

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: BOARD OF DIRECTORS****DATE: 28 NOVEMBER 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 October.

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 subsequent surgery 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).

AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.

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**

The Trust was non-compliant with the 4 hour A&E standard in October 2014 at 92.8%. Chart 2.1 below shows A&E attendance activity levels for the Trust were above last year (+3%). In comparison with the year-on-year position shown last month, KCH has seen a decrease in activity against last year (-1.1%), WHH has seen a small increase at 1.1% and QEQM has continued to see a significant increase at 5.2%.

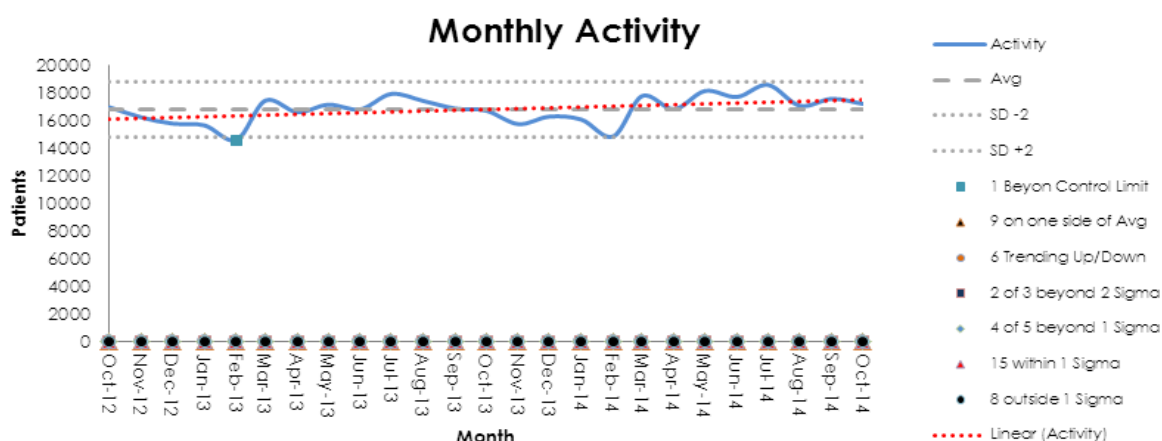


Chart 2.1 – A&E attendances, Trustwide.

There is a reduction in ambulance attendances at KCH and WHH (-3.19% and -3.85% respectively). At QEQM these have increased significantly by +7.55% since last year attributable to the 'make ready' station near in the QEQM site. An analysis of this is being completed in conjunction with SECAMB to understand the rise and the geographic distribution of the patients.

It is noteworthy that this overall in activity is variable, with significant variation in overall daily attendances; minimum 168 against maximum 229, and in SECAMB attendances (minimum 55 against maximum of 87). This variation makes resource allocation difficult. Information has been provided to all CCGs on attendance variation but as yet no response has been provided as to definitive steps that will be taken to reduce ED attendances.

The QEQM site has seen the most compromised performance in October driven by the aforementioned additional activity from SECAMB attendances coupled with a rise in-patient Length of Stay (LoS). Chart 2.2 below shows the rolling 30 day average LoS for the UCLTC Division at QEQM. There are two peaks around the middle of the month and at the beginning of November. This, combined with the level of bed occupancy throughout the month is resulting in a sustained constraint in capacity on the site which in turn creates a lack of flow and exit block from ED.

