Paper 6.2

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors
Date: 6th September 2023

TITLE	Performance Report - May 2023
EXECUTIVE SUMMARY	**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 7 during the month although the maximum number being treated for Covid as their primary condition did not exceed more than 4 daily. It should be noted the swabbing protocol for Covid has been revised by NHS England with only symptomatic patients now being tested. **Elective Activity** During 2023/24, NHS England has set ambitious targets for productivity and recovery, requiring providers to reduce waiting times for patients, with a focus on those waiting the longest for treatment. The aim for 2023/24 is to have no patients waiting over 65 weeks for treatment by March 2024 (other than through patient choice). The Trust has seen a reduction in capacity through the termination of insourcing, outsourcing, strict management of agency/bank and locum use, and curtailment of weekend theatre and clinic sessions due to the financial recovery programme, which is continuing throughout FY2023. Furthermore, the industrial action by Junior Doctors has continued to have a considerable impact, with the Trust having to cancel substantial elective outpatient and theatre activity to release clinical staff to support Urgent and Emergency Care. This is leading to an increase in routine waiting times for 1st appointment in many specialties which has been identified in a previous update. Productivity opportunities continue to be thoroughly explored through use of key performance metrics such as clinic utilisation, theatre utilisation, cancellations, DNAs and first to follow up ratios, including the significant expansion of Patient Initiated Follow Ups (PIFU) to permit follow up capacity to be focussed onto 1st outpatients. Advice and Guidance, CAS and RAS clinics are also being considered, including discussions with our commissioners to enhance community provision to support earlier treatment for patients.

The Trust continues to benchmark well with other providers on the number of patients waiting over 52 weeks (37th lowest of 118 providers) which is included as Appendix A, and Appendix B which provides a national comparison of overall RTT performance for ASPH and local providers (where the Trust is positioned 44th of 118 providers).

Assurance: We have partial assurance the Trust will deliver the key 2023/24 RTT waiting time standard of no patients waiting longer than 65 weeks at the end of March 2024 (except where patients choose to wait longer).

Urgent Care

During May overall NHSI performance was recorded at 73.7% which was a slight decrease from 74.3% in April 2023 (-0.6%). This was due to a reduction in Walk In Centre performance during the month.
Type 1 (ED and UTC) performance increased from 61.2% in April to 62.8% in May driven by improvements in non-admitted pathways.

The ED team have continued their focus on key priorities including;

- Reducing ambulance handover delays (where only 2 patients waited over 60 minutes in May), and
- Continued focus on the non-admitted pathway improvements, utilising one stop triage and more effective use of ED Same Day Emergency Care (SDEC).

Overall demand during May increased compared to April. Admitted performance reduced marginally to 37.9% (Apr 40.4%), whilst non-admitted performance continued to improve at 74.9% (Apr 71.1%). This was in the context that the admitted position remained challenged with an average of 7 DTAs in A&E every morning waiting for a bed, and a similar average length of stay during May compared to April.

Ambulance handover delays 30-60 minutes remained low at 127 during May.

The Trust continues with its Main Effort programme that focuses on specific interventions (included on page 11) to maintain adherence to the adoption of Criteria to Admit and Criteria to Reside to support hospital flow and discharge (ensuring only those patients that would benefit from our care reside with us) and supporting A&E 4 hour performance.

Assurance: We have partial assurance the Trust will deliver the key 2023/24 A&E waiting time of no less than 76% of patients seen within 4 hours by March 2024. 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.

Stroke Performance
Stroke performance is included within the performance report on page 12. 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. However, where a bed has been unavailable in the Stroke ward, full care has been provided within ED and other appropriate wards.

Diagnostics (DM01)
DM01 Diagnostics performance for May was recorded at 88.4% which was similar to the performance recorded during April (88.6%). Capacity was reduced due to the Bank Holidays in April and May although referral demand has remained high.

The Trust has performance challenge in Ultrasound, Audiology, MRI, Endoscopy, and Neurophysiology due to reduced capacity over the recent bank holidays and the industrial action by Junior Doctors. Additional capacity and productivity improvements are being explored & implemented to support our challenged modalities where patients are waiting greater than 6 weeks.

The Trust benchmarks well against the national DM01 diagnostics performance with the latest reported national DM01 performance at 72.4% for April 2023 (latest published on 8th June 2023). DM01 benchmarking with peers is included as Appendix C.

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 over the coming months.

Assurance: We have partial assurance the Trust will deliver the key 2023-25 diagnostic waiting time ambition where 95% of patients will receive their diagnostic test within 6 weeks.

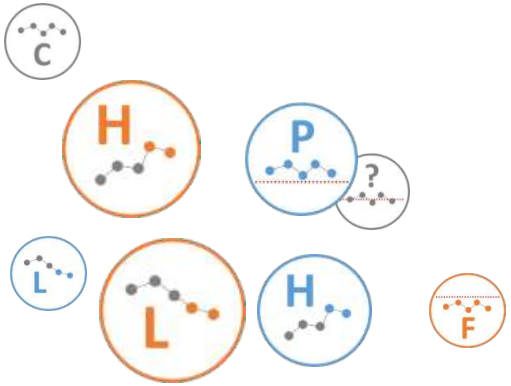
Cancer
For **May**, the Trust reported compliance for 4 of 8 Standards; TWR, TWR Breast Symptomatic, 28 Faster Diagnosis Standard (FDS) and 31-day Subsequent Treatment.

The Trust's 62 day GP referral to Treatment performance was also impacted by Industrial Action, including diagnostic delays although improvements have been seen in MRI and endoscopy turnaround times. 13 out of 24 patients treated at a tertiary centre in May were referred after day 38, impacting performance by -3%.

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. The Trust has maintained the low number of patients waiting over 62 days although has ambition to improve this further. *Assurance: We have acceptable assurance the Trust will deliver the two key 2024 requirements; (i) that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days, & (ii) will continue to reduce the number of patients waiting over 62 days.*
The Council is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.
Author:	Julian Ruse, 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: May 2023
Trust Board Month: July 2023

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

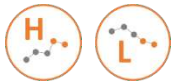
This scorecard incorporates Statistical Process Control (SPC) graphs.

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.

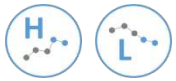
Variation Icons

> 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

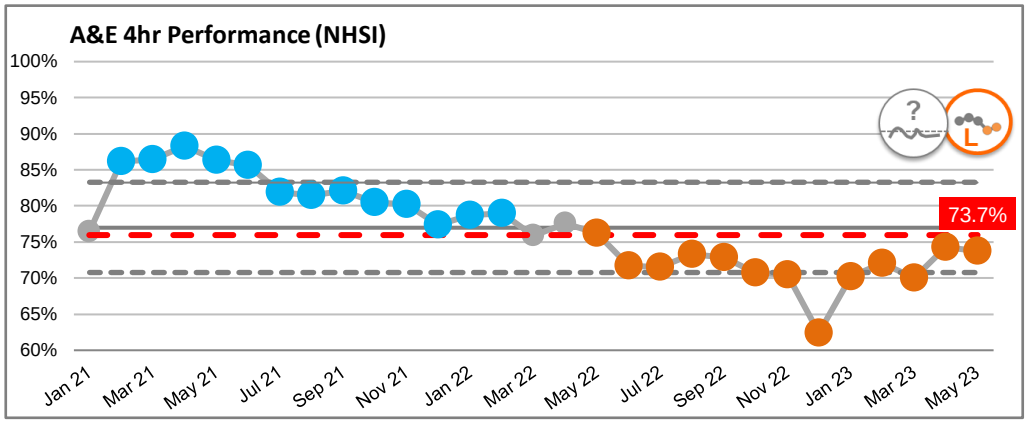
> A level of assurance has been assigned to each of the key metrics in this report, the 4 levels are;

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

A&E 4 Hour Performance

Reporting Period: Monthly | May 2023

Emergency Care



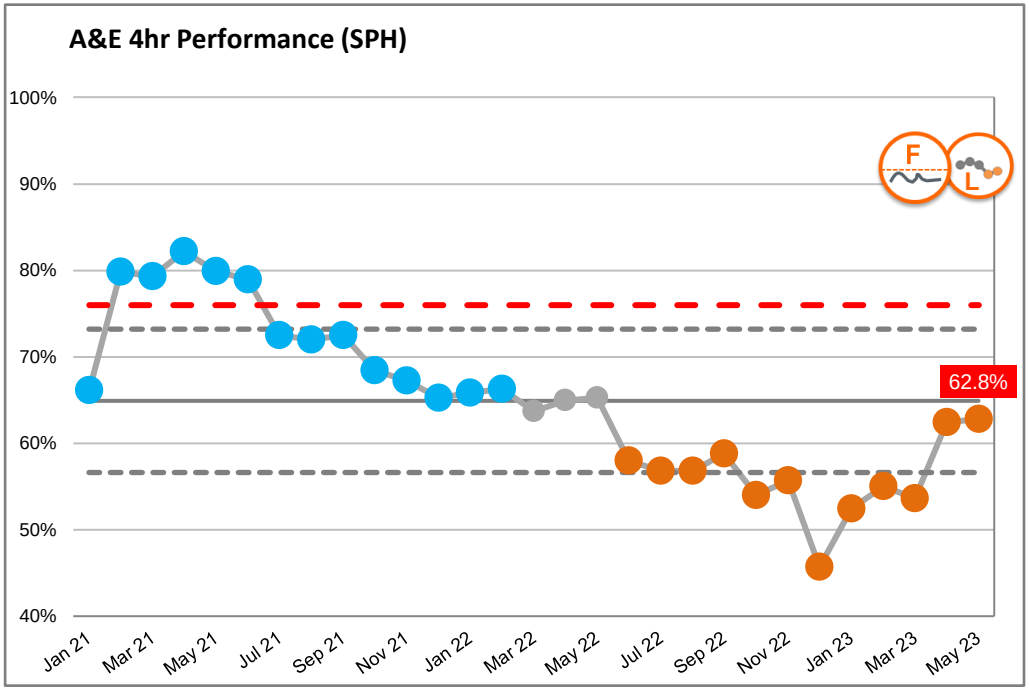
A&E Performance

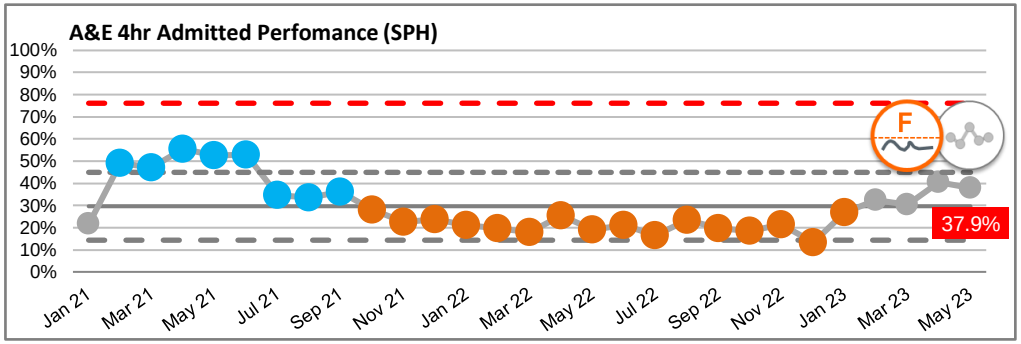
Overall NHSI performance was recorded at 73.7% in May 2023, which was a slight decrease from 74.3% in April 2023 (-0.6%). This was due to a reduction in Walk In Centre performance during the month. Type 1 (ED and UTC) performance increased from 61.2% in April to 62.8% in May driven by improvements in non-admitted pathways.

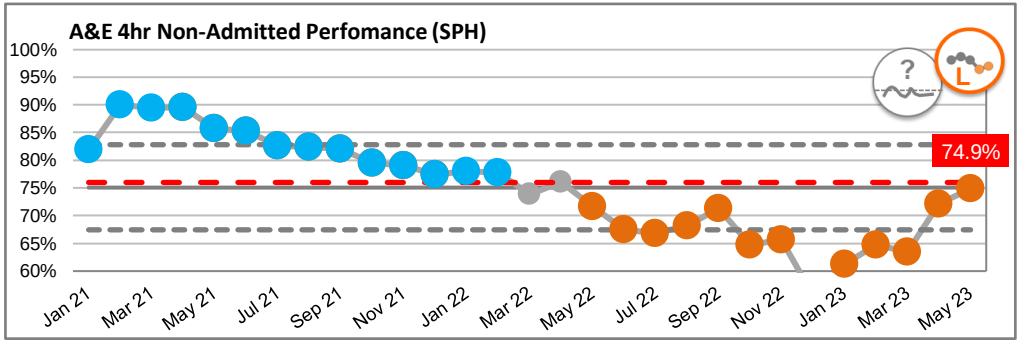
UTC updated its PAS system to Cerner Firstnet in April 2022. This, along with a reduction in winter funding, has led to an increase in UTC breaches during May 2023. An action plan is in development with NICS (North-West Surrey Integrated Care Services) who run the UTC.

