Paper 6.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
Date: 2nd December 2020

TITLE	**Performance Report - October 2020**
EXECUTIVE SUMMARY	**Urgent Care** Activity levels attending the Trust's UTC and ED decreased during October with average daily attendances during October at 88% pre-Covid levels (289 per day). However, ED performance has been impacted due to the need to maintain Covid and non-Covid pathways, as well as the Trust's high bed occupancy rate impeding the flow from ED and assessments areas to wards. **ED 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 ED NHSI performance at 81.3%,** which was a 7.2% decline on last month (88.5%). • **NHSI (SPH site inc. Ashford and Woking WiC activity), the Trust recorded ED NHSI performance at 87.6%,** which was a 4.9% decline on last month (92.5%). ED Attendances at a daily average of 255 during October were lower than October 2019 at 308 per day, and were 10% lower than September 2020. Infection Protection Control requirements continue to impact on the ED footprint and flow. Due to space pressure the department is unable to maintain 'patient monitoring and review areas' such as the Clinical Decision Unit, directly impacting on performance for both admitted and non-admitted pathways. These areas will be expanded through the capital investment from NHSE/I, however the benefit of this will not be seen until April 2021. This substantial capital investment will also support a number of additional schemes over the coming year which will; • Increase ED capacity including extension of SDEC and Fit 2 Sit to permit safe segregation, including additional Point of Care testing. • Create a Priority Admissions Unit to increase footprint for patient monitoring and review. • Increase flow through provision of modular wards and additional assessment capacity and short stay The Trust's occupancy was 93% occupied G&A beds during October 2020. Since mid-July, the Trust has been able to reduce the loss of inpatient beds due to social distancing to only 37 beds (8%) using a restricted curtain solution.

ED Performance (National Position)
When comparing the Trust including Ashford and Woking WiC (NHSI position), for October (Acute Type 1 Footprint), the Trust was positioned 42nd of 118 Trusts. When comparing the Trust for SPH site only, for September (Type 1 only) the Trust is positioned 44th of 118 Trusts. (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards).

Assurance: We have limited assurance around delivery of the 4 hour standard in the current environment. Whilst we have a live improvement program, the impact of seasonal pressure on an already reduced bed stock as well as growing number of Covid inpatients is likely to affect delivery of the 4 hour standard. We are working on plans with provider partners across the local system to mitigate bed capacity issues.

Covid-19 (Coronavirus) Activity

At the time of writing this report (15th Nov), over the past week the Trust averaged 2 inpatients in ITU, although 65 inpatients in our Covid Wards.

NHSE/I Phase 3 Restart

On 31st July 2020 NHSE/I issued Phase 3 recovery guidance which required all systems and providers to recover their activity to pre-Covid levels over the coming months. This has required the Trust to plan and implement the safe restart of 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.

In October 2020 the Trust achieved delivery against our submitted Phase 3 plan levels for elective activity operating at 74% (plan=74%), outpatient activity at 93% (plan=93%), and MRI/CT imaging activity at 107% (plan=100%).

Assurance: We have a limited degree of assurance that elective activity will be in line with the required trajectory as the delivery of a new theatre at Ashford and two modular theatres have been delayed past the expected November delivery date.
Plans at the St. Peter's site are also dependent upon bed capacity which is coming under increasing pressure from non-elective admissions. Plans to mitigate this in part are under discussion with independent sector providers regarding ongoing relationships.

We have a moderate degree of assurance delivering the required trajectory for pre-Covid levels of outpatient activity. Issues affecting performance include social distancing of some appointments, restrictions around appointments that include aerosol generating procedures and pre-Covid reliance on additional clinics where there is currently less willingness to undertake.

RTT

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 82.3%, increasing from 78.6% recorded during September 2020.

The impact of Covid-19 and the risk of contagion has created significant disruption for elective surgery and 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 worked up and implemented 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. In terms of RTT Benchmarking, the Trust at 78.6% (for September) remained significantly above the 60.6% National Average (September latest month) reported on 12th November 2020. Comparison of RTT Performance and Waiting List Size with local peers and the national England average over the past 10 months has been included as an Additional Item (2) within this report. **Elective Activity and Capacity** During October 20, elective activity has been operating at 74% of October 2019 activity level, outpatient activity at 93% and imaging activity at 107%. Compared to October 2019 demand, TWR Cancer referrals were at 95% and elective referrals at 76% during October 2020 [Overall 78%]. Referrals are expected to recover to pre-Covid-19 levels or higher (due to a latent backlog in demand) over the coming months. 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 October with performance recorded at 66.7%. The backlog consists mainly of endoscopies, where the Trust has been addressing this through delivery of a modular endoscopy theatre in October and a further unit in January 2021. The Trust's Endoscopy recovery trajectory has been included as Additional Item (3) within this report. The Trust recommenced receiving routine MRI, US, CT and Plain film tests during May, and ECGs, Neurophysiology and Sleep Study procedures during June with most modalities operating at pre-Covid levels or above for activity during October. **Services running through October (operating with infection control and social distancing) were;** Endoscopy - running at 143% capacity MRI - running at 100% capacity US - running at 76% capacity CT - running at 111% capacity X-Ray Plain Film - running at 88% capacity Echocardiography monitoring - running at 105% capacity DEXA - running at 102% capacity Sleep Studies - running at 122% capacity Neurophysiology - running at 103% capacity *Assurance: We have a good level of assurance regarding ongoing delivery of diagnostic activity at or above pre-Covid levels. We have a robust set of plans that are proving to deliver. Additional capacity has been secured through an additional CT scanner from the former Nightingale allocation, weekend working and a robust endoscopy recovery plan consisting out outsourcing, insourcing and additional onsite modular facilities. In addition, the modular Endoscopy unit has arrived and commenced endoscopy procedures during Oct 2020.*

