Paper 7.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
Date: 4th March 2020

TITLE	**Performance Report - Dec 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 73.7%**, which was a 3.5% decline on last month (77.2%). > **NHSI (SPH site inc. Ashford & Woking WiC activity), the Trust recorded A&E NHSI performance at 84.4%**, which was a 1.9% decline on last month (86.3%). **Urgent Care** The hospital is under pressure through ED and for inpatient beds. The Trust has extensive building improvement work underway to provide additional ward space from March 2020. However, as this additional space was initially planned to be available from Jan 2020, and substantial occupancy pressure over the past month, the Trust has required to open additional substantive & escalation beds; and postpone non-urgent elective capacity over the winter period (16th Dec to Feb20) releasing surgical beds for medical patients. Despite these additional beds, a further 14 patients were cancelled during December due to non-elective bed pressures. A&E Performance (National Position) When comparing the Trust including Ashford and Woking WiC (NHSI position), for December (Acute Type 1 Footprint), the Trust is positioned 24th of 118 Trusts (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards). When comparing the Trust for SPH site only (Type 1 only NHSI position), for November (Type 1 only) the Trust is positioned 42nd of 118 Trusts (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards). The number of patients waiting overnight in A&E for an inpatient admission increased during December, 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.

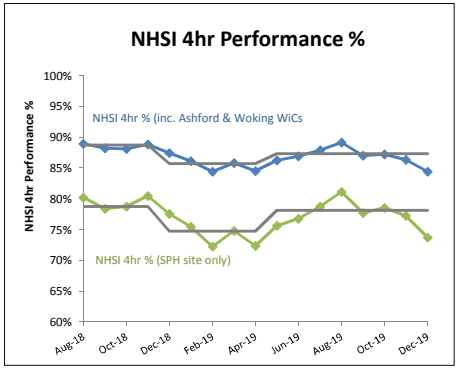
	However, despite these challenges, the Trust continues to perform comparatively well both regionally and nationally, it's NHSI (all types) position regionally having been 20th (of 31), and nationally 62nd (of 118) during December 2018, the Trust improved its position regionally to 11th (of 31), and nationally to 24th (of 118) for December 2019. Please see the chart included into the additional items of this report. **RTT** **The Trust recorded a compliant performance against the 92% RTT standard** with December's performance recorded at 92.2%. A total of 7 specialties; General Surgery, Urology, Oral & Maxfacs, Plastic Surgery, General Medicine, Gastroenterology and Cardiology were non-compliant at specialty level. A significant part of this decline has been due to winter pressures and the need to temporarily allocate elective surgical bed stock to medicine throughout December and January. This has predominantly affected Urology, Gynaecology and General Surgery, and is set to continue now into March due to the timeline for completion of the new ward. We have aimed to ameliorate with use of the Urology day unit, InHealth beds and expansion of inpatient beds at Ashford however this has not compensated completely and surgical inpatient elective work remains compromised. However, the Trust remains significantly above the declining 84.4% national average reported for December 2019 (latest month reported on 9th January 20), with the Trust for December nationally ranked (having PTL's greater than 10,000 patients) as 6th of 126 Providers. **Cancer** The Trust is expected to report compliance for **4 of 7 Cancer standards** for December; **-TWR performance** for December is compliant at 93.8%. Of the 79 breaches recorded, patient choice accounted for 64.6%, Straight To Test capacity at 25.3% & OPA capacity and Administration at 10.1%. **-62 Day GP Referral to Treatment performance** is non-compliant for December at 82.9%. Delays have been recorded due to complex pathways (11 patients), patient choice (3 patients), diagnostics (2 patients), internal capacity (1 patient) & external capacity (1 patient). **-31 Day Decision to Treat to Treatment** is non-compliant for December at 95.8%. Delays were recorded due to patient choice (2 patients), hospital cancellation (2 patients) & Administrative delay (1 patient). **-31 Day NHS Subsequent Surgery Treatment** is non-compliant or December at 87.5% (1 x Plastics Surgery patient breached due to capacity).
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:	16th February 2020
Decision:	For discussion

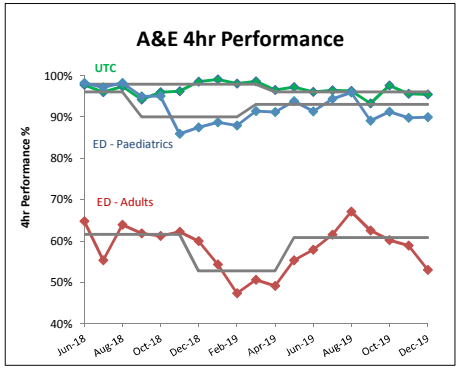
Unplanned Emergency Care

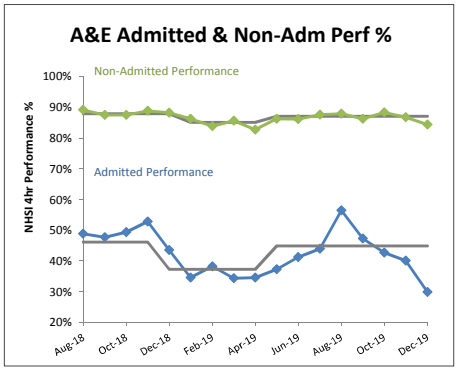
* Constitutional Standard
** NHSI Requirement
*** CCG Requirement
**** CQUIN

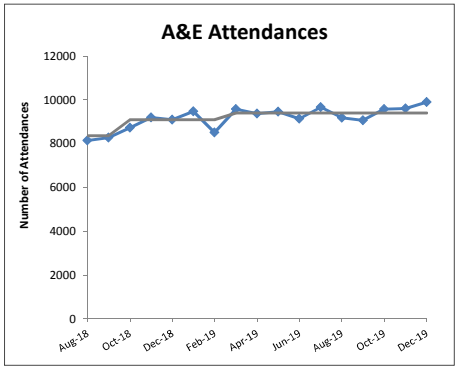
Activity and Performance Trends Urgent Care

