

Meeting Title	Open Board of Directors Meeting		
Date	9 July 2020	Agenda item	Bo.7.20.33

OPEN BOARD - PERFORMANCE REPORT FOR THE PERIOD MAY 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 May 2020.

Analysis

Emergency Care Standard (ECS):

- ECS Performance for Type 1 and 3 attendances improved to 92.09% for May 2020 whilst performance for Type 1, 2 and 3 attendances was 93.23% for the same period. Performance in June 2020 is forecast as 93.38% for type 1 & 3 and 94.39% for type 1, 2, & 3 attendances.
- The average daily number of type 1 & 3 attendances in June is predicted to be 290 against an average of 251 in May and 201 in April 2020. The increase in May 2020 and June 2020 was predominately for Paediatrics and Minor injury/illness, and correlated with increased see and treat activity.
- 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 focus on same day emergency care has also contributed to improved performance.

Ambulance Handovers:

- Performance for handovers within 15 minutes was 61.4% in May 2020. There were 33 delayed handovers between 30 and 60 minutes and 2 above 60 minutes. Delayed handovers for June 2020 are projected to be 35 between 30 and 60 minutes and 7 over 60 minutes. June 2020 position continuous to be validated. The Hospital Ambulance Liaison Officer (HALO) support provided by Yorkshire Ambulance Service (YAS) continues to be in place to help improve the handover process.

Long Length of Stay (Stranded Patients):

- The daily average number of patients with a length of stay ≥ 21 days was 38 in May 2020 and projected position for June 2020 is 51 against an NHSI target of 71 for BTHFT. June 2020 related to increase in number of Non-Covid patients requiring further clinical intervention.
- The site team is in regular liaison with the MAIDT team, community partners and the CCG to discuss discharge to assess and ensure medically fit for discharge patients leave the hospital as soon as is practically possible.

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Cancer Wait Times:

- Fast track referrals initially reduced by 63% (from 366 to 136 per week) following the COVID-19 outbreak but have started to return towards previous levels with 222 per week in May 2020 and 276 per week in June. Performance against the 2 Week Wait standard is forecast to recover to above target in May at 97.7% and be sustained in June.
- Cancer 62 Day First Treatment performance for April 2020 was 80.74% against a standard of 85% and May performance is expected be similar (forecast 80.43%) due to reduced diagnostic and surgical activity in response to the COVID-19 crisis. The number of patients waiting over 62 days has also increased significantly due to these reasons.
- Surgery has been prioritised for patients whose cancer prognosis is time sensitive and 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:

- In response to the COVID-19 pandemic all routine RTT referrals were halted. During this period only emergency and cancer or urgent elective activity was undertaken. As a result overall waiting times increased and the total waiting list size reduced but with a greater proportion of patients waiting over 18 weeks. This has resulted in the 18 week RTT standard performance deteriorating to 59.48% for May 2020 and 25 patients have been reported as waiting over 52 week at the end in May 2020.
- All long waits have been reviewed using clinical prioritisation guidelines and the daily review of management plans for patients waiting over 32 weeks continues. This process will ensure no clinically urgent cases wait longer than necessary. The use of virtual and video clinics continues to provide alternative outpatient capacity and elective restart planning is underway.

Diagnostic waiting times:

- Performance for May 2020 for DM01 reportable tests was 28.90%. All routine Radiology and Endoscopy remains postponed due to the COVID-19 response and the services are focusing on providing urgent diagnostics. The use of the independent sector and elective restart planning is in places to support recovery.

Healthcare Associated Infections:

- There were 3 clostridium difficile infections (CDI) attributed to the Trust in May 2020.
- There were 0 cases of MRSA bacteraemia attributed to BTHFT in May 2020.

Other exceptions:

- Transient Ischaemic Attack (TIA) performance was 58.33% against the target of 60%.
- Time on dedicated stroke unit performance was 68.97% against the 80% target.

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

OPEN BOARD - PERFORMANCE REPORT FOR THE PERIOD MAY 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

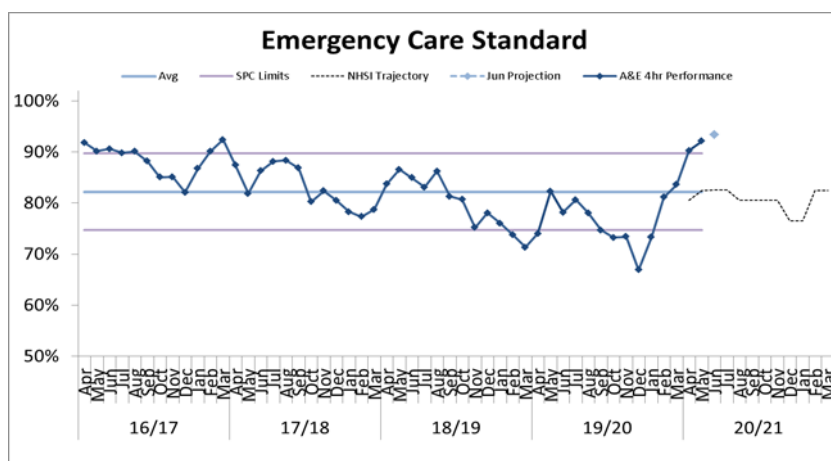
Table 1: Headline KPI Summary

Section	Headline KPI	Latest Month	Plan Trajectory	Performance	3 month Trend
3	Emergency Care Standard	May-20	82.50%	92.09%	↑
4	Ambulance Handover 30-60	May-20	75	33	↑
4	Ambulance Handover 60+	May-20	35	2	↑
5	Length of Stay ≥21days	May-20	71	38	↓
6.1	Cancer 2 Week Wait	Apr-20	93.00%	88.09%	↑
6.2	Cancer 62 Day First Treatment	Apr-20	85.70%	80.74%	↓
7	RTT Incomplete	May-20	86.23%	59.48%	↓
8	Diagnostics Waiting Times	May-20	96.92%	28.90%	↓
9.1	C Difficile Infections	May-20	TBA	3	↑
9.2	MRSA Bacteraemia	May-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 92.09% for the month of May 2020. Performance for June 2020 is expected to be 93.38% for Types 1 and 3.

