

Operational Performance Report

June 2016

Operational Update and Key Issues

Emergency Access Standard

June was a challenging month but performance at 91.9% exceeded the STF trajectory of 90.3%. Analysis of activity during the month showed that patient flow was effective with emergency beds remaining available for admission. Performance in the emergency department was impacted by peaks in activity, and by a mismatch in capacity and demand, caused largely by the reliance on locum doctors. The Emergency Care Programme Board, chaired by the Chief Operating Officer, was established to implement a number of work streams, including workforce, clinical pathways, clinical decisions unit and urgent care. A number of changes have already been implemented which have included the provision of a GP stream from 10 am until late evening, the redistribution of senior medical staff in the department, and the strengthening of clinical pathways. In addition, consultant appointments have been made with new postholders starting imminently and ambulance handover times improved with only three 30 minute breaches in June.

Cancer Services

All cancer targets were achieved in May. Only 5 trusts in London achieved the 62 day operation standard; of which Kingston was one. We achieved approximately 10% higher than the national and London average for 62 day performance. There was 1 x 100 day breach due to a complex clinical pathway, with 4 Trusts involved in delivering the diagnostics. No harm was caused as a consequence and the case was discussed at CQRG on the 20/7/16.

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. We are also reviewing all planned and sequence patients to ensure that they are being treated and discharged in a timely fashion.

Delayed Transfers of Care

The numbers of DTOCs has remained constant. The processes for reviewing and validating delays have continued with daily delays meetings, chaired by a senior manager and attended by representatives of Kingston and Richmond community health and social care. This work has been supported by the implementation of a patient tracking list, which is updated daily by ward staff. In addition a discharge group has been established to improve internal delays. This work has progressed well and includes the provision of information for patients and carers regarding preparation for home, the introduction of a single referral form for community services and the piloting of improved daily board rounds. Work has progressed with community health and social care partners, to develop a model for the provision of a multidisciplinary frailty team who can ensure earlier assessment, treatment and discharge home from the acute assessment unit. Further work with partners is required to develop the discharge to assess and trusted assessor schemes.

Domain Scorecard (rolling 12 months)

JUNE 2016

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Ref	Metric	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	2015/16	2016/17 YTD
1. Safe																												
1.011	Number of patients with Hospital acquired pressure ulcers (Grade 3 and 4)	●	●	●	●	●	●	●	●	●	●	●	●	1	2	3	1	0	1	3	1	2	1	0	1	1	20	2
1.012	Number of patients with Hospital acquired pressure ulcers (Grade 2)	●	●	●	●	●	●	●	●	●	●	●	●	3	2	0	3	3	4	4	1	5	2	4	0	1	36	5
1.013	Number of Patient Safety incident Falls per 1000 (G&A) bed days	●	●	●	●	●	●	●	●	●	●	●	●	5.3	4.57	4.85	6.34	5.97	5.67	4.94	6.40	6.54	5.57	5.07	3.76	4.83	5.54	4.57
1.014	MRSA Bacteraemias - Post 48 hour (hospital acquired)	●	●	●	●	●	●	●	●	●	●	●	●	0	0	0	1	0	0	0	0	0	1	0	0	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	0	1	0	0	0	0	0	0	0	0	0	3	0
2. Effective																												
2.011	Average length of stay - Emergency Services (Emergency admissions only)	●	●	●	●	●	●	●	●	●	●	●	●	5.23	5.86	5.51	5.79	6.17	5.74	6.08	6.44	6.66	6.42	6.56	5.56	5.29	6.04	5.80
2.012	Standardised healthcare mortality index (SHMI) - most recent score	●	●	●	●	●	●	●	●	●	●	●	●	1.00	0.878	0.878	0.878	0.907	0.907	0.907	0.924	0.924	0.924	0.932	0.932	0.926		
3. Caring																												
3.011	Number of Attitudinal Complaints	●	●	●	●	●	●	●	●	●	●	●	●	3	1	2	2	1	3	3	3	1	2	1	0	2	22	3
3.012	% complaints responded to within 25 working days [One month in arrears]	●	●	●	●	●	●	●	●	●	●	●	●	90%	81.0%	84.4%	73.0%	76.7%	97.4%	86.1%	87.5%	83.3%	76.3%	72.5%	73.5%	81.6%	73.0%	
3.013	Friends and Family Score (Trust) - Positive responses													N/A	95.3%	95.6%	96.6%	95.3%	95.1%	95.3%	94.2%	95.0%	95.6%	94.7%	93.1%	94.8%	95.1%	94.2%
4. Responsive																												
4.01 RTT 18 weeks																												
4.013	RTT 18 weeks - incomplete	●	●	●	●	●	●	●	●	●	●	●	●	92%	95.5%	95.9%	95.9%	95.8%	96.2%	96.3%	96.9%	96.8%	96.7%	96.8%	96.9%	0.0%	96.1%	96.9%
4.014	RTT 18 weeks - incomplete 52+ week waiters	●	●	●	●	●	●	●	●	●	●	●	●	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.02 Diagnostics																												
4.021	Diagnostic test waiting times	●	●	●	●	●	●	●	●	●	●	●	●	99%	99.7%	99.2%	99.7%	99.7%	99.9%	99.9%	100.0%	99.9%	100.0%	99.7%	100.0%	99.9%	99.7%	99.9%
4.03 Cancelled Operations (Quarterly)																												
4.031	Number of cancelled operations	■	■	●	■	■	■	■	■	■	■	■	■	0			42			15			23			N/A	112	N/A
4.032	Patients not treated within 28 days of last minute cancellation	■	■	●	■	■	■	■	■	■	■	■	■	0			3			0			2			N/A	7	N/A

