

Report to:	Date
Trust board - public	25 January 2017

Integrated Performance Report

Executive summary:

This is a regular report and outlines the key headlines that relate to the reporting month of December 2016 (month 9).

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

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Responsible executive director

Julian Redhead (Medical Director)

Janice Sigsworth (Director of Nursing)

David Wells (Director of People and Organisational Development)

Jamil Mayet (Divisional Director)

Tim Orchard (Divisional Director)

Tg Teoh (Divisional Director)

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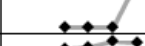


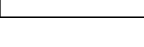
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Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Safe					
Serious incidents (number)	Julian Redhead	Dec-16	-	20	
Incidents causing severe harm (number)	Julian Redhead	Dec-16	-	3	
Incidents causing severe harm (% of all incidents YTD)	Julian Redhead	Dec-16	-	0.12%	
Incidents causing extreme harm (number)	Julian Redhead	Dec-16	-	3	
Incidents causing extreme harm (% of all incidents YTD)	Julian Redhead	Dec-16	-	0.04%	
Patient safety incident reporting rate per 1,000 bed days	Julian Redhead	Dec-16	44.0	48.6	
Never events (number)	Julian Redhead	Dec-16	0	0	
MRSA (number)	Julian Redhead	Dec-16	0	0	
Clostridium difficile (cumulative YTD) (number)	Julian Redhead	Dec-16	23	50	
VTE risk assessment: inpatients assessed within 24 hours of admission (%)	Julian Redhead	Nov-16	95.0%	95.6%	
CAS alerts outstanding (number)	Janice Sigsworth	Dec-16	0	2	
Avoidable pressure ulcers (number)	Janice Sigsworth	Dec-16	-	1	
Staffing fill rates (%)	Janice Sigsworth	Dec-16	tbc	95.4%	
Post Partum Haemorrhage 1.5L (PPH) (%)	Tg Teoh	Nov-16	2.80%	3.5%	
Core training - excluding doctors in training / trust grades (%)	David Wells	Dec-16	90.0%	85.0%	
Core training - doctors in training / trust grades (%)	David Wells	Dec-16	90.0%	70.8%	
Staff accidents and incidents in the workplace (RIDDOR-reportable) (number)	David Wells	Dec-16	0	3	
Effective					
Hospital standardised mortality ratio (HSMR)	Julian Redhead	Aug-16	100	55.98	
Clinical trials - recruitment of 1st patient within 70 days (%)	Julian Redhead	Qtr 1 16/17	90.0%	94.2%	
Unplanned readmission rates (28 days) for over 15s (%)	Tim Orchard	Jun-16	-	6.36%	
Unplanned readmission rates (28 days) for under 15s (%)	Tg Teoh	Jun-16	-	5.08%	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Caring					
Friends and Family Test: Inpatient service % patients recommended	Janice Sigsworth	Dec-16	95.0%	96.8%	
Friends and Family Test: A&E service % recommended	Janice Sigsworth	Dec-16	85.0%	94.8%	
Friends and Family Test: Maternity service % recommended	Janice Sigsworth	Dec-16	95.0%	95.7%	
Friends and Family Test: Outpatient service % recommended	Janice Sigsworth	Dec-16	94.0%	89.8%	
Non-emergency patient transport: waiting times of less than 2 hours for outward journey	Janice Sigsworth	Dec-16	-	76.3%	
Mixed-Sex Accommodation (EMSA) breaches	Janice Sigsworth	Dec-16	0	16	
Well Led					
Vacancy rate (%)	David Wells	Dec-16	10.0%	11.1%	
Voluntary turnover rate (%) 12-month rolling	David Wells	Dec-16	10.0%	10.3%	
Sickness absence (%)	David Wells	Dec-16	3.1%	3.3%	
Bank and agency spend (%)	David Wells	Dec-16	9.2%	12.6%	
Personal development reviews (%)	David Wells	Sep-16	95.0%	n/a	
Non-training grade doctor appraisal rate (%)	Julian Redhead	Dec-16	95.0%	78.9%	
Staff FFT (% recommended as a place to work)	David Wells	Q2	-	65.0%	
Staff FFT (% recommended as a place for treatment)	David Wells	Q2	-	83.0%	
Education open actions (number)	Julian Redhead	Dec-16	-	24	
Reactive maintenance performance (% tasks completed within agreed response time)	Janice Sigsworth	Dec-16	98%	60.2%	
Responsive					
RTT: 18 Weeks Incomplete (%)	Jamil Mayet	Nov-16	92.0%	83.6%	
RTT: Patients waiting over 18 weeks for treatment (number)	Jamil Mayet	Nov-16	-	10309	
RTT: Patients waiting 52 weeks or more for treatment (number)	Jamil Mayet	Nov-16	0	401	
Cancer: 2-week GP referral to 1st outpatient - cancer (%)	Jamil Mayet	Oct-16	93.0%	93.2%	
Cancer: Two week GP referral to 1st outpatient – breast symptoms (%)	Jamil Mayet	Oct-16	93.0%	96.2%	
Cancer: 31 day wait from diagnosis to first treatment (%)	Jamil Mayet	Oct-16	96.0%	97.6%	
Cancer: 31 day second or subsequent treatment (surgery) (%)	Jamil Mayet	Oct-16	94.0%	95.6%	
Cancer: 31 day second or subsequent treatment (drug) (%)	Jamil Mayet	Oct-16	98.0%	100.0%	
Cancer: 31 day second or subsequent treatment (radiotherapy) (%)	Jamil Mayet	Oct-16	94.0%	97.8%	

Core KPI	Executive Lead	Period	Standard	Latest performance (Trust)	Direction of travel (Trust)
Cancer: 62 day urgent GP referral to treatment for all cancers (%)	Jamil Mayet	Oct-16	85.0%	82.0%	
Cancer: 62 day urgent GP referral to treatment from screening (%)	Jamil Mayet	Oct-16	90.0%	92.9%	
Cancelled operations (as % of elective activity)	Jamil Mayet	Nov-16	0.8%	0.7%	
28 day rebooking breaches (% of cancellations)	Jamil Mayet	Sep-16	5.0%	8.5%	
A&E patients seen within 4 hours (type 1) (%)	Tim Orchard	Dec-16	95.0%	64.7%	
A&E patients seen within 4 hours (all types) (%)	Tim Orchard	Dec-16	95.0%	84.5%	
Patients waiting longer than 6 weeks for diagnostic tests (%)	Tg Teoh	Nov-16	1.0%	0.3%	
Outpatient Did Not Attend rate: (First & Follow-Up) (%)	Tg Teoh	Dec-16	11.0%	11.7%	
Hospital initiated outpatient cancellation rate with less than 6 weeks notice (%)	Tg Teoh	Dec-16	10.0%	7.9%	
Outpatient appointments made within 5 working days of receipt (%)	Tg Teoh	Dec-16	95.0%	83.2%	
Antenatal booking 12 weeks and 6 days excluding late referrals (%)	Tg Teoh	Dec-16	95.0%	97.0%	
Complaints: Total number received from our patients	Janice Sigsworth	Dec-16	100	72	
Complaints: % responded to within timeframe	Janice Sigsworth	Dec-16	95.0%	100.0%	
Money and Resources					
In month variance to plan (£m)	Richard Alexander	Dec-16		0.00	
YTD variance to plan (£m)	Richard Alexander	Dec-16		0.41	
Annual forecast variance to plan (£m)	Richard Alexander	Dec-16		0.00	
Agency staffing (% YTD)	Richard Alexander	Dec-16		6.0%	
YTD NHS income performance variance to plan (£m)	Richard Alexander	Dec-16		7.03	
CIP % delivery YTD	Richard Alexander	Dec-16		103.5%	

2. Key indicator overviews

2.1 Safe

2.1.1 Safe: Serious Incidents

Sixteen serious incidents (SIs) were reported in December 2016. These are currently under investigation.

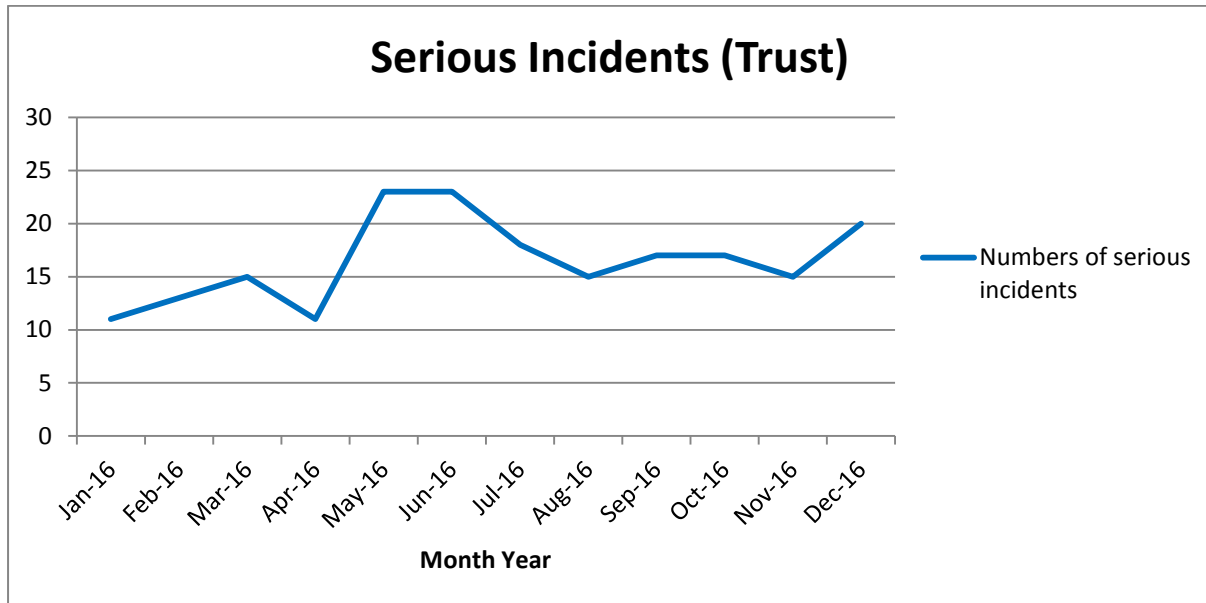


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period January 2016 – December 2016

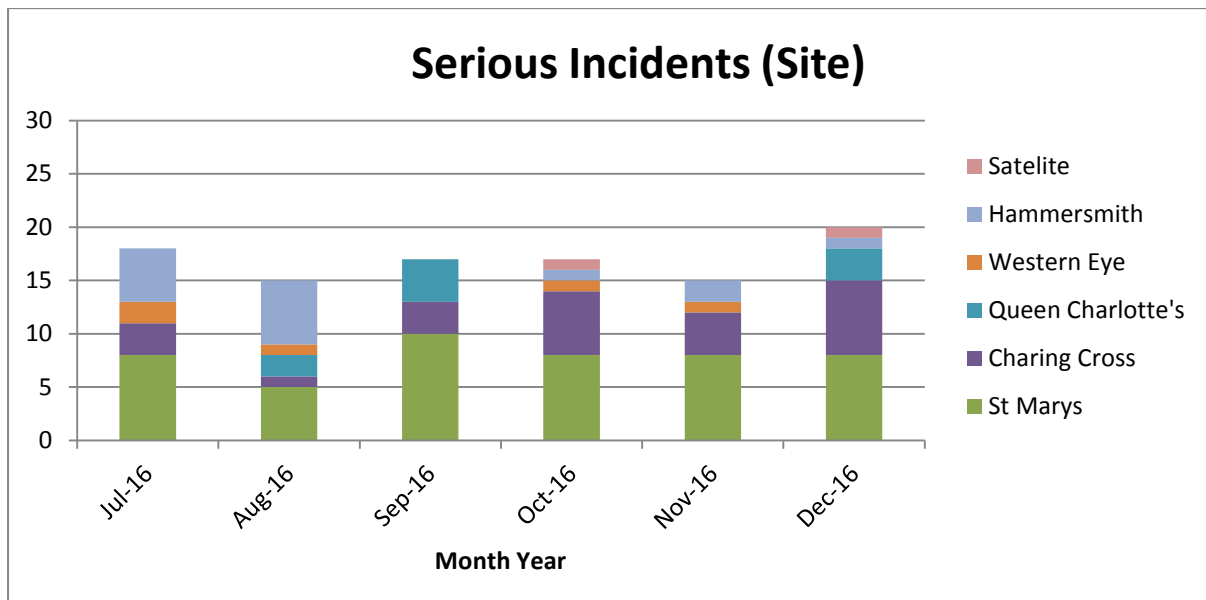


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period July 2016 – December 2016

2.1.2 Safe: Incident reporting and degree of harm

Incidents causing severe and extreme harm

The Trust reported three major/severe harm incidents and three extreme harm/death incidents in December 2016.

The percentage of incidents causing these levels of harm reported by the Trust since April 2016 remains below national average when compared to the data published by the National Reporting and Learning System (NRLS) in September 2016.

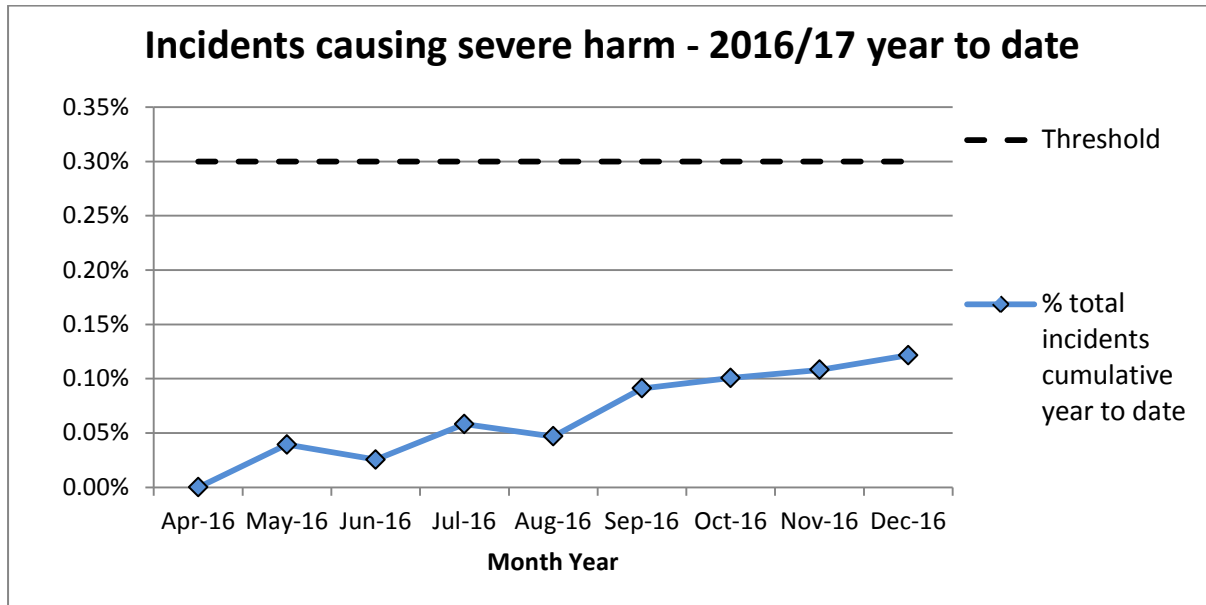


Figure 3 – Incidents causing severe harm by month from the period April 2016 – December 2016 (% of total patient safety incidents YTD)

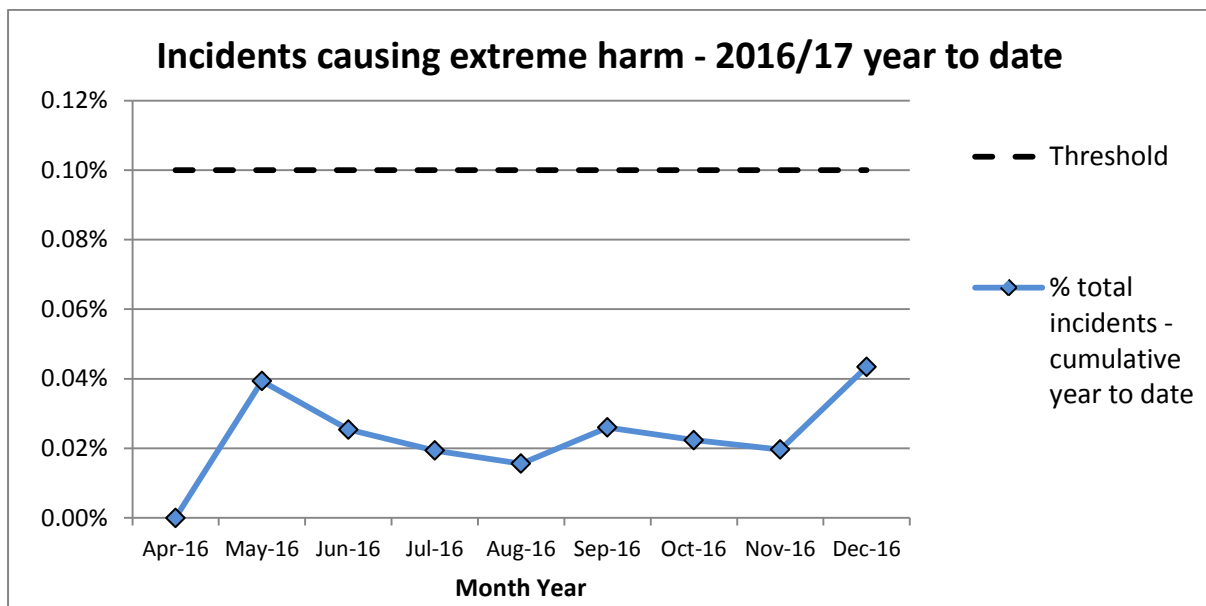


Figure 4 – Incidents causing extreme harm by month from the period April 2016 – December 2016 (% of total patient safety incidents YTD)

Patient safety incident reporting rate

The Trust’s incident reporting rate for December 2016 is 48.59. This places the Trust amongst the highest 25 per cent of reporters nationally.

