

Report to:	Date of meeting
Trust Board - Public	6 April 2016

Operational Performance Report

Executive summary:

This is a regular report and outlines the key operational headlines that relate to the reporting month of February 2016 (month 11).

Where monthly data for February 2016 are not yet available, this is highlighted in the chart title in red.

Recommendation to the 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

Kathryn Hughes (Head of Performance)

Responsible executive director

Julian Redhead (Medical Director)
 Janice Sigsworth (Director of Nursing)
 Tim Orchard (Divisional Director)
 Jamil Meyet (Divisional Director)
 Tg Teoh (Divisional Director)
 David Wells (Director of People and Organisational Development)

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1. Scorecard Summary

Metric	Period	Standard	Performance	Direction of Travel
Safe				
Serious Incidents (S.I.s)	Feb-16	0	14	
Staffing fill rates	Feb-16	tbc	94.7%	
MRSA	Feb-16	0	0	
Clostridium difficile	Feb-16	56	68	
Harm Free Care (Safety Thermometer)	Feb-16	90.0%	97.7%	
Effective				
Hospital Standardised Mortality Ratio (HSMR)	Oct-15	100	64	
Percentage of interventional studies which recruited 1st patient within 70 days of Valid Research Application	Qtr 2 15/16	70.0%	97.5%	
30 day readmissions	Jan-16	tbc	3.4%	
Average length of Stay (elective)	Jan-16	3.4	3.24	
Average length of stay (non-elective)	Jan-16	4.5	4.15	
Activity: First Outpatient	Jan-16	27,722	30,543	
Activity: Follow-up Outpatient	Jan-16	46,457	50,205	
Activity: Daycase	Jan-16	6,681	6,843	
Activity: Elective Inpatient	Jan-16	1,781	1,885	
Activity: Non-elective Inpatient	Jan-16	9,864	9,864	
Activity: Adult Critical Care	Jan-16	2,696	2,696	
Activity: Regular Day Attender	Jan-16	279	83	
Caring				
Mixed-Sex Accommodation	Feb-16	0	1	
Friends and Family Test - Inpatients	Feb-16	95.0%	97.0%	
Friends and Family Test - A&E	Feb-16	85.0%	95.0%	
Friends and Family Test - Maternity	Feb-16	tbc	94.0%	
Complaints (total number received)	Feb-16	100	94	
Well Led				
Vacancy rate (%)	Feb-16	12.6%	10.4%	
Voluntary Turnover Rate (%) 12-month rolling position	Feb-16	10.9%	10.7%	
Sickness absence rate (%)	Feb-16	3.0%	3.4%	
StatMand excl. doctors in training / Trust grades (%)	Feb-16	82.4%	86.5%	
StatMand - doctors in training /Trust grades (%)	Feb-16	59.6%	65.7%	
Consultant appraisal rate (%)	Feb-16	85.5%	86.0%	
Band 2-9 & VSM PDR rate	Dec-15	95.0%	n/a	
Health and Safety RIDDOR	Feb-16	0	0	
Education Open Actions	Feb-16	tbc	156	
Bank and Agency Spend (%)	Feb-16	9.0%	12.8%	
Staff engagement score	Qtr 3 15/16	tbc	43	
Responsive				
18 Weeks Incomplete (%)	Jan-16	92.0%	90.5%	
18 weeks Incomplete Breaches (number)	Jan-16	tbc	4,890	
52 Weeks Waits (Number)	Jan-16	0	14	
Diagnostic tests waiting longer than 6 weeks (%)	Jan-16	1.0%	0.4%	
A&E Type 1 Performance (%)	Feb-16	95.0%	69.1%	
A&E All Types Performance (%)	Feb-16	95.0%	86.1%	
Two week GP referral to 1st outpatient - cancer (%)	Jan-16	93.0%	90.1%	
Two week GP referral to 1st outpatient – breast symptoms (%)	Jan-16	93.0%	93.3%	
31 day wait from diagnosis to first treatment (%)	Jan-16	96.0%	96.8%	
31 day second or subsequent treatment (surgery) (%)	Jan-16	94.0%	100.0%	
31 day second or subsequent treatment (drug) (%)	Jan-16	98.0%	100.0%	
31 day second or subsequent treatment (radiotherapy) (%)	Jan-16	94.0%	97.1%	
62 day urgent GP referral to treatment for all cancers (%)	Jan-16	85.0%	85.3%	
62 day urgent GP referral to treatment from screening (%)	Jan-16	90.0%	86.2%	
New Outpatient DNA rate (%)	Feb-16	11.0%	12.1%	
Follow-up Outpatient DNA rate (%)	Feb-16	11.0%	11.5%	
Hospital initiated outpatient cancellation rate (%)	Feb-16	tbc	7.9%	

2. Indicator Overviews

2.1 Safety

2.1.1 Safety: Serious Incidents (SIs)

Fourteen serious incidents were reported in February 2016. The year to date total is 108, in comparison to 130 this time last year. We continue to review each case.

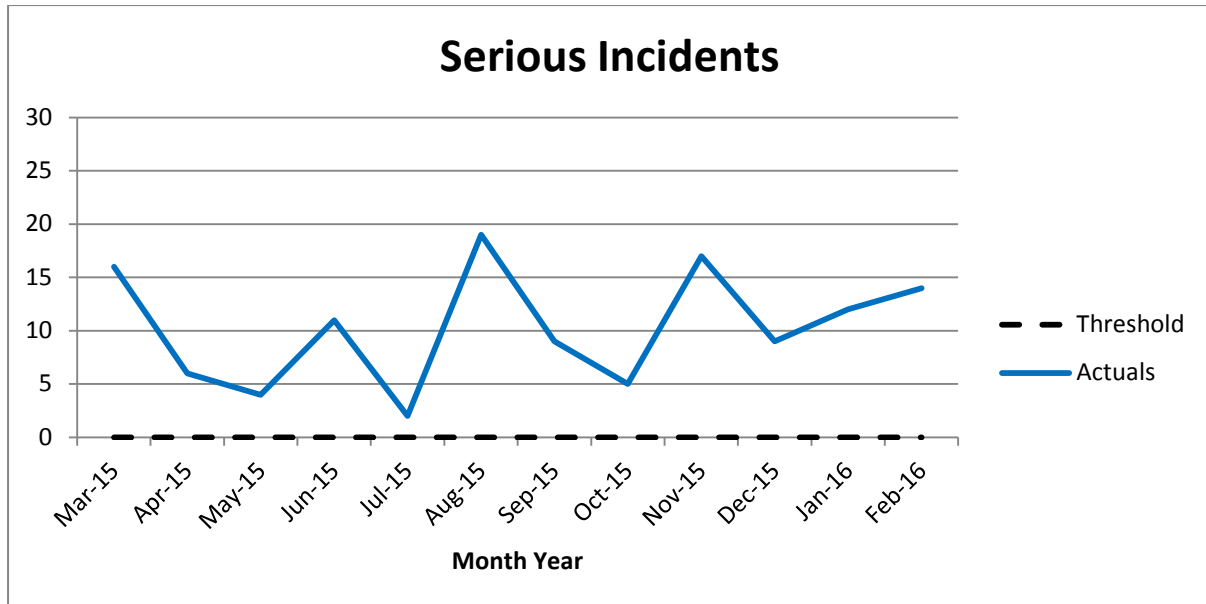


Figure 1 - Number of Serious Incidents (SIs) (Trust level) by month for the period March 2015 – February 2016.

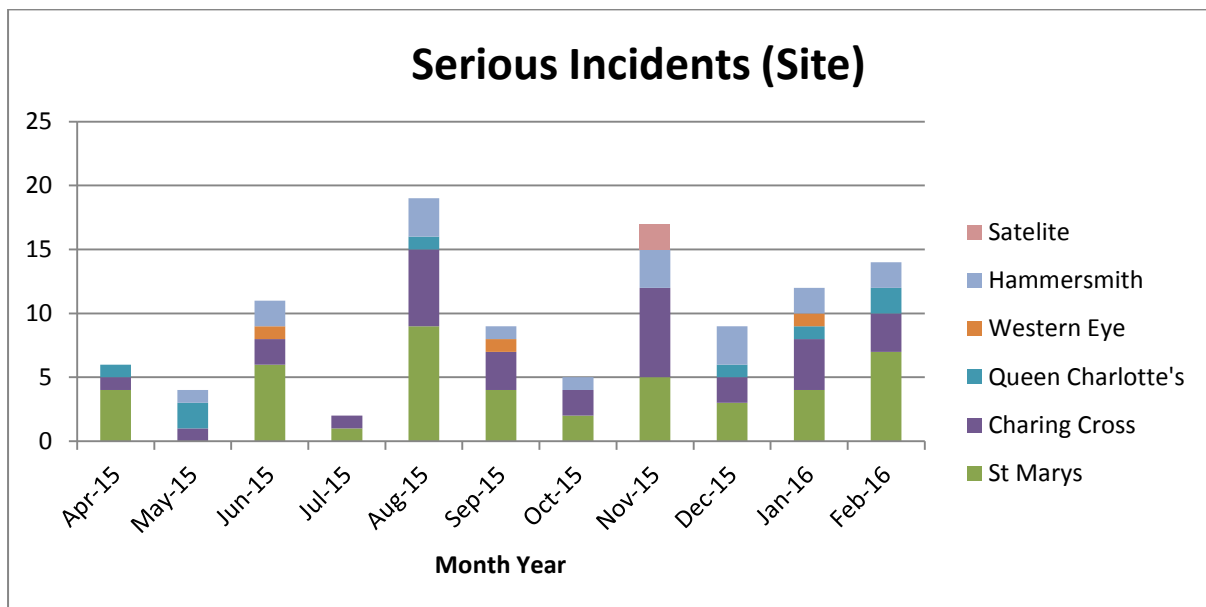


Figure 2 - Number of Serious Incidents (SIs) (Site level) by month for the period April 2015 – February 2016

2.1.2 Safety: Nurse / Midwife staffing levels

In February 2016 the Trust reported the following for the average staffing fill rate overall:

- Above 90 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

The average staffing fill rate for February 2016 by hospital site was as follows:

Site Name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Charing Cross	91.38%	86.79%	95.94%	96.55%
Hammersmith	95.64%	87.66%	97.17%	94.48%
Queen Charlotte's	96.20%	95.16%	95.22%	93.99%
St. Mary's	94.22%	88.90%	96.10%	96.89%

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

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

- 5 West ward: A number of additional care staff shifts were requested for patients who were perceived as having enhanced support needs (specialling). However, some of these were subsequently not required or deemed as appropriate through the daily monitoring process in place. In order to improve the education and training of staff in making decisions about whether patients require enhanced support, work is being undertaken with staff through the re-launch of the Trust's guidance on this and also with the site team.
- A reduced fill rate from the bank service. A meeting will be scheduled with the supplier to discuss how this can be improved going forward.
- Small numbers of unfilled shifts in some areas e.g. St. Mary's birth centre, A6, 10 South, Dacie and Weston which has shown a bigger impact on the overall fill rate for that area.
- Increased operational capacity in some clinical areas and reduced elective activity in others requiring redeployment
- Continued application of tight control on the use of agency staff

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

- Using the workforce flexibly across floors and clinical areas and in some circumstances between the three hospital sites
- Deploying senior nursing and midwifery leaders to work clinically and take a case load of patients
- Cohorting patients and adjusting case mixes to ensure efficiencies of scale

Each Divisional Director of Nursing has confirmed to the Director of Nursing that the staffing levels in February 2016 were safe and appropriate for the clinical case mix.

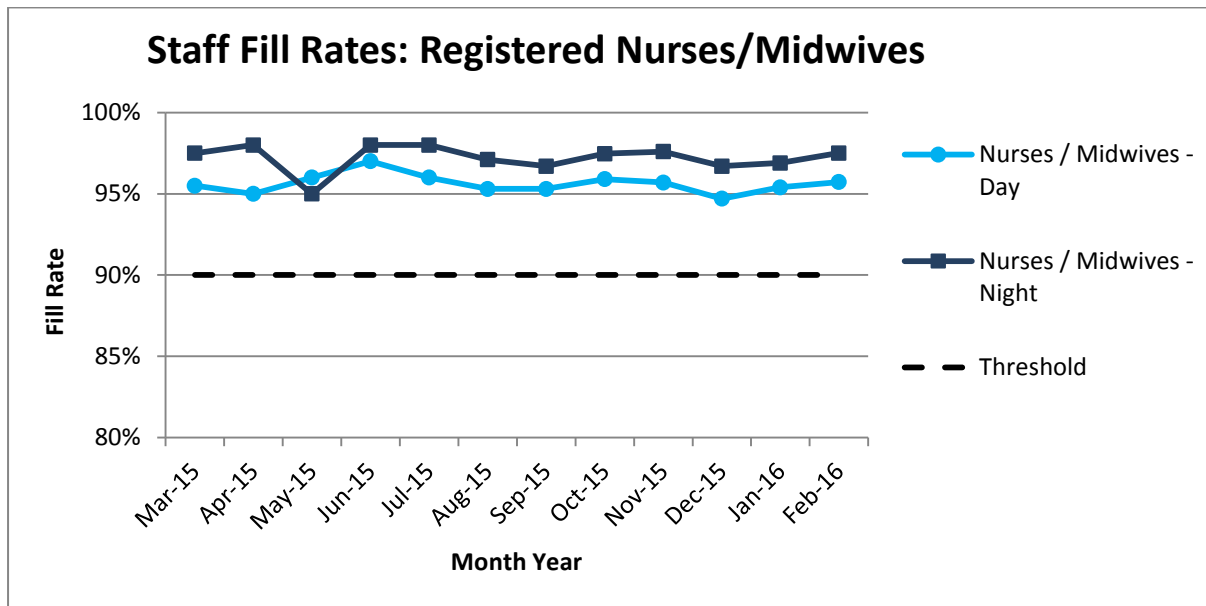


Figure 3 - Monthly fill rates (RNs/RMs) for NHS patients by month (March 2015 – February 2016)

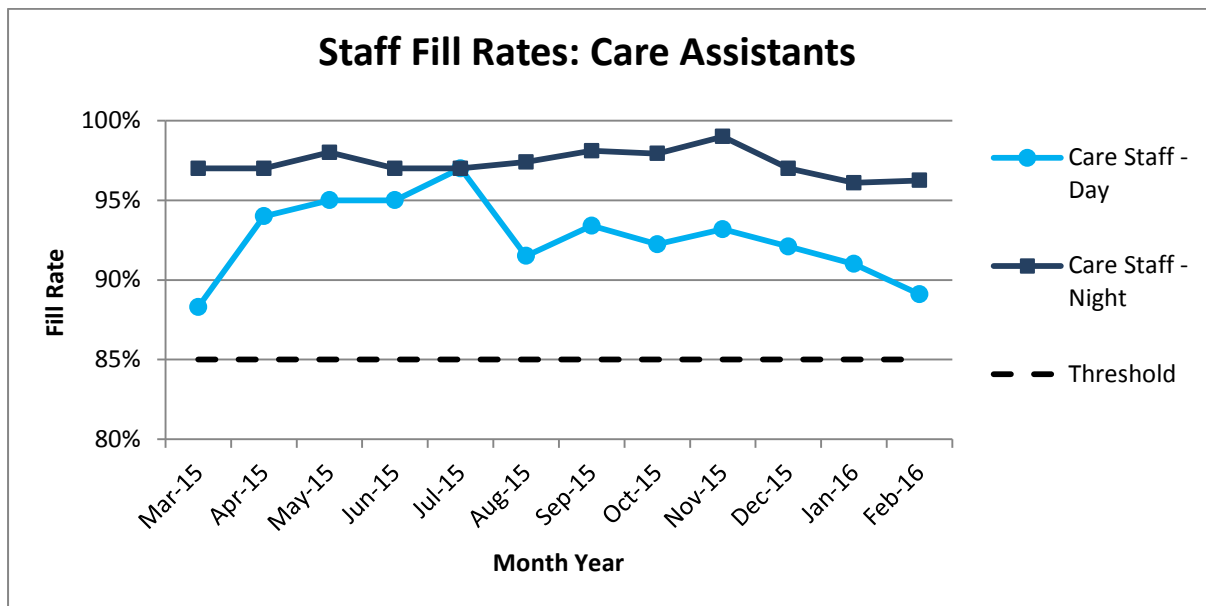


Figure 4 - Monthly fill rates (care assistants) for NHS patients by month (March 2015 – February 2016)

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

There were no cases of MRSA BSI in February 2016. Seven have been allocated to the trust so far this year. One case is awaiting final allocation. The tolerance for MRSA is zero and will continue to be in 2016/17.

