**Paper 7.2**

Ashford and St. Peter's Hospitals
NHS Foundation Trust

**COUNCIL OF GOVERNORS**
**Date: 5th December 2018**

| TITLE | Performance Report – October 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;<br><br>> **Excluding Woking WiC activity**, the Trust recorded A&E NHSI performance at 84.7%, which was a 0.1% decline on last month (84.8%).<br>> **Including Woking WiC activity**, the Trust recorded A&E NHSI performance at 88.1%, which was a 0.1% decline on last month (88.2%).<br><br>Attendances were 1.7% lower than October 2017, although admissions similar at -0.1%. Due to the ongoing high occupancy of the hospital, busyness of ED, and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards.<br><br>Total attendances in in October (at 8,720) were 5.4% higher than September's attendances (8,276) although 1.7% lower than October 2017 (8,874). Admissions during October (at 1,999) were 5.8% higher than September's admissions (1,889) although similar to October 2017 (2,001). Comparing FY2018 A&E attendances (59,859) to FY2017 (59,274) identifies an increasing level of demand attending the emergency department (+1.0%), although a lower level of overall YTD admissions (-2.9%) via A&E FY2018 (13,351) versus FY2017 (13,751).<br><br>The **Urgent Care Improvement Programme** continues with initiatives underway outlined on page 4.<br><br>**The Trust recorded a non-compliant performance against the 92% RTT standard** with October's performance recorded at 91.5%. A total of 3 specialties; General Surgery, Ophthalmology, and Oral & MaxFacs were non-compliant at specialty level.<br><br>**RTT Recovery**<br>The Trust was 0.2% ahead of our agreed recovery trajectory (91.3%) for October. With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust remains significantly above the 86.7% national average reported for September 2018 (latest month reported on 8th Nov 18).<br><br>The Trust is expected to report compliance for **7 of 8 Cancer standards** for October;<br><br>**-TWR performance** for October is recorded compliant at 94.2%. Of the 82 breaches recorded, patient choice accounted for 67.1%, STT capacity at 26.8% & OPA capacity at 6.1%.<br>**-62 Day GP Referral to Treatment performance** for October is recorded compliant at 87.1% |

| | |
|---|---|
| | **-62 Day NHS Cancer Screening Service referral performance**<br>for October is recorded non-compliant at 71.4%.<br>Of the 2 breaches recorded, patient choice to delay treatment accounted for both. |
| **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) &<br>James Thomas, Director of Operations (Planned Care) |
| **Date:** | 27th November 2018 |
| **Decision:** | For discussion |

# Unplanned Emergency Care

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

## Activity and Performance Trends

| | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | FY2017 -Q3 | FY2017 -Q4 | FY2018 -Q1 | FY2018 -Q2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Attendances | 8,704 | 8,325 | 9,039 | 8,634 | 8,731 | 8,134 | 8,276 | 8,720 | 26,653 | 25,178 | 25,998 | 25,130 |
| Attendances (Woking Walk in Centre) | 3,812 | 3,650 | 3,612 | 3,688 | 3,844 | 3,514 | 3,457 | 3,457 | 7,126 | 10,909 | 10,950 | 10,428 |
| Admissions | 2,103 | 1,847 | 1,933 | 1,888 | 1,935 | 1,821 | 1,889 | 1,999 | 6,111 | 6,043 | 5,668 | 5,709 |
| NHSI 4hr Perf % (exc. Woking WiC) * | 87.9% | 88.8% | 91.4% | 87.8% | 84.0% | 86.2% | 84.8% | 84.7% | 89.3% | 85.8% | 89.3% | 85.0% |
| NHSI 4hr Perf % (inc. Woking WiC from Nov) * | 90.7% | 91.4% | 93.2% | 90.5% | 87.7% | 88.9% | 88.2% | 88.1% | 91.7% | 89.0% | 91.7% | 88.3% |
| Breaches | 1,532 | 1,339 | 1,134 | 1,504 | 2,017 | 1,616 | 1,795 | 1,846 | 4,009 | 5,181 | 3,977 | 5,428 |
| Medically Optimised Delays (Bed Days) | 586 | 531 | 535 | 308 | 381 | 586 | 299 | 466 | 2,695 | 1,677 | 1,374 | 1,266 |
| Delayed Transfers of Care (Bed days) | 195 | 249 | 199 | 71 | 225 | 279 | 89 | 201 | 1,950 | 545 | 519 | 593 |
| Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies) | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| Overnight Waits in A&E [Avg DTA's] | 8.7 | 8.0 | 6.0 | 9.3 | 9.5 | 5.7 | 7.1 | 8.5 | 7.1 | 9.8 | 7.8 | 7.8 |

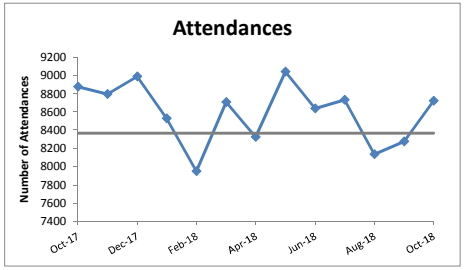
With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from November, although for completeness both calculations are included within this report.
> **Excluding Woking WiC activity, the Trust recorded A&E NHSI performance at 84.7%**, which was a 0.1% decline on last month (84.8%).
> **Including Woking WiC activity, the Trust recorded A&E NHSI performance at 88.1%**, which was a 0.1% decline on last month (88.2%).

