

Integrated Quality and Performance Report



March 2017

0.1 Executive summary

March 2017

Page 2

In this month (page 5)

GP referrals grew by 15.9% in March (10.5% overall for Q4) which was a continuation of the theme of referral growth seen throughout 2016/17. This was also reflected in urgent cancer referrals which, although slowing down compared to February they were still up 6.7% when compared to the same period in the previous year. Day case activity rose sharply in March (up 15.1% on the same month in the previous year). Although non-elective activity was down in March the pattern of increased surge levels particularly through the twilight hours continued which meant there were an increased number of days where attendances exceeded 400.

Are we safe? (pages 6-16)

During March 20 Serious Incidents were reported to the CCG and zero never events. There were a number of patients who fell with reported harm which are being investigated and a trust wide approach to prevention is a high priority. 12 completed Serious Incident reports were submitted on time and were discussed at the Serious Incident Assurance Panel. Ongoing work continues to ensure actions following investigation into adverse and serious incidents are completed.

Are we effective? (pages 17-28)

We continue to perform well against most of the indicators being monitored. The Trust performed well in most CQUINs for Q4. Final details are being agreed with NHSE for CQUINs for 2017-18.

Are we caring? (pages 29-39)

Our Friends and Family Test results feedback remains positive and we are maintaining satisfactory response rates in many areas. "Recommend" scores are stable in most areas of care although A&E and Patient Transport have seen slight dips this month. The proportion of patients who say they would "not recommend" the Trust has dipped slightly for Maternity and A&E. We are ensuring that more real time information is available to Directorates and continue to encourage teams to review key themes emerging from free text comments and identify actions for improvement.

Are we responsive? (pages 40-56)

Performance against the A&E 95% standard deteriorated in March to 86.5% when compared to February, however, overall performance against this standard in Q4 was better than in Q3. Attendances were down in March although the department did still experience increased surge patterns through the month particularly during the twilight hours. The Trust's performance against the internal 62 day cancer standard deteriorated from 77.3% in February to 75.9% in March. Overall performance against the 62 day target was 70% for March which is a slight improvement compared to the previous month. However, despite this slight improvement it is worth noting that GSTT was reported in March as the worst performing Trust against this standard in London. This now has an increased focus for the Trust to improve its performance against this standard. Referral to Treatment (RTT) performance remained largely static at 89.2% when compared to the previous month and remains above the STF trajectory. Patients waiting >52 weeks decreased slightly to 17. The Diagnostic standard was achieved in March.

Are we well-led? (pages 57-61)

The Trust achieved the highest score for overall Staff Engagement of any healthcare provider in England; at 4.03 (on a scale of 1-5) compared to the national average of 3.80. Staff satisfied with the quality of work and patient care scored 4:11, against a national average of 3.92.

Our vacancy rate reduced further to 10.58% but remains above target. Agency spend increased to 5.61% of the pay bill, which is above target and the same month last year. Usage continues to be monitored closely on a weekly basis. Turnover reduced slightly to 12.24%. The number of completed personal development reviews (PDR) decreased to 72.43%. Managers and staff have been reminded of the importance of undertaking and reporting PDRs.

How effective are our enabling services? (pages 62-75)

The Trust has recorded a surplus of £34.1M for March, which is £36.5M better than the planned loss of £2.4M. Essentia Patient Services - who provide non-clinical support services across the Trust, have provided reports across its services. This enables a wider review of how it supports the Trust in its day to day activity.

0.2 Trust overview

March 2017

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Domain	Ref	Theme	Page	Management priority (last month)	Management priority (this month)	Forecast status	Briefings
1 Safe	1.1	Patient safety - incident reporting	8	Moderate	Moderate	Stable	
	1.2	Patient safety - harm-free care	9	Minor	Minor	Stable	
	1.3	Infection control and cleanliness	11	Minor	Minor	Stable	
	1.4	Screening on admission	13	Minor	Minor	Stable	
	1.5	Mortality indicators	14	Excellent	Excellent	Stable	
	1.6	Safe staffing (nursing and midwifery)	15	On track	On track	Stable	Nursing and Midwifery Safe Staffing/Infection Control (HCAI)
2 Effective	2.1	Quality Indicators	18	Minor	Minor	Stable	
	2.2	Quality Indicators - Specialist	21	Minor	Minor	Stable	
	2.3	Clinical best practice (inc readmission management)	23	Minor	Minor	Stable	
3 Caring	3.1	Admitted Patient Experience	26	Moderate	Moderate	Improving	Friends and Family Inpatient and Daycase
	3.2	A&E Patient Experience	29	Moderate	Moderate	Improving	Friends and Family A&E
	3.3	Maternity Experience	31	Moderate	Moderate	Improving	
	3.4	Outpatient Experience	32	Moderate	Moderate	Improving	
	3.5	General patient and carers' experience (inc involvement in care and treatment)	33	Moderate	Moderate	Improving	
4 Responsive	4.1	A&E access	34	Significant	Significant	stable	A&E waits
	4.2	Elective treatment access (inc referral to treatment performance)	35	Significant	Significant	stable	
	4.3	Cancer access	38	Significant	Significant	at risk	Cancer Waits, External Referrals
	4.4	Diagnostic access	39	Moderate	Moderate	at risk	
	4.5	Bed capacity and management	42	Moderate	Moderate	Stable	
	4.6	Outpatient management	48	Moderate	Moderate	Stable	
	4.7	Theatre and critical care management	49	Moderate	Moderate	Stable	
	4.8	Complaints management	50	Moderate	Moderate	Stable	
5 Well-led	5.1	External assessments	51	Minor	Minor	Stable	
	5.2	Staff experience (inc open and honest reporting)	52	Excellent	Excellent	Stable	
	5.3	Workforce indicators	53	Minor	Minor	Improving	
6 Enablers	6.1	Overall financial position	54	Moderate	Moderate	Stable	
	6.2	Activity volumes ('magic numbers')	60	Moderate	Moderate	Stable	
	6.3	Fit for the Future programme - inc cost improvement plan (CIP) delivery	61	Significant	Significant	Stable	
	6.4	Data quality, clinical coding, information and IT	63	On Track	On track	Stable	
	6.5	Essential Patient services	64	Minor	Minor	Stable	

0.3 Key to scorecard assessments

March 2017

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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

0.4 In this month

March 2017

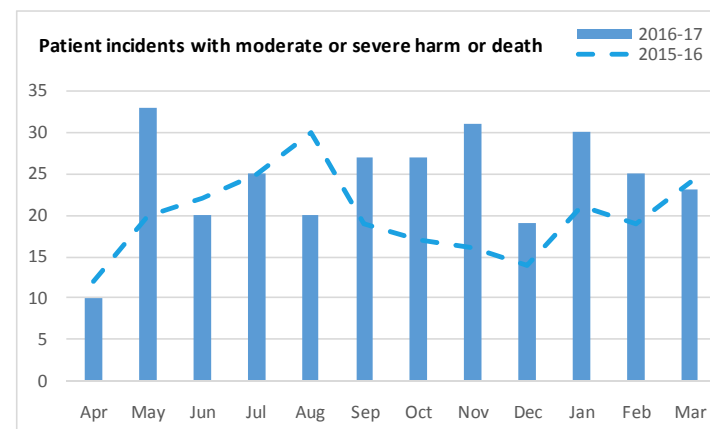
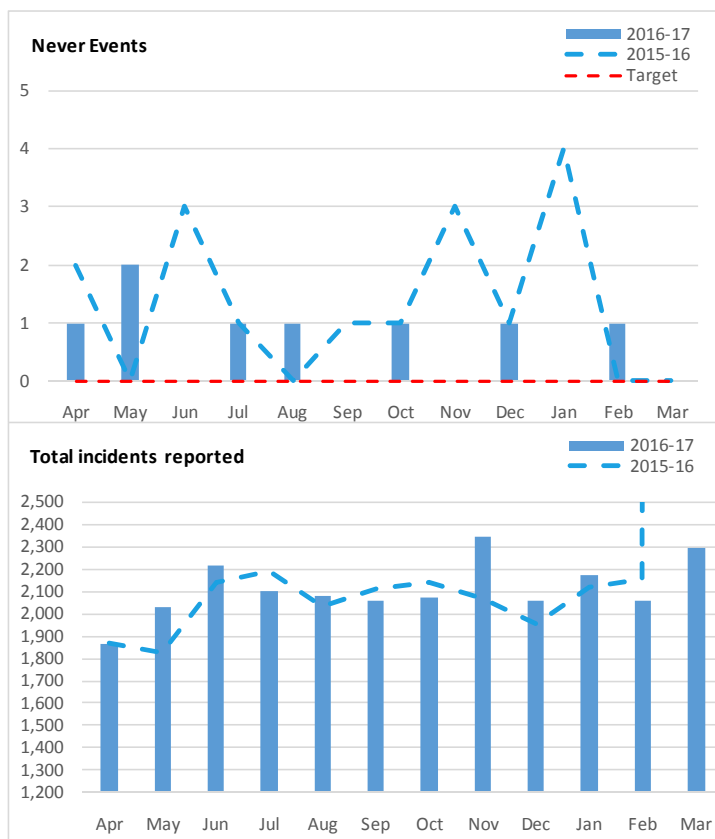
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	March	Compared to last year	
		Same month	Year so far
We received...			
Referrals from GP's	21,387	15.9%	13.7%
Urgent cancer referrals	1,489	6.7%	12.6%
Referrals to @Home and ERR	492	29.8%	-4.7%
We treated...			
A&E attendances	15,528	-5.5%	1.5%
Non-elective admissions	4,041	9.8%	7.1%
Outpatient attendances	104,498	13.0%	5.1%
Day cases	6,551	15.1%	7.3%
Elective inpatients	2,529	4.2%	-4.0%

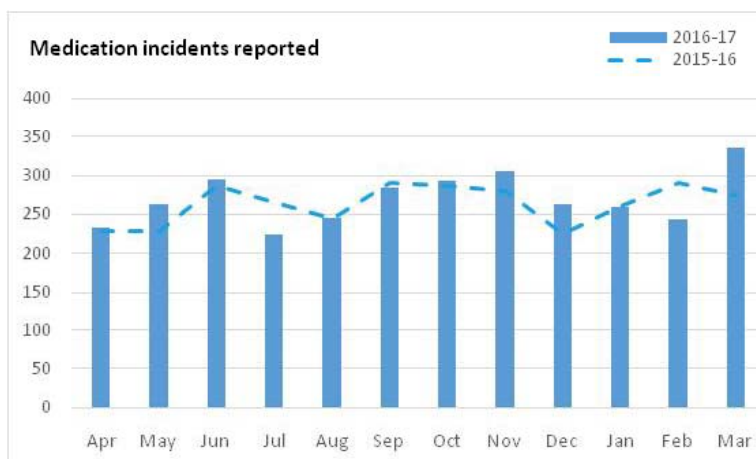
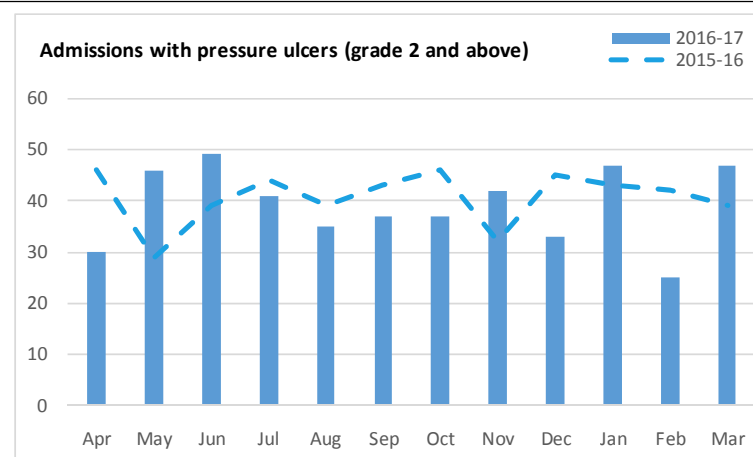
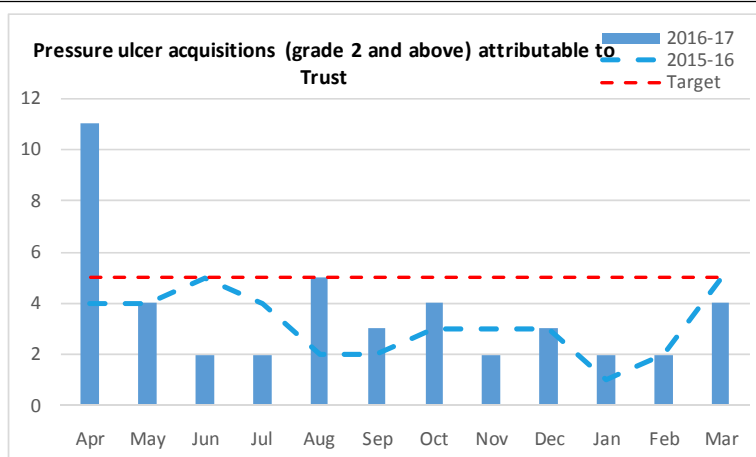
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor	Quality priorities	Trend chart
1.1 Patient safety - incident reporting	INC 06	Total incidents reported	Number	-			2,052	2,172	2,059	2,295	2,112			Y
	INC 06S	Incidents - Reported on STEIS (total number)	Number	-			6.6	13	7	20	9.8			
	INC 06ST	Incidents reported on Datix that are STEIS reportable (total number)	Number	-			0.0	7	7	20	8.1			
	INC 07	Never Events	Number	Zero			1.3	0	1	0	0.7			Y
	INC 01	Incidents resulting in unexpected death	Number	-			2.3	3	3	2	2.8			Y
	INC 02	Incidents resulting in severe harm	Number	-			2.2	6	6	8	3.9			Y
	INC 03	Incidents resulting in moderate harm	Number	-			15.4	21	16	13	17.5			Y
	INC 04	Incidents resulting in low harm	Number	-			317	282	288	298	305			
	INC 05	Incidents resulting in no harm	Number	-			1,294	1,336	1,291	1,436	1,357			
	INC 01S	Incidents resulting in unexpected death - reported on STEIS	Number	-			2.0	4	2	3	2.4			
	INC 02S	Incidents resulting in severe harm - reported on STEIS	Number	-			1.7	1	3	12	3.5			
	INC 03S	Incidents resulting in moderate harm - reported on STEIS	Number	-			0.9	3	3	1	1.8			
	INC 04S	Incidents resulting in low harm - reported on STEIS	Number	-			1.1	1	0	0	0.7			
	INC 05S	Incidents resulting in no harm - reported on STEIS	Number	-			0.9	4	0	4	1.8			
	INC 08P	% incidents relating to patients	Mthly %	-			79.5%	75.9%	77.9%	76.6%	79.9%			
1.2 Patient safety - harm-free care	305T	Pressure ulcer acquisitions (grade 2 and above) attributable to Trust	Number	<5			3.2	2	2	4	3.7			Y
	305TA	Admissions with pressure ulcers (grade 2 and above)	Cases	-			41	47	25	47	39			Y
	INC 22	Medication incidents reported	Number	-			263	260	243	335	266			Y
	INC 21	Patient falls with moderate or severe harm	Number	-			1.6	1	1	5	3.1			Y
	INC 20	Patient slips trips and falls	Number	-			145	146	144	155	156			Y
	313BD	Incidence of falls per 1000 bed days	Number	-			4.9	4.9	5.0	4.8	5.2			Y
	WHO	WHO surgical safety checklist	Ann %	-			86%				85.0%			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor Quality priorities	Trend chart
1.3 Infection control and cleanliness	324	MRSA screening of admissions	Mthly %	>95%			95%	91.1%	90.9%	91.3%	90.3%		Y
	301	MRSA bacteraemia (Trust-attributable)	Number	Zero			0.2	1	0	0	0.3		Y
	302L	C-Diff acquisitions resulting from lapse in care	Number	Zero			0.3	0	0	0	0.1		Y
	302T	C-Diff acquisitions (Trust-attributable)	Number	<4 pm			4.3	2	1	0	2.7		Y
	AMS	Anti-microbial stewardship	Score	>85			92.7	82	84	80	88.8		Y
1.4 Screening on admission	9936	VTE screening (externally reported)	Mthly %	>95%			97.2%	96.4%	96.2%	96.0%	96.6%		Y
	Dem75	Dementia screening (patients aged over 75)	Mthly %	>90%			92.7%	79.4%	90.6%	92.3%	88.9%		Y
1.5 Mortality indicators	350	Deaths in hospital - number in month	Number	-			93.7	105	86	89	87.8		Y
	HSMR	Hospital standardised mortality ratio (HSMR) - most recent score	Ratio	<90			75.6	69.6	67.0	67.0	71.7		Y
	SHMI	Standardised healthcare mortality index (SHMI) - most recent score	Ratio	<90			79.0	76.0	76.0	76.0	75.3		Y
1.6 Safe staffing	SafeS	Safe Staffing - ratio of actual to planned hours	Mthly %	-			100.1%	99.7%	100.5%	101.3%	100.0%		

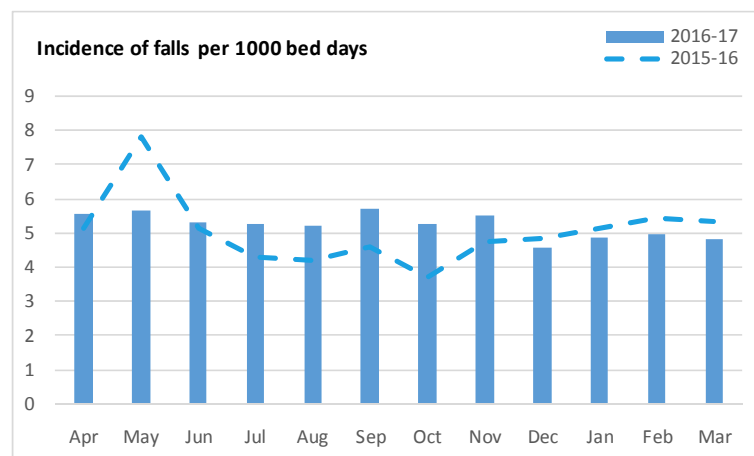
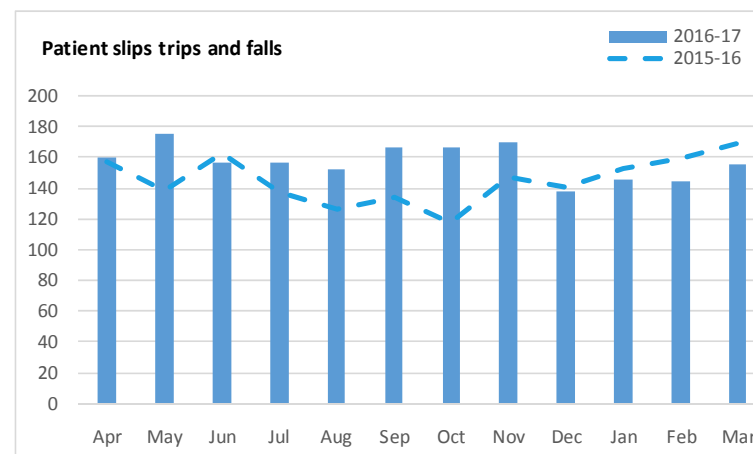
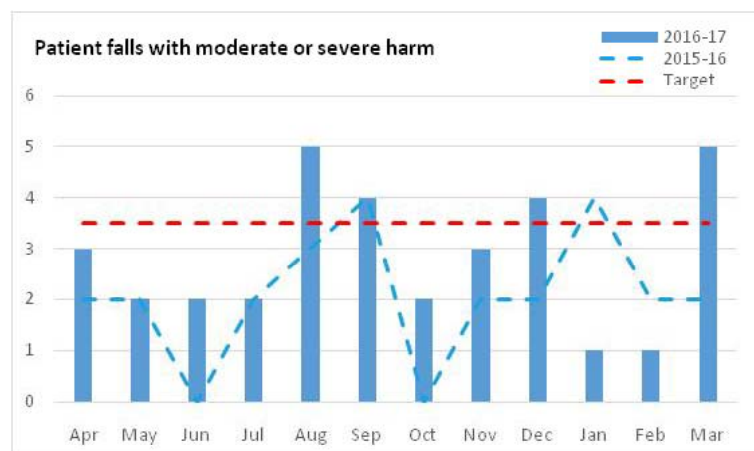
- No Never Events occurred March. There was a notable increase in the number of Serious Incidents (SIs) from eight in February to 20 reported in March, however it is not uncommon to have large variances of SIs from month to month. This was discussed at the monthly CCG quality performance meeting (CQRG) in April and no concerns relating to the variance were highlighted. It was noted that with many reported incidents, material gaps in care or treatment leading to causation are not present, however the primary focus when reporting is on ensuring that an effective investigation takes place, helping to ensure any learning opportunities are captured. The CQRG praised the Trust for the quality of the investigations being submitted and the improved and sustained overall SI performance. In March, falls and treatment delays account for 50% of reported SIs and unusually there were three maternity SIs. All are under formal RCA investigation and will be concluded in a comprehensive action plan that is presented to the Trust Serious Incident Assurance Panel (SIAP). SIAP ensure that all reports have robust action plans which address any lessons that need to be learnt, including organisational learning, and these action plans are then monitored through directorate governance groups. Twelve completed RCA investigations were submitted to Commissioners in March, all with detailed action plans.
- The number of all reported incidents has increased in March, whilst the number of incidents resulting in moderate or above harm has decreased to the lowest levels since August 2016 (with the exception of December). This is a further indicator of a strong and positive incident reporting culture, that is also reflected in national data reports, such as the National Reporting & Learning System (NRLS) whose publication lists the trust in the top ten reporting group



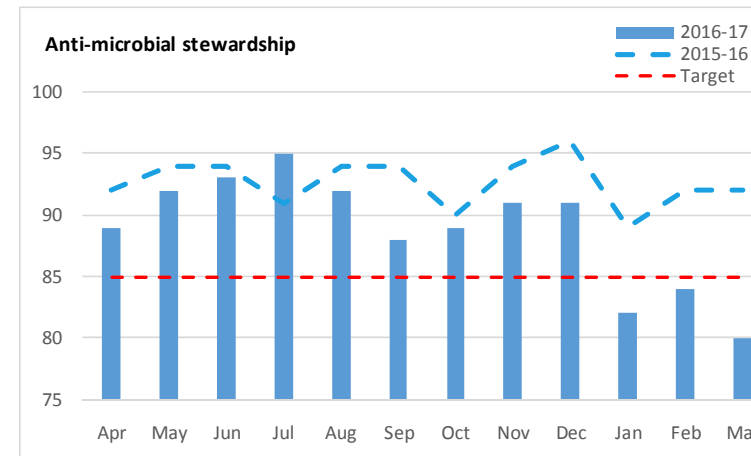
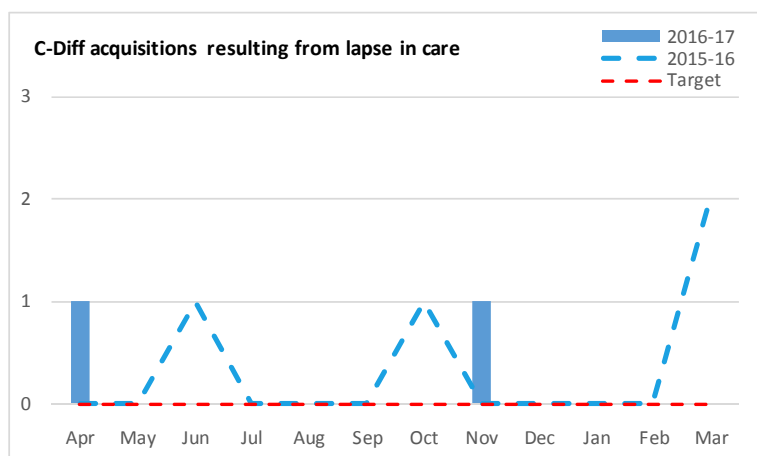
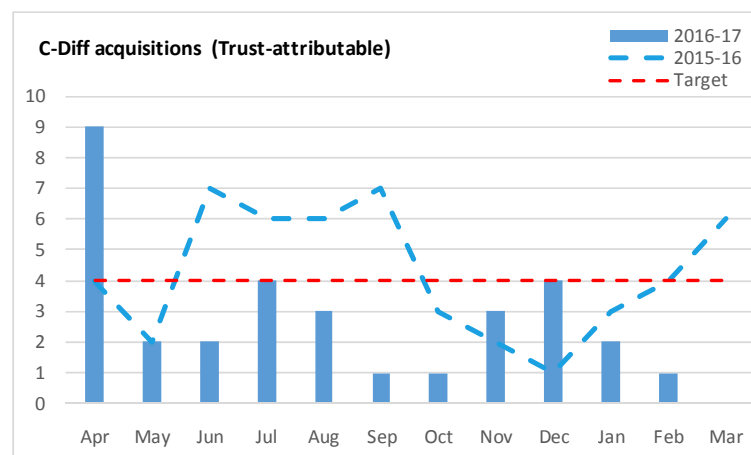
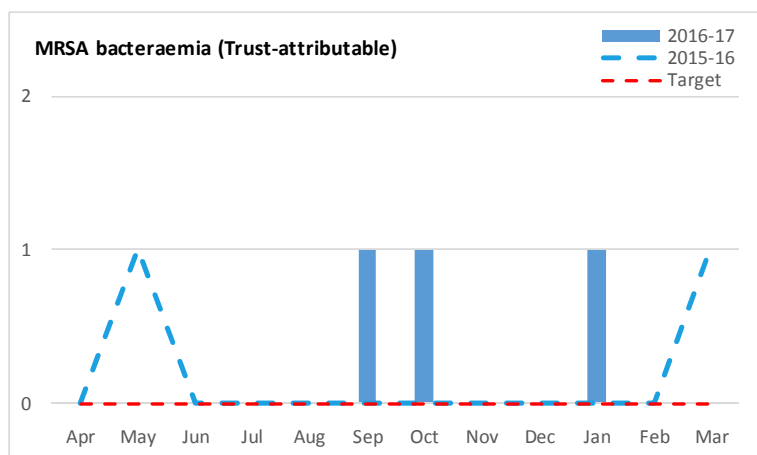
- There were 4 pressure ulcers this month all stage 2 feedback for local learning has been identified and implemented.
- Admissions with ulcers were higher than previous months the reason for this is unclear.
- Medication incidents include 54% dose administration, 16% prescribing and 14% drug supply/dispensing incidents. Failure types include omission or delay, wrong dose frequency and inadequate records or storage. Harm from medication incident reports remains low (89% no harm, 11% low harm).
- A NHS-I alert around insulin pen misuse has been addressed. Dose omissions guidance on GTi has been updated. Electronic prescribing and medication administration functionality was enhanced (infusions module). Learning is disseminated in monthly Medication Safety newsletter and weekly communication 'Safe in our Hands'.



- This month there was a small increase in the incidence of falls with 153 reported compared to 141 in February. An increase in falls was seen in both Inpatient and Community areas, with 113 Inpatient falls reported compared to 102 in February, and 10 falls reported in the Community compared to 4 last month. There was a small reduction in the number of Non-Ward falls reported with 30 reported in March compared to 35 last month
- Looking more in depth at the data there were 133 patients that fell and 153 falls reported, which meant that there were 20 falls that involved a patient falling more than once. This is a reduction from last month where 28 falls involved a patients falling more than once. Assisted falls remained stable with 20 reported in March compared to 19 in February. The directorates with the highest incidence of falls remain Acute Medicine, Haematology & Oncology and Cardiovascular
- There were 5 Falls resulting in Moderate harm or above this month which occurred in the following Directorates; 2 patients in Acute Medicine, 2 patients in Cardiovascular and 1 patient in Transplant, Renal & Urology



- C-diff performance is good with 2 lapses in care since April.
- There was one case of MRSA bacteraemia in March
- Recent performance in antimicrobial stewardship is connected to changes in data collection methodology (see slide 7 for detail)



Where we want to be. Targets and benchmarks:

- ***Clostridium difficile*** - The external objective for reportable cases of *C. difficile* (Cdiff) for 2016/17 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'.
- **Meticillin 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 - For March the Trust reported total 11 cases of which 4 were attributable. There were no 'lapses in care' during March Figure 1. The Trust remained below trajectory for 2016/17 (total 36 attributable cases), a 30% reduction over 2015/16.

MRSA bacteraemia - was 1 MRSA bacteraemia in March, year to date total at 4

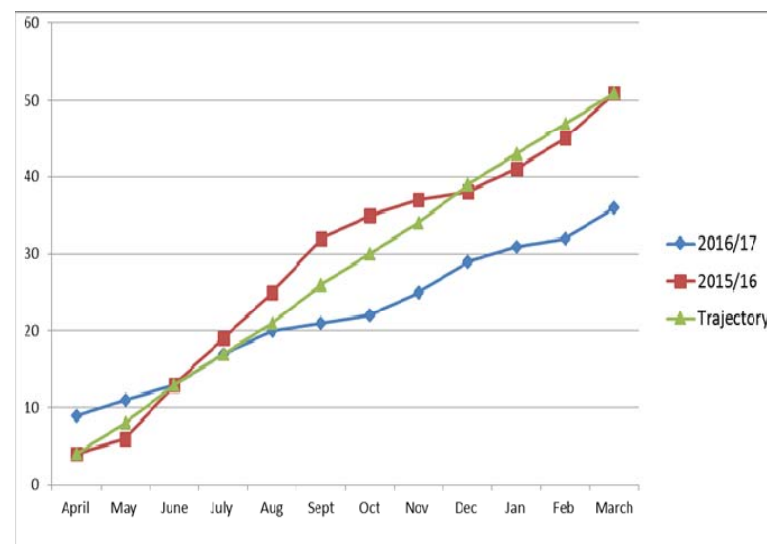
•Other bacteraemia

•MSSA – For March 2017 the Trust reported 7 cases of which 1 was deemed to be Trust attributable (identified > 48 hours after admission). Overall the position is similar to the same period in 2015/16 and there has been a reduction of cases in the past three months.

•E coli – For March 2017 the Trust reported 35 cases, of which 9 were categorised as healthcare associated. There is now an increased focus on *E coli* and other Gram negative bacteraemia from NHS England. Effective April 2017, mandatory reporting to include *Klebsiella spp* and *Pseudomonas aeruginosa* bacteraemia with ambition to reduce gram negative bacteraemia by 10 % in 2017/18.

•**Antimicrobial stewardship** - data collection methodology has changed leading to broader & deeper coverage; this has uncovered some areas of suboptimal practice that were not evident using the old methodology, although there has been no adverse change in any other stewardship quality metrics.

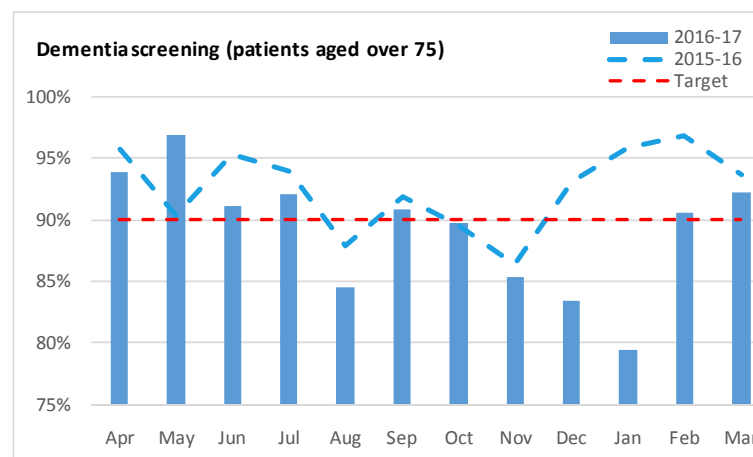
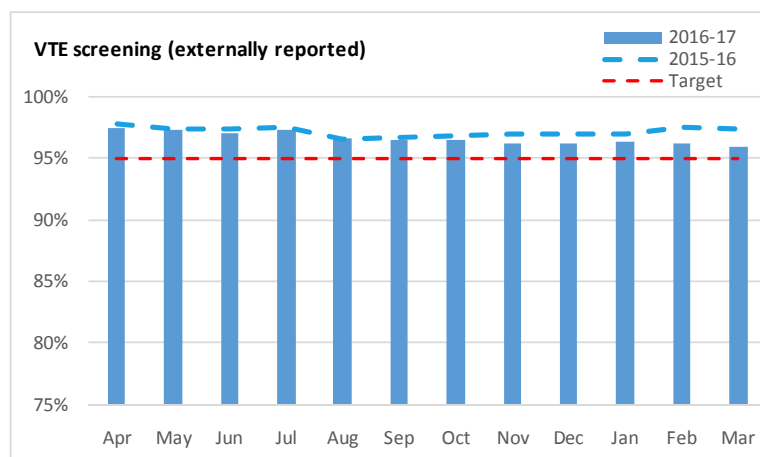
Figure 1. Cdiff cases 2016/17 compared with 2015/16 with a linear trajectory to 51 cases.



Incidents and Investigations:	Status
Mycobacterium chimera in heater/cooler units used in cardiac bypass machines - A nationally coordinated patient notification exercise completed by end of March and had a number of referrals for patients who have a range of non-specific symptoms.	Actions underway
The Trust has established screening and preparedness for the threat of resistant <i>Candida auris</i> – two imported cases to date and both appropriately managed with no reported cross infection.	Actions underway
Continued but limited influenza and norovirus activity in February. No significant impact on activity or flow.	Actions underway

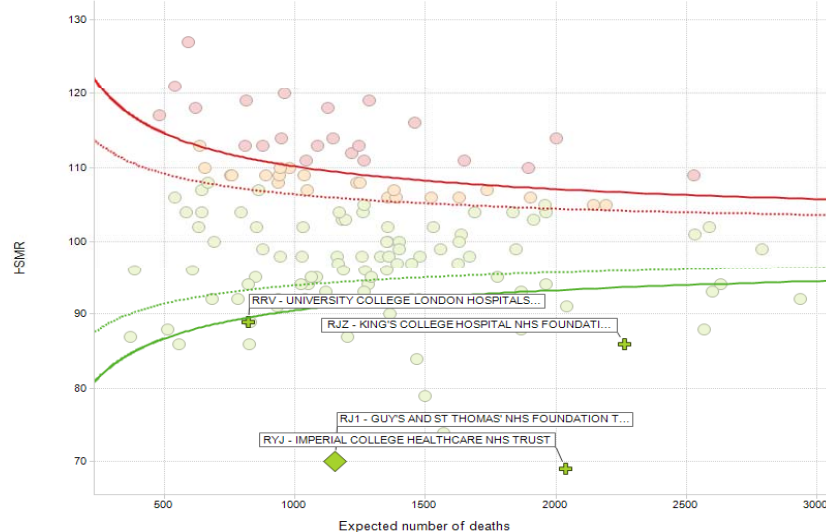
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete
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- The screening compliance rate for March was 92.3% which is an improvement from February 2017. The Dementia and Delirium (DaD) clinical nurse specialists are continuing to make daily ward contacts where there are patients to be screened. The Dementia and Delirium (DaD) CNSs are continuing to target and contact all the wards where compliance is low on a daily basis to ensure that the screening is completed. They have also been working very closely with the Admissions Ward where most of the patients admitted as an emergency are placed and have been able to achieve a higher rate of compliance.
- Screening has been a standing item on the DaD Committee meeting where the group has been reminded too support their clinical areas undertake the screening of their patients. The DaD clinical nurse specialists continue to chase up the wards where the screening is not completed and remind the staff to complete the screening before they breach the 72hr deadline. They have been offering ward based teaching on screening and this has also been clearly highlighted in Level 2 Dementia training. The Clinical lead has continued to support junior doctors and especially targeted all new junior doctors with teaching on screening of all patients over the age of 70 for memory problems within 72 hours of admission.

