Performance Report April 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 April 2015 at 89.3% a slight improvement from February (88.2%) and March (87.6%) of Quarter 4.
Activity levels compared to the previous year and performance against the emergency 4 hour KPI is broken down by site in the table below:

APRIL 2015	Trustwide	QEH	WHH	K&C	BHD
Total Numbers attending A&E	16,450	5,857	5,986	3,588	1,037
Change from Previous Year	-2.08%	+2.24%	-1.69%	-7.55%	-7.33%
Breaches (Numbers Not Seen within 4 Hrs)	1,759	757	923	78	1
Performance within 4 hours (95%)	89.3%	87.1%	84.6%	97.8%	99.9%
Numbers of 20-30 year olds	2,451 (14.9%)	806 (13.8%)	864 (14.4%)	614 (17.1%)	167 (16.1%)
Numbers of 75+	2,882 (16.3%)	1,066 (18.2%)	1,043 (17.4%)	670 (18.7%)	98 (9.5%)
Nursing Vacancies within ED	16	B5 x4 B4 x6	B7 RSCNx1, B5 RSCN x2, B6x1	B5 x1	B6 x 0.5 B2 x 0.5
ED Middle Grades vacancies	12	7	5	N/A	N/A
ED Consultants vacancies	9.5	6	3.5	N/A	N/A

The activity level for the Trust during April 2015 was 2.08% below the previous year, and 5.3% below the plan. This translates into 16,450 attendances, which is -924 below the

plan for the month (17,374). It is noteworthy however that the plan for the 2015-16 year includes a 3% uplift on 2014-15 activity.

It is also very important to note the variation between the 3 sites; QEH saw more patients than the previous April and WHH saw similar numbers. Conversely Buckland and K&C saw significantly less (-7.33 and -7.55 respectively) which accounts for the overall activity drop for the Trust. This indicates that the reduction in activity isof those that are of a lower acquity.

Analysis of patient acuity across the 3 sites for April demonstrates that the acuity at QE which was high with a significant peak over the winter period, is now decreasing, as is the acuity at KCH. The acuity at WHH has been steadily high over the winter period and has shown an uplift in April.

In respect of the age profile of patients, it is clear that K&C sees a higher proportion of young adults through the Emergency Care Centre than the A&E sites probably due to the resident student population. The proportion of patients 75+ attending the 3 acute sites is similar.

Detailed performance reviews demonstrate that the A&E sites did achieve compliant days in isolation in April, and although the Trust has performed above 90% across a number of consecutive days we have been challenged to achieve an overall weekly A&E position above 90% due to individually high volume, high pressured days resulting in multiple breaches.

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

- Bed management where there are patients awaiting a bed within CDU or specialty bed. This results in breaches and consequential overcrowding within the A&E department.
- Delays occurring within the A&E departments mainly due to surges in attendances in combination with lack of bed capacity resulting in delays to be seen by clinicians.
- Delays in treatment decision, such as late referral to specialty which is also impacted by congestion in the A&E department
- Poor specialty pathways particularly out of hours

The breakdown of breaches for April, by grouped breach area is shown below.

East Kent Hospitals University NHS Foundation Trust	Apr-15	
Reason for Breach	**Total**	**% of Breaches**
Bed Management	473	27%
Waiting for Diagnostics	88	5%
Waiting for Specialist Opinion - Acute	233	13%
Waiting for Specialist Opinion - MH	36	2%
Wait for First Clinician (not triage)	364	21%
A&E Assessment	54	3%
Clinical	121	7%
Treatment Decision	351	20%
Primary Care Assessment/Streaming	0	0%
Patient Transport	27	2%
Unknown	12	1%
Total	**1759**	**100%**

The table below demonstrates the percentage improvement in performance achievement if key breach reasons were addressed. We can see that if bed capacity issues were reduced by 85% and the waiting times for specialty review, diagnostics, mental health response, first clinician review and treatment decision were reduced by at least 50%, our April performance would have been improved by 6% from 89.3% to 95.01%.

