Paper 7.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
Date: 2nd September 2020

TITLE	Performance Report - June 2020
EXECUTIVE SUMMARY	**Covid-19 (Coronavirus) Capacity, Activity and Elective Restart** At the time of writing this report (17th July), over the past week the Trust averaged 1 Covid positive patient in ITU, with a further 11 inpatients in our Covid Ward and a daily average of a further 4 inpatients with suspected Covid-19 waiting results from testing. In total, 189 inpatients have died with a primary cause recorded as Covid-19, although 572 inpatients have received treatment, recovered and been discharged. Ward beds have been re-configured to adhere to infection control guidance, leading to an initial overall 92 bed (19%) reduction in capacity due to social distancing requirements, although this has now been reduced to circa 61 beds (14%) reduction using a restricted curtain solution. A reduction in footfall within (and in) our hospitals has been achieved through full adoption of NHSE guidance restricting hospital access to only specific staff, patients and carers. The Trust continues to work with partners and services to support each other to ensure organisations have the capacity to respond to Covid-19 whilst still being able to provide TWR, Urgent and Routine services. Outpatient capacity during June was operating at 70% pre-Covid-19 levels, primarily in virtual clinics due to redeployment of staff and infection control requirements. Over the past 2 months, the Trust has been planning and implementing the safe restart (NHSE Phase 2) services for routine diagnostics, routine outpatients and elective surgery using our existing sites and engaging the support of community and Independent Sector providers. This has required significant patient pathway redesign due to the requirement for substantial infection prevention regimes to minimise contagion. **Urgent Care** Activity levels attending the Trust's UTC and ED have continued to increase over the past few months with average daily attendances during June at 77% pre-covid levels (235 per day). However, ED performance has been impacted due to the high occupancy of the available Trust beds causing slow flow from ED to wards and restricted space within ED keeping separate 'Blue' and 'Green' patient flows. **A&E Performance (SPH and NHSI)** For completeness, the Trust's NHSI (SPH site only) and NHSI (SPH site inc. Ashford and Woking WiC activity) performance is included within this report as below; • **NHSI (SPH site only), the Trust recorded A&E NHSI performance at 89.0%,** which was a 7.1% decline on last month (96.1%). • **NHSI (SPH site inc. Ashford and Woking WiC activity), the Trust recorded AandE NHSI performance at 92.3%,** which was a 4.9% decline on last month (97.2%).

ED Attendances at a daily average of 235 during June were lower than June 2019 at 304 per day, although were 14% higher than May 2020. The Trust is currently running two separate emergency departments (one for Covid-19 and one for non-Covid-19 patients) increasing pressure on an already compressed site. Options are being considered to expand the area but will require capital investment. Likewise substantial capital investment has been requested to undertake a number of schemes over the coming year to;

- Increase ED capacity including extension of SDEC and Fit 2 Sit to permit safe segregation, including additional Point of Care testing.
- Increase beds through provision of a modular ward
- Increase theatre capacity through the temporary provision of 2 mobile theatres, including the building of 2 Ophthalmology theatres
- increase endoscopy capacity through provision of a modular endoscopy unit and NHS/Independent Sector outsourcing

The Trust's bed occupancy was 79% during June 2020 (although this includes 3 ring fenced elective wards at Ashford). Since early July, the Trust has been able to reduce the loss of beds due to social distancing to only 65 beds (14%) using a restricted curtain solution and intends to release further beds through the introduction of Infection Control approved privacy screens.

A&E Performance (National Position)
When comparing the Trust including Ashford and Woking WiC (NHSI position), for June (Acute Type 1 Footprint), the Trust is positioned 67th of 118 Trusts. When comparing the Trust for SPH site only, for June (Type 1 only) the Trust is positioned 76th of 118 Trusts. (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards).

RTT
The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 61.9%.

The impact of Covid-19 and the risk of contagion has created significant disruption for elective surgery and routine outpatients. Over the past few months the Trust has been working up and implementing the substantial proposals necessary for the safe restart of outpatient appointments, diagnostic and elective activity, including revised and safe patient pathways requiring the pre-testing of patients, staff and substantial PPE requirements.

A number of these initiatives also require substantial capital investment and building works to permit capacity to return to pre-covid19 levels. Additional Independent Sector capacity has also been secured at BMI Runnnymede, Woking Nuffield, The Lister Hospital and Epsomedical Cobham Day Hospital to support the delivery of services for patients and the future recovery of the Trust's RTT position.

In terms of RTT overall the Trust at 70.7% (for May) remained significantly above the 62.2% National Average (May latest month) reported on 9th July 2020.

Comparison of RTT Performance and Waiting List Size with local peers and the national England average over the past 8 months have been included as an appendix in this pack.

Elective Activity and Capacity

Existing outpatient activities have where able, been transferred to telephone and video consultations to minimise disruption, although this has been challenging where patients need to be seen on-site for diagnostic and physical examination.

During June 20, elective activity has been operating at approx 43% pre-covid19 levels, outpatient activity at approx 70% and radiotherapy activity at 68%. Routine endoscopies have recommenced early July20.

Compared to average pre-Covid19 demand, TWR Cancer referrals were at 99% and elective referrals at 54% during June 2020 [Overall 57% reduction]. Referrals are expected over the next few months to return to pre-Covid-19 levels or higher (due to a backlog in demand).

Outpatient activity during June 20 was approx. 70% of pre-Covid-19 levels, of which approx. 80% undertaken virtually. There was a reduction in capacity in some medicine and surgical specialties due to risk from aerosol generating procedures (Respiratory, ENT, MaxFacs and Ophthalmology).

Clinical harm review processes are in place to identify and mitigate any risk to patients from increased waiting times.

Diagnostic Tests

The Trust recorded a non-compliant performance for the DM01 diagnostic standard in June although performance improved to 55.2%.

The Trust commenced receiving routine MRI, US, CT and Plain film tests during May, and ECGs, Neurophysiology and Sleep Study procedures during June. However, the Trust has a substantial amount of postponed non-urgent Endoscopy procedures on our diagnostic waiting list, which will begin to reduce during July with the recommencement of Endoscopy at the St Peters Hospital site, further supported by IS capacity provided onsite at weekends, at Cobham Day Surgery and BMI Runnymede. Further capacity is planned using a mobile endoscopy unit and weekend use of endoscopy rooms at Royal Surrey Hospital.

Services running through June (operating with infection control and social distancing) were;
Endoscopy - limited to emergency and risk-stratified urgent cancer referrals (routine commencing early July)
MRI - running at 55% capacity (up from 35% in May)
US - running at 74% capacity (up from 65% in May)
CT - running at 90% capacity (up from 72% in May)
X-Ray Plain Film - running at 68% capacity (up from 47% in May)
ECG monitoring - running at 63% capacity (up from 45% in May)
DEXA - running at 19% capacity
Sleep Studies - running at 44% capacity
Neurophysiology - running at 51% capacity

Supporting Patients and RTT Recovery Planning
Future ways of working and the development of outpatient and diagnostic 'cold' sites (with reduced risk of Covid-19 contagion) continue to be developed in conjunction with Surrey Heartlands CCG and system partners to support patients during the pandemic and the future recovery of the Trust's DM01 position.

