

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS – 25 APRIL 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 March.</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 non-compliant against the 31 day subsequent drug treatment standard in March, this is currently an un-validated position.</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. 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 2013/14 we will continue to monitor unplanned re-attenders throughout the financial year.

Table 2.1 outlines the March 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%	95.2%
Trolley Waits	0	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%	71.2%
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%	96.90%
Ambulance Handover >1hr	0	5	10	6	3	2	2	0	0	1	0	0	3
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%	7.7%

Table 2.1 – AE Performance by month

The Trust was compliant with the 4 hour A&E standard in March 2014. There was some variation in performance during the month with the resultant position of 95.2%. Quarter four was also achieved with a compliance of 95.3%.

This achievement can be attributed to the dedication, commitment and hard work of staff in A&E, CDU and on the wards and the improved collaborative working with local health economy partners to affect discharges across the 3 sites. An example of this is the Commissioner led Delayed Transfer of Care (DToc) Task and Finish Group which has resulted in a reduction of reportable delayed discharges on all 3 sites. The implementation of the schemes within the Winter Monies Funding Programme has also had a significant and positive impact.

A&E attendances have been fairly consistent with an average for the month at WHH of 205 and QEH of 198. However, there has been much more variability at QEH which has been exacerbated with high volumes of Ambulance arrivals.

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 and March. The main challenges have been surges/batching of ambulance attendances coupled with increasing acuity of patients, lack of community capacity and high volumes of evening attendances.

There also remains a variation in discharges throughout the week with a peak in activity on Friday and significantly lower numbers at the weekend. This is a continuing trend across all three sites with lowest numbers at the QEH. The main reason for this is insufficient non-acute capacity.

The graph below (chart 2.1) illustrates the increase in the early stages of the month regarding long stay (14+ days) patients. This coincides with the delay over February half term as experienced last year. The impact of this has been a reduction in inpatient capacity which in turn has reduced patient flow throughout the hospital from CDU to the wards and consequently had an impact on A&E performance.

This picture was also mirrored at WHH with an increase in the early part of the month but a reduction after the 12th.

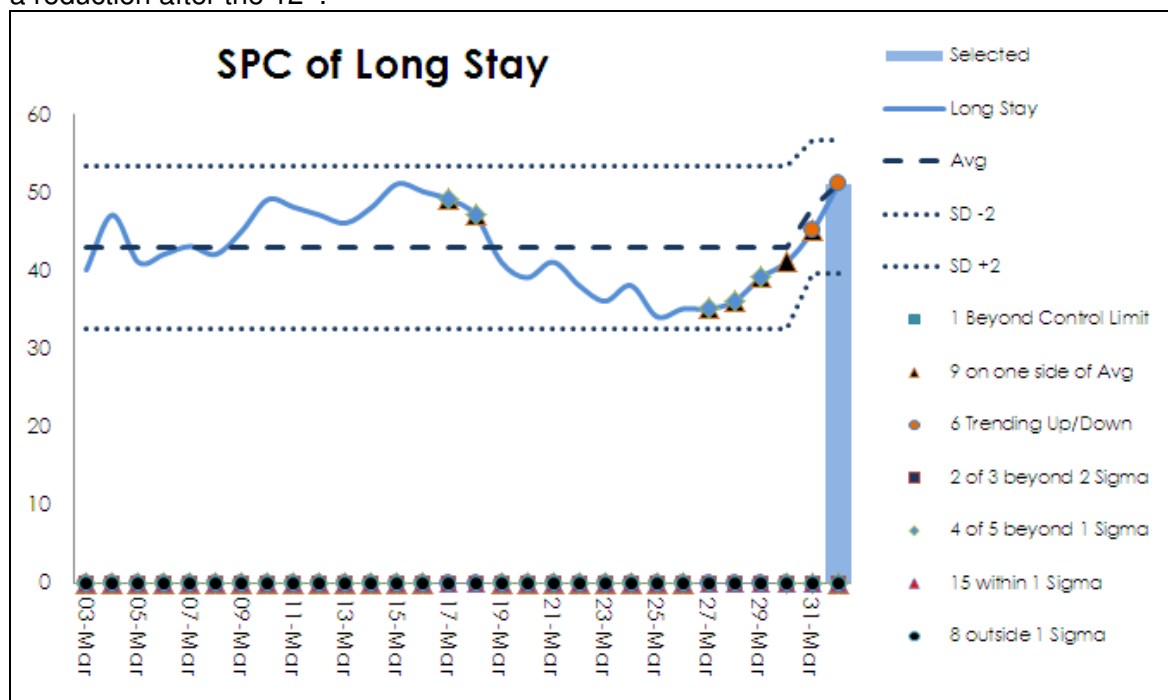


Chart 2.1 – Long stay patients (14+ days), QEOM

The major quality issue for the Trust continues to be the number of extra beds in use. The impact of this is an increase in infection rates e.g Clostridium Difficile, increase in falls and poor staffing levels. Repeated attempts are being made to reduce the number of extra beds however the current emergency care demand is making this increasingly difficult. This has been highlighted and criticised by the CQC who conducted a visit at the beginning of March. We require local health economy support to achieve successful closure of the extra beds which will be possible if the numbers of DToC are reduced by 60%. There are currently 50 extra beds in use.

