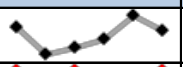
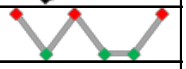
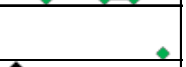
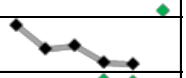
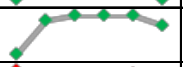
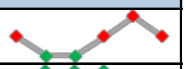
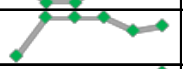
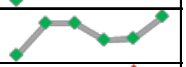
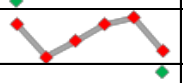
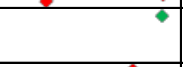
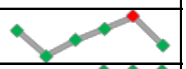
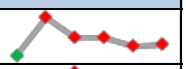
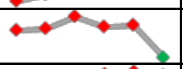
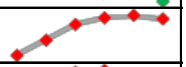
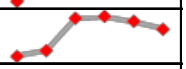
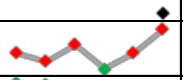
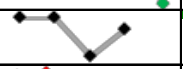
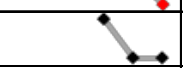
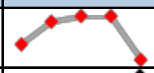
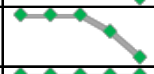
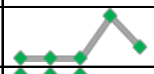
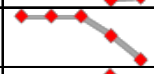
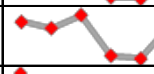
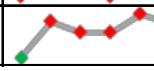
Contents

1. Scorecard summary

Key indicator	Executive Lead	Period	Standard	Performance	Direction of Travel
Safe					
Serious Incidents	Julian Redhead	Apr-16	-	**16**	
MRSA	Julian Redhead	Apr-16	0	**1**	
Clostridium Difficile (Cumulative YTD)	Julian Redhead	Apr-16	7	**5**	
Staffing Fill Rates	Janice Sigsworth	Apr-16	tbc	**95.8%**	
Harm Free Care (Safety Thermometer)	Janice Sigsworth	Apr-16	90.0%	**97.6%**	
Effective					
Hospital Standardised Mortality Ratio (HSMR)	Julian Redhead	Dec-15	100	**61**	
Clinical Trials - Recruit 1st patient within 70 days	Julian Redhead	Qtr 4 15/16	70.0%	**93.7%**	
Average Length of Stay (elective) (days)	Jamil Mayet	Apr-16	3.4	**3.5**	
Average Length of Stay (non-elective) (days)	Tim Orchard	Apr-16	4.5	**4.5**	
Caring					
Mixed-Sex Accommodation (Number)	Janice Sigsworth	Apr-16	0	**1**	
Friends and Family Test: Inpatients (% Recommended)	Janice Sigsworth	Apr-16	95.0%	**96.8%**	
Friends and Family Test: A&E (% Recommended)	Janice Sigsworth	Apr-16	85.0%	**96.5%**	
Friends and Family Test: Maternity (% Recommended)	Janice Sigsworth	Mar-16	95.0%	**92.4%**	
Friends and Family Test: Outpatients (% Recommended)	Janice Sigsworth	Apr-16	94.0%	**96.8%**	
Complaints: Total number received	Janice Sigsworth	Apr-16	100	**85**	
Complaints: Responded to within timeframe (%)	Janice Sigsworth	Apr-16	95%	**100.0%**	
Well Led					
Vacancy Rate (%)	David Wells	Apr-16	10.0%	**10.3%**	
Voluntary Turnover Rate (%) 12-month rolling position	David Wells	Apr-16	10.0%	**10.1%**	
Sickness Absence Rate (%)	David Wells	Apr-16	3.1%	**3.0%**	
StatMand excl. doctors in training / Trust grades (%)	David Wells	Apr-16	90.0%	**86.4%**	
StatMand - doctors in training / Trust grades (%)	David Wells	Apr-16	90.0%	**62.6%**	
Band 2-9 & VSM PDR rate (%)	David Wells	Apr-16	95.0%	**3.5%**	
Health and Safety RIDDOR	David Wells	Apr-16	0	**5**	
Bank and Agency Spend (%)	David Wells	Apr-16	9.2%	**3.1%**	
Staff Engagement Score	David Wells	Jan-16	-	**43**	
Consultant Appraisal Rate (%)	Julian Redhead	Apr-16	95.0%	**82.2%**	
Education Open Actions	Julian Redhead	Apr-16	-	**129**	

Key indicator	Executive Lead	Period	Standard	Performance	Direction of Travel
Responsive					
RTT: 18 Weeks Incomplete (%)	Jamil Mayet	Mar-16	92.0%	**89.2%**	
RTT: 18 weeks Incomplete Breaches (Number)	Jamil Mayet	Mar-16	-	**5,992**	
RTT: 52 Weeks Waits (Number)	Jamil Mayet	Mar-16	0	**47**	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Jamil Mayet	Mar-16	93.0%	**93.2%**	
Cancer: Two week GP referral to 1st outpatient – breast symptoms (%)	Jamil Mayet	Mar-16	93.0%	**93.3%**	
Cancer: 31 day wait from diagnosis to first treatment (%)	Jamil Mayet	Mar-16	96.0%	**96.4%**	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Jamil Mayet	Mar-16	94.0%	**95.2%**	
Cancer: 31 day second or subsequent treatment (drug) (%)	Jamil Mayet	Mar-16	98.0%	**100.0%**	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Jamil Mayet	Mar-16	94.0%	**97.9%**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Jamil Mayet	Mar-16	85.0%	**79.5%**	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Jamil Mayet	Mar-16	90.0%	**70.6%**	
Cancelled operations as % of elective activity	Jamil Mayet	Apr-16	0.8%	**0.7%**	
28 day breaches as % of cancellations	Jamil Mayet	Mar-16	5.0%	**13.3%**	
A&E Type 1 Performance (%)	Tim Orchard	Apr-16	95.0%	**74.0%**	
A&E All Types Performance (%)	Tim Orchard	Apr-16	95.0%	**88.8%**	
Diagnostic tests waiting longer than 6 weeks (%)	Tg Teoh	Mar-16	1.0%	**0.3%**	
Hospital initiated outpatient cancellation rate (less than 6 weeks notice) (%)	Tg Teoh	Apr-16	8.5%	**10.8%**	
Antenatal booking: 12 weeks and 6 days excluding late referrals	Tg Teoh	Apr-16	95.0%	**95.0%**	
% DNAs: First appointments	Tg Teoh	Apr-16	11%	**12.7%**	
% DNAs: Follow up appointments	Tg Teoh	Apr-16	11%	**11.9%**	

2. Key indicator overviews

2.1 Safety

2.1.1 Safety: Serious incidents (SIs)

Sixteen serious incidents were reported in April 2016. All cases are investigated using the Trust's standard approach for managing incidents.

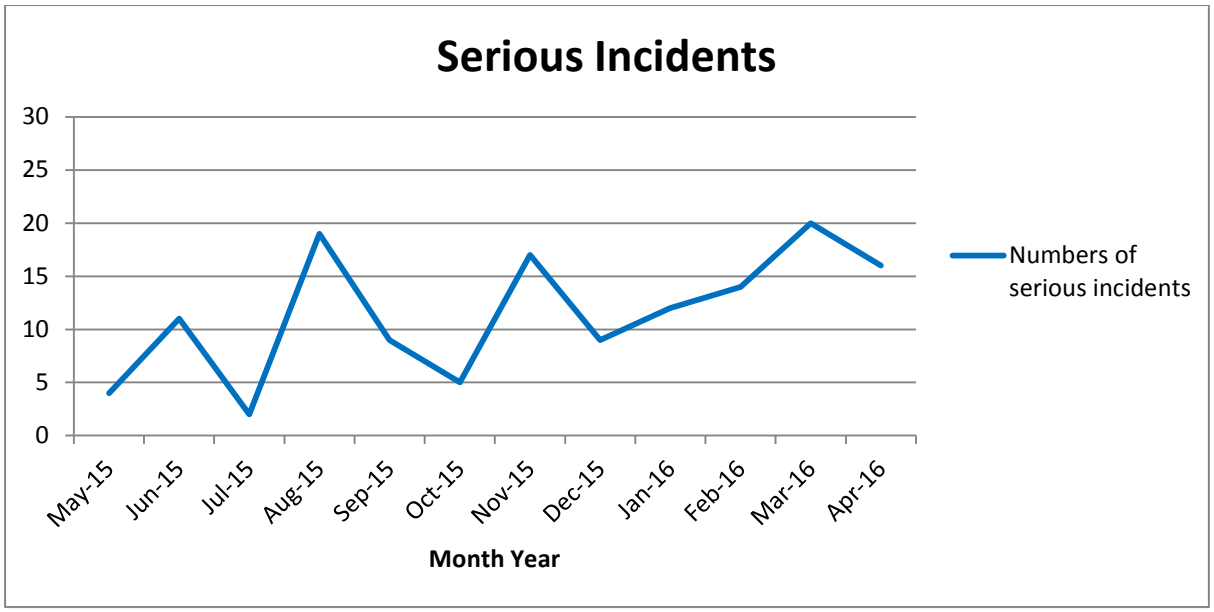


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period May 2015 – April 2016

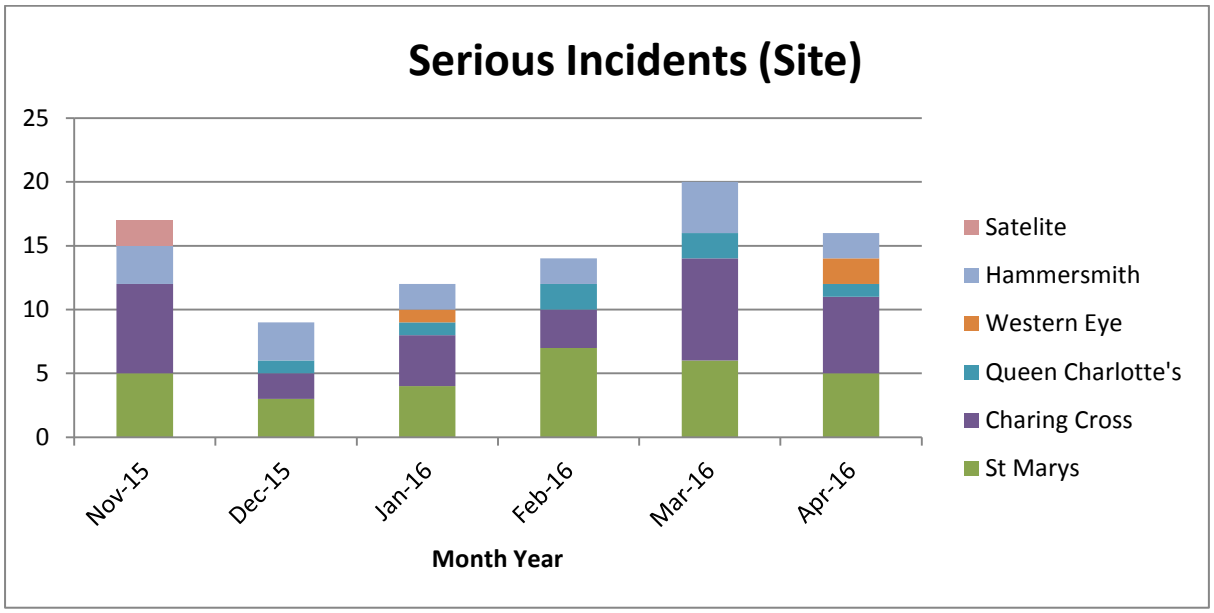


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period November 2015 – April 2016

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

Two cases of MRSA BSI have been identified at the Trust in 2016/17, as follows:

- 1 has been allocated as non-Trust.
- 1 case is awaiting final allocation. The initial allocation for this case is to the Trust.

Each case is reviewed by a multi-disciplinary team. Themes are identified and contributory factors are addressed with the clinical divisions via the taskforce group meetings.

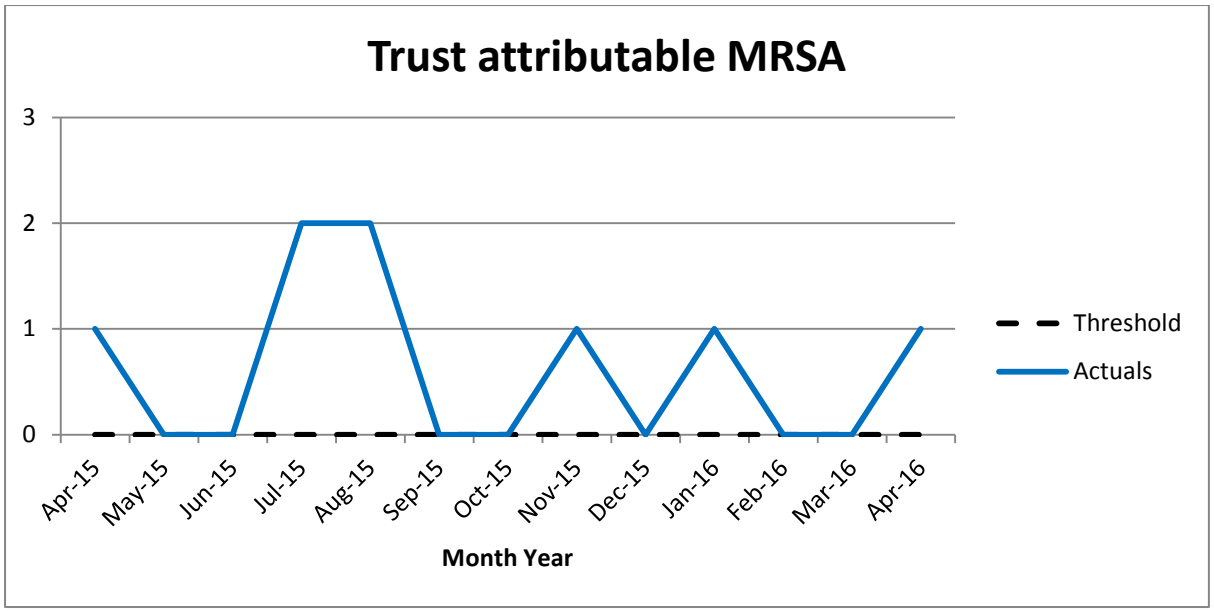


Figure 3 - Number of MRSA (b) infections by month for the period April 2015 – April 2016

2.1.3 Safety: Clostridium difficile

Five cases of Clostridium difficile were allocated to the Trust for April 2016 against the threshold of 7 for the month. No lapses in care were identified following the standard review of each case by a multi-disciplinary team.

