

Report to:	Date of meeting
Trust board - public	27 January 2016

Operational Performance report

Executive summary:

This is a regular report to the Trust Board and outlines the key operational headlines that relate to the reporting month of December 2015 (Month 9).

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

Recommendation to the Trust board:

The Trust board is asked to note the report

Trust strategic objectives supported by this paper:

To achieve excellent patients experience and outcomes, delivered efficiently and with compassion.

Author	Responsible executive director
Kathryn Hughes	Steve McManus, Chief operating officer, and Deputy chief executive

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1. Scorecard Summary

Pg	Metric	Period	Standard	Performance	Direction of Travel
	Safe				
5	Serious Incidents (S.I.s)	Dec-15	0	10	
6	Staffing fill rates	Dec-15	tbc	95.3%	
8	MRSA	Dec-15	0	0	
9	Clostridium difficile	Dec-15	50	57	
10	Harm Free Care (Safety Thermometer)	Dec-15	90.0%	96.3%	
	Effective				
12	Hospital Standardised Mortality Ratio (HSMR)	Qtr 1 15/16	100	67.2	
13	Percentage of interventional studies which recruited 1st patient within 70 days of Valid Research Application	Qtr 2 15/16	70.0%	97.5%	
14	30 day readmissions	Nov-15	tbc	3.5%	
14	Average length of Stay (elective)	Nov-15	3.4	3.7	
15	Average length of stay (non-elective)	Nov-15	4.5	4.42	
15-17	Activity: First Outpatient	Nov-15	27,324	31,405	
15-17	Activity: Follow-up Outpatient	Nov-15	45,644	52,260	
15-17	Activity: Daycase	Nov-15	6,577	7,608	
15-17	Activity: Elective Inpatient	Nov-15	1,747	1,448	
15-17	Activity: Non-elective Inpatient	Nov-15	8,814	10,359	
15-17	Activity: Adult Critical Care	Nov-15	3,752	2,869	
15-17	Activity: Regular Day Attender	Nov-15	274	113	
	Caring				
18	Mixed-Sex Accommodation	Dec-15	0	0	
20	Friends and Family Test - Inpatients	Dec-15	95.0%	97.0%	
20	Friends and Family Test - A&E	Dec-15	85.0%	96.0%	
20	Friends and Family Test - Maternity	Dec-15	tbc	92.0%	
21	Complaints (total number received)	Dec-15	100	79	
	Well Led				
23	Vacancy rate (%)	Dec-15	10.0%	11.0%	
23	Voluntary Turnover Rate (%) 12-month rolling position	Dec-15	9.5%	11.0%	
23	Sickness absence rate (%)	Dec-15	3.4%	3.3%	
24	StatMand excl. doctors in training / Trust grades (%)	Dec-15	95.0%	83.9%	
24	StatMand - doctors in training /Trust grades (%)	Dec-15	95.0%	57.7%	
25	Consultant appraisal rate (%)	Dec-15	95.0%	87.2%	
25	Band 2-9 & VSM PDR rate	Dec-15	95.0%	91.7%	
27	Health and Safety RIDDOR	Dec-15	0	1	
27	GMC NTS open actions	Dec-15	tbc	132	
27	Bank and Agency Spend (%)	Dec-15	9.0%	14.3%	
27	Staff engagement score	Qtr 2 15/16	tbc	41	
	Responsive				
29	18 Weeks Incomplete (%)	Nov-15	92.0%	90.7%	
29	18 weeks Incomplete Breaches (number)	Nov-15	tbc	4,487	
30	52 Weeks Waits (Number)	Nov-15	0	11	
31	Diagnostic tests waiting longer than 6 weeks (%)	Nov-15	1.0%	0.3%	
31	A&E Type 1 Performance (%)	Dec-15	95.0%	74.7%	
31	A&E All Types Performance (%)	Dec-15	95.0%	88.5%	
34	Two week GP referral to 1st outpatient - cancer (%)	Nov-15	93.0%	93.9%	
34	Two week GP referral to 1st outpatient – breast symptoms (%)	Nov-15	93.0%	93.4%	
34	31 day wait from diagnosis to first treatment (%)	Nov-15	96.0%	96.9%	
34	31 day second or subsequent treatment (surgery) (%)	Nov-15	94.0%	100.0%	
34	31 day second or subsequent treatment (drug) (%)	Nov-15	98.0%	100.0%	
34	31 day second or subsequent treatment (radiotherapy) (%)	Nov-15	94.0%	98.9%	
34	62 day urgent GP referral to treatment for all cancers (%)	Nov-15	85.0%	88.6%	
34	62 day urgent GP referral to treatment from screening (%)	Nov-15	90.0%	79.4%	
34	New Outpatient DNA rate (%)	Dec-15	12.3%	12.9%	
35	Follow-up Outpatient DNA rate (%)	Dec-15	11.3%	12.0%	
36	Hospital initiated outpatient cancellation rate (%)	Dec-15	tbc	7.8%	

2. Indicator Overviews

2.1 Safety

2.1.1 Safety: Serious Incidents (SIs)

Ten serious incidents were reported in December 2016 to the national Strategic Executive Information System (STEIS). The year to date total is 81, in comparison to 102 this time last year. We continue to review each case.

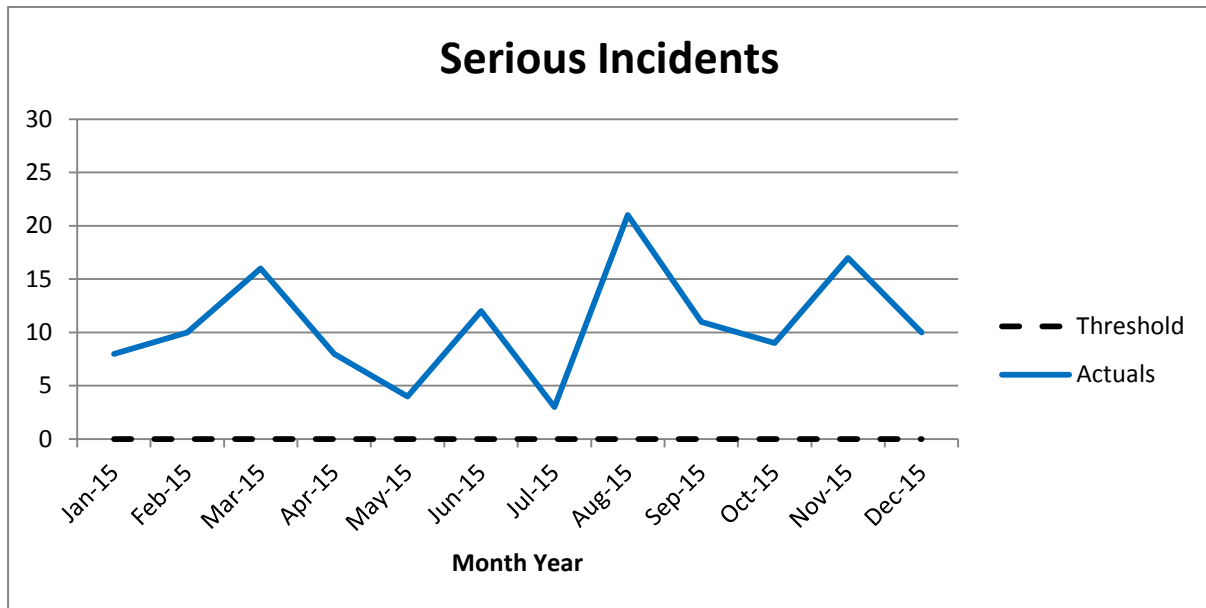


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period January 2015 – December 2015.

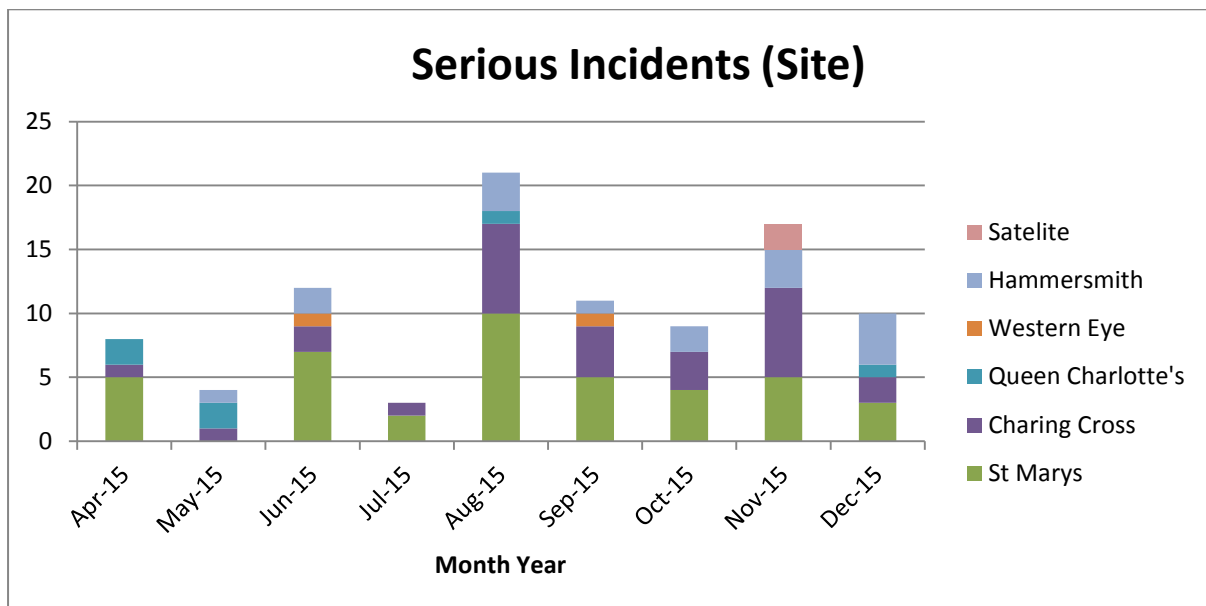


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period April 2015 – December 2015

2.1.2 Safety: Nurse / Midwife staffing levels

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

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

The average staffing fill rate for December 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	94.37%	91.26%	97.54%	97.06%
Hammersmith	96.61%	94.69%	98.25%	96.96%
Queen Charlotte's	94.72%	93.25%	95.29%	98.55%
St. Mary's	94.13%	91.79%	95.91%	96.89%

Please refer to Appendix 1 for ward level detail.

In December the Trust met safe staffing levels for registered nurses and midwives and care staff at night.

During the day shifts, staffing levels were just under 95 per cent, at 94.76 per cent. This is a similar picture to the same period last year and is explained largely by the Christmas and New Year period.

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

- Low bed use during the Christmas and New Year fortnight in some clinical areas
- Meeting the enhanced support needs of patients (specialling) which requires additional and closer direct observation by staff
- Application of consistently stringent controls on the use of agency staff

On the occasions where staffing was lower than anticipated 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 senior nursing and midwifery leaders to work clinically and take a case load of patients
- Working with colleagues in other disciplines (e.g. medicine) to cover areas such as ambulatory care settings
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale

Each Divisional Directors of Nursing has confirmed to the Director of Nursing that the staffing levels in December were safe and appropriate for the clinical case mix.

Further, the establishments are being reviewed to ensure that nursing and midwifery staffing remains sound and can continue to offer care that is safe and effective and which provides a good patient experience. This is being undertaken alongside but as part of business planning and a review of care pathways in some clinical areas.

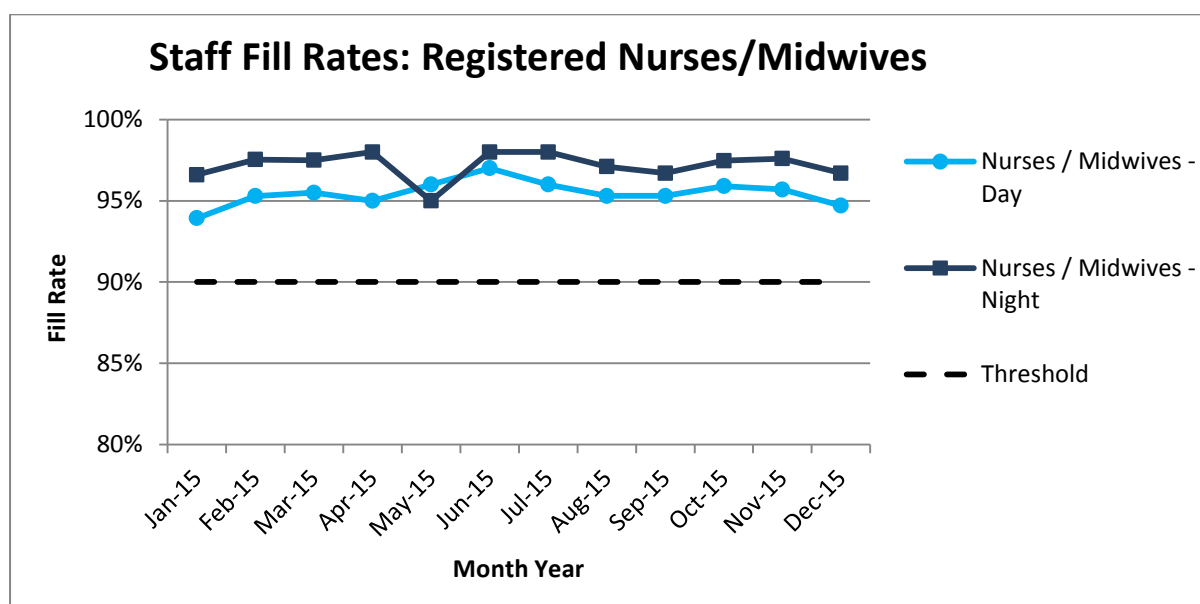


Figure 3 - Monthly fill rates (RNs/RMs) by month (January 2015 – December 2015)

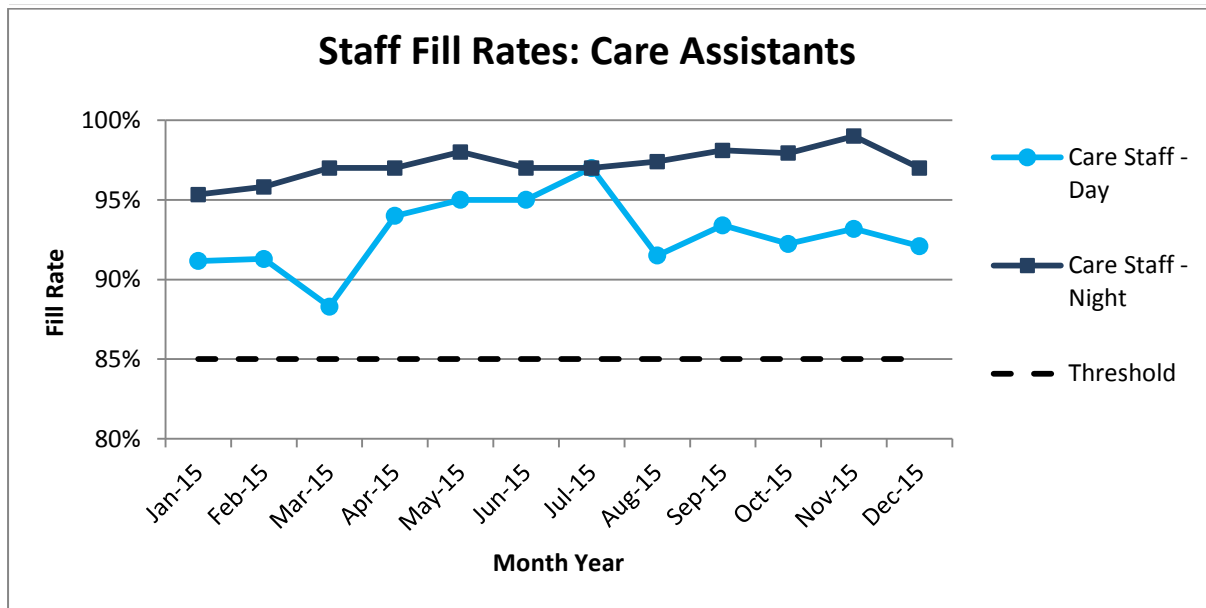


Figure 4 - Monthly fill rates (care assistants) by month (January 2015 – December 2015)

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

No cases of MRSA BSI were allocated to the Trust in December 2015. So far this financial year, 6 cases have been allocated to the Trust compared with 6 cases this time last year.

