

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS

DATE: 24 APRIL 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

The Trust was non-compliant for all RTT standards

The Trust is compliant with the six week diagnostic target

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

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.

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 when in a PbR contract – the current managed contract does not hold this financial risk.

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 March 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 March 2015 at 87.6%. This brought Q4 to a close at 88.1% compliance. The compliance for Q1-Q4 was as follows;

	Q1	Q2	Q3	Q4
Attendances	52,627	53,154	50,398	48,525
Breaches	2,991	3,4484	4,721	5,754
Compliance	94.3%	93.4%	90.7%	88.1%

Activity levels and performance against the emergency 4 hour access standard for March is broken down by site in the table below:

	Trustwide	QEH	WHH	K&C	BHD
Total Numbers attending A&E	17,720	6,117	6,390	4,096	1,117
Breaches (Numbers Not Seen within 4 Hrs)	2,206	1,087	993	124	2
% met	87.6%	84.5%	82.2%	97.0%	99.8%
Numbers of 20-30 year olds	2,677 (15.1%)	802 (13.1%)	962 (15.1%)	752 (18.4%)	161 (14.4%)

Numbers of 75+	2,882 (16.3%)	1,072 (17.5%)	1,004 (15.7%)	732 (17.9%)	74 (6.6%)
Nursing 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
Medical vacancies (A&E only)	Consultant 11.5	7	6	-	-
	Middle Grades 12	7	5		

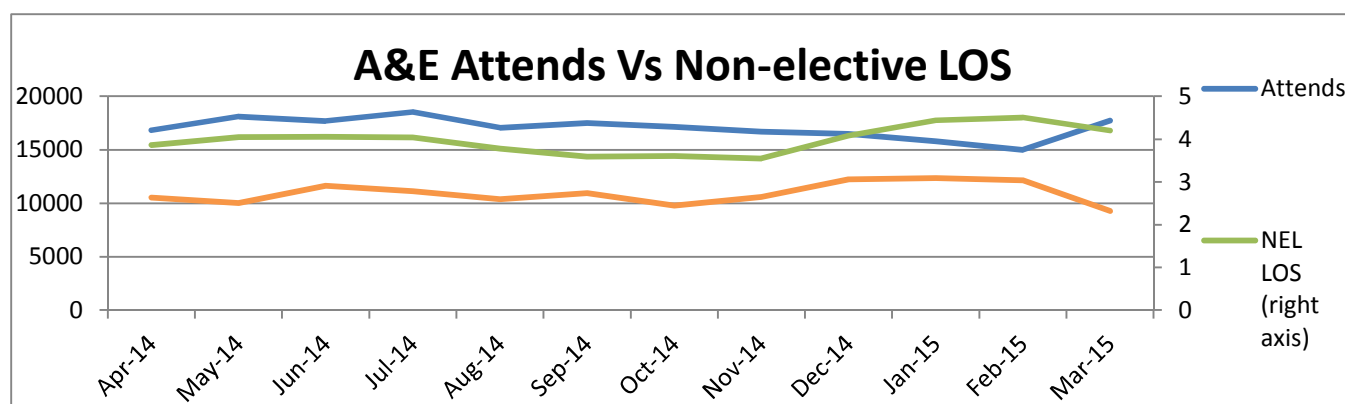
Table 1: Activity and Performance

Activity levels over 2014/15 was 2.4% above the previous year, and 2.9% above the plan. This translates into 204,685 A&E attendances, which is 5,707 above the plan for the year (198,978). There were 6 months of the year when activity was between 3-5% above plan with a peak in November of 5.47% which has impacted on the ED departments that are already constrained by capacity to deal with these increased numbers and therefore overwhelmed. There were 2 months of the year in which we were slightly below plan; August 2014 when we met the 4 hour target and January 2015.

Table 2 and graph 2 below demonstrate A&E attends, compliance, non-elective LOS and patient acuity throughout 2014/15.

