Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
Date: 7th March 2018

TITLE	**Performance Report**
EXECUTIVE SUMMARY	With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from November, although for completeness both calculations are included within this report; > **Excluding Woking WiC activity**, the Trust recorded A&E NHSI performance at 85.1%, which was a 3.4% decline on last month (88.5%). > **Including Woking WiC activity**, the Trust recorded A&E NHSI performance at 88.6%, which was a 2.5% decline on last month (91.1%). Attendances were 3.7% higher than January 2017, with admissions also higher at 3.3%. On a number of occasions during the month, (a) surges in admissions and (b) reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards. The acuity of patients also increased during the month with increases being seen in stranded and super stranded patients. Total attendances in January (at 8,526) were 5.1% lower than December's attendances (8,985) although 3.7% higher than January 2017 (8,219). Admissions during January (at 2,170) were 4.8% lower than December's admissions (2,280) although 3.3% higher than January 2017 (2,100). We have in place an **Urgent Care Improvement Programme** which includes implementing the SAFER CARE bundle and RED and GREEN patient days to promote patient flow. The Trust recorded a non-compliant performance against the 92% standard with January's performance recorded at 90.35%. A total of 9 specialties; General Surgery, Urology, ENT, Ophthalmology, Oral and MaxFacs, Plastic Surgery, General Medicine, Dermatology and Neurology were non-compliant at specialty level. The Trust has highlighted very high risk of aggregate RTT non-compliance as capacity and community demand management schemes have been unable to address the significant increases being seen in outpatient referral demand, compounded further by the reduction in elective capacity over the winter period. The Trust is expected to report compliance for **5 of 7 Cancer standards** for January. The failing standards were; (1) TWR; breach patients due to (a) patient choice to delay and increased demand on STT diagnostic capacity. (2) 62 day Screening. One patient breach due to 4 day admin delay in booking TCI.

The Council is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.
Submitted by:	Tom Smerdon, Director of Operations (Urgent Care) & James Thomas, Director of Operations (Planned Care)
Date:	14th February 2018
Decision:	

Unplanned Emergency Care

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

Activity and Performance Trends

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	FY2016 -Q4	FY2017 -Q1	FY2017 -Q2	FY2017 -Q3
Attendances	8,464	8,688	8,196	8,417	8,875	8,793	8,985	8,526	24,071	25,100	25,301	26,653
Attendances (Woking Walk in Centre)						3,360	3,766	3,751				7,126
Admissions	1,996	2,015	1,963	2,013	2,148	2,044	2,280	2,170	5,950	6,018	5,991	6,472
NHSI 4hr Perf % (exc. Woking WiC) *						88.1%	88.5%	85.1%	88.1%	91.3%	93.2%	89.3%
NHSI 4hr Perf % (inc. Woking WiC from Nov) *	91.5%	93.6%	92.2%	93.7%	91.4%	90.7%	91.1%	88.6%	88.1%	91.3%	93.2%	91.7%
Breaches	1,086	866	1,005	821	1,089	1,451	1,469	1,833	4,550	3,376	2,692	4,009
Medically Optimised Delays (Bed Days)	1,275	1,313	1,178	1,338	1,158	834	703	556	4,972	4,254	3,829	2,695
Delayed Transfers of Care (Bed days)	647	818	696	886	876	719	355	195	2,609	2,317	2,400	1,950
Average Length of Stay (Non-Elective)	6	6	6	6	6	7	6	6	7	6	6	6
Overnight Waits in A&E [Avg DTA's]	5.2	3.9	2.8	4.2	7.2	7.7	6.4	10.3	11.1	5.9	3.6	7.1

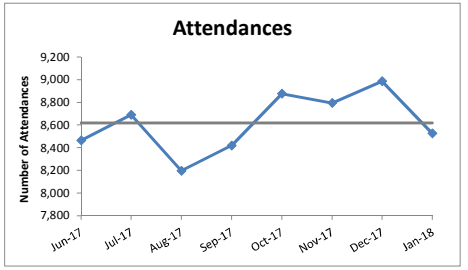
With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from November, although for completeness both calculations are included within this report.
> **Excluding Woking WiC activity, the Trust recorded A&E NHSI performance at 85.1%**, which was a 3.4% decline on last month (88.5%).
> **Including Woking WiC activity, the Trust recorded A&E NHSI performance at 88.6%**, which was a 2.5% decline on last month (91.1%).

