Paper 6.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors
Date: 7th December 2022

TITLE	Performance Report - October 2022
EXECUTIVE SUMMARY	This paper relates to Board Assurance Framework risk 2.3 regarding the risk of not delivering key constitutional standards. **Surrey Safe Care (SSC)** Surrey Safe Care commenced from 13th May 2022 which created considerable operational challenges as detailed in previous performance reports. Operational teams have been working closely with the Surrey Safe Care implementation and Digital teams to help resolve and mitigate these issues until resolved. **Trust Performance** **Covid Position** The number of Covid inpatients within the hospital averaged 23 during the month although the maximum number being treated for Covid as their primary condition did not exceed more than 10 daily. The current position has reduced to 11 patients with Covid, 3 being treated for Covid. **Elective Activity** We have turned back on the RTT and DM01 reporting and have submitted provisional data centrally to NHS Digital although caveated whilst substantial validation work continues. However, we are recording comparatively low number of patients against the current key standards of 78 weeks and 52 weeks as these patients have been comprehensively tracked and progressed throughout the pandemic. This is included as Appendix A. An updated slide providing ASPH benchmarks with other providers on the number of patients waiting over 52 weeks is included at the end of this report as Appendix B. **Urgent Care** Overall NHSI performance was recorded at 72.7% in October 2022 compared to the national expectation set at 95%. The Trust's performance was a 0.2% reduction compared to September 2022 due to a reduction in all types performance. Type 1 performance (ED and UTC) reduced slightly from 58.8% in September to 58.2% in October (-0.6%). This was driven by a reduction in UTC performance, due to Emergency Nurse Practitioner vacancies and increased demand at peak times due to diverts from the Walk In Centres when they were at capacity. A comparison of A&E4hr National and Surrey Heartlands ICS performance by provider is included on page 9 which identifies the considerable resilience ASPH has been able to achieve compared to local providers and the national

average.

A 'Main Effort' action plan has been created to deliver further resilience and improvment, with a trajectory developed to increase Type 1 performance to 75% by the end of March. The key 'Main Effort' workstreams, supporting A&E 4 hour performance and flow are included on page 13.

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.

Main Effort

The Main Effort (ME) continues to work as a conceptual tool. Focusing both staff and activity on flow and discharge and working to ensure only that those that would benefit from our care reside with us.

The initial focus of the ME was fairly niche and focused on key areas (ward refurbishments and additional capacity in the community) whereas now it is being broadened to create a Trust level initiative. The underpinning principle of 'right care in the right place at the right time' seems to fit really well for the ME and has now been discussed at TEC, Team Talk and with all of the Trust Consultants. As ever we are keen that ideas and solutions are generated and owned at the local level.

The ME is now focusing heavily on Urgent Care and is working very closely with the UEC Division. Russell Lewis and Katherine Gumbs have been supporting the ADO and DCN (they are between DDs) around planning, project management and data capture.

A new initiative utilising Nurse led 'navigators' was started at the beginning of October. This sees a Nurse navigator on station at the ED door to assist with getting the patient on to the correct pathway as quickly as possible. Still in its infancy the concept is proving sound and has real potential. Further work is required aligning other areas of urgent care with the activity but, the initial results are good.

UEC have developed a wider plan for the whole division focusing short term on operational issues and longer term addressing cultural and behavioural issues, which commenced 17 Oct.

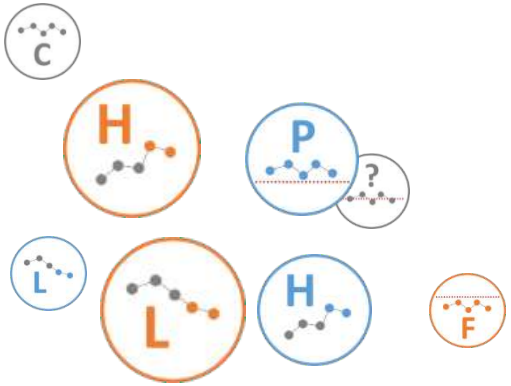
This initial action engaged and re-orientated the entire Division on to the ME through a two week 'reset' to as the cultural foundation to change behaviours and activity rather than something short term, leading onto a focus on ambulatory pathways and simplification and rationalisation of both areas and pathways within UEC.

The ME steering group has also been reviewing both the Trust Winter Plan and the 100 Day challenge. Deconfliction between the ME and Winter Plan has now been conducted and complimentary activity is coordinated through steering group. A lot of the ME activity either delivers or compliments the 100 Day Challenge and again the steering group is monitoring this; led by Anne Carey.

	Urgent Care will be occupying ME activity for a while but the aspiration is to review and start work on surgery, particularly length of stay and seven day a week service, as soon as the situation allows. **Stroke Performance** Stroke performance is now included within the performance report, on page 14. The Trust has seen challenging performance for patients 'being admitted within 4 hours of arrival' and 'spending 90% of their stay on a stroke ward' due to high bed occupancy within the hospital and the requirement for covid IPC. However, where a bed has been unavailable in the Stroke ward, full care has been provided within ED and other wards. A comprehensive action plan is currently in place to support improved stroke performance including sufficient ring-fenced beds in the stroke ward to permit early transfer from ED. **Diagnostics (DM01)** The Trust re-commenced submission of the monthly DM01 statistics although excluded Audiology, Cystoscopies and Urodynamics whilst the clinics are built on SSC. With the exclusion of these since Surrey Safe Care go-live, our performance for October identifies an improving trend in DM01 performance to 92.2%. The clinic rebuilds are due to be completed and available during Q4. Expert third party support is helping the Trust ensure all patients are able to be recorded and reported from the Surrey Safe Care system, part of this is supporting an accurate DM01 build and waiting list solution. *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 **September**, (latest national upload) the Trust reported compliance for 2 of 8 Cancer Standards. For **October,** the Trust is provisionally reporting compliance for 1 of 8 Standards; 31 Day Subsequent Treatments. For further information please see page 20. The Trust has been receiving an increased level of referrals in high volume tumour sites (Colorectal and Dermatology) which outstripped the available capacity within the organisation. The ongoing demand for dermatology is also impacting the 28 day faster diagnostic service and 62 day performance standards. The Trust has a number of initiatives in place to recover the cancer position which includes the provision of additional outpatient and diagnostic capacity, and prioritisation of existing capacity for suspected cancer patients. Additional initiatives, including a contractual review of the dermatology service with commissioners (to support with current imbalance between demand and service capacity) are identified on page 20. We are working closely with our commissioners to manage the increasing

	demand for dermatology to help recover the Trust's cancer position. Whilst this remains underway, it is expected that our cancer performance will be challenged until at least December 2022. *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: October 2022
Board Month: December 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

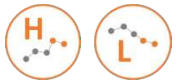
This scorecard incorporates Statistical Process Control (SPC) graphs.

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.

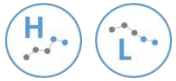
Variation Icons

> 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	October 2022

Elective Care

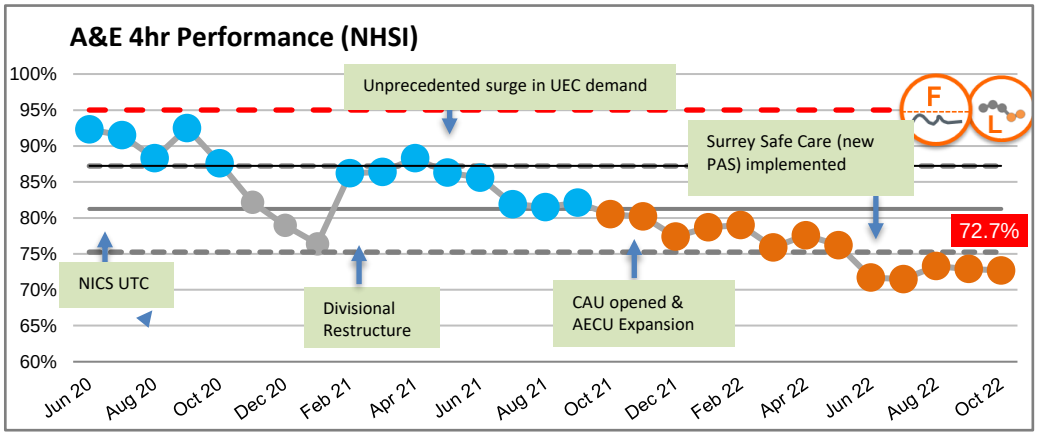
Assurance Level: n/a

What is impacting current performance?	Impacting current performance: • Availability of validated data • Demand in some speciality areas that is not in balance with activity – dermatology, gastroenterology, gynaecology • Continuing impact of Surrey Safe Care (SSC) implementation • Workforce in particular areas - administrative support and HCAs • Diagnostic waits impacting ability to achieve RTT targets
What actions are being undertaken to improve performance?	Actions to improve performance: • Support from MBI to validate data • Resuming of speciality level PTL meetings to monitor patients waiting • Outsourcing and insourcing where demand and activity shows the requirement e.g. respiratory for sleep studies, dermatology • Weekly restoration meetings • Development of validated reports on booking, cancellation rate, outpatient activity compared to 2019/20 to support monitoring • Focus on patients 'waiting well' to reduce patient harm for patients who are waiting longer than anticipated • Exploring the introduction of technology solutions to support validation (e.g. text messaging) • System approach to dermatology services for both future delivery and management of current TWR and overdue patients • Collaborative development of pathways with Primary Care to address demand in key areas such as menopause services • Patient level monitoring of those patients waiting over 78 weeks at Trust Performance Meeting (this includes the monitoring of where a diagnostic wait is impacting waiting time) • Targeted approach to training and highlighting increased use of Patient Initiated Follow-up (PIFU) to support reduction in required follow-ups
When will the position be recovered?	The Trust continues to face significant challenges to our elective and diagnostic performance and the resulting backlogs. Ongoing external support continues. Insourcing and outsourcing remains a key enabler to manage demand but there is a need to balance this approach within the financial environment. Data shows that there is still significant challenges in reaching the 2019/20 levels of activity with reasons being fully explored to understand specific reasons and to improve.
What are the key risks?	Key risks include: **The availability of validated data to support decision making and identification of key areas of risk** The risk of patients suffering harm whilst waiting for appointments or treatment Continuing SSC challenges
What are the Quality implications for the Trust?	Quality impacts remain as previously outlined: **Unvalidated and quality of data reducing visibility of position, although data validation process is reducing this quality risk** SSC operational challenges affecting outpatient, diagnostic and clinical workflows resulting in backlogs

A&E 4 Hour Performance

Reporting Period: Monthly | October 2022

Emergency Care



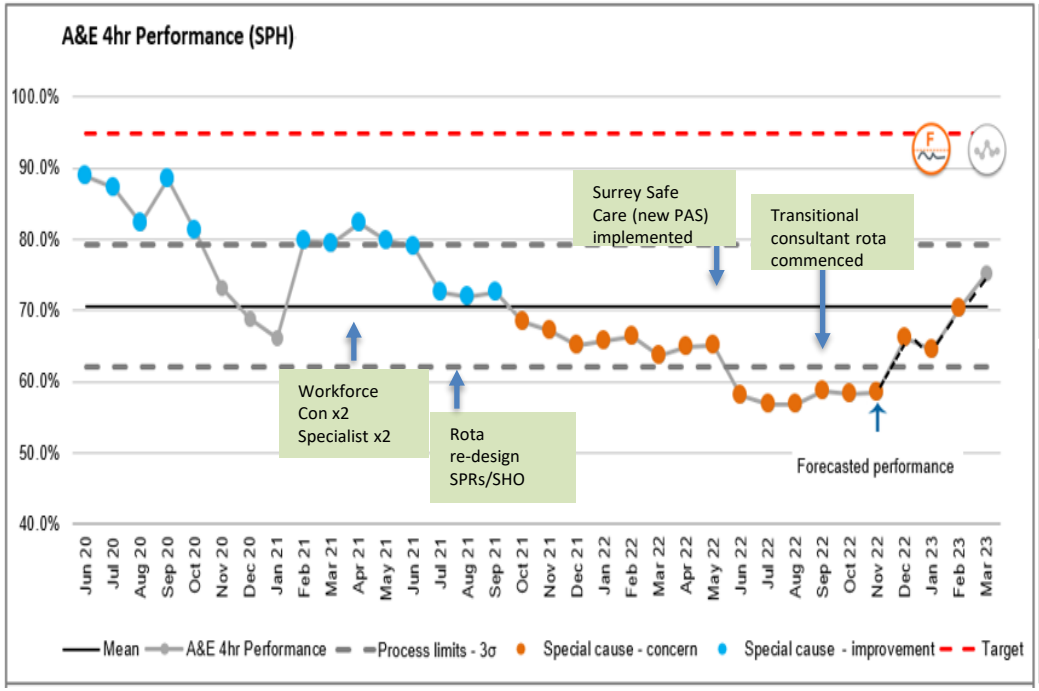
A&E Performance

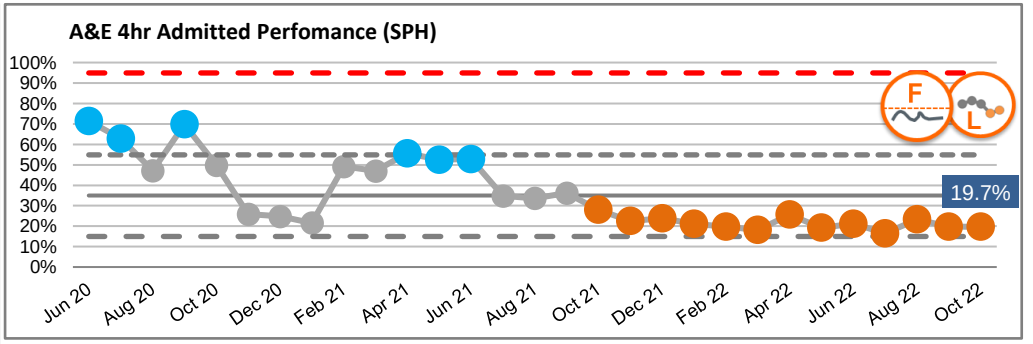
Overall NHSI performance was recorded at 72.7% in October 2022, a 0.2% reduction compared to September 2022. This was due to a reduction in all types performance.

