EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	**BOARD OF DIRECTORS**
DATE:	**26 JUNE 2015**
SUBJECT:	**KEY NATIONAL PERFORMANCE TARGETS**
REPORT FROM:	**CHIEF OPERATING OFFICER**
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.

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, the 31 day standard and the 31 day Subsequent Surgery standards.

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 May 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 May 2015 at 88.3%. This is a deterioration in performance from the previous month (89.3%). The ED recovery trajectory target was 91%.

Activity levels compared to the previous year and performance against the emergency 4 hour KPI is broken down by site in the table below:

	Trustwide	QEH	WHH	K&C	BHD
Total Numbers attending A&E	17,248	5,842	6,351	3,953	1,102
Change from Previous Year	-4.77%	-3.18%	-1.63%	-8.90%	-14.11%
Breaches (Numbers Not Seen within 4 Hrs)	2,010	868	1079	63	0
% met	88.35%	85.14%	83.01%	98.41%	100.00%
Numbers of 20-30 year olds	2,645 (15.34%)	818 (14.00%)	913 (14.38%)	727 (18.39%)	187 (16.97%)
Numbers of 75+	2,847 (16.51%)	988 (16.91%)	1,081 (17.02%)	691 (17.48%)	87 (7.89%)
Nursing vacancies	31	B5 x12 B3x10 B4 x6	X1 B5 RSCN X1 B6 RGN	B5 x1	B6 x 0.5 B2 x 0.5
ED Middle Grades vacancies	12	7	5	N/A	N/A
ED Consultants vacancies	11.5	7	4.5	N/A	N/A

The activity level through A&E for the Trust during May 2015 was below the previous year, by 4.77%, and 5.9% below the plan for the month (18,350).

For the second month running WHH had similar attendance numbers to the previous year, whereas the other sites saw a more significant fall in activity, particularly at Dover Buckland Hospital MIU. There was an overall reduction in minors and majors although it is notable that the WHH saw a 6.6 % rise in majors compared to the previous year.

Breach Analysis

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

East Kent Hospitals University NHS Foundation Trust	May-15	
Reason for Breach	**Total**	**% of Breaches**
Bed Management	288	14%
Waiting for Diagnostics	87	4%
Waiting for Specialist Opinion - Acute	205	10%
Waiting for Specialist Opinion - MH	36	2%
Wait for First Clinician (not triage)	780	39%
A&E Assessment	52	3%
Clinical	132	7%
Treatment Decision	389	19%
Primary Care Assessment/Streaming	0	0%
Patient Transport	33	2%
Unknown	8	0%
Total	**2010**	**100%**

The headlines from this analysis are;

- Breaches attributable to bed management fell from 473 in April to 288 in May (27% to 14% of total breaches).
- Breaches due to 'waiting for first clinician' within the EDs nearly doubled from the previous month (21% in April to 39% breaches in May-15
- The delays in 'waiting for first clinician' were double those in April although this did not translate in to increases in delays due to 'waiting for treatment decision' which remained at a similar level to last month. This suggests the clinical decision making was expedited once patients were seen by the first clinician.

It is important to note that key risks to performance highlighted in the previous Board Report included the cessation of winter schemes. We have seen that though the number of breaches attributed to bed management has dropped, there has been an increase in breaches attributable to ED delays mainly due to reduced medical staffing capacity within the EDs

The key risks to performance can be summarised as follows;

- Insufficient capacity to meet current demand particularly during surge periods
- Insufficient medical bed capacity particularly at WHH and QE exacerbated by high DTOC particularly at QE
- Insufficient management support out of hours
- Variable clinical leadership
- Poor specialty pathways
- Recruitment

Key Actions taken which will be reported on in the June 2015 Board Report;

1. The Trust has now appointed a Director of Transformation for emergency pathways
2. The Emergency Pathway Programme Board has been established and a TOR agreed in principle
3. Internal Professional Standards currently being drafted to include actions agreed specialty response times to ED requests
4. The re-established Acute Medical Model pilot at WHH commenced on 4th June supported by the introduction of the UCLTC Division Fabulous Fortnight across all sites

ECIST

The Trust has received a report from the ECIST visit dated 13th-15th May. The key points highlighted in the report were as follows;

