Paper 7.2

Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
Date: 5th June 2019

TITLE	Performance Report - April 2019
EXECUTIVE SUMMARY	With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from November 2017, although for completeness both calculations are included within this report; > **Excluding Woking WiC activity**, the Trust recorded A&E NHSI performance at 80.3%, which was a 1.9% decline on last month (82.2%). > **Including Woking WiC activity**, the Trust recorded A&E NHSI performance at 84.5%, which was a 1.3% decline on last month (85.8%). Attendances were 12.5% higher than April 2018, with admissions also higher by 6.8%. Due to the ongoing high occupancy of the hospital (creating patient outliers and higher length of stay), shortage of community support, high acuity of patients, busyness of ED and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards. Comparing FY2019 A&E attendances (9,363) to FY2018 (8,325) identifies an increasing level of demand attending the emergency department (+6.8%), and an increasing level of admissions (+6.8%) via A&E FY2019 (2,013) versus FY2018 (1,884). The **Urgent Care Improvement Programme** continues with initiatives underway outlined on page 4. **The Trust recorded a return to a compliant performance against the 92% RTT standard** with April's performance recorded at 92.0%. A total of 7 specialties; General Surgery, Urology, Ophthalmology, Oral & MaxFacs, Plastic Surgery, General Medicine, and Gynaecology were non-compliant at specialty level. **RTT Recovery** The Trust was 3.3% above our agreed trajectory due to a reduced impact over the Easter period and an increase in activity being achieved earlier than scheduled. The Trust remains significantly above the 86.7% national average reported for March 2019 (latest month reported on 16th May 19). **Cancer** The Trust is expected to report compliance for **6 of 7 Cancer standards** for April; **-TWR performance** for April is recorded compliant at 95.4%. Of the 59 breaches recorded, patient choice accounted for 65.5%, STT capacity at 15.5% & OPA capacity at 9.0%.

	-62 Day GP Referral to Treatment performance for April is recorded non-compliant at 73.0%. Delays have been recorded due to a high number of complex pathways (14 patients), patient fitness (6 patients), patient choice (3 patients), tertiary capacity (2 patients) & internal capacity (2 patients).
The Council is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.
Submitted by:	James Thomas, Chief Operating Officer
Date:	21st May 2019
Decision:	For discussion

Unplanned Emergency Care

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

Activity and Performance Trends

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	FY2018 -Q1	FY2018 -Q2	FY2018 -Q3	FY2018 -Q4
Attendances	8,276	8,720	9,201	9,093	9,479	8,514	9,572	9,363	25,998	25,141	27,014	27,565
Attendances (Woking Walk in Centre)	3,457	3,457	3,226	3,381	3,464	3,198	3,611	3,595	10,950	10,815	10,064	10,273
Admissions	1,889	1,999	2,100	2,167	1,935	2,150	2,005	2,013	5,668	5,645	6,266	6,090
NHSI 4hr Perf % (exc. Woking WiC) *	84.8%	84.7%	85.9%	84.1%	82.4%	80.3%	82.2%	80.3%	89.3%	85.0%	84.9%	81.6%
NHSI 4hr Perf % (inc. Woking WiC from Nov17) *	88.2%	88.1%	88.8%	87.4%	86.1%	84.4%	85.8%	84.5%	91.7%	88.3%	88.1%	85.4%
Breaches	1,795	1,846	1,799	2,039	2,310	2,359	2,407	2,585	3,977	5,428	5,684	7,076
Medically Optimised Delays (Bed Days)	299	466	474	395	587	498	467	540	1,374	1,266	1,335	1,552
Delayed Transfers of Care (Bed days)	89	201	125	133	386	300	195	239	519	593	459	881
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies)	6	6	6	6	7	6	7	6	6	6	6	7
Overnight Waits in A&E [Avg DTA's]	7.1	8.5	9.0	11.6	14.4	13.4	11.9	10.4	7.8	7.4	9.7	13.2

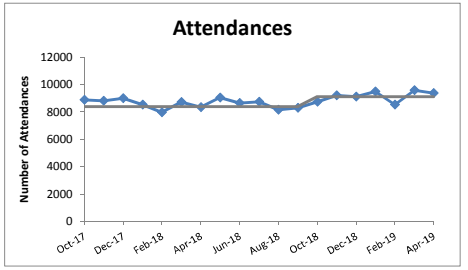
With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from Nov 17, although for completeness both calculations are included within this report.
> **Excluding Woking WiC activity, the Trust recorded A&E NHSI performance at 80.3%**, which was a 1.9% decline on last month (82.2%).
> **Including Woking WiC activity, the Trust recorded A&E NHSI performance at 84.5%**, which was a 1.3% decline on last month (85.8%).