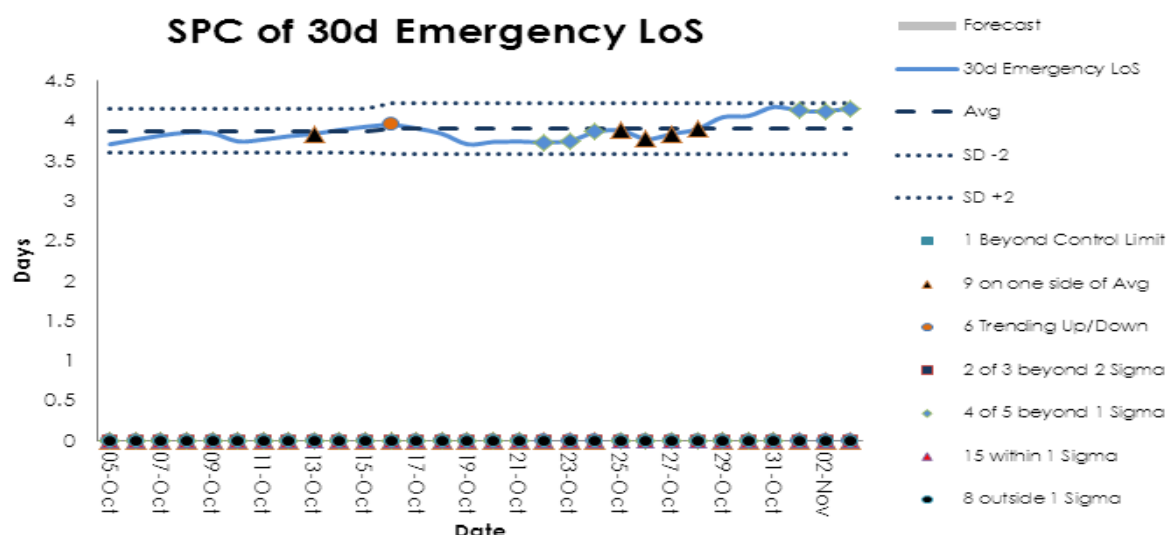


Chart 2.2 - 30 day rolling LoS

The LoS and level of occupied beds is due to the increase in ED attendances and the closure of several care homes in the Thanet area resulting in a high number of patients staying in hospital for more than 14 days. This peaked in October at 52 and equates to around 40% of all UCLTC beds occupied by patients who are medically suitable for transfer out of the hospital.

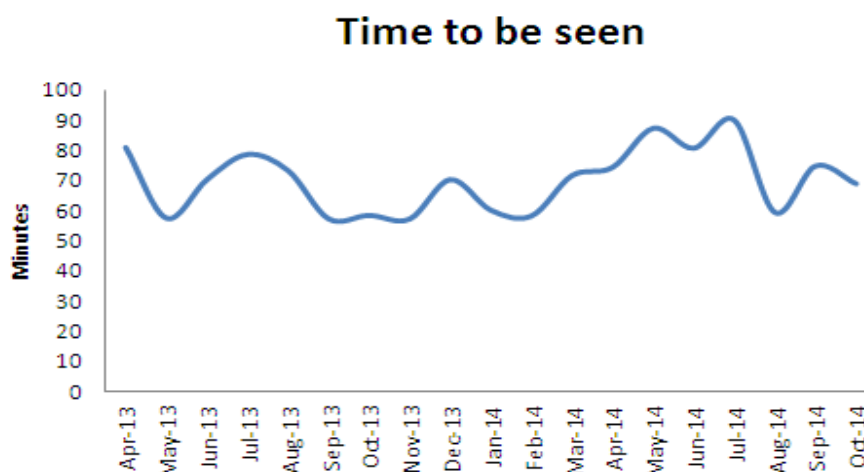
There have been consecutive days at QEQM where the number of patients in the department has been over 50 throughout the day, evening and early hours with over 20 patients in the department at 7am. This has resulted in patients bedded in A&E on at least 3 occasions despite senior management and consultant support until midnight. These levels of activity are therefore having an impact on the department's ability to deliver safe care which has been highlighted to the CCGs.

Further challenges experienced in October were as follows;

- Significant delays in accessing EMI, CHC and Fast Track bed capacity in the community.
- Continued early evening surges in activity with over 20 patients booking into ED in one hour.
- High volatility in SECAMB attendances with significant peaks of 87 at WHH, 50 at KCH and 87 at QEH on day.
- On the 16/17th October the ED Consultant, Anaesthetic Consultant and SECAMB commander were called to WHH to manage flow as the department was considered to be unsafe.
- The GP in A&E service is now seeing a minimum of 1 and a maximum of 2 patients per hour particularly at WHH and KCH.
- Daily monitoring of out of area ambulances has shown a continued 'creep' in ambulances coming from Medway and Maidstone area (ME) postcodes – average of 5 patients per day.
- Low staff morale due to high vacancies and increased workload

One of the key supporting metrics to the 4 hour standard is the time to treatment. This is the amount of time a patient waited to be seen by a clinical decision maker from arrival. The standard for this is that 50% of all patients should be seen within 60 minutes. The rationale behind this metric is that the longer the patient waits to be seen, the higher the likelihood of being in the department for more than 4 hours.

As demonstrated in chart 2.3, this performance has deteriorated when compared to October 2013 when the average time to be seen was 58 minutes. In October 2014 the waiting time deteriorated to 68 minutes at QEQM and from 63 minutes to 76 minutes at WHH. The primary reason for this is batched, high volume attendances leading to overcrowding in the departments and compounded by poorly defined specialty pathways.



