

Kingston Hospital NHS Foundation Trust

Trust Board Performance Report  
October 2015

Trust Board Meeting  
25th November 2015

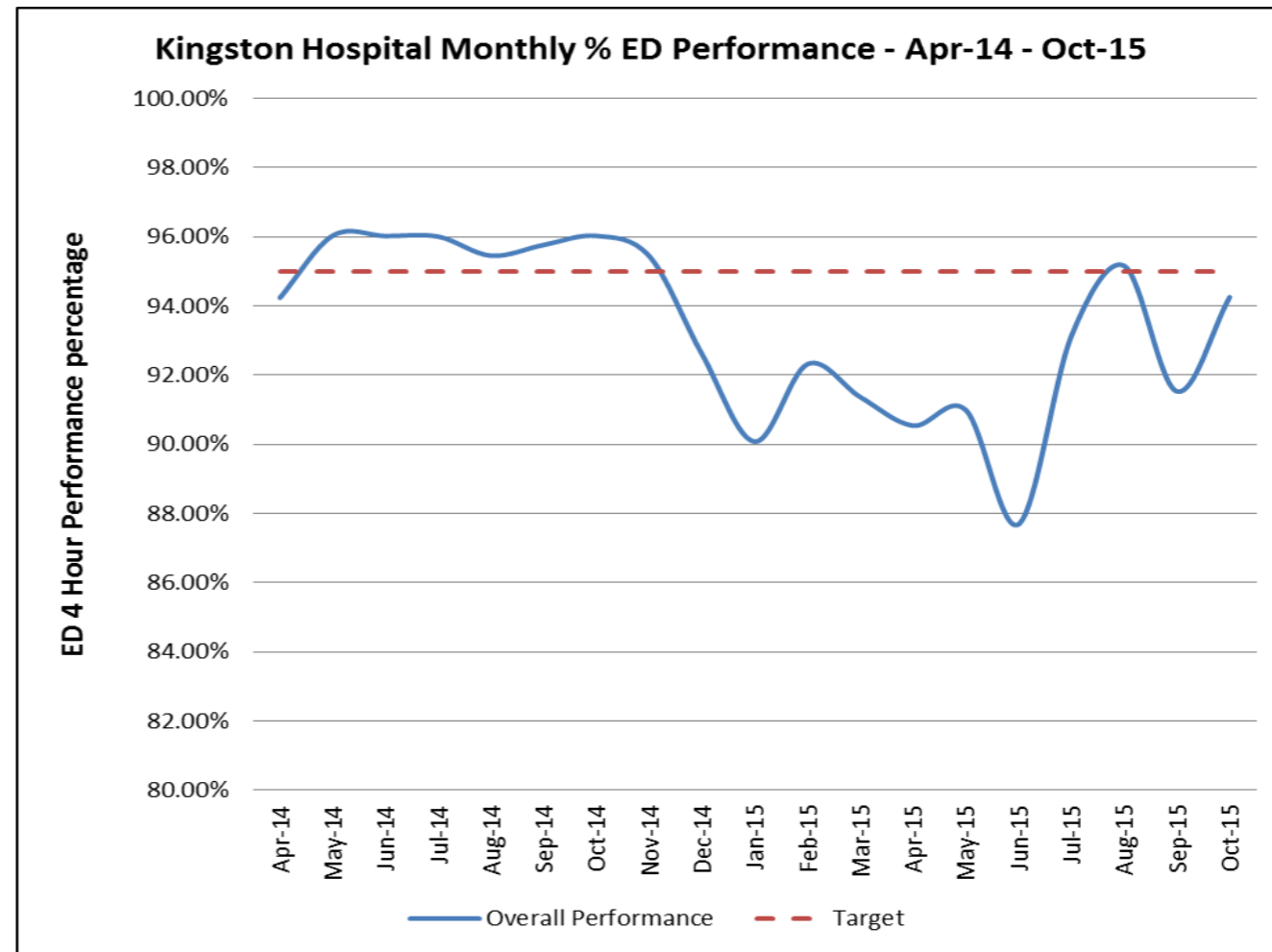
Corporate Performance Report - October 2015																	
Strategic objective	KPI description	Exec Owner	Target/Benchmark	Upper Quartile (Current)	Actual P/YR	Actual					YTD	Future performance, trends and commentary					
						Aug-15	Sep-15	Oct-15	2015-16 Q2	2015-16 Q3		Qtr trend	Mnth trend	Forecast	Comments		
GRR	1	Monitor Governance Rating	ED	< 1.0	Green	1.0									Our Monitor Governance Rating is currently under investigation.  <b>Upper Quartile Benchmark as HSCIC data Jan 2013 to Dec 2013.</b> In July-15 the Trust received notification from Monitor that an investigation will be taking place. The green forecast has been removed while the Trust is "under investigation".		
	Safety	1	Number of patients with Hospital acquired pressure ulcers (Grade 3 and 4)	DB	<=1	NA2	16	3	1	0	6	0	12		↓	Target set as 10% reduction on 2014/15 outturn. Target is to have <=14.4 cases in 2015/16. See Exception Report 1 in Clinical Quality Report  <b>Benchmark data is available from the Patient Safety Thermometer Return which looks at a snapshot of patients in the Trust each month. Data shows that on average 1% of patients surveyed had new pressure ulcers across all Trusts in March 14. This figure was 0.5% for Kingston Hospital NHS Foundation Trust in March 14</b>	
		1	Number of patients with Hospital acquired pressure ulcers (Grade 2)	DB	<=3	NA2	67	0	3	3	5	3	20		→	Corporate objectives set target as reduction of 10% on 2013/14 Outturn but this would be higher than the 2013/14 target so keeping 2013/14 target. <b>See Exception Report 1 in Clinical Quality Report</b>	
		1	Number of Patient Safety Incident Falls per 1000 (G&A) bed days	JW	<=5.3	NA3	5.6	4.94	6.25	6.30	5.25	6.30	5.36		↑	↑	Benchmark against Trust performance - number calculated from 10% reduction on year end rate.
		1	MRSA Bacteraemias - Post 48 hour (hospital acquired)	DB	< 1	NA2	0	0	1	0	1	0	1		↓	Public Health England data shows for 2013/14, KHT's rate of hospital acquired bacteraemias was 3.6 per 100,000 bed days. National rate was 1.2.  *PHE have published 5 cases for KHT in 2013/14. However one of these is a contaminant and therefore we believe not a true Trust acquired MRSA case. This case is included in the published benchmarked rate.	
