

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS – 28 FEBRUARY 2014
SUBJECT:	KEY NATIONAL PERFORMANCE TARGETS
REPORT FROM:	CHIEF NURSE AND DIRECTOR OF QUALITY & OPERATIONS
PURPOSE:	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.	
<p>SUMMARY:</p> <p>This paper outlines performance against some of the key standards in the 2013/14 National Operating Framework & Monitor Risk Assessment Framework.</p> <p>The Trust was compliant with the A&E 4 hour standard in January.</p> <p>The Trust was compliant with all Monitor RTT targets.</p> <p>The Trust was compliant with the six week diagnostic target.</p> <p>The Trust is currently (<i>un-validated</i>) non-compliant against the 62 Day standard, 62 Day screening standard and the 31 diagnosis to first treatment standard.</p> <p>All information contained in this report is complete and accurate at the time of reporting.</p>	
IMPACT ON TRUST'S STRATEGIC OBJECTIVES: These targets are key to the achievement of access and financial objectives and contribute significantly to the patient experience and choice.	
FINANCIAL 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	

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 27th August 2013; this replaces the current Compliance Framework from 1st October 2013. Following consultation Monitor have decided not to implement the proposed new metrics 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 January 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%	95.3%		
Trolley Waits	0	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%	74.5%		
Ambulance Handover within 30 mins	-	97.93%	97.94%	98.50%	98.80%	99.80%	97.80%	98.29%	98.32%	97.7%	98.60%		
Ambulance Handover >1hr	0	5	10	6	3	2	2	0	0	1	0		
Un-planned Reattends	5%	7.3%	7.1%	7.8%	8.0%	7.5%	7.5%	7.2%	7.6%	7.2%	7.6%		

The Trust was compliant with the 4 hour A&E standard in January. There was a significant variance in performance during the month with an average performance of 93.02% during the first 2 weeks. During the latter part of the month there was a

remarkable improvement in performance with an average of 97.2%. The resultant position was 95.3%.

The improvement in performance can be attributed to the commitment of staff in A&E, CDU and on the wards. The implementation of the schemes within the Winter Monies Funding Programme has also had a positive impact. The schemes, in brief, include;

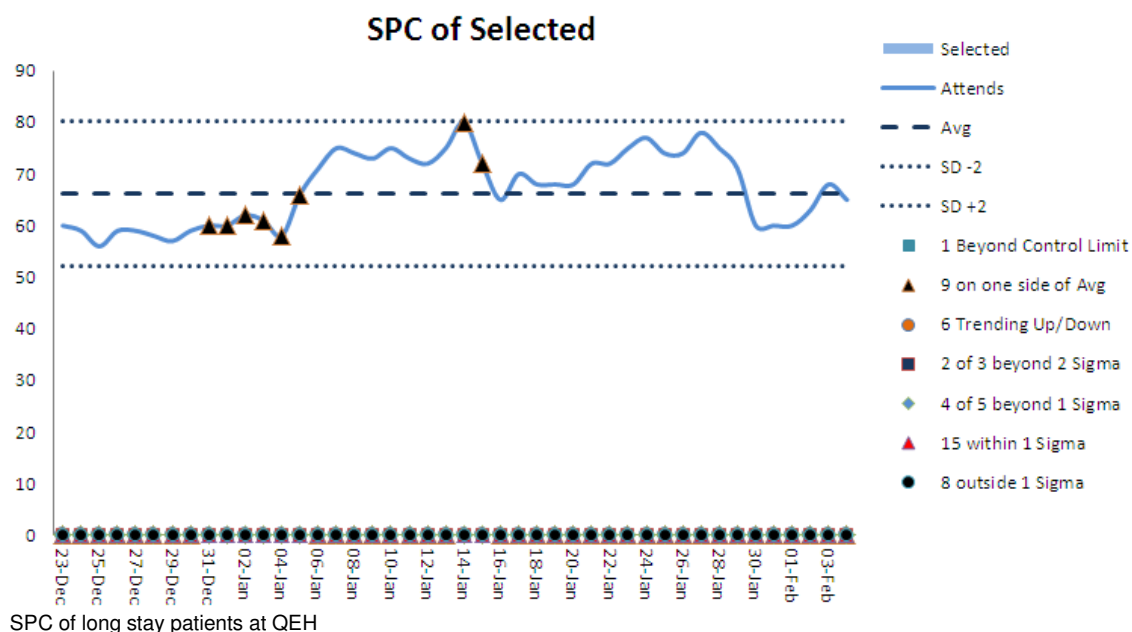
- additional A&E consultant sessions in the evenings and weekends
- additional geriatrician sessions in A&E at QEQM
- additional junior doctors on weekends to ensure that EDNs are completed in a timely manner
- physiotherapy and occupational therapy cover across the emergency floor in the evenings and weekends to enable patients to be assessed before being referred onto the community Rapid Response teams who in-reach into A&E. Therapy staff are also supporting the integrated discharge activity

The Programme includes provision of a HALO (Hospital Ambulance Liaison Officer) who is based in the A&E department. The HALO monitors the flow of ambulances in-bound to the A&E sites and challenges Ambulance crew decision-making where clinically relevant. The main reason for this is to ensure that activity is being spread appropriately across sites and to try and increase the numbers of patients being taken to MIUs across the patch. Additional senior management support for advice and guidance is being provided particularly at weekends.

