Imperial College Healthcare NHS Trust

Report to:	Date
Trust board - public	**27 September 2017**

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of August 2017 (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) Julie O'Dea (Head of Performance Support)	Julian Redhead (Medical Director) Janice Sigsworth (Director of Nursing) David Wells (Director of People and Organisational Development) Catherine Urch (Divisional Director) Tim Orchard (Divisional Director) Tg Teoh (Divisional Director)

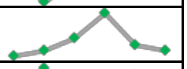
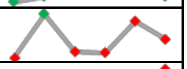
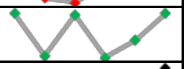
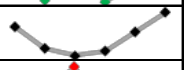
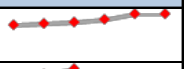
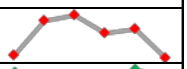
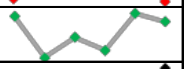
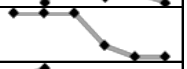
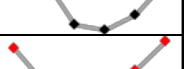
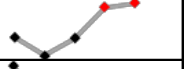
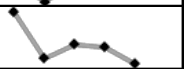
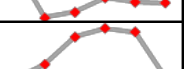
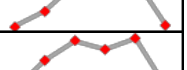
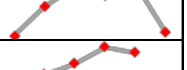
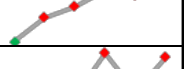
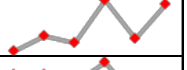
Contents

1. Scorecard

ICHT Integrated Performance Scorecard - 2017/18

Month 5 Report

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Aug-17	-	**27**	
Incidents causing severe harm (number)	Julian Redhead	Aug-17	-	**1**	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Aug-17	-	**0.08%**	
Incidents causing extreme harm (number)	Julian Redhead	Aug-17	-	**2**	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Aug-17	-	**0.08%**	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Aug-17	44.0	**50.0**	
Never events (number)	Julian Redhead	Aug-17	0	**0**	
MRSA (number)	Julian Redhead	Aug-17	0	**0**	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Aug-17	62	**21**	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Aug-17	95.0%	**91.9%**	
CAS alerts outstanding (number)	Janice Sigsworth	Aug-17	0	**2**	
Avoidable pressure ulcers (number)	Janice Sigsworth	Aug-17	-	**3**	
Staffing fill rates (%)	Janice Sigsworth	Aug-17	tbc	**96.0%**	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Aug-17	2.8%	**2.5%**	
Core Skills Rate - excluding Doctors in Training (%)	David Wells	Aug-17	90.0%	**84.4%**	
Core Skills Rate - Doctors in Training only (%)	David Wells	Aug-17	90.0%	**66.9%**	
Core Clinical Skills (excluding Doctors in Training) (%)	David Wells	Aug-17	tbc	**80.2%**	
Core Clinical Skills (including Doctors in Training) (%)	David Wells	Aug-17	tbc	**53.2%**	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Aug-17	0	**5**	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Apr-17	100	**55.0**	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 4 16/17	90.0%	**48.8%**	
Unplanned readmission rates (28 days) over 15s (%)	Tim Orchard	Jan-17	-	**6.52%**	
Unplanned readmission rates (28 days) under 15s (%)	Tg Teoh	Jan-17	-	**5.13%**	
Outpatient appointments not checked-in or DNAd (app within last 90 days) (number)	Tg Teoh	Aug-17	-	**1571**	
Outpatient appointments checked-in AND not checked-out (number)	Tg Teoh	Aug-17	-	**2187**	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Caring					
Friends and Family Test: **Inpatient** service - % patients recommended	Janice Sigsworth	Aug-17	95.0%	**96.9%**	
Friends and Family Test: **A&E** service - % recommended	Janice Sigsworth	Aug-17	85.0%	**94.6%**	
Friends and Family Test: **Maternity** service - % recommended	Janice Sigsworth	Aug-17	95.0%	**93.5%**	
Friends and Family Test: **Outpatient** service - % recommended	Janice Sigsworth	Aug-17	94.0%	**91.5%**	
Complaints: Total number received from our patients	Janice Sigsworth	Aug-17	100	**90**	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Aug-17	-	**82.4%**	
Mixed-Sex Accommodation (EMSA) breaches	Janice Sigsworth	Aug-17	0	**21**	
Well Led					
Vacancy rate (%)	David Wells	Aug-17	10.0%	**12.4%**	
Voluntary turnover rate (%) 12-month rolling	David Wells	Aug-17	10.0%	**10.2%**	
Sickness absence (%)	David Wells	Aug-17	3.1%	**2.7%**	
Personal development reviews (%)	David Wells	Jul-17	95.0%	**88.5%**	
Consultant Appraisal Rate (%)	Julian Redhead	Aug-17	95.0%	**89.5%**	
Education open actions (number)	Julian Redhead	Aug-17	-	**2**	
Reactive maintenance performance (% tasks completed within agreed response time)	Janice Sigsworth	Aug-17	98%	**38.1%**	
Responsive					
RTT: 18 Weeks Incomplete (%)	Catherine Urch	Aug-17	92.0%	**83.2%**	
RTT: Patients waiting over 18 weeks for treatment (number)	Catherine Urch	Aug-17	-	**10569**	
RTT: Patients waiting 52 weeks or more for treatment (number)	Catherine Urch	Aug-17	0	**301**	
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Catherine Urch	Jul-17	85.0%	**86.7%**	
Cancelled operations (as % of total elective activity)	Catherine Urch	Jul-17	0.8%	**1.1%**	
28 day rebooking breaches (% of cancellations)	Catherine Urch	Jul-17	8.0%	**8.4%**	
Theatre utilisation (%)	Catherine Urch	Aug-17	85.0%	**75.5%**	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Aug-17	95.0%	**73.9%**	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Aug-17	95.0%	**88.8%**	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Jul-17	1.0%	**6.9%**	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Aug-17	11.0%	**12.3%**	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Aug-17	7.5%	**7.6%**	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Aug-17	95.0%	**85.0%**	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Twenty seven serious incidents (SIs) were reported in August 2017. These are currently under investigation.

Of the 27, 20 were declared in the Division of Medicine and Integrated Care, 14 of which relate to treatment delay (availability of mental health beds) at St Mary's Hospital. A number of actions have been taken in previous months including strengthening of the escalation processes with our mental health providers. A working group has been established between the Trust and Central and North West London Foundation Trust to review and address operational processes and agree routes for data sharing; including outputs from SI investigations and Root Cause Analysis. An escalation process is in place which the Trust is following.

The peaks in monthly SIs correlate with the months where treatment delay (availability of mental health beds) have been reported. There were no common themes for the remaining 13 cases.

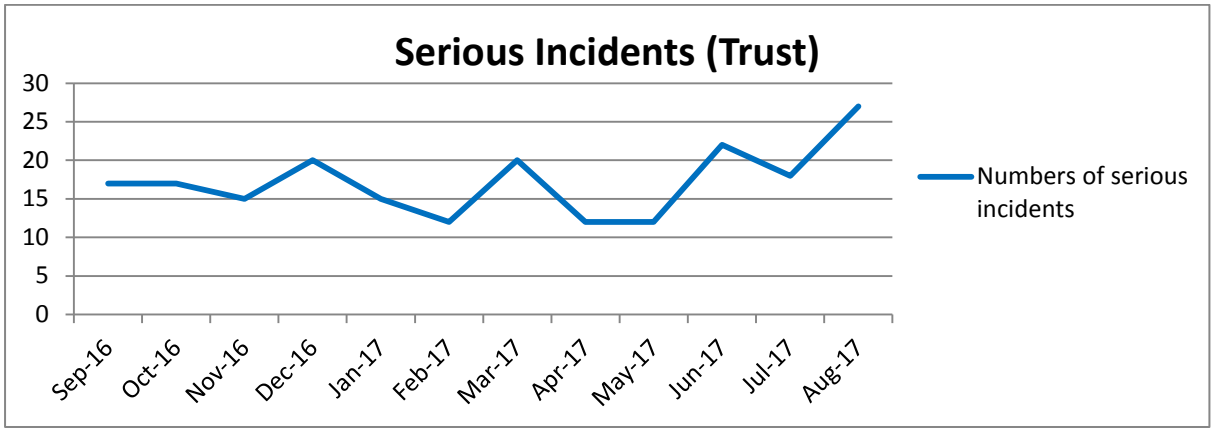


Chart 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period August 2016 – July 2017

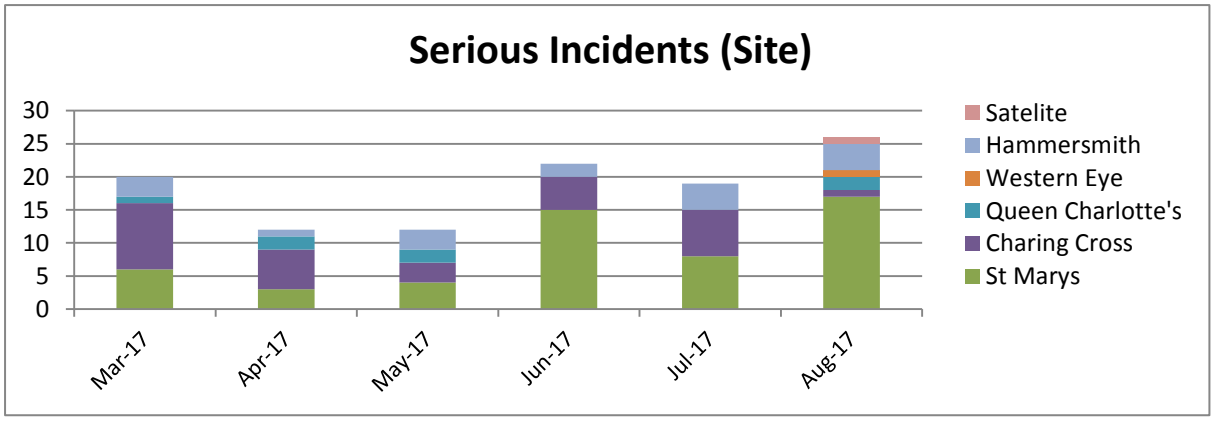


Chart 2 - Number of Serious Incidents (SIs) (Site level) by month for the period March 2017 – August 2017

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported one severe/major harm incident and two extreme harm/death incidents in August 2017. The one severe/major harm incident is being investigated as an SI. One of the two extreme harm/death incidents is being investigated as an SI and the other is an internal investigation.

One incident reported in July 2017 was also upgraded to major/severe harm in August and is being investigated.

There have been five severe and five extreme harm incidents reported so far this year. This is below average when compared to data published by the National Reporting and Learning System (NRLS) in April 2017.

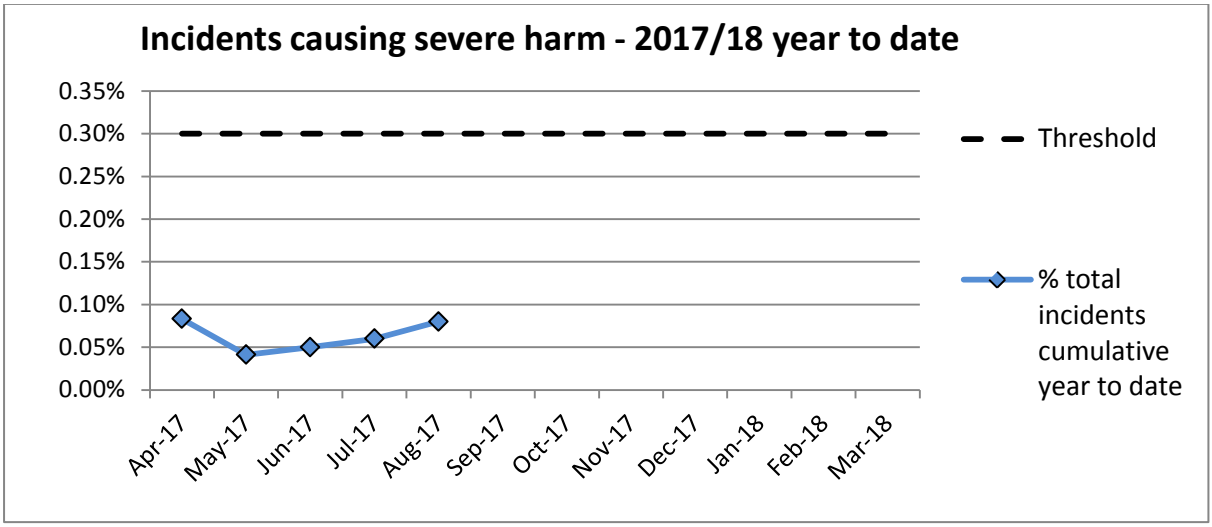


Figure 3 – Incidents causing severe harm by month from the period April 2017 – August 2017 (% of total patient safety incidents YTD)

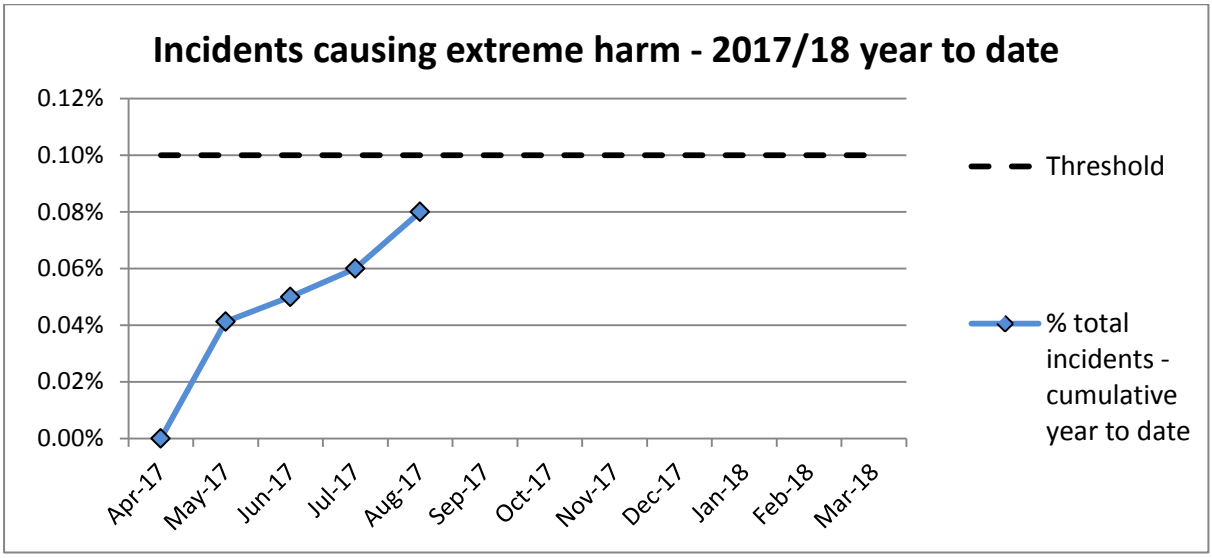


Chart 4 – Incidents causing extreme harm by month from the period April 2017 – August 2017 (% of total patient safety incidents YTD)

Patient safety incident reporting rate

The Trust's patient safety incident reporting rate for August 2017 is 50 per 1000 bed days. This means that the organisation has met its target to be within the highest 25 per cent of reporters nationally. Through the safety culture programme we are committed to continuing to encourage and support increased reporting. A communications campaign across the Trust has now been fully implemented and bespoke trigger lists for reporting are currently being trialled on wards with historically low levels of reporting.

