

# Integrated Quality and Performance Report



January 2016

## **In this month (page 5)**

January saw very high levels of both patient referrals and patient treatments across all of our services. Volumes are summarised on page 5, with a comparison between this month (and the year so far) with the same periods last year. This is important context for other aspects of our performance.

## **Are we safe? (pages 6-17)**

We continue to perform well across mortality indicators when compared to the England average and our peers. There was a slight rise in in-hospital deaths in the month of January but this does not indicate a trend currently. We remain focused on achieving safe staffing standards to ensure that our nursing hours are closely matched to each patient's dependency and care needs. The infection control indicators in January were good in particular with regard to C-Difficile. Two further never events were reported in January and a full action plan is in place to address Never Events.

## **Are we effective? (pages 18-25)**

We continue to perform well against most of the indicators being monitored. The Trust is working with Commissioners on 'Local Incentive Schemes' for this year to replace CQUINs. These are linked to medicines optimisation, care planning and disease prevention (smoking, alcohol and health promotion).

## **Are we caring? (pages 26-36)**

Although our Friends and Family Test feedback remains very positive and we are maintaining satisfactory response rates in many areas, a number of areas have seen improvements in response rates since December including A&E. Recommend scores are stable in most areas of care and the proportion of patients who say they would not recommend the Trust is improving across all areas of care. Achieving robust response rates continues to be challenging in some (newly monitored) areas of care. We are taking sustained action to improve response levels in areas where there has been a reduction in performance by ensuring that more real time information is available to Directorates. We have contacted other Trusts who have achieved better response rates in these areas and will aim to learn from their best practice. We continue to encourage teams to review key themes emerging from free text comments and identify actions for improvement.

## **Are we responsive? (pages 37-54)**

Our performance against the 95% standard in emergency care continued to perform below the standard in January. We continue our focus on the flow within the Emergency Department and across the emergency pathway on our complex and medically fit patient discharges. We are working hard to improve the timeliness of treatment for patients on a cancer pathway, but failed to achieve the two week standard in January. Our focus remains on improving our ability to offer a patient's a choice of dates, so that we avoid unnecessary breaches. We continue to work with partner hospitals to improve the pathways for all patients within our network and now meet regularly as a group to see how we can improve patient pathways. Unfortunately, in January we still received a large number of patient referrals too late for us to treat them within the pathway target of 62 days. With respect to Referral to Treatment (RTT) we failed to achieve the 92% of patients treated within the 18 week target. Through a focused approach on reducing longer waits through increased activity and as well as chronological booking and improved validation accuracy on our pathways we saw an improvement and a reduction in the number of patients waiting over 18 weeks from December. Our diagnostic performance is still significantly better than this point last year and our performance was 1.4% against a target of 1% which was an improvement from our December position.

## **Are we well-led? (pages 55-58)**

Our Quarter 2 Staff Friends and Family Test results highlight that our staff continue to give the Trust a huge vote of confidence as a provider of care and as a recommended employer. We await national results to enable comparisons. Our vacancy rate reduced in January to below our internal target as a result of increased new joiners and a dip in turnover. The temporary staffing pay bill registered a reduction to below target for the first time this year. The number of completed personal development reviews has decreased slightly in January but staff have been reminded of the importance of undertaking these.

## **How effective are our enabling services? (pages 59-72)**

The Trust has recorded a loss of £15.0m to the end of January, £0.9m better than the planned position. This improvement has been through income performance. Essentia Patient Services - who provide non-clinical support services across the Trust - have provided additional metrics from this month to enable a wider review of how it supports the Trust in its day to day activity.

# Trust overview

January 2016

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Management priority (last month)	Management priority (this month)	Forecast status
Moderate	Moderate	Stable
Minor	Minor	Stable
Minor	Minor	Stable
Minor	Minor	Stable
Excellent	Excellent	Stable
On track	On track	Stable
On track	On track	Stable
On track	On track	Stable
Minor	Minor	Stable
Moderate	Moderate	Improving
Moderate	Moderate	Improving
On track	Moderate	Improving
Minor	Minor	Improving
Moderate	On Track	Stable
Significant	Significant	At risk
Significant	Significant	Improving
Significant	Significant	At risk
Significant	Significant	Improving
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Moderate	Moderate	Stable
Excellent	Excellent	Stable
Minor	Minor	Improving
Significant	Significant	Stable
Moderate	Moderate	Improving
Significant	Significant	Stable
On Track	On track	Stable
Minor	Minor	Stable

Briefings
Nursing and Midwifery Safe Staffing/Infection Control (HCAI)
Admitted Friends and Family Test
A&E Friends and Family Test
A&E waits
Referral to Treatment waits
Cancer Waits
Exception reports across Essentia services.

## Management priority

## Individual theme in 'Trust overview'

Significant	Significant interventions are planned or in progress due to one or more factors: an externally-reported metric is off-track; multiple internal metrics are off-track; qualitative experiences are raising significant concerns
Moderate	Moderate interventions are planned or in progress due to one or more factors: an important internal metric is off-track; qualitative experiences are raising concerns; future projections are off-track
Minor	Some interventions are planned or in progress: stretch targets are off-track; trends are adverse; qualitative experiences suggest performance may be at risk
On track	All areas within this theme on track
Excellent	Amongst top performers nationally, with internal stretch targets consistently met

## Forecast status

## Individual theme in 'Trust overview'

At risk	Expected to worsen by next reporting period
Stable	Not expected to change significantly by next reporting period
Improving	Expected to improve by next reporting period

## Indicator status

## Individual metric in 'Domain scorecard'

	Achieving national standard or internal target (this reporting period)
	Not achieving internal target (this reporting period)
	Not achieving national standard (this reporting period)
	Indicator only - not measured against a set target

January	Compared to last year	
	Same month	Year so far

## We received...

Referrals from GP's

17,273

15.4%

14.2%

Urgent cancer referrals

1,089

3.6%

13.3%

Referrals to @Home and ERR

412

-1.7%

39.1%

## We treated...

A&E attendances

15,042

12.0%

2.7%

Non-elective admissions

3,317

-4.6%

2.2%

Outpatient attendances

89,497

1.0%

7.0%

Day cases

5,244

4.8%

11.4%

Elective inpatients

2,183

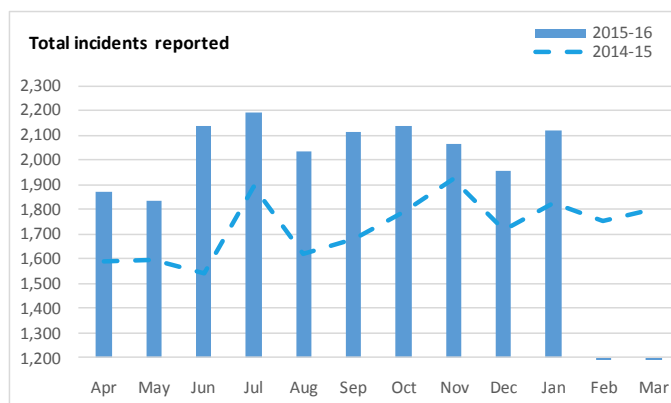
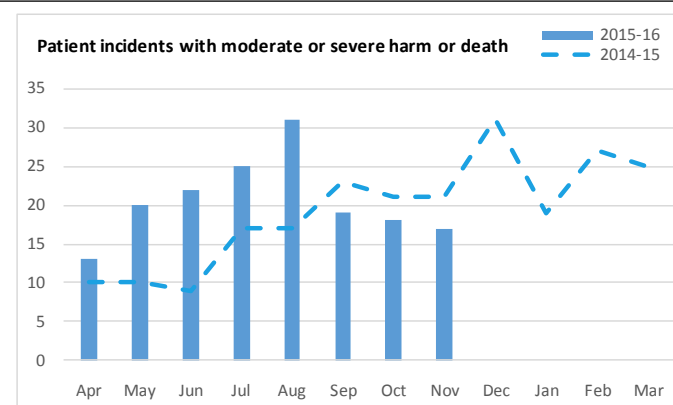
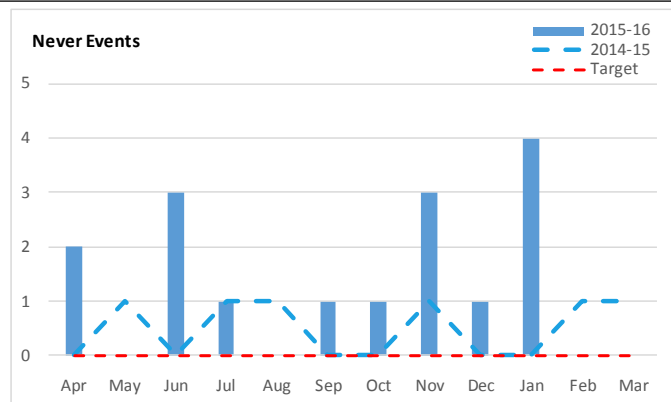
0.0%

4.5%

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Nov	Dec	Jan	YTD avg	Monitor	Quality priorities	Trend chart
1.1 Patient safety - incident reporting	INC 06	Total incidents reported	Number	-			1,880	2,066	1,954	2,122	2,045			Y
	INC 06S	Total incidents reported on STEIS	Number	-			11.4	4	3	5	6.8			
	INC 06ST	Total incidents reported on STEIS - not attributable to Trust	Number	-			4.6	0	0	0	0.0			
	INC 07	Never Events	Number	Zero			0.5	3	1	4	1.6			Y
	INC 01	Incidents resulting in unexpected death	Number	-			1.6	2	0	6	2.5			Y
	INC 02	Incidents resulting in severe harm	Number	-			2.5	1	1	3	2.0			Y
	INC 03	Incidents resulting in moderate harm	Number	-			17.2	14	14	22	16.6			Y
	INC 04	Incidents resulting in low harm	Number	-			332	305	334	353	320			
	INC 05	Incidents resulting in no harm	Number	-			1,375	1,322	1,250	1,305	1,280			
	INC 01S	Incidents resulting in unexpected death - reportable on STEIS	Number	-			0.8	1	1	1	1.7			
	INC 02S	Incidents resulting in severe harm - reportable on STEIS	Number	-			1.4	0	1	0	2.0			
	INC 03S	Incidents resulting in moderate harm - reportable on STEIS	Number	-			1.4	0	1	1	1.1			
	INC 04S	Incidents resulting in low harm - reportable on STEIS	Number	-			2.7	0	2	3	1.1			
	INC 05S	Incidents resulting in no harm - reportable on STEIS	Number	-			3.9	1	0	0	0.8			
	INC 08P	% incidents relating to patients	Mthly %	-				79.7%	82.0%	79.6%	79.3%			
1.2 Patient safety - harm-free care	Therm	Measure of harm-free care - Safety Thermometer	Mthly %	>95%			89.2%	96.3%	96.8%	96.5%	96.7%			Y
	305T	Pressure ulcer acquisitions (grade 2 and above) attributable to Trust	Number	<5			2.3	3	3	1	3.1			Y
	305TA	Admissions with pressure ulcers (grade 2 and above)	Cases	-			43	32	45	43	41			Y
	INC 22	Medication incidents reported	Number	-			234	279	226	261	260			Y
	INC 21	Patient falls with moderate or severe harm	Number	-			2.3	2	2	3	1.8			Y
	INC 20	Patient slips trips and falls	Number	-			117	147	141	153	142			Y
	313BD	Incidence of falls per 1000 bed days	Number	-			4.0	4.8	4.8	5.1	4.8			Y
	WHO	WHO surgical safety checklist	Ann %	-			85%				85.5%			

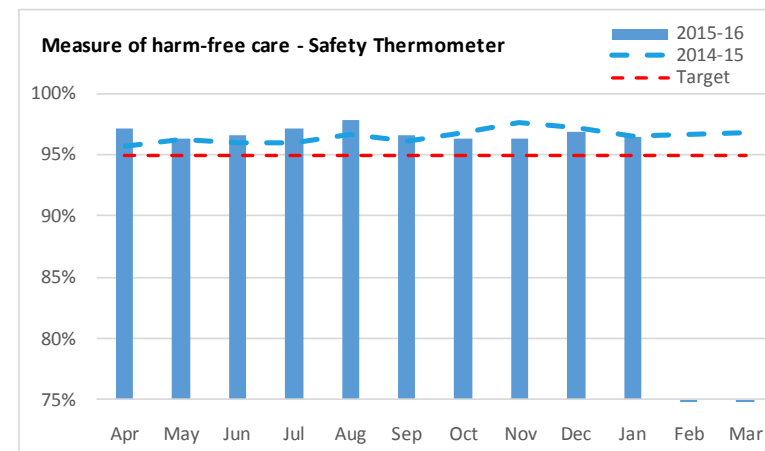
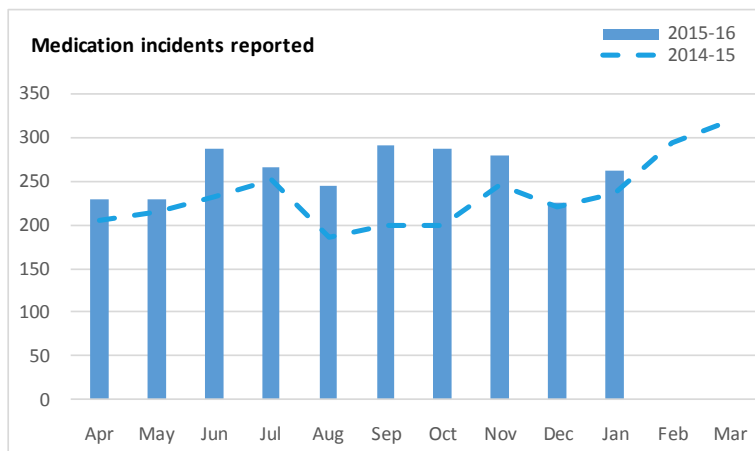
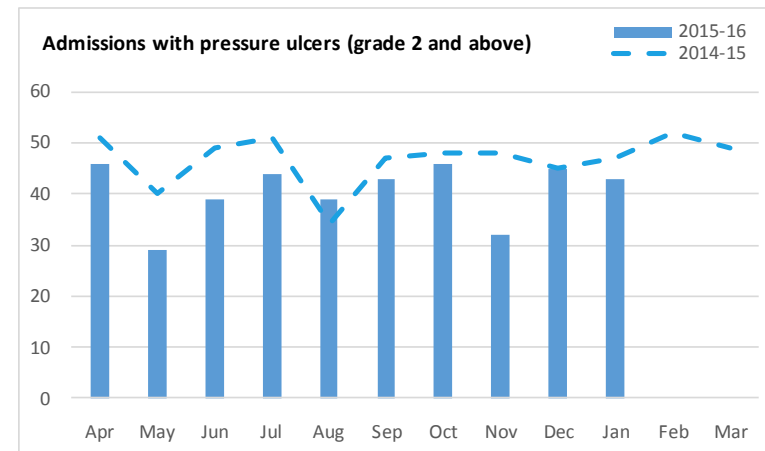
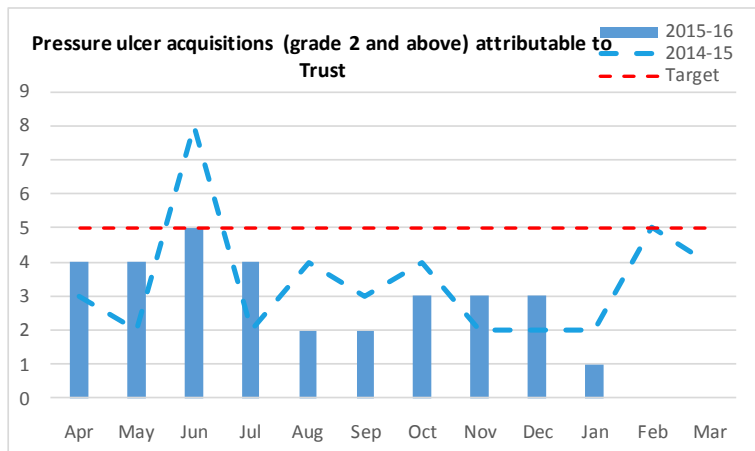
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Nov	Dec	Jan	YTD avg	Monitor	Quality priorities	Trend chart
1.3 Infection control and cleanliness	324	MRSA screening of admissions	Mthly %	>95%			94%	92.0%	91.9%	92.0%	95.4%			Y
	301	MRSA bacteraemia (Trust-attributable)	Number	Zero			0.2	0	0	0	0.1			Y
	302L	C-Diff acquisitions resulting from lapse in care	Number	Zero			0.4	0	0	0	0.2			Y
	302T	C-Diff acquisitions (Trust-attributable)	Number	<4 pm			4.2	2	1	3	4.1			Y
		Catheter attributable urinary tract infection (CAUTI)		In devt										
	AMS	Anti-microbial stewardship	Score	>85			79.4	94	96	89	92.8			Y
	NPSA	Cleanliness standards (NPSA)	Mthly %	>95%			89.5%	97.9%	97.9%	97.8%	97.6%			Y
1.4 Screening on admission	9936	VTE screening (externally reported)	Mthly %	>95%			96.0%	96.9%	97.1%	96.9%	97.1%			Y
		VTE screening within 24 hours		In devt										
	Dem75	Dementia screening (patients aged over 75)	Mthly %	>90%			-	86.4%	93.1%	95.9%	92.2%			Y
1.5 Mortality indicators	350	Deaths in hospital - number in month	Number	-			85.5	86	102	114	91.7			Y
	HSMR	Hospital standardised mortality ratio (HSMR) - most recent score	Ratio	<90			-	76.0	75.6	75.7	75.6			Y
	SHMI	Standardised healthcare mortality index (SHMI) - most recent score	Ratio	<90			-	79.0	74.5	74.5	79.9			Y
		Deaths in low risk diagnosis groups		In devt										
1.6 Safe staffing	SafeS	Safe Staffing - ratio of actual to planned hours	Mthly %	-			-	100.1%	98.5%	98.9%	100.3%			

- This month's data is still under investigation; therefore the degree of harm may change. The Patient Safety Team monitor on a daily basis (Monday to Friday) all incidents reported in the previous 24 hour period to review harm reported, escalate where necessary and identify any emerging trends or hot spots. The directorates review the incidents locally.
- The increase in reported incidents has been consistent and we now believe this to represent a permanent improvement in reporting rates and a demonstration of a positive reporting culture. There has been an increase in incidents across all degrees of harm but the majority of these are no harm incidents.
- Never Events are serious incidents (regardless of the degree of harm caused) which are wholly preventable (as guidance or safety recommendations providing strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers). Despite this, never event incidents do sometimes happen. As with all serious incidents, never events require very thorough investigation. There were two Never Events reported in January. One related to wrong site surgery in ophthalmology and another was a retained foreign object in surgery. Both investigations are underway. The Trust has responded formally to the CCG with a detailed serious incident and Never Event action plan which has been signed off and supported by both local commissioners from Lambeth and Southwark and NHSE. The Trust is launching a communications campaign to raise awareness and collate information about risk factors from front line staff. The campaign will be called "Always Safe". The Centre for Applied Resilience in Healthcare Team (a joint collaboration between GSTT and Kings College London) will be working with the central Patient Safety Team to review high risk processes and undertake observational human factor work in the operative setting. The Trust held a recent Never Event Summit at a TME Forum on 25<sup>th</sup> February which the commissioners and NHSE attended and a Grand Round focusing on learning from serious incidents and Never Events. The serious incident and Never Event action plan will be under monthly review at the Lambeth and Southwark Clinical Quality Review meeting.

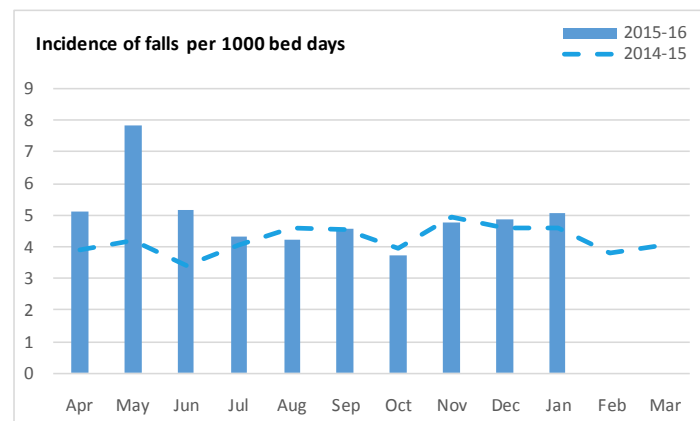
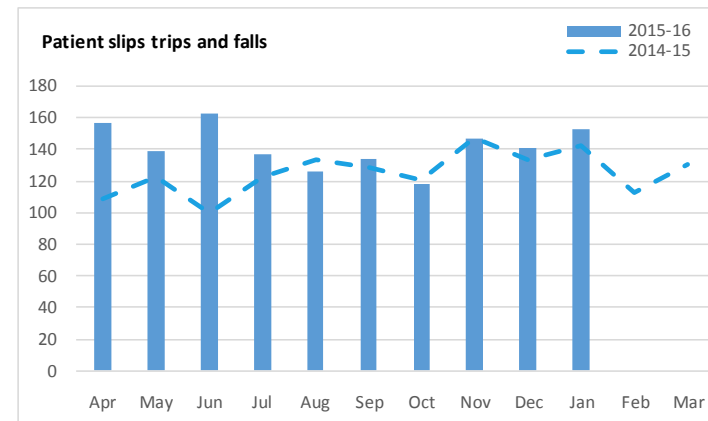
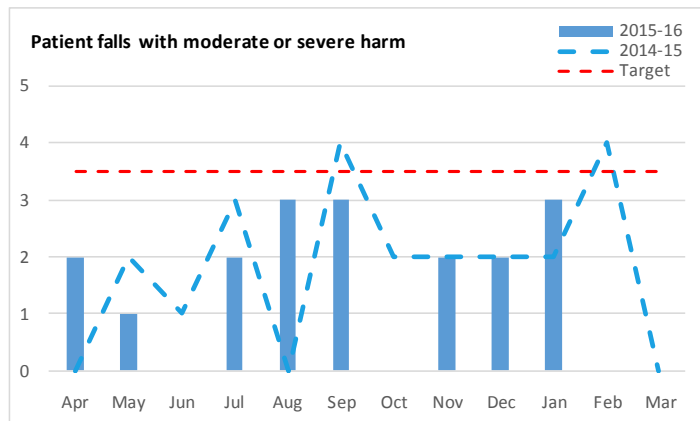




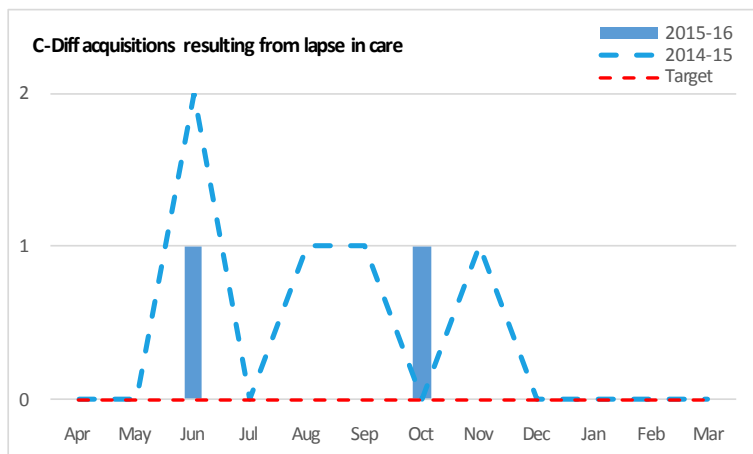
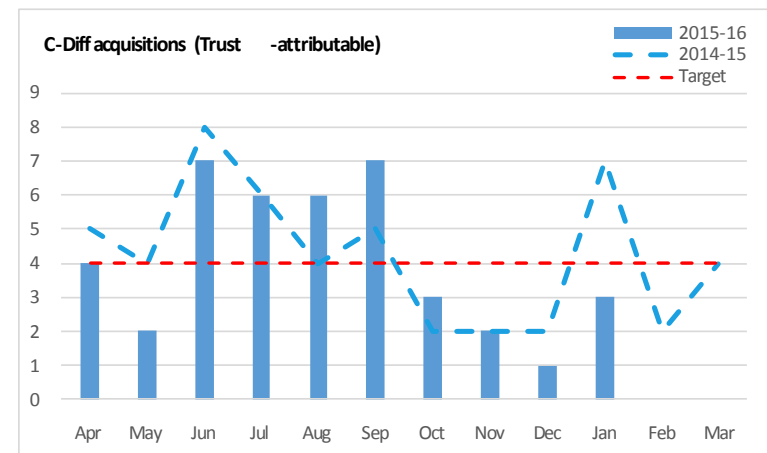
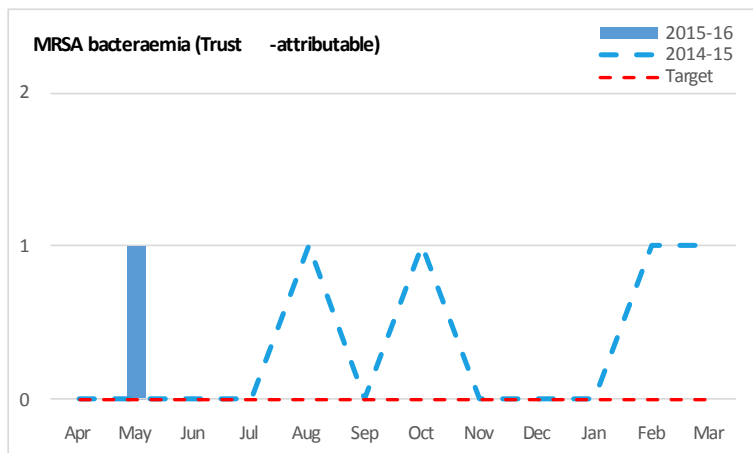
- The Trust had low numbers of attributable avoidable pressure ulcers in January. Incidence remains below 1%; the one attributable pressure ulcer for January was grade 2 on the Intensive Treatment Unit (ITU).
- A lesson learned from this incident is to ensure the continued implementation of the Surface – Skin – Keep Moving – Incontinence – Nutrition (SSKIN) programme to ITU staff as there is ongoing high throughput.
- We saw fewer admissions with pressure ulcers this month and this was also below same period from 2014/15.
- We continue to focus on increasing the awareness of reporting of medication incidents. The majority of those incidents reported were of no or low harm and are at comparable levels to 2014/15.



- This month the Trust has seen an increase in the incidence of falls with 155 reported compared to 141 in December; this is primarily due to an increase in inpatient falls with 122 reported this month compared to 111 in December.
- Looking in more depth at the data there were 133 patients that fell and 155 falls reported, which meant that there were 22 occasions where a patient fell more than once during admission. In addition, there were 22 Assisted falls reported in January an increase from 16 in December.
- The directorates with the highest incidence of inpatient falls were Acute Medicine and Cardiovascular.
- There were 3 falls resulting in moderate harm or above this month; 2 which occurred in Acute Medicine and 1 in Haematology and Oncology.
- There is a monthly falls meeting where directorates feed back to the Trust Falls Group and advice and guidance is provided. The falls team also link with the pressure ulcer team through a monthly steering group to review attributable ulcers and falls resulting in moderate harm or above.
- We continue to work with our Falls Champions across the Trust to enable them to support their wards and be a local expert in falls for their area.



- The Trust has reported no attributable cases of Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia in January.
- The Trust remains on track to deliver the trajectory for the external Clostridium-difficile (C-diff) objective of no more than 51 reportable cases during 2015/16, with 41 reportable cases so far; the improvement in our position was maintained in January.



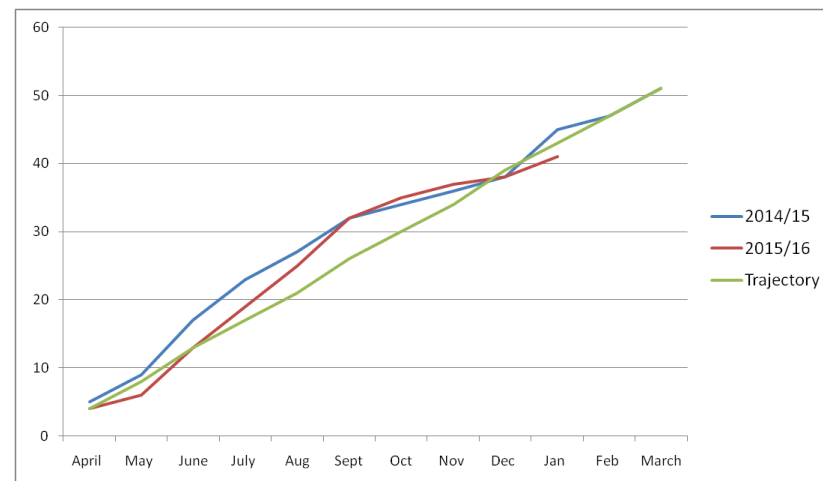
**Where we want to be. Targets and benchmarks:**

- ***Clostridium difficile*** - The external objective for reportable cases of *C. difficile* (Cdiff) for 2015/16 is 51 cases. Reportable cases are those that are 'toxin positive' (Enzyme-linked Immunoassay or 'EIA' positive) and are identified beyond three days of admission to the organisation (attributed). In addition the Trust must determine and report to the commissioners any reportable cases that are deemed to be due to any 'lapse in care'.
- **Methicillin Resistant *Staphylococcus aureus* (MRSA)**. The organisation has a zero tolerance threshold for MRSA bacteraemia.
- **Other bacteraemia** - The Trust is required to report all cases of MSSA and E-coli bacteraemia via the Public Health England (PHE) reporting system. There is no national objective for these bacteraemia at present.

**Where we are: trends and patterns:**

- ***C. difficile***
- To the end of January 2016 the Trust is on target to achieve our external Cdiff objective with 38 reportable cases and two lapses in care. The second lapse in care occurred in October and was related to inappropriate prescribing. The improved trajectory against the Cdiff objective was maintained in January..
- **MRSA**
- There were no cases assigned to the Trust in January. The total for 2015/16 remains at one case (deemed to be an unavoidable contaminant)
- **Other bacteraemia**
- MSSA - To the end of January 2016 the Trust reported 72 cases of which 26 were deemed to be Trust attributable (identified > 48 hours after admission).
- E coli - To the end of August 2015 the Trust reported 186 cases, of which 36 were categorised as healthcare associated.

Figure 1. Cdiff cases 2015/16 compared with 2014/15 with a linear trajectory to 51 cases.

**Incidents and Investigations:****Status**

Numbers of cases of seasonal influenza have increased and are being managed as per guidance,

**Actions underway**

Number of cases of Norovirus have increased, closing one ward to admissions, which has since reopened. Raising awareness continues across the Trust.

**Actions underway**

Mycobacterium chimera in heater/cooler units used in cardiac bypass machines – this issue will remain active for the foreseeable future

**Actions underway**

Intelligence triangulated

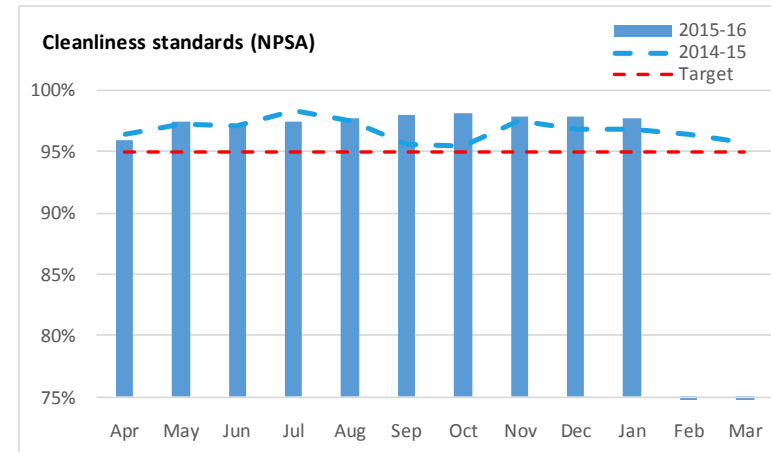
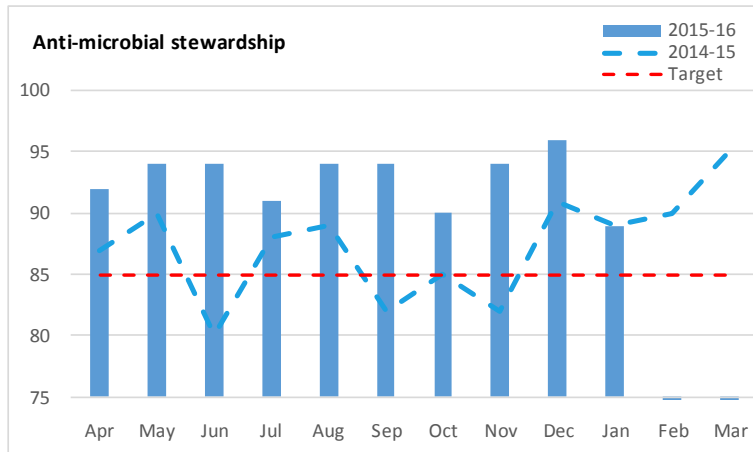
Root cause understood

Action plan set

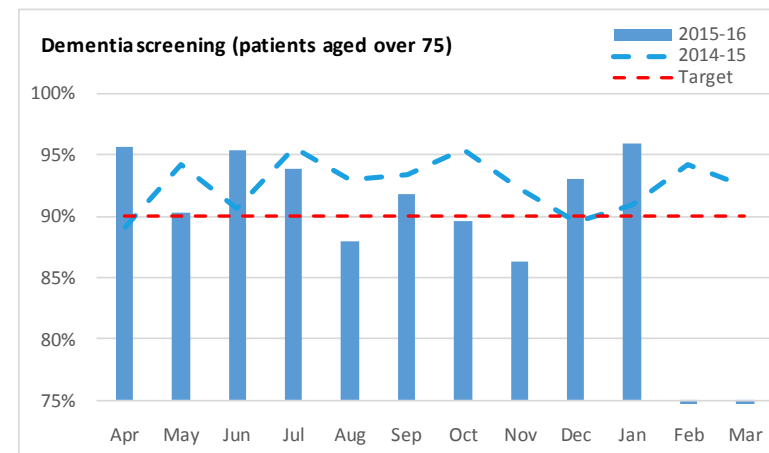
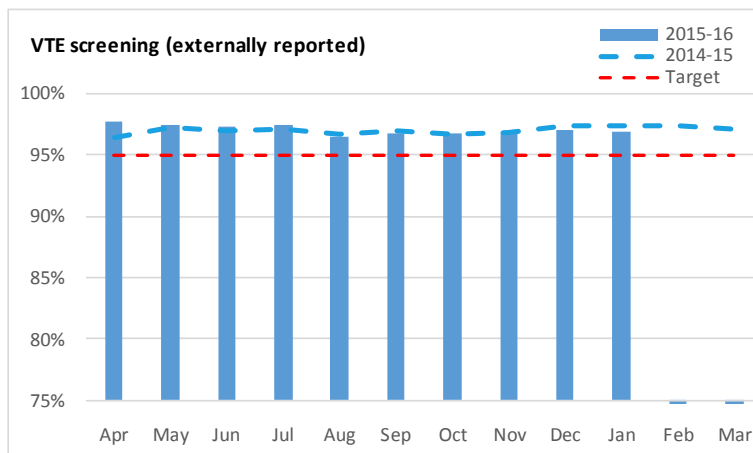
Actions underway

Actions complete

- The Trust continues to maintain high standards of anti-microbial stewardship.
- Cleanliness scores across both acute and community sites consistently exceed the 95% target.

