Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
29th May 2014

TITLE	**Performance Report**
EXECUTIVE SUMMARY	The Trust met the 4 hour standard in April 2014. Performance for the month was **97.01%.** April represented a very good month for performance against this standard however performance remains very challenging moving into May with a number of factors presenting concern. At aggregate level, the Trust did not deliver against the RTT standard for admitted pathways but was compliant against the non-admitted and incomplete pathway standards. The Trust did not meet the 62 day referral to first treatment standard for urgent GP cancer referrals.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework.
LINK TO STRATEGIC OBJECTIVE	**SO1:** Best Outcomes **SO4**: Top Productivity.
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
The Trust Board is asked to:	Review and discuss the report and seek additional assurance.
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	21st May 2014
Decision:	For Assurance

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

PERFORMANCE REPORT

1. INTRODUCTION

The purpose of this paper is to summarise key performance issues and the actions in place to address them. Specifically the paper addresses the targets and standards included in the Monitor Compliance Framework:

1.1 AT A GLANCE

Domain	Standard		Compliance threshold	APR-14	
A&E	Maximum waiting time of **four hours** from arrival to admission/transfer/discharge		95%	97.01%	☑
RTT	Maximum time of **18 weeks** from point of referral to treatment **(ADMITTED PATIENTS)**		90%	81.3%	☒
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(NON-ADMITTED PATIENTS)**		95%	96.0%	☑
RTT	Maximum time of **18 weeks** from point of referral to treatment in aggregate **(INCOMPLETE PATHWAYS)**		92%	94.6%	☑
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	71.8%	☒
		NHS Cancer Screening Service referral	90%	100%	☑
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	100%	☑
		Anti-cancer drug treatments	98%	100%	☑
CANCER	All cancers: 31-day wait from diagnosis to first treatment		96%	100%	☑
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	94.2%	☑
		Symptomatic breast patients	93%	94.1%	☑

2. FOUR HOUR STANDARD FOR WAITING TIMES IN A&E

The Trust met the 4 hour wait standard in April. Performance for the month was **97.01%.** This represents an upturn in performance compared to the previous month of March (96.26%).

2.1 MONTHLY PERFORMANCE

Month	Performance (Monitor)[1]	*Performance SPH only*[2]
April 14/15	97.01%	*95.76%*
Q4 2013/14		
Mar 13/14	96.26%	*93.91%*
Feb 13/14	93.07%	*88.42%*
Jan 13/14	94.19%	*90.39%*

2.2 QUARTERLY PERFORMANCE

Month	Performance (Monitor)[1]	*Performance SPH only* [2]
Q1 2014/15	tbc	*tbc*
2013/14		
Q4 2013/14	94.59%	*91.07%*
Q3 2013/14	95.77%	*93.12%*
Q2 2013/14	96.34%	*94.03%*
Q1 2013/14	95.44%	*92.50%*

Performance against the planned trajectory for 2013/2014 is shown below as APPENDIX B

The Trust is pleased to record its best performance against this standard since August 13/14; the Trust also recorded the lowest number of breaches in eight months with the figure representing fewer than half the number of patients compared to April 2013/14. Attendances in April fell from the very high levels seen in March however remained broadly in line with the consistently high levels seen over the winter period.

Nevertheless, the Trust faced a number of significant challenges in the month. These included:

- A&E attendances remain high at 7,596 for the month. Re-attendances also remained high with the fourth successive month over 5%.

- The Trust experienced an increased number of admissions to the acute emergency care pathway with the conversion rate from A&E increasing again to greater than 24%.

[1] Performance against this standard is represented by % patients admitted/transferred/discharged within 4 hours of arrival time against a target of 95%. Data includes SPH A&E, GUM, EPU & Ashford.

[2] St. Peter's A&E performance shown for information.

2.3 FORWARD LOOK - MAY 2014

A substantial programme of work focusing on the Emergency Care pathway is underway. A detailed briefing on the structure and progress of this programme is **attached to this report as Appendix A**.

Whilst the last two months have seen positive performance against this standard following the 'Spring to Green' reset week in the middle of March, the Trust is anticipating challenging circumstances for performance in May:

Attendances – of the two completed weeks in May to date, the SPH A&E has seen significantly higher than average attendances (an average of 1,918 a week compared to a 2013/14 weekly average of 1,763). May so far has also seen unplanned re-attendance rates above the threshold of 5% which would signal further pressure.

Closure of escalation beds – In the first week of May, Swift ward was closed to accommodate building works developing new cardiac and stroke wards. Swift ward was operating as an escalation ward hosting a maximum of 20 beds which have now effectively been removed from the Trust's bed stock. Whilst these beds would normally be closed over the summer period each year, this year in essence, the effect has been seen two months earlier.

