Agenda No. 11

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE TRUST BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Denise Smith Chief Operating Officer	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Sarah Jones, Deputy Chief Operating Officer	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Caring, Effective, Responsive				

Meeting Date: 4 February 2020

Report Title: Key Plans – Planned Care

Purpose:

This paper provides a quarterly update on the action plan to improve and sustain performance against the 6-week diagnostic waiting time standard.

Summary:

The Trust provides 12 of the 15 diagnostic tests that are included in the monthly diagnostic activity and waiting time return.

Historically, the Trust has delivered the 6-week diagnostic waiting time standard. However, performance deteriorated in May 2019 due to capacity pressures in ultrasound and CT. Performance recovered in November 2019 but deteriorated again in December 2019, due to capacity pressures in ultrasound and echocardiography.

An action plan remains in place within Radiology and recruitment is in progress in echocardiography.

Financial Implications / Efficiency Savings: None as a direct result of this report

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational / Organisational	Financial	Clinical	Legal / Regulatory	Reputation / Patient Experience
	✓				✓

Trust Board is asked to note the report

1. Introduction

This paper provides a quarterly update on the action plan to improve and sustain performance against the 6-week diagnostic waiting time standard.

2. Background

The DM01 standard forms part of the NHS constitution which gives patient the legal right to be treated within 18 weeks of referral and, as part of this, pledges that patients should not wait for longer than 6 weeks for a diagnostic test.

The monthly diagnostics waiting times and activity return (DM01) collects data on waiting times and activity for 15 diagnostic tests; this is used to measure performance against the diagnostic operational standard which is 'less than 1% of patients should wait 6 weeks or more for a diagnostic test'.

The 15 diagnostic tests are detalied below; the Trust undertakes 12 of these tests, as shown below:

Diagnostic tests undertaken at QEH	Diagnostic tests not undertaken at QEH
• Imaging - Magnetic Resonance Imaging • Imaging - Computed Tomography • Imaging - Non-obstetric ultrasound • Imaging - DEXA Scan • Physiological Measurement - Audiology – Audiology Assessments • Physiological Measurement - Cardiology - echocardiography • Physiological Measurement - Neurophysiology - peripheral neurophysiology • Physiological Measurement - Urodynamics - pressures & flows • Endoscopy - Colonoscopy • Endoscopy - Flexi sigmoidoscopy • Endoscopy - Cystoscopy • Endoscopy – Gastroscopy	• Imaging - Barium Enema • Physiological Measurement - Cardiology - electrophysiology • Physiological Measurement - Respiratory physiology - sleep studies

Performance for the last two years is shown below. Historically, the Trust has performed well against this standard although performance deteriorated May – August 2019 and has deteriorated again in December 2019.

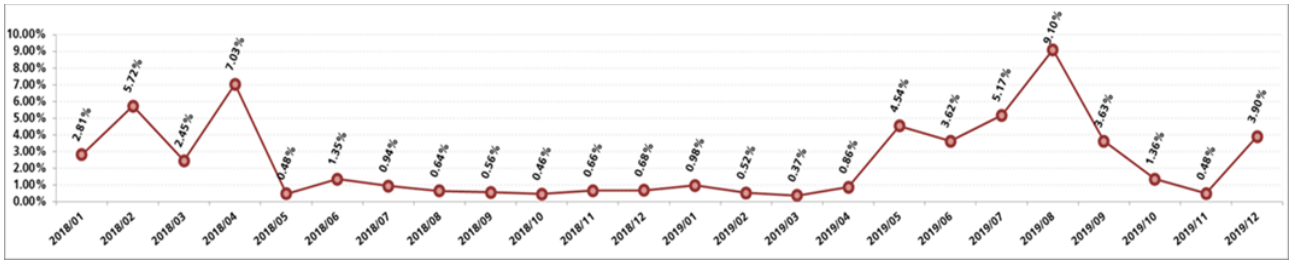

Chart 1 DM01 performance September 2017 – December 2019

Activity undertaken against the DM01 standard is shown in the chart below.

