

Meeting Title	Open Board of Directors Meeting		
Date	7 November 2019	Agenda item	Bo.11.19.42

PERFORMANCE REPORT – FOR THE PERIOD SEPTEMBER 2019

Presented by	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive		
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:	Finance & Performance Committee		
Previously approved at:	Committee/Group	Date	
	Finance & Performance Committee	30/10/2019	

Key Options, Issues and Risks

This report provides an overview of performance against several key national and contractual indicators as at the end of September 2019.

Analysis

Emergency Care Standard (ECS):

- ECS Performance for Type 1 and 3 attendances was 74.67% for September 2019 against a trajectory of 86.5%. October 2019 performance is projected to be 75.22%.
- An analysis was conducted which compared various emergency department measures from April to August 2019/20 to the same period in 2018/19. The overall number of patients attending ED has remained stable; however there has been an increase in number of patients going into Majors, which is having an adverse impact on flow through the department.
- In response to this analysis the ED department will pilot placing a senior decision maker in the initial assessment area to improve the triage process.
- An SDEC pilot in ED commenced on 01-October-2019. There has been an increase in number of patients referred from ED to ACU from average of 57 per week in August and September 2019 to average of 87 per week in first two weeks of October 2019.
- GP Stream fill rate has improved in September 2019 to 91%. Work is also underway to divert patients to the out of hours GP service by utilising dedicated and unused appointment slots from 10PM.

Ambulance Handovers:

- Performance for handovers within 15 minutes was 79.83% in September 2019, which is a significant improvement in comparison to 76.64% in August 2019.
- Handover delays between 30 and 60 minutes improved from 91 in August 2019 to 85 in September 2019. Handover delays above 60 minutes were 24 in September 2019 compared to 22 in August 2019 which remains a significantly improved position compared to 49 in July 2019.
- The improvement in performance was supported by the introduction of patient registration within the ambulance assessment area from 16-Sep-2019 and the setup of the YAS screen in ED nursing area to recognise and respond to 15 minute clock in a timelier manner.

Long Length of Stay (Stranded Patients):

- The daily average number of patients reported as having a length of stay (LOS) greater than 21 days was 71 for September 2019 compared to an average of 58 per day in August 2019.
- This increase was due to the percentage of beds occupied by DTOC patients increasing from 1.62% in August to 2.48% in September 2019. The MAIDT team has been providing continuous support in

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reducing the number of DTOC patients occupying G&A bed base.

- The October 2019 to date position has improved significantly to daily average of 62 patients above 21 days LOS and is on trajectory for above 7, 14 and 21 days LOS patients.

Cancer 2WW:

- The Cancer 2 Week Wait (2WW) standard was reported below target in August 2019 at 92.15%, however September 2019 is projected to achieve the standard at 94.16% as a result of significant improvements in the Lower GI position. October 2019 is expected to remain above standard.
- From April to September 19 a total of 526 more patients were referred to the Trust as a 2ww referral (5.5% increase) but we have seen 3361 more patients with suspected cancer within 2 weeks than the same period last year.(56% increase)

Cancer 62 Day:

- The Cancer 62 Day First Treatment standard was reported below standard in August 2019 at 81.31%. Performance for September and October 2019 is expected to remain below target as a result of high treatment numbers for patients waiting over 62 days. These are predominantly urology patients whose pathways were delayed due to clinical oncology capacity gaps. The impact of these increased treatments is a reduction in the number of patients waiting over 62 days from 40 to 24 patients this month and within sustainable waiting list size.
- The number of Patients waiting over 62 days reduced from 40 to 24 patients this month which is needed to support future attainment of this standard.
- From April to September 19 we treated 55 more patients with confirmed cancer than the same period last year (10% increase), but we treated 134 more patients within 62 days than in the same period last year.(37% increase)
- Delays in the Urology pathway linked to capacity issues in Clinical Oncology and Robotic Surgery are the main concerns. Additional surgical capacity is planned during November 2019 and conversations to secure additional Clinical Oncology capacity are progressing with Leeds Teaching Hospitals.
- Improvements in Radiology reporting turnaround times and Endoscopy waits have impacted positively on the Lower GI position.
- The reduction of the diagnostic phase across all tumour groups is a key objective of the Cancer Improvement Programme in 19/20 and should result in further improvements in the 62 Day standard.

Referral to Treatment:

- September 2019 incomplete performance was 84.80% with the total waiting list increasing by 760 patients. There were no patients waiting more than 52 weeks at the end of September 2019 and none are anticipated at the end of October 2019.
- Outpatient activity in September 2019 significantly increased compared to July 2019 and August 2019 following a period of increased annual leave within the specialty teams. This resulted in a significant reduction in the number of patients waiting over 40 weeks from 94 at the end of August 2019 down to 74 at the end of September 2019. Plans to have no patients waiting over 40 weeks by April 2020 are on track.
- Weekly theatre activity targets have been set, including the minimum number of lists running per week and number of patients per list. These are being monitored at the Planned Care Access meeting.
- Recovery plans are in place for low performing specialties with a focus on demand and capacity analysis and prioritising productivity improvements.

Diagnostic waiting times:

- Performance for September 2019 for DM01 reportable tests improved to 98.18% compared to 95.92% in August 2019.

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- The Endoscopy position is improving however cancer pressures continue which impacts on the capacity to support DMO1 recovery. An additional Colorectal Consultant is in post from October 2019 and Gastro Consultant post is out to advert with the interview planned for December 2019.
- Additional Cystoscopy capacity has helped clear the waiting list for this test to only 6 over 6 weeks at the end of September 2019. Performance above target is expected from October 2019 as a result.

Healthcare Associated Infections:

- 3 cases of clostridium difficile infections (CDI) were attributed to the Trust in September 2019 with 19 cases year to date.
- There were no cases of MRSA bacteraemia attributed to BTHFT in September 2019 with one case year to date.

Other exceptions:

- Transient Ischaemic Attack (TIA) performance was below standard in August 2019 at 50%. This has recovered in September 2019 at 61.54%.
- There were no same day cancelled operations re-booked beyond the 28 day limit in September 2019 following 1 in August 2019.
- The average number of Delayed transfers of care in September 2019 increased to 16.70 above the target of 12.44. An increase of 6.02 from August 2019 (10.68).

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 all meeting national targets.					

