (%)		tbc	6.7%		

## 2. Indicator Overviews

### 2.1 Safety

#### 2.1.1 Safety: Serious Incidents (SIs)

Seven serious incidents were reported in October 2015. The year to date total is 60, in comparison to 75 this time last year. We continue to review each case.

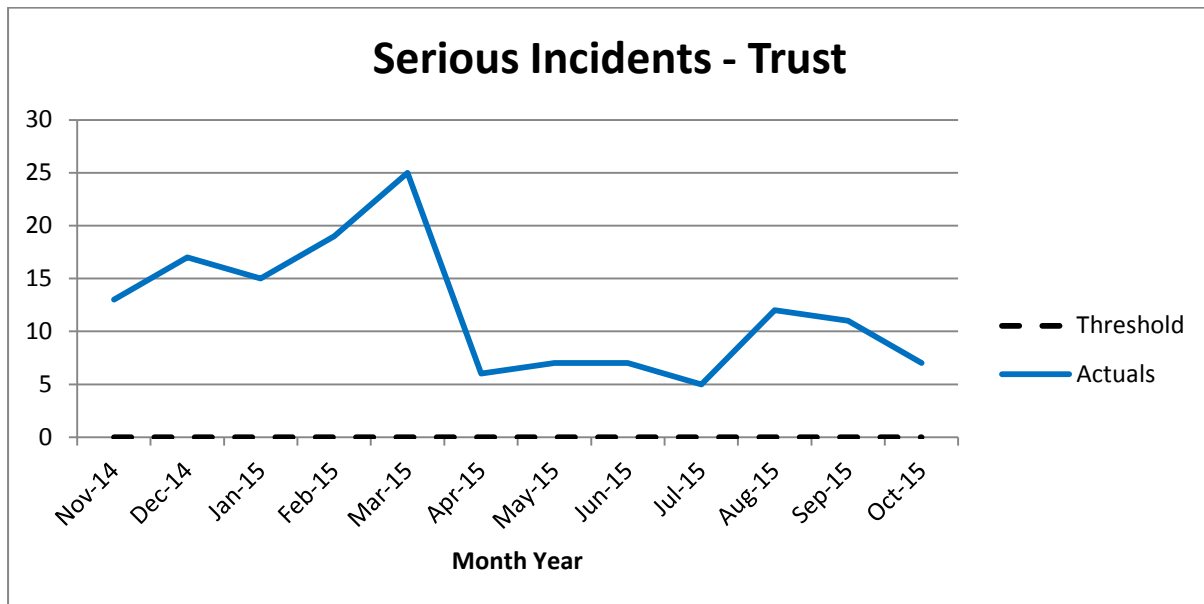


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period November 2014 – October 2015

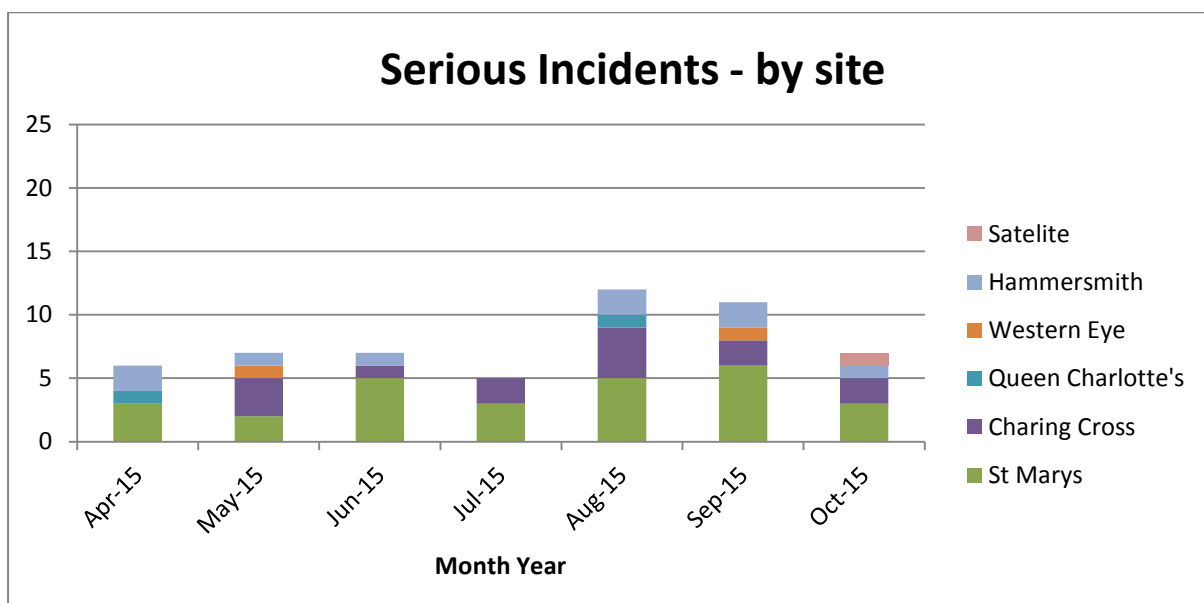


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period April 2015 – October 2015

## 2.1.2 Safety: Nurse / Midwife staffing levels

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

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

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

Site Name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Charing Cross	95.03%	92.53%	97.62%	97.32%
Hammersmith	94.99%	91.84%	98.03%	97.32%
Queen Charlotte's	96.34%	92.66%	97.05%	98.28%
St. Mary's	96.74%	92.92%	97.44%	97.56%

Please refer to Appendix 1 for ward level detail.

October saw the Trust achieve safe staffing levels for registered nurses and midwives and care staff at night and during the day.

There were a small number of clinical areas where the fill rate was below 85 per cent for care staff and below 90 per cent for registered staff. Reasons for this include:

- A continued high requirement to meet the enhanced support needs of patients with 'specialling' (especially within the Medical Division); &
- Application of consistently stringent controls on the use of agency staff; &
- The tool being used to judge patient need for staffing in a small number of our clinical areas not being sufficiently sensitive to reflect this accurately.

On the occasions where small numbers of shifts were unfilled, the Trust's senior nursing and midwifery leadership took actions to optimise the staffing arrangements and mitigate any risk to the quality of care delivered to patients. These actions included:

- Using the workforce flexibly across floors and clinical areas: &
- The nurse or midwife in charge of the area working clinically and taking a case load; &
- Specialist staff becoming hands on for all or part of the shift to support their ward

based colleagues; &

- Adjusting the case mix in clinical areas by cohorting patients ensure efficiencies of scale.

The Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in October were safe and appropriate for the mix of patients in each Division.

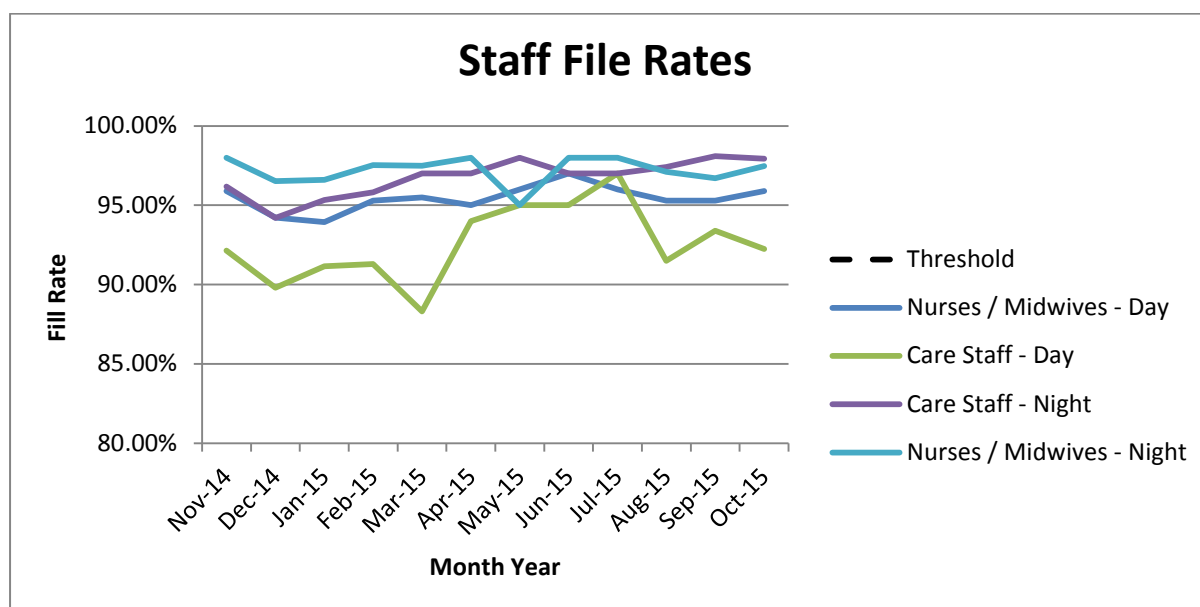


Figure 3 – Staff fill rates by month for the period November 2014 – October 2015

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

No cases of MRSA BSI were allocated to the Trust in October. So far this year, 5 cases have been allocated to the Trust compared to 3 cases this time last year. A 6th case has been preliminary attributed to the Trust but is currently in arbitration.

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.

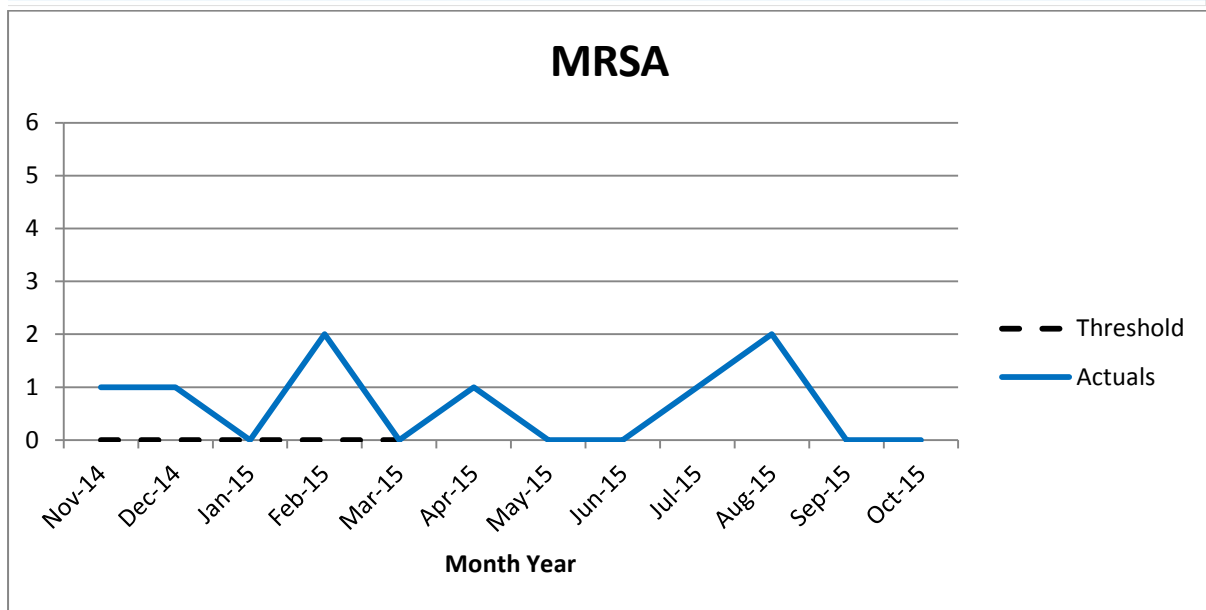


Figure 4 - Number of MRSA (b) infections by month for the period November 2014 – October 2015

**2.1.4 Safety: Clostridium difficile**

Nine cases of Clostridium difficile were allocated to the Trust for October 2015. One of these cases has been confirmed to be attributable to a lapse in care, with another case identified as a potential lapse in care, pending investigation.

Compared to 51 cases this time last year, a total of 41 cases have been allocated to the trust so far this year. Four of these have been confirmed to be attributable to lapses in care.

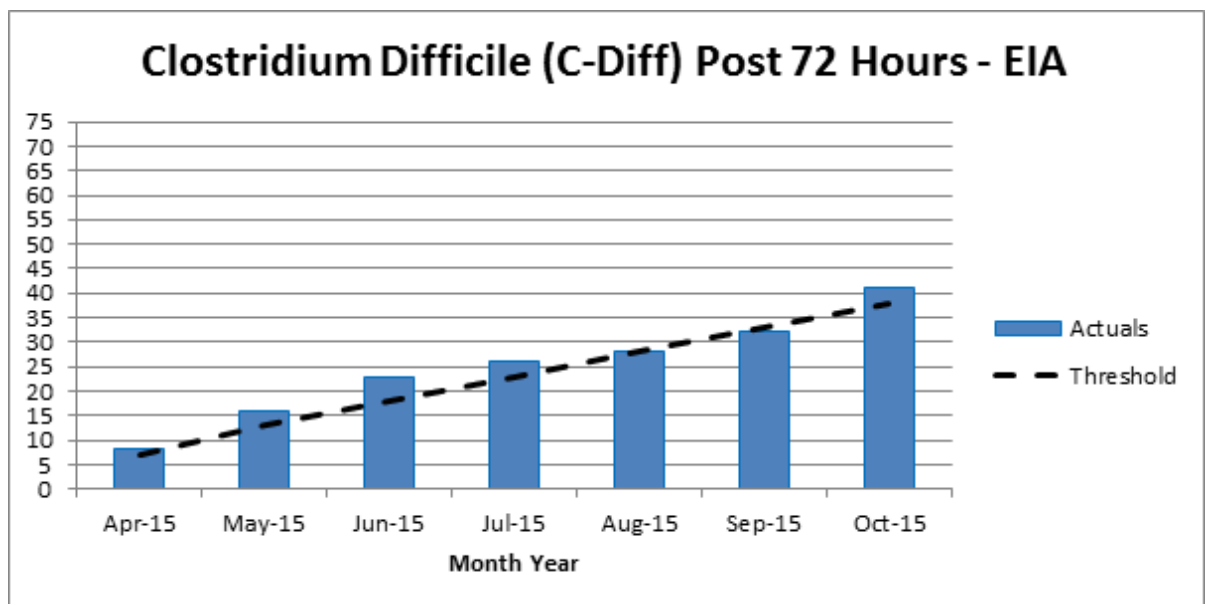


Figure 5 - Number of Clostridium Difficile infections above cumulative plan by month for the period April 2015 – October 2015



## 2.1.5 Safety: National Safety Thermometer – Harm Free Care Score

The Trust's scores for harm free care as measured by the NHS Safety Thermometer continue to be comparable with both the London and Shelford average.

