

TRUST BOARD
31st July 2014

TITLE	Performance Report
EXECUTIVE SUMMARY	<p>The Trust met the 4 hour standard in June 2014. Performance for the month was 95.82%. This was achieved in spite of sustained high levels of attendance in June. Whilst a significant programme of change on emergency care is underway within the Trust delivering sustained performance remains a significant challenge and a high risk. The Trust was compliant against the 4-hour A&E standard for Q1 (95.23%).</p> <p>At aggregate level, the Trust did not deliver against the RTT standard for admitted pathways but was compliant against the non-admitted and incomplete pathway standards. Revised recovery plans have been developed in light of non-recurrent funding made available by NHS England in July. The Trust was non-compliant against this standard for Q1 (83.13%), attracting an increase risk score against the Monitor Risk Assurance Framework.</p> <p>The Trust met the 62 day referral to first treatment standard for urgent GP cancer referrals. Performance against this standard remains challenging and a programme of improvement performance management governance is underway. The Trust was non-compliant against the 62 day cancer standard for urgent GP referrals in Q1 (81.6%) attracting an increase risk score against the Monitor Risk Assurance Framework.</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework.
LINK TO STRATEGIC OBJECTIVE	SO1: Best Outcomes SO4: Top Productivity.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient expectations in terms of access are reflected in NHS performance targets.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	None identified
Trust Board is asked to:	Review and discuss the report and seek additional assurance as appropriate.
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	24 th July 2014
Decision:	For Assurance

PERFORMANCE REPORT

1. INTRODUCTION

The purpose of this paper is to summarise key performance issues and the actions in place to address them. Specifically the paper addresses the targets and standards included in the Monitor Risk Assurance Framework:

1.1 AT A GLANCE

Domain	Standard	Compliance threshold	JUN-14		
A&E	Maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	95.82%	<input checked="" type="checkbox"/>	
RTT	Maximum time of 18 weeks from point of referral to treatment (ADMITTED PATIENTS)	90%	84.2%	<input type="checkbox"/>	
RTT	Maximum time of 18 weeks from point of referral to treatment in aggregate (NON-ADMITTED PATIENTS)	95%	95.5%	<input checked="" type="checkbox"/>	
RTT	Maximum time of 18 weeks from point of referral to treatment in aggregate (INCOMPLETE PATHWAYS)	92%	95.4%	<input checked="" type="checkbox"/>	
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	88.2%	<input checked="" type="checkbox"/>
		NHS Cancer Screening Service referral	90%	83.3%^	<input type="checkbox"/>
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	100%	<input checked="" type="checkbox"/>
		Anti-cancer drug treatments	98%	100%	<input checked="" type="checkbox"/>
CANCER	All cancers: 31-day wait from diagnosis to first treatment	96%	97.3%	<input checked="" type="checkbox"/>	
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	93.0%	<input checked="" type="checkbox"/>
		Symptomatic breast patients	93%	93.1%	<input checked="" type="checkbox"/>

^ Total referrals = 3. Total breaches = 0.5 (1 shared patient).

2. FOUR HOUR STANDARD FOR WAITING TIMES IN A&E

The Trust met the 4 hour wait standard in June. Performance for the month was **95.82%**. This represents an improvement in performance compared to the previous month of May (92.99%).

The Trust is also pleased to report that June's performance, together with that of April, has ensured compliance against the 4-hour standard for Q1 (**95.23%**).

2.1 MONTHLY PERFORMANCE

Month	Performance (Monitor) ¹	Performance SPH only ²
Jun 14/15	95.82%	93.35%
May 14/15	92.99%	88.80%
April 14/15	97.01%	95.76%
Mar 13/14	96.26%	93.91%
Feb 13/14	93.07%	88.42%
Jan 13/14	94.19%	90.39%

2.2 QUARTERLY PERFORMANCE

Month	Performance (Monitor) ¹	Performance SPH only ²
2014/15		
Q1 2014/15	95.23%	92.32%
2013/14		
Q4 2013/14	94.59%	91.07%
Q3 2013/14	95.77%	93.12%
Q2 2013/14	96.34%	94.03%
Q1 2013/14	95.44%	92.50%

2.3 MAY PERFORMANCE SUMMARY

Attendances at St. Peter's A&E were slightly lower compared to the extremely high levels experienced during May; however the department remained very busy with excess of 8,000 attendances during the month. This level of attendance remains higher than levels seen during the 2013/14 winter period.