Graph 4 – Time to be seen in A&E

A more in depth analysis of this is illustrated in graph 4 above is highlighted in chart 2.4 below. This shows that the average time to be seen varies throughout the day e.g. a patient arriving between the hours of 8-10am will on average, be seen within 60 minutes however, if the patient arrives between 9pm – 3pm the wait time is significantly longer.

There are two main reasons for this; lack of bed capacity early in the day as patients are in the process of being discharged and the fact that over the last year, the staffing profile has changed to match surges in attendances later in the evenings. The fact that we now seeing these surges earlier in the day means that we are having to review this once again. The ED clinical lead is also working with the medical staff to review time to treatment intervals in the departments.

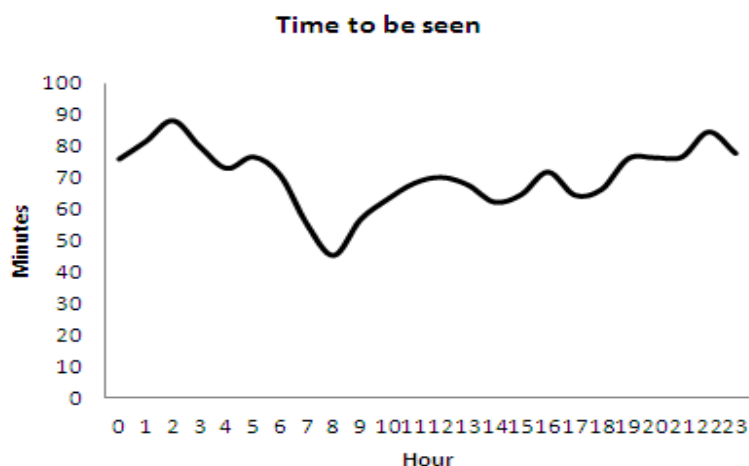


Chart 2.4 – Time to be seen in (minutes) vs arrival time (hr)

Update on A&E Recovery Action Plan

- **Governance & Policy**

SOP for Observation Bay for WHH now completed and will be ratified by Clinical Board
Development of electronic alert developed and is being tested by IT.

- **A&E Processes**

ED Clinical lead doing further work on improving tracking of patients by medical staff particularly at WHH
GP productivity has improved during periods when the ANP nurse is supporting the GP mostly at the QEQM site where the GP in A&E is seeing between 2-3 patients an hour
ANPs also supporting active redirection to direct patients to their GPs using by pass numbers

- **Pathways**

New medical model launched at WHH and QEQM 6 October although reduced capacity at the QEQM is hindering full delivery of the model
Hot ambulatory clinics set up daily Monday to Friday
IDT model implemented on the 6 October with Trust and Community staff in post.
Social services staff to be fully implemented in November.
SAU launched at WHH on 13 October between the hours of 12-8. Last patient seen at 6. The Unit excludes orthopaedic patients

- **Workforce**

An agency consultant has now taken up a substantive Consultant post at QEQM
Overseas nurses have arrived and been inducted.

One new overseas middle grade Doctor has arrived at QEQM, increasing their substantive posts to three.

On-going recruitment is underway for middle grade doctors, with QEQM being given priority.

Additional adhoc consultant weekend and evening sessions are in place via Surge Resilience Funding until March 2015.

Meeting with SECAMB Senior Managers has resulted in a proposal for a joint pilot for a Critical Care Paramedic to be working in QEQM A&E for a period of three months, with the potential to develop a joint post being considered if the pilot is successful.

Increased Psychiatric A&E Liaison service has been implemented by KMPT with two members of staff being on duty overnight

Options for external resource to support with staff motivation and review of processes being explored

- **Communication**

Information screens in ED will be implemented in November

A&E middle grade international advertising campaign in final stages of development

- **Additional Funding**

The second wave of Surge Resilience Funding has now been confirmed and will be reported on in November

Quarter 3 Performance

At the time of writing (17th Nov), the standard was predicting 91.7%.

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**

October performance against the 2014/15 standards was; non-admitted care 96.0%, admitted care 84.7%, incomplete pathways 92.9% and there were five patients who were waiting 52+ weeks as at the end of October.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	8,767	362	9,129	96.0%		
Admitted Pathway	2,924	527	3,451	84.7%		1,474
Incomplete Pathways	31,297	2,375	33,672	92.9%	5	

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

October performance shows the Trust was compliant with both the non-admitted and incomplete pathways standards at an aggregate level. It is however worth noting that performance against these standards is deteriorating month on month as referrals in key specialties continue to over-perform the agreed contracted levels.