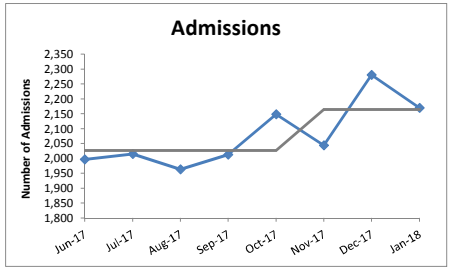
Attendances were 3.7% higher than January 2017, with admissions also higher at 3.3%. On a number of occasions during the month, (a) surges in admissions & (b) reduced staff availability due to vacancies creating delays in A&E as well as slow flow to the wards. Total attendances in January (at 8,526) were 5.1% lower than December's attendances (8,985) although 3.7% higher than January 2017 (8,219).
Admissions during January (at 2,170) were 4.8% lower than December's admissions (2,280) although 3.3% higher than January 2017 (2,100).
Comparing FY2017 A&E attendances (85,580) to FY2016 (83,721) confirms an increasing level of demand attending the emergency department, although a similar level of admissions via A&E FY2017 (20,579) versus FY2016 (20,617).

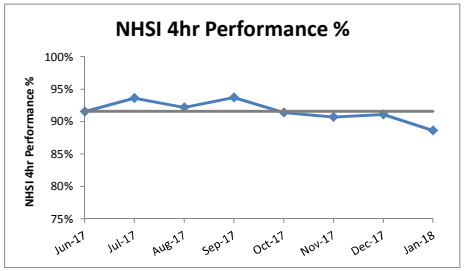
The Trust had to postpone 19 elective procedures during January due to no beds being available. However, in accordance with the NHSI requirement, all non-urgent surgery at the St Peters Hospital site was suspended from 21st December 2017 & throughout January 2018 to provide additional bed stock to cater for the non-elective winter demand.
Although the Trust has seen a substantial improvement in the non-elective length of stay from an average of 7.25 days during April 2015 down to 6.32 days for Jan 2018 the level of admissions continues to cause patient flow difficulties through the hospital creating a backlog within A&E. This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During January the Trust recorded DTA patients waiting in A&E overnight on all 31 days. On 30 days in January, 5 or more patients were waiting to be transferred (average 11 patients on these days).

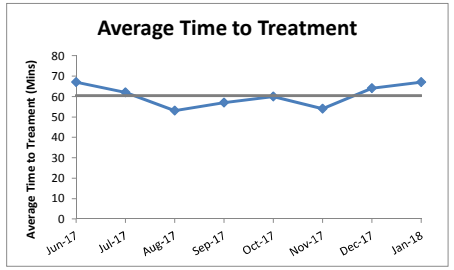
Overall the combined DTOC & Medically Optimised Delays have shown a decreasing trend since the beginning of FY17.

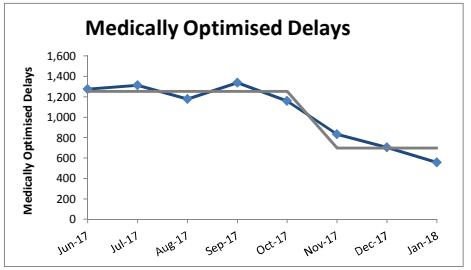
A&E Performance (National Position)
When comparing the Trust including Ashford & Woking WiC (NHSI position), for January (Acute Type 1 Footprint), the Trust is positioned 41st of 137 Trusts.
During January only 8 Trusts reported a compliant performance greater than 95%.

