

Meeting Title	Board of Director Open Meeting		
Date	10th September 2020	Agenda item	Bo.9.20.36

Monthly Performance Update – July 2020

Presented by	Sandra Shannon, Chief Operating Officer & Deputy Chief Executive		
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Lead Director	Sandra Shannon, Chief Operating Officer & Deputy Chief Executive		
Purpose of the paper	To provide a summary of performance against a range of key measures aligned to operational priorities and contractual KPI		
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:	Executive Team Meeting – 24 th August 2020		
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

This report provides an overview of performance against several key operational indicators.

Analysis

Activity against plan

- Elective activity has slowly increased during June, July and August. Increased diagnostic capacity is in place which will be particularly beneficial for RTT and Cancer wait time targets. Plans are also in place to further increase outpatient and treatment capacity from September 2020.
- Re-establish and recovery work-streams are in place for Cancer, Diagnostics, Outpatients and Theatre/ Day-case activity. Initial outputs will form the basis of the NHSI planning return due at the end of August 2020; progress will then be monitored against this plan.

Emergency Care Standard (ECS):

- ECS Performance for Type 1 and 3 attendances improved to 95.24% for July 2020 whilst performance for Type 1, 2 and 3 attendances was 95.96% for the same period. Performance in August 2020 is currently forecast as 91.39% for type 1 & 3 and 92.49% for type 1, 2, & 3 attendances.
- The average daily number of type 1 attendances in June was 308 against an average of 290 in June 2020. At present the GP stream remains off site.
- Blue Zone has been created on Acute Medical Unit and ACU enabling an increase in same day emergency care (SDEC), alongside an expansion of see and treat (S&T) capacity within ED, this has significantly contributed to improved ECS performance.

Ambulance Handovers:

- Performance for handovers within 15 minutes has improved from 66.83% in June 2020 to 71.42% in July 2020. There were 43 delayed handovers between 30 and 60 minutes and 3 above 60 minutes.

Long Length of Stay (Stranded Patients):

- The daily average number of patients with a length of stay ≥ 21 days was 49 in July 2020 against an NHSI target of 71 for BTHFT and a local plan of 60.
- Weekly multi-disciplinary (MDT) review meeting of patients above 7 days length of stay continues.

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Cancer Wait Times:

- Fast track referrals through July 2020 and into August 2020 continue to be 330-350 per week while gradually increasing to pre-COVID-19 levels. Performance against the 2 Week Wait standard is forecast to remain above target in July at 98.39% and 97.44% in August.
- Cancer 62 Day First Treatment performance for June 2020 was 73.47% against a standard of 85% with June and July performance expected to be (forecast 78.26% and 75.34% respectively) due to reduced diagnostic and surgical activity in response to the COVID-19 crisis.
- Surgical capacity has been prioritised for patients whose cancer progression is time sensitive rather than just waiting time. As a consequence the number of patients waiting over 62 days significantly increased to 160. This has started to decrease in July and August but there will be a negative impact on performance as patients over 62 days are treated as part of the restart plan.
- Cancer diagnostic and treatment modelling has been undertaken and shared with CBU's to support restart planning. Plans are being developed to increase diagnostic and treatment capacity to meet the unmet demand and current waiting list.

Referral to Treatment:

- In response to the COVID-19 pandemic all routine RTT referrals were stopped. During this period only emergency and cancer or urgent elective activity was undertaken meaning 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 18 week RTT performance deteriorating to 45.19% and 233 patients waiting over 52 week at the end in July 2020.
- All long waits have been reviewed using the Royal College of Surgeons clinical guide to surgical prioritisation during the coronavirus pandemic and the daily review of management plans for patients waiting over 32 weeks continues.

Diagnostic waiting times:

- Performance for DM01 reportable tests has improved from 32.48% in June 2020 to 45.8% in July 2020. The Radiology service has plan in place to work through the backlog within 8-14 weeks by the use of overtime. The Endoscopy service has opened additional rooms during July for high risk Lower GI patients, high risk Upper GI and shielding patients. The use of the independent sector and elective restart planning is in place to support recovery.

Recommendation

To note.