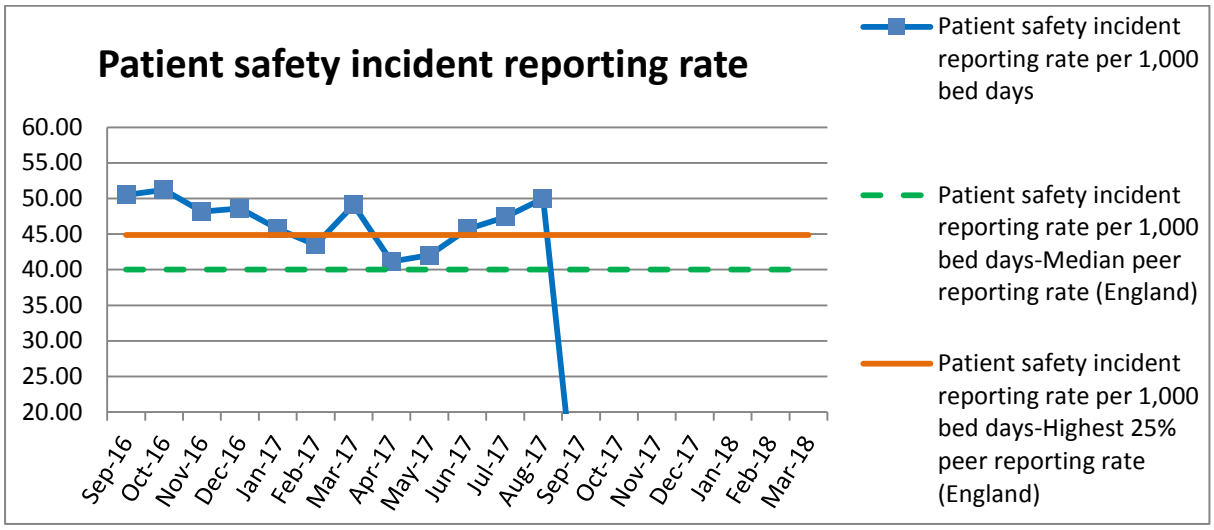


Chart 5 – Trust incident reporting rate by month for the period August 2016 – August 2017

(1) Median reporting rate for Acute non specialist organisations

(2) Highest 25% of incident reporters among all Acute non specialist organisations

2.1.3 Never Events

Following the Never Event that occurred in July 2017, the Trust is working on a transition plan to safely introduce a standardised product that will prevent epidural lines from being connected to the inappropriate route access. An implementation plan is currently being developed and is due for presentation at the executive quality committee at the beginning of October 2017.

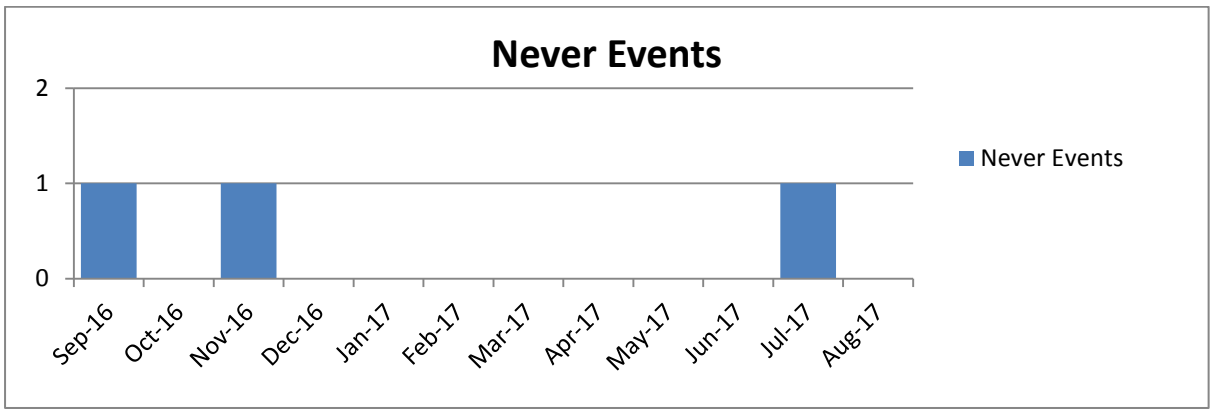


Chart 6 – Trust Never Events by month for the period September 2016 – August 2017

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

There were no cases of MRSA BSI identified at the Trust in August 2017. One case of MRSA BSI has been allocated to the Trust so far in 2017/18; this occurred in April 2017.

2.1.5 Safe: *Clostridium difficile*

Two cases of *Clostridium difficile* were allocated to the Trust for August 2017, which is below trajectory. One of these has been identified as a lapse in care, due to a transmission event on John Humphrey ward. Ward-level investigation is underway. This is the first *Clostridium difficile* lapse in care to occur so far in 2017/18.

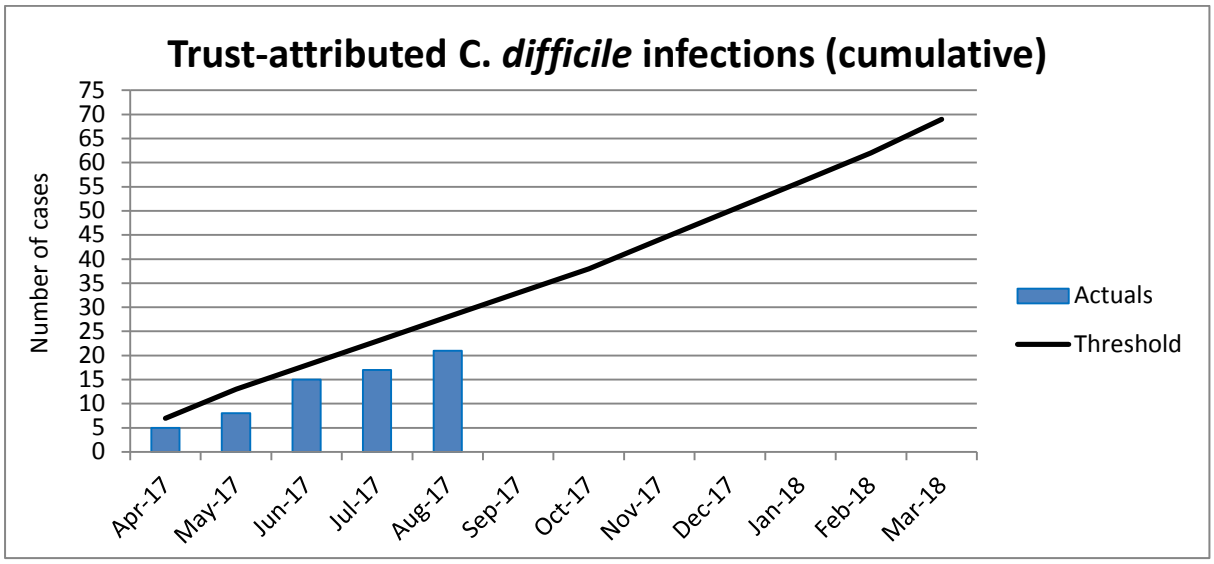


Chart 7 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2017 – August 2017

2.1.6 Safe: Venous thromboembolism (VTE) risk assessment

The Trust has moved to assessment for VTE at drug prescription on admission rather than at discharge. This went live in Cerner at the end of March 2017 however there were issues with the reporting script which meant we were unable to accurately reflect admission assessment for April and May; the data included for these two months therefore shows data on discharge. The reporting script has now been amended and performance, although improving, is below target at 91.9 per cent at end of August.

The divisions have identified key areas where the 95 per cent target is not being met and submitted initial action plans to the quality sub-group in August. A Key area of focus for improvement in achieving the 95 per cent assessment rate is maternity, the Division of Women's and Children and Clinical Support have put an action plan in place to drive up and monitor improvements in compliance, a weekly progress update is provided to the Medical Directors office.

Weekly reports provided to the Divisions show performance is improving during September. A Trust wide action plan is in place reporting to Executive Quality Committee through the Trust's Quality Report.

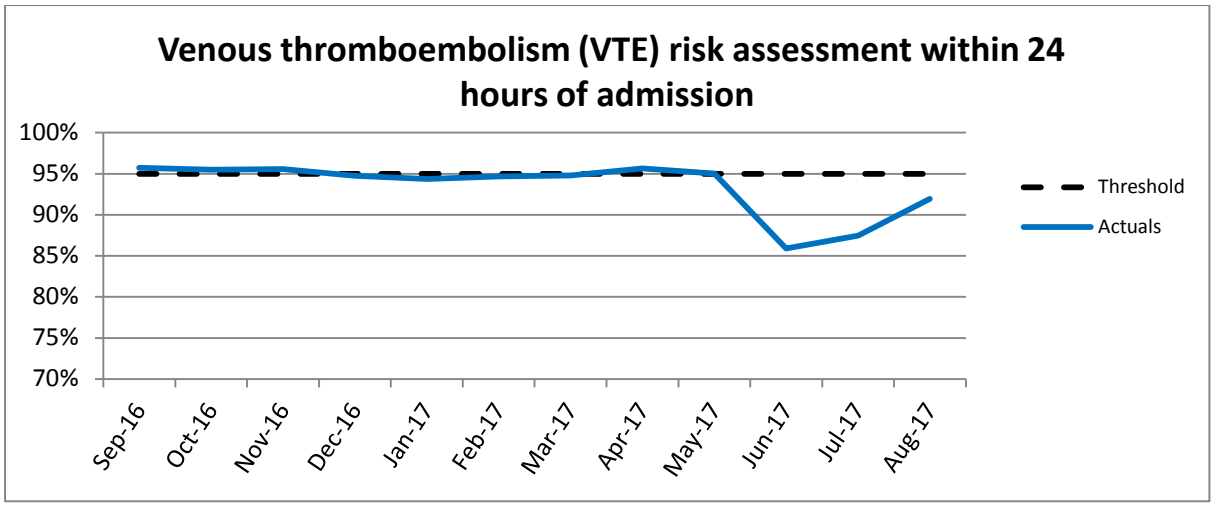


Chart 8 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period September 2016 – August 2017

2.1.7 Safe: CAS alerts outstanding

The Department of Health Central Alerting System (CAS) is a system for issuing patient safety alerts, public health messages and other safety critical information and guidance to the NHS and others. At end August 2017 two CAS alerts were outstanding. These are being reviewed by the leads so that actions can be put in place.

2.1.8 Safe: Avoidable pressure ulcers

There were three Trust acquired avoidable category 3 pressure ulcers for the month of August 2017. The Trust continues to strive to prevent all avoidable pressure ulcers.

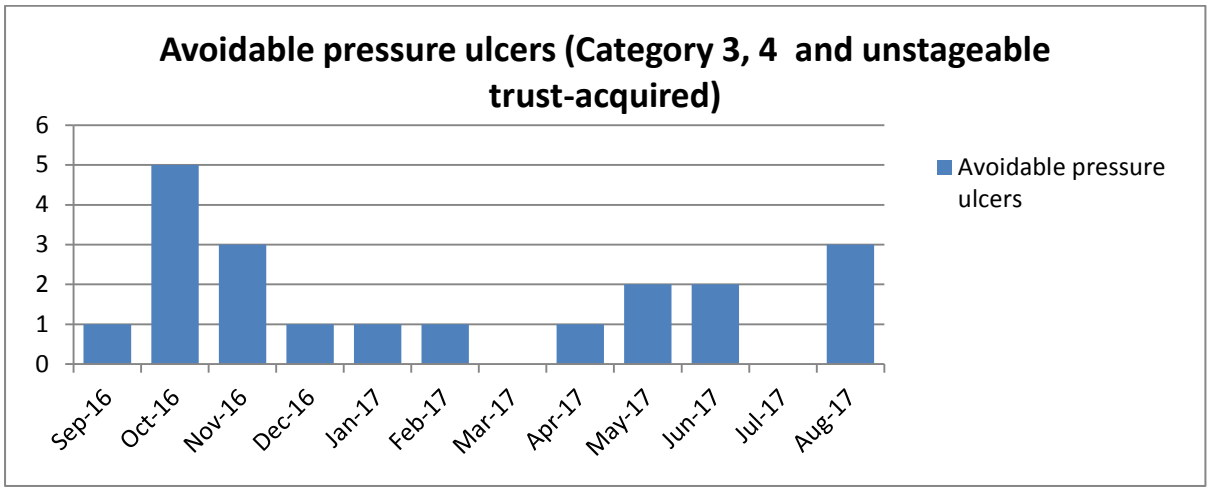


Chart 9 – Number of category 3 and category 4 (including unstageable) Trust-acquired pressure ulcers by month for the period September 2016 – August 2017

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

In August 2017 the Trust met safe staffing levels for registered nurses and midwives and care staff overall during the day and at night. The thresholds are 90 per cent for registered nurses and 85 per cent for care staff.

The percentage of shifts meeting planned safe staffing levels by hospital site are as follows:

Site Name	Day shifts – average fill rate		Night shifts – average fill rate	
	Registered nurses/midwives	Care staff	Registered nurses/midwives	Care staff
Charing Cross	94.11%	93.35%	96.24%	97.66%
Hammersmith	96.37%	93.29%	97.60%	97.31%
Queen Charlotte's	97.27%	92.61%	97.44%	95.48%
St. Mary's	97.30%	92.14%	97.60%	95.65%

In order to maintain standards of care the Trust's Divisional Directors of Nursing and their teams optimised staffing and mitigated any risk to the quality of care delivered to patients in the following ways:

- Using the workforce flexibly across floors and clinical areas and in some circumstances between the three hospital sites.
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale.

In addition, the Divisional Directors of Nursing regularly review staffing when, or if there is a shift in local quality metrics, including patient feedback.

In order to respond to the continued challenge of filling shifts for health care staff from the nurse bank, plans are being established to improve the uptake of these shifts to reduce future staffing gaps.

There is also renewed focus on recruitment and retention of staff across bands 2-6 and a strategic reponse to the challenges has been developed .

The Nursing Associate pilot commenced in April 2017 and 21 new trainees were employed across our partner organisations, 13 of which are based at Imperial.

The development of the apprentice nurse pathway in the coming months will also offer an opportuntiy to bolster up the workforce whilst new recruits train towards registration over a four year period, whilst being employed as apprentices. The clinical Divisons will consider increasing numbers of trainees in the coming months.

All Divisional Directors of Nursing have confirmed to the Director of Nursing that the staffing levels in August 2017 were safe and appropriate for the clinical case mix.

