

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO:	<b>BOARD OF DIRECTORS – 27 JUNE 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 May.  The Trust was compliant with all Monitor RTT targets.  The Trust was compliant with the six week diagnostic target.  The Trust is non-compliant against the 62 Day standard and the 31 Diagnosis to Subsequent Drug treatment standard; 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 May 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%	94.5%										
Trolley Waits	0	0	0										
Ambulance Handover Compliance	-	73.2%	73.8%										
Ambulance Handover within 30 mins	0	14	15										
Ambulance Handover >1hr	0	2	3										
Un-planned Reattends	5%	8.1%	8.2%										

Table 2.1 – AE Performance by month

The Trust was non-compliant with the 4 hour A&E standard in May 2014 at 94.5%. During the month there has been a 5.9% increase in A&E activity across the Trust particularly at the WHH site where there is an increase of 6.72% compared to last year and the KCH site which has seen a 7.04% increase. Activity at the QEH site appears to be broadly in-line with last year at +0.12%, however, the number of GP referred patients at this site have been streamed directly to CDU (by-passing A&E) over the period January to May 14 and compared with the same period in 2013.

In an effort to understand this growth the Division has undertaken a preliminary analysis of attendances by CCG and by GP practice which clearly demonstrates the following inflation;

- South Kent Coast - 15%
- Ashford - 6%
- Thanet - 5%
- Canterbury and Coastal - 3%

#### Action

*This data illustrates largest increase has come from South Kent Coast which has seen a 15% increase in attendances from May last year. This trend has been raised formally with the Accountable Officers and will be discussed further at the next performance meeting*

The growth in activity is compounded by the fact that there has been an increase in LOS for the month. We are seeing sicker patients who stay beyond the average LOS which has been aggravated by the residual lethargy in the system both internally and externally during the two weeks of half term in April and the two bank holidays in May across the Trust.

QEH in particular has seen an increase in long stay (14+ days) patients; this was predicted during April as the activity against plan and last year was low. As the activity is based on discharges the effect of the longer stay patients was seen in May when these patients were discharged. The graph (2.1) below illustrates the peaks in long stay patients at QEH which are mainly due to insufficient or variable support from external partners. The impact of this has been an increase in use extra beds at QEH but also at WHH.