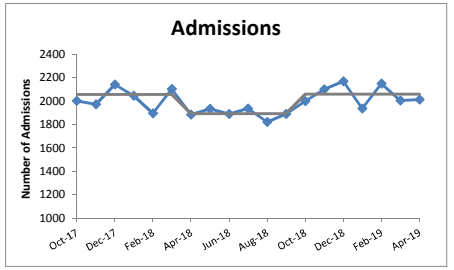
Attendances were 12.5% higher than April 2018, with admissions also higher by 6.8%. Due to the ongoing high occupancy of the hospital (creating patient outliers and higher length of stay), shortage of community support, high acuity of patients, busyness of ED and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards.

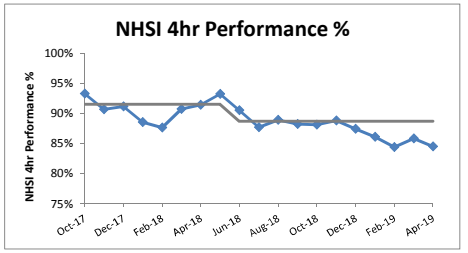
Comparing FY2019 A&E attendances (9,363) to FY2018 (8,325) identifies an increasing level of demand attending the emergency department (+6.8%), and an increasing level of admissions (+6.8%) via A&E FY2019 (2,013) versus FY2018 (1,884).

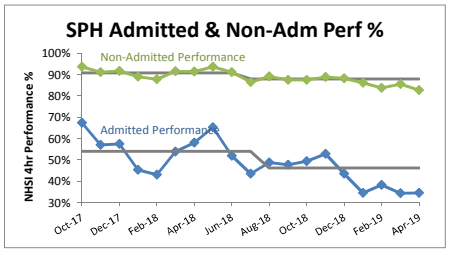
The Trust had to postpone 9 elective procedures during April due to no beds being available. To release bed stock for medical patients over the winter period, only Urgent & Cancer elective operations were available at St Peters Hospital from Christmas 2018 to end Jan 2019.
Non-elective average length of stay for April 2019 decreased to 6.43 days although remained high due to; (1) high acuity of admitted patients, (2) very high occupancy of beds creating patient outliers, & (3) complex patients for which community resources are not currently available to meet their needs, causing a high average length of stay. This created 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 April the Trust recorded DTA patients waiting in A&E overnight on all 30 days with an average of 10 per day. Overall the combined DTOC & Medically Optimised Delays reported an increase, although remaining similar to the lower trend seen throughout FY2018.

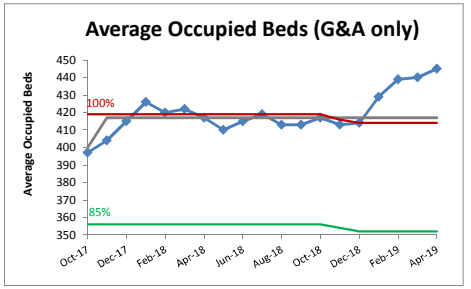
A&E Performance (National Position)
When comparing the Trust including Ashford and Woking WiC (NHSI position), for April (Acute Type 1 Footprint), the Trust is positioned 64th of 133 Trusts. During April only 9 Trusts reported a compliant performance greater than 95%.