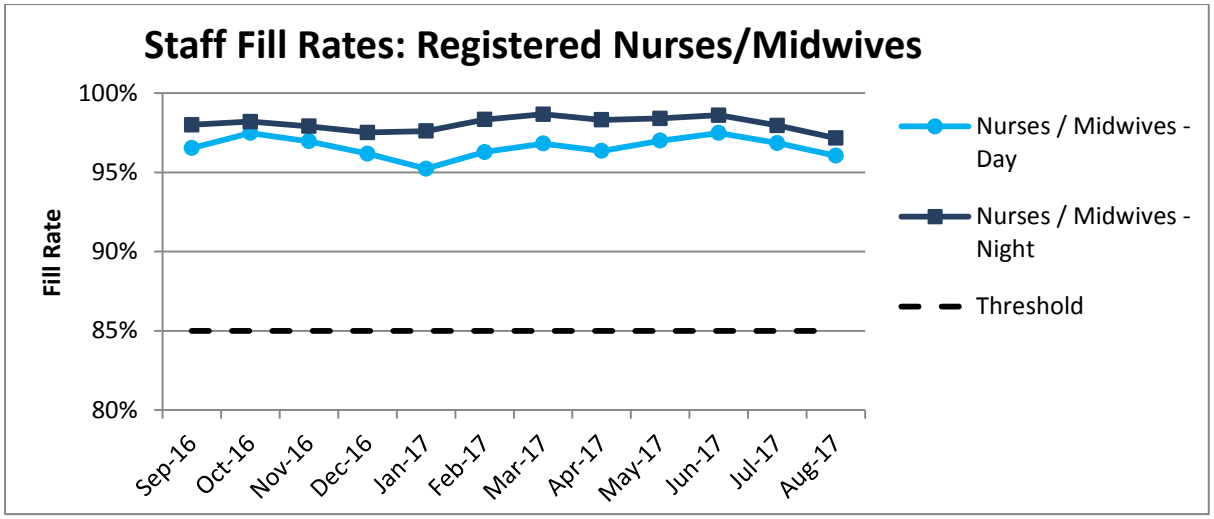


Chart 10 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period September 2016 – August 2017

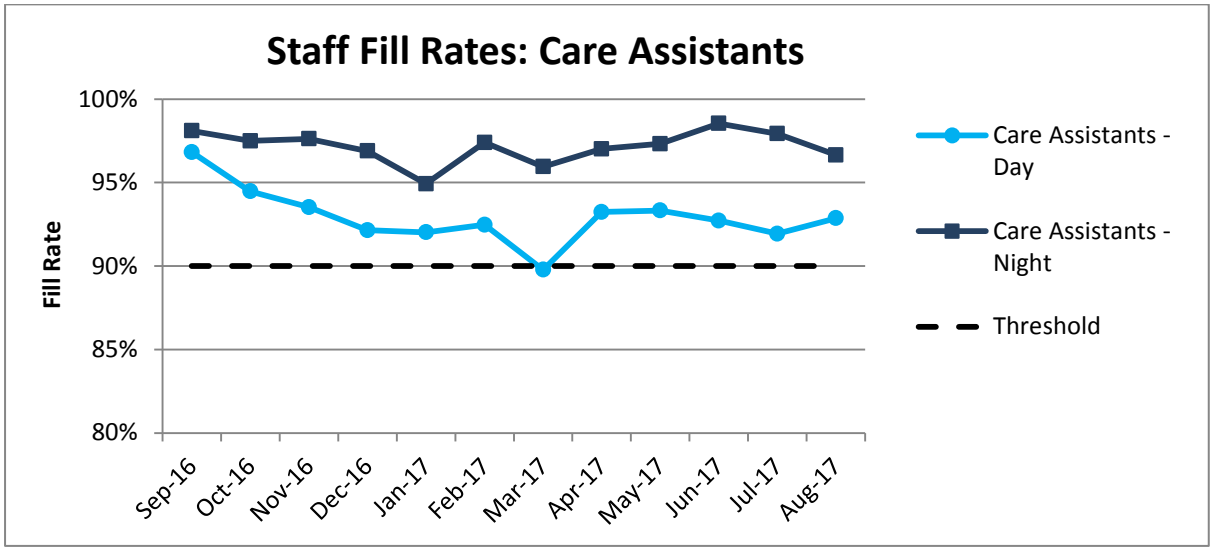


Chart 11 - Monthly staff fill rates (Care Assistants) by month for the period September 2016 – August 2017

2.1.10 Safe: Postpartum haemorrhage

In August 2.5 per cent of women who gave birth at the Trust had a postpartum haemorrhage (PPH), involving an estimated blood loss of 1500ml or more within 24 hours of the birth of the baby. This met the Trust target of 2.8 per cent or less.

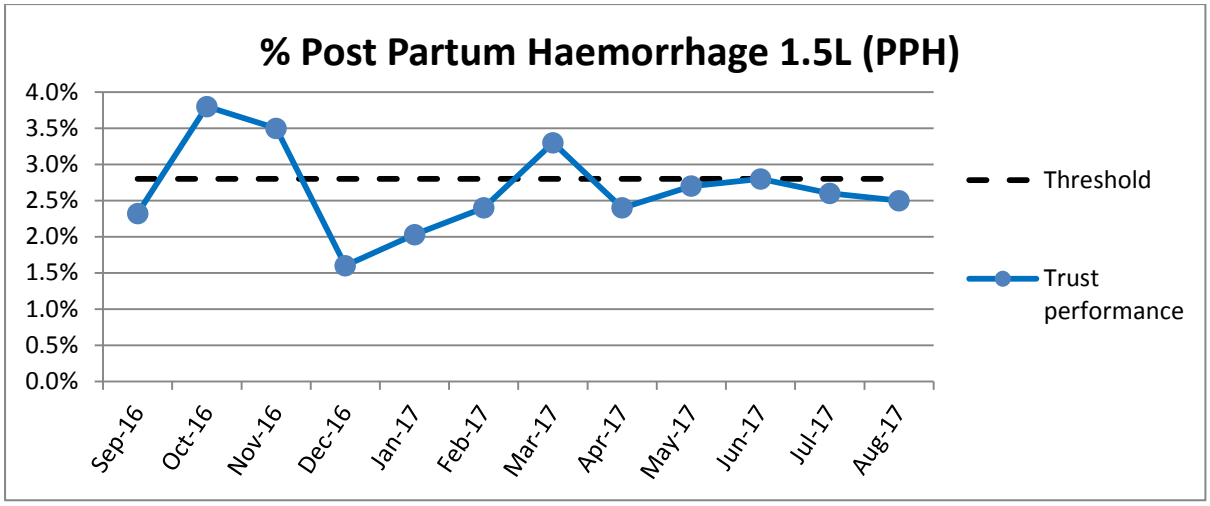


Chart 12 – Postpartum haemorrhage (PPH) for the period September 2016 – August 2017

2.1.11 Safe: Core skills training

At the end of August, the Core skills compliance rate for doctors in training was 66.9 per cent and for all other staff it was 84.4 per cent

Additionally, core clinical topics are a requirement for staff working in clinical, medical and scientific/technical patient-facing roles. At the end of July, the compliance rate for doctors in training was 53.2 per cent and for all other staff it was 80.2 per cent.

- Compliance is being driven via normal management channels as well proactive chasing of poor performing teams and departments to achieve the target of 90 per cent.
- The compliance rate for the August intake of Juniors Doctors for core skills training has improved by over 14 per cent on last years' intake due to a more robust approach during their induction.

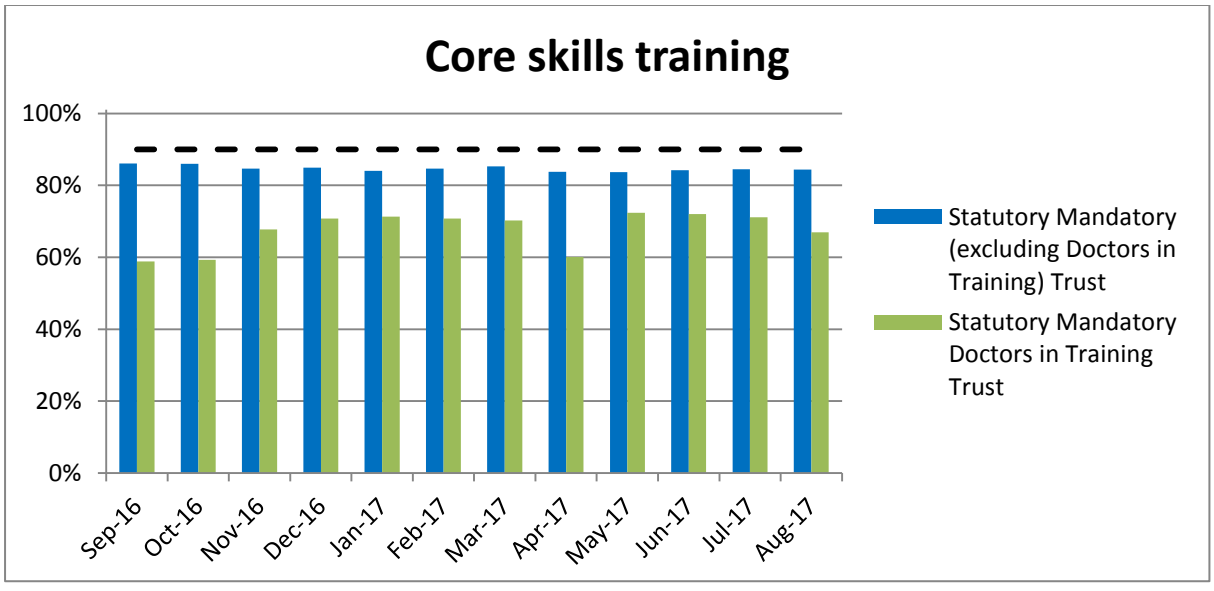


Chart 13 - Statutory and mandatory training for the period September 2016 – August 2017

2.1.12 Safe: Work-related reportable accidents and incidents

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

The first incident involved a member of staff striking their head on pipes protruding from a low ceiling. This resulted in a sickness absence of over 7 days.

The second incident involved a member of staff receiving a needle-stick injury from a sharp contaminated with a blood-borne virus. The incident was reportable to the Health and Safety Executive as a Dangerous Occurrence (release or escape of a biological agent).

- The third incident involved a member of staff falling down stairs, fracturing their ankle. The incident was reportable to the HSE as a 'specified injury'.
- The fourth incident involved a member of staff fracturing a rib during an awkward movement. This resulted in a sickness absence of over 7 days.
- The fifth incident involved a member of staff being struck by a door, sustaining a shoulder injury. This resulted in a sickness absence of over 7 days.
- The sixth incident involved a member of staff sitting on a chair which broke, striking their back and elbow. This resulted in a sickness absence of over 7 days.

In the 12 months to 31 August 2017, there have been 40 RIDDOR reportable incidents of which 14 were slips, trips and falls. The Trust 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.

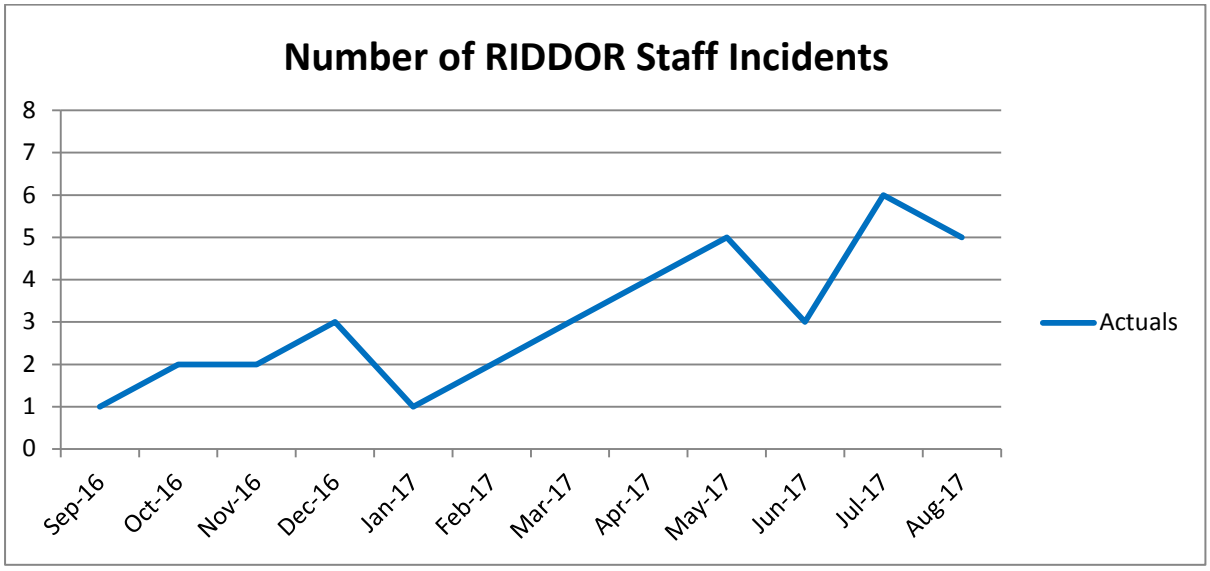


Chart 14 – RIDDOR Staff Incidents for the period September 2016 – August 2017

2.2 Effective

2.2.1 Effective: National Clinical Audits

Each month throughout 2017/18 we will report the number of audits which have been published, and the number of improvement plans which have been developed by the services in response to recommendations and areas for improvement. The improvement plans will be reviewed at the divisional quality and safety committees and at the Clinical Audit & Effectiveness Group meeting and summarised in the quarterly report to executive quality committee.

There have been 13 reports published so far in 2017/18. Twelve of these are currently under review by the divisions. One, the national perinatal mortality surveillance report MBRRACE UK, has already been reviewed with substantial assurance confirmed by the division and action plans already in place. The report showed that the Trust's perinatal mortality rates were lower than those seen across similar Trusts.

2.2.2 Effective: Mortality data

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

The most recent HSMR is 55 (April 2017). Over the last 12 months the Trust has had the second lowest HSMR for acute non-specialist trusts nationally. The Trust has the fourth lowest SHMI of all non-specialist providers in England for Q4 2016/17 – Q3 2016/17.

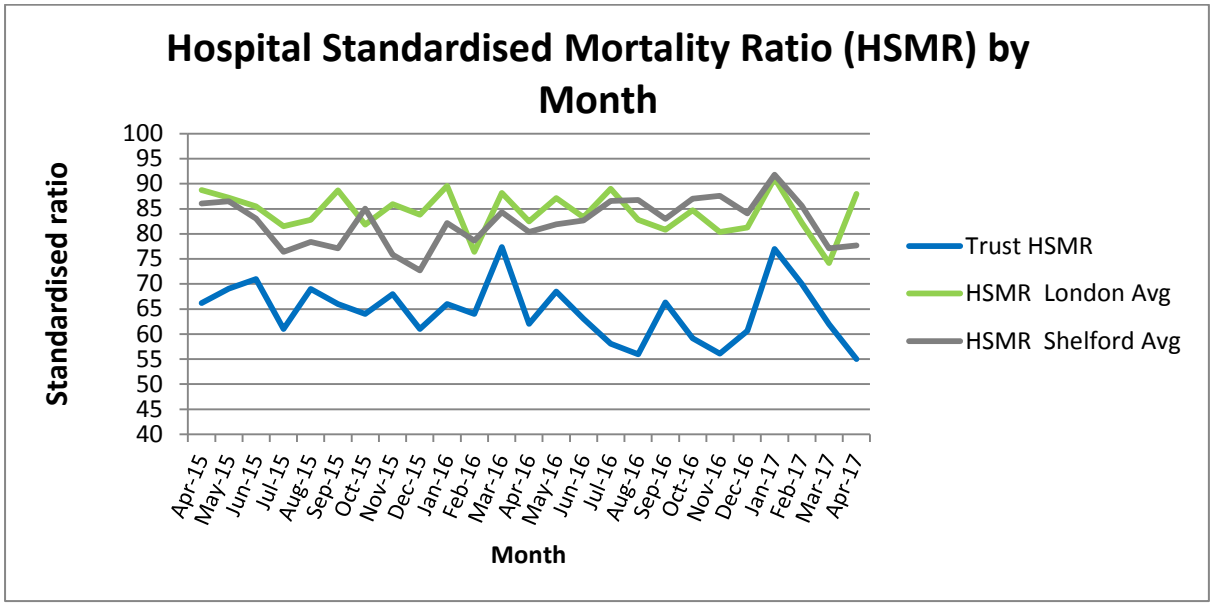


Chart 15 - Hospital Standardised Mortality Ratios for the period April 2015 – April 2017

2.2.3 Effective: Mortality reviews completed

This data are reported quarterly, with the next update due in November 2017. Since the online mortality review system went live in February 2016, 12 avoidable deaths have been confirmed. These have all been investigated either as serious incidents or internal investigations, with learning and actions shared through the mortality review group.

