Paper 6.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors
Date: 7th September 2022

TITLE	Performance Report - June 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. **Go-Live commenced from 13th May 2022,** which created considerable operational challenges including but not limited to**;** - Inability to book outpatient activity due to clinic template build issues - A considerable increase in new patients waiting to be booked - Inability to view accurate Patient Tracking Lists - Inability to fully utilise endoscopy capacity due to booking challenges, leading to an increase in the endoscopy waitlist - A considerable increase in unoutcomed appointments, impacting the ability to track some patients since go-live - Difficulty in booking inpatient activity - Challenges with producing discharge summaries for inpatient episodes of care Operational teams have been working closely with the Surrey Safe Care implementation and Digital teams to help resolve and mitigate these issues until resolved. This has also required the suspension of RTT and DM01 performance reporting. **Surrey Safe Care Stabilisation Programme** A formal stabilisation programme has been launched to ensure that Surrey Safe Care is functioning safely, efficiently and as effectively as possible. To do this a programme infrastructure of eight focus groups (bronze workstreams) have been created with daily oversight from executive and senior programme and Surrey Safe Care leadership (see appendix 1). Each of these groups has an Executive Lead, Operational Managers, clinical staff, Subject Matter Experts and Surrey Safe Care change partners, along with other interested parties. Together they act on behalf of the Trust to provide clinical, operational and administrative expertise for the continued development of Surrey Safe Care Solution, as well as to provide immediate solutions and mitigations. The eight focus groups are: 1. <u>Outpatients</u> This focus group is concentrating on all issues relating to the booking and administration of outpatient clinics, as well as the administration of patients within clinics by the clinicians. A key priority has been the appropriate 'build' of clinic templates and linkages with the Electronic Referral System (e-RS) used

by GPs to send referrals to our hospitals. This group has already overseen the correction of clinic build issues across all specialities, currently 80% of these have been addressed allowing booking to resume. Significant focus has also been applied to the construction of clinic letters and their deployment within the multiple patients booking scenarios within Surrey Safe Care.

This group has overseen significant training to upskill staff based on extensive feedback from clinical offices and initial analysis of reported problems. Daily bitesize training run over two weeks open to all clerical staff, including those from Royal Surrey has been designed and delivered from this group. Three staff have been seconded full time from operational roles to support this focus group in identifying issues in booking process and to directly support ongoing training at individual user level.

2. Cancer

This group focuses on all aspects of Surrey Safe Care in relation to cancer pathways. Main attention has been the link between Surrey Safe Care on which all new referrals are seen and processed, with the Somerset Cancer Register (SCR) on which all cancer patients are subsequently tracked. This group is also overseeing the initial booking of cancer referrals for first outpatient consultation.

3. Diagnostics

This focus group is overseeing all aspects of diagnostic booking and associated subsequent clinical reporting. Key elements for this group include linkage of test results, appropriate completion of radiology orders, actioning of clinical findings and linking with primary care for pathology tests. Significant focus has been spent on endoscopy that has required significant adjustment to booking templates and supporting staff training, both of which are now underway.

4. Inpatient and Intensive Care Unit

This group has focused on the discharge process including the production of timely and accurate discharge summaries and supporting the review and development of other discharge documentation. Similarly, they are overseeing workflow modifications and system template changes in relation to inpatient referral for speciality review and streamlining clinical handover and documentation processes.

5. Theatres

This focus group has been overseeing the design and implementation of an M-page which will serve as a single page within Cerner that brings together fields from separate areas saving time and increase user accuracy. It is additionally overseeing naming convention of surgical procedures used within the system as well as user training across the Trust. Collaboration with RSFT theatre team to share learning continues and this has allowed us to close identified issues at pace and provide assurance to end users.

6. ED and Patient Flow

This focus group is responsible for overseeing the use for Surrey Safe Care for

	the Trust's emergency pathways into the hospital. Key attention so far has been on the reporting and measuring of 4-hour non-admitted breach performance, the requirement for a new 'time of discharge' field has been identified in collaboration with RSFT and is in the process of being developed. Other developments include review of the layout of ED Realtime Dashboard to improve simplicity, and also on speciality workflows, patient pathway administration and performance validation processes. 7. Maternity and Paediatrics This focus group is managing the review and update of clinic templates within Paediatrics, Gynaecology and Obstetrics, and challenges with the ability of registering newborn babies for which progress has been made to resolve. Supporting staff training has been another of this group's priorities to ensure that staff are confident and competent in using the system. 8. Performance and Information This group's focus is ensuring we have accurate data to allow us to monitor, validate and report on our activity. ***Mitigations to minimise delay and maintain oversight of patients*** A number of immediate mitigations have been put in place to ensure the safety of patients across elements of the pathway that are currently visible to us. Examples of these include: • Additional measures in cancer services of combining separate bespoke reports daily to triangulate accurate patient tracking into the cancer tracking system. • To support missing clinic outcomes the majority of clinical offices are reviewing subsequent clinic letters to check the accuracy of Referral to Treatment 18-week status and subsequent actions required from clinic. A further mitigation is our engagement with MBI, a specialist company that support Hospital Trust's following implementation of new Electronic Patient Record (EPR) systems. Solutions being deployed through this engagement are: • Immediate direction to all waiting lists where patients could appear in Surrey Safe Care that from previous experience are not always initially obvious to Trusts. • Validation teams to support data quality issues as well as those already identified such as missing clinic outcomes where the volumes exceed internal resource availability. • Booking teams to support the backlog of outpatient booking that has been created. • Onsite expertise with highly experienced Cerner expert. • Provision of Luna performance reporting tools – this provides detailed insight into all areas of the Surrey Safe Care system enabling fast track detailed understanding of all waiting lists and functioning of process and workflows in a format directly usable by operational and clerical teams at all levels.

Trust Performance

Covid Position
The number of Covid patients within the hospital have increased from average 10 at the beginning of the month, rising to average 40 at the end of the month. This has led to occasional capacity issues and staff sickness.

Elective Activity
It has been necessary to temporarily suspend Elective Care / RTT reporting due to the operational challenges experienced by the implementation of Surrey Safe Care.

Urgent Care
The Trust's reportable NHSI (SPH site inc. Ashford & Woking WiC activity) performance for June 2022 was 71.7%, a 4.5% decrease on May 2022 (76.2%).

This was primarily due to a 4.4% reduction in non-admitted performance (67.3% in June compared to 71.7% in May). During June, attendances remained very high at an average 344 per day. The average number of patients in A&E overnight waiting for a bed remained low as a result of improved flow through the hospital, with CAU operating as an assessment area for much of the month. This was in the context that bed occupancy remained high in month at 96.4%.

The implementation of Surrey Safe Care has introduced challenge which has had a negative impact on performance, in summary these are:

- Time for the team to adapt to the new system and associated processes
- Clock stop time being recorded too far along patients' pathway following treatment or decision to admit.
- Home screen crowded and difficult to easily see and track patient breach times
- Challenges around subsequent performance validation

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 Surrey Safe Care, increased attendances, unpredictable surges in demand, and potential for Covid surge related presentations is affecting delivery of the 4 hour standard.

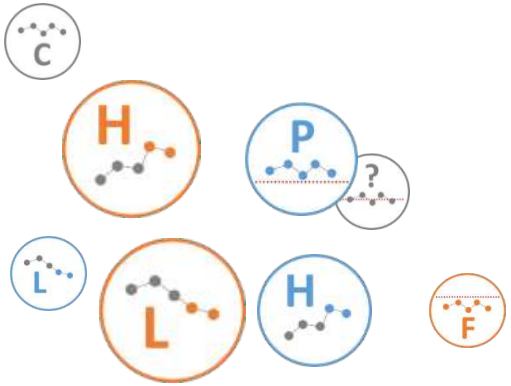
Diagnostics (DM01)
It has been necessary to temporarily suspend DM01 reporting due to the operational challenges experienced by the implementation of Surrey Safe Care.

Expert third party support is helping the Trust ensure all patients are able to be reported from Surrey Safe Care system, part of this is supporting an accurate DM01 waiting list which has become challenged due to data migration issues. This fix is expected to be complete before the end of July.

Assurance: We have partial level of assurance regarding ongoing delivery of

	diagnostic activity similar to or above pre-Covid levels in due course. The progress is being made in overcoming the initial challenge of booking, template changes, and ordering bowl prep. **Cancer** For **May** (latest national upload) the Trust reported compliance for 4 of 8 Cancer Standards; these were; TWR (93.7%), 62 Cancer Screening Performance (100%), 31 Day Subsequent Drug Treatments (100%), and 28 Day Faster Diagnosis Standard (76.1.0%). During the same period the Trust reported non-compliance for; 31 Day Subsequent Surgery Treatments (72.7%) [3 breaches treated on day 33, 35 and 55], TWR Breast Symptomatic (91.3.%), 31 Day Diagnosis to Treatment (92.3%), and 62 Day Urgent GP Referral to Treatment (78.0%). For **June**, the Trust is provisionally reporting compliance for 2 of 8 Standards; 62 Cancer Screening Performance (100%) and 31 Day Subsequent Drug Treatments (100%). The Trust is provisionally reporting non-compliance for TWR, TWR Breast Symptomatic, 31 Day Diagnosis to Treatment, 31 Day Subsequent Surgery Treatments, 28 Day Faster Diagnosis Standard and 62 Day Urgent GP Referral to Treatment (21 breaches) which has been due to a combination of the introduction of Surrey Safe Care, complex pathways, patient illness/cancellations, patient choice and Trust capacity. All positions are currently undergoing validation. The operational challenges that Surrey Safe Care has introduced have impacted Cancer performance and will continue to do so for the coming months. During June this has impacted Breast, Breast Symptomatic and Dermatology Two Week Rule appointments due to SSC build issues affecting clinic templates and the linkage to e-RS requiring substantial additional workflow to book these high volume modalities. The Trust has set up recovery groups to focus on the challenges of the transition to SSC, with a specific workstream focusing on cancer. This group is identifying the key issues and working with the SSC team to prioritise areas that need to be addressed. *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: June 2022
Board Month: July 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

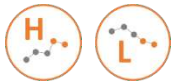
This scorecard incorporates Statistical Process Control (SPC) graphs.

