Paper 6.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors
Date: 8th June 2022

TITLE	Performance Report - March 2022
EXECUTIVE SUMMARY	**Surrey Safe Care (SSC)** Launched in June 2020, Surrey Safe Care is the combined vision of Royal Surrey NHS Foundation Trust and Ashford and St. Peter's Hospitals NHS Foundation Trust to implement a new integrated clinical care system, including electronic patient record, to our hospital sites. The new system will transform our way of working, including how we manage and share information, leading first and foremost to higher quality care and, importantly for patients and the team, improved safety. The new system will allow us to move away from paper to digital records; with real-time patient information, instantly accessible and secure to authorised users. **The Go-Live date is scheduled to commence on 16th May 2022,** with the transfer taking place over the weekend of 14/15th May 2022. Although substantial testing and training has taken place, previous implementations of Cerner (SSC) have highlighted a reduction in output for up to 3 months whilst teams adapt to the new ways of working and recording, and considerable disruption to operational recording and reporting both within the organisation and to external bodies for sustained periods. This may have the affect of the Trust not being able to report or report accurately until assured through further testing and validation post go-live. **Covid Position** The number of Covid patients within the hospital averaged 63 per day during March with demand for non-Covid urgent care services also very high. The impact of the high number of Covid infections in the community created challenges within the hospital with the high number of inpatients with Covid and staffing difficulties due to infection. To prevent nosocomial infection, the Trust averaged 82 beds closed due to Covid, with average 23 unoccupied throughout March for infection control and prevention arrangements, although these numbers have reduced considerably during April. **Elective Activity** The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 76.8%, although remains substantially above the NHSE England Average recorded at 62.6% for February (latest data published on 14th April 22). Provider benchmarking of latest published RTT 18 weeks performance is included in Appendix A. A press release issued by NHS England is also attached as Appendix B. The Trust has made significant headway in reducing and maintaining a low number of RTT long waiting patients despite considerable operational pressures over the previous months. We now have no patients waiting over 90 weeks, and only 142 patients waiting over 52 weeks, which is significantly lower when compared with other providers regionally and nationally.

However, staff Covid sickness and last-minute patient cancellations due to the very high levels of Omicron infection within the local community reduced full utilisation of outpatient, diagnostic and elective activity.

Assurance: The Trust has Acceptable assurance at this stage that plans are underway to achieve the required levels of activity as set out for 2022/23 once the current Omicron surge subsides. Optimising elective facilities at Ashford is essential which will allow increased elective operating, although continued pressure on acute beds in extremis could affect this.

Urgent Care

The Trust's reportable NHSI (SPH site inc. Ashford & Woking WiC activity) performance for March 2022 was 75.9%, a 3.1% decrease on February 2022 (79.0%).

The primary driver for this was a 3.9% decrease in non-admitted performance (73.9% in March compared to 77.8% in February), although admitted performance also decreased by 1.7% (18.1% in March compared to 19.8% in February). This was in the context of exceptionally high attendances during March (average 342 per day) with St Peter's Emergency Department activity levels (excluding WICs) were at the second highest level ever recorded (exceeded only during June 2021).

Daily admissions from ED remained consistent due to the impact of the resumption of frailty services and implementation of Criteria to Admit although the Trust experienced significant issues with inpatient flow out of ED due to very high bed occupancy in month at 97.1%. This was due to a combination of a lack of placement capacity across social care (who are facing similar infection control and staffing pressures as the acute Trust), the need to manage separate red and green pathways, and coping with outbreaks of Covid across multiple wards encompassing empty beds that couldn't be used.
ED Performance compared nationally using the NHSI metric (including Ashford and Woking WiCs), the Trust was positioned 34th of 112 Trusts. When comparing the Trust for SPH site only for March the Trust was positioned 39th of 112 Trusts. The Trust's national ranking is recorded in the 2nd quartile for March due to higher than usual breaches recorded in Ashford and Woking WiCs.

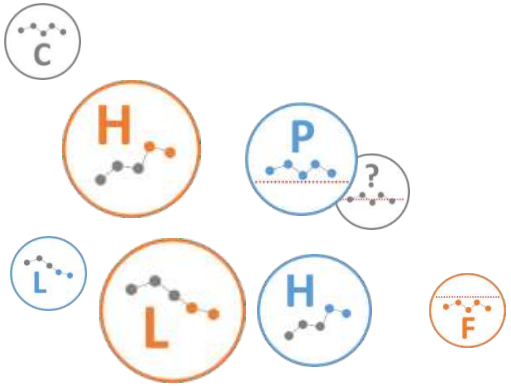
Priority actions underway to improve performance against the Urgent Care Standards include those linked to the Trust 'Main Effort' i.e. to ensure that only patients who are admitted are those who require acute care (circa 25% ED attendances), to improve the non-admitted pathway within ED (circa 75% ED attendances), to improve frailty services, to finalise the new build business case to fund investment in acute medicine including the extension in hours for AECU and other supporting front door pathways, and plans to resolve historic workforce issues.

Assurance: We continue to have partial 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, unpredictable surges in demand, and potential for Covid surge

	related presentations is affecting delivery of the 4 hour standard. **Diagnostics (DM01)** The Trust recorded a non-compliant DM01 performance of 91.8% for March 2022, with the endoscopy cohort recorded at 74.3%, as services remain susceptible to surges in demand and the impacts of community Covid infection on patient cancellations and staff sickness. The Trust has been creating additional capacity to meet the demand and recovery of the DM01 position including additional weekend / evening lists, additional radiologist sessions and both internal and outsourcing solutions which will continue. This has provided improvement in resolving the backlogs recorded over the winter months. However, the increased presence of Covid infection in the community reduced productivity due to considerable last minute patient cancellations and DNAs, including staff covid sickness and the requirement to isolate. The overall DM01 performance and endoscopy performance have shown improvement compared to January 2022, although diagnostic modalities remain susceptible to surges in demand and the impacts of community Covid infection. Although additional capacity including extra lists and outsourcing are scheduled to support, recovery is expected to fluctuate until sustainable backlogs are delivered as per ongoing recovery actions. *Assurance: We have partial level of assurance regarding ongoing delivery of diagnostic activity similar to or above pre-Covid levels once the Omicron surge subsides to regain delivery of the DM01 diagnostic performance target. Also full impact of recovery plans is likely to have fluctuating improvement in the short/medium term. Unforeseen changes in demand profile, staff availability and future Covid waves could also affect this.* **Cancer** For **February** (latest national upload) the Trust reported compliance for 6 of 8 Cancer Standards; these were; Two Week Rule (93.0%), TWR Breast Symptomatic (93.0%), 62 Cancer Screening Performance (100%), 31 Day Diagnosis to Treatment (98.1%), 31 Day Subsequent Drug Treatments (100%), and 28 Day Faster Diagnosis Standard (77.8%). During the same period the Trust reported non-compliance for; 62 Day Urgent GP Referral to Treatment (74.9%) and 31 Day Subsequent Surgery Treatments (93.3%) For **March** 2022, the Trust is provisionally reporting compliance for 5 of 8 Standards; Two Week Rule, TWR Breast Symptomatic, 31 Day Diagnosis to Treatment, 31 Day Subsequent Drug Treatments, and 28 Day Faster Diagnosis Standard. The Trust is provisionally reporting non-compliance for 62 Day Urgent GP Referral to Treatment (17.5 breaches), 62 Cancer Screening Performance (1 breach) and 31 Day Subsequent Surgery Treatments (1 breach) which has been due to a combination of complex pathways, patient illness/cancellations, patient choice and staff sickness. This position is currently undergoing

	validation. Capacity has been under immense pressure over the winter months across most tumour sites due to the ongoing increased levels of referrals, the reduction in activity over the winter period, and considerable impact of Covid with an increase in patient cancellations and staff sickness. A revised capacity and demand exercise across all specialities took place which increased capacity and resilience which has provided much improved performance for February & March. Other acute providers are facing similar demand and ASPH performance remains good against national performance benchmarks. A detailed action plan is being put in place for dermatology in conjunction with NWS Alliance, taking unique actions of demand and affordability. *Assurance: We have partial assurance that the Trust will continue to deliver against the key cancer waiting times standards.*
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

Ashford & St Peter's Hospitals NHS FT



Trust Board Performance Scorecard

Reporting Month: Mar 2022
Board Month: May 2022

The NHS England website has a range of resources to support Boards using the Making Data Count methodology.
This includes a number of videos explaining the approach (with case studies) and can be accessed here > https://www.england.nhs.uk/publication/making-data-count/

Statistical Process Control (SPC) & Icons

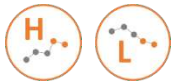
This scorecard incorporates Statistical Process Control (SPC) graphs.

On each graph, data is plotted against a centre line (the average). The Upper Control Limit (UCL) and Lower Control Limit (LCL) are defined by the variability of the data.
It is expected that 99% of data points will fall within the process limits (probability) and SPC are therefore useful to identify and consider how likely it is that the target will be achieved.

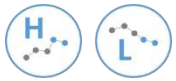
Variation Icons

> Are we improving, declining or staying the same?

Common cause variation – No significant change



Special cause of concerning nature or higher pressure due to **H**igher or **L**ower values



Special cause of improving nature or lower pressure due to **H**igher or **L**ower values

CC - Common cause variation describes variation that is expected & predictable.
SC - Special cause variation describes variation that is unusual or unexpected.

Assurance Icons

> Can we reliably hit the target?

Variation indicates 'hit and miss' variation, inconsistency passing and failing the target

Variation indicates consistently **P**assing the target

Variation indicates consistently **F**alling short of the target

Assurance Level Icons

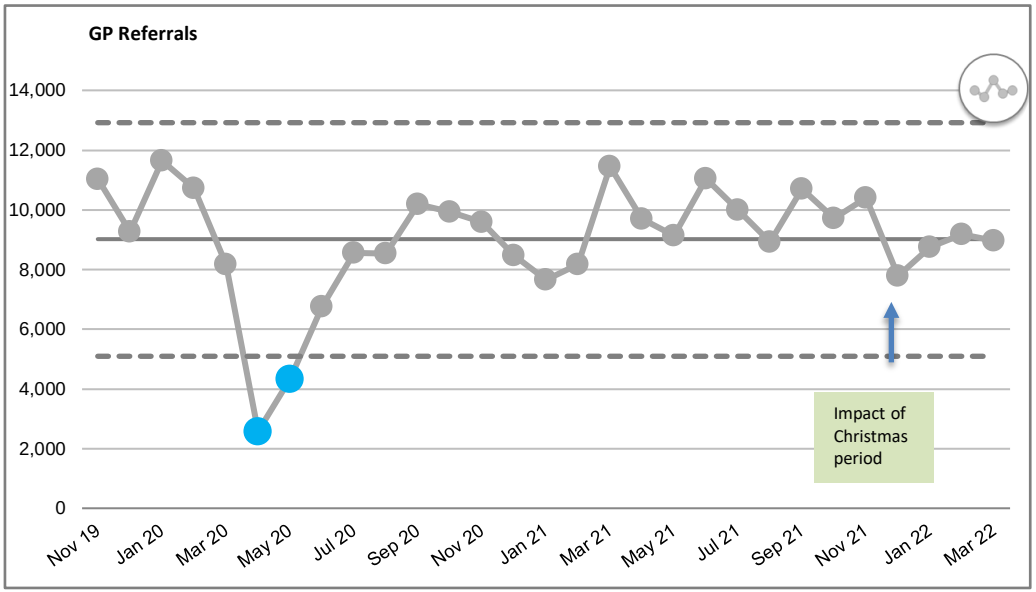
> A level of assurance has been assigned to each of the key metrics in this report, the 4 levels are;

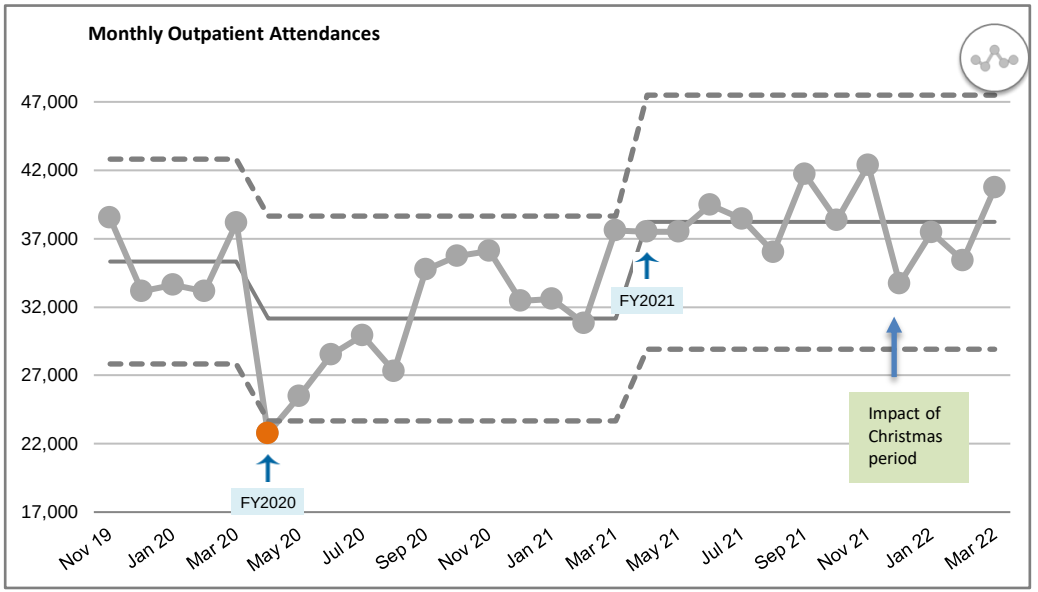
Assurance Levels			
No Assurance	**Partial**	**Acceptable**	**Significant**
No confidence or evidence in delivery	Some confidence and evidence in delivery of existing mechanisms and objectives	General confidence and evidence in delivery of existing mechanisms and objectives	High level of confidence and evidence in delivery of existing mechanisms and objectives

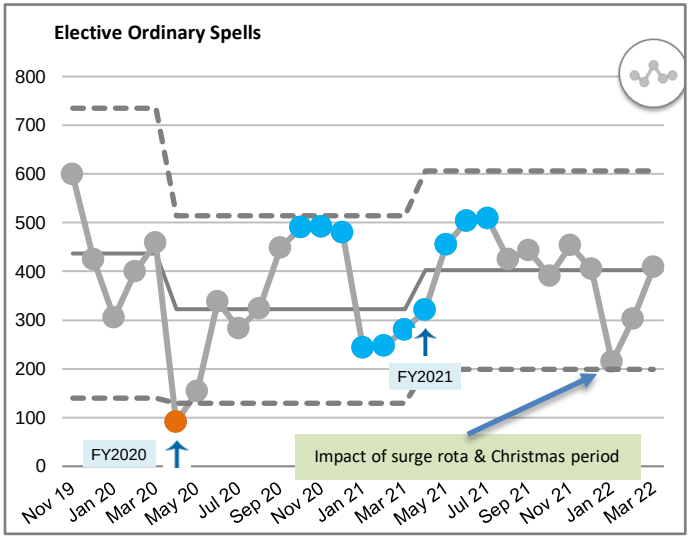
Activity

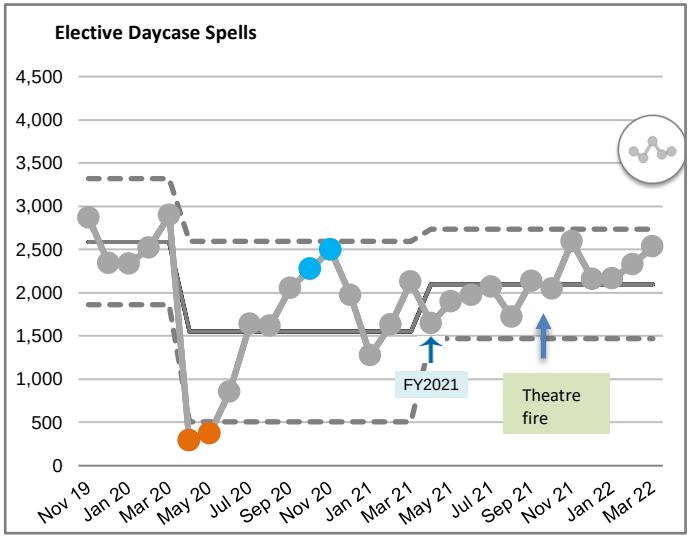
Reporting Period: Monthly | March 2022

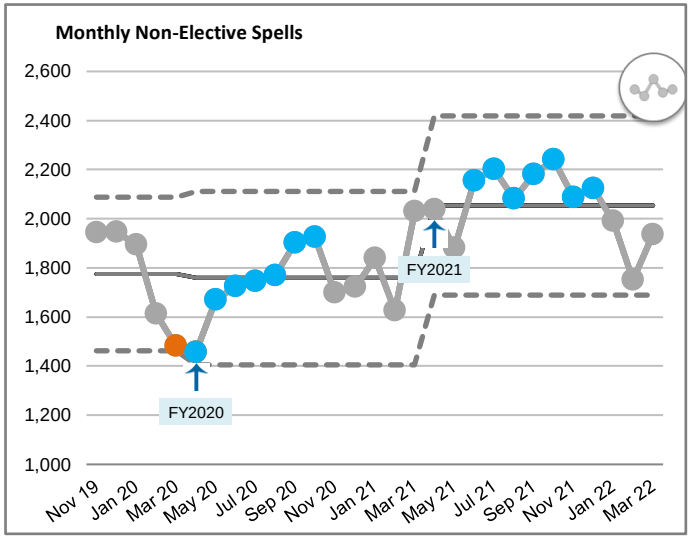
Overview











RTT Clock Stops (Admitted & Non-Admitted) inc. H2 Plan & Actual

Admitted	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	1354	1606	1542	1502	1290	1378	1561	1571	1229	1532	1395	1483
19/20 (Baseline)	1426	1515	1447	1502	1412	1502	1548	1564	1164	1336	1329	1005
20/21	91	187	612	878	884	1127	1163	1114	917	347	411	597
ERF (H2) >89%							*1378*	*1392*	*1036*	*1189*	*1183*	*894*
ASPH Plan							*1252*	*1311*	*1238*	*1202*	*1152*	*1217*
21/22 Delivery	942	1071	1250	1402	1081	1234	**1134**	**1486**	***1148***	**952**	**1097**	**1305**
Non-Admitted	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	6878	7613	7356	7462	7131	7513	8506	8181	6851	8808	7188	7829
19/20 (Baseline)	7550	8126	7824	8656	7780	7953	9096	8622	7063	8341	7904	6829
20/21	3980	4533	5056	5338	4653	6288	6445	6844	5746	6253	5866	7486
ERF (H2) >89%							*8095*	*7674*	*6286*	*7423*	*7035*	*6078*
ASPH Plan							*7893*	*8401*	*7935*	*7418*	*7278*	*7725*
21/22 Delivery	7107	7087	7537	7413	6743	8077	**8312**	**8697**	**6872**	**7299**	**7240**	**7801**
ASPH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	8232	9219	8898	8964	8421	8891	10067	9752	8080	10340	8583	9312
19/20 (Baseline)	8976	9641	9271	10158	9192	9455	10644	10186	8227	9677	9233	7834
20/21	4071	4720	5668	6216	5537	7415	7608	7958	6663	6600	6277	8083
ERF (H2) >89%							*9473*	*9066*	*7322*	*8613*	*8217*	*6972*
ASPH Plan							*9145*	*9712*	*9173*	*8620*	*8430*	*8942*
21/22 Delivery	8049	8158	8787	8815	7824	9311	**9446**	**10183**	**8020**	**8251**	**8337**	**9106**
						Plan	86%	95%	111%	89%	91%	114%
						Actual	89%	100%	97%	85%	90%	116%
					Actual (adjusted for working days)		97.2%	95.4%	92.8%	93.8%	90.3%	111.2%

H2 PLANNING & ACTIVITY

NHSE H2 Planning incentivises Providers to achieve targets based on Referral to Treatment (RTT) clock stop activity which align to first definitive treatment for patients, and therefore incentivises wait list reductions. The national ambition is to deliver minimum 'clock stops' treatments between October and March in comparison to the equivalent months during FY2019.