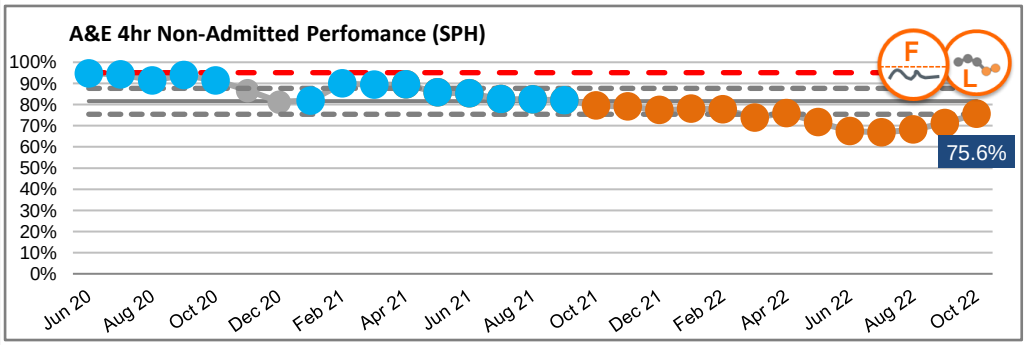
Type 1 performance (ED and UTC) reduced slightly from 58.8% in September to 58.2% in October (-0.6%). This was driven by a reduction in UTC performance, due to Emergency Nurse Practitioner vacancies and increased demand at peak times due to diverts from the Walk In Centres when they were at capacity.

ED only performance increased from 33.0% in September to 36.5% in October (3.5%), driven by improvements in the non admitted pathway. This was due to the launch of the ED 'new way of working' on 17th October 2022, improvements in SSC build and job planning changes.

A 'Main Effort' action plan has been created to deliver further improvements, with a trajectory developed to increase Type 1 performance to 75% by the end of March.







A&E 4 Hour Performance - Comparison

Reporting Period: Monthly | October 2022

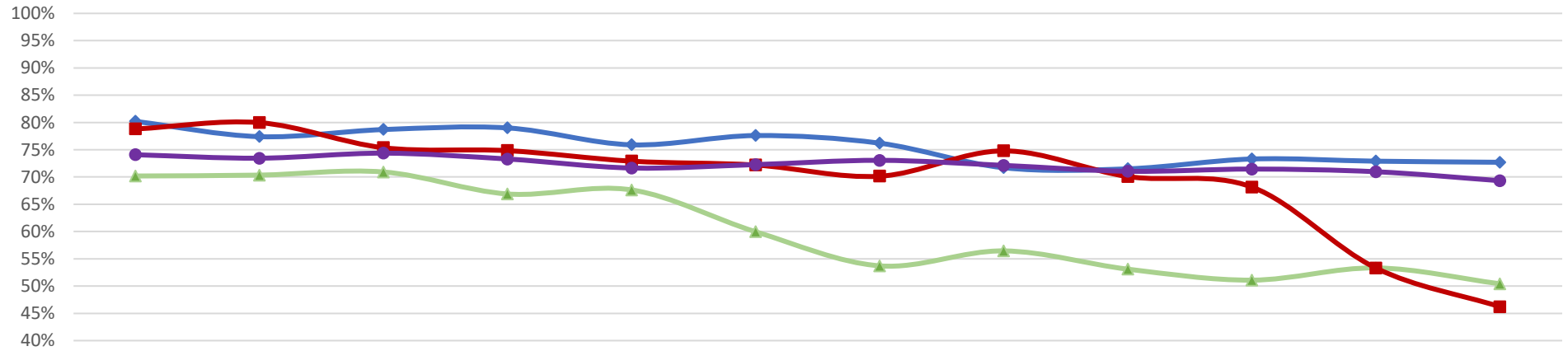
Emergency Care

ASPH 4hr Performance (NHSI and SPH)
The Trust's reportable NHSI (SPH site inc. Ashford & Woking WiC activity) performance for October 2022 was 72.7%.
The Trust's reportable Type 1 Performance for October 2022 was 58.2%.

A&E 4hr Performance National & Surrey Heartlands ICS System;
During October 2022;

- Ashford & St Peter's Hospitals PH = **72.7%**
- Royal Surrey Hospitals = **50.4%**
- Sussex and Surrey Hospitals = **46.2%**
- National Average = **69.3%**

Monthly A&E 4hr Performance (All Types)



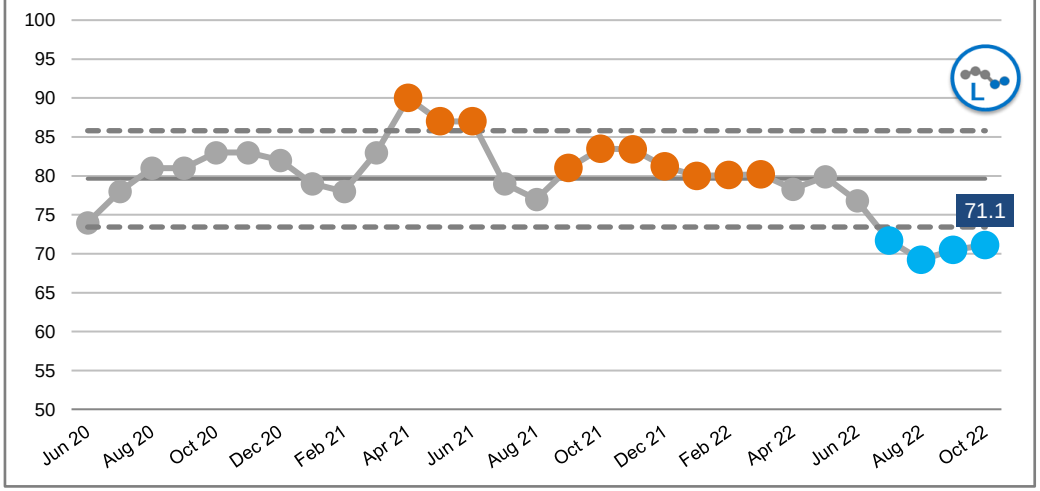
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
ASPH	80.2%	77.4%	78.7%	79.0%	75.9%	77.6%	76.2%	71.7%	71.5%	73.3%	72.9%	72.7%
RSH	70.2%	70.3%	70.9%	66.9%	67.6%	60.0%	53.7%	56.4%	53.1%	51.1%	53.3%	50.4%
SASH	78.8%	80.0%	75.4%	74.8%	72.9%	72.2%	70.2%	74.8%	70.1%	68.2%	53.3%	46.2%
England	74.1%	73.4%	74.4%	73.3%	71.6%	72.3%	73.0%	72.1%	71.0%	71.4%	71.0%	69.3%

A&E 4 Hour Performance

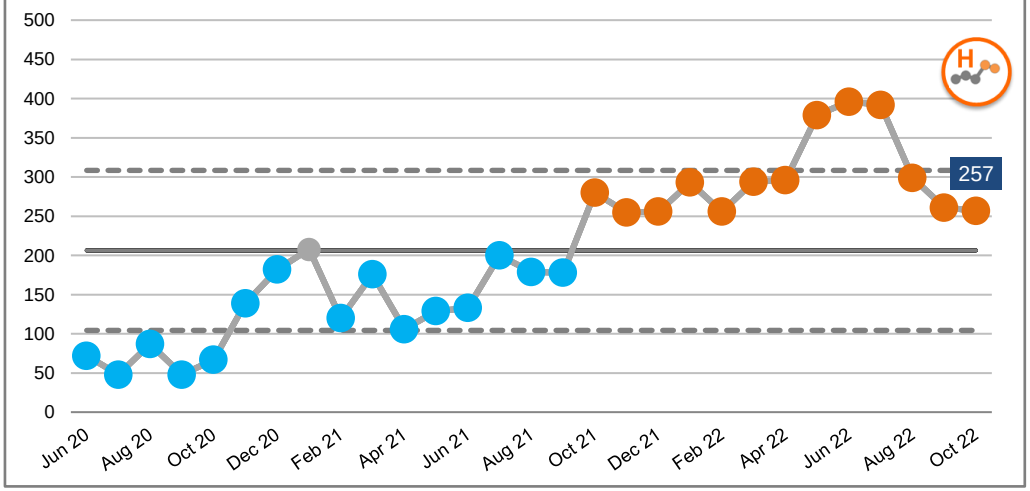
Reporting Period: Monthly | October 2022

Emergency Care

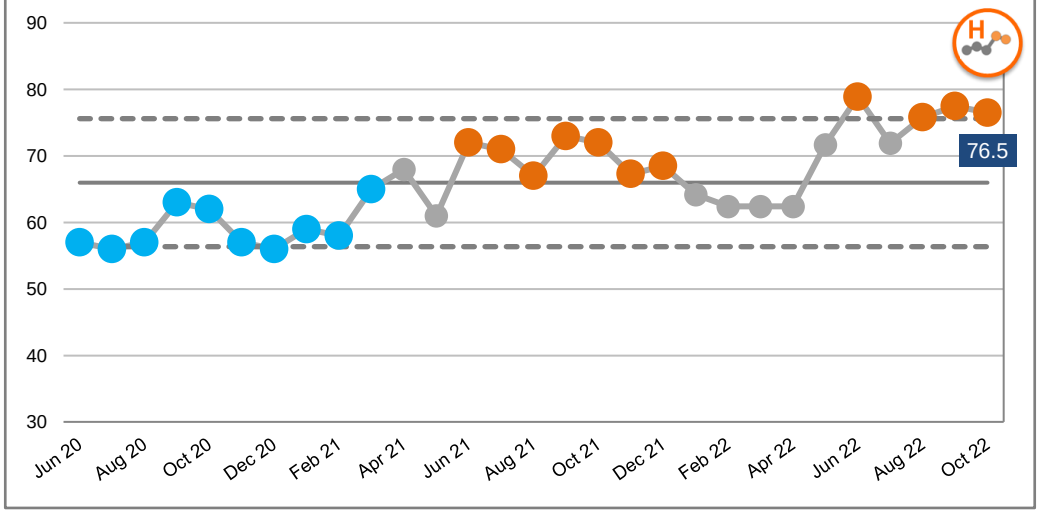
A&E Monthly Average Daily Ambulance Attendances (SPH)