The following actions have been implemented to improve performance;

- Establishment of a commissioning - led DTOC Task and Finish Group by site
- Utilisation of additional winter capacity through Re-ablement bed scheme
- Continued weekly Senior Integrated Board Rounds

We are also progressing implementation of the Winter Monies Funding schemes including;

- Continuing Health Care pilot at QE
- Additional SHOs to support to discharge/EDN completion at weekends
- Additional Consultant physician sessions at weekends
- Additional management support on site at weekends
- Alternative transport arrangement
- GP in A&E at QE QMH*
- Additional ED Consultant sessions
- Mental Health - 24 hour Psychiatric Liaison
- Crossroads support for patients with Dementia
- Community Geriatricians / Emergency Care Practitioners model*
- Implementation of the Hospital Integrated Discharge team at WHH
- Increased therapy input into community Hospitals to support discharges**
- Additional therapy input during evening and at weekends

** EKHUFT working with local health economy partners to progress these schemes*

*** Community based scheme*

Collaboration with local health economy partners continues in order to facilitate timely discharges and improve patient flow with the aim of reducing all extra beds to nil.

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**

March performance against the 2013/14 standards was; non-admitted care 98.3%, admitted care 90.2%, incomplete pathways 94.3% and a total of 0 52+ week waiters.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	9,071	156	9,227	98.3%		
Admitted Pathway	3,081	335	3,416	90.2%		859
Incomplete Pathways	28,096	1,713	29,809	94.3%	0	

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

March 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	710	141	851	83.4%
Incomplete Pathways	T&O	4,402	566	4,968	88.6%

* 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 2013)

The Trust backlog position grew during March ending the month at 851, an increase of 33 in month. This growth is evident in two particular specialties, T&O & Dermatology.

Following a steady reduction the Orthopaedic backlog climbed sharply in Feb/March which was directly related to a significant surge in referrals in October/November 2013. The backlog increase was predicted, as reported in the previous report, and the backlog trajectory amended to reflect the impact which reflects the specialties inability to further increase capacity to meet spikes in demand.

The specialty is predicting a further, much smaller increase in April which needs to be understood given that referrals returned to expected levels in December. A challenge session involving Patient Access Governance, Information and operational staff of all levels is planned for 16th April when an action plan will be agreed as part of the Divisional Director hand over.

Dermatology has managed to maintain a static position over the month following a review to the criteria surrounding MOHS surgery. The service believes that this will eliminate the gap between capacity and demand in this area and stop the backlog increasing further. The team are working to identify additional MOHS capacity which can be used to reduce the backlog from its current position of 64 to a more sustainable level.

