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| Meeting Title | Board of Directors Open | | |
| Date | 12th March 2020 | Agenda item | Bo.3.20.28 |

PERFORMANCE REPORT – FOR THE PERIOD JANUARY 2020

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| 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 | |
| | | | |
| | | | |
| Key Options, Issues and Risks | | | |
| This report provides an overview of performance against several key national and contractual indicators as at the end of January 2020. | | | |
| Analysis | | | |
| Emergency Care Standard (ECS): | | | |
| <ul style="list-style-type: none">ECS Performance for Type 1 and 3 attendances was 73.28% for January 2020 and 75.76% for 2019/20 YTD. ECS Performance for Type 1, 2 and 3 attendances was 77.44% for January 2020 and 79.34% for 2019/20 YTD.The average daily Type 1 and 3 attendances were 378 in January 2020 and YTD average of 383.Weekly breach review meeting continues with increased engagement and participation by the Consultants and Senior Nursing team. A Trust wide monthly breach review meeting has been implemented with a focus on improving diagnostics turnaround times and flow of patients from the Emergency Department to rest of the Trust.In January, a two week observation exercise was undertaken by the Associate Director of Nursing and Transformation Manger following which a number of additional remedial actions were implemented. These actions have had a positive impact of flow through the department and the ECS Performance for Type 1 and 3 attendances for February 2020 (up to 16th) have improved to 81.84%. | | | |
| Ambulance Handovers: | | | |
| <ul style="list-style-type: none">Performance for handovers within 15 minutes was 78% in January 2020. Handover delays between 30 and 60 minutes reduced from 130 in December 2019 to 101 in January 2020, and delays above 60 minutes reduced from 80 in December 2019 to 49 in January 2020. February 2020 (up to 16th) positon for handovers within 15 minutes is 79.41% (unvalidated position).An Escalation plan has been implemented to manage the ambulance queue in timely manner. Additional physical capacity has been created for ‘fit to sit’ patients to improve the flow of patients through ambulance assessment area and reduce the overcrowding. | | | |
| 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 was 100 in January 2020 against an NHSI target of 71 for BTHFT.The number of not medically fit patients and patients requiring further therapy input continue to remain high. Work continues with local authority and private agencies to reduce the number of patients awaiting home care packages with step-down beds being offered where possible. | | | |

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Therapy teams are continuously reviewing the package of care of all patients ≥ 21 days length of stay.

- Daily reviews and challenge is in place for all patients experiencing a long Length of Stay.
- A number of additional actions were taken during the “work as one” week in February 2020 to support timely discharge of patients. This has had positive impact as there has been a reduction in number of patients above 21 days LOS to 89 in February 2020 (up to 16th).

Cancer 2WW:

- The Cancer 2 Week Wait (2WW) standard was significantly above target in December 2019 at 96.40%. January 2020 performance is projected to reduce but remain above target at 93.96% as a result of deterioration in the Upper GI and Lower GI positions due to endoscopy capacity issues.
- From April 2019 to January 2020 the number of referrals received by the Trust increased by 3.5% (564 referrals) compared to the same period last year whilst the number of patients seen within the 2WW standard increased by 41.6% (4,591 patients).

Cancer 62 Day:

- The Cancer 62 Day First Treatment standard was below target in December 2019 at 82.91%. Performance for January 2020 is expected to remain below target.
- From April 2019 to January 2020, the number of patients with confirmed cancer treated by the Trust increased by 6.7% (62 patients) compared to the same period whilst the number of patients treated within the 62 Day standard increased by 13.1% (80 patients).
- The number of patients waiting over 62 days significantly improved in recent weeks from 33 in January 2020 down to 17 week commencing 17th February. Recovery above the 85% target is expected from March 2020 as recovery actions take effect.
- The Urology position remains low in December 2019 and January 2020 as the service is clearing their surgical treatment backlog by providing extra theatre lists throughout January and February 2020. Extra Clinical Oncology capacity will be provided by Leeds Teaching Hospitals from 2nd March 2020 which will reduce waiting times for Clinical Oncology appointments and support the implementation of a joint oncology/surgical clinic to further reduce pathway delays.
- Previous delays within Urology have resulted in the 31 Subsequent Surgical Treatment standards to be reported below target in December 2019 at 91.5%. This standard is predicted to recover from March 2020 onwards as the Urology recovery actions are implemented.

Referral to Treatment:

- January 2020 incomplete performance was 85.29% which is a slight improvement on the December 2019 position (85.14%). There were no patients waiting more than 52 weeks at the end of January 2020.
- Recovery plans remain in place for low performing specialties with a focus on treating long waiters and reducing the waiting list size.

Diagnostic waiting times:

- Performance for January 2020 for DM01 reportable tests was 97.94% below the 99% target, due to cancer pressures and ongoing capacity issues within the Endoscopy service. Administrative validation continues and a Gastroenterology Consultant has been recruited and is expected to commence in post in May 2020. The service is actively working on securing Locum Consultant to cover the capacity gaps.

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Healthcare Associated Infections:

- 4 clostridium difficile infections (CDI) were attributed to the Trust in January 2020 with 31 cases year to date against a trajectory of 25 (30 for the full year).
- There were 0 cases of MRSA bacteraemia attributed to BTHFT in January 2020 with 2 cases year to date.

Other exceptions:

- Transient Ischaemic Attack (TIA) performance was below the 60% target at 45.5% in January 2020.
- The time on dedicated stroke unit target of 80% was not achieved with performance at 71.1% in January 2020.
- Early Pregnancy Awareness for those presenting post 12wks 6days achieved the 90% target at 92.11% in January 2020 following recovery actions.
- Two same day cancelled operation were not re-booked by the 28 day breach date in January 2020.

The Board of Directors 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"/> |

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|--------------------------------------|-------------------------------------|-------------------------------------|
| 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 JANUARY 2020

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

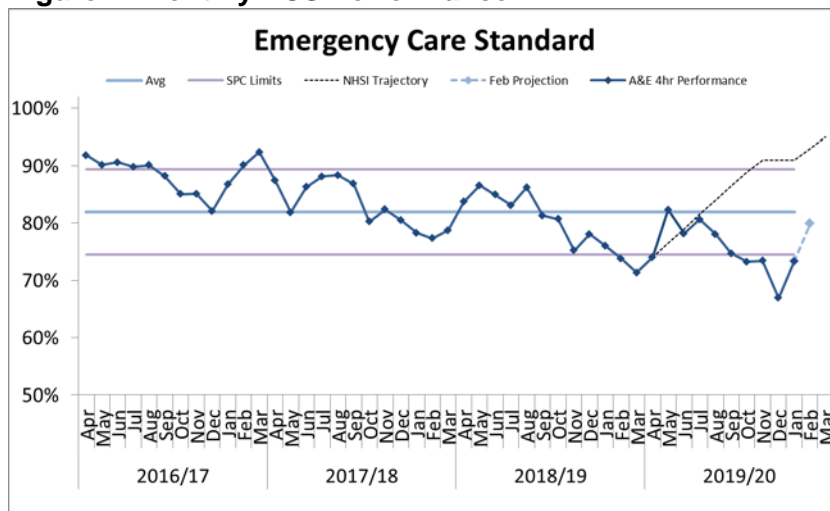
Table 1: Headline KPI Summary

| Section | Headline KPI | Latest Month | Trajectory/ Target | Performance | 3 month Trend |
|---------|---|--------------|--------------------|-------------|---------------|
| 3 | Emergency Care Standard | Jan-20 | 91.00% | 73.28% | → |
| 4 | Ambulance Handover 30-60 | Jan-20 | 35 | 101 | ↓ |
| 4 | Ambulance Handover 60+ | Jan-20 | 0 | 49 | ↓ |
| 5 | Length of Stay ≥21days | Jan-20 | 71 | 100 | ↑ |
| 6.1 | Cancer 2 Week Wait | Dec-19 | 93.00% | 96.40% | ↑ |
| 6.2 | Cancer 62 Day First Treatment | Dec-19 | 85.00% | 82.91% | ↑ |
| 7 | RTT Incomplete | Jan-20 | 92.00% | 85.29% | ↑ |
| 8 | Diagnostics Waiting Times | Jan-20 | 99.00% | 97.94% | → |
| 9.1 | C Difficile Infections | YTD | 25 | 30 | ↑ |
| 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 73.28% for the month of January 2020. Performance for February 2020 (up to 16th) is 81.84% for Types 1 and 3.