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.

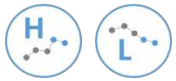
Variation Icons

> 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

Referral to Treatment (RTT)

Reporting Period	
Monthly	June 2022

Elective Care

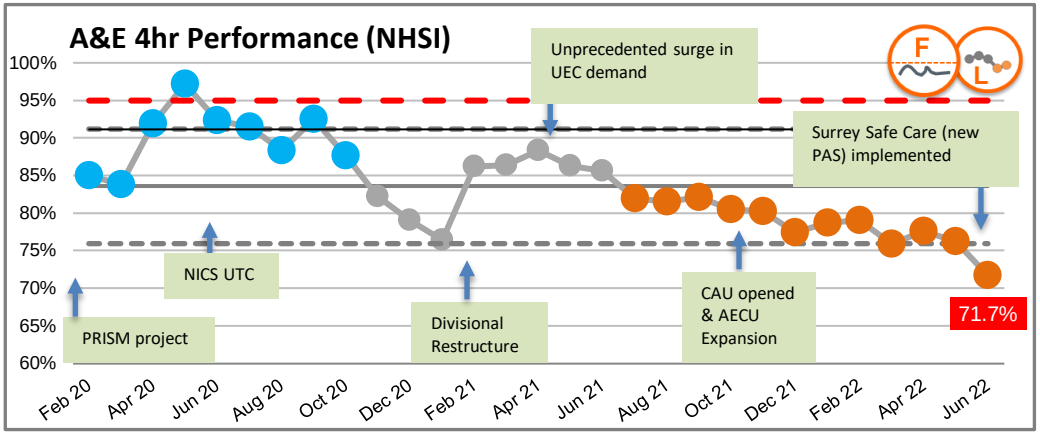
Assurance Level: n/a

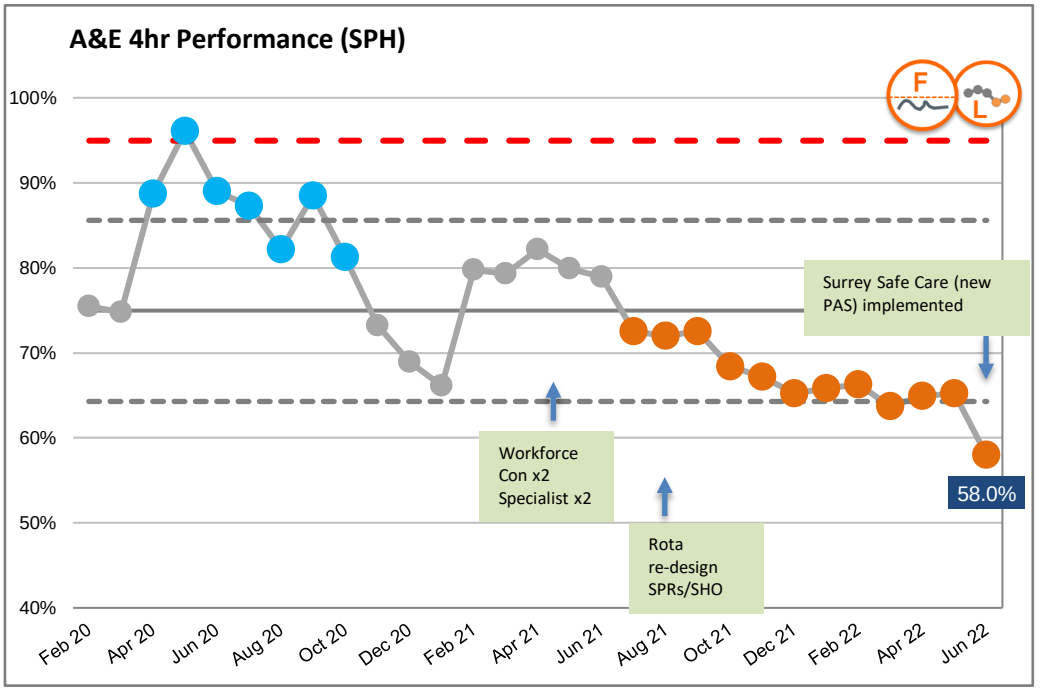
What is impacting current performance?	Reporting of RTT activity is paused following the implementation of Surrey Safe Care (SSC) until data quality can be assured, recent engagement with MBI who bring expertise, validation resource and specialist software will provide significant support to this. Issues relating to the build of clinic templates in the new SSC System have caused significant adverse impact on outpatient and endoscopy activity. Residual pre-migration and emerging post-migration issues are being addressed. Significant work is underway to address clinic builds, outpatient letters and admin staff training which has allowed booking of appointment to recommence although at reduced volumes.
What actions are being undertaken to improve performance?	The Trust is working through the implementation issues through a structured Trustwide stabilisation programme, with considerable focus ensuring; - Clinic templates are rebuilt, to permit outpatient activity to be booked into the correct clinics - Clinical priority patients (including cancer patients) and long waiting patients are tracked and prioritised - Patients telephoned to confirm outpatient bookings, to avoid reliance on system generate letters. - Additional training provided to upskill SSC users - Pre-migration and emerging post-migration issues tracked and resolved using multi-team experts - The reintroduction of accurate internal and external reporting at pace to ensure that assurance on data quality can again assured. Due to the considerable backlogs that have built up in appointment bookings, unoutcomed appointments, and other key areas, the Trust have engaged with third party expert support to; (1) Undertake data quality validation, (2) Provide operational backlog support, bookings and appointments, & (3) Undertake a data quality framework analysis across SSC to inform and prioritise system, process, and user issues for recovery.
When will the position be recovered?	The Trust is facing significant challenges to our elective and diagnostic performance and to clear the resulting backlogs. We have secured additional external support (commencing 18th July 22) to supplement the inhouse teams to restore our performance grip as quickly as possible but meanwhile processing and waiting list backlogs continue to rise.
What are the key risks?	- Operational leaders are focused on working through the challenges in SSC, including supporting clinical and administrative teams which is diverting attention from optimising the delivery required for our restoration and transformation plans, creating risk to performance and in year achievement of financial ERF. - Workforce challenges have also materialised with the introduction of SSC.
What are the Quality implications for the Trust?	The Trust has introduced additional processes to support clinical priority and backlog patients. However SSC has introduced operational challenges which has caused destabilisation to the organisation, affecting outpatient, diagnostic and clinical workflows in the short term. This is creating operational backlogs, delays to booking and treatment, risk of clinical harm, and delays in data submissions to external regulators, until the Trust can resolve.

A&E 4 Hour Performance

Reporting Period: Monthly | June 2022

Emergency Care



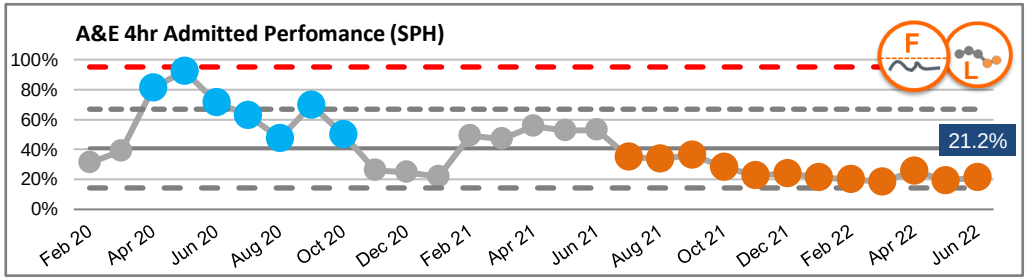


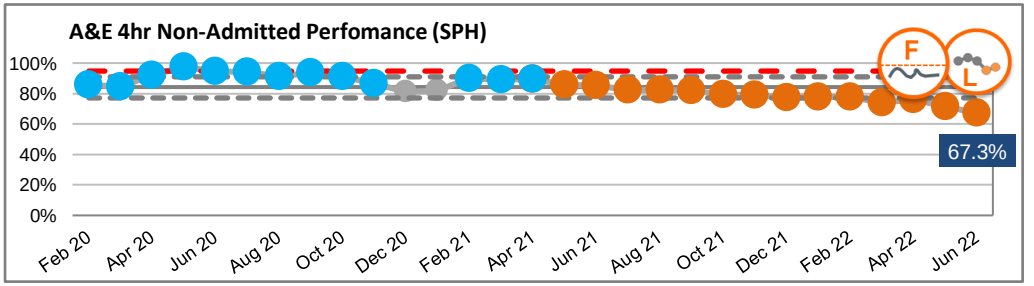
A&E Performance

Overall NHSI performance was recorded at 71.7% in June 2022, a 4.7% reduction compared to May 2022. This was primarily due to a 4.4% reduction in non-admitted performance (67.3% in June compared to 71.7% in May).

During June, attendances remained very high at an average 344 per day. The average number of patients in A&E overnight waiting for a bed remained low as a result of improved flow through the hospital, with CAU operating as an assessment area for much of the month. This was in the context that bed occupancy remained high in month at 96.4%.

Surrey Safe Care issues affecting ED include: (1) reporting changes in the way we are capturing the performance measures which means that this is not accurate in some cases. (2) Cerner system issues within the ED which make it harder to identify what is actually happening e.g. what time the patient left the department. (3) process/training issues within the ED which means that workflows are not always being delivered correctly by staff, and (4) inability to undertake full performance validation because of a combination of data availability, reporting and management capacity. The top 10 issues which need priority resolution have been identified and cover actions to support resolution of the above. Some mitigation is already in place in terms of process workarounds e.g. Nurse in Charge has been asked document in comments the actual time a patient left the ED so that this can be appropriately validated. Further actions are underway as detailed on page 15.