There are specific work programmes in place for each of the four indicators which make up the overall 'harm free care' score (pressure ulcers, falls, VTE, CAUTI) to ensure performance is continually monitored and improved.

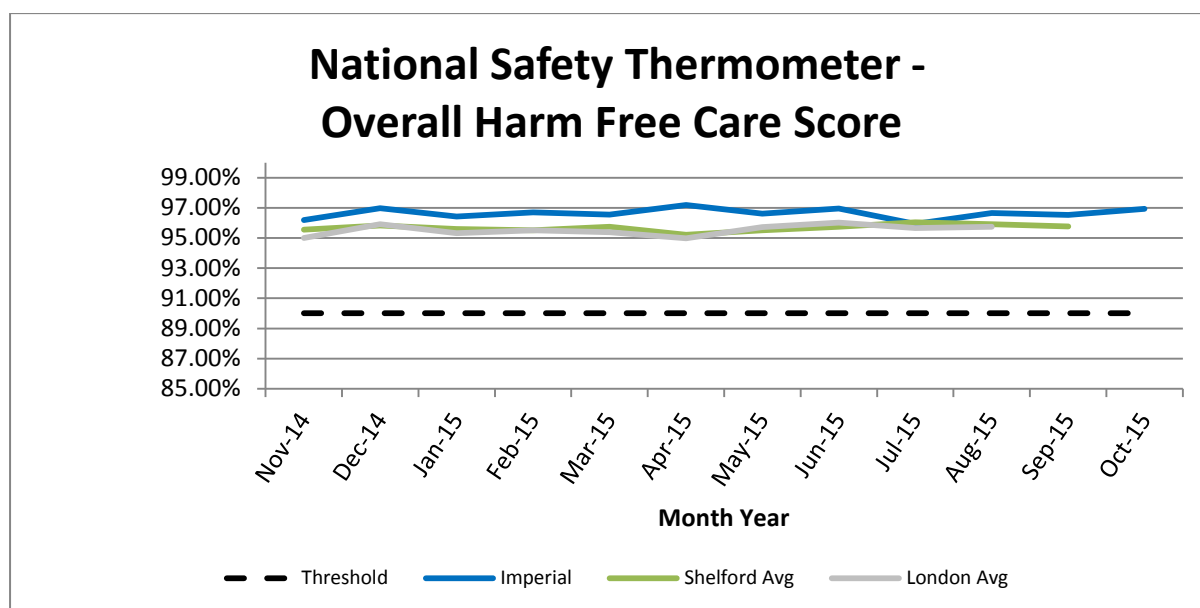


Figure 6 – Harm Free Care (Safety Thermometer) November 2014 – October 2015

## 2.2 Effectiveness

### 2.2.1 Effectiveness: Mortality Data

The Trust's Hospital Standardised Mortality Ratio (HSMR) is 71 for June 2015. Across the last year of available data (July 2014 – June 2015), the Trust has the lowest HSMR rate for acute non-specialist trusts nationally and the lowest in the Shelford Group. The Trust also has the second lowest Summary Hospital-Level Mortality Indicator (SHMI) of all non-specialist providers in England for Q4 2013/14 to Q3 2014/15.

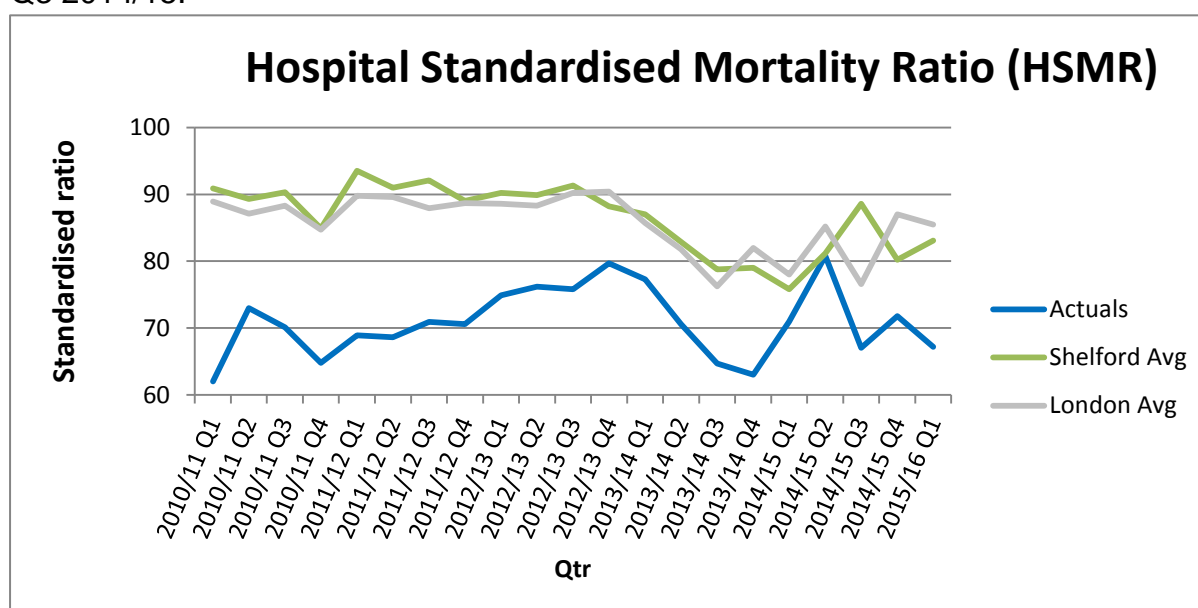
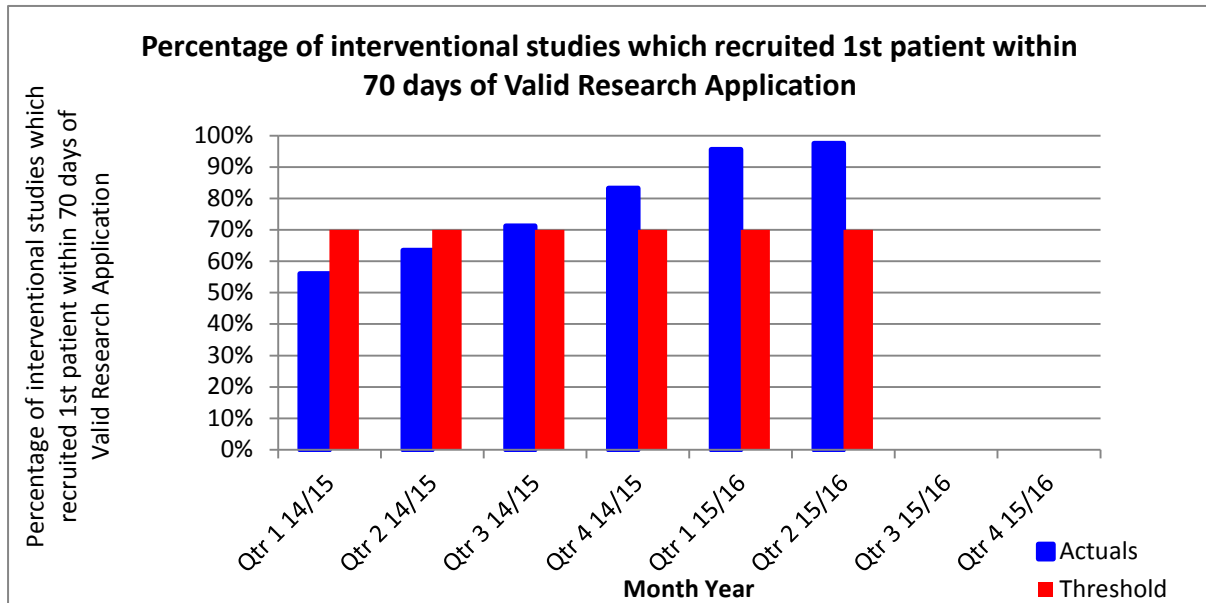


Figure 7 - Hospital Standardised Mortality Ratios for the period Q1 2010/11 to Q1 2015/16

### 2.2.2 Effectiveness: Recruitment of patients into interventional studies

The national target for recruiting the first patient into clinical trials within 70 days is 70 per cent. Trust performance for Q1 2015/16 was 95.6 per cent; and for Q2 2015/16 we are forecasting 97.5% per cent.

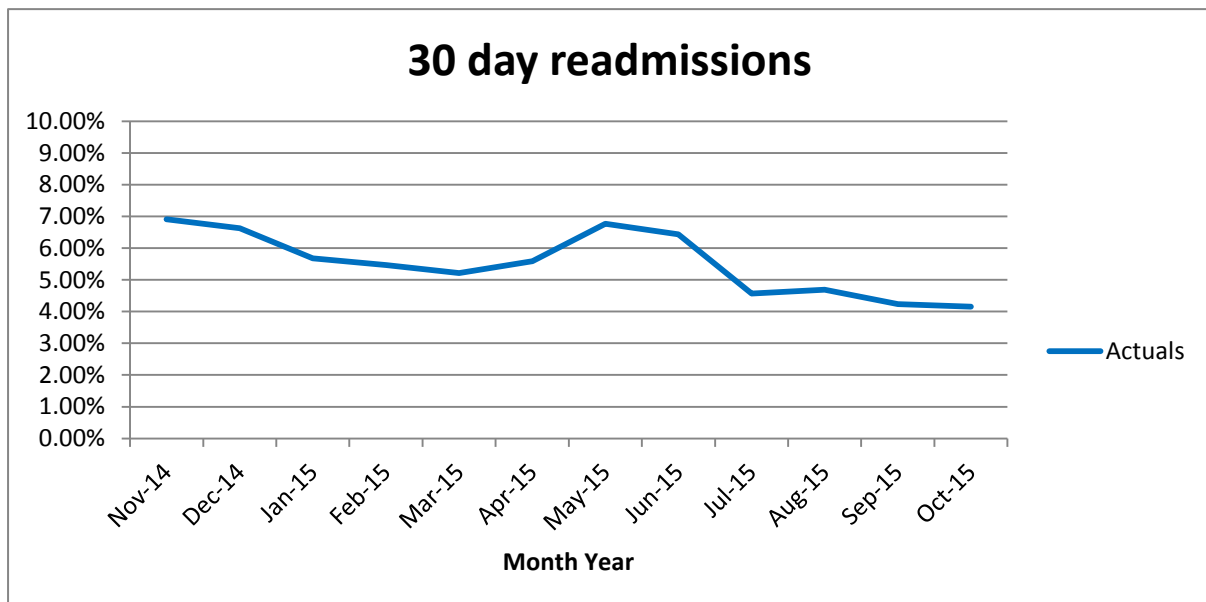
*Note: Q2 data are provisional and subject to NIHR verification.*



**Figure 8 - Interventional studies which recruited First patient within 70 days of Valid Application Q1 2014/15 – Q2 2015/16**

**2.2.3 Effectiveness: 30 Day Readmissions**

The improvement in reported performance for 30 day readmissions may reflect, in part, the increased focus on accurate discharge recording through the admissions and discharge team.



**Figure 9 - 30 day readmissions for the period November 2014 - October 2015**

### 2.2.4 Effectiveness: Average Length of Stay

The length of stay working collective (constituted by the site, information, and performance teams) identified an issue in the data warehouse extract used to determine average length of stay, as presented in the previous report. This resulted in the Trust average length of stay for elective admission reporting higher actual. This has now been remedied.

