Paper 7.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
Date: 5th September 2018

TITLE	Performance Report – June 2018
EXECUTIVE SUMMARY	With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from November, although for completeness both calculations are included within this report; > **Excluding Woking WiC activity**, the Trust recorded A&E NHSI performance at 87.8%, which was a 3.6% decline on last month (91.4%). > **Including Woking WiC activity**, the Trust recorded A&E NHSI performance at 90.5%, which was a 2.7% decline on last month (93.2%), although the Trust achieved a Q1 performance of 91.7%, which was 1.6% above the NHSI agreed Q1 trajectory set at 90.1%. Attendances were 2.0% higher than June 2017, although admissions lower by 2.1%. On a number of occasions during the month, (a) surges in admissions and (b) reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards. The acuity of patients was also high during the month with increases being seen in stranded & super stranded patients. Total attendances in in June (at 8,634) were 4.5% lower than May's attendances (9,039) although 2.0% higher than June 2017 (8,464). Admissions during June (at 1,890) were 2.2% lower than May's admissions (1,933) and 5.3% lower than June 2017 (1,995). Comparing FY2018 A&E attendances (25,998) to FY2017 (25,099) identifies an increasing level of demand attending the emergency department (+3.6%), although a decreasing level of admissions (-3.4%) via A&E FY2018 (5,707) versus FY2017 (5,909). We have in place an **Urgent Care Improvement Programme** which includes implementing the SAFER CARE bundle and RED and GREEN patient days to promote patient flow. **The Trust recorded a non-compliant performance against the 92% RTT standard** with June's performance recorded at 91.3%, which was a 0.2% decline on May's performance (91.5%) although ahead of our agreed recovery trajectory. A total of 7 specialties; General Surgery, Urology, ENT, Ophthalmology, Oral & MaxFacs, Plastic Surgery, and Neurology were non-compliant at specialty level. **RTT Recovery** The Trust has made good progress and is now 1.9% ahead of the agreed recovery trajectory. With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust is implementing plans to deliver this from November 2018. Specific improvement activities & recovery estimates by specialty are identified within (page 6).

	The Trust is expected to report compliance for **5 of 7 Cancer standards** for June. **-TWR performance** for June is recorded non-compliant at 90.4%. Of the 113 breaches recorded, patient choice accounted for 64%, STT capacity at 27% & OPA capacity at 9%. **- 31-day Wait for Subsequent Treatment (Surgery)** performance for June is recorded non-compliant at 85.7%. One patient breached due to patient fitness to treat. **-62 Day GP Referral to Treatment performance** for June is recorded compliant at 85.8%.
The Council is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.
Submitted by:	Tom Smerdon, Director of Operations (Urgent Care) & James Thomas, Director of Operations (Planned Care)
Date:	26th July 2018
Decision:	For discussion

Unplanned Emergency Care

* Constitutional Standard
** NHSI Requirement
*** CCG Requirement
**** CQUIN

Activity and Performance Trends

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FY2017 -Q2	FY2017 -Q3	FY2017 -Q4	FY2018 -Q1
Attendances	8,793	8,985	8,526	7,948	8,704	8,325	9,039	8,634	25,301	26,653	25,178	25,998
Attendances (Woking Walk in Centre)	3,360	3,766	3,751	3,346	3,812	3,650	3,612	3,688		7,126	10,909	10,950
Admissions	1,970	2,140	2,045	1,895	2,103	1,847	1,933	1,888	5,991	6,111	6,043	5,668
NHSI 4hr Perf % (exc. Woking WiC) *	88.1%	88.5%	85.1%	84.0%	87.9%	88.8%	91.4%	87.8%	93.2%	89.3%	85.8%	89.3%
NHSI 4hr Perf % (inc. Woking WiC from Nov) *	90.7%	91.1%	88.6%	87.7%	90.7%	91.4%	93.2%	90.5%	93.2%	91.7%	89.0%	91.7%
Breaches	1,451	1,469	1,833	1,816	1,532	1,339	1,134	1,504	2,692	4,009	5,181	3,977
Medically Optimised Delays (Bed Days)	834	703	556	535	586	531	535	308	3,829	2,695	1,677	1,374
Delayed Transfers of Care (Bed days)	719	355	195	155	195	249	199	71	2,400	1,950	545	519
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies)	7	6	6	6	6	6	6	6	6	6	6	6
Overnight Waits in A&E [Avg DTA's]	7.7	6.4	10.3	10.4	8.7	8.0	6.0	9.3	3.6	7.1	9.8	7.8

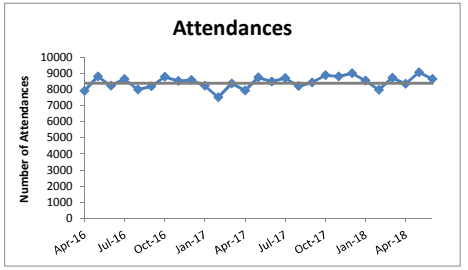
With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from November, although for completeness both calculations are included within this report.
> **Excluding Woking WiC activity, the Trust recorded A&E NHSI performance at 87.8%**, which was a 3.6% decline on last month (91.4%).
> **Including Woking WiC activity, the Trust recorded A&E NHSI performance at 90.5%**, which was a 2.7% decline on last month (93.2%), although the Trust achieved a Q1 performance of 91.7%, which was 1.6% above the NHSI agreed Q1 trajectory set at 90.1%.