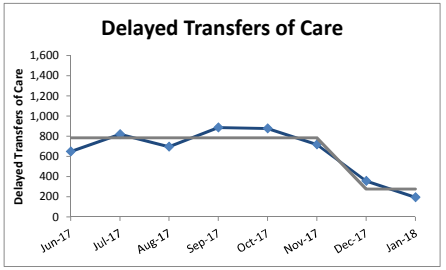


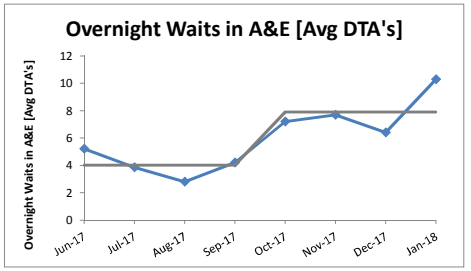


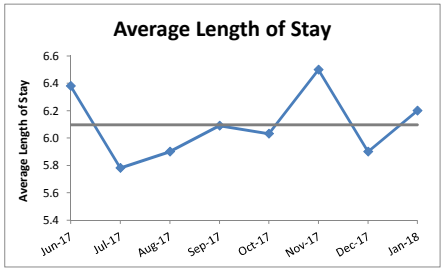












Unplanned Emergency Care

ED Activity Trends and Urgent Care Improvement Programme

Patient Arrives

31.0%	
Nov	Dec
29.1%	29.7%

69.0%	
Nov	Dec
70.9%	70.3%

Initial Assessment

95% of patients had their initial assessment within 67 minutes of arrival

Aug	Sep	Oct	Nov	Dec
42	42	44	48	56

Left without being seen

2.3% of attendances this month left the department before being seen

Aug	Sep	Oct	Nov	Dec
2.4%	2.7%	2.8%	2.5%	1.9%

Re-attendance

6.7% of attendances this month were unplanned re-attendances

Aug	Sep	Oct	Nov	Dec
6.6%	5.7%	6.5%	7.2%	6.8%

Treatment

On average, patients waited 60 minutes from arrival to treatment

Aug	Sep	Oct	Nov	Dec
53	57	60	54	64

Total Time in A&E

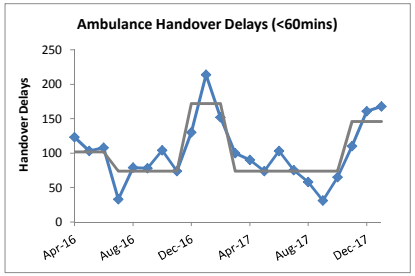
Average (median) waiting time from arrival to leaving A&E after receiving treatment was 153 minutes.

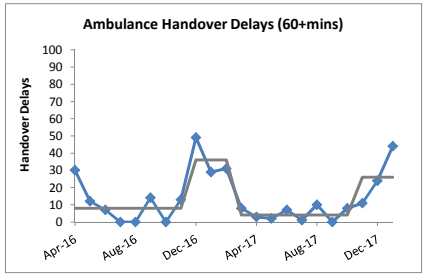
Aug	Sep	Oct	Nov	Dec
128	136	139	141	152

Average (median) waiting time from arrival to receiving a decision to admit to hospital was 288 minutes.

Aug	Sep	Oct	Nov	Dec
218	188	230	232	268

Ambulance Handover Delays





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

1. ED Streaming At The Front Door

The objective is to create and run pathways that decompress the Emergency Department by streaming patients to other inpatient services including assessment areas and preventing attendance through telephone management.
Since June 2017 we have a senior nurse supporting streaming from the Urgent Care walk in centre to ensure patients requiring speciality review are directly streamed to the specialty assessment areas, bypassing ED where appropriate.
A second substantive GP has been in place from the 2nd week of Jan 2018 to support UCC GP streaming, which leaves only 1 day (Sunday) where a locum is being utilised.
This GP service is now available for 12 hours per day and with permanent GP's, performance of GP Streaming has improved. The Primary Health Care area to the UCC is also now fully open with Paediatrics being streamed to this area to see the GP.

2. Patient Flow

This objective is aimed at improving and ensuring the safe and effective flow of patients into the hospital from ED at the point of referral to beyond discharge from the acute hospital. We have expanded our ambulatory care service to seven days per week with an enhanced workforce to meet the increase in demand to support a reduction in admissions. The Trust is implementing use of the SAFER care bundle and Red and Green patient days to support proactive patient flow and timely discharges, including additional senior management support for medical wards to embed red to green, ensure EDD's are recorded and support processes enabling discharges.
The 'fit to sit' initiative has commenced in the main ED in order to minimise inappropriate corridor queuing.

3. Improving Discharge Processes

The key requirement for this objective is to reduce in-patient delays, overall length of stay and bed days lost due to medically fit patients waiting to discharge.
We are working closely with partner organisations to reduce the number of patients remaining in hospital beyond their date of medical fitness.
On a daily basis, patient and process delays are scrutinised to address, escalate and improve resolutions to mitigate and prevent future patient delays. Stranded patient meetings with wards are also scheduled to ensure complex patients are managed appropriately with support from system partners.

