

<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

## PERFORMANCE REPORT – FOR THE PERIOD MAY 2019

<b>Presented by</b>	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive		
<b>Author</b>	Carl Stephenson, Head of Performance		
<b>Lead Director</b>	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive		
<b>Purpose of the paper</b>	To inform the Committee of current levels of performance and associated plans for improvement.		
<b>Key control</b>	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets.		
<b>Action required</b>	To note		
<b>Previously discussed at:</b>	Finance and Performance Committee		
<b>Previously approved at:</b>	Finance and Performance Committee	<b>Date</b>	26.06.19
<b>Key Options, Issues and Risks</b>			
This report provides an overview of performance against several key national and contractual indicators as at the end of May 2019.			
<b>Analysis</b>			
<p><b>Emergency Care Standard (ECS):</b></p> <ul style="list-style-type: none"> <li>ECS Performance for Type 1 and 3 attendances is 82.32% for May 2019 (against trajectory of 76.5%) and 78.08% for YTD 2019/20. June is 77.93% to date and forecast to be 79.0% by month end following a recent improvement in daily performance.</li> <li>ECS performance for Majors has improved significantly from 59.66% in April 2019 to 72.66% in May 2019. Mean time in the department also improved in May 2019 compared to April 2019 following the introduction of Majors Coordinator and Navigation roles.</li> <li>Capacity issues due to GP staffing gaps in Green Zone caused some deterioration in performance at the start of June 2019 and further work is underway to embed the coordinator and navigation roles to reduce the daily variation in performance and sustain the performance improvement seen in May 2019.</li> </ul> <p><b>Ambulance Handovers:</b></p> <ul style="list-style-type: none"> <li>Performance for handovers within 15 minutes has improved from 75.13% in April 2019 to 82.62% in May 2019. The number of delayed ambulance handovers attributable to BTHFT for May 2019 reduced significantly to 62 (51 between 30 and 60 minutes and 11 over 60 minutes).</li> <li>Dedicated handover coordination has been a major contributor to performance improvement. The “fit to sit” initiative continues and admin support is to be introduced in Ambulance assessment area to reduce delays in registering patients.</li> </ul> <p><b>Long Length of Stay (Stranded Patients):</b></p> <ul style="list-style-type: none"> <li>The daily average number of patients reported as having a length of stay (LOS) greater than 21 days is 68 for May 2019. This is an improvement of 12 patients compared to an average of 80 per day in April 2019. June 2019 to date position is 69 patients against a target of 62.</li> <li>The weekly multi-disciplinary review of patients with a length of stay over 14 days continues and has identified further improvement opportunities such as improved use of Estimated Discharge Date, revising the frailty pathway, and enhancements to Early Supported Discharge. Data quality checks are in place to improve the accuracy of the reported long stay position.</li> </ul>			

<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

#### **Cancer 2WW:**

- Cancer 2 Week Wait (2WW) performance for April 2019 was 88.77% and is currently projected at 91.57% for May 2019, with Breast and Lower GI not forecast to meet the 93% target due to an increase in referrals and reduced capacity in Endoscopy following a period of sickness.
- Capacity is managed daily and all potential breaches are escalated to the management teams at the point of booking so that additional capacity can be found within 2 weeks. The position is forecast to improve towards 93% in June 2019 as a result.

#### **Cancer 62 Day:**

- Cancer 62 Day First Treatment performance for April 2019 achieved target at 88.10%, which is a significant improvement on the 2018-19 position.
- Current projections suggest the May 2019 position will drop to 80.83% due to clinical oncology delays in Urology and diagnostic delays in Lower GI. Diagnostic optimisation is the main focus of improvement work in 2019-20 and work continues with Leeds around the provision of clinical oncology capacity.
- Cancer inter-provider transfer (IPT) by day 38 performance in April 2019 was 74.0% against a target of 85%. Work is ongoing to reduce delays in the diagnostic phase and improve IPT performance as result. Improved IPT performance would support the 62-day position following the introduction of inter-provider breach reallocation in April 2019.

#### **Referral to Treatment:**

- There were no patients waiting more than 52 weeks at the end of May 2019 and the same is anticipated at the end of June 2019.
- May 2019 incomplete performance is 86.38% with the total waiting list reducing by 708 patients; this is the 12th successive reduction since April 2018.

#### **Diagnostic waiting times:**

- Performance for May 2019 is 95.35% for DM01 reportable tests which is a slight deterioration from the previous month.
- A detailed review of Endoscopy capacity and demand has been completed and the results will feed into a development session with the service leadership. Cystoscopy capacity has been increased through ad hoc day case lists which will help reduce the backlog of tests.

#### **Healthcare Associated Infections:**

- Reporting criteria for C-diff have changed for 2019-20 which will make it more challenging not to exceed the threshold. Two cases were attributed to the Trust in May 2019, three year to date.
- There have been no cases of MRSA attributed to BTHFT in May 2019, nor year to date.

#### **Recommendation**

The committee is asked to:

- Receive assurance that overall delivery against performance indicators is understood.
- Note the escalation of areas of underperformance and be assured on the improvement actions defined.

#### **Risk assessment**

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			

<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					

<b>Explanation of variance from Board of Directors Agreed General risk appetite (G)</b>	Recovery plans are in place for RTT, ECS, Cancer and DM01 and whilst performance is improving these standards are not yet meeting national targets.
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<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard:</b>
<b>NHS Improvement Effective Use of Resources: Finance</b>
<b>Other (please state):</b> Commissioning contracts with CCG and NHS England

<b>Relevance to other Board of Director's Committee:</b>					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

## APPENDIX 1

### PERFORMANCE REPORT FOR THE PERIOD MAY 2019

#### 1. Introduction

The following report describes performance against key national and contractual measures, the improvement activity associated with these and timescales for any expected changes.