Figure 2: ECS Performance – National Comparison

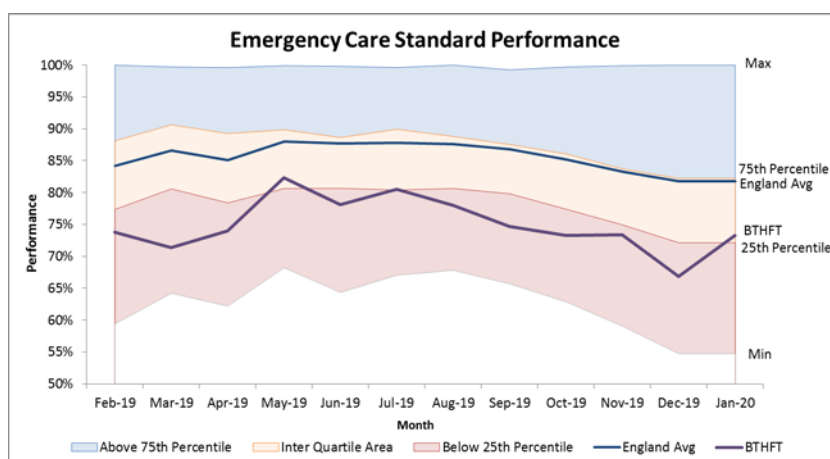
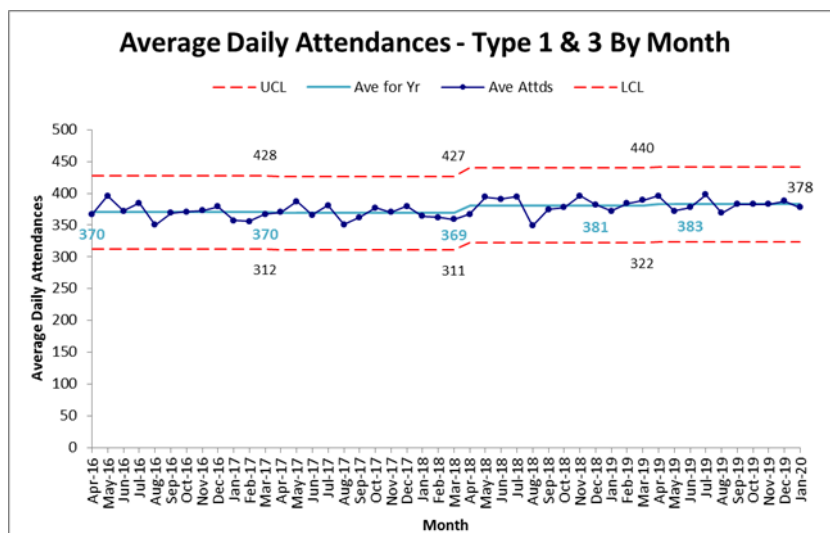


Figure 2 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance in January 2020 has improved to above the lower quartile.

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



Daily average attendances for January 2020 were 378 – a decrease over the daily average of 388 for the previous month and below the YTD average of 383.

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ECS Improvement

The Emergency Care Improvement Programme continues with focus on streaming of patients to appropriate routes, increasing utilisation of same day emergency care and streamlining of pathways for elderly patients.

- In January, a two week observation exercise was undertaken by the Associate Director of Nursing and Transformation Manager following which a number of additional remedial actions were implemented.
- Daily huddles have been revised with a focus on review of previous day's performance and identification of remedial actions. The manager of the day role continue to remain in place to closely monitor performance in the Emergency Department (ED) and resolve any issues that are having negative impact on performance or patient flow.
- Revised roles and responsibilities for ED nurses are being developed to strengthen the focus on the management of 4 hours clock. 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.
- Increased engagement and participation in the weekly breach review meetings by the Consultants and Senior Nursing team with implementation of Trust wide monthly breach review meeting attended by all GMs with on focus on improving diagnostics turnaround times and flow of patients from ED to rest of the Trust.
- Navigation Nurse role remains in place. Work is underway to extend streaming to ambulance assessment area. Same Day Emergency Care (SDEC) Matron is continuing with rolling out the simple streaming training to newly recruited ED staff to improve the streaming of patients to alternative routes.
- Three new ED consultants have been recruited. A fourth post will be re-advertised in April 2020. ENP vacancies are fully recruited into and further recruitment of ED nurses is underway.
- Matron for SDEC 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. The business case for the physical build of blue zone is complete and the layout has been signed off.

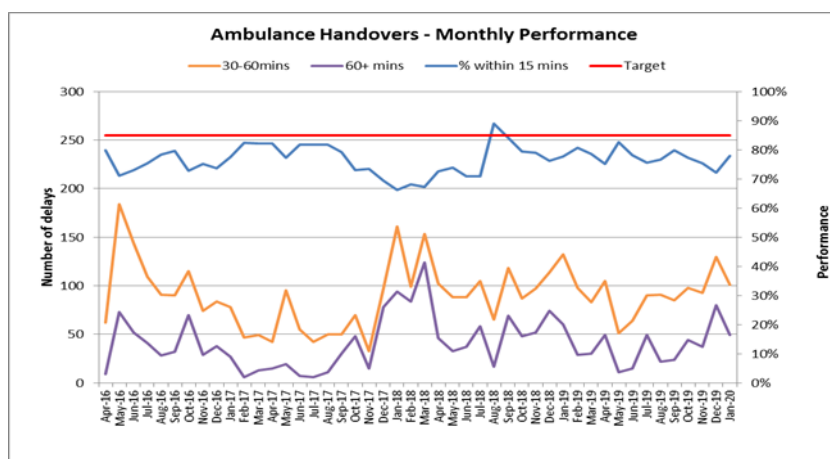
The "work as one week" in February 2020 tested further initiatives, including consultant support in Green zone, extension of simple streaming to both front desk and ambulance assessment area, direct admissions to Acute Medical Unit and Paediatric wards. These initiatives have had a positive impact on overall flow through the department. An Action plan is being developed for sustainability of the improvements identified during the "work as one" week.

- The frailty work stream is underway with the aim to reduce attendance to ED and admission avoidance of elderly patients. 55 patients were referred directly from ED to the elderly virtual ward (EVW) in January 2020 compared to monthly average of 34 YTD. 77.78% of the patients referred from ED to EVW in January 2020 avoided inpatient admission. Care of the elderly (COE) consultants are providing in-reach into care homes, with once a week ward round at the Ashcroft care home.

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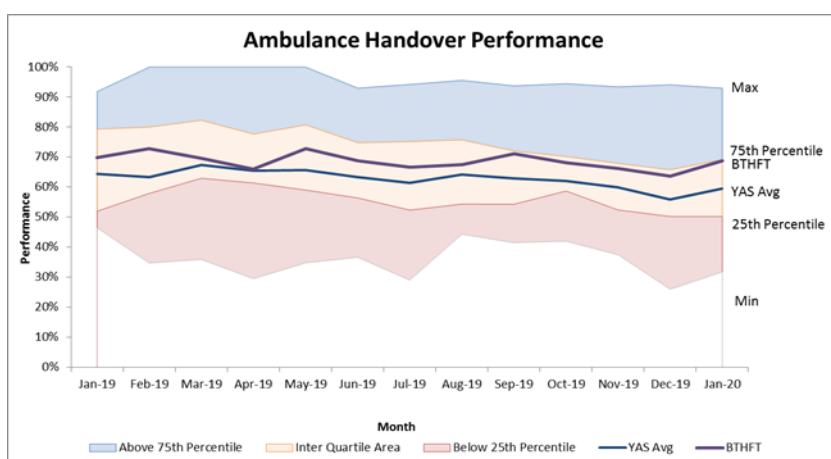
4. Ambulance Handover Performance

Figure 4: Ambulance Handovers – Attributable to BTHFT



The number of handovers over 30 minutes and over 60 minutes reduced in January 2020 to a combined total of 150 as compared to 210 in December 2019. The position for February 2020 is projected to improve further to 99 handovers above 30 minutes.