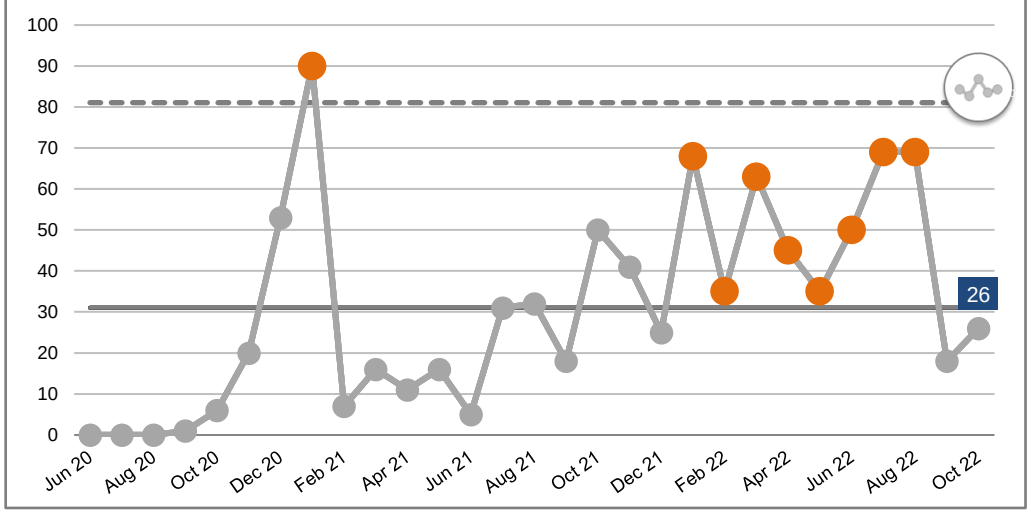
Ambulance Handovers (30-60 mins)



A&E Monthly Average Daily Admissions (SPH)



Ambulance Handovers (60+ mins)

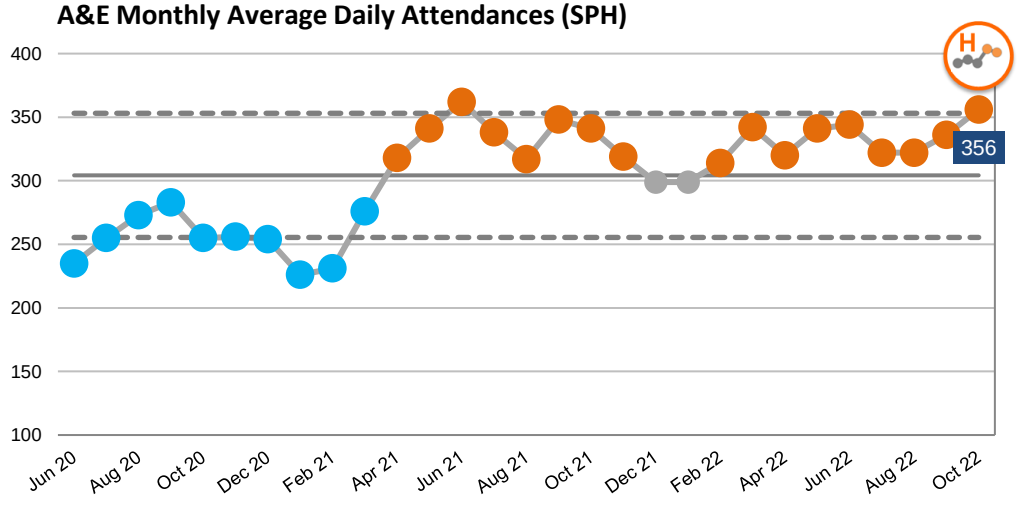


Hospital Flow

Reporting Period: Monthly | October 2022

Emergency Care

A&E Monthly Average Daily Attendances (SPH)



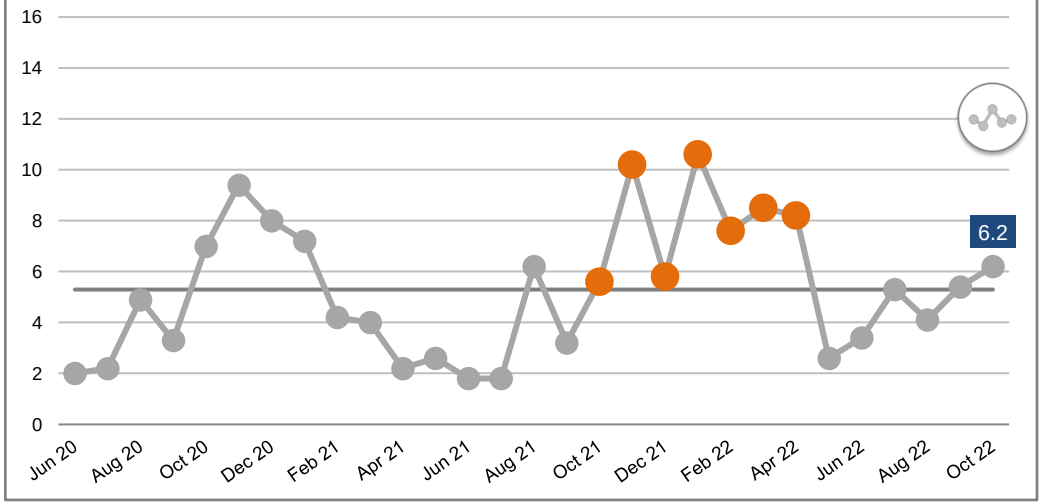
A&E Performance and Flow

Overall demand increased in October to an average 356 attendances per day. This was the highest reported with the exception of July 2021.

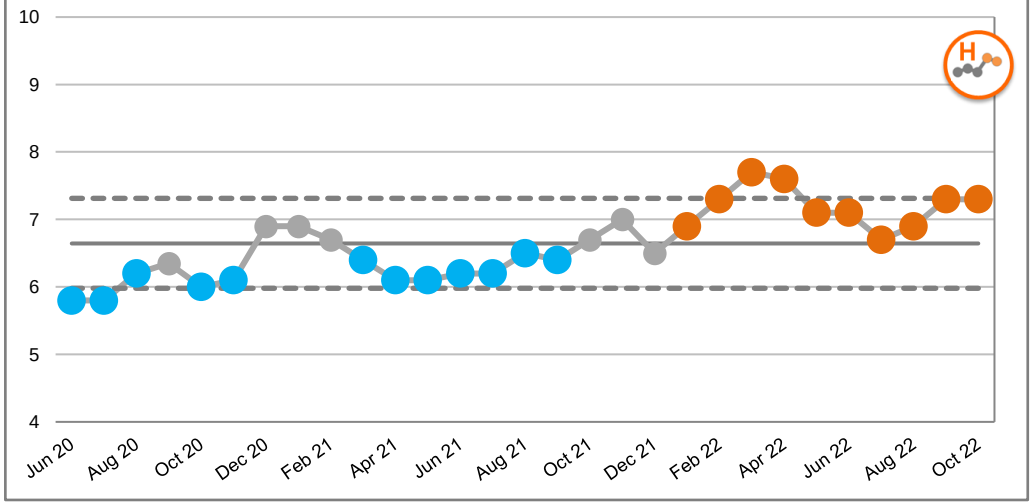
Patient flow into the hospital reduced in October, with an increase in patients waiting for a bed overnight in A&E to an average of 6.2. This collates with extended length of stay >7 days and >21 days (although data based on averages due to SSC data complications).

Ambulance handovers between 30-60 minutes improved slightly in October 2022 (-4), but the number 60+ minutes increased (+8). Both metrics are consistently better than the previous 6 months. This is due to a change in the nursing pathway to support earlier handovers in A&E, although the position remains challenged (due to physical capacity and nurse staffing) when the department surges into high escalation into the second corridor.

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



Average Length of Stay

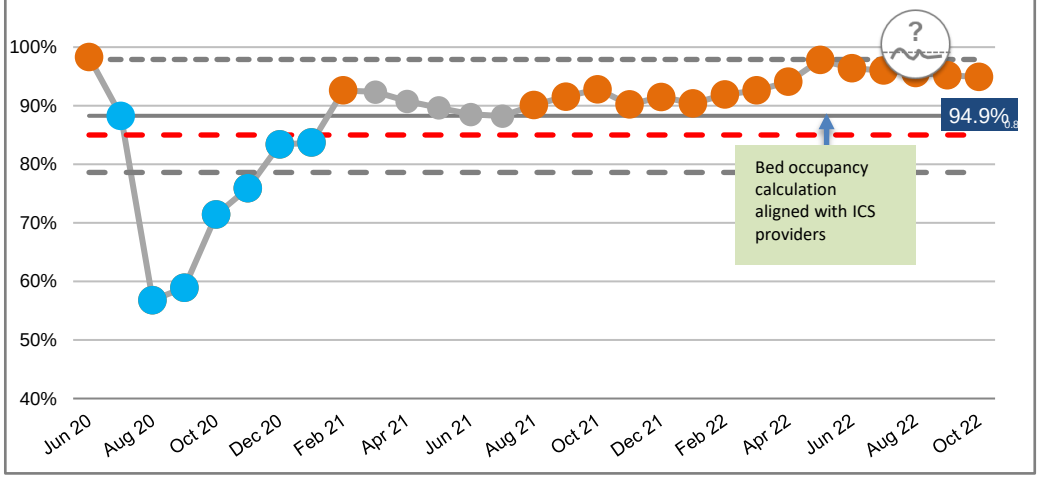


Hospital Flow

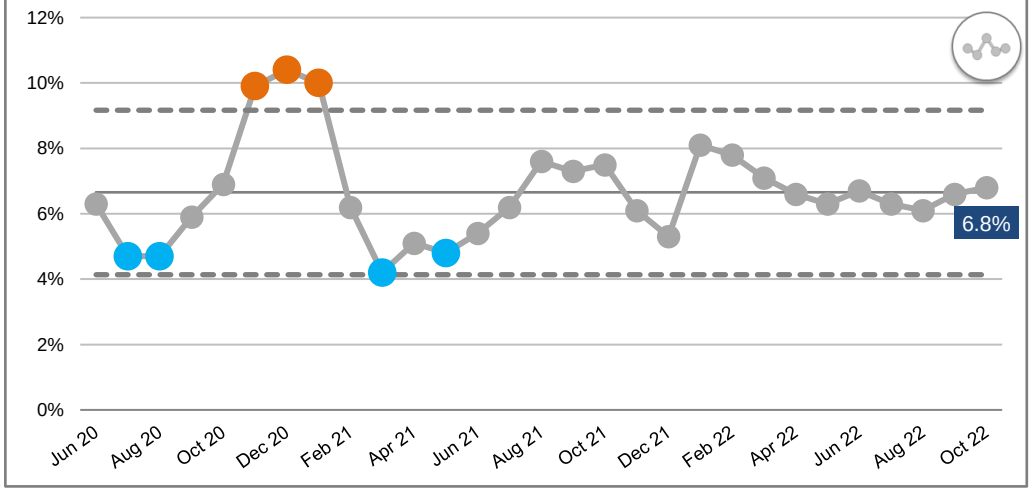
Reporting Period: Monthly | October 2022

Emergency Care

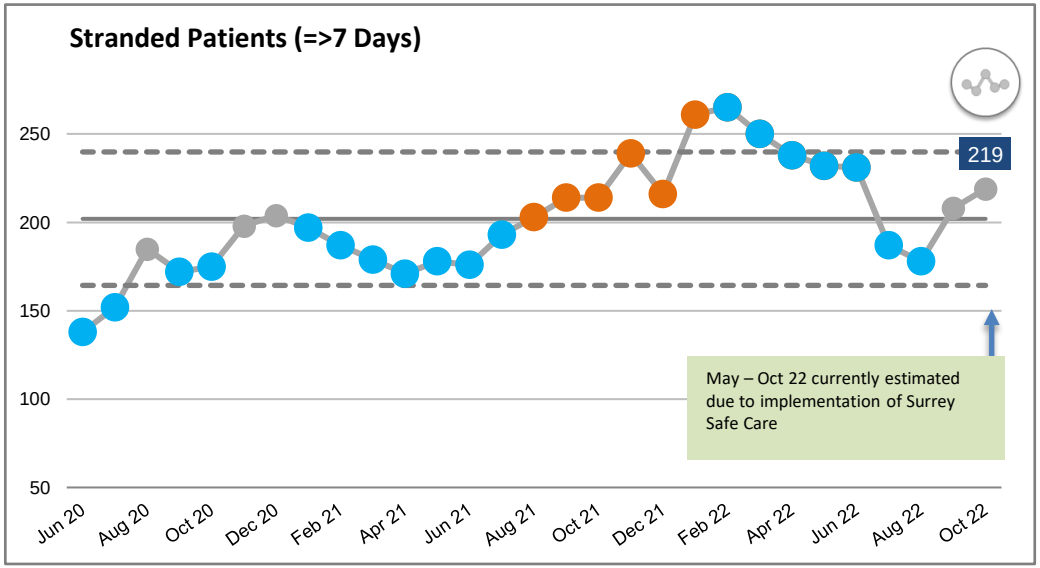
Bed Occupancy (including Escalation Beds)