Cancer Capacity and Demand during Covid-19
The Trust is providing full referral, diagnostic and treatment facilities for clinically urgent, risk assessed procedures for cancer patients during the

	Covid-19 pandemic. TWR referral demand during June was at 99% of the Trust's average pre-covid level. • All referred patients are receiving a clinical triage (although pre-requisite for Colorectal referrals is the patient must have had a FIT test in primary care, and Upper GI referrals experiencing severe dysphagia) • This is followed by a virtual appointment using 'Attend Anywhere', Telephone or an appointment at Ashford Hospital • Diagnostics are arranged as required for examination and staging, with • Treatment, surveillance or referral to a specialist tertiary centre arranged. The Trust is expected to report compliance for **5 of 7 Cancer standards** for June; **-TWR performance** is recorded a compliant performance for June at 98.3%. Of the 19 breaches, 16 breaches were due to patient choice with 3 due to hospital operational reasons. **-62 Day GP Referral to Treatment performance** is recorded a non-compliant performance for June at 78.1%. Delays have been recorded due to patient choice (6 patients), complex pathways (4 patients), internal capacity (3 patients), patient fitness (2 patients) and tertiary capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads. **-62 Day NHS Screening Service performance** is recorded non-compliant for June at 0%. This was due to 2 x Breast breaches delayed due to Covid-19 patient choice reasons. **<u>Delivering the Balance for Covid and Restarting non-Covid Services</u>** Trusts were told to suspend elective services from early April in line with social distancing rules required for the lockdown to minimise contagion. However, Urgent services across the Trust have continued to run, with some services (urgent and cancer surgery, trauma and paediatrics) moved into the BMI Runnymede Hospital from the outset to ensure isolation from Covid-19 inpatients. As we have progressed over the past 3 months, the Trust has been reallocating resources back to running non-Covid services where able and safe to do so. However, this has been a substantial undertaking considering the significant infection prevention control required and the considerable PPE requirements to ensure staff and patients remain safe. Our plans include Ashford being upgraded to operate as an elective site and therefore will be the centre of the elective surgery that the Trust undertakes going forward. In addition to this, we have seen considerable challenges due to air flow and ventilation issues at the Ashford site which has led to the temporary closure of some theatres, and a significantly restricted case mix in others (e.g. only being able to offer local anaesthetic procedures due to the reduced flow rate). Case mix through theatres has also been lower than pre-Covid due to IPC and social distancing restrictions, the need for additional cleaning between patients, and an inability to backfill lists where patients cancel at short notice as other patients have not been self-isolating. To partially mitigate the impact of this we have continued to utilise local private sector facilities including BMI Runnymede and Woking Nuffield. We are running waiting list initiatives at Ashford Hospital and are also exploring options to secure two mobile theatres based at the Ashford site. In addition, work is ongoing to look at options to safely segregate SPH

	theatres into green and blue pathways so that we can safely re-commence limited elective activity through SPH theatres. This is essential to provide adequate capacity for children and for adult patients who require access to critical care. However, theatre capacity does remain significantly below pre-Covid levels and this is likely to continue for the foreseeable future. The aim is to resolve this through the completion of theatre refurbishment works, including the plan to build a 6th elective theatre at Ashford which was approved in April 2020. Therefore retention of the Independent Sector provision at BMI Runnymede is critical to support trauma, cancer and urgent activity at the St Peter's Hospital site adjacent to the main building, and essential to increase Independent Sector provision [Woking Nuffield and Cobham Day Surgery] to create sufficient capacity to support urgent demand and elective activity for patients. During June 20, elective activity has been operating at 43% pre-covid19 levels, outpatient activity at 70% and radiotherapy activity at 68%. Routine endoscopies have recommenced early July20 with the Trust now having strong plans to increase activity to pre-covid levels across all specialties before the end of Mar21, many much earlier. We have a plan to secure a mobile endoscopy unit for SPH, extending our in-sourcing arrangements to maximise use of available capacity and are also working with RSCH to utilise their labs at weekends. In addition we have secured a modular CT from NHSE/I which is being located at Ashford and are working with Alliance Medical to enable us to increase their MRI capacity to meet demand. Significant work has also been underway to restore outpatient services. The aim is to return monthly outpatient activity to pre-Covid levels by the end of September 2020. To achieve this it has been necessary to undertake a redesign of pathways across the Trust to enable, as far as possible, outpatient services to be relocated off the SPH site. Firstly, we intend to continue the good practice implemented during the Covid period and offer patients virtual appointments (both telephone and video) where it is appropriate and safe to do so. A new internal target has been set to deliver 50% of outpatient activity non-face to face in future. In addition, we have significantly increased our face to face outpatient capacity at Ashford, and have invested in providing a further outpatient hub at Woking Community Hospital to enable us to offer our patients appointments close to home where possible. Work is underway at present to ensure that appropriate Infection Prevention and Control and social distancing protocols are in place by 1st August to enable us to increase our face to face capacity where it is essential to do so. The Trust has developed a vision for: *A new operating model that ends health and care acquired infections for the team, patients and the community we serve.* To this end restoration of services across the Trust will be delivered in line with this vision. Restoring services against new infection control requirements in a global Covid-19 pandemic requires carefully planning and consideration and will take some time to identify new delivery methods and locations as required. The Trust is linked into national and regional recovery planning including being part of an aligned Surrey Heartlands response.
The Council is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.

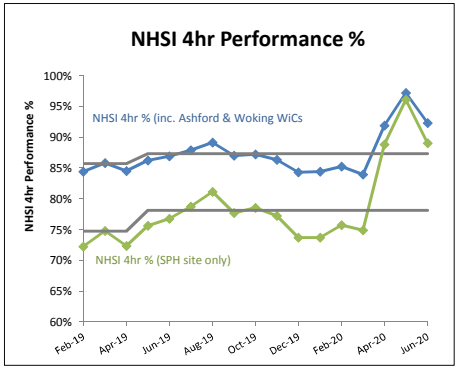
Submitted by:	James Thomas, Chief Operating Officer
Date:	17th July 2020
Decision:	For discussion

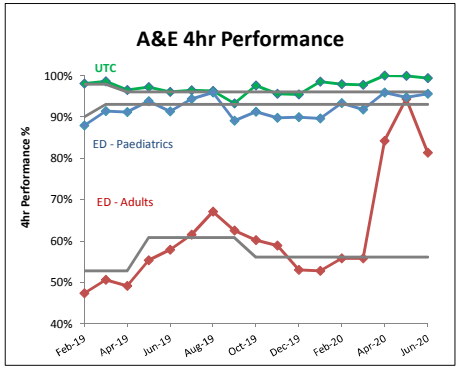
Unplanned Emergency Care

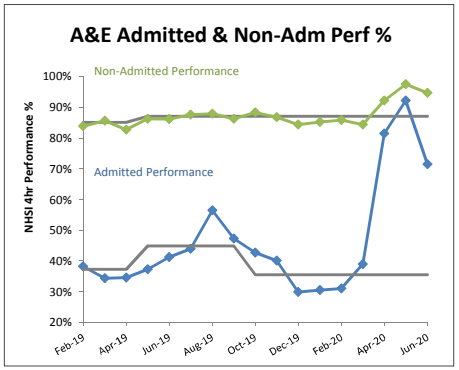
* Constitutional Standard
** NHSI Requirement
*** CCG Requirement
**** CQUIN

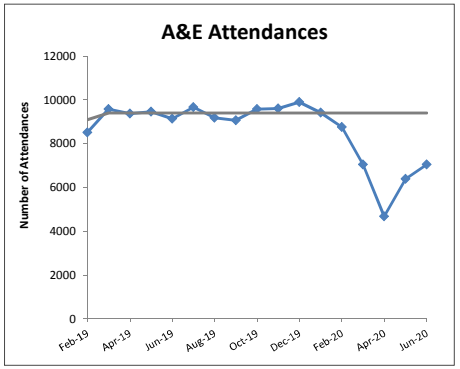
Activity and Performance Trends - Urgent Care