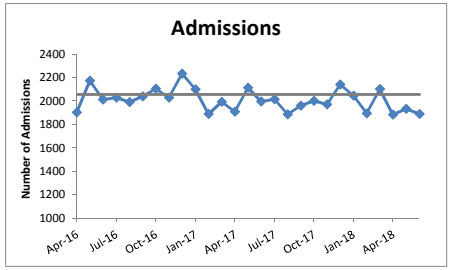
Attendances were 2.0% higher than June 2017, although admissions lower by 2.1%. On a number of occasions during the month, (a) surges in admissions and (b) reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards. The acuity of patients was also high during the month with increases being seen in stranded & super stranded patients.

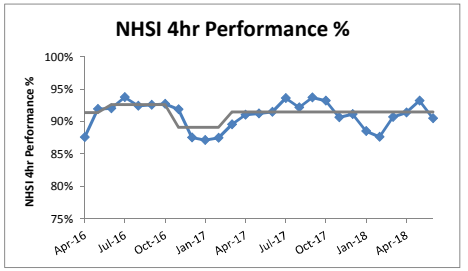
Attendances in June (at 8,634) were 4.5% lower than May's attendances (9,039) although 2.0% higher than June 2017 (8,464). Admissions during June (at 1,890) were 2.2% lower than May's admissions (1,933) and 5.3% lower than June 2017 (1,995). Comparing FY2018 A&E attendances (25,998) to FY2017 (25,099) identifies an increasing level of demand attending the emergency department (+3.6%), although a decreasing level of admissions (-3.4%) via A&E FY2018 (5,707) versus FY2017 (5,909).

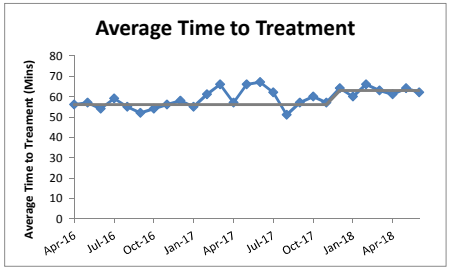
The Trust had to postpone 1 elective procedures during June due to no beds being available. However, in accordance with the NHSI requirement, all non-urgent surgery at the St Peters Hospital site was suspended from 21st December 2017 and throughout January 2018 to provide additional bed stock to cater for the non-elective winter demand.
Although the Trust has seen a substantial improvement in the non-elective length of stay from an average of 7.25 days during April 2015 down to 5.92 days for June 2018 the level of admissions continues to cause patient flow difficulties through the hospital creating a backlog within A&E. This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During June the Trust recorded DTA patients waiting in A&E overnight on 27 days. Overall the combined DTOC & Medically Optimised Delays have shown a decreasing trend since the beginning of FY17.

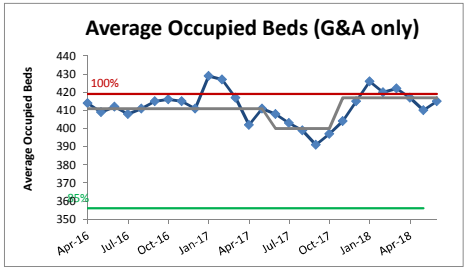
A&E Performance (National Position)
When comparing the Trust including Ashford and Woking WiC (NHSI position), for June (Acute Type 1 Footprint), the Trust is positioned 81st of 137 Trusts. During June only 35 Trusts reported a compliant performance greater than 95%.