Strategic

1. Develop a shared strategic vision for acute medicine across the 3 sites; this should be supported by an implementation plan and business case. The strategy should include the management of ambulatory emergency care (AEC) and for short stay (inpatient LOS of up to 72 hours) that maximises the potential for admission avoidance and reduced length of stay;
2. Establish a common language and understanding of all operational areas as part of the strategy;
3. Importance of corporate ownership of the emergency access standard

Operational

1. Implement a consistent model of early senior review in the Emergency Departments at both WHH and QEQM;
2. Reinvigorate the internal professional standards around response times; these will be essential to support early senior review, 'pull' and outflow from the departments. Clinical directors should meet regularly to review performance in the response standards;

3. Consider the introduction of observation beds on the 3 sites;
4. Move to a more established see and treat model for minors cases on both the WHH and QEQM sites;
5. Reintroduce a model of early senior review for majors in WHH and QEQM
6. Develop the frailty model to incorporate more comprehensive geriatric assessment across the trust;
7. Continue to expand the acute physician staff base across the 3 sites.
8. Improve the IT to support flow and decision making at the bedside.
9. Agree standards for other speciality teams to maintain flow – these should include in reach standards to assessment units;
10. Standardise board rounds and white boards across the Trust
11. Measure regularly the "stranded patient metric" – all those over 75 in hospital for more than 14 days – (this is a good indicator of the effectiveness of the frailty pathway) set a baseline and stretch targets for improvement.
12. Implement the SAFER patient flow bundle on every ward. This should include daily SAFER compliance reports generated from every ward. Matrons should Lead and oversee this process;
13. Review and deconstruct the process for fax 2 CHC and complex discharge –
14. Undertake a length of stay review of all patients exceeding 7 days
15. Re - launch the perfect week to recalibrate the system;

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.)

May performance against the 2014/15 standards was; non-admitted care 94.1%, admitted care 81.0%, incomplete pathways 88.4% and there were five patients who were waiting 52+ weeks as at the end of May.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	5,883	369	6,252	94.1%		
Admitted Pathway	2,218	519	2,737	81.0%		1,145
Incomplete Pathways	37,569	4,950	42,519	88.4%	5	

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

The Trust backlog position remained relatively static throughout May decreasing marginally by 36 in month. Whilst the Orthopaedic backlog continues to reduce (-61),

exceeding their trajectory, backlog growth occurred in General Surgery (+19), ENT (+18) and Dermatology (+9). In General Surgery an inability to source additional capacity during the Easter period, has meant the waiting list has increased accordingly, furthermore additional outpatient appointments required to meet rising demand has led to a follow on increase in the number of additions to the waiting list.

Issues in ENT are related to a change in casemix, planned additional lists are now being filled with complex otology cases. These are large procedures often resulting on one case per list, this is severely impacting the numbers of activity undertaken. This represents a reduction from almost 8-10 cases per list to 1-2.

