

































TRUST BOARD

TITLE	Operational Performance Report
EXECUTIVE SUMMARY	<p>The Trust marginally missed the 4 hour A&E standard in May with performance recorded at 94.25%.</p> <p>The Trust's A&E performance showed ongoing incremental improvement during May, despite the bank holidays creating surges in admissions and difficulty securing complex discharge.</p> <p>The 18 weeks Admitted Performance returned to aggregate compliance for May although General Surgery & Urology experienced difficulty at specialty level.</p> <p>The 18 weeks Non-admitted standard showed continuing improvement, whilst the Incomplete Pathway standard also improved to ~3% higher than the national average.</p> <p>All Cancer performance standards for May (including 2 week rule & 62 referral to treatment) were compliant, except the 62 day screening standard (as a result of one breach due to a lengthy delay at a non-ASPH screening centre).</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.
LINK TO STRATEGIC OBJECTIVE	<p>SO1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.</p> <p>SO3: To deliver the Trust's clinical strategy of joined up healthcare.</p>
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient expectations in terms of access are reflected in NHS performance targets.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	None identified
Performance and Finance committee is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.
Submitted by:	Lorraine Knight, Interim COO
Date:	18/06/2015
Decision:	For Assurance

MONITOR - MAY PERFORMANCE UPDATE - inc. JUNE & Q1 ESTIMATE

Domain	Standard	Compliance threshold	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Apr	Sparkline	May	Performance Issues	June (est)	MONITOR Q1 (est)
A&E	Maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	95.2% 	95.2% 	88.6% 	92.1% 	92.5% 		94.2% 	<p>A&E Performance showed further improvement over the month although narrowly missed the 95% target by just 0.75%.</p> <p>An extensive Urgent Care Improvement Programme is underway with the following workstreams to expedite patient care, signposting & efficient treatment;</p> <p>W1 - Revision of the ED Acute Referral to Specialty Policy to expedite clinical specialty review</p> <p>W2 - Revision of Standard Operating Procedures to include innovation (Rapid Assessment & Treat, Acute Hub & Point of Care testing)</p> <p>W3 - Initiatives to reduce patient ward Length of Stay & Early Supported Discharge</p> <p>W4 - Reduce Delayed Transfers of Care & Complex Discharges (including creation of an Integrated Discharge Team)</p> <p>W5 - Create an Urgent Care Centre as the front door triage to A&E</p> <p>W6 - Create a Paediatrics Assessment Unit co-located with Paed's ED</p> <p>W7 - Local health & social care providers (led by NWS CCG) have engaged with Alamac Consultancy to improve system healthcare performance & change management support</p>		93.2% 
RTT	Maximum time of 18 weeks from point of referral to treatment (ADMITTED PATIENTS)	90%	84.9% 	88.5% 	90.6% 	88.9% 	88.5% 		92.6% 	<p>Admitted Performance returned to aggregate compliance for May which is also estimated for June.</p> <p>At specialty level;</p> <p>-General Surgery experienced delays to upper gastro-intestinal and colorectal pathways as a result of the Trust's position in endoscopy,</p> <p>-Urology due to high demand and the backlog caused by non-elective bed pressures during Q4, &</p> <p>-Gastroenterology as a result of the Trust's position in endoscopy</p> <p>Underperforming specialties have remedial action plans in place to improve performance.</p>		88.5%  Failure of 1 month during the Qtr = Qtr failure (lowest value reported for Qtr). Compliant performance May/(est)June.
RTT	Maximum time of 18 weeks from point of referral to treatment in aggregate (NON-ADMITTED PATIENTS)	95%	96.3% 	95.3% 	95.2% 	95.2% 	95.0% 		96.3% 	<p>Non-Admitted Performance continues to be compliant which is also estimated for June.</p> <p>At specialty level;</p> <p>-General Surgery & Gastroenterology as a result of the Trust's position in endoscopy,</p> <p>-Urology due to high demand & as a result of focussing on additional theatre sessions, &</p> <p>-Neurology due to high demand, diagnostic delays & waiting the commencement of the 3rd consultant.</p> <p>Underperforming specialties have remedial action plans in place to improve performance.</p>		95.9% 
RTT	Maximum time of 18 weeks from point of referral to treatment in aggregate (INCOMPLETE PATHWAYS)	92%	93.9% 	95.4% 	95.0% 	95.3% 	96.1% 		96.7% 	<p>Incomplete Pathway performance are now compliant which is also estimated for June.</p> <p>All specialties remain compliant.</p>		96.4% 

