

Meeting Title	Board of Directors Open		
Date	9 January 2020	Agenda item	Bo.1.20.33

PERFORMANCE REPORT – FOR THE PERIOD NOVEMBER 2019

Presented by	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive	
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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	18/12/2019
Key Options, Issues and Risks		
This report provides an overview of performance against several key national and contractual indicators as at the end of November 2019.		
Analysis		
Emergency Care Standard (ECS):		
<ul style="list-style-type: none">ECS Performance for Type 1 and 3 attendances was 73.41% for November 2019 against a trajectory of 91%. The performance for 2019/20 YTD is 76.63%.ECS Performance for Type 1, 2 and 3 attendances was 77.10% for November 2019. The performance for 2019/20 YTD is 80.11%.Daily huddles and the manager of the day role remain in place to review the previous day, closely monitor performance in the Emergency Department and resolve any issues that are having negative impact.The Frailty work stream is underway and the number of referrals from ED to elderly virtual ward has improved from 46 in October 2019 to 55 in November 2019.Same day emergency care (SDEC) pathways are actively being supported by the SDEC Matron, Nurse Navigation and Major's Consultant roles. 363 patients were referred to ACU from ED in November 2019 compared to a monthly average of 306 YTD.		
Ambulance Handovers:		
<ul style="list-style-type: none">Performance for handovers within 15 minutes was 75.35% in November 2019.Handover delays between 30 and 60 minutes has improved from 98 in October to 93 in November 2019, and delays above 60 minutes have improved from 44 in October 2019 to 37 in November 2019.Following period of sickness in October 2019, the administrative cover in the ambulance assessment was restored in November 2019 and has had a positive impact on ambulance handover performance.		
Long Length of Stay (Stranded Patients):		
<ul style="list-style-type: none">The daily average number of patients with a length of stay ≥21 days in November 2019 was 76 compared to 55 in October 2019.The November position was impacted by capacity within homecare packages and intermediate care. The Multi-agency Integrated Discharge Team (MAIDT) continues to work closely with social services and community hospitals to address the issues.There has also been large number of not medically fit patients requiring further clinical intervention and specialist opinion. A “work as one” week to focus on improving patient flow across all wards and		

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implementation of the model ward round commenced 09-December-2019.

Cancer 2WW:

- The Cancer 2 Week Wait (2WW) standard was above target in October 2019 at 96.03%. November 2019 is projected to remain above standard at 96.34% as a result of further improvements in the Upper GI position.
- From April to November 2019 the number of referrals received by the Trust increased by 3% (380 referrals) compared to the same period last year whilst the number of patients seen within the 2WW standard increased by 51% (4,303 patients).

Cancer 62 Day:

- The Cancer 62 Day First Treatment standard was below target in October 2019 at 80.32%. Performance for November 2019 is expected to remain below target as a result of high treatment numbers for patients waiting over 62 days.
- From April to October 19, the number of patients with confirmed cancer treated by the Trust increased by 8% (56 patients) compared to the same period whilst the number of patients treated within the 62 Day standard increased by 24% (116 patients).
- The number of patients waiting over 62 days has reduced during November, particularly within Urology and whilst the increased treatment numbers negatively impact November performance the improved position will enable future compliance.

Referral to Treatment:

- November 2019 incomplete performance was 85.28%. There are no patients waiting more than 52 weeks at the end of November 2019 and none are anticipated at the end of December 2019.
- New activity and theatre trackers were released in November 2019 which will support improvement before year-end. Recovery plans remain in place for low performing specialties with a focus on demand and capacity analysis and prioritising productivity improvements.
- Specialties are also focusing on additional capacity to reduce the waiting times for non RTT follow up appointments which will increase the timescales for RTT performance improvement.

Diagnostic waiting times:

- Performance for November 2019 for DM01 reportable tests is 97.36% compared to 96.55% in October 2019, although there are ongoing capacity issues in endoscopy. An additional Gastro Consultant is being recruited and is expected to start in the Q4 2019/20 with Locum cover during December 2019.

Healthcare Associated Infections:

- 0 cases of clostridium difficile infections (CDI) were attributed to the Trust in November 2019 with 21 cases year to date.
- There were 0 cases of MRSA bacteraemia attributed to BTHFT in November 2019 with 2 cases year to date.

Other exceptions:

- The daily average number of delayed transfers of care patients has improved in November 2019 at 9.37 compared to 13.32 in October 2019.
- Transient Ischaemic Attack (TIA) performance has deteriorated to 26.7% in November 2019 compared to 45.5% in October 2019.

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- Early Pregnancy Awareness, patients presenting post 12wks 6days dropped below the 90% target in November 2019 to 87.2%.

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"/>

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:

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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 NOVEMBER 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

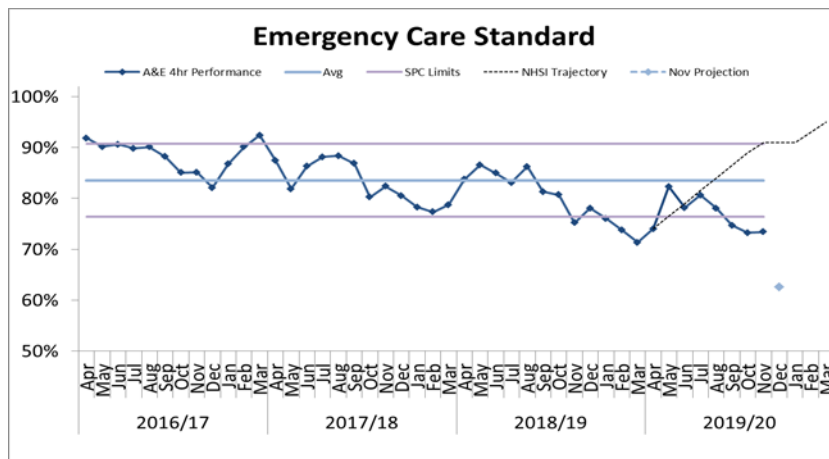
Table 1: Headline KPI Summary

Section	Headline KPI	Latest Month	Trajectory/ Target	Performance	3 month Trend
3	Emergency Care Standard	Nov-19	91.00%	73.41%	→
4	Ambulance Handover 30-60	Nov-19	48	93	→
4	Ambulance Handover 60+	Nov-19	5	37	→
5	Length of Stay ≥21days	Nov-19	62	76	↑
6.1	Cancer 2 Week Wait	Oct-19	93.00%	96.03%	↑
6.2	Cancer 62 Day First Treatment	Oct-19	85.00%	80.32%	↑
7	RTT Incomplete	Nov-19	92.00%	85.28%	↑
8	Diagnostics Waiting Times	Nov-19	99.00%	97.36%	→
9.1	C Difficile Infections	YTD	20	21	→
9.2	MRSA Bacteraemia	YTD	0	2	→
10	Exceptions				

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3. Emergency Care Standard (Type 1&3)

Figure 1: Monthly ECS Performance – BTHFT



BTHFT reported a position of 73.41% for the month of November 2019.