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	4	5	6	7	8	9	10	11	12	13	14	15
Attends	16825	18114	17688	18555	17068	17531	17164	16726	16508	15813	14992	17720
Compliance	94.7%	94.5%	93.7%	92.4%	95.1%	92.9%	92.8%	90.7%	88.4%	88.8%	88.2%	87.6%
NEL LOS	3.859837	4.047384	4.057371	4.043566	3.779757	3.590561	3.607375	3.55091	4.081999	4.440039	4.506645	4.196864
Charleson	2.635924	2.508324	2.910889	2.782084	2.596911	2.741737	2.449446	2.645178	3.06025	3.090405	3.04139	2.319085

Table 2: A&E attends, compliance, non-elective LOS and acuity for UCLTC



Graph 2: A&E Attends vs Non-elective LOS vs Acuity (Charleson score)

From the graph we can see that there was a significant rise in LOS between November 2014 which continued into March which is mirrored by patient acuity between November and February. These in combination have had a significant

impact on bed capacity and therefore on performance which is compounded by increased activity that we have seen throughout the year.

Breach Analysis

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

- Lack of bed capacity where there are patients awaiting a bed in CDU or on the specialty wards. This causes breaches due to the time it takes to find a bed for a patient, and also the knock on effect of extra crowding within the A&E department.
- Delays to be seen in ED
- Delays in treatment decision
- Delays in specialty review/diagnostics

The breakdown of breaches for March grouped by breach reason is shown below.

East Kent Hospitals University NHS Foundation Trust	Mar-15	
Reason for Breach	Total	% of Breaches
Bed Management	599	27%
Waiting for Diagnostics	126	6%
Waiting for Specialist Opinion - Acute	269	12%
Waiting for Specialist Opinion - MH	46	2%
Wait for First Clinician (not triage)	437	20%
A&E Assessment	54	2%
Clinical	154	7%
Treatment Decision	468	21%
Primary Care Assessment/Streaming	0	0%
Patient Transport	45	2%
Unknown	8	0%
Total	2206	100%

The issue of bed capacity is an important one. If there are several patients waiting for beds in the department this reduces the capacity to see patients who are waiting to be seen and is compounded by those patients that are waiting specialty review as they also command vital capacity for seeing new patients. The result is that there is a delay to be seen by a clinician. The combination of all these factors plus continuing surges in attendances causes operational paralysis resulting in multiple breaches and poor performance. We are continuing to see surges of patients in the evenings and these appear to be continuing throughout the night and early hours in the morning which is a recent development. The staffing profile is being reviewed again to mirror this

It is noted that the main A&E sites did achieve compliant days in isolation in March, but this was masked by the overall poor performance. These isolated days were noted for the focus on discharges 7 day acute physicians cover resulting in the availability of bed capacity across the site on those days.

Emerging Risk

The schemes that have been funded through winter monies will be discontinued at the end of April. These included;

- Additional ED doctors,
- Additional ED Consultant sessions at evenings and weekends
- Additional Consultant Physician sessions at weekends to support discharges
- Additional management sessions
- Step down winter beds
- Additional step down bed capacity in St Augustine's ward at QE
- Extended ambulatory care

The discontinuation of these schemes will impact time to treatment times in ED and bed capacity both of which have a significant impact on performance.

Mitigations

15/16 winter monies are soon to be agreed. Current negotiations suggest support for IDT, Surgical Assessment Unit, transport, acute physicians and patient pilot of a 'discharge to assess' scheme in order to reduce bed requirements.

ED Recovery Action Plan

A refreshed internal action plan is being developed. A full outline of this will be provided in the next board report. Key highlights of the plan for March include;

- Commencement of the ED Service Improvement Lead who is undertaking a diagnostic of the processes within the ED department at WHH and the internal systems in general with the inaugural meeting of the Emergency Access Programme Board
- Commencement of the 2 acute medicine nurse consultants; one at WHH and QE. The post holders will provide consistent, senior clinical leadership for refreshing the acute medical model with the aim of improving the emergency floor pathways across ED, Ambulatory Care and CDU.
- The WHH site has now adopted a ward-based approach to medical care which will improve multidisciplinary team working and the discharge processes in general
- Financial options for extended day ED consultant rotas being explored with existing team
- 2 agency acute physicians now in post at both Whh and QE (numbers limited by agency costs)
- ED staff development programme is underway with good feedback from the WHH site
- Review escalation and specialty response

In addition the CCGs and health economy partners are required to develop their own improvement plans in response to the acute pressures.