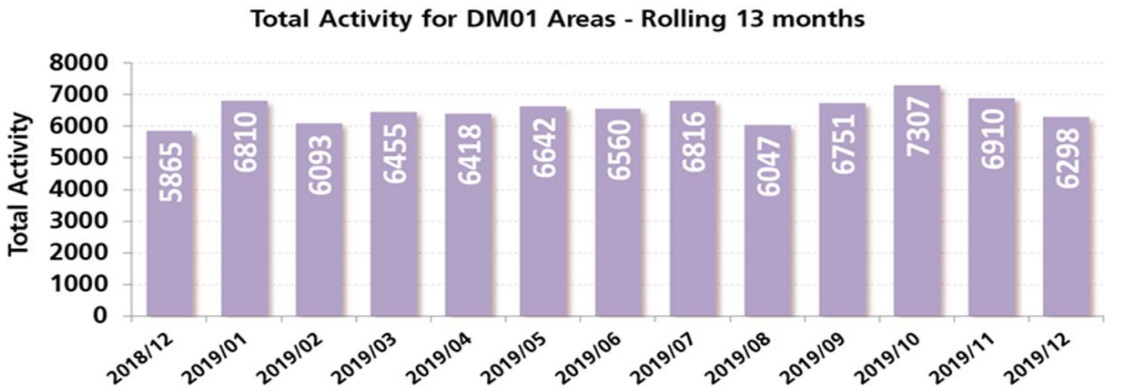

Chart 2 Total DMO1 activity, rolling 13 months

The size of the waiting list at the end of each month is set out below, which is the basis of the calculation of performance.

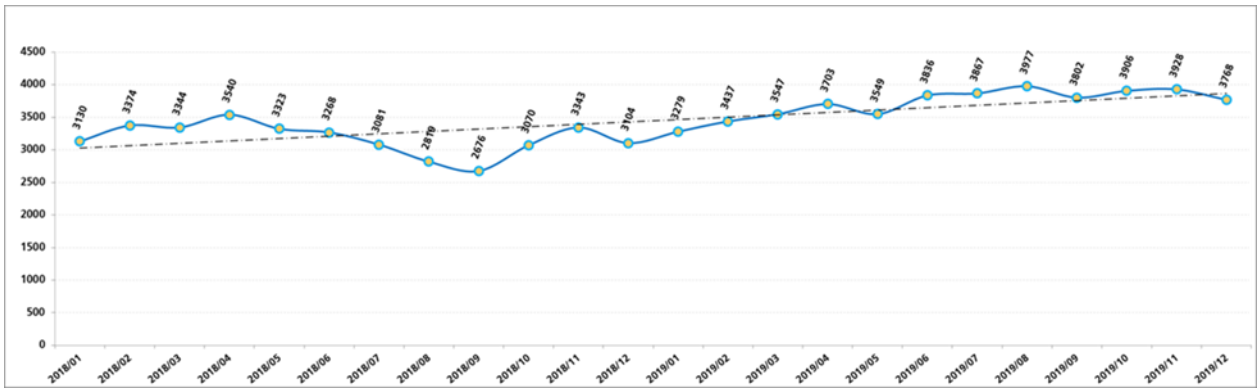

Chart 3 DM01 waiting list size (January 2018 – December 2019)

Given the approximate size of the QEH waiting list each month, breach numbers below 39 will routinesly deliver performance of 99%.

The deterioration in performance up to May 2019 was mainly due to breaches within CT and Non-obstetric ultrasound, largely due to capacity constraints related to a cessation of additional hours.

During quarter 3, the deteriotartion in performance in December is due to breaches in Non-obestric ultrasound and Echocardiography, this is shown in the table below:

	Sep-19	Oct-19	Nov-19	Dec-19
Magnetic Resonance Imaging	13	13	5	8
Computed Tomography	1	2	0	1
Non-obstetric ultrasound	120	33	10	87
Audiology - Audiology Assessments	0	0	0	3
Cardiology - echocardiography	0	0	1	36
Urodynamics - pressures & flows	3	3	1	4
Colonoscopy	0	0	0	2
Cystoscopy	1	2	2	5
Gastroscopy	0	0	0	1
Total Breaches	138	53	19	147
Performance	**96.37%**	**98.64%**	**99.52%**	**96.10%**

Non-obstetric ultrasound
Activity within this service continues to increase. In addition, the service has a higher than national average vacancy rate at 23%. This is further compounded by two of the substantive posts currently being training posts and therefore not contributing to service delivery.