A total of five cases have therefore been allocated to the Trust so far in 2016/17 and the annual target remains 69 cases or less.

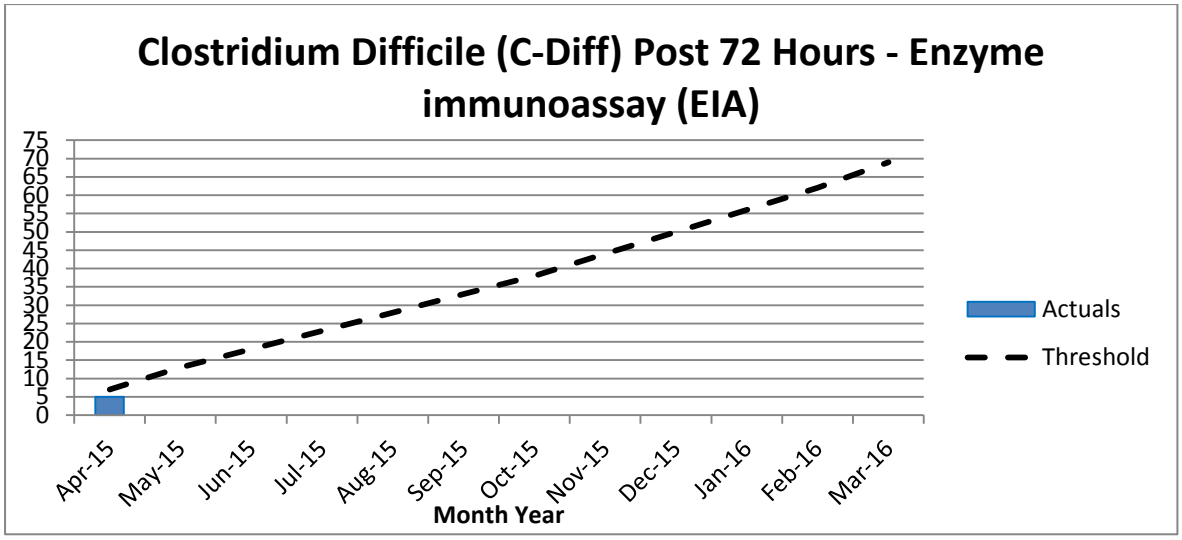


Figure 4 - Number of Clostridium Difficile infections against cumulative plan by month for the period April 2015 – March 2016

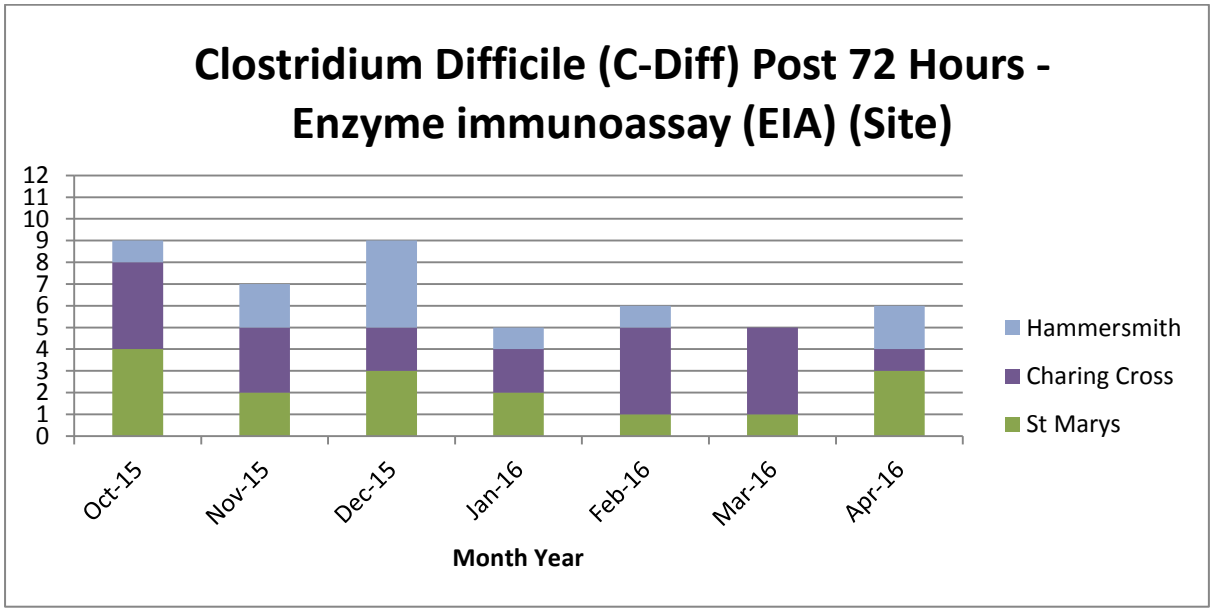


Figure 5 - Number of Clostridium Difficile infections by site and by month for the period October 2015 – April 2016

2.1.4 Safety: Nurse / Midwife staffing levels

In April 2016 the Trust met safe staffing levels for registered nurses and midwives and care staff overall during the day and at night.

The average staffing fill rate for April 2016 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	93.95%	88.85%	97.11%	95.78%
Hammersmith	96.47%	88.02%	98.39%	97.01%
Queen Charlotte's	97.21%	96.63%	95.53%	97.73%
St. Mary's	95.64%	92.06%	97.41%	97.71%

The fill rate was below 85 per cent for care staff for a number of clinical areas, particularly on day shifts. Reasons include an increased number of patients assessed as having enhanced support needs (specialling) due to increased acuity, prevention of harm from falls and a higher level of confusion.

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.
- Deploying post graduate student nurses to take a clinical case load in renal.
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale.

Each Divisional Director of Nursing has confirmed to the Director of Nursing that the staffing levels in April 2016 were safe and appropriate for the clinical case mix. Further, they have advised that the vacancy rates for bands 2 to 6 are decreasing in the Women's and Children's and Surgical services with improved fill from the Bank.

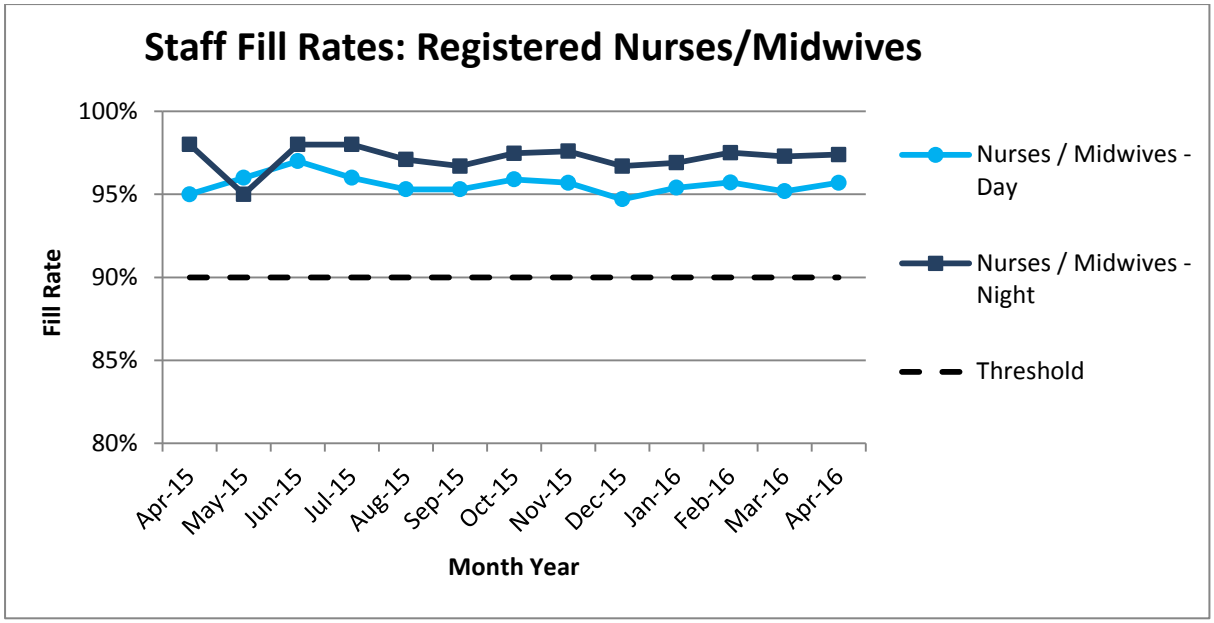


Figure 6 - Monthly fill rates (RNs/RMs) for NHS patients by month (April 2015 – March 2016)

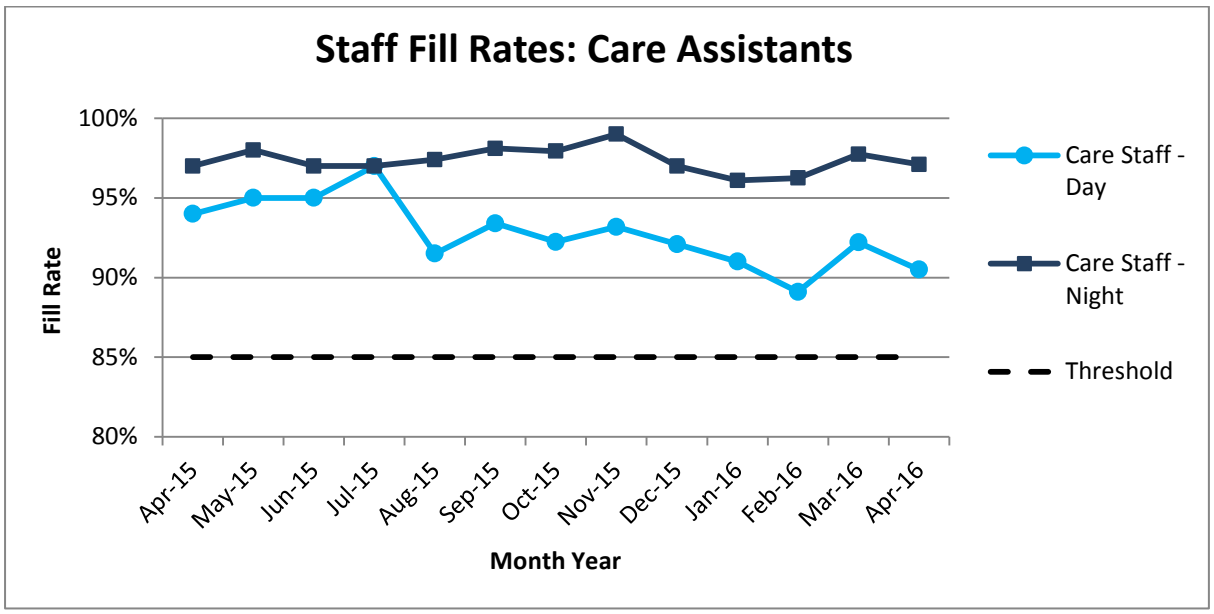


Figure 7 - Monthly fill rates (care assistants) for NHS patients by month (April 2015 – March 2016)

2.1.5 Safety: National Safety Thermometer – Harm Free Care Score

The latest scores for April 2016 are being finalised and are not yet available.

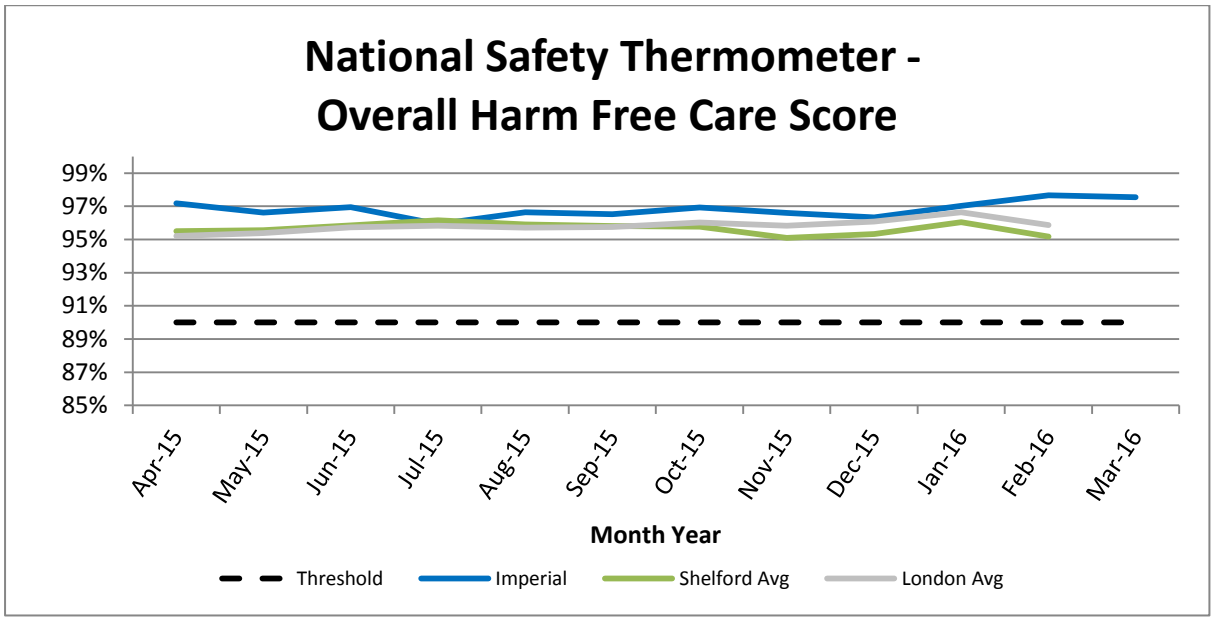


Figure 8 – Harm Free Care (Safety Thermometer) Apr 2015 – March 2016

2.2 Effectiveness

2.2.1 Effectiveness: Mortality data

The most recent monthly figure for the Hospital Standardised Mortality Ratio (HSMR) is 61 for December 2015. Across the last year of available data (January 2015 – December 2015), the Trust has the second lowest HSMR for acute non-specialist trusts nationally and the third lowest in the Shelford Group. The Trust has the third lowest Summary Hospital-Level Mortality Indicator (SHMI) of all non-specialist providers in England for quarter 3 2014/15 to quarter 3 2015/16.

