

Trust Board
Date: 25th October 2018

AGENDA ITEM	16.1	
TITLE OF PAPER	Performance Report	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
Financial Management Committee		
<u>STRATEGIC OBJECTIVE(S):</u>		
Quality Of Care	✓	To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.
People	✓	Patient expectations in terms of access are reflected in NHS performance targets.
Modern Healthcare		
Digital		
Collaborate		
EXECUTIVE SUMMARY		
<p>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;</p> <p>> Excluding Woking WiC activity, the Trust recorded A&E NHSI performance at 84.8%, which was a 1.6% decline on last month (86.2%).</p> <p>> Including Woking WiC activity, the Trust recorded A&E NHSI performance at 88.2%, which was a 0.7% decline on last month (88.9%).</p> <p>Attendances were 1.7% lower than September 2017, and admissions also lower by 3.7%. Due to the ongoing high numbers in admissions and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards. The acuity of patients remained high during the month with high length of stay continuing.</p> <p>Total attendances in September (at 8,276) were 1.7% higher than August's attendances (8,134) although 1.7% lower than September 2017 (8,417), although admissions during September (at 1,889) were 3.7% higher than August's admissions (1,821) although 3.7% lower than September 2017 (1,961). Comparing FY2018 A&E attendances (51,139) to FY2017 (50,400) identifies an increasing level of demand attending the emergency department (+1.5%), although a reduced level of overall YTD admissions (-3.4%) via A&E FY2018 (11,352) versus FY2017 (11,750).</p> <p>We have secured additional NHSI supported initiatives for the Urgent Care Improvement Programme, with further developments outlined on page 4.</p>		