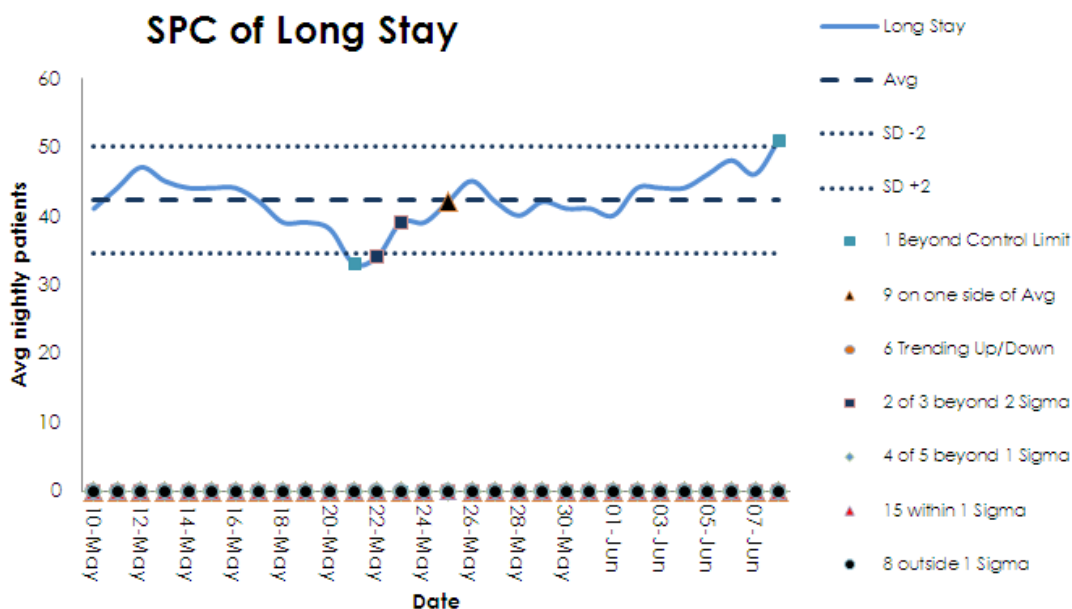


Chart 2.1 – Long Stay patients (14+ days), QEH.

#### Action

*We are continuing to work with external partners to improve discharge planning. A number of workshops are being held to explore the development of an integrated discharge team which will focus on bespoke discharge planning to expedite the discharge process and improve both the patient and carer experience. We have also engaged*

*commissioners in reviewing the delayed transfer of care (DTOC) list on a fortnightly basis in an effort to address the number of DTOC patients which have risen during May.*

Detailed breach analyses are undertaken by the Division continually and these have revealed that reasons for patients breaching the four hour standard fit broadly into two categories; 'delays in A&E' and 'other'. We are currently seeing heavy surges of activity during the evenings in both A&E departments. The times that the breaches occur in these categories vary greatly; 65% of all 'delay in A&E' breaches occur 'out of hours' between 5pm and 9am however, 65% of all 'other' breaches occur 'in hours'. The 'other' breaches are primarily due to delays in specialty response, bed availability or delays in diagnostics. If there is a delay in either A&E seeing the patient initially or the specialty teams reviewing the patients this creates congestion in the department as new patients arrive while existing patients are still waiting to be seen. This results in overcrowding in the department and a lack of availability of trolleys or clinical areas to assess the patients which impacts on clinician productivity at all grades. For example; a patient awaiting specialty review for a period of 2 hours will occupy a cubicle which could have been used to see 2 - 3 patients.

The Standard Operational Policy for the Emergency Floor requires specialties to respond to a request for review within 30 minutes. On all sites, but at particular QEH, there still remains significant variation in specialty response rates. Graph 2 below shows that in some instances the average waiting time can be up to 2 hours. If at this point, there is already a delay in patients being seen in the department, the result will be a breach of the standard for that patient. There is also a knock on effect for other patients' waiting times which can escalate very rapidly into a number of breaches particularly on days where there are capacity issues.

