Paper 7.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
Date: 4th December 2019

TITLE	Performance Report - October 2019
EXECUTIVE SUMMARY	With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from Nov 17 into the Trust's reportable NHSI 4hr % performance (which includes SPH site, Ashford & Woking Walk in Centre activity). Although for completeness, the Trust's NHSI (SPH site only) and NHSI (SPH site inc. Ashford & Woking WiC activity) performance is included within this report as below; > **NHSI (SPH site only), the Trust recorded A&E NHSI performance at 78.5%**, which was a 0.8% improvement on last month (77.7%). > **NHSI (SPH site inc. Ashford & Woking WiC activity), the Trust recorded A&E NHSI performance at 87.2%**, which was a 0.2% improvement on last month (87.0%). **Urgent Care** The hospital remains under pressure through ED and inpatient beds. The Trust continues to use an independent partner to support the Urgent Care Recovery Programme which is focused on the dimensions of ED and urgent care front door, inpatient flow and discharge. Commencing October 2019, the Trust converted two escalation areas into substantive estate (Swan – 1 bay and Chaucer Ward) increasing the Trust's General & Acute core bed base to 436 beds. Without this increase the occupancy rate would have been reported at 110% rather than the reported 104% for October. The number of patients waiting overnight in A&E for an inpatient admission increased during October, with occupancy continuing to exceed 100% of core G&A core bed stock requiring the sustained high usage of escalation beds. Bed occupancy remains extremely high with a high number of patients being cared for in non-inpatient and assessment areas such as the discharge lounge, A&E Clinical Decision Unit and Ambulatory Emergency Care Unit. **RTT** **The Trust recorded a compliant performance against the 92% RTT standard** with October's performance recorded at 93.1%. A total of 6 specialties; General Surgery, Urology, Oral & MaxFacs, Plastic Surgery, General Medicine, and Gastroenterology were non-compliant at specialty level, although good improvement was seen in General Surgery.

	The Trust continues to develop ways to maintain and enhance both clinic and elective capacity with the Trust now compliant for RTT over the previous 7 months. **<u>Cancer</u>** The Trust is expected to report compliance for **6 of 7 Cancer standards** for October; **-TWR performance** for October is compliant at 93.6%. Of the 93 breaches recorded, patient choice accounted for 65.6%, STT capacity at 15.1% & OPA capacity at 19.4%. **-62 Day GP Referral to Treatment performance** for October is compliant at 91.0%. Delays have been recorded due to complex pathways (5 patients), patient choice (2 patients), internal capacity (2 patients), patient fitness (1 patient) & diagnostic capacity (1 patient). **-31 Day NHS Subsequent Surgery Treatment** for October is non-compliant at 80.0% (1 x Dermatology patient breached due to capacity & patient choice).
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:	22nd November 2019
Decision:	For discussion

Unplanned Emergency Care

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

Activity and Performance Trends Urgent Care

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	FY2018 -Q3	FY2018 -Q4	FY2019 -Q1	FY2019 -Q2
Attendances (SPH site only)	9,572	9,363	9,458	9,136	9,656	9,180	9,057	9,581	27,014	27,565	27,957	27,893
Attendances (Ashford & Woking WiC's)	7,600	7,325	7,284	7,066	7,284	6,933	6,663	6,040	20,797	21,525	21,675	20,880
Admissions	2,005	2,013	2,056	1,911	1,964	1,983	1,966	2,050	6,266	6,090	5,980	5,913
NHSI 4hr Perf % (SPH site only) *	74.8%	72.3%	75.6%	76.8%	78.7%	81.1%	77.7%	78.5%	78.9%	74.2%	74.9%	79.2%
NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	85.8%	84.5%	86.2%	86.9%	87.9%	89.1%	87.0%	87.2%	88.1%	85.4%	85.9%	88.0%
Breaches (SPH site only)	2,407	2,585	2,307	2,123	2,055	1,732	1,966	2,050	5,684	7,076	7,015	5,753
A&E Admitted Performance %	34.4%	34.6%	37.3%	41.3%	44.0%	56.5%	47.3%	42.8%	47.4%	35.1%	37.7%	49.3%
A&E Non-Admitted Performance %	85.6%	82.7%	86.2%	86.1%	87.6%	87.9%	86.2%	88.3%	88.0%	85.0%	85.0%	87.2%
A&E Attendances - Ambulances	2,293	2,262	2,319	2,169	2,294	2,309	2,249	2,435	7,305	6,800	6,738	6,839
A&E Attendances - Walk in	7,280	7,102	7,139	6,967	7,362	6,871	6,808	7,146	19712	20766	21,202	21,034