#### 2. Summary of Content

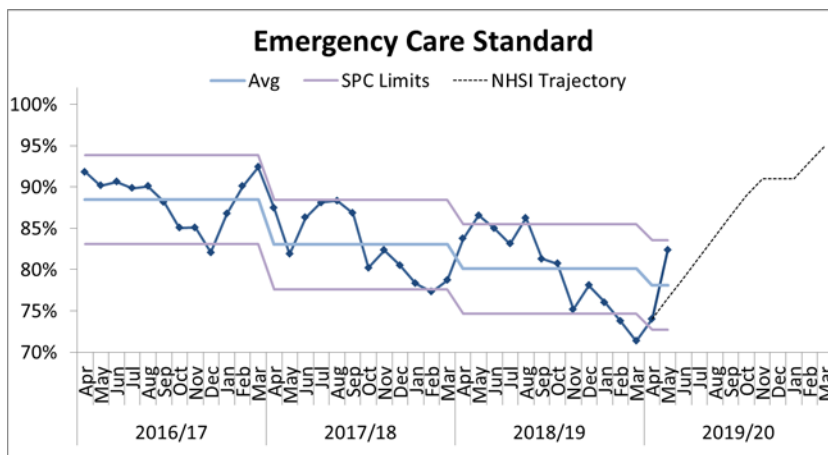
Table 1: Headline KPI Summary

Section	Headline KPI	Latest Month	Trajectory/ Target	Performance	Trend
3	<a href="#">Emergency Care Standard</a>	May-19	76.5%	82.3%	↑
4	<a href="#">Ambulance Handover 30-60</a>	May-19	0	51	↓
4	<a href="#">Ambulance Handover 60+</a>	May-19	0	11	↓
5	<a href="#">Length of Stay &gt;=21days</a>	May-19	62	69	↓
6.1	<a href="#">Cancer 2 Week Wait</a>	Apr-19	93.0%	88.8%	↓
6.2	<a href="#">Cancer 62 Day First Treatment</a>	Apr-19	78.8%	88.1%	↑
7	<a href="#">RTT Incomplete</a>	May-19	86.7%	86.4%	↑
8	<a href="#">Diagnostics Waiting Times</a>	May-19	97.8%	95.4%	↓
9.1	<a href="#">C Difficile Infections</a>	YTD	30	3	↔
9.2	<a href="#">MRSA Bacteraemia</a>	YTD	0	0	↔
10	<a href="#">Exceptions</a>				

Meeting Title	Board of Directors Open Meeting		
Date	11 July 2019	Agenda item	Bo.7.19.37

### 3. Emergency Care Standard (Type 1&3)

Figure 1: Monthly ECS Performance – BTHFT



The Foundation Trust reported a position of 82.32% for the month of May 2019 which is a significant improvement on April 2019.

Performance for June 2019 is currently forecast to be 79.0% which is in line with the recovery trajectory.

Figure 2: ECS Performance – National Comparison

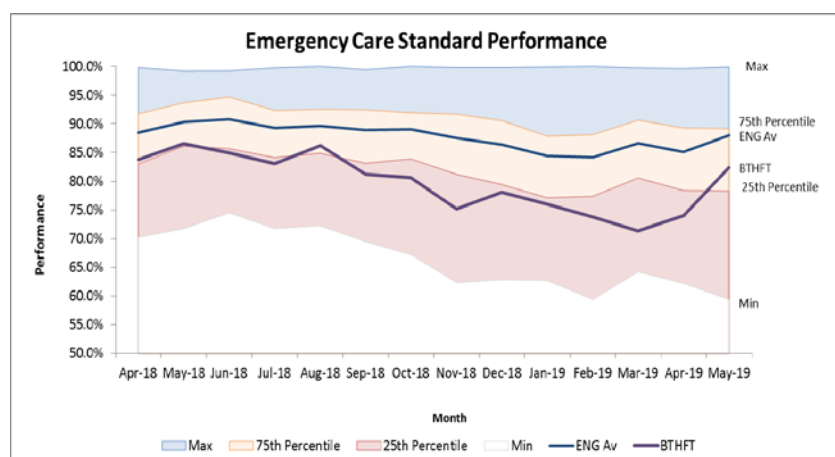
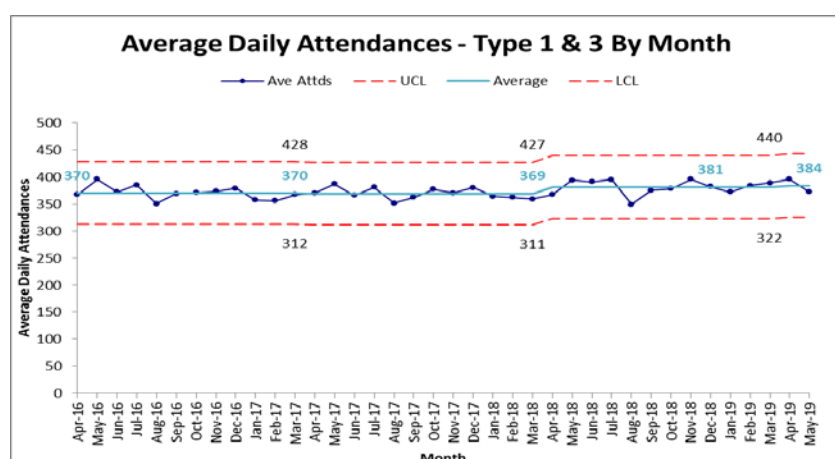


Figure 2 shows a comparison of ECS performance for acute Trusts in England, for which BTHFT has moved out of the lower quartile in May 2019.

Figure 3: Type 1&3 A&E Attendances – BTHFT



Daily average attendances for May 2019 were 372 which is an average decrease of 22 patients per day compared to May 2018.

<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

## ECS Improvement

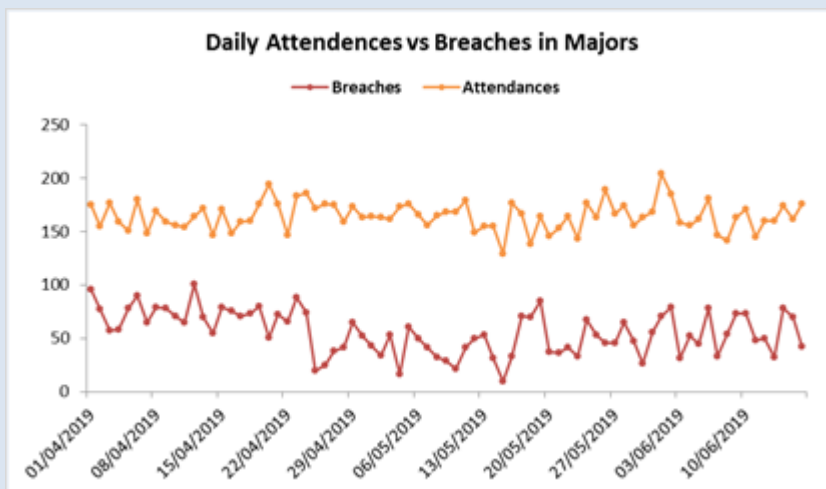
The Emergency Care Improvement Programme continues with focus on expansion in the use of green zone, effective streaming/ navigation, clinical co-ordination (including dedicated Consultant co-ordination within Majors) and increasing same day emergency care.

Improvement will be delivered through whole system working focusing on reducing unnecessary attendance, increasing the use of ambulatory pathways and admission avoidance schemes, and improving patient flow and discharge processes.

The introduction of a Command Centre is in development and key enabling schemes are progressing well which will ensure BTHFT can sustainably deliver the ECS. Key work-streams for 2019-20 include:

- Green Zone (combined minor injury/illness and GP streaming area)
- Streaming & Coordination (Navigation Nurse and Clinical Coordinator roles)
- Same Day Emergency Care (reducing admissions through same day pathways)
- Patient Placement (standardised process supported by training)
- Discharge Readiness (effective use of expected discharge date)
- Workforce Model (£2.1M investment in new workforce model)

**Figure 4: ECS Performance – Majors**



The introduction of the Majors Coordinator and Nurse Navigator roles had a significant impact on Majors performance in May 2019.