- Unplanned re-attendances remained high with the sixth successive month over 5%.

¹ Performance against this standard is represented by % patients admitted/transferred/discharged within 4 hours of arrival time against a target of 95%. Data includes SPH A&E, GUM, EPU & Ashford.

² St. Peter's A&E performance shown for information.

- Admissions to the acute emergency care pathway indicated by the conversion rate from A&E remained in the region of 22%, which benchmarks well and is within reasonable parameters.
- The Trust continues to absorb the effect of the closure (from the beginning of May) of its escalation ward to accommodate the enhancement of facilities.

The hospital site remains busy with high numbers of non-elective & elective admissions as a result of the on-going work to support RTT 18 week pathways. The level of elective activity is due to rise in line with improved plans to reduce the backlog over the summer to regain compliance. This will place further pressure on hospital capacity.

2.4 EMERGENCY CARE PATHWAY PROGRAMME UPDATE

The Trust's emergency care pathway improvement programme is organised into five workstreams. Progress against key milestones is summarised below.

Workstream 1: A&E Process Redesign

Aspiration to complete all assessment, treatment and onward care decisions for A&E patients within 2 hours.

- Current and future state pathway mapping is complete.
- A&E operational policy revised & implemented for the new design.
- Rapid Assessment & Treatment (RAT) process documentation is complete.
- RAT process commenced from 7th July (10am to 4pm) with a further aspiration to expand these hours and allocate 2 people to the rota.
- Issues log maintained with revisions agreed & implemented to enhance & embed the new design (Example: Minor estates changes made to the department to facilitate flow – e.g. arrows directing patients on the floor & with better signage).
- Early feedback currently received is that performance against the 4 hour target and time to see & assess patients feels more effective for staff & patients.
- Clinicians report being able to provide better patient care & experience.

Workstream 2: A&E Workforce Redesign

- Departmental skill mix review is complete.
- 'Streaming' nurse at the front of A&E is now operational and working well.

Workstream 3: Acute Hub

Aspiration to expedite senior assessment to the front of the patient pathway.

- Operational polices have been ratified.
- A new rota, combining acute physicians, Older Persons Assessment & Liaison team (OPAL), and a number of general physicians is complete & operational from 7th July.
- A&E and acute hub pathways for Medical Take, OPAL & Ambulatory Care (designed to improve patient flow) also operational from 7th July.

Workstream 4: Consultant Led Ward Care

- Each specialty has agreed to the newly defined principles of Consultant-led ward care.

- Ward activity mapping is complete.
- Criteria-led discharge now implemented on two wards - with further evaluation underway to understand the benefits for transferring this model to other wards.
- Recruitment under way for additional physicians.

N.B. Workstream 5 (Ashford Hospital Strategy) is currently on hold whilst NW Surrey CCG undertakes a review of rehabilitation and reablement across NW Surrey. Report will be published by NW Surrey CCG.

3. 18 WEEKS REFERRAL TO TREATMENT TIMES (RTT)

3.1 TRUST POSITION

At aggregate level, the Trust did not deliver against the standard for admitted pathways but was compliant against the standards for non-admitted and incomplete pathways. At an individual specialty level, the Trust remains non-compliant against the admitted standard in four specialties, non-compliant against the non-admitted standard in four specialties and non-compliant against the incomplete standard in two specialties.

For the purposes of the Monitor Risk Assurance Framework, performance is measured on an aggregate (rather than specialty) basis and NHS foundation trusts are required to meet the threshold on a monthly basis. Consequently, the Trust is not compliant for the admitted standard for Q1 2014/15. This risk has previously been highlighted to Monitor as part of the Trust's forward look at 2014/15.

Failure to meet the 18 week standard at specialty level does not have a further implication with regard to the Risk Assurance Framework, however, failure to achieve at specialty level will incur a financial penalty under the terms of the contract with North-West Surrey CCG.