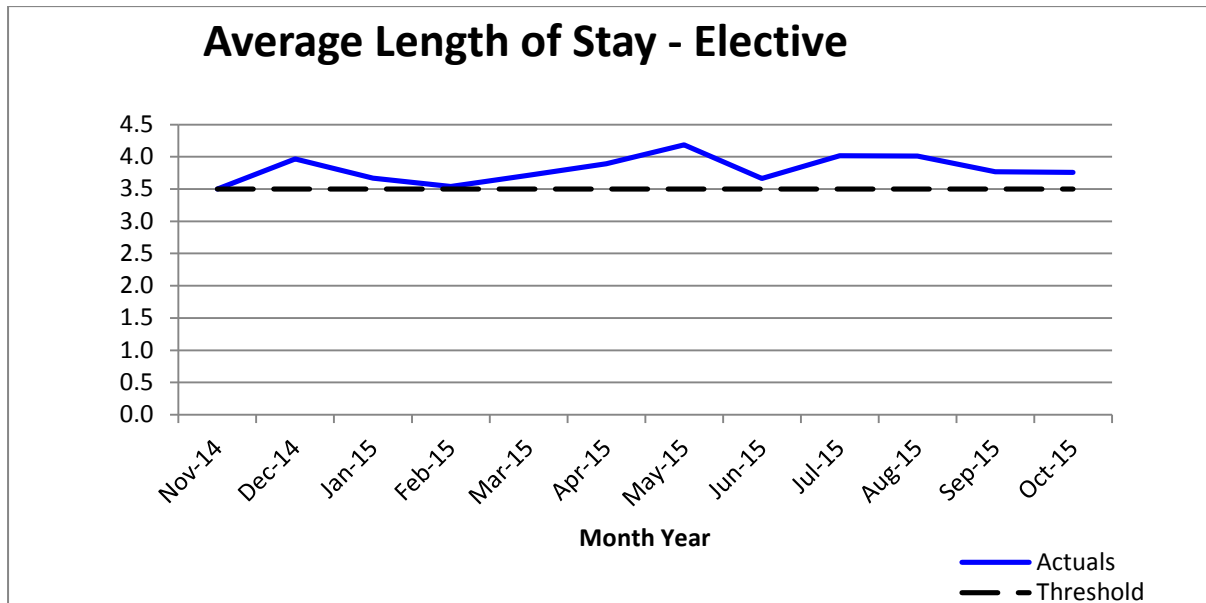


Figure 10 – Average Length of Stay – Elective for the period November 2014 – October 2015

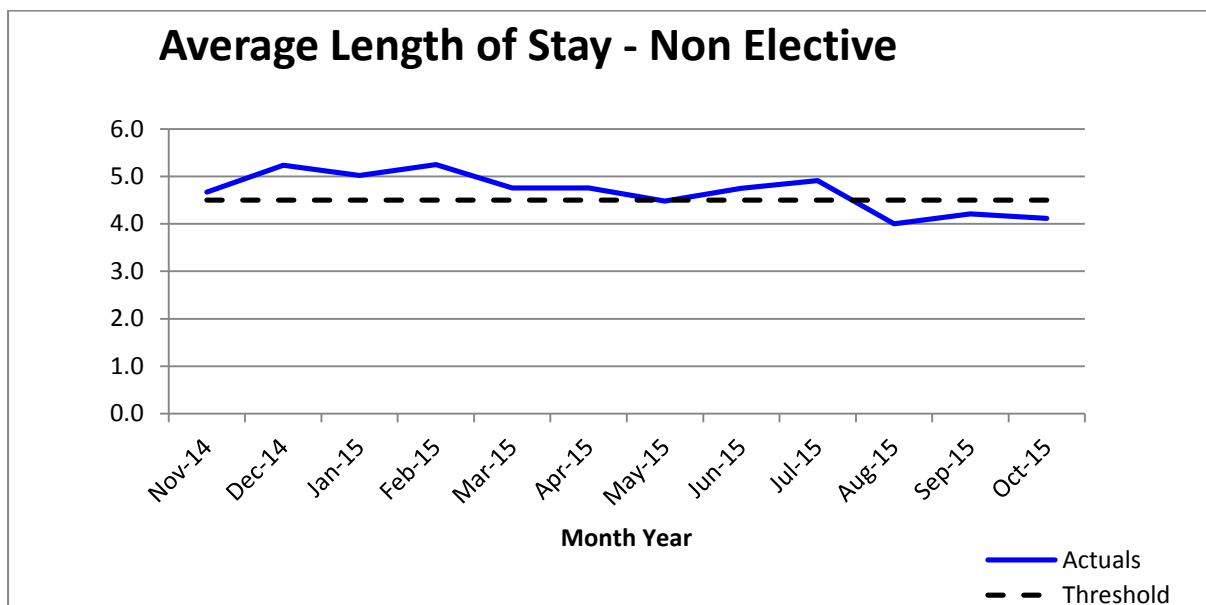


Figure 11 – Average Length of Stay – Non-Elective for the period November 2014 – October 2015

### 2.2.5 Effectiveness: Activity data

Plans are in place to operationalise a regular review with the Finance, Operational, and Corporate teams to ensure correct depth of coding. These reviews commenced in October and outcomes of analysis will be reported within the operational report.

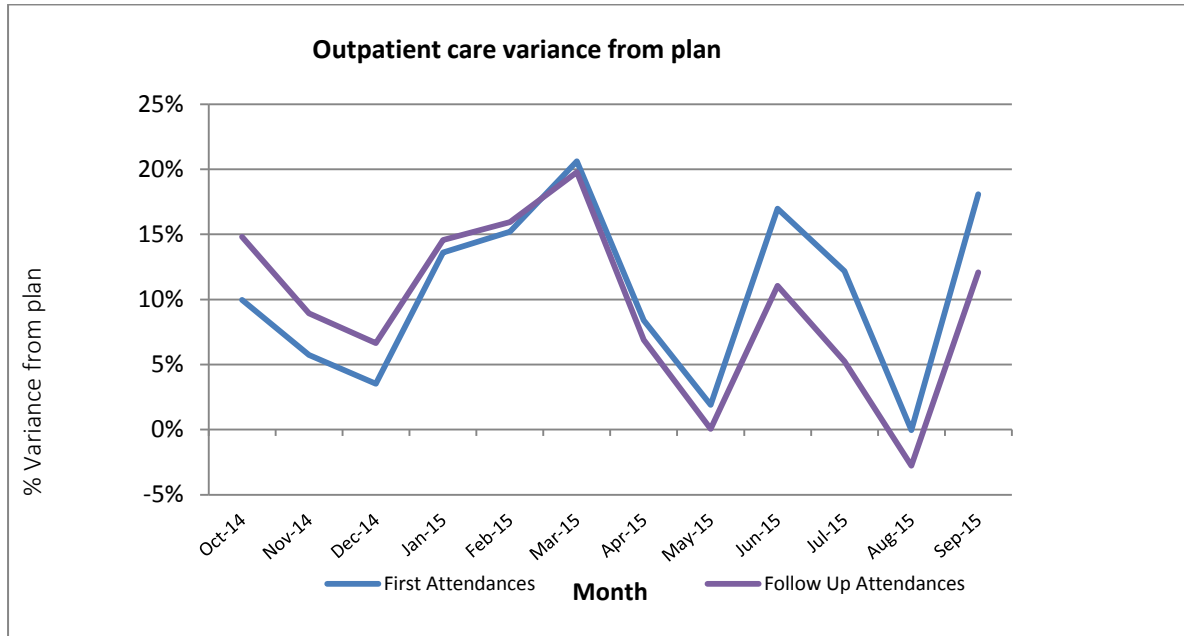


Figure 12 – Outpatient Care Variance from Plan for the period October 2014 – September 2015

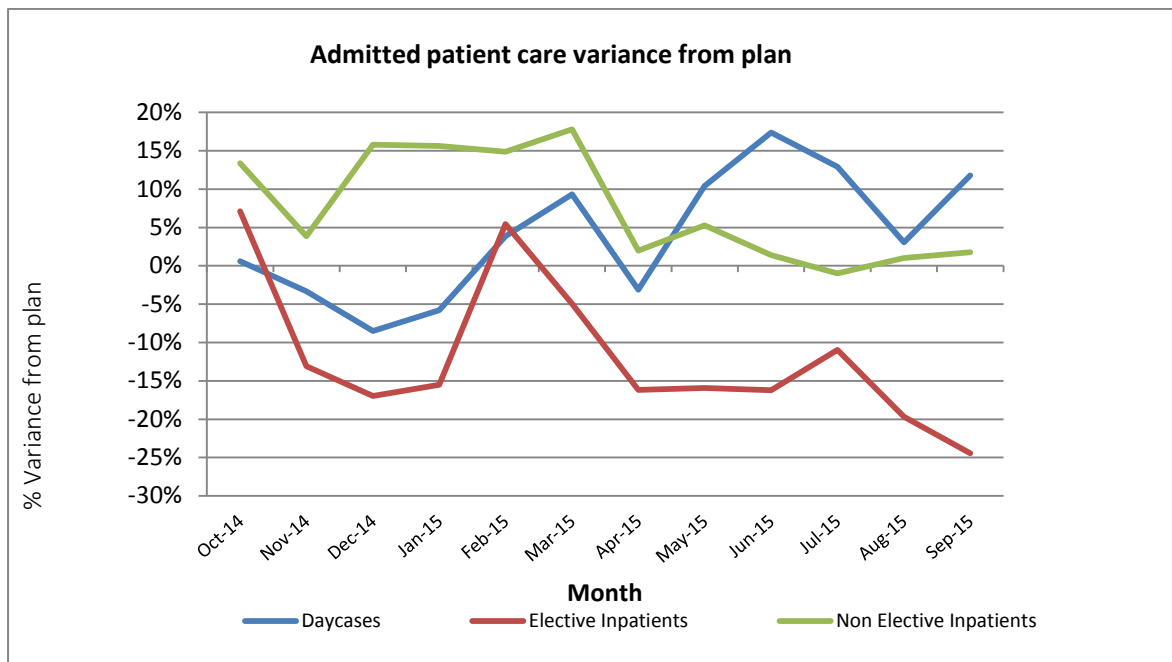
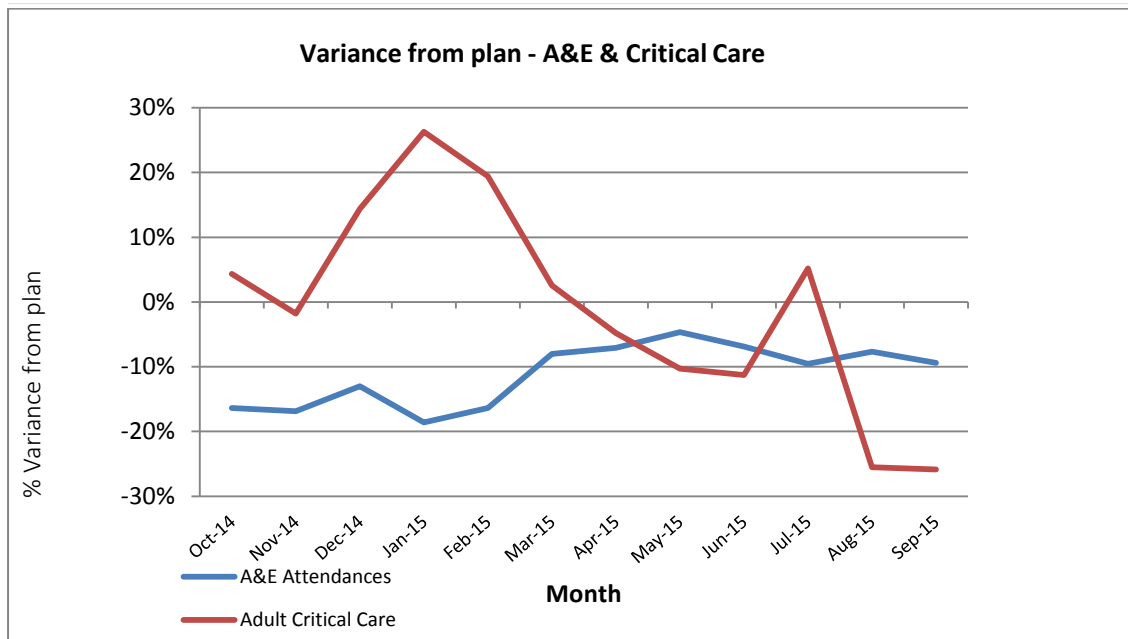
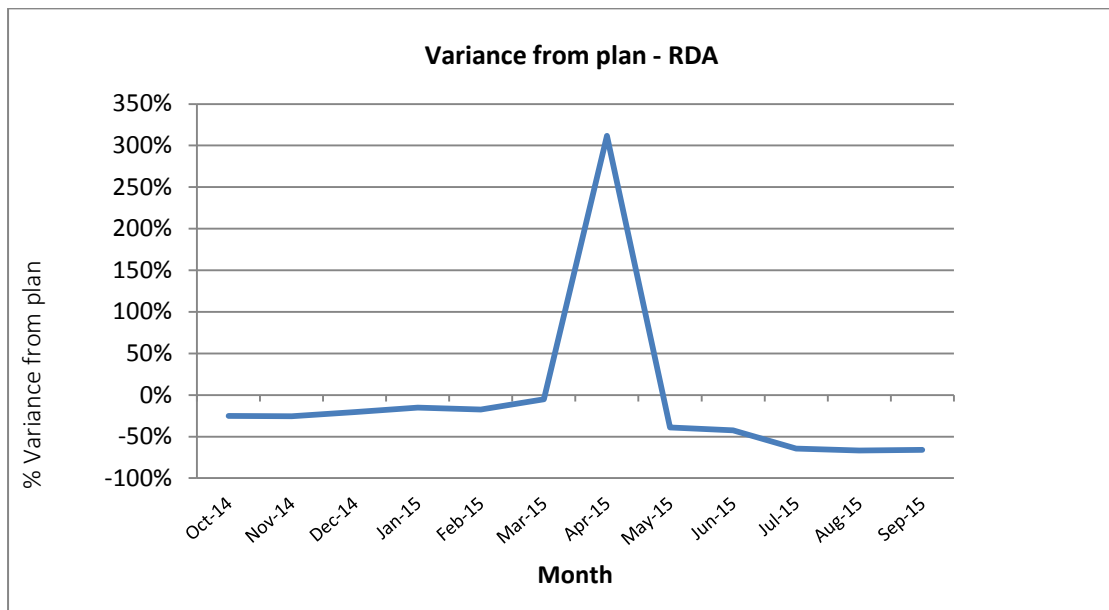


Figure 13 – Admitted Patient Care Variance from Plan for the period October 2014 – September 2015



**Figure 14 – A&E and Critical Care Variance from Plan for period October 2014 – September 2015**



**Figure 15 – Regular Day Attender (RDA) Variance from Plan for the period October 2014 – September 2015**

There was a notable spike in the variance against plan for the Regular Day Attenders (RDA) data in April 2015. This was due to a counting and coding change for our Oncology service. The Trust agreed with commissioners to record activity as day cases rather than regular day attenders from April 2015 onwards. However, there was a delay and this did not happen until May 2015, hence the significant variance against plan. From May the recording of Oncology as Day Cases was correct.