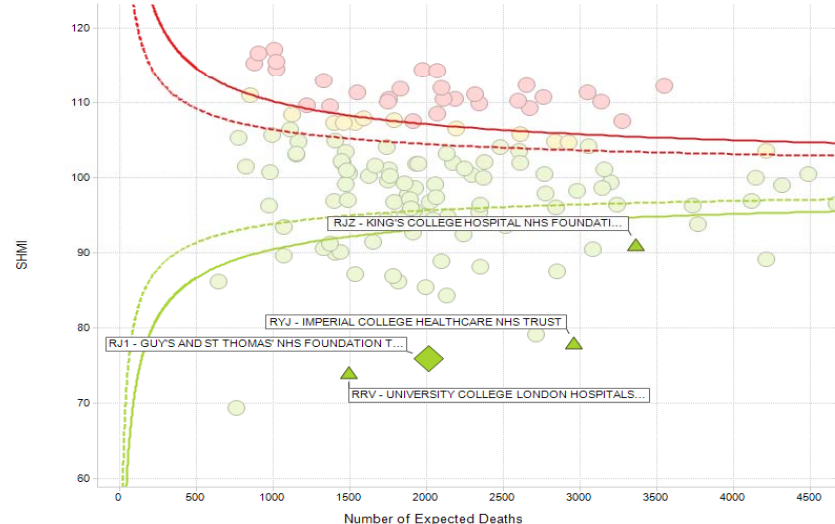


- Benchmarked mortality allows case-mix corrected risk of death to be compared across organisations. The Trust continues to perform exceptionally well, both against the England average and other London acute hospitals. Two measures are used: Hospital Standardised Mortality Rate (HSMR) shown in graph upper left; and Summary Hospital Mortality Indicator (SHMI) shown in graph upper right. SHMI includes deaths within 30 days of discharge. For both indicators a low score is good.
- Crude mortality for 2016/17 is lower than the previous year despite an overall increased activity including for emergency admissions where most deaths occur. Review of deaths did not show any clustering or unexpected trends. Benchmarking mortality indices remain low compared to peers.

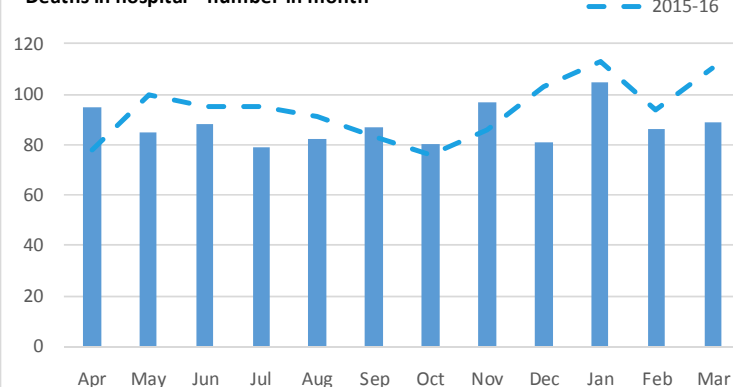
Please note that the funnel plot is only valid when the overall HSMR score is around 100.



Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.



Deaths in hospital - number in month



Key highlights for March 2017

Average fill rates of planned hours for Registered Nurses (RNs) for days were 97.1%, with nights at 101.8%. Average fill rates for planned hours for NAs was 108.9% in the daytime and 112.0% for the night. Overall 101.3% of planned hours were used.

The Directorates have been working hard to maintain patient safety whilst also continuing to focus on reducing the nurse and midwifery agency spend required to meet the NHS Improvement regulations.

Vacancies have decreased by 0.7% since February. On 31st March 2017 there were 338 external candidates in the Recruitment Pipeline, who are expected to join the Trust over the next few months which will have a positive impact on the vacancy rate. Besides looking at possible strategies to increase the retention rate, three weekly recruitment open days continue alongside work to make the on-boarding process more efficient, decreasing the drop-out rate of candidates and improving the time to hire.

The Heads of Nursing and Midwifery (HoN/Ms) have given assurance that they have reviewed their staffing numbers and assessed their areas to be safely staffed.

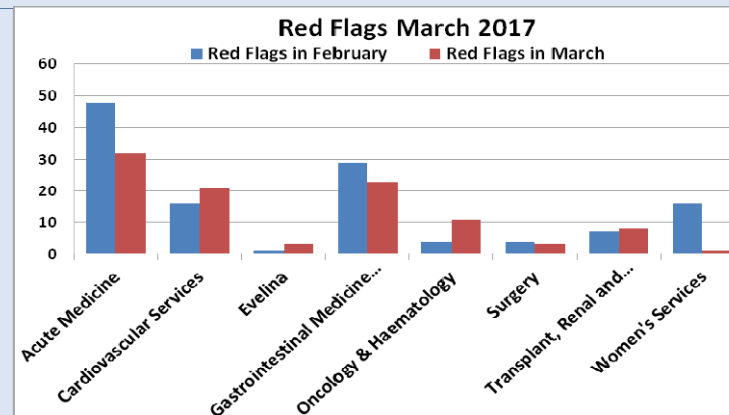
Red Flags

A total of 102 Red Flags, highlighting potential concerns regarding safe staffing were raised in March 2017, 23 fewer than in the previous month. These were resolved within the Directorates without there being an impact upon patient care or patient safety. There were no reported quality incidents related to staffing reported in March 2017.

Safe Staffing

As outlined in the table below the number of bed days in March 2017 stood at 39,815, an increase of 3,154 on the shorter previous month and 8,954 more than in March 2016. There were 44 level 3 days captured this month which is an increase on previous months and represents increased patient acuity within areas outside Critical Care.

The IPAMS system is now consistently collating planned and actual staffing numbers and hours on a twice daily basis as well as patient acuity and dependency. Actual hours for Registered Nurses was 1,999 below the planned hours for the month, which equates to 12.27 WTE, whilst Nursing Assistants were 6,189 above planned hours which equates to 37.98 WTE. This variation is driven by occasions where Nursing Assistants are employed in addition to the planned numbers to provide 1:1 care for those patients requiring enhanced care. There are also occasions where patient acuity is lower than expected and Directorate Teams will facilitate appropriate deployment of Nursing Assistants to cover a vacant shift for a Registered Nurse.



Staffing measures	Mar-16	Mar-17	Change	
Nursing Establishment WTE	5982.82	6054.58	71.76	▲
Nursing Staff in Post WTE	5377.73	5349.40	-28.33	▼
Vacancies WTE	605.09	705.18	100.09	▲
Vacancy rate	10.1%	11.6%	1.5%	▲
Red Flags raised	83	102	19	▲
Agency % of Paybill	6.2%	6.7%	0.5%	▲
Planned v Actual Hrs used	99.0%	101.3%	1.3%	▲
Care Hours per Patient Day	N/A	11.6	N/A	N/A

Count of bed days						
Month	Level 0	Level 1a	Level 1b	Level 2	Level 3	Total
March	12,459	7,665	17,692	1,995	44	39,815
February	10,590	7,140	17,453	1,447	31	36,661

Proportion of bed days				
level 0	Level 1a	Level 1b	Level 2	Level 3
31.3%	19.3%	44.4%	4.9%	0.1%
28.9%	19.5%	47.6%	3.9%	0.1%

Recruitment

The overall Nursing vacancy rate came down to 11.6%, which is 0.7% lower than the previous month. The number of nursing and midwifery staff in post increased by 40.4 WTE from February 2017 while there were 90 leavers recorded for March.

Recruitment activity continues with the 3 weekly Band 5 generic assessment centres yielding good numbers of quality candidates. The review of the new assessment centre process was due to be presented to the Workforce Council in March but the meeting was deferred due to the Westminster Bridge Incident. It will be presented in April and a summary of the findings will be presented to the Board as part of this report in May.

The Trust Open Days for staff interested in working at the Trust were held in March with an excellent turnout both at Evelina and at St Thomas'. These were attended predominantly by nurses due to qualify in September of this year, however there were also attendees who already have their NMC PIN and some experienced staff, particularly in adults. Interviews were conducted on the day and offers made to 27 suitable candidates at both Band 5 and Band 6 level.

Rolling Roster

In May last year the CNO launched the Nightingale Programme with the aim of reducing variation and improving the safety and experience of both our staff and our patients. The priority was to establish a standardised and structured approach to the beginning, middle and end of a shift. As part of this work, the poor experience of staff as to how we plan rosters was highlighted as an issue. Agreement was reached that management of rosters should be improved and the Nightingale pilot areas suggested the introduction of Rolling Rosters. The benefits of rolling rosters include staff receiving their roster in a timely fashion, effective deployment of staff and improvement in the health and well-being of the workforce.

This concept of rolling roster was launched to the entire nursing and midwifery workforce on Wednesday 29th March. A project board has been established and a pre- and post-implementation survey of staff in e-rostered areas is being undertaken to ensure that staff views are taken into consideration. Areas who are keen to commence rolling roster are going first to enable staff in other areas to work through their concerns. It is anticipated that "good news" stories from the early implementer areas will encourage staff in other areas to embrace the concept.

10 early implementer areas from Womens', Acute Medicine, GMS and TRU go live with their rolling roster on 24th April 2017. E- Rostered areas from Cardiovascular Services, Intensive Care and Haematology/Oncology Directorates are beginning the preparation for the next phase of implementation.

2 Effective

2.0.1 Domain scorecard (1)

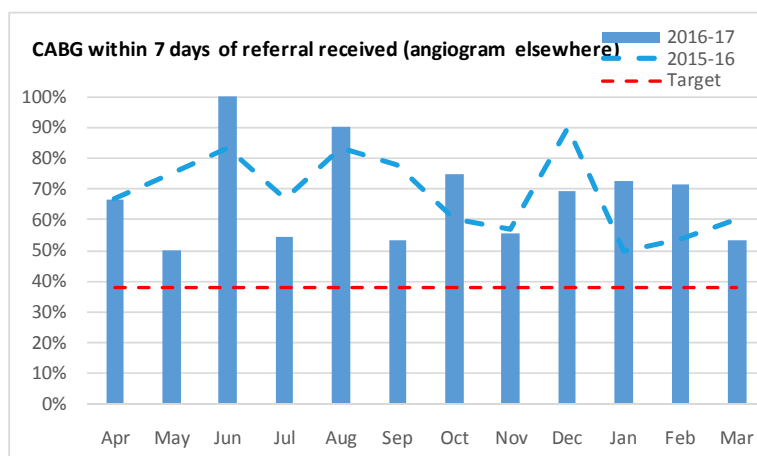
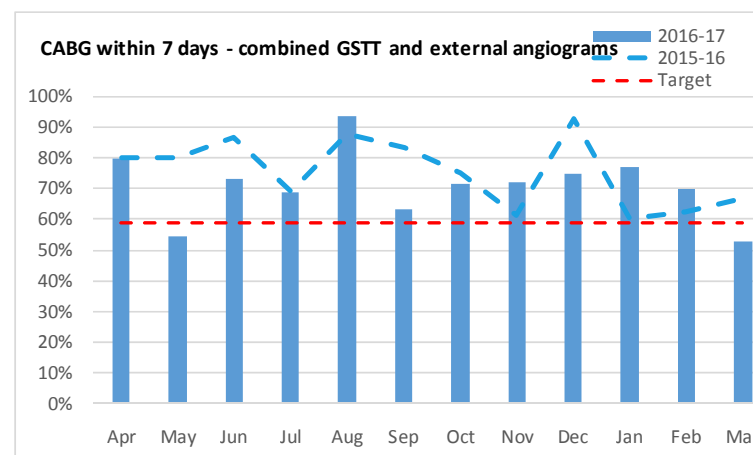
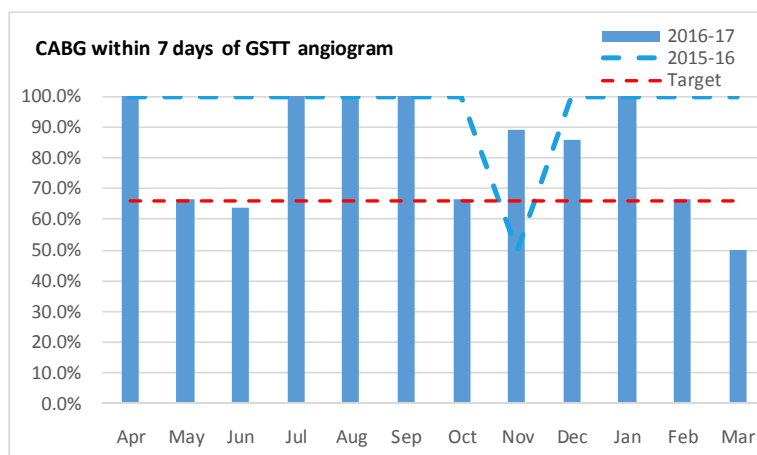
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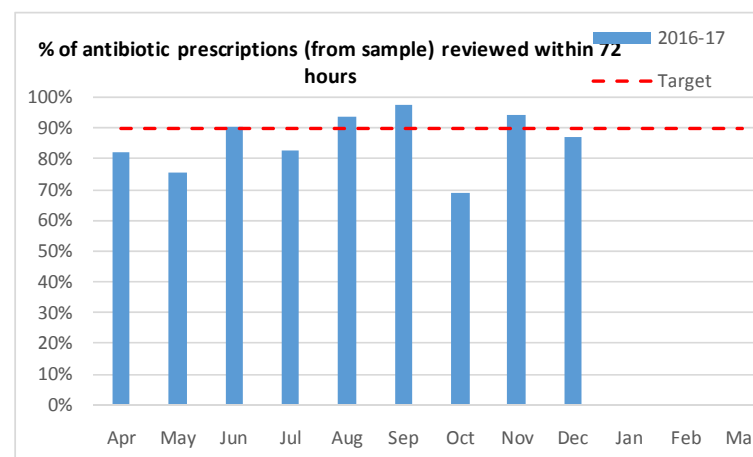
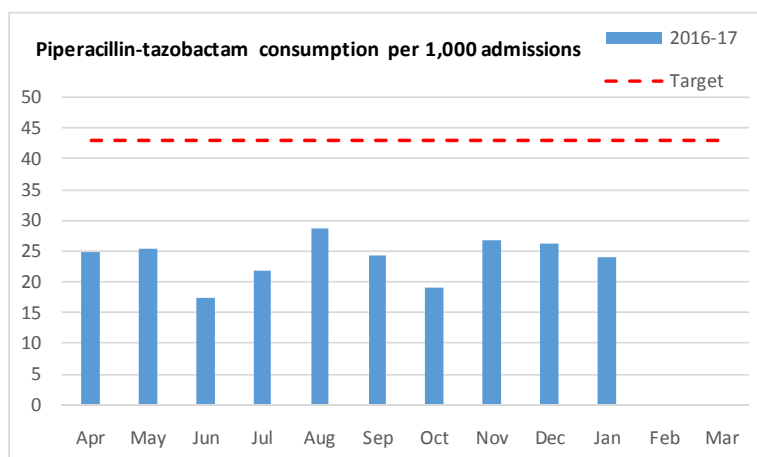
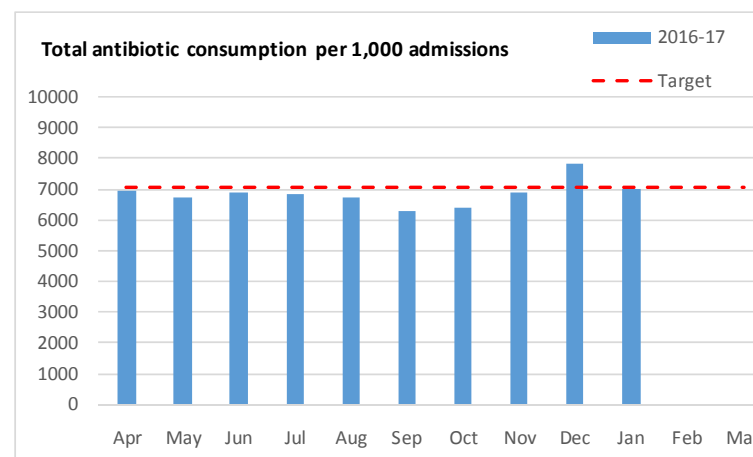
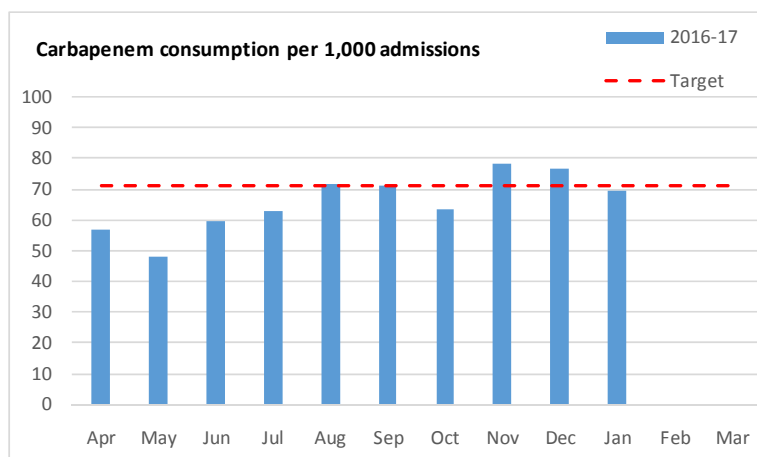
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor	Quality priorities	Trend chart
2.1 Quality improvement initiatives	CQ1Aq	CABG within 7 days of GSTT angiogram	Qtly %	>66%			97%	100.0%	66.7%	50.0%	81.0%			Y
	CQ1Bq	CABG within 7 days of referral received (angiogram elsewhere)	Qtly %	>38%			68%	72.7%	71.4%	53.3%	65.0%			Y
	CQ1Cq	CABG within 7 days - combined GSTT and external angiograms	Qtly %	>59%			74%	76.9%	70.0%	52.6%	70.6%			Y
2.2 Quality improvement Sepsis	1617CQ2	% A&E patients appropriately screened for sepsis	Mthly %	>90%							-			Y
	1617CQ3	% A&E patients prescribed antibiotics within timeframe and reviewed	Mthly %	>70%							-			Y
	1617CQ5	% INPATIENTS prescribed antibiotics within timeframe and reviewed	Qtly %	>15%							-			Y
2.3 Quality improvement Antimicrobial resistance & stewardship	1617CQ6	Carbapenem consumption per 1,000 admissions	Number	71				69.8			65.9			
	1617CQ7	Piperacillin-tazobactam consumption per 1,000 admissions	Number	43				23.9			23.8			
	1617CQ8	Total antibiotic consumption per 1,000 admissions	Number	7,045				7,033			6,851			
	1617CQ9	% of antibiotic prescriptions (from sample) reviewed within 72 hours	Mthly %	>90%							85.9%			
2.4 Quality improvement Prevention	1617CQ10	% assessed for smoking in Vascular	Mthly %	>80%				100.0%	97.7%	98.3%	96.7%			
	1617CQ11	% assessed for smoking in Cardiology	Mthly %	>80%				90.2%	90.1%	87.3%	88.7%			
	1617CQ12	% assessed for smoking in Cardiac Surgery	Mthly %	>80%				100.0%	93.6%	93.8%	94.0%			
	1617CQ13	% assessed for smoking in Elderly Care	Mthly %	>80%				96.8%	81.1%	91.0%	78.8%			
	1617CQ14	Total (all areas) % assessed for smoking	Mthly %	>80%				96.1%	91.5%	91.8%	90.0%			
	1617CQ15	% assessed for alcohol use in admissions ward	Mthly %	>80%				79.6%	89.0%	90.0%	84.6%			
	1617CQ16A	Number of NRT and Varenicline prescriptions	Number					471			474			
2.5 Dental	1617CQ20	Tier recording for Oral Surgery - new patients only	Mthly %	>45%				83.8%	82.3%	38.6%	41.1%			
	1617CQ21	Tier recording in Orthodontics - new patients only	Mthly %					53.1%	32.5%	20.9%	-			

Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor	Quality priorities	Trend chart
2.6 Adult critical care timely discharge	1617OQ30	% critical care discharges delayed for more than 4 hours	Mthly %					22.4%	23.6%	25.5%	25.8%			
	1617OQ31	% critical care discharges delayed for more than 48 hours	Mthly %	< 1.5%				0.4%	0.0%	1.3%	1.2%			
2.7 Automated exchange transfusion sickle	1617OQ26	% Children with Sickle Cell receiving automated exchange transfusion	Mthly %	>80%							-			
	1617OQ25	% Adults with Sickle Cell receiving automated exchange transfusion	Mthly %	>95%							98.7%			
2.8 Nationally Standardised Dose Banding	1617OQ27	% of rituximab SACT doses matching standardised doses	Qtly %	>30%							-			
	1617OQ28	% of vincristine SACT doses matching standardised doses	Qtly %	>30%							-			
2.9 Clinical best practice	352	Emergency readmissions (within 28 days - in arrears)	Cum %	<5.7%			5.7%	5.9%	6.0%		5.8%			Y
	353	Emergency readmissions (within 14 days - in arrears)	Cum %	<3.5%			3.6%	3.8%	3.8%		3.8%			Y
	IC48	Critical Care Unplanned Readmissions within 48 Hours	Mnthly (%)	<=1.3			1.4%	0.6%	1.1%		1.2%			
	913	% Caesarean sections	Mthly %	<28%			33%	34.0%	34.4%	35.3%	33.1%			
	ICNARC-STH	Critical care mortality indicator-STH+VH DU	Quarterly	<=1.0			0.83	0.89	0.89		0.83			
	ICNARC-Guys	Critical care mortality indicator-Guys CCU	Quarterly	<=1.0			0.99	0.95	0.95		0.80			
	EOL	End of life care - % of deaths supported by Priorities for Care	Mthly %	>25%			37.0%	37.9%	40.0%	51.3%	42.8%			

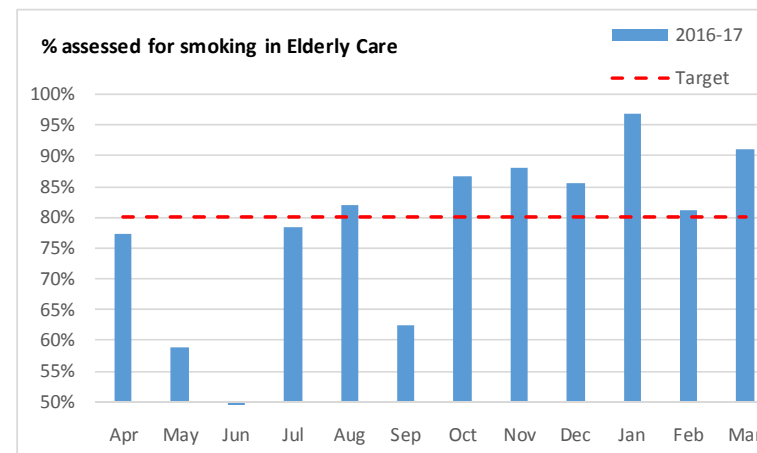
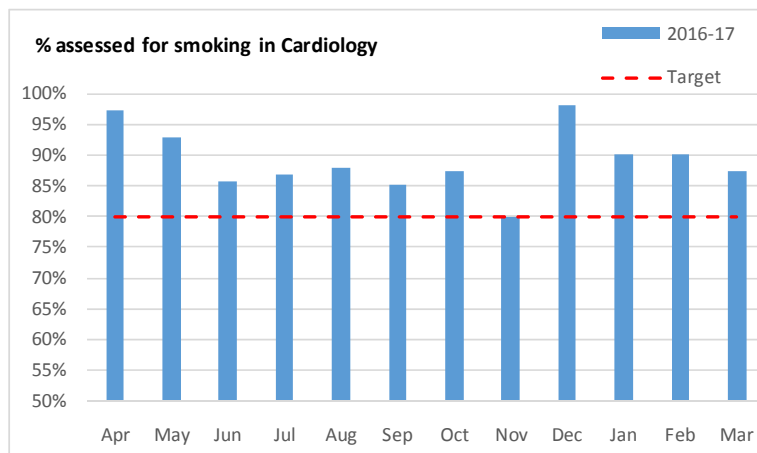
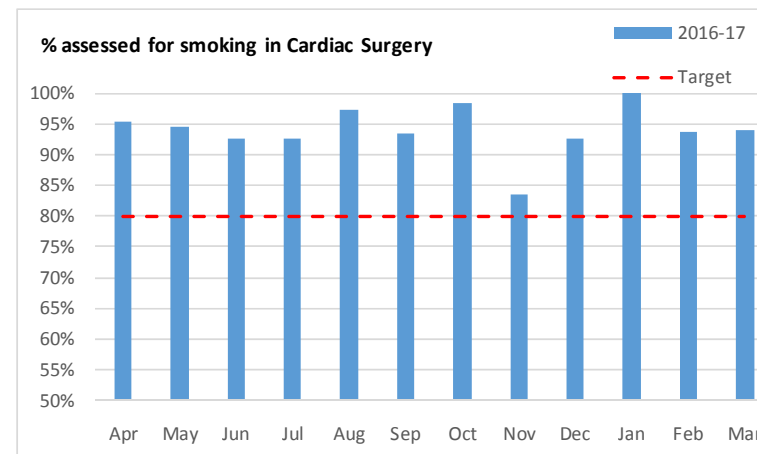
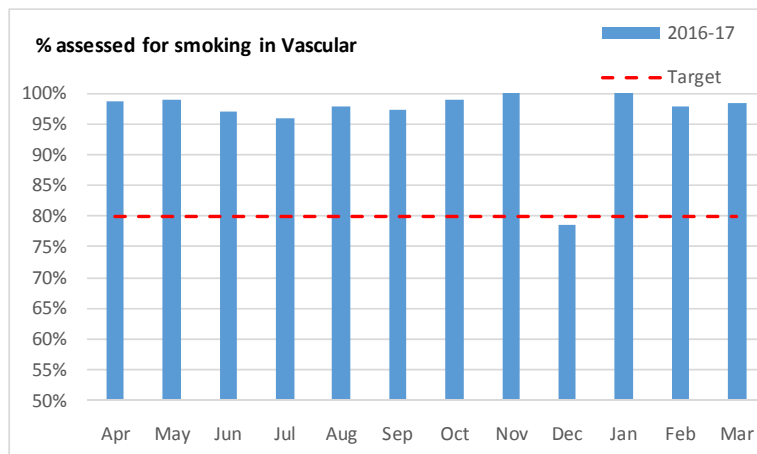
- Q4 CQUINs data is currently being collated and is due to be submitted to our commissioners at the end of April.
- We have confirmed the final list of specialist services CQUINs with NHS England. We are now finalising the milestones for the 2017/19. In total we have signed up to 21 schemes (9 CCG commissioned and 11 NHS England commissioned schemes).
- The graphs below show performance against three cardiovascular quality indicators from previous years, which we continue to monitor.
- Performance for CABG within 7 days angiogram (GSTT only and GSTT and external combined) are both below target. This was due a number of reasons which included increased demand for emergency treatment, which resulted in electives being cancelled and rescheduled; clinical decision made at MDT to change procedure and reduced bed capacity.



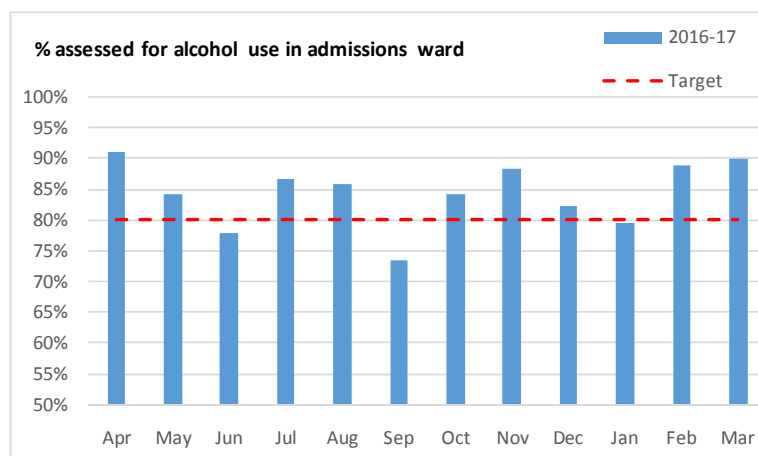
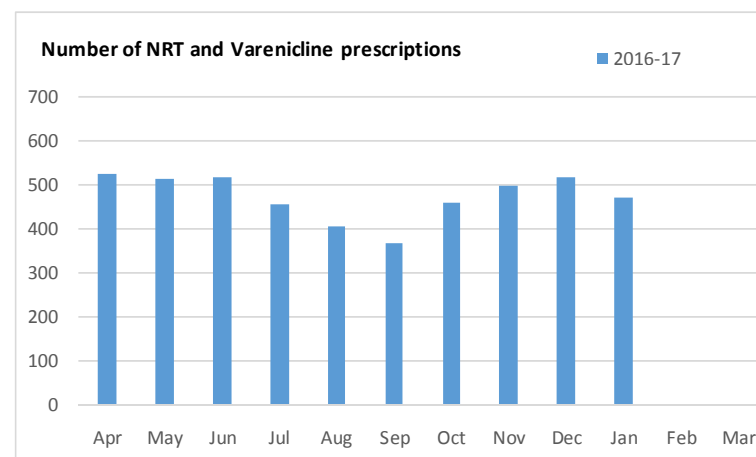
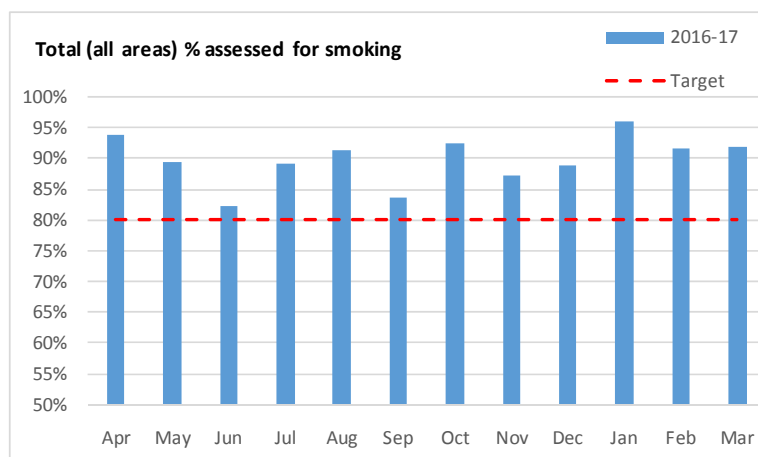
- GSTT has achieved against the Q4 target for consumption of 3 key antibiotics per 1,000 admissions. (see graphs below).
- We have also exceeded against the target of 25% for antibiotic prescriptions reviewed within 72 hours'.
- GSTT has successfully met the CQUIN requirements and have achieved this CQUIN for 2016/17.
- This CQUIN will continue into 2017/19 as a combined scheme with Sepsis screening and treatment. The Trust is working towards meeting the new requirements for this coming year.



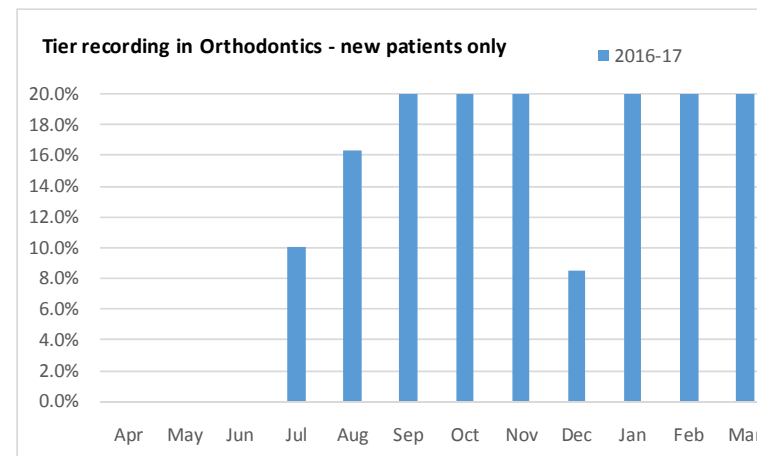
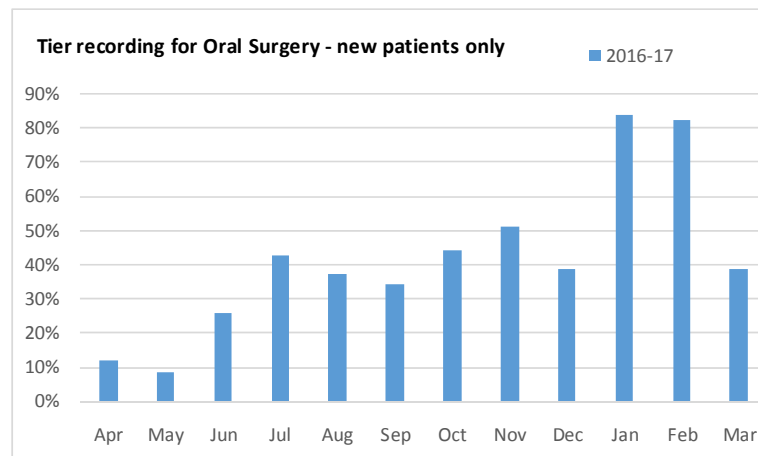
- The Prevention CQUIN is the promotion of mental and physical health and wellbeing for patients and staff. It involves the development of the skills in key frontline staff to make every contact count. The areas of focus for this CQUIN are smoking and alcohol assessments for patients, with signposting and brief intervention.
- The Trust has exceeded against the target for the percentage of patients assessed for smoking in all areas, at year end 2016/17.
- Our prevention leads are working with other directorates to introduce smoking and alcohol screening to new outpatient areas (Dermatology day case, Ophthalmology and Pre-assessment) within the hospital. In Q4 the uptake of smoking screening in these new areas exceeded the 25% target.



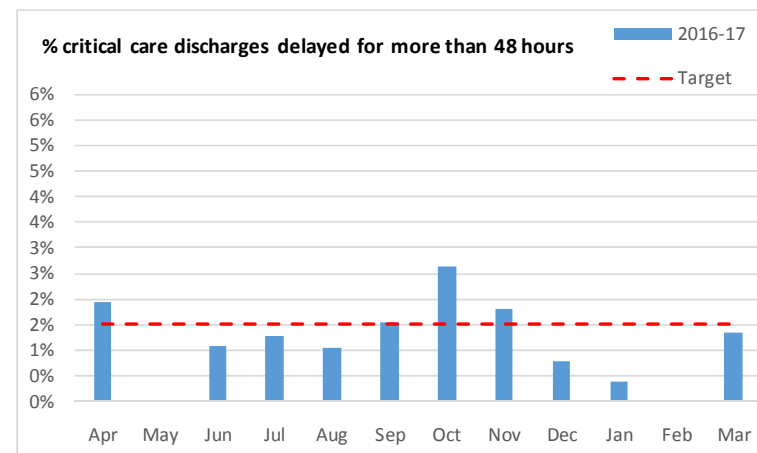
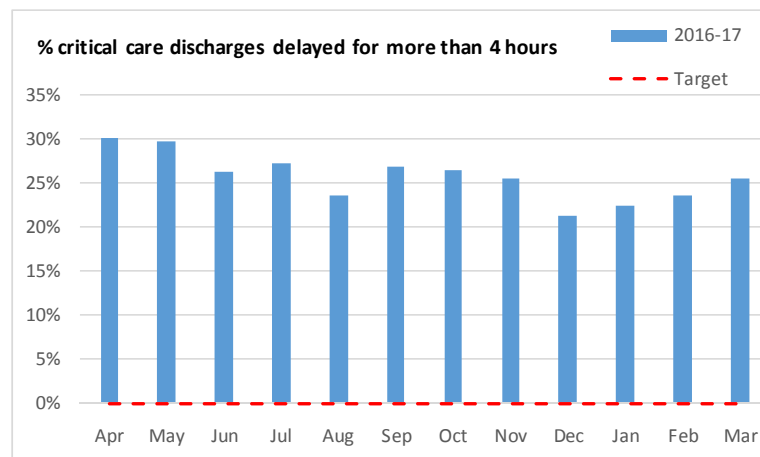
- Across the Trust we have consistently met the smoking target (Top left graph), with monthly improvements.
- The prevention CQUIN also requires us to report on number of NRT and Varenicline prescriptions (Outpatients and Inpatients), see the graph to the right.