GP capacity (green zone) issues have reduced this slightly in June 2019.

Meeting Title	Board of Directors Open Meeting		
Date	11 July 2019	Agenda item	Bo.7.19.37

## 4. Ambulance Handover Performance

**Figure 5: Ambulance Handovers – Attributable to BTHFT**

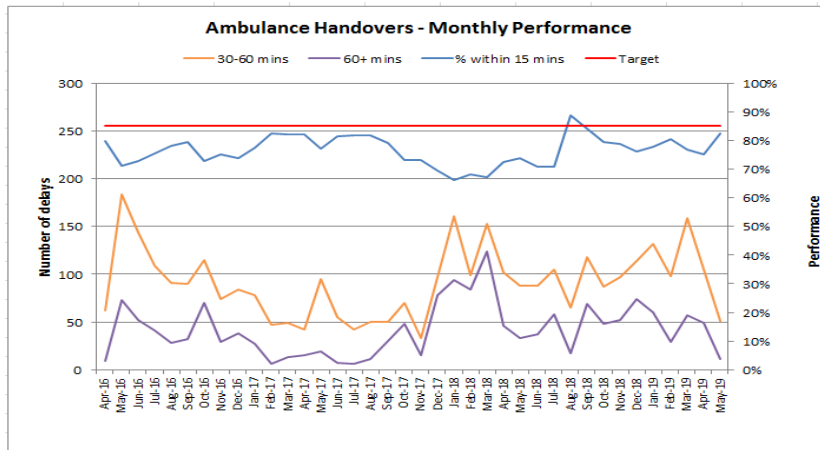
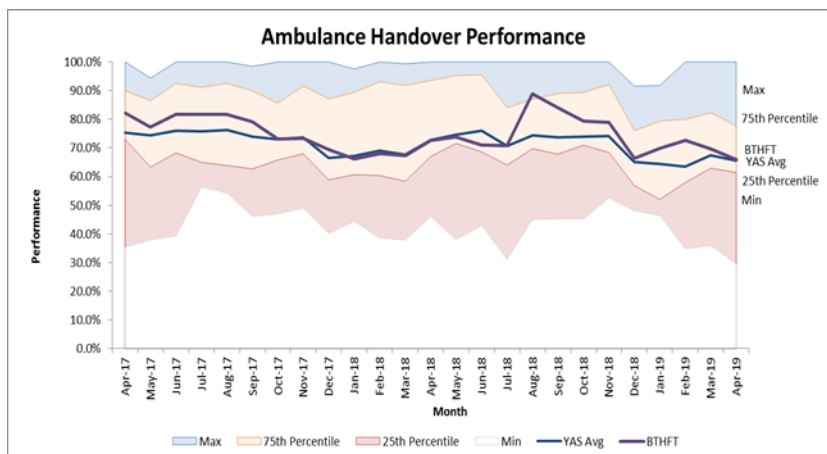


Figure 5 shows a reduction in the number of handovers between 30 and 60 minutes (51 in May 2019 compared to 105 in April 2019 and 159 in March 2019) and over 60 minutes (11 in May 2019 compared to 49 in April 2019 and 57 in March 2019).

**Figure 6: Ambulance Handovers – Yorkshire Comparison**



April 2019 ambulance handover benchmarking data, supplied by YAS, shows BTHFT performing marginally above the local average for handover within 15 minutes.

This performance includes all handover delays, including the ones attributable to YAS, such as crew delays.

### Ambulance Handover Improvement

The Trust continues to work closely with the Yorkshire Ambulance Service (YAS) locality manager for Bradford to improve the end to end handover process.

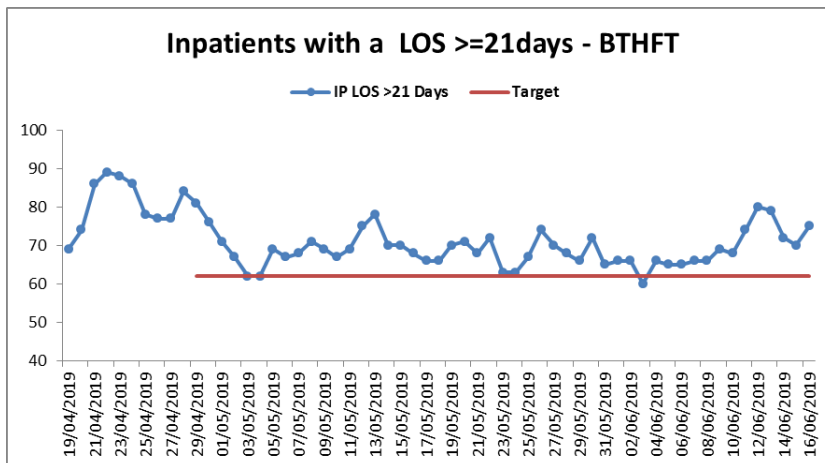
Dedicated handover coordination has been a major contributor to performance improvement. The “fit to sit” initiative continues and admin support is to be introduced in Ambulance assessment area to reduce delays in registering patients.



<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

## 5. Inpatient Length of Stay (LOS) >=21 days

**Figure 7: Inpatient Length of Stay >=21d – BTHFT**



The number of patients with a LOS over 21 days decreased in May 2019 with an average of 68 patients per day compared to a daily average of 80 patients in April 2019.

The target for 2019-20 is 62.

### Long Length of Stay Improvement

There is a weekly multi-disciplinary review of patients with a length of stay over 14 days. The Emergency Care Intensive Support Team (ECIST) reporting tool is being used and helped identify further improvement opportunities such as better use of Estimated Discharge Date, revising the frailty pathway, and enhancements to Early Supported Discharge.

## 6. Cancer Standards

A Cancer position has been submitted for April 2019 which reports failures against the 14 day GP referral for all suspected cancers and 14 day breast symptomatic referral. All standards are predicted to be achieved in May 2019, apart from 14 day GP referral for all suspected cancers and 62 day GP referral to treatment.