## 2.3 Caring

### 2.3.1 Caring: Eliminating mixed sex accommodation

The Trust reported 1 instance of mixed-sex accommodation breaches during October 2015. This was related to step down from critical care.

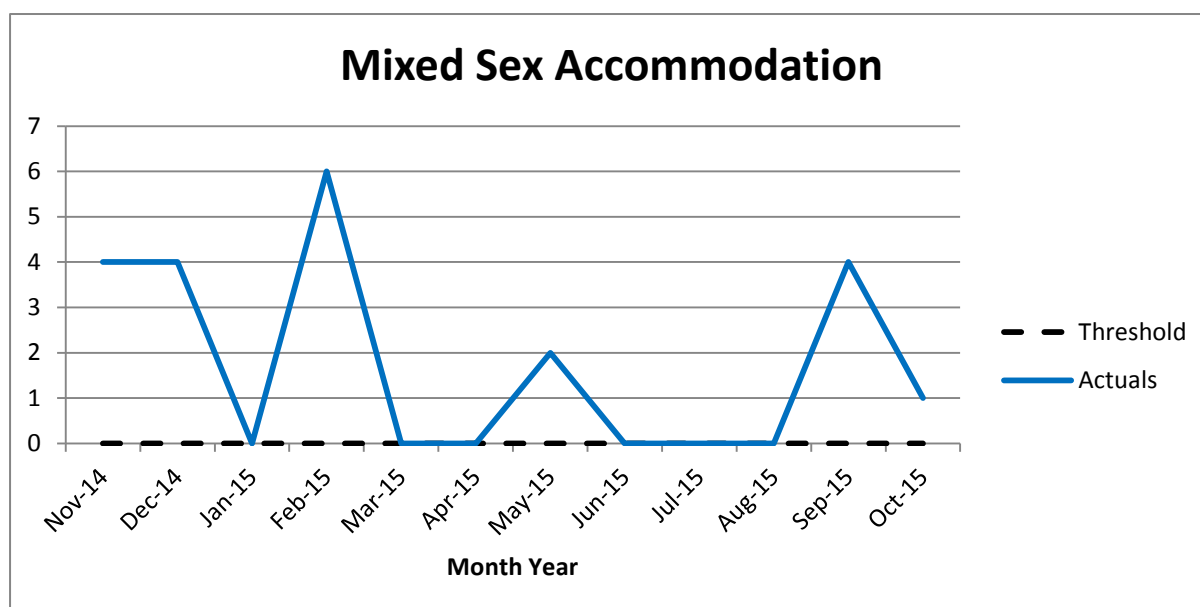
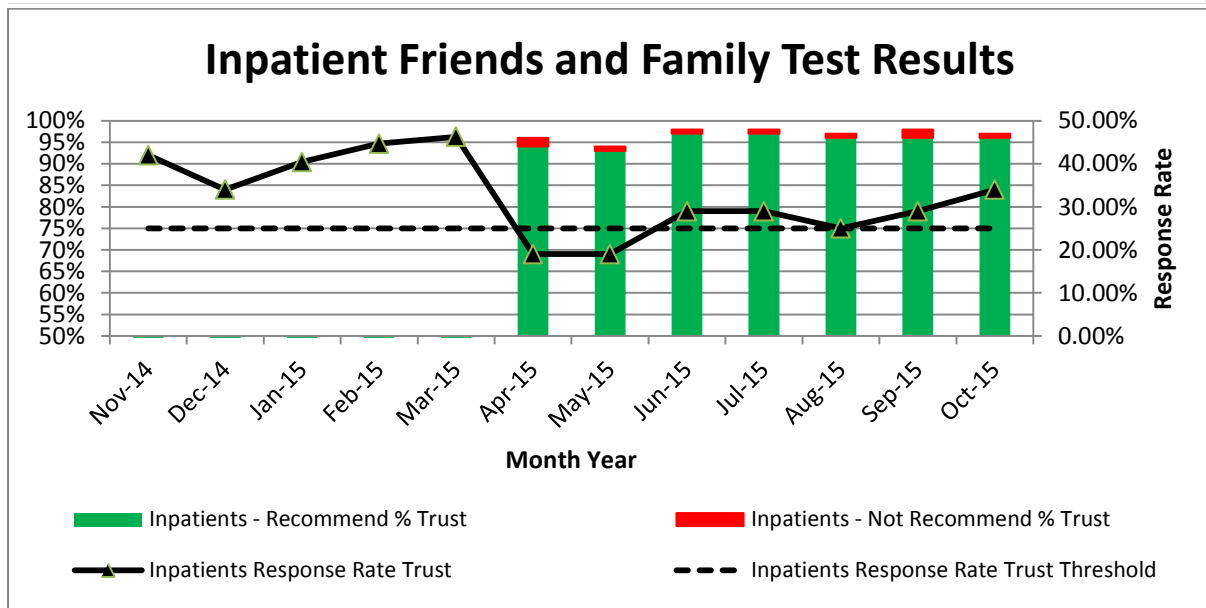


Figure 16 - Mixed Sex Accommodation breaches by month for the period November 2014 – October 2015

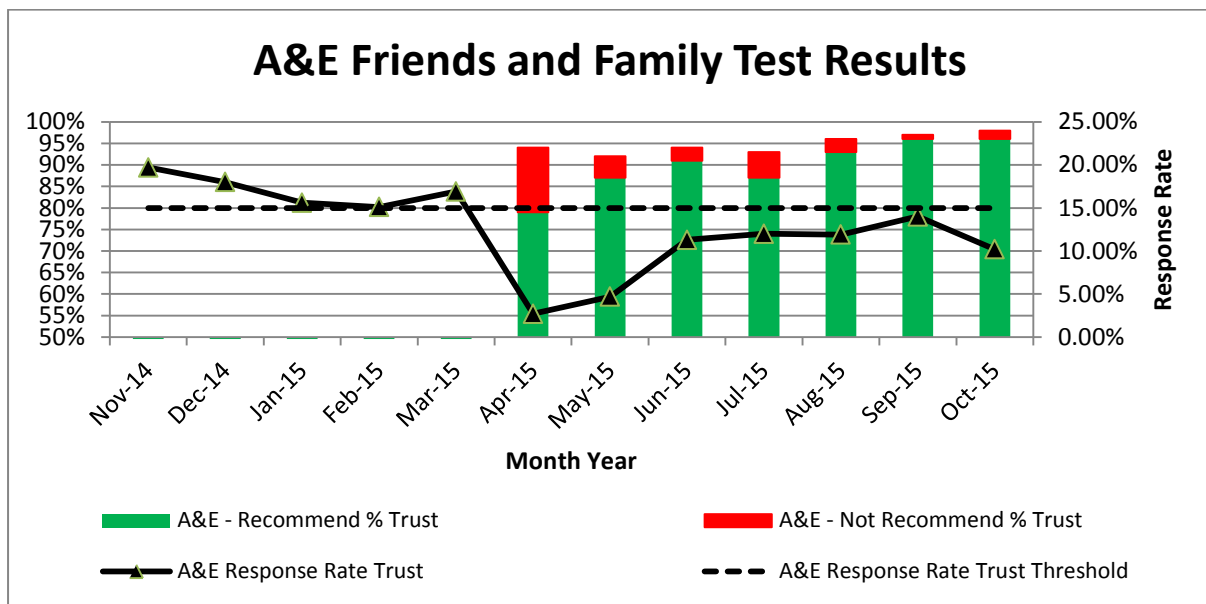
### 2.3.2 Caring: Friends and Family Test

The inpatient FFT willingness to recommend remains high at 96 per cent and the response rate continues to increase. At 35 per cent this was the highest response rate since March and equates to 2,500 responses.

Having been on a slow upward trend the A&E FFT response rate dropped to 10 per cent in month. Although A&E response rates have dropped nationally this financial year, this is likely to put us below the average when the national comparative results are published. The overall rate is derived from all A&E and Urgent Care Centre departments across the Trust. In October, Charing Cross and Western Eye A&E departments returned particularly low numbers. The reasons for this are being reviewed but the withdrawal of temporary staff that supported the collection of response will have had an impact. This response rate represents 2,100 responses. The willingness to recommend remains high at 96 per cent.



**Figure 17 - Friends and Family: Percentage who would recommend ICHT Inpatients for the period April 2015 – October 2015**



**Figure 18 - Friends and Family: Percentage who would recommend ICHT Accident and Emergency for the period April 2015 – October 2015**



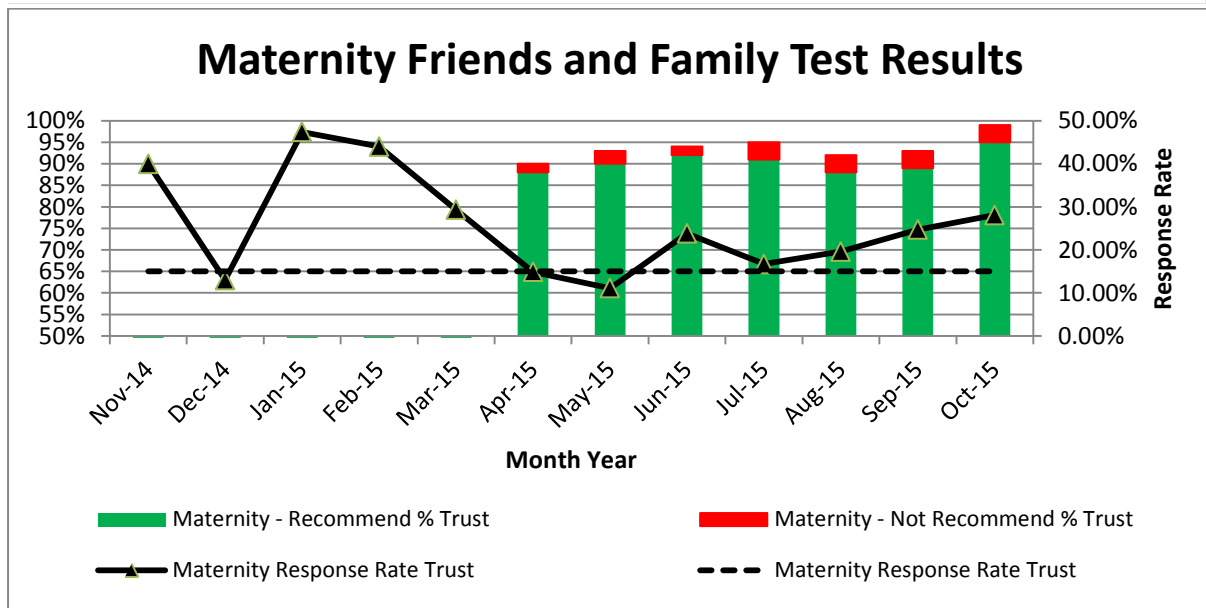


Figure 19 - Friends and Family: Percentage who would recommend Maternity for the period April 2015 – October 2015

### 2.3.3 Caring: Complaints

The new system for managing complaints went live at the beginning of October 2015. In month there has been a notable reduction in the volume of formal complaints, which is primarily due to a greater number being dealt with by PALS as was anticipated. This means that more people have had their concerns resolved promptly rather than being processed through the formal process. The response rate average increased to 76 per cent.