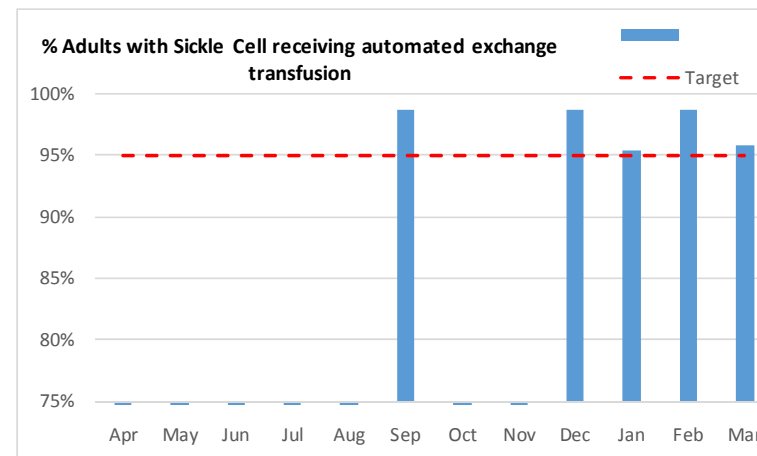
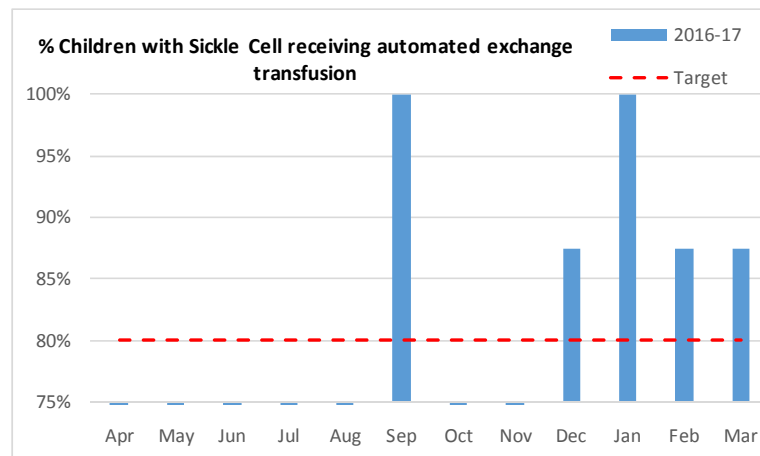
- The CQUIN for dental is related to tier recording on patients referred for Oral Surgery and Orthodontics.
- In Q4 dental has achieved against the target for Oral Surgery and Orthodontics Tier recording.
- This CQUIN will continue into 2017/18, with the tier recording for both areas. The targets are currently being negotiated.



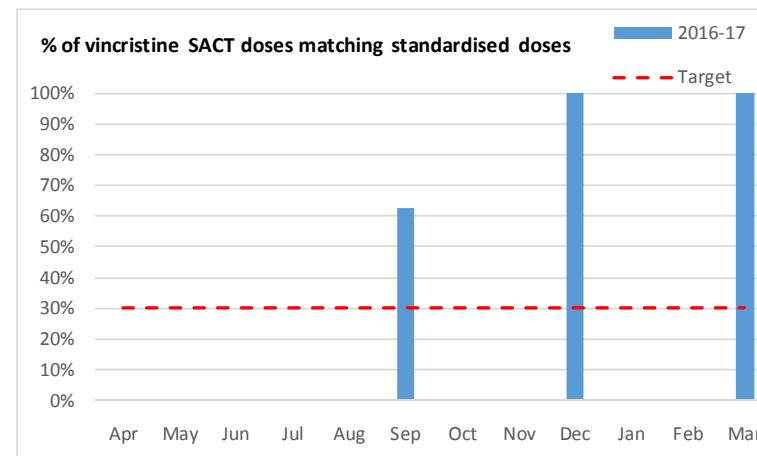
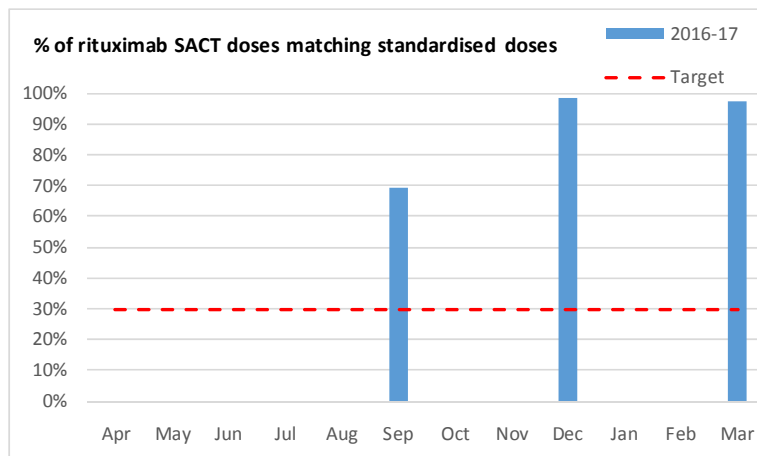
- The Critical Care CQUIN is specifically focused on delayed discharges from Critical Care and delays over 4 hours and 24 hours are both monitored.
- Year end analysis, shows that GSTT's critical care delays more than 4 hours remained within 20-30% through out the year and increased slightly from December 2016 until March 2017. As indicated to the commissioners at the start of 2016/17, critical care is a risk area for the Trust and during winter months the demand on beds is greater with often results in a delay in patients stepping down from critical care beds. There was not a target for this metric, but monthly monitoring was required
- Critical Care ended the year, with over 24 hour delays below the target, which we means we achieved the CQUIN for 2016/17. see the graph on the right. "% critical care discharges delayed for more than 48 hours".



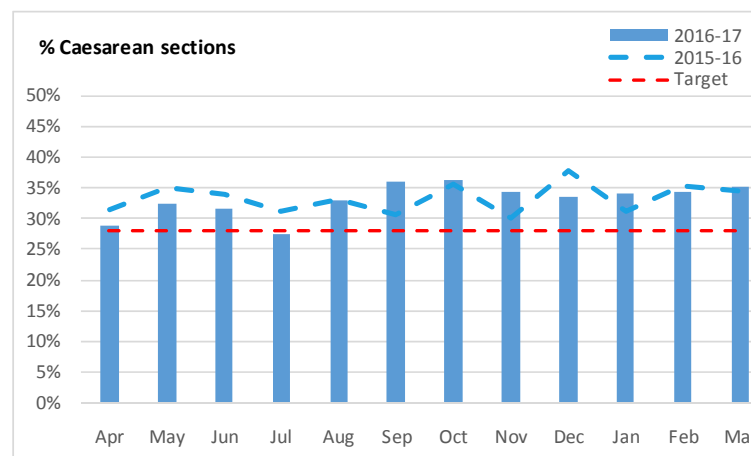
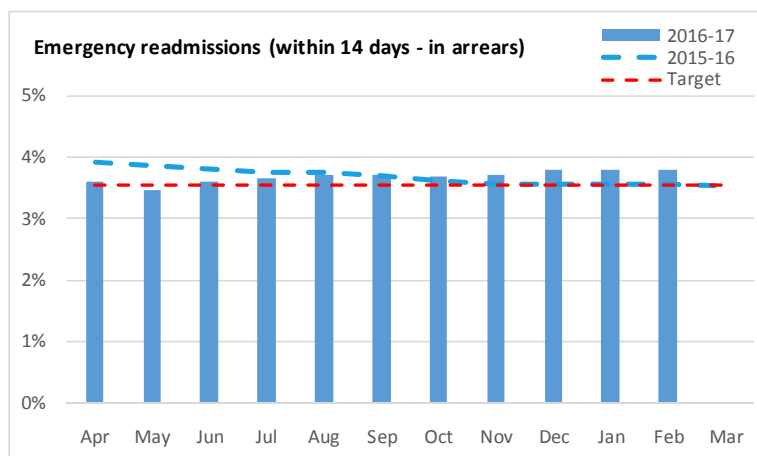
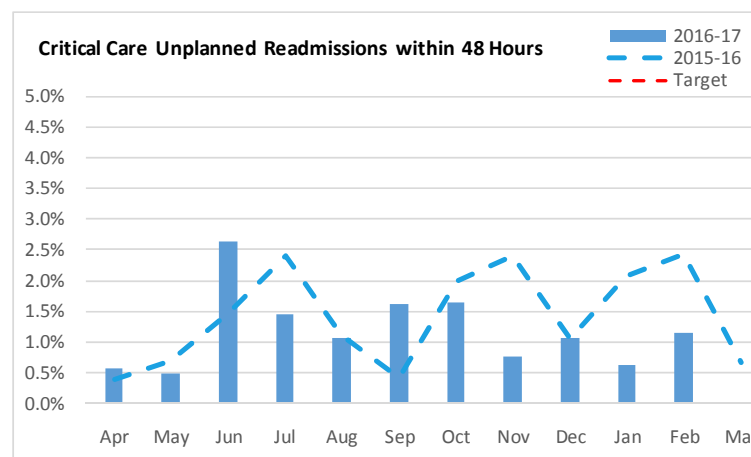
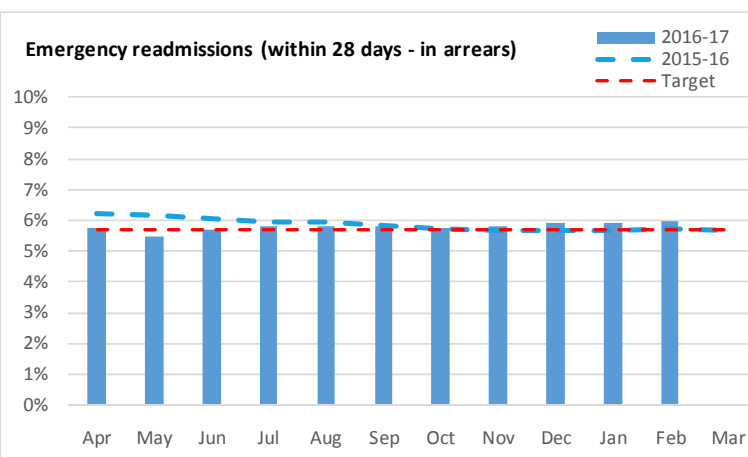
- Automated exchange transfusion for sickle cell improves patient experience and use of clinical resources and this CQUIN has been developed to incentivise this over manual exchange for both adults and children.
- The Trust exceeded the 95% target with this CQUIN , in all four quarters of 2016/17 for Adults and Children, as evidenced in the graphs below.
- This CQUIN will be continuing through to 2017/19, as one of our specialist services CQUINs, commissioned by NHS England.



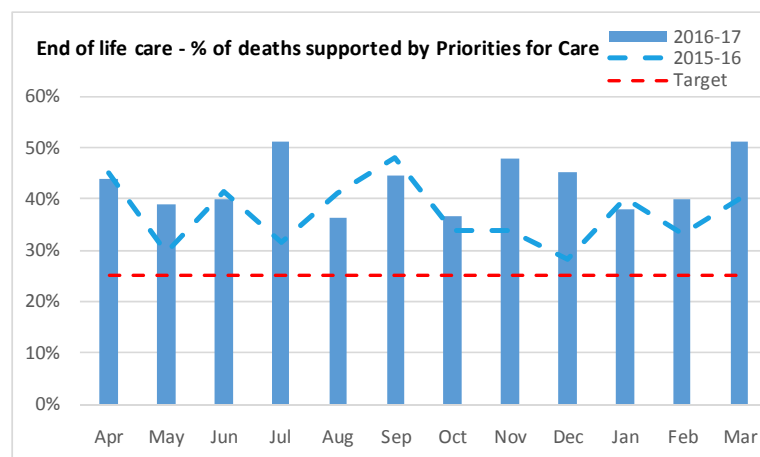
- This CQUIN is a national incentive to standardise the doses of Intravenous systemic anticancer therapy (SACT), for adults across England. The purpose is to increase safety, efficiency and support parity of care across NHS providers. NHS England published a set of dose banding principles and dosage tables to which all pharmacy departments have to apply to new patients. All the dose banding principles have to be agreed with my local Drug and Therapeutic committees.
- The CQUIN is monitored on a quarterly basis for two drugs (Rituximab and Vincristine). At year end GSTT has met the target and hence the CQUIN has been successfully achieved.



- Readmission rates vary depending on the clinical service and by patient group. There is an Outcomes group to review the data and look for any trends as well as 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 continues to be higher than target but remains in line with the 2015/16 average. Over the past year we have been reporting the CS rates under the Robson criteria, as per CCG and CQC agreement. This gives us a more meaningful breakdown of the rates, enabling focused action. Our average CS rate reflects the medical complexity, acuity of our tertiary and quaternary referrals and demographic trends (obesity and maternal age). We are focussing our attention on Robson groups 1 and 4.
- Unplanned readmissions to critical care is lower than last year. The Clinical Response Team (formerly the Critical Care Outreach Team) have been proactively reviewing all patients prior to admission to Critical Care and supporting them after step down onto a general ward. The main area of focus for improvement is Guy's Critical Care as there is no High Dependency Unit on the site.

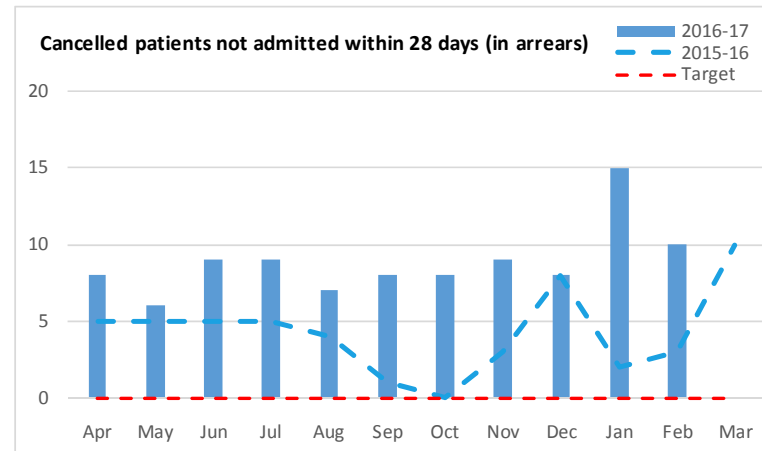
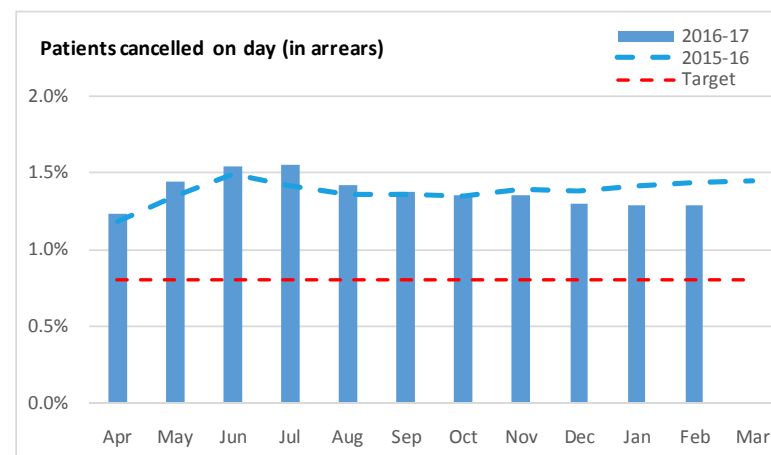
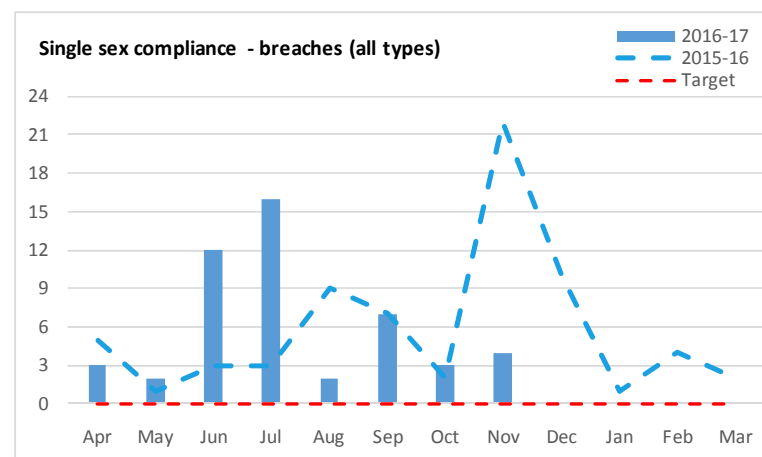
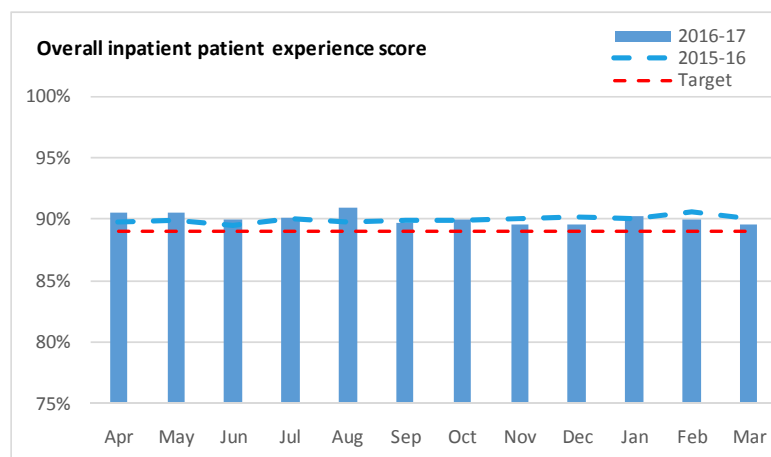


- Performance is maintained in the level of use of the Priorities for Care of the Dying Person.
- The acute admissions ward, medicine, elderly care and oncology are all recognising people in whom death can be expected in a high proportion of those who go on to die. This supports active communication, planning and provision of holistic care to patients and those important to them.
- Our audit of the use of a symptom control observation chart and nursing care planning guide for patients in the last days of life in the acute admissions ward is underway. Preliminary findings demonstrate improved staff confidence, clinical audit data are being analysed .

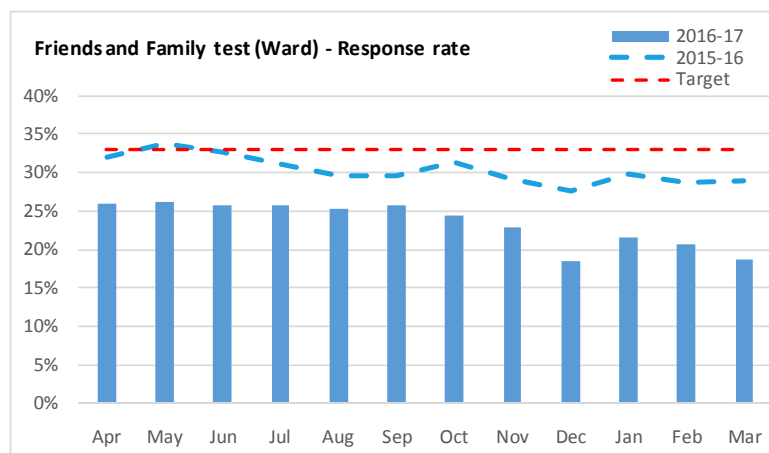
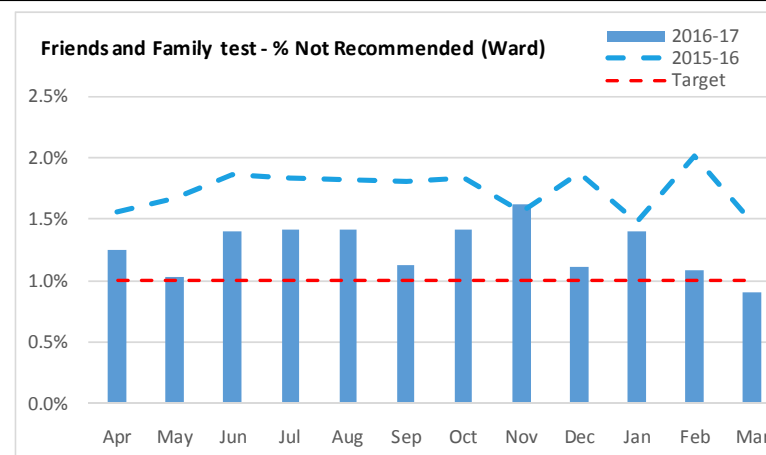
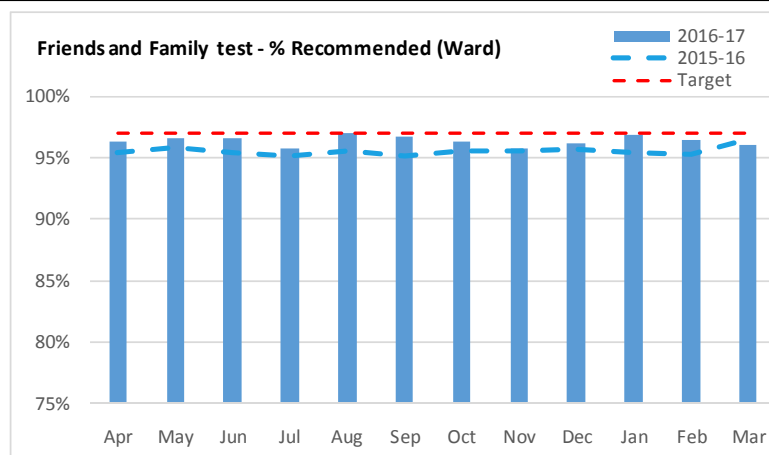


Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor Quality priorities	Trend chart
3.1 Admitted care	258	Overall inpatient patient experience score	Mthly %	>89%			90%	90.3%	90.0%	89.6%	90.1%		Y
	310	Single sex compliance - breaches (all types)	Cases	Zero			5.8	0	0	0	4.1		Y
	501	Patients cancelled on day (in arrears)	Cum %	<0.8%			1.4%	1.3%	1.3%		1.4%		Y
	502	Cancelled patients not admitted within 28 days (in arrears)	Number	Zero			3.4	15	10		8.1		Y
	FFT1W	Friends and Family test (Ward) - Response rate	Mthly %	>=33%			30.4%	21.6%	20.6%	18.6%	23.4%		Y
	FFT2W	Friends and Family test - % Recommended (Ward)	Mthly %	>=97%			95.5%	96.9%	96.4%	96.0%	96.4%		Y
	FFT3W	Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%			1.7%	1.4%	1.1%	0.9%	1.3%		Y
3.2 A&E care	FFT1AE	Friends and family test (A&E) - Response rate	Mthly %	>=18%			15.6%	19.5%	20.6%	14.1%	15.3%		Y
	FFT2AE	Friends and Family test - % Recommended (A&E)	Mthly %	>=88%			85.0%	86.6%	87.3%	84.2%	85.2%		Y
	FFT3AE	Friends and Family test - % Not Recommended (A&E)	Mthly %	<=6%			8.1%	6.0%	5.2%	6.9%	6.9%		Y
3.3 Maternity care	FFT1M	Friends and Family test (Maternity) - Response rate overall	Mthly %	-			18.1%	9.9%	8.4%	15.2%	23.9%		Y
	FFT2M	Friends and Family test - % Recommended (Maternity)	Mthly %	-			92.6%	95.6%	96.0%	89.1%	91.3%		Y
	FFT3M	Friends and Family test - % Not Recommended (Maternity)	Mthly %	-			2.1%	1.9%	3.2%	5.3%	3.2%		Y
3.4 Outpatient care	FFT2OP	Friends and Family test - % Recommended (Outpatients)	Mthly %	-			92.6%	93.1%	91.5%	91.9%	92.8%		Y
	FFT3OP	Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-			3.4%	3.3%	3.7%	2.9%	3.2%		Y
3.5 Community care	FFT1CS	Friends and Family test (Community) - Response rate	Mthly %	-			5.4%	5.8%	2.1%	4.8%	4.6%		Y
	FFT2CS	Friends and Family test - % Recommended (Community)	Mthly %	-			96.0%	92.6%	96.1%	95.7%	95.3%		Y
	FFT3CS	Friends and Family test - % Not Recommended (Community)	Mthly %	-			0.8%	1.4%	0.8%	0.3%	0.7%		Y
	260C	Adult community health centre patient experience score	Mthly %	>89%			93.9%				54.9%		Y
3.6 Patient Transport	FFT1PT	Friends and Family test (Transport) - Response rate	Mthly %	-			2.5%	2.4%	3.0%	2.9%	2.4%		Y
	FFT2PT	Friends and Family test - % Recommended (Transport)	Mthly %	-			91.9%	89.8%	93.6%	90.7%	92.5%		Y
	FFT3PT	Friends and Family test - % Not Recommended (Transport)	Mthly %	-			3.0%	2.8%	2.2%	2.3%	2.1%		Y
3.7 General patient and	Food	Satisfaction with food (PLACE)	Mthly %	>85%			92%	91.8%	91.8%	91.8%	92.1%		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.
- Patient experience scores continue to reflect well on inpatient care, with an overall satisfaction rate of 89.0%. This is a slight decline on the February score of 90.0%.
- Single sex compliance is also reported a month in arrears.



- Having reviewed the previous years data on inpatients and day case/surgery as a new area of care, the Trust has set itself a combined response rate of 30% for 2016-17. In March we achieved a response rate of 18.8% which is a decrease on the February score of 20.9%. The Trust switched over to a new patient feedback system which went live on 1st December. As the system becomes embedded response rates are expected to improve. The Patient Experience Team are reviewing the data in detail to establish trends and themes in feedback and have contacted teams who may need additional support in capturing responses.
- The proportion of patients who would recommend the Trust in March has dipped slightly from the February figure of 96.3% to 96.0%. The percentage of patients who would not make a recommendation has however improved slightly, falling from 1.1% in February to 0.9% in March.
- 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.
- The briefing on page 32 provides further analysis and detail of actions underway.



Where we want to be: targets and benchmarks

- Work towards achieving a 30% 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

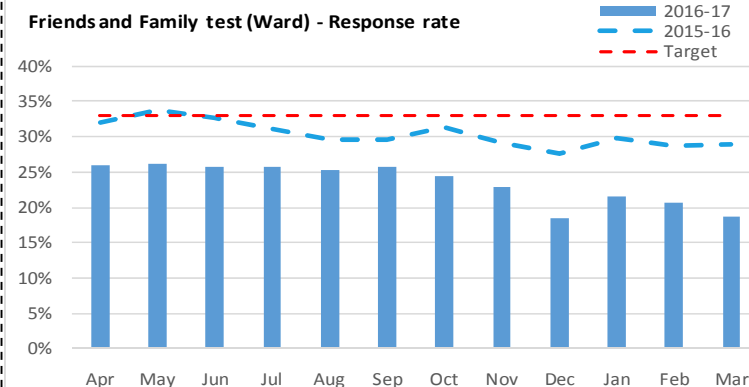
- The response rate declined from 20.9% in February to 18.8% in March
- The Patient Experience Team have been carrying out small group training sessions with Directorate management teams and ward sisters. Additional training sessions were carried out in March and have also been set up for April.
- A review of comments made by patients completing the inpatient survey has shown that noise at night continues to disrupt many patients sleep. The issue of noise at night will be addressed via the Nightingale Programme and issues regarding temperature on the wards shared with colleagues in Essentia.
- In February our response rate, placed us in the upper half of the Shelford Group, whilst our "recommend" scores and "not recommend" scores placed us in the mid-range of the group. Our scores are in line with national and London average.
- The proportion of patients who would recommend us has remained consistent at above 95%.

Risks or opportunities for the Trust

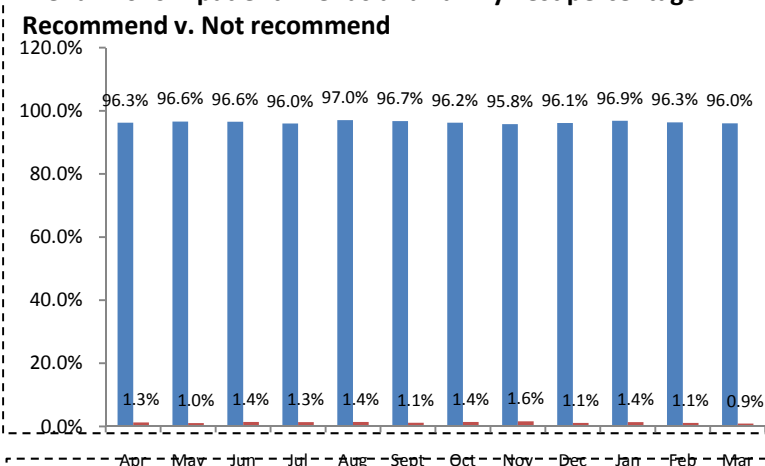
- It is important to ensure that we continue to capture patients' feedback and that it is used to further improve the experience of patients staying on our wards
- The proportion of patients who would recommend our care and proportion of those who would not recommend our care places us among the upper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

Action and progress			Owner	Next review date
Free text comments highlighting areas of concern for patients have been identified. Improvements regarding environment aspects will be taken forward via the Nightingale programme			Nightingale Programme	May 2017
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 & Directors of Nursing	May 2017
Additional training sessions on the new patient feedback system continuing in May			Patient Experience Team	June 2017
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

Trend – Inpatient Friends and Family Test response rate



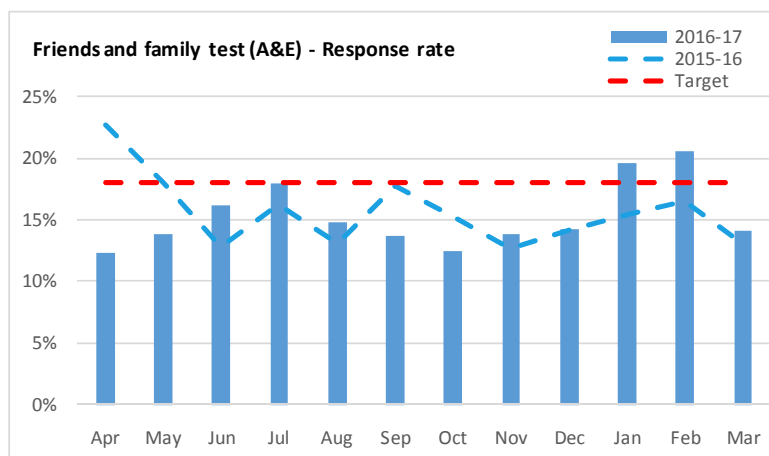
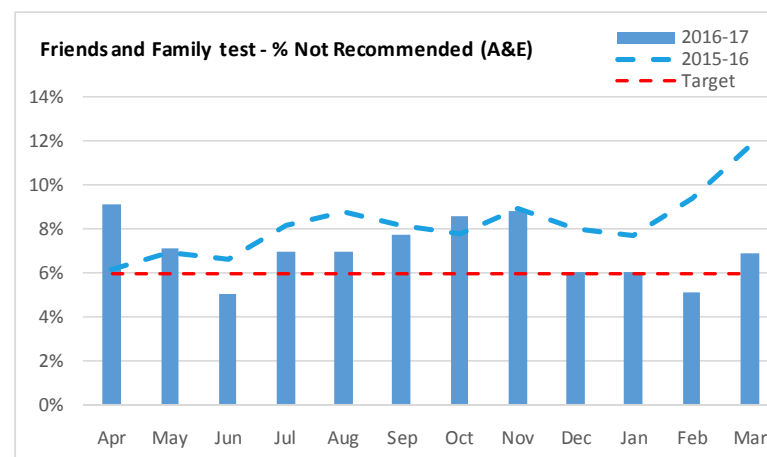
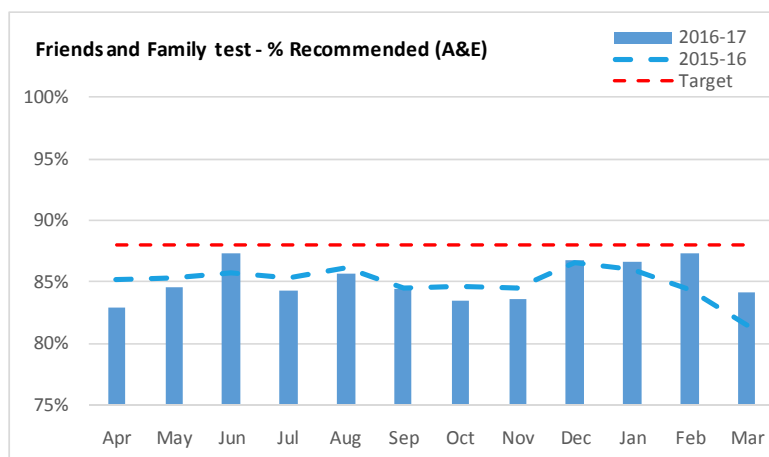
Trend –2016 Inpatient Friends and Family Test percentage



Comparator – Shelford Group

Shelford Group		February		Response Rate
Trust/Month		Recommend %	Not recommend %	February
National Score for England		96%	1%	24.3%
London region score		95%	2%	25.4%
Guy's and St Thomas' NHS Foundation Trust		96%	1%	20.9%
University College London Hospitals NHS Foundation Trust		95%	2%	20.6%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust		98%	1%	15.2%
Sheffield Teaching Hospitals NHS Foundation Trust		95%	2%	29.8%
University Hospitals Birmingham NHS Foundation Trust		99%	1%	17.2%
Oxford University Hospitals NHS Trust		96%	2%	16.5%
King's College Hospital NHS Foundation Trust		93%	2%	10.0%
Cambridge University Hospitals NHS Foundation Trust		96%	1%	8.9%
Imperial College Healthcare NHS Trust		97%	1%	34.7%
Central Manchester University Hospitals NHS Foundation Trust		96%	1%	29.5%

- The A&E Friends and Family Test (FFT) has been extended to include patients attending our Minor Injuries Unit at Guy's Hospital.
- Having reviewed local and national data for 2015-16 the Trust has set itself a target response rate of 16% for 2016-17. The response rate for A&E dropped from 20.6% in February to 14.1% in March. There have been staffing issues which have limited capacity for distribution of FFT comment cards. The department continues to be very busy. The team is continuing to take measures to increase the numbers of responses in the coming months and efforts are being made to ensure adequate cover is available for card distribution during staff shortages.
- The proportion of patients who would recommend the service has worsened, declined from 87.3% in February to 84.2 in March. The proportion of patients who said they would not recommend the service also worsened, increasing from 5.2% in February to 6.9% in March. The team are reviewing themes from feedback to identify actions which can be put in place to improve patients experience.
- The briefing on page 34 provides further analysis and 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

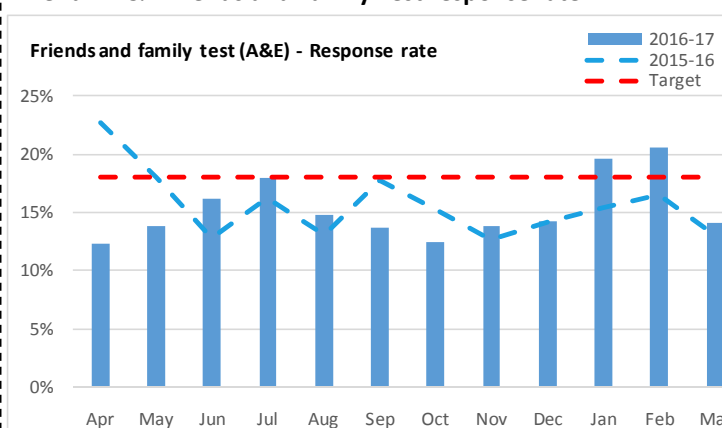
Where we are: trends, patterns and causes

- The response rate dropped from 20.6 % in February to 14.1% in March, a result of the low number of FFT cards handed out due to the temporary absence of the staff responsible. Action has been agreed to ensure there is adequate cover for any future absences.
- The proportion of patients who would recommend us has dropped from 83.7% in February to 84.2% in March. The proportion of patients who would not recommend us has also worsened, increasing from 5.2% in February to 6.9% in March.
- The team has also been very busy in the month which means there is the increasing likelihood for patients to experience longer waiting times.
- The service has been focusing on encouraging more patients to complete FFT postcards. A review of comments made by patients has cited issues regarding long waiting times and delays as well as communication by staff, in relation to waiting.