Domain	Standard	Compliance threshold	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Apr	Sparkline	May	Performance Issues	June (est)	MONITOR Q1 (est)	
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	93.5% ✓	93.4% ✓	93.8% ✓	91.0% ✗	89.9% ✗	94.7% ✓	The Trust has experienced difficulty achieving this standard due to patients choosing to book after 14 days and delays to straight-to-test endoscopy procedures. With a revised escalation & engagement process having been introduced, we have seen better engagement during May & a return to compliance although patient choice remains a significant risk. Work is underway with the CCG GP cancer lead to improve patient information in GP Surgeries in an attempt to mitigate this issue.	✓	93.4% ✓	
		Symptomatic breast patients	93%	93.4% ✓	91.1% ✗	96.9% ✓	95.5% ✓	94.7% ✓	95.3% ✓	n/a	✓	95.0% ✓	
CANCER	All cancers: 31-day wait from diagnosis to first treatment	96%	100% ✓	98.3% ✓	98.2% ✓	99.1% ✓	98.0% ✓		97.6% ✓	n/a	✓	97.7% ✓	
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	100% ✓	94.7% ✓	100% ✓	86.8% ✗	100% ✓		100% ✓	The Trust experienced difficulty achieving this standard in Q4 due to the backlog in Urology procedures & patient preference to delay treatment. However April & May's position has returned to compliance.	✓	100% ✓
		Drug Treatment	98%	100% ✓	100% ✓	100% ✓	100% ✓	100% ✓		100% ✓	n/a	✓	100% ✓
		Radiotherapy	94%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	82.2% ✗	72.0% ✗	82.8% ✗	76.9% ✗	83.6% ✗		87.7% ✓	This standard is recorded as compliant at 87.7%. The Trust continues to deliver its Cancer Improvement Action Plan which aims to further address the recent issues regarding cancer performance. Many of the risks to performance against this standard require continued careful monitoring. The Trust is also reviewing a number of key cancer pathways to further reduce the risk of delays.	✓	86.0% ✓
		NHS Cancer Screening Service referral	90%	92.0% ✓	97.3% ✓	100% ✓	100% ✓	100% ✓		75.0% ✗	The Trust had 1 breach in this standard, although due to very low referrals has recorded non-compliance at 75.0%. The Trust treated the patient within 3 weeks of referral, however a delay of 4wks by the Screening Centre to the Trust caused the breach. The Trust is working with the Screening Centre to prevent re-occurrence.	✓	80.0% ✗ 2 breaches total (May/Jun)

A&E PERFORMANCE UPDATE

				Jan-15	Feb-15	Mar-15	Apr-15	May-15	Sparkline	
A&E	A&E	INPUTS	Attendances	Total	7169	6847	8064	7630	8032	
				<i>Avg Att per day</i>	231	245	260	254	259	
			Admissions	Total	1943	1734	1882	1914	1988	
				<i>Avg Adm per day</i>	63	62	61	64	64	
		CONTROLS	Breaches	Total	950	825	1136	918	715	
			% Breaches late Specialty	Total	33.9%	34.1%	28.5%	25.3%	13.4%	
			% Breaches late Dr/ENP	Total	6.4%	8.8%	4.4%	3.6%	3.5%	
			Number of Breaches by Minors	Total	104	102	146	94	94	
			Delay Transfers of Care	Total	799	644	661	938	748	
			Complex Discharges	Total	1522	1324	1509	1214	1424	
		OUTPUTS	A&E 4hr Performance % (Monitor)	Total	92.05%	92.79%	91.49%	92.51%	94.25%	
			A&E 4hr Performance % (St Peters)	Total	86.75%	87.95%	85.95%	87.96%	91.07%	

Performance:

The Trust marginally missed the 4 hour A&E standard in May with performance recorded at 94.25%. Although the target of 95% wasn't achieved, it was an improvement on April's recorded performance of 92.51%.

May's attendances at 8,031 were higher than April (7,630) although 4.3% lower than May 2014 with a daily average of 259 patients attending per day (Mar=260 & Apr=254).

Admissions via A&E for May at 1,988 (daily average = 64) were higher than the previous 4 months (Jan-Apr where the daily average = 62) & last May 2014 when the daily average was only 60 per day.

The Trust's A&E performance showed ongoing incremental improvement during May, despite the bank holidays creating surges in patient admissions & the initiation of the closure of 2 rehabilitation wards at Ashford.