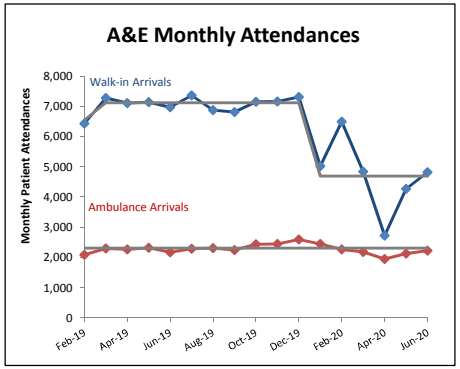
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	FY2019 -Q2	FY2019 -Q3	FY2019 -Q4	FY2020 -Q1
Attendances (SPH site only)	9,607	9,892	9,420	8,759	7,050	4,669	6,386	7,046	27,893	29,080	25,195	18,101
Attendances (Ashford & Woking WiC's)	6,529	6,814	6,580	5,898	4,040	1,788	2,531	3,053	20,880	19,383	16,518	7,372
Admissions	1,951	1,948	1,894	1,617	1,481	1,456	1,670	1,723	5,913	5,949	4,992	4,849
NHSI 4hr Perf % (SPH site only) *	77.2%	73.7%	73.7%	75.7%	74.9%	88.8%	96.1%	89.0%	79.2%	76.5%	74.9%	91.5%
NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	86.3%	84.3%	84.4%	85.2%	83.9%	91.9%	97.2%	92.3%	88.0%	85.9%	84.7%	93.9%
Breaches (SPH site only)	2,191	2,603	2,435	2,181	1,778	524	248	774	5,753	6,844	6,394	1,546
A&E Admitted Performance %	40.3%	29.9%	30.6%	31.1%	39.0%	81.0%	92.2%	71.4%	49.3%	37.7%	33.2%	81.5%
A&E Non-Admitted Performance %	86.6%	84.4%	85.2%	85.8%	84.4%	92.2%	97.5%	94.7%	87.2%	86.4%	85.2%	94.8%
A&E Attendances - Ambulances	2,446	2,597	2,440	2,269	2,180	1,945	2,124	2,225	6,839	7,478	6,889	6,294
A&E Attendances - Walk in	7,161	7,312	6,980	6,490	4,836	2,724	4,262	4,821	21034	21619	18,306	11,807

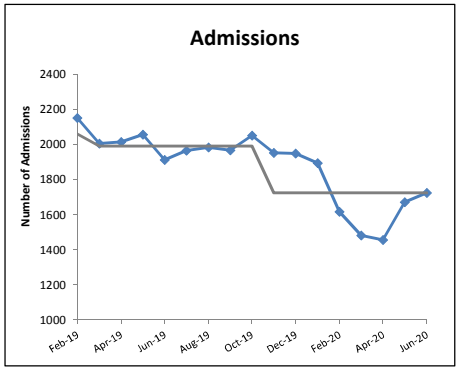












Covid-19 (Coronavirus) Capacity, Activity & Elective Restart

The Trust has utilised national, regional & Trust level daily demand modelling to inform the estimated patient demand & the capacity the Trust requires including Covid ITU & Covid Ward beds with oxygen requirements during the pandemic. In consequence to this the Trust partnered with BMI Runnymede and extensively increased & re-allocated its capacity (both ITU and ward beds), creating Covid+, Query Covid & non-Covid wards, including separation as appropriate for Paediatrics, Trauma & Urgent Surgery patients.

At its peak dring April, the Trust had 26 inpatients in ITU (7 Apr 20), with a further 99 inpatients in Covid Wards (3 Apr 20), & a daily average of a further 44 patients with suspected Covid-19 awaiting results from testing.

At the time of writing this report (17th July), over the past week the Trust averaged 1 inpatient in ITU, with a further 11 inpatients in our Covid Ward & a daily average of a further 4 inpatients with suspected Covid-19 waiting results from testing.
In total, 189 inpatients have died with a primary cause recorded as Covid-19, although 572 inpatients have received treatment, recovered and discharged.

Ward beds have been re-configured to adhere to infection control guidance, leading to an initial overall 92 G&A Beds (19%) reduction in capacity due to social distancing requirements, although this has now been reduced to only 61 G&A Beds (14%) using a restricted curtain solution. A reduction in footfall within (& in) our hospitals has been achieved through full adoption of NHSE guidance restricting hospital access to only specific staff, patients & carers.

The Trust continues to work with partners and services to support each other to ensure organisations have the capacity to respond to Covid-19 whilst still being able to provide TWR, Urgent and Routine services. Outpatient capacity during June was operating at 70% pre-Covid-19 levels, primarily in virtual clinics due to redeployment of staff and infection control requirements. All partners are keeping in regular contact and take part in daily and weekly update meetings with local, regional and national colleagues.

Over the past 2 months, the Trust has been planning & impementing the safe restart (NHSE Phase 2) services for routine diagnostics, routine outpatients and elective surgery using our existing sites and engaging the support of community and Independent Sector providers. This has required significant patient pathway redesign due to the requirement for substantial infection prevention regimes to minimise contagion.

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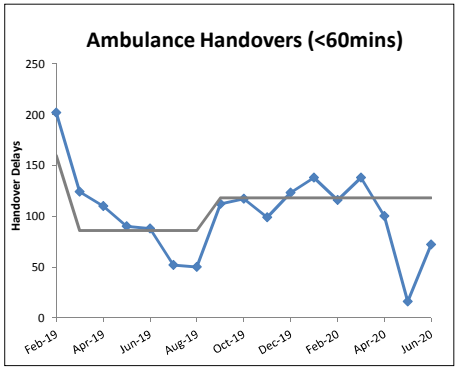
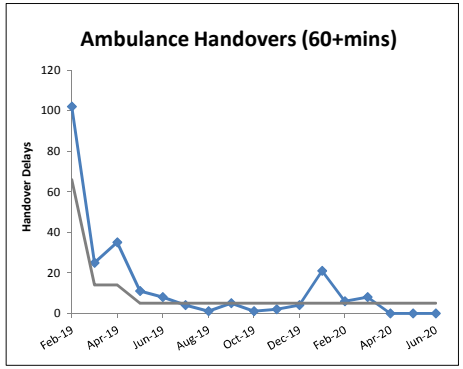
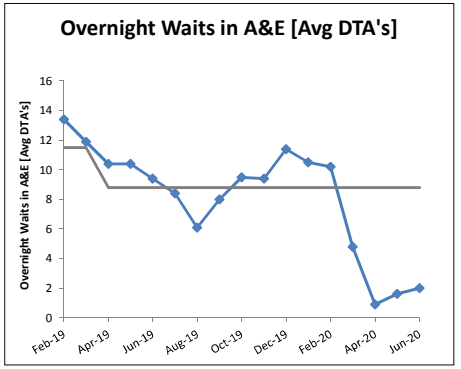
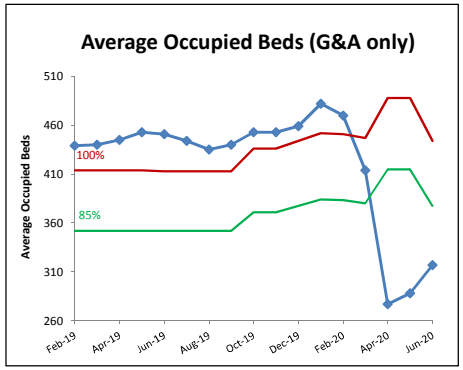
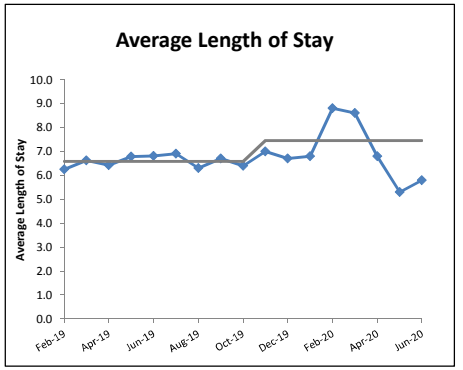
Ambulance Handover Delays (<60mins)	99	123	138	116	138	100	16	72	339	339	392	188
Ambulance Handover Delays (60+mins)	2	4	21	6	8	0	0	0	7	7	35	0
Overnight Waits in A&E [Avg DTA's]	9.4	11.4	10.5	10.2	4.8	0.9	1..6	2.0	7.5	10.1	8.5	1.5
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies)	7.0	6.7	6.8	8.8	8.6	6.8	5.3	5.8	6.6	6.7	8.1	6.0
% Patients Moved => 3 times	6.1%	7.0%	11.2%	8.1%	11.3%	17.7%	13.4%	10.6%	8.0%	6.3%	10.3%	13.9%

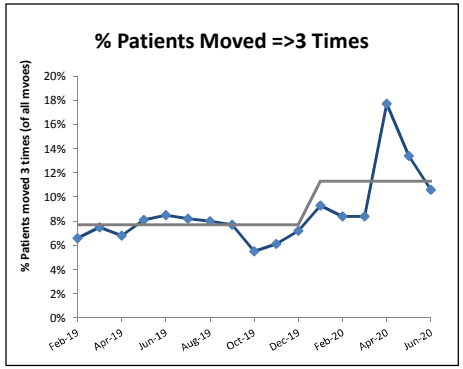












A&E Performance, Attendances, Admissions & Occupancy
Activity levels attending the Trust's UTC and ED have continued to increase over the past few months with average daily attendances during June at 77% pre-covid levels (235 per day). However, ED performance has been impacted due to the high occupancy of Trust G&A beds which had been reduced by approx 19% (92 beds) due to Infection Protection Control (IPC) requirements causing slow flow from ED to wards.