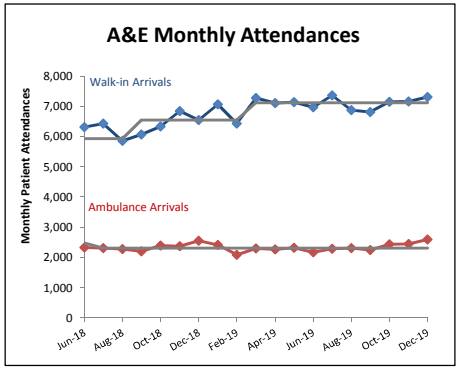
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	FY2018 -Q4	FY2019 -Q1	FY2019 -Q2	FY2019 -Q3
Attendances (SPH site only)	9,458	9,136	9,656	9,180	9,057	9,581	9,607	9,892	27,565	27,957	27,893	29,080
Attendances (Ashford & Woking WiC's)	7,284	7,066	7,284	6,933	6,663	6,040	6,529	6,814	21,525	21,675	20,880	19,383
Admissions	2,056	1,911	1,964	1,983	1,966	2,050	1,951	1,948	6,090	5,980	5,913	5,949
NHSI 4hr Perf % (SPH site only) *	75.6%	76.8%	78.7%	81.1%	77.7%	78.5%	77.2%	73.7%	74.2%	74.9%	79.2%	76.5%
NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	86.2%	86.9%	87.9%	89.1%	87.0%	87.2%	86.3%	84.3%	85.4%	85.9%	88.0%	85.9%
Breaches (SPH site only)	2,307	2,123	2,055	1,732	1,966	2,050	2,191	2,603	7,076	7,015	5,753	6,844
A&E Admitted Performance %	37.3%	41.3%	44.0%	56.5%	47.3%	42.8%	40.3%	29.9%	35.1%	37.7%	49.3%	37.7%
A&E Non-Admitted Performance %	86.2%	86.1%	87.6%	87.9%	86.2%	88.3%	86.6%	84.5%	85.0%	85.0%	87.2%	86.4%
A&E Attendances - Ambulances	2,319	2,169	2,294	2,309	2,249	2,435	2,446	2,597	6,800	6,738	6,839	7,478
A&E Attendances - Walk in	7,139	6,967	7,362	6,871	6,808	7,146	7,161	7,312	20766	21202	21,034	21,619

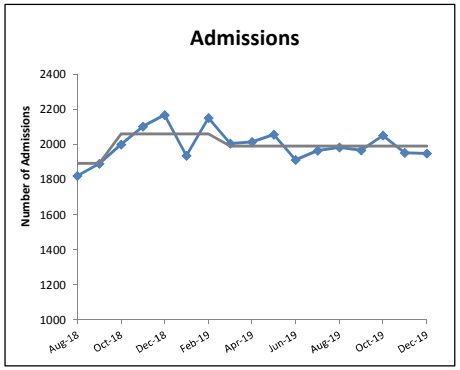












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> **NHSI (SPH site only), the Trust recorded A&E NHSI performance at 73.7%**, which was a 3.5% decline on last month (77.2%).
> **NHSI (SPH site inc. Ashford & Woking WiC activity), the Trust recorded A&E NHSI performance at 84.3%**, which was a 2.0% decline on last month (86.3%).

Attendances were 8.8% higher than December 2018, with admissions reduced by 10.1%. Comparing FY2019 A&E attendances (84,932) to FY2018 (78,153) confirms an increasing level of demand attending the emergency department (+8.7%), although a similar level of admissions (+1.2%) via A&E FY2019 (17,838) versus FY2018 (17,618).

The Trust has extensive building improvement work underway to provide additonal ward space from March 2020. However, as this additional space was initially planned to be available from Jan 2020 , and substantial occupancy pressure over the past month, the Trust has required to open additional substantive & escalation beds; and postpone non-urgent elective capacity over the winter period (16th Dec to Feb20) releasing surgical beds for medical patients. Despite these additional beds, a further 14 patients were cancelled during December due to non-elective bed pressures.

A&E Performance (National Position)
When comparing the Trust including Ashford and Woking WiC (NHSI position), for December (Acute Type 1 Footprint), the Trust is positioned 24th of 118 Trusts (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards). During December only 1 Trust reported a compliant performance greater than 95%.

When comparing the Trust for SPH site only (Type 1 only NHSI position), for November (Type 1 only) the Trust is positioned 42nd of 118 Trusts (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards). During December only 1 Trust reported a type 1 only compliant performance greater than 95%.

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Attendances (SPH site only)												
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NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	86.2%	86.9%	87.9%	89.1%	87.0%	87.2%	86.3%	84.3%	85.4%	85.9%	88.0%	85.9%

Ambulance Handover Delays (<60mins)	90	88	52	50	112	117	99	123	573	288	214	339
Ambulance Handover Delays (60+mins)	11	8	4	1	5	1	2	4	219	54	10	7
Overnight Waits in A&E [Avg DTA's]	10.4	9.4	8.4	6.1	8.0	9.5	9.4	11.4	13.2	10.1	7.5	10.1
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies)	6.8	6.8	6.9	6.3	6.7	6.4	7.0	6.7	6.5	6.7	6.6	6.7
% Patients Moved => 3 times	8.1%	8.5%	8.2%	8.0%	7.7%	5.5%	6.1%	7.2%	7.6%	7.8%	8.0%	6.3%

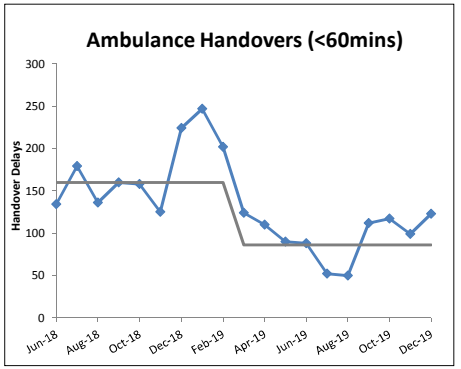
Non-elective average length of stay for December 2019 decreased to 6.7 days, although remaining high due to; (1) high acuity of admitted patients, & (2) very high occupancy of beds creating patient outliers requiring additional ward moves.

