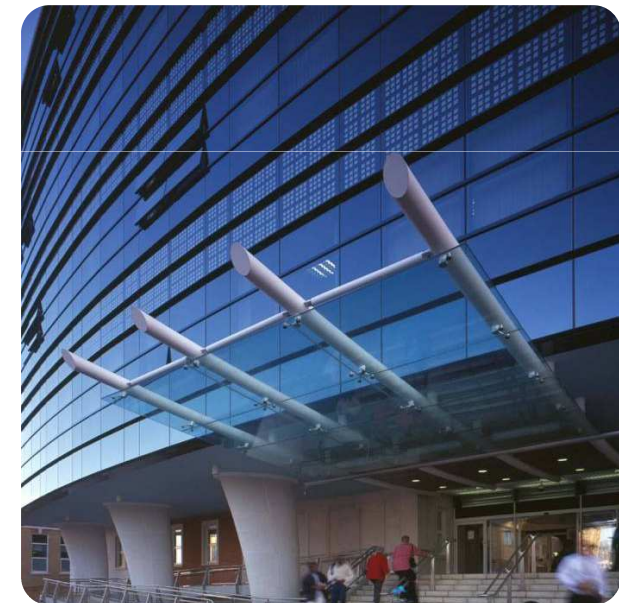


Bromley Health Overview and Scrutiny Committee

15 October 2014

PRUH Performance review:
One Year On

King's



KING'S HEALTH PARTNERS

Executive summary

On October 1 2013 King's College Hospital acquired sites and services of the dissolved South London Healthcare NHS Trust. SLHT had been a historically financially and clinically challenged organisation and there were many deep rooted issues that remained to be resolved.

Start point assessment

To date the Trust has prioritised securing safe services, and establishing King's systems and processes across the enlarged organisation. Notable progress has been made in all areas and a number of the critical issues are being addressed.

While there were many areas of excellent practice at SLHT, the due diligence review completed as part of the pre transaction phase flagged a number of areas of critical risk including staffing levels, specific quality concerns, and historically poor financial control and limited delivery of Cost Improvement Programmes (CIPs). All of these issues were confirmed by the CQC during their inspection in December 2013. Following acquisition some of the issues were found to be more significant, such as the serious levels of under-establishment and the less than robust Emergency Admissions patient pathway. There were also a number of new risks that emerged, such as unreported diagnostic scans and the availability of medical records on site.

Given the baseline issues the Trust inherited; the complexity of the integration; the expected pace of improvement and the more operational performance challenges the Trust is facing, we have had to invest significantly in resolving key issues early. As demonstrated through the review a great deal has been achieved demonstrating a good return on investment, however as the Trust begin to stabilise we are now focused on driving through the financial plan as set out in our original full business case.

Current status and progress

Corporate departments have integrated well and are now focused on delivering the enhanced business as usual services to the enlarged organisation. Clinical divisions have integrated services across the multi site enlarged organisation and have driven forward a significant level of modernisation and change over the period to date. Alongside seeking to manage a significantly broader portfolio of services, improving critical clinical pathways and coping with increasing pressures of winter and ever increasing demand, divisions continue to address a range of clinical quality and safety risks and teams are working effectively across sites.

As demonstrated there has been major progress to date and a considerable amount of effort and resource has been committed to addressing the key quality and safety issues that King's adopted. Taking these actions remains the right thing to do, and indeed going forward the Trust will continue to manage the residual risk. King's will also continue to focus on securing operational performance improvement and a strong financial position through controlling costs and delivering Cost Improvement Plans.

Progress report & achievements

Operational highlights

Good progress on clinical recruitment. In September alone, 182 Band 5 nurses started, and we are on track to deliver 500 extra nurses in post by Christmas.

A successful improvement of the stroke pathway which has been fully accredited for the first time, and is now achieving the required standards of 90% of patients being thrombolysed within 45mins of presentation. Based on CQC metrics, the stroke unit at PRUH was scored as a 'D' in October 2013. This improved to a 'C' in April and is now rated a 'B'. This improvement demonstrates good collaboration across many divisions at the PRUH and is now at the same level as the stroke unit at King's College Hospital.

