

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: THE BOARD OF DIRECTORS****DATE: 7 AUGUST 2015****SUBJECT: KEY NATIONAL PERFORMANCE TARGETS****REPORT FROM: CHIEF OPERATING OFFICER****PURPOSE: Discussion****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 2ww GP Referral, 2ww Symptomatic Breast, 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.

<p>IMPACT ON TRUST'S STRATEGIC OBJECTIVES:</p> <p>SO1: Deliver excellence in the quality of care and experience of every person, every time they access our services</p> <p>These targets are key to the achievement of access and financial objectives and contribute significantly to the patient experience and choice.</p>
<p>LINKS TO BOARD ASSURANCE FRAMEWORK:</p> <p>Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.</p>
<p>IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:</p> <p>All these standards are being closely monitored and mitigating actions are being taken where appropriate (in collaboration with the whole health economy)</p>
<p>FINANCIAL AND RESOURCE IMPLICATIONS:</p> <p>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.</p>
<p>LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:</p> <p>None</p>
<p>PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES</p> <p>N/A</p>
<p>ACTION REQUIRED:</p> <ul style="list-style-type: none"> (a) Discuss and agree recommendations. (b) To note the content of the report
<p>CONSEQUENCES OF NOT TAKING ACTION:</p> <p>Potential risk of failing the required standards which has an impact on our Monitor rating and Trust reputation.</p>

Performance Report June 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 June 2015 at 88.0%, representing a reduction in performance from the previous month (88.3%), and missing the recovery trajectory target of 92% for the month.

The quarterly performance against the emergency care access standard for quarter 1 (Apr – Jun 2015) was 88.5%.

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	17,210	5,884	6,260	3,895	1,171
Change from Previous Year	-2.70%	-2.28%	-1.90%	-4.44%	-3.14%
Breaches (Numbers Not Seen within 4 Hrs)	2,067	1,149	852	66	0
% met	87.99%	80.47%	86.39%	98.31%	100.00%
Numbers of 20-30 year olds	2,603 (15.12%)	870 (14.79%)	898 (14.35%)	666 (17.10%)	169 (14.43%)
Numbers of 75+	2,634 (15.31%)	938 (15.94%)	930 (14.86%)	695 (17.84%)	71 (6.06%)
Nursing vacancies	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	11	6.5	4.5	N/A	N/A

The activity level through A&E for the Trust during June 2015 was below the previous year across all sites (-2.70%). This was also below the plan for the month by 744 attends (-4.1% against plan). The 3% uplift in the current year plan predicts a raised number of A&E attendances, but as noted the month was quieter than the previous year.

It is important to note the variation between the sites, with the largest fall in patients being at Kent and Canterbury (-4.44%).

The reduction in activity from June 2014, is almost entirely due to a reduction in the minors seen (-458 attends, -5% on previous year). The number patients in the majors patients was consistent with the previous year.

In respect of the age profile of patients, there has been relatively little change compared to previous months, and it is clear that K&C sees a higher proportion of young adults through the Emergency Care Centre than the A&E sites - again attributable to the age profile of the areas.

As seen from previous reports, the proportion of patients 75+ attending the 3 acute sites continues to fluctuate month to month, but remains at a similar level across all three acute sites.

Acute Model – WHH

The pilot of the acute medical model at WHH during June has coincided with an increase in the site performance over the third week of June. The WHH site achieved a weekly position of 90.86% for the week ending 21st June. This position would have been higher if not for the recurrent theme of Mondays being extremely challenging. However, performance across the month of June has been extremely challenging, with large variation in the daily compliance at sites.

Breach Analysis

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

East Kent Hospitals University NHS Foundation Trust	Jun-15	
Reason for Breach	Total	% of Breaches
Bed Management	259	13%
Waiting for Diagnostics	68	3%
Waiting for Specialist Opinion - Acute	228	11%
Waiting for Specialist Opinion - MH	22	1%
Wait for First Clinician (not triage)	876	42%
A&E Assessment	55	3%
Clinical	118	6%
Treatment Decision	409	20%
Primary Care Assessment/Streaming	0	0%
Patient Transport	23	1%
Unknown	9	0%
Total	2067	100%

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

- **Bed management breaches** – these continue to fall, in part attributed to the implementation of the acute medical model at the WHH. Reports from the pilot have shown that there has been an increase in available beds at the site, which has reduced the overall number of breaches. The number of bed management breaches fell again as a proportion of the total breaches from 473 in April (27%) to 288 in May (14%), to 259 in June (13%).
- **Delays to be seen by clinicians in ED.** This category of breach nearly doubled between April and May's reports, (21% to 39%), and in June this remains high (876, 42%). This is partly due to reduced medical staffing capacity within the EDs on the evening and overnight shifts. There are some local issues relating to middle grade doctor productivity out of hours which are compounded by the high dependency on agency locums due to vacancies.
- **Delays in treatment decision**, such as late referral to specialty also impacted on congestion in the ED. This remains relatively unchanged as approximately 20% of breaches.