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

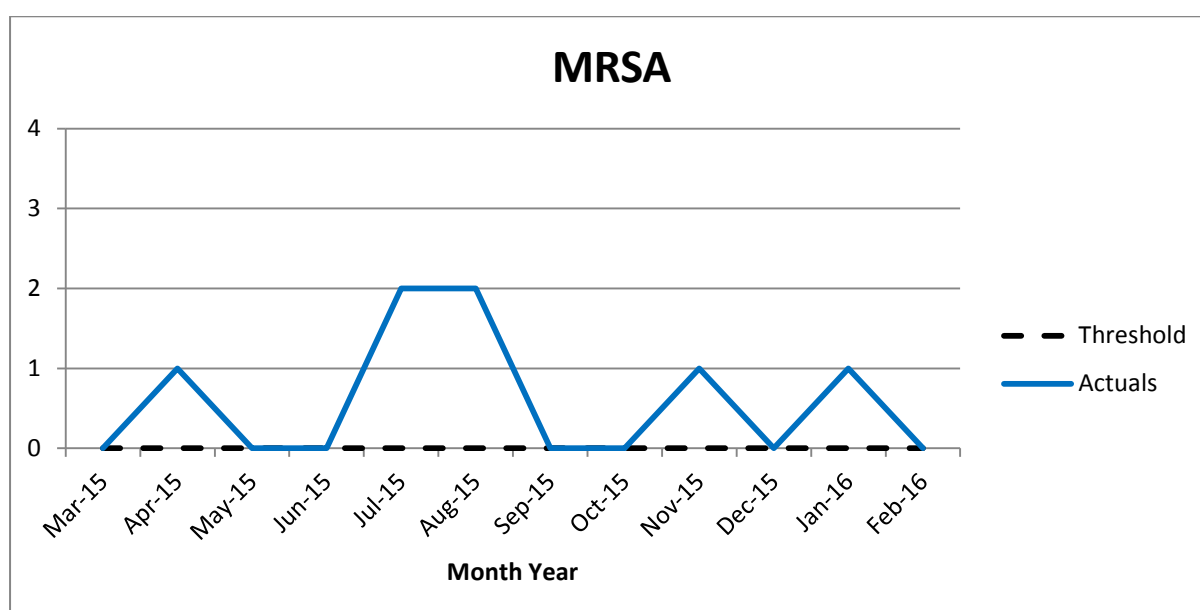


Figure 5 - Number of MRSA (b) infections by month for the period March 2015 –February 2016

2.1.4 Safety: *Clostridium difficile*

Six cases of *Clostridium difficile* were allocated to the Trust for February 2016. One of these cases included a lapse in care related to two patients with *C. difficile* of the same ribotype who spent time on the same ward.

A total of 68 cases have been allocated to the Trust so far this financial year, which is above trajectory to be below the annual ceiling of 69 cases. Five of these are attributable to lapses in care (1 in May-15, Jun-15, Oct-15, Jan-16 and Feb-16). There is one additional potential lapse in case awaiting further laboratory investigations.

Each case is reviewed by a multi-disciplinary team to examine whether any lapses in care occurred. The annual ceiling of 69 will be the same in 2016/17.

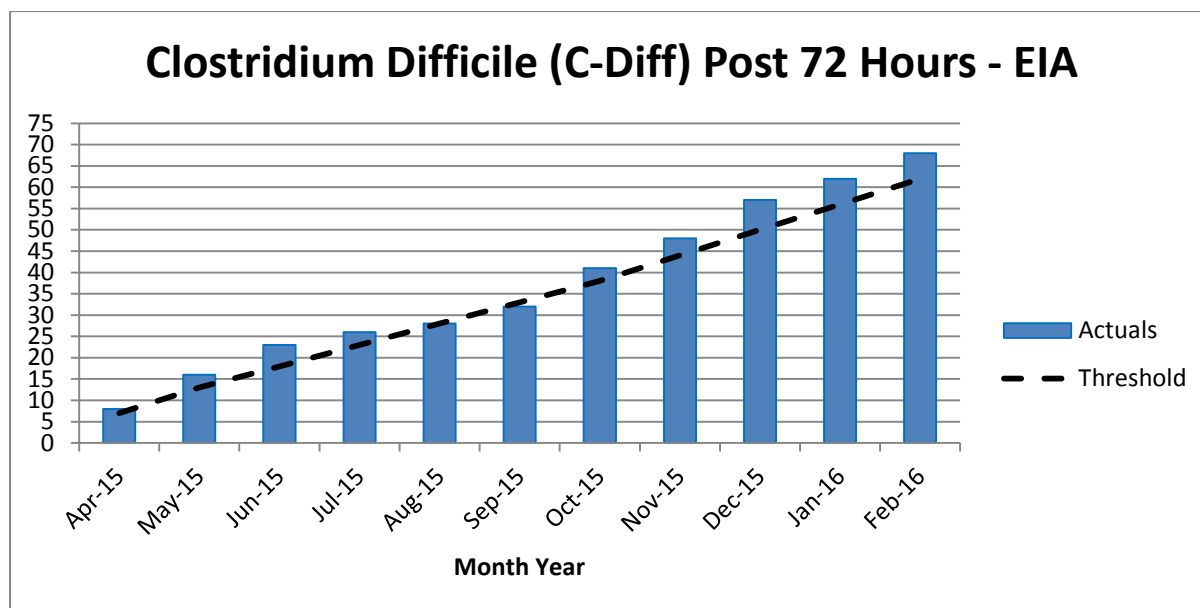


Figure 6 - Number of Clostridium Difficile infections above cumulative plan by month for the period April 2015 – February 2016

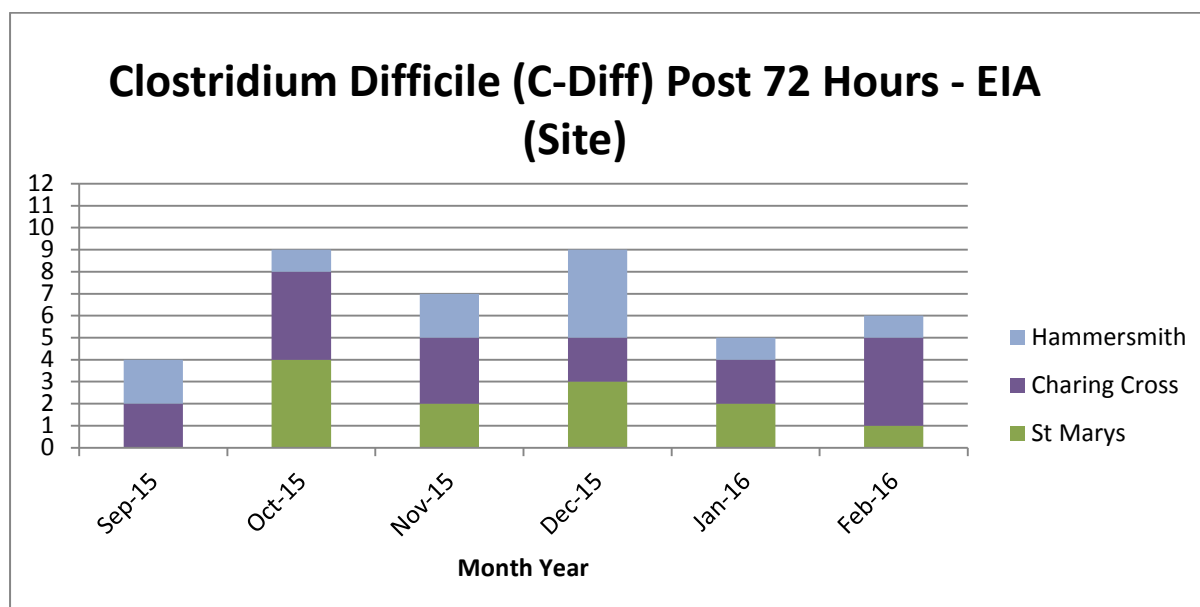


Figure 7 - Number of Clostridium Difficile infections by site and by month for the period September 2015 – February 2016

2.1.5 Safety: National Safety Thermometer – Harm Free Care Score

The Trust's overall score for harm free care as measured by the NHS Safety Thermometer continues to be above the threshold of 90 per cent. The latest averages for London and Shelford are not yet published.

There are specific work programmes in place for each of the four indicators which make up the overall 'harm free care' score (pressure ulcers, falls, VTE, CAUTI) to ensure performance is continually monitored and improved.

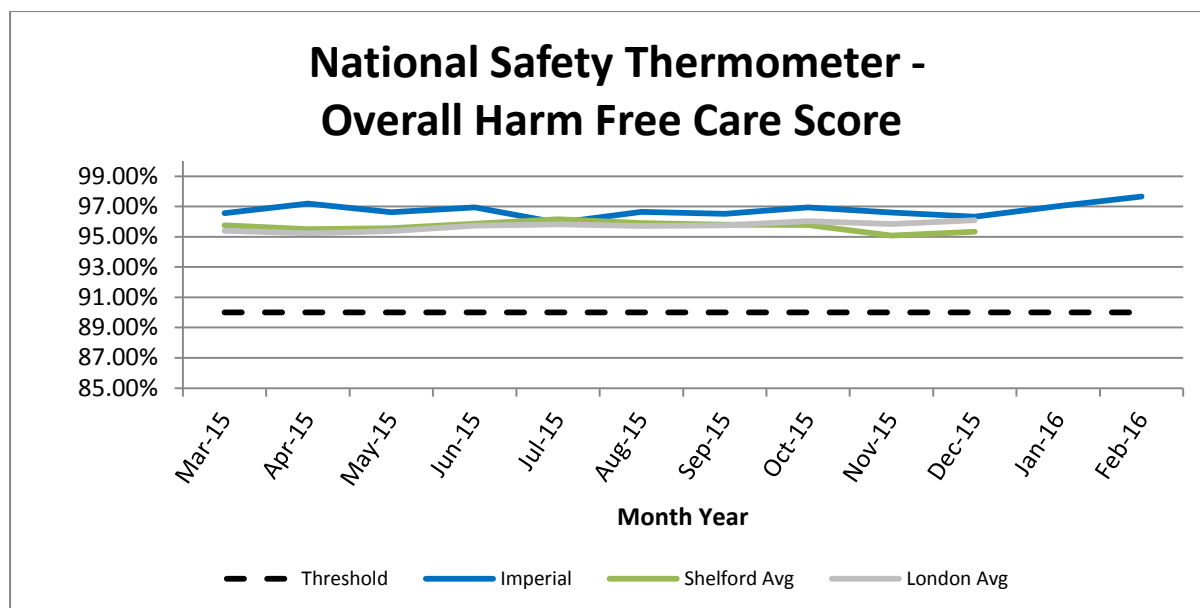


Figure 8 – Harm Free Care (Safety Thermometer) March 2015 – February 2016

2.2 Effectiveness

2.2.1 Effectiveness: Mortality Data

The most recent monthly figure for HSMR is 64 for October 2015. Across the last year of available data (November 2014 – October 2015), the Trust has the lowest HSMR for acute non-specialist trusts nationally and the lowest in the Shelford Group.

The Trust has the third lowest Summary Hospital-Level Mortality Indicator (SHMI) of all non-specialist providers in England for Q2 2014/15 to Q1 2015/16.

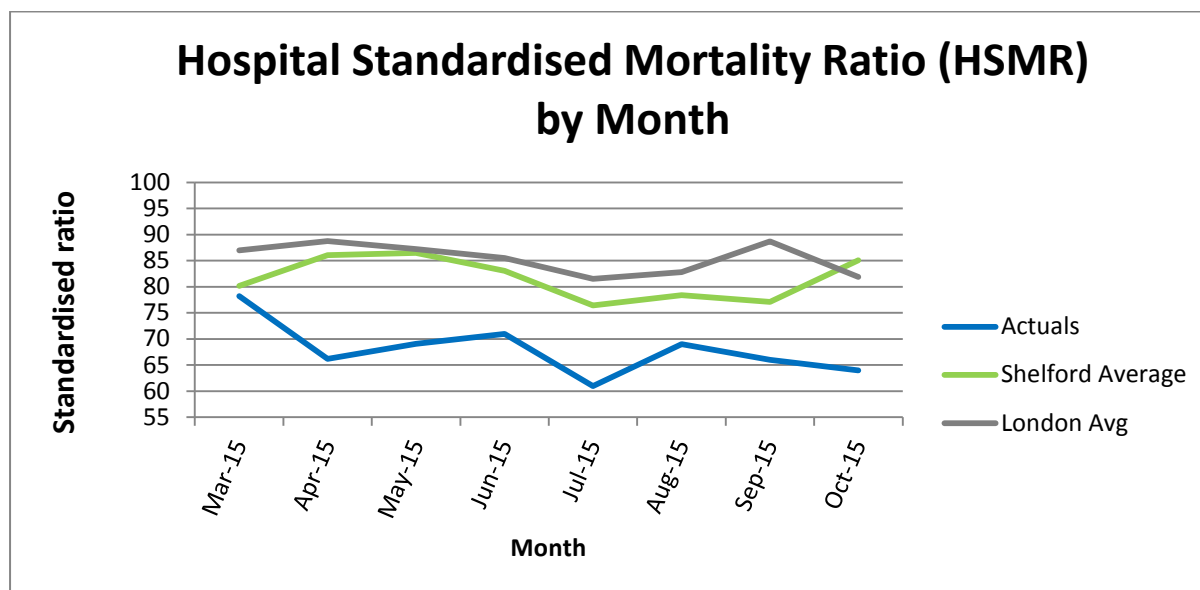


Figure 9 - Hospital Standardised Mortality Ratios for the period March 2015 – October 2015

2.2.2 Effectiveness: Recruitment of patients into interventional studies

The national target for recruiting the first patient into clinical trials within 70 days is 70 per cent. Trust performance for Q2 2015/16 was 97.5 per cent; and for Q3 2015/16 we are forecasting 97.6 per cent.

