

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: BOARD OF DIRECTORS****DATE: 26 SEPTEMBER 2014****SUBJECT: KEY NATIONAL PERFORMANCE TARGETS****REPORT FROM: INTERIM DIRECTOR OF OPERATIONS****PURPOSE: Discussion
Information****CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

This paper provides an update to the Board on the performance around the key performance indicators in the previous month.

SUMMARY:

This paper outlines performance against some of the key standards in the 2014/15 National Operating Framework & Monitor Risk Assessment Framework.

The Trust was compliant with the A&E 4 hour standard in August.

The Trust was non-compliant for the admitted RTT standards (in line with agreed plan to clear backlogs); All other Monitor RTT standards are met.

The Trust is non-compliant with the six week diagnostic target.

The Trust is non-compliant against the Breast Symptomatic referral, 31 day and 62 day GP standards.

All information contained in this report is complete and accurate at the time of reporting.

RECOMMENDATIONS:

- The Board is asked to note the content of this report.
- The Board is advised that additional work is on-going with regard to understanding the increased demand in particular areas such as Orthopaedics, 2WW referrals, and A&E attendances. This has a direct impact on our ability to achieve these standards.

NEXT STEPS:

The Interim Director of Operations will be reviewing the performance management structures that relate these standards.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

"Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance " -

Maintain a Governance Rating with Monitor of Green

These targets are key to the achievement of access and financial objectives and contribute significantly to the patient experience and choice.

LINKS TO BOARD ASSURANCE FRAMEWORK:

These standards form part of the reporting mechanism to the Management Board (previously CPMT) and also the Clinical Advisory Board (CAB).

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

All these standards are being closely monitored and mitigating actions are being taken where appropriate (in collaboration with the whole health economy)

FINANCIAL AND RESOURCE IMPLICATIONS:

There is a financial penalty for not achieving these targets.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

None

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

N/A

ACTION REQUIRED:

- (a) Discuss and agree recommendations.
- (b) To note the content of the report

CONSEQUENCES OF NOT TAKING ACTION:

Potential risk of failing the required standards which has an impact on our Monitor rating and Trust reputation.

Performance Report August 2014 – 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

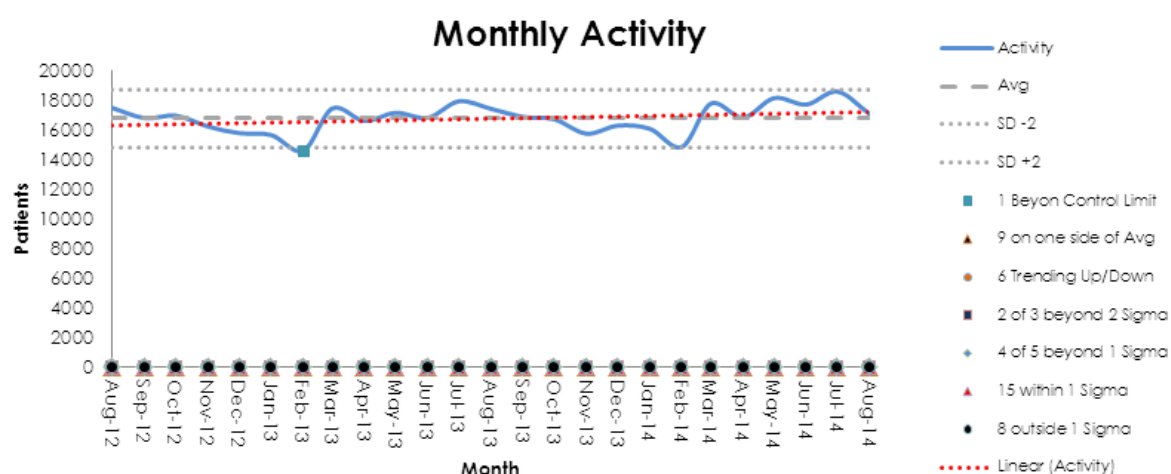
2. A&E Indicators

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

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

Due to consistent poor performance throughout 2013/14 we will continue to monitor unplanned re-attenders throughout this financial year.

The Trust was compliant with the 4 hour A&E standard in August 2014 at 95%. As seen from the graph below activity levels for the Trust was below on last year (-2.01%), all sites have seen a reduction in activity (KCH -3.38%, QEH -4.13% and WHH -0.32%).