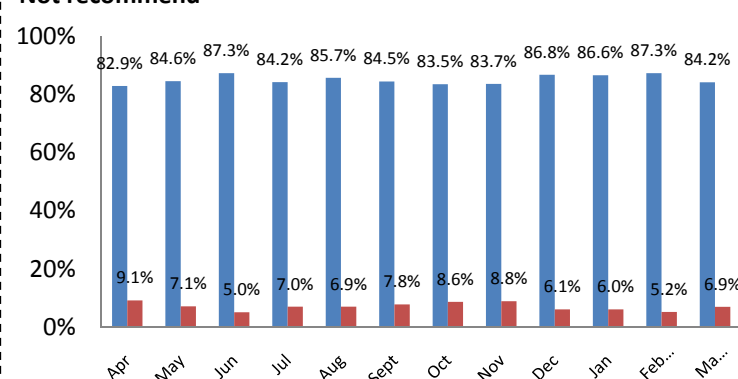
Risks or opportunities for the Trust

- 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 February our response rate was in the upper half of the Shelford group, whilst our recommend and not recommend scores placed us in the lower half of the Shelford Group.

Trend – A&E Friends and Family Test response rate



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

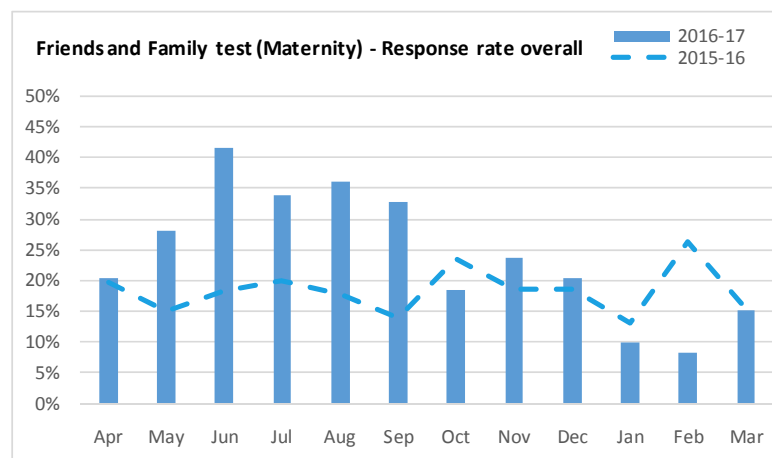
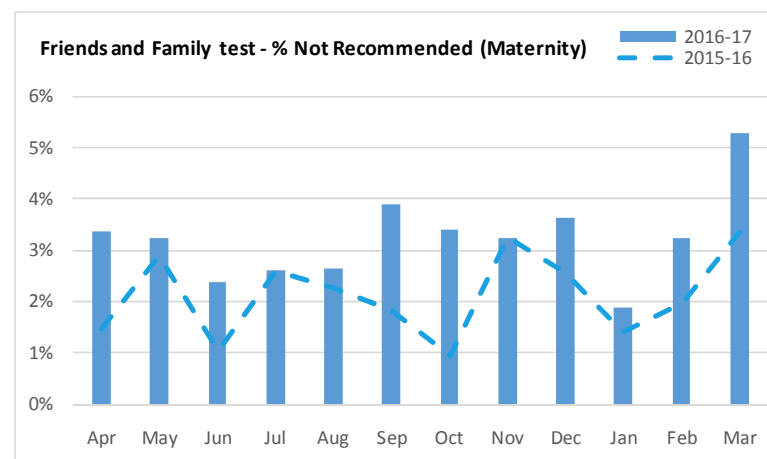
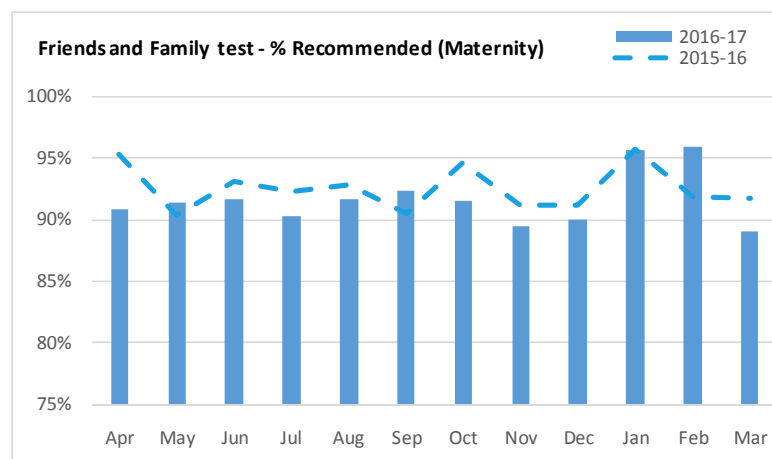


Comparator – Shelford Group

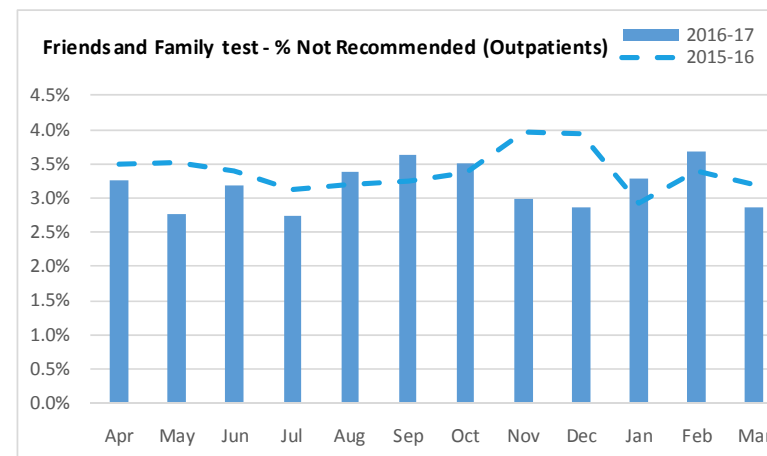
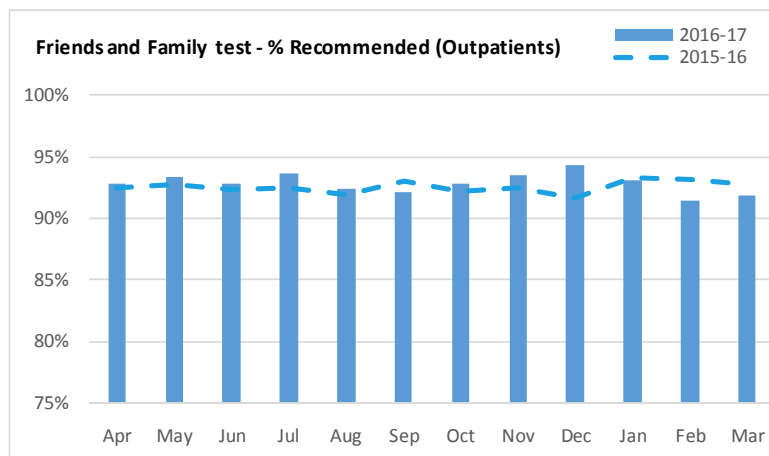
Shelford Group	February		Response Rate
	Recommend %	Not recommend %	
Trust/Month			February A&E
National Score for England	87.0%	7.0%	12.7%
London region score	85.0%	8.0%	13.9%
Guy's and St Thomas' NHS Foundation Trust	87.0%	5.0%	20.6%
University College London Hospitals NHS Foundation Trust	95.0%	2.0%	15.1%
Cambridge University Hospitals NHS Foundation Trust	93.0%	3.0%	22.8%
Newcastle-Upon-Tyne Hospitals NHS Foundation Trust	93.0%	2.0%	2.0%
Central Manchester University Hospitals NHS Foundation Trust	89.0%	6.0%	11.0%
Oxford University Hospitals NHS Trust	88.0%	7.0%	21.2%
Imperial College Healthcare NHS Trust	94.0%	3.0%	12.5%
University Hospitals Birmingham NHS Foundation Trust	84.0%	10.0%	16.5%
King's College Hospital NHS Foundation Trust	84.0%	9.0%	5.6%
Sheffield Teaching Hospitals NHS Foundation Trust	85.0%	9.0%	25.6%

Action and progress			Owner	Next review date
Signs giving current waiting times are now displayed in the department. Work is underway to ensure that these are regularly updated and the same waiting times are displayed through out the department.			ED Team	Active
Development of patient facing dashboard so that patients can receive updates on waiting times in real time. The development is now with IT to finish off live version. This process has been escalated to ensure speedy completion.			IT	May 2017
The team will be reviewing the FFT data at their next clinical governance meeting to identify actions for the team to take forward			H. Todman & ED Team	May 2017
The team introduced a tea-trolley in the UCC at STH to improve patient experience and also hand out response cards.			H. Todman	Ongoing
Intelligence triangulated	Root cause understood	Action plan set	Actions underway	Actions complete

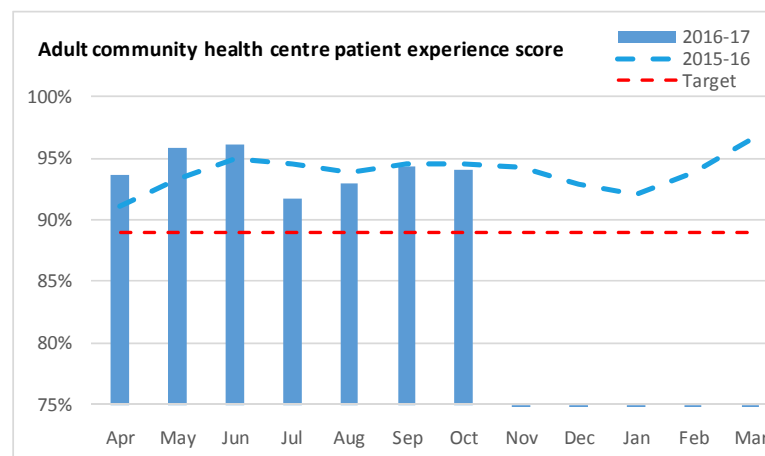
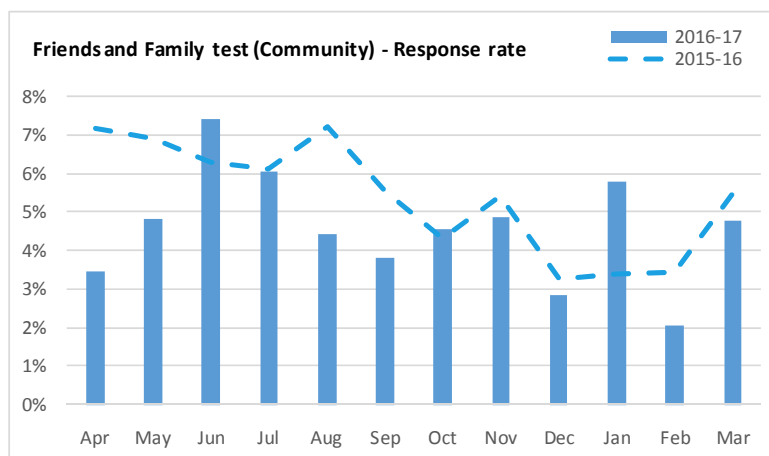
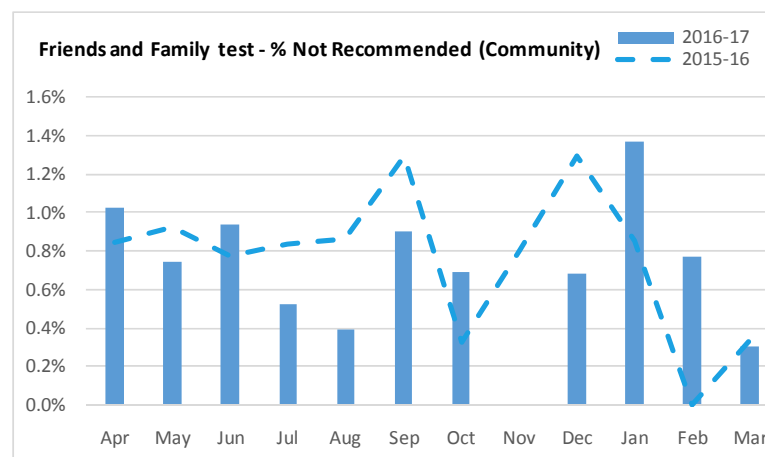
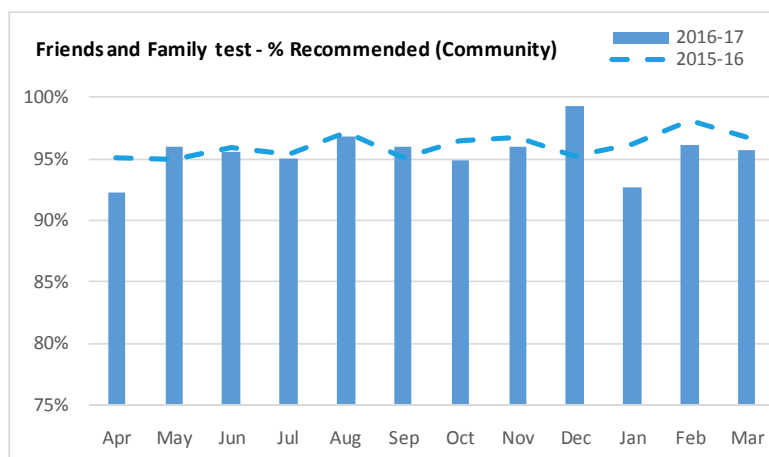
- Having reviewed local and national data for 2015-16 the Trust has set itself a target response rate of 20% for 2016-17. The overall response rate for the Friends and Family Test for maternity services improved from 8.4% in February to 15.2% in March. The team continues to encourage colleagues to invite feedback from women before and after the birth of their baby and there has been a significant increase in responses from women at the postnatal community touch point compared with September.
- The proportion of women who would recommend the service dropped from 96.0% in February to 89.1% in March. The proportion of women who said they would not recommend the service has increased rising from 3.2% in February to 5.3% in March. The team regularly review comments and use the emerging themes to identify actions for improvement.



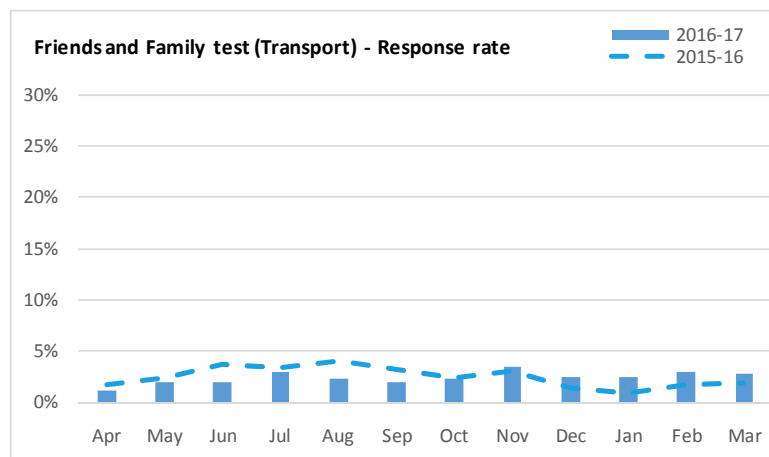
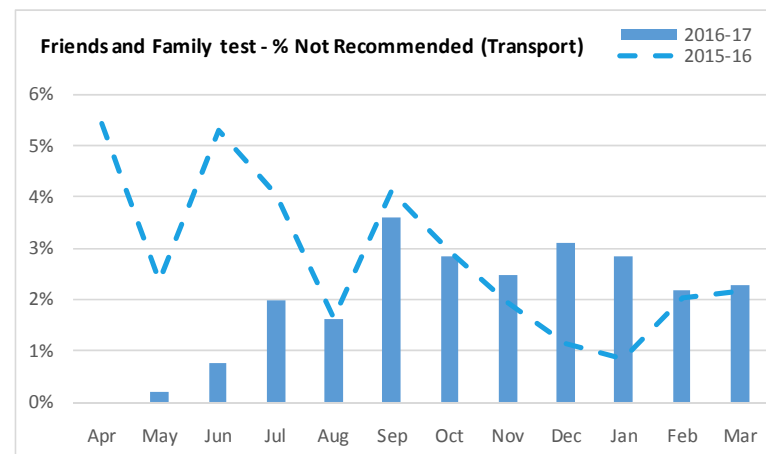
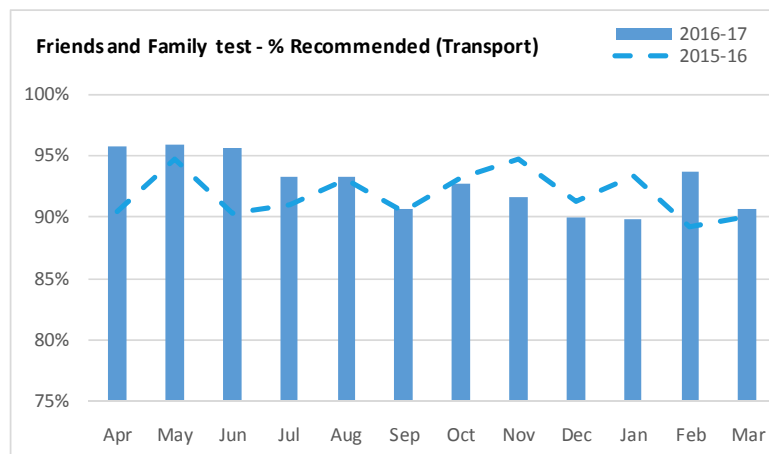
- We have reviewed local and national 2015-16 data and have set a response rate target of 7%.
- The proportion of outpatients who would recommend the Trust was 91.9% which is a slight decrease on the January 93.5%. The proportion of patients who would not recommend the Trust was 2.9% which is a slight decrease on the February figure of 3.7%.
- As part of the Fit for the Future outpatient work stream, directorates are improving communication with patients regarding their appointments through text messaging, where it is not currently in use and introducing a system for booking follow ups. "Partial booking" of follow up appointments 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, and introducing more one-stop visits (where the consultation appointment and any associated diagnostic tests occur on the same day). Through improving patient experience some of these initiatives will improve new to follow-up ratios.



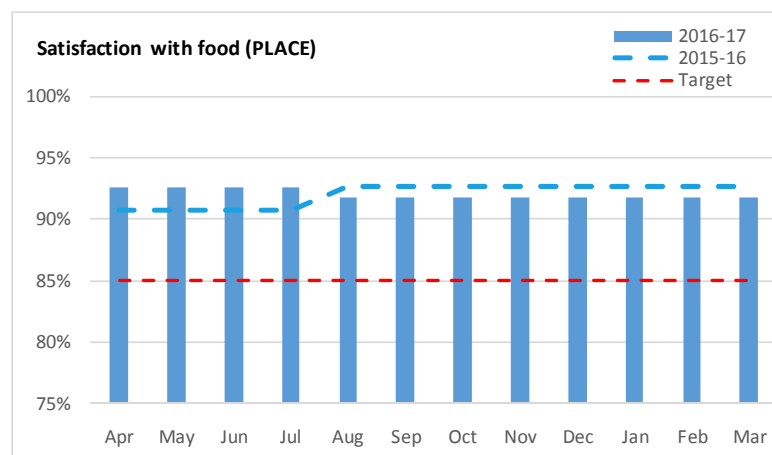
- We have reviewed 2015-16 local and national data and set a response rate target of 7%.
- In March the response rate improved from the February figure of 2.1% to 4.8%. The proportion of patients who would recommend community-based services has dropped slightly from 96.1% in February to 95.7% in March. The proportion of patients who would not recommend services continues to improve, falling from 0.8% in February to 0.3% in March.
- The overall patient satisfaction score of 92% is an increase on the December score of 90%.



- The proportion of patients recommending the transport declined this month falling from 93.6% in February to 90.7% in March. The not recommend score has remained stable, from 2.2% in February to 2.3% in March.
- The response rate has also remained relatively stable from 2.8% in February to 2.7% in February.



- The Trust has scored strongly for the quality of its catering as reflected in the National Inpatient Survey 2015, 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.



4 Responsive

4.0.1 Domain scorecard (1)

March 2017

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Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor	Quality	Trend chart
4.1 A&E access	AE1	A&E stays less than 4 hours (type 1 and 3)	Mthly %	>95%			92.8%	87.4%	88.9%	86.4%	88.2%			Y
	AE1STH	A&E stays less than 4 hours (type 1)	Mthly %	>95%			91.0%	84.2%	86.2%	83.1%	85.3%			Y
	AE30	Ambulance handover times - breaches of 30 mins	Number	<3			2.1	8	1	16	3.8			Y
	AE60	Ambulance handover times - breaches of 60 mins	Number	Zero			0.1	0	0	0	0.0			Y
4.2 Elective treatment access - referral to treatment (RTT) performance	403M	RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%			92.3%	89.5%	89.2%	89.2%	90.4%			Y
	RTT 52I	RTT - Incomplete pathways over 52 weeks	Mthly	Zero			7.9	16	18	14	17.4			Y
	RTT TQ	RTT - Total incomplete pathways	Mthly	-			47,493	58,187	58,932	60,405	57,279			Y
	RTT 18Q	RTT - Incomplete pathways over 18 weeks	Mthly	-			3,671	6,097	6,383	6,524	5,534			Y
	401M	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%			93.2%	89.8%	90.1%	90.0%	90.5%			Y
	402M	RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%			83.7%	79.1%	80.3%	80.6%	81.0%			Y
	RTT 52	RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero			7.1	17	14	17	13.4			Y
4.3 Cancer access	451M	Cancer - 2 week wait	Qtly %	>93%			92.8%	95.7%	96.8%	91.9%	91.4%			Y
	941	Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%			95.0%	86.3%	87.6%	90.9%	89.3%			Y
	453M	Cancer - 31 day first treatments	Qtly %	>96%			94.4%	93.2%	95.3%	93.3%	95.0%			Y
	459M	Cancer - 31 day subs treatments - surgical	Qtly %	>94%			91.5%	92.2%	90.6%	89.5%	90.7%			Y
	943	Cancer - secondary chemotherapy <31 days	Qtly %	>98%			98.7%	95.7%	97.0%	96.2%	97.8%			Y
	942	Cancer - secondary radiotherapy <31 days	Qtly %	>94%			96.0%	90.1%	93.5%	87.5%	93.7%			Y
	454M	Cancer - 62 day urgent GP referrals	Qtly %	>85%			69.8%	67.1%	63.7%	70.0%	67.1%			Y
		Cancer - 62 day urgent GP referrals (LCA cases only)		In devt										
	454I	Cancer - internal 62-day referrals	Qtly %	>85%			79.6%	80.6%	75.9%	77.3%	78.4%			Y
	456M	Cancer - 62 day screening	Qtly %	>90%			89.5%	66.7%	100.0%	90.9%	83.3%			Y
	457	Cancer Backlogs - pathways over 62 days	Number	-				141	110	139	138			
	458	Cancer Backlogs - pathways over 62 days	Number	-				46.9%	60.0%	56.6%	48.3%			

4 Responsive

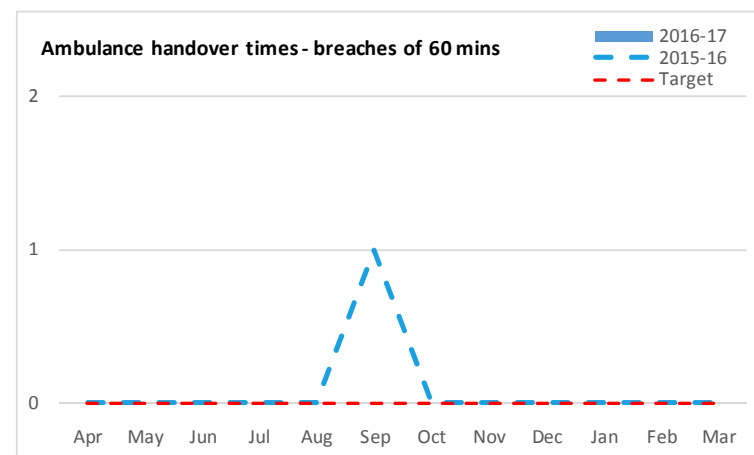
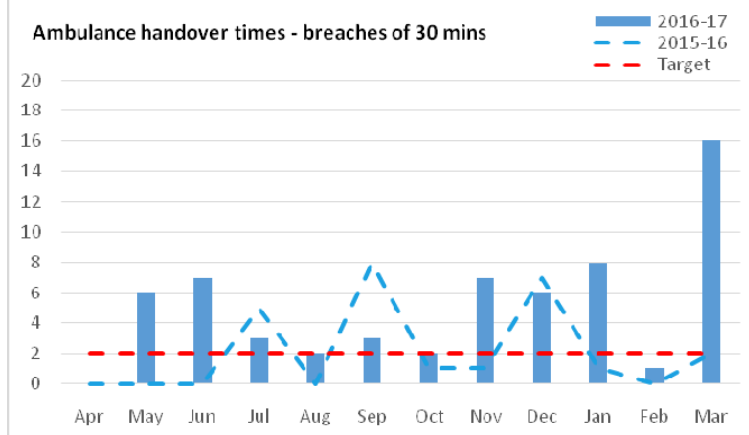
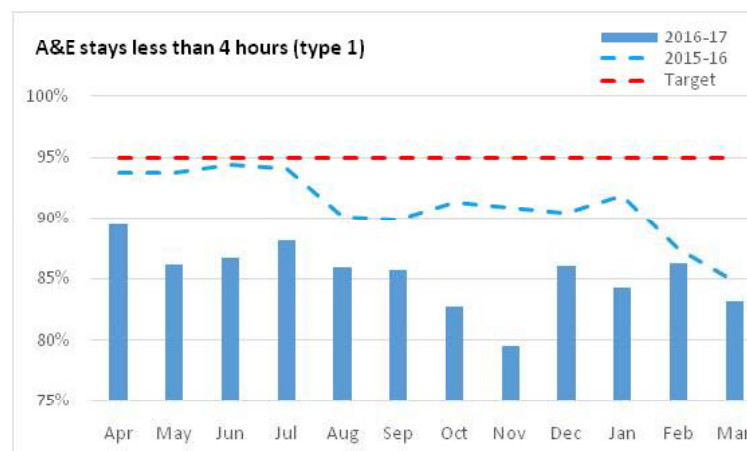
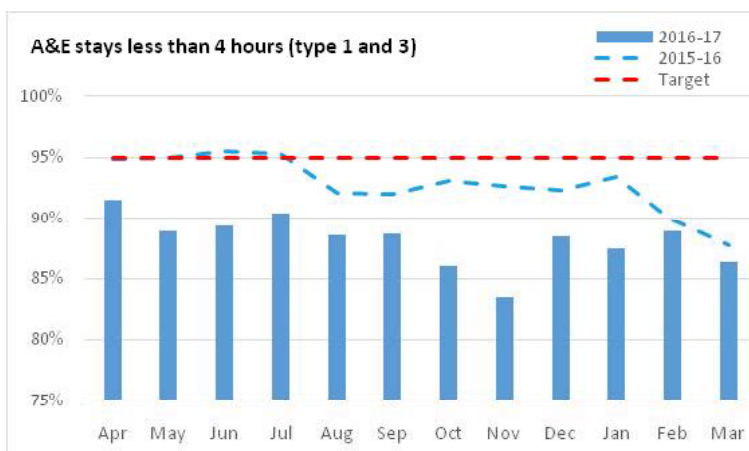
4.0.2 Domain scorecard (2)

March 2017

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Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor	Quality priorities	Trend chart
4.4 Diagnostic access	Diag 6	Diagnostic waits - % over 6 weeks	Mthly	<1%			1.48%	1.8%	1.3%	1.0%	1.25%			Y
	FFF19	Turnaround time - inpatient MRI within 24 hours	Mthly %	>80%			70.9%	69.9%	65.7%	65.2%	63.8%			Y
	FFF20	Turnaround time - inpatient CT within 24 hours	Mthly %	>80%			83.5%	83.1%	85.7%	84.0%	84.6%			Y
	FFF21	Turnaround time - inpatient Ultrasound within 24 hours	Mthly %	>80%			77.6%	76.1%	75.2%	73.4%	76.5%			Y
4.5 Bed capacity and management	531	Average length of stay (elective)	Cum ALOS	<last yr			3.44	3.53	3.54	3.54	3.54			Y
	LOS>1	Non-elective average LOS >1 night	Cum ALOS	<last yr			8.6	8.7	8.7	8.7	8.7			Y
	535	Discharges before noon	Mthly %	>25%			20.9%	20.9%	22.1%	21.1%	20.9%			Y
	Home	GSTT referrals to @Home service	Cases	>100			61	84	69	75	69			Y
	DTtoCPS	Patients with a DTtoC (snapshot)	Number	-			16	12	26	17	18			Y
	DTtoCDT	DTtoC total delayed days	Number	-			449	462	641	642	543			Y
4.6 Outpatient management	604	Appointments re-scheduled by hospital <6wks	Cum %	<4%			4.7%	4.8%	4.7%	4.8%	4.8%			Y
	FFF57	Gassiot House Room Utilisation	Mthly %	>75%			87.0%	90.4%	93.0%	-	88.6%			
	618	Choose and Book - % slot unavailability	Mthly %	<5%							-			Y
	601R	Follow-up ratio - adj cons appts (in arrears)	Ratio	2.11			2.20	2.22	2.13		2.14			Y
	602	Non-attendance rate (new appts)	Mthly %	<11%			12.1%	11.3%	9.8%	10.8%	10.9%			Y
	603	Non-attendance rate (f/up appts)	Mthly %	<10.5%			13.1%	12.4%	10.8%	11.7%	12.2%			Y
4.7 Theatre management	533M	Daycase rate - basket (in arrears)	Mthly %	>85%			83.3%	85.9%	86.4%		84.3%			Y
	505	Theatres Gross Cancellation Rate (in arrears)	Mthly %	<7%			7.3%	6.3%	7.6%	9.2%	7.4%			Y
4.8 Complaints mgt	COM1T	Complaints opened in month (Trust total)	Cases	-			95.1	105	98	131	101			Y
	COM2T	Complaints re-opened in month (Trust total)	Cases	-			4.7	3	5	2	3			Y
	COM6T	Complaints CLOSED in month (total Trust)	Cases	-			-	75	105	91	98			Y

- March saw a deterioration in performance in the patient waiting time within our A&E services. The department had 16 breaches of the >30 minutes ambulance off-load target and no >60 minute delays (lower graphs). The number of ambulance arrivals has increased and the department is now regularly seeing over 100 ambulance patients each day. There were particularly challenging days which contributed to this spike in ambulance breaches. The department and Trust are committed to ensuring safe and effective ambulance handovers. St Thomas' is currently the 2nd best receiving hospital in London (in terms of the number of 30 minute breaches) in 2016/17 whilst being the 6th highest receiver of ambulances.
- This month has continued to be a busy month for the department, with high acuity, reflecting the national picture.
- The Urgent Care Centre continues to improve flow through the department whilst the ED team are working hard to improve internal and external processes in temporary Majors. This area will eventually become the Emergency Medical Unit in a year's time.
- The next Trust 'Star-Chamber' will be held in May to review the Emergency Pathway.



4 Responsive

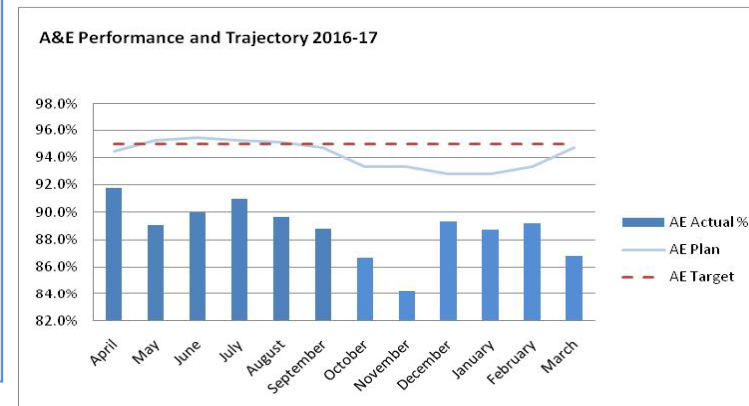
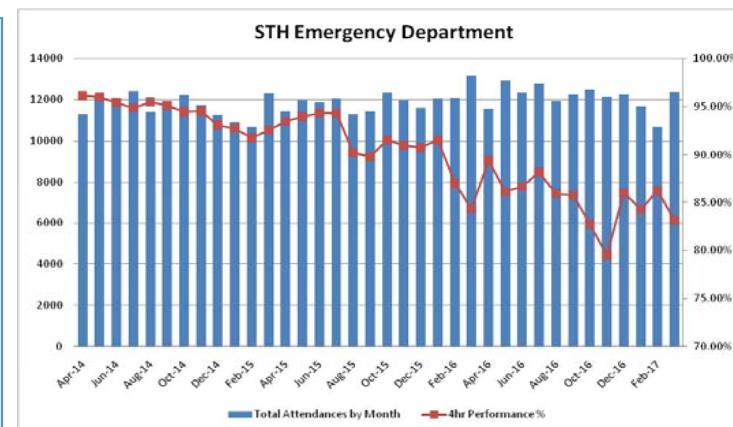
A&E Performance

Information Owner: Sean McCloy

March 2017

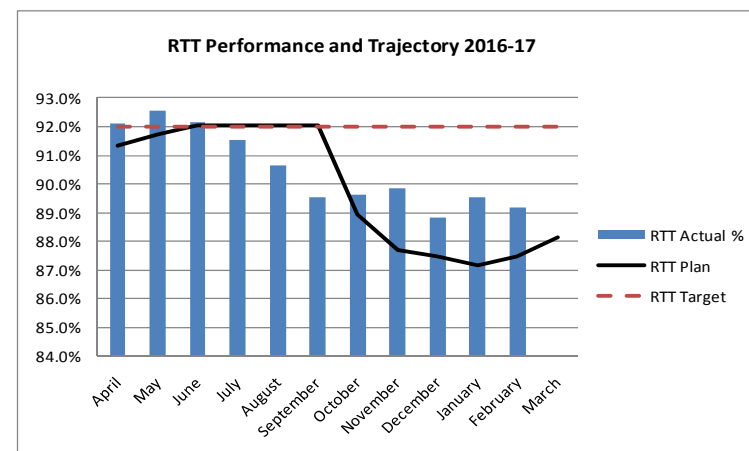
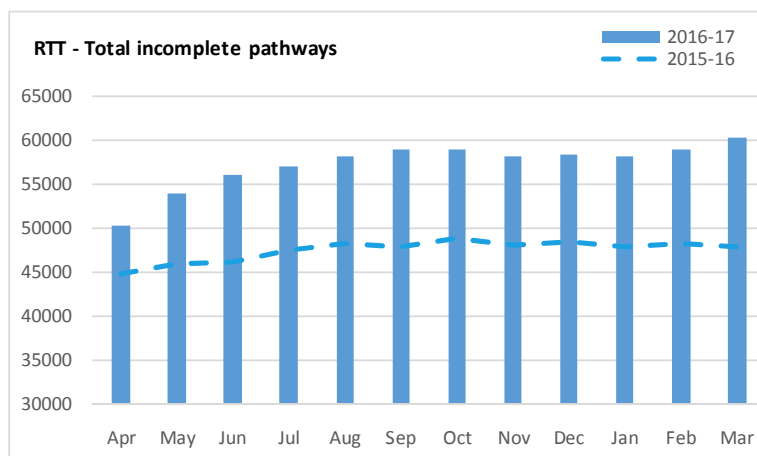
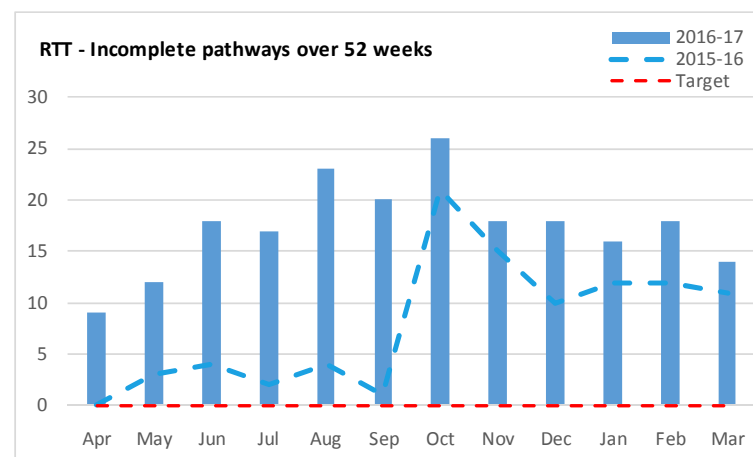
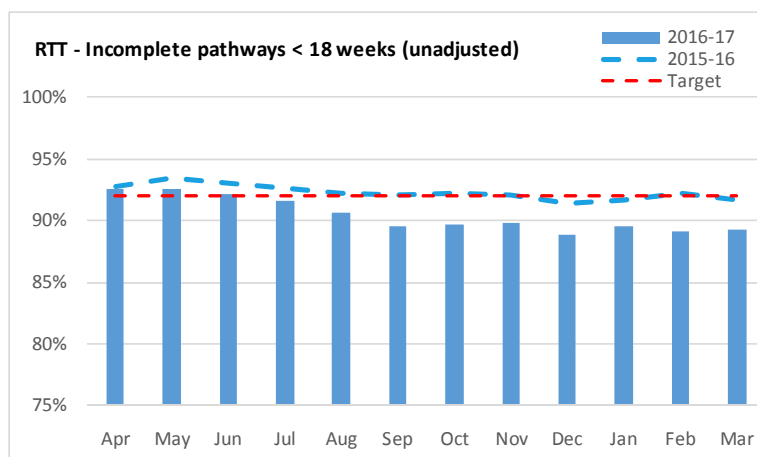
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- **Where we want to be: targets and benchmarks**
- We are seeking to reduce the number of patients waiting over 4 hours to a level at which we can sustain performance against the national standards for incomplete pathways.
- We want to achieve our submitted performance trajectory for 4 hour performance for 2017/18.
- **Where we are: trends and patterns**
- March was a busy month with high acuity patients. Guy's Urgent Care Centre has retained performance with approximately 2 breaches or less per week however this is being closely monitored.
- **Risks or opportunities for the Trust**
- Effective ambulatory pathways (including Frailty, Acute Assessment Unit & the Surgical Assessment Unit) remain key to improving flow through the Emergency Pathway and reducing demand on the ED capacity.
- Clinically safe Emergency Pathways for other specialties which avoid patients having to be seen in the Emergency Department are also in development.
- **Root cause analysis and insights**
- The three key drivers for current A&E performance are:
 1. A challenging physical environment due to the current temporary phase of the Emergency Care Pathway rebuild.
 3. High number of patients with complex clinical requirements including mental health conditions.
 3. High attendance numbers, including an increase in ambulance arrivals.

