

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

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| <b>REPORT TO:</b>   | <b>BOARD OF DIRECTORS</b>                                   |
| <b>SUBJECT:</b>   | <b>KEY NATIONAL PERFORMANCE TARGETS</b>                     |
| <b>REPORT FROM:</b>   | <b>CHIEF NURSE AND DIRECTOR OF QUALITY &amp; OPERATIONS</b> |
| <b>PURPOSE:</b>   | <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 Compliance Framework (to become the Risk Assessment Framework from October 2013). |   |
| The Trust was compliant with the A&E 4 hour standard in November.   |   |
| The Trust was compliant with all Monitor RTT targets.   |   |
| The Trust was compliant with the six week diagnostic target.  |   |
| For November the Trust is currently failing the 2ww Breast symptomatic referrals, 62 Day and 62 Day Screening   |   |
| 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>   |   |

KEY NATIONAL PERFORMANCE TARGETS

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**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 November 2013 – 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

Monitor’s Risk Assessment Framework was published on 27<sup>th</sup> August 2013; this replaces the current Compliance Framework from 1<sup>st</sup> October 2013. Following consultation Monitor have decided not to implement the proposed new metrics (as outlined in last month’s report) but will retain the current suite of metrics (from the Compliance Framework) with the exception of MRSA, which they consider now has limited regulatory use. In cases of MRSA outbreaks or concerns raised by CQC or NHS England Monitor will continue to respond.

**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**

These metrics replace the 5 previous measures previously reported during 2012/13. Due to consistent poor performance throughout 2012/13 we will continue to monitor Unplanned Re-attenders throughout this financial year.

Table 1.1 outlines the November performance for each indicator.

| Indicator                         | Target | Performance |        |        |        |        |        |        |        |        |        |        |        |
|-----------------------------------|--------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                                   |        | Apr-13      | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 |
| Time in Department                | 95%    | 91.1%       | 97.3%  | 97.0%  | 94.5%  | 95.8%  | 94.9%  | 92.7%  | 96.5%  |        |        |        |        |
| Trolley Waits                     | 0      | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      |        |        |        |        |
| Ambulance Handover Compliance     | -      | 83.0%       | 89.3%  | 77.2%  | 79.6%  | 79.7%  | 75.4%  | 73.7%  | 74.8%  |        |        |        |        |
| Ambulance Handover within 30 mins | -      | 97.93%      | 97.94% | 98.50% | 98.80% | 99.80% | 97.80% | 98.29% | 98.32% |        |        |        |        |
| Ambulance Handover >1hr           | 0      | 7           | 15     | 4      | 3      | 3      | 2      | 4      | 0      |        |        |        |        |
| Un-planned Reattends              | 5%     | 7.3%        | 7.1%   | 7.8%   | 8.0%   | 7.5%   | 7.5%   | 7.2%   | 7.6%   |        |        |        |        |

The Trust achieved the 4 hour standard in November with a vastly improved performance of 96.5%. The achievement was mainly due to very good performance in the first two weeks which coincided with the work being done on discharges including a daily review of

## KEY NATIONAL PERFORMANCE TARGETS

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the Delayed Transfer of Care lists across all sites. The result of this was a reduction in overall length of stay and a subsequent reduction in bed occupancy rates which decreased from 95.82% in October to 92.76% in November, against a target of 85%. The impact of the increase in discharges was improved capacity and patient flow. It is noteworthy that the in month attendances were also slightly lower against plan.

In the last two weeks of the month we started to see an increase in length of stay at WHH and QEH in both the Short Stay and Acute wards which impacted negatively on patient flow from A&E. As part of the strategy for achieving and maintaining the performance standard, the Division is currently undertaking an in depth analysis into current contributory factors other than length of stay. These include;

- Number of patients referred to specialty teams including variation by time of day
- Response time from specialty teams which decreased in November but have subsequently increased
- Compliance of the time to treatment standard, a surrogate marker for the 4 hour standard which saw some deterioration since the 3<sup>rd</sup> week in November
- Profile of patients arriving by Ambulance
- Productivity of medical staff i.e number patients seen by each doctor per shift using the guidance from the College of Emergency Medicine as a benchmark
- Analysis of patient acuity and rate of conversion to admission
- Frequency of diagnostic imaging and potential impact with respect to delays in the department