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.)

Current un-validated March performance against the 2014/15 standards was; non-admitted care 94.0%, admitted care 75.4%, incomplete pathways 86.9% and there were six patients who were waiting 52+ weeks as at the end of March.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	6,388	410	6,798	94.0%		
Admitted Pathway	2,988	974	3,962	75.4%		1,186
Incomplete Pathways	35,680	5,397	41,077	86.9%	6	

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

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 (March 2015)

The Trust implemented an upgrade to its Patient Administration System (PAS) on the 14th March which enables the recording of unique patient pathway identifiers (PPID) for all patients on an RTT pathway. This is a huge step forward in being able to accurately track patients' pathways and improves the reporting mechanisms for RTT. The 'Go Live' weekend was successful with >10,000 pathways created over the two day period. As a result of this implementation the number of patients on an incomplete pathway has increased by ~6,000 patients, this was an expected outcome of the project. A large number of these additional pathways are showing as long waiters, 18+ weeks, and therefore compliance has dropped in both the non-admitted and incomplete pathways standards. Thorough validation is being carried out on these records and we anticipate a reduction in these over the coming months. There is however a risk of non-compliance with the non-admitted standard in the short term until the process is embedded.

The Trust backlog position decreased significantly in month with a reduction of 370 patients. Reductions were achieved across all specialties.

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

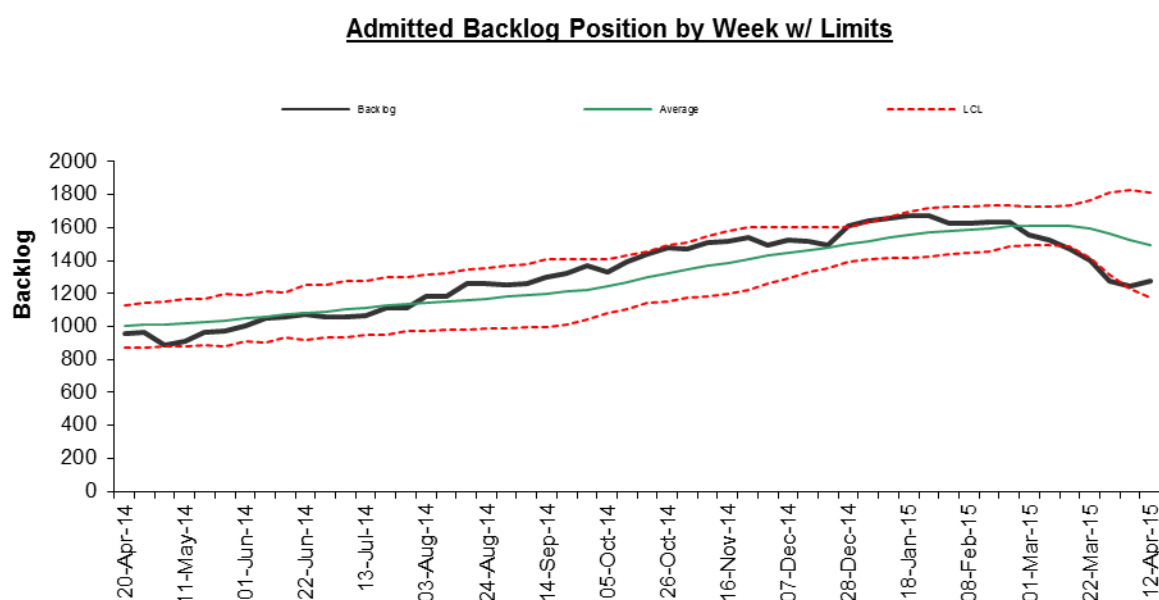


Chart 3.1 – Backlog Position by Week (rolling 12 month)

As at the end of March the Trust declared six breaches of the 52 week wait standard.