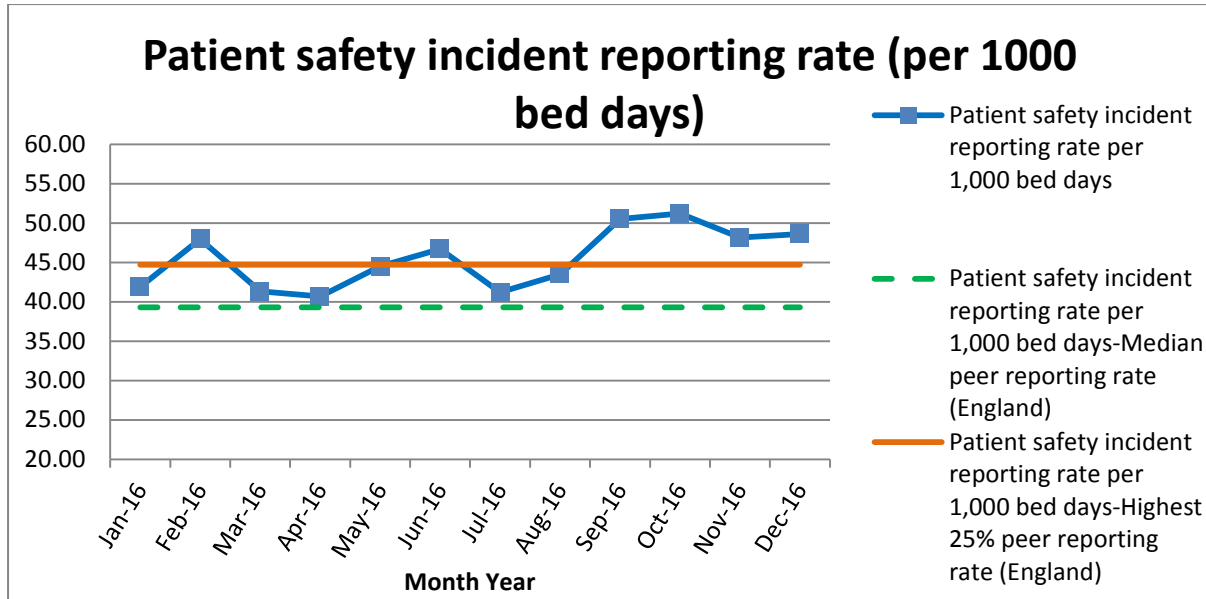


Figure 5 – Trust incident reporting rate by month for the period January 2016 – December 2016

- (1) Median reporting rate for Acute non specialist organisations (NRLS 01/10/2015 to 01/03/2016)
- (2) Highest 25% of incident reporters among all Acute non specialist organisations (NRLS 01/04/2015 to 30/09/2015)

Never Events

No never events were reported in December 2016.

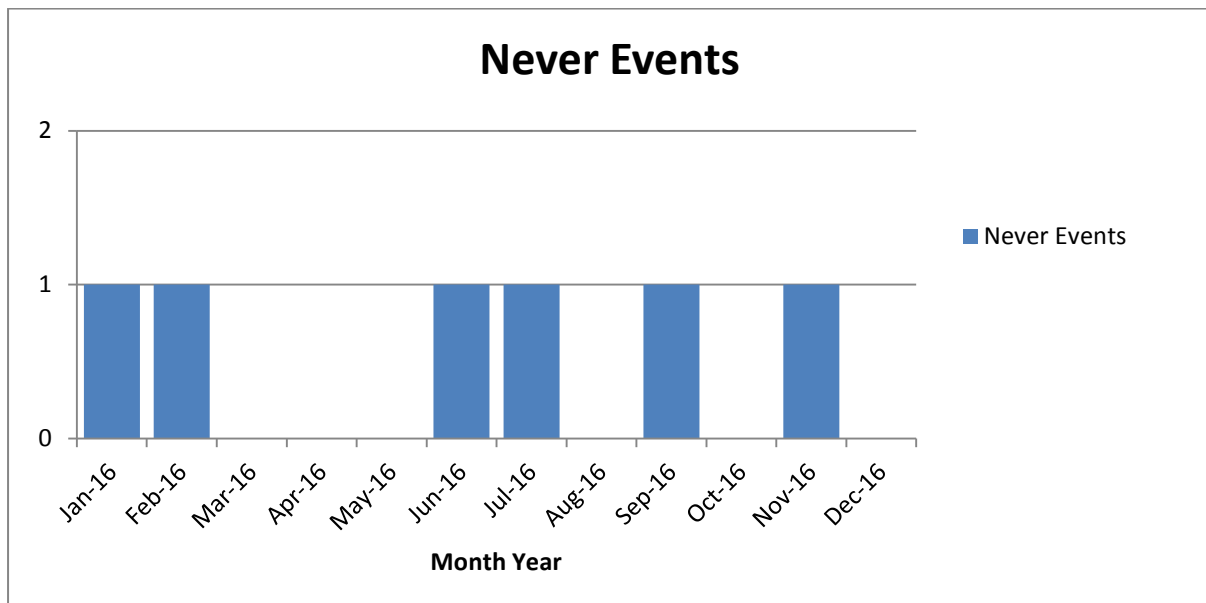


Figure 6 – Trust Never Events by month for the period January 2016 – December 2016

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

Eight cases of MRSA BSI have been identified at the Trust in 2016/17; three of these have been allocated to the Trust, one in May, one in October 2016 and one in November 2016. 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.

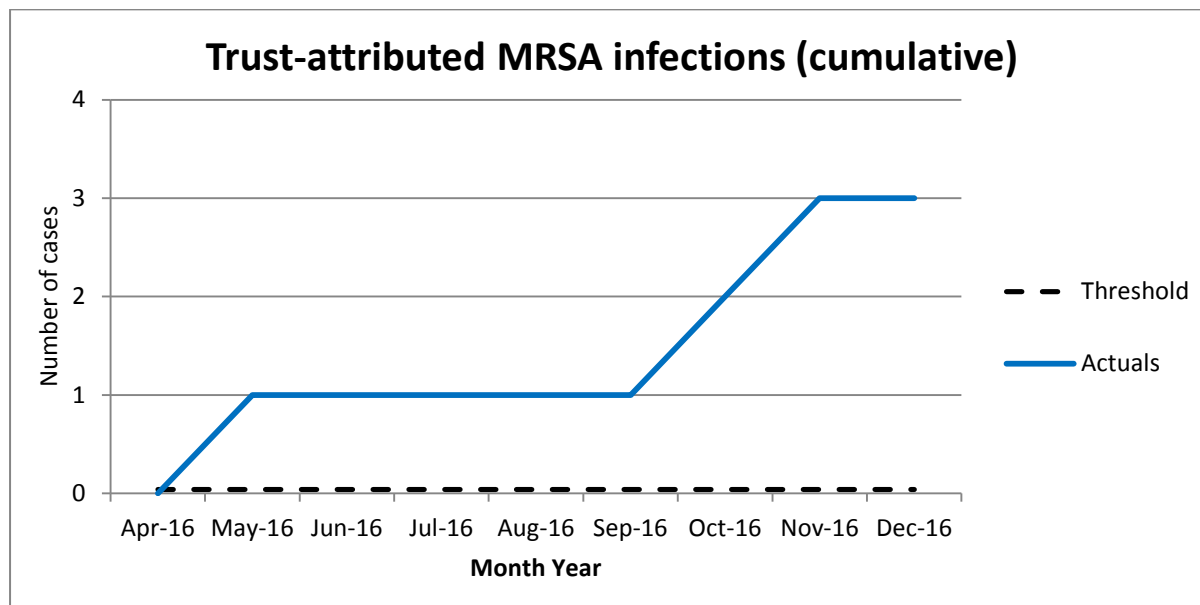


Figure 7 – Cumulative number of MRSA infections for the period April 2016 – December 2016

2.1.4 Safe: *Clostridium difficile*

Two cases of *Clostridium difficile* were allocated to the Trust for December 2016; neither of these have been identified as a lapse in care. The locations of these cases are shown below:

- Ward 11 North, CXH (ICU – SCCS)
- Ward 11 South, CXH (Neurosurgery – MIC)

A total of 50 cases have been allocated to the Trust in 2016/17, the annual target remains 69 cases. Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care occurred and to agree actions to address issues found.

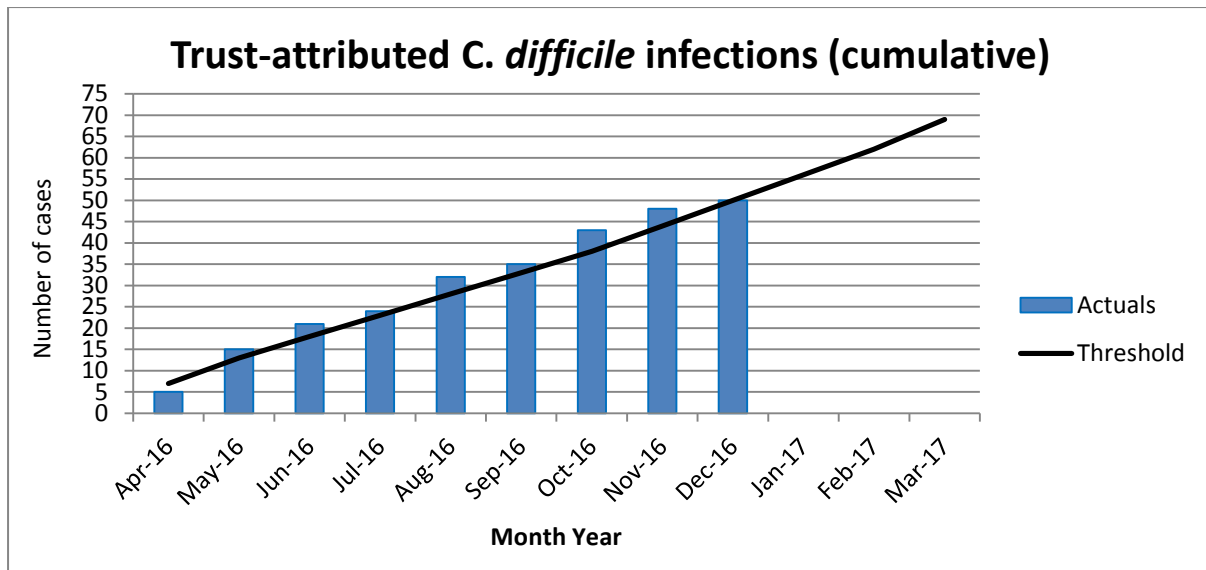


Figure 8 - Number of Trust-attributed *Clostridium difficile* infections against cumulative plan by month for the period April 2016 – December 2016

2.1.5 Safe: Venous thromboembolism (VTE) risk assessment

The latest reported VTE risk assessment performance is for November 2016 which was 95.6 per cent of adult inpatients (including day cases) assessed for venous thromboembolism (VTE) within 24 hours of admission, against the national quality target of 95 per cent or more. The December data are subject to further validation.

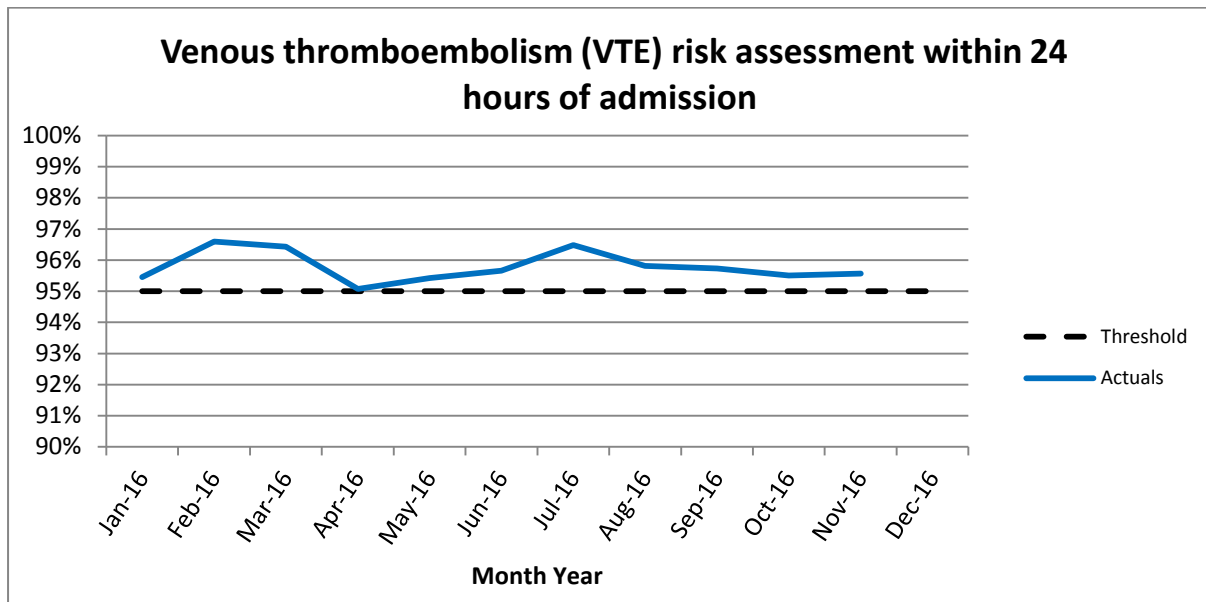


Figure 9 – % of inpatients who received a risk assessment for Venous thromboembolism (VTE) within 24 hours of their admission by month for the period January 2016 – November 2016

2.1.6 Safe: Avoidable pressure ulcers

There was one avoidable unstageable pressure ulcer recorded in December 2016. The Trust has exceeded the target which was to achieve a 10 per cent reduction on 2015/16 which equates to no more than 22 during 2016/17.

All pressure ulcers are reported as serious incidents and investigated by the Senior Nurse for the clinical area and local action plan implemented. No trust-acquired category 4 pressure ulcer has been reported since March 2013

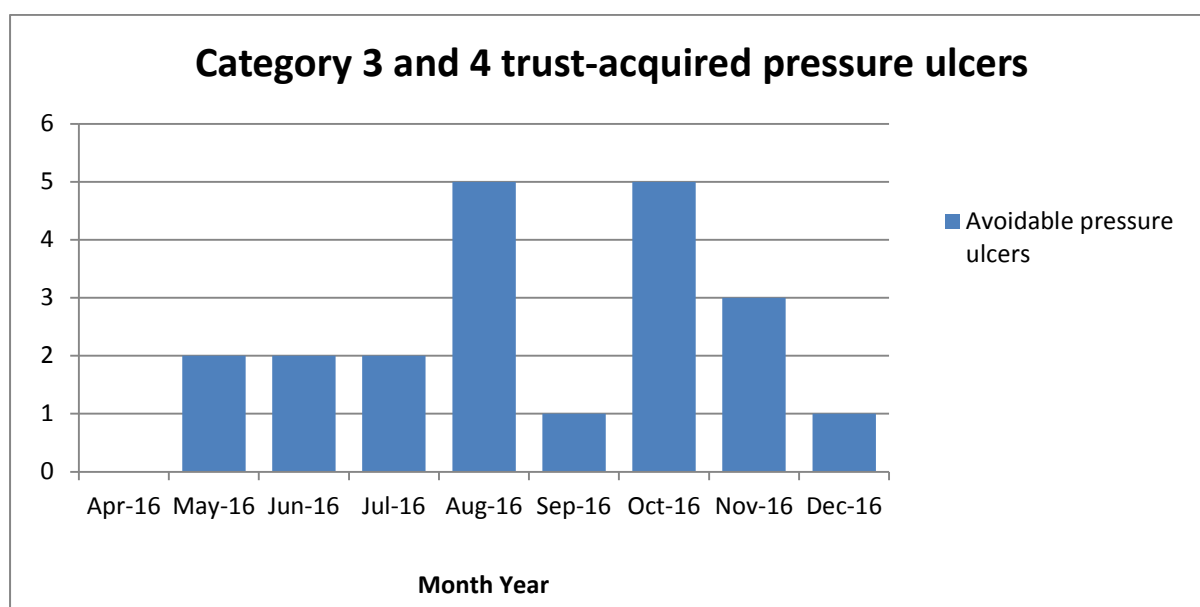


Figure 10 – Number of category 3 and category 4 (including unstageable) trust-acquired pressure ulcers by month for the period April 2016 – December 2016

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

In December 2016 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	96.23	87.45	97.27	96.26
Hammersmith	97.20	85.50	98.42	90.18
Queen Charlotte's	97.42	94.34	96.34	98.17
St. Mary's	96.00	89.39	97.27	96.13

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

- 4 South (medicine) had a fill rate of 84.66 per cent for care staff during the day.