Figure 5: Ambulance Handovers – Yorkshire Comparison



January 2020 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

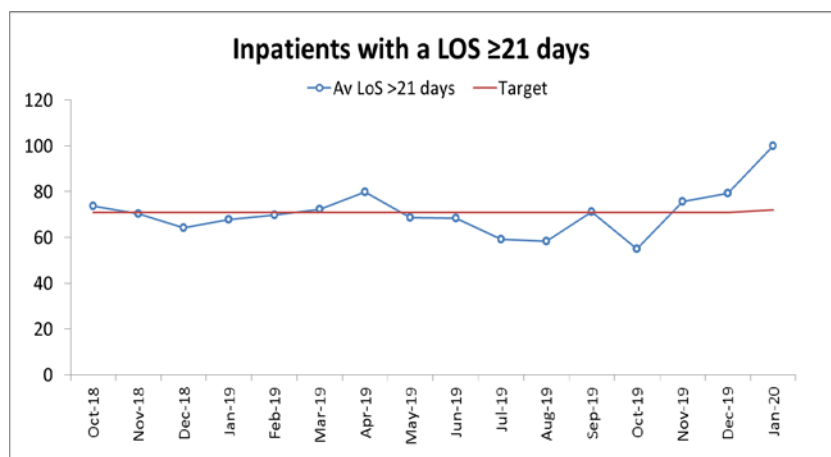
Bi-monthly operational meetings with YAS are in place to work collaboratively on improvement and communication. Additional physical capacity has been created for “fit to sit” patients to improve the flow of patients through ambulance assessment area and reduce the overcrowding. This additional capacity is to be utilised when the dedicated ambulance assessment area gets full.

ECIST training sessions on simple streaming to upskill existing and newly recruited nurses is complete. Simple streaming from ambulance assessment area was piloted during the “work as one” week in February 2020 and it has had a positive impact on handover performance in February 2020. Further review is being carried out of the workforce model to provide simple streaming in ambulance assessment area on permanent basis.

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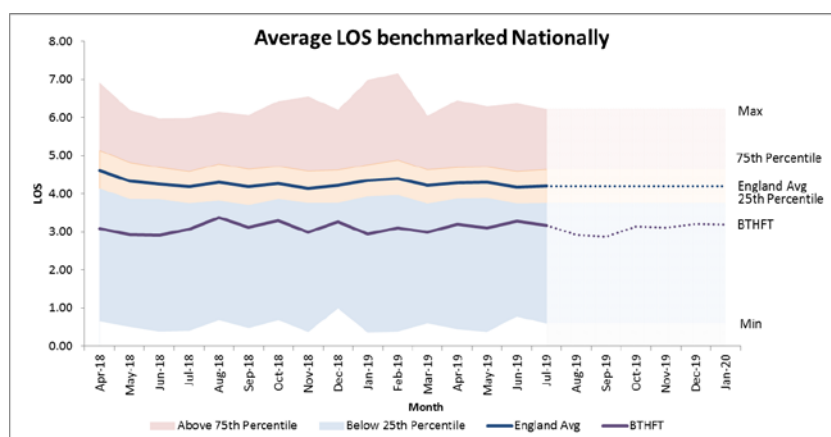
5. Inpatient Length of Stay (LOS) ≥ 21 days

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



The number of patients with a LOS over 21 days has increased further in January 2020 with an average of 100 patients per day compared to a daily average of 79 patients in December 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 January 2020 was 3.22 days compared to forecast 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:

- Work continues with local authority and private agencies to reduce the number of patients awaiting home care packages with step-down beds being offered where possible.
- A daily review of all patients above 14 days LOS is conducted by Matron for the Command Centre and Patient Flow.
- Weekly review of the long LOS dashboard is now in place and is identifying ward specific actions and areas that require additional support.
- The weekly multi-disciplinary (MDT) review meeting of patients above 14 days length of stay has now been joined by a representative from Local Authority.

A number of initiatives were undertaken during the “work as one” week in February 2020 including improving patient placement, additional support provided by the Multi-Agency Discharge Team (MAIDT) to wards and onsite presence of senior managers from the local authority. These initiatives supported a reduction in number of patients above 21 days LOS to 89 in February 2020 (up to 16th).

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6. Cancer Standards

Table 2: Cancer Standards - Overview by Indicator – BTHFT

| Measure | Target | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 14 day GP referral for all suspected cancers | 93% | 91.1% | 91.4% | 95.4% | 95.2% | 88.8% | 91.7% | 93.2% | 94.1% | 92.1% | 94.1% | 96.0% | 96.4% | 96.4% | 94.0% |
| 14 day breast symptomatic referral | 93% | 100.0% | 100.0% | 100.0% | 100.0% | 50.0% | 100.0% | 100.0% | 0.0% | | | | 100.0% | 100.0% | 100.0% |
| 31 day first treatment | 96% | 90.2% | 89.9% | 88.0% | 93.0% | 98.1% | 97.8% | 99.3% | 97.1% | 97.8% | 96.6% | 98.0% | 95.0% | 100.0% | 94.6% |
| 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% | 98.6% | 100.0% | 100.0% | 100.0% |
| 31 day subsequent surgery treatment | 94% | 77.8% | 80.0% | 86.8% | 83.3% | 100.0% | 94.6% | 97.9% | 97.6% | 94.3% | 95.2% | 98.0% | 91.3% | 91.5% | 86.7% |
| 62 day GP referral to treatment | 85% | 70.3% | 73.2% | 63.9% | 71.7% | 88.1% | 81.9% | 82.03% | 85.84% | 81.31% | 78.7% | 80.3% | 74.9% | 82.9% | 75.3% |
| 62 day screening referral to treatment | 90% | 97.2% | 82.5% | 95.8% | 100.0% | 94.9% | 93.9% | 93.8% | 93.9% | 100.0% | 89.8% | 87.1% | 85.4% | 93.1% | 93.0% |
| 62 day consultant upgrade to treatment | | 82.4% | 68.0% | 40.0% | 100.0% | 100.0% | 72.7% | 84.6% | 84.6% | 85.7% | 91.3% | 100.0% | 75.0% | 100.0% | 76.2% |

In December 2019, the 62 Day GP Referral to Treatment and 31 Day Subsequent Surgery Treatment and standards were not met.

All standards are predicted to be achieved in January 2020 except for 62 Day GP Referral to Treatment, 31 Day First Treatment and 31 Day Subsequent Surgery Treatment.

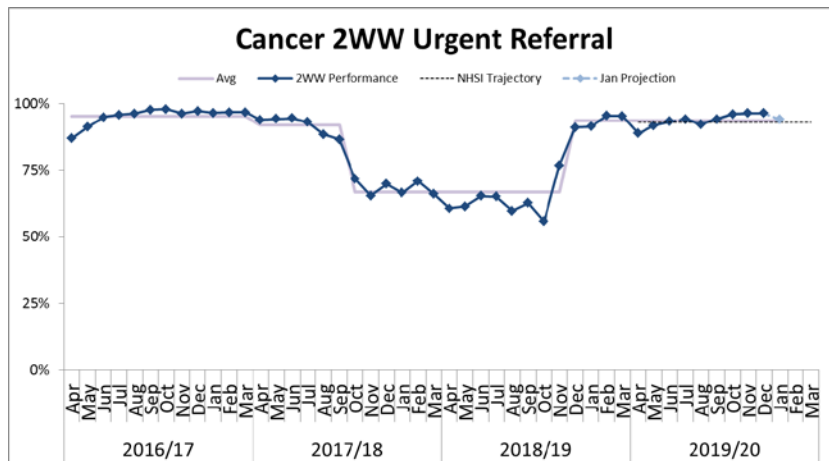
The 31 Day Subsequent Surgery Treatment fail in December 2019 relates to 4 Urology patients due to surgical capacity issues over the Christmas period. This resulted in an increase in the waiting list which is impacting the 31 Day First Treatment and 31 Day Subsequent Surgery Treatment in January 2020. Extra theatre lists have been provided by the Urology service throughout January and February 2020 which should support recovery of these standards from March 2020.