A trajectory has been developed for 2015/16 demonstrating that by continuing to book in strict chronological order the Trust will return to organisational compliance by January 2016. Divisional teams are working on improving pathways over the next six months in an attempt to bring this compliance forward to October 2015.

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 March 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 March, closing the month with 99.86% patients waiting six weeks or less for a diagnostic test. The Trust is also compliant in every Test area, achieving over 99%, which is the first time this has been achieved in 2014/15.

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	3,653	1	3,654	99.97%
	Computed Tomography	2,038	2	2,040	99.90%
	Non-obstetric ultrasound	3,257	9	3,266	99.72%
	Barium Enema	86	0	86	100.00%
	DEXA Scan	204	0	204	100.00%
Physiological Measurement	Audiology - Audiology Assessments	206	0	206	100.00%
	Cardiology - echocardiography	1,969	0	1,969	100.00%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	439	1	440	99.77%
	Respiratory physiology - sleep studies	202	0	202	100.00%
	Urodynamics - pressures & flows	5	0	5	100.00%
Endoscopy	Colonoscopy	689	1	690	99.86%
	Flexi sigmoidoscopy	270	0	270	100.00%
	Cystoscopy	317	0	317	100.00%
	Gastrosocopy	673	5	678	99.26%
Total		14,008	19	14,027	99.86%

Table 5.1 – Diagnostic DM01 (March 2015)

Cancer targets – March 2015

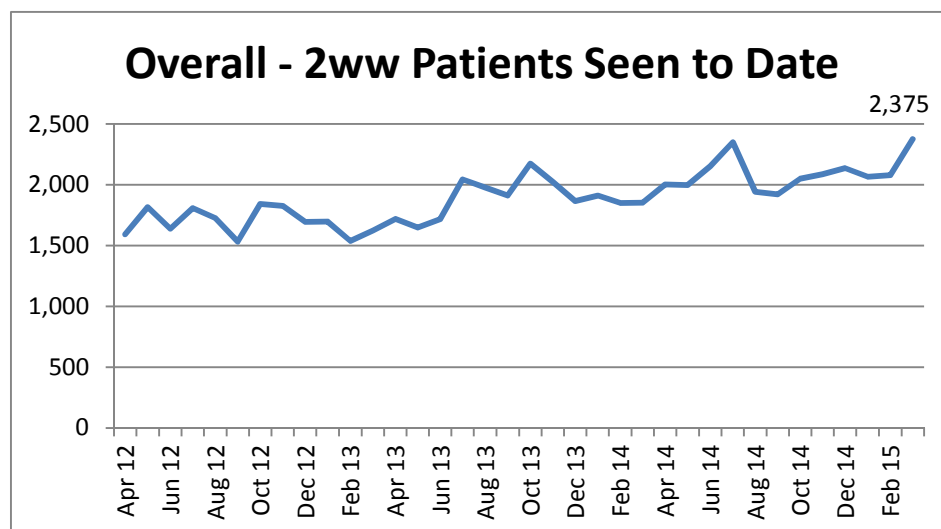
	All Cancers	Symptomatic Breast	Diag to First Treat	Surgery	Drug	Urgent GP Referral	Screening Referral
Target 2014/15	93%	93%	96%	94%	98%	85%	90%
Q1 14/15	93.50%	92.37%	99.07%	95.74%	99.14%	85.65%	95.60%
Q2 14/15	93.47%	81.90%	98.69%	94.50%	100.00%	81.68%	86.03%
Q3 14/15	93.35%	86.43%	98.05%	93.08%	100.00%	81.76%	93.06%
January	90.51%	95.38%	98.03%	94.23%	98.33%	79.62%	70.59%
February	95.43%	94.34%	98.02%	96.08%	98.31%	75.48%	93.62%
March*	94.71%	95.33%	96.14%	97.87%	100.00%	71.52%	91.30%
Q4 14/15*	93.61%	94.99%	97.39%	96.00%	98.92%	75.47%	86.61%

*unvalidated position

The current un-validated position for March 2015 shows compliance against all performance measures with the exception of the 62 day standard. We will continue to substantiate the information up to the national submission date, as some cancer pathways involve other providers and validation continues between organisations, which can take up to 25 working days from month end.