A&E Performance (SPH and NHSI)
For completeness, the Trust's NHSI (SPH site only) and NHSI (SPH site inc. Ashford & Woking WiC activity) performance is included within this report as below;
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ED Attendances at a daily average of 235 during June were lower than June 2019 at 304 per day, although were 14% higher than May 2020. The Trust is currently running two separate emergency departments (one for Covid-19 & one for non-Covid-19 patients) increasing pressure on an already compressed site. Options are being considered to expand the area but will require capital investment.

Likewise substantial capital investment has been requested to undertake a number of schemes over the coming year to;
- increase ED capacity including extension of SDEC and Fit 2 Sit to permit safe segregation, including additional Point of Care testing,
- increase in assessment space through the introduction of a priority assessment unit,
- increase beds through provision of a modular ward,
- increase core care capacity to facilitate elective surgery on the SPH site with safe segregation,
- increase theatre capacity through the temporary provision of 2 mobile theatres, including the building of 2 Ophthalmology theatres, &
- increase endoscopy capacity through provision of a modular endoscopy unit & NHS/Independent Sector outsourcing

The Trust's occupancy was 79% occupied G&A beds during June 2020 (although this includes 3 ring fenced elective wards at Ashford). Occupany was 65% when socially distanced G&A beds are included. Since early July, the Trust has been able to reduce the loss of IPC beds to 65 (14%) using a restricted curtain solution and intends to reduce this further with the use of IPC privacy screens.

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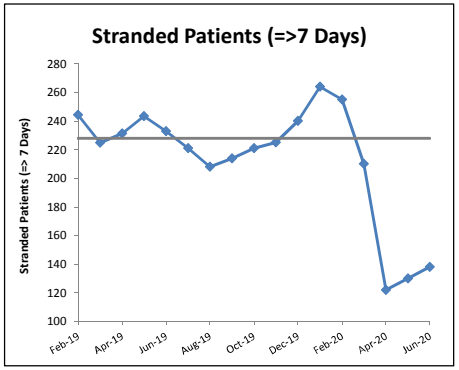
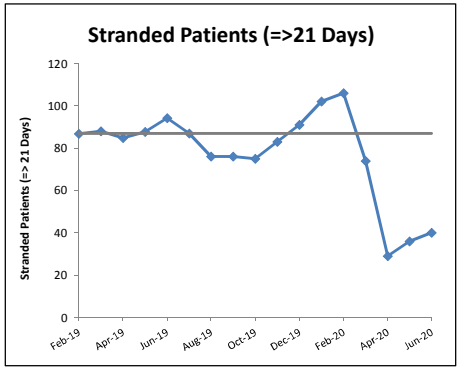
NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	86.3%	84.3%	84.4%	85.2%	83.9%	91.9%	97.2%	92.3%	88.0%	85.9%	84.7%	93.9%
Patients (=>7 Days) Length of Stay (Monthly Avg)	225	240	264	255	210	122	130	138	214	229	229	130
Patients (=>21 Days) Length of Stay (Monthly Avg)	83	91	102	106	74	29	36	40	80	83	83	35
Average Occupied Beds % (G&A utilised)	104%	103%	107%	106%	93%	57%	59%	72%	107%	104%	104%	63%
Medically Optimised Delays (Bed Days)	864	1,069	885	839	618	98	81	199	2,052	2,727	2,727	378
Delayed Transfers of Care (Bed days)	455	563	540	563	383	n/a	n/a	n/a	856	1,527	1,527	n/a





The Trust recorded 72 Ambulance handover delays (<60 mins delay), and zero Ambulance handover delays (60+ mins delay) throughout June 2020. Non-elective average length of stay for June 2020 remained low at 5.8 days, with the number of DTA patients waiting in A&E overnight also low at an average of 2 patients per day.

During both January and February 2020, the Trust had an average of over 100 inpatients daily with a stay of longer than 21 days, which has been successfully reduced to average 40 per day during June 2020, with almost all remaining due to requiring ongoing treatment. DTOC is not a currently reported due to NHSE guidance released 28/3/20 [Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic].

The number of patients moved greater than 3 times during June was high although lower than previous months, albeit necessary due to ward reconfigurations (including use of BMI Runnymede) and patient moves to minimise contagion when swab results have been confirmed.

Future ways of working and the development of outpatient & diagnostic 'cold' sites (with reduced risk of Covid-19 contagion) have been developed in conjunction with Surrey Heartlands CCG and system partners. Our plans include Ashford being upgraded to operate as an elective site and therefore very limited provision of elective activity at St Peter's Hospital to mitigate contagion risk.

However this has placed significant constraints on many services, therefore retention of the Independent Sector provision at BMI Runnymede is critical to support trauma, cancer and urgent activity at the St Peter's Hospital site adjacent to the main building. It has also been essential to schedule an increase in theatre capacity at our Ashford site, including Independent Sector provision [Woking Nuffield and Cobham Day Surgery] to create sufficient capacity to support urgent demand and elective activity for patients.

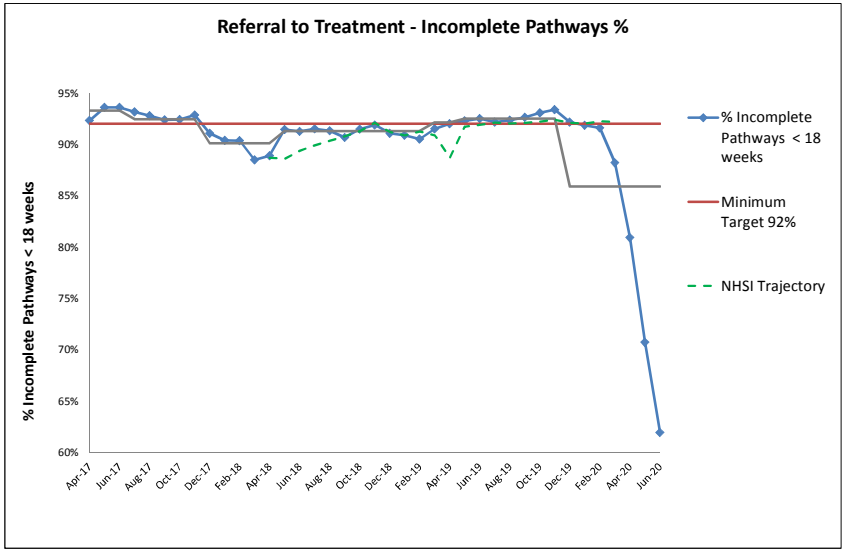
Existing outpatient activities have where able, been transferred to telephone and video consultations to minimise disruption, although this has been challenging where patients need to be seen on-site for diagnostic & physical examination. During June 20, elective activity has been operating at approx 43% pre-covid19 levels, outpatient activity at approx 70% and radiotherapy activity at 68%. Routine endoscopies have recommenced early July20.

