Paper 6.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors
Date: 3rd March 2021

TITLE	Performance Report - January 2021
EXECUTIVE SUMMARY	During January the Trust has seen a substantial surge in the number of patients admitted with Covid-19. To support this surge, theatre nurses and anesthetists were redeployed from theatres to support super surge ITU capacity, which resulted in most elective surgery being paused. Medical staff surge rotas to support circa 200 inpatient Covid beds have been supported by turning resource from a range of activities including pausing a number of outpatient clinics. Where medical, nursing or other staff have not been required to be redeployed to support Covid surge activities, they have continued in their substantive roles as there has not been a national direction to halt other activities (as had previously been the case). For this reason the majority of outpatient activity is continuing along with diagnostic and all cancer cases. **Urgent Care** Activity levels attending the Trust's UTC and ED decreased during January with average daily attendances at 71% pre-covid levels (226 per day). However, ED performance has been impacted due to the increase seen in patients with Covid-19, determining Covid-19 status and high occupancy of Trust G&A beds (90%) causing slow flow from ED 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 66.1%,** which was a 2.8% decline on last month (68.9%). • **NHSI (SPH site inc. Ashford and Woking WiC activity), the Trust recorded ED NHSI performance at 76.4%,** which was a 2.6% decline on last month (79.0%). Substantial capital investment has been approved to undertake the following schemes over the coming year, these include; (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 during January 2021 (with use of Ashford beds and escalation beds) was 90.0% occupied G&A beds although without Ashford and escalation beds, occupancy would be recorded at 98.4%. Since mid-July, the Trust has been able to reduce the loss of inpatient beds due to social distancing to only 40 beds (8%) using a restricted curtain solution. **ED Performance (National Position)** When comparing the Trust including Ashford and Woking WiC (NHSI position), for January (Acute Type 1 Footprint), the Trust was positioned 71st of 113 Trusts. When comparing the Trust for SPH site only, for January (Type 1 only) the Trust is positioned 82nd of 113 Trusts. (Note: 14 Trusts are not reporting due to being pilot sites testing the new clinical standards).

Assurance: We have moderate 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 a high number of Covid-19 inpatients has affected delivery of the 4 hour standard. We continue to work 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 Feb), over the past week the Trust averaged 17 inpatients in ITU and 88 inpatients in our Covid Wards.

NHSE/I Phase 3 Restart

Due to the increase in Covid-19 inpatients requiring the use of surge rotas from 24th Dec 2020, NHSEI Phase 3 Restart requirements have currently been postponed. However, the Trust's activity during January for outpatient activity was 83%, MRI/CT imaging activity at 86% (although meeting demand), and elective activity operating at 32% compared to January 2020.

RTT

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 82.5%, decreasing from 85.0% recorded during December 2020.

Routine referral demand during January 2021 was at 56% of the Trust's referral activity recorded during January 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.

Outpatients

The majority of specialties within the Trust have made excellent progress returning to pre-covid levels of outpatient activity. However, a number of specialties have experienced difficulty due to higher risk of covid transmission and therefore stricter Infection Protection Control (IPC) measures.

There has been an overall loss in new capacity post-Covid (due to IPC), although there has also been an overall reduction in new referrals which has partially offset the impact of the reduction in capacity of 1st outpatient appointments. However, a reduction in planned Follow Up capacity during Covid wave 1 has led to a backlog which requires additional capacity above pre-Covid levels to recover. This has led to an increase in overdue FUs where capacity will need to be found to recover.

Diagnostics

The Trust recorded a non-compliant performance for the DM01 diagnostic standard in January with performance recorded at 76.7%. The backlog consists mainly of endoscopies, where the Trust has been addressing this through delivery of a modular endoscopy unit.
A number of mitigation actions have been underway to prevent harm which include clinical validation, Faecal Immunochemical Testing and additional outsourcing to create further capacity. The Trust's Endoscopy Activity Modelling - Recovery Trajectory is included within this report where DM01 compliance is scheduled for end April 2021.

	Assurance: We have a good level of assurance regarding ongoing delivery of diagnostic activity similar to 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 insourcing and additional onsite modular facilities. **Elective Activity and Capacity** The Trust was not forecasting recovery to pre-Covid elective activity levels until March 2021 which was due to a combination of planned and unplanned theatre refurbishment followed by an expected impact from winter pressures & rising level of Covid patients. However, all patients on the elective waiting lists have continued to be clinically validated from patient discussions and records during the pandemic. Current plans are for the phased re-introduction of routine elective activity from 6th April 2021. Additional Independent Sector capacity is also being sought at BMI Runnnymede, Woking Nuffield, and The Lister Hospital during Q1 to support the delivery of services for patients and the future recovery of the Trust's RTT position. *Assurance: Once the current surge of Covid-19 inpatients reduces, we have good assurance we will be in a position to phase re-start elective procedures from 6th April 2021. Plans to support the Trust using Independent Sector outsourcing are also underway. Current outpatient activity is running at 83% pre-Covid levels and therefore we have good assurance we will be in a position to increase outpatient activity in similar timescales to the elective capacity increase once surge rotas are disbanded and staffing is available.* **Cancer Capacity and Demand during Covid-19** The Trust has provided full referral, diagnostic and treatment facilities for clinically urgent, risk assessed procedures for cancer patients during the Covid-19 pandemic. TWR referral demand during January 2021 was 90% of the Trust's referral activity recorded during January 2020. The Trust is provisionally reporting compliance with 4 of 7 Cancer standards for January; **-TWR performance** is recorded compliant for January at 94.4%. Of the 78 breaches, 57 breaches were due to patient choice (73%) with 21 due to hospital operational reasons (27%). **-62 Day GP Referral to Treatment performance** is recorded provisionally non-compliant performance for January at 77.2%. Delays have been recorded due to complex pathways (7 patients), capacity (6 patients), patient choice (4 patients), patient fitness (2 patients) and tertiary capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads. The nationally submitted position for December 2020 was a compliant 62 Day GP Referral to Treatment Performance recorded at 87.8%. -**31-day Wait from Diagnosis to First Treatment performance** is recorded provisionally non-compliant performance for January at 93.8%. Delays have been recorded due to elective & outpatient capacity (6 patients). -**62 Day NHS Cancer Screening Service referral to Treatment performance** is recorded provisionally non-compliant performance for January at 33.3%. Delays have been recorded due to capacity (4 patients), patient choice (1 patient), and patient fitness (1 patient). **Cancer 104 Day Patients**