A&E 4 Hour Performance / Flow

Reporting Period: Monthly | June 2022

Emergency Care

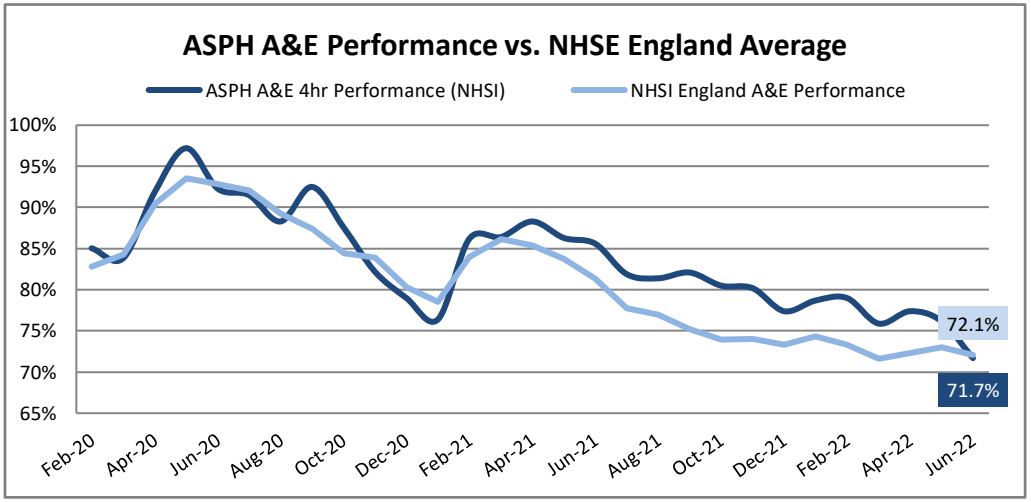
ASPH 4hr Performance (NHSI and SPH)

The Trust's reportable NHSI (SPH site inc. Ashford & Woking WiC activity) performance for June 2022 was 71.7%, a 4.5% decrease on May 2022 (76.2%).

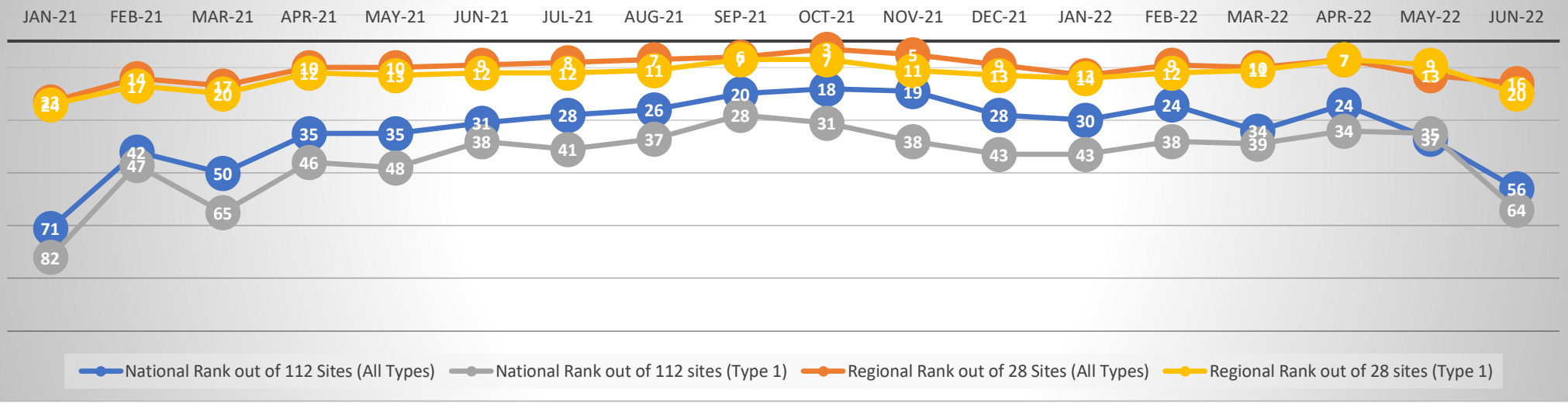
A&E Regional & National Ranking

During June 2022 the Trust's NHSI (all types) performance position regionally was 16th (of 28), and nationally 56th (of 112).

ASPH performance of 71.7% was lower than the NHSE England Average of 72.1% for the same month. The Trust has previously reported higher performance than NHSE England Average since May 2021, although the challenges in adopting Surrey Safe Care have caused an expected temporary reduction in recorded performance.



MEDC National and Regional Performance (past 18 months)

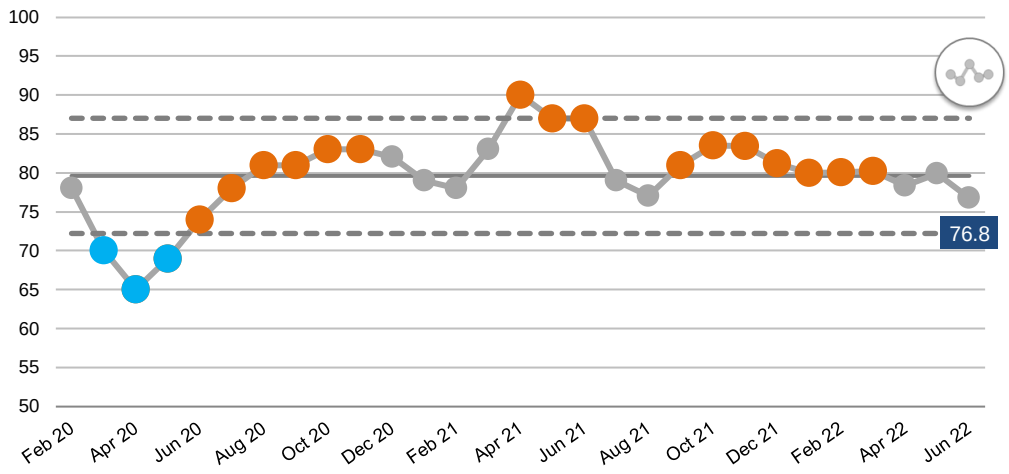


A&E 4 Hour Performance

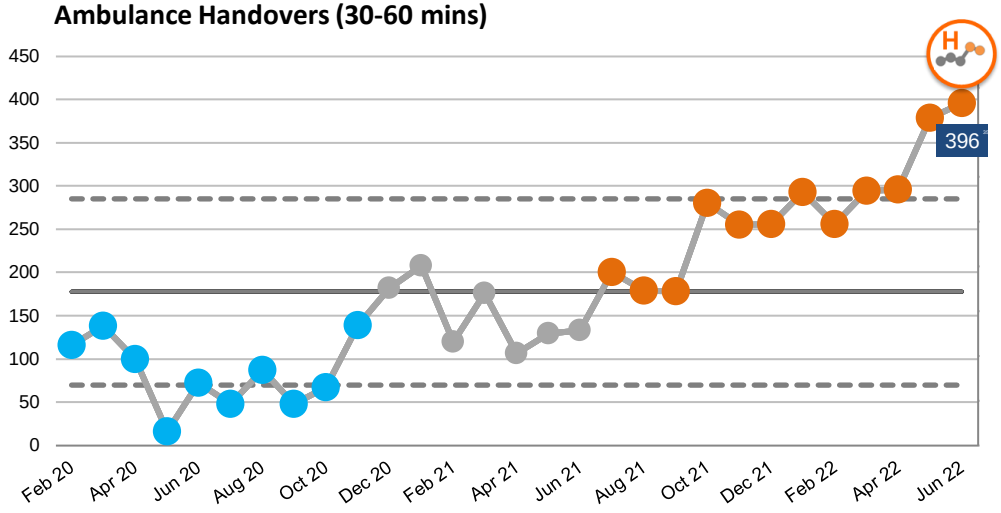
Reporting Period: Monthly | June 2022

Emergency Care

A&E Monthly Average Daily Ambulance Attendances (SPH)



Ambulance Handovers (30-60 mins)



A&E Performance and Flow

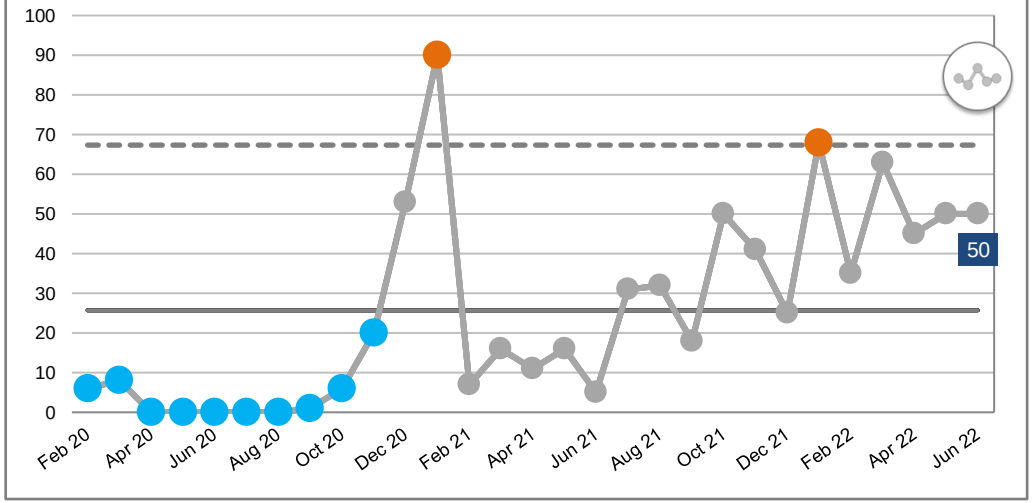
Average daily ambulance attendances in June 2022 (76.8) were slightly lower than those seen in recent months. The number of 60+ minutes handover delays remained the same in month at 50 patients in May. There was also an increase in delays 30-60 minutes, from 379 in May to 396 in June. The handover process continues to take longer than it did pre-Surrey Safe Care so this remains under review.