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"/>

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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"/>

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APPENDIX 1

PERFORMANCE REPORT FOR THE PERIOD SEPTEMBER 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

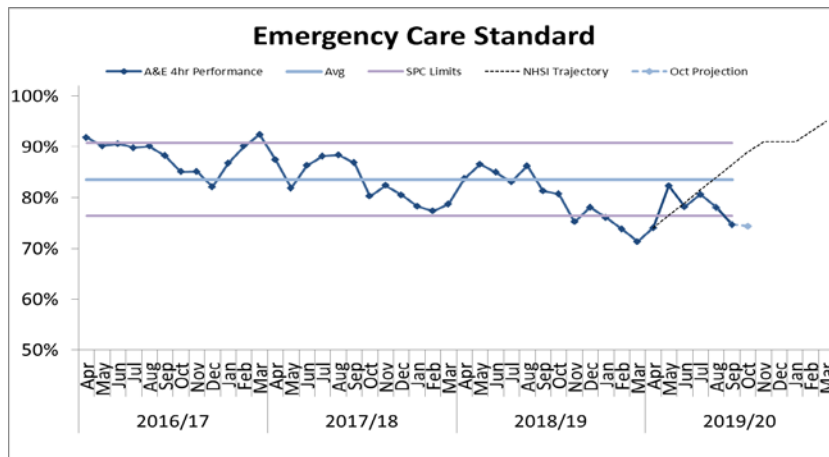
Table 1: Headline KPI Summary

Section	Headline KPI	Latest Month	Trajectory/ Target	Performance	3 month Trend
3	Emergency Care Standard	Sep-19	86.05%	74.67%	↓
4	Ambulance Handover 30-60	Sep-19	72	85	→
4	Ambulance Handover 60+	Sep-19	15	24	↓
5	Length of Stay ≥21days	Sep-19	62	71	↑
6.1	Cancer 2 Week Wait	Aug-19	93.00%	92.15%	→
6.2	Cancer 62 Day First Treatment	Aug-19	85.00%	81.31%	↓
7	RTT Incomplete	Sep-19	92.00%	84.80%	↑
8	Diagnostics Waiting Times	Sep-19	99.00%	98.18%	↑
9.1	C Difficile Infections	YTD	15	19	↑
9.2	MRSA Bacteraemia	YTD	0	1	→
10	Exceptions				

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3. Emergency Care Standard (Type 1&3)

Figure 1: Monthly ECS Performance – BTHFT



The Foundation Trust reported a position of 74.67% for the month of September 2019.

Performance for October 2019 is currently projected at 75.22%.

Figure 2: ECS Performance – National Comparison

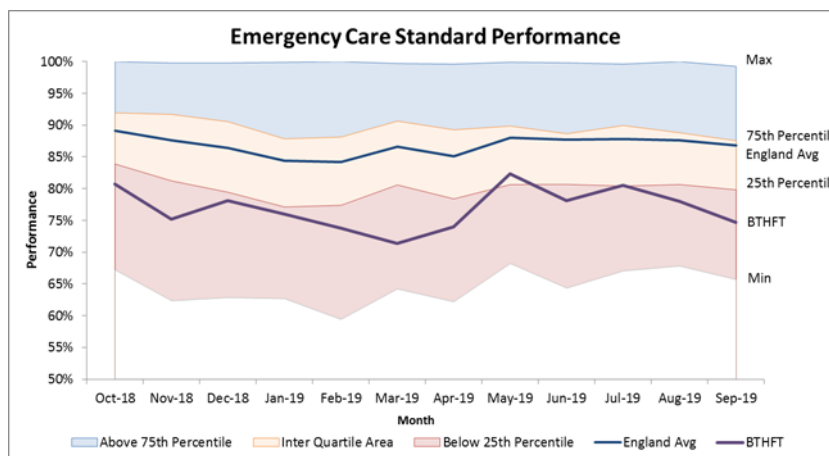
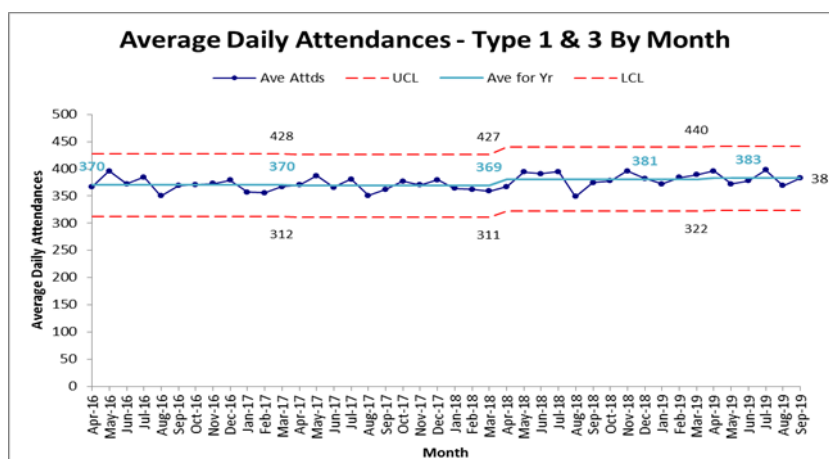


Figure 2 shows a comparison of ECS performance for acute trusts in England. Performance in September 2019 remains below the lower quartile.

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



Daily average attendances for September 2019 were 383 which is an increase of 14 patients per day compared with August 2019. The average year to date position is 382.

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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 with Local Care Direct and GP fill rates have improved in September 2019 to 93%. The process of diverting patients to the Out of Hours (OOH) GP service by utilising 4 dedicated and unused appointment slots from 10PM commenced on 15-October-2019.
- Navigation/Simple Stream Nurse and Major's Consultant roles are fully implemented. Further ECIST training sessions on simple streaming are planned to take place on 21st and 29th of October 2019. The SOP for the Clinical Coordinator role is complete and will be implemented from November 2019.
- Three new ED consultants have been recruited; two are in post and third to commence in January 2020. A fourth post will be re-advertised in January 2020. Further recruitment of ED nurses and ENPs is underway with aim to be fully established by January 2020.
- The Same Day Emergency Care pathways for Pulmonary Embolism (PE), Chest Pain, Cellulitis and Headache are operational in ACU. Recruitment in support of blue zone has been completed and a business case for the physical build is underway. Abscesses pathway for Surgical SDEC is underway and the Trust is participating in the Surgical Ambulatory Emergency Care Accelerator programme.

In addition there are four system wide work streams being developed which aim to reduce attendances to ED, admission avoidance and support early discharges:

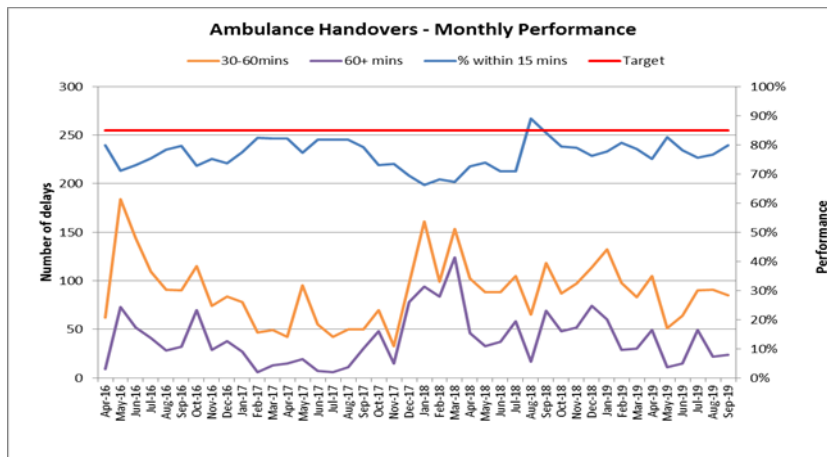
- Frailty
- Mental Health
- Respiratory
- Working age adults

The Frailty work-stream conducted a work as one week pilot during the week commencing 07-October-2019, with outcomes under review, whilst the others are in initial scoping and set up phases.