This has caused difficult patient flow during the month due to the high levels of delay when discharging patients with complex care to the community where rehabilitation & step-down provision for the closing wards has not yet been made readily accessible.

Improvement Activity:

An extensive Urgent Care Improvement Programme is underway with the following workstreams to expedite patient care, signposting & efficient treatment;

W1 - Revision of the ED Acute Referral to Specialty Policy to expedite clinical specialty review

W2 - Revision of Standard Operating Procedures to include innovation (Rapid Assessment & Treat, Acute Hub & Point of Care testing)

W3 - Initiatives to reduce patient ward Length of Stay & Early Supported Discharge

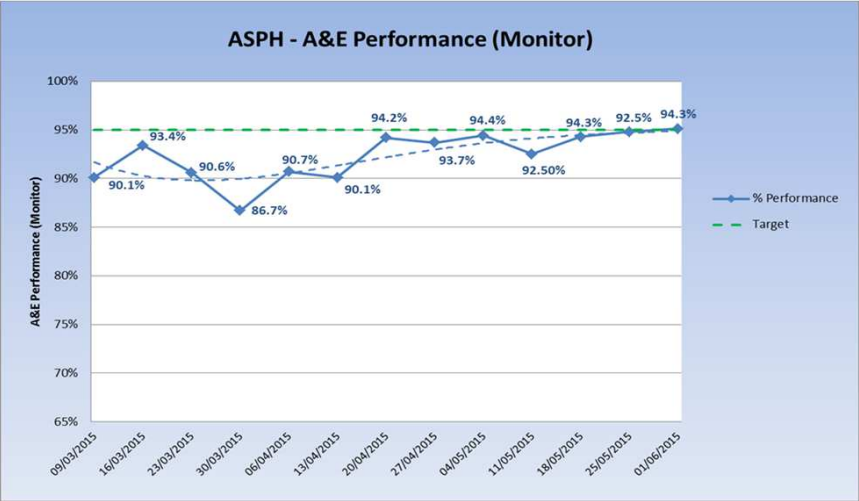
W4 - Reduce Delayed Transfers of Care & Complex Discharges (including creation of an Integrated Discharge Team)

W5 - Create an Urgent Care Centre as the front door triage to A&E

W6 - Create a Paediatrics Assessment Unit co-located with Paed's ED

W7 - Local health & social care providers (led by NWS CCG) have engaged with Alamac Consultancy to improve system healthcare performance & change management support

Performance:



RTT PERFORMANCE UPDATE

				Jan-15	Feb-15	Mar-15	Apr-15	May-15	Sparkline	
RTT	GENERAL SURGERY	INPUTS	Referrals	Colorectal	365	379	414	395	328	
				Breast	248	301	269	257	260	
				Upper GI	64	85	94	98	56	
				Vascular	133	150	147	160	139	
				Total	810	915	924	910	783	
		CONTROLS	Admitted Pathway Activity	Total	285	273	313	291	293	
			Non-Admitted Pathway Activity	Total	610	594	649	585	531	
		OUTPUTS	RTT Admitted Pathway %	Total	83.99%	84.13%	78.64%	81.79%	88.21%	
			RTT Non-Admitted Pathway %	Total	87.04%	89.62%	88.64%	88.53%	89.40%	
			RTT Incomplete Pathway %	Total	91.14%	90.83%	90.29%	91.02%	92.93%	
			Waiting List Size	Total	2653	2616	2559	2695	2695	
			Backlog Size (>18wks)	Total	249	235	243	241	196	

Performance:

Elective cancellations as a result of emergency bed pressures had a noticeable effect on General Surgery during Q4 with almost no outsourcing available through the NHS England independent sector recovery programme. This with delays in upper gastro-intestinal and colorectal pathways as a result of the Trust's position in endoscopy created a backlog where over the past few months the specialty have been providing extra capacity to resolve, with the admitted backlog now lower than at any stage over the previous nine months.

Improvement Activity:
 A number of improvement actions have been underway, which include;
 1 - Adherence to the 6-4-2 rule ensuring theatre sessions are fully booked, staffing optimised & utilisation maximised
 2 - Providing additional surgical lists during the week & at weekends to reduce the backlog
 3 - Tracking & expediting long waiting patients
 4 - Providing additional outpatient clinics
 5 - A Colorectal pathway improvement event where pathways are reviewed & optimised

Although the backlog has been reduced, it has led to additional breaches being recorded & therefore lower performance. However, the return to good performance can be seen with the specialty showing improvement in Admitted & Non-Admitted Pathway (NAP) Standards & a return to Incomplete Pathway standard compliance for May. The specialty will continue to treat additional long waiters during June to reduce the admitted backlog with an estimated return to Admitted compliance from July. An improvement in NAP performance is reliant on improvement being seen in the Trust's endoscopy position.