Challenges

It is important to note that the Trust has had to overcome a number of challenges in order to attain the target. The main challenges have been high demand/acuity of patients, and a lack of community capacity especially during the holiday period which saw significant attrition in community bed and care package availability.

The result was considerable for the acute medical wards which saw a stark increase in patients with LOS >14 days. A key consequence of this was an increase in bed occupancy on the short stay wards which adversely affected patient flow from A&E. This in turn had a negative impact on performance. This trend was seen from the end of November, continued through to January and sustained in February particularly at the QEQM where there was a peak of 81 patients with an LOS > 14 on the 15th January. This is illustrated by the table below.



The team is working collaboratively with external partners to improve the discharge processes and is taking the lead on reviewing the Trust discharge policy to ensure a standardised, streamlined approach to discharge planning which will greatly improve quality of care and patient experience.

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**

January performance against the 2013/14 standards was; non-admitted care 98.3%, admitted care 90.0%, incomplete pathways 94.8% and a total of 0 52+ week waiters.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	9,605	167	9,772	98.3%		
Admitted Pathway	3,231	359	3,590	90.0%		776
Incomplete Pathways	26,908	1,463	28,371	94.8%	0	

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

January 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 facilitate 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 (January 2013)

The Trust backlog position remained fairly static throughout January, ending the month at 776.

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

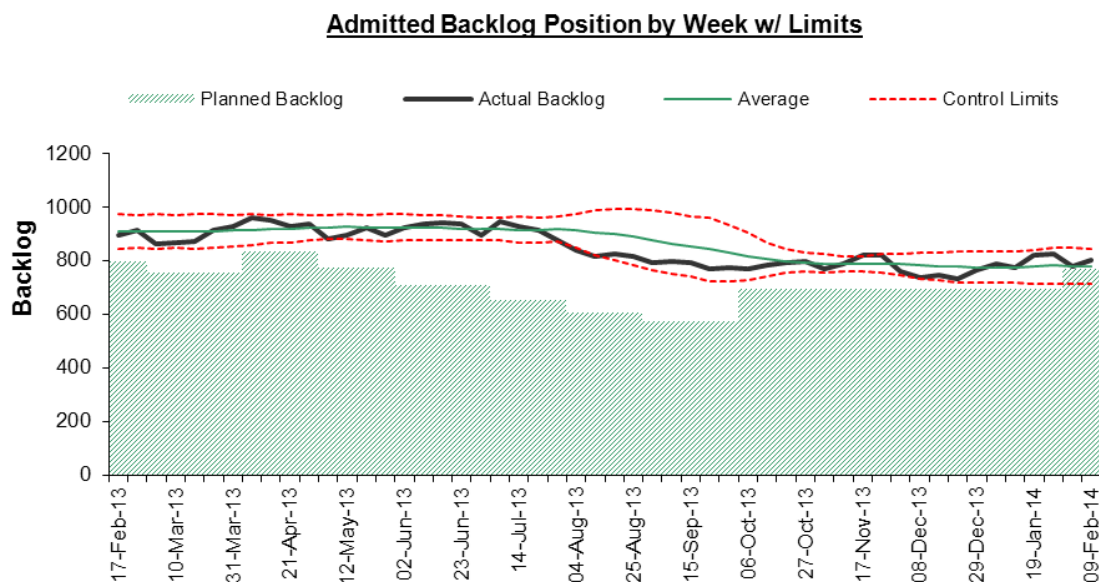


Chart 3.1 – Backlog Position by Week (rolling 12 month)

Whilst T&O remains non-compliant with the incomplete pathways standard in January, 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 January the Trust maintained its achievement of 0 patients on an incomplete pathway who have been waiting 52 weeks or over.

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 January 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 January a total of 34 patients were waiting 6+ weeks for a diagnostic test, which is a decrease of 9 breaches compared to last month. The majority of the breaches are still in the Radiology area, which accounts for 23/34 breaches. Cardiology (Echo's), Neurophysiology and Sleep Studies also have breaches but remain compliant with the standard. Uro-dynamics, which failed last month, has achieved 100% compliance in January.

The Radiology department have declared 23 breaches of the DM01 target for the month of January 2014, although all Radiology metrics are compliant against the target of 99%. As discussed in previous months, the RIS system is being systematically validated and this process will continue until all patient data has been validated.