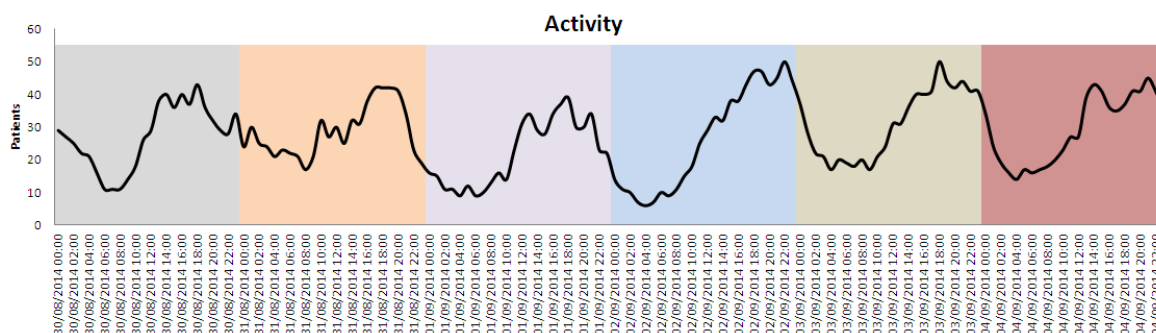


Graph 1 – A&E attendances

The main driver behind the decrease at KCH has been the continued reduction in SECAMB attendances. In August there were -6.67% less attendances than last year

at KCH however we are seeing increases in SECAMB attendances at QEH (+1.08%) and WHH (+4.03%). There has also been a significant reduction in the number of 'walk-in' patients across all sites. The Trust has been discussing the increase in attendances during May-July with CCG colleagues so further analysis will be undertaken to determine whether Primary Care colleagues have taken deliberate steps to reduce ED attendances.

Although still generally challenged, the overall performance at the WHH site has improved with a reduction in the number of total breaches from 758 to 518. One of the largest contributory factors to high number of breaches is the total number of patients in the departments at any given time; 'delay to be seen' remains the most common breach reason particularly at WHH. The graph below shows the variation in the numbers in the department throughout the day.



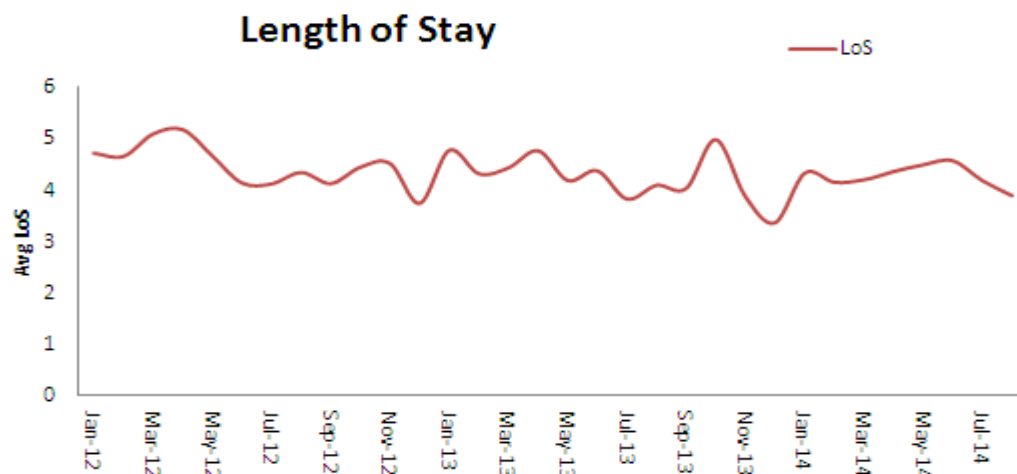
Graph 2 – A&E profile (patients in department)

As illustrated the numbers in department build through the day and peak around 8pm. There are however days when peak activity shifts to later in the evening resulting in increasing number of breaches as capacity becomes more stretched particularly because of the current lack of senior medical cover in the evening.

Action

As part of the A&E Recovery Action Plan the Division is working with HR to review current consultant job plans to ensure consistent consultant cover until 10 pm and at weekends. An escalation policy is also being developed. As part of this there will be an automatic trigger, by text, to key personnel to alert them that to the fact that there is a potential problem hours before it actually occurs.

As previously discussed capacity and flow is a key issue. We can see from graph 3 below that LoS at WHH for the UCLTC Division is decreasing.

