

Meeting Title	Board of Directors Open Meeting		
Date	27 May 2020	Agenda item	Bo.5.20.36

PERFORMANCE REPORT – FOR THE PERIOD APRIL 2020

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:		
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 April 2020.		
Analysis		
<p>Emergency Care Standard (ECS):</p> <ul style="list-style-type: none">ECS Performance for Type 1 and 3 attendances improved to 90.27% for April 2020 whilst performance for Type 1, 2 and 3 attendances was 91.65% for the same period. Performance in May 2020 is forecast as 92.26% for type 1 & 3 and 93.38% for type 1, 2, & 3 attendances.The average daily number of type 1 & 3 attendances in April was 201 against an average of 396 in April 2019.The Emergency Department continues to be divided into red and green areas to separate the management of suspected Covid-19 patients and non-covid-19 related attendances. The GP stream ceased on 03-April-2020 as this was replaced by GP community hubs across Bradford.The same day emergency care pathway for medical patients has been established on AMU ward 4 and has made a significant impact in managing emergency patient flow through with a subsequent improvement in 4 hour performance. <p>Ambulance Handovers:</p> <ul style="list-style-type: none">Performance for handovers within 15 minutes was 71.86% in April 2020. Handover delays between 30 and 60 minutes fell to 7 in April 2020, with only 1 delays above 60 minutes. The Hospital Ambulance Liaison Officer (HALO) support provided by Yorkshire Ambulance Service (YAS) continues to be in place to further improve the handover process. <p>Long Length of Stay (Stranded Patients):</p> <ul style="list-style-type: none">The daily average number of patients with a length of stay ≥21 days was 32 in April 2020 against an NHSI target of 71 for BTHFT.The MAIDT team continues to work closely with community and local authority providers to reduce the number of long stay patients in the hospital. <p>Cancer Wait Times:</p> <ul style="list-style-type: none">Fast track referrals (2WW) since the COVID-19 outbreak have reduced by 63% (from 366 to 136)		

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although referrals are now closer to pre-covid levels in recent weeks (222) average for May. Wait time for first appointment deteriorated in April 2020 predominately due to the ceasing of all Endoscopy activity in April 2020 following concerns about the risks to clinicians of undertaking aerosol generating procedures. Performance in May 2020 is forecast to recover to above target.

- Cancer 62 Day First Treatment performance for March 2020 has been reported at 88.83% against a standard of 85% following significant improvement in Urology.
- April 2020 performance is expected to deteriorate below standard due to reduced surgical activity in response to the COVID-19 crisis. Surgery has been prioritised for patients whose cancer prognosis is time sensitive.
- The number of patients waiting over 62 days has also increased significantly.
- The Theatre Prioritisation process was implemented by the Trust in April 2020 following guidance from the Royal College of Surgeons. This is chaired by the Operations Medical Director and currently takes place twice a week. The process allocates the limited theatre time available to patients requiring time-sensitive procedures or advises on alternative options/ provider where available.

Referral to Treatment:

- Incomplete performance deteriorated to 70.61% for April 2020. The position has been significantly impacted by reduced elective activity since mid-March 2020 in response to COVID-19.
- A reduction in the waiting list size below 18 weeks due to a reduction in GP routine referrals (down by 78% from 1446 to 322 per week) and overall increased waiting time is also having a significant impact.
- The use of virtual and video clinics continues to provide alternative outpatient capacity.
- 7 patients have been reported as waiting over 52 week at the end of April 2020 and a further increase is expected in May 2020.

Diagnostic waiting times:

- Performance for April 2020 for DM01 reportable tests was 33.70%. All routine Radiology and Endoscopy has been postponed in April 2020 due to the COVID-19 response and the services are focusing on providing urgent diagnostics. This is in line with Trust wide approach to ceasing non urgent face to face work.

Healthcare Associated Infections:

- There were 2 clostridium difficile infections (CDI) attributed to the Trust in April 2020.
- There were 0 cases of MRSA bacteraemia attributed to BTHFT in April 2020.

Other exceptions:

- Transient Ischaemic Attack (TIA) performance achieved at 75% in April 2020, against a target of 60%.
- Time on dedicated stroke unit performance was 52.5% in April 2020 against the 80% target.
- There were 40 breaches of the 28 day re-booking target for same day cancelled operations in April 2020. Only 1 breach is forecast for May 2020.
- Early Pregnancy Awareness for those presenting post 12wks 6days recovered above the 90% target in April 2020 after having not done so in March 2020.

Recommendation

The committee is asked to:

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

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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:
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 APRIL 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

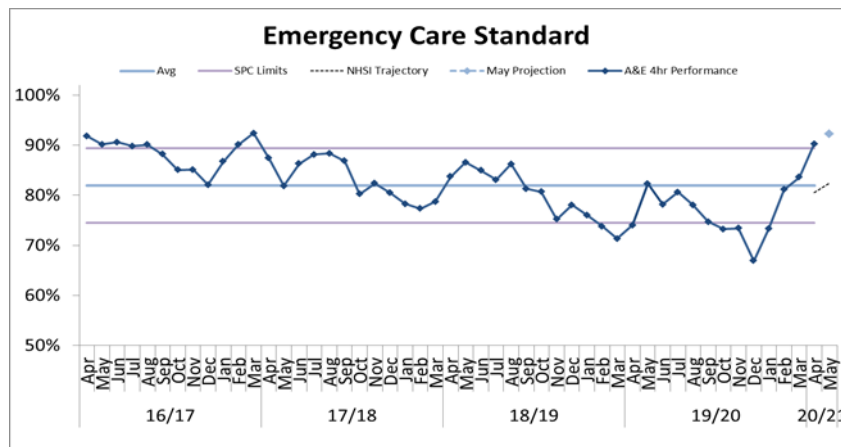
Table 1: Headline KPI Summary

Section	Headline KPI	Latest Month	Plan Trajectory	Performance	3 month Trend
3	Emergency Care Standard	Apr-20	80.50%	90.27%	↑
4	Ambulance Handover 30-60	Apr-20	100	7	↓
4	Ambulance Handover 60+	Apr-20	45	1	↓
5	Length of Stay ≥21days	Apr-20	71	32	↓
6.1	Cancer 2 Week Wait	Mar-20	93.00%	96.20%	↑
6.2	Cancer 62 Day First Treatment	Mar-20	85.00%	88.83%	↓
7	RTT Incomplete	Apr-20	86.00%	70.61%	↓
8	Diagnostics Waiting Times	Apr-20	96.92%	33.70%	↓
9.1	C Difficile Infections	Apr-20	TBA	2	→
9.2	MRSA Bacteraemia	Apr-20	0	0	→
10	Exceptions				

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3. Emergency Care Standard (Type 1&3)

Figure 1: Monthly ECS Performance – BTHFT



BTHFT reported a position of 90.27% for the month of April 2020. Performance for May 2020 (up to 11th) is 92.26% for Types 1 and 3.