Hospital capacity – The site remains busy with high numbers of non-elective admissions as well as the continuing high levels of activity in the elective sphere as a result of the on-going work to support 18 week pathways.

The Trust continues to support the schemes that were put in place over winter to improve flow through the hospital and continues to secure the value form these schemes:

Early Supported Discharge – This scheme together with regular board rounds on the ward has contributed to a reduction in Trust average length of stay to levels significantly below that of the same month in 2013 – 19.8 days in March and 15 days in April (compared with 24.4 and 27.5 days last year respectively).

OPAL – The Older Persons Assessment and Liaison team continues to operate in MAU reviewing all patients over the age of 85 and patients over 75 meeting frailty criteria. Following a review of the first six months of OPAL, when comparing to the same six month period of the previous year:

- fewer patients are converted from MAU to ward admission, a reduction from 90% to 81%
- a one day length of stay reduction has been achieved
- a reduction in readmissions from 20.7% to 15.3% has been achieved.

[Please refer to appendix A]

3. 18 WEEKS REFERRAL TO TREATMENT TIMES (RTT)

At aggregate level, the Trust did not deliver against the standard for admitted pathways but was compliant against the standards for non-admitted and incomplete pathways. At an individual specialty level, the Trust remains non-compliant against the admitted standard in four specialties, non-compliant against the non-admitted standard in four and non-compliant against the incomplete standard in two specialties.

For the purposes of the Monitor Compliance Framework, performance is measured on an aggregate (rather than specialty) basis and NHS foundation trusts are required to meet the threshold on a monthly basis. Consequently, the Trust is not compliant for the admitted standard for Q1 2014/15. This risk has already been highlighted to Monitor as part of the Trust's forward look at 2014/15.

Failure to meet the 18 week standard at specialty level does not have a further implication with regard to the Compliance Framework, however, failure to achieve at speciality level will incur a financial penalty under the terms of the contract with North-West Surrey CCG.

Apr-14	PERFORMANCE		
	Admitted pathways (Target 90%)	Non-admitted pathways (Target 95%)	Incomplete pathways (Target 92%)
General Surgery	77.1%	94.5%	92.3%
Urology	95.1%	97.3%	98.3%
Trauma & Orthopaedics	59.3%	90.4%	87.3%
ENT	89.9%	94.0%	96.3%
Ophthalmology	92.2%	97.4%	97.7%
Oral Surgery	72.7%	95.0%	95.0%
General Medicine	100%	98.3%	98.0%
Gastroenterology	97.1%	97.6%	98.8%
Cardiology	100%	98.0%	96.1%
Dermatology	n/a	98.1%	98.4%
Neurology	n/a	90.7%	86.4%
Rheumatology	n/a	98.7%	96.3%
Geriatric Medicine	n/a	98.9%	97.1%
Gynaecology	98.8%	99.5%	97.8%
Other	93.7%	97.4%	98.6%
Total	81.3%	96.0%	94.6%

3.1 APRIL 2014 PERFORMANCE

RTT performance continued to be challenging in April, however some services continue to see the results of improvement work into their RTT pathways.

Admitted standard:

According to its recovery trajectories, the Trust anticipated admitted pathway failures in General Surgery, T&O and Max Facs/Oral surgery in this month. It was anticipated that the ENT specialty would return to compliance for April, however the 90% standard has been narrowly missed. The relatively small numbers of patients treated on an admitted pathway in ENT leaves the specialty vulnerable should procedures not go ahead as planned – as was the case in the last week of April when the service encountered two on-the-day cancellations (unfit) and one patient who failed to attend.

A revised trajectory has been developed for the General Surgery specialty. This was required to address issues with a number of the planning assumptions that were made as part of the initial trajectory developed in January. Two key elements of the plan required reviewing. The number of patients added to the admitted waiting list each week was found to be underestimated by around 8% leading to a higher than expected waiting list size. The amount of capacity required within the

private sector to supplement internal core capacity was also not forthcoming in sufficient numbers to achieve the treatment numbers established in the trajectory.

The revised trajectory does not anticipate that General Surgery will recover by the initial date agreed demonstrates that with current levels of demand and capacity, performance pressures will continue with this specialty to October. The Trust is currently in discussion with NW Surrey CCG regarding this position.

N.B. An emerging risk to the Trust's admitted RTT performance involves the pending restrictions to access in theatres as a result of vital maintenance work to the ventilation systems. This issue is currently being discussed between estates and operational teams however the sustained loss of theatre capacity at this stage of the recovery process presents a substantial risk to admitted performance across all specialties.