The modelled plan was based on national NHSE expectations of low impact from further Covid waves, and therefore the Omicron wave impacted the Trust's ability to deliver the plan due to clinical rota changes required to support the increased demands for Urgent Care, including higher rates of staff sickness and staff requiring to isolate due to Covid. Furthermore, last minute patient cancellations for outpatient, diagnostic and elective activity increased considerably due to very high levels of Omicron infection within the local community, however scheduled delivery was achieved in 5 out of 6 months due to intensive operational rigour and oversight.

The above plan is comparing clock stop activity compared to plan, further adjusted for working days. This differs from the financial plan which is calculated using NHSE Treatment Function Code weighted clock stop values to derive ERF/ERF+/TIF financial incentivisation payments.

Recovery

Reporting Period: Monthly | March 2022

Elective Care

RECOVERY DASHBOARD - ASPH											
Measure	Target	Trend	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancer > 104 day waits	0		21	19	32	49	34	32	48	46	25
Cancer > 62 day waits	<89		86	127	161	281	170	119	142	138	104
RTT P2 > 4wk waits (All)	tbc		47	37	39	41	69	99	108	68	105
RTT P2 > 4wk waits (no TCI)	0		25	13	19	22	29	43	51	32	44
RTT Total > 90wk waits (All)	0		2	2	2	2	1	1	0	1	0
RTT Total > 90wk waits (exc. TCIs)	0		1	2	0	1	1	1	0	1	0
RTT Total > 78wk waits (All)	0		13	12	8	8	2	2	3	5	3
RTT Total > 78wk waits (exc. TCIs)	0		11	12	6	2	2	2	1	3	3
RTT Total > 52wk waits (All)	0		94	89	111	74	90	90	105	112	148
RTT Total > 52wk waits (exc. TCIs)	0		76	71	86	38	77	80	93	61	130
Urgent 1st OPA Total > 6wk waits	0		1720	1620	1442	1181	1040	985	1102	884	987
Routine 1st OPA Total > 18wk waits	0		1519	1338	1700	1640	1668	1571	1897	1871	1640
Diagnostics > 6wks waits %	<1%		2.5%	6.7%	5.8%	10.8%	10.5%	16.5%	14.6%	6.0%	8.2%
Diagnostics > 6wks waits actual	<50		184	475	439	988	889	1334	1251	494	725
Diagnostics > 13wks waits actual	0		41	17	10	8	21	118	81	19	26
Endoscopy > 6wks waits %	<1%		9.8%	15.8%	11.8%	31.5%	38.5%	44.4%	43.8%	14.6%	25.7%
Endoscopy > 6wks waits actual	<17		86	117	78	343	616	661	588	157	295
Endoscopy > 13wks waits %	0%		3.8%	1.6%	0.6%	0.6%	1.2%	7.9%	5.9%	1.7%	2.0%
Endoscopy > 13wks waits actual	0		33	12	4	6	19	117	79	18	23
Advice & Guidance	>80%		80%	79%	76%	76%	76%	80%	80%	74%	78%
Pre-Covid OPA Activity	110%		107%	112%	112%	97%	95%	93%	94%	90%	111%
Pre-Covid Elective Activity	110%		89%	83%	79%						
Virtual - 1st OPA	25%		37%	35%	34%	33%	33%	31%	30%	30%	27%
Virtual - Follow Up	25%		32%	30%	31%	28%	28%	30%	30%	31%	29%

Recovery

Reporting Period: Monthly | March 2022

Elective Care

Assurance Level: **Acceptable**

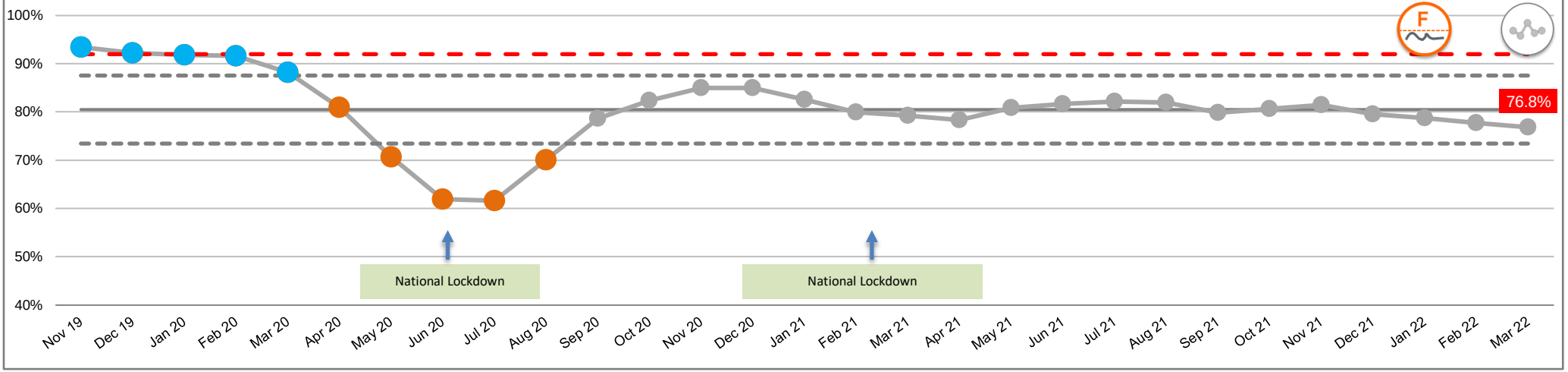
Current performance	We have continued to deliver despite ongoing considerable operational challenges driven by non-elective activity, 116% against the rebaselined 19/20 target. Divisions have been strong for a number of reasons in outpatient activity and an increase in inpatient achievement in comparison to February: 1. Better resilience through recovery planning and ongoing use of insourcing, outsourcing & locums to respond to demand. 2. GSCAT –Division in managing low levels of overdue follow-ups in most areas with urology and colorectal managing all follow-ups within their capacity. 3. iMSK & SS - T&O showed a strong recovery in daycase activity in February that continued through March. 4. Engagement in the recovery and restoration programme with monitoring and support. 5. Considerable focus on clinic productivity and reducing DNAs and cancellations; and a strong clock stop caching-up regime remains in place.
What actions are being undertaken to improve performance?	A dedicated resource remains in place to liaise between the providers and the divisional areas to ensure that agreed outsourcing and insourcing contracts are delivering the volumes agreed. To date this has provided 7,579 episodes including outpatients, diagnostics and surgical interventions. **Outsourcing**: Runnymede (Orthopaedics, General Surgery), Nuffield (Orthopaedics, Respiratory), Cobham (Ophthalmology, MaxFacs, Orthopaedics, and General Surgery), Xyla Healthcare (Respiratory), complex Colorectal under development. **Insourcing**: Colorectal, Vascular, Gastroenterology, Ophthalmology, Rheumatology. Dermatology for backlog support being planned. Gynaecology support is required but there is currently no availability. **Workforce**: Locums recruited in a number of areas to support capacity (Colorectal, Urology, Neurology, Dermatology & Gastroenterology). Weekend ad-hoc operating lists are providing additional theatre sessions across specialties although number of utilised weekends remains low due to anaesthetist availability. Focused fundamental demand and capacity analysis and associated business cases have been developed to ensure that services will meet ongoing increased demand, and resolve backlogs. There remains to be a lack of locum and agency staff in some key areas such as gynaecology, this is a national issue and is reflected in the increasing waiting times nationally for this area. **Projects**: An additional oral dental lab will provide an additional 3 treatment rooms, there has been a delay to the utilisation of the rooms due to IPC assessment of airflow. Perioperative pathway to reduce surgical cancellations for clinical reasons has received an HEE grant to allow further development. 4eyes consultancy supporting theatre utilisation has now been handed back to Trust teams with implementing workstreams in place and monitoring in recovery meetings. Additional patient pathway team continues to provide validation support to ensure 'clean' lists. We continue to use fully staffed modular Endoscopy facilities and Ophthalmology modular theatres. Ophthalmology modular recovery unit has been installed during February which allow increased number of cataracts per list, periop process has been streamlined to increase efficiency. PIFU implementation programme under development commencing with Rheumatology, Pain management, Urology - dedicated project support funded through the ICS and working collaboratively with RSCH and SASH. 'My Planned Care' information has been developed and is being clinically reviewed for uploading onto the system. The Dermatology photohub has been launched in March within the SASSE area to support the referrals to the Dermatology service, although small numbers early clinics are showing the ability to reduce incoming referrals. Advice and guidance is being embedded within job plans to provide a timely response to GP queries to, where clinically appropriate, divert referrals. **Divisional Support Programme**: Weekly meetings led by the COO and core team with Divisional areas in place to review the activity and planning data to highlight areas of concern and support in the identification of causes of underperformance, this includes the use of Model Hospital data and benchmarking to identify opportunities for improvement.
When will the position be recovered?	Recovery trajectories are individual to each speciality area and are under continuous review, monitored each week at both the recovery meetings and Trust performance meetings. Services have continued to maintain recovery, in particular using in/outsourcing capacity. The Trust's recovery metrics continues to considerably outperform other providers regionally and nationally.
What are the key risks?	The risk to maintain additional sessions and weekend lists, which are voluntary, continues to be mitigated through the use of locums/insourcing/outsourcing where appropriate to complement in house additional activities. This is also being supported through demand and workforce analysis to 'right-size' services by recruiting clinical and non-clinical staff to ensure sustainable services through the development of a methodology to assess shortfall capacity. However the ongoing cost of the insourcing and outsourcing and the ability to fund both this activity and additional workforce into the next financial year should be considered as a risk. Careful consideration is being given to other efficiencies that can contribute to the recovery planning, in particular booking processes to increase the utilisation of outpatients and the reduction of DNAs as in some areas these levels are higher than we would expect. As the Elective Recovery Fund monitoring has now changed to clock stop measurements this produces a risk for areas such as over-due follow-ups increasing as they will not impact achievement, however these areas will be included in the restoration and recovery programme to monitor and ensure that these areas do not increase. My Planned Care website is showing some artificially low waiting times for some areas due to the calculation methodology, this could result in additional 'out of area' demand adding further pressure to some services, this will be closely monitored to assess impact. Covid modelling continues to suggest a residual requirement for a significant number of dedicated covid beds will continue for well into the next financial year. Further waves and new variants are not modelled for – if that happens recovery trajectories will be affected.
What are the Quality implications for the Trust?	Outpatient backlogs and increasing waiting times have the potential to increase clinical risk for patients, plans are in place to reduce waiting times and in key areas clinical risk reviews of patients who are waiting are being undertaken. Ongoing use of locums risks increase in clinical variation – scheduled business cases to reduce locum reliance will support mitigation. Risk of impact on staff well-being and quality of care through increased additional work that some clinicians and staff are undertaking to ensure capacity is meeting the demand.

Referral to Treatment (RTT)

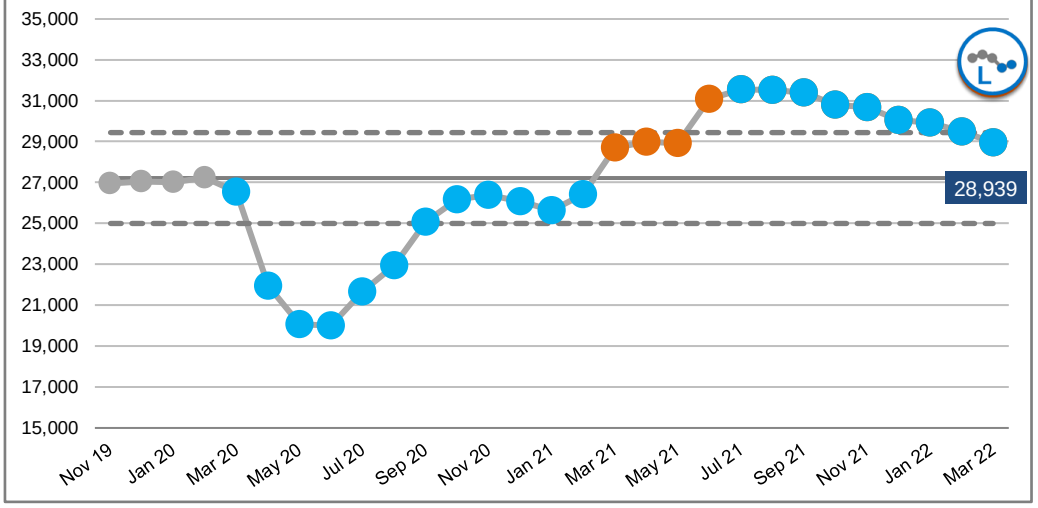
Reporting Period: Monthly | March 2022

Elective Care

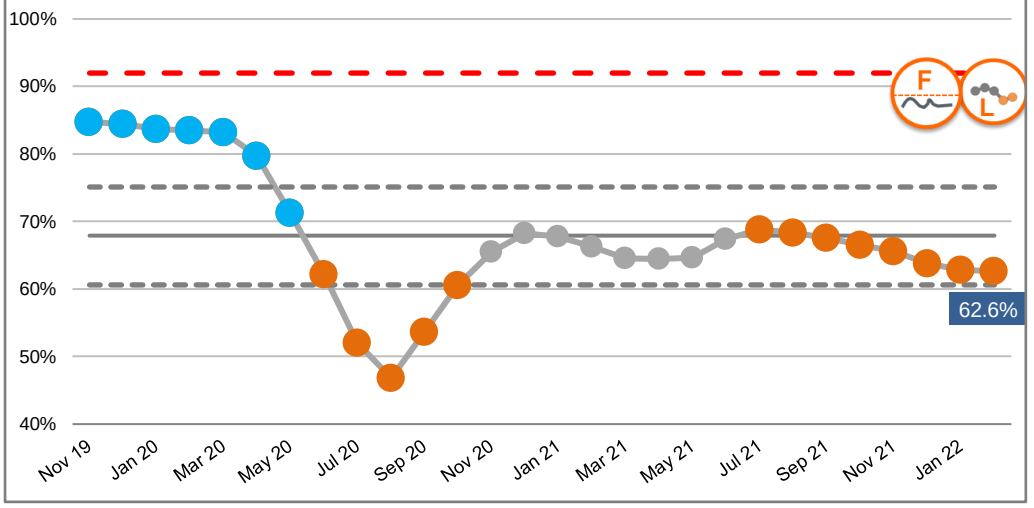
RTT Monthly Performance (ASPH) [Target = 92%]



RTT Incomplete Pathways (ASPH)



RTT Monthly Performance - England Average [Target = 92%]

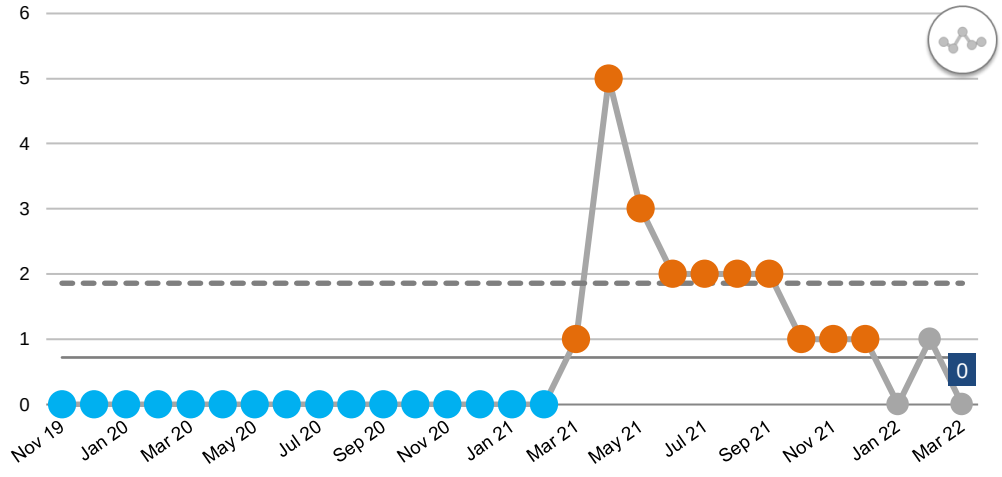


Referral to Treatment (RTT)

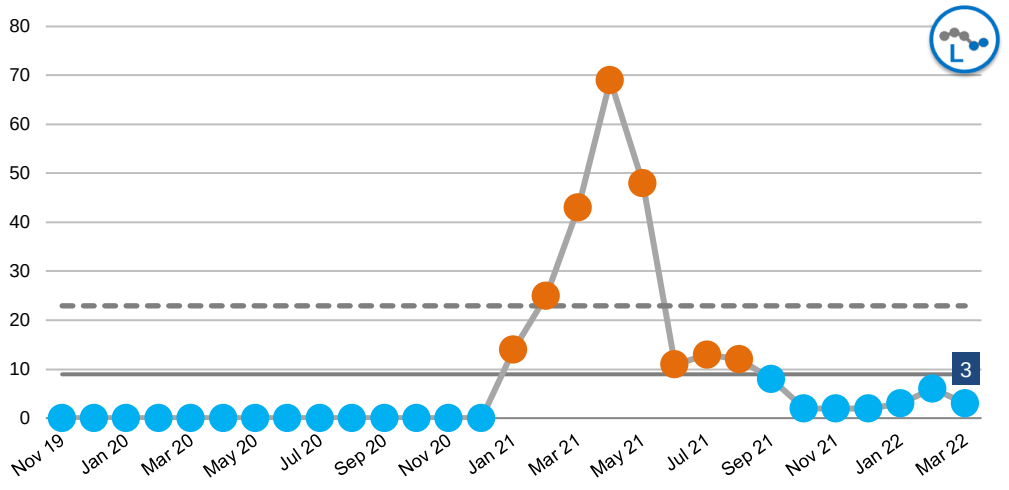
Reporting Period: Monthly | March 2022

Elective Care

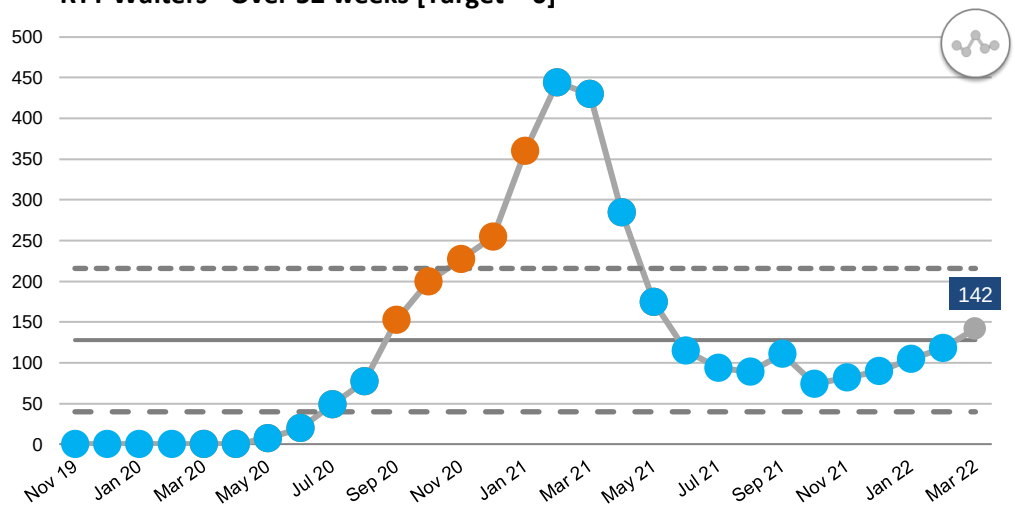
RTT Waiters - Over 90 weeks [Target = 0]