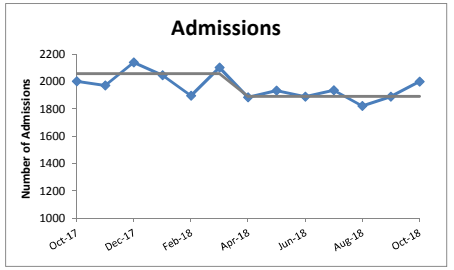
Attendances were 1.7% lower than October 2017, although admissions similar at -0.1%. Due to the ongoing high occupancy of the hospital, busyness of ED, and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards.

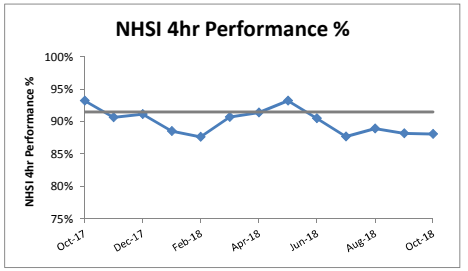
Attendances in in October (at 8,720) were 5.4% higher than September's attendances (8,276) although 1.7% lower than October 2017 (8,874). Admissions during October (at 1,999) were 5.8% higher than September's admissions (1,889) although similar to October 2017 (2,001). Comparing FY2018 A&E attendances (59,859) to FY2017 (59,274) identifies an increasing level of demand attending the emergency department (+1.0%), although a lower level of overall YTD admissions (-2.9%) via A&E FY2018 (13,351) versus FY2017 (13,751).

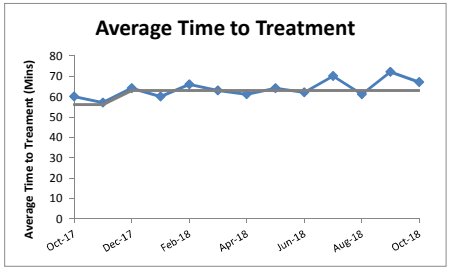
The Trust had to postpone 5 elective procedure during October due to no beds being available.
Non-elective average length of stay for October 2018 remained high causing patient flow difficulties through the hospital & creating a backlog within A&E. This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During October the Trust recorded DTA patients waiting in A&E overnight on 29 days. Overall the combined DTOC & Medically Optimised Delays have maintained a lower trend 2018 compared to 2017.

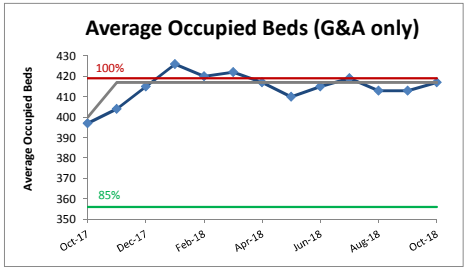
**A&E Performance (National Position)**
When comparing the Trust including Ashford and Woking WiC (NHSI position), for October (Acute Type 1 Footprint), the Trust is positioned 77th of 133 Trusts. During October only 18 Trusts reported a compliant performance greater than 95%.