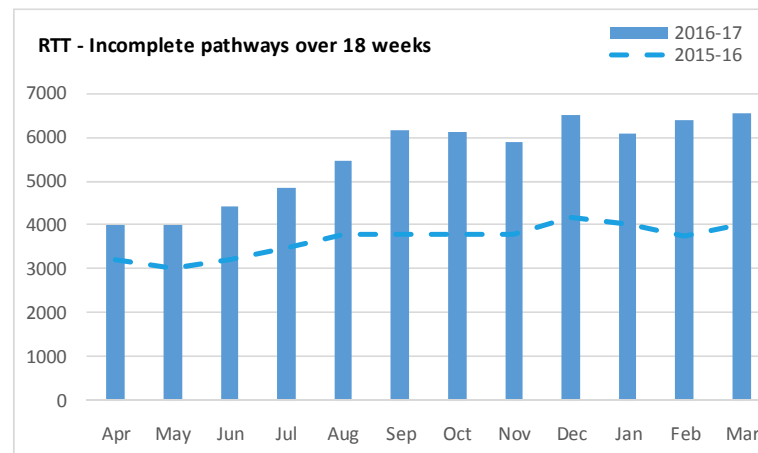
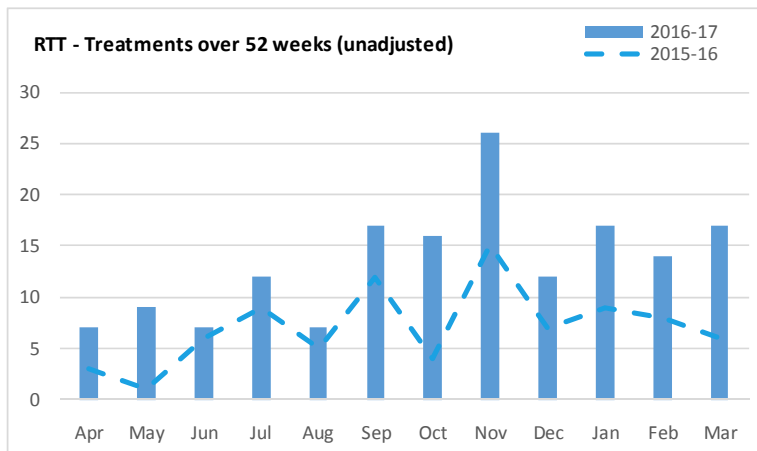
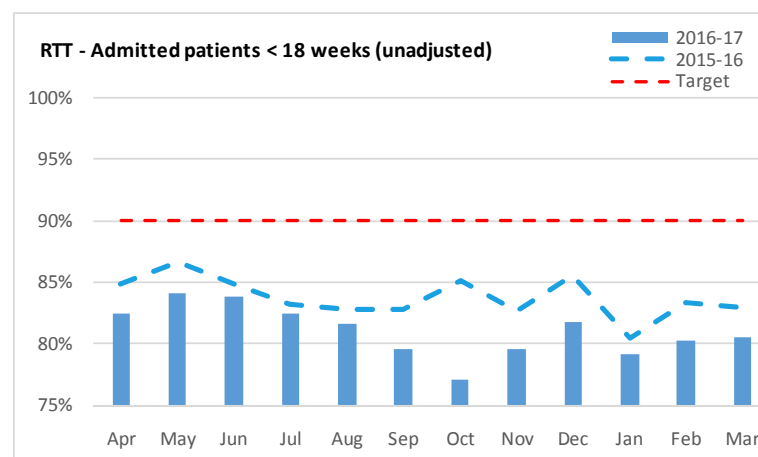
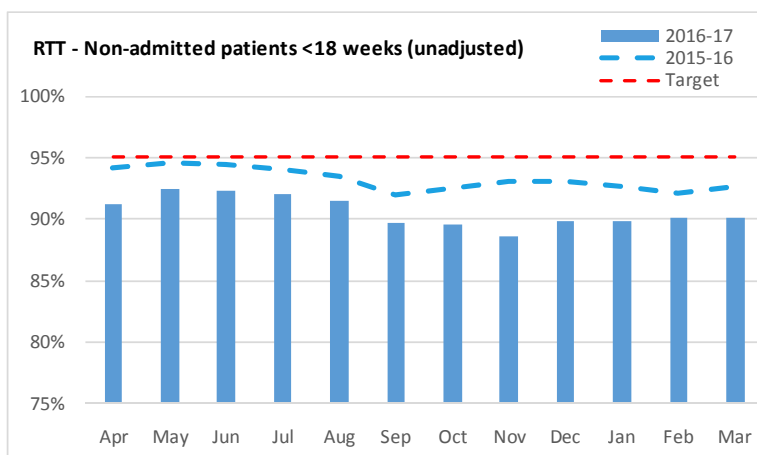


Action and progress	Owner	Next review date
The service continues to safely redirect patients to alternative providers, including GP Hubs and the Waterloo Health Centre. An audit in January showed that on average, 66 patients are redirected every week day to more appropriate care environments.	Acute Medicine DMT	Daily
The next Trust 'Star Chamber' will be held in May to review the progress made within the emergency pathway. Reporting into Star Chamber is the Urgent & Emergency Care Board which includes the various leads of work-streams across these pathways.	Deputy Dir of Operations & Acute Medicine DMT	May 2017
'ACE Team' projects within Acute Medicine are live and reporting back on actions – including: 1) Emergency Department internal improvements, 2) the Medical Model & Admissions Ward flow and 3) North Wing Complex discharge work which included 'Helping Patients Home' week. A bid has been submitted to NHSE and internal Trust Capital Planning groups as part of the transformation fund to ask for the capital funding to create a new Ambulatory Care Unit which will help reduce the demand on the Emergency Department.	Acute Medicine DMT	April 2017

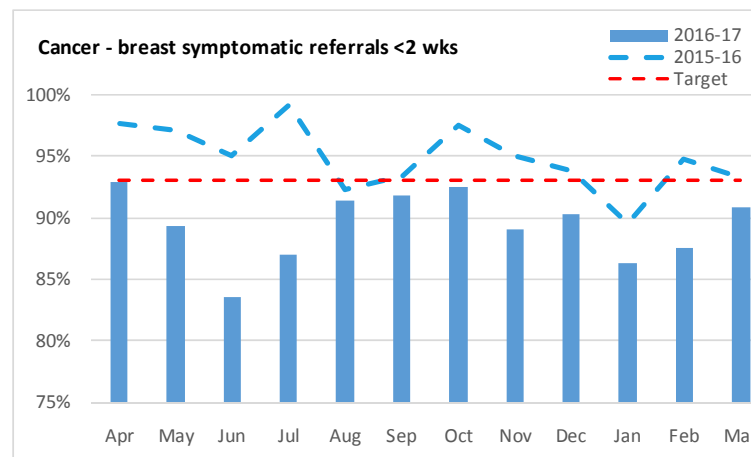
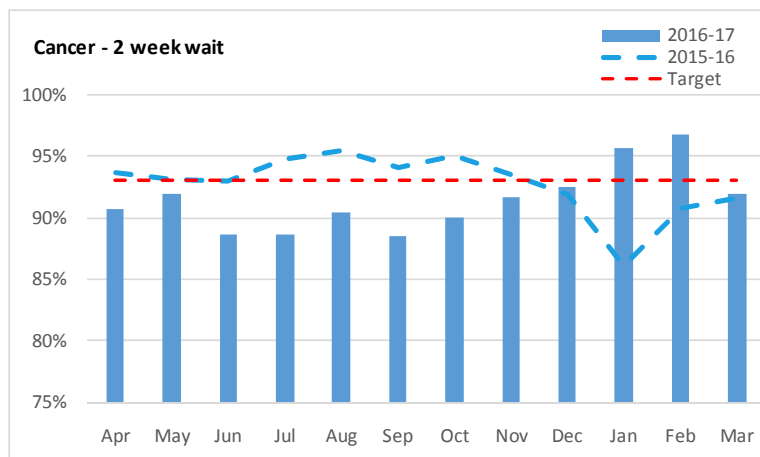
- The Trust's incomplete performance for March is 89.17% which is comparable to the previous month's performance and places the Trust ahead of its STF Trajectory.
- The total PTL has increased in March to 60,407, this is a 10k increase since April 2016, which was partly driven by an increase in referrals last year. All business plans for 2017/18 have taken into account the additional work required to reduce the backlog and maintain this new level of referrals.
- The Trust reported 14 patients waiting longer than 52 weeks in March, which is a reduction of 4 on the previous month. The specialty breakdown is ENT (6), Plastic Surgery (4), Upper GI (1), Paediatric ENT (1), Paediatric Orthopaedics (1) and Physiotherapy (1). The RCAs for these breaches show the main reasons for the breaches were capacity, late external referrals, patient choice and 2 internal admin issues. No patient harm was identified as a result of these long waits.



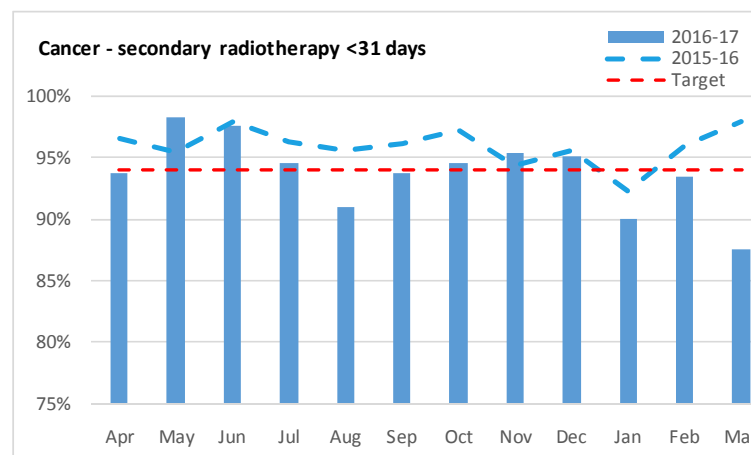
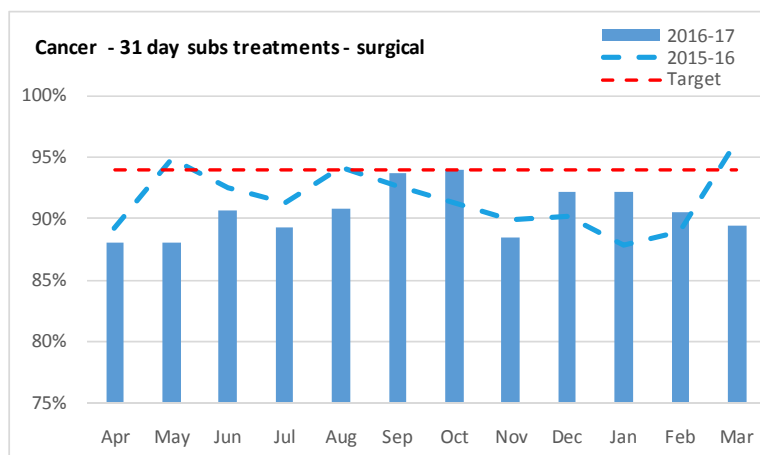
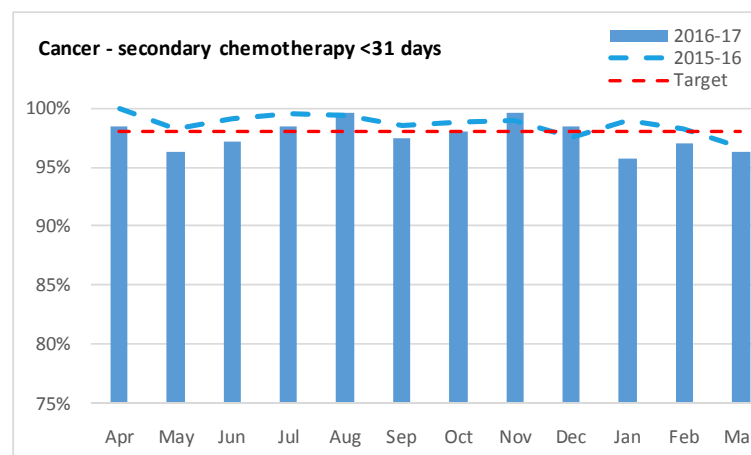
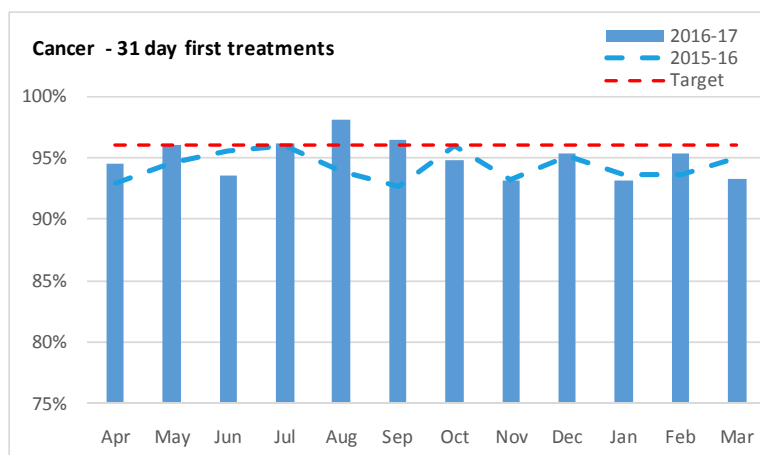
- Total backlog for March was 6,524. The specialties with the largest backlog are Pain Management, Orthopaedics, and Plastic Surgery, Vascular Surgery, Cardiology, GI Surgery, Paediatric spinal, Paediatric ENT and Gastroenterology. All these services are meeting with the performance team to revise their action plans and trajectories, which will be monitored biweekly.
- It is worth noting that it is anticipated that the reduced capacity in April due to Easter and the introduction of the IR35 rule for agency staff will have an impact on the Trust's RTT performance and backlog.
- To help manage the backlog both ENT and Orthopaedics will be outsourcing to the private sector. ENT's outsourcing programme started at the beginning of this year and has had a positive effect on their backlog which has reduced by over 120 patients, since January. Outsourcing in Orthopaedics is due to start at the end of Q1/start of Q2, once the contract is signed.



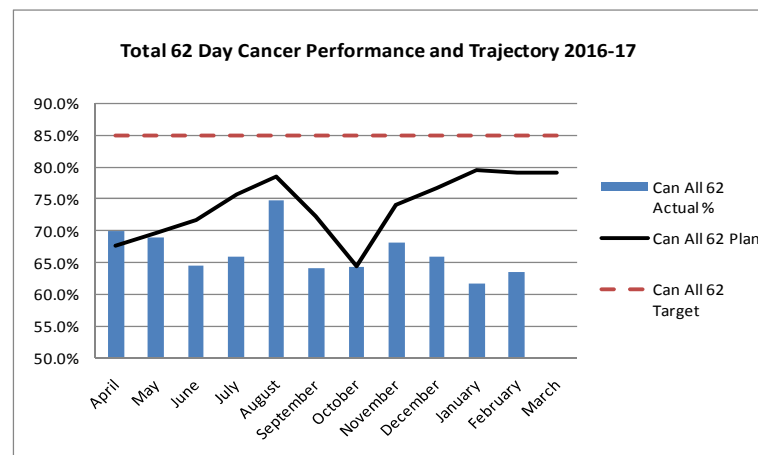
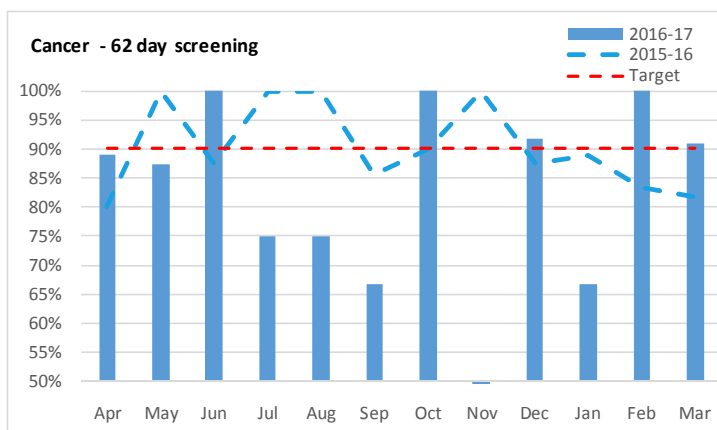
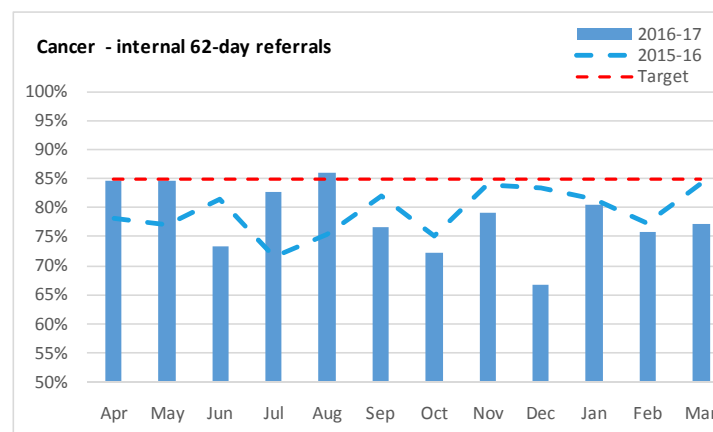
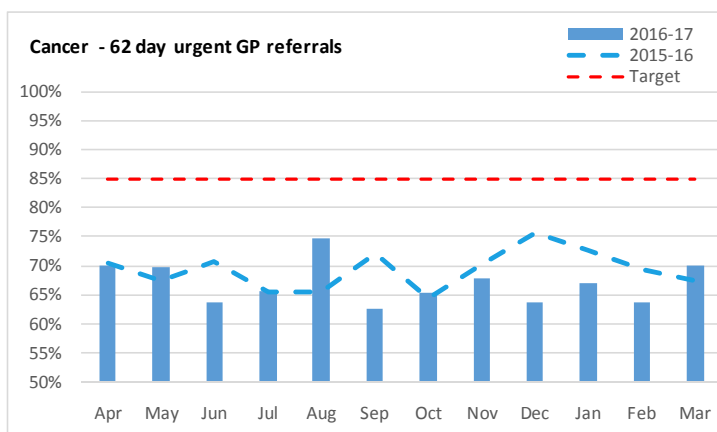
- The Trust did not achieve the 2-week wait target set for patients with suspected cancer with a reported performance of 92.1%. We did meet the breast symptomatic target with 94.7%.
- Lower GI and Skin were unable to meet the increased demand on the services quickly. We have improved the tracking and monitoring of 2ww referrals to ensure capacity requested are escalated quickly to services.
- A paperless process has also been introduced in the Cancer Data team which is anticipated to introduce process efficiencies that will contribute towards achieving the target.



- The Trust did not achieve the 31 day targets in March 92.1%. There were a total of 25, 31 day first treatment breaches, of which 9 of these breaches were avoidable(3 Administrative errors and 6 capacity). The other main breach reasons were due to Patient choice, and medical/complex reasons.
- This month 19 out of 49 subsequent breaches were avoidable, mainly due to administrative issues relating to planning treatments . The Radiotherapy team are continuing to flag to the Medical teams on aligning the correct process with the Decision to treat dates and Earlier Clinical appropriate dates (ECAD).
- Chemo and Radiotherapy – new machines and QMS will improve this risk by reducing short notice lists and moving activity off site.



- Overall performance for 62-day maximum wait for first treatment remains below the 85% target. We achieved 68.6% overall which is below our trajectory but an improvement on February. We achieved 78.5% for the internal patients which is again an improvement from last month. There were 14 internal breaches in March with 65 treatments, 4 were avoidable (admin errors).
- There were 46 external breaches in March. 39 were referred late (>38 days) in the 62 day pathway and 14 had already breached the 62-day target before the referral was received. 4 of the beaches were treated within 24 days of referral.
- The majority of 62 day breaches in March were within Thoracic The South East London Accountable Cancer Network is continuing to progress the work on timed clinical pathways for the main tumour groups(Urology, Colorectal and Lung), this will enable a standardised approach for all patients in the sector and should support the elimination of late referrals to the Centre.



March	62 Day Treatment Status		
CWT Code	Total Treatments	Total Breaches	Compliance
Brain CNS	0	0	
Breast	14	3.5	75.0%
Gynae	10.5	1.5	85.7%
Haematological	3	2	33.3%
Head and Neck	5	0	100.0%
Lower GI	3	2	33.3%
Lung	8.5	5.5	35.3%
Other	0	0	
Skin	10	0.5	95.0%
Skin Haematology	0	0	
Thoracic	10	7	30.0%
Thyroid	2	0	100.0%
Upper GI	5	2	60.0%
Urological	34	9	73.5%
TOTAL	105	33	68.6%

Quarter 4	62 Day Treatment Status		
CWT Code	Total Treatments	Total Breaches	Compliance
Brain CNS	0	0	
Breast	37	7.5	79.7%
Gynae	24.5	7	71.4%
Haematological	10	2.5	75.0%
Head and Neck	15	4.5	70.0%
Lower GI	21	9.5	54.8%
Lung	22.5	12	46.7%
Other	1	1	0.0%
Skin	27.5	4	85.5%
Skin Haematology	1.5	1	33.3%
Thoracic	30	21	30.0%
Thyroid	6.5	1	84.6%
Upper GI	22	13.5	38.6%
Urological	98.5	22	77.7%
TOTAL	317	106.5	66.4%

- Overall performance in March was 68.6% for 62 day wait which contributed to an overall performance of 66.4% for Q4. This was mainly due to completing the work on treating backlog patients and late external referrals.
- The highest number of breaches overall, were in Lung however there was good performance in Gynae, Head and Neck, Skin and Thyroid. The Trust continues to support services with a review of their processes around the use of their timed pathways and the recovery plan in place to support the Cancer data team. The additional Assurance PTLs continue to support services in reducing the long waiters and addressing the implementation of the timed pathways.

4 Responsive

Cancer waits

Information Owner: Scott West

Inter Trust Referrals

- **Where we want to be: targets and benchmarks**

- We want to be achieving 85% of referrals to GSTT within 38 days.

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

- The proportion of Pre day 38 day referrals from South East London Trusts increased in March overall. LGT increased to 75% in March and KCH achieved 52.9%
 - For the South of England Trusts the proportion of early referrals remains unchanged.
 - Both Joint Coordinators working between GSTT and LGT and KCH are managing to support those cohorts of patients who may need to be referred and are facilitating these transfers. They have also identified improvements needed within pathways and those are being tackled

- **Risks or opportunities for the Trust**

- We are focused on improving the processes and workflow for staff within the Cancer data team. High sickness rates and turnover continues to be a challenge to the pace of change required to implementing further changes.
 - The “Star Chamber” approach continues to provide a focus for delivering the agreed improvements and actions.
 - The risk with continuous late referrals (>38 days) is the adverse affect on our ability to treat patients within 62 days.

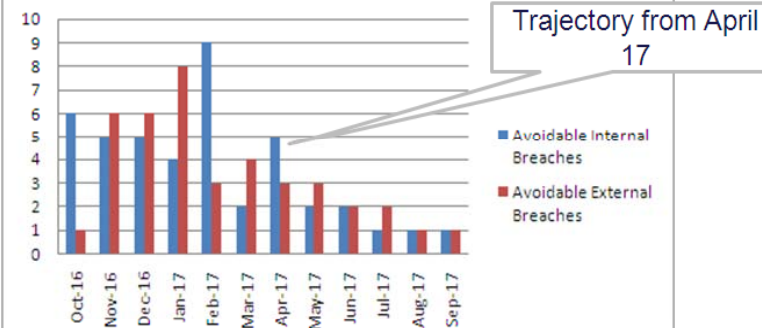
- **104 day patients**

- There were 20 long wait breaches(treated after day 104) in February . 8 in Lung/Thoracic, 5 in urology, 2 in Upper GI, 2 un lower GI, and 1 each in Breast, Gynae, Skin and Colorectal
 - 3 were internal breaches, 17 were external referrals
 - The reasons for the long delays were: A mixture of late referrals(13), complex pathways(3), medical reason (1) and patient choice (1).
 - 13 of the external long wait breaches were referred after day 62 from other Trusts, and 4 of these were referred after day 104.
 - We have established an independent review group to support how we might tackle these areas in order to improve the pathway and reduce the number of long waiters.

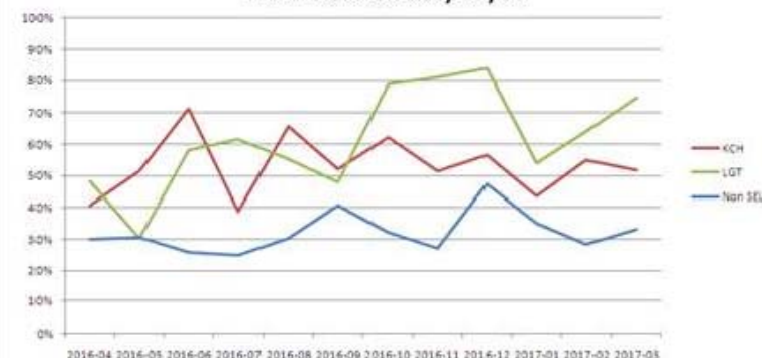
- **Root Cause analysis and Action**

- Focused work on monitoring the use of timed pathway in each tumour site.
 - Establishing the joint coordinators between the Trust and KCH/LGT.
 - 7 days for first OPA for 2ww referrals involving use of eRS.
 - Building resilience within the Coordination and Tracking team

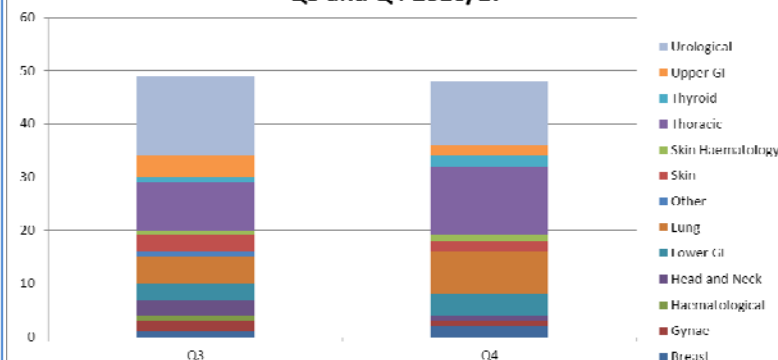
Process Breach Trajectory



Referrals received by day 38

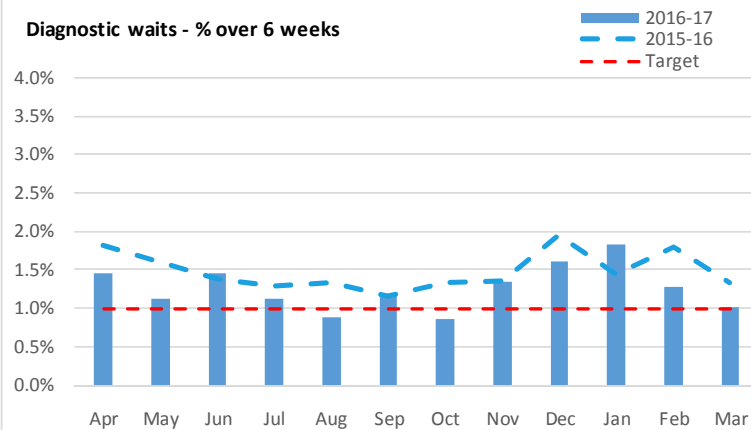


No. of 104 day breaches per tumour site Q3 and Q4 2016/17

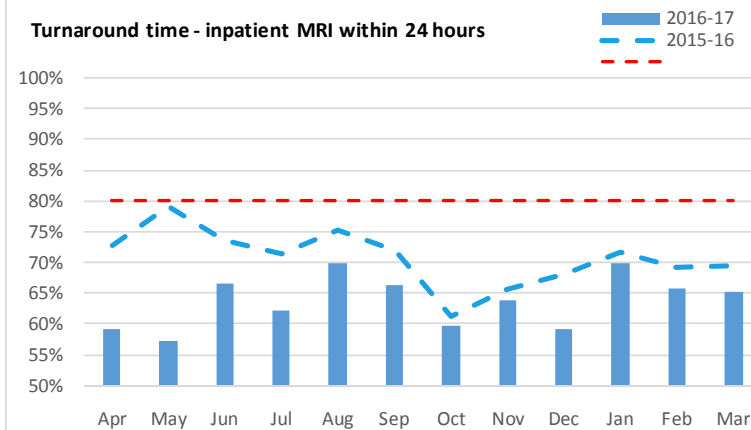


- March has seen an improvement in performance and GSTT has met the target with 1%. To help improve and maintain performance are liaising with the management team of the modalities on a weekly basis to gather feedback on potential breaches and encourage earlier escalation of any issues that the services maybe facing.
- To help cover staff leave/sickness we have increased training to include staff on bank, which will help ensure that they are knowledgeable on all current systems and process and hence will be more useful in short cover placements.
- The new process which will track services weekly predictions to prospectively identify any potential end of month breaches and offer services support in avoiding these breaches, is place. This provides the performance team with an knowledge of all prospective breaches in a timely manner to help ensure they can be avoided.