	Over the past 6 months the Trust has a stable Cancer Patient Tracking List with a trending reduction in the number of patients waiting more than 104 days. The majority of the patients waiting greater than 104 days are due to complex pathways, and/or patient fitness or choice to delay. ***Assurance:*** *The Trust undertakes multiple weekly PTL meetings to track and prioritise patients on cancer pathways to ensure patients diagnosis and treatments are expedited. This is supported by weekly oversight via Cancer Patient Tracking List and Clinical meetings. We have fully implemented an intelligent cancer PTL that supports rapid tracking & progression for patients diagnosis and timely treatment.* *The Trust continues to have weekly oversight via Cancer PTLs and Clinical Tumour Leads meetings, and the Clinical Harm Review process was revised in accordance with the Cancer Alliance, with all patients waiting greater than 62 days fully reviewed. There has been no specific clinical harm currently identified.*
The Council is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.
Author:	Julian Ruse, Associate Director of Performance
Submitted by:	James Thomas, Chief Operating Officer
Decision:	For Discussion

Unplanned Emergency Care

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

Activity and Performance Trends - Urgent Care

	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	FY2019 -Q4	FY2020 -Q1	FY2020 -Q2	FY2020 -Q3
Attendances (SPH site only)	7,046	7,916	8,474	8,503	7,913	7,671	7,864	7,002	25,195	18,101	24,893	23,448
Attendances (Ashford & Woking WiC's)	3,053	3,872	4,474	4,559	4,042	3,927	3,777	3,074	16,518	7,372	12,905	11,746
Admissions	1,723	1,746	1,768	1,905	1,927	1,697	1,721	1,839	4,992	4,849	5,419	5,345
NHSI 4hr Perf % (SPH site only) *	89.0%	87.3%	82.2%	88.5%	81.3%	73.2%	68.9%	66.1%	74.9%	91.5%	86.0%	74.5%
NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	92.3%	91.5%	88.3%	92.5%	87.6%	82.2%	79.0%	76.4%	84.7%	93.9%	90.6%	83.0%
Breaches (SPH site only)	774	993	1,508	980	1,489	2,060	2,447	2,375	6,394	1,546	3,481	5,996
A&E Admitted Performance %	71.4%	62.8%	47.2%	69.8%	49.8%	25.9%	24.8%	21.6%	33.2%	81.5%	60.2%	33.5%
A&E Non-Admitted Performance %	94.7%	94.3%	91.4%	93.9%	91.4%	86.7%	81.3%	81.9%	85.0%	92.4%	93.2%	86.5%
A&E Attendances - Ambulances	2,225	2,420	2,499	2,436	2,583	2,504	2,554	2,463	6,889	6,294	7,355	7,641
A&E Attendances - Walk in	4,821	5,496	5,975	6,067	5,330	5,167	5,310	4,539	18306	11807	17,538	15,807

A&E Performance, Attendances, Admissions & Occupancy
Activity levels attending the Trust's UTC and ED decreased during January with average daily attendances at 71% pre-covid levels (226 per day). However, ED performance has been impacted due to increases seen in patients with Covid, determining Covid status and high occupancy of Trust G&A beds (90%) causing slow flow from ED to wards.

A&E Performance (SPH and NHSI)
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ED Attendances at a daily average of 226 per day during January were lower than January 2020 at 314 per day, and lower than December 2020. It should be noted that despite the lower number of attendances, the number of attendances by ambulance remain high.
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;
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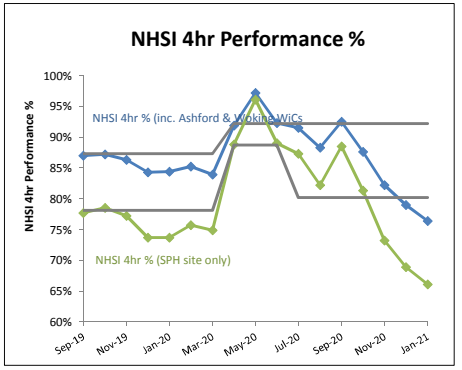