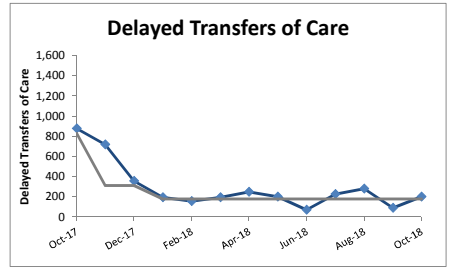


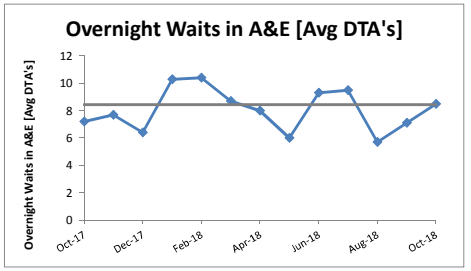



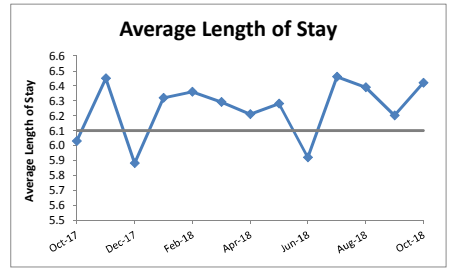



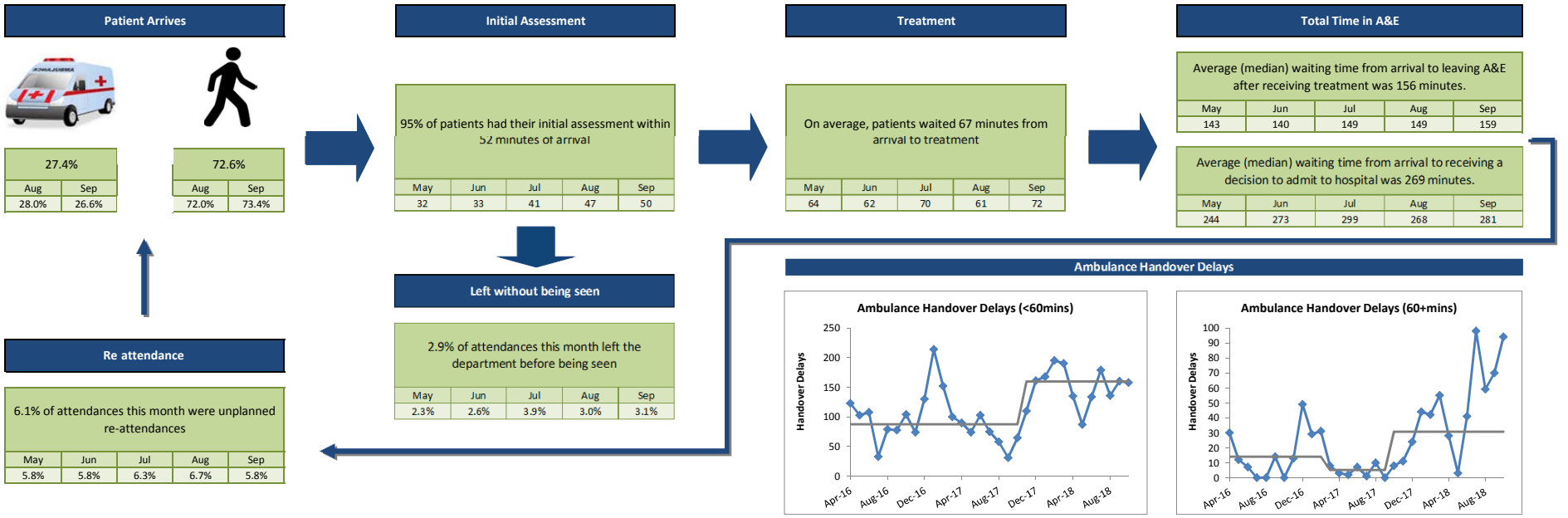






**Urgent Care Improvement Programme**

**The Trust with support from NHSI has scheduled the following ED review & improvement initiatives;**

- Same day emergency care including CDU,SAU, ambulatory pathways and frailty response
- Frailty/Ambulatory data review and support
- Ambulance handover processes and space utilisation including fit 2 sit
- A Multi Agency Discharge Event (MADE) bringing together the local health system to challenge and improve patient flow, delays and simplify discharge processes during October
- Fabulous Fortnight commenced from w/c 22nd October

**In addition to the improvement initiatives above, the Trust is;**

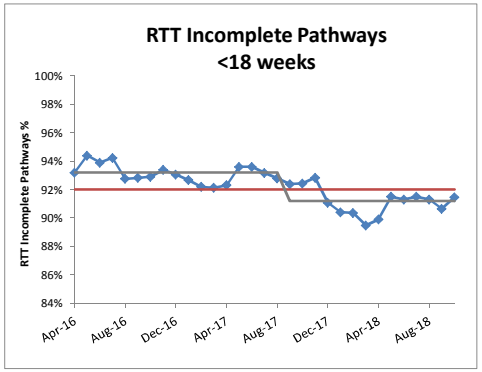
- Introducing an Urgent Treatment Centre operated by Greenbrook Healthcare from 1st November
- Provision of structured guidance for the out of hours interface of medical on-call consultant and ED consultants undertaking joint board rounds
- Introduction of Whatsapp groups for on-call teams to support hospital flow
- Performance workshop with ED clinicians to identify & plan for predictable performance demands
- New ED management team from w/c 4th November