	<u>Cancer Capacity and Demand during Covid-19</u> The Trust provided full referral, diagnostic and treatment facilities for clinically urgent, risk assessed procedures for cancer patients during the Covid-19 pandemic and has now resolved all activity for all cancer patients. TWR referral demand during October was at 95% of the Trust's referral activity recorded during October 2019. The Trust is provisionally reporting provisional compliance with 6 of 7 Cancer standards for October; **-TWR performance** is recorded compliant for October at 94.1%. Of the 97 breaches, 80 were due to hospital operational reasons (82.5%), and 17 breaches due to patient choice (17.5%). **-62 Day GP Referral to Treatment performance** is recorded provisionally compliant for October at 86.7%. Delays have been recorded due to complex pathways (6 patients), Capacity (3 patients), Patient Choice (3 patients) and Covid delays (2 patients). These breaches are undergoing clinical validation by the tumour group leads. **-62 Day Cancer Screening to Treatment performance** is recorded non-compliant for October at 87.5%. The trust recorded 7 treatments of which one patient's treatment was appropriately clinically delayed waiting the necessary 3 consecutive negative MRSA swabs prior to surgery. **Cancer 104 Day Patients** During the pandemic, the Trust recorded 173 patients waiting over 104 days (during July). With the recommencement of endoscopies since July, Colorectal and UGI patients on cancer pathways have been prioritised. This has reduced the number of patients waiting over 104 days to 37 at the end of October. The Trust's Cancer Waiting List size has been included as an Additional Item (2) in this pack. ***Assurance:*** *An endoscopy recovery plan is in place. The first modular Endoscopy unit arrived and commenced 26th October using insourcing. A second modular unit is scheduled to arrive during January. The Trust started working with Royal Surrey County Hospital (RSCH) at the end of September to utilise their Endoscopy capacity as part of system wide recovery plans. RSCH have provided endoscopy procedures for 101 ASPH patients to date. The Trust also continues to outsource patients to Cobham Day Surgery.* *The Trust Cancer Leads are working with Primary Care Leads to improve colorectal referral pathways by increasing the uptake for Faecal Immunochemical Testing (FIT) testing in primary care. As a consequence, this has improved from 56% to 80% in October. As a result the delays for first appointments have been reduced which will support overall delivery of cancer pathways.* *A new digital cancer patient tracking tool has been developed which enhances the visibility of the cancer waiting time standards to enable improved operational and clinical management. This went live at the end of October 2020.*
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:	20th November 2020
Decision:	For discussion

Unplanned Emergency Care

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

Activity and Performance Trends - Urgent Care

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	FY2019 -Q3	FY2019 -Q4	FY2020 -Q1	FY2020 -Q2
Attendances (SPH site only)	7,050	4,669	6,386	7,046	7,916	8,474	8,503	7,913	29,080	25,195	18,101	24,893
Attendances (Ashford & Woking WiC's)	4,040	1,788	2,531	3,053	3,872	4,474	4,559	4,042	19,383	16,518	7,372	12,905
Admissions	1,481	1,456	1,670	1,723	1,746	1,768	1,905	1,927	5,949	4,992	4,849	5,419
NHSI 4hr Perf % (SPH site only) *	74.9%	88.8%	96.1%	89.0%	87.3%	82.2%	88.5%	81.3%	76.5%	74.9%	91.5%	86.0%
NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	83.9%	91.9%	97.2%	92.3%	91.5%	88.3%	92.5%	87.6%	85.9%	84.7%	93.9%	90.6%
Breaches (SPH site only)	1,778	524	248	774	993	1,508	980	1,489	6,844	6,394	1,546	3,481
A&E Admitted Performance %	39.0%	81.0%	92.2%	71.4%	62.8%	47.2%	69.8%	49.8%	37.7%	33.2%	81.5%	60.2%
A&E Non-Admitted Performance %	84.4%	92.2%	97.5%	94.7%	94.3%	91.4%	93.9%	91.4%	86.4%	85.0%	92.4%	93.2%
A&E Attendances - Ambulances	2,180	1,945	2,124	2,225	2,420	2,499	2,436	2,583	7,478	6,889	6,294	7,355
A&E Attendances - Walk in	4,836	2,724	4,262	4,821	5,496	5,975	6,067	5,330	21619	18306	11,807	17,538

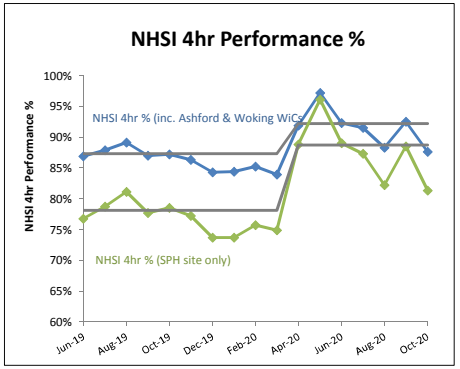
A&E Performance, Attendances, Admissions & Occupancy
Activity levels attending the Trust's UTC and ED decreased during October, with average daily attendances during October at 88% pre-covid levels (289 per day). However, ED performance has been impacted due to the higher occupancy of Trust G&A beds (93%) causing slow flow from ED to wards.

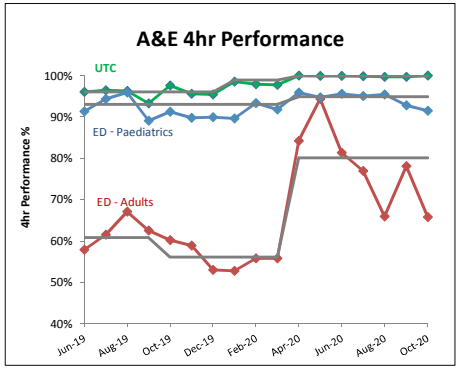
A&E Performance (SPH and NHSI)
For completeness, the Trust's NHSI (SPH site only) and NHSI (SPH site inc. Ashford & Woking WiC activity) performance is included within this report as below;
> NHSI (SPH site only), the Trust recorded ED performance at 81.3%, which was a 7.2% decline on last month (88.5%).
> NHSI (SPH site inc. Ashford & Woking WiC activity), the Trust recorded ED NHSI performance at 87.6%, which was a 4.9% decline on last month (92.5%). The Trust's ED Regional and National ranking over the past 18 months has been included as Additional Item (1) within this report.

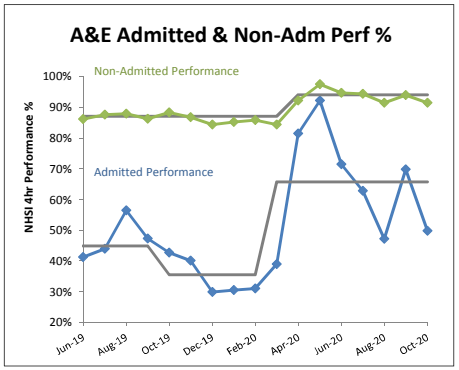
ED Attendances at a daily average of 255 per day during October were lower than October 2019 at 308 per day, and were 10% lower than September 2020. It should be noted that despite the lower number of attendances, the number of attendances by ambulance have increased, similarly the number of admissions.
The Trust is running two separate emergency pathways (one for Covid-19 and one for non-Covid-19 patients) to comply with IPC requirements, which due to space pressure means that the department is unable to maintain 'patient monitoring and review areas' such as the Clinical Decision Unit, directly impacting on performance for both admitted and non-admitted pathways.