Non-admitted standard:

In specialties currently operating with large 18 week backlogs, non-admitted performance continues to be challenging – this is particularly difficult within the General Surgery and T&O specialties whilst these services progress towards recovery. ENT continues to struggle with performance against this standard and it is anticipated that performance will continue in a position close to the 95% standard. The TASCC division is in the processes of arranging a pathway improvement event for ENT with a focus on eliminating delays at the start of the pathway.

A sizeable backlog has developed over recent months within Neurology. This specialty is now in a position to begin to clear this backlog with the use of additional capacity; it is not expected to achieve this for some months however. Performance remains at risk on the non-admitted standard due to the fact that the Neurology specialty routinely only has a breach tolerance of around 5-7 patients a month if it is to meet the 95% standard.

The Trust aggregate non-admitted standard (used for the purposes of the Monitor Compliance Framework) is not anticipated to be at risk.

Incomplete pathways standard:

As discussed above, the sizable backlogs in Neurology and T&O will continue to put pressure on the 92% incomplete standard until the point where these backlogs are suitably reduced.

The Trust aggregate incomplete standard (used for the purposes of the Monitor Compliance Framework) is not anticipated to be at risk.

3.2 DIAGNOSTIC PERFORMANCE

The Trust has a contractual target to see 99% of all diagnostic referrals (GP direct access and internal referrals from outpatients) within six weeks from receipt of referral to date of examination. This is measured through a snapshot report of patients still waiting for their examination at the end of the month. After discovering issues with the recording and reporting of this standard at the end of last year, work was undertaken to overhaul the data collection and performance monitoring processes within the Trust. April represents the first month in which the Trust has met this standard since this process took place (see below).

TRUST DM01 PERFORMANCE	<6wks	>6wks	%
Jan-14	4536	114	97.5%
Feb-14	4594	63	98.6%
Mar-14	5007	74	98.5%
Apr-14	4899	32	99.4%

Sustained work has been undertaken with the Trust's diagnostic services to address any capacity issues as well as to revise booking systems to ensure that patients are offered a choice of dates and a reasonable notice period. This has supported the 18 weeks pathway by limiting diagnostic delays and improved the patient experience of those attending for examinations.

3.3 CCG JOINT SERVICE INVESTIGATION

NW Surrey CCG has chosen to exercise a contractual option to undertake a Joint Service Investigation into the Trust's 18 weeks position. This investigation will include a panel made up jointly of CCG staff, Trust representatives and independent members – the panel will have an independent chair. The scope of the investigation will be to provide assurance over the current recovery position as well as understanding the underlying reasons for the problems that arose. The investigation will seek to assure the commissioner and the Trust that appropriate actions are being taken and that a robust recovery plan is in place going forward.

The panel will be on site for the 13th and 16th June and the outcome of the Joint Service Investigation will be reported during the week commencing 28th July 2014 to:

- ASPH Trust Board (31st July 2014);
- North West Surrey CCG Governing Body (28th July 2014); and
- Joint CCG/Trust Executive Team meeting (30th July 2014).

4. CANCER INDICATORS

The Trust was non-compliant against the 62 day referral to first treatment target for urgent GP referrals, recording performance of 71.8% in April. All other cancer target indicators were met in April.

The Trust recorded a total of 10 breaches against the 62 day standard (including shared breaches with the cancer centre at RSCH). The primary driver for reduced performance in April came from the Urology pathway which recorded six breaches (affecting eight patient pathways).

The Urology specialty has been highlighted as a risk area in terms of its ability to progress patients quickly through the pathway. On the 3rd July, a Urology cancer pathway event will be held with representation from the Urology multi-disciplinary team. This will be a service improvement event designed to develop mechanisms for expediting patients at the beginning of the pathway, for example by developing one-stop clinics for diagnostics. There will also be a focus on reducing back office delays throughout the entire pathway. The redesigned pathway and processes will be benchmarked against best practice form other organisations. A substantive Urology service manager has also appointed this month providing increased levels of management and support to service as well as additional scrutiny.

4.1 FORWARD LOOK

The Trust currently has a significant number of patients already past their breach date without a decision to treat meaning that diagnosis of cancer is yet to be confirmed – over half of this number

are on a Urology pathway. This position means that the Trust will carry a significant risk to cancer performance forward into May.

5. ACTION REQUIRED

The Trust Board is asked to note performance against targets associated with the Monitor Risk Assessment Framework in April 2014 and seek additional assurance as appropriate.