The 62 Day Referral to Treatment standard for GP referrals is explored in more detail in the remainder of this section.

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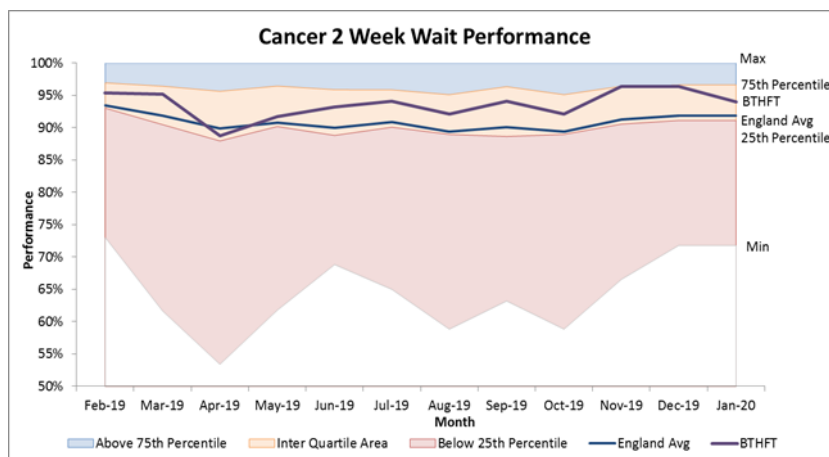
6.1. Cancer 2 Week Wait

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



2 Week Wait (2WW) performance for December 2019 remains significantly above target at 96.40%. Performance for January 2020 is expected to deteriorate slightly but remain above target at 93.96% due to a deterioration in the Lower GI and Upper GI position.

Figure 9: 2WW National Comparison – BTHFT



Performance in December 2019 places the Trust above the England average and just below with the 75th percentile. January 2020 prediction is for the Trust to remain above the England average.

Table 3: 2WW Performance by Tumour Group

| Site | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| TRUST | 95.4% | 95.2% | 88.8% | 91.7% | 93.2% | 94.1% | 92.1% | 94.1% | 96.0% | 96.4% | 96.4% | 94.0% |
| Breast | 94.8% | 90.4% | 64.6% | 78.6% | 91.6% | 91.0% | 97.4% | 99.1% | 100.0% | 94.7% | 96.1% | 97.6% |
| Gynae | 96.1% | 100.0% | 96.7% | 98.0% | 96.7% | 94.5% | 95.2% | 96.0% | 96.8% | 98.0% | 98.3% | 98.3% |
| Haematology | 87.5% | 100.0% | 95.5% | 95.2% | 100.0% | 95.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 93.3% |
| Head & Neck | 97.7% | 98.1% | 97.0% | 96.4% | 93.5% | 96.3% | 97.9% | 95.2% | 99.5% | 98.4% | 99.4% | 98.4% |
| Lower GI | 95.4% | 95.3% | 91.7% | 86.7% | 89.3% | 93.5% | 70.3% | 87.6% | 91.5% | 92.9% | 93.3% | 89.7% |
| Lung | 100.0% | 100.0% | 95.5% | 100.0% | 97.1% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Other | 100.0% | 76.9% | 95.2% | 95.2% | 91.3% | 100.0% | 83.3% | 96.4% | 96.9% | 91.3% | 92.0% | 93.1% |
| Skin | 97.0% | 95.7% | 96.0% | 98.1% | 94.4% | 94.8% | 93.3% | 92.1% | 98.0% | 99.7% | 98.7% | 97.9% |
| Upper GI | 92.2% | 95.0% | 92.7% | 94.1% | 91.0% | 90.6% | 91.3% | 92.1% | 76.4% | 91.5% | 85.7% | 71.1% |
| Urology | 92.4% | 98.9% | 97.8% | 99.3% | 98.4% | 97.7% | 100.0% | 99.2% | 99.2% | 97.7% | 99.2% | 96.6% |

All tumour groups performed above the 93% target in December 2019 with the exception of Upper GI and Other (vague symptoms).

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The fail in Upper GI related to ongoing capacity issues within endoscopy impacting on straight to test pathways. The two other (vague symptoms) breaches both relate to patient choice. The Upper GI position is expected to remain below target in January 2020, while the Lower GI position is also expected to deteriorate as a result of ongoing capacity issues in endoscopy.

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

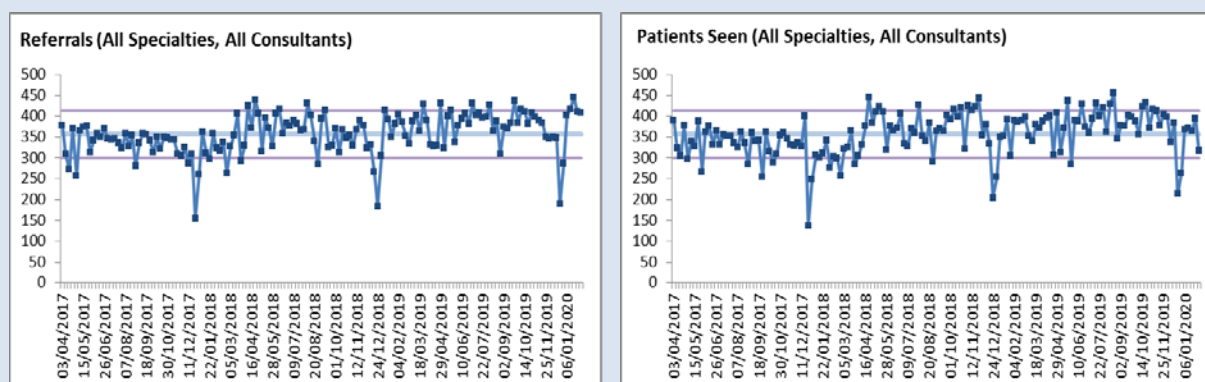


Figure 10 shows an average number of referrals received in December 2019 but a significant increase of +9.4% since January 2020 compared to 2019 across all tumour groups, representing 36 additional referrals per week. The tumour groups with the highest increase are Lower GI (+23.1%), Gynaecology (+22.3%) and Urology (+18.8%).

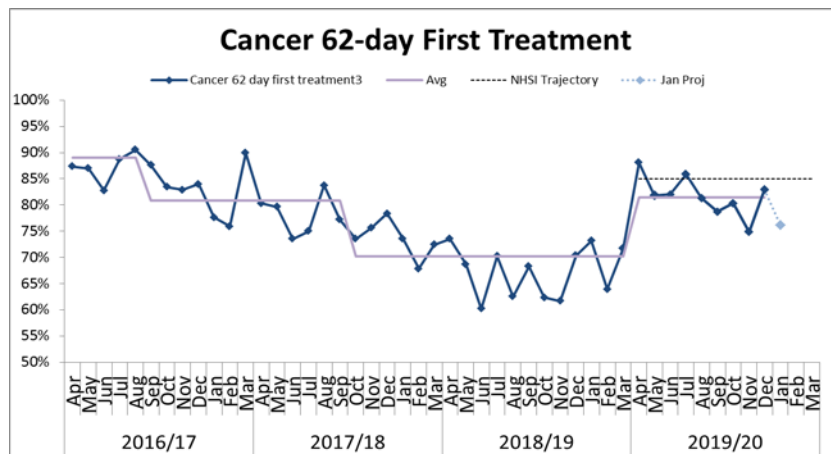
Alongside the above increase in referrals for Lower GI, capacity issues in endoscopy continue to impact the Upper GI and Lower GI positions. The service continues to prioritise fast track patients over routine

The service is also exploring a new workforce model to build resilience based on an increased nurse Endoscopist establishment through continuous training. An additional Gastroenterology consultant is also due to start in May 2020 and will support long term improvements in Upper GI. The service continues to seek to recruit a locum in the meantime.

