# EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

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| REPORT TO: | **BOARD OF DIRECTORS – 25 JULY 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.

SUMMARY:

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 June.

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 2 ww; this is currently an un-validated position**.**

All information contained in this report is complete and accurate at the time of reporting.

**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 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 June performance for each indicator.

| | | Performance | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Indicator** | **Target** | **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% | 93.8% | | | | | | | | | |
| Trolley Waits | **0** | 0 | 0 | 0 | | | | | | | | | |
| Ambulance Handover Compliance | - | 73.2% | 73.8% | 72.4% | | | | | | | | | |
| Ambulance Handover within 30 mins | **0** | 14 | 15 | 8 | | | | | | | | | |
| Ambulance Handover >1hr | **0** | 2 | 3 | 0 | | | | | | | | | |
| Un-planned Reattends | **5%** | 8.1% | 8.2% | 8.9% | | | | | | | | | |

**Table 2.1 – AE Performance by month**

The Trust was non-compliant with the 4 hour A&E standard in June 2014 at 93.8%. Activity levels for the Trust were up 5.3% on the same period last year, particularly at WHH (+5.5%) and KCH (+5.4%). Activity at QEH increased by 2.6% compared to last year. Attendance activity data demonstrates that number of self-presenting patients has risen by 8.1%.

Whereas in May the largest observed increase was from South Kent Coast, there was a shift in June when we saw a significant rise in patients from Thanet at 8.8% and Ashford 8.2%. South Kent Coast has still seen an increase from last year although not as high as last month (+7%).

There is a continuing trend of high variation in attendances with KCH seeing a low of 104 and a high of 162, QEH; 167 and 236 and WHH; 187 and 242. The impact of this is amplified by the fact that there is an upward trend in patients classified as majors which has increased by 7.1% compared to last year vs a 3.9% growth in the minors' stream.

The graphs below demonstrate the variation in attendances at both WHH and QEH. The operational impact of these surges is that the departments can become overwhelmed particularly as they occur in the evenings when there are minimal support services to facilitate timely patient flow out of ED into the main body of the hospitals. This is compounded by increasing competition for bed capacity as the majors patients convert to admissions. The effect of these surges can be felt for days as the demand continues overnight and into the following day(s).

