

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO:	<b>BOARD OF DIRECTORS – 22 MAY 2014</b>
SUBJECT:	<b>KEY NATIONAL PERFORMANCE TARGETS</b>
REPORT FROM:	<b>CHIEF NURSE AND DIRECTOR OF QUALITY &amp; OPERATIONS</b>
PURPOSE:	<b>Information</b>
<b>CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT</b>  This paper provides an update to the Board on the performance around the key performance indicators in the previous month.	
<b>SUMMARY:</b>  This paper outlines performance against some of the key standards in the 2013/14 National Operating Framework & Monitor Risk Assessment Framework.  The Trust was non-compliant with the A&E 4 hour standard in April.  The Trust was compliant with all Monitor RTT targets.  The Trust was non-compliant with the six week diagnostic target.  The Trust is non-compliant against the 2ww symptomatic breast in April; this is currently an un-validated position.  All information contained in this report is complete and accurate at the time of reporting.	
<b>IMPACT ON TRUST'S STRATEGIC OBJECTIVES:</b> These targets are key to the achievement of access and financial objectives and contribute significantly to the patient experience and choice.	
<b>FINANCIAL IMPLICATIONS:</b> There is a financial penalty for not achieving these targets.	
<b>LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:</b> None.	
<b>PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES</b>	

**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 April 2014 – 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

### **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**

Due to consistent poor performance throughout 2013/14 we will continue to monitor unplanned re-attenders throughout this financial year.

Table 2.1 outlines the March performance for each indicator.

Indicator	Target	Performance											
		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Time in Department	95%	94.7%											
Trolley Waits	0	0											
Ambulance Handover Compliance	-	73.2%											
Ambulance Handover within 30 mins	0	14											
Ambulance Handover >1hr	0	2											
Un-planned Reattends	5%	8.1%											

**Table 2.1 – AE Performance by month**

The Trust was non-compliant with the 4 hour A&E standard in April 2014 at 94.73%. Activity levels for the Trust on the whole were on plan however demand at the WHH site was particularly challenging during the Easter Holiday with A&E attendances at WHH peaking at 240 on 21st April. There was a 5.6% increase in patients conveyed to Hospital via SECAMB, on-going analysis between the Trust and SECAMB on this increase will be documented in next month's board report.

Chart 2.1 below, shows the variability in the attendances at with specific reference to WHH. This shows the peak of attendances in late-May with graph 2 showing how the variability in SECAMB attends can drive overall attendances.

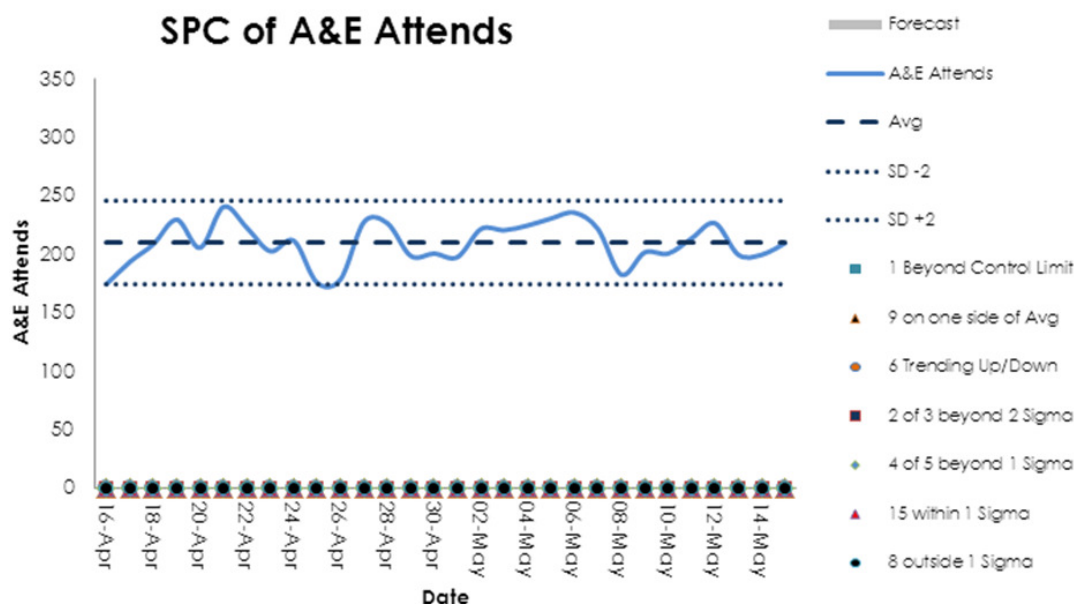


Chart 2.1 – Variation in A&amp;E Attendances, WHH Site.

