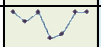
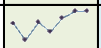
TRUST BOARD

TITLE	**Operational Performance Report**
EXECUTIVE SUMMARY	The Trust missed the 4 hour A&E standard in June with performance recorded at **93.09%**. Patient flow was difficult through June due to the closure of the Ashford rehabilitation beds (on schedule) without community rehabilitation resources becoming fully available. Trust wide 18 weeks Admitted Performance remained compliant for June although General Surgery & Urology experienced difficulty at specialty level. The 18 weeks Non-admitted standard also remained compliant whilst the Incomplete standard also continued to be recorded 3% points higher than the national average. All Cancer performance standards for June (including 2 week rule & 62 day 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).
BOARD ASSURANCE (RISK) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.
ALIGN TO TRUST RISK REGISTER	**SO1:** To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience. **SO3**: To deliver the Trust's clinical strategy of joined up healthcare.
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
Trust Board is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.
Submitted by:	Lorraine Knight, Interim COO
Date:	22/07/2015
Decision:	For Assurance

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

Domain	Standard	Compliance threshold	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Apr	May	Sparkline	June (prov)	Performance Issues	July (est)	MONITOR Q1 (prov)
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% ☒		93.1% ☒	**A&E Performance showed** 0.46% improvement ahead of trajectory at 93.1% although missed the 95% target. Patient flow was difficult through June due to the closure of the Ashford rehabilitation beds to schedule without community rehabiliation resources becoming fully available. 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	☒	93.3% ☒
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% ☑		92.2% ☑	**Admitted Performance** remained compliant for June at 92.2%. At specialty level; -**General Surgery** continues to reduce its admitted backlog although the Trust's position with delays in endoscopy continue to impact Upper and Lower GI pathways, -**Urology** continues to tackle its admitted backlog over the course of June, & -**Paediatrics** (1 breach out of 5 patients) as a result of a complex pathway & multiple non-attendances by the patient. Underperforming specialties have remedial action plans in place to improve performance. A Demand & Capacity & action plan review is scheduled end July with NHS England's Intensive Support Team (IST) to test the robustness of the Trust's remedial plans.	☑	☒ Failure of 1 month during the Qtr = Qtr failure (lowest value reported for Qtr). Compliant performance May & 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% ☑		96.3% ☑	**Non-Admitted Performance** remained compliant for June at 96.3%. At specialty level; -**General Surgery** & **Gastroenterology** recorded breaches as a result of the Trust's position in endoscopy, -**Dermatology** due to lost clinical capacity following the departure of two consultants with locums difficult to obtain. The posts are now covered with additional capacity planned to recoup the deficit (with recovery expected within 3 months), & -**Neurology** due to high demand, diagnostic delays & waiting the commencement of the 3rd consultant who has now started. Underperforming specialties have remedial action plans in place to improve performance. A Demand & Capacity & action plan review is scheduled with NHS England's Intensive Support Team (IST) during July to test the robustness of the Trust's remedial plans for GS, Urology & Gastroenterology.	☑	☑

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% ☑		96.3% ☑	**Incomplete Pathway** performance remained compliant for June at 96.3%. At specialty level; -General Surgery experienced delays to upper gastro-intestinal and colorectal pathways as a result of the Trust's position in endoscopy, & -Neurology due to high demand, diagnostic delays & waiting the commencement of the 3rd consultant, who has now started.	☑	☑
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% ☑		96.1% ☑	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, with a return to compliance during May & June although patient choice remains a significant risk. Work has been underway with the CCG GP cancer lead to improve patient information in GP Surgeries in an attempt to mitigate this issue.	☑	93.9% ☑
		Symptomatic breast patients	93%	93.4% ☑	91.1% ☒	96.9% ☑	95.5% ☑	94.7% ☑	95.3% ☑		93.2% ☑	The Trust experienced a higher than expected number of breaches (7) during June although remained compliant. All breaches were as a result of patients choosing to be seen after 14 days from referral. Work has been underway with the CCG GP cancer lead to improve patient information in GP Surgeries in an attempt to mitigate this issue.	☑	94.7% ☑
CANCER	All cancers: 31-day wait from diagnosis to first treatment		96%	100% ☑	98.3% ☑	98.2% ☑	99.1% ☑	98.0% ☑	97.6% ☑		96.1% ☑	n/a	☑	97.3% ☑
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	100% ☑	94.7% ☑	100% ☑	86.8% ☒	100% ☑	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 & June's position have remained compliant.**	☑	100% ☑
		Drug Treatment	98%	100% ☑	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	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% ☒	85.0% ☑	89.8% ☑		89.1% ☑	**This standard is recorded as compliant at 89.1%.** 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.	☒	88.5% ☑
		NHS Cancer Screening Service referral	90%	92.0% ☑	97.3% ☑	100% ☑	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 a compliant 4 weeks of referral, however a delay of 4wks & a failed colonoscopy polyp removal by the Screening Centre caused the breach. *[The Trust position has been revised for May as the late referral breach via the Frimley Screening Centre has been confirmed as a colonoscopy with polyp removal counting as First Definitive Treatment].*	☑	90.0% ☑