**Table 2: Cancer Standards - Overview by Indicator – BTHFT**

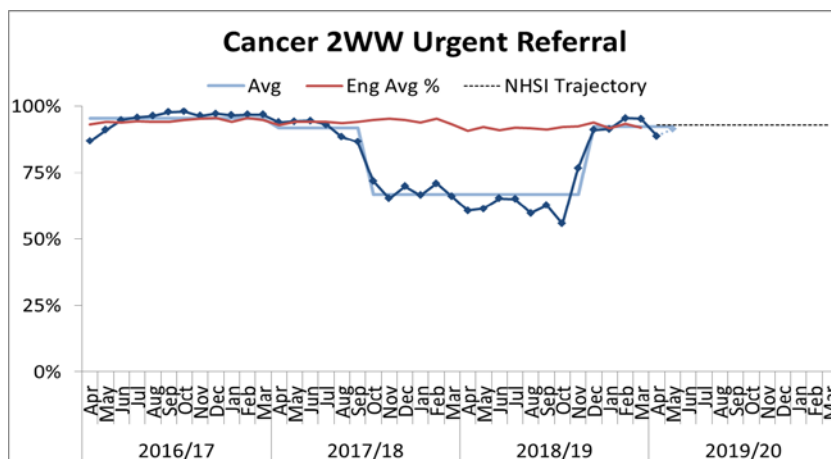
Measure	Target	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
14 day GP referral for all suspected cancers	93%	61.4%	65.3%	65.1%	59.7%	62.6%	55.8%	76.6%	91.1%	91.4%	95.4%	95.2%	88.8%	91.6%
14 day breast symptomatic referral	93%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%
31 day first treatment	96%	96.0%	93.6%	91.2%	84.7%	86.6%	84.8%	90.6%	90.2%	89.9%	88.0%	93.0%	98.1%	97.0%
31 day subsequent drug treatment	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day subsequent surgery treatment	94%	97.3%	94.3%	95.3%	96.3%	97.6%	94.6%	95.0%	77.8%	80.0%	86.8%	83.3%	100.0%	94.6%
62 day GP referral to treatment	85%	68.7%	60.2%	70.2%	62.5%	68.3%	62.3%	61.7%	70.3%	73.2%	63.9%	71.7%	88.1%	79.8%
62 day screening referral to treatment	90%	93.1%	90.9%	90.6%	95.3%	93.9%	83.9%	78.0%	97.2%	82.5%	95.8%	100.0%	94.9%	90.0%
62 day consultant upgrade to treatment		0.0%	33.3%	77.8%	57.1%	33.3%	78.6%	33.3%	82.4%	68.0%	40.0%	100.0%	100.0%	100.0%



Meeting Title	Board of Directors Open Meeting		
Date	11 July 2019	Agenda item	Bo.7.19.37

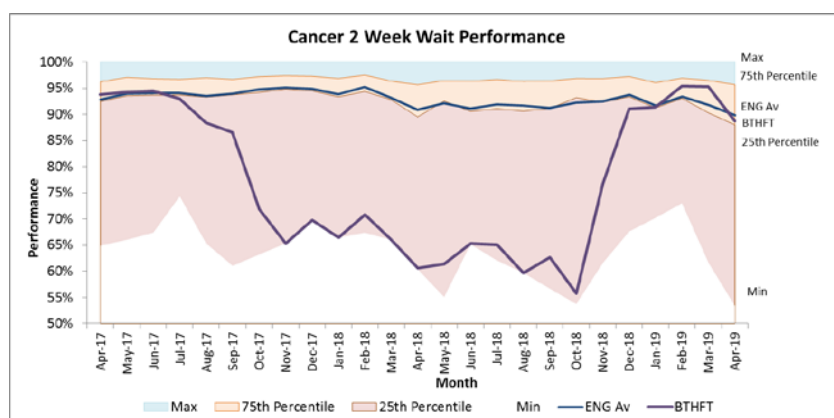
## 6.1. Cancer 2 Week Wait (2WW)

Figure 8: Cancer 2WW (for urgent referrals) performance (Target 93%)



The 2WW performance for April 2019 was 88.77%. Performance for May 2019 is expected to improve but still be slightly below target due to a deteriorating position in Lower GI following reduced capacity in Endoscopy due sickness absence.

Figure 9: 2WW National Comparison – BTHFT



Performance in April 2019 places the Trust in line with the England average.

Figure 10: 2WW Referrals and Patients Seen

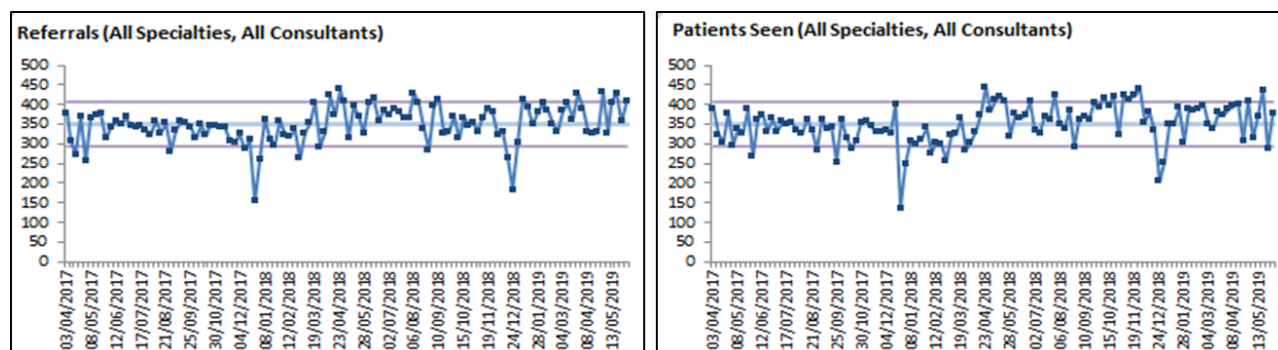


Figure 10 shows an increase in referrals since the start of 2019, these are predominately in Breast, Upper GI and Lower GI where additional capacity is being provided through ad hoc clinics.

Meeting Title	Board of Directors Open Meeting		
Date	11 July 2019	Agenda item	Bo.7.19.37

**Table 3: 2WW Performance by Tumour Group**

Site	Target	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Trust	93%	61.4%	65.3%	65.1%	59.7%	62.6%	55.8%	76.6%	91.1%	91.4%	95.4%	95.2%	88.8%	91.6%
Brain/CNS	93%	100.0%	100.0%	100.0%	94.1%	81.8%	90.9%	100.0%	92.9%	100.0%	87.5%	100.0%	100.0%	
Breast	93%	88.9%	96.8%	95.2%	92.0%	95.7%	93.7%	93.4%	93.5%	94.8%	94.8%	90.4%	64.6%	74.5%
Children	93%	63.2%	42.9%	38.5%	20.0%	58.3%	35.3%	66.7%	83.3%	100.0%	91.7%	90.9%	92.3%	
Gynae	93%	82.3%	90.7%	93.1%	85.6%	89.0%	95.2%	95.9%	90.5%	94.6%	96.1%	100.0%	96.7%	98.0%
Haematology	93%	100.0%	100.0%	88.2%	88.0%	88.5%	85.7%	95.5%	92.9%	96.6%	87.5%	100.0%	95.5%	95.2%
Head & Neck	93%	92.0%	88.3%	86.2%	86.7%	91.0%	94.7%	92.6%	93.9%	93.3%	97.7%	98.1%	97.0%	96.5%
Lower GI	93%	47.2%	66.7%	80.2%	65.8%	57.4%	81.0%	79.8%	85.3%	81.3%	95.4%	95.3%	91.7%	85.9%
Lung	93%	96.2%	98.1%	100.0%	97.1%	100.0%	100.0%	97.2%	96.4%	100.0%	100.0%	100.0%	95.5%	100.0%
Other	93%	100.0%	90.0%	62.5%	92.9%	78.3%	100.0%	82.6%	100.0%	89.3%	100.0%	76.9%	95.2%	95.4%
Skin	93%	19.7%	10.1%	5.4%	8.2%	5.4%	7.6%	56.7%	98.8%	97.0%	97.0%	95.7%	96.0%	98.2%
Testicular	93%	100.0%												
Upper GI	93%	85.2%	90.2%	83.6%	78.4%	83.5%	78.9%	87.7%	88.1%	87.5%	92.2%	95.0%	92.7%	94.1%
Urology	93%	33.3%	26.7%	21.7%	44.6%	63.1%	31.5%	48.4%	75.7%	81.2%	92.4%	98.9%	97.8%	99.4%

