Paper 6.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors
Date: 1st September 2021

TITLE	Performance Report - June 2021
EXECUTIVE SUMMARY	**Covid Position** Although the number of Covid patients within the hospital reduced considerably during June, demand for non-Covid urgent care services increased significantly. Maintaining Covid complaint socially distanced facilities has impacted on inpatient beds and clinic and cubicle capacity in UTC and ED. The number of inpatients with Covid-19 remained low during June, although has begun to rise during July. At the time of writing this report (14th July), over the past week the Trust averaged 1 inpatient in ITU and 10 inpatients in our Covid ward areas. **Urgent Care** ED and UTC are under unprecedented sustained pressure. Attendances increased to a daily average of 362 per day during June compared to 308 per day in June 2019 (pre-Covid). The total attendances to both services during June was 10,853 which is the highest recorded level in any month previously. The two main components of this are: • Ambulance arrivals to the Trust in each of the last three months have exceeded arrivals in any month previously recorded. • The UTC is set up to run at 155 attendances per day (based on 2019), although through June has been seeing an average of over 200. This has also increased ambulatory attendances into the ED. ED Performance for June NHSI measure (SPH site including Ashford and Woking Walk in Centres (WiC)) was 85.6%, a slight decrease on the previous month (86.3%). For SPH site only was 78.9%, which was a 1.3% deterioration on last month (80.2%). The issues driving June's performance were: • The increase in demand exceeded baseline physical and workforce capacity through ED and UTC. • Increased admissions continued to place pressure on beds and assessment capacity causing delays in transferring speciality patients out of the ED. The ED admitted conversion rate remains comparable to pre-Covid. As part of the work to improve flow and ED performance we have a number of improvement projects underway including: 1. The new Urgent and Emergency Care Centre build, including the Clinical Assessment Unit, physically expanded UTC and Ambulatory Emergency Care Unit (AECU) is on track for completion and opening during August. 2. New models of care across the urgent and emergency care pathways are being developed in conjunction with all clinical specialities.

3. The new build will release current assessment space that will be available to support increased inpatient bed needs.
4. Focus within the ED has ensured that there continued improvement in many of the key ED flow metrics compared to pre-Covid.
5. 'Alliance 16' a new clinically led national improvement programme focusing on reducing delay to discharge and embed the Right 2 Reside approach.

ED Performance compared nationally using the NHSI metric (including Ashford and Woking WiC) the Trust was positioned 31st of 113 Trusts. When comparing the Trust for SPH site only for June the Trust was positioned 38th of 113 Trusts.

Assurance: We have limited assurance around delivery of the 4 hour standard in the current environment. Whilst we have a live improvement program both within ED and supporting flow, the impact of increased attendances post-Covid, unpredictable surges in demand, and potential for growing Covid related presentations is affecting delivery of the 4 hour standard.

Elective Activity

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 81.6% for June, increasing from 80.8% recorded for May 2021.
Constitutional RTT standards have been temporarily shifted to national Phase 4 post-Covid recovery and the restoration priorities, these are:

- *Zero patients waiting greater than 90 and 78 weeks by end of June 2021 (Surrey Heartlands)*
  We have continued to reduce the number of patient waiting in these categories to 2 and 11 respectively in June.

- *Zero patients waiting greater than 52 weeks by March 2022 (National standard)*
  Strong progress is being made with 112 patients waiting greater than 1 year at the end of June, a reduction of 87% from the peak of 886 reported in February.

- *Zero P2 (a newly introduced clinical prioritisation standard identifying patients whose operation is required within four weeks) patients waiting greater than four weeks (Surrey Heartlands)*
  Good progress is being made in continuing month on month reduction, having 65 patients P2>4 weeks.

- *The National Phase 4 Recovery Guidance requires Trusts to meet elective activity levels compared to pre-Covid of: Apr - 70%, May - 75%, Jun - 80%, and Jul-Sept - 85%.*
  The Trust is making good progress in increasing elective activities to reduce waiting list backlogs and the longest waiting patients.
  [see footnote page 9]

Key components of the Trust's restoration and recovery programme that have delivered this include:

- Opening of dedicated new ring fenced elective surgical ward at Ashford.

- Redesign of theatre timetables and consultant jobs plans, including tweak during June to completely utilise the standalone urology theatres.
- Three additional all day lists run on both Saturday and Sunday throughout June and July.

Further opportunities going forward being line up

- Use of furloughed Theatre on SPH supported by new bed purchase arrangement with Runnymede Hospital from 1st September.
- Increased theatre activity through use of bank and agency medical staff to ensure all lists are used.
- Maximising outsourcing opportunities with our three local independent sector hospitals.
- Increased outpatient activity through use of in house additional clinics, use of locum and agency staff and consideration of insourcing opportunities.

Assurance: The Trust has good assurance at this stage that plans in place to increase activity to ensure that the backlog of patients waiting for treatment including the longest waiting patients continues to decrease. Optimising elective facilities at Ashford is essential which will allow increased uninterrupted elective operating through the autumn and winter months. Pressure on acute beds in extremis could affect this.

Diagnostics (DM01)

The Trust recorded a non-compliant performance for the DM01 diagnostic standard in June with performance recorded at 94.6%.

The backlog consists mainly of endoscopies, however there continues to be sustained month on month improvement. For June the number of patients waiting greater than 6 weeks reduced to 259, a reduction of 49% on the previous month (505). For June the number of patients waiting greater than 13 weeks was 101, a reduction of 62% on the previous month (266).

Actions taken to ensure continued monthly improvement include:

- Daily huddles with booking team and senior divisional management, and InHealth (onsite provider partners).
- Introduction of new waiting list reporting – enhances visibility and enables greater chronology of booking and improved administrative validation.
- Daily wait list validation and improved application of national rules.

The recovery trajectory to deliver 99% of patients waiting less than 6 weeks (circa 12 patients maximum waiting greater than six weeks) has been recalculated. Best endeavours indicate this will likely be achieved from September 2021.

Assurance: We have a good level of assurance regarding ongoing delivery of diagnostic activity similar to or above pre-Covid levels. We have moderate assurance regarding the delivery of 6-week wait standard by September for endoscopy. Unforeseen changes in demand profile and Covid trend could affect this.