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4.04 ED & Ambulance																																
4.041	A&E 4 hour waiting time (type 1)	●	●	●	●	●	●	●	●	●	●	●	●	95%	92.4%	94.7%	90.7%	93.7%	93.1%	93.9%	91.0%	89.9%	91.6%	94.5%	91.4%	91.0%	91.4%	92.2%				
4.042	A&E 4 hour waiting time (all types)	●	●	●	●	●	●	●	●	●	●	●	95%	93.1%	95.2%	91.5%	94.3%	93.6%	94.2%	91.7%	90.8%	92.4%	95.0%	92.1%	91.9%	92.1%	93.0%					
4.043	A&E 12 hour trolley waits	●	●	●	●	●	●	●	●	●	●	●	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
4.044	LAS Ambulance Handovers - % within 15 minutes	●	●	●	●	●	●	●	●	●	●	●	100%	51.1%	53.8%	52.1%	57.1%	68.4%	59.7%	57.0%	58.9%	56.5%	59.0%	52.8%	59.0%	52.7%	56.9%					
4.045	LAS Ambulance Handovers - 30 min waits	●	●	●	●	●	●	●	●	●	●	●	0	5	3	5	5	5	7	4	13	5	8	9	3	162	20					
4.046	LAS Ambulance Handovers - 60 min waits	●	●	●	●	●	●	●	●	●	●	●	0	0	0	0	0	0	0	0	0	1	4	0	0	13	4					
4.05 Cancer (reported one month in arrears)																																
4.051	Cancer - Two week wait	●	●	●	●	●	●	●	●	●	●	●	93%	95.3%	95.5%	94.3%	93.2%	95.7%	98.4%	95.4%	97.5%	97.4%	96.3%	97.8%	95.3%	97.1%						
4.052	Cancer - Two week referral to 1st outpatient - breast symptoms	●	●	●	●	●	●	●	●	●	●	●	93%	95.5%	94.1%	96.4%	96.3%	94.2%	98.5%	95.5%	97.6%	95.7%	98.3%	95.9%	95.0%	97.1%						
4.053	Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis	●	●	●	●	●	●	●	●	●	●	●	96%	99.0%	97.7%	97.8%	96.8%	94.3%	96.3%	98.8%	97.6%	98.9%	100.0%	100.0%	97.4%	100.0%						
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%	No activity	100.0%	100.0%	100.0%	100.0%						
4.055	Cancer - 31 day second or subsequent treatment - radiotherapy															94%	Service not provided															
4.056	Cancer - 31 day second or subsequent treatment - surgery	●	●	●	●	●	●	●	●	●	●	●	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	93.3%	100.0%	94.7%	100.0%	98.6%	97.5%						
4.057	Cancer - Two month urgent referral to treatment wait	●	●	●	●	●	●	●	●	●	●	●	85%	88.8%	85.0%	94.4%	81.1%	94.1%	94.9%	96.7%	96.1%	99.1%	95.3%	91.1%	90.7%	93.5%						
4.058	Cancer - 62 day wait for first treatment following referral from an NHS Cancer Screening Service	●	●	●	●	●	●	●	●	●	●	●	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	100.0%						
4.059	Cancer - 62 day wait for first treatment following consultant upgrade	●	●	●	●	●	●	●	●	●	●	●	85%	100.0%	100.0%	100.0%	No activity	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	93.3%	96.1%	95.5%						
4.06 Delayed Transfers of Care (DTOCs)																																
4.061	Delayed transfers of care (number) - monthly snapshot															N/A	37	25	24	15	21	15	16	12	14	21	21	20	301	62		
4.062	Delayed transfers of care (bed days) - total															N/A	919	472	429	771	656	748	561	475	600	748	631	605	7,983	1,984		
4.063	Delayed transfers of care (rate per occ bed days)	●	●	●	●	●	●	●	●	●	●	●	4%	7.77%	4.32%	3.73%	6.39%	5.81%	6.27%	4.66%	3.98%	4.77%	6.53%	5.93%	5.51%	5.67%	6.00%					

