

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO:	<b>BOARD OF DIRECTORS – 29 AUGUST 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 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 Breast Symptomatic referral and 62 day GP standards.  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 July 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 July 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%	93.8%	92.4%								
Trolley Waits	0	0	0	0	0								
Ambulance Handover Compliance	-	73.2%	73.8%	72.4%	70.4%								
Ambulance Handover within 30 mins	0	14	15	8	13								
Ambulance Handover >1hr	0	2	3	0	0								
Un-planned Reattends	5%	8.1%	8.2%	8.9%	8.7%								

Table 2.1 – AE Performance by month

The Trust was non-compliant with the 4 hour A&E standard in July 2014 at 92.4%. Activity levels for the Trust were up 3.6% on last year, with an emphasis on activity at WHH (+4.0% on last year) and QEH (+3.5% on last year). As can be seen from the graph below the overall attendances have steadily increase over the past three months, and in July, nearly breached the upper control limit.

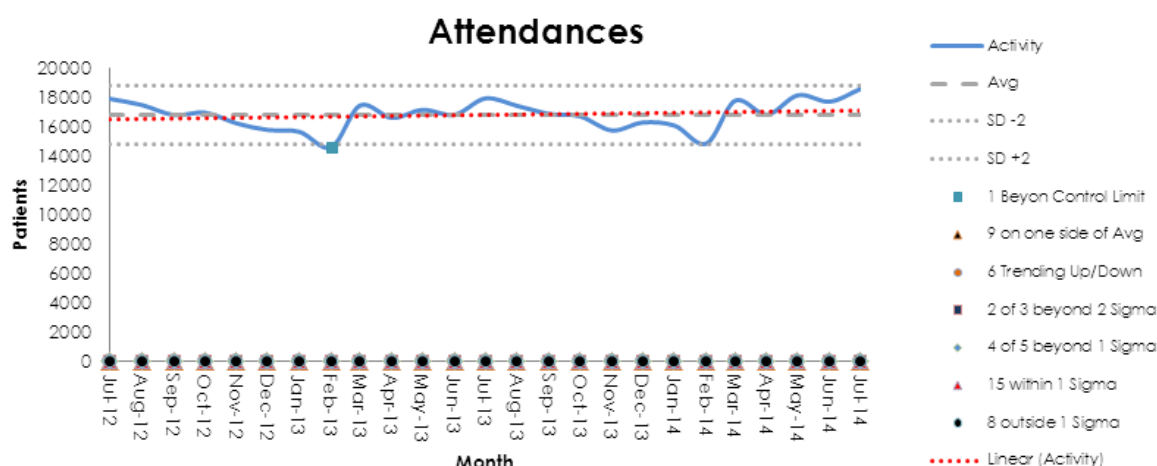


Chart 2.1: Trust level A&amp;E Attendances Jul 2012 – July 2014

The primary reason for the increase on these sites has been a growth in SECAMB attendances, WHH have seen an increase of 3% whereas QEH have seen an increase of 6.8%, conversely KCH has seen a decrease in SECAMB activity at -2.03%. The Division has met with SECAMB to understand this shift in activity and it is believed that the new 'make-ready' station in Thanet has caused Ambulances to take patients to QEH that would have previously gone to KCH. A similar pattern was evident when the make-ready station was opened in Ashford last year.

#### Action

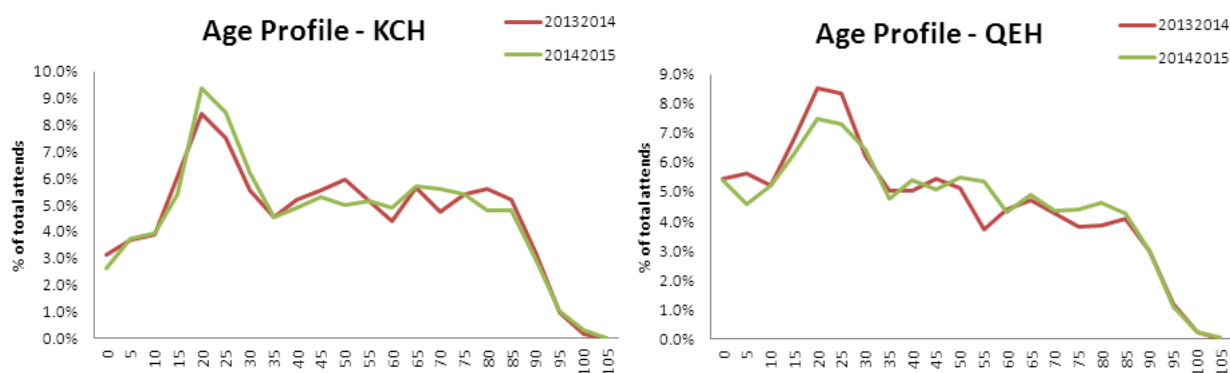
*At the meeting held with SECAMB on 4<sup>th</sup> August, they agreed to monitor this situation and address it with the Thanet crew. SECAMB have also now agreed to attend the A&E performance on a monthly basis to enable us to address this and other issues in a timely manner.*