The ED team continued to focus on key priorities including;

- Keeping ambulance handover delays low, and
- Continued focus on the non-admitted pathway improvements including navigation, triage and admitted pathway improvements through use of ED chairs.







A&E 4 Hour Performance - Comparison

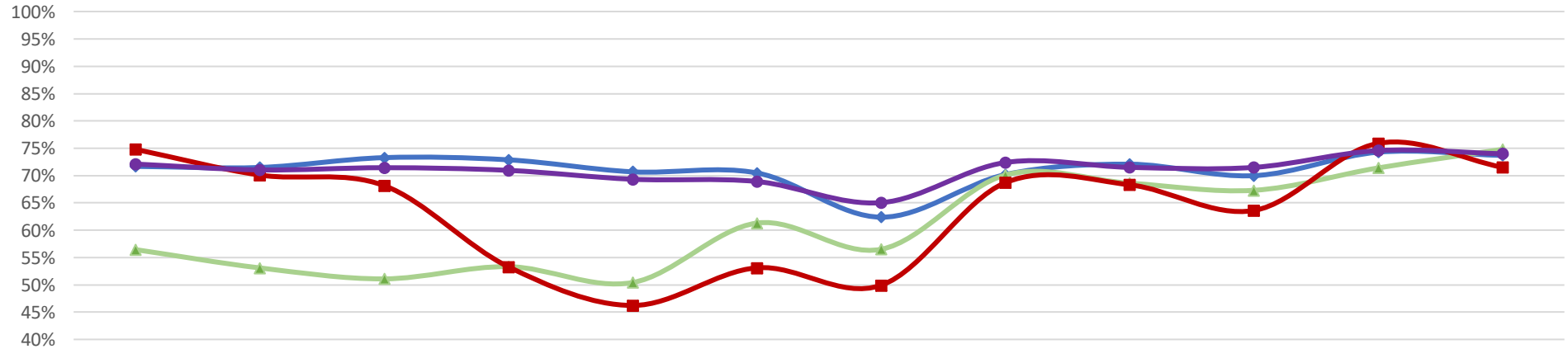
Reporting Period: Monthly | May 2023

Emergency Care

ASPH 4hr Performance (NHSI and SPH)
The Trust's reportable NHSI (SPH site inc. Ashford & Woking WiC activity) performance for May 2023 was 73.7%.
The Trust's reportable Type 1 Performance for May was 62.8%.

A&E 4hr Performance National & Surrey Heartlands ICS System;
During May 2023;

- Ashford & St Peter's Hospitals = **73.7%**
- Royal Surrey Hospitals = **74.8%**
- Sussex and Surrey Hospitals = **71.5%**
- National Average = **74.0%**



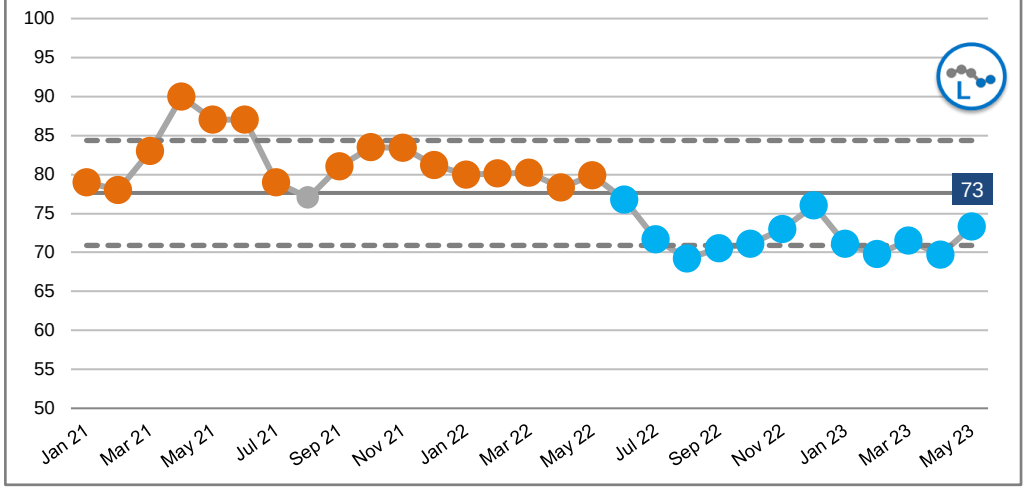
	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
ASPH	71.7%	71.5%	73.3%	72.9%	70.7%	70.5%	62.4%	70.2%	72.1%	70.0%	74.3%	73.7%
RSH	56.4%	53.1%	51.1%	53.3%	50.4%	61.3%	56.5%	70.1%	68.6%	67.3%	71.4%	74.8%
SASH	74.8%	70.1%	68.2%	53.3%	46.2%	53.1%	49.9%	68.7%	68.3%	63.6%	75.9%	71.5%
England	72.1%	71.0%	71.4%	71.0%	69.3%	68.9%	65.0%	72.4%	71.5%	71.5%	74.6%	74.0%

A&E 4 Hour Performance

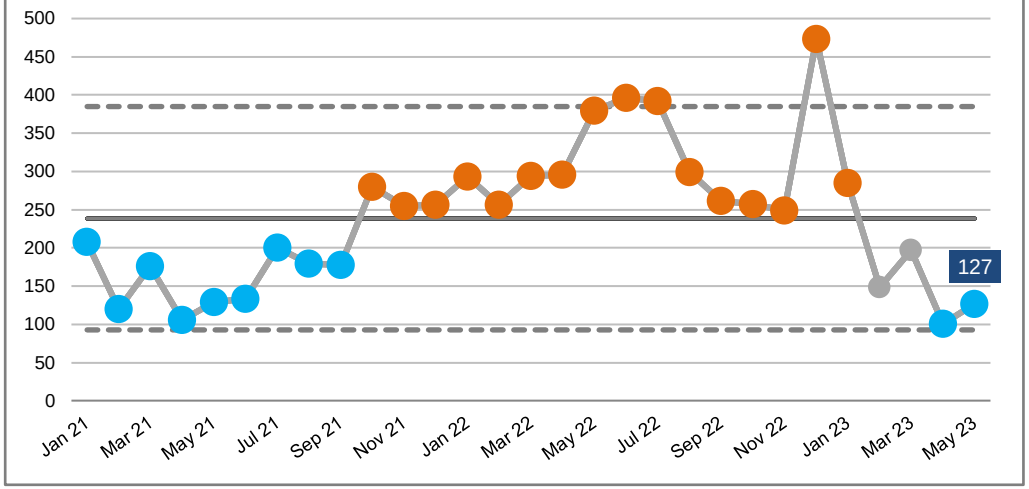
Reporting Period: Monthly | May 2023

Emergency Care

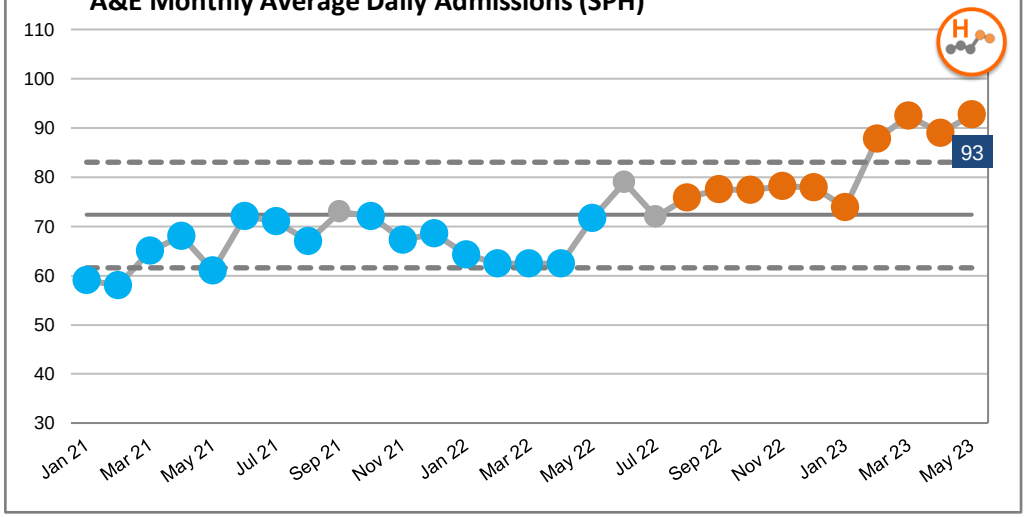
A&E Monthly Average Daily Ambulance Attendances (SPH)



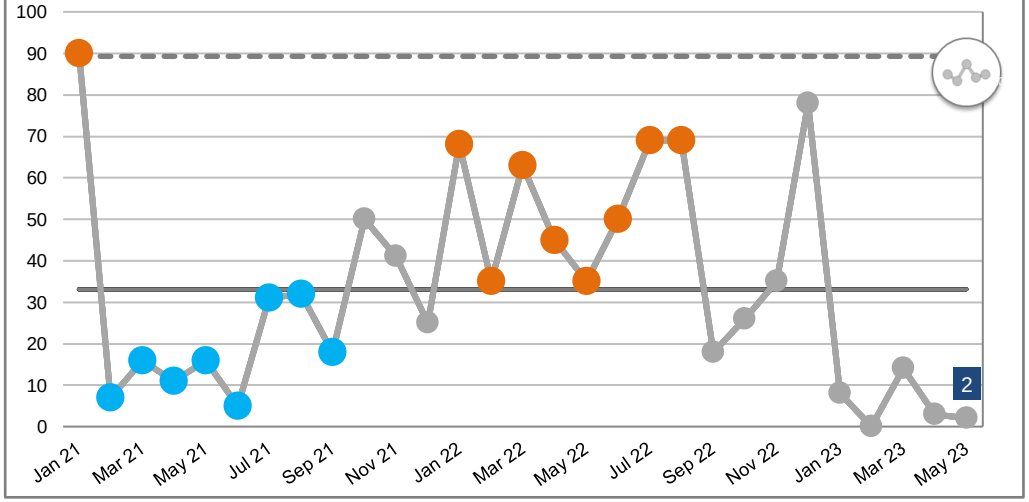
Ambulance Handovers (30-60 mins)



A&E Monthly Average Daily Admissions (SPH)



Ambulance Handovers (60+ mins)

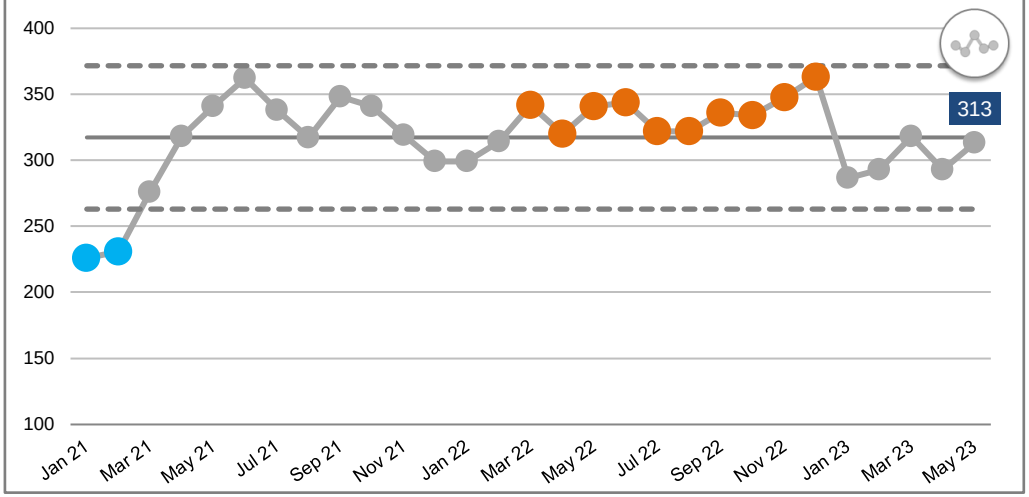


Hospital Flow

Reporting Period: Monthly | May 2023

Emergency Care

A&E Monthly Average Daily Attendances (SPH)