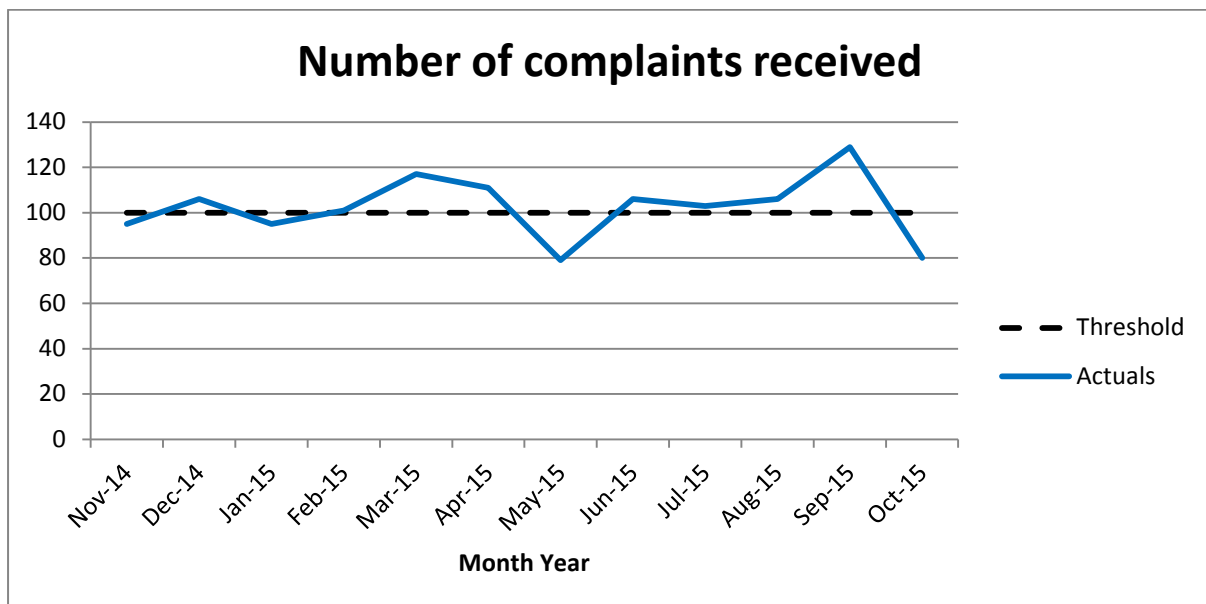
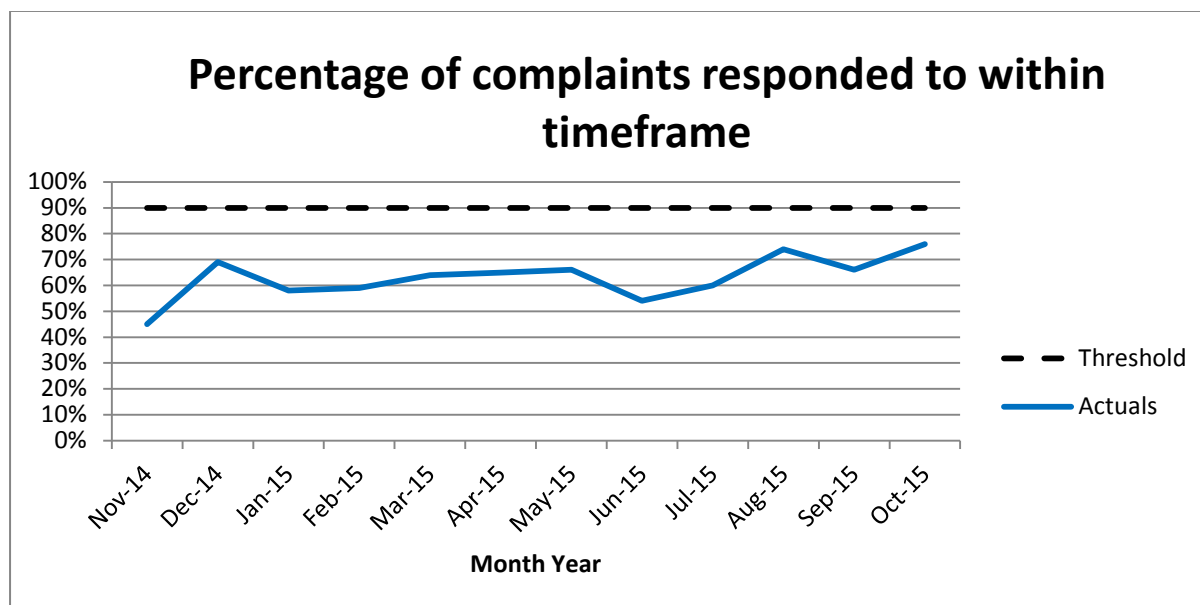


Figure 19 – Number of complaints received for the period November 2014 – October 2015



**Figure 20 – Number of complaints responded to within the period November 2014 – October 2015**

## 2.4 Well-Led

### 2.4.1 Well-Led: Vacancy Rate

#### All roles

At the end of October, we directly employed 9,405 Whole Time Equivalents (WTE) (51 WTE greater than end of September) which, when factored in with approved establishment increases for service transfers (Neuro Rehabilitation, TB and Community Cardiology), has seen a small increase in vacancies of 18 WTE to 12.31 per cent. A further 1,434 WTE was worked through bank and agency staffing giving a total staffing compliment of 10,838 WTE; 67 WTE above the ESR post establishment. During the coming months, additional staffing resource will be required to support delivery of the newly won community tenders; Ealing Cardiology and Ophthalmology Triborough as well as continued support for the roll-out of Cerner documentation (ClinDocs) and e-Prescribing.

Bespoke and generic recruitment strategies and campaigns continue to support the reduction of vacancies with 551 WTE pipeline candidates waiting to join us over the coming months. The Trust voluntary turnover rate is 10.98 per cent, one of the lowest when compared to other London Acute Teaching Trusts, which equates to approximately 92 WTE leavers per month.

#### Bands 2~6 Nursing & Midwifery on Wards

Within the wards, the band 2-6 Operational Vacancy rate was 17.54 per cent (433 WTE vacant); marginally higher than the figure reported at the end of September, relating to the opening of the Neuro Rehabilitation service. Since July, we have been including in our vacancy calculation, those vacancies created by contracted staff on maternity leave; enabling an Operational Vacancy rate to be reported for our wards. When we exclude vacancies which relate to maternity leave, we have a Contractual Vacancy rate of 14.63 per cent. There are currently 161 WTE candidates, waiting to fill these ward vacancies and we expect them to join over the coming months; during which time we will lose to turnover approximately 18 WTE per month. The current turnover rate for ward based band 2 – 6 staff is 10.60 per cent.

In addition to the campaign to recruit and additional 200 Band 2 - 6 ward based nurses, all rolling advertisements have been switched back on and there is a range of focused activity taking place. The selection process for the Student Nurses has been redesigned for those who finish at the end of February 2016 to convert more students nurses into substantive posts, there is activity underway to convert agency to substantive posts and there are targeted campaigns underway in Women's and Children's and Surgery Cancer and Cardio-vascular. From November there will be fortnightly planning meeting with all Divisions to track their vacancy rates to review what additional is needed to achieve the 5 per cent target.

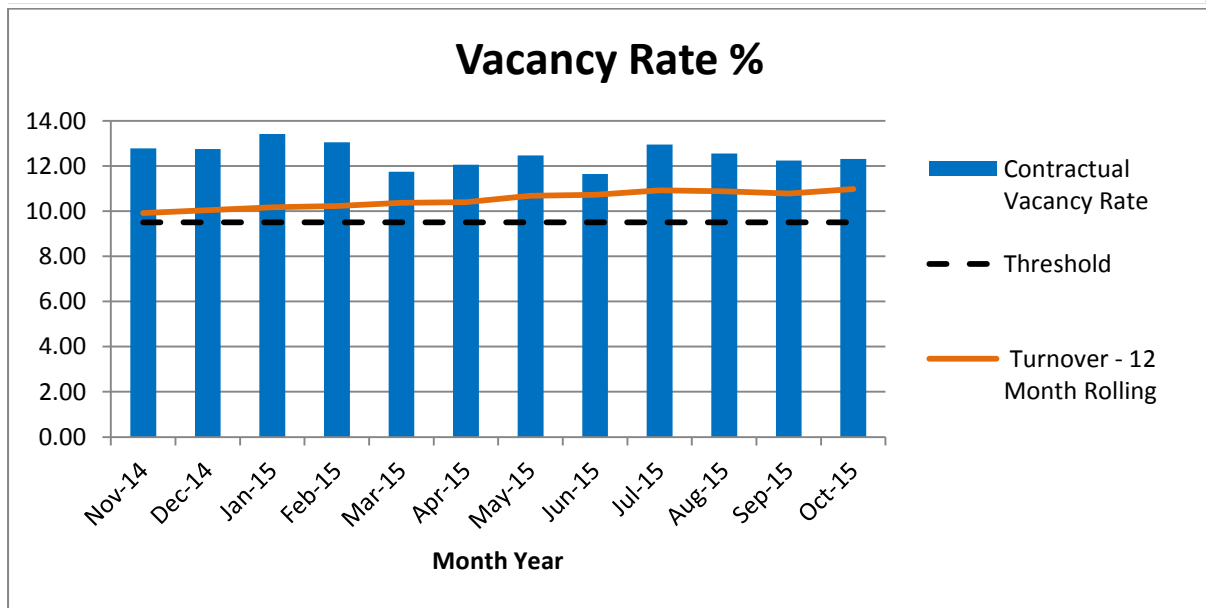


Figure 21 - Vacancy rates for the period November 2014 – October 2015

**2.4.2 Well-Led: Sickness absence rate**

Recorded sickness absence decreased in month from 3.28 per cent to 3.12 per cent, significantly lower than the 3.66 per cent recorded in October 2014. Overall, this brings the rolling 12-month position to 3.30 per cent which remains within the 2015/16 target of 3.40 per cent.

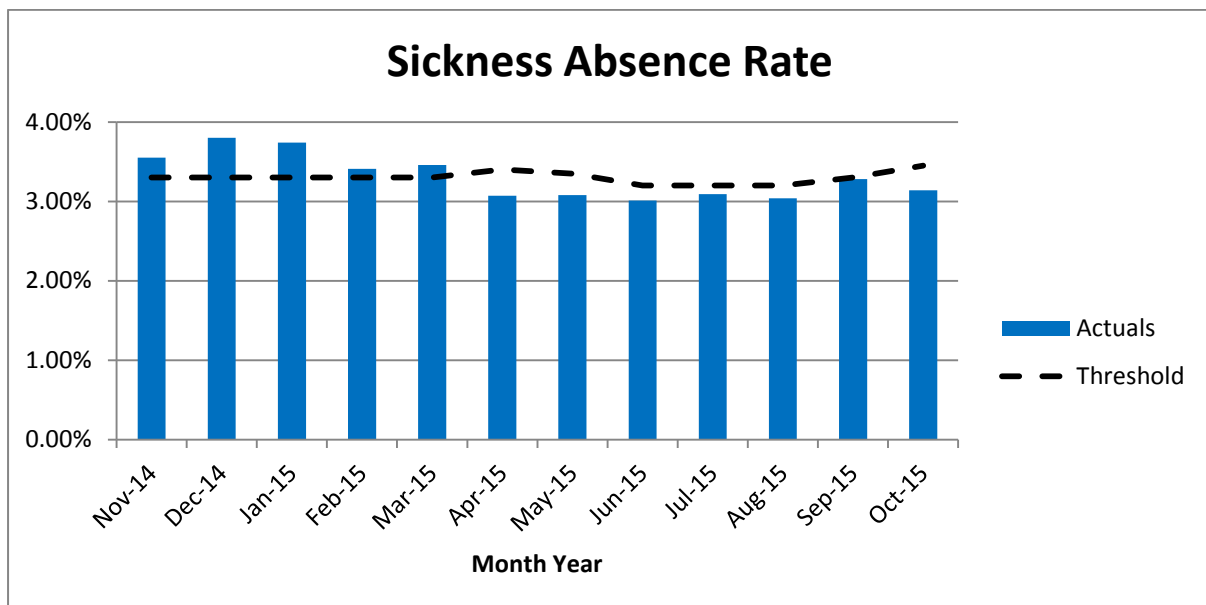


Figure 22 - Sickness absence rates for the period November 2014 – October 2015

### 2.4.3 Well-Led: Statutory and mandatory training

#### Excluding doctors in training / trust grade

Compliance has improved significantly from 69 per cent in March 2015 to 82 per cent currently, but is not yet at the target of 95 per cent. A campaign has been running specifically in Fire Training Level 2 and Manual Handling Level 2 where compliance was significantly lower, and these have now improved from 45 to 79 per cent (Fire Level 2) and 31 to 67 per cent (Manual Handling Level 2). Overall compliance still remains a challenge particular in the context of the increase numbers of new starters requiring training at the current time. Campaign will launch in November to improve Consultant compliance specifically.

#### Doctors in training / trust grade

Reports for doctors in training mirror those of other staff groups and shows an overall compliance rate of 56 per cent. Some issues have been identified with under recording and a project group has been established to improve systems and processes ready for the next large intake in February.