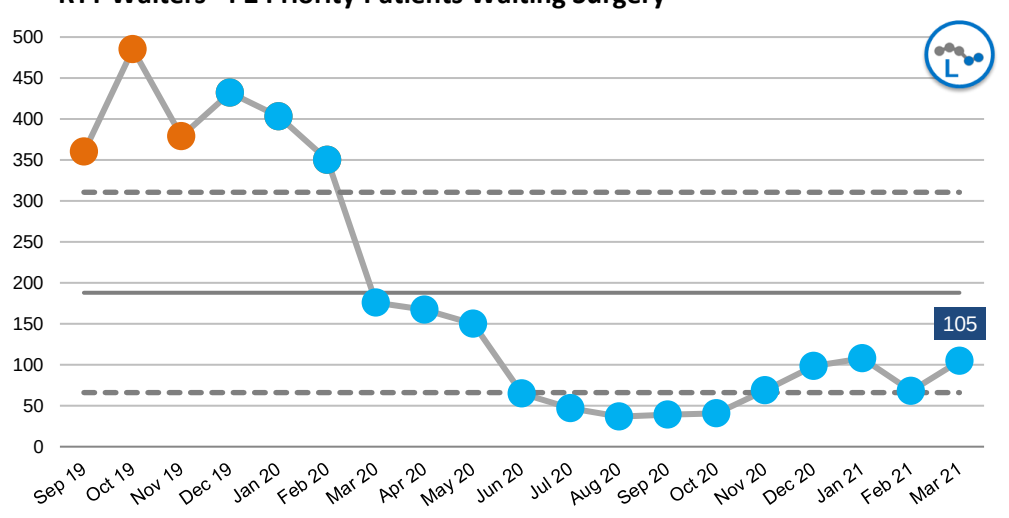
RTT Waiters - Over 78 weeks [Target = 0]



RTT Waiters - Over 52 weeks [Target = 0]



RTT Waiters - P2 Priority Patients Waiting Surgery

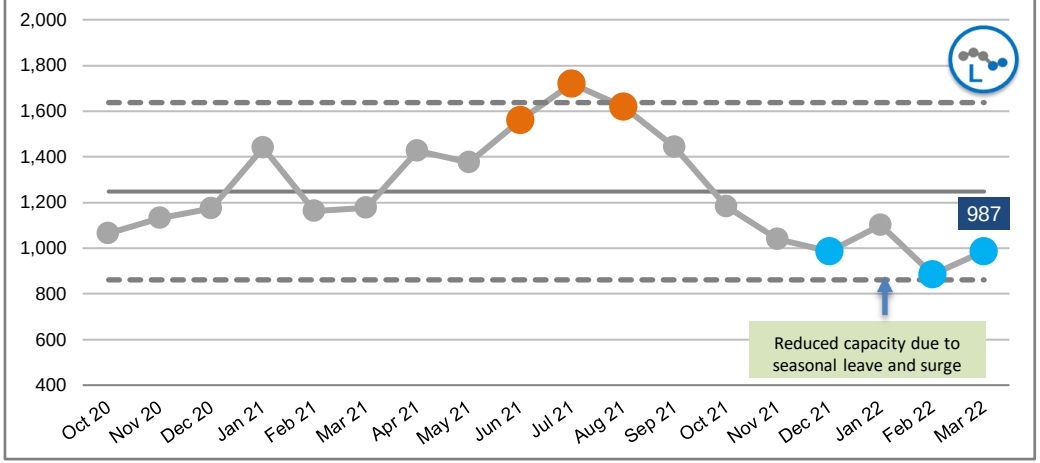


Referral to Treatment (RTT)

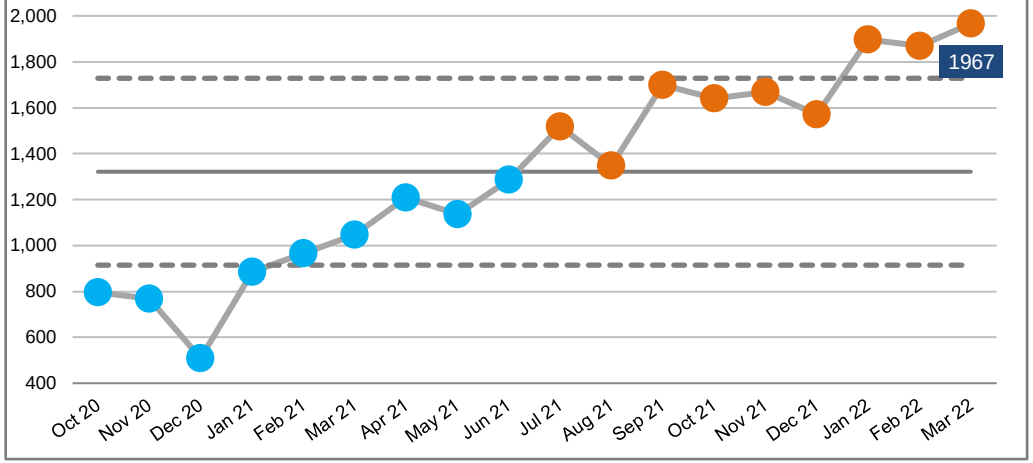
Reporting Period: Monthly | March 2022

Elective Care

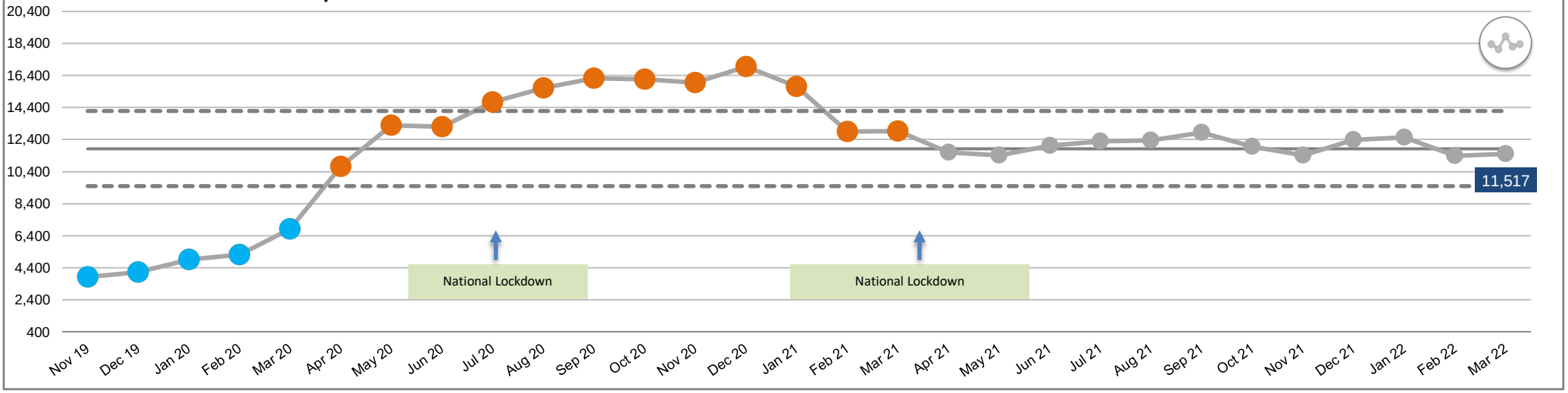
Urgent 1st OPA Total > 6wk waits



Routine 1st OPA Total > 18wk waits



Overdue Planned Follow Ups



Referral to Treatment (RTT)

Reporting Period: Monthly | March 2022

Elective Care

RTT Performance (inc. Overdue Follow Ups)

The Trust recorded a non-compliant performance for RTT Incomplete Pathways at 76.8%, although remains substantially above the NHSE England Average recorded at 62.6% for February (latest data published on 14th April 22).

The Trust has made significant headway in reducing and maintaining a low number of RTT long waiting patients despite considerable operational pressures over the previous months. We now have no patients waiting over 90 weeks, and only 142 patients waiting over 52 weeks, which is significantly lower when compared with other providers regionally and nationally.

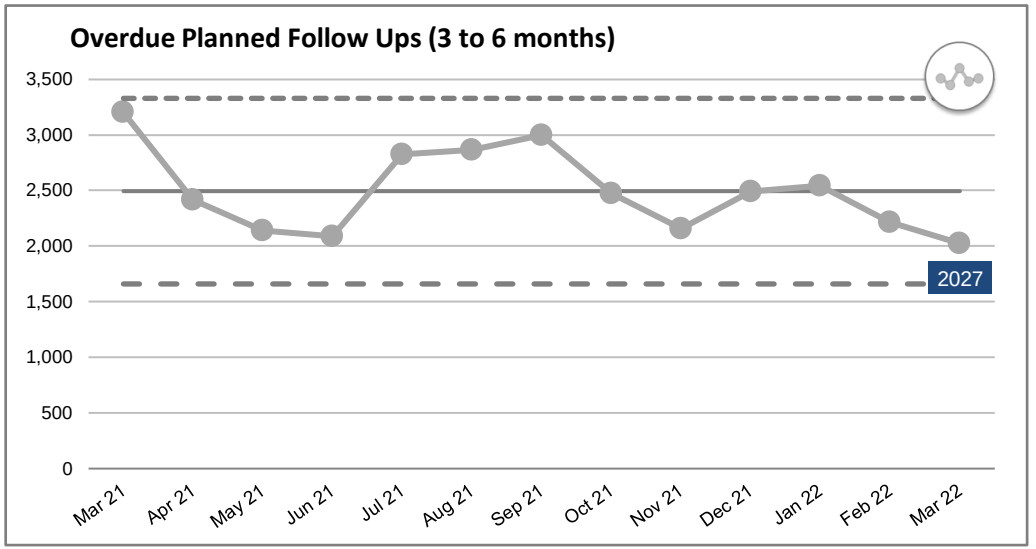
Of the 142 patients, almost half require surgery, whilst others require their booked diagnostic and/or an outpatient appointment to occur to conclude their treatment. These are all being arranged in line with patient availability and elective capacity.

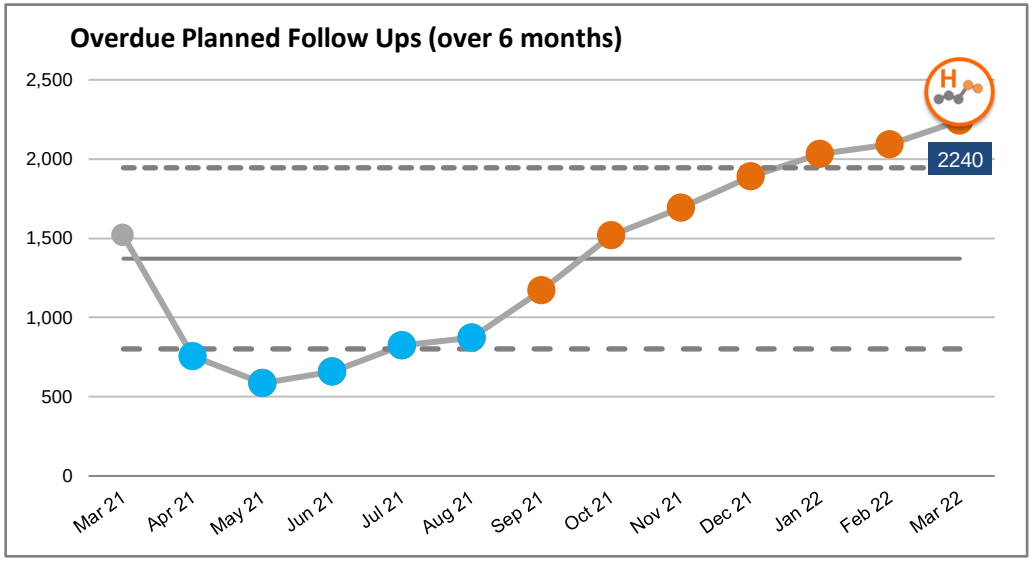
From the summer 2021, the Trust recorded a trending reduction in urgent waits over 6 weeks although this has been difficult to maintain further improvement due to the considerable urgent demand in a number of specialties (Neurology, General Surgery, Dermatology, Cardiology and Gastroenterology) over the winter months exceeding capacity. Routine waits over 18 weeks remain high, due to considerable demand being received in a number of specialties (Gynaecology, Dermatology, Neurology and Oral and Maxfacs), and due to the Trust realigning Follow Up capacity (from 1st outpatient capacity) to support the current planned follow up imbalance. The Trust is engaging with insourcing and outsourcing partners to provide additional capacity whilst also aiming to reduce patient cancellations and DNAs to minimise lost productivity.

To support the reduction in overdue follow ups, the Trust has increased the capacity for follow-ups to reduce the number of overdue appointments (and the potential associated clinical risk) through the following two initiatives;

(1) Immediate permanent clinic changes creating additional follow up capacity ongoing, and
(2) The reduction of 1st Outpatient capacity (based on specialty demand) for a short period between March and May to address the specialty follow up backlogs. This will leave approximately 8,000 overdue follow ups (in Ophthalmology, Dermatology, Gastroenterology and Neurology) which will be addressed through business planning and the release of capacity using Patient Initiated Follow Ups (PIFU).

The above initiatives are in agreement with our ICS commissioners.





Referral to Treatment (RTT)

Reporting Period	
Monthly	March 2022

Elective Care

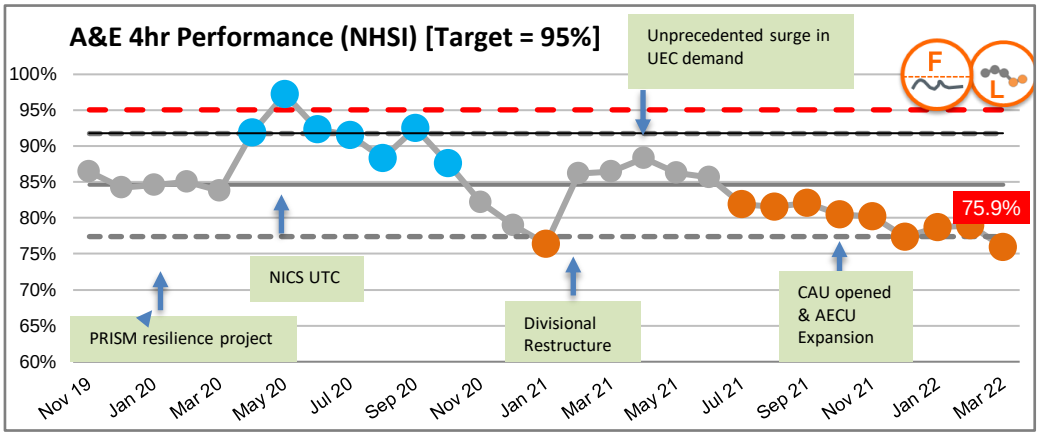
Assurance Level: **Acceptable**

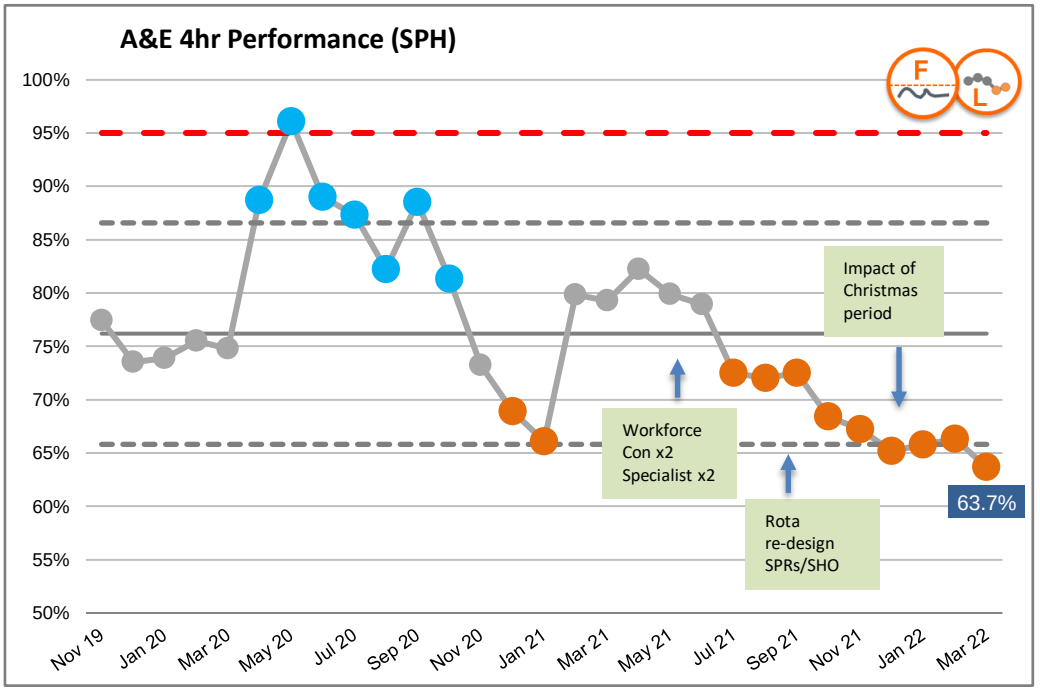
What is impacting current performance?	The Trust had a challenging winter period needing to re-introduce surge rotas to provide additional clinical support for the increased demands of Urgent Care due to the Covid Omicron wave, including releasing elective beds for urgent and emergency inpatient activity. Furthermore, the increased presence of Covid infection in the community reduced productivity due to last minute patient cancellations and DNAs, including staff covid sickness and the requirement to isolate. Despite the above, substantial recovery has taken place whereby the Trust has continued to be a strong performer, regularly delivering above the national average on many recovery indicators. The Trust has a number of specialties experiencing considerable additional demand, and will continue to address these through internal overtime, insourcing, outsourcing and productivity gains.
What actions are being undertaken to improve performance?	Covid infection has remained high in the community over the past few months, however the Trust has continued to support patients through plans expanding internal theatre and outpatient capacity through; • Maximising the benefits of moving elective activity to Ashford, additional theatres (3), ECU (4 beds) & a ring fenced ward • The use of locums across many surgical and medical specialties • Weekend and evening outpatient and diagnostic clinics and theatre lists • Increasing our use of local independent sector providers • Transformation opportunities, and • Streamlining pre-operative processes to reduce cancellations and improve patient experience Weekly meetings with Divisional areas continue reviewing the activity and planning to highlight areas of concern and support in the identification of causes of underperformance and opportunities for further improvement. The majority of business cases for introducing substantive resource and capacity are now complete with recruitment underway to introduce resilience going forward.
When will the position be recovered?	In accordance with NHSE 21/22 planning, the Trust made considerable progress in reducing long waiting patients and has plans to continue to deliver the national ambition for 22/23, in reducing waiting list sizes further and introducing new ways of working, although disruption will continue whilst Covid infection remains high affecting patient and staff availability. The Trust remains substantially above the England Average RTT performance.
What are the key risks?	Key staff are undertaking additional work on an ongoing basis and there is a risk this is not sustainable and therefore a number of services have a risk of being able to deliver long term resilience. This risk will be closely monitored including use of locums/insourcing/outsourcing where appropriate.
What are the Quality implications for the Trust?	The Trust pays close attention to the management of the national P2 patients who wait greater than 4 weeks with the number of patients waiting longer than 4 weeks remaining low. As a result of concerns of outpatient booking process an Outpatient Patient Safety Group was formed. This group consisting of Divisional Directors, ADOs, Chief of Patient Safety and Chief Operating Officer meets fortnightly to oversee plans to mitigate and reduce risk and ensure safety. The Divisions of SS & iMSK, GS-ACT, and SSM have all been individually assessed with a risk rating of 12 in relation to outpatient safety for overdue follow ups. This outpatient safety group also reviews patients waiting greater than 6 weeks for urgent 1st outpatient consultation.