The new pilot to refer appropriate ambulance patients direct to SDEC is now underway, including Frailty which rolled out on 6th June 2022, but referrals to date have been low, so work is ongoing with SECAMB to improve these.

Average LOS within the Trust remained static at 7.1 days. Stranded patients with a length of stay >7 days and > 21 days reduced slightly but both remained high. Support from system partners, ICS and the 'Main Effort' will support the changes required both internally and at PLACE.

Although daily admissions increased to 78.9 from 72.6, this is in part because for much of June, CAU was flowing and as such was used for its intended purpose as an assessment area. As CAU activity is recorded as inpatient, specialty referred patients who previously have remained in ED and been discharged are now shown as admitted, although some may subsequently have been discharged on the same day.

Ambulance Handovers (60+ mins)

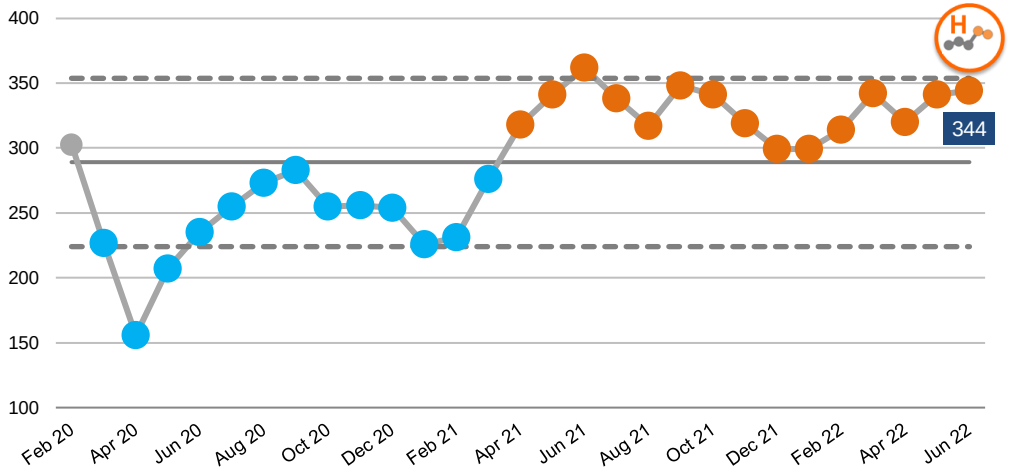


Hospital Flow

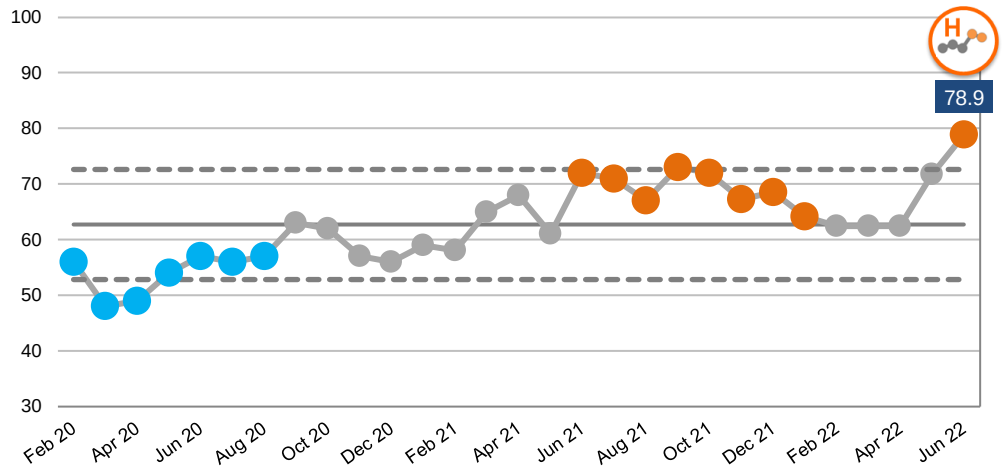
Reporting Period: Monthly | June 2022

Emergency Care

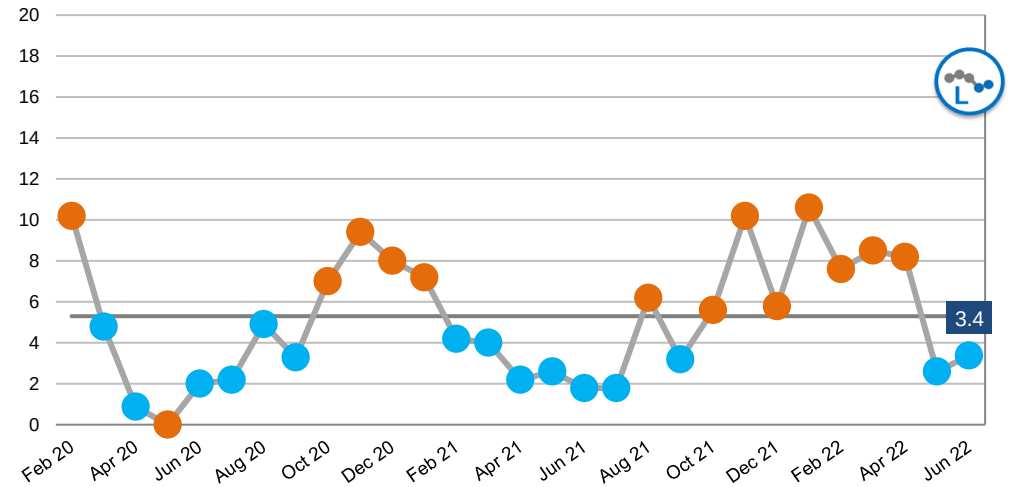
A&E Monthly Average Daily Attendances (SPH)



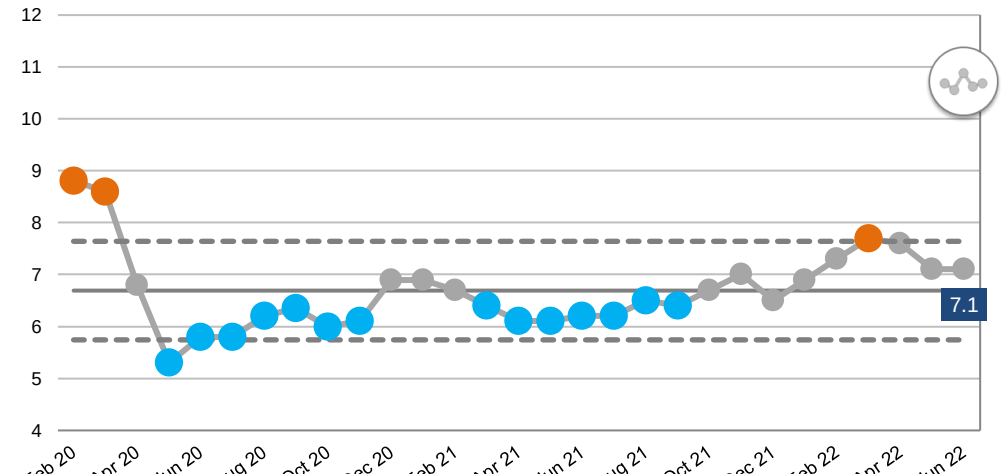
A&E Monthly Average Daily Admissions (SPH)