Figure 2: ECS Performance – National Comparison

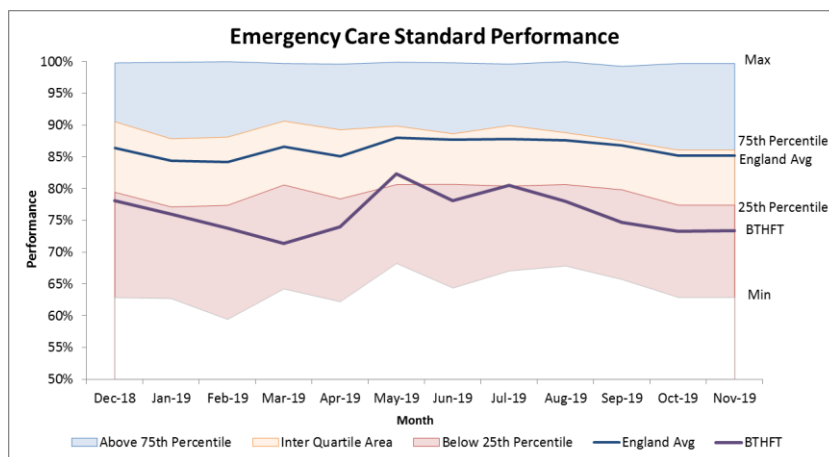
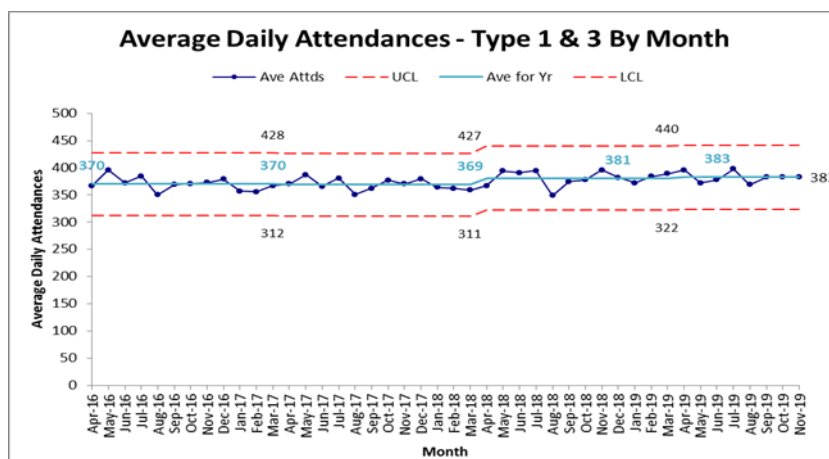


Figure 2 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance in November 2019 remains below the lower quartile.

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



Daily average attendances for November 2019 were 383 – the same as the daily average for September and October 2019 and for YTD 2019/20.

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ECS Improvement

The Emergency Care Improvement Programme continues with focus on extension of front desk streaming, increasing same day emergency care and streamlining of vulnerable patients.

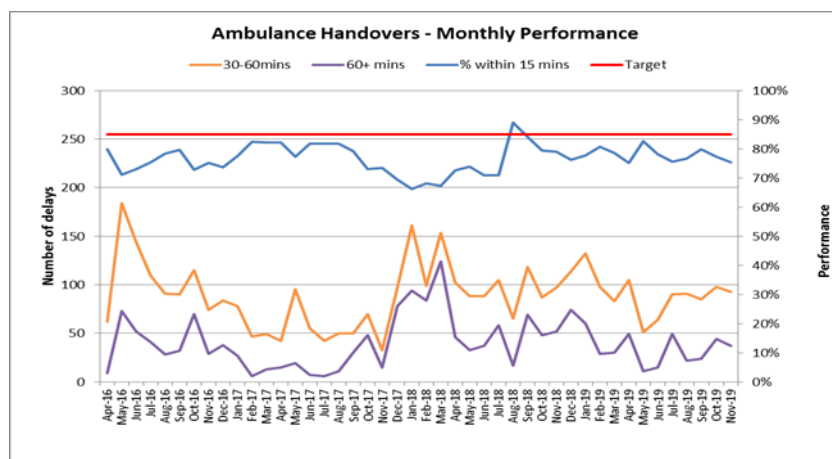
- In response to a high number of Minor Injury attendances on Monday's, a senior decision maker is allocated to Green Zone for Monday's to improve flow and ensure that patients with minor injuries/illness are not diverted to Major's.
- Continuous improvement in the Major's Consultant and Nurse in charge roles is ongoing to develop consistency in practices for each shift in Amber Zone.
- Navigation Nurse role remains in place. Work is underway to extend streaming to ambulance assessment area. ECIST training sessions on simple streaming have taken place to upskill existing and newly recruited nursing staff on streaming and the Same Day Emergency Care (SDEC) Matron is to continue with rolling out this training to ED staff to improve the streaming of patients to alternative routes.
- 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.
- Matron for SDEC is in post and is providing support to all medical and surgical SDEC schemes. The SDEC pathways for Pulmonary Embolism (PE), Chest Pain, Cellulitis and Headache are operational in ACU and the development of Community Acquired Pneumonia and Atrial Fibrillation pathways is underway. Physical capacity of ACU and SAU has been increased by adding more chairs to the unit. The design team for development of Blue Zone has been appointed and the project will be out to tender in April 2020.
- A delivery group for the frailty work stream has been established with the aim to reduce attendance to ED and admission avoidance of elderly patients. The group is working on number of schemes including improvement in pathway for ED referrals to elderly virtual ward, Care of the elderly (COE) consultant to also provide weekly input into surgical MDT to support LOS reduction in elderly patients who have had surgical procedures. .

A manager of the day role has been in place since 05-November-2019 during weekdays from 10am to 5pm to direct the ED department and to sustain ECS performance. Daily safety huddles are also in place with the consultant and nurse in charge, matron and manager of the day reviewing performance taking appropriate actions in relation to this.

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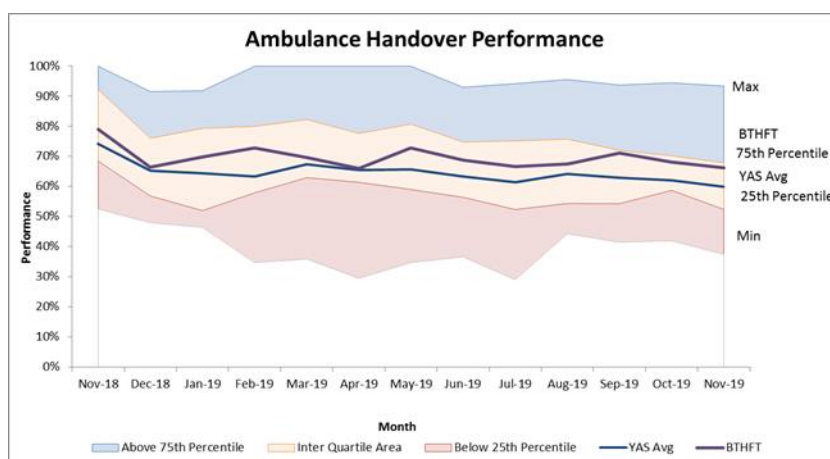
5. Ambulance Handover Performance

Figure 4: Ambulance Handovers – Attributable to BTHFT



The number of handovers over 30 minutes and over 60 minutes reduced slightly in November compared with October 2019.