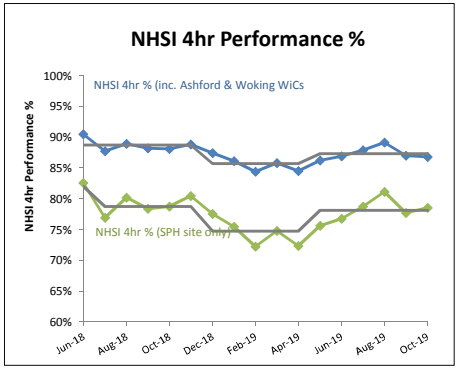
With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from Nov 17 into the Trust's reportable NHSI 4hr % performance (which includes SPH site, Ashford & Woking Walk in Centre activity).

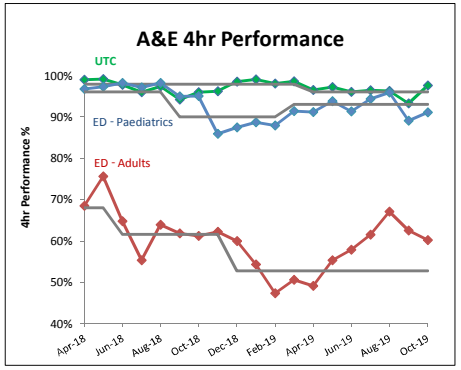
Although for completeness, the Trust's NHSI (SPH site only) and NHSI (SPH site inc. Ashford & Woking WiC activity) performance is included within this report as below;
> **NHSI (SPH site only), the Trust recorded A&E NHSI performance at 78.5%**, which was a 0.8% improvement on last month (77.7%).
> **NHSI (SPH site inc. Ashford & Woking WiC activity), the Trust recorded A&E NHSI performance at 87.2%**, which was a 0.2% improvement on last month (87.0%).

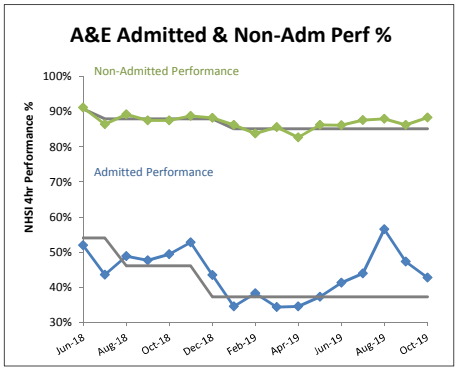
Attendances were 9.9% higher than October 2018, with admissions also higher by 2.3%. Due to the ongoing high occupancy of the hospital (creating patient outliers and higher length of stay), high acuity of patients, busyness of ED and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards. Comparing FY2019 A&E attendances (65,433) to FY2018 (59,859) confirms an increasing level of demand attending the emergency department (+9.3%), and an increasing level of admissions (+4.4%) via A&E FY2019 (13,941) versus FY2018 (13,351).

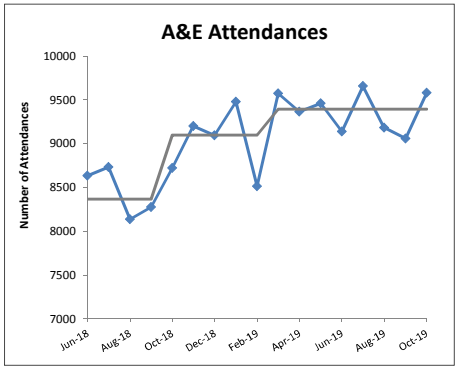
A&E Performance (National Position)
When comparing the Trust including Ashford and Woking WiC (NHSI position), for October (Acute Type 1 Footprint), the Trust is positioned 30th of 118 Trusts (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards). During October only 5 Trusts reported a compliant performance greater than 95%.

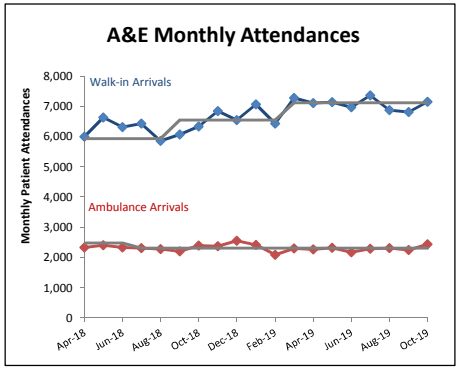
When comparing the Trust for SPH site only (Type 1 only NHSI position), for October (Type 1 only) the Trust is positioned 83rd of 118 Trusts (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards). During October only 3 Trusts reported a type 1 only compliant performance greater than 95%.