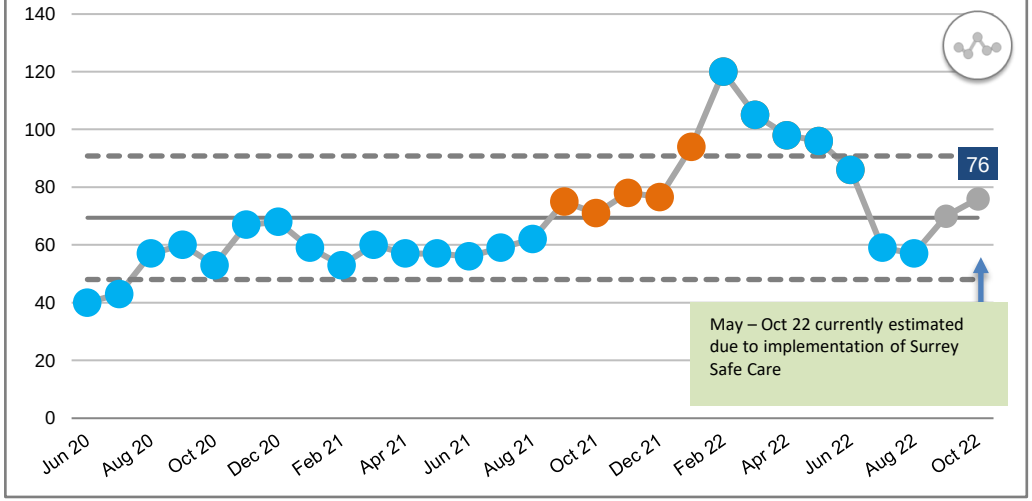
% Patients Moved =>3 Times



Stranded Patients (=>7 Days)



Stranded Patients (=>21 Days)



A&E 4 Hour Performance / Flow

Reporting Period		Emergency Care
Monthly	October 2022	

Assurance Level: **Partial**

What is impacting current performance?	• Very high demand, often in surges which are above planned staffing levels (medical and nursing) • Insufficient Same Day Emergency Care (SDEC) capacity, in part due to opening hours, in part due to no paediatric SDEC, and in part because of planned patients being managed within the AECU reducing available capacity. • Nurse and HCA staffing levels in ED due to vacancies and dependency on bank and agency which is not always filled. • Physical space to see patients, especially in ambulatory majors during times of surge • Variability in the way that different EPICs (Emergency Physician in Charge) and Nurses in Charge manage the department.
What actions are being undertaken to improve performance?	The Trust's Main Effort to ensure that the patients that reside with us are only the ones that will benefit from our care. The key workstreams aimed at supporting A&E 4 hour performance and flow are: 1) Admitted Pathway • Opening of Frailty Assessment Unit – 21/11/22 • Work with community partners to allow those without a Criteria to Admit to return home prior to admission. • Support from CAU/AECU/SSU medical teams to progress patients from A&E to CAU – options review by UEC CAU/SDEC clinical leads and GSM DD 2) Non-Admitted Pathway • Navigation – increasing flow to AECU/UTC. This is in place, PDSA cycle underway to further increase benefits. • Review of ambulatory pathway within ED. Project due to start December 2022. • Increase in adult SDEC capacity and development of minor injuries clinics so that patients can be discharged from ED for next day care. • Development of Paediatric SDEC area. WHP Tri reviewing options. • Registration of patients navigated to AECU. Piloting November 2022, will be resolved by Cerner build change in February 2023. • Implementation of final 14-person ED consultant rota (April 2023) 3) Patient Flow – release 30-38 existing beds • Palliative Care: 10 beds to transfer to Hospice (led by Deputy Tri / GSM) • Surgery: 10 beds (a discrete area to be re-purposed) (led by Deputy MD, Surgery ADOs) • Community: 10-18 beds to move from Holly (a medically fit ward) into the community (led by Deputy Tri, DTC ADO and NWS partners)
When will the position be recovered?	Through the Main Effort workstreams summarised above, it is anticipated that Type 1 performance will improve to 75% by the end of March 2023. This will be as a result of gradual improvement through the winter period.
What are the key risks?	- Surges in activity due to peaks in attendances and a mismatch of demand and capacity, as well as ability to flex to accommodate. - Recruitment, retention and engagement of the current workforce to work differently. - Admission avoidance at risk due to capacity in the wider system including social care provision and community hospital capacity. - Inadequate ED estate which does not support an agile flow through the department.
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 potential patient harm. The risk register entry relating to clinical harm is currently identified as moderate (15).

Stroke Performance Dashboard [Sept 2022]

General Performance

Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD
Number of Admissions during the month	44	44	46	47	59	52							292
Number of Discharges during the month	32	30	32	40	52	44							230

Metric	Target		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD
Proportion of stroke patients scanned within one hour of hospital arrival	50%	Total	32	30	32	40	52	44							230
		%	71.9%	70.0%	59.4%	50.0%	50.0%	47.7%							56.5%
Proportion of stroke patients scanned within 12 hours of hospital arrival	95%	Total	32	30	32	40	52	44							230
		%	100.0%	100.0%	93.8%	97.5%	98.1%	97.7%							97.8%
Proportion of stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	90%	Total	32	28	30	39	49	40							218
		%	25%	11%	23%	13%	16%	40%							22%
Proportion of stroke patients spending 90% of their stay on a stroke ward	90%	Total	32	30	30	39	49	40							220
		%	59%	33%	73%	59%	53%	53%							55%
Proportion of stroke patients reviewed by a Stroke specialist consultant within 14hours	n/a	Total	32	30	32	40	52	44							230
		%	44%	63%	47%	55%	54%	45%							51%
Proportion of stroke patients reviewed by a Stroke specialist consultant within 24hours	95%	Total	32	30	32	40	52	44							230
		%	71.9%	76.7%	68.8%	75.0%	78.8%	63.6%							72.6%
Proportion of stroke patients reviewed by a specialist stroke nurse within 24 hours	95%	Total	32	30	32	40	52	44							230
		%	87.5%	90.0%	84.4%	95.0%	92.3%	95.5%							91.3%

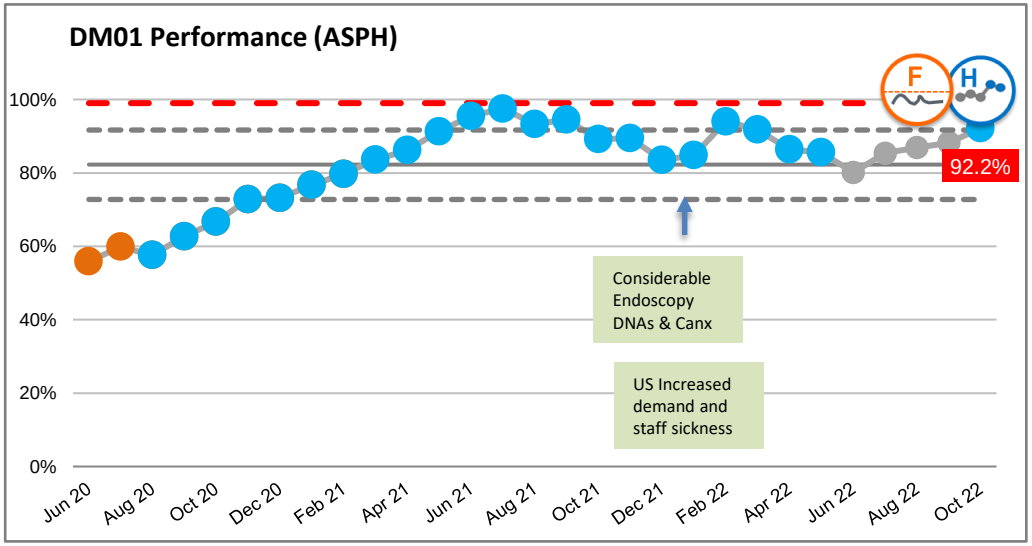
Stroke Activity & Performance

Stroke performance for patients '**being admitted within 4 hours of arrival**' and '**spending 90% of their stay on a stroke ward**' has been challenged during the year due to high bed occupancy within the hospital and the requirement for covid IPC. However, where a bed has been unavailable in the Stroke ward, full care has been provided within ED, and other wards. A comprehensive action plan is currently in place to support improved stroke performance including sufficient ring-fenced beds in the Stroke ward to permit early transfer from ED.

Diagnostics (DM01)

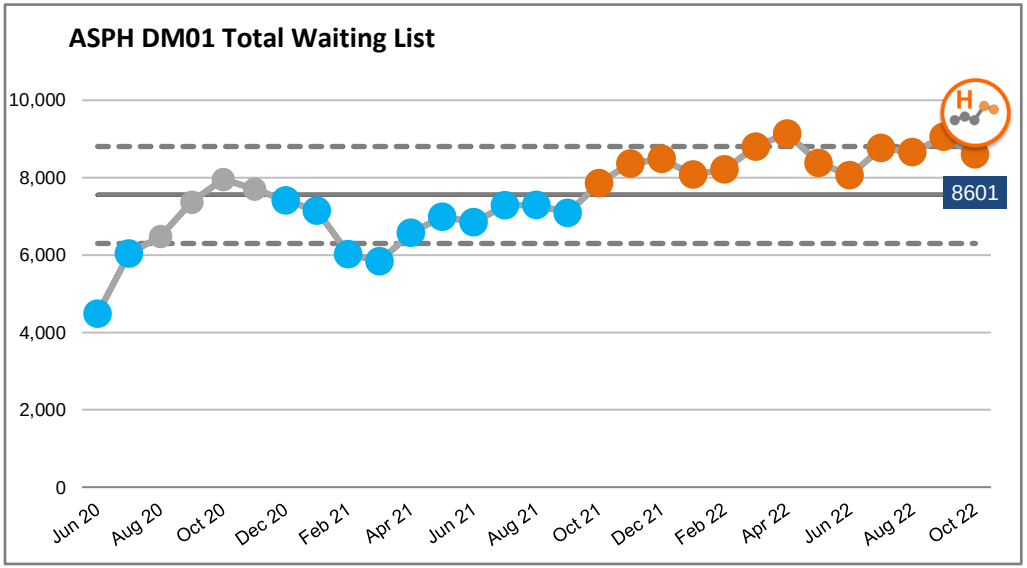
Reporting Period: Monthly | October 2022

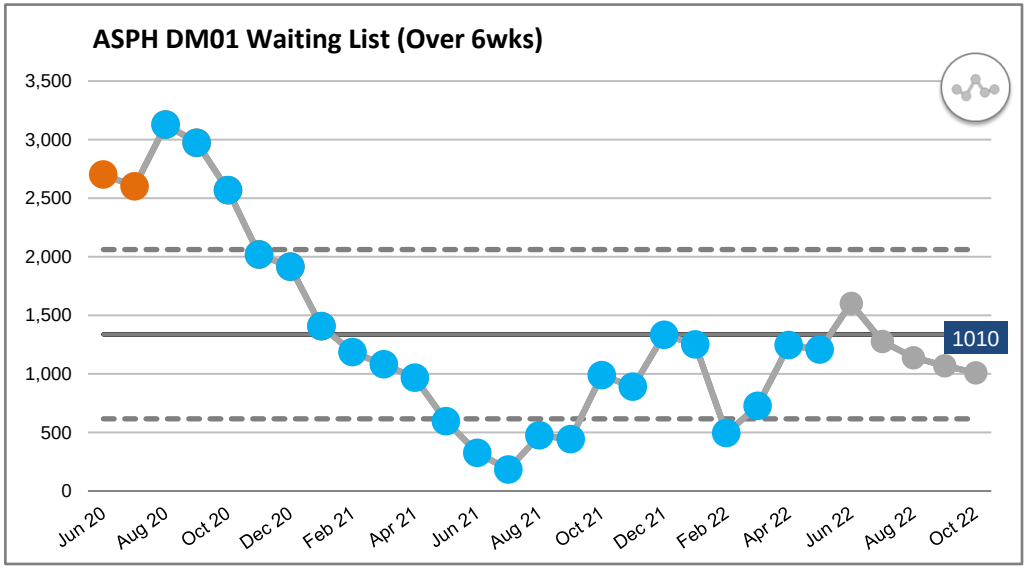
Elective Care



DM01 Performance

We have re-commenced submission of the monthly DM01 statistics although excludes Audiology, Cystoscopies and Urodynamics whilst the clinics are built on SSC. With the exclusion of these since Surrey Safe Care go-live, our performance for October identifies an improving trend in DM01 performance to 92.2%. The clinic rebuilds are due to be completed and available during Q4.