Figure 2: ECS Performance – National Comparison

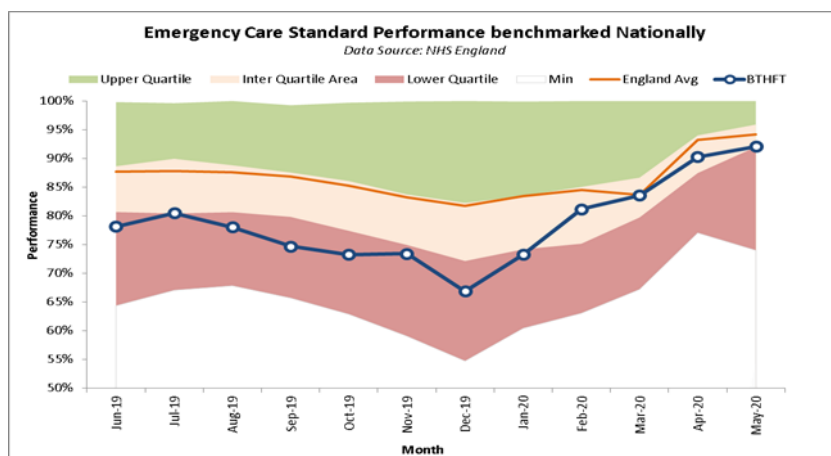
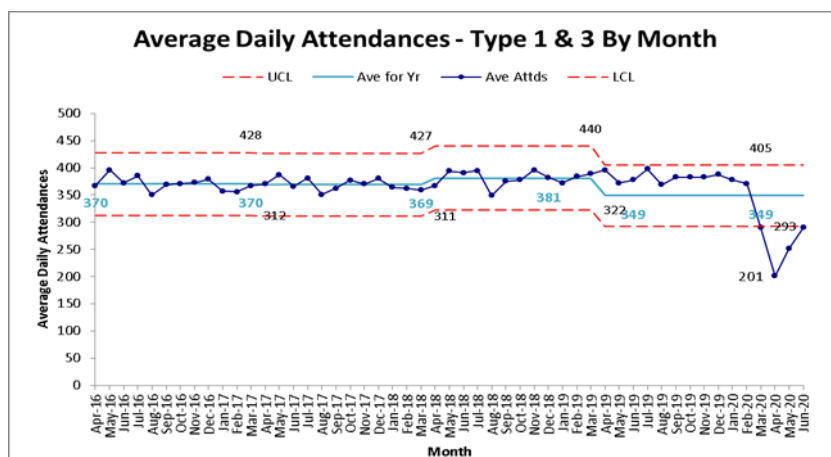


Figure 2 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance in May 2020 continues to improve.

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



Daily average attendances have reduced during the COVID-19 pandemic. Following a low of 201 average attendances per day in April 2020, the number for May 2020 has risen to 251, and for June is 290.

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Emergency Department's response to COVID-19

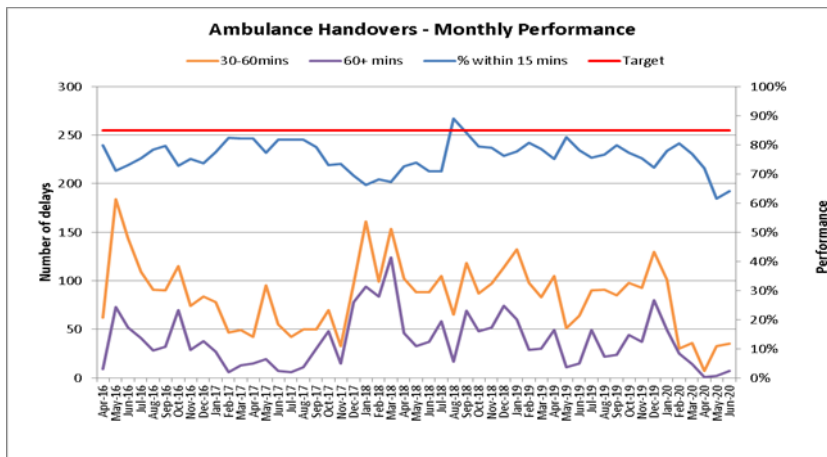
The Emergency Department has been redesigned in response to COVID-19 and is managing staff absence on a daily basis.

- Purple Zone continues to be allocated to patients with COVID-19 symptoms.
- CDU has been dedicated to cancer patients arriving in ED as 'Ultra Green' (Non-Covid) area.
- A major (amber zone) pathway for medical patients continues to take place on AMU and a same day emergency pathway established with ED and acute medical teams working together has contributed significantly to improved performance.
- Adult patients with minor injury/illness are being treated by the ED staff in the Trauma and Orthopaedics OPD.
- Paediatric patients have now moved back to ED (green zone) from wards 30 and 32.
- The stroke pathway remains in place.
- Patients requiring surgical assessment are referred directly to surgical assessment unit.