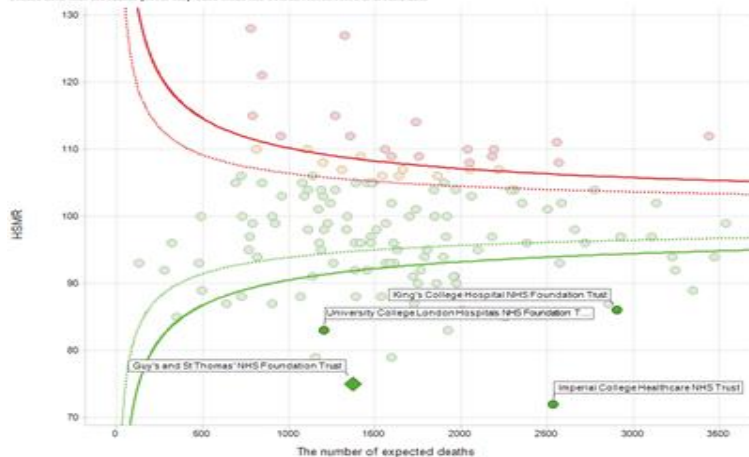


- We continue to achieve our screening target for Venous Thromboembolism (VTE) across all directorates, but we are seeking to improve the percentage of inpatient and day case admissions screened in individual specialties. These include some surgical areas, particularly nurse-led day-case services.
- Dementia screening compliance has improved for January and is now over the target of 90%.
- A Dementia screening review is carried out for all the breaches and for those screened after 72 hrs to ensure that there have not been more than one screen where the later screen could have invalidated the original screen. The team remind staff about screening at every opportunity and also provide training to wards and areas where compliance has been low. The drive to increase awareness has supported an improvement in the number of patients being screened and recording this on the Trust's IT systems.

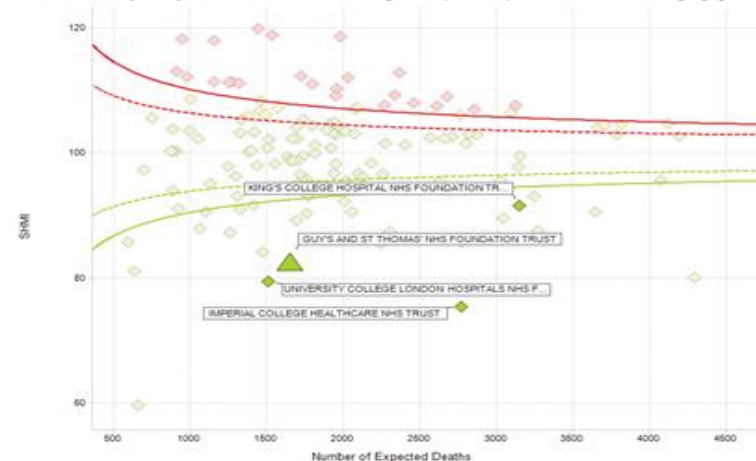


- Benchmarked mortality allows case-mix corrected risk of death to be compared across organisations. The Trust continues to perform exceptionally well, both against the England average and other London acute hospitals. Two measures are used: Hospital Standardised Mortality Rate (HSMR) shown in graph upper right; and Summary Hospital Mortality Indicator (SHMI) shown in graph upper left. SHMI includes deaths within 30 days of discharge. For both indicators a low score is good.
- Hospital crude mortality was increased in January 2016 and slightly higher than in individual previous winter months. There is always a winter seasonality with more deaths particularly in emergency admissions occurring in winter months. Initial review does not suggest any surprising clustering of deaths in January but we review the full winter quarter crude mortality to confirm this next month.

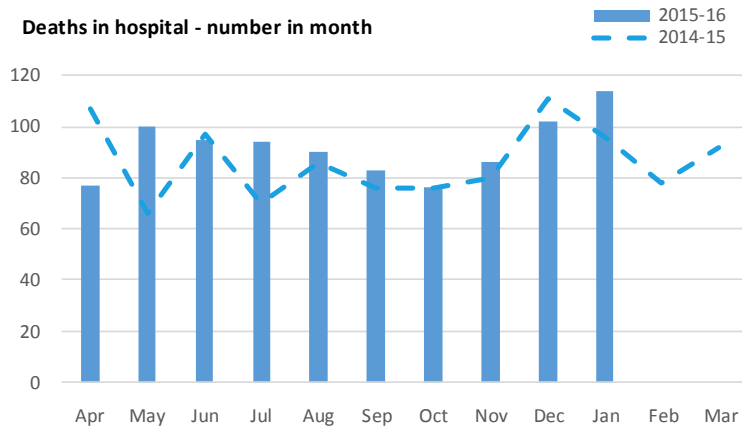
Please note that the tunnel plot is only valid when the overall HSMR score is around 100.



Please note that tunnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlight



Deaths in hospital - number in month



### •Where we want to be. Targets and benchmarks:

Actual nursing hours are used across the Trust to closely match patient dependency and care needs in order to provide high quality patient care whilst remaining financially viable as an organisation. Stable workforce: reduction in nursing and midwifery vacancies and high retention rates.

### •Where we are. Trends and patterns. Nursing Hours: Planned Vs. Actual:

-Nursing staff numbers in January 2016 grew by 32.85 WTE on the previous month to 5,161.3 WTE with a reduction in the number of vacancies as new staff joined the Trust (ESR data, staff in post at 22<sup>nd</sup> January compared to 18<sup>th</sup> December). This means the Trust vacancy level is 10.5% (not including external pipeline starters). There are an additional 143 applicants in the recruitment pipeline who are scheduled to join the Trust over the coming months.

-Planned versus actual nursing hours for January 2016 were 0.8% below plan; an improvement on Decembers figures of 1.5% below plan. (Figure 1).

-Registered nurse (RN) actual hours were 3,379 hours below plan (equivalent to 20.8 FTE) with Nursing Assistant (NA) actual hours 610 hours above planned (equivalent to 3.76 FTE).

-Average fill rates of planned hours for registered nurses (RN) for day were 98.1% with night at 99.6% in the month of January.

-Average fill rates for planned hours for nursing assistant (NA) was 96.6% and 108.5% for the night.

-The Heads of Nursing (HoN) have given assurance that they have reviewed their staffing numbers and assessed them to be safely staffed.

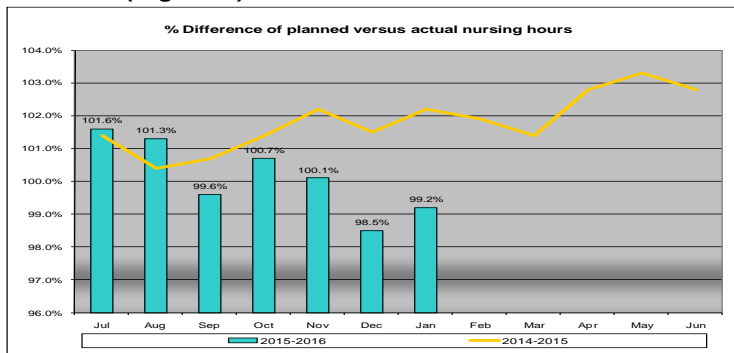
-The Chief Nurse six monthly staffing reviews were commenced in January and are due to conclude in February. Any changes will inform the business planning process. A full paper will be presented by the Chief Nurse at the April 2016 Board meeting.

-A new mental health one to one tool has been piloted within medicine. This has proved successful in the management of patients and resources and is being rolled out to other directorates and will contribute further to the continued downward trend in "one to one specializing" requirements.

-Vacancies within Perioperative medicine, critical care and pain (PCCP) have fallen below ten percent which is a significant turnaround after very successful recruitment campaigns.

-The directorates have been working hard to achieve the reduction in the nurse agency spend to meet the set trajectories to meet the Monitor regulations. January agency expenditure is the lowest value in any month this financial year, with 4.9% agency in January, again the lowest this financial year.

### Trend (Figure 1)

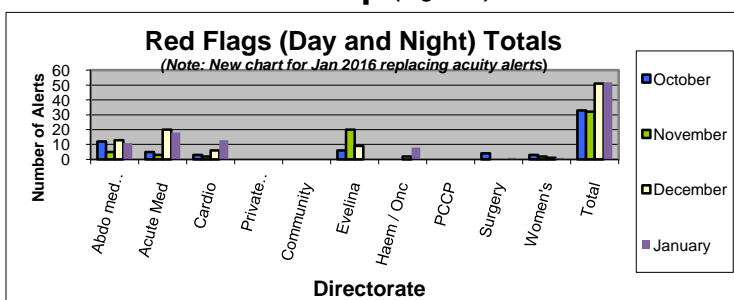


### Benchmark (Figure 2)

Safe Staffing levels – taken from NHS Choices at 19/02/16

St Thomas' Hospital site	99%
Guy's Hospital site	96%
King's College Hospital	100%
Chelsea and Westminster Hospital	91%
University College Hospital	100%

### Directorate heat map (Figure 3)





- There were 52 Red flags raised in January compared to 51 in December. Further work is required to ensure that reporting is robust over the 24/7 period in all areas. All red flags raised were actioned at the time by the senior nursing teams to ensure patient safety and are all reviewed by the Heads of Nursing and the Chief Nurse Office. There were a number of local staffing concerns raised at ward level by the nurse in charge in a few directorates in the month of January which was resolved immediately without raising a formal red flag, these were managed at the time through a discussion with the senior nursing team. There have been no reported harm events or any patient quality metrics affected due to safe staffing concerns.
- Recruitment activity increased in January after the Christmas period. An additional focus was placed on ensuring all external pipeline staff were ready to start and had their start date confirmed by their new line managers. Recruitment in the month of January increased following the seasonal reduction in December. All assessment centres were delivered as planned. A focused recruitment campaign was launched in the month of January aimed at attracting nursing and midwifery staff to join the Trust's temporary staffing pool. This had limited success, but some mental health nurses joined the bank from this event which will support patients with mental health care needs.
- Reducing the trust reliance on temporary nursing and midwifery staffing remained a significant priority; this was delivered through close monitoring of agency usage at directorate level. Temporary staffing managers continued to negotiate with nursing and midwifery agencies with the aim of reducing their pay rates to meet the Monitor agency use acceptable pay rates. The Trust continues to monitor Agency usage on a weekly basis and January saw nurse agency expenditure decrease to the lowest value in any month this financial year and the amount of nursing agency used to 4.9% in January, again the lowest this financial year. The next reduction on the Monitor cap will be implemented in February 2016 and Directorates are addressing of potential concern for temporary staffing.

#### ■Risks or opportunities for the Trust. Nursing:

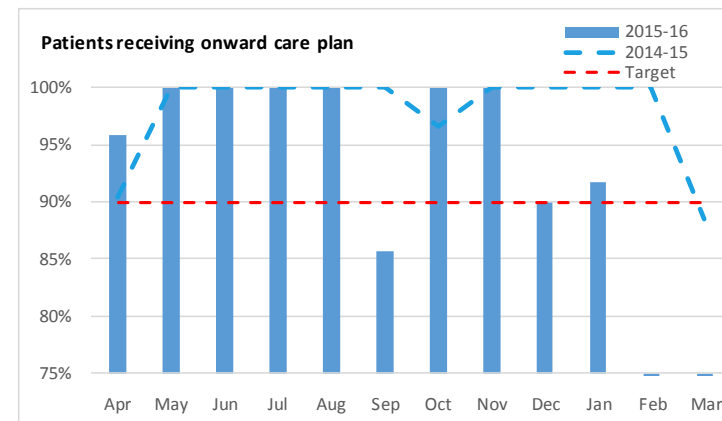
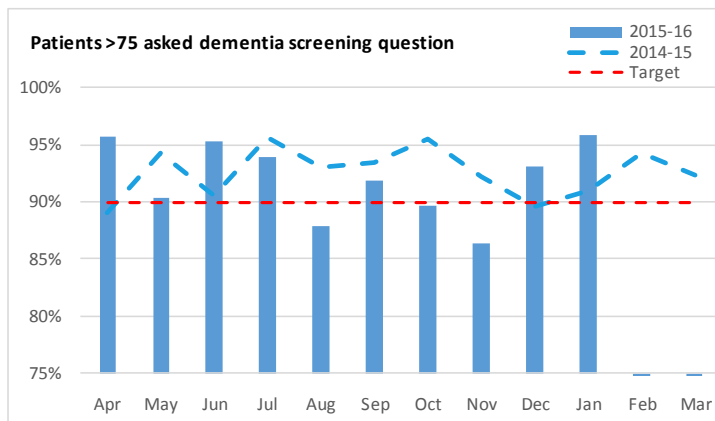
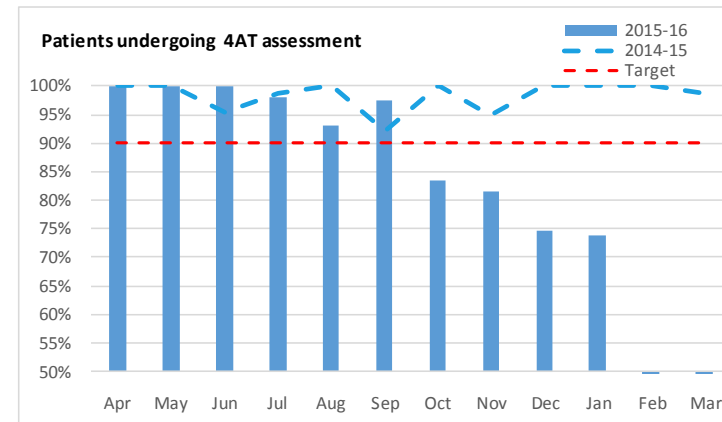
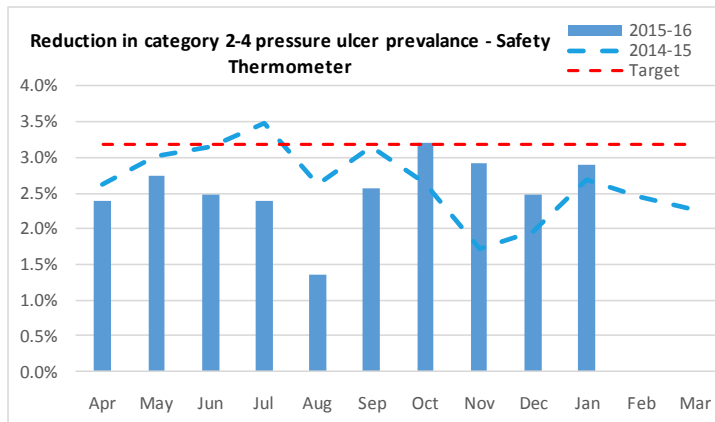
- The current nursing and midwifery establishment is 5652.88 wte (excluding research and development nurses not hosted in directorates), with 5073.25 wte staff in post.
- There are 579.63 wte vacancies (10.25 % ESR data 22/01/2016), of these there are 143 wte external starters in the pipeline. There remains 374.73 wte posts to be appointed.

#### ■Actions set and progress to date:

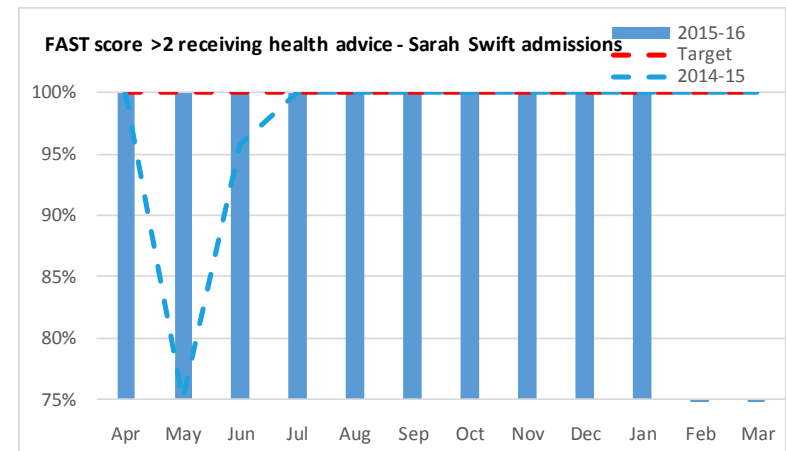
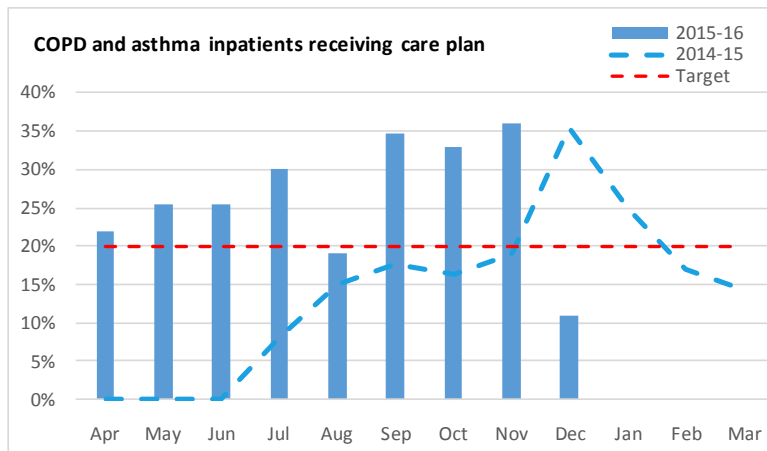
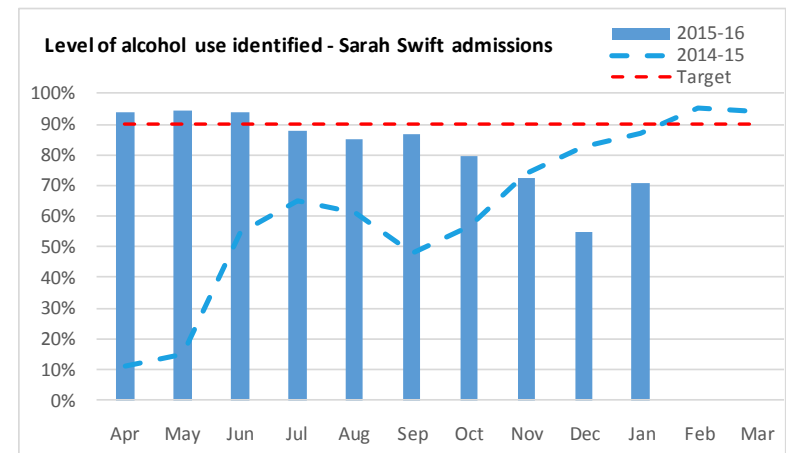
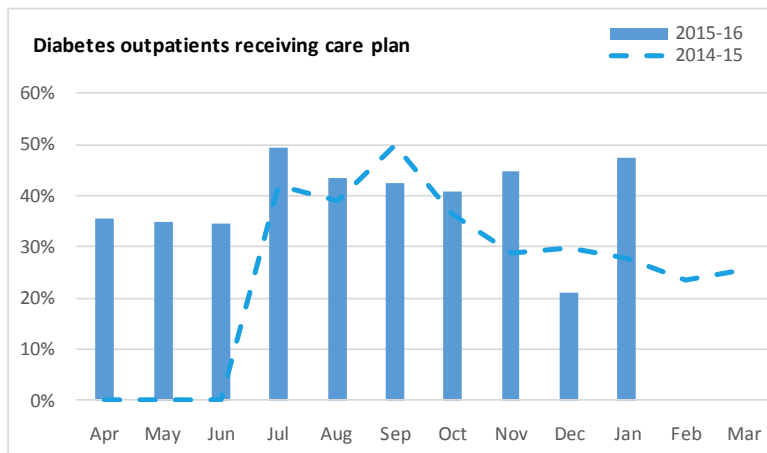
- In December the Trust implemented recruitment restrictions as part of the Trust financial recovery programme. Nursing and Midwifery (N&M) commenced reviewing all vacant positions along with other professional disciplines. A number of exceptions to front line posts were agreed. As part of the review the Directors of Nursing review all posts at the vacancy panel and are part of the authorisation process for posts not exempt.
- The six month Chief Nurse's Office workforce reviews commenced in January 2016, led by the Directors of Nursing. Staffing levels in wards/departments will be reviewed alongside the outcome of the peer to peer reviews, safety indicators and recent clinical audits with the directorate management teams and ward sisters. The aim of the reviews is to ensure there are safe staffing levels in each area and that there is a high quality patient experience and clinical safety being delivered in each directorate. Any changes to establishments if required will inform the trust business planning process. On completion of the reviews in February 2016, a summary paper will be presented to the Board in April 2016 by the Chief Nurse.

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Nov	Dec	Jan	YTD avg	Monitor Quality priorities	Trend chart
2.1 Quality improvement initiatives - general	CQ5q	Reduction in category 2-4 pressure ulcer prevalence - Safety Therm	Qtly %	<3.18%			-	2.9%	2.5%	2.9%	2.5%		Y
	Dem75Aq	Patients >75 asked dementia screening question	Qtly %	>90%			-	86.4%	93.1%	95.9%	92.2%		Y
	Dem75Bq	Patients undergoing 4AT assessment	Qtly %	>90%			-	81.6%	74.6%	73.8%	89.8%		Y
	Dem75Cq	Patients receiving onward care plan	Qtly %	>90%			-	100.0%	90.0%	91.7%	96.1%		Y
	CQ6Aq	Diabetes outpatients receiving care plan	Qtly %				-	44.9%	20.9%	47.3%	39.7%		Y
	CQ10q	COPD and asthma inpatients receiving care plan	Qtly %	>20%			-	36.1%	10.9%		26.7%		Y
	CQ7Aq	Level of alcohol use identified - Sarah Swift admissions	Qtly %	>90%			-	72.3%	54.9%	70.9%	79.4%		Y
	CQ7Bq	FAST score >2 receiving health advice - Sarah Swift admissions	Qtly %	100%			-	100.0%	100.0%	100.0%	100.0%		Y
	CQ12Aq	Smoking levels identified - Vascular and ARU	Qtly %	>90%			-	94.0%	95.9%	96.6%	94.3%		Y
	CQ12Bq	Smokers receiving health advice - Vascular and ARU	Qtly %	100%			-	100.0%	100.0%	100.0%	100.0%		Y
2.2 Quality improvement initiatives - specialist	CQ1Aq	CABG within 7 days of GSTT angiogram	Qtly %	>66%			-	50.0%	100.0%	100.0%	96.4%		Y
	CQ1Bq	CABG within 7 days of referral received (angiogram elsewhere)	Qtly %	>38%			-	57.1%	90.0%	50.0%	70.4%		Y
	CQ1Cq	CABG within 7 days - combined GSTT and external angiograms	Qtly %	>59%			-	61.5%	92.9%	60.0%	76.2%		Y
	CQ2Aq	Perinatal autopsy reports produced within 42 days of autopsy	Qtly %	>80%			-	89.2%	84.4%	84.6%	92.4%		Y
	CQ2Bq	Perinatal autopsy reports produced within 56 days of autopsy	Qtly %	>90%			-	97.3%	93.8%	97.4%	97.2%		Y
	CQ3q	Number of Fetal Medicine referrals seen within 3 working days	Qtly %	>90%			-	100.0%	100.0%	100.0%	97.5%		Y
	CQ4q	Babies undergoing 1st Retinopathy of Prematurity (ROP) screening	Qtly %	>95%			-	100.0%	100.0%	100.0%	98.9%		Y
	CQ14	Severe asthma patients receiving care plan	Number	>20			-	17	9	13	100		Y
2.3 Clinical best practice	352	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.3%			5.3%	5.7%	5.7%		5.7%		Y
	353	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.4%			3.4%	3.6%	3.6%		3.6%		Y
		Elective surgical readmissions within 28 days		In devt									
	IC48	Critical Care Unplanned Readmissions within 48 Hours	Mnthly (%)	<=1.3			-	2.4%	1.0%	2.1%	1.4%		
	913	% Caesarean sections	Mthly %	<28%			-	30.3%	37.7%	31.3%	33.0%		
	ICNARC-STH	Critical care mortality indicator-STH+VHDU	Quarterly	<=1.0			-	0.82	0.82	0.82	0.84		
	ICNARC-Guys	Critical care mortality indicator-Guys CCU	Quarterly	<=1.0			-	0.66	0.66	0.66	0.78		
	EOL	End of life care - % of deaths supported by Priorities for Care	Mthly %	>25%			-	33.7%	28.1%	40.2%	37.0%		

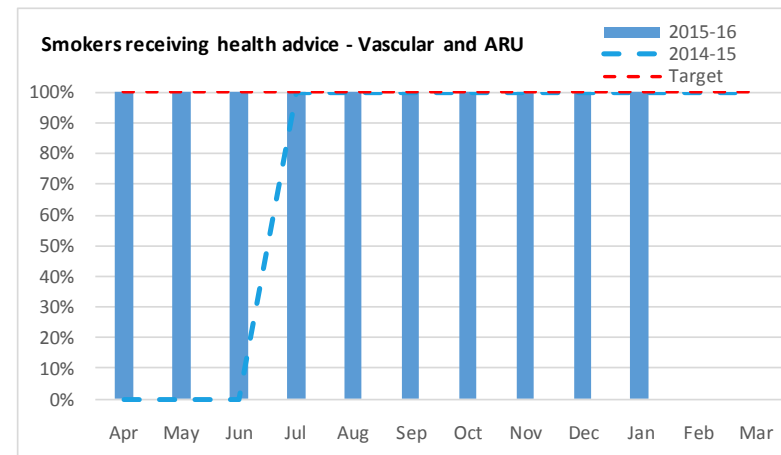
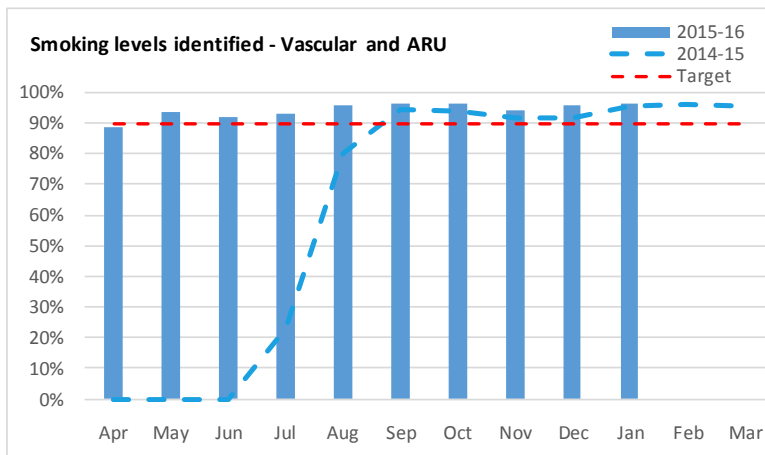
- Contract changes for 2015/16 mean that the Trust is not subject to the same Clinical Quality and Improvement and Innovation schemes (CQUINs) as in previous years. In their place, we have agreed a number of Local Incentive Schemes (LIS) with our main Clinical Commissioning Groups, some of which continue planned improvements from last year.
- Clinical teams are working through additional actions to further improve performance during the year especially in **4AT** assessment (screening instrument for cognitive impairment and delirium), where we are reminding clinical staff of the procedure and rationale for screening. The Clinical Nurse Specialists (CNS) are reviewing the screening for all patients referred to the Dementia and Delirium (DaD) team and direct staff to complete the 4AT assessments where they are not completed. The team review and complete assessments where there are gaps but these are currently outside the reporting timelines. This is under review.
- A Dementia screening review is carried out for all the breaches and for those screened after 72 hrs to ensure that there have not been more than one screen where the later screen could have invalidated the original screen. The team remind staff about screening at every opportunity and also provide training to wards and areas where compliance has been low. The drive to increase awareness has supported an improvement in the number of patients being screened and recording this on the Trust's IT systems.



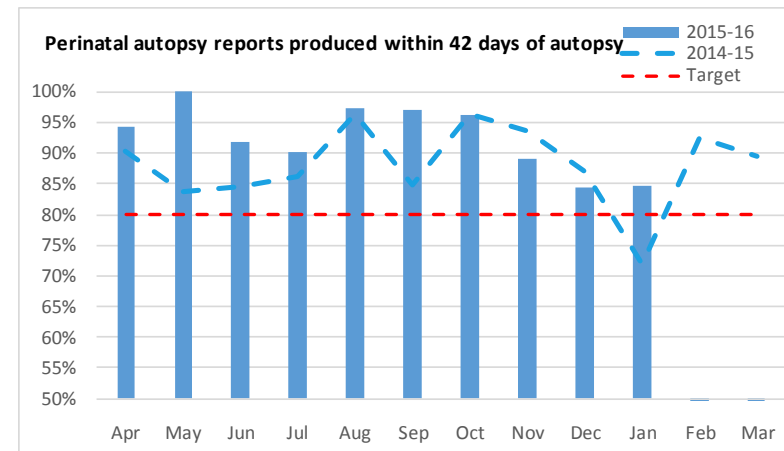
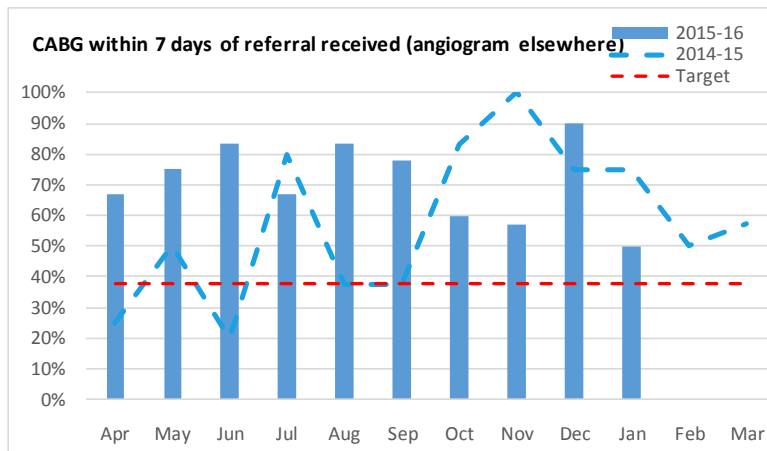
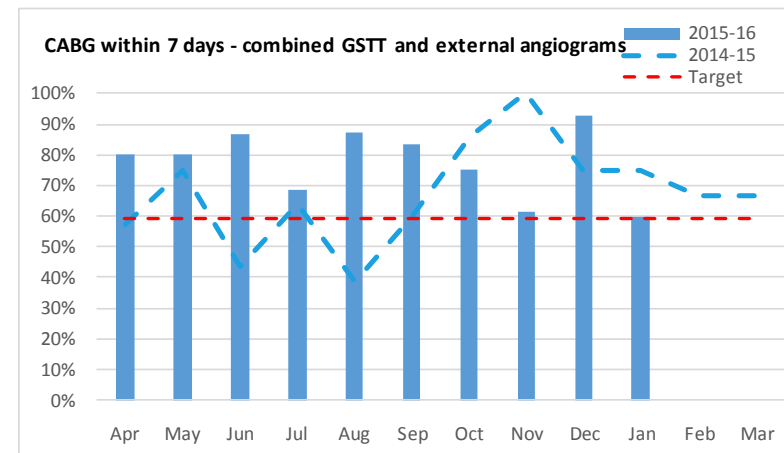
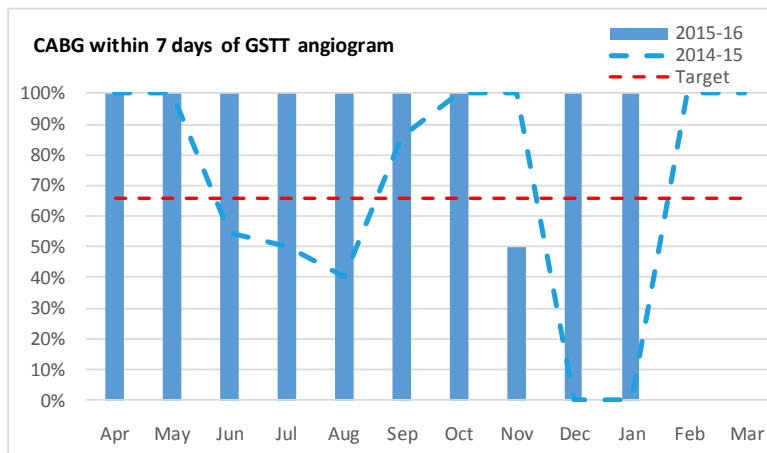
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- We continued to perform well against all of the clinical quality indicators. Clinical teams are working through additional actions to further improve performance during the year. For Diabetes care plans we are tracking actual numbers rather than the percentage delivery and are seeing similar levels of delivery in comparison to last year.