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

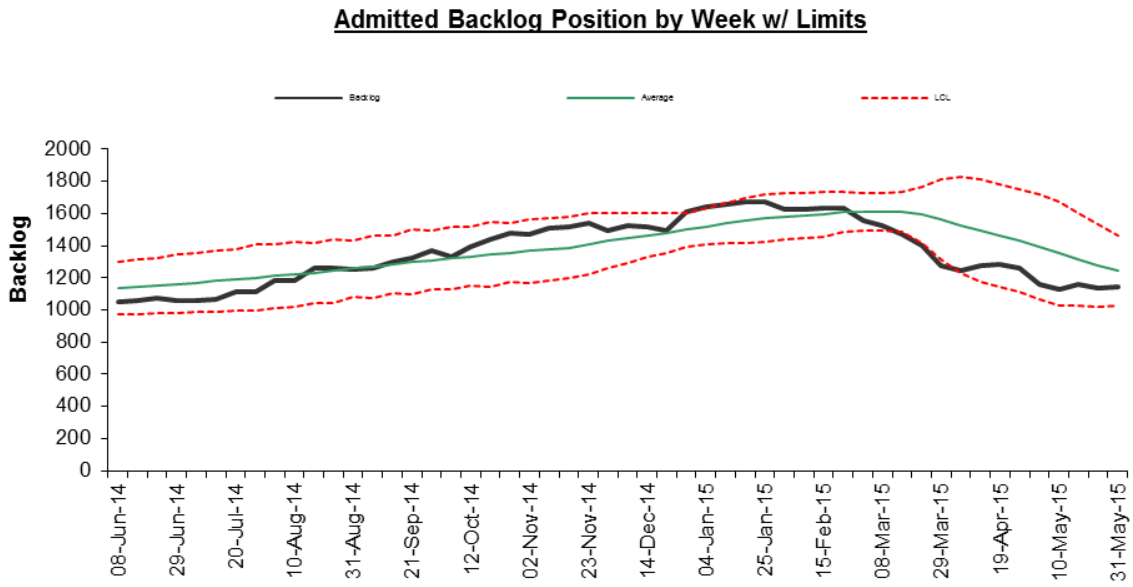


Chart 3.1 – Backlog Position by Week (rolling 12 month)

As at the end of April the Trust declared five breaches of the 52 week wait standard.

Performance against trajectory

The following table outlines the current position as at 06th June 2015;

	Current Position	Monitor Trajectory	Month End Position (June)	Sustainable Date	Trajectory Position
Admitted Waiting List Size	8,050	8,223	7,905	August 2015	✔
Backlog	1,142	1,248	701	January 2016	✔
Compliance	81.67%	80.14%	80.74%	November 2015	✔

- Waiting lists & backlogs continue to reduce in the key high volume specialty T&O, which is 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. Urology is unlikely to return to the stated sustainable position due to a change in recording of diagnostic patients.
- Maxillo Facial is higher than trajectory due to missing the year end trajectory for backlog size.
- General Surgery (including Breast and Colorectal) Referrals have increased by 10% over the last year. The Trust has and continues to source significant additional capacity to meet new demand levels, to counter the growth we are discussing demand management strategies with our CCGs at our monthly performance meetings. Furthermore the increased outpatient activity has increased listing for surgical intervention; as such we are working with external providers to deliver current increased demand.

Key actions

- Vacant General Surgical Consultant post due to be filled on 1st July 2015
- 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, CCG's are now engaged in addressing demand management and a working group is in the process of being set.
- Re-advertise Urology Middle grade positions, Two Locum Consultants posts successfully recruited - to commence Q3
- Secure further agency middle grade (completed 12/5/2015)
- Plan to recover ENT activity loss in May with additional internal lists. This will need to be provided during future months moving forward. Assuming additions to waiting list remains stable we are confident that this will return to a sustainable position over the coming weeks.
- Capacity for complex Skin surgery increased from 18/5/15 with temporary employment of Consultant with required surgical skills.
- Patients waiting for Mohs Micrographic surgery will be reviewed and offered alternative surgery if appropriate.

Key Development

On the 4th June 2015, Simon Stevens, Chief Executive of NHS England released a circular which stated;

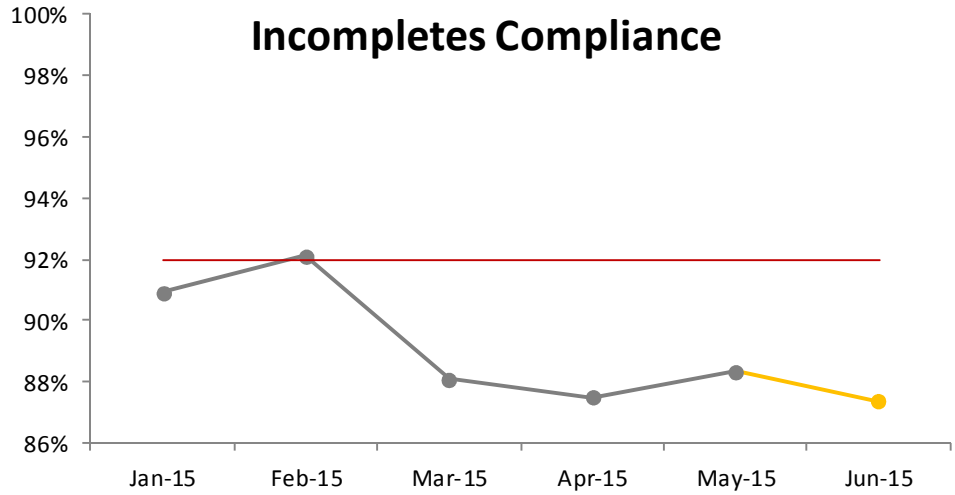
"… It has become increasingly clear that within this confusing set of standards there are in-built perverse incentives. The admitted and non-admitted standards penalise hospitals for treating patients that have waited longer than 18 weeks. As soon as a patient has crossed this threshold, a hospital will effectively receive a black mark for treating them. While hospitals may be the ones penalised directly, the true penalty is for the patient. This cannot be right…."

