

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

PERFORMANCE REPORT – FOR THE PERIOD JULY 2019

Presented by	Terri Saunderson, Director of Operations for Unplanned Care		
Author	Carl Stephenson, Head of Performance		
Lead Director	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive		
Purpose of the paper	To inform the Board of Directors of the current levels of performance and associated plans for improvement.		
Key control	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets.		
Action required	To note		
Previously discussed at:	N/A		
Previously approved at:	Committee/Group	Date	
Key Options, Issues and Risks			
This report provides an overview of the performance against several key national and contractual indicators as at the end of July 2019.			
Analysis			
Emergency Care Standard (ECS): <ul style="list-style-type: none">ECS Performance for Type 1 and 3 attendances was 80.50% for July 2019 (against trajectory of 81.5%) and 79.18% YTD 2019/20. August 2019 position is projected to be 80.19% against an improvement trajectory of 84%.The Navigation/ Streaming Nurse and Major’s Consultant roles are fully implemented.Capacity issues due to GP staffing gaps in Green Zone have continued. Monthly operational meetings are in place to support an improvement in GP fill rate.			
Ambulance Handovers: <ul style="list-style-type: none">Performance for handovers within 15 minutes was 75.53% in July 2019, which is a slight decrease in comparison to 78.22% in June 2019. The number of delayed ambulance handovers attributable to BTHFT was 139 in July 2019.			
Long Length of Stay (Stranded Patients): <ul style="list-style-type: none">The daily average number of patients reported as having a length of stay (LOS) greater than 21 days was 59 for July 2019 compared to an average of 68 per day in June 2019. August 2019 position is projected to be 60 patients above 21 days LOS which continues to meet the target of 62.			
Cancer 2WW: <ul style="list-style-type: none">Cancer 2 Week Wait (2WW) performance for June 2019 was 93.23% and is currently projected at 94.15% for July 2019, with only Breast and Upper GI not forecast to meet the 93% target. Breast referrals remained high and Upper GI had a 30% increase in referrals compared to the monthly average for the previous 3 months.2WW performance is expected to fall below standard in August 2019 due to ongoing high demand and staffing issues in Endoscopy and Lower GI clinics. The department are looking to prioritise endoscopy sessions and convert some outpatient clinics in support of this. An additional Colorectal consultant will commence in October 2019 which will support longer term improvement.			
Cancer 62 Day: <ul style="list-style-type: none">Cancer 62 Day First Treatment performance for June 2019 was 82.03%. Current projections suggest the July 2019 position will be 84.11%.			

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

- Diagnostic delays for Lower GI and Upper GI, complex pathways in Head & Neck, and clinical oncology capacity for Urology remain the main issues. Additional Clinical Oncology capacity has been agreed with Leeds and is in place for August and September 2019 which will support a reduction in the 62-day backlog. Endoscopy and Radiology improvements will help reduce the diagnostic phase which is a key objective for the 2019/20 cancer improvement programme.

Referral to Treatment:

- July 2019 incomplete performance is 85.10% with the total waiting list increasing by 480 patients; the waiting list decreased by 823 patients since end of March 2019.
- There were no patients waiting more than 52 weeks at the end of July 2019 and none are anticipated at the end of August 2019.
- Activity in July 2019 has reduced compared to previous months due to reduced premium rate cover for Anaesthetics and increased annual leave within the specialty teams. Recovery plans are focused on ensuring capacity is fully utilised in order to maximise RTT clock stops and mitigate the impact on performance.

Diagnostic waiting times:

- Performance for July 2019 was 96.48% for DM01 reportable tests compared to 93.82% in June 19 which is a significant improvement but below the 99% target.
- An additional Colorectal consultant has been appointed and is likely to start in October 2019, and a business case for a Gastroenterology consultant is awaiting approval. These posts will bridge the Endoscopy capacity gap allowing additional sessions to target backlog clearance.
- Additional Cystoscopy capacity continues to be provided following the move to Westwood Park Cystoscopy backlog for both routine and planned patients has reduced from 390 in June 2019 to 337 in July 2019.

Healthcare Associated Infections:

- Five cases of clostridium difficile infections (CDI) were attributed to the Trust in July 2019 with 12 cases year to date
- There was one MRSA bacteraemia attributed to BTHFT in July 2019.

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.

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			
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 (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Recovery plans are in place for RTT, ECS, Cancer and DM01 and whilst performance is improving these standards are not yet meeting national targets.					

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

Benchmarking implications (see section 4 for details)	Yes	No	N/A
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"/>

Risk Implications (see section 5 for details)	Yes	No
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"/>

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

Relevance to other Board of Director's Committee:					
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"/>

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

APPENDIX 1

PERFORMANCE REPORT FOR THE PERIOD JULY 2019

1. Introduction

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

2. Summary of Content

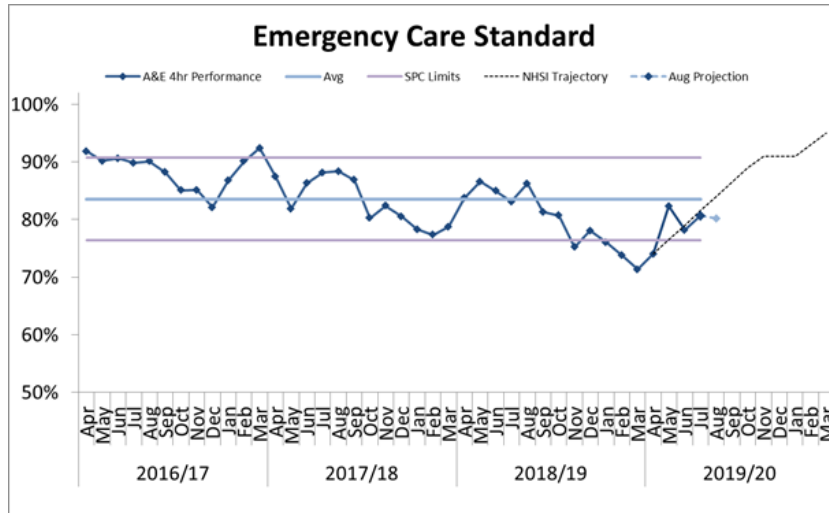
Table 1: Headline KPI Summary

Section	Headline KPI	Latest Month	Trajectory/ Target	Performance	3 month Trend
3	Emergency Care Standard	Jul-19	81.5%	80.5%	↑
4	Ambulance Handover 30-60	Jul-19	100	90	↑
4	Ambulance Handover 60+	Jul-19	25	49	↑
5	Length of Stay >=21days	Jul-19	62	59	↓
6.1	Cancer 2 Week Wait	Jun-19	93.0%	93.2%	↑
6.2	Cancer 62 Day First Treatment	Jun-19	85.1%	82.0%	↑
7	RTT Incomplete	Jul-19	89.3%	85.1%	↓
8	Diagnostics Waiting Times	Jul-19	99.1%	96.5%	↑
9.1	C Difficile Infections	YTD	10	12	↑
9.2	MRSA Bacteraemia	YTD	0	1	↑
10	Exceptions				

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

3. Emergency Care Standard (Type 1&3)

Figure 1: Monthly ECS Performance – BTHFT



The Foundation Trust reported a position of 80.50% for the month of July 2019.