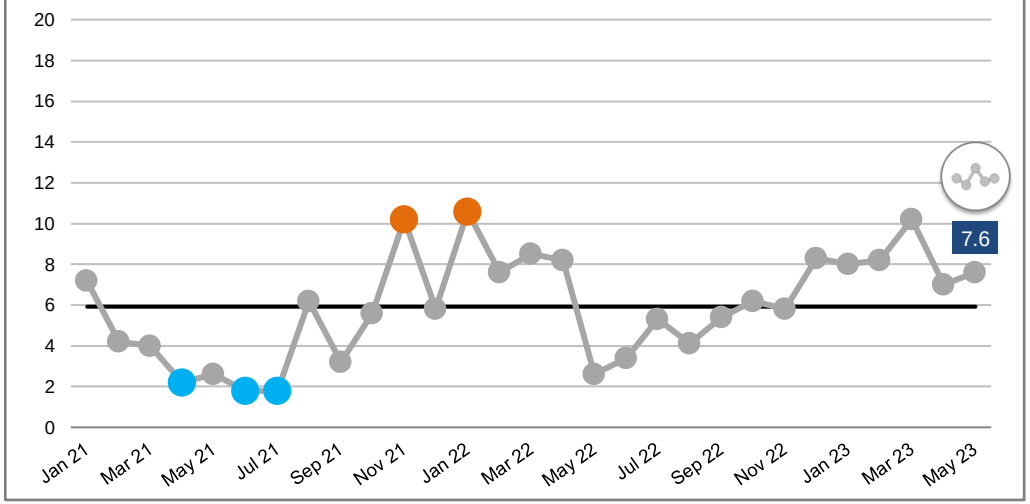
A&E Performance and Flow

Overall demand during May increased compared to April. Admitted performance reduced marginally to 37.9% (Apr 40.4%), whilst non-admitted performance continued to improve at 74.9% (Apr 71.1%). This was in the context that the admitted position remained challenged with an average of 8 DTAs in A&E every morning waiting for a bed, and a similar average length of stay during May compared with April.

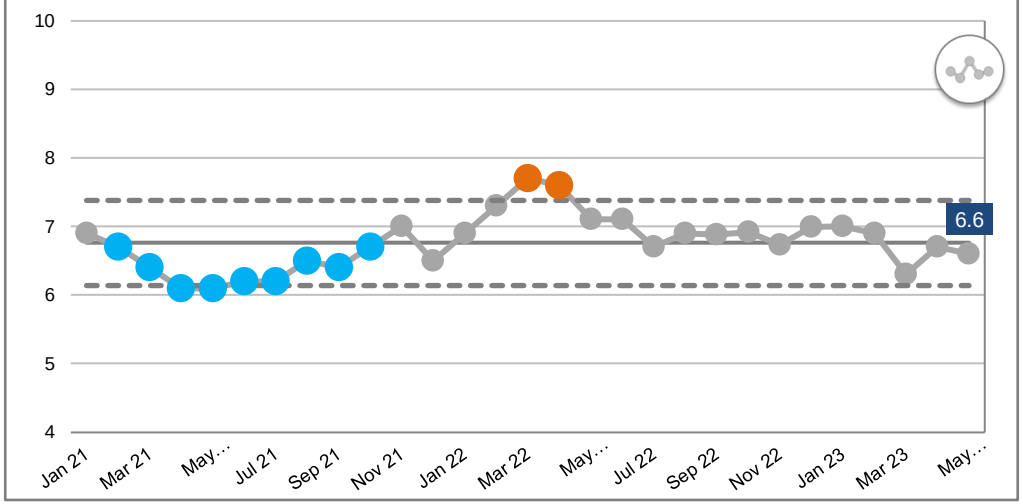
Ambulance handover delays improved to 2 breaches >60 minutes during May, a reflection of continued focus from the ED nursing team on minimising long ambulance delays. Ambulance handover delays 30-60 minutes increased slightly from 101 in April to 127 in May which reflects the impact of surges and continued corridor care due to exit block.

Flow continued to be challenged through CAU during May due to the high presence of patients with no acute Criteria to Admit (C2A) (MH and Complex Discharge) requiring to use the unit. The increase in admitted activity is related to the opening of ED chairs, which is recorded as an admitted area on Cerner. This is a counting change on SSC rather than a true increase in hospital overnight admissions.

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



Average Length of Stay



A&E 4 Hour Performance / Flow

Reporting Period	
Monthly	May 2023

Emergency Care

Assurance Level: **Partial**

What is impacting current performance?	• Surges in demand challenging capacity. Physical space to see patients, especially in ambulatory majors during times of surge. • CAU bedded with patients without C2A, so not operating as an assessment area; specialty referred patients therefore remaining on the clock in ED. • An average of 8 DTAs in ED each morning. Ward discharges occurring late in the day, allowing queues to build up in ED due to a mismatch in demand and flow. • Specialties not being able to always respond to ED referrals in a timely proactive way. • ED junior doctor rota gaps due to vacancies both within the junior doctor workforce and the administration team. • Challenges with the SDEC model of care and flow through the unit. • Small volumes of planned patients being managed within SDEC setting (although this has improved since opening the Medical Day Unit). • Large numbers of patients with no Criteria to Admit (C2A), and the insufficient availability of Adult Social Care packages and District & Borough services. • Pressures due to access to Mental Health services and beds, as well as other non-C2A patients, with extended waits for some Mental Health patients. • Paediatric ED staffing levels (paediatrics and ED) unable to support surges in demand.
What actions are being undertaken to improve performance?	The key workstreams aimed at supporting A&E 4 hour performance and flow are: **Non-Admitted Pathway** The ADO and ED Clinical Lead are directly supporting junior doctor rotas to improve forward planning and mitigate risk of daily unfilled shifts. Consultation with SDEC nursing staff to extend the hours of opening for the unit to support ED in the early evenings. Working with SECAMB to increase direct admissions of frail patients to OPAU, bypassing ED. Working with NICS to agree an action plan to mitigate the increase in non-admitted breaches. . Working to deliver a 'One Team' medical model in collaboration with GSM Divisional Director for SDEC and CAU, including extending the hours of consultant presence in SDEC to 7pm and improved handover processes between SDEC and GIM (medical consultant on call). Registration of patients navigated to SDEC and OPAU (Older Person's Assessment Unit). This requires a Cerner solution to resolve. Discussions with IT ongoing. . Joint working with RSH to prioritise issues generated by Cerner Firstnet implementation for improvement to support productivity and clinical care. **Admitted Pathway** Working with NWS partners to support the response time for patients without a Criteria to Admit (C2A) to return home / place of residence and or to prevent the admission. Working with SABP to reduce the long delays for patients waiting for Mental Health beds or specialist support for discharge. Cross divisional discussions underway to expand and extend the Older Persons' Assessment Unit to an overnight unit and to identify an alternative to CAU for patients who do not have a criteria to admit (C2A) but are complex discharges.
When will the position be recovered?	Actions are underway as described above to support improvements in performance and flow.
What are the key risks?	- Surges in activity due to peaks in attendances and an inability to flex capacity meeting these demands. - The impact of the ward closure/refurbishment programme on flow from ED and high volumes of no C2A patients in CAU blocking assessment capacity. - Recruitment, retention and engagement of the current workforce to work differently. Inability of NWS partners to support the 12hr response time for non C2A patients. - Inadequate ED estate which does not support an agile flow through the department.
What are the Quality implications for the Trust?	Delays and overcrowding in ED can have negative implications to the quality of patient experience and outcomes, staff experience. The IPC risk due to overcrowding and potentially also increased potential patient harm. In February, the risk was clarified and split into 3 risk register entries all identified as major (15). These relate to triage waiting times, waiting times within the ED department (including time to be seen by a doctor, diagnostics) and lack of flow out due to exit block.

Stroke and TIA Performance Dashboard [Apr 2023]

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	Apr-23
Number of Admissions during the month	44	44	46	47	59	52	60	57	60	50	63	53	47
Number of Discharges during the month	32	30	32	40	52	44	55	51	50	63	54	57	47

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	Apr-23
Proportion of stroke patients scanned within one hour of hospital arrival	50%	Total	32	30	32	40	52	44	55	51	50	63	54	57	47
		%	71.9%	70.0%	59.4%	50.0%	50.0%	47.7%	56.4%	51.0%	62.0%	68.3%	75.9%	71.9%	68.1%
Proportion of stroke patients scanned within 12 hours of hospital arrival	95%	Total	32	30	32	40	52	44	55	51	50	63	54	57	47
		%	100.0%	100.0%	93.8%	97.5%	98.1%	97.7%	96.4%	98.0%	98.0%	96.8%	100.0%	98.2%	95.7%
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	52	50	43	56	49	55	43
		%	25%	11%	23%	13%	16%	40%	31%	24%	26%	18%	22%	20%	28%
Proportion of stroke patients spending 90% of their stay on a stroke ward	90%	Total	32	30	30	39	49	40	52	50	48	56	49	55	43
		%	59%	33%	73%	59%	53%	53%	71%	68%	44%	52%	63%	55%	67%
Proportion of stroke patients reviewed by a Stroke specialist consultant within 14hours	n/a	Total	32	30	32	40	52	44	55	51	50	63	54	57	47
		%	44%	63%	47%	55%	54%	45%	64%	51%	46%	49%	52%	67%	55%
Proportion of stroke patients reviewed by a Stroke specialist consultant within 24hours	95%	Total	32	30	32	40	52	44	55	51	50	63	54	57	47
		%	71.9%	76.7%	68.8%	75.0%	78.8%	63.6%	78.2%	72.5%	68.0%	63.5%	70.4%	86.0%	80.9%
Proportion of stroke patients reviewed by a specialist stroke nurse within 24 hours	95%	Total	32	30	32	40	52	44	55	51	50	63	54	57	47
		%	87.5%	90.0%	84.4%	95.0%	92.3%	95.5%	92.7%	82.4%	88.0%	81.0%	88.9%	89.5%	93.6%

Stroke Activity & Performance

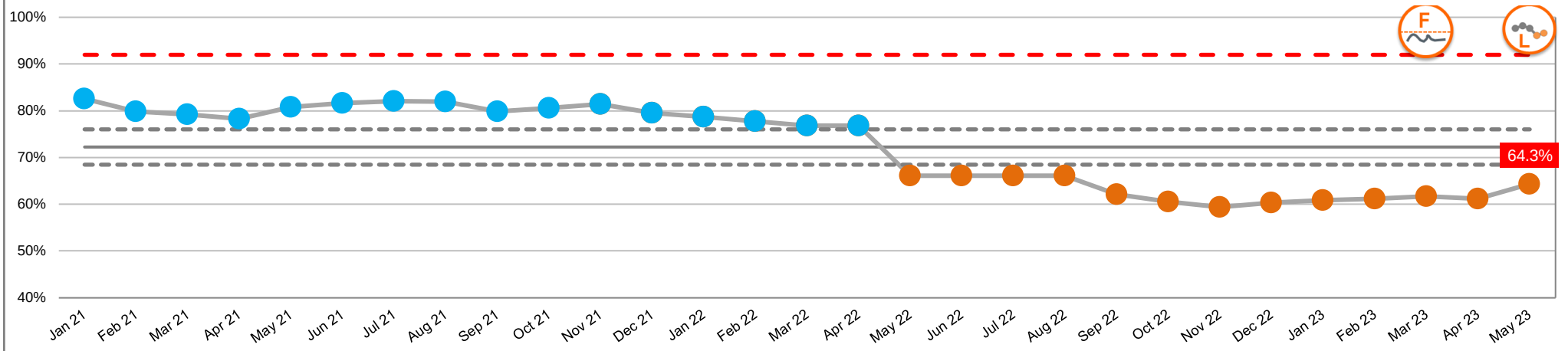
Stroke performance for patients '**being admitted within 4 hours of arrival**' and '**spending 90% of their stay on a stroke ward**' has shown improvement although remains challenged due to high bed occupancy within the hospital. However, where a bed has been unavailable in the Stroke ward, full care has been provided within ED, and other appropriate wards.
An 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.
We are currently facing a shortfall in consultant capacity within the stroke service where we are working closely with the ICS, the ISDN and our other nearby partners to formulate a sustainable plan for the long term.