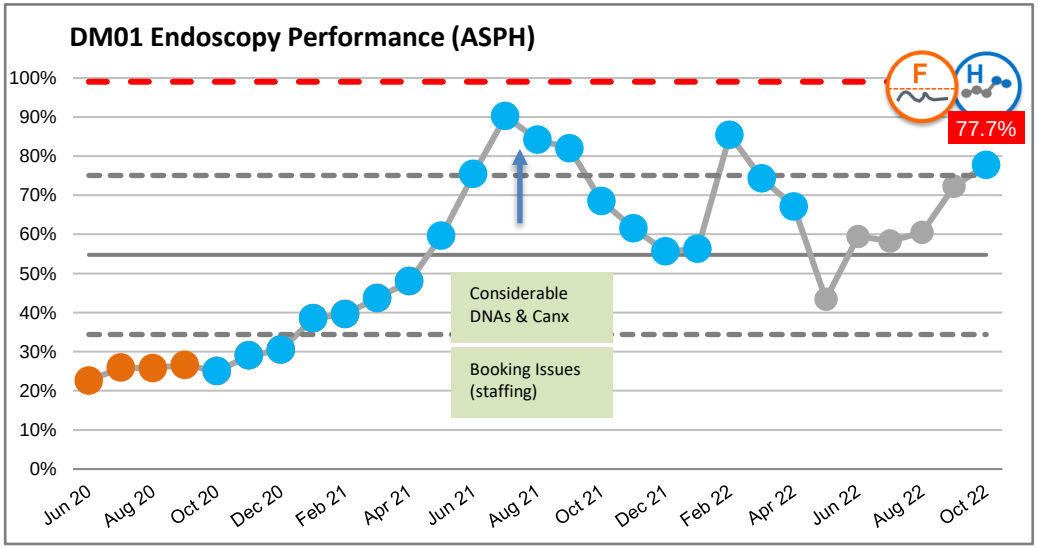




Endoscopy (DM01)

Reporting Period: Monthly | October 2022

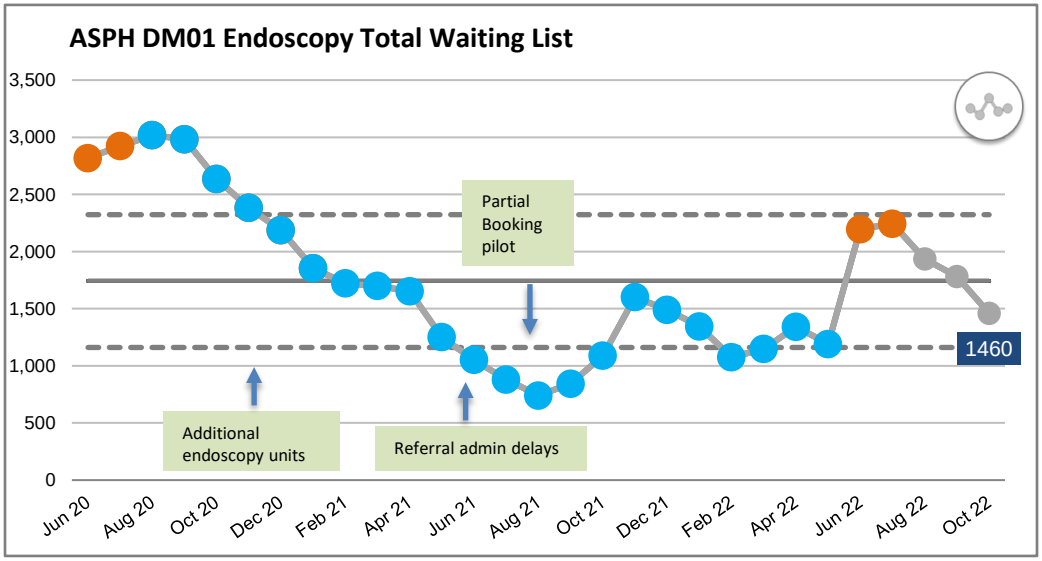
Elective Care

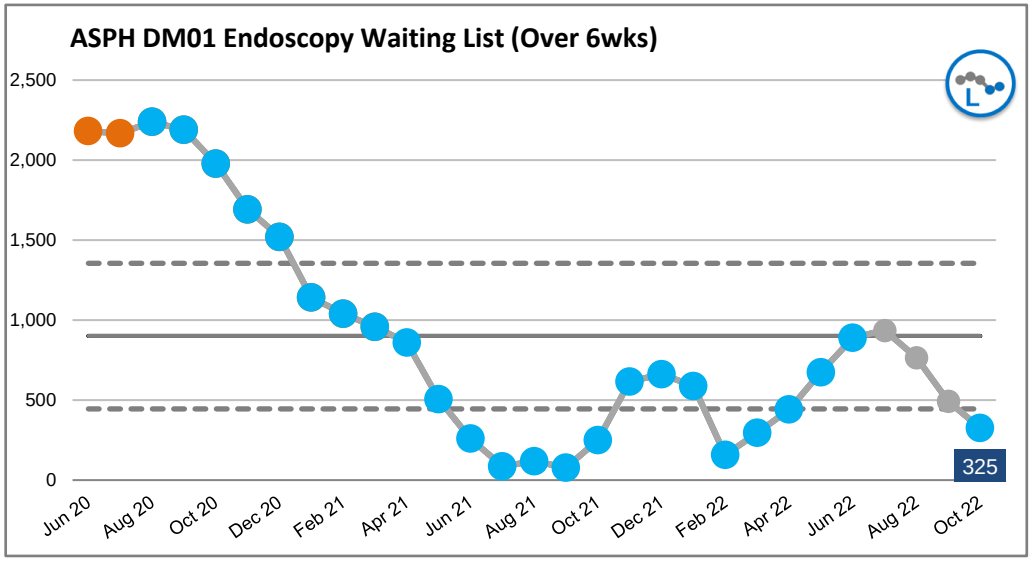


DM01 Endoscopy Performance

The Trust's Endoscopy performance for October identifies an improving trend to 77.7%, with a continuing reduction in the Endoscopy backlog and overall waiting list.

A recovery trajectory has been modelled with further detailed information of delivery expectations and limitations within the following slide. Furthermore, the Trust is writing a business case for expansion of the current endoscopy facility from 3 to 6 rooms to ensure greater capacity and future resilience.





Diagnostics (DM01) inc. Endoscopy

Reporting Period	
Monthly	October 2022

Elective Care

Assurance Level: **Partial**

What is impacting current performance?	Reporting of DM01 activity has recommenced after the implementation of Surrey Safe Care (SSC). On 25th October the contract with InHealth, who provided one additional endoscopy room ceased. This has reduced the number of endoscopy lists by 14 per week. Increased demand for MRI scans, sickness and staff shortages continue to impact our imaging performance.
What actions are being undertaken to improve performance?	**Endoscopy** Improvements in SSC have continued to lead to improvement in our booking rate and utilisation of the endoscopy unit. Introduction of a visual performance board is helping identify areas for targeted improvement. The number of on the day cancellations has led to a review of the preassessment pathway and dedicated resource to run preassessment is now in place. We have had a demonstration of an endoscopy pre-assessment application that we believe will improve our pre assessment processes further and are investigating costs/benefits of introducing this software. The endoscopy unit was successful in a bid for additional funding for temporary administrative staff from the Surrey & Sussex Cancer Alliance to help increase bookings further. To help mitigate the loss of the InHealth capacity, the Trust is now running the main unit 7 days a week with further activity scheduled within the Urology Suite at weekends. However, the capacity scheduled within the Urology suite will be at risk should the suite be used as an escalation area over the winter months. Whilst our remaining 3 room endoscopy unit has sufficient capacity to meet demand, the loss of the Inhealth unit means that our DM01 position is unlikely to recover before August 2023 and we will be unable to reduce our endoscopy surveillance backlog. A bid was submitted to the sector for a Transnasal Endoscopy (TNE) stack, which will enable OGD endoscopy to be undertaken in clinic space, freeing up the main endoscopy unit for therapeutic colon and flexi endoscopy activity. We have been successful in this bid and propose to start TNE work from April 2023. This will be subject to receiving the relevant equipment in a timely manner. Introduction of trasnasal endoscopy will enable us to reduce our surveillance backlog although recovery will not be until the end of Mar 2026 at the earliest. The Trust is currently writing a business case for expansion of the current endoscopy facility from 3 to 6 rooms. **Imaging** MRI - Our MRI provider has additional initiatives during FY22 to increase capacity. The old mobile MRI has been replaced with a new model which allows more complex examinations to be scanned and hence allow more flexibility with outpatient bookings. We have requested a 5th scanner to help with the current backlog and utilisation of capacity to local provider sites. CT - There is a current shortfall in substantive radiographers which has created a reduction in our ability to fully run our service. However, we are utilising Bank and Agency staff when available until the team are back to being fully staffed. Three new Consultant Radiologists have recently joined the Trust and we are further recruitment is underway. DEXA - The service has been affected by staff sickness and training issues. We have support from a local Trust to help with training and appointed agency staff to help with ongoing staff sickness. US – Trust radiographers continue to offer additional weekend and evening lists. The newly appointed radiologists also have US lists scheduled which will assist with decreasing the waiting list. We continue to use outside companies to offer US lists both within the Trust and in the community.
When will the position be recovered?	The recovery trajectory for endoscopy identifies the earliest that DM01 will recover is August 2023. Although due to the the cessation of the Inhealth endoscopy unit, the Surveillance backlog will only recover more quickly than Mar 2026 if we are able to introduce additional capacity into the service.
What are the key risks?	(1) Loss of the Inhealth endoscopy unit is affecting our ability to reduce the DM01 and surveillance patient backlog at pace. (2) Shortfalls in staffing have been affecting our ability to run full imaging services. (3) Competing pressures from urgent care, inpatients and cancer pathways. (4) Further migration issues materialising in Surrey Safe Care. (5) Impact of winter pressures on the ability to use the urology suite for additional endoscopy activity.
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 12. This will be reviewed with the cessation of the Inhealth unit and may increase further. The endoscopy team continue to work closely with the Trust cancer team to ensure closer monitoring of patients on cancer pathways. Inpatient endoscopy capacity is also reviewed at daily clinical and admin teams meetings.

Cancer

Reporting Period: Monthly | October 2022

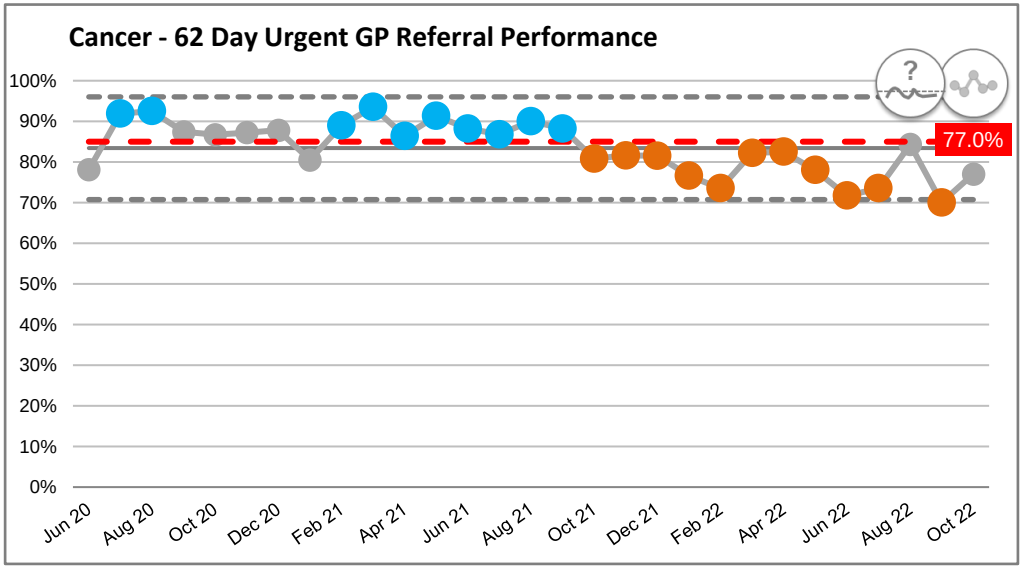
Elective Care

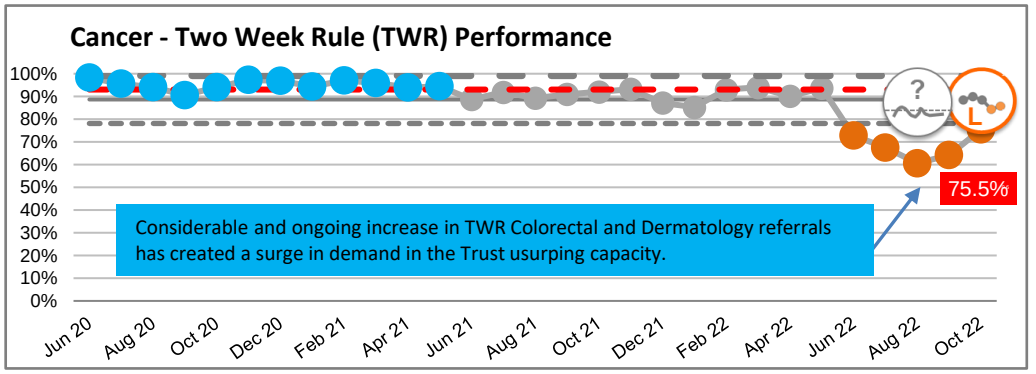
TWR
The Trust is currently predicting a non-compliant TWR performance for October at 75.5%, although this is an increase of 10% compared to last month's (September) performance.