At WHH it was agreed that an additional two middle grade doctors would be reinstated to improve overnight performance.

Key Actions taken in June:

1. John Coleman has taken up his interim Director of Transformation post focusing on the WHH site initially.

2. Internal Professional Standards (IPS) have been agreed and included within the Standard Operational Policy for the Emergency Floor. The IPS includes agreed 30 minute specialty response times to ED.
3. Increased operational grip within the emergency floor leading to improved clinical ownership of the emergency access standard.
4. SAFER bundle re-launched with emphasis on early morning board rounds and improved discharge processes.
5. Increased flow of patients to hot ambulatory care.
6. There is an SRG summit on 28th July where the SRG will be asked to describe escalation, actions and governance related to the achievement of the 95% for A&E.

Next Steps

- Continue with proactive management and progression of the action plan.
- Increase operational control within the EDs and across emergency pathways.

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.)

June performance against the 2014/15 standards was; non-admitted care 92.7%, admitted care 81.2%, incomplete pathways 86.8% and there were eleven patients who were waiting 52+ weeks as at the end of June.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	7,218	569	7,787	92.7%		
Admitted Pathway	2,572	596	3,168	81.2%		1,108
Incomplete Pathways	39,067	5,966	45,033	86.8%	11	

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

The Trust backlog position remained relatively static throughout June decreasing marginally by 37 in month. The Orthopaedic backlog reduced by 78 in month keeping them well ahead of trajectory and Dermatology performance improved significantly reducing their backlog by 39. Backlog growth occurred in General Surgery (+47), ENT (+20), Ophthalmology (+15) and Urology (+15). Prolonged high levels of demand into General Surgery is causing long waits in outpatients, this is now beginning to impact the admitted backlog with high numbers of patients being added to the elective waiting list already past their breach date.

Issues in ENT remain 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.

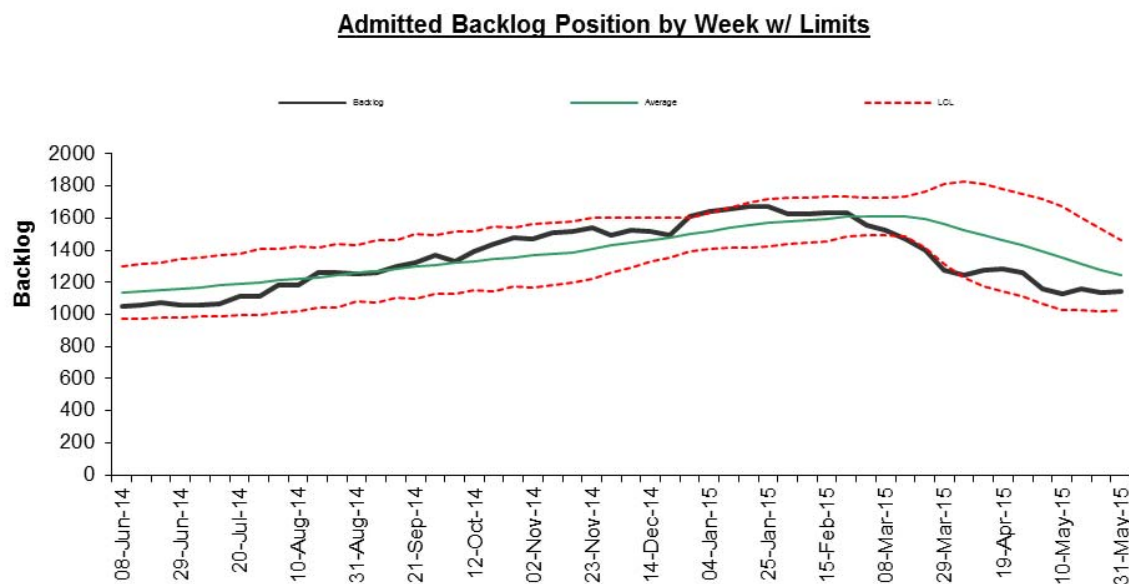


Chart 3.1 – Backlog Position by Week (rolling 12 month)

As at the end of June there were eleven breaches of the 52 week wait standard, this is currently being validated by Divisional teams prior to national submission.