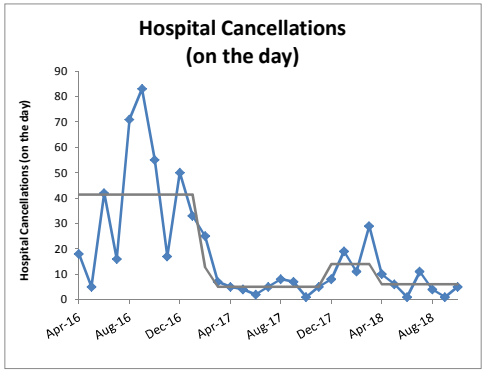
# Planned Elective Care

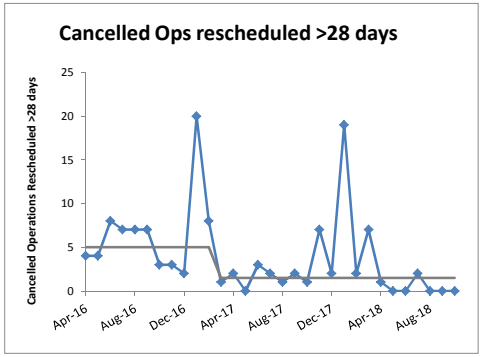
## Activity and Performance Trends

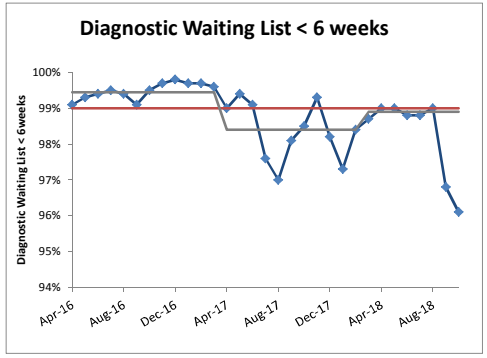
| | Target | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | FY2017-Q3 | FY2017-Q4 | FY2018-Q1 | FY2018-Q2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RTT Incomplete Pathways < 18 weeks * | >92% | 89.5% | 89.9% | 91.5% | 91.3% | 91.5% | 91.3% | 90.7% | 91.5% | 91.1% | 89.5% | 90.9% | 91.2% |
| Total Wait List Size | | 25,716 | 26,777 | 27,183 | 26,739 | 26,972 | 27,805 | 27,782 | 26,714 | | | | |
| Total Backlog > 18 weeks | | 2,711 | 2,716 | 2,322 | 2,337 | 2,295 | 2,295 | 2,594 | 2,279 | | | | |
| Pathways >52weeks ** | | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 1 | | | | |
| On the Day Hospital Cancellations [Due to no beds] *** | | 29 | 10 | 6 | 1 | 11 | 4 | 1 | 5 | 14 | 59 | 17 | 16 |
| Cancelled Ops rescheduled >28 days ** | 0 | 7 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 12 | 28 | 1 | 2 |
| Diagnostic Waiting List < 6 weeks ** | >99% | 98.7% | 99.0% | 99.0% | 98.8% | 98.8% | 99.0% | 96.8% | 96.1% | 98.1% | 98.9% | 98.9% | 98.2% |
| % e-Referral ASI rate **** | <4% | 2.3% | 4.1% | 4.2% | 5.4% | 4.5% | 6.1% | 4.8% | 6.6% | 3.5% | 2.8% | 4.6% | 5.1% |
| % Advice & Guidance (within 2 days) **** | >80% | 95% | 95% | 92% | 85% | 91% | 89% | 92% | 95% | 92% | 93% | 90% | 91% |
| Outpatient New Appointments | | 13,430 | 14,105 | 15,552 | 14,706 | 15,214 | 14,258 | 14,603 | 16,869 | 42,108 | 42,099 | 45,472 | 44,075 |
| Outpatient Follow Up Appointments | | 23,962 | 24,608 | 27,145 | 26,989 | 28,314 | 26,513 | 25,958 | 30,276 | 75,955 | 76,326 | 82,448 | 80,785 |
| Outpatient Cancellations <2wks | | 1,155 | 807 | 873 | 967 | 967 | 1,097 | 1,321 | 988 | 3,505 | 3,116 | 2,647 | 3,406 |

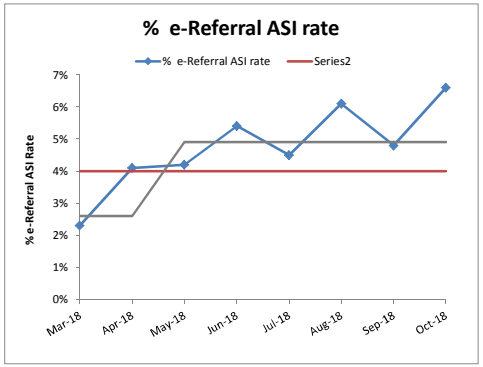
Key: * Constitutional Standard ** NHSI & CCG Requirement *** NHSI reported **** CQUIN

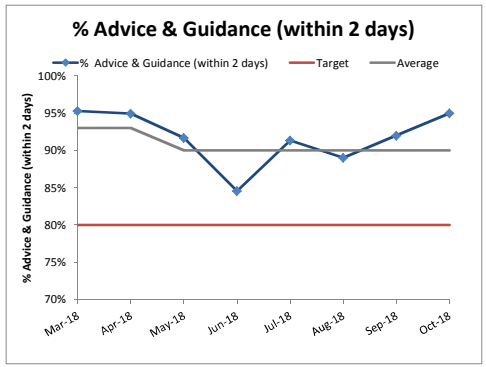



**RTT Recovery**

The Trust recorded 91.5% for RTT Incomplete Pathways, 0.2% ahead of our agreed recovery trajectory. With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust remains significantly above the 86.7% national average reported for September 2018 (latest month reported on 8th Nov 18).