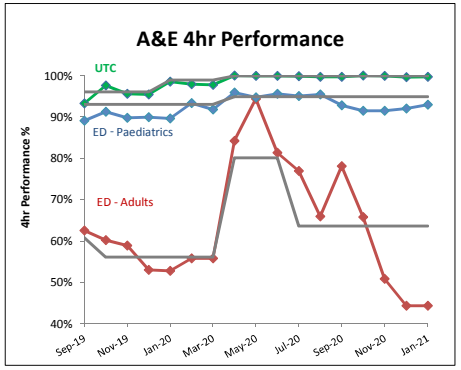

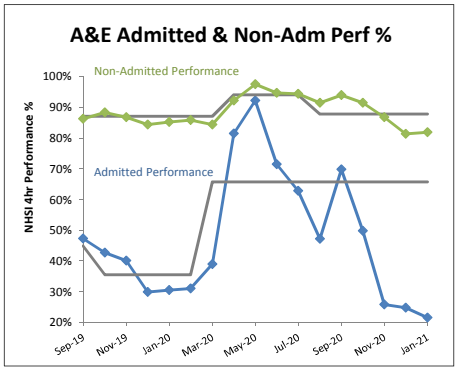

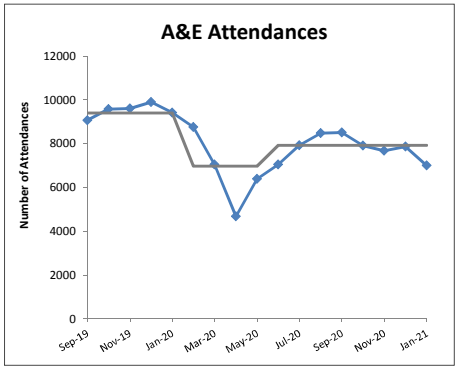

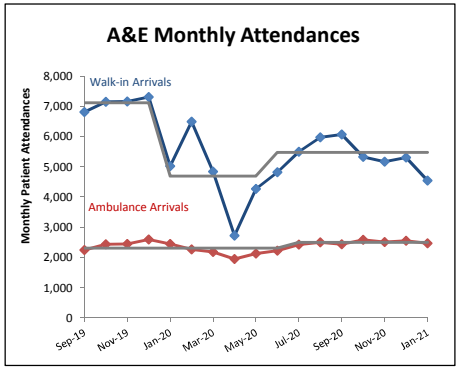

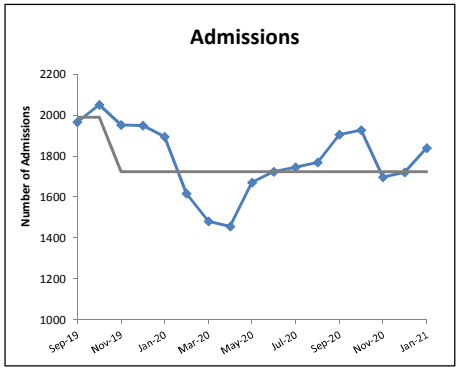

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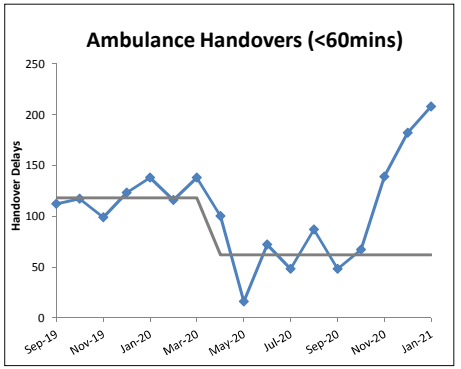
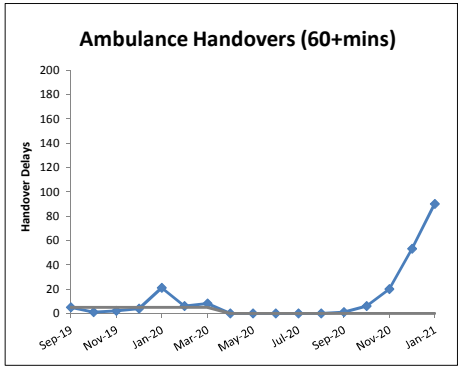
Ambulance Handover Delays (<60mins)	72	48	87	48	67	139	182	208	392	188	183	388
Ambulance Handover Delays (60+mins)	0	0	0	1	6	20	53	90	35	0	1	79
Overnight Waits in A&E [Avg DTA's]	2.0	2.2	4.9	3.3	7.0	9.4	8.0	7.2	8.5	1.5	3.5	8.1
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies)	5.8	5.8	6.2	6.4	6.0	6.1	6.9	6.9	8.1	6.0	6.1	6
% Patients Moved => 3 times	10.5%	6.3%	4.7%	4.7%	5.9%	6.9%	9.9%	10.4%	10.3%	13.9%	5.2%	7.6%

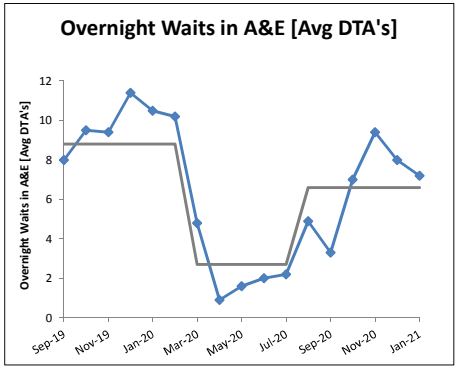
Covid-19 (Coronavirus) Activity
At its peak dring April, the Trust had 26 inpatients in ITU (7 Apr 20), with a further 99 inpatients in Covid Wards (3 Apr 20), & a daily average of a further 44 patients with suspected Covid-19 awaiting results from testing.

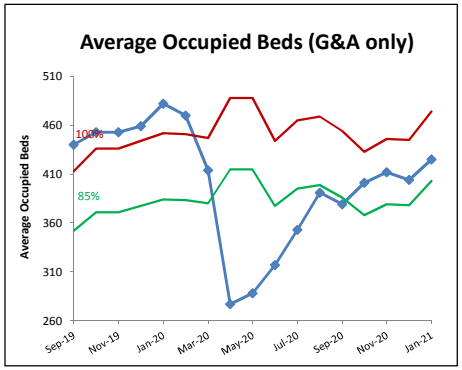
At the time of writing this report (15th Feb), over the past week the Trust averaged 17 inpatients in ITU and 88 inpatients in our Covid Wards. In total since March 2020, 443 inpatients have died, with a primary cause recorded as Covid-19, although 1,571 inpatients have received treatment, recovered and discharged.

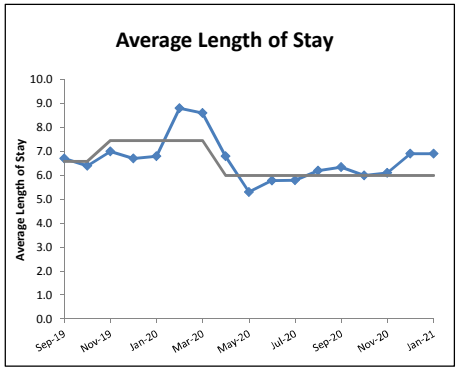
NHSEI Phase 3 Restart
Due to the increase in Covid-19 inpatients requiring the use of surge rotas from 24th Dec 2020, NHSEI Phase 3 Restart requirements have currently been postponed.
However, the Trust's activity during January for outpatient activity was 83%, MRI/CT imaging activity at 86% although meeting demand, and elective activity operating at 32%.