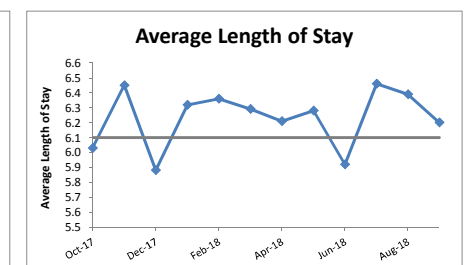
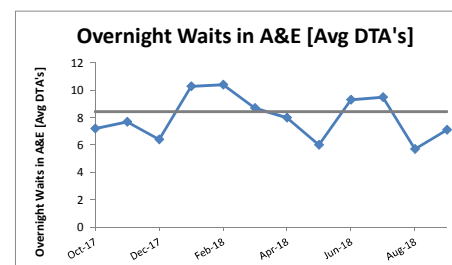
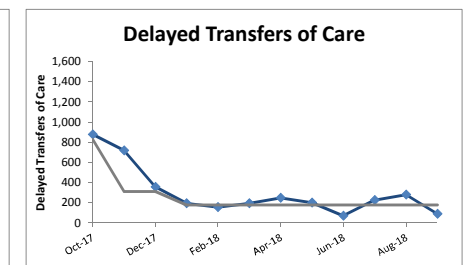
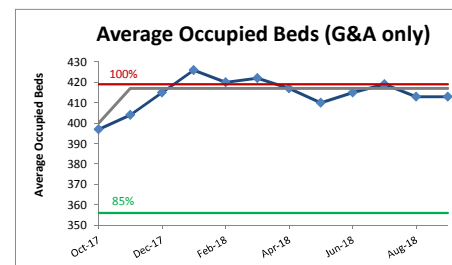
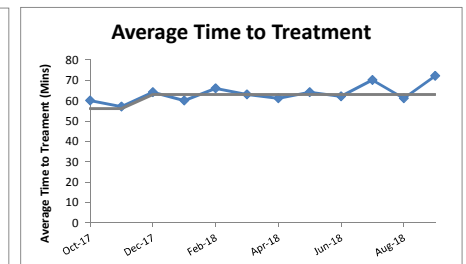
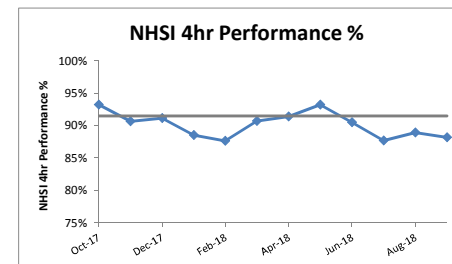
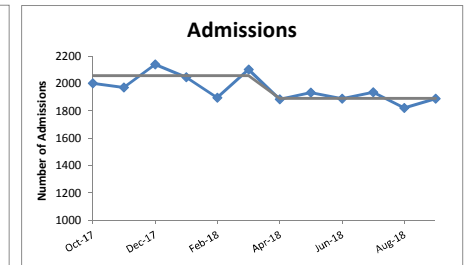
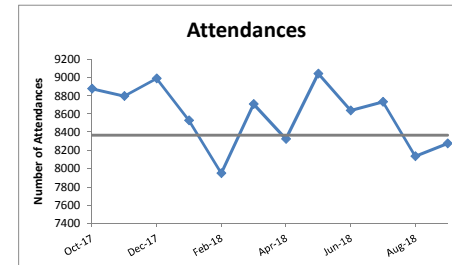
	<p>The Trust recorded a non-compliant performance against the 92% RTT standard with September's performance recorded at 90.7%, which was a 0.6% decline on August's performance (91.3). A total of 4 specialties; General Surgery, Ophthalmology, Oral & MaxFacs, and Neurology were non-compliant at specialty level.</p> <p>RTT Recovery The Trust remains 0.1% away from our agreed recovery trajectory. With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust remains significantly above the 87.8% national average reported for July 2018 (latest month reported on 13th Sept 18).</p> <p>The Trust is expected to report compliance for 5 of 7 Cancer standards for September.</p> <p>-TWR performance for September is recorded non-compliant at 89.8%. Of the 125 breaches recorded, patient choice accounted for 57%, STT capacity at 34% & OPA capacity at 9%.</p> <p>-62 Day GP Referral to Treatment performance for September is recorded compliant at 86.3%</p> <p>The Trust is considering the reporting of an additional metric(s) to better understand the quality and safety implications including the patient experience of the access standards. These may include;</p> <ul style="list-style-type: none"> - Number of contacts per patient (appointments to treatment) - Number of hospital initiated elective cancellations - Short notice outpatient cancellations (less than 6 weeks) - Retrospective Survey & Others <p>Preliminary discussions have taken place between clinical, quality & performance stakeholders, with additional scheduled prior to a proposal to be discussed at November's Quality & Performance committee.</p>
RECOMMENDATION:	Review the paper and discuss the contents seeking additional assurance as necessary.
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	
Patient impact	
Employee	
Other stakeholder	
Equality & diversity	
Finance	
Legal	
Link to BAF Risk	
AUTHOR NAME/ROLE	Julian Ruse, Associate Director of Performance
PRESENTED BY DIRECTOR / ROLE	Tom Smerdon, Director of Operations (Urgent Care) & James Thomas, Director of Operations (Planned Care)
DATE	12 th October 2018
BOARD/TEC ACTION	For Assurance

Unplanned Emergency Care

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

Activity and Performance Trends

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	FY2017-Q3	FY2017-Q4	FY2018-Q1	FY2018-Q2
Attendances	7,948	8,704	8,325	9,039	8,634	8,731	8,134	8,276	26,653	25,178	25,998	25,141
Attendances (Woking Walk in Centre)	3,346	3,812	3,650	3,612	3,688	3,844	3,514	3,457	7,126	10,909	10,950	10,815
Admissions	1,895	2,103	1,847	1,933	1,888	1,935	1,821	1,889	6,111	6,043	5,668	5,645
NHSI 4hr Perf % (exc. Woking WIC) *	84.0%	87.9%	88.8%	91.4%	87.8%	84.0%	86.2%	84.8%	89.3%	85.8%	89.3%	85.0%
NHSI 4hr Perf % (inc. Woking WIC from Nov) *	87.7%	90.7%	91.4%	93.2%	90.5%	87.7%	88.9%	88.2%	91.7%	89.0%	91.7%	88.3%
Breaches	1,816	1,532	1,339	1,134	1,504	2,017	1,616	1,795	4,009	5,181	3,977	5,428
Medically Optimised Delays (Bed Days)	535	586	531	535	308	381	586	299	2,695	1,677	1,374	1,266
Delayed Transfers of Care (Bed days)	155	195	249	199	71	225	279	89	1,950	545	519	593
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paed/Well Babies)	6	6	6	6	6	6	6	6	6	6	6	6
Overnight Waits in A&E [Avg DTA's]	10.4	8.7	8.0	6.0	9.3	9.5	5.7	7.1	7.1	9.8	7.8	7.8