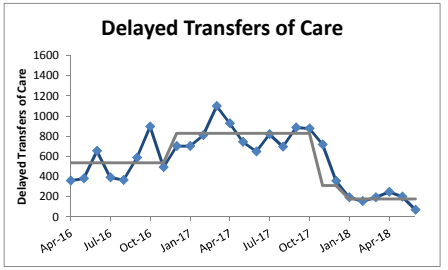


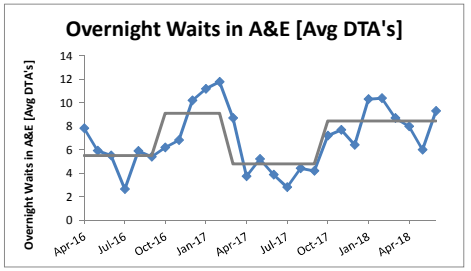


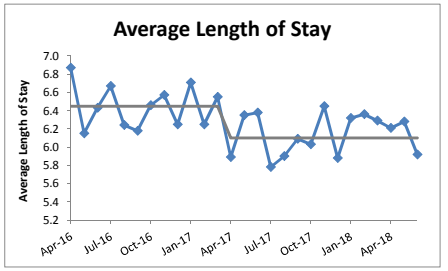


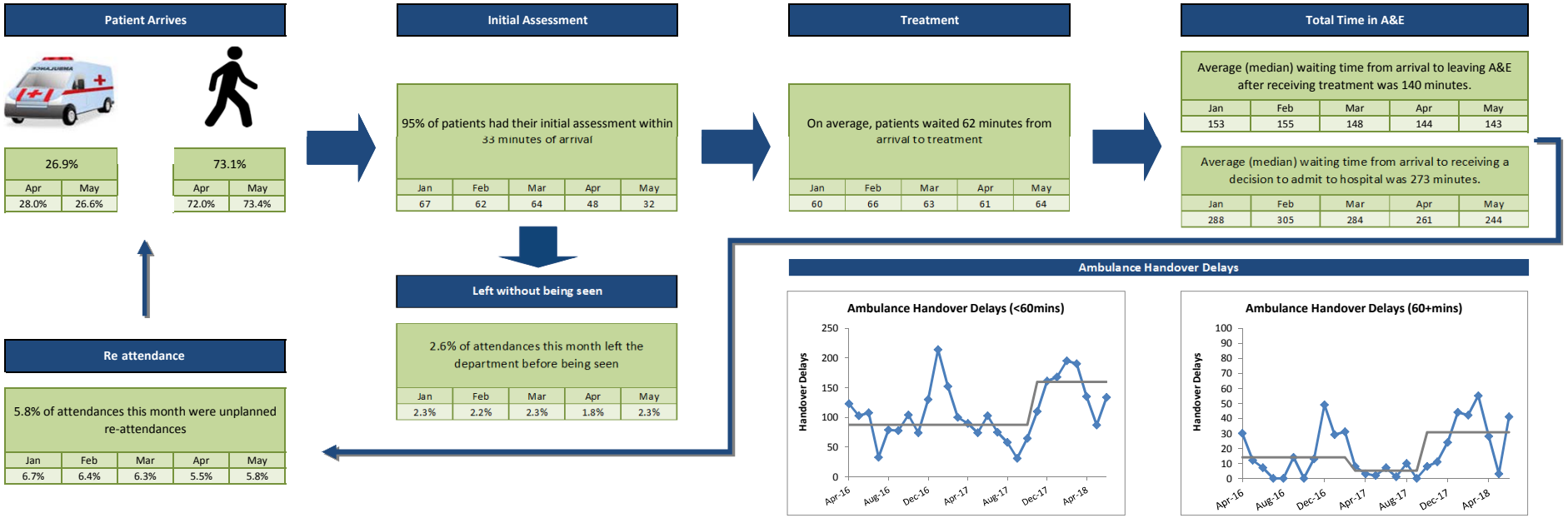












Urgent Care Improvement Programme - We have in place an Urgent Care Improvement Programme which includes changes to our governance and clinical engagement. The improvement plan has now been revised following publication of the Rapid Implementation Guidance and reflects key improvement actions. The three key programmes of work are outlined below;

1. ED Streaming At The Front Door

The objective is to create and run pathways that decompress the Emergency Department by streaming patients to other inpatient services including assessment areas & preventing attendance through telephone management. Since June 2017 we have a senior nurse supporting streaming from the Urgent Care walk in centre to ensure patients requiring speciality review are directly streamed to the specialty assessment areas, bypassing ED where appropriate.

A third substantive GP has been in place from the 2nd week of Jan 2018 to support UCC GP streaming, which leaves only 1 day (Sunday) where a locum is being utilised. This GP service is now available for 8 hours per day. With permanent GP's, performance of GP Streaming has improved. The Primary Health Care area to the UCC is also now fully open. Work is underway to transition from a UCC to a UTC. This will facilitate the UCC being GP led with 12 hour coverage. Discussions have begun with the GP Confederation to assist with this increased provision. In addition the Ambulatory Care Sensitive Conditions pathways are being updated and reviewed to maximise their use and utility.

2. Patient Flow

This objective is aimed at improving and ensuring the safe and effective flow of patients into the hospital from ED at the point of referral to beyond discharge from the acute hospital. We have expanded our ambulatory care service to seven days per week with an enhanced workforce to meet the increase in demand to support a reduction in admissions. The 'fit to sit' initiative to minimise inappropriate corridor queuing has been promoted further with SECAMB taking patients to the UCC to sit rather than be brought into the main ED dept on a trolley. The 'fit to sit' initiative is to be expanded further to include a designated area within the main ED being used as a seated area rather than a trolley area. The aim is to start this trial week of 16 April. The Trust is implementing use of the SAFER care bundle and Red & Green patient days to support proactive patient flow and timely discharges, including additional senior management support for medical wards to embed red to green, ensure EDD's are recorded and support processes enabling discharges. There are three times a day bed management meetings which all specialty divisions represented including diagnostics, transport and others. The function of these meetings is to identify predictable demand, highlight concerns of actions needed to expedite discharges that day.

3. Improving Discharge Processes

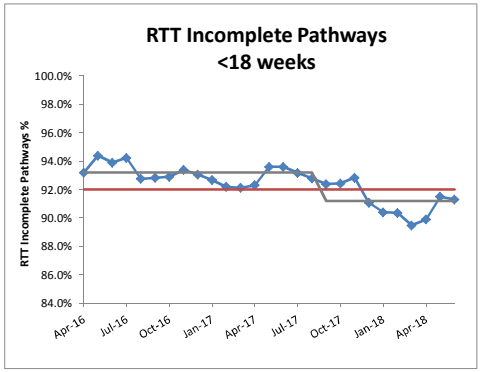
The key requirement for this objective is to reduce in-patient delays, overall length of stay and bed days lost due to medically fit patients waiting to discharge. We are working closely with partner organisations to reduce the number of patients remaining in hospital beyond their date of medical fitness. With partner organisations we are developing seamless multi agency processes for the management of people ready for discharge and who require a package of care including placements with an integrated approach to provision of care that reduces unnecessary delays in discharge. On a daily basis, patient and process delays are scrutinised to address, escalate and improve resolutions to mitigate and prevent future patient delays. Stranded patient meetings with wards are also scheduled to ensure complex patients are managed appropriately with support from system partners. There are also strategic system wide steering groups working with partner organisations to ensure planning and commissioning are informed of predictable increases in pressures over holiday periods.