Dropped the midwife to birth ratio from 1:38 to 1:32, with plans in place to achieve the standard of 1:28. The Trust are also successfully tackling inherited quality and risk issues within maternity.

Made significant progress to sustainably improve the performance and patient experience of the Emergency Department (ED) and medical pathway. The Trust have invested heavily in leadership, capacity and staffing across the department, and are now seeing signs of improvement. Operational performance against the national four-hour A&E target has increased from around 70% to over 80% in the period since the transaction and the patient experience (as reported through the national Friends and Family Test) is improving. King's has ensured that patient safety and clinical quality has been maintained at all times. This progress has been tracked by a range of external partners including the CQC and NHSE.

Invested and increased operational capacity in a number of areas including the establishment of a new Clinical Decision Unit, the orthopaedic centre at Orpington hospital and the successful centralisation of elective gynae services to a hub at the PRUH.

Repatriated pathology services from Lewisham and Greenwich Hospitals NHS Trust (LGT) to the PRUH as a direct result of quality concerns. GP direct access users and the Trust's clinicians have seen immediate improvements.

Improved the service and access to clinical records for outpatients and inpatients, against a very poor record of delivery pre- October 2013.

Progress report & key achievements

Expanded clinical governance systems across the Trust. Through improved teleconferencing clinicians across sites have been able to come together and operate as one - developing Multidisciplinary Team activity, learning together, sharing and standardising best practice and improving pathways, quality and outcomes.

Established a senior clinical and managerial leadership model across the enlarged organisation rapidly securing local leadership and providing effective direction across the Trust.

The King's Board has maintained appropriate oversight of the integration plan, and has embraced the new sites and new colleagues within the King's family. The KCH executive team is dividing its time between all sites, and supporting local teams, and our advice is sought regularly by Trusts across the NHS who are considering acquisitions or mergers.

Patient feedback

Most importantly our patients and staff report increasingly positive experiences of the care the Trust are providing and through regular staff and user listening and engagement events the Trust has gained consistent feedback that the Trust are 'making a difference' in outer SE London. Clear messages are emerging that issues are being resolved, the leadership (at all levels) are listening and staff are feeling increasingly empowered.

Before October 2013, patient satisfaction and engagement at PRUH were both low and number of complaints was high. We have established the How Are We Doing Test and the Friends and Family Test at all sites. FFT feedback at the PRUH is improving steadily and latest results indicate that of 850 comments on PRUH ED, 676 would be "extremely likely" or "likely" to recommend it to friends or family. Previously, PRUH patients did not have the opportunity to respond. Now we are confident that we have a truer picture of their patient experience. Our PALS service has also been strengthened and fewer complaints are now being received.

Progress report & key achievements

Safety and Quality

Over the past year, the Trust has dedicated considerable effort and additional resource in addressing deep rooted and safety and quality concerns flagged at the PRUH and other operating sites. In some cases the issues and risks were far greater (and required greater investment to resolve) than originally reported. A considerable amount of time has been spent establishing the right governance and patient safety infrastructure.

The central safety challenge facing KCH going into the integration were the levels of front line nursing staff in post at the PRUH, which we felt were unacceptably low. We quickly addressed this by recruiting extra staff via agency and bank to ensure a safe level of staffing, and are now in the process of recruiting permanent staff to fill these extra posts. We are also continuing to address the on-going vacancy factor. Our aim remains to reduce agency staff and recruit permanent staff into ward nurse positions. We are on track to fill 500 extra nursing posts by 2014.

The PRUH site is leading on the development and role out of the 'Commit 2 Care' quality monitoring process and ward accreditation programme. This will establish a framework through which all wards across all sites can be assessed and compared on quality metrics, and as a result drive quality upwards across the Trust. This has only been made possible through the established local leadership on site and the true one Trust multi site ethos King's is developing.

Clinical governance systems have been expanded across the Trust, and through improved teleconferencing clinicians across sites have been able to come together and operate as one - developing multidisciplinary activity, learning together, sharing and standardising best practice and improving pathways, quality and outcomes.