The current un-validated position for quarter 4 shows non-compliance against both the 62 day GP treatments and screening standards. All other performance measures, I am pleased to report have been met.

2 week wait (2ww) referrals this month have been the highest recorded with 2,375 patients been seen by the Trust. All tumour sites met the 2 ww target except for Upper GI (91.78%), which has had extra pressure over this quarter due to a national awareness campaign. The Trusts performance is a vast improvement from the beginning of the quarter when January ended at only 90% against target, with such a significant increase in referrals this is a good achievement for the Trust.



Referrals for quarter 4 show a 15% increase from Q4 2013/14 to Q4 2014/15.

The 62 day treatment standard has not been achieved again this month, the largest breaches occurring in Urology (23) and Lower GI (8). The table below shows the number of breaches and the reasons for them. Actions plans to improve performance have been developed for Urology and Lower GI.

Tumour site	Number of Breaches	Breach Reasons
Breast	2	2 x Elective capacity inadequate
Gynae	2	1x Treatment delayed for medical reasons 1 x Elective capacity inadequate
Haematology	3	3 x Complex diagnostic pathway
Lower GI	8	1 x Elective capacity inadequate 1 x Complex diagnostic pathway 1 x Treatment delayed for medical reasons 5 x Healthcare provider initiated delay to diagnostics or treatment planning
Lung	2	2 x Patient initiated delay to diagnostic or treatment planning
Skin	1	1x Patient initiated delay to diagnostic or treatment planning
Upper GI	2	2 x Healthcare provider initiated delay to diagnostics or treatment planning
Urology	23	1 x Patient choice delay relating to first outpatients 2 x Elective capacity inadequate 5 x Patient initiated delay to diagnostic or treatment planning 15 x Healthcare provider initiated delay to diagnostics or treatment planning

We recorded a low performance against the screening standard in January 2015, which meant that despite meeting set targets in February and March we have not managed to meet the quarter's target. January's low performance was due to lower treatment numbers and 5 breaches (3 bowel and 2 breast screenings). In December issues with ITU beds contributed to two breaches in January, also an administration error within the breast screening unit resulted in short delay which contributed to the breast screening breaches.

62 day target Risks to 2015/16 Performance

The trajectory for 2015/16 is detailed in the table below;

Standard	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2ww	93%	94.0%	94%	93.5%	93.5%
Breast Symptomatic	93%	94.0%	94.0%	94.0%	94.0%
31 Day	96%	94.0%	96.5%	96.5%	96.5%
62 Day	85%	78.5%	81.5%	85.5%	86.0%
31 Day Subsequent Surgery	94%	92.0%	94.5%	94.5%	95.0%
31 Day Subsequent Drug	98%	98.5%	98.5%	98.5%	98.5%
Screening	90%	91.0%	91.0%	91.0%	91.0%

Summary**2 Week Wait**

There are no known risks to compliance moving forwards, although a planned breast awareness campaign in summer 2015 may result in increased referrals which the team will plan for accordingly.

31 Day

Additional capacity in robotic surgery is required to recover the shortfall in performance in quarter 1 to ensure achievement of this target by the end of quarter 2.

62 day

The waiting time for key investigations in Urology and Lower GI have impacted on this target and quarter 1 will not be compliant with quarter 2 at high risk. Action plans to recover performance are in place and will be monitored, by exception report, through the weekly operational KPI meetings to ensure sustained compliance from quarter 3.