Appendices:

Appendix A – Emergency Care Pathway Programme briefing
Appendix B – A&E performance
Appendix C – Trust Operational Performance Report – April
Appendix D – RTT Dashboards

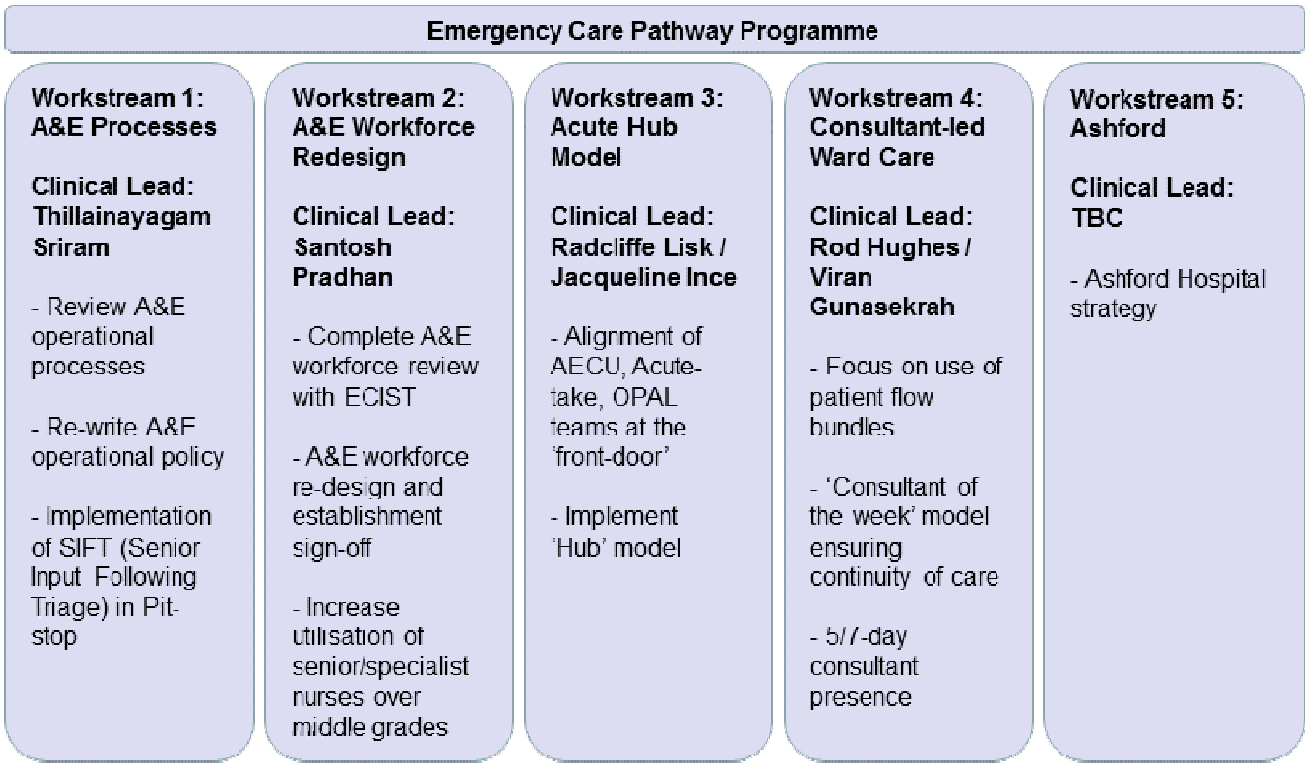
APPENDIX A - Emergency Care Pathway Programme

Board briefing - May 2014

Structure

The programme is managed by an overall programme manager, has 3 project managers supporting the workstreams and each area of work has an identified clinical lead with responsibility for directing the work and disseminating to their clinical teams. Each project meets weekly to progress work and this is monitored on a weekly basis at a programme board chaired by Tom Smerdon, ADO for Medicine. New documentation has just been implemented to ensure progress; slippage and future plans are reported weekly and monitored. A programme risk register has been devised and is now discussed on a weekly basis to understand and mitigate the risks.

There are 5 workstreams within the programme and the programme is supported by the Spring to Green work and a new appointment project manager tasked with understanding and managing capacity, flow and escalation to support all of the workstreams.



Workstream 1: A&E Process Redesign

The A&E process redesign work has tasked clinicians to undertake all assessment, treatment and onward care decisions for all A&E patients within 2 hours. This is an ambitious target but one that the whole clinical team has embraced. The work is being supported by a value stream mapping expert loaned to ASPH from Surrey County Council.

The clinical team has been taken through a process of understanding the flow and waiting times throughout the entire department, identifying duplication, delays and areas for improvement. On the 20th May the clinical team began to map and agree the new departmental processes in order to meet the 2 hour target.