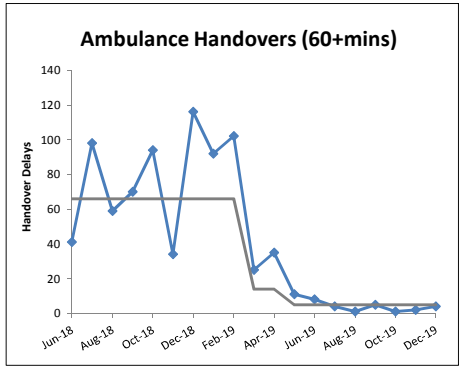
The high level of admissions and length of stay created patient flow difficulties through the hospital (December occupancy = 103% of core beds), creating a backlog within A&E.
This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During December the Trust recorded DTA patients waiting in A&E overnight on all 31 days with an average of 11 patients per day.

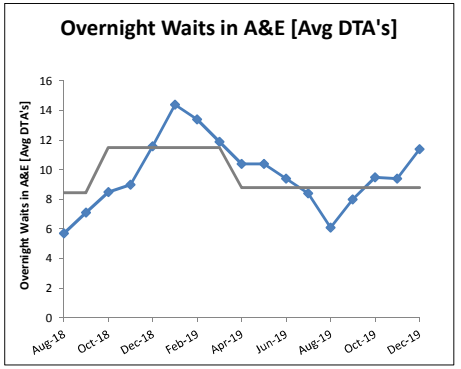
The Trust has continued to sustain the lower number of Ambulance handover delays (<60 mins delay), and maintained the substantial improvement recorded in maintaining Ambulance handover delays (60+ mins delay) lower with only 4 recorded throughout December 2019 despite the significant patient flow difficulties detailed above.

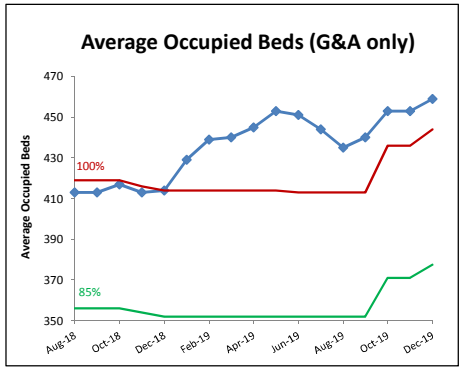
Urgent Care Improvement Programme & Winter Resilience
The Trust engaged with an independent partner to support the urgent care improvement programme to provide external expertise on urgent care delivery who commenced on site from 15th July 2019. To support the embedding of the Urgent Care Improvement Programme and transition the activities into business as usual, there is a transitional phase until March 2020 where substantive staff will then deliver the improvement programme.

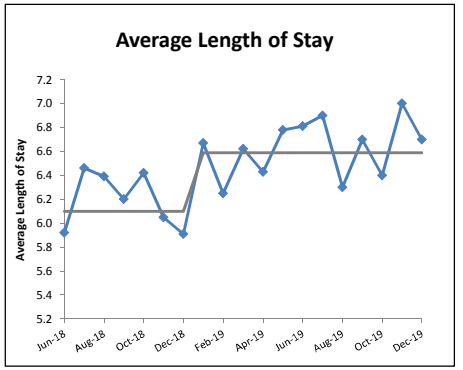
Planned & current improvements underway include;
ED - Matron of the day, Medical staff rota change, 3 times a week breach meetings & mitigation planning, Fit 2 Sit, and 2 hourly board huddles.
Long length of Stay - Enhanced weekly review implementing robust review, clinical challenge & partnership working in supporting the reduction in length of stay for these patients.
Hospital Flow - Two additional wards (delayed by 1 month to Mar 2020), Two Model wards underway, 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 have been scheduled 6th Nov & 6th Jan to coincide with hospital bed moves and winter resilience plans.

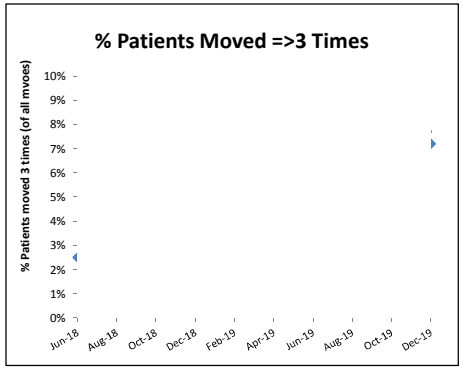












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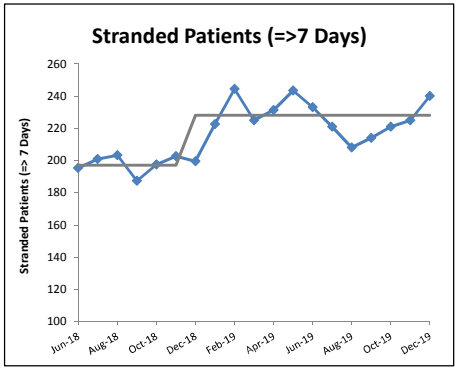
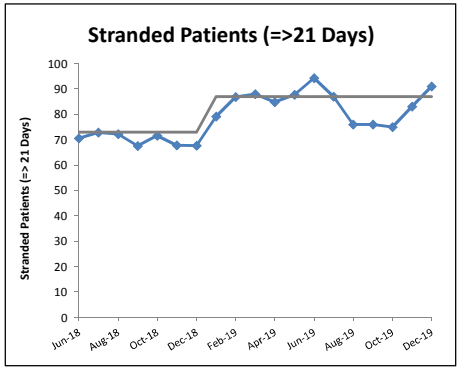
Patients (=>7 Days) Length of Stay (Monthly Avg)	243	233	221	208	214	221	225	240	231	236	214	229
Patients (=>21 Days) Length of Stay (Monthly Avg)	88	94	87	76	76	75	83	91	85	89	80	83
Average Occupied Beds % (G&A utilised)	109%	109%	108%	105%	107%	104%	104%	103%	105%	109%	107%	104%
Medically Optimised Delays (Bed Days)	729	897	732	595	725	794	864	1,069	1,552	2,166	2,052	2,727
Delayed Transfers of Care (Bed days)	401	251	278	185	393	509	455	563	881	891	856	1,527





The number of patients with a length of stay 7 days increased to average 240 patients during December, with the number of patients with a length of stay 21 days or more ralso increasing with average 91 patients recorded during December.

