

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: BOARD OF DIRECTORS****DATE: 30 OCTOBER 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 non-compliant with the A&E 4 hour standard in September.

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, 62 day GP and 62 day screening 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 September 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 non-compliant with the 4 hour A&E standard in September 2014 at 92.9%. Reasons for this include increased demand, diverts from other K&M organisations and delays to specialty reviews. As seen from chart 2.1 below, activity levels for the Trust were above that of last year at 4.2%. All sites have seen an increase in activity KCH saw +5%, QEH 5.1% and WHH 0.6%.

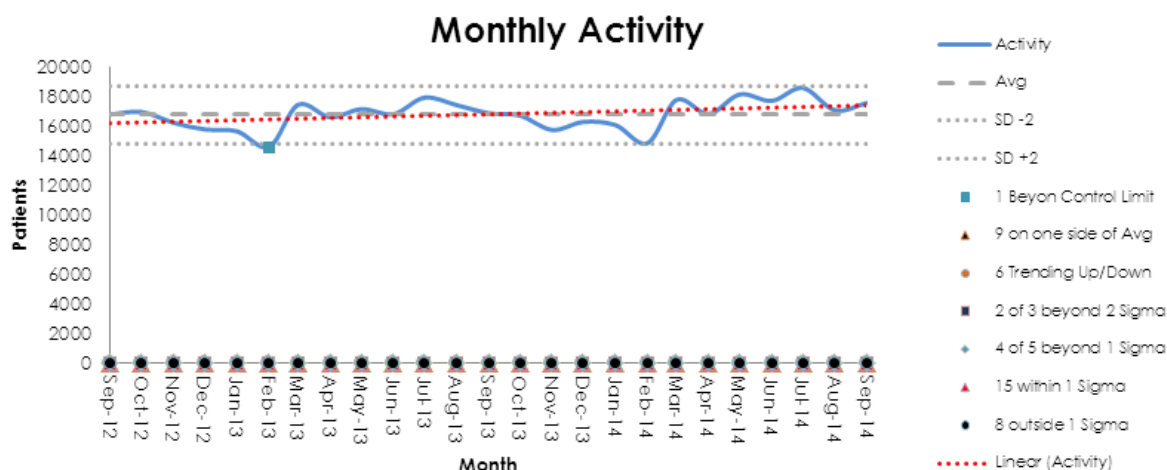


Chart 2.1 – A&E Attendances, September 2012 to September 2014

Ambulance attendances have remained fairly static at WHH and QEH, but increased attendances were seen at KCH where the activity has increased by 6.1% since last year mainly due to diverts on from other NHS organisations within Kent & Medway. This trend is expected to continue throughout October although discussions are taking place between the Trust and SECAMB about reducing unnecessary conveyances to Hospital. In addition to ambulance conveyances the Trust is also seeing a rise in number of 'walk in' patients; KCH saw an increase of 4.6% on last year, QEH 7.6% and WHH 3.3%.

Chart 2.2 below shows the high level of activity when we observed significant peaks of activity on specific days. It is clear in the graph that on the 29th September at WHH (not an isolated day), there was a consistently high number of attendances for 5 hours in a row resulting in long wait to be seen and consequently a significant number of breaches.