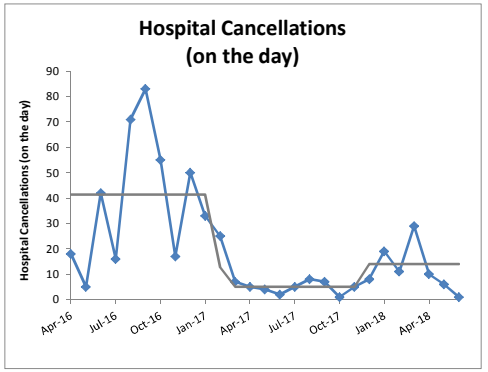
Planned Elective Care

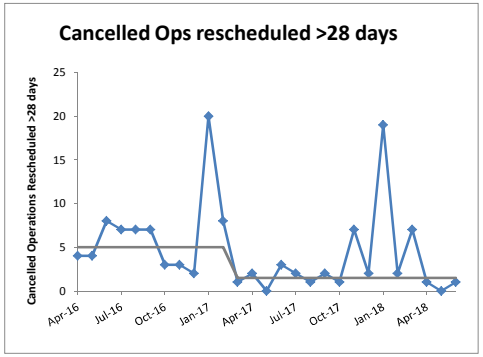
Activity and Performance Trends

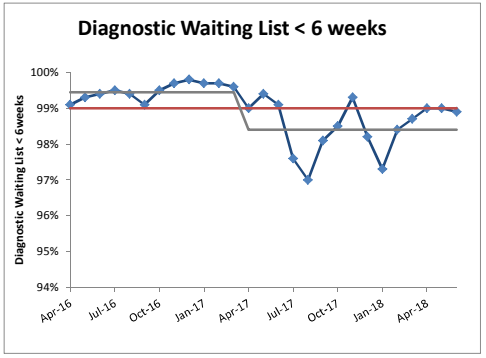
	Target	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FY2017-Q2	FY2017-Q3	FY2017-Q4	FY2018-Q1
RTT Incomplete Pathways < 18 weeks *	>92%	92.8%	91.1%	90.4%	90.4%	89.5%	89.9%	91.5%	91.3%	92.8%	91.1%	89.5%	90.9%
Total Wait List Size		25,578	25,173	24,498	25,076	25,716	26,777	27,183	26,739				
Total Backlog > 18 weeks		1,831	2,242	2,364	2,416	2,711	2,716	2,322	2,337				
Pathways >52weeks **		0	0	0	0	0	0	1	0				
On the Day Hospital Cancellations *** (no beds available)		5	8	19	11	29	10	6	1	16	50	45	17
Cancelled Ops rescheduled >28 days **	0	7	2	19	2	7	1	0	1	4	12	28	2
Diagnostic Waiting List < 6 weeks **	>99%	99.3%	98.2%	97.3%	98.4%	98.7%	99.0%	99.0%	98.8%	97.6%	98.2%	98.1%	98.9%
% e-Referral ASI rate ****	<4%	2.3%	3.5%	2.0%	3.4%	3.0%	1.3%	3.8%	3.8%	1.9%	3.5%	2.8%	3.0%
% Advice & Guidance (within 2 days) ****	>80%	91%	99%	96%	85%	95%	95%	92%	85%		92%	93%	94%
Outpatient New Appointments		15,262	12,041	15,276	13,393	13,430	14,105	15,552	14,706	41,317	42,108	42,099	44,363
Outpatient Follow Up Appointments		27,821	21,819	28,327	24,037	23,962	24,608	27,145	26,989	77,414	75,955	76,326	78,742
Outpatient Cancellations <2wks		1,283	769	941	1,020	1,155	807	873	967	4,082	3,505	3,116	2,647

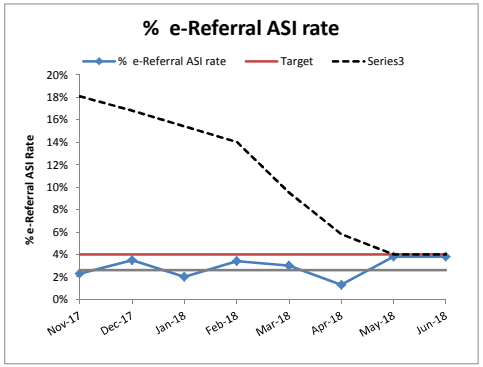
Key: * Constitutional Standard ** NHSI & CCG Requirement *** NHSI reported **** CQUIN

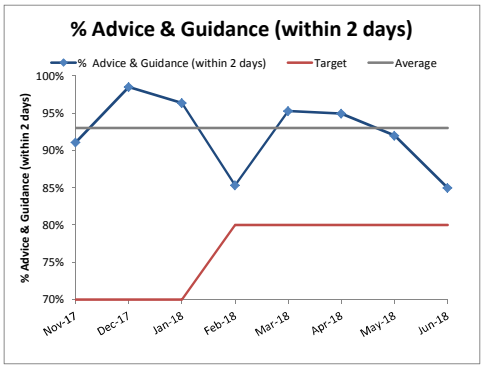












RTT Recovery

The Trust has made good progress and is now 1.9% ahead of the agreed recovery trajectory. Progress on specific improvement & recruitment activity by specialty are included overleaf.

With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust has initiated recovery plans to deliver this from November 2018 although will remain susceptible to winter pressures & a reduction in elective capacity during Dec 18 -Feb 2019, although is aiming to overachieve before this time to provide contingency.
The Trust is responding by increasing capacity as best able (& available) to meet demand, although within the financial envelope the Trust and Commissoners have agreed.
This may limit the amount of additional activity that can be provided if referrals exceed growth estimates and therefore commissioners will seek to introduce community demand management schemes and better use of e-Referral Advice and Guidance; whilst the Trusts introducing ways to improve productivity and clinic and theatre utilisation.

e-Referral Service

The Trust's Apointment Slot Issues (ASI) rate increased to 8.5% during June, with GP referral demand exceeding expected capacity in Ophthalmology, ENT, Dermatology, Paediatrics and ECG. From October as per the national NHS mandated contract, the Trust will not accept (or be paid) for referrals received outside of e-RS (i.e. paper & fax). The Trust is continuing to support CCG colleagues & community GPs to effect this change as seamlessly as possible.