3.2 JUNE 2014 SPECIALTY PERFORMANCE

Jun-14	PERFORMANCE		
	Admitted pathways (Target 90%)	Non-admitted pathways (Target 95%)	Incomplete pathways (Target 92%)
General Surgery	84.64%	93.22%	94.25%
Urology	97.44%	97.53%	97.19%
Trauma & Orthopaedics	62.53%	88.17%	88.37%
Ear, Nose & Throat (ENT)	88.17%	97.22%	97.00%
Ophthalmology	91.54%	97.95%	98.45%
Oral Surgery	83.13%	95.38%	96.25%
General Medicine	100%	99.36%	97.60%
Gastroenterology	100%	97.33%	97.91%
Cardiology	95.92%	93.03%	94.34%

Dermatology	n/a	97.75%	98.96%
Neurology	n/a	84.17%	87.27%
Rheumatology	n/a	98.53%	98.88%
Geriatric Medicine	n/a	95.24%	99.31%
Gynaecology	98.31%	98.85%	97.50%
Other	96.52%	99.12%	99.27%
Total	84.11%	95.46%	95.41%

3.2.1 ADMITTED STANDARD

The Trust has experienced slippage against plan in both ENT and Oral Surgery. These specialties treated a larger than planned number of backlog patients during May and June, which affected performance against the 90% standard. This represents slippage from the initial estimates provided in January, however these services are not developing further backlogs as the number of incomplete pathway patients waiting in excess of 18 weeks remains manageable.

As the Trust books all RTT patients chronologically, this will ensure that our longest waiting patients are treated first and will have the benefit of reducing the admitted waiting list backlog. As in all specialties, the Trust continues to ensure that its capacity is utilised most effectively towards longest waiting patients.

In light of the additional non-recurrent funding made available at the end of June, the Trust has revised its plans for activity over the next three months to support the reduction of its backlog. The additional work proposed as part of this plan supplements the on-going work the Trust has been undertaking over the past year to improve its RTT position.

The Trust recognises that two specialties – General Surgery and Trauma & Orthopaedics (T&O) are the key drivers of its non-complaint performance against the Trust Aggregate 90% RTT Admitted Pathway standard. Therefore the Trust is focussing the majority of its efforts towards ensuring these two specialties recover to compliance.

Based on a projection of how the additional activity will likely effect the Trust's performance, the Trust expects to return to compliance against the admitted standard by the end of September 2014.

3.2.2 NON-ADMITTED STANDARD

Performance improved slightly in Neurology for June and the service has seen the backlog reduce when compared with the previous month. Performance remains at risk on the non-admitted standard due to the fact that the Neurology specialty routinely only has a breach tolerance of around 5-7 patients a month if it is to meet the 95% standard. The service continues to focus effort on its non-admitted pathway through weekly patient level PTL meetings.

T&O and General Surgery continue to face challenges with this standard as a result of the size and profile of their waiting lists however continue to make incremental progress.

June saw the Cardiology specialty miss the non-admitted standard due to a higher than usual number of breaches within the month. This specialty has not previously encountered

issues with compliance against this standard and is currently ensuring it has a full understanding of reasons behind June's performance and has put in place plans to avoid any further issues in June.

The Trust aggregate non-admitted standard (used for the purposes of the Monitor Risk Assurance Framework) is not anticipated to be at risk.

3.2.3 INCOMPLETE PATHWAYS STANDARD

The sizable backlogs in Neurology and T&O will continue to put pressure on the 92% incomplete standard until the point where these backlogs are suitably reduced.

The Trust aggregate incomplete standard (used for the purposes of the Monitor Risk Assurance Framework) is not anticipated to be at risk.

3.3 DIAGNOSTIC PERFORMANCE

The Trust has a contractual target to see 99% of all diagnostic referrals (GP direct access and internal referrals from outpatients) within six weeks from receipt of referral to date of examination; this is place to provide assurance over a key component of the RTT pathway.

TRUST DM01 PERFORMANCE	<6wks	>6wks	%
Jun-14	4988	31	99.4%
May-14	4875	16	99.7%
Apr-14	4899	32	99.4%
Mar-14	5007	74	98.5%
Feb-14	4594	63	98.6%
Jan-14	4536	114	97.5%

4. CANCER INDICATORS

The Trust was compliant against the 62 day referral to first treatment target for urgent GP referrals, recording provisional performance of 88.2% in June. All other cancer target indicators are expected to be compliant in June with the exception of the 62 day referral to treatment standard for referrals received from NHS Screening Services. The Trust receives a very small number of referrals via this route (only 3 in June) and, as a result, any breach on this pathway places immediate pressure on this standard. In the case of June, the Trust breached one pathway (a shared pathway with the Jarvis Centre in Guildford).

June's performance was unfortunately not sufficient to ensure that the Trust was compliant against the 62 day (urgent GP referrals) target for Quarter 1 meaning that a failure will be recorded against this standard within the Monitor Risk Assurance Framework.

