

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS – 28 MARCH 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.	
SUMMARY:	
This paper outlines performance against some of the key standards in the 2013/14 National Operating Framework & Monitor Risk Assessment Framework.	
The Trust was compliant with the A&E 4 hour standard in February.	
The Trust was compliant with all Monitor RTT targets.	
The Trust was compliant with the six week diagnostic target.	
The Trust is currently non-compliant against the 62 Day screening standard.	
All information contained in this report is complete and accurate at the time of reporting.	
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:	

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 February 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%	95.3%	
Trolley Waits	0	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%	75.0%	
Ambulance Handover within 30 mins	-	97.93%	97.94%	98.50%	98.80%	99.80%	97.80%	98.29%	98.32%	97.7%	97.28%	97.02%	
Ambulance Handover >1hr	0	5	10	6	3	2	2	0	0	1	0	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%	7.2%	

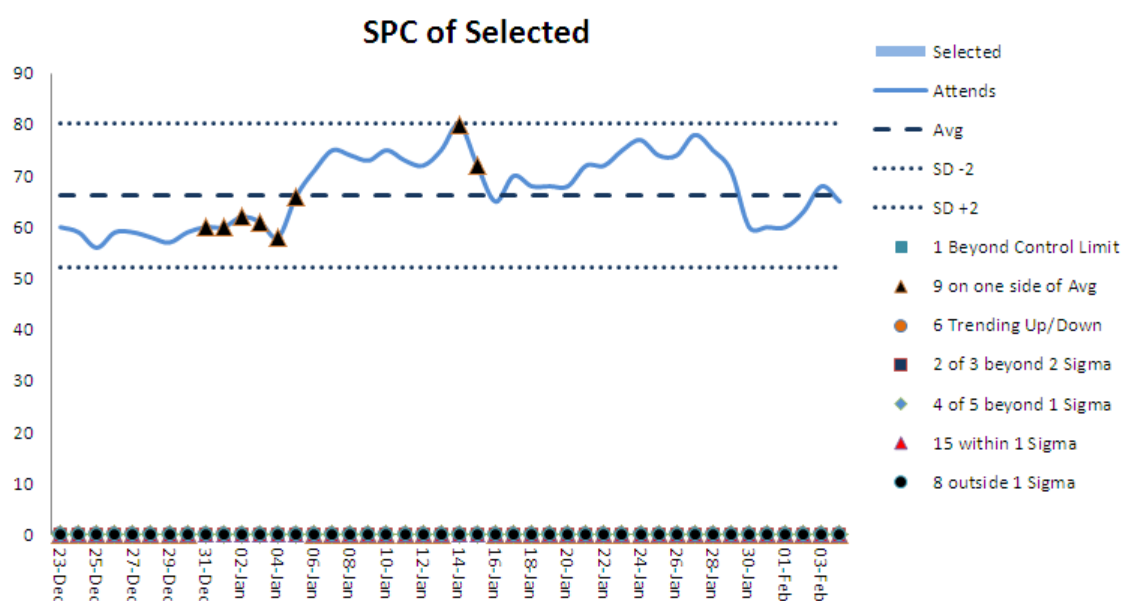
The Trust was compliant with the 4 hour A&E standard in February. There was a significant variance in performance during the month with a resultant position of 95.32%.

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

Challenges

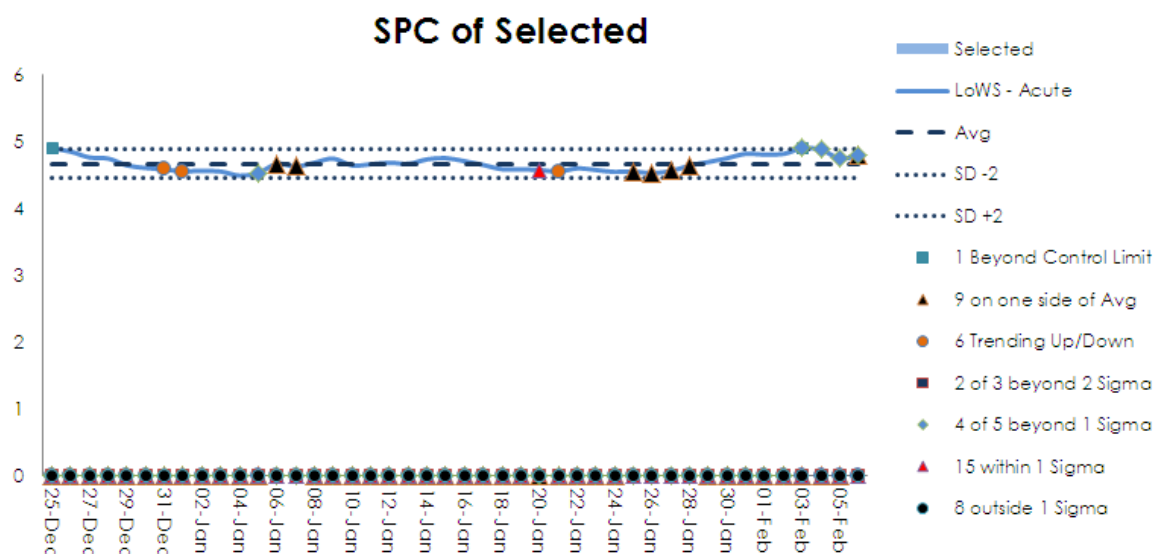
It is important to note that the Trust has had to overcome a number of challenges in order to attain the target in January and continue to achieve good performance through February. The main challenges have been high demand/acuity of patients, and a lack of community capacity especially during the half term 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.