Performance against trajectory

The following table outlines the current position as at 12th July 2015;

	Current Position	Monitor Trajectory	Month End Position (June)	Sustainable Date	Trajectory Position
Admitted Waiting List Size	8,036	8,065	8,450	August 2015	✓
Backlog	1,074	1,150	1,059	January 2016	✓
Compliance	82.78%	82.45%	81.19%	November 2015	✓

Key actions

- Validation and analysis of General Surgery and Gynaecology waiting lists to continue as anomalies have been found.
- The General Surgery Booking process has been re-established with clinicians to ensure that booking is in strict chronological order.

- 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. Two permanent weekly additional general urology elective lists to commence at the end of September (8 slots per week) when 2 newly recruited long-term Locum Consultants commence.
- Within ENT there is an emphasis is on cohorting the total otology waiting list into one to ensure strict chronology booking. Further exploratory work is being undertaken to source additional internal capacity.
- High demand in urgent skin cancer referrals from the beginning of June has impacted on additions to the waiting list. This trend is expected to continue.
- Full validation of the incomplete pathways PTL is being undertaken by Operational Teams to inform a trajectory to reach 92%. This is progressing well with ~1,000 18+ week pathways identified as having already received first definitive treatment in the initial tranche of validation. Validation is planned to continue throughout July.

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.

The Trust has maintained its compliant position in June, closing the month with 99.81% patients waiting six weeks or less for a diagnostic test.

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

The continued high demand into Endoscopy 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	4,139	0	4,139	100.00%
	Computed Tomography	1,895	8	1,903	99.58%
	Non-obstetric ultrasound	3,876	1	3,877	99.97%
	Barium Enema	120	0	120	100.00%
	DEXA Scan	279	0	279	100.00%
Physiological Measurement	Audiology - Audiology Assessments	346	0	346	100.00%
	Cardiology - echocardiography	1,160	3	1,163	99.74%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	475	1	476	99.79%
	Respiratory physiology - sleep studies	226	0	226	100.00%
	Urodynamics - pressures & flows	2	0	2	100.00%
Endoscopy	Colonoscopy	714	8	722	98.89%
	Flexi sigmoidoscopy	219	1	220	99.55%
	Cystoscopy	313	0	313	100.00%
	Gastroscopy	640	5	645	99.22%
Total		14,404	27	14,431	99.81%

Table 5.1 – Diagnostic DM01 (June 2015)

6. Cancer Waiting Time Performance

	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%
Apr-15	94.00%	93.55%	95.28%	88.57%	100%	80.53%	95.00%
May-15	94.24%	93.08%	91.84%	87.80%	100.00%	70.31%	94.44%
Jun-15	91.48%	87.57%	95.93%	91.67%	100%	70.21%	100%

Table 6.1 – Cancer Performance (June 2015)

The current un-validated position for June 2015 shows non-compliance against the 2ww, Breast Symptomatic, 62 day GP standard, 31 day first treatment & 31 day subsequent surgery standards. 31 day Subsequent Drug and Screening standards (other) 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.

2ww & Breast Symptomatic

The 2ww standard has not been met in June. 91.48% (2ww) and 87.57% (breast symptomatic) has been achieved against the 93% target. At this unvalidated position the Trust has incurred 204 breaches. From early analysis it appears that there is a large proportion of 'patient choice' breaches. Further analysis reviewing what day patients' were offered their appointment is being undertaken. This will enable the team to understand booking profiles and patient behaviour/preferences. Both Specialist and Surgery Divisions have failed this standard. Urgent and Long term conditions had achieved the 2ww target with an impressive 97%. The analysis will enable other teams and divisions to learn from good practice and review differences in management and booking processes to ensure this standard is achieved throughout the divisions.