## Cancer 2WW Improvement

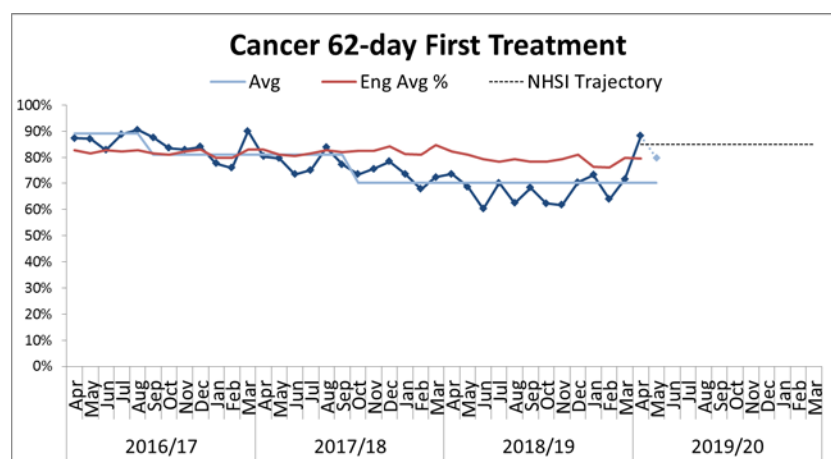
Weekly monitoring of 2WW performance continues at the Planned Care Recovery meeting, supported by the 2WW dashboard and the 2WW activity trackers.

Breast has seen a 25% increase in referrals. Ad-hoc clinics are being provided throughout April and May 2019 which is resulting in the waiting list size stabilising. Further ad-hoc clinics will be provided to reduce the backlog and bring performance back within target. Significant improvement is expected in June 2019.

Lower and Upper GI have both seen an increase in referrals in recent weeks following a bowel cancer awareness campaign. Endoscopy also lost capacity due to sickness which has resulted in a significant increase in WL size, putting these tumour groups at high risk of failing the 2WW standard in May and June 2019. Plans to provide extra capacity are in place but a more detailed review is underway in support of an Endoscopy Summit at the start of July 2019 which will establish the longer term plan for capacity and demand.

## 6.2. Cancer 62 day First Treatment

**Figure 11: Cancer 62 Day First Treatment performance (Target 85%)**

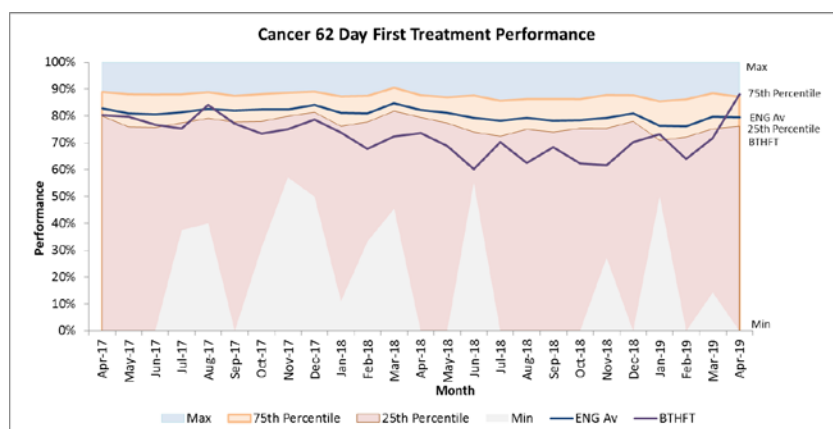


The 62-day First Treatment is above standard April 2019, which represents significant improvement against the 2018-19 average.

Performance is expected to deteriorate slightly in May 2019 due to increased delays for clinical oncology in Urology and for endoscopy tests in Lower GI.

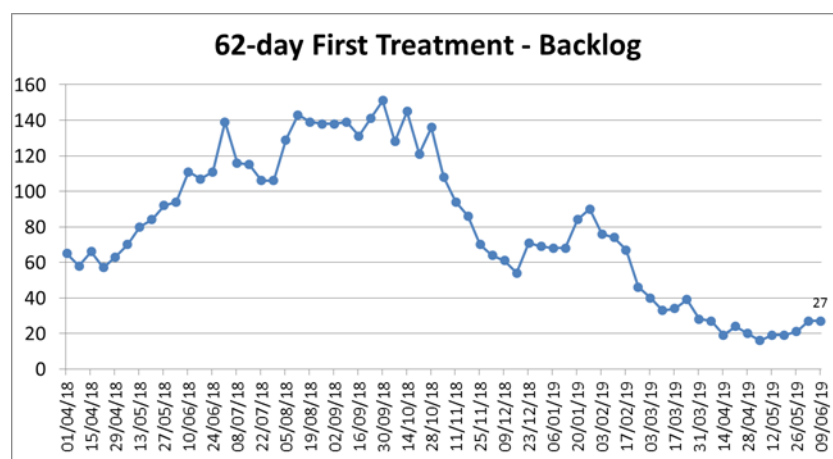
Meeting Title	Board of Directors Open Meeting		
Date	11 July 2019	Agenda item	Bo.7.19.37

Figure 12: 62 Day First Treatment performance – National Comparison



BTHFT performance in April 2019 is within the top 25<sup>th</sup> percentile of national performance.

Figure 13: Patients Waiting Over 62 Days



Backlog reduction continues and the number of patients waiting over 62 days is currently 27 which is a significant improvement from 157 in September 2018 when the backlog was at it's highest.