	Cancer The Trust is provisionally reporting compliance for three of the seven core cancer standards for June. For June, the Trust is reporting provisional compliance against the 62-day GP Referral to Treatment, 31-day Subsequent Treatment and 31-day from Diagnosis to First Treatment. TWR performance in June is recorded as non-compliant for June at 88.7%. Of the 181 breaches, 70 breaches were due to patient choice (39%) with 111 due to hospital operational reasons (61%). The Trust had a high number of breaches during June due to a surge in TWR referrals particularly breast and dermatology. The number of cancer patients waiting greater than 104 days remains low at 21. Patients waiting greater than 104 days are due to complex pathways, and/or patient fitness or choice to delay. *Assurance: We have strong assurance that the Trust will continue to deliver against the key cancer waiting times standards, and that legacy delays from Covid wave 1 has now been resolved.* **Urgent Care** Patients waiting overnight in ED for a ward bed have continued to improve to average less than 2 patients per day. Similarly, patients moved 3 or more times have continued to reduce during June to 4.2% through reduced ward and escalation area reconfigurations and an ongoing focus on Infection Protection Control. **Follow-ups** The number of overdue planned follow ups despite showing good reduction until April, have remained static at circa 12,000 patients. Largest volumes are in Ophthalmology, Dermatology, ENT and Gastroenterology. Detailed work is underway to identify the capacity required. Progress has been made in Ophthalmology in part due to the recent introduction of digital surveillance and ongoing insourcing. ENT have a significant insourcing contract starting imminently. Additional capacity is being identified in Gastroenterology through additional clinics, locum staff and investigation of insourcing support. **Cancer** There is a clinical review harm protocol in place for all cancer patients that have breached the 62-day standard. The tumour group consultant leads, lead nurses and primary care leads for cancer meet alternate months to review the cases and ensure that harm has not been caused as a result of any delays.
The Council is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.

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Ashford and St. Peter's Hospitals
NHS Foundation Trust

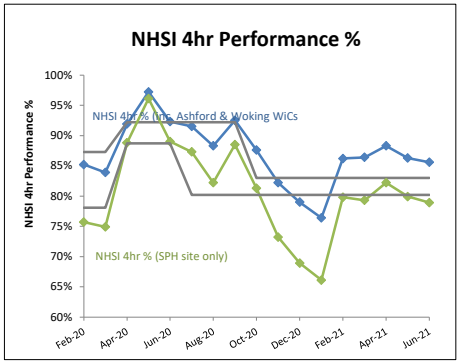
Author:	Julian Ruse, Associate Director of Performance
Submitted by:	James Thomas, Chief Operating Officer
Decision:	For Discussion

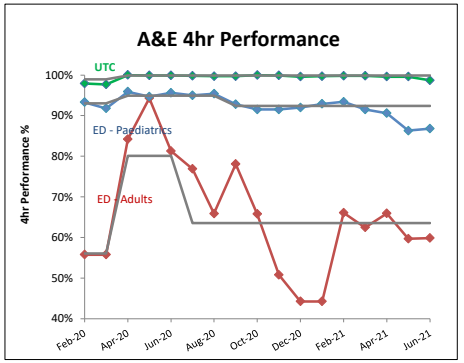
Unplanned Emergency Care

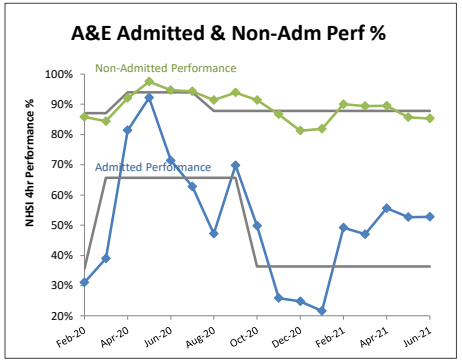
* Constitutional Standard
** NHSI Requirement
*** CCG Requirement
**** CQUIN

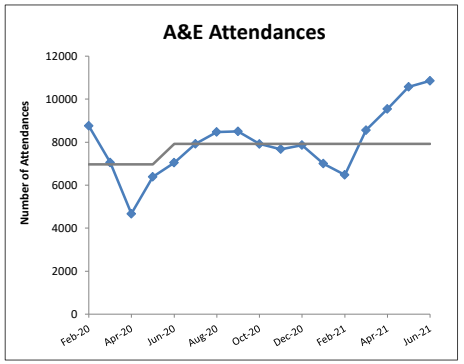
Activity and Performance Trends - Urgent Care

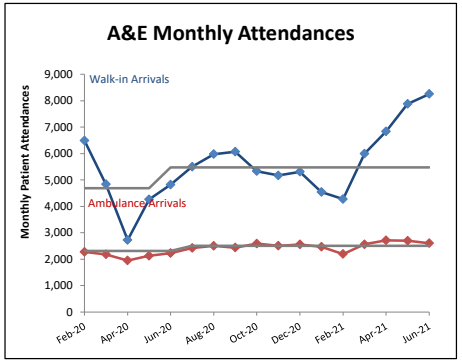
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	FY2020 -Q2	FY2020 -Q3	FY2020 -Q4	FY2021 -Q1
Attendances (SPH site only)	7,671	7,864	7,002	6,475	8,553	9,543	10,571	10,853	24,893	23,448	22,030	30,967
Attendances (Ashford & Woking WiC's)	3,927	3,777	3,074	2,997	4,437	4,879	5,026	6,277	12,905	11,746	10,508	16,182
Admissions	1,697	1,721	1,839	1,624	2,030	2,037	1,881	2,153	5,419	5,345	5,493	6,071
NHSI 4hr Perf % (SPH site only) *	73.2%	68.9%	66.1%	79.8%	79.3%	82.2%	79.9%	78.9%	86.0%	74.5%	75.3%	80.2%
NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	82.2%	79.0%	76.4%	86.2%	86.4%	88.3%	86.3%	85.6%	90.6%	83.0%	83.3%	86.9%
Breaches (SPH site only)	2,060	2,447	2,375	1,310	1,773	1,695	2,130	2,462	3,481	5,996	5,458	6,287
A&E Admitted Performance %	25.9%	24.8%	21.6%	49.2%	47.0%	55.6%	52.7%	52.8%	60.2%	34.1%	39.1%	53.6%
A&E Non-Admitted Performance %	86.7%	81.3%	81.9%	90.1%	89.4%	89.5%	85.7%	85.3%	93.2%	86.4%	87.3%	86.7%
A&E Attendances - Ambulances	2,504	2,554	2,463	2,192	2,559	2,709	2,694	2,600	7,355	7,641	7,214	8,003
A&E Attendances - Walk in	5,167	5,310	4,539	4,272	5,994	6,834	7,877	8,253	17538	15807	14,805	22,964

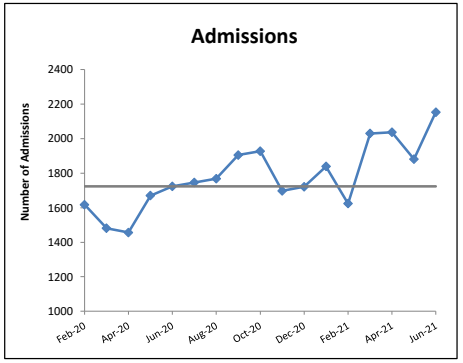












A&E Performance, Attendances, Admissions & Occupancy
Activity levels attending the Trust's UTC and ED during June have continued to substantially exceed pre-covid levels at daily volumes not seen before, with average daily attendances at 362 per day (113% pre-covid levels). This has had an impact on ED performance due to surges of attendances, determining Covid status and high 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 inc. Ashford & Woking WiC activity), the Trust recorded ED NHSI performance at 85.6%, which was a 0.7% decline on last month (86.3%).
> NHSI (SPH site only), the Trust recorded ED performance at 78.9%, which was a 1.0% decline on last month (79.9%).