The first stage of implementing the new processes will begin on the 9th June when a senior clinician will be available in the department in a process known as RAT (Rapid Assessment & Treatment). RAT typically involves the early assessment of 'majors' patients in ED, by a team led by a senior doctor, with the initiation of investigations and/or treatment. The approach consciously removes 'triage' and initial junior medical assessment from the pathway. Instead, the first doctor a patient sees is one who is able to make a competent initial assessment, define a care plan and make a decision whether the patient requires admission or referral to an in-taking specialist team. Nurses and junior doctors in the RAT team then implement the first stages of the care plan. The model has been implemented by a number of emergency departments, with considerable benefits to patient safety and satisfaction. The model also provides a means by which EDs can achieve key subsections of the 4-hour target – namely the 'time to initial assessment' and 'time to treatment' periods. The RAT process will also ensure that appropriate patients are directed to the Acute Hub (see workstream 3) in a timely manner.

Workstream 2: A&E Workforce Redesign

A&E departments nationally have challenges with attracting staff and retaining them and ASPH is no exception. The team have been working hard to attract new consultants and looking further afield to Europe to employ suitable middle grade doctors. The work undertaken in redesigning the processes gives an opportunity to look critically at the skill mix needed within the department to undertake the new workflows and future proof the department. A process of looking at each task within the pathway and then deciding the appropriate qualification needed to undertake this task is underway. This process will result in the shifting of roles, the creation of entirely new roles and the professional development of current staff. This work will take some time to undertake as it is dependent on the completion of the new pathways but an initial model will be ready by August 2014.

Workstream 3: Acute Hub

The acute hub is following a similar principle to that of the RAT process whereby the senior assessment is brought to the front of the pathway, meaning decisions are made earlier and duplication or unnecessary investigations are avoided. The acute hub is working to 5 principles:

1) Treat every patient as ambulatory
2) Senior medical review to happen within 1 hour of arrival at the hub
3) Avoid duplication (with paperwork and presentation of patients at A&E)
4) Early therapist input
5) Continuity of consultant care.

A new rota, bringing together the OPAL team, acute physicians and some general physicians is now complete and will be implemented for 1st July. The project team are agreeing an interim step to support the A&E RAT process from the 9th June. A&E and the acute hub have agreed the pathways for the different patient cohorts to begin on the 9th June with further work on streamlining the paperwork still outstanding. Specialty in-reach will also look to begin on the 9th June (see workstream 4).

Workstream 4: Consultant Led Ward Care

This workstream has been working with clinicians primarily across Medicine (although initial discussions have been held with Surgery and Trauma & Orthopaedics) to design and agree the principles of consultant-led ward care and supported by the multidisciplinary team. Each specialty has now agreed to these principles. Current levels of activity on the wards have been mapped and it

has been determined how frequently patients on all the medical wards can currently expect a face-to-face consultant review. The next steps are as follows:

- To agree with all specialties to undertake in-reach to the acute hub in the morning from the 9th June. All specialties have agreed in principle and rotas are being examined with a view to making this possible.
- All medical patients in this hospital must be face-to-face reviewed by a consultant (Monday to Friday) at least every 48 hours and that any patient who is not reviewed is flagged and escalated – due by July.
- 100% of all medical patients will be consultant reviewed every Monday, Wednesday and Friday – due by July.
- Every specialty will review their arrangements for weekend cover and investigate alternative reviews for patients (e.g. use of specialist nurses) – due by July.
- All medical wards will have agreed and adopted nurse led criteria discharge and be monitoring its use – due by July.

September will see the appointment of new consultants in the medical directorate which will assist a move to 5 times a week review of all patients.