Figure 5: Ambulance Handovers – Yorkshire Comparison



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

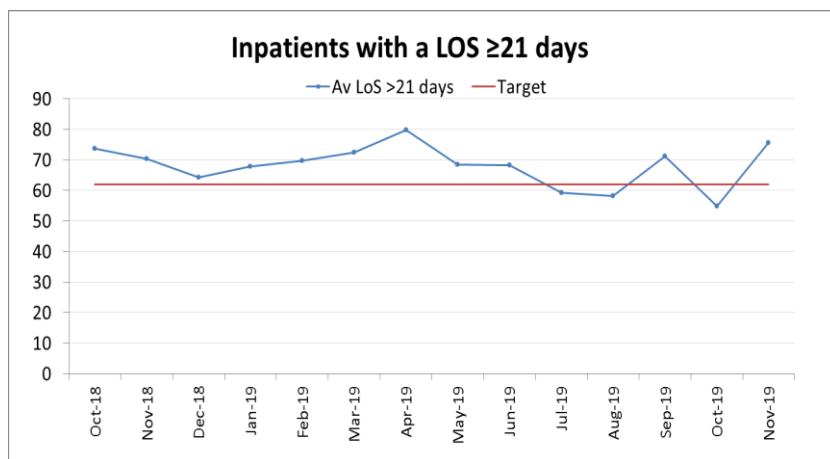
Bi-monthly operational meetings with YAS are in place to work collaboratively on improvement and communication. Registration support in the ambulance assessment area from 08.00-20.00 has resumed on 04-November-2019 following a period of staff sickness and has had a positive impact on performance.

Work is underway to extend streaming to the ambulance assessment area. ECIST training sessions on simple streaming have taken place to upskill existing and newly recruited nursing staff on streaming.

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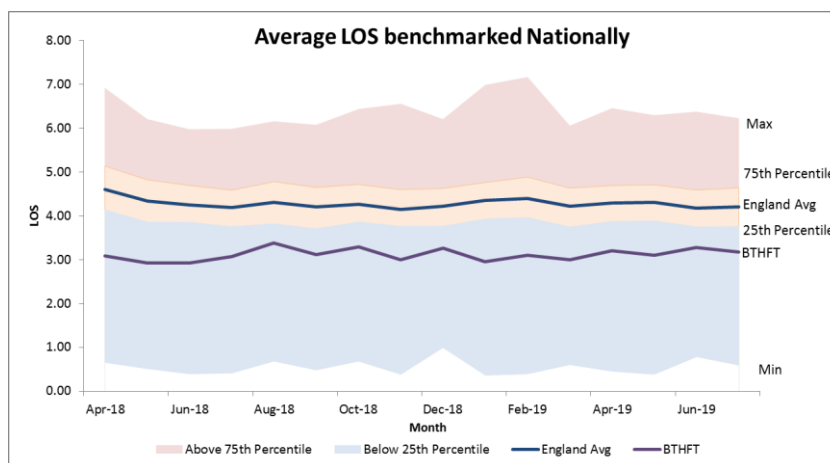
6. Inpatient Length of Stay (LOS) ≥ 21 days

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



The number of patients with a LOS over 21 days has increased significantly in November 2019 with an average of 76 patients per day compared to a daily average of 55 patients in October 2019.

Figure 7: Length of Stay– National Comparison



LOS benchmarking data from HED shows that the trust has remained below the national average since April 2018.

The Trusts LOS for July 2019 was 3.17 days compared to national average of 4.21 days.

Long Length of Stay Improvement

Ongoing initiatives to sustain and improve the position for number of patients above 21 days LOS:

- Weekly multi-disciplinary (MDT) review of patients with a length of stay over 14 days
- Weekly oversight meeting including Director of Operations and the Clinical Director for the Command Centre to review the outputs of the MDT meeting and advise on additional action required
- The Emergency Care Intensive Support Team (ECIST) reporting tool continues to be used

In addition to the above initiatives a weekly and monthly review of the long LOS dashboard is now in place and is identifying ward specific actions and areas that require additional support.

A “work as one” week to focus on improving patient flow across all wards and implementation of the model ward round commenced on 09-December-2019.

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7. Cancer Standards

Table 2: Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
14 day GP referral for all suspected cancers	93%	55.8%	76.6%	91.1%	91.4%	95.4%	95.2%	88.8%	91.7%	93.2%	94.1%	92.1%	94.1%	96.0%	96.3%
14 day breast symptomatic referral	93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	0.0%			75.0%	80.0%
31 day first treatment	96%	84.8%	90.6%	90.2%	89.9%	88.0%	93.0%	98.1%	97.8%	99.3%	97.1%	97.8%	96.6%	98.0%	94.7%
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%	98.6%	100.0%
31 day subsequent surgery treatment	94%	94.6%	95.0%	77.8%	80.0%	86.8%	83.3%	100.0%	94.6%	97.9%	97.6%	94.3%	95.2%	98.0%	93.0%
62 day GP referral to treatment	85%	62.3%	61.7%	70.3%	73.2%	63.9%	71.7%	88.1%	81.9%	82.03%	85.84%	81.31%	78.7%	80.3%	76.1%
62 day screening referral to treatment	90%	83.9%	78.0%	97.2%	82.5%	95.8%	100.0%	94.9%	93.9%	93.8%	93.9%	100.0%	89.8%	87.1%	88.9%
62 day consultant upgrade to treatment		78.6%	33.3%	82.4%	68.0%	40.0%	100.0%	100.0%	72.7%	84.6%	84.6%	85.7%	91.3%	100.0%	75.0%

All standards have been achieved for October 2019 except for 14 day breast symptomatic referral, 62 day GP referral to treatment and 62 day screening referral to treatment.

All standards are predicted to be achieved in November 2019 except for 31 day first treatment, 31 day subsequent surgery treatment, 62 day GP referral to treatment and 62 day screening referral to treatment.

The 62 Day screening fail for October 2019 relates to 4 patients with 3 delays attributable to capacity issues in endoscopy (further details on endoscopy recovery in 7.1.).