Analysis of the data by presenting condition at QE and WHH reveals that the largest area of growth has been in patients presenting with 'Abdominal problems' which has risen from 479 in July last year to 577 this year at QEH and from 502 to 545 at WHH. The increase in this area supports the over-performance in emergency activity seen in the Surgical Division this year to date. This increased surgical demand is having a significant impact on the EDs as the capacity within the surgical team will not match emergency care demand until the team is up to its full complement. The current waiting time for surgical assessment is having a knock on effect on other patients within the EDs.

#### Action

*The Surgical Division is in the process of employing additional Consultant surgeons which will support development of the SAU due to be implemented by 1st September*

There has been a shift in the demographics of patients attending, particularly at QEH and KCH. As seen below in the two graphs KCH has seen a rise in the patients between the ages of 20-30, this increase has mainly been in minor injuries, and QEH has seen a rise in the age range between 50-55 and 75-85.



Charts 2.2 &amp; 2.3: Age Profile at KCH and QEJ 2013/14 vs 2014/15 YTD

If we break this down by age and gender we can see from the graph below that there is a distinct difference between male and female attendances. There are more male children that attend; however as we approach 20-25 age group there are more female attendances driven by Gynaecology and Obstetric attendances. There are also more attendances for females over the age of 75 but this is line with average age expectancy being higher for females.

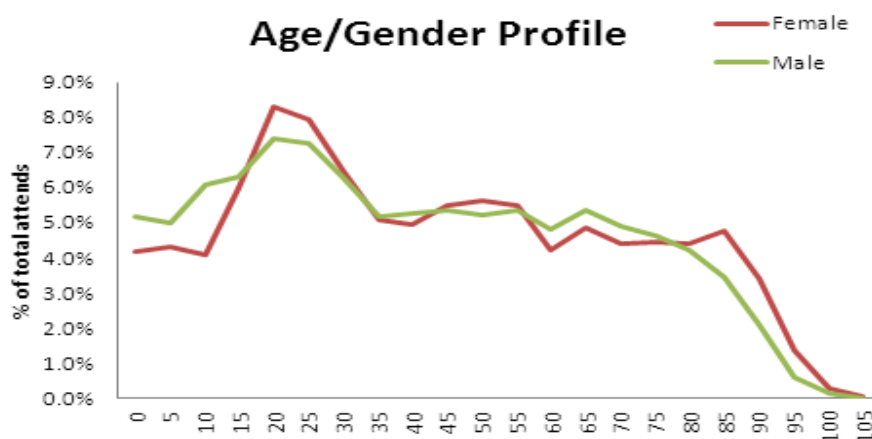
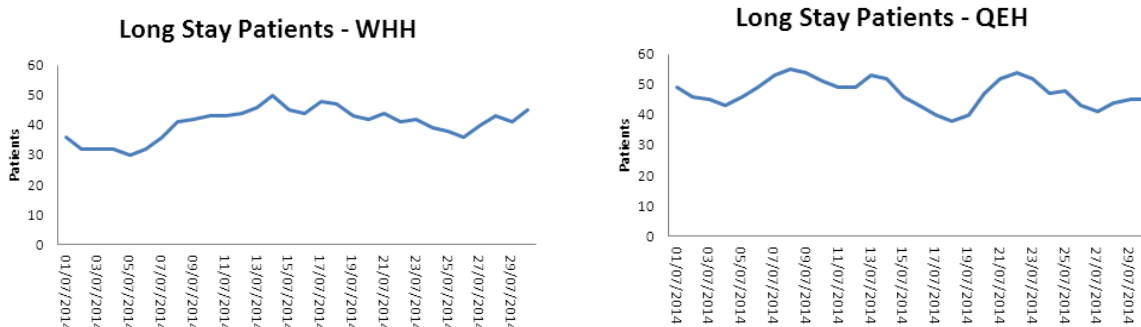


Chart 2.4: Age/Gender Profile of Trust level A&amp;E Attendances.

As with most months, there has been variation in the number of long stay (14+ days) patients. The peak has been at QEJ with a lack of capacity in the non-acute setting. There is acknowledgment of the correlation between the number of long stay patients and the 4 hour performance.