The Trust's pathway of chief concern is Urology. A series of positive meetings with the clinical team have been undertaken in the last month, including a multidisciplinary pathway mapping event, which has agreed a number of pathway changes that will now take place. The Trust is confident that this will contribute to minimising delays on the pathway.

The Trust is focusing on revalidating its approach to operational management of the Cancer targets and is strengthening key elements of its performance management process in line with best practice. This has involved a self-assessment in accordance with the updated guidance; 'Delivering cancer waiting times – a good practice guide' published in May by the NHS IMAS Intensive Support

Team. Significant senior management attendance and support is also being provided to ensure waiting times are reduced and efficient pathways are re-assured.

5. ACTION REQUIRED

The Trust Board is asked to note performance against targets associated with the Monitor Risk Assessment Framework in June 2014.

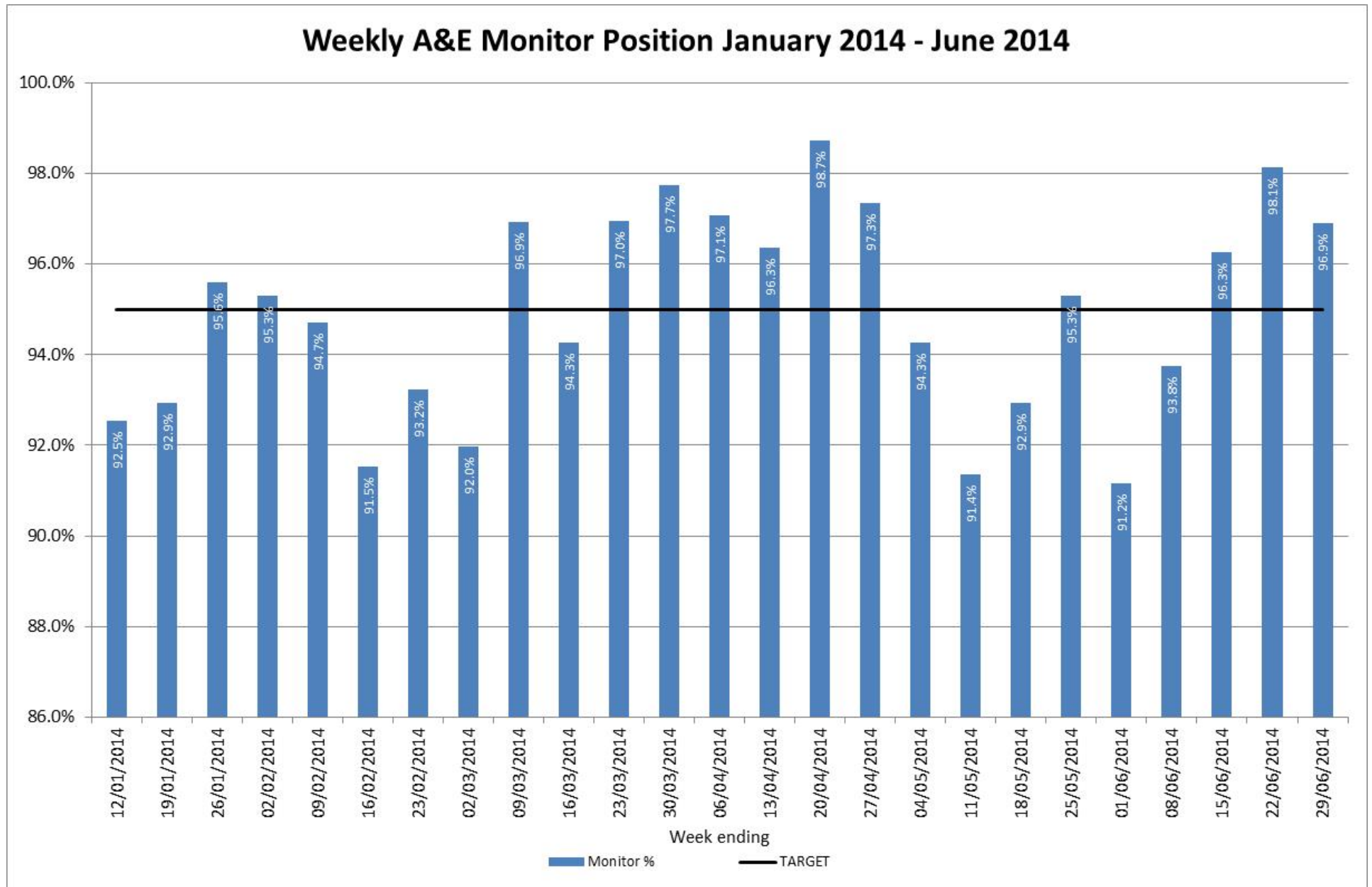
Appendices:

Appendix A – A&E performance

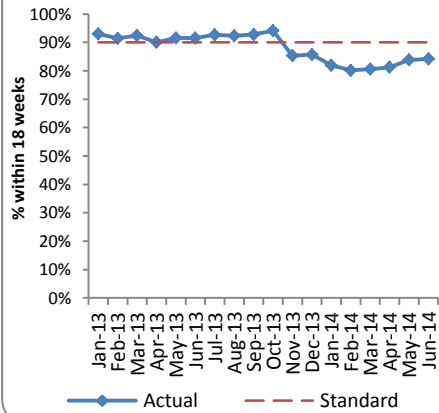
Appendix B- RTT dashboard

Appendix C – Performance dashboard

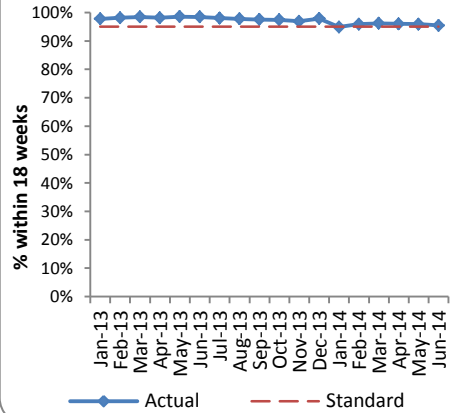
APPENDIX A: A&E 4-HOUR PERFORMANCE



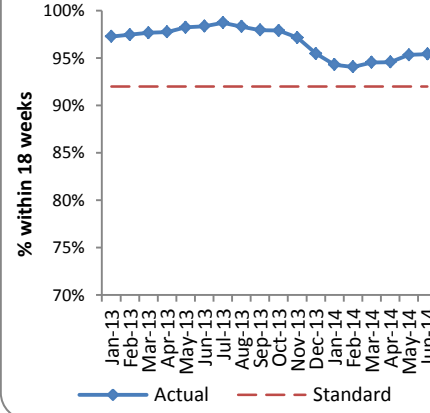
Admitted RTT Performance



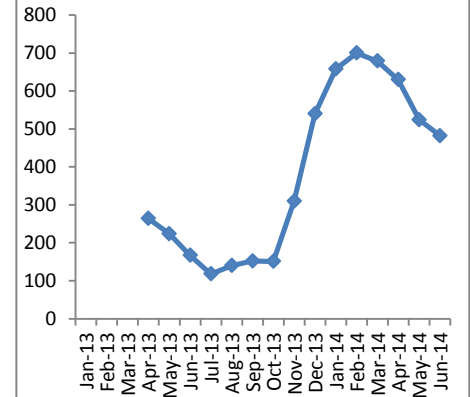
Non-admitted RTT Performance



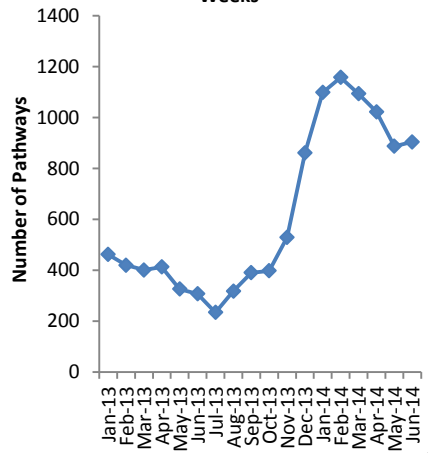
Incompletes: Percentage Within 18 Weeks



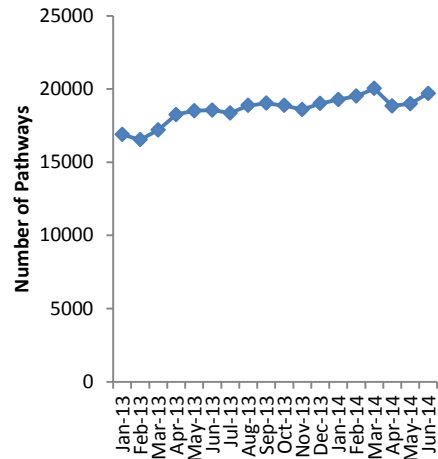
Admitted closed >18 weeks Backlog



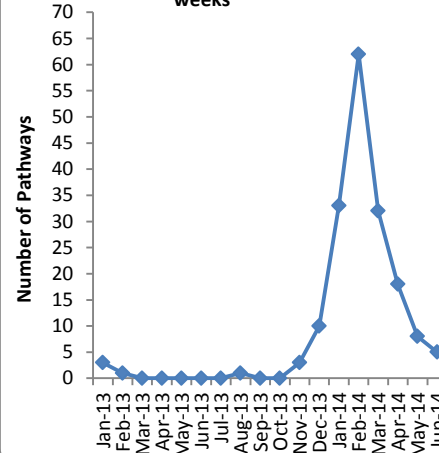
Incomplete Pathways waiting > 18 Weeks



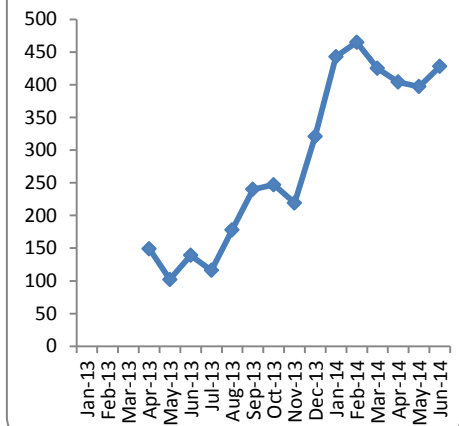
Total incomplete pathways



Incomplete pathways waiting 52+ weeks



Non-Admitted closed > 18 weeks Backlog



Trust Operational Performance Report - June 2014		2013/14			2014/15			YTD 14/15	13/14 Plan	Var	Trend
		Jan	Feb	Mar	Apr	May	Jun				
Cancer indicators and											
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	98%	2.0%	
	Surgery	100%	100%	100%	100%	100%	100%	100%	94%	6.0%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	93.8%	100.0%	100%	100%	75.0%	83.3%	92%	90%	1.7%	
	Urgent GP Referral To Treatment	93.6%	87.3%	86.5%	74.7%	83.1%	88.2%	82.2%	85%	-2.8%	
31-Day Wait For First Treatment	All Cancers	97.8%	100.0%	99%	100%	100.0%	97.3%	99%	96%	3.2%	