Performance for August 2019 is currently projected at 80.19% which is below the recovery trajectory of 84.0%.

Figure 2: ECS Performance – National Comparison

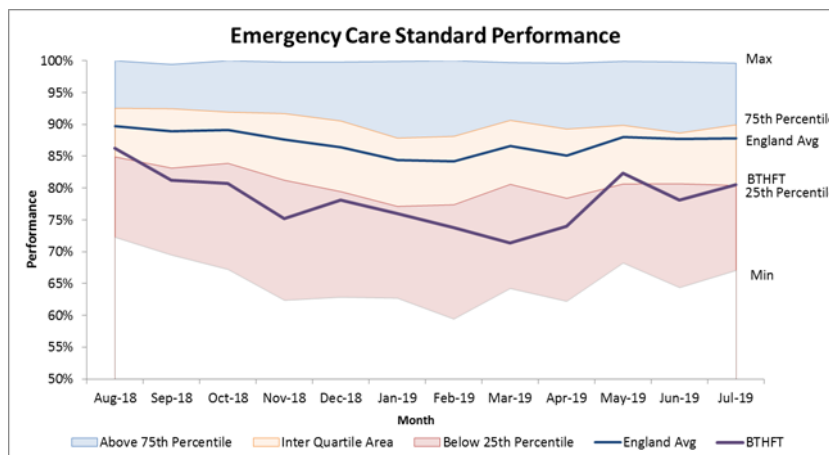
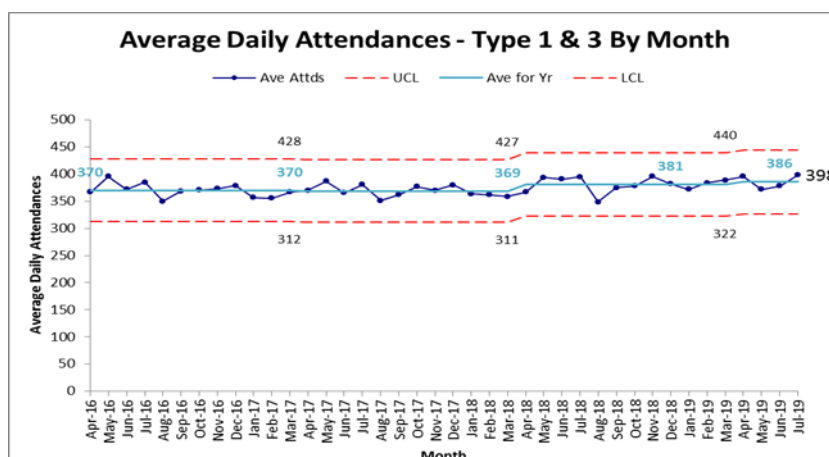


Figure 2 shows a comparison of ECS performance for acute Trusts in England. Performance remains slightly above the lower quartile.

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



Daily average attendances for July 2019 were 398, which is an increase of 20 patients per day compared with June 2019. The average year to date position is 386.

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

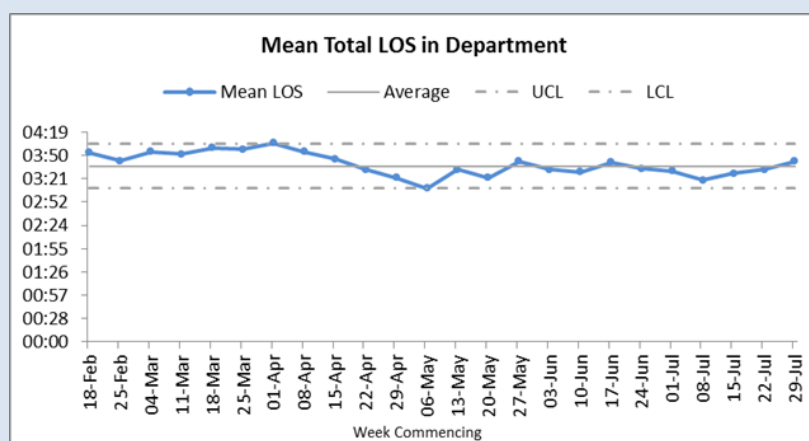
ECS Improvement

The Emergency Care Improvement Programme continues with focus on appropriate use of green zone, collaborative working with our primary care colleagues, effective streaming, clinical co-ordination (including dedicated Consultant co-ordination within Majors) and increasing same day emergency care. This is being supported with dedicated projects in the Amber zone, and also refurbishment and utilisation of the Red zone.

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. Update on key work-streams for 2019-20 is given below:

- The Green Zone is fully embedded in the footprint of ED. Monthly operational meetings are in place to support the improvement in GP fill rate. This includes looking at the use of an Advanced Clinical Practitioner alongside a GP in the evenings, and some consideration as to how BRI's ENPs may be able to support without affecting the Minor Injury stream.
- Navigation/Simple Stream Nurse and Major's Consultant roles are fully implemented. The SOP for the Clinical Coordinator role is undergoing review and will be implemented from September 2019 once all nursing roles are in post.
- Two new ED consultants have been recruited and will be starting in September and October 2019. Another PEM Consultant is to be interviewed in September 2019. 9 ED nurses have been recruited and will be in post by September 2019.
- The Same Day Emergency Care pilots for Pulmonary Embolism (PE), Chest Pain, Cellulitis and Headache have been completed and pathways are now operational in ACU. The appointment of 2 Clinical Fellows for Acute Medicine has been completed and recruitment of third post is underway. Recruitment for two Physician Assistants has been completed and further 4 Physician Assistants are going through the recruitment process. 2 Consultant posts in Acute Medicine have been appointed to with a third awaiting interview. A pilot with YAS to have access to SDEC through ACU is being developed with a planned for September 2019.
- Training and support is being provided to all wards to improve patient placement on Cap Man system and the effective use of expected discharge date (EDD).

Figure 4: ECS Performance – Length of Stay



The introduction of navigation nurse and major's consultant roles has had a major impact on reduction of overall length of stay in the department. There has been significant improvement in time from arrival to initial assessment and from completion of initial assessment to start of treatment.