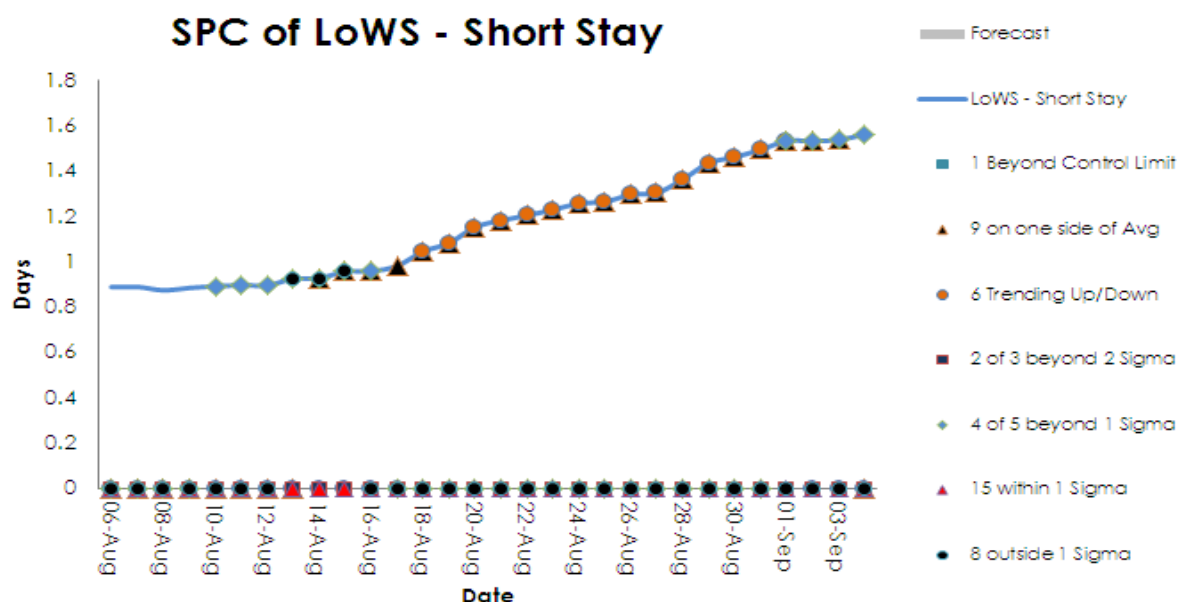


Graph 3 – Length of stay at WHH

Conversely, the QEH has seen an increase in LoS. It was highlighted last month that the increase was across all cohorts of patients; this month there has been a significant increase in the LoS of patients on the short stay unit. Graph 4 below demonstrates a rise from 1 day to 1.6 days which is important considering the number of patients that are admitted to the unit. This amounts to loss of a significant amount of bed days which ultimately has an impact on flow through ED.

Action

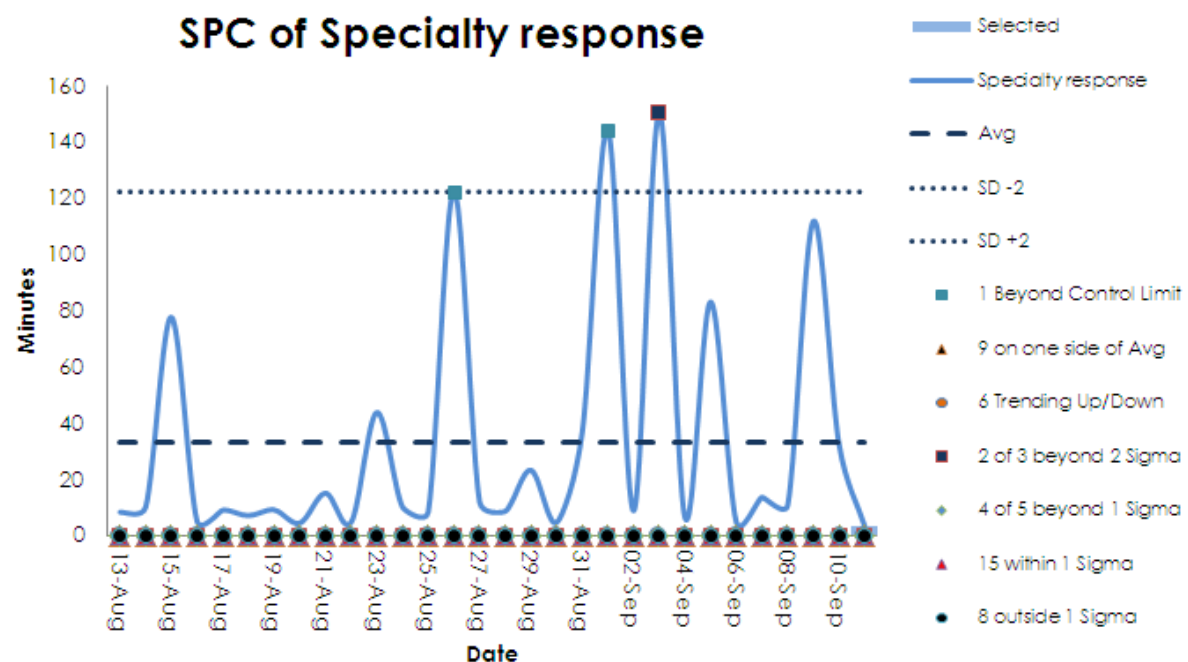
The Divisional Medical director is has discussed this with site leads and this data is now a standing item at the Site leads meeting.