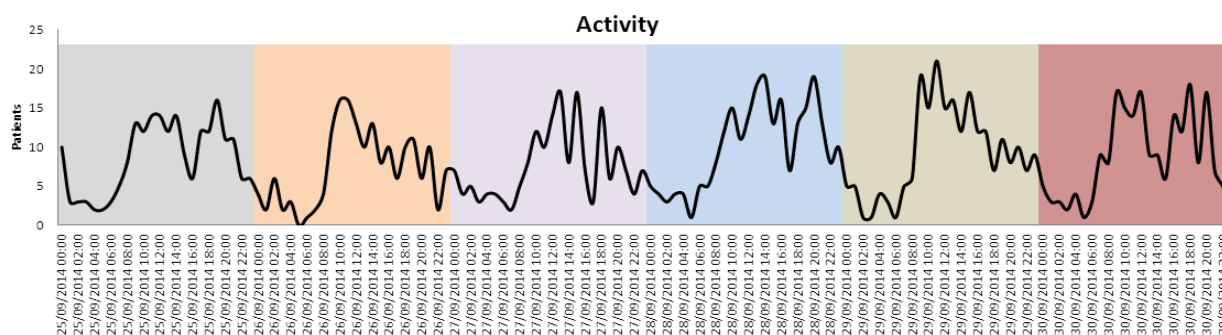


Chart 2.2 – A&E Activity by Hour, 25th to 30th September, WHH

Breach Analysis

Chart 2.3 below represents the results of further breach analysis with breaches divided into 2 categories; A&E related and non A&E i.e. specialty response times / awaiting beds. It is notable that the majority of breaches that occur during the day (between the hours of 06:00hrs and 14:00hrs) are for 'non A&E reasons i.e. due to patients occupying trolleys whilst waiting for a specialty review. The result is trolley-blocking which means that A&E staff are unable to see other patients because of reduced capacity. This is then compounded with increased attendances during the evening period culminating in a backlog of patients waiting to be seen and consequential breaches of the access standard. During the past two months there has been a significant increase in specialty breaches namely General Surgical, Orthopaedic, Obstetrics/Gynaecology, Mental Health and General Medical. The surgical issue is being addressed, in part, by the new Surgical Assessment Unit within the access period and the medical, by the implementation of the urgent care pathway transformation model.

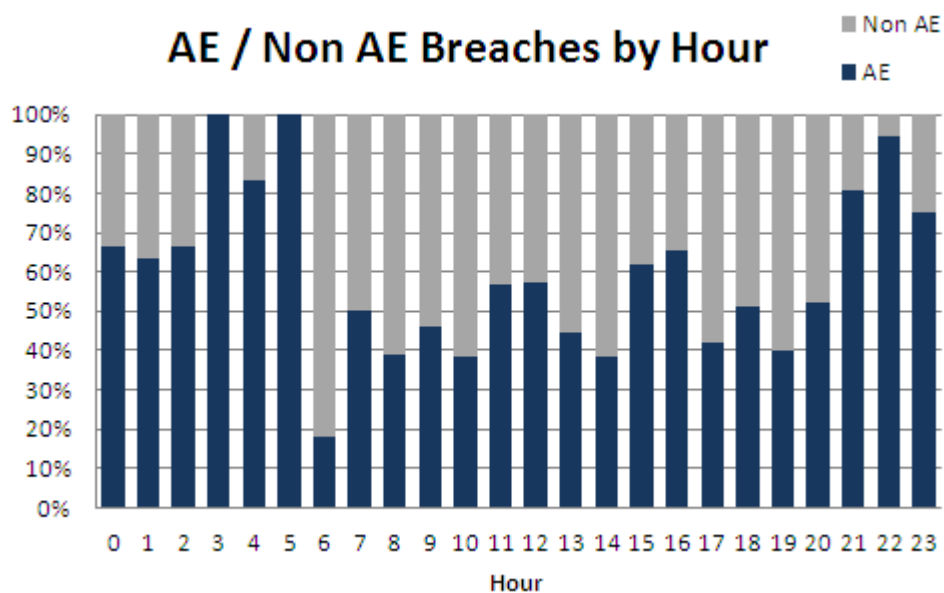


Chart 2.3 – Breach Analysis by Hour

The histograms in charts 2.4 and 2.5 below demonstrate time taken from 'attendance' to 'seen by a clinical decision maker' at QEH and WHH. Chart 2.4 shows the time lapse for patients at the QEH where we see a large proportion of patients seen within 60 minutes compared to the WHH illustrated in chart 2.5. A distinct correlation can be seen between waits to be seen and performance i.e. the longer the patients wait to be seen (the block) the lower the 4 hour compliance. This may be due to waits for specialty review at WHH but further work is being undertaken to understand the reasons for the difference in greater depth.