Each case is reviewed by a multi-disciplinary team. Actions arising from these meetings are reviewed regularly to identify themes. Contributory factors are addressed with the Divisions via the Taskforce weekly group meetings.

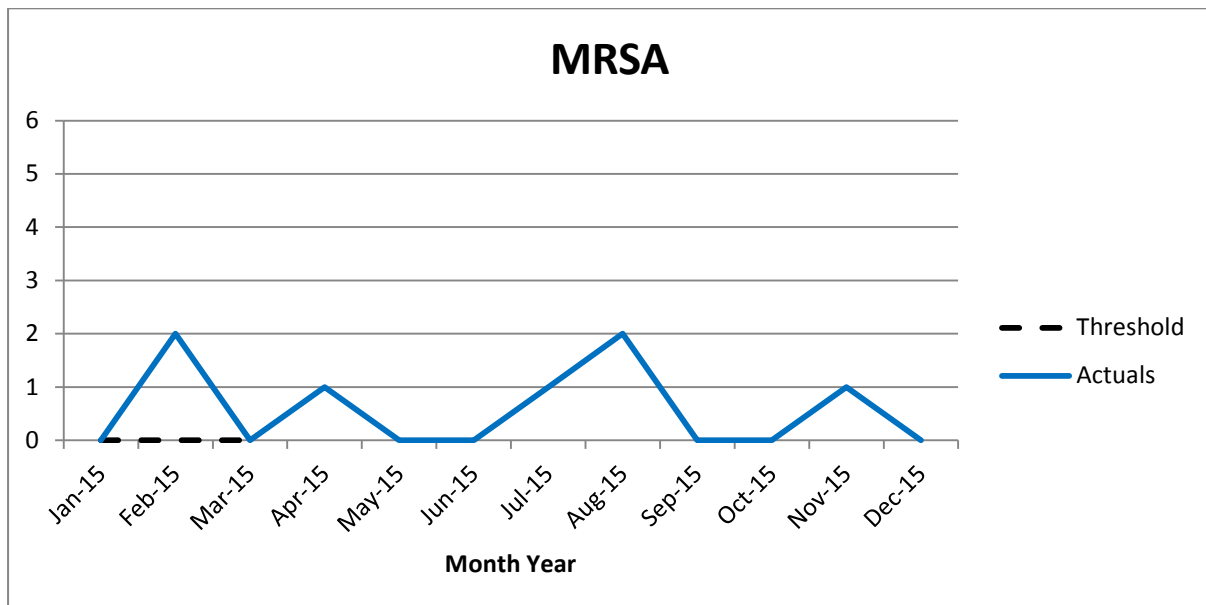


Figure 5 - Number of MRSA (b) infections by month for the period January 2015 –December 2015

2.1.4 Safety: Clostridium difficile

Nine cases of *Clostridium difficile* were allocated to the Trust for December 2015. None of these are attributable to a lapse in care.

A total of 57 cases have been allocated to the Trust so far this financial year, which is above our ceiling of 50 to meet the annual target but lower than the 58 cases this time last year. Three of these are attributable to lapses in care (1 in May, June and October). The Trust year end cumulative ceiling threshold is 69.

Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care or possible hospital transmission occurred. Although 9 cases is more than we would expect over the course of a month, even in the winter, it is important to note that no potential lapses in care were identified.

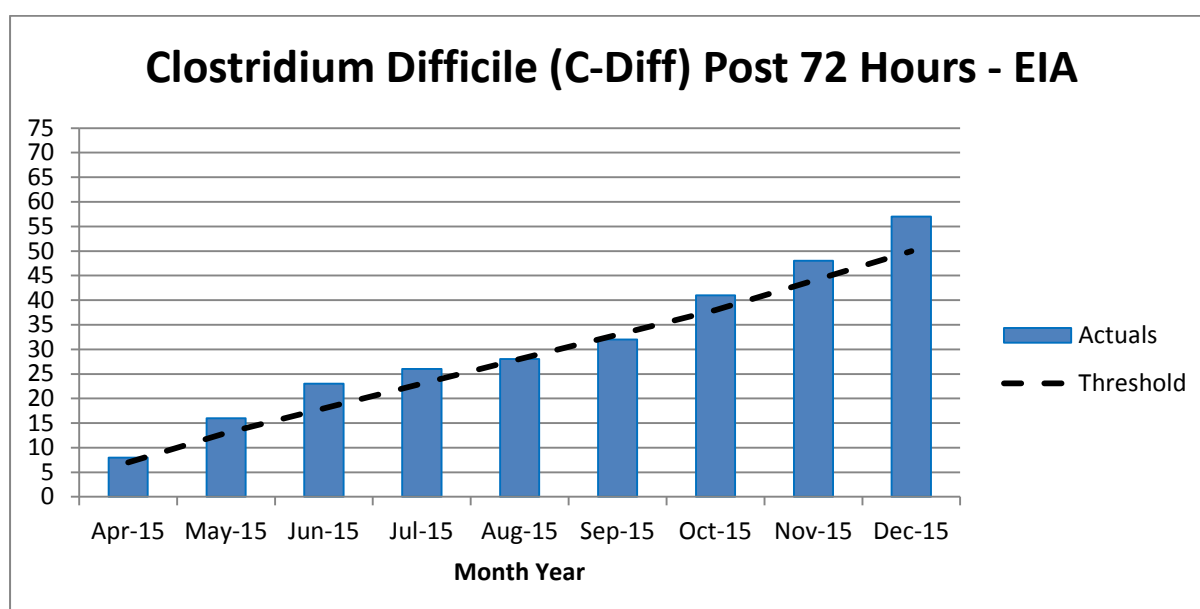


Figure 6a - Number of Clostridium Difficile infections above cumulative plan by month for the period April 2015 – December 2015

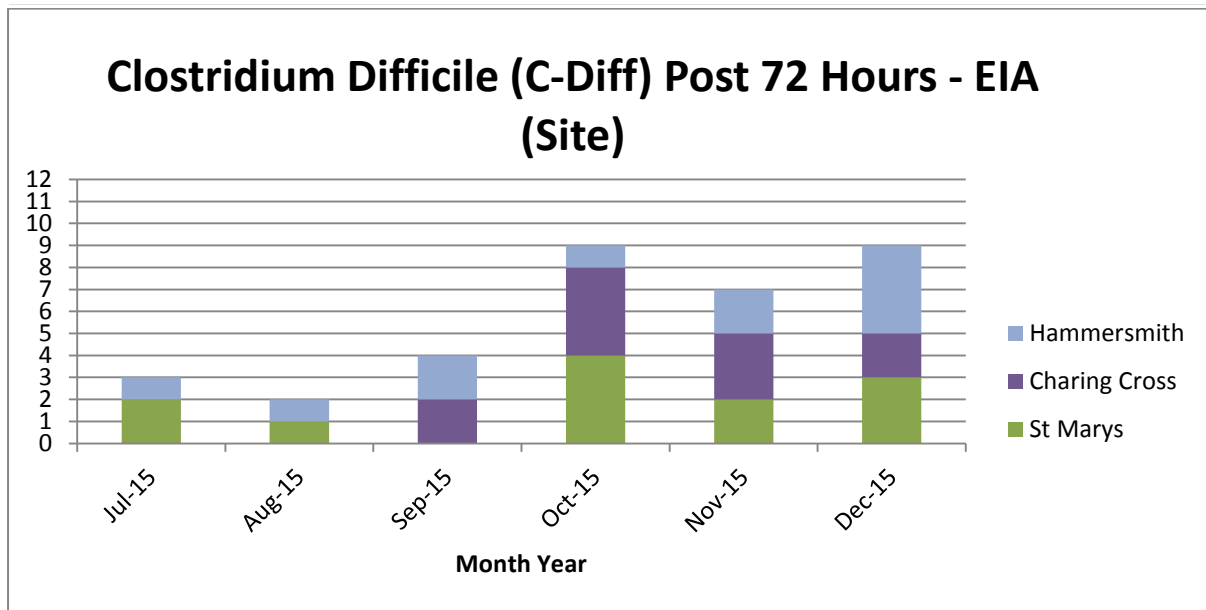


Figure 7b - Number of Clostridium Difficile infections by site and by month for the period July 2015 – December 2015

2.1.5 Safety: National Safety Thermometer – Harm Free Care Score

The Trust’s overall score for harm free care as measured by the NHS Safety Thermometer continues to be above the threshold of 90 per cent. For the month of December the Trust HFC score was 96.33% which is slightly higher than the Shelford average of 95.33%. There are specific work programmes in place for each of the four indicators which make up the overall ‘harm free care’ score (pressure ulcers, falls, VTE, CAUTI) to ensure performance is continually monitored and improved.

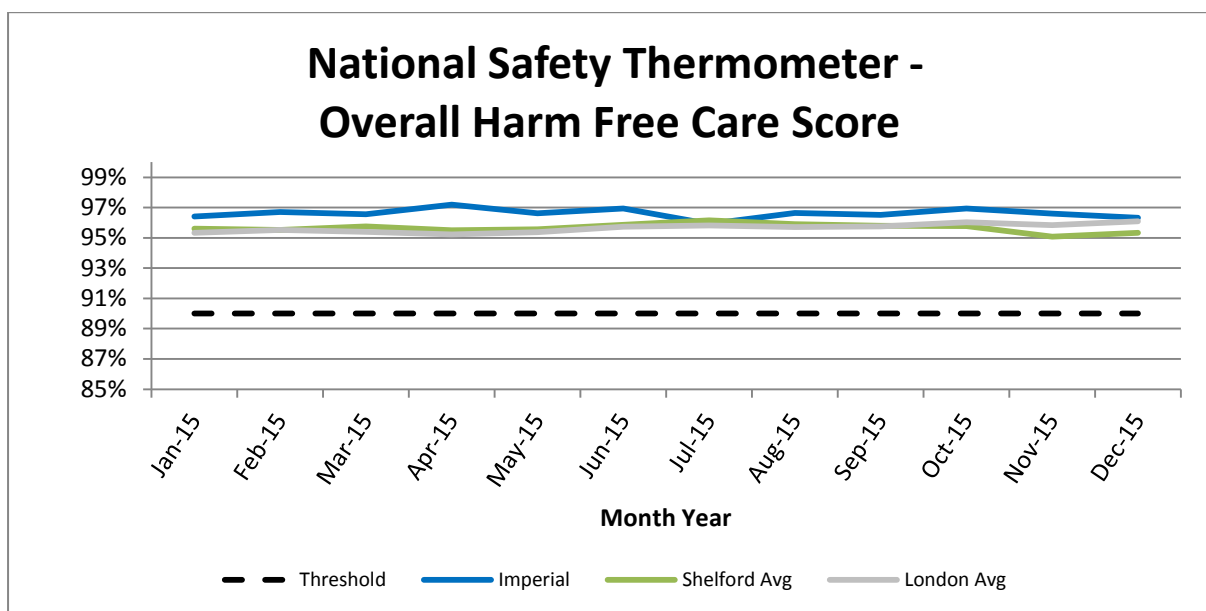


Figure 8 – Harm Free Care (Safety Thermometer) January 2015 – December 2015

2.2 Effectiveness

2.2.1 Effectiveness: Mortality Data

The Trust’s Hospital Standardised Mortality Ratio (HSMR) is 67.2 for Quarter 1 2015/16 (April 2015 – June 2015), which is the latest available data fully reportable by quarter. The most recent monthly figure is 69 for August 2015. Across the last year of available data (September 2014 – August 2015), the Trust has the lowest HSMR for acute non-specialist trusts nationally and the 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 Q1 2014/15 to Q4 2014/15.

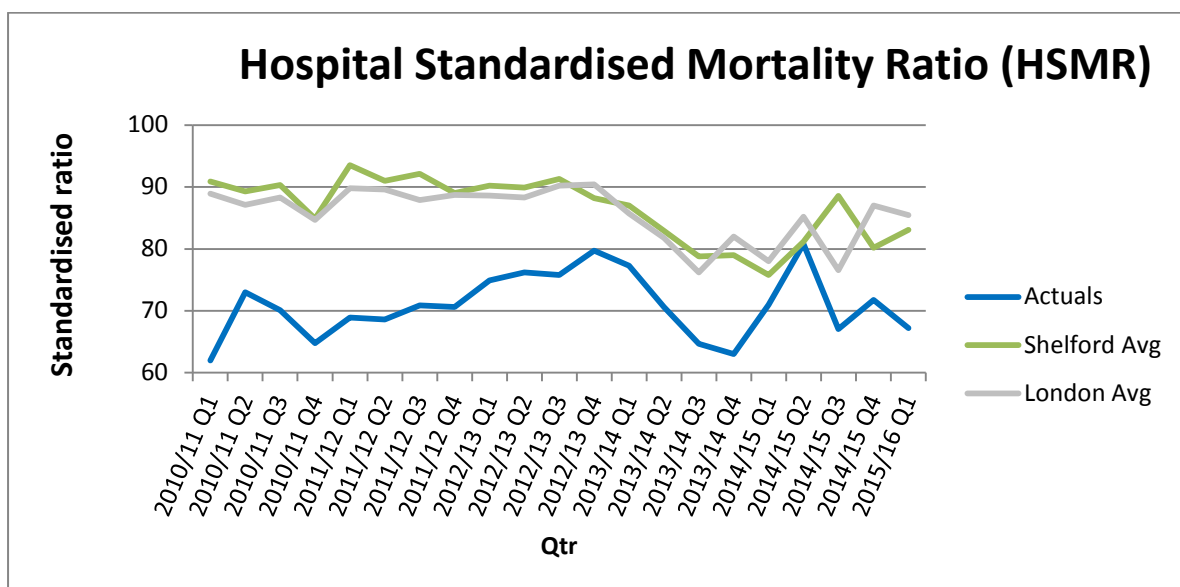


Figure 9 - Hospital Standardised Mortality Ratios for the period Q1 2010/11 to Q1 2015/16

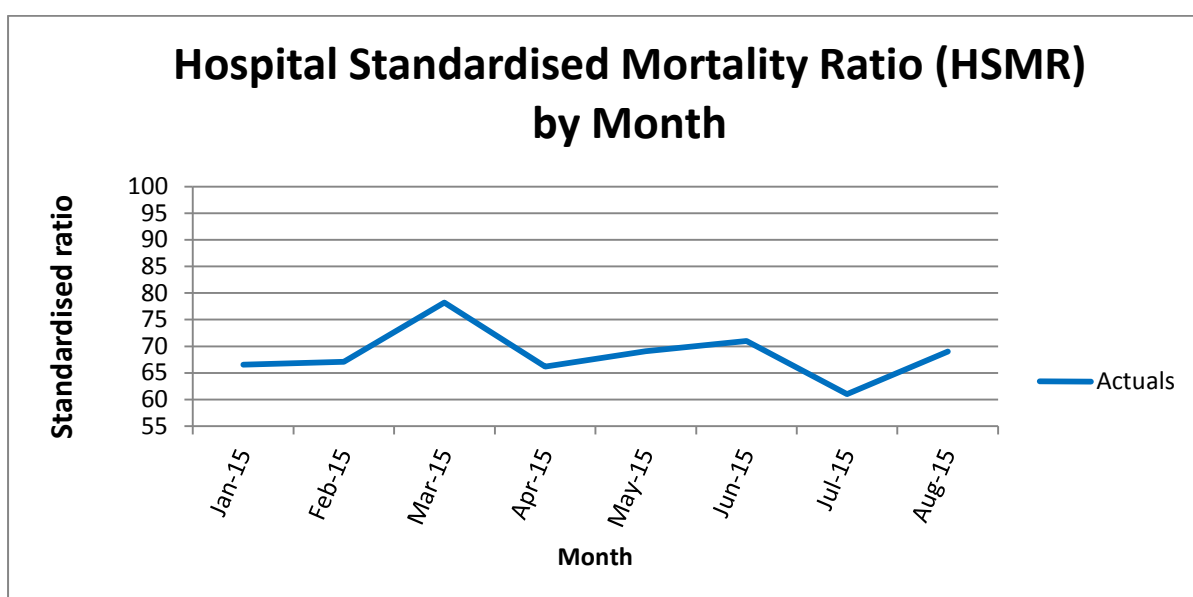


Figure 10 - Hospital Standardised Mortality Ratios for the period January 2015 – August 2015