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6. Enablers

6.011	Vacancy rate	●	●	●	●	●	●	●	●	●	●	●	●	8%	12.0%	12.1%	11.0%	8.0%	8.9%	9.1%	7.2%	7.1%	6.3%	8.7%	8.0%	7.6%	N/A	8.1%
6.012	Turnover rate	●	●	●	●	●	●	●	●	●	●	●	●	16%	19.1%	19.6%	19.7%	20.1%	19.9%	19.8%	20.2%	20.3%	19.6%	18.8%	18.4%	18.0%	N/A	18.4%
6.013	Sickness rate	●	●	●	●	●	●	●	●	●	●	●	●	2.5%	2.9%	2.4%	2.4%	3.2%	3.2%	3.1%	3.5%	3.3%	3.1%	2.7%	2.8%	2.7%	N/A	N/A
6.014	Mandatory Training	●	●	●	●	●	●	●	●	●	●	●	●	80%	77.0%	80.0%	83.0%	84.0%	83.0%	86.0%	85.0%	86.0%	85.0%	83.4%	85.4%	85.2%	85.0%	85.2%
6.015	Appraisals / PDRs completed	●	●	●	●	●	●	●	●	●	●	●	●	85%	82.0%	87.0%	89.0%	88.4%	89.0%	89.0%	85.0%	84.0%	85.0%	4.0%	17.0%	34.0%	85.0%	34.0%

Commentary

The final validated position for June 2016 is **96.4%** against the incomplete national standard of **92%** which represents a very strong performance in month for the Trust.

Where there are pressures, these are within the admitted pathways for Gynaecology, Pain and latterly ENT. However the national incomplete position is compliant across all these specialties who are achieving over the 92 % standard when factoring in the non admitted position.

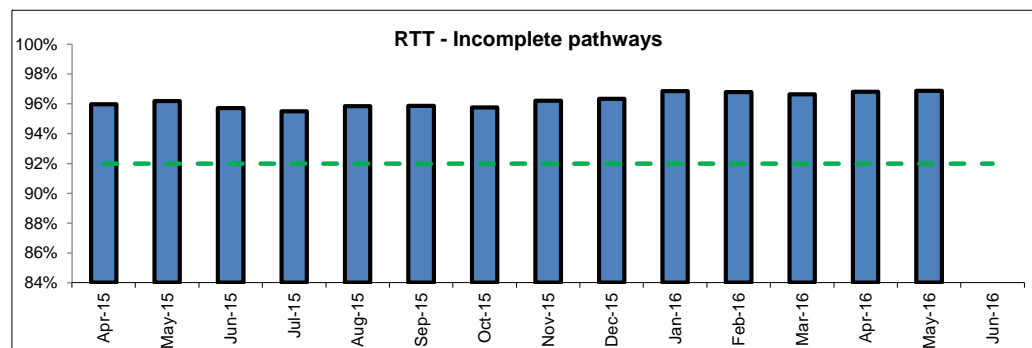
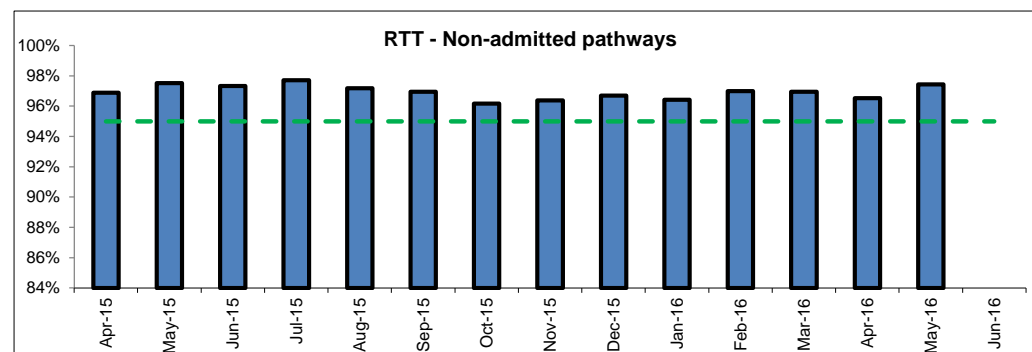
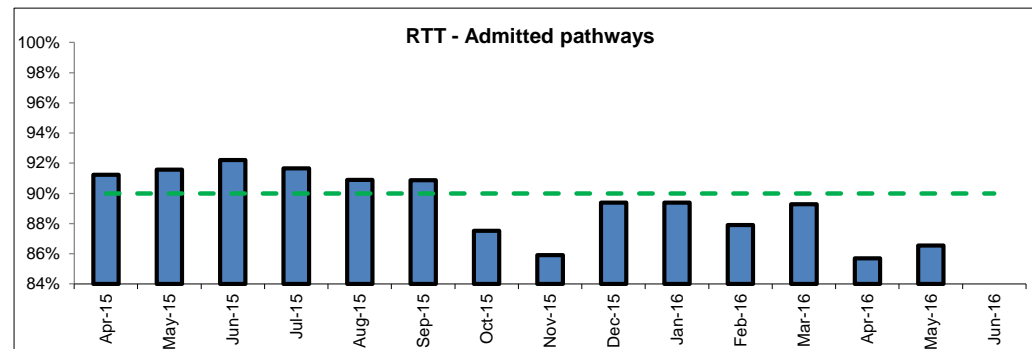
Gynaecology currently has long waiters for uro-gynae procedures due to lack of operator capacity and access to theatres. The specialty aims to solve both these limitations over the next 5 months with additional theatre capacity and by recruiting to a new consultant position. This should see a much improved admitted position by the new financial year.