Referral to Treatment (RTT)

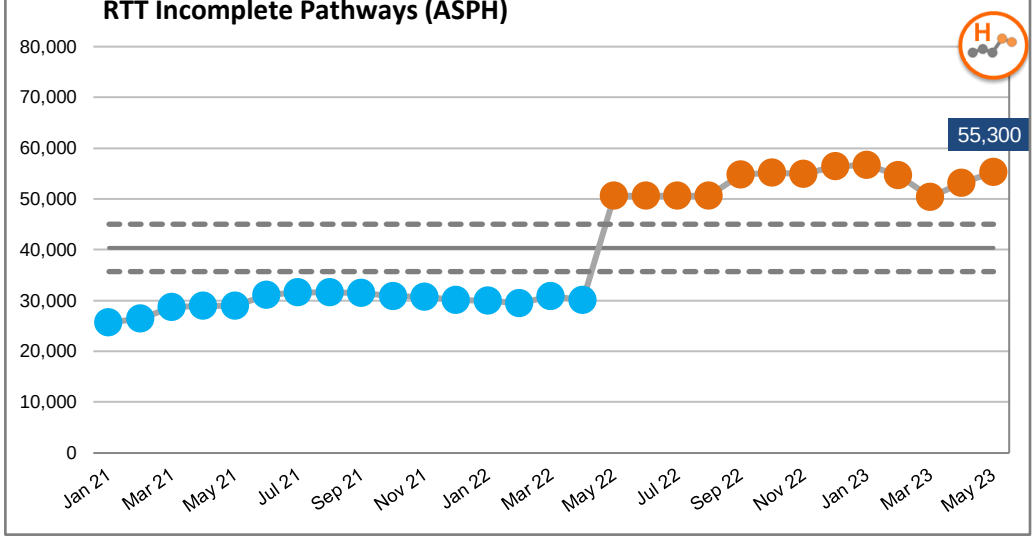
Reporting Period	
Monthly	May 2023

Elective Care

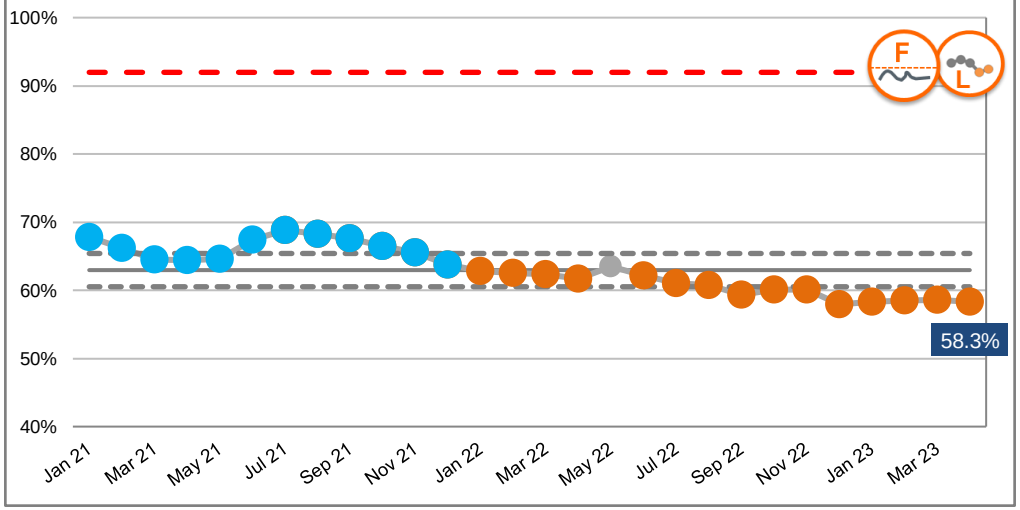
RTT Monthly Performance (ASPH)



RTT Incomplete Pathways (ASPH)



RTT Monthly Performance - England Average

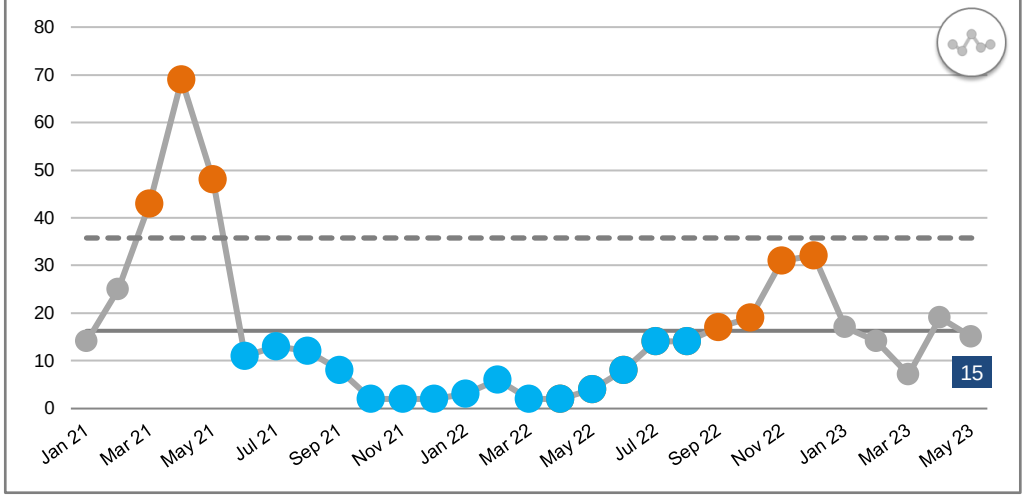


Referral to Treatment (RTT)

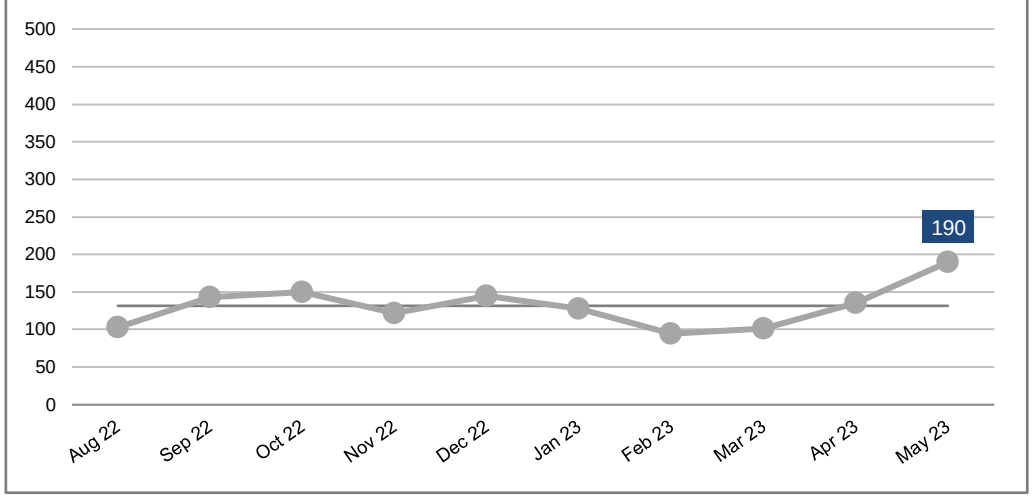
Reporting Period: Monthly | May 2023

Elective Care

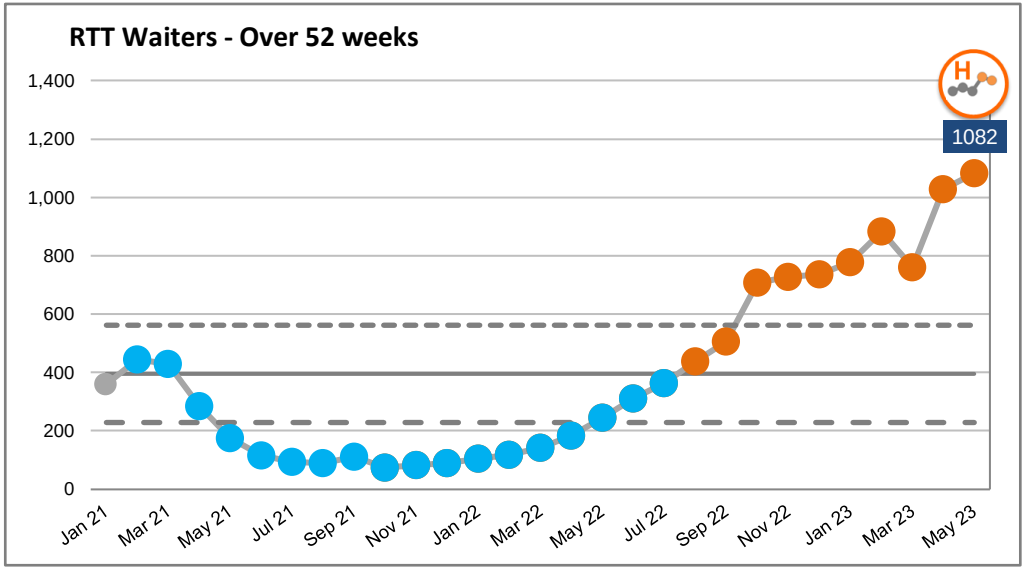
RTT Waiters - Over 78 weeks



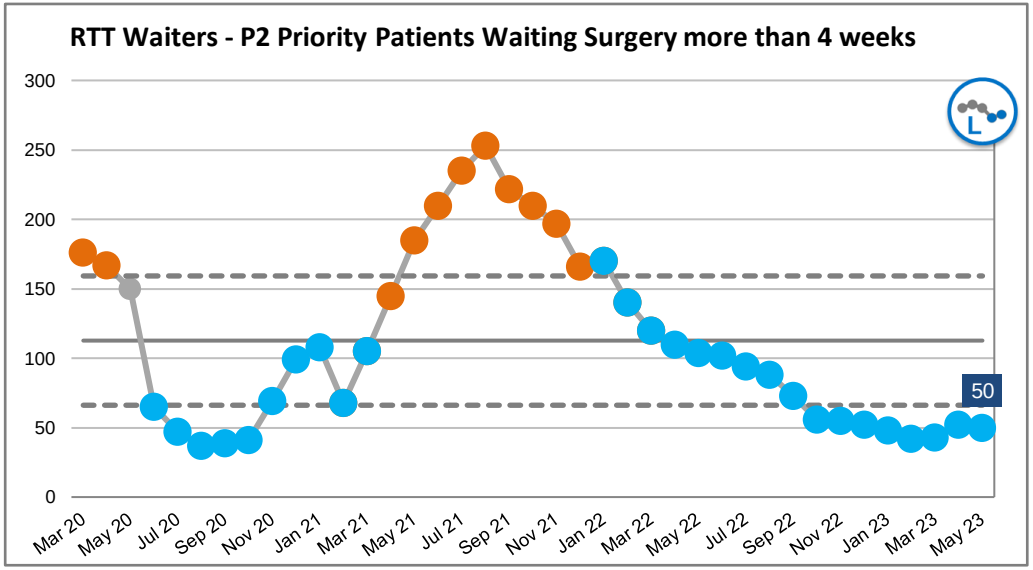
RTT Waiters - Over 65 weeks



RTT Waiters - Over 52 weeks



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



Referral to Treatment (RTT)