2.2.2 Effectiveness: Recruitment of patients into interventional studies

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

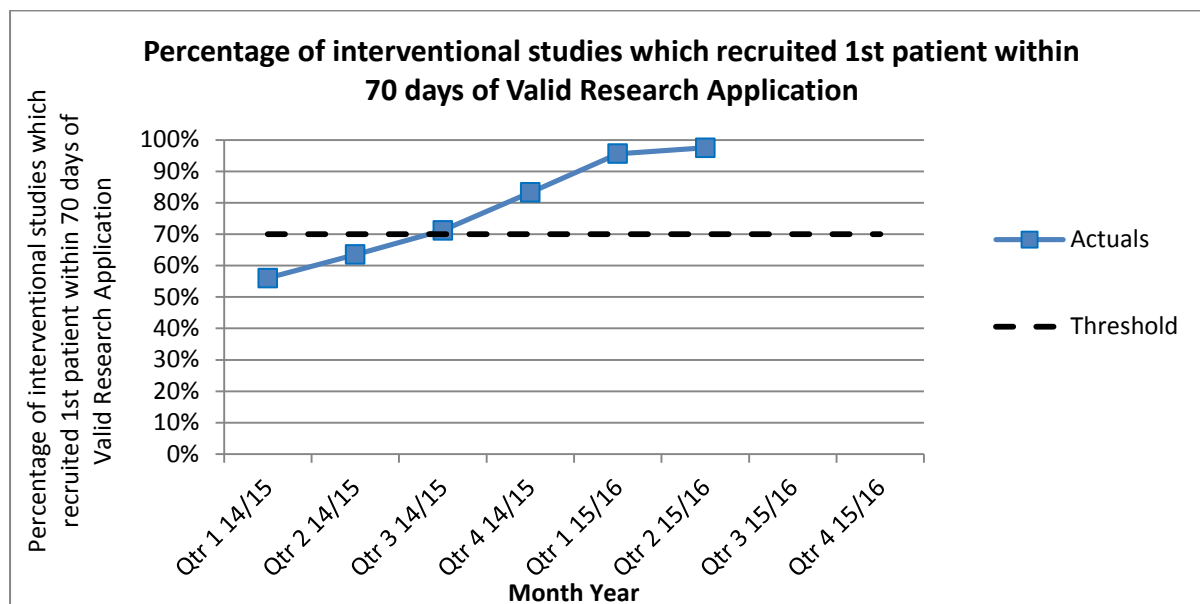


Figure 11 - Interventional studies which recruited First patient within 70 days of Valid Application Q1 2014/15 – Q2 2015/16

2.2.3 Effectiveness: 30 Day Readmissions

The improvement in reported performance for 30 day readmissions may reflect, in part, the increased focus on accurate discharge recording through the admissions and discharge team. There is a risk that performance may deteriorate over the coming months as a result of a reduced Admissions and Discharge Team (ADT) from December onwards. Future performance will be closely monitored at treatment function level through the Trust QlikView application.

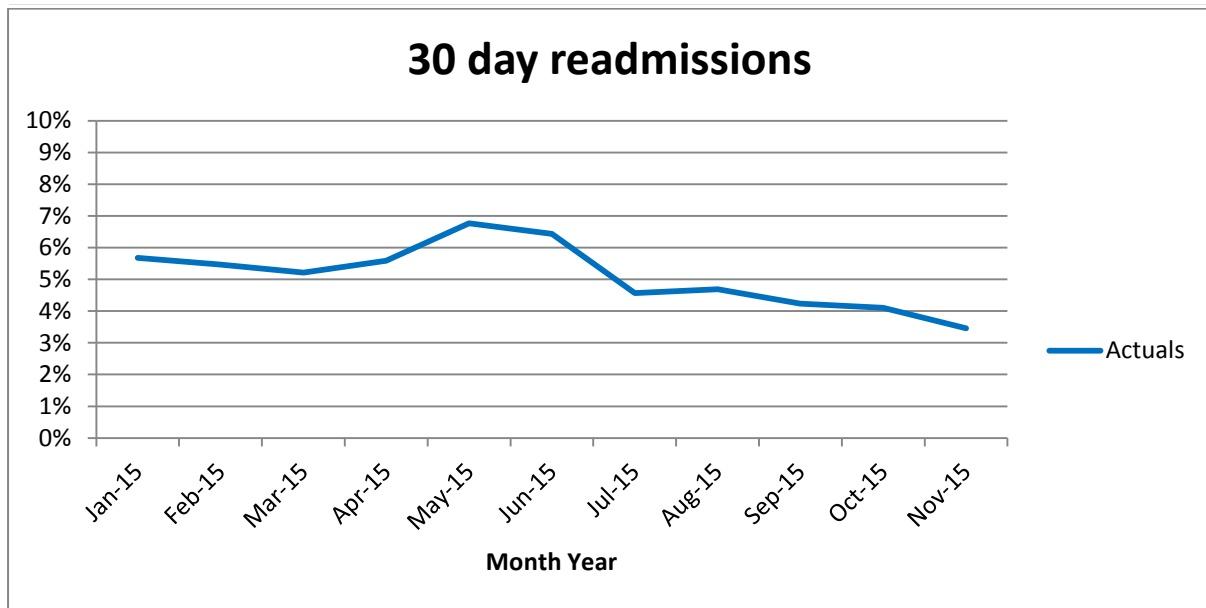


Figure 12 - 30 day readmissions for the period January 2015 - November 2015

2.2.4 Effectiveness: Average Length of Stay

Figures for the Trust length of stay (Elective and Non Elective admissions) are not finalised for December 2015 because of an outstanding data quality query still being investigated. The charts below present length of stay at both Trust and site level.

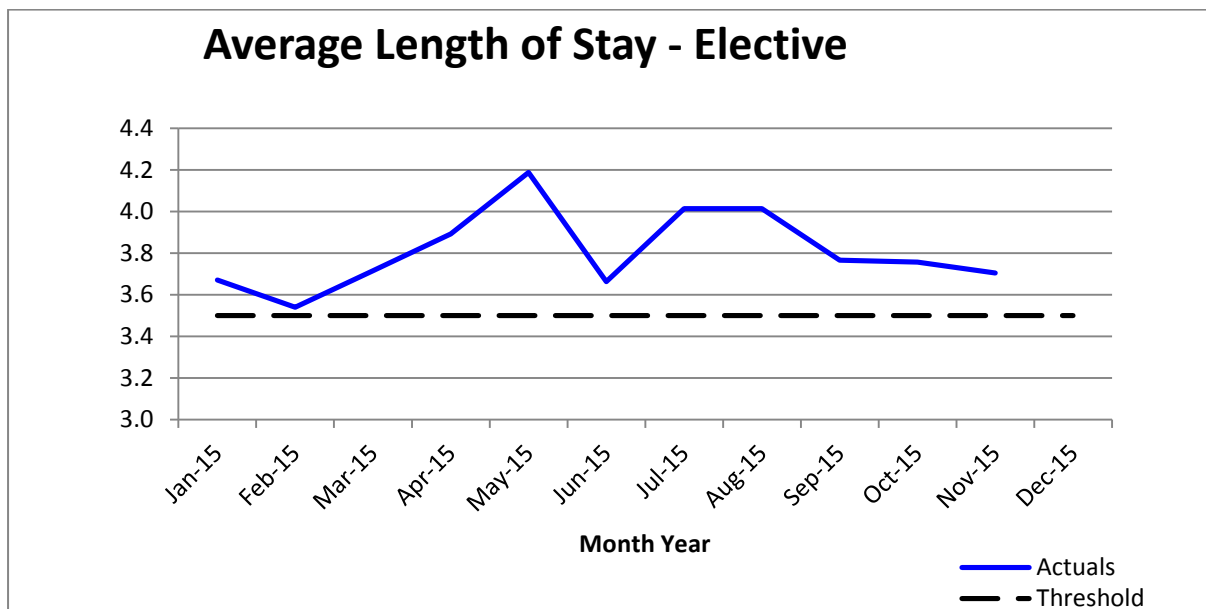


Figure 13a – Average Length of Stay – Elective (Trust level) for the period January 2015 – November 2015

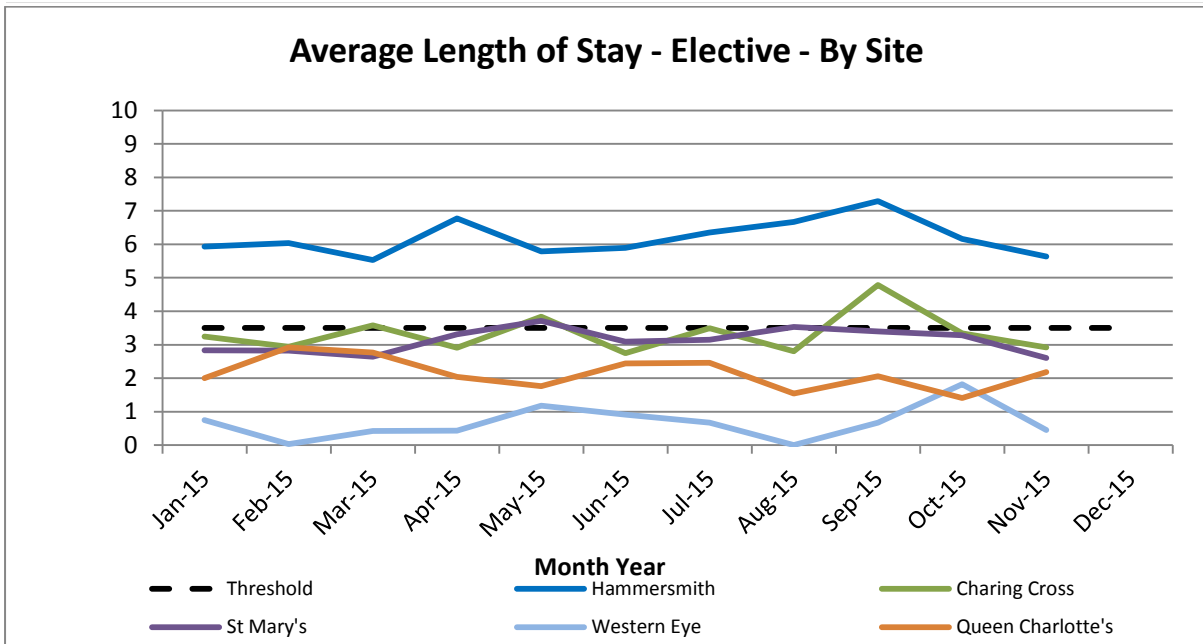


Figure 14b – Average Length of Stay – Elective – (Site level) for the period January 2015 – November 2015

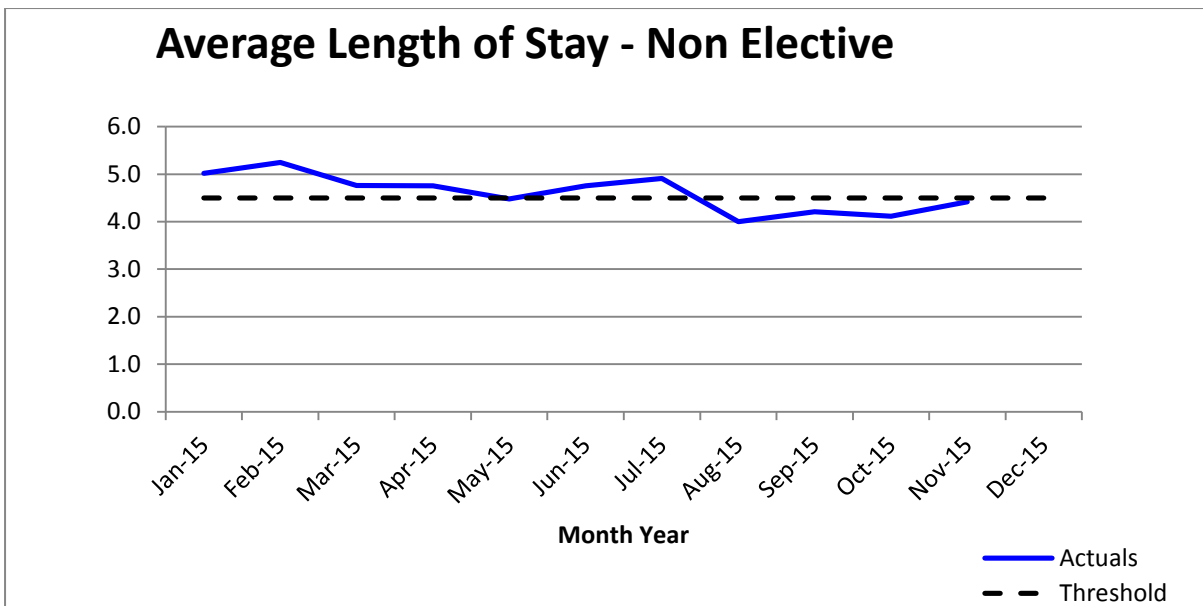


Figure 15a – Average Length of Stay – Non-Elective (Trust level) for the period January 2015 – November 2015

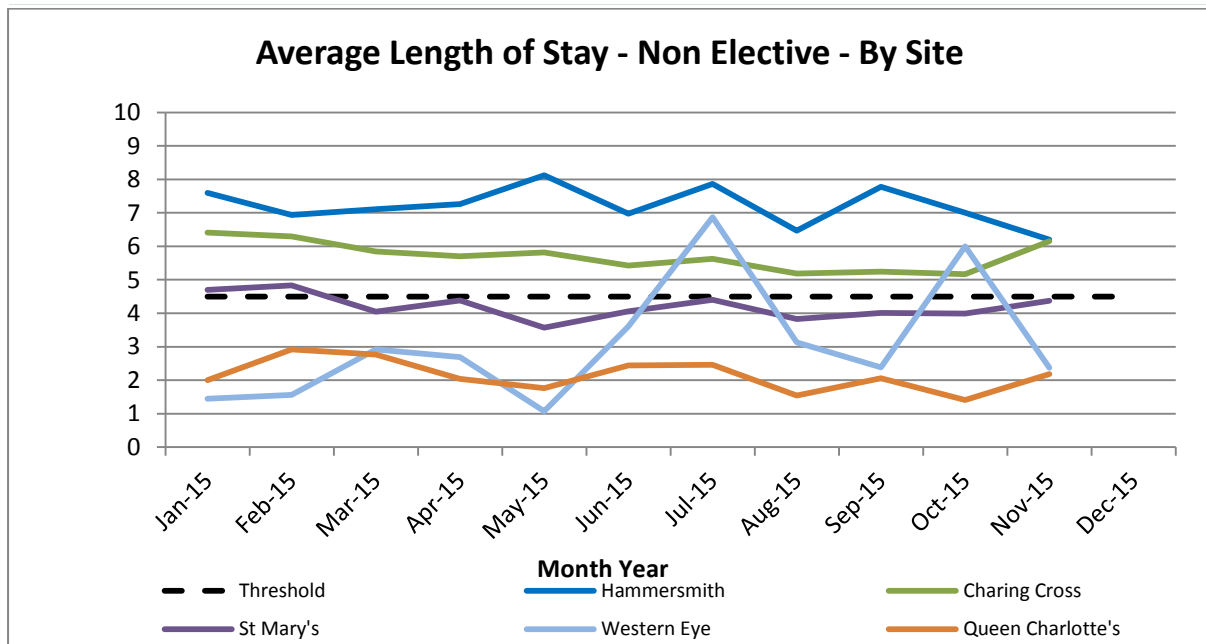


Figure 13b– Average Length of Stay – Non Elective – (Site level) for the period January 2015 – November 2015

2.2.5 Effectiveness: Activity data

There are regular reviews with the Finance, Operational, and Corporate teams to ensure correct depth of coding. Any outcomes of significant findings will be reported within the operational report.