2ww - All Cancers > Target 93%

Count of NHS Number		2w w Identif			
Division	Urgent Referral Type	Within	Breach	Total	Comp
Urg & Long Term	03 - Lung	76		76	100.00%
	06 - Upper GI	197	6	203	97.04%
	10 - Brain System	2		2	100.00%
Urg & Long Term Total		275	6	281	97.86%
Specialist Services	02 - Child Cancers	16	1	17	94.12%
	04 - Haem	3	2	5	60.00%
	08 - Skin	479	34	513	93.37%
	09 - Gynae	154	25	179	86.03%
Specialist Services Total		652	62	714	91.32%
Surgical Services	01 - Breast	406	42	448	90.63%
	07 - Lower GI	345	48	393	87.79%
	11 - Urological	240	19	259	92.66%
	13 - Head & Neck	271	26	297	91.25%
	14 - Sarcoma	1		1	100.00%
Surgical Services Total		1263	135	1398	90.34%
Unknowns	15 - Other	1		1	100.00%
	(blank)		1	1	0.00%
Unknowns Total		1	1	2	50.00%
Total		2191	204	2395	91.48%

Table 6.2 – 2ww All Cancers Performance (June 2015)

2ww - Symptomatic Breast > Target 93%

Count of NHS Number		2w w Identif			
Division	Urgent Referral Type	Within	Breach	Total	Comp
Surgical Services	16 - Sympt Breast	162	23	185	87.57%
Surgical Services Total		162	23	185	87.57%
Total		162	23	185	87.57%

Table 6.2 – Symptomatic Breast Cancer Performance (June 2015)

62 day Standard

The 62 day GP standard has not been achieved in June 15. Again, we have seen large numbers of breaches in Urology (18) and Lower GI (7). Skin tumour site has incurred 4 breaches in month. Breach reasons have been due to Health care providers which initiated delays due to diagnostic tests and results also, capacity for short notice TCI's. Issues with the Urology pathway continue and delays are seen with diagnostics and pathway. The action plan for urology has a trajectory for return to compliance in late Q3. In order to move to a compliant position large treatment number tumour sites like Skin and Breast must have minimal breaches against the 62 day target. All tumour sites and support services are working towards improved pathways, processes and escalations to ensure all tumour sites can achieve their best. Tumour sites and support services will be meeting weekly for PTL escalation meetings and Operational review meetings.

62d GP Ref > Target 85%

62 Day TT First Treat

Count of NHS Number		62 Day Breach			
Division	Category	Within	Breach	Total	Comp
Urg & Long Term	03 - Lung	3	3	6	50.00%
	06 - Upper GI	6	3	9	66.67%
	10 - Brain System				-
Urg & Long Term Total		9	6	15	60.00%
Specialist Services	02 - Child Cancers				-
	04 - Haem	4		4	100.00%
	05 - Leukaemia				-
	08 - Skin	21	4	25	84.00%
	09 - Gynae	9	2	11	81.82%
Specialist Services Total		34	6	40	85.00%
Surgical Services	01 - Breast	23	1	24	95.83%
	07 - Lower GI	8	7	15	53.33%
	11 - Urological	21	22	43	48.84%
	12 - Testicular				-
	13 - Head & Neck	4		4	100.00%
	14 - Sarcoma				-
Surgical Services Total		56	30	86	65.12%
Unknowns	15 - Other (blank)				-
Unknowns Total					-
Category	Category				-
Category Total					-
Total		99	42	141	70.21%

Table 6.3: 62 day summary June 15

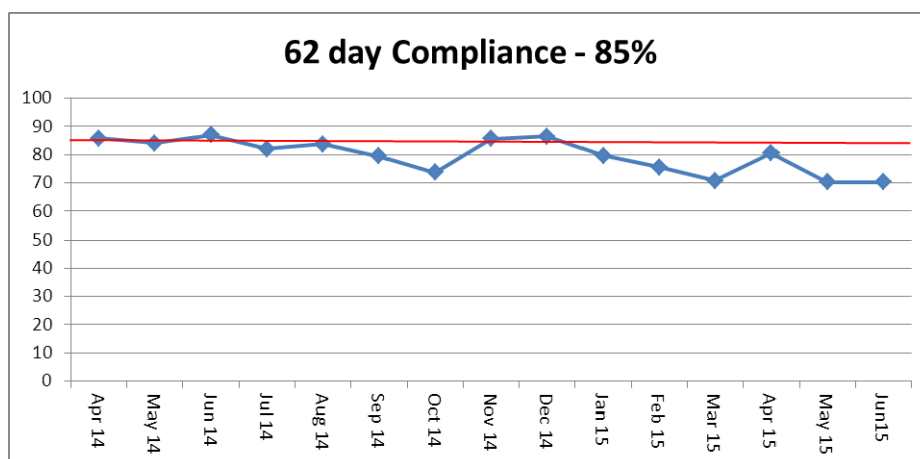


Chart 6.1: 62 day summary June 15

31 day and Subsequent targets

In June 2015 both 31 days and 31 day Subsequent treatment standards are non-compliant. Previous to April and May's performance the Trust has seen large amount of breaches within Urology (1st treatment 9 & Subsequent 3) due to the demand on the Davinici surgeries. Actions for assurance are being actively reviewed by the Urology team and also extra capacity for this type of treatment. The agreed Urology action plan has a trajectory for compliance for end Quarter 2 against these targets.

