

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: BOARD OF DIRECTORS****DATE: 27 MARCH 2015****SUBJECT: KEY NATIONAL PERFORMANCE TARGETS****REPORT FROM: CHIEF OPERATING OFFICER****PURPOSE: Discussion****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 February.

The Trust was non-compliant for the admitted RTT standards (in line with agreed plan to clear backlogs) and with the incomplete pathways standard in February.

The Trust is compliant with the six week diagnostic target in February.

The Trust is non-compliant against the 62 day GP standard in February.

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 and seek further assurance if required.

NEXT STEPS:

Recovery trajectories are in place for the A&E, RTT and Cancer standards. Achievement of these standards is being monitored daily, however operational pressures are significant.

<p>IMPACT ON TRUST'S STRATEGIC OBJECTIVES:</p> <p>"Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance " - Maintain a Governance Rating with Monitor of Green</p> <p>These targets are key to the achievement of access and financial objectives and contribute significantly to the patient experience and choice.</p>
<p>LINKS TO BOARD ASSURANCE FRAMEWORK:</p> <p>These standards form part of the reporting mechanism to The Management Board (previously CPMT) and also the Clinical Advisory Board (CAB).</p>
<p>IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:</p> <p>All these standards are being closely monitored and mitigating actions are being taken where appropriate (in collaboration with the whole health economy)</p>
<p>FINANCIAL AND RESOURCE IMPLICATIONS:</p> <p>There is a financial penalty for not achieving these targets when in a PbR contract – the current managed contract does not hold this financial risk.</p>
<p>LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:</p> <p>None</p>
<p>PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES</p> <p>N/A</p>
<p>ACTION REQUIRED:</p> <ul style="list-style-type: none"> (a) Discuss and agree recommendations. (b) To note the content of the report
<p>CONSEQUENCES OF NOT TAKING ACTION:</p> <p>Potential risk of failing the required standards which has an impact on our Monitor rating and Trust reputation.</p>

Performance Report February 2015 – Key National Indicators

1. Introduction

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

- A&E Performance
- 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 Performance

The Trust was non-compliant with the 4 hour A&E standard in February 2015 at 88.2%. Activity levels compared to the previous year and performance against the emergency 4 hour KPI is broken down by site in the table below:

	Trustwide	QEH	WHH	K&C	BHD
Total Numbers attending A&E	15,015	5,245	5431	3495	821
Change from Previous Year	1.25%	3.75%	1.50%	-0.11%	-8.88%
Breaches (Numbers Not Seen within 4 Hrs)	1,771	731	933	106	1
% met	88.2%	86.1%	82.8%	97.0%	99.9%
Numbers of 20-30 year olds	2,237 (14.5%)	712 (13.6%)	753 (13.9%)	650 (18.6%)	112 (14.86%)
Numbers of 75+	2,622 (17.5%)	963 (18.4%)	970 (17.9%)	632 (18.1%)	57 (6.9%)
Current vacancies	14 vacancies (Nursing)	B6 x3 B5 x4	B7x1, B6 x1, B4 x1, B2 x2	B5 x1	B6 x 0.5 B2 x 0.5

To date the overall activity level for the Trust over 2014/15 is 2.6% above the previous year, and 2.2% above the plan which equates to 4,108 patients. In February, there was a marginal increase in overall attendances compared to the previous year (+1.25%), with QEH seeing more patients than in the previous year (+3.75%), and the WHH seeing a smaller increase (+1.50%). We can see that in terms of age of patients that both QEH and WHH are similar, though K&C sees a significantly higher proportion of young adults through its Emergency Care Centre than the main A&E sites most probably due to the high student population.