A&E 4 Hour Performance

Reporting Period: Monthly | March 2022

Emergency Care



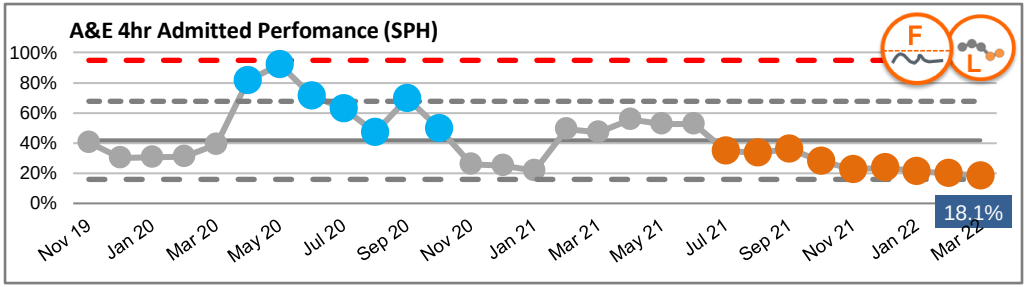


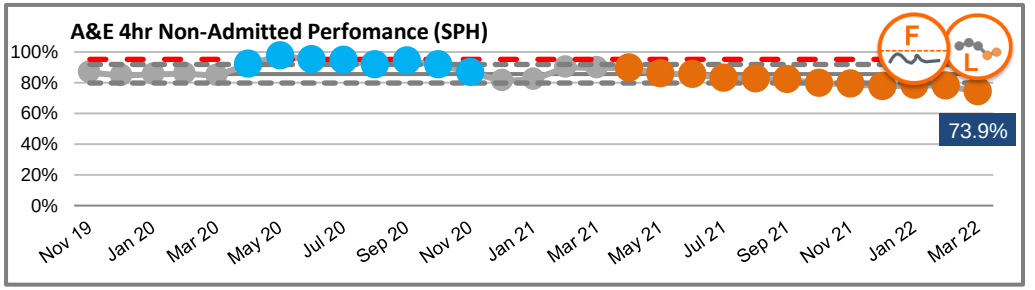
A&E Performance

Overall NHSI performance was recorded at 75.9% in March 2022, a 3.1% reduction compared to February 2022 (79.0%). The primary driver for this was a 3.9% decrease in non-admitted performance (73.9% in March compared to 77.8% in February), although admitted performance also decreased by 1.7% (18.1% in March compared to 19.8% in February). This was in the context of exceptionally high attendances during March (average 342 per day). SPH A&E activity levels (excluding WICs) were at the highest recorded last month, excepting only June 2021.

The average number of patients in A&E overnight waiting for a bed increased to 8.5 in March (up from 7.6 in February). Bed occupancy remained very high in month at 97.1%, in part because the Trust had continued pressure in terms of patients with a length of stay >7 days during March. Daily admissions from ED remained consistent, due to the impact of the resumption of frailty services and implementation of Criteria to Admit. The Clinical Assessment Unit remained bedded.

Priority actions underway to improve performance against the Urgent Care Standards include those linked to the Trust 'Main Effort' i.e. to ensure that only patients who are admitted are those who require acute care (circa 25% ED attendances); to improve the non-admitted pathway within ED (circa 75% ED attendances); to improve frailty services; to finalise the new build business case to fund investment in acute medicine including the extension in hours for AECU and other supporting front door pathways, along with work to resolve historic workforce issues.





A&E 4 Hour Performance / Flow

Reporting Period	
Monthly	March 2022

Emergency Care

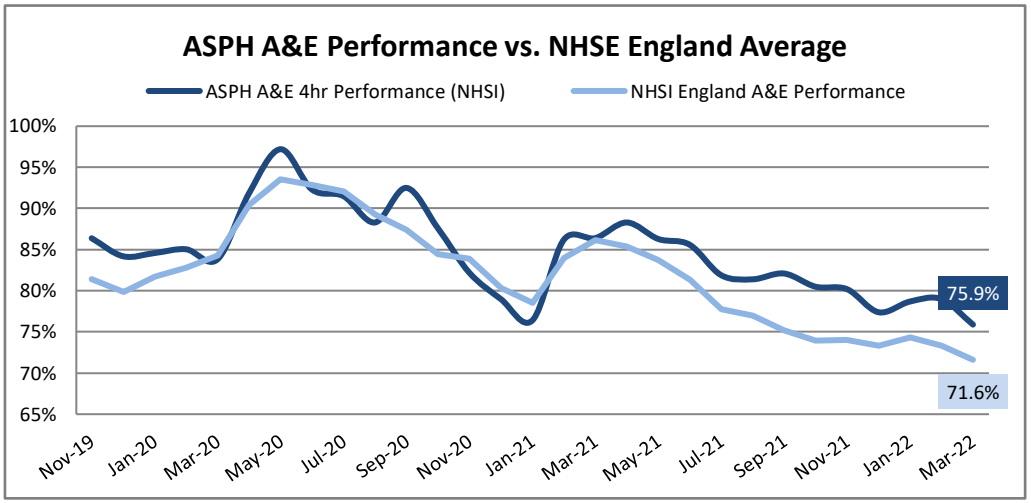
ASPH 4hr Performance (NHSI and SPH)

The Trust's reportable NHSI (SPH site inc. Ashford & Woking WiC activity) performance for March 2022 was 75.9%, a 3.1% decrease on February 2022 (79.0%).

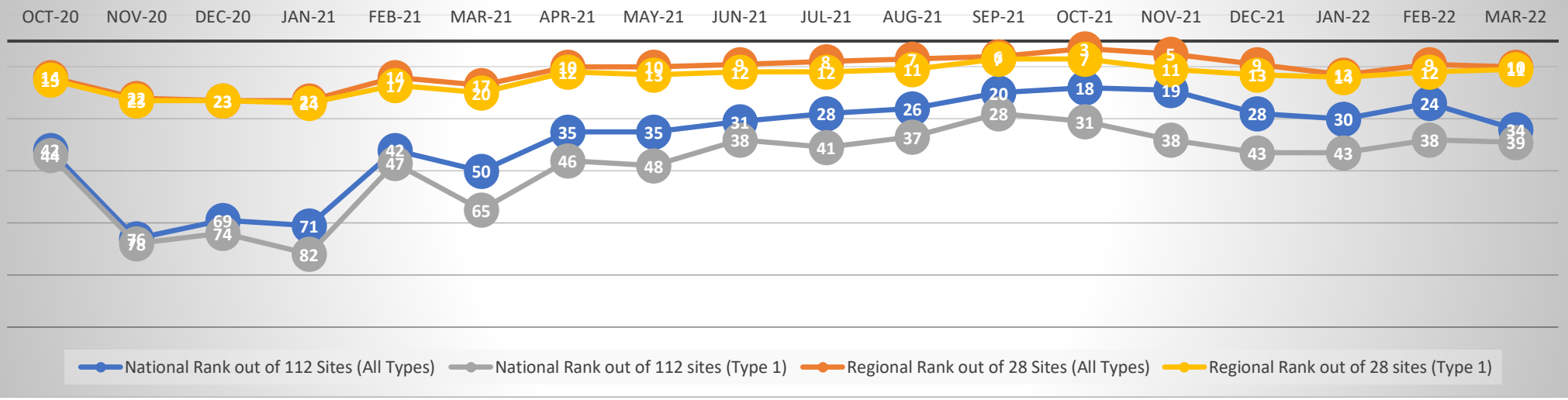
A&E Regional & National Ranking

During March 2022 the Trust's NHSI (all types) performance position regionally was 11th (of 28), and nationally 34th (of 112).

ASPH performance of 75.9% was higher than the NHSE England Average of 71.6% for the same month. The Trust has consistently reported higher performance than NHSE England Average since May 2021, showing significant resilience during recent pressures compared to peers.



MEDC National and Regional Performance (past 18 months)

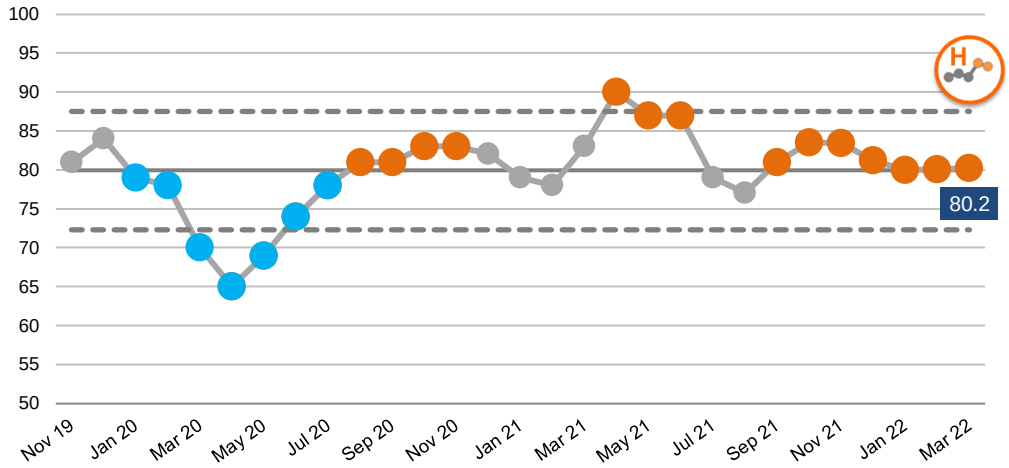


A&E 4 Hour Performance

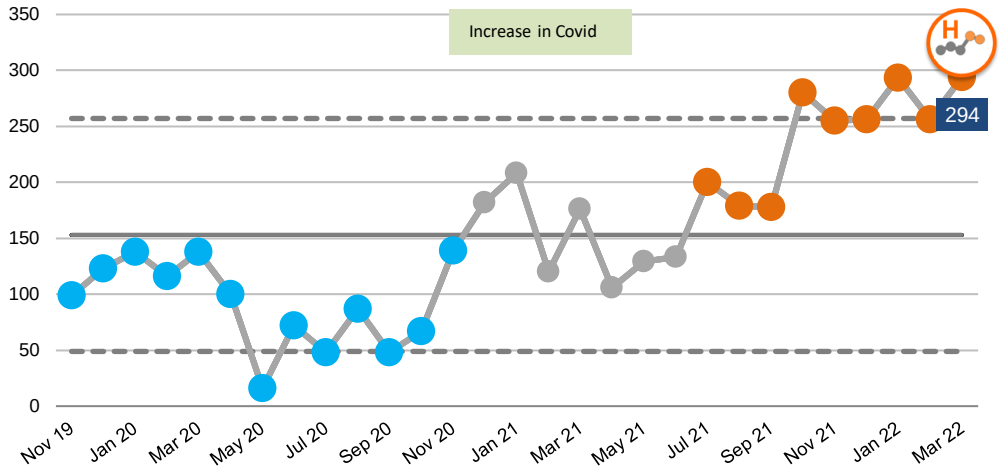
Reporting Period: Monthly | March 2022

Emergency Care

A&E Monthly Average Daily Ambulance Attendances (SPH)



Ambulance Handovers (30-60 mins)



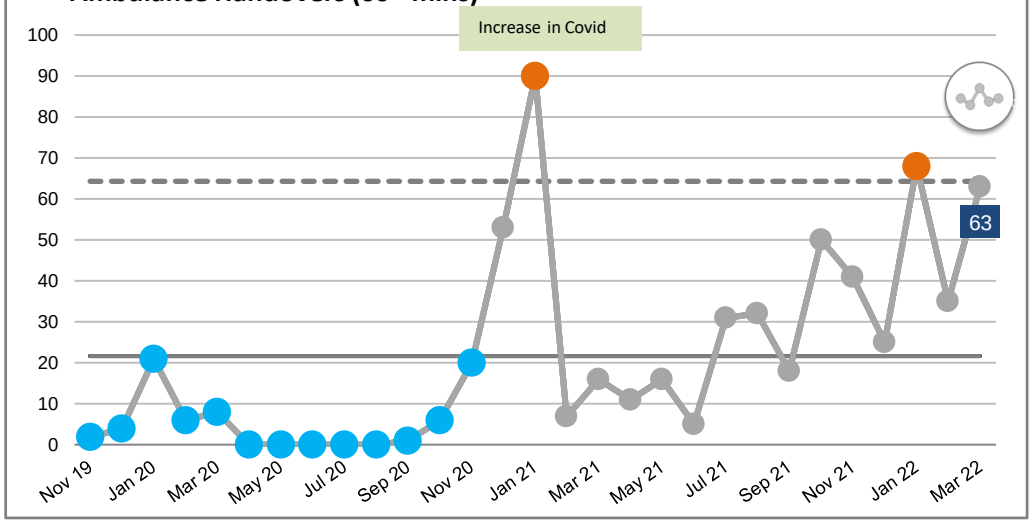
A&E Performance and Flow

Average daily ambulance attendances in March 2022 were consistent with those seen in January and February (80.1). There was a significant increase in the number of 60+ minutes handover delays from 35 in February to 63 in March. There was also an increase in delays 30-60 minutes, from 256 in February to 294 in March. The new pilot to refer appropriate ambulance patients direct to SDEC is now underway, but referrals to date have been low, so work is ongoing with SECAMB to improve these, discussions have also commenced with a view to roll out a similar pathway for frailty services.

Ambulance performance deteriorated in month, this remains a challenging target to deliver for reasons which are multifactorial and a further action plan has been developed. Key issues continue to be (1) the capacity challenges experienced by the Trust leading to exit block, and (2) low nurse staffing levels and skill mix due to vacancies impacting the ability to offload ambulances in the queue, especially during times of surge.

The ambulance handover process within the emergency department has been changed from 20th April 2022 with the aim to improve internal ED flow and reduce handover waits. However, whilst this has been working well when the department is not in escalation, it is not as effective when there are corridor queues due to lack of hospital flow. Average LOS within the Trust remained high at 7.3 days, the most significant factor within this was stranded patients with a length of stay >7 days and > 21 days both remaining very high. Support from system partners, ICS and the 'Main Effort' will support the changes required both internally and at PLACE.

Ambulance Handovers (60+ mins)

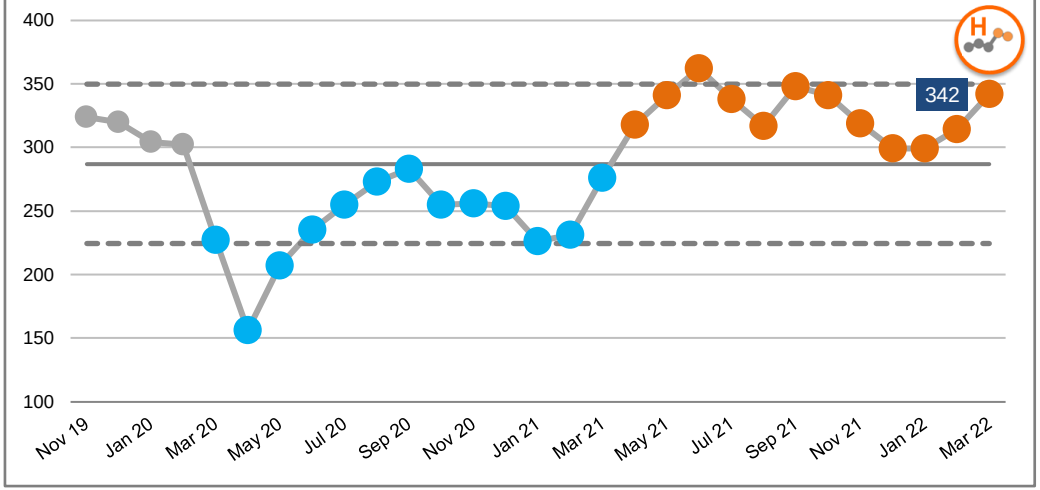


Hospital Flow

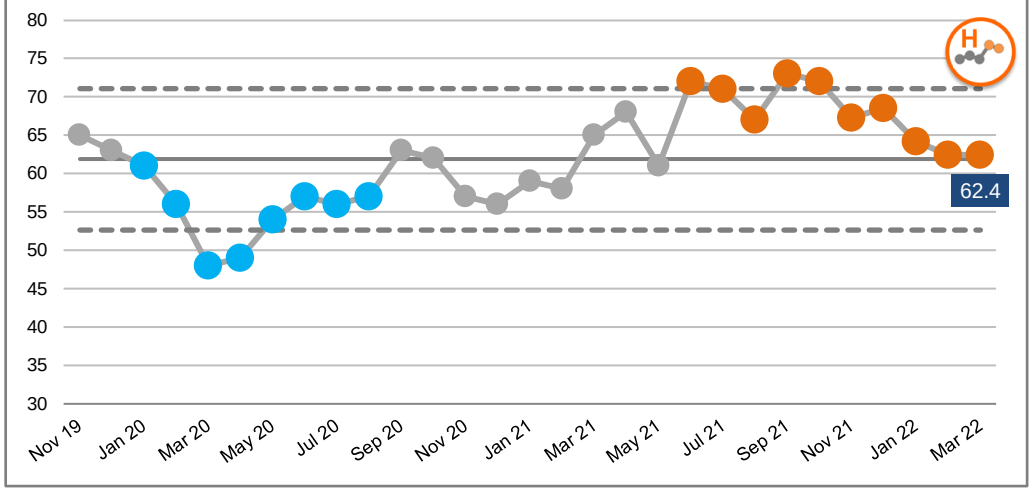
Reporting Period: Monthly | March 2022

Emergency Care

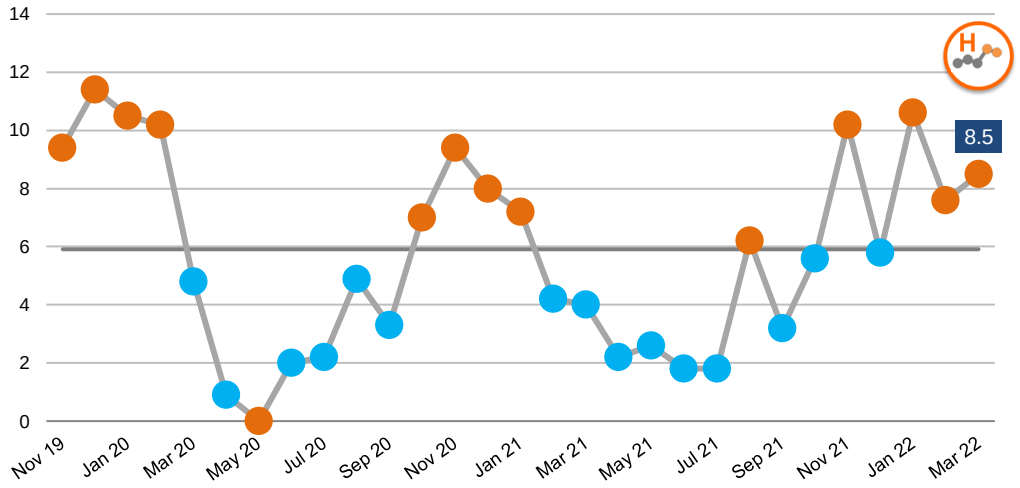
A&E Monthly Average Daily Attendances (SPH)