Planned Elective Care

Activity and Performance Trends

	Target	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	FY2016 -Q4	FY2017 -Q1	FY2017 -Q2	FY2017 -Q3
RTT Incomplete Pathways < 18 weeks *	>92%	93.6%	93.2%	92.8%	92.4%	92.4%	92.8%	91.1%	90.4%	92.3%	93.2%	92.8%	91.1%
Total Wait List Size		24,552	24,585	25,529	25,754	26,010	25,578	25,173	24,498				
Total Backlog > 18 weeks		1,571	1,680	1,838	1,960	1,970	1,831	2,242	2,364				
Pathways >52weeks **		1	0	0	0	0	0	0	0				
Hospital Cancellations (on the day) ***		1	5	7	4	1	5	8	19	65	9	16	32
Cancelled Ops rescheduled >28 days **	0	3	2	0	2	3	7	2		29	8	4	12
Diagnostic Waiting List < 6 weeks **	>99%	99.1%	97.6%	97.0%	98.1%	98.5%	99.3%	98.2%	97.3%	99.8%	99.2%	97.6%	98.7%
% e-Referral ASI rate ****	<4%	19.5%	26.7%	14.9%	2.2%	2.2%	3.3%	3.2%	2.9%		19.5%	2.2%	3.2%
% Advice & Guidance (within 2 days) ****	>80%					86%	91%	97%	91%				91%
Outpatient New Appointments		15,285	13,506	13,721	14,090	14,986	15,262	12,041	14,881	39,346	42,776	41,317	42,108
Outpatient Follow Up Appointments		27,707	25,987	25,988	25,439	26,869	27,821	21,819	27,498	59,649	78,113	77,414	75,955
Outpatient Cancellations <2wks		928	1,724	819	1,346	1,453	1,283	769	941	2,890	3,471	4,082	3,505

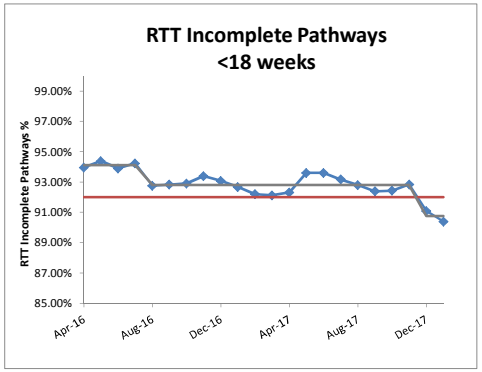
* Constitutional Standard
** NHSI & CCG Requirement
*** NHSI reported
**** CQUIN

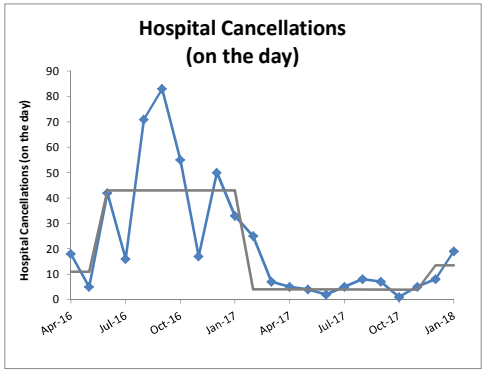
Referrals
The Trust has continued to receive high referrals for TWR, Urgent and Routine patients with the following specialties currently recording over 10% growth;
Breast, Haematology, Colorectal, Diabetes, Endocrinology, ENT, Gastroenterology, Medical Oncology, & Neurology.

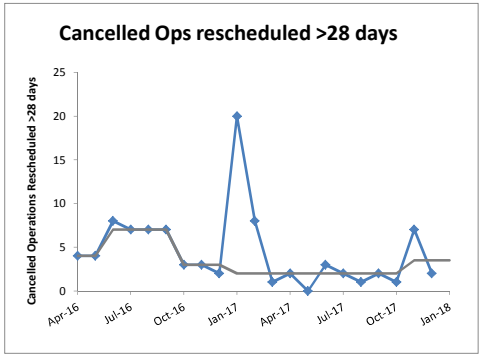
The Trust has responded by increasing capacity as best able to meet demand, although within the financial envelope the Trust and Commissoners have been provided. This has limited the amount of additional activity that has been able to be provided and therefore commissioners have sought to introduce community demand management schemes and better use of e-Referral Advice & Guidance; whilst the Trust has introduced ways to improve productivity & clinic and theatre utilisation.