With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WIC) activity from November, although for completeness both calculations are included within this report.

- > **Excluding Woking WIC activity, the Trust recorded A&E NHSI performance at 84.8%**, which was a 1.6% decline on last month (86.2%).
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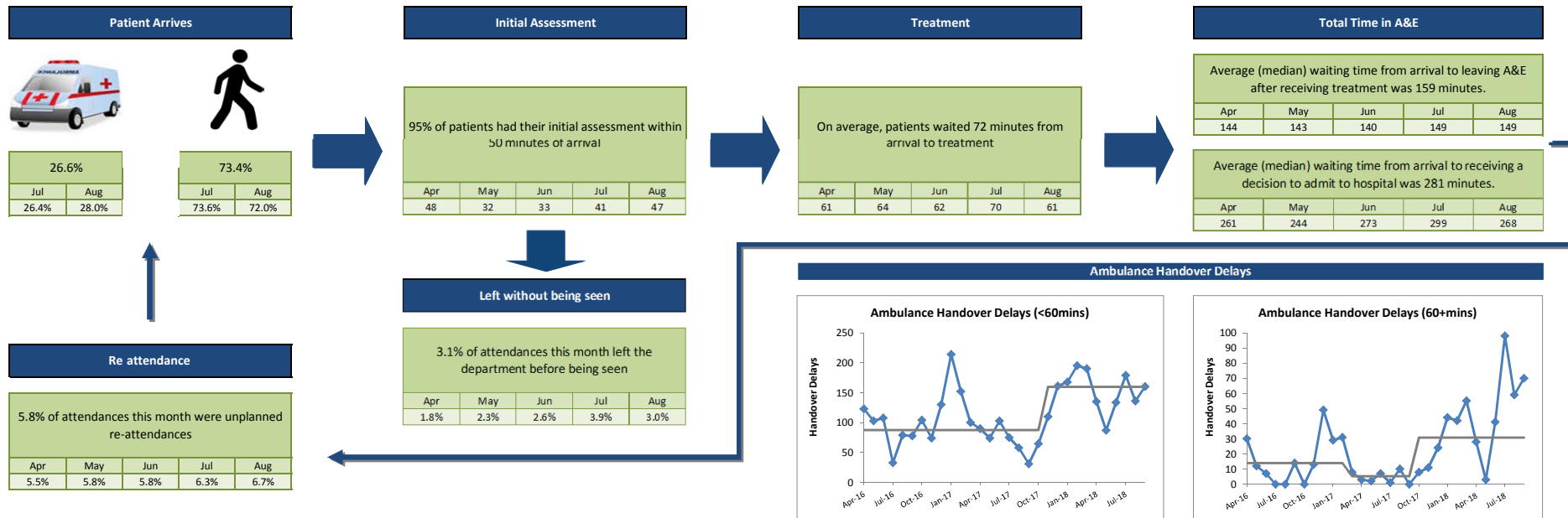
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The Trust had to postpone 1 elective procedure during September due to no beds being available. However, in accordance with the NHSI requirement, all non-urgent surgery at the St Peters Hospital site was suspended from 21st December 2017 and throughout January 2018 to provide additional bed stock to cater for the non-elective winter demand. Non-elective average length of stay for September 2018 remained high causing patient flow difficulties through the hospital & creating a backlog within A&E. This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During September the Trust recorded DTA patients waiting in A&E overnight on 29 days. Overall the combined DTOC & Medically Optimised Delays have maintained a lower trend 2018 compared to 2017.