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

4. Ambulance Handover Performance

Figure 5: Ambulance Handovers – Attributable to BTHFT

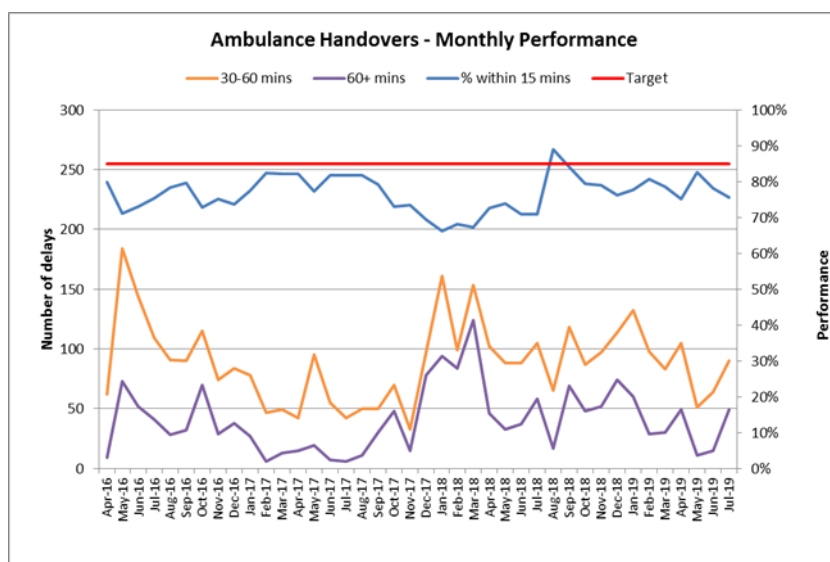
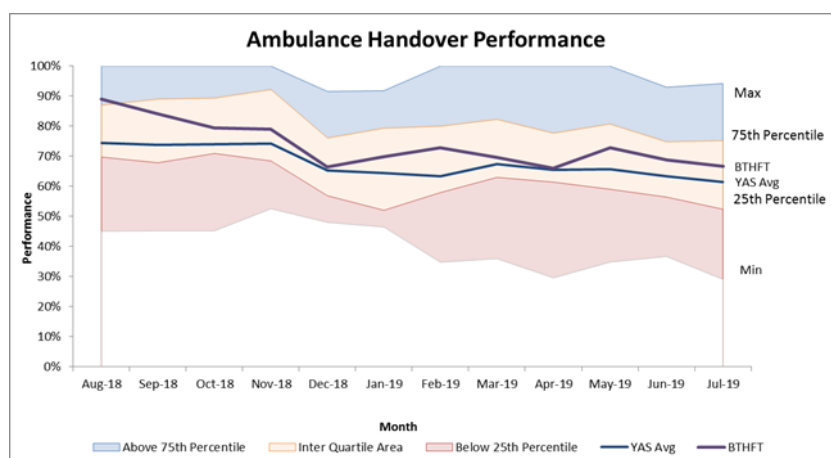


Figure 5 shows an increase in the number of handovers between 30 and 60 minutes and over 60 minutes in July 2019 compared with June 2019.

There were 90 handovers between 30 and 60 minutes, and 49 over one hour.

Figure 6: Ambulance Handovers – Yorkshire Comparison



July 2019 ambulance handover benchmarking data, supplied by YAS, shows BTHFT performing 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

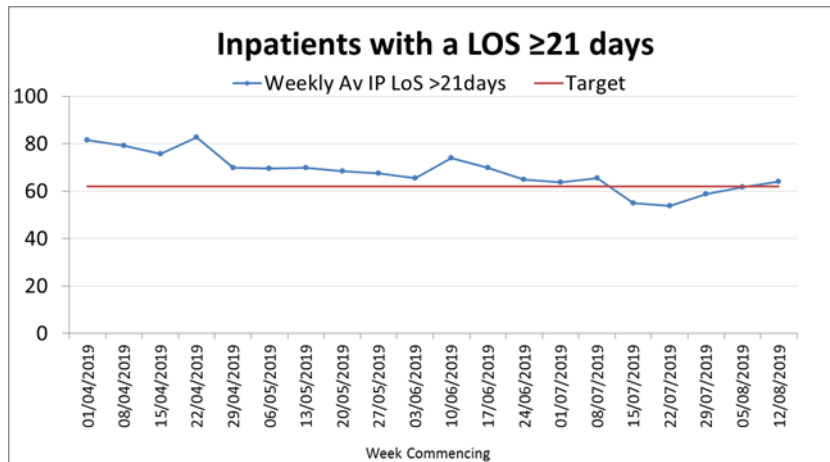
Bi-monthly operational meetings with YAS are in place to work collaboratively on improvement and communication. Feedback from ECIST on patient's navigation through the department including ambulance assessment area is being implemented with Estates looking at an Ambulance Reception area, and formal streaming area in the Main Waiting Room.

Dedicated handover coordination has been a major contributor to performance improvement in May 2019. There is a focus on strengthening of this role to reduce the daily variation in performance and sustain the performance improvement seen in May 2019

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

5. Inpatient Length of Stay (LOS) ≥ 21 days

Figure 7: Inpatient Length of Stay ≥ 21 d – BTHFT



The number of patients with a LOS over 21 days decreased in July 2019 with an average of 59 patients per day compared to a daily average of 68 patients in June 2019.

The target for 2019-20 is 62.

Long Length of Stay Improvement

A weekly multi-disciplinary review of patients with a length of stay over 14 days is in place. In addition to weekly multi-disciplinary review, a weekly oversight meeting including Director of Operations and the Clinical Director for the Command Centre is in place to review the outputs of the MDT meeting.

The Emergency Care Intensive Support Team (ECIST) reporting tool continues to be used and has helped identify further improvement opportunities such as better use of Estimated Discharge Date, revising the frailty pathway, and enhancements to Early Supported Discharge. The data produced from the ECIST reporting tool is now formally reported to NHSI on weekly basis.

A System wide Transformation Lab facilitated by ECIST was held on 6th of August 2019 to support development of attendance and admission avoidance processes.

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

6. Cancer Standards

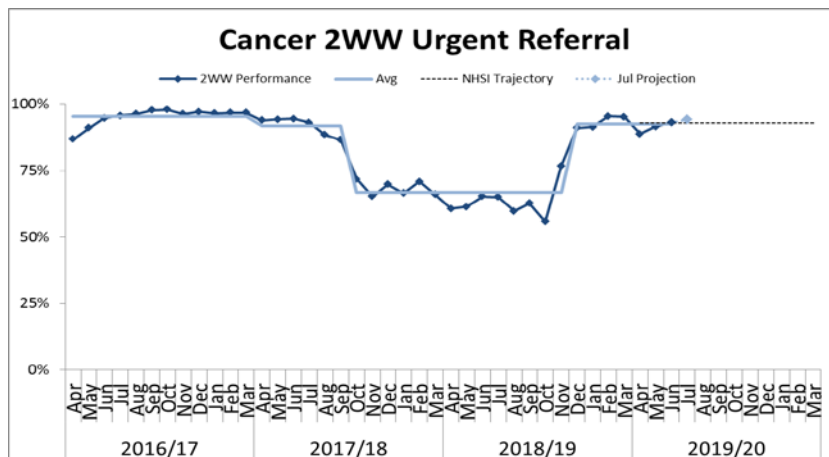
A Cancer position has been submitted for June 2019 which reports a failure against the 62 day GP referral to treatment target with all other standards achieved. All standards are predicted to be achieved in July 2019, apart from 62 day GP referral to treatment and 14 day breast symptomatic, although the latter is only 1 patient and the process for this indicator is under review.

