

# Operational Performance Report

**April 2016**

## Operational Update and Key Issues

### Emergency Access Standard

Performance in April was good on the whole (with an average number of attendances across the month) and we achieved 95.03% in total. May, to date, has been much more difficult and performance is currently 92.31% which means our position for the first quarter of 2016/17 sits at 93.80%.

In addition, last week, we were asked by NHS Improvement and NHS England, London to submit a revised/expedited A&E trajectory for this year - allocation of the STF monies is contingent on this (in part) - which requires us to deliver 95% in July and August and just under 95% in September.

This means that (across the system) we will need to take further action to either accelerate the items scheduled to enable the original September delivery and/or input others , which will be challenging.

### Cancer Services

Cancer continues to maintain performance across all of the indicators with the exception of one 62 day breach in April. The Cancer Board look very closely at all elements of treatment and the services are in constant contact with tertiary centres to ensure that patients are tracked effectively - particularly for Head and Neck and Lung at the moment.. We will also need to rapidly increase our diagnostic capacity in line with the change to breach allocation.

### Referral to Treatment

This standard has been consistently achieved by the Trust for some time. Internally we still monitor admitted and non admitted percentages to make sure that we spot any problems on the horizon within specialties - and are currently doing some focused capacity and demand work with Pain Management, Ophthalmology, Gynaecology and Gastroenterology. We are also reviewing all planned patients to ensure that they are being treated and discharged in a timely fashion, whilst keeping on top of validation.

A Trust Access Board has been set up from next month to increase assurance for both Cancer and RTT.

It is the intention of the service now that it sits within clinical support to develop an appointment hotline and email address for queries which will be staffed each day so that patients can raise queries and have their questions answered promptly without getting lost and that can act as a conduit with specialties to resolve and issues.

### **Theatre Efficiency and cancelled operations**

The productivity work group has been working for some time to improve flow through theatres and minimise wasted time. February again shows a steady growth in the numbers of procedures being undertaken in theatres. An additional 100 cases are being undertaken each month compared to the start of the financial year and it should be noted that due to movement of cases to outpatient settings complexity is far greater now than before so this represents a genuine increase. There is still a great deal of work to do to ensure prompt start and finish times and each service line is now in receipt of their department data so they can see their own performance and pick up problems as a group. A Theatre User Group has also been re-established, chaired by the COO and with clinicians from all of the surgical specialities as anaesthetics and the management team to look at where improvements can be made. A number of key issues have already been flushed out and these are being addressed as a matter of urgency in order to improve not only times, but also cancellations and patients not attending at all. A regular report will go to EMC from that group so that there is full visibility on the work and discussions that are going on.

### **Next steps and winter planning**

It is the SRGs intention to evaluate the winter schemes and decide where the priorities are given the limited resource in the whole economy. We are developing next winter's plan to ensure that the Trust can manage both its capacity demand and finances. We have also been asked along with the CCGs to agree trajectories for either improvement or maintaining performance. Our main concern remains the emergency access standard which although it has improved, is not consistently at 95%. We have identified six areas which need to be embedded in order to improve and sustain performance by September 2016 and these are:

1. GPs on site working alongside the AED team for 12 hours per day to manage the primary care patients.
2. Stability in staffing in AED in particular in the middle grade tier. We have appointed two new substantive consultants in the last month who will join us by early summer.
3. The re-establishment of an EDOU to care for patient who need a longer period of observation or recovery, this requires a capital project which should complete by the end of September.
4. DTOCs remain at 4% and moving towards the nationally agreed target of 2%.
5. DSTs happen in a community setting and that Trusted Assessors are trained and empowered to assess on behalf of the whole health economy.
6. Crisis Intervention Team for psychiatric patients and also access to specialist beds for those who need admission

We are currently planning to close one of our escalation areas in the next month and therefore there is an imperative to make these changes to the out of hospital pathways in order to ensure that patients are cared for promptly and in the right environment.