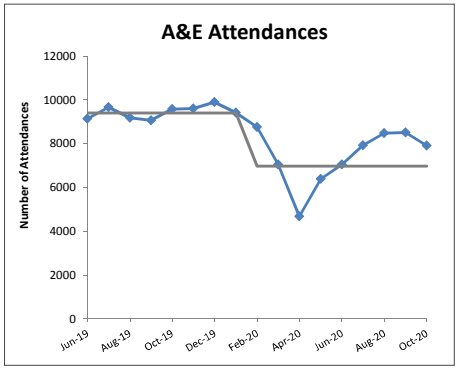
Substantial capital investment has been approved to undertake the following schemes over the coming year;
(1) Increase ED capacity including extension of SDEC and Fit 2 Sit to permit safe segregation, including additional Point of Care testing, (2) Create a Priority Admissions Unit to increase footprint for patient monitoring and review, (3) Increase beds through provision of a modular ward, (4) Increase core care capacity to facilitate elective surgery on the SPH site with safe segregation.

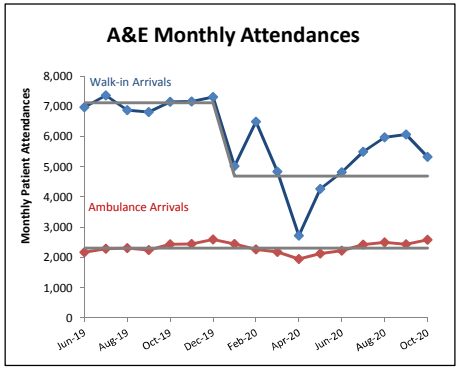
The Trust's occupancy was 93% occupied G&A beds during October 2020. Since mid-July, the Trust has been able to reduce the loss of inpatient beds due to social distancing to only 37 beds (8%) using a restricted curtain solution.

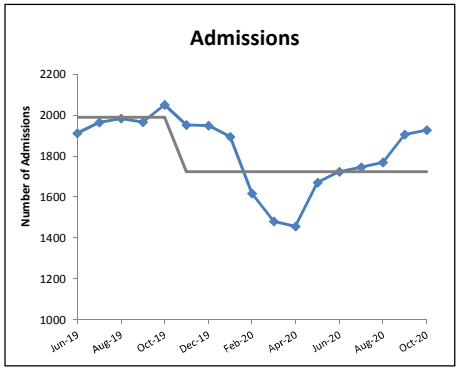












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Activity and Performance Trends - Urgent Care

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NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	83.9%	91.9%	97.2%	92.3%	91.5%	88.3%	92.2%	87.5%	85.9%	84.7%	93.9%	90.6%
Ambulance Handover Delays (<60mins)	138	100	16	72	48	87	48	67	339	392	188	183
Ambulance Handover Delays (60+mins)	8	0	0	0	0	0	1	6	7	35	0	1
Overnight Waits in A&E [Avg DTA's]	4.8	0.9	1..6	2.0	2.2	4.9	3.3	7.0	10.1	8.5	1.5	3.5
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies)	8.6	6.8	5.3	5.8	5.8	6.2	6.4	6.0	6.7	8.1	6.0	6
% Patients Moved => 3 times	11.3%	17.7%	13.4%	10.5%	6.3%	4.7%	4.7%	5.8%	6.3%	10.3%	13.9%	5.2%

Covid-19 (Coronavirus) Activity

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 (15th Nov), over the past week the Trust averaged 2 inpatients in ITU, although 65 inpatients in our Covid Wards. In total since March 2020, 205 inpatients have died, with a primary cause recorded as Covid-19, although 714 inpatients have received treatment, recovered and discharged.

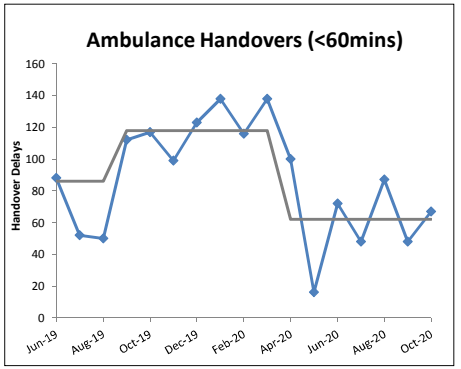
NHSEI Phase 3 Restart

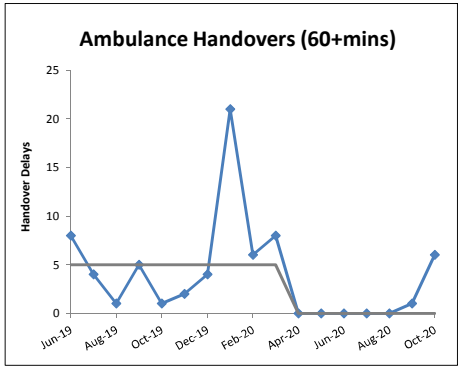
On 31st July 2020 NHSE/I issued Phase 3 recovery guidance which required all systems and providers to recover their activity to pre-Covid levels over the coming months. This has required the Trust to plan and implement the safe restart of routine diagnostics, routine outpatients and elective surgery 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.

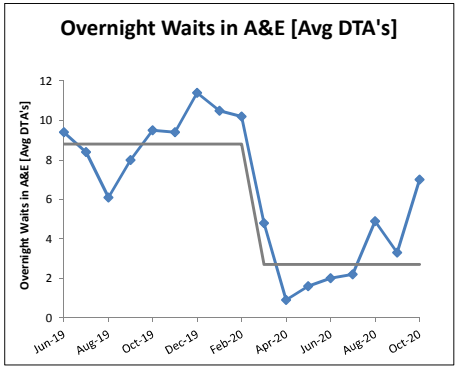
The ASPH submitted plan against the target activity levels are shown below;

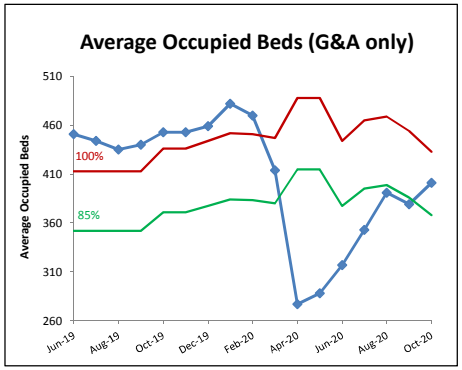
Ambition		Sep	Oct	Nov	Dec	Jan	Feb	Mar
Electives	**Target**	**80%**	**90%**	**90% / 100% - to be confirmed**				
	ASPH plan	69%	74%	80%	86%	90%	94%	100%
Outpatients	**Target**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
	ASPH plan	90%	93%	96%	98%	100%	100%	100%
MRI/CT	**Target**	**90%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
	ASPH plan	90%	100%	100%	100%	100%	100%	100%

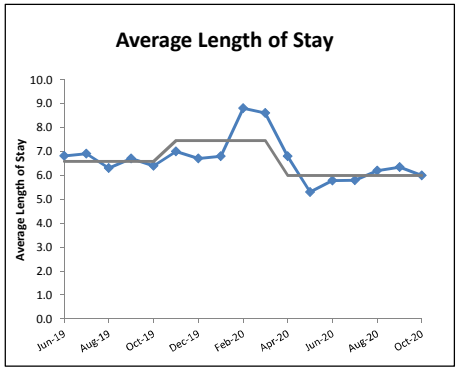
The Trust's activity for October has met all the agreed Phase 3 restart trajectories, with elective activity operating at 74% (plan=74%), outpatient activity at 93% pending final validation (plan=93%), and MRI/CT imaging activity at 107% (plan=100%).