Figure 2: ECS Performance – National Comparison

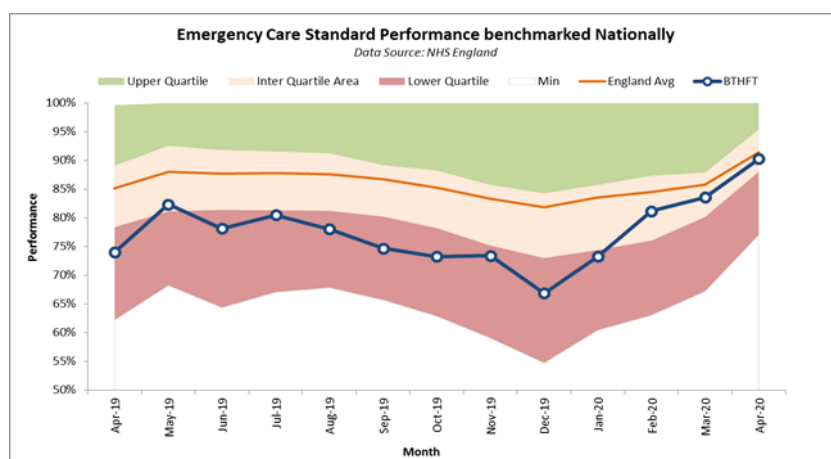
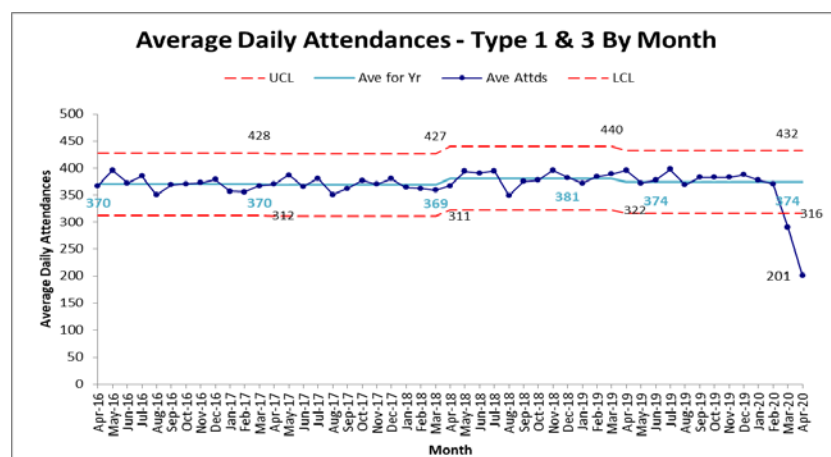


Figure 2 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance in April 2020 continues to improve above the lower quartile.

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



Daily average attendances have reduced during the COVID-19 pandemic.

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Emergency Department's response to COVID-19

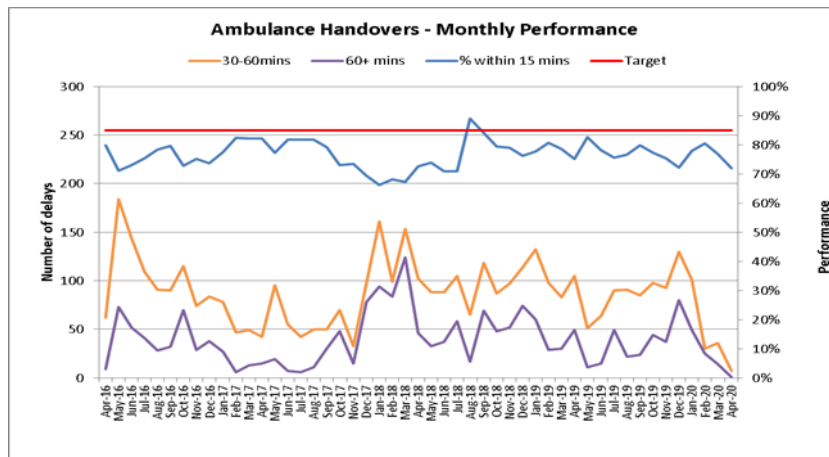
The Emergency Department has been redesigned in response to COVID-19 and is managing staff absence on a daily basis.

- Purple and Green Zones have been allocated to patients with COVID-19 symptoms. Adult Non-COVID patients are being treated in Red Zone and CDU.
- Majors pathway for medical patients has been moved temporarily to AMU ward 4 and a same day emergency pathway established with ED and Acute medical teams working together.
- Paediatric patients with COVID-19 symptoms are being referred directly to ward 32 and paediatric patients with no COVID-19 symptoms to ward 30. Treatment of these patients is being provided by the Emergency Department (ED) staff.
- The stroke pathway remains in place.
- Patients requiring surgical assessment are referred directly to surgical assessment unit.

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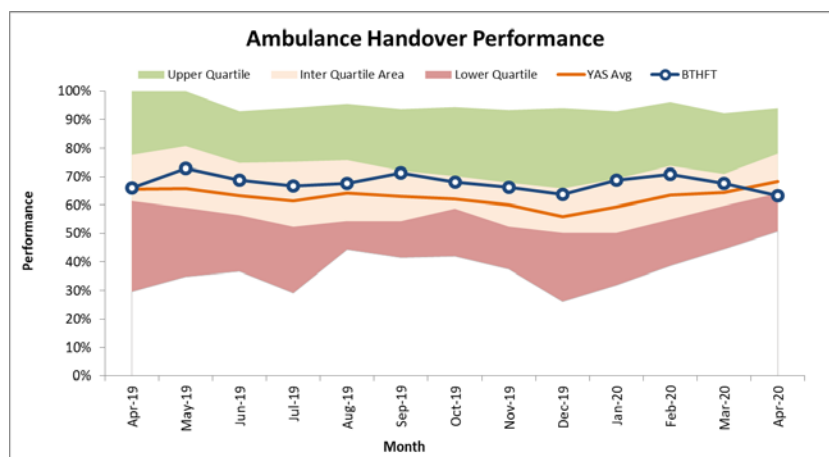
4. Ambulance Handover Performance

Figure 4: Ambulance Handovers – Attributable to BTHFT



The number of handovers over 30 minutes and over 60 minutes in April 2020 fell to a combined total of 8, compared with 50 in March (validated position).