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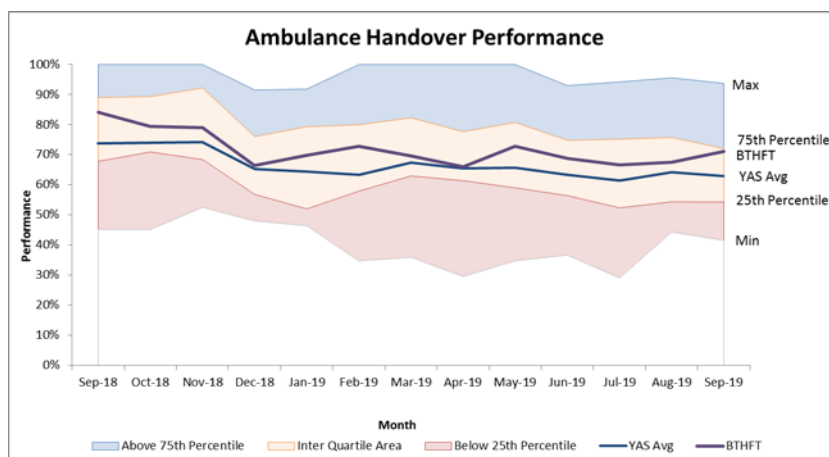
4. Ambulance Handover Performance

Figure 4: Ambulance Handovers – Attributable to BTHFT



September 2019 shows an improvement in the number of handovers between 30 and 60 minutes compared with August 2019. The number of handovers over 60 minutes remains stable in August and September 2019, which is a significantly improved position compared to July 2019.

Figure 5: Ambulance Handovers – Yorkshire Comparison



September 2019 ambulance handover benchmarking data, supplied by the Yorkshire Ambulance Service (YAS), shows BTHFT continuing to perform 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

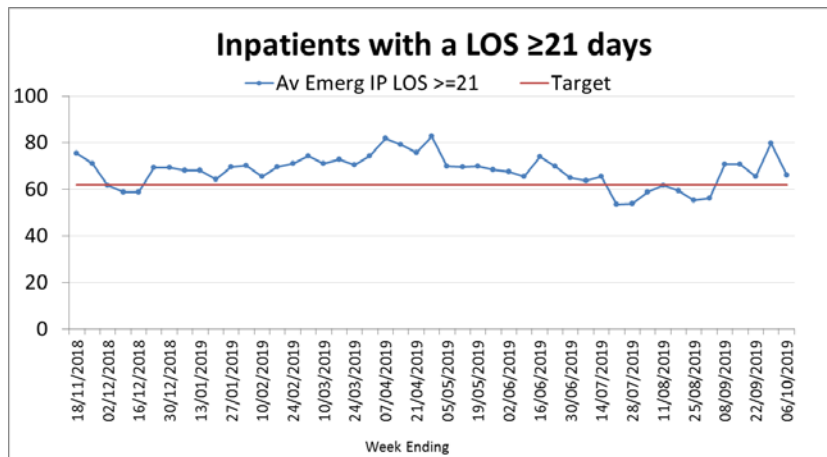
Bi-monthly operational meetings with YAS are in place to work collaboratively on improvement and communication. Registration support in the ambulance assessment area from 08.00-20.00 has been in place since 16th September 2019 and the YAS screen has been moved to ED nursing area to ensure that all incoming ambulances are easily visualised and also the 15 minute clock can be recognised and responded to in a more timely manner. These steps have contributed to the improvement in performance.

ECIST training sessions on 21st and 28th October 2019 to include streaming in Ambulance assessment area and process will be fully implemented once nursing recruitment is complete.

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

Figure 6: Inpatient Length of Stay ≥21 days – BTHFT



The number of patients with a LOS over 21 days increased in September 2019 with an average of 71 patients per day compared to a daily average of 58 patients in August 2019.

This increase was due to the percentage of beds occupied by DTOC patients increasing from 1.62% in August to 2.48% in September 2019.

Long Length of Stay Improvement

A weekly multi-disciplinary review of patients with a length of stay over 14 days remains 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 and advise on additional action required.

The MAIDT team is providing continuous support by working closely with local authority and private agencies in-order to reduce the number of DTOC patients awaiting home care packages.

The Emergency Care Intensive Support Team (ECIST) reporting tool continues to be used. The data produced from the ECIST reporting tool is now formally reported to NHSI on weekly basis. Weekly and monthly review of dashboard is now in place and will start to identify ward specific actions and areas that require additional support.

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6. Cancer Standards

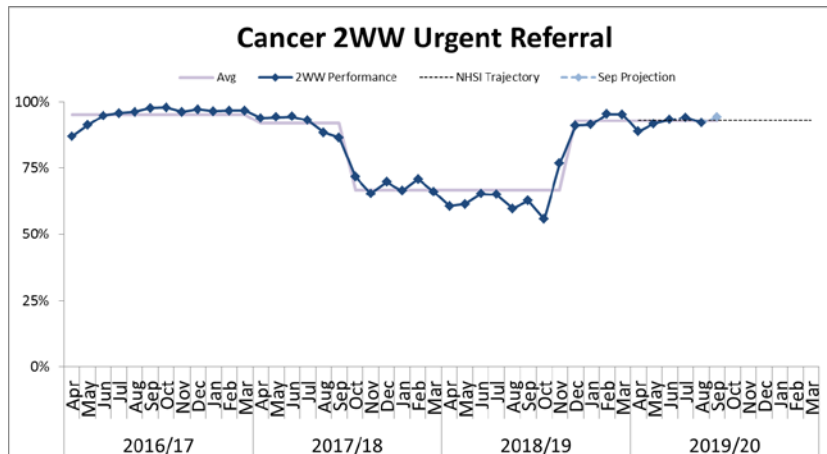
All standards were achieved for August 2019 except for 14 day GP referral for all suspected cancers and 62 day GP referral to treatment. All standards are predicted to be achieved in September 2019 except for 62 day GP referral to treatment.