This equated to 13 shifts uncovered. This was the result of rapid escalation to meet the demand for extra beds (6) and a combination of sickness, maternity leave and unfilled vacancies. The overall fill rate was over 90 per cent.

- 5 West (general medicine) had a fill rate of 73.81 per cent for care staff during the day. This equated to 22 shifts unfilled. 4 shifts were for escalation and increased activity whilst 11 shifts were for patients requiring enhanced care (specials). The gap in staffing overall was the result of a combination of factors; sickness, unfilled vacancies and the requirement for specials as well as the amalgamation of two clinical areas (5 West and 5 South). Managers are currently working through the staffing requirements of the new combined area according to patient acuity and dependency.
- 7 West (gastroenterology) had a fill rate of 82.82 per cent for care staff during the day. This equated to 14 shifts unfilled. This related to an increased requirement for specials for some patients. The overall fill rate was over 90 per cent.
- 8 South (general medicine) had a day fill rate of 83.43 per cent for care staff. This relates to 25 unfilled shifts as a result of increased requirement for specials.
- Manvers (general medicine) had a day fill rate of 84.53 per cent for care staff during the day. This resulted from the use of the Manvers rota to request shifts for the escalation beds (4-7) over the month of December equating to 11 shifts.
- Samuel Lane had a fill rate of 78.39 per cent for care staff during the day. This equated to 14 shifts unfilled. This was due to rapid escalation of beds (3) over much of December due to increased capacity requirements.
- Thistle ward (medicine) had a day fill rate of 83.87 per cent for care staff. This was due to an increased requirement for specials. The ward manager of the area for 34.5 hours in the numbers to ensure patients received appropriate levels of care.
- John Humphrey (medicine) had a fill rate for 88.87 per cent day fill rate for registered nurses and 75.68 per cent fill rate for care staff plus an overall fill rate of 82.54 per cent. The staffing gap related to unfilled shifts for enhanced care and staff sickness. Staffing cover was provided by other areas (PIU and Christopher Booth)
- A9 (cardiothoracic surgery) had a day fill rate for care staff of 69.77 per cent and 80.15 per cent at night equating to 12 day and 8 night shifts respectively unfilled. This resulted from an increased requirement for specials and staff were moved from other areas to ensure patients received the care they needed.
- 6 South ward (oncology) had a night fill rate of 86.90 per cent for registered nurses. This equated to 10 shifts where 1 HCA was used in place of the 1 of 3RNs that are established for the area. The establishment for this area will be reviewed to ensure the template matches the staffing requirements in the future, as 3 RNs are not required.

- The day fill rate for care staff overall at the Hammersmith site was 83.14 per cent for the month of December in the division of medicine. This was due to increased bed numbers and the high numbers of specials required across the division.

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

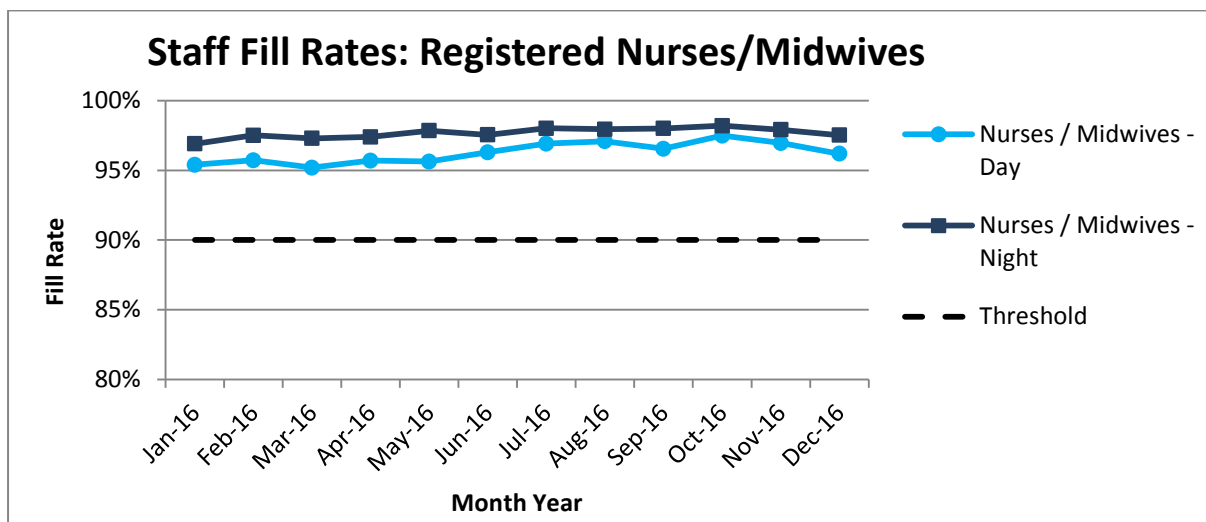


Figure 12 - Monthly staff fill rates (Registered Nurses/Registered Midwives) by month for the period January 2016 – December 2016

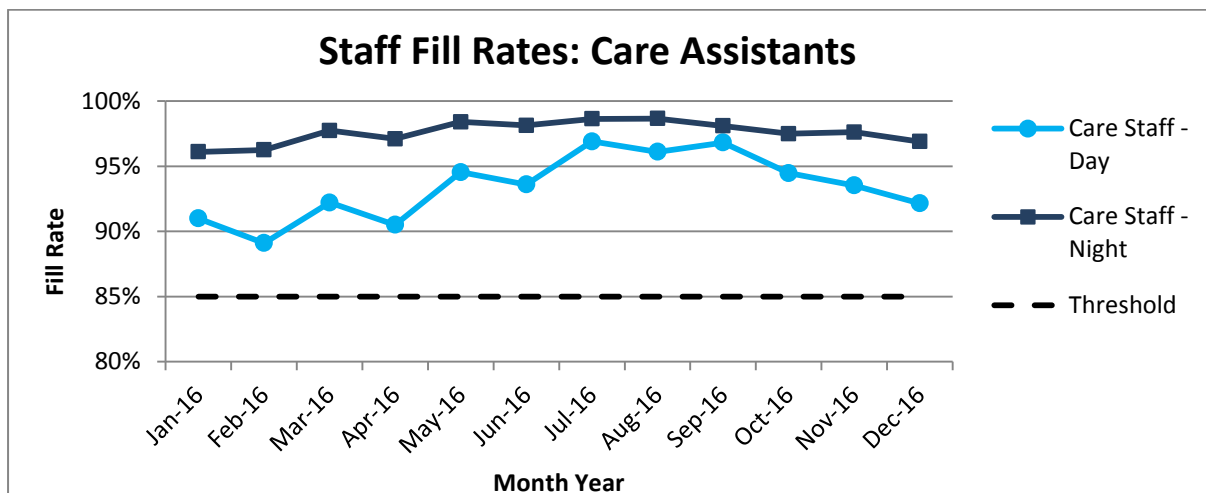


Figure 13 - Monthly staff fill rates (Care Assistants) by month for the period January 2016 – December 2016

2.1.8 Safe: CAS alerts

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 December 2016 there were 2 overdue CAS alerts for estates at the Trust, relating to the following:

1. Metal waste pipes used for the disposal of laboratory solutions and reagents containing sodium azide.
2. Recall of Hager 10 kA Miniature Circuit Breakers (MCBs)

Actions are being put in place to comply with each of the above alerts and to ensure completion. These include: warning labels to accessible pipework; Assessing circuit breakers for potential recall - to date only 1 has been identified of the type rating in the alert.

All open alerts are within their completion deadline dates.

2.1.9 Safe: Postpartum haemorrhage

The latest reported performance is for November 2016, where 3.5 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 was above the target, but was in line with the improvement trajectory.

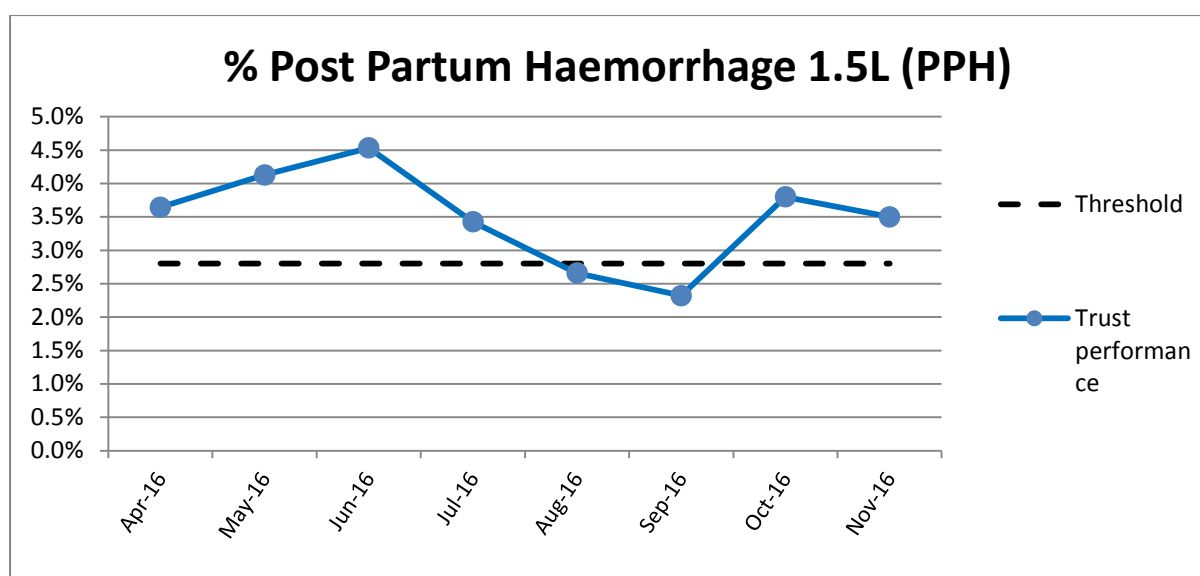


Figure 14 – Postpartum haemorrhage (PPH) for the period April 2016 – November 2016

2.1.10 Safe: Statutory and mandatory training

Core skills - excluding doctors in training / trust grade

In December 2016, overall compliance was 84.96 per cent against a target of 90 per cent. A communications campaign will commence in late January to launch the Core Clinical Topics as well as the Core 10 Topics.

Core Skills for doctors in training / trust grade

In December 2016, overall compliance was 70.76 per cent against a target of 90 per cent. The compliance for junior doctors is below target. This is attributed to a recent London-wide initiative to streamline movement of staff across London. This resulted in manual processes having to be completed and doctors asked to repeat modules. Measures are being taken to revise the process for the next intakes in February.

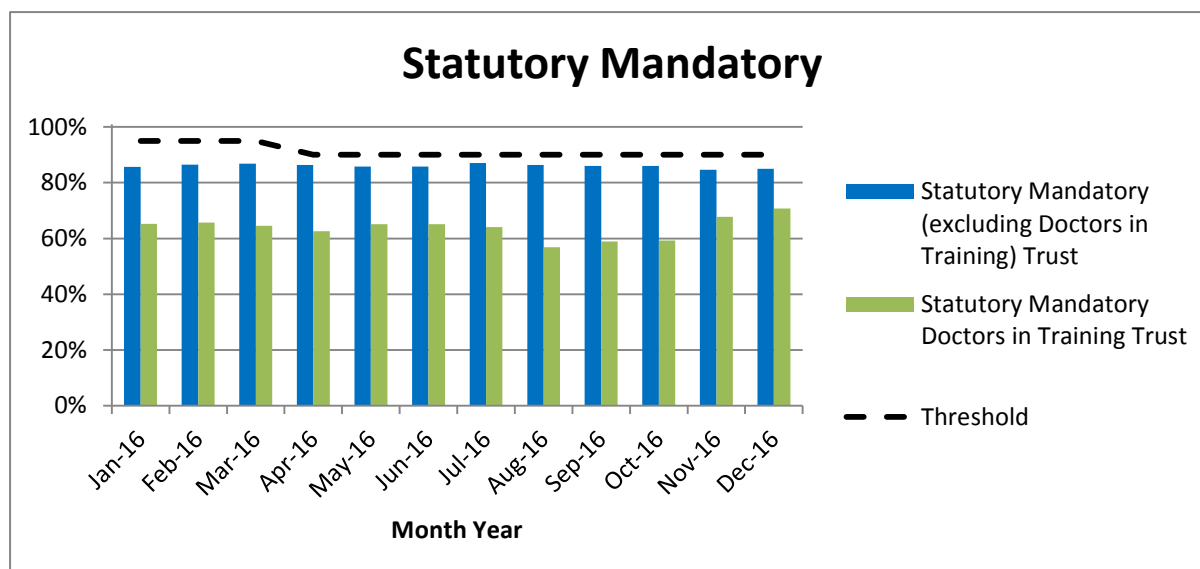


Figure 15 - Statutory and mandatory training for the period January 2016 – December 2016

2.1.11 Safe: Work-related reportable accidents and incidents

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

- The first incident was an employee who received a finger injury whilst moving a patient, resulting in a work-related sickness absence of over 7 days.
- The second incident was an employee who was exposed, via inhalation, to 'a substance which could cause personal injury', due to ventilation malfunctioning; this is reportable as a dangerous occurrence.
- The third incident was an employee who was exposed, via eye contact, to 'a substance which could cause personal injury', arising from its unintentional release, caused by the catastrophic failure of a syringe which was connected to a pump injector; this is reportable as a dangerous occurrence.

In the 12 months to end December 2016, there have been 38 RIDDOR reportable incidents of which 13 were slips, trips and falls. The Health and Safety service continues to work with the Estates & Facilities service and its contractors to identify suitable action to take to ensure floors present a significantly lower risk of slipping.

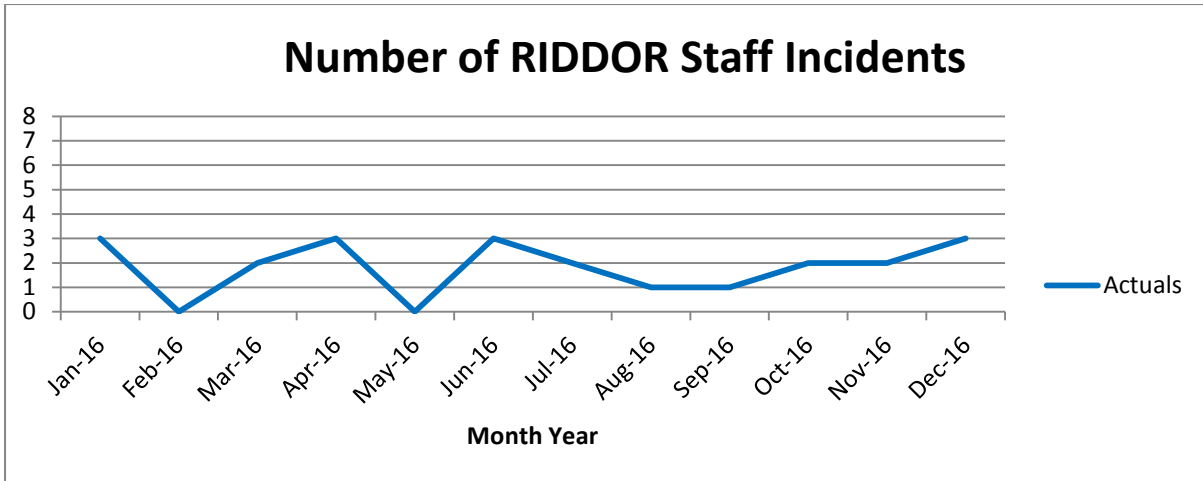


Figure 16 – RIDDOR Staff Incidents for the period January 2016 – December 2016

2.2 Effective

2.2.1 Effective: National Clinical Audits

There have been 26 national clinical audit reports published since April 2016 in which the Trust participated. Seventeen of these remain under review by the divisions, with action plans being developed for any areas of concern.

2.2.2 Effective: Mortality data

Our target for mortality rates in 2016/17 is to be in the top five lowest-risk acute non-specialist trusts as measured by the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI). The most recent monthly figure for HSMR is 55.98 for August 2016. Across the last year of available data (September 2015 – August 2016), the Trust has the third lowest HSMR for acute non-specialist trusts nationally. The Trust has the fourth lowest SHMI of all non-specialist providers in England for July 2015 to June 2016.

