

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>12 November 2020</b>	<b>Agenda item</b>	<b>Bo.11.20.30</b>

## PERFORMANCE REPORT – FOR THE PERIOD SEPTEMBER 2020

<b>Presented by</b>	Sajid Azeb, Chief Operating Officer		
<b>Author</b>	Carl Stephenson, Associate Director of Performance		
<b>Lead Director</b>	Sajid Azeb, Chief Operating Officer		
<b>Purpose of the paper</b>	To inform the Board of Directors of the current levels of performance and associated plans for improvement.		
<b>Key control</b>	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets.		
<b>Action required</b>	To note		
<b>Previously discussed at/ informed by</b>	Report informed by ETM and Ops SLT performance discussions		
<b>Previously approved at:</b>	<b>Academy/Group</b>	<b>Date</b>	

### Key Options, Issues and Risks

This report provides an overview of performance against several key national and contractual indicators as at the end of September 2020.

### Analysis

#### Activity against plan

- Elective inpatient and day case activity increased in September although weekly theatre sessions didn't reach the target numbers due to increasing COVID-19 pressures. The surge in COVID-19 demand has continued into October and elective activity on the BRI site will be significantly reduced as a result. Specialty level scheduling meetings are in place to ensure available capacity across BRI and Yorkshire Clinic is fully booked and options for alternative elective capacity are being explored.
- Outpatient activity in October is currently ahead of plan with patients being seen through face to face and video/telephone appointments. In response to the surge in COVID-19 demand it will be necessary to redeploy staff from outpatient clinics to support the wards at BRI. This will have a negative impact on activity whilst acute demand remains at current levels.
- Increased diagnostic capacity is in place which will be particularly beneficial for RTT and Cancer wait time targets, with Radiology expected to meet the DM01 standard from October.
- Re-establish and recovery work-streams remain in place for Cancer, Diagnostics, Outpatients and Theatre/ Day-case activity.

#### Emergency Care Standard (ECS):

- ECS Performance for Type 1 and 3 attendances decreased to 88.37% for September 2020 and is currently forecast at 86.79% for October 2020. This is in line with the England average and in the upper quartile for type 1 only.
- The average daily number of type 1 & 3 attendances in September was 333 against an average of 321 in August 2020. At present the GP stream remains closed meaning all of this activity was type 1.
- Same day emergency care (SDEC) and See and Treat (S&T) pathways continue to be in place in the Emergency Department (ED). Patients requiring GP input are being diverted to the Local Care Direct (LCD) GP Service.

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#### **Ambulance Handovers:**

- Performance for handovers within 15 minutes was 89.92% in September 2020. There were 25 delayed handovers between 30 and 60 minutes and 10 above 60 minutes in September 2020. The October 2020 position is expected to be 40 delayed handovers between 30 and 60 minutes and 16 above 60 minutes due to the increasing volume of COVID-19 presentations.
- A more robust validation process is in place and the department is working closely with Yorkshire Ambulance Service to sustain the improved handover performance. Locality Managers have been in regular communication with ED, and offer Hospital Ambulance Liaison Officers (HALO) support when available.

#### **Long Length of Stay (Stranded Patients):**

- The daily average number of patients with a length of stay  $\geq 21$  days was 46 in September 2020 against an NHSI target of 71 and a local stretch target of 60. The October 2020 position is projected to be a daily average of 48 patients with length of stay of  $\geq 21$  days.
- The review of patients over 21 day LOS continuous to be conducted 5 days a week by the command centre team. This process is being reviewed to increase the daily reviews to include over 14 day LOS patients with the aim to support clinical teams to avoid patients reaching 21 days by exploring different pathways.

#### **Cancer Wait Times:**

- Fast track referrals continue to increase with 393 per week in October 2020 to date. Performance against the 2 Week Wait standard is forecast to remain above target in September at 93.83% and 93.56% in October.
- Cancer 62 Day First Treatment performance for August 2020 was 82.76% against a standard of 85% with September and October performance forecast at 63.10% and 65.19% respectively. Performance has reduced as treatment numbers increase for patients impacted by the reduced diagnostic and surgical activity during the COVID-19 crisis.
- Surgical prioritisation in line with guidance from the Royal College of Surgeons is continuing to prioritise patients whose cancer prognosis is time sensitive. The process allocates the theatre time available to patients requiring time-sensitive procedures or advises on alternative options/ provider where available.

#### **Referral to Treatment:**

- Restart and recovery plans had started to bring clock stops in line with clock starts (which have increased in line with GP referral demand) towards the end of September 2020. RTT performance is projected at 56.50% for September and 64.15% in October as a result. EPR reporting issues mean these positions are only forecasts at this time.
- The number of long waits has grown in this same period as treatment capacity has been allocated based on clinical urgency. This has resulted in a forecast position of 986 waits over 52 weeks on incomplete RTT pathways.
- The clinical priority for all inpatient waits is being added to the PTL which will support a revised approach to access meetings, aligning clinical priority with wait time analysis. This will also support patient communication and the opportunity for patients to defer their treatment as per national guidelines.
- All long waits have been reviewed using the Royal College of Surgeons clinical prioritisation guidelines and the daily review of management plans for patients waiting over 40 weeks continues.

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This process will ensure no clinically urgent cases wait longer than necessary.

**Diagnostic waiting times:**

- Performance for DM01 reportable tests was 53.76% in September 2020 and the projected October 2020 position is 58.86% showing an improvement.
- The Radiology waiting list across CT, MRI and Ultrasound modalities has been reduced. CT and MRI performance it projected to meet wait time standards from October 2020, with Ultrasound performance improving when current staffing issues are resolved.
- The Endoscopy service is using modular theatres for 4 sessions per day as this has better air exchange. New 'COVID secure' guidelines have also been approved by CRG which align with regional colleagues and reduce the downtime during sessions. As a result the overall capacity of the Endoscopy service has been increased.
- In addition, the use of independent sector remains in place with 4 endoscopy sessions per week for high risk colonoscopies at the Yorkshire Clinic and 40 points per week for urgent patients transferred to Westcliffe. Options to further expand the use of the independent sector to support this modality are being explored.

**Healthcare Associated Infections:**

- There were 4 clostridium difficile infections (CDI) attributed to the Trust in September 2020.
- There was 1 cases of MRSA bacteraemia attributed to BTHFT in September 2020.