		1	Clostridium difficile Infections - Post 72hours (Hospital Acquired) due to Lapse in Care <b>CONFIRMED</b>	DB	<1		1	0	1	0	1	0	3		↓	Target set by NHS England. Full year target is <= 9 cases. This has been profiled evenly over the year. Cases of CDIFF resulting from a lapse in care are provisional. Once allocation has been confirmed by the Commissioning Support Unit and following a Post-Infection Review, cases will be confirmed and amended on the report as necessary.	
Effectiveness		% of A&E attendances with less than four hours wait from arrival to admission/transfer/discharge	ED	<= 95%		94.3%	95.2%	91.5%	94.3%	93.2%	94.3%	91.9%		↑	↑	<b>See Exception Report 1</b>	
	1	SHMI	JW	<= 95	96.5	87.6				0.88	0.91			↑		SHMI score < 100 is lower than expected mortality, taking into account age, gender, comorbidity and diagnosis grouping of patients.  The Q2 score is for Jan 2014 to Dec 2014, published in Jul 2015. The Q3 score is for Apr 2014 to Mar 2015, published in Oct 2015.	
	1, 5	Average Length of Stay - Emergency Services (Emergency only)	ED	<=5.23	5.23	6.1	5.5	5.8	6.1	5.7	6.1	5.9		↑	↑	Target thresholds based on national benchmark for 2014/15. Green performance is within top 25% nationally.	
	1,5	Delayed Transfers of Care per occupied bed day	ED	<=4%	1.0%	4.9%	4.3%	3.7%		5.3%		5.2%		↓		Indicator revised following analysis of National Delayed Transfers of Care data and Number of occupied beds.  Benchmark Data based on Data for Q1 2014/15.  Oct-15 data is currently being reviewed prior to submission to NHS England.	
Experience	1	Number of Attitudinal Complaints	ED	<12% of complaints	NA2	17	2	2	1	5	1	10		↓	↓	NHS Information Centre (IC) data show for 2012/13, 11.1% of written complaints to Hospital and Community Health Services nationally related to Attitude of Staff, this was 13.7% in London and 14.4% at KHT. (Data published August 2013).	
	1	% Complaints responded to within 25 working days	ED	>=90%	NA1	74.6%	84.4%	73.0%		79.5%		78.5%		↓	↓	Data are reported 1 month in arrears	
	1	Friends and Family Score - Trust	DB		NA3	92.05%	95.60%	96.58%	95.34%	95.76%	95.34%	95.13%		↓	↓		
Finance	5	Monitor Continuity of Service Rating	JF	3.0	4.0	3.0				2.0		2.0					
	5	Percentage of planned CIPS achieved	JF	100%	NA1	89%				89%		90%					
	5	Percentage CQUIN achievement	JF	100%	NA1	84%				94%		N/A					
Workforce	1,2,5	Vacancy Rate	TR	<= 8.0%	NA1	9.7%	12.1%	11.0%	8.0%	11.7%	8.0%	11.3%		↓	↓		
	1,2,5	Turnover Rate	TR	<=16.0%	12.3%		19.6%	19.5%	20.0%					↑	↑		
	1,2,5	Sickness Rate	TR	<=2.5%	3.23%	3.0%	2.4%	2.4%	3.0%	2.6%	3.0%	2.8%		↑	↑		
	1,2	Mandatory Training	TR	>= 80%	NA1	69%	80%	83%	84%	80.0%	84.0%	80%		↑	↑		
	1,2,5	Appraisals/PDRs completed	TR	>85%	NA1	82%	87.0%	89.0%	88.4%	89.0%	88.4%	89.0%		↓	↓		