# Domain Scorecard (rolling 12 months)

APRIL 2016

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Ref	Metric	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Target	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	2015/16	2016/17 YTD				
<b>1. Safe</b>																																
1.011	Number of patients with Hospital acquired pressure ulcers (Grade 3 and 4)	●	●	●	●	●	●	●	●	●	●	●	●	1	4	1	2	3	1	0	1	3	1	2	1	0	20	0				
1.012	Number of patients with Hospital acquired pressure ulcers (Grade 2)	●	●	●	●	●	●	●	●	●	●	●	●	3	2	5	2	0	3	3	4	4	1	5	2	4	36	4				
1.013	Number of Patient Safety incident Falls per 1000 (G&A) bed days	●	●	●	●	●	●	●	●	●	●	●	●	5.3	3.77	6.19	4.57	4.85	6.34	5.97	5.67	4.94	6.40	6.54	5.57	4.80	5.54	4.80				
1.014	MRSA Bacteraemias - Post 48 hour (hospital acquired)	●	●	●	●	●	●	●	●	●	●	●	●	0	0	0	0	0	1	0	0	0	0	0	1	0	2	0				
1.015	Clostridium difficile Infections - Post 72 hours (Hospital Acquired) due to Lapse in Care (confirmed cases) [One month in arrears]	●	●	●	●	●	●	●	●	●	●	●	●	1	0	2	0	0	1	0	0	0	0	0	0	0	3	0				
<b>2. Effective</b>																																
2.011	Average length of stay - Emergency Services (Emergency admissions only)	●	●	●	●	●	●	●	●	●	●	●	●	5.23	6.00	5.58	5.86	5.51	5.79	6.17	5.74	6.08	6.44	6.66	6.58	6.58	6.05	6.58				
2.012	Standardised healthcare mortality index (SHMI) - most recent score	●	●	●	●	●	●	●	●	●	●	●	●	1.00	0.873	0.873	0.878	0.878	0.878	0.907	0.907	0.907	0.924	0.924	0.924	0.932						
<b>3. Caring</b>																																
3.011	Number of Attitudinal Complaints	●	●	●	●	●	●	●	●	●	●	●	●	3	1	2	1	2	2	1	3	3	3	1	2	1	22	1				
3.012	% complaints responded to within 25 working days [One month in arrears]	●	●	●	●	●	●	●	●	●	●	●	●	90%	64.5%	81.0%	81.0%	84.4%	73.0%	76.7%	97.4%	86.1%	87.5%	83.3%	76.3%	81.6%						
3.013	Friends and Family Score (Trust) - Positive responses													N/A	95.3%	93.6%	95.3%	95.6%	96.6%	95.3%	95.1%	95.3%	94.2%	95.0%	95.6%	94.7%	95.1%	94.7%				
<b>4. Responsive</b>																																
<b>4.01 RTT 18 weeks</b>																																
4.013	RTT 18 weeks - incomplete	●	●	●	●	●	●	●	●	●	●	●	●	92%	96.2%	95.7%	95.5%	95.9%	95.9%	95.8%	96.2%	96.3%	96.9%	96.8%	96.7%	96.8%	96.1%	96.8%				
4.014	RTT 18 weeks - incomplete 52+ week waiters	●	●	●	●	●	●	●	●	●	●	●	●	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
<b>4.02 Diagnostics</b>																																
4.021	Diagnostic test waiting times	●	●	●	●	●	●	●	●	●	●	●	●	99%	99.7%	99.2%	99.7%	99.2%	99.7%	99.7%	99.9%	99.9%	100.0%	99.9%	100.0%	99.7%	99.7%	99.7%				
<b>4.03 Cancelled Operations (Quarterly)</b>																																
4.031	Number of cancelled operations		●			●			●					0		32			42			15			23		112					
4.032	Patients not treated within 28 days of last minute cancellation		●			●			●					0		2			3			0			2		7					