An action plan is in place to ensure that the Trust meets the requirements of the national Framework on Identifying, Reporting, Investigating and Learning from Deaths in Care by Q3 2017/18 (published by the National Quality Board, March 2017). This is on track to be delivered in time, with a new Learning from Deaths policy due to be published and implemented by the end of September 2017.

2.2.4 Effective: Recruitment of patients into interventional studies

Performance data for Q4 2016/17 has recently been validated by the National Institute for Health Research (NIHR) at 48.6 per cent. Almost all Trusts took a significant down-turn in performance in Q4 2016/17 and although we did not achieve our target of 90 per cent of clinical trials recruiting their first patient within 70 days of a valid research application we did perform above the national average of 46 per cent.

The down-turn in performance across Trusts is the result of the introduction of a new trial approval process in 2016, via the Health Research Authority. This has meant that the 'clock start' for trials is now more tightly defined and study contract negotiations cannot begin prior to this 'clock start'. Many research-active Trusts have found it difficult to adapt to this change in terms of the metrics as negotiating contracts (finances, indemnity, patient safety, liability, respective responsibilities) is challenging to complete within 40 calendar days. We have plans in place to speed up contract negotiations internally through more joined up processes, clearer escalation points and standard terms to enable more studies to be initiated within the 70 days (including contract negotiation). Performance for Q1 2017/18 is 48.8 per cent. We expect the trajectory to improve from Q2 onwards.

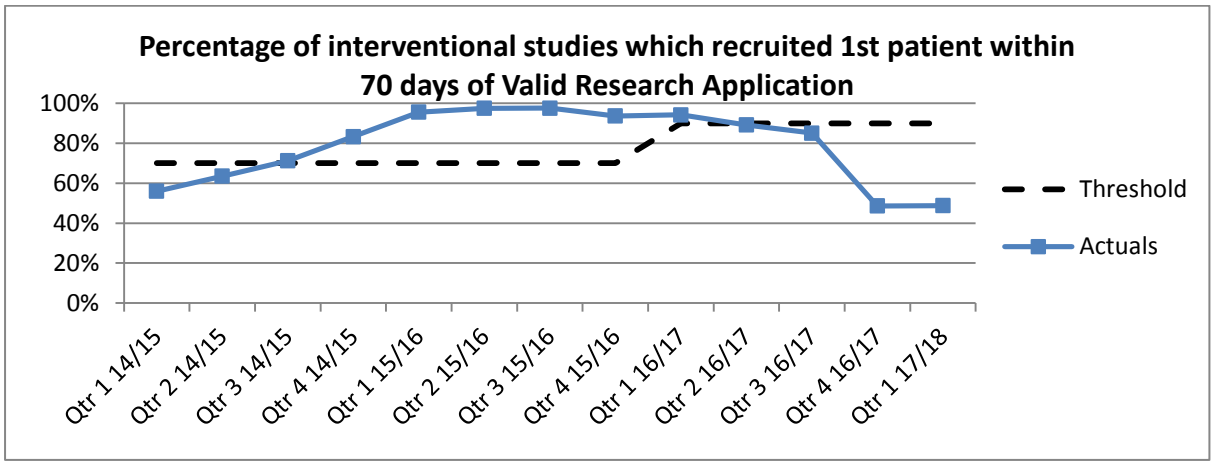


Chart 16 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q1 2017/18

2.2.5 Effective: Readmission rates

For February 2017 (the latest month reported), the Trust readmission rates continued to be lower in both age groups than the Shelford and National rates for both age groups (0-15 years and ages 16 plus).

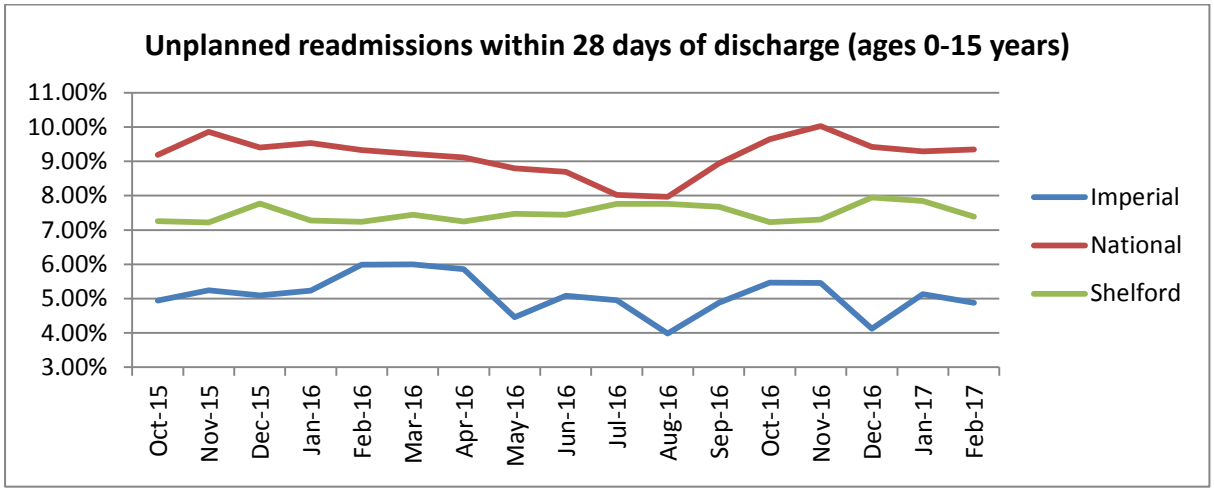


Chart 17 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – February 2017

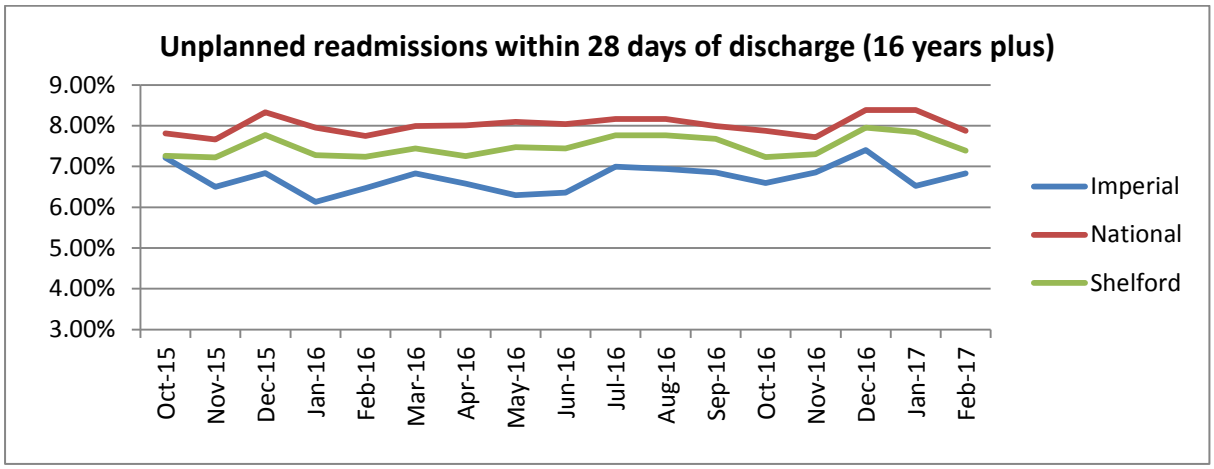


Chart 18 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – February 2017

2.2.6 Effective: Outpatient appointments checked in and checked out

The rate of reduction has slowed and escalation processes to clear appointments from the booking systems are being stepped up. The amount of outstanding appointments is expected to continue to reduce during September and onwards.

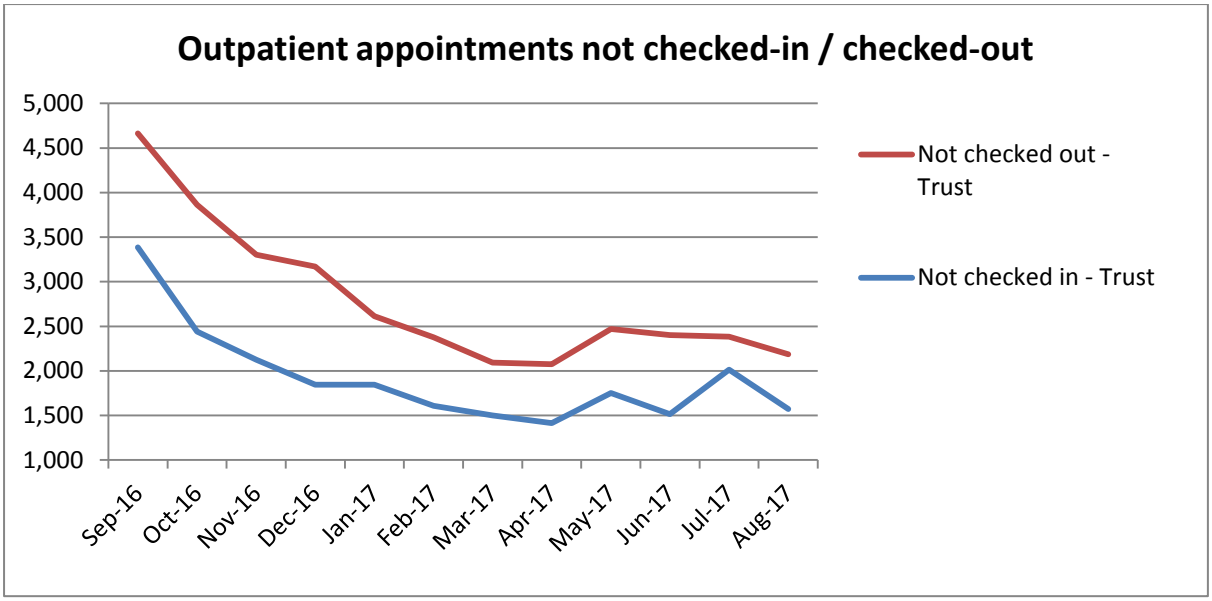


Chart 19 – Number of outpatient appointments not checked-in or DNA'd (in the last 90 days)/ checked-in and not checked-out for the period September 2016 – August 2017

2.3 Caring

2.3.1 Caring: Friends and Family Test

Generally the likelihood to recommend score remains high across the board. The outpatient FFT willingness to recommend has increased to 91.5 per cent, which is the highest since the online survey was introduced. The A&E response rate also increased in month, but remains below target and there are actions in place to get it to 20 per cent by the end of the calendar year.

Service	Metric Name	Jun-17	Jul-17	Aug-17
Inpatients	Response Rate (target 30%)	35%	35%	**33%**
	Recommend %	98%	97%	**97%**
	Not Recommend %	1%	1%	**1%**
A&E	Response Rate (target 20%)	12%	11%	**13%**
	Recommend %	99%	95%	**95%**
	Not Recommend %	0.40%	3.10%	**3.09%**
Maternity	Response Rate (target 15%)	29%	30%	**26%**
	Recommend %	93%	95%	**94%**
	Not Recommend %	3%	3%	**3%**
Outpatients	Response Rate (target 6%)	9%	9%	**10%**
	Recommend %	90%	90%	**91%**
	Not Recommend %	5%	5%	**4%**

Friends and Family test results

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

Performance has been affected over the recent period due to number of major incidents which had an impact of vehicular logistics. The Trust service provider has also been participating in the 'Improving patient flow' initiative to improve discharge planning processes. Generally the response times have improved.

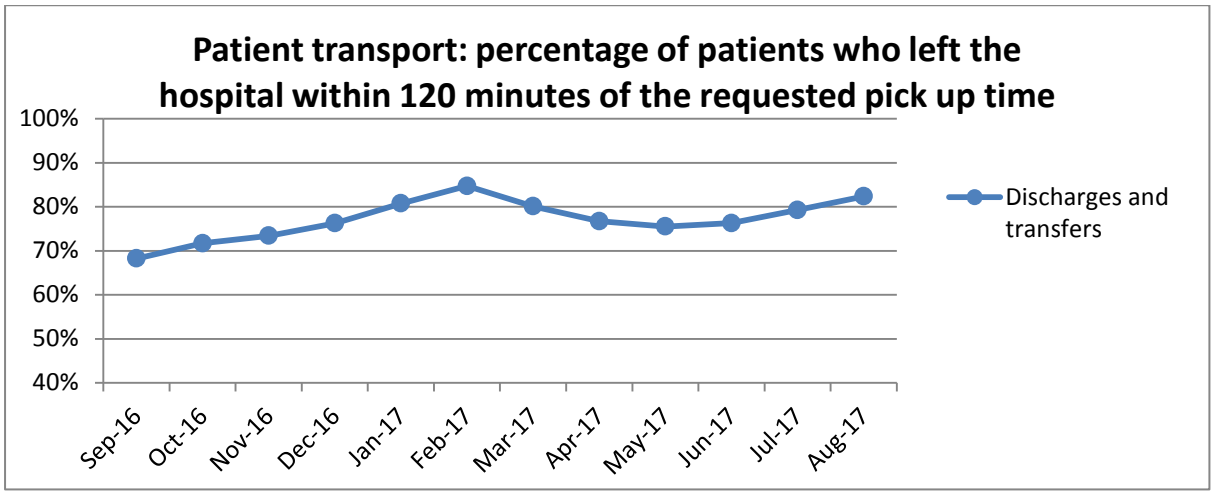


Chart 20 - Percentage of patients who left the hospital as part of the patient transport scheme within 120 minutes of their requested pick up time between September 2016 and August 2017

2.3.3 Caring: Eliminating mixed sex accommodation

The Trust reported 21 mixed-sex accommodation (MSA) breaches for August 2017. All breaches were incurred by patients awaiting step down from critical care to ward areas and whose discharge is delayed.

For critical care (level 2 and 3) mixing is acceptable as it is recognised nursing acuity requires gender mixing, however it is not acceptable when a patient in the critical care units no longer requires level 3 or 2 care, but cannot be placed in an appropriate level one ward bed.

The increase in breaches since October 2016 has been mainly attributable to breaches occurring within ITU at Charing Cross. The Division of Surgery and Cancer continue to undertake a deep dive into the situation at Charing Cross to understand root causes and an action plan is being put in place to address the recommendations.