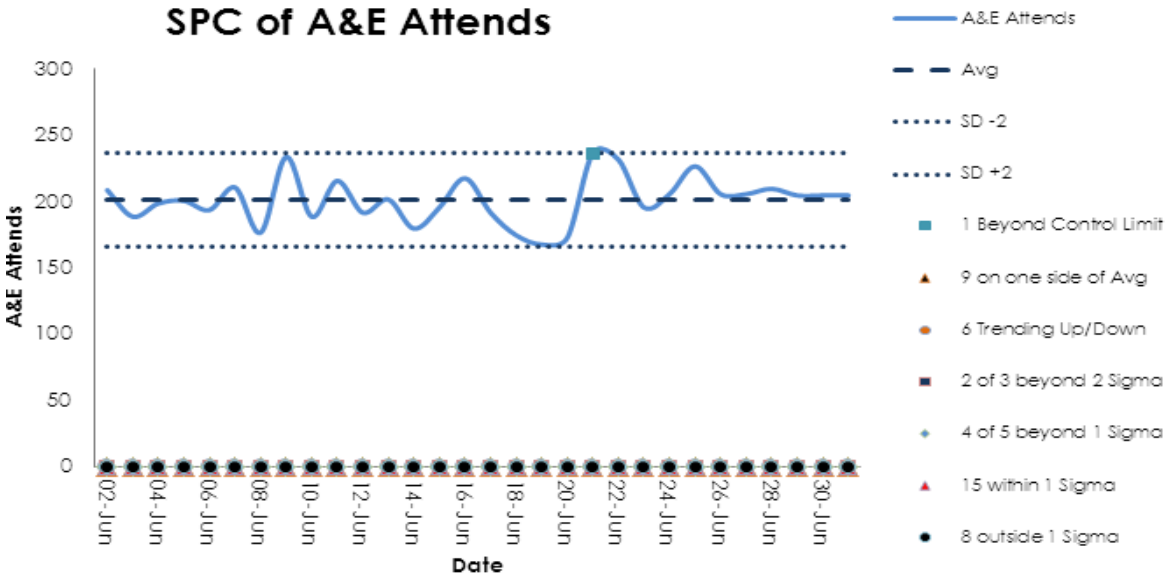



**Chart 2.1 – Attendance variation at QEH**

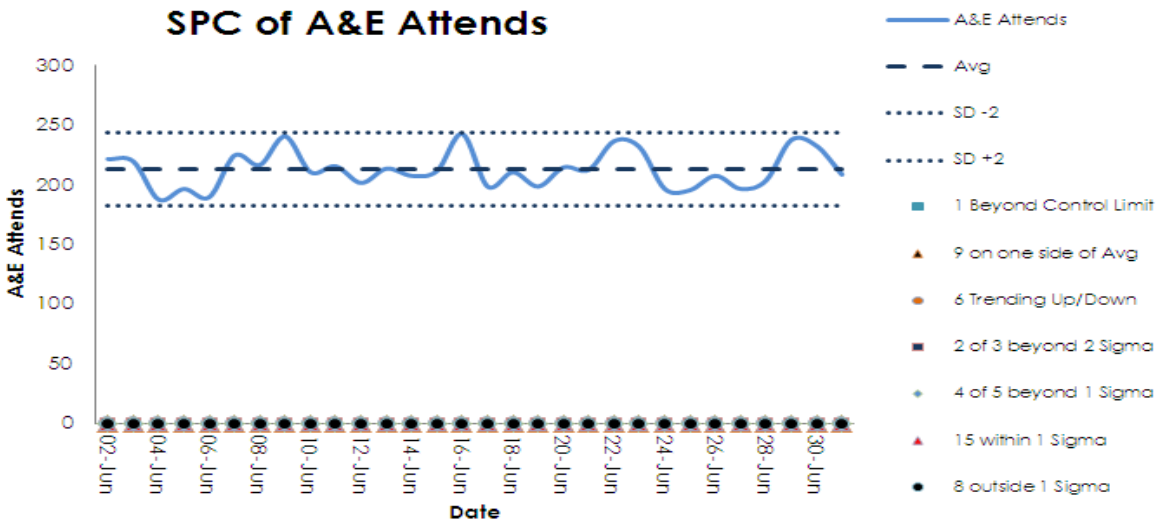



**Chart 2.2 – Attendance variation at WHH**

There is considerable variation in specialty response rates at all sites, although this is particularly prevalent at WHH. Chart 2.3 below shows that in some instances the average waiting time can be up to three hours. Whilst not applicable to every patient the delays caused by this inevitably impacts on other patients' journeys through the department. The breaches are analysed at the monthly A&E performance meetings attended by other divisions.