Breach Analysis

The main reasons for failure of the 4 hour access standard were;

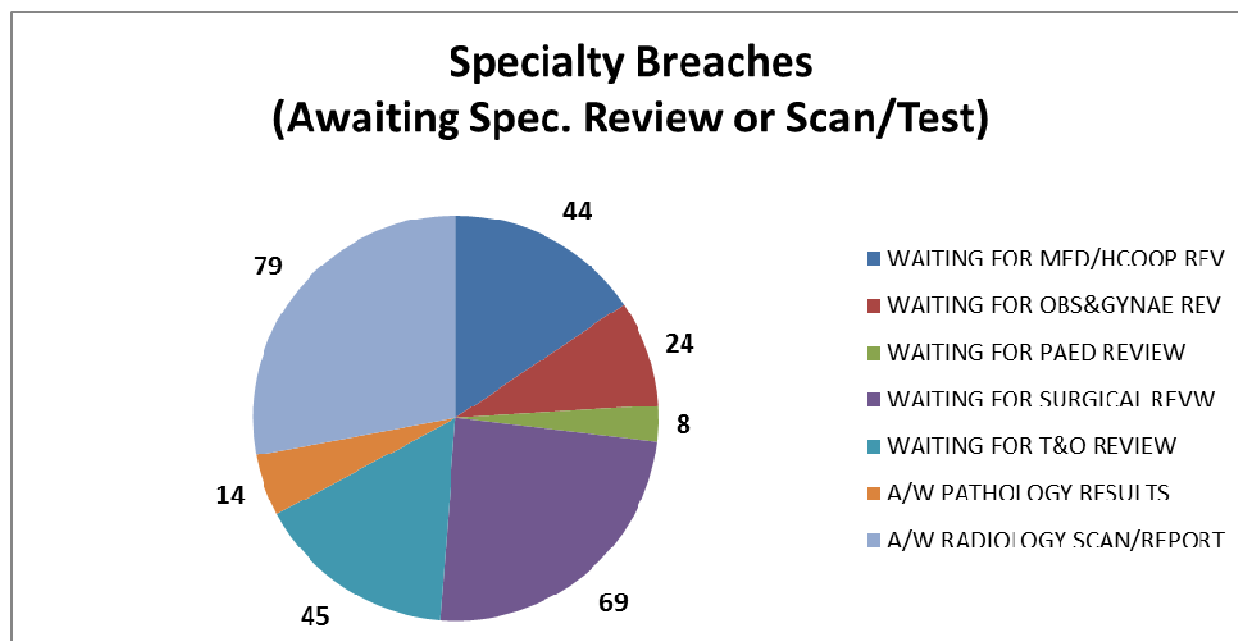
- Patients awaiting a bed related to the increased LOS and high numbers of delayed transfers of care (DTOCs) over winter have caused flow issues.
- Delays occurring within the ED department, in delays to admissions or being seen mainly due to crowding in the departments
- Delays in specialty review in ED including patients awaiting pathology or scans
- Clinical Need e.g. clinical deterioration of the patient

The breakdown of breaches for February, by grouped breach area is shown below;

Grouped Breach Reason	No. Breaches (Feb-14)
AE Delays	712
Awaiting beds	570
Specialty review	283
Clinical need	124
Others	82
Grand Total	1771

The largest breach group lies within the EDs precipitated by delays in department caused by exit block which results in crowding and therefore an inefficient department.

The pie chart below illustrates the number of breaches related to specialties. It must also be noted that each patient awaiting speciality review in the ED reduces the capacity of the department and therefore adds delays to journey for the next patient waiting to be seen.