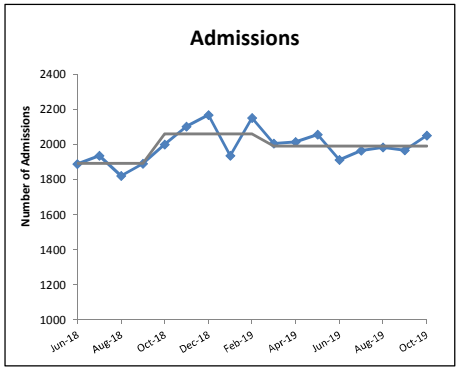












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NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	85.8%	84.5%	86.2%	86.9%	87.9%	89.1%	87.0%	86.8%	88.1%	85.4%	85.9%	88.0%
Ambulance Handover Delays (<60mins)	124	110	90	88	52	50	112	117	507	573	288	279
Ambulance Handover Delays (60+mins)	25	35	11	8	4	1	5	1	244	219	54	7
Overnight Waits in A&E [Avg DTA's]	11.9	10.4	10.4	9.4	8.4	6.1	8.0	9.5	9.7	13.2	10.1	7.5
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies)	6.6	6.4	6.8	6.8	6.9	6.3	6.7	6.4	6.1	6.5	6.7	6.6
% Patients Moved => 3 times	7.5%	6.8%	8.1%	8.5%	8.2%	8.0%	7.6%	6.3%	3.8%	7.6%	7.8%	7.9%

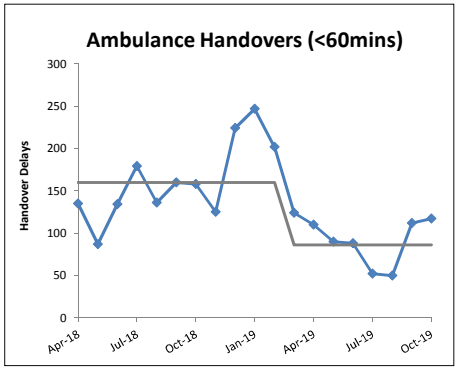
Non-elective average length of stay for October 2019 decreased to 6.7 days although remained high due to; (1) high acuity of admitted patients, & (2) very high occupancy of beds creating patient outliers requiring additional ward moves.

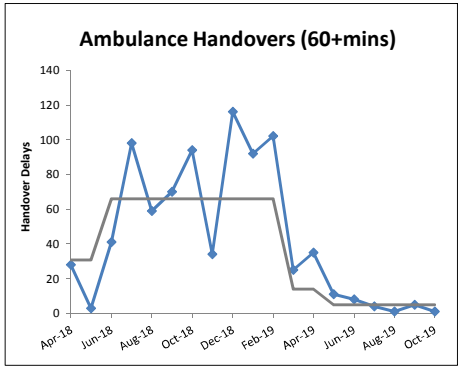
The high level of admissions and length of stay created patient flow difficulties through the hospital (October occupancy = 104% of core beds), creating a backlog within A&E.
This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During October the Trust recorded DTA patients waiting in A&E overnight on all 31 days with an average of 10 patients per day.

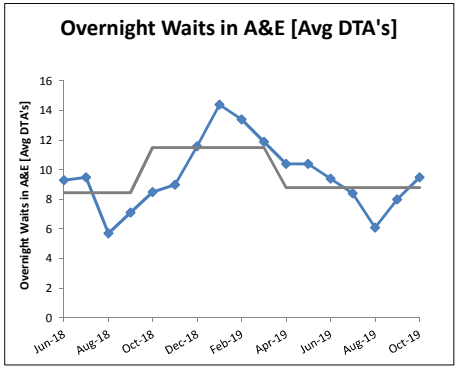
Although within FY trajectory, the Trust had a similar number of Ambulance handover delays to September (<60 mins delay) . However the Trust maintained ongoing improvement in maintaining Ambulance (60+ mins) handover delays substantially lower than previous years, with only 1 recorded throughout October 2019 despite the significant patient flow difficulties detailed above.