Theatre Cancellations

The Trust had to cancel 1 patient due to non-elective bed pressures, although has shown improvement in reducing the overall number of theatre cancellations. Rescheduling of Cancelled Operations within 28 days has also improved.

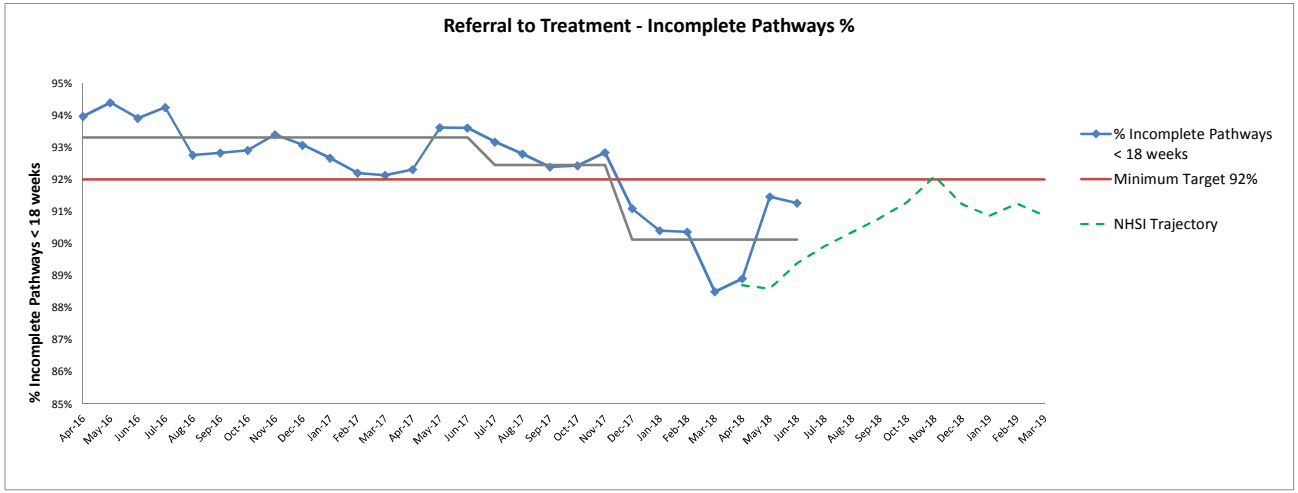
Planned Elective Care

Access Activity and Performance Referral to Treatment [June 2018]

	Target	Trust Actual	General Surgery	Urology	Trauma & Orthopaedics	ENT	Ophthalmology	Oral and Maxillofacial	Plastic Surgery	Pain	General Medicine	Gastroenterology	Cardiology	Dermatology	Neurology	Rheumatology	Paediatrics	Geriatric Medicine	Gynaecology	Other
RTT Incomplete Pathways < 18 weeks	92%	**91.3%**	89.2%	89.5%	93.6%	91.0%	86.5%	82.6%	80.0%	93.7%	95.5%	93.1%	95.4%	95.8%	90.8%	98.8%	97.9%	100.0%	93.5%	95.2%
Patient waiting 30-40 weeks		**246**	45	14	44	15	15	83		3	3	1	2	2	9		3		6	1
Patient waiting 40-51 weeks		**25**	9		5	2	1	4				1	2	1		0	0	0	0	0
Patient waiting > 52 weeks	0	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Waiting List Size		**26,739**	3,191	1,079	4,789	2,213	4,458	1,746	10	685	1,072	817	1,007	2,264	762	325	780	112	1,366	63
Total Backlog > 18 weeks		**2,337**	344	113	306	199	601	303	2	43	48	56	46	94	70	4	16	0	89	3

Diagnostic Waiting List < 6 weeks	99%	**98.9%**	100%	100%	100%	100%	100%	100%	100%	100%	98.9%	95.7%	100%	100%	84.3%	100%	100%	100%	100%	99.7%
% Cancelled Ops rescheduled <28 days	99%	**99.9%**	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	

Number of e-Referral ASI's		362	5	0	0	69	55	1	0	0	0	1	41	106	1	0	52	9	15	7
% e-Referral ASI rate	<4%	8.5%	2.2%	0.0%	0.0%	14.1%	7.0%	1.3%	0.0%	0.0%	0.0%	0.7%	12.7%	34.6%	0.6%	0.0%	12.3%	45.0%	7.8%	0.1%



RTT Incomplete Pathways Performance

The Trust recorded a non-compliant performance against the 92% standard with June's performance recorded at 91.3%, which was a 0.2% decline on May's performance (91.5%) although ahead of our agreed recovery trajectory. A total of 7 specialties; General Surgery, Urology, ENT, Ophthalmology, Oral & MaxFacs, Plastic Surgery, and Neurology were non-compliant at specialty level. The Trust has highlighted very high risk of aggregate RTT non-compliance as capacity and community demand management schemes have been unable to address the significant increases seen in outpatient referral demand, compounded further by the reduction in elective capacity over the winter period.

Extensive patient tracking, recovery implementation & further planning continues with plans to deliver a return to RTT aggregate compliance from November 2018.

Specific specialty improvement plans include;

General Surgery - Additional internal weekend theatre and clinic activity has been scheduled during summer for Bariatric and Upper GI patients.

Urology - Additional internal weekend theatre and clinic activity has been scheduled during summer.