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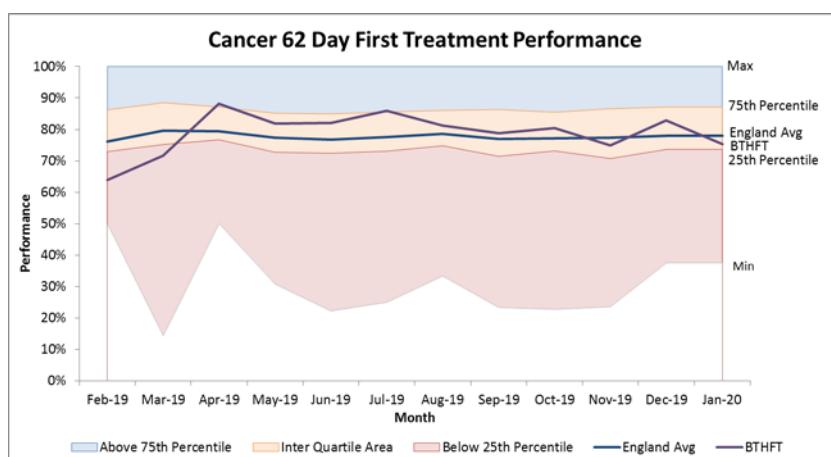
6.2. Cancer 62 day First Treatment

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



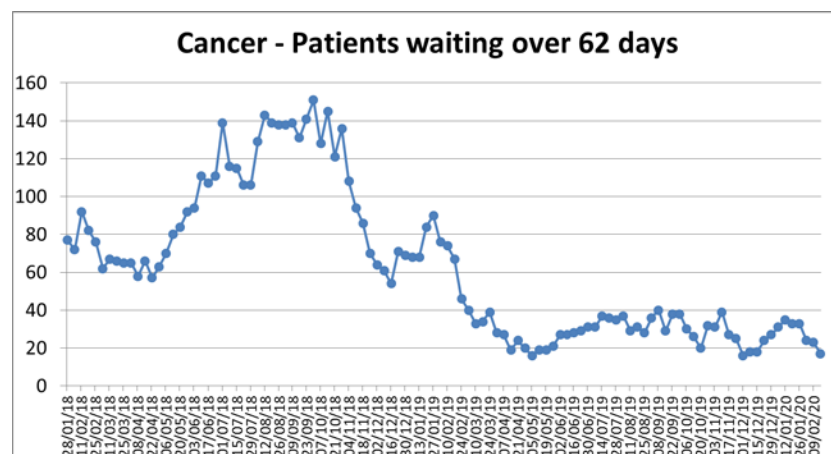
The 62 Day First Treatment position is below target at 82.91% for December 2019 and is predicted to remain below target in January 2020 at 76.16%.

Figure 12: 62 Day First Treatment performance – National Comparison



BTHFT performance in December 2019 was above the England average while January 2020 prediction is currently predicted below the England average.

Figure 13: Patients Waiting Over 62 Days



The number of patients waiting over 62 days increased in January 2020 up to 33 patients as a result of delays in the Urology pathways but has decreased this week down to 17 patients as the service have reduced the backlog.

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Table 4: 62 Day First Treatment performance by Tumour Group

| Site | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| TRUST | 63.9% | 71.7% | 88.1% | 81.9% | 82.0% | 85.8% | 81.3% | 78.7% | 80.3% | 74.9% | 82.9% | 76.2% |
| Breast | 88.2% | 100.0% | 100.0% | 89.7% | 100.0% | 91.7% | 90.7% | 92.9% | 100.0% | 88.2% | 100.0% | 100.0% |
| Gynae | 66.7% | 100.0% | 60.0% | 100.0% | 100.0% | 66.7% | 100.0% | 66.7% | 100.0% | 100.0% | 80.0% | 80.0% |
| Haematology | 58.8% | 43.8% | 80.0% | 60.0% | 75.0% | 83.3% | 77.8% | 100.0% | 57.1% | 57.1% | 72.7% | 85.7% |
| Head & Neck | 50.0% | 20.0% | 100.0% | 66.7% | 26.3% | 37.5% | 81.8% | 22.2% | 70.0% | 64.7% | 33.3% | 100.0% |
| Lower GI | 73.3% | 36.4% | 64.7% | 76.9% | 71.4% | 81.3% | 57.1% | 100.0% | 71.4% | 55.6% | 50.0% | 50.0% |
| Lung | 50.0% | 62.5% | 60.0% | 60.0% | 80.0% | 81.8% | 52.9% | 100.0% | 0.0% | 66.7% | 50.0% | 46.2% |
| Other | | 100.0% | 100.0% | 60.0% | 66.7% | 25.0% | 0.0% | | 100.0% | 20.0% | 25.0% | 100.0% |
| Skin | 83.0% | 90.9% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 94.7% | 100.0% | 97.1% | 100.0% | 95.8% |
| Testicular | | | | | | | | | | | | |
| Upper GI | 70.0% | 75.0% | 100.0% | 50.0% | 33.3% | 100.0% | 62.5% | 28.6% | 71.4% | 12.5% | 50.0% | 55.6% |
| Urology | 36.8% | 58.7% | 75.9% | 72.3% | 83.3% | 76.1% | 81.0% | 60.5% | 52.9% | 61.2% | 84.8% | 52.5% |

Performance for a number of tumour groups continues to be impacted by complex pathways and patient decisions to delay treatment against low overall treatment numbers. Urology performance is of greatest concern due to the overall volume of patients waiting however a recovery plan is in place.

Cancer 62 Day Improvements

Capacity issues in endoscopy continue to result in delays in diagnostic and treatment phases for Upper GI and Lower GI patients. The recruitment of an additional Gastroenterology consultant from May 2020 should improve the position while the service is also exploring a new workforce model to build resilience based on an increased nurse Endoscopist establishment through continuous training. The Gastroenterology service is also scheduled to open a sixth room in March within the endoscopy unit to provide additional capacity.

The Urology position remains low as the service is clearing their surgical treatment waiting list by providing extra theatre lists throughout January and February 2020. Extra Clinical Oncology capacity will be provided by Leeds Teaching Hospitals from 2nd March 2020 which will reduce wait times for Clinical Oncology appointments and support the implementation of a joint oncology/surgical clinic. Recovery above the 85% target is currently expected from March 2020 onwards.

Work continues as part of the Cancer Improvement Programme to support the implementation of optimal cancer pathways for Lung, Colorectal, Prostate and Upper GI and to reduce time to diagnosis across all tumour groups as part of the implementation of the 28 Day Faster Diagnosis standard from April 2020.