Planned Elective Care

Access Activity and Performance - Referral to Treatment

	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%	**61.9%**	60.0%	60.9%	58.1%	48.0%	55.1%	44.5%	27.3%	61.5%	66.0%	57.7%	65.2%	91.9%	72.4%	80.2%	83.6%	100.0%	69.5%	100%
Patient waiting 30-39 weeks		**1523**	353	97	270	65	150	175	2	10	35	155	107	2	15	3	10	0	74	0
Patient waiting 40-51 weeks		**337**	98	24	51	15	3	38	0	1	18	49	16	1	0	0	7	0	16	0
Patient waiting > 52 weeks	0	**20**	5	6	3	0	0	2	0	0	3	1	0	0	0	0	0	0	0	0
Total Waiting List Size		**20,008**	3,145	713	1,925	1,597	2,762	1,555	11	265	1,028	1,736	1,137	1,562	623	318	458	31	1,085	57
Total Backlog > 18 weeks		**7,633**	1,259	279	807	831	1,241	863	8	101	350	734	396	126	172	63	72	0	331	0
Diagnostic Waiting List < 6 weeks	99%	**55.2%**	100%	78.4%	100%	100%	100%	100%	100%	100%	100%	22.6%	28.6%	100%	33.6%	100%	100%	100%	100%	97.7%
% 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 (est)		677	193	4	0	13	202	24	0	0	13	0	71	85	0	0	69	0	3	0
% e-Referral ASI rate (est)	<4%	14.4%	9.9%	0.4%	0.0%	0.8%	22.0%	1.5%	0.0%	0.0%	0.6%	0.0%	7.1%	3.9%	0.0%	0.0%	3.9%	0.0%	0.5%	0.0%

Diagnostic Performance	Apr-20	May-20	Jun-20
Magnetic Resonance Imaging	92.4%	94.4%	96.6%
Computed Tomography	93.4%	96.4%	83.6%
Non-obstetric ultrasound	95.2%	94.8%	94.3%
Barium Enema	100%	100%	100%
DEXA Scan	46.4%	100%	97.7%
Audiology - Audiology Assessments	100%	100%	100%
Cardiology - echocardiography	39.0%	23.4%	28.6%
Neurophysiology - peripheral neurophysiology	18.2%	14.7%	33.6%
Respiratory physiology - sleep studies	100%	100%	100%
Urodynamics - pressures & flows	80.0%	85.7%	93.3%
Colonoscopy	13.9%	21.0%	24.3%
Flexi sigmoidoscopy	12.9%	21.1%	21.1%
Cystoscopy	15.9%	30.9%	78.4%
Gastroscopy	11.2%	17.5%	21.9%
Total	**31.9%**	**46.1%**	**55.2%**



RTT Incomplete Pathways Performance
The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 61.9%.

The impact of Covid-19 and the risk of contagion has created significant disruption for elective surgery & routine outpatients. RTT and Planned follow-up appointments have been continuing where possible through use of telephone and virtual clinics, deferral through clinical review, discharge to GP with a management plan, or face to face where required and available.

Over the past few months the Trust has been working up and implementing substantial proposals required for the safe restart of outpatient appointments, diagnostic and elective activity, including revised & safe patient pathways requiring the pre-testing of patients, staff & substantial PPE requirements.

A number of these initiatives also require substantial capital investment and building works to permit capacity to return to pre-covid19 levels.
Additional Independent Sector capacity has also been secured at BMI Runnnymede, Woking Nuffield, The Lister Hospital and Epsomedical Cobham Day Hospital to support the delivery of services for patients and the future recovery of the Trust's RTT position.

The Trust has been working closely with system providers, commissioners and patients to ensure services are returned to normal as quickly and safely as possible.

Diagnostic Tests
The Trust recorded a non-compliant performance for the DM01 diagnostic standard in June although performance improved to 55.2%.

The Trust recommenced receiving routine MRI, US, CT & Plain film tests during May, and ECGs, Neurophysiology & Sleep Study procedures during June. However, the Trust has a substantial amount of postponed non-urgent Endoscopy procedures on the waiting list, which will begin to reduce during July with the recommencement of Endoscopy at the St Peters Hospital site, further supported by IS capacity provided onsite at weekends, at Cobham Day Surgery and BMI Runnymede. Further capacity is planned using a mobile endoscopy unit and weekend use of endoscopy rooms at Royal Surrey Hospital.

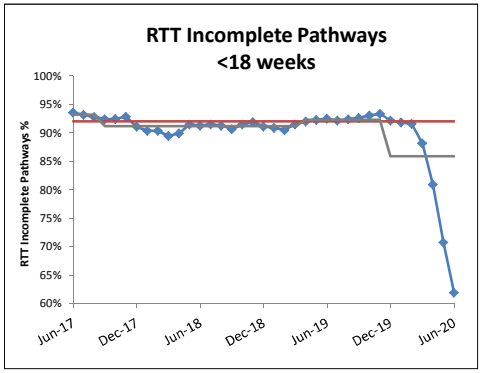
Services running through June (operating with infection control & social distancing) were;
Endoscopy - limited to emergency and risk-stratified urgent cancer referrals (routine recommencing early July)
MRI - running at 55% capacity (up from 35% in May)
US - running at 74% capacity (up from 65% in May)
CT - running at 90% capacity (up from 72% in May)
X-Ray Plain Film - running at 68% capacity (up from 47% in May)
ECG monitoring - running at 63% capacity (up from 45% in May)
DEXA - running at 19% capacity
Sleep Studies - running at 44% capacity
Neurophysiology - running at 51% capacity

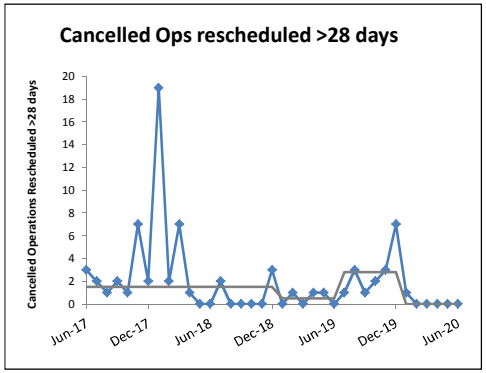
Future ways of working and the development of outpatient & diagnostic 'cold' sites (with reduced risk of Covid-19 contagion) continue to be developed in conjunction with Surrey Heartlands CCG and system partners to support patients during the pandemic and the future recovery of the Trust's DM01 position.

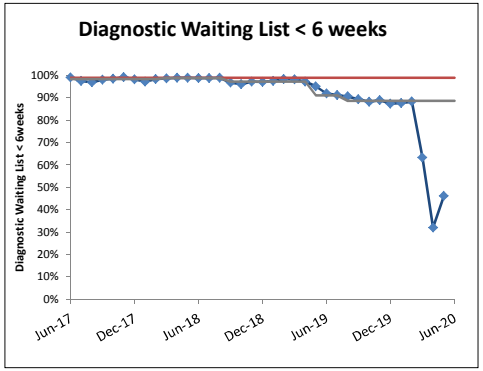
Planned Elective Care

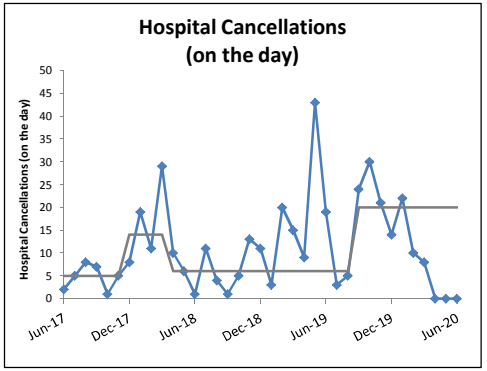
Access Activity and Performance - Referral to Treatment