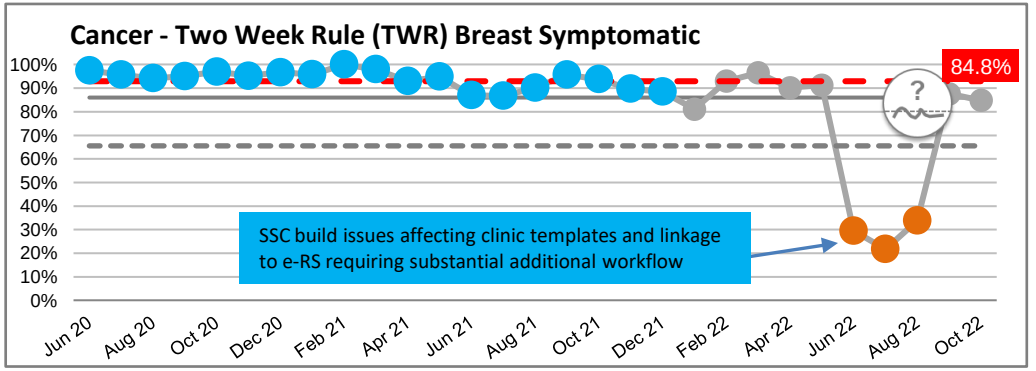
62 Day GP Referral to Treatment
The Trust is currently predicting non-compliance against the 62 Day GP Referral to Treatment performance standard for October at 77.0% pending final validation. The delays recorded to date are currently being validated.

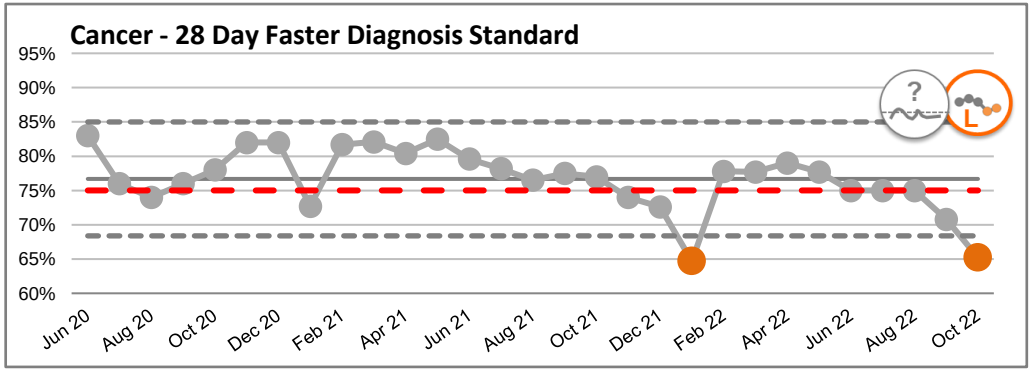
28 Day Faster Diagnosis Standard and Patients Waiting Greater than 62 Days
The Trust is recording provisional non-compliance against the 28 Day Faster Diagnosis Standard at 65.2% (target = 75%) due to the surges seen in demand over previous months.

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).







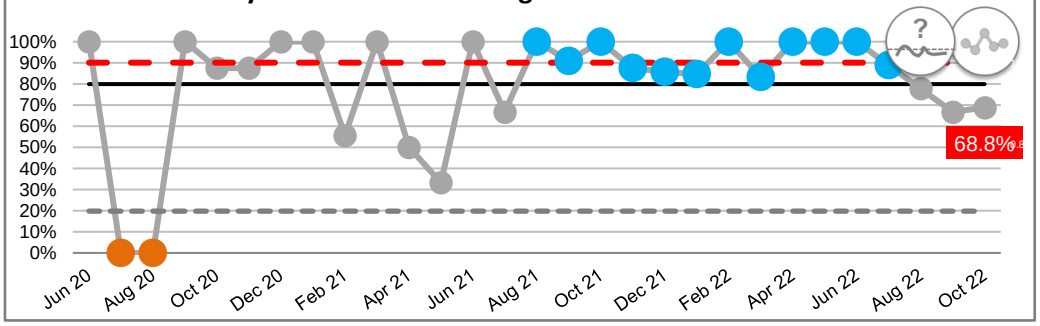


Cancer

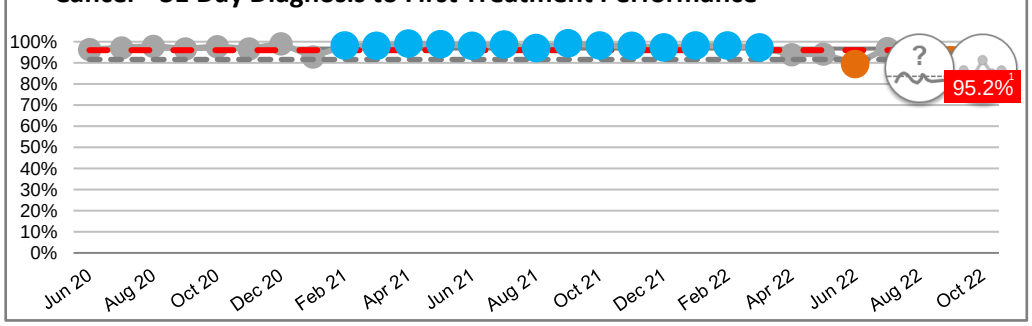
Reporting Period: Monthly | October 2022

Elective Care

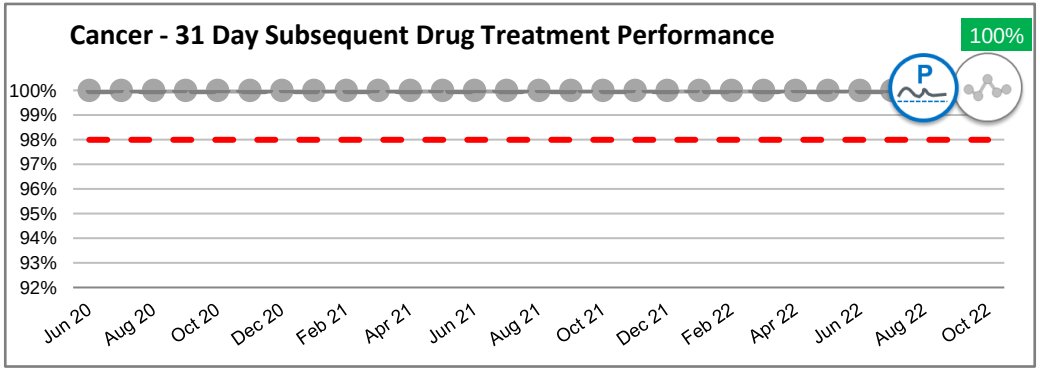
Cancer - 62 Day NHS Cancer Screening Performance



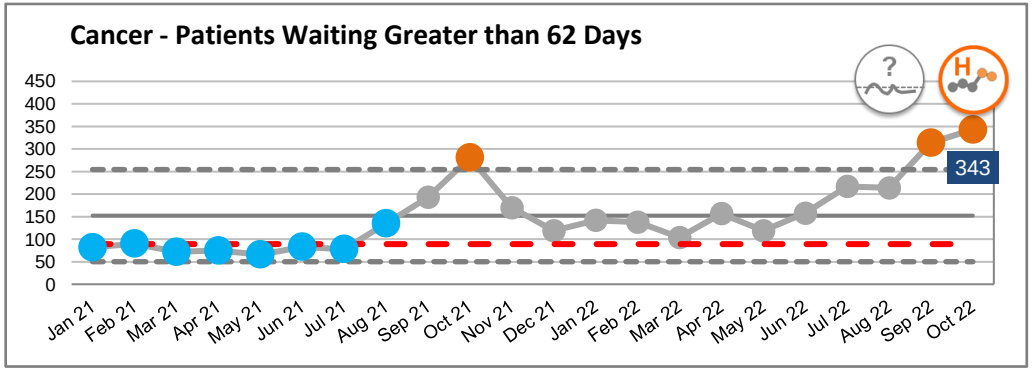
Cancer - 31 Day Diagnosis to First Treatment Performance



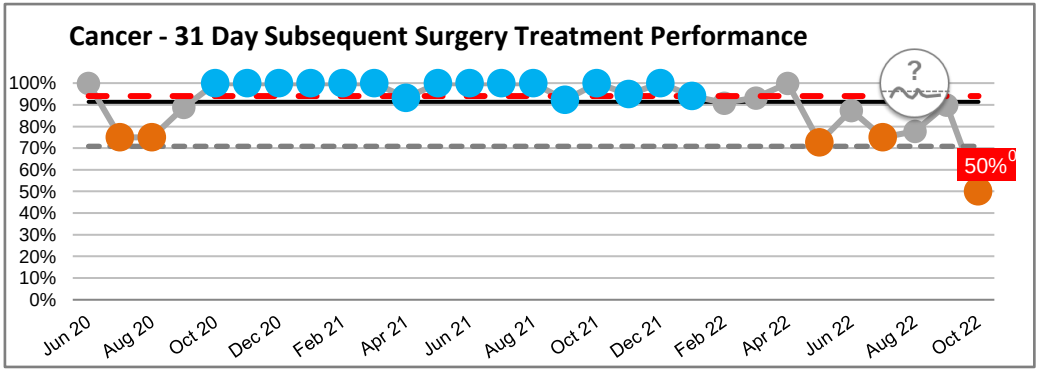
Cancer - 31 Day Subsequent Drug Treatment Performance



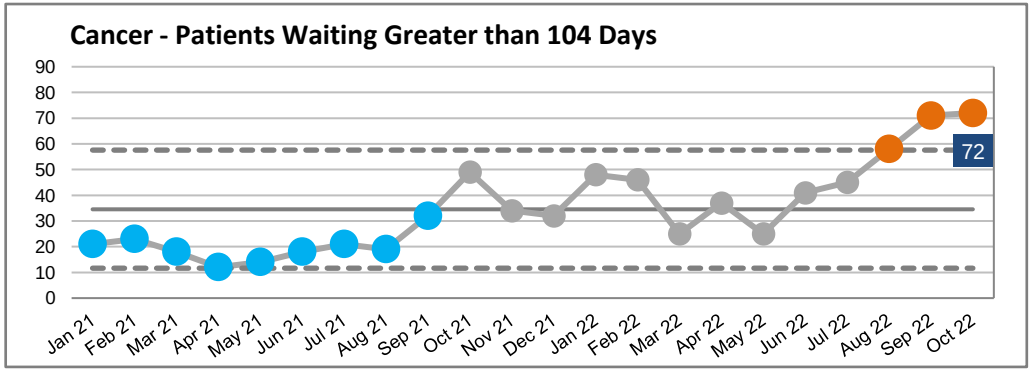
Cancer - Patients Waiting Greater than 62 Days