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.

The Trust had to postpone 14 elective procedures during December due to no beds being available. During December the Trust has seen the Medically Optimised Delays and DTOC reportable delays increase compared to previous months.

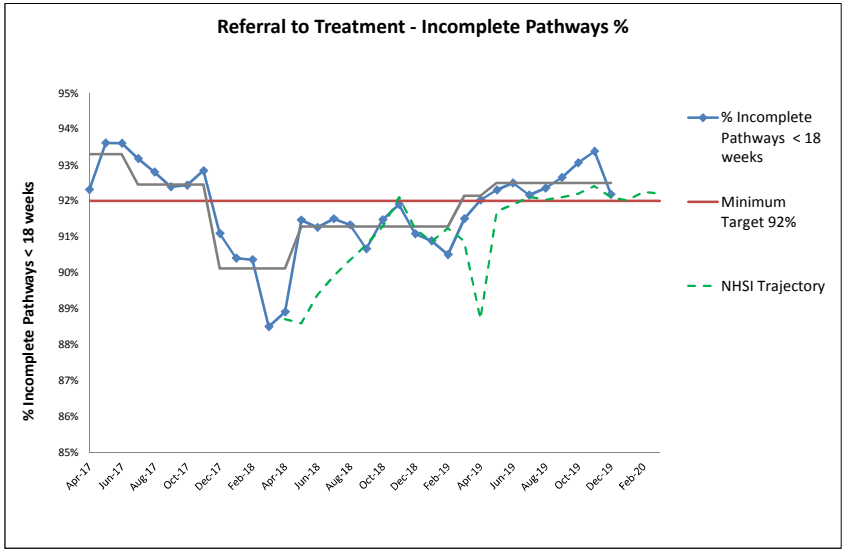
However, despite these challenges, the Trust continues to perform well both regionally and nationally, it's NHSI (all types) position regionally having been 20th (of 31), and nationally 62nd (of 118) during December 2018, the Trust improved it's position regionally to 11th (of 31), and nationally to 24th (of 118) for December 2019. Please see the chart included into the additional items of this report.

		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		**201**																		
Patient waiting 40-51 weeks		**11**																		
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		**27,044**	3,584	1,197	4,543	1,691	3,277	1,796	8	548	1,289	1,643	1,624	1,943	929	473	943	101	1,415	40
Total Backlog > 18 weeks		**2,115**																		0

Diagnostic Waiting List < 6 weeks	99%	**87.4%**	99.2%	96.3%	100%	100%	100%	100%	100%	100%	94.8%	61.4%								
% Cancelled Ops rescheduled <28 days	99%	**100%**	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	

Number of e-Referral ASI's		744	158	147	6	1	126	0	0	0	17	1	83	81	3	0	39	3	43	36
% e-Referral ASI rate	<4%	8.1%	5.9%	14.0%	60.0%	0.2%	7.8%	0.0%	0.0%	0.0%	1.7%	10.0%	5.9%	2.9%	0.3%	0.0%	1.7%	0.1%	1.9%	1.3%

Diagnostic Performance	Oct-19	Nov-19	Dec-19
Magnetic Resonance Imaging	96.7%	98.0%	98.7%
Computed Tomography	98.1%	96.9%	93.8%
Non-obstetric ultrasound	99.9%	99.7%	99.5%
Barium Enema	100%	100%	100%
DEXA Scan	100%	100%	100%
Audiology - Audiology Assessments	100%	100%	100%
Cardiology - echocardiography	100%	100%	100%
Neurophysiology - peripheral neurophysiology	100%	97.3%	95.8%
Respiratory physiology - sleep studies	100.0%	99%	97%
Urodynamics - pressures & flows	95.5%	94.3%	95.3%
Colonoscopy	47.3%	48.1%	45.0%
Flexi sigmoidoscopy	70.9%	60.2%	52.3%
Cystoscopy	97.5%	96.6%	96.3%
Gastroscopy	59.1%	66.6%	73.4%
Total	**88.2%**	**88.9%**	**87.4%**



RTT Incomplete Pathways Performance

The Trust recorded a compliant 92.2% performance for RTT Incomplete Pathways, which was 0.1% above our agreed trajectory. A total of 7 specialties; General Surgery, Urology, Oral & Maxfacs, Plastic Surgery, General Medicine, Gastroenterology and Cardiology were non-compliant at specialty level. 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 9 months. Specific specialty ongoing improvement plans include;

General Surgery - Additional clinic & theatre activity.
Urology - Additional clinics & increase in day surgery 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. However, due to high demand, the Trust will need to source even greater endoscopy capacity to remove the backlog.
General Medicine - An additional Respiratory consultant has been secured to increase capacity and improve performance, recruitment of 2 additonal locums is also now underway to support performance.
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 has taken place from 16th Dec 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 December with performance recorded at 87.4%, which is predominately due to Endoscopy capacity. The number of outstanding endoscopy tests reduced in December (compared to November), although due to less demand creating a reduced overall waiting list, the % has marginally fallen. Therefore the Trust has made improvement in reducing the number of outstanding endoscopy tests during December, although will seek an increase in capacity & productivity to regain compliance. The Trust are working up plans to resolve the immediate capacity constraints and longer term solutions for resilience.

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.
Additional resource has 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.