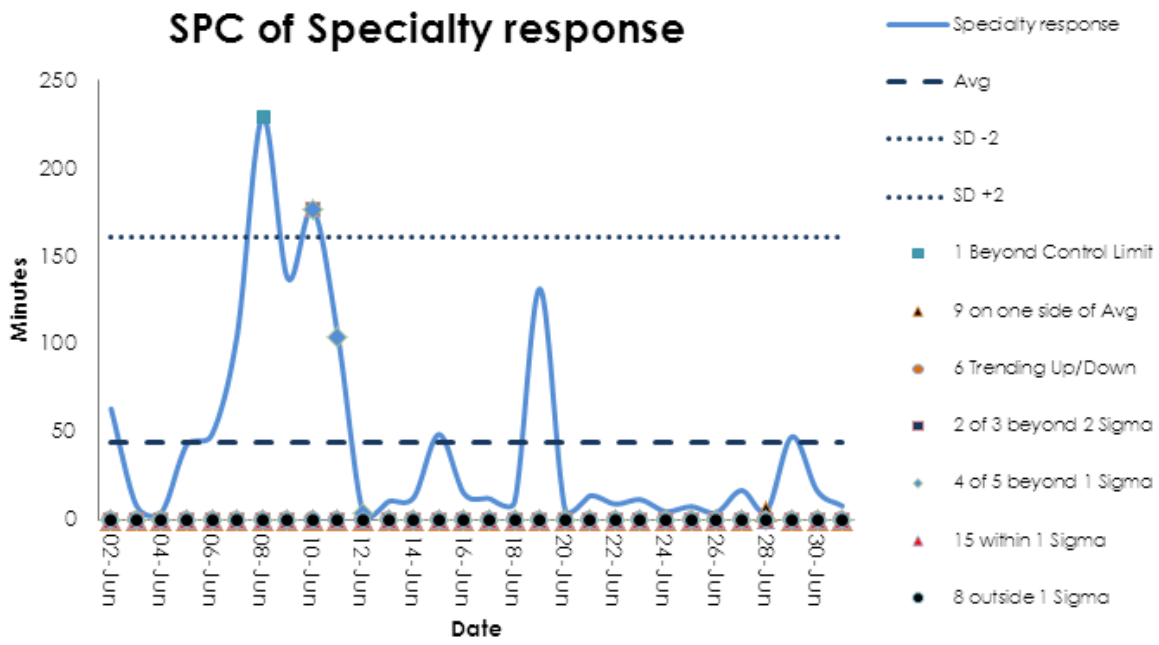



**Chart 2.3 – Specialty Response Rates at WHH**

We have seen a rise in long stay (14+ days) patients which has contributed to an increase in overall length of stay particularly at QEH, this is a pilot site for the revised social services model of care. This pilot essentially involves a relocation of the acute resources into the community with the expectation that staff will in-reach into the Trust to facilitate patient discharge. This has generated significant delays in patient discharges as referrals for social services input are processed by staff that are externally based. Chart 2.4 below shows a steadily rising average length of stay at QE.

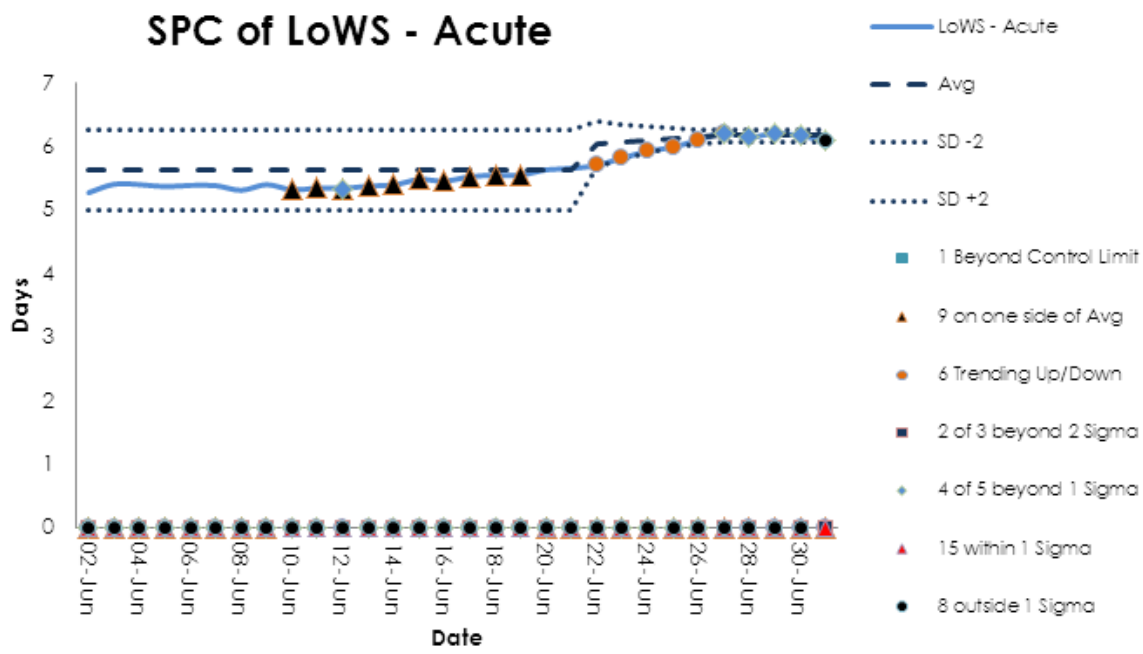



**Chart 2.4 – Length of stay on acute wards at QEH**

This issue will be addressed by the implementation of the integrated discharge team based on the emergency floor and the main focus will be to facilitate and expedite discharge for appropriate patients with complex health & social care needs without an admission to hospital. In the meantime, the UCLTC Division are liaising with partners on a daily basis in an effort to facilitate discharges although this is becoming increasingly challenging as our social services partners' progress through their new strategy.