Reporting Period	
Monthly	May 2023

Elective Care

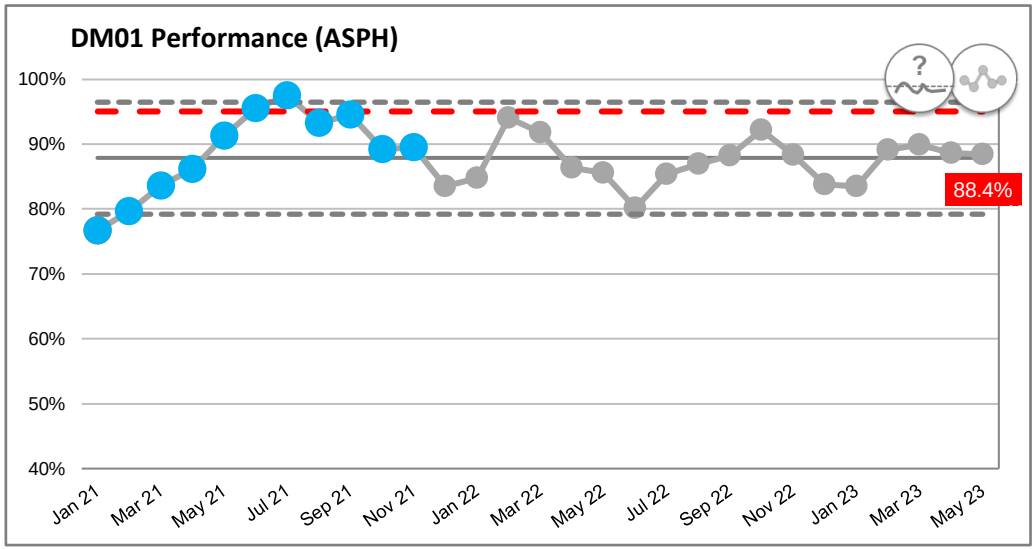
Assurance Level: **Partial**

What is impacting current performance?	Impacting current performance: • Impact of ongoing industrial action and requirement to cancel considerable elective activity • Continued reduction in capacity through the management of agency/bank and locum use, cancellation of weekend clinics • Demand in some speciality areas that is not in balance with activity – dermatology, gastroenterology, gynaecology • Continuing impact of Surrey Safe Care (SSC) implementation and impact on data cleanliness and coding and capturing of activity • Vacancies in some areas, such as ophthalmology • There remains some operational pressures within the system relating to non-elective care, including escalation into elective bed capacity • Requirement to balance the delivery of 107% of 2019/20 based on New outpatient activity with the increasing follow-up wait lists
What actions are being undertaken to improve performance?	Actions to improve performance: • Deployment of a new business intelligence tool (LUNA) that supports RTT validation, including IP, Planned, Outpatient, Follow Up & SSC DQ workflow waiting lists. • Patient level monitoring of all patients waiting over 65 weeks at Trust Performance Meeting (this includes the monitoring of where a diagnostic wait is impacting waiting times). • Ongoing demand and capacity reviews across speciality areas to identify gaps in provision. • Weekly restoration meetings with all Divisions focussing on 65 week waiters and other key performance metrics such as DNAs and clinic utilisation/productivity. • Development of validated reports on booking, cancellation rate, outpatient activity and clinic utilisation compared to 2019/20 to support monitoring, provided weekly to divisions including full fortnightly reviews. • Ongoing focus on patients 'waiting well' to mitigate potential patient harm. • A review and focus on where equality, diversity and inclusion (EDI) may impact attendance and increase DNAs with planning to support patients.
When will the position be recovered?	The Trust continues to face significant challenges to our elective and diagnostic performance, and the resulting backlogs. The ongoing financial recovery requirements have impacted recovery trajectories due to the need to manage the Trust's financial position for 2023/24. Plans are in place to identify where there are significant gaps at a speciality level to deliver the FY23/24 targets. Data shows that there is still significant reporting challenges in reaching the 2019/20 levels of activity with reasons being fully explored to understand and develop improvement plans.
What are the key risks?	Key risks remain which include: (i) The risk of patients suffering harm whilst waiting for appointments or treatment, (ii) Continuing SSC challenges, (iii) The availability of validated data to support decision making and identification of key areas of risk, & (iv) Ongoing operational and financial challenges into 2023/24
What are the Quality implications for the Trust?	Quality impacts remain: SSC operational challenges affecting outpatient, diagnostic and clinical workflows resulting in backlogs due to impact on activity Invalidated and quality of data reducing visibility of position. Impact of operational pressures increasing elective backlog and potential quality of care impact from patients waiting for appointments/treatment that could result in harm.

Diagnostics (DM01)

Reporting Period: Monthly | May 2023

Elective Care

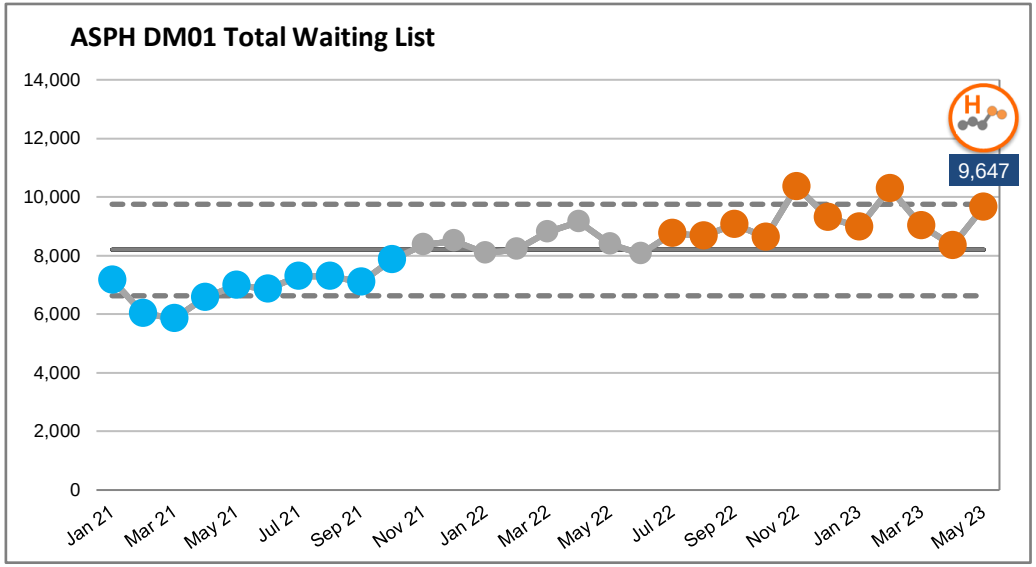


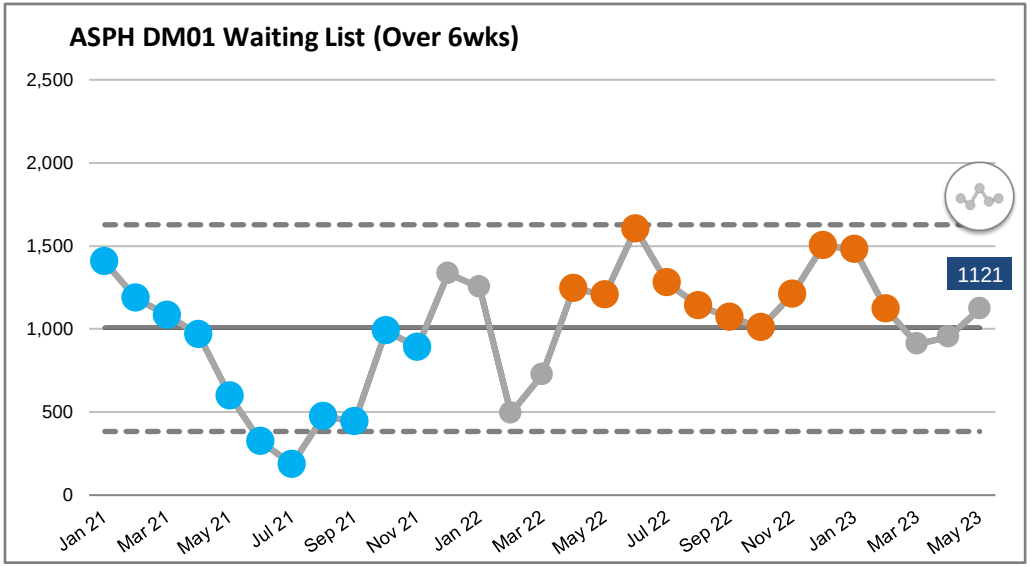
DM01 Performance

DM01 Diagnostics performance for May was recorded at 88.4% being similar to the performance recorded in April (88.6%). The Trust has performance challenge in Ultrasound, Audiology, MRI, Endoscopy, Neurophysiology and patient choice. Capacity has been reduced due to the Bank Holidays in April and May although referral demand has remained high.

Additional capacity and productivity improvements are being explored & implemented to support our challenged modalities where patients are waiting greater than 6 weeks in Ultrasound (824), Audiology (87), MRI (58), Endoscopy (182) and Neurophysiology (44).

The national DM01 diagnostics performance was recorded at 72.4% for April 2023 (latest published on 8 June 2023).

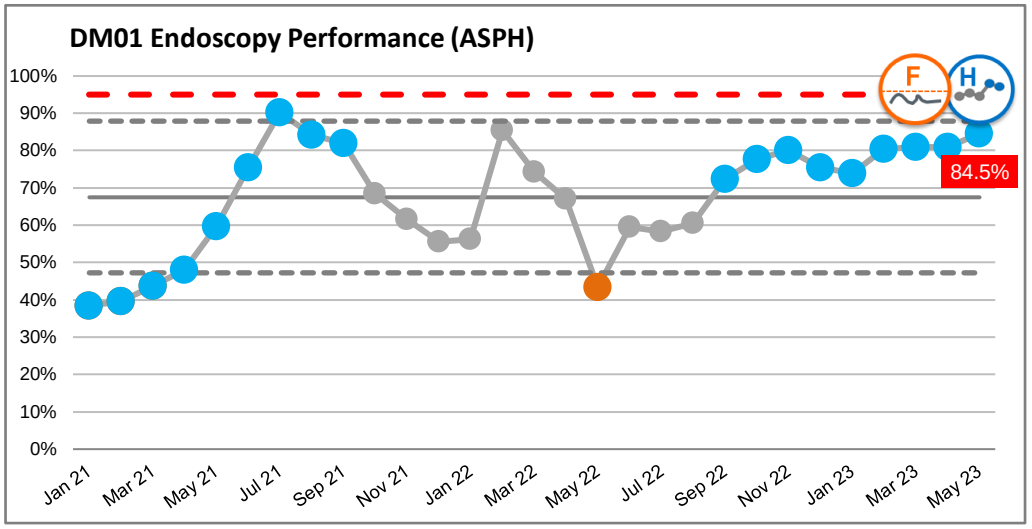




Endoscopy (DM01)

Reporting Period: Monthly | May 2023

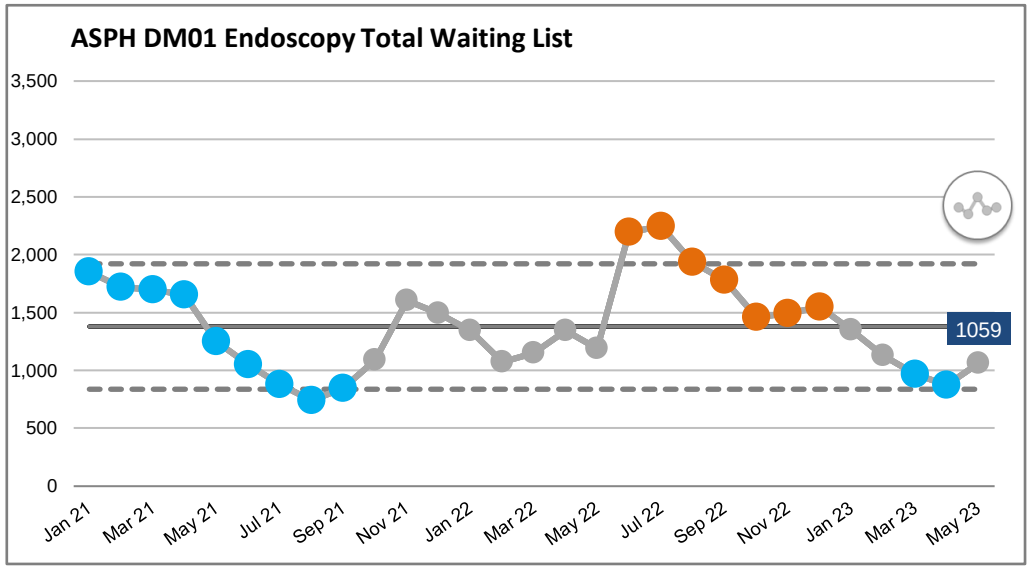
Elective Care

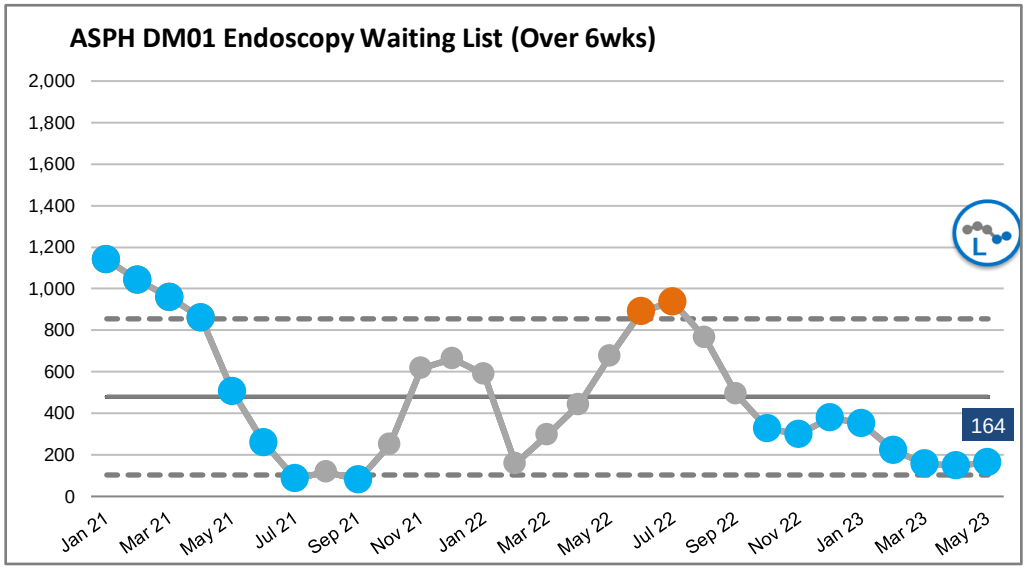


DM01 Endoscopy Performance

The Trust has recorded a considerable reduction in the endoscopy waiting list size and backlog over the past 12 months through meticulous patient & capacity tracking.