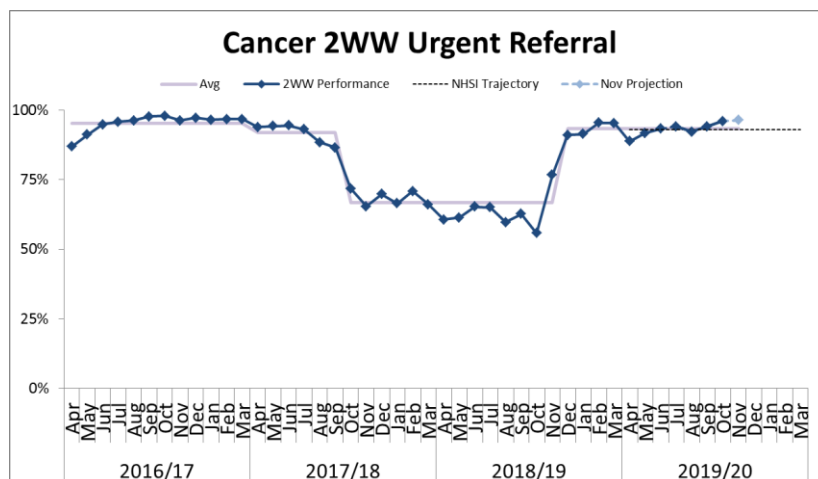
The 14 day breast symptomatic fail relates to 1 breach out of 3 patients. The 1 breach was due to the patient having been admitted acutely for an unrelated illness during the 2-week period following referral.

The 14 day standard for GP referrals (Cancer 2 Week Wait) and the 62 day treatment standard for GP referrals are explored in more detail in the remainder of this section.

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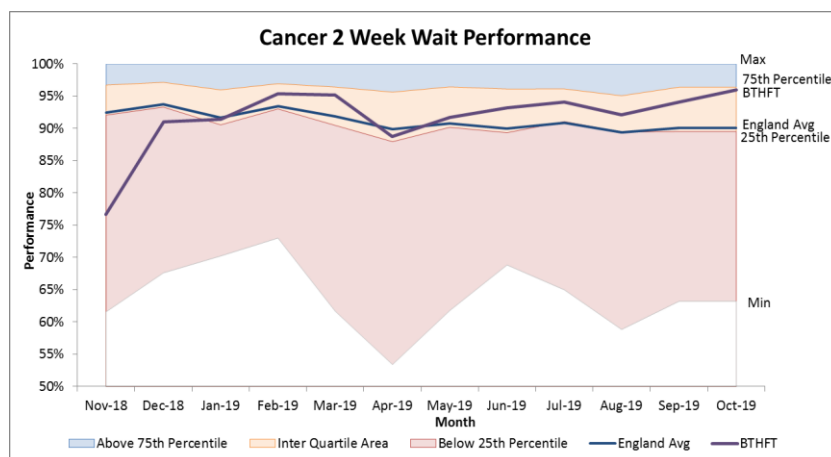
7.1. Cancer 2 Week Wait (2WW)

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



The 2WW performance for October 2019 is above target at 96.03%. Performance for November 2019 is expected to improve further to 96.34%.

Figure 9: 2WW National Comparison – BTHFT



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

Table 3: 2WW Performance by Tumour Group

Site	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
TRUST	91.4%	95.4%	95.2%	88.8%	91.7%	93.2%	94.1%	92.1%	94.1%	96.0%	96.3%
Breast	94.8%	94.8%	90.4%	64.6%	78.6%	91.6%	91.0%	97.4%	99.1%	100.0%	94.4%
Gynae	94.6%	96.1%	100.0%	96.7%	98.0%	96.7%	94.5%	95.2%	96.0%	96.8%	97.9%
Haematology	96.6%	87.5%	100.0%	95.5%	95.2%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%
Head & Neck	93.3%	97.7%	98.1%	97.0%	96.4%	93.5%	96.3%	97.9%	95.2%	99.5%	98.4%
Lower GI	81.3%	95.4%	95.3%	91.7%	86.7%	89.3%	93.5%	70.3%	87.6%	91.5%	92.9%
Lung	100.0%	100.0%	100.0%	95.5%	100.0%	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%
Other	89.3%	100.0%	76.9%	95.2%	95.2%	91.3%	100.0%	83.3%	96.4%	100.0%	91.3%
Skin	97.0%	97.0%	95.7%	96.0%	98.1%	94.4%	94.8%	93.3%	92.1%	98.0%	99.7%
Upper GI	87.5%	92.2%	95.0%	92.7%	94.1%	91.0%	90.6%	91.3%	92.1%	76.4%	91.5%
Urology	81.2%	92.4%	98.9%	97.8%	99.3%	98.4%	97.7%	100.0%	99.2%	99.2%	97.7%

All tumour groups are above the 93% target in October 2019 with the exception of Lower GI and Upper GI which relates to increased demand in 2019/20 and short term capacity issues within Endoscopy impacting on straight to test pathways during Q3.

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Cancer 2WW Improvement

Weekly monitoring of 2WW performance continues at the Planned Care Access meeting, supported by the 2WW dashboard.

Figure 10: 2WW Referrals and Patients Seen

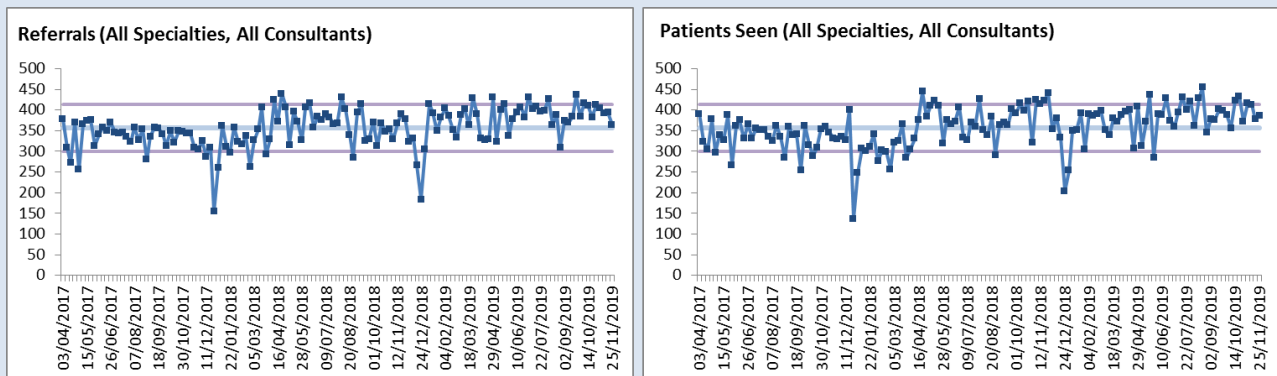


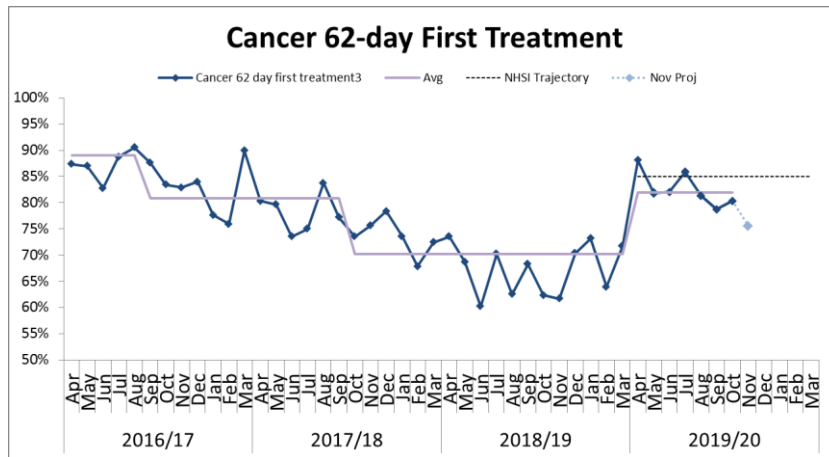
Figure 10 shows a +7% increase in referrals since June 2019 compared to the same period in 2018, representing 28 additional referrals per week. The most significant increase can be seen in Upper GI and Lower GI with growths of +17% and +8% respectively, increasing the demand on these services by 9 referrals per week.