Table 2: Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
14 day GP referral for all suspected cancers	93%	65.1%	59.7%	62.6%	55.8%	76.6%	91.1%	91.4%	95.4%	95.2%	88.8%	91.7%	93.2%	94.1%
14 day breast symptomatic referral	93%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	0.0%
31 day first treatment	96%	91.2%	84.7%	86.6%	84.8%	90.6%	90.2%	89.9%	88.0%	93.0%	98.1%	97.8%	99.3%	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%	95.3%	96.3%	97.6%	94.6%	95.0%	77.8%	80.0%	86.8%	83.3%	100.0%	94.6%	97.9%	97.3%
62 day GP referral to treatment	85%	70.2%	62.5%	68.3%	62.3%	61.7%	70.3%	73.2%	63.9%	71.7%	88.1%	81.9%	82.0%	84.6%
62 day screening referral to treatment	90%	90.6%	95.3%	93.9%	83.9%	78.0%	97.2%	82.5%	95.8%	100.0%	94.9%	93.5%	93.8%	93.9%
62 day consultant upgrade to treatment		77.8%	57.1%	33.3%	78.6%	33.3%	82.4%	68.0%	40.0%	100.0%	100.0%	72.7%	84.6%	78.6%

6.1. Cancer 2 Week Wait (2WW)

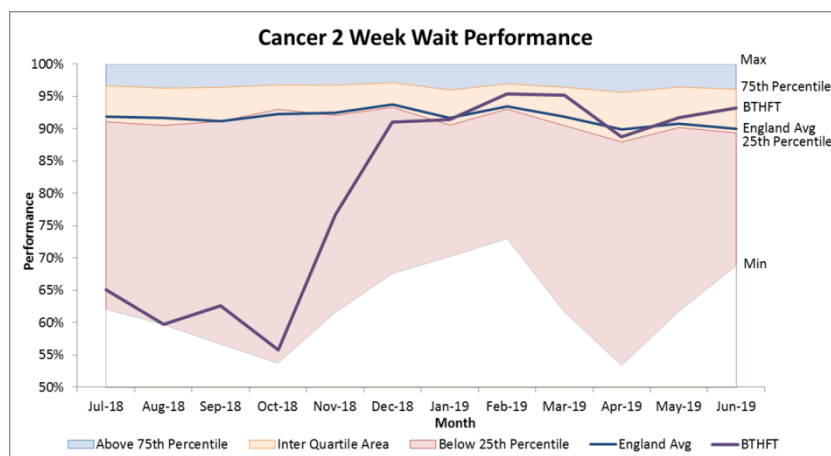
Figure 8: Cancer 2WW (for urgent referrals) performance (Target 93%)



The 2WW performance for June 2019 was reported above target at 93.23%. Performance for July 2019 is expected to improve further to 94.09% following an improvement in the Lower GI position.

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

Figure 9: 2WW National Comparison – BTHFT



Performance in June 2019 places the Trust above the England average.

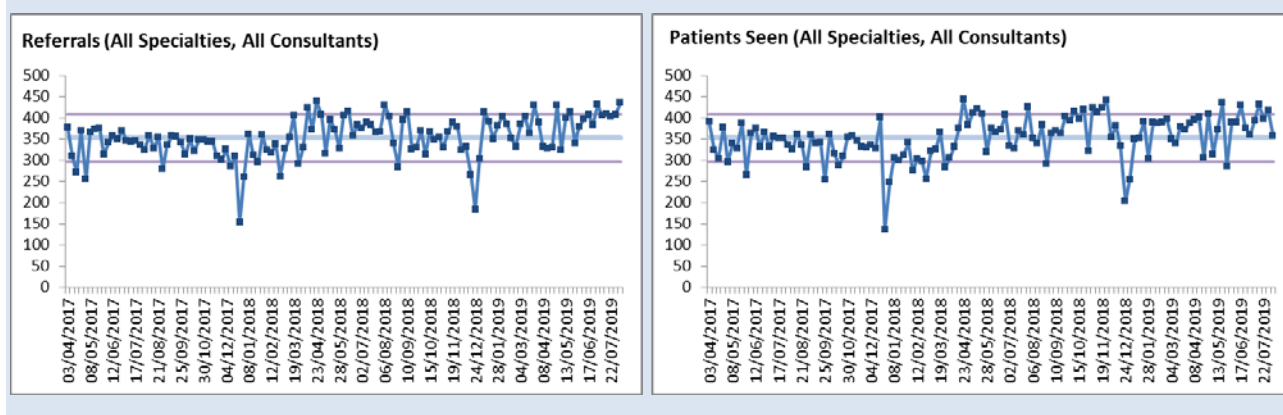
Table 3: 2WW Performance by Tumour Group

Site	Nov-17	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
TRUST	65.3%	59.7%	62.6%	55.8%	76.6%	91.1%	91.4%	95.4%	95.2%	88.8%	91.7%	93.2%	94.1%
Brain/CNS	66.7%	94.1%	81.8%	90.9%	100.0%	92.9%	100.0%	87.5%	100.0%	100.0%			
Breast	93.8%	92.0%	95.7%	93.7%	93.4%	93.5%	94.8%	94.8%	90.4%	64.6%	78.6%	91.6%	91.0%
Children	50.0%	20.0%	58.3%	35.3%	66.7%	83.3%	100.0%	91.7%	90.9%	92.3%	94.1%	100.0%	
Gynae	91.1%	85.6%	89.0%	95.2%	95.9%	90.5%	94.6%	96.1%	100.0%	96.7%	98.0%	96.7%	94.5%
Haematology	68.2%	88.0%	88.5%	85.7%	95.5%	92.9%	96.6%	87.5%	100.0%	95.5%	95.2%	100.0%	95.2%
Head & Neck	89.4%	86.7%	91.0%	94.7%	92.6%	93.9%	93.3%	97.7%	98.1%	97.0%	96.4%	93.5%	96.7%
Lower GI	44.5%	65.8%	57.4%	81.0%	79.8%	85.3%	81.3%	95.4%	95.3%	91.7%	86.7%	89.3%	93.1%
Lung	100.0%	97.1%	100.0%	100.0%	97.2%	96.4%	100.0%	100.0%	100.0%	95.5%	100.0%	97.1%	100.0%
Other	87.9%	92.9%	78.3%	100.0%	82.6%	100.0%	89.3%	100.0%	76.9%	95.2%	95.2%	91.3%	100.0%
Skin	11.6%	8.2%	5.4%	7.6%	56.7%	98.8%	97.0%	97.0%	95.7%	96.0%	98.1%	94.4%	94.9%
Testicular													
Upper GI	93.0%	78.4%	83.5%	78.9%	87.7%	88.1%	87.5%	92.2%	95.0%	92.7%	94.1%	91.0%	90.7%
Urology	69.7%	44.6%	63.1%	31.5%	48.4%	75.7%	81.2%	92.4%	98.9%	97.8%	99.3%	98.4%	97.7%

Cancer 2WW Improvement

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

Figure 10: 2WW Referrals and Patients Seen



Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

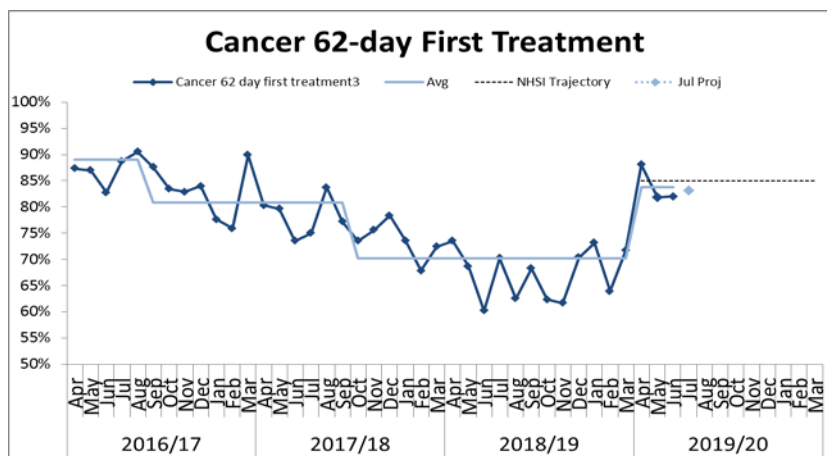
Figure 10 shows an increase in referrals since the start of 2019 and a further, sustained increase in June and July 2019. This increase is primarily due to the seasonal growth in Skin referrals which represents a +40% increase compared to June 2019. This higher demand in Skin was met with increased capacity in August 2019 to ensure that the standard continues to be met.