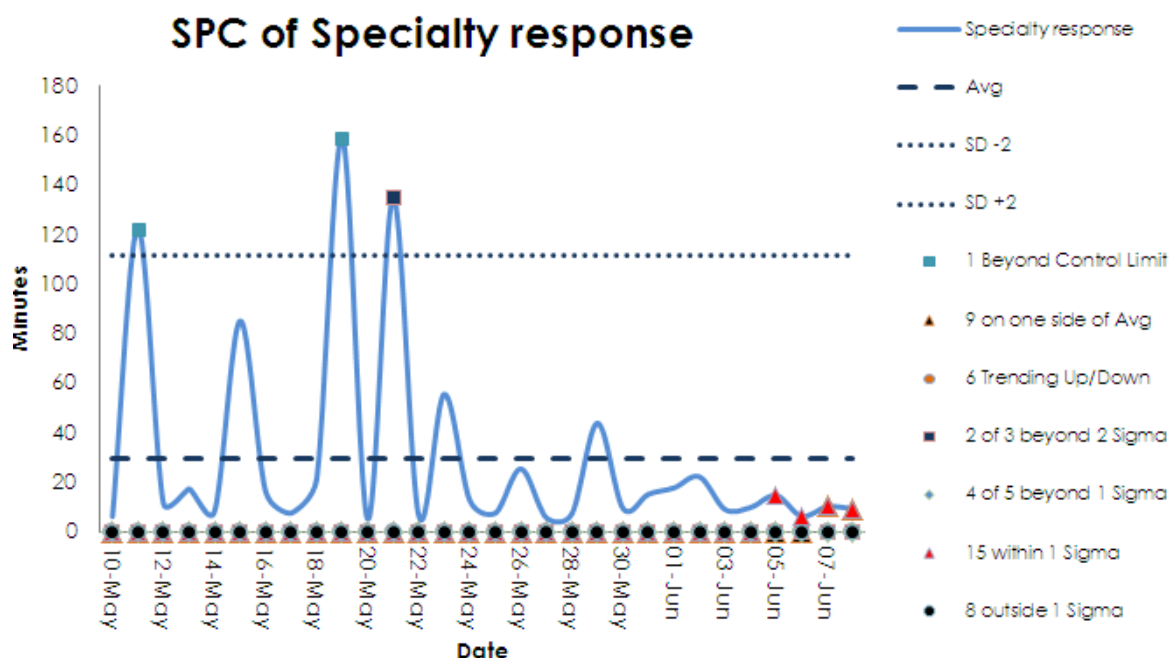


Chart 2.2 – Specialty Response Rates (mins) by day, QEH.

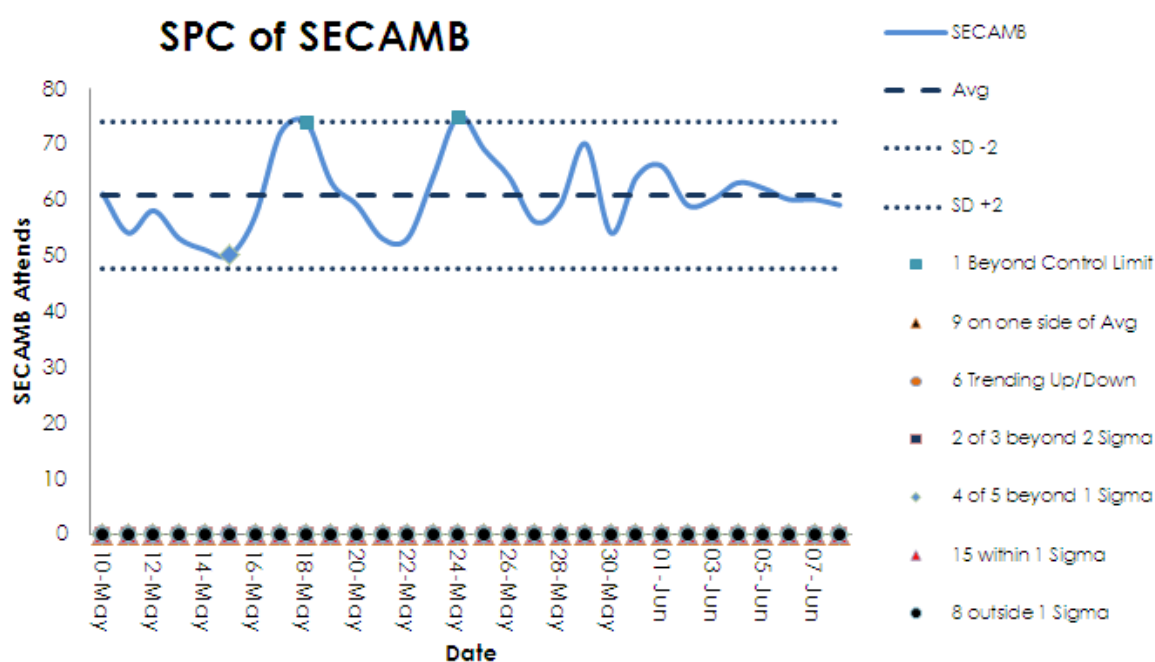
### Action

*As part of the A&E performance recovery plan the A&E teams have collaborated to develop a surge management escalation plan which includes a request for direct review of patients requiring specialist assessment/intervention. The Clinical Lead for Emergency*

Care has arranged to meet with Specialty leads to discuss this. There are also plans in place to establish a Surgical Assessment Unit which will negate the need for patients requiring urgent surgical attention to be in A&E. A review of the paediatric emergency pathway is currently also underway. The urgent response service for patients requiring a mental health professional assessment is variable and is being addressed through the Urgent Care Board.