Table 2: Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
14 day GP referral for all suspected cancers	93%	59.7%	62.6%	55.8%	76.6%	91.1%	91.4%	95.4%	95.2%	88.8%	91.7%	93.2%	94.1%	92.1%	94.2%
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%	84.7%	86.6%	84.8%	90.6%	90.2%	89.9%	88.0%	93.0%	98.1%	97.8%	99.3%	97.1%	97.8%	97.2%
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%	100.0%
31 day subsequent surgery treatment	94%	96.3%	97.6%	94.6%	95.0%	77.8%	80.0%	86.8%	83.3%	100.0%	94.6%	97.9%	97.6%	94.3%	94.9%
62 day GP referral to treatment	85%	62.5%	68.3%	62.3%	61.7%	70.3%	73.2%	63.9%	71.7%	88.1%	81.9%	82.03%	85.84%	81.31%	78.9%
62 day screening referral to treatment	90%	95.3%	93.9%	83.9%	78.0%	97.2%	82.5%	95.8%	100.0%	94.9%	93.9%	93.8%	93.9%	100.0%	90.0%
62 day consultant upgrade to treatment		57.1%	33.3%	78.6%	33.3%	82.4%	68.0%	40.0%	100.0%	100.0%	72.7%	84.6%	84.6%	85.7%	92.0%

6.1. Cancer 2 Week Wait (2WW)

Figure 7: Cancer 2WW (for urgent referrals) performance (Target 93%)



The 2WW performance for August 2019 was reported below target at 92.15% due to capacity issues in Lower GI linked to a period of high sickness. Capacity has been increased and as a result September performance is expected to recover above target at 94.16%.

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Figure 8: 2WW National Comparison – BTHFT

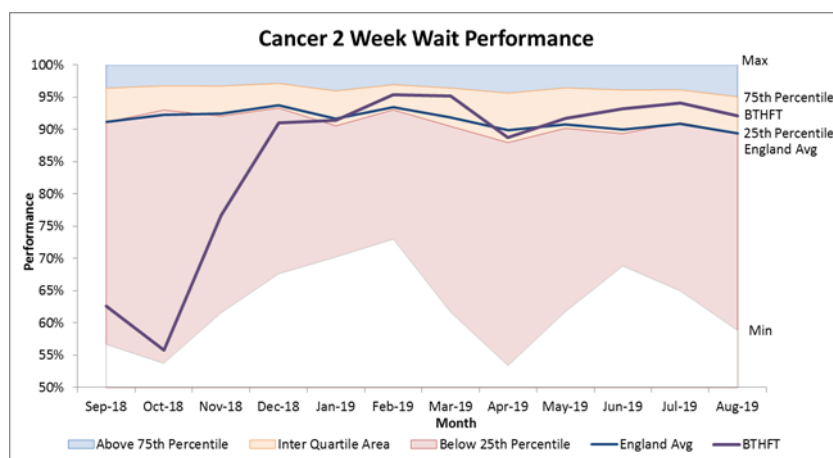


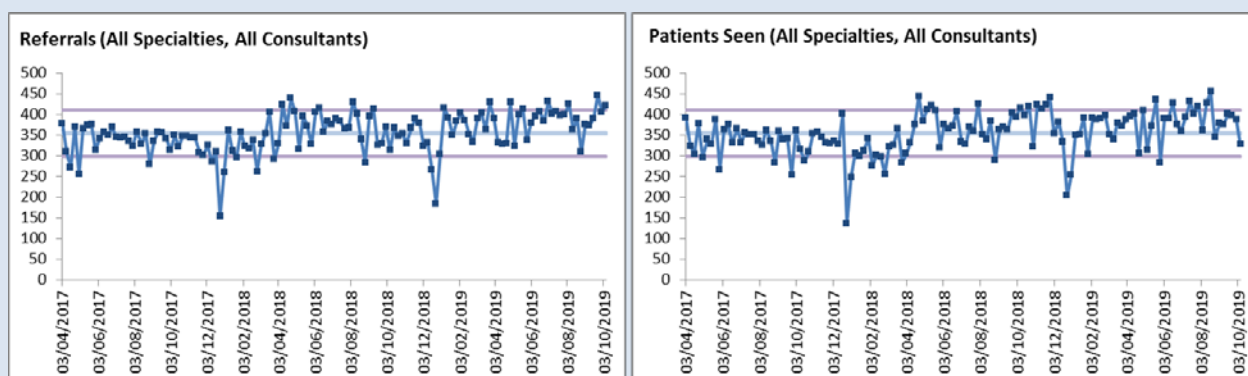
Table 3: 2WW Performance by Tumour Group

Site	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
TRUST	55.8%	76.6%	91.1%	91.4%	95.4%	95.2%	88.8%	91.7%	93.2%	94.1%	92.1%	94.2%
Brain/CNS	90.9%	100.0%	92.9%	100.0%	87.5%	100.0%	100.0%					
Breast	93.7%	93.4%	93.5%	94.8%	94.8%	90.4%	64.6%	78.6%	91.6%	91.0%	97.4%	99.1%
Children	35.3%	66.7%	83.3%	100.0%	91.7%	90.9%	92.3%	94.1%	100.0%	100.0%	88.9%	
Gynae	95.2%	95.9%	90.5%	94.6%	96.1%	100.0%	96.7%	98.0%	96.7%	94.5%	95.2%	96.0%
Haematology	85.7%	95.5%	92.9%	96.6%	87.5%	100.0%	95.5%	95.2%	100.0%	95.0%	100.0%	100.0%
Head & Neck	94.7%	92.6%	93.9%	93.3%	97.7%	98.1%	97.0%	96.4%	93.5%	96.3%	97.9%	95.3%
Lower GI	81.0%	79.8%	85.3%	81.3%	95.4%	95.3%	91.7%	86.7%	89.3%	93.5%	70.3%	87.6%
Lung	100.0%	97.2%	96.4%	100.0%	100.0%	100.0%	95.5%	100.0%	97.1%	100.0%	100.0%	100.0%
Other	100.0%	82.6%	100.0%	89.3%	100.0%	76.9%	95.2%	95.2%	91.3%	100.0%	83.3%	
Skin	7.6%	56.7%	98.8%	97.0%	97.0%	95.7%	96.0%	98.1%	94.4%	94.8%	93.3%	92.3%
Testicular												
Upper GI	78.9%	87.7%	88.1%	87.5%	92.2%	95.0%	92.7%	94.1%	91.0%	90.6%	91.3%	92.2%
Urology	31.5%	48.4%	75.7%	81.2%	92.4%	98.9%	97.8%	99.3%	98.4%	97.7%	100.0%	99.2%

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 9: 2WW Referrals and Patients Seen