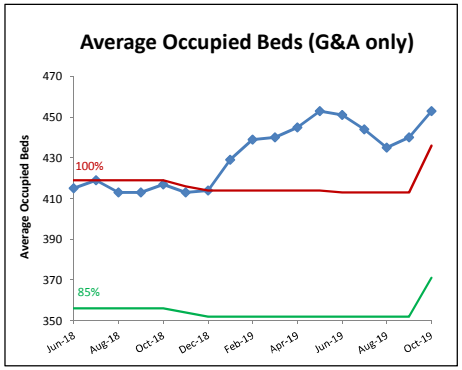
Urgent Care Improvement Programme & Winter Resilience
The Trust has engaged with an independent partner to support the urgent care improvement programme to provide external expertise on urgent care delivery who commenced on site from 15th July 2019. They have deployed a team into the organisation who are supporting the whole improvement programme including Improved Emergency Department Flow, Improved Front-end Model of Care, Improved Site Operations & Escalation, and Optimised Discharge and Length of Stay.

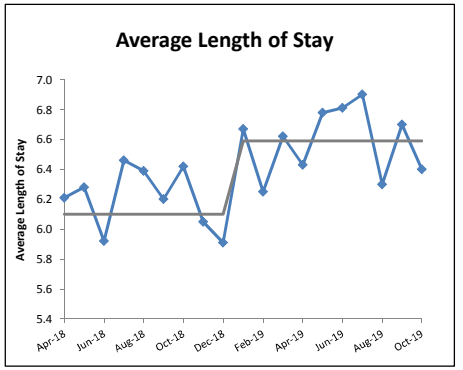
Planned & current improvements underway include;
ED - Matron of the day, Medical staff rota change, and 3 times a week breach meetings & mitigation planning.
Long length of Stay - Enhanced weekly review implementing robust review, clinical challenge & partnership working in supporting the reduction in length of stay for these patients.
Hospital Flow - Two additional wards (delayed by 1 month to Jan 2020), Two Model wards underway (+1 extra November), New medical assessment unit (providing 10 assessment trolleys, 3 treatment & 1 infusion), introduction of a Frailty Unit and a doubling of capacity for the Surgical Assessment Unit. Thereby increasing capacity and opportunity to treat and discharge patients earlier, especially with intention to increase Same Day Emergency Care. The second of the 2 new wards will be focused on ambulatory urgent surgery.
Two hospital re-set weeks scheduled 6th Nov & 16th Dec to coincide with hospital bed moves and escalation bed stock.

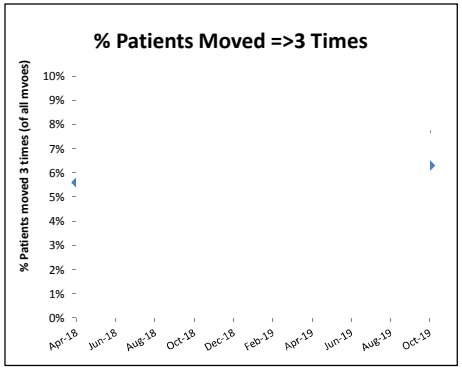












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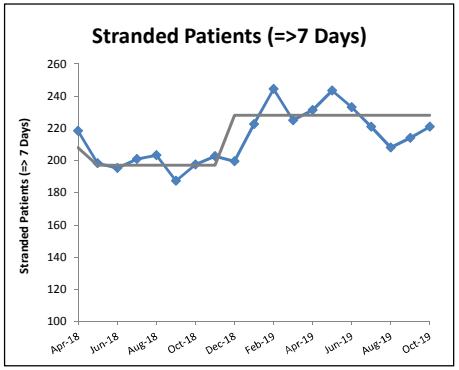
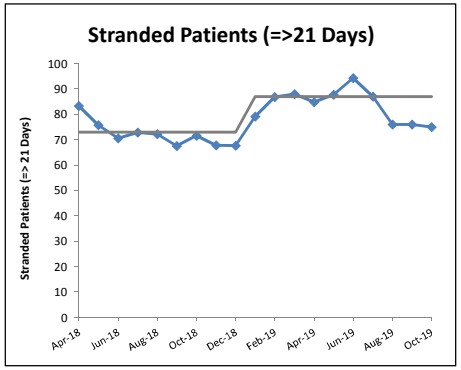
Patients (=>7 Days) Length of Stay (Monthly Avg)	225	231	243	233	221	208	214	221	200	231	236	214
Patients (=>21 Days) Length of Stay (Monthly Avg)	88	85	88	94	87	76	76	75	69	85	89	80
Average Occupied Beds % (G&A utilised)	106%	107%	109%	109%	108%	105%	107%	104%	100%	105%	109%	107%
Medically Optimised Delays (Bed Days)	467	540	729	897	732	595	725	794	1,335	1,552	2,166	2,052
Delayed Transfers of Care (Bed days)	195	239	401	251	278	185	393	458	459	881	891	856





Commencing October 2019, the Trust converted 2 escalation wards to being substantively staffed wards, with the Trust's General & Acute core bed base increasing to 436 beds. Without this increase the occupancy rate would have been reported at 110%.