To tackle the issue Mr Stevens has suggested the following action:

"So my advice is that we abolish the admitted and non-admitted measures as soon as practically possible, using the so-called incomplete standard – the only measure which captures the experience of *every patient* waiting – as our main measure." (The Incomplete Pathways Standard)

We await confirmation (and a timeframe) for when these recommendations will come into practice. The Trust will continue to monitor all 3 waiting list standards until clear instructions are received.

Our performance against this target has worsened since we introduced the full RTT tracking software into our Patient Administration System in March 2015. See graph below for details.



ALL PATIENTS

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Overall Compliance	**90.91%**	**92.11%**	**88.11%**	**87.51%**	**88.36%**	**87.35%**
Total Patients	**32,044**	**32,973**	**39,268**	**41,211**	**42,519**	**43,652**
<18	**29,132**	**30,370**	**34,598**	**36,062**	**37,569**	**38,129**
18+	**2,912**	**2,603**	**4,670**	**5,149**	**4,950**	**5,523**

We believe that the position now better reflects the true number and times for patients awaiting first definitive treatments, as we are now able capture all patients on open pathways. Detailed validation continues to ensure the position is as accurate as possible, it is expected this will improve performance moving forward. Although at this stage it is thought validation alone is unlikely to return us to a compliant position against this target.

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.

The Trust has maintained its compliant position in May, closing the month with 99.82% patients waiting six weeks or less for a diagnostic test.

Only one area breached the target, this was in Gastroscopy.

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	3,671	0	3,671	100.00%
	Computed Tomography	1,845	1	1,846	99.95%
	Non-obstetric ultrasound	3,138	1	3,139	99.97%
	Barium Enema	104	0	104	100.00%
	DEXA Scan	341	0	341	100.00%
Physiological Measurement	Audiology - Audiology Assessments	222	1	223	99.55%
	Cardiology - echocardiography	2,385	4	2,389	99.83%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	426	4	430	99.07%
	Respiratory physiology - sleep studies	259	0	259	100.00%
	Urodynamics - pressures & flows	4	0	4	100.00%
Endoscopy	Colonoscopy	654	2	656	99.70%
	Flexi sigmoidoscopy	206	2	208	99.04%
	Cystoscopy	237	0	237	100.00%
	Gastroscopy	672	11	683	98.39%
Total		14,164	26	14,190	99.82%

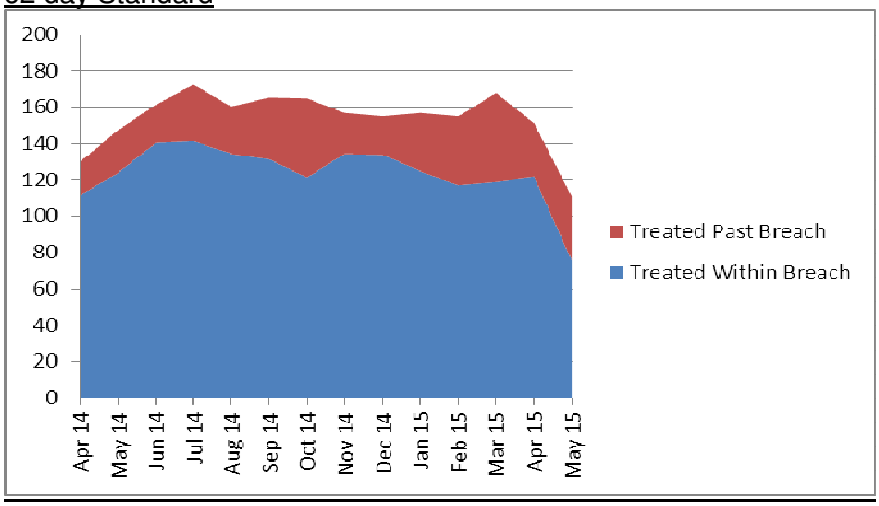
Table 5.1 – Diagnostic DM01 (May 2015)