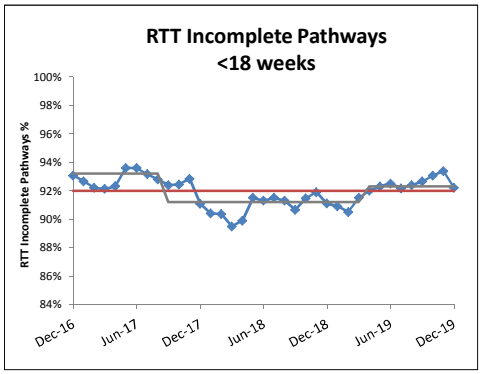
The aim is to reduce the TWR first appointment to an average of 7 days and routines waits to max 3 weeks. Current estimate to regain for DM01 is September 2020, although the Trust is seeking ways to increase capacity and productivity to achieve this earlier.

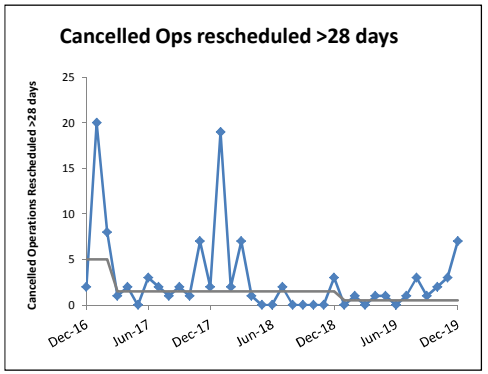
Planned Elective Care

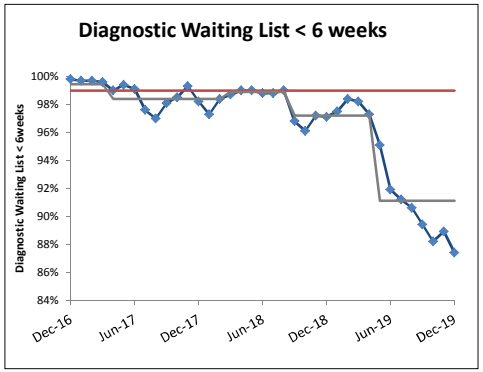
Access Activity and Performance Referral to Treatment

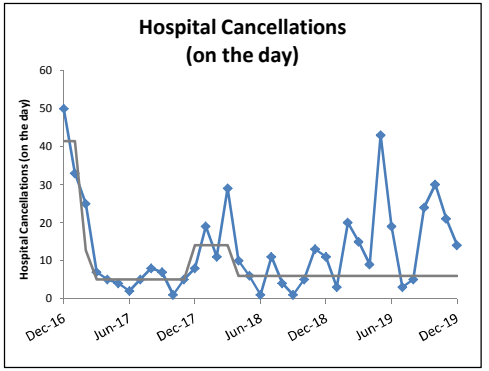
	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	FY2018 -Q4	FY2019 -Q1	FY2019 -Q2	FY2019 -Q3
RTT Incomplete Pathways < 18 weeks *	>92%	92.3%	92.5%	92.2%	92.4%	92.7%	93.1%	93.4%	92.2%	91.0%	92.3%	92.4%	92.9%
Total Wait List Size		26,718	27,812	27,592	27,227	27,069	27,254	26,963	27,044				
Total Backlog > 18 weeks		2,056	2,083	2,162	2,082	1,989	1,892	1,783	2,115				
Pathways >52weeks **		0	0	0	0	0	0	0	0				
On the Day Hospital Cancellations [Due to no beds] ***		43	19	3	5	24	30	21	14	38	71	32	65
Cancelled Ops rescheduled >28 days **	0	1	0	1	3	1	2	3	2	1	2	5	7
Diagnostic Waiting List < 6 weeks **	>99%	95.1%	91.9%	91.2%	90.6%	89.4%	88.2%	88.9%	87.4%	98.0%	94.8%	90.4%	88.2%
% e-Referral ASI rate	<4%	6.9%	7.8%	5.4%	5.1%	5.7%	8.1%	5.2%	8.1%	7.1%	6.7%	5.4%	7.1%
% Advice & Guidance (within 2 days) ****	>80%	89%	86%	84%	86%	78%	80%	79%	74%	93%	88%	83%	78%
Outpatient New Appointments		15,038	14,064	16,011	13,532	14,885	15,932	15,593	13,077	46,902	44,427	44,428	44,602
Outpatient Follow Up Appointments		27,640	26,103	29,253	25,364	28,190	30,112	28,703	24,117	83,192	82,809	82,807	82,932
Outpatient Cancellations <2wks		945	891	922	821	1,014	921	1,028	782	3,500	2,757	2,757	2,731

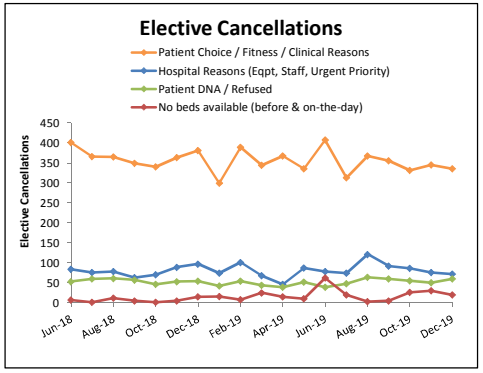
Key: * Constitutional Standard ** NHSI & CCG Requirement *** NHSI reported











RTT Performance

The Trust recorded a compliant 92.2% performance for RTT Incomplete Pathways, which was 0.1% above our agreed trajectory.

The decline has been due to winter pressures and the need to temporarily allocate elective surgical bed stock to medicine throughout December and January. This has predominantly affected Urology, Gynaecology and General Surgery, and is set to continue now into March due to the timeline for completion of the new ward. We have aimed to ameliorate with use of the Urology day unit, InHealth beds and expansion of inpatient beds at Ashford however this has not compensated completely and surgical inpatient elective work remains compromised.

However, the Trust remains significantly above the declining 84.4% national average reported for December 2019 (latest month reported on 9th January 20). Please see the chart included into the additional items of this report which compares RTT Performance Ranking - Locally & Nationally.