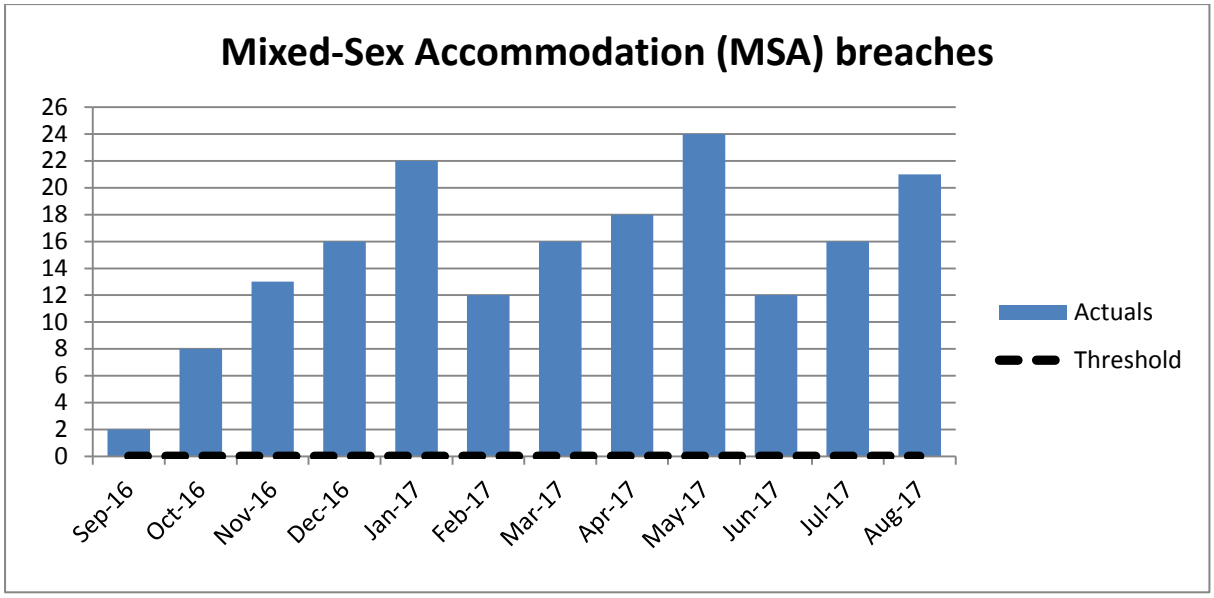


Chart 21 – Number of mixed-sex accommodation breaches reported for the period August 2016 – July 2017

2.3.4 Caring: Complaints

The volume of formal complaints was up from the previous month, but at 90 this is still below the threshold and consistent with the continuing year-on-year downward trend. All complaints were acknowledged within three days and 99% were responded to within the timeframe agreed with the complainant.

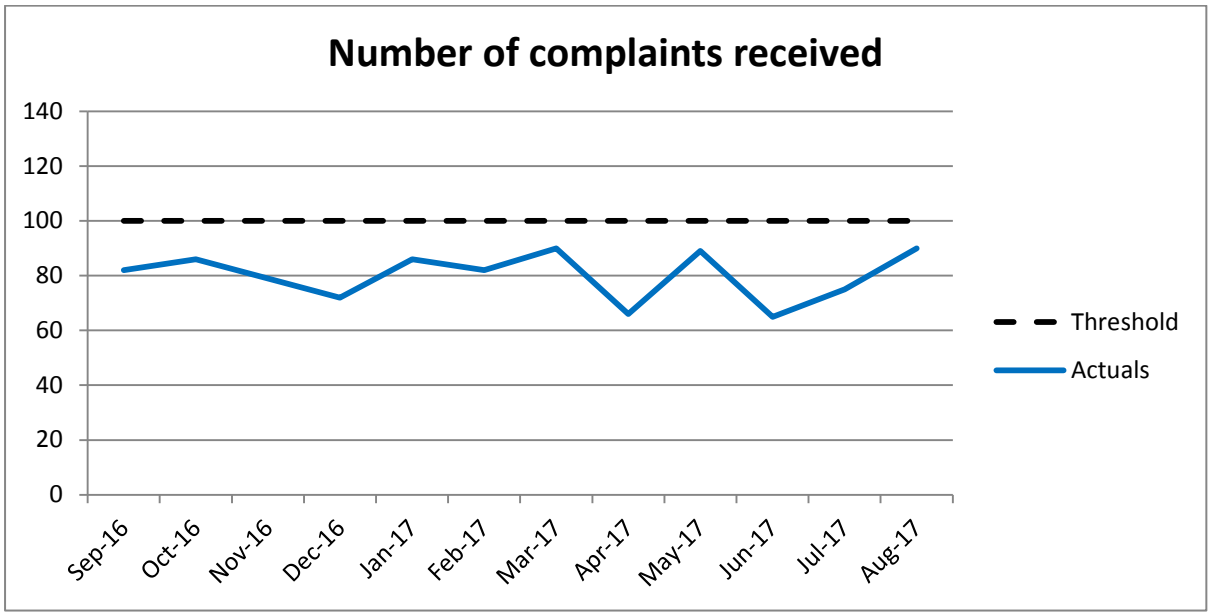


Chart 22 – Number of complaints received for the period September 2016 – August 2017

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

All roles

At the end of August 2017, the Trust directly employed 9,110 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions. The contractual vacancy rate for all roles was 12.4 per cent against the target of 10 per cent; continuing to compare favourably to the average vacancy rate of 13.2 per cent across all London Trusts.

During the month there were a total of 488 WTE joiners and 410 WTE leavers across all staffing groups and the Trusts voluntary turnover rate (rolling 12 month position) stands at 10.20 per cent.

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

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

- A variety of channels are being used to attract and recruit people including, Open Days, Fairs (we are attending the RCN fair in Islington and the Nursing Times in Birmingham), social media, print advertising and direct sourcing. We are also putting a Preferred Supplier List in place which will support the hard to recruit areas.

- The Careers website content will be redrafted during September/October. The main recruitment look and feel is now live and further marketing materials are being developed to support the development of the brand. All hard to recruit areas adverts are being refreshed to ensure a more compelling and consistent look and feel in the marketplace and will go live in September.

- As part of our retention campaign an internal campaign commenced in July with an extended version of the Pulse. The 'Our Working Lives' pages on the Source are being revised to better articulate our Employee Value Proposition to staff and a ‘Great Place to Work’ Road-show is being planned for September

All Nursing & Midwifery Roles

At end of August 2017, the contractual vacancy rate for all of the Trusts Nursing & Midwifery ward roles was 15.8 per cent with 789 WTE vacancies across all bands. Within the band 2 – 6 roles of this staffing group, the vacancy rate stands at 17.4 per cent and we continue to work with other London Acute Teaching Trusts to benchmark and share information to support a reduction in these vacancies.

Actions being taken to support reduction in our Nursing and Midwifery vacancies include:

- A project group is up and running to address Band 2-6 ward based recruitment & retention

- The Recruitment Team have planned three main nursing campaigns for early summer, the autumn and in early 2018

- An automatic conditional offer letter was sent out to all of our student nurses who graduated in August. We have 102 students joining us between September and November. A letter has been sent to all of those who finish in February/March. There is a 'Student Attraction Strategy' which will build on this activity year on year and work towards making us an employer of choice for students

- Open Days and social media campaigns re planned for Haematology, Theatres, ITU, Specialist Surgery, Children's Services, Imaging, Haemodialysis, Specialist Medicine and Stroke and Neurology. Options are being discussed for the Charing Cross hotspots.

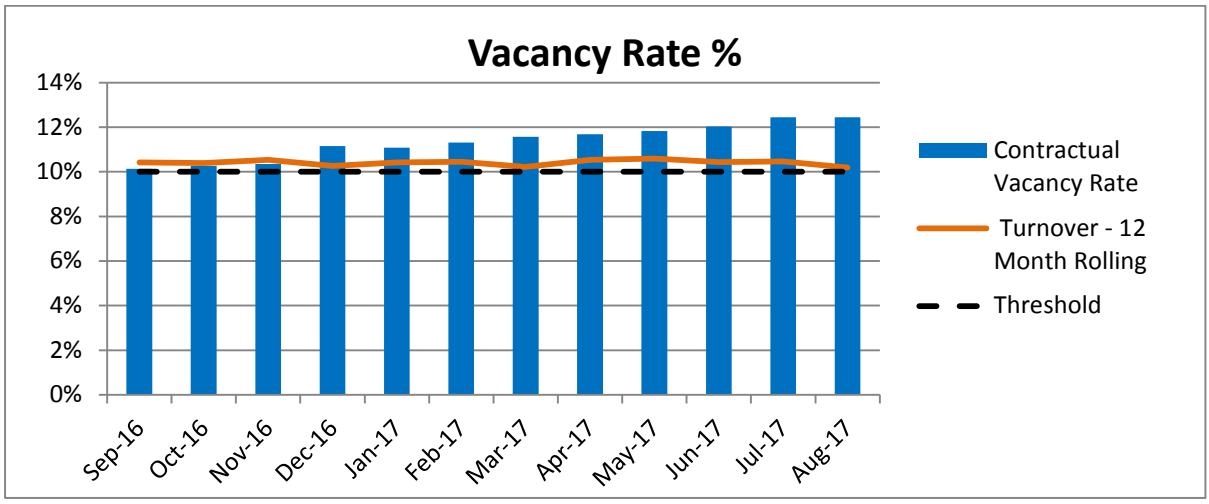


Chart 23 - Vacancy rates for the period September 2016 – August 2017

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence in August was 2.75 per cent, maintaining the Trusts rolling 12 month sickness position at 2.90 per cent against the year-end target of 3.10 per cent or lower.

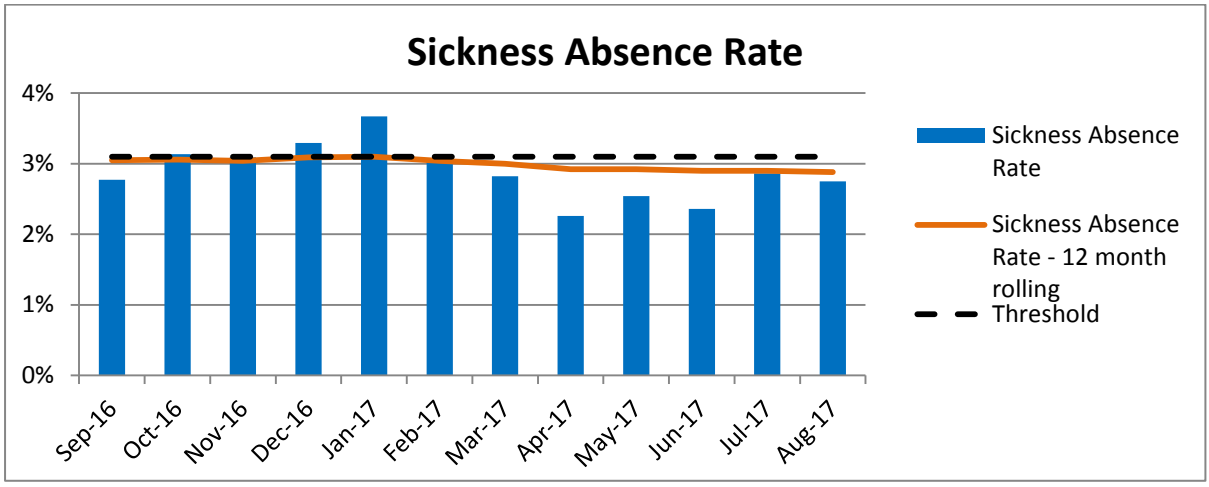


Chart 24 - Sickness absence rates for the period September 2016 – August 2017

2.4.3 Well-Led: Performance development reviews

The PDR cycle for 2017/18 began on 1 April 2017 and closed on the 31 July 2017 with 88.5 per cent of staff having completed a PDR with their line manager.

2.4.4 Well-Led: Doctor Appraisal Rate

Doctors' appraisal rates remained at 89 per cent. This is just below the national average of 90.1 per cent for designated bodies within the same sector according to the Medical Revalidation Annual Organisational Audit Comparator Report, published in July 2017. Actions being taken to increase compliance include:

- The Deputy Responsible Officer is managing, with the Divisional Directors, the doctors that have not done their appraisals as per the Trust policy.
- Continuing to promote the Professional Development monthly drop-in sessions to provide one to one assistance for doctors with all aspects of their professional development.
- "Appraiser refresher training", which concludes in September and reiterates to the Appraisers the importance of ensuring a doctor is on track for the appraisal cycle, and where the doctors can seek further support.
- Appointment of two new Appraisal Leads and redefinition of their role.
- Reviewing the automated messages from the appraisal system to see if they need to be more explicit on the implications of an overdue appraisal.

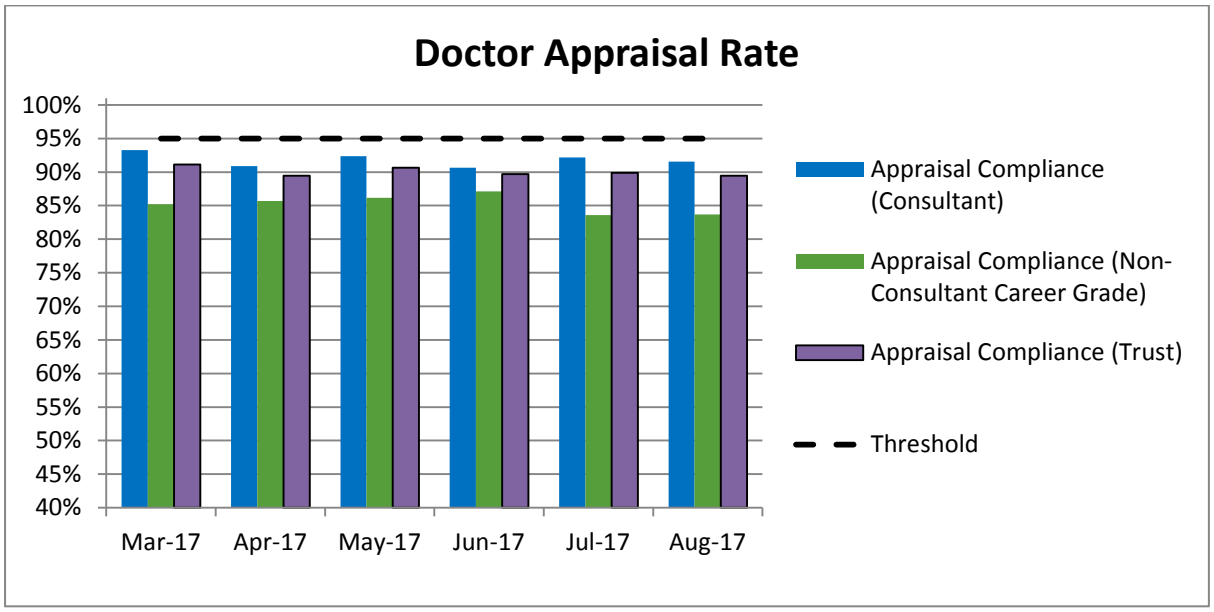


Chart 25 - Doctor Appraisal Rates for the period March 2017 to August 2017

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

Health Education England quality visit

Two actions remain open from the quality visit and are being monitored through the local faculty group meetings (LFGs).

2016/17 General Medical Council National Training Survey

The results of the General Medical Council's National Training Survey 2017 were published in July. The 2016 survey demonstrated significant improvements on previous results. The 2017 results indicate that we have maintained our performance overall, with some specialties demonstrating significant improvements, while others either remain challenged or have seen a deterioration in performance. On-going internal monitoring is being undertaken for specialities of concern through education specialty reviews.