ED Attendances at a daily average of 362 per day during June were higher than June 2020 at 235 per day, and higher than May 2021 (at 341 per day). The higher number of attendances also included a higher number of attendances by ambulance (avg 87 per day, 3% increase compared to the past 6 months).

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. These are on schedule to be delivered in August 2021.

The Trust's occupancy during June 2021 (with use of Ashford beds and escalation beds) was 93% occupied G&A beds.

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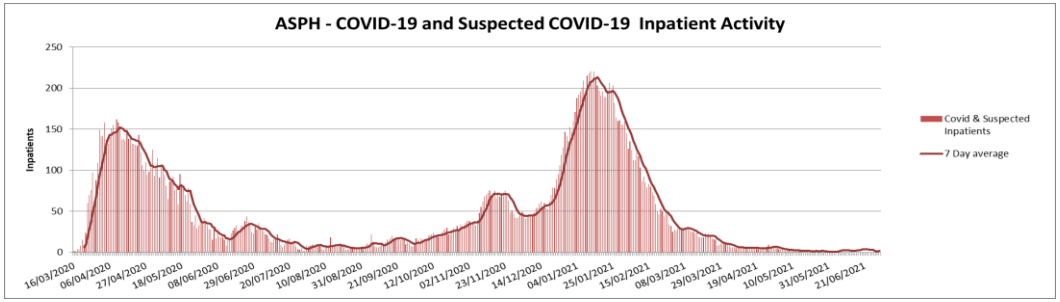
NHSI 4hr Perf % (SPH site only) *	73.2%	68.9%	66.1%	79.8%	79.3%	82.2%	79.9%	78.9%	86.0%	74.5%	75.3%	80.2%
NHSI 4hr Perf % (inc. Ashford & Woking WiCs) *	82.2%	79.0%	76.4%	86.2%	86.4%	88.3%	86.3%	85.6%	90.6%	83.0%	83.3%	86.9%

Ambulance Handover Delays (<60mins)	139	182	208	120	176	106	129	133	183	388	504	368
Ambulance Handover Delays (60+mins)	20	53	90	7	16	11	16	5	1	79	113	32
Overnight Waits in A&E [Avg DTA's]	9.4	8.0	7.2	4.2	4.0	2.2	2.6	1.8	3.46667	8.1	5.1	2.2
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paeds/Well Babies)	6.1	6.9	6.9	6.7	6.4	6.2	6.2	6.2	6.1	6.3	6.7	6.2
% Patients Moved => 3 times	6.9%	9.9%	10.4%	10.1%	6.3%	4.2%	5.1%	4.7%	5.2%	7.6%	8.9%	4.7%

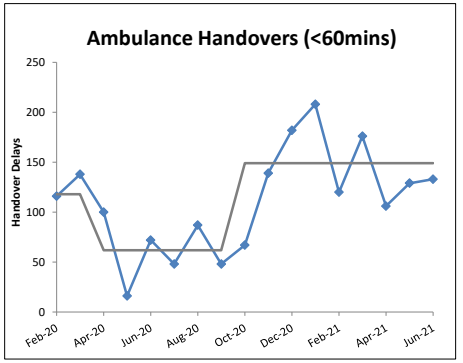
Covid-19 (Coronavirus) Activity

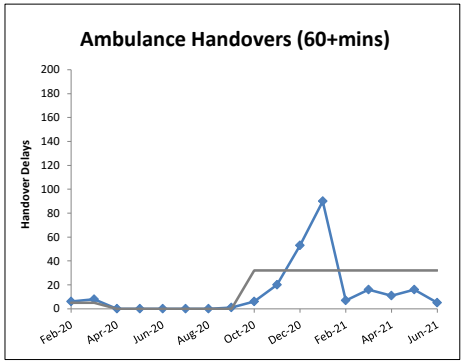
The number of inpatients with Covid-19 continued to remain low during June, although have begun to rise during July.

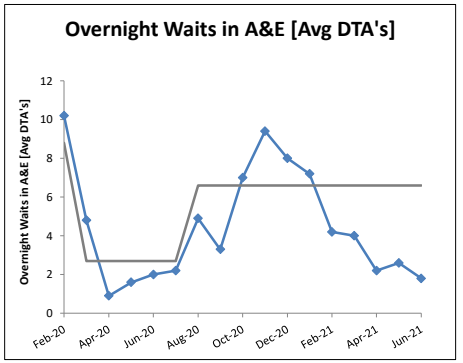
At the time of writing this report (14th July), over the past week the Trust averaged 1 inpatients in ITU and 10 inpatient in our Covid Wards. In total since March 2020 the Trust has treated 1,767 inpatients with Covid and seen 501 deaths with a primary cause recorded as Covid-19.

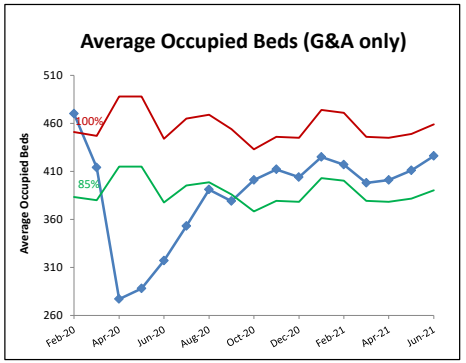


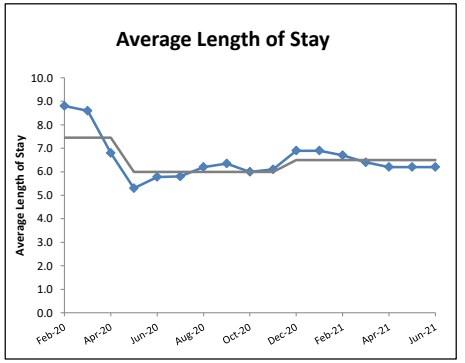
Preparations for the Covid wave 3 admissions are underway, where it has been estimated that circa 55-70 beds may be required.

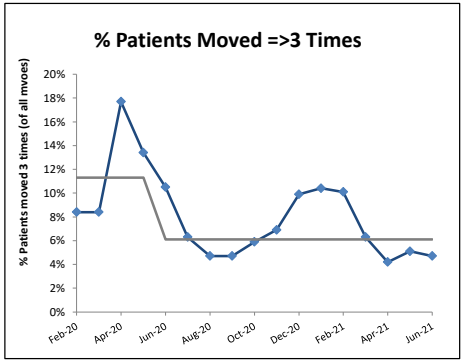












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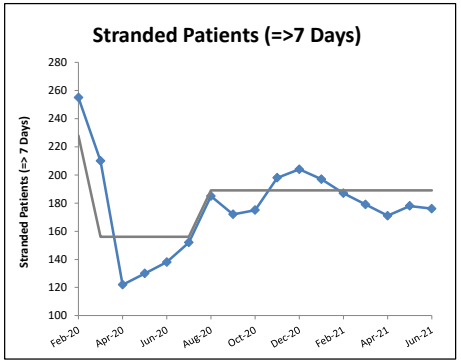
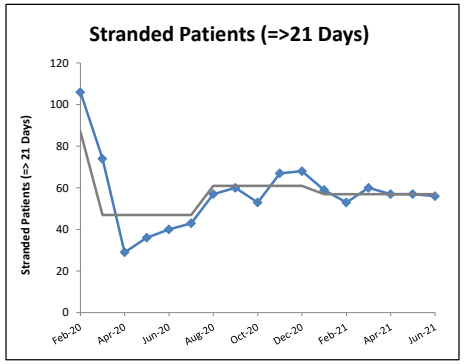
Patients (=>7 Days) Length of Stay (Monthly Avg)	198	204	197	187	179	171	178	176	170	192	188	175
Patients (=>21 Days) Length of Stay (Monthly Avg)	67	68	59	53	60	57	57	56	53	63	57	57
Average Occupied Beds % (G&A utilised)	92%	90%	90%	88%	88%	90%	92%	93%	81%	92%	89%	92
Medically Optimised Delays (Bed Days)	207	220	56	62	89	84	164	132	582	536	207	380
Delayed Transfers of Care (Bed days)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a