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



Average Length of Stay

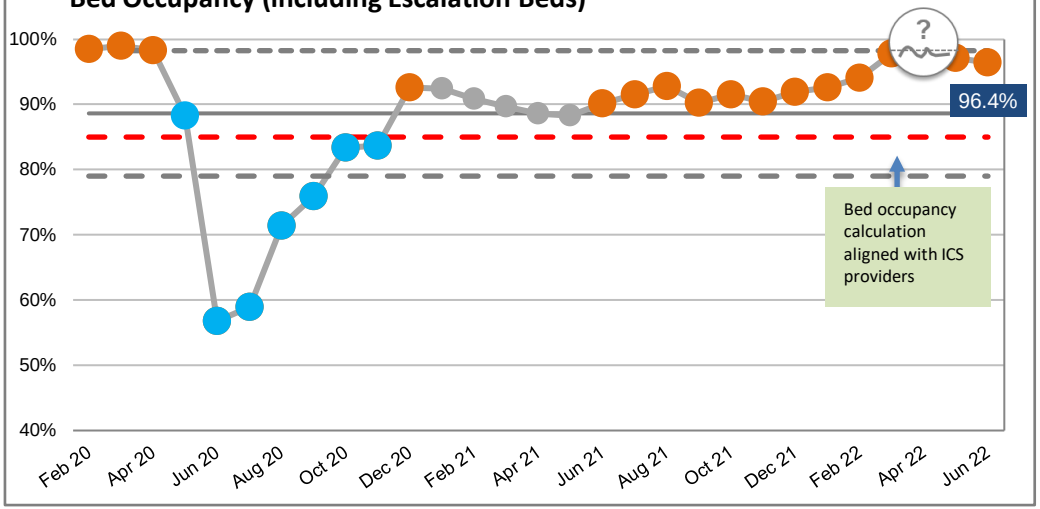


Hospital Flow

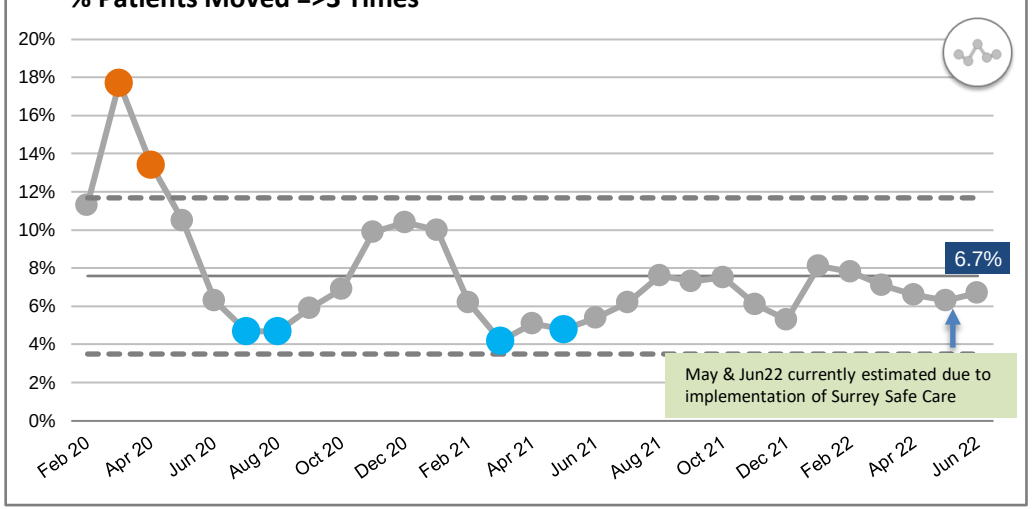
Reporting Period: Monthly | June 2022

Emergency Care

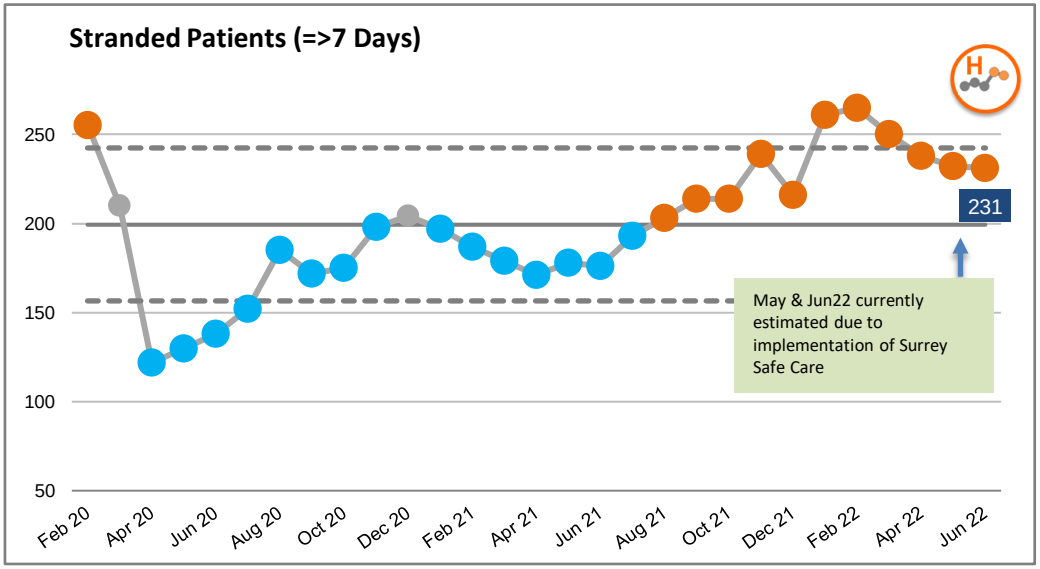
Bed Occupancy (including Escalation Beds)



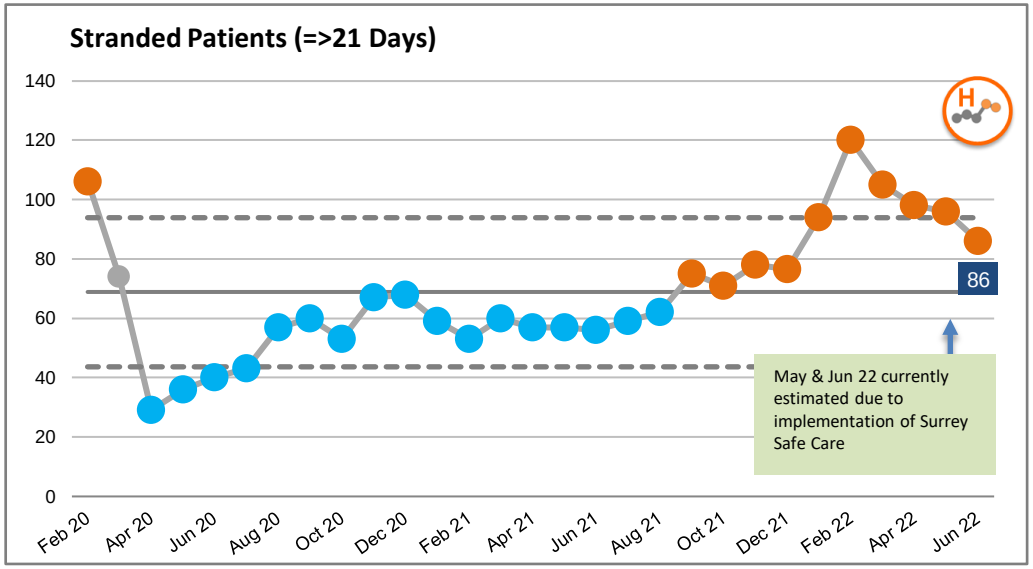
% Patients Moved =>3 Times



Stranded Patients (=>7 Days)



Stranded Patients (=>21 Days)



A&E 4 Hour Performance / Flow

Reporting Period	
Monthly	June 2022

Emergency Care

Assurance Level: **Partial**

What is impacting current performance?	• The implementation of Surrey Safe Care changed the way in which the Trust is reporting and measuring 4 hour non-admitted breach performance, leading to inaccuracy (an estimated 4.5%-5% reduction in performance). This issue has been discussed in a joint meeting with RSCH and SSC have agreed to implement a new time of discharge field to be populated by ED staff to enable accurate tracking of when patients leave the ED. • There needs to be some simplifications to the SSC build for ED to increase visibility of the correct time that a patient leaves the department, and to enable the nurse and consultant in charge to have improved oversight to help them to manage performance. This action has been agreed in principle with SSC team who are reviewing the change required and expect to provide a timeline for completion in the near future. • There are some SSC process issues which are leading to delays as staff are not necessarily using the correct workflows. The ED management teams are regularly reminding and shadowing teams to support them to understand what they should be doing. In addition, specific Nurse in Charge training has been requested and will be provided by SSC team. • Implementation of Surrey Safe Care also impacted on validation and reporting processes as we remain unable to fully validate daily performance. This is due to a combination of lack of necessary information (e.g. correct time of discharge), having to look into multiple screens to find information, and management capacity as the process takes much longer. There are multiple actions underway to improve this including:- 1) requested changes to SSC build and reporting – timeline awaited from SSC, 2) implementation of an additional temporary member of staff to support monitoring of actual time of discharge to enable accurate reporting – options review underway, 3) a review of the flow co-ordinator function to increase focus on tracking and real time validation – due by September 2022. • Non SSC related issues and actions impacting current performance continue as described in the May 2022 report but have not been repeated here due to space considerations.
What actions are being undertaken to improve performance?	1. Weekly UEC SCC Stabilisation Focus Groups underway to identify SSC issues post-go live and to work with RSCH and SSC team to address these. Actions as above. 2. Looking at workaround to capture the correct time that patients are going home through a new admin process pilot. 3. Embedding Beautiful Information Inpatient PTL to provide greater oversight of the discharge processes and support improved pathway management 4. Focus on non-admitted performance, in particular RAT in triage in ambulatory. Triage waiting times significantly increased following SSC go live and pathways are being reviewed. 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 Medical Director, closed on 22nd April 2022. The aim is to finalise the outcome and implement in September. 7. Proposals to extend the hours of AECU, increase the acute medical workforce and improve medical on call rotas are being developed and revised. 8. 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. 9. Plan to develop AECU PTL to increase visibility of waiting times and to support escalation of delays.
When will the position be recovered?	Until June 2022 the Trust has consistently recorded better A&E performance than the NHSE England average. The position deteriorated in June 2022 due to the impact of SSC. Actions are underway to resolve these issues as above. 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?	- Reporting post SSC implementation is not currently in line with national standards for measurement. This is leading to reduced performance. Actions as above. - Increasing volume of activity, and surges in activity due to demand/IPC leading to imbalance in demand and capacity. Exit block from ED due to hospital flow - Recruitment, retention and engagement of the current workforce to work differently. - 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 rapid rounds (RAT) in majors and ambulatory 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	June 2022

Elective Care

Assurance Level: **Partial**

What is impacting current performance?	Reporting of DM01 activity has been paused due to the implementation of Surrey Safe Care (SSC). This has also caused the inability to fully utilise endoscopy capacity due to booking challenges during June, although a fix has now been implemented, however this has led to an increase in the endoscopy waiting list whilst waiting for this. The recent increase in covid infection in the community has also led to last minute cancellations and staff sickness. In order to allow time for staff to adapt to SSC some US and CT lists were reduced which has impacted on waiting lists. This is in addition to cancellations due to covid infection affecting both patients and staff.
What actions are being undertaken to improve performance?	Endoscopy: TWR and inpatient priority patients have been prioritised, with Nurses helping to support the booking of endoscopies. MRI - Our MRI provider has additional initiatives during FY22 to increase capacity. 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 has been actively recruiting substantive staff into the current vacancies. 6 new radiographers have now joined the department (July 2022, although currently on an induction programme) with another 4 arriving in the next few months. This has been achieved partly by support with overseas recruitment from HEE and the Trusts own recruitment process. This is having a positive effect on staff morale. In addition 3 Radiologists have been appointed and will join during the next 1-2 months DEXA - The recent DEXA backlog has now been largely resolved Reporting - Expert third party support is helping the Trust to ensure all patients can be reported from Surrey Safe Care system, allowing an accurate DM01 submission to be made. This fix is expected to be complete before the end of July. A diagnostic stabilisation group which is working through the risks and priority areas to address post the implementation of SSC. As part f this work the imaging PACS team meet jointly with RSFT to work on key issues affecting both trusts. This is allowing both departments to learn from each other and find solutions to each Trust's problems
When will the position be recovered?	Endoscopy – ongoing issues with SSC continue to lead to difficulties in predicting a recovery time.
What are the key risks?	- Current acute shortfall in radiographers has meant a reduction in our ability to fully run our services although when staff are fully inducted this will be resolved. - Future Covid surges & increasing demand, Competing pressure from urgent care, inpatients and cancer pathways. - Workforce - Further migration issues materialising in Surrey Safe Care.
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 teams. 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