Cancer targets – May 2015

	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%
Mar-15	95.41%	96.18%	96.54%	97.83%	100%	70.83%	91.49%
Apr-15	94.00%	93.55%	95.28%	88.57%	100%	80.53%	95.00%
May-15	93.75%	93.08%	92.54%	87.81%	98.70%	68.47%	90.00%

The current un-validated position for May 2015 shows non-compliance against the 62 day GP standard, 31 day first treatment & 31 day subsequent surgery standards. All other performance measures have been met. We will continue to validate the information 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.

62 day Standard



The 62 day GP standard has not been achieved in May 15. This is the fifth month of non-compliance against this standard. Large numbers of breaches in Urology (18) and breaches in compliant tumour groups (3 Breast and 1 Skin) have compounded to deliver a non-compliant position. The 3 Breast breaches were due to complex patients and not due to waiting times within the Trust. Urology pathway continues to see delays with diagnostics. This pathway will need to be resolved if the Trust is to return to compliance. Current action plan for urology has a trajectory for return to compliance in late Q2. Until then this target will remain non-compliant.

May 15 62 day breach reasons

Tumour site	Number of breaches	Breach reason
Lung	2	x1 Health care provider initiated delay to diagnostic test or treatment planning
		x1 Complex pathway
Upper GI	4	x4 Health care provider initiated delay to diagnostic test or treatment planning
Skin	1	x1 Patient initiated (choice) delay to diagnostic test or treatment planning (advance notice given)
Lower GI	3	x2 Health care provider initiated delay to diagnostic test or treatment planning
		x1 Treatment delayed for medical reasons (patient unfit for treatment episode, excluding planned recovery period following diagnostic test)
H&N	3	x3 Health care provider initiated delay to diagnostic test or treatment planning
Urology	18	x14 Health care provider initiated delay to diagnostic test or treatment planning
		x 4 Patient initiated (choice) delay to diagnostic test or treatment planning (advance notice given)
Breast	3	x3 Complex pathway
Gynae	1	Patient initiated (choice) delay to diagnostic test or treatment planning (advance notice given)

31 day and Subsequent targets

In May 2015 both 31 days and 31 day Subsequent treatment standards are non-compliant. Previous to April's performance the Trust has seen large amount of breaches within Urology (1st treatment 9 & Subsequent 5) due to the demand on the Da-Vinci surgeries. Actions for assurance are being actively reviewed by the Urology team and also extra capacity for this type of treatment.

2ww Conversion rates

Site	13/14 Conversion rate %	14/15 Conversion rate %
Urology	36.79	30.44
Upper GI	16.53	12.97
Breast	20.55	16.42
Lower GI	16.74	14.32
Haemaology	84.62	57.95
Head & Neck	12.39	7.54
Gynae	21.08	14.93
Lung	38.20	38.63
Skin	13.32	11.23

The above data shows conversion rates for 14/15 are below that of 13/14. Fewer patients have been diagnosed via the 2ww pro-forma this year than last. Noticeable decreases in almost all tumour sites apart from lung which saw a 2% increase.

Cancer Compliance Update

In the near future Rosie Baur will be reviewing and working alongside the cancer compliance team. Within the initial few weeks of the role a review of the escalation policy and PTL meetings will be done. PTL meetings will occur regularly with full attendance from core members. These will be agreed when the TOR and day and time for PTL is circulated. The escalation policy will be updated within the next 2 weeks and re launched to all MDM coordinators and other relevant staff.

The MDM coordinators will have 2 half day training off site in July and September.

A survey monkey will be sent to all core members of different tumour site MDMs and an evaluation of their function and organisation will be reviewed.