A&E PERFORMANCE UPDATE

					Feb-15	Mar-15	Apr-15	May-15	Jun-15	Sparkline
A&E	A&E	INPUTS	Attendances	**Total**	**6847**	**8064**	**7630**	**8032**	**7795**	
				Avg Att per day	*245*	*260*	*254*	*259*	*251*	
			Admissions	**Total**	**1734**	**1882**	**1914**	**1988**	**1804**	
				Avg Adm per day	*62*	*61*	*64*	*64*	*60*	
		CONTROLS	Breaches	**Total**	**825**	**1136**	**918**	**715**	**859**	
			% Breaches late Specialty	**Total**	**34.1%**	**28.5%**	**25.3%**	**13.4%**	**23.9%**	
			% Breaches late Dr/ENP	**Total**	**8.8%**	**4.4%**	**3.6%**	**3.5%**	**2.5%**	
			Number of Breaches by Minors	**Total**	**102**	**146**	**94**	**94**	**85**	
			Delay Transfers of Care	**Total**	**644**	**661**	**938**	**748**	**817**	
			Complex Discharges	**Total**	**1324**	**1509**	**1214**	**1424**	**1099**	
		OUTPUTS	A&E 4hr Performance % (Monitor)	**Total**	**92.79%**	**91.49%**	**92.51%**	**94.25%**	**93.09%**	
			A&E 4hr Performance % (St Peters)	**Total**	**87.95%**	**85.95%**	**87.96%**	**91.07%**	**88.99%**	

Performance:

The Trust missed the 4 hour A&E CCG contract standard in June with St Peters site A&E, GUM & EPU performance recorded at 90.36% [Monitor performance (inc Ashford) = 93.08%]. Although the target of 95% wasn't achieved, it was 0.46% ahead of the 89.9% Trust recovery trajectory.

June's A&E attendances at 7,795 were lower than May (8,031) although comparable to June 2014 with a daily average of 260 patients attending per day (Apr=254 & May=259).

Admissions via A&E for June at 1,804 (daily average = 60) was lower than the previous 4 months (Feb-May where the daily average = 62) although broadly comparable to last June 2014 when the daily average was 59 per day.

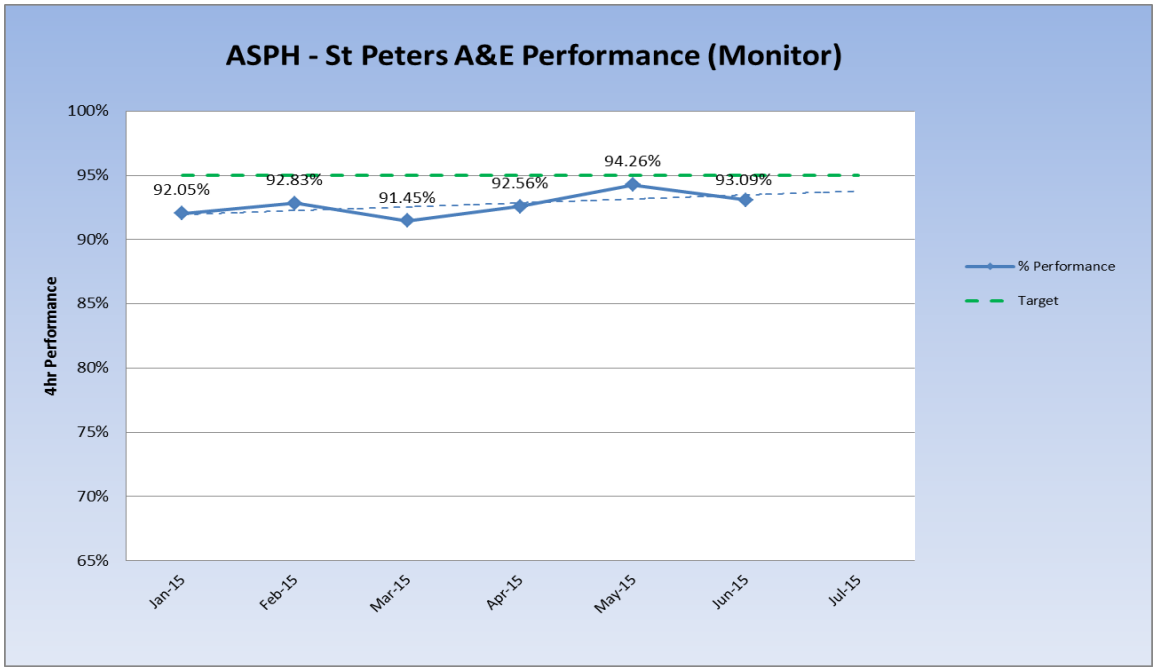
The Trust's A&E performance showed improvement ahead of trajectory for June, despite the closure of 2 rehabilitation wards at Ashford where rehabilitation & step-down provision for the closing wards was not readily accessible. This caused difficult patient flow during the month due to the high levels of delay when discharging patients with complex care to the community.