A full review of Endoscopy Capacity and Demand has been completed and additional capacity agreed. A Colorectal Consultant started in early October 2019 which is supporting improvements in straight to test wait times for Lower GI. Recruitment of a Gastroenterology consultant is in progress and is being covered by Locum capacity from December 2019.

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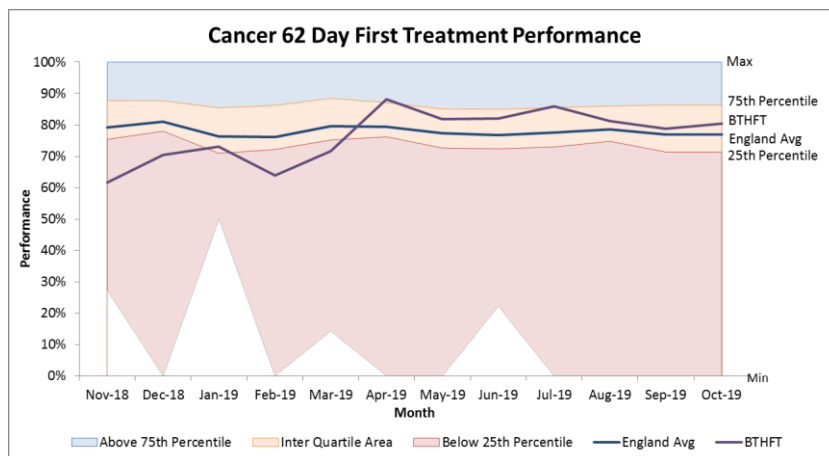
7.2. Cancer 62 day First Treatment

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



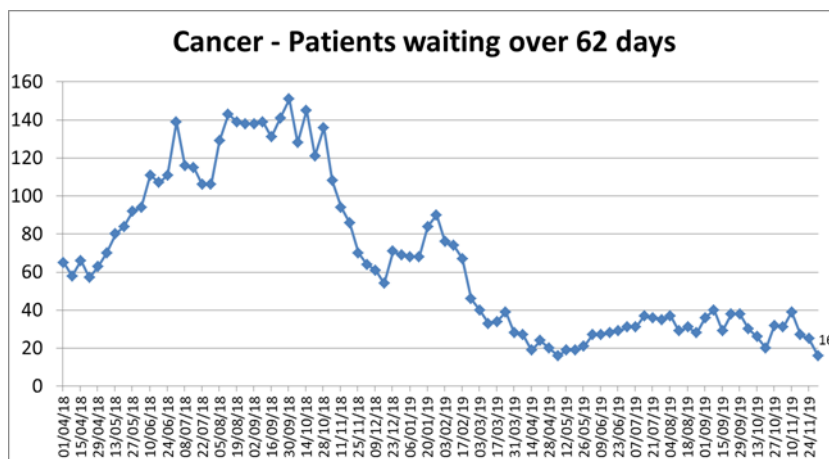
The 62 Day First Treatment position is below standard at 80.32% for October 2019 and is predicted to remain below target in November 2019 at 76.06%.

Figure 12: 62 Day First Treatment performance – National Comparison



BTHFT performance in October 2019 was above the England average.

Figure 13: Patients Waiting Over 62 Days



The number of patients waiting over 62 days decreased in November 2019 down to 16 patients as a result of long waiters being treated in Lower GI, Upper GI and Urology.

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Table 4: 62 Day First Treatment performance by Tumour Group

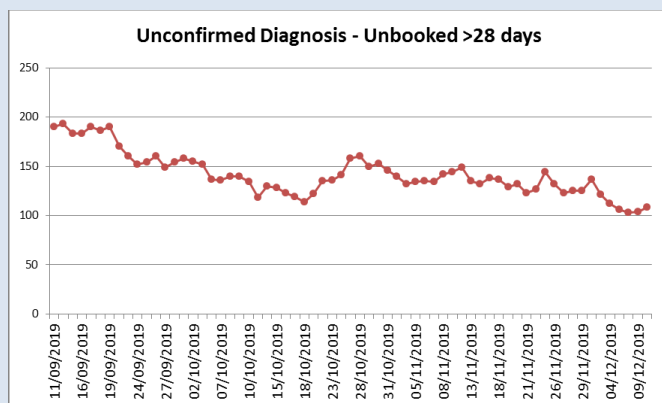
Site	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
TRUST	73.2%	63.9%	71.7%	88.1%	81.9%	82.0%	85.8%	81.3%	78.7%	80.3%	76.1%
Breast	100.0%	88.2%	100.0%	100.0%	89.7%	100.0%	91.7%	90.7%	92.9%	100.0%	88.2%
Gynae	83.3%	66.7%	100.0%	60.0%	100.0%	100.0%	66.7%	100.0%	66.7%	100.0%	75.0%
Haematology	66.7%	58.8%	43.8%	80.0%	60.0%	75.0%	83.3%	77.8%	100.0%	57.1%	66.7%
Head & Neck	81.8%	50.0%	20.0%	100.0%	66.7%	26.3%	37.5%	81.8%	22.2%	70.0%	66.7%
Lower GI	73.3%	73.3%	36.4%	64.7%	76.9%	71.4%	81.3%	57.1%	100.0%	71.4%	55.6%
Lung	50.0%	50.0%	62.5%	60.0%	60.0%	80.0%	81.8%	52.9%	100.0%	0.0%	66.7%
Other	0.0%		100.0%	100.0%	60.0%	66.7%	25.0%	0.0%		100.0%	33.3%
Skin	91.8%	83.0%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	96.9%
Testicular	100.0%										
Upper GI	63.6%	70.0%	75.0%	100.0%	50.0%	33.3%	100.0%	62.5%	28.6%	71.4%	50.0%
Urology	50.0%	36.8%	58.7%	75.9%	72.3%	83.3%	76.1%	81.0%	60.5%	52.9%	60.0%

Performance for a number of tumour groups has been impacted by complex pathways and patient decisions to delay treatment against low overall treatment numbers. Urology, Lower GI and Upper GI performance is of greatest concern due to the overall volume of patients waiting.

