

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO:	<b>BOARD OF DIRECTORS – 30 JANUARY 2014</b>
SUBJECT:	<b>KEY NATIONAL PERFORMANCE TARGETS</b>
REPORT FROM:	<b>CHIEF NURSE AND DIRECTOR OF QUALITY &amp; OPERATIONS</b>
PURPOSE:	<b>Information</b>
<b>CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT</b>  This paper provides an update to the Board on the performance around the key performance indicators in the previous month.	
<b>SUMMARY:</b>  This paper outlines performance against some of the key standards in the 2013/14 National Operating Framework & Monitor Compliance Framework (to become the Risk Assessment Framework from October 2013).  The Trust was not compliant with the A&E 4 hour standard in December.  The Trust was compliant with all Monitor RTT targets.  The Trust was compliant with the six week diagnostic target.  For December the Trust is currently failing the 62 Day Screening Standard.  All information contained in this report is complete and accurate at the time of reporting.	
<b>IMPACT ON TRUST'S STRATEGIC OBJECTIVES:</b> These targets are key to the achievement of access and financial objectives and contribute significantly to the patient experience and choice.	
<b>FINANCIAL IMPLICATIONS:</b> There is a financial penalty for not achieving these targets.	
<b>LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:</b> None.	
<b>PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES</b>	

**BOARD ACTION REQUIRED:****(a) to note the report****CONSEQUENCES OF NOT TAKING ACTION:**

Please add consequences with regard to quality, patient experience and reputation of the organisation.

## **Performance Report December 2013 – key national indicators**

### **1. Introduction**

This report summarises the Trust's performance and position for the following key national targets:

- A&E indicators
- 12+ hour wait from decision to admit to admission (trolley waits)
- Ambulance handover time > 1 hour
- Referral to Treatment waiting times for admitted care, non-admitted care and incomplete pathways
- 52+ week
- Cancellation of an urgent operation for the second time
- 6 week standard for diagnostics
- Cancer Waiting Time Standards

Monitor's Risk Assessment Framework was published on 27<sup>th</sup> August 2013; this replaces the current Compliance Framework from 1<sup>st</sup> October 2013. Following consultation Monitor have decided not to implement the proposed new metrics (as outlined in last month's report) but will retain the current suite of metrics (from the Compliance Framework) with the exception of MRSA, which they consider now has limited regulatory use. In cases of MRSA outbreaks or concerns raised by CQC or NHS England Monitor will continue to respond.

### **2. A&E Indicators**

The National Operating Framework, 'Everyone Counts' outlines 3 main indicators for A&E performance;

- **total time in department**
- **trolley waits**
- **ambulance handover compliance**

These metrics replace the 5 previous measures previously reported during 2012/13. Due to consistent poor performance throughout 2012/13 we will continue to monitor Unplanned Re-attenders throughout this financial year.

Table 1.1 outlines the December performance for each indicator.

Indicator	Target	Performance											
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Time in Department	95%	91.1%	97.3%	97.0%	94.5%	95.8%	94.9%	92.7%	96.5%	93.0%			
Trolley Waits	0	0	0	0	0	0	0	0	0	0			
Ambulance Handover Compliance	-	83.0%	89.3%	77.2%	79.6%	79.7%	75.4%	73.7%	74.8%	74.8%			
Ambulance Handover within 30 mins	-	97.93%	97.94%	98.50%	98.80%	99.80%	97.80%	98.29%	98.32%	97.7%			
Ambulance Handover >1hr	0	5	10	6	3	2	2	0	0	1			
Un-planned Reattends	5%	7.3%	7.1%	7.8%	8.0%	7.5%	7.5%	7.2%	7.6%	7.2%			

The Trust failed the 4 hour standard in the month of December and overall in quarter 3 with non-compliance for 2 months. The table above demonstrates the volatility of the standard during Q2 and Q3 which is a trend that continued from Q1.