SPC of long stay patients at QEH

This was also an issue at WHH which can be seen below in the average length of ward stay on the Acute wards. This peaked in late January / early February illustrating a continued pressure on the flow of patients through January.



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.

Overview of Quality

Due to the increase in LOS and impact of the February half term QEPMH and WHH there has been 45-60 additional unfunded beds used across both sites which has had an impact on staffing levels on the wards and therefore potentially impacts on patient safety.

There was one outbreak of Norovirus at the QEPM which resulted in a ward being closed. This further compromised bed capacity. The ward has now been re-opened.

Current Actions

- The winter funding schemes are being progressed and are having a positive impact.
- Clinical care has been made safe (but not optimal) through the use of overtime, agency and NHSP.
- Overseas nurses came into post throughout Dec – February.
- Additional medical staffing in A&E and on the wards to support discharges at weekends.

Recommended Actions

- Increased SS support to facilitate complex discharges
- Increased SS and Community support to reduce the LOS for those very long stay patients.
- Increased provision of EMI beds in community.
- A streamlined CHC process on all sites.

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**

February performance against the 2013/14 standards was; non-admitted care 98.8%, admitted care 91.0%, 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	8,168	100	8,268	98.8%		
Admitted Pathway	3,086	305	3,391	91.0%		826
Incomplete Pathways	27,528	1,516	29,044	94.8%	0	

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

February performance shows the Trust was compliant with all RTT standards at an aggregate level and therefore compliant with the Monitor Compliance Framework. Exceptions to compliance are detailed in the below table.

Pathway	Specialty	< 18 Weeks	>18 Weeks	Total	% Compliance
Admitted Pathway	T&O	714	126	840	85.0%
Incomplete Pathways	T&O	4,443	545	4,988	89.1%

* 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 2013)

The Trust backlog position grew during February ending the month at 826, an increase of 50 in month. This growth is evident in two particular specialties, T&O & Dermatology. The growth in T&O was expected and was played into the backlog trajectory set for the specialty, which was met for the month. This expectation was set following a significant peak in referrals during October and whilst waiting time standards were met in the outpatient element of the pathway, constraints around admitted capacity led to the increase in backlog. Since October referrals have returned to normal levels and with continued non-compliance in this specialty the backlog reduction should continue moving forward. The increase in Dermatology has been gradual over the course of several months and relates to significant service pressure surrounding the provision of MOHS surgery. A recovery trajectory is currently being worked up by the Division.