Cancer 62 Day Improvements

Cancer 62 Day performance has been deteriorating since August 2019 as a result of patients waiting over 62 days being treated.

Figure 14: Number of patients without a confirmed diagnosis and no treatment date



Ongoing improvements in the diagnostic phase can be seen on Figure 14 as the number of patients without a confirmed diagnosis and no treatment date continues to reduce.

This is as a result of reduced radiology reporting turnaround times and ongoing pathway improvements across all services.

Capacity issues in endoscopy are resulting in delays in diagnostic and treatment phases for Upper GI and Lower GI patients. The recruitment of an additional consultant and Locum cover from December 2019 will help improve this position.

Urology performance is expected to improve from December 2019 following increased treatment numbers in November 2019. Capacity issues in Clinical Oncology have been resolved; however additional clinics are required in order to reduce the waiting list size. Leeds Teaching Hospitals have secured an additional substantive consultant and will be able to provide extra capacity to this effect from February 2020.

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7.3. Cancer Inter-Provider Transfers

Table 5: Cancer IPT performance

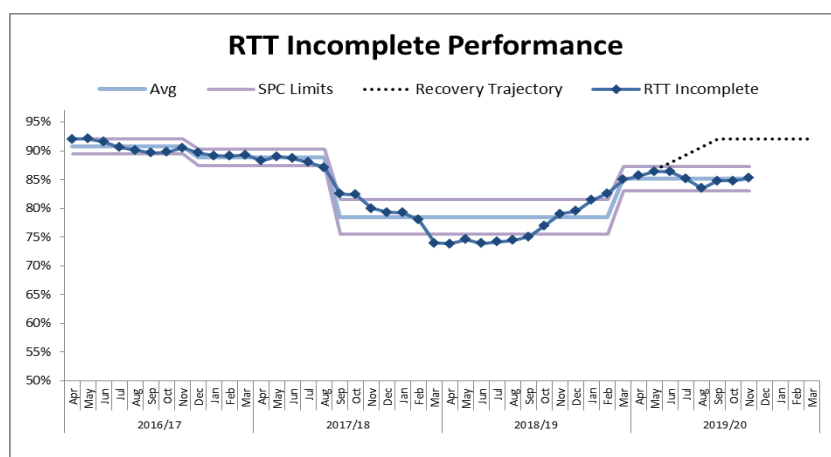
Month	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Referred <38 days	25	26	38	19	18	36	25	10	21	38	22	29
Total	35	40	60	35	36	51	43	27	32	49	29	43
Performance	71.4%	65.0%	63.3%	54.3%	50.0%	70.6%	58.1%	37.0%	65.6%	77.6%	75.9%	67.4%

The Trust performance remained high but below the 85% target at 67.4% in October 2019. This represents a continued improvement as a result of ongoing improvements in the diagnostic phase.

Pathway reviews are ongoing across all tumour groups to support improvement in performance by reducing delays. Further improvement in the first outpatient and diagnostic phases will improve the Trust's IPT performance.

8. Referral to Treatment (RTT) Incomplete

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



The Trust's RTT predicted position for November 2019 is 85.28% (22,928 / 26,886) which represents a stable position compared to October 2019 (84.76%).

Figure 16: RTT Incomplete National Indicator – BTHFT

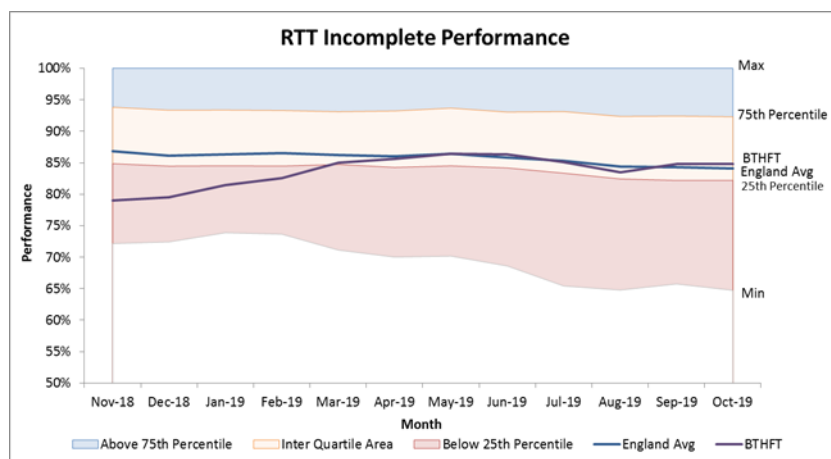
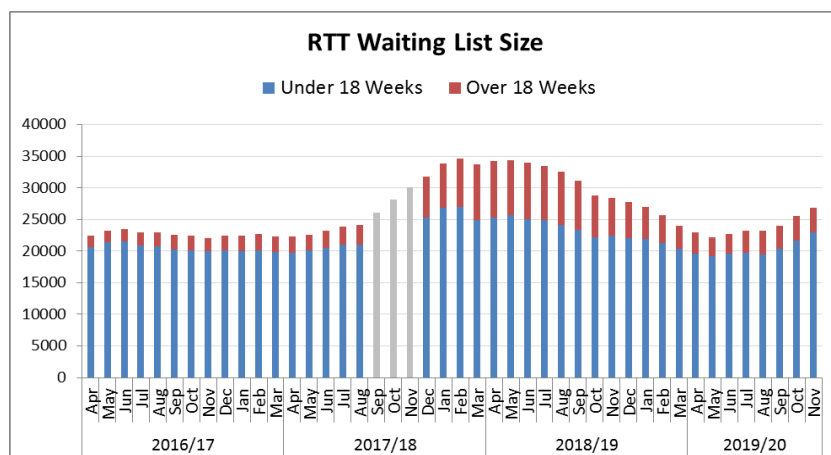


Figure 16 shows a comparison of national RTT Incomplete performance for October 2019.

BTHFT remains just above the England average.

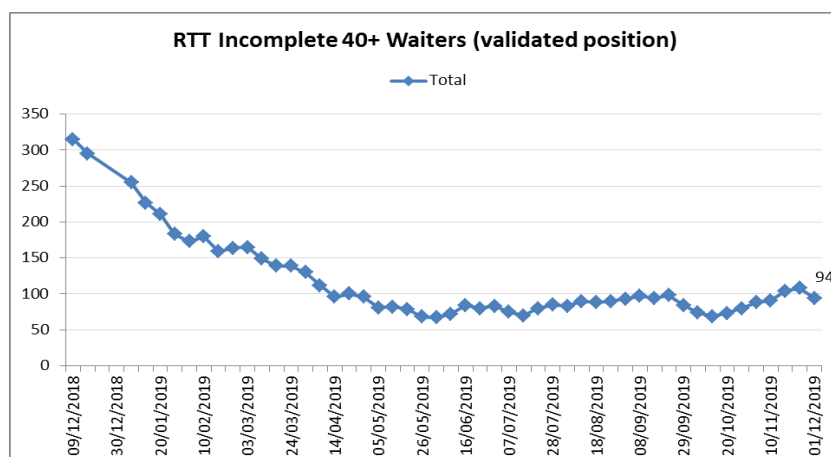
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Figure 17: RTT Total Waiting List



The overall waiting list has increase by 1,269 patients in November 2019 compared to October 2019.