	Breach Reason	No. of breaches in April	Reduction by %	Revised no. of breaches
	Bed capacity	473	85%	71
	Awaiting diagnostics	88	50%	44
	Awaiting specialist opinion	233	50%	117
	Awaiting MH opinion	36	50%	18
	Waiting for first clinician	364	50%	182
	Treatment decision	351	50%	176
	No. of associated breaches	1545		608
	Total Attends April	16,450		16,450
	Performance	**89.31%**		**95.01%**

It is important to re-emphasise that the issues with bed capacity impact on overall process efficiency within A&E. Delays in transfer out of the A&E department result in overcrowding and reduced capacity to assess and agree appropriate clinical treatment for subsequent patients. The result is multiple breaches of the emergency access standard.

Summary of key risks to performance include;

- Reduced bed capacity due poor patient flow exacerbated by a high number of delayed discharges (reportable and non-reportable)
- Cessation of winter schemes including;
  - Additional doctors in A&E
  - Additional out of hours Consultant Physician cover
  - Additional out of hours management support
  - Step down bed capacity

  - Cessation of GP in A&E (cumulative impact of overall reduction in medical staffing)
- Workforce
- Insufficient senior management cover out of hours

Update on the Emergency Access Recovery Action Plan

Introduction

At a meeting with Monitor and NHS England on 2nd April, there was a request for the Trust to revise the internal action plan, and for all other providers and CCG's (within East Kent) to produce action plans to support the delivery of the performance standard. This plan is now finalised.

1. **ED Processes**
   - The A&E service improvement lead is reviewing A&E processes including patient flow out of the WHH department
   - The A&E handbook for junior doctors is being revised and updated
   - A&E Consultants and Matrons engaging regularly in breach analysis which informs service improvement

2. **Specialty & Patient Flow pathways**
   - The current locum acute physicians are extremely keen to work with the acute nurse consultants at both WHH and QE to develop and refine the acute medical model and to optimise hot ambulatory care activity. A draft proposal for further development of the model has been submitted by this team
   - The specialty emergency pathways will be developed with the support of the A&E service improvement lead

3. **Workforce**

   - A Divisional workforce plan is in place including a comprehensive recruitment strategy to improve recruitment to the emergency floor and across the specialty areas
   - Existing A&E Consultants are working on an ad hoc basis until 10pm as a step change to consistent senior clinical evening cover
   - 1 additional locum A&E consultant (NHS contract) has been recruited which takes us to a total of 9.5 wte
   - Active recruitment to aforementioned nursing vacancies progressing. The following posts have recently been appointed to and are within the recruitment process;

     <u>WHH</u>
     - X7 band 5 nurses
     - X2 Band 4s
     - X7 band 3 HCAs

     <u>QE</u>

- X10 band 3 generic workers

4. Governance

- A&E performance is reviewed at the weekly at;
  - Trust KPI meeting
  - UCLTC senior performance review

- First meeting of the Emergency Pathway Programme Board chaired by UCLTC Divisional Medical Director was held in April 2015 and will focus primarily on the development of the top 10 specialty emergency pathways

5. External provider impact

The number of medically fit patients on the Delayed Transfer of Care list still posing a significant risk to A&E performance.

Poor psychiatric liaison cover particularly overnight and at weekends is also having a significant impact on all 3 sites as even one or a small number of these patients can cause disruption within the departments

6. Emergency Care Intensive Support Team

ECIST visited each site during 13-15th May and gave initial feedback and will report in the first week of June. In addition, ECIST will undertake a whole systems review in July and offer a programme of support.

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.)

April performance against the 2014/15 standards was; non-admitted care 94.7%, admitted care 80.2%, incomplete pathways 87.5% and there were five patients who were waiting 52+ weeks as at the end of April.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	6,721	378	7,099	94.7%		
Admitted Pathway	2,125	524	2,649	80.2%		1,181
Incomplete Pathways	36,062	5,152	41,214	87.5%	5	

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

The Trust backlog position remained relatively static throughout April decreasing marginally by 5 in month. Whilst the Orthopaedic backlog continues to reduce (-71), exceeding their trajectory, backlog growth occurred in General Surgery (+19), Urology

(+11) and Gynaecology (+20). In Gynaecology an inability to source independent sector capacity and a bottleneck in patients in the 14-18 week category caused the backlog to grow, this is being addressed with additional lists and early signs are that the growth has plateaued in May. Issues in Urology were related to lack of capacity and difficulties filling middle grade vacancies, plans are being worked up to close this gap and at the time of writing the backlog has reduced back down to previous levels.

