

Trust Board - Public

Agenda Item	2.3
Title	Operational Report
Report for	Monitoring/Noting
Report Author	Steve McManus, Chief Operating Officer
Responsible Executive Director	Steve McManus, Chief Operating Officer

Executive Summary: This is a regular report to the Board and outlines the key operational headlines that relate to the reporting month of February 2014.

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

Trust strategic objectives supported by this paper:

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

Title : Operational Report

Purpose of the report: Regular report to the Board on Operational Performance

Introduction: This report relates to activity within M11 (February) 2014/15.

A. Shadow Monitor compliance

Foundation Trust governance risk rating (shadow): Amber

Rationale: The Trust under-delivered on the RTT standards, one of the eight cancer standards and the 4 hour A&E waiting time standard

B. Safety

Mortality Rates & Incidents

Mortality Rates:

- The Trust's HSMR for Q2 2014-15 is 80.83, which is higher than the Q1 figure of 70.97. This is due to the HSMR for August being within expected range for the first time this year. HSMR for September however showed a return to low relative risk, with early data for Q3 showing the lowest HSMR for the year to date;
- Two procedure group mortality alerts were reported in September and October 2015. These will be followed up by the divisions and will be reported in the Quality report.

Deaths in Low risk diagnostic groups:

- For the most recent months (September and October 2014) the data shows that there were fewer deaths observed than expected in low risk diagnostic groups when adjusted for case mix.

Serious Incidents (SIs) & Never Events:

- 19 SIs were reported in February 2015, the year to date total is 137, which exceeds last year's total of 129. However, when compared with the NRLS Cluster peer data, overall harm as a consequence of incidents remains low, while reporting rates are increasing,.
- No never events were reported in February.

Safety Thermometer:

- The Trust's Safety thermometer 'harm free care' rate remains above the threshold at 96.7%

VTE:

- The scorecard data for VTE indicators is not currently available.

There were no Incidences of harm to children due to failure to monitor or medication errors causing serious harm reported in February 2015.

Infection Prevention & Control

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

- To date six cases of MRSA BSI have been allocated to the Trust (one case in April, two cases in May, one case in October, November and December).
- In February two further cases of MRSA BSI occurred, these have initially been allocated to the Trust (post 48 hour specimens). PIRs for both cases are currently being undertaken within the division of medicine; the final allocation will be made once the PIRs are completed.

Clostridium difficile infections:

- Eight cases of *C. difficile* were allocated to the Trust for February 2015.
- The annual objective for the Trust is 65 for 2014/15; at the end of February 2015 we reported 70 cases attributed to the Trust.
- The provisional definition of a lapse in care associated with toxin positive *C. difficile* disease within ICHT is described as a) non-compliance to the ICHNT antibiotic policy or b) If the patient shared a ward with another patient who was symptomatic and later found to be *C. difficile* positive (with the same ribotype). A sample of Trust attributable *C. difficile* cases from Quarters one, two and three has been subject to a collaborative review with the CCG.
- In Quarter one, two cases were felt to be due to a potential lapse in care (one due to non compliance with antibiotic policy and one having had contact with another patient with *C. difficile*). In Quarter two there was one case felt to be due to a potential lapse in care (having had contact with another patient with *C. difficile*). There were no lapse of care cases identified in Q3.
- The IP&C team monitor the time to isolation for all cases of *C. difficile*; during Q3, seven of the 15 cases were not isolated with the two hour time period.

Meticillin sensitive *Staphylococcus aureus* bloodstream infections (MSSA BSI):

- There have been 27 Trust attributable cases for this financial year compared to 33 this time last year (FY 2013/14); of the 27 cases, eight were line related.
- The IP&C team undertake reviews of all Trust attributable cases of MSSA BSIs, findings and subsequent learning are discussed with divisional and clinical teams and any device related BSIs are discussed at the line safety committee.

Escherichia coli bloodstream infections (E. coli BSI):

- There have been 69 Trust attributable cases for this financial year compared to 74 this time last year (FY 2013/14).

Adult ICU CLABSI:

- The 12 month rolling CLABSI rate for all three adult ICUs is 0.8 per 1000 catheter line days the ECDC mean is 3.1 per 1000 catheter line days.
- There have been Zero episodes of CLABSI in Jan and Feb 2015 in a period which saw approximately 1900 catheter days.

Surgical Site Infection (SSI):

Orthopaedics

- The Trust average SSI rate for Knee replacement is 0.3%, and 0 per cent for Hip replacement for FY 2014-15. Zero SSIs have been identified in 65 knee replacement

and 43 hip replacement procedures; the National average (PHE) SSI rate is 0.6 per cent for both procedures.

Cardiothoracic

- The Trust average SSI rate for CABG is 1.8 per cent and 0.4 per cent for non-CABG for FY 2014-15. One superficial incisional SSI has been identified out of 89 CABG procedures in the current quarter (Jan-Mar 2015) and zero SSIs have been identified in 39 non-CABG, the National average (PHE) SSI rate is 4.5 per cent for CABG and 1.2 per cent for non-CABG.

Carbapenemase Producing Organisms:

- The total for 2014/15 until the end of February 2015 is 41.
- In line with the guidance issued by PHE and NHS England, an action plan is in place to ensure that the tool kit is embedded into practice.
- We continue to send risk factor information relating to each (PHE reference lab confirmed) CPO case to Public Health England.