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

					Feb-15	Mar-15	Apr-15	May-15	Jun-15	Sparkline
RTT	GENERAL SURGERY	INPUTS	Referrals	*Colorectal*	*379*	*414*	*395*	*328*	*383*	
				Breast	*301*	*269*	*257*	*260*	*295*	
				Upper GI	*85*	*94*	*98*	*56*	*47*	
				Vascular	*150*	*147*	*160*	*139*	*162*	
				Total	**915**	**924**	**910**	**783**	**887**	
		CONTROLS	Admitted Pathway Activity	**Total**	**273**	**313**	**291**	**293**	**270**	
			Non-Admitted Pathway Activity	**Total**	**594**	**649**	**585**	**531**	**631**	
		OUTPUTS	RTT Admitted Pathway %	**Total**	**84.13%**	**78.64%**	**81.79%**	**88.21%**	**87.36%**	
			RTT Non-Admitted Pathway %	**Total**	**89.62%**	**88.64%**	**88.53%**	**89.40%**	**91.18%**	
			RTT Incomplete Pathway %	**Total**	**90.83%**	**90.29%**	**91.02%**	**92.93%**	**90.77%**	
			Waiting List Size	**Total**	2616	2559	2695	2695	2688	
			Backlog Size (>18wks)	**Total**	235	243	241	196	248	

Performance:

General Surgery has been making good progress over Q1 recovering from the elective cancellations as a result of emergency bed pressures, although due to staffing issues at Ashford it has been necessary to reschedule a number of patients from June to July which will cause additional breaches being recorded. The specialty is also experiencing delays in upper gastro-intestinal and colorectal pathways as a result of the Trust's position in endoscopy.

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 have been reviewed with actions to optimise being implemented

Continuing progress has been seen in General Surgery Non-Admitted Pathway (NAP) standard, although the Trust's endoscopy position is now impacting the specialties Admitted & Incomplete Pathway standards.
The specialty will continue to treat additional long waiters during July to reduce the admitted backlog with an estimated return to Admitted compliance from August. Further improvement in NAP & Incomplete Pathway performance is reliant on improvement being seen in the Trust's endoscopy position. Additional external resources to enhance the Trust's endoscopy capacity commenced mid-June.

RTT PERFORMANCE UPDATE

					Feb-15	Mar-15	Apr-15	May-15	Jun-15	Sparkline
RTT	UROLOGY	INPUTS	Referrals	**Total**	**279**	**389**	**380**	**330**	**325**	
		CONTROLS	Admitted Pathway Activity	**Total**	**83**	**101**	**126**	**90**	**103**	
			Non-Admitted Pathway Activity	**Total**	**161**	**179**	**237**	**192**	**229**	
		OUTPUTS	RTT Admitted Pathway %	**Total**	**80.49%**	**81.00%**	**68.25%**	**80.90%**	**87.38%**	
			RTT Non-Admitted Pathway %	**Total**	**91.25%**	**97.77%**	**92.80%**	**94.82%**	**97.84%**	
			RTT Incomplete Pathway %	**Total**	**91.27%**	**91.63%**	**95.26%**	**96.29%**	**94.85%**	
			Waiting List Size	**Total**	781	838	805	854	796	
			Backlog Size (>18wks)	**Total**	69	76	42	36	41	

Performance:

Elective cancellations as a result of emergency bed pressures had a noticeable effect on Urology during Q4 & beyond.
The specialty has been providing additional capacity to address the backlog, with good improvements being seen in the Admitted & Non-Admitted Pathway standards.

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 have been reviewed & optimised

The specialty has shown good improvement with both Non-Admitted Pathway & Incomplete Pathway standards being compliant for June although their is an increasing routine wait to 1st appointment (13wks) currently being seen. The team have reviewed the specialty demand & capacity flow and are implementing an action plan to address the backlog reduction required to reduce & sustain this to max 6wks.

CANCER UPDATE

					Feb-15	Mar-15	Apr-15	May-15	Jun-15	Sparkline
CANCER	Cancer: two week wait from referral to date first seen	INPUTS	Referrals	Total	661	764	693	749	744	
		CONTROLS	Breaches due to Patient Choice	Total	27	53	48	32	28	
			% Breaches - Patient Choice	Total	4.1%	6.9%	6.9%	4.3%	3.8%	
			Breaches due to Hospital Capacity	Total	12	23	21	8	1	
			% Breaches - Hospital Capacity	Total	1.8%	3.0%	3.0%	1.1%	0.1%	
		OUTPUTS	2 Week Wait %	Total	94.10%	90.10%	91.20%	94.66%	96.10%	

Performance:

This standard is recorded as compliant at 96.1% & remains ahead of the agreed recovery trajectory despite an increase in the number of actual vs. estimated referrals throughout Q1.

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.

2 Week Referral	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
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%	96.1%			

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

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 Endscopy 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

					Feb-15	Mar-15	Apr-15	May-15	Jun-15	Sparkline
CANCER	All cancers: 62-day wait for first treatment (GP Referral)	INPUTS	Treatments	Total	40	40	61	53	50.5	
		CONTROLS	*Breaches - ASPH*	Total	6	5	5	3	2	
			Breaches - Shared	Total	3.5	4.5	5	3.5	3.5	
			Total Breaches	Total	9.5	9.5	10	6.5	5.5	
		OUTPUTS	62 Day GP Referral to Treatment %	Total	76.3%	76.3%	83.6%	87.7%	89.1%	

Performance:

This standard is recorded as compliant at 89.1% & remains ahead of the agreed recovery trajectory despite an increase in the number of actual vs. estimated treatments throughout Q1.