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

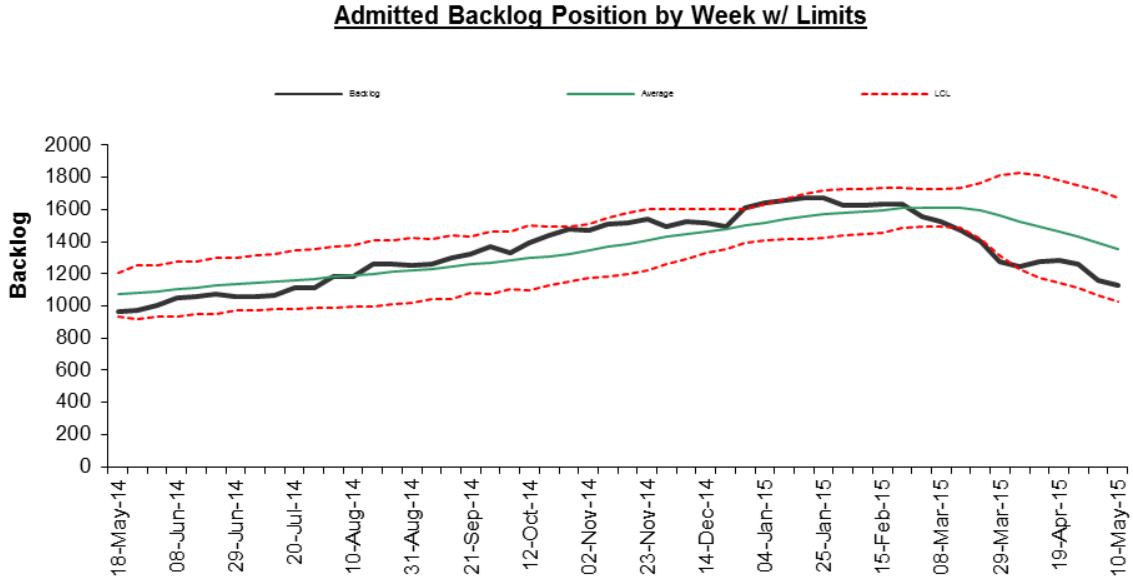


Chart 3.1 – Backlog Position by Week (rolling 12 month)

As at the end of April the Trust declared five breaches of the 52 week wait standard; 2 in Orthopaedics, 1 in Opthamlogy, 1 in General Surgery & 1 in Gynae..

Performance against trajectory

The following table outlines the current position as at 03rd May 2015;

	Current Position	Monitor Trajectory	Month End Position (May)	Sustainable Date	Trajectory Position
Admitted Waiting List Size	8,066	8,380	8,333	August 2015	✔
Backlog	1,158	1,331	1,032	January 2016	✔
Compliance	86.9%	78.2%	80.2%	November 2015	✔

- Activity Undertaken in March enabled the Trust to end the year with a lower waiting list and backlog than predicted within the original trajectory

- Waiting lists & backlogs continue to reduce in key high volume specialties T&O and Dermatology. Encouragingly both are within trajectory levels which will be required to enable us to return to Trust wide sustainability.
- There remain significant capacity issues within both General Surgery & Urology causing a deviation from trajectory with regards to waiting list size
- Maxillo Facial is higher than trajectory due to missing the year end trajectory for backlog size. Trauma & Orthopaedics and Dermatology have returned to trajectory levels.