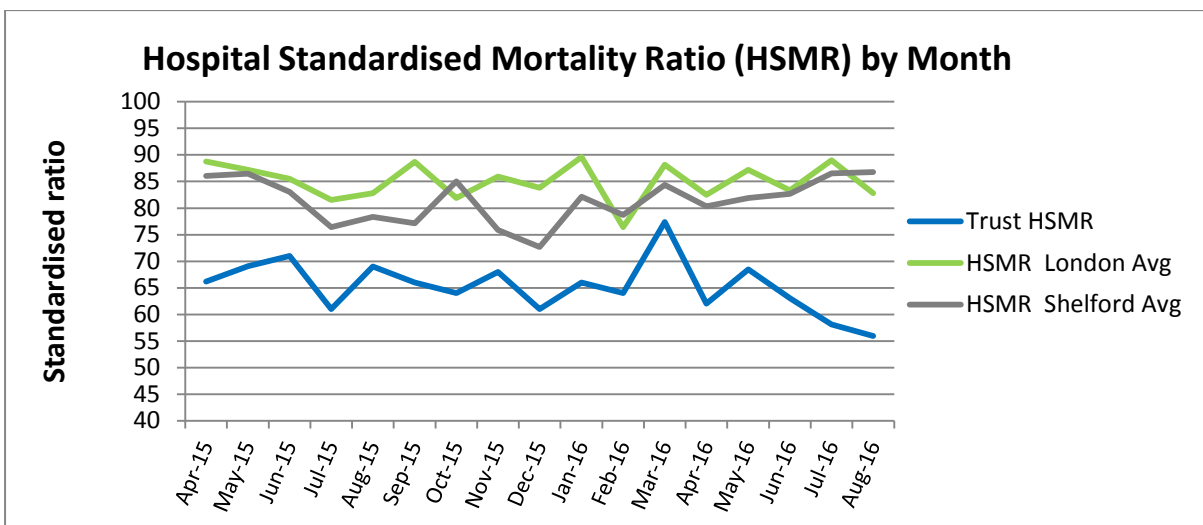
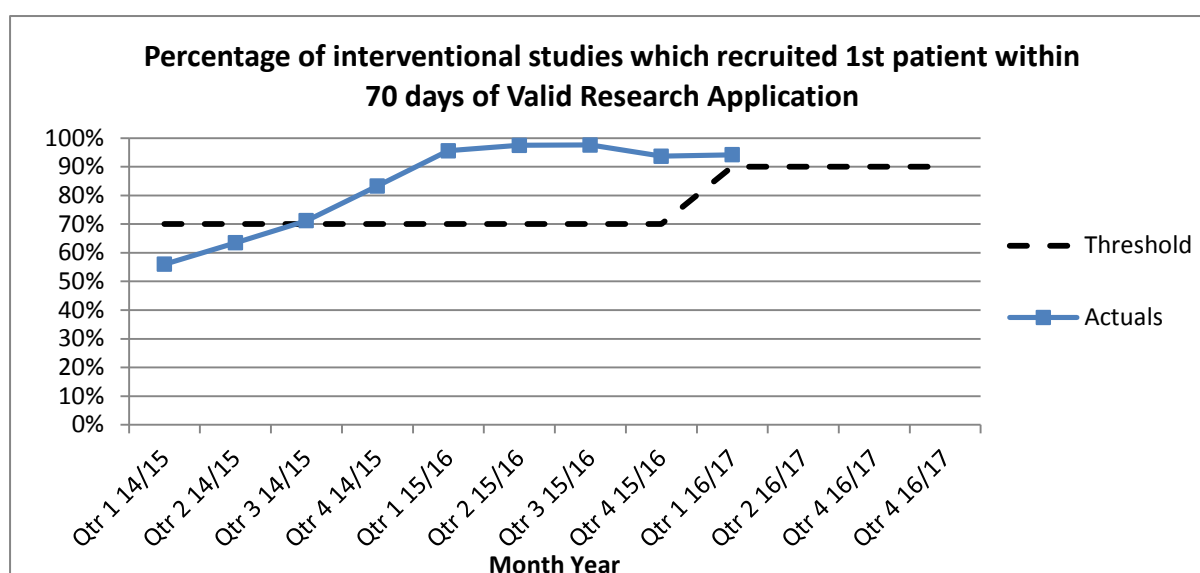


Figure 17 - Hospital Standardised Mortality Ratios for the period April 2015 – August 2016**2.2.3 Effective: Mortality reviews completed**

The Trust's mortality review process has confirmed three deaths which occurred in the Trust between April-September as 'avoidable'. These have been investigated as serious incidents, and actions and learning implemented as a result. All potential avoidable deaths are reviewed by the Mortality Review Group which meets quarterly. The next meeting will occur on Friday 27 January. Revised data on the number of confirmed avoidable deaths identified so far by the process will therefore be included in next month's report.

2.2.4 Effective: Recruitment of patients into interventional studies

In quarter 1 2016/17, 94.2 per cent of clinical trials recruited their first patient within 70 days of a valid research application, against an internal target of 90 per cent.

**Figure 18 - Interventional studies which recruited first patient within 70 days of Valid Application Q1 2014/15 – Q4 2015/16****2.2.5 Effective: Readmission rates**

The Trust target is to reduce unplanned readmissions after discharge from the Trust and be below the national average. The most recent monthly figure is for June 2016 because of the time lag involved. For June 2016, Imperial readmission rates are lower in both age groups than the Shelford and National rates.

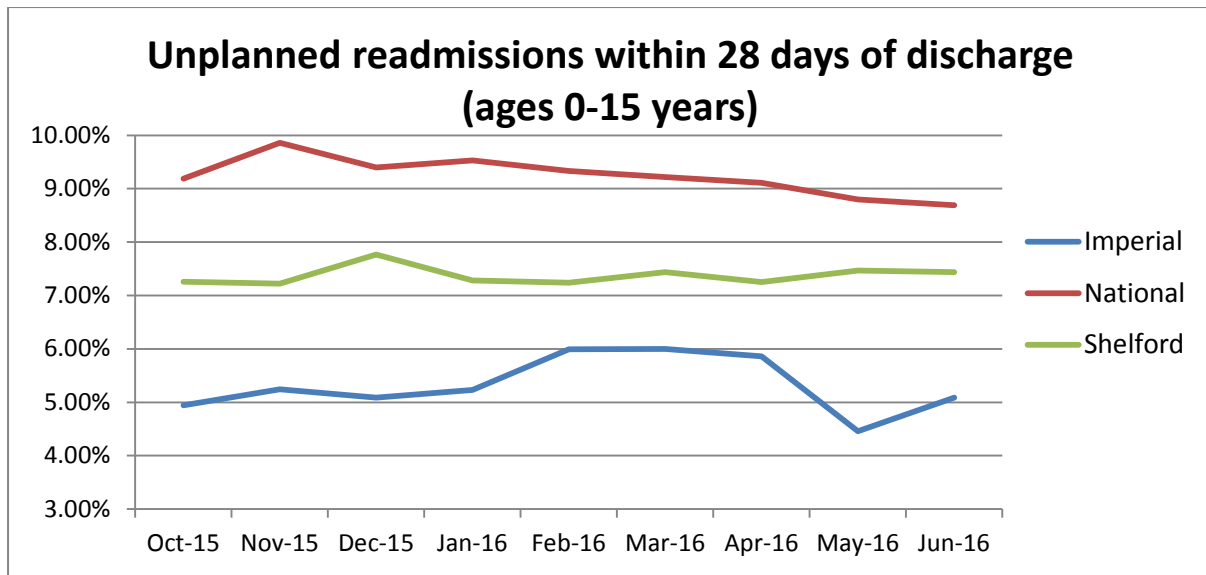


Figure 20 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages -15 years) for the period October 2015 – June 2016

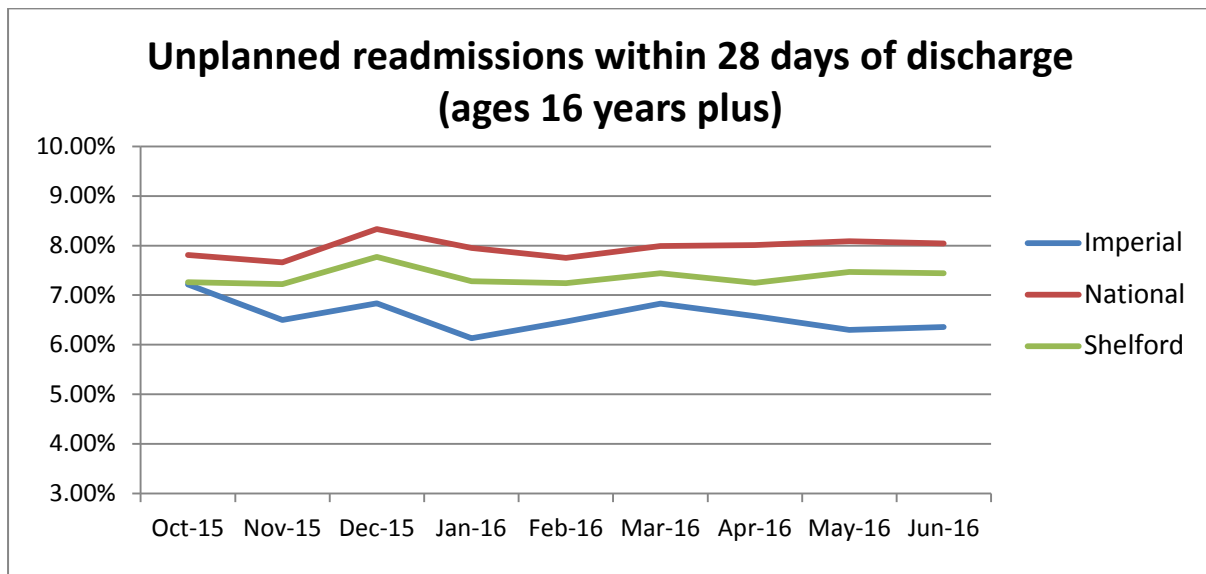


Figure 21 - Unplanned readmissions (to any NHS Trust) within 28 days of discharge from ICHT (ages 16 years plus) for the period October 2015 – June 2016

2.2.6 Effective: Outpatient appointments checked in and checked out

When patients attend for their outpatient appointment they should be checked-in on the Trust system (CERNER) and then checked-out after their appointment so that it is clear what is going to happen next. If these steps are not done the Trust waiting list performance may be affected and patients may also not be moved on promptly to the next stage in treatment.

The improving performance as shown below reflects new Trust-wide targets and escalation processes to clear appointments not checked in or checked out on the system in a timely manner.

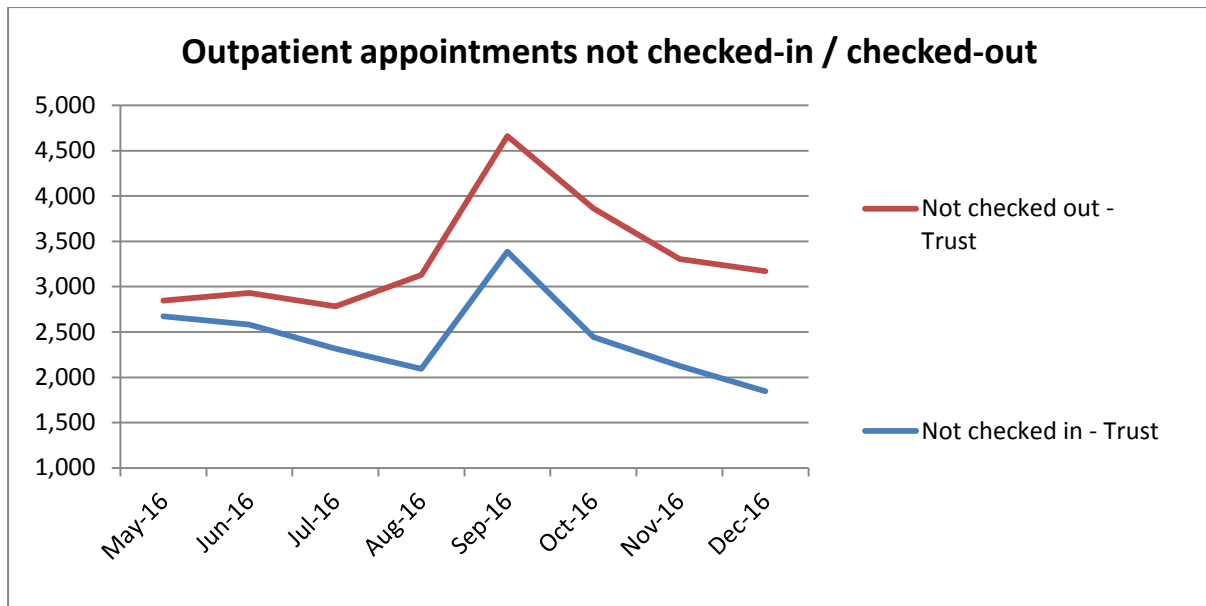


Figure 22 – Number of outpatient appointments not checked-in or DNA’s (in the last 90 days)/ checked-in and not checked-out for the period May 2016 – December 2016

2.3 Caring

2.3.1 Caring: Friends and Family Test

There was a general fall in the response rates in December for inpatient, A&E and outpatient services. This may partly be due to the well documented pressures during the month and a reduction in close monitoring of the response rates. Willingness to recommend remains high and there has been a noticeable improvement in the overall maternity scores. This was particularly apparent in the post natal ward surveys that saw a 4 per cent in-month increase in the willingness to recommend.

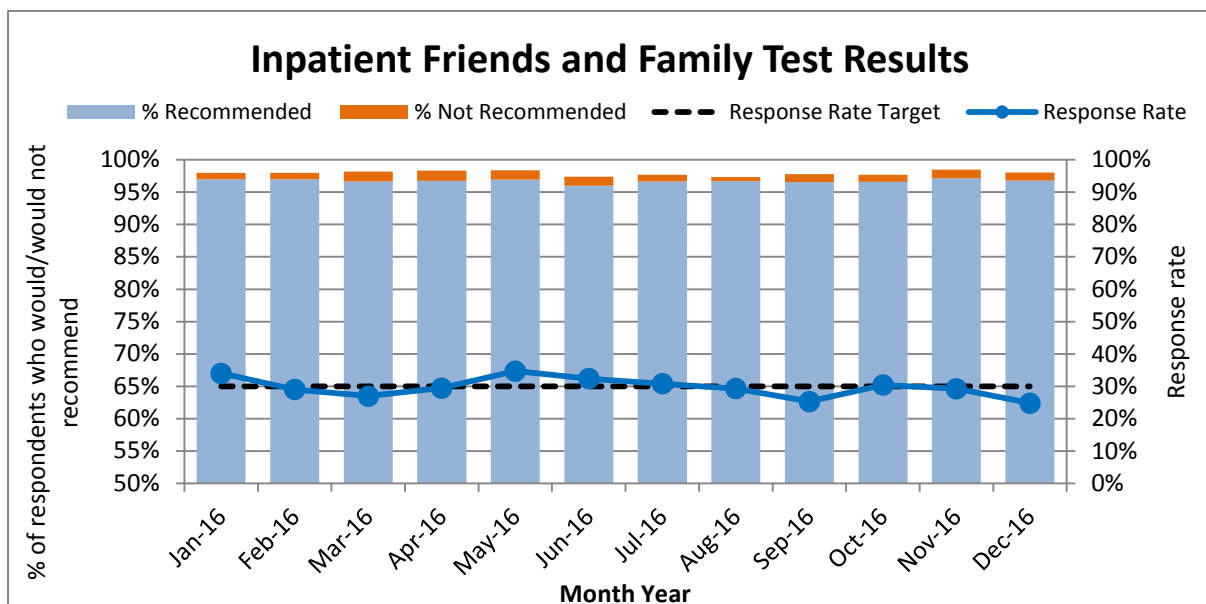


Figure 23 - Friends and Family (Inpatients) for the period January 2016 – December 2016

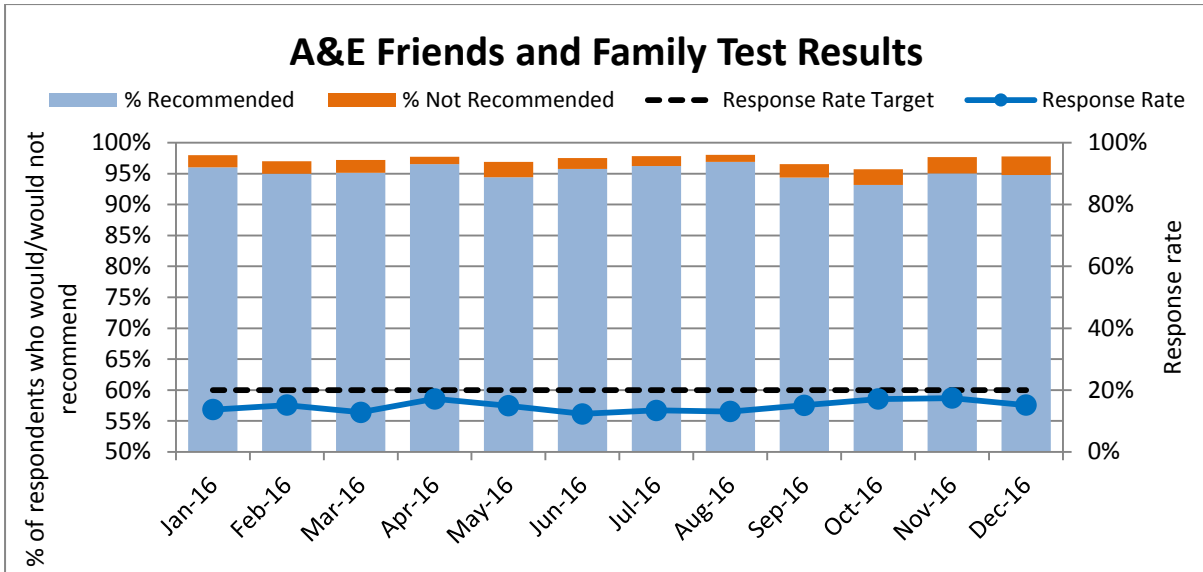


Figure 24 - Friends and Family (Accident and Emergency) for the period January 2016 – December 2016