Figure 18: RTT Incomplete ≥40 Weeks



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

The Trust has not reported any RTT Incomplete 52-week breaches since October 2018 and none are forecast for November 2019.

RTT Incomplete Improvement

The number of RTT clock starts has increased in September and October 2019. Outpatient and inpatient activity in October 2019 was in line with plan; however a reduction in clock stops has resulted in an increase in waiting list size and requires further investigation.

Revised activity trackers have been released to support operational teams to monitor performance against plan and focus additional activity to meet year end targets. Alongside the RTT dashboard, which provides insight across the various stages of an RTT journey, operational teams are now better equipped to manage performance on a weekly basis and take action as required.

Fortnightly meetings to provide targeted support and ensure existing plans will deliver improvement are in place for Clinical Haematology, Respiratory Medicine, General Surgery, Neurology, Oral Surgery, Pain Management, Urology, Paediatrics and ENT. Agreed actions which will support in year recovery are tracked centrally.

The Outpatient Improvement Programme is focusing on the following key initiatives which will support RTT through increased productivity: 1) implementing digital patient letters, ensuring timely

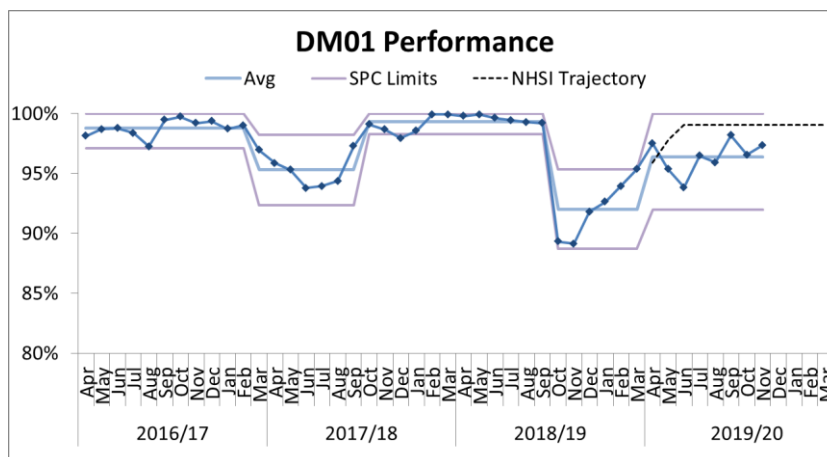
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and accurate receipt of appointment details; 2) expansion of E-Consult (Advice & Guidance) provision, offering treatment options to a patient's GP without the need to refer to OPD; 3) reducing the total numbers of patients on the follow up waiting list by reducing unnecessary variation in discharge practice and validating the longest waiters.

The Theatre Improvement Programme has recently been relaunched to improve programme management rigour with a focus on two main projects: Scheduling & Supply and Theatre Session Productivity. Session cancellation principles including a minimum no. of weekly sessions per specialty and patient per list targets have been agreed with all specialties and are being tracked through the Planned Care Access Meeting.

9. Diagnostic waiting times

Figure 19: Monthly DM01 Performance



November 2019 performance shows an improvement over October at 97.36% with 159 breaches due to ongoing capacity issues in Endoscopy.

Figure 20: Diagnostics - National Comparison

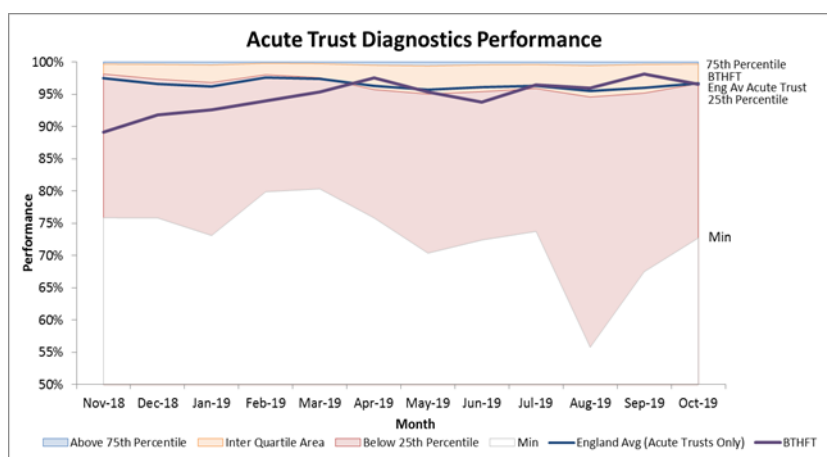


Figure 20 shows a national comparison of Diagnostic performance for October 2019. BTHFT was performing very slightly below the England Average of 96.73% at 96.55%

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Table 6: Diagnostic Performance by Modality

Latest Performance (Target = 99% Trajectory = Compliance from June 2019)													
Diagnostic Waiting List		Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	Validated	Projection
Specialty	Performance	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Endoscopy	Colonoscopy	Waiting >6 weeks	158	107	39	40	56	18	43	36	52	40	59
		Total waiting	435	329	261	316	355	253	352	307	349	340	359
		% within 6 weeks	63.68%	67.48%	85.06%	87.34%	84.23%	92.89%	87.78%	88.27%	85.10%	88.24%	83.57%
	Flexi Sig	Waiting >6 weeks	30	19	6	10	23	9	15	6	19	11	21
		Total waiting	106	120	71	92	124	78	102	106	113	105	115
		% within 6 weeks	71.70%	84.17%	91.55%	89.13%	81.45%	88.46%	85.29%	94.34%	83.19%	89.52%	81.74%
	Cystoscopy	Waiting >6 weeks	153	105	80	196	260	133	111	6	2	2	0
		Total waiting	284	178	182	316	390	337	283	203	179	183	180
		% within 6 weeks	46.13%	41.01%	56.04%	37.97%	33.33%	60.53%	60.78%	97.04%	98.88%	98.91%	100.00%
	Gastroscopy	Waiting >6 weeks	97	95	46	56	84	57	81	58	141	106	147
		Total waiting	416	370	342	388	443	522	393	403	364	386	427
		% within 6 weeks	76.68%	74.32%	86.55%	85.57%	81.04%	89.08%	79.39%	85.61%	61.26%	72.54%	65.57%
All Other Modalities	Waiting >6 weeks	2	0	0	4	2	2	1	2	0	0	0	
	Total waiting	6015	6032	5980	5471	5564	5038	5026	4910	5202	5006	5000	
	% within 6 weeks	99.97%	100.00%	100.00%	99.93%	99.96%	99.96%	99.98%	99.96%	100.00%	100.00%	100.00%	
Trust Total	Waiting >6 weeks	440	326	171	306	425	219	251	108	214	159	227	
	Total waiting	7256	7029	6836	6583	6876	6228	6156	5929	6209	6020	6081	
	% within 6 weeks	93.94%	95.36%	97.50%	95.35%	93.82%	96.48%	95.92%	98.18%	96.55%	97.36%	96.27%	

DM01 Improvement

The Endoscopy position has deteriorated due to increased demand on the unit and the short term loss of capacity. An additional Colorectal Consultant started at the beginning of November 2019 and a Gastro Consultant post is out to advert with the interview planned for December 2019. This vacancy has been covered by a Locum from 26-November-2019. These roles will help cover the capacity gap identified using the IST model and an options appraisal has been submitted to Trust SLT to agree the approach to waiting list reduction.