Leadership

One of the most pressing issues King's faced when taking on the PRUH was the establishment of a robust senior clinical and managerial leadership model across the enlarged organisation. Rapidly the Trust have implemented service level and site wide triumvirate leadership teams consisting of a senior Medic, Nurse and Manager. Recognising the gap in medical leadership, new clinical leads were appointed, connecting services across the Trust, and leading care locally. The Trust also embedded enlarged management structures for all divisions to cover services across all sites. This combination has enabled the executive to maintain oversight and assurance while empowering local leaders to take active ownership of issues.

At the clinical service level local leadership has been revised, and where relevant the Trust has addressed specific deficits in clinical leadership. New models such as the 'consultant of the week' and the implementation of professional behaviour standards have all enabled increased leadership effectiveness. The active expectation of cross site movement of staff for direct clinical care as well as leadership, development and team-building and joint meetings has been established over the past 6 months and supports the cross fertilisation of ideas and learning around the organisation.

Identifying an early deficit at the PRUH, KCH has revised the nursing leadership model across the new sites. and invested in increasing senior leadership across services. The number of matrons, for example, has increased from 8 matrons to 18. Staff report significant improvements in leadership availability and responsiveness.

Progress report & key achievements

Integration of governance and corporate systems

Corporate departments have established all essential business systems and processes which allow the enlarged Trust to operate as a single entity and maintain service quality and business continuity without disruption. Examples of success include:

- Site-specific risk/ governance meetings have been established across all specialties at the PRUH and at other sites where appropriate. A KPMG internal audit of risk and governance in 3 PRUH specialties (Radiology, Gynaecology and Surgery) found that risk and governance structures were in place and functioning effectively – in particular it commented on the robustness of governance processes within Gynaecology. We have implemented standardised performance and quality metrics between both sites to enable comparative data to be shared and used for improvement.
- Implementing new risk/patient safety governance structures and performance metrics from day 1 has ensured the robust and proven systems established at Denmark Hill are replicated at the PRUH and other sites. Examples include the permanent expansion of the patient safety and risk team to cover all sites, enhanced RCA training for all new staff, and the establishment of the PRUH serious incident committee. The Trust are embedding a learning and safety 1st culture reporting culture.
- On site Patient Advice and Liaison Service has been implemented to improve patient experience and reduce the high volume of complaints at PRUH. This has resulted in positive feedback from patients and Ward staff value the HRWD feedback from patients to deliver improvement. All aspects of clinical effectiveness governance and audit have been revised to reflect an enlarged organisation.
- PRUH incident reporting has doubled and complaints have declined since 1 October last year. This reflects a more positive reporting culture and slicker processes.
- We established an integrated payroll system from 1 October. The PRUH OHS @ Orpington; Corporate and N&M induction and the Medical Education governance structures are all embedded. The enlarged organisation has achieved Investors in People gold status and implemented leadership programmes at front line, operational and strategic level. King's in Conversation was completed at the PRUH and a cultural integration baseline established alongside future priorities. Training and education offerings have been expanded across the organisation and vocational training centres are up and running
- The Finance department has implemented robust financial performance management systems ensuring expenditure budgets and common financial reporting methods have been unified
- The Capital, Estates and Facilities Teams have worked to secure, maintain and improve facilities on all sites in support of clinical delivery. They have completed a dedicated purpose built elective orthopaedic centre at Orpington with 3 theatres and 2 wards and improved the quality and availability of medical records.
- All sites are connected through single telephony systems and teleconferencing - enabling true cross site communications, there has been positive progress on the wider ICT plan for all sites, including the planned roll out of a revised EPR at the PRUH.

Clinical pathways and capacity

King's has made major progress over the past 12 months in getting to grips with key challenged or broken pathways including emergency care, discharge, and cancer. In all cases investment and focus has been required to ensure sustainable improvements are made, and while there is significant progress the Trust continues to focus and invest to improve performance and quality across these pathways.

The emergency care pathway was (for SLHT) and remains particularly challenging however substantial improvements have been made. The Trust have established a new 9 bed, 6 chair CDU next to the ED for short stay patients who need extra treatment, observation or assessment within the ED; invested in leadership and staffing across the ED and medical pathways; established a revised AMU model to drive early review and decision making; worked closely with Bromley Healthcare to establish a new community IV service for Cellulitis patients at UCC Beckenham Beacon and established the transfer of care project to collectively drive improvements in length of stay for medically fit patients. Through this focused and substantial effort there has been an improvement in ED performance, which can be sustained. Going forward the emergency care pathway will remain a central priority for the Trust.