A&E Performance (National Position)

When comparing the Trust including Ashford and Woking WIC (NHSI position), for September (Acute Type 1 Footprint), the Trust is positioned 74th of 134 Trusts. During September only 24 Trusts reported a compliant performance greater than 95%.



Urgent Care Improvement Programme

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

- Same day emergency care including CDU,SAU, ambulatory pathways and frailty response
- Frailty/Ambulatory data review and support
- Ambulance handover processes and space utilisation including fit 2 sit
- A Multi Agency Discharge Event (MADE) bringing together the local health system to challenge and improve patient flow, delays and simplify discharge processes w/c 15th October support
- Fabulous Fortnight w/c 22nd October

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

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

Planned Elective Care

Activity and Performance Trends

	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	FY2017-Q3	FY2017-Q4	FY2018-Q1	FY2018-Q2
RTT Incomplete Pathways < 18 weeks *	>92%	90.4%	89.5%	89.9%	91.5%	91.3%	91.5%	91.3%	90.7%	91.1%	89.5%	90.9%	91.2%
Total Wait List Size		25,076	25,716	26,777	27,183	26,739	26,972	27,805	27,782				
Total Backlog > 18 weeks		2,416	2,711	2,716	2,322	2,337	2,295	2,295	2,594				
Pathways >52weeks **		0	0	0	1	0	0	0	2				
On the Day Hospital Cancellations (Due to no beds) ***		11	29	10	6	1	11	4	1	14	59	17	16
Cancelled Ops rescheduled >28 days **	0	2	7	1	0	0	2	0	0	12	28	1	2
Diagnostic Waiting List < 6 weeks **	>99%	98.4%	98.7%	99.0%	99.0%	98.8%	98.8%	99.0%	96.8%	98.1%	98.9%	98.9%	98.2%
% e-Referral ASI rate ****	<4%	2.3%	2.3%	4.1%	4.2%	5.4%	4.5%	6.1%	4.8%	3.5%	2.8%	4.6%	5.1%
% Advice & Guidance (within 2 days) ****	>80%	85%	95%	95%	92%	85%	91%	89%	92%	92%	93%	90%	91%
Outpatient New Appointments		13,393	13,430	14,105	15,552	14,706	15,214	14,258	14,603	42,108	42,099	44,363	44,075
Outpatient Follow Up Appointments		24,037	23,962	24,608	27,145	26,989	28,314	26,513	25,958	75,955	76,326	78,742	80,785
Outpatient Cancellations <2wks		1,020	1,155	807	873	967	967	1,097	1,321	3,505	3,116	2,647	3,385

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

RTT Recovery

The Trust recorded 90.7% for RTT Incomplete Pathways, 0.1% behind our agreed recovery trajectory. With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust remains significantly above the 87.8% national average reported for July 2018 (latest month reported on 13th Sept 18).

With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust has initiated recovery plans to deliver this from November 2018 although will remain susceptible to winter pressures & a reduction in elective capacity during Dec 18 - Feb 2019, although is aiming to overachieve before this time to provide contingency. The Trust is responding by increasing capacity as best able (& available) to meet demand, although within the financial envelope the Trust and Commissioners have agreed.