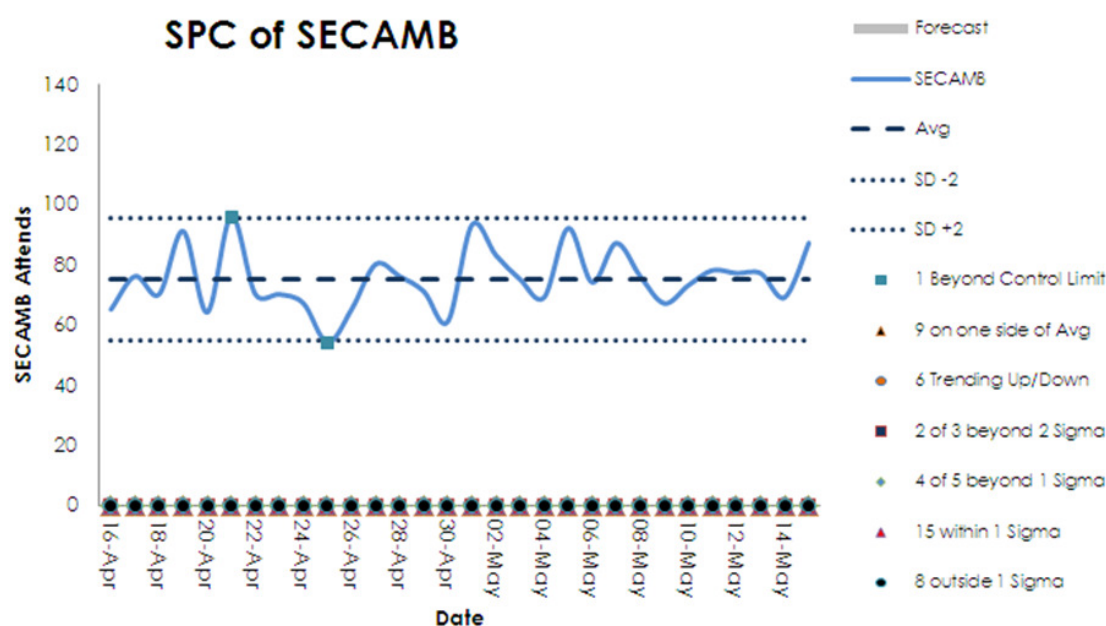


Chart 2.2 – Variation in Arrival at A&amp;E via SECAMB, WHH Site.

The post Easter holiday period saw an increase in Length of Stay (LOS) across all sites but particularly at WHH. This is demonstrated by the graphs below which illustrate an increase in LOS and the average long stay (14+ days) patients which peaked just after the Easter holiday. It must be noted that focused collaboration with external partners has resulted in a reduction in the number of patients who experience a 'reportable delayed transfer of care'; this is 50% less than that during the same period last year.

Graphs 2.3 and 2.4 show the number of patients per day that are over 14 days and how this impacts on the aforementioned increase in overall LOS. This rose sharply around the end of April due to the Easter break but is equally visible around all school holiday periods. This is being reviewed by the East Kent Urgent Care Board. Each of the black / blue markers on the charts highlight a day of significance, in the majority of cases this has been highlighting when there is sustained pressure on the system e.g. highlighting that the metric has been on one side of the mean 9 times in a row.