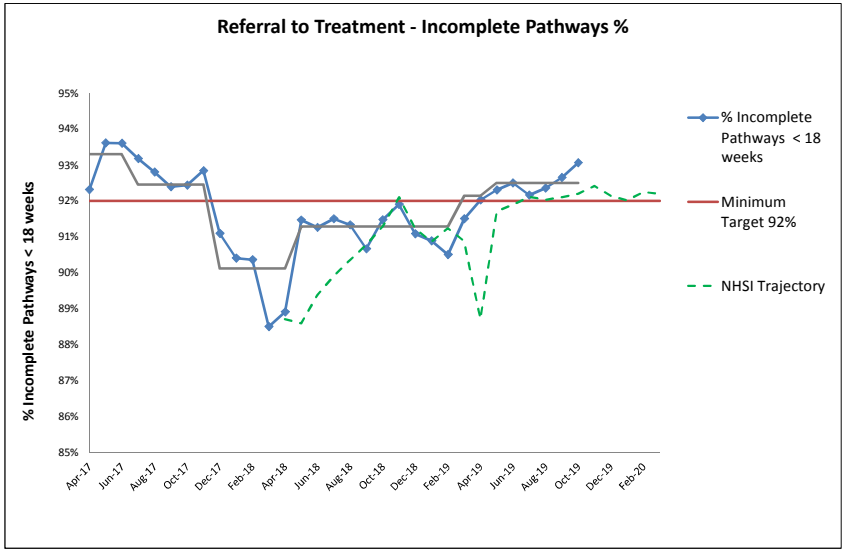
The number of patients with a length of stay 7 days increased to average 221 patients during October, with the number of patients with a length of stay 21 days or more reducing marginally with average 75 patients recorded during October.

The Trust has implemented an enhanced weekly review of Long Length of Stay Patients (patients with a stay of 21 days or more), implementing robust review, clinical challenge & partnership working in supporting the reduction in length of stay for these long stay patients. This has also been extended to patients with a stay between 14-20 days.

The Trust had to postpone 30 elective procedures during October due to no beds being available. During October the Trust has seen the Medically Optimised Delays and DTOC reportable delays increase during October 2019.

		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																				
Patient waiting 30-39 weeks		**177**																		
Patient waiting 40-51 weeks		**9**																		
Patient waiting > 52 weeks		**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Waiting List Size		**27,254**	3,765	1,307	4,531	1,580	3,244	1,802	10	570	1,305	1,602	1,534	2,178	853	481	868	100	1,462	62
Total Backlog > 18 weeks		**1,892**																		0
Diagnostic Waiting List < 6 weeks	99%	**88.2%**	99.1%	95.5%	100%	100%	100%	100%	100%	100%	94.6%	59.1%	100%	100%	100%	100%	100%	100%	100%	99.2%
	99%	**100%**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	
Number of e-Referral ASI's		976	59	73	30	2	61	0	0	0	33	1	157	326	1	0	84	34	28	87
% e-Referral ASI rate	<4%	8.1%	2.9%	6.1%	2.4%	0.2%	3.9%	0.0%	0.0%	0.0%	2.9%	0.1%	12.4%	14.4%	0.1%	0.0%	3.9%	0.6%	1.2%	2.4%

Diagnostic Performance	Aug-19	Sep-19	Oct-19
Magnetic Resonance Imaging	86.7%	89.6%	96.7%
Computed Tomography	95.4%	96.6%	98.1%
Non-obstetric ultrasound	99.9%	99.7%	99.9%
Barium Enema	100%	100%	100%
DEXA Scan	99.2%	100%	100%
Audiology - Audiology Assessments	99.5%	100%	100%
Cardiology - echocardiography	99.7%	100%	100%
Neurophysiology - peripheral neurophysiology	100%	100%	100%
Respiratory physiology - sleep studies	97.1%	93.5%	100%
Urodynamics - pressures & flows	97.6%	98.5%	95.5%
Colonoscopy	62.4%	53.3%	47.3%
Flexi sigmoidoscopy	86.5%	83.3%	70.9%
Cystoscopy	96.4%	97.3%	97.5%
Gastroscopy	68.0%	65.6%	59.1%
Total	**50.4%**	**89.4%**	**88.2%**