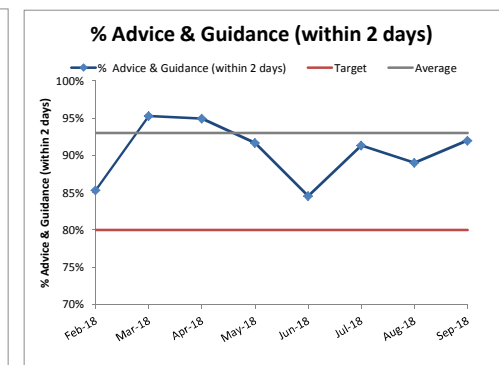
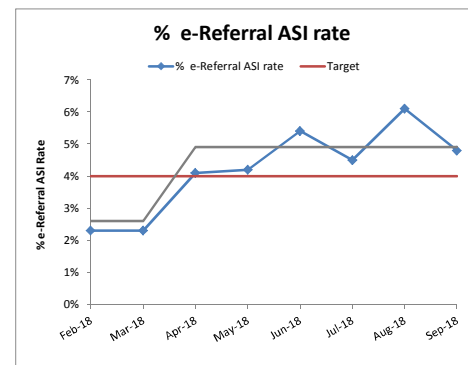
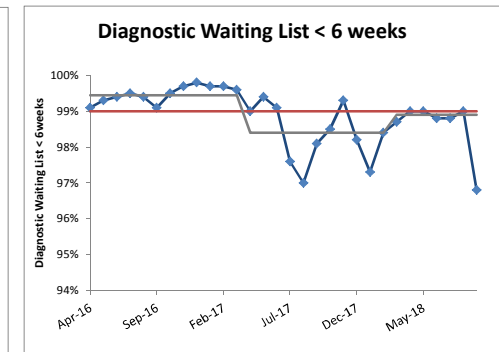
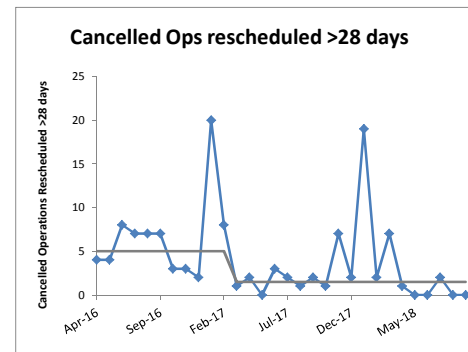
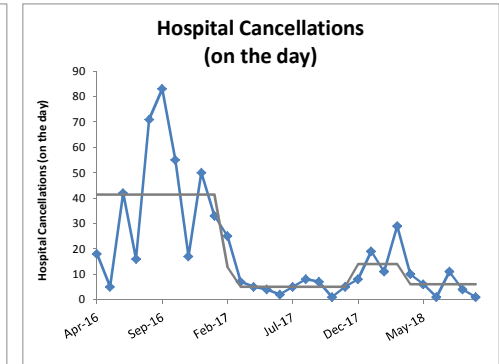
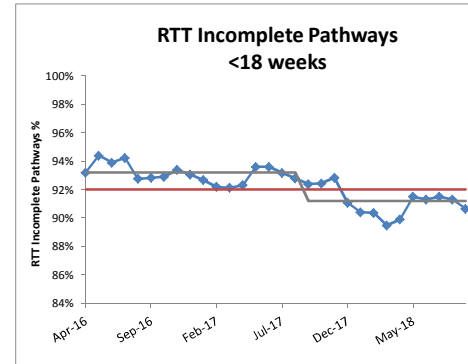
This may limit the amount of additional activity that can be provided if referrals exceed growth estimates and therefore commissioners will seek to introduce community demand management schemes and better use of e-Referral Advice and Guidance; whilst the Trusts introducing ways to improve productivity and clinic and theatre utilisation.

e-Referral Service

The Trust's Appointment Slot Issues (ASI) rate decreased to 4.8% during September although GP referral demand exceeded expected capacity in Ophthalmology, Dermatology, Cardiology, ENT and Paediatrics. The Trust successfully implemented Referral Paper Switch Off on 1st July 2018, and as per the national NHS mandated contract, will not accept referrals received outside of e-RS (i.e. paper & fax) from October 2018.

Theatre Cancellations

The Trust had to cancel 1 patient during September due to non-elective bed pressures. Rescheduling of Cancelled Operations within 28 days has improved during this financial year.