Figure 5: Ambulance Handovers – Yorkshire Comparison



April 2020 ambulance handover benchmarking data, supplied by the Yorkshire Ambulance Service (YAS), shows BTHFT dropping just below the regional average for handover within 15 minutes.

The deterioration is related to delays in handovers caused by the diversion of patients with COVID-19 symptoms from the main ambulance entrance to the Purple Zone.

Ambulance Handover during COVID-19

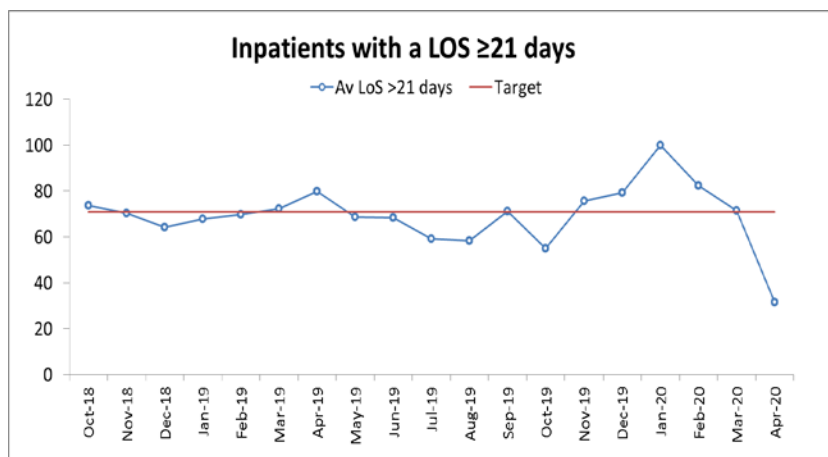
Two entrances are being used for patients arriving via ambulance. The entrance at the main ambulance assessment area is being used for patients with no COVID-19 symptoms and if a patient has COVID-19 symptoms then the paramedics are directed to the Purple Zone.

The Yorkshire Ambulance Service continue to provide a Hospital Ambulance Liaison Officer (HALO) support from 12.00-00.00 each day to further improve the handover process.

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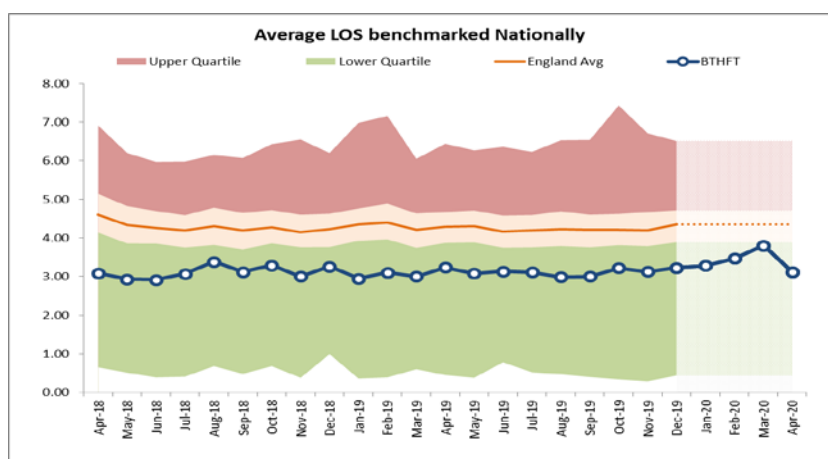
5. Inpatient Length of Stay (LOS) \geq 21 days

Figure 6: Inpatient Length of Stay \geq 21 days – BTHFT



The number of patients with a LOS over 21 days has reduced in April 2020 with an average of 32 patients per day compared to a daily average of 71 patients in March 2020.

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 Average LOS for April 2020 was 3.1 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 above 14 days length of stay.
- The MAIDT team, community partners and the CCG work collaboratively to ensure timely and appropriate discharge planning.
- Command centre, Multi-Agency Integrated Discharge Team (MAIDT) and the Care of the elderly team are working closely with all other providers in Bradford and Craven area to implement the 'Care Home Action Plan' to ensure safe and effective processes for avoiding delays in the management of complex discharges.

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6. Cancer Standards

Table 2: Cancer Standards - Overview by Indicator – BTHFT

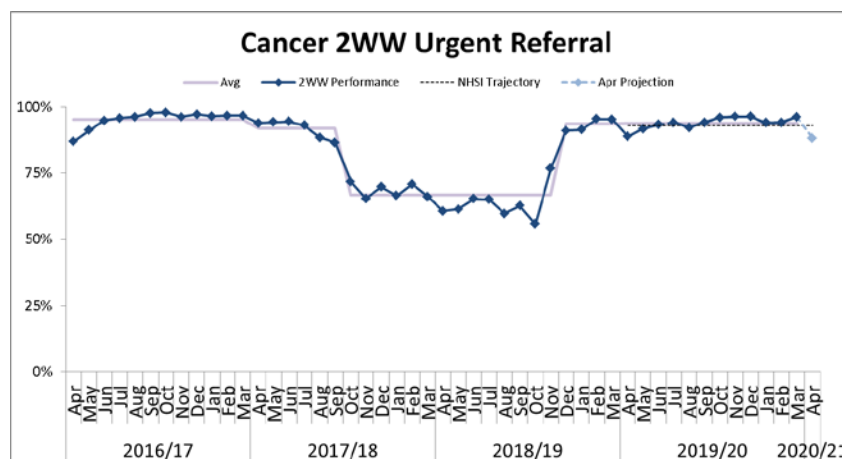
Measure	Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
14 day GP referral for all suspected cancers	93%	95.2%	88.8%	91.7%	93.2%	94.1%	92.1%	94.1%	96.0%	96.4%	96.4%	94.0%	94.2%	96.2%	88.1%
14 day breast symptomatic referral	93%	100.0%	50.0%	100.0%	100.0%	0.0%				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day first treatment	96%	93.0%	98.1%	97.8%	99.3%	97.1%	97.8%	96.6%	98.0%	95.0%	100.0%	95.4%	93.8%	99.4%	93.9%
31 day subsequent drug treatment	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%
31 day subsequent surgery treatment	94%	83.3%	100.0%	94.6%	97.9%	97.6%	94.3%	95.2%	98.0%	91.3%	91.5%	89.2%	80.0%	100.0%	81.1%
62 day GP referral to treatment	85%	71.7%	88.1%	81.9%	82.03%	85.84%	81.31%	78.7%	80.3%	74.9%	82.9%	72.2%	77.3%	89.8%	76.8%
62 day screening referral to treatment	90%	100.0%	94.9%	93.9%	93.8%	93.9%	100.0%	89.8%	87.1%	85.4%	93.1%	90.9%	70.0%	83.3%	70.3%
62 day consultant upgrade to treatment		100.0%	100.0%	72.7%	84.6%	84.6%	85.7%	91.3%	100.0%	75.0%	100.0%	78.3%	64.7%	83.2%	76.9%

In March 2020, all standards were achieved except for the 62 Day Screening referral to treatment standard. All standards are predicted to fall below target in April 2020 apart from the 14 Day Breast Symptomatic referral standard as a result of the COVID-19 response.