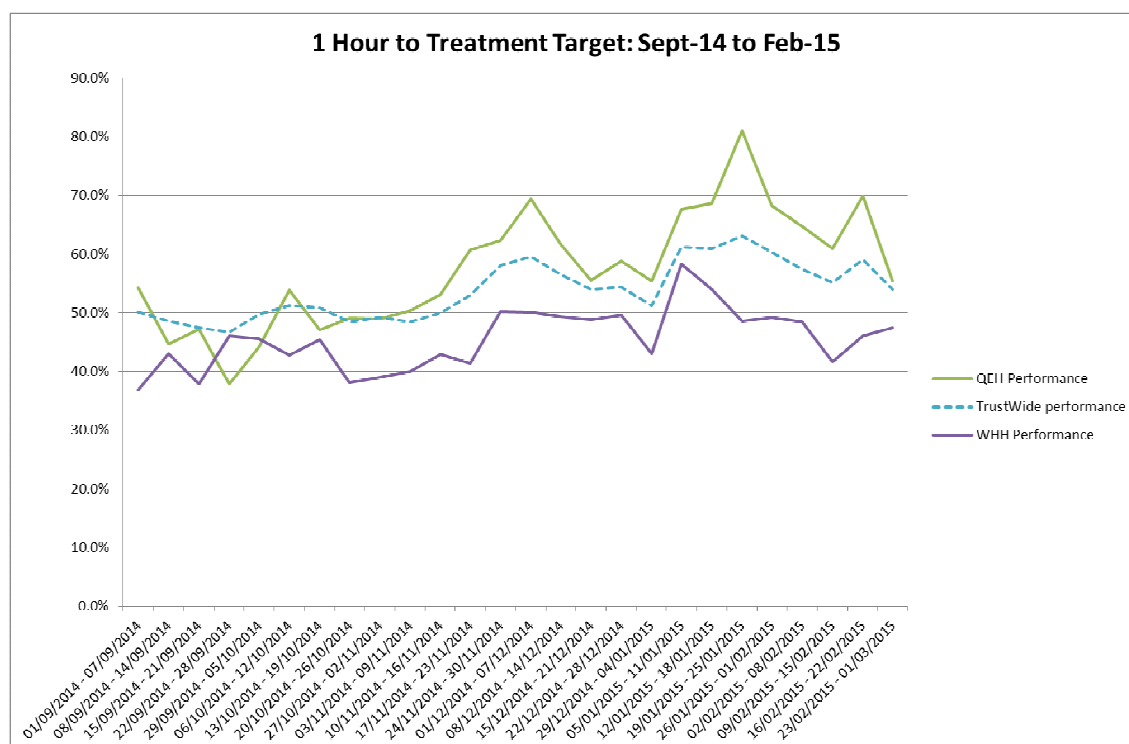
Variation in daily attendances and ambulance attends continue to contribute to pressures on the main emergency sites as do the surges in activity. We are also now seeing peaks of patients after 22.00 and past midnight which is an important change that is having a

significant impact on the departments in the early hours of the morning. The staffing profile is once again being reviewed to address this.

An Important Improvement

Over the course of the last few months, the Division has employed additional doctors and A&E Consultant sessions across the evenings and weekends, to provide enhanced cover at both the QEH and WHH sites. This has resulted in an improvement in the 60 minute treatment target (first seen).

Time to Treatment compliance rose over this period from around 48.2% (4 week average in Sept-14), to a 4 week average of 56.4% in February. The chart notes the drastic improvement in this measure at the QEH in Margate, where the weekly performance exceeded 60% in late November and again through January and February. There is also an improvement in trend noted at WHH noted at the WHH although exit block within this department has a significant impact.



3. Referral to Treatment waiting time performance

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**

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

February performance against the 2014/15 standards was; non-admitted care 95.7%, admitted care 77.9%, incomplete pathways 92.1% and there were nine patients who were waiting 52+ weeks as at the end of February.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	6,688	304	6,992	95.7%		
Admitted Pathway	2,595	738	3,333	77.9%		1,556
Incomplete Pathways	30,370	2,603	32,973	92.1%	9	

Table 3.1 – RTT Position Compliance by Pathway (February 2015)

February performance shows the Trust remains compliant with the non-admitted standard and the incomplete pathways standard has been narrowly achieved following two consecutive months of failure due to the size of the admitted backlog. Exceptions to compliance are detailed in the below table.

Pathway	Specialty	< 18 Weeks	>18 Weeks	Total	% Compliance
Admitted	GenSurg	335	67	402	83.3%
Admitted	Urology	247	34	281	87.9%
Admitted	T&O	474	293	767	61.8%
Admitted	ENT	191	40	231	82.7%
Admitted	MaxFax	114	37	151	75.5%
Admitted	Dermatology	241	179	420	57.4%
Admitted	Gynae	218	30	248	87.9%
Admitted	Other Specs	112	13	125	89.6%
Non-Admitted	Ophthalmology	908	58	966	94.0%
Non-Admitted	MaxFax	393	25	418	94.0%
Non-Admitted	Dermatology	755	53	808	93.4%
Non-Admitted	Gynae	351	19	370	94.9%
Incompletes	T&O	4,231	958	5,189	81.5%
Incompletes	Ophthalmology	3,841	349	4,190	91.7%
Incompletes	Dermatology	2,120	306	2,426	87.4%

* 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 (February 2015)

The Trust backlog position decreased in month for the first time in 10 months, with a reduction of 86 patients. Reductions were achieved in the following specialties; T&O, ENT, Ophthalmology, Maxillo Facial, Cardiology and Dermatology.