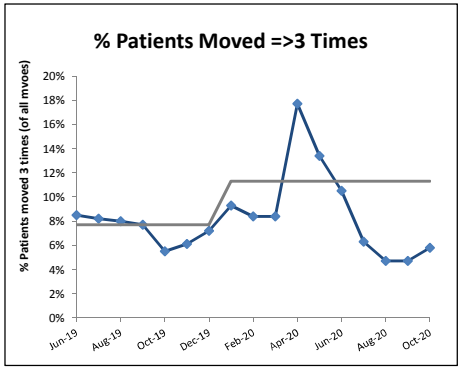












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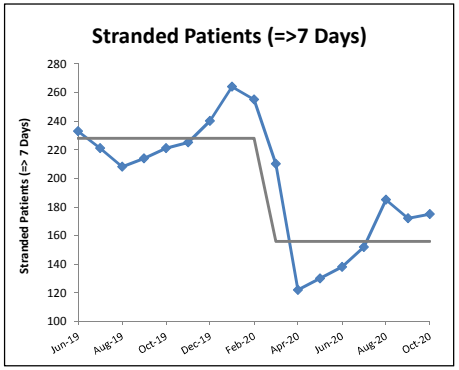
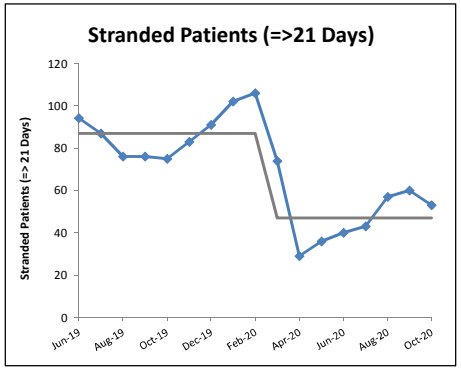
Patients (=>7 Days) Length of Stay (Monthly Avg)	210	122	130	138	152	185	172	175	229	229	130	170
Patients (=>21 Days) Length of Stay (Monthly Avg)	74	29	36	40	43	57	60	53	83	83	35	53
Average Occupied Beds % (G&A utilised)	93%	57%	59%	72%	76%	83%	84%	93%	104%	104%	63%	81%
Medically Optimised Delays (Bed Days)	618	98	81	199	77	199	306	109	2,727	2,727	378	582
Delayed Transfers of Care (Bed days)	383	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1,527	1,527	n/a	n/a





The Trust recorded 67 Ambulance handover delays (<60 mins delay), and 6 Ambulance handover delays (60+ mins delay) throughout October 2020. Non-elective average length of stay for October 2020 reduced to 6.0 days, although the number of DTA patients waiting in A&E overnight increased to an average of 7 patients per day.

During Q4 2020, the Trust had an average of over 100 inpatients daily with a stay of longer than 21 days, which was reduced with the onset of Cvoid-19. This has been increasing during the summer months, although reduced to average 53 LLOS patients per day during October 2020. We have also seen a decrease in the number of patients Medically Fit for Discharge due to enhanced partnership working. DTOC is not currently reported due to NHSE guidance released 28/3/20 [Reducing the 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 October increased marginally to 5.8%, due to ward reconfigurations required to accommodate the increasing number of inpatients admitted with Covid-19.

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 are being implemented with Ashford being upgraded to operate as an elective site and reduced provision of elective activity at St Peter's Hospital to mitigate contagion risk.
In the immediate term however this has placed significant constraints on many services, therefore retention of the Independent Sector provision at BMI Runnymede is critical to support 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 [BMI Runnymede and Woking Nuffield] 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 some patients do need to be seen on-site for diagnostic & physical examination. During October 20, elective activity has been operating at 74% of October 2019 activity level, outpatient activity at 93%, imaging activity at 107%, and routine endoscopies at 143%. Further improvements in capacity are scheduled in future months that align to the Trust's Phase 3 plan.

Urgent Care - 6 Week Plan
The Urgent Care - 6 Week Plan project initiated during September and has the purpose to improve performance against the Urgent Care Standard and ensure the organisation resets in advance of the dual challenges of Winter and Covid Wave 2.

The vision of creating 'Timely, clear pathways supported by senior decision making' will be achieved by setting out three overarching patient pathways at each stage, the professional standards by which this care is provided and clarity regarding the pathway senior decision-making point. Each of these areas is led by the relevant clinical expert with a specific scope and defined remit. These leads have the freedom to act to support success within the defined period.

The ambition is that every member of staff involved in these pathways will understand their contribution and the 'ASPH care pledge' can be easily articulated to patients and their families by all members of ASPH staff, improving quality of performant care.

Planned Elective Care

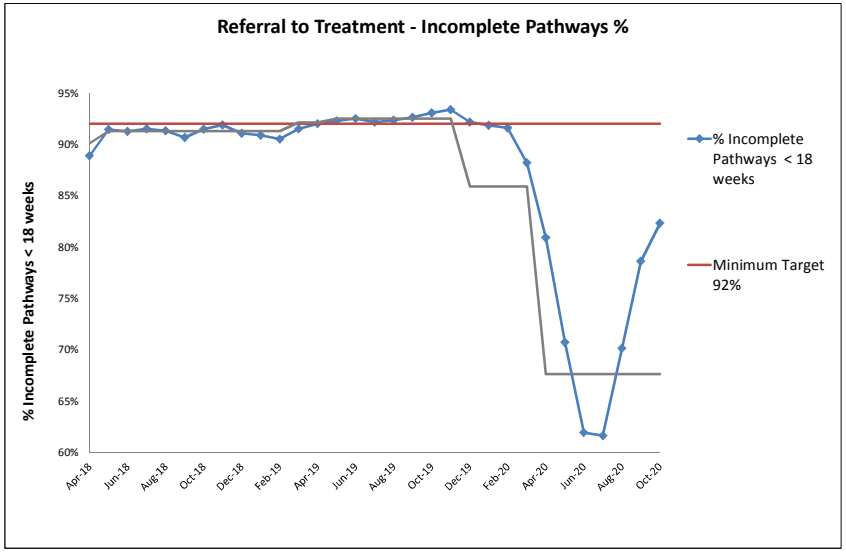
Access Activity and Performance - Referral to Treatment