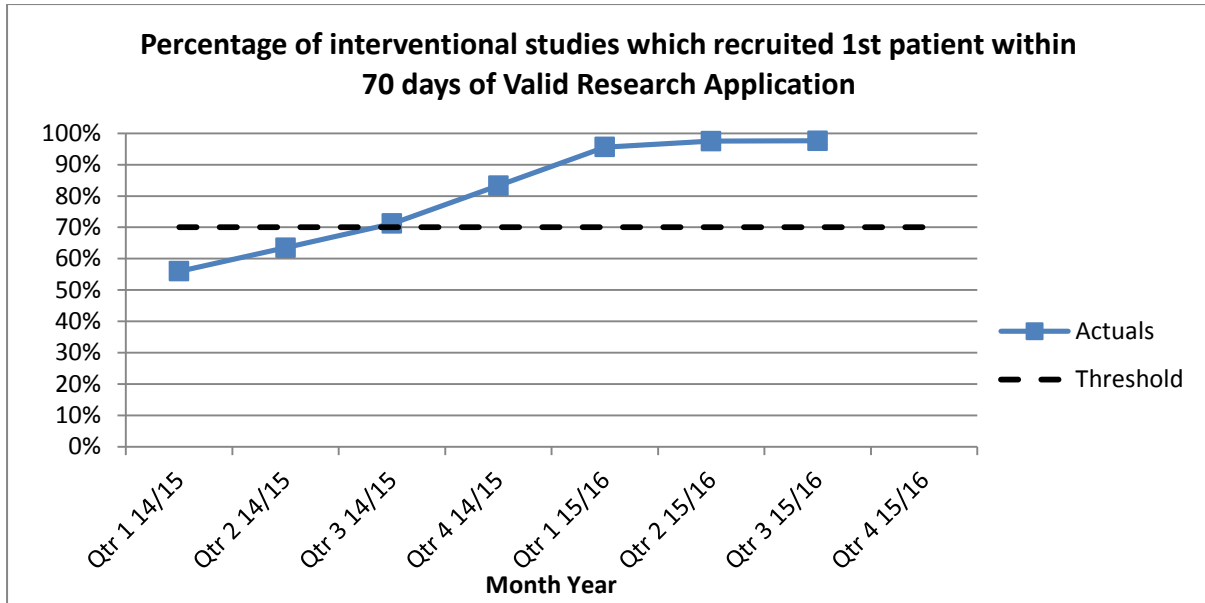


Figure 10 - Interventional studies which recruited First patient within 70 days of Valid Application Q1 2014/15 – Q3 2015/16

2.2.3 Effectiveness: 30 Day Readmissions

The improvement in reported performance for 30 day readmissions may reflect, in part, the increased focus on accurate discharge recording through the admissions and discharge team. Performance has plateaued at around 3.5 per cent.

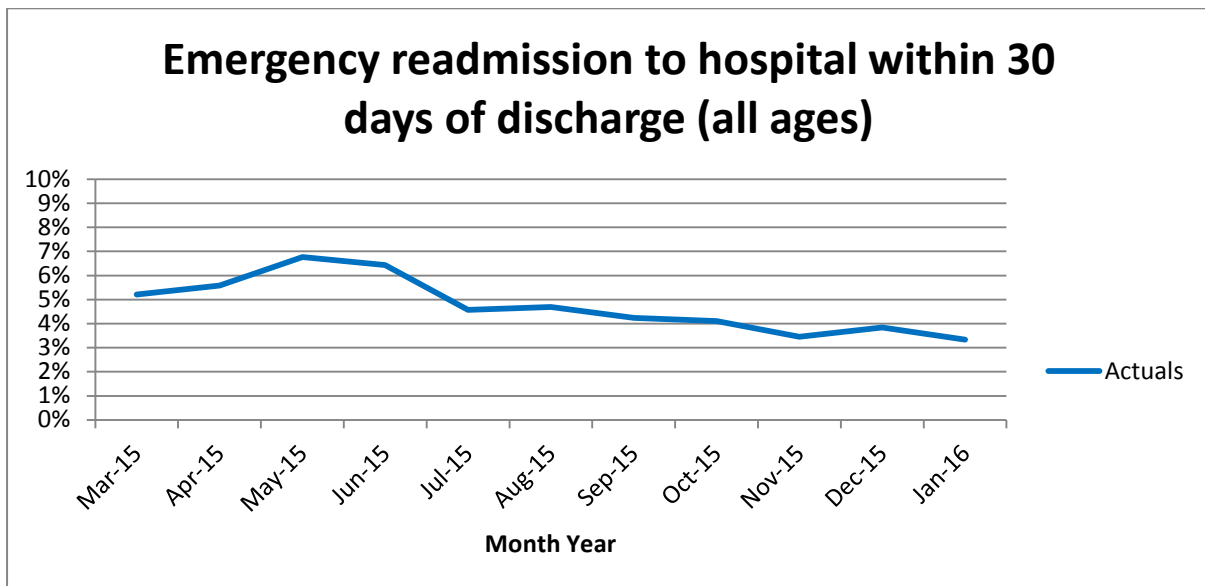


Figure 11 - 30 day readmissions for the period March 2015 - January 2016

2.2.4 Effectiveness: Average Length of Stay

Figures for the Trust length of stay (Elective and Non Elective admissions) are not finalised for February 2016 because of an outstanding data quality query still being investigated. The charts below present length of stay at both Trust and site level.

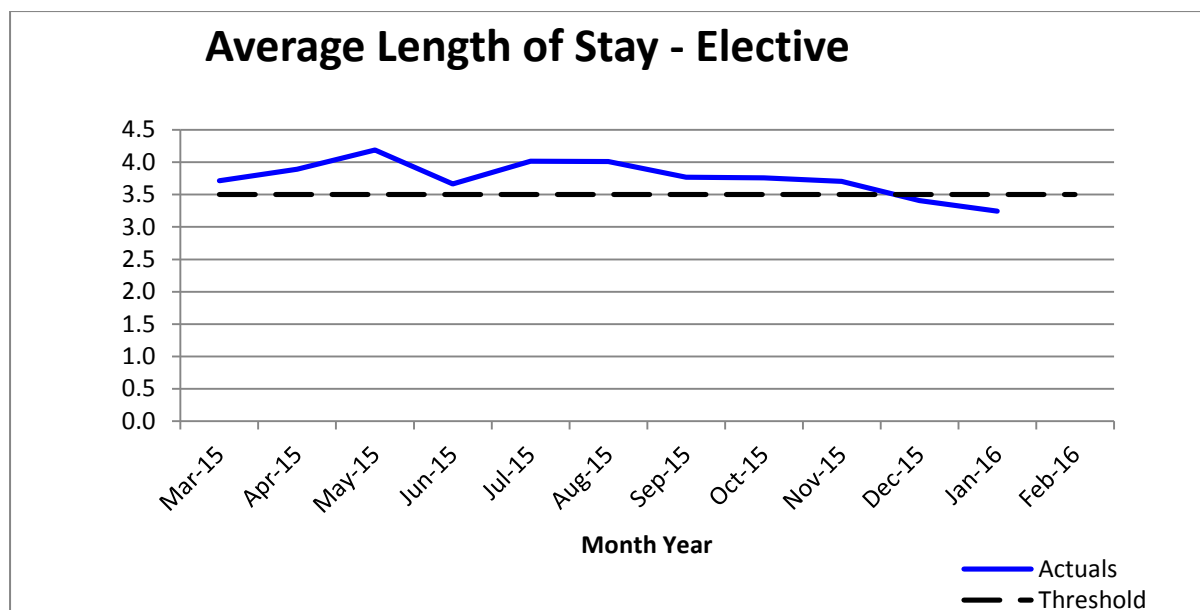


Figure 12 – Average Length of Stay – Elective for the period March 2015 – January 2016

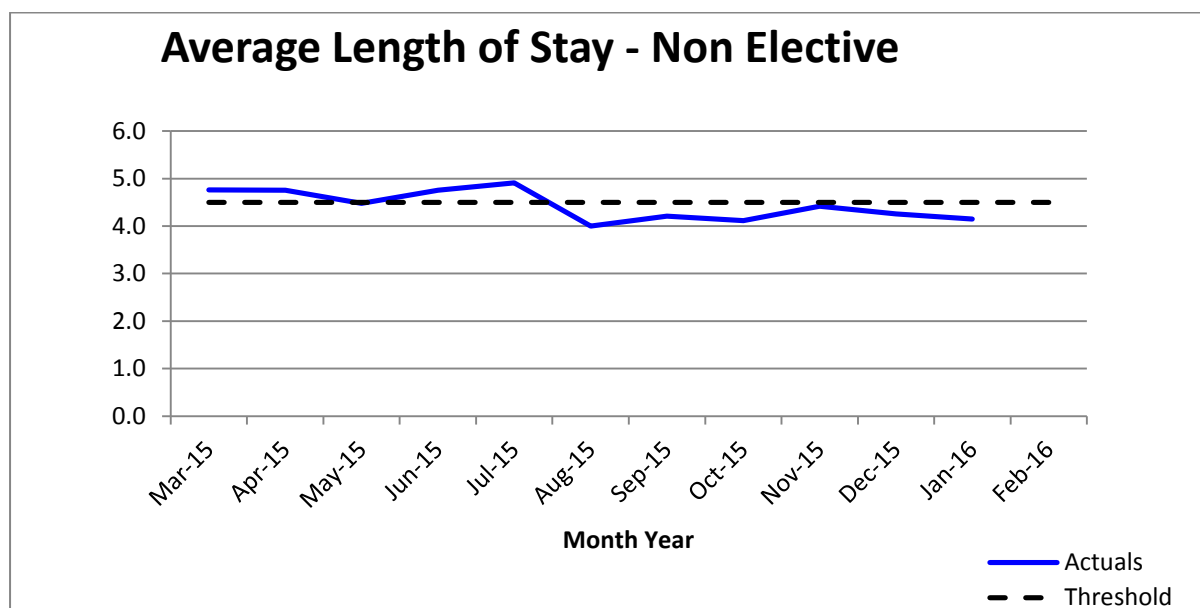


Figure 13 – Average Length of Stay – Non-Elective for the period March 2015 – January 2016

2.2.5 Effectiveness: Activity data

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

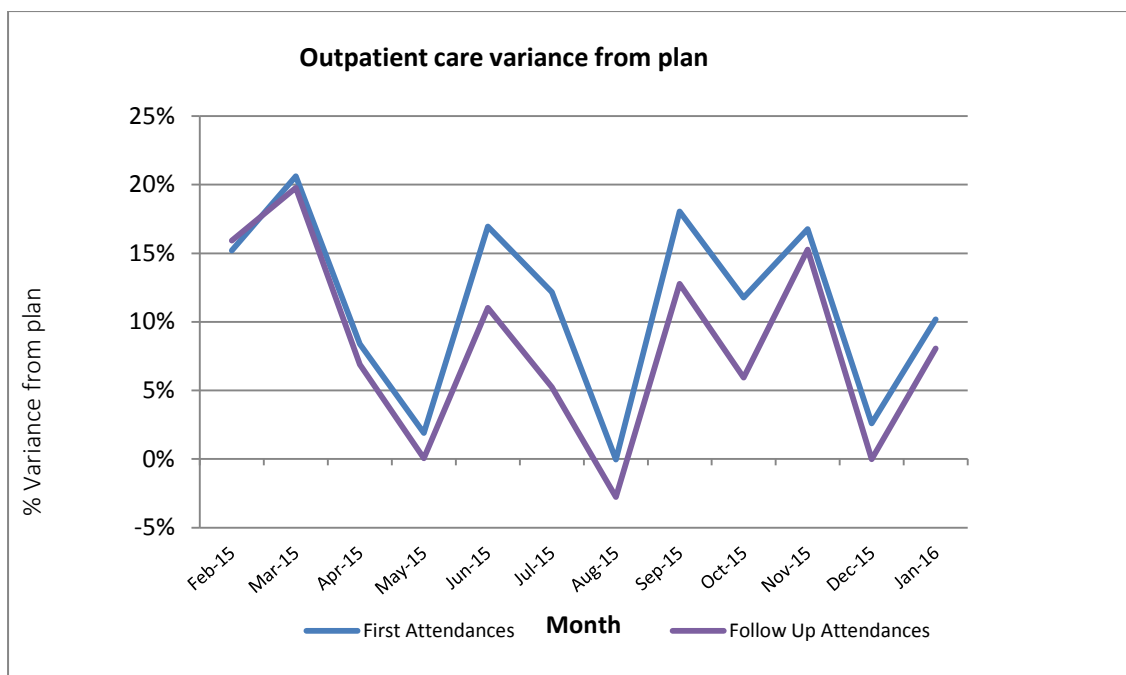


Figure 14 – Outpatient Care Variance from Plan for the period February 2015 – January 2016

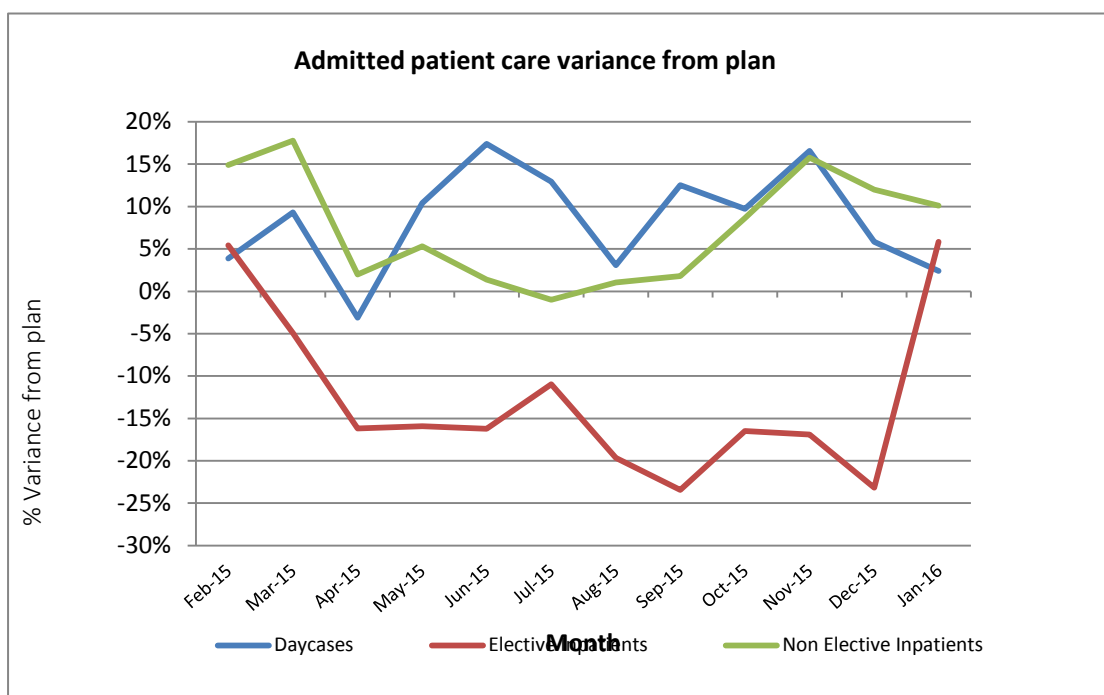


Figure 15 – Admitted Patient Care Variance from Plan for the period February 2015 – January 2016