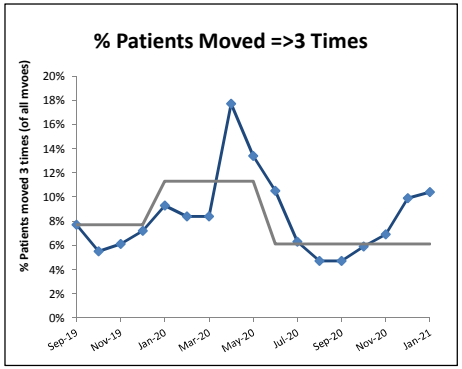












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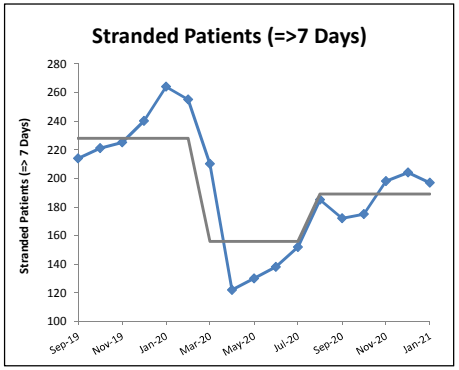
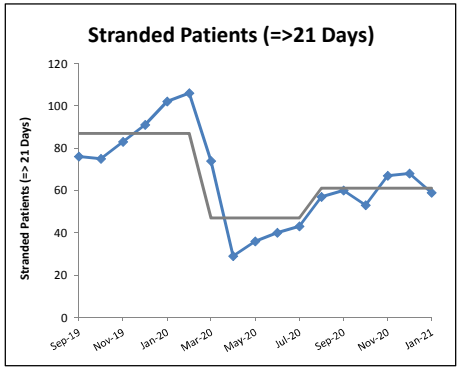
Patients (=>7 Days) Length of Stay (Monthly Avg)	138	152	185	172	175	198	204	197	229	130	170	192
Patients (=>21 Days) Length of Stay (Monthly Avg)	40	43	57	60	53	67	68	59	83	35	53	63
Average Occupied Beds % (G&A utilised)	72%	76%	83%	84%	93%	92%	90%	90%	104%	63%	81%	1
Medically Optimised Delays (Bed Days)	199	77	199	306	109	207	220	56	2,727	378	582	536
Delayed Transfers of Care (Bed days)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1,527	n/a	n/a	n/a





The Trust recorded 208 Ambulance handover delays (<60 mins delay), and 90 Ambulance handover delays (60+ mins delay) throughout January 2021. Mitigation processes were enacted although the higher volume of ambulances and higher number of Covid patients waiting Covid testing results created a challenged environment. Additional testing capacity is being sought from pathology suppliers to mitigate delays due to peaks in demand and faster testing options to reduce the number of ED delays to ward admissions.
Non-elective average length of stay for January 2021 remained at 6.9 days due to the occupancy of covid patients with higher acuity. Occupancy was recorded (with use of Ashford beds and escalation beds) at 90.0%). Without Ashford and escalation beds, occupancy would be recorded at 98.4%.

The number of patients moved greater than 3 times increased during January to 10.4% due to ward and ecalation area reconfigurations required to accommodate the increasing number of inpatients admitted with Covid-19 and the use of step-down areas to support discharge.
The number of patients with a length of stay of 21 days or more was recorded at daily average of 59 patients with the majority receiving ongoing care. The Trust has a twice weekly inpatient review meeting (with community providers) to support and expedite discharge, which has also been accompanied by a daily system call to support the transfer of Medically Fit for Discharge (MFFD) patients home and to community providers. The number of patients MFFD were significantly lower than December due to enhanced partnership working & community Covid support.

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 Circle 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] during Q1 and beyond to create sufficient capacity to support urgent demand and elective activity for patients.

Improvement Actions
To support improvement in A&E performance, the Trust has reintroduced the virtual Respiratory ED (REED) clinic supporting Covid patients at home & facilitating safe discharge. Planning of the Capital Investment is also now well underway with modelling commissioned to ensure design is fit for purpose.
In addition, a new divisional team has been appointed with the aim of providing more input and management support for the Emergency Department.

Planned Elective Care

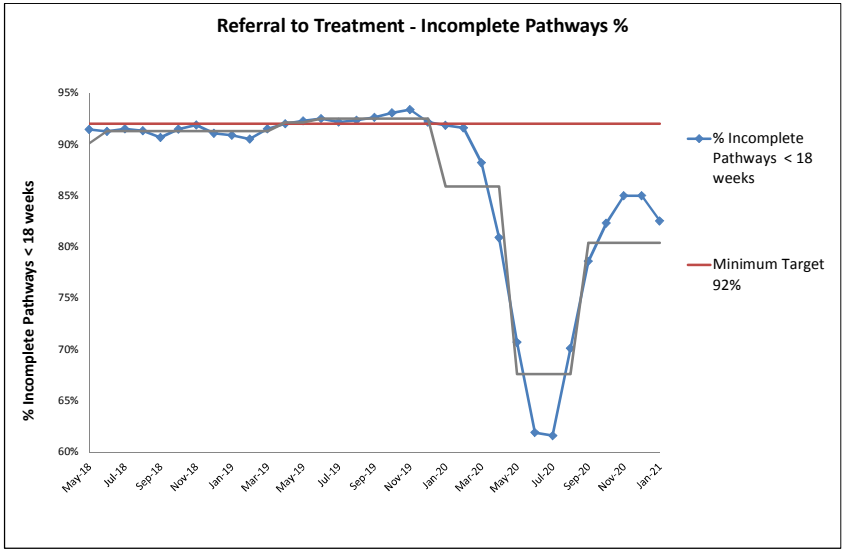
Access Activity and Performance - Referral to Treatment

	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%	**82.5%**	**73.6%**	**81.2%**	**83.8%**	**71.7%**	**87.2%**	**77.8%**	**28.6%**	**99.0%**	**86.4%**	**77.8%**	**86.6%**	**94.1%**	**88.1%**	**98.1%**	**96.7%**	**97.6%**	**83.7%**	**100%**
Patient waiting 30-39 weeks		**578**	174	16	37	60	8	37	2	0	37	88	51	1	18	0	3	0	46	0
Patient waiting 40-51 weeks		**507**	147	28	13	61	9	35	1	0	39	97	33	0	12	1	1	0	30	0
Patient waiting > 52 weeks	0	**360**	157	71	1	18	0	15	0	0	3	51	18	0	4	0	4	0	18	0
Total Waiting List Size		**25,643**	4,274	993	3,292	1,644	2,941	2,212	7	401	1,387	1,837	1,548	1,751	722	264	638	41	1,636	55
Total Backlog > 18 weeks		**4,476**	1,128	187	533	465	377	491	5	4	188	407	207	104	86	5	21	1	267	0

Diagnostic Waiting List < 6 weeks	99%	**76.7%**	100%	96.1%	100%	100%	100%	100%	100%	100%	100%	38.5%	89.0%	100%	77.2%	100%	100%	100%	100%	98.8%
% 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)		924	4	1	2	354	159	0	0	0	17	4	101	87	7	0	181	5	2	0
% e-Referral ASI rate (est)	<4%	12.4%	0.2%	0.1%	0.2%	69.3%	7.7%	0.2%	0.0%	0.0%	3.2%	0.3%	7.4%	3.9%	0.6%	0.0%	3.7%	0.0%	0.2%	0.0%