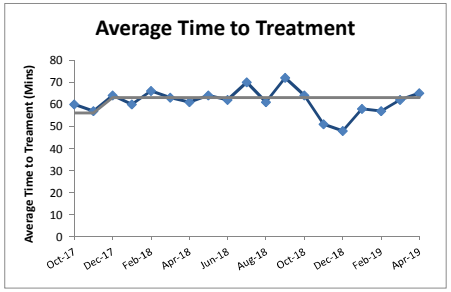


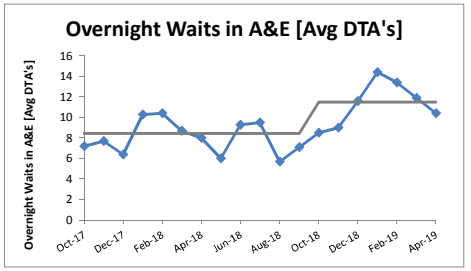


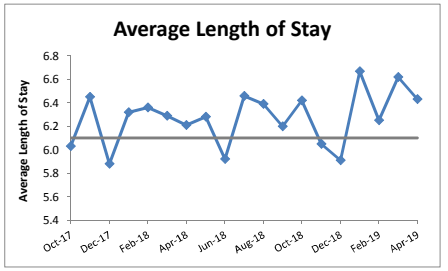


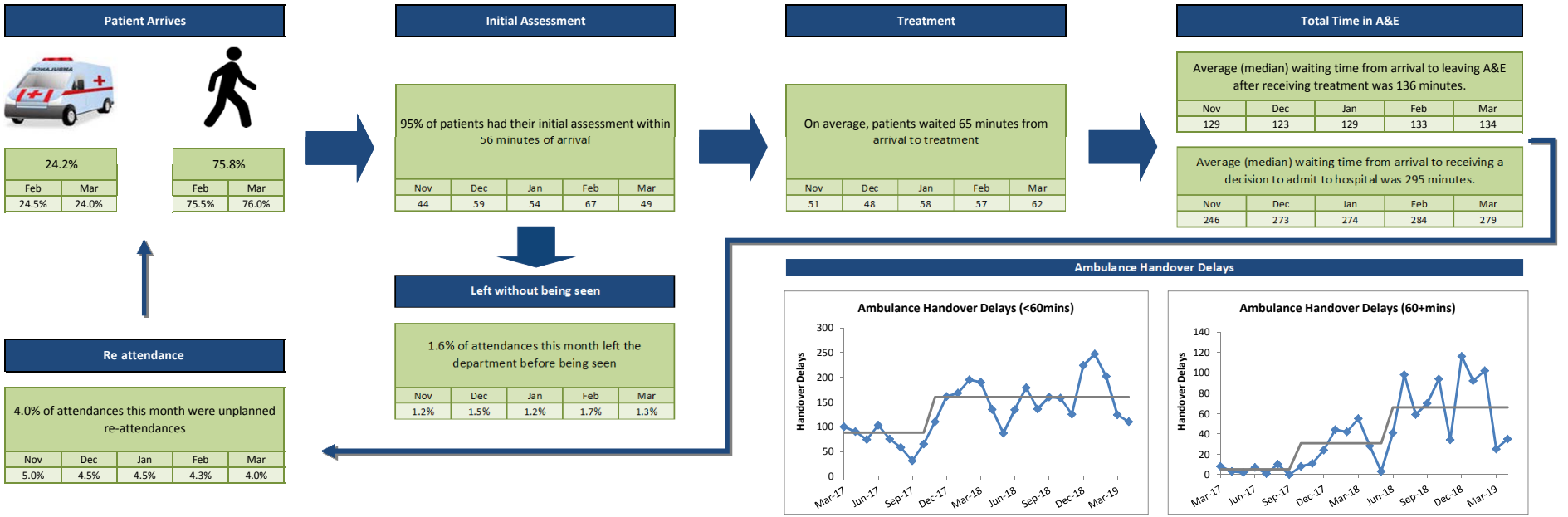












Urgent Care Improvement Programme

The Trust with support from the NHSE Emergency Care Intensive Support Team and NHSi Regional Urgent Care Support team are developing a re-focused overarching urgent care improvement plan. The plan has specific focus on the Emergency Department, hospital flow and discharge, operational grip, workforce, estates and out of hospital. The detail of the each stream is being worked through with opportunities being prioritised to ensure most gain in performance and quality is achieved. Through April-May there has been significant work on this programme including a dedicated Trust Executive Committee on urgent care improvement, half day workshop between NHSi local support team and ED consultants, and Divisional Director focus groups on specific urgent care pathways.

Urgent Treatment Centre

Greenbrook have delivered on contractual KPIs to date. Some early issues related to service resilience have been resolved and we are now able to offer a full UTC service from 8am - 2am 7 days a week. Patient feedback and focus groups have highlighted concerns with the streaming and waiting room areas and we are working with Greenbrook to improve this.