Planned Elective Care

Access Activity and Performance Referral to Treatment [September 2018]

	Target	Trust Actual	General Surgery	Urology	Trauma & Orthopaedics	ENT	Ophthalmology	Oral and Maxillofacial	Plastic Surgery	Pain	General Medicine	Gastroenterology	Cardiology	Dermatology	Neurology	Rheumatology	Paediatrics	Geriatric Medicine	Gynaecology	Other
RTT Incomplete Pathways < 18 weeks	92%	91.3%	90.9%	93.9%	93.2%	93.0%	86.3%	82.1%	100.0%	92.9%	95.2%	93.7%	97.4%	94.6%	84.6%	99.7%	96.6%	99.1%	93.5%	97.9%
Patient waiting 30-40 weeks		181	27	3	30	8	26	50	0	1	4	7	0	3	10	1	4	0	7	0
Patient waiting 40-51 weeks		23	6	0	3	0	0	10	0	0	1	1	1	0	1	0	0	0	0	0
Patient waiting > 52 weeks		0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Waiting List Size		27,782	3,343	1,148	4,951	1,980	4,405	2,048	6	730	1,247	1,022	1,213	2,307	840	301	729	94	1,365	53
Total Backlog > 18 weeks		2,594	355	71	362	159	760	339	0	39	67	78	31	134	64	8	26	1	99	1
Diagnostic Waiting List < 6 weeks	99%	96.8%	88.4%	100%	100%	100%	100%	100%	100%	100%	100%	87.7%	100%	100%	89.4%	100%	100%	100%	100%	99.3%
% Cancelled Ops rescheduled <28 days	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		100%		
Number of e-Referral ASI's		604	5	3	0	39	101	0	0	0	32	5	1	162	25	0	72	2	52	105
% e-Referral ASI rate	<4%	4.8%	1.0%	1.0%	0.0%	6.2%	12.1%	0.0%	0.0%	0.0%	7.6%	0.9%	0.2%	16.3%	7.6%	0.0%	8.5%	3.4%	10.5%	7.6%

RTT Incomplete Pathways Performance

The Trust recorded a non-compliant performance against the 92% standard with September's performance recorded at 90.7%, which was a 0.6% decline on August's performance (91.3%) although only 0.1% away from recovery trajectory. A total of 4 specialties; General Surgery, Ophthalmology, Oral & MaxFacs, 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 seen in outpatient demand, compounded further by the reduction in elective capacity over the winter period.

Extensive patient tracking, recovery implementation & further planning continues with plans to deliver a return to RTT aggregate compliance from November 2018.

Specific specialty improvement plans include;

General Surgery - Additional weekend theatre and clinic activity for Bariatric patients and outsourcing for Upper GI patients.

Ophthalmology - Locum and substantive consultant appointments and Nurse Injectors appointments are underway to provide additional medium and long-term capacity. Outsourcing of cataracts patients to Ramsay Ashstead, Nuffield Woking, & Kingston NHS Hospital Foundation Trust are underway. Insourcing using Medicare is also being scheduled.

Oral and MaxFacs - Additional weekend theatre activity scheduled with SHO resource to provide additional short-term capacity. Bank registrar sessions & use of Consultants 11th PA session also agreed. To support longer term capacity, the Trust is working on staff and infrastructure expansion.

Dermatology - Locum and substantive consultant appointments have been made providing additional short and long term capacity.

Neurology - Substantive consultant recruited (commenced October 18), interim cover is provided by agency consultant and additional weekend activity to resolve the delays in neurophysiology diagnostics testing and reporting.

Endoscopy - Additional weekend activity is scheduled to provide a short-term capacity increase.

52week breaches

The Trust had 2 x 52 week breaches recorded during September 2018.

Patient 1: Waitlisted for surgery 30/01/17, patient preassessed although due to inactivity on the pathway; pathway auto-discharged.

Reviewed in clinic 17/09/18, preassessed 02/10/18, TCI date 24/10/18. Root Cause Analysis & clinical harm review underway.