**Other exceptions:**

- Transient Ischaemic Attack (TIA) performance failed the 60% target at 35% in September 2020, having met the standard in August.
- Time on dedicated stroke unit performance was 88.89%, which was above the 80% target in September 2020. A piece of work is starting this month reviewing patients staying for 48 hours or more in HASU. This will help improve patient flow and sustain the performance.

**Recommendation**

The Board of Directors is asked to:

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

**Risk assessment**

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	

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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.	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Significant</b>
	<b>Risk (*)</b> The impact of COVID-19 has been detrimental to a number of KPI's but restart and recovery planning has supported some improvement.			
<b>Explanation of variance from Board of Directors Agreed General risk appetite (G)</b>				

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b>  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Risk Assessment Framework</span> <span><input type="checkbox"/> Quality Governance Framework</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Code of Governance</span> <span><input type="checkbox"/> Annual Reporting Manual</span> </div>
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard:</b> Choose an item.
<b>NHS Improvement Effective Use of Resources: Finance</b>
<b>Other (please state):</b> Commissioning contracts with CCG and NHS England

<b>Relevance to other Board of Director's academies: (please select all that apply)</b>			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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## APPENDIX 1

### PERFORMANCE REPORT FOR THE PERIOD SEPTEMBER 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**

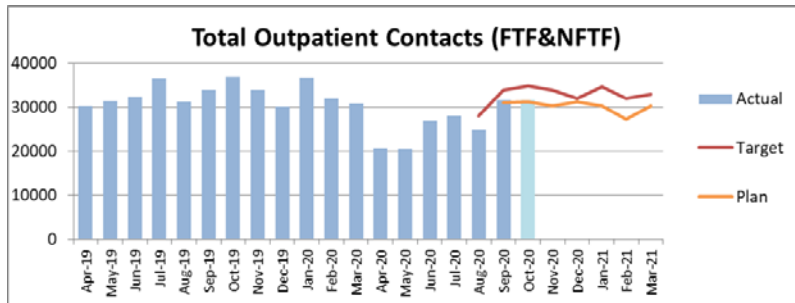
\*Latest prediction at the time of writing

Section	Headline KPI	Latest Month	Plan Trajectory	Performance	3 month Trend
4	<a href="#">Emergency Care Standard</a>	Sep-20	80.51%	88.37%	↓
5	<a href="#">Ambulance Handover 30-60</a>	Sep-20	30	25	↓
5	<a href="#">Ambulance Handover 60+</a>	Sep-20	10	10	→
6	<a href="#">Length of Stay ≥21days</a>	Sep-20	60	46	↑
7.1	<a href="#">Cancer 2 Week Wait</a>	Aug-20	93.00%	97.41%	↓
7.2	<a href="#">Cancer 62 Day First Treatment</a>	Aug-20	85.30%	82.76%	↑
8	<a href="#">RTT Incomplete</a>	Sep-20	87.20%	*56.50%	↑
9	<a href="#">Diagnostics Waiting Times</a>	Sep-20	99.22%	53.76%	↑
10.1	<a href="#">C Difficile Infections</a>	Sep-20	TBA	4	↑
10.2	<a href="#">MRSA Bacteraemia</a>	Sep-20	0	1	↑
11	<a href="#">Exceptions</a>				

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### 3. Activity against plan:

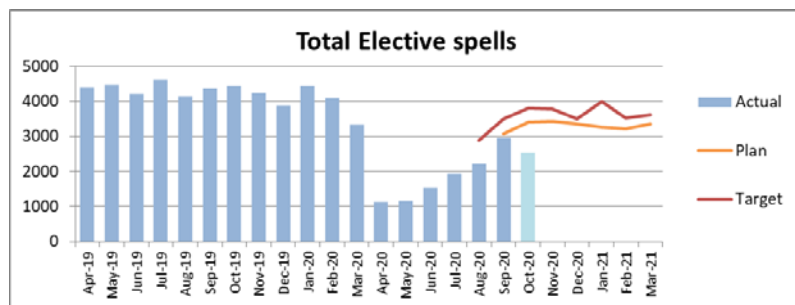
**Figure 1: Monthly Outpatient Activity - BTHFT**



	Target	Plan	Actual
Sep-20	100%	92%	93%
Oct-20	100%	92%	93%
Nov-20	100%	87%	
Dec-20	100%	93%	
Jan-21	100%	90%	
Feb-21	100%	83%	
Mar-21	100%	91%	

Activity in September increased to almost meeting plan by using a mixture of face to face and virtual appointments. October activity is currently tracking at slightly above plan.

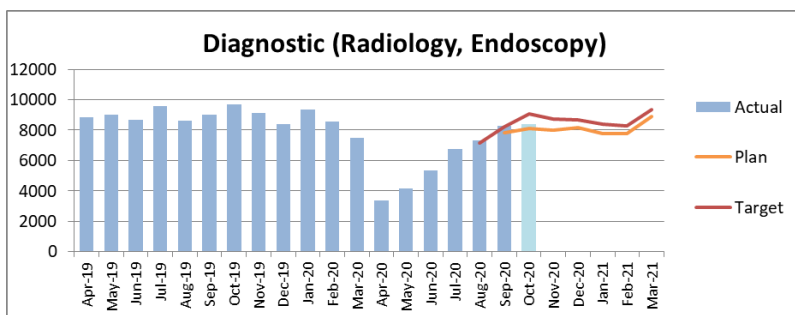
**Figure 2: Monthly Elective Inpatient and Day Case Activity – BTHFT**



	Target	Plan	Actual
Sep-20	80%	70%	67%
Oct-20	90%	79%	58%
Nov-20	90%	79%	
Dec-20	90%	80%	
Jan-21	90%	78%	
Feb-21	90%	78%	
Mar-21	90%	85%	

COVID-19 demand has reduced beds for elective activity at BRI. Work continues to be undertaken at Yorkshire Clinic and theatre sessions are reviewed weekly across BRI and Yorkshire Clinic to maximise throughput.