The Trust recorded 133 Ambulance handover delays (<60 mins delay), and 5 Ambulance handover delays (60+ mins delay) throughout June 2021. Mitigation protocols were enacted although the higher volume of ambulances and requirement for Covid testing created a challenging environment.
Non-elective average length of stay for June 2021 remained at 6.2 days due to the low occupancy of covid inpatients with higher acuity. Occupancy with use of Ashford beds and escalation beds was recorded at 93%.

The number of patients moved greater than 3 times decreased during June to 4.7% reflecting the reduced requirements for ward and escalation area reconfigurations due to the low admissions of Covid-19 inpatients.
The number of patients with a length of stay of 21 days or more was recorded at daily average of 56 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 reduced marginally due to enhanced partnership working & community support.

ED and Urgent and Emergency Care Improvement Actions
[1] As part of the work to improve flow, the Trust joined 'Alliance 16' a new clinically led national improvement programme. This initiative brings together 16 NHS Trusts with a focus on reducing delay to discharge and embed the Right2Reside approach. We have extended the programme to include system partners to ensure a fully integrated approach, with the first phase due to complete in October in advance of winter.
[2] The ED capital build is underway with handover of phase 1 scheduled during August 21 which will immediately increase assessment capacity and isolation space, enabling faster flow from ED to assessment areas.
[3] A review of the core clinical standards and clinical pathways has been underway to support better flow from ED into the hospital, and to increase specialty input to support discharge from ED.
[4] We have agreement for the UTC and AECU to move into the ground floor of the new build from August 2021, increasing physical capacity for both services to expand.
[5] There will be a new multi-specialty Clinical Assessment Unit on upper floor of new build planned from August 2021; and a new Older Person's Assessment Unit planned from September 2021.
[6] Rapid Assessment and Triage will be implemented from August 2021 to support early flow from ED to assessment areas.
[7] Progress on the new Model of Care is going well, and expected to be finalised over the coming months.

Planned Elective Care

Measure	Target	Deadline	Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
RTT Total > 90wk waits (All)	0	Jun-21		0	0	1	5	3	2					
RTT Total > 78wk waits (All)	0	Jun-21		14	25	43	69	48	11					
RTT Total > 52wk waits (All)	0	Mar-22		388	461	466	291	175	115					
RTT P2 > 4wk waits (All)	tbc	Jun-21		403	350	176	167	150	65					
Pre-Covid OPA Activity	100%	Jun-21		88%	90%	94%	104%	101%	108%					
Pre-Covid Elective Activity	100%	May-21		31%	30%	60%	71%	91%	106%					
RTT Total < 18wk waits	92%	tbc		82.5%	79.9%	79.2%	78.3%	80.8%	81.6%					

Overview

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 81.6% for June showing improvement from 80.8% recorded for May 2021. Constitutional RTT standards have been temporarily shifted to national Phase 4 post-Covid recovery and the restoration priorities which the Trust has been making good progress, these are:

• *Zero patients waiting greater than 90 weeks by end of June 2021 (Surrey Heartlands)*

The number of patients waiting longer than 90 week waiters at the end of June was 2, both due to patient choice to have their surgery at a later date during July and August.

• *Zero patients waiting greater than 78 weeks by end of June 2021 (Surrey Heartlands)*

The number of 78 week waiters has reduced over recent months with 11 recorded at the end of June. We are confident these will continue to reduce with only patients exercising patient choice waiting for treatment.

• *Zero patients waiting greater than 52 weeks by March 2022 (National standard)*

Strong progress continues to be made reducing the number of long waiters over 52 weeks. The Trust reported 112 end June, a reduction of 87% from the peak of 886 reported in February.

• *Zero P2 (a newly introduced clinical prioritisation standard identifying patients whose operation is required within four weeks) patients waiting greater than four weeks (Surrey Heartlands)*

There here has been a material reduction in the number of P2 patients waiting longer than 4 weeks following DTA. At the end of June, 65 P2 patients had waited longer than 4 weeks for surgery following DTA, a significant improvement on the January position of 403. Our plan is to reduce this further in July subject to patient choice.

• *The National Phase 4 Recovery Guidance requires Trusts to meet elective activity levels compared to pre-Covid of: Apr - 70%, May - 75%, Jun - 80%, and Jul-Sept - 85%.*

The Trust achieved 108% (OPA) and 106% (Elective) of pre-covid activity levels compared to the June Phase 4 target of 80%. The Trust, along with other Surrey Heartland providers has been selected to increase the rate of recovery beyond the National Phase 4 levels. From July onwards our challenge is to deliver 110% of pre covid activities.

Note:

Following conversation with the Surrey Heartlands Restoration Board, it has been acknowledged that the validity of this measure in relation to the Trust's performance against the Elective Recovery Fund Trajectory lacks consistent approach across national, local and System levels. Once an official single approach has been agreed we will again report this measure. In the meantime the number reported here cannot be considered final. Reporting against constitutional standards and waiting list backlogs remains robust.

Post wave 2 surge we have introduced outsourcing relationships with BMI Runneymede, Woking Nuffield and Cobham Day Surgery. Further cooperative refinements have been made to these arrangements to ensure that capacity available to us is fully optimised. Enhancements to our theatre timetable have been completed to support improved utilisation and optimisation. Additional activity plans have also been developed which include use of in-week additional clinics and picking up dropped theatre lists, use of locum and agency medical staff, weekends and insourcing opportunities.

Ongoing actions include:

• Further refinement to theatre timetable to reinstate sessions at SPH for elective work.
• Weekend operating - 3 All day theatre lists for Saturday and Sunday planned every weekend from 12th June.
• Insourcing to support weekend clinic activity.