## Charts 2.5 &amp; 2.6: Long stay patient profile at WHH &amp; QEH.

Action

*The Division has succeeded in improving relationships with KCHT, KMPT, SECAMB and Continuing Health Care. The relationships with KCC provide further a challenge but we are continuing to explore new ways of working which are mutually agreeable and beneficial to patients. This will be helped by the development the Integrated Discharge Team the bid for which has been submitted for funding through the winter monies. This has been agreed in principle. We are collaborating with partners to implement the team using a phased approach; the plan is to implement phase 1 on 1st September and phase 2 on 1st October.*

**A&E Performance Action Plan – Update**

A detailed Action Plan and Risk Register has been developed to support the achievement of Quarter 2 and ongoing improvement and achievement of the 4 hour clinical access standard. The key headlines for the action plan are:

- Governance and Policy – a governance and reporting structure has been implemented via monthly A&E Performance meetings to ensure that the Action Plan is being progressed.

The Operational Plan for the Emergency Floor is being reviewed and will be presented to CMB for ratification.

- A&E Process – Proactive escalation and monitoring of the SECAMB Handover screen is key to the escalation plan.
- Pathways – Joint working with the Surgical Division to review the fractured neck of femur pathway has begun.
- Workforce – Robust and proactive recruitment to ED Consultant and Specialty Doctor vacancies is progressing with an expression of interest from a locum consultant to move into an substantive post. Recruitment to the Acute Physician post is underway with two expressions of interest received.
- Clinical Leadership and Engagement – Dedicated roles and responsibilities have been confirmed with the ED Consultants. ED Matrons are leading the review and actions on breach validation.
- Communication – TV screens will be installed in the ED Waiting Rooms to improve communication around waiting times.
- Information – A&E Report has been developed and is reviewed monthly at the A&E Business Meeting. A breach analysis report is reviewed in the A&E Performance meeting.

The Action Plan has been linked to the Surge Resilience funding bids, with the Integrated Discharge Team, Surgical Assessment Unit and additional A&E Consultant hours in the evening and weekends to provide senior leadership and to support patient flow.

### 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**

July performance against the 2014/15 standards was; non-admitted care 98.2%, admitted care 90.4%, incomplete pathways 94.3% and there was one patient who was waiting 52+ weeks as at the end of July.

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Backlog Position
Non-Admitted Pathway	10,145	189	10,334	98.2%		
Admitted Pathway	3,161	335	3,496	90.4%		1142
Incomplete Pathways	30,518	1,840	32,358	94.3%	1	

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

July 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	671	121	792	84.7%
Incomplete Pathways	T&O	5,118	723	5,841	87.6%
Incomplete Pathways	Gynaecology	1,602	141	1,743	91.9%

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

The Trust backlog position grew significantly during July ending the month at 1142, an increase of 107 on the previous month. The increased referral levels in Orthopaedics and the subsequent delays that this is causing in outpatients are now starting to impact on the backlog with an observed growth of 53 in this specialty alone.

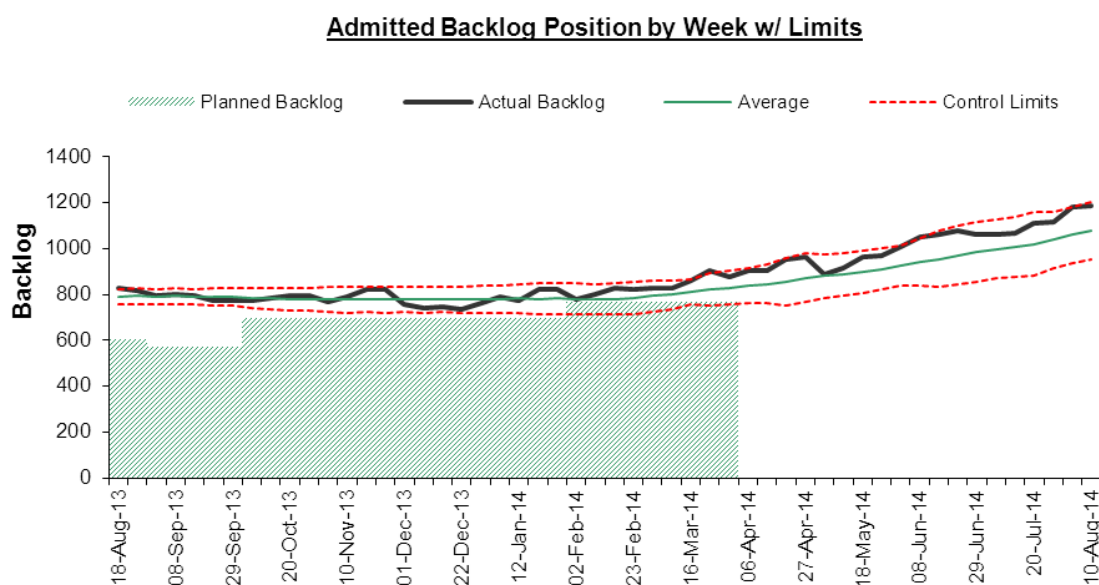
Demand for the Orthopaedic service continues to increase with primary care referrals showing a significant over-performance on the current activity plan. Joint work with the commissioners and community Trust has proved that the increase in referrals is as a result of changes to community Orthopaedic provision and as such the Trust is implementing a revised triage process in order to redirect these referrals to the community Trust. Analysis has been conducted to identify GP Practices with a high referral rate per 1,000 population. This information has been shared with commissioners.