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		

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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 the RTT, ECS, Cancer and Diagnostic KPIs but these are yet to fully deliver. RTT and DM01 recovery will rely on additional activity which may be challenging in the current financial environment.
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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"/>

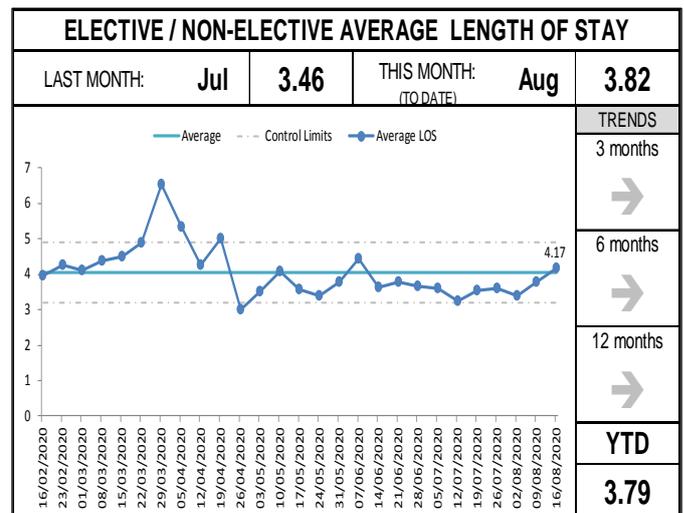
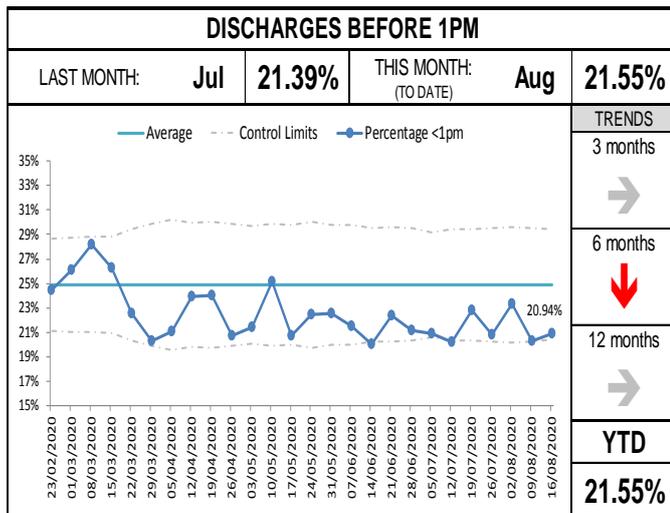
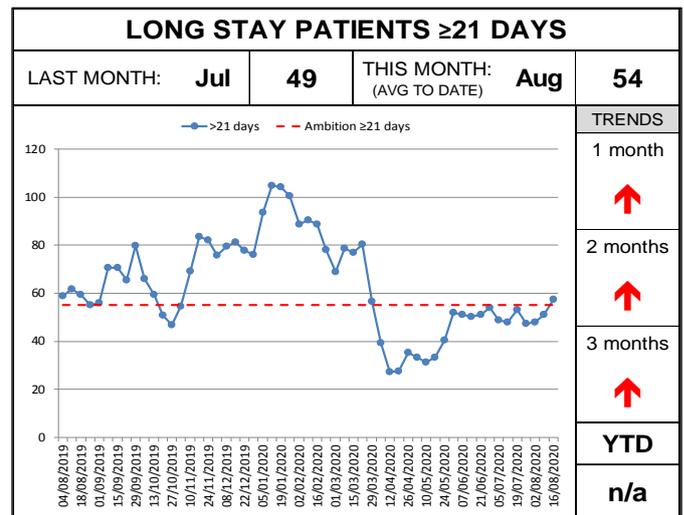
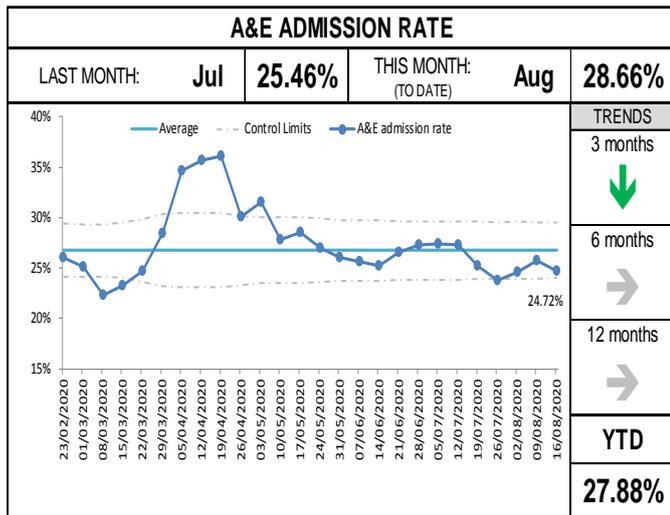
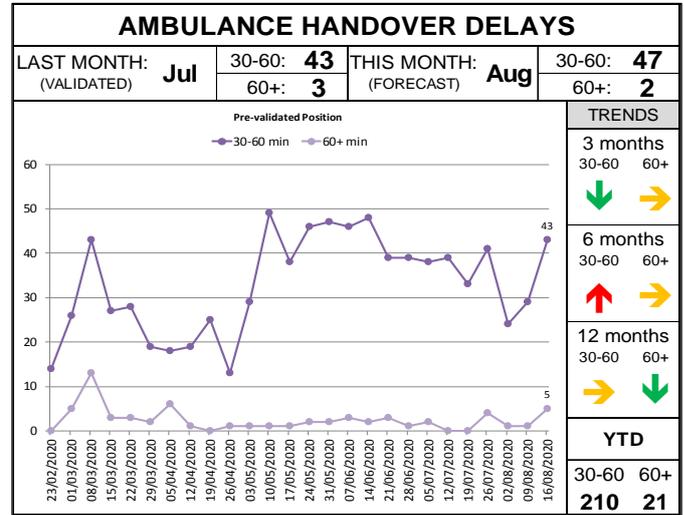
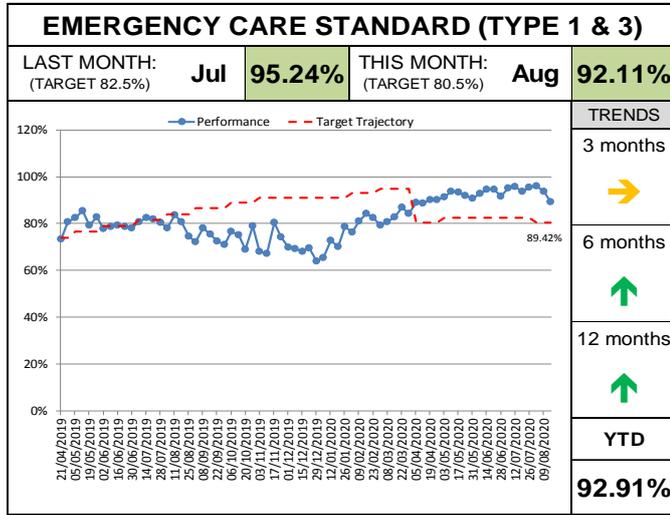
Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" 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