RTT Incomplete Pathways Performance

The Trust recorded a compliant 93.1% performance for RTT Incomplete Pathways, which was 0.9% above our agreed trajectory. A total of 6 specialties; General Surgery, Urology, Oral & MaxFacs, Plastic Surgery, General Medicine, and Gastroenterology remain non-compliant at specialty level, although good improvement was seen in General Surgery. The Trust continues to develop ways to maintain and enhance both clinic and elective capacity with the Trust now compliant for RTT over the previous 7months. Specific specialty ongoing improvement plans include;

General Surgery - Additional clinic & theatre activity.
Urology - Additional clinic & theatre activity has been scheduled to improve performance.
Ophthalmology - Two consultant appointments (agency) providing additional internal capacity and insourcing with a commercial partner to provide additional weekend capacity
Oral and MaxFacs - Additional daycase theatre activity has been underway to reduce the backlog, with additional weekend working to improve performance. To support longer term capacity, the Trust is working on staff and infrastructure expansion and appointing an additional substantive specialty doctor.
Gastroenterology - Endoscopy insourcing has been underway providing additional up to 3 session Sundays since Nov 2018 although to provide additional capacity to meet further increased demand, additional capacity has been sourced and commenced end September (more info as below).
General Medicine - An additional Respiratory consultant has been secured to increase capacity and improve performance, substantive recruitment is now underway
Gynaecology - An additional consultant has been secured to increase capacity and improve performance, substantive recruitment is now underway

In order to proactively plan for the winter peak in non-elective activity a significant pause in inpatient elective activity through the SPH site is planned from January onward which will impact on RTT performance particularly of general surgery, urology and gynaecology.

Diagnostic Tests

The Trust recorded a non-compliant performance for the DM01 diagnostic standard in October with performance recorded at 88.2%, which is predominately due to Endoscopy capacity.

Nationally there has been an increase in TWR (cancer pathway) referrals which has placed a significant impact on the Endoscopy service. Since the end Sept 19, the Trust has scheduled use of the Urology day theatre on Saturdays & Sundays on an ongoing basis, using an insourcing partner to provide additional endoscopy capacity.

To support this, a review of the capacity and demand as well as the scheduling and booking processes within Endoscopy is underway. Patients are often reluctant to undergo these tests with patient choice and DNAs being common themes. Additional resource is now been added to support immediate recovery including further booking support (bank hours), management support (aligning chronological booking and managing issues around patient choice) and agency gastroenterologist.

The aim is to reduce the TWR first appointment to an average of 7 days and routines waits to max 3 weeks. Current estimate to regain for DMO1 is March 2020 and the team are working hard to develop trajectories for TWR compliance.

Breaches also occurred in Cardiac Stress MRI (trajectory for compliance end Dec) and Cardiac CT (trajectory for compliance end Dec) where capacity exceeded demand.

Planned Elective Care

Access Activity and Performance Referral to Treatment

	Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	FY2018 -Q3	FY2018 -Q4	FY2019 -Q1	FY2019 -Q2
RTT Incomplete Pathways < 18 weeks *	>92%	91.5%	92.0%	92.3%	92.5%	92.2%	92.4%	92.7%	93.1%	91.5%	91.0%	92.3%	92.4%
Total Wait List Size		25,680	26,492	26,718	27,812	27,592	27,227	27,069	27,254				
Total Backlog > 18 weeks		2,189	2,113	2,056	2,083	2,162	2,082	1,989	1,892				
Pathways >52weeks **		0	0	0	0	0	0	0	0				
On the Day Hospital Cancellations [Due to no beds] ***		15	9	43	19	3	5	24	30	29	38	71	32
Cancelled Ops rescheduled >28 days **	0	0	1	1	0	1	0	0	0	3	1	3	1
Diagnostic Waiting List < 6 weeks **	>99%	98.2%	97.3%	95.1%	91.9%	91.2%	90.6%	89.4%	88.2%	97.2%	98.0%	94.8%	90.4%
% e-Referral ASI rate	<4%	8.1%	5.3%	6.9%	7.8%	5.4%	5.1%	5.7%	8.1%	6.7%	7.1%	6.7%	5.4%
% Advice & Guidance (within 2 days) ****	>80%	93%	91%	88%	84%	87%	89%	92%	90%	94%	93%	90%	89%
Outpatient New Appointments		15,245	13,910	15,038	14,064	16,011	13,532	14,833	15,836	46,173	46,902	45,113	44,201
Outpatient Follow Up Appointments		27,283	25,632	27,640	26,103	29,253	25,364	27,907	29,893	82,981	83,192	82,996	83,164
Outpatient Cancellations <2wks		965	689	945	891	922	821	1,014	921	2,528	3,500	2,758	2,756