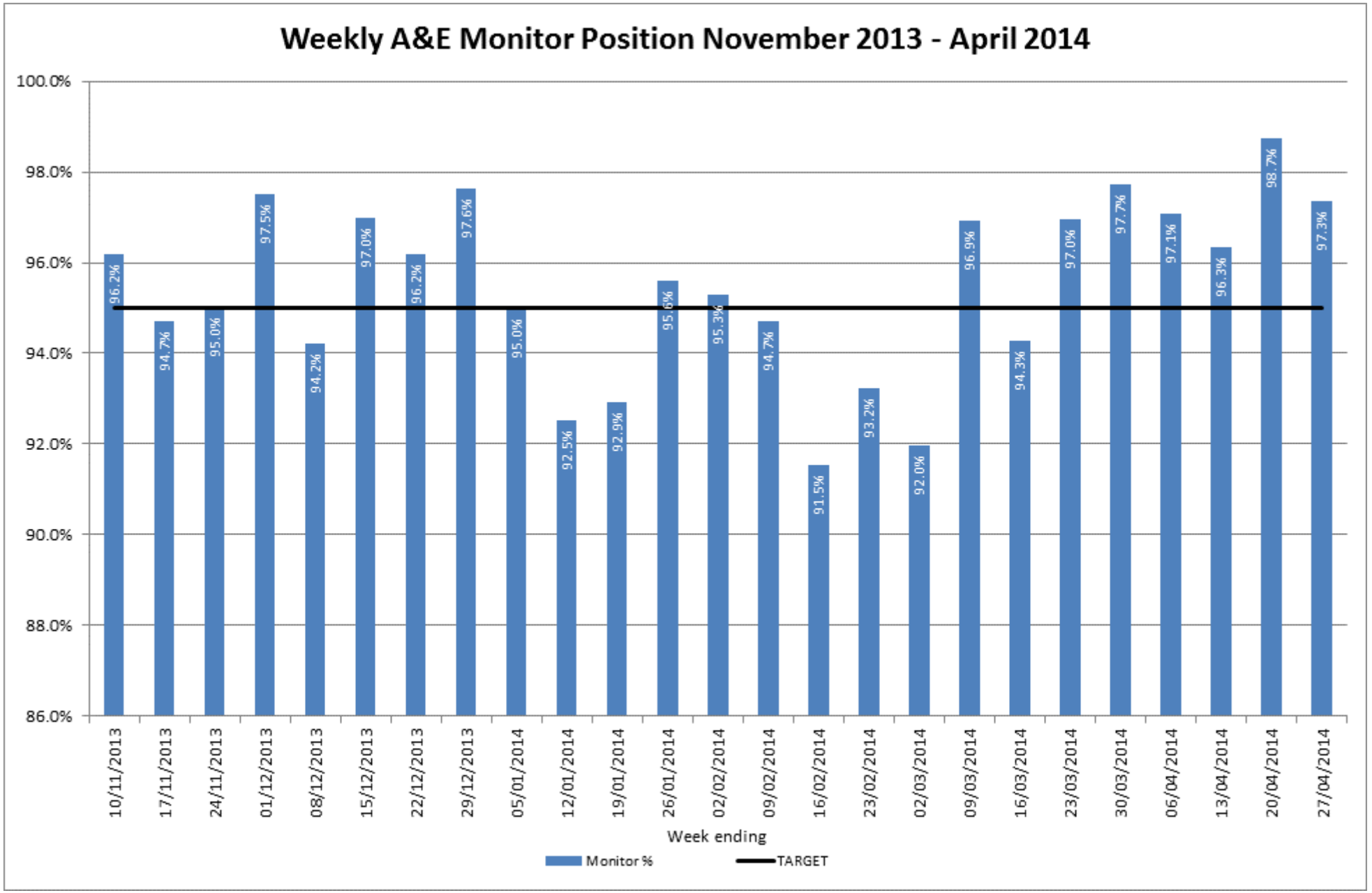
Workstream 5 – Ashford Hospital

This workstream is currently on hold whilst NW Surrey CCG undertakes a review of rehabilitation and reablement across NW Surrey. This review is being undertaken by Balance of Care & 2020 Delivery and is expected to report in June.

Whole System Working

Work with our community (Virgin Care) and social care partners is on-going and meetings are scheduled in May to reinvigorate our work with partners. Spring to Green gave us a good opportunity to scrutinise our joint working processes and the plan is to build on this and develop further joint initiatives to support more system-wide work in the future.

APPENDIX B: A&E 4-HOUR PERFORMANCE



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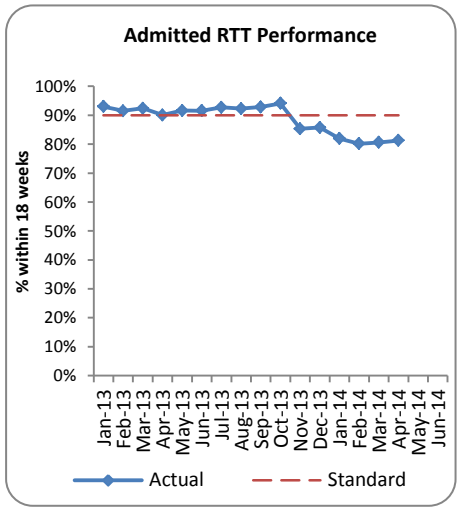