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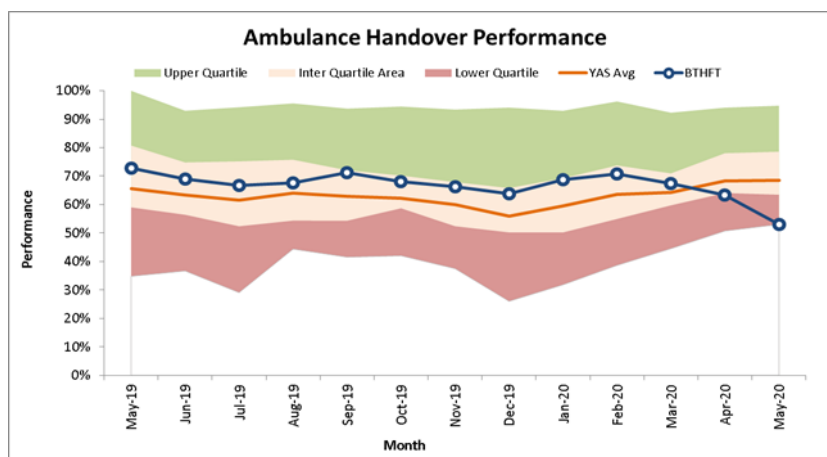
4. Ambulance Handover Performance

Figure 4: Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in May 2020 increased to 33 between 30 and 60 minutes and 2 over 60 minutes. Delayed handovers for June 2020 are projected to be 35 between 30 and 60 minutes and 7 over 60 minutes.

Figure 5: Ambulance Handovers – Yorkshire Comparison



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

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.

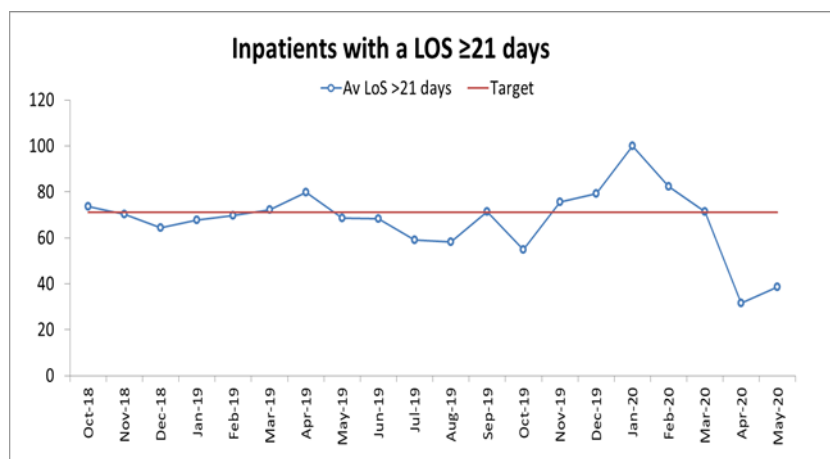
The deterioration in ambulance handover performance is related to delays in handovers caused by the diversion of patients with COVID-19 symptoms from the main ambulance entrance to the Purple Zone. There were also delays in handover caused by diversion of paediatric patients to wards 30 and 32.

The Yorkshire Ambulance Service continues 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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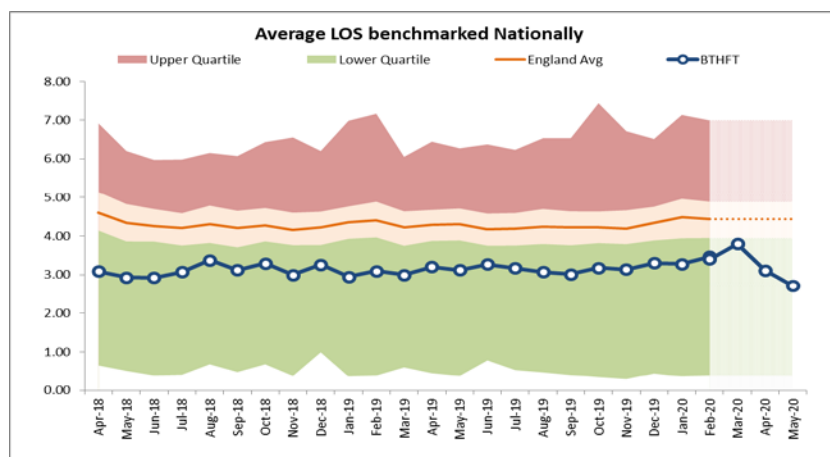
5. Inpatient Length of Stay (LOS) ≥ 21 days

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



The number of patients with a LOS over 21 days increased in May 2020 with an average of 38 patients per day compared to a daily average of 32 patients in April 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 May 2020 was 2.7 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

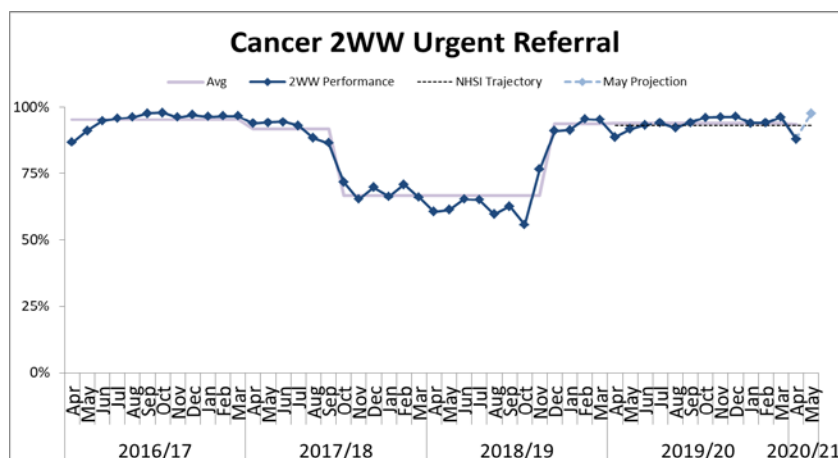
Measure	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
14 day GP referral for all suspected cancers	93%	88.8%	91.7%	93.2%	94.1%	92.1%	94.1%	96.0%	96.4%	96.4%	94.0%	94.2%	96.2%	88.1%	97.7%
14 day breast symptomatic referral	93%	50.0%	100.0%	100.0%	0.0%				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
31 day first treatment	96%	98.1%	97.8%	99.3%	97.1%	97.8%	96.6%	98.0%	95.0%	100.0%	95.4%	93.8%	99.4%	94.1%	98.5%
31 day subsequent drug treatment	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%	100.0%
31 day subsequent surgery treatment	94%	100.0%	94.6%	97.9%	97.6%	94.3%	95.2%	98.0%	91.3%	91.5%	89.2%	80.0%	100.0%	81.6%	92.0%
62 day GP referral to treatment	85%	88.1%	81.9%	82.03%	85.84%	81.31%	78.7%	80.3%	74.9%	82.9%	72.2%	77.3%	89.8%	80.7%	78.3%
62 day screening referral to treatment	90%	94.9%	93.9%	93.8%	93.9%	100.0%	89.8%	87.1%	85.4%	93.1%	90.9%	70.0%	83.3%	72.5%	66.7%
62 day consultant upgrade to treatment		100.0%	72.7%	84.6%	84.6%	85.7%	91.3%	100.0%	75.0%	100.0%	78.3%	64.7%	83.2%	71.4%	71.4%