Pain have completed a demand and capacity exercise, which also factors in their planned cohort of work. This exercise shows the need for an additional theatre list per week, and this will be achieved from October 2016 with the introduction of extended days in Main Theatres from which pain will benefit from additional evening sessions.

ENT are a growing specialty and are taking on an additional 1.5 theatres lists per week from September. There are sector wide discussions about the ENT pathway underway, and the KHFT service would aim to increase capacity depending on the outcome of discussions about the clinical model for care .

Priorities for the next quarter:

Embedding best practice around management of planned waiting lists.
New Access Policy training for Trust staff from September 2016



Commentary

Performance against the Trust 4-hour access standard performance target in June was 91.9% (which exceeded the STF trajectory of 90.3%). The 95% performance standard was achieved on 5 days within the month and the Trust continued to perform above the national average.

Analysis of activity showed that activity was compromised when the number of patients held in the department exceeded 60 and when the department was unable to increase its staffing resource to meet peaks in activity. The department was however successful in recruiting additional medical and nursing staff, all of whom are expected to arrive in post over the next couple of months.

The department has also been proactive in making a number of operational changes to improve performance. These have included:

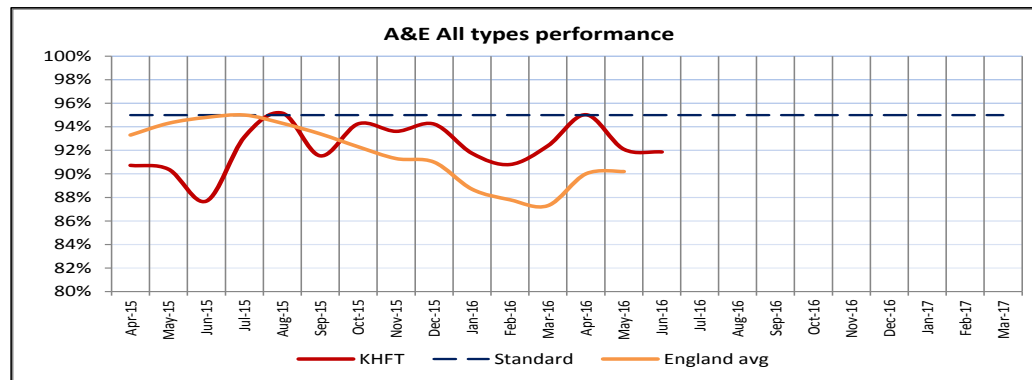
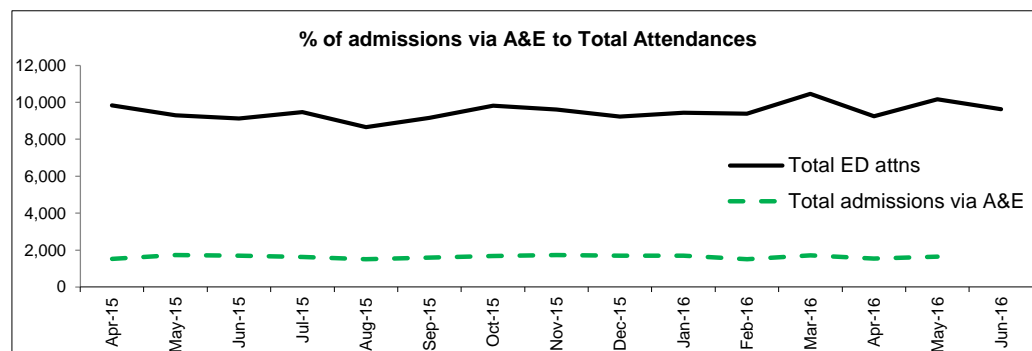
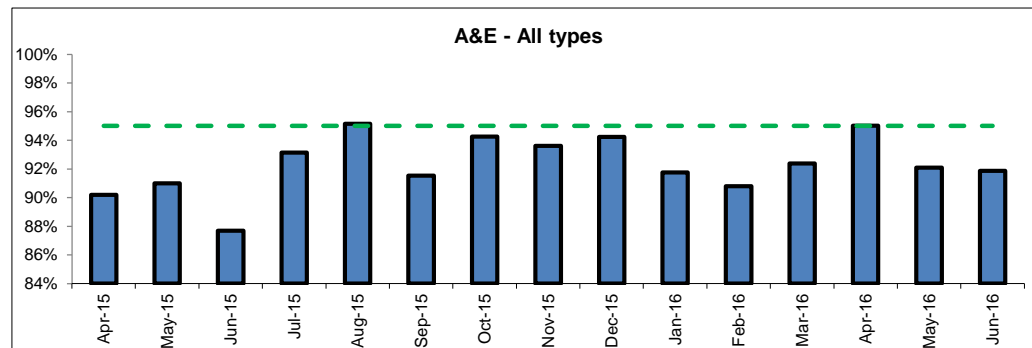
1. Trialling of phlebotomists
2. Recruitment of bank advanced nurse practitioners to support the minors stream
3. Increase in the GP support to the department,
4. Provision of a senior medical decision maker in streaming and the ambulance rapid assessment area.
5. Provision of additional nurses to support streaming
6. Change to the model of consultant supervision of majors and minors.
7. Additional managerial support in the evening.
8. Weekly review of performance data, including all relevant services lines.

Early indications are that these changes are having a positive impact on performance.

In addition to the above, an emergency board has been established, chaired by the COO, to oversee the programme of service development in ED and associated service lines. A programme manager has been appointed and project plans are currently being developed.

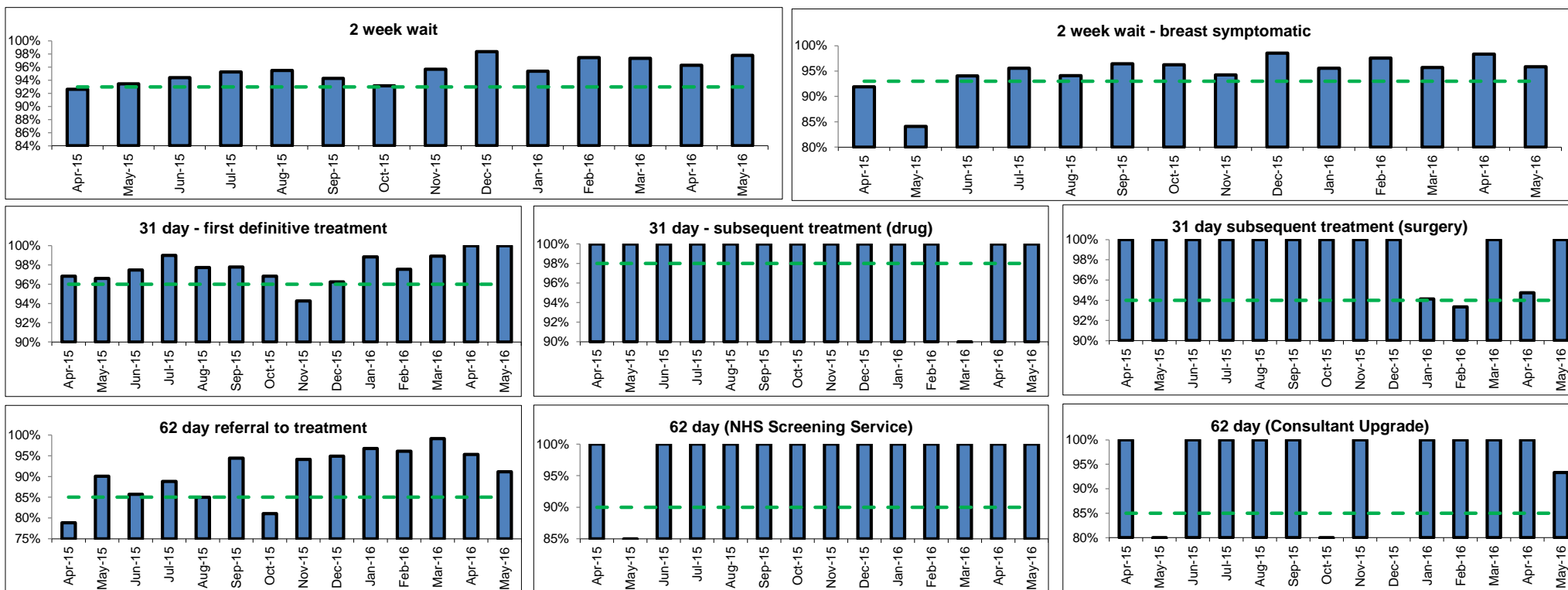
Plans for the development of a Clinical Decisions Unit have progressed. This unit, which will have 6 beds and will accommodate patients who are known to require more than 4 hours of assessment and/or treatment by an ED physician, is expected to be open in the Autumn.