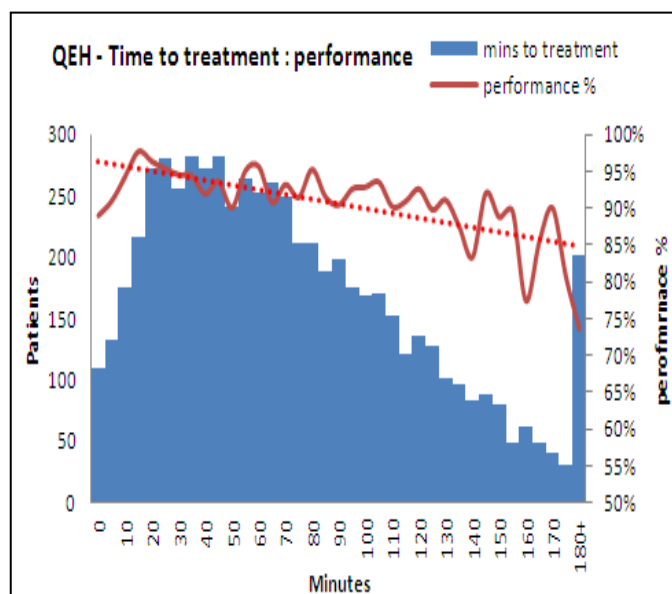


Chart 2.4 – Time to Treatment, QEH

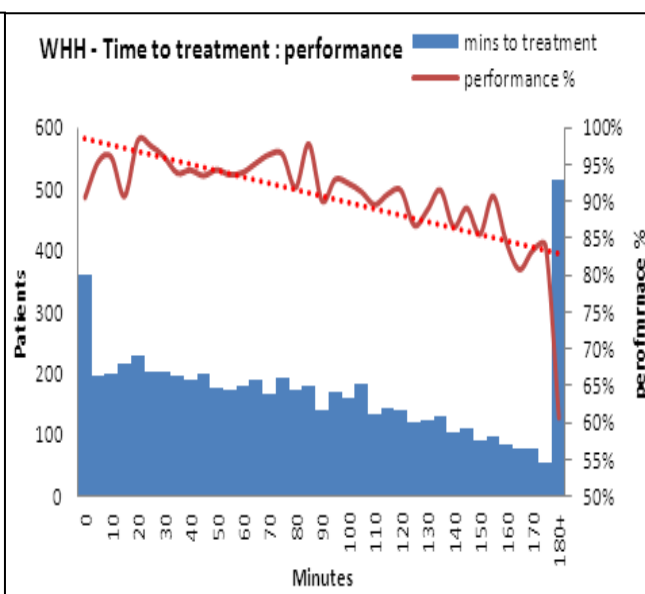


Chart 2.5 – Time to Treatment, WHH

Chart 2.6 below shows length of stay, both in acute and short stay wards, has continued to rise. As mentioned last month, length of stay on short stay wards was increasing. This has plateaued through the month but remains high at 1.6 days for QEH compared to 1.1 days at WHH. To coincide with this, the number of breaches at QEH relating to waiting for a CDU bed has increased. The length of stay of acute wards at QEH is still substantially

higher than that of the WHH. This due to a lack of external capacity available in the Thanet area, which has been further exacerbated by the recent closure of 2 Care/Residential homes, equating to 53 beds in the community.

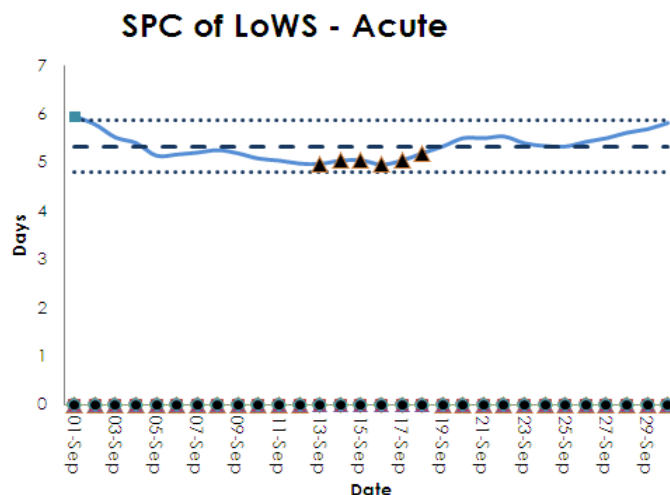


Chart 2.6 – Length of stay at QEH on Acute Wards

A review of the age profile of the attendances of Thanet residents at all sites demonstrates a rise in attendances for patients under the age of 40. This may be due to the 'instant access' culture amongst the younger population. The behavioural insights analysis will demonstrate reasons for A&E attendance. This analysis is being undertaken on behalf of all CCGs following which agreements will be made and plans put in place for appropriate alternative care pathways/strategies for addressing the urgent care needs of the younger population. The increased attendances in this age group are contributing to the current overcrowding in the emergency departments particularly during the evenings when GP surgeries are closed.