62 Day GP Referral

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
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%	89.1%			

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

STROKE PERFORMANCE UPDATE

				Feb-15	Mar-15	Apr-15	May-15	Jun-15	Sparkline
STROKE	INPUTS	Total stroke discharges	Total	41	45	37	53	61	
	OUTPUTS	Proportion of patients admitted to stroke ward <4hrs	Target = 90%	59%	30%	38%	51%	56%	
		Proportion of patients spending 90% on stroke ward	Target = 80%	80%	59%	57%	83%	83%	
		Proportion of patients scanned within 1hr	Target = 50%	74%	70%	66%	76%	66%	
		Proportion of patients scanned within 24hrs	Target = 100%	100%	98%	100%	100%	100%	
		Patients eligible & receiving thrombolysis	Target = 100%	100%	100%	100%	100%	100%	
		Non-urgent TIA cases assessed within 7 days	Target = 100%	100%	100%	100%	100%	100%	
		High-risk TIA cases treated within 24hrs	Target = 100%	100%	100%	100%	100%	100%	

Performance:

The Trust has experienced difficulty meeting the top 2 KPIs due to 2 reasons;
(1) non-elective bed pressures within the Trust where stroke ward beds had to be used to avoid patients waiting in A&E (inc overnight DTA's), &
(2) a high number of patients on palliative care requesting to stay on the ward rather than transfer to a hospice.

Since May, item (2) has been managed well and we have seen good transfer to hospices, although we've still had significant non-elective bed pressures within the hospital. June's 'Proportion of patients admitted to a stroke ward within 4hrs' performance has improved to 56% (up from April's 38% & May's 51%) which is based on discharges (which includes patients admitted prior to June). When reviewing performance based on Admission, June's performance would be 76% (& if ring fenced beds were available, this would have been 87.9%; just shy of the 90% target).

As the stroke ward beds are now ring fenced, and with the longest length of stay being a patient admitted during June, a step change improvement should be seen in July's discharge based performance for this KPI.

Improvement Activity:

A number of improvement actions have been underway, which include;
1 - Demand and capacity analysis undertaken to establish the required number of ring-fenced beds
2 - Clear process introduced for CSNPs, Senior Support Managers and Directors on Call for use of ring fenced beds
3 - Protocols for transfer of stroke patients into and out of stroke & rehab beds re-established
4 - Standard Operating Procedure for stroke unit capacity management re-established
5 - Monitoring use of acute stroke beds to ensure they are optimised for stroke patients
6 - Improveing Length Of Stay on Chaucer Ward, including reducing delayed transfers of care
7 - Meeting with ED team reaffirming the pathway for stroke patients
8 - Root cause analysis of each breach with learning & mititations discussed at clinical governance
9 - Stroke performance reviewed at weekly Trustwide Performance meetings

An action plan remains underway to improve performance which includes a number of additional activities to upskill colleagues, with regular monitoring & feedback of breaches to reduce re-occurrence.

OTHER PERFORMANCE CONCERNS &/OR RISKS

Endoscopy

Additional endoscopy capacity using external specialist GPS resources commenced 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 have scheduled 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. This is being closely monitored.

The reduction in endoscopy waiting list & backlog is detailed below against the originally modelled waiting list & backlog clearance.

		02-Jun	09-Jun	16-Jun	23-Jun	30-Jun	07-Jul
A1	Waiting Actual	1717	1715	1626	1650	1646	1476
A2	Waiting Estimated	1864	1912	1932	1864	1796	1714
A3	*Waiting Variation*	-147	-197	-306	-214	-150	-238
B1	>6wks Actual	740	770	798	801	819	768
B2	>6wks Estimated	619	624	556	674	606	538
B3	*>6wks Variation*	121	146	242	127	213	230

The overall waiting list has reduced ahead of projection, although the backlog clearance is slightly behind.
In overall terms, the Trust remains marginally ahead of schedule to deliver the activity required for the backlog reduction, although will need to ensure internal core capacity (28 sessions), cobham capacity (2 sessions) & GPS locums (14 sessions) is delivered & maintained.
Regular meetings with the Endoscopy team will continue & an imminent meeting with GPS Locums representatives is scheduled.

IMPROVING OUTPATIENT SERVICES PROJECT

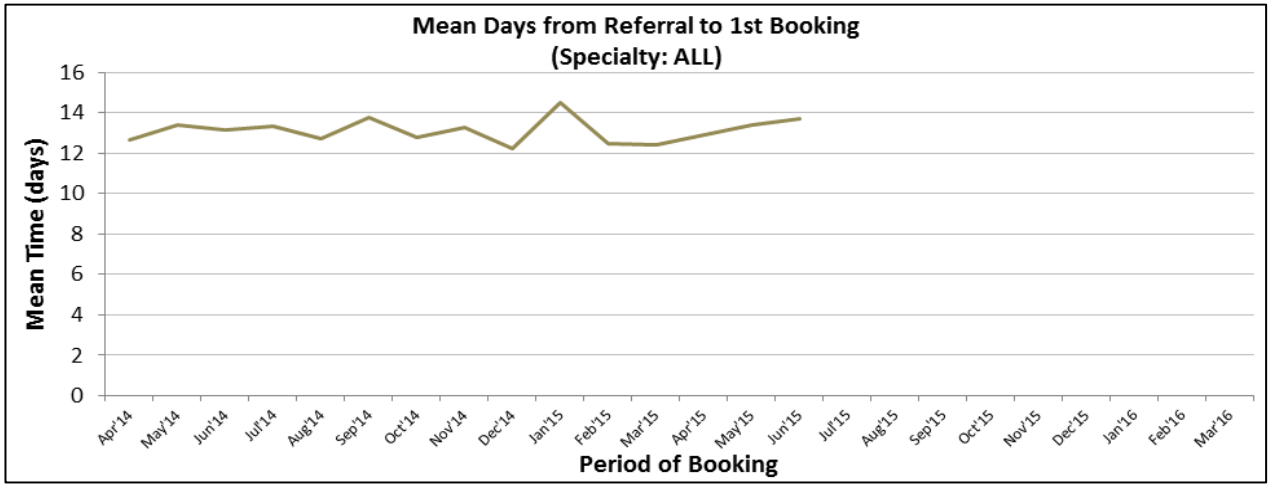
As part of the Trust's service improvement programme for 2015/2016, the 'Improving Outpatient Services' project has been initiated. Areas for improvement have been initially identified through analysis of complaints information from the last 2 years and have been further developed via workshop exercise with staff. The aims of the project can be summarised as follows:

- Reduced delays in the patient pathway from referral to appointment, and to appointment outcomes
- Improved frequency, quality and timeliness of communication with patients on an outpatient pathway
- Improved access to the Trust for patients and GPs in order to access the information they need

The following KPIs have been developed and will be measured to indicate the progress of this project. These measures are currently work-in-progress and are subject to development as the project progresses, the internal targets relating to these indicators are currently pending agreement through the project board.

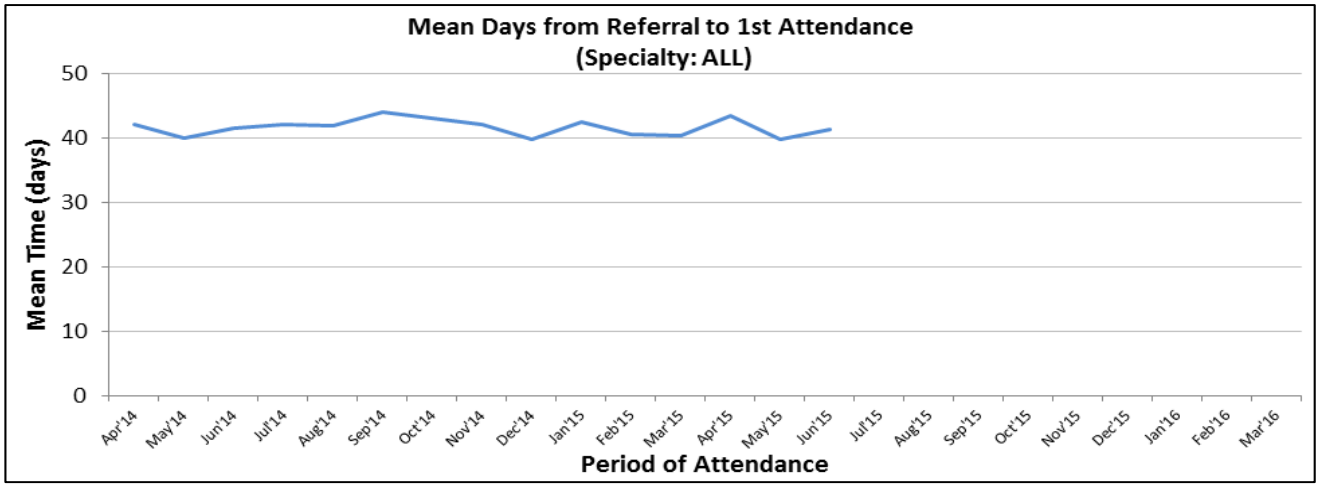
1 **(First Appointments) Days from Referral to Booking**

The average number of days from referral received to an outpatient appointment booking made on PAS



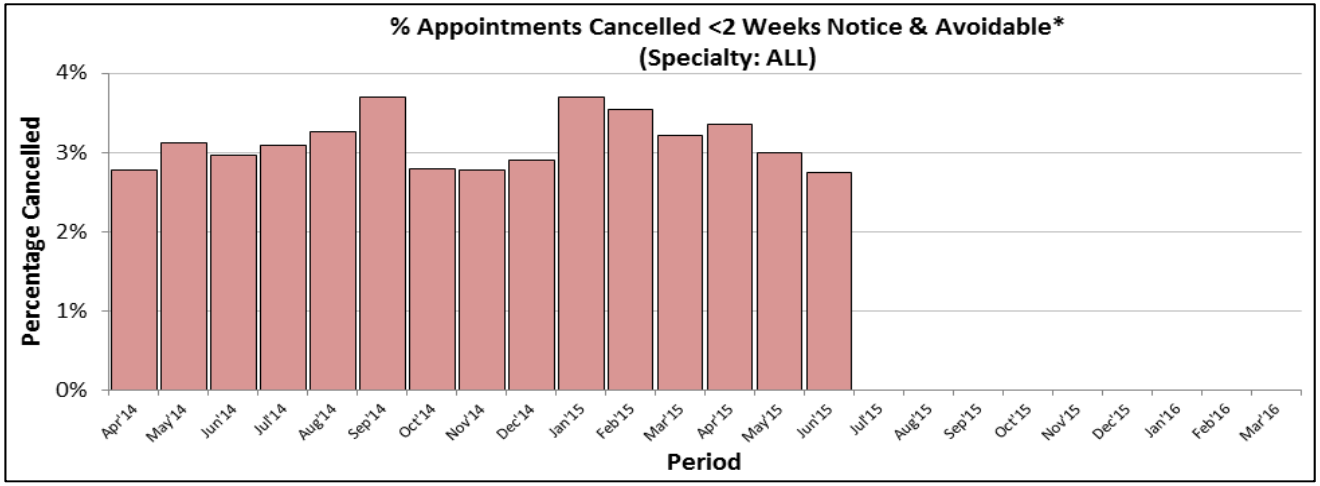
2 ***(First Appointments) Days from Referral to Attendance***