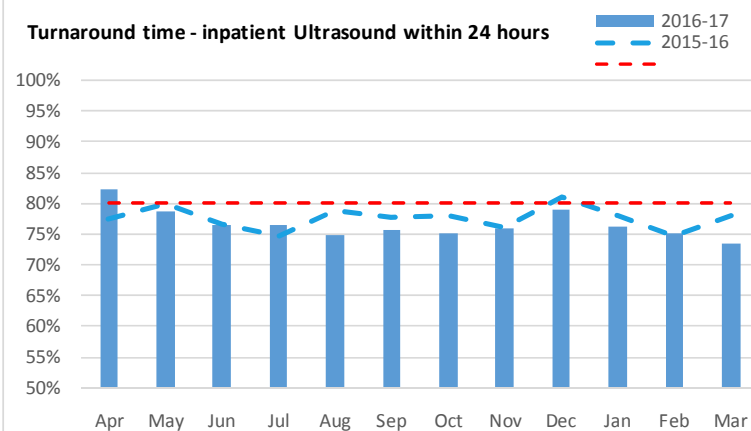
Diagnostic waits - % over 6 weeks



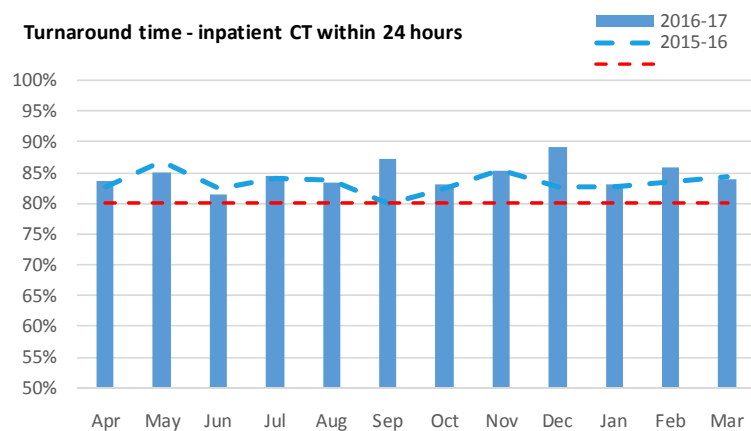
Turnaround time - inpatient MRI within 24 hours



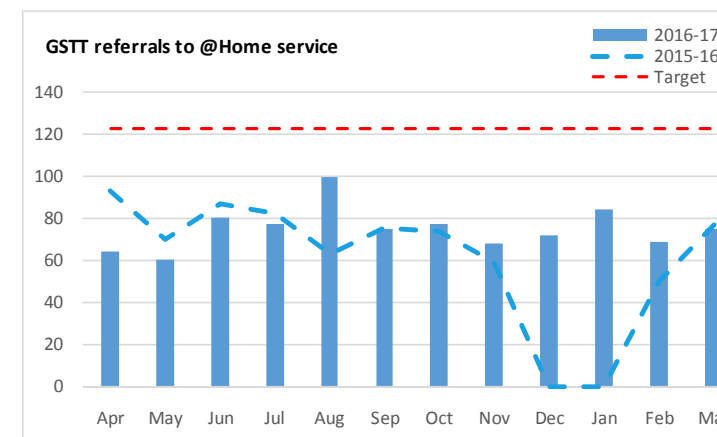
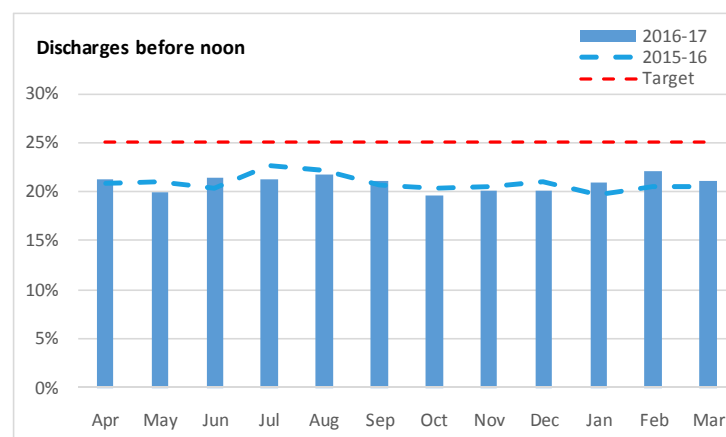
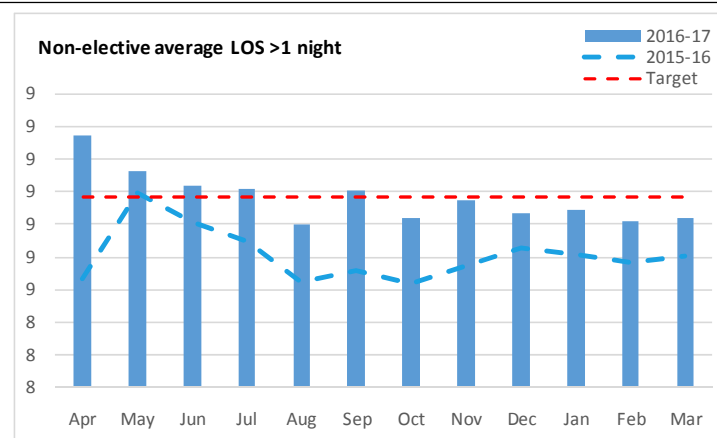
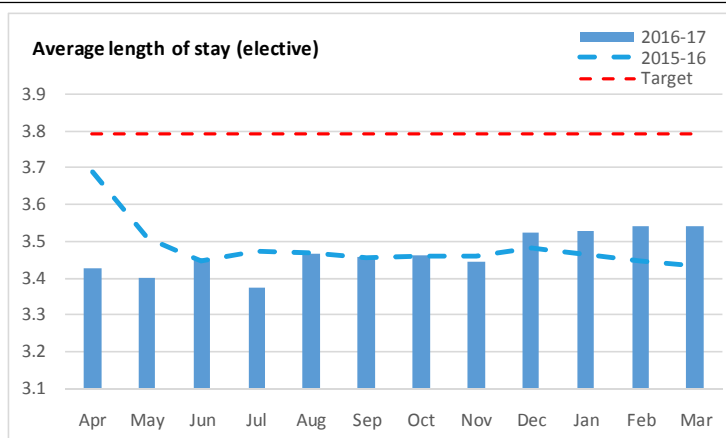
Turnaround time - inpatient Ultrasound within 24 hours



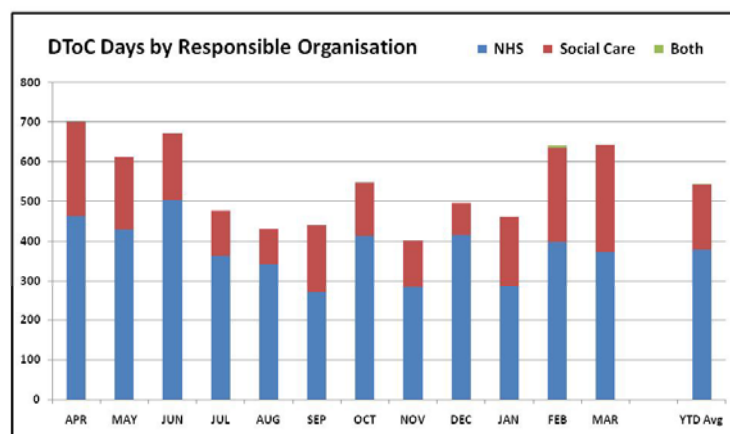
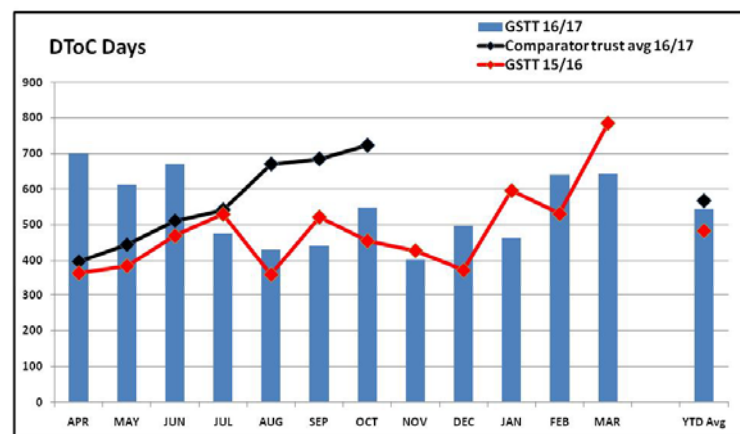
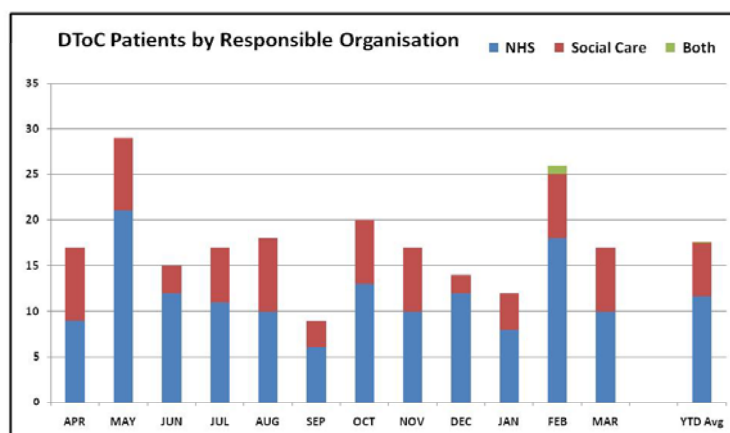
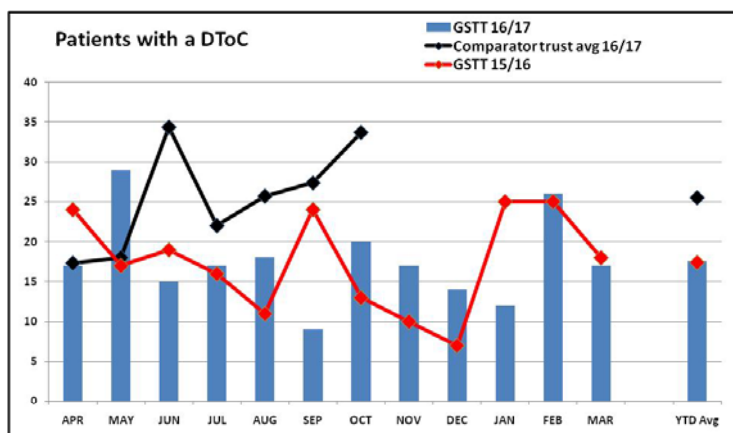
Turnaround time - inpatient CT within 24 hours



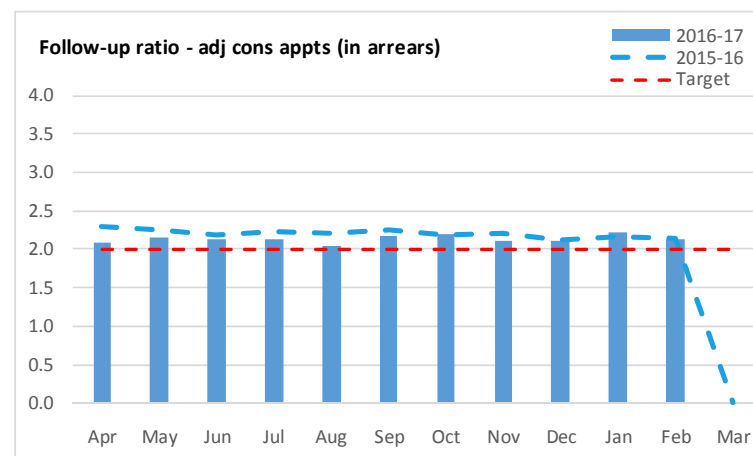
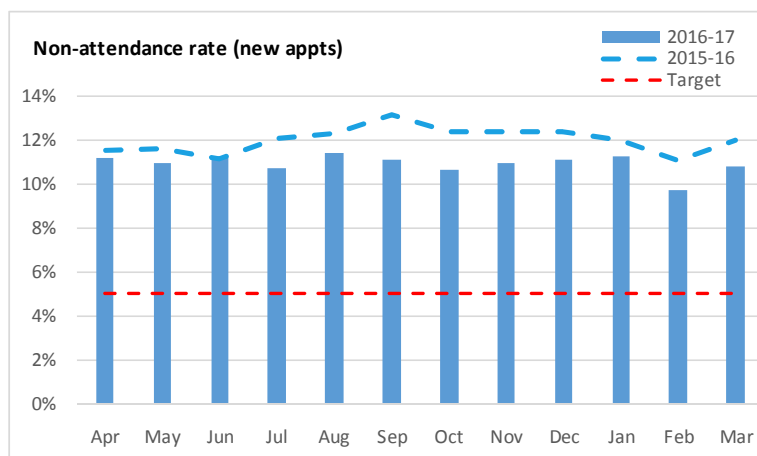
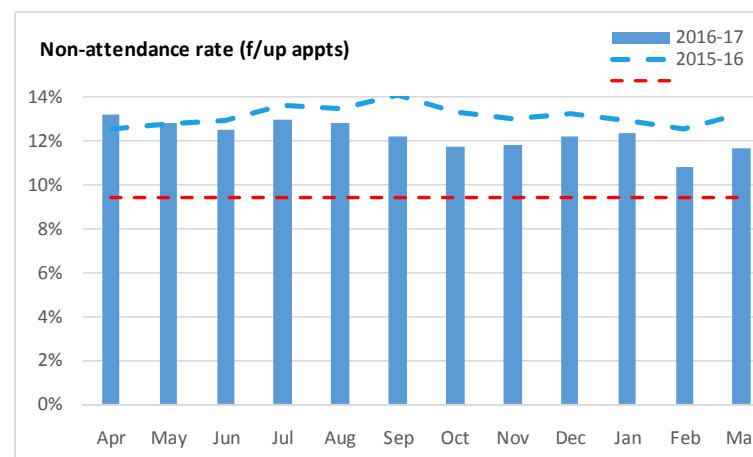
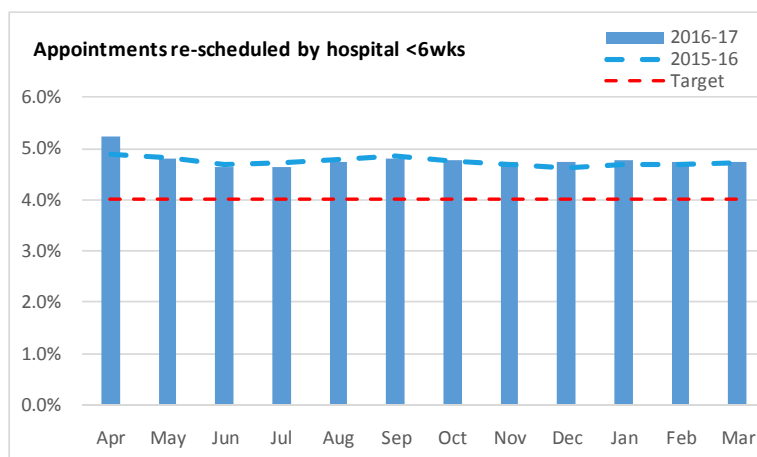
- @home: Overall accepted referrals have increased from 246 (Feb) 349 (Mar) and GSTT referrals have seen an increase from 69 (Feb) to 75 (Mar). The priority for the service is to improve recruitment and retention in order for the service to be fully optimised and a recruitment and retention plan has been developed. The service is continuing the same day discharge campaign.
- Average length of stay for elective patients remains better than target and is at similar levels to 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 ensure we can meet our activity plans for 2016/17.
- Work continues on improving hospital discharges before noon, Directorates use their huddles to continue focusing on improvements to early discharge.



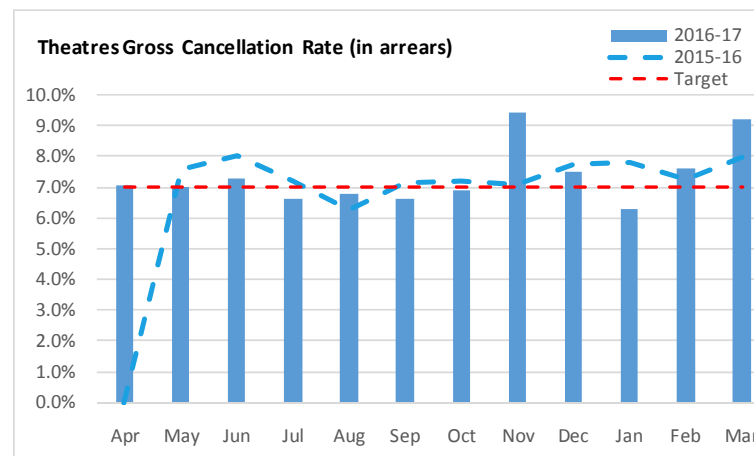
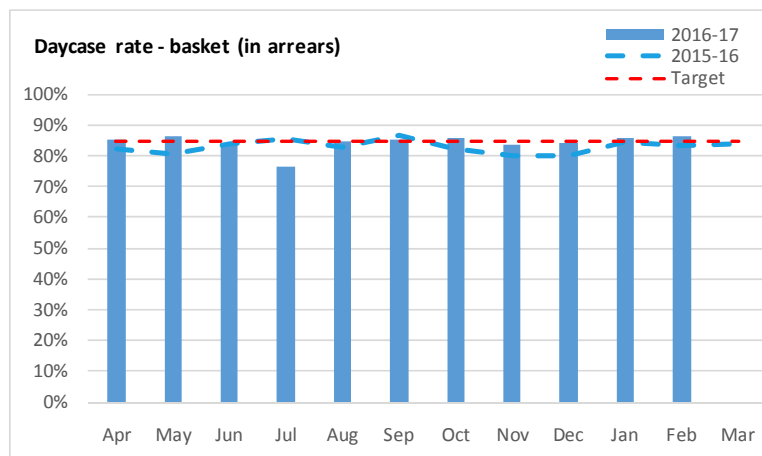
- The definition of a DTOC is when a patient is ready to transfer from acute to non-acute setting, but remains in an acute hospital bed.
- We saw an increase in DTOC in February, partly driven by limited care home availability in the local area.
- The Trust continues to progress its 'Transfers of Care' improvement work stream within the Fit for the Future programme, with three overarching improvement aims:
 - To join up improvement initiatives across the Trust relating to transfers of care / discharge
 - To develop an IT solution to capture data on discharge delays (as part of Live Bed State)
 - To work with our external partners across health and social care to develop new ways of working, including 'Trusted Assessments' and 'Discharge to Assess' models.



- **Appointments re-scheduled by the hospital within 6 weeks of an appointment** – The number of rescheduled patients, although higher than the target of 4%, has continued at a rate below 2015/16 levels.
- **e-RS (National e-referral system) - % slot availability** – Appointment slot issues (ASIs) went up from February's 1084 to 1278. Advice and Guidance also increased from 209 to a record high of 248. The ASI increase is likely to be because of some service code changes being belatedly linked. The A&G increase is probably thanks to the latest technical upgrade allowing multi-way conversations between GPs & Providers. Work with specialties identified by the Planned Care Board to update their DoS: Gynae signed off by CCG/GP, Dermatology defining the DoS for specialist services, Ophthalmology DoS reviewed internally and arranging GP review, Neurology cleared referral backlog and booking to actual wait times resulting in drop in ASIs.
- **Non-attendance for new and follow up appointments** – The next level of drdoctor functionality – level 2 – (appointment re-schedule, auto offer) has been piloted in limited specialties since mid March. A progress review is planned before the Pilot ends in June. Trust wide roll out is planned for second half of 2017.
- **Follow-up ratio** – Record number of requests via ARP to adopt non Face to face practices should see further reduction in Follow Ups in coming months.

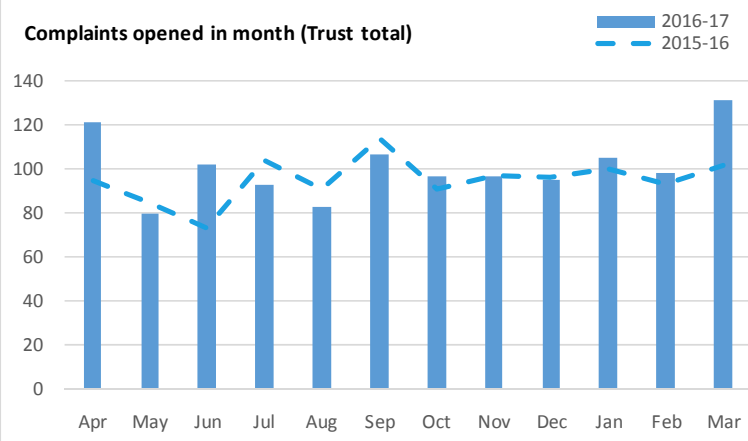


- Day case rates continue to meet the target of 85% with continued focus on ensuring patients are operated on in the most appropriate care setting.
- Due to significant staff challenges with anaesthetics, a number of lists had to be cancelled in March. All patients have been rebooked and the staffing issue has been resolved now. Inpatient text reminder pilot started in April and initial results are positive

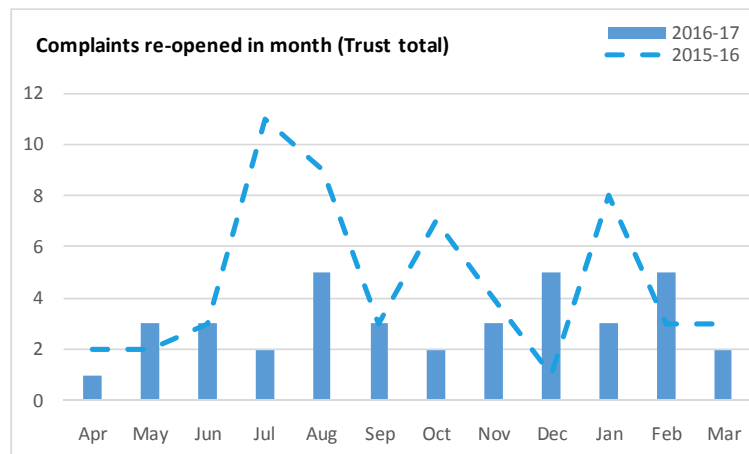


The complaints team saw a significant increase in the number of formal complaints received in March 2017. This increase will impact on the number of overall open complaints at this time. The complaints team also dealt with an additional 90 contacts from patients and their families where concerns were raised informally. No new notifications received from the Parliamentary and Health Service Ombudsman.

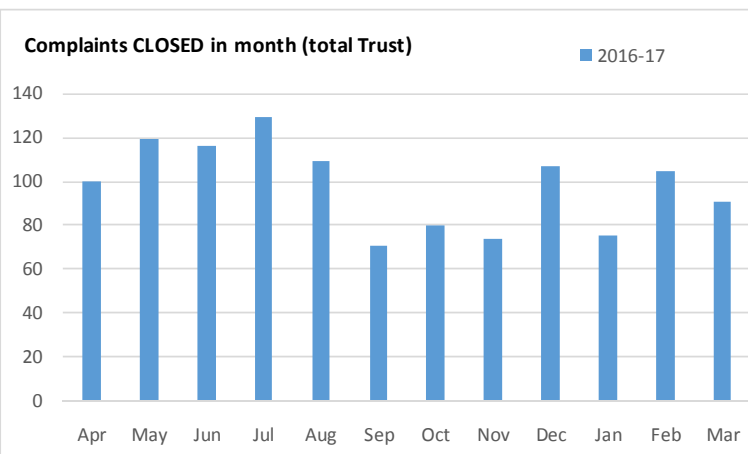
Complaints opened in month (Trust total)



Complaints re-opened in month (Trust total)



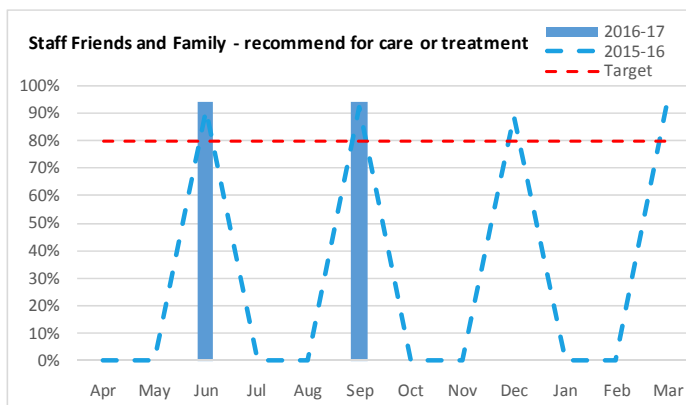
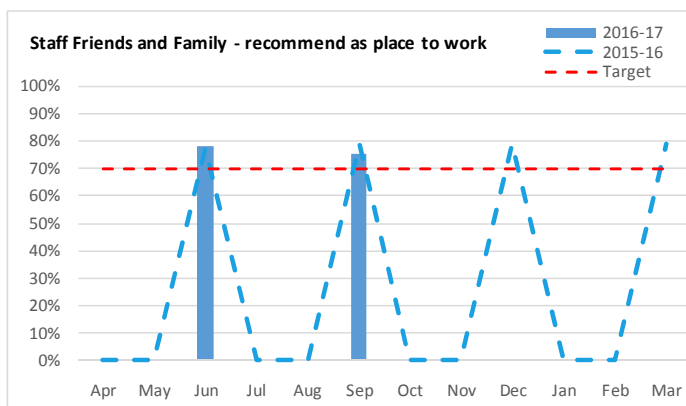
Complaints CLOSED in month (total Trust)



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.

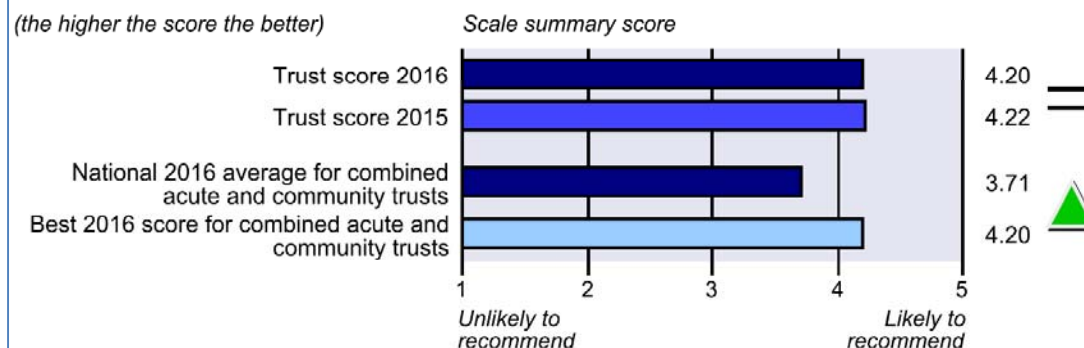
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor	Quality priorities	Trend chart
5.1 External assessments	GOV	Overall governance rating (Monitor, in arrears)	Rating	Green			Green	Green	Green	Green	Green			
	CQC	Care Quality Commission (CQC) risk assessment	Score	>5			6	6	6	6	6			Y
5.2 Staff experience	FFTS1	Staff Friends and Family - recommend as place to work	Qtly %	>70%			78.5%	-	-	-	77%			Y
	FFTS2	Staff Friends and Family - recommend for care or treatment	Qtly %	>80%			91.5%	-	-	-	94%			Y
5.3 Workforce indicators	VACTB	Overall vacancy rate	Mthly %	<9%			11.5%	11.2%	11.1%	10.6%	11.4%			Y
	TEMPTB	Agency staff (% of paybill)	Mthly %	<4.3%			5.7%	3.1%	3.6%	5.5%	4.2%			Y
	TURNTB	Rolling annual turnover rate	Mthly %	<11%			10.1%	12.2%	12.1%	12.2%	12.2%			Y
	206TB	Sickness and absence rate	Mthly %	<3.0%			3.4%	3.58%	3.36%	3.07%	3.24%			Y
	211TB	Appraisal compliance (non-medical staff)	Mthly %	>95%			73.1%	75.9%	74.7%	72.4%	72.1%			Y
	MITTB	Mandatory training compliance	Mthly %	>95%			86.3%	84.7%	83.5%	83.7%	84.7%			Y

- 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 Trust achieved the highest score for overall Staff Engagement of any healthcare provider in England; at 4.03 (on a scale of 1-5) compared to the national average of 3.80. Staff satisfied with the quality of work and patient care scored 4.11, against a national average of 3.92.
- The survey results show we are above average in 22 of the 32 key findings in the survey. 94 % of staff agreed that their role makes a difference to patient and service user compared to a national average of 91%, which was one of the highest scores.
- 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 was opened for 3 weeks in March and over 1017 staff responded.

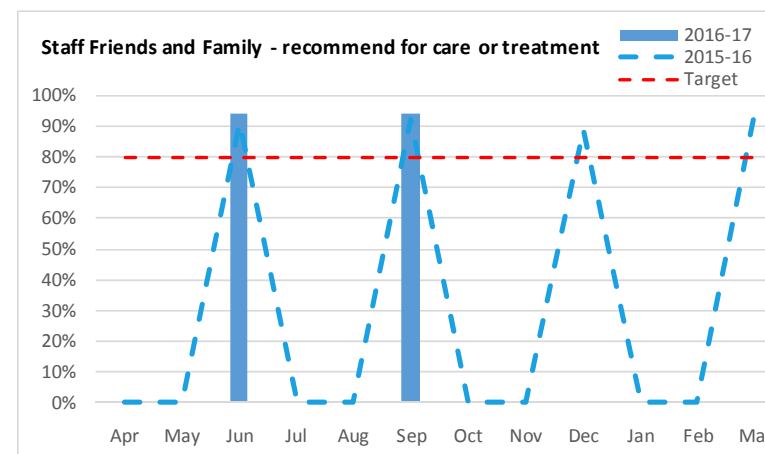
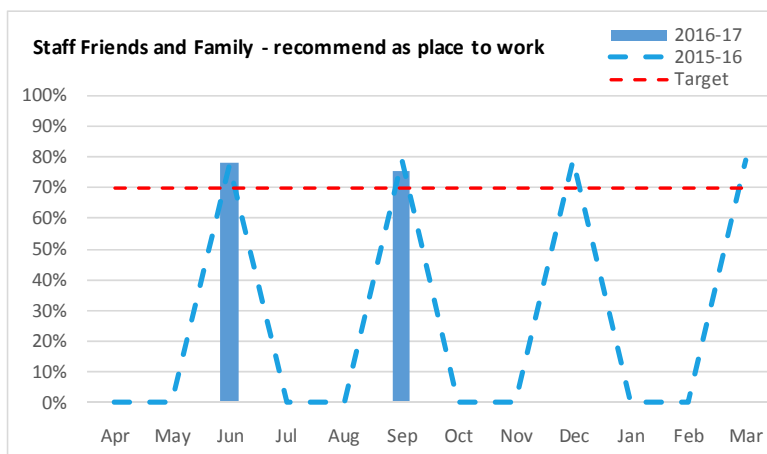


KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

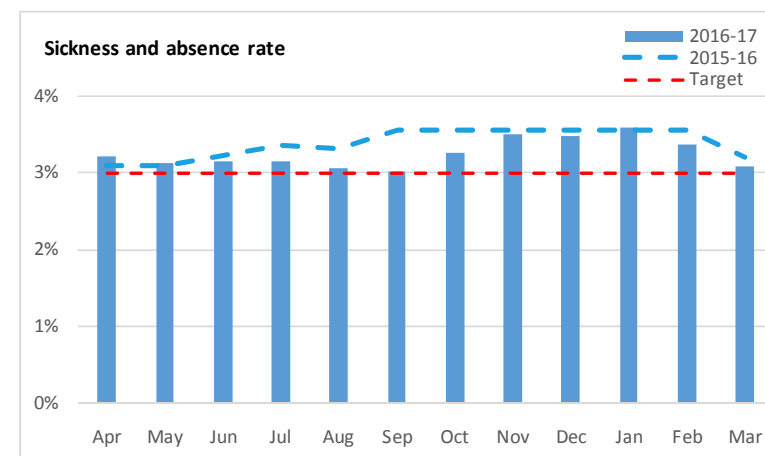
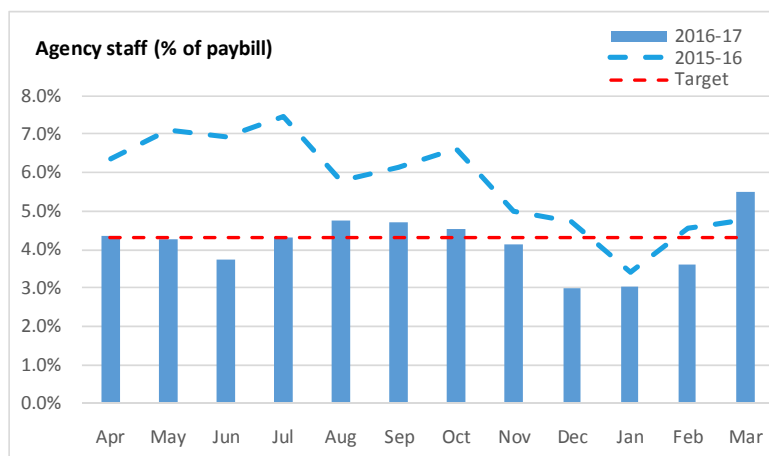
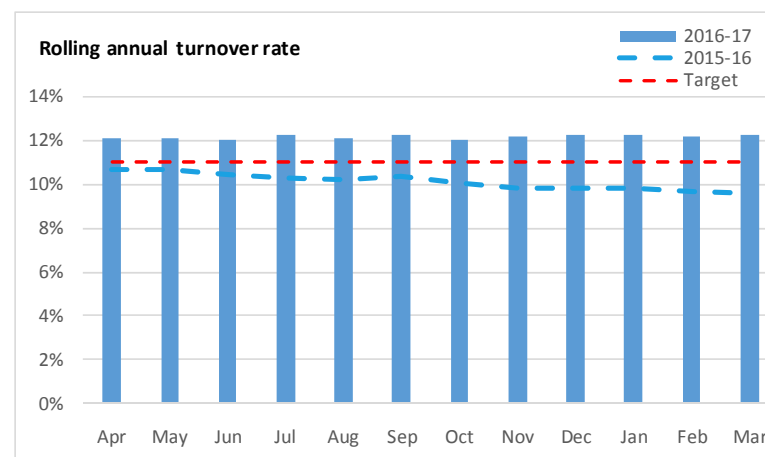
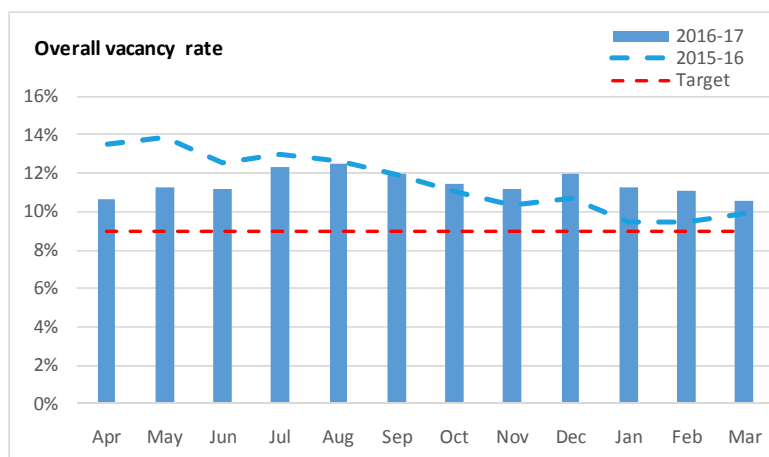
(the higher the score the better)



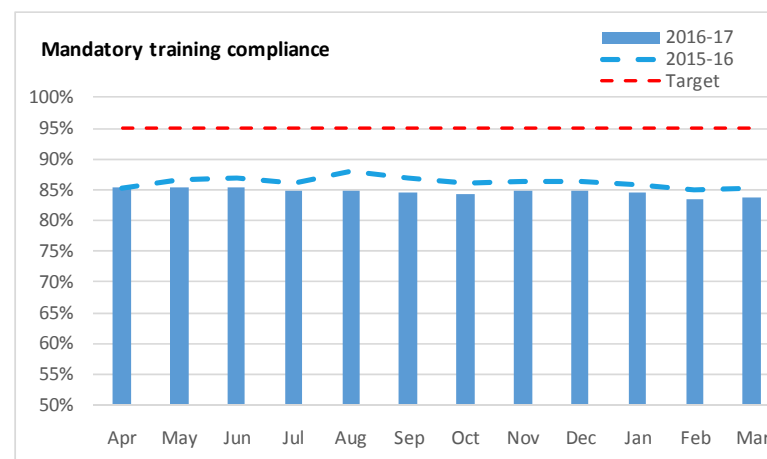
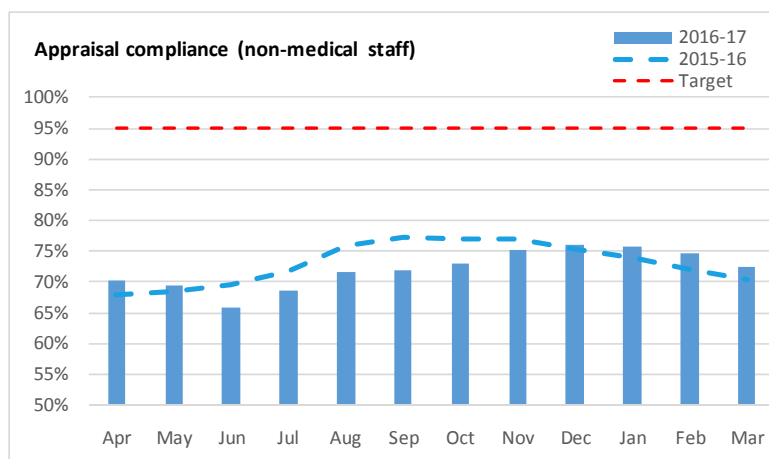
- Staff opinion on whether they would recommend a health care organisation for care or for work is statistically associated with the quality of care. Any fall in the positive opinion should be seen as a potential early indicator of a reduction in quality of care.
- 700 staff participated in the Quarter 2 Staff Friends and Family Test (SFFT), which was conducted between August and September 2016. The results show that 94% of our staff would recommend the Trust as a place to be treated. This figure is well above the national average of 80%. 75% of our staff said that they would recommend the Trust as a place to work, again a higher figure than the national average of 64%.
- All staff were invited to participate in The NHS National Staff Survey, which takes place in the third quarter of each year. This year's survey ran from 3rd October to 7th December 2016. 5128 staff members took time to respond. The Survey asked for staff to share their experience of working in the Trust, including questions about their job, their managers, their personal development, their health and wellbeing and their safety at work. The results will be available in February 2017 and will give us a clear picture of staff experience within the organisation and how we compare nationally, with other NHS Trusts.