Key actions

- Interviews being held to fill vacant General Surgical Consultant post
- Sourcing additional capacity in the independent sector to pull back position in May moving forward
- Investigation into high General Surgical/Colorectal listing rates by consultant
- Meeting with CCG to address high demand of referrals in Colorectal and General Surgery
- Re-advertise Urology Middle grade positions
- Secure further agency middle grade (completed 12/5/2015)
- Secure a short term locum Consultant to assist with RTT
- Information Team to re model recovery plan to reflect the change in recording
- Recruitment of substantive Gynaecology consultant to right size capacity

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.

The Trust has maintained its compliant position in April, closing the month with 99.79% patients waiting six weeks or less for a diagnostic test.

Only one area breached the target, this was in CT imaging.

The continued high demand into 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	3,445	0	3,445	100.00%
	Computed Tomography	1,899	22	1,921	98.85%
	Non-obstetric ultrasound	2,811	1	2,812	99.96%
	Barium Enema	93	0	93	100.00%
	DEXA Scan	257	0	257	100.00%
Physiological Measurement	Audiology - Audiology Assessments	167	1	168	99.40%
	Cardiology - echocardiography	2,044	1	2,045	99.95%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	475	2	477	99.58%
	Respiratory physiology - sleep studies	279	0	279	100.00%
	Urodynamics - pressures & flows	2	0	2	100.00%
Endoscopy	Colonoscopy	650	0	650	100.00%
	Flexi sigmoidoscopy	231	0	231	100.00%
	Cystoscopy	274	1	275	99.64%
	Gastroscopy	582	0	582	100.00%
Total		13,209	28	13,237	99.79%

Table 5.1 – Diagnostic DM01 (April 2015)

Cancer targets – April 2015

The Trust's performance for the cancer targets is set out in the table below.

	2ww 93%	Breast Symptomatic 93%	31 day 96%	31 day Sub Surg 94%	31 day Sub Drug 98%	62 day GP 85%	62 day Screening 90%
Q2 14/15	93.47%	81.90%	98.69%	94.50%	100%	81.68%	86.03%
Q3 14/15	93.36%	86.43%	98.06%	93.08%	100%	81.99%	93.06%
Q4 14/15	93.88%	95.29%	97.52%	96.62%	98.88%	75.18%	86.72%
Feb-15	95.43%	94.34%	98.02%	96.08%	98.31%	75.84%	96.00%
Mar-15	95.41%	96.18%	96.54%	97.83%	100%	70.83%	91.49%
Apr-15	93.83%	93.20%	94.40%	86.67%	100%	76.67%	90.48%

2014/15

The Trust met all standards in 2014/15 with the exception of 62 day GP Treatment and 62 Day Screening. Action plans for recovery of 62 Day Treatment standard are in place for Urology and Lower GI with trajectories for improvement. These are monitored weekly at the KPI Operational meeting.

April 2015

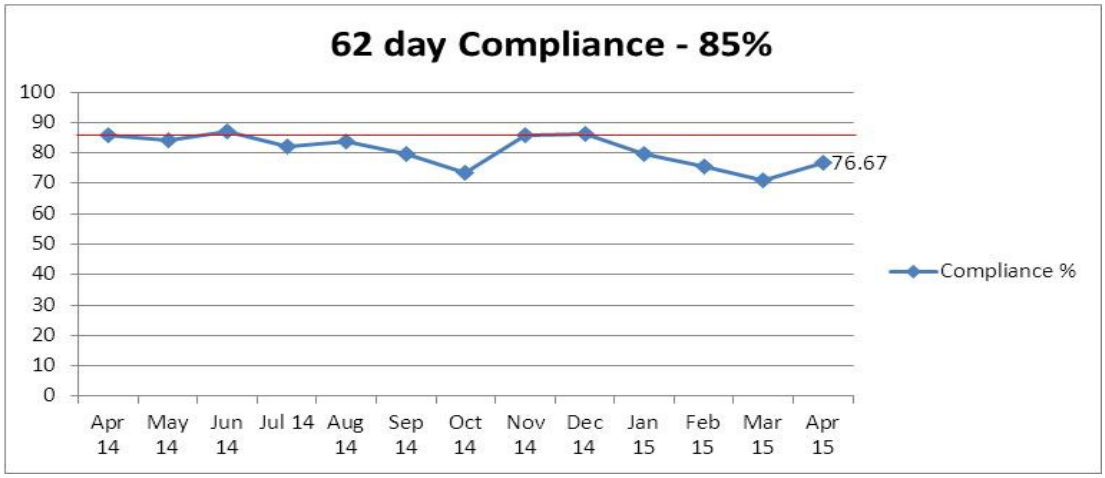
The current un-validated position for April 2015 shows non-compliance against the

- 62 day GP
- 31 day standard
- 31 day Subsequent Surgery standards.