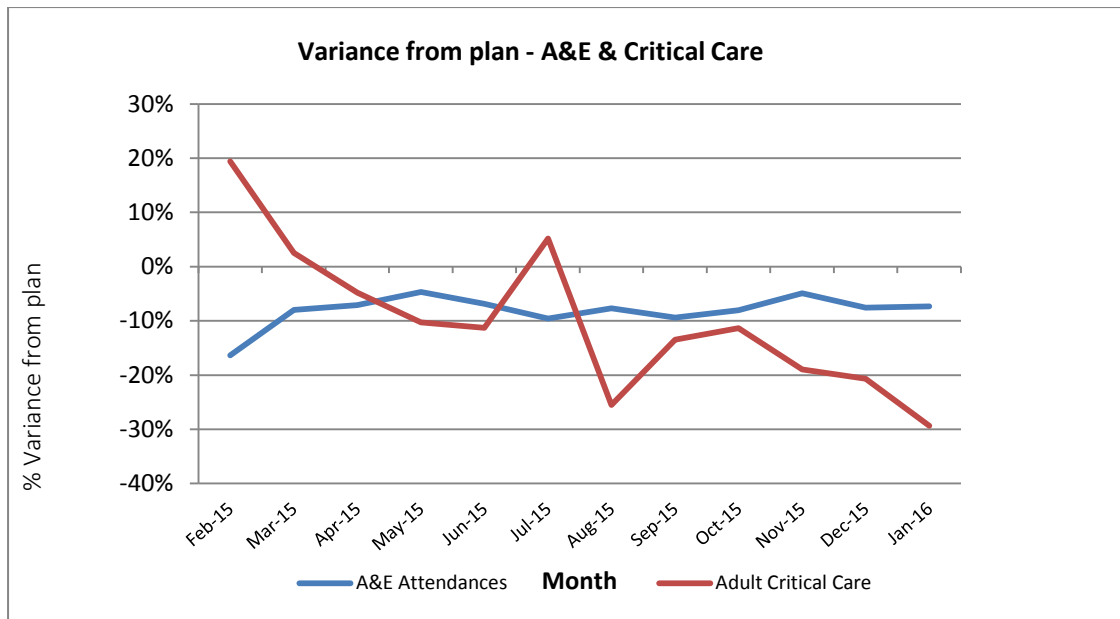


Figure 16 – A&E and Critical Care Variance from Plan for period February 2015 – January 2016

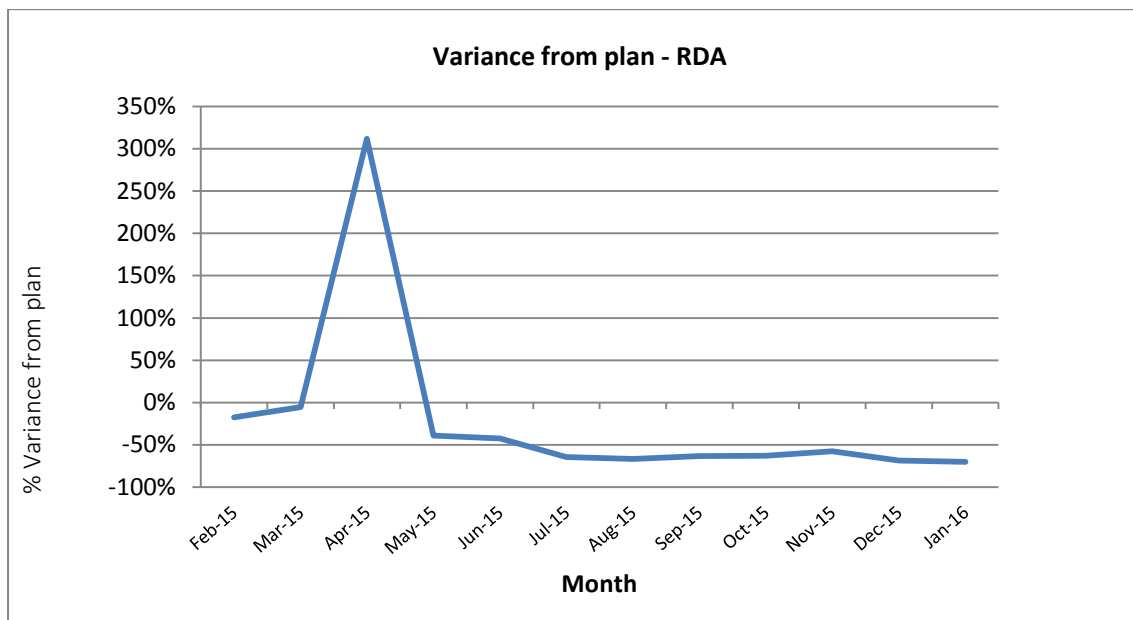


Figure 17 – Regular Day Attender (RDA) Variance from Plan for the period February 2015 – January 2016

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

2.3 Caring

2.3.1 Caring: Eliminating mixed sex accommodation

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

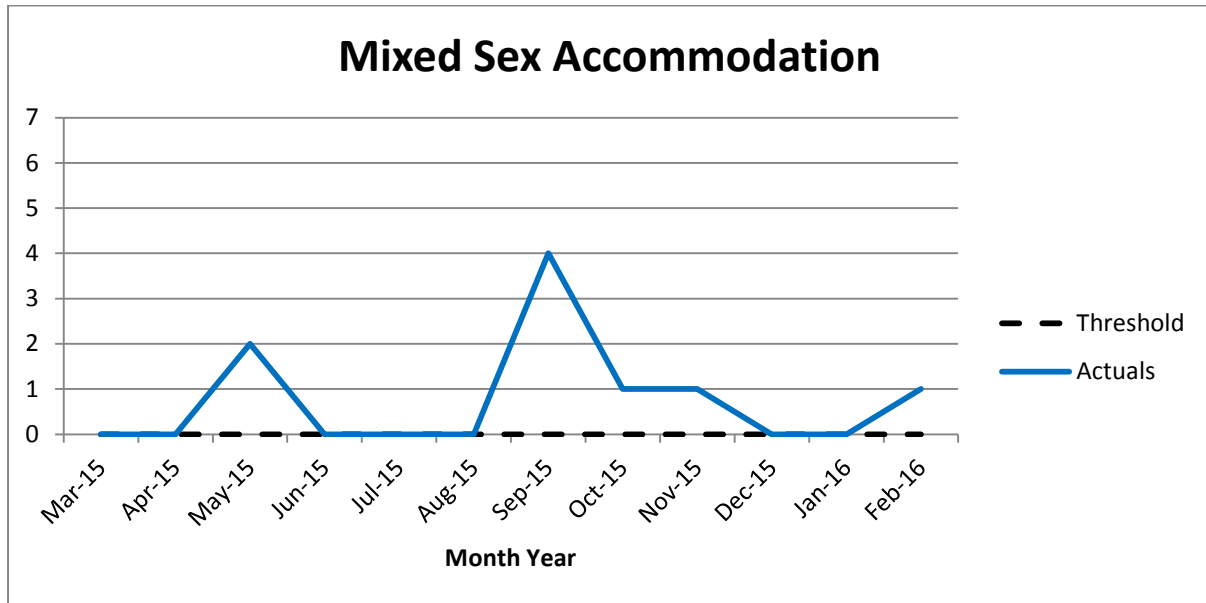


Figure 18 - Mixed Sex Accommodation breaches by month for the period March 2015 – February 2016

2.3.2 Caring: Friends and Family Test

The willingness to recommend remains high across all FFT surveys. The A&E response rate also continues to improve as anticipated following targeted support.

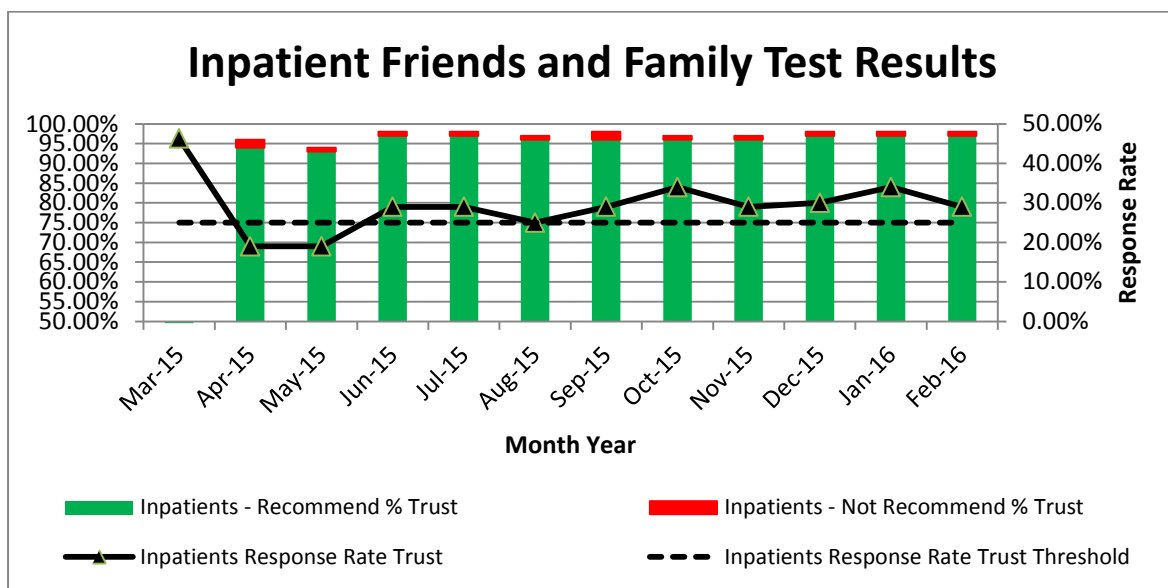


Figure 19 - Friends and Family: Percentage who would recommend ICHT Inpatients for the period April 2015 – February 2016

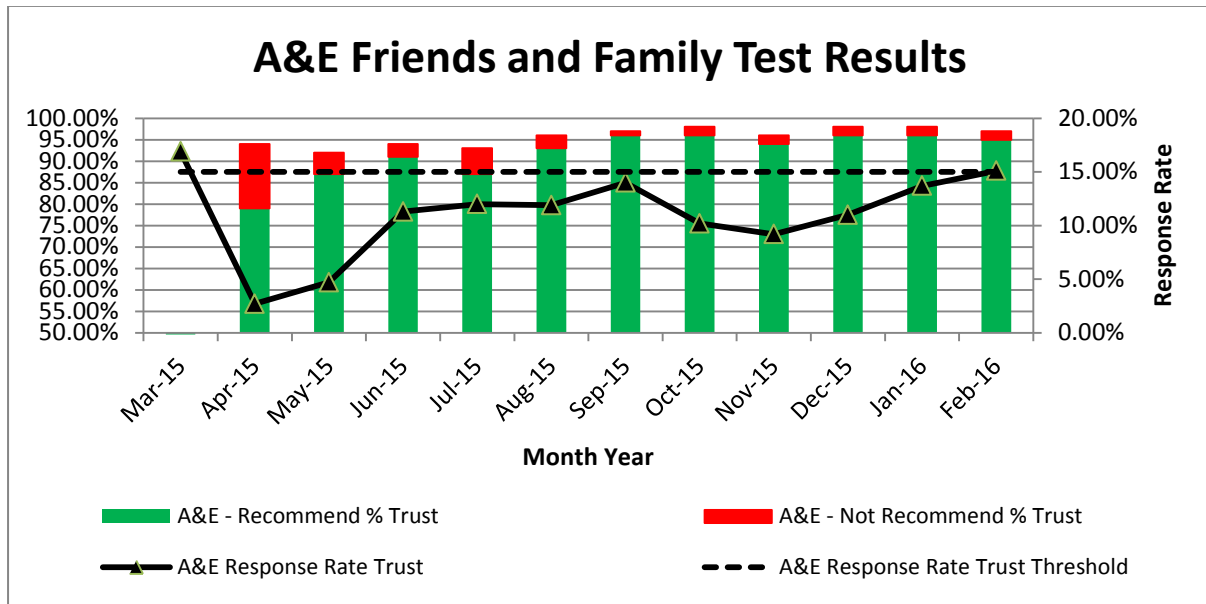


Figure 20 - Friends and Family: Percentage who would recommend ICHT Accident and Emergency for the period April 2015 – February 2016

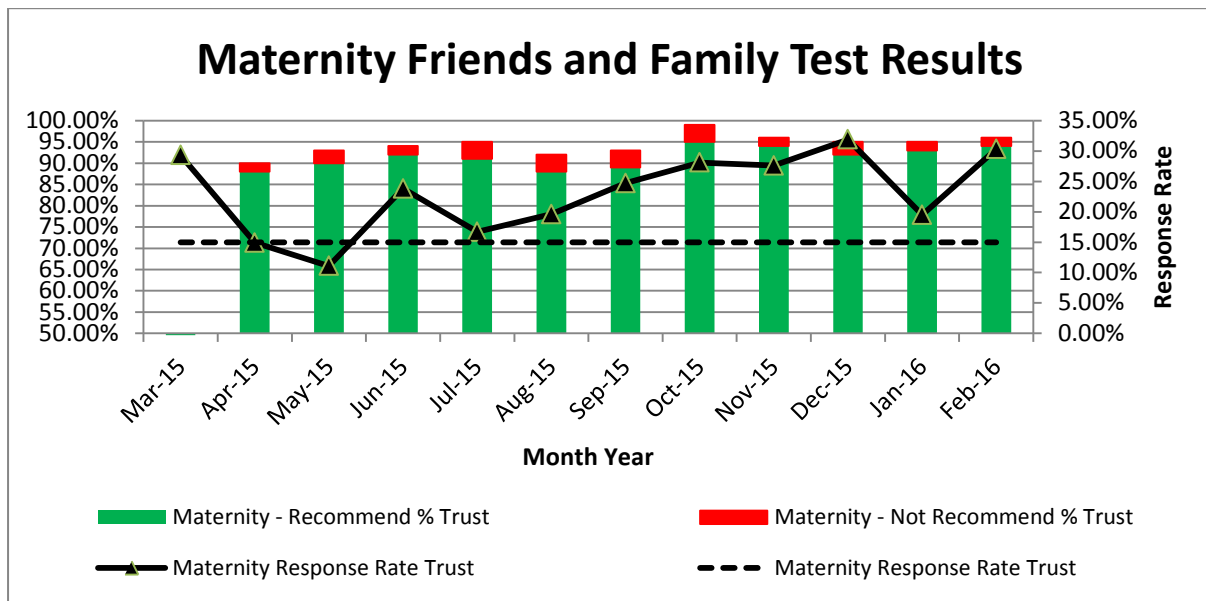


Figure 21 - Friends and Family: Percentage who would recommend Maternity for the period April 2015 – February 2016

2.3.3 Caring: Complaints

The volume of formal complaints increased marginally in February, there is no obvious cause for this although the bulk of the increase is in the division of Surgery, Cancer and Cardiovascular. The response rate remains good.