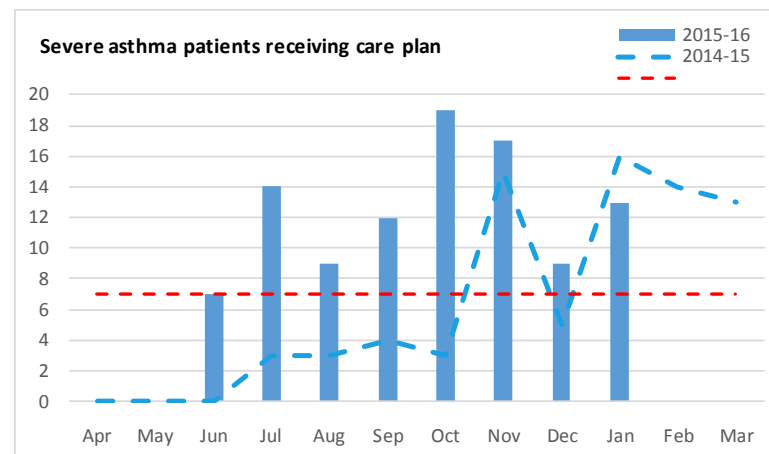
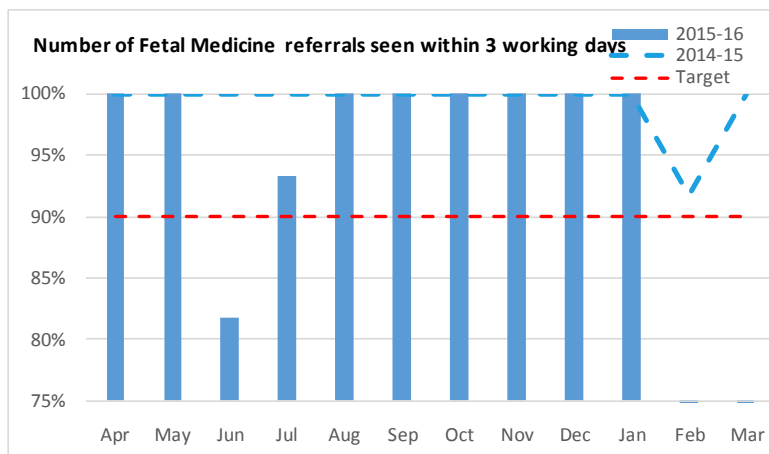
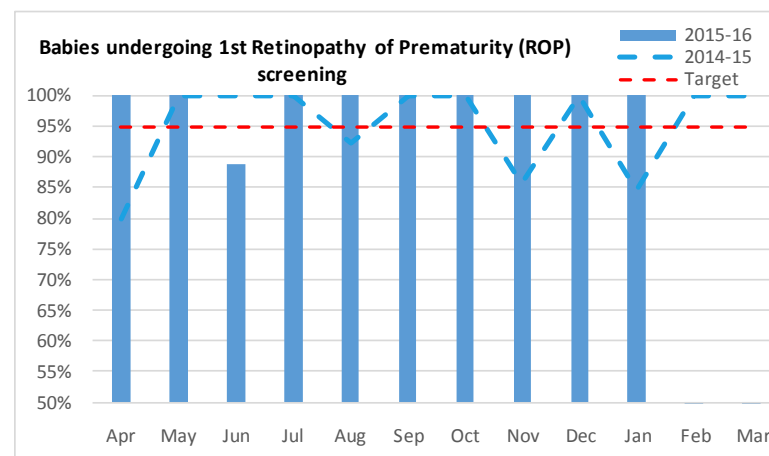
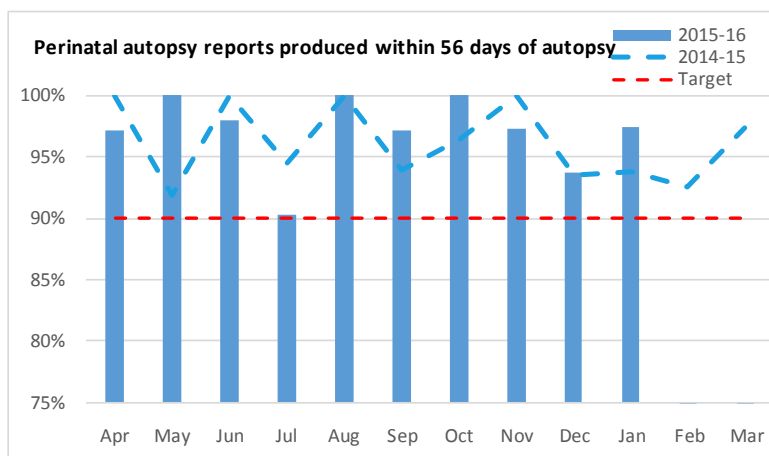
- There are two services where there is a particular focus to ensure that smokers are offered health advice to help stop smoking: vascular surgery and the Acute Respiratory Unit (ARU). The number of people identified within these services has consistently improved since April and the service has met the target of 90% for the last three months.
- Targets for both smoker identification and health advice are being met within the vascular surgery and ARU services.



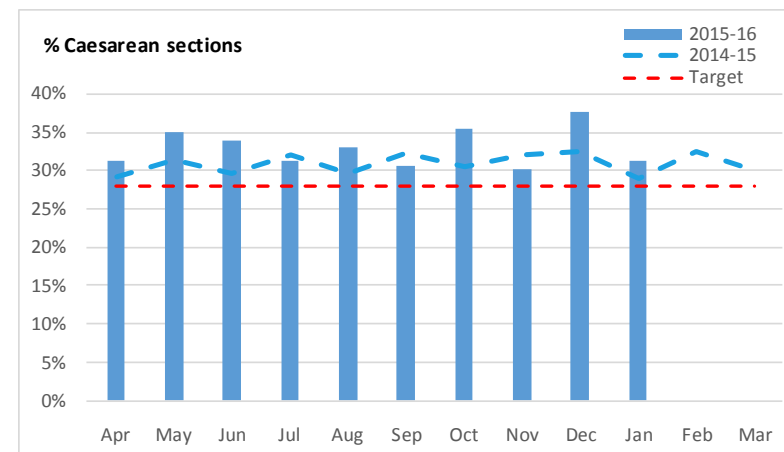
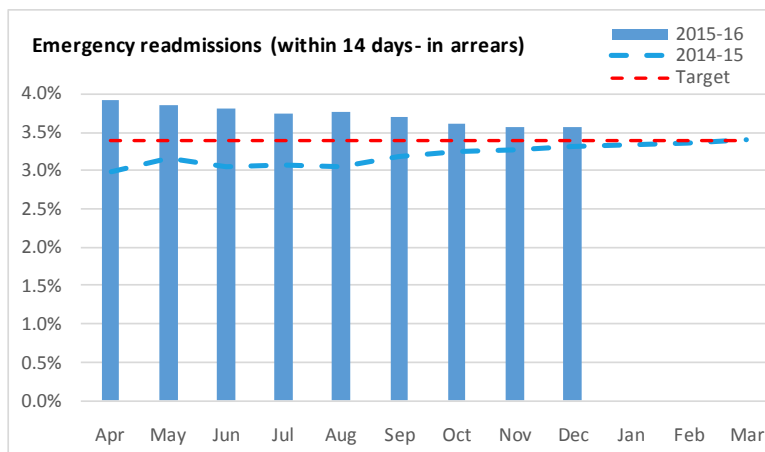
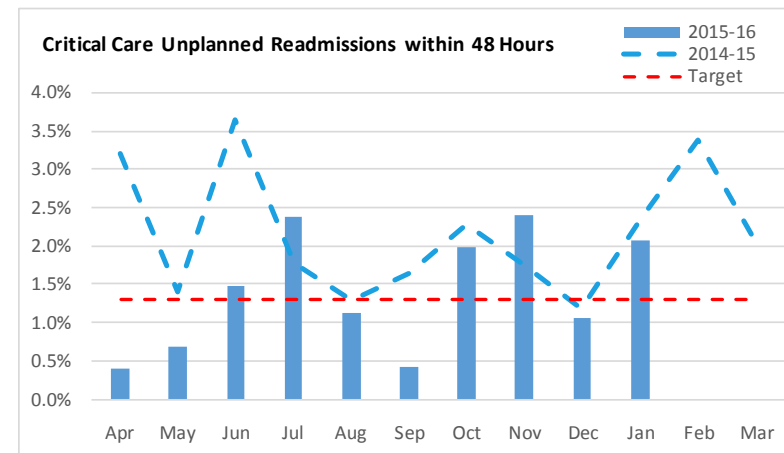
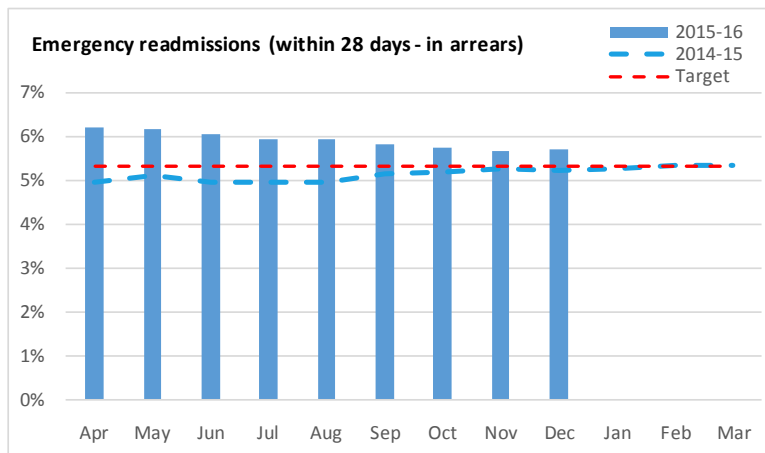
- Although the Trust is not contractually subject to specialised CQUINs in 2015-16, we continue to monitor our performance against the indicators in use last year.
- Performance remains very good across most areas. However, November saw delays in finding a suitable bed for patients referred by other providers to our cardiovascular services, as increased activity across our emergency pathways caused capacity constraints. This improved in December but further capacity constraints in January has caused a drop in performance.
- Current contract discussions with NHS England aim to agree an appropriate set of indicators for this year.



- Performance continues to be above target levels for most indicators currently being reported.
- Staffing issues previously reported within fetal medicine are now resolved and the service has consistently met the target for the last five months and we are confident this will continue.
- A drop in performance for severe asthma patients receiving care was linked to reduced clinics and overall patient numbers being seen during the festive period. January has shown improved performance and we expect this to continue.

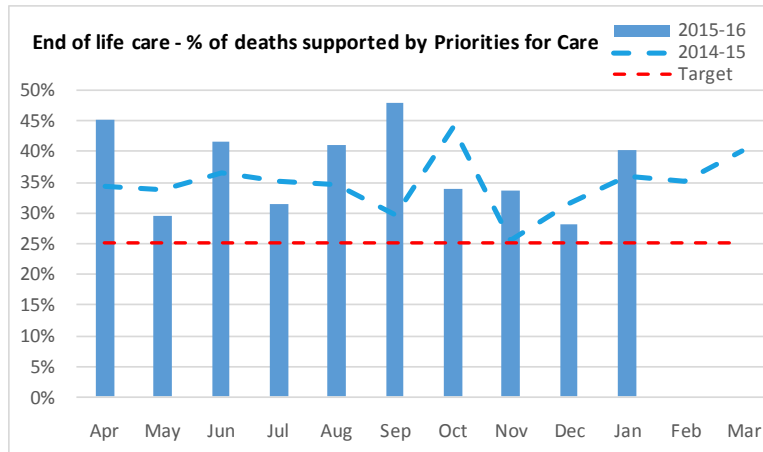


- Readmission rates vary depending on the clinical service and by patient group. The Outcomes Group review this data to look for any trends and we have established a Handover Group to focus on improving the quality of discharge of patients from hospital and will take action if required.
- The caesarean section rate is higher than target and shows a small increase from last year. This reflects the case-mix of mothers who deliver at St Thomas'. In order to reduce the overall number of caesarean sections within the Trust we have introduced measures to review the appropriateness of emergency caesarean sections, as well as to reduce the number of repeat caesarean sections.
- Unplanned readmissions to Critical Care increased in January. Patients were prioritised according to clinical need for an HDU bed. Those patients who are discharged to a lower acuity ward area are supported by the Critical Care Outreach Team. Rapid return to critical care was facilitated when necessary.



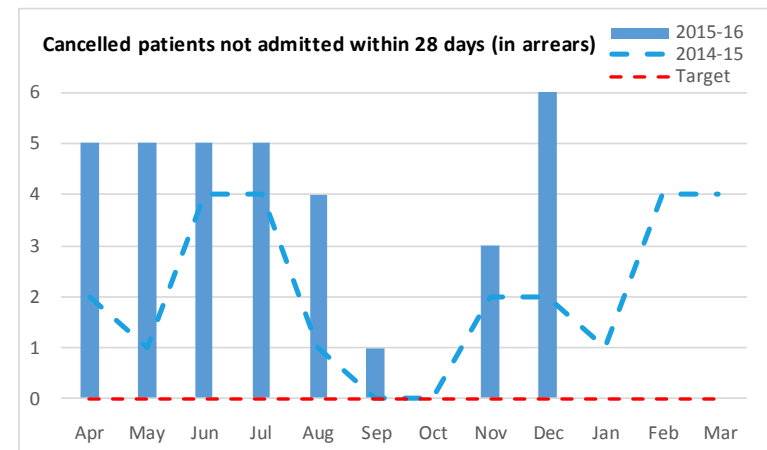
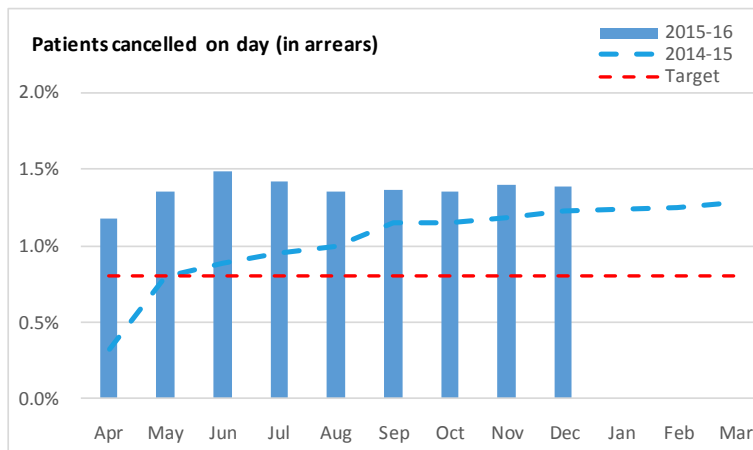
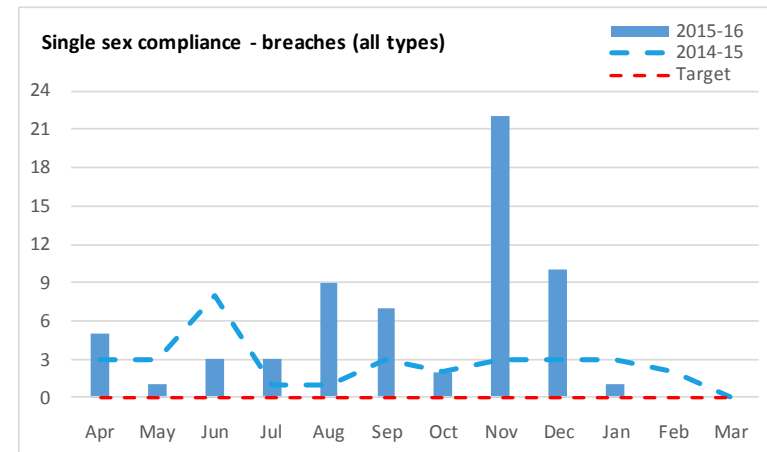
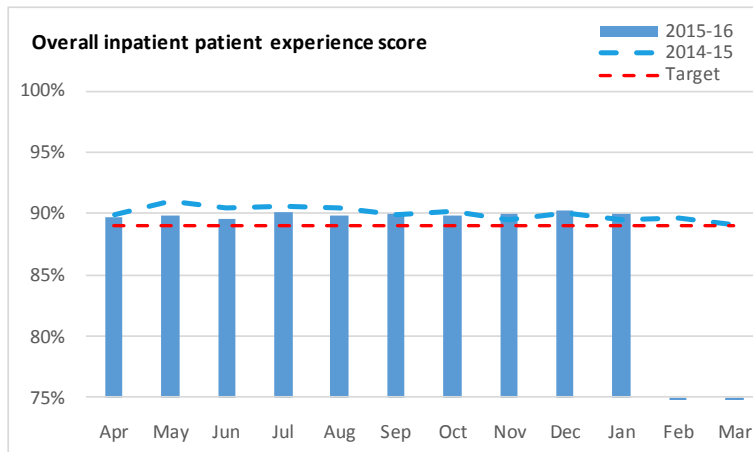


- In January, the proportion of adult inpatient deaths supported by *the priorities for care of the dying person* was higher than in recent months. The end of life care (EoLC) team continues to support and measure care as well as provide training and role modelling. A champions' network has been re-established.
- We are planning our Trust-wide re-launch of EoLC in April 2016 where we will launch the ambitions for Palliative and End of life care.
- We have also been selected as one of ten hospitals nationally to join a new "Building on the Best" programme driving further improvements in end of life care. Our successful application reflects national recognition of our provision of high quality end of life care and drive for continuous improvement.

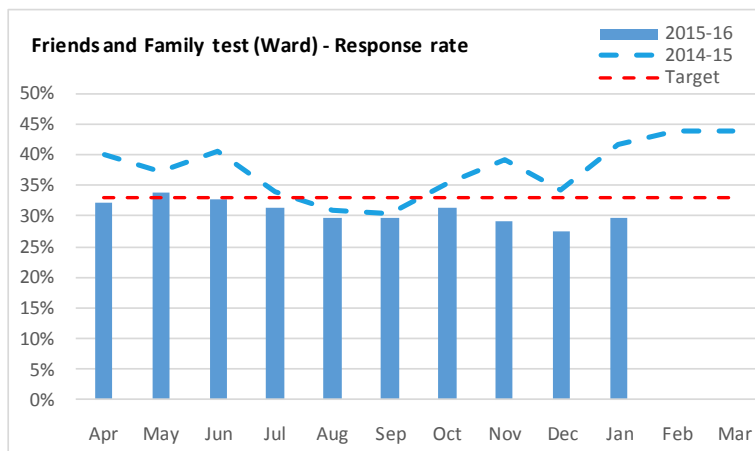
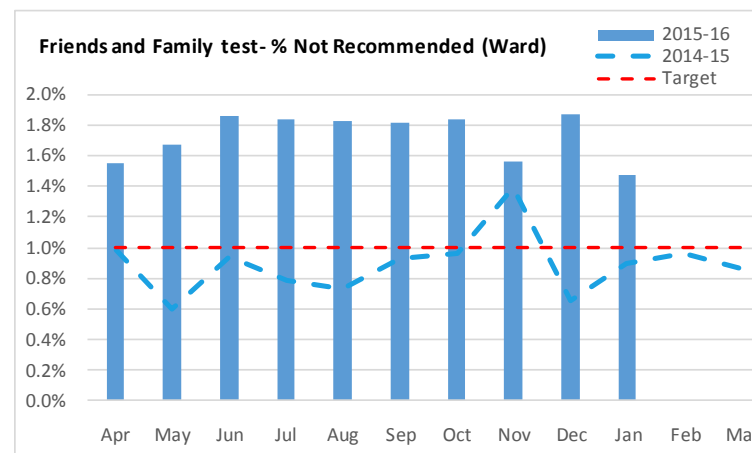
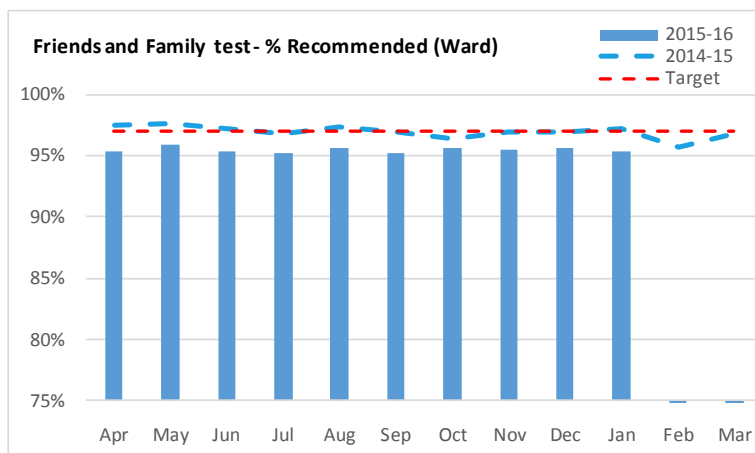


Theme	Ref	Indicator	Units	Target	R	G	Prior year	Nov	Dec	Jan	YTD avg	Monitor Quality priorities	Trend chart
3.1 Admitted care	258	Overall inpatient patient experience score	Mthly %	>89%			90%	90.0%	90.2%	90.0%	89.9%		Y
	310	Single sex compliance - breaches (all types)	Cases	Zero			0.0	22	10	1	6.3		Y
	501	Patients cancelled on day (in arrears)	Cum %	<0.8%			-	1.4%	1.4%		1.4%		Y
	502	Cancelled patients not admitted within 28 days (in arrears)	Number	Zero			-	3	8	-	4		Y
	FFT1W	Friends and Family test (Ward) - Response rate	Mthly %	>=33%				29.1%	27.6%	29.7%	30.7%		Y
	FFT2W	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%				95.5%	95.6%	95.4%	95.5%		Y
	FFT3W	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%				1.6%	1.9%	1.5%	1.7%		Y
3.2 A&E care	FFT1AE	Friends and family test (A&E) - Response rate	Mthly %	>=18%				12.7%	14.2%	15.4%	15.8%		Y
	FFT2AE	Friends and Family test - % Recommended (A&E)	Mthly %	>=88%				84.6%	86.6%	86.0%	85.3%		Y
	FFT3AE	Friends and Family test - % Not Recommended (A&E)	Mthly %	<=6%				8.9%	8.0%	7.7%	7.6%		Y
3.3 Maternity care	FFT1M	Friends and Family test (Maternity) - Response rate overall	Mthly %	-				18.6%	18.6%	13.1%	17.8%		Y
	FFT2M	Friends and Family test - % Recommended (Maternity)	Mthly %	-				91.2%	91.2%	95.8%	92.7%		Y
	FFT3M	Friends and Family test - % Not Recommended (Maternity)	Mthly %	-				3.3%	2.6%	1.4%	2.0%		Y
3.4 Outpatient care	FFT2OP	Friends and Family test - % Recommended (Outpatients)	Mthly %	-				92.5%	91.6%	93.3%	92.5%		Y
	FFT3OP	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-				4.0%	3.9%	2.9%	3.4%		Y
3.5 Community care	FFT1CS	Friends and Family test (Community) - Response rate	Mthly %	-				5.4%	3.2%	3.4%	5.5%		Y
	FFT2CS	Friends and Family test - % Recommended (Community)	Mthly %	-				96.8%	95.2%	96.1%	95.8%		Y
	FFT3CS	Friends and Family test - % Not Recommended (Community)	Mthly %	-				0.8%	1.3%	0.9%	0.9%		Y
	260C	Adult community health centre patient experience score	Mthly %	>89%			-	94.3%	93.9%	91.0%	93.6%		Y
3.6 Patient Transport	FFT1PT	Friends and Family test (Transport) - Response rate	Mthly %	-				3.0%	1.4%	1.0%	2.6%		Y
	FFT2PT	Friends and Family test - % Recommended (Transport)	Mthly %	-				94.7%	91.2%	93.4%	92.2%		Y
	FFT3PT	Friends and Family test - % Not Recommended (Transport)	Mthly %	-				1.9%	1.1%	0.8%	3.1%		Y
3.7 General patient and	Food	Satisfaction with food (PLACE)	Mthly %	>85%			91%	92.6%	92.6%	92.6%	91.9%		Y

- Cancellations have increased in proportion to our increased levels of activity, so work to reduce cancellations is a key focus of the Fit for the Future work-stream that supports theatre productivity. We have also seen an increase in the number of patients not being rebooked within 28 days compared to last year. Although numbers are small we know that some are the result of patient's choosing later dates as well as consultant specific procedures that cannot be booked within the time limit.
- Even though the Trust experienced extremely high levels of activity during January, it has been much easier to manage step down bed availability. This has resulted in fewer breaches and a monthly figure in line with usual levels.
- Patient experience scores continue to reflect well on inpatient care, with an overall satisfaction rate of 90% in January which is in line with the December score of 90.2%



- The Friends and Family test has been extended to include responses from adult and young patients admitted for day case treatment. This has increased the total number of patients surveyed, although response rates from day-case patients have so far been lower than for inpatients.
- The Trust has set itself a combined response rate of 33%. This was achieved in April and May but has fallen since June and is 29.7% for January. This is an increase on the December response rate of 27.6%. Clinical areas are being contacted to discuss their response rates to see if additional support is required to help them reach the target. The briefing on page 29 provides further detail.
- The proportion of patients who would recommend the Trust has remained above 95% in all months and was 95.4% in January which is similar to the December score of 95.6%. The percentage of patients who would not make a recommendation has improved slightly in January falling from 1.9% in December to 1.6% although this is above our internal target of 1%.
- All responses have been reviewed and feedback to areas has been given so that actions can be taken to both improve response rates and patients' experience.



### Where we want to be: targets and benchmarks

- Work towards achieving a 33% response rate
- Increase our FFT score/proportion of patients who would recommend us to 97%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

### Where we are: trends, patterns and causes

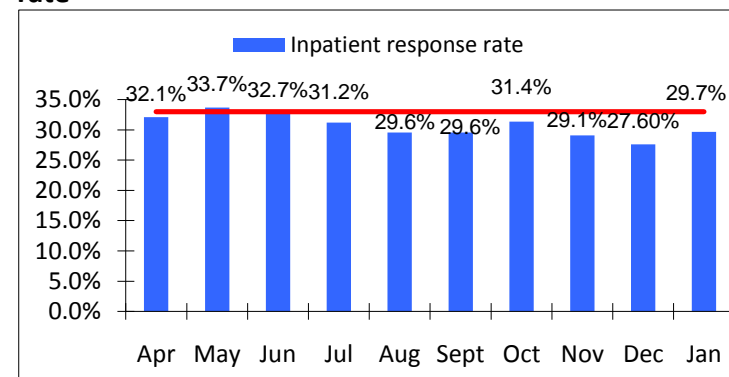
- The response rate increased from 27.6% in December to 29.7% in January
- A small number of wards and day case areas have response rates of below 20%. However, a more detailed review of the data has shown that response rates for day case areas are much lower than the wards. Wards with very low response rates have been contacted and reminded of response rate targets.
- In December our response rate placed us in the upper third of the Shelford Group, and our recommend score was in the mid-range of the group in December and above the national and London average.
- The proportion of patients who would recommend us has remained consistent at above 95%.

### Risks or opportunities for the Trust

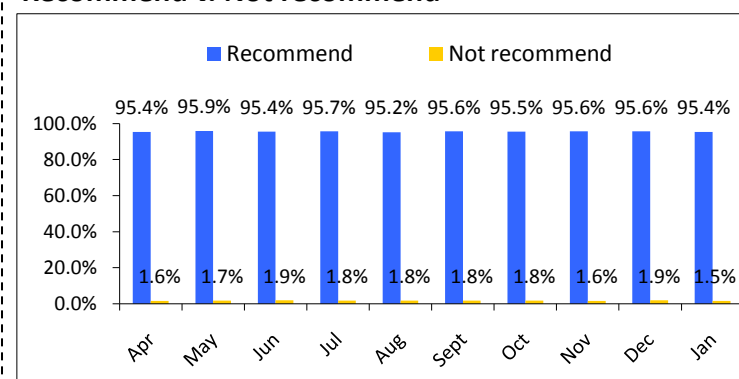
- It is important to ensure that we continue to capture patients' feedback captured from patients and that it is used to further improve the experience of patients staying on our wards
- The proportion of patients would recommend our care and proportion of those who would not places us in the lower third of the Shelford Group

Action and progress			Owner	Next review date
Free text comments highlighting areas of good practice and areas for improvement have been shared with Directorates so that actions can be identified.			S. Allen	Completed
Wards with very low response rates have been contacted, reminded of response rates and invited to contact the Patient Experience should they need further support.			S. Allen	Completed
Explore what support wards may need to increase data capture			S. Allen & A. Millard	Ongoing
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

### Trend – Inpatient Friends and Family Test response rate



### Trend – Inpatient Friends and Family Test percentage Recommend v. Not recommend

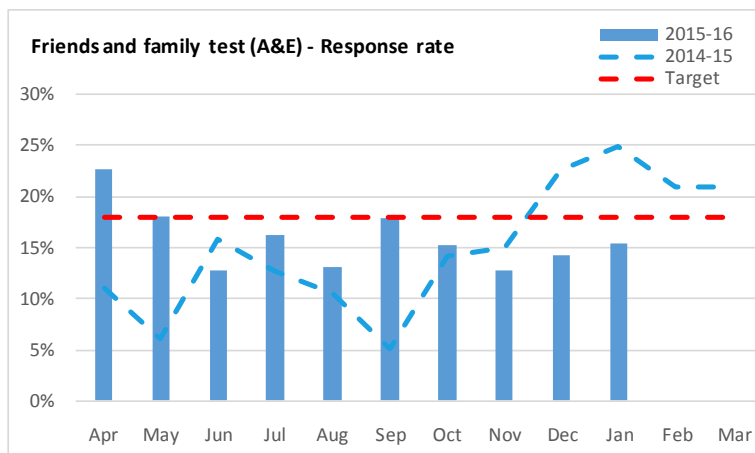
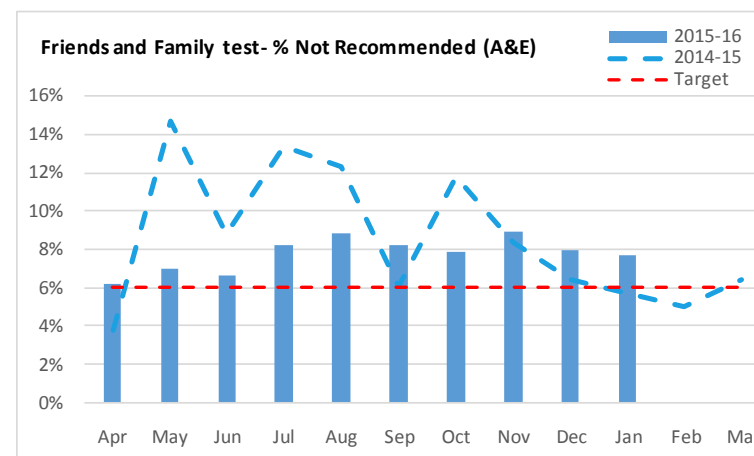
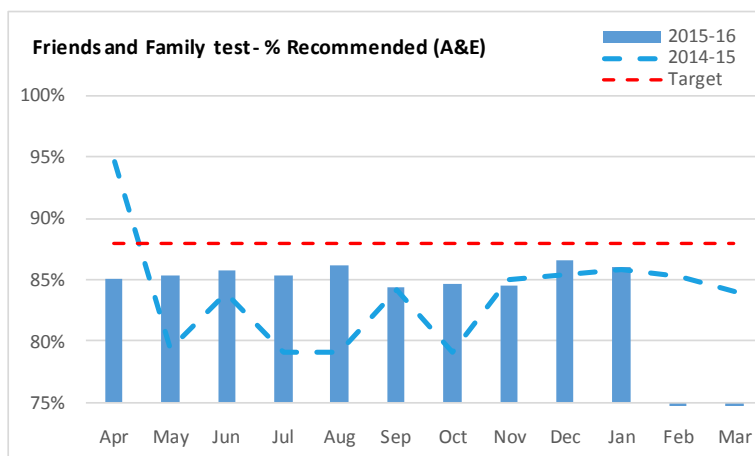


### Comparator – Shelford Group

### Comparator – Shelford Group

Shelford Group		December		Response Rate
Trust/Month		Recommend %	Not recommend %	Inpatients
National Score for England		95%	2%	22.6%
London region score		94%	2%	23.3%
Guy's and St Thomas' NHS Foundation Trust		96%	2%	27.6%
University College London Hospitals NHS Foundation Trust		96%	1%	23.6%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust		96%	1%	11.9%
Sheffield Teaching Hospitals NHS Foundation Trust		96%	2%	29.9%
University Hospitals Birmingham NHS Foundation Trust		97%	2%	25.5%
Oxford University Hospitals NHS Trust		96%	2%	17.3%
King's College Hospital NHS Foundation Trust		95%	2%	15.1%
Cambridge University Hospitals NHS Foundation Trust		97%	1%	15.0%
Imperial College Healthcare NHS Trust		97%	1%	29.5%
Central Manchester University Hospitals NHS Foundation Trust		93%	2%	14.9%

- The A&E Friends and Family Test (FFT) has been extended to include patients attending our Minor Injuries Unit at Guy's Hospital.
- The response rate increased from 14.2% in December to 15.4% in January. The team are continuing to take measures to increase the numbers of responses in the coming months.
- The proportion of patients who would recommend the service has fallen slightly from 86.6% in December to 86.0% in January. The proportion of patients who said they would not recommend the service has improved falling from 8.0% in December to 7.7% in January. The briefing on page 31 provides further detail of actions underway.