# Domain Scorecard (rolling 12 months)

APRIL 2016

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<b>4.04 ED &amp; Ambulance</b>																																			
4.041	A&E 4 hour waiting time (type 1)	●	●	●	●	●	●	●	●	●	●	●	●	95%	90.2%	86.4%	92.4%	94.7%	90.7%	93.7%	93.1%	93.9%	91.0%	89.9%	91.6%	94.5%	91.4%	94.5%							
4.042	A&E 4 hour waiting time (all types)	●	●	●	●	●	●	●	●	●	●	●	●	95%	91.0%	87.7%	93.1%	95.2%	91.5%	94.3%	93.6%	94.2%	91.7%	90.8%	92.4%	95.0%	92.1%	95.0%							
4.043	A&E 12 hour trolley waits	●	●	●	●	●	●	●	●	●	●	●	●	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
4.044	LAS Ambulance Handovers - % within 15 minutes	●	●	●	●	●	●	●	●	●	●	●	●	100%	38.6%	35.5%	51.1%	53.8%	52.1%	57.1%	68.4%	59.7%	57.0%	58.9%	56.5%	40.5%	52.7%	0.0%							
4.045	LAS Ambulance Handovers - 30 min waits	●	●	●	●	●	●	●	●	●	●	●	●	0	27	40	5	3	5	5	5	7	4	13	5	16	162	16							
4.046	LAS Ambulance Handovers - 60 min waits	●	●	●	●	●	●	●	●	●	●	●	●	0	2	4	0	0	0	0	0	0	0	0	1	4	13	4							
<b>4.05 Cancer (reported one month in arrears)</b>																																			
4.051	Cancer - Two week wait	●	●	●	●	●	●	●	●	●	●	●	●	93%	93.5%	94.4%	95.3%	95.5%	94.3%	93.2%	95.7%	98.4%	95.4%	97.5%	97.4%	95.3%									
4.052	Cancer - Two week referral to 1st outpatient - breast symptoms	●	●	●	●	●	●	●	●	●	●	●	●	93%	84.1%	94.1%	95.5%	94.1%	96.4%	96.3%	94.2%	98.5%	95.5%	97.6%	95.7%	95.0%									
4.053	Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis	●	●	●	●	●	●	●	●	●	●	●	●	96%	96.6%	97.5%	99.0%	97.7%	97.8%	96.8%	94.3%	96.3%	98.8%	97.6%	98.9%	97.4%									
4.054	Cancer - 31 day second or subsequent treatment - drug	●	●	●	●	●	●	●	●	●	●	●	●	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No activity	100.0%									
4.055	Cancer - 31 day second or subsequent treatment - radiotherapy															94%	<b>Service not provided</b>																		
4.056	Cancer - 31 day second or subsequent treatment - surgery	●	●	●	●	●	●	●	●	●	●	●	●	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	93.3%	100.0%	98.6%									
4.057	Cancer - Two month urgent referral to treatment wait	●	●	●	●	●	●	●	●	●	●	●	●	85%	90.1%	85.7%	88.8%	85.0%	94.4%	81.1%	94.1%	94.9%	96.7%	96.1%	99.1%	90.7%									
4.058	Cancer - 62 day wait for first treatment following referral from an NHS Cancer Screening Service	●	●	●	●	●	●	●	●	●	●	●	●	90%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%									
4.059	Cancer - 62 day wait for first treatment following consultant upgrade	●	●	●	●	●	●	●	●	●	●	●	●	85%	No activity	100.0%	100.0%	100.0%	100.0%	No activity	100.0%	80.0%	100.0%	100.0%	100.0%	96.1%									
<b>4.06 Delayed Transfers of Care (DTCOs)</b>																																			
4.061	Delayed transfers of care (number) - monthly snapshot															N/A	50	20	37	25	24	15	21	15	16	12	14	21	301	21					
4.062	Delayed transfers of care (bed days) - total															N/A	762	592	919	472	429	771	656	748	561	475	600	748	7,983	748					
4.063	Delayed transfers of care (rate per occ bed days)	●	●	●	●	●	●	●	●	●	●	●	●	4%	6.52%	5.16%	7.77%	4.32%	3.73%	6.39%	5.81%	6.27%	4.66%	3.98%	4.77%	6.53%	5.67%	6.53%							
<b>5. Well-led</b>																																			
5.012	Monitor Continuity of Service Rating	●	●	●	●	●	●	●	●	●	●	●	●	3.0															3.0	3.0	3.0	3.0	3.0		