Table 4: 62 Day First Treatment performance by Tumour Group

Site	Target	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Trust	85%	68.7%	60.2%	70.2%	62.5%	68.3%	62.3%	61.7%	70.3%	73.2%	63.9%	71.7%	88.1%	80.8%
Brain/CNS	85%						100.0%		100.0%					
Breast	85%	100.0%	81.8%	92.6%	91.3%	100.0%	100.0%	100.0%	83.3%	100.0%	88.2%	100.0%	100.0%	89.7%
Children	85%													
Gynae	85%	46.2%	0.0%	100.0%	83.3%	75.0%	76.9%	100.0%	80.0%	83.3%	66.7%	100.0%	60.0%	100.0%
Haematology	85%	60.0%	33.3%	80.0%	0.0%	100.0%	60.0%	46.2%	25.0%	66.7%	58.8%	43.8%	80.0%	60.0%
Head & Neck	85%	42.9%	29.4%	60.0%	69.2%	60.0%	64.7%	100.0%	66.7%	81.8%	50.0%	20.0%	100.0%	50.0%
Lower GI	85%	50.0%	66.7%	15.0%	57.1%	28.6%	16.7%	10.5%	63.6%	73.3%	73.3%	36.4%	64.7%	76.9%
Lung	85%	63.6%	25.0%	75.0%	62.5%	72.7%	71.4%	33.3%	80.0%	50.0%	50.0%	62.5%	60.0%	60.0%
Other	85%		0.0%	0.0%	66.7%	50.0%	0.0%	0.0%	0.0%	0.0%		100.0%	100.0%	60.0%
Skin	85%	82.4%	91.2%	100.0%	92.0%	77.1%	92.9%	77.2%	90.9%	91.8%	83.0%	90.9%	100.0%	100.0%
Testicular	85%	100.0%	100.0%	100.0%	100.0%	0.0%		100.0%	100.0%	100.0%				
Upper GI	85%	0.0%	44.4%	66.7%	0.0%	0.0%	12.5%	57.1%	66.7%	63.6%	70.0%	75.0%	100.0%	50.0%
Urology	85%	50.0%	41.9%	51.5%	22.0%	44.4%	26.0%	38.2%	46.2%	50.0%	36.8%	58.7%	75.9%	73.5%

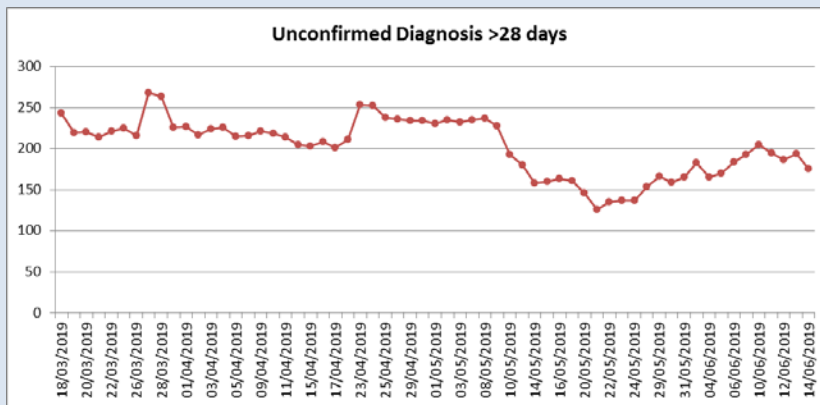
<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

### Cancer 62 Day Improvements

The Optimal Lung Pathway was introduced in September 2018 and has had a positive impact on the time to MDT but patient complexity remains a challenge. As a result, the service has implemented daily mini-MDT reviews to ensure that patients are diagnosed and referred to Leeds for treatment within 38 days.

Improvement work in Urology has had a significant impact on 62 Day and 31 Day performance but Clinical Oncology capacity is creating pathway delays. Ongoing work with Leeds has secured some additional sessions to reduce this gap but a significant backlog has been created which will need to be cleared before performance improves.

**Figure 14: Number of patients without a confirmed diagnosis**



The diagnostic optimisation work-stream has supported a significant reduction in time to diagnosis across each tumour group.

Figure 14 shows the reduction in patients without a confirmed diagnosis past day 28 over recent months, although this has started to deteriorate due to Lower GI pathways.

Lower GI improvement has been supported by increased diagnostic capacity within Endoscopy, although this reduced over Easter and through a period of sickness in May 2019 which has delayed recovery slightly. The service is currently undertaking a Demand & Capacity to ensure core capacity is sufficient. Diagnostic delays remain the main challenge for this tumour group but a GI radiologist has recently been appointed which will help improve reporting turnaround times for CT Colon and the Endoscopy summit will provide a sustainable plan for these tests.

### 6.3. Cancer Inter-Provider Transfers

The Trust performance was below the 85% target in April 2019. This poor performance impacted negatively on the 62 day performance in May 2019 as our breach share increased. Pathway reviews are underway to promote improvement across all tumour groups. A reduction in diagnostic delay supported by the Diagnostic Optimisation programme should also help improve the Trust's IPT performance.

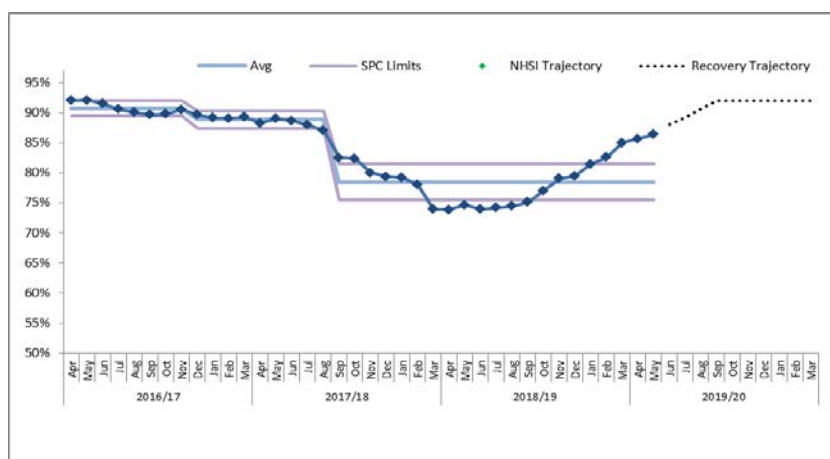
**Table 5: Cancer IPT performance**

Month	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<b>Referred &lt;38 days</b>	16	21	30	16	27	34	25	26	38	19	18	37
<b>Total</b>	33	39	49	39	43	69	35	40	60	35	36	50
<b>Performance</b>	48.5%	53.8%	61.2%	41.0%	62.8%	49.3%	71.4%	65.0%	63.3%	54.3%	50.0%	74.0%

Meeting Title	Board of Directors Open Meeting		
Date	11 July 2019	Agenda item	Bo.7.19.37

## 7. Referral to Treatment (RTT) Incomplete

Figure 15: Monthly RTT Incomplete Performance (Target 92%)



The Trust's RTT position for May 2019 is 86.38% (19,191 / 22,216) which represents an improvement compared to April 2019.