Trauma and Orthopeadics - Substantive ESP and consultant appointments underway, including outsourcing of Physio outpatients to provide additional short and long-term capacity.

ENT - Additional internal weekend theatre capacity has been scheduled during the summer, including locum and substantive consultant appointments underway to recover the specialty.

Ophthalmology - Locum and substantive consultant appointments and Nurse Injectors appointments are underway to provide additional medium and long-term capacity. Outsourcing of 250-300 cataracts patients to Kingston NHS Hospital Foundation Trust have been agreed.

Oral and MaxFacs - Additional internal weekend theatre activity scheduled during summer with SHO resource to provide additional short-term capacity. Bank registrar sessions & use of Consultants 11th PA session also agreed. To support longer term capacity, the Trust is working on staff and infrastructure expansion.

General Medicine - Locum Consultant now appointed and revisions to job planning have been made to provide additional medium and long-term capacity.

Plastic Surgery - Additional internal weekend capacity has been scheduled during the summer. The Trust is also in discussion for additional substantive longer term capacity.

Dermatology - Locum and substantive consultant appointments have been made providing additional short and long term capacity.

Neurology - Substantive consultant now recruited (commences October 18), interim cover will be provided by agency consultant and additional weekend activity to resolve delays in neurophysiology diagnostics testing and reporting.

Endoscopy - Additional weekend activity is scheduled to provide a short-term capacity increase, including a colorectal pathway change for geriatric patients now implemented to provide enhanced outpatient support & engagement.

Diagnostic Tests

The Trust was marginally non-compliant for the DM01 diagnostic standard in June with performance recorded at 98.8%. Most breaches occurred in Neurophysiology & Endoscopy. Recovery plans creating addiional capacity are underway.

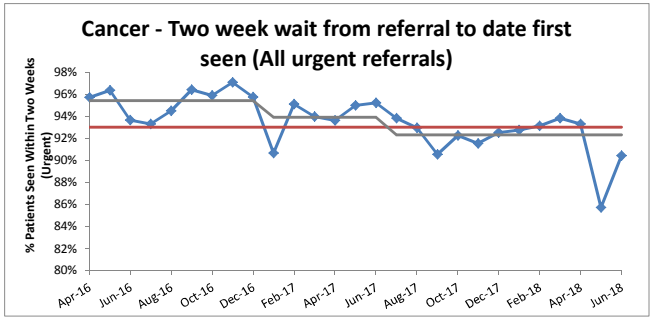
e-Referrals Appointment Slot Issues & Performance

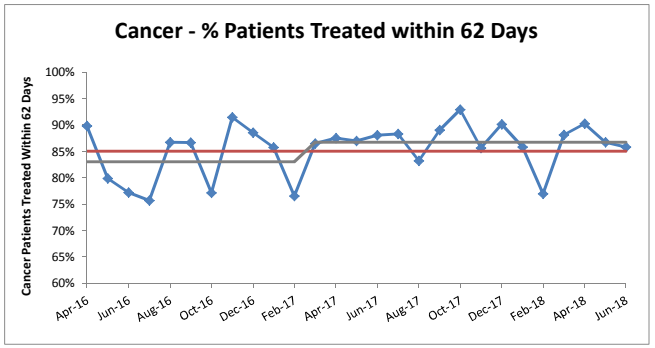
The Trust exceeed the e-Referrals Appointment Slot Issues (ASI's) in June with performance recorded at 8.5%. Additional capacity is scheduled to reduce future ASI's.

Cancer Care

Activity and Performance Trends

	Standard	Compliance	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FY2017 -Q3	FY2017 -Q3	FY2017 -Q4	FY2018 -Q1
Referral Activity	All urgent referrals		1,050	908	934	972	1,199	1,199	1,181	1,180	2,989	2,989	3,105	3,560
	Breast Symptomatic patients		111	153	180	155	181	181	183	167	417	417	516	531
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	91.5%	92.5%	92.7%	93.1%	93.8%	93.3%	85.7%	90.4%	92.5%	92.1%	93.6%	89.8%
	Symptomatic breast patients	>93%	95.5%	98.0%	97.8%	98.1%	98.9%	97.9%	97.3%	97.6%	95.1%	96.9%	98.3%	97.6%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	96.6%	100%	97.6%	100%	98.7%	94.7%	98.9%	98.0%	98.0%	97.6%	98.7%	97.2%
All Cancers: 31 day wait for second or subsequent treatment	Surgery	>94%	100%	100%	100%	100%	100%	100%	100%	85.7%	93.9%	100%	100%	94%
	Drug Treatment	>98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Radiotherapy	>94%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All Cancers: 62 day wait for first treatment	Urgent GP referral for suspected cancer	>85%	86.4%	88.3%	86.4%	76.9%	88.1%	90.2%	86.7%	85.8%	87.0%	89.6%	83.8%	88.1%
	NHS Cancer Screening Service referral	>90%	100%	100%	0.0%	100%	100%	100%	100%	100%	93.9%	100%	80%	100%





TWR performance
Performance for June is recorded non-compliant at 90.4%. Of the 113 breaches recorded, patient choice accounted for 64%, STT capacity at 27% & OPA capacity at 9%. The Trust continues to work with CCG & GP colleagues to support patient engagement within 14 days of referral including actions to reduce wait to 1st TWR appointment & streamline admin processes. Additional endoscopy activity is scheduled to provide an increase in STT capacity, including improvement in the colorectal pathway.

31-day Wait for Subsequent Treatment [Surgery]
Performance for June is recorded non-compliant at 85.7%. One patient breached due to patient fitness to treat.