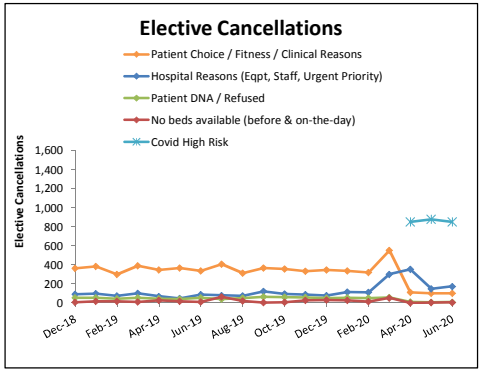
Key: * Constitutional Standard ** NHSI & CCG Requirement *** NHSI reported	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	FY2019 -Q2	FY2019 -Q3	FY2019 -Q4	FY2020 -Q1
RTT Incomplete Pathways < 18 weeks *	>92%	93.4%	92.2%	91.9%	91.6%	88.2%	80.9%	70.7%	61.9%	92.4%	92.9%	90.6%	70.9%
Total Wait List Size		26,963	27,044	27,000	27,302	26,540	23,397	20,817	20,008				
Total Backlog > 18 weeks		1,783	2,115	2,200	2,299	3,122	4,463	6,109	7,633				
Pathways >52weeks **		0	0	0	0	0	0	7	20				
On the Day Hospital Cancellations [Due to no beds] ***		21	14	22	10	8	0	0	0	32	65	40	0
Cancelled Ops rescheduled >28 days **	0	3	7	1	0	0	0	0	0	5	12	1	0
Diagnostic Waiting List < 6 weeks **	>99%	88.9%	87.4%	87.6%	87.8%	63.3%	31.9%	46.1%	55.2%	90.4%	88.2%	79.6%	44.4%
% e-Referral ASI rate	<4%	5.2%	8.1%	3.7%	7.2%	4.6%	8.1%	9.9%	14.4%	5.4%	7.1%	5.2%	10.8%
% Advice & Guidance (within 2 days) ****	>80%	79%	71%	80%	76%	83%	79%	88%	83%	83%	78%	80%	83%
Outpatient New Appointments		15,593	13,077	14,911	13,773	12,047	10,150	10,643	13,299	44,602	28,684	40,421	34,092
Outpatient Follow Up Appointments		28,703	24,117	28,653	26,606	22,319	13,889	14,914	15,912	82,932	55,259	76,937	44,715
Outpatient Cancellations <2wks		1,028	782	916	887	1,067	5,014	1,963	2,762	2,731	1,803	2,870	9,739











RTT Performance

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 61.9%. The impact of Covid-19 and the risk of contagion has created significant disruption for elective surgery & routine outpatients. Over the past 2 months the Trust has been working up and implementing the substantial proposals necessary for the safe restart of outpatient appointments, diagnostic and elective activity, including revised & safe patient pathways requiring the pre-testing of patients, staff & substantial PPE requirements.

In terms of RTT overall the Trust at 70.7% (for May) remained significantly above the 62.2% National Average (May latest month) reported on 9th July 2020.
Comparison of RTT Performance & Waiting List Size with local peers and the national England average over the past 8 months have been included as an appendix in this pack.

Elective Activity & Capacity

Compared to average pre-Covid19 demand, TWR Cancer referrals were at 99% & elective referrals at 54% during June 2020 [Overall 57% reduction]. Referrals are expected over the next few months to return to pre-Covid-19 levels or higher (due to a backlog in demand).

Outpatient activity during June 20 was approx. 70% of pre-Covid-19 levels, of which approx. 80% undertaken virtually. There was a reduction in capacity in medical specialties due to the inpatient Covid-19 rota and in some surgical specialties due to risk from aerosol generating procedures (ENT, MaxFacs and Ophthalmology).

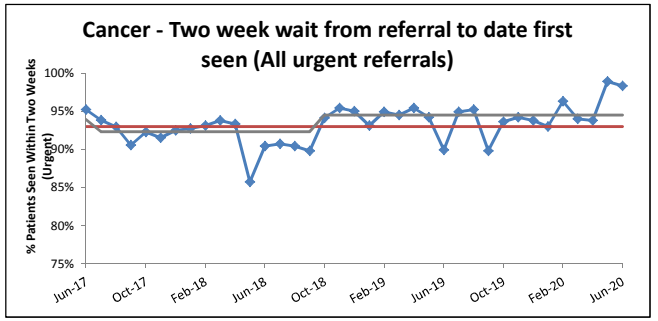
Therefore the Trust with system partners have been rapidly developing additional outpatient & diagnostic 'cold' sites (with reduced risk of Covid-19 contagion) including Ashford Hospital, Community Hospitals and Independent Sector provision [Woking Nuffield and Cobham Day Surgery] to create sufficient urgent & routine capacity to support patients during the pandemic and the future recovery of the Trust's RTT position.

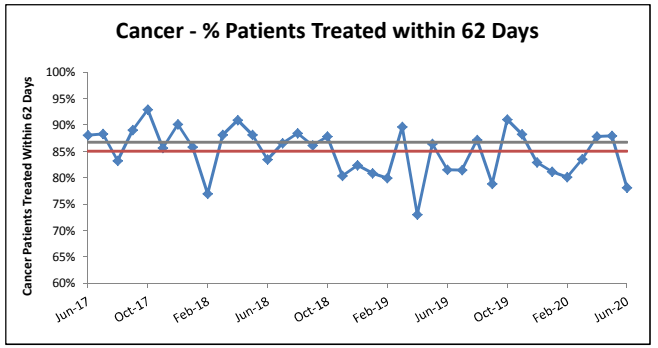
Regular clinical harm review processes are in place to identify and mitigate any risk to patients from increased waiting times.

Cancer Care

Access Activity and Performance - Cancer Care

	Standard	Compliance	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	FY2019 -Q2	FY2019 -Q3	FY2019 -Q4	FY2020 -Q1
Referral Activity	All urgent referrals		1,441	1,274	1,195	1,225	1,259	516	838	1,097	4,307	4,175	3,679	2,451
	Breast Symptomatic patients		204	223	167	169	172	40	67	121	513	642	508	228
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	94.2%	93.8%	93.0%	96.3%	94.0%	93.8%	98.9%	98.3%	93.4%	93.9%	94.4%	97.6%
	Symptomatic breast patients	>93%	95.6%	96.9%	97.6%	99%	98.8%	97.5%	98.5%	97.5%	97.1%	96.1%	98.6%	97.8%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	97.5%	95.8%	99.0%	96.8%	99.1%	95.3%	98.3%	96.3%	96.4%	96.8%	98.5%	96.9%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	80%	87.5%	100%	80%	100%	100%	100%	100%	92.0%	65.4%	92.9%	100%
	Drug Treatment	>98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Radiotherapy	>94%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All Cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	>85%	88.2%	82.9%	81.1%	80.1%	83.5%	87.8%	87.9%	78.1%	83.1%	87.6%	82.1%	84.5%
	NHS Cancer Screening Service referral	>90%	100%	100%	83%	63%	84.6%	100%	100%	0%	94.7%	100%	77.8%	88.2%





Cancer Capacity & Demand during Covid-19
The Trust is providing full referral, diagnostic & treatment facilities for clinically urgent, risk assessed procedures for cancer patients during the Covid-19 pandemic. TWR referral demand during June was at 99% of the Trust's average pre-covid level.

- All referred patients are receiving a clinical triage (although pre-requisite for Colorectal referrals is the patient must have had a FIT test in primary care, and Upper GI referrals experiencing severe dysphagia)
- This is followed by a virtual appointment using 'Attend Anywhere', Telephone or an appointment at Ashford Hospital
- Diagnostics are arranged as required for examination & staging, with
- Treatment, surveillance or referral to a specialist tertiary centre arranged.
- Patients who are not clinically urgent are being monitored until low risk procedures return on the Trust's green (non-covid) Ashford site.

TWR performance
The Trust recorded a compliant performance for June at 98.3%. Of the 19 breaches, 16 breaches were due to patient choice with 3 due to hospital operational reasons.

62 Day GP Referral to Treatment Performance
The Trust recorded a non-compliant performance for June at 78.1%. Delays have been recorded due to patient choice (6 patients), complex pathways (4 patients), internal capacity (3 patients), patient fitness (2 patients) & tertiary capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads.