The 62 Day screening referral to treatment fail in March 2020 relates to 2 breaches in Lower GI as a result of endoscopy capacity issues and 3 breaches in Breast (1 patient choice, 2 complex pathways requiring 2 biopsies to confirm diagnosis).

6.1. Cancer 2 Week Wait

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

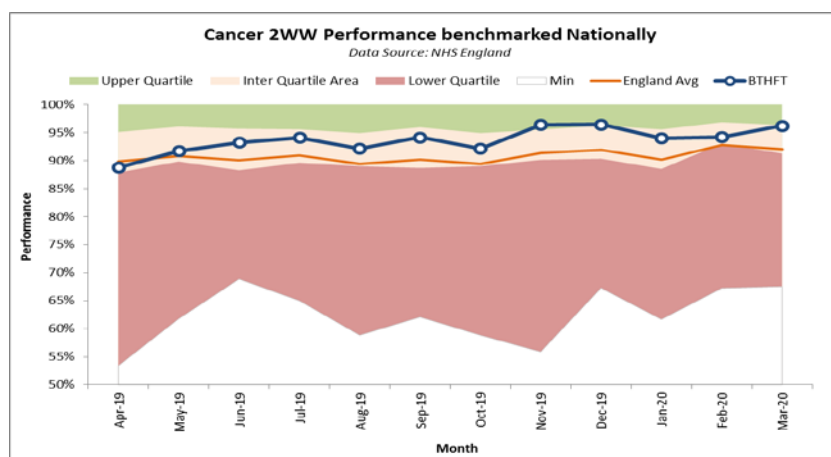


2 Week Wait (2WW) for first seen performance for March 2020 remained above target at 96.20%.

Performance for April 2020 is expected to decrease below target at 88.12% due to reduced capacity during COVID-19.

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Figure 9: 2WW National Comparison – BTHFT



Performance in March 2020 places the Trust above the England average and close to the upper quartile.

Table 3: 2WW Performance by Tumour Group

Site	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
TRUST	91.7%	93.2%	94.1%	92.1%	94.1%	96.0%	96.4%	96.4%	94.0%	94.2%	96.2%	88.1%
Breast	78.6%	91.6%	91.0%	97.4%	99.1%	100.0%	94.7%	96.1%	97.6%	100.0%	99.3%	95.5%
Gynae	98.0%	96.7%	94.5%	95.2%	96.0%	96.8%	98.0%	98.3%	98.3%	97.4%	98.5%	96.3%
Haematology	95.2%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	94.7%	100.0%
Head & Neck	96.4%	93.5%	96.3%	97.9%	95.2%	99.5%	98.4%	99.4%	98.4%	98.0%	98.0%	88.6%
Lower GI	86.7%	89.3%	93.5%	70.3%	87.6%	91.5%	92.9%	93.3%	89.7%	76.1%	92.2%	82.8%
Lung	100.0%	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Other	95.2%	91.3%	100.0%	83.3%	96.4%	96.9%	91.3%	92.0%	93.3%	95.5%	86.7%	75.0%
Skin	98.1%	94.4%	94.8%	93.3%	92.1%	98.0%	99.7%	98.7%	97.6%	97.8%	97.4%	92.5%
Upper GI	94.1%	91.0%	90.6%	91.3%	92.1%	76.4%	91.5%	85.7%	71.9%	92.5%	79.2%	56.9%
Urology	99.3%	98.4%	97.7%	100.0%	99.2%	99.2%	97.7%	99.2%	96.6%	97.7%	100.0%	95.4%

All tumour groups performed above the 93% target in March 2020 with the exception of Lower GI, Upper GI and Other. The fail in Lower GI and Upper GI related to ongoing capacity issues within endoscopy impacting on straight to test pathways.

Cancer 2WW during COVID-19

Fast track referrals have reduced by (136 referrals received on average per week in April 2020 compared to 366 per week from 06-Jan-2020 to 16-Mar-2020) and revised pathways have been implemented following national guidance adopted by the Cancer Alliance.

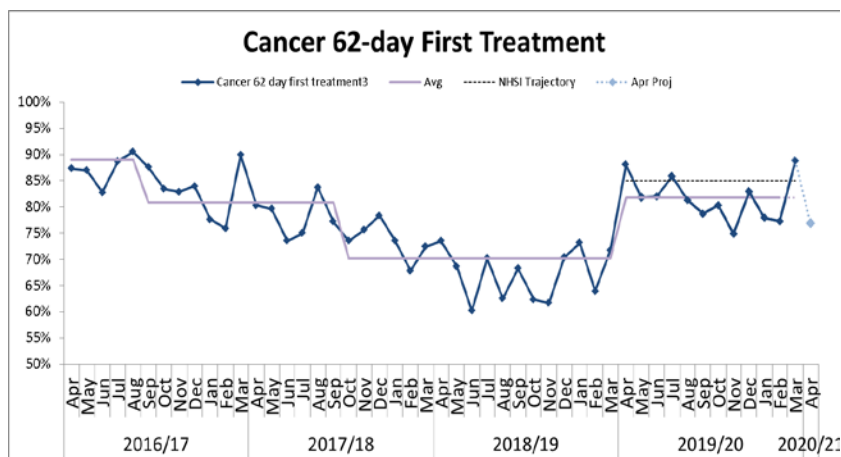
During the initial stages of COVID-19 response in April 2020, Endoscopy was not available for Fast Track patients following concerns about the risks to clinicians undertaking airborne procedures. This has resulted in increased wait times for diagnosis and treatment. Clinical triage was implemented to minimise the impact and redirect patients to alternative therapies. Endoscopy capacity has since been increased in May 2020 which will support a reduction in waiting times, with a further increase in capacity planned for June 2020.

2WW performance continues to be closely monitored and with the exception of straight to test Endoscopy provision is in place for all tumour groups to prevent breaches against this standard from May 2020 onwards.