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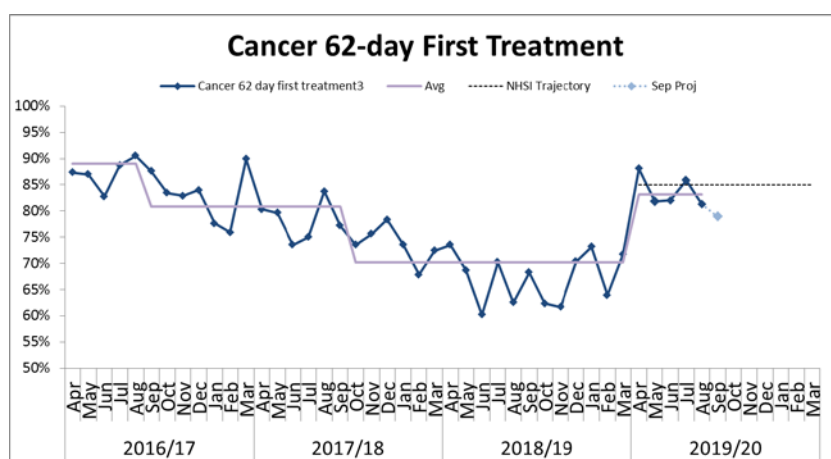
Figure 9 shows a reduction in referrals from the middle of August up to the middle of September 2019, however referrals have significantly increased since the second half of September 2019. Skin referrals have remained above average in September 2019 following a +40% increase in July and early August 2019. This higher demand in Skin was met with increased capacity in but the standard is expected to be narrowly missed in September 2019.

Lower GI referrals increased by +39% since late September 2019. This has impacted on recovery despite the service returning to full establishment following a period of high sickness absence in July and August 2019. An additional Colorectal Consultant started in early October 2019 which will support improvements in Endoscopy straight to test wait times.

Upper GI referrals also remain high with a +30% increase since September 2019 compared to early 2019. A recovery plan is in place to provide additional activity to match the demand however extra capacity will be required to reduce the waiting list in order to achieve the target.

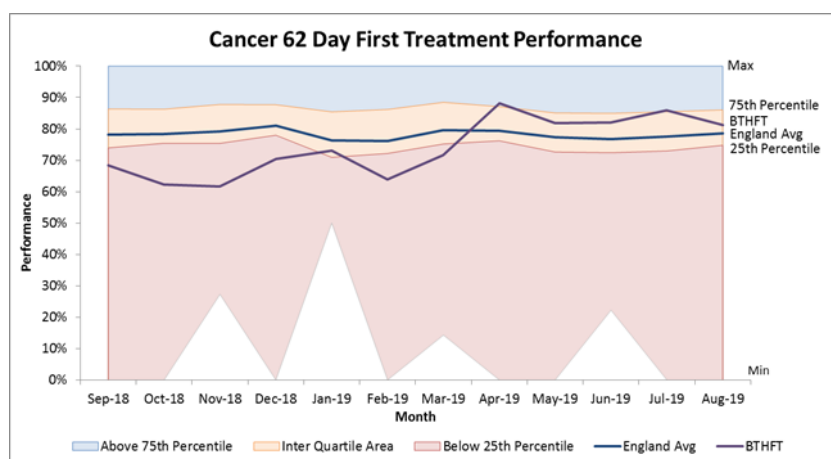
6.2. Cancer 62 day First Treatment

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



The 62-day First Treatment position is below standard at 81.31% for August 2019 and is predicted to remain below target in September 2019 at 78.9%.

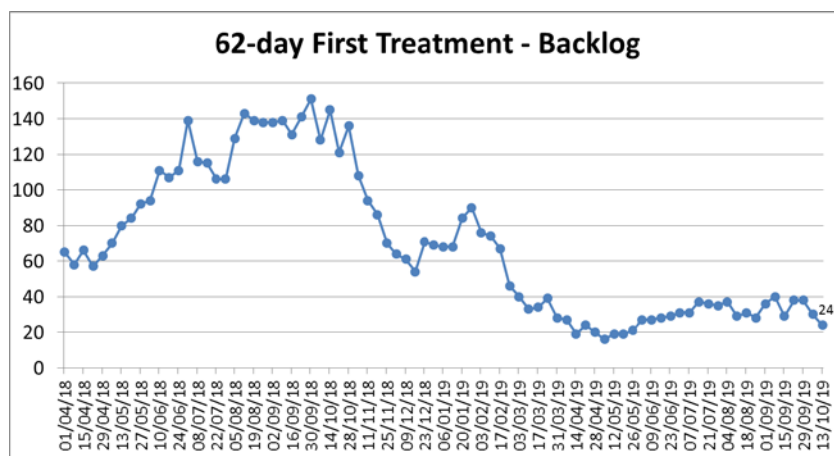
Figure 11: 62 Day First Treatment performance – National Comparison



BTHFT performance in August 2019 was above the England average.

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Figure 12: Patients Waiting Over 62 Days



The backlog has significantly decreased in the past few weeks down to 24 this week, mostly as a result of increased activity in Lower GI.

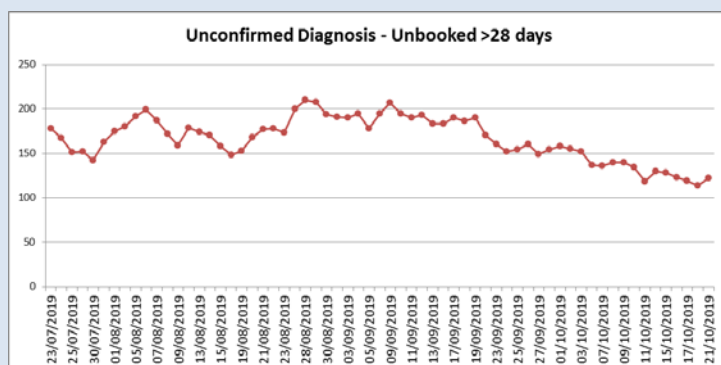
Table 4: 62 Day First Treatment performance by Tumour Group

Site	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
TRUST	62.3%	61.7%	70.3%	73.2%	63.9%	71.7%	88.1%	81.9%	82.0%	85.8%	81.3%	78.9%
Brain/CNS	100.0%		100.0%									
Breast	100.0%	100.0%	83.3%	100.0%	88.2%	100.0%	100.0%	89.7%	100.0%	91.7%	90.7%	92.9%
Children												
Gynae	76.9%	100.0%	80.0%	83.3%	66.7%	100.0%	60.0%	100.0%	100.0%	66.7%	100.0%	50.0%
Haematology	60.0%	46.2%	25.0%	66.7%	58.8%	43.8%	80.0%	60.0%	75.0%	83.3%	77.8%	100.0%
Head & Neck	64.7%	100.0%	66.7%	81.8%	50.0%	20.0%	100.0%	66.7%	26.3%	37.5%	81.8%	20.0%
Lower GI	16.7%	10.5%	63.6%	73.3%	73.3%	36.4%	64.7%	76.9%	71.4%	81.3%	57.1%	100.0%
Lung	71.4%	33.3%	80.0%	50.0%	50.0%	62.5%	60.0%	60.0%	80.0%	81.8%	52.9%	100.0%
Other	0.0%	0.0%	0.0%	0.0%		100.0%	100.0%	60.0%	66.7%	25.0%	0.0%	
Skin	92.9%	77.2%	90.9%	91.8%	83.0%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%
Testicular		100.0%	100.0%	100.0%								
Upper GI	12.5%	57.1%	66.7%	63.6%	70.0%	75.0%	100.0%	50.0%	33.3%	100.0%	62.5%	28.6%
Urology	26.0%	38.2%	46.2%	50.0%	36.8%	58.7%	75.9%	72.3%	83.3%	76.1%	81.0%	63.4%

Cancer 62 Day Improvements

62 Day performance deteriorated since August 2019 as a result of patients waiting over 62 days being treated.

Figure 13: Number of patients without a confirmed diagnosis and no treatment date



Ongoing improvements in the diagnostic phase following a reduction in radiology reporting turnaround times can be seen on Figure 13 as the number of patients without a confirmed diagnosis and no treatment date reduces.