RTT PERFORMANCE UPDATE

				Jan-15	Feb-15	Mar-15	Apr-15	May-15	Sparkline	
RTT	UROLOGY	INPUTS	Referrals	Total	279	279	389	380	330	
			CONTROLS	Admitted Pathway Activity	Total	74	83	101	126	90
		Non-Admitted Pathway Activity		Total	240	161	179	237	192	
		OUTPUTS	RTT Admitted Pathway %	Total	86.49%	80.49%	81.00%	68.25%	80.90%	
			RTT Non-Admitted Pathway %	Total	95.00%	91.25%	97.77%	92.80%	94.82%	
			RTT Incomplete Pathway %	Total	92.02%	91.27%	91.63%	95.26%	96.29%	
			Waiting List Size	Total	825	781	838	805	854	
			Backlog Size (>18wks)	Total	66	69	76	42	36	

Performance:	<p>Elective cancellations as a result of emergency bed pressures had a noticeable effect on Urology during Q4 & beyond. The specialty provided additional capacity, including a 'super weekend' of surgical procedures to substantially reduce the backlog, with the admitted backlog now lower than at any stage over the previous twelve months.</p>
	<p>Improvement Activity: A number of improvement actions have been underway, which include; 1 - Adherence to the 6-4-2 rule ensuring theatre sessions are fully booked, staffing optimised & utilisation maximised 2 - Providing additional surgical lists including the April 'super weekend' to reduce the backlog 3 - An additional Urology consultant to reduce the Trust's capacity gap 4 - Tracking & expediting long waiting patients 5 - Providing additional outpatient clinics 6 - A Urology pathway improvement event where pathways are reviewed & optimised</p>
	<p>The specialty is showing good improvement with both Non-Admitted Pathway & Incomplete Pathway standards being compliant for May although their is an increasing routine wait to 1st appointment (14wks) currently being seen and therefore the team are reviewing the specialty demand & capacity flow study and will create an action plan to address the steady state & backlog reduction required to reduce & sustain this to max 6wks.</p>

RTT PERFORMANCE UPDATE

				Jan-15	Feb-15	Mar-15	Apr-15	May-15	Sparkline	
RTT	GASTROENTEROLOGY	INPUTS	Referrals	Total	418	501	476	379	285	
			CONTROLS	Admitted Pathway Activity	Total	16	17	11	16	18
		Non-Admitted Pathway Activity		Total	105	126	146	177	149	
		OUTPUTS	RTT Admitted Pathway %	Total	83.99%	84.13%	78.64%	81.79%	72.20%	
			RTT Non-Admitted Pathway %	Total	87.04%	89.62%	88.64%	88.53%	95.50%	
			RTT Incomplete Pathway %	Total	91.14%	90.83%	90.29%	91.02%	96.85%	
			Waiting List Size	Total	763	855	895	988	920	
		Backlog Size (>18wks)	Total	60	53	30	20	25		

Performance:

Improvement in Gastroenterology is reliant on improvement in the Trust's endoscopy position. Although the waiting list size has increased, the number of long waiters (over 18wks) remains far lower than the number of patients waiting during January & February.

Improvement Activity:

A number of improvement actions have been underway, which include;

- 1 - An additional Gastroenterology consultant will join the Trust in July to reduce the capacity gap
- 2 - Exploring the opportunity to provide additional outpatient clinics
- 3 - Validating clock stop events
- 4 - New Service Manager recruited

CANCER UPDATE

				Jan-15	Feb-15	Mar-15	Apr-15	May-15	Sparkline		
CANCER	Cancer: two week wait from referral to date first seen	INPUTS	Referrals	Total	603	661	764	693	749		
		CONTROLS	Breaches due to Patient Choice		Total	49	27	53	48	32	
			% Breaches - Patient Choice		Total	8.1%	4.1%	6.9%	6.9%	4.3%	
			Breaches due to Hospital Capacity		Total	21	12	23	21	8	
			% Breaches - Hospital Capacity		Total	3.5%	1.8%	3.0%	3.0%	1.1%	
		OUTPUTS	2 Week Wait %	Total	88.40%	94.10%	90.10%	91.20%	94.66%		