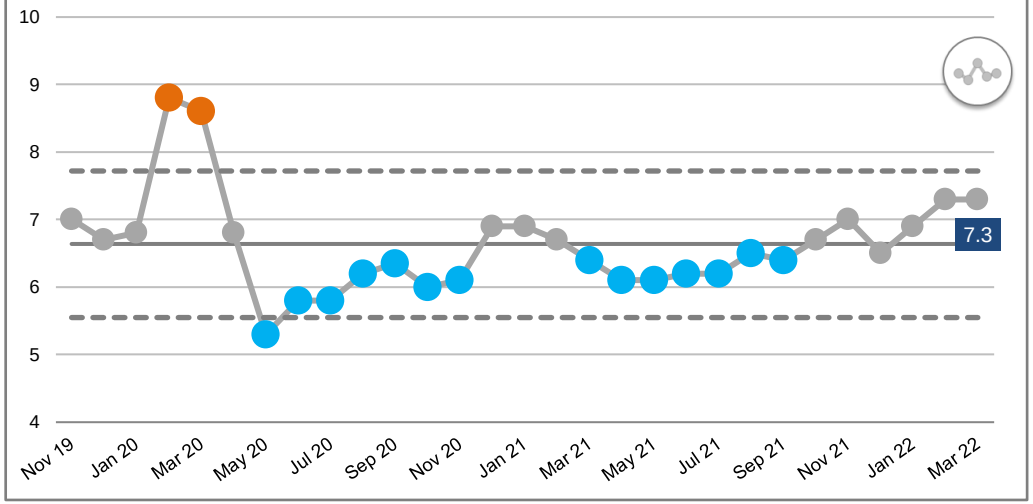
A&E Monthly Average Daily Admissions (SPH)



Overnight Waits in A&E [Avg DTA's]



Average Length of Stay (Days)

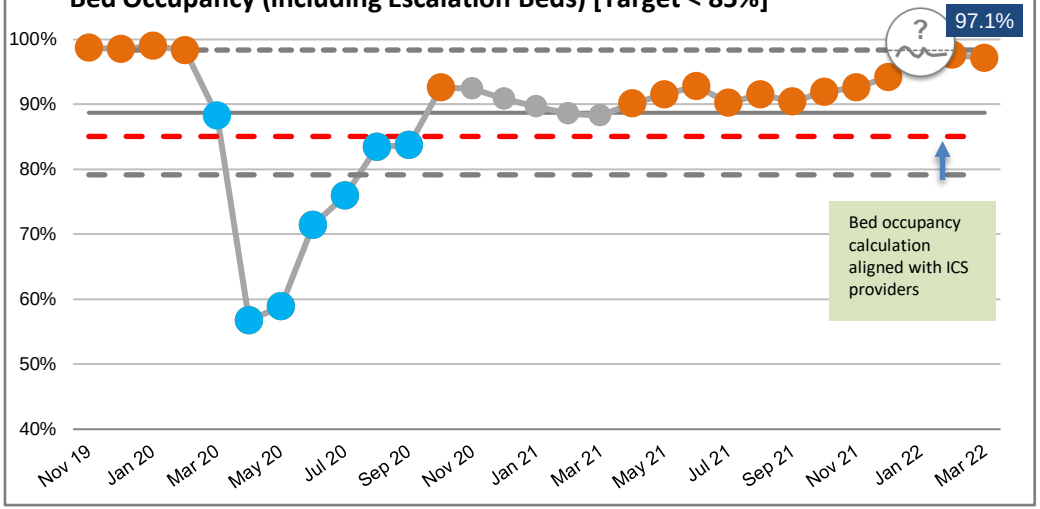


Hospital Flow

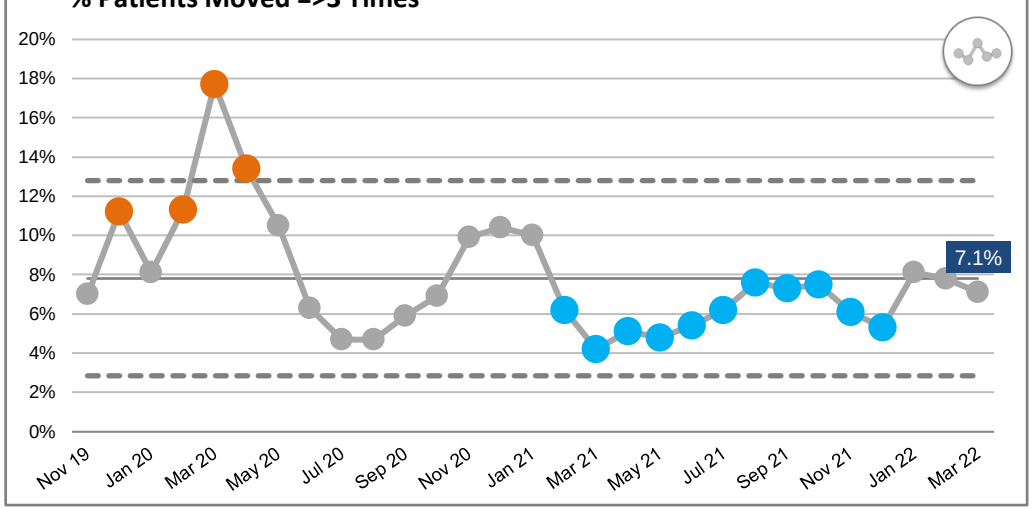
Reporting Period: Monthly | March 2022

Emergency Care

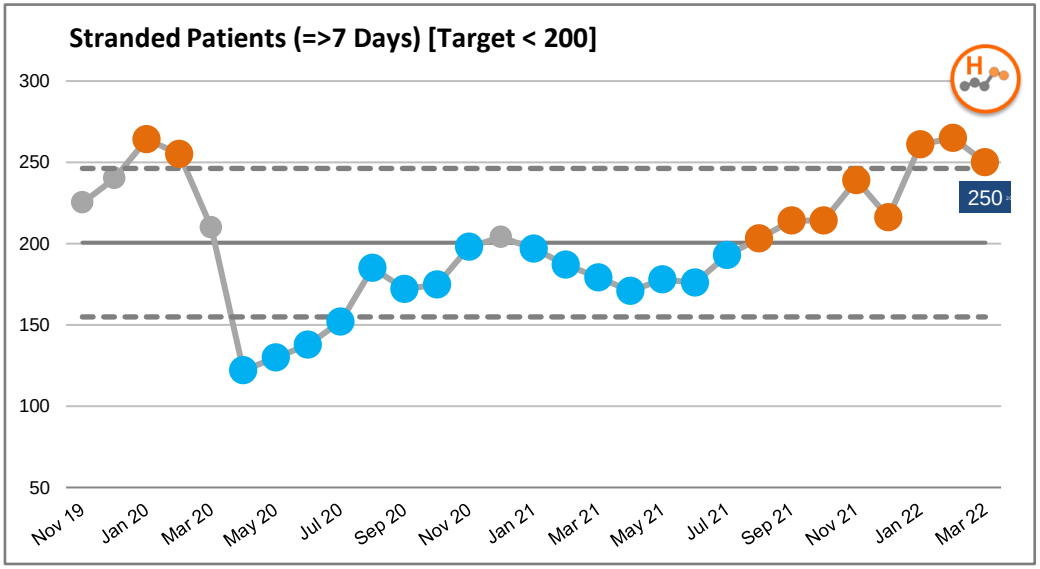
Bed Occupancy (including Escalation Beds) [Target < 85%]



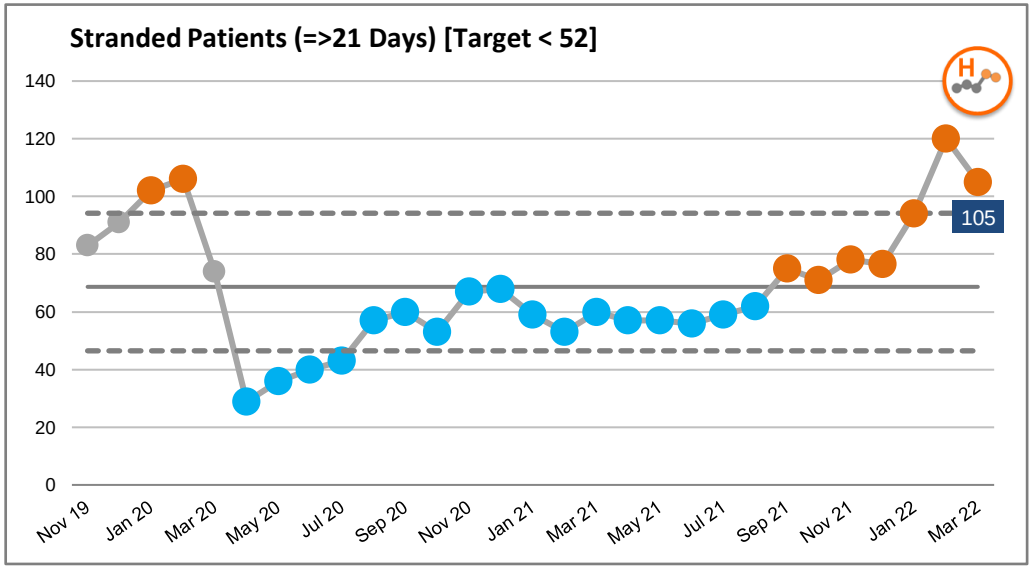
% Patients Moved =>3 Times



Stranded Patients (=>7 Days) [Target < 200]



Stranded Patients (=>21 Days) [Target < 52]



A&E 4 Hour Performance / Flow

Reporting Period	
Monthly	March 2022

Emergency Care

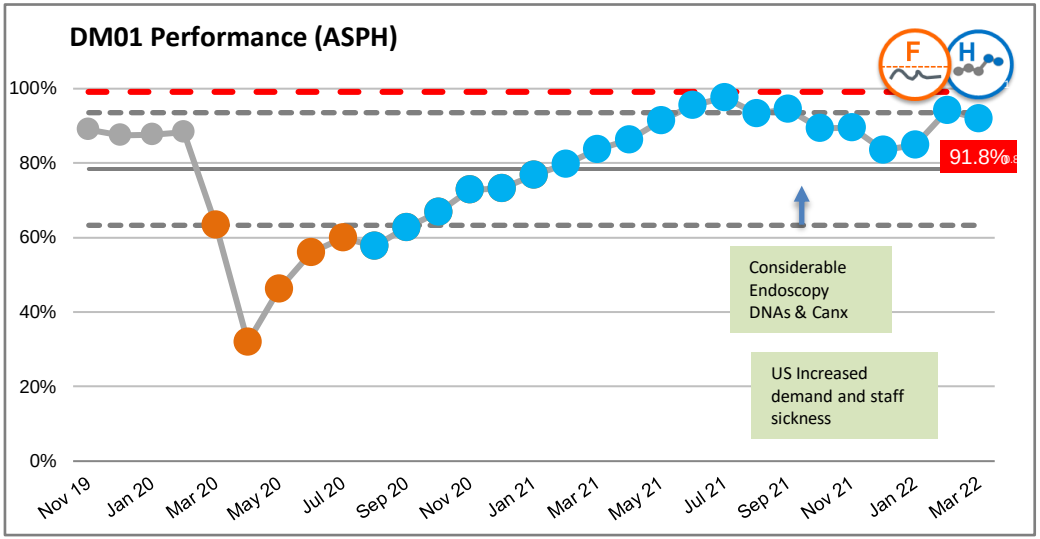
Assurance Level: **Partial**

What is impacting current performance?	• High attendances in month leading to demand levels which at times exceeded capacity • Exit block from the ED due to lack of flow. This adds to the workload of the ED who are managing not only new attendances but also significant numbers of specialty referred and DTA patients who would normally have been transferred out to assessment and ward areas. • Reduced assessment capacity due to the high volume of patients in the department. This slows down the ED because there is limited examination space and in turn requires several patient moves around the department to ensure they can be properly assessed and treated whilst maintaining privacy and dignity. • High bed occupancy and large numbers of stranded patients in month, along with bed closures due to IPC restrictions (until the rules changed nationally in April). • Surges in demand (both in ambulances and ambulatory) which exceeds capacity during peak hours of the day. This is unpredictable and can impact performance. • Physical space constraints within the ED department within ambulatory majors and Fit to Sit. • Nursing vacancies and skill mix issues had a significant impact on both non-admitted performance and ambulance waits in month. • Not yet embedded processes to reduce intrinsic ED delays for non-admitted patients. In March, 4623 patients in ED were non-admitted (67%) • Limited speciality assessment capacity: need to maintain red AECU, not yet extended opening hours to 10pm pending business case approval, no frailty unit. • Frailty Consultant ED in-reach available through March as the Covid medical surge rotas stood down, initial data suggests that this, along with Criteria to Admit, has reduced admissions into the hospital. Criteria to Admit also means that patients are waiting longer in ED to be discharged, which in turn impacts performance. • Need for increased senior medical leadership and oversight especially during the evening periods, as well as clarity of roles and responsibilities via job planning.
What actions are being undertaken to improve performance?	1. Three separate multi-system meetings in place weekly to promote discharge of patients ready to leave hospital. 2. Embedding Beautiful Information Inpatient PTL to provide greater oversight of the discharge processes and support improved pathway management 3. Focus on non-admitted performance, in particular RAT in triage in ambulatory majors. This is taking longer than initially hoped to establish consistently due to the need for Consultant support and engagement with the process but remains an area of focus. 4. Continued work to embed Criteria to Admit (now a mandatory field). 5. Executive agreement to invest in an acute frailty unit (Older Person's Assessment Unit) to open following recruitment to key posts. 6. Formal consultation on ED Consultant job planning, led by the Chief Executive, closed on 22nd April 2022. The aim is to finalise the outcome and implement by 3rd August 2022. 7. The UTC commenced the pilot of navigation instead of streaming from 21st March 2022. Initial data shows that this has reduced UTC waiting times to see a nurse. 8. Proposals to extend the hours of AECU, increase the acute medical workforce and improve medical on call rotas are being developed and revised for Executive approval. 9. Workforce review completed for nursing posts to ensure that staffing establishments are in line with safer staffing/capacity and demand to enable recruitment to vacancies. 10. Plan to develop AECU PTL to increase visibility of waiting times and to support escalation of delays.
When will the position be recovered?	Over the last 12 months the Trust has consistently recorded better A&E performance than the NHSE England average. Improvement, investment and process changes are underway although recovery to deliver the national 95% standard will remain challenging. A key enabler will be the ED capital refurbishment.
What are the key risks?	- Exit block from ED due to hospital flow - Recruitment, retention and engagement of the current workforce to work differently. - Increasing volume of activity, and surges in activity due to demand/IPC leading to imbalance in demand and capacity. - Capacity in the wider system including social care provision and community hospital capacity. - Inadequate ED estate which is not fit for purpose for modern healthcare or best practice pathway and staffing provision.
What are the Quality implications for the Trust?	Delays in ED can have negative implications to quality in terms of patient experience and outcomes, staff experience and IPC risk due to overcrowding and potentially also increased patient mortality risk. The Division has implemented new governance processes including daily quality checks by Matrons and implementation of RAT/complex streaming in majors to provide earlier senior decision making and is working with the Patient Safety team to understand if there is a link between long ED waits and increased patient mortality. Pending completion of this review, the risk register entry relating to clinical harm is currently identified as moderate (15).

Diagnostics (DM01)

Reporting Period: Monthly | March 2022

Elective Care



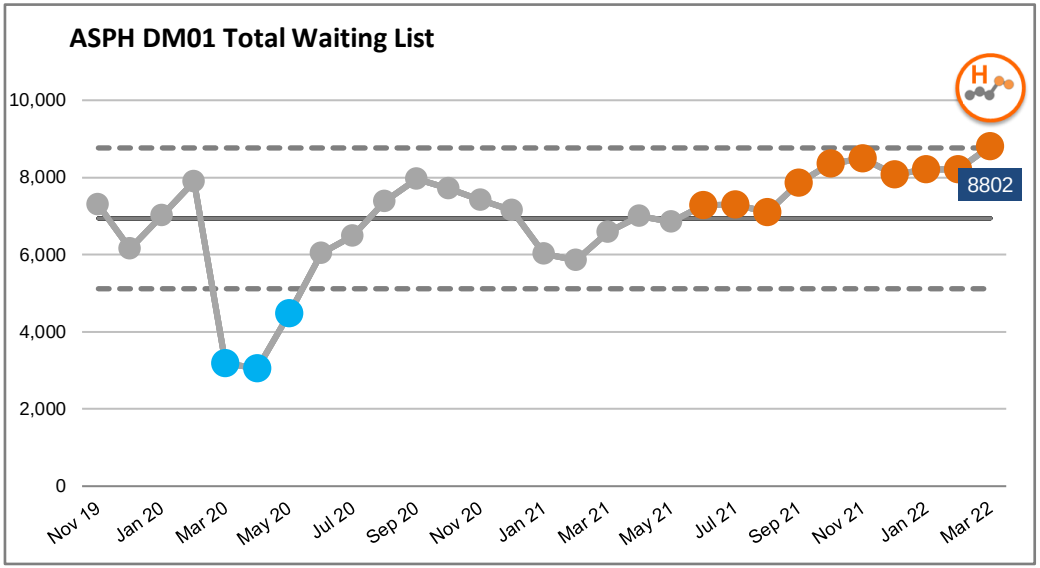
DM01 Performance

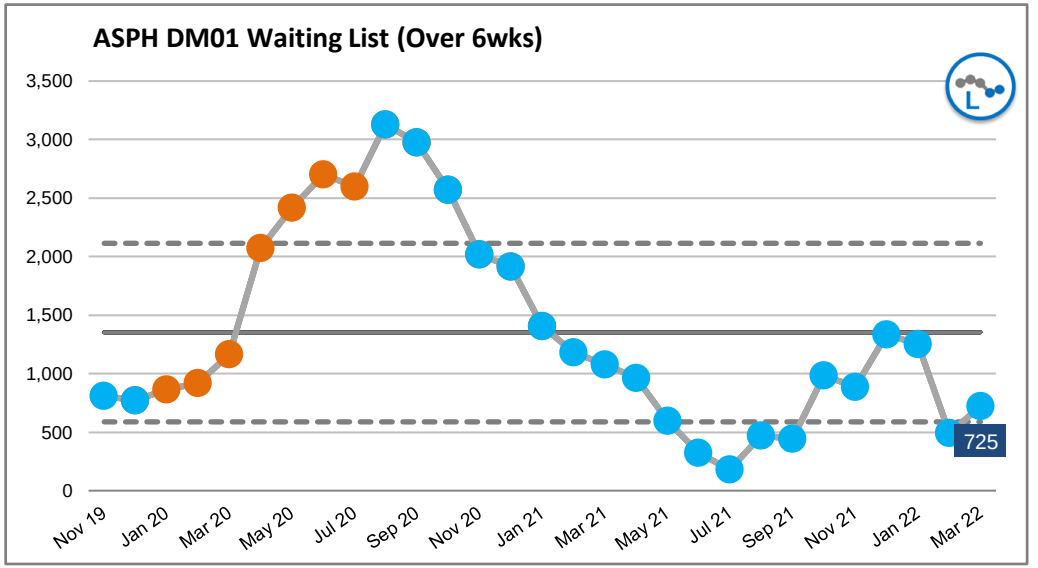
DM01 Diagnostics performance for March is recorded at 91.8% which was a reduction on the performance recorded in February (94.0%).