The backlog in Gynaecology has growth by five patients since the previous month. Whilst this is a relatively small increase this coupled with reducing referrals into the service has resulted in non-compliance with the incomplete pathways standard for this specialty. Work is underway to treat some of the long waiters however the current rules surrounding

resilience funding and specific CCG allocation are creating some difficulties. The Division is working closely with the Surgical Divisional Director to address this and reduce the backlog over the coming months.

The other two areas where backlog has grown significantly in month are ENT and Maxillo Facial, +11 and +22 respectively. ENT has seen an unprecedented level of revision of ear surgery which are complex procedures taking up to 6 hours per patient. The Division is seeking help from other specialist providers in London to cope with this demand. Maxillo Facial has seen a peak in the number of major cancer operations which again are long, complex procedures taking up significant theatre time. The Division is putting on additional capacity for the minor operations that can be done in day surgery to address this backlog.

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 July. 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 July the Trust declared one breach of the 52 week wait standard. This was a T&O patient who was offered, and declined, two admission dates prior to their 52 week breach date. The patient has accepted a date in early September and as such will also be reportable at the end of August. The incomplete pathways standard reports an unadjusted position and therefore any pause applied to the patient's pathway as a result of patient choice is not applicable.

#### **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 July 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 July a total of 136 patients were waiting 6 or more weeks for a diagnostic test, which is an increase of 44 compared to last month. This has resulted in the Trust achieving 99.06% against the standard of 99% and remaining compliant.

The majority of the breaches are in the endoscopy area, which accounts for 93 breaches causing all endoscopy specialties to become non-compliant. The reason for the breaches is the severe capacity issues caused by a variety of staffing shortfalls and the inability to secure locum or additional cover in July. The department has a plan to address the capacity shortfall which is planned to take effect from mid-August.

The other 2 non-compliant areas are CT and audiology. The cardiac CT issues that have caused breaches over the last 4 months are coming under control now with work to manage the demand showing a positive impact, however there is concern that the reduced demand may be due to the holiday period so the position will continue to be monitored closely. Other CT breaches have been caused by the continued rise in demand combined with the capacity issues caused by annual leave. Work is underway to manage the demand as part of the diagnostic overload project which has been shared with commissioners who are keen to work with us. The DM01 action plan continues to be 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	3,124	1	3,125	99.97%
	Computed Tomography	1,745	20	1,765	98.87%
	Non-obstetric ultrasound	4,413	12	4,425	99.73%
	Barium Enema	272	0	272	100.00%
	DEXA Scan	280	0	280	100.00%
Physiological Measurement	Audiology - Audiology Assessments	265	2	267	99.25%
	Cardiology - echocardiography	1,972	1	1,973	99.95%
	Cardiology - electrophysiology	0	0	0	100.00%
	Neurophysiology - peripheral neurophysiology	572	2	574	99.65%
	Respiratory physiology - sleep studies	170	0	170	100.00%
	Urodynamics - pressures & flows	10	0	10	100.00%
Endoscopy	Colonoscopy	694	66	760	91.32%
	Flexi sigmoidoscopy	215	15	230	93.48%
	Cystoscopy	69	1	70	98.57%
	Gastroscopy	578	11	589	98.13%
Total		14,379	131	14,510	99.10%

Table 5.1 – Diagnostic DM01 (July 2014)

## 6. Cancer targets – July 2014

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

AS AT 11-Aug-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	92.80%	93.79%	99.63%	95.92%	100.00%	87.00%	98.25%
Q1 14/15	93.50%	92.37%	99.07%	95.74%	99.14%	85.65%	95.60%
July *	93.57%	88.89%	98.84%	95.12%	100.00%	81.40%	88.46%

\*unvalidated position

Table 6.1 – Cancer Performance

The current **un-validated** position for July 2014 shows non-compliance against the Breast Symptomatic referral, and 62 day GP standard and 62 day Screening standard. It is predicted that after validation is completed these targets will remain non-compliant. All other performance measures have been met.