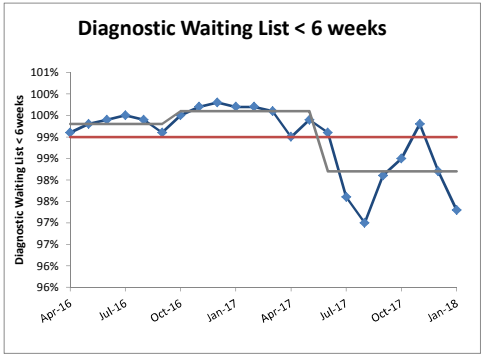
NHS Digital have recently published their national outpatient data analysis which confirms the Trust continues to have lower than the England average Did Not Attend (DNA) rates.

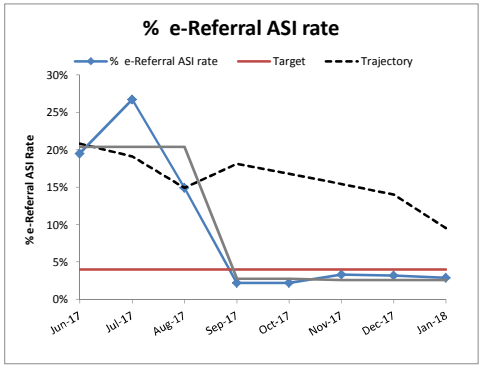
Theatre Cancellations
The Trust had to cancel 19 patients due to non-elective bed pressures, although has shown improvement in reducing the overall number of theatre cancellations. Rescheduling of Cancelled Operations within 28 days has improved since November although capacity constraints have created scheduling difficulties.