The average number of days from referral received to first outpatient appointment date



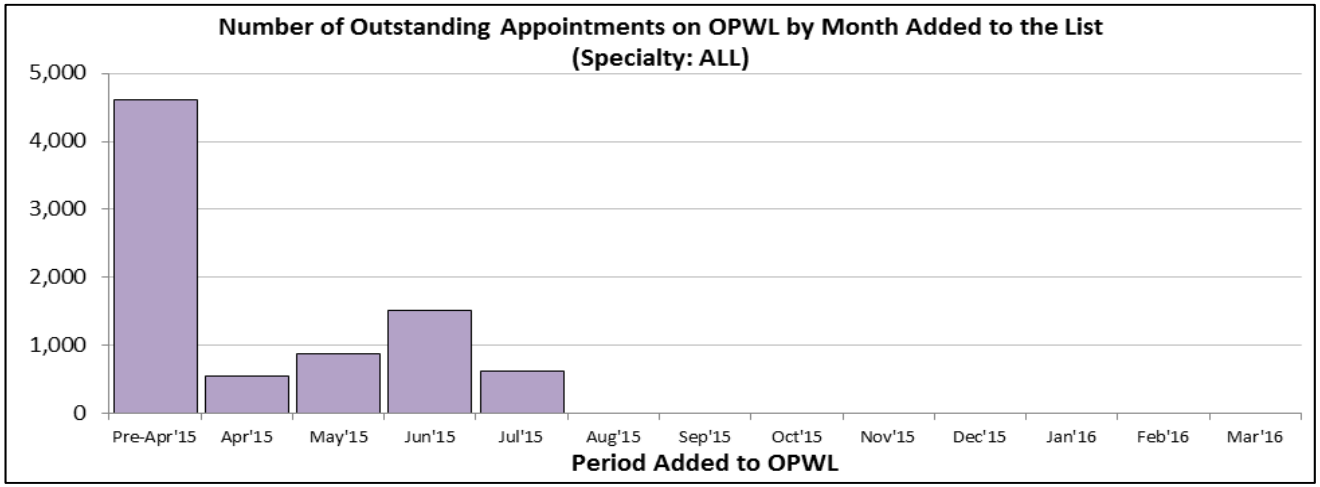
3 **Avoidable cancelled appointments with <2 weeks notice**

Appointments cancelled with less than 2 weeks' notice as a percentage of all appointments in the period.



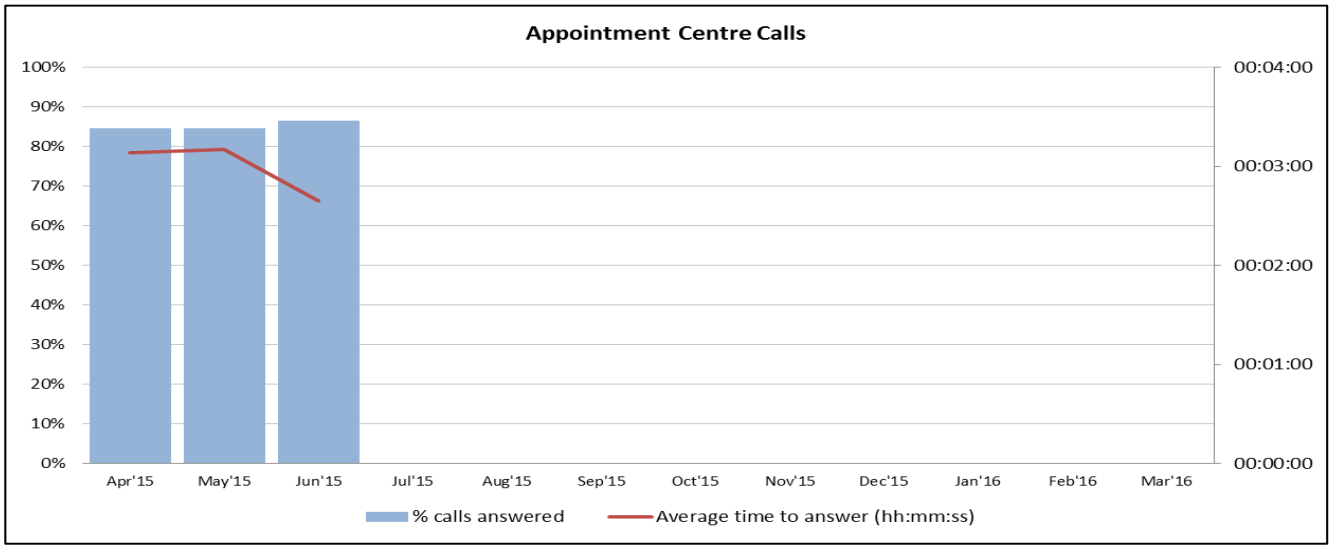
Outstanding follow-up appointments

4 *Number of patients on the outpatient waitlist who require a follow-up appointment booking.*



Appointment centre call answering success rate and waiting times

5 *The percentage of calls answered in the appointment centre and the average time to answer per month*



Additional KPIs in development:

6	***Referral triage turnaround times*** 'Outstanding': Referrals added to the Referral Tracking System waiting for a consultant to review 'Awaiting booking': Referrals that have been reviewed by a consultant and waiting for appointment to be made
7	***Late clinic starts (ASH & SPH)***
8	***Outpatient clinic utilisation***
9	***Clinic outcome letter turnaround times***

APPENDIX 1
FINANCE AND PERFORMANE COMMITTEE - JULY 2015
Changes to the 18 weeks RTT national standards
Summary NHS England have announced changes to the 18 weeks RTT elective care standards governing the NHS. The below sets out the nature of the changes and their implications. Attached is the communication from NHS England regarding these changes.