Update on A&E Recovery Plan

Recruitment

Nursing

The first cohort of nurses has arrived from Spain and Portugal. The nurses have undergone a 2 week induction and have now started their 2 week orientation in the departments. The second cohort is due to arrive on 30th October.

Medical staff

The current funded establishment is for 10.5 wte Consultant posts which support the extended working until 7pm at WHH and QEQM sites, Monday to Friday.

We have funding for 16wte Specialty Doctor posts which provide a 24/7 middle grade rota at WHH and QEQMH sites. Over the past year these posts have been supplemented by additional locum doctors who cover additional hours in the evenings, overnight and weekends. Funding has been agreed to increase the number of Specialty Doctors to 10 per site, however due to issues with recruitment we have not been able to implement the rota, although it remains our ambition to do so as soon as we achieve 7 wte substantive Specialty Doctors on each site.

In order to improve our recruitment and retention prospects we have developed an internal Specialty Doctor transition and development programme, which has been successful and 7 of our Specialty Doctors have signed up to the programme with a view to transitioning to a Consultant post so that they can apply to stay with the Trust in east Kent.

In addition, the plan to recruit Consultants collectively with a main base at WHH has been successful. The ethos of the Clinical Lead is 'one service on two sites' with new consultants rotating across all sites. Following recent recruitment we now have 9.5 WTE A&E consultants with one more commencing in December taking us to a total of 10.5 WTE. With the continued plan, it is expected that recruitment to the consultant posts will increase. It is hoped that we would be fully recruited to the 16 WTE, yet this could take some time possibly two to three years.

The Division recognises that cementing the Clinical Strategy supported by a clear vision will help to encourage doctors to stay with us (reducing turnover). These would be those currently working with us in east Kent via the continued development programme and also those working elsewhere.

The national recommendation would require 20 consultants (or equivalents) which will allow funded site specific rotas for each ED with extended working to 10pm, seven days a week. This will then ensure a quality, planned approach.

We are aiming to have a dedicated consultant on call rota on each site and we will be in a position to implement this when our numbers reach 14 consultants, equating to a 1:7 rota on each site. This will not be in the short term.

Pathways

The Urgent Care Pathway transformation model commenced on 6th October at WHH as planned. The model is being implemented in stages at the QE. Both sites are seeing an increase in admissions avoidance as a result. Further work is required at the QE due to current constraints in space which is partly due to the increased length of stay and consequential lack of bed capacity to enable protection of the area reserved for hot ambulatory care.

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**

September performance against the 2014/15 standards was; non-admitted care 97.6%, admitted care 87.0%, incomplete pathways 93.3% and there were five patients who were waiting 52+ weeks as at the end of September.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	8,445	204	8,649	97.6%		
Admitted Pathway	3,084	460	3,544	87.0%		1,366
Incomplete Pathways	30,652	2,216	32,868	93.3%	5	

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

September 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	General Surgery	421	61	482	87.3%
Admitted Pathway	T&O	668	209	877	76.2%
Admitted Pathway	ENT	245	39	284	86.3%
Admitted Pathway	Oral Surgery	97	16	113	85.8%
Admitted Pathway	Dermatology	272	37	309	88.0%
Incomplete Pathways	T&O	5,372	835	6,207	86.5%

* 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 (September 2014)

The Trust backlog position grew again during September ending the month at 1,366, an increase of 107 on the previous month. The single largest increase during September was in Dermatology which grew by 57 patients. The majority of Dermatology long waiters have now agreed dates and are due to be treated between now and the end of December. There are plans to outsource some work to Independent Sector providers to limit the number of patients moving into backlog and help improve the position moving forwards.

As can be seen in the table above the Surgical Division managed to increase the number of backlog patients treated in Orthopaedics during September which has started to slow the increase to the backlog, growing by 28 in month (+66 in August). These numbers are being maximised further during October-December with the intention of starting to reduce the backlog and clear long waiters. Demand for the Orthopaedic service continues to significantly over-perform the contracted levels and joint work continues with commissioners and other health care providers in EK.

Positively the backlog in both General Surgery and Gynaecology has reduced in month, -7 and -11 respectively. These specialty areas will continue to be non-compliant with the admitted standard for quarter three in order to continue this positive reduction.