Actions taken to respond to these surges in activity also include job planning and on a voluntary basis using senior medical staff to work up to 22:00 hours on weekdays, additional middle grade medical staff in the evenings and management support at weekend. We are also undertaking a review of the current internal processes with the aim of improving and streamlining the patient pathway at both WHH and QE, and also at KCH.

Variation in activity in respect of quantity and acuity is an important issue for all 3 sites as they are currently running at full capacity. In line with the previous month there has been a 5.1% increase in SECAMB conveyances. The graph below illustrates the ambulance conveyance activity at the QEH site in May where we saw peaks of 75 ambulances on two days. This resulted in congestion in the department which impacted negatively on patient flow across the emergency floor as the conversion rate from attendance to admission increased.



Graph 3 – A&E attendances via SECAMB, QEH.

#### Action

A meeting has been arranged to discuss this with senior managers in SECAMB, the aim being to explore ways in which both Trusts can work collaboratively and creatively to explore and resolve the issue.

Another challenge faced by the Division has been the withdrawal of the winter funding schemes most of which came to a conclusion at the end of April. Some of the schemes that have ended include;

- Additional management support at weekends
- Therapy support in the evenings
- Additional consultant support at weekends to help with discharges
- Community Rapid response in-reach
- GP in A&E at Thanet
- Extra evening doctors at QEH and WHH

### Action

*Approval has been given for restoring the extra doctors evening shifts on both sites and the GP in A&E at QEH temporarily. A meeting to discuss winter funding is being held on Monday 16<sup>th</sup> June for the local health economy and we are hoping to be able to secure funding for the above and other schemes once again. Meetings with external partners are also being held to discuss development of an integrated emergency 'front door' team.*

### **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**

May performance against the 2014/15 standards was; non-admitted care 98.4%, admitted care 91.2%, incomplete pathways 95.2% and a total of 0 52+ week waiters.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	8,464	139	8,603	98.4%		
Admitted Pathway	2,806	271	3,077	91.2%		1006
Incomplete Pathways	30,793	1,546	32,339	95.2%	0	

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

May 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	647	112	759	85.2%
Incomplete Pathways	T&O	5,116	629	5,745	89.1%

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

The Trust backlog position grew during May ending the month at 1006, an increase of 80 on the previous month. This growth was evident across a number of specialties with T&O and General Surgery being the largest contributors.

As previously reported demand for the Orthopaedic service continues to increase with primary care referrals showing a 20% over-performance on the current activity plan. Investigation is being carried out with commissioners to identify whether referrals to the ICAT service have reduced and therefore led to an influx of referrals into secondary care. The increases are most prevalent for South Kent Coast CCG. Breaking Orthopaedics down into its sub-specialty areas it appears that growth is evident in hips & knees, spines, shoulders and feet. The team is working up plans to lessen the effect of this demand such as redirection to podiatry, improved triage and implementation of the newly agreed spinal pathway. In addition Outpatients capacity is being sourced in the independent sectors to address the bottlenecks