Dementia

A summary of the latest report of the audit of carers of patients with dementia is included in appendix 2. It is a requirement for the national CQUIN for this to be shared with the Board.

C. Patient Centeredness

Friends and Family Test

Inpatient FFT response rates continue to be above the CQUIN threshold and it looks very likely that that the 40 per cent month 12 threshold will be achieved.

The A&E FFT response rate remains below the Q3 threshold despite the setting of daily response targets and overview at the divisional performance meeting. At the beginning of March a temporary administrator was brought in by the central patient experience team with the sole aim of collecting FFT responses from patients. This has had an immediate and significant impact with estimated daily response rates in the region of 30 per cent, although this still may not be sufficient to achieve an overall Q4 response rate of 20 per cent. The patient experience team will continue to monitor daily and feed results to departmental managers.

Complaints & PALS

Complaints and PALS enquiries seem to have increased again in February. As the full dataset is not available at the time of writing it is not possible to identify any key themes although in January there was a marked increase in the appointments, delays and cancellations category.

D. Effectiveness

Stroke Indicators:

- The indicators for stroke are above the threshold for Q3, with 100 per cent of potentially eligible patients thrombolysed within 45 Minutes.

E. Efficiency

Performance against some of the key efficiency measures is reported in the Integrated Performance Scorecard. Both elective and non-elective length of stay has remained above threshold and higher than previous quarters within 2014/15. Elective length of stay was 3.89 days in February against a threshold of less than 3.5 days. The data presented on elective efficiency metrics in the Integrated Performance Report suggest that the elective pathway has extended in recent months. Further analysis is needed to explore the reasons behind this. Non-elective length of stay was 4.92 in February against a threshold of less than 4.5 days.

Theatre utilisation was 76.44 per cent. This is below the internal threshold of greater than 80% but an improvement from the previous two months and better than the same period last year.

The Trust's Did Not Attend (DNA) rate has continued to decrease, for both first outpatient and follow up appointments, following the resumption of the text messaging reminder service for patients at the end of September.

F. Timeliness

Accident and Emergency

Performance against the standard for 95 per cent of Emergency Department patients to be seen within four hours remained challenged in February 2015. However, the Trust achieved 95 per cent during the last week in February. During this week, there was particular focus as the Trust operated a 'Breaking the Cycle' week. Lessons learned from this week are being rolled out across the Trust with particular focus on discharges before noon.

Inpatient bed capacity remains under review, with Divisions developing plans to allow for flexing capacity down during the Summer months to provide efficiencies.

Actions for the resilience plan are reviewed weekly at the Trust winter operational group, the A&E meeting and at Executive Committee as well as through daily and weekly performance review meetings with local commissioners.

Referral to treatment (RTT)

Data for January RTT performance is due to be submitted on Wednesday 18th March. The Trust is expected to under deliver the RTT standards in both February and March 2015. This is a planned under delivery following agreement by the Trust Development Authority (TDA) to focus on data validation of patients still waiting for treatment, rather than data validation of those patients who have already had their treatment.

The Trust is on target with its trajectory to reduce the number of incomplete RTT pathways to 7,000 by the end of February (submitted on 18th March) and to 5,000 by the end of March (submitted on 17th April).

In addition to improvements to Cerner workflow and resolving technical issues affecting reporting, the Trust has invested in a team, through funding from the TDA, to support on-site training to staff to support them to use Cerner without inadvertently entering erroneous data.

Cancer

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

In January the Trust failed to meet the 62-day GP referral to first treatment standard. It is expected that the Trust will also under-deliver the standard in February. Performance for patients treated so far in March suggests in month delivery in March of the 62-day GP referral to first treatment standard. However, it is unlikely that this will be enough to mitigate January and February performance to achieve the standard for quarter 4 as a whole.

Work has begun with under performing clinical teams to address pathway delays that have contributed to this performance position in order to return to achieving all eight standards from the first quarter of 2015/16.

The Trust recovered performance against the 62-day screening standard after failing to meet the standard in December and Quarter 3.

Diagnostic waiting times

The Trust did not meet the standard for patients having a diagnostic test within six weeks in February. 1.4 per cent of patients were waiting longer than six weeks at the end of February. The speciality that contributed the highest number of breaches was cystoscopy.

Remedial action to reduce the number of patients awaiting diagnostic tests is expected to be completed in March 2015, with longer term capacity issues to be reviewed.

G. Equity

Nothing to report.

H. People

PEOPLE & ORGANISATION DEVELOPMENT

Engagement Survey

Our 6th Engagement Survey ran in January and February 2015. We achieved our best response rate to date at 55 per cent, with one division - Surgery, Cancer & Cardiovascular - achieving a 70 per cent response rate. This is a notable increase on the 23 per cent response rate we achieved when we ran the survey for the first time 18 months ago. The overall engagement score has increased to 41 per cent from 37 per cent in the previous survey. This is the most significant increase we have seen to date. 56 per cent respondents reported that they believe that action will be taken as a result of the survey, and in response to a new question, 50 per cent believed that action **has** been taken as a result of previous surveys. The results are being communicated across the Trust and action plans being developed.