Planned Elective Care

Measure	Target	Deadline	Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
RTT Total > 90wk waits (All)	0	Jun-21		0	0	1	5	3	2					
RTT Total > 78wk waits (All)	0	Jun-21		14	25	43	69	48	11					
RTT Total > 52wk waits (All)	0	Mar-22		388	461	466	291	175	115					
RTT P2 > 4wk waits (All)	tbc	Jun-21		403	350	176	167	150	65					
RTT Total < 18wk waits	92%	tbc		82.5%	79.9%	79.2%	78.3%	80.8%	81.6%					

The Surrey Heartlands system has worked together developing proposals that increase elective activity from current levels to an accelerated target of 110% by July 2021 with planning and implementation now well underway. Maximising the benefits of moving elective activity to Ashford is a critical component of our plans. All services are maximising outpatient and inpatient activities, however annual leave and other manpower pressures require us to increase resilience so we are able to maintain and increase output through the summer months. Working with Surrey Heartland ICS partners and using GIRFT principles we will develop new and more efficient ways of working across the entirety of the patient journey. Initial focus will be on pathways in Ophthalmology, MSK and ENT. There are also plans to streamline pre-operative processes to reduce cancellations and improve patient experience.

Assurance

The evidence and expected improvements against these metrics is driven by 2 factors:

- Additional internal capacity coming on line in diagnostic, outpatient and elective inpatient settings. This has been augmented by capacity being procured from the independent sector. The Ashford elective hub became fully operational on April 26th, and is providing a very stable platform for further improvements during May and June.
- The heightened degree of grip and control within operational divisions. Patients within these cohorts are tracked daily at Service Manager level and patients without treatment plans are discussed in detail with the COO at the weekly Trust Performance Meeting. These activities are ensuring all patients are moved through their pathways optimally and risks of long wait breaches are mitigated as early as possible.

Current Risks

- Patient choice - patients are increasingly exercising their right to delay treatment for Covid related reasons.
- Capacity pressures in General Surgery, particularly Colorectal have to be addressed. Options to deliver more capacity are under discussion.

ASPH Future Plans

- Maximising the benefits of moving elective activity to Ashford is a critical component of our plans.
- All services are maximising outpatient and inpatient activities, however annual leave and other resource pressures require us to increase resilience so we are able to maintain and increase output through the summer months.
- The use of locums will be a feature across all surgical and medical specialties.
- Weekend and evening clinics and lists. Through a carefully controlled plan will put in place an expansion of internal theatre and outpatient capacity. Our expectation is that this will be supported in a variety of ways;
  - o Use of our own staff working bank shifts
  - o Insourcing staff (agency) to support theatre lists
- Increasing our use of local independent sector providers
- Transformation opportunities
  - o Streamlining pre-operative processes to reduce cancellations and improve patient experience.

Planned Elective Care

Measure	Target	Deadline	Trend	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Diagnostics < 6wk waits	>99%	Jun-21		76.7%	79.2%	83.6%	86.2%	91.3%	94.6%					
Diagnostics > 6wk waits	0	Jun-21		1406	1185	1081	966	596	396					
Diagnostics > 13wk waits	0	Jun-21		897	848	743	565	270	118					
Endoscopy > 6wks waits %	<1%	Jun-21		61.5%	60.4%	56.3%	52.0%	40.4%	24.6%					
Endoscopy > 6wks actual	<17	Jun-21		1141	1040	957	860	505	259					
Endoscopy > 13wks waits %	0%	Jun-21		46.1%	46.9%	41.9%	33.8%	21.3%	9.6%					
Endoscopy > 13wks actual	0	Jun-21		855	807	712	559	266	101					
MRI	>99%	Jun-21		99.1%	99.7%	99.9%	99.6%	99.0%	98.9%					
CT	>99%	Jun-21		94.8%	94.8%	96.0%	97.7%	96.6%	98.5%					
Non-obstetric ultrasound	>99%	Jun-21		95.2%	98.9%	98.7%	99.1%	99.5%	97.8%					
Barium Enema	>99%	Jun-21		100%	100%	100%	100%	100%	100%					
DEXA Scan	>99%	Jun-21		100%	99.2%	98.3%	90.8%	96.6%	98.8%					
Audiology	>99%	Jun-21		100%	100%	100%	100%	100%	100%					
Echocardiography	>99%	Jun-21		89.0%	91.3%	91.7%	99.6%	99.6%	99.7%					
Neurophysiology	>99%	Jun-21		77.2%	73.3%	82.1%	93.8%	93.8%	100.0%					
Respiratory - sleep studies	>99%	Jun-21		69.6%	83.8%	89.2%	88.8%	90.2%	91.3%					
Urodynamics	>99%	Jun-21		100%	100%	100%	92.9%	95.7%	100.0%					
Colonoscopy	>99%	Jun-21		42.8%	44.2%	45.5%	55.7%	59.4%	74.2%					
Flexi sigmoidoscopy	>99%	Jun-21		43.1%	43.8%	46.9%	49.6%	56.5%	73.3%					
Cystoscopy	>99%	Jun-21		96.1%	89.3%	96.5%	97.0%	86.7%	66.7%					
Gastroscopy	>99%	Jun-21		34.9%	35.4%	41.8%	43.0%	60.6%	76.8%					

Diagnostic Tests

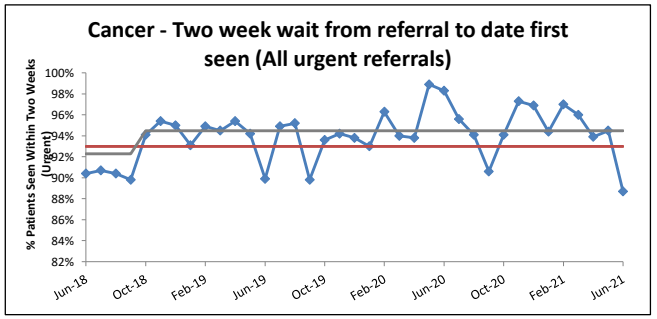
The Trust recorded a non-compliant performance for the DM01 diagnostic standard in June with performance recorded at 94.6%.
The backlog consists mainly of endoscopies, where the Trust has been addressing this through the delivery of a modular endoscopy unit since October 2020.
The recovery trajectory to deliver 99% of patients waiting less than 6 weeks (circa 12 patients maximum waiting greater than six weeks) has been recalculated. Best endeavours indicate this will likely be achieved from Sept 21.
Challenges in delivering recovery earlier have been due to reduced utilisation due to patient cancellations, patient choice to delay & ensuring that we correctly prioritised resolving both backlogs for DM01 and Planned Surveillance patients.