The Radiology ultrasound team also provide support to the maternity ultrasound service. The demand for this service is increasing as a result of the increased national requirements for growth scans. The impact of the new healthy babies programme is being assessed however it is expected to be significant.

To manage and improve the service delivery, the teams are looking at new ways of working, including a pilot of sonographer vetting of all referrals to ensure appropriate use of and capacity. There is a 5-year staff training programme being developed, working with maternity, to ensure we have an overview of service requirements and staffing impacts and are proactive in preparing for future demand.

Some of the actions identified in the previous quarterly update have proved more difficult to implement than expected. In part, this has been due to changes in the management team within Radiology and in addition there are vacancies and sickness absence at modality level. An update on actions is detailed below:

- **Review of booking processes** – this is ongoing and will be completed by March 2020. Improvements will be seen from the end of February 2020.
- **Structured system of request justification and challenge** - leading to improved demand management. The vetting process is being taken through divisional clinical governance and is expected to be in place by the end of February 2020.
- **Daily monitoring of PTL** - This is in place and overseen by a further weekly monitoring meeting.
- **Weekly review of waiting times** at radiology management meetings to review turnaround times. A weekly DM01 meeting is now in place where waiting times are monitored.
- **Daily system checks** by managers, with weekly statistics reported from RIS to review trends and actions needed. This will commence on 3 February 2020.
- **Systematic allocation of examination types** to consultants and sonographers. This will be aligned to the vetting process and will be in place by the end of February 2020.
- **Review of room utilisation**. This is complete.
- **Maximisation of all lists** - this is complete with additional agreement to overbook some lists.
- **Additional sessions** provided by consultants, middle grades and sonographers. These are in place where staff are willing to offer additional hours.
- **Training for radiographers** to increase sonographic capacity. This has started and is part of the 5-year plan. There are 2 trainees currently with a further 2 commencing in March. We are reviewing whether further training capacity can be provided, in liaison with Norfolk Imaging Alliance.

The radiology manager post has been recruited to substantively with a planned start date of April 2020.

The Divisional Head of AHP and Nursing has commenced in post and will be additional support to the department in terms of governance, infection control and staff engagement.

The department are exploring the possibility of overseas recruitment from India working with Health Education England.

The following table summarises the expected impact on the breach position of the actions described above:

Actions	Timescales	Impact on demand	Impact on breaches	Number of breaches
Review booking processes in ultrasound	Mar-20	0	8%	6
Structured system of request justification and challenge, leading to improved demand management	Mar-20	15%	15%	12
Daily monitoring of PTL	in place	0	15%	12
Weekly review of waiting times at radiology management meetings to review turnaround times	in place at DM01 meetings	0	5%	4
Daily system checks by managers, with weekly statistics reported from RIS to review trends and actions needed	in place	0	2%	2
Maximisation of all lists	in place for some time	0	2%	2

Further actions

Longer lines of agency 6 months instead of 3 months	Mar-20	0	10%	8
Improved job planning to enable release of all rooms in a more timely manner	Mar-20	0	20%	18
Total				64

Echocardiography

There was an unexpected staff resignation, with immediate effect, that took place in December 2019. This resulted in the cancellation of a number of diagnostic outpatient procedures that could not be reappointed before the end of the month. This backlog has rolled into January and has not been completely cleared, although the backlog is reducing.

There will be pressure on the service until this post has been appointed to. The post is currently advertised, and discussions with agencies have so far not proved successful.

This service is represented at the weekly DM01 monitoring meetings to ensure optimal use of resources and that waiting times are reduced as quickly as possible.

If appropriate interim agency cover can be sourced, performance will recover by February 2020.

3. Summary

The key risk to sustainable delivery of the diagnostic standard relates to the radiology service, notably non-obstetric ultrasound. An action plan is in place, this will reviewed and overseen by the new Divisional Leadership Team.

4. Recommendation

Trust Board is asked to note the report.