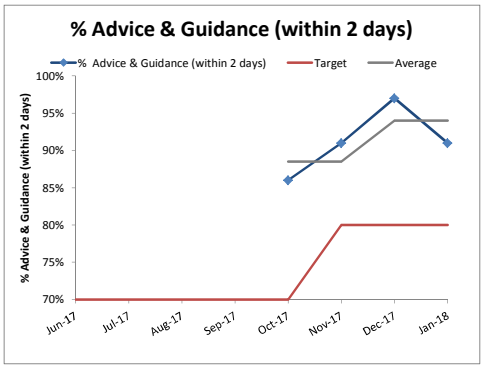












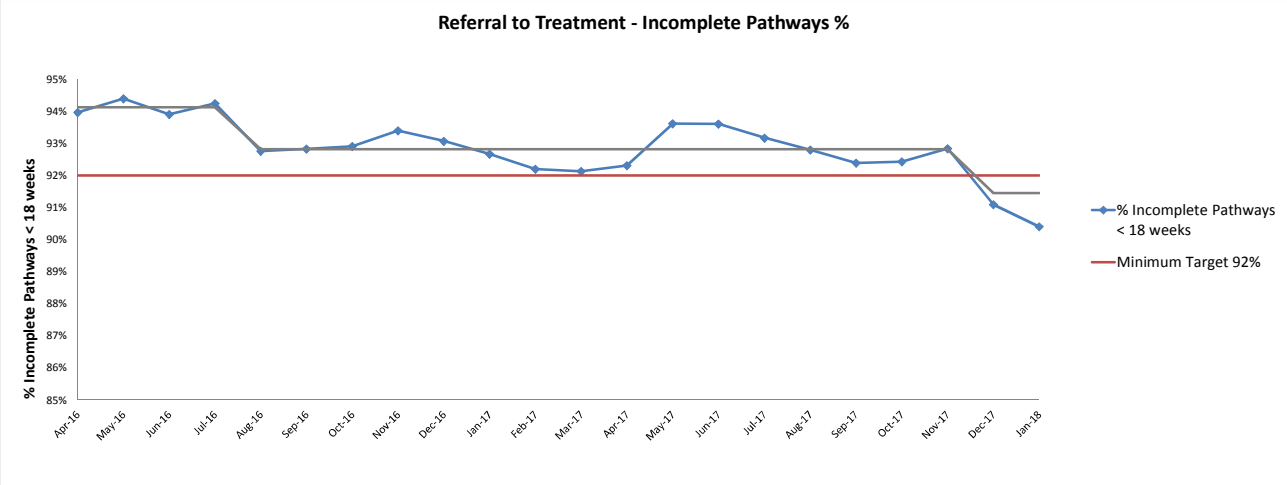
Planned Elective Care

Access Activity and Performance - Referral to Treatment [January 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%	**90.4%**	88.0%	88.4%	93.1%	90.0%	87.9%	80.1%	87.5%	95.0%	91.8%	94.5%	96.1%	87.4%	91.2%	96.8%	98.2%	96.9%	95.3%	97.0%
Patient waiting 30-40 weeks		**261**	63	11	63	37	5	61	1	1	2	1	1	6	3	2	1	0	3	0
Patient waiting 40-51 weeks		**65**	3	4	4	10	0	4	0	5	22	11	0	0	1	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		**24,498**	2,863	972	4,935	1,995	3,892	1,829	25	534	1,156	751	933	1,496	692	230	778	129	1,196	92
Total Backlog > 18 weeks		**2,364**	343	116	327	194	462	360	3	26	97	48	31	187	64	7	15	5	54	25

Diagnostic Waiting List < 6 weeks	99%	**97.3%**	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.0%	98.4%	100%	54.0%	100%	100%	100%	100%	100%
% Cancelled Ops rescheduled <28 days	99%	**99.2%**	98.8%	95.1%	98.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		99.0%	

Number of e-Referral ASI's		136	2	1	2	7	3	0	0	0	35	5	0	72	4	0	0	0	0	5
% e-Referral ASI rate	<4%	**2.9%**	2.6%	1.3%	0.6%	1.4%	0.4%	0.0%	0.0%	0.0%	4.2%	0.9%	0.0%	8.8%	2.4%	0.0%	2.4%	0.0%	0.0%	1.0%



RTT Incomplete Pathways Performance

The Trust recorded a non-compliant performance against the 92% standard with January's performance recorded at 90.4%, with a total of 9 specialties; General Surgery, Urology, ENT, Ophthalmology, Oral & MaxFacs, Plastic Surgery, General Medicine, Dermatology and Neurology non-compliant at specialty level. The Trust has highlighted very high risk of aggregate RTT non-compliance as capacity & community demand management schemes have been unable to address the significant increases being seen in outpatient referral demand, compounded further by the reduction in elective capacity over the winter period. Recovery planning is underway.

Specific specialty issues have been;

General Surgery - historic capacity issues and ongoing financial constraints.

Urology - historic capacity issues due to gaps in consultant staffing. Now recruited with recovery underway.

ENT - historic capacity issues due to emergency consultant absence and medical staff vacancy. Consultant appointed early January.

Ophthalmology - sustained growth in demand has outpaced available capacity. The specialty have initiated outsourcing & the recruitment of additional clinical staff.

Oral & MaxFacs - historic demand and capacity imbalance exacerbated by medical staff vacancies.

Plastic Surgery - low volume PTL; and low volume backlog tolerance of no more than 1 pathway.

General Medicine - respiratory subspecialty breaches due to high demand versus capacity for sleep study diagnostics. Consultant sickness in endocrinology an diabetic medicine.

Dermatology - the specialty has consistently high referral volume (inc. TWR's) plus significant staff capacity constraints. New model requiring upfront imaging has not gained momentum in primary care.

Neurology - variable performance due to long term staff capacity issues through sickness. Locum recruitment is underway to reduce delays in neurophysiology diagnostics testing and reporting.

Endoscopy - capacity issues due to an ongoing increase in TWR demand. The new endoscopy suite is providing more flexible capacity.

Diagnostic Tests

The Trust has provisionally failed the DM01 diagnostic standard in January with performance recorded at 97.8%.

This has been mainly due to;

- ongoing high demand for endoscopy services and the reduction in capacity during December and January,
- Neurophysiology due to staff sickness creating a reporting & wait list backlog.

A recovery plan is underway.

e-Referrals Appointment Slot Issues & Performance

The Trust achieved the e-Referrals trajectory in January with performance recorded at 2.8% against a maximum allowance of 9.5%.

Specific specialty issues have been;

Dermatology - Ongoing high demand continues to exceed available capacity with polling times and Wait to 1st Appointment excessive.