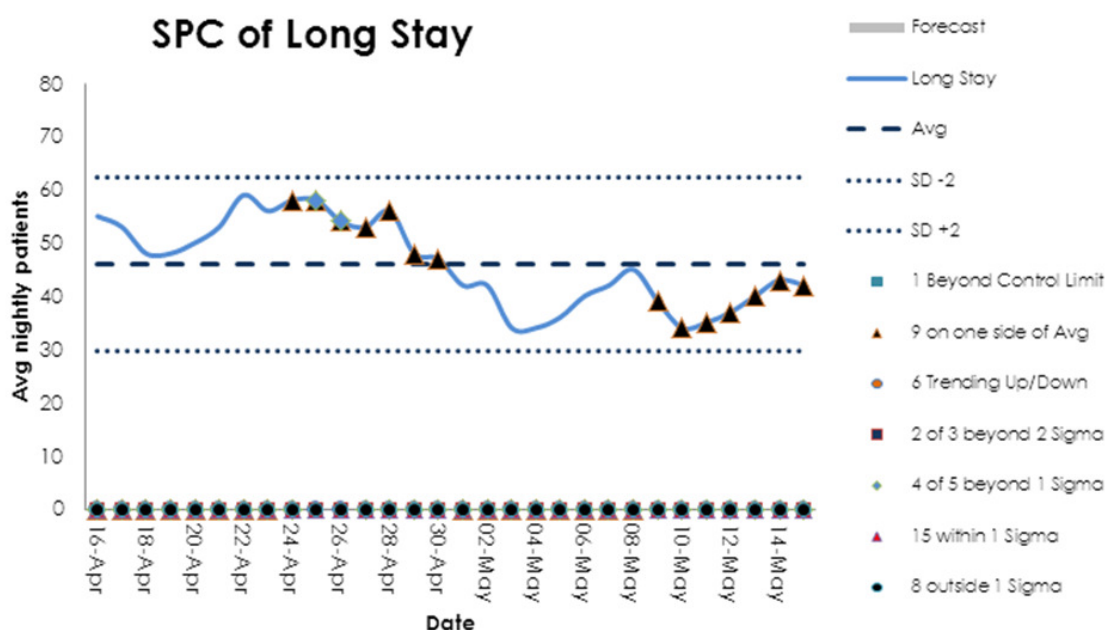


Chart 2.3 – Average nightly long stay patients, WHH Site.

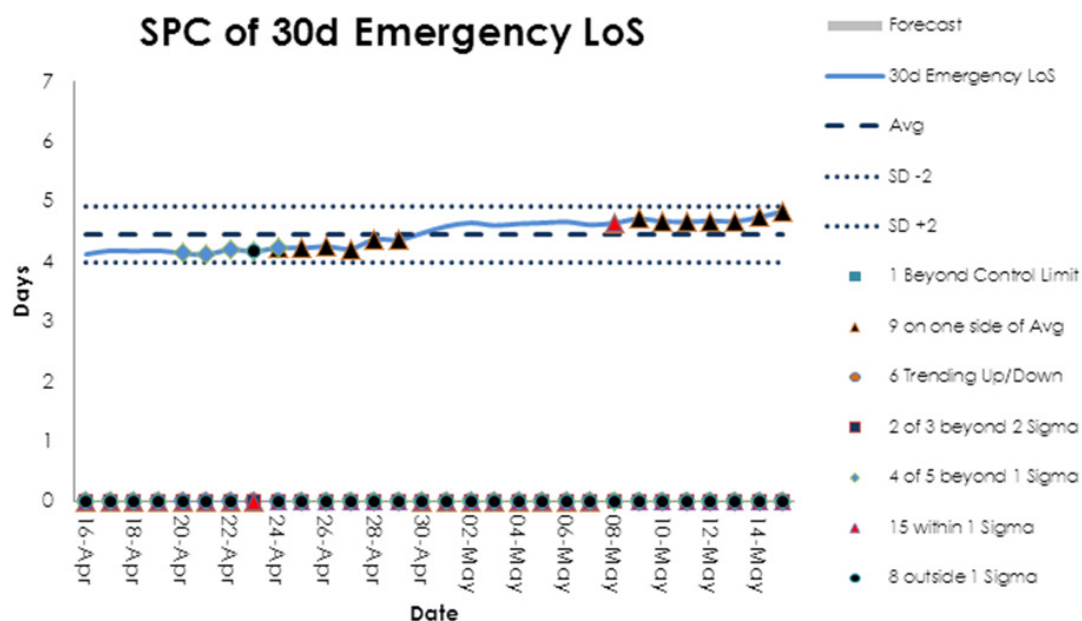


Chart 2.4 – 30 day rolling average length of stay, WHH Site.