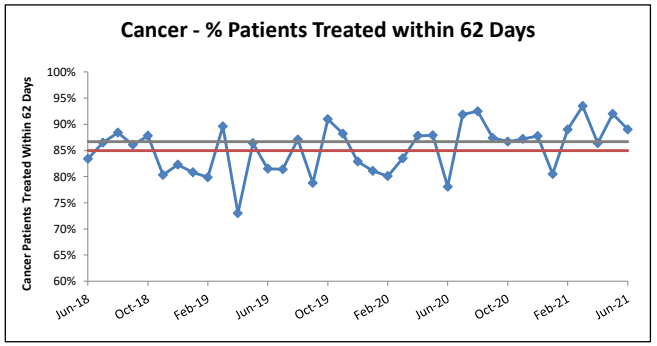
The Trusts diagnostic activity levels are listed below (compared to pre-covid levels) during June (operating with infection control & social distancing);
Endoscopy - running at 134% capacity
MRI - running at 103% capacity, US - running at 98% capacity, CT - running at 125% capacity
X-Ray Plain Film - running at 100% capacity, Echocardiography monitoring - running at 106% capacity
DEXA - running at 83% capacity, Sleep Studies - running at 106% capacity, Neurophysiology - running at 107% capacity

Cancer Care

Access Activity and Performance - Cancer Care

	Standard	Compliance	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	FY2020 -Q2	FY2020 -Q3	FY2020 -Q4	FY2021 -Q1
Referral Activity	All urgent referrals		1,464	1,433	1,208	1,200	1,751	1,436	1,499	1,601	4,051	4,442	4,159	4,540
	Breast Symptomatic patients		208	210	166	194	247	230	176	215	488	612	607	621
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	97.3%	96.9%	94.4%	97.0%	96.0%	93.9%	94.5%	88.7%	93.3%	96.1%	95.8%	92.3%
	Symptomatic breast patients	>93%	95.2%	96.7%	95.8%	100%	98%	93.0%	94.9%	86.9%	95.1%	96.4%	98.0%	91.5%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	96.6%	99.1%	92.9%	98.1%	98.0%	99.0%	98.8%	99.1%	96.7%	97.9%	97.2%	99.0%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	100%	100%	100%	100%	100%	93.3%	100%	88.9%	77.1%	100%	100%	93.3%
	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%	87.2%	87.8%	80.5%	89.0%	93.0%	86.4%	92.0%	89.0%	90.3%	87.2%	88.0%	88.7%
	NHS Cancer Screening Service referral	>90%	100%	100%	55.6%	100%	50.0%	33.3%	100%	66.7%	80.0%	96.3%	68.8%	57.1%





Cancer Capacity & Demand during Covid-19
TWR referral demand during June 2021 was signficantly high at 109% of the Trust's referral activity recorded during June 2019.

TWR performance
The Trust recorded a non-compliant performance for June at 88.7%. Of the 181 breaches, 70 breaches were due to patient choice (39%) with 111 due to hospital operational reasons (61%). The Trust had a high number of breaches during June due to a surge in TWR referrals and being able to flex up to this unprecedented demand.

62 Day GP Referral to Treatment Performance
The Trust recorded a provisionally compliant performance for June at 89.0%. Delays have been recorded due to complex pathways (9 patients), capacity (4 patients), and patient fitness (1 patient). These breaches are undergoing clinical validation by the tumour group leads. The nationally submitted position for May 2021 was a compliant 62 Day GP Referral to Treatment Performance recorded at 92.0%.

Cancer 104 Day Patients
Patients waiting greater than 104 days are due to complex pathways, and/or patient fitness or choice to delay. At the end of June there were 21 patients waiting over 104 days compared to 14 in May.
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

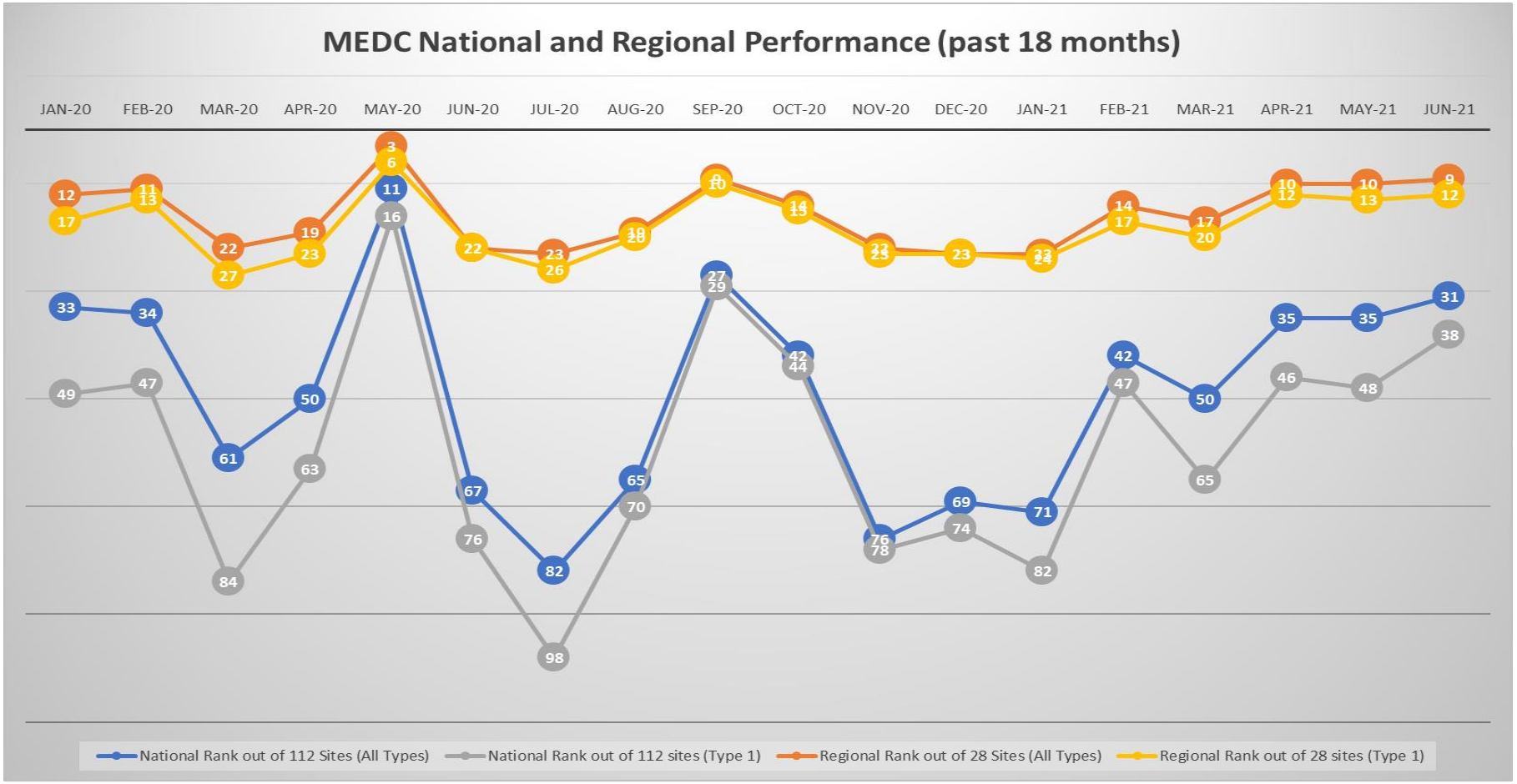
Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	12	12	0	0%
Breast Symptomatic	3	3	0	0%
Colorectal	9	5	4	44%
Gynaecology	3.5	2.5	1	29%
Haematology	4.5	4.5	0	0%
Head & Neck	4	2.5	1.5	38%
Lung	2	0.5	1.5	75%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	38.5	37.5	1	3%
Upper GI	3.5	1.5	2	57%
Urology	20	20	0	0%
Total	**100**	**89**	**11**	**11.0%**

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 April 2021 the Trust's NHSI (all types) performance position regionally was 9th (of 28), and nationally 31st (of 112).