To further improve specialist pathways, the Trust are beginning to leverage the clinical skills and expertise present across sites in a range of specialities, and are delivering specialist clinics and robust consultant delivered inpatient referral services from Denmark Hill. e.g. renal and cardiac.

The Trust has also begun to drive the key clinical site moves and consolidations that will enable increased access to services for patients, improved quality and more cost effective models of care. Notable site moves include the Orpington elective orthopaedic development, the transition of elective gynae transition from DH to PRUH.

Culture change

Recognised by KCH and Monitor as a key risk for the integration the development of a consistent and maturing culture for the new enlarged organisation has been a priority for the programme in the 1st 6 months. In December the Trust completed a base line survey, measuring culture through an academic maturity model. Emerging from this baseline were 3 key areas of focus across the organisation:

- Doctors, nurses and managers working effectively together
- Promoting positive behaviours and performance
- Empowering staff to take decisions

Progress report & key achievements

Responding to the feedback and survey results the Trust have established a programme for culture change within the integration. The prime focus of this work has been to:

- Connect staff perceptions with the operational changes and improvements across the Trust through enhanced comms and engagement
- To work with the organisation / teams / individuals to support changes to 'the way things are done around here'.
- Develop and deploy effective external comms and engagement to continue to feedback loop between stakeholder and the programme.

Case Study : Transforming Orpington Hospital

The issues

Orpington was not included in the original TSA proposals, and was earmarked for closure. The Trust realised the potential for the building and included it in our business case for the future. When King's took it over, there were issues with the state of the building – most of the second floor was unusable due to a leaking roof, and much of the rest of the building was empty or just used for storage.

There were also problems with staffing. morale was poor, nurses were reluctant to raise problems, and didn't have the right skill set, and the right processes were not in place. Many nurses in orthopaedics had not had proper appraisals for a long time. Communication between managers and nurses was very poor. Frontline staff were not invited to the important decision-making meetings with managers - managers tended to talk to each other and not to nurses or medics.



Venessa Jansen

The changes

Orpington Hospital has now been refurbished and transformed into a specialist, state-of-the-art-centre for planned orthopaedic surgery delivering first rate care for patients, with surgery and rehabilitation all under one roof.

Protecting the elective pathway at Orpington will enable increases in productivity. The Trust plan for an initial 14 cases per day, and expect to maximise theatre utilisation at best in class levels. LoS at Orpington has already proven to be reduced by an average of 0.6 days. This is through focused care pathways and discharge planning.

There is now better communication due to the regular team meetings. In addition all nurses now have appropriate appraisals, with clear objectives and learning goals.

Benefits to staff ?

Communication is much better, as there are now regular team meetings and all nurses now have appropriate appraisals, with clear objectives and learning goals. There are regular team meetings to encourage dialogue between nurses, doctors and managers. Clinicians from both PRUH and DH services are working together and sharing best practice

Benefits to patients ?

Feedback from patients for the whole elective orthopaedic service is very good. Ex doubles squash champion Anthony Scutt, 64, from Forest Hill, was one of the first patients to be referred to the new orthopaedic centre. He said of the service:

"I've had superb treatment from the team at Orpington. They have supported me all the way and the environment here is very calm. There are even places to park! I'd definitely recommend the hospital to any of my friends who are considering this type of surgery."

"Feedback from patients has been really good. They are happier when they know their procedure will not be cancelled at short notice."
Venessa Jansen, Matron

In a nutshell ?

A stronger focus on improving patient pathway and experience. Better communication, support and training for staff



Anthony Scutt and the team from Bodington Ward at Orpington

Case study : Improving decision-making in the ED

The issues

Since last October, 93 percent of inpatient activity has been in emergency admissions. This increasing demand has put huge pressure on the emergency care pathway. An overstretched workforce meant that patients were waiting in the ED longer than the four hour target for a clinical decision to be made about their care. Waiting times were increasing and the patient experience was poor. Emergency admissions resulted in the cancellation of electives.