### Where we wanted to be: targets and benchmarks

- Work towards achieving a 18% response rate
- Increase our FFT score/proportion of patients who would recommend us to 88%
- Improve our response rate and the proportion of patients who would recommend the Trust when compared with Shelford Peers

### Where we are: trends, patterns and causes

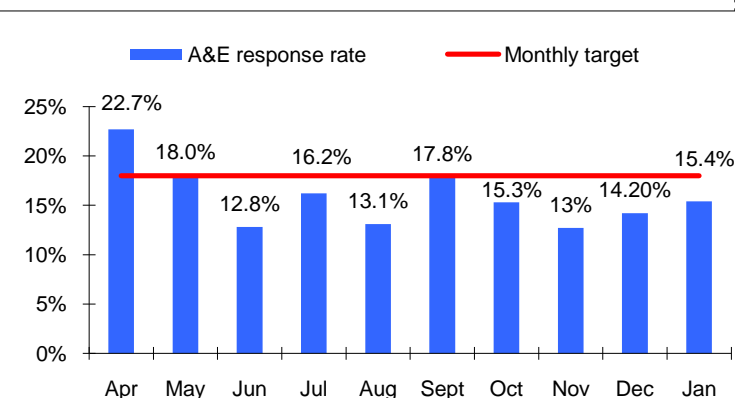
- January the response rate increased from 14.2% in December to 15.4% in January.
- The proportion of responses received via the SMS systems increased in January. However the number of A5 response postcards collected remains relatively low.
- The proportion of patients who would recommend us has fallen slightly from 86.6% in December to 86% in January. The proportion of patients who would not recommend us has also improved falling from 8% in December to 7.7% in January.
- The improvement in the not recommend scores reflect the continued focus of the team to embed actions introduced to improve patient experience including that the team erected a privacy screen in the temporary reception area to improve patient experience. Free text comments from patients show the verbal updates on waiting times are well received and the team continue to provide these.

### Risks or opportunities for the Trust

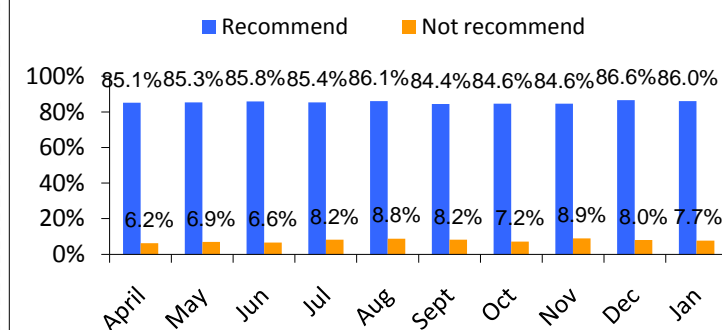
- Feedback captured from patients can be used to improve the service and inform the on-going development of the Emergency Floor and associated pathways.
- In December our response rate was in the mid-range and recommend and not recommend scores in the lower half of the Shelford Group.

Action and progress	Owner	Next review date
Re-engaging Reception Teams in A&E Main Reception and UCC to promote A5 response postcards and encourage uptake amongst patients	H. Todman & C Mitchell	Ongoing weekly review
Development of patient facing dashboard so that patients can receive updates on waiting times in real time. Delayed as work to complete the historic dashboard has to be completed first.	ED IT lead	Delayed timeframe - TBC
Regular dissemination of scores , comments and actions to promote collection. Staff are also reminded to continue to update patients on waiting times and these are also displayed and updated at streaming.	H. Todman & C. Mitchell	Ongoing monthly review
Patient Experience Team are working with EUT to develop a kiosk mode for I-pads. Depending on testing and WIFI signal strength an I-pad kiosk could be located in UCC at STH in the Spring 2016.	Patient Experience Team & C. Mitchell	April 2016
Intelligence triangulated	Root cause understood	Action plan set
	Actions underway	Actions complete

### Trend – A&E Friends and Family Test response rate



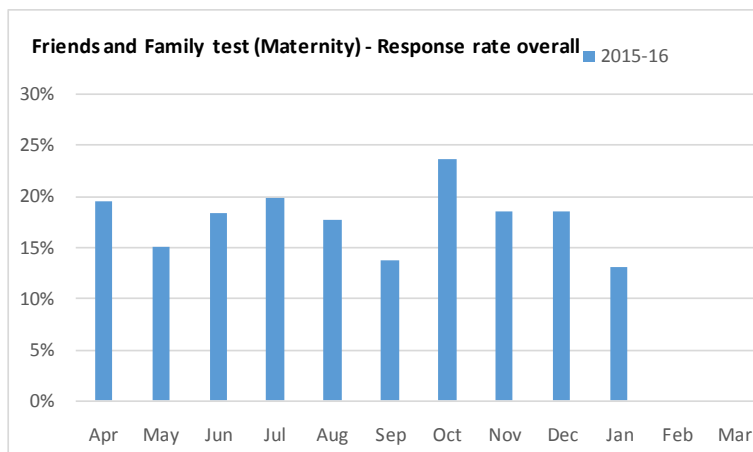
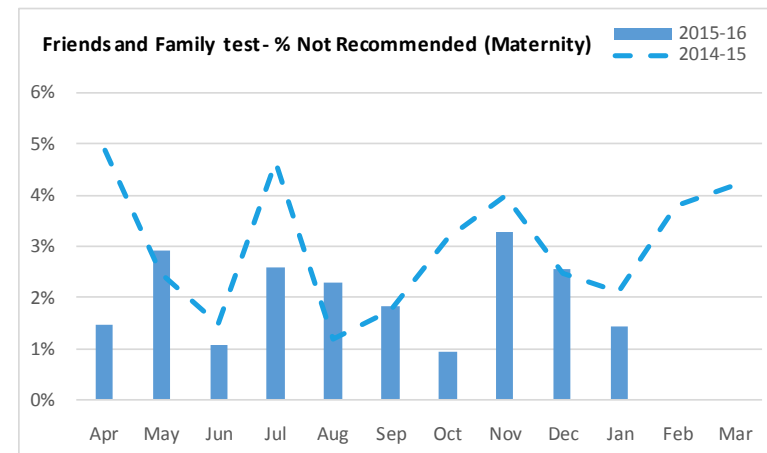
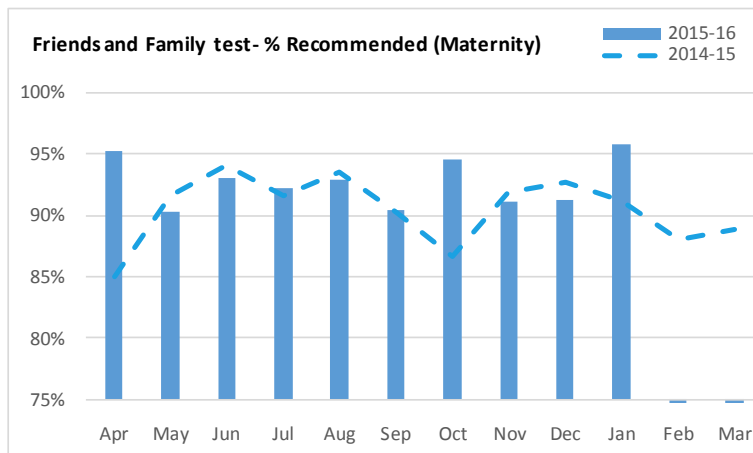
### Trend – A&E Friends and Family Test percentage Recommend v. Not recommend



### Comparator – Shelford Group

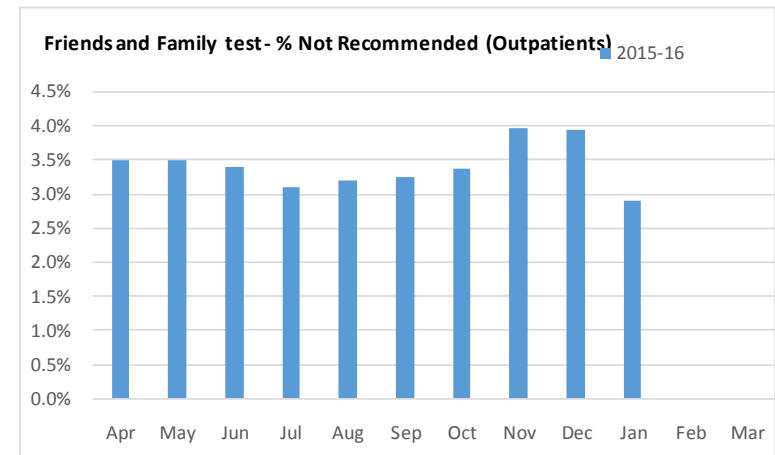
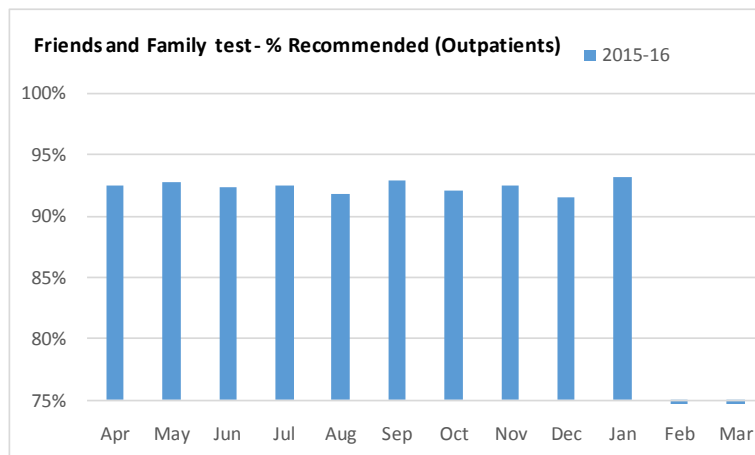
Shelford Group	December		Response Rate
	Recommend %	Not recommend %	
Trust/Month			December
National Score for England	87.4%	6.9%	12.7%
London region score	87.5%	7.1%	12.5%
Guy's and St Thomas' NHS Foundation Trust	86.6%	8.0%	14.2%
University College London Hospitals NHS Foundation Trust	94.2%	2.9%	27.4%
Cambridge University Hospitals NHS Foundation Trust	94.8%	2.2%	22.1%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	93.6%	2.1%	2.1%
Central Manchester University Hospitals NHS Foundation Trust	90.1%	5.5%	9.1%
Oxford University Hospitals NHS Trust	87.0%	8.0%	22.4%
Imperial College Healthcare NHS Trust	95.9%	1.9%	11.0%
University Hospitals Birmingham NHS Foundation Trust	86.4%	8.1%	11.3%
King's College Hospital NHS Foundation Trust	81.6%	11.1%	19.7%
Sheffield Teaching Hospitals NHS Foundation Trust	81.4%	12.0%	18.9%

- The overall response rate for the Friends and Family Test for maternity services has fallen from 18.6% in December to 13.1% in January. This is slightly below our internal target of 15%. A review of response rates shows that although the number of response received for the hospital touch points are above target, response rates for the community touch points were very low in January. The team are encouraging colleagues to invite feedback from women before and after the birth of their baby.
- The proportion of women who would recommend the service improved to 95.8% in January which is an increase on the December score of 91.2%. The proportion of women who said they would not recommend the service has improved falling from 2.6% in December to 1.4% in January. The team regularly review comments and using the emerging themes to identify actions for improvement.

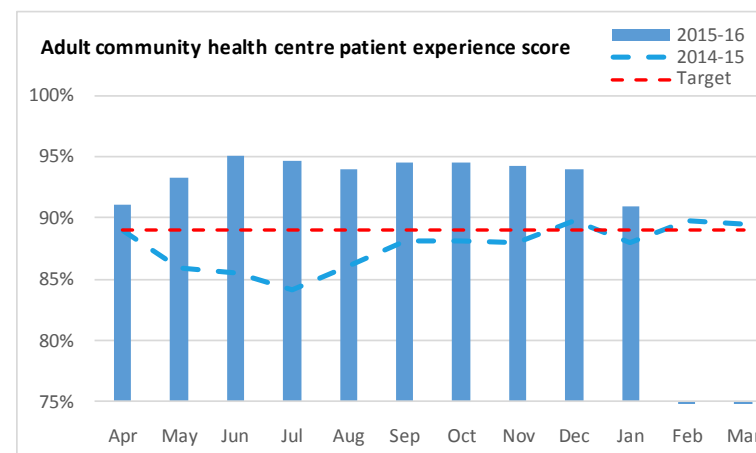
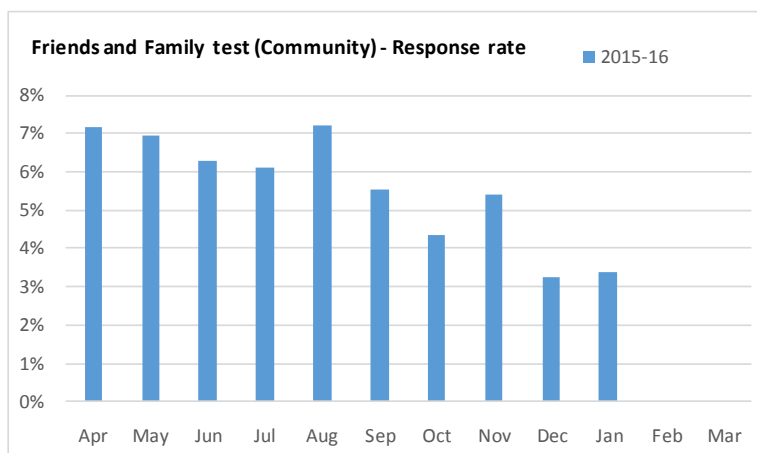
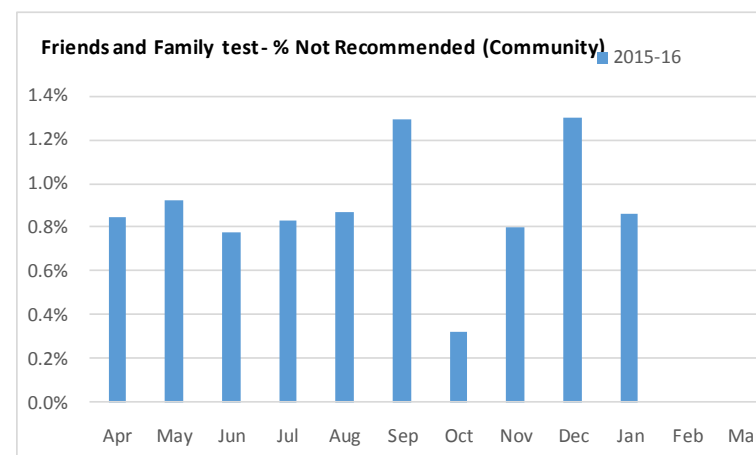
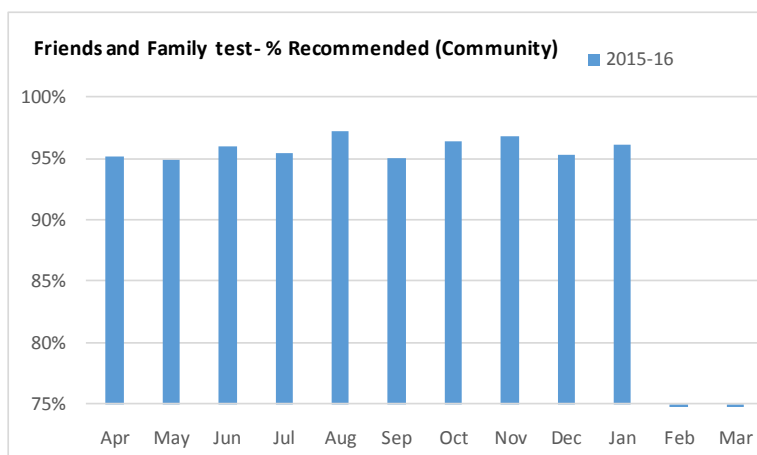




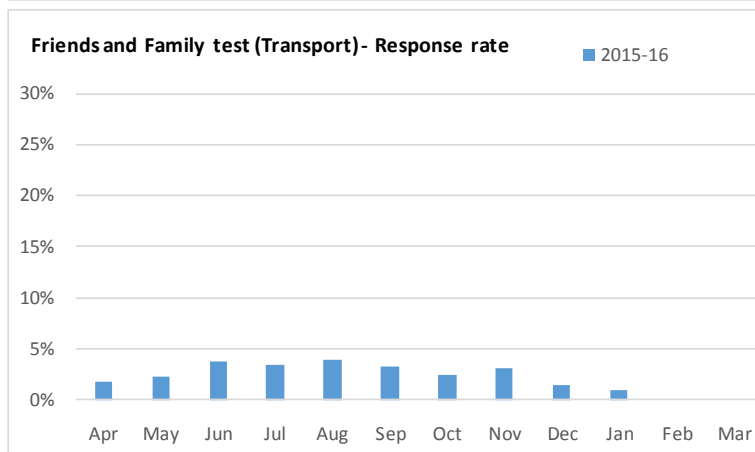
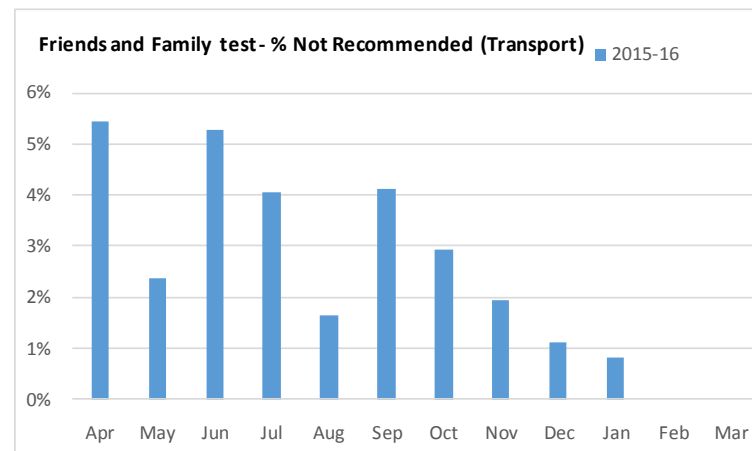
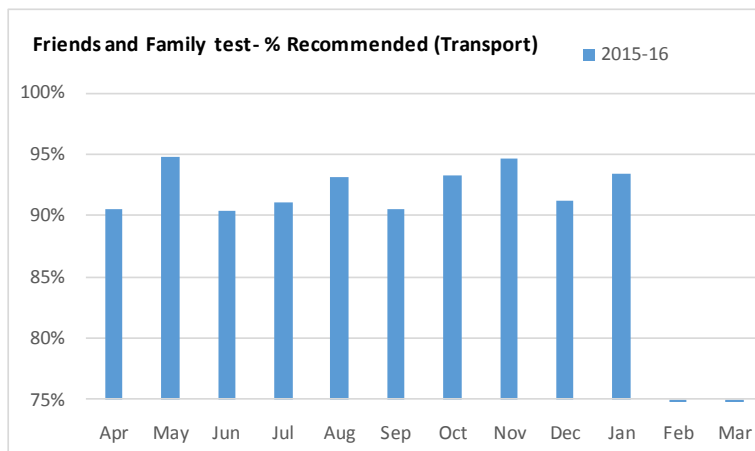
- From April, the Friends and Family Test has also been extended to adults and young patients using our outpatient services. This is a new area and no specific response rate targets have yet been set. NHS England is waiting until after all returns for Quarter 1 have been submitted before publishing data nationally. They will be using a monthly average from the NHS England Quarterly Activity Return as an eligible population.
- The proportion of outpatients who would recommend the Trust has been very similar for each month so far this year, although the score has increased rising from 91.6% in December to 93.3% in January. The proportion of patients who would not recommend the Trust has improved further, falling from 3.9% in December to 2.9% in January.
- As part of the Fit for the Future outpatient work stream, directorates are working to improve communication with patients regarding their appointments by introducing text messaging where it is not currently in use and introducing a system for booking follow ups - “partial booking” - which allows patients to be involved in the choice of appointment date and time. As well as improving patient experience these initiatives are also aimed at reducing non-attendance rates.
- This work stream is also looking at alternative pathways for outpatients to reduce unnecessary visits to the hospital by reviewing discharge criteria, introducing more telephone appointments, as well as introducing more one-stop visits where the consultation appointment and any associated diagnostic tests occur on the same day. As well as improving patient experience some of these initiatives will improve follow-up to new ratios.



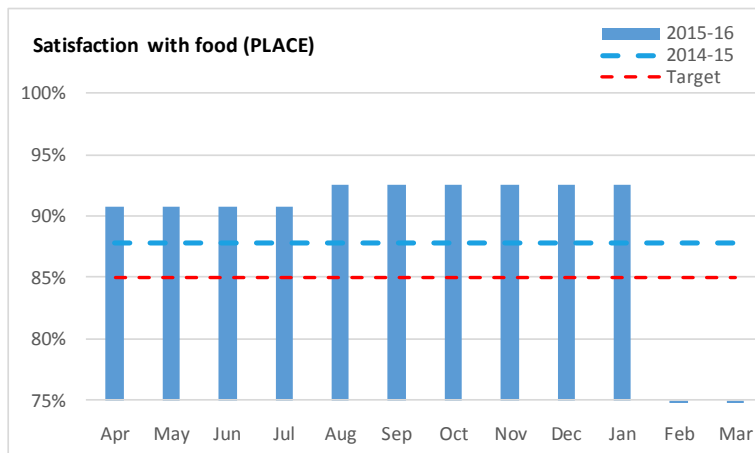
- From April, the Friends and Family Test (FFT) has also been extended to adults and young patients using our community-based services. This is a new area and no specific response rate targets have yet been set by NHS England.
- Our response rate has shown a decreasing trend in Quarter 3. We are reviewing this to see why the rate is low in comparison with replies in hospital settings. Now that national data has been released on this area of care we are in the process of contacting Trusts with higher response rates to learn from their practice. Based on this review, we will review data collection approaches and set an appropriate target for monitoring.
- The proportion of patients who would recommend community-based services has improved slightly from 95.2% in December to 96.1% in January. The proportion of patients who would not recommend services has fallen slightly rising from 1.3% in December to 0.9% in January. Both measures compare favourably with other areas of care that are subject to the same FFT survey.
- The overall patient satisfaction score remains strong although the score has fallen from 93.9% in December to 91% in January.



- From April, the experience of patients using our transport services has also been subject to the Friends and Family Test survey.
- In January the proportion of patient recommending the transport service increased slightly from 91.2% in December to 93.4% in January and the proportion of patients who would not recommend the service improved from 1.1% in December to 0.9% in January. The response rate fell slightly from 1.4% to 1%.
- The new patient transport contract commenced on the 1st December 2015. The new service is delivered by three providers: Savoy Ventures (75%), Essentia in-house (20%) and Private Ambulance Service (5%).
- The new contract contains enhanced service standards which will be developed over the initial three month mobilisation period. In the meantime, performance will continue to be reported against the pre-contract KPI's in order to assess the stability of the service throughout this phase.



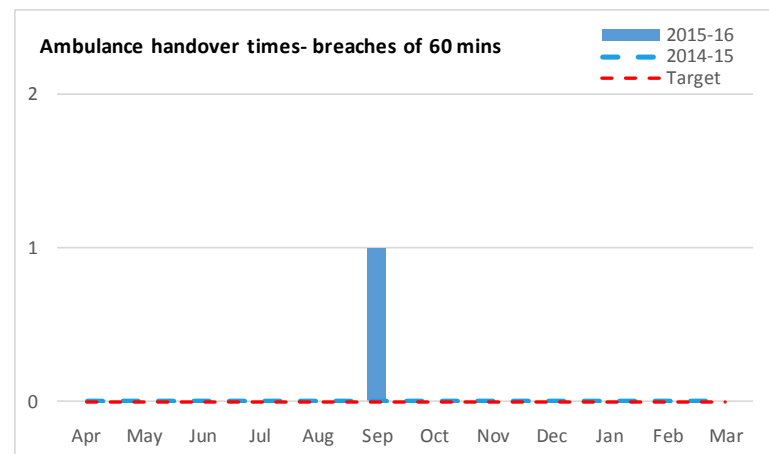
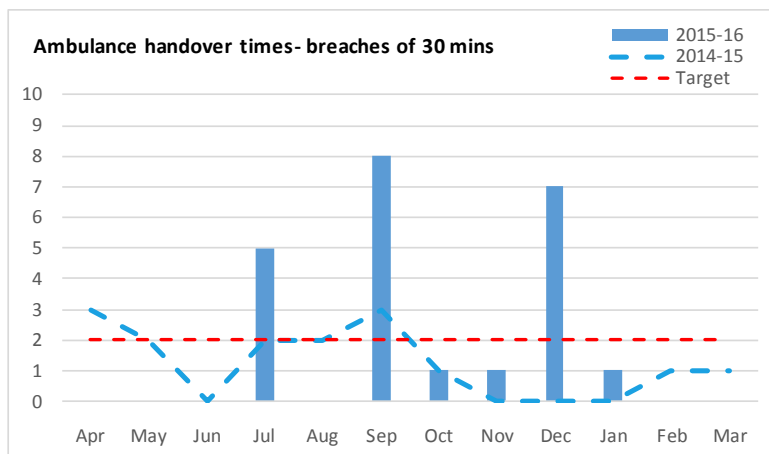
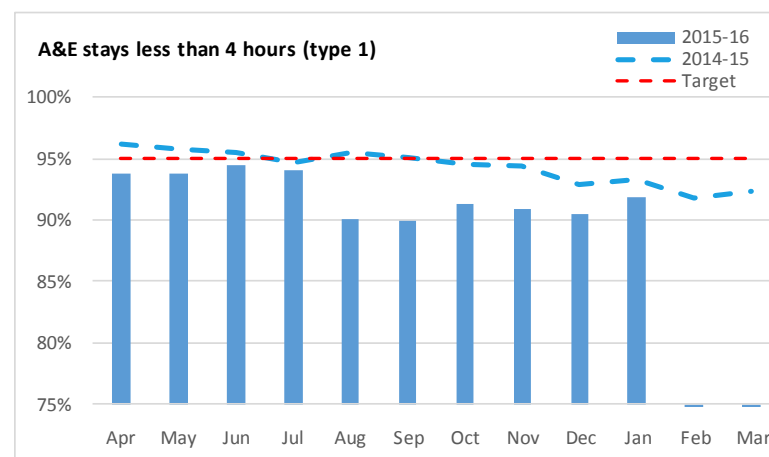
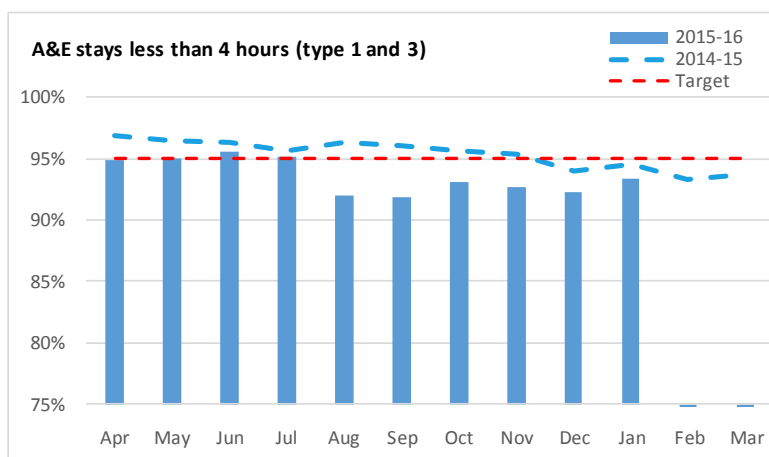
- The Trust has scored strongly for catering as reflected in the National Inpatient Survey 2014, published by the Care Quality Commission (CQC). The Trust's catering scores exceed those of other London Trusts.
- The catering team continue to work closely with both Nursing and Dietetic staff to consolidate and introduce further quality improvements, and the Trust is working towards full compliance with the Hospitals Food Standards Report



Theme	Ref	Indicator	Units	Target	R	G	Prior year	Nov	Dec	Jan	YTD avg	Monitor Quality priorities	Trend chart
4.1 A&E access	AE1	A&E stays less than 4 hours (type 1 and 3)	Mthly %	>95%			-	92.7%	92.3%	93.4%	93.7%		Y
	AE1STH	A&E stays less than 4 hours (type 1)	Mthly %	>95%			-	90.9%	90.5%	91.9%	92.2%		Y
	AE30	Ambulance handover times - breaches of 30 mins	Number	<3			-	1	7	1	2.3		Y
	AE60	Ambulance handover times - breaches of 60 mins	Number	Zero			-	0	0	0	0.1		Y
4.2 Elective treatment access referral to treatment (RTT) performance	403M	RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%			92.7%	92.1%	91.4%	91.6%	92.4%		Y
	RTT 52I	RTT - Incomplete pathways over 52 weeks	Mthly	Zero			0.9	15	10	12	7.2		Y
	RTT TQ	RTT - Total incomplete pathways	Mthly	-			42,138	48,032	48,446	47,849	47,375		Y
	RTT 18Q	RTT - Incomplete pathways over 18 weeks	Mthly	-			2,791	3,784	4,188	4,016	3,632		Y
	401M	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%			94.7%	92.5%	92.2%	92.6%	93.1%		Y
	402M	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%			87.2%	83.2%	85.5%	80.5%	84.0%		Y
	RTT 52	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero			2.4	15	7	9	7.1		Y
4.3 Cancer access	451M	Cancer - 2 week wait	Qtly%	>93%			95.4%	93.6%	92.0%	86.3%	93.2%		Y
	941	Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%			-	95.1%	93.9%	89.1%	95.1%		Y
	453M	Cancer - 31 day first treatments	Qtly%	>96%			95.9%	93.1%	95.0%	95.0%	94.6%		Y
	459M	Cancer - 31 day subs treatments - surgical	Qtly%	>94%			95.0%	90.3%	90.4%	90.3%	91.4%		Y
	943	Cancer - secondary chemotherapy <31 days	Qtly %	>98%			-	98.9%	97.6%	98.6%	98.9%		Y
	942	Cancer - secondary radiotherapy <31 days	Qtly %	>94%			-	94.4%	95.6%	92.3%	95.8%		Y
	454M	Cancer - 62 day urgent GP referrals	Qtly %	>85%			74.7%	70.2%	76.5%	71.6%	69.5%		Y
		Cancer - 62 day urgent GP referrals (LCA cases only)		In devt									
	454I	Cancer - internal 62-day referrals	Qtly%	>85%			84.2%	84.0%	84.2%	81.7%	79.2%		Y
	456M	Cancer - 62 day screening	Qtly %	>90%			77.7%	100.0%	100.0%	88.9%	91.9%		Y
4.4 Diagnostic access	Diag 6	Diagnostic waits - % over 6 weeks	Mthly	<1%			2.42%	1.35%	2.05%	1.44%	1.47%		Y
	FFF19	Turnaround time - inpatient MRI within 24 hours	Mthly %	>80%			73.5%	65.6%	68.2%	71.8%	71.2%		Y
	FFF20	Turnaround time - inpatient CT within 24 hours	Mthly %	>80%			83.7%	85.6%	82.8%	82.8%	83.3%		Y
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	Mthly %	>80%			76.5%	76.1%	81.1%	78.1%	77.9%		Y

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Nov	Dec	Jan	YTD avg	Monitor	Quality	Trend chart
4.5 Bed capacity and management	531	Average length of stay (elective)	Cum ALOS	<last yr			3.61	3.46	3.48	3.46	3.46			Y
	LOS>1	Non-elective average LOS >1 night	Cum ALOS	<last yr			8.52	8.57	8.63	8.61	8.61			Y
	535	Discharges before noon	Mthly %	>25%			20.1%	20.6%	21.1%	19.6%	21.0%			Y
	Home	GSTT referrals to @Home service	Cases	>100			-	54			75			Y
	DToCPS	Patients with a DToC (snapshot)	Number				14	10	7	8	15			Y
	DToCDT	DToC total delayed days	Number				396	428	373	183	407			Y
		Total beds open		In devt										
		Total occupied bed nights		In devt										
4.6 Outpatient management	604	Appointments re-scheduled by hospital <6wks	Cum %	<4%			4.9%	4.7%	4.6%	4.7%	4.7%			Y
	FFF57	Gassiot House Room Utilisation	Mthly %	>75%			-	91.9%	88.1%	92.9%	86.3%			
	618	Choose and Book - % slot unavailability	Mthly %	<5%			7.1%				29.3%			Y
	601R	Follow-up ratio - adj cons appts (in arrears)	Ratio	2.13			-	2.20	2.11		2.21			Y
	602	Non-attendance rate (new appts)	Mthly %	<11%			11.9%	12.4%	13.5%	13.3%	12.3%			Y
4.7 Theatre management	533M	Daycase rate - basket (in arrears)	Mthly %	>85%			83.1%	80.1%	78.9%		82.2%			Y
	TH2	Daycase rate (trolley) vs BADS	Mthly %	In devt			-	-	-	-	-			
	505	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%				7.1%	7.8%	7.8%	7.3%			Y
		Theatre utilisation indicators		In devt										
		Theatre scheduling indicators		In devt										
4.8 Complaints mgt	COM1T	Complaints opened in month (Trust total)	Cases	-			-	97	96	100	95			Y
	COM2T	Complaints re-opened in month (Trust total)	Cases	-			-	4	1	8	5			Y
	COM5T	Timely response to complaints - median wait	Days	-			-	54	45	54	52			Y

- January saw an improvement in performance in the patient waiting time within our A&E services, however performance remains below 95% across all standards. Average ambulance handover times at the St Thomas site remained in-line with previous months and there was one >30 minutes ambulance off-load breach (which was a reduction from the previous month) and zero >60 minute delays. (lower graphs). Ambulance turnaround times are a priority for the A&E Team and the department has maintained its position in London, being the 2<sup>nd</sup> best receiving hospital (in terms of the number of 30 minute breaches) for 2015/16.
- This month has been one of the busiest Januarys on record. Within the month, the department saw the busiest week on record (3025 patients), the busiest day on record (506 patients) and the busiest hour on record (50+ patients); noting that these were not all in the same week.
- The Trust internal 'Star Chamber' approach has been focussing on improvements both within A&E and across the emergency pathway. These include better outflow processes from A&E to the admitting wards, reviewing the escalation process and also improving the internal processes within the department.