### **Actions progressed from the time of last report**

- 12 hours consultant cover in majors now well established
- Weekly senior integrated board round now taking place with resultant discharges from CDU and the wards
- Breach audits occurring on a regular basis identifying themes to be addressed as part of planning process
- Social services provision has commenced but is variable
- Interim transport solution in place
- Seven day bed managers now in place
- Discharge lounge has opened on the WHH site and plan to open KCH lounge by December 17<sup>th</sup>
- Collaborative data review and patient level analysis with SECAmb currently underway and will be presented at the Urgent Care Board in January 2014

### **Additional Mitigating actions being put in place**

- Piloting screening of GP calls by consultant on call on a daily basis to achieve admission avoidance
- Exploring extension of hospital at home pilot using Medihome to create extra capacity for Canterbury CCG
- Exploring alternative option for provision of Consultant Geriatrician model involving Emergency Care Practitioners
- Piloting a daily operational multidisciplinary/agency board round at QEQM involving community partners.

### 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 2013/14 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**

November performance against the 2013/14 standards was; non-admitted care 98.5%, admitted care 90.5%, incomplete pathways 95.3% and a total of 3 52+ week waiters.

| Pathway              | < 18 Weeks | >18 Weeks | Total  | % Compliance | 52 Week waiters | Backlog Position |
|----------------------|------------|-----------|--------|--------------|-----------------|------------------|
| Non-Admitted Pathway | 9,412      | 144       | 9,556  | 98.5%        |                 |                  |
| Admitted Pathway     | 3,296      | 347       | 3,643  | 90.5%        |                 | 759              |
| Incomplete Pathways  | 26,393     | 1,309     | 27,702 | 95.3%        | 3               |                  |

Table 3.1 – RTT Position Compliance by Pathway (November 2013)

November performance shows the Trust was compliant with all RTT standards at an aggregate level and therefore compliant with the Monitor Compliance Framework. In line with the agreed backlog reduction plan Orthopaedics was non-compliant with the targets to enable the continued reduction of the backlog and 52 week waiters. Exceptions to compliance are detailed in the below table.

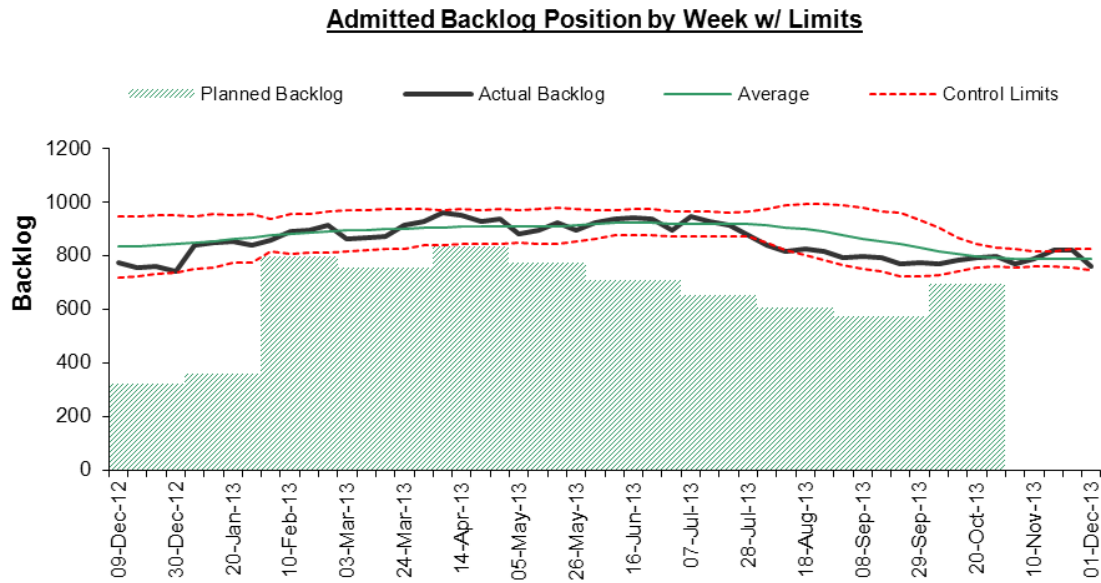
| Pathway              | Specialty          | < 18 Weeks | >18 Weeks | Total | % Compliance |
|----------------------|--------------------|------------|-----------|-------|--------------|
| Admitted Pathway     | T&O                | 707        | 145       | 852   | 83.0%        |
|                      | Maxillo Facial     | 133        | 17        | 150   | 88.7%        |
| Non-Admitted Pathway | General Medicine * | 19         | -         | 19    | 100.0%       |
| Incomplete Pathways  | T&O                | 4,430      | 476       | 4,906 | 90.3%        |

\* 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 (November 2013)

The Trust backlog position showed a decrease of 11 in November, ending the month at 759.