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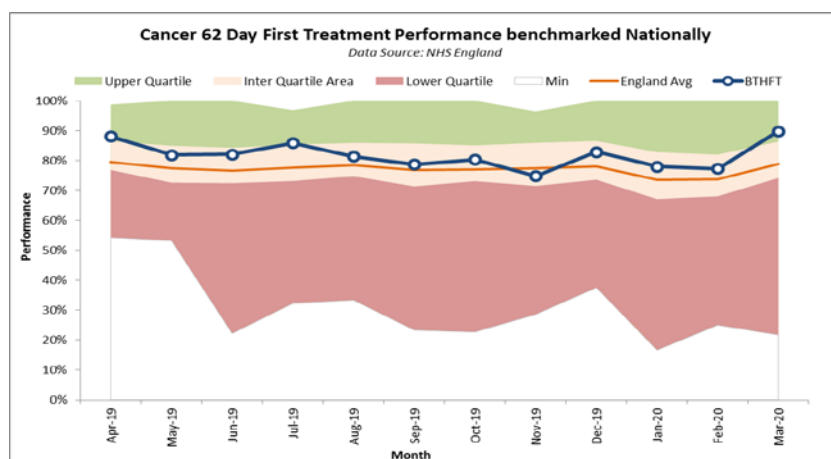
6.2. Cancer 62 day First Treatment

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



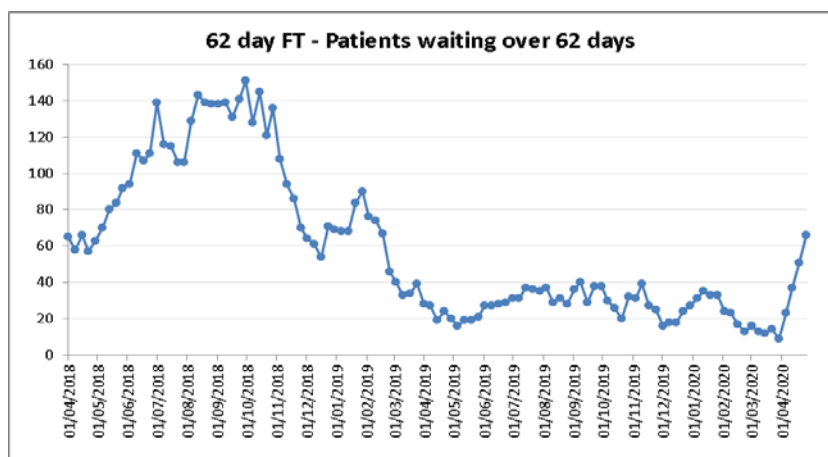
The 62 Day First Treatment position is above target at 89.83% for March 2020 but is expected to decrease below target in April 2020 at 76.82%.

Figure 11: 62 Day First Treatment performance – National Comparison



BTHFT performance in March 2020 was above the upper quartile.

Figure 12: Patients Waiting Over 62 Days



The number of patients waiting over 62 days increased in April 2020 to 66 patients, due to a large number of treatment and diagnostics being put on hold following clinical review as part of the COVID-19 response planning.

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Table 4: 62 Day First Treatment performance by Tumour Group

Site	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
TRUST	81.9%	82.0%	85.8%	81.3%	78.7%	80.3%	74.9%	82.9%	77.9%	77.3%	89.8%	76.8%
Breast	89.7%	100.0%	91.7%	90.7%	92.9%	100.0%	88.2%	100.0%	100.0%	100.0%	100.0%	100.0%
Gynae	100.0%	100.0%	66.7%	100.0%	66.7%	100.0%	100.0%	80.0%	88.9%	75.0%	75.0%	100.0%
Haematology	60.0%	75.0%	83.3%	77.8%	100.0%	57.1%	57.1%	72.7%	85.7%	33.3%	93.3%	100.0%
Head & Neck	66.7%	26.3%	37.5%	81.8%	22.2%	70.0%	64.7%	33.3%	83.3%	33.3%	66.7%	35.7%
Lower GI	76.9%	71.4%	81.3%	57.1%	100.0%	71.4%	55.6%	50.0%	40.0%	80.0%	81.8%	35.7%
Lung	60.0%	80.0%	81.8%	52.9%	100.0%	0.0%	66.7%	50.0%	46.2%	66.7%	0.0%	0.0%
Other	60.0%	66.7%	25.0%	0.0%		100.0%	20.0%	25.0%	100.0%	25.0%	100.0%	
Skin	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	97.1%	100.0%	97.2%	87.5%	91.3%	91.7%
Testicular												
Upper GI	50.0%	33.3%	100.0%	62.5%	28.6%	71.4%	12.5%	50.0%	60.0%	38.5%	100.0%	80.0%
Urology	72.3%	83.3%	76.1%	81.0%	60.5%	52.9%	61.2%	84.8%	52.3%	79.6%	95.6%	81.8%

Performance for a number of tumour groups continues to be impacted by complex pathways against low overall treatment numbers due to the COVID-19 response. Urology performance significantly improved following the implementation of recovery actions in previous months and was reported significantly above target in March 2020.

Cancer 62 Day during COVID-19

All cancer patients are being reviewed on a daily basis to ensure that clinical review and surgical prioritisation take place in a timely manner and according to the Royal College of Surgeons guidelines. Treatments and diagnostic tests are being put 'on hold' where appropriate following clinical review in line with the 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' published by NHS England. MDTs are considering alternative treatment options where possible.

The Theatre Prioritisation process was implemented by the Trust in April 2020 following the guideline from the Royal College of Surgeons. The Trust Theatre Prioritisation meeting chaired by the Operations Medical Director currently takes place twice a week and allocates the limited theatre time available to highly-urgent patients within their prioritisation timeframe or advises on alternative options/provider where available.

Weekly Cancer COVID-19 CCG calls scheduled on Fridays at 0800 and weekly Cancer Alliance calls scheduled each Tuesday at 0900 continue to coordinate cancer provision across the region.

6.3. Cancer Inter-Provider Transfers (IPT)

Table 5: Cancer IPT performance

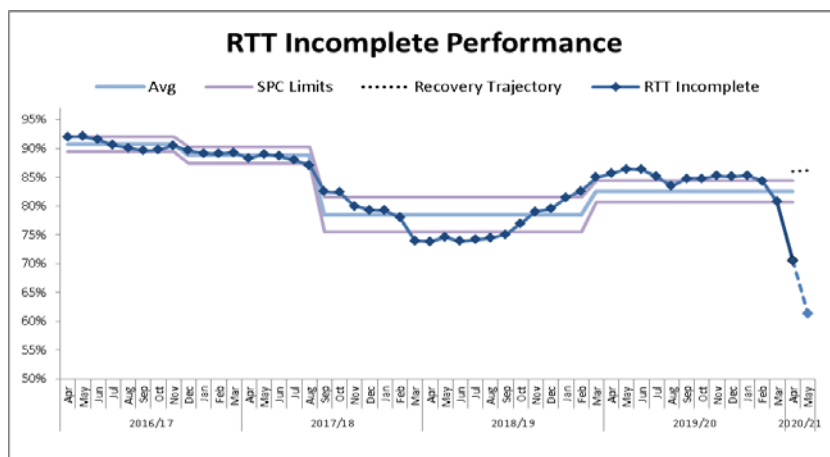
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Referred <38 days	36	25	10	21	38	22	28	15	31	20	24	26
Total	51	43	27	32	49	28	41	26	44	39	34	39
Performance	70.6%	58.1%	37.0%	65.6%	77.6%	78.6%	68.3%	57.7%	70.5%	51.3%	70.6%	66.7%

The Trust performance has deteriorated further below the 85% target at 66.7% in March 2020.