**Figure 3: Monthly Diagnostic Waiting List Activity – BTHFT**

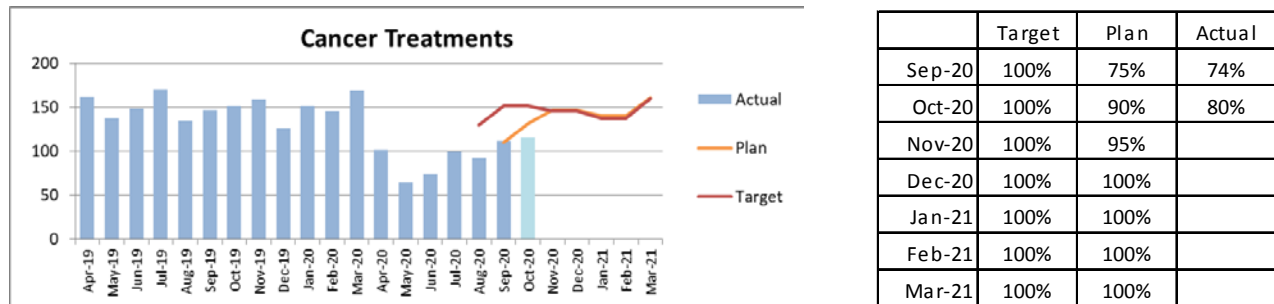


	Target	Plan	Actual
Sep-20	100%	86%	92%
Oct-20	100%	89%	92%
Nov-20	100%	86%	
Dec-20	100%	90%	
Jan-21	100%	86%	
Feb-21	100%	88%	
Mar-21	100%	105%	

Diagnostics activity increased in September 2020. Further growth is anticipated through additional capacity generated by Radiology and Endoscopy services in October 2020.

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**Figure 4: Monthly Cancer First Definitive Treatments – BTHFT**



Treatment numbers have increased from August into September and weekly oversight is in place to ensure this trend continues to support waiting time improvements.

### Re-establish and recovery updates

#### Outpatients:

Social distancing measures and reduced flow due to aerosol generating procedures are limiting face to face capacity. As a result services continue to utilise initiatives including the use of video clinics. Outpatient activity increased during September and in October is tracking slightly ahead of plan to date however this could deteriorate for the remainder of October in response to the second COVID spike. Improvements in high volume specialties have started to be realised now that new clinic templates are being booked into. We expect performance to reduce as we initiate a reduction in activity to release staff to support COVID inpatients.

#### Theatres:

Elective theatre sessions increased throughout September and they were planned to reach 138 per week from October however there is some impact with the second COVID spike. Lower than planned productivity for several specialties mean that we are behind plan along with the lack of inpatient beds for elective patients. This is being addressed at specialty level scheduling meetings to ensure available capacity is fully booked wherever possible however there is lack of ability to enable this due to the COVID spike. There is the continued use of Yorkshire Clinic to supplement reduced theatre availability at BRI is in place for the remainder of 2020/21.

#### Diagnostic:

Radiology has cleared the backlog across all modalities and is in position to scale up to 100% capacity in line with the predicted increase of referrals. CRG has approved new 'COVID secure' guidelines for Endoscopy and this has allowed the service to book 11 points per room. The use of independent sector remains in place for high risk colonoscopies and for urgent patients. This additional capacity is to support Fast Track and Urgent diagnostics.

#### Cancer:

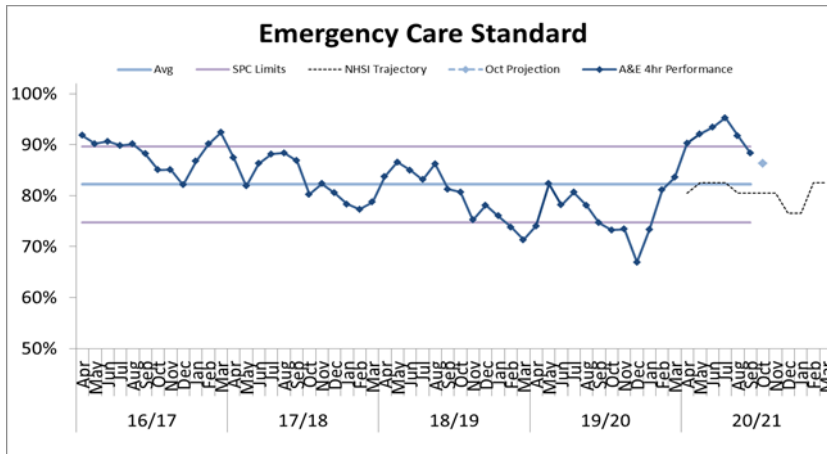
Tumour groups continue to use daily escalation triggers to manage fast track clinic demand and plans are in place to increase straight to test endoscopy capacity in support of the upper GI pathway. Modelling is continuing to be utilised, combines existing waits for diagnostics and treatment with forecasted growth in demand, with each tumour group ensuring sufficient capacity can be prioritised for this cohort of patients.



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## 4. Emergency Care Standard (Type 1&3)

Figure 5: Monthly ECS Performance – BTHFT



BTHFT reported a position of 88.37% for the month of September 2020. Due to the relocation of the GP stream the performance for BTHFT is type 1 only.