In April 2020, all standards fell below target except for the 14 day breast symptomatic referral. In May 2020 the 14 day GP referral for all suspected cancers, 31 day first treatment and 31 day subsequent drug treatment are expected to recover above target while all other standards are expected to remain below target as a result of the COVID-19 response.

The 62 Day screening referral to treatment fail in April 2020 relates to 3 breaches in Lower GI (2 complex diagnostic pathways, 1 surgery cancelled due to COVID-19) and 3 breaches in Breast (1 patient was medically unfit, 1 complex pathway, 1 delay in biopsy report).

6.1. Cancer 2 Week Wait

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

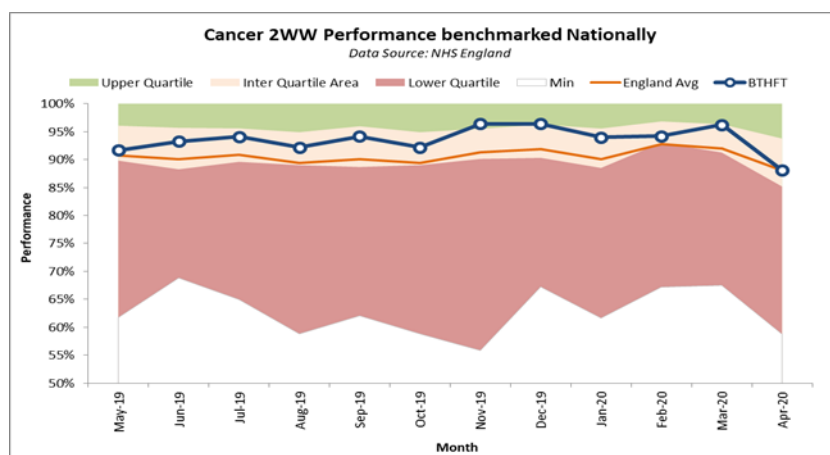


2 Week Wait (2WW) for first seen performance for April 2020 failed to meet target at 88.09%.

Performance for May 2020 is expected to recover above target at 97.66% as services have capacity to meet the increasing demand.

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Figure 9: 2WW National Comparison – BTHFT



Performance in April 2020 places the Trust in line with the England average.

Table 3: 2WW Performance by Tumour Group

Site	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
TRUST	93.2%	94.1%	92.1%	94.1%	96.0%	96.4%	96.4%	94.0%	94.2%	96.2%	88.1%	97.7%
Breast	91.6%	91.0%	97.4%	99.1%	100.0%	94.7%	96.1%	97.6%	100.0%	99.3%	95.5%	99.4%
Gynae	96.7%	94.5%	95.2%	96.0%	96.8%	98.0%	98.3%	98.3%	97.4%	98.5%	96.2%	97.3%
Haematology	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	94.7%	100.0%	100.0%
Head & Neck	93.5%	96.3%	97.9%	95.2%	99.5%	98.4%	99.4%	98.4%	98.0%	98.0%	88.4%	99.1%
Lower GI	89.3%	93.5%	70.3%	87.6%	91.5%	92.9%	93.3%	89.7%	76.1%	92.2%	82.8%	100.0%
Lung	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Other	91.3%	100.0%	83.3%	96.4%	96.9%	91.3%	92.0%	93.3%	95.5%	86.7%	75.0%	100.0%
Skin	94.4%	94.8%	93.3%	92.1%	98.0%	99.7%	98.7%	97.6%	97.8%	97.4%	92.4%	98.5%
Upper GI	91.0%	90.6%	91.3%	92.1%	76.4%	91.5%	85.7%	71.9%	92.5%	79.2%	56.9%	82.7%
Urology	98.4%	97.7%	100.0%	99.2%	99.2%	97.7%	99.2%	96.6%	97.7%	100.0%	95.2%	100.0%

All tumour groups performed above the 93% target in April 2020 with the exception of Head & Neck, Lower GI, Skin, 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 initially reduced (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. Referrals are increasing with an average of 222 for May 2020 and 276 in June 2020.

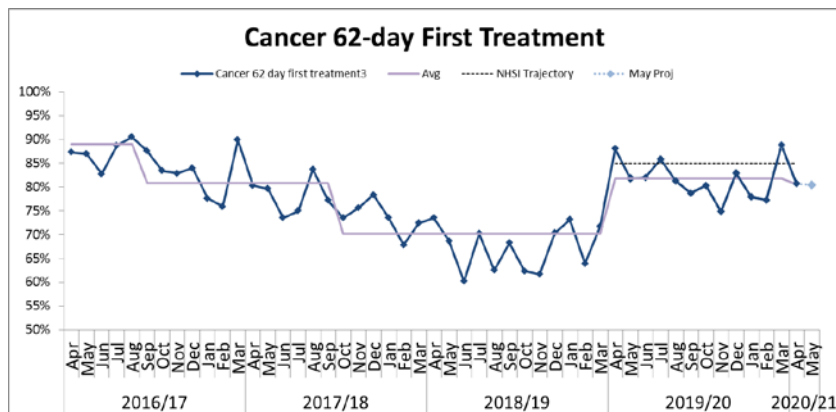
During the initial stages of COVID-19 response in April 2020, Endoscopy was not available for Fast Track patients following concerns about the risks to clinicians undertaking airborne procedures. This resulted in increased wait times for diagnosis and treatment. Clinical triage was implemented to minimise the impact and redirect patients to alternative therapies. Endoscopy services trialled opening a second room in May 2020 to increase endoscopy capacity which has now been put in place as of 08-June-2020 for high risk cancer patients. The Yorkshire Clinic is also providing 3 endoscopy sessions per week from 10-June-2020. These changes are supporting a reduction in waiting times.