Validation will continue up to the national submission date, as some cancer pathways involve other providers and validation continues between organisations to 25 working days from month end.

62 day GP Treatment

The table below details performance against the 62 day GP treatment standard



Although this standard has not been met in April we have seen a 6% improvement on March 15 with 13 fewer breaches against the 62 day target. Large numbers of breaches in Urology (15) & Lower GI (5) due to delays with diagnostics have led to this non-compliance. Breach reports are being analysed and reported through weekly KPI operational group.

Summary of 62 day breaches April 15

Tumour site	Number of breaches	Breach reason
Lung	4	x2 Health care provider initiated delay to diagnostic test or treatment planning
		x2 Complex pathway
Upper GI	4	x3 Health care provider initiated delay to diagnostic test or treatment planning
		x1 Diagnosis delayed for medical reasons (patient unfit for diagnostic episode, excluding planned recovery period following diagnostic test
Breast	2	x2 Complex pathway
Lower GI	5	x3 Health care provider initiated delay to diagnostic test or treatment planning
		x1 Complex pathway
		x1 Treatment delayed for medical reasons (patient unfit for treatment episode, excluding planned recovery period following diagnostic test)
H&N	1	x1 Health care provider initiated delay to diagnostic test or treatment planning
Urology	15	x13 Health care provider initiated delay to diagnostic test or treatment planning
		x2 Patient initiated (choice) delay to diagnostic test or treatment planning (advance notice given)

31 day and 31 day Subsequent Surgery

The Trust is non-compliant for the 31 day treatment standard in April 15 with 13 breaches as detailed below.

Tumour site	Number of breaches	Breach reason
Urology	10	Elective capacity
Lower GI	1	Insufficient elective capacity
Upper GI	1	Delay to tertiary diagnostic (EUS) after decision to treat.
Breast	1	Patient initiated (choice) delay to diagnostics/treatment planning.

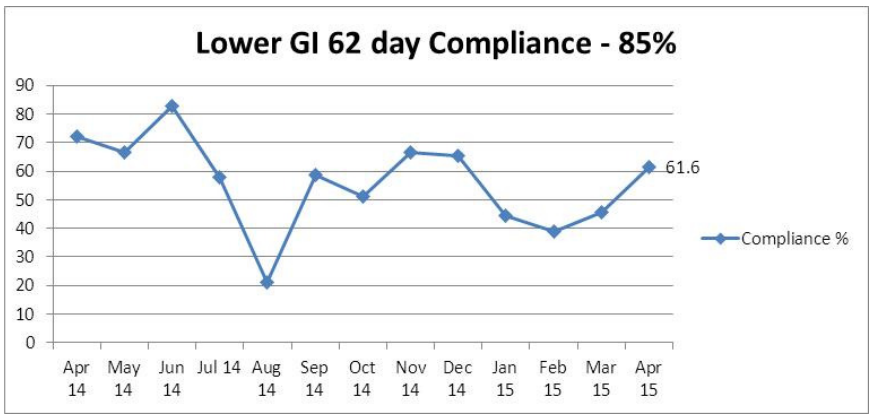
Urology experienced significant delays in April due to lack of elective capacity for the Prostate Robot operating system.