Ongoing delays in the Urology pathway linked to capacity issues in Clinical Oncology and for

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robotic surgery continue to impact the Urology position. A recovery plan is in place and progress is being monitored through weekly meetings. The surgical position is expected to recover by mid-November 2019 while talks with Leeds to increase Clinical Oncology capacity are ongoing.

6.3. Cancer Inter-Provider Transfers

The Trust performance remained below the 85% target but continues to improve up to 77.55% in August 2019 following further improvements in the diagnostic phase.

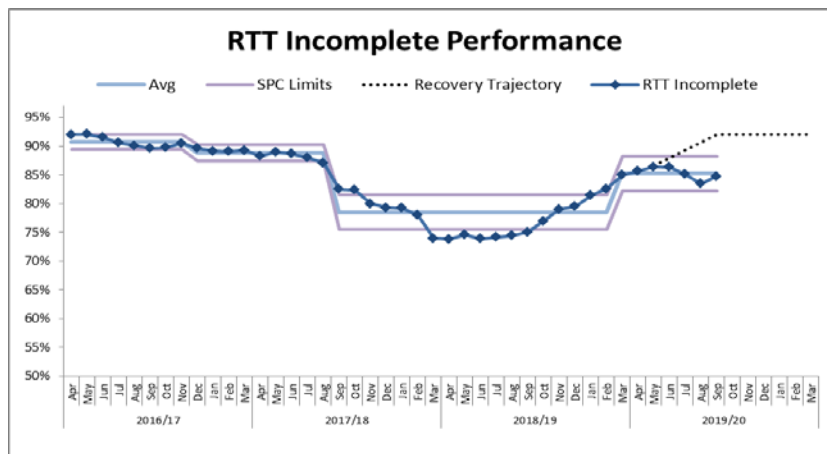
Pathway reviews are ongoing across all tumour groups to support improvement in performance and a reduction in diagnostic delay. Supported by the Diagnostic Optimisation programme, this should also help improve the Trust's IPT performance.

Table 5: Cancer IPT performance

Month	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Referred <38 days	27	34	25	26	38	19	18	36	25	10	21	38
Total	43	69	35	40	60	35	36	51	43	27	32	49
Performance	62.8%	49.3%	71.4%	65.0%	63.3%	54.3%	50.0%	70.6%	58.1%	37.0%	65.6%	77.6%

7. Referral to Treatment (RTT) Incomplete

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



The Trust's RTT position for September 2019 was 84.80% (20,360 / 24,010) which represents an improvement compared to August 2019.

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Figure 15: RTT Incomplete National Indicator – BTHFT

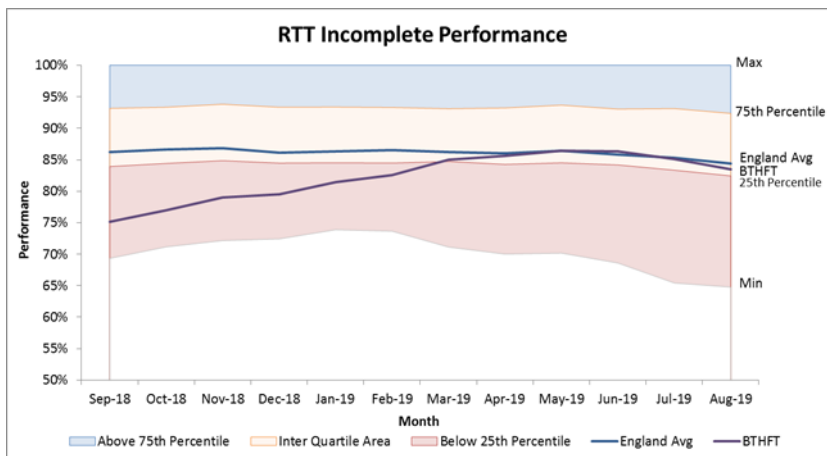
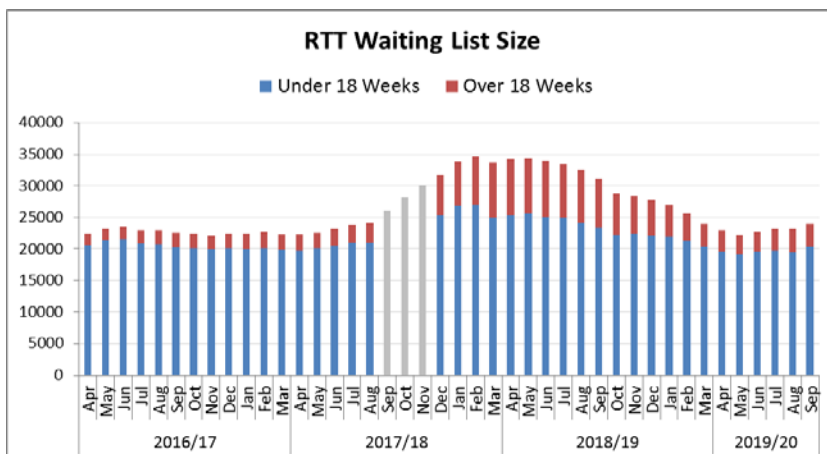


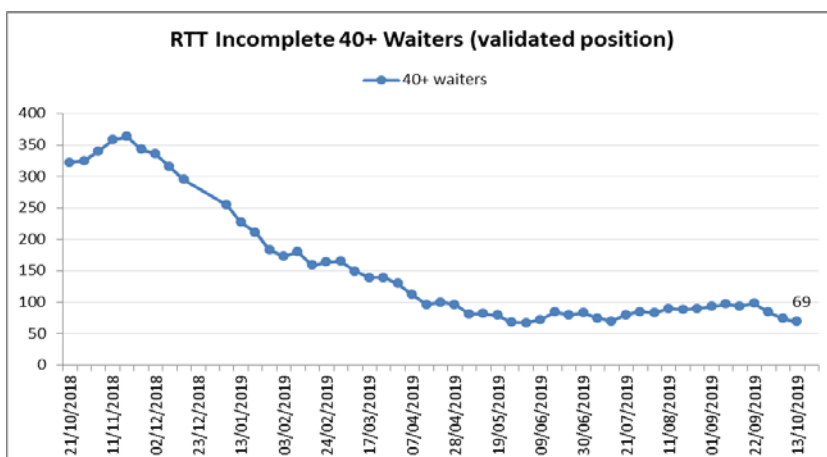
Figure 15 shows a comparison of national RTT Incomplete performance for August 2019. BTHFT was just below the England average.