Multi Agency Discharge Event

As the Trust continues to experience high demand, a Multi Agency Discharge Event took place 15-18th April 2019 to help relieve pressure on staff and improve patient safety and experience.
This enabled patients who were well enough to go home with additional support from colleagues from across our hospitals and the community to:

- Help unblock delays
- Increase morning discharges, &
- Free up beds and increase flow

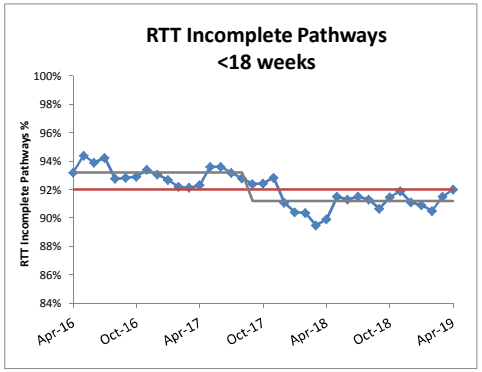
Additional preparations & planning has been underway to help relieve pressure over the May bank holiday weekend(s).

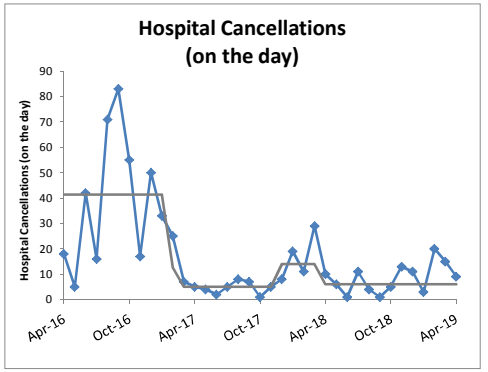
Planned Elective Care

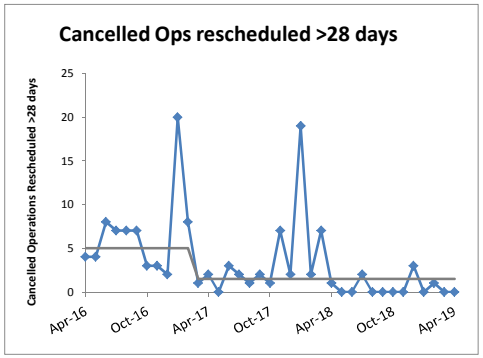
Activity and Performance Trends

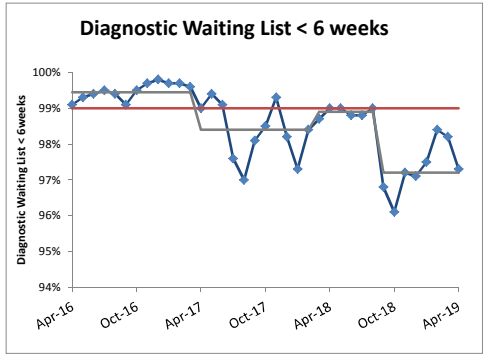
	Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	FY2018 -Q1	FY2018 -Q2	FY2018 -Q3	FY2018 -Q4
RTT Incomplete Pathways < 18 weeks *	>92%	90.7%	91.5%	91.9%	91.1%	90.9%	90.5%	91.5%	92.0%	90.9%	91.2%	91.5%	91.0%
Total Wait List Size		27,782	26,714	26,184	26,222	25,658	25,697	25,680	26,492				
Total Backlog > 18 weeks		2,594	2,279	2,120	2,337	2,339	2,441	2,189	2,113				
Pathways >52weeks **		2	1	0	0	1	0	0	0				
On the Day Hospital Cancellations [Due to no beds] ***		1	5	13	11	3	20	15	9	17	16	29	38
Cancelled Ops rescheduled >28 days **	0	0	0	0	3	0	1	0	1	1	2	3	1
Diagnostic Waiting List < 6 weeks **	>99%	96.8%	96.1%	97.2%	97.1%	97.5%	98.4%	98.2%	97.3%	98.9%	98.2%	97.2%	98.0%
% e-Referral ASI rate ****	<4%	4.8%	6.6%	6.7%	7.5%	5.6%	8.2%	8.6%	5.8%	4.6%	5.1%	6.9%	7.5%
% Advice & Guidance (within 2 days) ****	>80%	92%	95%	91%	97%	93%	93%	93%	91%	90%	91%	94%	93%
Outpatient New Appointments		14,603	16,869	16,298	13,006	17,116	14,541	15,245	13,910	47,770	44,075	46,173	46,902
Outpatient Follow Up Appointments		25,958	30,276	29,037	23,668	29,391	26,518	27,283	25,632	85,271	80,785	82,981	83,192
Outpatient Cancellations <2wks		1,321	988	898	642	934	1,601	965	689	2,647	3,177	2,528	3,500