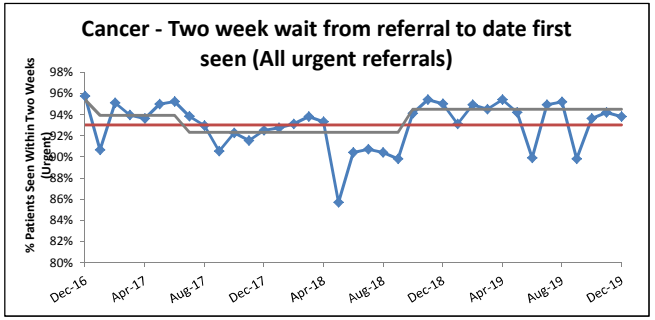
Elective Cancellations

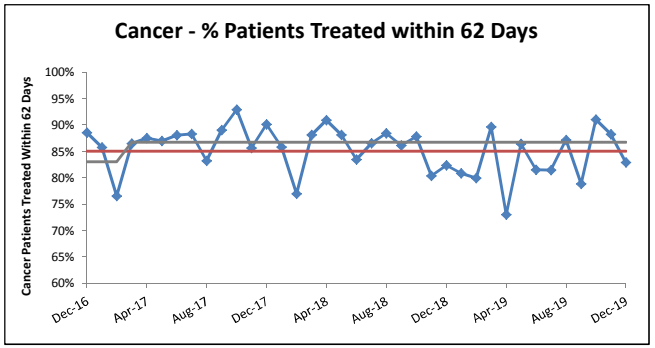
The Trust scheduled a significant reduction in elective capacity over the winter period (16th Dec to Feb20) releasing surgical beds for medical patients, although a further 21 patients were cancelled during December due to non-elective bed pressures.

Cancer Care

Access Activity and Performance Cancer Care

	Standard	Compliance	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	FY2018 -Q4	FY2019 -Q1	FY2019 -Q2	FY2019 -Q3
Referral Activity	All urgent referrals		1,314	1,430	1,579	1,383	1,345	1,460	1,441	1,274	3,654	4,012	4,307	4,175
	Breast Symptomatic patients		166	181	173	151	189	215	204	223	588	573	513	642
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	94.2%	89.9%	94.9%	95.2%	89.9%	93.6%	94.2%	93.8%	94.2%	93.1%	93.4%	93.9%
	Symptomatic breast patients	>93%	98.2%	96.1%	97.7%	97%	96.3%	95.8%	95.6%	96.9%	97.1%	98.3%	97.1%	96.1%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	96.8%	96.2%	96.1%	96.0%	96.3%	97.9%	97.5%	95.8%	97.6%	96.3%	96.4%	96.8%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	100%	100.0%	100.0%	100%	86%	62%	80.0%	87.5%	92.9%	100.0%	92.0%	65.4%
	Drug Treatment	>98%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	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%	86.4%	81.5%	81.4%	87.1%	79.6%	91.0%	88.2%	82.6%	84.5%	81.1%	83.1%	87.6%
	NHS Cancer Screening Service referral	>90%	100.0%	63.6%	86%	100%	100.0%	100.0%	100%	100%	78.9%	86.2%	94.7%	100%





TWR performance
The Trust recorded a compliant performance for December at 93.8%. Of the 79 breaches recorded, patient choice accounted for 64.6%, Straight To Test capacity at 25.3% & OPA capacity and Administration at 10.1%. 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 non-compliant performance for December at 82.6%. Delays have been recorded due to complex pathways (11 patients), patient choice (3 patients), diagnostics (2 patients), internal capacity (1 patient) & external capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads.

31 Day Decision to Treat to Treatment
The Trust recorded a non-compliant performance for December at 95.8%. Delays were recorded due to patient choice (2 patients), hospital cancellation (2 patients) & Admininstrative delay (1 patient).

31 Day NHS Subsequent Surgery Treatment
The Trust recorded a marginally non-compliant performance for December at 87.5% (1 x Plastics Surgery patient breached due to capacity).

Patients 62 Day GP Referral to Treatment Waiting Greater than 104 Days
At the end of December the Trust had 26 patients waiting greater than 104 days waiting for treatment or to be discharged. Of the 26, 10 patients had a confirmed cancer diagnosis (5 patients delayed due to complex pathways & 5 patients due to patient choice).

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.