### • Where we want to be: targets and benchmarks

- We are seeking to reduce the number of patients waiting over 4 hours to a level at which we can sustain performance against the national standards for incomplete pathways.

### • Where we are: trends and patterns

- Despite an increase in attendances in January compared to December, the department improved performance against the 4-hour access standard. The peaks in the number of patients arriving each hour remain a challenge which the department is undertaking work on. Guy's Urgent Care Centre has retained performance with approximately 2 breaches per week despite high attendance numbers.

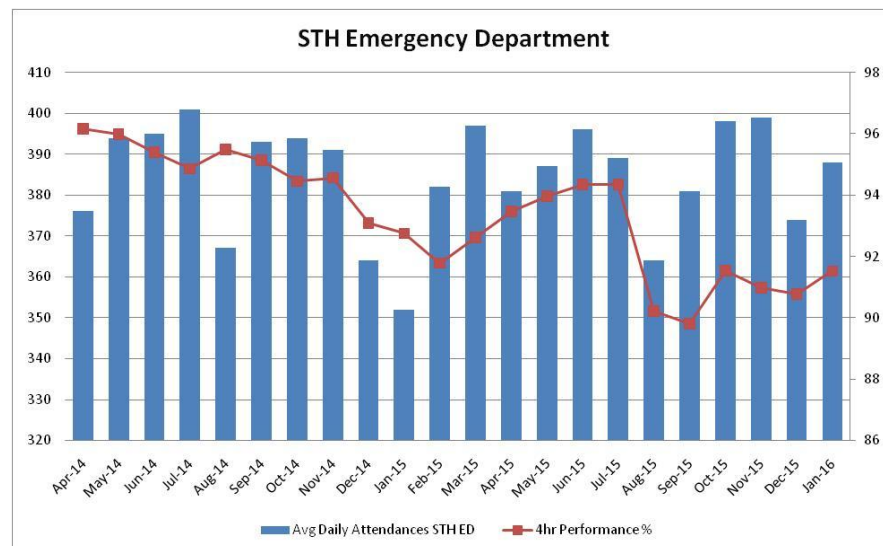
### • Risks or opportunities for the Trust

- The effective process of all of the ambulatory pathways (including Frailty, Acute Assessment Unit & the Surgical Assessment Unit) is key to improving flow through the Emergency Pathway.

### • Root cause analysis and insights

- The three key drivers for current A&E performance are:

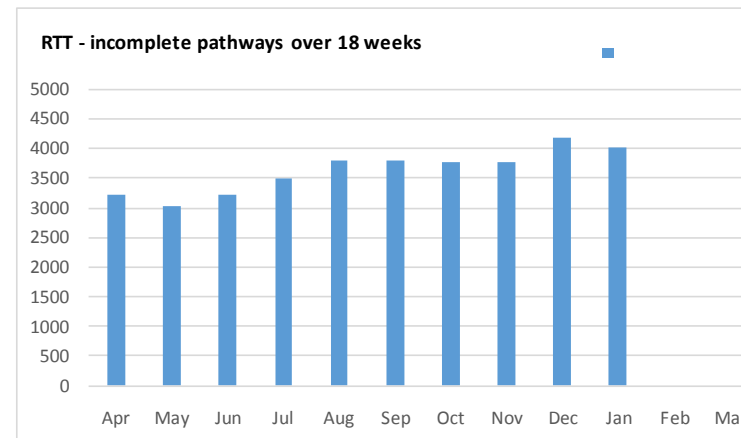
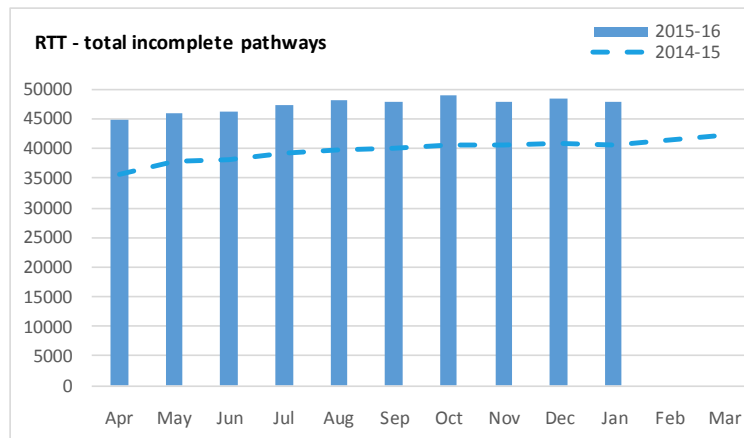
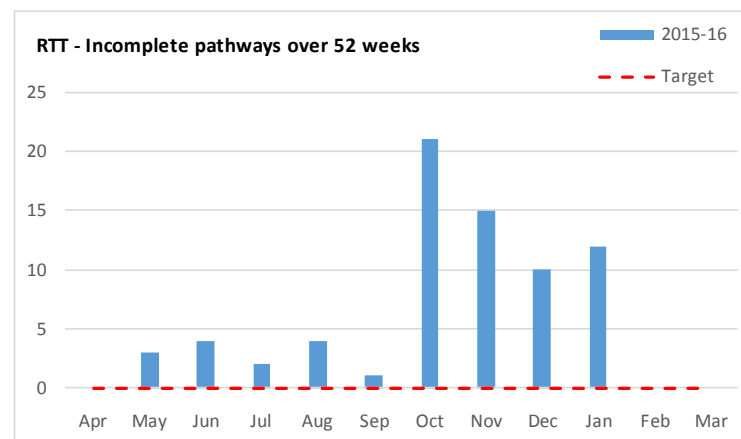
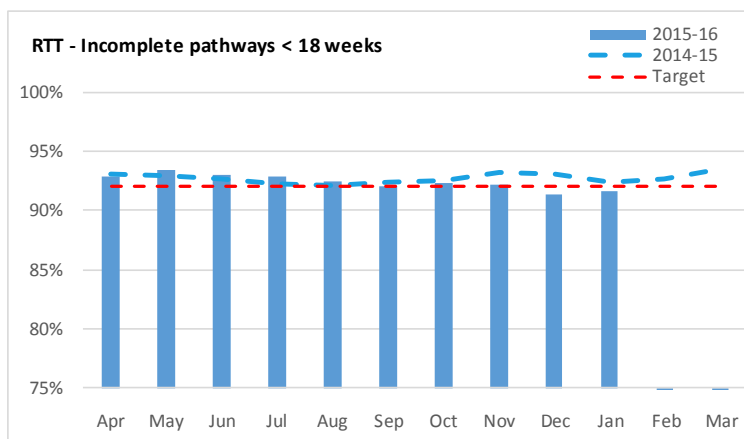
1. An unprecedented number of attendances for the month with particular time periods of very high activity.
2. Reduced physical capacity in the A&E as part of the Emergency Care Programme transitional phase.
3. Increase in complex patients, requiring extensive clinical input.



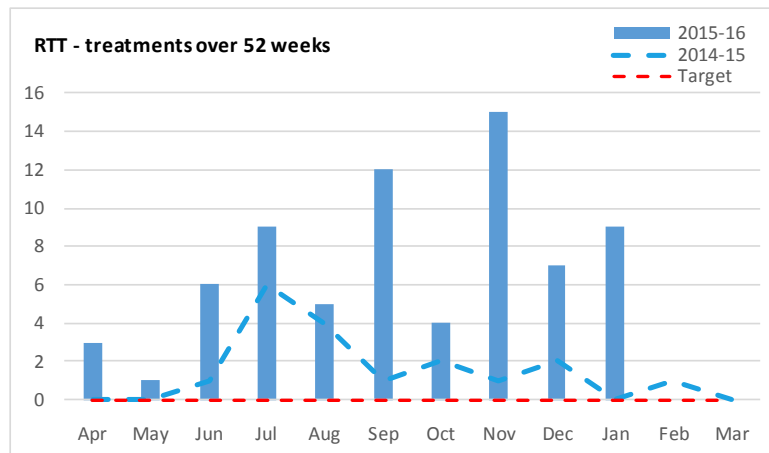
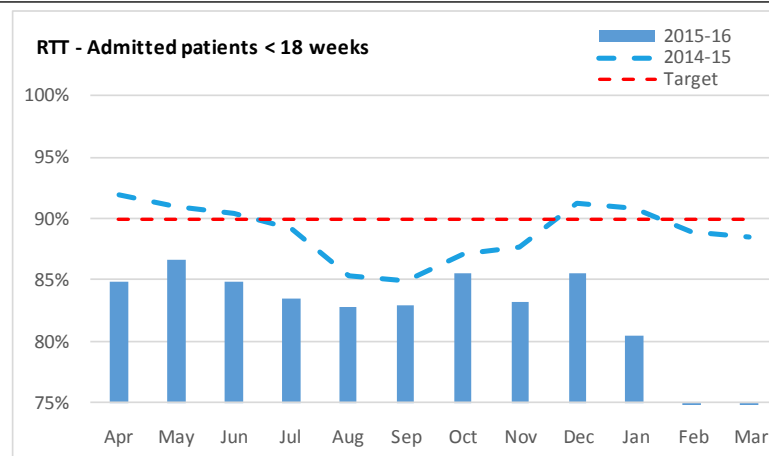
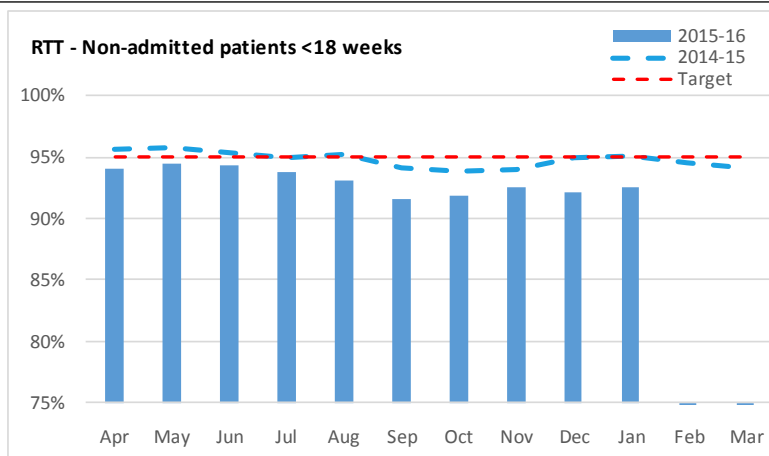
Action and progress	Owner	Next review date
The 'Platinum Call' work has continued to review complex discharge patients and patients with a long length of stay across speciality wards with the aim to unblock and manage delays in a more proactive way.	Acute Medicine DMT	Ongoing
Re-established of the Frailty Unit on Evan Jones to support the over 75 year old pathway. Start of the 3-take model in January in Medicine (before the full functioning model is in-place in Q1 2016/17) with SAU moving to Alan Apley.	Acute Medicine DMT	Completed
The Trust Star Chamber actions are completed or currently in progress with a review in February.	Deputy Dir of Operations.	February 2016



- From April 2015, the NHS focus is now entirely on the experience of patients awaiting treatment, with an expectation that at least 92% of patients at any one time are waiting less than 18 weeks.
- The Trust failed to meet this 'incomplete' pathway standard in aggregate (chart upper left) for January. The Trust implemented an RTT recovery plan which focuses on improving our weekly processes to ensure more patients over 18 weeks are booked appropriately, with earlier sight of outcomes from clinics and enhanced training for staff involved in tracking patients along their pathway. As a result, we achieved an improvement in our incomplete performance with 91.6% of patients waiting under 18 weeks.
- We plan to recruit two temporary validators in February with the support from CCGs and NHS England to compliment our existing capacity to ensure that our pathways are updated to accurately reflect why patients are waiting for treatment.
- We have reported 12 incomplete pathways over 52 weeks. These are often reported when a patient has requested a pause or delay to their treatment and has been seen in both Plastic Surgery and Orthopaedics.



- We are no longer required to report our non-admitted and admitted position to our external regulators. Our performance deteriorated during January for admitted patients (those on a waiting list) with shows us that we treated a higher number of patients who are over 18 weeks during the month. Non-admitted (out-patients) were at the same level as previous months.
- Our backlog has started to reduce in size, and we continue to ask services to focus on delivering extra capacity to ensure patients are seen in a more timely way and that longer waiting patients are seen first (unless urgent patients need to take priority). Further detail is provided in the briefing note on page 43.
- We have reported 9 treatments over 52 weeks. Four of these related to patients (within Plastic Surgery and Paediatrics) previously delayed their treatment through choice. Improved validation is helping us identify these administrative errors that occurred in the past that have contributed to delays in patients pathways. We use a Root Cause Analysis for all patients who breach 52 weeks which helps identify any specific areas that we need to take immediate action to resolve and our RTT action plan supports improved training which is aimed at reducing these errors at source, preventing these unnecessary delays.



## Where we want to be: targets and benchmarks

- We are seeking to reduce the number of patients waiting over 18 weeks to a level at which we can sustain performance against the national standards for incomplete pathways.

## Where we are: trends and patterns

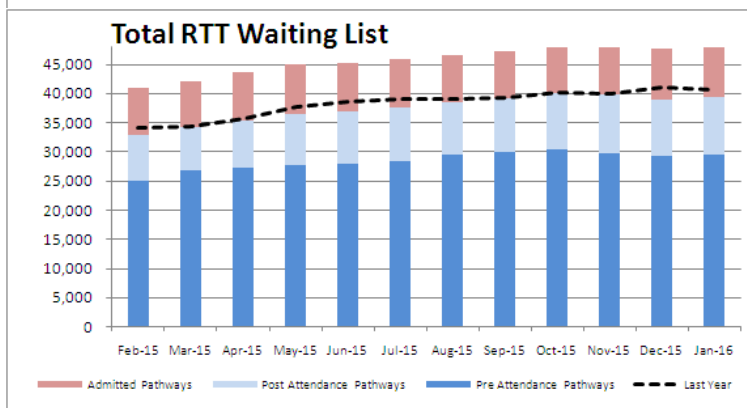
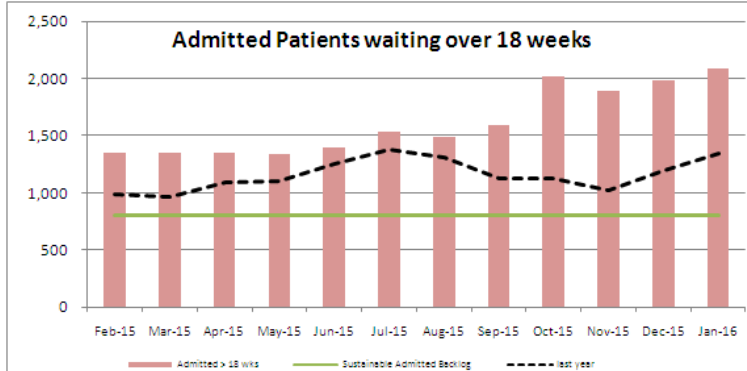
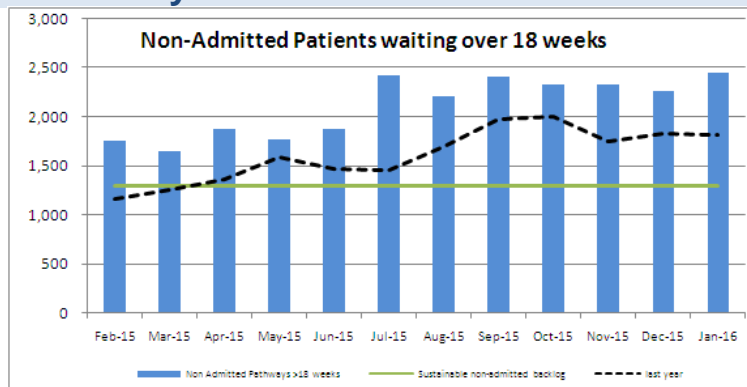
- We have seen a rise in the proportion of admitted and non-admitted patients waiting over 18 weeks.
- Our overall waiting list is significantly larger than at the same time a year ago and 4188 patients had been waiting >18 weeks at the end of December.
- year and the number waiting over 18 weeks reduced slightly to 4016 the end of January.

## Risks or opportunities for the Trust

- Referrals volumes increased in Q3 above previously high levels. This carries a risk for the Trust even though we are achieving record levels of activity.
- Services in addition to those with limited alternative provision have struggled to meet demand.

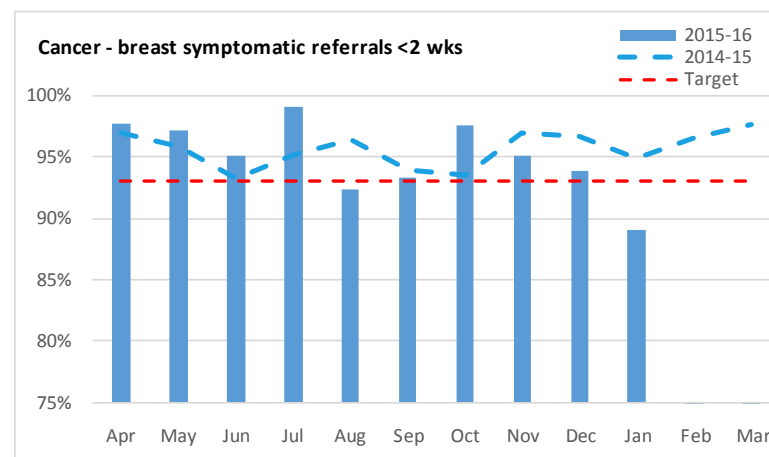
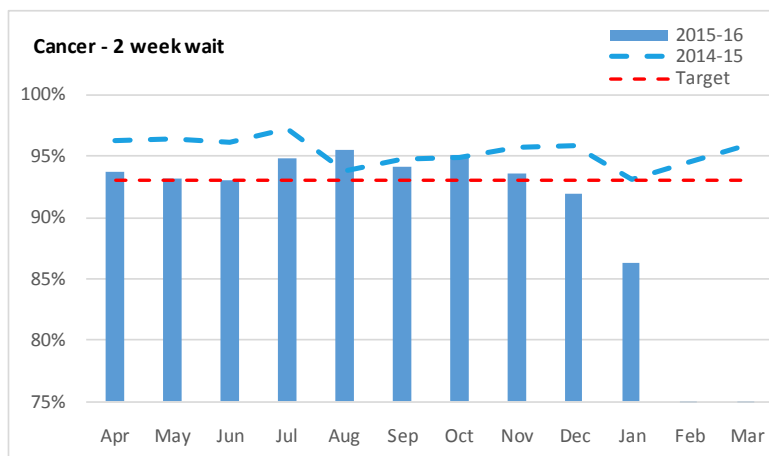
## Root cause analysis and insights

- We are doing record levels of activity but we need to ensure that we are focussed on treating non-urgent patients in an appropriate chronological order.
- We need to ensure that all referrals are booked onto our patient record system within 48 hours. We are currently reviewing our electronic vetting system and processes to achieve this.
- We need to improve how we record the outcome after a patient has attended a clinic at the Trust. Improving this will reduce the lag time to find out what the outcome was and update records. This would help to reduce the number of patients whose pathways remain open erroneously.
- We need to improve our current capacity to check pathways and will be employing additional validators for this purpose with the support of our CCGs.
- The Trust has been seeking to increase the numbers of patients treated in the independent sector and has asked for support from the NHSE Project Management Office (PMO) to identify some providers locally to the Trust. This continues to be a priority to ensure we maximise the space available for surgical work that we need to do on site. However potential alternative sites have not been favourably located for the Trust's patients, or the cost of the work (often considerably above NHS tariff) is prohibitive given current financial constraints.

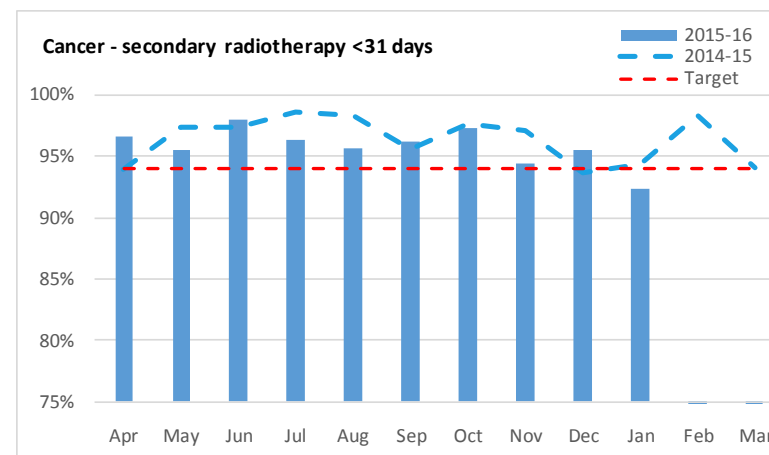
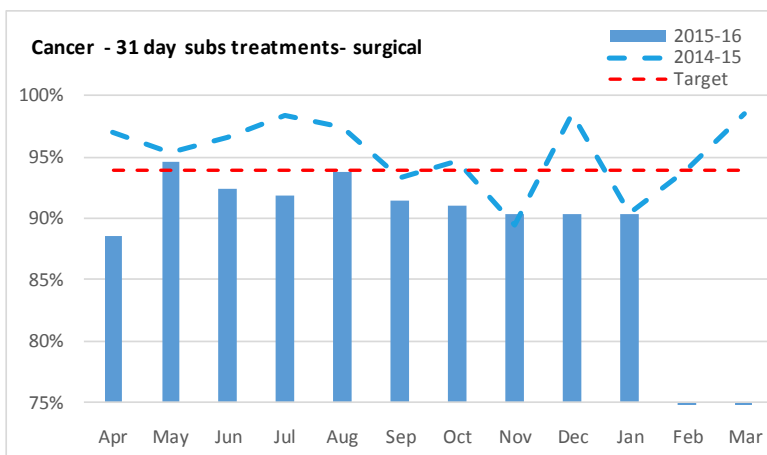
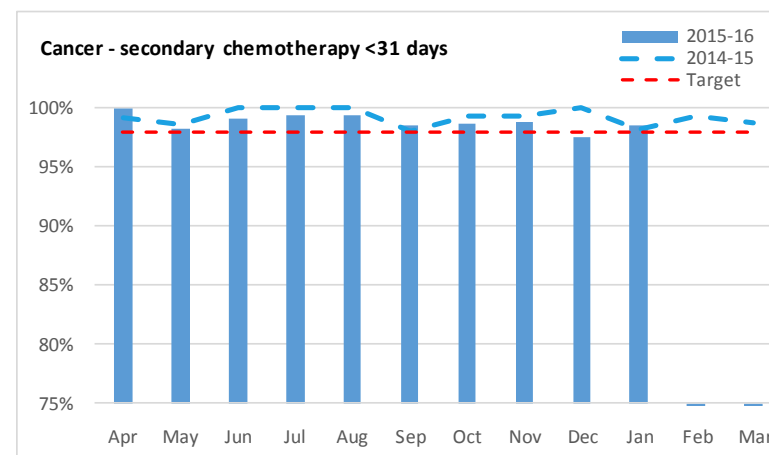
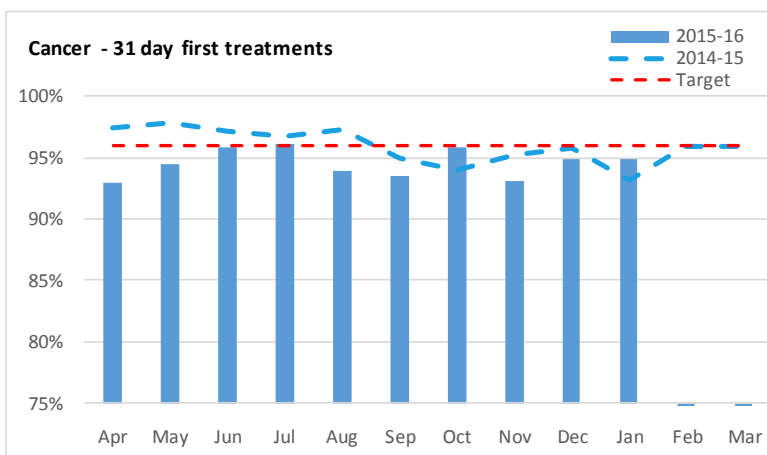


Action and progress			Owner	Next review date
Increase Validation resource to support 18 week recovery			COO Team	February 2016
Chronological booking review and weekly RTT rhythm			DMT/Performance Team	February 2016
Identify external capacity through NHSE PMO to support treatments.			DMT/Performance Team	Complete
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

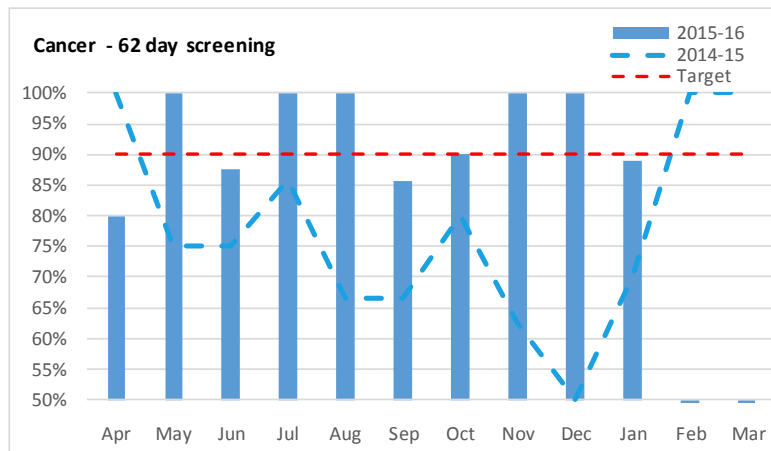
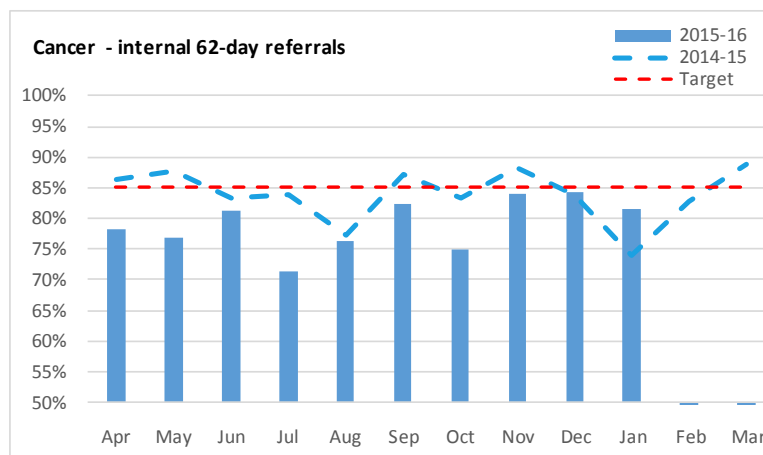
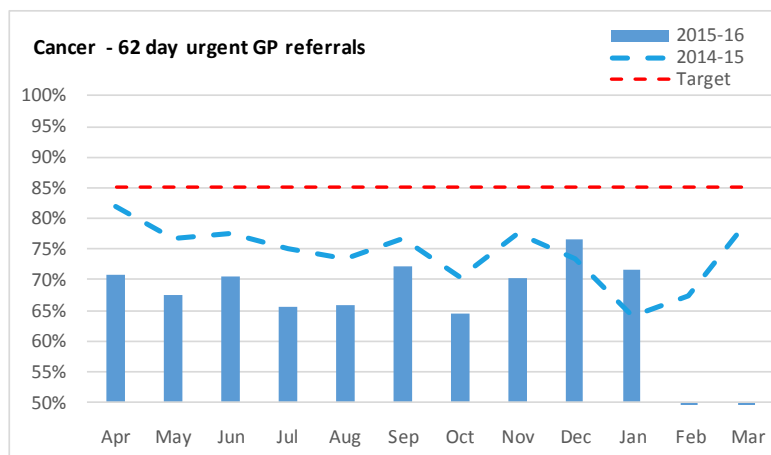
- The Trust did not achieve the 2-week wait target for patients with a suspected cancer diagnosis in January. However, we did achieve this standard overall in Quarter 3.
- One of the main reasons for failing this standard relates our 'straight to test' offering for patients in our lower GI service. Many patients choose to have their test after day 14. The service has improved the booking process for Endoscopy tests and is now focussing on how we can improve the pathway for booking tests in Radiology which involves sending the patient preparation medication for the test. We expect these measures to have an improvement on our performance for February.
- The 2 week wait target for Breast Symptomatic was missed in January as a result of the seasonal affect of patients choosing to delay their appointments into January and we expect this to improve for February.



- We met the 31 day targets for *subsequent drugs* in January, however missed the other 31 day targets.
- The 31 day first treatment target remains a challenge with the main reasons for breach linked to medical complexities or patient choice on the pathway.
- We continue to focus on our avoidable breach reasons as we continue to have a small number of delays due to capacity and administrative processes that affect performance across the range of 31 day waiting time targets. We are working closely with the cancer data team and Directorates to ensure that we reduce our levels of avoidable breaches across the cancer targets.



- Overall performance for 62-day maximum wait for first treatment remains below the 85% target. Our overall performance of 72.77% with an internal performance of 81.67%. Of the 10 internal breaches this month 5 were avoidable (2 surgical capacity and 3 admin breaches). The rest of the breaches were due to medical/complex reasons(3) and patient choice reasons(2). We are continuing to work closely with the cancer data team and Directorates to ensure that we do not have further avoidable breaches in the future. There is a stronger level of assurance of stability within the team since the end of the month following the additional resource going into the team.
- The main factor in our failure to meet the overall target relates to the external referrals into the Trust. There were 31 external breaches in January. 27 were referred late (>42 days) in the 62 day pathway and 16 had already breached the 62-days before reaching us. Unfortunately, we had one avoidable breach, which related to an external administrative errors.



62 day Treatments- January	62 Day Treatment Status		
CWT Code	Internal Treatments	Internal Breach	Internal Performance
Brain CNS	0	0	
Breast	10	1	90.0%
Gynae	4	1	75.0%
Haematological	2	1	50.0%
Head and Neck	6	2	66.7%
Lower GI	5	0	100.0%
Lung	1	1	0.0%
Other	0	0	
Skin	4	0	100.0%
Skin Haematology	0	0	
Thoracic	1	0	100.0%
Thyroid	1	1	0.0%
Upper GI	4	0	100.0%
Urological	22	4	81.8%
<b>Internal total</b>	<b>60</b>	<b>11</b>	<b>81.7%</b>
<b>External total</b>	<b>71</b>	<b>30</b>	<b>57.7%</b>

62 Day Treatment - Q3 2015/16			
CWTCode	Internal Treatments	Internal Breach	Internal Performance
Brain CNS	0	0	
Breast	28	1	96.4%
Gynae	9	0	100.0%
Haematological	12	3	75.0%
Head and Neck	20	4	80.0%
Lower GI	11	3	72.7%
Lung	11	5	54.5%
Other	0	0	
Skin	9	0	100.0%
Skin Haematology	1	0	100.0%
Thoracic	5	1	80.0%
Thyroid	3	1	66.7%
Upper GI	8	2	75.0%
Urological	96	19	80.2%
<b>Internal total</b>	<b>213</b>	<b>39</b>	<b>81.7%</b>
<b>External total</b>	<b>268</b>	<b>127</b>	<b>52.6%</b>

- The focus has to remain on eliminating all admin errors through training and support for the coordinators as well as implementing weekly huddles to identify live issues on the Patient Tracking List (PTL) to address.
- The external position remains challenging however the focus on working with the Trusts in SE London remains a priority. The joint coordinator working between the cancer centre and Lewisham and Greenwich NHS Trust (LGT) is expected to start in February and we expect another to start in early March which will support pathways between the Trust and Kings College Hospitals Foundation Trust. We are reviewing how we improve the weekly Inter Trust Referral with the aim of identifying what additional actions we can focus on to bring forward referrals to the Trust.

### • Where we want to be: targets and benchmarks

- We want to be able to sustainably achieve the cancer waiting time standards.

### • Where we are: trends and patterns

- We have consistently achieved the 2 week wait standards and the 31 day targets for chemotherapy and radiotherapy., however we have seen recent dip in 2 week wait performance.
- The Trust has not been able to achieve the 62-day standard sustainably, principally due to patients from our referring hospitals being referred late in their pathway leaving the Trust unable to deliver treatments within maximum waiting times.
- We have not achieved the 85% standard for those patients referred directly to us from GPs in Q3 of 15/16. There has been a slight improvement in Q3. The difference in achieving the target is mainly in removing minor administrative issues in the pathways, which are being addressed with the Pathway trackers.