Graph 4 – Length of stay at QEH on Short Stay unit

Specialty response times still remain an issue with a significant amount of variation. As can be seen from the graph below there are days both at QEH and WHH when the average response time from a specialty is approaching 3 hours. This dramatically impacts on waiting times for patients in the ED cubicles and those patients waiting to be seen in the waiting room. The impact is an overcrowded ED and multiple

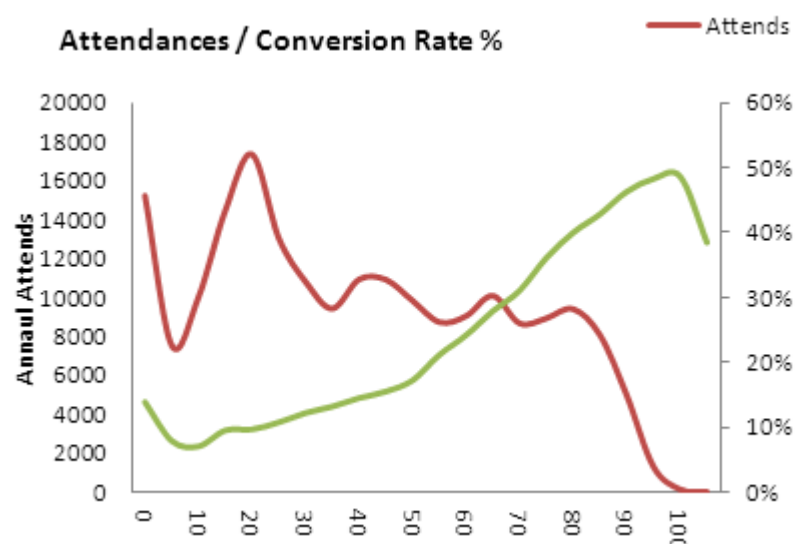
breaches. This is being addressed through establishment of a Surgical Assessment Unit.



The graph below shows historic A&E activity and the variation in the conversion rates of patients by age; it clearly demonstrates that the probability of admission increases with age. This phenomenon is most pronounced at the WHH compared to the QEH.

Action

The new Urgent Care Pathway Transformation model will ensure a consistent focus on 'assess to admit' rather than 'admit to assess' which will be underpinned by the multidisciplinary/multi-agency Integrated Discharge Team, the main focus of which will be to facilitate early discharges across the emergency floor and for patients admitted to the medical wards.



A&E Performance Recovery Action Plan Update

The Action Plan is progressing with the majority of the actions ragged as amber or green. There are no red actions currently. Progress has been made against the seven key headings as follows:

Governance and Policy:

The A&E Performance meeting is now well established with the Emergency Care Programme Board having a planned delayed implementation date until October 2014 due to annual leave. The review of the Standard Operational Plan for the Emergency Floor is pm schedule to be presented to the Clinical Advisory Board with Dr Bhargava working closely with the Clinical Leads and Divisional Medical Directors to ensure optimal pathways have been included. This also includes escalation and full capacity protocols.

Pathways:

The Integrated Discharge Team project will be implemented in October as part of the Urgent Care Pathway transformation which incorporates rapid assessment and ambulatory care.