Two week wait from referral to date first seen	All Cancers	94.0%	97.2%	95.6%	94.2%	93.4%	93.0%	94%	93%	0.5%	
	For symptomatic breast patients	97.2%	97.1%	97.9%	94.1%	93.0%	93.1%	93%	93%	0.4%	
Quality & Safety											
Friends and Family Test	Inpatients (Test Score)	74.9	73.7	67.0	71.8	71.3	79.4	74.5	70	6.5%	
	Inpatient (Response Rate)	27.01%	36.30%	43.17%	29.00%	42.59%	43.46%	38.30%	15%	155.3%	
	A&E (Test Score)	49.9	42.1	46.1	50.1	43.7	48.1	47.3	70	-32.4%	
	A&E (Response Rate)	17.22%	17.05%	19.06%	17.67%	15.17%	16.61%	16.43%	15%	9.6%	
	Maternity Overall (test Score)	68.4	72.7	75.1	73.2	80.0	82.7	77.1	72.3	6.7%	
	Maternity Overall (Response rate)	6.49%	9.64%	16.84%	12.07%	14.31%	15.88%	13.25%	8%	74.3%	
Breach of Same Sex Accommodation		3	0	0	0	0	0	0	0	0	
VTE Risk Assessment		98.18%	98.11%	97.93%	98.22%	98.25%	98.27%	98.25%	97.0%	1.25%	
Smoking During Pregnancy		7.10%	7.53%	4.70%	N/A	10.28%	9.85%	6.9%	8.2%	-1.3%	
Breastfeeding Initiation		84.0%	83.8%	85.2%	88.0%	85.2%	83.6%	85.6%	80.0%	5.6%	
Activity											
Daycase Rate		85.6%	84.6%	83.2%	84.2%	83.4%	83.4%	83.8%	84.0%	-4.0	
GP Written Referrals to Hospital		9,032	8,326	8,737	8,404	8,525	8,724	25,653	-	-	
Other Referrals For a First Outpatient Appointment		6,163	5,429	5,929	5,540	5,719	6,158	17,417	-	-	