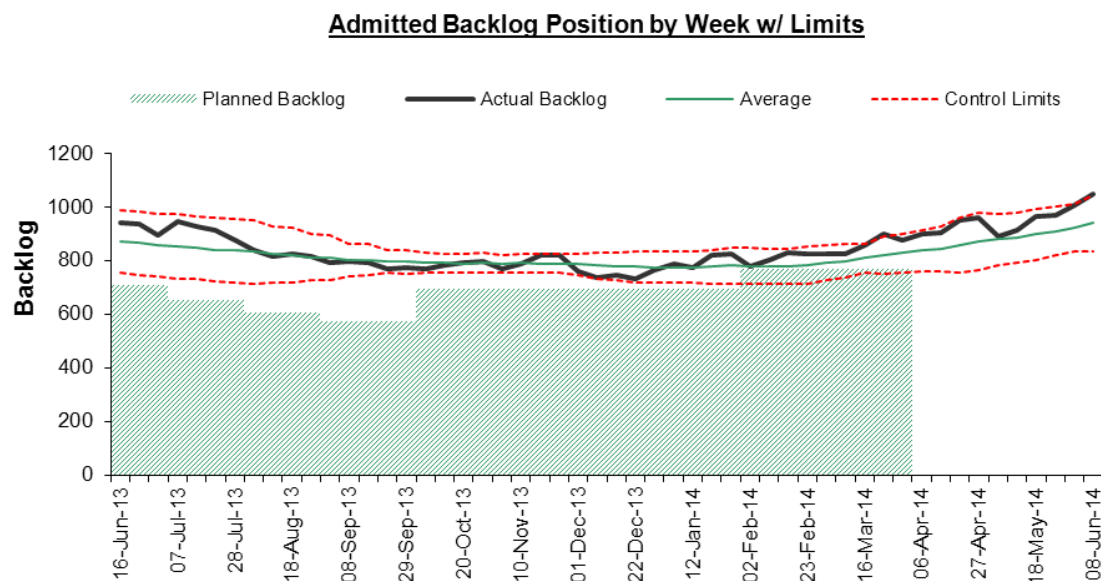
General Surgery is the other areas of concern with regards to increasing backlog position. The service is currently running with one less consultant post at the WHH site which equates to ~28 elective procedures and 200 outpatient attendances per month. Unfortunately due to complexities around job plans it is not possible to cover this activity in existing slots. There are WTE vacancies in theatres at WHH and what can be provided is already being used for other specialty areas. However, theatres are exploring a bank of agency in the interim whilst recruitment into vacancies is underway. The team is currently reviewing capacity for additional day case activity at the KCH site to alleviate some of the demand. Particular conditions have been identified as having significant delay in the outpatient pathway, this is being investigated and solutions to reduce outpatient waits are being identified and implemented by the Division.

Orthopaedics and General Surgery will be a long term recovery plan which will continue until new appointments are made and team working has been instigated in Orthopaedics as well as control measures to reduce referrals have been implemented by the CCG's

Cancer workload in Head & Neck specialties remained high in month again displacing routine cases and causing some growth to the backlog in these areas.

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 May. 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 May 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 May 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 May a total of 92 patients were waiting 6 or more weeks for a diagnostic test, which is a reduction of 83 breaches compared to last month. This has resulted in the Trust achieving 99.3% against the standard of 99% and becoming compliant.

The majority of the breaches are in still in the Radiology area, which accounts for 40/92 breaches causing CT to remain non-compliant. The main reason for the breaches is the continued effect of the breakdown in communication between the Radiology and Cardiology teams around the waiting list for Cardiology CT patients. The patients have now been booked, but the breaches will continue into July until the backlog is cleared.

There are 2 areas whose positions have deteriorated in month; Cardiology-Echo's (32 breaches), due to continued administrative and capacity issues, and Flexi Sigmoidoscopies (4 breaches) due to capacity issues. Sleep Studies (2 breaches) and Colonoscopy (4 breaches) have improved performance in May 2014; however remain in a non-compliant position. Audiology has also moved in to a non-compliant position with 6 breaches due to administrative errors. The robust action plans which were drawn up by the relevant areas last month are now being actively 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	3,504	0	3,504	100.00%
	Computed Tomography	1,953	39	1,992	98.04%
	Non-obstetric ultrasound	3,370	1	3,371	99.97%
	Barium Enema	100	0	100	100.00%
	DEXA Scan	367	0	367	100.00%
Physiological Measurement	Audiology - Audiology Assessments	407	6	413	98.55%
	Cardiology - echocardiography	1,552	32	1,584	97.98%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	387	2	389	99.49%
	Respiratory physiology - sleep studies	166	2	168	98.81%
	Urodynamics - pressures & flows	3	0	3	100.00%
Endoscopy	Colonoscopy	592	4	596	99.33%
	Flexi sigmoidoscopy	186	4	190	97.89%
	Cystoscopy	99	0	99	100.00%
	Gastroscopy	426	2	428	99.53%
Total		13,112	92	13,204	99.30%