	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%	**82.3%**	**73.8%**	**74.7%**	**92.4%**	**72.9%**	**89.5%**	**83.2%**	**57.1%**	**99.7%**	**78.8%**	**61.6%**	**79.5%**	**96.0%**	**83.9%**	**96.1%**	**96.5%**	**100%**	**86.3%**	**97.6%**
Patient waiting 30-39 weeks		**1683**	324	68	96	225	142	145	2	1	141	310	108	6	43	0	8	0	64	0
Patient waiting 40-51 weeks		**914**	285	87	38	70	21	67	2	0	12	208	66	0	8	2	4	0	44	0
Patient waiting > 52 weeks	0	**200**	83	55	4	1	0	19	0	0	0	24	6	0	0	0	5	0	3	0
Total Waiting List Size		**26,173**	4,034	963	3,322	2,006	3,524	1,970	14	319	1,254	2,109	1,551	1,891	739	256	654	41	1,478	48
Total Backlog > 18 weeks		**4,629**	1,055	244	254	543	371	330	6	1	266	810	318	75	119	10	24	0	203	0

Diagnostic Waiting List < 6 weeks	99%	**66.7%**	100%	94.6%	100%	100%	100%	100%	100%	100%	100%	24.9%	38.6%	100%	97.4%	100%	100%	100%	100%	98.3%
% Cancelled Ops rescheduled <28 days	99%	**100%**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	

Number of e-Referral ASI's (est)		1424	192	53	1	340	165	19	0	0	26	4	232	253	3	0	106	0	30	0
% e-Referral ASI rate (est)	<4%	15.2%	4.6%	3.9%	0.1%	18.2%	12.4%	1.6%	0.0%	0.0%	1.9%	0.4%	21.4%	8.9%	0.2%	0.0%	3.9%	0.0%	3.9%	0.0%

Diagnostic Performance	Aug-20	Sep-20	Oct-20
Magnetic Resonance Imaging	99.5%	99.5%	100%
Computed Tomography	72.3%	88.6%	96.6%
Non-obstetric ultrasound	95.7%	97.6%	98.3%
Barium Enema	100%	100%	100%
DEXA Scan	94.8%	99%	100%
Audiology - Audiology Assessments	100%	100%	100%
Cardiology - echocardiography	33.8%	38.3%	38.6%
Neurophysiology - peripheral neurophysiology	43.8%	76.7%	97.4%
Respiratory physiology - sleep studies	100%	56%	100%
Urodynamics - pressures & flows	93.3%	97.9%	100%
Colonoscopy	28.7%	29.9%	30.9%
Flexi sigmoidoscopy	37.7%	36.4%	36.1%
Cystoscopy	84.7%	88.5%	94.5%
Gastroscopy	22.1%	23.3%	20.3%
Total	**57.6%**	**62.7%**	**66.7%**



RTT Incomplete Pathways Performance

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 82.3%, increasing from 78.6% recorded during September 2020.

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 worked up and implemented 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 required substantial capital investment and ongoing building works to permit capacity to return to pre-covid19 levels.
Additional Independent Sector capacity has also been secured at BMI Runnnymede, Woking Nuffield, and The Lister 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 October with performance recorded at 66.7%. The backlog consists mainly of endoscopies, where the Trust has been addressing this through delivery of a modular endoscopy unit in October, and a further unit scheduled during January 2021. The Trust's Endoscopy Activity Recovery Trajectory Modelling has been included as Additional Item (3) within this report.

The Trust recommenced receiving routine MRI, US, CT & Plain film tests during May, and ECGs, Neurophysiology & Sleep Study procedures during June with most modalities operating at pre-covid levels or above for activity during October.

Services running through October (operating with infection control & social distancing) were;

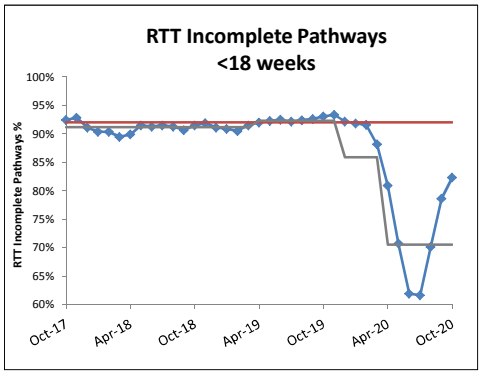
Endoscopy - running at 143% capacity
MRI - running at 100% capacity
US - running at 76% capacity (although meeting demand)
CT - running at 111% capacity
X-Ray Plain Film - running at 88% capacity (although meeting demand)
Echocardiography monitoring - running at 105% capacity
DEXA - running at 102% capacity
Sleep Studies - running at 122% capacity
Neurophysiology - running at 103% capacity

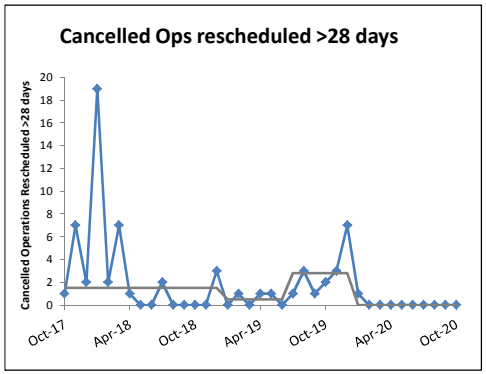
Future ways of working and the development of outpatient & diagnostic 'cold' sites (with reduced risk of Covid-19 contagion) are continuing to be implemented in conjunction with Surrey Heartlands CCG and system partners to support patients during the pandemic and the future recovery of the Trust's DM01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

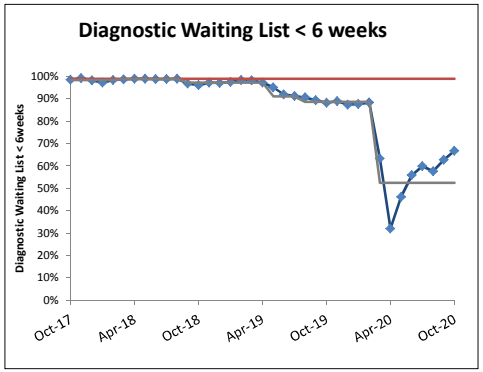
Planned Elective Care

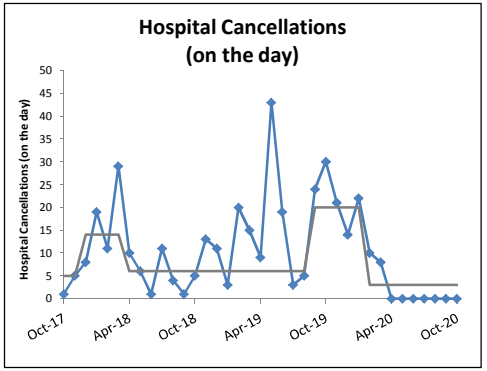
Access Activity and Performance - Referral to Treatment