Performance and Development Review

Our rates for PDR are now 96 per cent for Bands 7-9 and 90 per cent for bands 2-6. We are now preparing for the new PDR cycle which commences on 1 April for everyone on agenda for change contracts: band 7-9 PDRs must be completed by June and band 2-6 PDRs must be completed by September. We have recently evaluated the new PDR process. We received 1200 responses to an online survey: 90 per cent managers said the new PDR

process will help them improve the motivation of their team and 80 per cent of reviewees stated that their PDR had been an improvement on the previous years. In March we will run focus groups and more in-depth evaluation to help determine how best to tailor our support for managers in 2015.

Mandatory Training

A major focus in January and February has been the implementation of WIRED 2, the new reporting tool for mandatory training. The tool goes live from mid-March.

Wellbeing Week

Our second Wellbeing Week takes place in the week commencing 23rd March. We will include a few favourites from last year including our £1 curry lunch, stress testing, smoking cessation, smoothie bikes and massage. We also have a few new things on offer, including travel health advice, and Unilever will run a health check stand with tests on Cardiac Risk, BP, BMI Cholesterol and Blood Glucose. We will also use the week to re-launch the Bike User Group, promote our weight management programme and to promote *My Benefits* and our *Make a Difference* recognition scheme.

Challenge 2015

As part of Challenge 2015 we are running a steps challenge. 175 people in 31 teams are participating. The challenge runs for six weeks with our people being asked to take as many steps as possible each day. There will be prizes for the top individual and team steppers and for the biggest individual and team improvers from week 1 to week 6. A league table will be published on our facebook page.

Ebola

Three of our employees have now been assessed by occupational health following their return from Ebola voluntary deployment. One laboratory worker and two front line clinical staff. None have been diagnosed with Ebola. We have another employee currently on deployment and several volunteers awaiting deployment. As the situation improves in affected areas it is not certain that all those currently trained for deployment will be required.

Enabling managers to access people data

The final development phase of the 'Your People' management application for Qlikview is underway with user testing currently taking place. The application will provide managers with a single place to access core information about their people and will be rolled out over the coming months.

My Benefits

In March the Trust launched its *My benefits* intranet site, a one-stop-shop which enables people to see at a glance what the Trust offers in terms of core benefits, voluntary benefits, discounts and lifestyle benefits. The site, which includes an extensive question and answer section, can be viewed at <http://source/ywl/mybenefits/voluntarybenefits/index.htm>.

Since launching the car salary sacrifice scheme on 3 February we have approved nine orders. The home electronics scheme continues to be very popular with a record number of orders in February following a payslip attachment in January. In February we approved 168 orders bringing the total to 442 since the scheme's launch in November.

Developing market sensitive supplements

The Trust has a number of hard to recruit specialist areas which are heavily reliant on agency staff. In order to promote greater workforce stability and reduce labour costs in these areas we are developing a framework to enable departmental managers to use a portion of the agency premia they currently incur to fund well designed market sensitive supplements such as golden hellos and recruitment & retention premia to make direct employment more attractive. The directorate organised a well-attended People & Organisation Development Forum on 26 February at which managers discussed both the design principles for the framework and how they might use market sensitive supplements in their areas.

Employee Relations Advisory Service

At the end of February the number of live cases logged with the Employee Relations Advisory Service was 187 of which 108 related to sickness absence, 51 to misconduct and 20 to poor performance. The length of time it takes to manage cases continues to drop with the average annual reduction in time from incident to disciplinary hearing at 45 per cent.

Imperial Careers Microsite

A new careers website to promote the roles on offer at the Trust was launched on 4 March. <http://inspiringcareers.imperial.nhs.uk>. The site is the result of a creative initiative to establish a unique recruitment brand for the Trust to help attract new candidates and showcase our organisation in the employment market. The focus of the brand is 'inspiration' and positions us as a forward-thinking organisation on a journey to transform healthcare through innovation in patient care, education and research. The brand was developed with input from recent recruits and colleagues from around the organisation. To give the site an authentic feel, the vast majority of the images used are photos taken of our people on location at our sites. The new website also highlights the benefits everyone receives when joining the Trust, alongside all the opportunities for continued learning, development and career progression. The recruitment team is working closely with the communications department to develop appropriate social media campaigns to attract people to the site.

The Chairman's Award

There were a total of 14 submissions received for the Chairman's Award on the theme of engaging for success. The Chairman and Director of P&OD will be visiting the four shortlisted teams in March and April. The communications team will video the shortlisted teams in preparation for annual award ceremony which is due to be held in June.

HEALTH & SAFETY**Health and Safety Policy Statement**

A draft health and safety policy statement has been developed by the head of health and safety and agreed in principle by Tracey Batten, Chief Executive.

The policy is the cornerstone of the Trust's health and safety management systems and is designed to demonstrate compliance with legal requirements and continual improvement in all areas of health and safety management.

The policy will be available on the source and displayed on local health and safety noticeboards, communicated through relevant training and communication channels, and shall be kept under regular review.

Divisions/Corporate Functions Health and Safety Committees

New Health and Safety Committees have been set up for divisions and corporate functions. These have been well attended and there is a definite appetite to improve health and safety management and compliance across the Trust. Main feedback from committee members was focused around quality of face to face training, risk assessments, health and safety induction & information for new starters, fire warden training and provisions of first aiders. All the above are in the Trust Health and Safety Action Plan and are also within the new Department Safety Coordinator training which starts March 2015.

Joint Trade Unions Health and Safety Committee

The First Joint Trade Unions Health and Safety Committee took place 23 Feb and was attended by representatives from Unite & Unison. Issues and discussions included risk assessments, accident reporting and investigations, safety culture and accountability.