Figure 6: ECS Performance – National Comparison

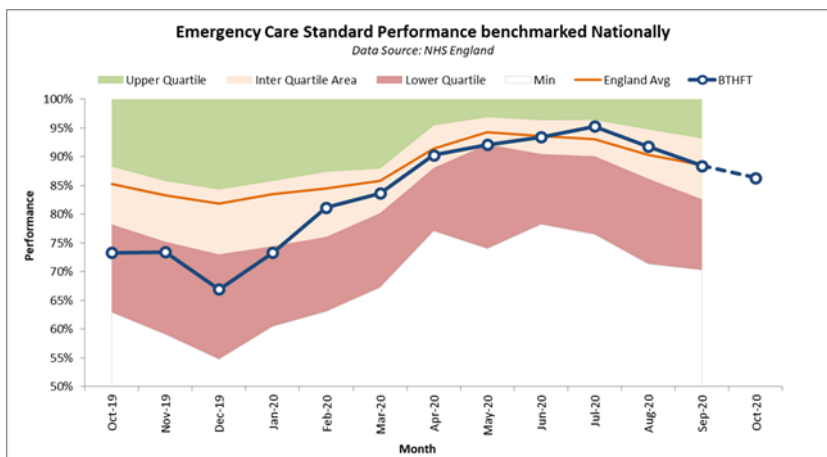
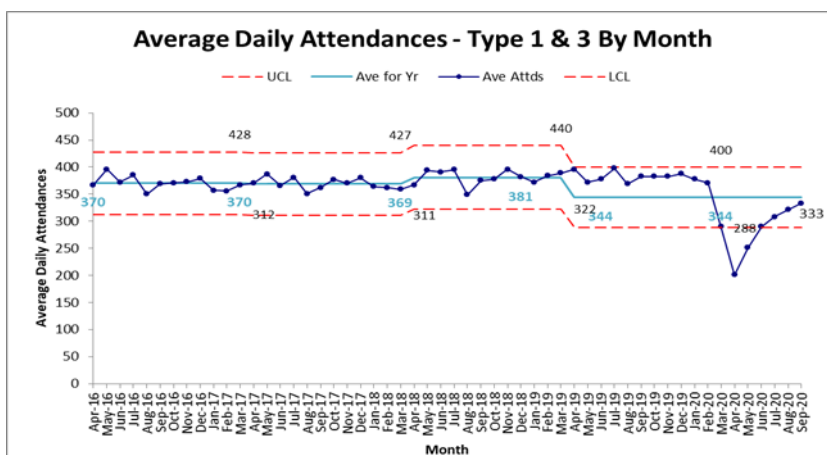


Figure 6 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance in September 2020 remains in line with the England average.

Figure 7: Type 1&3 A&E Attendances – BTHFT



Following a low of 201 average attendances per day in April 2020, the number for September 2020 has risen to 333, and has been 314 for October to date.



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### **Emergency Department's response to COVID-19**

The Emergency Department continues to separate the management of suspected COVID-19 and other attendances.

- Purple Zone continues to be allocated to patients with COVID-19 symptoms. Plans are underway to further expand Purple Zone over the winter as COVID cases continue to increase.
- Capital plans are being developed to create isolation facilities within ED to accommodate ongoing COVID-19 patients as well as any future pandemics/ flu. Also planning is underway to mitigate the loss of HDU during Capital work.
- There been an increase in number of COVID related ED attendances and admissions during October 2020. This has impacted both ED capacity and bed capacity.
- Clinical navigator role is in place since 19-October-2020, this will support reduction in unnecessary ED attendances by streaming of patients to Local Care Direct (LCD) GP service.
- Training sessions for EDs medical staff with support from virtual ward are taking place to increase the utilisation of virtual services by ED.

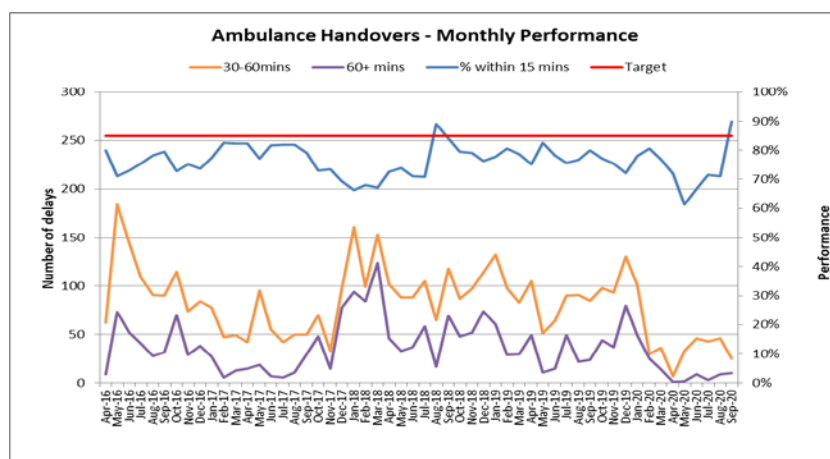
### **Emergency Care Standard improvement**

- The use of See and Treat (S&T) and SDEC pathway are preventing high numbers of patients being seen within Majors which supports ECS performance.
- The Urgent Care CBU transformational plans are underway to deliver and improve on SDEC and S&T pathways which are relieving over-crowding in the waiting areas.
- Discussions are underway with surgery, acute medicine and elderly care medical teams to provide in-reach into blue zone to reduce number of admissions from blue zone to the assessment units.
- The urgent care project will focus on establishment of the 111 call before you walk model, development of a virtual ED and continued expansion of SDEC.

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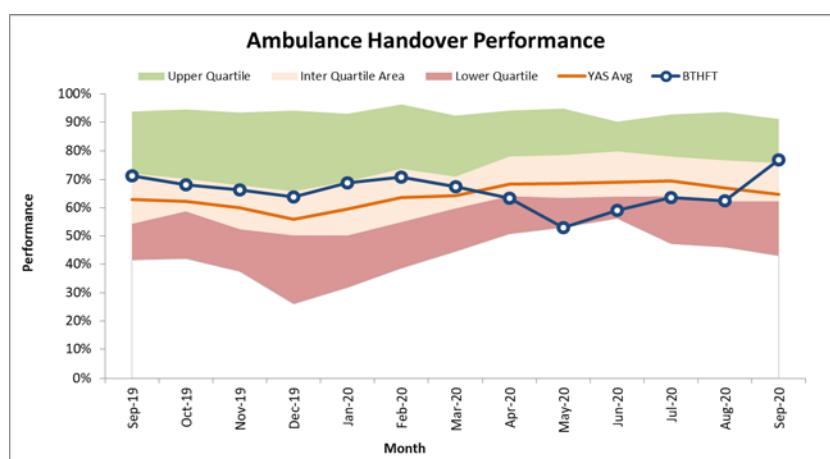
## 4. Ambulance Handover Performance

Figure 8: Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in September 2020 was 25 between 30 and 60 minutes and 10 over 60 minutes.

Figure 9: Ambulance Handovers – Yorkshire Comparison



September 2020 ambulance handover benchmarking data, supplied by the Yorkshire Ambulance Service (YAS), shows BTHFT performance has improved for the last three months but remains slightly below the regional average for handover within 15 minutes.