Recovery Plan

One of the main drivers for recovery is the Urology pathway. The Revised Urology action plan is focused on 3 main areas, capacity, pathway improvements and pathway processes.

To recover the position predominately for prostate cancers and to ensure sustainability the following additional capacity is required;

- 100 flexi cystoscopies per month – these will free capacity for doctors to undertake prostate work and ensure sustainability of the haematuria pathway,
- 20 additional Trus biopsies per month, with an additional 75 biopsies to be undertaken to reduce the current backlog position,
- Continuation and increase the use of DMC (external diagnostic company) to undertake additional urodynamic sessions every week, circa 24 patients per month.

The department has made contact with private sector providers to assist with the additional capacity required to reduce the diagnostic pathway before surgery. As of July 7th 2015, this capacity has yet to be confirmed by any provider.

Collaborative working between the Urology team and members of the Clinical Support Services Division has agreed the following improvements to the pathway;

- MRI scan and reports to be turned around within 10 days, escalation to Divisional Directors at 10 days if reports are not available,
- Histology results to be turnaround in 5 days with escalation to the Divisional Directors at 5 days if results are not available,
- Reduce 14 day 2 ww demands to 7 days which will be supported by the addition of 2 consultants from 1st September 2015.

Administrative and Management Process:

Planned improvements of the tracking of patients through their pathway have been agreed with the Specialist Services and Surgical Divisions, these are;

- Clinical Nurse Specialist for Urology will come under the nursing managerial structure in surgery to support and develop a team approach to patient care,
- Weekly tracking meeting with the MDT coordinators and urology managers to be more robust with escalations to the Divisional Directors if pathway timescales are not being achieved,
- Weekly meetings to take place for each tumour group led by the Divisional Director for Specialist Services and attended by General Managers of the speciality to ensure support, and a process of escalation to improve current performance.

A trajectory of recovery based on the improvements detailed in the action plan show a recovery of the 31 day decision to treat standard by July/August 2015. However the 62 day standard is not likely to be recovered until December 2015. The main risks to the recovery of the standards are;

- Unknown public health campaigns to increase public awareness of cancer symptoms, increase demand which cannot be met.
- Inability to commission adequate diagnostic capacity in the private sector.
- In house diagnostic capacity (MRI) and reporting is not available due to demand and workforce issues in radiology.
- Planned locum consultant workforce is not sustainable and choose to leave before 6 month agreed contract timescales.
- Tracking of all patients is not robust.

To ensure compliance by the end of quarter two for all tumour sites other than urology and lower GI the following actions will be completed:

- Re-launch of escalation policy to ensure agreed turnaround times for key events are adhered to.
- There will be a PTL meeting for each tumour site per week. Attendance is mandatory with essential cover for each core attender (this will ensure all leave is supported).
- The PTL meeting will ensure there is a specific plan for each patient and that operational staff regularly review and track any issues relating to the PTL and its delivery.
- The aim in the near future is to have agreed “Key Event Compliant Pathways,” these will be visible on Qlikview (the trust cancer dashboard) and will be used at the KPI Meeting as an indicator of progress. Indicators visible in the colour red and amber will show divisions and tumour sites areas of concern now and in the future. The compliance team will aim to ensure Clinical leads, operational staff; Clinical Nurse Specialists are all trained in using the dashboard.
- All MDTs will have a referral on PAS and access to generic MDT email (for each tumour site) this will reduce delays between MDTs and referring new patients.
- Each week, after KPI meeting surgery and specialist/UCLTC will meet fortnightly (one group per week). The aim of the operational meeting is to review current breach reports and formalise actions from them. Escalations and key event timings will be reviewed and actions will be formalised from these. Key issues affecting compliance will be reviewed. Outcomes from this group will be recorded within the cancer board meetings
- Breach reports will be reviewed and assessed within the MDT and any significant preventable breaches will have a root cause analysis undertaken
- A survey monkey will be going out to the MDT core members to resolve any issues with MDM functionality
- The cancer compliance team will be undertaking a review of staffing to ensure there is suitable staffing for the increased demand around cancer
- Terms of reference for the PTL meetings and MDMs will be circulated and adhered to

The above actions will be led by the compliance team with support from the leadership team.