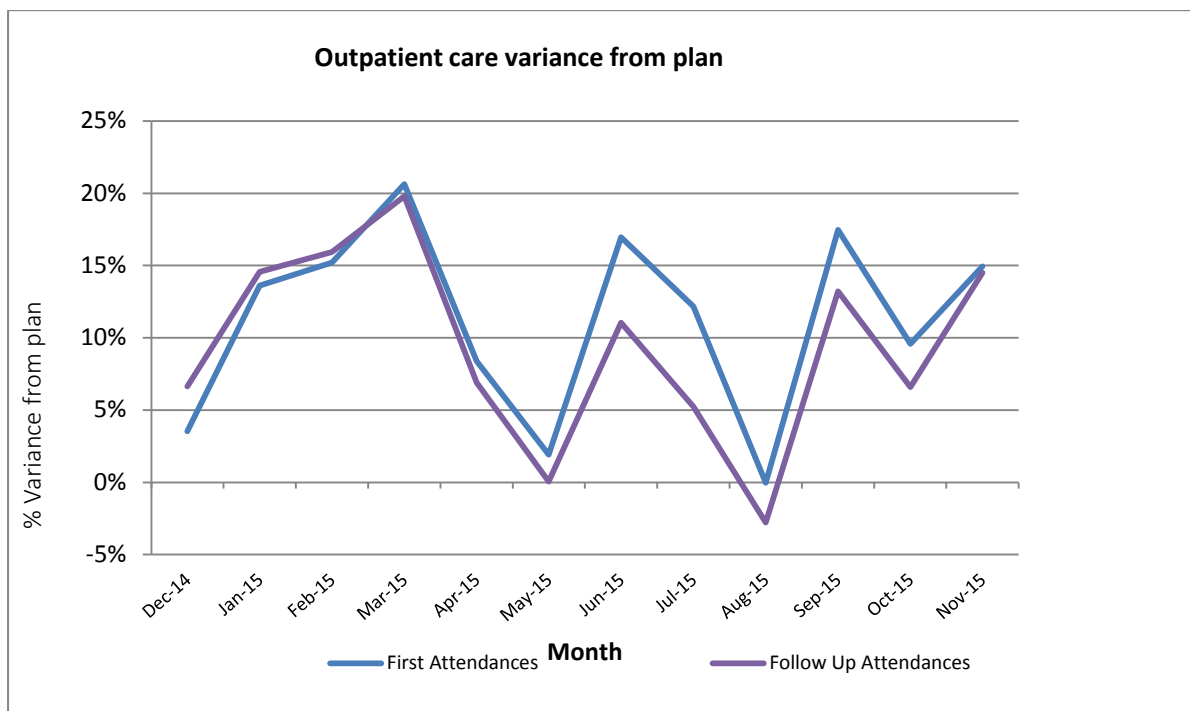


Figure 16 – Outpatient Care Variance from Plan for the period December 2014 – November 2015

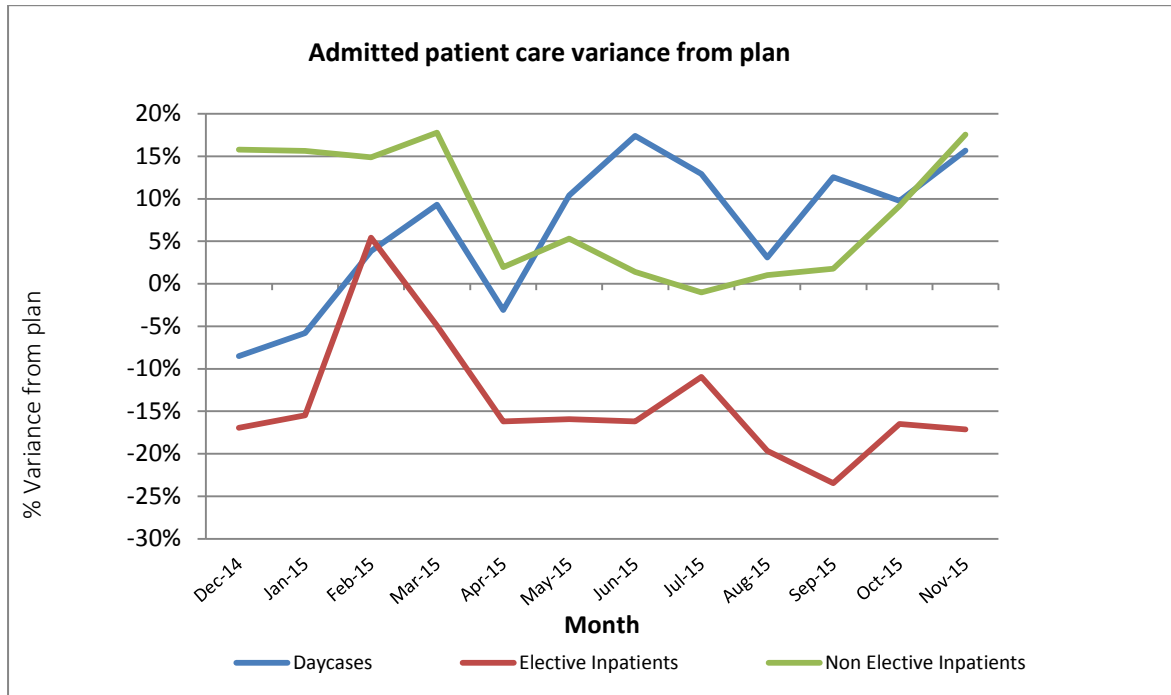


Figure 17 – Admitted Patient Care Variance from Plan for the period December 2014 – November 2015

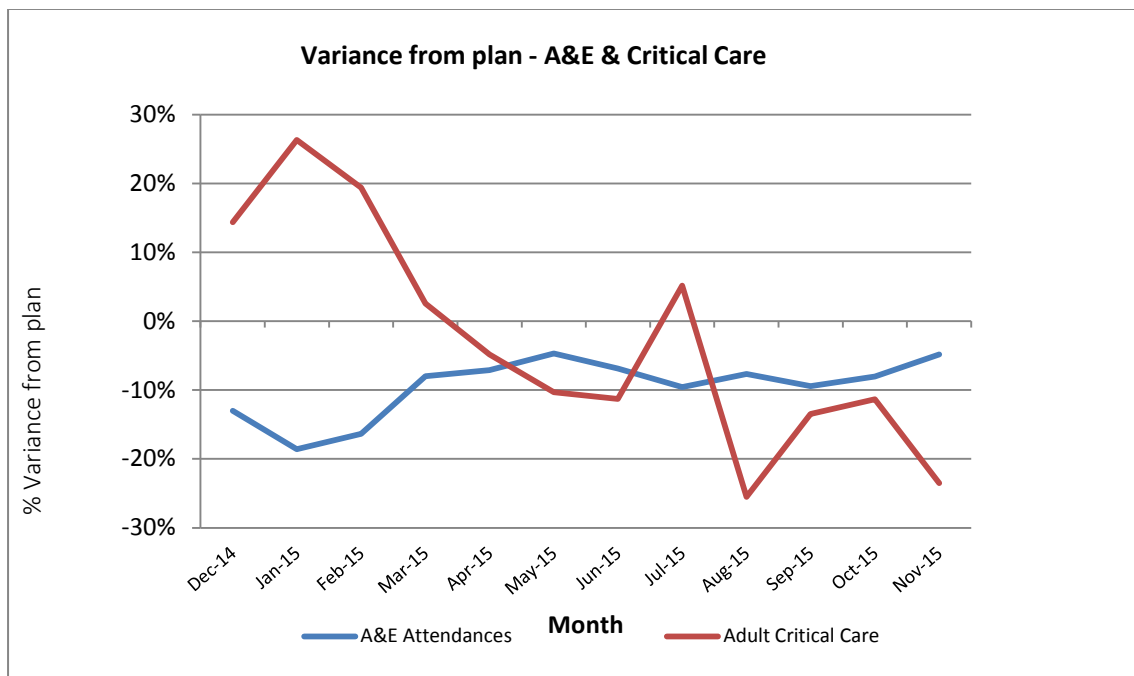


Figure 18 – A&E and Critical Care Variance from Plan for period December 2014 – November 2015

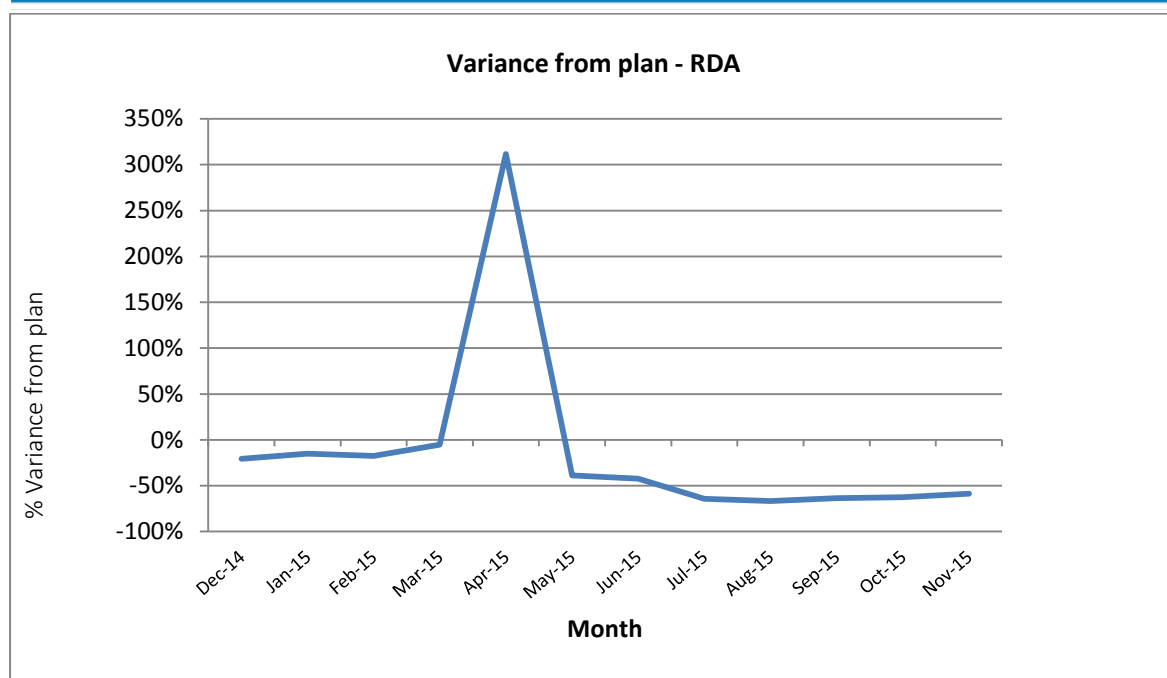


Figure 19 – Regular Day Attender (RDA) Variance from Plan for the period December 2014 – November 2015

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

2.3 Caring

2.3.1 Caring: Eliminating mixed sex accommodation

The Trust reported zero instance of mixed-sex accommodation breaches during December 2015.

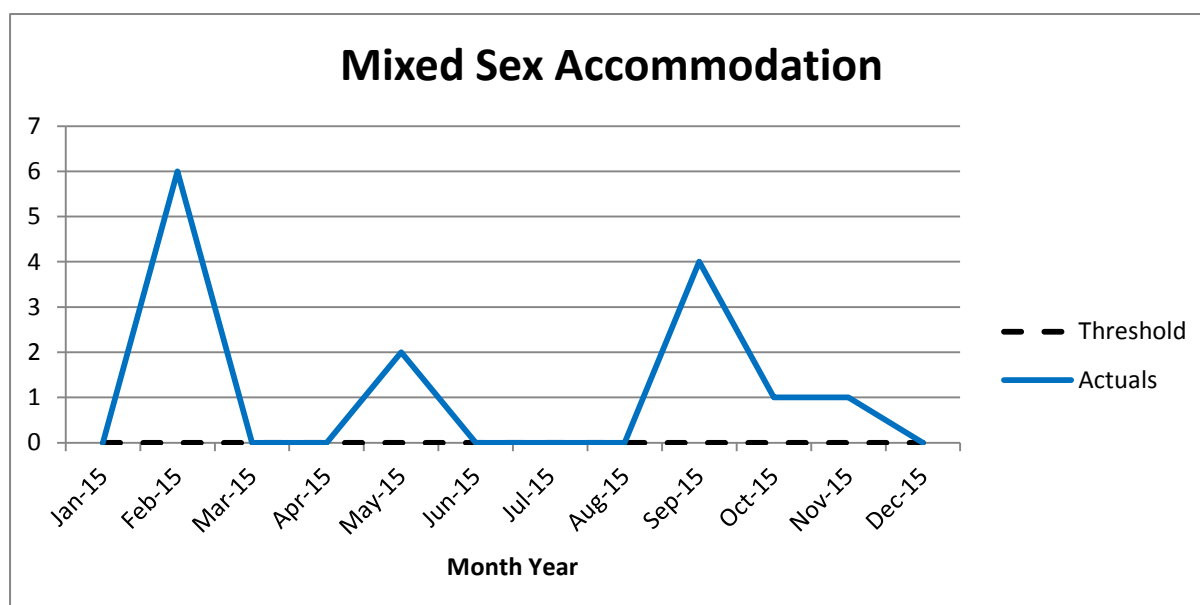


Figure 20 - Mixed Sex Accommodation breaches by month for the period January 2015 – December 2015

2.3.2 Caring: Friends and Family Test

The willingness to recommend remains high across all FFT surveys.

There were marginal increases in the response rates in all surveys in December, although the response rate within A&E, which was 11 per cent, remains below the expected threshold despite a number of interventions.