**A&E Recovery Plan**

The UCLTC Division is committed to improving and sustaining A&E performance. We have drafted an A&E performance recovery plan which can be summarised under the following key headings:

- Governance
- A&E processes
- Pathways
- Workforce
- Leadership and Engagement
- Information/Analysis
- Operational Policy

The plan includes a trajectory for improvement to achieve quarter two.

The plan will highlight support required from external partners and commissioners in order to achieve quarter two.

## 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**

June performance against the 2014/15 standards was; non-admitted care 98.0%, admitted care 90.6%, incomplete pathways 94.8% and a total of zero week waiters.

| Pathway | < 18 Weeks | >18 Weeks | Total | % Compliance | 52 Week waiters | Backlog Position |
|---|---|---|---|---|---|---|
| Non-Admitted Pathway | 8,848 | 182 | 9,030 | 98.0% | | |
| Admitted Pathway | 3,231 | 336 | 3,567 | 90.6% | | 1035 |
| Incomplete Pathways | 29,491 | 1,633 | 31,124 | 94.8% | 0 | |

**Table 3.1 – RTT Position Compliance by Pathway (June 2014)**

June 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 | 786 | 144 | 930 | 84.5% |
| Incomplete Pathways | T&O | 4,838 | 632 | 5,470 | 88.4% |

* 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 (June 2014)**

The Trust backlog position grew during June ending the month at 1035, an increase of 29 on the previous month. Whilst this remains a growth on the previous month the rate of growth has slowed.

Demand for the Orthopaedic service continues to increase with primary care referrals showing a significant over-performance on the current activity plan. Joint work with the commissioners and community Trust has proved that the increase in referrals is as a result of changes to community Orthopaedic provision and as such the Trust is implementing a revised triage process in order to redirect these referrals to the community Trust.

General Surgery remains the other areas of concern with regards to increasing backlog position. The service continues to run 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 continues to be a constraint with WTE vacancies (16wte) in theatres at WHH. Although 11 WTE have now been appointed there will be a lead in time

required before commencement of employment. Bank and agency is being sourced however, due to the level of vacancies in theatre, the agency cannot cover all posts, and therefore weekend working is restricted. Capacity for additional day case activity at the KCH site has commenced 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 have been identified are in the process of being implemented by the Division.

The Trust has been successful in securing resilience funding to reduce the backlog in Orthopaedics, General Surgery, ENT and Gynecology, to June 2013 figures. Although this is welcomed, additional capacity in the independent sector will be required to achieve this objective.

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.