The Trust backlog consists of a high number of patients waiting over 6 weeks for a GA Endoscopy creating a temporary decrease in performance. A recovery plan for these patients is underway jointly by the Colorectal and Gastroenterology teams.





Diagnostics (DM01) inc. Endoscopy

Reporting Period		Elective Care
Monthly	May 2023	

Assurance Level: **Partial**

What is impacting current performance?	- The Trust reduced endoscopy capacity by one mobile endoscopy room from 25th October reducing endoscopy capacity by 14 lists per week. - Reduced capacity over the bank holidays.
What actions are being undertaken to improve performance?	**Endoscopy** The Trust backlog consists of a high number of patients waiting over 6 weeks for a GA Endoscopy. A recovery plan for these patients is underway jointly by the Colorectal and Gastroenterology teams. Improvements in SSC have continued to lead to improvement in our booking rate and utilisation of the endoscopy unit. Pre-assessment of Endoscopy patients is 7 days ahead of appointment to help maintain the low level of 'on the day' cancellations. The Surrey and Sussex Cancer Alliance are working with the Endoscopy pre assessment team to review and enhance the pre-assessment processes. To 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. Our remaining 3 room endoscopy unit has sufficient capacity to meet demand, although is unable to reduce our endoscopy surveillance backlog. Trans nasal endoscopy (TNE) training is now underway which will enable OGD endoscopy to be undertaken in clinic space, freeing up the main endoscopy unit for therapeutic colon and flexi endoscopy activity. The introduction of trans nasal endoscopy is enabling us to reduce our surveillance backlog although recovery will not be until the end of Mar 2026 at the earliest. **Imaging** MRI - Regular meetings are held between Imaging and Alliance Medical to discuss waiting and reporting times with KPIs. Progress has been made with reducing the reporting backlog. CT - Ashford now has a new GE replacement scanner. The Outpatient CT scanner at SPH is also being replaced. During the interim, in order to provide capacity for ED, a modular CT van is in situ outside ED. This however does have limitations on the type of patients we can scan but is primarily a backup for ED patients. Additional Outpatient CT lists are also being run at Ashford to minimise adverse impact on waiting times during this period. DEXA - The newly installed DEXA at Woking Community Hospital is working well and we are now training more radiographers on this modality to give greater flexibility. US - Trust sonographers continue to offer additional weekend and evening outpatient lists. We continue to use outsourcing to offer US lists both within the Trust and in the community. We have recruited to one vacant band 7 post with the applicant joining in September. Our trainees if successfully qualifying in September will also be able to offer abdominal US lists which will support the reduction in US waiting times.
When will the position be recovered?	The recovery trajectory for endoscopy identifies the earliest that DM01 will recover is August 2023, the majority of the breaches are currently waiting for GA scopes within main theatres. Although due to the cessation of the Inhealth endoscopy unit, the Surveillance backlog will only recover earlier 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 potential 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 8 as controls have been put in place. 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 | May 2023

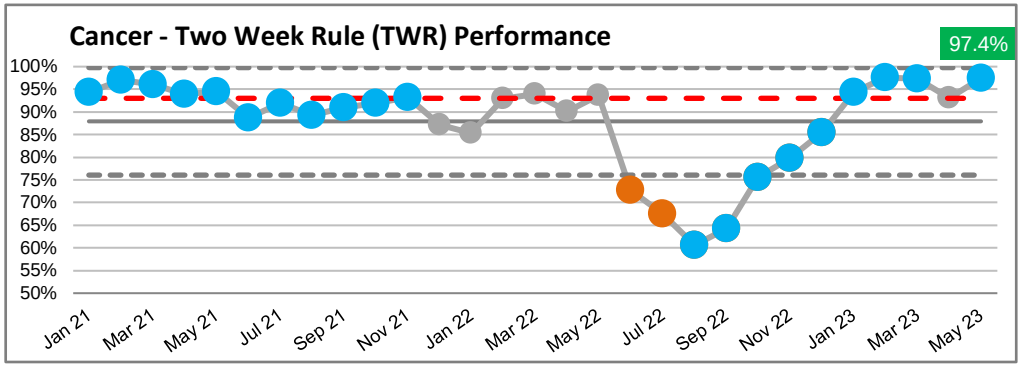
Elective Care

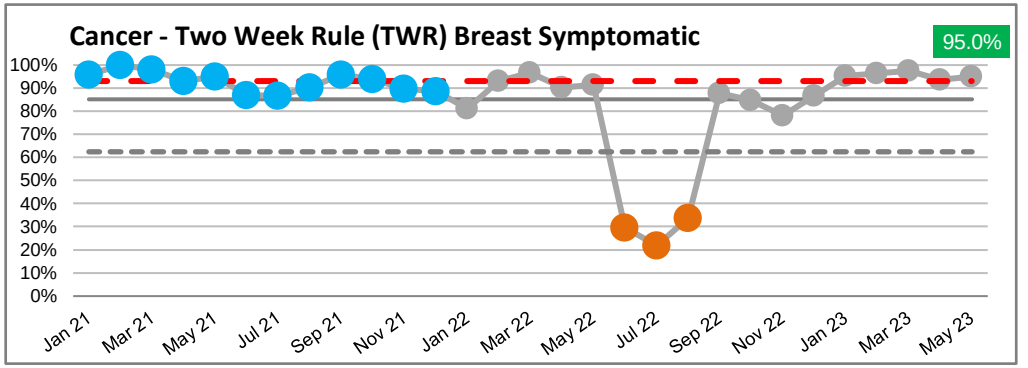
TWR
The Trust is predicting a compliant TWR performance for May at 97.4%. All specialties achieved the 93% operational standard except for Haematology and Paediatrics who both had one breach each and low referral numbers.

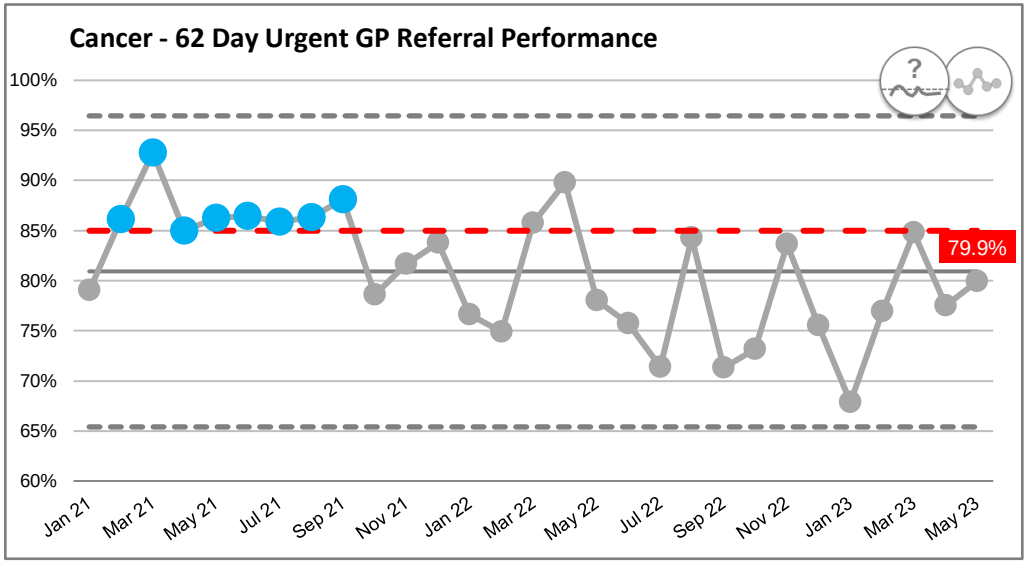
62 Day GP Referral to Treatment
The Trust is currently predicting non-compliance against the 62 Day GP Referral to Treatment performance standard for May at 79.9% pending final validation of the delays recorded and outstanding pathology reports.

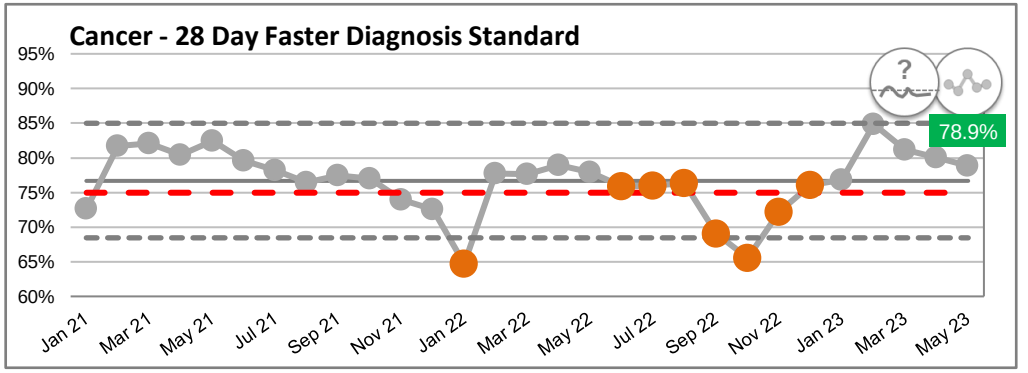
28 Day Faster Diagnosis Standard and Patients Waiting Greater than 62 Days
The Trust is recording compliance against the 28 Day Faster Diagnosis Standard at 78.9%.

Patients Waiting Greater than 62 and 104 Days
The trending reduction in the number of patients waiting over 62 days over the past month stalled due to the impact of Industrial Action. Divisional plans to deliver further improvements are underway.