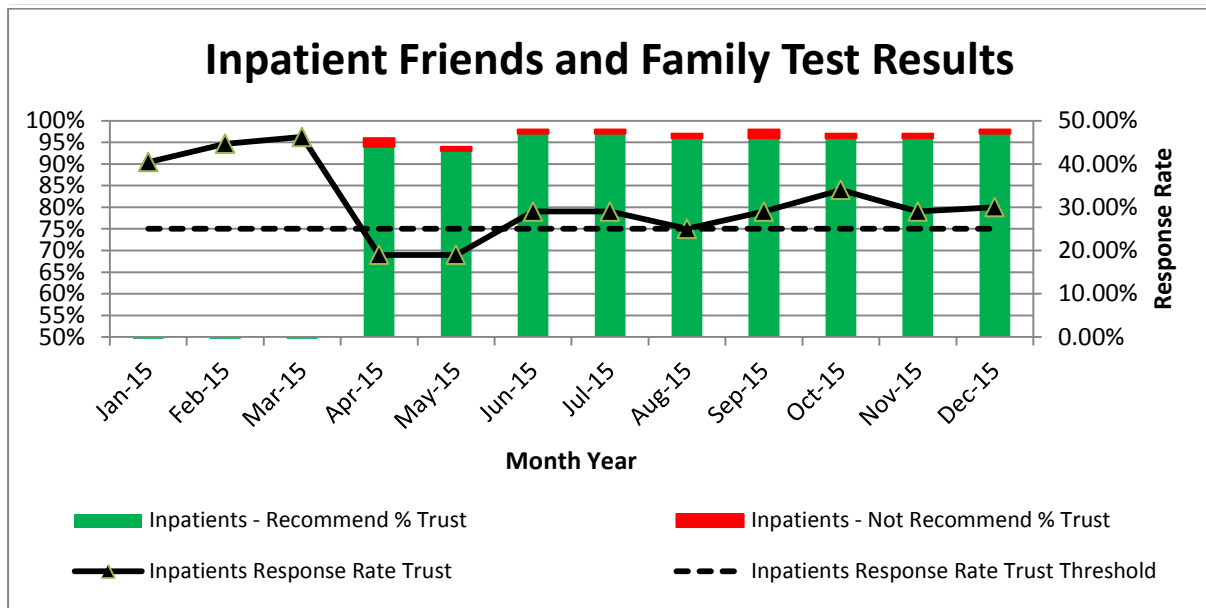


Figure 21 - Friends and Family: Percentage who would recommend ICHT Inpatients for the period April 2015 – December 2015

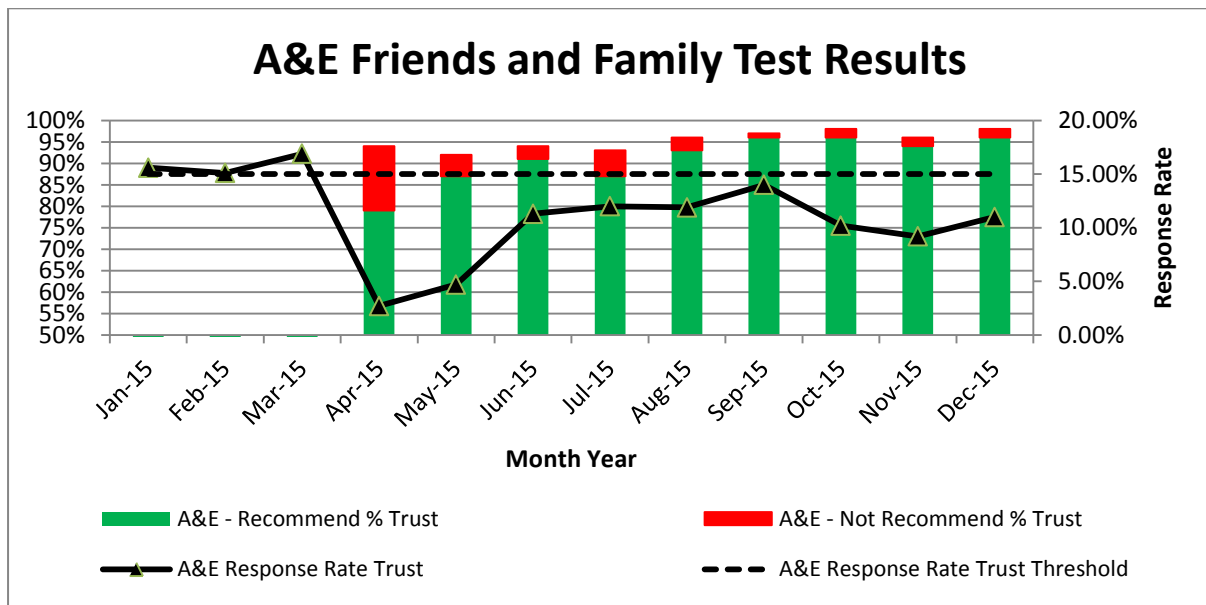


Figure 22 - Friends and Family: Percentage who would recommend ICHT Accident and Emergency for the period April 2015 – December 2015

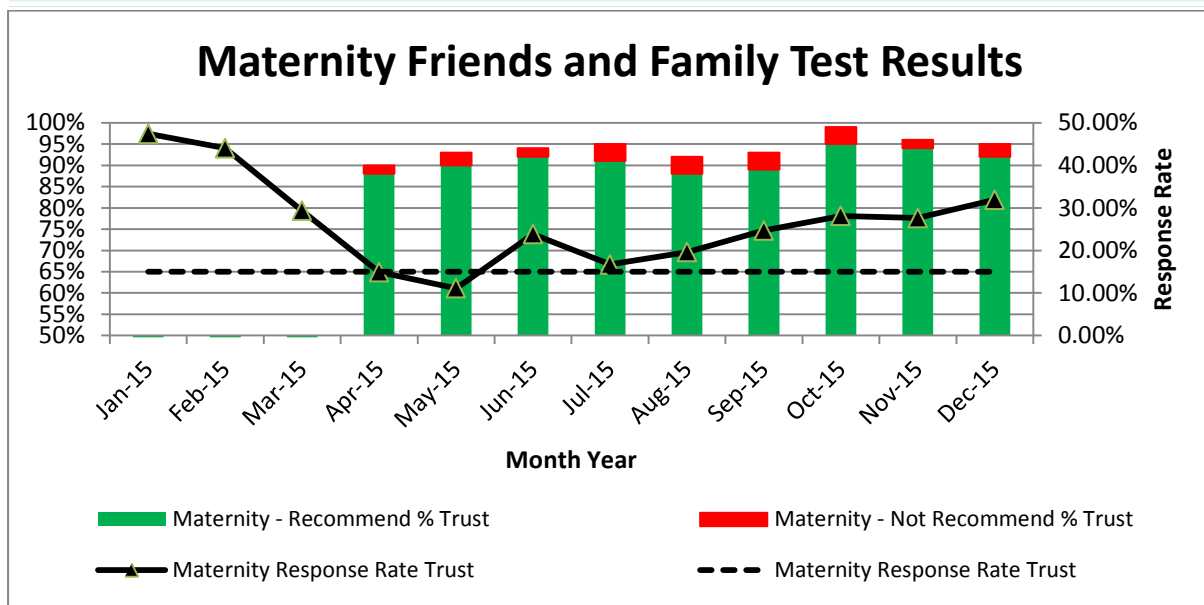


Figure 23 - Friends and Family: Percentage who would recommend Maternity for the period April 2015 – December 2015

2.3.3 Caring: Complaints

There was a further reduction in the volume of formal complaints in December. Whilst this will be partly due to more complaints being resolved by the Patient Advice and Liaison Service, December is historically the month with the lowest volume of complaints (and PALS enquiries) because of the Christmas/New Year period.

The proportion of complaints responded to within the timeframe agreed with the patient (response rate) remains the same as November. Last month it was reported that at the time 190 complaints were “open”. At the beginning of January 2016 this number had reduced to 124. A proportion of complaints closed within December were longstanding overdue complaints which impacted the response rate. As these continue to be cleared, the response rate will improve. One hundred per cent of complaints were acknowledged within 3 working days.

The Executive Committee for Quality approved the revised concerns and complaints policy early in January 2016.

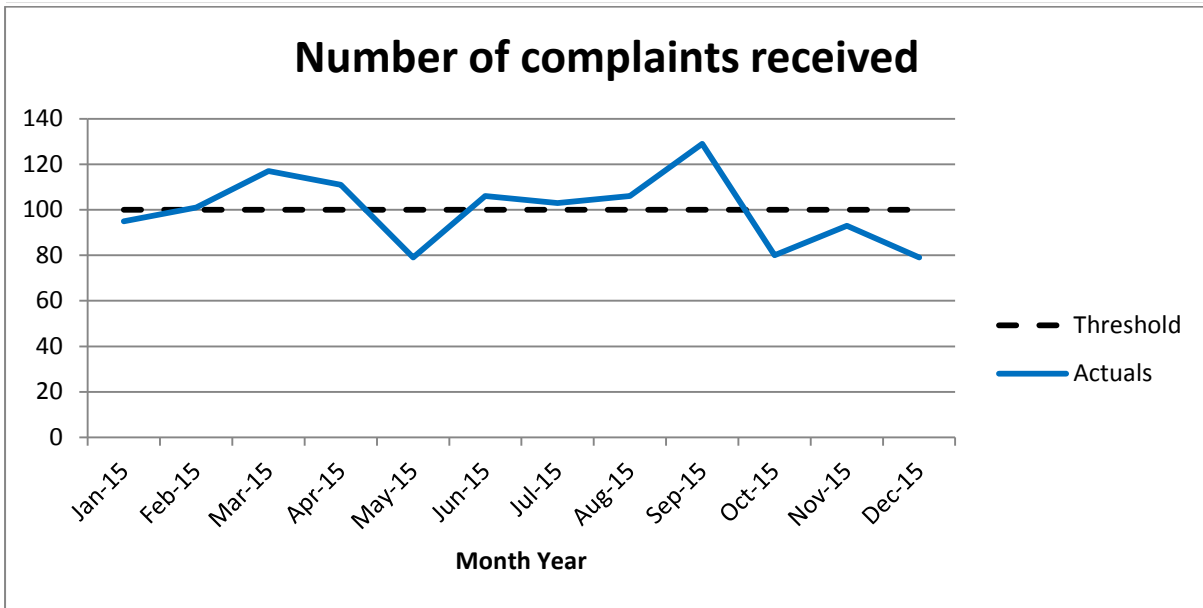


Figure 24 – Number of complaints received for the period January 2015 – December 2015

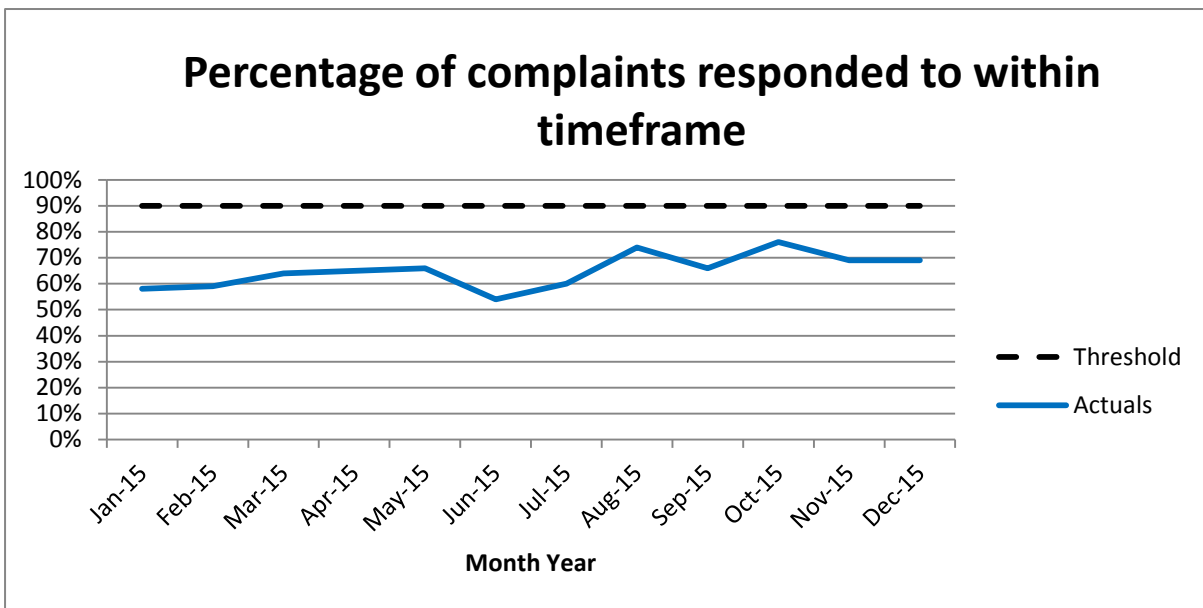


Figure 25 – Number of complaints responded to within the period January 2015 – December 2015

2.4 Well-Led

2.4.1 Well-Led: Vacancy Rate

All roles

At the end of December, we directly employed 9,400 WTE; 58 WTE less than at the end of November and reflective of 122 WTE new joiners and 180 WTE leavers during December (seasonally higher than normal). When combined with an increase to our post establishment of 55 WTE, this brings our contracted vacancy rate up to 11.02%; representative of 1,161 WTE vacancies. The new posts established in December are to support additional winter beds, new services and expansion of existing services including; Community Cardiology, Tri-borough Ophthalmology, Renal Dialysis, Cardiac Catheter Lab and Endoscopy all of which are currently being actively recruited to.

Bespoke and generic recruitment campaigns continue to support the reduction of vacancies with 770 WTE pipeline candidates waiting to join us over the coming months (across all occupational groups). The Trust is currently further developing its attraction strategy to include a range of additional attraction channels, for example, direct sourcing and a wide range of social media (Facebook, Google and Linked In.) The voluntary turnover rate has now increased to 11.02 per cent (rolling 12 month position) and work will commence to explore this and put in place appropriate retention strategies.

Bands 2~6 Nursing & Midwifery on Wards

Within the wards, the band 2-6 we have a Contractual Vacancy rate of 16.71 per cent (416 WTE vacancies), higher than the figure reported at the end of November and reflective of a seasonally higher number of leavers in December and new posts added to the ward establishments. There are currently 165 WTE candidates, waiting to fill these ward vacancies and we expect them to join over the coming months. The current turnover rate for ward based band 2 – 6 staff is 17.13 per cent; reflective of 30 WTE average leavers each month. The numbers of leavers seen has increased over the past 12 months, despite the increased recruitment activity, and work to understand this trend is underway. Since July, we have been calculating an Operational Vacancy rate for wards; this includes vacancies created by contracted staff on maternity leave as well as contractual vacancies. The Operational Vacancy rate at the end of December was 19.79 per cent (493 WTE vacant).

Rolling advertisements continue along with a range of focused activity. The revised selection process for the Student Nurses increased the conversion rate to over 60%. Recruitment events take place in March for student nurses who finish their training in July. Targeted campaigns continue. The fortnightly planning meetings with

Divisions to track the vacancy rates are enabling us to take a more strategic approach to recruitment.

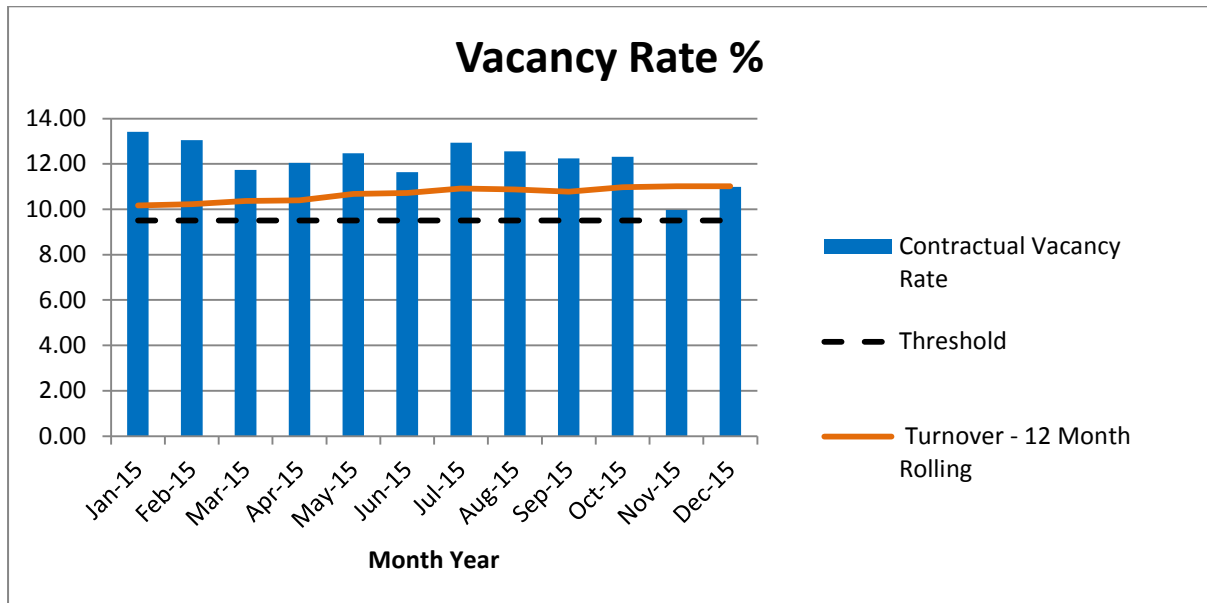


Figure 26 - Vacancy rates for the period January 2015 – December 2015

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence increased marginally in month from 3.31 per cent to 3.34 per cent but remains significantly lower than the 3.80 per cent recorded in December 2014; representing a 12.1 per cent reduction. Overall, this brings the rolling 12-month position to 3.24 per cent which remains within the 2015/16 target of 3.40 per cent.

