Kingston Hospital NHS
NHS Foundation Trust

Operational Performance Report for September and October 2015

Trust Board Meeting	**Item: 9**
Date: 25th November 2015	**Enclosure: E**
Purpose of the Report: To provide an update on monthly performance for all of the key operational indicators, background issues and remedial actions where necessary. Quality, Workforce and Finance reports form separate reports this month.	
For: Information ☐x **Assurance** ☐ **Discussion and input** **Decision/approval** ☐	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Board Assurance Framework
Legal / Regulatory / Reputation Implications:	Monitor CQC compliance
Link to Relevant CQC Domain: **Safe** ☒ **Effective** ☒ **Caring** ☒ **Responsive** ☒ **Well Led** ☒	
Link to Relevant Corporate Objective:	
Document Previously Considered By:	
Recommendations: The Trust Board is asked to: • Note the contents of this report	

Month 6 & 7 – September/October Operational Performance Report

Months 6 and 7 were reasonably strong in terms of operational performance across the Trust in all key indicators with the exception of the Emergency Access Standard which fell slightly below the target. The following areas are particularly worthy of note:

Emergency Access Standard

The month end position in September for all types of attendances was 91.53% which was disappointing as we did see some improvement at the front end but this was offset by a few days across the month where we fell below 90% which unfortunately meant that we were unable to recover the end figure. In October, we managed to achieve 94.3% which represents an improvement from the previous month.

Although the position has improved we are not without challenges in particular around staffing which remains very fragile. We still have a significant reliance on locums particularly within the middle grade tier and new cohort of nurses are joining the department are just arriving and settling in.

A daily dashboard for the emergency department has been developed has been launched since September so that teams have visibility on their flows, overall numbers and tolerances each day with both a weekly look back and a forecast position based on actual performance.

18 Weeks Referral to Treatment

September & October 2015 performance summary position

All specialties met the incomplete standard for the months of September and October.

RTT measure	(Standard 92%)	Total waiting list size	Backlog
Incomplete September	95.88	15,526	640
Incomplete October	95.76	15,512	647

RTT measure	Standard (%)	September (%)	September Breaches (completed pathways)
Non-Admitted	95	96.94	161
Admitted	90	90.87	97

Reporting of the Admitted and Non-Admitted measures were abolished post 1st October 2015 and are shown below for illustrative purposes only.

RTT measure	Standard (%)	October (%)	October Breaches (completed pathways)
Non-Admitted	95	96.17	199
Admitted	90	87.52	152

The deterioration in what would have been the October admitted position is explained largely by the fact that it no longer counters for the adjustment of patient choice as it had previously, thereby revealing an unadjusted position as per the incomplete pathway. This was evident

across a number of specialties which were sub 90% including General Surgery, Trauma & Orthopaedics, ENT, Oral Surgery, Gynaecology, and Colorectal and Pain within the 'other' cohort of specialties.

Additionally, within Trauma & Orthopaedics, operating capacity had increased post the summer recess into September but both months had been impacted by the MRI reporting delays on the admitted and non-admitted pathways which was enough to tip the service line into a non-compliant position.

In the Head and Neck specialties of Oral Surgery and ENT, the impact of the delays in correcting the templates post the Cerner changes also impacted on sub-pathway compliance in October but this has not impacted the incomplete position.

In Gynaecology, recovery continues on the admitted pathway which had been impacted by a higher than average number of patients tipping over the 18 week target during the first few weeks of September and higher than expected numbers of "blue dot" patients requiring urgent theatre slots for Hysteroscopies taking clinical priority. Additional lists have been secured and existing capacity is being fully utilised.

A transitional piece of work is underway in the Plastics and Dermatology service line. Improvement in the admitted part of the pathway was evident in the Plastics October position compared with September however the service still struggles to regulate demand for minor ops with available outpatient capacity.

Capacity pressures within Pain continue in the admitted part of the pathway with the impact on performance likely to continue through the next couple of months. Additional capacity is being secured, however the locum Consultant won't be able to start until February 2016. Both non-admitted and incomplete measures are compliant.

Vascular delivered admitted compliance in September in line with its recovery trajectory.

Cancer

The National Cancer Waits performance figures for Q2 have been published this morning, and I am delighted to say that we have achieved all targets for the quarter (this is the first time for 2-years).

	Operational Standard	Q2		Sep-15
2-week wait seen		2015		720
2-week wait breaches		101		41
compliance	**93%**	95.0%		94.3%
2-week symptomatic seen		326		112
2-week symptomatic breaches		15		4
compliance	**93%**	95.4%		96.4%

31-day 1st treatment		278		90
31-day 1st treatment breach		5		2
compliance	**96%**	98.2%		97.8%
31-day 2nd treatment (surgery)		30		10
31-day 2nd treatment breach				
compliance	**94%**	100.0%		100.0%
31-day 2nd treatment (drug)		17		2
31-day 2nd treatment breach				
compliance	**98%**	100.0%		100.0%
62-day treatment (2ww)		152.5		44.5
62-day breach		16.5		2.5
compliance	**85%**	89.2%		94.4%
62-day treatment (screening)		4		1.5
62-day breach				
compliance	**90%**	100.0%		100.0%
62-day treatment (upgrade)		7.5		4.5
62-day breach				
compliance	**not set**	100.0%		100.0%

At the time of writing this report, October's position is likely to fall just slightly short in the 62 day standard. This is due to patients being pulled forward in to September to expedite their treatment. October therefore has a smaller denominator which will result in the performance looking lower than the previous month.

Key Issues for the next three months

Staffing in AED

At present, the department is short staffed in nursing, consultant and middle grade doctors. The nursing situation is easing on the back of recent recruitment drives so we expect to see this improvement over the coming months although there is still some way to go to ensure that we do not lose more nurses than we gain. Gaps still remain at Band 7 which will need focus as this is a key role on each shift to ensure that the department maintains flow.

Recruitment of senior medical staff continues. A 10 person consultant rota has been drawn up with sessional commitment from senior colleagues at other Trusts who we know and who

can give a regular commitment whilst we try to attract permanent members of the team. There is a rolling advertisement for middle grade doctors on NHS jobs from which we are seeing some interest, and we are exploring other avenues in terms of rotational posts with other specialties which may be more attractive to prospective middle grade applicants.

Surge pressures and escalation responses

We now have a surge plan which articulates roles and responsibilities for those involved in escalation situations. Much work is needed both internally within the Trust and also with partners to enact a practical response to times of pressure particularly over winter. It is acknowledged and accepted that even with the various winter schemes we will be between 16-40 beds short of our needs which is based on last year's activity. Progress has been made with partners around community provision which will act as a release valve for the hospital at peak time. Arrangements are also being made to improve the mental health team's crisis response to 24/7 and short stay facility for those patients so they have an alternative to an acute admission. This is not likely to be in place however until December, so it is important that momentum is maintained with partners to achieve this as soon as possible. Bed capacity during periods of escalation could have a direct impact on elective services and RTT, so a piece of planning work around activity levels in the first two weeks of January (which against last year is predicted to be the most pressured period) is being worked through. It is imperative that we manage the hospital safely balancing the needs of all of our patients in the most efficient way possible minimising cancellations.