Meetings will continue every three months and information fed into Strategic Health and Safety Committee. The health and safety team requested more attendance and representation from the trade union side.

Risk Profiling Exercise

Risk profiles have been completed for:

- Private Patients
- Estates
- Women's and Children's
- Investigative Sciences
- Surgery & Cancer
- Corporate Functions

Medicine Directorate will be completed early March and the final summary will be compiled for ExCo and Strategic Health and Safety Committee. The top risks (e.g. fire, manual handling, slips/trips/falls etc.) will be included within the Trust Risk Register and monitored in accordance with the Trust governance processes.

HSE Contact with Trust

The Health and Safety Executive (HSE) has been in contact with the Trust regarding two separate incidents:

1. The Trust reported a dangerous occurrence to the HSE via RIDDOR on 17 February 2015 involving potential employee exposure to a hazardous biological fungus within the microbiology lab. HSE contacted Head of Health and Safety via telephone asking for more information regarding the incident and nature of exposure. Investigation undertaken and findings fed back to HSE. No further action likely.
2. HSE contacted Trust via email regarding unsafe vehicle movements in and around loading area at Hammersmith Hospital. Head of Health and Safety made contact with HSE Inspector to gather more information and provide assurances that the Trust took its health and safety responsibilities seriously. Task group set up (3 March) by Head of Health and Safety involving H&S managers, estates, security, stores and Imperial College advisors. Identified improvements that can be made to vehicle and pedestrian routes, in addition to reducing the overall risk. Project plan in progress and follow up meetings to take place. HSE will be updated on findings and progress.

Accidents

3 RIDDOR Reportable Accidents during February

- SMH – Crushed finger in door – fractured figure
- HH – Slipped on icy path – fractured arm
- CXH – Oxygen cylinder fell on foot – fractured toe

Total RIDDOR reportable accidents from April 2014 – Feb 2015 = 14

1 RIDDOR Reportable Dangerous Occurrence during February

- CXH – Potential exposure to hazardous fungus – no injuries or illness

Total RIDDOR reportable dangerous occurrences from April 2014 – Feb 2015 = 4

Violence and aggression:

Violence and aggression continues to be the biggest cause of workplace incidents and further work is underway with security, wards and A&E to develop and implement prevention, intervention and control strategies.

Health and Safety Recruitment

- Damian London has joined as Health and Safety Manager (Strategy and Systems)
- Interviews have taken place for Health and Safety Manager (BioScience).
- We are currently interviewing for Head of Health and Safety position

SAFE NURSE/MIDWIFE STAFFING

In February, the Trust reported the following for the average staffing fill rate:

- Above 95 per cent for registered nursing/midwifery staff during the day and night
- Above 85 per cent for care staff during the day
- Above 95 per cent for care staff during the night

Please refer to Appendix 1 for ward level detail.

The month of February saw an overall improvement in fill rate performance for registered nursing staff.

During February there were some ward areas where the fill rate was below 85 per cent, particularly in relation to unregistered staff during the day. Key reasons for this are:

- An increased vacancy rate for band 2-6 staff
- Supplying staff from the division of surgery to support the additional capacity in medicine which has led to those staff needing to be back filled through bank and agency.
- Small numbers of unfilled shifts in some areas e.g. Weston ward which has shown a bigger impact on the overall fill rate for that area.
- Lack of availability of temporary staff to fill shifts, for example, on Aleck Bourne Ward. In

this area, any short term risk is mitigated by midwives undertaking the care required. Longer term, the implementation of birth rate plus and the associated increase in the establishment will address this issue.

- An increase in the acuity of patients which has resulted in additional staff to support not only general acuity but also those patients who require specialising. For example on Joseph Toynbee, the fill rate for care staff during the day reflects shifts for one healthcare assistant (required for specialising a patient) that could not be filled. To mitigate any risk, other healthcare assistants on the ward were deployed to look after the patient. Going forward, a detailed review of quality and safety metrics and pathways for Joseph Toynbee ward will be undertaken led by the Medical Director's office.

On these occasions senior nurses have made decisions to mitigate any risk to patient safety by undertaking the following:

- Reviewing staffing on a daily basis
- Ward managers and sisters working clinically but are therefore not always able to supervise care.
- Adjusting the occupancy to ensure patient needs are met by the staff that are available
- Redeploying staff from other areas, where possible.

Divisional Directors of Nursing have confirmed that the levels of care provided during February were safe, effective and caring.

I. Finance

Please see finance report.

J. Education

A scorecard for education is under development. This will be reported quarterly to ExCo, with the next report in May.

K. Research

Local Clinical Research Network:

North West London has recruited 28,821 patients according to figures available in the Open Data Platform as of 12th March 2015. We are currently 19 per cent ahead of target and projected recruitment is estimated as 29,598 by the end of the year.

Funding allocations have been confirmed by Department of Health and NW London has been awarded £12,552,503 based on average recruitment in the region over the last two years. This is a decrease of £273k from last year but was a smaller than expected decrease. We are awaiting confirmation on whether research capability funding will be awarded and expect notification within the next two months.

We are currently working with our partners to produce annual business and operational plans.