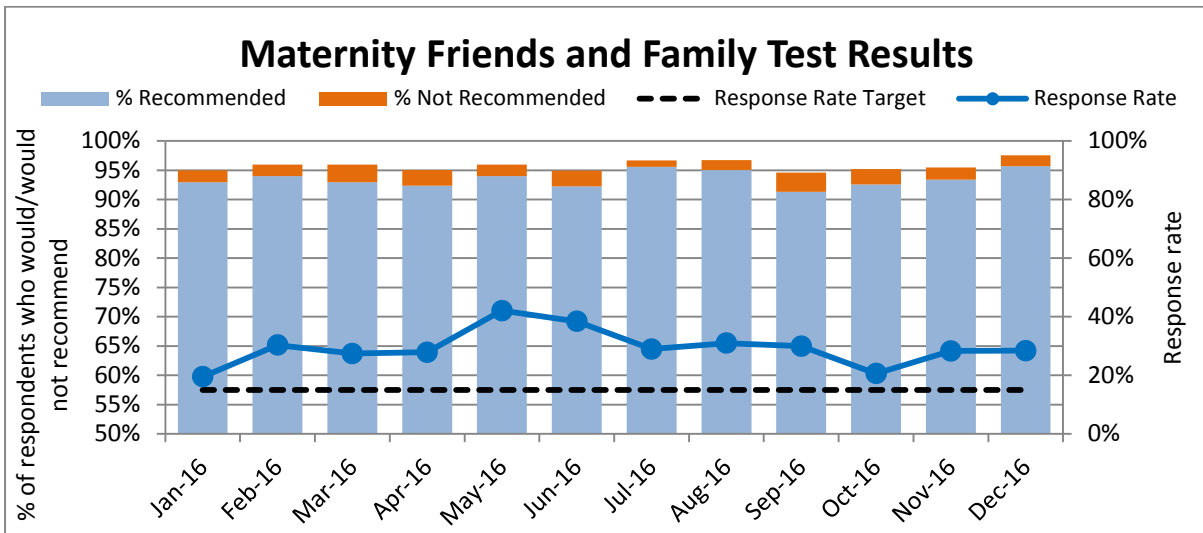


Figure 25 - Friends and Family (Maternity) for the period January 2016 – December 2016

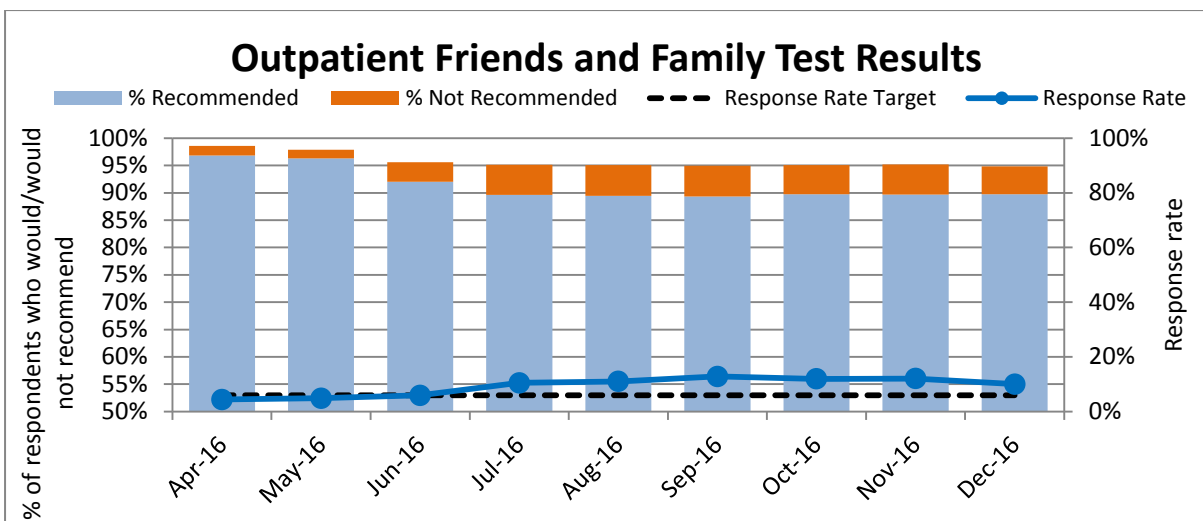


Figure 26 - Friends and Family (Outpatients) for the period April 2016 – December 2016

2.3.2 Caring: Patient transport waiting times

Non-Emergency Patient Transport Service

In December 2016, 76.3 per cent of patients who left the hospital as part of the non-emergency patient transport scheme left within 120 minutes of their requested pick up time (outward discharges and transfers), against a target of 98 per cent. A combination of new vehicles, driver recruitment and trialling of a new automated system are expected to result in journeys completed within shorter timeframes and improved month-on-month performance.

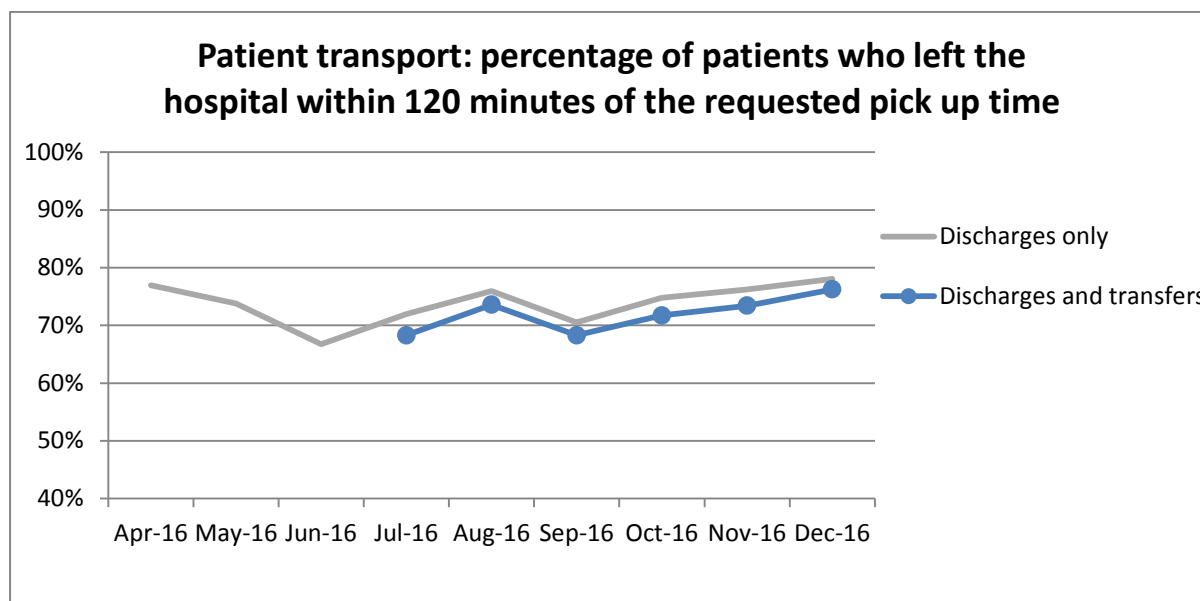


Figure 27 - Percentage of patients who left the hospital (discharges and transfers) as part of the patient transport scheme within 120 minutes of their requested pick up time between April 2016 and December 2016

2.3.3 Caring: Eliminating mixed sex accommodation

In December 2016, the Trust reported 16 breaches of the mixed-sex accommodation (MSA) national policy standard.

All 16 MSA breaches occurred within the intensive care units (ICU). Patients who are waiting for discharge from ICU to the appropriate ward are counted as MSA breaches if they are still in the ICU at midnight. Patients are usually identified for discharge at 9am.

The increase in MSA breaches over recent months relates to a change in practice in the use of side rooms in the ICU. A patient who is awaiting discharge can be moved into a side room and would not breach the MSA policy. This practice has now changed for the reasons outlined below.

- The practice involves moving intubated level 3 patients around the unit which is regarded as a safety concern by the ICU team. If a patient was accidentally extubated and came to harm the move would be difficult to justify.

- The Trust recently had a VRE outbreak on the critical care unit at CXH. One of the issues identified has been the large number of patient bed moves. The infection control team requested that bed moves are minimised as much as possible. This has had a knock-on effect on MSA breaches.
- The practice ties up the limited number of side rooms which are being used for patients who require isolation on clinical grounds.
- Feedback from our patients and relatives is that additional bed moves contribute to poor experience.

The Trust is investigating solutions to improve discharge of patients from the intensive care unit which will reduce breaches of the mixed-sex accommodation policy.

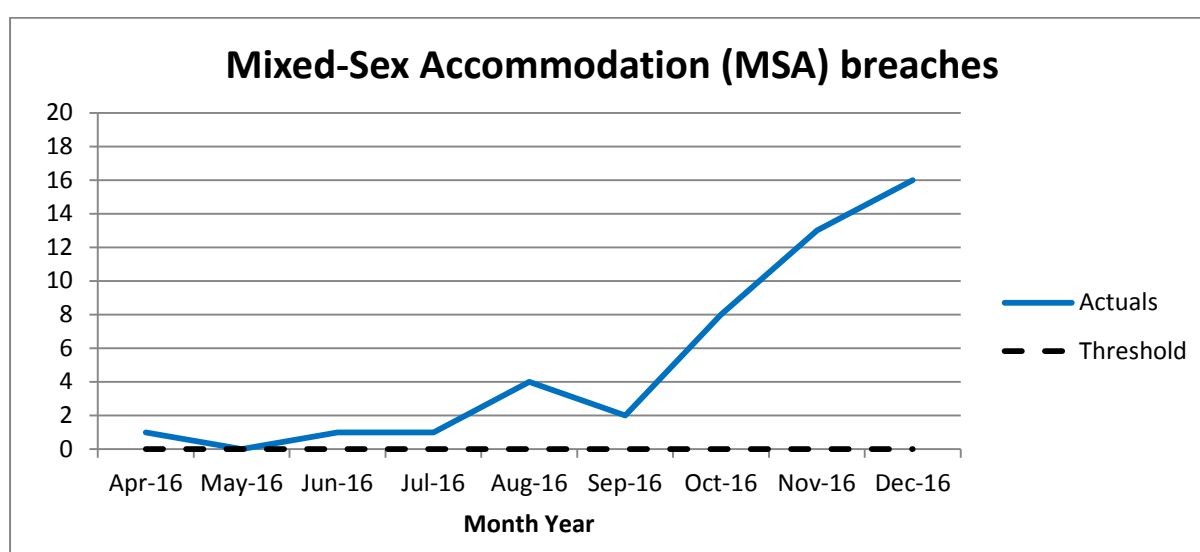


Figure 28 – Number of mixed-sex accommodation breaches reported for the period April 2016 – December 2016

2.4 Well-Led

2.4.1 Well-Led: Vacancy rate

All roles

At the end of December 2016, the Trust directly employed 9,727 WTE (whole time equivalent) members of staff across Clinical and Corporate Divisions and Research & Development areas.

The contractual vacancy rate for all roles was 11.15 per cent against the target of 10 per cent; an increase from the 10.35 per cent reported in November. This increase is attributed to two factors. The first is an increase to the post establishment of 66 WTE and a drop in the number of new joiners to the Trust in December (an expected seasonal fall due to many candidates not wishing to set a start date in the weeks

leading up to Christmas). Despite the reported rise in the Trusts vacancy rate, we still compare favourably to others in our region. Across London, the average vacancy rate for all Trusts is 14.0 per cent with London Acute Trusts averaging at 16.9 per cent (NHS Improvement).

During the month there were a total of 126 WTE joiners and 153 WTE leavers across all staffing groups and the Trusts voluntary turnover rate (rolling 12 month position) stands at 10.26 per cent.

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

- Bespoke campaigns are underway for a variety of specialities
- A variety of channels are being used to attract and recruit people including, Open Days booked monthly for 2017, Fairs, social media, print advertising and recruitment databases to source the passive and active market
- A social media campaign is being launched to maximise to publicity from the BBC documentary
- We are creating an assessment and selection tool to ensuring consistent decision-making to support retention and engagement – to be available from Q1 onwards

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

Bands 2 - 6 Nursing & Midwifery on Wards

At end of December 2016, the contractual vacancy rate for band 2-6 Nursing & Midwifery ward roles was 17.49 per cent with 425 WTE vacancies; an increase on the November position of 16.06 per cent and attributable to 17 WTE additional posts and 21 WTE fewer staff. For all Trust Nursing and Midwifery roles, at all bands, the vacancy rate is 13.82 per cent which compares favourably to the average across London (15 per cent).

Actions being taken to support reduction vacancies include:

- A project group is up and running to launch a 9/12 month project to address Band 2-6 ward based recruitment & retention including a variety of work streams which will address turnover issues and add additional recruitment strategies in this challenging marketplace
- Second phase of the new Capital Rotation Foundation programme have commenced to achieve a cohort of 30 Band 5 nurses by April 2017
- Nurse Associate pilot will commence in April 2017
- An attraction plan developed for theatres including: over-recruiting, changing the mix of Band 5 and 6s, and focused agency recruitment has reduced the vacancy rate by 50 per cent.
- We are actively attracting additional student nurses over and above our trainees

- We are scoping an international recruitment campaign

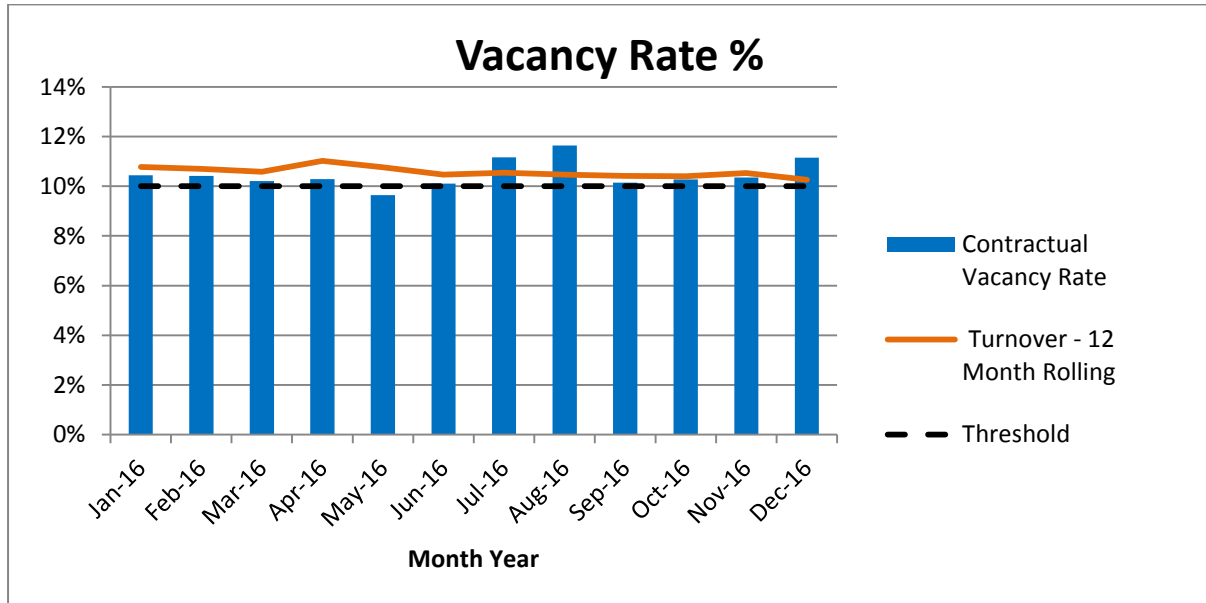


Figure 29 - Vacancy rates for the period January 2016 – December 2016

2.4.2 Well-Led: Sickness absence rate

In December 2016, recorded sickness absence was 3.09 per cent with the rolling 12 month sickness position of 3.04 per cent, both measures comparing favourably against the year-end target of 3.10 per cent or lower and the 3.30 per cent position reported in November 2015.