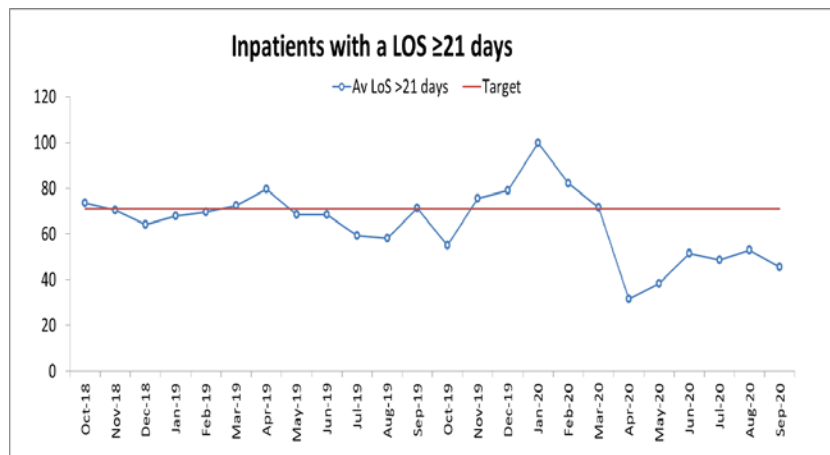
### Ambulance Handover Improvement

Significant improvements in handover performance have been noticed throughout September 2020 as more robust challenge and validation process has been instigated. The department is working closely with Yorkshire ambulance service to further improve the handover performance. Locality Managers have regular communication with ED to support, and offer HALOs as able.

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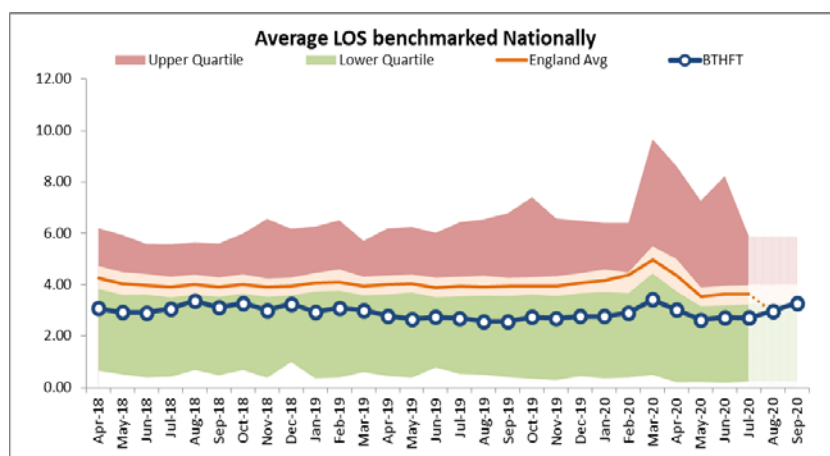
## 5. Inpatient Length of Stay (LOS) $\geq 21$ days

Figure 10: Inpatient Length of Stay  $\geq 21$  days – BTHFT



The number of patients with a LOS over 21 days reduced in September 2020 with an average of 46 patients per day compared to a daily average of 53 patients in August 2020.

Figure 11: 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 September 2020 was 3.28 days.

### Long Length of Stay Improvement

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

- Daily average of around 50 patients per day has been maintained over the last three months, as new daily processes for challenge and validation have embedded within the site team.
- The review of patients over 21 day LOS continues to be conducted 5 days a week by the command centre team. Therapies and the Multi-Agency Integrated Discharge Team (MAIDT) are supporting the review to identify any inaccuracies from their perspective and to implement rapid support that may facilitate an earlier discharge.
- Plans are underway to increase the daily reviews to include over 14 day LOS patients with the aim to support clinical teams to avoid patients reaching 21 days by exploring different pathways.
- The MAIDT team, community partners and the local authority work collaboratively to ensure timely and appropriate discharge planning.

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## 6. Cancer Standards

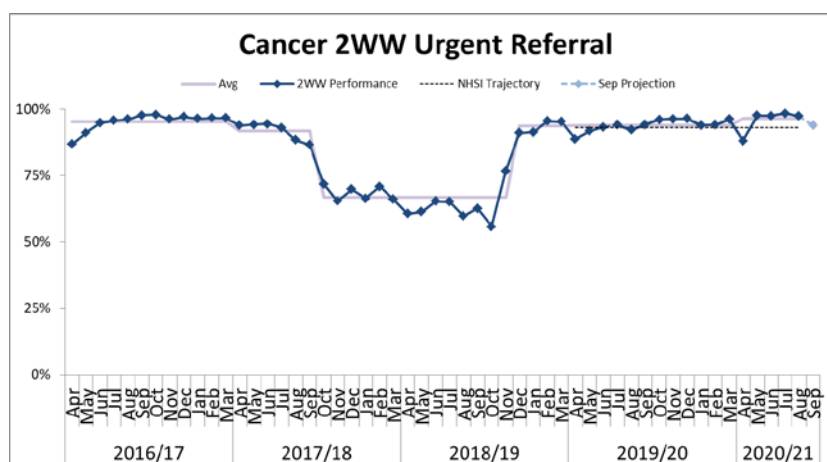
**Table 2: Cancer Standards - Overview by Indicator – BTHFT**

Measure	Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
14 day GP referral for all suspected cancers	93%	94.1%	96.0%	96.4%	96.4%	94.0%	94.2%	96.2%	88.1%	97.7%	97.4%	98.4%	97.4%	93.8%
14 day breast symptomatic referral	93%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	66.7%
31 day first treatment	96%	96.6%	98.0%	95.0%	100.0%	95.4%	93.8%	99.4%	94.1%	98.5%	91.8%	89.0%	87.1%	87.5%
31 day subsequent drug treatment	98%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%	100.0%	95.8%	100.0%	100.0%	100.0%
31 day subsequent surgery treatment	94%	95.2%	98.0%	91.3%	91.5%	89.2%	80.0%	100.0%	81.6%	92.0%	68.2%	53.2%	60.7%	77.5%
62 day GP referral to treatment	85%	78.7%	80.3%	74.9%	82.9%	72.2%	77.3%	89.8%	80.7%	80.5%	73.7%	80.6%	82.8%	63.1%
62 day screening referral to treatment	90%	89.8%	87.1%	85.4%	93.1%	90.9%	70.0%	83.3%	72.5%	60.0%	0.0%	0.0%	0.0%	100.0%
62 day consultant upgrade to treatment		91.3%	100.0%	75.0%	100.0%	78.3%	64.7%	83.2%	71.4%	71.4%	100.0%	100.0%	100.0%	50.0%

In August 2020, all standards fell below target except for the 14 day GP referral for all suspected cancers, 14 day breast symptomatic referral, 31 day subsequent drug treatment and 62 day consultant upgrade to treatment. 62 day screening referral to treatment is forecast to improve to 100% in September 2020.