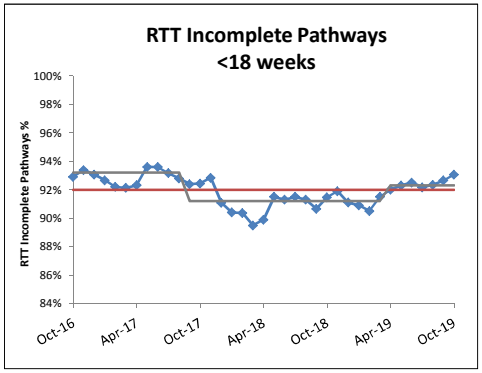
Key: * Constitutional Standard ** NHSI & CCG Requirement *** NHSI reported

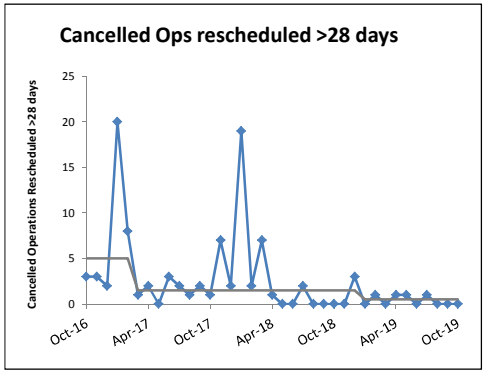
RTT Performance

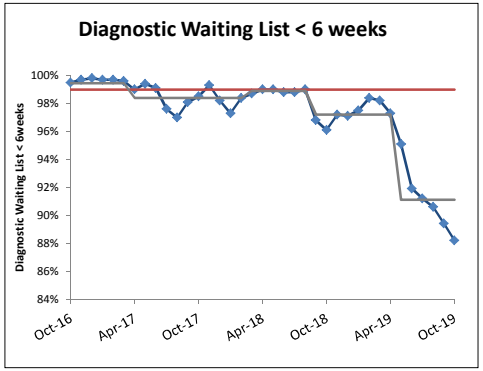
The Trust recorded a compliant 93.1% performance for RTT Incomplete Pathways, which was 0.9% above our agreed trajectory.
The Trust remains significantly above the declining 84.8% national average reported for September 2019 (latest month reported on 14th November 19).

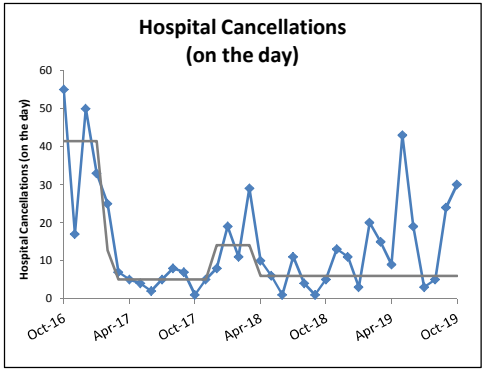
Elective Cancellations

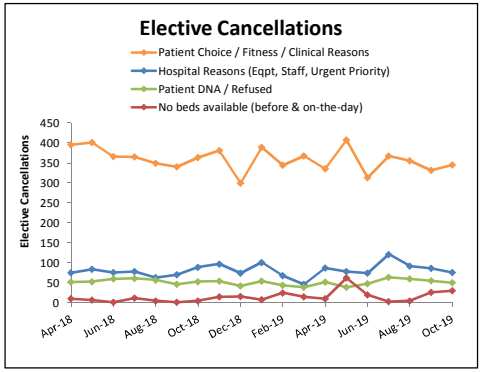
The Trust had to cancel 30 patients during October due to non-elective bed pressures.
Where patients were cancelled on the day due to non-clinical reasons, all patients have had their procedure rebooked within 28 days.