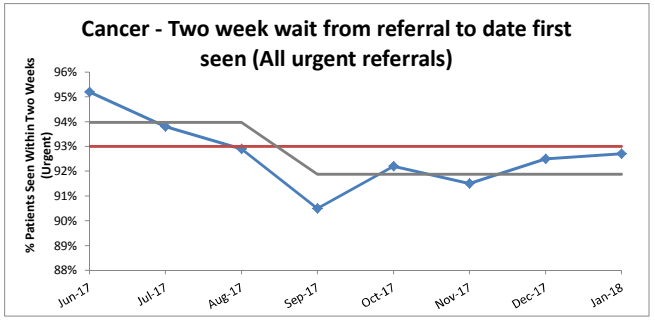
The Trust is; (1) introducing revised processes to improve productivity (2) securing additional capacity to resolve the backlog, & (3) working with CCG colleagues to distribute the workload within the community.

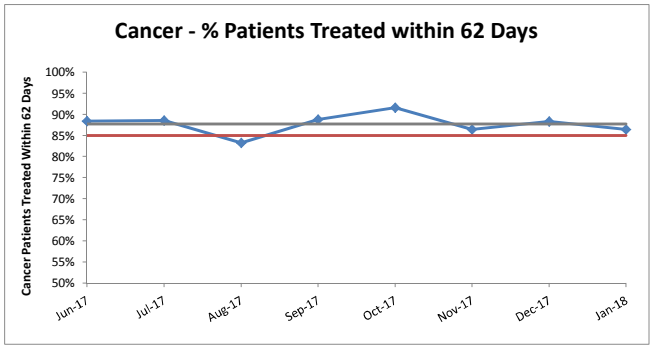
Gynaecology - Demand has exceeded specialist CEMIG clinic capacity. Additional resources are scheduled to commence Feb 2018.

Cancer Care

Activity and Performance Trends

	Standard	Compliance	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	FY2016 -Q4	FY2017 -Q1	FY2017 -Q2	FY2017 -Q3
Referral Activity	All urgent referrals		1,045	1,005	935	918	1,031	1,050	908	934	2,680	2,972	2,858	2,989
	Breast Symptomatic patients		161	143	155	115	153	111	153	180	386	452	413	417
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	95.2%	93.8%	92.9%	90.5%	92.2%	91.5%	92.5%	92.7%	93.3%	94.6%	92.5%	92.1%
	Symptomatic breast patients	>93%	93.8%	97.2%	92.9%	95.7%	96.7%	95.5%	98.0%	97.8%	98.5%	95.4%	95.1%	96.9%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	98.8%	96.8%	98.8%	96.9%	96.5%	96.6%	100%	97.6%	98.3%	98.8%	98.0%	97.6%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	100%	71.4%	100%	100%	100%	100%	100%	100%	82.1%	94.4%	93.9%	100%
	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%	88.4%	88.5%	83.2%	88.8%	91.6%	86.4%	88.3%	86.4%	83.2%	87.7%	87.0%	89.6%
	NHS Cancer Screening Service referral	>90%	100%	92.3%	100%	85.7%	100%	100%	100%	0.0%	96.0%	96.2%	93.9%	100%





TWR performance
Performance for January is recorded marginally non-compliant at 92.7% with 48 of the 68 breaches (70%) due to patient choice.

The Trust is working with NWS CCG colleagues to support the engagement of patients attendance within 14 days, including the provision of additional capacity to reduce the wait to 1st appointment for Outpatient and Endoscopy tests, streamlining administrative processes and specialist nurse enagement with patients prior to their visit.

62 Day Performance
The Trust has recorded a provisionally compliant performance for January at 86.4%.

Delays have been recorded due to complex pathways (12 patients), patient choice (1 patient), histopathology (1 patient) and tertiary capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads.

The Trust with tertiary partners are undertaking a shadow performance monitoring excercise aimed at assessing the impact of the proposed 38 day tertiary referral guidance and the ASPH Cancer Timed Pathway Analysis to review the effectiveness of the outcomes of the existing action plan and to enhance improvement activities to address current areas of cancer performance concern.

Current Month 62 Day Performance by Modality

Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	9	9	0	0%
Breast Symptomatic	3	3	0	0%
Colorectal	3.5	1.5	2	57%
Gynaecology	3	3	0	0%
Haematology	2	0	2	100%
Head & Neck	2.5	1.5	1	40%
Lung	6	4.5	1.5	25%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	22	20	2	9%
Upper GI	4	4	0	0%
Urology	22	20	2	9%
Total	**77**	**66.5**	**10.5**	**13.6%**