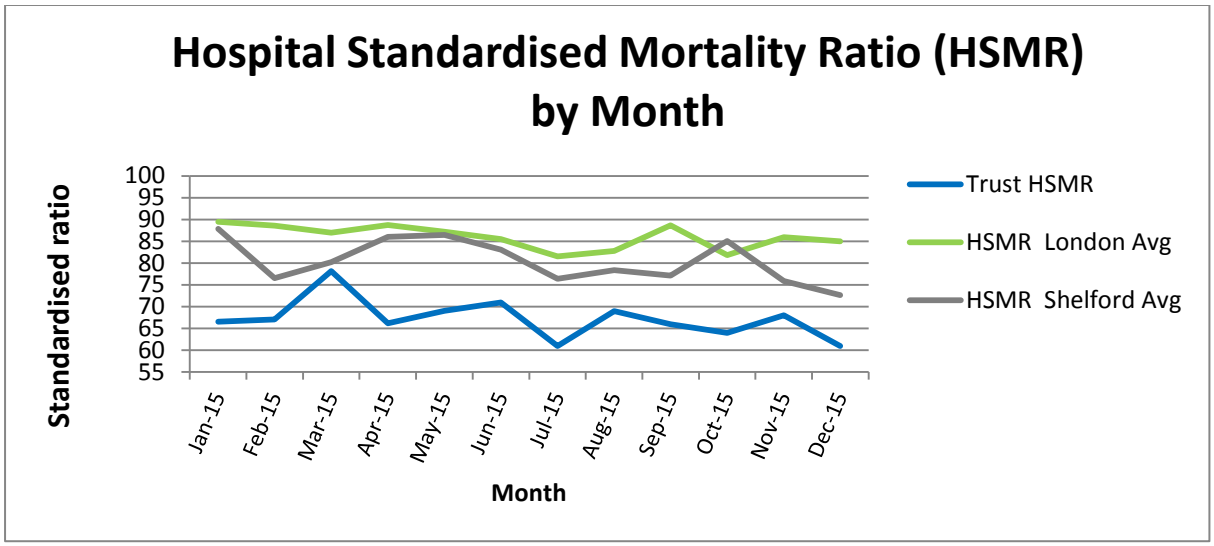


Figure 9 - Hospital Standardised Mortality Ratios for the period January 2015 – December 2015

2.2.2 Effectiveness: Recruitment of patients into interventional studies

The forecast for quarter 4 2016/17 is that 93.7 per cent of clinical trials will have recruited their first patient within 70 days of Valid Research Application, against the target of 70 per cent. This is subject to final verification from the National Institute for Health Research.

As part of the 2016/17 quality strategy, the target is for 90 per cent of clinical trials to recruit their first patient within 70 days.

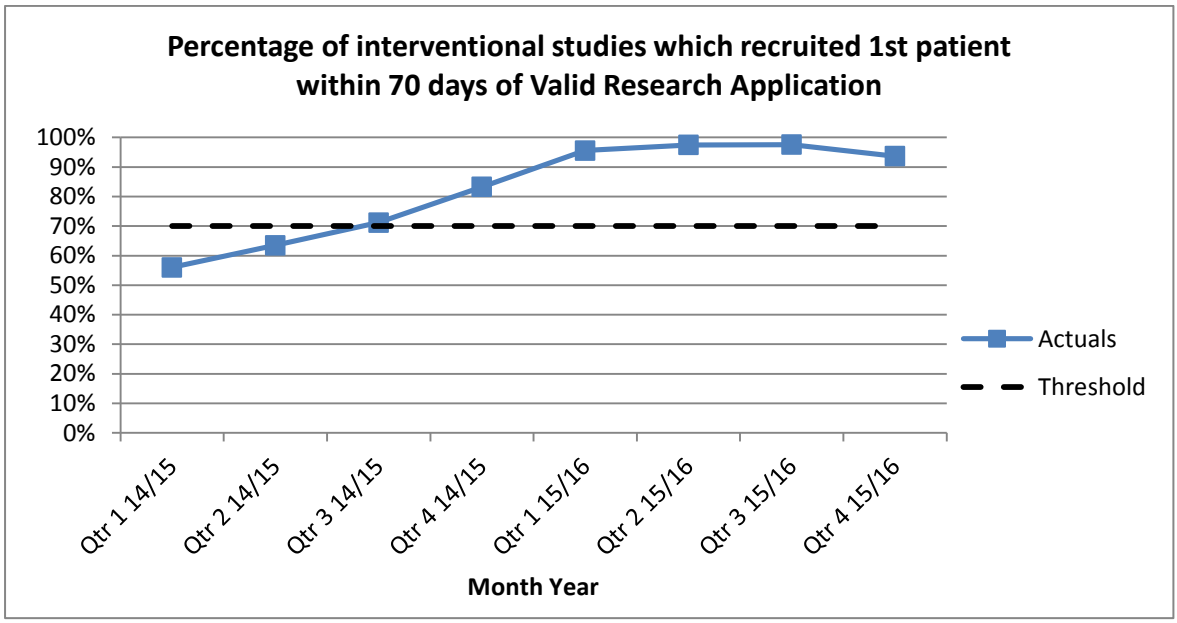


Figure 10 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2015/16

2.2.3 Effectiveness: Average Length of Stay

Figures for the Trust length of stay (Elective and Non Elective admissions) are relatively stable.

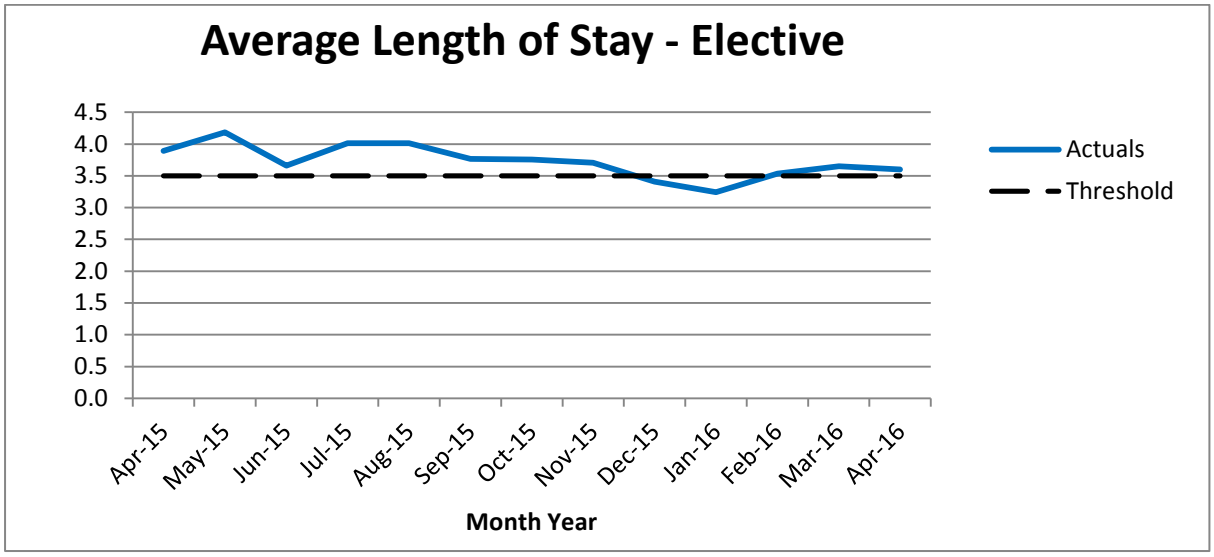


Figure 11 – Average Length of Stay – Elective for the period April 2015 – April 2016

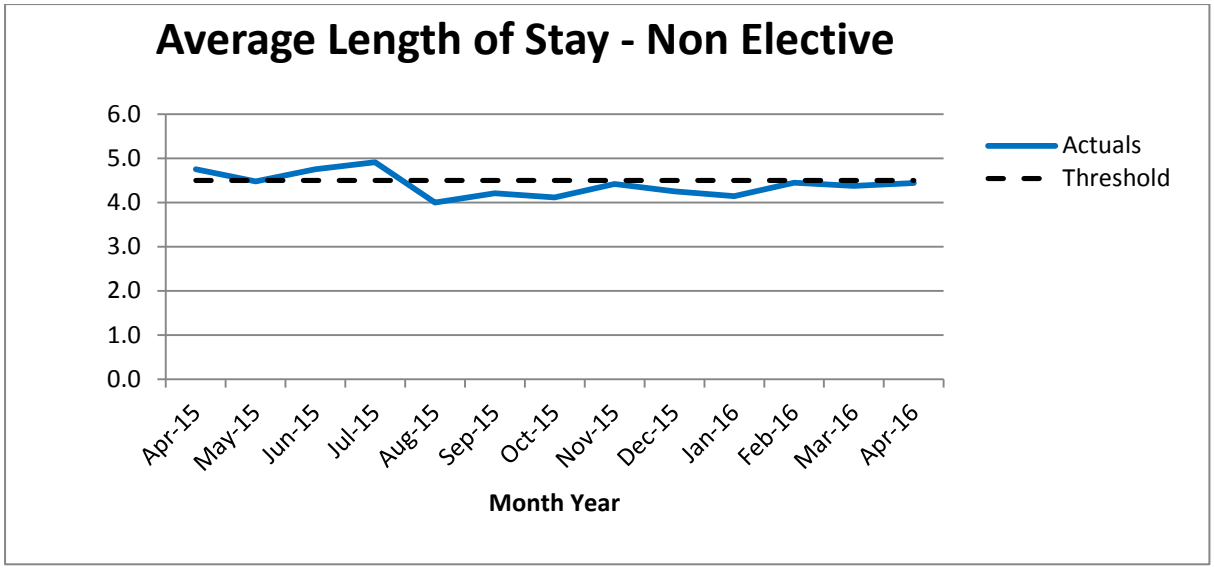


Figure 12 – Average Length of Stay – Non-Elective for the period April 2015 – April 2016

2.3 Caring

2.3.1 Caring: Eliminating mixed sex accommodation

The Trust reported one instance of a mixed-sex accommodation breach during April 2016 relating to delay in step down from critical care.

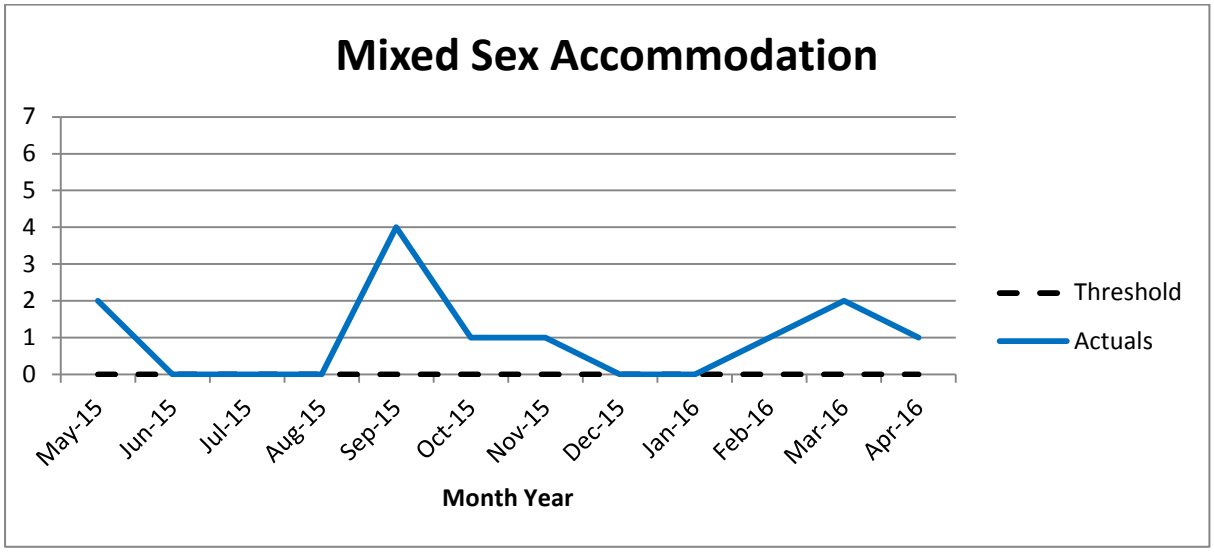


Figure 13 - Mixed Sex Accommodation breaches by month for the period April 2015 – April 2016

2.3.2 Caring: Friends and Family Test

The willingness to recommend across all surveys continues to be high and response rates are holding up. At 17 per cent the response rate within Accident & Emergency is the best since the Trust began collecting the data and is indicative of the efforts by the departments and the patient experience team to increase it.