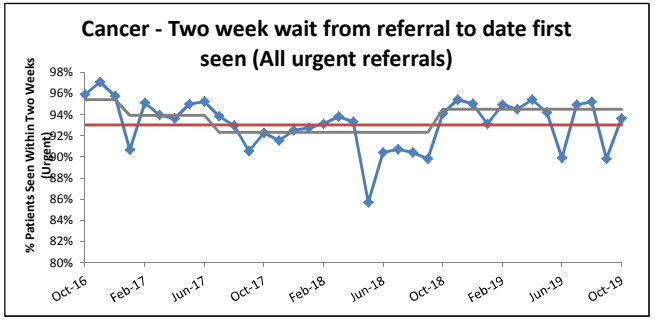


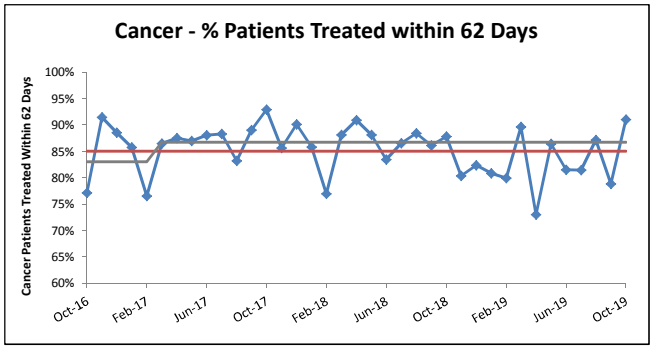


Cancer Care

Access Activity and Performance Cancer Care

	Standard	Compliance	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	FY2018 -Q3	FY2018 -Q4	FY2019 -Q1	FY2019 -Q2
Referral Activity	All urgent referrals		1,250	1,268	1,314	1,430	1,579	1,383	1,345	1,460	3,816	3,654	4,012	4,307
	Breast Symptomatic patients		215	226	166	181	173	151	189	215	521	588	573	513
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	94.5%	95.4%	94.2%	89.9%	94.9%	95.2%	89.9%	93.6%	94.8%	94.2%	93.1%	93.4%
	Symptomatic breast patients	>93%	99.1%	100.0%	98.2%	96%	97.7%	97.4%	96.3%	95.8%	97.1%	97.1%	98.3%	97.1%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	97.9%	96.3%	96.8%	96.2%	96.1%	96.0%	96.3%	97.9%	95.1%	97.6%	96.3%	96.4%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	86%	100.0%	100.0%	100%	100%	100%	85.7%	80.0%	100.0%	92.9%	100.0%	92.0%
	Drug Treatment	>98%	100%	100%	100%	100%	100%	100%	100%	100%	93.3%	100.0%	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%	89.6%	73.0%	86.4%	81.5%	81.4%	87.1%	79.6%	91.0%	83.6%	84.5%	81.1%	83.1%
	NHS Cancer Screening Service referral	>90%	83.3%	100.0%	100%	64%	85.7%	100.0%	100%	100%	85.0%	78.9%	86.2%	94.7%





TWR performance
The Trust recorded a compliant performance for October at 93.6%. Of the 93 breaches recorded, patient choice accounted for 65.6%, Straight To Test capacity at 15.1% & OPA capacity and Administration at 19.4%. The Trust continues to work with CCG & GP colleagues to support patient engagement within 14 days of referral.

62 Day GP Referral to Treatment Performance
The Trust recorded a compliant performance for October at 91.0%. Delays have been recorded due to complex pathways (5 patients), patient choice (2 patients), internal capacity (2 patients), patient fitness (1 patient) & diagnostic capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads.

31 Day NHS Subsequent Surgery Treatment
The Trust recorded a marginally non-compliant performance for October at 80.0% (1 x Dermatology patient breached due to capacity & patient choice).

Patients 62 Day GP Referral to Treatment Waiting Greater than 104 Days
At the end of October the Trust had 14 patients waiting greater than 104 days waiting for treatment or to be discharged. Of the 14, 9 patients have a confirmed cancer diagnosis (5 patients delayed due to patient choice & 4 patients due to complex pathways).

As stated above, a capacity & demand review of all cancer pathways is underway with the aim of ensuring the first appointment takes place before day 7 and internal cancer standards have been developed to support the management of the first 38 days. A daily cancer PTL is now in place to provide more grip and visibility of pathways.
Recovery and maintenance of Cancer Performance is a two part plan, firstly ensuring that there is capacity at the front of the pathway to meet the demand (and accommodate patient choice) and secondly, to manage the backlog. Teams will reallocate resources during Christmas and the winter period to increase capacity at the front end and work through the backlog. Currently there are 154 patients on the backlog, 134 undiagnosed, 20 known cancers and 11 with treatments dates (mainly at the cancer centre). These patients need to be diagnosed and treated or discharged to reach a stable cancer performance.

Current Month 62 Day Performance by Modality

Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	16	15	1	6%
Breast Symptomatic	4	4	0	0%
Colorectal	7	7	0	0%
Gynaecology	3.5	3.5	0	0%
Haematology	1	1	0	0%
Head & Neck	0.5	0	0.5	100%
Lung	6.5	5	1.5	23%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	23.5	22.5	1	4%
Upper GI	4.5	3.5	1	22%
Urology	22	19	3	14%
Total	**88.5**	**80.5**	**8**	**9.0%**