Health Education England (HEE) have specified 10 programmes which require actions in response to red flags; an action plan consisting of 12 actions has therefore been developed in response and will be submitted to HEE in September 2017. Progress with completion of these actions will be monitored through the medical education committee and be reported in this report.

In addition to the external action plan, we are developing an internal action plan for other red outliers which will be monitored internally through local faculty groups and education specialty reviews. Progress will be summarised in the quarterly reports to the executive quality committee.

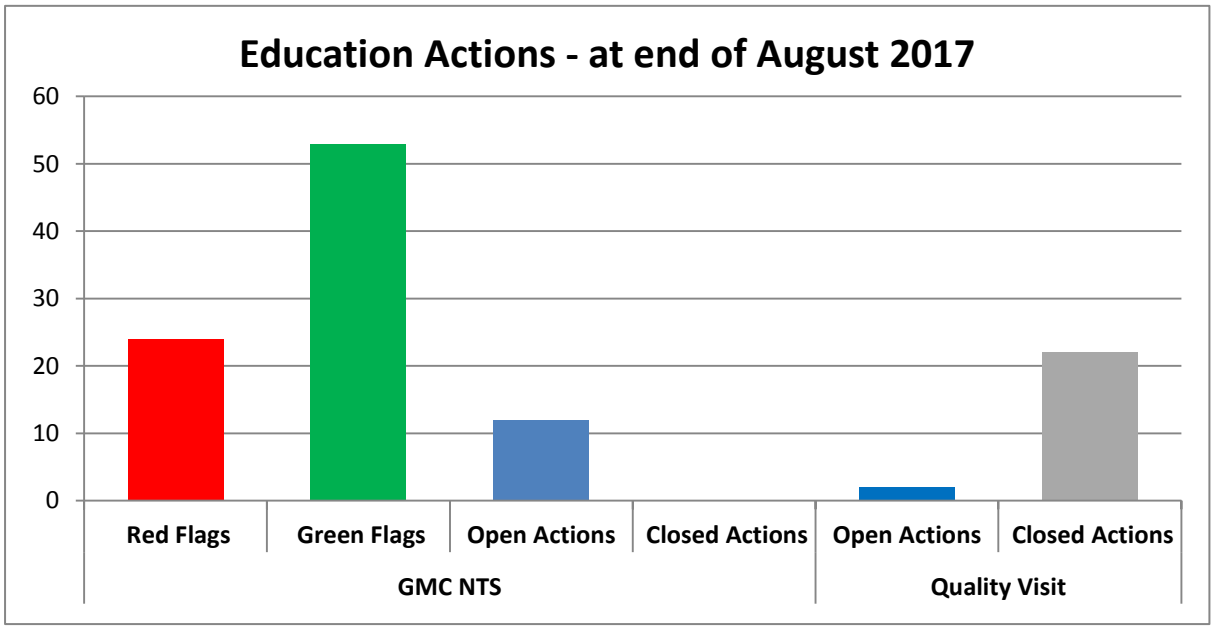


Chart 26 – General Medical Council - National Training Survey action tracker, updated at end August 2017

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

The performance for completion on time of reported repair tasks is at present at about 40 per cent (completed on time). The maintenance contractor CBRE has instigated changes to their site based management team to help address completion times.

Delivery continues to be challenging with an aging estate. Due to age and technology change spare parts are often not available or not readily available which can result in delays.

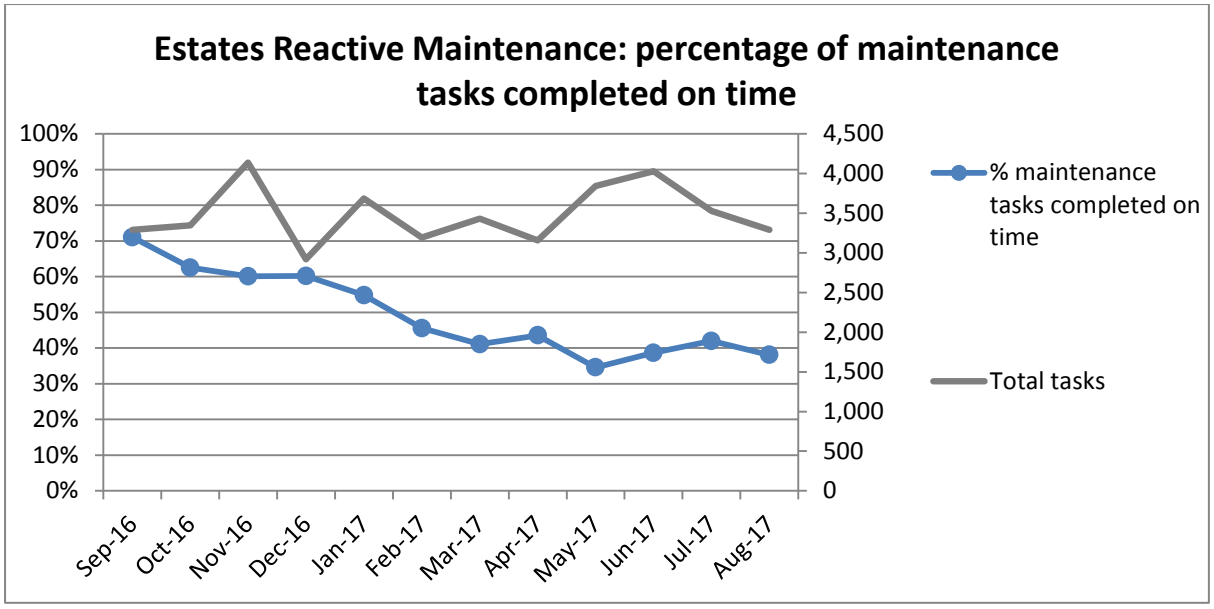


Chart 27 – Estates: percentage of maintenance tasks completed on time for the period September 2016 – August 2017

2.5 Responsive

2.5.3 Responsive: Consultant-led Referral to Treatment waiting times

At end August 83.2 per cent of patients had been waiting less than 18 weeks to receive consultant-led treatment, against the standard of 92 per cent. This was below of the trajectory target of 84.3 per cent. The backlog of patients waiting over 18 weeks was 10,569 patients.

Inpatient waiting list data clean up

A large scale data clean-up of the Trust inpatient waiting list was completed January 2017. The impact was a large number of patients were identified whom we had not been tracking consistently in specific specialities because RTT rules were applied incorrectly at an earlier stage of the patient's treatment pathway.

A change in the leadership of the Trust Waiting List Improvement Programme (WLIP) in April 2017 led to a stocktake of the programme aims and progress. This included an assessment of the waiting list which has identified a further cohort of patient records requiring validation.

In total at the end of August 2017 there were 301 patients who had waited over 52 weeks for their treatment since referral from their GP. Our August performance reflects the additional impact of data issues. Immediate actions have been taken to ensure all outstanding patient pathways are reviewed by the services and where appropriate reinstated onto the waiting list. The validation of all patients is due to be completed for the September submission and trajectory modelling is being finalised.

The priority for all long waiters is to agree a date for treatment for each patient as soon as possible. Each patient is subject to a clinical review to make sure that their care plan is appropriate in view of the time they have waited for treatment.

Revised programme structure

The programme has been restructured into three key work streams which respond to the original data clean up recommendations as recommended by NHS Improvement's Intensive Support Team. These are: RTT Recovery and Sustainability; establishment of Elective Care Operating Framework and Digital Optimisation. The programme is also managed through four supporting workstreams: Performance Support, Clinical Harm Review Processes, Outsourcing and Elective Care Pathway Transformation.

The programme continues to be overseen by a Waiting List Improvement Programme Steering Group, with external representation from Commissioners and NHS Improvement. The Trust has also introduced the Quality Improvement Team as additional support to the programme.

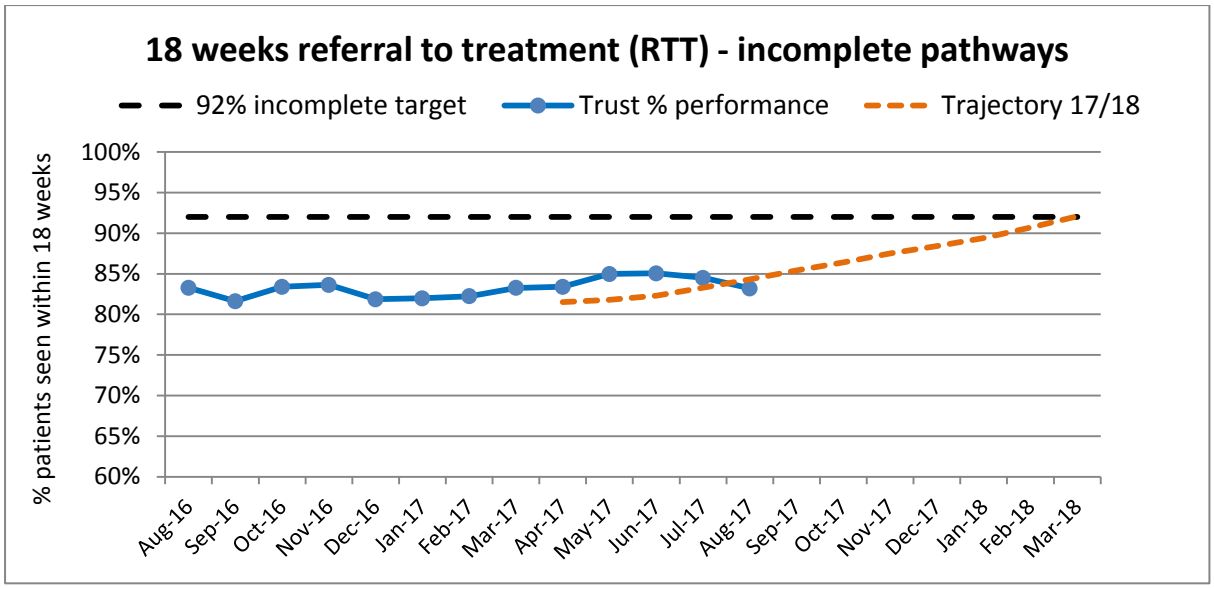


Chart 28 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period August 2016 – August 2017

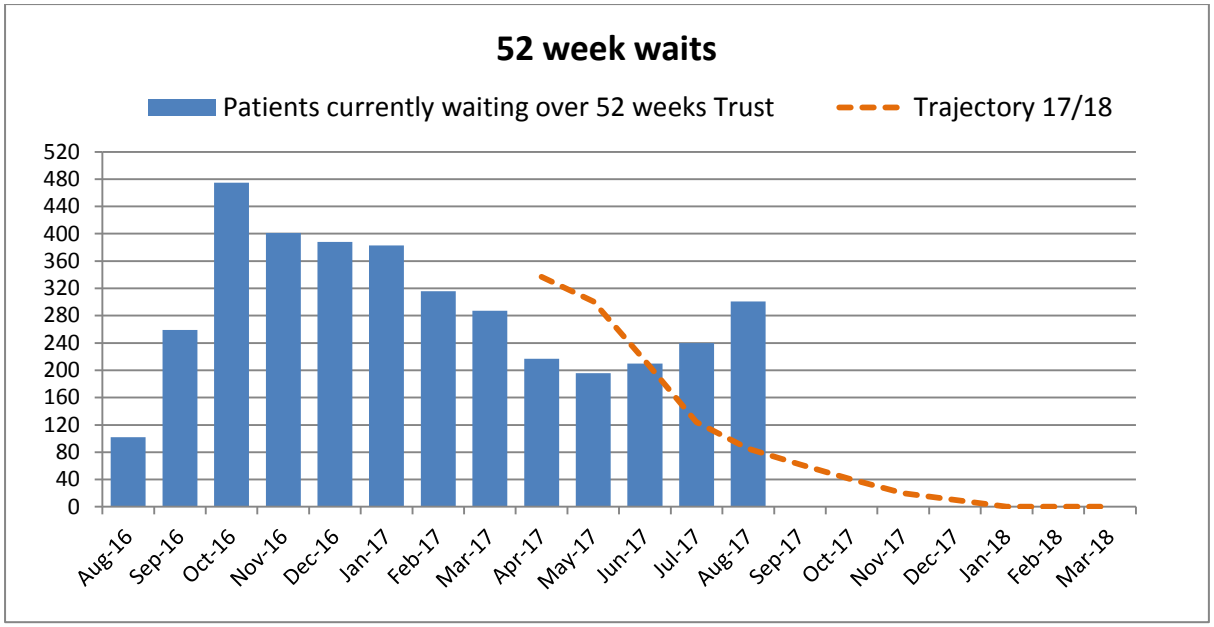


Chart 29 - Number of patients waiting over 52 weeks for the period August 2016 – August 2017

2.5.4 Responsive: Cancer 62 day waits

In September 2017, performance is reported for the Cancer waiting times for July 2017. The Trust delivered performance of 86.7 per cent against the 62-day standard for June which is above target of 85 per cent.

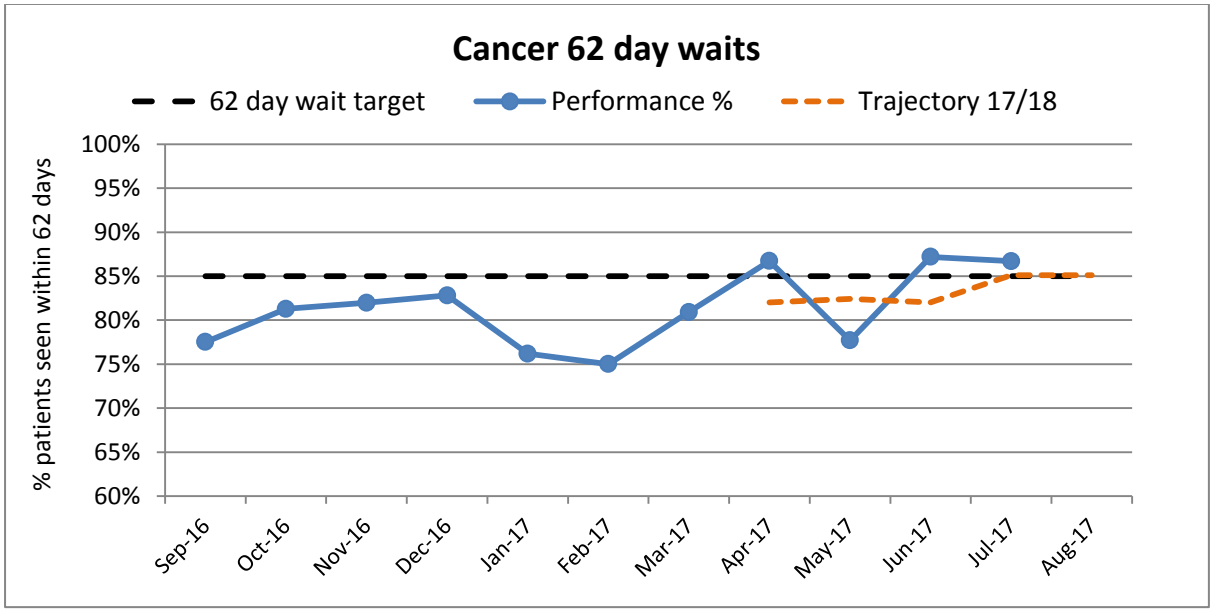


Chart 30 – Cancer 62 day GP referral to treatment performance for the period September 2016 – July 2017

2.5.5 Responsive: Theatre utilisation

The Trust overall theatre utilisation performance was 76 per cent in August 2017 (no change from July 2017). The key issues are as follows:

- High levels of preventable on the day cancellations, e.g. admin errors, pre-

assessment processes, DNA's

- Scheduling processes
- Capacity issues often leading to late starts and/or cancellations on the day

Performance is being reviewed monthly with the specialities at the Trust's Theatre Efficiency Group, which is chaired by the General Manager for Theatres & Anaesthesia. Each specialty has an improvement action plan and is monitored against an improvement trajectory, with the overall aim of reaching the Trust's theatre utilisation target of 85 per cent as quickly as possible.