The reinforcement of an escalation plan has helped to improve ambulance handover times with only 3 exceeding 30 minutes in the month.



Note: Latest chart data available - May 2016

See Executive Summary sheet for supporting commentary.



Emergency Care Programme Board (ECPB) and Q1 Activity Analysis

Briefing to Trust Board

The purpose of this paper is to:

1. Provide a high level briefing to the Board on the governance, scope and progress from the Emergency Care Programme Board
2. Provide a brief review of activity and performance data relating to Quarter One 2016/17, benchmarking performance against last year and agreed STP Trajectory.

Governance and Scope of the ECPB

The Emergency Care Programme Board was established to provide leadership to:

- The development of emergency care services to ensure improved patient care and experience
- The implementation of the programme of work required to manage the delivery of the performance trajectory to sustainably meet the emergency standard.

The Emergency Care Programme has been established to manage the delivery of a number of designated work streams – focused on providing sustainable improvement in the Emergency Department. These run alongside the operational running of the Emergency Department by the service line team.

The immediate scope of the programme is the Emergency Department but in the longer term, the scope for the programme may be extended to include urgent and emergency care more broadly.

The programme board, chaired by Rachel Williams (COO), currently meets weekly and is made up of representatives from the Emergency Department, wider Division and Trust, the Programme Manager, Medical Director, Director of Nursing & Patient Experience and Director of Workforce.

An Emergency Care Programme plan has been developed which contains plans for each of the seven workstreams. The current programme work streams are:

- CDU
- Clinical Pathways and Assessment
- Discharge Planning
- Performance and Information
- Workforce and OD
- Psychiatric Liaison/Mental Health Improvement
- Urgent Care

A weekly highlight report is reviewed at each Board meeting (and then a monthly summary is considered at the Executive Management Committee). This report pulls key information from each of the work streams, including progress made, actions for next week and risks/issues and mitigations.

In addition, each week the Programme Board conducts a 'deep dive' into one of the work streams, and the Project Manager can ask for specific support from the Board to enable them to overcome challenges and unblock issues which will enable successful delivery.

The next steps for the programme are to:




- Implement metrics to ensure the outcomes from the work streams are being measured effectively, to enable the Programme to evaluate what impact a particular initiative has had
- Develop a robust communications and engagement plan to ensure the Department and the rest of the organisation understands the Programme, its objectives and how they can get involved and support the work.
- Develop a critical path.

Information and analysis from Quarter One 2016/2017




The Programme Board reviews daily performance data each week to highlight areas that have improved or key issues that remain.

A summary of performance data relating to the first Quarter is contained below. This is for all ED attendances including REU:

Performance by month (compared to 2015/16)

Period	2015/16	2016/17	Year on year
April	90.72%	95.03%	
May	90.40%	92.09%	
June	87.69%	91.86%	

Performance in comparison to STP trajectory

Period	Trajectory	2016/17	
April	95.03%	95.03%	
May	92.44%	92.09%	
June	90.30%	91.86%	
July	95.00%	As of 21 st July – 94.13%	

Analysis of performance data

- Overall there has been a 4.6% increase in attendances between 2015 and 2016, with May 2016 being a particularly busy month with 100 more attendances as compared to May 2015.