As per the plan endorsed by the Trust Board, 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	403	57	460	87.6%
Admitted Pathway	T&O	545	227	772	70.6%
Admitted Pathway	ENT	210	33	243	86.4%
Admitted Pathway	Oral Surgery	153	21	174	87.9%
Admitted Pathway	Dermatology	274	75	349	78.5%
Incomplete Pathways	T&O	5,435	888	6,323	86.0%

Table 3.2 – Exception report for non-compliant specialties (October 2014)

The Trust backlog position grew again during October ending the month at 1,474, an increase of 108 on the previous month. Orthopaedics and Dermatology grew by 64 and 62 patients respectively, and represent almost the totality of the growth. This is directly linked to the significant over-performance in demand seen in both of these specialties over the year so far. Whilst each of these specialties has managed to treat more breaches in month the rate at which patients are being added to the backlog is greater than the amount we are able to treat resulting in a net growth.

Positively the backlog in General Surgery (-20), Gynaecology (-5) and Ophthalmology (-11) have reduced in month. 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.

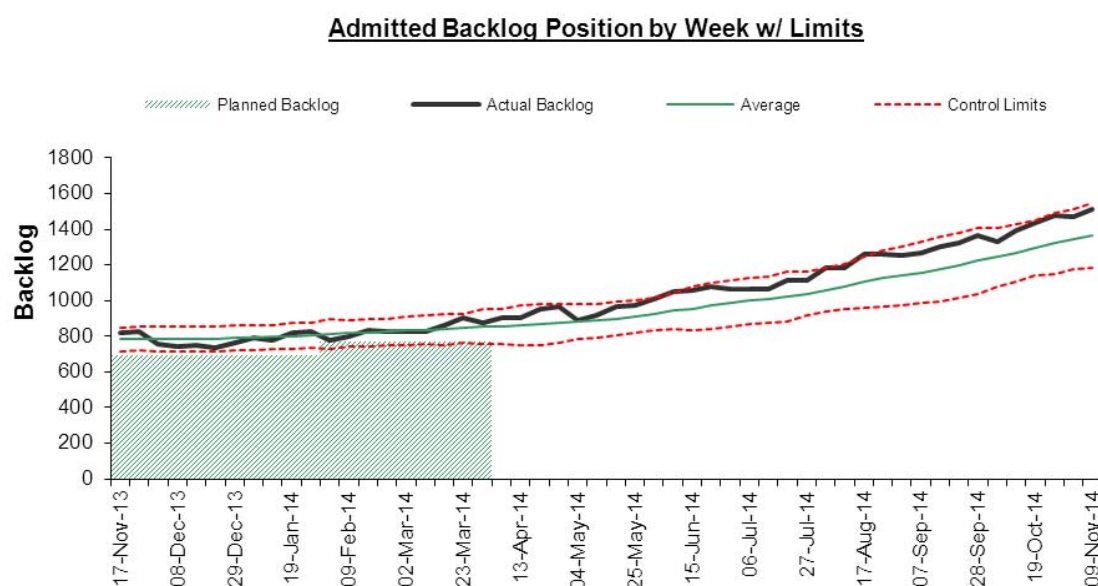


Chart 3.1 – Backlog Position by Week (rolling 12 month)

T&O remains non-compliant with the incomplete pathways standard in October. 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 October the Trust declared five breaches of the 52 week wait standard. Four of these breaches are in Orthopaedics and the other is in Maxillo Facial.

Quarter 3 Performance

As agreed by the Trust Board, the Trust will continue to be non-compliant for the admitted standard. The non-admitted and incomplete standards are expected to be achieved, although due to the volume of referrals in pressurised specialties, this may be challenged.

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 October 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.

Radiology has been reviewing a number of processes and now receive a daily operational review of the PTL to ensure we remain compliant with patient access standards. Demand remains high in all modalities and capacity is limited in all modalities. We continue to work with internal and external partners to share the trajectories and demand more transparently and to work with them to have pathways specific requests.

Endoscopy remains a challenge with 175 breaches in month. The recovery plan has slipped against plan. However more capacity will come on line during November and December and the specialty are more confident to recover for the last quarter. 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.