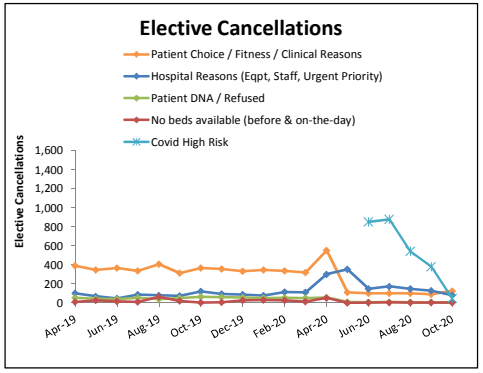
Key: * Constitutional Standard ** NHSI & CCG Requirement *** NHSI reported	Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	FY2019 -Q3	FY2019 -Q4	FY2020 -Q1	FY2020 -Q2
RTT Incomplete Pathways < 18 weeks *	>92%	88.2%	80.9%	70.7%	61.9%	61.6%	70.1%	78.6%	82.3%	92.9%	90.6%	70.9%	69.9%
Total Wait List Size		26,540	23,397	20,817	20,008	21,667	22,929	25,065	26,173				
Total Backlog > 18 weeks		3,122	4,463	6,109	7,633	8,319	7,116	5,366	4,629				
Pathways >52weeks **		0	0	7	20	49	77	153	200				
On the Day Hospital Cancellations [Due to no beds] ***		8	0	0	0	0	0	0	0	65	40	0	0
Cancelled Ops rescheduled >28 days **	0	0	0	0	0	0	0	0	0	12	1	0	0
Diagnostic Waiting List < 6 weeks **	>99%	63.3%	31.9%	46.1%	55.2%	59.9%	57.6%	62.7%	66.7%	88.2%	79.6%	44.4%	60.1%
% e-Referral ASI rate	<4%	4.6%	8.1%	9.9%	14.4%	24.9%	17.9%	14.8%	15.2%	7.1%	5.2%	10.8%	19.2%
% Advice & Guidance (within 2 days) ****	>80%	83%	79%	88%	82%	81%	77%	79%	78%	78%	80%	83%	80%
Outpatient New Appointments		12,047	10,150	10,643	13,674	15,568	13,984	18,079	18,191	28,684	40,421	34,467	47,281
Outpatient Follow Up Appointments		22,319	13,889	14,914	16,708	17,656	16,632	21,862	22,001	55,259	76,937	44,715	55,849
Outpatient Cancellations <2wks		1,067	5,014	1,963	2,762	1,504	1,628	1,573	1,786	1,803	2,870	9,739	4,705











RTT Performance

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 82.3% (increasing from 78.6% recorded during September 2020). The impact of Covid-19 and the risk of contagion has created significant disruption for elective surgery & routine outpatients. Over the past few months the Trust has worked up and implemented 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 Benchmarking, the Trust at 78.6% (for September) remained significantly above the 60.6% National Average (September latest month) reported on 12th November 2020.
Comparison of RTT Performance & Waiting List Size with local peers and the national England average over the past 10 months has been included as an Additional Item (2) within this report.

Elective Activity & Capacity

Compared to October 2019 demand, TWR Cancer referrals were at 95% & elective referrals at 76% during October 2020 [Overall 78%]. Referrals are expected to recover to pre-Covid-19 levels or higher (due to a backlog in demand) over the coming months.

During October 20, elective activity has been operating at 74% of October 2019 activity level, outpatient activity at 93% and imaging activity at 107%.

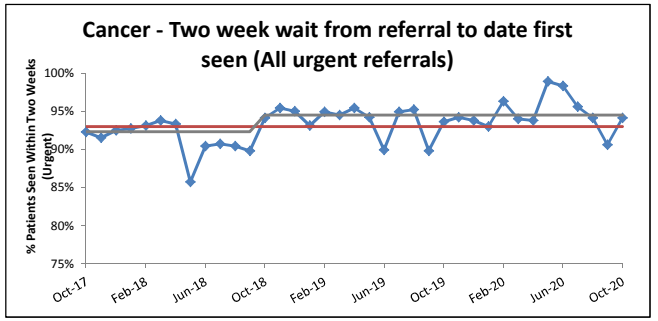
The Trust with system partners have rapidly implemented additional outpatient & diagnostic 'cold' sites (with reduced risk of Covid-19 contagion) including Ashford Hospital, Community Hospitals and Independent Sector provision [Woking Nuffield and Cobham Day Surgery] to create sufficient urgent & routine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

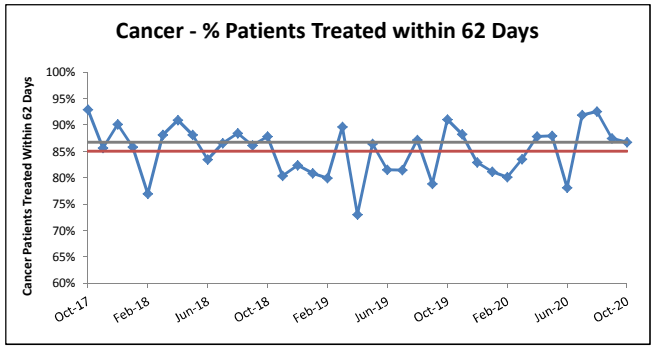
Regular clinical harm review processes are in place to identify and mitigate any risk to patients from increased waiting times.

Cancer Care

Access Activity and Performance - Cancer Care

	Standard	Compliance	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	FY2019 -Q3	FY2019 -Q4	FY2020 -Q1	FY2020 -Q2
Referral Activity	All urgent referrals		1,259	516	838	1,097	1,369	1,277	1,405	1,545	4,175	3,679	2,451	4,051
	Breast Symptomatic patients		172	40	67	121	162	144	182	194	642	508	228	488
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	94.0%	93.8%	98.9%	98.3%	95.6%	94.1%	90.6%	94.1%	93.9%	94.4%	97.6%	93.3%
	Symptomatic breast patients	>93%	98.8%	97.5%	99%	97.5%	95.7%	94.2%	95.1%	97.4%	96.1%	98.6%	97.8%	95.1%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	99.1%	95.3%	98.3%	96.3%	97.1%	97.9%	96.6%	97.7%	96.8%	98.5%	96.9%	96.7%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	100.0%	100%	100%	100%	75%	75.0%	88.9%	100%	65.4%	92.9%	100%	77%
	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%	83.5%	87.8%	87.9%	78.1%	91.9%	92.5%	87.4%	86.7%	87.6%	82.1%	84.5%	90.3%
	NHS Cancer Screening Service referral	>90%	84.6%	100.0%	100%	0%	0%	100%	87.5%	87.5%	100%	77.8%	88.2%	80.0%





Cancer Capacity & Demand during Covid-19

The Trust provided full referral, diagnostic and treatment facilities for clinically urgent, risk assessed procedures for cancer patients during the Covid-19 pandemic and has now resolved all activity for all cancer patients.