The Cystoscopy position continues to improve with only 2 patients waiting longer than 6 weeks at the end of November 2019 and none forecast for December 2019.

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10. Healthcare Associated Infections

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

Table 7: Number of C Difficile Infections

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Attributable C-diff Infections	1	2	4	5	4	3	2					
Trajectory	3	2	3	2	3	2	3	2	3	2	3	2

Zero C Difficile infections have been attributed to BTHFT in November 2019. 21 have been apportioned to the Trust so far in 2019/20 against a trajectory of 18. A PIR (post infection review) for each case has been undertaken with lessons learnt and action plans agreed with the relevant Clinical Business Unit.

10.2. MRSA Bacteraemia

Table 8: Number of MRSA Bacteraemia

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

Zero MRSA bacteraemia apportioned to the Trust in November 2019. Two cases have been apportioned year to date.

11. Other indicators by exception

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

11.1. Transient Ischaemic Attack (TIA)

Table 9: TIA Performance

TIA Performance	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Treated within 24 hrs	5	5	9	7	4	4	6	10	7	8	10	4
Patients with TIA	10	12	14	20	6	7	16	20	14	13	22	15
Performance	50%	42%	64%	35%	67%	57%	37.50%	50.0%	50.0%	61.5%	45.5%	26.7%

TIA performance in November 2019 has deteriorated significantly to 26.7% below the threshold of 60% due to reduced clinic capacity, patient choice and delays in processing the referrals.

The service will receive additional consultant capacity from Airedale Hospital from February 2020; this will support filling the capacity gap for TIA clinics. The service is also working with acute medicine for joint consultant post and with Airedale Hospital to develop a business case for a 7-day TIA service between the two Trusts.

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11.2. Delayed Transfer of Care (DTOC)

Table 10: Average number of patients delayed transfer of care

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Delayed Transfer of Care - Average per day	5.35	8.10	10.04	7.87	9.13	5.55	8.70	9.81	10.68	16.70	13.32	9.37
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 November 2019 was 9.37 which is an improvement from October 2019's position of 13.32. The lack of capacity in providing home care packages in a timely manner continues to be an issue.

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 on daily basis to see if the care package originally assessed for is still required.

11.3. Early Pregnancy Awareness

Table 12: Patients presenting post 12wks 6days

2018-19	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Seen <=12wk 6 days	373	477	407	367	435	406	390	411	401	370	435	395
Presented on time	380	487	425	384	456	433	403	421	407	391	447	415
Performance	98.2%	97.9%	95.8%	95.6%	95.4%	93.8%	96.8%	97.6%	98.5%	94.6%	97.3%	95.2%
Seen <= 2 weeks	31	35	50	26	26	37	27	31	35	40	38	34
Late presenters	34	36	58	28	28	43	31	34	38	44	42	39
Performance	91.2%	97.2%	86.2%	92.9%	92.9%	86.0%	87.1%	91.2%	92.1%	90.9%	90.5%	87.2%

Patients presenting post 12wks 6days has dropped below the target of 90% to 87.2% in November 2019. 1 administrative delay has been highlighted and will be addressed with the team. All other patients were given appointments within time but either cancelled or did not attend.

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APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Nov-19	95.00%	91.00%	73.41%
Emergency Inpatient Length Of Stay >=21days	Nov-19	62	62	76
Cancer 2 week wait	Oct-19	93.00%	93.00%	96.03%
Cancer 2 week wait - breast symptomatic	Oct-19	93.00%	100.00%	75.00%
Cancer 31 day First Treatment	Oct-19	96.00%	96.70%	98.03%
Cancer 31 day Subsequent Surgery	Oct-19	94.00%	94.70%	97.96%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Oct-19	98.00%	100.00%	99.00%
Cancer 38 day Inter Provider Transfer	Oct-19	85.00%	85.00%	67.44%
Cancer 62 day First Treatment	Oct-19	85.00%	86.00%	80.32%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Oct-19	90.00%	94.10%	87.10%
Diagnostics - patients waiting under 6 weeks for test	Nov-19	99.00%	99.10%	97.36%
RTT - Patients waiting within 18 weeks on incomplete pathways	Nov-19	92.00%	92.00%	85.28%
Mixed-sex accommodation breach	Nov-19	0	0	0
Cancelled Operations 28 day breach	Nov-19	0	0	1
National Quality Requirement	Month	Threshold	Trajectory Target	Performance
Infection Control - MRSA Bacteraemia	Nov-19	0	0	0
Infection Control - C difficile infections	Nov-19	2.5	0	0
RTT - Patients waiting over 52 weeks on incomplete pathways	Nov-19	0	0	0
Ambulance handovers taking between 30-60 minutes	Nov-19	0	72	93
Ambulance handovers taking longer than 60 minutes	Nov-19	0	15	37
Waits in A&E longer than 12 hours	Nov-19	0	0	0
Urgent operation cancelled for a second time	Nov-19	0	0	0
VTE risk assessment	Nov-19	95.00%	95.00%	96.24%
Duty of candour breaches	Nov-19	0	0	0
Quality Requirement	Month	Threshold	Trajectory Target	Performance
DTOC - Average daily number	Nov-19	12.44	12.44	9.37
Stroke - patients who spend at least 90% of their time on a stroke unit	Oct-19	80.00%	80.00%	73.17%
% TIA higher risk cases who are treated within 24 hours	Nov-19	60.00%	60.00%	26.67%
Early Pregnancy Awareness: Patients presenting within 12wks 6days	Nov-19	90.00%	90.00%	95.18%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	Nov-19	90.00%	90.00%	87.18%
TOPS - Number of ToPs that were offered screening for Chlamydia	Nov-19	100.00%	100.00%	100.00%
TOPS - Number of ToPs that were screened for Chlamydia	Nov-19	95.00%	95.00%	100.00%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	Nov-19	95.00%	95.00%	97.40%
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.	Nov-19	95.00%	95.00%	98.31%
TOPS - Number of women provided with contraception after surgical TOP	Nov-19	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to CASH	Nov-19	100.00%	100.00%	100.00%