Current Month 62 Day Performance by Modality

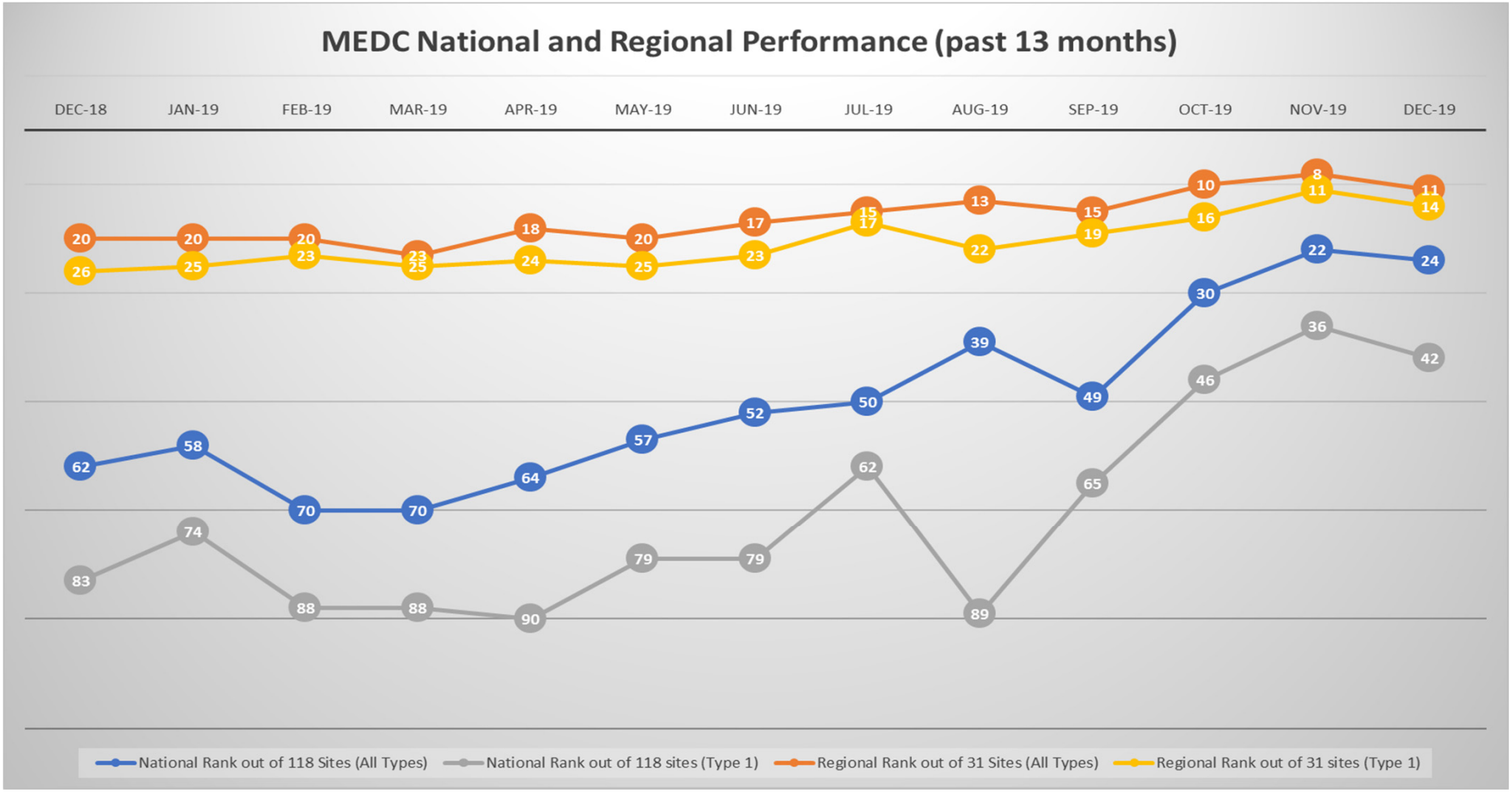
Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	3.5	3.5	0	0%
Breast Symptomatic	1	1	0	0%
Colorectal	10	8.5	1.5	15%
Gynaecology	2	0.5	1.5	75%
Haematology	1	1	0	0%
Head & Neck	2.5	1	1.5	60%
Lung	2	1.5	0.5	25%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	27	27	0	0%
Upper GI	1.5	1	0.5	33%
Urology	19.5	13	6.5	33%
Total	**70**	**58**	**12**	**17.1%**

Additional Items

A&E Regional & National Ranking

A&E Regional & National Ranking

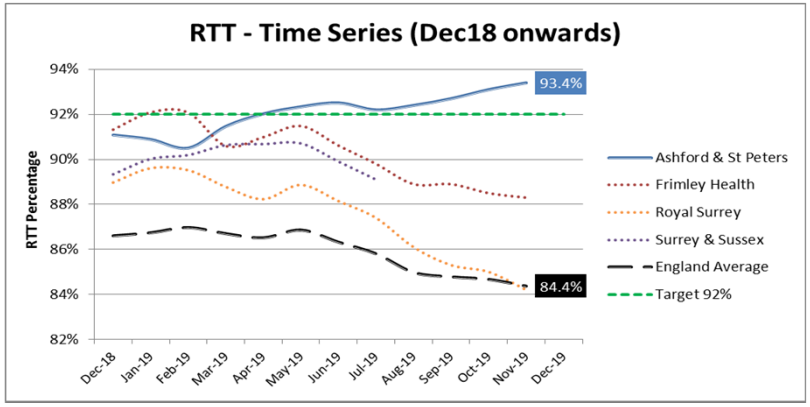
The chart below identifies the Trust's regional & national ranking compared to other providers over the past year. During December 2018, the Trust's NHSI (all types) position regionally was 20th (of 31), and nationally at 62nd (of 118). During December 2019 the Trust had improved its NHSI (all types) position regionally to 11th (of 31), and nationally to 24th (of 118).



Additional Items

RTT Performance Ranking Locally & Nationally

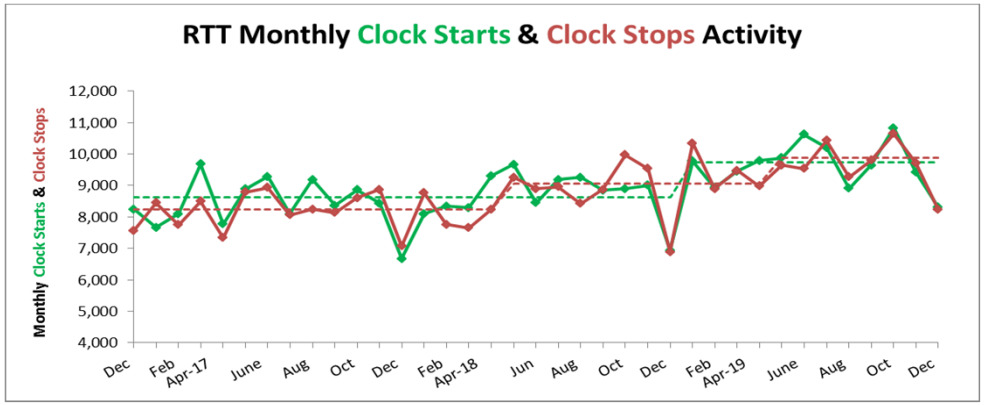
The chart below identifies the Trust's RTT performance over the past year compared to local providers and the national average.
Whilst the Trust has improved from a non-compliant position last December 2018 to a latest 93.4% compliant performance for December 2019, both local and national providers have shown trends of a declining performance, with latest national average recorded at 84.4%.