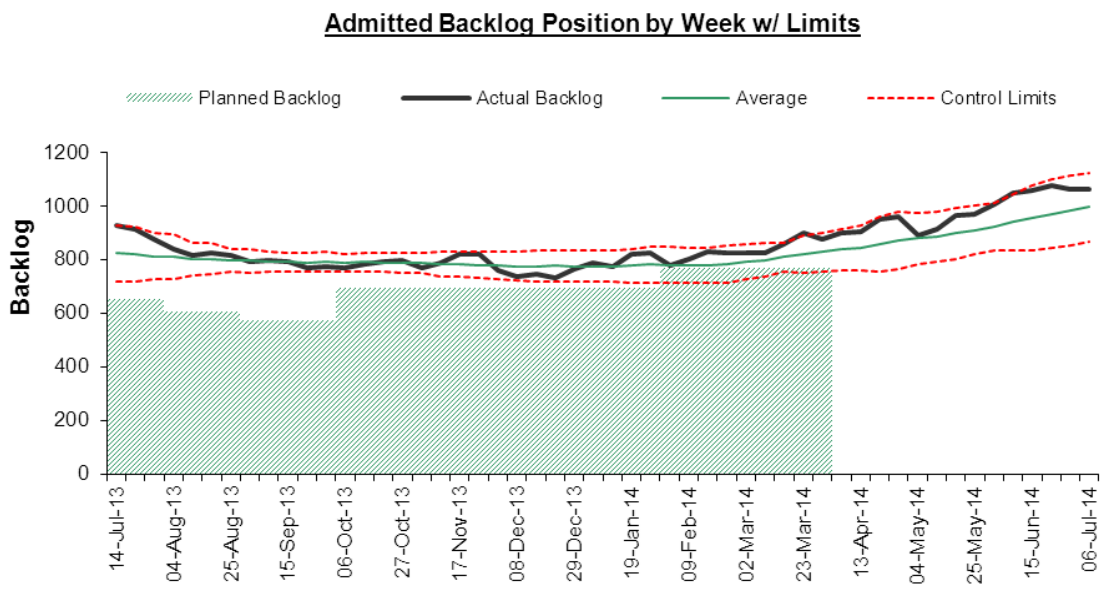



**Chart 3.1 – Backlog Position by Week (rolling 12 month)**

T&O remains non-compliant with the incomplete pathways standard in June. 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 June the Trust maintained its achievement of 0 patients on an incomplete pathway who have been waiting 52 weeks or over.

NHS England – Backlog Reduction Plans

NHS England has sent briefing plans to all CCGs to confirm the allocation of non-recurrent funding to reduce the 18 week backlog position to the level seen nationally in January 2013 (EK backlog was at 839 at this time).

NHS England has stated that Trusts must comply with all three RTT standards and that the bulk of the backlog is achieved in the publication of the September RTT data.
This will be achieved by focusing on patients waiting over 16 weeks for treatment.

A template has been completed by the Trust and submitted to NHS England for the following specialties:

- Orthopaedics
- General Surgery
- ENT
- Gynaecology

The bulk of this activity must be delivered by August 2014.

The level of activity we aim to outsource has been based on the funding allocation available to the Trust and is:

| | Up to 18 weeks activity target | Minimum reduction in up to 18 weeks activity (80%) | Total RTT Activity (including over 18 weeks) | | Agreed Funding |
|---|---|---|---|---|---|
| NHS ASHFORD CCG | 129 | 103 | 270 | £ | 264,525 |
| NHS CANTERBURY AND COASTAL CCG | 192 | 154 | 390 | £ | 497,490 |
| NHS SOUTH KENT COAST CCG | 249 | 199 | 510 | £ | 542,052 |
| NHS THANET CCG | 132 | 106 | 270 | £ | 439,908 |
| | **702** | **562** | **1440** | **£** | **1,743,975** |

The Trust's plan included an appropriate balance between admitted and non-admitted pathways with the focus on the long waiters i.e. >16 weeks. NHS England has acknowledged that this will lead to an expected decline in performance, before recovery.

**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 June 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 June a total of 60 patients were waiting 6 or more weeks for a diagnostic test, which is a reduction of 32 breaches compared to last month. This has resulted in the Trust achieving 99.59% against the standard of 99% and becoming compliant for a second successive month.

There is overall compliance against the 6 week diagnostic target for June (99.6%). Missing the target this month was CT (98.4%), Colonoscopy (98.1%) and Flexi-Sigmoidoscopy (97.8%). CT compliance continues to be challenging due to increased demand. Direct access +20%, Acute +11%.

There are two further areas which have failed the target at test level. Colonoscopy and Flexi Sigmoidoscopy (both in Endoscopy) have failed in month due to capacity constraints. 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 | 3,437 | 0 | 3,437 | 100.00% |
| | Computed Tomography | 2,070 | 33 | 2,103 | 98.43% |
| | Non-obstetric ultrasound | 4,168 | 4 | 4,172 | 99.90% |
| | Barium Enema | 117 | 1 | 118 | 99.15% |
| | DEXA Scan | 374 | 0 | 374 | 100.00% |
| Physiological Measurement | Audiology - Audiology Assessments | 326 | 1 | 327 | 99.69% |
| | Cardiology - echocardiography | 1,972 | 1 | 1,973 | 99.95% |
| | Cardiology - electrophysiology | 0 | 0 | 0 | 100.00% |
| | Neurophysiology - peripheral neurophysiology | 426 | 1 | 427 | 99.77% |
| | Respiratory physiology - sleep studies | 163 | 0 | 163 | 100.00% |
| | Urodynamics - pressures & flows | 9 | 0 | 9 | 100.00% |
| Endoscopy | Colonoscopy | 679 | 13 | 692 | 98.12% |
| | Flexi sigmoidoscopy | 181 | 4 | 185 | 97.84% |
| | Cystoscopy | 79 | 0 | 79 | 100.00% |
| | Gastroscopy | 454 | 2 | 456 | 99.56% |
| Total | | 14,455 | 60 | 14,515 | 99.59% |