- The total numbers of attendances from patients within Kingston CCG and Richmond CCG have shown some growth, with a small rise in Merton CCG. Surrey Downs CCG and Wandsworth CCG attendances have remained static, the reasons for which are being currently investigated. Please see attached for attendance figures by CCG.
- June performance was 1.56% higher than the STP Trajectory. Attendances were 4.77% higher than the same month last year, excluding REU attendances.
- Performance in the first quarter of 2016 is stronger than that in the first quarter of 2015.
- Every week in quarter 1 of 2016 (with the exception of one) has seen improved performance as compared to that in quarter 1 of 2015.
- The variance in performance as compared with the same period in 2015/16 has reduced, with performance hitting above 90% in all but one week.
- The Trust continues to perform well above the national average and remains one of the top performing Trusts in London

Factors which have influenced the improved performance of the Trust

- Increase in the establishment and recruitment of nurses at all grades.
- Increased recruitment and locum provision of consultants and middle grade staff
- Commencement in post of the service line manager and clinical director.
- Strengthening of clinical pathways and escalation process
- Provision of a primary care stream of between 6 and 12 hours per day
- Improved patient flow arising from robust management of delayed transfers of care
- Introduction of a rapid assessment area for ambulance arrivals with leadership from a senior doctor
- Strengthening of the roles of the nurse in charge, consultant in charge and ED coordinator.

Next steps

Work streams	Actions
CDU	<ul style="list-style-type: none"> • Submit business case to investment committee • Recruit to vacant post • Progress with building of the CDU to be completed by the end of October 2016.
Clinical Pathways and Assessment	<ul style="list-style-type: none"> • Agree revised pathway for the fast tracking of medical and surgical referrals • Recruit into vacant acute care physician posts • Negotiate tariff for ambulatory pathways and CDU with commissioners.
Discharge Planning	<ul style="list-style-type: none"> • Complete discharge policy and choice protocol

	<ul style="list-style-type: none"> • Complete pilot of RAG boards • Extend use of the PTL
Performance and Information	<ul style="list-style-type: none"> • Agree metrics to assess the impact of initiatives implemented • Deliver time stamps through CRS to enable the tracking of time to assess etc.
Workforce and OD	<ul style="list-style-type: none"> • Pilot the use of Advanced nurse practitioners, Extended scope physiotherapists, phlebotomists. • Revise working patterns/rotas of the middle grade staff on an informal basis to reflect the demand for the service • Agree future workforce model for ED • Discrete piece of work with April Strategy to be completed and the outputs to inform broader OD work going forward
Psychiatric Liaison/Mental Health Improvement	<ul style="list-style-type: none"> • Complete risk assessment of AAU and finalise plan for the transfer of patients to AAU from ED • Monitor the impact of the recently introduced extended hours of CAMHS
Urgent care	<ul style="list-style-type: none"> • Extend working hours of GPs on an informal basis • Formalise arrangement with effect from October.
Communication	<ul style="list-style-type: none"> • To agree and implement the communication strategy on the work of the Emergency Programme Board, the improvements to date, next steps and involvement of the Trust in the achievement of the trajectory

Rachel Williams
Chief Operating Officer
July 2016

Accident & Emergency: Total number of attendance (FY2015 vs FY2016)