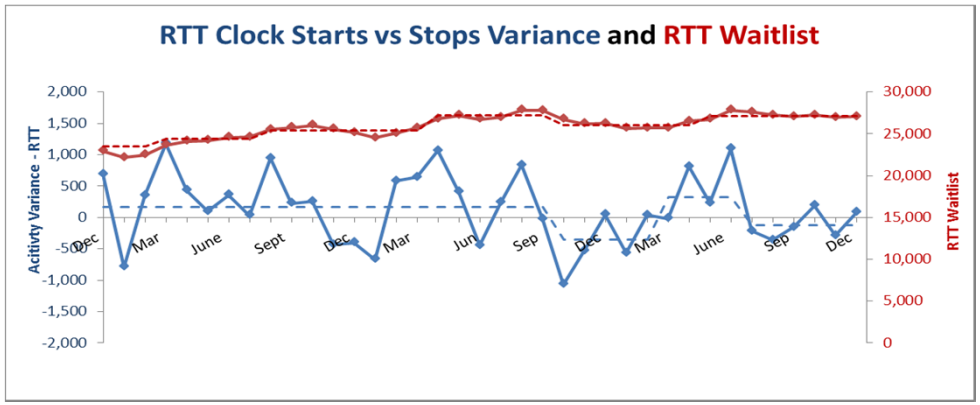


RTT Clock Starts, Clock Stops & RTT Patient Waitlist Size

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 been worked closely with our commissioners to ensure sufficent activity is planned during FY19 to achieve this ambition, although is currently 0.6% behind schedule. To address this, additional activity & productivity improvements are being scheduled.



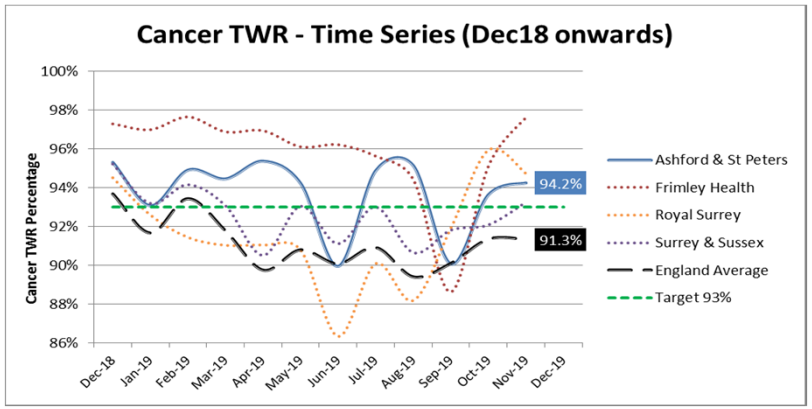


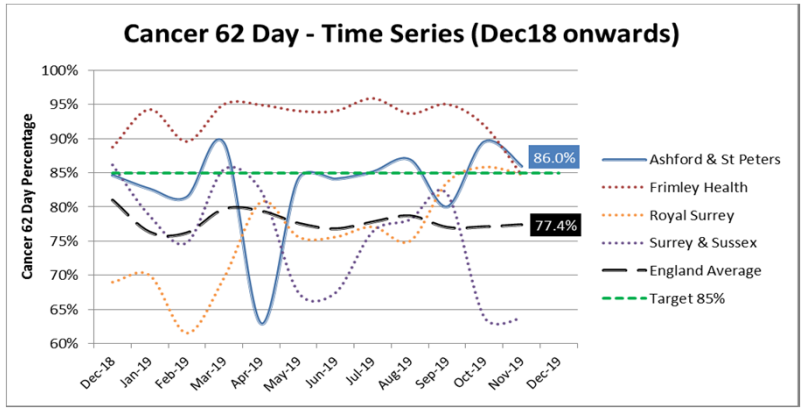
Additional Items

Cancer Performance Ranking Locally & Nationally

The charts below identify the Trust's **TWR (Patients seen within 2 weeks)** & **62 Day (GP Referral to Treatment)** performance over the past year compared to local providers and the national average.

TWR - the Trust has recorded a compliant performance for 11 of the 13 months, ahead of local providers and significantly above the national non-compliant average.
62 Day - the Trust has recorded variable performance over the past year, ahead of 2 of 3 local providers, and consistently above the national non-compliant average.





Cancer 62 Day GP Referral to Treatment Actions taken to improve pathways

Cancer 62 Day GP Referral to Treatment - Improvement Actions

1) Enhancing Visibility (Impact on all tumour sites)
-A new daily PTL was introduced in Nov 19, which identifies patients diagnosed requiring treatment dates and those who are undiagnosed and need ongoing investigation, allowing clinical teams to focus their attention.
-PTL Performance Proforma; Introduced in Nov 19 to improve PTL management and reduce the number of long waiters. The proforma also enables teams to focus on the management on the earlier stages of cancer pathway with the aim of preventing patients exceeding their 62 day pathway.
-Deputy COO has created the specification for a revised Cancer Dashboard (with AI) to be developed during 2020 in conjunction with Beautiful Information.

2) Supporting to manage the histopathology delays (Impact on all tumour sites)
-Deputy COO and Cancer Services have introduced weekly escalations to Histology identifying suspected cancer cases.
-Pre-MDT histology case reports - prioritising cases to be discussed at MDTs, therefore enabling limited histopathology resource to prioritise reporting and ensure available for MDT discussion, avoiding delays.
-The histology team are advertising to backfill and recruit to the consultant vacancies.

3) Template Biopsies- Theatre and Consultant Capacity (Urology)
-Allocated theatre sessions were introduced in Jan 20 to help reduce backlog, with outpatient templates starting later in the year once training is completed.
-Enhanced one stop service to be introduced in Feb 20.

4) Hysteroscopy Capacity (Gynae)
-Purchase of the MyeOsure kit- Nov 19
-Appointment of additional Nurse and 2 x Consultant. 1 x Consultant approved and due to start in 2020.

5) Endoscopy Capacity (Colorectal, UGI)
-Additional support provided by the cancer team to support the management of booking patients on the cancer pathway - commenced Dec 19.
-The service is also outsourcing less complex routine or planned procedure to Ashtead and Cobham
-Exploring consultant availability to provide additional sessions - Nov 19

6) Radiology Reporting Delays- Mammograms, Ultrasound, MRI (impact on all tumour sites)
-Outsourcing of reporting where available & necessary.
-Appointment of locum staff - commenced Dec 19
-Commencing Feb, another 2 one-stops clinics will be scheduled to support demand.