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7. Referral to Treatment (RTT) Incomplete

Figure 13: Monthly RTT Incomplete Performance (Target 92%)



The Trust's RTT position for April 2020 is 70.61% which represents a reduction compared to March 2020 (80.75%).

Predicted performance for May is 61.41%, due to reduced elective activity and a fall in referrals impacting the proportion of waits less than 18 weeks.

Figure 14: RTT Incomplete National Indicator – BTHFT

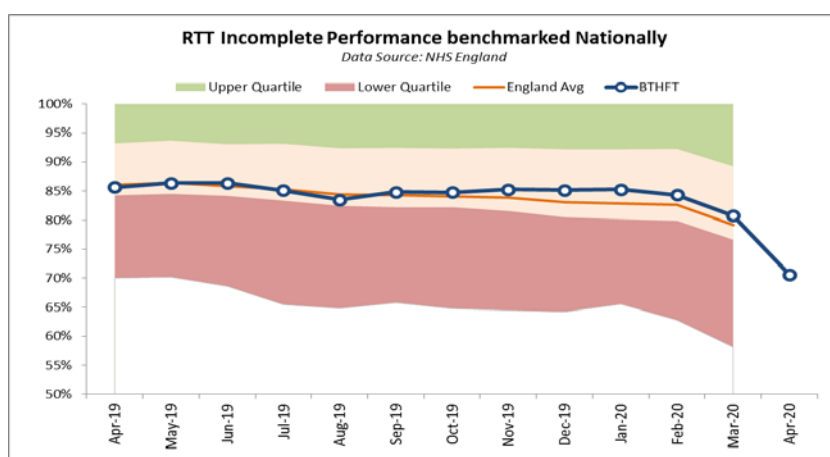
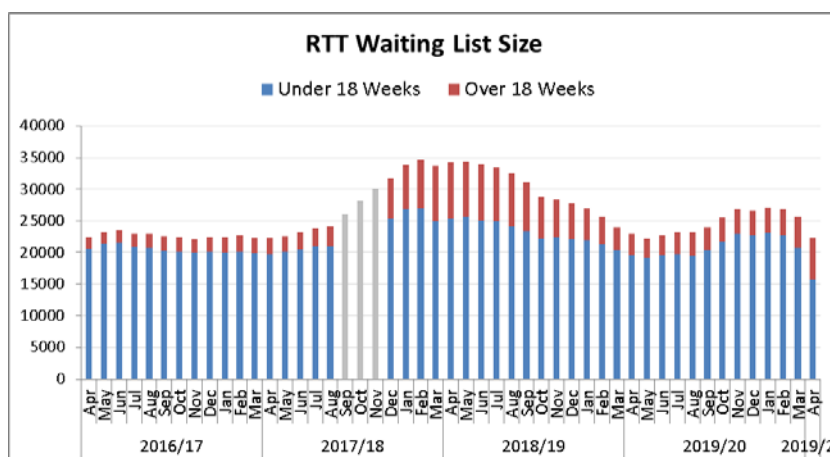


Figure 16 shows a comparison of national RTT Incomplete performance for April 2020. BTHFT remains above the England average. All trusts have seen a downturn in performance in response to COVID-19.

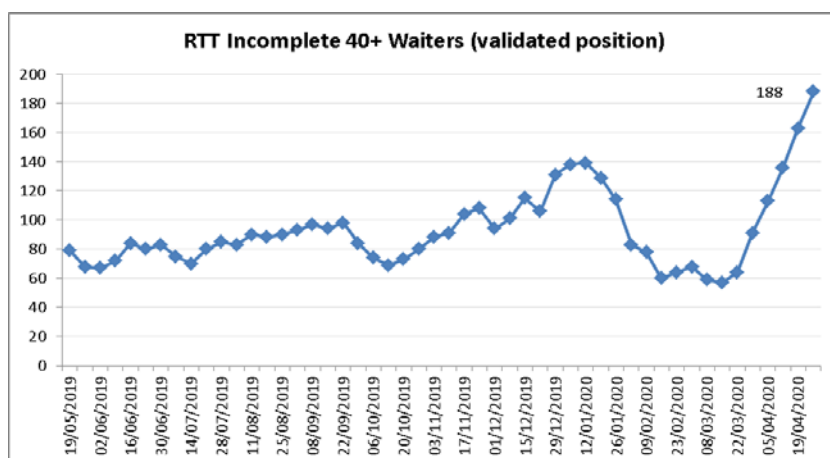
Figure 15: RTT Total Waiting List



The overall waiting list has reduced by 3,425 patients in April 2020 compared to March 2020 as a result of waiting list validation and a reduction in referrals since the COVID-19 outbreak.

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Figure 16: RTT Incomplete ≥40 Weeks



The number of patients waiting over 40 weeks began to increase from mid-March due to the cancellation of elective work as part of the COVID-19 response planning.

7 RTT Incomplete 52 Week breaches were reported in April 2020 while the Trust had not reported any breaches of this standard since October 2018.

Referral To Treatment during COVID-19

As well as a reduction in elective activity since mid-March 2020, a reduction in the waiting list size below 18 weeks due to waiting list validation and a reduction in GP referrals (down by 78% from 1446 to 322 per week) is having a negative on performance but is keeping the total waiting list at a recoverable level.