NIHR Imperial Biomedical Research Centre (BRC):

The formation of the new (virtual) Institute of Translational Medicine and Therapeutics (ITMAT) is underway to provide provide focused support for the acceleration of fundamental discoveries into improvements in human health and economic benefit. A full brief was presented to the AHSC Research Committee on 10 March 2015, and a call for project applications will be launched this week. The existing BRC Theme budgets have been mapped to the new Theme / ITMAT structure, within the 15/16 funding envelope provided by ICHT Finance.

NHS Genomic Medicine Centre:

Contract negotiations for initiating the Genomic Medicine Centre (GMC) are in the final stages. Following a site visit to ascertain operational readiness, the initial focus will be on rare diseases with cancer samples phasing in around May / June. Trust IT and Information Governance departments are engaged in establishment of the required GMC systems and the capital award has been confirmed at £802,000 for the GMC in 15/16.

Performance in Initiating & Delivering Clinical Research Studies:

The 2014/15 Q3 return was submitted to NIHR in January, measuring ICHT performance a) in initiating clinical trials within 70 days, and b) delivering to time and target. The data in the scorecard for Q3 is estimated. For a) we estimate performance approaching 70 per cent demonstrating continuing improved performance. For b) we expect to continue 'topping the table' of research-active large NHS Trusts. Our Q2 performance (recently validated by NIHR) confirms the upward trajectory of ICHT performance. ICHT also recruited more patients to NIHR Portfolio studies in 2014 compared to the previous year, and has increased the number of commercial studies hosted.

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

Monthly planned Nursing/Midwife staffing hours versus Nursing/Midwife staffing hours actually worked