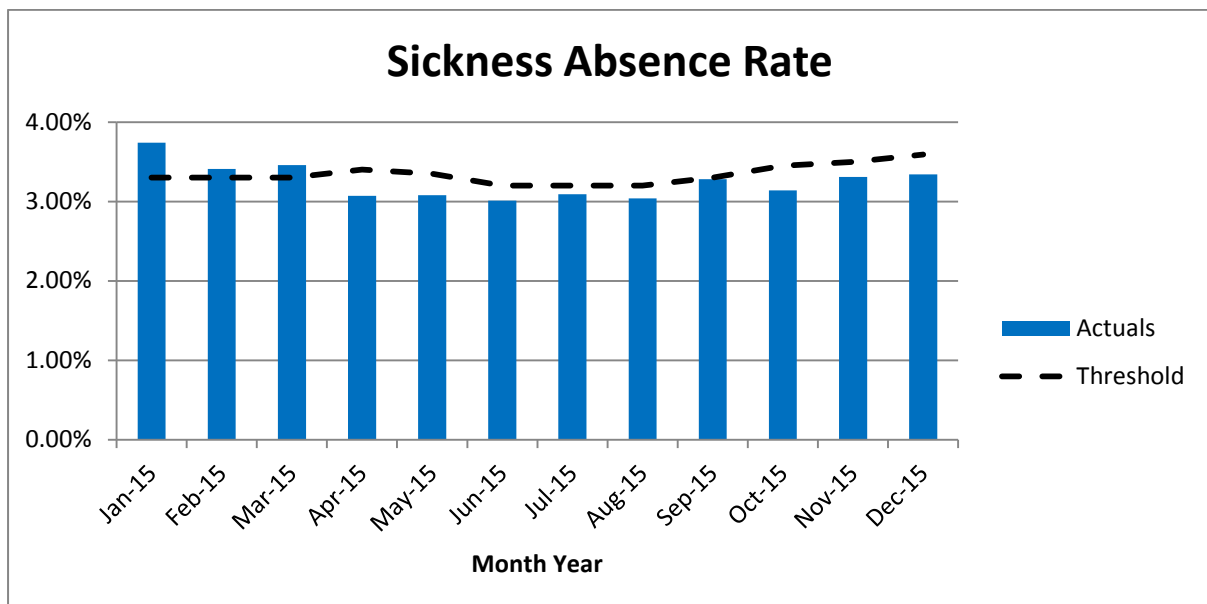


Figure 27 - Sickness absence rates for the period January 2015 – December 2015

2.4.3 Well-Led: Statutory and mandatory training

Excluding doctors in training / trust grade

Overall compliance has increased to 83.89 per cent which is the highest compliance to date. A campaign was launched in December specifically to Consultants to improve compliance via e-learning.

Doctors in training / trust grade

Compliance is still below target for junior doctors but work is focusing at present on ensuring that the new intake of junior doctors in February complete all their Training as part of Induction. In addition, we are starting to import training records held for Junior Doctors while at previous Trusts to avoid repeat of training on arrival where possible.

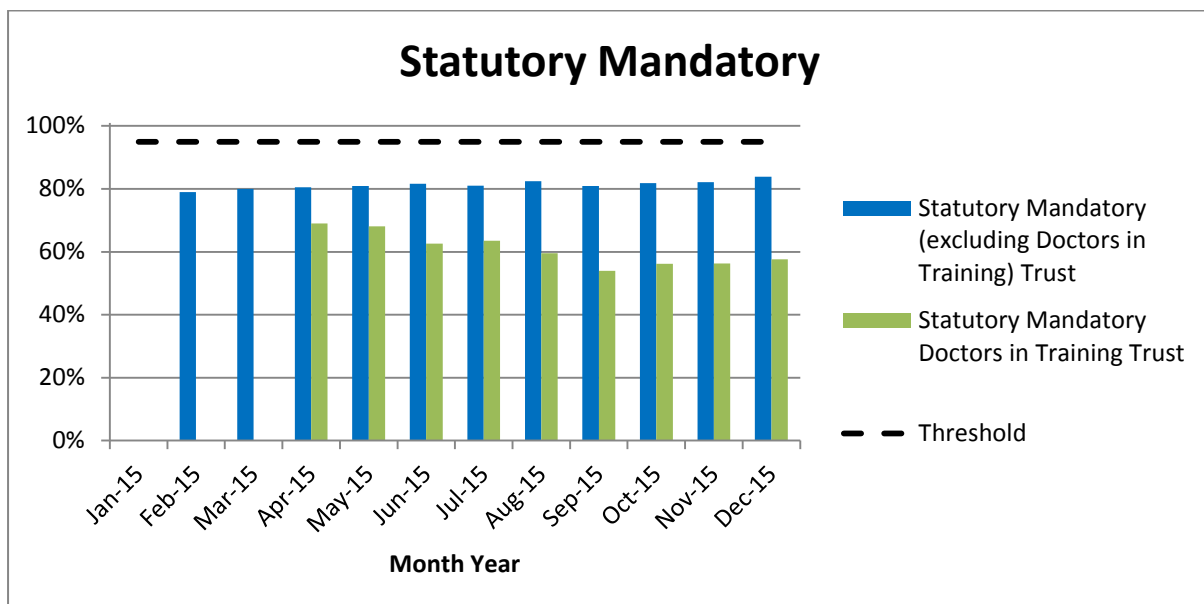


Figure 28 - Statutory and mandatory training for the period January 2015 – December 2015

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

The Trust has made significant improvements in aligning appraisal reporting with the national standards, improving the accuracy of the data. Appraisal rates continue to increase slightly each month since the changes were made. Non-compliance is being escalated to the divisions.

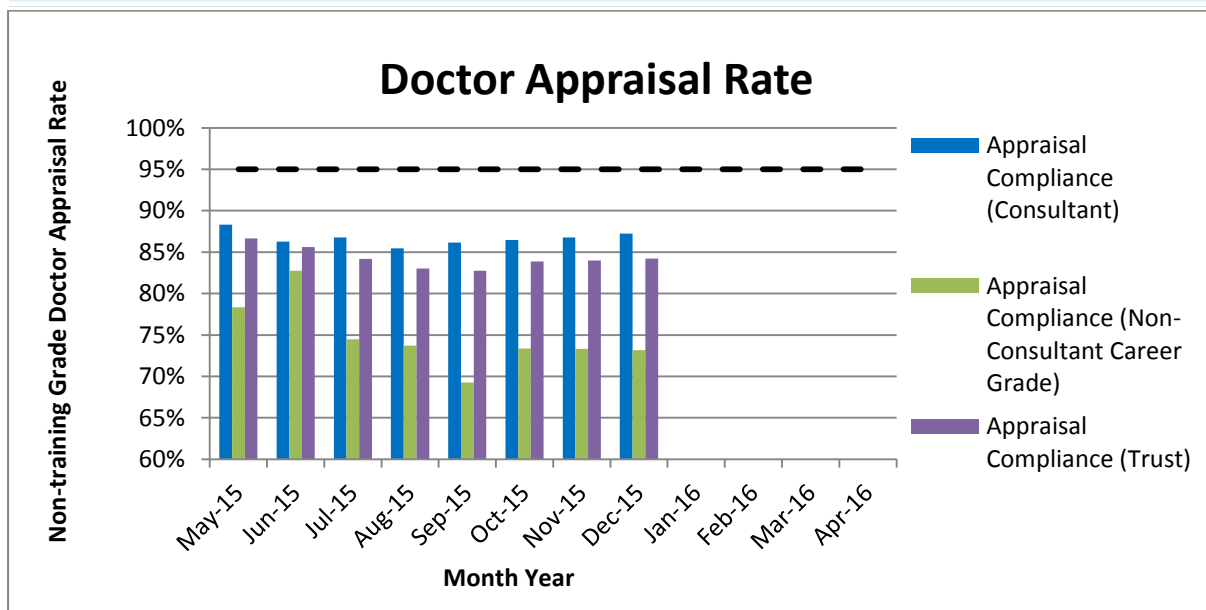


Figure 29 - Grade Doctor Appraisal Rates for the period May 2015 to April 2016

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

At the end of December, the PDR compliance rate for all of our non-medical staff was 91.69 per cent; against an expected compliance of 95.00 per cent. Divisional and Corporate leads, with the support of the HR Business Partners, are working to ensure that remaining PDR’s are scheduled, completed and recorded as soon as possible.

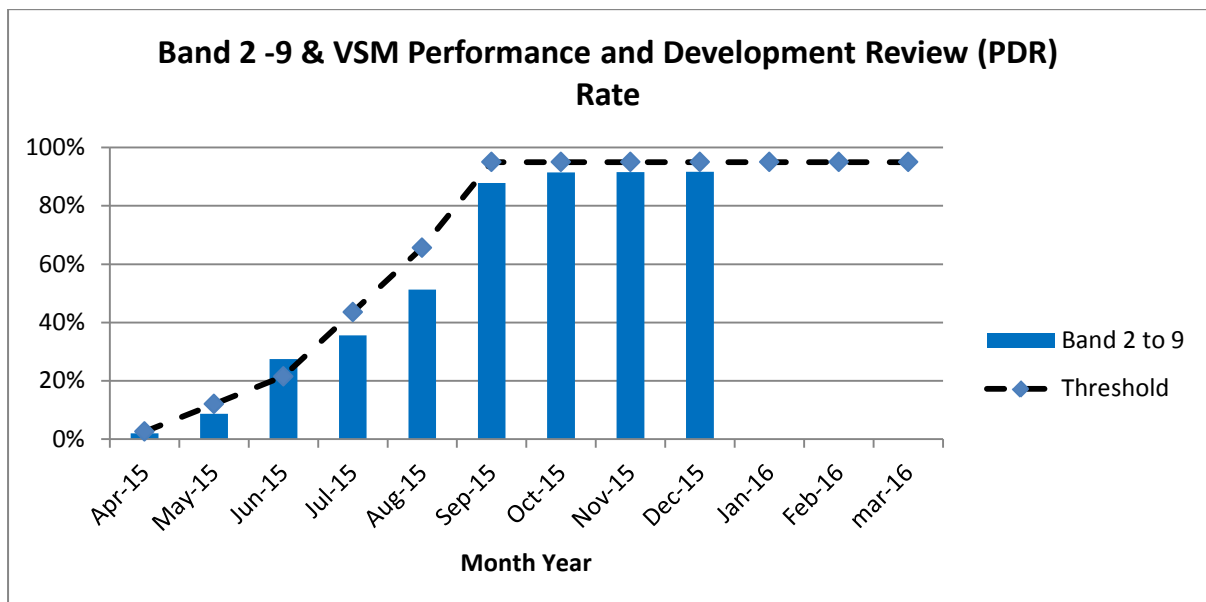


Figure 30 - Band 2 - 9 performance development review rates for the period April 2015 to December 2015

2.4.6 Well-Led: Health and Safety RIDDOR

One reportable RIDDOR incident occurred in December.

- The incident involved a member of staff who, in the course of trying to prevent a fainting patient from falling to the floor and injuring themselves, sustained a wrist fracture when the patient fell on top of the member of staff.

In the 12 months to 31st December 2015, there have been 28 RIDDOR reportable accidents of which 14 were slips, trips and falls and 4 were RIDDOR reportable dangerous occurrences. Since April 2015, there have been 18 RIDDOR reportable accidents, 11 of which were 'slips, trips and falls/ collisions'. Consistently, the majority of all RIDDOR accidents are slips, trips and falls. The Health and Safety service is working with the Estates & Facilities service and its contractors to investigate ways of ensuring floors present a significantly lower risk of slipping.

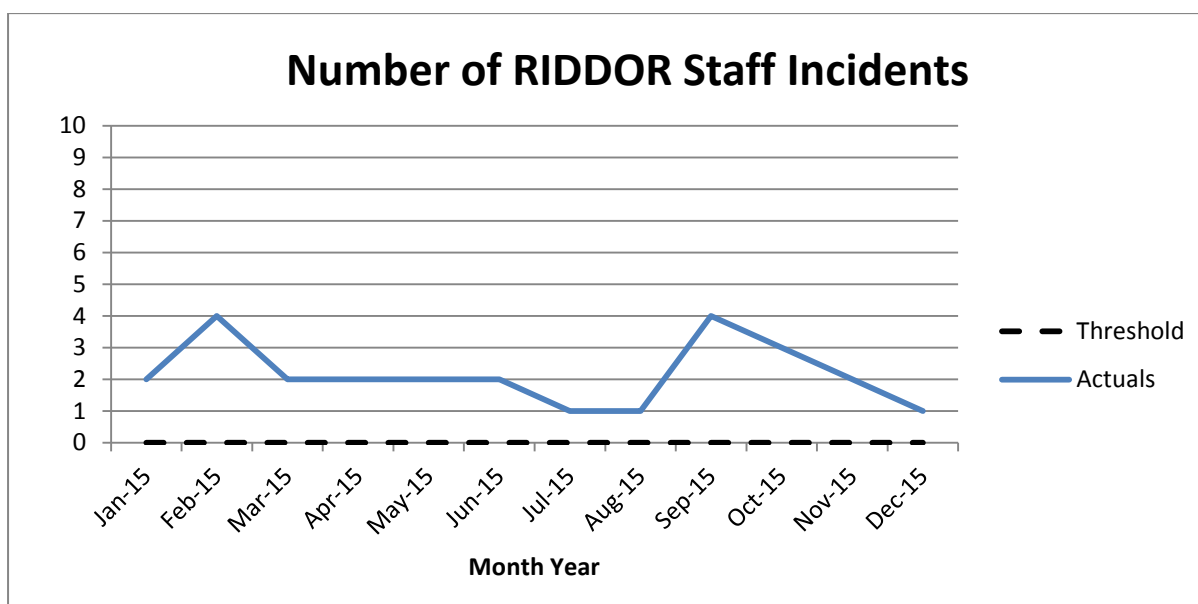


Figure 31 – RIDDOR Staff Incidents for the period January 2015 – December 2015

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

Outstanding actions from the National Training Survey (NTS) completed by Doctors in training were reviewed as part of the Quality Visit in November 2015. This resulted in the number of our open NTS red flags reducing from 35 to 31. The action plan was reviewed following the Quality Visit, with additional actions added, meaning an increase in the number of actions required to close the remaining 31 red flags from 113 to 132.

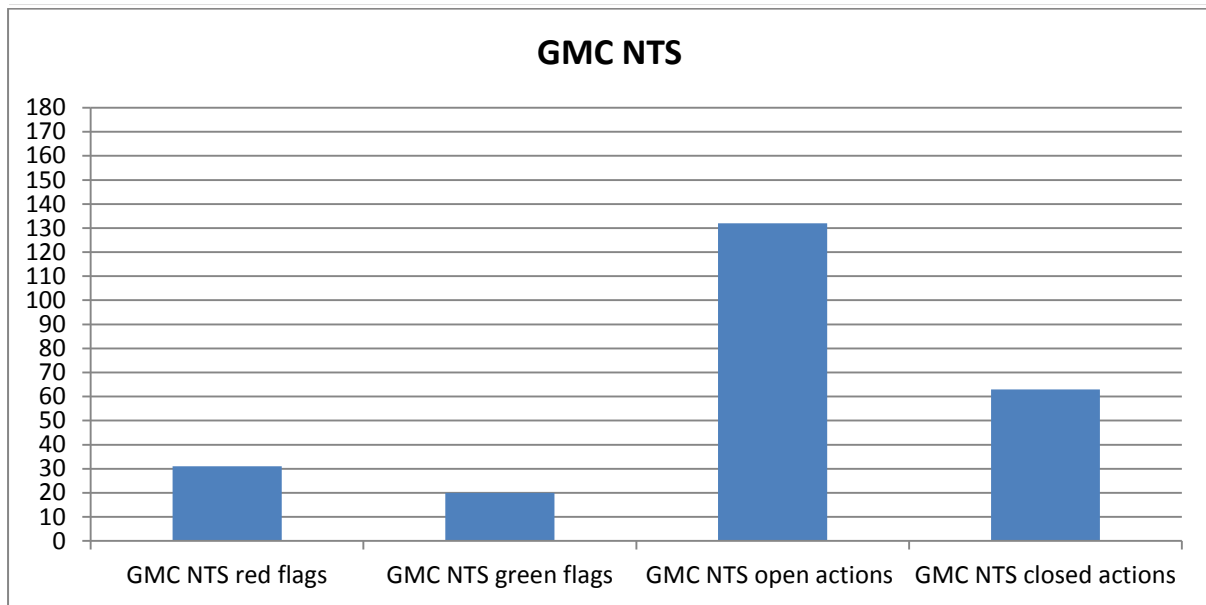


Figure 32 – GMC NTS action tracker, updated at the end of December 2015

2.4.8 Well-Led: Staff Engagement

The most recent engagement survey ran in October/November. The response rate was 54 per cent – down 1 per cent on our average response rate for 2014/15. Our engagement score was 41 per cent - down 1 per cent on our average score for 2014/15.