1. Background

1.1 The NHS Constitution sets out the entitlement to wait no longer than 18 weeks from GP referral to treatment.

1.2 The 18 Weeks Referral to Treatment standards have historically included three components – completed admitted pathways (AP) delivered within 18 weeks (90% target), completed non-admitted pathways (NAP) delivered within 18 weeks (95% target) and incomplete pathways waiting no longer than 18 weeks (92% target).

2. Changes

2.1 NHS England announced on 4th June that they were accepting Sir Bruce Keogh's recommendations regarding proposed improvements to the current waiting times standards and reporting arrangements.

2.2 The admitted and non-admitted standards are being abolished and the incomplete standard will become the sole measure of the constitutional right to be seen within 18 weeks.

2.3 These changes took effect on 25th June 2015.

3. Rationale

3.1 NHS England is of the opinion that there are in-built perverse incentives within the AP and NAP targets.

3.2 These standards arguably penalise Trusts for treating their patients that have waited longer than 18 weeks i.e. when clearing a backlog of long waiting patients.

3.3 They also have the potential to encourage 'booking to quota' whereby a Trust only treats a quota of breach patients equating to the tolerance level (either 10% or 5%) of its usual monthly activity and therefore ensuring it does not fail the respective standard.

4. Financial implications

4.1 Commissioners will be unable to levy any financial sanctions associated with the AP and NAP standards from the date of the change and the Trust will be reimbursed for any financial sanctions applied since 1st April 2015.

4.2 An in-year variation of the 2015/16 contract will be implemented by the 1st October 2015 removing the provision for AP and NAP non-compliance penalties.

4.3 The penalty applied to Trust's failing the remaining incomplete pathway standard will be increased from its current level of £100 to £300 per patient over the 8% tolerance. The sanction is applied at individual specialty level rather than aggregate.

5. Regulatory implications

5.1 As of 24th June, no regulator may make any further intervention or increased regulatory actions as a result of deterioration or non-compliance with the AP or NAP standards.

5.2 Monitor will publish the necessary changes to its Risk Assessment Framework in July.

6. ASPH and national context

6.1 From a regulatory perspective, ASPH has consistently met the incomplete standard at an aggregate level (see below for 2015 performance to date).

	Jun-15	May-15	Apr-15	Mar-15	Feb-15	Jan-15
	Incomplete pathways (Target 92%)	Incomplete pathways (Target 92%)	Incomplete pathways (Target 92%)	Incomplete pathways (Target 92%)	Incomplete pathways (Target 92%)	Incomplete pathways (Target 92%)
General Surgery	90.77%	92.93%	91.02%	90.29%	90.83%	91.14%
Urology	94.85%	96.29%	95.26%	91.63%	91.27%	92.02%
Trauma & Orthopaedics	97.59%	96.97%	96.37%	95.81%	94.70%	94.20%
Ear, Nose & Throat (ENT)	97.82%	97.17%	96.54%	96.26%	96.72%	96.55%
Ophthalmology	98.29%	98.60%	97.68%	97.12%	96.87%	96.65%
Oral Surgery	97.09%	97.69%	98.02%	97.66%	97.50%	97.72%
General Medicine	98.85%	97.26%	96.60%	96.13%	93.99%	93.63%
Gastroenterology	93.96%	96.85%	97.80%	96.70%	94.11%	92.11%
Cardiology	96.62%	98.01%	97.88%	97.73%	96.69%	97.61%
Dermatology	97.28%	96.81%	96.21%	95.95%	97.14%	97.15%
Neurology	91.43%	93.00%	93.43%	94.63%	95.10%	94.52%
Rheumatology	100%	99.64%	99.31%	98.42%	98.27%	98.35%
Geriatric Medicine	94.51%	99.08%	98.36%	99.20%	98.13%	97.12%
Gynaecology	94.90%	95.71%	94.52%	94.12%	94.54%	96.63%
Other	100%	98.83%	99.06%	98.04%	97.97%	97.03%
Total	96.26%	96.73%	96.15%	95.47%	95.19%	95.13%

6.2 Nationally, of the 187 organisations submitting incomplete pathways data in May 2015, 18% (n=33) of these reported non-compliance with the standard; this group includes a mix of both NHS Trusts and Foundation Trusts.

6.3 Adjusting May's data excluding Trusts reporting less than a thousand incomplete pathways (small community organisations and specialist hospitals), ASPH sits within the first quartile of incomplete pathway performance nationally.

Monitor
Making the health sector work for patients

tda Trust Development Authority
Quality. Delivery. Sustainability.

NHS England

To: CCG Accountable Officers
CCG Clinical Leaders
Chief Executives of NHS Providers

NHS England Publications Gateway Reference: 03615

24th June 2015

Dear Colleague

Changes to the Referral to Treatment (RTT) operational standards and reporting arrangements

Simon Stevens wrote on 4 June 2015 to let you know that he had accepted Sir Bruce Keogh's recommendations on improvements to current waiting time standards and reporting arrangements. This letter sets out the operational arrangements required to enact these changes.