Reporting Period: Monthly | June 2022

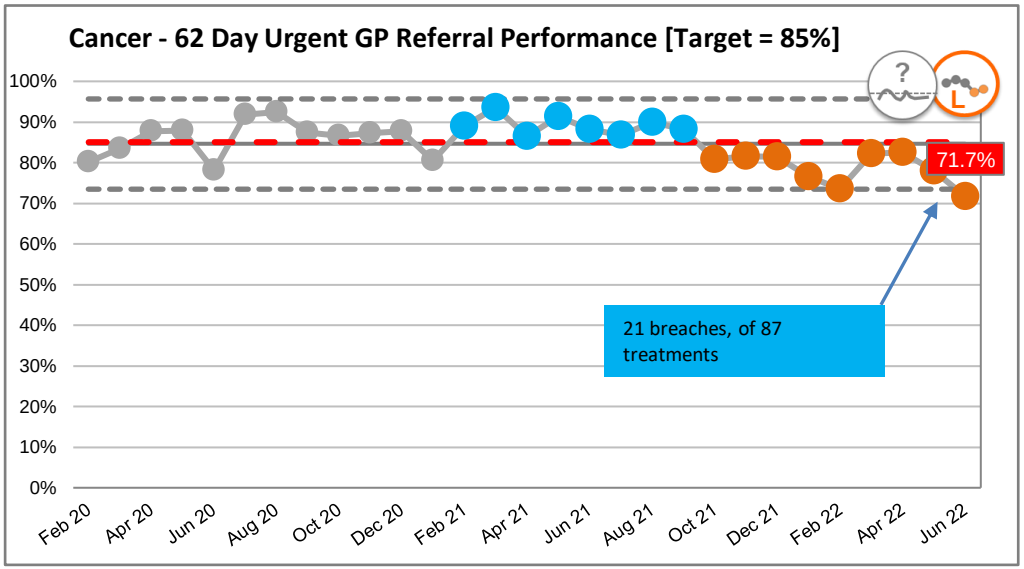
Elective Care

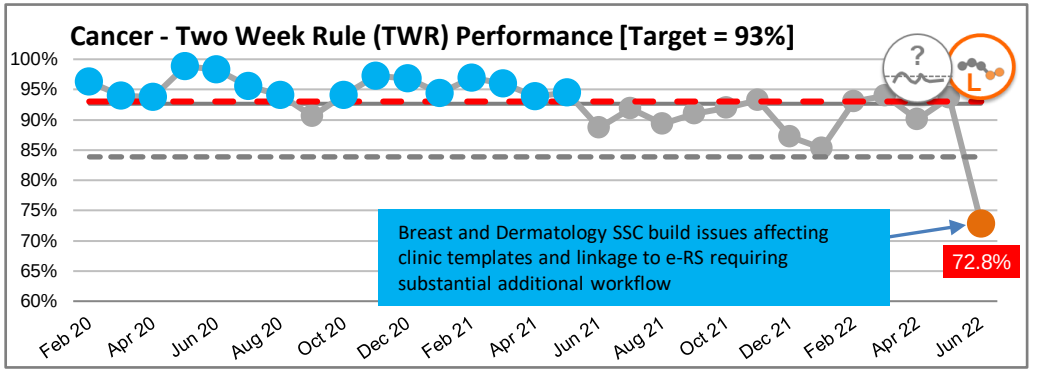
TWR
The Trust is currently predicting a non-compliant TWR performance for June at 72.8%.

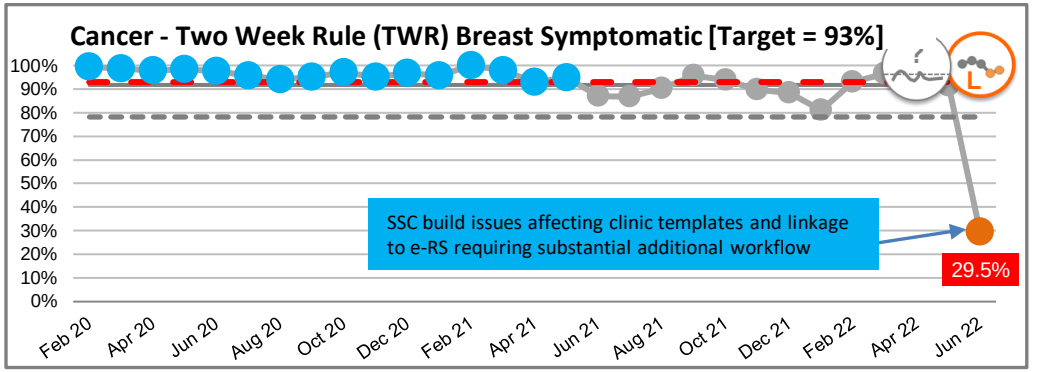
62 Day GP Referral to Treatment
The Trust is currently predicting non-compliance against the 62 Day GP Referral to Treatment performance standard for June at 71.7% pending final validation . The delays recorded to date are; complex pathways (11 patients), capacity (3 patients), and patient fitness/choice (5 patients), hospital delays (4 patients) (23 but includes shared breaches with RSCH) . The current number of treatments is expected to increase as remaining pathology reports are recorded.

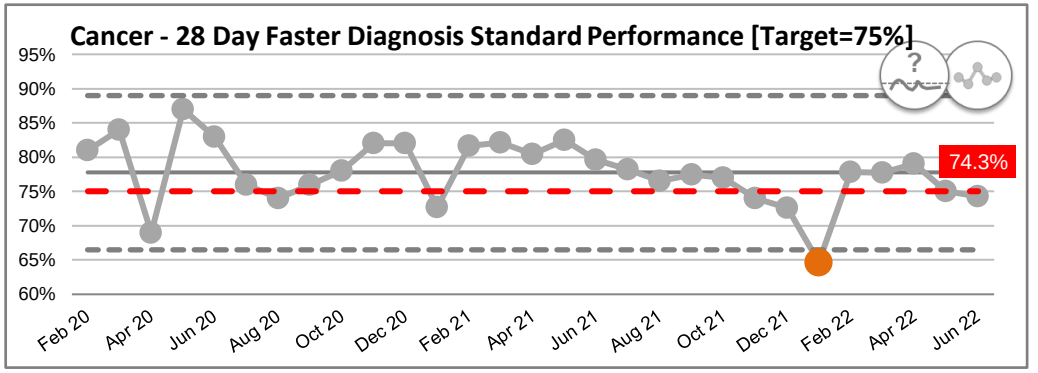
28 Day Faster Diagnosis Standard and Patients Waiting Greater than 62 Days
The Trust is recording provisional non-compliance against the 28 Day Faster Diagnosis Standard at 74.3% (target = 75%).

Patients Waiting Greater than 62 and 104 Days
The Trust has seen a trending increase in the number of patients over 104 days due to the introduction of Surrey Safe Care (catching up backlog) and Covid sickness amongst staff and patients).