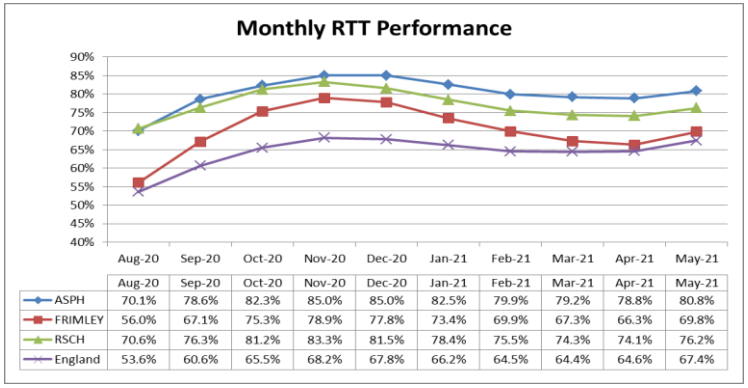


Additional Items (2)

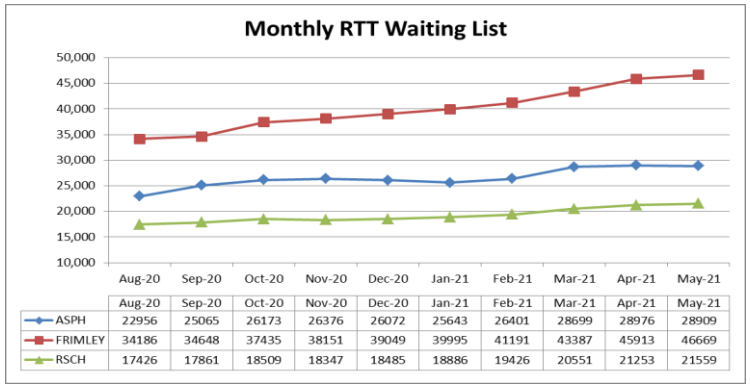
RTT Performance & Waiting List Size : Cancer Waiting List & >104 day Waiters

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.



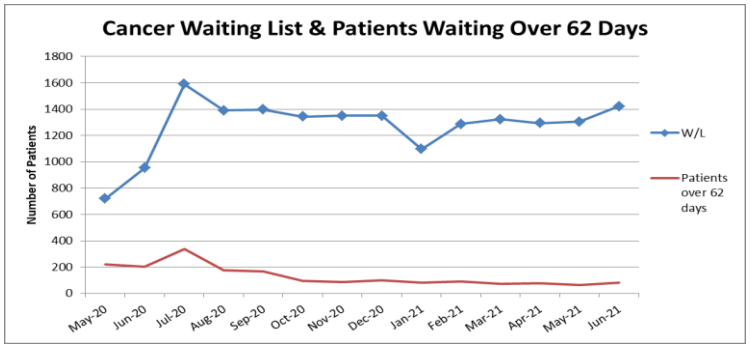
	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
ASPH	70.1%	78.6%	82.3%	85.0%	85.0%	82.5%	79.9%	79.2%	78.8%	80.8%
FRIMLEY	56.0%	67.1%	75.3%	78.9%	77.8%	73.4%	69.9%	67.3%	66.3%	69.8%
RSCH	70.6%	76.3%	81.2%	83.3%	81.5%	78.4%	75.5%	74.3%	74.1%	76.2%
England	53.6%	60.6%	65.5%	68.2%	67.8%	66.2%	64.5%	64.4%	64.6%	67.4%

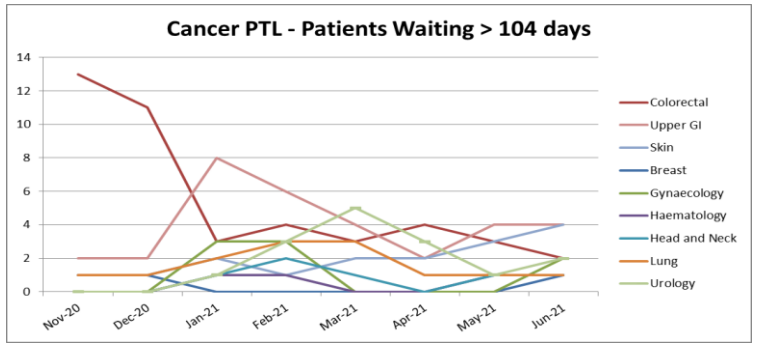


	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
ASPH	22956	25065	26173	26376	26072	25643	26401	28699	28976	28909
FRIMLEY	34186	34648	37435	38151	39049	39995	41191	43387	45913	46669
RSCH	17426	17861	18509	18347	18485	18886	19426	20551	21253	21559

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).





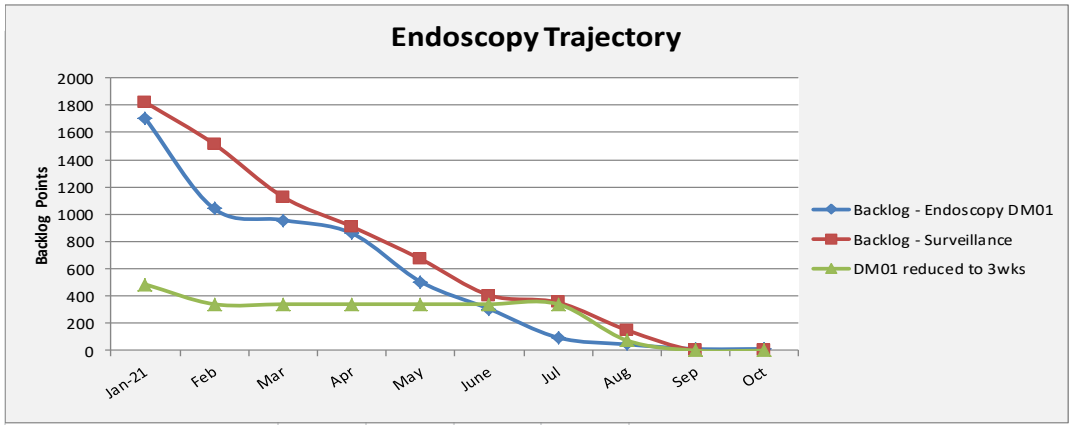
Additional Items (3)

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 recovery trajectory to deliver 99% of patients waiting less than 6 weeks (circa 12 patients maximum waiting greater than six weeks) has been recalculated. Best endeavours indicate this will likely be achieved from September 2021.
Challenges in delivering recovery earlier have been due to reduced utilisation due to patient cancellations, patient choice to delay & ensuring that we correctly prioritised resolving both backlogs for DM01 and Planned Surveillance patients.

	Jan-21	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov
Demand	700	800	1000	1250	1454	1454	1454	1454	1454	1454	1454
Capacity	893	893	893	1265	1265	1265	1265	1265	1265	1265	1265
Cobham Capacity	0	0	0	0	0	0	0	0	0	0	0
Royal Surrey Capacity	0	0	0	0	0	0	0	0	0	0	0
Mobile Unit Capacity	672	672	1075	1075	1075	1075	1075	1075	1075	1075	1075
Net Points Available	865	765	968	1090	886	886	886	886	886	886	886
Backlog - Endoscopy DM01	1700	1040	957	860	505	305	95	45	12	12	12
Backlog - Surveillance	1820	1514	1127	909	671	406	352	150	0	0	0
DM01 reduced to 3wks	485	340	340	340	340	340	340	74	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.