RTT

The admitted and non-admitted operational standards are being abolished, and the incomplete standard will become our sole measure of patients' constitutional right to start treatment within 18 weeks.

This means that from the date of this letter (24th June 2015), no provider or commissioner will receive any form of sanction, whether in the form of regulator investigation/intervention or the levying of financial sanctions, for failing the admitted or non-admitted standards.

Over the course of the year the Department of Health, NHS England, Monitor and the NHS Trust Development Authority will formalise these changes through alterations to the Standing Rules Regulations, the NHS Standard Contract, the CCG Assurance Framework, the Risk Assessment Framework and the Accountability Framework respectively.

Contracts and sanctions

Commissioners should not levy any financial sanctions associated with the admitted and non-admitted standards with effect from 1st April 2015. Where sanctions have already been applied in respect of these two standards in the 2015/16 financial year, commissioners should make arrangements to repay the funding withheld to the relevant providers.

NHS England will shortly consult on a National Variation to make in-year changes to the 2015/16 Contract to formally remove the financial sanctions for the two completed pathway standards. This will also propose increasing the value of the sanction which applies where providers are unable to achieve the incomplete pathway standard, in line with our commitment to the incomplete standard as the single new measure of RTT performance. We intend that the National Variation will be implemented by 1st October 2015. This means that providers have three months to improve their incomplete performance before contract sanctions increase.

As the completed pathway standards are set out specifically in the Standing Rules Regulations, removal of the standards themselves from the Contract will only follow once revised regulations have been passed by Parliament and the standards removed from the Standing Rules Regulations.

The Department of Health is currently preparing to put forward the necessary proposals to remove the admitted and non-admitted standards from the Standing Rules Regulations. Subject to Parliamentary approval, this should be completed by 1 October 2015 and removal of the standards themselves from the NHS Standard Contract will then be taken forward, probably as part of the process of updating the Contract for 2016/17.

Patients' legal right to start non-emergency consultant-led treatment within 18 weeks of referral is unchanged.

At this stage, no changes must be made to Schedule 4A (Operating Standards) in local commissioning contracts (whether signed or unsigned at the date of this letter). Contracts as yet unsigned should be finalised on the basis of the published 2015/16 NHS Standard Contract and signed as soon as possible. NHS England will in due course provide guidance on the implementation of any National Variation. Until the National Variation is put in place, however, we do not expect CCGs to enact contractual sanctions for underperformance against the admitted and non-admitted operational standards.

Commissioners must of course continue to apply contractual sanctions where providers fail to achieve the RTT incomplete pathway standard or the other operational standards and national quality requirements set out in Schedules 4A and 4B of the Contract.

NHS England will also consider whether further changes need to be made to the CCG Quality Premium scheme as a consequence of these changes to RTT standards.

Regulation

Monitor and TDA will be reflecting these changes in their approach to the regulation and oversight of Foundation Trusts and NHS Trusts respectively. Monitor will set out details of the changes required to the Risk Assessment Framework (RAF) when it publishes the outcome of the current consultation on the RAF in early July. Similarly TDA will update the Accountability Framework for NHS Trusts.

Data reporting and publication

Until notified, commissioners and providers should continue to submit all four existing monthly RTT collections. To maintain transparency and safeguard against these changes having unintended consequences, there will be some minor amendments to the monthly RTT collections in due course to remove the adjusted admitted part of the collection and to add some items (number of clock starts, decisions to admit and validation removals) to understand better the waiting list dynamic. Notification will be given as to when these changes will occur.

The collection of information on admitted (unadjusted) and non-admitted pathways will continue alongside the information on incomplete pathways.

The NHS needs this information to ensure that patients are treated fairly and do not have to wait longer than necessary for treatment. CCGs need to ensure the data being reported is a

true and honest reflection of waiting times and highlight where action is needed to reduce inappropriately long waits. In the interests of transparency and fairness, local access policies should accord with the RTT Rules Suite, and be published on provider websites.

Starting with the publication of June data in August, the following statistics will be published monthly on the same date by NHS England: RTT, Cancer, Diagnostics, A&E, Ambulance, NHS 111 and Delayed Transfers of Care.

Changes to cancer and A&E collection

Weekly collection and publication of A&E data will stop from 1st July. NHS England will consult with users shortly on how best to implement these changes. Further detail will be available via Unify2 in due course.

Providers will be required to submit Cancer data for the month of June and Quarter 1 2015/16 by 17.00 on Tuesday 4th August to the Open Exeter Cancer Waiting Times system (this deadline is as currently advertised). The reports generated from these submissions will be used to produce the publication for June data and Q1 data.

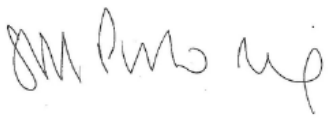
Non-reporting

We will also be developing a much more stringent approach to non-reporting of mandatory data, particularly for providers about to undergo Patient Administration System (PAS) upgrades. This is to ensure that ceasing reporting only happens in the most exceptional circumstances and that there is a clear and transparent process to re-commence reporting as quickly as possible.

Summary

We understand that both commissioners and providers are currently under significant pressures. It is our intention that the simplification of RTT standards and reporting requirements will support you in focusing on what really matters in what we all recognise will be a challenging year.

Yours sincerely,



Sarah Pinto-Duschinsky
NHS England



Lyn Simpson
NHS Trust Development Authority



Stephen Hay
Monitor