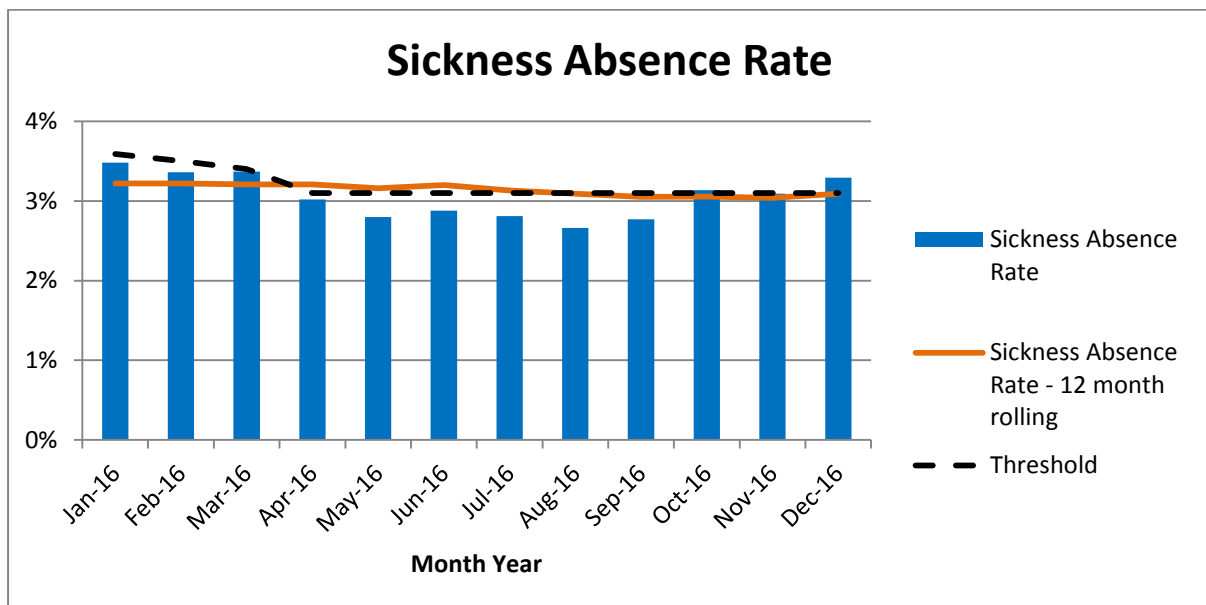


Figure 30 - Sickness absence rates for the period January 2016 – December 2016

2.4.3 Well-Led: Performance development reviews

The Trust achieved an 86 per cent compliance rate for completed Performance Development Reviews (PDR) for our non-medical staff. The new PDR cycle will begin on 1st April 2017 and will run up until September 2017.

2.4.4 Well-Led: Doctor Appraisal Rate

Doctors' appraisal rates have increased this month to 86.90 per cent.

All overdue doctors have all been contacted in line with Trust policy. Any doctor overdue by 3 months or more has received a letter from the Deputy Responsible Officer and advised of Trust policy, which includes the sanction of initiating a disciplinary investigation.

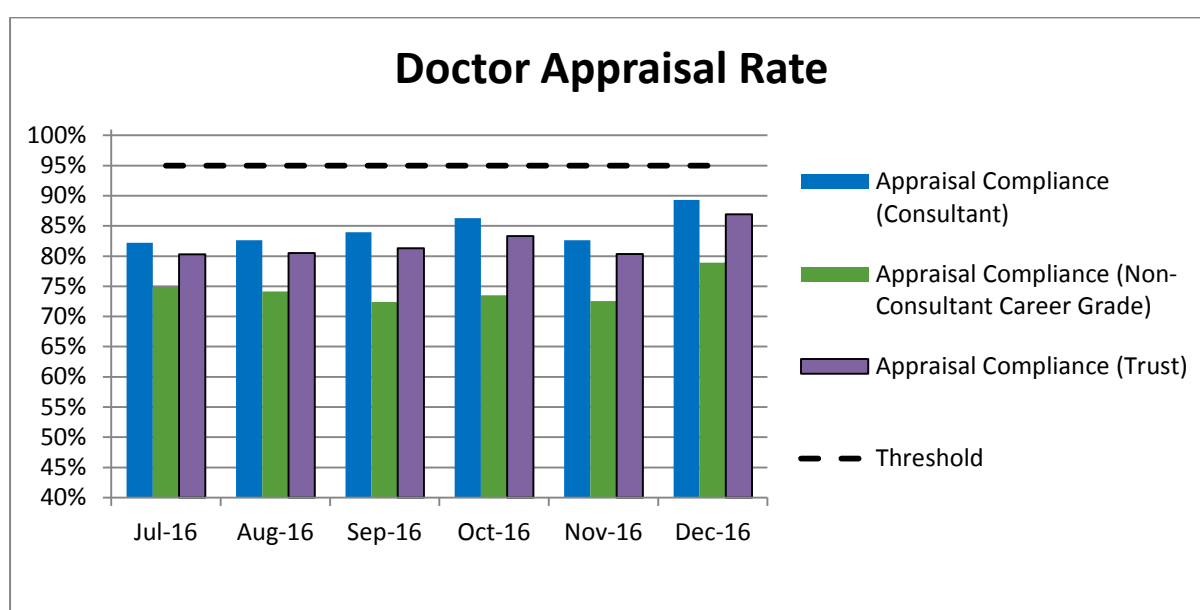


Figure 31 - Doctor Appraisal Rates for the period July 2016 to December 2016

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

Health Education North West London quality visit

There remain 24 actions open from the Health Education North West London quality visit. The last action plan submission was November 2016.

2015/16 General Medical Council National Training Survey

The results of the GMC NTS survey 2015/16 were published in July and show a significant improvement, with 54 green flags compared to 20 last year and 25 red flags (where we are shown to be a significant national outlier), compared to 50 last year.

An action plan in response to the red flags was submitted to Health Education England in October 2016, consisting of 66 actions. The next update is due on 31

December. The numbers of open and closed actions will be monitored through this report going forward.

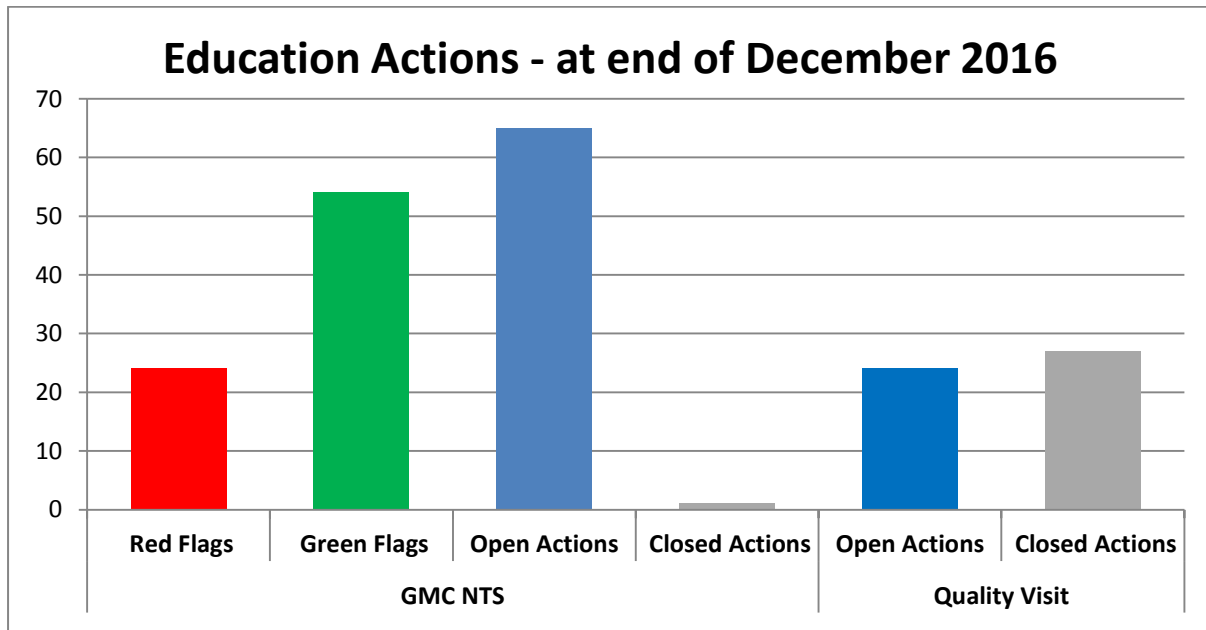


Figure 32 – General Medical Council - National Training Survey action tracker, updated at end December 2016

2.4.6 Well Led: Estates – maintenance tasks completed on time

In December 2016, 60.10 per cent of maintenance tasks were completed within the allocated response time against a target of 98 per cent. The main limiting factor was staffing levels over the Christmas and New Year period, as construction industry generally closes down.

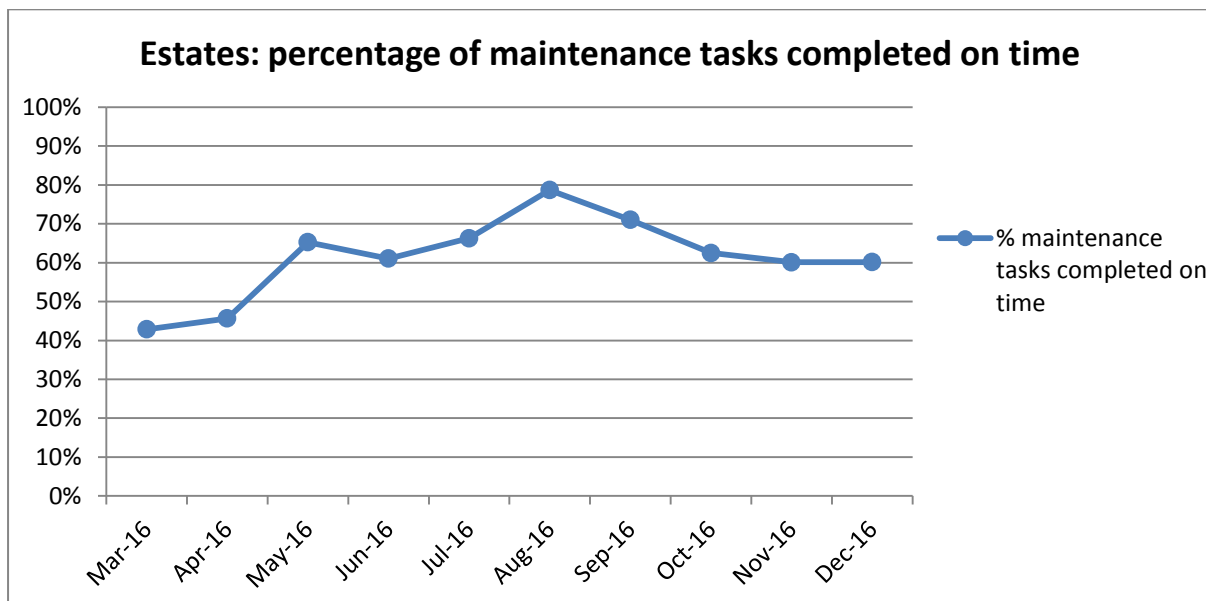


Figure 33 – Estates: percentage of maintenance tasks completed on time for the period April 2016 – December 2016

2.5 Responsive

2.5.3 Responsive: Consultant-led Referral to Treatment waiting times

The latest elective waiting times performance is for November 2016. The Trust's over 18 week incomplete performance improved in October and November, the first time for over a year, and the Trust projected that the backlog would reduce to enable the national standard of 92 per cent to be met, potentially by September 2017.

At the end of the November, 83.63 per cent of patients were waiting less than 18 weeks to receive consultant-led treatment (October performance was 83.40 per cent). The numbers of patients waiting over 18 weeks reduced to 10,309 patients from 10,624 in October.

The Trust continues the work of its waiting list improvement team and action plan, with external expert advice and support, to address RTT challenges and return to delivering the RTT standard sustainably. The project also oversees the management of the existing clinical review process which provides assurance that patients who wait over 52 weeks are not coming to significant harm. Significant progress has been made on all of the aspects of the programme. This includes waiting list data clean-up, roll out of a new Clinical Outcome form, establishment of right first time processes, additional clinical activity and theatre capacity and performance recovery trajectories for 18 week and long waiters. This project will continue into 2017/18.

The 18 week and 52 week performance in December and January is not expected to improve significantly on November. This takes into account less elective activity being done as result of national holiday, winter pressures, implementation of the new theatre timetable at Riverside and the continuing issue of patients identified from the data clean-up exercise requiring immediate attention. Performance is expected to improve from February 2017 onwards, although future projections on the rate of improvement each month still remain subject to uncertainty.

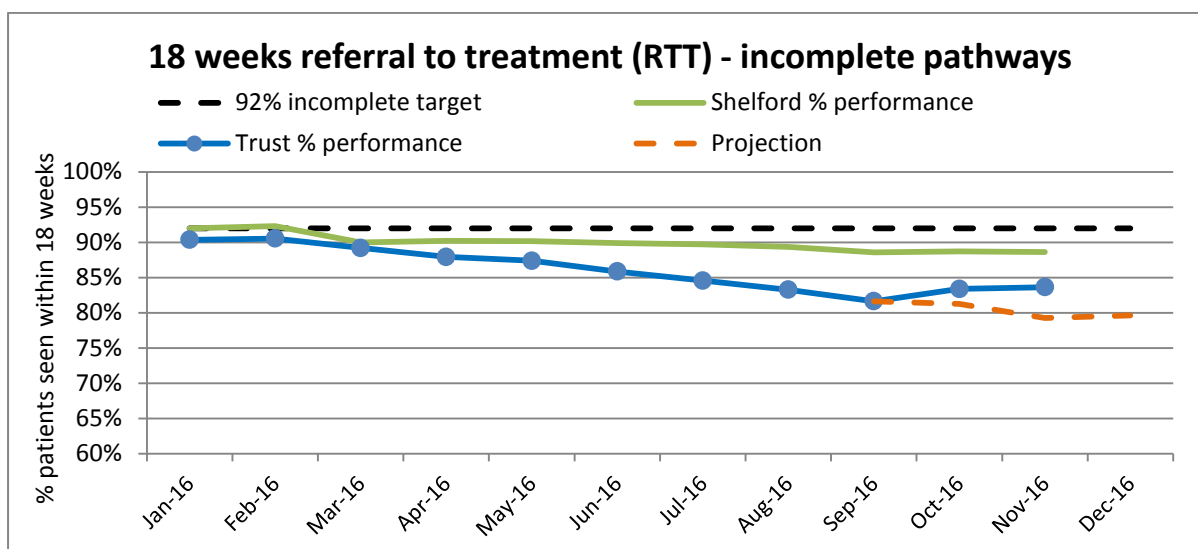


Figure 34 – Percentage of patients seen within 18 weeks (RTT incomplete pathways) for the period January 2016 – November 2016

52 weeks

The clean-up of the inpatient and outpatient waiting lists through the improvement programme continued in November. The impact is that there are a large number of patients 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.

In total at the end of November 2016, 401 patients had waited over 52 weeks for their treatment since referral from their GP (including 12 patients on gender reassignment pathways).

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. Of the 401 patients reported as waiting over 52 weeks at end November:

- **251** patients were previously reported as waiting over 52 weeks at end of October. Clinical reviews and treatment plans are now in place. In many cases the patient continued to be waiting because they did not wish to have their delayed surgical operation straight away.
- **93** additional patients were identified as part of the data clean-up who have been re-instated onto the RTT waiting list.
- **45** patients were new breaches for whom we had been reviewing regularly, but whose treatment took longer than it should have done because of capacity problems or other reasons.

Clinical reviews and treatments plans are being completed on all patients waiting over 52 weeks.

Gender reassignment surgery pathways

- **12** patients on gender reassignment surgery pathways had waited over 52 weeks at end November 2016. These pathways were reported for the first time in June 2016 following agreement with NHS England which commissions the service from the Trust. The Trust is the only NHS provider of male to female gender reassignment surgery in the country. This backlog is steadily reducing in line with the agreed plan.

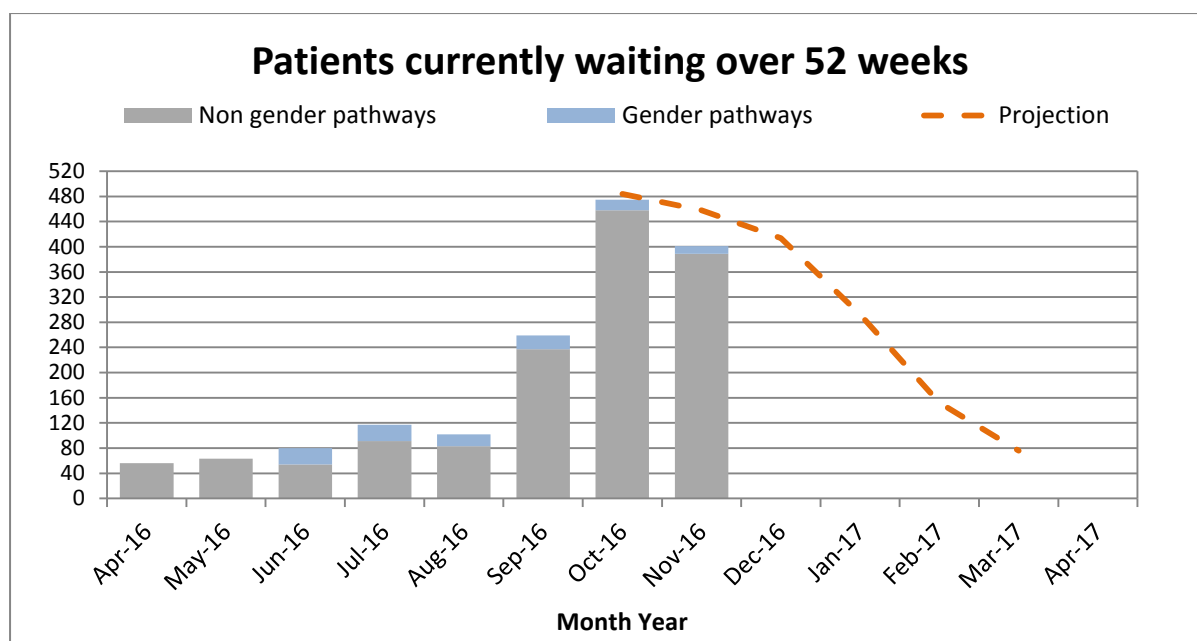


Figure 35 - Number of patients waiting over 52 weeks split by gender pathways and non-gender pathways, for the period April 2016 – November 2016

2.5.4 Responsive: Cancer

In January 2016, performance is reported for Cancer Waiting Times standards for November 2016. In November, the Trust achieved seven of the eight national standards including recovering the performance against the 62-day screening standard. Performance against the 62-day GP referral to treatment standard was 82.0 per cent in November which met the performance trajectory target of 78.7 per cent for the month.