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

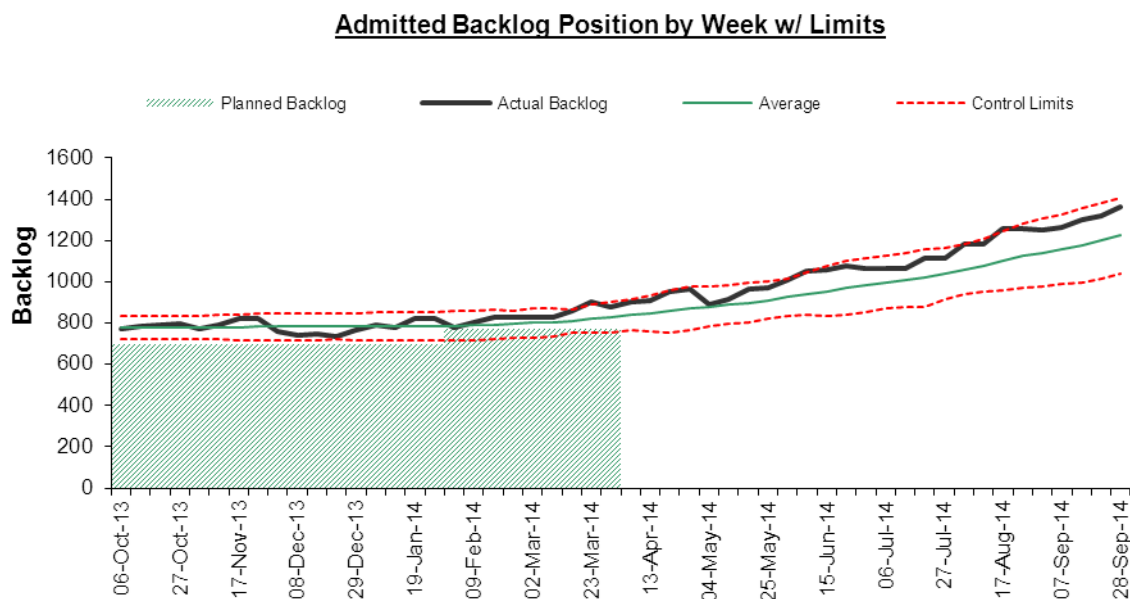


Chart 3.1 – Backlog Position by Week (rolling 12 month)

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

As at the end of September the Trust declared five breaches of the 52 week wait standard. Three of these breaches are in Orthopaedics, one in ENT and one in General Surgery. All are due to the issue outlined last month regarding non-application of pauses for incomplete pathways.

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 September 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.

The Interim Director of Operations has alerted the Board to an issue with diagnostic waiting times as a large number of the patients waiting over six weeks are waiting for endoscopy. The Board had previously been alerted to the lack of capacity in endoscopy however more recently we have seen Radiology Diagnostic waits become non-compliant.

At the end of September a total of 290 patients were waiting 6 or more weeks for a diagnostic test, which is a decrease of 64 compared to last month. Unfortunately, this has resulted in the Trust achieving 97.85% against the standard of 99% and becoming non-compliant for the second successive month.

The majority of the breaches are within the endoscopy area, which accounts for 237 breaches causing all endoscopy specialties, excluding Cystoscopy, to become non-compliant. The reason for the breaches is the capacity issues caused by a variety of staffing shortfalls, training and service lists and the inability to secure locum or additional cover. The department has a plan to address the capacity shortfall which was planned to take effect from mid-August but was not robust and the trajectory for recovery will now move out to December.

The only other non-compliant test this month is Computed Tomography in Radiology, achieving 98.85%. Non-Obstetric Ultrasound has now returned to a compliant position, following non-compliance last month. Extensive validation and process mapping work is underway in all DM01 domains to ensure appropriate waiting list management and validation processes are in place to manage the demand and deliver full compliance of the Access Standard.

The Divisional Director from CSSD oversees the progress monitored through the Diagnostic Compliance Group. Additionally, we have a diagnostic review group looking at demand, where commissioners are keen to work with us to reduce demand in key modalities.