TWR referral demand during October was at 95% of the Trust's referral activity recorded during October 2019.

TWR performance

The Trust recorded a compliant performance for October at 94.1%. Of the 97 breaches, 17 breaches were due to patient choice (17.5%) with 80 due to hospital operational reasons (82.5%).

62 Day GP Referral to Treatment Performance

The Trust recorded a provisionally compliant performance for October at 86.7%. Delays have been recorded due to complex pathways (6 patients), Capacity (3 patients), Patient Choice (3 patients) and Covid delays (2 patients). These breaches are undergoing clinical validation by the tumour group leads.

Cancer 104 Day Patients

During the pandemic, the Trust recorded 173 patients waiting over 104 days (during July). With the recommencement of endoscopies since July, Colorectal and UGI patients on cancer pathways have been prioritised. This has reduced the number of patients waiting over 104 days to 37 at the end of October.

The Trust's Cancer Waiting List size has been included as an Additional Item (2) in this pack.

Current Month 62 Day Performance by Modality

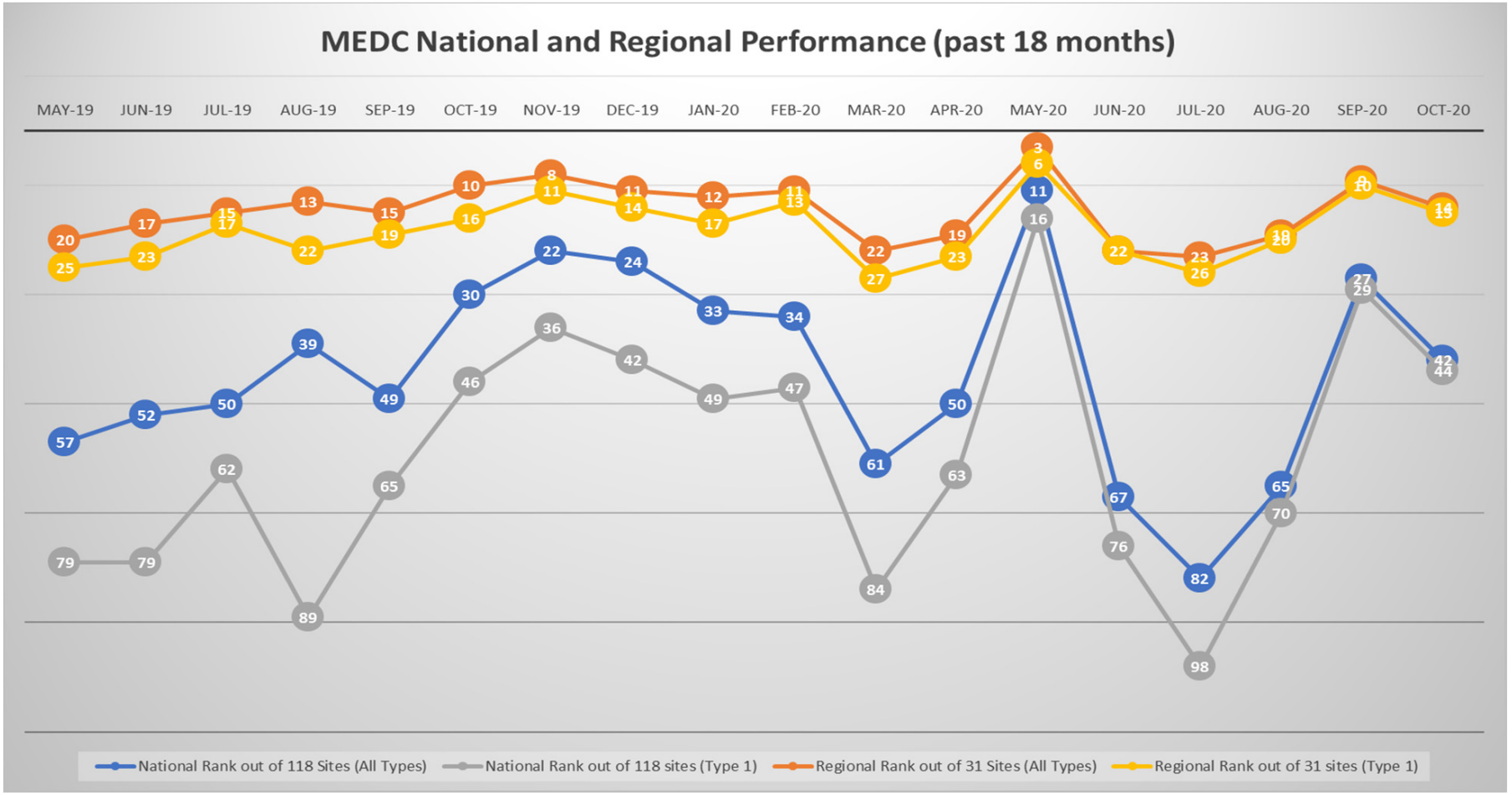
Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	13	12	1	8%
Breast Symptomatic	2	2	0	0%
Colorectal	10	6	4	40%
Gynaecology	2	1.5	0.5	25%
Haematology	4	2	2	50%
Head & Neck	4	3	1	25%
Lung	2	2	0	0%
Other	1	1	0	0%
Sarcoma	0	0	0	0%
Skin	41.5	39.5	2	5%
Upper GI	3	0	3	100%
Urology	19	19	0	0%
Total	**101.5**	**88**	**13.5**	**13.3%**

Additional Items (1)

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 October 2020 the Trust's NHSI (all types) performance position regionally was 14th (of 31), and nationally 42nd (of 118).