Diagnostic Performance	Nov-20	Dec-20	Jan-21
Magnetic Resonance Imaging	100%	100%	99.1%
Computed Tomography	97.3%	97.0%	94.8%
Non-obstetric ultrasound	98.9%	98.2%	95.2%
Barium Enema	100%	100%	100%
DEXA Scan	100%	100%	100%
Audiology - Audiology Assessments	100%	100%	100%
Cardiology - echocardiography	57.0%	54.8%	89.0%
Neurophysiology - peripheral neurophysiology	97.5%	69.3%	77.2%
Respiratory physiology - sleep studies	98%	85.3%	69.6%
Urodynamics - pressures & flows	100%	100%	100%
Colonoscopy	35.9%	32.5%	42.8%
Flexi sigmoidoscopy	24.3%	35.5%	43.1%
Cystoscopy	96.5%	69.3%	96.1%
Gastroscopy	25.9%	28.4%	34.9%
Total	**72.8%**	**73.2%**	**76.7%**



RTT Incomplete Pathways Performance

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 82.5%, due to the substantially reduced elective capacity available due to the increase seen in Covid-19 inpatients, and the requirement to enact surge rotas.

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 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 is being secured at BMI Runnymede, Woking Nuffield, and The Lister Hospital during Q1 to support the delivery of services for patients and the future recovery of the Trust's RTT position, this is estimated to commence from April 2021.

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

Diagnostic Tests

The Trust recorded a non-compliant performance for the DM01 diagnostic standard in January with performance recorded at 76.7%. The backlog consists mainly of endoscopies, where the Trust has been addressing this through the delivery of a modular endoscopy unit since October 2020. The Trust's Endoscopy Activity Recovery Trajectory Modelling has been included as Additional Item (3) within this report.

The Trusts diagnostic activity levels are listed below (compared to pre-covid levels) during January (operating with infection control & social distancing);
Endoscopy - running at 168% capacity
MRI - running at 81% capacity (although meeting demand)
US - running at 93% capacity (although meeting demand)
CT - running at 96% capacity (although meeting demand)
X-Ray Plain Film - running at 76% capacity (although meeting demand)
Echocardiography monitoring - running at 102% capacity
DEXA - running at 35% capacity (although meeting demand)
Sleep Studies - running at 73% capacity
Neurophysiology - running at 75% 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.

ASI Rate

Although overall capacity for outpatients has remained broadly in line with demand, the Trust's ASI rate has fluctuated recently where capacity remains challenged. ENT ASIs have been high during January 2021 whilst additional capacity is being added although temporarily restricting e-RS to ensure existing patients remain booked in priority and chronological order.

Planned Elective Care

Access Activity and Performance - Referral to Treatment

Key: * Constitutional Standard ** NHSI & CCG Requirement *** NHSI reported	Target	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	FY2019 -Q4	FY2020 -Q1	FY2020 -Q2	FY2020 -Q3
RTT Incomplete Pathways < 18 weeks *	>92%	61.9%	61.6%	70.1%	78.6%	82.3%	85.0%	85.0%	82.5%	90.6%	70.9%	70.1%	84.1%
Total Wait List Size		20,008	21,667	22,929	25,065	26,173	26,377	26,072	25,643				
Total Backlog > 18 weeks		7,633	8,319	7,116	5,366	4,629	3,969	4,557	4,476				
Pathways >52weeks **		20	49	77	153	200	238	253	360				
On the Day Hospital Cancellations [Due to no beds] ***		0	0	0	0	0	0	0	0	40	0	0	0
Cancelled Ops rescheduled >28 days **	0	0	0	0	0	0	0	0	0	1	0	0	0
Diagnostic Waiting List < 6 weeks **	>99%	55.2%	59.9%	57.6%	62.7%	66.7%	72.8%	73.2%	76.7%	79.6%	44.4%	60.1%	70.9%
% e-Referral ASI rate	<4%	14.4%	24.9%	17.9%	14.8%	15.2%	11.2%	16.2%	12.4%	5.2%	10.8%	19.2%	14.2%
% Advice & Guidance (within 2 days) ****	>80%	82%	81%	77%	79%	78%	79%	80%	80%	80%	83%	80%	79%
Outpatient New Appointments		10,584	11,273	9,896	12,686	12,928	13,214	12,133	11,505	40,421	28,814	33,855	38,817
Outpatient Follow Up Appointments		19,993	21,978	21,012	27,314	28,027	28,863	25,044	24,258	76,937	52,870	70,304	84,233
Outpatient Cancellations <2wks		2,762	1,504	1,628	1,573	1,786	1,514	1,453	3,538	2,870	9,739	4,705	4,753

RTT Performance

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 82.5% during January 2021. 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.

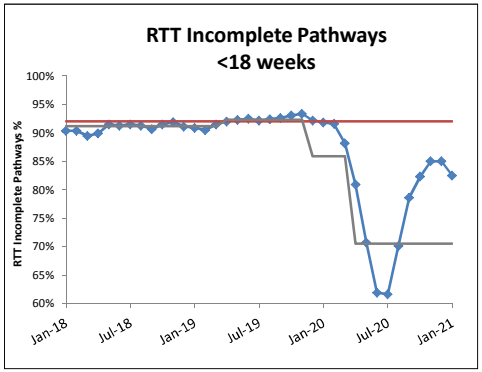
In terms of RTT Benchmarking, the Trust at 85.0% (for December) remained significantly above the 67.8% National Average (December latest month) reported on 11th February 2021.
Comparison of RTT Performance & Waiting List Size with local peers and the national England average over the past 10 months has been included as an Additional Item (2) within this report.