Division	Hospital Site Name	Ward Name	Day						Night					
			Registered Nurses/Midwives			Care Staff			Registered Nurses/Midwives			Care Staff		
			Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled
Medicine	Charing Cross Hospital - RYJ02	10 North Ward	1829.5	1717.5	93.88%	391	391	100.00%	1034	1023.5	98.98%	401	389.5	97.13%
Medicine	Charing Cross Hospital - RYJ02	11 South Ward	2667.5	2477	92.86%	460	368	80.00%	2254	2196.5	97.45%	460	448.5	97.50%
Medicine	Charing Cross Hospital - RYJ02	4 South Ward	1466	1412.5	96.35%	943	836.5	88.71%	966	931.5	96.43%	805	782	97.14%
Medicine	Charing Cross Hospital - RYJ02	5 South Ward	1757.5	1757.5	100.00%	0	0	100.00%	1598.5	1598.5	100.00%	0	0	100.00%
Medicine	Charing Cross Hospital - RYJ02	5 West Ward	2332.5	2206	94.58%	851	736	86.49%	1838.5	1769.5	96.25%	736	690	93.75%
Medicine	Charing Cross Hospital - RYJ02	8 South Ward	1682	1652.5	98.25%	1343.5	1270	94.53%	989	954.5	96.51%	1046.5	1021.17	97.58%
Medicine	Charing Cross Hospital - RYJ02	8 West Ward	1290.5	1288.32	99.83%	1064.5	1025	96.29%	966	931.5	96.43%	966	943	97.62%
Medicine	Charing Cross Hospital - RYJ02	9 North Ward	2630.5	2453.5	93.30%	925.5	828.5	89.52%	1920.5	1876.5	97.71%	310.5	309	99.52%
Medicine	Charing Cross Hospital - RYJ02	9 South Ward	1718.5	1649.5	95.90%	920	759	82.50%	966	966	100.00%	999	976	97.70%
Medicine	Charing Cross Hospital - RYJ02	9 West Ward	1288	1227.5	95.30%	816.5	782	95.77%	644	642.5	99.77%	931.5	931.5	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Almroth Wright Ward	1811	1742.5	96.20%	1115.5	920	82.47%	1380	1357	98.33%	814.4166667	814.42	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	AMU	1243.5	1184.95	95.29%	480.5	402	83.70%	1082	978.5	90.43%	402.5	379.5	94.29%
Medicine	Hammersmith Hospital - RYJ03	C8 Ward	1707.5	1627	95.20%	667	665.5	99.70%	1598.5	1541	96.40%	644	586.5	91.07%
Medicine	Hammersmith Hospital - RYJ03	Christopher Booth Ward	1870.25	1814.5	97.00%	632.5	471.5	74.55%	966	966	100.00%	322	322	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Douglas Ward SR	1830.5	1742.5	95.19%	12	12	100.00%	1713.5	1690.5	98.66%	34.5	34.5	100.00%
Medicine	Hammersmith Hospital - RYJ03	Dewardener Ward	1351.5	1255.5	92.90%	0	0	100.00%	1288	1242	96.43%	0	0	100.00%
Medicine	Hammersmith Hospital - RYJ03	Fraser Gamble Ward	1264	1145.25	90.61%	1262.75	1165.25	92.28%	954.5	944.5	98.95%	1057.5	1034	97.78%
Medicine	St Mary's Hospital (HQ) - RYJ01	Grafton Ward	1101	1084	98.46%	963.67	892.17	92.58%	966	931.5	96.43%	644	644	100.00%
Medicine	Hammersmith Hospital - RYJ03	Handfield Jones Ward	1339.5	1278.8	94.50%	979	811.5	82.90%	977.5	954.5	97.65%	654.75	654.75	100.00%
Medicine	Hammersmith Hospital - RYJ03	John Humphrey Ward	1310.5	1234	94.16%	768.5	685.5	89.20%	655.5	655.5	100.00%	769.75	746.75	97.01%
Medicine	St Mary's Hospital (HQ) - RYJ01	Joseph Toynbee Ward	1262	1207.5	95.68%	838	575	68.60%	1104	1092.5	98.96%	655.5	621	94.74%
Medicine	Hammersmith Hospital - RYJ03	Kerr Ward	1441	1347.5	93.51%	957.5	801	83.66%	1012	989	97.73%	701.5	701.5	100.00%
Medicine	Charing Cross Hospital - RYJ02	Lady Skinner Ward	1014	999.5	98.57%	333.5	331.5	99.40%	644	644	100.00%	632.5	631.75	99.88%
Medicine	St Mary's Hospital (HQ) - RYJ01	Manvers Ward	1391.5	1391.5	100.00%	644	632.5	98.21%	1391.5	1357	97.52%	644	621	96.43%
Medicine	Hammersmith Hospital - RYJ03	Peters Ward	1085	1071.75	98.78%	674.5	660.5	97.92%	644	634	98.45%	345	333.5	96.67%
Medicine	St Mary's Hospital (HQ) - RYJ01	Lewis Lloyd	1356.67	1316.67	97.05%	693.5	632.5	91.20%	896	884.5	98.72%	736	736	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Samuel Lane Ward	1514	1458.5	96.33%	655.5	627.5	95.73%	1092	1080.5	98.95%	655.5	655.5	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Thistlewaite Ward	1525.75	1502.08	98.45%	779.08	652.58	83.76%	1081	1081	100.00%	598	563.5	94.23%
Medicine	St Mary's Hospital (HQ) - RYJ01	Witherow Ward	1078.5	1025	95.04%	682	609.5	89.37%	632.5	632.5	100.00%	885.5	851	96.10%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	10 South Ward	2053	1885.5	91.84%	702.5	604.47	86.05%	1391.5	1355	97.38%	80.5	69	85.71%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	6 North Ward	2026.5	1833	90.45%	640	508.5	79.45%	977.5	954.5	97.65%	655.5	644	98.25%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	6 South Ward	1219	1134.17	93.04%	636.5	636.5	100.00%	885.5	875	98.81%	115	115	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	7 North Ward	1857	1774	95.53%	712.5	655.5	92.00%	1299.5	1276.5	98.23%	678.5	644	94.92%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	7 South Ward	1779	1639	92.13%	771	654	84.82%	943	931.5	98.78%	368	320	86.96%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A6 CICU	3429.5	3352.3	97.75%	0	0	100.00%	3243	3192.5	98.44%	0	0	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A7 Ward & CCU	1994	1926.67	96.62%	387	295	76.23%	1702	1692.5	99.44%	356.5	310.5	87.10%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A8 Ward	1525.25	1452.5	95.23%	747.5	655.5	87.69%	1161.5	1012	87.13%	262.5	239.5	91.24%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A9 Ward	1451.8	1359.8	93.66%	437	379.5	86.84%	1115.5	1092.5	97.94%	391	391	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Albert Ward	1722.5	1666	96.72%	1094.25	956.25	87.39%	966	921	95.34%	1115.5	1092.5	97.94%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Charles Pannett Ward	2345.5	2199	93.75%	659	632.5	95.98%	1748	1736.5	99.34%	644	620	96.27%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	D7 Ward	1313	1313	100.00%	264	261.5	99.05%	627	627	100.00%	297	295.09	99.36%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Dacie Ward	1532.5	1510	98.53%	250.5	229.5	91.62%	935	913	97.65%	0	0	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	Intensive Care CXH	4485.75	4439.75	98.97%	841	841	100.00%	4351	4282	98.41%	506	506	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Intensive care HH	4094	4065.91	99.31%	529	529	100.00%	4225.5	4225.5	100.00%	184	172.5	93.75%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Intensive Care SMH	3651.25	3608.94	98.84%	643.5	643.5	100.00%	3554.5	3544.5	99.72%	460	460	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Major Trauma Ward	1764.5	1600.5	90.71%	375	287.5	76.67%	1426	1413.5	99.12%	345	310.5	90.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Patterson Ward	1216.5	1160	95.36%	333.5	293.95	88.14%	644	633.5	98.37%	322	322	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	Riverside	2832.5	2288.8	80.80%	1377	1234.5	89.65%	1311	1219	92.98%	552	552	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Valentine Ellis Ward	2513.5	2364.5	94.07%	653	515	78.87%	1736.5	1656	95.36%	483	425.5	88.10%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Weston Ward	1443.5	1381	95.67%	276	276	100.00%	913	913	100.00%	11	0	0.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Zachary Cope Ward	2145	2047.42	95.45%	621	506	81.48%	1851.5	1829	98.78%	701.5	690	98.36%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Aleck Bourne 2 Ward	4203.25	4065.19	96.72%	1419.5	935.33	65.89%	3542	3458.92	97.65%	1288	1180.48	91.65%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Birth Centre QCCH	875.5	875.5	100.00%	203	195.5	96.31%	632.5	632.5	100.00%	322	310.5	96.43%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Birth Centre SMH	966	944.5	97.77%	11.5	11.5	100.00%	667	644	96.55%	276	276	100.00%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Edith Dare Postnatal Ward	2096.5	2059	98.21%	1203	1089	90.52%	1633	1621.5	99.30%	644	644	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	GRAND UNION WARD	1911.5	1729.5	90.48%	0	0	100.00%	1794	1667.5	92.95%	0	0	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	GREAT WESTERN WD	2350	2244	95.49%	241.5	241.5	100.00%	2024	1943.5	96.02%	299	299	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Lillian Holland Ward	1124	980.5	87.23%	446.5	446.5	100.00%	644	632.5	98.21%	322	322	100.00%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Neo Natal	3669.75	3663	99.82%	136	136	100.00%	3703	3691.5	99.69%	92	92	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	NICU	1909	1837.5	96.25%	299	299	100.00%	1943.5	1909	98.22%	253	253	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	PICU	3438.75	3045.25	88.56%	0	0	100.00%	3369.5	2944.17	87.38%	0	0	100.00%
Women and Children's	Queen Charlotte's Hospital - RYJ04	QCCH labour	4098.45	3903.45	95.24%	782.75	695.25	88.82%	3565	3450.5	96.79%	644	620	96.27%
Women and Children's	Hammersmith Hospital - RYJ03	Victor Bonney Ward	1977.25	1898.73	96.03%	477.75	382	79.96%	920	920	100.00%	287.5	276	96.00%