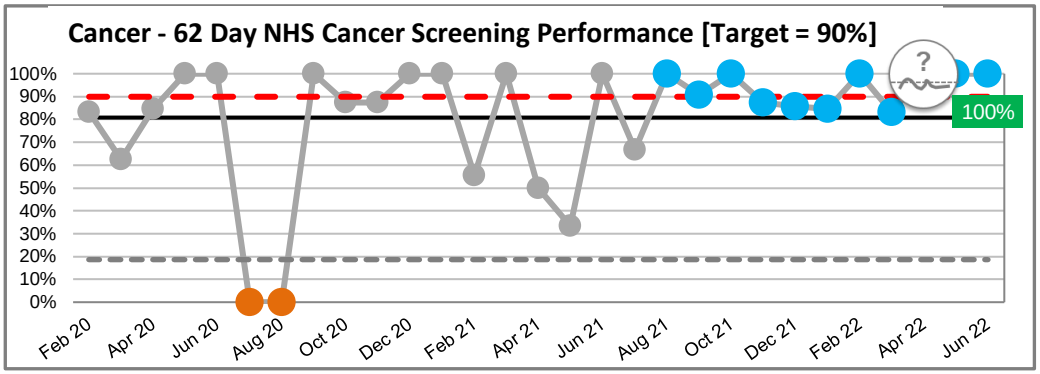


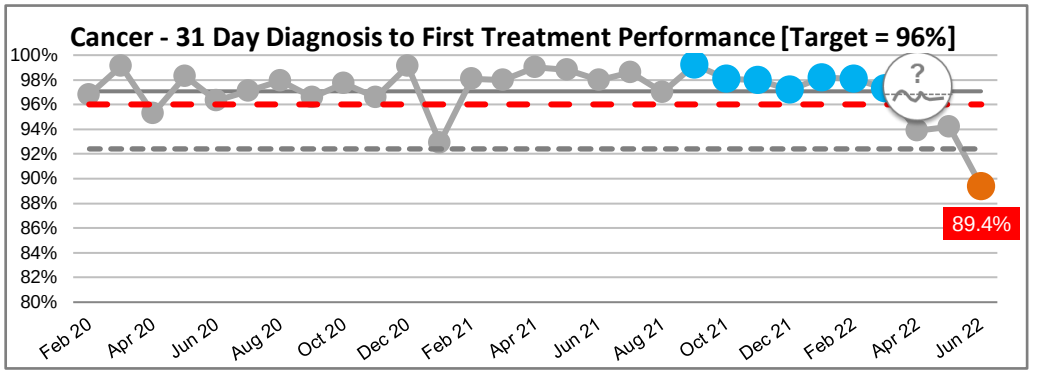


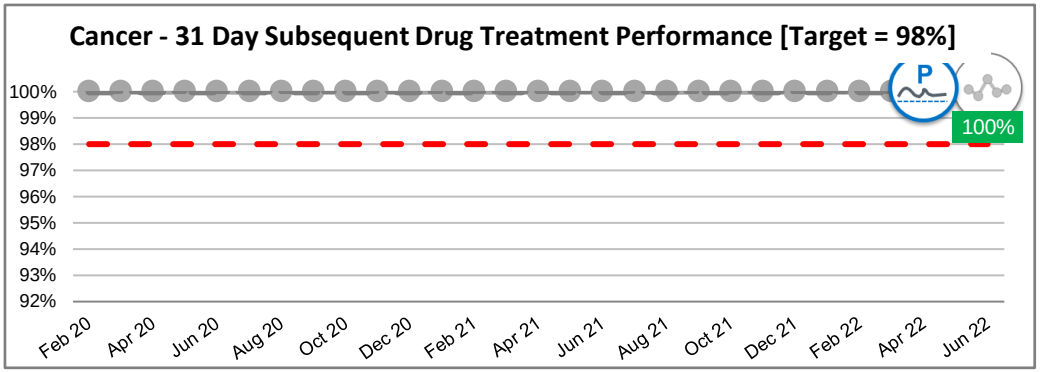
Cancer

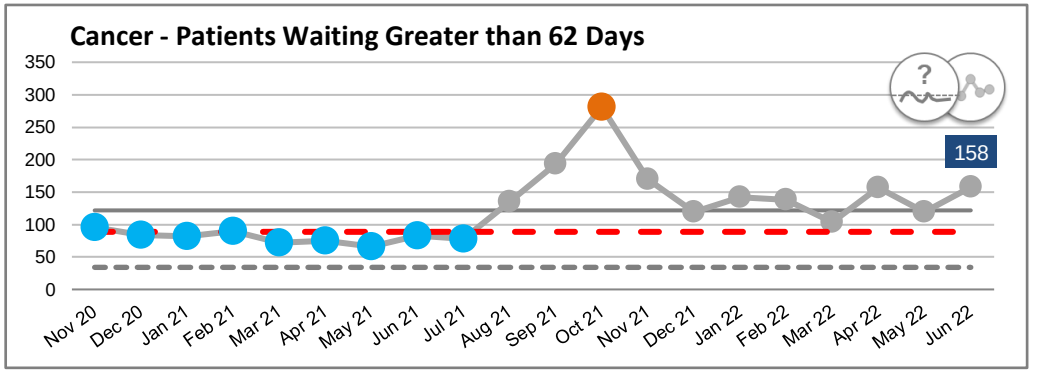
Reporting Period: Monthly | June 2022

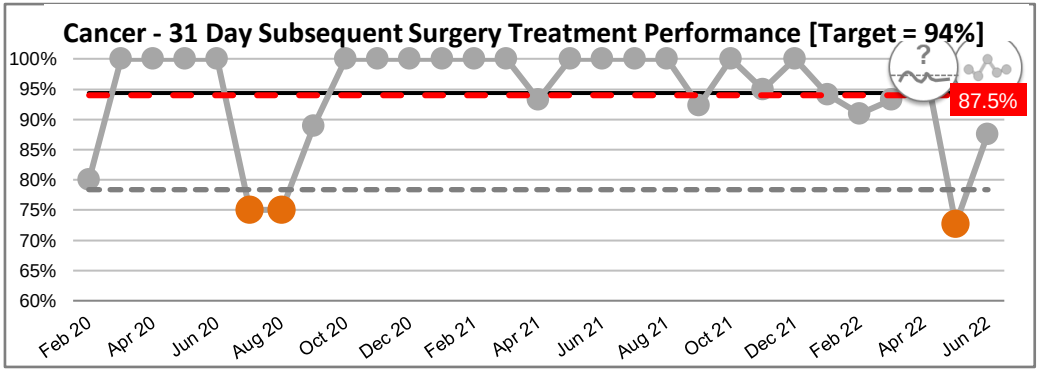
Elective Care

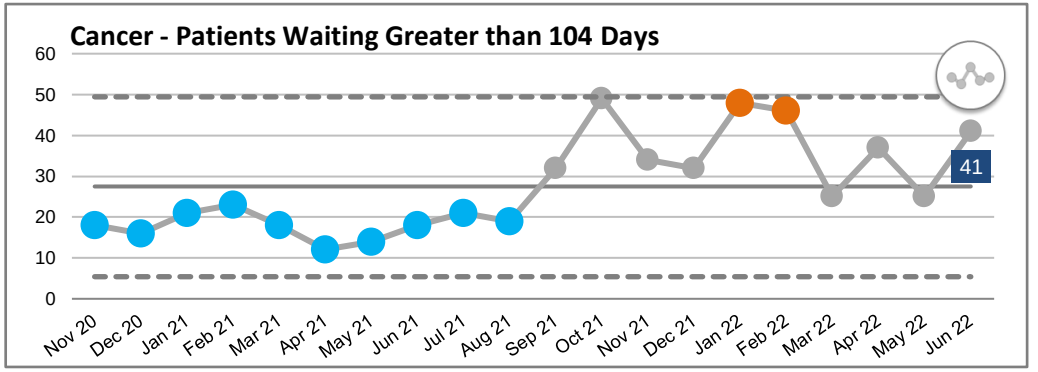












Cancer

Reporting Period: Monthly | June 2022

Elective Care

Assurance Level: **Partial**

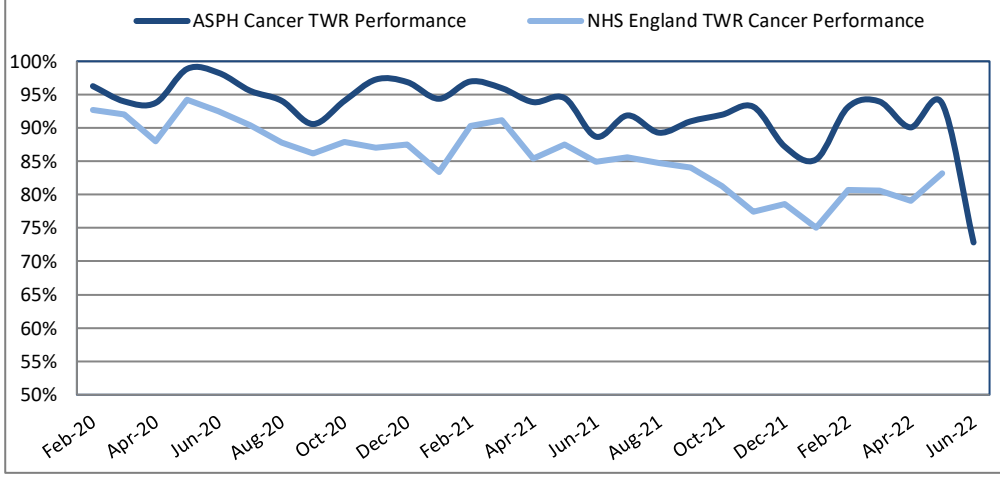
What is impacting current performance?	For May (latest national upload) the Trust reported compliance for 3 of 8 Cancer Standards; these were; TWR (93.7%), 62 Cancer Screening Performance (100%), and 28 Day Faster Diagnosis Standard (76.1.0%), During the same period the Trust reported non-compliance for; 31 Day Subsequent Drug Treatments (100%), 31 Day Subsequent Surgery Treatments (72.7%), due to considerable demand in Dermatology and Colorectal, TWR Breast Symptomatic (91.3.%), 31 Day Diagnosis to Treatment (92.3%), and 62 Day Urgent GP Referral to Treatment (78.0%). The operational challenges that Surrey Safe Care has introduced have impacted Cancer performance and will continue to do so for the coming months. During June this has impacted Breast, Breast Symptomatic and Dermtology Two Week Rule appointments considerably due to SSC build issues affecting clinic templates and the linkage to e-RS requiring substantial additional workflow to book these high volume modalities. The Trust has set up recovery groups to focus on the challenges that SSC has introduced, with a specific workstream focusing on cancer. This group is identifying the key issues and working with the SSC team to prioritise areas that need to be addressed. Capacity has also been under immense pressure across most tumour sites due to higher levels of referrals. The Trust regularly reviews and revises capacity based on variation in demand which has provided greater resilience with ASPH performance good against local and national performance benchmarks. For June, the Trust is provisionally reporting compliance for 2 of 8 Standards; 62 Cancer Screening Performance (100%) and 31 Day Subsequent Drug Treatments (100%). The Trust is provisionally reporting non-compliance for TWR, TWR Breast Symptomatic, 31 Day Diagnosis to Treatment, 31 Day Subsequent Surgery Treatments, 28 Day Faster Diagnosis Standard and 62 Day Urgent GP Referral to Treatment (21 breaches) which has been due to a combination of the introduction of Surrey Safe Care, complex pathways, patient illness/cancellations, patient choice and Trust capacity. All positions are currently undergoing validation.
What actions are being undertaken to improve performance?	The trust has introduced stabilisation focus groups to provide increased scrutiny of cancer recovery. This the primary focus of the organisation as we embed SSC. There is ongoing work to ensure the agility to respond flexibly to referral surges. The cancer services team continue to work to bring greater collaboration between departments to improve clinical pathways. The Cancer performance meeting structure is being modified in response to the introduction of SSC to increase scrutiny at the twice weekly whole Trust tumour site review meetings.
When will the position be recovered?	It is expected that the impact of the introduction of SSC will be felt in aspects of our cancer performance until at least December 2022. The focus of the trust at present is to identify and rectify challenges introduced by SSC. Demand also 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?	- Surrey Safe Care impacting workflow - Backlog of patients as a result of the introduction of SSC - Capacity due to increase and surges in demand, Availability of workforce - Covid
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 and is currently under review as a result of the introduction of SSC. It is expected that this will rise. The impact of SSC on cancer has been added to the corporate risk register as an additional risk to service provision.