The Winter 2016 engagement survey was released week beginning 11 January 2016.

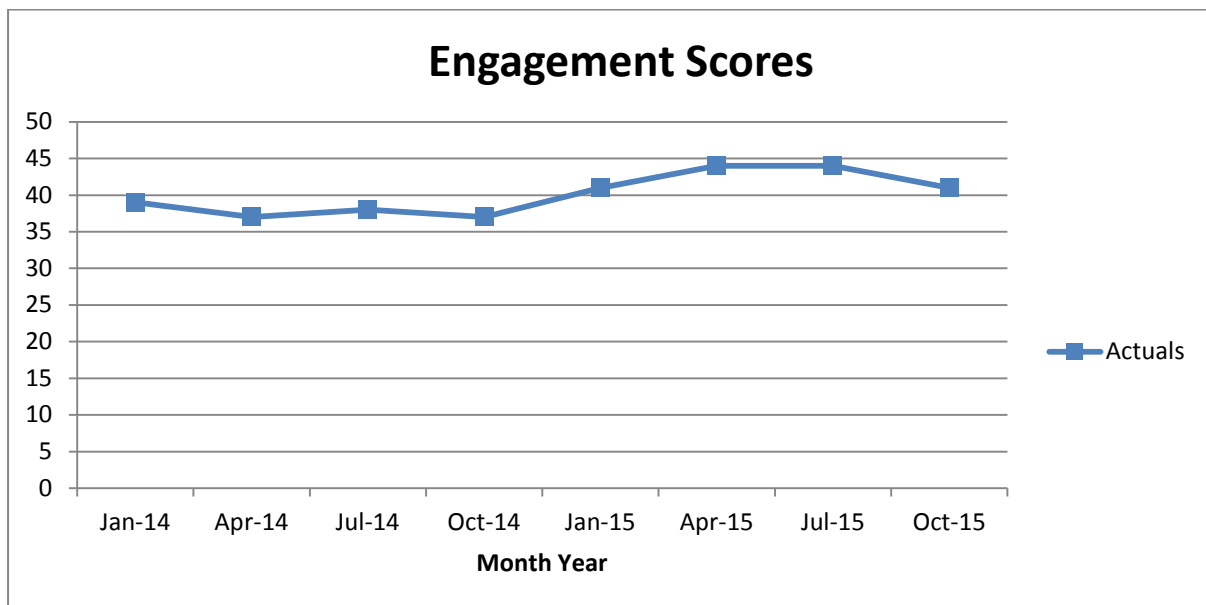


Figure 33 – Engagement scores for the period Jan 2014 – Oct 2015

2.5 Responsive

2.5.1 Responsive: Referral to Treatment (RTT)

The NHS Constitution gives patients the right to receive their first treatment within 18 weeks of referral to a consultant-led service. Performance is assessed against two primary performance standards;

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

The primary measure of RTT performance is that 92 per cent of patients should be waiting under 18 weeks at the end of each month.

The Trust performance for December was 89.68 per cent and was a significant deterioration in performance. There was also a continuation of patients waiting more than a year for elective treatment. This is not an acceptable position for the Trust to be in and an improvement plan has been implemented ensure performance recovery. This includes daily meetings with the Director of Operations & Performance and the Head of Performance with the Divisional Directors of Operations and General Managers to micromanage plans to ensure an increased activity volume each week in line with recovery trajectories. The Chief Operating Officer will also Chair meetings twice a week with the Divisional Directors of Operations to oversee assurances that performance will be recovered within quarter 4.

Contributing factors for deteriorating performance in December included reduced activity over the Christmas period, cancellation of elective work during the planned junior doctor industrial action, as well as operational challenges. The Trust is working with local commissioners and the London-wide RTT Project Management Office to source additional capacity at both NHS and private provider organisations to support the Trust in reducing the volume of pathways over 18 weeks throughout the coming months. In addition, the Trust had already planned to increase capacity in a number of specialities over quarter 4, and this will support reduction in patients waiting over 18 weeks. The daily meetings now in place will provide corporate assurance that the plans will deliver a turnaround in RTT performance and therefore reduce the waiting times for those patients waiting for elective treatment.

52 weeks

The Trust had 11 patients in December who were waiting over 52 weeks for treatment. Three patients have received their treatment and two have been booked for treatment. Dates for treatment are being agreed for a further three patients and three patients are due to come for an outpatient clinic before the end of January.

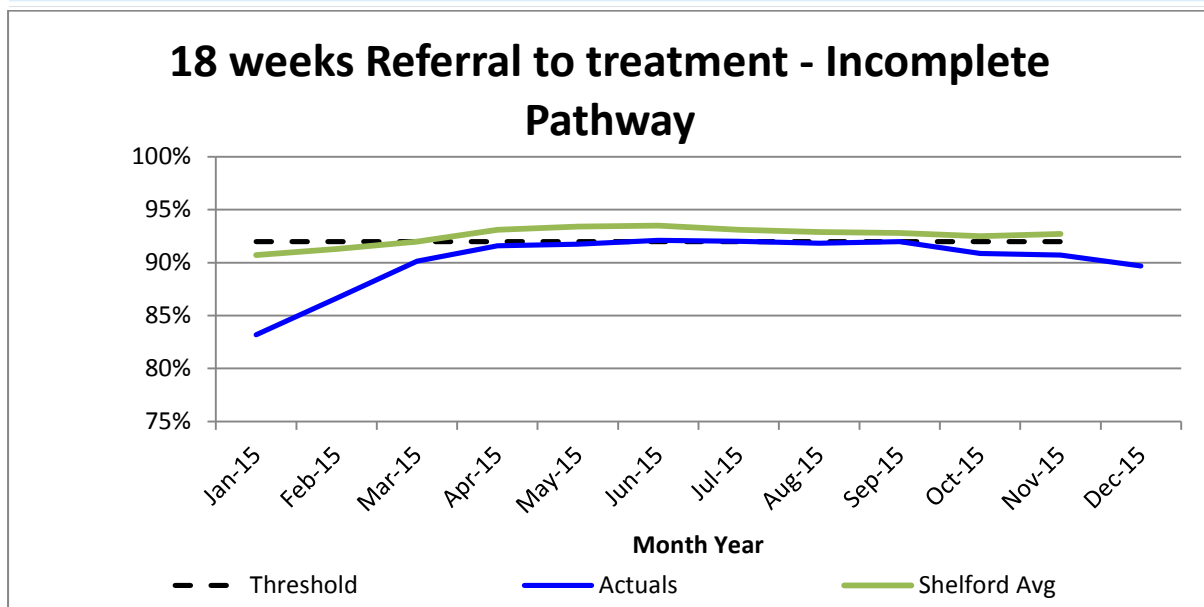


Figure 34 - RTT Incomplete Pathways for the period January 2015 – December 2015

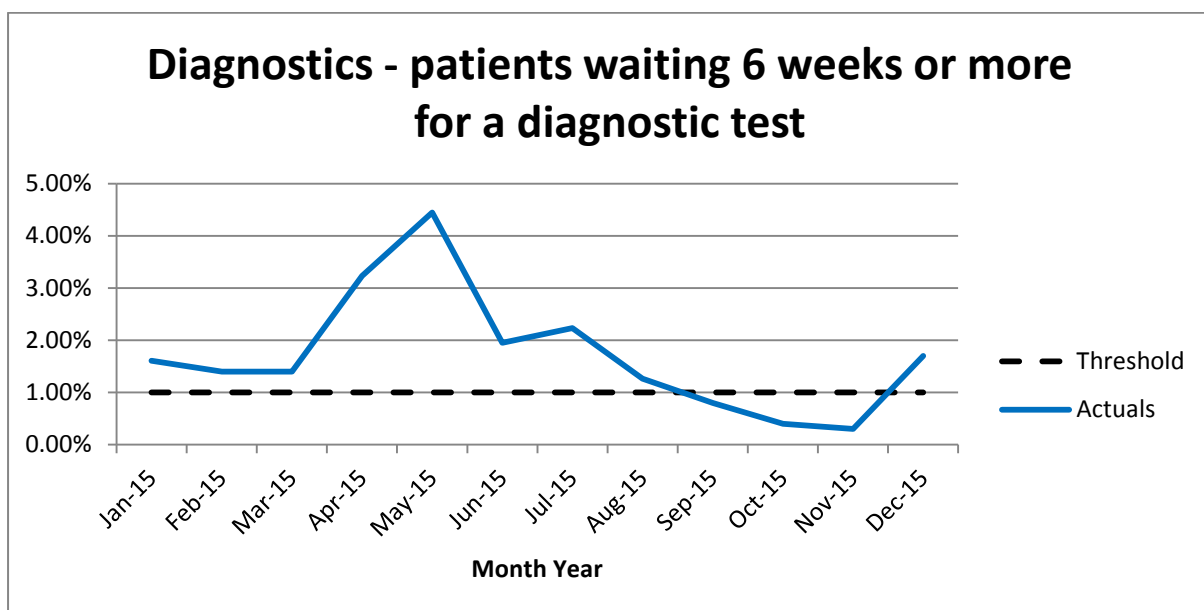


Figure 35 - Number of patients waiting over 52 weeks for the period January 2015 – December 2015

2.5.2 Responsive: Diagnostics

The Trust did not meet the monthly 6 week diagnostic waiting time standard in December with 1.7 per cent waiting over 6 weeks against the 1 per cent tolerance.

This was related to a specific issue relation to an operational estates failure. This was completely unforeseen and led to cancellations that could not be rebooked in month. All of these patients have been rebooked within the month of January and therefore the Trust is confident that the 6 week diagnostic standard will be reported within the tolerance levels from January.

Diagnostics demand and capacity planning exercise

The regional tripartite (NHS England, Trust Development Authority and Monitor) are establishing a system wide programme of work aimed at improving the resilience of diagnostics across London as part of the wider discussions about elective and non-elective plans to deliver the national constitutional targets including RTT and Cancer.

This initiative is as a result of predicted increases in demand due to year on year increases in suspected cancer referrals and also increases in elective RTT referrals. In addition, the new NICE suspected cancer guidance will also increase suspected cancer referrals and will also increase the range and volume of direct access to diagnostic tests available to GPs. The Trust has been asked to take part in a capacity and demand planning exercise and submit data during January 2016 to feed into this capacity planning exercise.

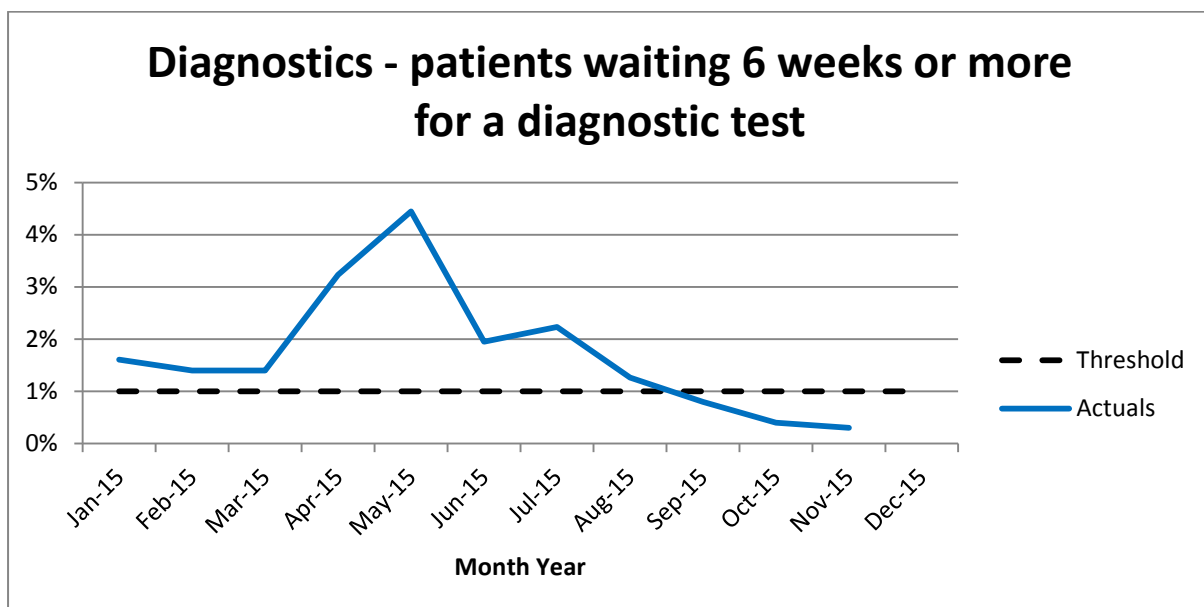


Figure 36 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period January 2015 – December 2015

2.5.3 Responsive: Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency remained challenged at 88.52 per cent in December.

The Trust has been working closely with the local health system to develop detailed site based action plans. It is not expected that the Trust will achieve the 95 per cent 4 hour wait standard at the St Mary's site within the 2015/16 financial year. However, it is projected, that the CXH site will be fully compliant by March 2016. The HH

urgent care centre consistently delivers performance well within the national thresholds.