**Table 5.1 – Diagnostic DM01 (June 2014)**

## 6. Cancer targets – June 2014

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

| AS AT 10-Jul-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 | 94.19% | 94.59% | 98.07% | 95.83% | 97.37% | 84.07% | 95.38% |
| *June ** | *92.65%* | *93.17%* | *99.16%* | *95.74%* | *100.00%* | *88.24%* | *100.00%* |

**unvalidated position*

**Table 6.1 – Cancer Performance**

The current ***un-validated*** position for June 2014 shows non-compliance against the 2ww referral standard. It is predicted that after validation is completed that this target 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 June 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.

| *June** | | | | | |
|---|---|---|---|---|---|
| *Standard* | *Tumour Group* | *Target* | *Performance* | *Total no of Patients* | *Breaches* |
| *2ww* | *Children's* | *93%* | *87.50%* | *16* | *2* |
| *2ww* | *Upper GI* | *93%* | *87.15%* | *179* | *23* |
| *2ww* | *Brain & CNS* | *93%* | *66.67%* | *3* | *1* |
| *2ww* | *Head & Neck* | *93%* | *83.53%* | *249* | *41* |
| *31d First Treatment* | *Lung* | *96%* | *95.24%* | *21* | *1* |
| *31d Subs Drug* | *Skin* | *98%* | *93.33%* | *15* | *1* |
| *31d Subs Drug* | *Head & Neck* | *98%* | *0.00%* | *1* | *1* |
| *62d Treatments* | *Haematological* | *85%* | *75.00%* | *8* | *2* |
| *62d Treatments* | *Lower GI* | *85%* | *70.00%* | *10* | *3* |
| *62d Treatments* | *Gynaecological* | *85%* | *57.14%* | *7* | *3* |
| *62d Treatments* | *Head & Neck* | *85%* | *75.00%* | *4* | *1* |

**unvalidated position*

**Table 6.2 – Cancer Performance – Tumour Site exceptions (June 2014)**

<u>2ww referral Standard non-compliance Jun14</u>

Although this standard has been non-compliant for June 14, all tumour sites apart from Children's, Brain, Upper GI and H&N were compliant. The breach numbers for Upper GI (23) and H&N (41) have been the contributing factors to overall non-compliance. Capacity issues and patient cancellation breaches are cited as the breach reasons. Forward planning of capacity will ensure compliance for future months and continuing work against the 10 day stretch target will reduce the risk of patient cancellation breaches. All tumour

sites have been tasked to ensure capacity is available for booking to the access standard of within 24 hours of referral received date.

Upper GI had a short term workforce capacity constraint which has been resolved and the additional doctors will be commencing with the trust in the next month.

H&N has seen a significant increase in referrals which is thought to be linked to the lung cancer campaign. Patients who present with a cough may have a lung problem excluded that then leads to throat and neck investigations.

The children's cancer referrals are collated and reported as 'any referral for a patient aged up to the age of 19' so forms a combination from all tumour sites. We are reviewing how the referrals are dealt with in the trust to ensure that a Paediatrician is reviewing the appropriate referrals.

**Joint Action Plan for Cancer**

The 4 local CCGs have now recognised that cancer is one of the top three conditions that they want to improve in terms of prevention, early diagnosis and survivorship and as such have made the topic a regular agenda item on the Integrated Planned Care Board.