2WW performance is 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.

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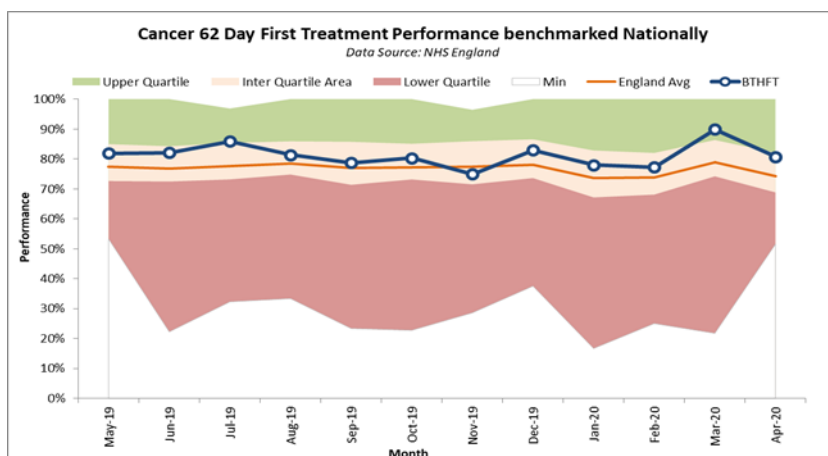
6.2. Cancer 62 day First Treatment

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



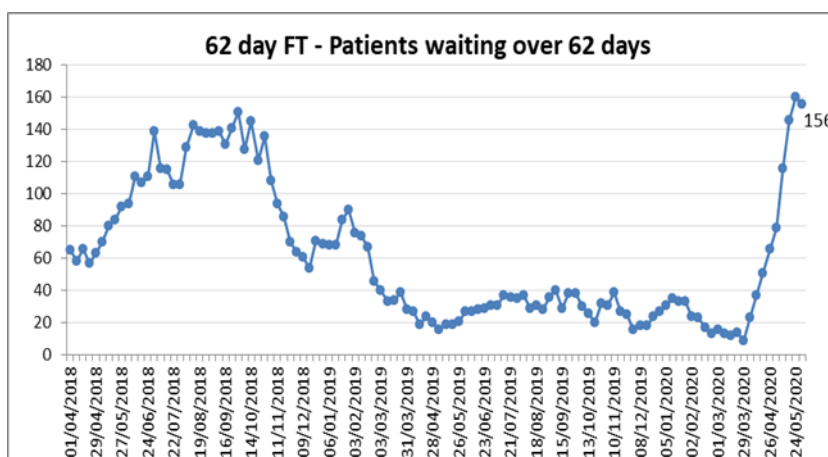
The 62 Day First Treatment position is below target at 80.74% for April 2020 this is expected to decrease below target in May 2020 at 80.43%.

Figure 11: 62 Day First Treatment performance – National Comparison



BTHFT performance in April 2020 was above the England Average and upper quartile.

Figure 12: Patients Waiting Over 62 Days



The number of patients waiting over 62 days increased in May 2020 to 156 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	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
TRUST	82.0%	85.8%	81.3%	78.7%	80.3%	74.9%	82.9%	77.9%	77.3%	89.8%	80.7%	80.4%
Breast	100.0%	91.7%	90.7%	92.9%	100.0%	88.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gynae	100.0%	66.7%	100.0%	66.7%	100.0%	100.0%	80.0%	88.9%	75.0%	75.0%	100.0%	60.0%
Haematology	75.0%	83.3%	77.8%	100.0%	57.1%	57.1%	72.7%	85.7%	33.3%	93.3%	100.0%	100.0%
Head & Neck	26.3%	37.5%	81.8%	22.2%	70.0%	64.7%	33.3%	83.3%	33.3%	66.7%	45.5%	27.3%
Lower GI	71.4%	81.3%	57.1%	100.0%	71.4%	55.6%	50.0%	40.0%	80.0%	81.8%	42.9%	50.0%
Lung	80.0%	81.8%	52.9%	100.0%	0.0%	66.7%	50.0%	46.2%	66.7%	0.0%	0.0%	0.0%
Other	66.7%	25.0%	0.0%		100.0%	20.0%	25.0%	100.0%	25.0%	100.0%	100.0%	100.0%
Skin	100.0%	100.0%	100.0%	94.7%	100.0%	97.1%	100.0%	97.2%	87.5%	91.3%	91.7%	92.9%
Testicular												
Upper GI	33.3%	100.0%	62.5%	28.6%	71.4%	12.5%	50.0%	60.0%	38.5%	100.0%	100.0%	50.0%
Urology	83.3%	76.1%	81.0%	60.5%	52.9%	61.2%	84.8%	52.3%	79.6%	95.6%	80.0%	87.5%

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. Haematology performance significantly improved following the implementation of recovery actions in previous months and was reported significantly above target in March and April 2020 with a forecast to remain above target in May 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. As a result of the COVID-19 related delays to pathways in diagnostic and treatment phases' cancer 62 day performance is expected to continue to deteriorate through May and June 2020.