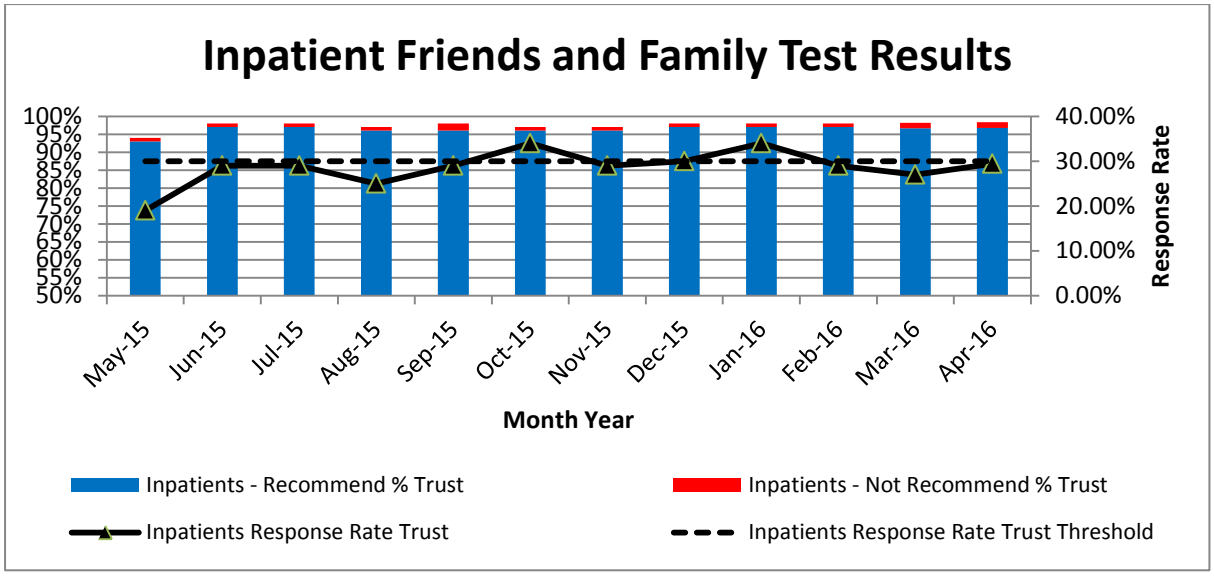


Figure 14 - Friends and Family: Percentage who would recommend ICHT Inpatients for the period April 2015 – April 2016

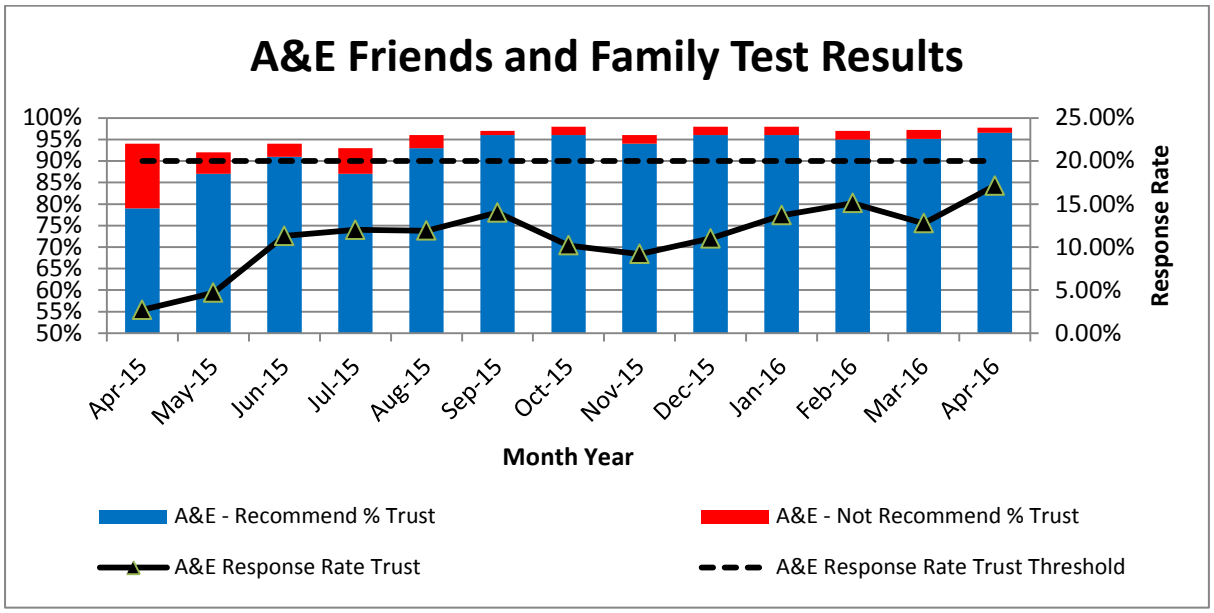


Figure 15 - Friends and Family: Percentage who would recommend ICHT Accident and Emergency for the period April 2015 – March 2016

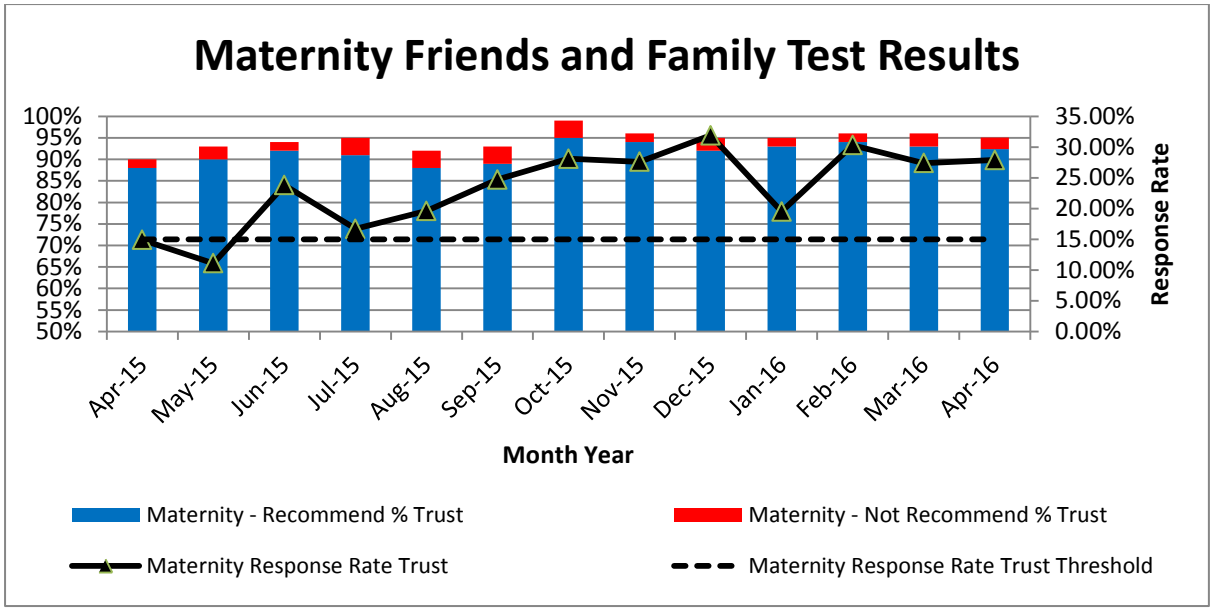


Figure 16 - Friends and Family: Percentage who would recommend Maternity for the period April 2015 – March 2016

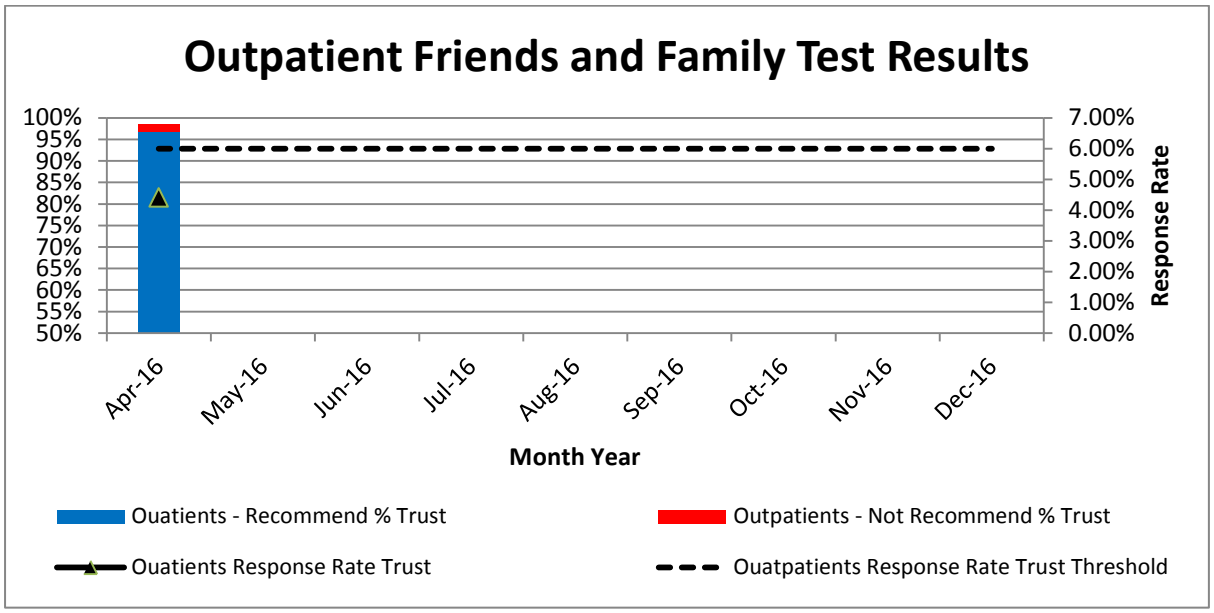


Figure 17 - Friends and Family: Percentage who would recommend Outpatients for the period April 2015

2.3.3 Caring: Complaints

The number of formal complaints fell in April; there is no particular area that accounts for this. The response rate performance remains good.

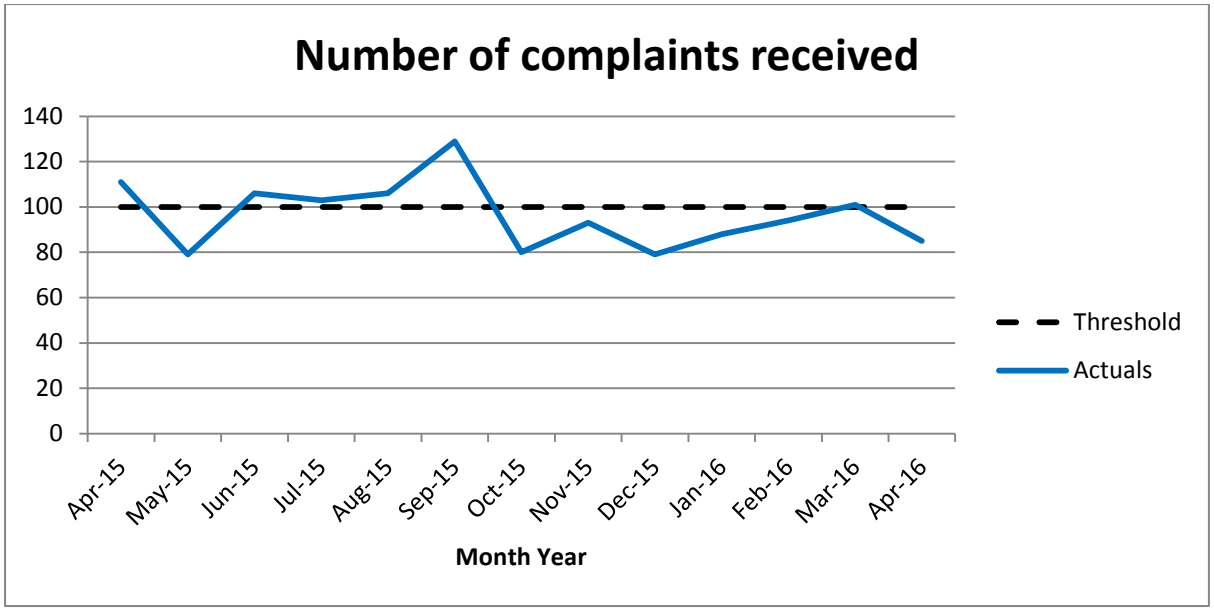


Figure 18 – Number of complaints received for the period April 2015 – April 2016

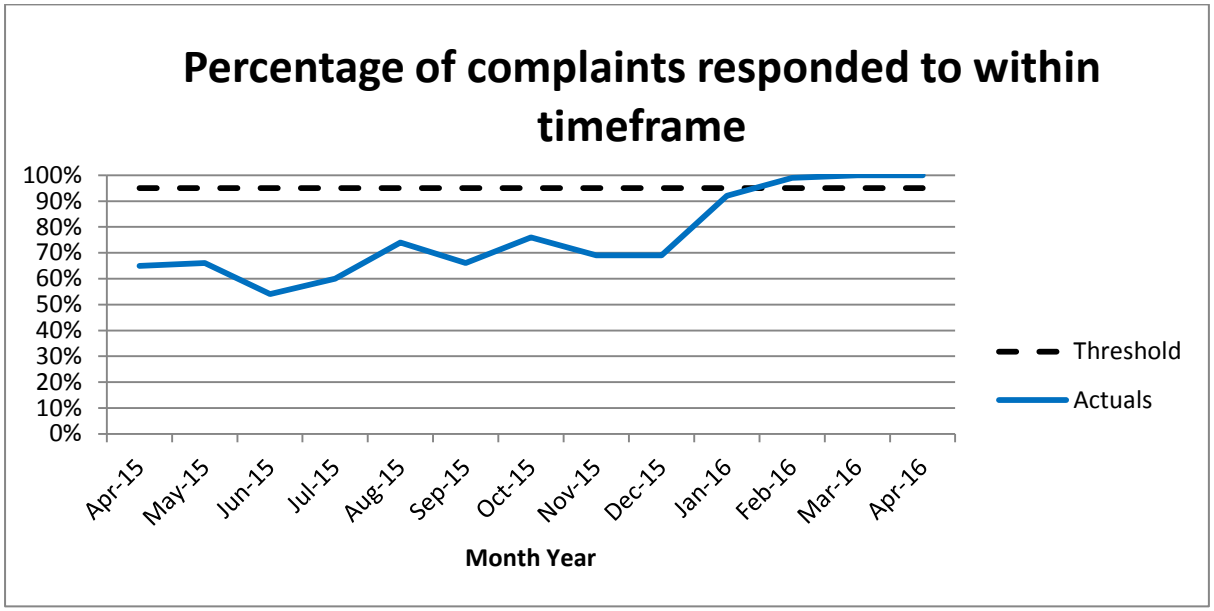


Figure 19 – Percentage of complaints responded to within the period April 2015 – April 2016

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

All roles

At the end of April, we directly employed 9,627 WTE (whole time equivalent) members of staff across our Clinical and Corporate Divisions and Research & Development areas. There were a total of 180 WTE new joiners and 120 WTE leavers during April giving a contracted vacancy rate of 10.28 per cent; representative of 1,103 WTE vacancies.