Current Month 62 Day Performance by Modality

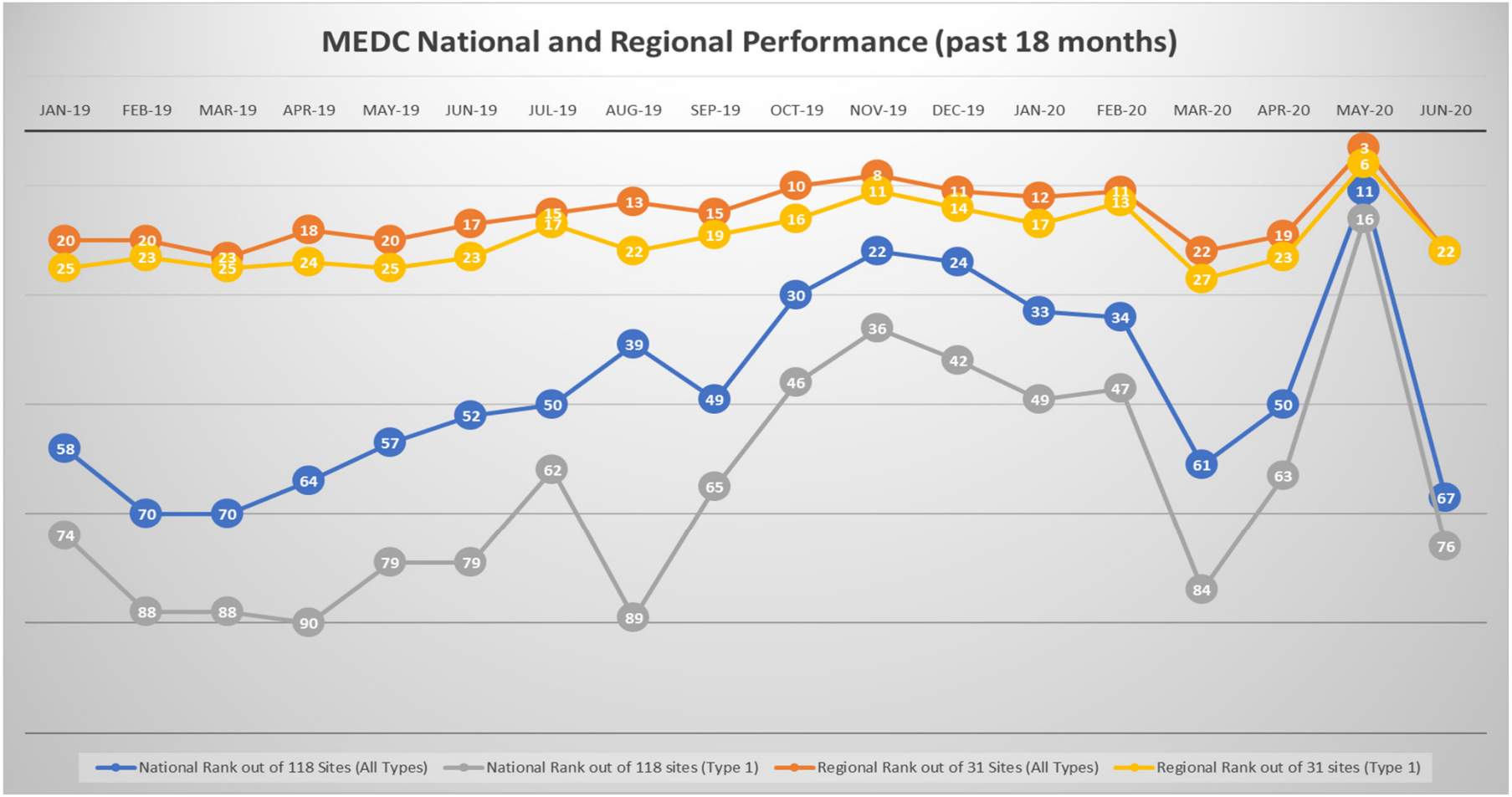
Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	5.5	5	0.5	9%
Breast Symptomatic	2	1	1	50%
Colorectal	5	0.5	4.5	90%
Gynaecology	2	1.5	0.5	25%
Haematology	3	2	1	33%
Head & Neck	2	2	0	0%
Lung	1.5	0.5	1	67%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	22.5	22.5	0	0%
Upper GI	2.5	1.5	1	40%
Urology	11	8	3	27%
Total	**57**	**44.5**	**12.5**	**21.9%**

Additional Items

A&E Regional & National Ranking - Monthly

A&E Regional & National Ranking

The chart below identifies the Trust's regional & national ranking compared to other providers over the past 18 months
During June 2020 the Trust's NHSI (all types) performance position regionally was 22nd (of 31), and nationally 67th (of 118).

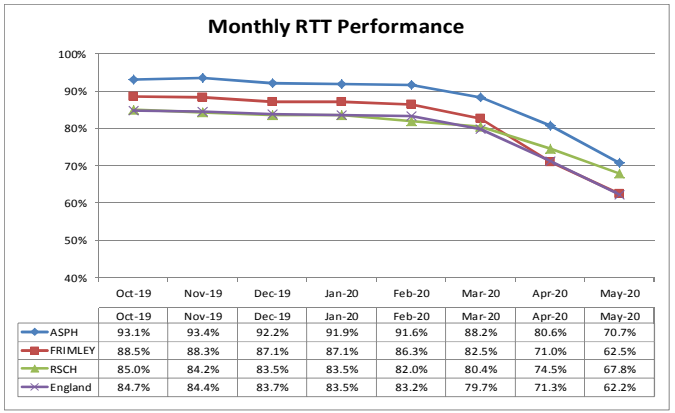


Additional Items

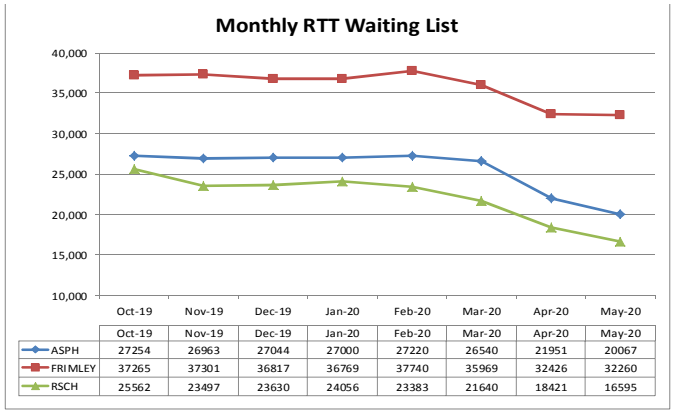
RTT Performance & Waiting List Size : Cancer Waiting List & >104 day Waiters

RTT Regional & National Performance

The charts below identify;
- the Trust's RTT performance compared with local providers and the England average over the past 8 months, &
- the Trust's RTT waiting list size compared with local providers over the past 8 months.



	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
ASPH	93.1%	93.4%	92.2%	91.9%	91.6%	88.2%	80.6%	70.7%
FRIMLEY	88.5%	88.3%	87.1%	87.1%	86.3%	82.5%	71.0%	62.5%
RSCH	85.0%	84.2%	83.5%	83.5%	82.0%	80.4%	74.5%	67.8%
England	84.7%	84.4%	83.7%	83.5%	83.2%	79.7%	71.3%	62.2%

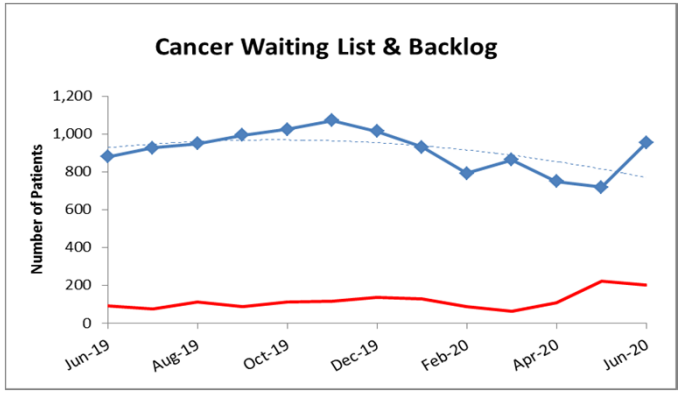


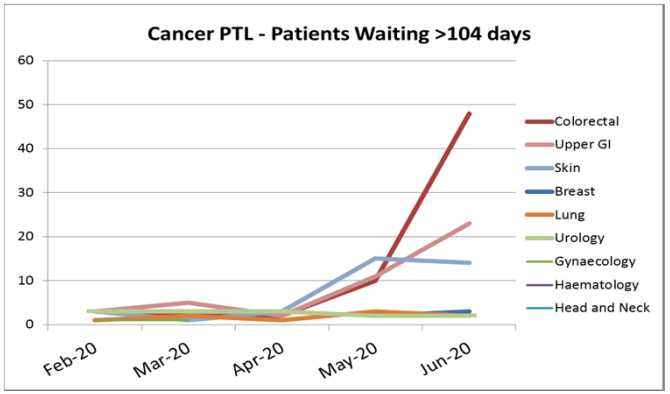
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
ASPH	27254	26963	27044	27000	27220	26540	21951	20067
FRIMLEY	37265	37301	36817	36769	37740	35969	32426	32260
RSCH	25562	23497	23630	24056	23383	21640	18421	16595