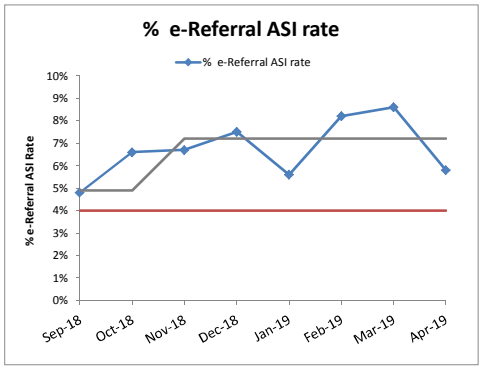
Key: * Constitutional Standard ** NHSI & CCG Requirement *** NHSI reported **** CQUIN

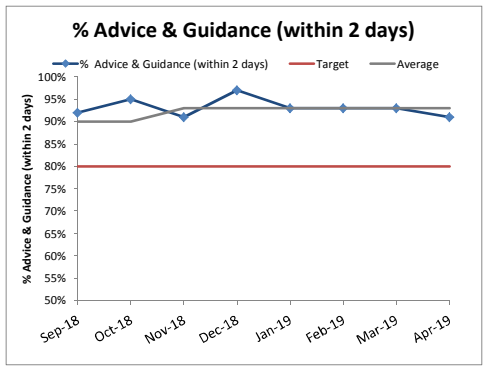












RTT Performance
The Trust recorded a return to compliance with 92.0% for RTT Incomplete Pathways, which was 3.3% above our agreed trajectory due to reduced impact over the Easter period and an increase in activity being achieved earlier than scheduled.
The Trust remains significantly above the 86.7% national average reported for March 2019 (latest month reported on 16th May 19).

NHSE & NHSI FY19 planning expectations are similar to FY18, whereby for Trusts to ensure;
(1) the number of patients waiting for treatment end March 2020, must not exceed the number of patients waiting for treatment recorded end March 2019 (25,680), &
(2) Zero patients waiting longer than 52 weeks for their first definitive treatment.
The Trust has worked closely with our commissioners to ensure sufficent activity is planned during FY19 to achieve this ambition.

e-Referral Service
The Trust's Appointment Slot Issues (ASI) rate showed an improving reduction to 5.8% for April although GP referral demand exceeded expected capacity in Cardiology, Ophthalmology, Breast Surgery, General Medicine & Gynaecology.

Theatre Cancellations
The Trust had to cancel 9 patients during April due to non-elective bed pressures.
Rescheduling of Cancelled Operations within 28 days continues to show signficant improvement with minimal breaches being recorded.

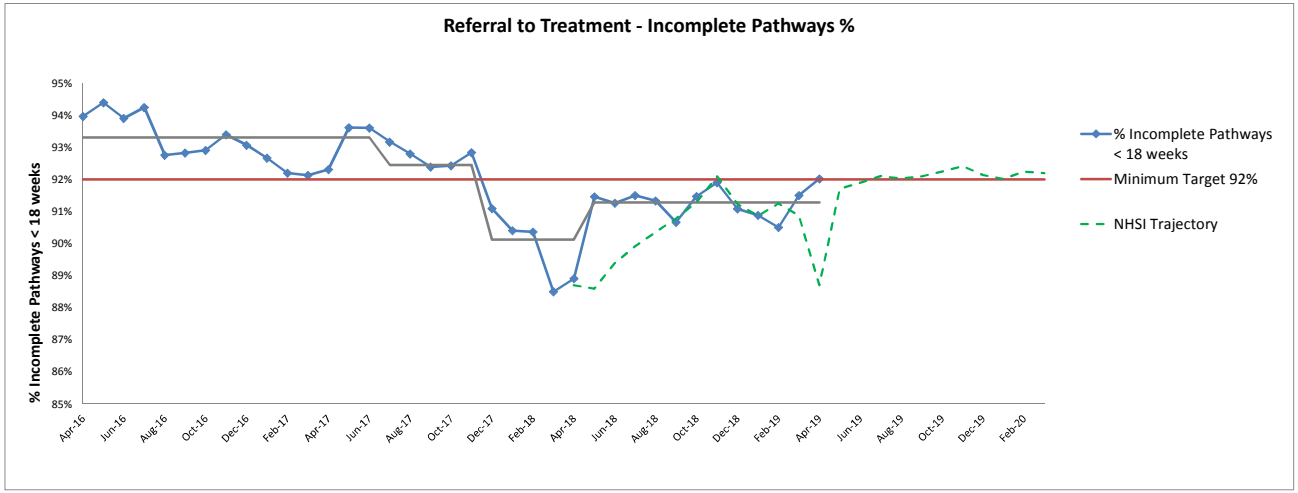
Planned Elective Care

Access Activity and Performance Referral to Treatment [April 2019]