The Trusts voluntary turnover rate (rolling 12 month position) is 10.13 per cent and one of the lowest amongst all London Acute Teaching Trusts. Work continues to explore the numbers of leavers we see and to put in place appropriate retention strategies.

Bespoke and generic recruitment campaigns continue to support the reduction of vacancies with 372 WTE pipeline candidates waiting to join us over the coming months (across all occupational groups). The *attraction strategy* is being revised for 2016/2017 to broaden the pipeline, to find more efficient and cost effective ways of attracting and recruiting candidates, including social media and branding.

Bands 2~6 Nursing & Midwifery on Wards

Across the Trusts wards, the band 2-6 Nursing & Midwifery contractual vacancy rate at the end of April was 14.27 per cent, 349 WTE vacancies, and there are currently 125 WTE candidates waiting to fill these ward vacancies whom we expect to join over the coming months. This is marginally lower than the 14.59 per cent vacancy rate reported at the end of March.

Over the coming weeks, the ward establishments on the electronic staff record will be adjusted to reflect the plans for 2016/17.

The turnover rate for ward based band 2 – 6 staff is currently at 19 per cent; reflective of an average 35 WTE leavers each month. A Trust project group has been established to develop the *retention strategy* for this occupational group.

Rolling advertisements continue along with a range of focused activity. The team are exploring more generic recruitment events for Band 5 roles to manage our high volume of generic vacancies. Internal transfers and rotations are also being explored. An *assessment and selection strategy* is being developed to define how we assess and select people across the Trust to enable us to recruit and retain the right candidates. We are considering the role of Strengths Based Recruitment, already done with Band 7 ward nurses, for Band 6 nursing and midwifery staff.

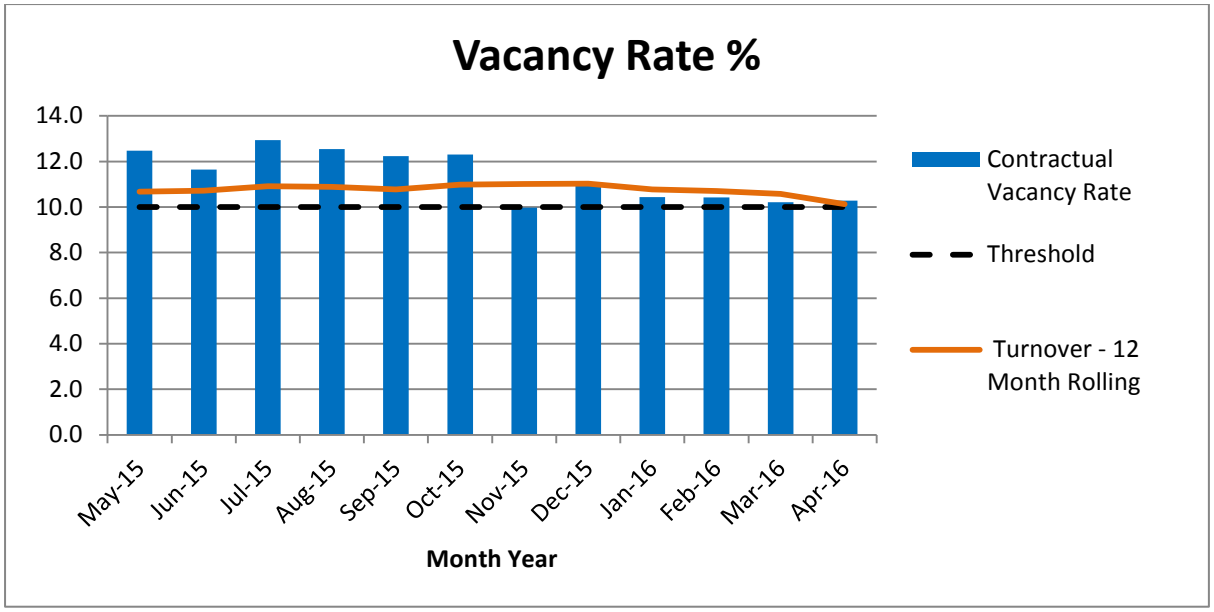


Figure 20 - Vacancy rates for the period March 2015 – March 2016

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence continues to reduce and during April fell to 3.02 per cent; similar to levels recorded in April 2015. This brings the rolling 12 month sickness position to 3.21 per cent with the Trust aiming to reach a full-year position of 3.10 per cent or lower by March 2017. Across the other London Acute Teaching Trusts, the average rolling 12 month sickness position ranges from 2.8 to 3.8 per cent.

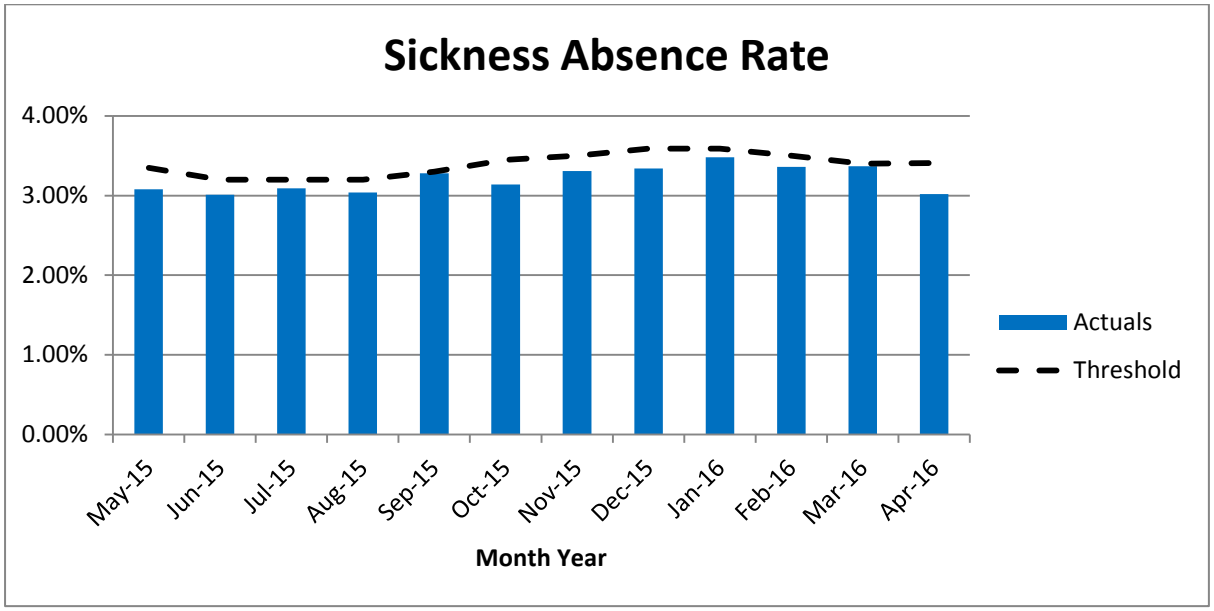


Figure 21 - Sickness absence rates for the period March 2015 – March 2016

2.4.3 Well-Led: Statutory and mandatory training

Core Skills (excl. doctors in training / trust grade)

Overall compliance has stabilised at 86.38 per cent in April which is the highest compliance to date, from 69 per cent in March 2015. Work continues to drive up compliance in the topics and departments where it is below target.

From April 1 2016, the target has been changed to 90 per cent.

Core Skills for doctors in training / trust grade

A new intake of junior doctors arrived in April 2016 and a range of changes have been made in Induction to maximise compliance for the new doctors coming in.

Corporate Welcome and Clinical Induction

New Staff are able to attend Corporate Welcome and Clinical induction sooner after commencing work at the Trust by increasing places. Compliance for Corporate Welcome attendance is now at 93 per cent.

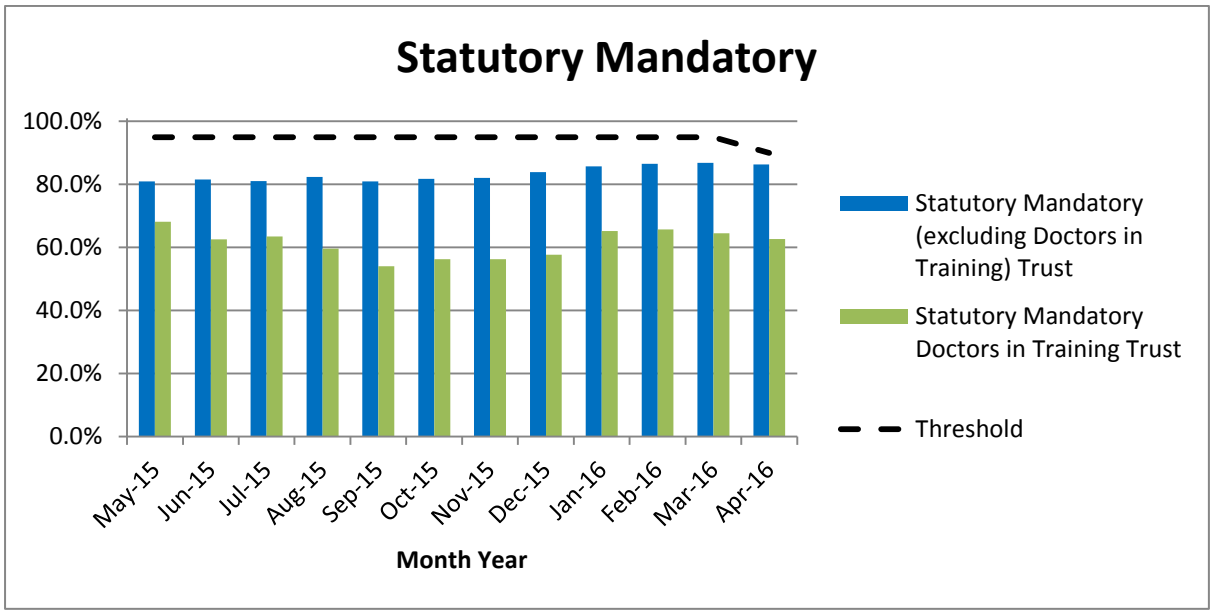


Figure 22 - Statutory and mandatory training for the period May 2015 – April 2016

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

The new personal development review (PDR) cycle began on 1 April 2016. We expect all of our non-medical staff at bands 7 to 9 to have a completed PDR with their line manager by the end of June 2016; the current completion rate for this staff group is 7 per cent.

The PDR cycle will close at the end of September when all non-medical staff must have a completed PDR.

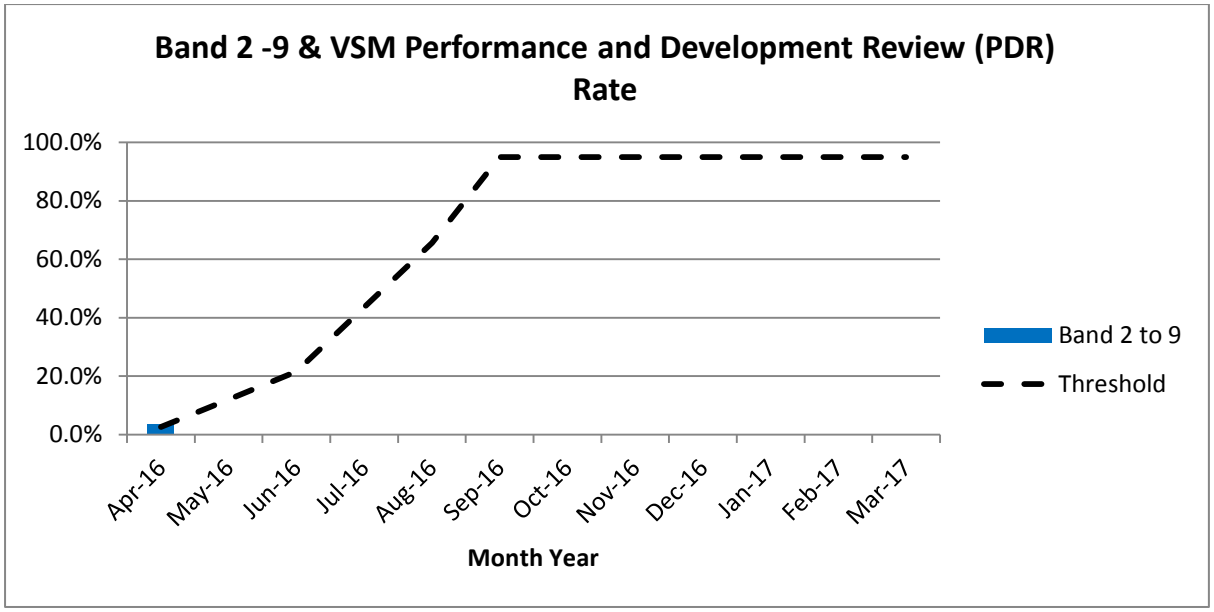


Figure 23 - Band 2 - 9 performance development review rates for the period April 2016 to March 2015

2.4.5 Well-Led: Health and Safety RIDDOR

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

- The first incident involved a scrub nurse who received a sharps injury from an instrument used on an HIV positive patient; this is a reportable dangerous occurrence.
- The second incident was a tissue culture in the microbiology lab confirmed as *Brucella melitensis* which had not been previously indicated on clinical details; staff were exposed to the samples and this is a reportable dangerous occurrence.
- The third incident involved a nurse who was using a ladder and fell; this resulted in a broken wrist.
- The fourth incident involved a nurse who received a sharps injury from an insulin needle used on a Hepatitis C positive patient; this is a reportable dangerous occurrence.
- The fifth incident involved a staff member tripping and fracturing their little finger; this resulted in an absence from work of more than 7 days.