The Trust has been creating additional capacity to meet the demand and recovery of the DM01 position including additional weekend / evening lists, additional radiologist sessions and both internal and outsourcing solutions which will continue. This has provided improvement in resolving the backlogs recorded over the winter months. However, the increased presence of Covid infection in the community reduced productivity due to considerable last minute patient cancellations and DNAs, including staff covid sickness and the requirement to isolate.

Challenged modalities (patient waiting greater than 6 weeks) are Endoscopy (295), DEXA (176), Ultrasound (172), and CT (66). The DEXA service is run by a small team where unexpected sickness and difficulties in training resulted in an unexpected backlog.

Additional capacity including extra lists and outsourcing are scheduled to support recovery.

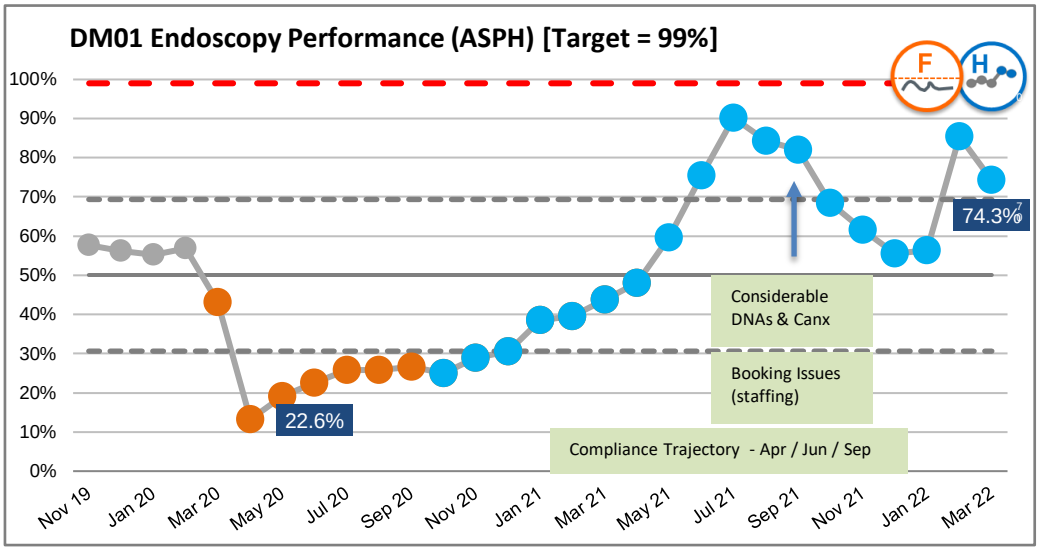




Endoscopy (DM01)

Reporting Period: Monthly | March 2022

Elective Care

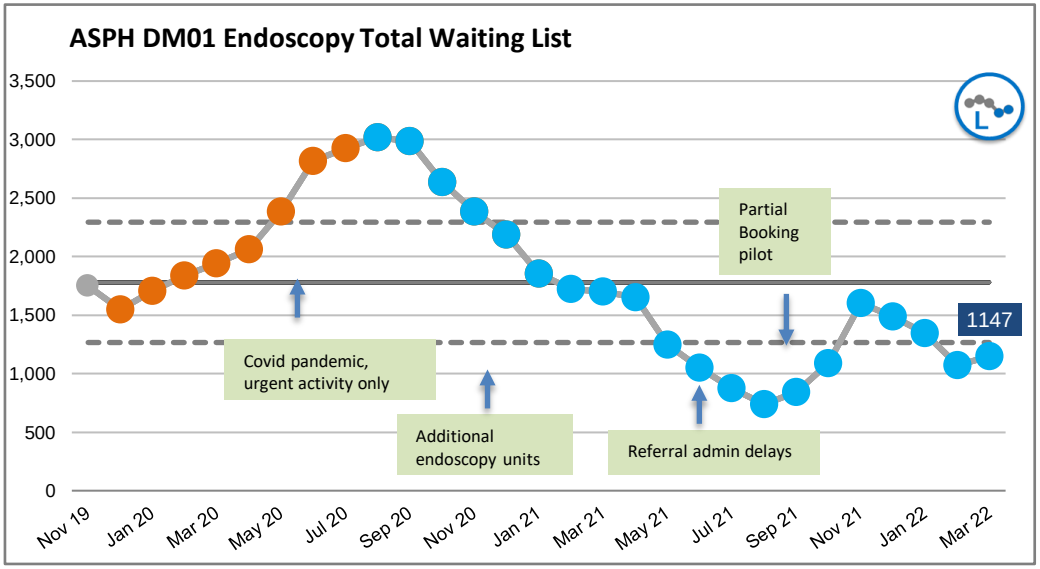


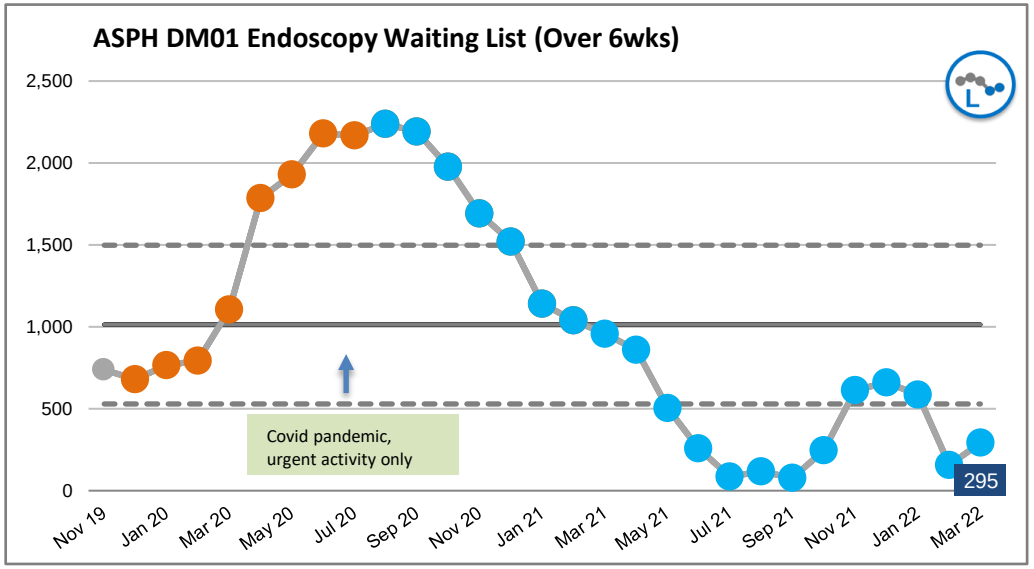
DM01 Endoscopy Performance

DM01 Endoscopy performance for March is recorded at 74.3% which was a reduction on the performance recorded in February (85.4%) as the service remains susceptible to surges in demand and the impacts of community Covid infection. The unit booked over 1700 patients during the month of March.

In-health capacity during March was challenged with a reduction in utilisation (86%). This was driven by a number of factors including increased patient cancellations due to Covid and staff sickness due to Covid. Demand for urgent TWR and inpatient endoscopy remained very high. Patient choice delays were also higher than usual during the month which included considerable cancellations and non-attendances which were primarily related to patients isolating due to Covid infection. As a result of these, utilisation of the endoscopy unit in March was 86%.

The team have been able to model the recovery trajectory. This demonstrates that the unit must maintain utilisation above 95% each month to ensure that we achieve DM01 recovery by the end of Q3 2022. We are currently re-modelling the recovery position given the covid challenges that we experienced in March. Various options are being considered to ensure the recovery trajectory remains resilient through use of extra lists at weekends.





Diagnostics (DM01)

Reporting Period		Elective Care
Monthly	March 2022	

Assurance Level: **Partial**

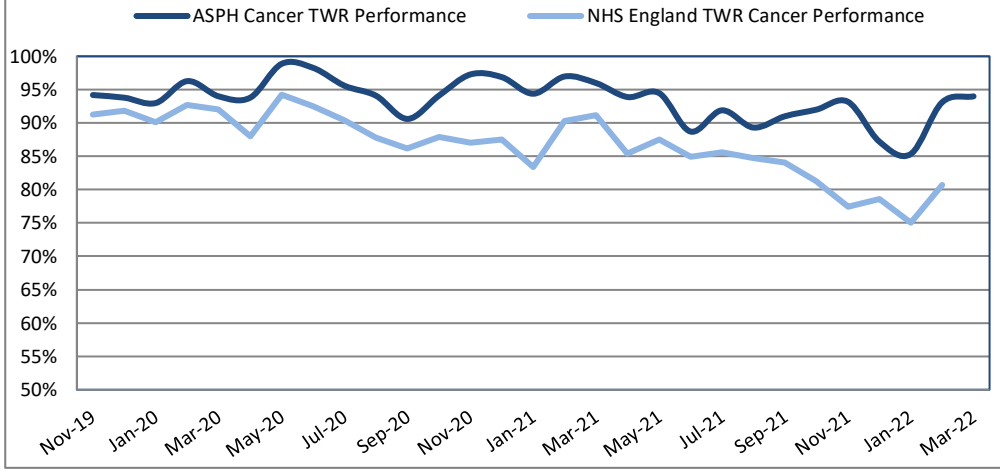
What is impacting current performance?	The Trust recorded a non-compliant DM01 performance of 91.8% for March 2022, with the endoscopy cohort recorded at 74.3%. The overall DM01 performance has shown considerable improvement compared to January 2022 (84.8%), although diagnostic modalities remain susceptible to surges in demand and the impacts of community Covid infection. The Trust has been creating additional capacity to meet the demand and recovery of the DM01 position including additional weekend / evening lists, additional radiologist sessions and both internal and outsourcing solutions which will continue. This has provided improvement in resolving the backlogs recorded over the winter months and will provide greater resilience once average waiting time to diagnostic is reduced to less than 4 weeks. Until this position has been achieved we are likely to see variable performance over the coming months until we gain equitable balance across urgent, planned and surveillance referral demand.
What actions are being undertaken to improve performance?	Endoscopy: • Continue to keep a daily dashboard of performance metrics including booking rate of referrals, telephone call answer rates, booking of TWR and 62 day pathway referrals, compliments and PALs. This is now being developed into a live PTL like the data bases used for cancer and our ED and inpatient areas • The cancer alliance are supporting the endoscopy team with booking processes and the team are working with a QI improvement œach to review the unit flow and day to day running MRI - Our MRI provider has additional initiatives during Q4 & FY22 to increase capacity (and reduce backlog further). CT - There is a current acute shortfall in radiographers which has meant a reduction in our ability to fully run our services. This has been due to 12 staff leaving the Trust whilst new staff arrive and are inducted. Bank and agency staff have been utilised where available until the team are back to being fully staffed. The Trust is recruiting substantive staff into the current vacancies (1 radiographer has joined and another 5 joining over the next few months through international recruitment with HEE and a further 3 including students due to qualify). In addition 3 Radiologists have been appointed and will join during the next 4-5 months. DEXA – Experienced unexpected staffing resource issues, additional capacity has been scheduled to resolve the current backlog.
When will the position be recovered?	Endoscopy – Sustainable recovery will be at the end of Q3 FY2022. We continue to take the recovery of endoscopy seriously, with daily performance meetings led by the COO or Director of Finance with all the endoscopy management team. Additional capacity and close monitoring of waiting lists will continue, to support and prevent backlogs materialising, although with the high prevalence of Covid Omicron within the community, last minute productivity loss has been challenging to prevent.
What are the key risks?	- Current acute shortfall in radiographers has meant a reduction in our ability to fully run our services. - Continuing Covid surges & Increasing demand, Competing pressure from urgent care, inpatients and cancer pathways - Workforce - Introduction of Surrey Safecare and the reduction in activity during the 2-3 week "Go live" period.
What are the Quality implications for the Trust?	The risk of harm due to delays in endoscopy is currently recorded on the Trust's risk register as 15. The endoscopy team continue to work closely with the Trust cancer team to ensure closer monitoring of patients on cancer pathways. The team are also now supporting the colorectal team to improve this pathway into endoscopy. Inpatient endoscopy capacity is also reviewed at daily clinical and admin team huddles to ensure appropriate utilisation of lists. Recent challenges in endoscopy have affected staff morale. The division's outpatient matron now supports the endoscopy nursing team with quality rounds and staffing.

Cancer - National Comparison

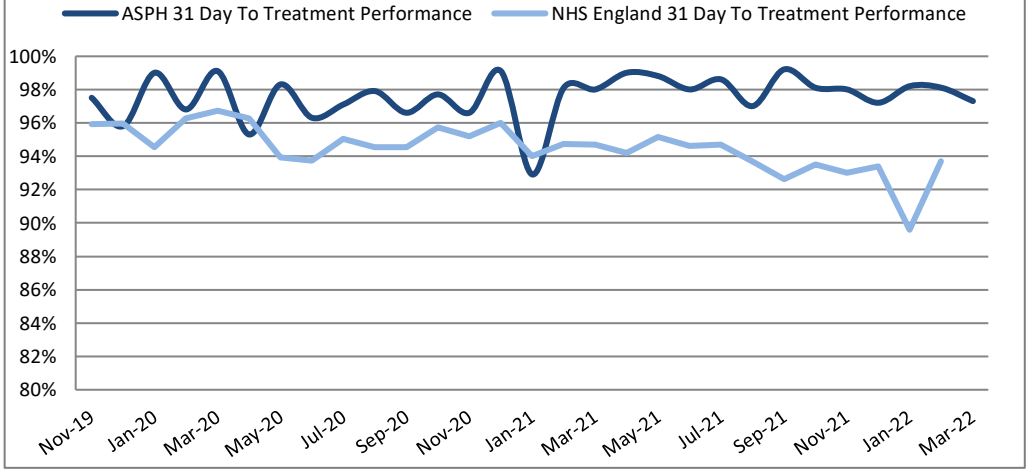
Reporting Period: Monthly | March 2022

Elective Care

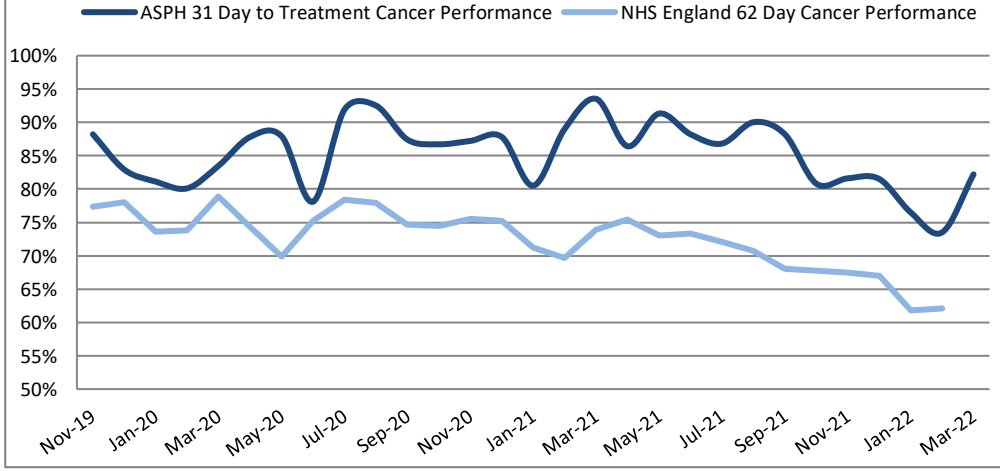
ASPH TWR Cancer Performance vs. NHS England (Average)



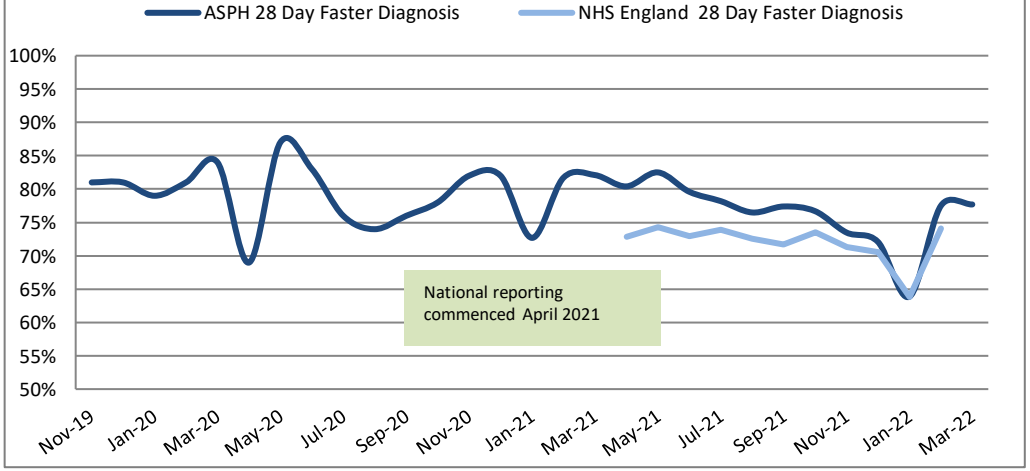
ASPH 31 Day To Treatment vs. NHS England (Average)



ASPH 62 Day Cancer Performance vs. NHS England (Average)



ASPH 28 Day Faster Diagnosis vs. NHS England (Average)



Cancer

Reporting Period: Monthly | March 2022

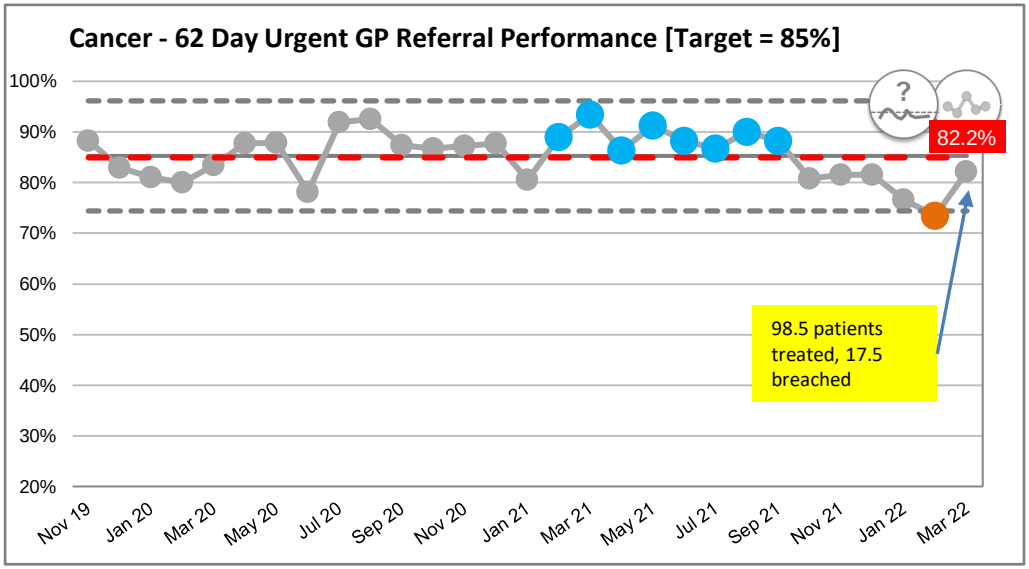
Elective Care

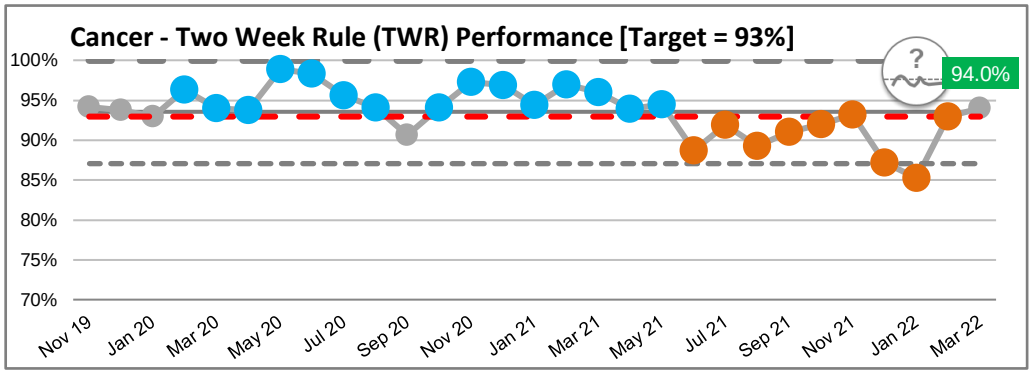
TWR
The Trust is currently predicting a compliant TWR performance for March at 94.0%.