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

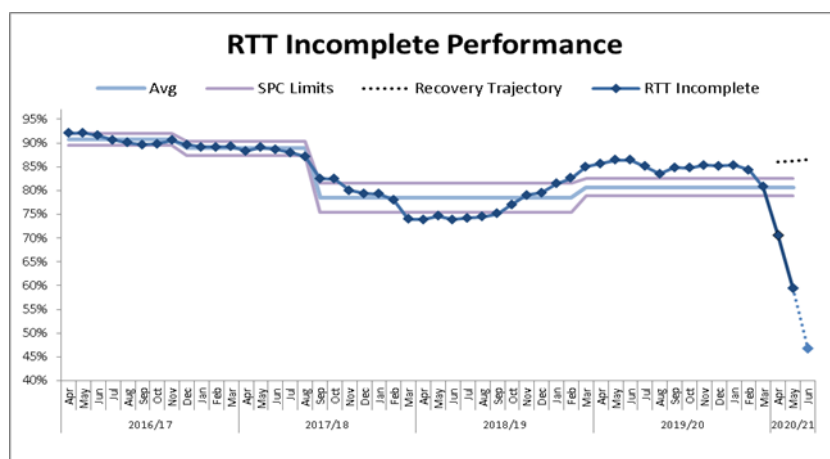
Month	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Referred <38 days	25	10	21	38	22	28	15	31	20	24	26	8
Total	43	27	32	49	28	41	26	44	39	34	39	17
Performance	58.1%	37.0%	65.6%	77.6%	78.6%	68.3%	57.7%	70.5%	51.3%	70.6%	66.7%	47.1%

The Trust performance has deteriorated further below the 85% target at 47.06% in April 2020.

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Referral to Treatment (RTT) Incomplete

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



The Trust's RTT position for May 2020 is 59.48% which represents a reduction compared to April 2020 (70.61%).

Predicted performance for June is 46.80%, 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

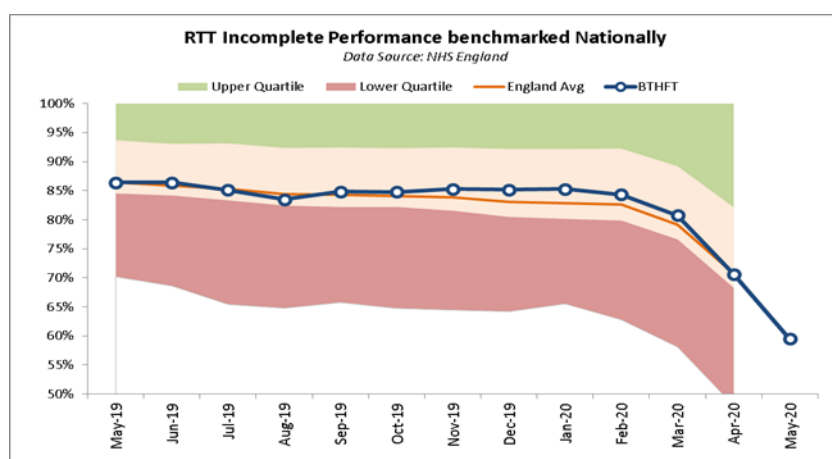
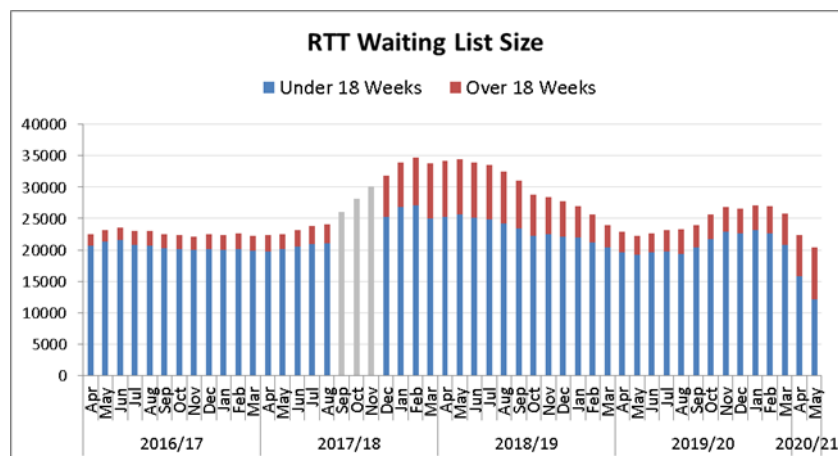


Figure 16 shows a comparison of national RTT Incomplete performance for May 2020. BTHFT remain in line with the England average. All trusts have seen a downturn in performance in response to COVID-19.

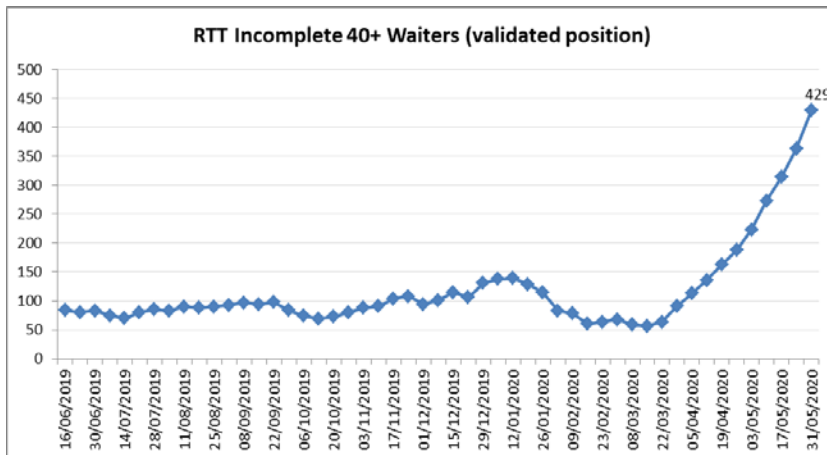
Figure 15: RTT Total Waiting List



The overall waiting list has reduced by 1,917 patients in May 2020 compared to April 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 continues to increase from mid-March due to the cancellation of elective work as part of the COVID-19 response planning.