62 Day GP Referral to Treatment Performance
The Trust has recorded a compliant performance for June at 85.8%. Delays have been recorded due to complex pathways (8 patients), patient choice (5 patients) & patient fitness (1 patient) & elective capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads.

Patients 62 Day GP Referral to Treatment Waiting Greater than 104 Days
At the end of June, the Trust had 23 patients waiting greater than 104 days waiting for treatment or to be discharged.
Of the 23, 8 patients have a confirmed cancer diagnosis, with 5 patients delayed due to complex pathways & 3 patients delayed due to patient choice.

Breach Allocation Rules Change
The changes are included in summary overleaf. Shadow monitoring has been underway over the past year confirming limited risk for the Trust.

Current Month 62 Day Performance by Modality

Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	15.5	15	0.5	3%
Breast Symptomatic	2	2	0	0%
Colorectal	5.5	5	0.5	9%
Gynaecology	0.5	0.5	0	0%
Haematology	2	2	0	0%
Head & Neck	0.5	0.5	0	0%
Lung	3.5	2.5	1	29%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	20	19	1	5%
Upper GI	1	0.5	0.5	50%
Urology	27	19.5	7.5	28%
Total	**77.5**	**66.5**	**11**	**14.2%**

Additional Items

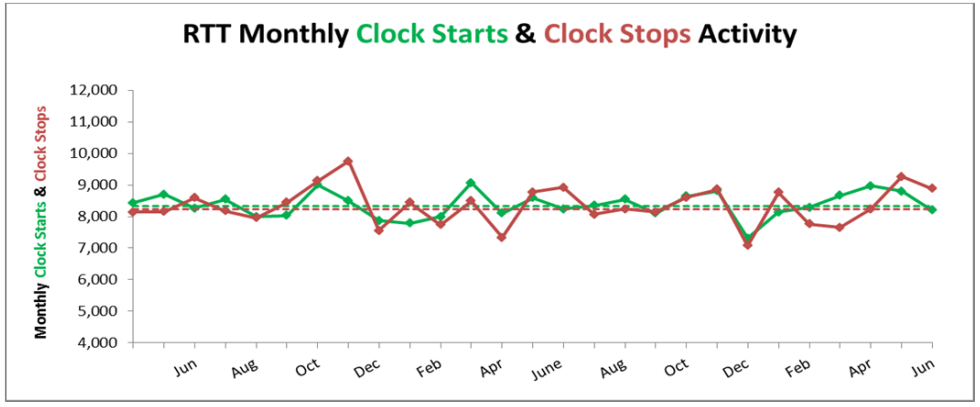
Cancer Reallocation Rules [from July 18]

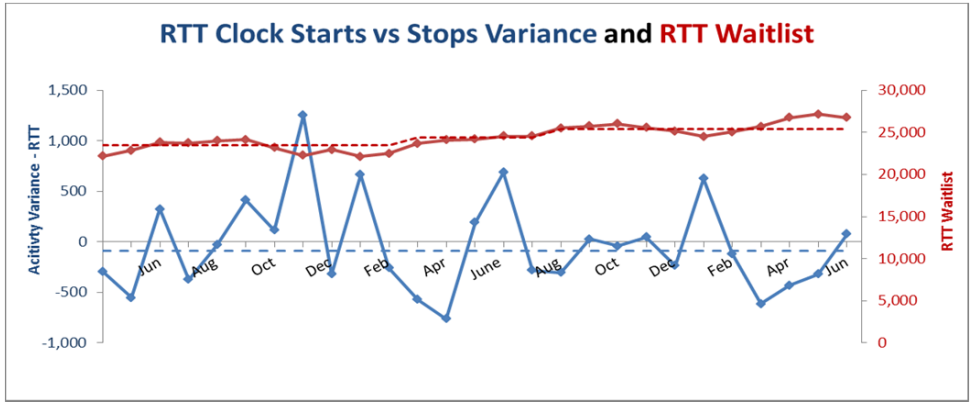
Scenario	Referral Timeframe	Total Timeframe	New Allocation	Current Allocation Rules
1	> 38 days	<= 62 days	100% of success allocated to the treating provider	50% of success allocated to the referring provider and 50% of success allocated to the treating provider
2	<= 38 days	<= 62 days	50% of success allocated to the referring provider and 50% allocated to the treating provider	
3	<= 38 days	> 62 days	100% of breach allocated to the treating provider	50% of breach allocated to the referring provider and 50% of breach allocated to the treating provider
4	> 38 days	> 62 days, but treating trust treats within 24 days	100% of breach allocated to the referring provider	
5	> 38 days	> 62 days, and treating trust treats in > 24 days	50% of breach allocated to the referring provider and 50% allocated to the treating provider	

RTT Clock Starts, Clock Stops & RTT Patient Waitlist Size

NHSE & NHSI FY18 planning expectations are for Trusts to ensure;
(1) the number of patients waiting for treatment end March 2019, must not exceed the number of patients waiting for treatment recorded end March 2018, &
(2) Zero patients waiting longer than 52 weeks for their first definitive treatment.

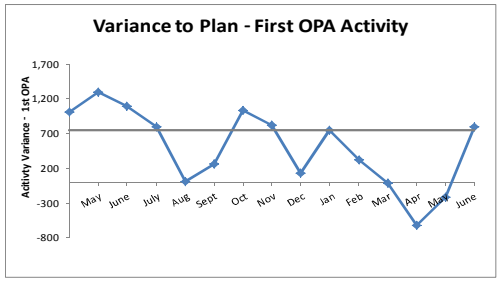
As activity is funded by local CCGs & specialised commissioners, it is imperative that during FY18, the number of patient treatments (clock stops) are greater than the number of patients referred in for treatment (clock starts), to deliver NHSE & NHSI FY18 planning expectations within the funded provision provided by local CCGs & specialised commissioners.