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6.3. Cancer Inter-Provider Transfers (IPT)

Table 5: Cancer IPT performance

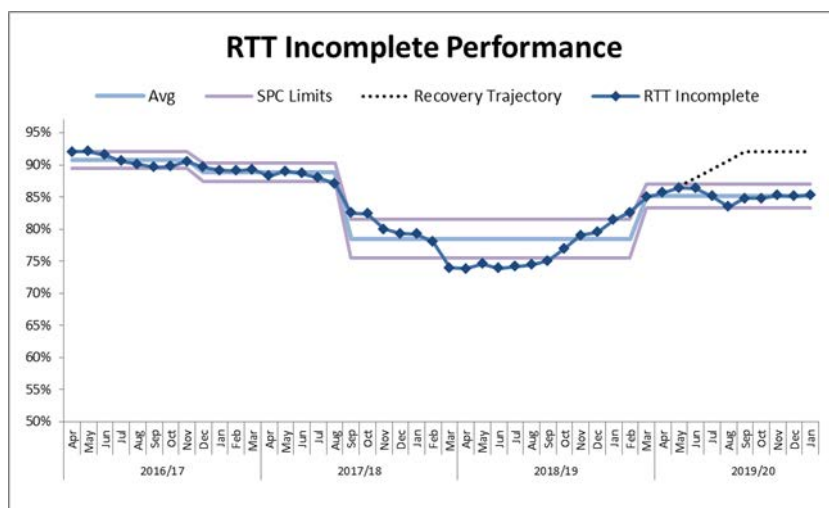
| Month | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Referred <38 days | 38 | 19 | 18 | 36 | 25 | 10 | 21 | 38 | 22 | 30 | 16 | 30 |
| Total | 60 | 35 | 36 | 51 | 43 | 27 | 32 | 49 | 28 | 42 | 28 | 42 |
| Performance | 63.3% | 54.3% | 50.0% | 70.6% | 58.1% | 37.0% | 65.6% | 77.6% | 78.6% | 71.4% | 57.1% | 71.4% |

The Trust performance improved but remained below the 85% target at 71.4% in December 2019.

IPT performance is being reviewed weekly at the Planned Care Access meeting and individual patients are discussed at the daily Cancer huddles in order to instigate prompt actions. The implementation of the 28 Day Faster Diagnosis standard from April 2020 should support improvements in IPT performance.

7. Referral to Treatment (RTT) Incomplete

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



The Trust's RTT position for January 2020 is 85.29% which represents a stable position compared to December 2019 (85.14%).

Figure 15: RTT Incomplete National Indicator – BTHFT

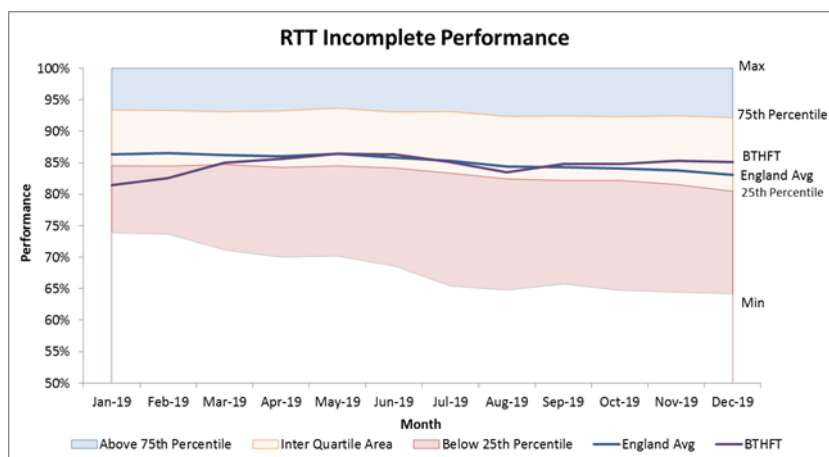
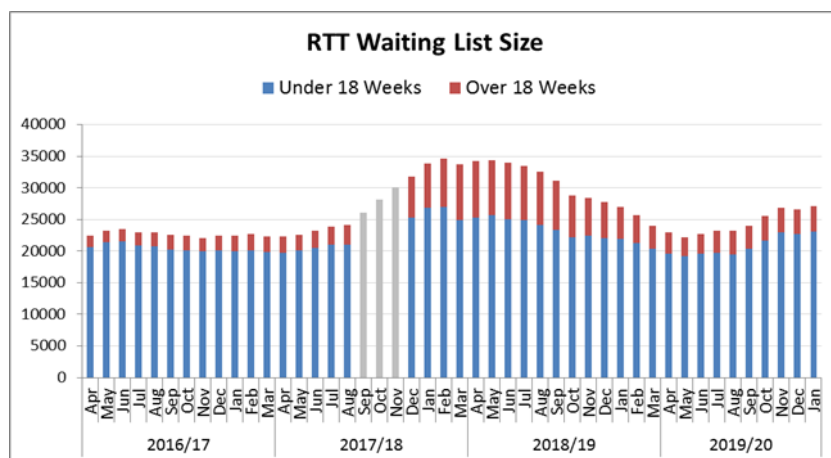


Figure 16 shows a comparison of national RTT Incomplete performance for December 2019. BTHFT remains above the England average.

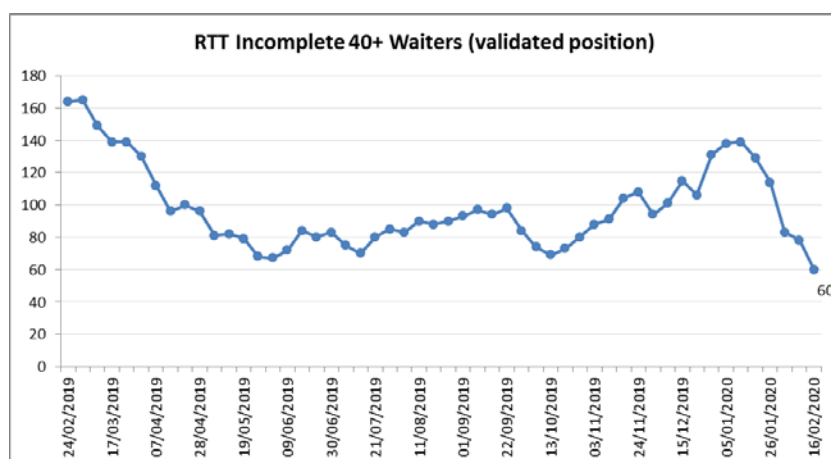
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Figure 16: RTT Total Waiting List



The overall waiting list has increased slightly by 467 patients in January 2020 compared to December 2019. An increase in clock stops has been noted since January 2020 and is currently being investigated.

Figure 17: RTT Incomplete ≥40 Weeks



The number of patients waiting over 40 weeks has significantly decreased in recent weeks as the General Surgery, ENT and Trauma & Orthopaedics position have improved.

The Trust has not reported any RTT Incomplete 52-week breaches since October 2018.

RTT Incomplete Improvement

RTT performance continues to be monitored weekly at the Planned Care Access meeting while triweekly huddles continue to focus on specialties having robust treatment plans in place for long waiters while trying to prevent patients from ‘tipping’ into the long waiter category.

As part of the Integrated RTT Recovery plan, fortnightly recovery meetings are ongoing for Clinical Haematology, Respiratory Medicine, Cardiology, Trauma & Orthopaedics, General Surgery, Neurology, Oral Surgery, Pain Management, Urology, Paediatrics, Rheumatology, Vascular Surgery, Gynaecology and ENT. These provide a supportive environment for the services to implement sustainable recovery plans. These have resulted in significant improvements since October 19 for Respiratory Medicine (+15.47%), Rheumatology (+14.75%) and ENT (+3.08%).

The Outpatient Improvement Programme continue to focus on improving productivity within outpatient services which would release capacity to improve the Trust’s RTT position. The programme is focussing on initiatives to reduce DNA rates, improve triage practices and implement patient initiated follow ups to reduce the number of unnecessary follow ups seen by the Trust.