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	3,241	3	3,244	99.91%
	Computed Tomography	1,885	22	1,907	98.85%
	Non-obstetric ultrasound	3,610	27	3,637	99.26%
	Barium Enema	128	0	128	100.00%
	DEXA Scan	378	0	378	100.00%
Physiological Measurement	Audiology - Audiology Assessments	199	0	199	100.00%
	Cardiology - echocardiography	1,775	0	1,775	100.00%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	458	1	459	99.78%
	Respiratory physiology - sleep studies	208	0	208	100.00%
	Urodynamics - pressures & flows	7	0	7	100.00%
Endoscopy	Colonoscopy	547	112	659	83.00%
	Flexi sigmoidoscopy	186	58	244	76.23%
	Cystoscopy	51	0	51	100.00%
	Gastroscopy	543	67	610	89.02%
Total		13,216	290	13,506	97.85%

Table 5.1 – Diagnostic DM01 (September 2014)

6. Cancer targets – September 2014

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

AS AT 19-Oct-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	93.15%	81.82%	99.28%	90.32%	100.00%	83.80%	91.49%
September*	93.04%	74.83%	97.72%	88.24%	100.00%	81.65%	75.00%

*unvalidated position

Table 6.1 – Cancer Performance

The current *un-validated* position for September 2014 shows non-compliance against the Breast Symptomatic referral, 31 day subsequent surgery standard, 62 day GP standard and 62 Day Screening Standard. All other performance measures have been met.

Cancer Recovery planning

As the Board will be aware Cancer waiting times have faced challenging times over Quarter 2. There has been a number recurring themes for noncompliance against the standard.

- Breast Symptomatic referral standard
- Screening Standard
- 62 day GP Standard

Breast Symptomatic Referral Standard

In quarter 2 the Trust has had 78 breaches against this standard and will be non-compliant at 81.95% against the 93% target. As can be seen from the graph below this year performance mirrors last years. Patient cancellation of booked appointment account for more than half of all breaches and the Trusts move to Choose and Book will have a significant impact on this issue for the target.

Other factors impacting on this target include the process of:

- Registration
- Triage
- Booking
- Capacity

The Surgical Division has set up a group, Improving Breast Pathway, to address each of the areas above, with robust actions, which will be monitored through the cancer compliance group. The first of the group meeting is scheduled for 24th October 2014.

Whilst we think October will still be a challenge the actions being taken should ensure quarter 3 is compliant for this standard.

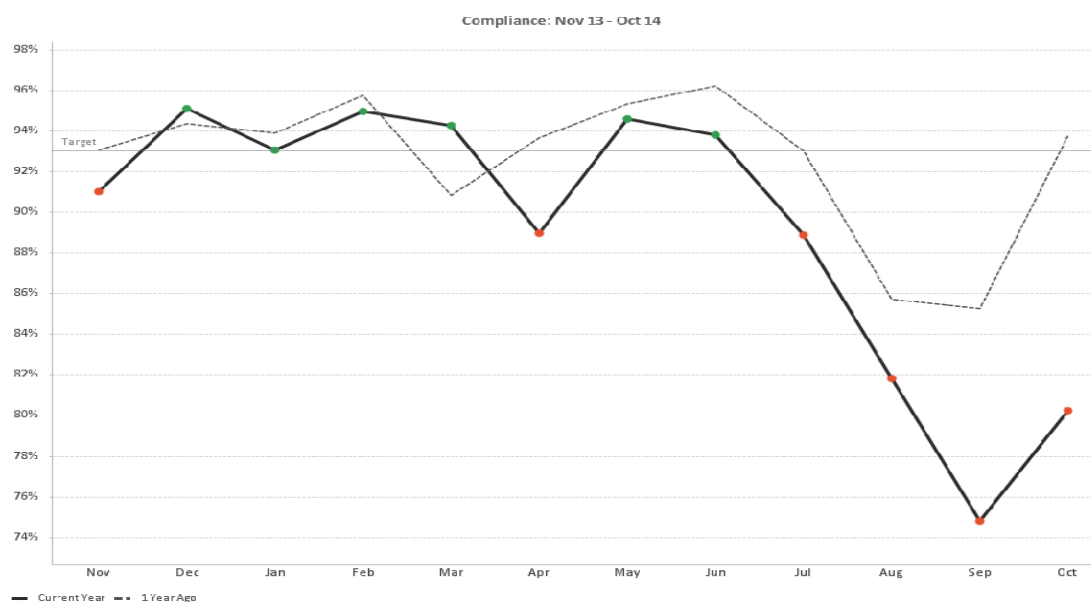


Chart 6.1 – Breast Symptomatic referral compliance 2013/14

62 day GP and Screening Standard

Both 62 day GP and 62 day Screening standards will be non-compliant for quarter 2 2014. Achievement of these standards is reliant on effective pathways to pull patients through the pathway.