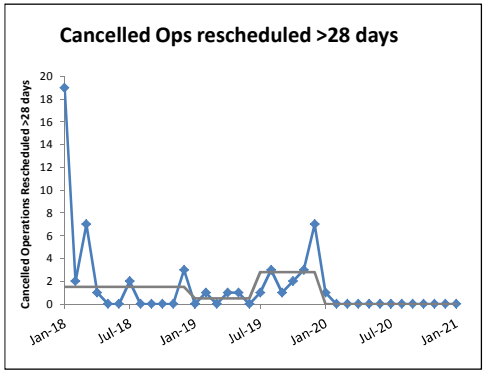
Elective Activity & Capacity

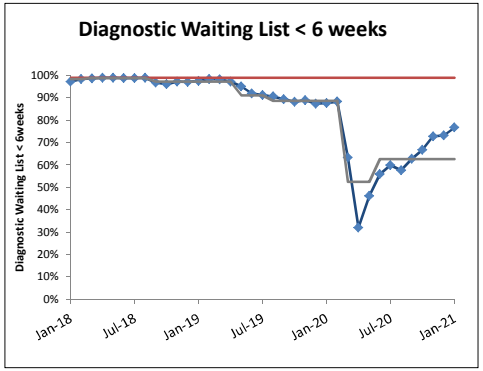
Compared to January 2020 demand, TWR Cancer referrals were at 90% & elective referrals at 56% during January 2021 [Overall 60%].
During January 21, elective activity has been operating at 32% of January 2020 activity, outpatient activity at 83% and imaging activity at 86%.

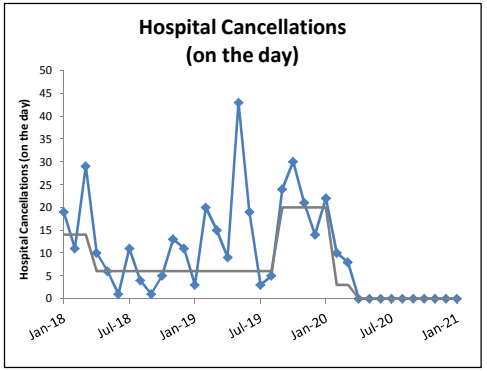
The Trust with system partners have rapidly implemented additional outpatient & diagnostic 'cold' sites (with reduced risk of Covid-19 contagion) including Ashford Hospital, Community Hospitals and Independent Sector provision [Woking Nuffield and Cobham Day Surgery] to create sufficient urgent & routine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

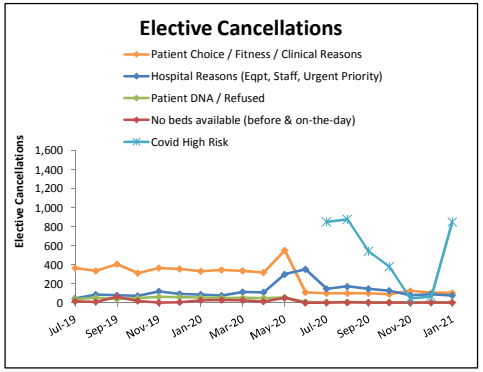
Regular clinical harm review processes are in place to identify and mitigate any risk to patients from increased waiting times.







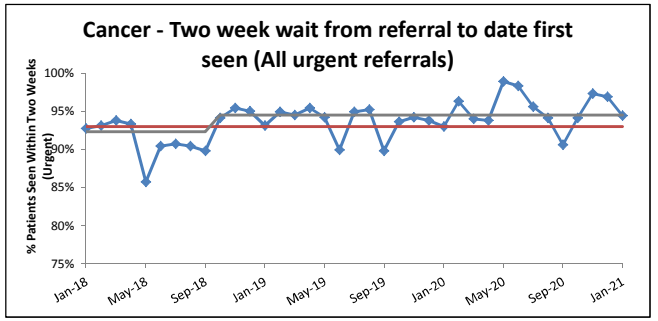


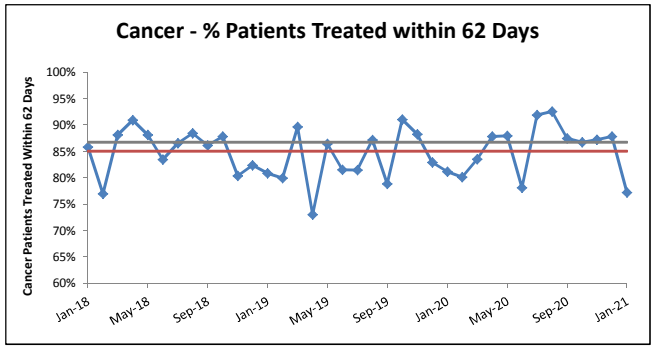


Cancer Care

Access Activity and Performance - Cancer Care

	Standard	Compliance	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	FY2019 -Q4	FY2020 -Q1	FY2020 -Q2	FY2020 -Q2
Referral Activity	All urgent referrals		1,097	1,369	1,277	1,405	1,545	1,464	1,433	1,208	3,679	2,451	4,051	4,105
	Breast Symptomatic patients		121	162	144	182	194	208	210	166	508	228	488	584
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	98.3%	95.6%	94.1%	90.6%	94.1%	97.3%	96.9%	94.4%	94.4%	97.6%	93.3%	96.1%
	Symptomatic breast patients	>93%	97.5%	95.7%	94%	95.1%	97.4%	95.2%	96.7%	95.8%	98.6%	97.8%	95.1%	96.4%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	96.3%	97.1%	97.9%	96.6%	97.7%	96.6%	99.1%	93.8%	98.5%	96.9%	96.7%	97.9%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	100.0%	75%	75%	89%	100%	100%	100%	100%	92.9%	100.0%	77%	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%	78.1%	91.9%	92.5%	87.4%	86.7%	87.2%	87.8%	77.2%	82.1%	84.5%	90.3%	87.2%
	NHS Cancer Screening Service referral	>90%	0.0%	0.0%	100%	88%	87.5%	100.0%	100.0%	33.3%	78%	88.2%	80.0%	96.3%





Cancer Capacity & Demand during Covid-19

The Trust has provided full referral, diagnostic and treatment facilities for clinically urgent, risk assessed procedures for cancer patients during the Covid-19 pandemic. TWR referral demand during January 2021 was 90% of the Trust's referral activity recorded during January 2020.

TWR performance

The Trust recorded a compliant performance for January at 94.4%. Of the 78 breaches, 57 breaches were due to patient choice (73%) with 21 due to hospital operational reasons (27%).

62 Day GP Referral to Treatment Performance

The Trust recorded a provisionally non-compliant performance for January at 77.2%. Delays have been recorded due to complex pathways (7 patients), capacity (6 patients), patient choice (4 patients), patient fitness (2 patients) and tertiary capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads. The nationally submitted position for December 2020 was a compliant 62 Day GP Referral to Treatment Performance recorded at 87.8%.