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)**

Improved performance continues in Maxillo Facial with compliant positions across all standards. The backlog in this specialty has further reduced to a sustainable position of 29. Whilst T&O remains non-compliant with the incomplete pathways standard in November, the position continues to get progressively better as long waits are reduced in both the non-admitted and admitted pathways. 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 November the Trust had 3 patients on an incomplete pathway who have been waiting 52 weeks or over. This is in line with the agreed trajectory shared with Commissioners following the formal contract performance notice issued last month.

#### **4. Cancelled Operations (Non-Clinical)**

The 2013/14 Operating Framework introduces a 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 November there were zero second or subsequent cancellations of any urgent operations.

#### **5. 6 week target for diagnostics**

The 2013/14 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 November a total of 48 patients were waiting 6+ weeks for a diagnostic test, which is an increase of 32 breaches compared to last month. This increase is predominantly as a result of Radiology, which accounts for 45/48 breaches. Urodynamic breaches are once again as a result of capacity issues. While the Trust failed at diagnostic level for CT and Urodynamic's, it was compliant at a Trust aggregate level.

The Radiology department have declared 45 breaches of the DM01 target for the month of November 2013. As discussed in previous months, the RIS system is being systematically validated, however this process has and will uncover past breaches not identified from June to September 2013, due to poor data quality. This process will continue until all patient data has been validated. The validation of each patient has identified that in some cases patient referrals waited more than 2 weeks before being dated. Unfortunately this delay resulted in patients being given dates outside of the 6 week target. Because of this delay in the booking process if patients cancelled their first appointment which had been made within 6 weeks, there was not enough time to rebook patients within the 6 week timescale. The department has put in place an additional mid-month validation to identify risks earlier on in the patient pathway and enable action to be taken to prevent diagnostic breaches. A training session has also been arranged for admissions officers to reiterate the process of booking scans for all patients.

Table 5.1 below shows the breakdown of waiters' vs breaches by diagnostic test.

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| Service                   | Test   | 0 to 6 Weeks | 06 < 13 plus Weeks | Total WL | % within 6wks |
|---------------------------|--|--------------|--------------------|----------|---------------|
| Imaging                   | Magnetic Resonance Imaging                   | 3,753        | 14                 | 3,767    | 99.63%        |
|                           | Computed Tomography                          | 1,767        | 22                 | 1,789    | 98.77%        |
|                           | Non-obstetric ultrasound                     | 3,439        | 9                  | 3,448    | 99.74%        |
|                           | Barium Enema                                 | 125          | 0                  | 125      | 100.00%       |
|                           | DEXA Scan                                    | 196          | 0                  | 196      | 100.00%       |
| Physiological Measurement | Audiology - Audiology Assessments            | 144          | 0                  | 144      | 100.00%       |
|                           | Cardiology - echocardiography                | 980          | 0                  | 980      | 100.00%       |
|                           | Cardiology - electrophysiology               | 0            | 0                  | 0        | 100.00%       |
|                           | Neurophysiology - peripheral neurophysiology | 202          | 0                  | 202      | 100.00%       |
|                           | Respiratory physiology - sleep studies       | 143          | 0                  | 143      | 100.00%       |
|                           | Urodynamics - pressures & flows              | 27           | 3                  | 30       | 90.00%        |
| Endoscopy                 | Colonoscopy                                  | 522          | 0                  | 522      | 100.00%       |
|                           | Flexi sigmoidoscopy                          | 181          | 0                  | 181      | 100.00%       |
|                           | Cystoscopy                                   | 85           | 0                  | 85       | 100.00%       |
|                           | Gastroscopy                                  | 432          | 0                  | 432      | 100.00%       |
| Total                     |  | 11,996       | 48                 | 12,044   | 99.60%        |

Table 5.1 – Diagnostic DM01 (November 2013)