In the 12 months to 30 April 2016, there have been 32 RIDDOR-reportable incidents of which 14 were slips, trips and falls. The Health and Safety service is continuing 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.

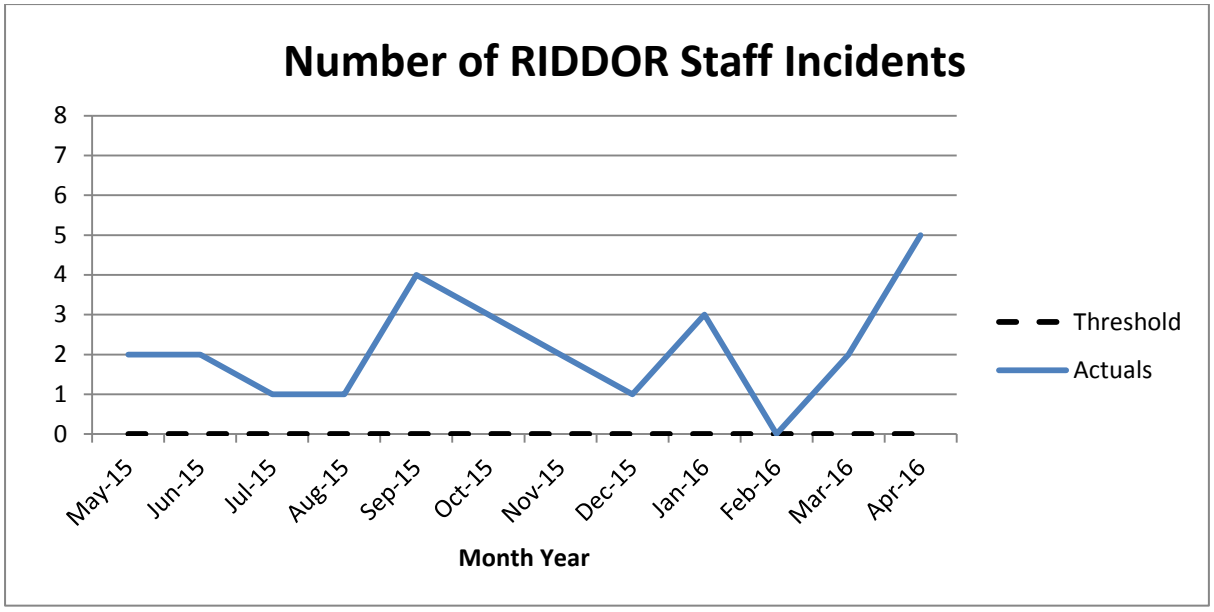


Figure 24 – RIDDOR Staff Incidents for the period May 2015 – April 2016

2.4.6 Well-Led: Staff Engagement

The latest survey was carried out in January and February 2016. The survey had a 43 per cent response rate and the overall engagement score increased by 2 per cent to 43 per cent.

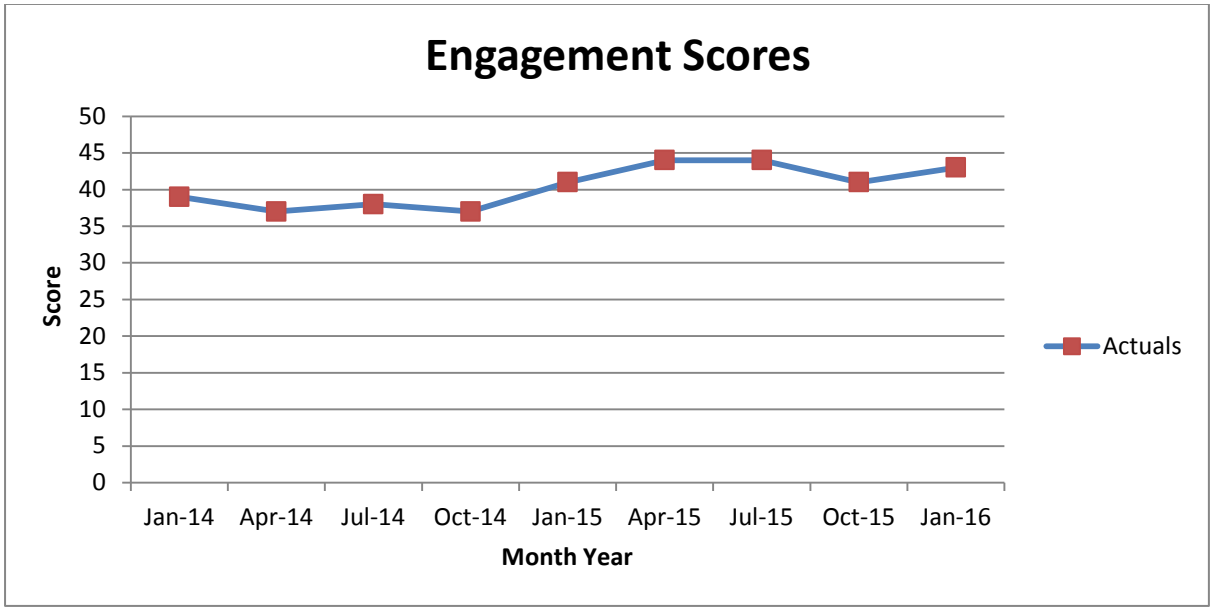


Figure 25 – Engagement scores for the period January 2014 – January 2016

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

Appraisal rates have fallen slightly, from 83.3 per cent in March 2016 to 82.2 per cent in April 2016. This is attributed to a higher than average number of new starters requiring revalidation and also a higher number of doctors due an appraisal. The

appraisal compliance if these new starters are excluded is 85.2 per cent, a 3.0 per cent increase on the reported figure last month.

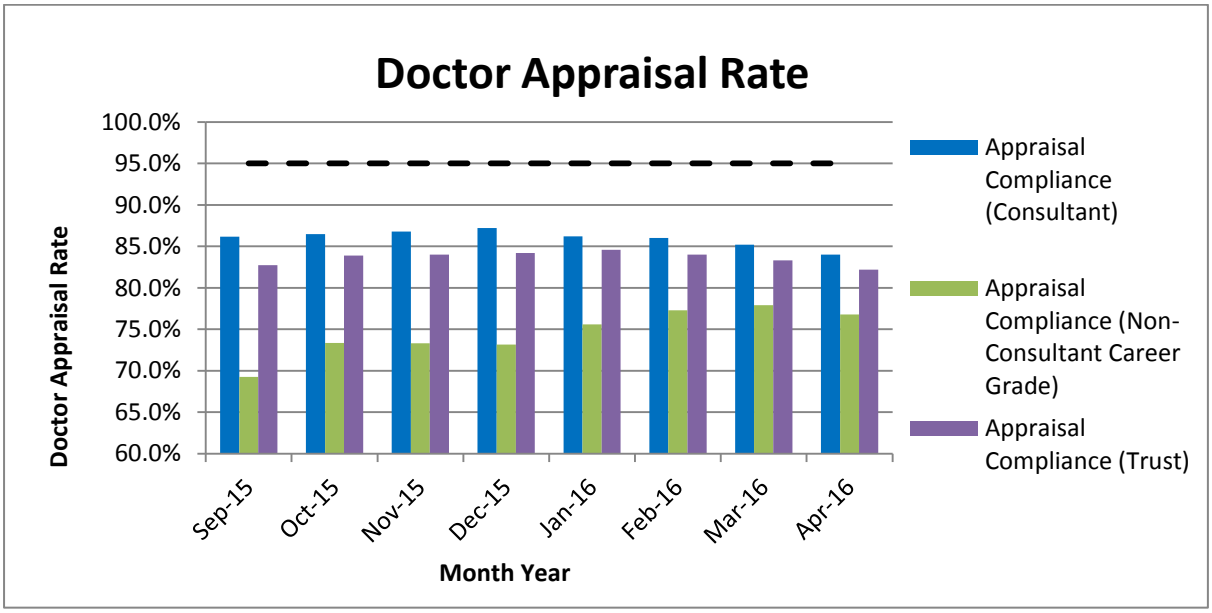


Figure 26 - Grade Doctor Appraisal Rates for the period September 2015 to April 2016

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

The 2016 General Medical Council National Training Survey (GMC NTS) went live on 22 March and closes on 11 May 2016. In the last month we have improved the survey rate from 38 per cent to 91 per cent of our trainees completing the survey.

So far we have only received 2 Immediate Mandatory Responses which were both around patient safety and which were submitted 12 May 2016.

The most recent action plan submission date was 29 April through which we responded to 100 quality visit actions and the 2 remaining NTS red flag actions.

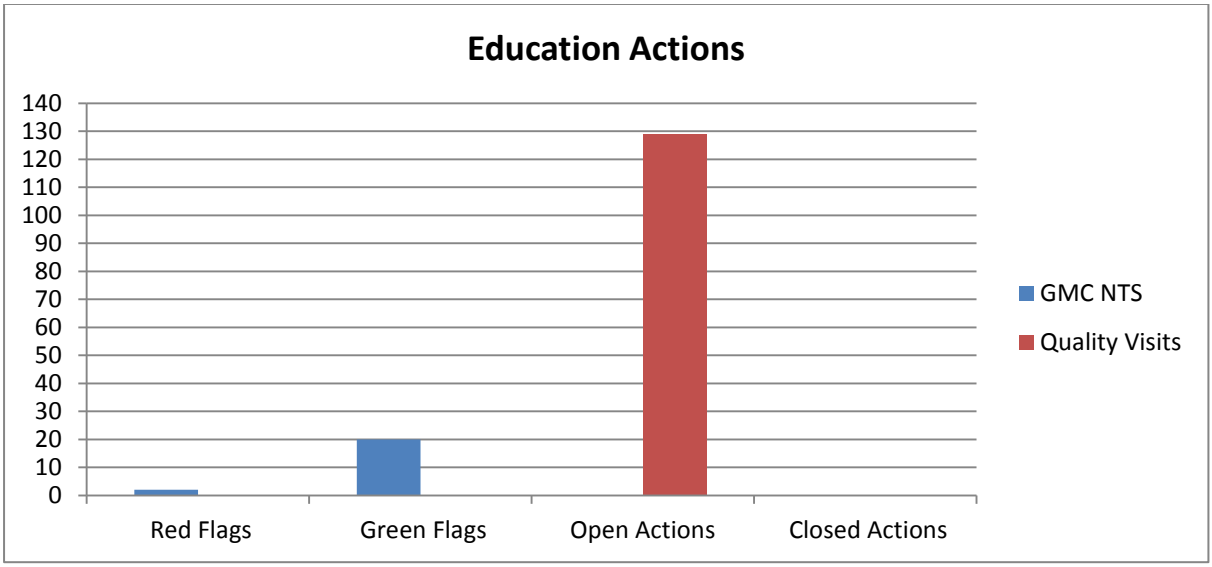


Figure 27 – General Medical Council - National Training Survey action tracker, updated at the end of April 2016

2.5 Responsive

2.5.1 Consultant-led Referral to Treatment Waiting Times - 18 weeks

The performance for March 2016 was 89.2% of patients on an incomplete pathway waiting less than 18 weeks to receive consultant-led treatment, against the national standard of 92 per cent.

The reasons for this disappointing performance relates to capacity in some specialties, to changes in our validation processes and better accuracy of our reports, and to the impact of industrial action by junior doctors in January, February and March.

The specialties with the most significant challenges include:

- Orthopaedics (validation processes have highlighted incorrect application of detailed RTT rules for some patients, so the waiting list is longer than we had previously reported);
- Neurology and neurosurgery (a combination of staffing, estates and validation issues); and
- General surgery (validation processes have highlighted incorrect closure of pathways after diagnostic investigations).

Performance in April is not expected to improve on March, because of the extended junior doctor's industrial action in April, and because orthopaedics and general surgery are still completing detailed validation resulting in further patients being added to the waiting list.

Our plans for 2016/17 include a detailed improvement plan and trajectory agreed with Commissioners and NHS Improvement which will deliver the 92 per cent standard from August 2016.

The following steps have been taken or are being put in place:

- We are finalising plans to use a mobile operating theatre on the Charing Cross Hospital site to provide additional capacity for patients waiting 20 weeks or more, from early June. Mobile operating theatres are routinely used in the NHS to boost capacity. Our own consultants would work extra sessions to undertake the surgery and we would need to bring in additional theatre staff. This extra capacity would coincide with the planned refurbishment of the short-stay, planned surgery unit at Charing Cross, Riverside theatres. There is already a plan being put in place to re-provide the normal Riverside capacity at Hammersmith Hospital for the period of the refurbishment, so this mobile theatre will provide additional capacity to reduce our waiting lists.
- We have also asked the NHS Intensive Support Team to review our waiting lists and RTT processes and this review will report at the end of May. This will help us to fully understand our RTT challenge and design improved processes for managing waiting lists in order to ensure that we meet the 92 per cent target

sustainably in future, with much more emphasis on getting the administrative processes right first time, and much less reliance on intensive validation processes after the event.

- These steps include specific plans for additional staff and clinics in many different specialties.