Cancer - 31 Day Subsequent Surgery Treatment Performance



Cancer - Patients Waiting Greater than 104 Days



Cancer

Reporting Period: Monthly | October 2022

Elective Care

Assurance Level: **Partial**

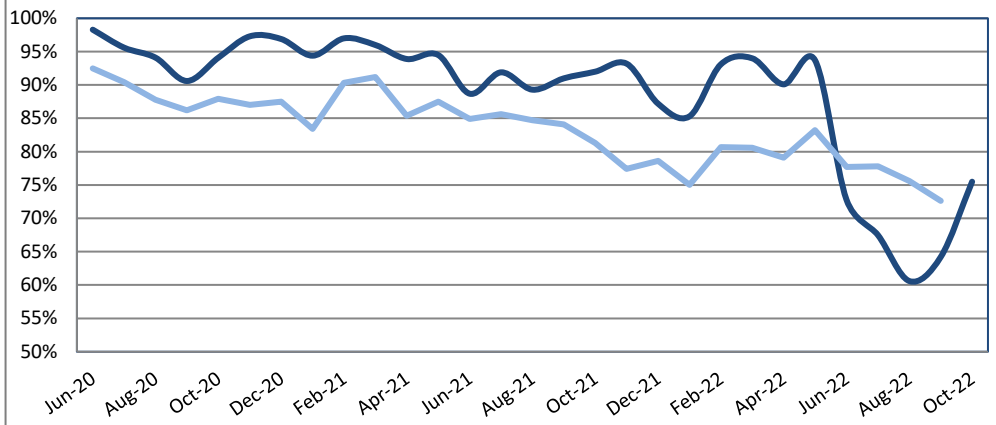
What is impacting current performance?	**Cancer** For **September,** (latest national upload) the Trust reported compliance for 2 of 8 Cancer Standards; 31 Day Subsequent Surgery Treatments & 31 Day Subsequent Drug Treatments. For **October**, the Trust is provisionally reporting compliance for 2 of 8 Standards; 31 Day Subsequent Surgery Treatments & 31 Day Subsequent Drug Treatments. The Trust TWR position (75.1% (+10% compared to September) is driven by increased referrals in high volume tumour sites in particular dermatology. Dermatology referrals continue to exceed available capacity and the average waiting time for a dermatology TWR appointment in September was 24 days, this has reduced to 21 days in October. Dermatology performance against the TWR target has increased from 18% in September to 44% (target 93%) in October. The challenges seen in the TWR standard is now starting to impact the 28 faster diagnosis standard and the 62 day treatment standard. This is expected to continue through Q3 with improvement predicted during Q4. 62 day performance is impacted by diagnostic delays in MRI and PET provided by Alliance. 62 day performance is negatively impacted by patients being referred to tertiary centres for treatment >38 days by -4%.
What actions are being undertaken to improve performance?	The Trust has increased capacity by running additional clinics and diagnostic lists. The Trust cancer services manager has been seconded to work on a recovery project to improve performance, supporting clinical and administrative teams in the Trust clinical offices, focussing on national Best Practice Timed Pathways (BPTP) All routine appointments in high volume cancers have been converted to cancer appointments. The Trust has bid for recovery support from the SSCA to provide temporary funding to help increase diagnostic capacity. The Trust has enacted a contractual review of its dermatology service with commissioners to support with current imbalance between demand and service capacity. The cancer and diagnostic stabilisation groups have prioritised areas of work for the SSC team that will have the most impact on supporting the recovery of the cancer performance. Focus on 28 day FDS standard in preparation for V12 CWT guidance commencing April 2023.
When will the position be recovered?	It is expected that our cancer performance will be challenged until at least December 2022. Ongoing work is required to manage the increasing demand for dermatology to help the trust's recovery position. Discussions are underway at ICS level.
What are the key risks?	- Dermatology referral numbers exceeding the capacity available - Backlog of patients as a result of the introduction of SSC - Capacity due to increase and surges in demand - Availability of workforce - Winter pressures
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.

Cancer - National Comparison

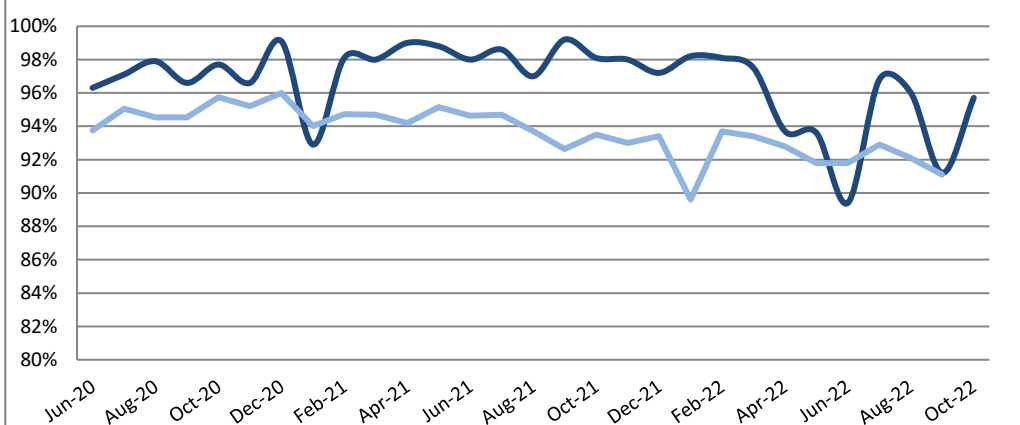
Reporting Period: Monthly | October 2022

Elective Care

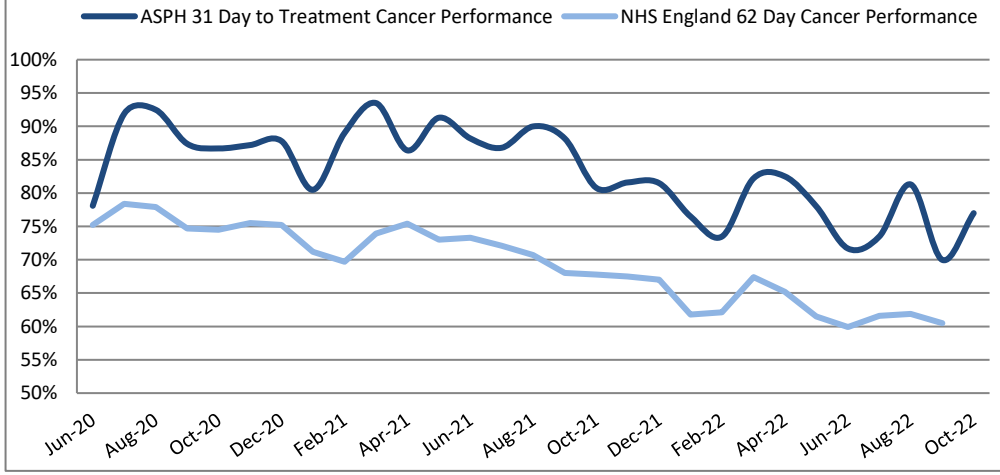
ASPH TWR Cancer Performance vs. NHS England (Average)



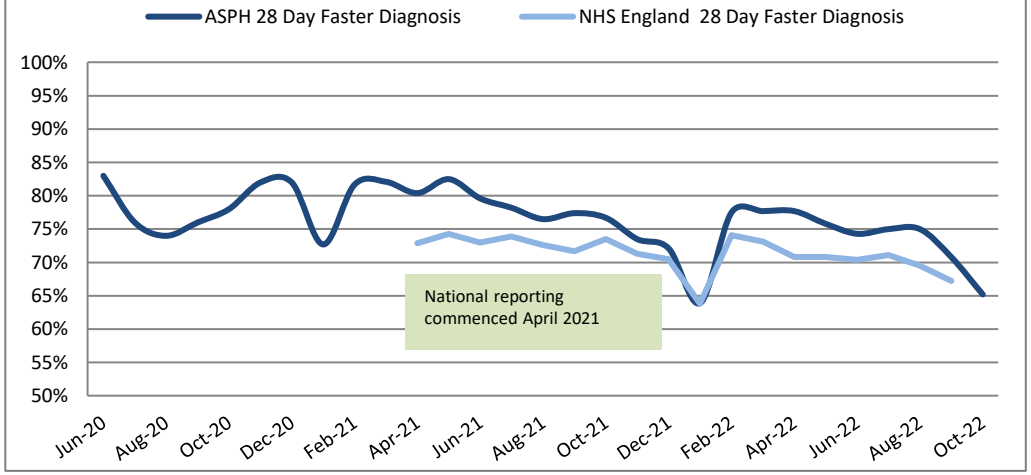
ASPH 31 Day To Treatment vs. NHS England (Average)



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



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



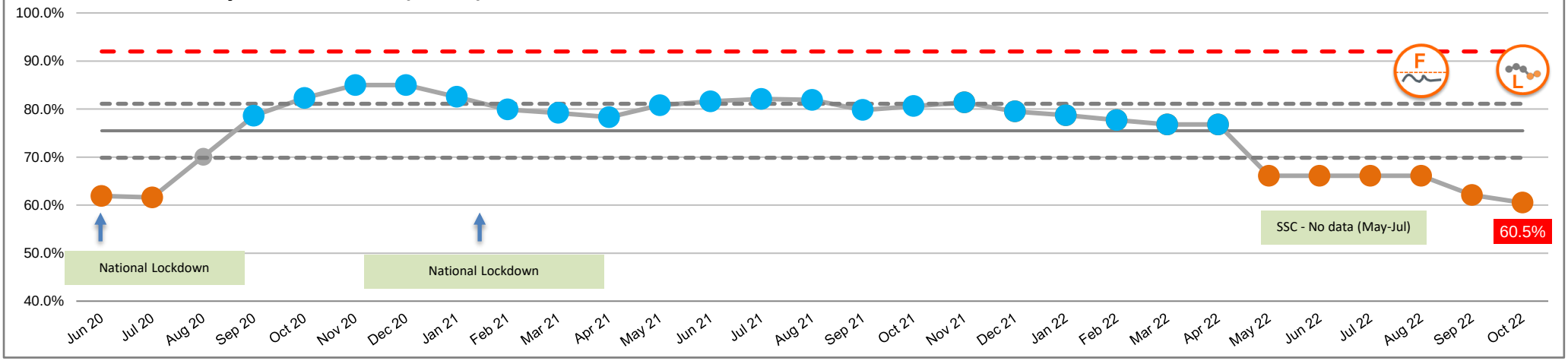
Ashford and St. Peter's Hospitals NHS Foundation Trust

Referral to Treatment (RTT) - Unvalidated

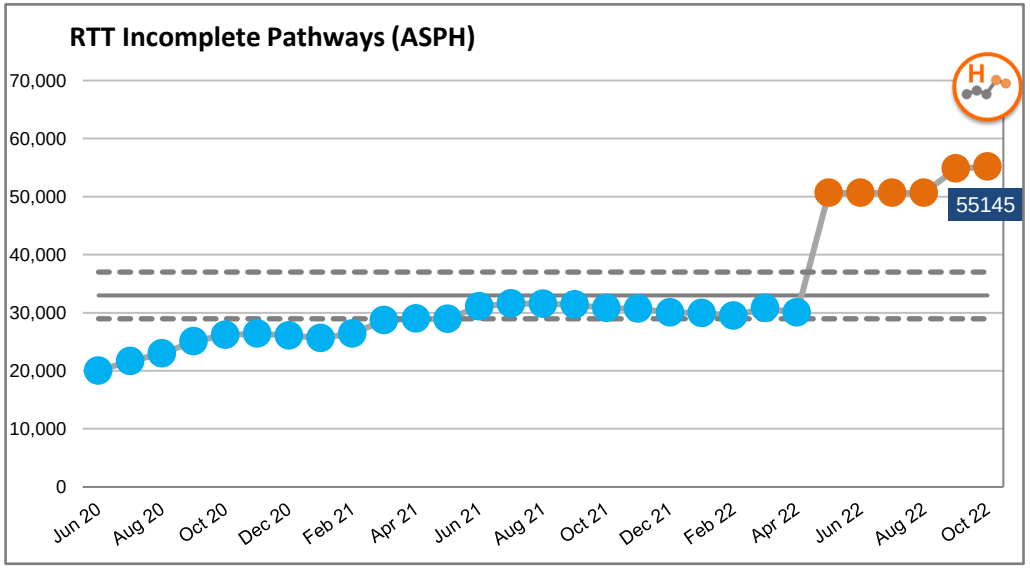
Reporting Period: Monthly | October 2022