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 Appointment Slot Issues (ASI) rate increased to 6.6% during October with GP referral demand exceeding capacity in Ophthalmology, Cardiology, Gynaecology and Paediatrics. The Trust successfully implemented Referral Paper Switch Off on 1st July 2018, and as per the national NHS mandated contract, has not accepted referrals received outside of e-RS (i.e. paper & fax) since October 2018.

**Theatre Cancellations**

The Trust had to cancel 5 patients during October due to non-elective bed pressures. Rescheduling of Cancelled Operations within 28 days continues to show improvement this financial year.

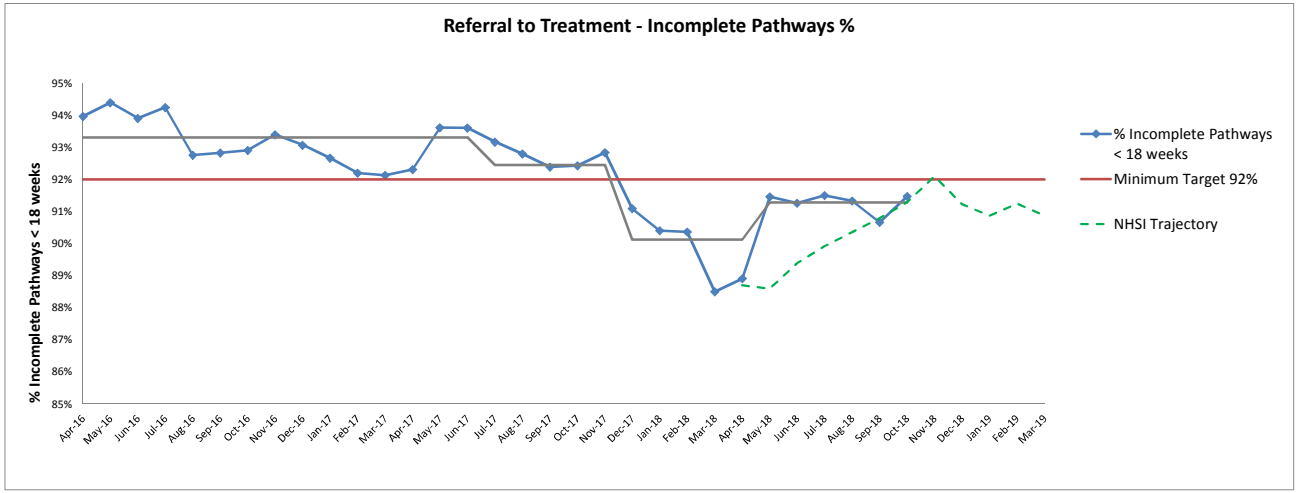
# Planned Elective Care

## Access Activity and Performance Referral to Treatment [October 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% | **91.5%** | 89.9% | 93.3% | 92.1% | 95.4% | 85.1% | 83.8% | 100% | 94.7% | 93.5% | 94.9% | 97.7% | 95.2% | 93.3% | 95.1% | 96.7% | 98.7% | 94.4% | 100% |
| Patient waiting 30-40 weeks | | **171** | 35 | 8 | 19 | 3 | 27 | 49 | 0 | 2 | 1 | 4 | 2 | 2 | 13 | 0 | 2 | 0 | 4 | 0 |
| Patient waiting 40-51 weeks | | **4** | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Patient waiting > 52 weeks | 0 | **1** | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Waiting List Size | | **26,714** | 3,111 | 1,178 | 4,239 | 1,855 | 4,503 | 1,921 | 4 | 729 | 1,233 | 1,070 | 1,285 | 2,242 | 857 | 224 | 755 | 77 | 1,382 | 49 |
| Total Backlog > 18 weeks | | **2,279** | 315 | 79 | 335 | 85 | 670 | 312 | 0 | 39 | 80 | 55 | 30 | 107 | 57 | 11 | 25 | 1 | 78 | 0 |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Diagnostic Waiting List < 6 weeks | 99% | **96.1%** | 86.5% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 82.4% | 100% | 100% | 82.9% | 100% | 100% | 100% | 100% | 99.5% |
| % Cancelled Ops rescheduled <28 days | 99% | **100%** | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | 100% | | 100% | |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of e-Referral ASI's | | 732 | 3 | 1 | 0 | 49 | 206 | 0 | 0 | 0 | 32 | 34 | 59 | 20 | 25 | 0 | 54 | 7 | 44 | 198 |
| % e-Referral ASI rate | <4% | 6.6% | 0.6% | 1.0% | 0.0% | 6.2% | 24.7% | 0.0% | 0.0% | 0.0% | 7.6% | 0.9% | 11.5% | 2.0% | 7.6% | 0.0% | 6.4% | 11.9% | 8.9% | 14.4% |




**RTT Incomplete Pathways Performance**

The Trust recorded a non-compliant performance against the 92% standard with October's performance recorded at 91.5%, which was 0.2% ahead of our recovery trajectory. A total of 3 specialties; General Surgery, Ophthalmology, and Oral & MaxFacs 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 historic increases seen in outpatient 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 ongoing improvement plans include;

**General Surgery** - Additional weekend theatre, clinic activity & e-learning modules for Bariatric patients.

**Ophthalmology** - Substantive consultant appointments are underway to provide additional medium and long-term capacity. Outsourcing of cataracts patients to Ramsay Ashstead, Nuffield Woking, & Kingston NHS Hospital Foundation Trust are underway. Insourcing is also continnuing to be explored.