- The overall vacancy rate (10.58%) reduced in March but remains above target. The Substantive workforce is 577 WTE greater (4.4%) than the same month last year and at it's highest ever level, however the vacancy rate is higher than March 2016. There are currently over 700 external applicants in the recruitment pipeline scheduled to join the Trust over the next few months with further reductions in the vacancy rate.
- Agency spend as a proportion of paybill increased to 5.49 % above target and the same month last year. The YTD figure is likely to slightly exceed the NHS I mandated cap, despite improvements in previous months. Agency usage continues to be monitored on a weekly basis, with price cap breaches reported to NHS Improvement and the Trust Board.
- Staff Turnover increased to 12.24%, and continues to trend above the target of 11%, however the Trust continues to benchmark favourably other London Trusts.
- The sickness rate decreased to 3.07%, remaining above target, but lower than the equivalent 2016 month and NHS average.



- Personal Development Review (appraisal) compliance rates decreased further to 72.43% and remains well below target. The Trust has yet to achieve its target of 95%. As the trust is now in it's 3 month Appraisal window, the rate is expected to decline further before increasing after June.
- Mandatory training increased to 83.65% but it is lower than the March 2016 rate, with compliance remaining below Trust target level of 95%. Most directorates are now over 75% compliant, with three achieving over 90% compliance. Training data is updated weekly on WIRED which is available to all staff and managers.



6 Enablers

6.0 Domain scorecard

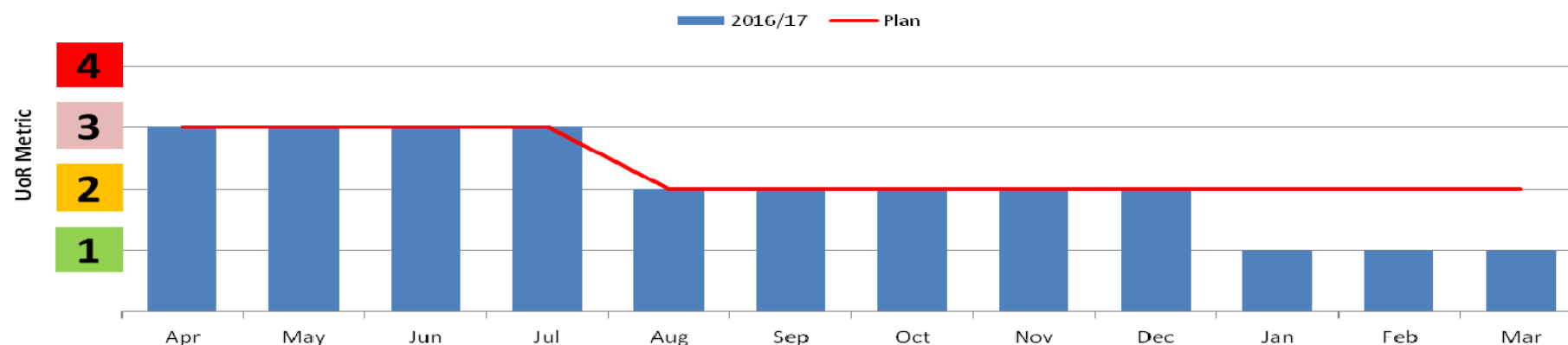
March 2017

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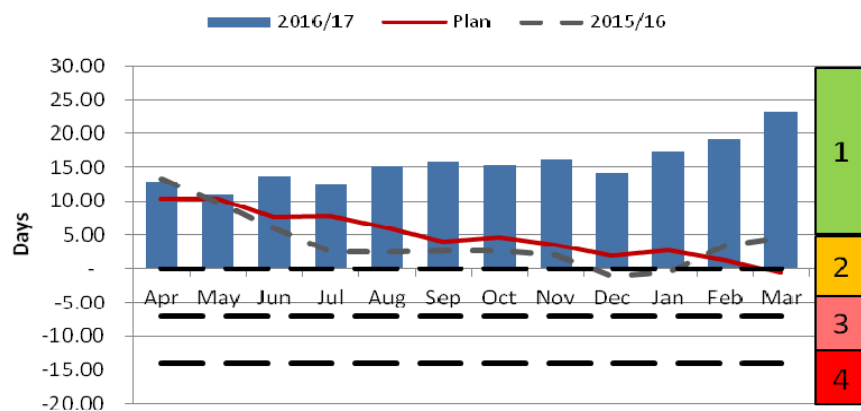
Theme	Ref	Indicator	Units	Target	R	G	Prior year	Jan	Feb	Mar	YTD avg	Monitor	Quality priorities	Trend chart
6.1 Overall financial position	MRRT	Finance Use of Resources	Score	<=2			2.2	1.0	1.0	1.0	2.1			Y
	LQRT	Liquidity ratio (in days)	Days	>0			3.6	17.3	19.1	23.3	15.5			Y
	DSCT	Capital service cover	Ratio	>2.59			1.1	1.99	2.21	3.10	1.87			Y
	FIN01T	Overall underlying financial surplus/(deficit)	£M	>3.60m			-£13.0	-£0.2	£3.1	£34.1	-£0.5			Y
	CSHT	Cash flow	£M	>£143m			£94.3	£152.0	£154.0	£140.0	£142.6			Y
	CAPT	Capital spend vs plan (year-to-date variance)	Mthly %	+/- 15%			72.6%	-35.5%	-37.8%	-37.6%	-36.0%			Y
	VRPT	Variance from Plan (year to date)	Mthly %	> 0			-1.3%	0.14%	0.34%	2.44%	0.1%			Y
	UNPT	Underlying Performance	Mthly %	> 0.6%			-0.9%	0.4%	0.7%	2.9%	0.2%			Y
6.2 Activity levels (magic numbers)	560	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%			-0.3%	-2.8%	-2.5%		0.7%			Y
	606T	New patients seen vs plan (all categories, in arrears)	Mthly var	>0			-946	1,041	1,492		159			Y
	714	External cons referrals	Number	>last yr			1,937	2,428	2,260	2,138	2,314			Y
	713	GP referrals	Number	>last yr			16,199	18,828	18,939	21,387	18,413			Y
6.3 Fit for the Future	CIPSTC	Cost improvement plans (CIPs) - var to plan YTD	£M	>£0m			-£13.4	-£9.1	-£10.3	-£10.5	-£5.6			Y
6.4 Data quality and clinical coding	CM024	Community data completeness - % contacts outcomed	Mthly %	≥ 95%			93.7%	95.8%	95.7%	93.8%	95.2%			Y
	712	NHS number coverage	Cum %	>98%			97.7%	97.9%	97.9%	98.2%	98.0%			Y
	710x	Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5			4.93	5.00	4.68		5.06			Y

The FSRR was replaced by the Single Oversight Framework from October 2016, the scoring has now reversed (compared with the FSRR ratings) so that one is now the highest score and four is now the lowest. This shows that we are achieving a rating of 1 which is ahead of plan. Indicative ratings have been calculated using historical data for prior periods in 16/17.

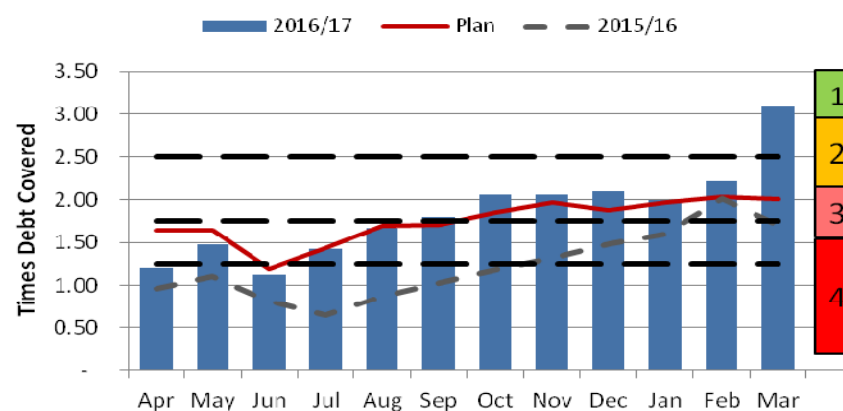
Finance Use of Resources Metric



Liquidity



Capital Service Cover

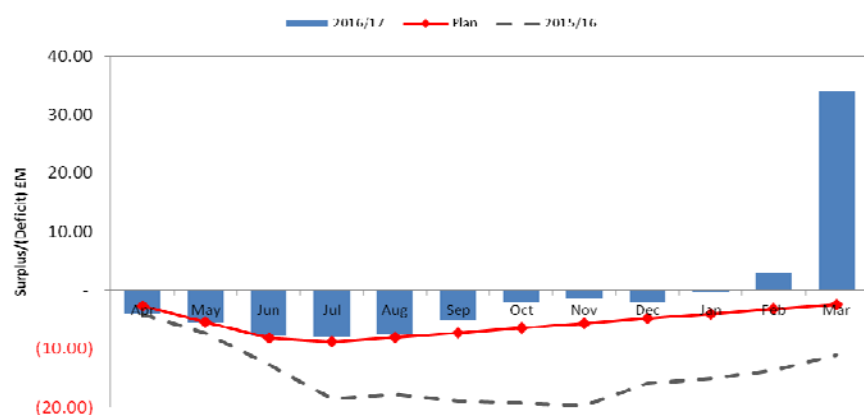


A surplus of £34.1 has been recorded at March, which is £36.5M better than the planned loss of £2.4M – the improvement in March was primarily driven by recognition of STF Incentive funding of £18.7M, CCG \ NHSE income performance and additional R&D contribution. Confirmation of the STF bonus funding is awaited and is not included in the reported position.

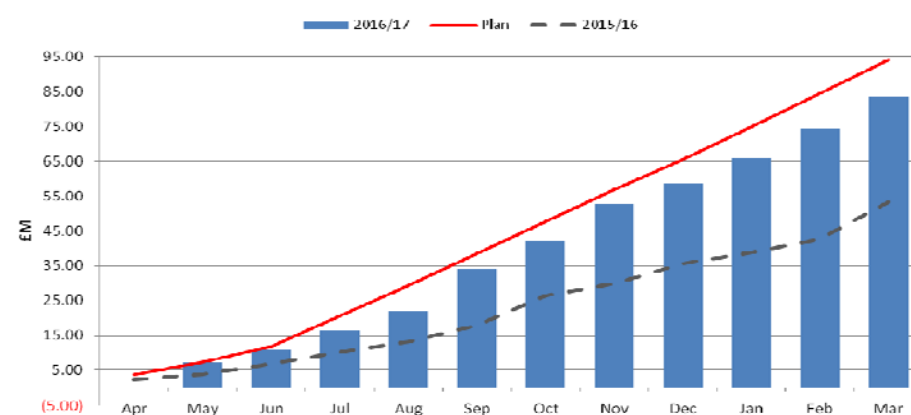
The CIP requirement for 16/17 was £94.2m. At month 12 £83.7m of savings or income growth had been achieved against this plan

The cash position at £140M is £30.8m ahead of the plan of £109.2M. Capital expenditure as a percentage of plan has fallen below the threshold of 85% (to 62%). A reforecast of the Capital plan may need to be considered having breached the threshold.

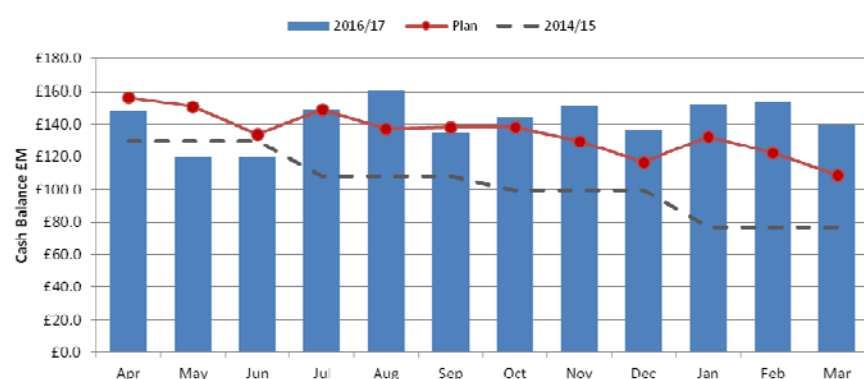
Overall Underlying Financial Surplus/(Deficit)



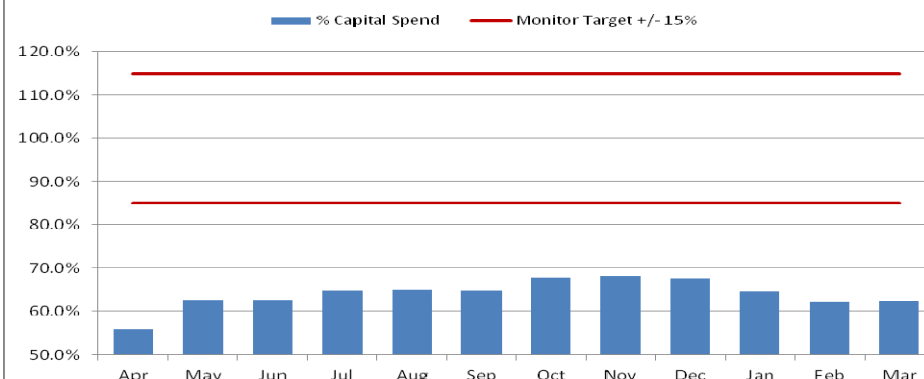
YTD Trust CIP Performance



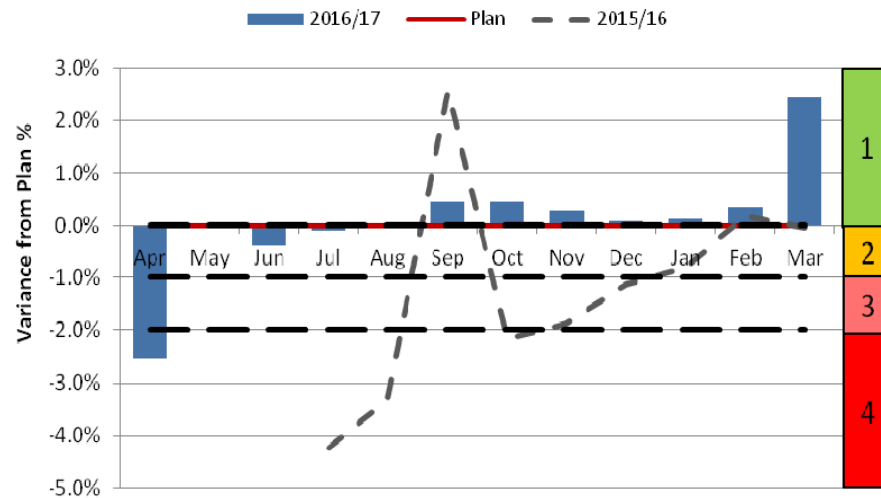
Cash - Actual Cash vs Plan and Prior Year (£m)



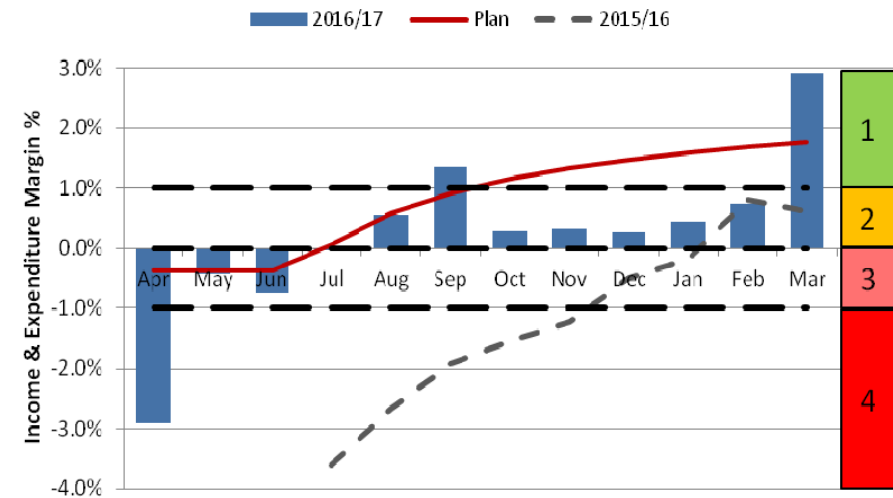
YTD Capital Spend % of Plan



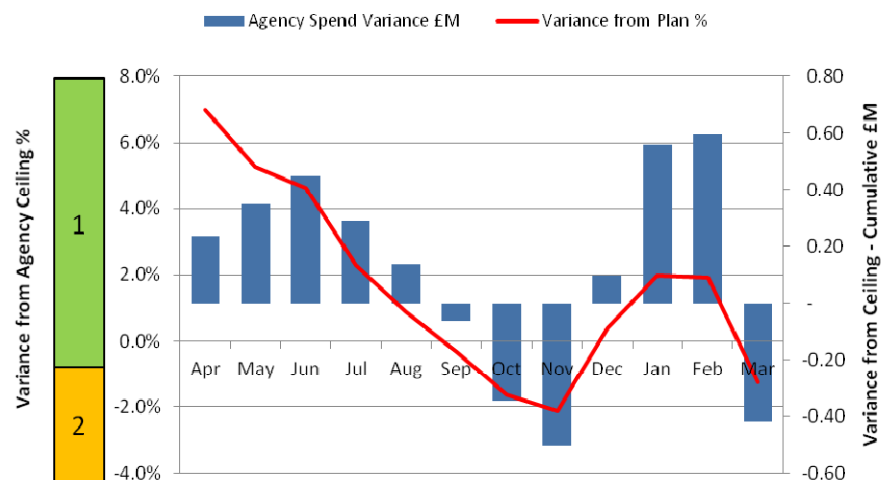
Variance From Plan



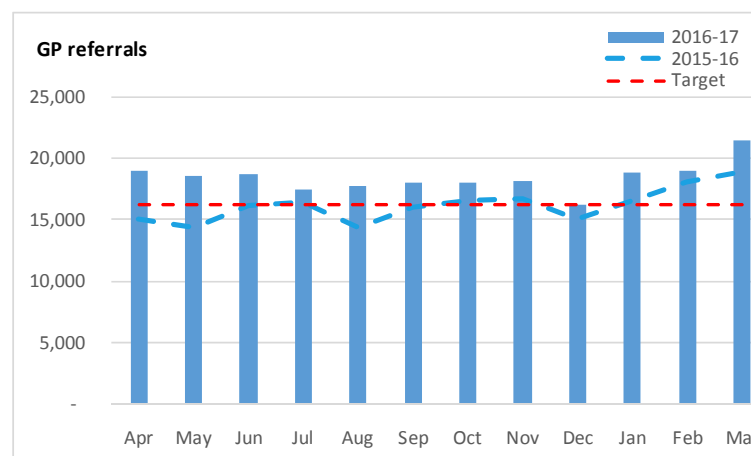
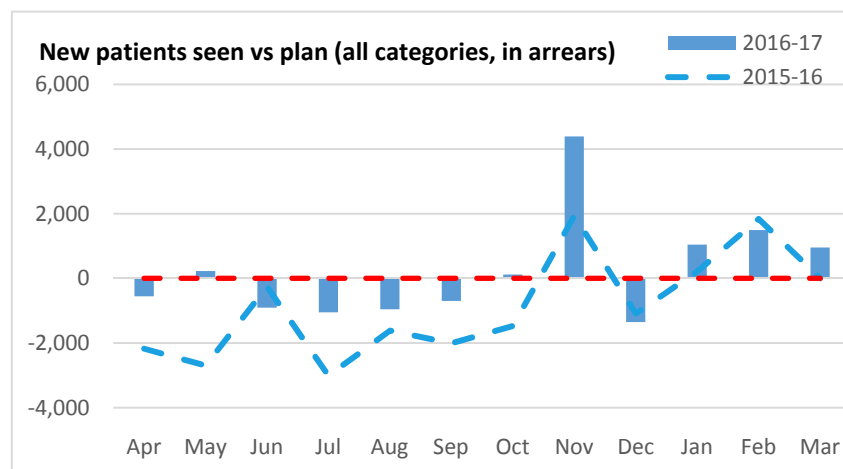
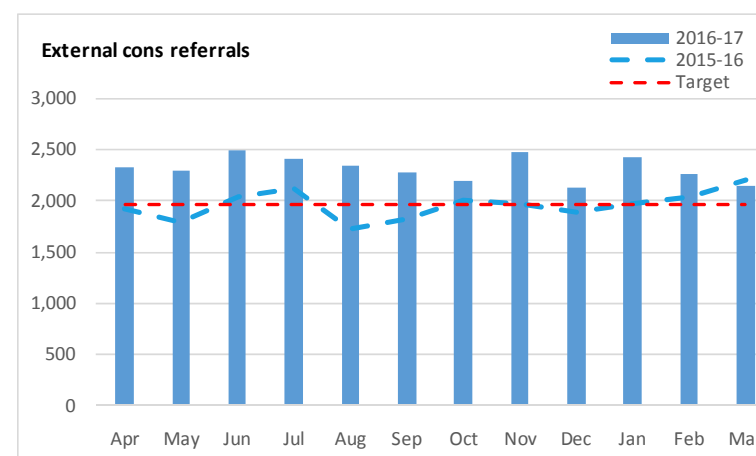
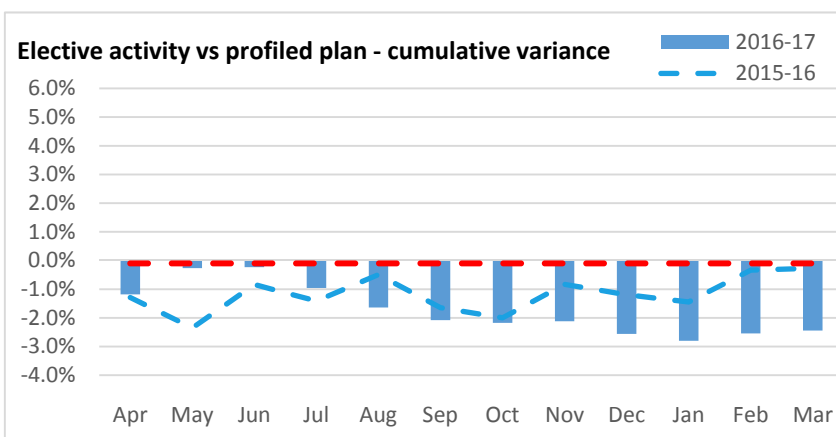
Income and Expenditure Margin



Reduction in Agency Spend - Variance

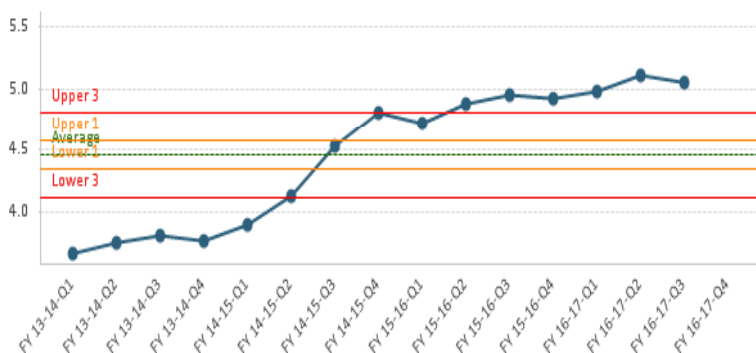


- We are behind on our cumulative variance for elective admissions and are working with directorates to improve this position. Our new patient profile is better than last year, but we are continue to be behind at the end of Q4. Directorates are planning to improve their activity levels through increased capacity across elective and out-patient areas.
- Demand – as measured in referral volumes – has remained high through the year to the end of Q4. For GPs it is currently 10.5% higher in Q4 than the same period last year. This continued growth in referrals has impacted on the Trust ability to meet the national operating standards.
- Work continues to with the CCGs under the banner of the Planned Care Board to identify sustainable ways to reduce referral rates in Q4 and into 2017/18 and 7 work streams have been identified to support this aim.



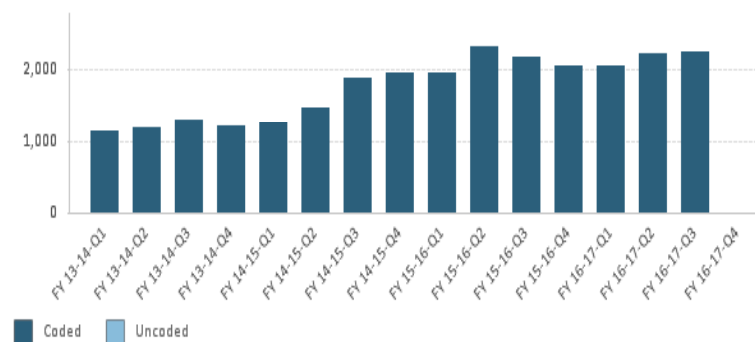
- Accurate and complete clinical coding of our activity is important to ensure patient safety, accurate benchmarking and appropriate payment for the services we provide. Improving the quality of all of our data ensures that the information on which we base decisions is reliable.
- Diagnostic depth - the average number of diagnoses recorded per admitted episode – has increased to 5 diagnoses during 2016-17 (top left) and we have re-set targets for further improvements going forward. 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). We are expecting to see further increases during 2016-17 as a result of more structured capture of patients' underlying medical conditions within E-noting. We anticipate that the current level still understates the true prevalence of smoking amongst our admitted patients.
- Within the community setting, the capture of outcomes from patient contacts is our key indicator (bottom left). Levels have now returned to 95% following a dip in performance at the end of last year linked to the introduction of Advanced Care Notes – the new community clinical IT system.
- NHS number coverage (bottom right) is 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.

Diagnosis Depth by Quarter - SPC

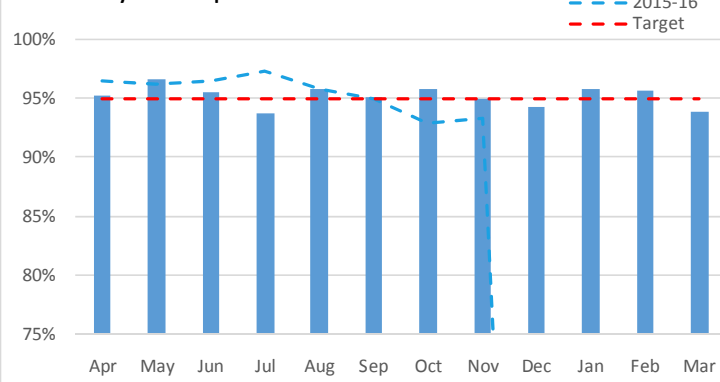


Coded smokers

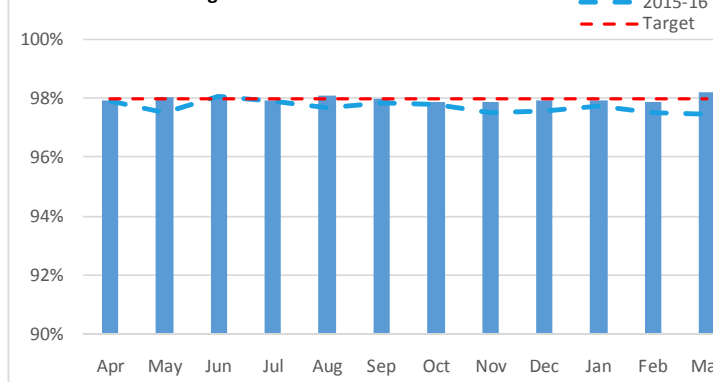
Number of Spells by Quarter



Community data completeness - % contacts outcomed



NHS number coverage



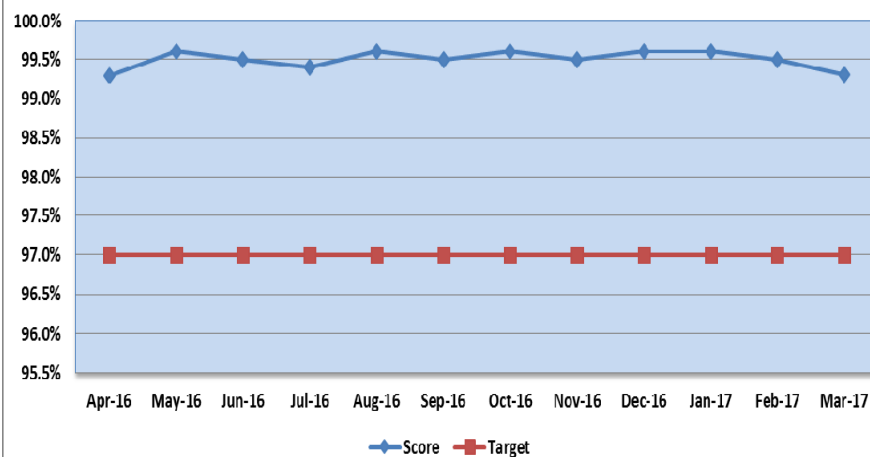
Summary:

- Cleanliness scores continue to meet the performance targets
- In March 2017 there were 1448 responses (for ward cleanliness and toilet/bathroom cleanliness), of which over 99.31% said that the cleanliness of their ward or room was 'fairly clean' or 'very clean'.
- Essentia's team of specialist internal auditors assess cleanliness against a range of National Patient Safety authority (NPSA) standards. The results of their audits is shown in the graph below, The NPSA score of 98.06% was achieved against a target of 90% in March 2017.

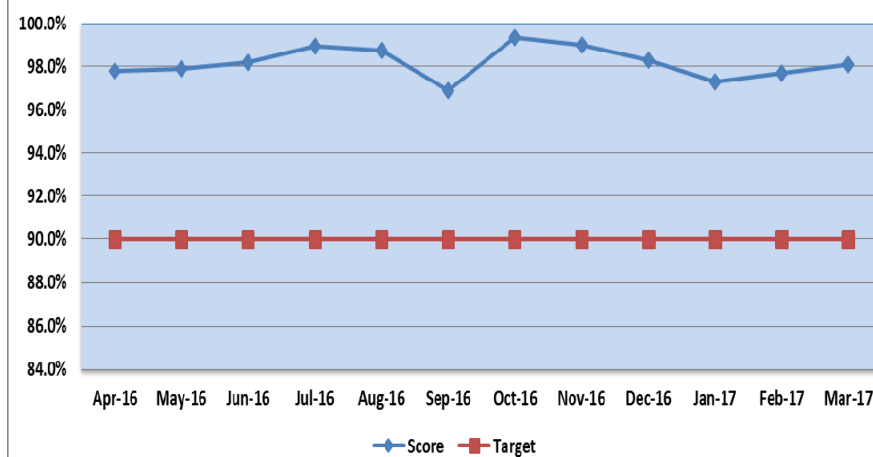
Action and Progress to Date:

- The St Thomas' and Guy's housekeeping rapid response team carried out decontamination cleans using Vaporised Hydrogen Peroxide and Ultra Violet respectively. VHP cleans have now also commenced within Community sites. It is noted that there is now a large increase in demand for UV decontamination cleans at St Thomas' and a briefing paper will be presented to Infection Control.

Inpatient Survey - Feedback on Ward Cleanliness



Internal Audit NPSA Trust Risk Profile



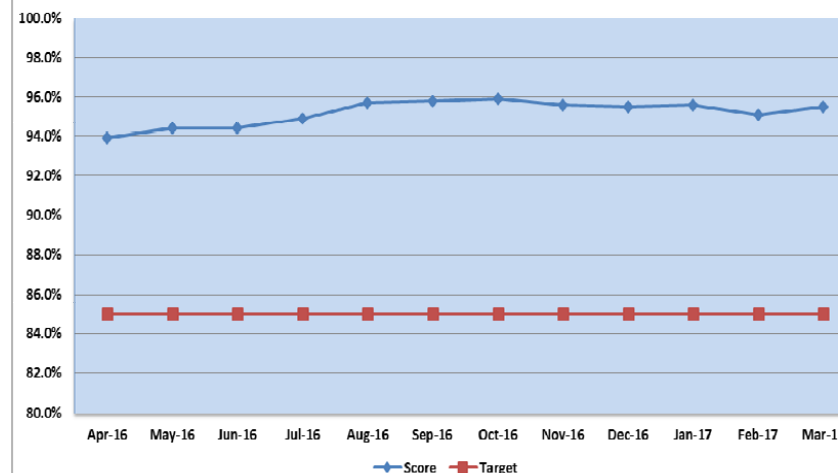
Summary:

- Inpatients' feedback on catering services (undertaken via the Meridian online survey) demonstrates a performance consistently above the locally set target of 85%. In February, just over 95% of the surveys received (1,418) stated that the food they received was 'fair', 'good' or 'very good'.
- A table and narrative of the Trust's Food Safety performance for March 2017 is reported below.

Action and Progress to Date:

- The pilot project on Henry ward, which included changes to the hot breakfast range, and the timing of the service to allow patients time to be prepared ready to eat, has been completed and evaluated. The aim, which was to increase the nutritional intake for patients, has been achieved, and based on this it will now be rolled out across all of the elderly care wards. The project will now be extended to look at standardising other aspects of the service, including access to snacks between meals.
- Following the successful award of the Serco contract to provide a catering service to Barts Health NHS Trust, it is expected that the contract will be agreed by the end of April prior to final sign-off by the Commercial Board. The contract will be phased in commencing June 2017, with full mobilisation expected by the end of September 2017.
- To support the CQUIN target and the Trust's HALT initiative, a trial of a retail trolley service has been carried out to the North Wing. However, the uptake has been very low and, therefore, from a financial perspective it is not viable. However, a further trial, as part of the Trust's requirement to meet the CQUIN target in relation to healthy food being available 24/7, will be carried out in April.

Inpatient Survey of Food Quality: Fair/Good/Very Good

Food Safety

Audit Area	Target	Internal Audit Scores	Food Safety Rating (5 = Full Compliance)	Accreditation
CPU Kitchen	90%	95%	5	SALSA
Wards	90%	95%	5	-
Community Wards	90%	94%	5	-
Trust Retail	90%	92%	5	-
Trust Hospitality	90%	91%	5	-
Trust Creche's	90%	94%	5	-
Thomas Guys Club	90%	93%	4	-
Goods-In Stores	90%	93%	-	-

Food Safety

Independent internal food safety compliance monitoring is carried out unannounced in all Trust catering venues. The audits are conducted to assure compliance with the food hygiene regulations and adherence to the Trust's food safety policy and procedures. Food venues are also inspected periodically by the Local Authority Environmental Health Department who issue a food safety rating between 0 and 5, with 5 representing full legal compliance with the food safety and hygiene regulations.

All areas maintain green status with audit scores above target levels. A 5 star rating has been awarded for all areas, with the exception of the Thomas Guy's Club which was awarded a good rating of 4. It is expected that a 5 rating will be achieved following the next audit by Southwark Local Authority.

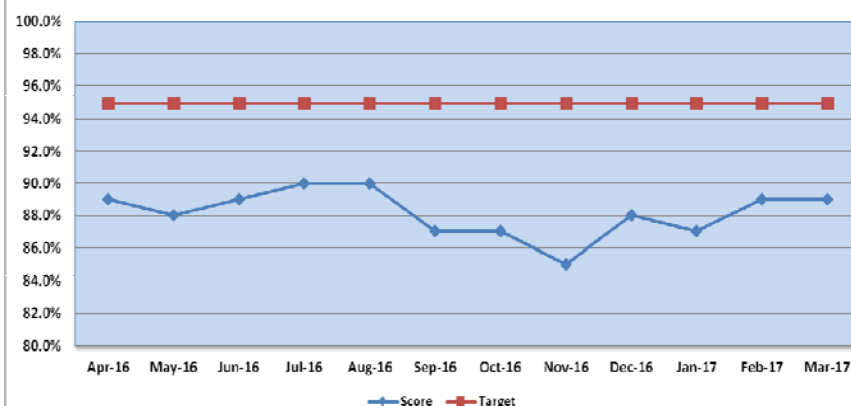
Summary:

- The Patient Transport Service (PTS) undertakes around 22-25,000 journeys each month and 13,000 patient eligibility assessments.
- The service receives an average of ten formal complaints per month, 75% of which relate to service standards that mainly involve delays in being picked up or arriving at the hospitals.
- The main KPI's around arrival and departure times remain challenging. Arrival times are tracking below pre-contract levels.