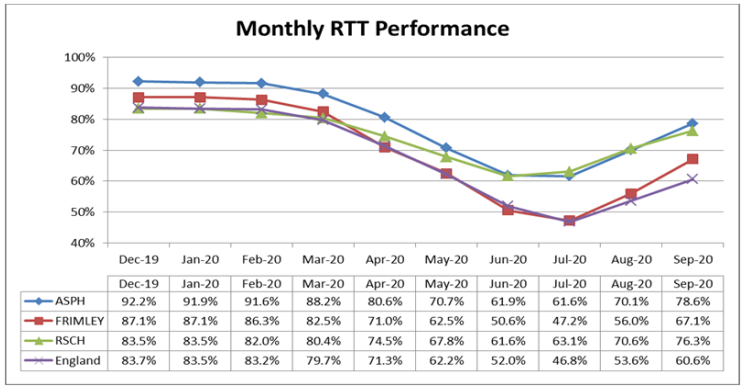


Additional Items (2)

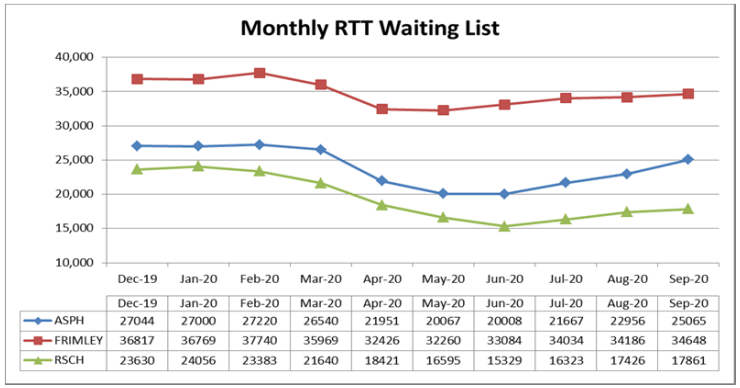
RTT Performance & Waiting List Size : Cancer Waiting List & >104 day Waiters

RTT Regional & National Performance

The charts below identify;
- the Trust's RTT performance compared with local providers and the England average over the past 10 months, &
- the Trust's RTT waiting list size compared with local providers over the past 10 months.



	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
ASPH	92.2%	91.9%	91.6%	88.2%	80.6%	70.7%	61.9%	61.6%	70.1%	78.6%
FRIMLEY	87.1%	87.1%	86.3%	82.5%	71.0%	62.5%	50.6%	47.2%	56.0%	67.1%
RSCH	83.5%	83.5%	82.0%	80.4%	74.5%	67.8%	61.6%	63.1%	70.6%	76.3%
England	83.7%	83.5%	83.2%	79.7%	71.3%	62.2%	52.0%	46.8%	53.6%	60.6%

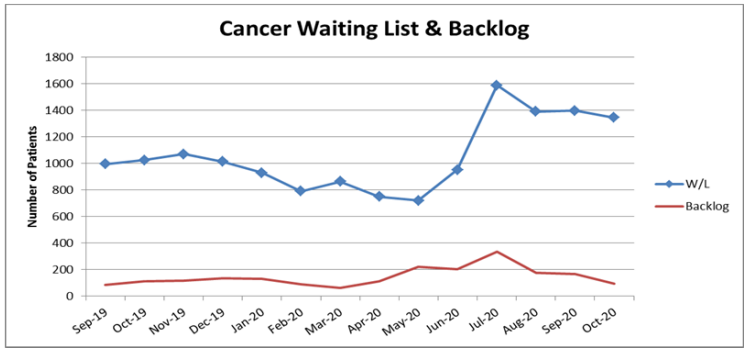


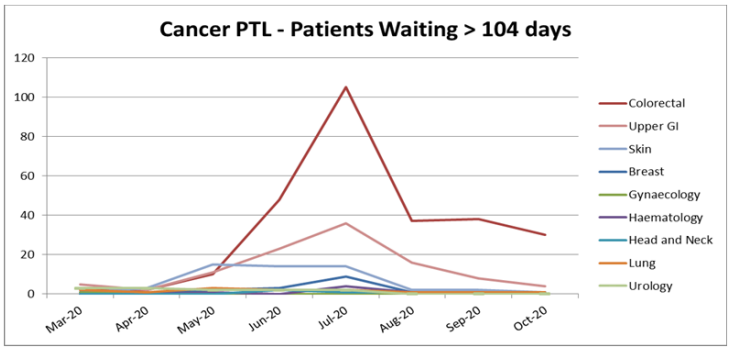
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
ASPH	27044	27000	27220	26540	21951	20067	20008	21667	22956	25065
FRIMLEY	36817	36769	37740	35969	32426	32260	33084	34034	34186	34648
RSCH	23630	24056	23383	21640	18421	16595	15329	16323	17426	17861

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)

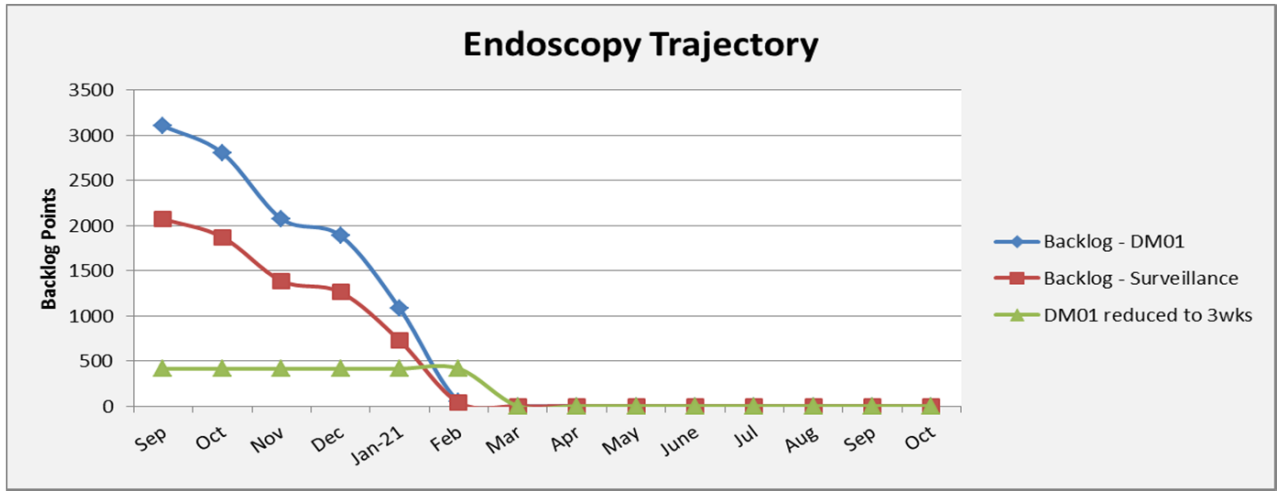
[With the recommencement of endoscopies during July, Colorectal and UGI patients on cancer pathways have been prioritised]





Additional Items (3)

Endoscopy Activity Modelling - Recovery Trajectory

Endoscopy Activity Modelling - Recovery Trajectory

The chart below identifies the Trust's modelled Endoscopy recovery trajectory, reducing the backlog of patients waiting routine endoscopy (DM01), surveillance endoscopy, and further capacity to ensure the Trust can provide endoscopy within maximum 3-5 weeks. The modelling identifies that if demand and scheduled capacity aligns with assumptions, the backlog for routine and surveillance endoscopy will be resolved by March 2021, with the Trust returning to a resilient position from April 2021 onwards.