**Oral and MaxFacs** - Substantial additional theatre activity is scheduled over the christmas period to address the backlog. To support longer term capacity, the Trust is working on staff and infrastructure expansion.

**Endoscopy** - Insourcing has been scheduled to provide 7 additional 3 session sundays throughout November & December to provide a short-term capacity increase. Outsourcing to Cobham & Ashstead is also being explored.

**52week breaches**

The Trust had 1 x 52 week breach recorded during October 2018.

**Patient 1:** Waitlisted for surgery 26/10/17, 1st TCI patient cancelled due to illness, 2nd TCI cancelled at Consultant's request, 3rd TCI cancelled by patient, discharged due to admin error. Subsequent waitlisting, although patient on holiday for 1 month & then wished to consider options. TCI date 24/10/18 where patient then declined treatment.

Root Cause Analysis & clinical harm review underway.

**Diagnostic Tests**

The Trust recorded non-compliant performance for the DM01 diagnostic standard in October with performance recorded at 96.1%. Most breaches occurred in Endoscopy & Neurophysiology due to capacity exceeding demand. Recovery plans creating additional capacity have been enhanced & implemented.

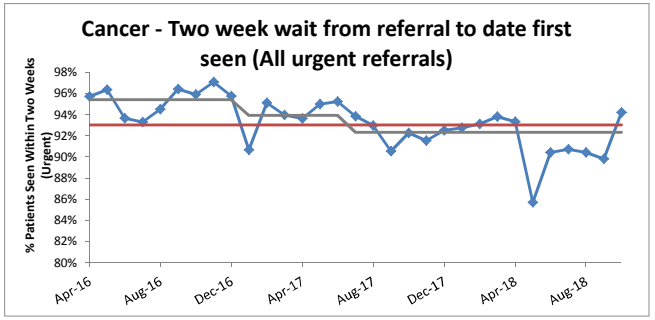
**e-Referrals Appointment Slot Issues & Performance**

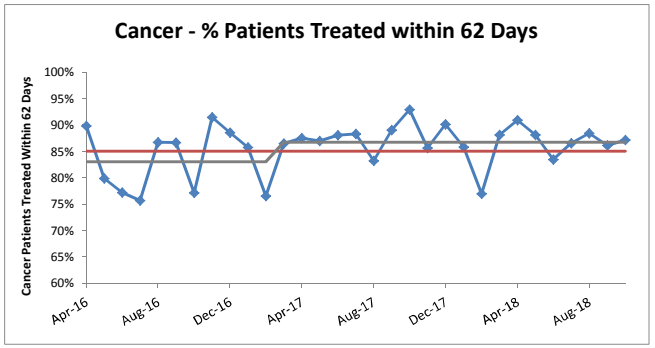
The Trust exceeed the e-Referrals Appointment Slot Issues (ASI's) in October with performance recorded at 6.6%. Additional capacity is scheduled to reduce future ASI's, although the Trust continues to see volatility in demand due to patient choice.

# Cancer Care

## Activity and Performance Trends

| | Standard | Compliance | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | FY2017 -Q3 | FY2017 -Q4 | FY2018 -Q1 | FY2018 -Q2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Referral Activity | All urgent referrals | | 1,199 | 1,199 | 1,181 | 1,180 | 1,187 | 1,135 | 1,343 | 1,407 | 2,989 | 3,105 | 3,560 | 3,665 |
| | Breast Symptomatic patients | | 181 | 181 | 183 | 167 | 170 | 144 | 137 | 172 | 417 | 516 | 531 | 451 |
| Cancer: two week wait from referral to date first seen | All urgent referrals | >93% | 93.8% | 93.3% | 85.7% | 90.4% | 90.7% | 90.4% | 89.8% | 94.2% | 92.1% | 93.6% | 89.8% | 90.3% |
| | Symptomatic breast patients | >93% | 98.9% | 97.9% | 97.3% | 97.6% | 92.9% | 98.6% | 98.5% | 97.1% | 96.9% | 98.3% | 97.6% | 96.7% |
| All Cancers: | 31-day wait from diagnosis to first treatment | >96% | 98.7% | 94.7% | 98.9% | 98.0% | 97.2% | 97.7% | 98.0% | 96.0% | 97.6% | 98.7% | 97.2% | 97.6% |
| All Cancers: 31 day wait for second or subsequent treatment | Surgery | >94% | 100% | 100% | 100% | 85.7% | 90.0% | 100% | 80% | 100% | 100% | 100% | 94% | 91% |
| | 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% | 88.1% | 90.9% | 88.1% | 83.4% | 86.5% | 88.4% | 86.1% | 87.1% | 89.6% | 83.8% | 87.7% | 87.0% |
| | NHS Cancer Screening Service referral | >90% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 71% | 100% | 80% | 100% | 100% |