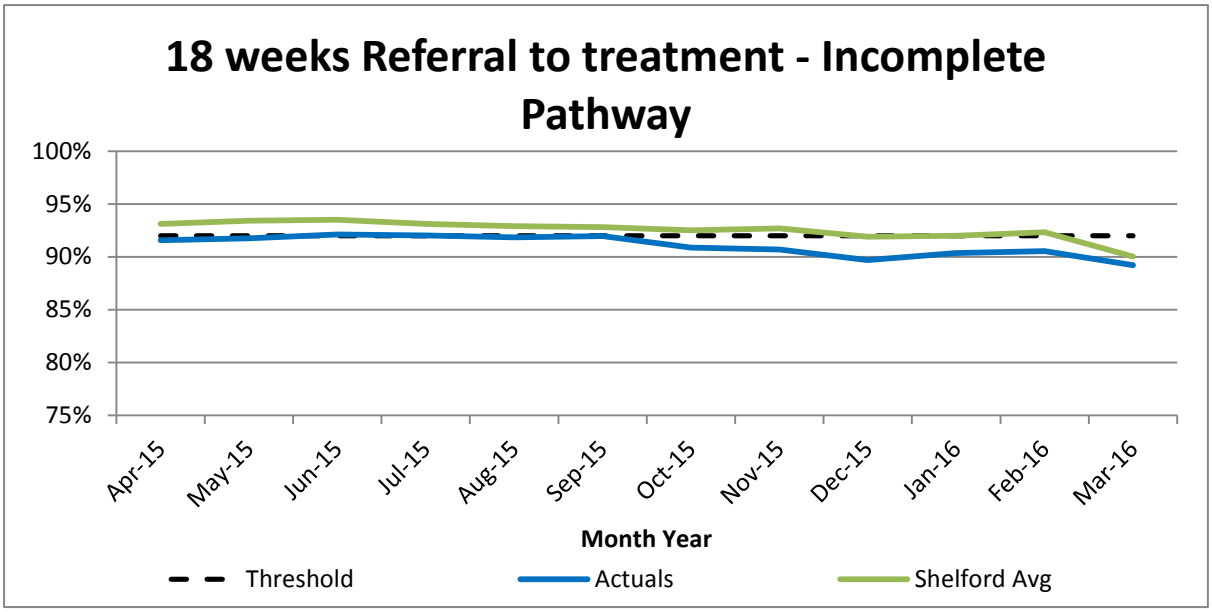


Figure 28 - RTT Incomplete Pathways for the period April 2015 – March 2016

2.5.2 Consultant-led Referral to Treatment Waiting Times – 52 weeks

At the end of March, there were 47 patients who had waited over 52 weeks for their treatment since referral from their GP, significantly more than the 14 patients reported at end February. A minority of these 47 patients are patients whom we had been reviewing regularly, but whose treatment took longer than it should have done because of capacity problems and in some cases also because patients had chosen to postpone appointments or operations. However, the majority of the 47 patients waiting over 52 weeks are patients whom we had not been tracking consistently. This is because we had applied RTT rules incorrectly at an earlier stage of the patient's treatment pathway.

Improvements to our RTT processes will mean that we then avoid this situation arising again.

A clinical review has been conducted on each of the 47 patients waiting over 52 weeks and all now have a treatment plan in place. In none of these 47 patients has the delay to their treatment resulted in any significant clinical harm to the patient.

A similar number of patients are expected to be reported as waiting over 52 weeks at the end of April when the validation process is complete. Many of these are the

same patients as were waiting at the end of March, whose cases have been reviewed clinically and who now have treatment plans in place. Clinical reviews and treatments plans are currently being completed on the new patients waiting over 52 weeks at end April.

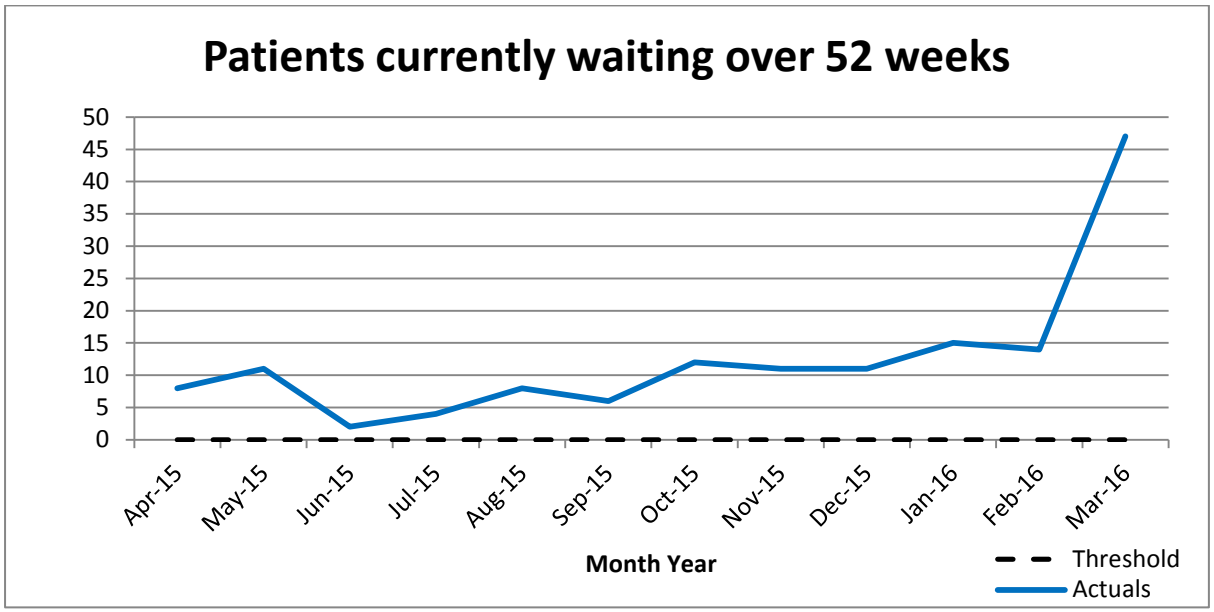


Figure 29 - Number of patients waiting over 52 weeks for the period April 2015 – March 2016

2.5.3 Cancer

In May 2016, performance is reported for Cancer waiting times standards for March 2016 and for Quarter 4 2015/16.

In both March and Quarter 4, the Trust achieved six of the eight national cancer standards. The Trust underperformed against the 62 day standard for urgent GP referral to treatment and the 62 day screening standard.

Non-delivery of the 62 day GP referral to treatment standard was a consequence of three main factors which are being addressed, as outlined below.

- Issues with the urology rapid access pathways resulted in patients not receiving bundled diagnostics. Mitigations against this are now taking effect.
- Gastrointestinal diagnostic pathways remain slow while endoscopy additional capacity is arranged. Limited protected capacity for cancer patients has been introduced.
- Late referrals from other North West London sites have increased. The Trust is working with local CCGs to manage partner organisations to improve this.

The Trust also underperformed against the 62-day screening standard due to late referrals from other screening services for surgical treatment at Charing Cross Hospital. The corporate cancer team is continuing to work with the screening service to improve the management of patient choice delays ahead of the first outpatient appointment following screening scans to reduce internal breaches.

Indicator	Standard	Mar-16	Q4 15/16
Two week from GP referral to 1st outpatient – all urgent referrals (%)	93.0%	93.2%	93.0%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.3%	93.1%
31 day wait from diagnosis to first treatment (%)	96.0%	96.4%	96.9%
31 day second or subsequent treatment (surgery) (%)	94.0%	95.2%	98.1%
31 day second or subsequent treatment (drug) (%)	98.0%	100.0%	99.5%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	97.9%	98.4%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	79.5%	81.6%
62 day urgent GP referral to treatment from screening (%)	90.0%	70.6%	76.7%

Table 1 - Performance against national cancer standards for March 2016 and Quarter 4 2015/16

2.5.4 Elective operations cancelled for non-clinical reasons

In April 2016, a total of 60 elective operations were cancelled on the day for non-clinical reasons, representing 0.6 per cent of all elective activity. This is within the national tolerance of 0.8 per cent.

The most recent fully validated performance for the 28 day rebooking target is for March 2016. A total of 16 patients (13 per cent of cancellations) were not rescheduled for treatment within the 28 day target, against a 5 per cent tolerance. The main specialities were neurosurgery, general surgery, vascular surgery and cardiac surgery.

The root causes are being investigated, a review is being carried out into how potential breaches are recorded and reported and a cross divisional working group is being established. Performance is expected to return to within at least 95 per cent of cancellations rescheduled within the 28 day standard by October 2016, subject to further review of the themes/factors impacting on performance.

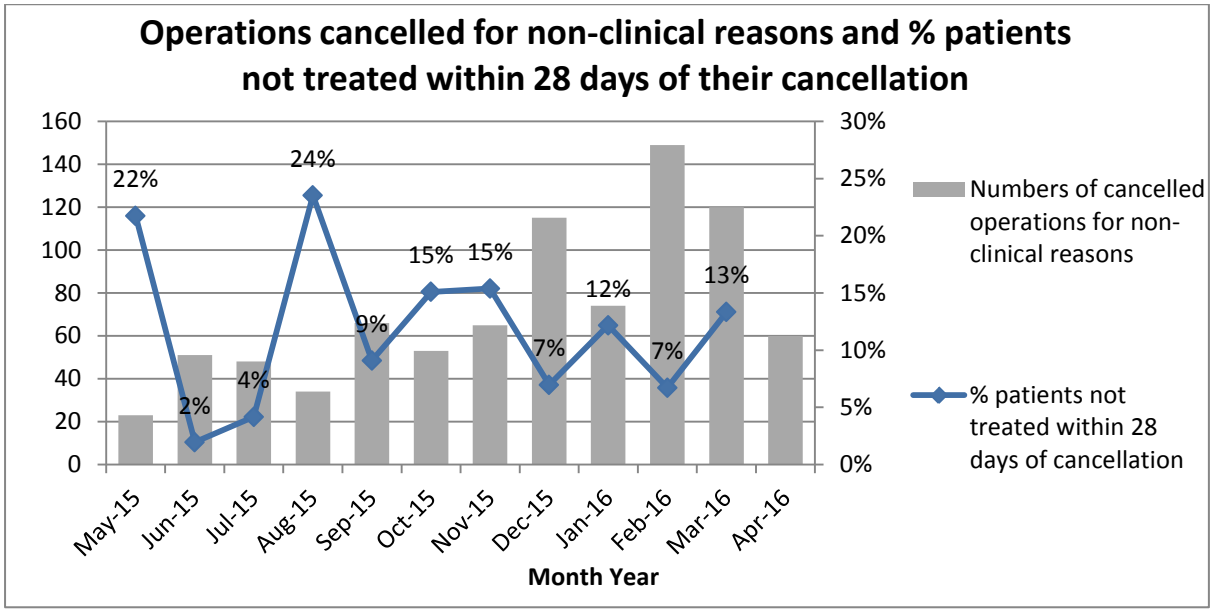


Figure 30 - Elective operations cancelled at the last minute for non-clinical reasons and % patients not treated within 28 days of their cancellation for the period May 2015 – April 2015

2.5.5 Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency was 89 per cent in April 2016. This is a 3 percentage point improvement on the March performance. A poor start to the month meant that the Trust missed the performance trajectory for April by 1.04 percentage points. However there was continuous improvement throughout with performance of 91.38 per cent for the last week of April against a trajectory of 89.88 per cent.

The Trust continues to work closely with the local health system to develop and implement detailed site based action plans and has agreed performance trajectories with local Commissioners. Due to on-going increases in demand and challenges with capacity it is anticipated that the Trust will achieve the 4-hour access standard in March 2017.

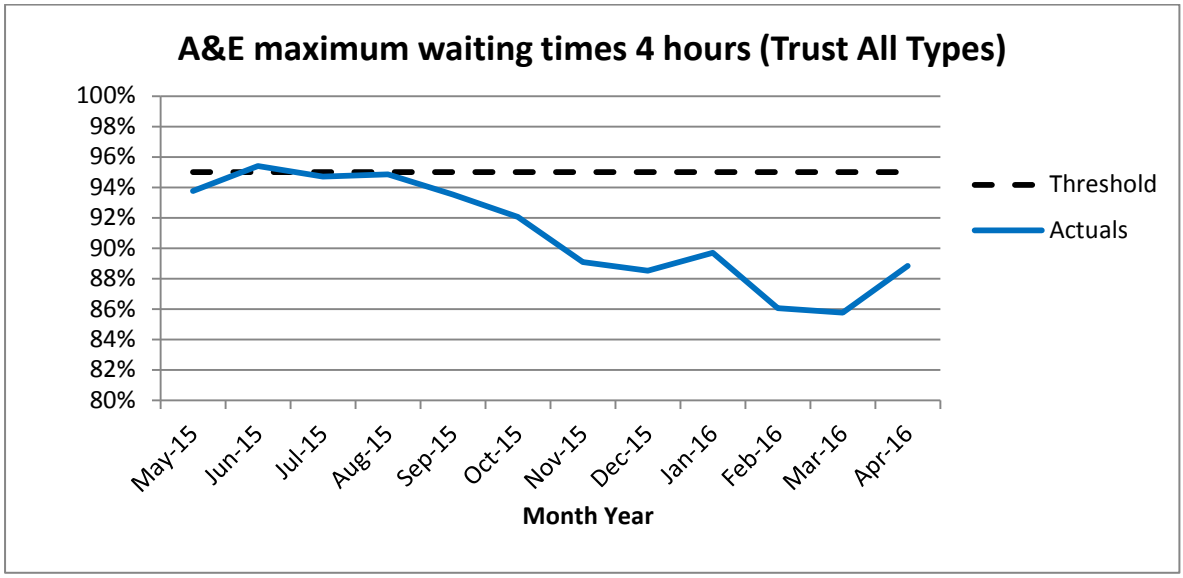


Figure 31 – A&E Maximum waiting times 4 hours (Trust All Types) for the period May 2015 – April 2016

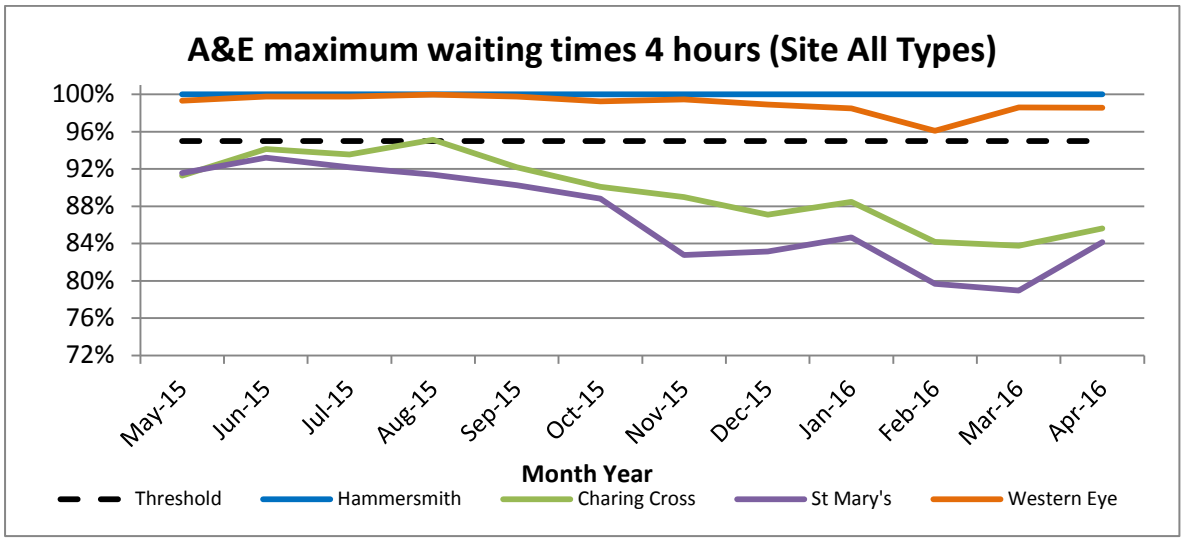


Figure 32 – A&E Maximum waiting times (Site All Types) 4 hours for the period May 2015 – April 2016

2.5.6 Diagnostics

The finalised performance for April 2016 for diagnostics will be submitted on Wednesday 18 May.