A +15% increase in referrals can also be seen in July and August for Lower GI compared to June 2019, however significant capacity gaps due to sickness within the service are resulting in a reduction in activity throughout July and August 2019. Consequently, Lower GI performance is expected to deteriorate in August 2019. The service has been converting routine slots to Fast Track slots and providing extra clinics to mitigate the impact on performance as a short-term plan. An additional consultant has been appointed in Colorectal Surgery and is expected to start in October 2019.

Following an increase in Breast referrals since the start of the year, the service has been providing extra capacity to clear the backlog which has supported a significant improvement in performance in June and July 2019. The service is expected to recover above target in August 2019.

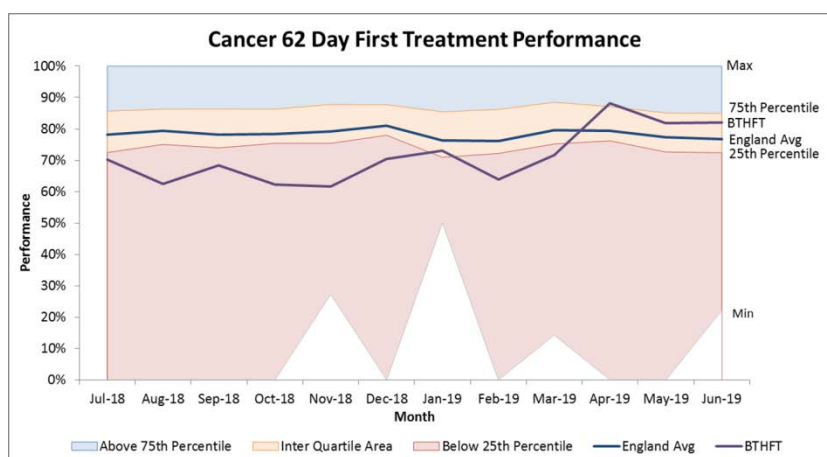
6.2. Cancer 62 day First Treatment

Figure 10: Cancer 62 Day First Treatment performance (Target 85%)



The 62-day First Treatment is below standard at 82.03% for June 2019 and is predicted to remain just below target in July 2019 at 84.55%.

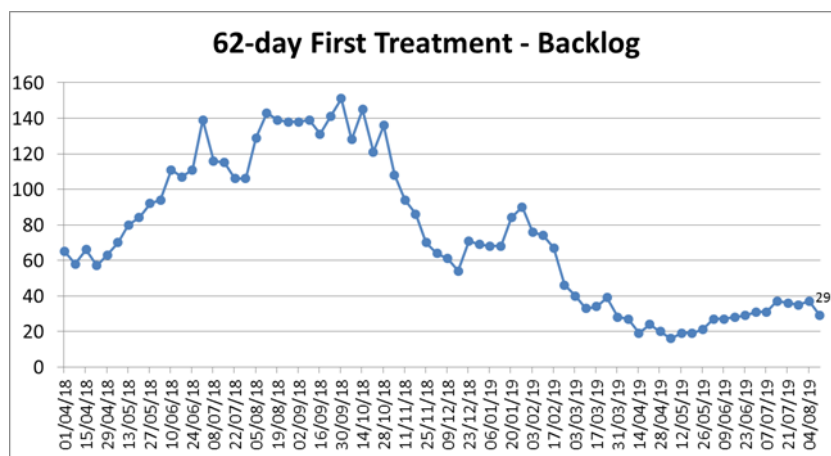
Figure 11: 62 Day First Treatment performance – National Comparison



BTHFT performance in June 2019 was above the England average.

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

Figure 12: Patients Waiting Over 62 Days



The backlog has increased slightly over recent weeks due to capacity issues in Clinical Oncology but reduced last week to 29 as extra capacity is being provided by Leeds.

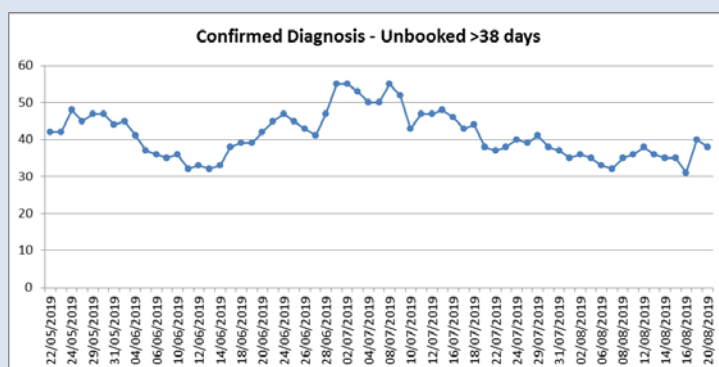
Table 4: 62 Day First Treatment performance by Tumour Group

Site	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
TRUST	62.5%	68.3%	62.3%	61.7%	70.3%	73.2%	63.9%	71.7%	88.1%	81.9%	82.0%	84.6%
Brain/CNS			100.0%		100.0%							
Breast	91.3%	100.0%	100.0%	100.0%	83.3%	100.0%	88.2%	100.0%	100.0%	89.7%	100.0%	91.7%
Children												
Gynae	83.3%	75.0%	76.9%	100.0%	80.0%	83.3%	66.7%	100.0%	60.0%	100.0%	100.0%	66.7%
Haematology	0.0%	100.0%	60.0%	46.2%	25.0%	66.7%	58.8%	43.8%	80.0%	60.0%	75.0%	83.3%
Head & Neck	69.2%	60.0%	64.7%	100.0%	66.7%	81.8%	50.0%	20.0%	100.0%	66.7%	26.3%	30.0%
Lower GI	57.1%	28.6%	16.7%	10.5%	63.6%	73.3%	73.3%	36.4%	64.7%	76.9%	71.4%	78.6%
Lung	62.5%	72.7%	71.4%	33.3%	80.0%	50.0%	50.0%	62.5%	60.0%	60.0%	80.0%	81.9%
Other	66.7%	50.0%	0.0%	0.0%	0.0%	0.0%		100.0%	100.0%	60.0%	66.7%	
Skin	92.0%	77.1%	92.9%	77.2%	90.9%	91.8%	83.0%	90.9%	100.0%	100.0%	100.0%	100.0%
Testicular	100.0%	0.0%		100.0%	100.0%	100.0%						
Upper GI	0.0%	0.0%	12.5%	57.1%	66.7%	63.6%	70.0%	75.0%	100.0%	50.0%	33.3%	75.0%
Urology	22.0%	44.4%	26.0%	38.2%	46.2%	50.0%	36.8%	58.7%	75.9%	72.3%	83.3%	76.1%

Cancer 62 Day Improvements

Capacity issues in Clinical Oncology have created pathway delays which negatively impacted on the Urology recovery. Some additional sessions have been provided by Leeds in July and August 2019 to reduce this gap.