### • Risks or opportunities for the Trust

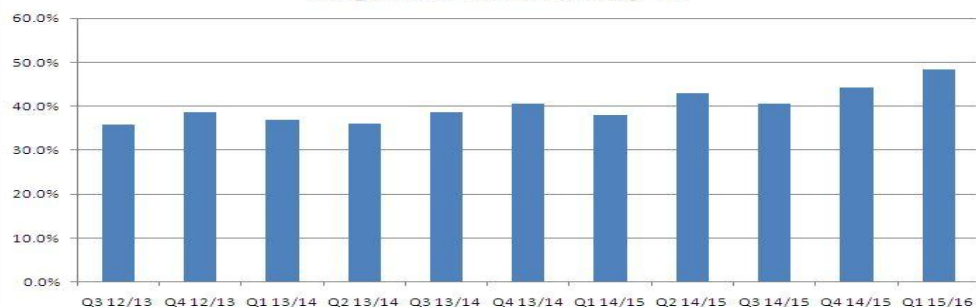
- Key Tumour Groups are Head and Neck ,Thoracic, Urology, and GI – Upper and Lower
- The amount of external referrals (which are greater than internal referrals), and the level of late referrals particularly from these Trusts, account for the fact that we cannot meet overall performance.

### • Root cause analysis and insights

- The Chief Operating Officer team continues to drive through a comprehensive action plan covering each of the tumour groups which aims to continually improve these pathways for patients.
- A monthly senior team meeting made up of cancer lead clinicians and managers from SEL has been set up to ensure that all issues that can be tackled jointly are done as well as a Cancer resilience group chaired by the Chief Officer of the CCGs
- The weekly conference call with referring Trusts in SEL continues to ensure all patients referred to the centre are immediately visible and appropriately fast tracked where possible.
- We are working with Clinicians in SEL Trusts at tumour specific levels to ensure that pathways and processes are further streamlined. This has happened for the Head and Neck pathway and the lung/thoracic pathway.

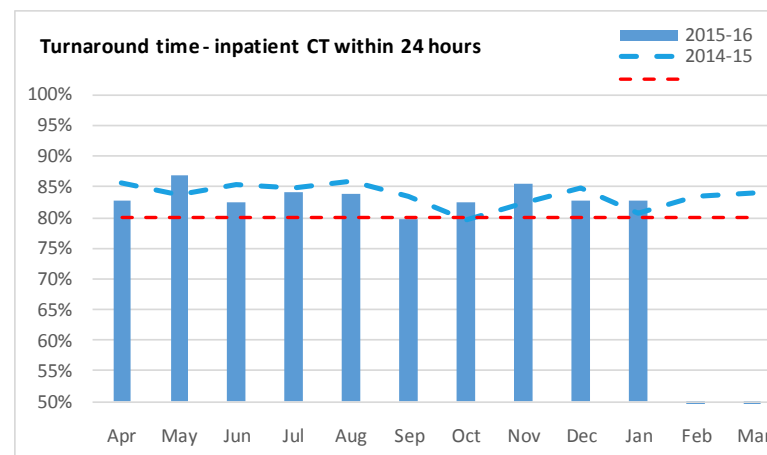
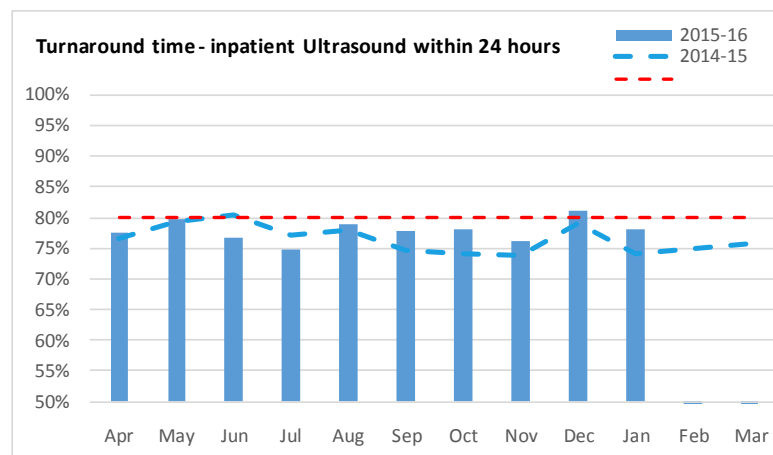
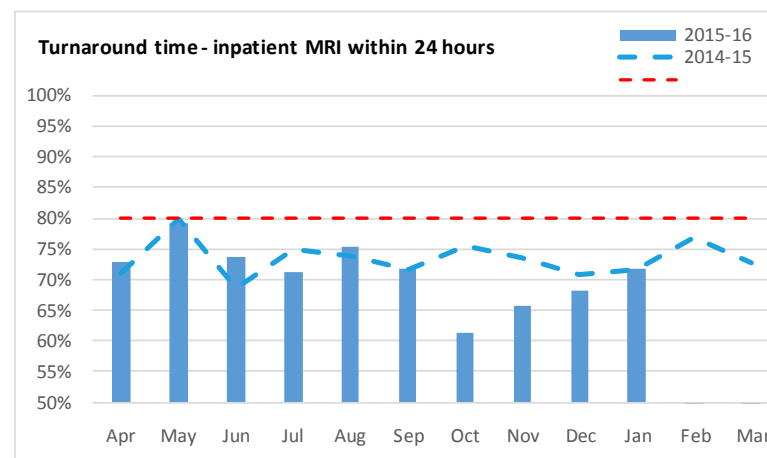
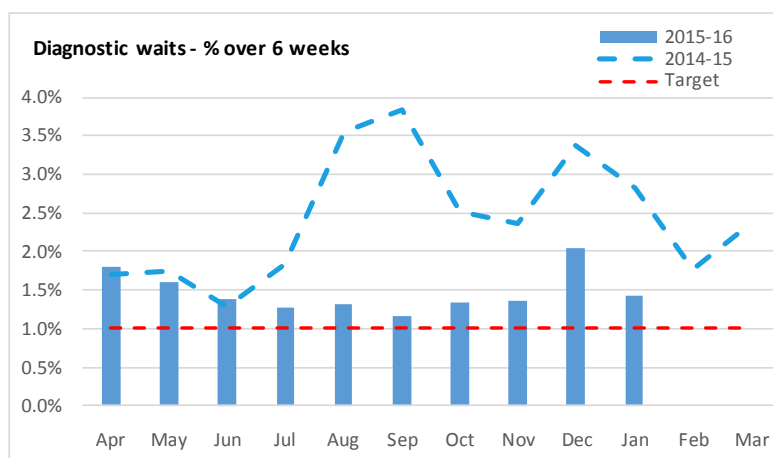
Performance target	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Target: 85% cancer pts treated within 62 days from GP referral	79.20%	74.70%	73.60%	71.40%	69.20%	67.37%	70.46%
Internal referrals	86.70%	83.30%	85%	83%	78.11%	75.89%	81.69%
Target: 90% cancer pts treated within 62 days from Screening	84%	70%	66%	92.60%	80%	93.30%	96%
Target: 96% cancer treatment started within 31 days of DTT	98%	97%	95%	95.00%	94%	94.70%	95%
Target: 94% subsequent cancer surgery treated within 31 days	94.20%	96.60%	92.70%	89.90%	92.19%	93.66%	92.01%
Target: 98% subsequent chemotherapy treatment started within 31 days	99.60%	99.60%	99.60%	98.80%	98.95%	99.29%	92.01%
Target: 94% subsequent Radiotherapy treatment started within 31 days	96.50%	97.30%	96.10%	95.50%	96.74%	96.19%	95.90%
Target: 93% urgent cancer referrals seen within 2 weeks	96.30%	95.20%	95.40%	94.50%	93.15%	94.83%	93.60%
Target: 93% breast symptomatic referrals seen within 2 weeks	95.30%	95.30%	95.80%	96.50%	96.60%	94.97%	95.52%

%age received after day 42

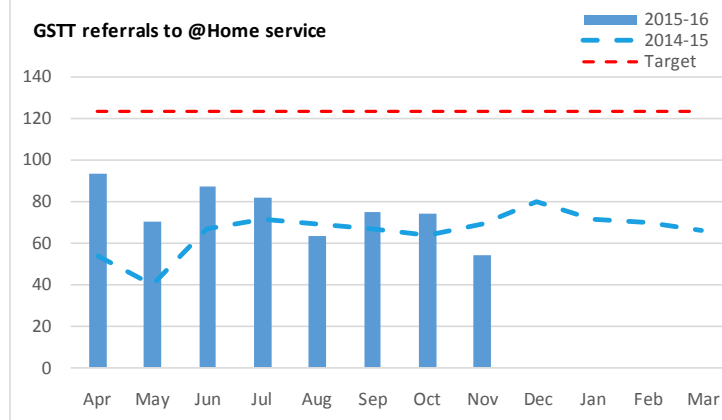
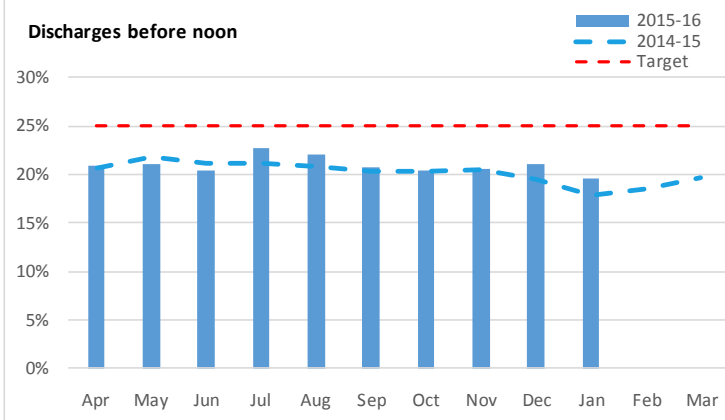
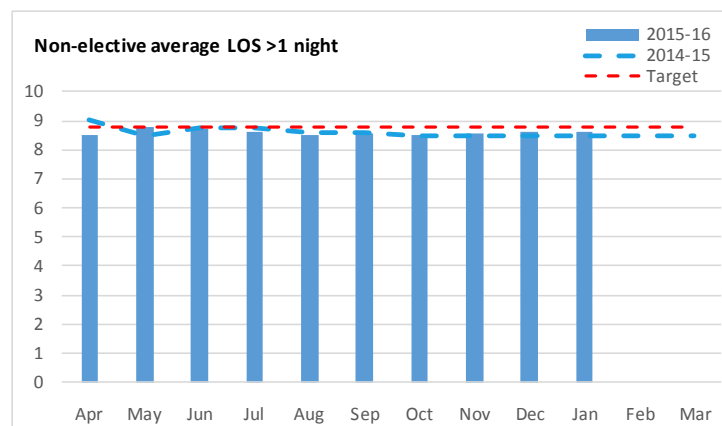
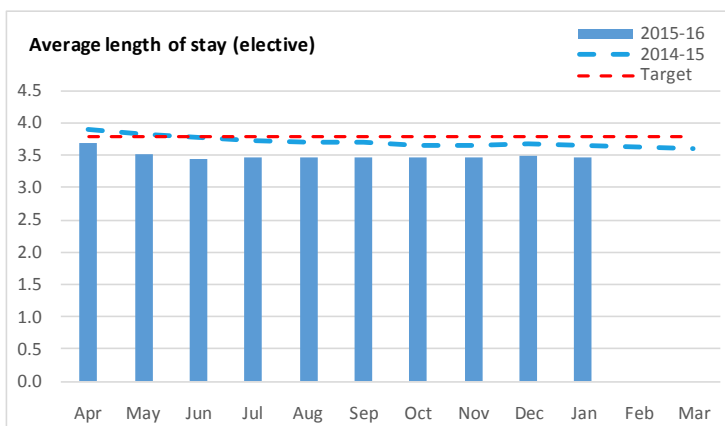




- The number of patients who received their diagnostic test within 6 weeks was 1.4% in January against a target of 1% and continues to be a significantly improved position in comparison to 2014/15.
- There has been an improvement from the December position with increased capacity to resolve the delays. We still continue to see small numbers of patients waiting over 6 weeks across Paediatric MRI and Sleep studies, GA Cystoscopy and Urodynamics in both adult and paediatric services. Further plans involve procuring more equipment for sleep studies and reviewing how we can increase our capacity to deliver improved access to Urodynamic tests. We continue to outsource routine adult MRI and we are exploring outsource opportunity for Paediatric MRI, however this is more complex as these tests require a general anaesthetic.

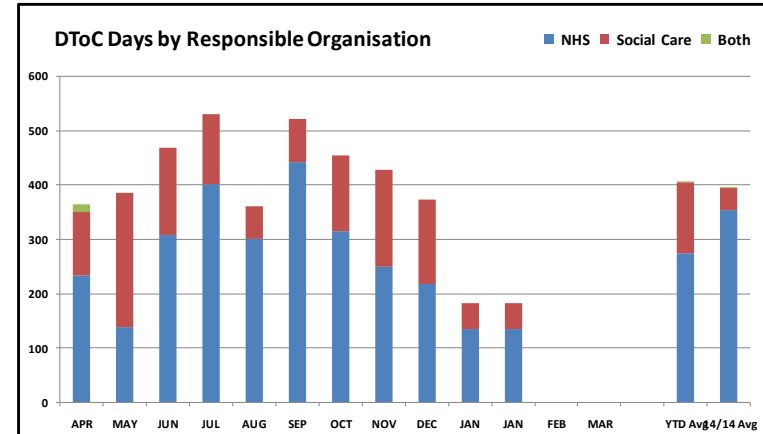
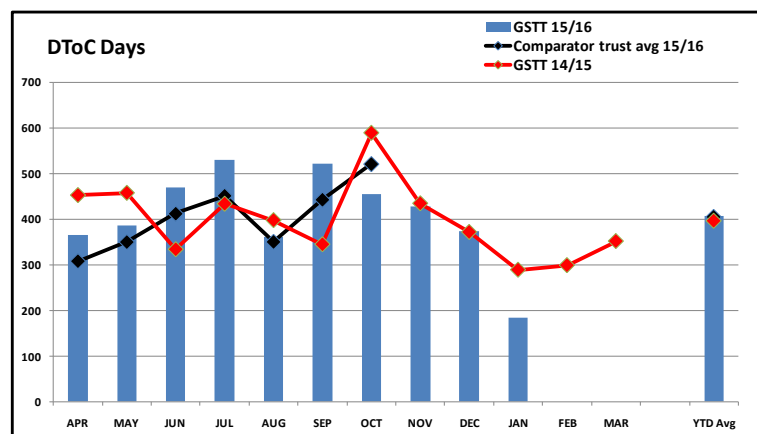
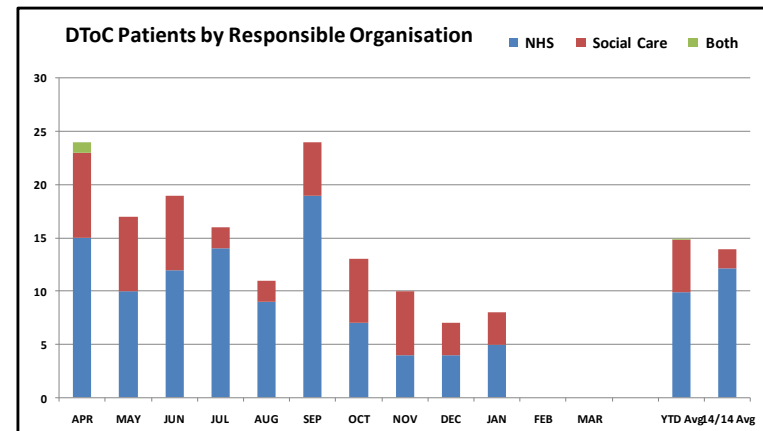
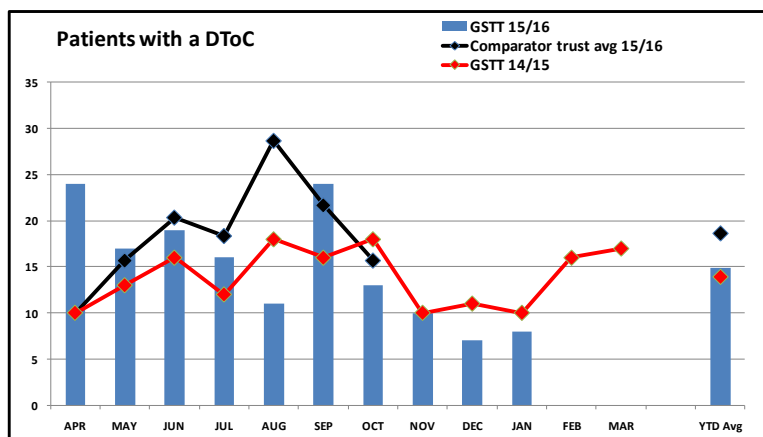


- Efforts to provide alternatives to hospital admission continue, including the soft launch of the Pal@home 8pm to 8am service to support palliative care patients to remain at home. Referral rates to @home and enhanced rapid response (ERR) for Quarter 2 are similar to last year, but remain short of the Trust target of 120 a month. We are reviewing the referral target and capacity of the @home service in light of increasing acuity of patients. The IT system, Carenotes, introduced in November 2015 has impacted on productivity due to issues of poor connectivity, functionality and slowness. The data warehouse continues to be built and therefore we are unable to report on activity levels for December and January.
- Average length of stay for elective patients remains better than target and is an improvement on last year. This is helping to support the significant additional activity we are currently delivering. Directorates are currently working on further length of stay (LOS) improvement plans to improve performance for Q3 and Q4 and the Inpatient support team are developing tracking scorecards to support ongoing analysis.
- Work continues on improving hospital discharges before noon, with a new dashboard launched for Directorates to review weekly across a number of metrics relating to early discharge. These will be reviewed as part of the huddle process within Directorates.

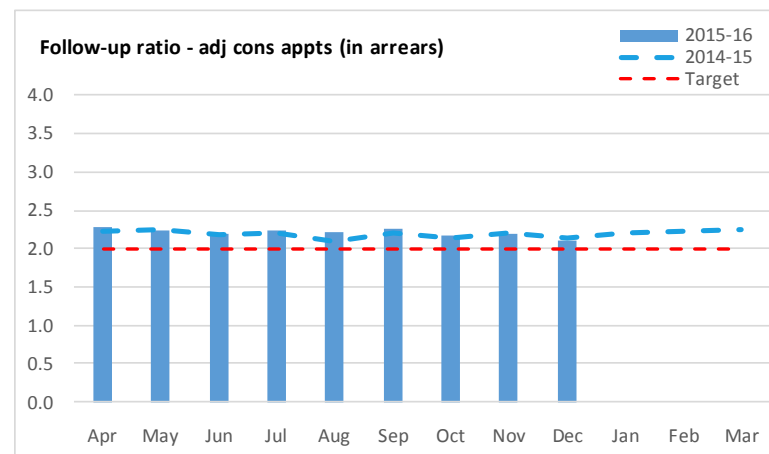
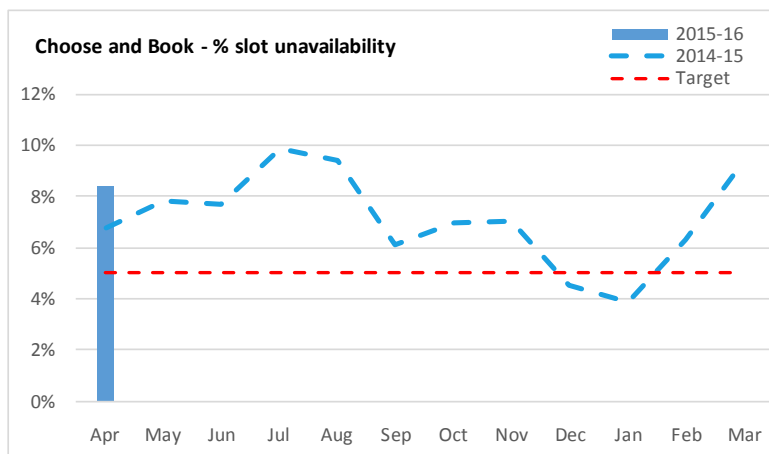
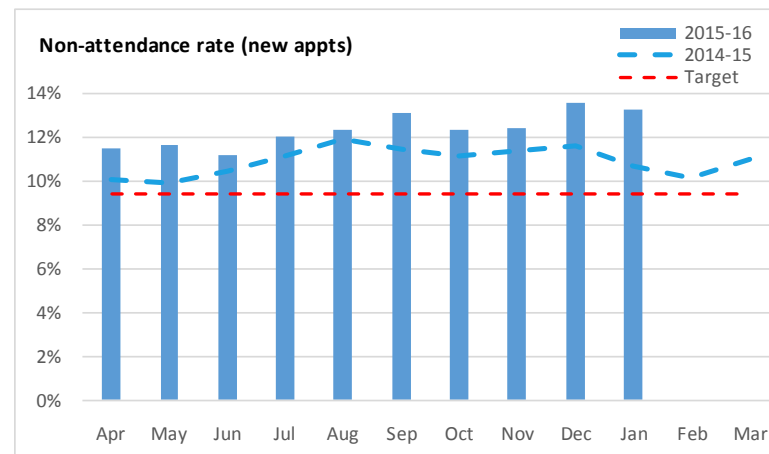
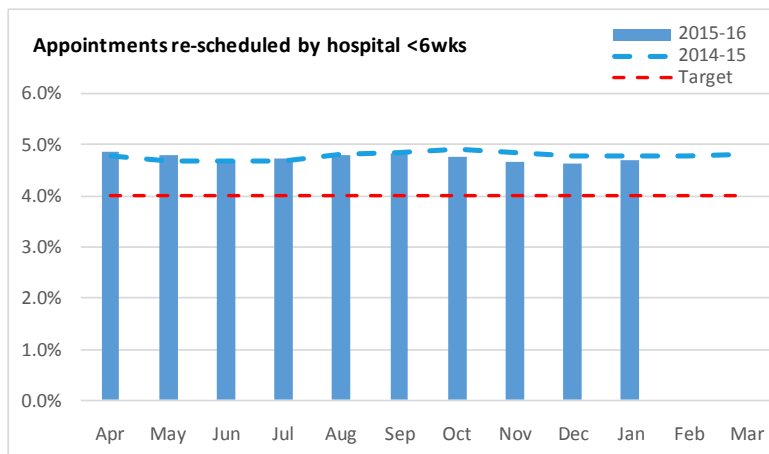


### Delayed Transfer of Care (DTOC) –

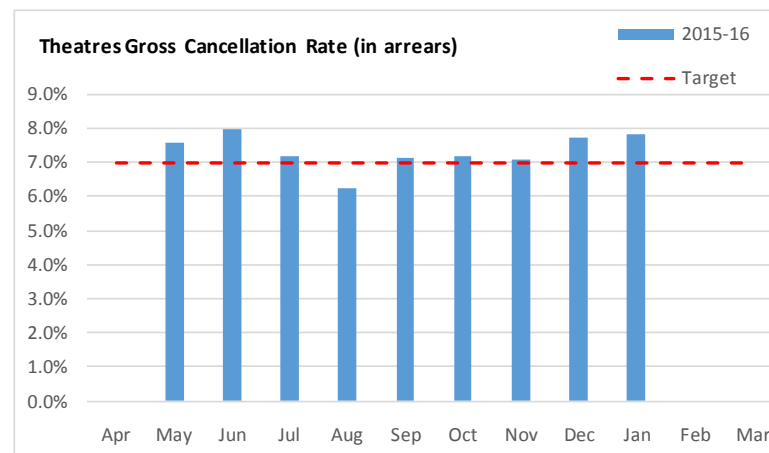
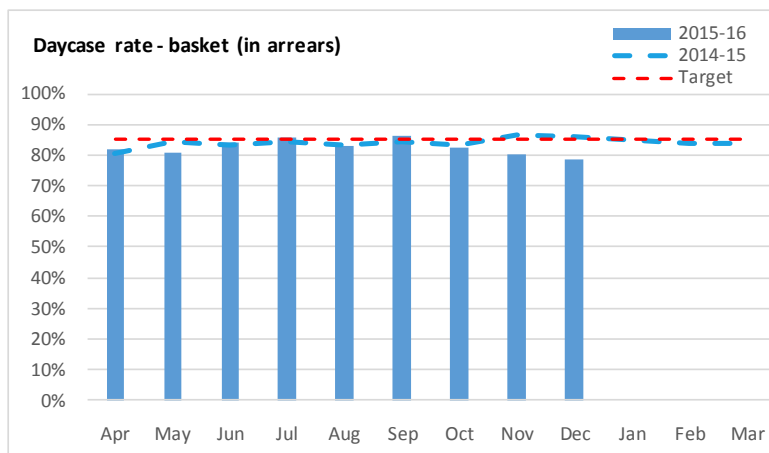
- The definition of a DTOC is when a patient is ready to transfer from acute to non-acute setting, but remains in an acute hospital bed. This implies that a multidisciplinary clinical decision has been made that the patient is safe and ready for transfer.
- In January we have continued to have a bi-weekly “Ops Forum” for complex discharge to review all complex discharge with matrons and a bi-weekly “Platinum Call” with senior colleagues across the healthcare system to escalate issues. We continue to share a report of all complex discharge patients with various CCG colleagues to enable better communication of actions required for individual patients.
- The graphs below show that our DTOC levels are now comparable to last year and have dropped since October, especially for those where the Trust is responsible for the patients. We have focused on reducing these levels as part of our emergency pathway improvement plan and this seems to be having an impact.



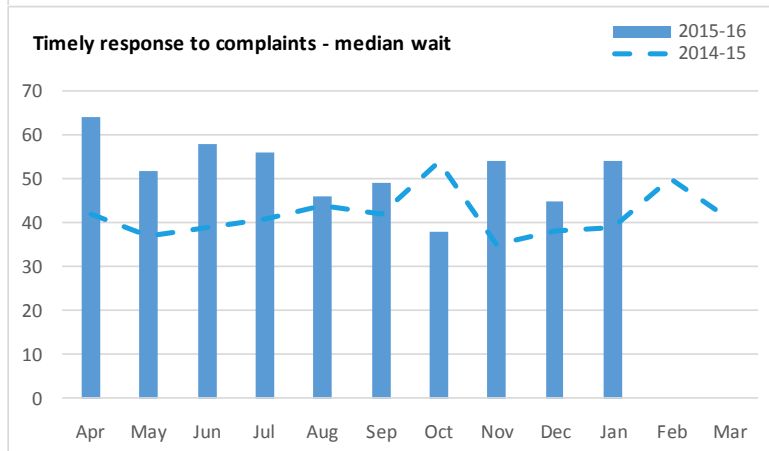
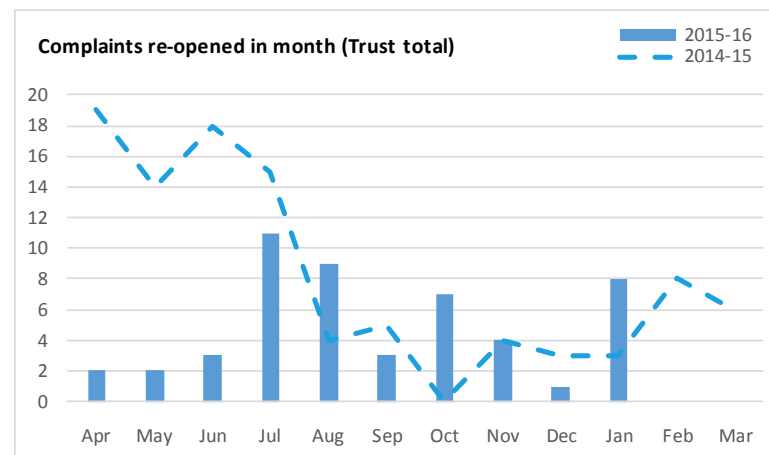
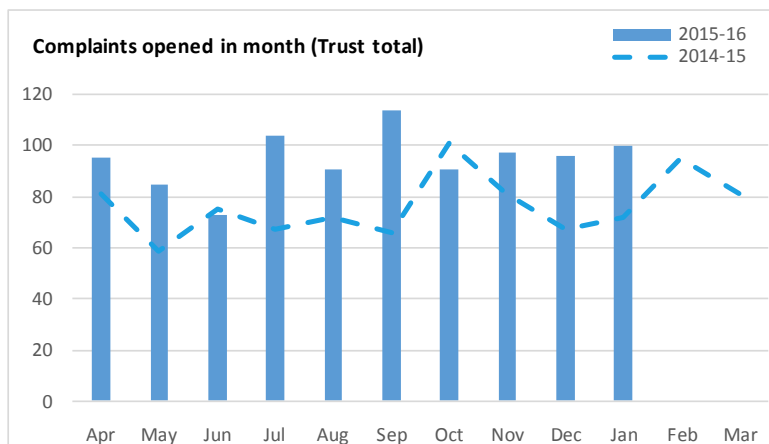
- Appointments re-scheduled by the hospital within 6 weeks of an appointment** – The number of rescheduled patients increased in January mainly due to the Junior Doctor's strike. Standards are being reinforced with regard to notice of cancelled clinics, and work continues through business planning for 2016-17 to ensure there is enough activity planned to meet demand.
- e-RS (National e-referral system) - % slot availability** – National reporting is still unavailable on e-RS. The Appointment Slot Issues (ASI) have increased to 834 from 695 in December. 40 of the ASIs belonged to community and are linked to the Carenotes upgrade. Acupuncture, LEIPS and Bladder and Bowel service will all have correct slots configured and polling completed in February. Work is underway with Orthopaedics to renew their Directory of Service to enable GPs to refer easily.
- Non-attendance for new appointments** – Did not Attend (DNA) rates for January have decreased slightly since December. Respiratory Medicine saw a larger increase in DNAs compared to other services which is being investigated. Services with higher DNA rates have identified local improvement plans with key actions focussed on ensuring the Access Policy is being implemented in terms of contacting the patient to agree appointments. The use of an electronic solution called "Dr Dr" by Gynaecology has led to a significant reduction in DNAs during Quarter 3 and the Trust is considering the case for wider implementation.



- Daycase rates continue to be challenging to achieve but there is on-going focus on ensuring that daycase pathways are followed for all clinical appropriate cases. Meetings have been held with all specialties during January and actions agreed to improve the daycase rate and these should start to see an impact from March.
- Actions are focused on ensuring cases are designated as daycase for agreed list of procedures and a review of the consultant and procedure specific reports to monitor compliance ensuring cases are clearly listed as daycase even if the case is being carried out in main theatres.
- Cancellation rates remained above target in January as a result of significant pressures on Critical Care beds (10 cancellations), an electrical problem closing a theatre (7 cancellations) and surgeon sickness (8 cancellations). Excluding these exceptional reasons, the target of 7% would have been achieved.



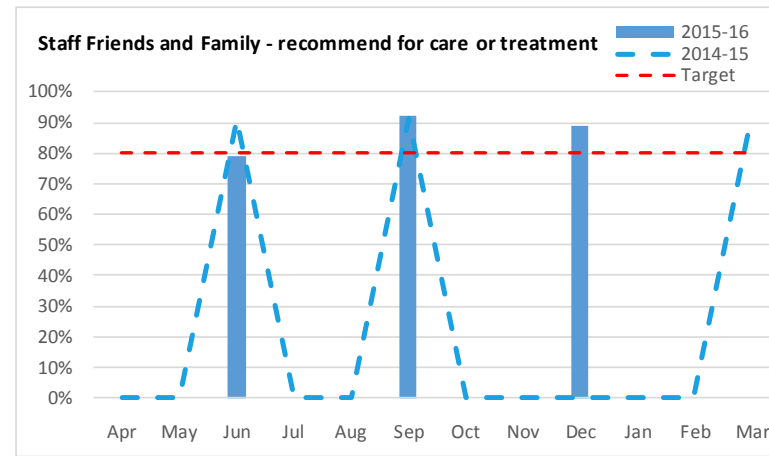
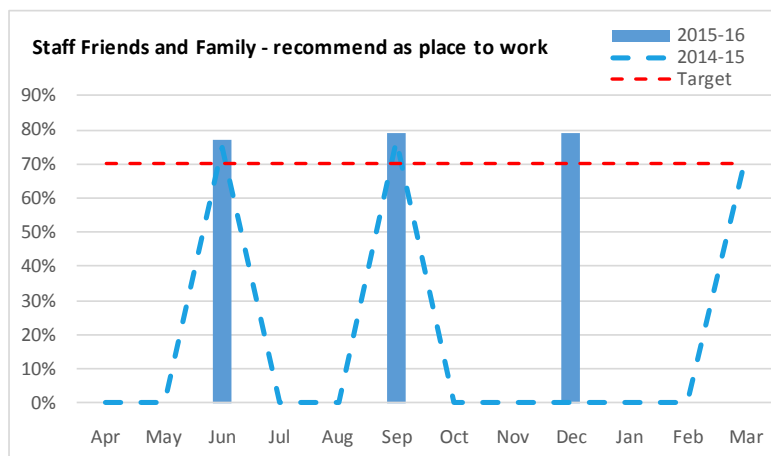
- The number of formal complaints received in January (100) remains high. There has been a noticeable increase in complaints across the Trust in the year to date and we are predicting a 30% increase by year end. It is noted that efforts have been made to raise awareness of the option to make a complaint. The method for recording complaints has also changed over the course of the year and we are now identifying formal complaints more accurately.
- The time taken to respond to complaints is recorded when a complaint closes and can show considerable variation according to the time taken to investigate and the complexity of the issues raised. The Trust currently tracks the median response time (chart lower left) but will move to showing percentages closed within the timescale assigned at triage when the introduction of a classification system for complaints is complete.
- We aim to reduce the number of complaints re-opened due to complainant dissatisfaction with our response by investigating and responding to complaints fully and promptly. There was a small delay at the end of December related to re-open decisions which is why in part there has been 8 recorded decisions in January.