NA1 Not available  
 NA2 Not comparable. Target is a number, Benchmark is rate see comments  
 NA3 DH advice. Should not be comparing data to other Trusts  
 NA4 Not comparable. Different Methodologies used

**Commentary**

Performance against the Trust 4-hour access standard performance target in October was 94.3%. The 95% performance standard was achieved on 18 days within the month; 90% -95% achieved on 9 days and less than 90% achieved on 4 days. Whilst lack of capacity and inadequate flow throughout the Trust impacted on ED performance, a high number of breaches were associated with delays to be seen by a clinical decision maker exacerbated by a high dependency on locum doctors to cover vacancies and sickness. Sixteen new nurses joined the team in September and a further fifteen in October, many of whom were newly qualified nurses requiring high-levels of support and supervision and unable to carry out a full range of nursing interventions. Whilst the team was supported with additional bank and agency nurses, this resulted in high ratio of non-Trust staff to substantive staff and contributed to some inefficiencies. The Senior Service Manager for ED has provided intensive operational support on the shop floor during this period and worked with the team to ensure patient safety and experience is not compromised. The Ambulance Assessment Area (formerly Emergency Department Observation Unit) has been integral in improving ambulance turnaround times (reduced fines from £13000 in June to £1000 in September) and maintaining safety.

Since September the new joiners have settled well into a challenging environment and, together with an uplift in the middle grade rota (currently being filled by locums), service provision has improved considerably. There has been a focus on early escalation and standardising working practices throughout the team, and, with the increase in staffing, it has been possible to allocate a Registrar to the Ambulance Assessment Area to facilitate early decision making. The GP and Nurse Practitioner service has embedded, supporting admission avoidance and reducing unnecessary clinical investigations and breaches. The Senior Sister/Charge Nurse liaise regularly with the Associate Site Practitioner and there is an emphasis on ensuring referrals are made within 2 ½ were possible and clinically appropriate. The Senior On-Call Manager remains on site each day till 10pm and at weekends. A review of Capacity Meetings and intensive engagement with ward staff to provide patient level detail has seen an improvement in capacity and flow.



**Action Plan**

1. Daily Executive lead ED Breach review

2. The Trust is adopting the principles of the SAFER bundle and will be implementing the following:  
 Senior Review - all patients will have a senior clinical review before midday  
 All patients to have an expected date of discharge within 24 hours of admission.  
 Flow - all wards will 'pull' 1 patient from the AAU by 11am.  
 Early discharge - expansion of the golden patient pilot.  
 Review - patients whose length of stay exceeds 5 days will be reviewed by the Site team in collaboration with the Service Line

Person Responsible	Date	Committee monitoring delivery
Chief Operating Officer	Daily	EMC
Chief Operating Officer	30/09/2015	EMC