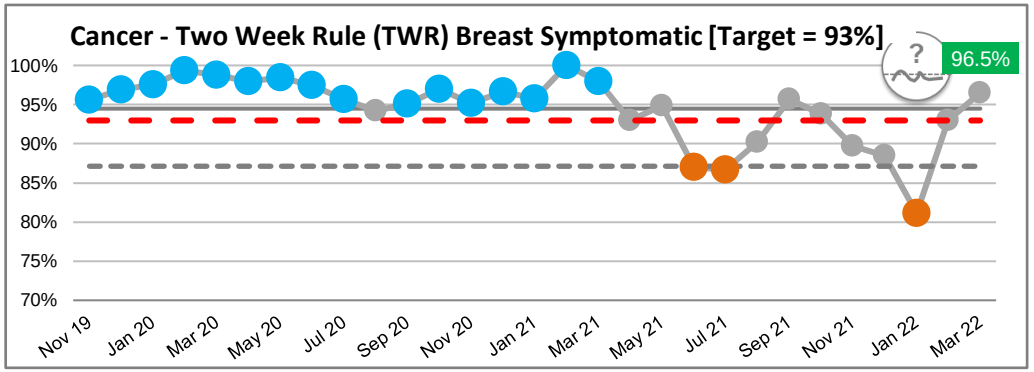
62 Day GP Referral to Treatment
The Trust is currently predicting non-compliance against the 62 Day GP Referral to Treatment performance standard for March at 82.2% pending final validation. The delays recorded to date are; complex pathways (6 patients), capacity (4 patients), and patient fitness/choice (10 patients). The current number of treatments is expected to increase as remaining pathology reports are recorded.

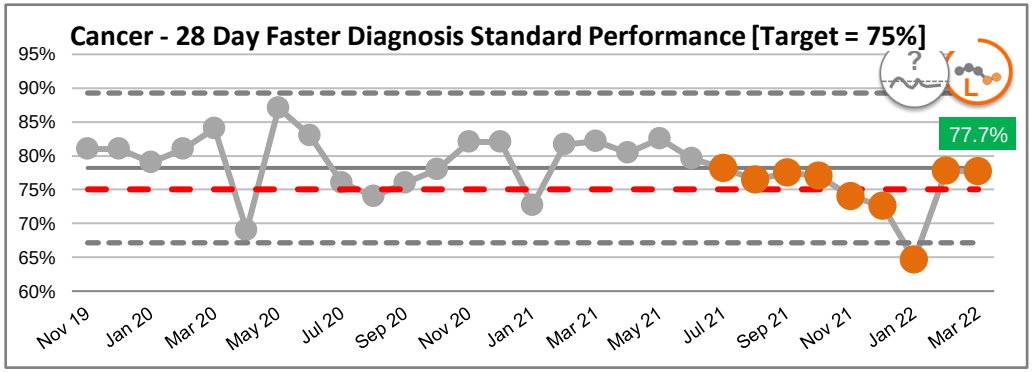
28 Day Faster Diagnosis Standard and Patients Waiting Greater than 62 Days
The Trust is currently recording compliance against the 28 Day Faster Diagnosis Standard at 77.7% (target = 75%).

Patients Waiting Greater than 62 and 104 Days
The Trust has seen a considerable reduction in the number of patients over 104 days due to the reduced number of patient cancellations due to Covid sickness and focussed clinical attention ensuring patient letters and communication are up to date.







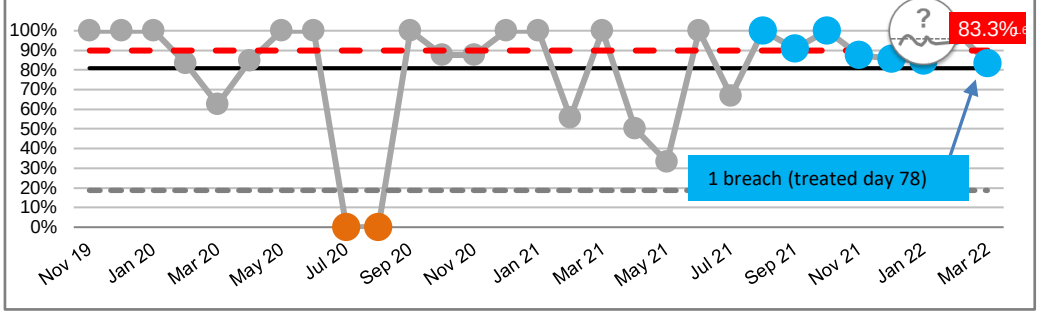


Cancer

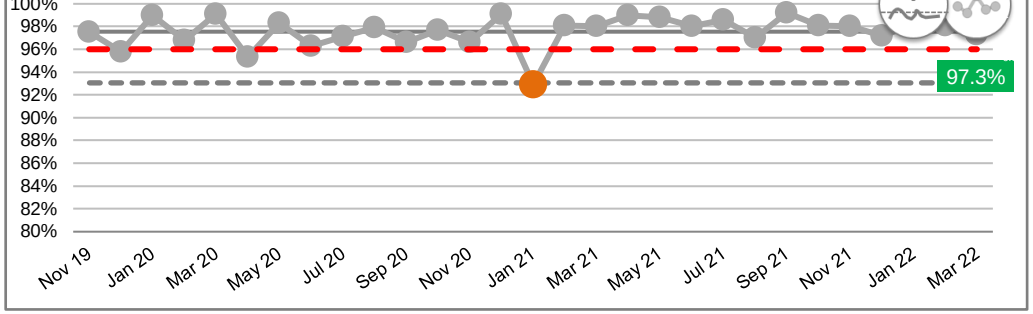
Reporting Period: Monthly | March 2022

Elective Care

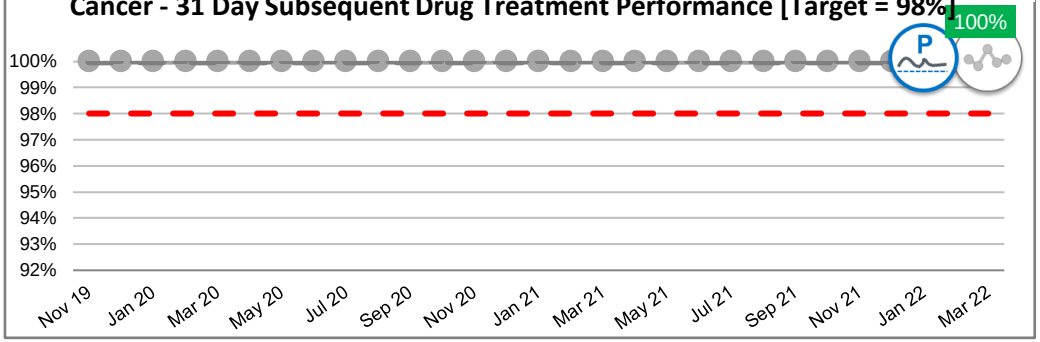
Cancer - 62 Day NHS Cancer Screening Performance [Target = 90%]



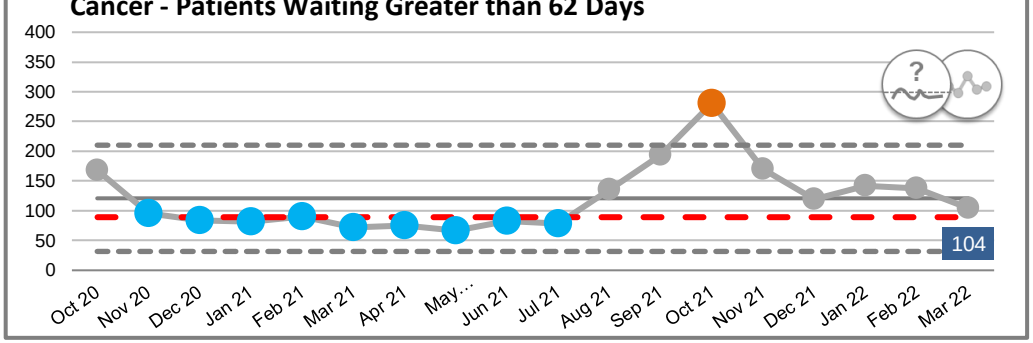
Cancer - 31 Day Diagnosis to First Treatment Performance [Target = 96%]



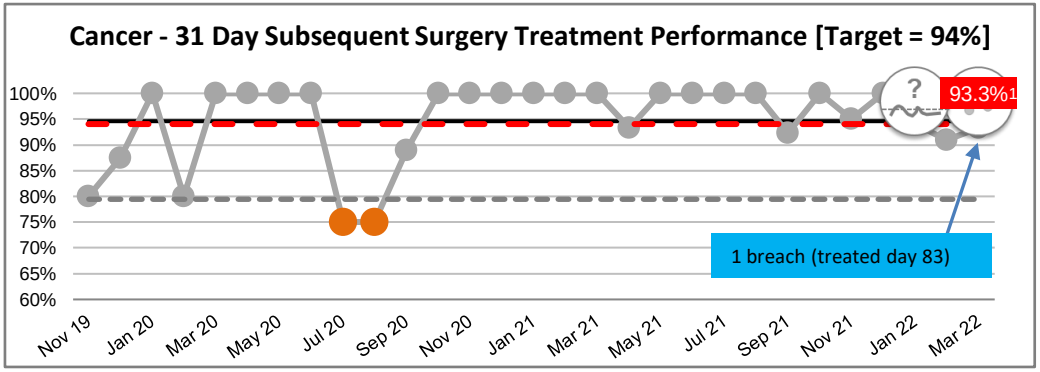
Cancer - 31 Day Subsequent Drug Treatment Performance [Target = 98%]



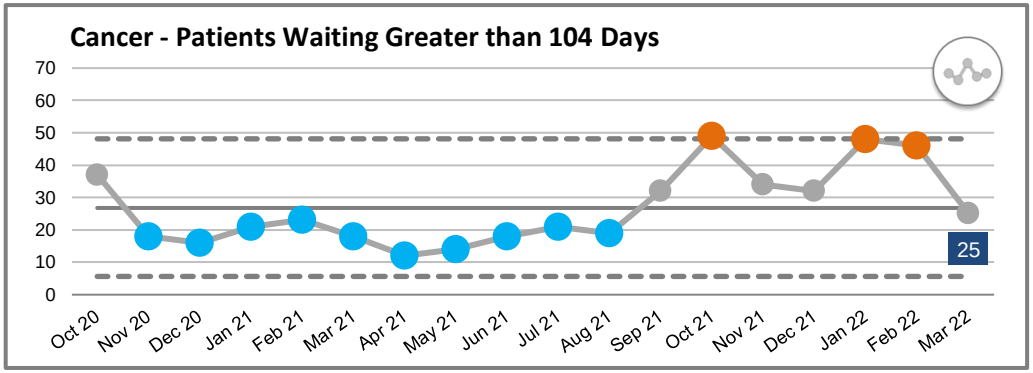
Cancer - Patients Waiting Greater than 62 Days



Cancer - 31 Day Subsequent Surgery Treatment Performance [Target = 94%]



Cancer - Patients Waiting Greater than 104 Days



Cancer

Reporting Period: Monthly | March 2022

Elective Care

Assurance Level: **Partial**

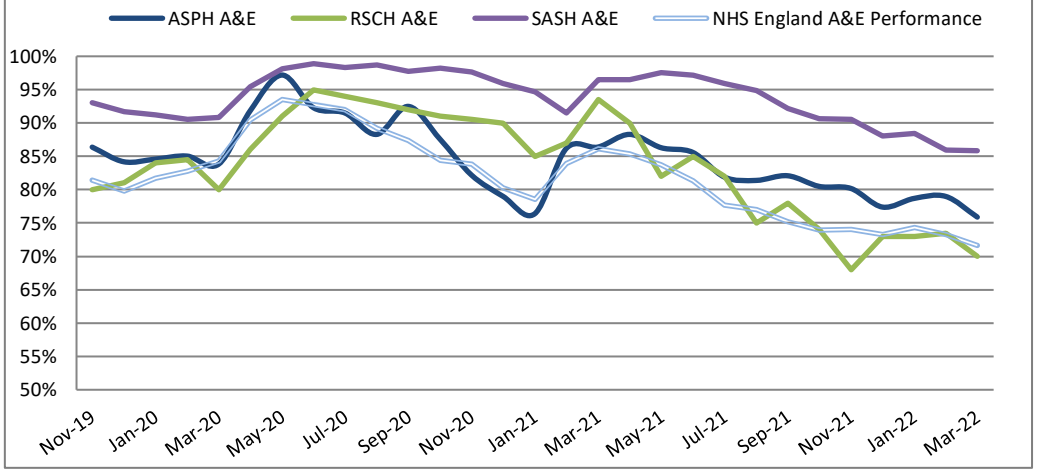
What is impacting current performance?	For February (latest national upload) the Trust reported compliance for 6 of 8 Cancer Standards; these were; ; Two Week Rule (93.0%), TWR Breast Symptomatic (93.0%), 62 Cancer Screening Performance (100%), 31 Day Diagnosis to Treatment (98.1%), 31 Day Subsequent Drug Treatments (100%), and 28 Day Faster Diagnosis Standard (77.8%). During the same period the Trust reported non-compliance for; 62 Day Urgent GP Referral to Treatment (74.9%) and 31 Day Subsequent Surgery Treatments (93.3%) Capacity has been under immense pressure over the winter months across most tumour sites due to the ongoing increased levels of referrals, the reduction in activity over the winter period, and considerable impact of Covid with an increase in patient cancellations and staff sickness. A revised capacity and demand exercise across all specialities took place which increased capacity and resilience which has provided much improved performance for February & March. Other acute providers are facing similar demand and ASPH performance remains good against national performance benchmarks. For March 2022, the Trust is provisionally reporting compliance for 5 of 8 Standards; Two Week Rule, TWR Breast Symptomatic, 31 Day Diagnosis to Treatment, 31 Day Subsequent Drug Treatments, and 28 Day Faster Diagnosis Standard. The Trust is provisionally reporting non-compliance for 62 Day Urgent GP Referral to Treatment (17.5 breaches), 62 Cancer Screening Performance (1 breach) and 31 Day Subsequent Surgery Treatments (1 breach) which has been due to a combination of complex pathways, patient illness/cancellations, patient choice and staff sickness. This position is currently undergoing validation.
What actions are being undertaken to improve performance?	There is ongoing work to ensure the agility to respond flexibly to referral surges. We have introduced specialty cancer daily meetings to support greater pathway recovery. The cancer services team continue to work to bring greater collaboration between departments to improve clinical pathways. A revised capacity and demand exercise has led to increased capacity, resilience and more agile response processes. An additional mammography unit has been ordered which will provide resilience for Breast and Breast Symptomatic TWR.
When will the position be recovered?	Demand continues to be challenging, with all teams working on the ambition to ensure Two Week Rule appointments are available and booked within the first 7 days from referral with further pathway improvements planned to support cancer treatments within 62 days.
What are the key risks?	- Capacity due to increase and surges in demand - Availability of workforce - Endoscopy
What are the Quality implications for the Trust?	Delays in the care for cancer patients can cause harm. Patients are monitored individually at weekly performance meetings and locally at divisional cancer performance meetings. Bi-monthly Cancer Clinical Harm Review meeting in place with acute consultants, GPs and patient safety team where long waiting patients and those delay are considered in detail. The risk of harm due to cancer patients due to delay is currently rated as 12 on the Division's risk register.