Indicator	Standard	Nov-16
Two week GP referral to 1st outpatient – all urgent referrals (%)	93.0%	93.2%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	96.2%
31 day wait from diagnosis to first treatment (%)	96.0%	97.6%
31 day second or subsequent treatment (drug treatments) (%)	98.0%	100.0%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	97.8%
31 day second or subsequent treatment (surgery) (%)	94.0%	95.6%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	82.0%
62 day urgent GP referral to treatment from screening (%)	90.0%	92.9%

Table 1 - Performance against national cancer standards for November 2016

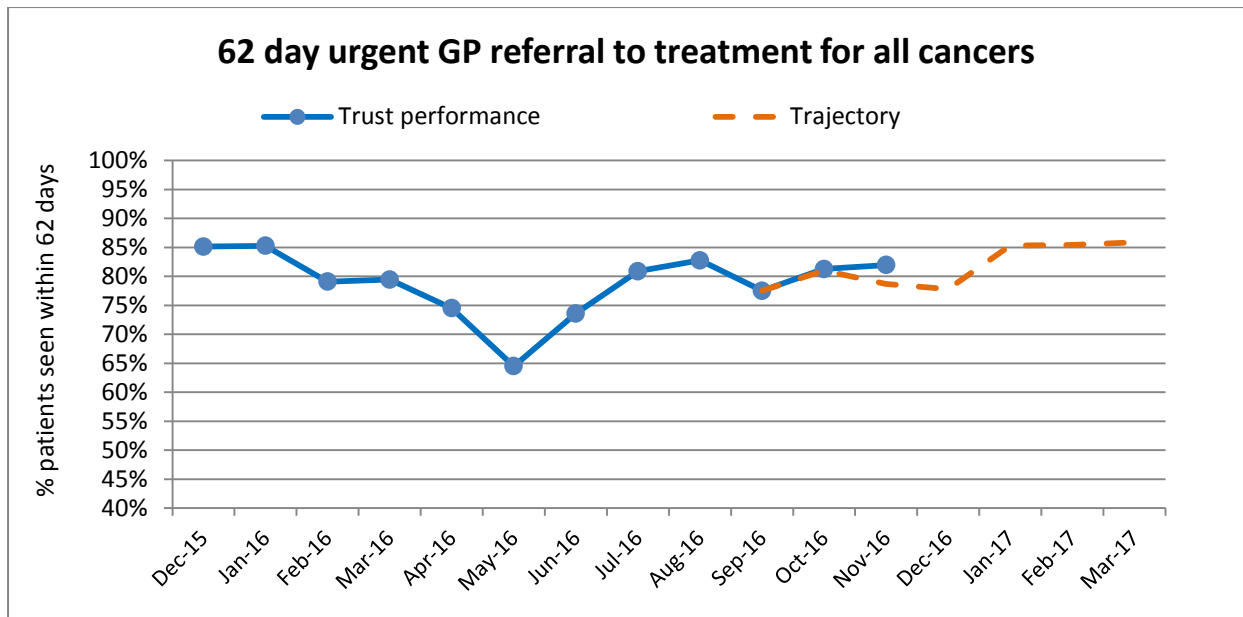


Figure 36 – Cancer 62 day GP referral to treatment performance for the period December 2015 – November 2016

2.5.5 Responsive: Elective operations cancelled on the day for non-clinical reasons

The cancellation rate for December was 0.83 per cent which is slightly above the target threshold of 0.8 per cent. The 28-day rebooking performance for quarter 3 will be submitted to the national system on 26 January.

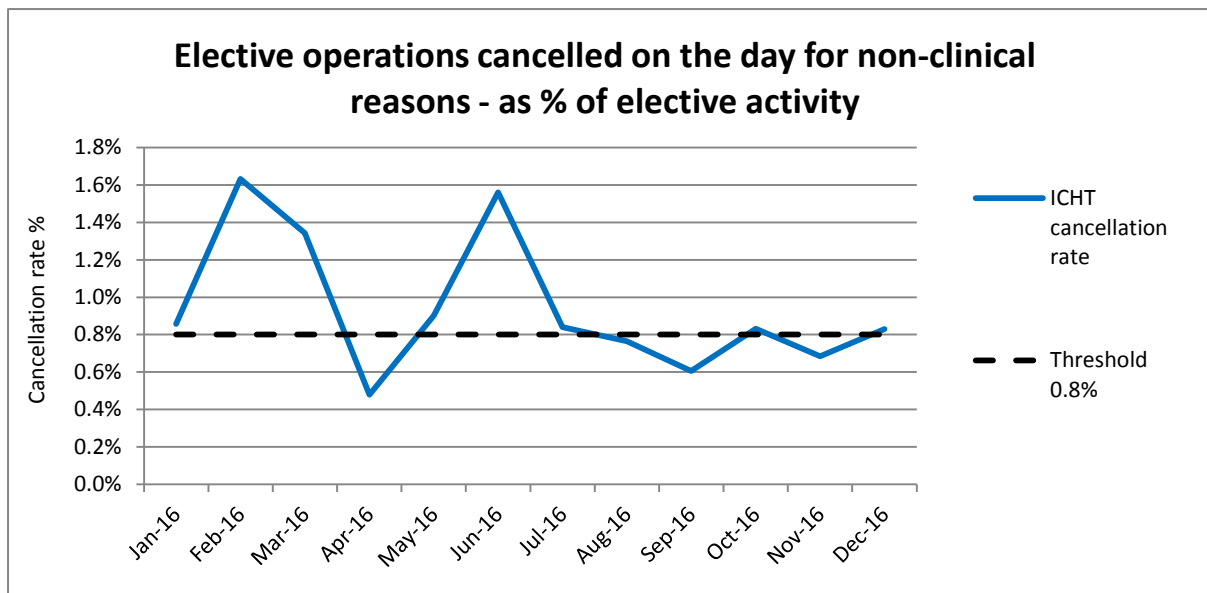


Figure 37 - Elective operations cancelled at the last minute for non-clinical reasons as a % of elective admissions for the period January 2016 – December 2016

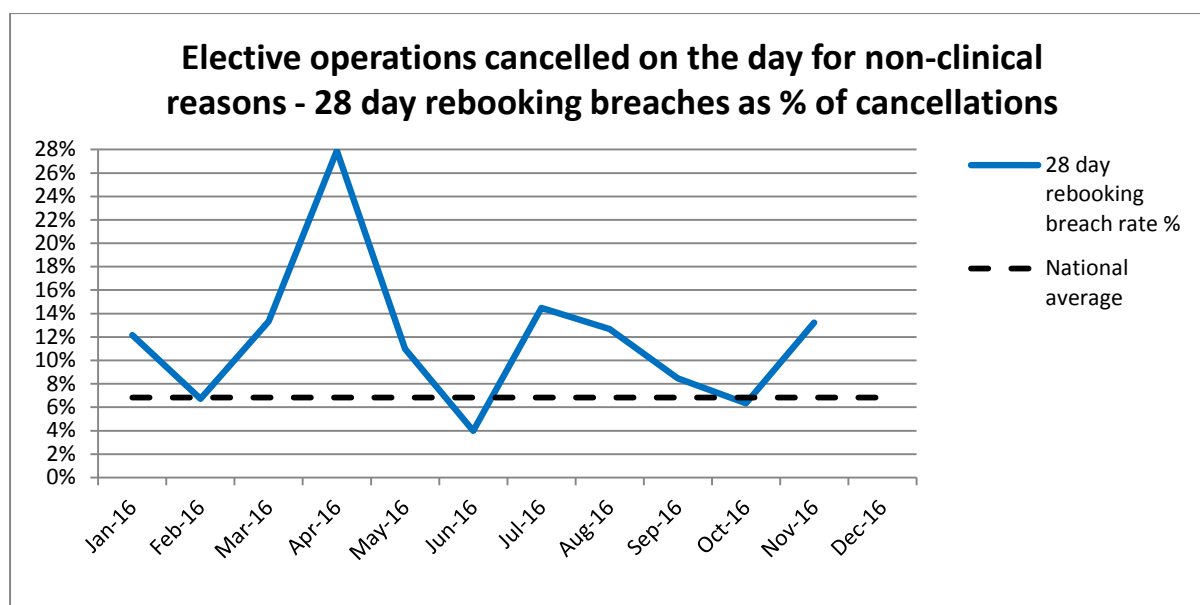


Figure 38 - Patients not treated within 28 days of their cancellation as a % of cancellations for the period October 2015 – September 2016

2.5.6 Responsive: Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency was 84.53 per cent in December 2016, which did not meet the performance trajectory target of 89.76 per cent for the month.

The drivers for current performance continue to be as follows:

- Ongoing difficulties with the performance of the Vocare Urgent Care Centre and the pathway for transferring patients from the UCC to the Emergency Department.
- Demand for urgent and emergency services remaining high across all sites, with increasing demand from ambulance arrivals.
- High levels of bed occupancy with increasing urgent and emergency demand.
- In December, the Trust reported 271 Trolley-waits of between four and twelve hours and 10 Trolley-waits of twelve hours or more (November was 200 and 7). All of the 12-hour trolley wait breaches were for patients waiting for a mental health bed.
- The total number of bed days taken up by all delayed patients was 722 (November was 572).

The Trust has an on-going programme of developments to improve the whole urgent and emergency care pathway. The priority is to reduce waits, improve flow and capacity and manage extra winter demand.

An expansion in capacity for emergency admissions is planned for early January with the opening of a new Acute Assessment Unit at CXH and a new Surgical Assessment Unit at SMH.

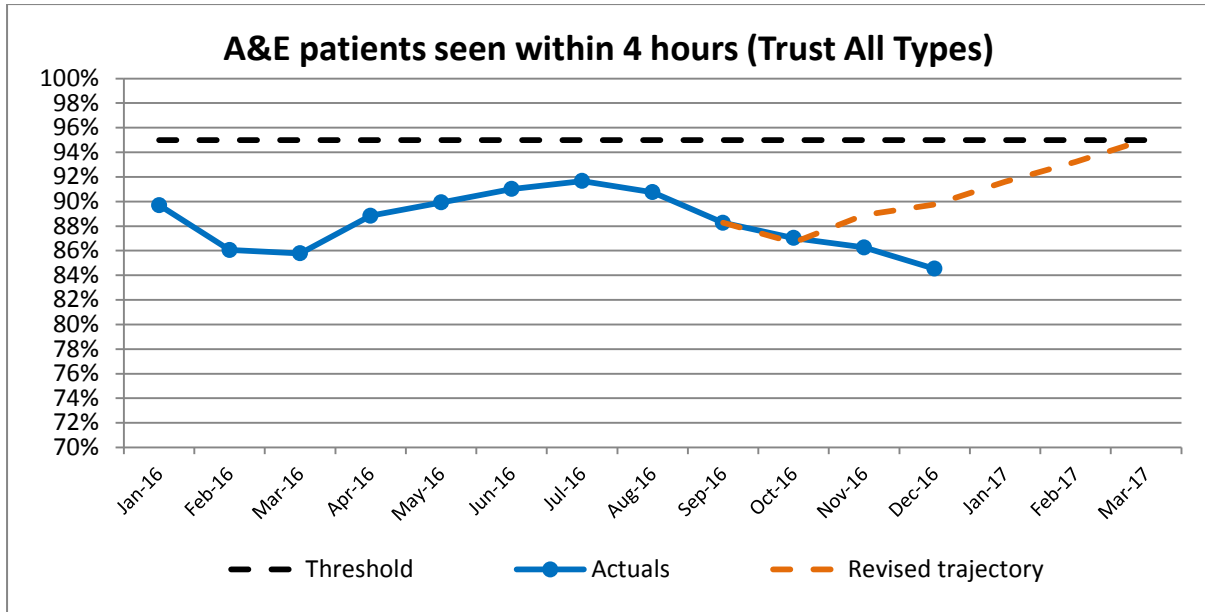


Figure 39 – A&E Maximum waiting times 4 hours (Trust All Types) for the period January 2016 – December 2016

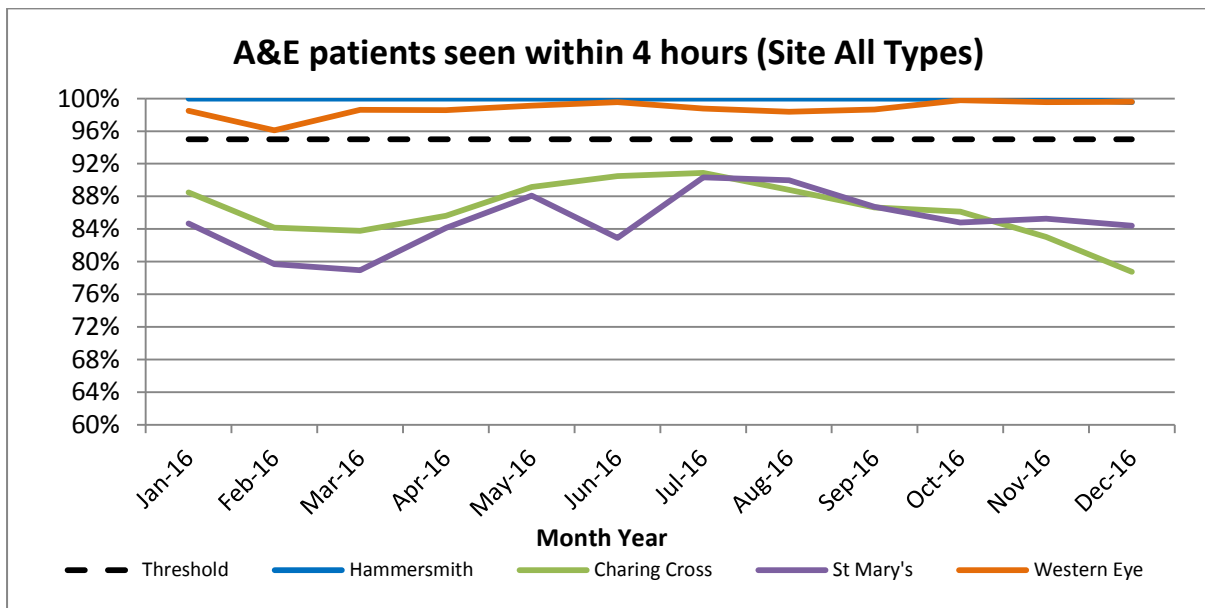


Figure 40 – A&E Maximum waiting times (Site All Types) 4 hours for the period January 2016 – December 2016

2.5.7 Responsive: Diagnostics

In December 2016, the Trust met the monthly 6 week diagnostic waiting time standard with 0.17 per cent of patients waiting over six weeks against a tolerance of 1 per cent.

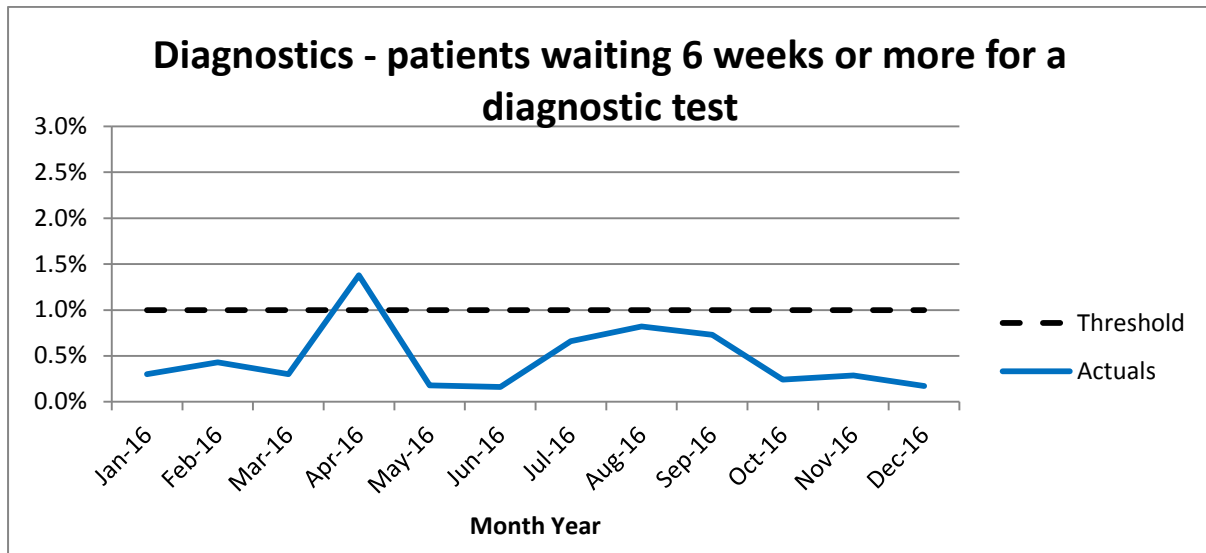


Figure 41 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period January 2016 – December 2016

2.5.8 Responsive: Patient attendance rates at outpatient appointments

In December, the aggregate DNA (first and follow up) performance was 11.7 per cent which equates to a total of 8,939 appointments in the month and 447 DNAs per working day. This is an increase on November performance of 11.0 per cent (7,240 appointments) and did not meet the performance trajectory target of 11.0 per cent for the month. This is likely to be due to seasonality affecting attendance rates.