**TWR performance**
Performance for October is recorded compliant at 94.2%. Of the 82 breaches recorded, patient choice accounted for 67.1%, STT capacity at 26.8% & OPA capacity at 6.1%. 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 protected endoscopy activity has been made available to provide an increase in STT capacity & improvement in the colorectal pathway.

**62 Day GP Referral to Treatment Performance**
The Trust has recorded a compliant performance for October at 87.1%. Delays have been recorded due to complex pathways (11 patients), patient choice (4 patients), elective capacity (4 patients), diagnostic delay (2 patients), patient fitness (1 patient), & tertiary 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 October the Trust had 42 patients waiting greater than 104 days waiting for treatment or to be discharged.
Of the 42, 18 patients have a confirmed cancer diagnosis, with 17 patients delayed due to complex pathways & fitness & 1 patient delayed due to patient choice.

**62 Day NHS Cancer Screening Service referral**
The Trust has recorded a non-compliant performance for October at 71.4%.
Of the 2 breaches recorded, patient choice to delay treatment accounted for both.

**Current Month 62 Day Performance by Modality**

| Modality | Treatments in the Period | <62 Days | >62 Days | Breach % |
|---|---|---|---|---|
| Brain | 0 | 0 | 0 | 0% |
| Breast | 11.5 | 11.5 | 0 | 0% |
| Breast Symptomatic | 2 | 2 | 0 | 0% |
| Colorectal | 7 | 6 | 1 | 14% |
| Gynaecology | 2.5 | 2.5 | 0 | 0% |
| Haematology | 3.5 | 3.5 | 0 | 0% |
| Head & Neck | 3 | 2.5 | 0.5 | 17% |
| Lung | 7 | 3 | 4 | 57% |
| Other | 0 | 0 | 0 | 0% |
| Sarcoma | 0 | 0 | 0 | 0% |
| Skin | 27.5 | 26.5 | 1 | 4% |
| Upper GI | 1.5 | 1 | 0.5 | 33% |
| Urology | 23.5 | 19 | 4.5 | 19% |
| **Total** | **89** | **77.5** | **11.5** | **12.9%** |

# Additional Items

## Cancer Rebooking Issue Investigation

During October we identified an issue with the recording & reporting of Cancer patients within ASPH due to the introduction of e-RS.

From our investigations we identified that when a patient cancels and rebooks their TWR appointment, the Trust's Clinicom PAS system has inbuilt functionality that overode the previous manual entry that identified the patient was on a TWR & Cancer pathway and therefore requiring to be tracked by the Trust's Cancer Services Team using Somerset Cancer Record (SCR). From April (when TWR referrals were transferred to e-RS), we identified 532 patients where this situation occurred.

As soon as we became aware, we fully investigated each patient's cancer pathway & treatment and updated SCR accordingly, prioritising the longest waiting patients to ensure the investigation prioritised potential patients at highest risk.

During the investigation, as mitigation we;
-Ensured we fully understood the issue,
-Fully investigated & tracked every patient and added their pathway into SCR with priority,
-Agreed with NWS CCG RSS e-RS booking team to report ALL e-RS TWR cancellations and rebooks to the Trust,
-Implemented a daily Trust report which identifies ALL e-RS TWR cancellations to permit the Trust's Appointment Centre to ensure correct PAS allocation, which then permits correct auto-feeding to SCR,
-Held daily management meetings to monitor on progress until conclusion,
-Identified this issue to NHSD, although we believe we are the only Trust affected as we automate PAS to SCR transfer, &
-Identified this to our PAS Clinicom support to resolve the inbuilt (hard-coded) functionality, to permit future e-RS > PAS > SCR seamless transfer.

Our findings concluded that all 532 patients had been treated in accordance with local cancer pathways (due to hospital standard operating protocols), although had not been recorded within the SCR system and therefore not reported.

After the review of this issue, through the inclusion of the additional referrals and treatments, the Trust's 62 Day performance for Q1 & Q2 will remain similar to the Q1 and Q2 performance currently reported. We have ensured the Q1 & Q2 cancer waiting times data submission refresh (due 31st Oct 2018) includes these patients.

The tables below report the original and revised monthly position for the Trust's TWR and 62 Day Referral standards.
No evidence of clinical harm was found as hospital standard operating protocols ensured all patients were seen & treated in accordance with our agreed cancer pathways.