Throughout the last quarter of 2015/16 the Trust achieved good performance in the monthly diagnostic waiting time standard of less than one per cent of patients waiting over six weeks. It is projected that the Trust will not achieve the standard for a 2-month period in May and June (2016/17) when the Trust goes live with RIS PACS (Radiology Information System picture archiving and communications system). An extraordinary meeting will be scheduled to support mitigation plans within imaging during implementation of the new system.

Following the organisational restructure, a due diligence exercise is being conducted by the Women's, Children's and Clinical Support Division on activity capture and operational reporting processes for the diagnostic standard. This will be completed in time for Month 2 reporting.

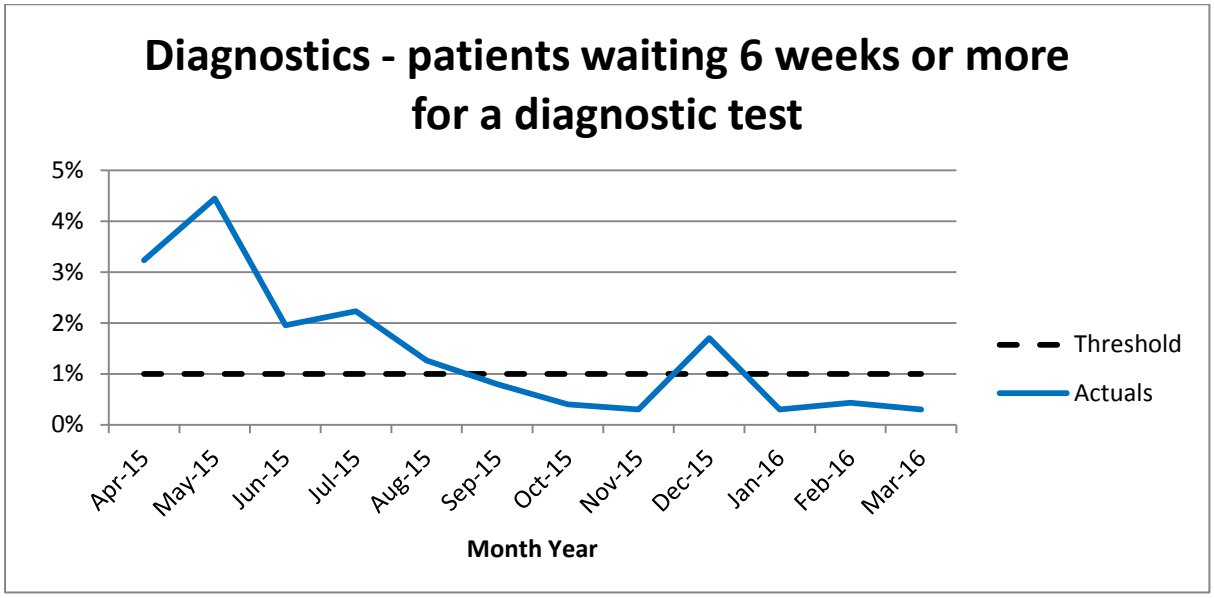


Figure 33 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period April 2015 – March 2016

2.5.7 Patient attendance rates at outpatient appointments

In April 2016, 12.7 per cent of new appointments and 11.9 per cent of follow up appointments resulted in a patient Did Not Attend. This compares favourably to performance for March which was 13 per cent for new appointments and 12.3 per cent for follow ups.

Whilst the overall Trust position has shown some improvement over the last year, the second phase of the Outpatient Improvement Programme will revisit and refocus on seven of the highest activity areas namely, Cardiology, Dermatology, ENT, Gynaecology, Midwife Episode, Neurology and Ophthalmology, which combined account for almost 40 per cent of all DNAs across the Trust.

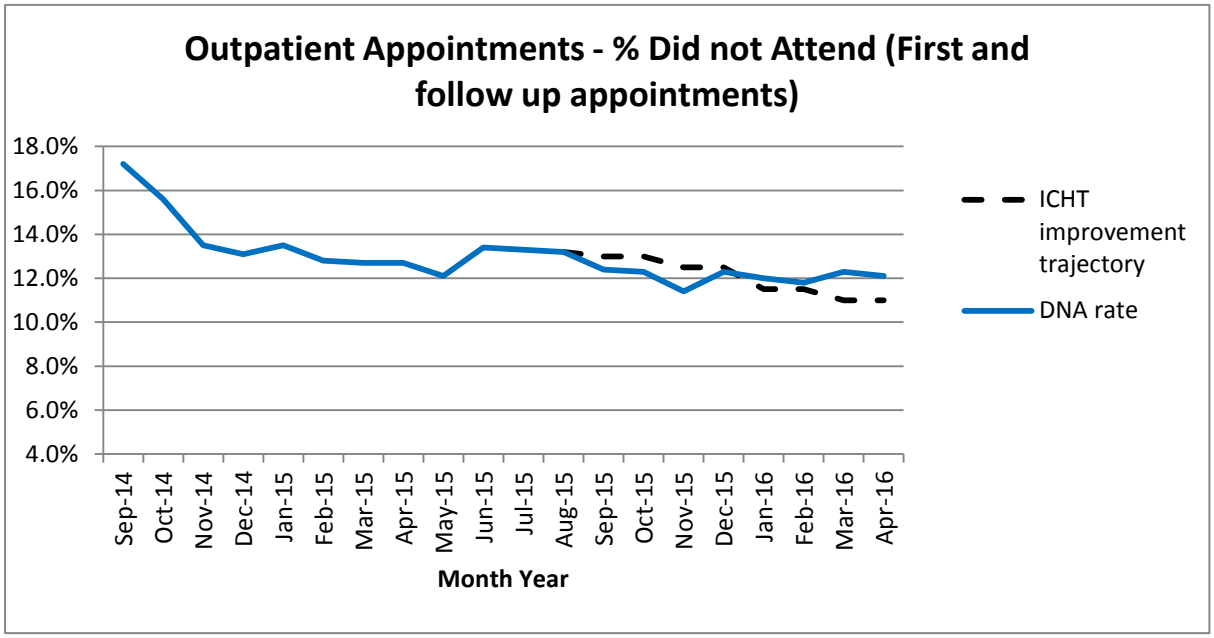


Figure 34 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period September 2014 – April 2016

2.5.8 Outpatient appointments cancelled by the Trust

In April 2016, 10.8 per cent of outpatient appointments were cancelled by the Trust with less than 6 weeks' notice. This equates to around 19,000 appointments in month and an increase on last month's performance of 9.8 per cent for March.

A closer look at the data reveals a 15 per cent to 50 per cent increase in cancellations over four days, likely correlating with planned cancellations in response to the junior doctors' strike. However, new cancellation reason codes introduced into the Trust's Cerner patient administration system during the same reporting period - an intervention initiated by the Outpatient Improvement Programme - will allow more in depth analysis of root causes on release of Month 2 (May) results.

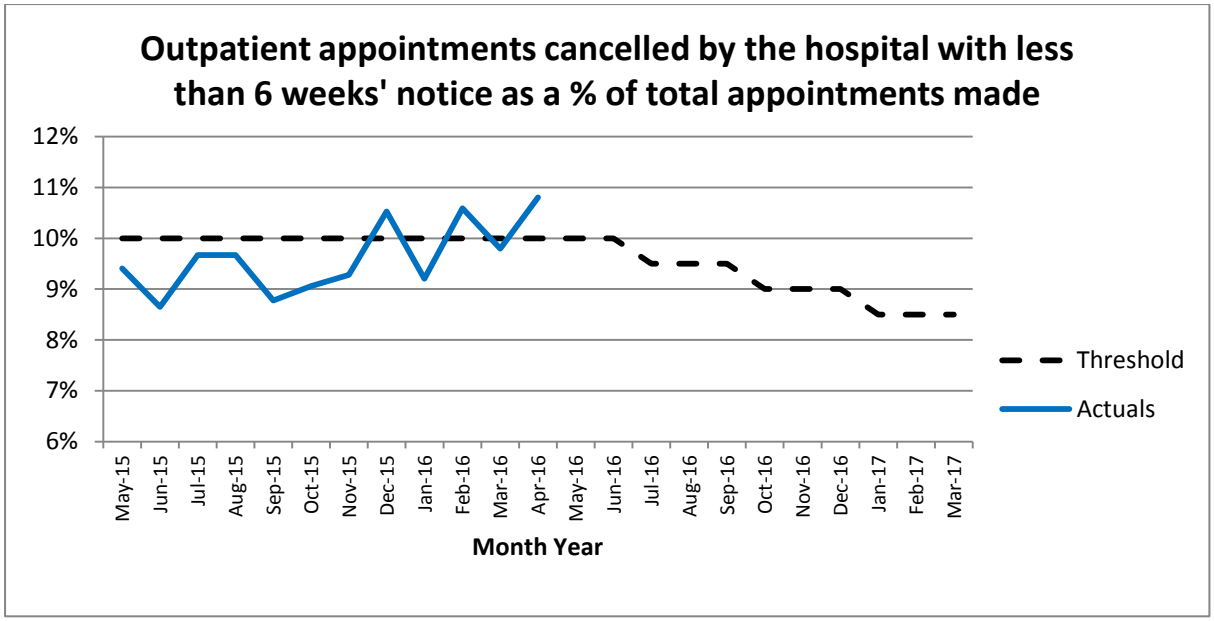


Figure 35 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period May 2015 – April 2016

2.5.9 Access to antenatal care – booking appointment

In April 2016, 95 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.

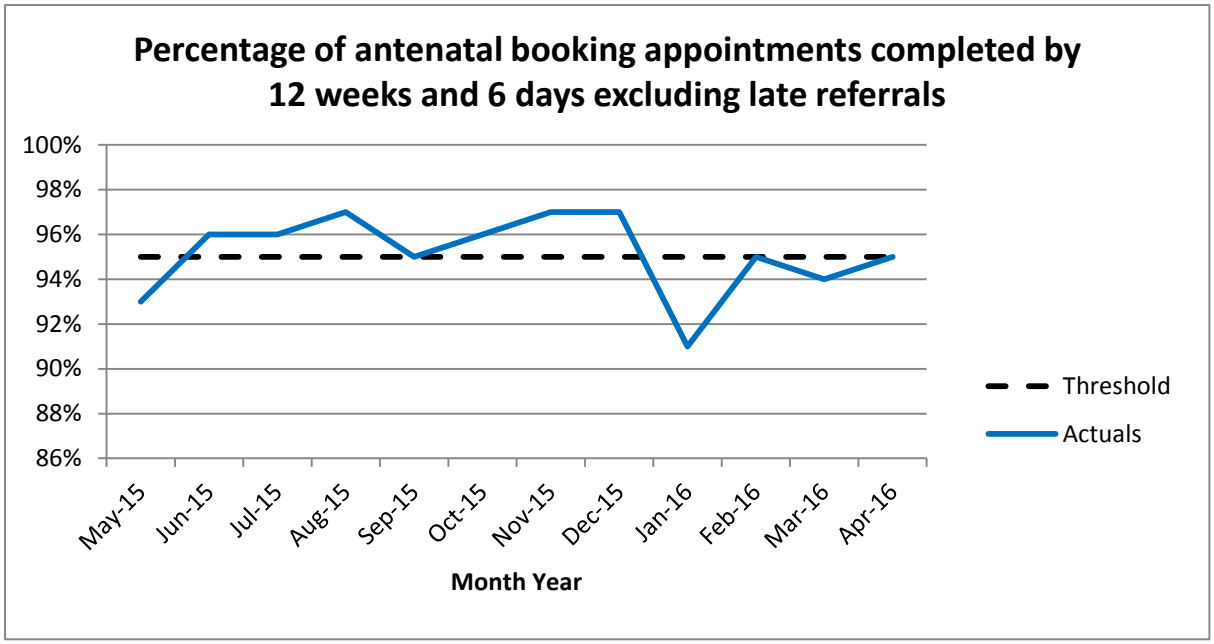


Figure 36 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period May 2015 – April 2016

3. Finance

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