	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%	**92.0%**	89.3%	86.1%	93.0%	94.7%	90.2%	87.4%	71.4%	95.6%	91.4%	97.1%	93.3%	98.4%	93.1%	98.5%	98.7%	92.8%	89.5%	95.3%
Patient waiting 30-39 weeks		**160**	38	31	23	5	9	14	1	3	7	2	11	0	2	1	0	0	13	0
Patient waiting 40-51 weeks		**14**	3	1	6	0	1	0	0	0	0	1	1	0	0	0	0	0	1	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		**26,492**	3,436	1,350	4,536	1,910	3,681	1,892	7	541	1,343	1,011	1,401	1,666	844	343	783	97	1,566	85
Total Backlog > 18 weeks		**2,113**	366	188	317	101	361	239	2	24	116	29	94	27	58	5	10	7	165	4

Diagnostic Waiting List < 6 weeks	99%	**97.3%**	98.2%	99%	100%	100%	100%	100%	100%	100%	93%	92.5%	93.7%	100%	100%	100%	100%	100%	100%	98.9%
% Cancelled Ops rescheduled <28 days	99%	**100%**	99.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	

Number of e-Referral ASI's		489	91	4	0	9	60	0	0	0	42	5	130	14	9	0	5	8	32	80
% e-Referral ASI rate	<4%	5.8%	19.0%	1.4%	0.0%	1.4%	7.2%	0.0%	0.0%	0.0%	10.0%	0.9%	25.3%	1.4%	2.7%	0.0%	0.6%	13.6%	6.5%	5.8%



RTT Incomplete Pathways Performance

The Trust recorded a return to a compliant 92.0% for RTT Incomplete Pathways, which was 3.3% above our agreed trajectory due to reduced impact over the Easter period and an increase in activity being achieved earlier than scheduled.

A total of 7 specialties; General Surgery, Urology, Ophthalmology, Oral & MaxFacs, Plastic Surgery, General Medicine, and Gynaecology were non-compliant at specialty level. The Trust has experienced a significant reduction in elective capacity over the winter period (Christmas to Mar19) releasing surgical beds for medical patients, although has worked closely with our commissioners to ensure sufficient funding is available during FY19 to permit the additional activity required to facilitate a sustained return to minimum RTT 92% compliance where resources permit.

Specific specialty ongoing improvement plans include;
General Surgery - Additional clinic & theatre activity & e-learning modules for Bariatric patients.
Urology - Additional weekend activity is scheduled during May & June to support recovery.
Ophthalmology - Insourcing of additional outpatient & cataract capacity continues. Two agency consultant appointments are also providing additional internal capacity.
ES Healthcare started end Nov providing an additional 20 weekend clinics between Nov18 & Apr 19, with similar capacity planned ongoing subject to consultant availability.
Oral and MaxFacs - Substantial additional daycase theatre activity was utilised over the winter period to reduce the backlog, with addtional weekend working scheduled during May & June to improve performance further. To support longer term capacity, the Trust is working on staff and infrastructure expansion.
Plastic Surgery - This is a very small specialty, although additional activity is scheduled during Q1 to improve performance.
General Medicine - An additional Respiratory consultant resource has been secured to increase capacity and improve performance.
Gynaecology - An additional consultant resource has been secured to increase capacity and improve performance.
Endoscopy - Insourcing has been underway providing additional 3 session Sundays since Nov 2018 to provide capacity increase and backlog reduction. Outsourcing of planned activity to Cobham commenced April 2019, with Ashstead due to commence from June 2019.

Diagnostic Tests

The Trust recorded a non-compliant performance for the DM01 diagnostic standard in April with performance recorded at 97.3%. Most breaches occurred in Endoscopy, MRI, Sleep Studies & ECGs due to reduced capacity over the Easter period. Recovery plans for creating additional Endoscopy, MRI, Sleep Studies & ECG capacity are underway with a plan to regain compliance during June 2019.