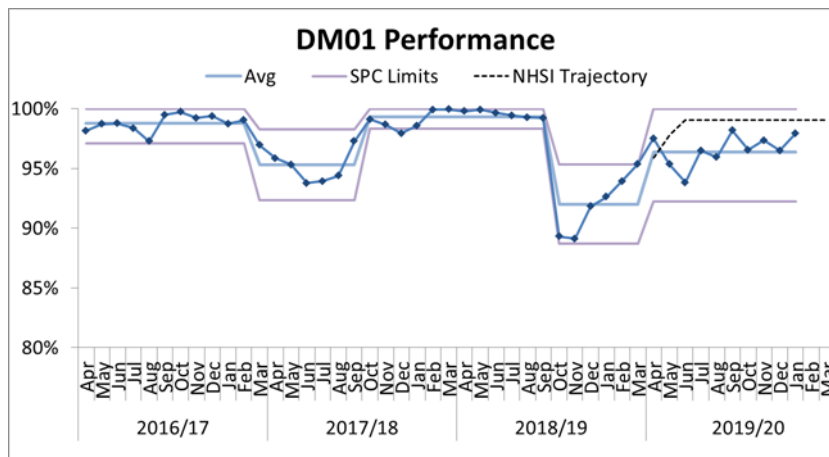
The Theatre Improvement Programme continues to focus on improving productivity within Theatres by increasing the number of patients booked per list and maximising in session utilisation.

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Work has also started to review the proposed 20/21 session delivery plan and reduce theatre cancellations related to staffing issues.

8. Diagnostic waiting times

Figure 18: Monthly DM01 Performance



January 2020 performance was 97.94% with 132 breaches due to ongoing capacity issues in Endoscopy.

Figure 19: Diagnostics - National Comparison

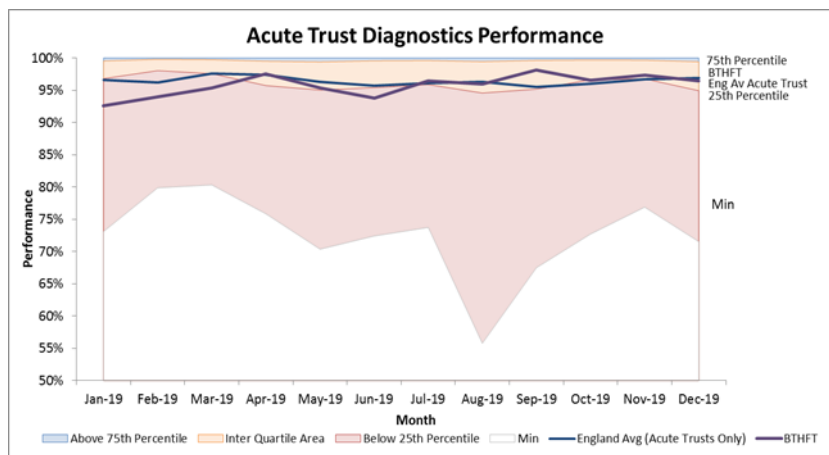


Figure 20 shows a national comparison of Diagnostic performance for December 2019. BTHFT was performing just above the England Average.

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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 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 |
| Endoscopy | Colonoscopy | Waiting >6 weeks | 107 | 39 | 40 | 56 | 18 | 43 | 36 | 52 | 40 | 50 | 27 | 25 |
| | | Total waiting | 329 | 261 | 316 | 355 | 253 | 352 | 307 | 349 | 340 | 290 | 272 | 265 |
| | | % within 6 weeks | 67.48% | 85.06% | 87.34% | 84.23% | 92.89% | 87.78% | 88.27% | 85.10% | 88.24% | 82.76% | 90.07% | 90.57% |
| | Flexi Sig | Waiting >6 weeks | 19 | 6 | 10 | 23 | 9 | 15 | 6 | 19 | 11 | 17 | 11 | 10 |
| | | Total waiting | 120 | 71 | 92 | 124 | 78 | 102 | 106 | 113 | 105 | 105 | 56 | 55 |
| | | % within 6 weeks | 84.17% | 91.55% | 89.13% | 81.45% | 88.46% | 85.29% | 94.34% | 83.19% | 89.52% | 83.81% | 80.36% | 81.82% |
| | Cystoscopy | Waiting >6 weeks | 105 | 80 | 196 | 260 | 133 | 111 | 6 | 2 | 2 | 3 | 1 | 0 |
| | | Total waiting | 178 | 182 | 316 | 390 | 337 | 283 | 203 | 179 | 183 | 174 | 240 | 215 |
| | | % within 6 weeks | 41.01% | 56.04% | 37.97% | 33.33% | 60.53% | 60.78% | 97.04% | 98.88% | 98.91% | 98.28% | 99.58% | 100.00% |
| | Gastroscopy | Waiting >6 weeks | 95 | 46 | 56 | 84 | 57 | 81 | 58 | 141 | 106 | 110 | 90 | 85 |
| | | Total waiting | 370 | 342 | 388 | 443 | 522 | 393 | 403 | 364 | 386 | 414 | 352 | 345 |
| | | % within 6 weeks | 74.32% | 86.55% | 85.57% | 81.04% | 89.08% | 79.39% | 85.61% | 61.26% | 72.54% | 73.43% | 74.43% | 75.36% |
| All Other Modalities | Waiting >6 weeks | 0 | 0 | 4 | 2 | 2 | 1 | 2 | 0 | 0 | 26 | 3 | 0 | |
| | Total waiting | 6032 | 5980 | 5471 | 5564 | 5038 | 5026 | 4910 | 5202 | 5006 | 4887 | 5499 | 5200 | |
| | % within 6 weeks | 100.00% | 100.00% | 99.93% | 99.96% | 99.96% | 99.98% | 99.96% | 100.00% | 100.00% | 99.47% | 99.95% | 100.00% | |
| Trust Total | Waiting >6 weeks | 326 | 171 | 306 | 425 | 219 | 251 | 108 | 214 | 159 | 206 | 132 | 120 | |
| | Total waiting | 7029 | 6836 | 6583 | 6876 | 6228 | 6156 | 5929 | 6209 | 6020 | 5870 | 6419 | 6080 | |
| | % within 6 weeks | 95.36% | 97.50% | 95.35% | 93.82% | 96.48% | 95.92% | 98.18% | 96.55% | 97.36% | 96.49% | 97.94% | 98.03% | |

DM01 Improvement

The Endoscopy position continues to remain below the target due to cancer pressures and ongoing capacity issues. Administrative validation continues and an additional Colorectal Consultant has been in post since November 2019. As mentioned above a Gastroenterology Consultant has been recruited and is expected to start in May 2020. The service is actively working on securing Locum Consultant to cover the capacity gaps until the substantive appointment commences in post.

The service is continuously prioritising capacity to accommodate cancer patients and increasing the use of fixed sessions for Nurse Endoscopists. Daily control measures and patient safety processes in place and demand is managed through weekly access meeting.

The process of setting up the 6th endoscopy room is underway with completion date to be confirmed but anticipated by end of March. This additional capacity will support reduction in waiting list size and further improvements in DM01 position. The service is also exploring a new workforce model to build resilience based on an increased nurse Endoscopist establishment through continuous training.

9. Healthcare Associated Infections

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

Table 6: 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 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Atributable C-diff Cases | 1 | 2 | 4 | 5 | 4 | 3 | 2 | 0 | 6 | 4 | | |
| Trajectory | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 |

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4 CDI's have been attributed to BTHFT in January 2020.

There have been 36 cases of CDI attributed to the Trust for Apr – Jan 2019/20 against an annual trajectory of 30. These cases have been assigned under the categories as listed below:

- 26 cases of Hospital onset healthcare associated (HOHA)
- 10 cases of Community onset health care associated (COHCA)

A PIR (post infection review) for each case has been undertaken and no episodes of cross infection have been identified. Lessons learnt and action plans agreed with the relevant Clinical Business Unit.

An extensive review of the cases reported in December was undertaken. Contributory risk factors which may be causally related are a change in disinfectant wipe and an increase in antibiotic consumption, especially co-amoxiclav. Other risk factors identified were the use of PPI medication and NG feeding – both of which have an impact on gut microbiome which causes susceptibility to CDI proliferation in the bowel. A CDI action plan has been developed and is being monitored through the IPCC.