*The Trust's ambition is to provide a complaints system which is open to complaints, supports patients, families, and staff through the process, and which delivers a timely apology, explanation and determination to learn from mistakes. The aim is to produce a service about which complainants are able to say: I felt confident to speak up; making my complaint was simple; I felt listened to and understood; I felt that my complaint made a difference.*

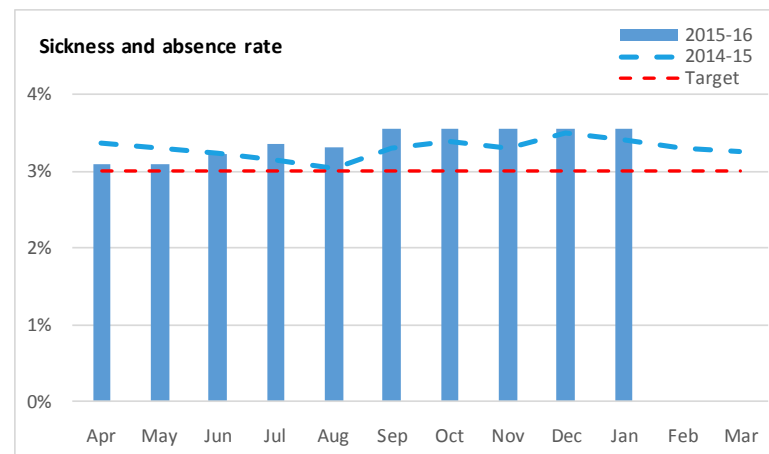
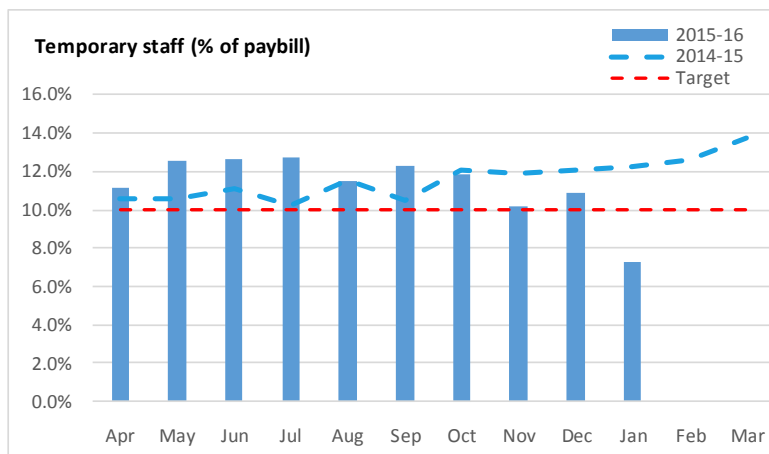
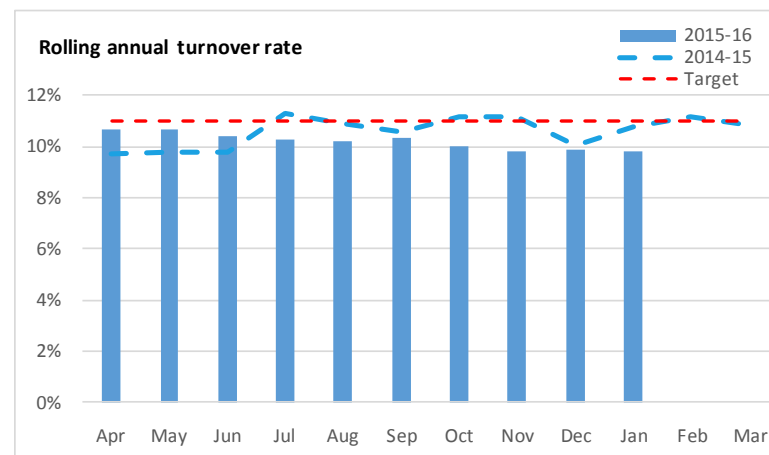
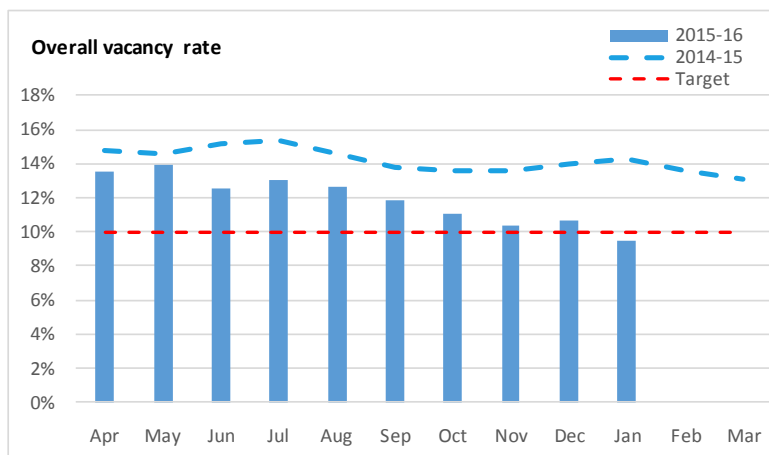
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Nov	Dec	Jan	YTD avg	Monitor Quality priorities	Trend chart
5.1 External assessments	GOV	Overall governance rating (Monitor, in arrears)	Rating	Green			Green				Green		
	CQC	Care Quality Commission (CQC) risk assessment	Score	>5			6	6	6	6	6		Y
5.2 Staff experience	FFTS1	Staff Friends and Family - recommend as place to work	Qtly %	>70%			77.0%	-	79.0%	-	78.3%		Y
	FFTS2	Staff Friends and Family - recommend for care or treatment	Qtly %	>80%			91.0%	-	89.0%	-	86.7%		Y
5.3 Workforce indicators	VACTB	Overall vacancy rate	Mthly %	<10%			14.2%	10.3%	10.7%	9.5%	11.9%		Y
	TEMPTB	Temporary staff (% of paybill)	Mthly %	<10%			11.6%	10.2%	10.9%	7.2%	11.3%		Y
	TURNTB	Rolling annual turnover rate	Mthly %	<11%			10.6%	9.8%	9.8%	9.8%	10.2%		Y
	206TB	Sickness and absence rate	Mthly %	<3.0%			3.3%	3.55%	3.56%	3.56%	3.39%		Y
	211TB	Appraisal compliance (non-medical staff)	Mthly %	>95%			71.4%	76.9%	75.5%	73.9%	73.4%		Y
	MTTB	Mandatory training compliance	Mthly %	>95%			86.1%	86.4%	86.5%	85.9%	86.5%		Y

- All staff were invited to participate in The National Staff Survey, which takes place in the third quarter of each year and was open from 25th September to 27th November 2015. 4454 staff members responded to the Survey which asks staff various questions around their experience of being an employee at the Trust. The results are positive, with the Trust achieving the highest score for overall Staff Engagement of any healthcare provider; at 4.03 (where 1 means *poorly engaged* and 5 means *highly engaged*).
- 79% of participants agreed that they would recommend the organisation as a place to work, much higher than the national average of 58%. 89% of staff agreed that they would be happy to recommend the Trust as a place for treatment; again higher than the national average of 68%.
- The National Staff Survey asks similar but differently worded questions to the Staff Friends and Family Test (SFFT) which is open in quarters 1, 2 & 4. The Q4 SFFT will take place in March 2016 and will be open for three weeks, to all staff.
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.

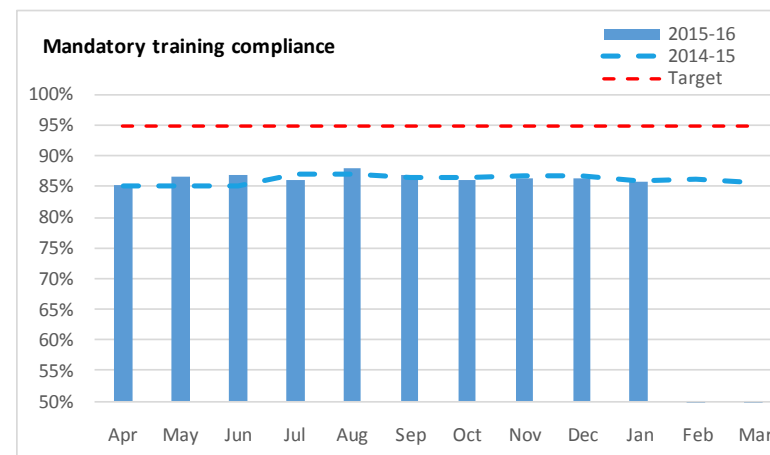
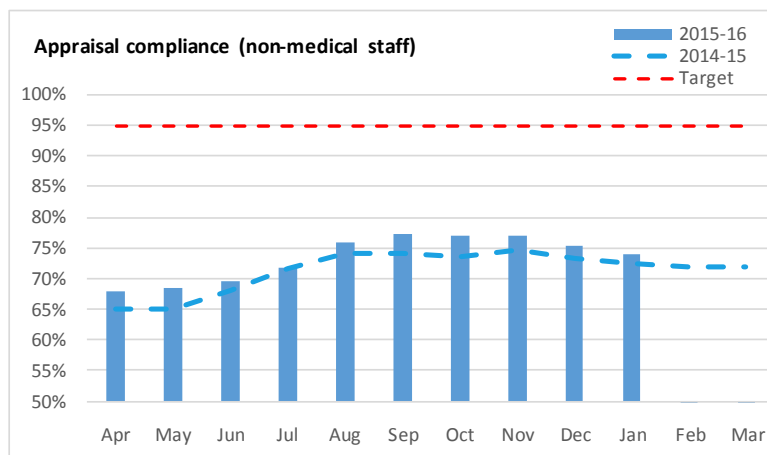




- The overall vacancy rate (9.47%) reduced in January, to below target for the first time in a number of years. We anticipate the rate will remain stable over the coming months with only marginal increases as the rate of recruitment slows.
- Temporary staffing spend showed a decrease in January to 7.24% of the pay bill, which is below target and the lowest ratio of total pay bill in several years. Agency usage reduced in January, as the Trust continued to monitor Agency bookings following the introduction of the Monitor price cap. There is a further reduction in the cap for clinical shifts to be introduced from February, with weekly updates on breaches being shared with the Board.
- The Turnover rate marginally improved to 9.8% and remains below the Trust target, benchmarking well against other London trusts.
- The sickness rate remained stable at 3.56% but continues to track above the long term average, as well as above target. Management teams receive monthly updates on sickness episodes and are required to address areas of concern.



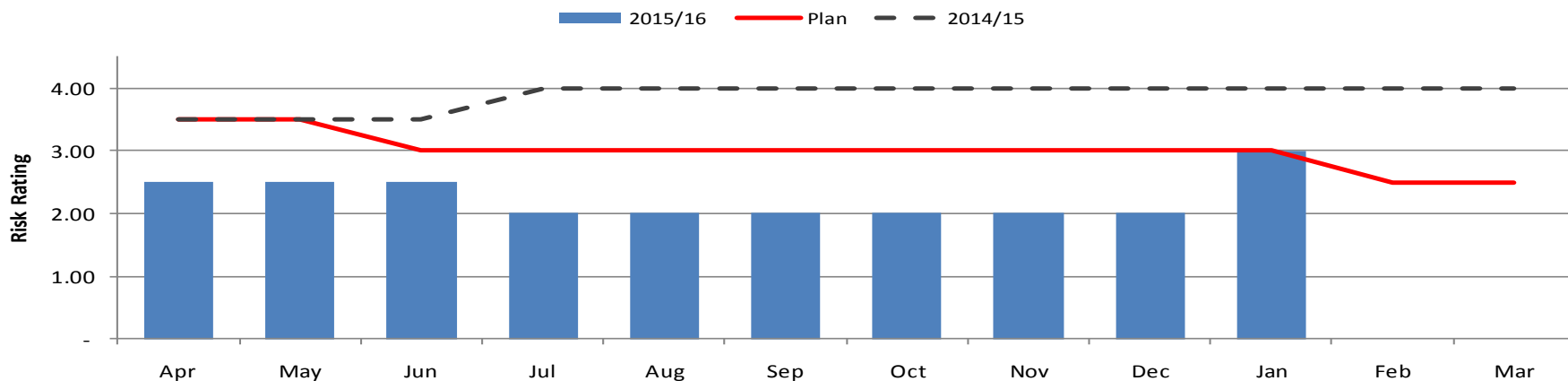
- Personal Development Review (appraisal) compliance rates for January continued to show a small reduction on the month before, falling to 73.92%; however this was higher than the same month last year. The Trust has yet to achieve its target of 95%. Communication regarding the importance of PDRs continues to be raised across the Trust as well as encouragement for staff and managers to report compliance to the central database to ensure accurate rates are reported.
- Mandatory training reduced slightly to 85.91% with compliance remaining below Trust target level of 95%. Four Directorates have now achieved over 90%, with a further 13 achieving over 85%.



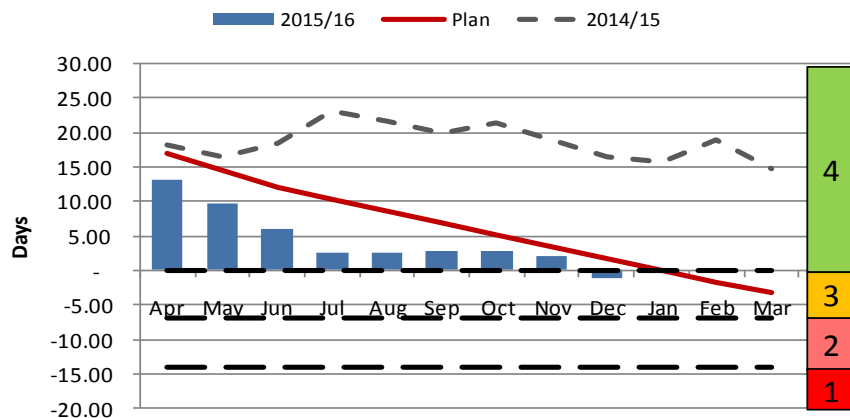
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Nov	Dec	Jan	YTD avg	Monitor	Quality	Trend chart
6.1 Overall financial position	MRRT	Monitor continuity of service risk rating	Score	>3			3.5	2.0	2.0	3.0	2.3			Y
	LQRT	Liquidity ratio (in days)	Days	>0			17.4	2.1	-1.0	-0.4	4.0			Y
	DSCT	Capital service cover	Ratio	>2.59			2.2	1.31	1.48	1.60	1.10			Y
	FIN01T	Overall underlying financial surplus/(deficit)	£M	>£15.9m			-£0.5	-£19.6	-£16.0	-£15.0	-£14.9			Y
	CSHT	Cash flow	£M	>£143m			£126.1	£96.0	£96.0	£113.0	£100.2			Y
	CAPT	Capital spend vs plan (year-to-date variance)	Mthly %	+/- 15%			78.6%	70.4%	68.9%	64.8%	80.8%			Y
	VRPT	Variance from Plan	Mthly %	> 0				-1.88%	-1.14%	-0.81%	-1.6%			Y
	UNPT	Underlying Performance	Mthly %	> 0.6%				-1.2%	-0.5%	-0.2%	-1.2%			Y
6.2 Activity levels (magical numbers)	560	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%			-	-0.8%	-1.2%	-1.5%	-1.5%			Y
	606T	New patients seen vs plan (all categories, in arrears)	Mthly var	>0			-	1,936	-1,028		-1,371			Y
	714	External cons referrals	Number	>last yr			1,752	2,009	1,930	1,912	1,930			Y
	713	GP referrals	Number	>last yr			14,404	17,158	15,616	17,273	15,929			Y
6.3 Fit for the Future	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	£M	>£0m			-£5.2	-£17.5	-£18.0	-£21.0	-£13.7			Y
6.4 Data quality and clinical coding	CM024	Community data completeness - % contacts outcomed	Mthly %	≥ 95%			93.3%	93.2%			95.4%			Y
	712	NHS number coverage	Cum %	>98%			97.4%	97.4%	97.4%	97.6%	97.6%			Y
	710x	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5			4.51	4.89	4.85		4.92			Y

An overall Financial Sustainability Risk Rating of three has been achieved at month ten, which is in line with plan. Negative liquidity is due to changes in working balances, the cash position is £113M, an increase of £17.0M.

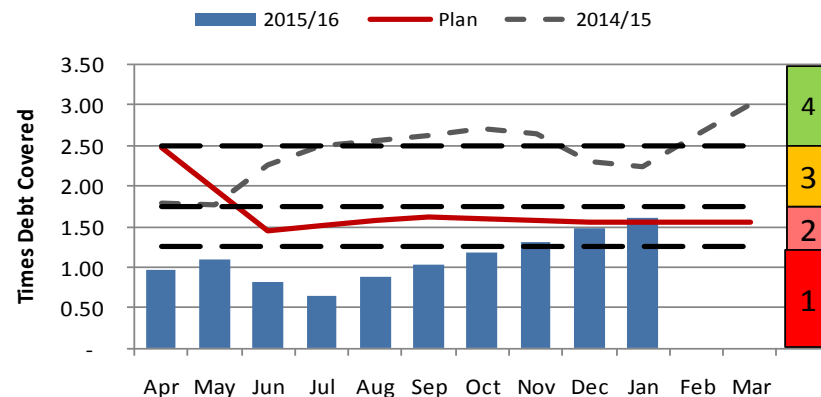
### Overall Monitor



### Liquidity

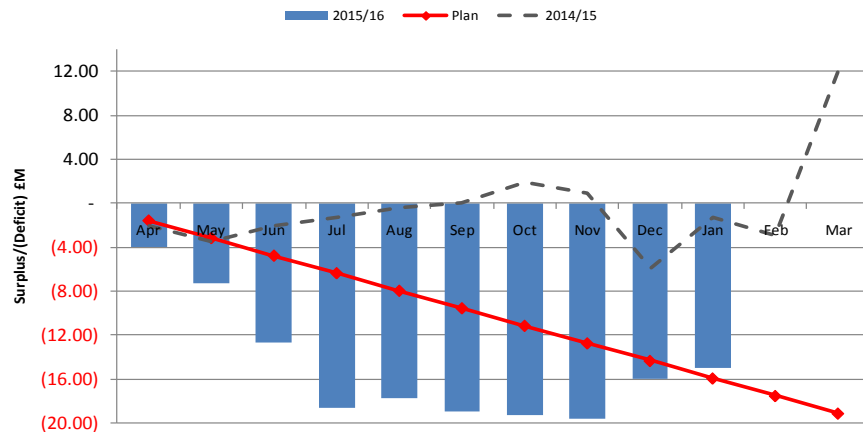


### Capital Service Cover

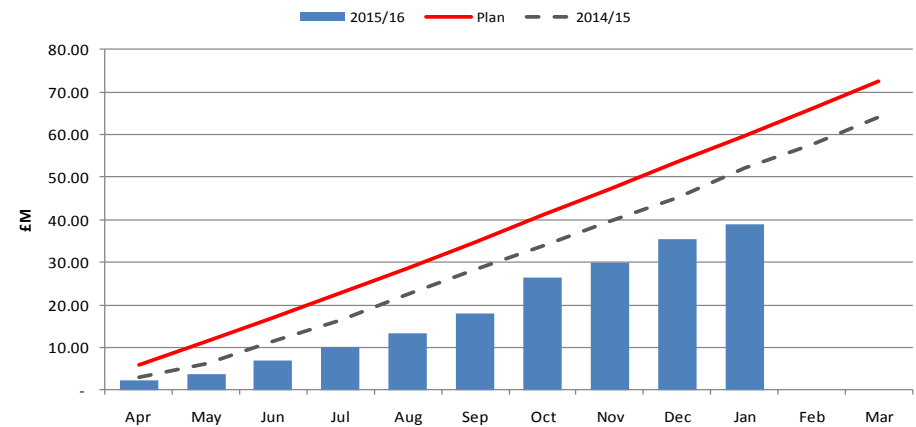


A loss of £15.0M has been recorded at Jan, which is £0.9M better than the planned loss of £15.9M; CIPs (Cost Improvement Programmes) of £38.8M have been confirmed, but are £20.8M less than plan which has been mitigated by income performance; the cash position at £113M is ahead of the plan of £77.0M. Capital expenditure as a percentage of plan has fallen below the Monitor threshold of 85% (to 65%). A reforecast of the capital plan may need to be considered having breached the threshold.

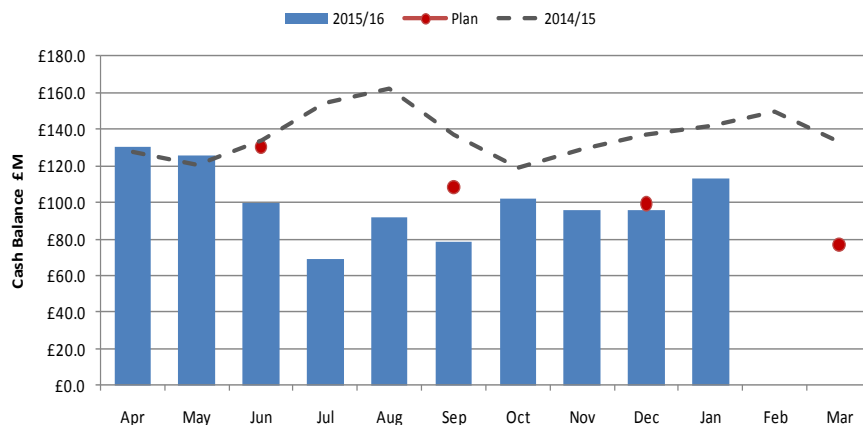
Overall Underlying Financial Surplus/(Deficit)



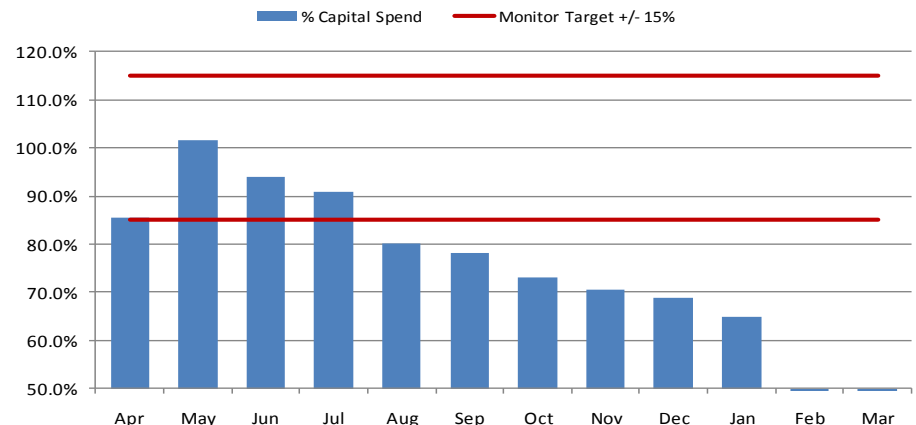
YTD Trust CIP Performance



Cash - Actual Cash vs Plan and Prior Year (£m)

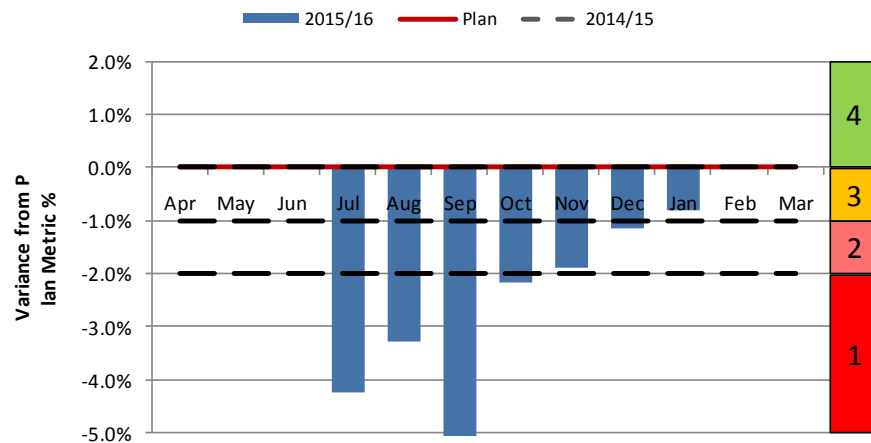


YTD Capital Spend % of Plan

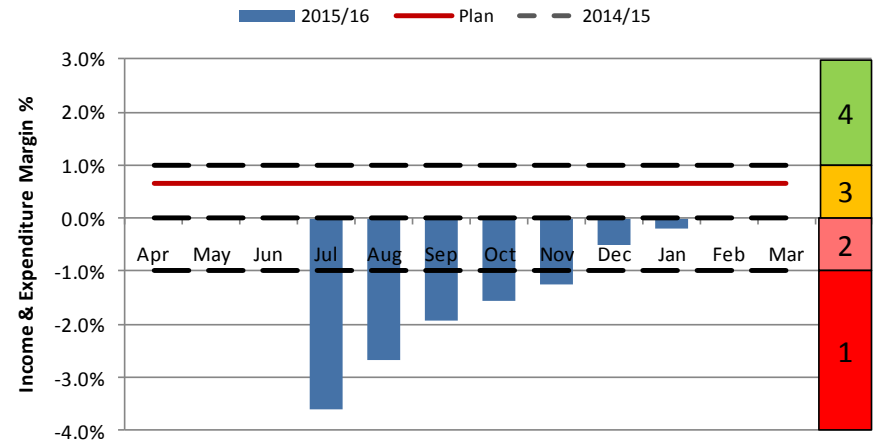


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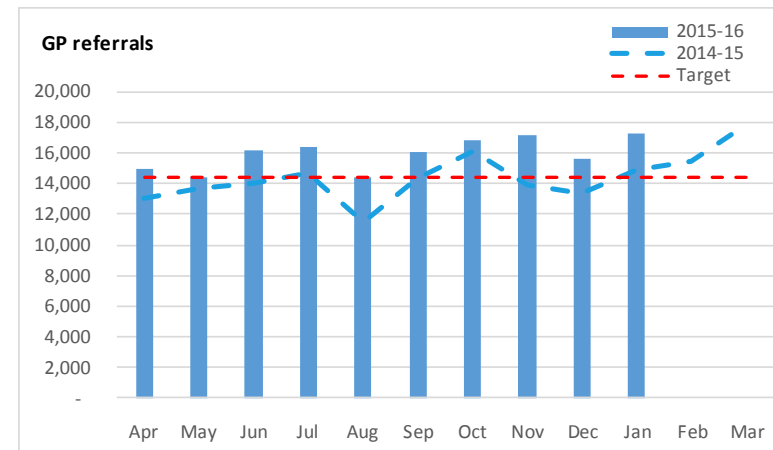
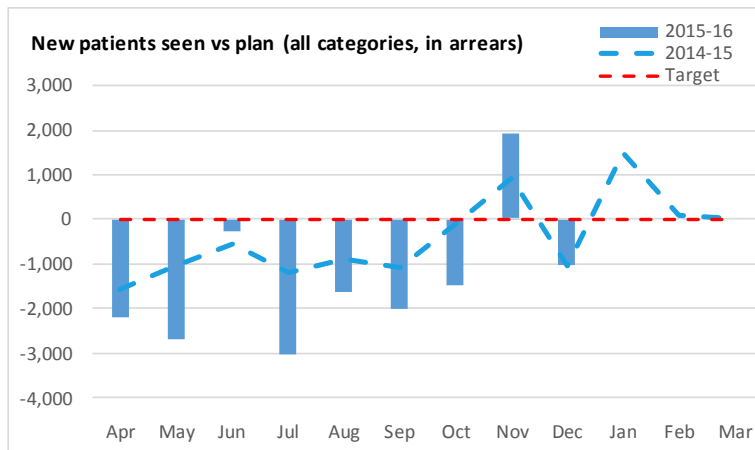
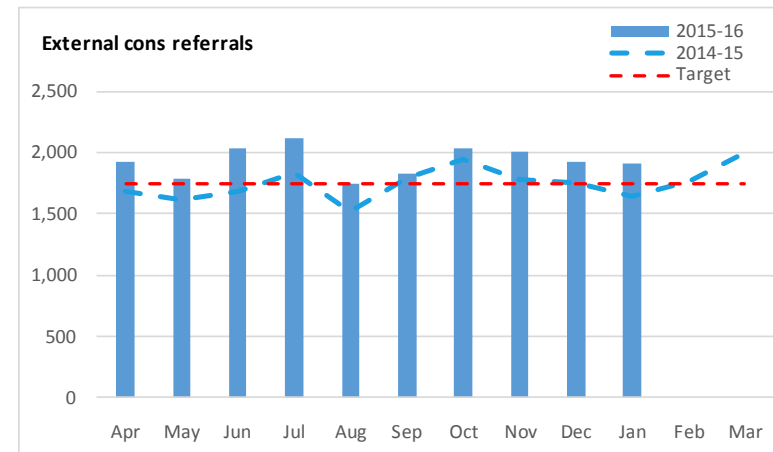
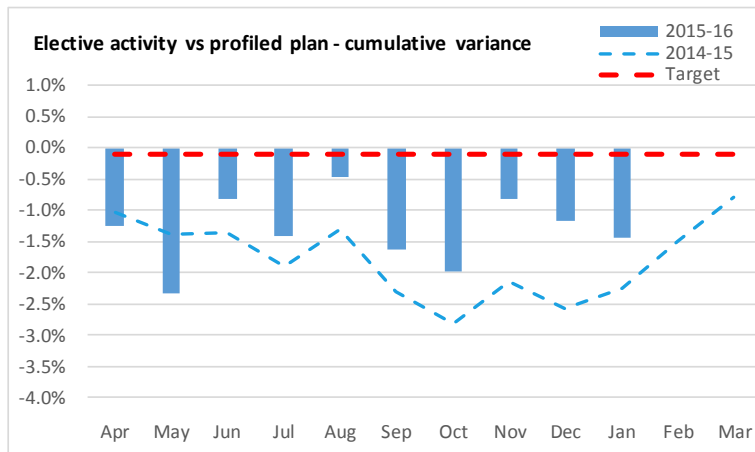
Variance from Plan



Underlying Performance

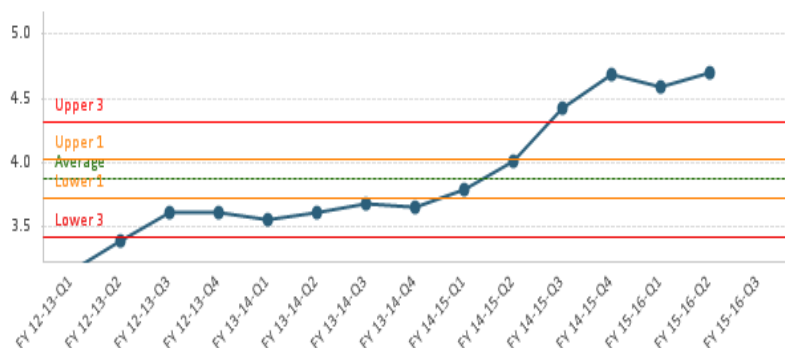


- We have improved on the cumulative variance against plan for both elective admissions and outpatients with the volume of patients being treated having increased significantly compared to last year.
- Demand – as measured in referral volumes – has risen during Quarter 3. This increases the level of concern around our ability to provide enough capacity to meet this further growth. January shows continued growth which is currently being explored with commissioners.
- Directorates have reviewed their activity plans to address any shortfalls. Extended working patterns in theatres and additional outpatient clinics are the main measures being adopted to increase the volume of patients treated. This continued to be high and is expected to continue throughout Quarter 4.

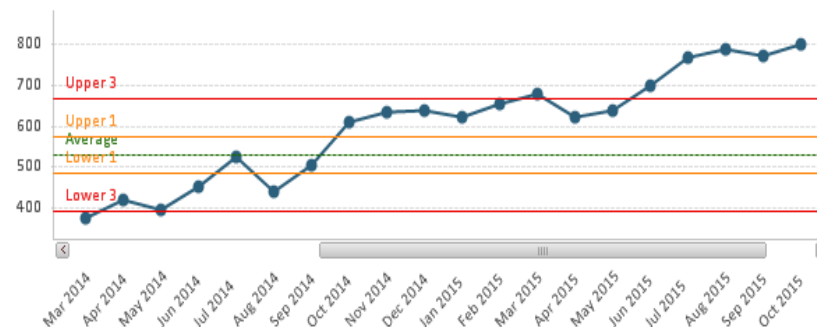


- Accurate and complete clinical coding of our activity is important to ensure patient safety, accurate benchmarking and appropriate payment for the services we provide. Improving the quality of all our data ensures that the information on which we base decisions is reliable.
- Diagnostic depth - the average number of diagnoses recorded per admitted episode - increased markedly during 2014-15 (top left) and we have re-set targets for further improvements in 2015-16. Capture of smoking status is being used as a lead indicator for how well we are capturing co-morbidities, especially by non-medical staff (top right). This showed a material improvement from September of last year and we are expecting to see further improvements as a result of more structured capture of patients' underlying medical conditions within E-noting.
- NHS number coverage (bottom right) in January was 97.6% close to the target level of 98% overall. Particular measures are in place to try to improve capture of accurate demographic information amongst patients attending our A&E departments.
- Within the community setting, the capture of outcomes from patient contacts is our key indicator. For January, performance improved slightly (bottom left) The drop is linked to the transfer of information from Rio which was the old community IT system to Advanced Care Notes towards the end of November.