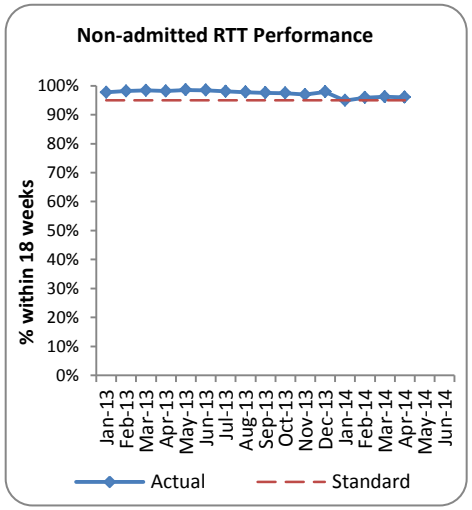

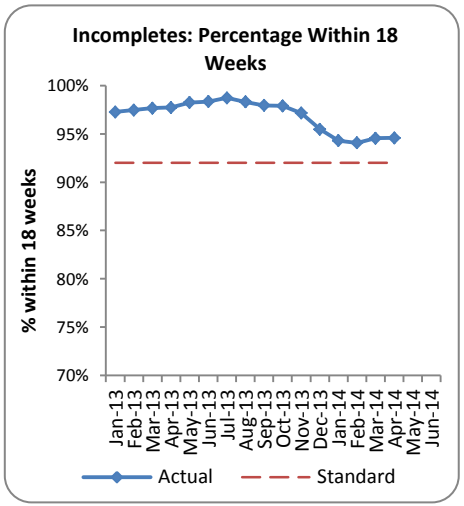

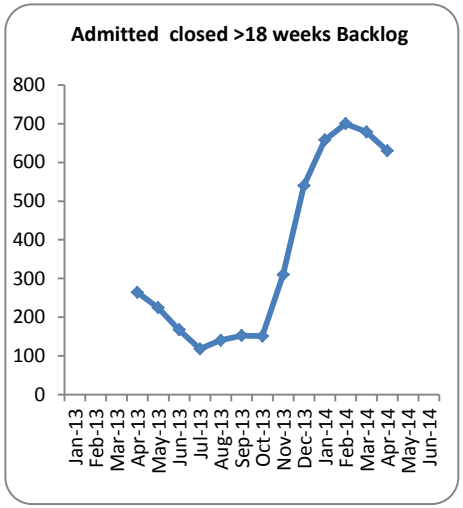

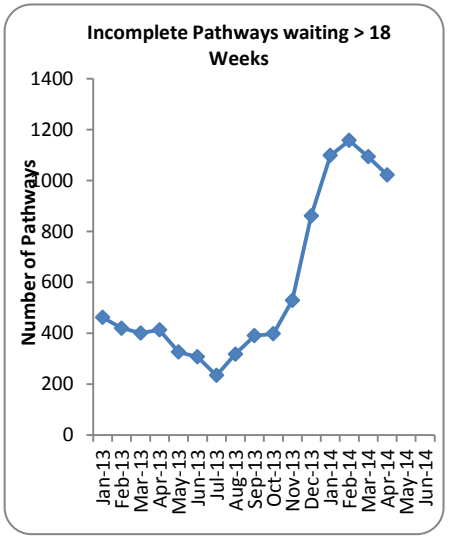

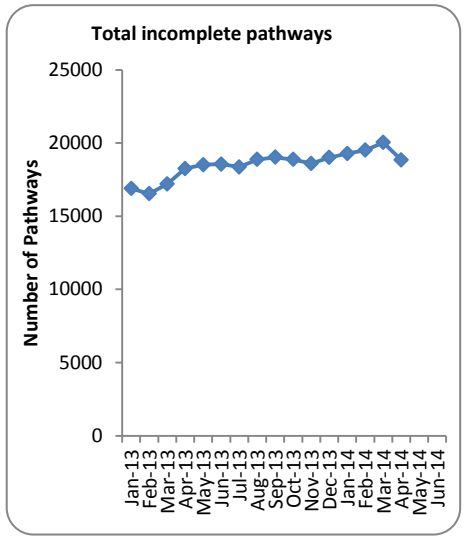

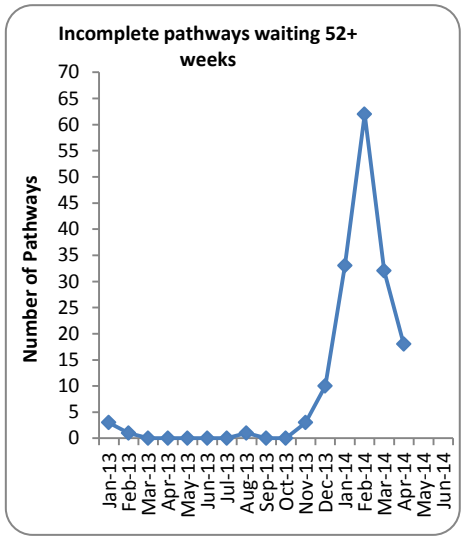

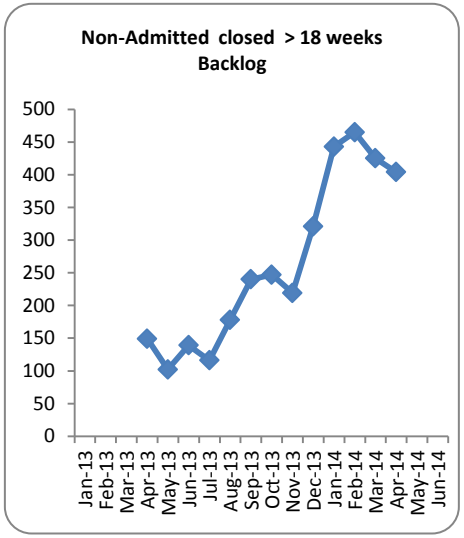

Trust Operational Performance Report - April 2014

		2013/14												2014/15				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 14/15	13/14 Plan	Var	Trend
Cancer indicators and																		
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	2.0%	
	Surgery	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	6.0%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100%	100%	100%	100%	100%	93%	100.0%	90%	100.0%	93.8%	100.0%	100%	100%	100%	90%	10.0%	
	Urgent GP Referral To Treatment	87.9%	89.0%	94.8%	87.3%	91.0%	90.4%	90.0%	90.6%	92.1%	93.6%	87.3%	86.5%	71.8%	72%	85%	-13.2%	
31-Day Wait For First Treatment	All Cancers	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	97.8%	100.0%	99%	100%	100%	96%	4.0%	
Two week wait from referral to date first seen	All Cancers	96.4%	98.3%	97.1%	97.9%	96.6%	95.3%	97.9%	97.9%	95.2%	94.0%	97.2%	95.6%	94.2%	94%	93%	1.2%	
	For symptomatic breast patients	96.4%	98.0%	99.0%	100.0%	93.2%	97.0%	93.8%	98.0%	95.5%	97.2%	97.1%	97.9%	94.1%	94%	93%	1.1%	
Quality & Safety																		
Friends and Family Test	Inpatients (Test Score)	68.8	72.1	74.5	77.4	74.2	68.1	73.1	73.0	72.6	74.9	73.7	67.0	71.8	71.8	70	2.6%	