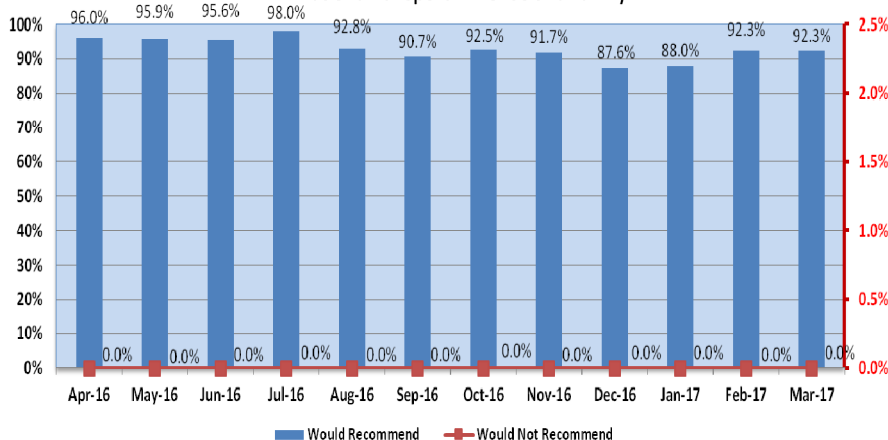
Action and Progress to Date

- The second phase of the transfer of Kent and Medway transport services to G4S, continues to be problematic. To mitigate this we took the renal journeys back which will continue until such time as we are satisfied that G4S can deliver. The activity to the main sites, which has remained with G4S, continues to be a cause for concern with an unacceptable number of delayed journeys. This has been escalated by the Chief Nurse to Kent and Medway.
- On the 03/04, the service to the community units transferred from the London Ambulance Service to the in-house team. This transfer included the mobilisation and training of six ambulances and crews. The service transferred seamlessly with no adverse impact to patients.

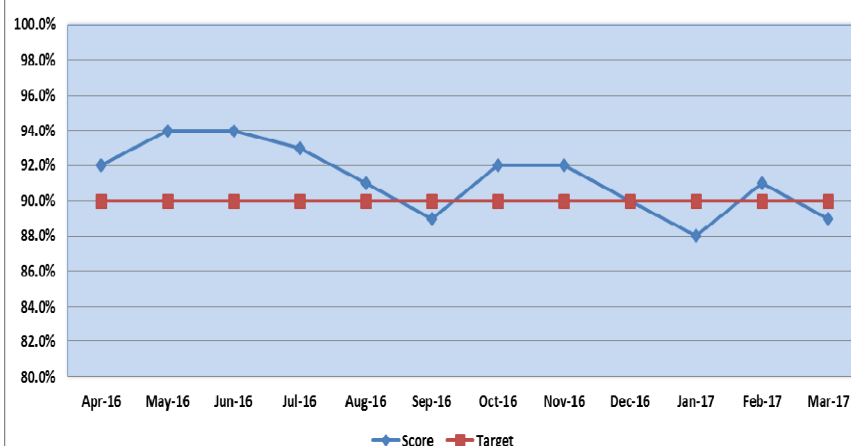
Patient Transport - Patients arriving within 90 minutes prior to appointment



Patient Transport - Friends and Family



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



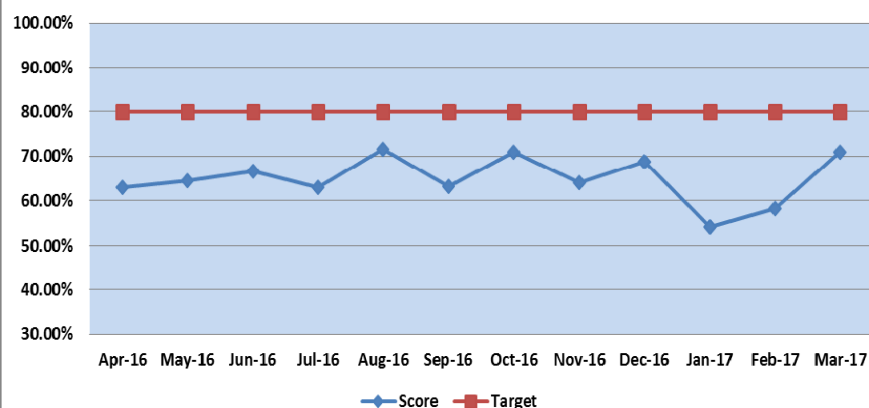
Summary:

- The Telephony service saw improvements in performance in March for all KPIs compared to their respective reported figures for the last two months.
- The KPIs for pick up of internal (18,900) have improved to Amber status and external (56,657) calls per month and calls answered within 30 seconds remain in red status.

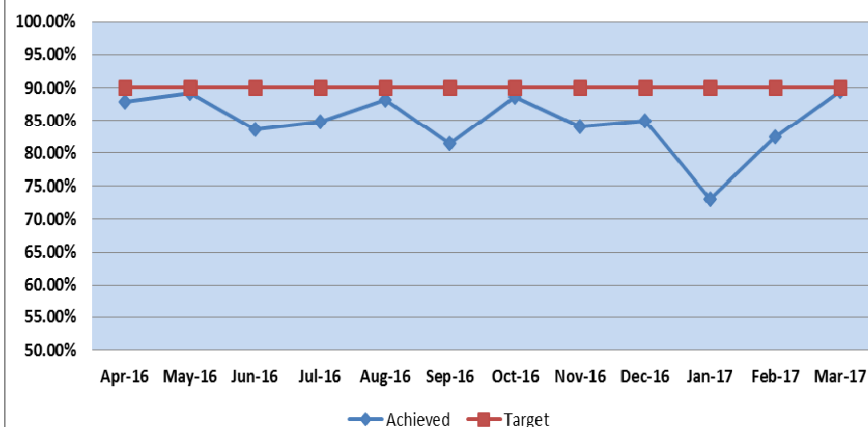
Action and Progress to Date:

- March has seen a significant improvement in all core areas of performance. Drilling down into further detail, KPI monitoring indicates overall performance is well balanced and consistent. The focus going in to April will be to bring the percentage of calls answered within 30 seconds in line with targets.
- Interviews for band 3 operators have taken place and have offered 2.5 WTE bringing the department back to over 95% capacity. We have also seconded into a vacant band 4 position providing much needed support to the training of new staff in order to fast track them through our training plan.
- The Multi-skilling of staff has continued to be a focus for this month but we have concentrated on existing staff consolidating their newly acquired skillsets. More than 45% of our workforce is trained in a secondary service. The night team have been supporting training of day staff and have now started working from 18:00 which supports performance achievement between 17:00-20:00 which has previously been identified as being a vulnerable time.
- Currently approximately 30% of all calls received relate to telephone extension and on-call information which is available online.

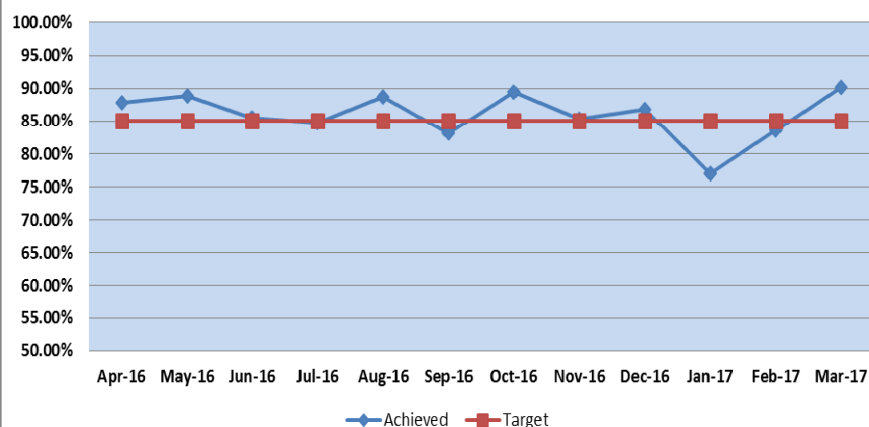
% of Calls Answered Within 30 Seconds



GSTT External Calls - % Achieved



GSTT Internal Calls - % Achieved



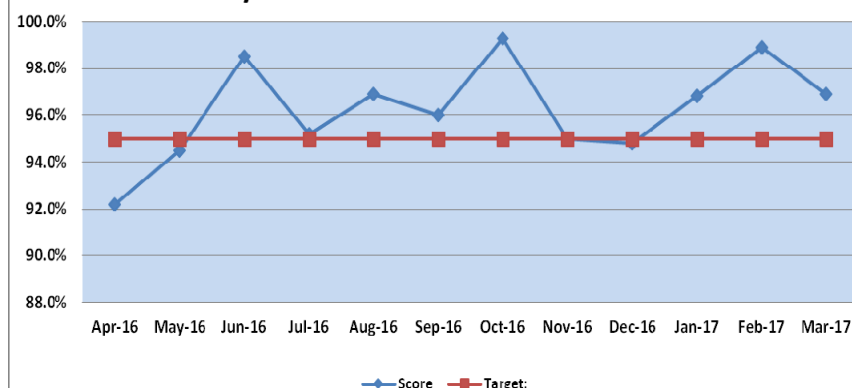
Summary:

- Following additional revenue investment in an enhanced out of hours maintenance regime, lift availability on the two acute sites has been running at approximately 95% each month, with March reported above target at 96.9%.
- Priority 2 calls (responded to within 4 hours) have for much of the last 12 months, achieved and exceeded the target set out in the Service Level Agreement, The KPI measures the time it takes to respond to calls, as full resolution and repair may require out of hours work or the procurement of additional parts.
- 257 Priority 1 and 1,208 Priority 2 calls were logged in February, achieving a 93% and 78% performance respectively against a locally set target of 70%.

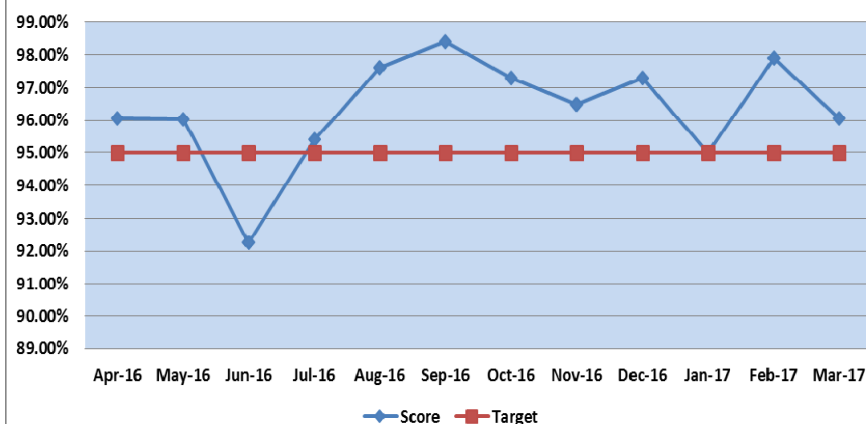
Action and Progress to Date:

- There have been no major infrastructure issues in March 2017.
- Recruitment continues to ensure resources required to maintain the new Cancer Treatment Centre are in place.
- Five members of staff completed their NVQ 3 courses, increasing the number of qualified staff on the department. A number of staff are also due to complete their courses imminently. In addition the department will be taking on three apprentices by the end of March 2017.
- A Fit For the Future presentation was held with all mechanical, electrical and plumbing staff and a plan is being developed to take this forward.

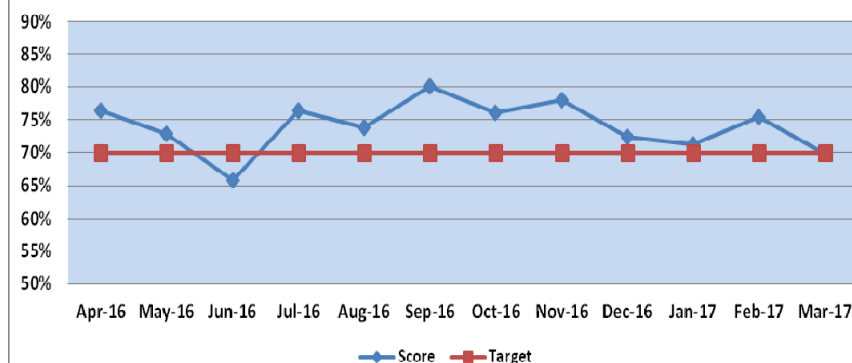
Guy's & St Thomas' - Lift Performance



Essentia Facilities Service Desk - % Calls Answered



Building & Engineering - Priority 2 Calls Attended within Target (4 Hours)



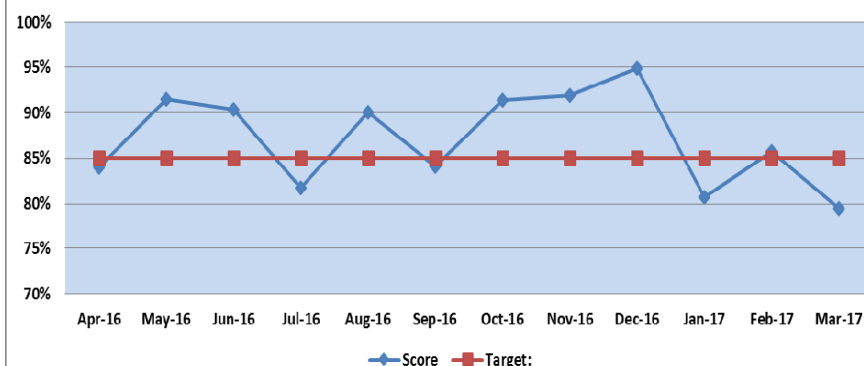
Summary:

- The agreed service level for customer satisfaction (85%) decreased in performance in March being reported at 79.5%, a decrease of over 5% from February.
- Performance for Incidents resolved within target deteriorated against its locally set target of 85%, being reported at 78% in March, due to poor performance in the Priority 4 category.

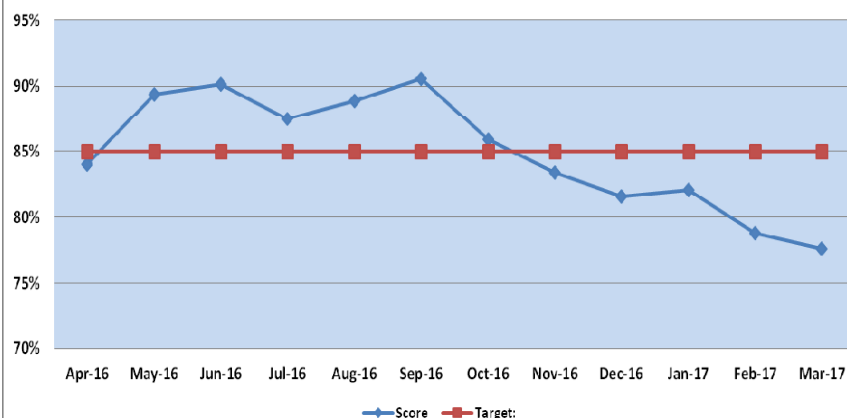
Action and Progress to Date:

- The average time to answer calls by the IT Service Desk was reported at 490 seconds against a target of 60, maintaining red status for this KPI. Call volume was recorded in March at 14,402 calls.
- A significant turnover of staff in March directly impacted the availability to answer calls on the IT service desk. Work is currently being undertaken to restructure the current model to ensure the increase in demand is being met and service levels are being achieved.
- IT Service availability was generally very good with key IT services achieving the target of 99.9% uptime. There were no full service outages and three applications experienced partial unavailability for short periods, which had no impact to clinical activity.

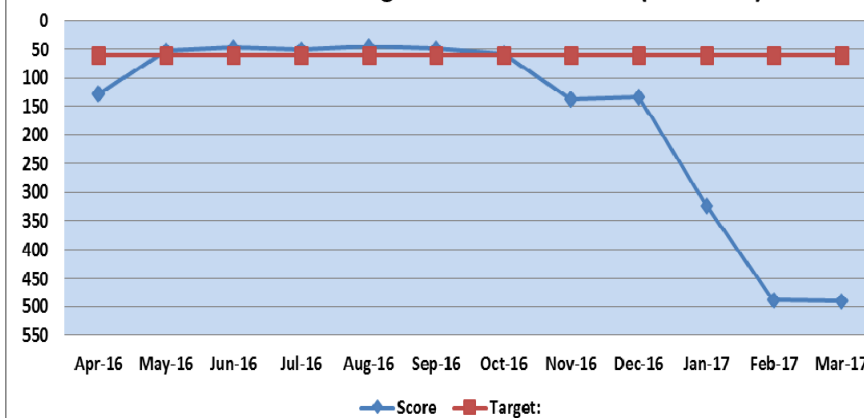
IT - Helpdesk User Satisfaction



IT - Incidents Resolved Within Target



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



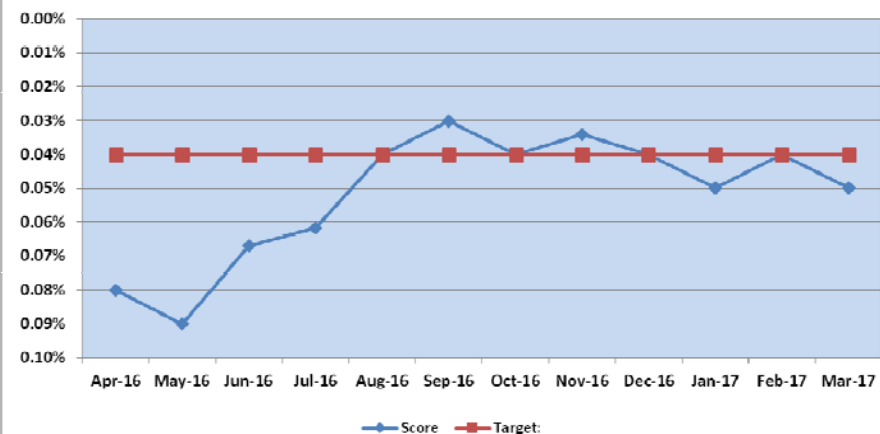
Summary:

- Non conformance levels were reported at 0.05% in March equating to one non conformance in 2,174 packs.
- The average instrument processing time is 7.5 hours, against a target of less than 12.

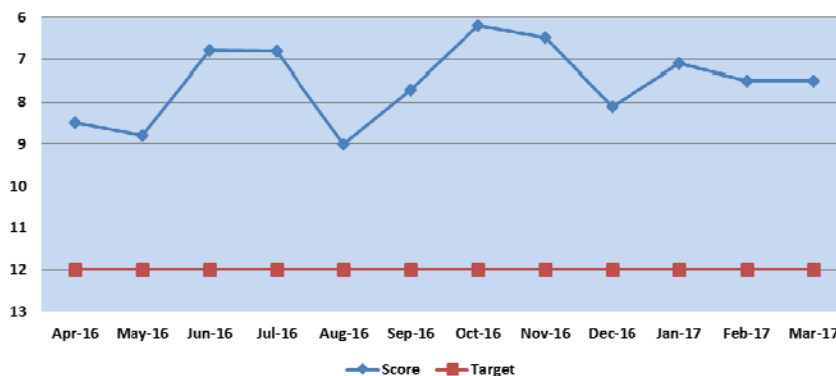
Action and Progress to Date:

- Activity volumes remain high but there is a 21.42% decrease in total instruments processed compared to February (which was a 5 week month).
- The teams continue to maintain instrument processing times ahead of target, which is a significant achievement in light of the continued high level of instrument volume being experienced.
- The decrease in the non conformance indicator to 0.05% relates to the proportion of instrument volume.
- The North Middlesex contract continues to settle with positive feedback from the customer reporting a continued improvement and satisfaction with service performance. The contract negotiation was positive with SLA sign off due in March 2017.
- The GOSH tender outcome has been postponed until 27th April.

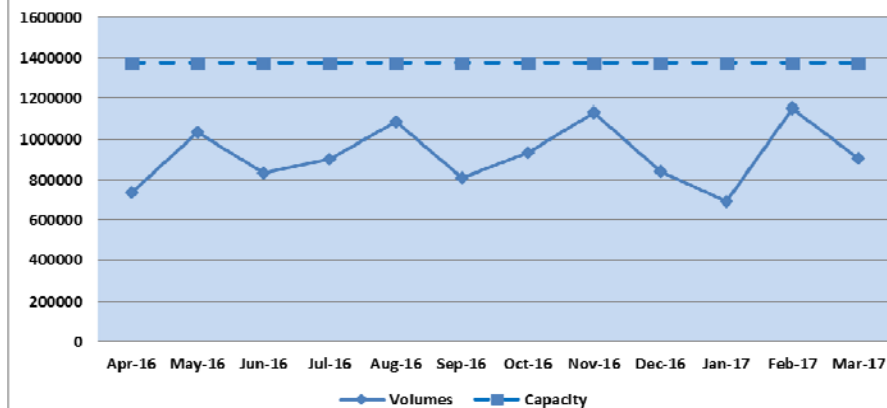
Sterile Services - Non Conformities



Sterile Services - Average Instrument Processing Turnaround Time (in hours)



Sterile Services - Instrument Volumes



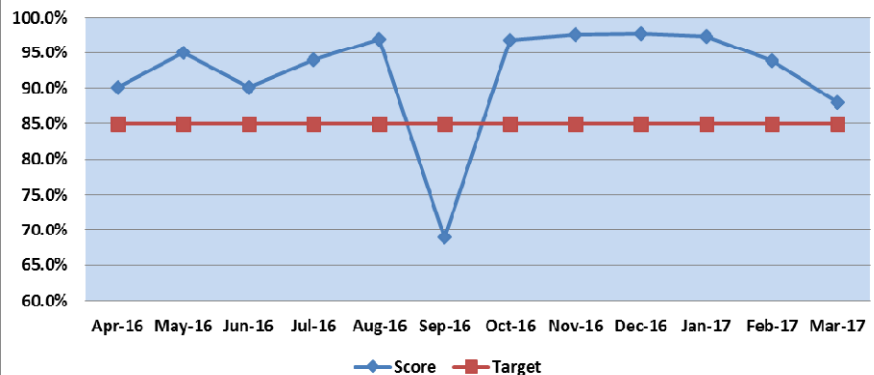
Summary:

- Community teams are consistently achieving and exceeding their targets for reactive and PPM maintenance.
- Community cleanliness scores consistently exceed the 95% target.

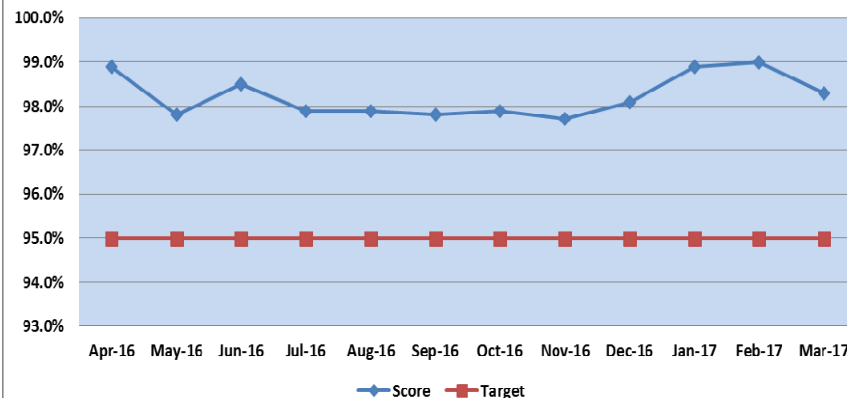
Action and Progress to Date:

- Reactive Maintenance is tracking consistently above its target of 80% with March reported at 90%.
- Community PPM tasks was reported at 88% in March.
- Community cleaning scores continue to exceed the target of 95%, being reported at 98.3% in March. This score relates to in-patient sites.
- VHP cleaning has now been introduced to GSTT Community sites.

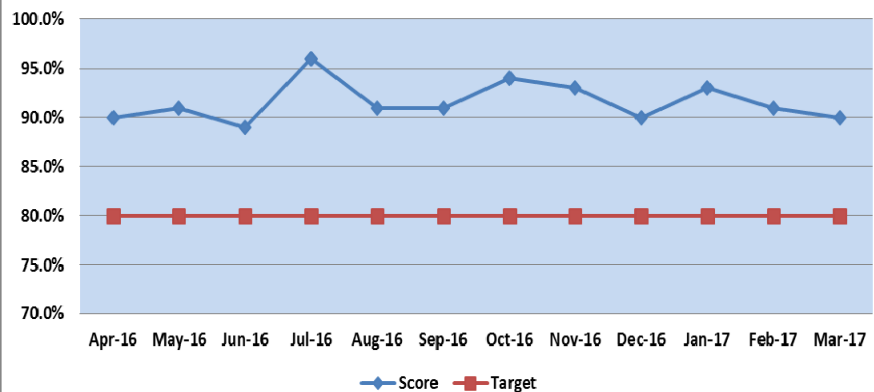
Community - PPM Tasks Completed



Community - Cleaning Scores



Community - Reactive Maintenance



Appendix: directorate-level heatmap (1 of 2)

March 2017

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Domain					Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialties	Dental Services	GRIDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor CQUIN	Fit for Future workstream	Quality priorities	Local	
Safe	Patient safety - Incident Reporting	Total incidents reported	Number	-	2,295	483	246	56	100	65	273	204	52	29	53	35	19	220	0	231	0					
		Incidents - Reported on STEIS (total number)	Number	-	20	3	1	0	2	2	3	4	1	1	0	0	0	0	1	0	1	0				
		Incidents reported on Datix that are STEIS reportable (total n	Number	-	20	3	1	0	2	2	3	4	1	1	0	0	0	0	1	0	1	0				
		Never Events	Number	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
		Incidents resulting in unexpected death	Number	-	2	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0				
		Incidents resulting in severe harm	Number	-	8	2	1	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0				
		Incidents resulting in moderate harm	Number	-	13	1	2	0	2	1	1	1	1	0	1	0	0	0	0	1	0	1	0			
		Incidents resulting in low harm	Number	-	298	64	23	7	16	5	22	32	13	13	13	2	7	7	40	0	34	0				
		Incidents resulting in no harm	Number	-	1,436	318	146	36	71	47	207	149	34	10	33	19	7	100	0	137	0					
		Incidents resulting in unexpected death - reported on STEIS	Number	-	3	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0				
		Incidents resulting in severe harm - reported on STEIS	Number	-	12	3	1	0	1	1	2	3	0	1	0	0	0	0	0	0	0	0				
		Incidents resulting in moderate harm - reported on STEIS	Number	-	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Incidents resulting in low harm - reported on STEIS	Number	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
	Incidents resulting in no harm - reported on STEIS	Number	-	4	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0				
	Patient safety Harm Free Care	Never events (confirmed)	Cases	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
		Patient slips trips falls (DATIX)	Cases	-	153.0	56.0	3.0	10.0	15.0	9.0	18.0	2.0	1.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0				
		Incidence of falls per 1000 bed days	Number	-	4.8	8.4	2.4	5.2	3.3	4.1	4.7	0.7	7.0	0.0	0.0	0.0	0.0	-	0.0	-	0.0	0.0				
		Falls with moderate or severe harm	Cases	0	5.0	2.0	0.0	0.0	2.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
		Pressure ulcer acquisitions (grade 2 and above)	Number	0	4.0	0.0	1.0	0.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
	Infection Control and Cleanliness	MRSA screening of admissions	Mthly %	>95%	91%	63%	97%	97%	96%	99%	95%	98%	83%	92%	100%	89%	-	-	-	-	-	96%				
MRSA bacteraemia (Trust-attributable)		Number	Zero	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
C-Diff acquisitions		Number	0	4.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
Screening	VTE screening (externally reported)	Mthly %	>95%	96%	94%	92%	87%	86%	99%	96%	94%	97%	97%	100%	99%	-	100%	-	100%	-	80%					
	Dementia screening (patients aged over 75)	Mthly %	>90%	92%	96%	-	80%	97%	100%	79%	-	-	-	-	-	100%	-	-	-	-	-					
Mortality	Deaths in hospital - number in month	Number	-	89.0	34.0	5.0	1.0	8.0	5.0	15.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	4.0					
Caring	Admitted care	Friends and Family test (Ward) - Response rate	Mthly %	>=33%	19%	30%	22%	50%	26%	24%	21%	30%	-	-	-	-	-	10%	-	20%	-					
		Friends and Family test - % Recommended (Ward)	Mthly %	>=97%	96%	99%	93%	96%	95%	96%	97%	98%	-	-	-	-	-	100%	-	98%	-					
		Friends and Family test - % Not Recommended (Ward)	Mthly %	<=1%	1%	0%	0%	1%	0%	3%	3%	0%	-	-	-	-	-	0%	-	0%	-					
		Overall inpatient patient experience score	Mthly %	>89%	90%	91%	93%	90%	85%	90%	90%	88%	89%	95%	-	95%	-	-	-	-	-	-				
		Single sex compliance - breaches (all types)	Cases	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
	Outpatient care	Patients cancelled on day (in arrears)	Cum %	<0.8%	1.3%	-	0.9%	1.1%	5.6%	3.1%	1.4%	1.6%	-	0.8%	0.5%	-	-	-	-	1.7%	2.2%	-				
		Overall outpatient patient experience score	Mthly %	>89%	92%	84%	92%	88%	88%	90%	88%	91%	93%	93%	94%	93%	92%	-	-	-	-	-				
		Friends and Family test - % Recommended (Outpatients)	Mthly %	-	92%	97%	74%	86%	91%	92%	92%	91%	95%	92%	93%	89%	94%	-	-	99%	95%	-				
		Friends and Family test - % Not Recommended (Outpatients)	Mthly %	-	3%	0%	7%	7%	1%	2%	3%	5%	1%	3%	2%	4%	1%	-	-	0%	2%	-				

Appendix: directorate-level heatmap (2 of 2)

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Domain			Type	Target	Trust-wide	Acute Medicine	Perioperative, Critical Care & Pain	Surgery	Cardiovascular Services	Abdominal Medicine and Surgery	Oncology And Haematology	Women's Services	Clinical Imaging & Medical Physics	Medical Specialities	Dental Services	GRIDA	Therapies	Adult Community Services	Children's Community Services	Children's Medical Services	Children's Surgical Services	Monitor	CQUIN	Fit for Future workstream	Quality priorities
Responsive	RTT	RTT - Non-admitted patients <18 weeks (unadjusted)	Mthly %	>95%	90%	92%	56%	86%	80%	92%	86%	94%	83%	94%	97%	95%	83%	94%	100%	78%	82%				
		RTT - Admitted patients < 18 weeks (unadjusted)	Mthly %	>90%	81%	92%	78%	71%	73%	85%	75%	80%	98%	90%	87%	100%	-	-	-	84%	71%				
		RTT - Incomplete pathways < 18 weeks (unadjusted)	Mthly %	>92%	89%	96%	88%	84%	85%	91%	82%	90%	77%	96%	95%	97%	95%	93%	100%	85%	78%				
		RTT - Treatments over 52 weeks (unadjusted)	Mthly	Zero	17.0	0.0	0.0	5.0	1.0	1.0	6.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0				
		RTT - Total incomplete pathways	Mthly	-	60,405	2,661	2,014	4,391	4,036	2,851	6,042	3,486	148	5,786	9,885	7,060	1,258	88	4	3,050	2,892				
	Cancer access	RTT - Incomplete pathways over 18 weeks	Mthly	-	6,528	100	251	710	616	270	1,106	338	34	222	510	240	67	6	0	450	634				
		Cancer - 2 week wait	Qtly %	>93%	92%	90%	-	-	-	97%	95%	98%	-	100%	-	93%	-	-	-	100%	-				
		Cancer - breast symptomatic referrals <2 wks	Qtly %	>93%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%				
		Cancer - 31 day first treatments	Qtly %	>96%	93%	91%	-	-	-	91%	94%	96%	-	33%	-	100%	-	-	-	-	-				
		Cancer - 31 day subs treatments - surgical	Qtly %	>94%	89%	-	-	-	-	75%	89%	100%	-	-	-	100%	-	-	-	-	-				
		Cancer - 62 day urgent GP referrals	Qtly %	>85%	70%	38%	-	-	-	72%	68%	86%	-	-	-	95%	-	-	-	-	-				
		Cancer - internal 62-day referrals	Qtly %	>85%	77%	50%	-	-	-	82%	67%	100%	-	-	-	100%	-	-	-	-	-				
		Cancer - 62 day screening	Qtly %	>90%	91%	-	-	-	-	-	91%	-	-	-	-	-	-	-	-	-	-				
		Responsive	Diagnostics	Diagnostic waits - % over 6 weeks	Mthly	<1%	1%	0%	-	-	0%	20%	0%	-	0%	0%	-	-	-	-	-	6%	0%		
Bed management	Average length of stay (elective)		Cum ALOS	<last yr	3.5	1.8	6.0	3.0	5.1	3.3	4.3	3.3	1.6	3.2	2.9	10.5	0.0	42.6	0.0	2.5	1.9				
	Non-elective average LOS >1 night		Cum ALOS	<last yr	8.7	6.6	24.3	9.6	2.3	6.5	15.0	9.4	0.0	67.5	0.0	53.1	0.0	27.0	0.0	5.9	24.9				
Outpatient mgt	Discharges before noon		Mthly %	>25%	21%	36%	59%	26%	13%	12%	21%	8%	35%	25%	25%	3%	-	60%	-	15%	24%				
	Appointments re-scheduled by hospital <6wks		Cum %	<4%	5%	3%	5%	6%	6%	5%	8%	1%	1%	9%	4%	4%	2%	2%	0%	4%	5%				
	Follow-up ratio - adj cons appts (in arrears)		Ratio	2.11	2.13	2.55	1.45	1.67	2.25	3.65	2.32	0.98	0.69	2.68	2.83	1.49	-	-	-	2.37	2.10				
Theatre management	Non-attendance rate (new appts)		Mthly %	<11%	11%	16%	12%	8%	14%	16%	12%	9%	61%	13%	7%	10%	-	-	0%	10%	7%				
	Daycase rate - basket (in arrears)		Mthly %	>85%	86%	-	-	87%	92%	48%	83%	94%	-	100%	-	-	-	-	-	83%	68%				
	Theatres Gross Cancellation Rate (in arrears)		Mthly %	<7%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%				
Effective	Readmission mgt		Emergency readmissions (within 28 days - in arrears)	Cum %	<5.7%	6.0%	11.7%	1.4%	3.5%	4.9%	6.0%	9.8%	2.2%	3.0%	1.7%	0.2%	2.1%	0.0%	6.7%	0.0%	3.4%	2.0%			
		Emergency readmissions (within 14 days - in arrears)	Cum %	<3.5%	3.8%	8.4%	0.9%	2.5%	3.4%	3.4%	6.2%	1.6%	1.7%	1.1%	0.1%	1.3%	0.0%	4.4%	0.0%	2.2%	1.5%				
Enablers	CQUIN - general	Patients >75 asked dementia screening question	Qtly %	>90%	92%	96%	-	80%	97%	100%	79%	-	-	-	-	100%	-	-	-	-	-				
	Data quality	NHS number coverage	Cum %	>98%	98%	95%	100%	98%	100%	100%	100%	99%	100%	99%	95%	99%	99%	100%	100%	98%	99%				
Activity (magic numbers)		Clinical coding - diagnostic depth (in arrears)	Ratio	>4.5	4.7	6.8	4.4	3.7	7.0	5.9	4.5	6.2	3.9	3.7	2.3	3.4	-	12.7	-	3.0	3.5				
	Elective activity vs profiled plan - cumulative variance	Cum var %	>0%	-3%	7%	-3%	-3%	-9%	-9%	-2%	-7%	31%	1%	0%	-10%	0%	0%	0%	0%	-5%					
	New patients seen vs plan (all categories, in arrears)	Mthly var	>0	1,492	75	54	-195	65	114	352	15	-8	-122	283	518	140	0	0	93	-25					
	External cons referrals	Number	>last yr	2,138	84	54	192	289	126	267	47	15	69	44	469	11	0	0	179	151					
	GP referrals	Number	>last yr	21,387	571	186	653	1,115	647	2,001	2,951	3	1,654	3,366	2,348	3,824	3	0	253	267					