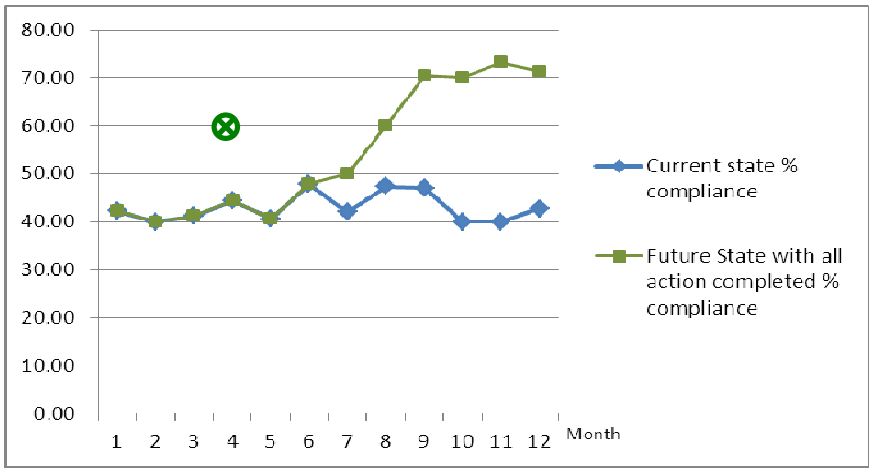
The 31 day Subsequent Surgery standard incurred two breaches, one each for Urology and Skin. The reasons for breach were one patient being unfit for surgery at planned TCI date and the other was due to a lack of Head & Neck elective capacity.

Progress against plans

Areas of concern for future compliance Lower GI & Urology.

Lower GI





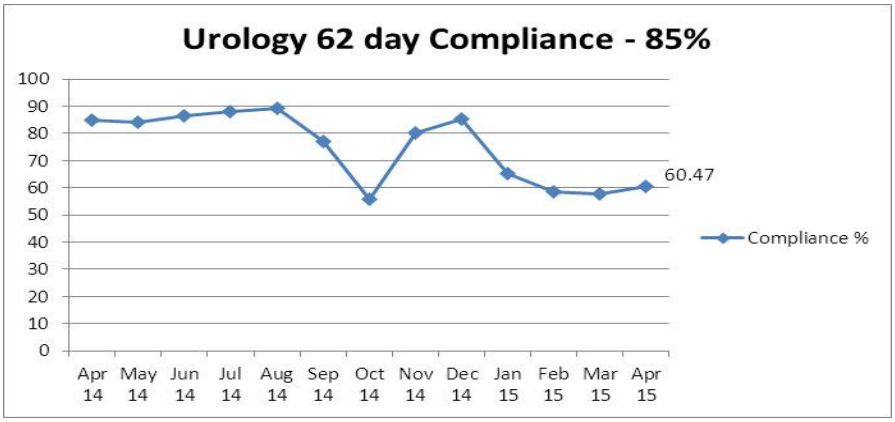
Lower GI is currently above projected trajectory of recovery.

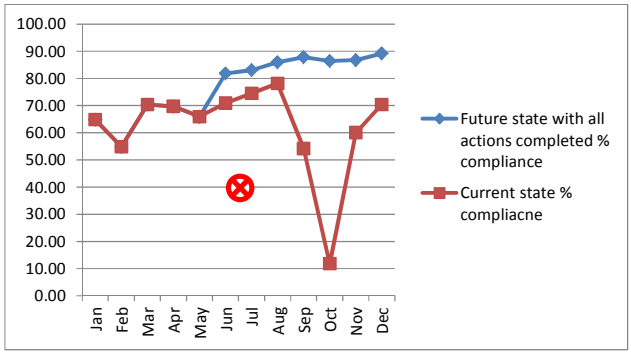
- Planned position – 43%
- Current position – 61%.

The teams in Endoscopy and Lower GI are working closely to improve performance, which is monitored at the weekly KPI Operational Meeting.

Lower GI Cancer Action Plan May 2015

Urology





Urology is currently below projected trajectory of recovery.

- Planned position – 69%
- Current position – 60%

However it should be noted that the position has improved from the previous month.

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Key Actions

- Maintain active monitoring of action plans and performance against trajectories on a weekly basis.
- Monitoring of diagnostic wait times and reporting times through weekly KPI meeting.
- Review of tumour site PTL meetings and highlight reports of breaches to identify themes and actions required.