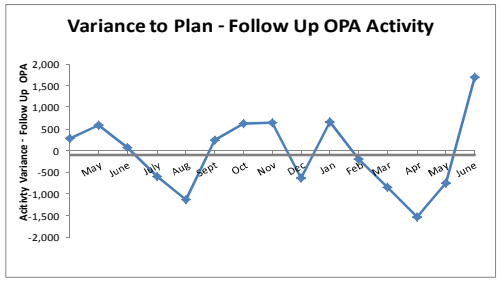


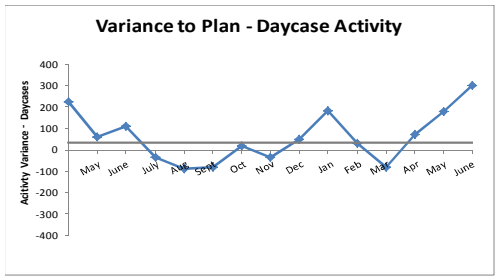


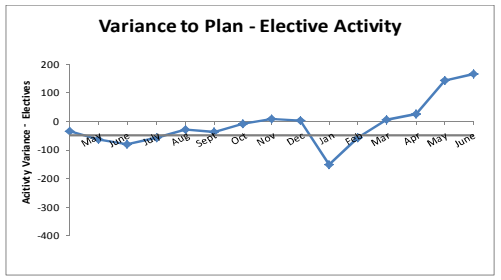
Additional Items

Variances to Plan (Activity) First Outpatient, Follow Up, Daycase & Elective

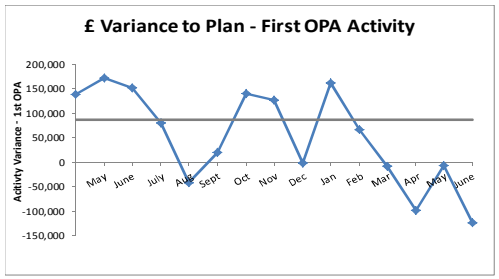


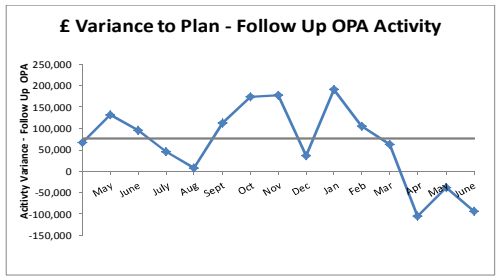


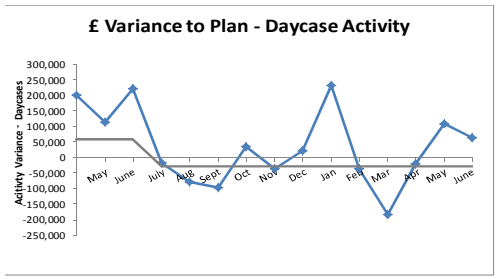


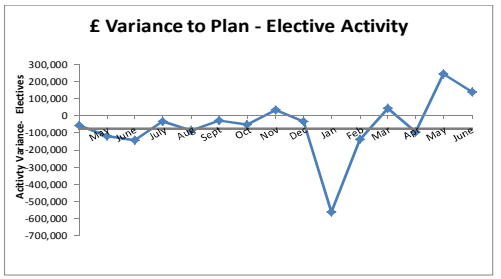
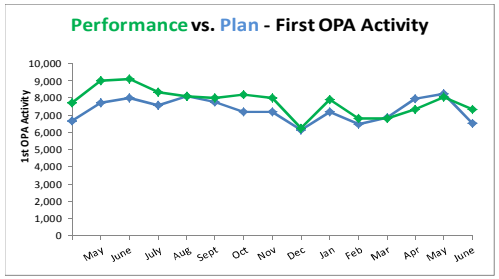
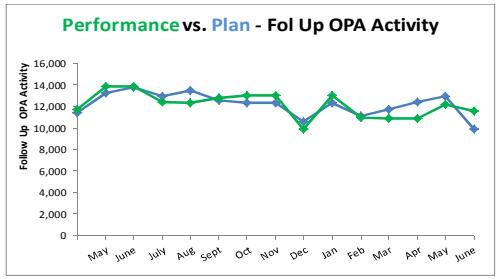
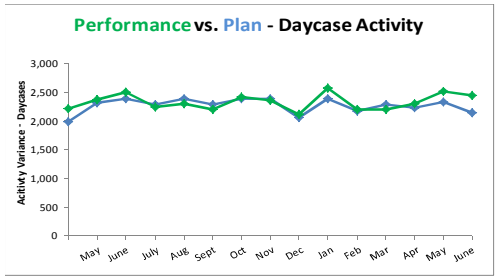
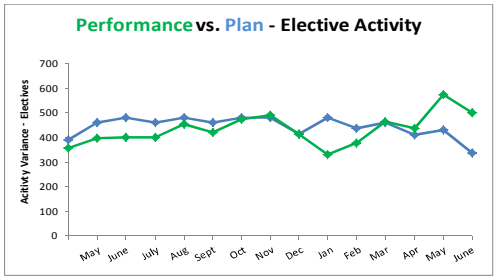


Variances to Plan (£ Financial) First Outpatient, Follow Up, Daycase & Elective









Performance vs. Plan (Activity) First Outpatient, Follow Up, Daycase & Elective