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

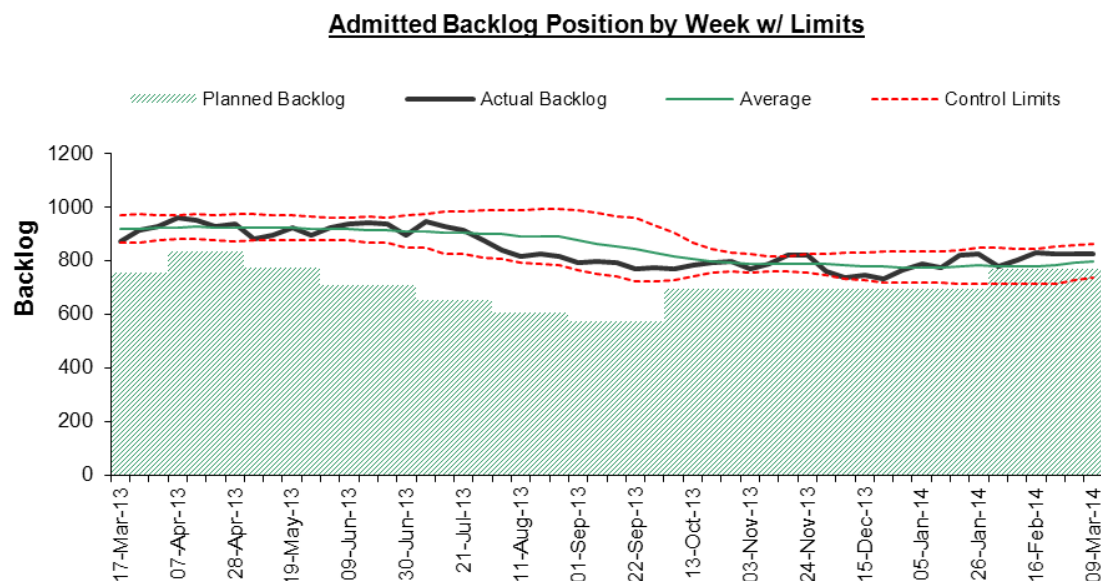


Chart 3.1 – Backlog Position by Week (rolling 12 month)

Whilst T&O remains non-compliant with the incomplete pathways standard in February, 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 February 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 February 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 February a total of 15 patients were waiting 6+ weeks for a diagnostic test, which is a decrease of 19 breaches compared to last month. The majority of the breaches

are still in the Radiology area, which accounts for 10/15 breaches but all Radiology metrics are still compliant at test level. Cardiology-Echo's (with 2 breaches), Sleep Studies (with 1 breach) and Uro-dynamics (2 breaches) make up the other reported breaches. Uro-dynamics, which was 100% compliant last month, was the only test to fail in February, achieving 71% due to capacity issues in Gynaecology.

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	3,561	1	3,562	99.97%
	Computed Tomography	2,012	8	2,020	99.60%
	Non-obstetric ultrasound	2,704	1	2,705	99.96%
	Barium Enema	89	0	89	100.00%
	DEXA Scan	133	0	133	100.00%
Physiological Measurement	Audiology - Audiology Assessments	239	0	239	100.00%
	Cardiology - echocardiography	1,194	2	1,196	99.83%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	400	0	400	100.00%
	Respiratory physiology - sleep studies	194	1	195	99.49%
	Urodynamics - pressures & flows	5	2	7	71.43%
Endoscopy	Colonoscopy	600	0	600	100.00%
	Flexi sigmoidoscopy	206	0	206	100.00%
	Cystoscopy	66	0	66	100.00%
	Gastroscopy	489	0	489	100.00%
Total		11,892	15	11,907	99.87%

Table 5.1 – Diagnostic DM01 (February 2014)

6. Cancer targets – December 2013

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

AS AT 19-Mar-14	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	95.08%	93.04%	94.33%	94.83%	100.00%	78.10%	58.33%
February*	96.89%	94.97%	97.24%	95.83%	100.00%	85.91%	77.78%
March	-	-	-	-	-	-	-
Q4							

*unvalidated position

Table 6.1 – Cancer Performance 2013/14

The current **un-validated** position for February 2014 shows compliance against all standards apart from the 62 day screening standard. It is predicted that after validation is completed that this target will remain non-compliant. All other performance measures have been met.

The following table (6.2) highlights those tumour groups not meeting the relevant standard in the month of February (**data is currently un-validated*).

Total Standard achievement	February*					
	Standard	Tumour Group	Target	Performance	Total no of Patients	Breaches
96.89%	2ww	Brain & CNS	93%	75.00%	4	1
97.29%	31d First Treats	Breast	96%	91.30%	46	4
	31d First Treats	Head & Neck	96%	90.00%	10	1
95.92%	31d Subs Surg	Skin	96%	87.50%	16	2
85.91%	62d Treats	Lung	96%	75.00%	8	2
	62d Treats	Haematological	94%	50.00%	2	1
	62d Treats	Lower GI	85%	76.19%	21	5
	62d Treats	Urological	85%	81.58%	38	7
	62d Treats	Head & Neck	85%	75.00%	4	1
77.88%	62d Screening	Breast	90%	76.92%	13	3
	62d Screening	Lower GI	90%	66.67%	3	1

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

62 day screening referral to treatment

The 62 day screening standard had 4 breaches in February - 3 within the tumour group of Breast and 1 within lower GI. This has resulted in the failed performance at 77.88%.

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.
- Diagnostic waiting time delays
- Complex diagnostic pathways

The Cancer Compliance team have been working closely with the Surgical and Clinical Support Division to review the internal diagnostic waiting times to improve the pathway.

With the work already completed and further plans for improvement, March is predicted to be compliant against this target.

However, due to the level of non-compliance in January and February 2014, the whole quarter's (quarter 4) position is expected to be non-compliant against this standard. A separate more detailed report has been produced which confirms that the most significant contributing factor was the booking of the majority of breast screening patients with symptoms into surgical clinics (and thus admissions for surgery) to only one of the four breast surgeons available. This has now been corrected and improved escalation processes are now in place.

This standard is expected to be compliant from Q1 (14/15) onwards.