The changes

In these circumstances, the ED pathway was not sustainable. The PRUH ED team asked that some of our winter funding could be set aside to create a **purpose-built** Clinical Decision Unit. The Unit provides a less pressured space away from the main ED, where patients who need longer than four hours for their condition to be assessed can stay in a **calmer environment**. The Unit also allows patients who require a greater amount of observation to be monitored for a few more hours, before a decision about their treatment and care is made by clinicians.

"In the first week, the Unit allowed us to safely discharge a number of our frail older patients, who were able to stay in overnight. This has improved the patient experience hugely."

*Kerry Lipsitz, Emergency Department
Programme Manager, PRUH*

Benefits to staff

A huge sense of pride, better morale and work satisfaction. Improved working relationship along clinical staff in the department, helping them to achieve a common goal.

Benefits to patients

The Unit is fairly new but already feedback from patients and relatives is encouraging. They certainly appreciate being in a calmer environment away from the ED, and the patient experience is improving.

Having the Unit also means that the Trust are not discharging frail older patients towards the end of the day or in the evening. Instead, the Trust are able to keep an eye on them for longer, and then discharge them in the morning, when the community support they need is there.

"performance has increased from an average of c70% and we have seen nearly 90% days in June."

The Unit is also an example of manager, doctors and nurses working together to resolve issues and meet the needs of patients. A **multi-disciplinary team** was put together, which collaborated on every aspect of project management, including the recruitment of suitably skilled staff, and the **creation of pathways** into the Unit.

Weekly meetings were held to make sure that the new Unit was delivered on time and to budget.



"After coming from the Emergency Department, I felt that the Clinical Decision Unit was well-organised, very calm and I was even brought a cup of tea while I waited."

One of the first patients to benefit from the new CDU

In a nutshell

The new Unit brings benefits for both staff and patients. Patients find it to be a calmer and quieter environment. Members of ED staff who worked for the former South London Healthcare NHS Trust feel that King's is investing in important projects which will support them in their work, so that they can improve patient safety and the patient experience.

Case study : Using consultant time more effectively

The issues

Cardiology is one of the most in demand services at the PRUH, and cardiology consultants receive frequent calls. While there was an on-call system, all the cardiologists had their regular scheduled work to do while they were on call. This led to delays in response to a call from wards or the Emergency Department needing a cardiologist review and a decision about a patient's care. In turn, this led to delays in the Emergency Care Pathway and patient discharge. Patients often found the wait frustrating.

The changes

During Safer Faster Hospital week in March 2014, a 'cardiologist of the week' system was established where the cardiologist on-call had no other duties other than being on-call. This meant that he or she was able to respond immediately to requests from wards or the ED to assess a patient, and make a decision about their care: for example, whether they could be sent home, or needed to be admitted as an inpatient.

This worked extremely well, and was one of the successes of the week. It has subsequently been adopted as a permanent measure within the cardiology department, and the PRUH is now considering whether other specialities at the hospital could adopt a similar approach.

"Bromley has one of the largest elderly populations in the UK, who often require complex cardiology input."

*Dr Jonathan Byrne
Cardiology Consultant who
introduced 'cardiologist of the
week' at the PRUH*

"The 'cardiologist of the week' system ensures that the patients are seen by a consultant cardiologist early in their admission, to ensure that they get appropriate and effective treatment as quickly as possible."



Benefits to staff?

Morale has improved, and working relationships with the acute medical team are much improved. The 'cardiologist of the week' approach means that cardiologists are working in a more flexible and responsive way. It supports medical workforce planning and is a developmental opportunity for consultants.

Benefits to patients?

Patients do not have to wait unnecessarily long for an assessment and a decision to be made about their care. Discharge planning can also start earlier.

In a nutshell ?

A scheme developed by cardiologists themselves, which benefits staff and patients alike. So successful that we hope it will be adopted by other specialities.

Case study : Improving medical records management

The issues

A number of factors have made this a complex issue: first and foremost, there was no dedicated site management structure across all our sites, so records were being kept in different ways in different places. For our patients accessing services across the Trust, it meant that their records could not be accessed quickly enough. There were also issues around vacancies, a lack of space to house records, a lack of support staff to make the record keep process effective, and multiple moves of records between sites.