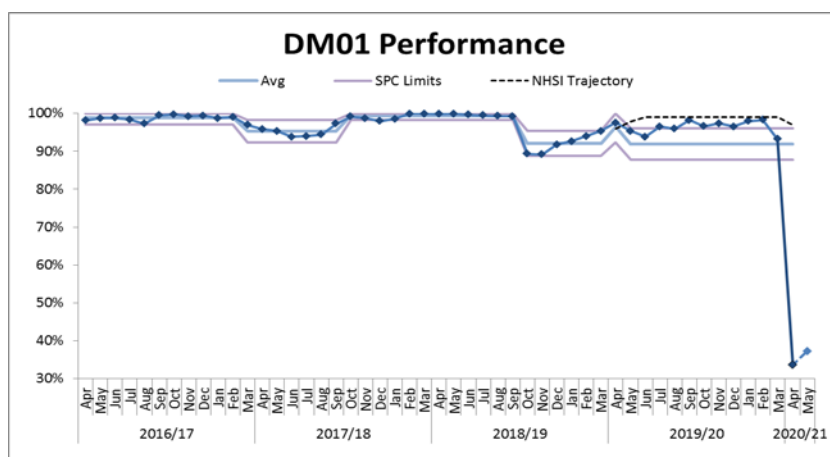
The same standard operating procedure in place for cancer patients is in place for all urgent patients and patients waiting over 32 weeks to ensure that available theatre capacity is fully utilised for patients who require time sensitive treatment.

The use of virtual and video clinics continues to provide alternative outpatient capacity, with the ongoing use of digital solutions a key component within outpatient transformation.

The Trust have started to formulate elective restart plans which will be predicated on robust capacity and demand planning which will also feed into place based discussion around elective capacity within Airedale, Bradford and Craven.

8. Diagnostic waiting times

Figure 17: Monthly DM01 Performance



April 2020 performance decreased to 33.70% due to COVID-19 related suspension of routine services, particularly within radiology and endoscopy modalities.

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Figure 18: Diagnostics - National Comparison

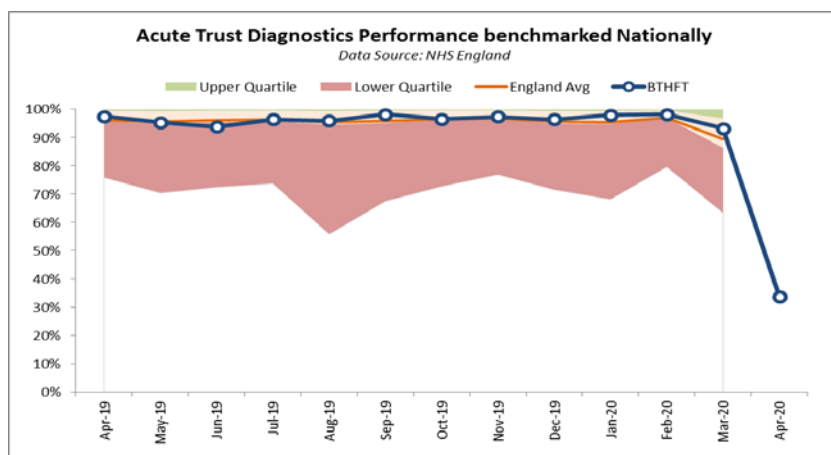


Figure 20 shows a national comparison of Diagnostic performance for April 2020.

BTHFT was performing above the England average. All trusts have seen a downturn in performance in response to COVID-19.

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	
Specialty		Performance	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Endoscopy	Colonoscopy	Waiting >6 weeks	40	56	18	43	36	52	40	50	27	19	56	350
		Total waiting	316	355	253	352	307	349	340	290	272	254	237	478
		% within 6 weeks	87.34%	84.23%	92.89%	87.78%	88.27%	85.10%	88.24%	82.76%	90.07%	92.52%	76.37%	26.78%
	Flexi Sig	Waiting >6 weeks	10	23	9	15	6	19	11	17	11	12	21	104
		Total waiting	92	124	78	102	106	113	105	105	56	66	85	163
		% within 6 weeks	89.13%	81.45%	88.46%	85.29%	94.34%	83.19%	89.52%	83.81%	80.36%	81.82%	75.29%	36.20%
	Cystoscopy	Waiting >6 weeks	196	260	133	111	6	2	2	3	1	1	45	45
		Total waiting	316	390	337	283	203	179	183	174	240	279	49	101
		% within 6 weeks	37.97%	33.33%	60.53%	60.78%	97.04%	98.88%	98.91%	98.28%	99.58%	99.64%	8.16%	55.45%
	Gastroscopy	Waiting >6 weeks	56	84	57	81	58	141	106	110	90	78	154	532
		Total waiting	388	443	522	393	403	364	386	414	352	396	367	613
		% within 6 weeks	85.57%	81.04%	89.08%	79.39%	85.61%	61.26%	72.54%	73.43%	74.43%	80.30%	58.04%	13.21%
All Other Modalities	Waiting >6 weeks	4	2	2	1	2	0	0	26	3	2	73	2775	
	Total waiting	5471	5564	5038	5026	4910	5202	5006	4887	5499	5541	4405	4386	
	% within 6 weeks	99.93%	99.96%	99.96%	99.98%	99.96%	100.00%	100.00%	99.47%	99.95%	99.96%	98.34%	36.73%	
Trust Total	Waiting >6 weeks	306	425	219	251	108	214	159	206	132	112	349	3806	
	Total waiting	6583	6876	6228	6156	5929	6209	6020	5870	6419	6536	5143	5741	
	% within 6 weeks	95.35%	93.82%	96.48%	95.92%	98.18%	96.55%	97.36%	96.49%	97.94%	98.29%	93.21%	33.70%	

Diagnostic Services during COVID-19

Routine Radiology and Endoscopy has been postponed and the services are focusing on providing urgent diagnostics.

The Endoscopy department has been conducting one Endoscopy scoping session per day to provide emergency endoscopy. Fast Track referrals are not being scoped, but are being triaged by consultants to radiological investigation (barium swallow or CT with contrast), telephone clinics, or discharged to GP with advice if appropriate. The service has opened a second room since the 11-May-2020 for one week trial with further review to be carried out; this is to undertake high risk advanced Endoscopy procedures mainly for cancer patients.

Both services are in advance planning stage to rapidly address the backlog which is being created due to this suspension. This will likely include adding weekend and evening sessions, creating additional in-hours capacity and outsourcing if required.

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9. Healthcare Associated Infections

9.1. C Difficile Infections (CDI) – threshold TBC apportioned cases for 2020/21

Table 7: Number of C Difficile Infections

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Atributable C-diff Cases	2	4	6	4	3	2	4	6	4	5	5	2
Trajectory	2	3	2	3	2	3	2	3	2	3	2	TBA

2 CDI's have been attributed to BTHFT in April 2020.

There were 44 cases of CDI attributed to the Trust for the financial year 2019/20 against an annual trajectory of 30. These cases have been assigned under the categories as listed below:

- 32 cases of Hospital Onset Healthcare Associated (HOHA)
- 12 cases of Community Onset Health Care Associated (COHCA)

A Post Infection Review (PIR) 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.

9.2. MRSA Bacteraemia

Table 8: Number of MRSA Bacteraemia

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

Zero MRSA bacteraemia were apportioned to the Trust in April 2020. Two cases were apportioned for the last financial year (2019/20).