## 6. Cancer targets – November 2013

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

| AS AT<br>10-Dec-13 | 2 Week Wait |                    | 31 Day              |         |         | 62 Day             |                    |
|--------------------|-------------|--------------------|---------------------|---------|---------|--------------------|--------------------|
|                    | All Cancers | Symptomatic Breast | Diag to First Treat | Surgery | Drug    | Urgent GP Referral | Screening Referral |
| Target 2013/14     | 93%         | 93%                | 96%                 | 94%     | 98%     | 85%                | 90%                |
| Q1                 | 95.24%      | 94.99%             | 98.75%              | 97.08%  | 100.00% | 86.47%             | 90.91%             |
| Q2                 | 93.12%      | 88.29%             | 99.05%              | 99.17%  | 100.00% | 89.72%             | 95.59%             |
| October            | 94.62%      | 93.75%             | 98.44%              | 100.00% | 95.00%  | 86.25%             | 88.89%             |
| November*          | 95.10%      | 91.03%             | 98.91%              | 95.12%  | 100.00% | 84.43%             | 88.46%             |
| December*          |             |                    |                     |         |         |                    |                    |
| Q3*                | 94.85%      | 92.33%             | 98.68%              | 97.75%  | 97.37%  | 85.32%             | 88.66%             |

Table 6.1 – Cancer Performance 2013/14

The current **un-validated** position for November shows non-compliance against Breast symptomatic referrals, 62 Day and 62 Day Screening. All other performance measures have been met. We will continue to validate the information. In addition, some cancer pathways involve other providers and validation continues between organisations which can take some time.

### Breast symptomatic 2 WW

Breast Symptomatic 2 WW referrals had 14 breaches in November, of which only 3 were not offered appointments within the 14 day target. All other breaches cancelled appointments within the 14 days of receipt of referral. Our performance against this target is not expected to improve after validation is completed 25 working days after month end.

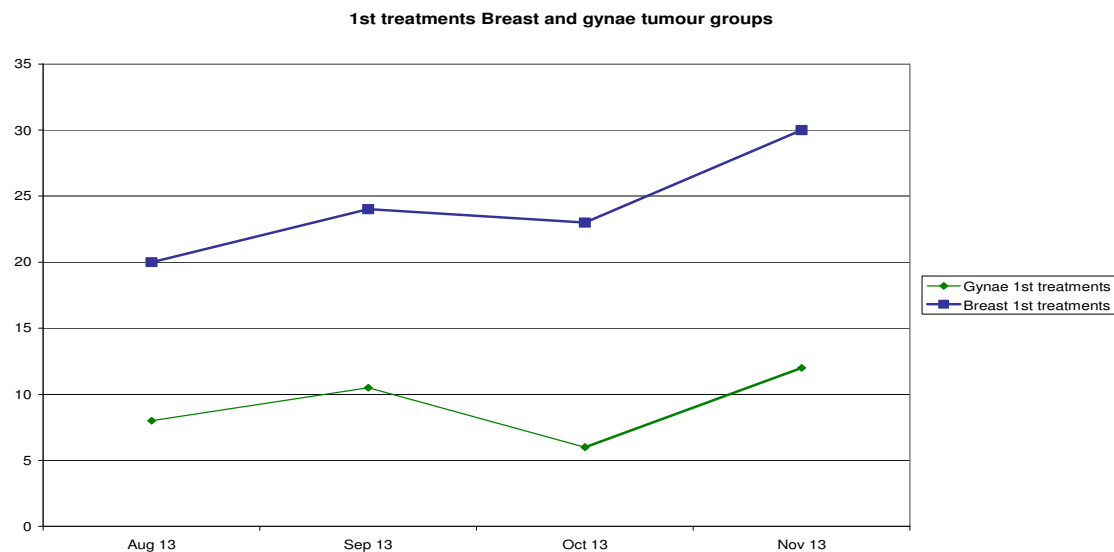
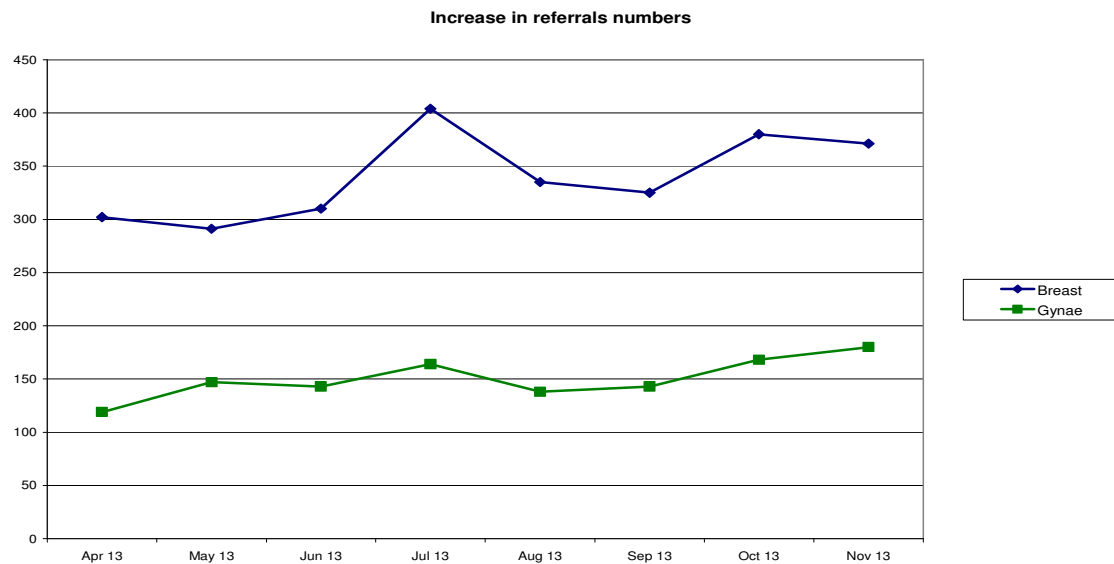