Cancer Waiting List Size & Backlog

The charts below identify;
- the Trust's Cancer Waiting List size (including patients over 62 days), and the Trust's Cancer Waiting List size (including patients over 104 days)

[With the recommencement of endoscopies during July, Colorectal and UGI patients on cancer pathways will be prioritised]





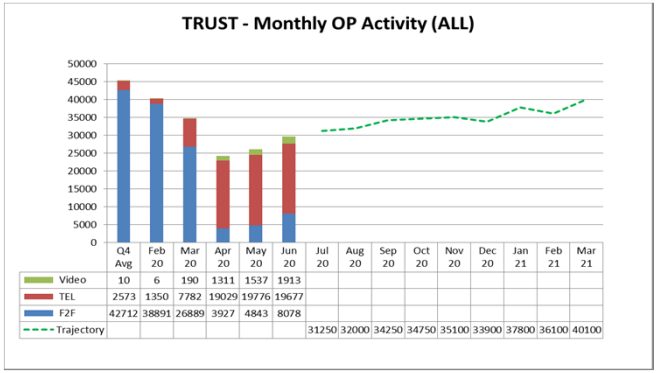
Additional Items

Outpatient, Elective & Imaging - Safe Restart Recovery Trajectories

Safe Restart Recovery Trajectories

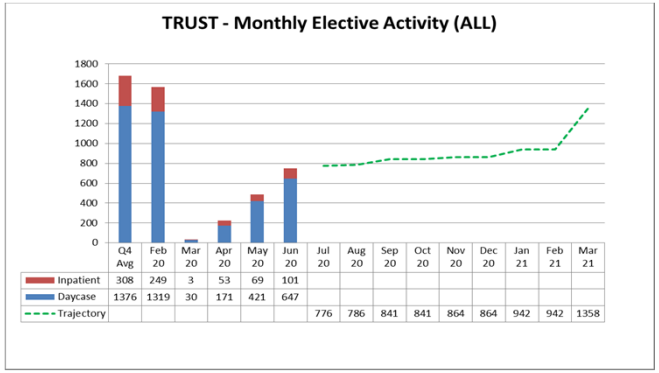
The charts below identify the activity recorded (compared to pre-Covid-19 average) & the capacity trajectories planned for; Outpatients Appointments, Elective Activity & Diagnostic Imaging.

TRUST MONTHLY OUTPATIENT ACTIVITY & CAPACITY TRAJECTORY



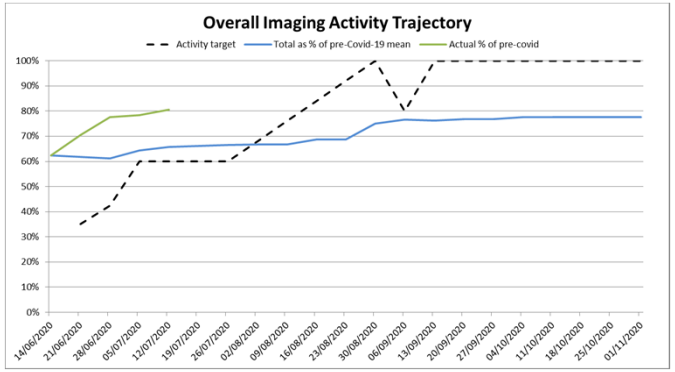
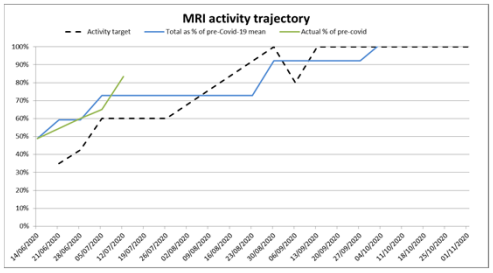
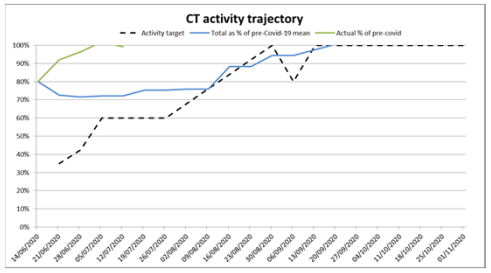
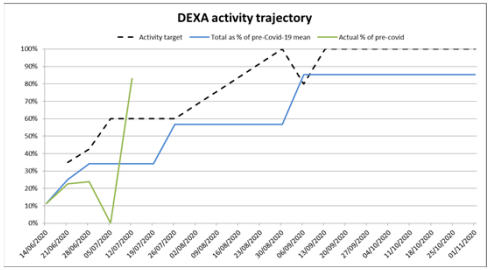
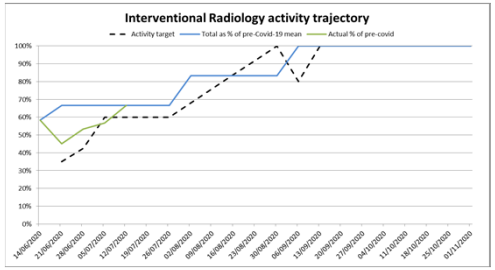
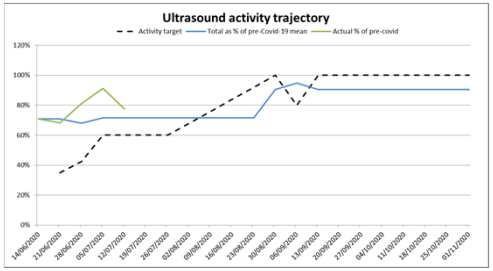
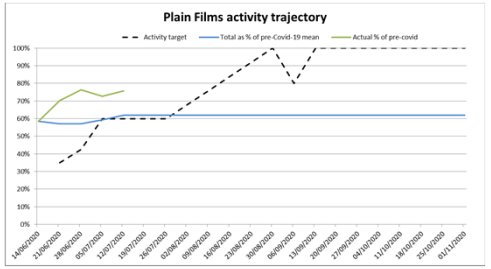
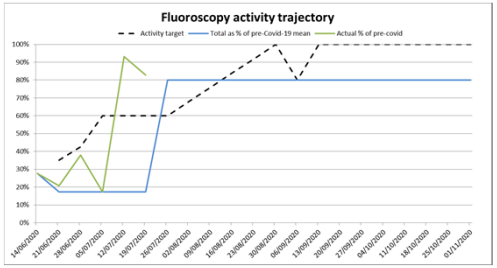
	Q4 Avg	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Video	10	6	190	1311	1537	1913									
TEL	2573	1350	7782	19029	19776	19677									
F2F	42712	38891	26889	3927	4843	8078									
Trajectory							31250	32000	34250	34750	35100	33900	37800	36100	40100

TRUST MONTHLY ELECTIVE ACTIVITY & CAPACITY TRAJECTORY



	Q4 Avg	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Inpatient	308	249	3	53	69	101									
Daycase	1376	1319	30	171	421	647									
Trajectory							776	786	841	841	864	864	942	942	1358

TRUST WEEKLY IMAGING ACTIVITY & CAPACITY TRAJECTORY



TRUST WEEKLY IMAGING ACTIVITY & CAPACITY TRAJECTORIES BY DIAGNOSTIC TYPE