- Patient pathways should be capable of delivering a short waits and clearly describe what should happen next and in what order.
- The capacity matches demand for each key mile stone along the pathway.
- Patients actively are managed against the pathway for their condition and the key milestone.

Count of NHS Number		62 Day Breach		Total	Comp
Division	Category	Within	Breach		
Urg & Long Term	03 - Lung	32	7	39	82.05%
	06 - Upper GI	17	5	22	77.27%
	10 - Brain System				-
Urg & Long Term Total		49	12	61	80.33%
Specialist Services	02 - Child Cancers				-
	04 - Haem	11	11	22	50.00%
	05 - Leukaemia				-
	08 - Skin	96	5	101	95.05%
	09 - Gynae	19	5	24	79.17%
Specialist Services Total		126	21	147	85.71%
Surgical Services	01 - Breast	62	5	67	92.54%
	07 - Lower GI	23	20	43	53.49%
	11 - Urological	127	22	149	85.23%
	12 - Testicular				-
	13 - Head & Neck	12	4	16	75.00%
	14 - Sarcoma				-
Surgical Services Total		224	51	275	81.45%
Unknowns	15 - Other	2		2	100.00%
	(blank)	2		2	100.00%
Unknowns Total		4		4	100.00%
Category	Category				-
Category Total					-
Total		403	84	487	82.75%

Table 6.2 – Compliance for Quarter 2 62 day GP Referral Standard

Count of NHS Number		62 Day Breach		Total	Comp
Division	Category	Within	Breach		
Urg & Long Term	03 - Lung				-
	06 - Upper GI				-
	10 - Brain System				-
Urg & Long Term Total					-
Specialist Services	02 - Child Cancers				-
	04 - Haem				-
	05 - Leukaemia				-
	08 - Skin				-
	09 - Gynae	2		2	100.00%
Specialist Services Total		2		2	100.00%
Surgical Services	01 - Breast	48	7	55	87.27%
	07 - Lower GI	8	2	10	80.00%
	11 - Urological				-
	12 - Testicular				-
	13 - Head & Neck				-
	14 - Sarcoma				-
Surgical Services Total		56	9	65	86.15%
Unknowns	15 - Other				-
	(blank)	1		1	100.00%
Unknowns Total		1		1	100.00%
Category	Category				-
Category Total					-
Total		59	9	68	86.76%

Table 6.3 – Compliance for 62 day Screening

In order to achieve compliance of these pathways Cancer Compliance has developed an overarching Recover Action plan based upon best practice highlighted by the IST. This is a deep dive into our cancer performance, as outlined below and reporting to the Specialist Divisional Director at the monthly Cancer Compliance Meeting to ensure

delivery of plan. Along-side this action plan the Cancer Compliance PTL meetings will continue to escalate individual pathway issues to support current performance.

- Understanding Principles and Rules by all staff
- Managing capacity and demand
- Governance
- Core functions of cancer teams
- Reporting Meetings & Process
- Diagnostics
- Scheduling of treatment and Operational Delivery.

The 62 day GP standard for October is likely to fail due to the issues within Lower GI, Lung and Urology. However, the pathways are being reviewed and it very much hoped that will be mitigated.

62 days screening is anticipated to be compliant for October and quarter 3.

Other specific actions being undertaken include:

- Waiting list staff must inform operational management if they are unable to TCI a patient within breach, even if instructed by the clinician. Each case must be reviewed to see if alternative TCI with in breach can be arranged.
- To maintain good performance 31 days subsequent drugs Chemotherapy schedulers must inform operational management if they are unable to TCI a patient within breach, even if instructed by the clinician. Each case must be reviewed to see if alternative TCI with in breach can be arranged.
- All GMs will be cc'd into PTL meeting outcomes - Actions required and escalation from Cancer Data Managers.
- Working with the Clinical Support, Surgical and ULTC Divisions to ensure waiting times for diagnostics for patient marked as Cancer Pathway must be 10 days max including TRUS Biopsy.
- The 62 day PTL 'backlog' must continue to decrease and clinic lead should review patient passed 55 days.