Cancer 104 Day Patients

The Cancer teams have focused on progressing pathways for all cancer patients since the first wave and have significantly reduced the number of patients waiting longer than 104 days for diagnosis or treatment. Patients waiting greater than 104 days are due to complex pathways, and/or patient fitness or choice to delay.
The Trust's Cancer Waiting List size and Cancer 104 Day Patients has been included as an Additional Item (2) in this pack.

Current Month 62 Day Performance by Modality

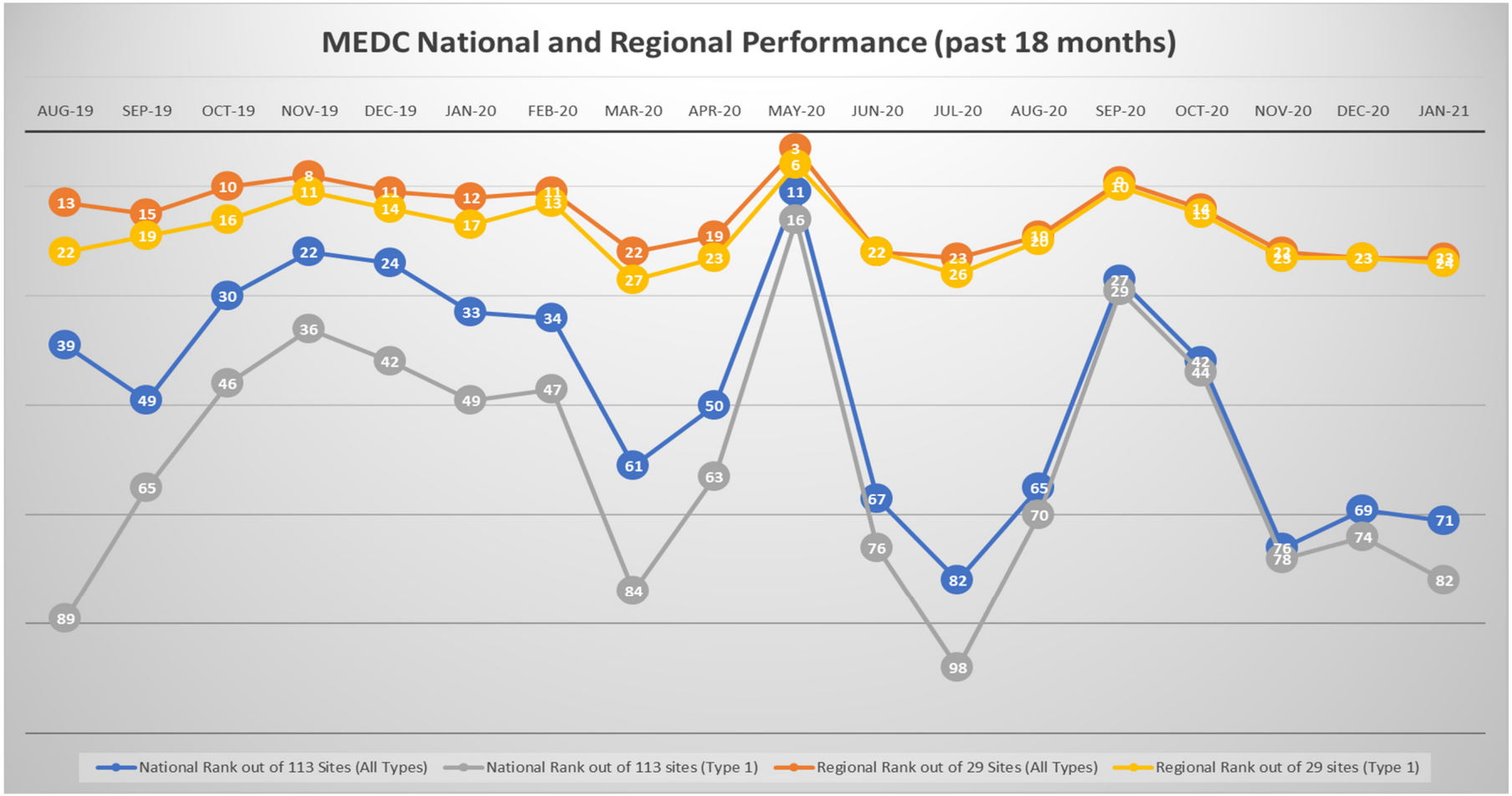
Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	9.5	6.5	3	32%
Breast Symptomatic	3	3	0	0%
Colorectal	9.5	6	3.5	37%
Gynaecology	1	0.5	0.5	50%
Haematology	3	2	1	33%
Head & Neck	5	3	2	40%
Lung	0.5	0.5	0	0%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	19	18.5	0.5	3%
Upper GI	2	1	1	50%
Urology	22	16.5	5.5	25%
Total	**74.5**	**57.5**	**17**	**22.8%**

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 January 2021 the Trust's NHSI (all types) performance position regionally was 23rd (of 29), and nationally 71st (of 113).

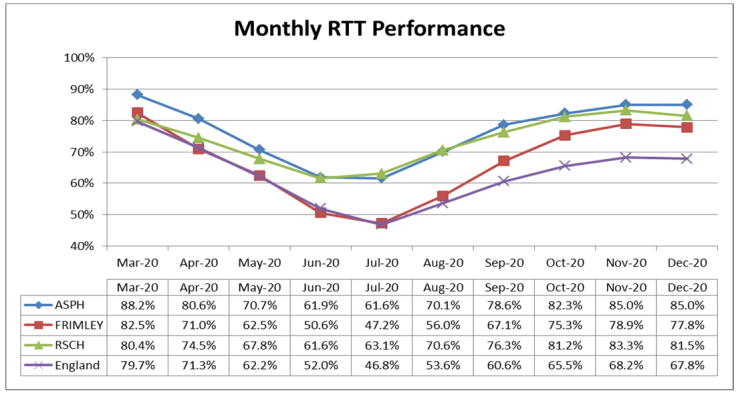


Additional Items (2)

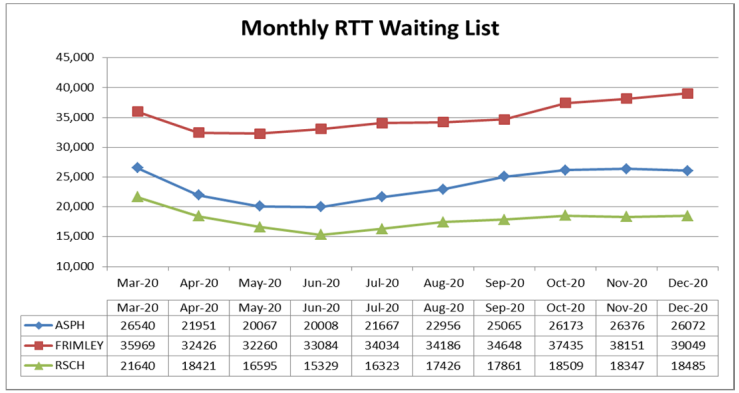
RTT Performance & Waiting List Size : Cancer Waiting List & >104 day Waiters

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.