Figure 16: RTT Incomplete National Indicator – BTHFT

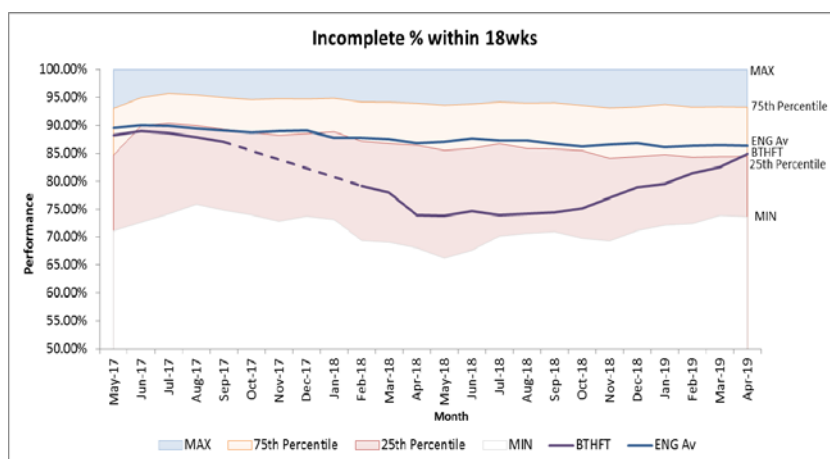
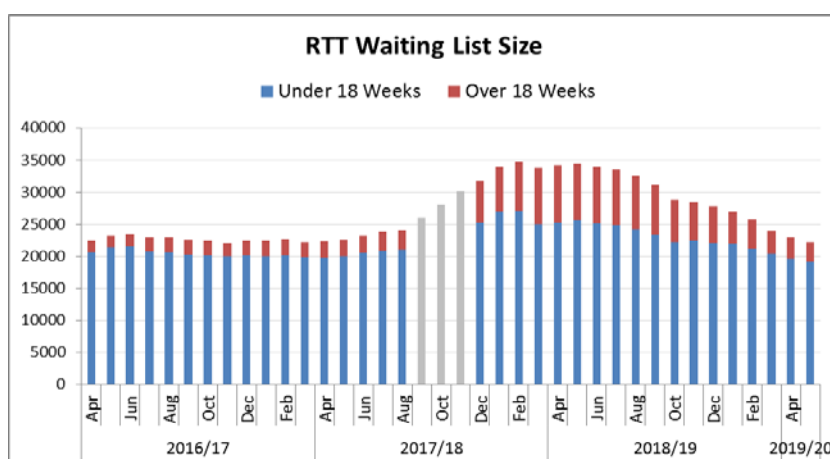


Figure 16 shows a comparison of national RTT Incomplete performance for April 2019. BTHFT continues to improve and now just above the 25<sup>th</sup> percentile.

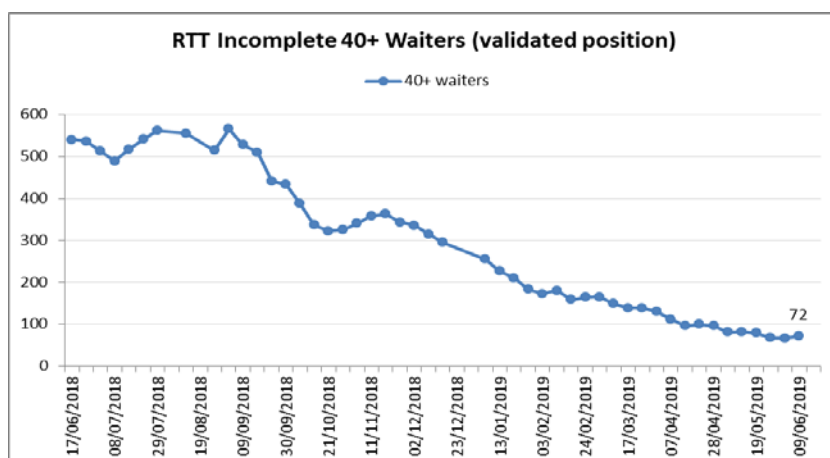
Figure 17: RTT Total Waiting List



The overall waiting list decreased by 708 patients in May 2019 compared to April 2019. This is the 12th consecutive reduction in reported month end position. The waiting list has reduced by 12,204 since May 2018.

Meeting Title	Board of Directors Open Meeting		
Date	11 July 2019	Agenda item	Bo.7.19.37

**Figure 18: RTT Incomplete >40 Weeks**



The number of patients waiting over 40 weeks continued to decrease in May 2019.

As part of the RTT official submission for May 2019 the Foundation Trust will not report any RTT Incomplete 52-week breaches.

## RTT Incomplete Improvement

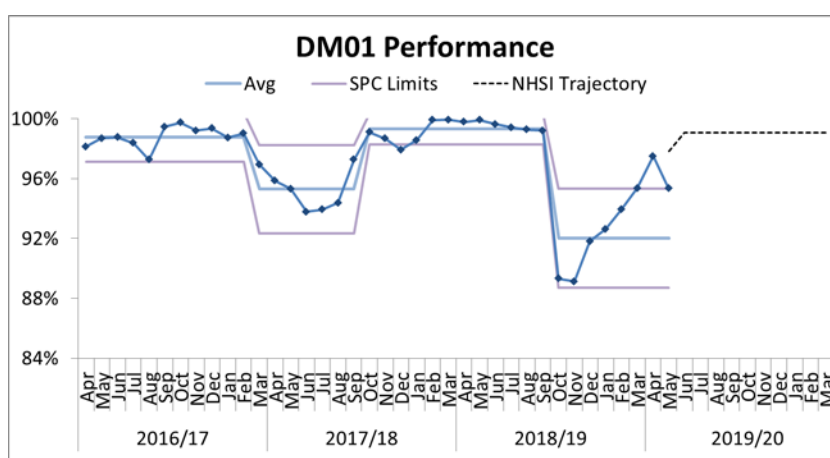
Extra activity continues to be provided through a combination of Locum posts, internal productivity gains and additional sessions.

Other improvement work-streams are ongoing which focus on capacity and demand management, booking and scheduling, waiting list review and validation, standardised clinical harm review, and training support.

The Trust is has been taking part in a system-wide review of RTT waiting times to assess the potential for levelling of waiting times.

## 8. Diagnostic waiting times

**Figure 19: Monthly DM01 Performance**



May 2019 performance was 95.35%, with 306 breaches. Activity remained up on previous averages suggesting recovery plans were still being delivered and the growth relates to the completion of waiting list validation across Endoscopy and Cystoscopy.



Meeting Title	Board of Directors Open Meeting		
Date	11 July 2019	Agenda item	Bo.7.19.37

Table 6: Diagnostic Recovery Trajectory

Latest Performance (Target = 99%   Trajectory = Compliance from June 2019)												
Diagnostic Waiting List		Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	Plan	Variance	
Specialty	Performance	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	May-19	To Plan	
Endoscopy	Colonoscopy	Waiting >6 weeks	213	239	155	178	158	107	39	40	30	10
		Total waiting	448	426	329	387	435	329	261	316	300	16
		% within 6 weeks	52.46%	43.90%	52.89%	54.01%	63.68%	67.48%	85.06%	87.34%	90.00%	-2.66%
	Flexi Sig	Waiting >6 weeks	62	76	71	44	30	19	6	10	10	0
		Total waiting	157	162	114	104	106	120	71	92	100	-8
		% within 6 weeks	60.51%	53.09%	37.72%	57.69%	71.70%	84.17%	91.55%	89.13%	90.00%	-0.87%
	Cystoscopy	Waiting >6 weeks	272	246	118	132	153	105	80	196	75	121
		Total waiting	395	368	282	260	284	178	182	316	300	16
		% within 6 weeks	31.14%	33.15%	58.16%	49.23%	46.13%	41.01%	56.04%	37.97%	75.00%	-37.03%
	Gastroscopy	Waiting >6 weeks	202	217	195	129	97	95	46	56	35	21
Total waiting		489	473	419	360	416	370	342	388	350	38	
% within 6 weeks		58.69%	54.12%	53.46%	64.17%	76.68%	74.32%	86.55%	85.57%	90.00%	-4.43%	
All Other Modalities	Waiting >6 weeks	30	6	12	0	2	0	0	4	0	4	
	Total waiting	5798	5785	5499	5438	6015	6032	5980	5471	5752	-281	
	% within 6 weeks	99.48%	99.90%	99.78%	100.00%	99.97%	100.00%	100.00%	99.93%	100.00%	-0.07%	
Trust Total	Waiting >6 weeks	779	784	551	483	440	326	171	306	150	156	
	Total waiting	7287	7214	6643	6549	7256	7029	6836	6583	6925	-342	
	% within 6 weeks	89.31%	89.13%	91.71%	92.62%	93.94%	95.36%	97.50%	95.35%	97.83%	-2.48%	