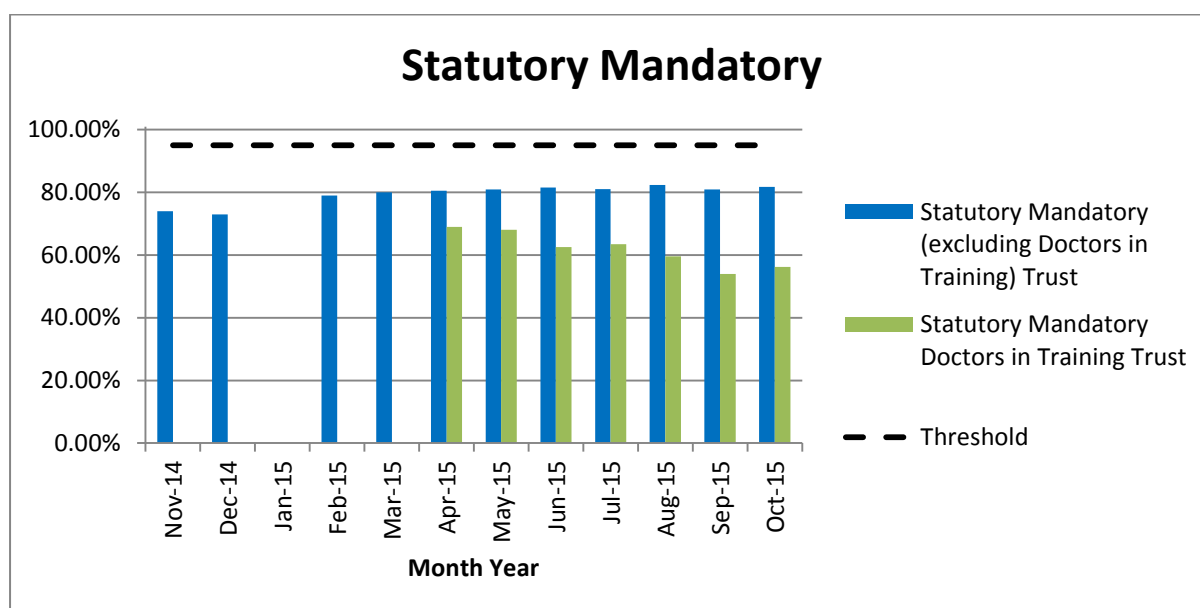


Figure 23 - Statutory and mandatory training for the period November 2014 – October 2015

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

The Trust has made significant improvements in aligning appraisal reporting with the national standards, improving the accuracy of the data. We are now starting to see an increase in the appraisal rates after the expected decline following the changes in June 2015.

Compliance will continue to be monitored through the divisional performance meetings chaired by the Chief Operating Officer, with non-compliance managed through the policy.

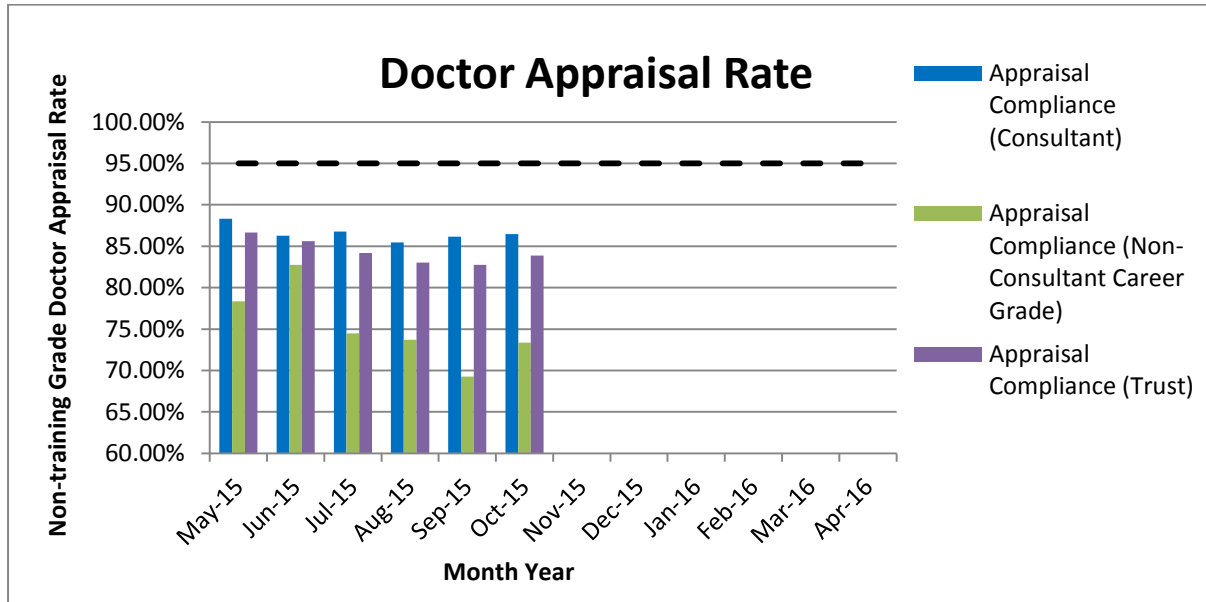
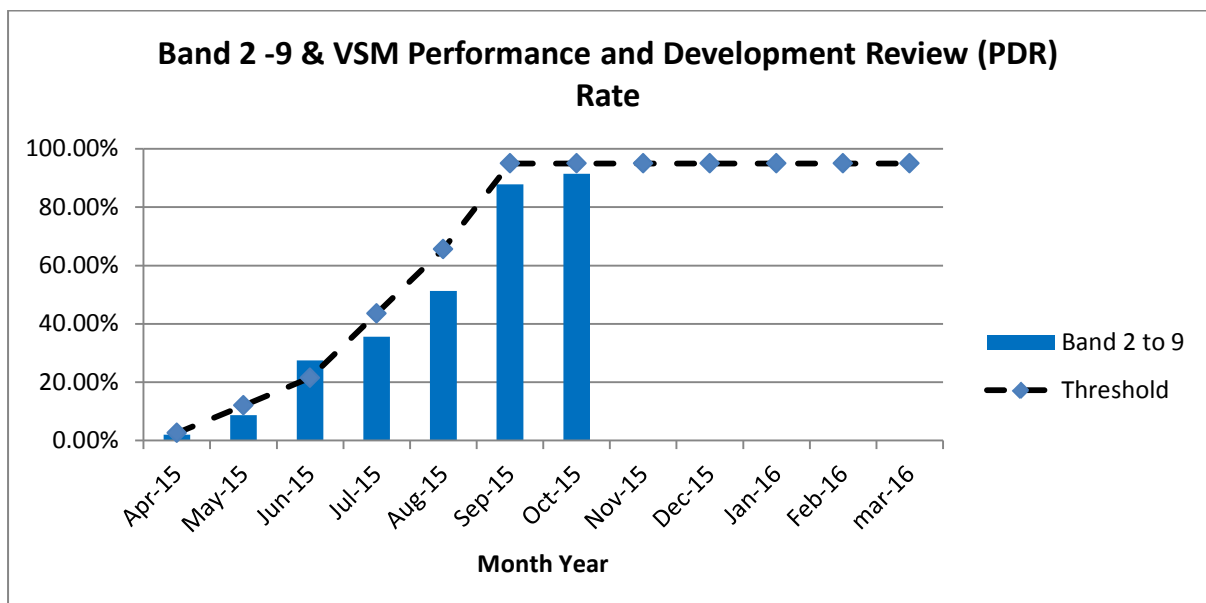


Figure 24 - Grade Doctor Appraisal Rates for the period May 2015 to April 2016

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

At the end of October, the PDR compliance rate for all of our non-medical staff was 91.57 per cent; against an expected compliance of 95.00 per cent. All of our non-medical staff were expected to have had a completed PDR by the end of September and Divisional and Corporate leads, with the support of the HR Business Partners, are working to ensure that remaining PDR's are scheduled, completed and recorded as soon as possible.



**Figure 25 - Band 2 - 9 performance development review rates for the period April 2015 to October 2015**Professional Registration

In July it was brought to the Trust's attention that the registration had lapsed for a nurse. Action has been taken and this has been logged as a Serious Incident. This has led to an audit of all nurses registrations, the policy being reviewed for Professional Registration and a communication and briefing strategy being developed to ensure all staff and managers are aware of the responsibility they have to ensure their professional registration is current and what their respective responsibilities are if a lapse occurs. As a result of the audit another four incidences of lapses were identified: two individuals are on maternity leave and the other two situations are being managed accordingly.

**2.4.6 Well-Led: Health and Safety RIDDOR**

Three reportable RIDDOR incidents occurred in October.

- One incident involved a staff member tripping on a portable gas cylinder frame and falling, resulting in a twisted leg and ankle and more than seven days off work.
- The second incident was a fall within a Trust vehicle by a wheelchair-bound patient who, when using the Trust's patient transport service, fell out of their wheelchair during the journey, sustaining injuries that, had the incident not occurred on the way to a hospital, would have resulted in her hospitalisation.
- The third incident was a trip and fall by a Trust visitor who tripped on steps, sustained bruises to his head and hospitalised as a result.

In the 12 months to 31 October 2015, there have been 30 RIDDOR reportable accidents of which 15 were slips, trips and falls and 5 were RIDDOR reportable dangerous occurrences.

Since April 2015, there have been 15 RIDDOR reportable accidents, 9 of which were 'slips, trips and falls/ collisions'. Consistently, the majority of all RIDDOR accidents are slips, trips and falls. The Health and Safety service is working with the Estates & Facilities service and its contractors to investigate ways of ensuring floors present a significantly lower risk of slipping.

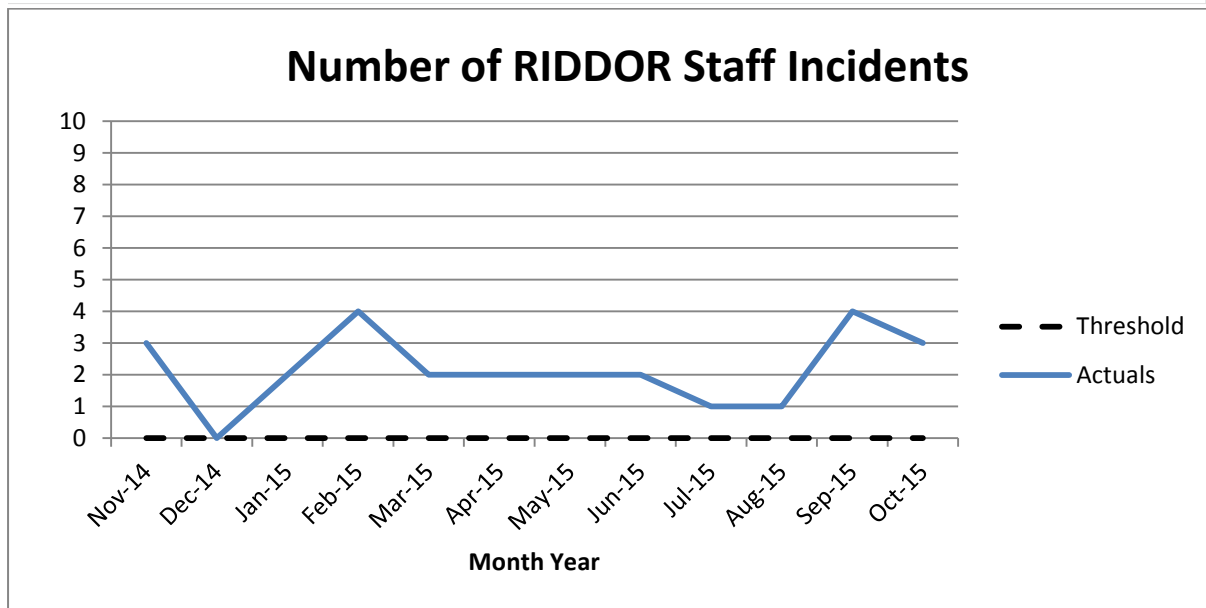


Figure 26 – RIDDOR Staff Incidents for the period November 2014 – October 2015

**2.4.7 Well-Led: GMC NTS Actions**

The 63 actions that were closed by HENWL in September meant that we could close 15 out of the 50 NTS red flags, leaving 35 still open.

There are 113 open actions, 96 of which were reviewed as part of the quality visit in November. The final report of the visit is due from HENWL in December; this should inform us as to whether we can close these actions.

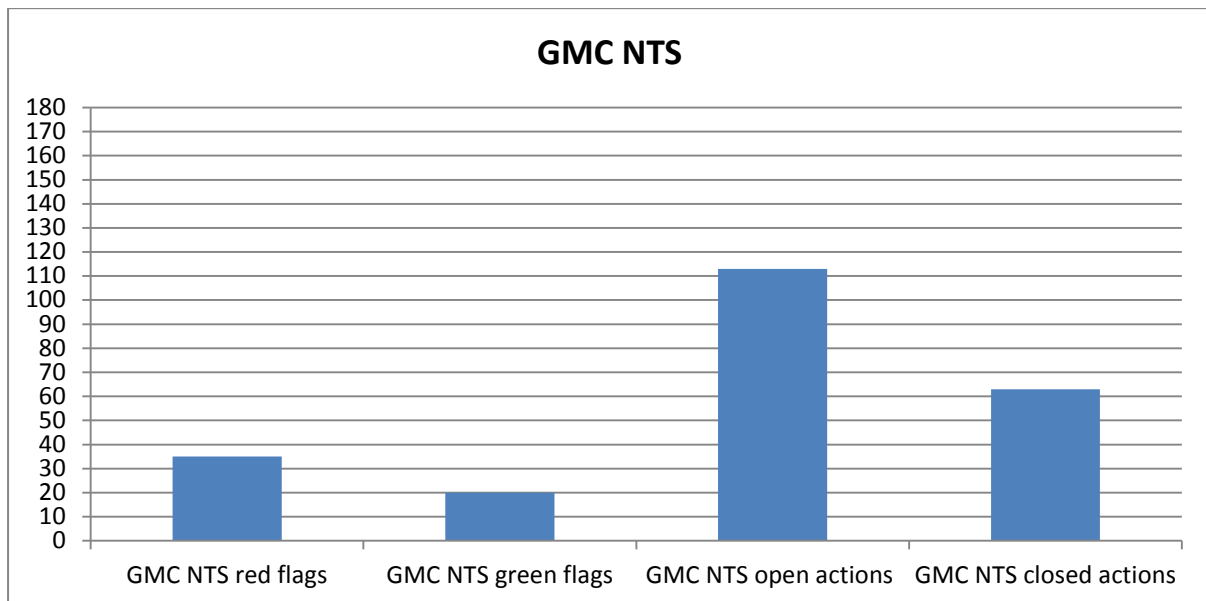


Figure 27 – GMC NTS action tracker, updated at the end of October 2015



### 2.4.8 Well-Led: Staff Engagement

The most recent engagement survey ran in July/August. This completed a two year cycle of quarterly engagement surveys. The response rate was 57 per cent and the engagement score was 44 per cent; these figures were the same as the previous quarterly survey in May.