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

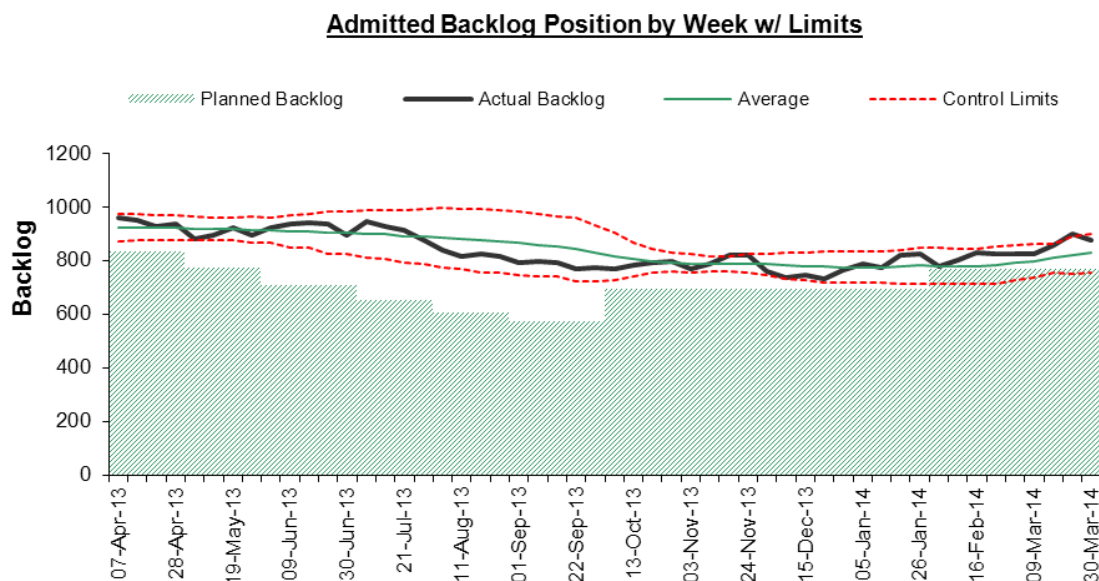


Chart 3.1 – Backlog Position by Week (rolling 12 month)

T&O remains non-compliant with the incomplete pathways standard in March. 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 March 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 March 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 March a total of 52 patients were waiting 6+ weeks for a diagnostic test, which is an increase of 37 breaches compared to last month. The majority of the breaches are still in the Radiology area, which accounts for 16/52 breaches but all Radiology metrics are still compliant at test level. However, in month there have been a number of other areas which have breached. Cardiology-Echo's (with 14 breaches),

Neurophysiology (2 breaches) and Colonoscopy (2 breaches) have all breached but remain compliant. However, Sleep Studies (with 9 breaches due to late referrals from clinics), Uro-dynamics (3 breaches due to capacity and booking issues) and Cystoscopy (6 breaches due to limited capacity) have all failed the target at their relevant service level.

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	3,804	0	3,804	100.00%
	Computed Tomography	2,155	8	2,163	99.63%
	Non-obstetric ultrasound	2,734	8	2,742	99.71%
	Barium Enema	87	0	87	100.00%
	DEXA Scan	282	0	282	100.00%
Physiological Measurement	Audiology - Audiology Assessments	419	0	419	100.00%
	Cardiology - echocardiography	1,430	14	1,444	99.03%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	361	2	363	99.45%
	Respiratory physiology - sleep studies	162	9	171	94.74%
	Urodynamics - pressures & flows	9	3	12	75.00%
Endoscopy	Colonoscopy	602	2	604	99.67%
	Flexi sigmoidoscopy	204	0	204	100.00%
	Cystoscopy	93	6	99	93.94%
	Gastroscopy	432	0	432	100.00%
Total		12,774	52	12,826	99.59%

Table 5.1 – Diagnostic DM01 (March 2014)

6. Cancer targets – March 2014

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

AS AT 07-Apr-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	97.08%	94.97%	97.81%	95.92%	100.00%	85.89%	78.95%
March*	95.28%	93.75%	98.67%	100.00%	97.44%	93.04%	92.86%
Q4*	95.80%	93.99%	96.80%	96.71%	99.35%	85.16%	77.46%

*unvalidated position

Table 6.1 – Cancer Performance 2013/14

The current **un-validated** position for March 2014 shows compliance against all standards apart from the 31 day Subsequent Drug standard. It is predicted that after validation is completed, this target will remain non-compliant. All other performance measures will be met.

The following table (6.2) highlights those tumour groups not meeting the relevant standard in the month of March. All tumour sites have been compliant against the 2ww target in March. The 62 day treatment standard has seen an improvement against standard in March. Close monitoring of this standard is ongoing and being undertaken by all tumour sites. Improvements in escalation processes and patient tracking list (PTL) meetings have also been implemented this month. We will continue to validate the information. In addition, some cancer pathways involve other providers and validation continues between organisations which can take up to 25 working days after month end.

Standard	Tumour Group	Target	Performance	Total no of patients	Breaches
31d First Treats	Haematology	96%	50%	2	1
62d Treats	Lung	85%	50%	4	2
31d Subs Drug	Head and Neck	98%	50%	2	1

Table 6.2 – Cancer Performance – Tumour Site exceptions (March 2014)

31 day Subsequent Drug standard

The Subsequent drug standard is non-compliant for March 2014. This is due to 1 breach where the patient did not attend (DNA) for their planned treatment start date. A new treatment start date was not able to be arranged with patient until after the 31 day breach date had past. No adjustments are allowed for this scenario under cancer waiting times guidance.

Quarter 4 & 62 day screening referral to treatment non compliance

All standards are predicted to be compliant for Quarter 4 apart for the Screening standard. The 62 day screening standard has been non-compliance in January and February. There has been improvement in compliance against this target in March but due to the level of non-compliance in January this target will be non-compliant for Quarter 4 end.

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, Quarter 1 14/15 is predicted to be compliant against this standard.