The Trust has seen a continued increase in 2WW referrals and especially in skin (dermatology) with a 13% increase year to date above the plan. Initial analysis suggests that this has not resulted in an increase in cancer diagnoses within the skin tumour site.

The following table (6.2) highlights those tumour groups not meeting the relevant standard in the month of July 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>July*</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%	87.50%	16	2
2ww	Upper GI	93%	89.47%	171	18
2ww	Gynaecological	93%	88.59%	184	21
2ww	Head & Neck	93%	92.51%	227	17
2ww	Other	93%	85.71%	7	1
Symptomatic Breast	Symptomatic Breast	93%	85.00%	160	24
31d First Treatment	Breast	96%	95.45%	44	2
31d Subs Surgery	Skin	94%	92.86%	14	1
62d Treatments	Lung	85%	77.78%	18	4
62d Treatments	Haematological	85%	44.44%	9	5
62d Treatments	Upper GI	85%	50.00%	4	2
62d Treatments	Lower GI	85%	68.75%	16	5
62d Treatments	Gynaecological	85%	71.43%	7	2
62d Treatments	Urological	85%	81.08%	37	7
62d Treatments	Head & Neck	85%	80.00%	5	1
62d Screening	Lower GI	90%	75.00%	4	1

\*unvalidated position

Table 6.2 – Cancer Performance – Tumor Site exceptions (July 2014)

#### Breast Symptomatic referral Standard non-compliance July 14

This standard has not been met with a compliance of 88.89%. The Breast Symptomatic standard has incurred 17 breaches in July. 13 out of 17 breaches have been confirmed as due to patient choice. The remaining four breaches are due to capacity shortfall and an administration process delay at QEQM, which has now been resolved. With the large number of breaches in month compliance against August and September will be closely monitored to assess any risk to quarter end position. The General Surgery Operational Management Team is monitoring PTL on a daily basis.

As the Board is aware, we have started some work on a joint cancer action plan with our CCGs.

We have been able to confirm that 91% of all Breast Symptomatic referrals are received as a written letter and not on the agreed proforma. We plan to investigate this further, as this may suggest that GPs are reluctant to complete the "breast cancer" proforma and tick the box stating "breast Symptomatic. This suggests that there may be some process issues that prepare the patient for the urgent pathway and the first appointment within 14 days.

We are also asking the national planned care Intensive Support Team (IST) for the guidance on applying access policy rules to those patients on a Breast symptomatic pathway.

#### 62 day GP Standard non-compliance July 14

July 2014 has been a challenging month for cancer waiting time performance. The Trust has had 27 breaches to this target in month. Each of the Divisions has been non-compliant against this target. Only Skin and Breast tumour sites have been compliant.

Breach reasons have been varied including:

- Delays to diagnostic radiological biopsies within the Trust,

- Endoscopy waiting time delays,
- Multiple MDT discussions along pathways
- Patient co-morbidities / complex pathways.

Tumour site breach analysis is underway to identify pathway capacity and demand and pathway 'flow' issues to ensure compliance against this target for our patients.

There has been correspondence from Guys & St Thomas' hospital in relation to three lung pathway patients referred to them late in the pathway and we are undertaking detailed analysis on this and a review of the whole pathway is underway. This work will be presented to Divisions at the monthly Cancer Compliance meeting and the Cancer Board in September. It is predicted that after validation is completed that this target will remain non-compliant. Close monitoring of this target is on-going and being undertaken for all tumour sites.

The Trust plans to meet with KMCS (on behalf of the CCGs) to produce the first draft of the joint cancer action plan and this will be shared with the Board next month.

#### 62 day Screening Standard non-compliance Jul 14

This target has not been compliant in month. There have been 3 breaches. 2 within Breast and 1 Lower GI screening programmes. The Lower GI patient had to undergo additional staging exams before treatment could begin. This was a complex case. The Breast breaches were both under the care of QEQM breast surgeons. From pathway analysis the patient was not referred from the Breast screening unit to operating surgeon until day 45 of the pathway. Ideal this should be day 31 within the 62 day pathway. One patient received treatment on day 63 and the other on day 68. It is predicted that after validation is completed that this targets will remain non-compliant. Outpatient capacity for these referrals from the breast unit to surgeons is being reviewed along with escalation from the unit to General Surgery operational management, if capacity is not available within agreed time frame. It is predicted that after validation is completed that this target will remain non-compliant. Close monitoring of this target is ongoing.