Actions taken to improve performance include;

- Establishment of a commissioning - led DTOC Task and Finish Group by site
- Utilisation of the Health and Social Care Village capacity
- Continued weekly Senior Integrated Board Rounds
- Implementation of the Continuing Health Care pilot at QE which has been extremely successful and due to be rolled out at WHH during May which will aim to further reduce DTOC
- Development of a new escalation/alert process in A&E
- Establishment of an A&E monthly performance meeting to discuss and resolve issues
- Recruitment to 3 A&E middle grades from abroad

Trust support for continuation of the following Winter Monies Funding schemes;

- Additional SHOs to support to discharge/EDN completion at weekends
- Additional ED Consultant sessions
- Community Geriatricians / Emergency Care Practitioners model in Thanet
- Implementation of the Hospital Integrated Discharge team at weekends at WHH

### 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 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**

April performance against the 2014/15 standards was; non-admitted care 98.0%, admitted care 90.5%, incomplete pathways 95.6% and a total of 0 52+ week waiters.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	7,635	155	7,790	98.0%		
Admitted Pathway	2,855	301	3,156	90.5%		926
Incomplete Pathways	30,864	1,419	32,283	95.6%	0	

Table 3.1 – RTT Position Compliance by Pathway (April 2014)

April 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	621	143	764	81.3%
Incomplete Pathways	T&O	4,998	537	5,535	90.3%

\* Where total clock stops are 20 or less this does not count as failure of the standard as it is below the deminimis limit.

Table 3.2 – Exception report for non-compliant specialties (April 2014)

The Trust backlog position grew during April ending the month at 926, an increase of 67 in month. This growth was evident across a number of specialties with T&O, ENT and General Surgery the largest contributors.

As reported last month the Orthopaedic backlog is increasing primarily due to a significant surge in referrals in October/November 2013. The backlog increase was predicted, but whilst it was hoped that the impact would lessen throughout April the backlog has grown by a further 25. Unfortunately April has seen a further spike in referrals which is likely to compound the situation further. Increases in demand have been raised with commissioners and the Division is undertaking detailed analysis at sub-specialty level in order to understand the required capacity.

A combined growth of 37 across the three head and neck specialties was due to combination of increased cancer work, two complex Maxillo Facial cancers which displaced 24 routine elective procedures, and an increase in cancellations on the day of surgery.

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

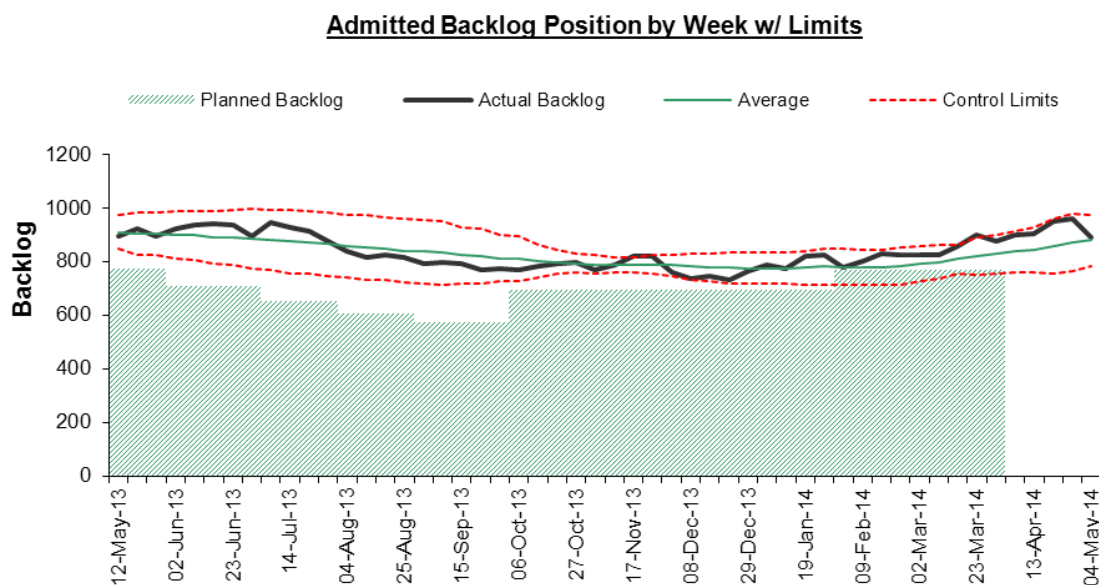


Chart 3.1 – Backlog Position by Week (rolling 12 month)

T&O remains non-compliant with the incomplete pathways standard in April. 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 April 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 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 April 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.