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The Trust presented at the CCG Clinical Forum and Planned Care Board on 5<sup>th</sup> December. GPs have agreed to use a patient information leaflet to be provided to them. This will be given to the patient prior to referral so that the patient is better prepared and therefore less likely to cancel an appointment. In addition, they have asked to be contacted if patients are not engaging with the appointment process for a 2 WW referral.

### 62 day target

The 62 day treatment target has been missed this month due to the increase in breach numbers for the tumour groups of Breast (5 breaches) and Gynaecology (7 breaches). This is due to an increase in referral numbers in Quarter 2 for both of these tumour sites which have had an impact on the diagnostic element of the pathway. Cancer referrals have priority for diagnostic tests, so it is unlikely that the reduced productivity of the new PACS/ RIS would have had an impact. Surgical treatment scheduling to start first treatments within target (table 6.2) has also seen an increase. This target is not expected to be compliant for the month after validation is completed (25 working days after month end).



**Table 6.2 – Cancer Performance – Tumour Site exceptions (November 2013)**

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### 62 day screening target

The screening target had 3 breaches in November within the tumour groups of Breast (2 breaches) and Lower GI (1 breach). Again, an extended pathway due to patient unavailability during the diagnostic stage of the pathway and the surgical treatment scheduling (to start first treatments within target) are cited as the breach reasons. As the numbers are small, this target is not expected to be compliant after validation is completed (25 working days after month end).

The following table highlights those tumour groups not meeting the relevant standard in the month of November (6.3).

| Standard           | Tumour Group | Target | Performance | Total no. of patients | Breaches |
|--------------------|--------------|--------|-------------|-----------------------|----------|
| 2ww                | Breast       | 93%    | 92.99%      | 371                   | 26       |
| Breast Symptomatic | Breast       | 93%    | 91.03%      | 156                   | 14       |
| 31 Day Drug        | Skin         | 94%    | 81.82%      | 11                    | 2        |
| 62 Day             | Lung         | 85%    | 62.50%      | 8                     | 3        |
| 62 Day             | Haematology  | 85%    | 75.00%      | 8                     | 2        |
| 62 Day             | Gynae        | 85%    | 46.15%      | 13                    | 7        |
| 62 Day             | Breast       | 85%    | 83.33%      | 30                    | 5        |
| 62 Day             | Head & Neck  | 85%    | 50.00%      | 2                     | 1        |
| Screening          | Lower GI     | 90%    | 80.00%      | 5                     | 1        |

Table 6.3 – Cancer Performance – Tumour Site exceptions (November 2013)

### Quarter 3 position

It is important to note that we are performance managed on a quarterly position, and we do not expect to fail any of the targets for the quarter.

Performance against these standards is improved in the month of December and all cancer standards are currently predicted to be compliant for Q3 based on current and future treatment numbers and breaches. Close monitoring of the 62 day standards and breast symptomatic referrals is being undertaken by all tumour sites.