The Trust is taking the following steps to improve overall theatre performance:

- Supporting the NHS Improvement national review of theatre efficiency led by Four Eyes with the aim of improving key operational processes;
- Undertaking deep dive analysis and agreeing further interventions with specialties that are currently off-trajectory; &
- Strengthening scheduling processes e.g. introduction of casemix templates at surgeon level and improving the consistency of 7 Day and 48 hour reminder calls to patients for their operations.

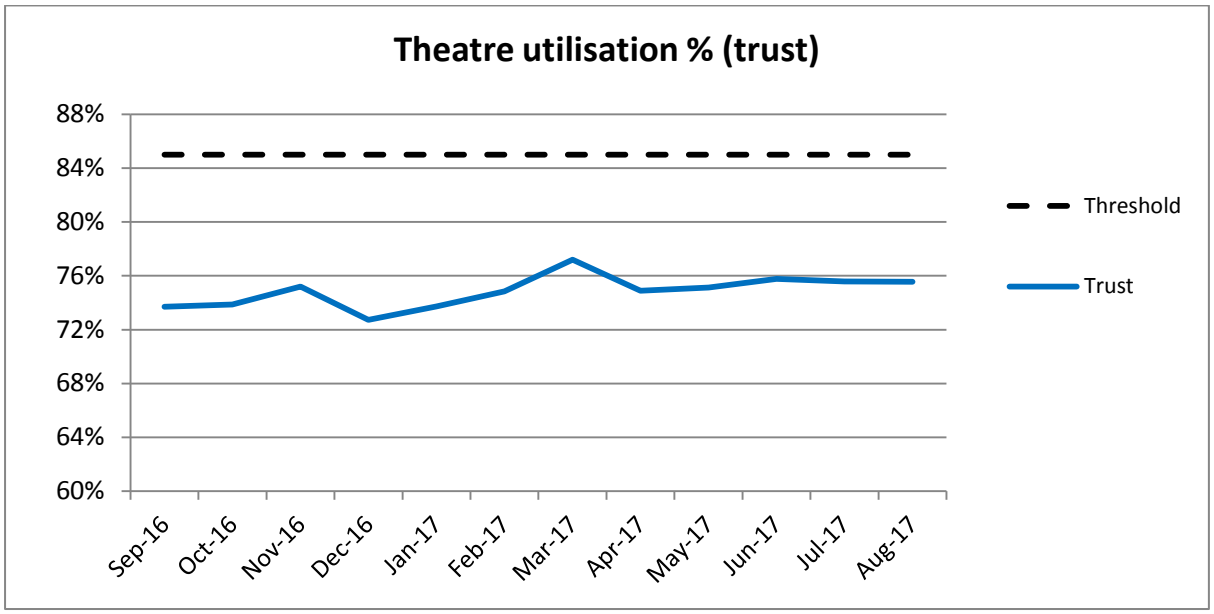


Chart 31 – Theatre utilisation average % (Trust) for the period September 2016 – August 2017

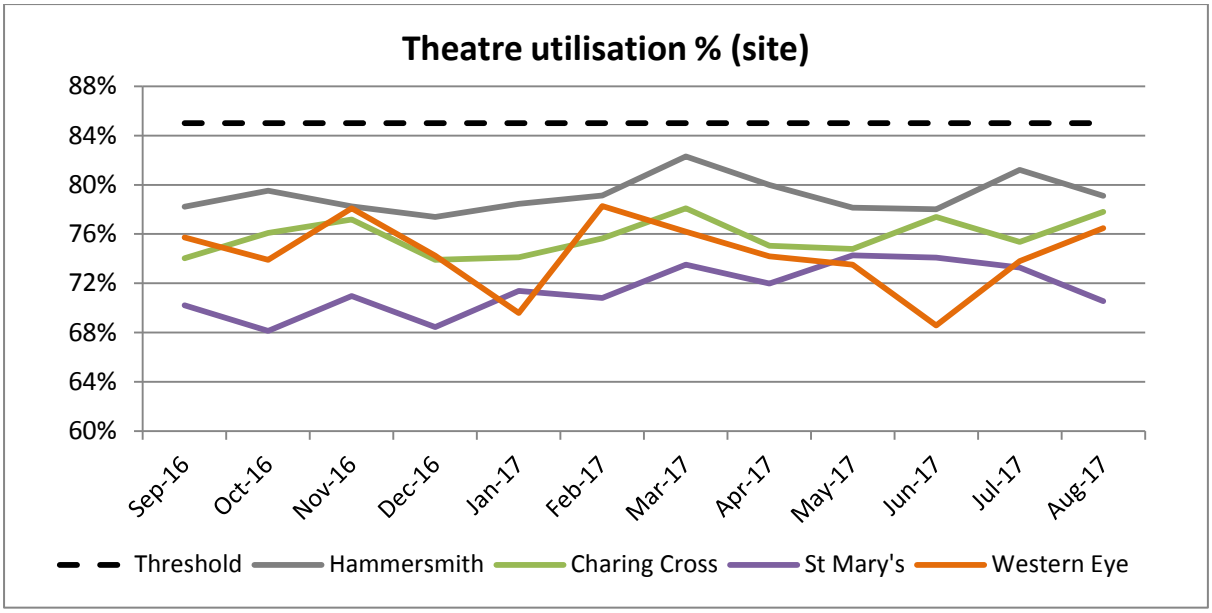


Chart 32 – Theatre utilisation average % (site level) for the period September 2016 – August 2017

2.5.6 Responsive: Cancelled operations and 28-Day rebookings

The cancelled operations rate has increased and the Trust is cancelling approximately 25-30 operations each week on the day for non-clinical reasons. The 28-day rebooking breach rate is currently around 10% (the national average is 8 per cent). A working group, as part of the elective care delivery forum, is reviewing the end to end reporting of cancellations across the Trust and root causes to mitigate 28-day breaches and enable improvements in performance.

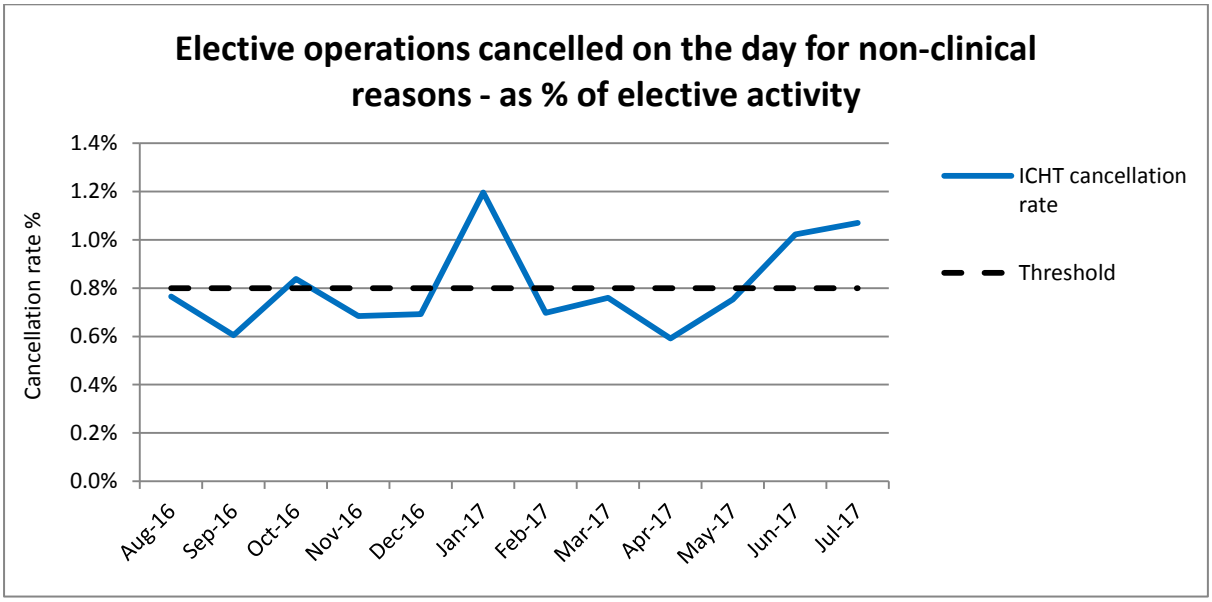


Chart 33 - Elective operations cancelled on the day for non-clinical reasons - as % of elective activity by month for the period August 2016 – July 2017 (August performance subject to further validation)

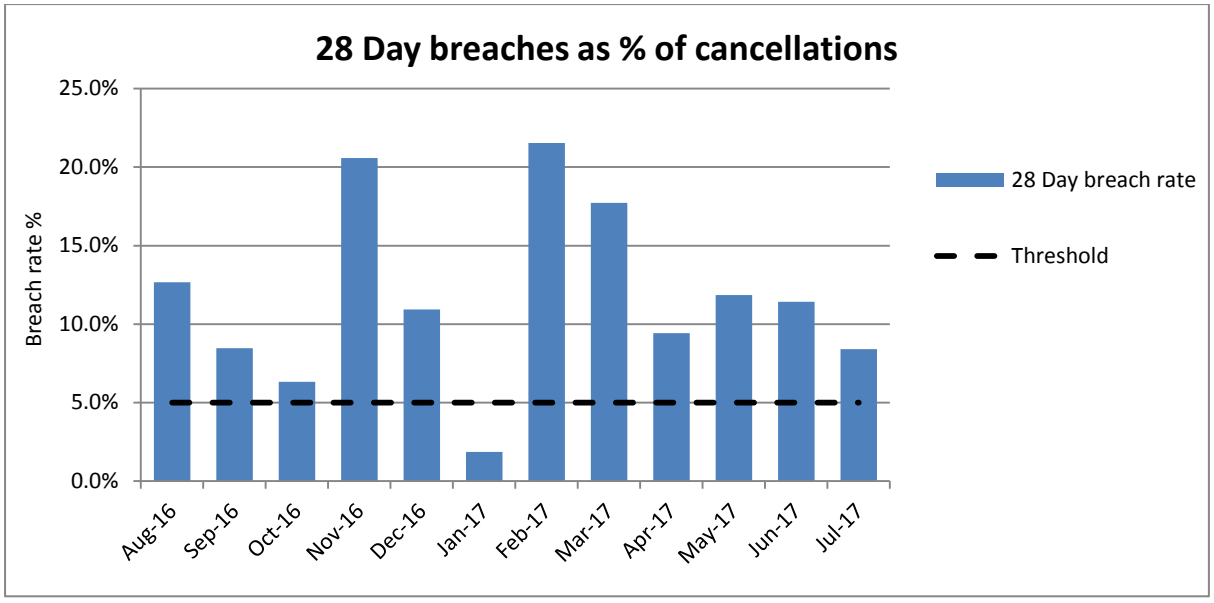


Chart 34 - Elective operations cancelled on the day for non-clinical reasons - as % of elective activity by month for the period August 2016 – July 2017

2.5.7 Responsive: Accident and Emergency

Performance against the four-hour access standard for patients attending Accident and Emergency was 88.8 per cent in August 2017 against the 90.2 per cent target for the month. The key issues remain as follows:

- Difficulties with transfer of patients from the Vocare UCC to the Emergency Department;
- Increased demand and acuity;
- High levels of bed occupancy;
- High numbers of bed days lost through delayed transfers of care from the hospital; & delays for mental health beds; &
- On-going estate issues.

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

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

A four-hour Performance Steering Group has been established to oversee the activities within the six work streams. The group is chaired by the Divisional Director

of the Medicine and Integrated Care and attended by the Chief Executive Officer. Each work stream is led in partnership by a senior clinician and a senior manager.

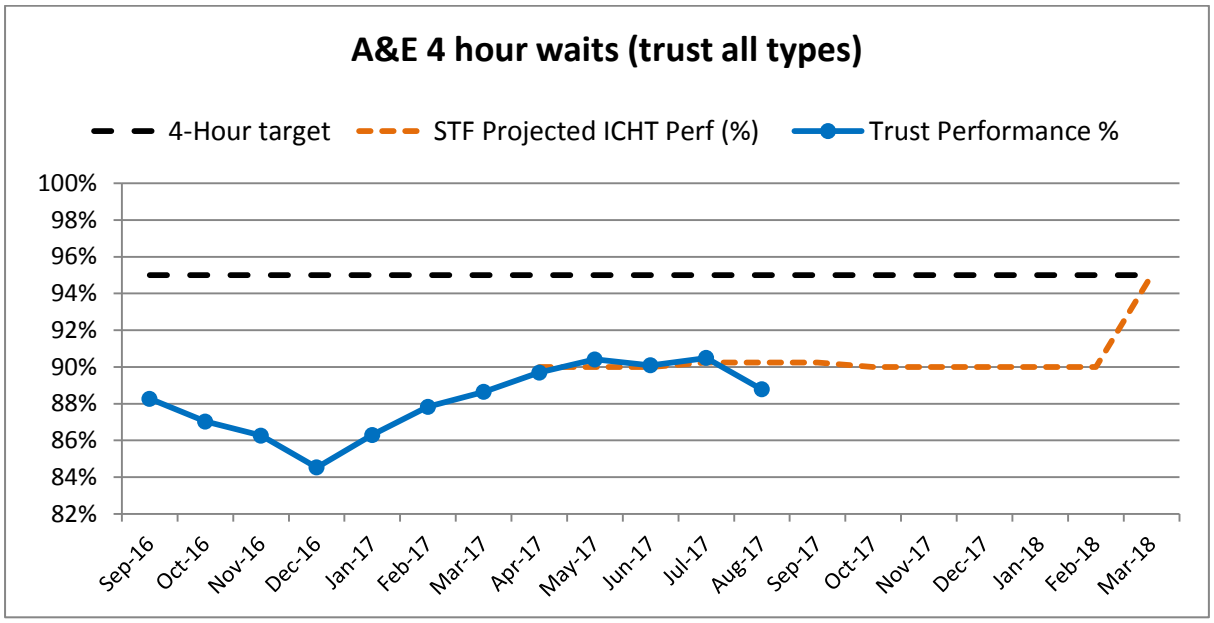


Chart 35 – A&E Maximum waiting times 4 hours (Trust All Types) for the period September 2016 – August 2017