NHSI and NWS CCG colleagues were kept informed throughout this investigation.

## Cancer Rebooking Issue Q1 & Q2 Activity & Performance Revision (Cancer TWR and 62 Day GP Referrals)

TWR Cancer:

| Month | Reported Compliance | Revised Compliance |
|---|---|---|
| Apr-18 | 93.31% | 93.54% |
| May-18 | 85.71% | 85.30% |
| Jun-18 | 90.52% | 90.75% |
| Jul-18 | 90.76% | 90.99% |
| Aug-18 | 90.72% | 90.42% |
| Sep-18 | 89.76% | 90.09% |

Cancer 62 Day GP Referral to Treatment:

| | | Apr-18 | | | May-18 | | | Jun-18 | | | Q1 Total | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target Name | Target Threshold | Treatments | Breaches | Compliance Percentage | No Patients Treated | Breaches | Compliance Percentage | No Patients Treated | Breaches | Compliance Percentage | Treatments | Breaches | Compliance Percentage |
| 62 Day Standard Reported | 85% | 92.0 | 8.5 | 90.76% | 72.5 | 10 | 86.21% | 78.5 | 11.5 | 85.35% | 243.0 | 30 | 87.65% |
| 62 Day Standard Revised | 85% | 93.5 | 8.5 | 90.91% | 75.5 | 9 | 88.08% | 81.5 | 13.5 | 83.44% | 250.5 | 31 | 87.62% |

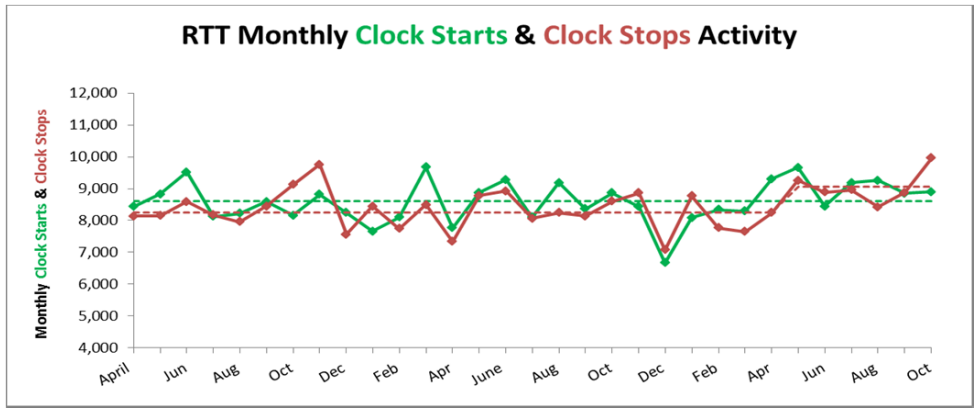
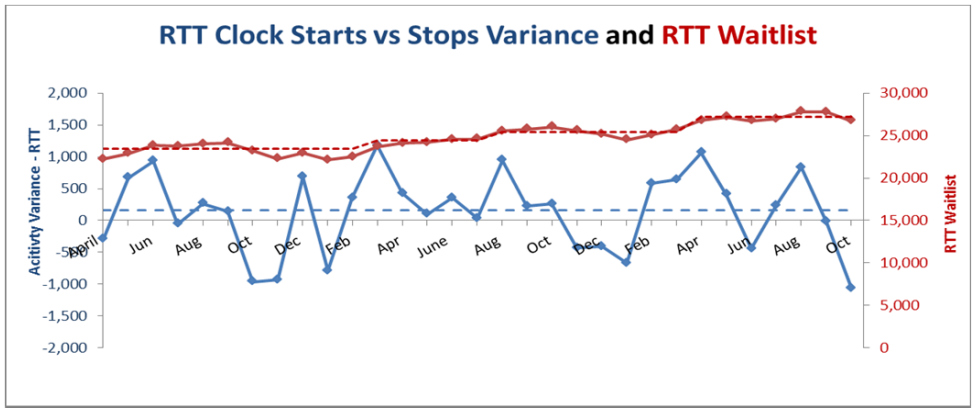
| | | Jul-18 | | | Aug-18 | | | Sep-18 | | | Q2 Total | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target Name | Target Threshold | Treatments | Breaches | Compliance Percentage | No Patients Treated | Breaches | Compliance Percentage | No Patients Treated | Breaches | Compliance Percentage | Treatments | Breaches | Compliance Percentage |
| 62 Day Standard Reported | 85% | 83.5 | 11.0 | 86.83% | 73.5 | 8.5 | 88.44% | 79.0 | 11.0 | 86.08% | 236.0 | 30.5 | 87.08% |
| 62 Day Standard Revised | 85% | 89.0 | 12.0 | 86.52% | 73.5 | 8.5 | 88.44% | 79.0 | 11.0 | 86.08% | 241.5 | 31.5 | 86.96% |

# Additional Items

## Cancer Reallocation Rules [from July 18, shadow reporting from Q3]

| 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.