The trust faced several challenges which contributed to the failure of the standard. The key challenges in quarter 3 were similar to those reported in quarter 2. These were as follows;

- 1) There has been a 2.4% increase in the overall number of patients conveyed to A&E by South East Coast Ambulance Service (SECamb) particularly between the hours of 6 pm and 6am. This was most apparent over the Christmas period in December when there were ambulance attendances of up to 43 between 12 midnight and 6 am. In month attendances in December within the Trust were low against plan but 3.6% above last year. There was significant variability in daily attendances with peaks of 152 at KCH, 219 at QEH and 226 at WHH.

There have been several discussions about this issue with SECamb in closed meetings as well as within open fora such as the Kent-wide winter pressures conference calls. It is now apparent that SECamb has seen a significant increase in 999 calls across Kent which has had an inevitable impact on all A&Es across Kent.

#### Action

We are continuing to collaborate with SECamb on this issue. There has been agreement to divert to the Kent and Canterbury site during periods of increased activity on the WHH and QEQM sites if it is deemed appropriate to do so.

As part of the winter monies funding programme a Hospital Ambulance Liaison Officer (HALO) has been allocated to the Trust. These officers are senior paramedic personnel who can coordinate ambulance arrival at the department and can redirect crews to alternative facilities such as MIUUs. There is currently only one HALO attached to the Trust who is being used flexibly between WHH and QEQM according to need. A request has been made for 2 officers, one each to be stationed at the WHH and QEQM sites

- 2) The Trust is currently seeing an increase in The Charlson Scoring Index, also used by Dr Foster, which is a proxy measure of patient acuity. The impact has been that the patients coming to the department are generally sicker. The result is a corresponding increase in the conversion to admission and in the use of diagnostic imaging which can cause notable delays in the patient's journey within the department.

#### Action

The Trust is continually reviewing the medical rota to ensure that there is sufficient senior clinical support within the department particularly at peak times. Where possible staff members are working overtime and agency personnel are being used where necessary. We are also working with commissioners to implement additional GP cover in A&E which will support the current minor injuries/illness pathways further. There are 2 related schemes which are being piloted through the winter monies funding programme;

- A&E Consultants working overtime in A&E on weekends at both sites to ensure senior clinical decision making and avoid unnecessary admissions.
- Additional GP in A&E at the QEQM to expedite minor injuries pathways.

We are also piloting x2 Nurse Consultant posts at the WHH and QEOM. The post holders are focusing on reviewing and streamlining the end to end patient journeys throughout the department. They will also be leading on the Integrated Discharge project.

- 3) Apparent minimal impact of community schemes that focus on admissions avoidance.

Action

The Trust is working with the Local Health Economy partners to explore further development of the Rapid Response (RR) service. The current RR service provides in reach into A&E and CDU twice daily. As part of the winter monies funding programme, the RR service will be enhanced to provide cover for A&E and CDU on a continuous basis, 7 days per week. The result will be increased re/admissions avoidance activity. This will enable staff in A&E to focus on higher acuity patients. The trust physiotherapy and occupational therapy staff are working additional hours in the evenings and weekends to support discharges from A&E and CDU.

- 4) The increase in acuity of patients has meant that there is an increase in the overall length of stay and bed occupancy which is consistently above 85%. This is impacting on bed capacity and will continue to do so throughout the winter.

Action

60 reablement beds have been sourced. In the quarter 2 report we stated that these beds would be in place by mid-November however there have been delays in these beds coming online mainly because of contractual issues. 36 of these beds are now in use, the remaining 21 will become available in the week commencing January 21st. The Trust is also exploring a Home-based reablement model which will enable patients to be discharged home with a multidisciplinary, goal-focused programme of care. The contractual arrangement for this has now been agreed and a point of prevalence study which is a snapshot assessment of the profile of ward-based patients was undertaken on January 15<sup>th</sup>. An implementation plan is currently being agreed and the service is expected to start by mid-March.