Figure 13: Number of patients with a confirmed diagnosis but no treatment date



As a result the number of patients with a confirmed diagnosis but no treatment date has significantly decreased since the start of July 2019, as shown on Figure 14. Further extra sessions will be provided in September 2019.

A long-term plan to introduce CNS support in clinic in order to free up consultant capacity is being explored.

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

Improvement work to reduce pathway delays is ongoing. Head & Neck recently introduced virtual reviews which resulted in a sharp reduction in unbooked patients without a confirmed cancer diagnosis.

Diagnostic delays remain challenging for Lower GI due to capacity issues in endoscopy and increased delays in radiology reporting due to annual leave in July and August 2019. A GI radiologist has been appointed and is due to start in October 2019 which will help improve reporting turnaround times for CT Colon.

6.3. Cancer Inter-Provider Transfers

The Trust performance remained below the 85% target in June 2019. This low performance continues to impact negatively on the 62-day performance as the Trust's breach share increases.

Pathway reviews are ongoing across all tumour groups to support improvement in performance and a reduction in diagnostic delay. Supported by the Diagnostic Optimisation programme, this should also help improve the Trust's IPT performance.

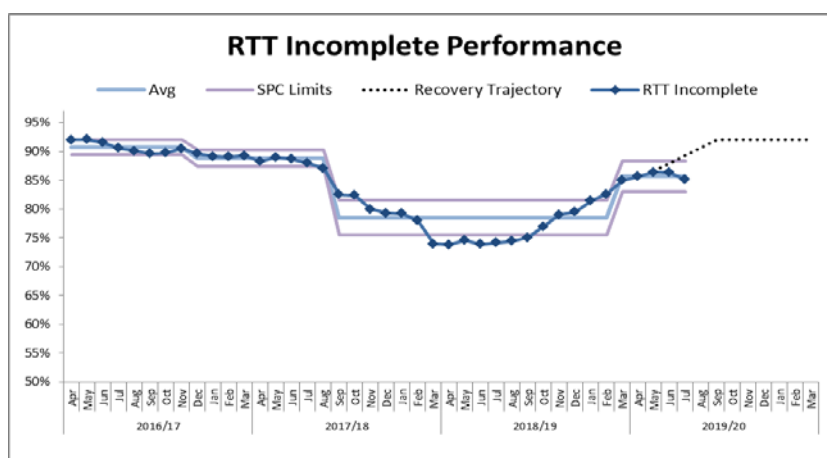
The Cancer team have delivered an IPT workshop at the end of July 2019 in order to develop staff knowledge of the IPT process which should support further improvements.

Table 5: Cancer IPT performance

Month	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Referred <38 days	30	16	27	34	25	26	38	19	18	36	25	10
Total	49	39	43	69	35	40	60	35	36	51	43	27
Performance	61.2%	41.0%	62.8%	49.3%	71.4%	65.0%	63.3%	54.3%	50.0%	70.6%	58.1%	37.0%

7. Referral to Treatment (RTT) Incomplete

Figure 14: Monthly RTT Incomplete Performance (Target 92%)



The Trust's RTT position for July 2019 is 85.10% (19,721/23,173) which represents a deterioration compared to June 2019.

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

Figure 15: RTT Incomplete National Indicator – BTHFT

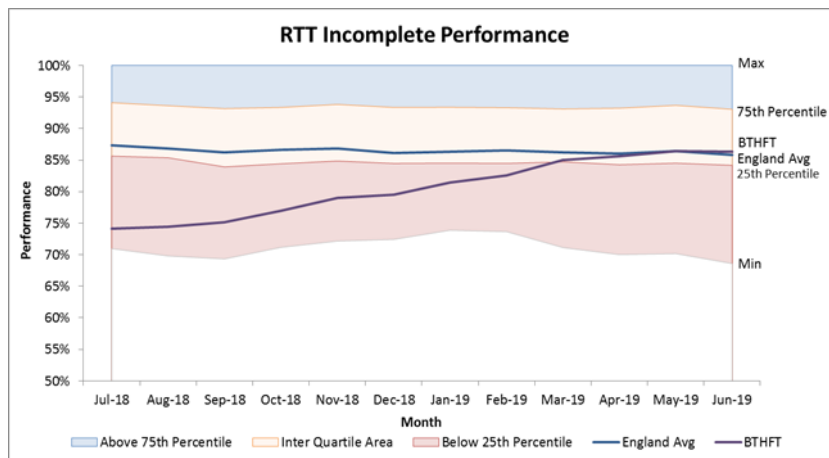
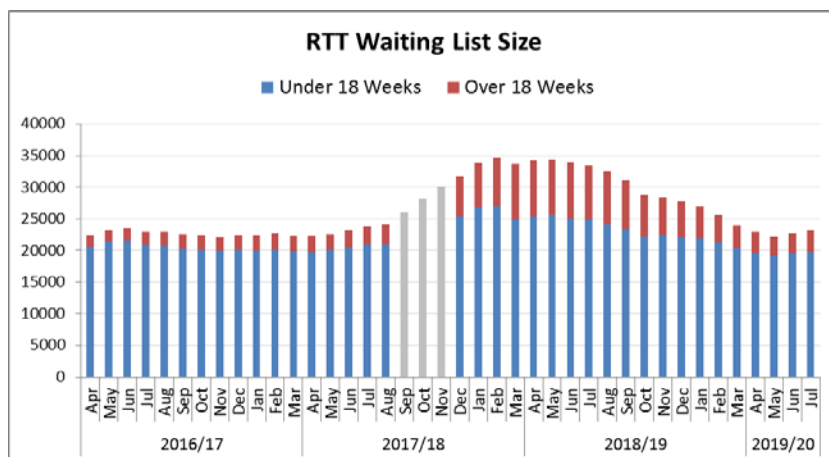


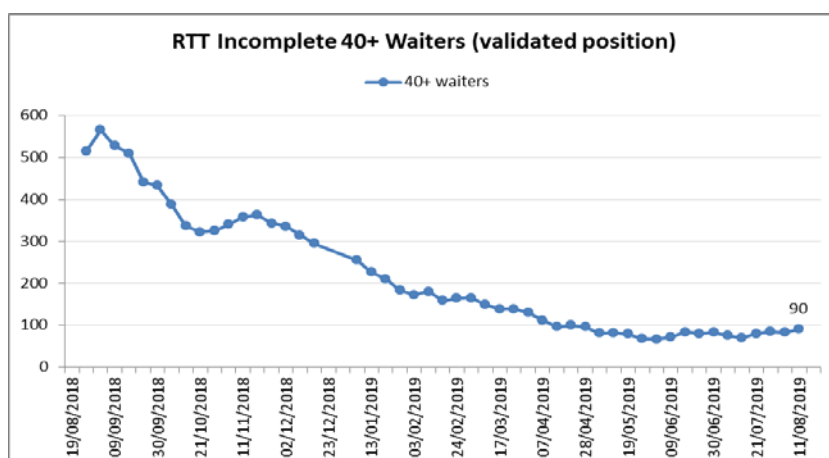
Figure 16 shows a comparison of national RTT Incomplete performance until June 2019. BTHFT continues to improve against the England average and has performed just above it in June 2019.