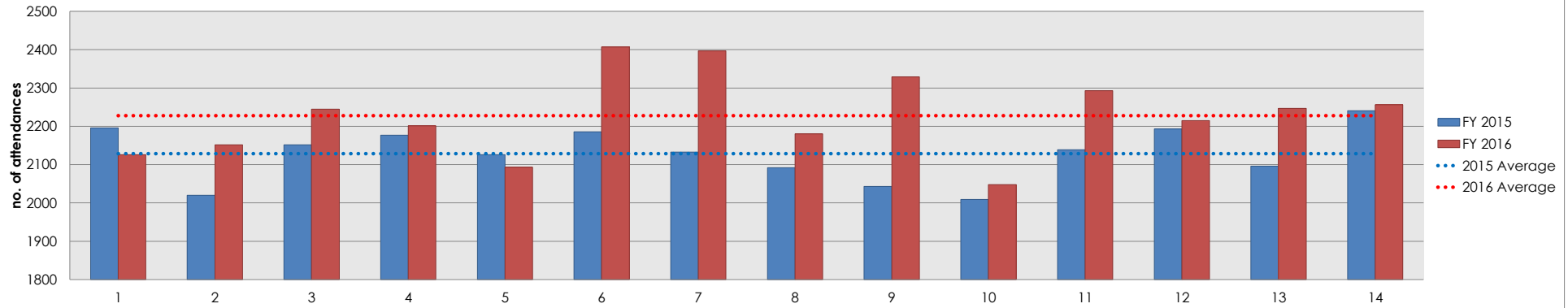
FY 2015

Week Number	Start of week date	KINGSTON CCG	MERTON CCG	RICHMOND CCG	SURREY DOWNS CCG	WANDSWORTH CCG	OTHER CCG	Total
1	30/03/2015	887	133	412	290	183	291	2196
2	06/04/2015	864	116	343	258	178	261	2020
3	13/04/2015	897	141	397	259	186	272	2152
4	20/04/2015	869	134	417	295	190	272	2177
5	27/04/2015	884	126	408	274	184	250	2126
6	04/05/2015	928	140	428	241	166	283	2186
7	11/05/2015	871	150	411	261	180	260	2133
8	18/05/2015	861	137	362	294	195	243	2092
9	25/05/2015	871	116	357	241	182	276	2043
10	01/06/2015	829	127	370	241	172	270	2009
11	08/06/2015	886	143	401	286	166	257	2139
12	15/06/2015	937	136	407	254	177	282	2193
13	22/06/2015	870	137	388	261	181	259	2096
14	29/06/2015	856	157	417	281	178	352	2241
Grand Total		12310	1893	5518	3736	2518	3828	29803

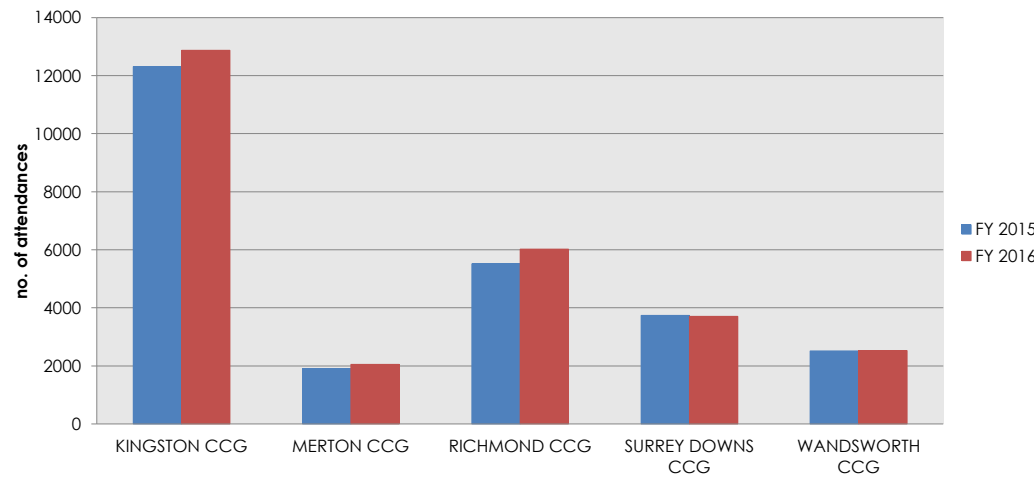
FY 2016

Start of week date	KINGSTON CCG	MERTON CCG	RICHMOND CCG	SURREY DOWNS CCG	WANDSWORTH CCG	OTHER CCG	Total
28/03/2016	851	156	391	251	178	299	2126
04/04/2016	907	133	424	248	159	281	2152
11/04/2016	948	144	437	268	174	274	2245
18/04/2016	897	153	427	263	167	294	2201
25/04/2016	889	140	379	238	180	267	2093
02/05/2016	968	174	465	294	204	302	2407
09/05/2016	1006	144	480	289	174	304	2397
16/05/2016	913	140	423	275	168	261	2180
23/05/2016	939	163	443	292	188	304	2329
30/05/2016	865	139	394	218	164	268	2048
06/06/2016	952	152	445	265	185	294	2293
13/06/2016	917	143	434	245	189	287	2215
20/06/2016	902	136	431	279	224	275	2247
27/06/2016	921	130	449	280	175	301	2256
Grand Total	12875	2047	6022	3705	2529	4011	31189

Total Number of Attendances per week (FY2015 vs FY2016)



Total Number of attendances per CCG excl. Other CCG (FY2015 vs FY2016)



A&E: Total number of attendance (FY2015 vs FY2016)