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	3,935	1	3,936	99.97%
	Computed Tomography	1,708	2	1,710	99.88%
	Non-obstetric ultrasound	3,794	2	3,796	99.95%
	Barium Enema	126	0	126	100.00%
	DEXA Scan	323	0	323	100.00%
Physiological Measurement	Audiology - Audiology Assessments	266	0	266	100.00%
	Cardiology - echocardiography	1,766	1	1,767	99.94%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	500	2	502	99.60%
	Respiratory physiology - sleep studies	161	0	161	100.00%
Endoscopy	Urodynamics - pressures & flows	5	0	5	100.00%
	Colonoscopy	573	97	670	85.52%
	Flexi sigmoidoscopy	195	40	235	82.98%
	Cystoscopy	79	0	79	100.00%
	Gastroscopy	501	38	539	92.95%
Total		13,932	183	14,115	98.70%

Table 5.1 – Diagnostic DM01 (October 2014)

Quarter 3 Performance

The Trust was compliant for Quarter 3.

6. Cancer targets – October 2014

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

AS AT 16-Nov-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%
Q2 14/15	93.50%	81.90%	98.69%	94.50%	100.00%	81.75%	86.23%
October*	93.97%	84.48%	98.14%	89.58%	98.84%	74.03%	96.15%

*unvalidated position

Table 6.1 – Cancer Performance

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

Breast Symptomatic Standard

The Breast Symptomatic standard (referral for a breast problem, not cancer) remains a challenging issue. This is the fourth month in a row which the target has been non-compliant. 26 breaches have been recorded against target for October with 175 seen in month in total. The breach reasons were as follows

- 18 Patient cancellations of booked appointment
- 1 clinic cancellation
- 7 Outpatient capacity inadequate

Analysis of 1st appointments offered to patients, who subsequently cancel due to unavailability, indicated that 55% were offered an appointment on day 12-14 of their pathway. Patients offered dates earlier in pathway, who also subsequently cancelled, were re booked on average 10 days later, which resulted in a breach.

The Surgical Division has set up an "Improving breast pathway working Group" which will work towards solutions to the issues facing the service including capacity and demand. This Group involves both clinical and administration staff and will be supported by the Cancer Compliance Manager. More importantly, it has been established that some GP's are not fully aware of the status of the Breast Symptomatic standard and it has been agreed that update sessions will be provided to all CCG's by our lead Clinician

31 Day Subsequent Surgery Standard

There have been 5 breaches to this standard in October. 4 Skin and 1 Breast. The 4 Subsequent Surgery Skin breaches were carried out by Head & Neck Surgeons. TCI capacity for 3 of the breaches is the reason for this standards non-compliance. Patient's ill health after decision to treat and a surgeon sick leave also contributed two breaches. The Specialist and Surgical Division are working to a resolution regarding Head and Neck capacity and Specialist Division is looking at referring to plastics at East Grinstead as a possible alternative.

62 day Standard

October 2014 has been another challenging month for cancer waiting time performance. The Trust has had 38 breaches to this target in month. Only Skin, Breast and Gynaecology tumour sites have been compliant in month.

The following tumour sites have incurred the largest proportion of breaches in month:

- Urology (14)
- Lower GI (8)
- Lung (6)
- Haematology (4)

Breach reasons have been varied including

- 14 Health care provider initiated delay to diagnostics or treatment planning
- 10 Complex diagnostic pathways
- 6 Patient initiated (choice) delays to diagnostic or treatment planning
- 2 Administrative delays
- 1 – Clinic cancellation
- 4 – Elective capacity inadequate
- 1 – Treatment delay for medical reasons

The on-going increase in 2ww referrals is causing a significant problem with capacity. This along with internal delays for key events, waiting times, reporting times and processes are the reason for non-compliance against this standard.

The Internal Cancer Compliance action plan will address issues such as

- Usage of flagging of diagnostics,
- capacity for diagnostic,
- turnaround times for triage of diagnostics referrals

Improved efficiency in the tracking & escalation of patients along the pathway is being scrutinised.

The number of 62 day backlog patients has fallen in month and this is being monitored through PTL's weekly.

Key pieces of work with Urology, Lung and Lower GI will be on-going through Q3 to ensure improved performance in Q4.

Quarter 3 Performance

The 62 day standard is expected to be compliant for December however, it will remain non-compliant for the Quarter overall.

The Breast Symptomatic standard will be non-compliant for the Quarter.