## DM01 Improvement

Activity from the independent sector continued into Q1 2019-20 and total endoscopy activity was higher as a result. Sickness reduced this slightly in May 2019 and the need to balance DM01 with an increase in Fast Track demand and a surveillance backlog will be addressed as part of the Endoscopy summit.

Internal cystoscopy capacity has been increased and the total waiting list had been reduced as result. The completion of waiting list validation has returned the waiting list size to previous levels which will delay recovery by 2 months but the additional capacity will continue and significant improvement is expected in June and July 2019.

## 9. Healthcare Associated Infections

### 9.1. C Difficile Infections – threshold 30 apportioned cases for 2019/20

Two C-diff cases have been attributed to BTHFT in May 2019. Three have been apportioned so far in 2019/20.

Changes have been made to the CDI reporting algorithm for the financial year 2019/20 which will attribute more cases to the Trust and make the threshold of 30 more challenging.

## 9.2. MRSA Bacteraemia

No cases of MRSA have been apportioned to the Trust so far in 2019.



<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

## 10. Other indicators by exception

The following section covers any contractual indicator that did not meet the agreed standard either this month or last.

### 10.1. Early Pregnancy – Late Presenters seen within 2 weeks

**Table 7: Early Pregnancy performance**

2018-19	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Seen <=12wk 6 days	371	398	428	392	427	446	373	477	407	367	435	406
<b>Presented on time</b>	376	403	438	394	433	461	380	487	425	384	456	433
Performance	98.7%	98.8%	97.7%	99.5%	98.6%	96.7%	98.2%	97.9%	95.8%	95.6%	95.4%	93.8%
Seen <= 2 weeks	41	44	38	43	39	50	31	35	50	26	26	37
<b>Late presenters</b>	44	45	45	47	44	57	34	36	58	28	28	43
Performance	93.2%	97.8%	84.4%	91.5%	88.6%	87.7%	91.2%	97.2%	86.2%	92.9%	92.9%	86.0%

Performance against the late presenter indicator failed in May 2019 at 86.0% following previous achievement. This indicator requires the Trust to see patients who present to maternity services after 12 weeks and 6 days of gestation within 14 days.

Those not seen in time had each failed to attend an initial appointment within time. As a result the DNA process has been reviewed and changes made to booking and escalation procedures.

### 10.2. Stroke/TIA

**Table 8: TIA Performance**

TIA Performance	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Treated within 24 hrs	6	3	0	9	7	8	5	5	9	7	4	4
Patients with TIA	8	5	9	15	16	11	10	12	14	20	6	7
Performance	75%	60%	0%	60%	44%	73%	50%	42%	64%	35%	66.67%	57.1%

The failure to treat three patients within 24 hours was due to clinic availability for weekend referrals. A review is underway to look at moving some clinics to afternoons and to create weekend clinics. A plan is being set up to offer a seven-day service which relies on support from diagnostic areas and is currently being explored further.

<b>Meeting Title</b>	<b>Board of Directors Open Meeting</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.37</b>

## APPENDIX 2

### SUMMARY OF CONTRACTUAL KPI

Operational Standards	Month	Threshold	Trajectory/Target	Performance
A&E Emergency Care Standard	May-19	95.00%	76.49%	82.32%
Emergency Inpatient Length Of Stay >=21days	May-19	62		69
Cancer 2 week wait	Apr-19	93.00%	93.00%	88.77%
Cancer 2 week wait - breast symptomatic	Apr-19	93.00%	93.00%	50.00%
Cancer 31 day First Treatment	Apr-19	96.00%	96.00%	98.15%
Cancer 31 day Subsequent Surgery	Apr-19	94.00%	94.00%	100.00%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Apr-19	98.00%	98.00%	100.00%
Cancer 38 day Inter Provider Transfer	Apr-19	85.00%	85.00%	74.00%
Cancer 62 day First Treatment	Apr-19	85.00%	85.00%	88.10%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Apr-19	90.00%	90.00%	94.87%
Diagnostics - patients waiting fewer than 6 weeks for test	May-19	99.00%	97.80%	95.35%
RTT - Patients waiting within 18 weeks on incomplete pathways	May-19	92.00%	87.00%	86.38%
Mixed-sex accommodation breach	May-19	0	0	0
Cancelled Operations 28 day breach	May-19	0	0	0
National Quality Requirement	Month	Threshold	Trajectory/Target	Performance
Infection Control - MRSA Bacteraemia	May-19	0	0	0
Infection Control - C difficile infections	May-19	30	0	2
RTT - Patients waiting over 52 weeks on incomplete pathways	May-19	0	0	0
Ambulance handovers taking between 30-60 minutes	May-19	0	0	51
Ambulance handovers taking longer than 60 minutes	May-19	0	0	11
Waits in A&E not longer than 12 hours	May-19	0	0	0
Urgent operation cancelled for a second time	May-19	0	0	0
VTE risk assessment	May-19	95.00%	95.00%	95.58%
Duty of candour	May-19	0	0	0
Quality Requirement	Month	Threshold	Trajectory/Target	Performance
DTOC - Average daily number	May-19	12.44	12.44	5.55
Stroke - patients who spend at least 90% of their time on a stroke unit	May-19	80.00%	80.00%	83.33%
% TIA higher risk cases who are treated within 24 hours	May-19	60.00%	60.00%	57.10%
Early Pregnancy Awareness: Patients presenting within 12wks 6 days	May-19	90.00%	90.00%	93.80%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	May-19	90.00%	90.00%	86.00%
TOPS - Number of ToPs that were offered screening for Chlamydia	May-19	100.00%	100.00%	100.00%
TOPS - Number of ToPs that were screened for Chlamydia	May-19	95.00%	95.00%	98.53%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	May-19	95.00%	95.00%	100.00%
TOPS - choosing to proceed with a termination should be offered an appointment for the procedure within 7 working days after the decision to proceed has been taken.	May-19	95.00%	95.00%	98.53%
TOPS - Number of women provided with contraception after surgical TOP	May-19	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to CASH	May-19	100.00%	100.00%	100.00%