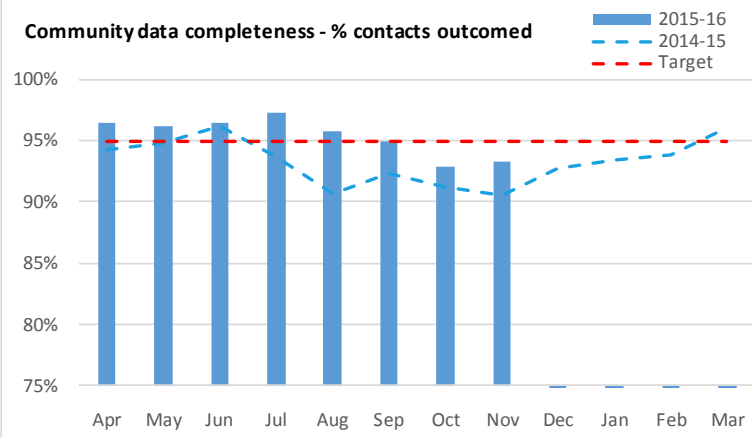
Diagnosis Depth by Quarter - SPC



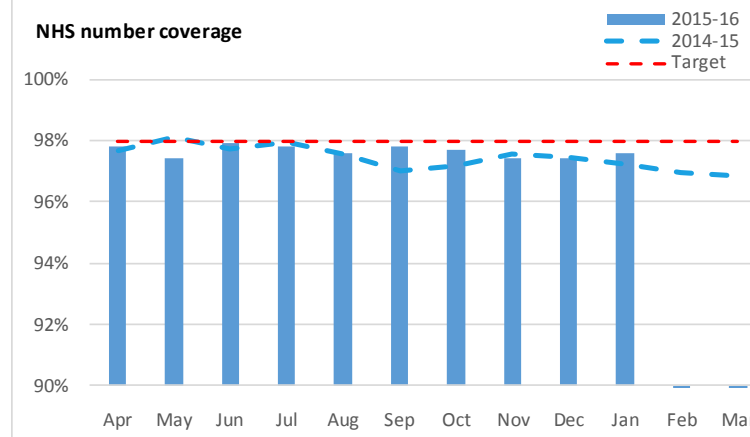
Number of Spells by Month - SPC



Community data completeness - % contacts outcomed



NHS number coverage





**Summary:**

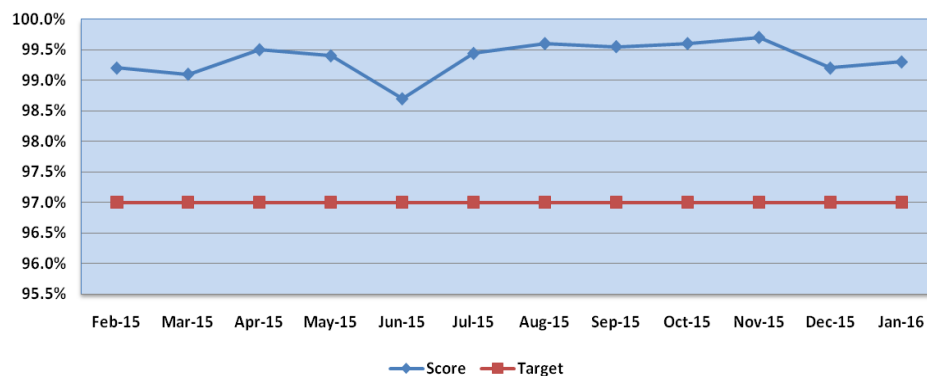
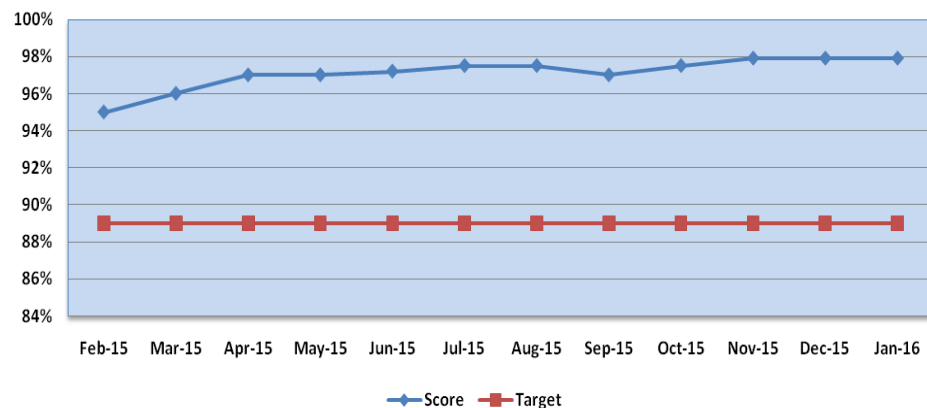
- Cleanliness scores continue to track above the performance targets, both as measured in the monthly Inpatient survey and in the internal audit against National Patient Safety Agency (NPSA) standards. The Trust has received the 2015 PLACE results and scored above the national average for Cleanliness. The Trust's scores were the highest across the entire London Commissioning Group for NHS Hospitals, (excluding private and independent facilities).
- The Trust uses "Meridian" which is an online programme to monitor performance. In January there were 1,225 Surveys completed.
- Credits for Cleaning is a programme that is used by the auditors to measure cleanliness against the NPSA Trust compliant risk score.

**Action and Progress to Date:**

- Cleanliness scores are tracking consistently above the target thresholds, both as measured by the Meridian Inpatient survey and through the internal auditing of cleanliness standards.
- The NPSA target score is an aggregated score which is derived from the weighted profile of the clinical functional area risk categories across the Trust.
- The Trust has scored strongly for cleanliness as reflected in the National Inpatient Survey 2014, as published by the Care Quality Commission (CQC). The Trust's aggregate score and that for rooms/wards exceed those of other London Trusts.

**Cleanliness Scores compared with other London Trusts**

Trust	Rooms / Wards	Toilets / Bathrooms	Total
GSTT	9.1	8.3	17.4
Imperial	8.7	8.2	16.9
Kings	8.7	8.4	17.1
UCLH	8.8	8.1	16.9
Chelsea and Westminster	8.6	8.1	16.7
Royal Free	8.8	8.3	17.1
Barts	8.5	7.9	16.4
St Georges	8.5	7.9	16.4

**Meridian On-Line Inpatient Survey - Ward Cleanliness****Credits for Cleaning NPSA Trust Risk Profile**

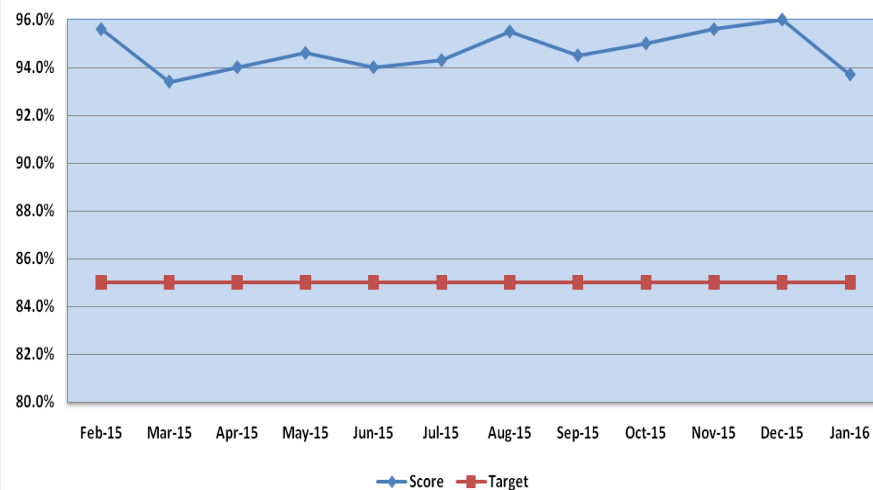
## Summary:

- The Meridian survey of inpatients' assessments of catering services demonstrates a performance consistently above the locally set target of 85%. There were 1,223 responses received in January.
- The Trust has scored strongly for catering as reflected in the National Inpatient Survey 2014, as published by the Care Quality Commission (CQC).

## Action and Progress to Date:

- In-patient catering feedback as measured by the Meridian survey remains above the target of 85%. The Trust has received the 2015 PLACE results and scored 92.61% for food and hydration, the second highest among London Commissioning Group for NHS Hospitals.
- Surveys are undertaken monthly through Meridian (survey & free text), Hospedia (poll, survey & free text), in house surveys carried out by supervisors and feedback from clinical meetings such as EWP (Excellent Ward Project), Nutritional Steering Group & Management ward visits.
- The Catering team is fully engaged in supporting the Trust's Food and Nutrition Strategy and is working towards a 'Bronze' Food For Life Catering Mark award. This award is closely linked with the Government Buying Standards for Catering which focuses on compliance & national standards for food & nutrition for health & well-being delivered to patients, staff & visitors. It focuses on sustainability, ensuring farm assured meats are used, local produce, carbon footprints measured and raw energy efficiency.

Meridian Inpatient Survey - Food - Fair/Good/Very Good



## Catering Services Scores compared with other London Trusts

Trust	Quality	Choice	Help	Total
GSTT	5.6	8.9	7.4	21.9
Imperial	5.4	8.6	6.1	20.1
UCLH	5.1	9	6.5	20.6
Kings	5.4	8.5	6.7	20.6
Barts	4.7	8	6.3	19
Royal Free	5.3	8.8	7.4	21.5
Chelsea and Westminster	5.4	8.5	7.6	21.5
St Georges	5.6	8.4	6.8	20.8

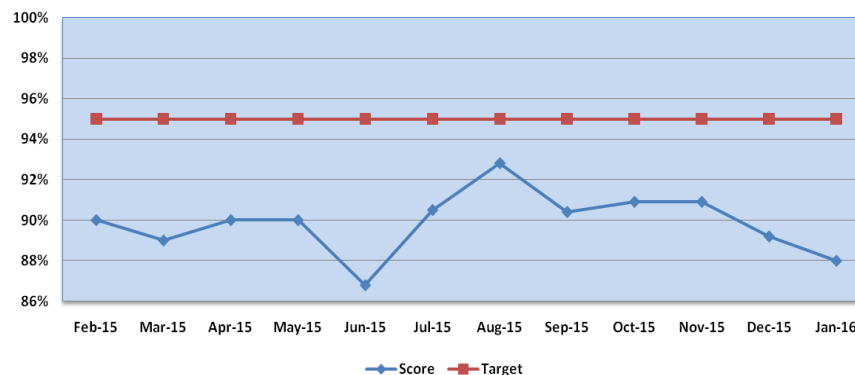
### Summary:

- The new patient transport contract commenced on the 1st December 2015. The new service is delivered by three providers: Savoy Ventures (75%), Essentia in-house (20%) and Private Ambulance Service (5%).
- The new contract contains enhanced service standards which will be developed over the initial three month mobilisation period. In the meantime, performance will continue to be reported against the pre-contract KPI's in order to assess the stability of the service throughout this phase.
- The principal KPIs in the new contract are:
  - 95% of patients should arrive no earlier than 45 minutes before their appointment and no later than 15 minutes before.
  - 95% of patients should depart within 30 minutes of reporting ready to travel.

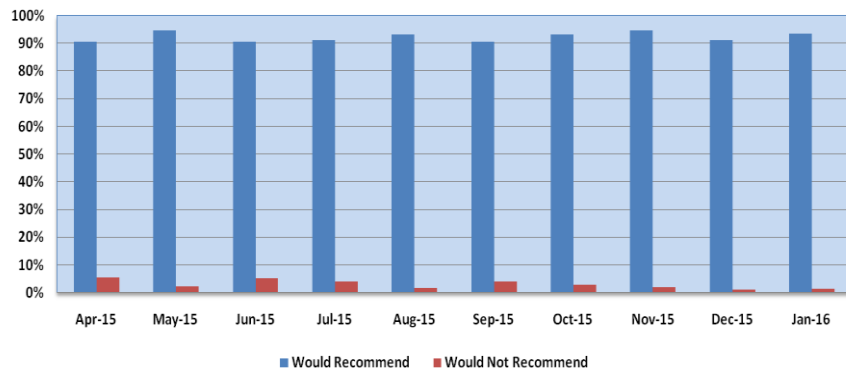
### Action and Progress to Date:

- There have been operational challenges in the first two months of the new service but these are being addressed with the various service providers. The main issue concerned availability of driver and vehicle resource from the main provider.
- The Friends and Family score (see graph below) reflects an improvement on prior month. The Trust has retained operational capability and has been able to intervene as issues have arisen.
- There have been operational issues in the four renal units where the service transferred to the new transport provider. These have been addressed to a point as reflected in the number of DATIX reports, but there is still considerable 'background noise' in respect of this.
- Essentia is working closely with the contractors to drive performance towards the new contract KPIs. Regular operational and performance meetings are held, where the focus is on service improvement and delivery of the enhanced performance standards.

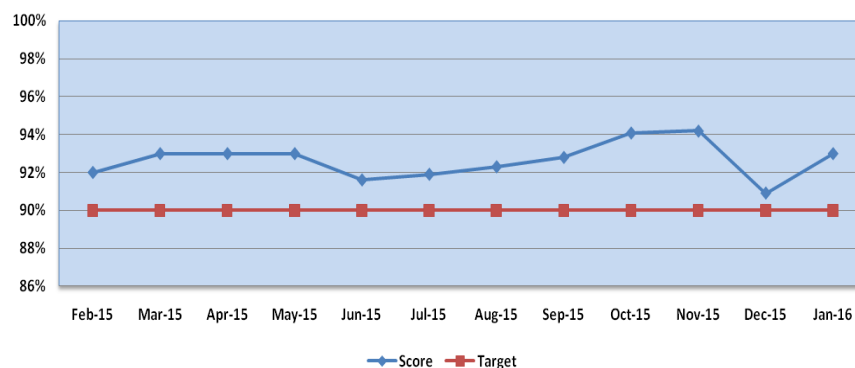
Patient Transport - Patients arriving within 90 minutes prior to appointment



Patient Transport - Friends and Family



Patient Transport - Patients picked up within 90 minutes of reporting 'ready to travel'



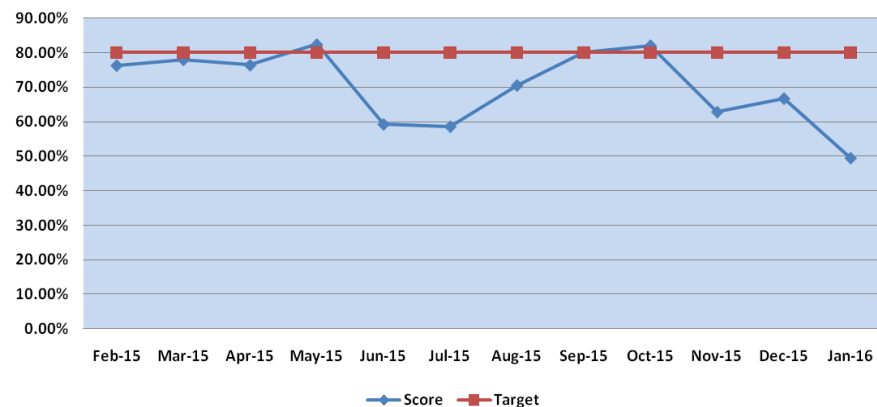
## Summary:

- Pick up of internal (22,979) and external (65,239) calls both increased in performance against their respective targets for January. The percentage of calls answered within 30 seconds deteriorated against target this month, remaining in red RAG status. This is due to the worsening recruitment situation the department is currently facing.

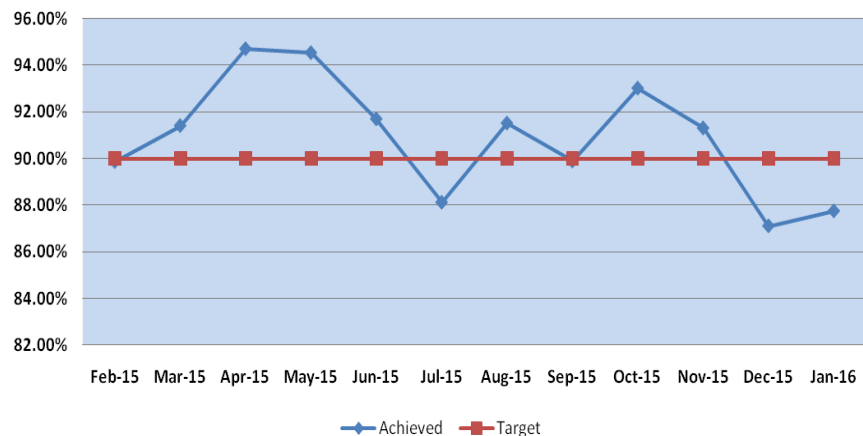
## Action and Progress to Date:

- The main driver for below target performance is due to staff shortages. Currently the Customer Services department have 12 WTE vacancies, with 3 staff on maternity leave and 3 staff on long term sickness absence.
- Temporary staff coverage via the Bank is being used to mitigate the staff issues currently being faced.
- Interviews for vacant posts have been delayed and are now due to take place in at the end of February. It is expected that figures will maintain a downward trend in February until the posts have been filled.
- A further four members of staff are being recruited, subject to Operations Board approval, which is to be funded by Cancer Services to manage the CNS helpline.

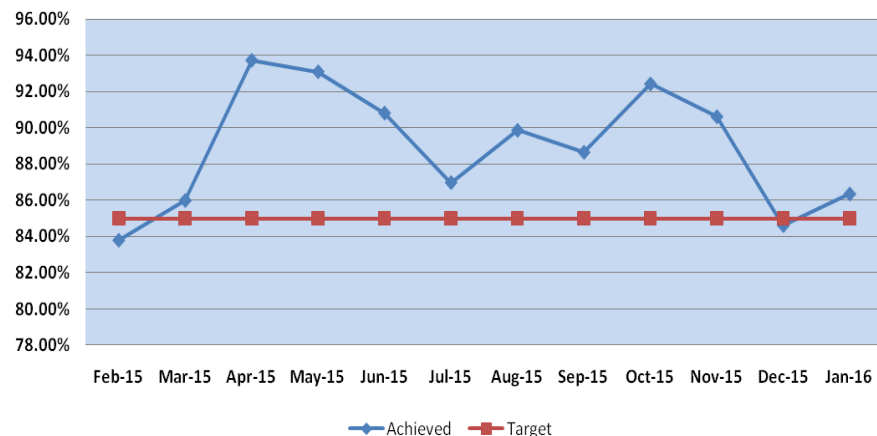
% of Calls Answered Within 30 Seconds



GSTT External Calls - % Achieved



GSTT Internal Calls - % Achieved



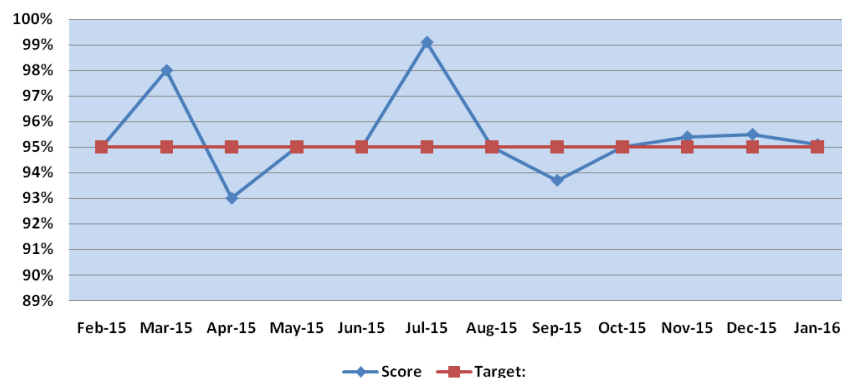
### Summary:

- Following the investment in an enhanced out of hours maintenance regime, lift availability performance is running at approximately 95% each month. This KPI relates to the 2 acute sites and measures the up time in hours (excluding scheduled lift maintenance).
- Priority 2 maintenance calls (responded to within 4 hours) have achieved and exceeded the target set out in the Service Level Agreement during the past nine months. The KPI measures the time it takes to respond to the calls, as resolution may require out of hours work, procuring of additional parts etc.

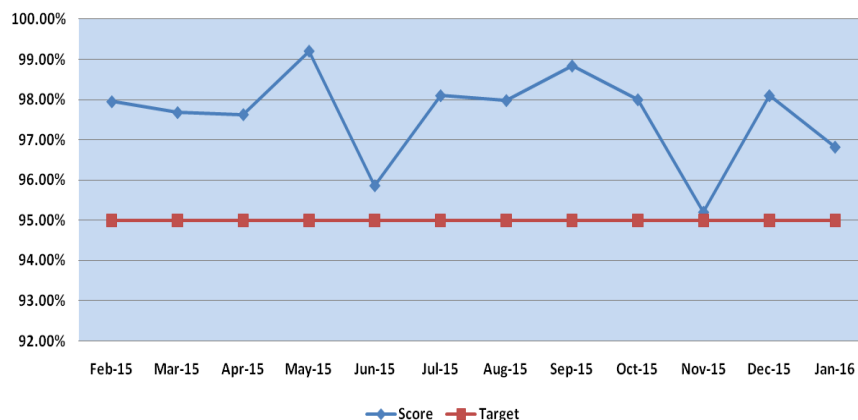
### Action and Progress to Date:

- Capital Backlog Maintenance investment is being targeted at key elements of the lift infrastructure, where the age of the systems is an issue.
- The Building & Engineering team remains challenged by the 70% monthly target for Priority 2 calls within 4 hours. Deployment of PDAs to front line teams is complete and this is improving productivity and work monitoring. In the medium term, the Essentia COO is undertaking a wider review of the team's workload.
- Priority 1 calls are rare and infrequent and therefore are not represented graphically.

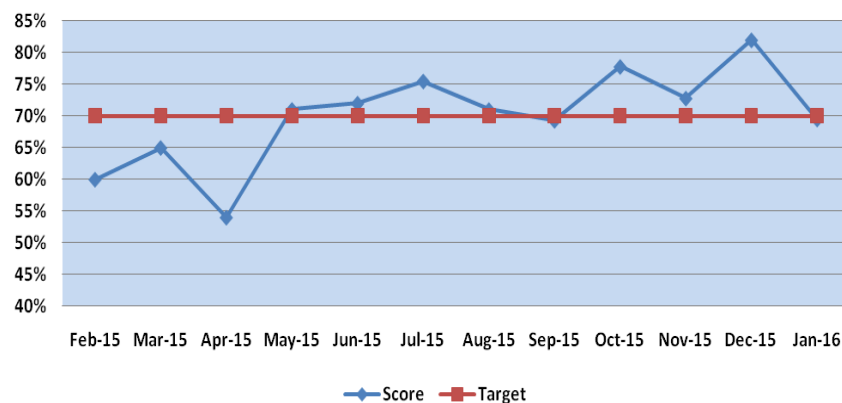
**Guy's & St Thomas' - Lift Performance**



**Essentia Facilities Service Desk - % Calls Answered**



**Building & Engineering - Priority 2 Calls**



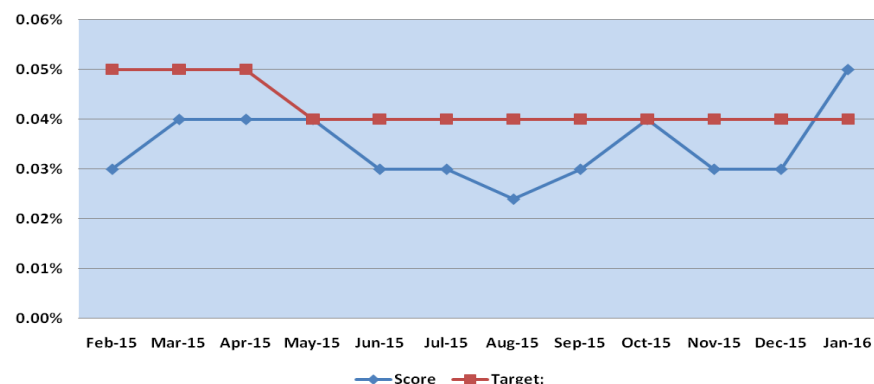
## Summary:

- Sterile Services breached the non-conformance target in January 2016, reporting an outcome of 0.05% against the (deliberately challenging) non-conformance target of 0.04%.
- The breach was primarily due to pressures on the unit caused by a backlog of Dental workload slipping into dayshift and an increase in run rate for theatre trays.
- It is anticipated that the non-conformance target will be achieved in February 2016.

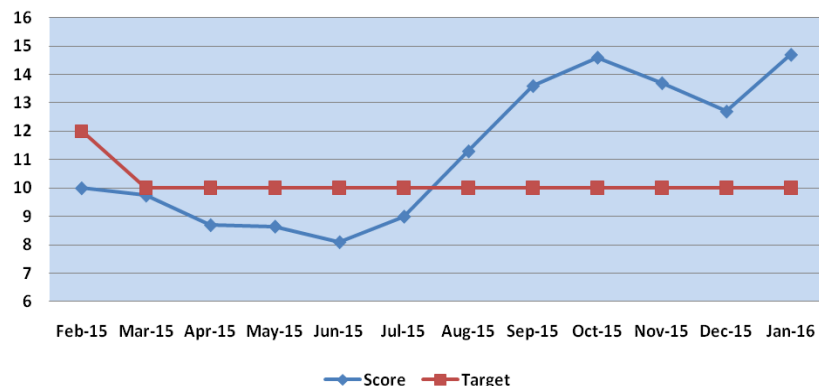
## Action and Progress to Date:

- The average instrument processing turnaround time has not met the target standard for the last six months. This issue is being addressed with locally delivered training, so that the right balance is achieved between the speed and efficiency of the units, while not compromising on quality.
- A bid to North Middlesex University Hospital NHS Trust to provide decontamination services in order to secure additional income and generate return on the investment made in sterile services has been successful. Essentia will provide the service from 4th April 2016.

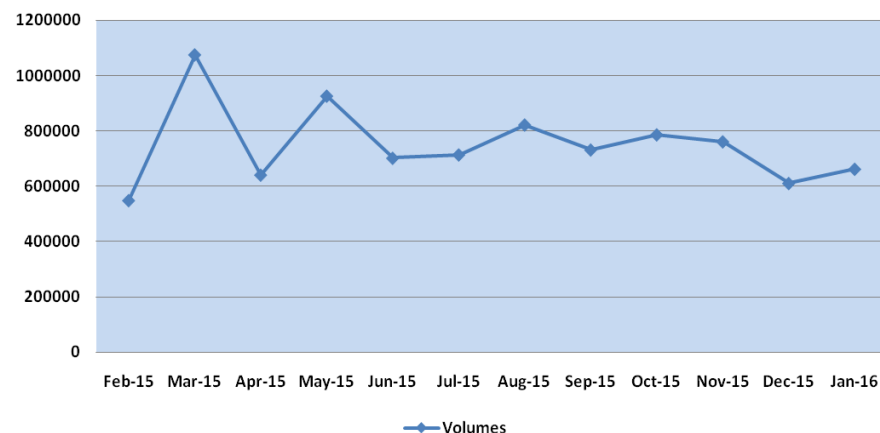
Sterile Services - Non Conformities



Sterile Services - Average Instrument Processing Turnaround Time



Sterile Services - Instrument Volumes



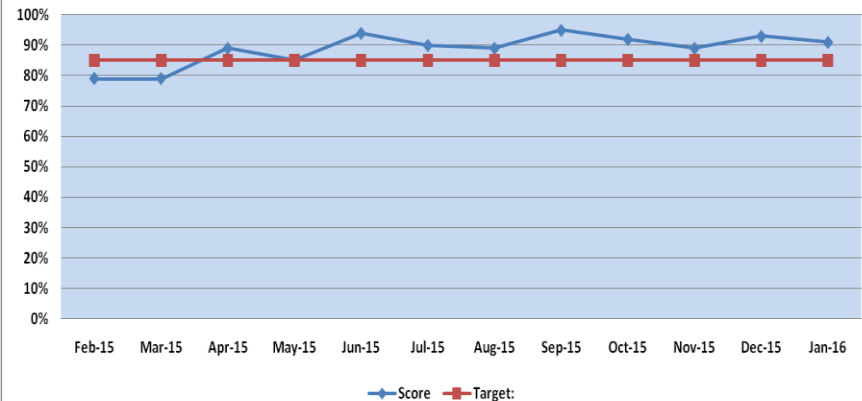
### Summary:

- The agreed service level for customer satisfaction (85%) was exceeded for last eight months (74 responses received in January).
- Incidents resolved within target are also being consistently achieved.

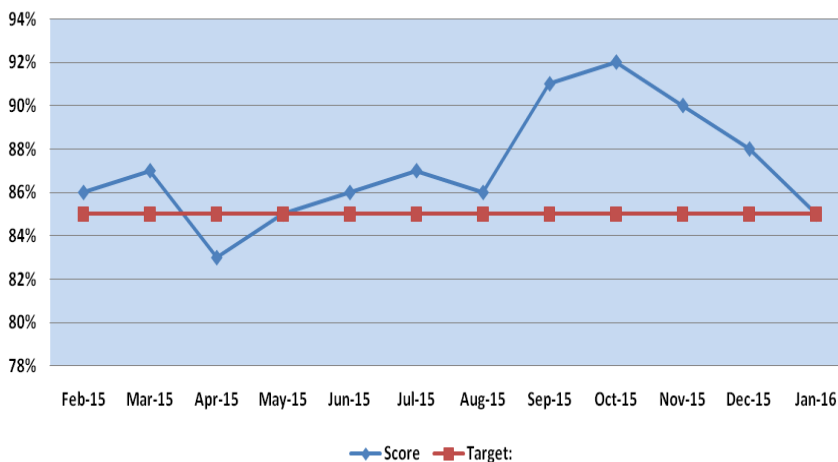
### Action and Progress to Date:

- The average time to answer calls by the IT Service Desk deteriorated in performance to 91 seconds against a target of 60 seconds in January, compared to 53 seconds reported in December. This was due to a number of power outages within the Trust, including one that directly affected the Service Desk team in York Road.
- There was one serious incident in January relating to the EPR (iCM) system which was not allowing users to update the observation chart. This issue was resolved within the same day.
- IT Service availability was generally good for key IT services achieving the target of 99.9% uptime, with five applications experiencing partial unavailability for short periods.

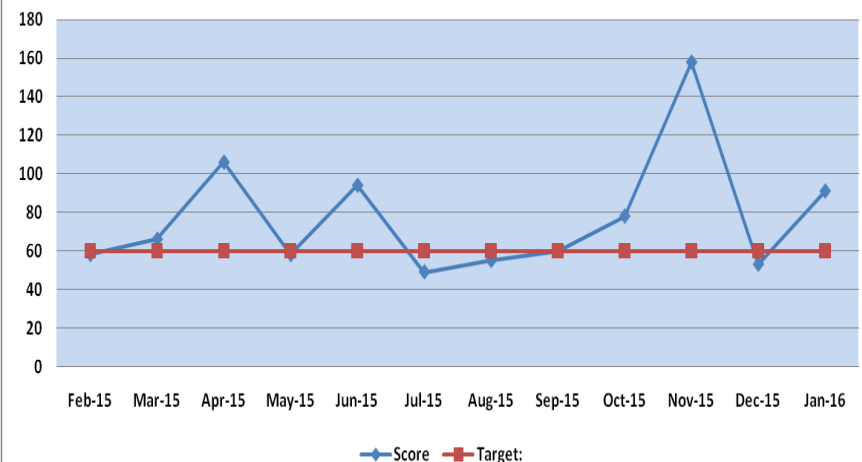
IT - User Satisfaction



IT - Incidents Resolved Within Target



IT - Service Desk Avg. Call Answer Time (Seconds)



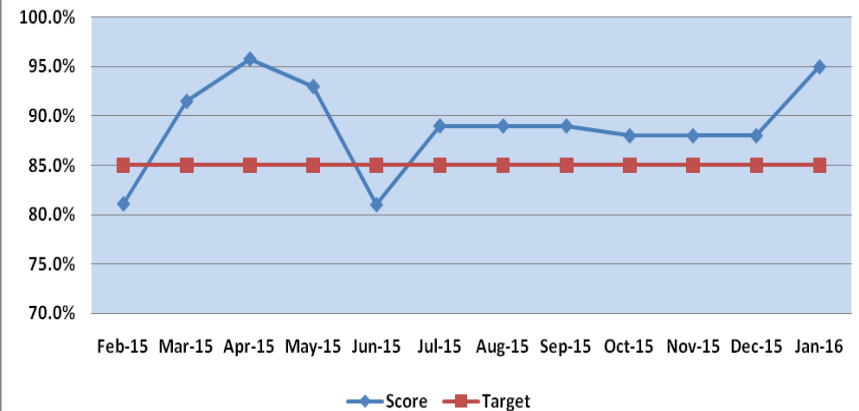
### Summary:

- Community Reactive Maintenance and PPM Tasks are consistently achieving and exceeding their targets.
- Community cleanliness scores consistently score above the 95% target.

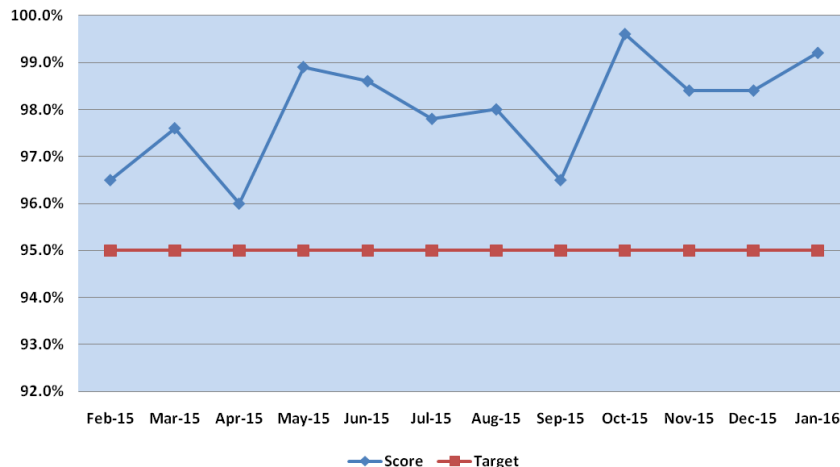
### Action and Progress to Date:

- The shortfall performance target for PPM Tasks Completed for June 2015 was due to staff shortages which has now been rectified. This area is now tracking consistently above its target of 85%.
- Reactive Maintenance is also tracking consistently above its target of 80%.
- Community cleaning scores continue to exceed its target of >95%.

### Community - PPM Tasks Completed



### Community - Cleaning Scores



### Community - Reactive Maintenance