Figure 16: RTT Total Waiting List



The overall waiting list increased by 480 patients in July 2019 compared to June 2019. The waiting list has decreased by 823 patients since end of March 2019.

Figure 17: RTT Incomplete >40 Weeks



The number of patients waiting over 40 weeks remained relatively stable throughout June and July 2019.

As part of the RTT official submission for July 2019 the Foundation Trust has not reported any RTT Incomplete 52-week breaches and none are forecast for August 2019.

Meeting Title	Board of Directors Open Meeting		
Date	12 th September 2019	Agenda item	Bo.9.19.43

RTT Incomplete Improvement

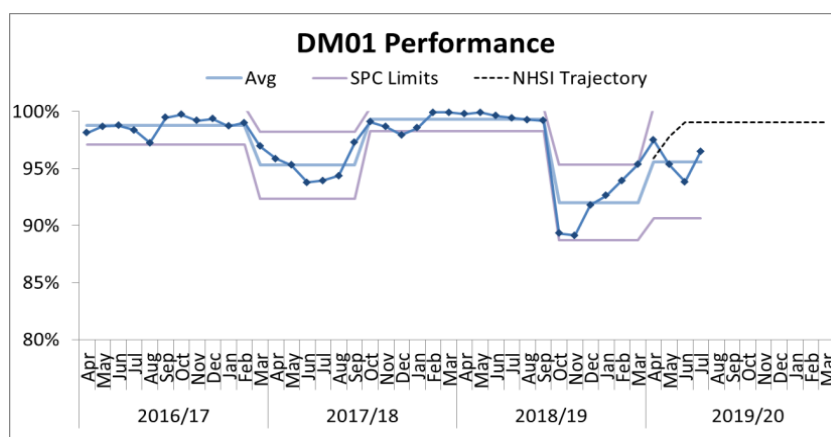
Reduced activity in July 2019 negatively impacted on RTT performance and waiting list size. This is mostly due to annual leave and activity levels will be monitored to ensure that this activity is recovered later in the year.

Respiratory Medicine, Rheumatology, General Surgery, ENT and Neurology have been highlighted as requiring improvements as part of the new RTT escalation process implemented at the weekly Planned Care (Access) meeting. Consequently, these specialties are being provided targeted, corporate support through fortnightly meetings. These meetings focus on demand & capacity analysis, waiting list management and booking processes.

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

8. Diagnostic waiting times

Figure 18: Monthly DM01 Performance



July 2019 performance increased significantly compared to June 2019 up to 96.48%, with 219 breaches. Activity remains high suggesting recovery plans are still being delivered and previous waiting list validation across Endoscopy and Cystoscopy supported further improvements.

Figure 20: Diagnostics - National Comparison

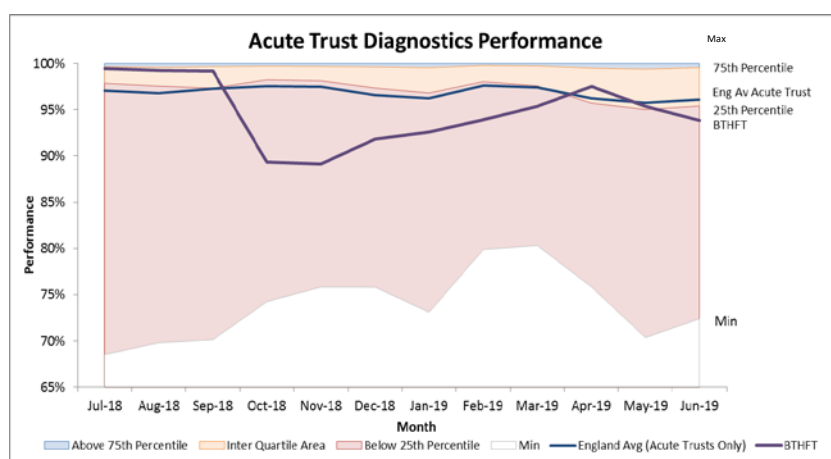


Figure 20 shows a national comparison of Diagnostic performance for June 2019. BTHFT was performing below the England Average of 96.09% but is expected to recover above England average in July 2019 as a result of aforementioned improvements.

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

Table 6: Diagnostic Performance by Modality

Diagnostic Waiting List			Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	
Specialty		Performance	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Endoscopy	Colonoscopy	Waiting >6 weeks	239	155	178	158	107	39	40	56	18
		Total waiting	426	329	387	435	329	261	316	355	253
		% within 6 weeks	43.90%	52.89%	54.01%	63.68%	67.48%	85.06%	87.34%	84.23%	92.89%
	Flexi Sig	Waiting >6 weeks	76	71	44	30	19	6	10	23	9
		Total waiting	162	114	104	106	120	71	92	124	78
		% within 6 weeks	53.09%	37.72%	57.69%	71.70%	84.17%	91.55%	89.13%	81.45%	88.46%
	Cystoscopy	Waiting >6 weeks	246	118	132	153	105	80	196	260	133
		Total waiting	368	282	260	284	178	182	316	390	337
		% within 6 weeks	33.15%	58.16%	49.23%	46.13%	41.01%	56.04%	37.97%	33.33%	60.53%
	Gastroscopy	Waiting >6 weeks	217	195	129	97	95	46	56	84	57
		Total waiting	473	419	360	416	370	342	388	443	522
		% within 6 weeks	54.12%	53.46%	64.17%	76.68%	74.32%	86.55%	85.57%	81.04%	89.08%
All Other Modalities		Waiting >6 weeks	6	12	0	2	0	0	4	2	2
		Total waiting	5785	5499	5438	6015	6032	5980	5471	5564	5038
		% within 6 weeks	99.90%	99.78%	100.00%	99.97%	100.00%	100.00%	99.93%	99.96%	99.96%
Trust Total		Waiting >6 weeks	784	551	483	440	326	171	306	425	219
		Total waiting	7214	6643	6549	7256	7029	6836	6583	6876	6228
		% within 6 weeks	89.13%	91.71%	92.62%	93.94%	95.36%	97.50%	95.35%	93.82%	96.48%

DM01 Improvement

Endoscopy improvement has been delayed due to ongoing long term sickness, particularly for Colonoscopy, however validation supported a significant improvement in the July 2019 position.