The Division is also liaising with other Divisions to review paediatric pathways, the implementation of a SAU at WHH and QEOMH and diagnostic pathways.

Workforce:

The job planning of ED Consultants to work extended hours into the evenings and weekends is being implemented on an ad hoc basis funded by Surge Resilience Monies pending the development of a medical staffing business case which will support a 3 year strategy for increasing the number of ED consultants.

Ongoing recruitment to cover the gaps in the Speciality Doctor rotas is being managed through UK and overseas recruitment. The training and development programme for Speciality Doctors is in progress and will improve recruitment and retention.

Clinical Leadership and Engagement:

The ED Consultants and Matrons are actively involved in reviewing the A&E breaches to understand and address the reasons for delays in the patient pathways.

The Action Plan has been shared with all staff in ED by email and is displayed in the departments. The ED Matrons have also discussed the Action Plan at their departmental staff meetings to ensure that all staff have ownership of the plan and are involved in progressing the actions.

Communication and Information:

The deployment of the TV screens in ED will provide waiting times for the departments and information on local urgent care services. Dr Chris Farmer has been proactive in his support with this.

The Emergency Medicine report pack is developed and reviewed as a regular agenda item on the A&E Business Meeting agenda and the Emergency Care Dashboard is in the final stages of development.

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 2014/15 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**

August performance against the 2014/15 standards was; non-admitted care 97.9%, admitted care 88.5%, incomplete pathways 93.8 and there were three patients who were waiting 52+ weeks as at the end of August.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	7,631	167	7,798	97.9%		
Admitted Pathway	2,751	358	3,109	88.5%		1250
Incomplete Pathways	29,964	1,975	31,939	93.8%	3	

Table 3.1 – RTT Position Compliance by Pathway (August 2014)

August performance shows the Trust was compliant with both the non-admitted and incomplete pathways standards at an aggregate level. As per the agreed resilience plan the Trust is non-compliant with the admitted standard due to additional activity being undertaken to clear long waiters. Exceptions to compliance are detailed in the below table.

Pathway	Specialty	< 18 Weeks	>18 Weeks	Total	% Compliance
Admitted Pathway	T&O	558	149	707	78.9%
Incomplete Pathways	T&O	5,235	794	6,029	86.8%
Incomplete Pathways	Gynaecology	1,548	137	1,685	91.9%

* 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 (August 2014)

The Trust backlog position grew again during August ending the month at 1,250, an increase of 108 on the previous month. The increased referral levels in Orthopaedics and the subsequent delays that this is causing in outpatients are now starting to impact on the backlog with an observed growth of 53 in this specialty alone for the second consecutive month. Other specialties with considerable growth in month are Dermatology and Ophthalmology.

Demand for the Orthopaedic service continues to increase with primary care referrals showing a significant over-performance on the current activity plan. Joint work with the commissioners and community Trust has proved that the increase in referrals is as a result of changes to community Orthopaedic provision and as such the Trust is implementing a revised triage process in order to redirect these referrals to the community Trust. Analysis has been conducted to identify GP Practices with a high referral rate per 1,000 population. This information has been shared with commissioners.

The backlog in Gynaecology has held steady this month at 94. Whilst this remains an issue for the Division in terms of non-compliance with the incomplete pathways standard it reflects a positive step towards gaining control of the backlog. The Division continues to use resilience funding to outsource cases to the independent sector where possible.

Increases in the Dermatology backlog are as a result of significant increases in two week wait referrals for suspected skin cancer. The influx in referrals has meant that consultant capacity has had to be redirected to outpatients in order to assess patients within the required two weeks. This has reduced capacity for RTT patients undergoing surgery and caused subsequent delays. Positively the level of referrals in August appears to have reduced back to plan which will allow the specialty to focus additional capacity to reduce the backlog built up over previous months.