At the end of April a total of 175 patients were waiting 6 or more weeks for a diagnostic test, which is an increase of 123 breaches compared to last month. This has unfortunately resulted in Trust failing this target for the month achieving compliance of 98.6%.

The majority of the breaches are in the Radiology area, which accounts for 132/175 breaches causing both CT and Ultrasound to move into non-compliant positions. The main reasons for the breaches are due to the administrative issues at the WHH site and a change in the way the Cardiology diagnostic patients are being managed.

There are however a number of other areas whose positions have deteriorated in month; Cardiology-Echo's (25 breaches, due mainly to referrals which were received in department and not booked within date), Sleep Studies (4 breaches), Flexi Sigmoidoscopies (3 breaches) and Colonoscopy (9 breaches, due mainly to capacity issues). Robust action plans are currently being drawn up by the relevant areas and will be monitored through the Diagnostic Compliance Group.

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	3,599	3	3,602	99.92%
	Computed Tomography	1,772	81	1,853	95.63%
	Non-obstetric ultrasound	3,167	48	3,215	98.51%
	Barium Enema	79	0	79	100.00%
	DEXA Scan	280	0	280	100.00%
Physiological Measurement	Audiology - Audiology Assessments	376	0	376	100.00%
	Cardiology - echocardiography	1,251	25	1,276	98.04%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	377	2	379	99.47%
	Respiratory physiology - sleep studies	173	4	177	97.74%
	Urodynamics - pressures & flows	4	0	4	100.00%
Endoscopy	Colonoscopy	556	9	565	98.41%
	Flexi sigmoidoscopy	166	3	169	98.22%
	Cystoscopy	106	0	106	100.00%
	Gastroscopy	462	0	462	100.00%
Total		12,368	175	12,543	98.60%

Table 5.1 – Diagnostic DM01 (April 2014)

## 6. Cancer targets – April 2014

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

AS AT 09-May-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%
March	95.58%	94.27%	98.79%	100.00%	100.00%	92.61%	92.86%
Q4	95.91%	94.18%	96.89%	96.69%	100.00%	85.14%	77.46%
April *	93.24%	89.09%	99.48%	100.00%	100.00%	85.45%	96.55%

\*unvalidated position

Table 6.1 – Cancer Performance

The current **un-validated** position for April 2014 shows compliance against all standards apart from the Breast Symptomatic (14 day from receipt of referral to the patient being seen for the first time by a consultant or in a diagnostic clinic). 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 April. Close monitoring of the breast symptomatic referral standard is on-going and being undertaken by the breast tumour site MDMs. In addition, some cancer pathways involve other providers and validation continues between organisations which can take up to 25 working days after month end. We will continue to monitor and validate the information.

Standard	Tumour Group	Target	Performance	Total no of patients	Breaches
2ww	Child	93%	81.0%	11	2
2ww	Haematology	93%	50.0%	2	1
2ww	Gynae	93%	91.0%	177	16
2ww	Urology	93%	91.4%	243	21
2ww Breast Symp	Breast Symp	93%	88.1%	165	18
62d Treats	Upper GI	85%	57.1%	7	3
62d Treats	Lower GI	85%	75.0%	8	2
62d Treats	Urology	85%	77.4%	31	7
31d Sub Surgery	Urology	94%	75.0%	8	2
62d Screening	Lower GI	90%	75.0%	4	1

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

Breast Symptomatic referral target (14 days)

The Breast Symptomatic referral standard (14 day from receipt of referral to the patient being seen for the first time by a consultant or in a diagnostic clinic) has been non-compliant in April due to 18 breaches (89.09% against 93%). There is a significant variation in the number of referrals received currently, so to match capacity for breast symptomatic and general two week breast is challenging. Our booking teams have reported that increased difficulty in contacting patients and patient choice of dates has led to increased breaches. Close monitoring of booking of appointments and target compliance, to ensure patients are offered appointment dates as quickly as possible with the 14 days, is being undertaken by the Division. This monitoring will continue to ensure compliance for May and Q1 14/15.