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

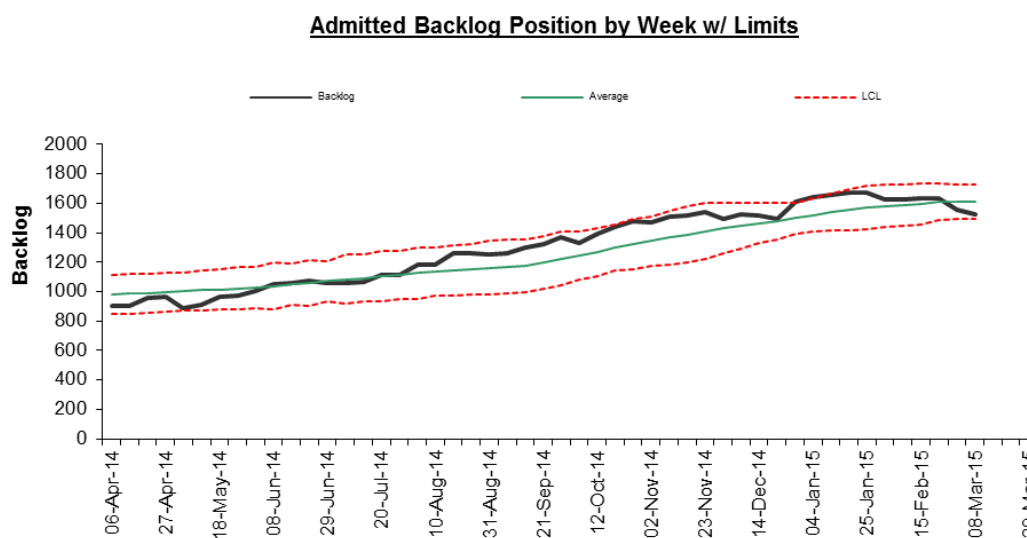


Chart 3.1 – Backlog Position by Week (rolling 12 month)

T&O, Dermatology and Ophthalmology remain non-compliant with the incomplete pathways standard in February. As previously stated it is unlikely that these specialties will move back to a compliant position until the admitted backlog reduces to a sustainable level. Issues in Ophthalmology continue to be related to the non-admitted pathway however the specialty is actively sourcing additional capacity to clear long waiters and as such the position has improved since last month.

The number of additions to backlog remains high and is a significant contributing factor to the Backlog performance. This is caused by a combination of factors:

- We have been unable to send the amount of activity to the independent sector to cover the waiting list reduction plans.
- Increasing numbers of patients on two week wait cancer pathways and urgent patients are reducing the capacity available to treat longest waiters.
- Increased waiting times for routine First Outpatient Appointment times are leading to extended waiting times at the decision to admit, as such we are experience increased numbers of late conversions.

As a result of the revised booking profiles focussing on 14+ week patients we are beginning to see the levels of tips to backlog reduce. We expect to see this decline continue as we progress into the new financial year following the new trajectory.

As at the end of February the Trust declared nine breaches of the 52 week wait standard.

Actions:

- Specialty level action plans are being monitored on a weekly basis through the Weekly KPI Meeting chaired by the acting Chief Operating Officer.*
- Booking targets have been set at specialty level and waiting list booking performance is being monitored against these on a regular basis, the targets are*

now established operationally and we are beginning to see reductions in the backlog position.

- *Referral management schemes commenced in Ashford, Canterbury and South Kent Coast CCGs in December 2014. Our analysis suggests the demand is broadly reducing is the correct subspecialty although referrals from Thanet and trust wide spine referrals continue above our sustainable levels. This is being closely monitored on a weekly basis to understand which scheme is having the biggest impact. Thanet CCG is due to come on line with this scheme in April 2015.*
- *The external validation team from NHS England has now completed their validation of the incomplete pathways. Initial feedback suggests that they are confident in our approach to and the accuracy of our validation and have not identified any significant areas for removal from the PTLs.*
- *Following conversations with Monitor a revised trajectory for RTT performance in 2015/16 has been developed to show with continuation of chronological booking that the Trust will return to an aggregate compliant admitted position in January 2016. Work is now being undertaken by operational teams to identify additional schemes and assess the possibility of bringing the aggregate compliance forward to October 2015. This was presented to the management board this week.*

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 February 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 Trust has maintained its compliant position in February, closing the month with 99.44% patients waiting six weeks or less for a diagnostic test. The only two areas breaching the target were Neurophysiology, due entirely to equipment failure, and Gastroscopy due to a combination of increased demand and equipment failure. The continued high demand Gastro remains a risk to future delivery on this standard. The operational and clinical teams are working together to provide additional capacity to deal with this level of demand.