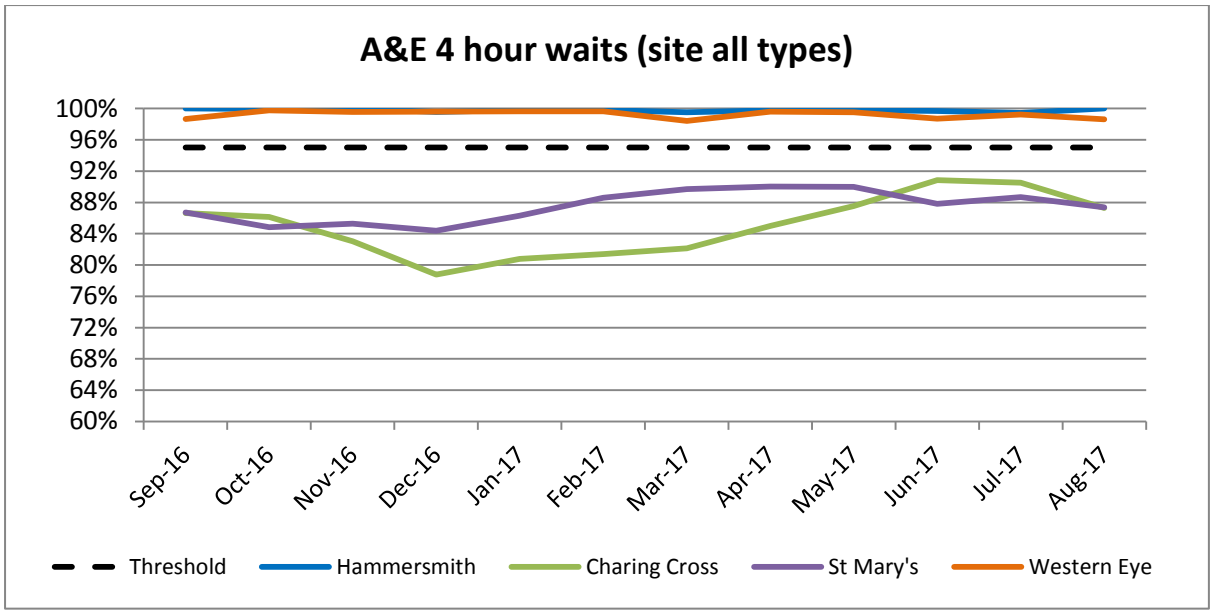


Chart 36 – A&E Maximum waiting times (Site All Types) 4 hours for the period September 2016 – August 2017

2.5.8 Responsive: Diagnostic waiting times

The latest reported performance is July 2017. In July, 6.9 per cent of patients were waiting over six weeks against a tolerance of 1 per cent. The deterioration in performance resulted from a deep dive into local data records, this identified an issue with patient tracking and the recording of offer dates for some patients. The Trust continues to hold a weekly steering group which is carrying out a full

assessment. Steps are being taken to ensure the improvement of performance and weekly progress updates are being made to NHS Improvement and Commissioners.

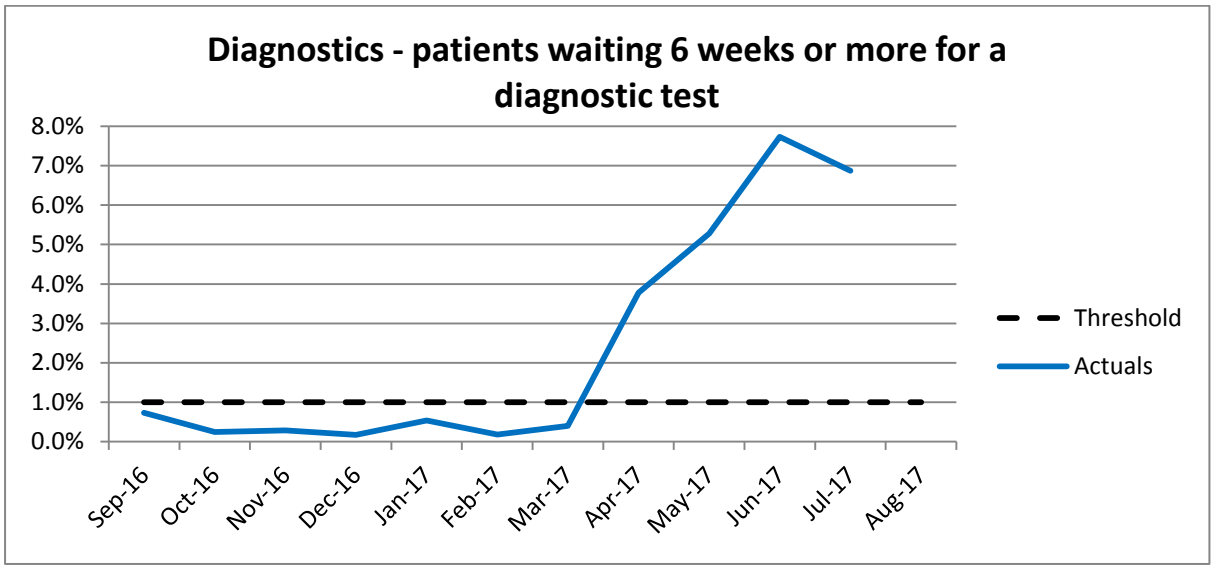


Chart 37 – Diagnostic waiting times for the period September 2016 – July 2017

2.5.9 Responsive: Outpatient DNA

The overall DNA rate (first and follow up) was 12.2 per cent in August. The detailed review of outpatient DNA rates in parallel with hospital- and patient-initiated cancellations is continuing. Specialty reports will allow managers and clinicians to explore their appointment data in greater detail and consider steps that can be taken to further improve attendance.

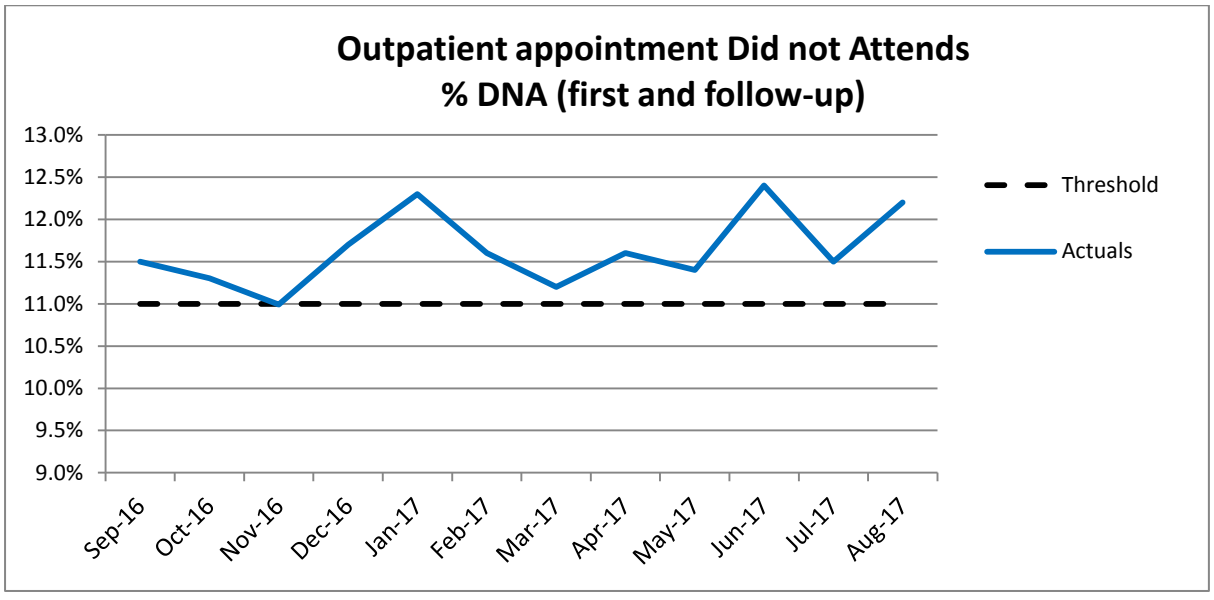


Chart 38 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period September 2016 – August 2017

2.5.10 Responsive: Outpatient appointments cancelled by the Trust

In August, 7.6 per cent of outpatient appointments were cancelled by the hospital with less than 6 weeks' notice and performance remains above the agreed threshold of 7.5 per cent.

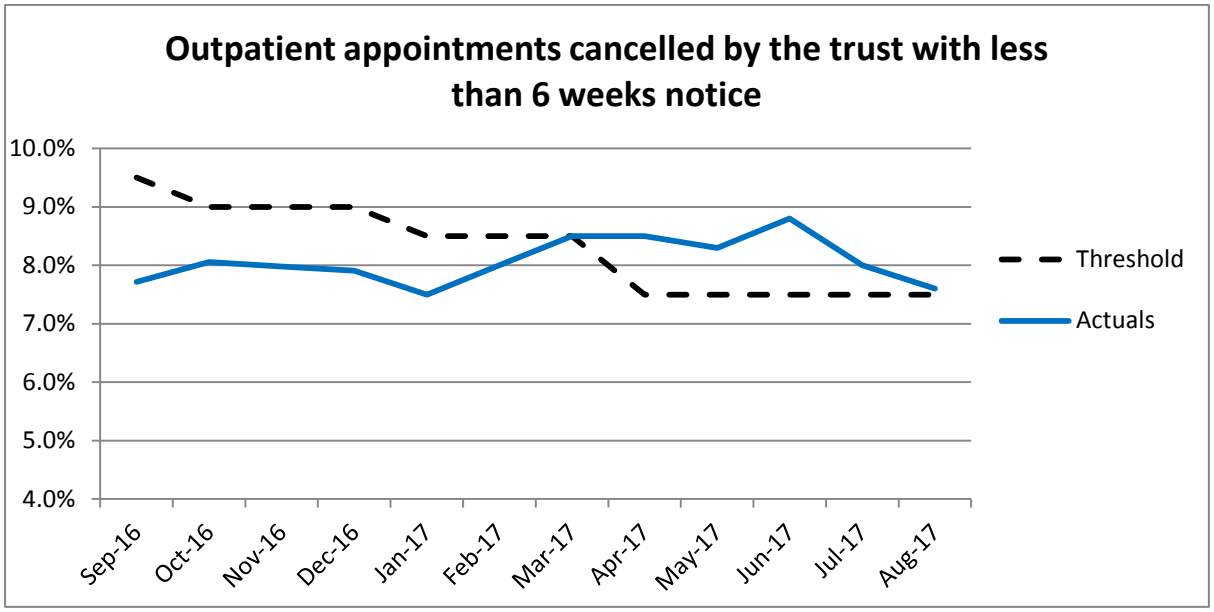


Chart 39 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period September 2016 – August 2017

2.5.11 Responsive: Outpatient appointments made within 5 days of receipt

In August, 85.0 per cent of routine appointments were made within 5 days. Work continues to establish new ways of working to increase responsiveness including improved tracking through the Patient Service Centre.

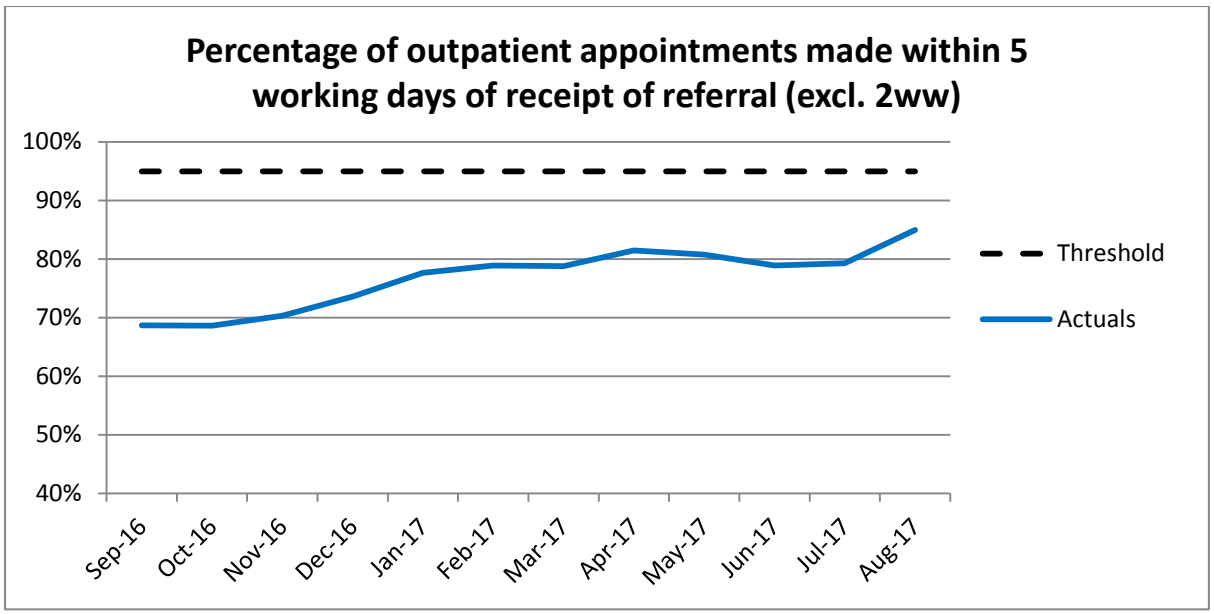


Chart 40 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period September 2016 – August 2017

3. Finance

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

Appendix 1 Safe staffing levels below target by ward (additional detail)

The fill rate was below 85 per cent for care staff and 90 per cent for registered staff in the following wards:

- C8 Cardiology had a day fill rate of 82.71 per cent for care staff. This equated to 5 shifts unfilled for enhanced care. These shifts were safely covered by the ward. The overall day fill date was 90.34 per cent.
- Major Trauma Ward SMH had a day fill rate of 84.70 per cent for registered nurse staff. This equated to 8 shifts unfilled due to vacancies. These shifts were safely covered by cross cover from Intensive Care SMH and cohorting of patients. The overall day fill rate was 88.84 per cent.
- CXH 9 South ASU had a day fill rate of 89.03 per cent for registered nurse staff. This equated to 17 shifts unfilled due to vacancies. These shifts were safely covered by cross cover of registered nurse staff from 9 North. The overall day fill rate was 92.22 per cent.
- CXH AAU had a day fill rate of 84.94 per cent for registered nurse staff. This equated to 15 shifts unfilled due to sickness absence and vacancies. These shifts were safely covered by the Ward Manager, the AMU Matron and the Older Patients Assessment and Liaison Nurse. The overall day fill rate was 88.86 per cent.
- CXH AMU had a day fill rate of 84.49 per cent for care staff. This equated to 16 shifts unfilled for enhanced care. These shifts were safely covered by the Ward Manager, and Matron and redeployment of care staff. The overall day fill rate was 92.34 per cent.
- DAAU AMU had a day fill rate of 89.59 per cent for registered nurse. This equated to 21 shifts unfilled, 14 of which were due to an extra registered nurse added to the establishment to improve patient flow and the remaining due to sickness absence. These shifts were safely covered by the Matron and redeployment of staff. There was a day fill rate of 77.73 per cent for care staff. This equated to 9 shifts unfilled for enhanced care. These shifts were safely covered by redeployment of care staff across the first floor. The overall day fill rate was 87.21 per cent.
- John Humphrey had a day fill rate of 81.59 per cent for care staff. This equated to 22 shifts unfilled due to transferring patients across site for medical tests and vacancies. These shifts were safely covered by bank and cross cover by the ward. The overall day fill rate was 90.81 per cent.