- 4) Increase in Delayed Transfer of Care (DTOC) list

Action

The Trust is working closely with community and social services partners to review the Delayed Transfer of Care list on a daily basis on all 3 sites. Senior Board Rounds which includes external partners are now occurring routinely on a weekly basis rotating across the 3 sites. We have also met with colleagues to review current Continuing Health Care (CHC) processes which are adding to these delays. An agreement has now been made that the CHC team will hold more than one panel per week to expedite this process. A further meeting is being held on 4<sup>th</sup> February to discuss additional measures to streamline the CHC patient journey which poses a significant risk to the performance standard

- 5) Delay in implementation of the Surgical Assessment Unit due to lack of Funding.

Action

The SAU is now being funded through the winter monies funding programme as a pilot. Once the test and learn project has been completed the Trust will take a decision to fund this recurrently. The Unit will be implemented by mid- February.

- 6) Poor Mental Health provision on two counts;
- a) Lack of psychiatric liaison service between 12 midnight and 9 am resulting in an average of 23 breaches per month.
  - b) Lack of bed capacity for dementia patients accounting for long LOS with a resultant negative impact on bed capacity across the Trust.

Action

The Trust is seeking the support of an alternative provider with both issues

- 7) The current transport provision is unreliable and this is impacting on discharges from the wards and from A&E

Action

The Trust has sourced an alternative transport provider to mitigate against this risk.

- 8) Norovirus

In the month of December, there were 3 wards closed at the QEQM due to Norovirus. This impacted significantly on bed capacity/patient flow and inevitably then on performance. This situation continues with 1 ward currently closed and closure of bays on 2 wards. The infection control team is working closely with the ward staff to ensure patient safety and that wards re-open as soon as clinically possible.

Action

Daily operationally led, multidisciplinary board rounds are being conducted at the QEQM to minimise delays in discharging patients. St Augustine's ward is currently in use and is being staffed by nurses across the site and specialist nurses from across the Trust.

### 3. Referral to Treatment waiting time performance

Incomplete pathways is a measure of all patients still waiting for their first definitive treatment regardless of where they are on their pathway, ie this measure combines both admitted and non-admitted patients waiting for treatment.

The 2013/14 National Operating Framework, 'Everyone Counts' measures the following RTT standards;

- **non-admitted patients = 95%**
- **admitted patients = 90%**
- **incomplete pathways = 92%**
- **52 week waiters = zero tolerance**

December performance against the 2013/14 standards was; non-admitted care 98.3%, admitted care 91.5%, incomplete pathways 95.0% and a total of 0 52+ week waiters, meeting trajectory.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	8,002	139	8,141	98.3%		
Admitted Pathway	2,889	270	3,159	91.5%		762
Incomplete Pathways	26,352	1,378	27,730	95.0%	0	

Table 3.1 – RTT Position Compliance by Pathway (December 2013)

December performance shows the Trust was compliant with all RTT standards at an aggregate level and therefore compliant with the Monitor Compliance Framework. In line with the agreed backlog reduction plan Orthopaedics was non-compliant with the targets to enable the continued reduction of the backlog and 52 week waiters. Exceptions to compliance are detailed in the below table.

Pathway	Specialty	< 18 Weeks	>18 Weeks	Total	% Compliance
Admitted Pathway	T&O	634	108	742	85.4%
Incomplete Pathways	T&O	4,259	502	4,761	89.5%

\* Where total clock stops are 20 or less this does not count as failure of the standard as it is below the de minimis limit.

Table 3.2 – Exception report for non-compliant specialties (December 2013)

The Trust backlog position remained static throughout December, ending the month at 762.

The chart below shows the backlog position by week over a rolling 12 month period.