## Corporate Performance Report - Action Log

Action Number	Month	KPI	Action	KPI Owner	Action by	Status
1	01/05/2015	Cancer	1. A programme of education for service line managers, MDT coordinators and administrative and clerical staff are in place.	ED	Ongoing	
2	01/05/2015	Cancer	2. Development of timed pathways for each tumours site signed off by Tumour Site leads.	ED	30/05/2016	
3	01/05/2015	Cancer	3. Completion of demand and capacity analysis in each tumour site.	ED	30/09/2015	
4	01/05/2015	Cancer	4. Production of a revised access policy in relation to cancer.	ED	30/09/2015	
5	01/05/2015	Cancer	5. Review of patient at risk at the weekly PTL meetings.	ED	Completed/ongoing	
7	01/05/2015	Cancer	7. At CQRG GP's agreed to send information to all practices with regard to 2 week waits, patient availability and pathway.	ED	Completed	
8	01/05/2015	Cancer	8. Proactive discussions with Royal Marsden Hospital with agreed escalation points.	ED	Completed/ongoing	
9	01/10/2014	Delayed Transfers of Care	1. To continue to run the weekly long stay meeting, ensuring that issues are escalated and resolved with each borough. To consider the increase in frequency of these meetings, particularly over the winter period. The additional meetings will start at the beginning of December.	ED	Ongoing	
10	01/10/2014	Delayed Transfers of Care	2. To implement the patient flow policy, which includes early identification of discharge plans and notice to partner organisations and families. Safer Care Bundle.	ED	Ongoing	
11	01/12/2014	Delayed Transfers of Care	1. To continue to monitor the effectiveness of the joint daily review with Kingston & Richmond CCG's.	ED	Ongoing	
12	01/12/2014	Delayed Transfers of Care	2. To continue to implement the patient flow policy, which includes early identification of discharge plans and notice to partner organisations and families.	ED	Ongoing	
13	01/06/2015	Vacancies	1. To improve staffing levels there is a multipronged approach to recruitment using both local, European and international recruitment  This is in addition to workforce planning and tracking as well as looking at Recruitment incentives. With effect from June 2015 the recruitment processes and systems have been revised becoming more effective and lean. In particular resolving the bottleneck issues in the recruitment pipeline at the shortlisting stage and employment check stage through utilising the e-recruitment system TRAC. This means that hiring managers conducting high volume recruitment (for example HCAs) can shortlist over 50 applications in a short time and Occupational Health clearances have been more efficient as they are processed within the TRAC system. It is planned to further review TRAC to ensure that there is full benefits realisation in efficiencies in order to deliver a time to hire of less than 12 weeks.  Whilst competing with other London Trusts the plan is to build the External Market attraction plan developing the Employer Brand of Kingston Hospital and status to become an Employer of Choice. This will be delivered through a number of strands including building the recruitment presence on social media, specifically using LinkedIn and Twitter to drive candidates to the hard to fill vacancies and attraction packages are being scoped along with promoting the working environment and Trust values on a microsite (linked to the TRAC system) to enhance the Trust as a place to come and work.	TR	Ongoing	
14	01/09/2014	Turnover Rate	1. Retention analysis carried out for each Service Line. Suite of measures developed to address retention issues. Service Lines implement service specific measures to reduce turnover and increase retention.	TR	30/11/2014	
15	01/10/2014	Turnover Rate	The action plan has been broken down into three major areas: 1) understanding the root cause of turnover 2) improvement the recruitment process and fill rate 3) strengthening the People Management. This includes initiatives such as implementing the new exit interview process to enable a better understanding of the reasons for leaving. Introduction of 100 day interviews for new staff to gauge their introduction to the Trust. Focus groups with cross section of staff. Deep dive into red rated service lines, and agreeing a recruitment Service Level Agreement with Service lines. Introducing a buddying for new staff. Promoting our unique selling points, brand and values internally and externally. Developing the Trust training and development offering for all staff, Line managers to carrying out one to ones in clinical and non-clinical areas in a coaching manner and Coaching becomes the predominate style of management. Analysis of the effectiveness and outcome from these measures will be available over the next quarter.	TR	Ongoing	
17	01/12/2014	Turnover Rate	The action plan has been broken down into four major areas: 1) understanding the root cause of turnover 2) Improving the recruitment process and fill rate 3) strengthening the People Management, 4) Addressing professional and departmental issues. Analysis of the effectiveness and outcome from these measures will be available over the next quarter.	TR	Ongoing	