Figure 16: RTT Total Waiting List



The overall waiting list increased by 760 patients in September 2019 compared to August 2019.

Figure 17: RTT Incomplete ≥40 Weeks



The number of patients waiting over 40 weeks has reduced in recent weeks as a result of increased activity in September 2019.

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

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RTT Incomplete Improvement

Outpatient activity in September 2019 increased compared to July 2019 and August 2019 following a period of high annual leave within the specialty teams. CBU teams are monitoring activity levels on a weekly basis to ensure that these remain above required levels for the remainder of 2019/20.

Respiratory Medicine, General Surgery, ENT, Pain Management, Urology and Neurology were previously highlighted as requiring improvements as part of the new RTT escalation process implemented at the weekly Planned Care Access meeting and continue to be provided additional support through fortnightly meetings. These meetings focus on demand & capacity analysis and waiting list management.

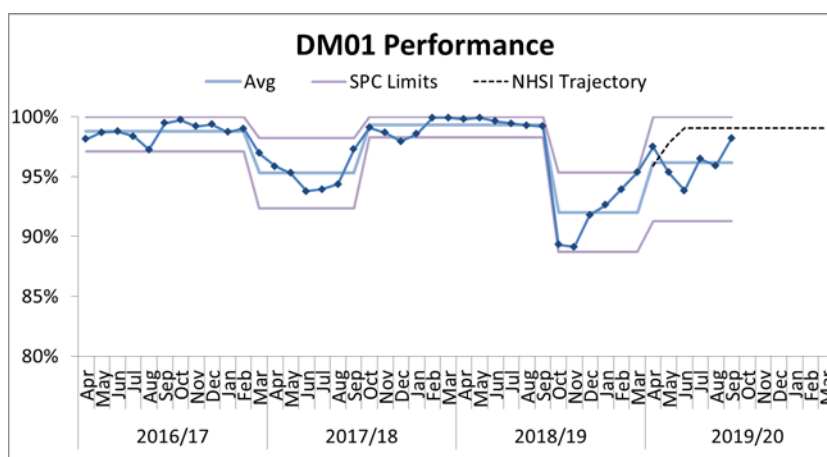
Other improvement work-streams are ongoing and focus on outpatient and theatre productivity, capacity and demand management, booking and scheduling, waiting list review and validation, standardised clinical harm review, and training support.

Several projects to reduce routine follow ups in General Surgery, Ophthalmology, ENT and Urology continue as part of the Outpatient Improvement Programme and should reduce the new to follow up ratio and support RTT improvements by freeing consultant capacity. The implementation of GP assist and e-consult in partnership with the CCG should result in a reduction in referrals and in the number of patients being discharged at first appointment.

The Theatre Improvement Project continues to support theatre scheduling in order to improve the number of lists running and the number of patients treated per list. Weekly theatre activity targets have been set and are being monitored weekly at the Planned Care Access meeting.

8. Diagnostic waiting times

Figure 18: Monthly DM01 Performance



September 2019 performance increased to 98.18% with the 108 breaches due to ongoing capacity issues in Endoscopy.

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Figure 20: Diagnostics - National Comparison

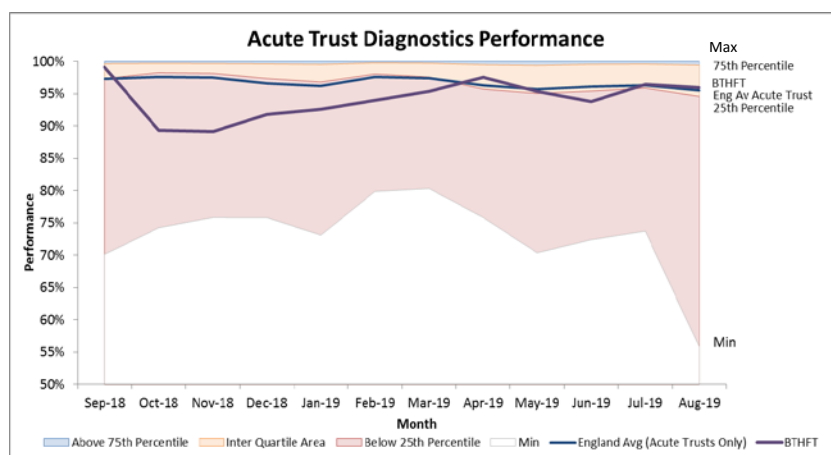


Figure 20 shows a national comparison of Diagnostic performance for August 2019. BTHFT was performing above the England Average of 95.48%.

Table 6: Diagnostic Performance by Modality

Diagnostic Waiting List			Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	Projected
Specialty		Performance	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Endoscopy	Colonoscopy	Waiting >6 weeks	155	178	158	107	39	40	56	18	43	36	30
		Total waiting	329	387	435	329	261	316	355	253	352	307	301
		% within 6 weeks	52.89%	54.01%	63.68%	67.48%	85.06%	87.34%	84.23%	92.89%	87.78%	88.27%	90.03%
	Flexi Sig	Waiting >6 weeks	71	44	30	19	6	10	23	9	15	6	6
		Total waiting	114	104	106	120	71	92	124	78	102	106	106
		% within 6 weeks	37.72%	57.69%	71.70%	84.17%	91.55%	89.13%	81.45%	88.46%	85.29%	94.34%	94.34%
	Cystoscopy	Waiting >6 weeks	118	132	153	105	80	196	260	133	111	6	0
		Total waiting	282	260	284	178	182	316	390	337	283	203	197
		% within 6 weeks	58.16%	49.23%	46.13%	41.01%	56.04%	37.97%	33.33%	60.53%	60.78%	97.04%	100.00%
	Gastroscopy	Waiting >6 weeks	195	129	97	95	46	56	84	57	81	58	46
		Total waiting	419	360	416	370	342	388	443	522	393	403	380
		% within 6 weeks	53.46%	64.17%	76.68%	74.32%	86.55%	85.57%	81.04%	89.08%	79.39%	85.61%	87.89%
All Other Modalities	Waiting >6 weeks	12	0	2	0	0	4	2	2	1	2	0	
	Total waiting	5499	5438	6015	6032	5980	5471	5564	5038	5026	4910	5000	
	% within 6 weeks	99.78%	100.00%	99.97%	100.00%	100.00%	99.93%	99.96%	99.96%	99.98%	99.96%	100.00%	
Trust Total	Waiting >6 weeks	551	483	440	326	171	306	425	219	251	108	82	
	Total waiting	6643	6549	7256	7029	6836	6583	6876	6228	6156	5929	5984	
	% within 6 weeks	91.71%	92.62%	93.94%	95.36%	97.50%	95.35%	93.82%	96.48%	95.92%	98.18%	98.63%	

DM01 Improvement

The Endoscopy position is improving however cancer pressures continue which impacts on the capacity to support DM01 recovery. Administrative validation continues and an additional Colorectal Consultant is in post from October 2019. A Gastro Consultant post was recently approved and is out to advert with the interview planned for December 2019. These roles will help cover the capacity gap identified using the IST model.