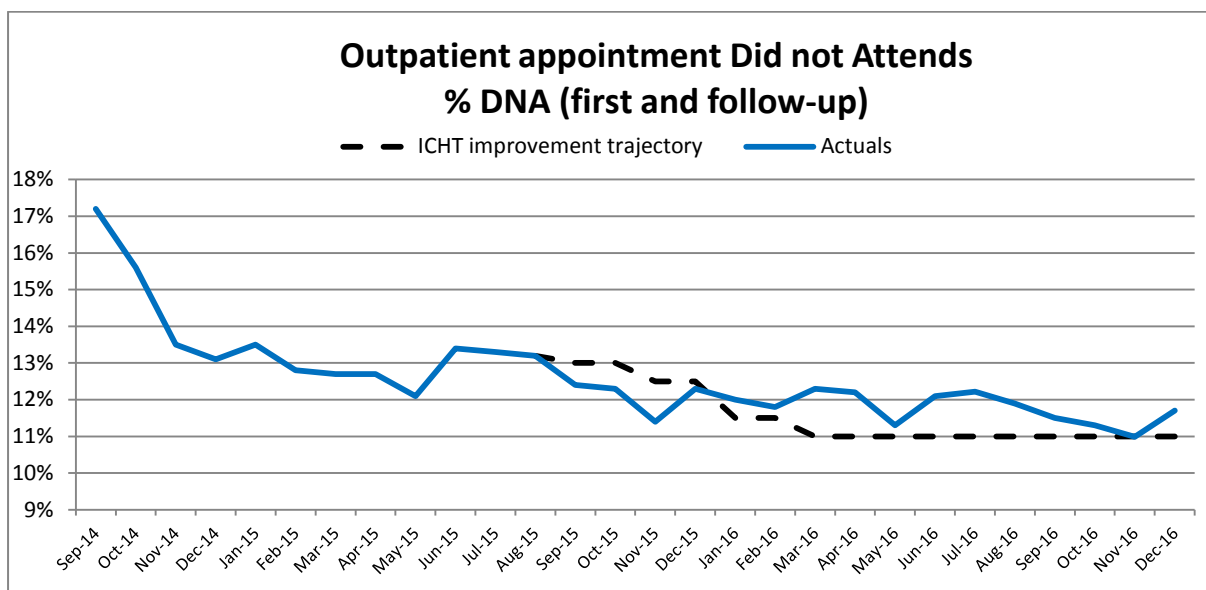


Figure 42 – Outpatient appointment Did not Attend rate (%) first and follow appointments for the period September 2014 – December 2016

2.5.9 Responsive: Outpatient appointments cancelled by the Trust

In December, 13.7 per cent of outpatient appointments (14,639) were cancelled by the Trust with 7.9 per cent (8,474) of these cancelled at less than 6 weeks' notice. This equates to 732 appointments per working day, of which 424 appointments are at short notice. This is an increase on the November position which was 12.5 and 7.5 per cent respectively but still better than the performance trajectory target of 9.0 per cent for the month.

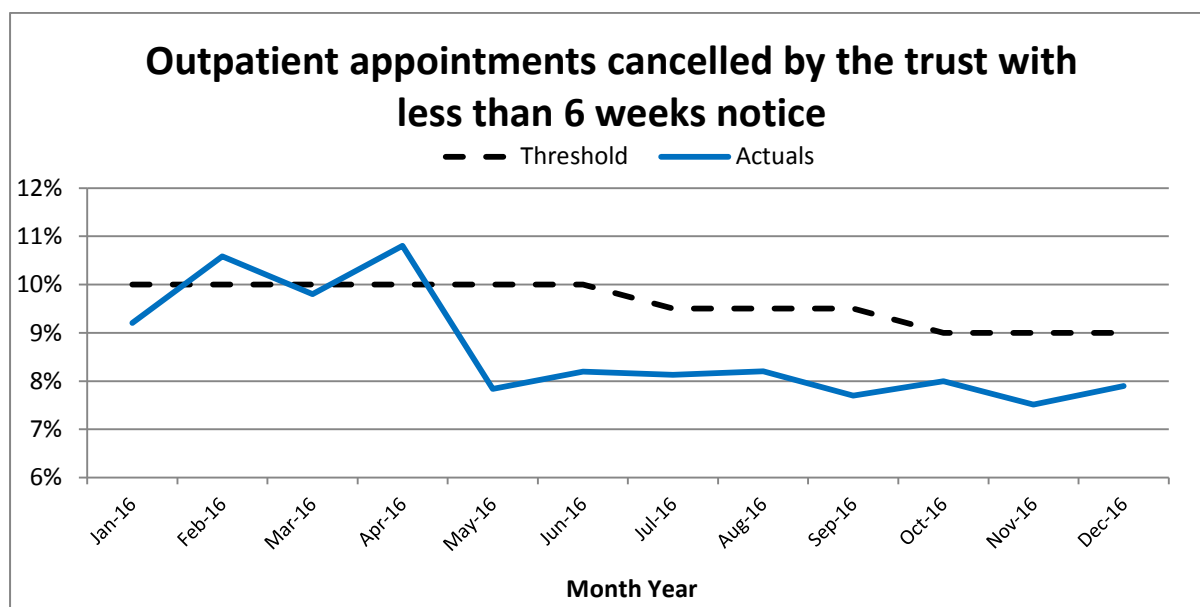


Figure 43 – Outpatient appointments cancelled by the Trust with less than 6 weeks' notice for the period January 2016 – December 2016

2.5.10 Responsive: Outpatient appointments made within 5 days of receipt

The Trust's quality strategy target is for 95 per cent of routine outpatient appointments to be made within 5 working days of receipt of referral. In December, 83.2 per cent of routine appointments were made within 5 days which is an improvement on November performance of 75.1 per cent.

This is reflective of the continued focus on new ways of working through the Patient Service Centre for centralised services, such as improved tracking and performance monitoring, increased responsiveness to outliers using huddle boards, and increased resourcing allocation to bookings as a result of improved call handling staffing model.

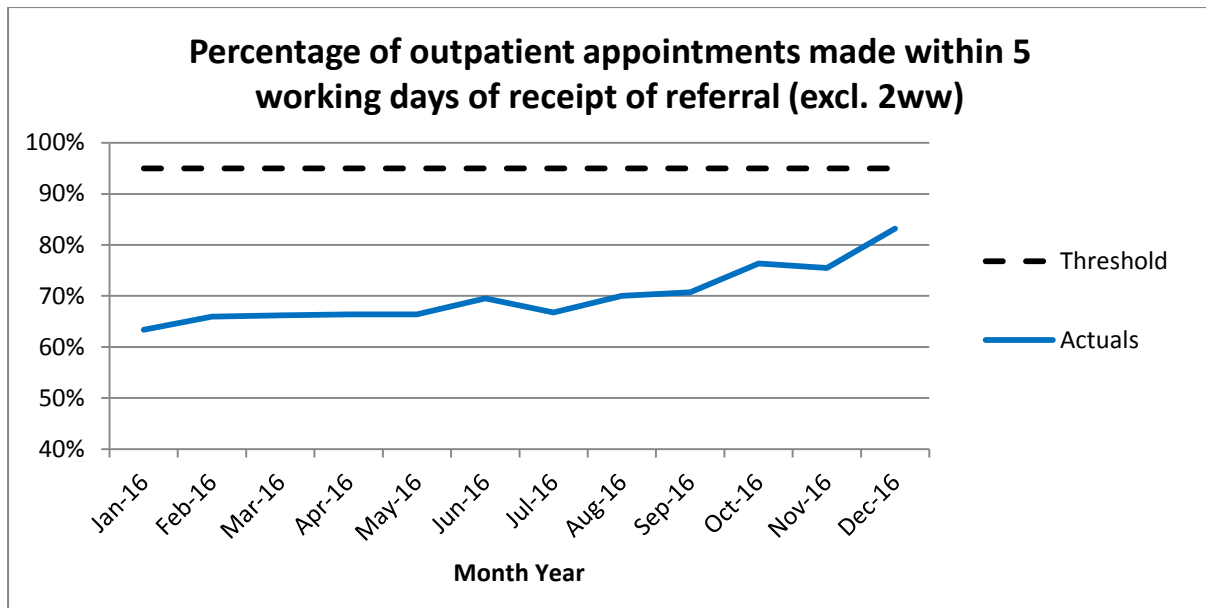


Figure 44 – % of outpatient appointments made within 5 working days of receipt of referral (excluding 2 week waits) for the period January 2016 – December 2016

2.5.11 Responsive: Access to antenatal care – booking appointment

In December 2016, 97.0 per cent of pregnant women accessing antenatal care services completed their booking appointment by 12 weeks and 6 days (excluding late referrals), meeting the target of 95 per cent or more. The Trust is expected to continue to achieve this access standard during 2016/17.

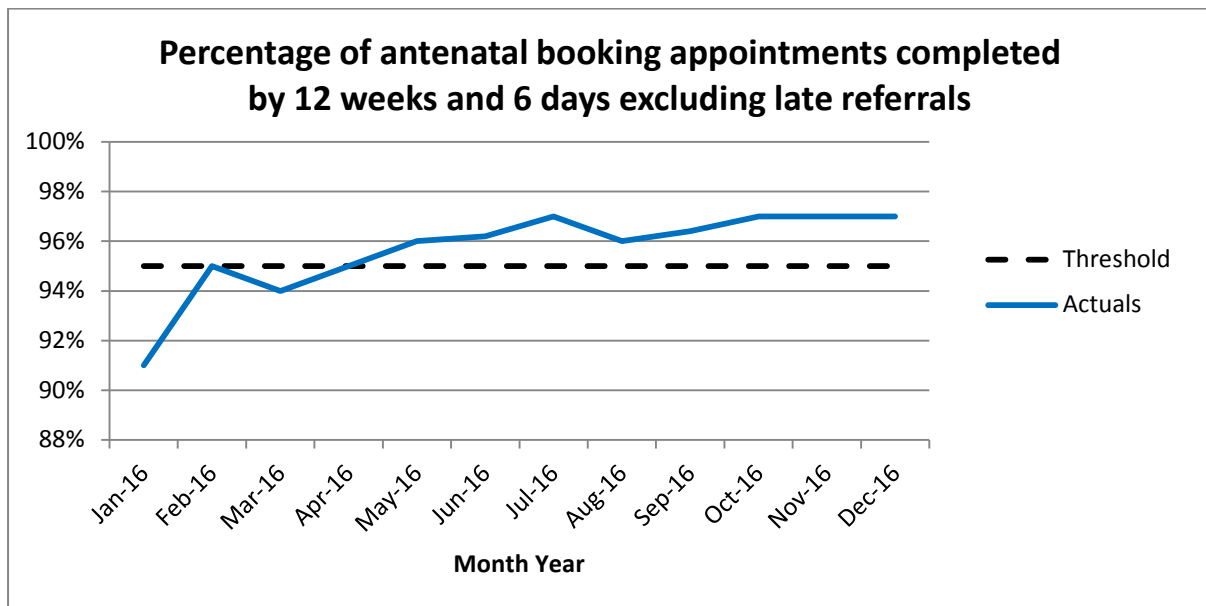


Figure 45 – Percentage of antenatal booking appointments completed by 12 weeks and 6 days excluding late referrals for the period January 2016 – December 2016

2.5.12 Responsive: Complaints

Only 72 formal complaints were received in December. December is the month that historically sees the lowest number of complaints, but this is still notable although we would anticipate this to increase again in January as it does each year.

The response time target was maintained at 100 per cent in December although one complaint breached the three day acknowledgement target due to a recording error.

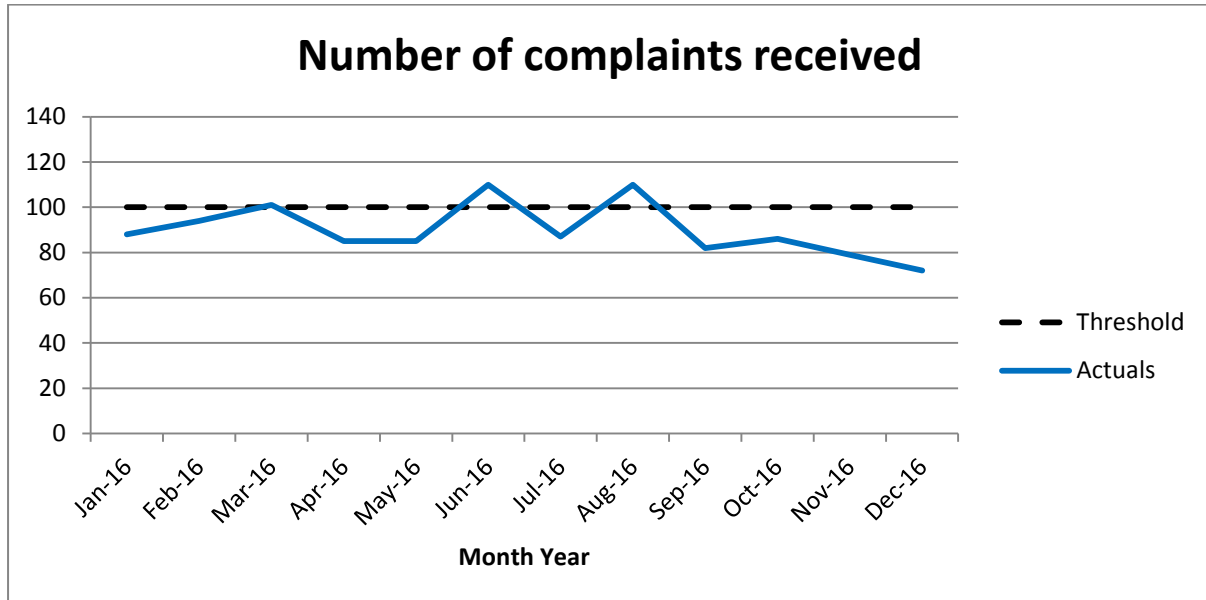


Figure 46 – Number of complaints received for the period January 2016 – December 2016

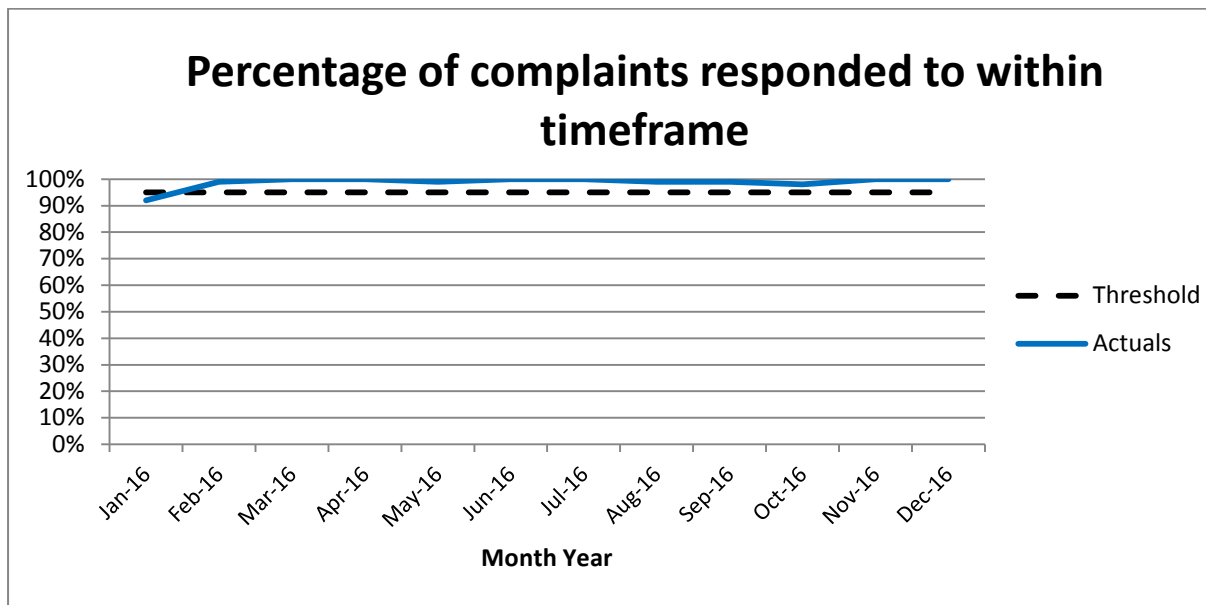


Figure 47 – Response times to complaints for the period January 2016 – December 2016

3. Finance

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