EKHUFT has commenced work on a joint action plan with the CCGs. There is agreement that the first action is to understand more about the 2WW referrals. It has been agreed that a joint audit will be undertaken which will;

- Share data on the number of attendances a patient has before they are referred by their GP on a 2ww (or routine) pathway
- Audit the number of 2ww referrals made on the agreed proformas and the completeness of this referral
- Audit the 2ww referrals made by letters and whether the correct "triggers" were reported to indicate that this was a 2ww referral.
- The final element is to explore the outcome of this first 2ww appointment and review those that were discharged after this appointment with the appropriateness of referral.

This is indicates that progress is being made, and there is now a recognition of a shared responsibility for cancer.

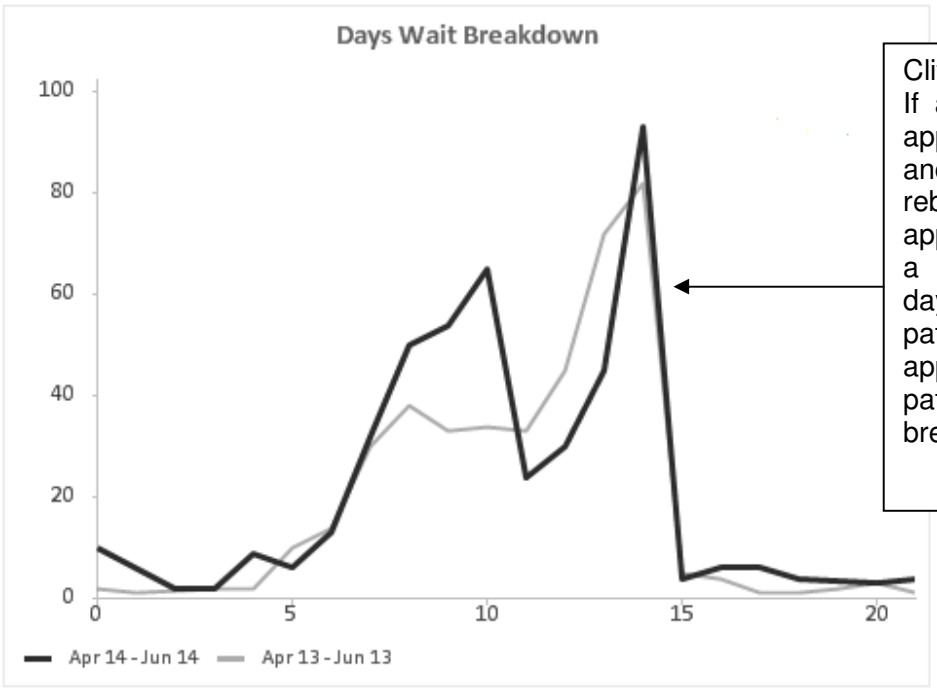
<u>Breast Symptomatic Quarter 1 14/15 non-compliance.</u>

The Breast Symptomatic referral standard will not be compliant for Q1 14/15. April 14 was non-compliant for this standard at 88% and although May and June have been compliant the level of compliance within these two months has not been high enough to counteract the number of breaches for the quarter as a whole (37).

It must be noted that this quarter has seen the highest number of Breast symptomatic referrals (472). Patient cancellation breaches constitute the vast majority of breaches. A patient leaflet similar to the 2ww leaflet is being developed for GP to give to patients being referred as a breast symptomatic. Due to the non-cancer referral element of this target there is concern that patients are not aware that they will still be require to attend within 2 weeks. This leaflet will clearly explain that although this is not a referral for cancer you will still be offered an appointment within 14 days. The work around capacity split between Breast 2ww and Breast symptomatic must continue to ensure that

appointments can be offered earlier within the 14 days to compensate for patient choice before breach as patient choice breach number are the majority for this target which is demonstrated in chart 6.3 which show the 'cliff face' at day 14/15 day of pathway.

Apart from the Breast Symptomatic referral target, all other standards will be compliant for Quarter 1 14/15.




Cliff face.
If a patient is offered an appointment on day 13/14 and then cancels and rebooks then this appointment will become a breach if booked past day 14. The earlier a patient can be offered an appointment the risk of patient cancellation breaches is reduced.

**Chart 6.3 Breast Symptomatic referral booking profile for Q1 14/15**