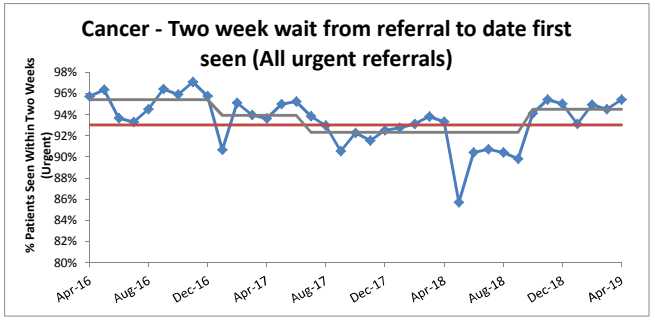
e-Referrals Appointment Slot Issues & Performance

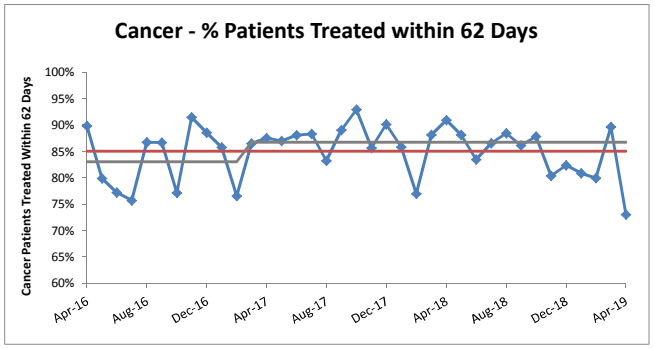
The Trust exceeed the e-Referrals Appointment Slot Issues (ASI's) in April although performance has improved to 5.8%. Additional capacity is scheduled to reduce future ASI's, although the Trust continues to see signficant volatility in demand due to patient choice.

Cancer Care

Activity and Performance Trends

	Standard	Compliance	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	FY2018 -Q1	FY2018 -Q2	FY2018 -Q3	FY2018 -Q4
Referral Activity	All urgent referrals		1,343	1,411	1,260	1,145	1,203	1,206	1,250	1,268	3,560	3,665	3,816	3,654
	Breast Symptomatic patients		137	173	167	181	187	188	215	226	531	451	521	588
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	89.8%	94.1%	95.4%	95.0%	93.1%	94.9%	94.5%	95.4%	89.8%	90.3%	94.8%	94.2%
	Symptomatic breast patients	>93%	98.5%	97.1%	99.4%	95.0%	93.6%	98.4%	99.1%	100%	97.6%	96.7%	97.1%	97.1%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	96.2%	96.0%	97.2%	89.4%	95.7%	96.8%	97.9%	96.3%	97.2%	97.6%	95.1%	97.6%
All Cancers: 31 day wait for second or subsequent treatment	Surgery	>94%	80.0%	100%	100%	100%	100%	100%	85.7%	100%	94.0%	91.3%	100%	92.9%
	Drug Treatment	>98%	100%	92.9%	100%	100%	100%	100%	100%	100%	100%	100%	93.3%	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%	86.1%	87.8%	80.3%	82.3%	80.8%	82.1%	89.6%	73.0%	87.7%	87.0%	83.6%	84.5%
	NHS Cancer Screening Service referral	>90%	100%	71.4%	85.7%	100%	87.5%	66.7%	83.3%	100%	100%	100%	85%	79%





TWR performance

Th Trust recorded a compliant performance for April at 95.4%. Of the 59 breaches recorded, patient choice accounted for 65.5%, STT capacity at 15.5% & OPA capacity at 9.0%. 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.

62 Day GP Referral to Treatment Performance

The Trust recorded a non-compliant performance for April at 73.0%. Delays have been recorded due to a high number of complex pathways (14 patients), patient fitness (6 patients), patient choice (3 patients), tertiary capacity (2 patients) & internal capacity (2 patients). 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 April the Trust had 11 patients waiting greater than 104 days waiting for treatment or to be discharged. Of the 11, 6 patients have a confirmed cancer diagnosis, with 2 patients delayed due to tertiary capacity, 2 patients delayed due to internal capacity and 2 patients delayed due to complex pathways.