25 RTT Incomplete 52 Week breaches were reported in May 2020 while the Trust had reported 7 in April 2020.

Referral To Treatment during COVID-19

As well as a continued reduction in elective activity since mid-March 2020 and a reduction in the waiting list size below 18 weeks due to waiting list validation, a reduction in GP referrals (down by 82% from 1446 to 258 per week) is also negatively impacting on performance. The total waiting list however remains at a recoverable level.

All long waits have been reviewed using the same clinical prioritisation guidelines used for cancer patients and daily review of management plans for patients waiting over 32 weeks continues. This process will ensure no clinically urgent cases wait longer than necessary and that existing capacity is fully utilised for patients requiring time sensitive treatment.

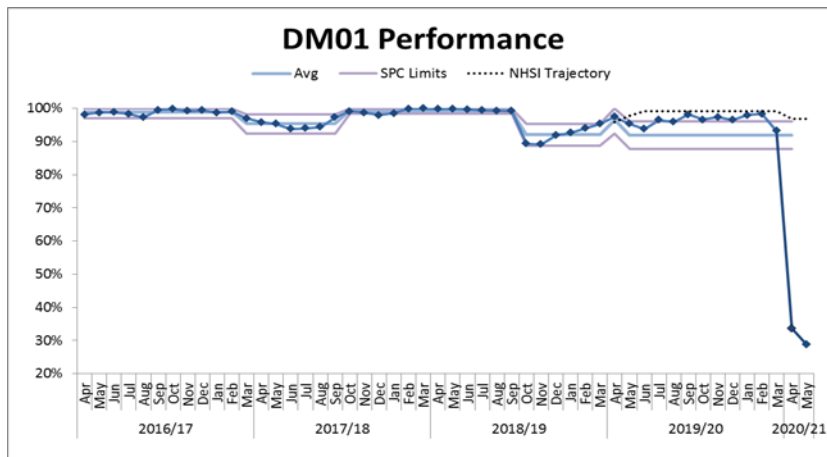
The use of virtual and video clinics continue to provide alternative outpatient capacity, with the continued use of digital solutions and wider 'smarter working' practices a key component within outpatient transformation.

The Trust has now completed initial draft restart plans to recover and restore services following the Covid-19 outbreak. Based on robust capacity and demand planning these plans also feed into discussions around elective capacity and planning within the wider Yorkshire and North East region.

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7. Diagnostic waiting times

Figure 17: Monthly DM01 Performance



May 2020 performance reduced to 28.90%. The low performance is predominantly due COVID-19 related suspension of routine services, particularly within radiology and endoscopy modalities.

Figure 18: Diagnostics - National Comparison

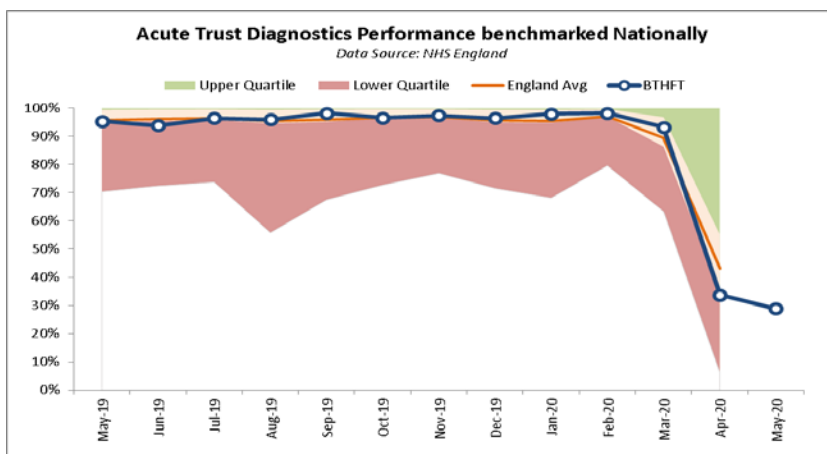


Figure 20 shows a national comparison of Diagnostic performance for May 2020.

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

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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	Validated
Specialty	Performance	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Endoscopy	Colonoscopy	Waiting >6 weeks	56	18	43	36	52	40	50	27	19	56	409
		Total waiting	355	253	352	307	349	340	290	272	254	237	610
		% within 6 weeks	84.23%	92.89%	87.78%	88.27%	85.10%	88.24%	82.76%	90.07%	92.52%	76.37%	32.95%
	Flexi Sig	Waiting >6 weeks	23	9	15	6	19	11	17	11	12	21	125
		Total waiting	124	78	102	106	113	105	105	56	66	85	197
		% within 6 weeks	81.45%	88.46%	85.29%	94.34%	83.19%	89.52%	83.81%	80.36%	81.82%	75.29%	36.55%
	Cystoscopy	Waiting >6 weeks	260	133	111	6	2	2	3	1	1	45	230
		Total waiting	390	337	283	203	179	183	174	240	279	49	324
		% within 6 weeks	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	84	57	81	58	141	106	110	90	78	154	516
		Total waiting	443	522	393	403	364	386	414	352	396	367	636
		% within 6 weeks	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	2	2	1	2	0	0	26	3	2	73	2775	3633
	Total waiting	5564	5038	5026	4910	5202	5006	4887	5499	5541	4405	4386	5143
	% within 6 weeks	99.96%	99.96%	99.98%	99.96%	100.00%	100.00%	99.47%	99.95%	99.96%	98.34%	36.73%	29.36%
Trust Total	Waiting >6 weeks	425	219	251	108	214	159	206	132	112	349	3806	4913
	Total waiting	6876	6228	6156	5929	6209	6020	5870	6419	6536	5143	5741	6910
	% within 6 weeks	93.82%	96.48%	95.92%	98.18%	96.55%	97.36%	96.49%	97.94%	98.29%	93.21%	33.70%	28.90%

Diagnostic Services during COVID-19

Routine Radiology and Endoscopy remain postponed due to Covid-19 response and the services are focusing on providing urgent diagnostics.