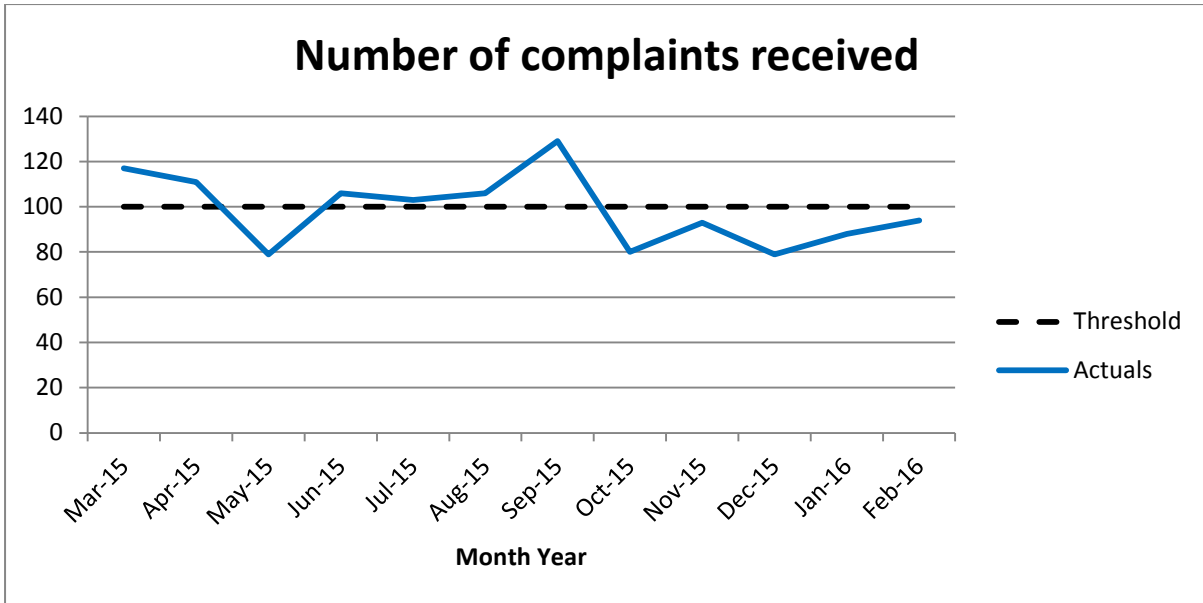


Figure 22 – Number of complaints received for the period March 2015 – February 2016

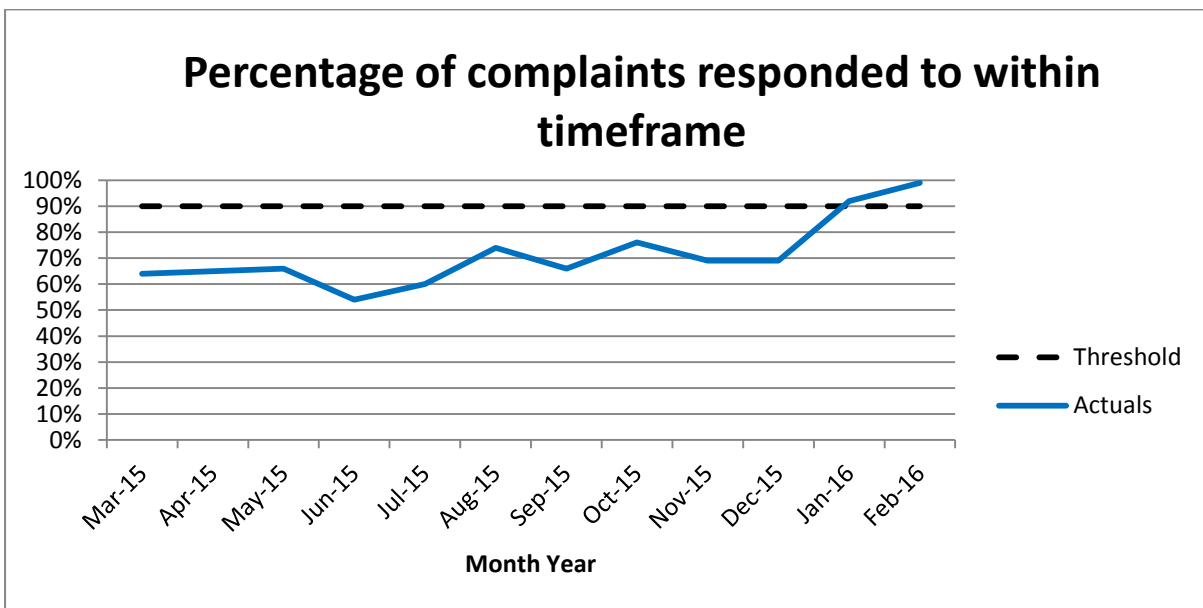


Figure 23 – Percentage of complaints responded to within the period March 2015 – February 2016

2.4 Well-Led

2.4.1 Well-Led: Vacancy Rate

All roles

At the end of February, we directly employed 9,485 WTE (whole time equivalent) members of staff; 32 WTE more than at the end of January and reflective of 198 WTE new joiners and 167 WTE leavers during February. The post establishment has increased by 35 WTE in support of service delivery including new community services and Macmillan cancer support functions. Which, when combined with the increased numbers employed, maintains our contracted vacancy rate at 10.42 per cent; representative of 1,102 WTE vacancies.

Bespoke and generic recruitment campaigns continue to support the reduction of vacancies with 725 WTE pipeline candidates waiting to join us over the coming months (across all occupational groups). The Trust launched its involvement in the Armed Forces Programme on 25th February which was a great success, 30 armed forces personnel attended. The Trusts voluntary turnover rate is currently at 10.70 per cent (rolling 12 month position) which compares favourably against the London NHS turnover rate of 11.63 per cent and all Acute Teaching Trusts (England) of 12.96% (HSCIC). Work has commenced to explore the numbers of leavers we see and to put in place appropriate retention.

Bands 2~6 Nursing & Midwifery on Wards

Within the Trusts wards, the band 2-6 Nursing & Midwifery contractual vacancy rate is 15.68 per cent (391 WTE vacancies); remaining below the London average of 17 per cent for Nursing and Midwifery positions. This is marginally lower than the 15.89 per cent reported at the end of January and reflective of a small establishment increase (2.64 WTE) and 7.32 WTE additional staff in post. There are currently 148 WTE candidates waiting to fill these ward vacancies and we expect them to join over the coming months. The current turnover rate for ward based band 2 – 6 staff is 16.1 per cent; reflective of an average 29 WTE leavers each month. The numbers of leavers seen from our ward based roles has increased steadily over the past 12 months and a project group has been established to focus on the development of a retention strategy and a specific review of leavers alongside the on-going focus on joiners.

Rolling advertisements continue along with a range of focused activity. The Trust attended the RCN fair on 3rd and 4th March and interviewed at the event and made a number of offers were made and a considerable number of expressions of interests were secured. The second Student Nurse Recruitment Event took place on 8th and 9th March and 51 student nurses attended. All Band 5 posts continue to be fast tracked as this is where we have the largest number of vacancies.

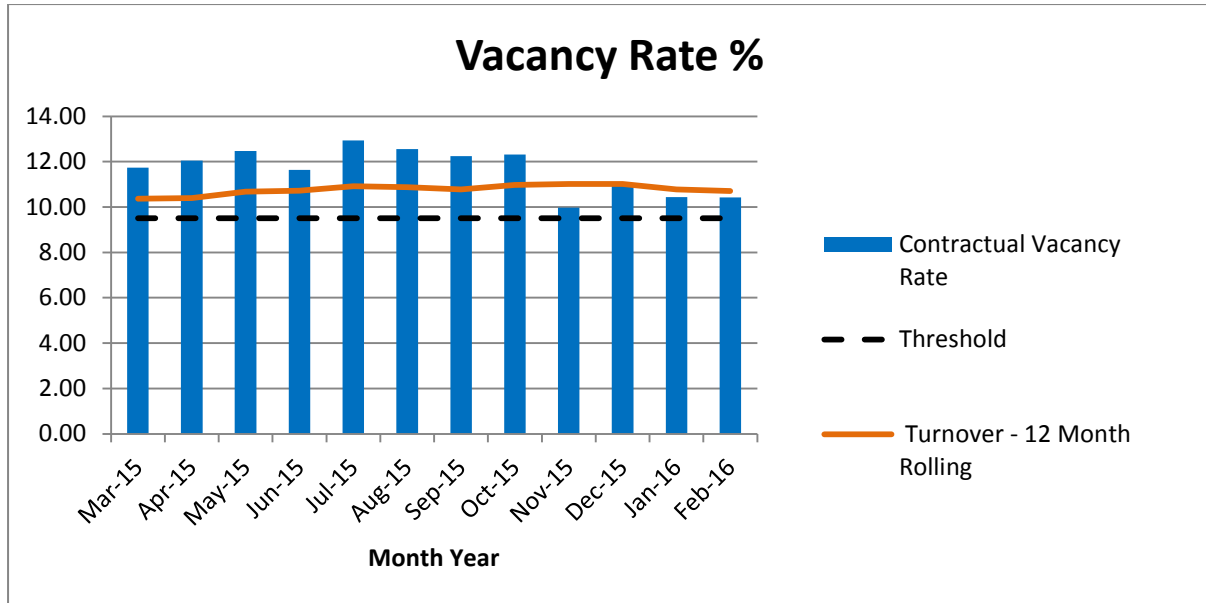


Figure 24 - Vacancy rates for the period March 2015 – February 2016

2.4.2 Well-Led: Sickness absence rate

Recorded sickness absence decreased in month from 3.48 per cent to 3.36 per cent and reflects expected seasonal changes. Overall, this maintains the rolling 12-month position to 3.22 per cent which is significantly within the 2015/16 target of 3.40 per cent.

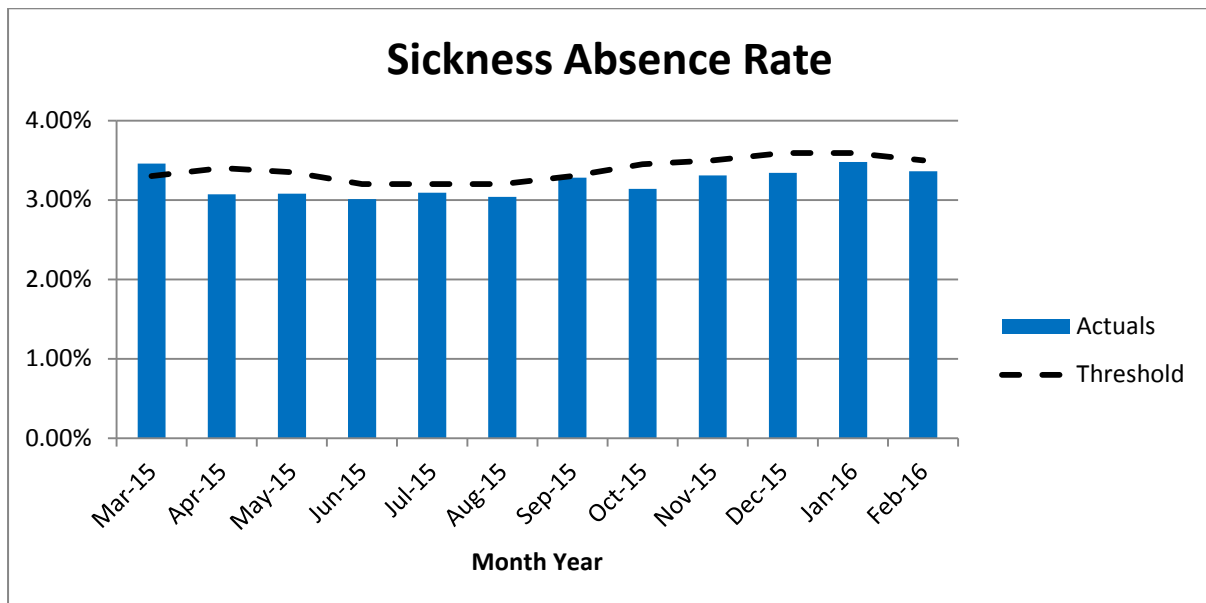


Figure 25 - Sickness absence rates for the period March 2015 – February 2016

2.4.3 Well-Led: Statutory and mandatory training

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

Overall compliance has increased to 86.50 per cent which is the highest compliance to date, from 69 per cent in March 15, and puts Imperial NHS Trust ranked 9th

overall amongst London trusts. A campaign was launched in December specifically for Consultants to improve compliance via e-learning which has resulted in an over 10 per cent improvement already and a huge increase in module completion and now at 76.37 per cent.

Core Skills for doctors in training / trust grade

A new intake of junior doctors arrived in February 2016 and a range of changes have been made in Induction to maximise compliance. It is hoped that the March data will show improve compliance. The current compliance for Doctors in Training is 65.67 per cent March 2016. This is up from 63 per cent in July 15.

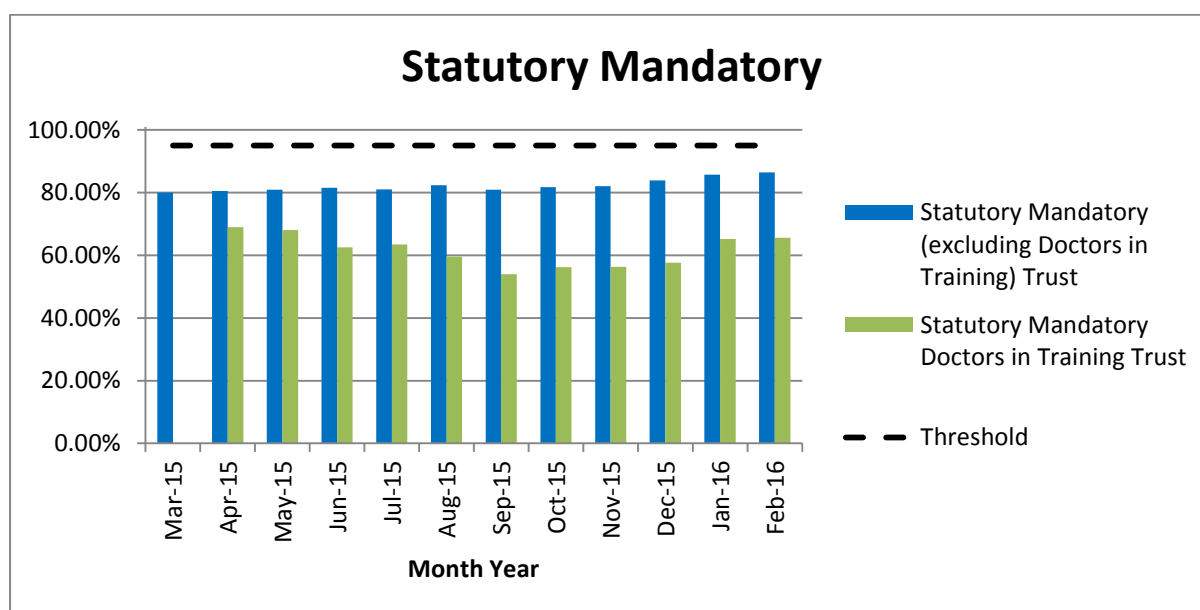


Figure 26 - Statutory and mandatory training for the period March 2015 – February 2016

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

The Trust has made significant improvements in aligning appraisal reporting with the national standards, improving the accuracy of the data. Overall appraisal rates are static, with a slight decrease in the percentage of consultants and a slight increase in the percentage of career grade doctors completing their appraisals. Non-compliance is being escalated to the divisions.