18	01/06/2015	Turnover Rate	1. Continuous work in place to address turnover and initial issues being addressed are Staffing levels, Managers and Career Development. This is in conjunction with a number of corporate actions, which includes a PMO approach to achieve the goal of improving staff happiness, measuring staff experience and creating a positive narrative. It has been identified that an overall strategy for improving retention in the Admin & Estates staff group is necessary. The People First Programme has been developed which will also address a number of issues that the admin staff have highlighted including Monthly Admin Managers workshops, regular admin walkabouts and customer service training rolling out to all admin staff.	TR	Ongoing	
19	01/12/2014	Mandatory Training	1. As the target for Training compliance has increased to 90% for quarter four Mandatory Training has now become red rated again. The introduction of the training booklets has enabled staff to complete their training more effectively and this has improved the compliance rate month on month. Service lines and Department managers showing red have been emailed and asked to target non-compliant members of staff to access the mandatory training booklets via the intranet home page. Global emails have been sent asking staff to access the mandatory training booklets and also advertising dates and availability for fire training. The Performance Review meetings will monitor performance and Divisional Directors, supported by the HR Managers, will ensure completion.	TR	Ongoing	
20	01/10/2014	Diagnostics	1. Match capacity to demand (using PTL) in a flexible way to account for deviation in specific ultrasound requirements.	ED	Ongoing	
21	01/10/2014	Diagnostics	2. Make clerical / administration process robust, particularly in relation to timeliness of appointment making and DNA rate.	ED	Ongoing	
22	01/10/2014	Diagnostics	3. Build substantive sonography team (using in-house training scheme where applicable).	ED	01/03/2015	
23	01/12/2014	A&E	1. Work is underway to reduce the time that our patients who are medically fit stay in Hospital in particular with Elderly Care patients: - Increased Occupational Therapy capacity to speed up the assessment process - Development of a new role – the Trusted Assessor to combat impact of a national shortage of OTs - Additional support to the discharge co coordinators to speed completion of HNA - Improved access to community beds - Access to rehabilitation beds remains challenging.	ED	Ongoing	
24	01/12/2014	A&E	2. Continue daily breach analysis so as to identify other reasons for delays, and where there are common causes action taken to improve waiting times going forward.	ED	Ongoing	
25	01/02/2015	A&E	3.The Trust is adopting the principles of the SAFER bundle and will be implementing the following: Senior Review - all patients will have a senior clinical review before midday All patients to have an expected date of discharge within 24 hours of admission. Flow - all wards will 'pull' 1 patient from the AAU by 11am. Early discharge - expansion of the golden patient pilot. Review - patients whose length of stay exceeds 5 days will be reviewed by the Site team in collaboration with the Service Line.	ED	Weekly	
26	01/02/2015	A&E	4. John Heyworth and Linda Holt commissioned to undertake an external review of the ED focussing on team working, processes, working practices and flow and the workforce.	ED	Ongoing	
27	01/02/2015	A&E	5. Contribute to and work with stakeholders to ensure the delivery of the DTOC action plan and the out of hospital actions necessary to recover performance.	ED	Ongoing	
28	01/04/2015	A&E	6. Daily in depth review of breach analysis by the Emergency Department Manager and Service Line Specialties as well as internal processes.	ED	Ongoing	
29	01/04/2015	A&E	7. Initial escalation processes in the Emergency Department are not being utilised appropriately. Significant number of late referrals to Specialties. This is now being picked up and a fed back daily with the Emergency Department and Specialty Teams.	ED	Ongoing	
30	01/02/2015	C&B	1. Service Lines to review and monitor weekly reports to ensure appropriate outpatient capacity, deliverability plans.	ED	Ongoing	
31	01/02/2015	C&B	2. Service Lines to meet with Patient Access Manager to review process for highlighting and addressing slot availability within the service lines.	ED	30/04/2015	
32	01/02/2015	C&B	3. Service Lines to review slot availability in areas of high demand and produce action plan to tackle future difficulties with capacity in these areas.	ED	30/04/2015	
33	01/02/2015	18 Weeks	1. To continue to monitor the delivery of the 18 Week recovery plans in Gynaecology, Plastics and Surgery & Urology.	ED	Ongoing	
34	01/02/2015	18 Weeks	2. To ensure all specialties have appropriate capacity to meet demand in 2015/16.	ED	Ongoing	
35	01/05/2015	Delayed Transfers of Care	System-wide Demand and Capacity Analysis	ED	01/06/2015	
36	01/05/2015	Delayed Transfers of Care	ECIST Diagnostic	ED	01/06/2015	
37	01/06/2015	A&E	8. Daily Executive lead ED Breach review	DB	Daily	
38	01/06/2015	A&E	9. Review DTOC process, escalation points and key programmes to deliver reduction	DB	31/08/2015	
39	01/06/2015	Cancer	2.The breast team will now manage their own referrals: ensuring the referrals are classified correctly between 2ww GP and 2ww symptomatic.	ED	Completed	
40	01/06/2015	Cancer	3. Auditing 2ww breast referrals to ensure patient availability completed on the 2ww form	ED	01/07/2015	
41	01/06/2015	Cancer	4. Patients referred in via the 2ww breast symptomatic route should be offered a first appointment in week 1	ED	01/07/2015	