**Admitted Backlog Position by Week w/ Limits**

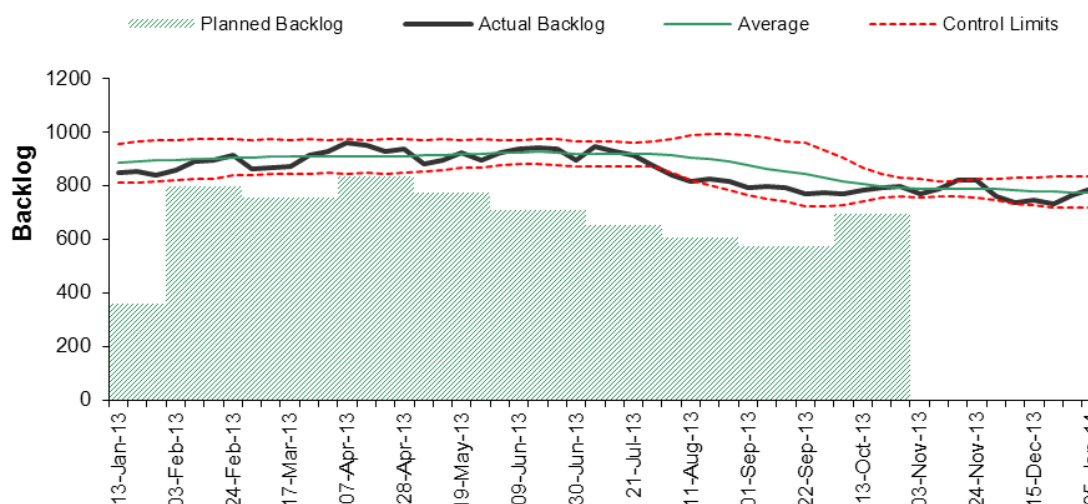


Chart 3.1 – Backlog Position by Week (rolling 12 month)

Whilst T&O remains non-compliant with the incomplete pathways standard in December, the position continues to get progressively better as long waits are reduced in both the

non-admitted and admitted pathways. As previously stated it is unlikely that Orthopaedics will move back to a compliant position until the admitted backlog reduces to a sustainable level.

As at the end of December the Trust had 0 patients on an incomplete pathway who have been waiting 52 weeks or over. This is in line with the agreed trajectory shared with Commissioners following the formal contract performance notice issued last month.

#### **4. Cancelled Operations (Non-Clinical)**

The 2013/14 Operating Framework introduces a zero tolerance on urgent operations that are cancelled by the Trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.

The definition of 'urgent operation' is one that should be agreed locally in the light of clinical and patient need. However, it is recommended that the guidance as suggested by the National Confidential Enquiry into Peri-operative Deaths (NCEPOD) should be followed.

In December there were zero second or subsequent cancellations of any urgent operations.

#### **5. 6 week target for diagnostics**

The 2013/14 Operating Framework has retained the six week maximum wait for all diagnostic tests as outlined in the national DM01 return. The framework states that 99% of all patients should wait a maximum of six weeks for their diagnostic test. This standard is measured at aggregate Trust level and not by individual diagnostic test.

At the end of December a total of 43 patients were waiting 6+ weeks for a diagnostic test, which is a decrease of 5 breaches compared to last month. The majority of the breaches are in the Radiology area, which accounts for 36/43 breaches. Cardiology (Echo's) and Sleep Studies also have breaches but remain compliant with the standard. Urodynamics had 3 breaches in December and as a result is non-compliant due primarily to capacity issues.

The Radiology department have declared 36 breaches of the DM01 target for the month of December 2013, although all Radiology metrics are compliant against the target of 99%. As discussed in previous months, the RIS system is being systematically validated, however this process has and will uncover past breaches not identified from June to September 2013, due to poor data quality. This process will continue until all patient data has been validated. The validation of each patient has identified that in some cases patient referrals waited more than 2 weeks before being dated.

Table 5.1 below shows the breakdown of waiters' vs breaches by diagnostic test.



