

## Operational Performance Report Overview

Trust Board

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Chief Operating Officer

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### Overview

Performance against the four key national standards was a mixed picture during November.

- Delivery against the ED four hour standard in November was 86.1% and while clearly short of the 95% target was ahead of the Trust's 85% trajectory.
- RTT Performance for November was 90.2%
- Diagnostic (DMO1) performance for November was 96.6%
- The Cancer targets are reported a month in arrears. In October, the 2 Week Wait Cancer Standard was achieved at 95.7% against the 93% standard; the 31 Day Standard was achieved; the 62 Day Standard was delivered at 85.8% against the 85% target. November's 62 Day performance is still a work in progress but currently stands at 84.4%

### 4 Hour Performance

November's 4 hour performance ranged between 75.3% and 97.2% and with performance over 90% on 8 days. There were no 12 Hour DTA breaches.

Four hour breach reasons again centred on Bed Availability and delays in 1<sup>st</sup> Assessment. GP expected patients have been going directly to Acute Medicine now rather than through ED for many months. This has alleviated some pressure on ED but at times of pressure has in effect meant that there are two queues for beds on base wards – one in ED and one on LAMU. Sometimes this means that the base wards pull patients from the LAMU queue and this means that pressure on ED's bed requirement continues. The only way to address this is to either reduce admissions through the front door (ED and LAMU) or to expedite discharges from the back door and both of these approaches are built into the Urgent Care Recovery Plan which is overseen by the Right Patient Right Place group.

The Board will recall that in last month we highlighted that approximately 90 Medically Fit for Discharge (MFFD) patients occupy our acute beds at any given time and these patients account for approximately 600 lost bed days. These patients tend to be waiting for Community Services or Social Care Services in Swindon and across Wiltshire or within neighbouring health economies. 600 lost bed days would equate to approximately a quarter of our total acute bed stock. With this in mind the Commissioners, on our suggestion, have been leading three times a week meetings with senior leaders from the trust and each of the health partners to expedite the movement of this patient cohort either home with support or into a more appropriate non acute facility to take care of their continuing health and social care needs. We have seen substantial progress with the most recent snapshot stating that the number of MFFD patients had reduced to 61 patients with 341 lost bed

days. This work needs to continue and is now beginning to look at the 'Amber List' where patients who are likely to cause delays are having their discharge planned earlier.

### **Referral to Treatment (RTT)**

The Trust did not achieve the 92% standard for RTT in November with a performance of 90.2% which is in line with NHS I expectations.

### **Cancer Performance**

All Cancer standards were achieved in October. The 62 Day performance for October was 85.8%% against the 85% standard.

Significant work has been taken to recover the 62 day standard and current data suggests that November performance will also be over 80%. There are a range of capacity, pathway compliance and patient choice issues impacting on our ability to sustain performance. Experienced Cancer Management resource is now in place and as well as managing the day to day is charged with re-examining all our Cancer Pathways to understand our weak spots and develop sustainable plans to address these. A comprehensive Cancer Recovery Plan is in development and will include deep dives into each tumour site's demand and capacity so that bottlenecks are identified and addressed.

### **Diagnostics – DMO1**

Performance against the DMO1 standard for November was 96.6% against the 99% standard. This was broadly in line with October's performance. Radiology continues to be the highest breach area with 103 breaches (61 CT Scan, 41 Ultrasound and 1 MRI). The mobile scanner has been operational since the middle of October but demand has been such that the additional capacity has not resulted in less breaches. Cardiology demand continues to outstrip demand and a recovery plan has been developed but does carry a cost pressure for the Division.

### **Stroke Performance**

There is an action plan in place supported by improvement groups overseeing the delivery of actions to drive improvement in stroke performance. However, improvement has not been delivered at pace and therefore this will be discussed again through the Performance, People and Place Committee.

### **Summary**

The Trust performance against the national standards is now primarily focused on delivery of Cancer and the 4 Hour performance. It is expected that that RTT and DMO1 will continue to be impacted in pursuit of delivery in these areas. Our challenge continues to ensure that performance in these areas is maintained at reasonable levels. Our regulators and commissioners are aware of this and although not explicit in their directives it is certainly understood that both Cancer and 4 Hour performance are the areas that need to deliver sustainable improvements over the coming months.