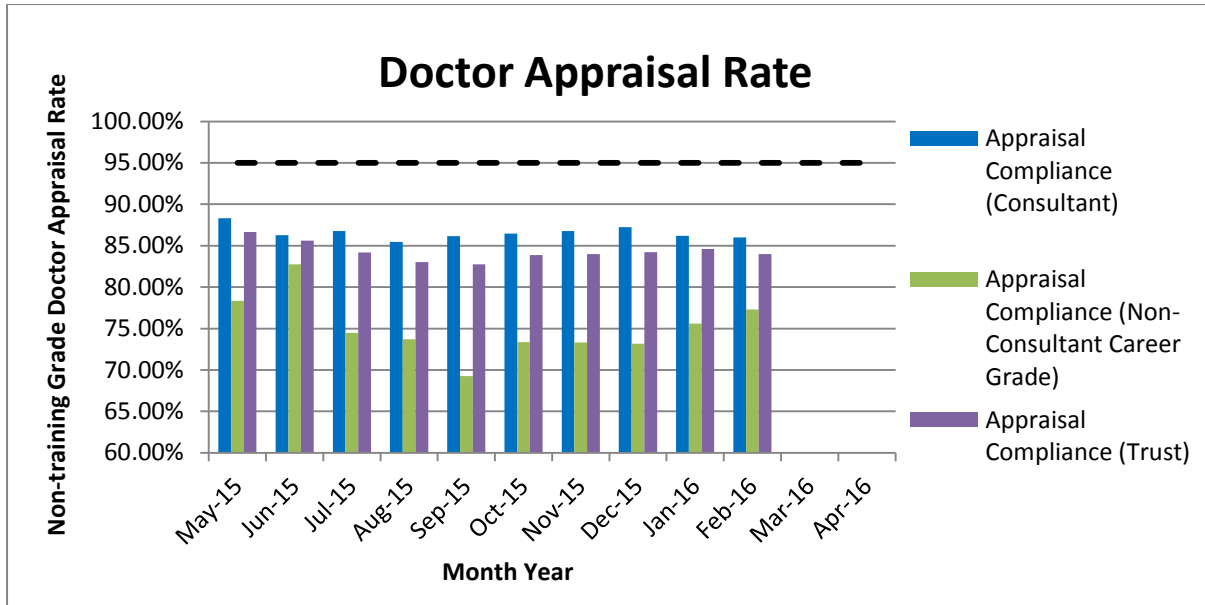


Figure 27 - Grade Doctor Appraisal Rates for the period May 2015 to February 2016

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

This year we have achieved a 92 per cent compliance rate for completed Performance Development Reviews (PDR) for our non-medical staff. The new PDR cycle begins on 1 April 2016 and we expect all of our non-medical staff to have a completed PDR with their line manager by the end of the new PDR cycle.

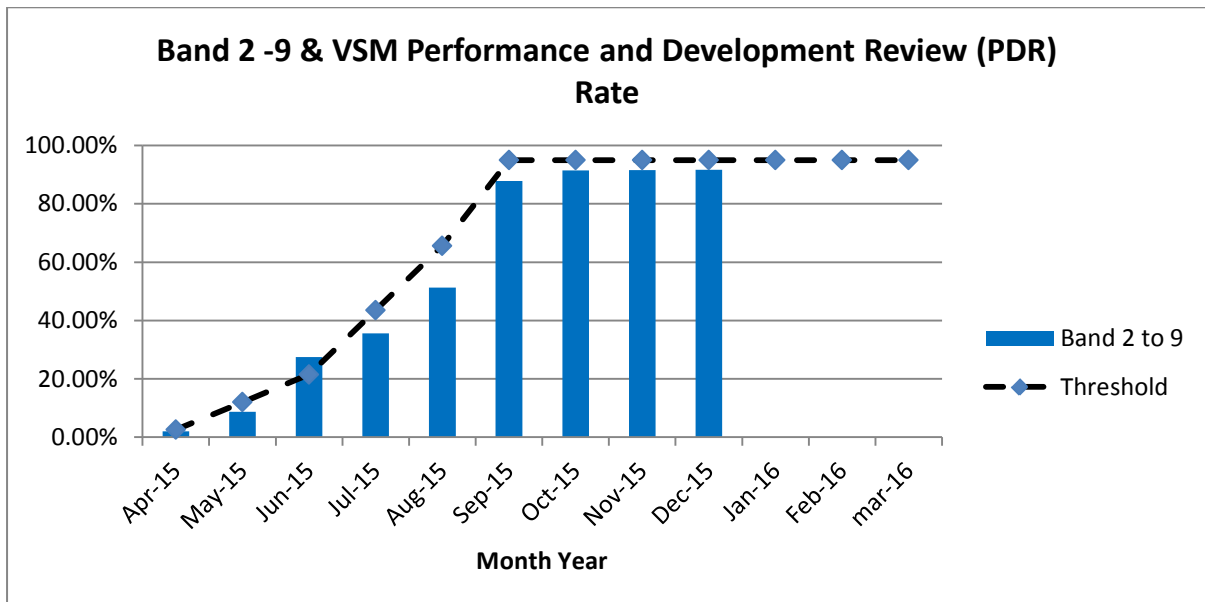


Figure 28 - Band 2 - 9 performance development review rates for the period April 2015 to December 2015

2.4.6 Well-Led: Health and Safety RIDDOR

There were no reportable RIDDOR incidents in February 2016.

In the 12 months to 29 February 2016, there have been 21 RIDDOR reportable incidents of which 11 were slips, trips and falls.

Since April 2015, there have been 19 RIDDOR reportable incidents, 11 of which were 'slips, trips and falls/ collisions'.

Consistently, the majority of all RIDDOR incidents are slips, trips and falls. The Health and Safety service is working with the Estates & Facilities service and its contractors to identify suitable action to take to ensure floors present a significantly lower risk of slipping.

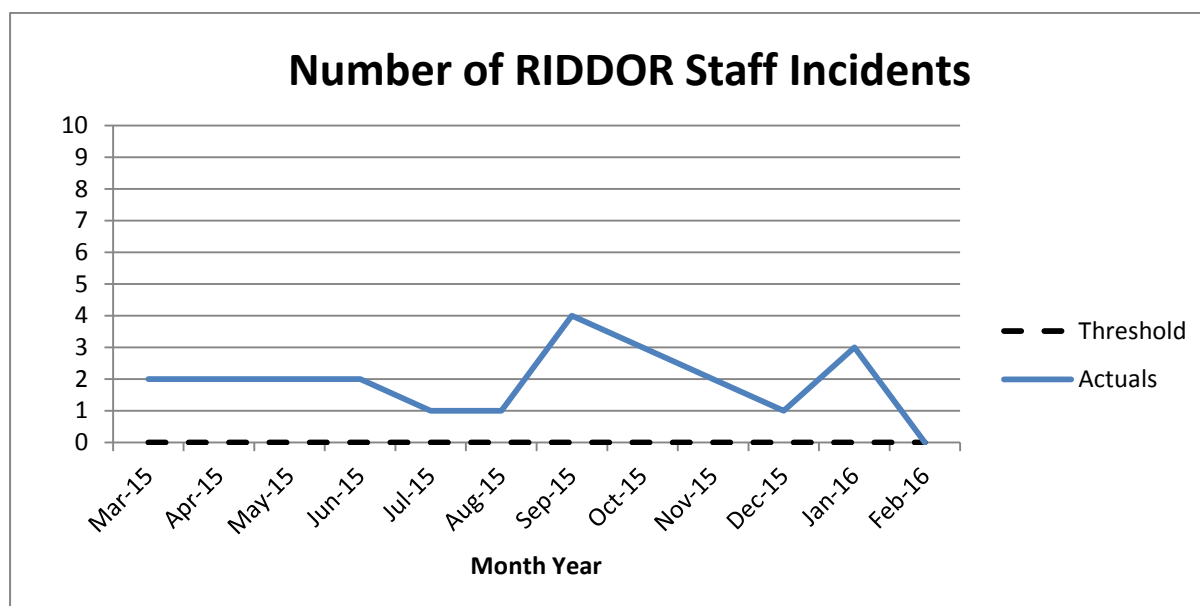


Figure 29 – RIDDOR Staff Incidents for the period March 2015 – February 2016

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

The Trust submitted an interim response to some outstanding actions at HENWL's request in February 2016, although the next full action plan submission date is 29 April 2016. As a result we have 23 actions pending closure for the Quality Visit action plan (out of 133 open actions) and we have 23 actions pending for the NTS red flag action plan. We are expecting a response to our February submission from HENWL the week commencing 14 March 2016, when we will be informed if these actions can be closed.

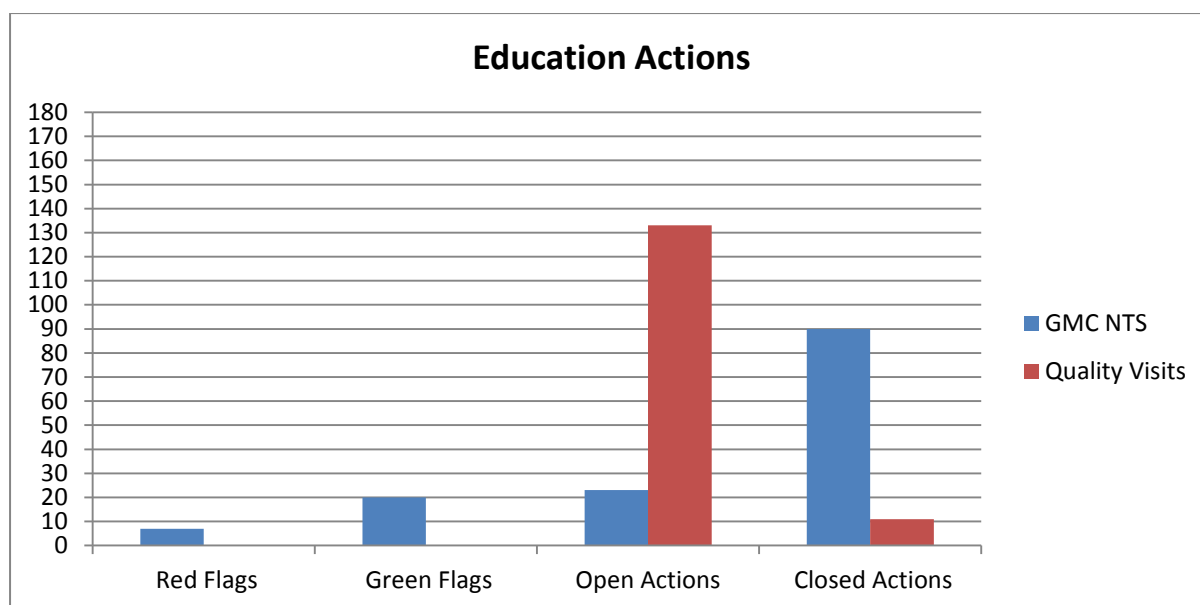


Figure 30 – GMC NTS action tracker, updated at the end of February 2016

2.4.8 Well-Led: Staff Engagement

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

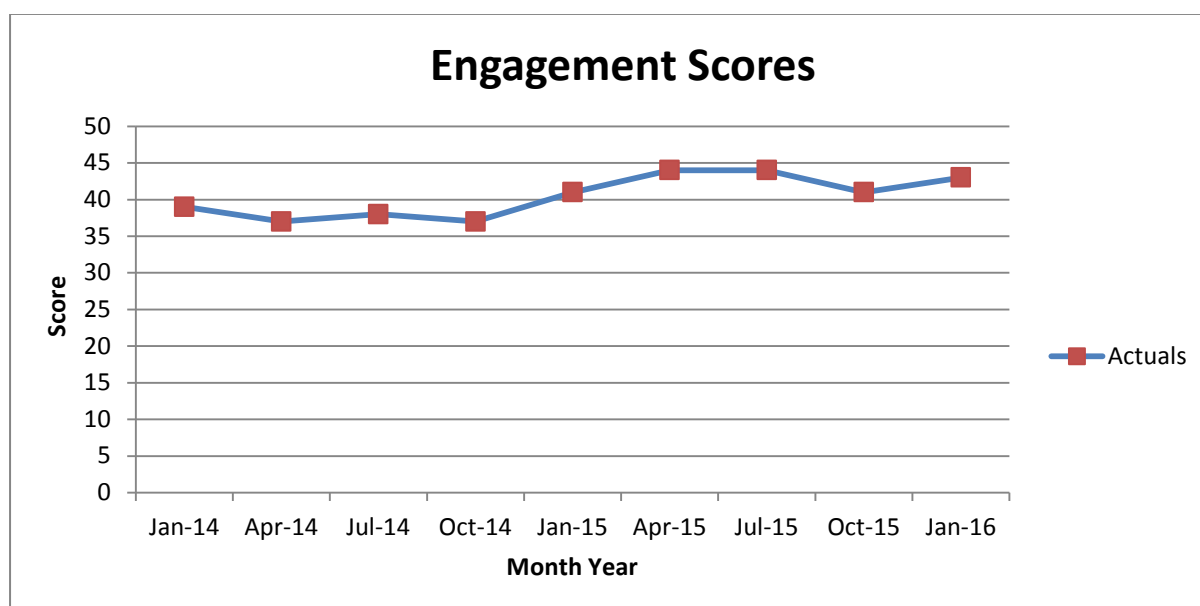


Figure 31 – Engagement scores for the period January 2014 – January 2016

2.5 Responsive

2.5.1 Responsive: Referral to Treatment (RTT)

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

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

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

The Trust performance for February 2016 was 90.54 per cent which was a slight increase in performance from January. However there was an increase of 204 patients waiting over 18 weeks. This mainly related to patients waiting for surgical treatment. The Trust has recently agreed performance trajectories for 2016/17 with Commissioners. These account for a risk in performance for the first four months of the financial year due to known junior doctor's strike and Theatre refurbishment programme. It is expected that the Trust will achieve the 92 per cent standard at an aggregate level from August onwards.

The Trust has been having discussions with NHS England about how to report gender reassignment pathways within the 18 week Referral to Treatment monthly submission. NHS England would like the Trust to include gender reassignment pathways from April 2016 onwards. There are a significant number patients waiting over 18 weeks and 132 patients waiting over 52 weeks.

The inclusion of gender reassignment pathways within the Trust RTT submission for 18 weeks will reduce performance by approximately 0.7 per cent. This is not reflected in the performance trajectories agreed with Commissioners. Commissioners and NHS England have agreed not to take into account financial penalties relating to the inclusion of gender reassignment pathways.

Imperial College Healthcare NHS Trust is the only NHS Trust that provides a gender reassignment surgical service and has requested that the pathways be reported under a separate Treatment Function Code. This will allow visibility of performance for this group of patients. NHS England has not yet found a solution to this challenge and discussions are on-going to ensure this can happen before April.

52 weeks

The Trust had 14 patients in February who were waiting over 52 weeks for treatment. All patients who wait over 52 weeks for treatment will be reviewed at the medical directors' weekly quality review.