	Inpatient (Response Rate)	35.89%	40.39%	47.40%	31.58%	37.00%	40.83%	38.85%	32.10%	45.56%	27.01%	36.30%	43.17%	29.00%	38.05%	15%	153.7%	
	A&E (Test Score)	63.1	51.1	45.3	47.6	49.6	38.9	47.4	54.4	51.6	49.9	42.1	46.1	50.1	47.6	70	-32.0%	
	A&E (Response Rate)	3.17%	4.73%	22.46%	19.45%	19.47%	20.49%	17.60%	17.08%	16.83%	17.22%	17.05%	19.06%	17.67%	16.19%	15%	7.9%	
	Maternity Overall (test score)							77.1	68.1	65.6	68.4	72.7	75.1	73.2	73.2	72.3	1.3%	
	Maternity Overall (Response rate)							4.93%	3.75%	5.05%	6.49%	9.64%	16.84%	12.07%	12.07%	8%	58.8%	
Breach of Same Sex Accommodation		1	0	0	0	0	0	0	3	0	3	0	0	0	0	0	0	
VTE Risk Assessment		95.1%	95.40%	95.08%	95.68%	95.68%	95.02%	96.68%	95.78%	96.51%	98.18%	98.11%	97.93%	96.94%	96.94%	97.0%	-0.06%	
Smoking During Pregnancy		8.28%	8.06%	5.59%	8.21%	6.96%	5.35%	4.37%	7.94%	5.97%	7.10%	7.53%	4.70%	5.16%	5.2%	8.2%	-3.0%	
Breastfeeding Initiation		85.7%	82.0%	86.6%	85.5%	86.2%	86.7%	89.3%	85.6%	83.6%	84.0%	83.8%	85.2%	88.0%	88.0%	80.0%	8.0%	
Activity																		
Daycase Rate		84.2%	83.4%	83.5%	84.0%	83.7%	84.7%	83.6%	84.1%	82.7%	85.6%	84.6%	83.2%	84.3%	84.3%	84.0%	-4.0	
GP Written Referrals to Hospital		8,413	8,524	7,948	8,599	7,773	7,919	8,831	7,976	7,475	9,032	8,326	8,737	8,248	8,248	-	-	
Other Referrals For a First Outpatient Appointment		5,289	5,440	5,603	6,028	5,263	5,598	6,176	5,840	5,539	6,163	5,429	5,929	5,468	5,468	-	-	