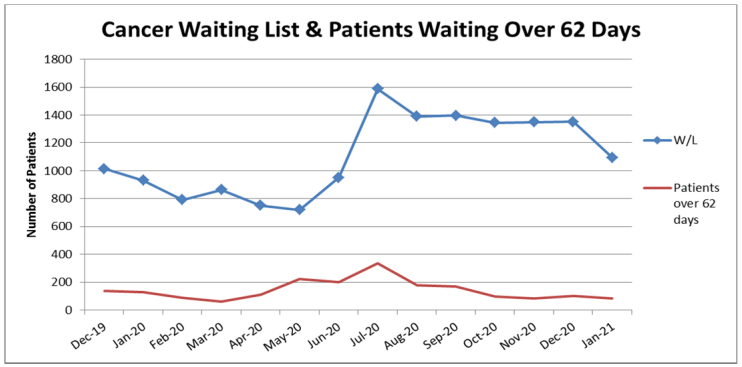
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
ASPH	88.2%	80.6%	70.7%	61.9%	61.6%	70.1%	78.6%	82.3%	85.0%	85.0%
FRIMLEY	82.5%	71.0%	62.5%	50.6%	47.2%	56.0%	67.1%	75.3%	78.9%	77.8%
RSCH	80.4%	74.5%	67.8%	61.6%	63.1%	70.6%	76.3%	81.2%	83.3%	81.5%
England	79.7%	71.3%	62.2%	52.0%	46.8%	53.6%	60.6%	65.5%	68.2%	67.8%

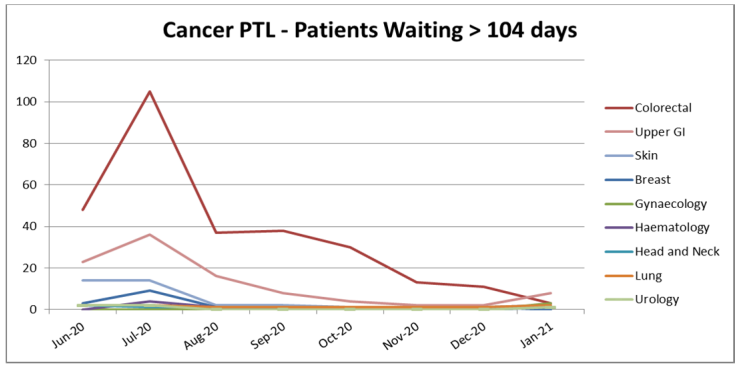


	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
ASPH	26540	21951	20067	20008	21667	22956	25065	26173	26376	26072
FRIMLEY	35969	32426	32260	33084	34034	34186	34648	37435	38151	39049
RSCH	21640	18421	16595	15329	16323	17426	17861	18509	18347	18485

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).





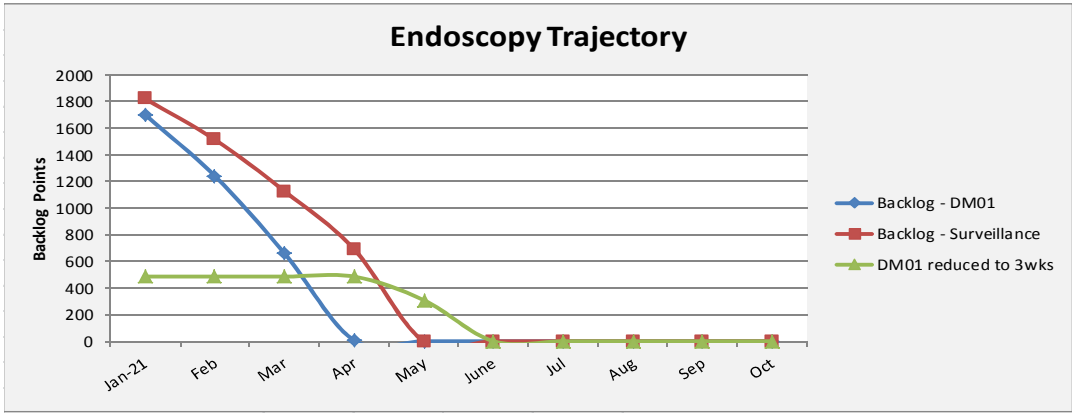
Additional Items (3)

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, and backlog patients are willing to attend, the backlog for routine and surveillance endoscopy will be resolved by April 2021, with the Trust returning to a resilient position from May 2021 onwards.

Trajectory (Points)	Jan-21	Feb	Mar	Apr	May	June	Jul	Aug	Sep
Demand	700	800	1000	1250	1454	1454	1454	1454	1454
Capacity	893	893	893	1265	1265	1265	1265	1265	1265
Cobham Capacity	0	0	0	0	0	0	0	0	0
Royal Surrey Capacity	0	0	0	0	0	0	0	0	0
Mobile Unit Capacity	672	672	1075	1075	1075	1075	1075	1075	1075
Net Points Available	865	765	968	1090	886	886	886	886	886
Backlog - DM01	1700	1241	660	6	0	0	0	0	0
Backlog - Surveillance	1820	1514	1127	691	0	0	0	0	0
DM01 reduced to 3wks	485	485	485	485	308	0	0	0	0



Endoscopy Mitigation Improvement Actions

The Trust has undertaken a number of actions to support the reduction in waiting time for endoscopy at ASPH.

In conjunction with the additional capacity identified above the Trust has implemented;

Validation - of the DM01 and Surveillance endoscopy waiting lists to ensure patients remain clinically appropriate to stay on the waiting list, and to prioritise routine patients where necessary.

Faecal Immunochemical Testing (FIT) - a test that detects bleeding occurring in the gastrointestinal tract from a stool sample to find early bowel cancer.

Outsourcing - using available local provider capacity at Royal Surrey County Hospital and Cobham Epsomedical for ASPH patients.