The Trust has historically experienced difficulty achieving this standard due to patients choosing to book after 14 days and delays to straight-to-test endoscopy procedures although remains ahead of the agreed recovery trajectory at 94.7% despite an increase in estimated referrals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2 Week Referral	Referrals Seen	603	661	764	674	669	647	715	593	656
	Referrals Seen Within Standard	533	622	688	615	614	603	668	560	620
	Performance Trajectory	88.4%	94.1%	90.1%	91.2%	91.8%	93.2%	93.4%	94.4%	94.5%
	Performance Actual	88.4%	94.1%	90.1%	91.2%	94.7%				

With a revised escalation & engagement process having been introduced, we have seen better engagement during May & a return to compliance although patient choice remains a significant risk.

Performance:

Improvement Activity:

A number of improvement actions have been underway, which include;

- 1 - A revised Cancer Services 2 Week Rule escalation process
- 2 - Revised 2 Week Rule booking form for GP Surgeries to aid patient engagement
- 3 - Protected Straight to Test Endoscopy slots to enable earlier endoscopy provision for cancer patients (& further availability post 1st appointment - although still within 14 days)
- 4 - An additional Urology consultant to reduce the Trust's capacity gap
- 5 - An additional Advanced Practitioner Breast Diagnostician to reduce the Trust's capacity gap
- 6 - Revised Cancer Services & Radiology reporting to monitor performance

CANCER UPDATE

				Jan-15	Feb-15	Mar-15	Apr-15	May-15	Sparkline	
CANCER	All cancers: 62-day wait for first treatment (GP Referral)	INPUTS	Treatments	Total	58	40	40	61	53	
		CONTROLS	Breaches - ASPH	Total	7	6	5	5	3	
			Breaches - Tertiary Partners	Total	5.5	3.5	4.5	5	3.5	
			Total Breaches	Total	12.5	9.5	9.5	10	6.5	
		OUTPUTS	62 Day GP Referral to Treatment %	Total	78.4%	76.3%	76.3%	83.6%	87.7%	

This standard is recorded as compliant at 87.7% & remains ahead of the agreed recovery trajectory despite an increase in the number of estimated treatments April & May combined.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
62 Day GP Referral	Patients Treated	61	40	32	40.5	45.5	46	46	44.5	59
	Patients Treated Within Standard	48.5	30.5	23	29	36	39	40.5	40	54
	Performance Trajectory	79.5%	76.3%	71.9%	71.6%	79.1%	84.8%	88.0%	89.9%	91.5%
	Performance Actual	78.4%	76.3%	76.3%	83.6%	87.7%				

The Trust continues to deliver its Cancer Improvement Action Plan which aims to further address the recent issues regarding cancer performance.

Performance:

Improvement Activity:

A number of improvement actions have been underway, which include;

- 1 - Revised clinic templates to improve capacity & expedite radiology requests
- 2 - An additional Urology consultant to reduce the Trust's capacity gap
- 3 - An additional Advanced Practitioner Breast Diagnostician to reduce the Trust's capacity gap
- 4 - Review of key cancer pathways to minimise delays
- 5 - Ongoing discussions with Tertiary Centres to further reduce the risk of delays
- 6 - Revised Cancer Services & Radiology reporting to monitor performance

Many of the risks to performance against this standard require continued careful monitoring.

OTHER PERFORMANCE CONCERNS &/OR RISKS

Endoscopy

The Trust has confirmed arrangements for additional endoscopy capacity and currently anticipates this will come online in mid-June. It is then expected that a period of 10-12 weeks will be required to reduce waiting times in endoscopy to acceptable levels (not exceeding 6 weeks).

NW Surrey CCG are also implementing their own plans for demand management with a GP led revised protocol for reducing endoscopy referrals for a proportion of under 55's & through the introduction of a commissioning referral triage centre for these referrals.

The result of the delivery of additional endoscopy activity over an intensive short term timeframe will result in additional pressure on follow-up capacity within Gastroenterology, as well as Upper and Lower GI surgery. These services are planning to provide additional capacity to accommodate the rise in requests for follow-ups and the Trust is also working with its contracted supplier to avoid unnecessary follow-up requests. Despite this, there remains a risk to RTT performance in the event that the demand for follow-up significantly exceeds supply; the resultant effect would be a delay to outpatient appointments and the potential for additional breaches.

The original modelled backlog clearance estimate is below & will be updated w/c 22nd June once the additional working capacity is proven;