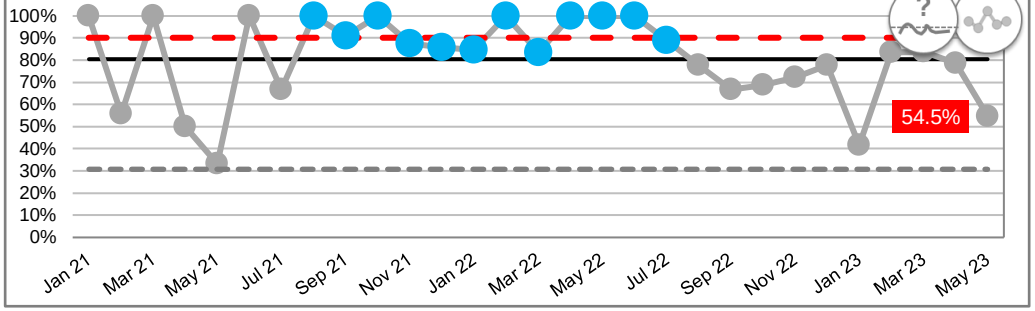


Cancer

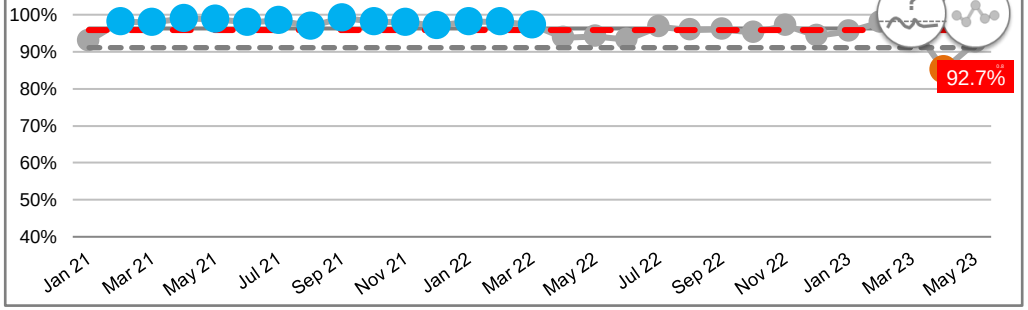
Reporting Period: Monthly | May 2023

Elective Care

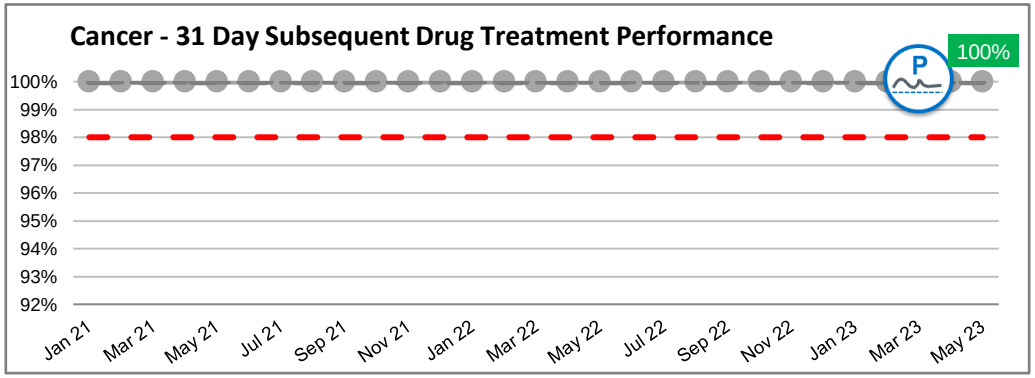
Cancer - 62 Day NHS Cancer Screening Performance



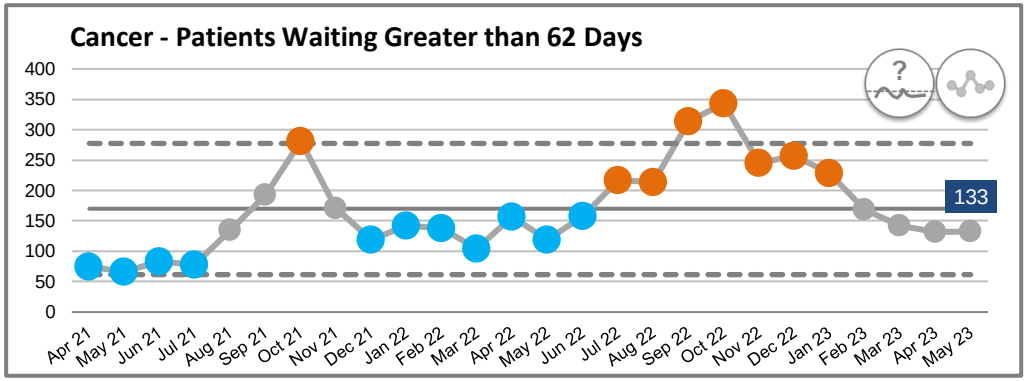
Cancer - 31 Day Diagnosis to First Treatment Performance



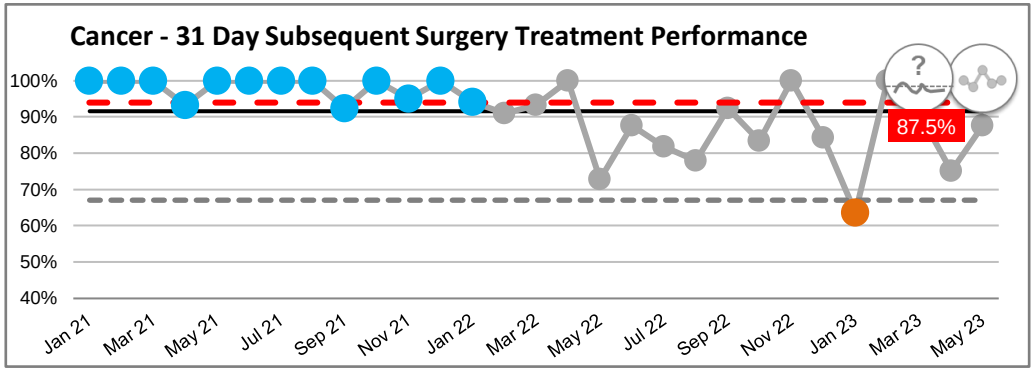
Cancer - 31 Day Subsequent Drug Treatment Performance



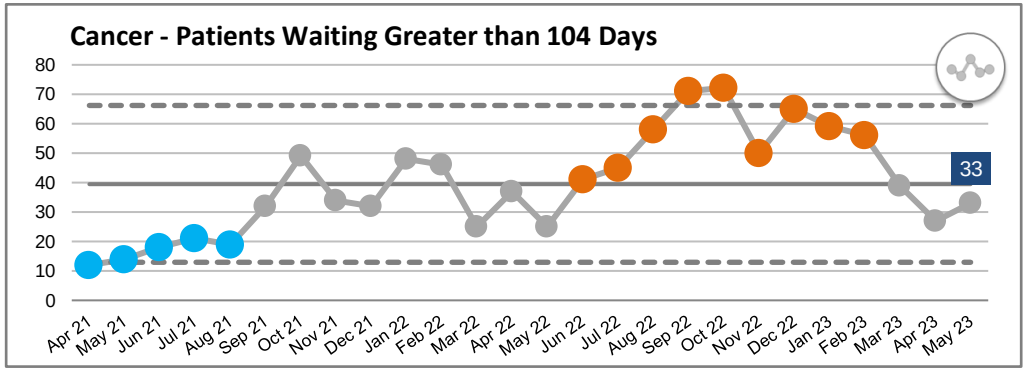
Cancer - Patients Waiting Greater than 62 Days



Cancer - 31 Day Subsequent Surgery Treatment Performance



Cancer - Patients Waiting Greater than 104 Days



Cancer

Reporting Period: Monthly | May 2023

Elective Care

Assurance Level: **Acceptable**

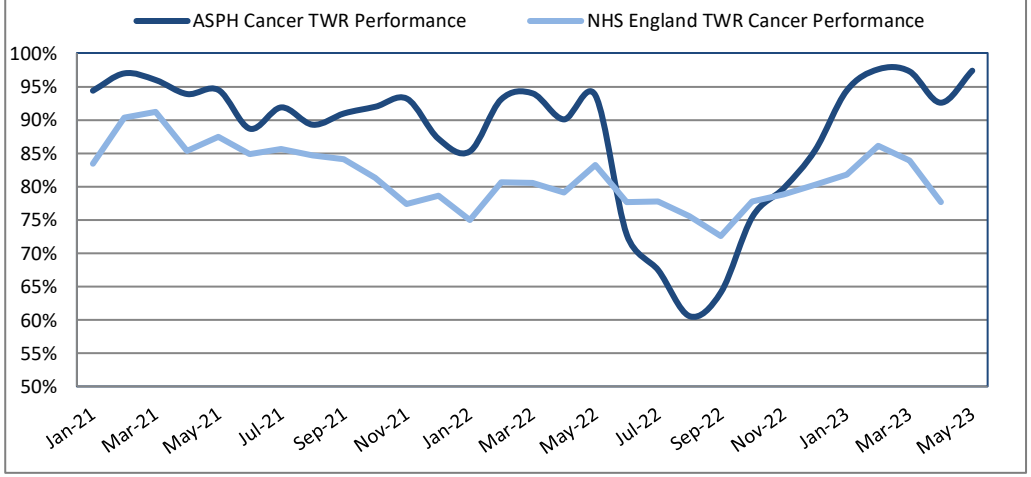
What is impacting current performance?	**Cancer** For **April,** (latest national upload) the Trust reported compliance for 4 of 8 Cancer Standards; TWR, TWR Breast Symptomatic, 28 Day Faster Diagnosis Standard (FDS), 31-day Subsequent Drug Treatment. For April 2023, ASPH reported TWR at 93% [national average = 77.7%], 62-day GP Referral to Treatment at 75.5% [national average = 60%], and 28 Day Faster Diagnosis Standard at 79.4% [national average = 71.3%]. For **May**, the Trust is provisionally reporting compliance for 4 of 8 Standards; TWR, TWR Breast Symptomatic, 28 Faster Diagnosis Standard (FDS) and 31-day Subsequent Treatment. The Trust's 62-day performance was impacted by patients being referred for treatment to tertiary centres greater than 38 days, with 13 out of 24 patients referred late (against timed pathways) and 4 patients being treated within 24 days. Improvement plans to ensure compliance against Best Practice Timed pathways continues.
What actions are being undertaken to improve performance?	The Trust has increased capacity by running additional clinics and diagnostic lists. 1. All routine appointments in specialities that have a high demand from cancers referrals, have been converted to cancer appointments. 2. ASPH has acquired recovery support from the Surrey and Sussex Cancer Alliance to provide temporary funding to help increase diagnostic capacity. 3. Improved Digital resources, including Somerset Cancer Register update, a performance dashboard, AI and development of the Cancer PTL. 4. Implementation of a weekly Tertiary PTL meeting with RSCH to ensure smooth transfer of patient care. 5. Development of reporting tools to manage patients against BPTP milestones
When will the position be recovered?	It is expected that our cancer performance will be challenged for the 62-day pathway due to the previous high referral demand and ongoing impact of industrial action. Additional focus on the number of patients waiting longer than 104+ and 62-103 days is underway to ensure improvements made to date are sustained.
What are the key risks?	- Capacity constraints due to industrial action, increase and surge in demand - Availability of workforce - Imaging capacity and turnaround times of reports - Histopathology turnaround times of reporting
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

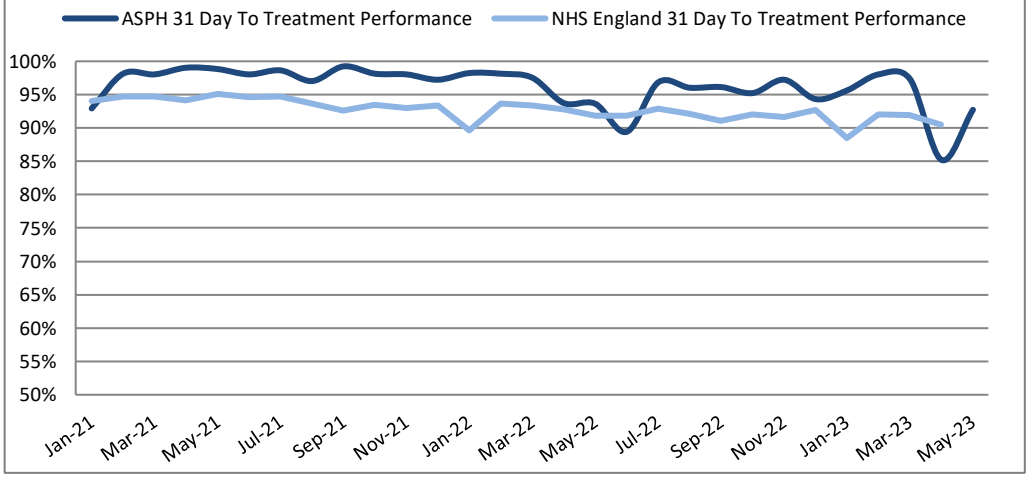
Reporting Period: Monthly | May 2023

Elective Care

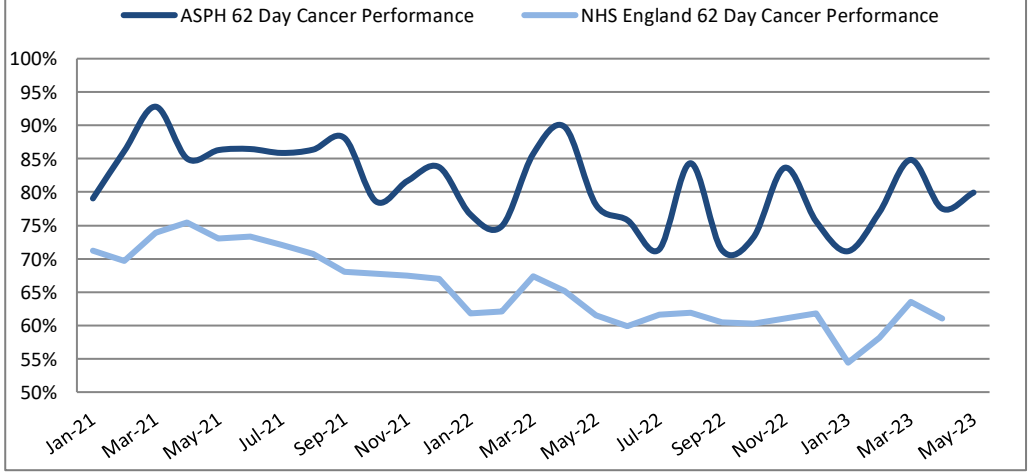
ASPH TWR Cancer Performance vs. NHS England (Average)