SH Providers – NHS Standards Comparisons

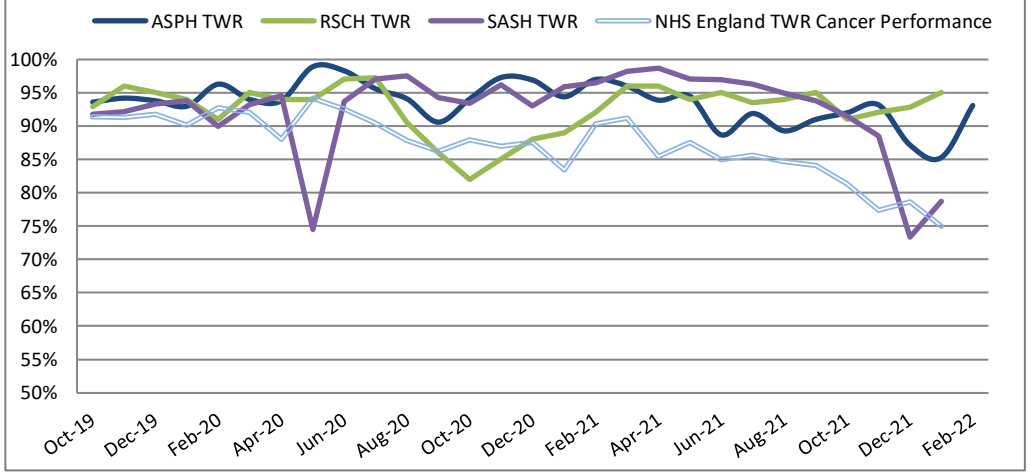
Reporting Period: Monthly | March 2022

Elective Care

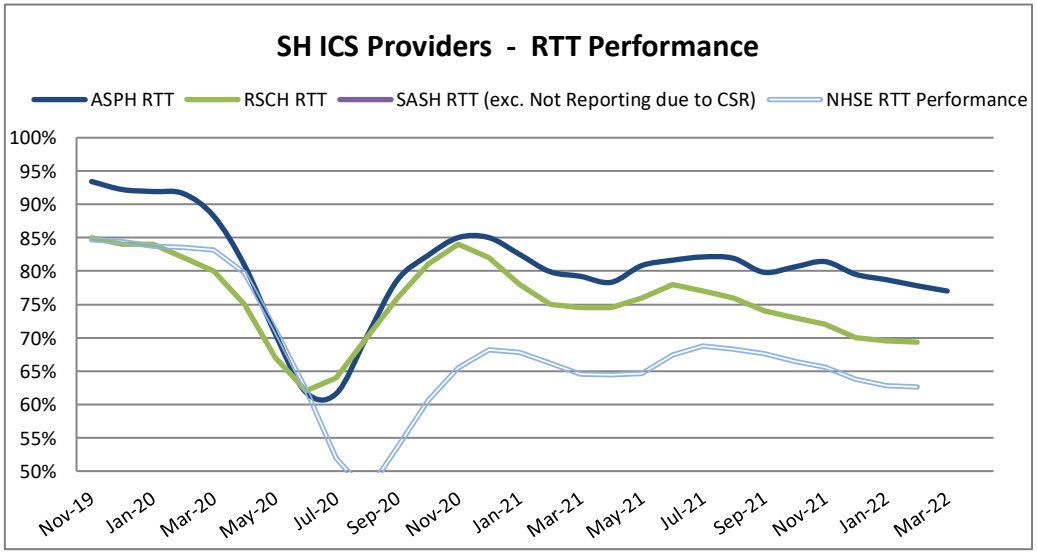
SH ICS Providers - A&E NHSI Performance



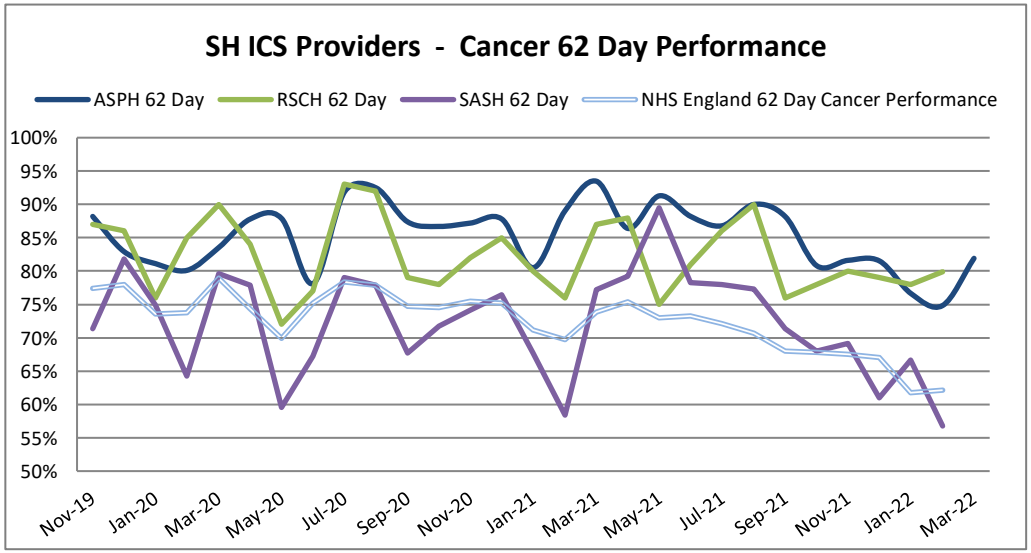
SH ICS Providers - Cancer TWR Performance



SH ICS Providers - RTT Performance



SH ICS Providers - Cancer 62 Day Performance



Appendix A

Latest RTT 18wks Incomplete Pathways Performance
(ASPH Benchmarked against peers)

Ashford and St. Peter's Hospitals
NHS Foundation Trust

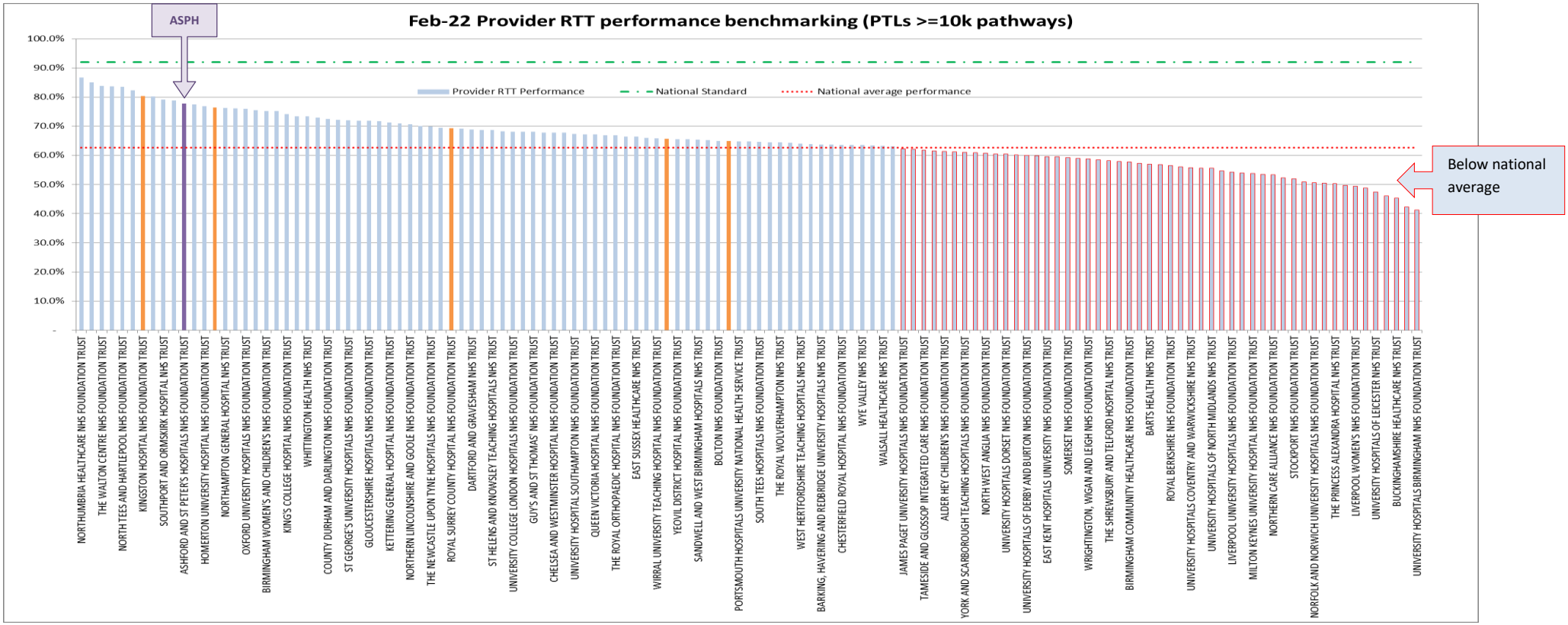
Feb- 2022

Nationally benchmarked TRUST AGGREGATE PERFORMANCE:

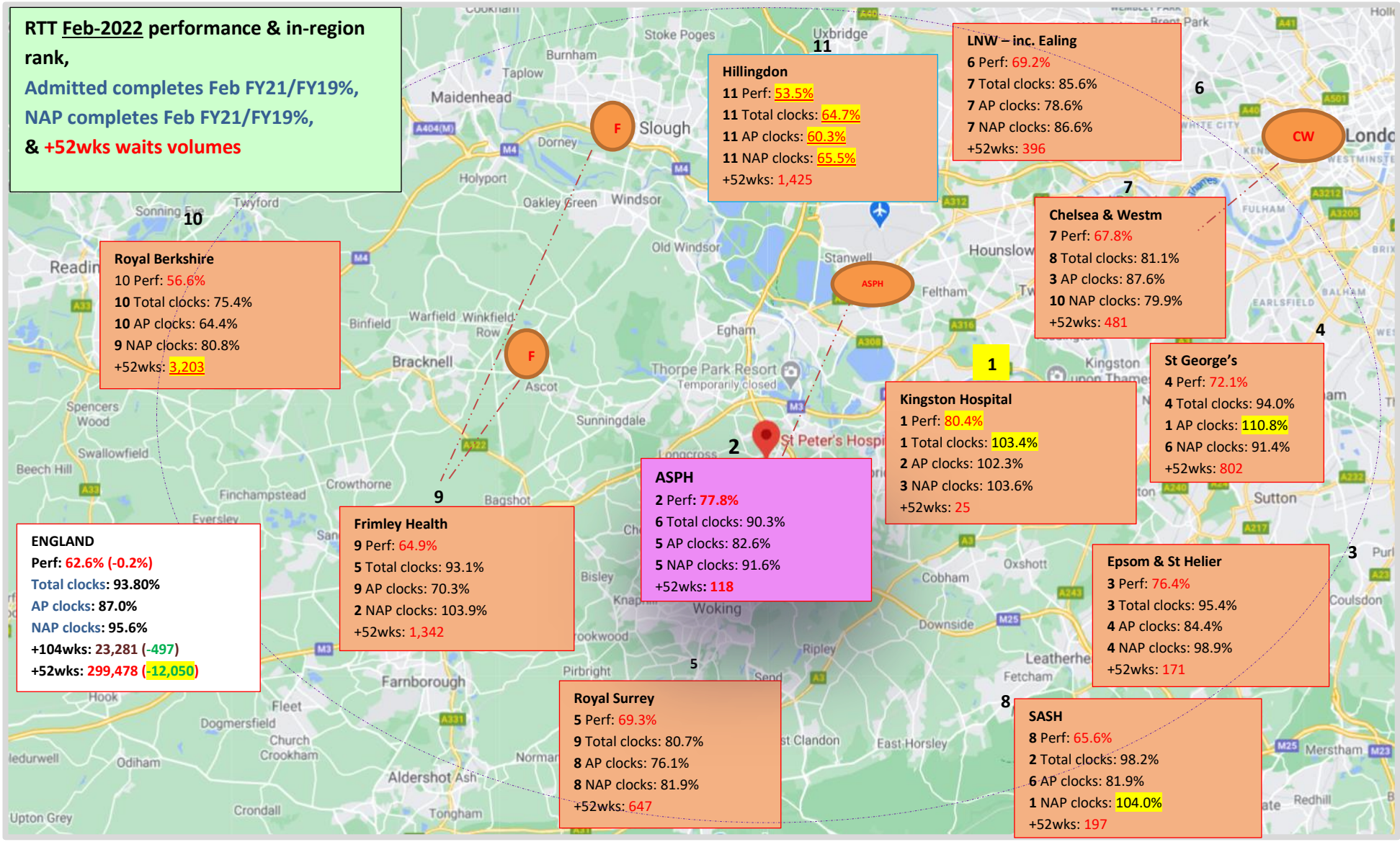
For Trust **PTLs ≥ 10k pathways**, ASPH was **11th ↓ out of 131** providers nationally.

- (PTLs ≥ 10k) National Highest performer at 86.6% ↓ & lowest at 41.3% ↑ against the 92% standard.

For Trust **PTLs ≥ 20k pathways**, ASPH was **6th ↓ out of 105** providers nationally. Highest performer at 86.6% & lowest at 41.3%



Brownish line graphs from left to right: *Kingston, Epsom & St.Helier, Royal Surrey, SASH, & Frimley.*


RTT Feb-2022 performance & in-region rank,
Admitted completes Feb FY21/FY19%,
NAP completes Feb FY21/FY19%,
& +52wks waits volumes
Hillingdon
11 Perf: 53.5%
11 Total clocks: 64.7%
11 AP clocks: 60.3%
11 NAP clocks: 65.5%
+52wks: 1,425
LNW – inc. Ealing
6 Perf: 69.2%
7 Total clocks: 85.6%
7 AP clocks: 78.6%
7 NAP clocks: 86.6%
+52wks: 396
Chelsea & Westm
7 Perf: 67.8%
8 Total clocks: 81.1%
3 AP clocks: 87.6%
10 NAP clocks: 79.9%
+52wks: 481
St George's
4 Perf: 72.1%
4 Total clocks: 94.0%
1 AP clocks: 110.8%
6 NAP clocks: 91.4%
+52wks: 802
Kingston Hospital
1 Perf: 80.4%
1 Total clocks: 103.4%
2 AP clocks: 102.3%
3 NAP clocks: 103.6%
+52wks: 25
Epsom & St Helier
3 Perf: 76.4%
3 Total clocks: 95.4%
4 AP clocks: 84.4%
4 NAP clocks: 98.9%
+52wks: 171
SASH
8 Perf: 65.6%
2 Total clocks: 98.2%
6 AP clocks: 81.9%
1 NAP clocks: 104.0%
+52wks: 197
Royal Surrey
5 Perf: 69.3%
9 Total clocks: 80.7%
8 AP clocks: 76.1%
8 NAP clocks: 81.9%
+52wks: 647
Frimley Health
9 Perf: 64.9%
5 Total clocks: 93.1%
9 AP clocks: 70.3%
2 NAP clocks: 103.9%
+52wks: 1,342
ASPH
2 Perf: 77.8%
6 Total clocks: 90.3%
5 AP clocks: 82.6%
5 NAP clocks: 91.6%
+52wks: 118
Royal Berkshire
10 Perf: 56.6%
10 Total clocks: 75.4%
10 AP clocks: 64.4%
9 NAP clocks: 80.8%
+52wks: 3,203
ENGLAND
Perf: 62.6% (-0.2%)
Total clocks: 93.80%
AP clocks: 87.0%
NAP clocks: 95.6%
+104wks: 23,281 (-497)
+52wks: 299,478 (-12,050)
F
F
ASPH
CW
11
6
7
4
1
2
3
8
5
9
10
Slough
Maidenhead
Windsor
Bracknell
Ascot
Woking
Farnborough
Aldershot
Thorpe Park Resort
Temporarily closed
Sutton
Kingston
Hounslow
Stanwell
Feltham
Old Windsor
Egham
Sunningdale
Oxshott
Cobham
Downside
Ripley
Fetcham
East Horsley
Leatherhead
Epsom
Merstham
Redhill
Coulsdon
Reading
Twyford
Sonning Eye
Binfield
Warfield
Winkfield Row
Spencers Wood
Swallowfield
Beech Hill
Finchampstead
Crowthorne
Bagshot
Eversley
Bisley
Pirbright
Hook
Fleet
Dogmersfield
Church Crookham
Odiham
Crondall
Tongham
Upton Grey
Holyport
Oakley Green
Dorney
Taplow
Burnham
Stoke Poges
Uxbridge
Brent Park
Wembley Park
White City
Fulham
Earlsfield
Balham
Londc

Feb-22 v Feb 20 clock stops (AP, NAP, Total)

Total Clock stop rank	Provider	Feb-22 Tot		Feb-22 AP%		Feb-22 NAP%	
1	KINGSTON HOSPITAL NHS FOUNDATION TRUST	103.4%	1	102.3%	2	103.6%	3
2	SURREY AND SUSSEX HEALTHCARE NHS TRUST	98.2%	2	81.9%	6	104.0%	1
3	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	95.4%	3	84.4%	4	98.9%	4
4	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	94.0%	4	110.8%	1	91.4%	6
5	FRIMLEY HEALTH NHS FOUNDATION TRUST	93.1%	5	70.3%	9	103.9%	2
6	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	90.3%	6	82.6%	5	91.6%	5
7	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	85.6%	7	78.6%	7	86.6%	7
8	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	81.1%	8	87.6%	3	79.9%	10
9	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	80.7%	9	76.1%	8	81.9%	8
10	ROYAL BERKSHIRE NHS FOUNDATION TRUST	75.4%	10	64.4%	10	80.8%	9
11	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	64.7%	11	60.3%	11	65.5%	11

Number of people on NHS waiting lists in England at record high

Figures show 6.2m people waiting for routine hospital treatment, with A&E and ambulance waits also soaring

Some 23,281 people have been waiting more than two years to start treatment. Photograph: Curtseyes/Alamy

The number of people in England waiting to start routine hospital treatment has risen to the highest level since records began 15 years ago, with A&E and

NHS in the South-East reduces its longer waiting times for planned treatments by 57%

April's monthly performance data shows that despite ongoing pressures, hardworking NHS staff in the South East are going above and beyond to accelerate the number of planned procedures.

While continuing to work through Covid backlogs, the number of patients waiting 104 weeks or more for planned treatment in the South East of England has reduced by 57 per cent in just over a month.

NHS staff have developed innovative ways of working to tackle backlogs that built up through the pandemic to keep people safe, while prioritising those who needed urgent care.

Ashford and St Peter's Hospitals NHS Foundation Trust, Medway NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust, Isle of Wight NHS Trust, Portsmouth University Hospital NHS Trust and Surrey and Sussex Healthcare are among trusts in England that have already eliminated patients waiting 104 weeks or more.

At Maidstone and Tunbridge Wells NHS Trust, multi-disciplinary teams are carrying out daily monitoring of patients waiting for planned procedures and increasing pre-operative assessment capacity so that patients do not have to wait more than 52 weeks for planned treatment. The Trust's diagnostic capacity has also increased with the opening of the Community Diagnostic Centre - with 8,000 additional scans since September 2021 and a second MRI scanner due to be installed to help increase capacity.

Isle of Wight NHS Trust redesigned the way they used theatres to meet the current surgical demand and has dedicated two wards to planned care and clinically prioritising patients.

Portsmouth Hospital University NHS Trust created a Covid secure planned surgical pathway, and two ringfenced planned care wards have enables teams to support surgical demand while investment in an additional surgical robot, in September 2021, has improved productivity and created greater capacity for those clinically urgent cases requiring robotic surgery.

Surrey and Sussex Healthcare NHS Trust set up a separate 'Covid protected area' at the start of the pandemic so most urgent procedures could continue and they could resume operations quickly, even throughout the peaks of the pandemic response. The trust also ran extra clinics at weekends to make sure patients were seen as quickly as possible.

Frimley Health NHS Foundation Trusts opened a new planned care hospital specialising in planned, non-emergency operations for Orthopaedics and Plastics, Ophthalmology and Lithotripsy in Ascot this March, increasing access to diagnostic facilities and reducing the number of patients waiting for planned treatment.

By creating a one stop shop for pre-operative assessments and outpatients' appointments, Buckinghamshire Healthcare NHS Trust reduced the waiting times for operations. The Trust also opened a brand new mobile stand-alone cataract suite in the grounds of Stoke Mandeville Hospital, which enables the Trust to perform 80-100 additional cataract surgeries each week.

Claudia Griffith, South East Director of Performance and Improvement at NHS England and NHS Improvement said: "NHS staff are adapting ways of working to address the backlogs that accumulated during the pandemic, and the latest figures show that those efforts are having a positive impact in reducing the number of people experiencing long waits for care.

"Innovative new approaches are ensuring patients on waiting lists are seen and procedures are carried out as soon as possible. It can be frustrating to be waiting for planned care, but our dedicated staff continue to do everything they can to ensure people are treated safely and as soon as possible."

Sir James Mackey, NHS elective recovery adviser, said: "Staff have successfully begun to reduce the longest waits for care, which ultimately means people who have been in need for longest, are now getting the care they need.

"This progress is despite NHS staff this winter facing record 999 volumes and A&E attendances, on top of staff dealing with 170,000 Covid inpatients and 3.7 million days being lost due to Covid-related staff absences.

"There is a long and tough road ahead for the NHS to recover from Covid and help the patients we need to, but these latest numbers demonstrate clearly that the NHS is making the best possible use of the additional investment provided to us, starting with those in greatest need, as part of the NHS Elective Recovery Plan and initiatives like new care units to help people before and after surgery, dedicated diagnostic hubs, alongside creating additional ward capacity.

"As we have said throughout the pandemic, it is vitally important that anybody who has health needs continues to come forward, so that staff can help you with the best options for your care."