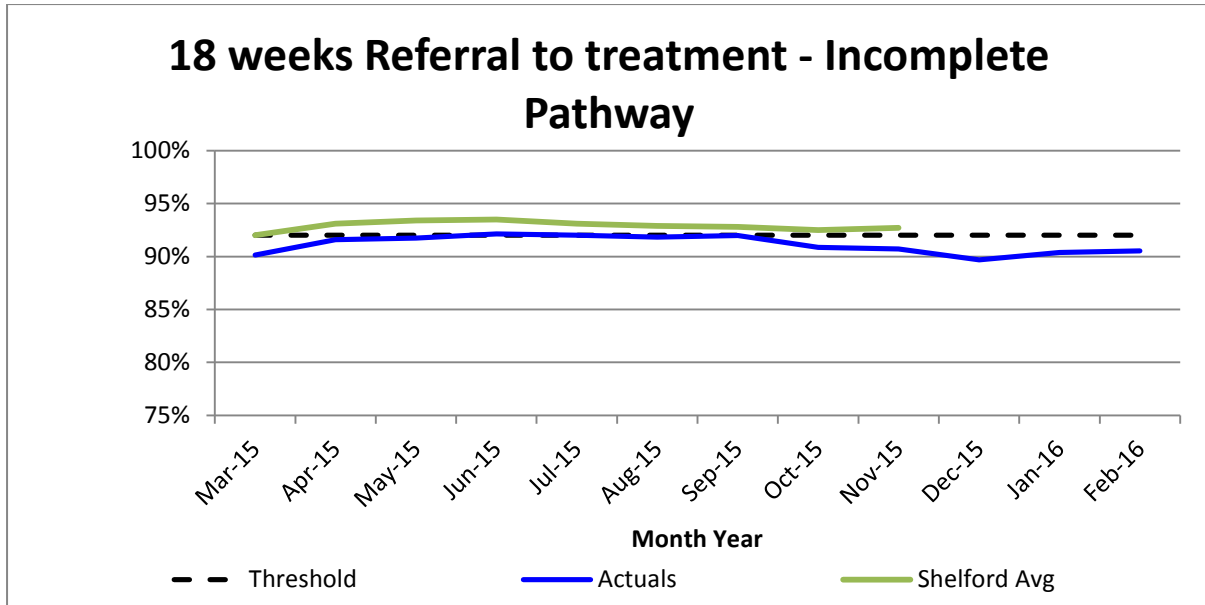


Figure 32 - RTT Incomplete Pathways for the period February 2015 – January 2016

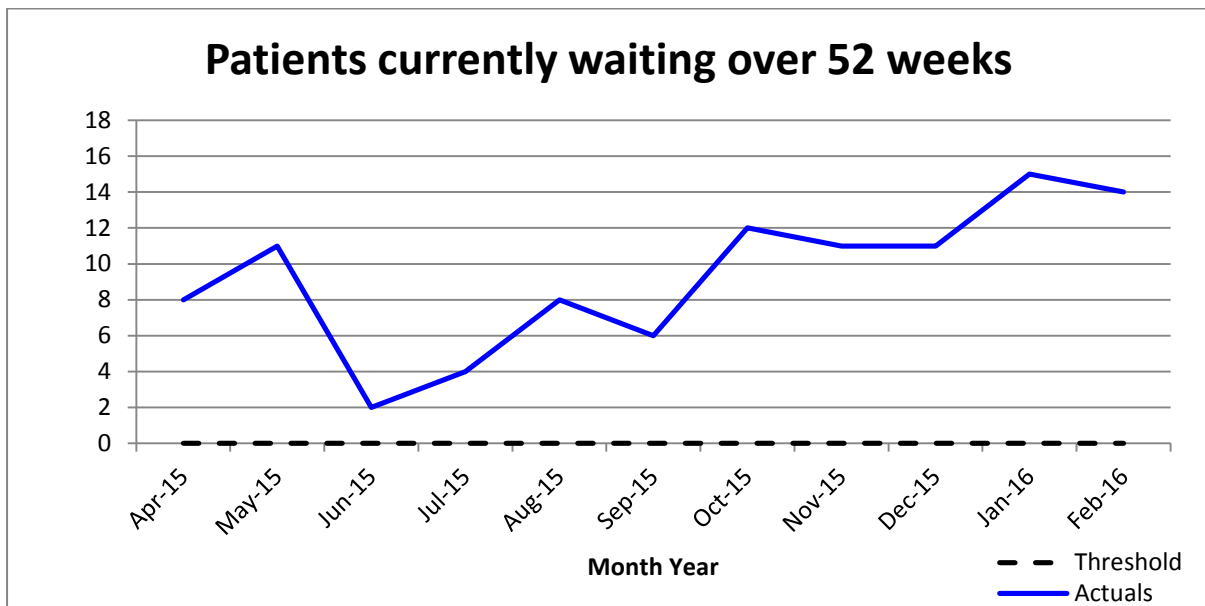


Figure 33 - Number of patients waiting over 52 weeks for the period February 2015 – January 2016

2.5.2 Responsive: Diagnostics

The Trust met the monthly six week diagnostic waiting time standard in February 2016 with 0.4 per cent of patients waiting over six weeks against the one per cent tolerance. It is expected that the Trust will continue to meet the diagnostic standard in 2016/17 except for a 2 month period in May and June when the trust goes live with the Radiology Information System picture archiving and communications system (RIS PACS).

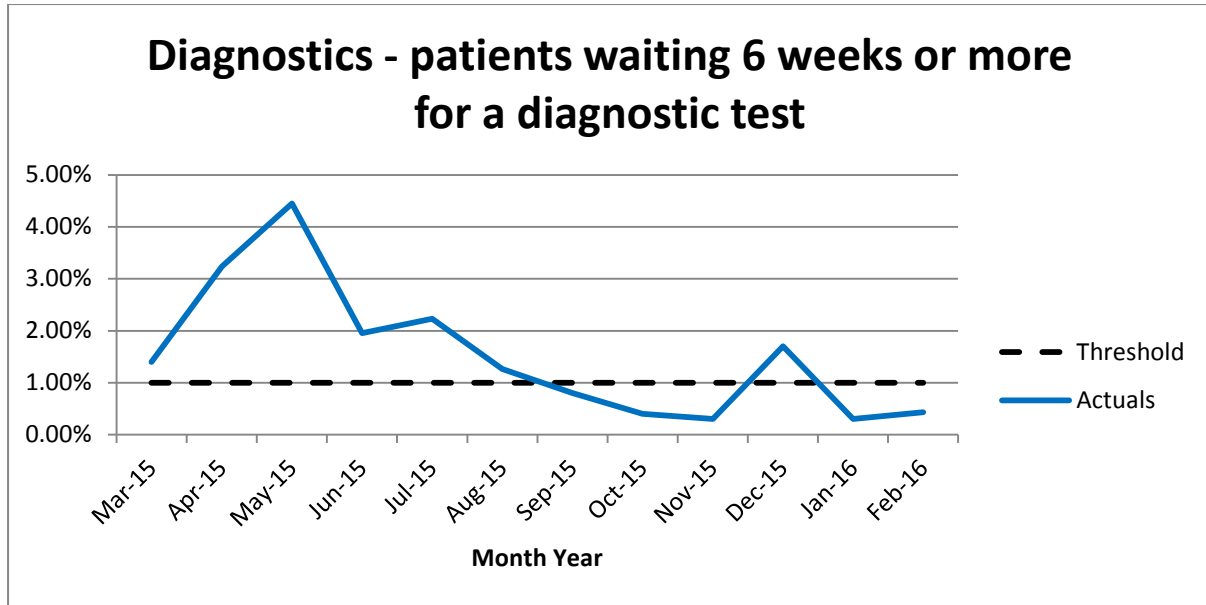


Figure 34 - Percentage of patients waiting over 6 weeks for a diagnostic test by month for the period January 2015 – February 2016

2.5.3 Responsive: Accident and Emergency

Performance against the four hour access standard for patients attending Accident and Emergency remained challenged at 86.06 per cent in February 2016.

The Trust has been working closely with the local health system to develop detailed site based action plans. The Trust has agreed performance trajectories with local Commissioners. Due to on-going increases in demand and challenges with capacity it is not expected that the Trust will achieve the 4-hour access standard until July 2017.

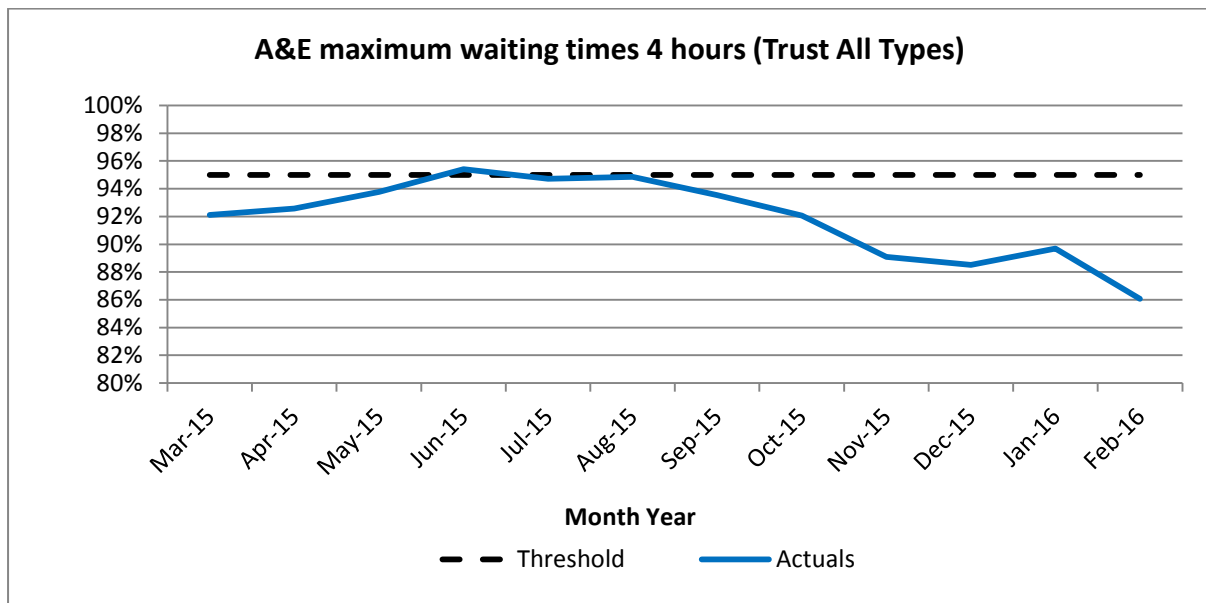


Figure 35 – A&E Maximum waiting times 4 hours (Trust All Types) for the period March 2015 – February 2016

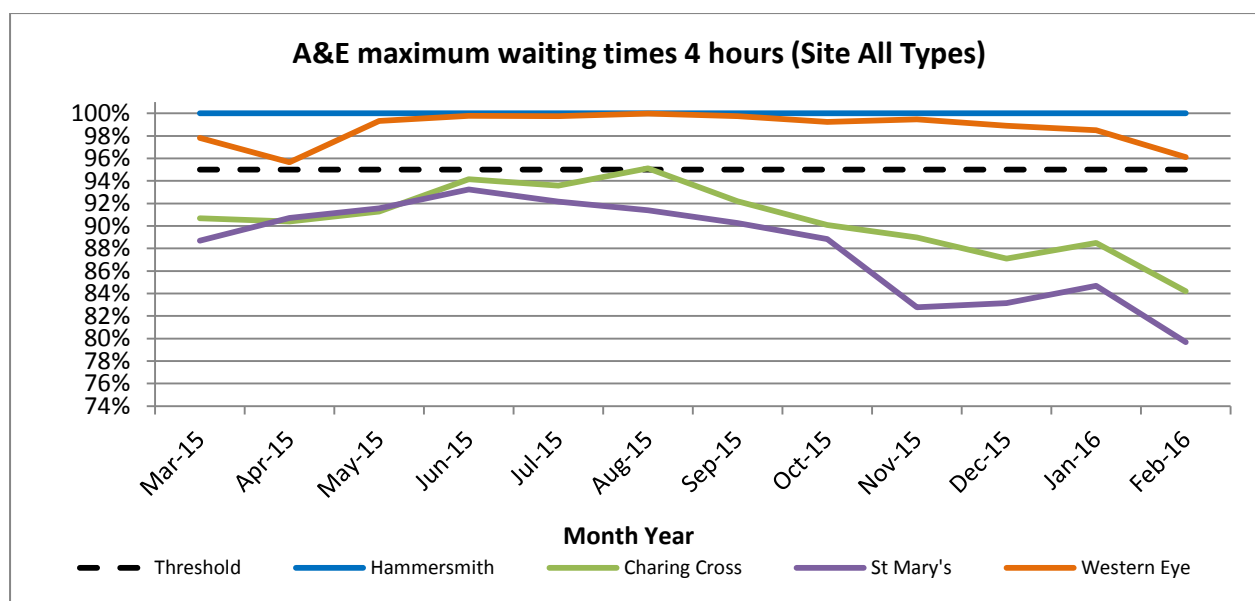


Figure 36 – A&E Maximum waiting times (Site All Types) 4 hours for the period March 2015 – February 2016

2.5.4 Responsive: Cancer

In February 2016 performance is reported for Cancer waiting times standards for January 2016.

In January, the Trust achieved six of the eight national cancer standards. The Trust underperformed against the two week GP referral to 1st outpatient (delivering 90.1 per cent against a 93 per cent target) and for 62 day urgent GP referral to treatment from screening (delivering 86.2 per cent against a 90 per cent target).

- The deterioration in the 2ww performance was related to capacity issues in Urology clinics; work is on-going with the Urology team to investigate the situation and to improve the position.
- The screening standard underperformed due to two breaches, both relating to further diagnostics being required before treatment could be commenced.

The Trust continues to achieve the 62 day urgent GP referral to treatment for all cancers. The Trust expects to recover performance for February and overall for quarter 4.

Indicator	Standard	Q3 15/16	Jan-16
Two week GP referral to 1st outpatient, cancer (%)	93.0%	93.6%	90.1%
Two week GP referral to 1st outpatient – breast symptoms (%)	93.0%	93.9%	93.3%
31 day wait from diagnosis to first treatment (%)	96.0%	97.2%	96.8%
31 day second or subsequent treatment (surgery) (%)	94.0%	97.6%	100%

Indicator	Standard	Q3 15/16	Jan-16
31 day second or subsequent treatment (drug) (%)	98.0%	100%	100%
31 day second or subsequent treatment (radiotherapy) (%)	94.0%	99.7%	97.1%
62 day urgent GP referral to treatment for all cancers (%)	85.0%	86.9%	85.3%
62 day urgent GP referral to treatment from screening (%)	90.0%	90.1%	86.2%

Table 1 - Performance against national cancer standards for January 2016 and Q3 15/16

2.5.5 Responsive: Outpatient DNA rates

The Trust outpatient improvement programme is specifically working to reduce the number of missed hospital outpatient appointments. The two main service interventions are (i) consistent application of the RTT access policy to minimise rebooking of patients who DNA multiple times and (ii) further maximising use of text message reminders by increasing number of mobile numbers on record.

The overall DNA rate for January was 11.7 per cent with a small reduction in DNA rate for first appointments.