MRSA Bacteraemia

Table 8: Number of MRSA Bacteraemia

| | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MRSA | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| Trajectory | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Zero MRSA bacteraemia apportioned to the Trust in January 2020. Two cases have been apportioned year to date.

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 9: TIA Performance

| TIA Performance | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Treated within 24 hrs | 9 | 7 | 4 | 4 | 6 | 10 | 7 | 8 | 10 | 4 | 9 | 5 |
| Patients with TIA | 14 | 20 | 6 | 7 | 16 | 20 | 14 | 13 | 22 | 15 | 11 | 11 |
| Performance | 64% | 35% | 67% | 57% | 38% | 50.00% | 50.0% | 61.5% | 45.5% | 26.7% | 81.8% | 45.5% |

TIA performance in January 2020 deteriorated to 45.5% - below the threshold of 60%. The failures were due to a mixture of referrals not seen or received at the weekend and no available clinic space. The service is 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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10.2. Stroke

Table 10: Stroke Performance

| Stroke performance | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| =>90% on stroke unit | 42 | 35 | 36 | 38 | 30 | 28 | 29 | 30 | 40 | 45 | 30 | 32 |
| Pts admitted for Stroke | 51 | 48 | 44 | 46 | 32 | 33 | 37 | 31 | 49 | 51 | 46 | 45 |
| Performance | 82.6% | 69.6% | 81.8% | 82.6% | 93.8% | 84.8% | 78.4% | 96.8% | 81.6% | 88.2% | 65.2% | 71.1% |

Stroke performance in January was below the 80% threshold at 71%. The 13 breaches have been validated as genuine and are being reviewed by the service. The service is experiencing bed capacity pressures due to high demand and increase in number of complex patients with long length of stay.

A daily standalone stroke responder's service for 12 hours per day is now in place and this will help improve triage process in ED, so that only stroke patients are referred to the unit. Ward leadership has been strengthened with a new Matron allocated to the Stroke Unit to focus on patient flow. The service is currently recruiting into various roles including locum consultant, AHPs, nurses and is also working with BDCT to improve the provision of speech and language therapy.

10.3. Early Pregnancy Awareness

Table 11: Patients presenting post 12wks 6days

| 2018-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Seen <=12wk 6 days | 407 | 367 | 435 | 406 | 390 | 411 | 401 | 370 | 435 | 395 | 391 | 482 |
| Presented on time | 425 | 384 | 456 | 433 | 403 | 421 | 407 | 391 | 447 | 415 | 409 | 496 |
| Performance | 95.8% | 95.6% | 95.4% | 93.8% | 96.8% | 97.6% | 98.5% | 94.6% | 97.3% | 95.2% | 95.6% | 97.18% |
| Seen <= 2 weeks | 50 | 26 | 26 | 37 | 27 | 31 | 35 | 40 | 38 | 34 | 32 | 35 |
| Late presenters | 58 | 28 | 28 | 43 | 31 | 34 | 38 | 44 | 42 | 39 | 36 | 38 |
| Performance | 86.2% | 92.9% | 92.9% | 86.0% | 87.1% | 91.2% | 92.1% | 90.9% | 90.5% | 87.2% | 88.9% | 92.11% |

Performance for patients presenting post 12wks 6days achieved target of 90% at 92.11% in January 2020. The team have applied escalation measures to identify resource to ensure bookings are planned. Learning cascaded to staff to ensure planned/requested bookings are placed early in pregnancy.

10.4. Cancelled Operations – 28 day Breach

Table 12: Cancelled Operations not rebooked within 28 days

| Specialty | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| ENT | | | | | 1 | | | | | | | |
| GENERAL SURGERY | | | | | | | | | | | | 1 |
| PAEDIATRICS | | | | | | | 1 | | | | | |
| UROLOGY | | | | | | | | | | | | 1 |
| ORTHOPAEDICS | | | | | | | | | | | 1 | |
| Total | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 2 |

Two cancelled operations were not re-booked by the 28 day breach date in January 2020, one in General Surgery (patient did not receive appointment letter) and one in Urology (no ICU bed available).

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APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

| Operational Standards | Month | Threshold | Trajectory Target | Performance |
|--|--------|-----------|-------------------|-------------|
| A&E Emergency Care Standard | Jan-20 | 95.00% | 91.00% | 73.28% |
| Emergency Inpatient Length Of Stay >=21days | Jan-20 | 71 | 71 | 100 |
| Cancer 2 week wait | Dec-19 | 93.00% | 93.00% | 96.38% |
| Cancer 2 week wait - breast symptomatic | Dec-19 | 93.00% | 93.00% | 100.00% |
| Cancer 31 day First Treatment | Dec-19 | 96.00% | 96.00% | 100.00% |
| Cancer 31 day Subsequent Surgery | Dec-19 | 94.00% | 94.00% | 91.49% |
| Cancer 31 days for subsequent treatment - anti-cancer drug regimen | Dec-19 | 98.00% | 98.00% | 100.00% |
| Cancer 38 day Inter Provider Transfer | Dec-19 | 85.00% | 85.00% | 71.43% |
| Cancer 62 day First Treatment | Dec-19 | 85.00% | 85.00% | 82.91% |
| Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers | Dec-19 | 90.00% | 90.00% | 93.10% |
| Diagnostics - patients waiting under 6 weeks for test | Jan-20 | 99.00% | 99.00% | 97.94% |
| RTT - Patients waiting within 18 weeks on incomplete pathways | Jan-20 | 92.00% | 92.00% | 85.29% |
| Mixed-sex accommodation breach | Jan-20 | 0 | 0 | 0 |
| Cancelled Operations 28 day breach | Jan-20 | 0 | 0 | 2 |
| National Quality Requirement | Month | Threshold | Trajectory Target | Performance |
| Infection Control - MRSA Bacteraemia | Jan-20 | 0 | 0 | 0 |
| Infection Control - C difficile infections | Jan-20 | 2.5 | 0 | 4 |
| RTT - Patients waiting over 52 weeks on incomplete pathways | Jan-20 | 0 | 0 | 0 |
| Ambulance handovers taking between 30-60 minutes | Jan-20 | 0 | 72 | 101 |
| Ambulance handovers taking longer than 60 minutes | Jan-20 | 0 | 15 | 49 |
| Waits in A&E longer than 12 hours | Jan-20 | 0 | 0 | 0 |
| Urgent operation cancelled for a second time | Jan-20 | 0 | 0 | 0 |
| VTE risk assessment | Jan-20 | 95.00% | 95.00% | 96.57% |
| Duty of candour breaches | Jan-20 | 0 | 0 | 0 |
| Quality Requirement | Month | Threshold | Trajectory Target | Performance |
| DTOC - Average daily number | Jan-20 | 12.44 | 12.44 | 12.32 |
| Stroke - patients who spend at least 90% of their time on a stroke unit | Jan-20 | 80.00% | 80.00% | 71.10% |
| % TIA higher risk cases who are treated within 24 hours | Jan-20 | 60.00% | 60.00% | 45.45% |
| Early Pregnancy Awareness: Patients presenting within 12wks 6days | Jan-20 | 90.00% | 90.00% | 97.18% |
| Early Pregnancy Awareness: Patients presenting post 12wks 6days | Jan-20 | 90.00% | 90.00% | 92.11% |
| TOPS - Number of ToPs that were offered screening for Chlamydia | Jan-20 | 100.00% | 100.00% | 100.00% |
| TOPS - Number of ToPs that were screened for Chlamydia | Jan-20 | 95.00% | 95.00% | 100.00% |
| TOPS - offered an assessment appointment within 5 working days of referral or self referral | Jan-20 | 95.00% | 95.00% | 99.25% |
| 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. | Jan-20 | 95.00% | 95.00% | 98.99% |
| TOPS - Number of women provided with contraception after surgical TOP | Jan-20 | 70.00% | 70.00% | 100.00% |
| TOPS - Number of women receiving contraceptive advice and signposting to CASH | Jan-20 | 100.00% | 100.00% | 100.00% |