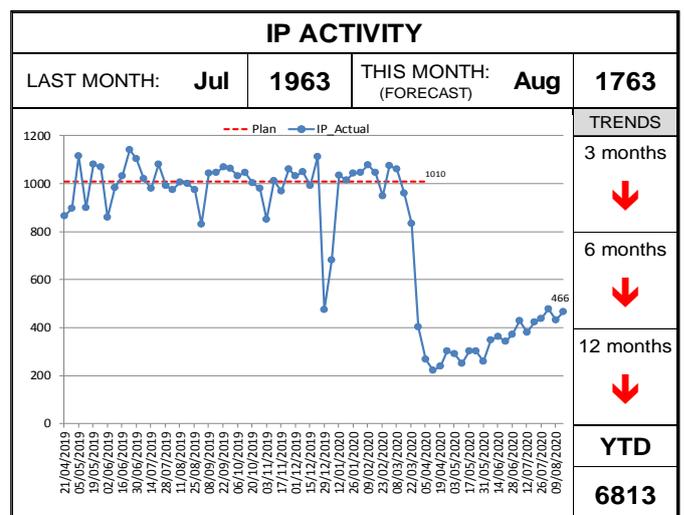
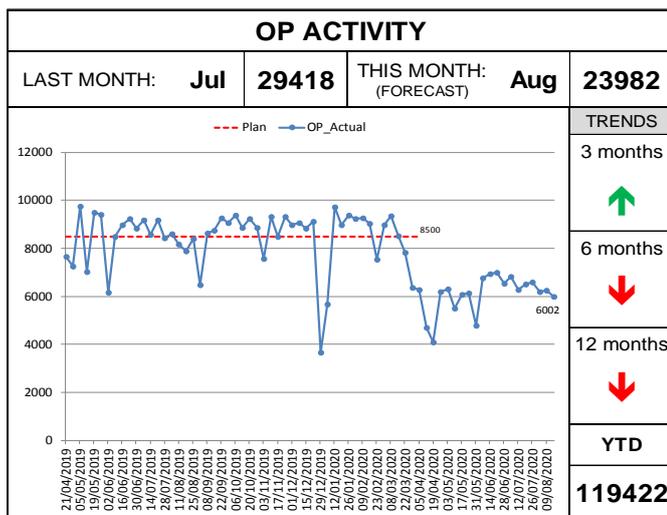
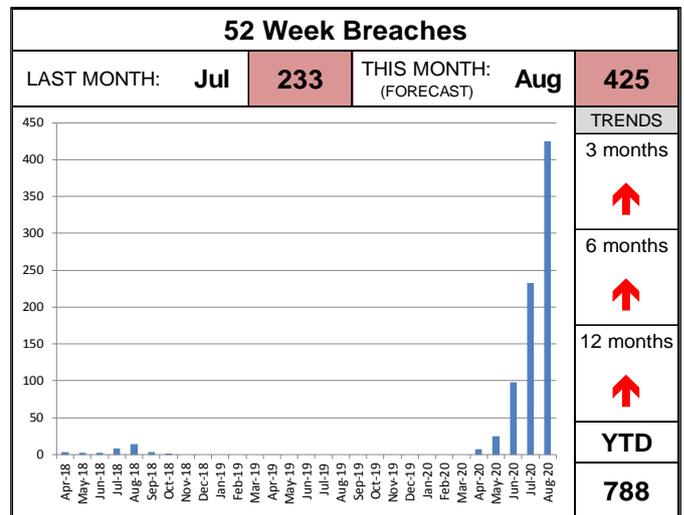
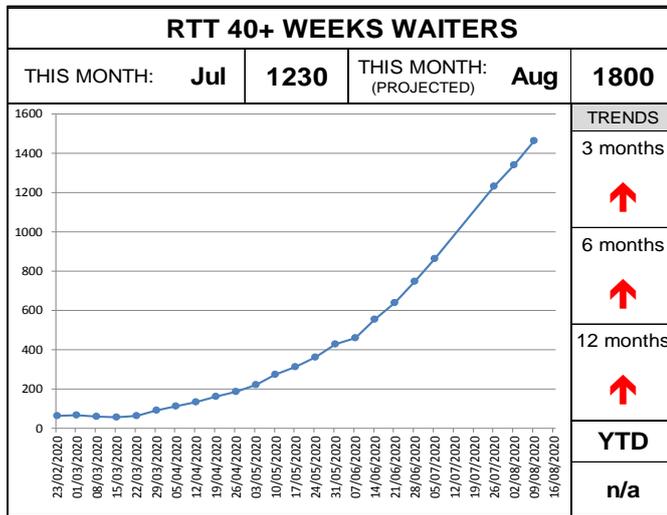
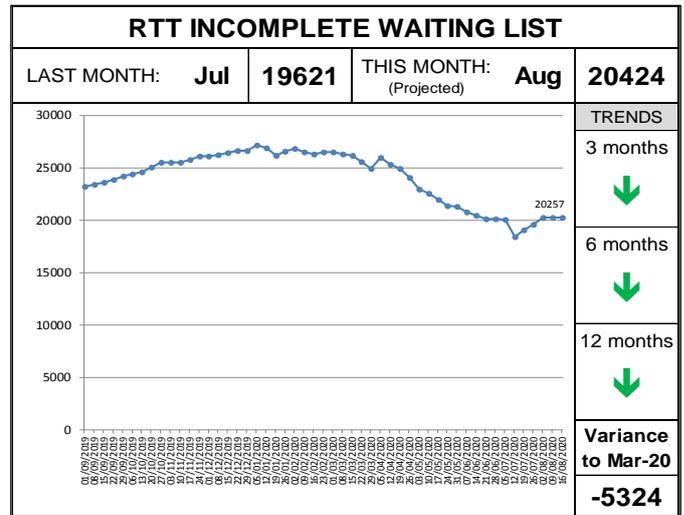
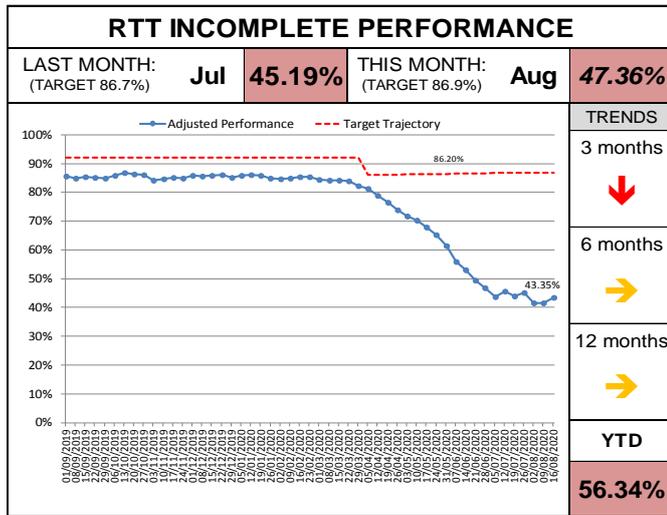
Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Appendix 1: Performance against key operational indicators:



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Appendix 2: Latest reported position against contractual KPI

Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Jul-20	95.00%	82.50%	95.24%
Emergency Inpatient Length Of Stay >=21days	Jul-20	71	60	49
Cancer 2 week wait	Jun-20	93.00%	93.00%	97.44%
Cancer 2 week wait - breast symptomatic	Jun-20	93.00%	100.00%	100.00%
Cancer 31 day First Treatment	Jun-20	96.00%	96.20%	91.89%
Cancer 31 day Subsequent Surgery	Jun-20	94.00%	95.20%	68.18%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Jun-20	98.00%	100.00%	95.83%
Cancer 38 day Inter Provider Transfer	Jun-20	85.00%	85.00%	54.55%
Cancer 62 day First Treatment	Jun-20	85.00%	85.70%	73.74%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Jun-20	90.00%	90.00%	0.00%
Diagnostics - patients waiting under 6 weeks for test	Jul-20	99.00%	98.44%	45.80%
RTT - Patients waiting within 18 weeks on incomplete pathways	Jul-20	92.00%	86.70%	45.19%
Mixed-sex accommodation breach	Jul-20	0	0	0
Cancelled Operations 28 day breach	Jul-20	0	0	0
National Quality Requirement	Month	Threshold	Trajectory Target	Performance
Infection Control - MRSA Bacteraemia	Jul-20	0	0	0
Infection Control - C difficile infections	Jul-20	2.5	0	3
RTT - Patients waiting over 52 weeks on incomplete pathways	Jul-20	0	0	233
Ambulance handovers taking between 30-60 minutes	Jul-20	0	30	43
Ambulance handovers taking longer than 60 minutes	Jul-20	0	10	3
Trolley waits in A&E longer than 12 hours	Jul-20	0	0	0
Urgent operation cancelled for a second time	Jul-20	0	0	0
VTE risk assessment	Jul-20	95.00%	95.00%	95.88%
Duty of candour breaches	Jul-20	0	0	0
Quality Requirement	Month	Threshold	Trajectory Target	Performance
DTOC - Average daily number	Jul-20	12.44	12.44	3.37
Stroke - patients who spend at least 90% of their time on a stroke unit	Jul-20	80.00%	80.00%	75.00%
% TIA higher risk cases who are treated within 24 hours	Jul-20	60.00%	60.00%	46.67%
Early Pregnancy Awareness: Patients presenting within 12wks 6days	Jul-20	90.00%	90.00%	97.74%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	Jul-20	90.00%	90.00%	94.12%
TOPS - Number of TOPs that were offered screening for Chlamydia	Jul-20	100.00%	100.00%	100.00%
TOPS - Number of TOPs that were screened for Chlamydia	Jul-20	95.00%	95.00%	100.00%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	Jul-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.	Jul-20	95.00%	95.00%	100.00%
TOPS - Number of women provided with contraception after surgical TOP	Jul-20	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to CASH	Jul-20	100.00%	100.00%	100.00%