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

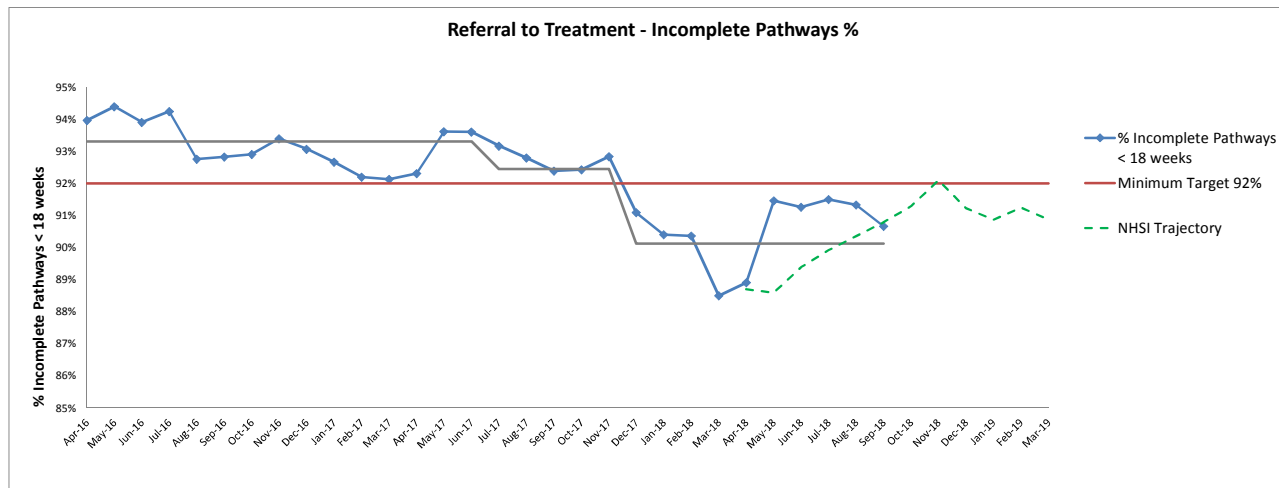
Diagnostic Tests

The Trust recorded non-compliant performance for the DM01 diagnostic standard in September with performance recorded at 96.8%. Most breaches occurred in Endoscopy, Colonoscopy & Neurophysiology due to the reduced number of working days in the month & capacity exceeding demand. Recovery plans creating additional capacity are being enhanced.

e-Referrals Appointment Slot Issues & Performance

The Trust exceeded the e-Referrals Appointment Slot Issues (ASI's) in September with performance recorded at 4.8%. Additional capacity is scheduled to reduce future ASI's, although the Trust continues to see volatility in demand due to patient choice.

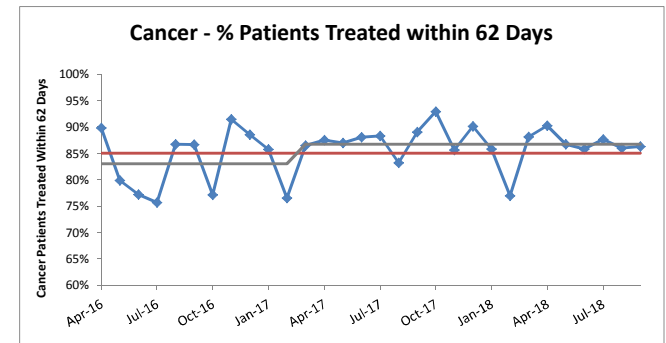
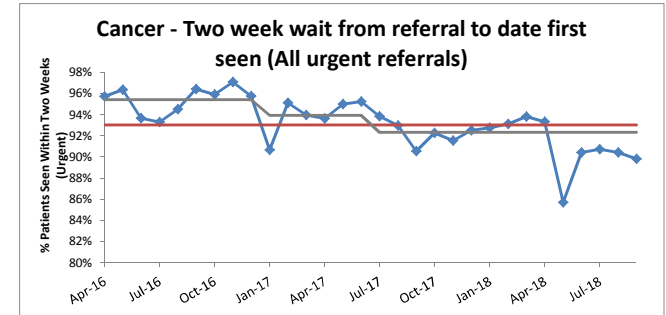
Referral to Treatment - Incomplete Pathways %