Dementia Care and CQUIN at Imperial – Supporting Carers of Patients with Dementia

The Dementia Care Team has been in place in the Trust since December 2012, primarily to ensure Imperial College Healthcare NHS Trust (ICHT) meets the requirements dementia CQUIN (Commissioning for Quality and Innovation) but also to improve dementia care across the Trust.

Imperial College Healthcare NHS Trust has signed up to the Dementia Action Alliance to signify its strong commitment to improving the lives of people with dementia. To support this aim and meet the requirements of one of this year's CQUIN indicators, the Dementia Care Team has implemented a strengthened dementia training programme across the Trust.

Supporting Carers of People with Dementia

There are four national CQUIN goals for 2014/15. The national Dementia CQUIN goal consists of 3 indicators, the details and requirements of these indicators are as follows:

1. *Find, Assess, Investigate and Refer (FAIR)*: this indicator is a composite of dementia screening, risk assessment and onward referral for specialist diagnosis for patients aged 75 years and over admitted as an emergency (all elements have a 90% target)
2. *Clinical Leadership*: Providers must confirm a named lead clinician and a planned training programme for dementia to be delivered in-year.
3. **Supporting Carers of People with Dementia**: This indicator requires the completion of a monthly audit of carers to test whether they feel supported. The content of the audit is to be agreed with local commissioners. Findings from these audits are to be reported to the Board two times in the year.

To meet the requirements of the third indicator, the Dementia Care Team, with input from stakeholders both internal and external to the Trust, has devised an audit questionnaire to be given to carers of patients with dementia at least 24-48 hours prior to discharge.

Audit of Carers of Patients with Dementia

The audit is currently being piloted on five wards (one admission ward, three care of the elderly wards and one rehabilitation ward) and is to be rolled out to other wards once established.

The questionnaire consists of five questions and can be completed either alone, face-to-face, or over the phone. The questions focus, as required, on whether the carer felt supported during the stay in hospital of the patient for whom they are caring, and whether

they received sufficient information regarding patient diagnosis, physical health and discharge care planning. There is also a 'free text' box at the end of the questionnaire where carers can provide additional comments.

The audit responses and findings will be collated monthly and reported to the board biannually. A total of eighty responses have been collected so far. A copy of the questionnaire is attached at the end of this report.

Support for Carers from the Dementia Care Team

Carers Drop in Sessions

The Dementia Care Team have been running drop in sessions for carers across all three sites. The sessions at Charing Cross and Hammersmith have been running since early January 2015, and the Hammersmith sessions have been running since end of February 2015.

The sessions are run weekly, in private offices, where carers of people with dementia can come and see a specialist dementia nurse for advice, support and signposting. There has been 9 attendees across the sites, and all have felt supported and spoke positively of the service.

Carers Passports

Our Trust offers all Carers, a passport. The carer's passport is a scheme which hopes to improve the level of care provided to patients who stay in hospital and makes life easier for them during their stay. Staff are expected to give carers a card when their loved one is admitted to the ward.

The passport enables carers to have access to the person they care for at any time during the day or night and also outside of conventional hospital visiting hours. The holder of a Carer's Passport should be seen as a partner in the planning and delivery of care by the Trust Staff. Patients who are likely to have carers include those with learning disabilities, dementia and physical disabilities. Other people who may be appropriate could be relatives of those receiving palliative care.

As a part of this scheme, our Trust is supporting 'John's Campaign' (www.johnscampaign.org) who are campaigning for the right to stay with people with dementia in hospital.



Pre-assessment Clinic Support

The Dementia Care Team has created Dementia Packs that are handed out to people with dementia and their carers during pre-assessment clinics. These packs have information on what can happen following an operation for people with dementia. There is support and advice

Initial findings

The monthly breakdown of responses is presented in the table below. 58% of surveys were completed by telephone, 30% were completed face-to-face and for the remaining 12% the carer completed the questionnaire alone.