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

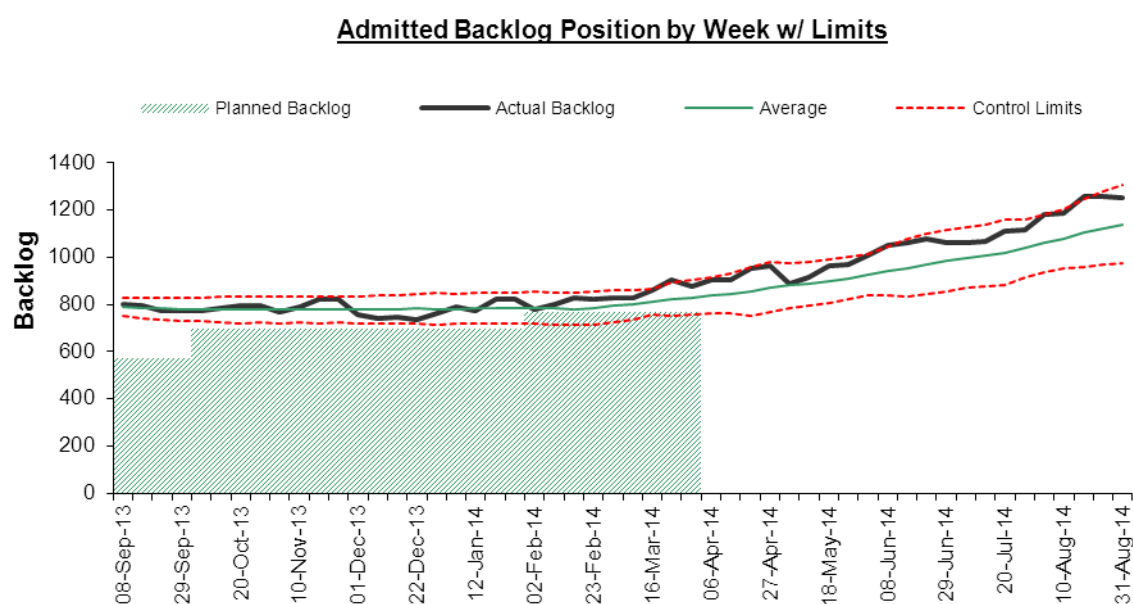


Chart 3.1 – Backlog Position by Week (rolling 12 month)

T&O and Gynaecology remain non-compliant with the incomplete pathways standard in August. As previously stated it is unlikely that either specialty will move back to a compliant position until the admitted backlog reduces to a sustainable level.

As at the end of August the Trust declared three breaches of the 52 week wait standard. All breaches are in Orthopaedics and all are due to the issue outlined last month regarding non-application of pauses for incomplete pathways. All patients have been treated in September.

4. Cancelled Operations (Non-Clinical)

The 2014/15 Operating Framework maintains the 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 August there were zero second or subsequent cancellations of any urgent operations.

5. 6 week target for diagnostics

The 2014/15 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 August a total of 354 patients were waiting 6 or more weeks for a diagnostic test, which is an increase of 218 compared to last month. This has resulted in the Trust achieving 97.46% against the standard of 99% and becoming non-compliant.

The majority of the breaches are within the endoscopy area, which accounts for 240 breaches causing all endoscopy specialties, excluding Cystoscopy, to become non-compliant. The reason for the breaches is the severe capacity issues caused by a variety of staffing shortfalls and the inability to secure locum or additional cover in July & August. The department has a plan to address the capacity shortfall which was planned to take effect from mid-August.

The only other non-compliant test is non-compliance is Non-Obstetric Ultrasound in Radiology, achieving 98.37%. CT and Cystoscopy have both returned to a compliant position, following non-compliance last month.

Work is underway to manage the demand as part of the diagnostic overload project which has been shared with commissioners who are keen to work with us. The DM01 action plan continues to be actively monitored through the Diagnostic Compliance Group.

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	3,115	23	3,138	99.27%
	Computed Tomography	1,836	13	1,849	99.30%
	Non-obstetric ultrasound	4,231	70	4,301	98.37%
	Barium Enema	118	1	119	99.16%
	DEXA Scan	445	0	445	100.00%
Physiological Measurement	Audiology - Audiology Assessments	254	1	255	99.61%
	Cardiology - echocardiography	1,744	4	1,748	99.77%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	328	1	329	99.70%
	Respiratory physiology - sleep studies	173	1	174	99.43%
	Urodynamics - pressures & flows	5	0	5	100.00%
Endoscopy	Colonoscopy	577	119	696	82.90%
	Flexi sigmoidoscopy	231	19	250	92.40%
	Cystoscopy	68	0	68	100.00%
	Gastrosocopy	431	102	533	80.86%
Total		13,556	354	13,910	97.46%

Table 5.1 – Diagnostic DM01 (August 2014)