Elective Care

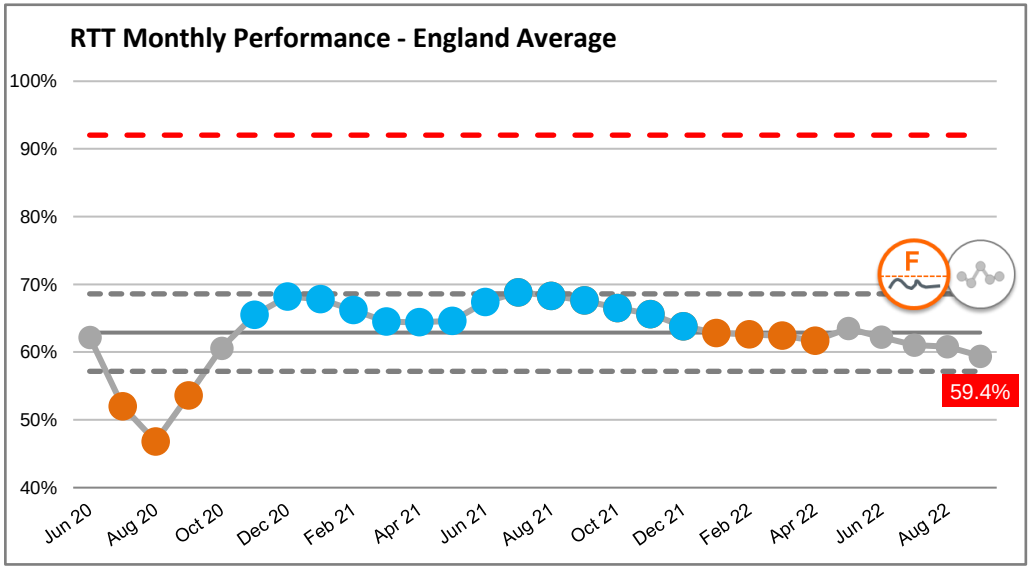
RTT Monthly Performance (ASPH)



RTT Incomplete Pathways (ASPH)



RTT Monthly Performance - England Average



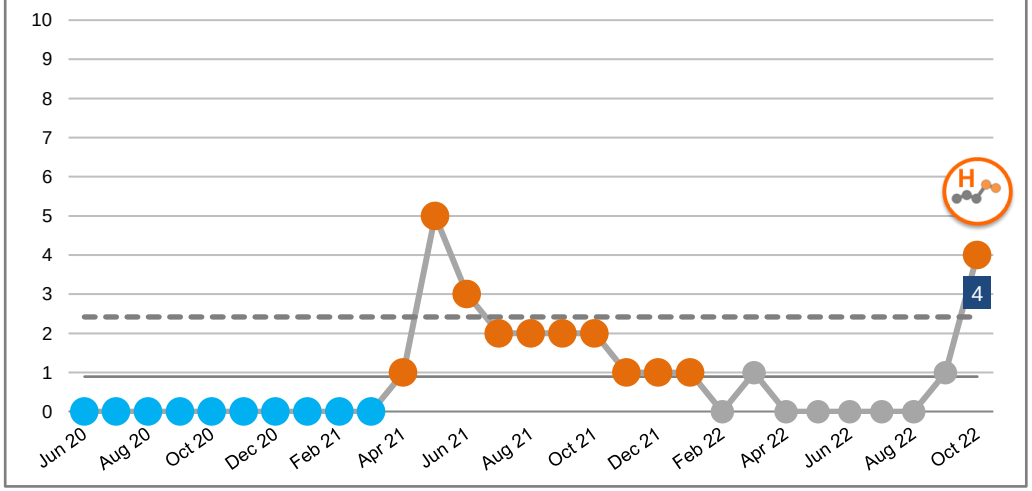
Ashford and St. Peter's Hospitals
NHS Foundation Trust

Referral to Treatment (RTT) - Unvalidated

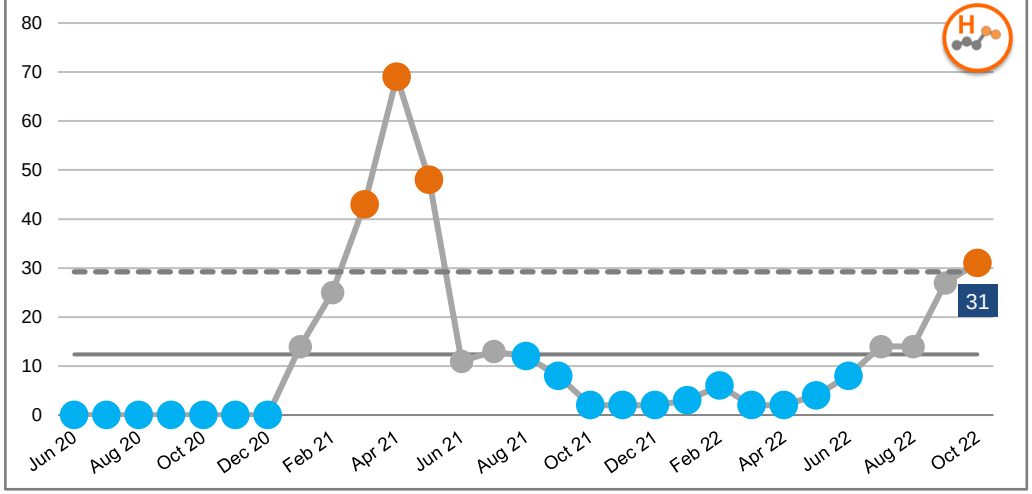
Reporting Period: Monthly | October 2022

Elective Care

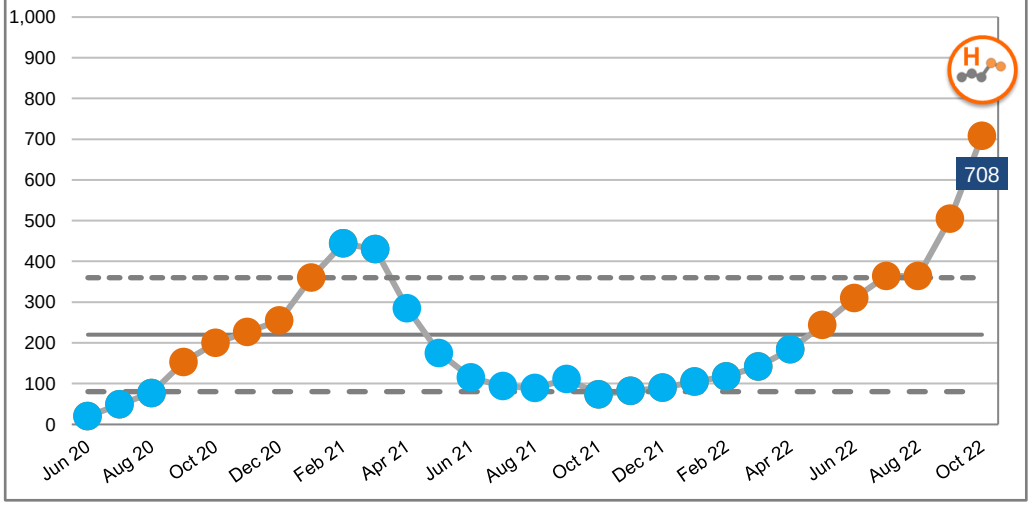
RTT Waiters - Over 90 weeks



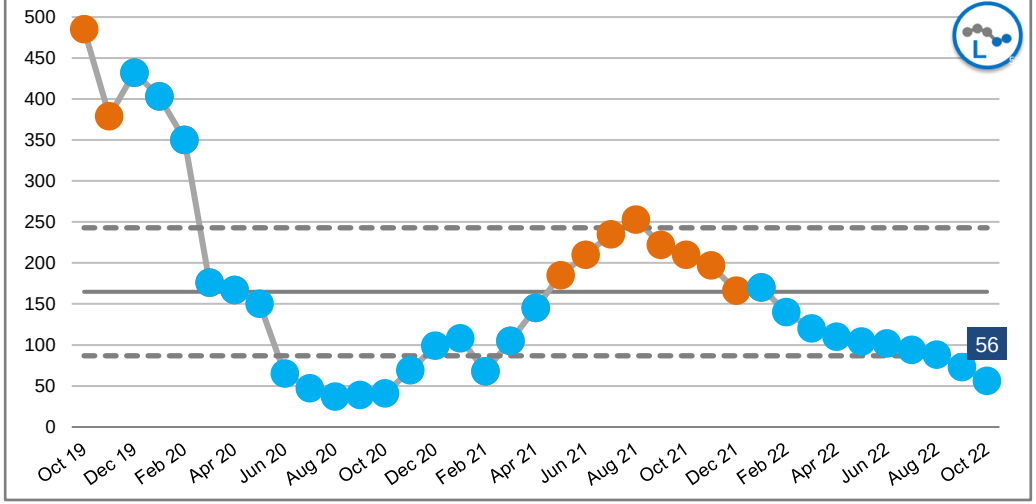
RTT Waiters - Over 78 weeks



RTT Waiters - Over 52 weeks [Target = 0]

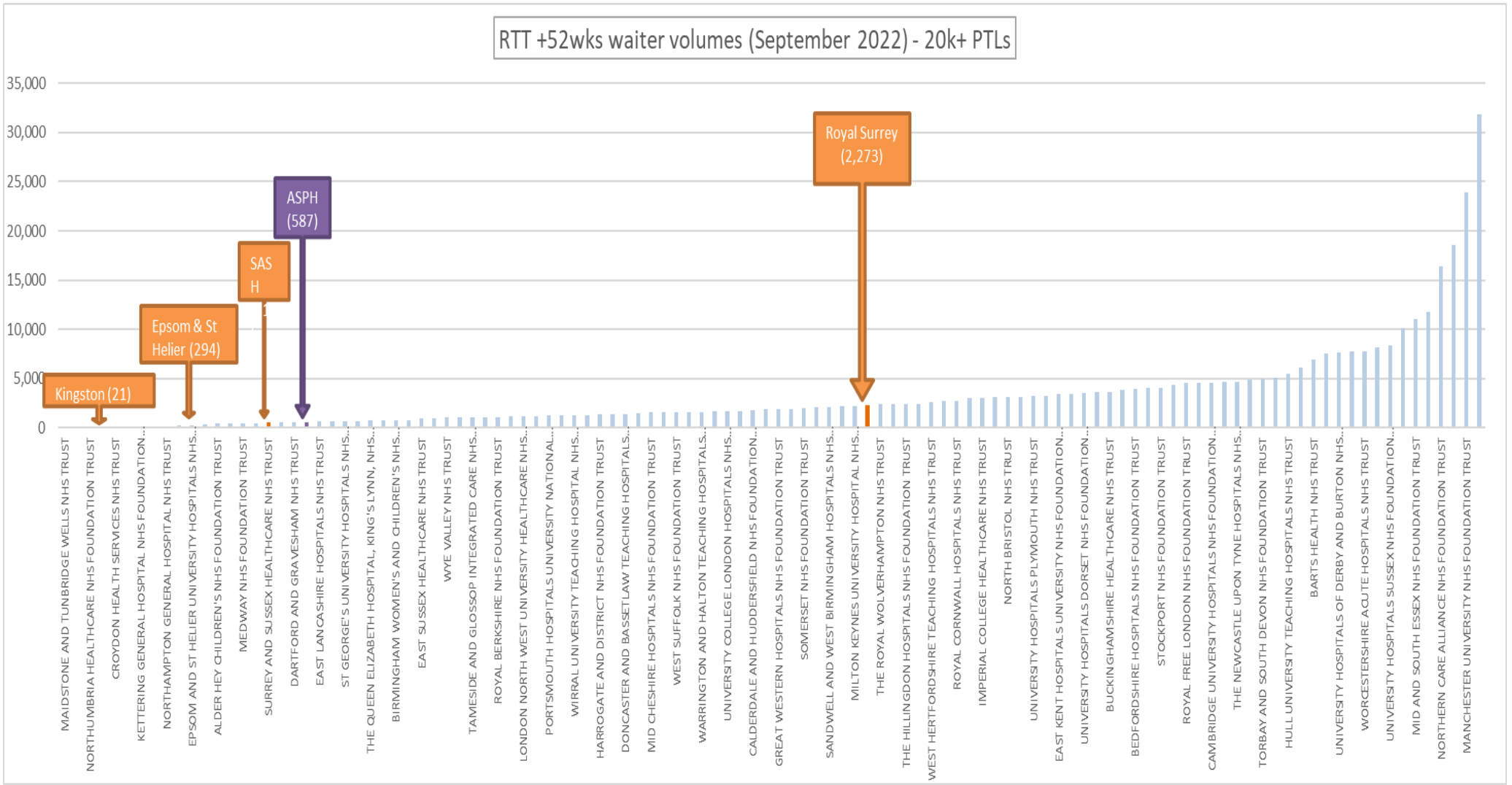


RTT Waiters - P2 Priority Patients Waiting Surgery more than 4 weeks



Ashford and St. Peter's Hospitals NHS Foundation Trust

Referral to Treatment (RTT) - National Comparison

Reporting Period: Monthly | September 2022

Elective Care