The Endoscopy service has opened a second room since the 08-June-2020, dedicated to high risk positive bowel cancer and symptomatic patients. Yorkshire Clinic is providing 3 endoscopy sessions per week since the 10-June-2020 for high risk colonoscopies. The Radiology service is also utilising independent sector by referring 70 patients per week to Yorkshire Clinic.

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 continue with the use of independent sector.

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8. Healthcare Associated Infections

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

Table 7: Number of C Difficile Infections

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

3 CDI's have been attributed to BTHFT in May 2020 and 2 cases in April 2020. There has been a total of 5 CDI's year to date 2020-21.

8.2. MRSA Bacteraemia

Table 8: Number of MRSA Bacteraemia

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

No MRSA bacteraemia were apportioned to the Trust in May 2020. There were also 0 cases in April 2020. There have been 0 MRSA cases year to date 2020-21. Two cases were apportioned for the last financial year (2019/20).

9. Other indicators by exception

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

9.1. Transient Ischaemic Attack (TIA)

Table 9: TIA Performance

TIA Performance	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Treated within 24 hrs	6	10	7	8	10	4	9	5	4	5	3	7
Patients with TIA	16	20	14	13	22	15	11	11	10	11	4	12
Performance	38%	50%	50.00%	61.5%	45.5%	26.7%	81.8%	45.5%	40.0%	45%	75%	58.33%

TIA performance in May 2020 fell below the threshold of 60%, at 58.33%, with three of the five breaches resulting from a lack of clinic capacity.

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9.2. Stroke

Table 10: Stroke Performance

Stroke performance	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
=>90% on stroke unit	30	28	29	30	40	45	30	35	22	37	21	20
Pts admitted for Stroke	32	33	37	31	49	51	46	48	34	54	39	29
Performance	93.8%	84.8%	78.4%	96.8%	81.6%	88.2%	65.2%	72.9%	64.7%	68.5%	53.8%	69.0%

Stroke performance for May 2020 is 69% with 8 of the total 9 fails due to Covid-19 (patients being moved to appropriate zones as per the Trust ward cohorting plan). The remaining breach resulted from late diagnosis of the stroke.

9.3. Cancelled Operations – 28 day Breach

Table 11: Cancelled Operations – 28 day Breach

Specialty	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
BREAST SURGERY											3	
ENT	1										4	
GENERAL SURGERY								1			12	1
GYNACEOLOGY											1	
OPHTHALMOLOGY										2	5	
ORAL/MAX FAX											1	
ORTHOPAEDICS							1				2	
PAEDIATRICS			1									
UROLOGY								1			9	
VASCULAR											2	
Total	1	0	1	0	0	0	1	2	0	2	39	1

There was 1 breach of the 28 day re-booking target for same day cancelled operations in April 2020, under the specialty of General Surgery.

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APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	May-20	95.00%	82.50%	92.09%
Emergency Inpatient Length Of Stay >=21days	May-20	71	71	38
Cancer 2 week wait	Apr-20	93.00%	93.00%	88.09%
Cancer 2 week wait - breast symptomatic	Apr-20	93.00%	100.00%	100.00%
Cancer 31 day First Treatment	Apr-20	96.00%	96.20%	94.12%
Cancer 31 day Subsequent Surgery	Apr-20	94.00%	95.20%	81.58%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Apr-20	98.00%	100.00%	96.88%
Cancer 38 day Inter Provider Transfer	Apr-20	85.00%	85.00%	47.06%
Cancer 62 day First Treatment	Apr-20	85.00%	85.70%	80.74%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Apr-20	90.00%	90.00%	72.50%
Diagnostics - patients waiting under 6 weeks for test	May-20	99.00%	96.92%	28.90%
RTT - Patients waiting within 18 weeks on incomplete pathways	May-20	92.00%	86.20%	59.48%
Mixed-sex accommodation breach	May-20	0	0	0
Cancelled Operations 28 day breach	May-20	0	0	1
National Quality Requirement	Month	Threshold	Trajectory Target	Performance
Infection Control - MRSA Bacteraemia	May-20	0	0	0
Infection Control - C difficile infections	May-20	2.5	0	3
RTT - Patients waiting over 52 weeks on incomplete pathways	May-20	0	0	25
Ambulance handovers taking between 30-60 minutes	May-20	0	75	33
Ambulance handovers taking longer than 60 minutes	May-20	0	35	2
Trolley waits in A&E longer than 12 hours	May-20	0	0	0
Urgent operation cancelled for a second time	May-20	0	0	0
VTE risk assessment	May-20	95.00%	95.00%	95.42%
Duty of candour breaches	May-20	0	0	0
Quality Requirement	Month	Threshold	Trajectory Target	Performance
DTOC - Average daily number	May-20	12.44	12.44	2.61
Stroke - patients who spend at least 90% of their time on a stroke unit	May-20	80.00%	80.00%	68.97%
% TIA higher risk cases who are treated within 24 hours	May-20	60.00%	60.00%	58.33%
Early Pregnancy Awareness: Patients presenting within 12wks 6days	May-20	90.00%	90.00%	98.06%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	May-20	90.00%	90.00%	97.37%
TOPS - Number of ToPs that were offered screening for Chlamydia	May-20	100.00%	100.00%	100.00%
TOPS - Number of ToPs that were screened for Chlamydia	May-20	95.00%	95.00%	100.00%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	May-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.	May-20	95.00%	95.00%	100.00%
TOPS - Number of women provided with contraception after surgical TOP	May-20	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to CASH	May-20	100.00%	100.00%	100.00%