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	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Treated within 24 hrs	4	6	10	7	8	10	4	9	5	4	5	3
Patients with TIA	7	16	20	14	13	22	15	11	11	10	11	4
Performance	57%	38%	50.00%	50.0%	61.5%	45.5%	26.7%	81.8%	45.5%	40%	45%	75.00%

TIA performance in April 2020 achieved the threshold of 60%, at 75%, having not done so in the previous three months.

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10.2. Stroke

Table 10: Stroke Performance

Stroke performance	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
=>90% on stroke unit	38	30	28	29	30	40	45	30	35	22	37	21
Pts admitted for Stroke	46	32	33	37	31	49	51	46	48	34	54	40
Performance	82.6%	93.8%	84.8%	78.4%	96.8%	81.6%	88.2%	65.2%	72.9%	64.7%	68.5%	52.5%

Stroke performance for April 2020 is 52.5% with 16 of the total 19 fails due to Covid-19 (patients being moved to appropriate zones as per the Trust ward cohorting plan).

The service has successfully recruited to a joint Consultant post with General Medicine, with the candidate due to start in August 2020. A Locum Consultant post (three months) is currently being advertised. The joint business case with the Airedale Hospital for a Rehabilitation Consultant post has been put on hold due to current pressures.

Recruitment remains underway for therapy staff with the aim to be fully recruited by June 2020; currently the workload is being managed via reprioritising demand. A further business case is being developed in conjunction with BDCT for Speech and Language therapy to expand the service to the rising demand across adult inpatient wards.

Whilst the above KPI has been impacted by Covid-19, the service has remained committed to deliver improvements across a number of SSNA domains:

- Direct admissions improved from 25% in January 2020 to 59% in April 2020
- Thrombolysis within 1 hour improved from 14% in January 2020 to 33% in April 2020
- Speech and Language Therapy saw 100% of patients referred within 72 hours in April 2020 compared to 35% in January 2020
- Swallow Assessments completed within 72 hours improved from 48% in January 2020 to 89% in April 2020

10.3. Cancelled Operations – 28 day Breach

Table 11: Cancelled Operations – 28 day Breach

Specialty	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
BREAST SURGERY												3
ENT		1										4
GENERAL SURGERY									1			12
GYNAECOLOGY												1
OPHTHALMOLOGY											2	5
ORAL/MAX FAX												1
ORTHOPAEDICS								1				2
PAEDIATRICS				1								
UROLOGY									1			10
VASCULAR												2
Total	0	1	0	1	0	0	0	1	2	0	2	40

There were 40 breaches of the 28 day re-booking target for same day cancelled operations in April 2020, the majority being a result of suspension of elective operations during the COVID-19 pandemic.

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10.4. Early Pregnancy Awareness

Table 12: Patients presenting post 12wks 6days

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Seen <=12wk 6 days	406	390	411	401	370	435	395	391	482	395	383	435
Presented on time	433	403	421	407	391	447	415	409	496	412	395	474
Performance	93.8%	96.8%	97.6%	98.5%	94.6%	97.3%	95.2%	95.6%	97.2%	95.9%	97.0%	91.8%
Seen <= 2 weeks	37	27	31	35	40	38	34	32	35	36	46	30
Late presenters	43	31	34	38	44	42	39	36	38	39	52	33
Performance	86.0%	87.1%	91.2%	92.1%	90.9%	90.5%	87.2%	88.9%	92.1%	92.3%	88.5%	90.9%

Performance for patients presenting post 12wks 6days recovered above the target of 90% at 90.01% in April 2020.

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APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Apr-20	95.00%	80.50%	90.28%
Emergency Inpatient Length Of Stay >=21days	Apr-20	71	71	32
Cancer 2 week wait	Mar-20	93.00%	93.10%	96.20%
Cancer 2 week wait - breast symptomatic	Mar-20	93.00%	100.00%	100.00%
Cancer 31 day First Treatment	Mar-20	96.00%	96.60%	99.41%
Cancer 31 day Subsequent Surgery	Mar-20	94.00%	94.60%	100.00%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Mar-20	98.00%	100.00%	100.00%
Cancer 38 day Inter Provider Transfer	Mar-20	85.00%	85.00%	66.67%
Cancer 62 day First Treatment	Mar-20	85.00%	85.60%	89.83%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Mar-20	90.00%	90.00%	83.33%
Diagnostics - patients waiting under 6 weeks for test	Apr-20	99.00%	96.92%	33.70%
RTT - Patients waiting within 18 weeks on incomplete pathways	Apr-20	92.00%	86.00%	70.61%
Mixed-sex accommodation breach	Apr-20	0	0	0
Cancelled Operations 28 day breach	Apr-20	0	0	40
National Quality Requirement	Month	Threshold	Trajectory Target	Performance
Infection Control - MRSA Bacteraemia	Apr-20	0	0	0
Infection Control - C difficile infections	Apr-20	2.5	0	2
RTT - Patients waiting over 52 weeks on incomplete pathways	Apr-20	0	0	7
Ambulance handovers taking between 30-60 minutes	Apr-20	0	100	7
Ambulance handovers taking longer than 60 minutes	Apr-20	0	45	1
Trolley waits in A&E longer than 12 hours	Apr-20	0	0	0
Urgent operation cancelled for a second time	Apr-20	0	0	0
VTE risk assessment	Apr-20	95.00%	95.00%	96.16%
Duty of candour breaches	Apr-20	0	0	0
Quality Requirement	Month	Threshold	Trajectory Target	Performance
DTOC - Average daily number	Apr-20	12.44	12.44	2.47
Stroke - patients who spend at least 90% of their time on a stroke unit	Apr-20	80.00%	80.00%	52.50%
% TIA higher risk cases who are treated within 24 hours	Apr-20	60.00%	60.00%	75.00%
Early Pregnancy Awareness: Patients presenting within 12wks 6days	Apr-20	90.00%	90.00%	91.77%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	Apr-20	90.00%	90.00%	90.91%
TOPS - Number of ToPs that were offered screening for Chlamydia	Apr-20	100.00%	100.00%	100.00%
TOPS - Number of ToPs that were screened for Chlamydia	Apr-20	95.00%	95.00%	100.00%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	Apr-20	95.00%	95.00%	100.00%
TOPS - choosing to proceed with a termination should be offered an appointment for the procedure within 7 working days after the decision to proceed has been taken.	Apr-20	95.00%	95.00%	100.00%
TOPS - Number of women provided with contraception after surgical TOP	Apr-20	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to CASH	Apr-20	100.00%	100.00%	100.00%