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	3,679	1	3,680	99.97%
	Computed Tomography	2,036	11	2,047	99.46%
	Non-obstetric ultrasound	3,389	11	3,400	99.68%
	Barium Enema	97	0	97	100.00%
	DEXA Scan	169	0	169	100.00%
Physiological Measurement	Audiology - Audiology Assessments	194	0	194	100.00%
	Cardiology - echocardiography	1,041	6	1,047	99.43%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	380	3	383	99.22%
	Respiratory physiology - sleep studies	213	2	215	99.07%
Endoscopy	Urodynamics - pressures & flows	15	0	15	100.00%
	Colonoscopy	588	0	588	100.00%
	Flexi sigmoidoscopy	209	0	209	100.00%
	Cystoscopy	77	0	77	100.00%
	Gastroscopy	437	0	437	100.00%
Total		12,524	34	12,558	99.73%

Table 5.1 – Diagnostic DM01 (January 2014)

6. Cancer targets – December 2013

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

AS AT 17-Feb-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%
Q3	95.22%	93.29%	98.31%	97.89%	98.15%	85.01%	87.77%
January*	94.66%	93.81%	94.87%	95.00%	100.00%	76.82%	58.33%
February	-	-	-	-	-	-	-
March	-	-	-	-	-	-	-
Q4							

*unvalidated position

Table 6.1 – Cancer Performance 2013/14

The current **un-validated** position for January 2014 shows non-compliance against the 62 Day standard (both urgent GP referrals and screening referral standard), and the 31 day diagnosis to first treatment standard. It is predicted that after validation is completed that these targets will remain non-compliant. All other performance measures have been met.

The following table highlights those tumour groups not meeting the relevant standard (* unvalidated) in the month of January (6.2).

January*					
Standard	Tumour Group	Target	Performance	Total no of Patients	Breaches
2ww	Gynae	93%	92.43%	185	14
31d First Treats	Breast	96%	85.96%	57	8
31d First Treats	Lung	96%	93.33%	15	1
31d First Treats	Haematological	96%	93.33%	15	1
31d First Treats	Gynae	96%	94.44%	18	1
31d Subs Surg	Head & Neck	94%	50.00%	6	3
62d Treats	Breast	85%	84.00%	25	4
62d Treats	Lung	85%	40.00%	5	3
62d Treats	Haematological	85%	16.67%	6	5
62d Treats	Lower GI	85%	78.26%	23	5
62d Treats	Gynae	85%	41.67%	12	7
62d Treats	Urological	85%	82.98%	47	8
62d Treats	Head & Neck	85%	66.67%	6	2
62d Screening	Breast	90%	59.09%	22	9
62d Screening	Lower GI	90%	50.00%	2	1

*unvalidated position

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

62 day screening referral to treatment

The screening standard had 10 breaches in January - 9 within the tumour group of Breast and 1 within Lower GI.

From pathway analyses of the breaches, it is noted that pathways have been extended due to:

- Planned date of surgical treatment after decision to treat not within target at QEQM and KCH
- Delay to histology results being available for MDT discussion,
- Diagnostic waiting time delays
- Complex diagnostic pathway
- Patient being unavailable for a period of time during diagnostic phase of pathway

The Cancer Compliance team are working closely with the Clinical Support Division to review the internal diagnostic waiting times to improve the pathway. CT capacity has been highlighted as a specific constraint on the WHH site and is being investigated.

The significant increase in breast referrals has had an impact, and in January the surgical treatment capacity for this group of patients at QEQM was a specific issue. Even with the plans for improvement, it is predicted that after validation is completed that this target will remain non-compliant.

Due to this month's level of non-compliance and predicated level of compliance in February 2014, the whole quarter's (quarter 4) position is expected to be non-compliant against this standard.

62 day GP referral to treatment standard

The Trust has had 34 breaches to this standard in month and this has involved all tumour sites. Only the Skin tumour site has incurred no breaches. Reasons for breaches range from:

- Waiting time increase in diagnostics
- elective capacity, including ITU capacity
- complex diagnostic pathways
- Multiple MDT discussions

Tumour site breach analysis is underway to resolve pathway issues and to strengthen the tracking of patients along the pathways. It is predicted that after validation is completed for the month that this standards will remain non-compliant. Close monitoring of this target is ongoing and being undertaken by all tumour sites.

31 day diagnostic to first treatment standard

There have been 12 breaches within treatment modality of surgery and 1 treatment modality of chemotherapy. 11 of the surgical breaches are due to elective capacity before target date including ITU beds and one patient was delayed due to co-morbidities after decision to treat. It is predicted that after validation is completed that this target will remain non-compliant. Close monitoring of the 31 day standards and is being undertaken by all tumour sites.

Summary

The number of cancer referrals received by the Trust continues at high levels, with significant impact from public health campaigns and story lines in national TV soap operas.

The Trust recognises some delays in pathways associated with the impact of PACs/RIS productivity constraints within diagnostics and capacity constraints in 2 WW outpatient clinics, theatres and ITU beds.

The Cancer Compliance team has:

- Met with each Divisional leadership team to remind them of their responsibilities in relation to cancer performance
- Met with new operational managers to train them on cancer performance
- Revised the running of PTL meetings and MDM meetings
- Supported pathway mapping for Urology, Breast and Lung tumour sites
- Presented at CCG Clinical Forum to highlight issues with patient compliance

Work is on-going in terms of:

- Monitoring of improvement of tumour specific action plans
- Improved PTL and performance monitoring
- Specific work with teams to support changes in demand
- Support to Patient Service Centre
- Focus on ideal pathways and effective MDM decisions

The emerging risk will be evaluated by the Risk Management and Governance Group and added to the corporate risk register.