The changes

Introduced a co-ordinated approach to medical records management, with dedicated records leads for PRUH, Orpington Hospital and Queen Mary's Sidcup. There has also been a focus on the recruitment of staff, to develop dedicated teams at each of our sites. This means that there is a dedicated team on hand who know their local patient services and their patient records really well, and who can make sure that records are in the right place at the right time. As a result, safe patient discharge is running more smoothly.

the Trust have also invested in new, purpose built facilities to create more space. For example, at the PRUH a new build to accommodate staff currently sharing very limited space has commenced. This has meant that the Trust have been able to extend working hours. the Trust are also planning a new records library for Orpington Hospital, with plans to eventually move all records back from an external location in Greenwich to Orpington, where they will be more easily accessible.



"It has been recognised at the highest levels that the good management of medical records is fundamental to patient safety and smooth running care. This support has given my team the mandate to make real improvements."

Chris White
Development Lead, Patient Records
Service

"Where we need to improve the service we offer, we make sure that we learn from what has gone before, with an emphasis on staff training and development."

Benefits to staff

More co-ordinated way of working with clearer direction. Site-based dedicated teams working on common goals. Better working environment for staff, and more flexible working hours will help to attract new staff and retain existing skilled staff who want to achieve a better work/life balance.

Benefits to patients

Records are more quickly and readily available at the point of care. This means that diagnosis and treatment can be delivered as soon as possible, and that clinical decisions about discharge and admission can be made promptly. For patients, they do not have to wait unnecessarily long for a decision to be made about their care. As the Trust run services increasingly cross-site, the Trust are making sure that patients records can at the right place at the right time, no matter where they are receiving their care.

In a nutshell

Recent activity supports the work to ensure that records are available at point of care and that staff across the PRUH site understand their individual responsibilities to ensure that records are used, secured and available to support patient care.

Safer Faster Hospital Weeks

To date, there have been two Safer Faster Hospital Weeks at the PRUH with a third due in mid-October. The aim of these weeks is to improve performance on wards and increase patient flow.

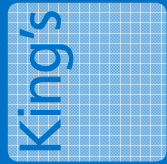
To achieve this, all non-urgent meetings are cancelled, senior review of patients happens twice daily, Ward Liaison Officers are based in clinical areas to resolve and escalate problems causing delays and the hospital is run as a controlled internal incident for a week.

During the last SFHW in June, there were a number of notable achievements. The PRUH discharged 10 per cent more patients before 3pm and had no cancelled elective procedures due to capacity issues. The Emergency Department saw the best performance for the calendar year, length of stay reduced, as did the number of outliers. Hospital teams worked extremely well together and with colleagues in the community, notably Bromley Social Services, St Christopher's Hospice and Bromley Healthcare.

It is hoped that these successes will be replicated during the third Safer Faster Hospital Week, which is taking place between 13 and 20 October.

Whilst we have achieved a great deal over the course of the last year, we still face considerable financial and operational challenges.

Our focus in the future will continue to be the improvement of operational performance at the PRUH and our other new sites, and the successful completion of challenging Cost Improvement Plans across the Trust.



Appendix

Extract from PRUH Performance Report for August 2014 (latest figures available)

PRUH Performance Report – August 2014

1. PRUH 2014-15 Key Areas of Performance for Month 5:

1.1.2 Stroke Unit – Based on CQC metrics, the stroke unit at PRUH scored a 'D' in October 2013, improved to score a 'C' in April and is now rated a 'B'. This improvement demonstrates good collaboration across many divisions at the PRUH and is now at the same level that the stroke unit at Denmark Hill attained for 2013/14.

1.1.2 Average Length of Stay (ALOS) – Elective ALOS improved slightly to 2.2 days in August but has remained relatively static compared to the 2.4 days reported at this time last year. Non-elective performance has been steadily reducing in-year to 4.3 days in August compared to the 5.5 days reported at this time last year.

1.1.3 Health Care Acquired Infection (HCAI) – PRUH continues to have no MRSA cases attributed since the acquisition in October 2014. 1 C-difficile case was reported in August so 4 cases have been reported to-date which is lower than the internal quota of 7 cases allocated to PRUH. No VRE bacteraemias reported in August.

1.1.4 Inpatient Cancellations – There were 21 inpatient on-the-day cancellations for non-clinical reasons reported for August which is the lowest level of cancellations reported since we acquired the PRUH in October last year.