Overall, we saw an improvement in both the response rate and engagement score measures in year two compared to year one. The combined response rate increased from 34 per cent to 54 per cent; the combined engagement score increased from 9 per cent to 42 per cent.

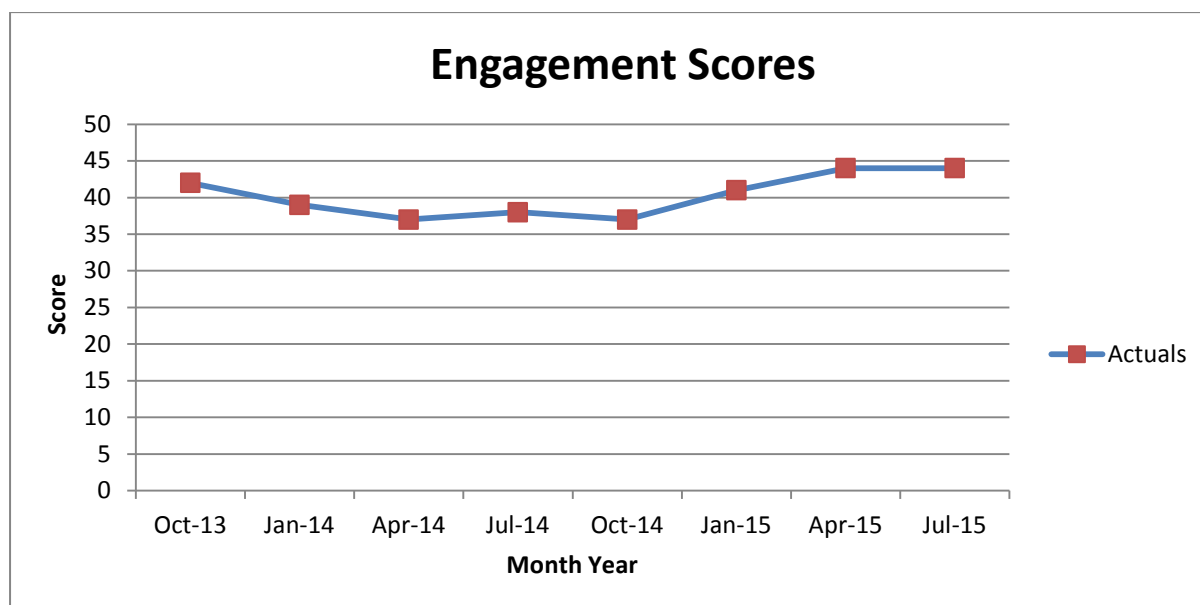


Figure 28 – Engagement scores for the period October 2013 – July 2015

## 2.5 Responsive

### 2.5.1 Responsive: Referral to Treatment (RTT)

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

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

Referral to treatment performance has considerably improved over recent months. The primary measure of RTT performance is that 92 per cent of patients should be waiting under 18 weeks at the end of each month.

The Trust performance for October was 90.87 per cent and therefore did not meet the 92 per cent incomplete standard. This was a slight worsening of the position from the previous month with an increase in the number of patients waiting over 18 weeks. This was as a result of a combination of individual capacity constraints at speciality level, and bed pressures, resulting in the need to cancel a small volume of elective surgery. Additional capacity is now in place in many specialities, and it is expected that performance submitted for November will show a reduction in the pathways over 18 weeks and achievement of the 92% standard.

The Trust had twelve patients in October who were waiting over 52 weeks for treatment. Five have now had their treatment, two will be treated in late November, one will be treated in early December and four patients are in the process of being booked for treatment.

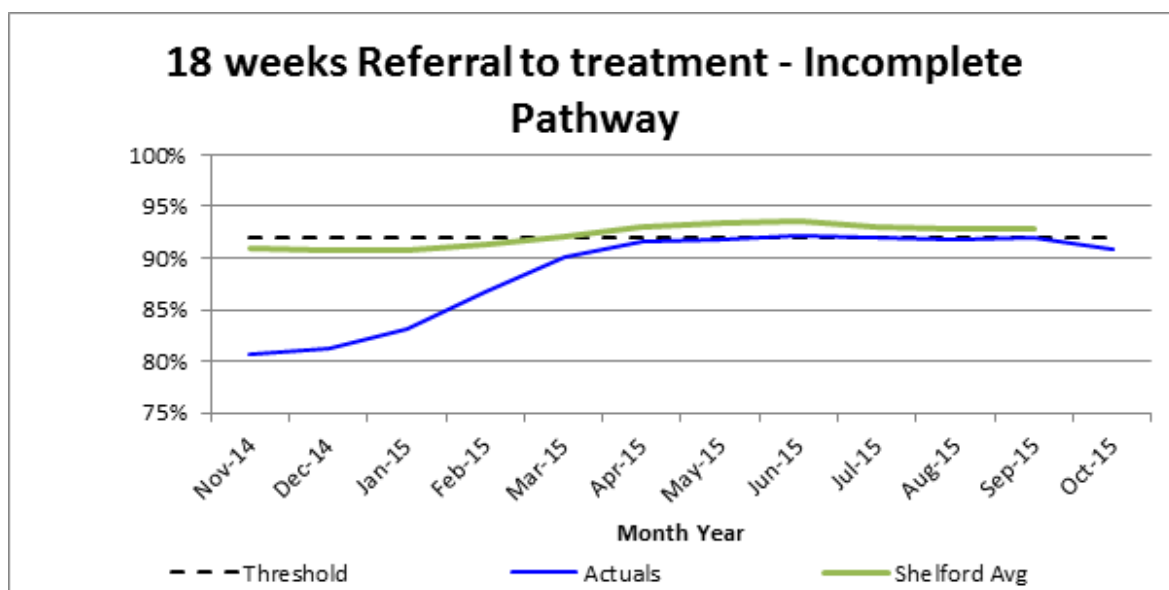


Figure 29 - RTT Incomplete Pathways for the period November 2014 – October 2015

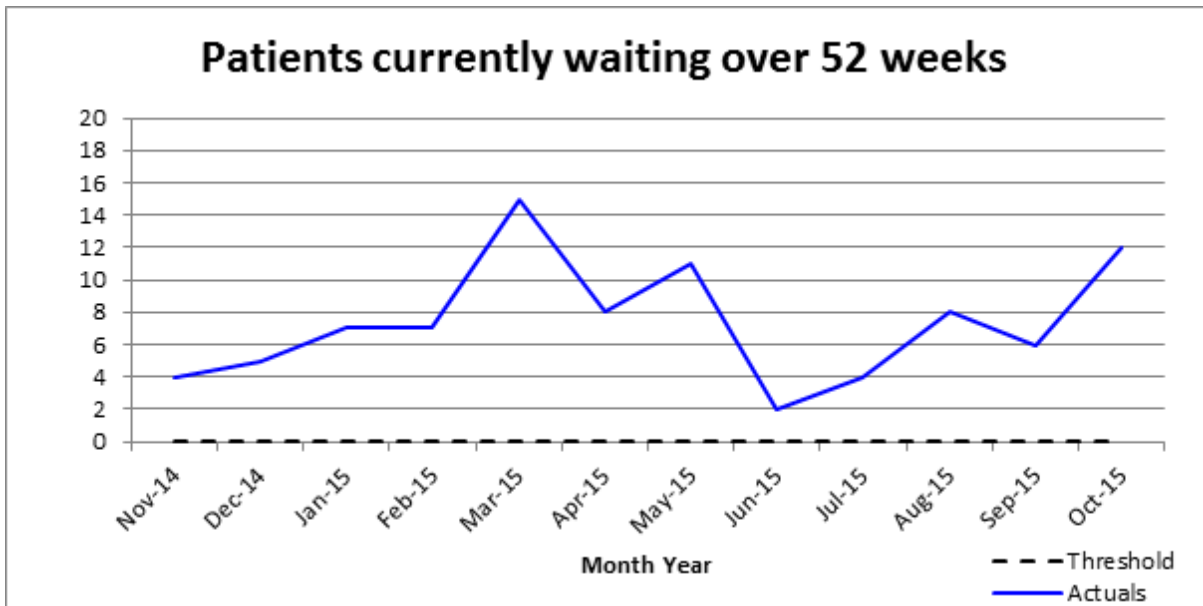


Figure 30 - Number of patients waiting over 52 weeks for the period October 2014 – October 2015

**2.5.2 Responsive: Diagnostics**

The Trust continued to meet the monthly 6 week diagnostic waiting time standard in October with 0.4% waiting over 6 weeks against the 1% tolerance. Additional capacity, in particular within imaging modalities, has contributed to the Trust improving performance within this standard.

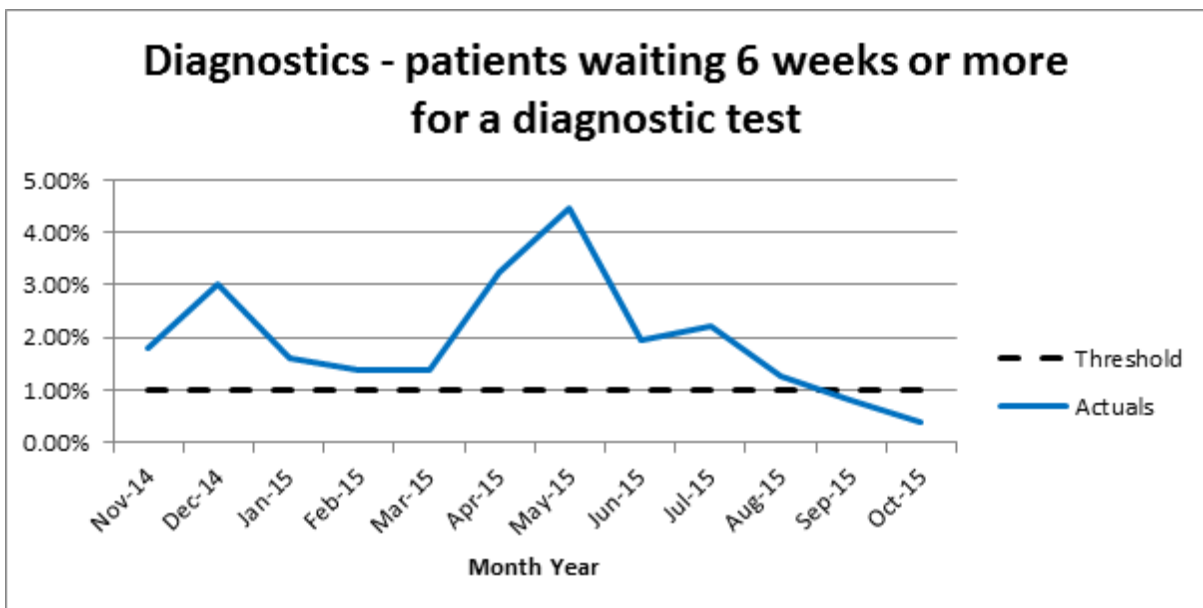


Figure 31 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period November 2014 – October 2015

### 2.5.3 Responsive: Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency remained below threshold at 92.07 per cent in October.

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

The Trust is also working with local Commissioners to ensure that patients who are awaiting social care, and don't need an acute bed, can be transferred in a timely way as appropriate.