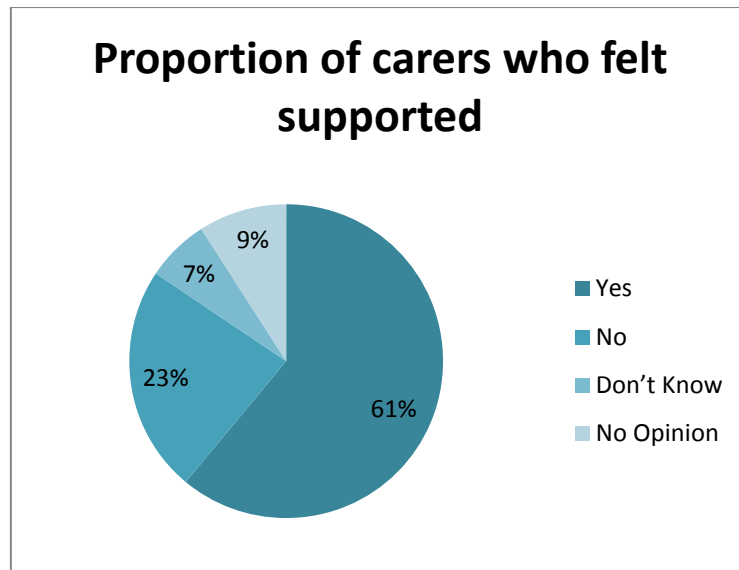
Year	Month	Total Responses
2013	October	9
	November	3
	December	11
2014	January	9
	February	6
	March	9
	April	12
	May	3
	June	0
	July	6
	August	5
	September	2
	October	1
	November	1
	December	3
Grand Total		80

The key question in relation to the CQUIN indicator is question 2: *During the patient's admission in hospital, do you feel that you have been supported in relation to their existing diagnosis of dementia?* 62% of recipients said that yes, they felt supported. The responses to this question are presented in the graph below.

Of the 80 respondents, 47 reported that health professionals (HCP) spoke to them about the patient's diagnosis of dementia (*question 3*). Of those 47 respondents, 37 stated that they had received sufficient information.

51% of respondents stated they had received enough information in relation to how patients' physical health impacts on their dementia (*question 4*).

In terms of discharge planning and onward care, 60% (or 48 out of 80) of carers surveyed stated they were involved in this process and provided with information about services (*question 5*).



Of those carers who felt supported, 74% (or 35 out of 47 respondents) stated they had been spoken to by a health professional in relation to the patient's dementia, whereas of the 18 respondents who stated they did not feel supported, 5 (or 28%) had been spoken to by a health professional.

In addition to the five core questions in the audit questionnaire, respondents are also given the opportunity to provide additional comments. A selection of these comments is presented below.

"This is a very difficult time. It's hard to know what to think with all the decisions that need to be made"

"Excellent care at hospital. I'm learning from the Nurses/Healthcare staff how to manage agitation in my relative with dementia by observing them"

"Staff are very patient and try to keep her [the patient] calm"

"I found the nurses to be helpful, they showed empathy on Witherow ward"

"Really good with him. Brilliant. They understand what he's got. He likes the staff and gets on with them"

"Not enough staff to look after all these people"

Where appropriate, any 'negative' comments that are received are being relayed to the services in question.

Next steps

The Dementia Care Team has developed a Carer's Pack consisting of useful information for carers of people with dementia. This pack is now available on *The Source* for staff to access and also available on the Trust's website. A hard copy can also be purchased through the Trust eProcurement program.

The Dementia Care Team will work to increase the amount of Carers Questionnaires being completed. Unfortunately due to changes in staffing (junior doctors rotating) the collection of questionnaires has been sporadic. This will be addressed in the following ways:

- The Dementia Care Team will liaise with Ward Managers and Therapists, and gain support from the CQUIN team to increase the amount collected.
- The Dementia Care team will be working with The Alzheimer's Society Side by Side Project which will be appointing a Community Support Manager within the trust; the team will ask the community support manager to provide some support for the carer's audit.
- The team have developed an annual benchmark tool to evaluate dementia care in the trust and this includes a carer's questionnaire which has to be completed by two carers. It is envisaged that this will also increase the number of responses.

The audit will continue throughout the year, with subsequent findings being reported to the Trust Board on a twice-yearly basis.

Conclusion

Collecting the Carer's Questionnaires continues to be a challenge, however the new initiatives outlined above should increase the number of carers feeding back about care. The Dementia Care team have significantly increased the support available to carers of patients with dementia through the initiatives outlined in this report and early signs show that this has been very well received by carers.

The Audit Questionnaire

Date: _____

Imperial College Healthcare 
NHS Trust

Phone Face-to-face Completed alone

Dear Carer,
We are committed at Imperial College Healthcare NHS Trust to improving the quality and standard of care we give to patients with dementia and their carers and families. Your feedback and comments are very important and can help us improve our services.

In the questionnaire below, 'the patient' refers to the person your care for, or your family member.

Carer questionnaire (please tick)

Q1. Would you be willing to complete this questionnaire?
 Yes No

Q2. During the patient's admission in hospital, do you feel that you have been supported in relation to their existing diagnosis of dementia?
 Yes No Don't know No opinion

Q3. Did any health professionals talk to you about the patient's diagnosis of dementia during this admission?
 Yes No

If yes,
Do you feel that you received sufficient information?
 Yes No Don't know No opinion

Q4. Do you feel that you had received enough information about how the patient's physical health can impact on their dementia during this admission?
 Yes No Don't know No opinion

Q5. Prior to the patient's discharge, were you involved with care planning and given information about services regarding their dementia?
 Yes No Don't know No opinion

Additional comments regarding the above questions and dementia care:

Please return this questionnaire to the nurse in charge, and thank you for your time