Service	Test	0 to 6 Weeks	06 < 13 plus Weeks	Total WL	% within 6wks
Imaging	Magnetic Resonance Imaging	3,361	2	3,363	99.94%
	Computed Tomography	1,846	10	1,856	99.46%
	Non-obstetric ultrasound	3,803	24	3,827	99.37%
	Barium Enema	87	0	87	100.00%
	DEXA Scan	184	0	184	100.00%
Physiological Measurement	Audiology - Audiology Assessments	88	0	88	100.00%
	Cardiology - echocardiography	944	3	947	99.68%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	311	0	311	100.00%
	Respiratory physiology - sleep studies	129	1	130	99.23%
	Urodynamics - pressures & flows	4	3	7	57.14%
Endoscopy	Colonoscopy	433	0	433	100.00%
	Flexi sigmoidoscopy	204	0	204	100.00%
	Cystoscopy	160	0	160	100.00%
	Gastroscopy	439	0	439	100.00%
Total		11,993	43	12,036	99.64%

Table 5.1 – Diagnostic DM01 (December 2013)

## 6. Cancer targets – December 2013

The Trust's performance for the cancer targets is given in the tables below.

AS AT 20-Jan-13	2 Week Wait		31 Day			62 Day	
	All Cancers	Symptomatic Breast	Diag to First Treat	Surgery	Drug	Urgent GP Referral	Screening Referral
Target 2013/14	93%	93%	96%	94%	98%	85%	90%
Q1	95.24%	94.99%	98.75%	97.08%	100.00%	86.47%	90.91%
Q2	93.12%	88.29%	99.05%	99.17%	100.00%	89.72%	95.59%
October	94.62%	93.75%	98.44%	100.00%	95.00%	86.25%	88.89%
November	95.55%	91.03%	98.92%	97.83%	100.00%	83.14%	88.89%
December*	94.85%	95.06%	97.52%	97.83%	100.00%	86.49%	85.00%
Q3*	94.72%	94.44%	98.44%	98.94%	98.10%	85.21%	87.77%

\* unvalidated position

Table 6.1 – Cancer Performance 2013/14

The current **un-validated** position for December 2013 shows non-compliance against the 62 Day Screening metrics. All other performance measures have been met. We will continue to validate the information. In addition, some cancer pathways involve other providers and validation continues between organisations which can take some time.

The following table highlights those tumour groups not meeting the relevant standard in the month of December.

<i>December*</i>					
<i>Standard</i>	<i>Tumour Group</i>	<i>Target</i>	<i>Performance</i>	<i>Total no of Patients</i>	<i>Breaches</i>
2ww	Gynae	93%	89.61%	154	16
2ww	Head & Neck	93%	90.14%	213	21
31d First Treat	Breast	96%	91.49%	47	4
62d Treats	Lung	85%	80.00%	5	1
62d Treats	Haematological	85%	50.00%	2	1
62d Treats	Gynae	85%	55.56%	9	4
62d Treats	Urological	85%	76.09%	46	11
62d Treats	Head & Neck	85%	66.67%	3	1
62d Screening	Breast	90%	78.57%	14	3

Table 6.2 – Cancer Performance – Tumour Site exceptions (December 2013)

Due to the non-compliance of 62 day screening in December, we do not expect to be compliant for Q3 against this standard.

All other cancer standards are currently predicted to be compliant for the quarter based on current and future treatment numbers and breaches. Close monitoring of the breast symptomatic referrals and the 62 day pathway is being undertaken by all tumour sites.

#### 62 day screening target

The screening target had 3 breaches in December all within the tumour group of Breast.

From pathway analyses of the breaches, it is noted that different issues have affected each patient breach; one breach was due to patient co-morbidity after decision to treat, it was unsafe to proceed within target timeframe. The second breach was due to surgical treatment scheduling (to start first treatments within target) and the third breach encountered an increased waiting time for key diagnostic MRI scan, which extended the pathway beyond capacity for surgical treatment within target. Internal diagnostic waiting time and booking processes are being evaluated to reduce any bottle necks. Capacity and demand issues as well as surgical treatment capacity for this group of patients is being reviewed.

Due to this month's non-compliance, the whole quarter's (quarter 3) position is expected to be non-compliant against this standard. As the numbers are small, this target is not expected to be compliant after validation is completed (25 working days after month end).

The Cancer Compliance Team is working with the Breast services team to review the whole pathway. The Clinical Lead is auditing all the breast screening 62 day patients.