

PERFORMANCE REPORT

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OUR PERFORMANCE

As requested, our report covers the following items:

- Finances
- Performance against constitutional standards
 - four hour emergency access standard
 - referral to treatment
 - cancer
 - diagnostics
- Staffing
- Patient feedback (iWantgreatcare)



FINANCE

Performance to date (October) for financial 2019/20

- Annual target: -£50.8m (deficit)
- Year to October planned: -£26.2
- Year to October actual: -£31m
- So we are £4.8m adverse to plan YTD
- Annual gross quality and cost improvement programmes identified £28.4m
- £6.2m delivered
- This is £9.4m behind plan

In addition, capital funding remains a national problem

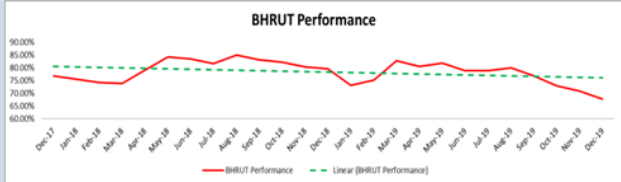


NARRATIVE

- Delivery of the planned £50.8m deficit will trigger payment of £27.7m through the Financial Recovery and Provider Sustainability Funds
- Integral to our plan are a number of key transformational programmes of work:
 1. Elective flow – reducing waste will improve efficiency and performance with savings materialising through more effective use of theatre capacity
 2. Reduction in outpatient activity – reducing the number of unwarranted outpatient appointments. The ambition is to reduce by 10% per year
 3. Reduction in spend on premium staffing costs
- We have high levels of confidence in our diagnosis of the deficit drivers
- However implementing the necessary changes is taking longer than planned
- Additional short term cost control initiatives are being put in place to close the current gap to plan, for example, pay and non-pay control panels



FOUR HOUR EMERGENCY ACCESS STANDARD

Key metrics	This month	Trend	Local Target/Threshold	National Target/Threshold
4 Hour Access Performance	Trust 67.65% KGH 69.21% QH 66.58%		System 4 hour target: 82.71%	95%

December 2019	King George	Queen's	Trust overall
Type 1	56.06%	37.67%	44.56%
Type 3	94.47%	97.02%	96.06%

- Average daily attendances increased by 10.25% compared to December 2018 (from 26,111 to 28,935 patients)
- Average number of patients seen within 4 hours decreased by 5.68%
- If attendances were same as Dec'18, given the number of patients seen within 4 hours, overall performance would have been 74.96% - a 7.81% improvement on actual performance of 67.65% against the 82.71% trajectory



KEY CHALLENGES

- Along with the rest of the NHS, we are currently under extreme pressure
- We often see up to 1,100 patients attending on a daily basis through the Urgent Care Centre and Emergency Departments (ED)
- We also know many people arriving at our EDs could be better treated in a more appropriate setting. For example on average, 9 out of 10 patients arriving by ambulance at King George are discharged that day
- We're one of the London trusts which receive the highest number of ambulances – up to 200 ambulances per day from both London and East of England ambulance services
- Heavy reliance on agency staff due to recruitment challenges – reflects the national picture
- Space constraints – would require a great deal of capital to reconfigure
- Flow remains difficult through our hospitals – affects performance against the 95% target
- Bed occupancy often at 99% at Queen's



IMPROVEMENTS AND MITIGATIONS

- Innovative new roles, for example, advanced care practitioners
- Implemented Red2Green - national initiative to highlight delays in patient care
- Recently launched 'Red2Green Live' - enables data on delays to be reviewed daily following afternoon rounds to help unlock delays for patients
- Held three 'perfect week' events throughout 2019 - help to highlight the importance of patient flow and learn from each campaign; success in reducing length of stay as a result
- Established a weekly rhythm to target high demand days; built in weekly long length of stay reviews to improve our 7 and 21 length of stay patients
- To support winter pressures:
 - frailty unit at King George - specialist teams in one place
 - additional care of the elderly beds in Foxglove
- Close working with system partners
- Patients in ED kept safe and comfortable – recognised and widely acknowledged by Sir David Sloman, NHS Regional Director for London
- ED receives consistently high iWantgreatcare scores



REFERRAL TO TREATMENT

Performance November 2019

- We reported 9 patients over 52 weeks in November
- This is in line with the trajectory agreed with our commissioners
- Our waiting list has increased by 58 patients since September, - total 41,395
- However performance has improved slightly – 77.16% (against September 76.4%)

Key challenges

- Receive more referrals in comparison to previous years - due to repatriation of patient activity from other hospitals
- Pension issues are limiting ability to provide additional capacity in some areas
- Challenges in specific specialties, for example, pain and urology



IMPROVEMENTS AND MITIGATIONS

- Huge programme of outpatient transformation work to support:
 - improvement in appropriateness of referrals
 - better demand and capacity management
 - ensuring patients are seen by the right clinician in the right setting
 - effective use of resources
 - ensuring GP referrals have all appropriate information before being sent to Trust
- Improved governance and oversight through changes to key meetings such as specialty waiting list review meetings
- Twice weekly huddles for 'long waiters'
- Close partnership working



CANCER

Performance September 2019

- 62 day performance for September was 85.5%, exceeding 83% target
- We missed the two week standard in September - 83.3% against a target of 93%
- We do not expect to achieve either standard for October or November
- Recovery plan in place to be compliant by end March 2020