Table 5.1 – Diagnostic DM01 (May 2014)

## 6. Cancer targets – May 2014

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

AS AT 09-Jun-14	2 Week Wait		31 Day			62 Day	
	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%
Q4 13/14	95.91%	94.18%	96.89%	96.69%	100.00%	85.14%	77.46%
April	93.56%	88.96%	99.55%	95.45%	100.00%	85.77%	93.33%
May *	93.37%	93.44%	97.74%	97.73%	97.30%	84.00%	96.67%

\*unvalidated position

Table 6.1 – Cancer Performance

The current **un-validated** position for May 2014 shows non-compliance against the 62 Day standard and the 31 Diagnosis to Subsequent Drug treatment standard. It is

predicted that after validation is completed that these targets 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 May 2014. 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.

<i>May*</i>					
<i>Standard</i>	<i>Tumour Group</i>	<i>Target</i>	<i>Performance</i>	<i>Total no of Patients</i>	<i>Breaches</i>
2ww	Children's	93%	91.67%	12	1
2ww	Head & Neck	93%	86.97%	238	31
2ww	Other	93%	83.33%	6	1
31d First Treatment	Head & Neck	96%	83.33%	6	1
31d First Treatment	Other	96%	88.89%	9	1
31d Subs Surg	Urological	94%	66.67%	3	1
31d Subs Drug	Lung	98%	0.00%	1	1
62d Treatments	Lung	85%	75.00%	4	1
62d Treatments	Haematological	85%	80.00%	5	1
62d Treatments	Upper GI	85%	66.67%	3	1
62d Treatments	Lower GI	85%	58.33%	12	5
62d Treatments	Gynaecological	85%	62.50%	8	3
62d Treatments	Head & Neck	85%	75.00%	4	1
62d Screening	Lower GI	90%	80.00%	5	1

\*unvalidated position

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

#### 62 day GP target 85%

The 62 day target for May 2014 has not been met by a narrow margin (84% against 85% target). There have been 20 breaches against this target in May against 125 treatments recorded. After analysis of breach pathways, reasons for breaches have been identified as:

- complex pathway, where patient needed extra diagnostic input to confirm cancer,
- patient initiated delay to diagnostic and treatment planning,
- Short-fall in elective capacity for inpatient diagnostic procedure, and
- outpatient follow up capacity for patients to start active monitoring and hormones.

The Cancer Compliance team has been working closely with all Divisions to ensure that tumour site action planning for capacity is set at the correct levels for the current demand and support escalation processes. It is predicted that after validation is completed this target will remain non-compliant for the month but will achieve compliance for quarter 1. Close monitoring of this target is ongoing and being undertaken by all tumour sites.

#### 31 day Subsequent Drug target 98%

This target is non-compliant for May 2014. One breach has resulted in a performance of 97.3% against the 98% target. This breach occurred due to the patients co-morbidities after decision to treat. It is predicted that after validation is completed that this target will remain non-compliant for the month but will achieve compliance for quarter 1.

The joint Planned Care Board (chaired by Dr Darren Cocker) has recognised that cancer is one of the top three health issues for the population of East Kent and this will now be a consistent agenda item for this Board. In addition the Trust and the CCGs have agreed to produce a joint Cancer action plan.