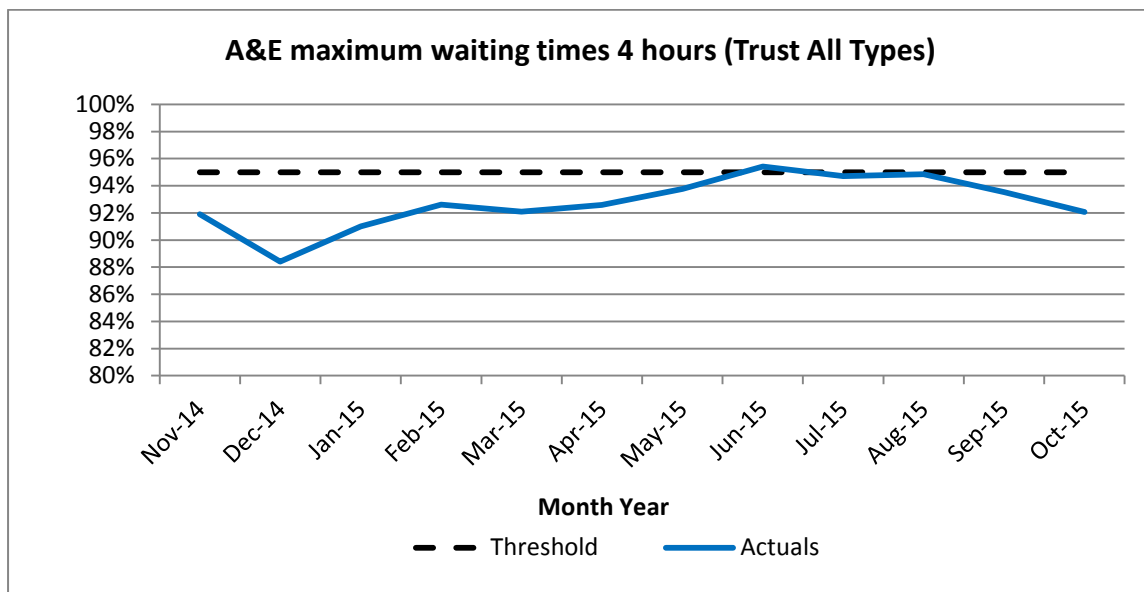


Figure 29 – A&E Maximum waiting times 4 hours (Trust All Types) for the period November 2014 – October 2015

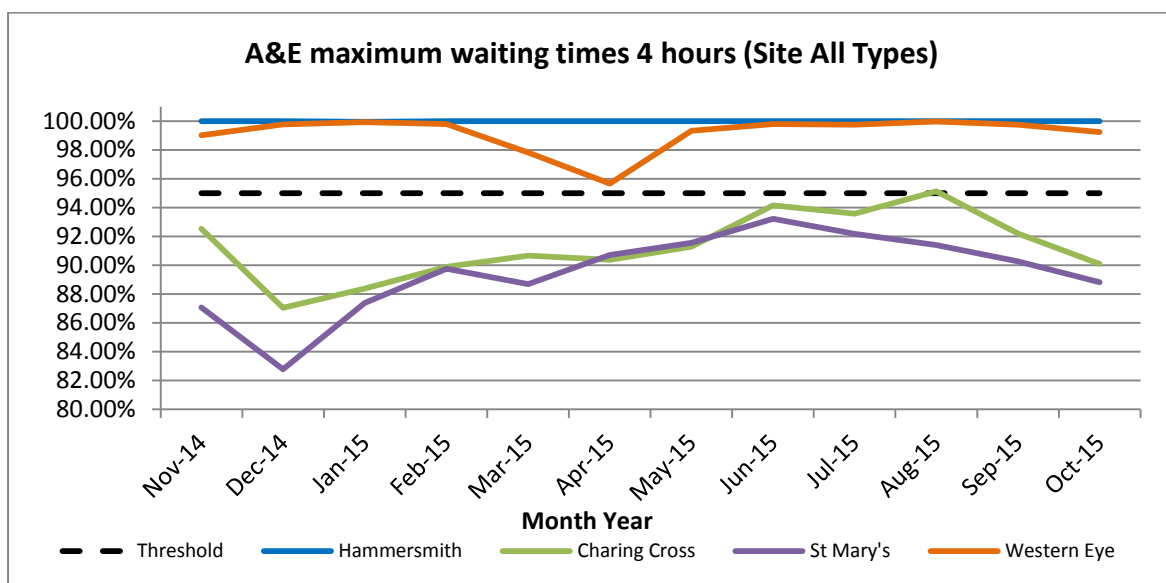


Figure 30 – A&E Maximum waiting times (Site All Types) 4 hours for the period November 2014 – October 2015

#### 2.5.4 Responsive: Cancer

In November, performance is reported for the cancer waiting times standards in September and Quarter 2.

In Quarter 2, the Trust achieved all eight national cancer standards. This included recovery of the 62-day screening standard which the Trust failed to meet in Quarter 1.

In order to maintain the 62-day GP referral to first treatment standard in the winter months, the Trust has taken a number of actions. The IST have now provided their report to the Trust on suggested improvements on the GI diagnostic pathway. They have made several recommendations around improving the administration of diagnostic bookings, which the Trust will now work with them to implement. The Trust is also working with local GPs to improve education around what patients should expect when they are referred as new two week wait referrals to the Trust to help ensure that patients arrive with the understanding that they may require multiple investigations over a short period of time in order to confirm their diagnosis. We will be working closely with GPs and CCG colleagues over the coming months to mitigate the impact of patient choice delays across the Christmas period.

The breach reallocation policy for 62-day breaches shared between two organisations, negotiated by the Trust and included in all NWL contracts for 2015/16, is now being considered for rollout across London, and potentially nationally, by NHSE. The Trust is working closely with NHSE colleagues to ensure that the final policy is structured in such a way that it will give impetus to diagnostic pathway redesign work in all secondary centres and result in performance reporting that more fairly reflects the work of tertiary centres.

A new cancer waiting times target will be introduced as part of the five year national cancer strategy. The target will be to deliver diagnosis within 28 days of receipt of a GP two week wait referral. The CCGs are developing the metrics for this and the Trust has agreed to work with them by running shadow reporting from early 2016 to best prepare us for the formal implementation of the target in 2016/17.

In September, the Trust achieved seven of the eight national cancer standards. The Trust failed to meet the two week wait standard for first attendance after a GP referral. There were a high number of breaches relating to patient choice in September after the end of the summer period, which significantly contributed to the poor performance position. A demand and capacity exercise has been undertaken for all services receiving two week wait referrals from GPs to support capacity planning going into 2016/17. The actions with the CCGs outlined above will also support delivery of the standard.

The two week wait standard has been delivered in October, which will be reported in December. Performance against the other standards has remained strong and the Trust expects to report as delivering all eight national standard in October.

Indicator	Standard	Sep-15	Q2 15/16
Two week GP referral to 1st outpatient, cancer (%)	93.0%	90.5%	93.3%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	94.6%	94.1%
31 day wait from diagnosis to first treatment (%)	96.0%	96.4%	96.4%
31 day second or subsequent treatment (surgery) (%)	94.0%	96.2%	97.5%
31 day second or subsequent treatment (drug) (%)	98.0%	100%	100%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	99.0%	99.7%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	86.5%	85.3%
62 day urgent GP referral to treatment from screening (%)	90.0%	93.9%	94.3%

Table 1 - Performance against national cancer standards for September 2015 and Q2 15/16

### 2.5.5 Responsive: Outpatient DNA rates

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

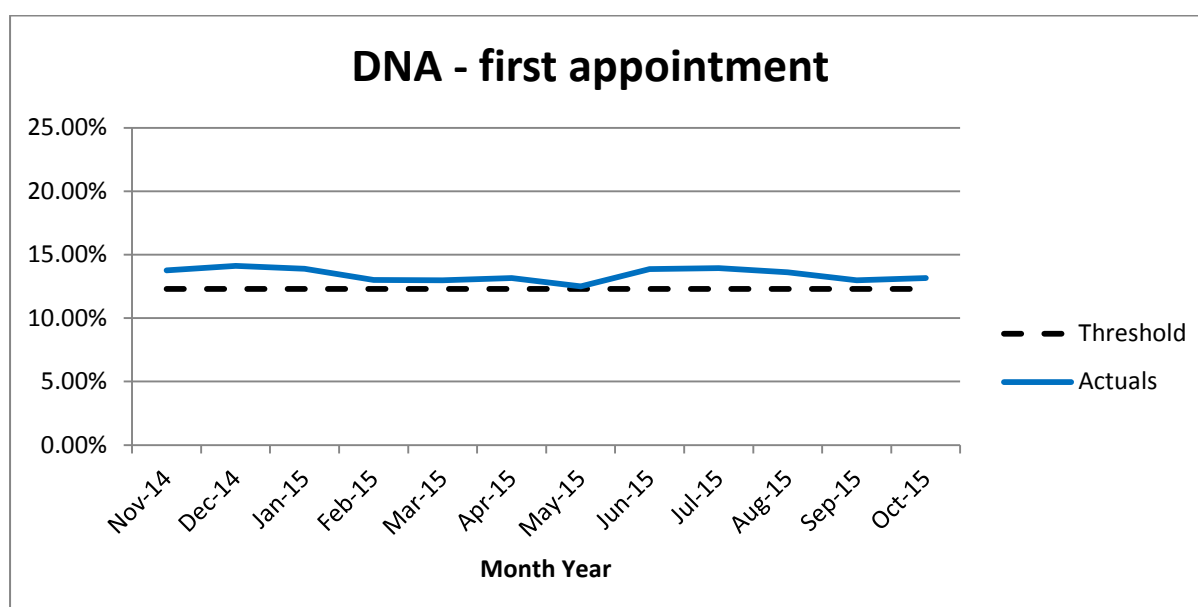


Figure 31 – First outpatient DNA rate for the period November 2014 – October 2015

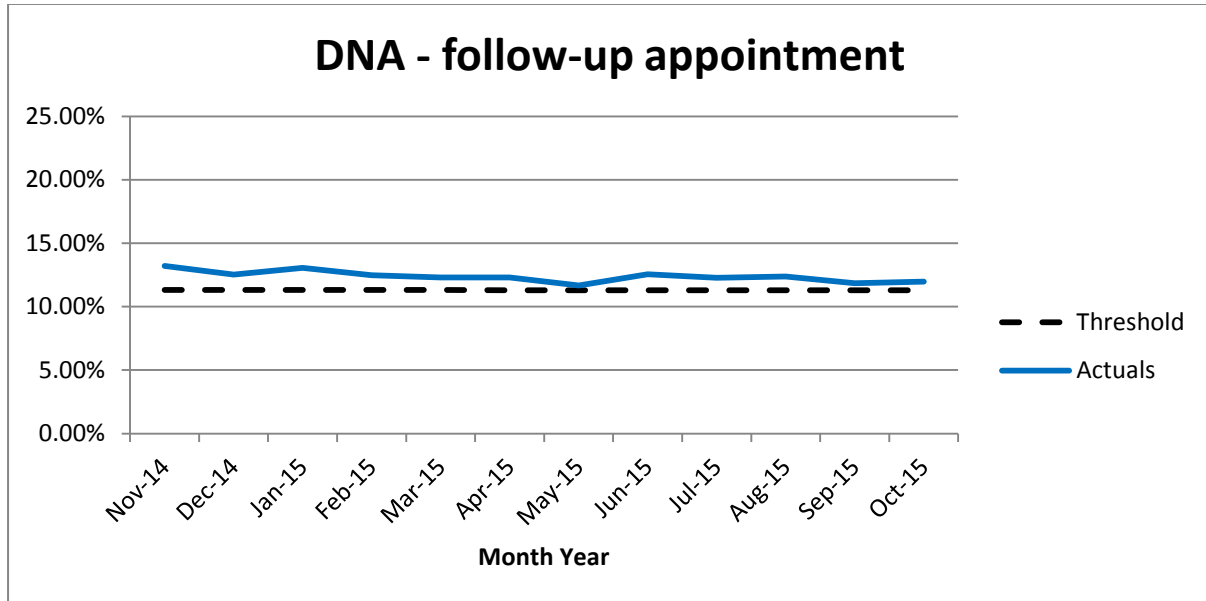


Figure 32 – Follow up outpatient DNA rate for the period November 2014 – October 2015

**2.5.6 Responsive: Hospital Appointment Cancellations (hospital instigated)**

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

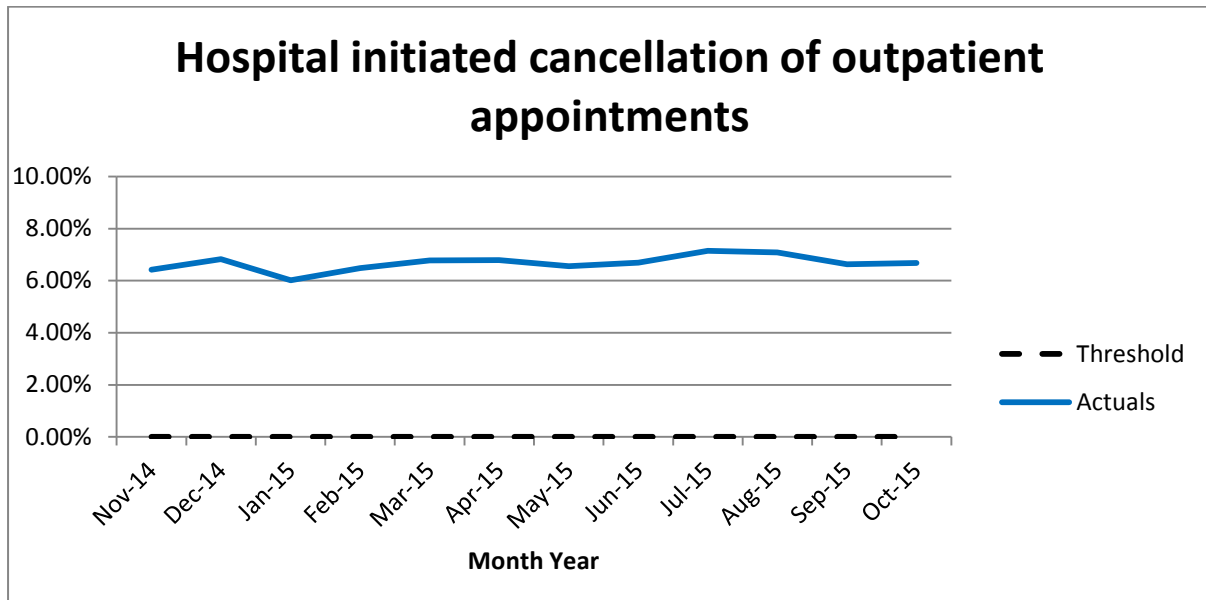


Figure 33 – Outpatient Hospital instigated cancellation rate for the period November 2014 – October 2015

### **3. Finance**

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