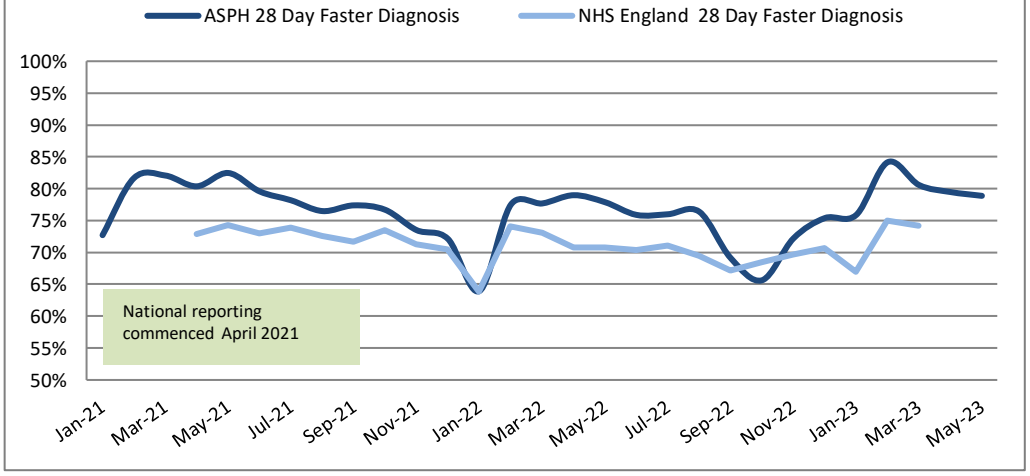
ASPH 31 Day To Treatment vs. NHS England (Average)



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



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



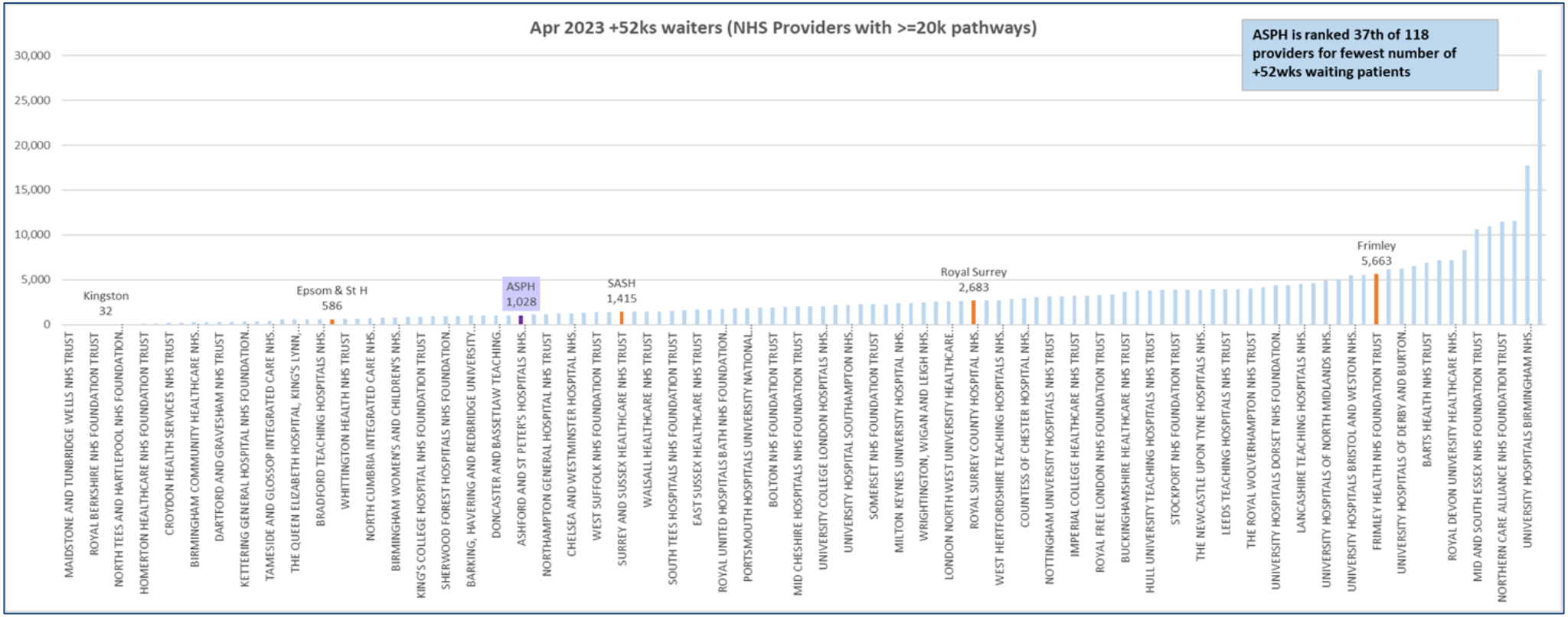
Ashford and St. Peter's Hospitals NHS Foundation Trust

Referral to Treatment (RTT) - National 52wks

Reporting Period	
Monthly	April 2023

Elective Care

+52wk waiters: ASPH 37th of 118 providers with PTLs at 20k or more pathways



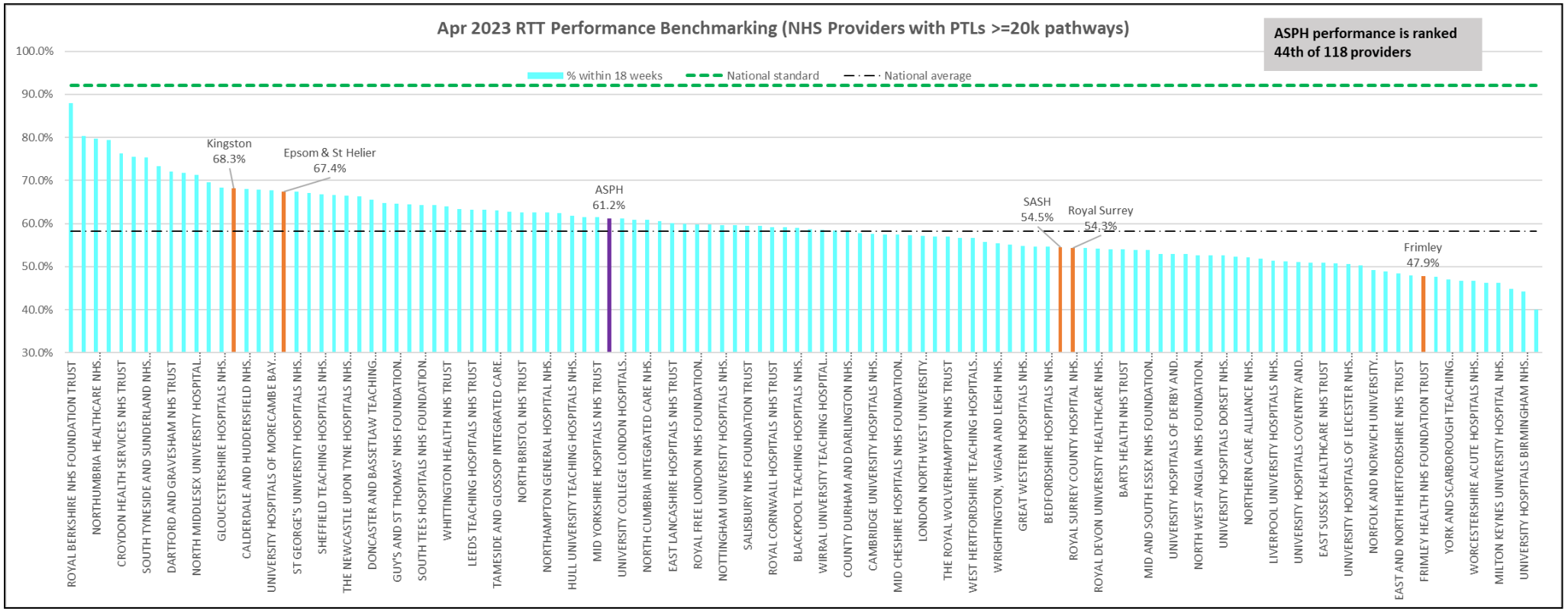
Ashford and St. Peter's Hospitals NHS Foundation Trust

Referral to Treatment (RTT) - National Comparison

Reporting Period: Monthly | April 2023

Elective Care

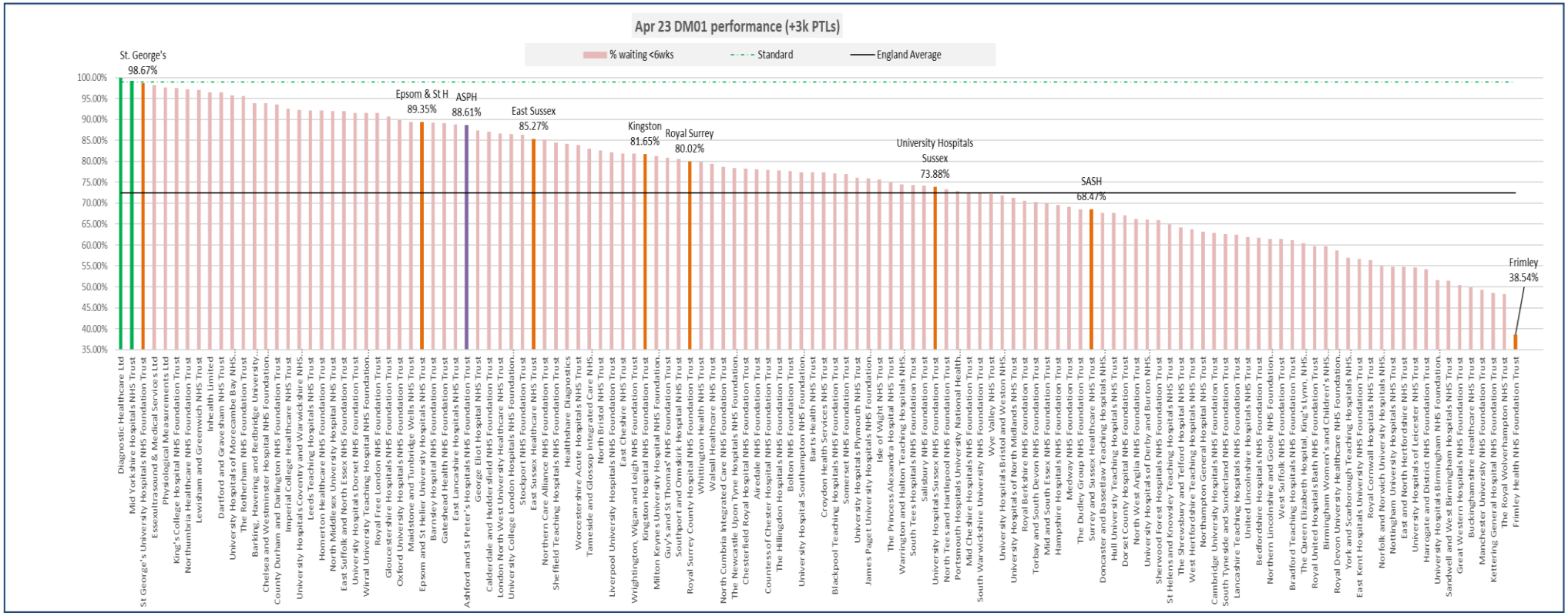
RTT Performance: ASPH 44th of 118 providers



Ashford and St. Peter's Hospitals NHS Foundation Trust

Diagnostics (DM01) - National Comparison

Reporting Period	
Monthly	April 2023

Elective Care

DM01 (Diagnostic) Performance: ASPH 32nd of 126 providers in England (with a wait list size of 3,000 pathways or more).