1.1.5 HRWD/Friends & Family scores – Overall HRWD survey section scores continued to improve for Care Perceptions and Environment questions with Care Perceptions achieving its target. Friends & Family (F&F) Inpatient responder score improved by 2 points to 64 in August and is 4 points below the internal stretch target of 68. Whilst the F&F scores for ED are improving, the responder score was 39 in August which is below the stretch target of 61.

1.1.6. Mixed Sex Accommodation – There were zero breaches of this standard in August 2014 which is the first month in which no breaches have been reported since acquisition of the PRUH last year.

1.2 Performance challenges – 4 Areas

1.2.1 Emergency Care 4-hour Performance –

- **August 2014 Performance:** Emergency care 4-hour All types attendance performance worsened slightly from 88.8% in July to 88.1% in August, but remains above the internal trajectory of 84.4%. All type performance for the first 2 weeks in August achieved over 94.4% and the 95% target has been achieved on 9 days during August. Performance of 94.7% has been reported for the first week in September.

The implementation of the Clinical Decision Unit (CDU) and ambulatory service combined with an increase in staffing levels have had a positive impact on the reported performance at PRUH.

- **ED Action Plans:**

Given the impact on the Trust's financial position that investment in key ED, RTT and quality performance improvement plans is having, the Trust has commenced further discussions with its commissioner and regulatory organisations to seek assistance in re-prioritising and securing additional financial support, as well as system-wide working in areas such as integrated care, repatriation and rehabilitation.

- **Governance:** Weekly Emergency Care Board meetings continue to review progress and performance against the revised ED Action plan.

1.2.2 RTT Admitted –

- **August 2014 Performance:** The RTT Admitted pathway target of 90% was not achieved in August at 66.7%, consistent with the Trust's plans submitted to Monitor for 2014/15. The number of patients waiting over 18 weeks increased during August to just over 1,000 patients waiting over 18 weeks on the admitting waiting list and is higher than where we planned to be. The RTT Incomplete pathway target of 92% was not achieved for the PRUH site, but was narrowly achieved for the combined PRUH/QMS position at 92.0% for August.
- **52-week wait position:** There are 11 patients waiting over 52 weeks reported in the August RTT Incomplete position. 8 patients are waiting for admission in Trauma & Orthopaedics, 1 patient in Urology, 1 patient in ENT and 1 non-admitted breach in Oral Surgery. Based on the latest waiting list position, we

PRUH Performance Report – August 2014

will have 1 admitted patient in General Surgery and 1 non-admitted patient in Oral Surgery waiting over 52 weeks at the end of September.

- **Division action plans:** The main specialities of concern for 18-week admitted backlog reduction at the PRUH are:

Orthopaedics: There were just over 350 patients waiting over 18-weeks based on the August RTT incomplete pathway position. Additional Orthopaedic activity will be delivered as part of our plans to increase list utilisation and move elective non-complex Orthopaedic work to Orpington hospital.

Gynaecology: The number of waiting over 18-weeks reduced to 75 patients based on the August RTT incomplete pathway position. Additional activity is being delivered off-site based on the RTT monies received.

General Surgery: Over 130 patients waiting over 18-weeks based on the August RTT incomplete pathway position. The Trust plans to deliver additional activity off-site, which have been enabled by the £1.2m additional funding received from the winter resilience bidding process for PRUH-led initiatives.

- **Governance:**
Progress is measured in weekly RTT performance meetings that are chaired by the Director of Operations, as well as within the monthly Patient Access Board as detailed in DH report.

1.2.3 Cancer Waiting Times –

- The 2-week waiting time target for suspected cancer has not been achieved in August. Urology pathways and the associated demand and capacity constraints and delays in additional clinic and diagnostic capacity coming on-line at Beckenham Beacon are the key pressures on this target.
- The enabling work has started in the clinic areas in Beckenham Beacon and is scheduled to be completed at the end of September.
- All other cancer waiting time targets reportable for PRUH have been achieved based on the August position.
- An internal audit has been conducted into the quality and accuracy of data at PRUH and support is currently being provided by the Denmark Hill Cancer Waiting Times Manager whilst a further review of structures is being undertaken.