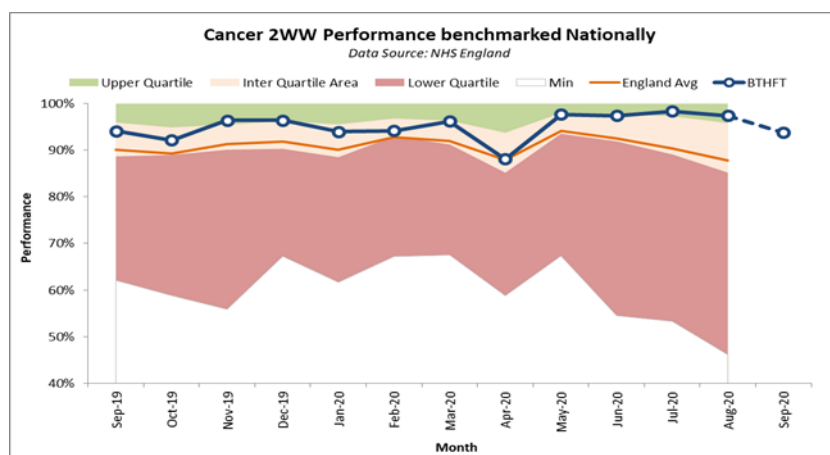
### 6.1. Cancer 2 Week Wait

**Figure 12: Cancer 2WW performance (Target 93%)**



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Figure 13: 2WW National Comparison – BTHFT



Performance in August 2020 places the Trust above the England average and remains in the upper quartile for the 4th month in a row.

Table 3: 2WW Performance by Tumour Group

Site	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
TRUST	94.1%	96.0%	96.4%	96.4%	94.0%	94.2%	96.2%	88.1%	97.7%	97.4%	98.4%	97.4%	93.8%
Breast	99.1%	100.0%	94.7%	96.1%	97.6%	100.0%	99.3%	95.5%	99.4%	99.1%	99.7%	99.2%	100.0%
Gynae	96.0%	96.8%	98.0%	98.3%	98.3%	97.4%	98.5%	96.2%	97.3%	95.0%	96.8%	95.2%	96.7%
Haematology	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	93.3%	95.8%
Head & Neck	95.2%	99.5%	98.4%	99.4%	98.4%	98.0%	98.0%	88.4%	99.1%	100.0%	100.0%	99.4%	97.7%
Lower GI	87.6%	91.5%	92.9%	93.3%	89.7%	76.1%	92.2%	82.8%	100.0%	98.9%	98.7%	97.0%	95.2%
Lung	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Other	96.4%	96.9%	91.3%	92.0%	93.3%	95.5%	86.7%	75.0%	100.0%	100.0%	81.8%	100.0%	100.0%
Skin	92.1%	98.0%	99.7%	98.7%	97.6%	97.8%	97.4%	92.4%	98.5%	99.2%	99.4%	98.4%	98.3%
Upper GI	92.1%	76.4%	91.5%	85.7%	71.9%	92.5%	79.2%	56.9%	82.7%	84.4%	91.7%	87.5%	56.0%
Urology	99.2%	99.2%	97.7%	99.2%	96.6%	97.7%	100.0%	95.2%	100.0%	98.6%	98.9%	98.6%	98.9%

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

### Cancer 2WW Improvement

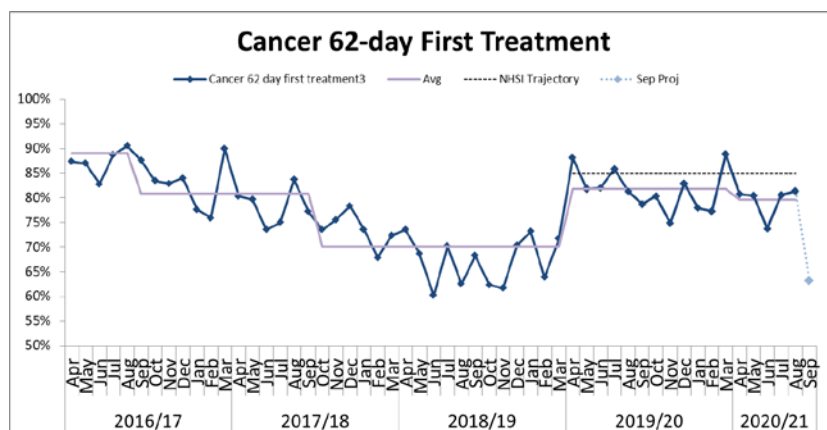
Fast track referrals have continued to gradually increase reaching over 390 in October 2020. Revised pathways have been implemented following national guidance adopted by the Cancer Alliance and services are managing the current level of referrals. Referrals are expected to increase to above pre-COVID levels in quarter 3 of 2020/21 due to the reduced referrals during COVID. Services are planning for how they would manage this.

Endoscopy restart and recovery plans include continued use of Yorkshire clinic capacity, the transfer of 30 routine patients per week to Westcliffe and they have been utilising modular theatres due to better air exchange to increase capacity. Endoscopy is continuing to be reviewed for further opportunities to increase capacity. This is supporting improvement across a range of KPI's where endoscopy capacity had been a limiting factor during the peak COVID-19 period and GI performance is forecast to improve in October 2020. Clinical triage has also been utilised to minimise the impact and redirect patients to alternative therapies.