Key challenges

- Outpatient capacity in gynaecology and lower GI (gastrointestinal)
- Continued high volumes of referrals for lower GI and for urology
- Pathology and pre-assessment capacity



MANAGEMENT

- Continue to provide extra diagnostic and treatment capacity for cancer patients
- Increasing clinic capacity, particularly for lower GI
- Exploring template biopsy capacity in the independent sector to improve prostate pathway
- Extending triage (for gynaecology and lower GI) and straight-to-test (for lower GI).
- Extending capacity for pathology through outsourcing
- Develop plans for the new 28-day faster diagnosis standard
- Insourcing for pre-assessment



DIAGNOSTICS

- Delivered against the national diagnostic performance target for October
- Reported 0.80% breaches, (below a national standard of 1%)
- This was improved compared to September - reported 1.62%
- Reported fewer than half the number of breaches in October (82) compared to September (171)
- Improved performance for endoscopy – 2.9% in October compared to 7.48% in September
- MRI and ultrasound were below the 1% threshold and improved against September



VACANCIES (% OF FTE)

Staff group	October 2019	October 2018
Medical and dental	11.6%	14.9%
Registered nurse and midwifery	15.3%	15.5%
Clinical other	13.2%	8.4%
Non-clinical	12.1%	15.1%
Overall vacancy	13.4%	13.2%

- Moving in right direction
- Seeing continued improvement in turnover and stability rates
- Staff turnover 13.35% in month against a 12% trajectory; in October 2018 it was 22.3%
- Continued decrease in stability rates to 17.4%; below 18% target
- 115 wte (whole time equivalent) new starters in month; including student nurses and overseas doctors
- Staff survey 56.9% response rate - c.800 more staff than last year



KEY CHALLENGES AND IMPROVEMENTS

Challenges

- Location of our hospitals (geography; outer London waiting)
- National shortages including ED doctors and paediatric nurses
- High number of bank and agency staff

Improvements

Medical recruitment

- Academy of surgery (innovative way to attract new doctors globally – recruited from more than 20 countries)
- Acute division 33 Clinical Fellow posts in pipeline
- Time to hire has reduced from 150 days to 71 days in last 12 months

Nursing recruitment

- Senior intern programme (first of its kind in the country)
- Improved retention rates – from 25% leaving within first year to 9%
- Nurse Associate programme – 57 qualified
- Nurse apprenticeships
- Over next 6 months circa 138 international nurses due to be appointed



PATIENT EXPERIENCE

Key metrics	This month	Trend	Local Target/Threshold	National Target/Threshold
% likely to recommend A&E	90.39%		85%	None
% likely to recommend Maternity (labour)	97.62%		98.5%	None
% likely to recommend Inpatient	94.57%		94%	None

- Number of surveys (9061) received in September has increased by over 1000
- Almost 7,000 comments received - 94.12% were positive. This is a consistent score
- Most areas achieved the target for positive recommendation
- Exceptions were:
 - Maternity labour, postnatal and maternity community postnatal
 - Outpatients

NARRATIVE

- Refreshed membership of our Patient Partnership Council including new Chair
- The 15 steps programme continued in October with a further nine ward visits taking place during the month supported by Patient Partners to ensure focus kept on the patient experience.
- This also provides a baseline to support the ward accreditation programme due to launch in Spring
- New volunteer uniforms to improve visibility
- Programme of work around improving accessibility, for example, for our deaf and blind patients including re-establishing our patient working groups and introduction of a braille menu. Also commissioned Healthwatch Redbridge to support a review of accessible information and accessibility at Queen's Hospital - awaiting report
- Expanding volunteering roles to support winter pressures across the hospitals – particularly ED, assessment units. Flexible roles to support where required – bleep/response volunteers
- Development of accessible changing facilities at Queen's Hospital – plan to be accredited as part of Changing Places in early 2020 and then undertaken at King George



CQC HIGHLIGHTS

Inspection between September and November 2019 – positive findings

- Three of the five domains rated 'Good' - 'Well led'; 'Caring'; 'Effective'
- Use of resources rating improved from 'inadequate', to 'requires improvement'
- Overall rating remains 'Requires Improvement'

What we do well

- Inspectors saw several examples of outstanding practice such as:
 - end of life care at Queen's Hospital, including mortuary visits for staff to help them understand the importance of care after death
 - our award winning Senior Intern scheme, the first of its kind in the country
- Other highlights include:
 - demonstrable evidence of The PRIDE Way methodology for making improvements having a positive impact
 - doctors, nurses and other healthcare professionals working well together to benefit patients and support each other to provide good quality care
 - staff treating patients with compassion and kindness, respecting their privacy and dignity and taking into account their individual needs



CQC HIGHLIGHTS

Areas to improve

Inspectors also highlighted areas to improve; in most cases this is already underway

Focus for improvements include:

- “Paediatric Emergency Department at Queen’s Hospital should have sufficient staff at all times”
Usually two registered children’s nurses are in the department. When a second children’s nurse is unavailable, it is covered by a nurse, who is not a specific children’s nurse, however does have additional paediatric experience to allow them to care for children
- “Inspectors also noted there could be a shortage of middle-grade doctors”
Doctor recruitment is a challenge for NHS trusts across the country, and we have already brought in innovative ways to tackle this, including introducing our own Academy of Surgery, to recruit doctors from abroad

Delighted England’s Chief Inspector of Hospitals, Professor Ted Baker, stated
“our Trust is definitely moving in the right direction”