Following the endoscopy summit early July 2019, two business cases have been submitted for two additional consultants (one in Colorectal Surgery, one in Gastroenterology). The colorectal surgeon has been appointed and is expected to start in October 2019. The other business case is due to be submitted for board approval in September 2019.

Continued Cystoscopy ad hoc lists and the move to Westwood Park have increased monthly activity resulting in a significant reduction in the waiting list size and number of breaches.

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

9. Healthcare Associated Infections

9.1. C Difficile Infections (CDI) – threshold 30 apportioned cases for 2019/20

5 CDI cases have been attributed to BTHFT in July 2019. 12 have been apportioned so far in 2019/20.

An increase in Trust attributed cases has been reported in June/July 2019. These cases are related to the changes to the CDI reporting algorithm for the 19/20 financial year:

- Adding a prior healthcare exposure (i.e. previous admission within 4 weeks).
- Reducing the number of days to apportion Trust attributed cases from three or more (post 72hr) to two or more (post 48hrs) days following admission.

A PIR (post infection review) for each case has been undertaken and lessons learnt and action plans agreed with the relevant Clinical Business Unit.

9.2. MRSA Bacteraemia

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
MRSA	0	0	0	1	0	0	0	0	0	0	0	1
Trajectory	0	0	0	0	0	0	0	0	0	0	0	0

One case of MRSA has been apportioned to the Trust in July 2019. This is the first case reported in 2019/20.

The Post Infection Review (PIR) has identified the root cause as community acquired pneumonia and has not identified any deficits in care; however, a contributory factor was the IV (Intravenous) antibiotic prescribed not being an effective treatment for MRSA.

Under Public Health England (PHE) guidelines the case remains attributable to the Trust as the blood culture was taken on day 3 of admission and therefore outside the required limit of 48 hours from admission.

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	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Seen <=12wk 6 days	428	392	427	446	373	477	407	367	435	406	390	411
Presented on time	438	394	433	461	380	487	425	384	456	433	403	421
Performance	97.7%	99.5%	98.6%	96.7%	98.2%	97.9%	95.8%	95.6%	95.4%	93.8%	96.8%	97.6%
Seen <= 2 weeks	38	43	39	50	31	35	50	26	26	37	27	31
Late presenters	45	47	44	57	34	36	58	28	28	43	31	34
Performance	84.4%	91.5%	88.6%	87.7%	91.2%	97.2%	86.2%	92.9%	92.9%	86.0%	87.1%	91.2%

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

Performance against the late presenter indicator is above target in July 2019 at 91.2%. This indicator requires the Trust to see patients who present to maternity services after 12 weeks and 6 days of gestation within 14 days.

Alongside escalation of capacity issues to the Community Manager, a new process has been implemented to book patients within 7 days which would allow rebooking within target if patients DNA. The service is also working in collaboration with Informatics to move referrals to an online system and support better booking accuracy and improve efficiency.

10.2. TIA

Table 8: TIA Performance

TIA Performance	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Treated within 24 hrs	0	9	7	8	5	5	9	7	4	4	6	10
Patients with TIA	9	15	16	11	10	12	14	20	6	7	16	20
Performance	0%	60%	44%	73%	50%	42%	64%	35%	66.67%	57.1%	37.5%	50.0%

The failure to treat 10 patients within 24 hours was due to a variety of reasons: 2 x patient choice, 2 x weekend referrals, 2 x unable to contact patient and 4 x clinic full.

A TIA sub group from collaborative work across AGH and BTHFT is developing a joint business case for the 7 day service. Currently clinics are held in the mornings on weekdays but a move to afternoons is being considered as this would allow contacting patients referred in the evening in time for the following day's clinic and therefore to be seen within 24 hours. The possibility of creating some additional clinic slots is also being explored.

10.3. Cancelled Operations rebooked beyond 28 days

Table 9: 28 day breaches 2019-20

Specialty	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
ENT											1	
OPHTHALMOLOGY	1	3				2						
GENERAL SURGERY		1										
PLASTICS												
PAIN MANAGEMENT												
UROLOGY		1				1						
Gynaecology												
Total	1	5	0	0	0	3	0	0	0	0	1	0

There were no same-day cancelled operations in July 2019 following 1 in June 2019.

Meeting Title	Board of Directors Open Meeting		
Date	12th September 2019	Agenda item	Bo.9.19.43

APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Standards	Month	Threshold	Trajectory/Target	Performance
A&E Emergency Care Standard	Jul-19	95.00%	81.50%	80.50%
Emergency Inpatient Length Of Stay >=21days	Jul-19	62		59
Cancer 2 week wait	Jun-19	93.00%	93.00%	93.23%
Cancer 2 week wait - breast symptomatic	Jun-19	93.00%	100.00%	100.00%
Cancer 31 day First Treatment	Jun-19	96.00%	96.58%	99.33%
Cancer 31 day Subsequent Surgery	Jun-19	94.00%	95.35%	97.87%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Jun-19	98.00%	100.00%	100.00%
Cancer 38 day Inter Provider Transfer	Jun-19	85.00%	85.00%	37.04%
Cancer 62 day First Treatment	Jun-19	85.00%	85.15%	82.03%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Jun-19	90.00%	94.12%	93.75%
Diagnostics - patients waiting under 6 weeks for test	Jul-19	99.00%	99.10%	96.48%
RTT - Patients waiting within 18 weeks on incomplete pathways	Jul-19	92.00%	89.29%	85.10%
Mixed-sex accommodation breach	Jul-19	0	0	0
Cancelled Operations 28 day breach	Jul-19	0	0	0
National Quality Requirement	Month	Threshold	Trajectory/Target	Performance
Infection Control - MRSA Bacteraemia	Jul-19	0	0	1
Infection Control - C difficile infections	Jul-19	30	0	5
RTT - Patients waiting over 52 weeks on incomplete pathways	Jul-19	0	0	0
Ambulance handovers taking between 30-60 minutes	Jul-19	0	0	90
Ambulance handovers taking longer than 60 minutes	Jul-19	0	0	49
Waits in A&E not longer than 12 hours	Jul-19	0	0	0
Urgent operation cancelled for a second time	Jul-19	0	0	0
VTE risk assessment	Jul-19	95.00%	95.00%	95.97%
Duty of candour breaches	Jul-19	0	0	0
Quality Requirement	Month	Threshold	Trajectory/Target	Performance
DTOC - Average daily number	Jul-19	12.44	12.44	9.8
Stroke - patients who spend at least 90% of their time on a stroke unit	Jul-19	80.00%	80.00%	84.85%
% TIA higher risk cases who are treated within 24 hours	Jul-19	60.00%	60.00%	50.00%
Early Pregnancy Awareness: Patients presenting within 12wks 6 days	Jul-19	90.00%	90.00%	97.62%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	Jul-19	90.00%	90.00%	91.18%
TOPS - Number of ToPs that were offered screening for Chlamydia	Jul-19	100.00%	100.00%	100.00%
TOPS - Number of ToPs that were screened for Chlamydia	Jul-19	95.00%	95.00%	100.00%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	Jul-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.	Jul-19	95.00%	95.00%	100.00%
TOPS - Number of women provided with contraception after surgical TOP	Jul-19	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to CASH	Jul-19	100.00%	100.00%	100.00%