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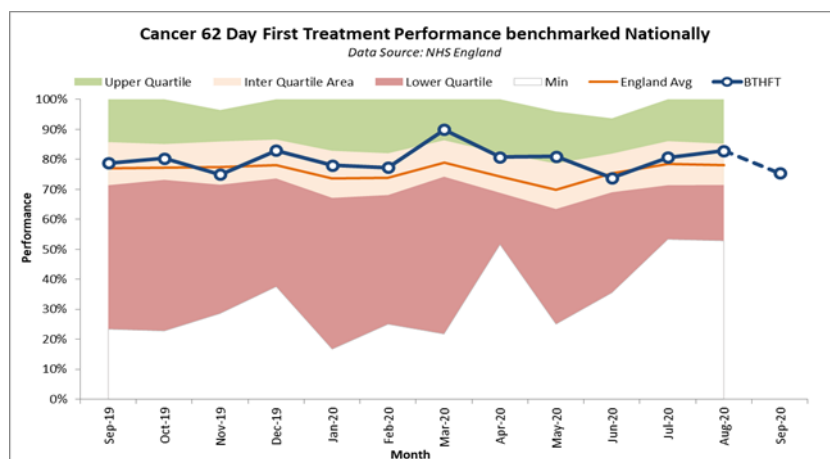
## 6.2. Cancer 62 day First Treatment

Figure 14: Cancer 62 Day First Treatment performance (Target 85%)



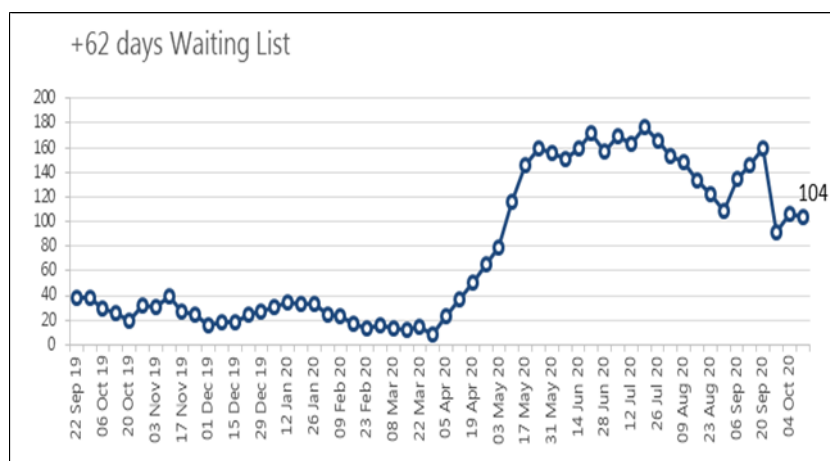
The 62 Day First Treatment position is below target at 82.76% for August 2020, this was an increase of 2.18% on July 2020.

Figure 15: 62 Day First Treatment performance – National Comparison



BTHFT performance in August 2020 remains above the England Average.

Figure 16: Patients Waiting Over 62 Days



The number of patients waiting over 62 days decreased in August 2020 to 109 however September 2020 increased to 159 at one point. The end of September has seen a decrease to 92. As at 11<sup>th</sup> October 2020 numbers have risen slightly to 104.

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**Table 4: 62 Day First Treatment performance by Tumour Group**

Site	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
TRUST	78.7%	80.3%	74.9%	82.9%	77.9%	77.3%	89.8%	80.7%	80.9%	73.5%	80.6%	82.8%	63.1%
Breast	92.9%	100.0%	88.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	93.8%
Gynae	66.7%	100.0%	100.0%	80.0%	88.9%	75.0%	75.0%	100.0%	60.0%	20.0%	44.4%	71.4%	83.3%
Haematology	100.0%	57.1%	57.1%	72.7%	85.7%	33.3%	93.3%	100.0%	100.0%	57.1%	72.7%	100.0%	50.0%
Head & Neck	22.2%	70.0%	64.7%	33.3%	83.3%	33.3%	66.7%	45.5%	14.3%	40.0%	100.0%	60.0%	58.3%
Lower GI	100.0%	71.4%	55.6%	50.0%	40.0%	80.0%	81.8%	42.9%	50.0%	66.7%	33.3%	0.0%	37.5%
Lung	100.0%	0.0%	66.7%	50.0%	46.2%	66.7%	0.0%	0.0%	100.0%	50.0%	100.0%	100.0%	45.5%
Other		100.0%	20.0%	25.0%	100.0%	25.0%	100.0%	100.0%	100.0%	50.0%		100.0%	
Skin	94.7%	100.0%	97.1%	100.0%	97.2%	87.5%	91.3%	91.7%	86.7%	100.0%	95.0%	95.5%	82.5%
Testicular													
Upper GI	28.6%	71.4%	12.5%	50.0%	60.0%	38.5%	100.0%	100.0%	50.0%	100.0%	75.0%	66.7%	71.4%
Urology	60.5%	52.9%	61.2%	84.8%	52.3%	79.6%	95.6%	80.0%	100.0%	100.0%	63.3%	77.8%	23.5%

Although performance improved in from July to August 2020, performance is expected to deteriorate though September and October as patients have been treated have already exceeded 62 days after diagnostic and treatment delays due to COVID-19 pandemic.

### Cancer 62 Day Improvement

Diagnostic and treatment capacity requirements have continued to be reviewed with services adapting to increasing demand the backlog that developed as a result of the impact of COVID-19. Endoscopy has had a substantial proportion of the patients delayed at diagnostic and treatment stages with a continuing focus on how capacity can be increased within Endoscopy. Endoscopy continue to utilise support from the Yorkshire Clinic, Westcliffe and modular theatres at the BRI, although there have been difficulties in booking to capacity.

The number of cancer treatments has continued to increase and this is forecast to be maintained in October, although overall treatments remain low. Daily review of all cancer patients to ensure that clinical review and surgical prioritisation take place in a timely manner and according to the Royal College of Surgeons guidelines. The Theatre Prioritisation process is also continuing to allocated the limited theatre time to highly-urgent patients within their prioritisation timeframe or advises on alternative options/provider where available.