Cancer Care

Activity and Performance Trends

	Standard	Compliance	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	FY2017-Q3	FY2017-Q4	FY2018-Q1	FY2018-Q2
Referral Activity	All urgent referrals		972	1,199	1,199	1,181	1,180	1,187	1,135	1,343	2,989	3,105	3,560	3,665
	Breast Symptomatic patients		155	181	181	183	167	170	144	137	417	516	531	451
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	93.1%	93.8%	93.3%	85.7%	90.4%	90.7%	90.4%	89.8%	92.1%	93.6%	89.8%	90.3%
	Symptomatic breast patients	>93%	98.1%	98.9%	97.9%	97.3%	97.6%	92.9%	98.6%	98.5%	96.9%	98.3%	97.6%	96.7%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	100%	98.7%	94.7%	98.9%	98.0%	97.2%	97.7%	98.0%	97.6%	98.7%	97.2%	97.6%
All Cancers: 31 day wait for second or subsequent treatment	Surgery	>94%	100%	100%	100%	100%	85.7%	90.0%	100%	80%	100%	100%	94%	91%
	Drug Treatment	>98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Radiotherapy	>94%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All Cancers: 62 day wait for first treatment	Urgent GP referral for suspected cancer	>85%	76.9%	88.1%	90.2%	86.7%	85.8%	87.6%	86.0%	86.3%	89.6%	83.8%	88.1%	86.6%
	NHS Cancer Screening Service referral	>90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%



TWR performance

Performance for September is recorded non-compliant at 89.8%. Of the 125 breaches recorded, patient choice accounted for 57%, STT capacity at 34% & OPA capacity at 9%. The Trust continues to work with CCG & GP colleagues to support patient engagement within 14 days of referral including actions to reduce wait to 1st TWR appointment & streamline admin processes. Additional protected endoscopy activity is scheduled to provide an increase in STT capacity, including improvement in the colorectal pathway.

62 Day GP Referral to Treatment Performance

The Trust has recorded a compliant performance for September at 86.3%. Delays have been recorded due to complex pathways (6 patients), patient choice (4 patients), diagnostic delay (2 patients), OPA capacity (2 patients) & tertiary capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads.

Patients 62 Day GP Referral to Treatment Waiting Greater than 104 Days

At the end of September the Trust had 43 patients waiting greater than 104 days waiting for treatment or to be discharged. Of the 43, 6 patients have a confirmed cancer diagnosis, with 4 patients delayed due to complex pathways & fitness & 2 patients delayed due to patient choice.

Breach Allocation Rules Change

The changes are included in summary overleaf. Shadow monitoring has been underway over the past year confirming limited risk for the Trust.

Current Month 62 Day Performance by Modality

Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	8	8	0	0%
Breast Symptomatic	3	3	0	0%
Colorectal	1	1	0	0%
Gynaecology	3	0.5	2.5	83%
Haematology	1	1	0	0%
Head & Neck	3.5	3	0.5	14%
Lung	4	2	2	50%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	35.5	34.5	1	3%
Upper GI	3	3	0	0%
Urology	18	13	5	28%
Total	80	69	11	13.8%

Additional Items

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

Scenario	Referral Timeframe	Total Timeframe	New Allocation	Current Allocation Rules
1	> 38 days	<= 62 days	100% of success allocated to the treating provider	50% of success allocated to the referring provider and 50% of success allocated to the treating provider
2	<= 38 days	<= 62 days	50% of success allocated to the referring provider and 50% allocated to the treating provider	
3	<= 38 days	> 62 days	100% of breach allocated to the treating provider	50% of breach allocated to the referring provider and 50% of breach allocated to the treating provider
4	> 38 days	> 62 days, but treating trust treats within 24 days	100% of breach allocated to the referring provider	
5	> 38 days	> 62 days, and treating trust treats in > 24 days	50% of breach allocated to the referring provider and 50% allocated to the treating provider	

RTT Clock Starts, Clock Stops & RTT Patient Waitlist Size

NHSE & NHSI FY18 planning expectations are for Trusts to ensure;

- (1) the number of patients waiting for treatment end March 2019, must not exceed the number of patients waiting for treatment recorded end March 2018, &
- (2) Zero patients waiting longer than 52 weeks for their first definitive treatment.

As activity is funded by local CCGs & specialised commissioners, it is imperative that during FY18, the number of patient treatments (clock stops) are greater than the number of patients referred in for treatment (clock starts), to deliver NHSE & NHSI FY18 planning expectations within the funded provision provided by local CCGs & specialised commissioners.