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	3,209	0	3,209	100.00%
	Computed Tomography	2,031	0	2,031	100.00%
	Non-obstetric ultrasound	3,091	1	3,092	99.97%
	Barium Enema	122	0	122	100.00%
	DEXA Scan	282	0	282	100.00%
Physiological Measurement	Audiology - Audiology Assessments	164	1	165	99.39%
	Cardiology - echocardiography	1,683	3	1,686	99.82%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	75	24	99	75.76%
	Respiratory physiology - sleep studies	220	0	220	100.00%
	Urodynamics - pressures & flows	4	0	4	100.00%
Endoscopy	Colonoscopy	644	4	648	99.38%
	Flexi sigmoidoscopy	200	1	201	99.50%
	Cystoscopy	212	1	213	99.53%
	Gastroscopy	615	36	651	94.47%
Total		12,552	71	12,623	99.44%

Table 5.1 – Diagnostic DM01 (February 2015)

Cancer targets – February 2015

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

	2ww 93%	Breast Symptomatic 93%	31 day 96%	31 day Sub Drug 94%	31 day Sub Surg 98%	62 day GP 85%	62 day Screening 90%
Q1 14/15	93.50%	92.37%	99.07%	99.14%	95.74%	85.65%	95.60%
Q2 14/15	93.47%	81.90%	98.69%	98.69%	94.50%	81.68%	86.03%
Q3 14/15	93.36%	86.43%	98.06%	98.06%	93.08%	81.68%	93.06%
Dec-14	92.65%	93.08%	97.93%	100%	96.67%	86.45%	90.00%
Jan-15	90.51%	95.38%	98.60%	94.23%	98.23%	79.62%	70.59%
Feb-15	94.99%	94.19%	96.28%	96.00%	98.50%	75.84%	96.00%

The current un-validated position for February 2015 shows non-compliance against the 62 day GP standard only. All other performance measures have been met. We will continue to validate the information up to the national submission date as some cancer pathways involve other providers and validation continues between organizations which can take up to 25 working days from month end.

62 day standard

The 62 day GP standard has not been achieved in February 15. Large numbers of breaches in Urology (18) & Lower GI (7) due to delays with diagnostics within the pathways for Prostate and Colorectal have led to non-compliance for the Trust.

Summary of 62 day breaches Feb 15;

Tumour Site	Number of breaches	Breaches Reasons
Urology	18	6 x Patient initiated delay to diagnostic 11 x Health care provider delay to diagnostic or treatment planning 1 x Medical reason
Lower GI	7	7 x Health care provider delay to diagnostic or treatment planning
Lung	2	1 x Patient initiated delay to diagnostic 1 x Complex pathway
Upper GI	1	1 x Complex pathway
Haematology	1	1 x Complex pathway
Breast	1	1 x Patient initiated delay to diagnostic
H&N	1	1 x Medical reason
Skin	2	1 x Patient initiated delay to diagnostic 1 x elective capacity inadequate

Due to the non-compliant position in Jan and with this month's breach numbers against this target, the Trust will be non-compliant at quarter 4 14/15 end. Actions are taking place to push for compliance within these two tumour sites these include:-

- Dedicated 2ww clinics (not mixed clinics).
- Additional diagnostic capacity. 1 week wait for TRUS Biopsy by April 15
- Redesign of pathway bringing MRI diagnostic forward in pathway. Patient will be diagnosed earlier in pathway.
- 3 session theatre days in Urology for Robot.
- PTL issue feedback to clinical teams.
- Operational planning of MDT outcomes

Clinical engagement for cancer targets has improved greatly over the past quarter and this will be supported by Cancer Board meeting more frequently in order to keep the momentum and feedback ongoing so issues can be resolved efficiently and in a timely manner.