6. Cancer targets – August 2014

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

AS AT 11-Aug-14	2 Week Wait		31 Day			62 Day	
	All Cancers	Symptomatic Breast	Diag to First Treat	Surgery	Drug	Urgent GP Referral	Screening Referral
Target 2014/15	93%	93%	96%	94%	98%	85%	90%
Q1 14/15	93.50%	92.37%	99.07%	95.74%	99.14%	85.65%	95.60%
July	93.70%	88.89%	99.00%	95.65%	100.00%	82.03%	87.72%
August *	93.01%	81.40%	96.58%	92.31%	100.00%	84.21%	91.30%

*unvalidated position

Table 6.1 – Cancer Performance

The current *un-validated* position for August 2014 shows non-compliance against the Breast Symptomatic referral, 62 day GP standard and 31 day subsequent surgery standard. It is predicted that these targets will remain non-compliant after validation is completed although treatment numbers. All other performance measures have been met.

There has been a decrease in 2WW referrals for August 14 (2073) compared with July 14 (2349). Breast 2ww has seen the biggest decrease in patient seen, July 414 and August 292.

The table below (6.2) highlights the tumour groups not meeting the relevant standard in the month of August 2014. It should be noted that some cancer pathways involve other providers and validation between organisations can take up to 25 working days after month end. We will continue to monitor and validate the information.

<i>August *</i>					
<i>Standard</i>	<i>Tumour Group</i>	<i>Target</i>	<i>Performance</i>	<i>Total no of</i>	<i>Breaches</i>
2ww	Upper GI	93%	91.88%	197	16
2ww	Skin	93%	87.78%	499	61
2ww	Gynaecological	93%	92.97%	185	13
2ww	Head & Neck	93%	92.24%	232	18
Symptomatic Breast	Symptomatic Breast	93%	81.40%	129	24
31d First Treatment	Skin	96%	82.86%	35	6
31d Subs Surgery	Skin	94%	84.62%	13	2
62d Treatments	Lung	85%	80.00%	10	2
62d Treatments	Lower GI	85%	22.22%	9	7
62d Treatments	Head & Neck	85%	50.00%	2	1
62d Screening	Breast	90%	89.47%	19	2

*unvalidated position

Table 6.2 – Cancer Performance – Tumor Site exceptions (August 2014)

Breast Symptomatic referral Standard non-compliance August 14

August compliance is at 81.40%. The Breast Symptomatic standard has incurred 24 breaches in August, of the breaches:

- 15 have been confirmed as to patient choice.
- 7 where not offered an appointment within the two week standard due to capacity
- 2 were where the patients were not available to be offered an appointment within two weeks.

Noncompliance of this standard in August means that quarter 2 for Breast Symptomatic will not be achieved

A review of the booking processes and the site offered is being undertaken.

The Surgical Division is exploring ring fenced capacity to protect this standard from further failure.

62 day GP Standard non-compliance August 14

This target has remained challenging for the Trust during the summer period. Two months of the quarter have been noncompliant and the position at the end of the quarter 2 is at risk. There have been 24 breaches in August, with both the Surgical and Urgent and Long Term Care Divisions missing the target.

Breach reasons have included:

- Delays to diagnostic radiological biopsies within the Trust
- TCI cancellation due to lack of ITU beds
- Lack of elective capacity
- Endoscopy waiting time delays,
- Capacity for MDT follow OPD to discuss treatment plans
- Multiple MDT discussions along pathways
- Patient co-morbidities / complex pathways.

3 patients did not receive 1st treatment until after 100 days. Tumour site breach analysis is underway to identify capacity, demand and pathway 'flow' issues to prevent such delays in the future.

A Joint Cancer Action Plan has been developed with our CCG's to improve performance. The actions will ensure the patient pathways are able to deliver short waits, have a balanced position between capacity and demand and make sure patients are actively managed by all involved with the pathway. The Interim Director of Operations will be working directly with Divisional Leadership teams to "refocus" on specialties, specifically improvement in Cancer.

31 day Subsequent Surgery Standard

There have been 3 breaches against this target in August. All three breaches occurred in patients with a Skin diagnosis, but where treatment had been undertaken by Head and Neck; due to lack of elective capacity. This target is not at risk for quarter 2. A Joint Skin and Head and Neck pathway mapping session is scheduled to take place to explore the pathway for patients and agree service expectations to ensure treatment is undertaken within target.