# Domain Scorecard (rolling 12 months)

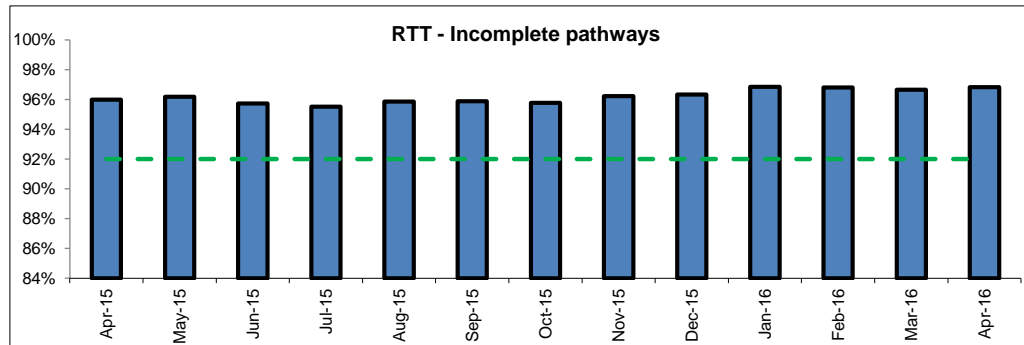
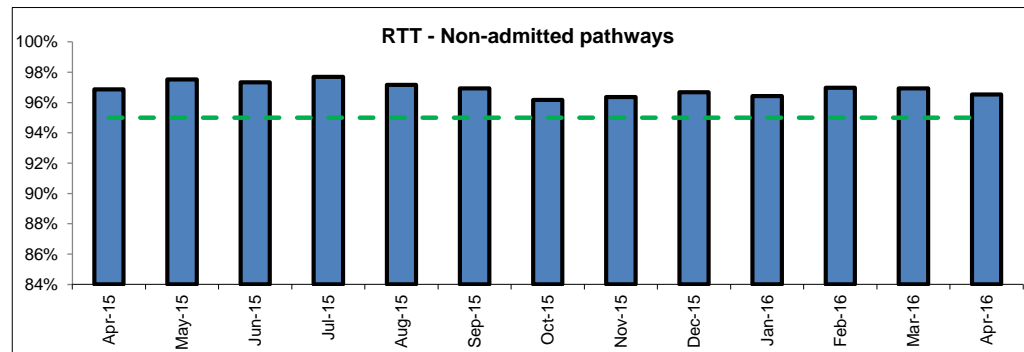
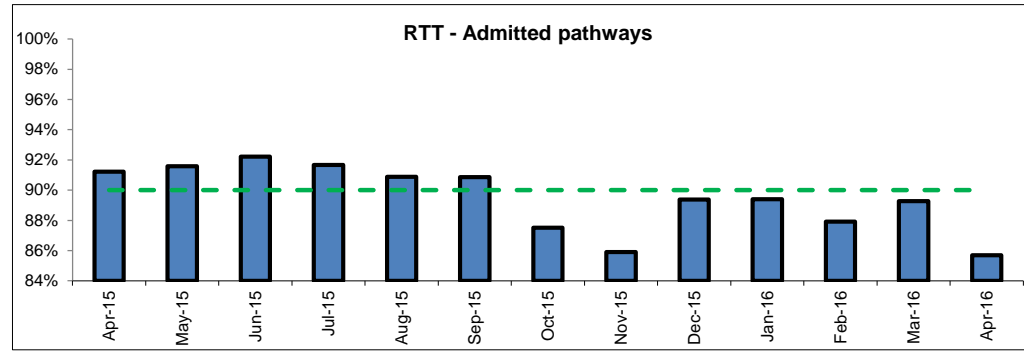
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## 6. Enablers

6.011	Vacancy rate	●	●	●	●	●	●	●	●	●	●	●	●	8%	11.2%	11.3%	12.0%	12.1%	11.0%	8.0%	8.9%	9.1%	7.2%	7.1%	6.3%	N/A	N/A	N/A
6.012	Turnover rate	●	●	●	●	●	●	●	●	●	●	●	●	16%	18.8%	18.7%	19.1%	19.6%	19.7%	20.1%	19.9%	19.8%	20.2%	20.3%	19.6%	18.8%	N/A	18.8%
6.013	Sickness rate	●	●	●	●	●	●	●	●	●	●	●	●	2.5%	3.0%	3.0%	2.9%	2.4%	2.4%	3.2%	3.2%	3.1%	3.5%	3.3%	3.1%	2.6%	N/A	2.6%
6.014	Mandatory Training	●	●	●	●	●	●	●	●	●	●	●	●	80%	80.0%	81.0%	77.0%	80.0%	83.0%	84.0%	83.0%	86.0%	85.0%	86.0%	85.0%	N/A	N/A	N/A
6.015	Appraisals / PDRs completed	●	●	●	●	●	●	●	●	●	●	●	●	85%	10.0%	59.0%	82.0%	87.0%	89.0%	88.4%	89.0%	89.0%	85.0%	84.0%	85.0%	N/A	N/A	N/A



Commentary

Further discussion to take place on the day regarding the detail.