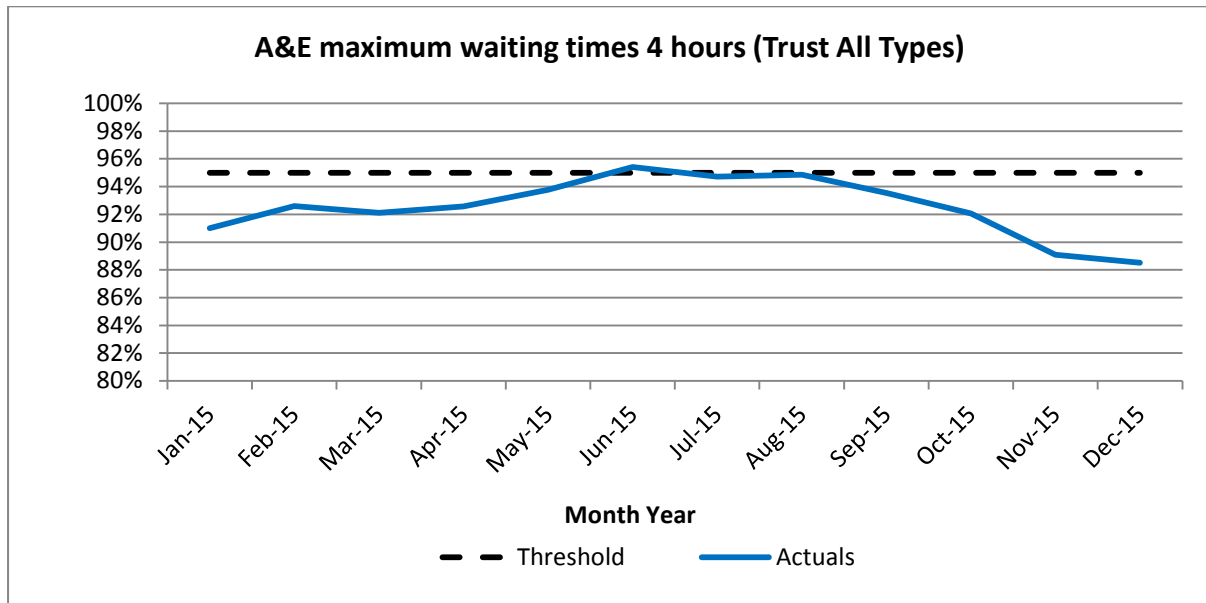


Figure 37 – A&E Maximum waiting times 4 hours (Trust All Types) for the period January 2015 – December 2015

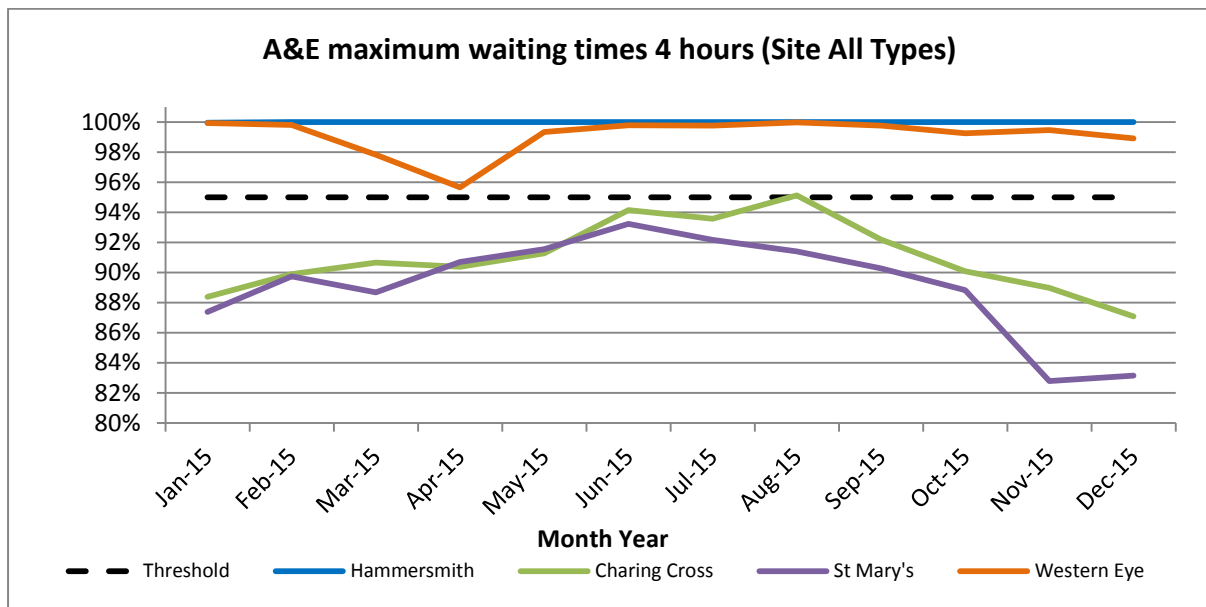


Figure 38 – A&E Maximum waiting times (Site All Types) 4 hours for the period January 2015 – December 2015

2.5.4 Responsive: Cancer

In January, performance is reported for the cancer waiting times standards in November. In November, the Trust achieved seven of the eight national cancer standards.

The Trust underperformed against the 62-day national screening target, delivering performance of 79.4 per cent against a 90 per cent target. Tolerance against this standard is low due to the low numbers of cancers diagnosed through screening services. Three of four breaches related to patient initiated delays in the diagnostic and treatment phase of the breast screening pathway and one breach related to delays at another hospital site after repatriation from the breast screening service. The breast screening service has agreed to align its tracking and escalation processes with CWT requirements and to provide clinical contact with patients who are failing to engage with the service at an earlier point than is required by the breast screening guidelines to support delivery of the standard. The Trust is currently validating the December and Quarter 3 position to recover the performance position for quarter end.

The Trust delivered against all other standards in November, and expects to continue to do so in both December and for Quarter 3.

Indicator	Standard	Q2 15/16	Nov-15
Two week GP referral to 1st outpatient, cancer (%)	93.0%	93.3%	93.9%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	94.1%	93.4%
31 day wait from diagnosis to first treatment (%)	96.0%	96.4%	96.9%
31 day second or subsequent treatment (surgery) (%)	94.0%	97.5%	100%
31 day second or subsequent treatment (drug) (%)	98.0%	100%	100%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	99.7%	98.9%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	85.3%	88.6%
62 day urgent GP referral to treatment from screening (%)	90.0%	94.3%	79.4%

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

2.5.5 Responsive: Outpatient DNA rates

Missed hospital outpatient appointments, known as Did Not Attends (DNAs) occur where a patient fails to attend an arranged appointment without cancelling it beforehand. DNAs are estimated to cost the NHS an average of £108 per appointment. When a patient does not attend for their outpatient appointment, they may be discharged back to the care of their GP. This can represent an inefficiency to both the hospital and to the GP practice, i.e. where a further GP appointment is used to make a re-referral to the hospital consultant.

The overall DNA rate for December was 12.2%. This was a slight increase from the November performance.

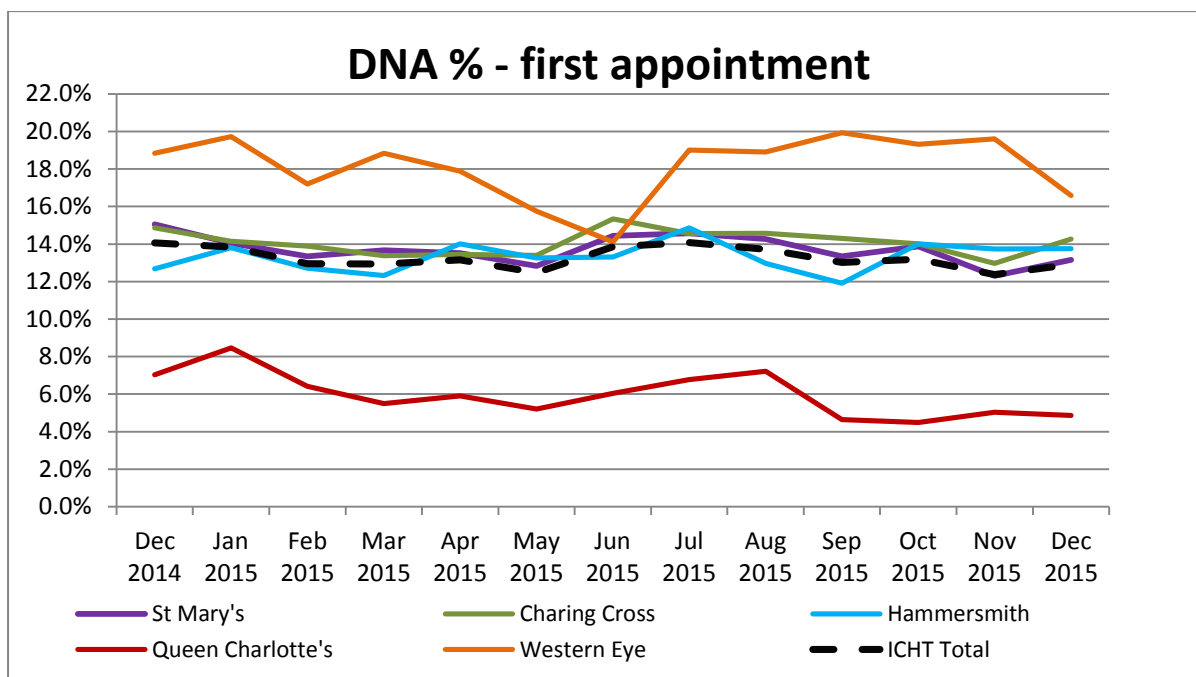


Figure 39 – First outpatient DNA rate (Site and Trust) for the period December 2014 – December 2015

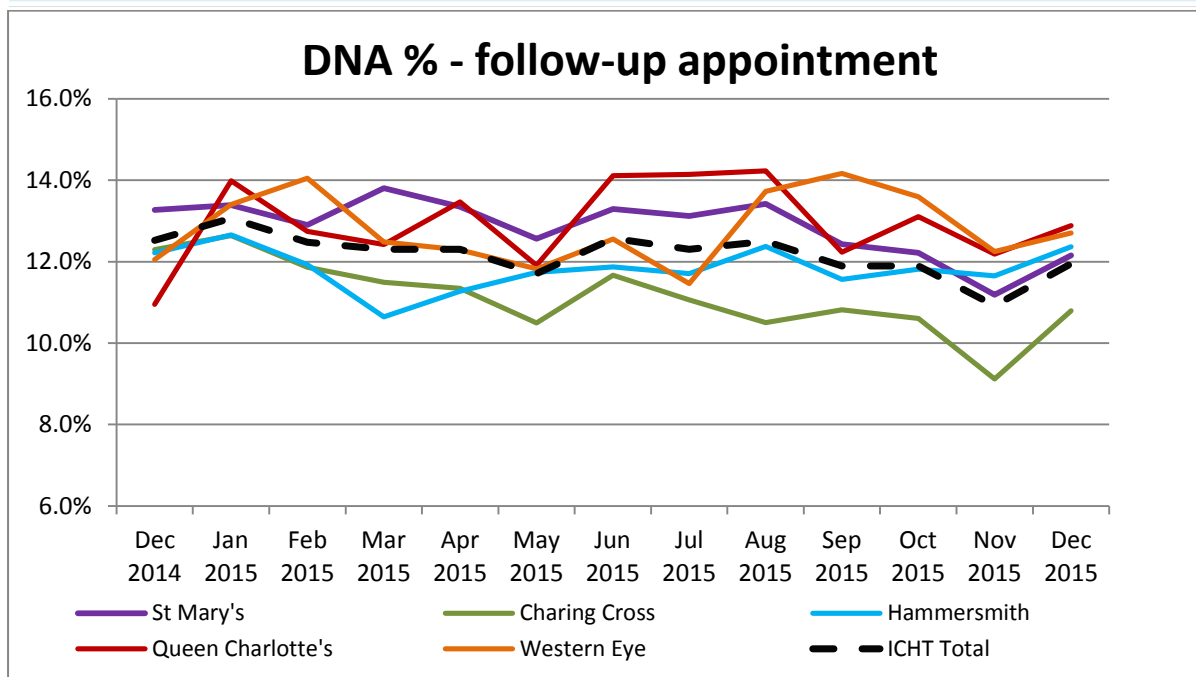


Figure 40 – Follow up outpatient DNA rate (Site and Trust) for the period December 2015 – December 2015

2.5.6 Responsive: Hospital Appointment Cancellations (hospital instigated)

Appointments are sometimes cancelled by a service within the hospital. This should only occur in very limited circumstances – such as in an emergency or when a member of staff is ill. Hospital instigated cancellations impact on the hospital’s efficiency and potentially delays treatment for our patients. The overall Trust performance has remained relatively static; the performance for November was 7.17%.

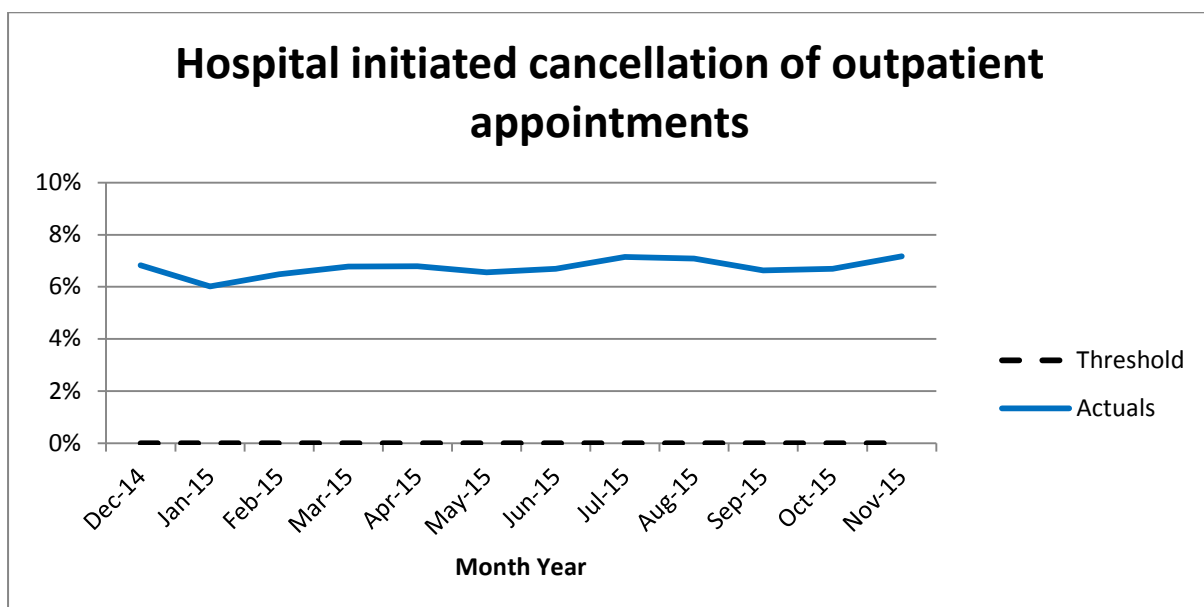


Figure 41a – Outpatient Hospital instigated cancellation rate (Trust level) for the period December 2014 – November 2015

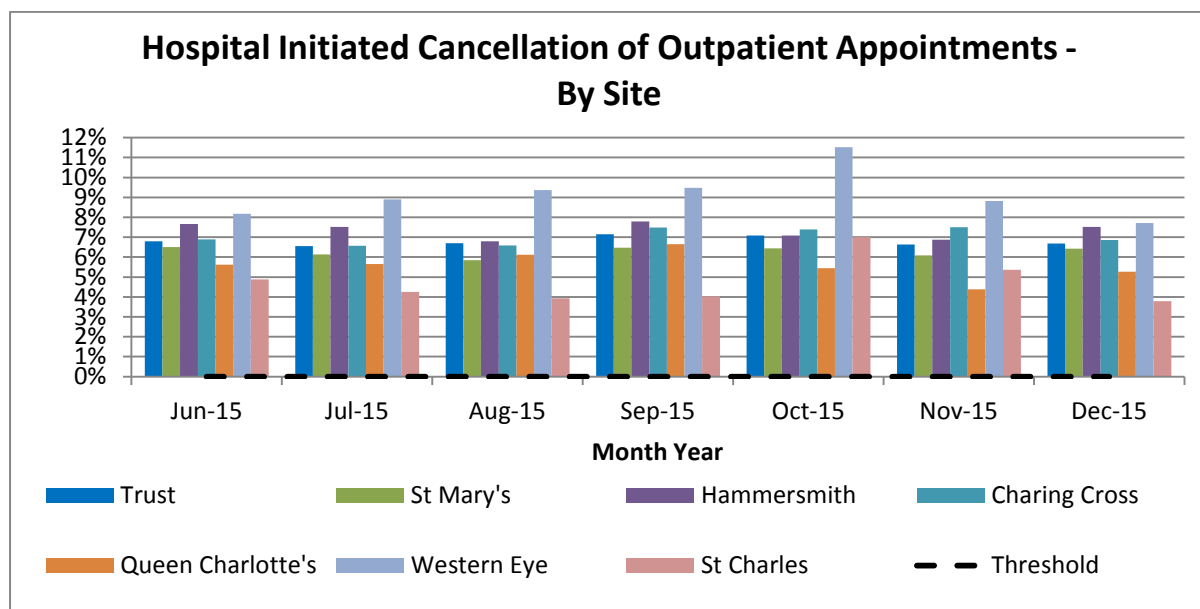


Figure 42b – Outpatient Hospital instigated cancellation rate (Site level) for the period June 2015 – November 2015

3. Finance

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