Cancer - National Comparison

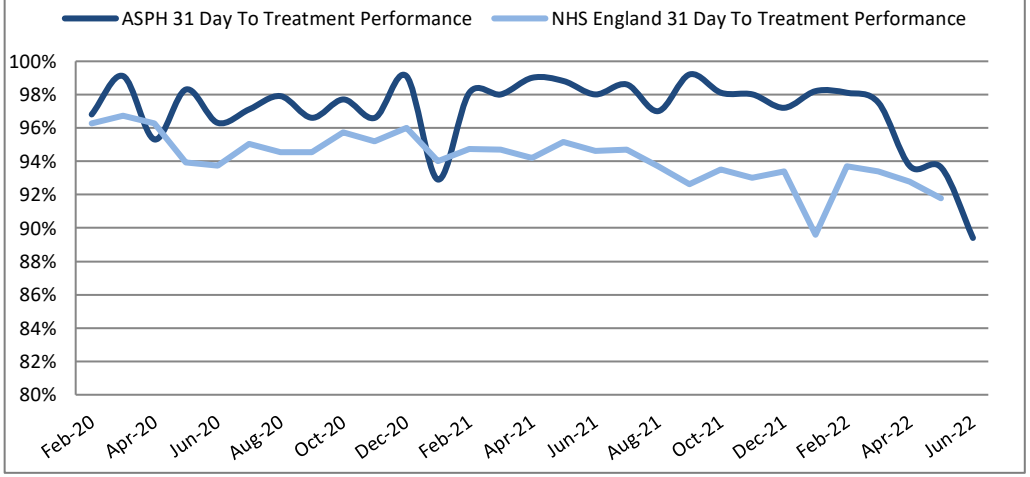
Reporting Period: Monthly | June 2022

Elective Care

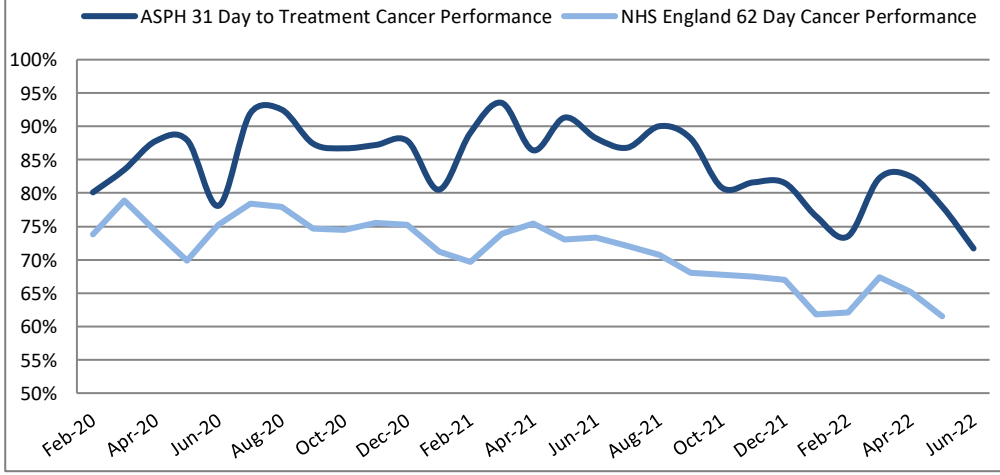
ASPH TWR Cancer Performance vs. NHS England (Average)



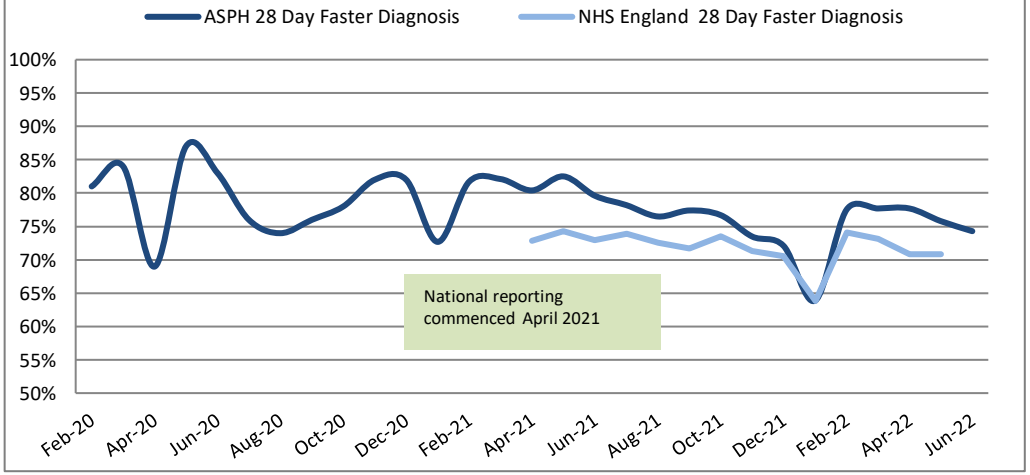
ASPH 31 Day To Treatment vs. NHS England (Average)

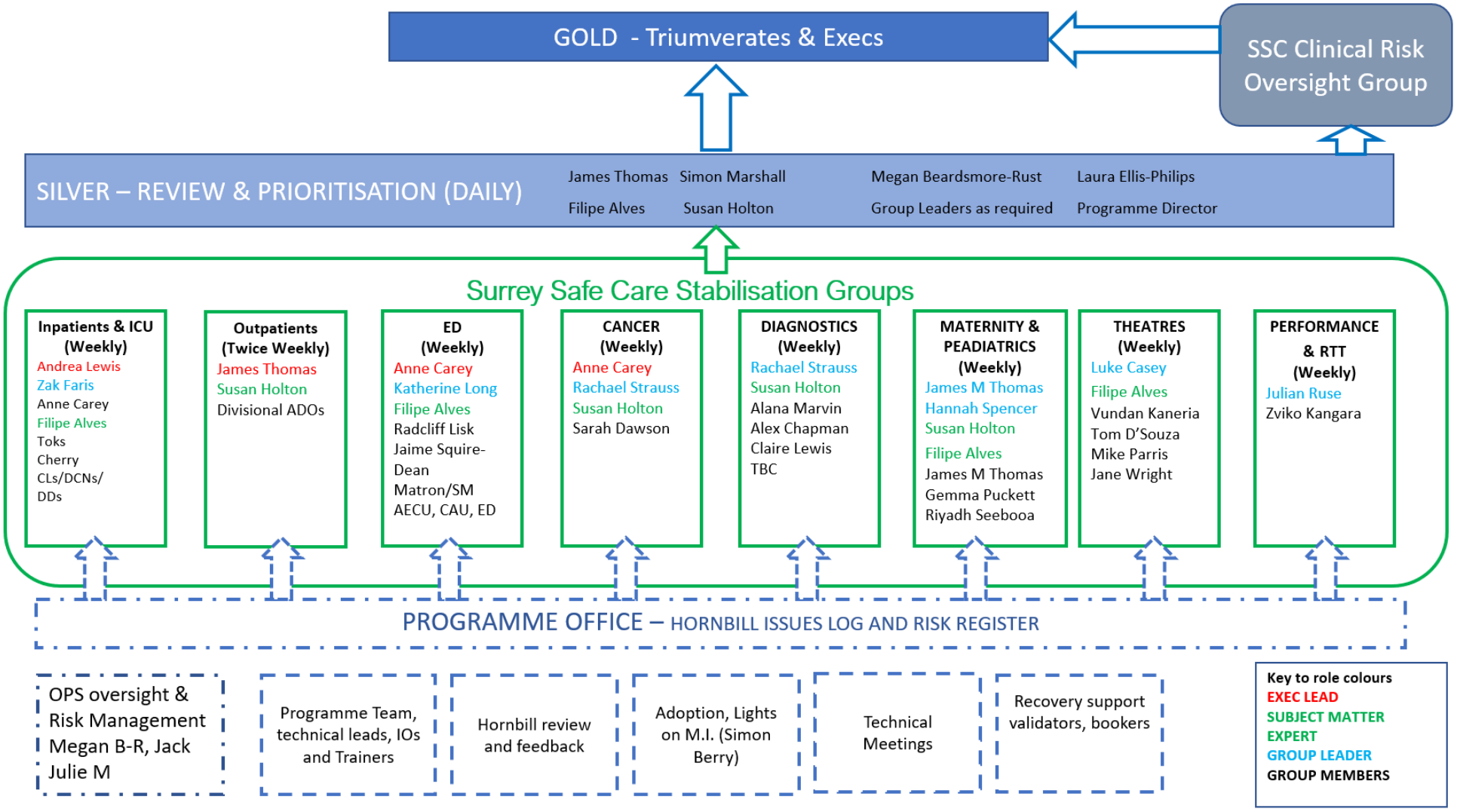


ASPH 62 Day Cancer Performance vs. NHS England (Average)



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



APPENDIX 1

Ashford and St. Peter's Hospitals
NHS Foundation Trust