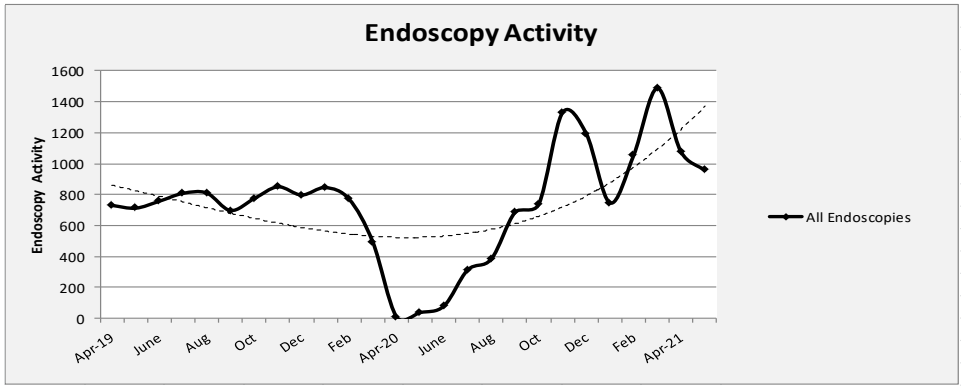
Additional Items (4)

Endoscopy Activity and DM01 Recovery

Endoscopy Activity

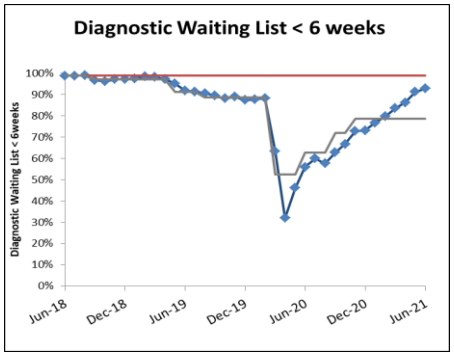
The chart below identifies the Trust's Endoscopy activity before and during the pandemic.
The Trust, similar to other providers reduced activity substantially during the early months of the pandemic due to the unknown risk of Covid-19 contagion highlighted by The British Society of Gastroenterology to both staff and patients. Activity was increased when safe to do so, including significant Infection Protection Contol procedures necessary inbetween each patient. This increase has been through a range of acitvities that have included improved reporting and visibility, staff training, and continuing senior management oversight.

Apr-19	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
730	712	757	808	810	697	774	850	797	845	771	494
Apr-20	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
11	38	80	313	384	686	738	1,329	1,194	746	1,053	1,487
Apr-21	**May**										
1,075	957										



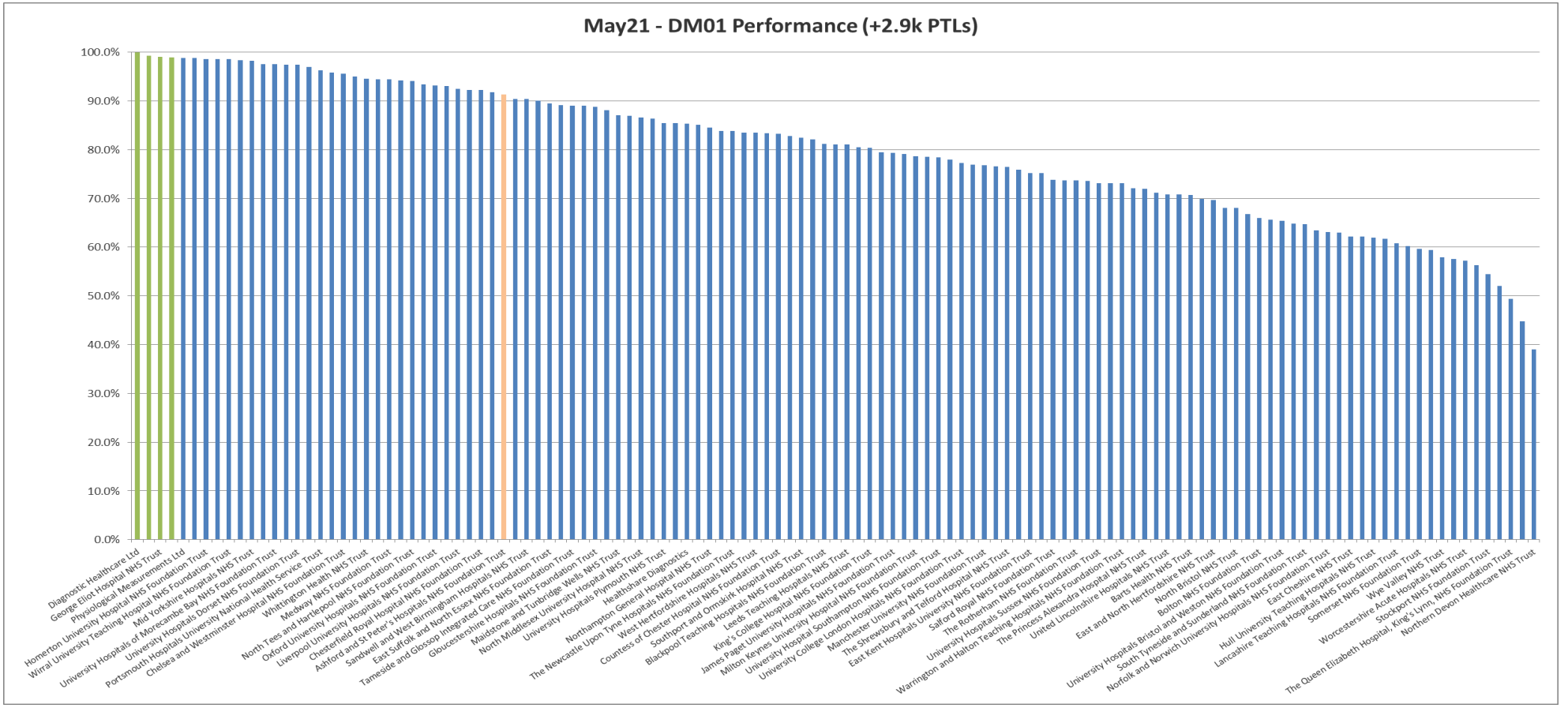
DM01 Improvement and Benchmarking

The Trust has made ongoing improvement in the recovery of the DM01 target of 99%, with progress seen in the chart below.



Additional Items (5)

DM01 Benchmarking

DM01 Benchmarking

The chart below identifies the Trust's DM01 position compared to similar providers (with wait lists of greater than 2,900) .
During May 2021, the Trust was positioned 33rd of 123 providers recording 91.3%. Only 4 providers achieved the DM01 standard of meeting the minimum 99% target of all test waits being within 6 weeks [May data published 8 July 2021].