Current Month 62 Day Performance by Modality

Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	5	4	1	20%
Breast Symptomatic	1	1	0	0%
Colorectal	6	2	4	67%
Gynaecology	5	3.5	1.5	30%
Haematology	2.5	1	1.5	60%
Head & Neck	1.5	0.5	1	67%
Lung	4	1	3	75%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	16.5	16	0.5	3%
Upper GI	2.5	1.5	1	40%
Urology	19	15.5	3.5	18%
Total	**63**	**46**	**17**	**27.0%**

Additional Items

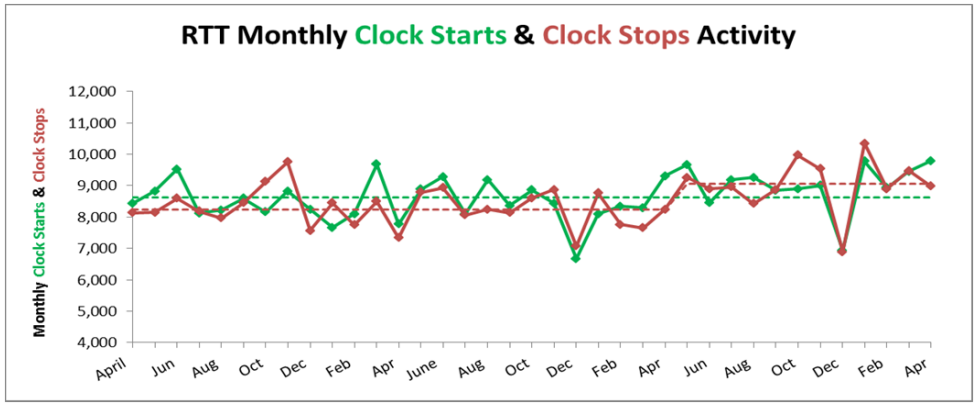
Cancer Reallocation Rules [Commenced FY2019 through issuance of the updated Cancer Waiting Times Guidance 2019]

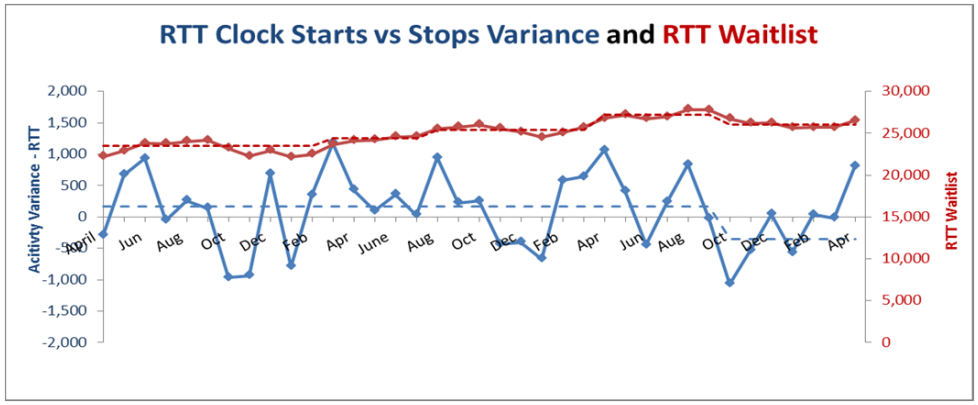
Scenario	Referral Timeframe	Total Timeframe	New Allocation	Current Allocation Rules
1	> 38 days	<= 62 days	100% of success allocated to the treating provider	50% of success allocated to the referring provider and 50% of success allocated to the treating provider
2	<= 38 days	<= 62 days	50% of success 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 FY19 planning expectations are similar to FY18, whereby for Trusts to ensure;
(1) the number of patients waiting for treatment end March 2020, must not exceed the number of patients waiting for treatment recorded end March 2019 (25,680), &
(2) Zero patients waiting longer than 52 weeks for their first definitive treatment.

The Trust has worked closely with our commissioners to ensure sufficent activity is planned during FY19 to achieve this ambition.





Additional Items

Outpatient Transformation Programme / GIRFT

Outpatient Transformation Programme / GIRFT

As part of our Outpatient Transformation Programme, ASPH is to participate in a national pilot with NHS Improvement of doing video-consultations instead of patients needing to come to the hospital in person for their appointment. Video-consultations are just one form of a 'virtual clinic' (other forms include telephone consultations, or self-monitoring technologies for patients, etc.). We are currently learning from other sites that have implemented this before, to determine the processes for offering video-consultations to patients in an appropriate way, selecting appropriate patient cohorts where this technology would be of benefit, and to implement in the most effective way.

Particular patient groups will be offered this technology as an alternative to attending hospital in person, but traditional clinics will continue for those who choose not to use it.
The programme plans to consult with patients and involve them in helping to work out the details of implementing such new technologies.

Some specialties are reviewing options for one-stop clinics, which will save patients multiple trips to the hospital for tests and appointments, and aim to improve patient experience. Specialties currently developing this potential include breast and diabetes.