Additional cystoscopy capacity provided through ad hoc session uptake and productivity gains from the move to WWP have helped clear the backlog for this test to only 6 over 6 weeks at the end of September 2019. Performance above target is expected from October as a result.

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9. Healthcare Associated Infections

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

3 CDI cases have been attributed to BTHFT in September 2019. 19 have been apportioned to the Trust so far in 2019/20.

The increase in cases continues to be related to the changes to the CDI reporting algorithm for the 2019/20 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

Table 7: MRSA Performance

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

No cases of MRSA were apportioned to the Trust in September 2019, while one case was apportioned to the Trust in July 2019. 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 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.

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10. Other indicators by exception

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

10.1. Transient Ischaemic Attack (TIA)

Table 8: TIA Performance

TIA Performance	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Treated within 24 hrs	7	8	5	5	9	7	4	4	6	10	7	8
Patients with TIA	16	11	10	12	14	20	6	7	16	20	14	13
Performance	44%	73%	50%	42%	64%	35%	66.67%	57.1%	37.5%	50.0%	50.0%	61.5%

TIA performance for September 2019 was above the threshold for the first time since April. Weekend referrals continue to present problems due to lack of clinics and there being no Doppler service provided Medical Physics at the weekend. The service is currently working with Airedale to develop a business case for a 7-day TIA service between the two Trusts.

10.2. Stroke

Table 9: Stroke Performance

Stroke performance	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
=>90% on stroke unit	49	46	41	35	42	35	36	38	30	28	29	30
Pts admitted for Stroke	50	54	41	47	51	48	44	46	32	33	37	31
Performance	71.7%	83.0%	90.5%	66.1%	82.6%	69.6%	81.8%	82.6%	93.8%	84.8%	78.4%	96.8%

Last month's reported performance was for August (which included discharges up to 23/08/2019) was 82.6%; however, following availability of data for the complete month, the revised position is now 78.4%. Performance for September currently stands at 96.8%.

The deterioration in August 2019 was due to capacity gaps for stroke responders resulting in late diagnosis and lack of HASU beds. The Stroke team have recognised these underlying causes, and meet weekly to address capacity and patient pathway issues. The team is currently working on providing a dedicated Stroke Responder service and also recruiting into AHP and pharmacy roles. This will help improve patient care during acute stages and rehabilitation leading to reduced length of stay.

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10.3. Same Day Cancelled Operations rebooked beyond 28 days

Table 10: 28 day breaches

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

There were no same day cancelled operations re-booked beyond the 28 day limit in September 2019 following one in August 2019.

10.4. Delayed Transfer of Care

Table 11: Average number of patients delayed transfer of care

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Delayed Transfer of Care - Average per day	6.26	6.80	5.35	8.10	10.04	7.87	9.13	5.55	8.70	9.81	10.68	16.70
Target	12.44	12.44	12.44	12.44	12.44	12.44	12.44	12.44	12.44	12.44	12.44	12.44

The daily average number of DTOC patients in September 2019 was 16.70 which is an increase from August 2019's position of 10.68. This was due to the lack of capacity in the area for home care packages.

The MAIDT team is working closely with social services to identify any suitable patients that could be transferred to an interim local authority bed pending commencement of the home care package. Patient's packages are being reviewed to see if the care package originally assessed for is still required.

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APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Sep-19	95.00%	86.50%	74.67%
Emergency Inpatient Length Of Stay >=21days	Sep-19	62	62	71
Cancer 2 week wait	Aug-19	93.00%	93.05%	92.15%
Cancer 2 week wait - breast symptomatic	Aug-19	93.00%	100.00%	100.00%
Cancer 31 day First Treatment	Aug-19	96.00%	96.24%	97.78%
Cancer 31 day Subsequent Surgery	Aug-19	94.00%	96.67%	94.29%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Aug-19	98.00%	100.00%	100.00%
Cancer 38 day Inter Provider Transfer	Aug-19	85.00%	85.00%	77.55%
Cancer 62 day First Treatment	Aug-19	85.00%	86.02%	81.31%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Aug-19	90.00%	90.91%	100.00%
Diagnostics - patients waiting under 6 weeks for test	Sep-19	99.00%	99.10%	98.18%
RTT - Patients waiting within 18 weeks on incomplete pathways	Sep-19	92.00%	91.99%	84.80%
Mixed-sex accommodation breach	Sep-19	0	0	0
Cancelled Operations 28 day breach	Sep-19	0	0	0
National Quality Requirement	Month	Threshold	Trajectory Target	Performance
Infection Control - MRSA Bacteraemia	Sep-19	0	0	0
Infection Control - C difficile infections	Sep-19	2.5	0	3
RTT - Patients waiting over 52 weeks on incomplete pathways	Sep-19	0	0	0
Ambulance handovers taking between 30-60 minutes	Sep-19	0	72	85
Ambulance handovers taking longer than 60 minutes	Sep-19	0	15	24
Waits in A&E not longer than 12 hours	Sep-19	0	0	0
Urgent operation cancelled for a second time	Sep-19	0	0	0
VTE risk assessment	Sep-19	95.00%	95.00%	96.59%
Duty of candour breaches	Sep-19	0	0	0
Quality Requirement	Month	Threshold	Trajectory Target	Performance
DTOC - Average daily number	Sep-19	12.44	12.44	16.70
Stroke - patients who spend at least 90% of their time on a stroke unit	Sep-19	80.00%	80.00%	96.77%
% TIA higher risk cases who are treated within 24 hours	Sep-19	60.00%	60.00%	61.50%
Early Pregnancy Awareness: Patients presenting within 12wks 6days	Sep-19	90.00%	90.00%	94.63%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	Sep-19	90.00%	90.00%	90.91%
TOPS - Number of ToPs that were offered screening for Chlamydia	Sep-19	100.00%	100.00%	100.00%
TOPS - Number of ToPs that were screened for Chlamydia	Sep-19	95.00%	95.00%	100.00%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	Sep-19	95.00%	95.00%	98.94%
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.	Sep-19	95.00%	95.00%	98.44%
TOPS - Number of women provided with contraception after surgical TOP	Sep-19	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to CASH	Sep-19	100.00%	100.00%	100.00%