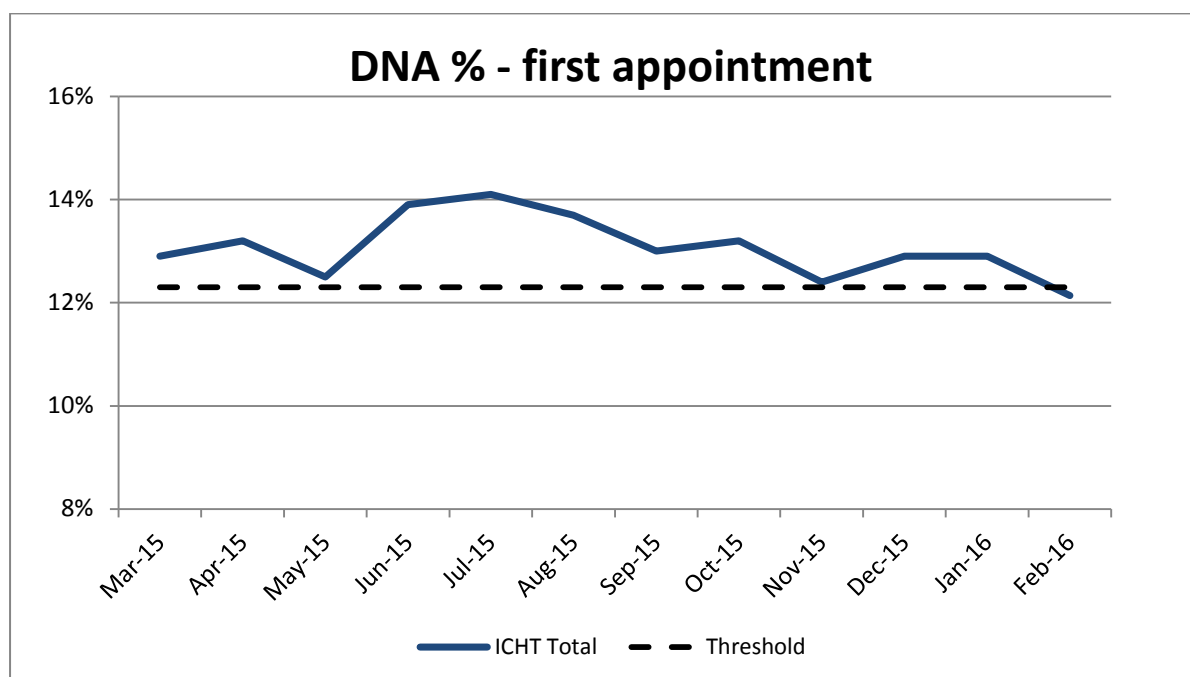


Figure 37 – First outpatient DNA rate (Trust) for the period March 2015 – February 2016

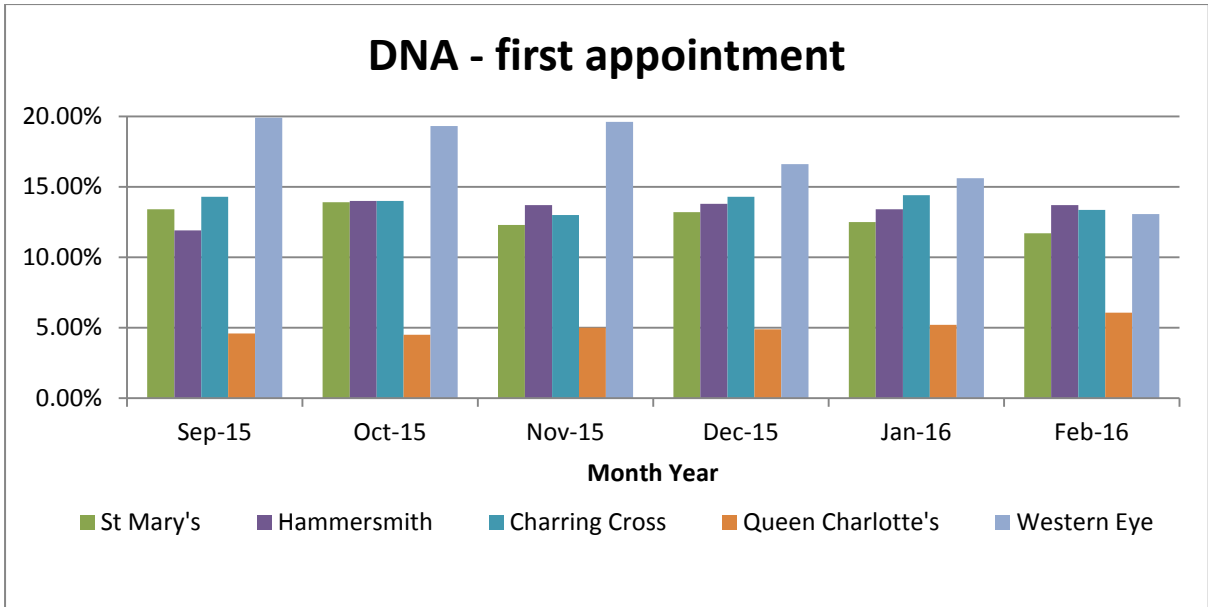


Figure 38 – First outpatient DNA rate (Site) for the period August 2015 – February 2016

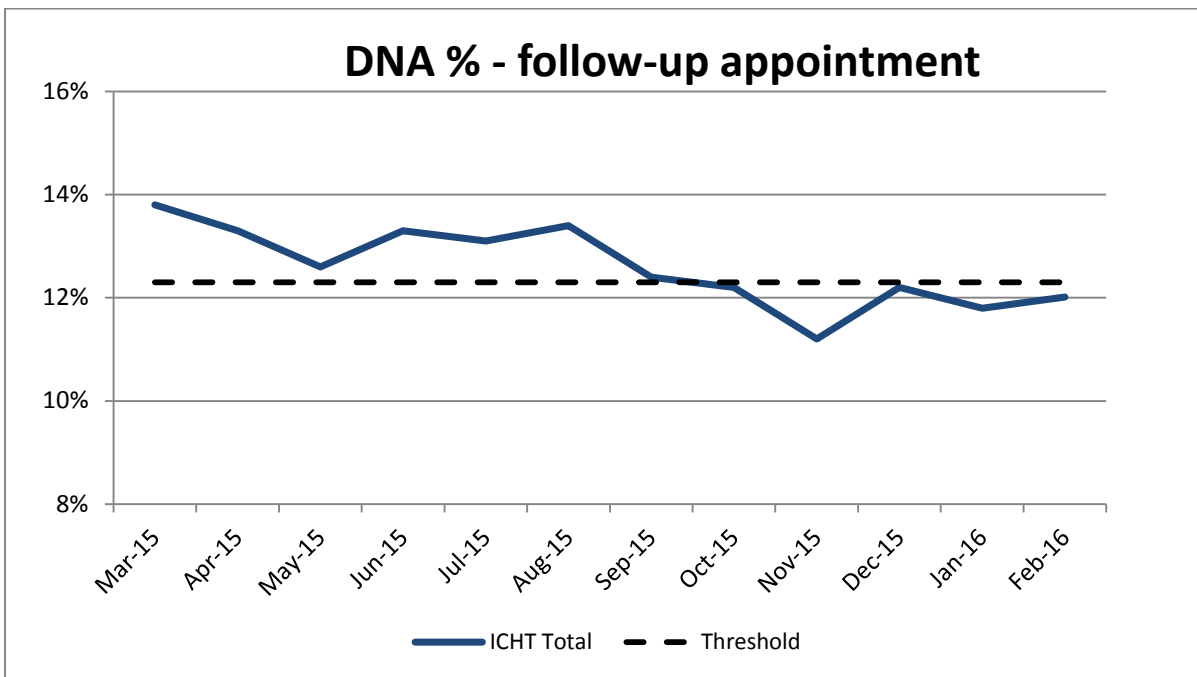


Figure 39 – Follow up outpatient DNA rate (Trust) for the period March 2015 – February 2016

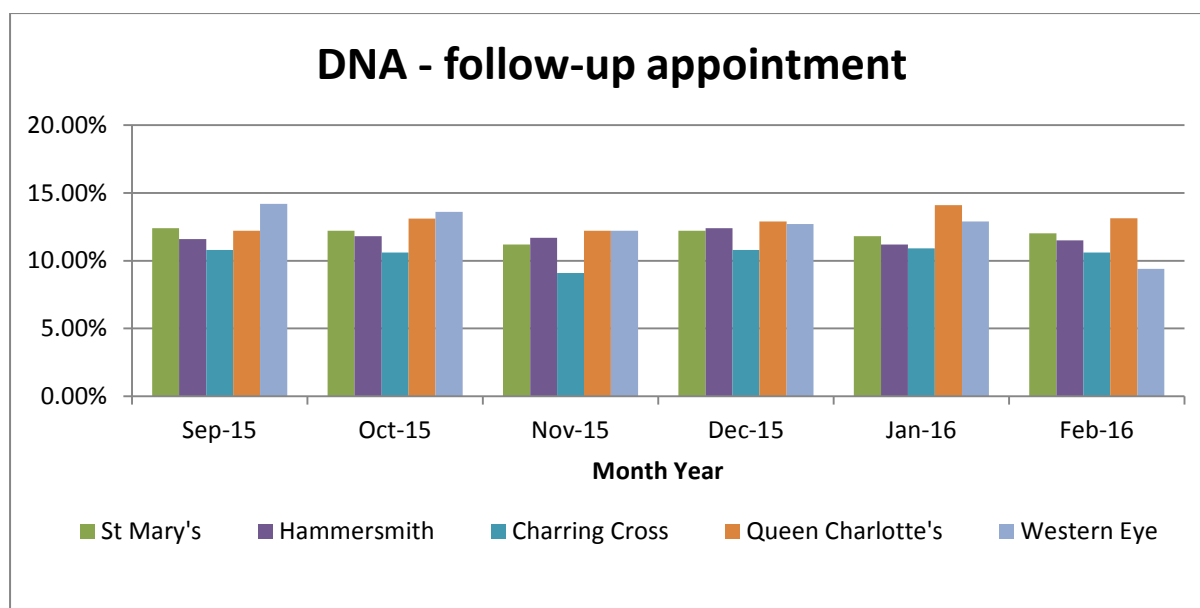


Figure 40 – Follow up outpatient DNA rate (Site) for the period August 2015 – February 2016

2.5.6 Responsive: Hospital Appointment Cancellations (hospital instigated)

Appointments are sometimes cancelled by a service within the hospital. This should only occur in very limited circumstances – such as in an emergency or when a member of staff is ill. Cancelling and rescheduling appointments is hugely inconvenient to our patients and creates additional, unnecessary work for our staff.

The Trust outpatient improvement programme is specifically working to reduce the number of clinic cancellations at less than 6 weeks.

A project was implemented in mid-March to simplify the process of recording cancellations and ensuring the corrected reasons are recorded. The list of reasons has been reduced from around 80 to just 5. This will provide information to identify the root cause, change practices, and reduce the amount of appointments we cancel and rearrange.

An exercise has begun in central outpatients to refresh the process for forward checking on-call rotas and leave (annual and study) to ensure these clinics are cancelled out before any patients are booked.

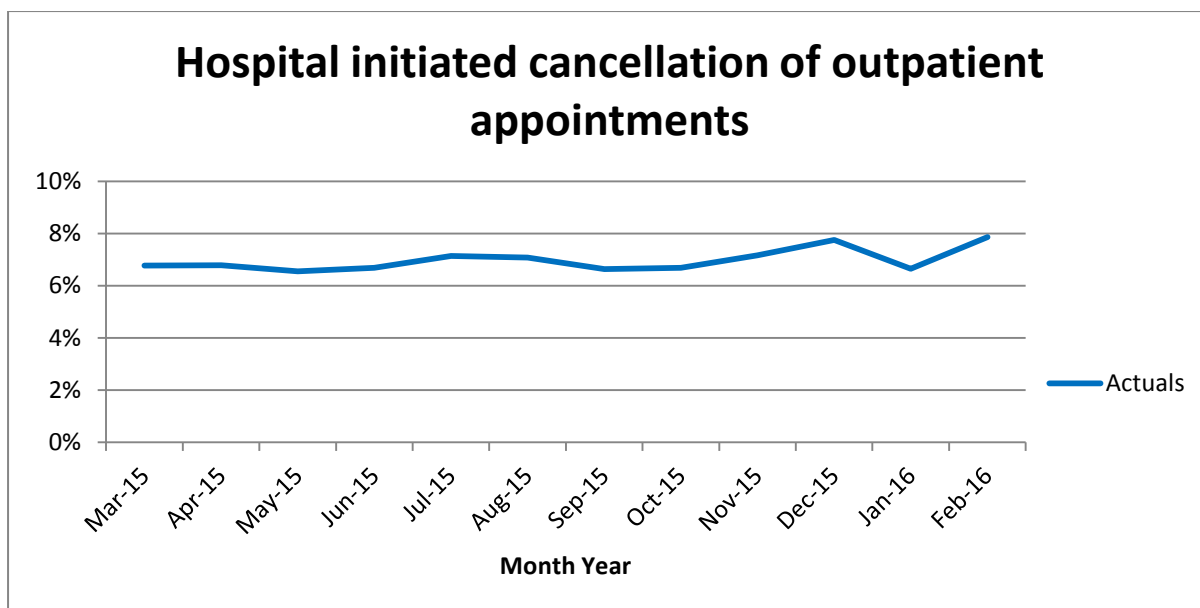


Figure 41 – Outpatient Hospital instigated cancellation rate for the period March 2015 – February 2016

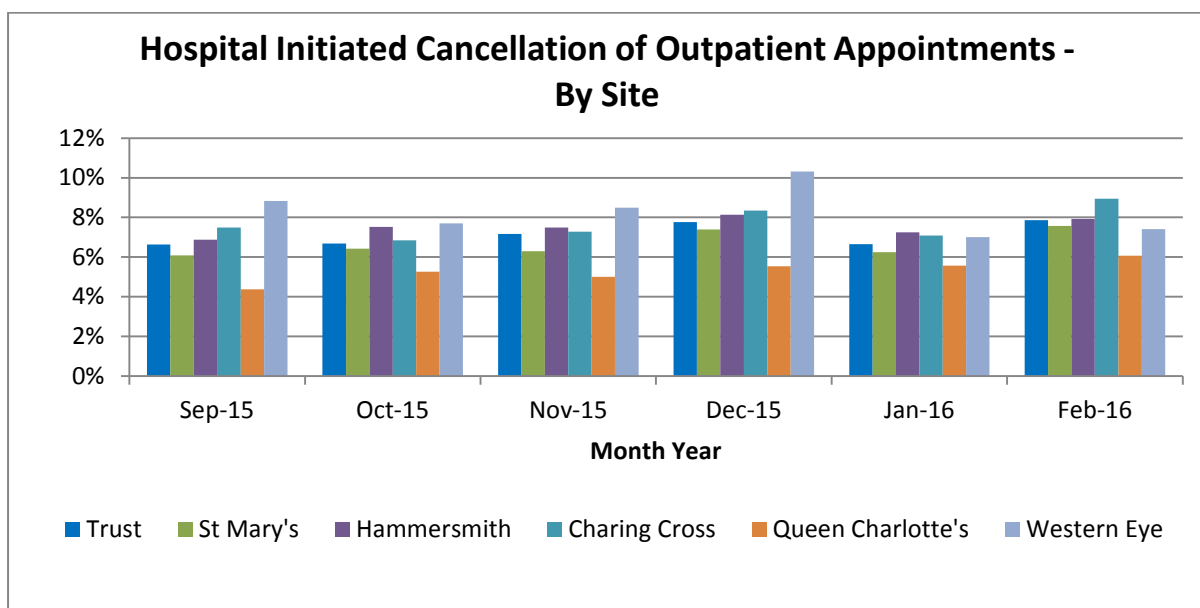


Figure 42 – Outpatient Hospital instigated cancellation rate by site for the period August 2015 – February 2016

3. Finance

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