### 6.3. Cancer Inter-Provider Transfers (IPT)

**Table 5: Cancer IPT performance**

Month	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Referred <38 days	22	28	15	31	20	24	26	10	7	5	5	10
Total	28	41	26	44	39	34	39	20	15	10	10	22
Performance	78.6%	68.3%	57.7%	70.5%	51.3%	70.6%	66.7%	50.00%	46.67%	50.0%	50.0%	45.5%

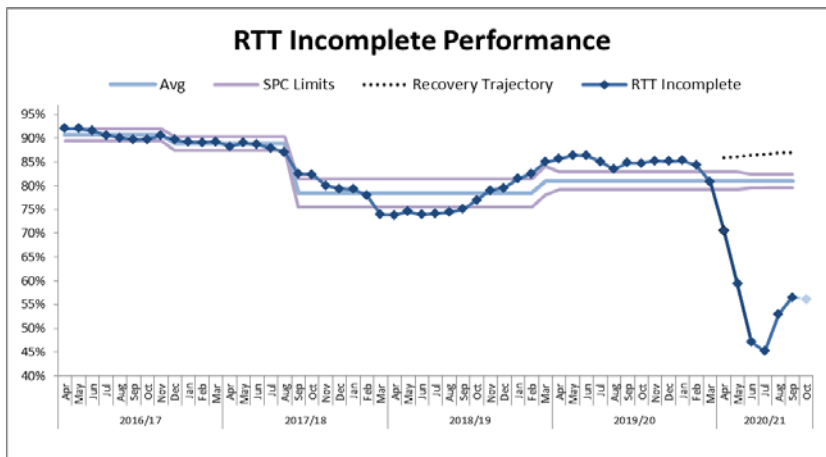
The Trust performance has declined in August 2020 and remains below the 85% target at 45.5%.



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## Referral to Treatment (RTT) Incomplete

**Figure 17: Monthly RTT Incomplete Performance (Target 92%)**



The Trust's RTT un-validated position for September 2020 is 56.50% which represents an increase compared to August 2020 (52.99%). RTT performance is projected at 56.16% in October which is predominately the result of increase clock starts <18 weeks however EPR upgrade issues mean we are unable to report a formal position.

**Figure 18: RTT Incomplete National Indicator – BTHFT**

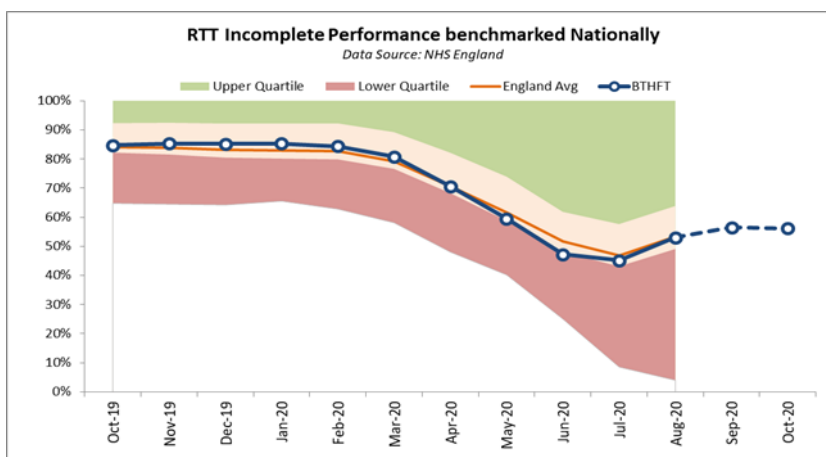
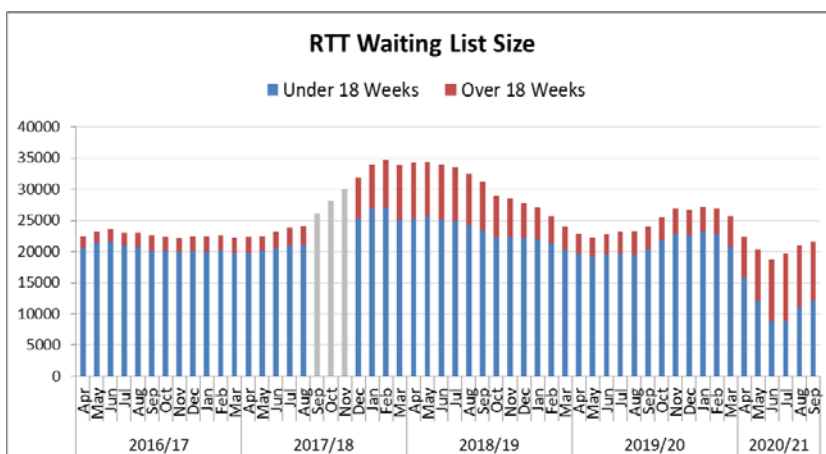


Figure 18 shows a comparison of national RTT Incomplete performance for August 2020. The dotted line illustrates BTHFT pre submitted September 2020 and projected October 2020 performance. BTHFT is in line with the England average. All trusts have seen a downturn in performance in response to COVID-19.

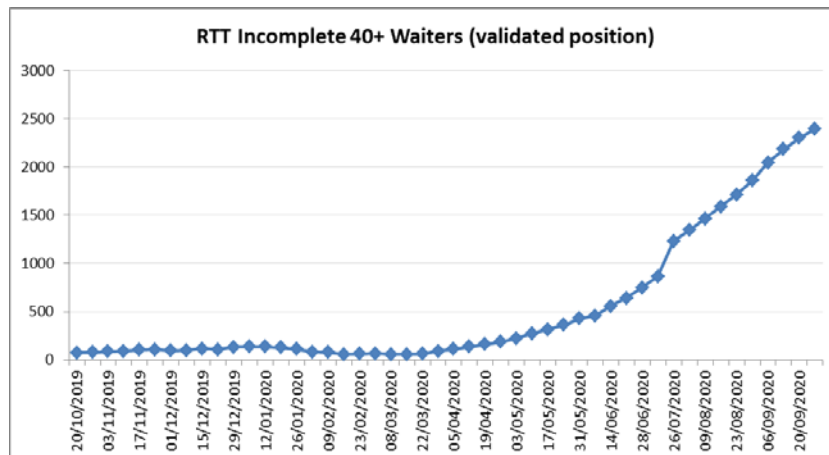
**Figure 19: RTT Total Waiting List**



The overall waiting list has increased by 482 patients in September 2020 compared to August 2020 as a result of waiting list validation and a reduction in referrals since the COVID-19 outbreak.

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**Figure 20: RTT Incomplete ≥40 Weeks**



The number of patients waiting over 40 weeks continues to increase following the cancellation of elective work as part of the COVID-19 response.

As a result September reports a pre submitted position of 788 RTT Incomplete 52 Week breaches.

### Referral To Treatment Improvement

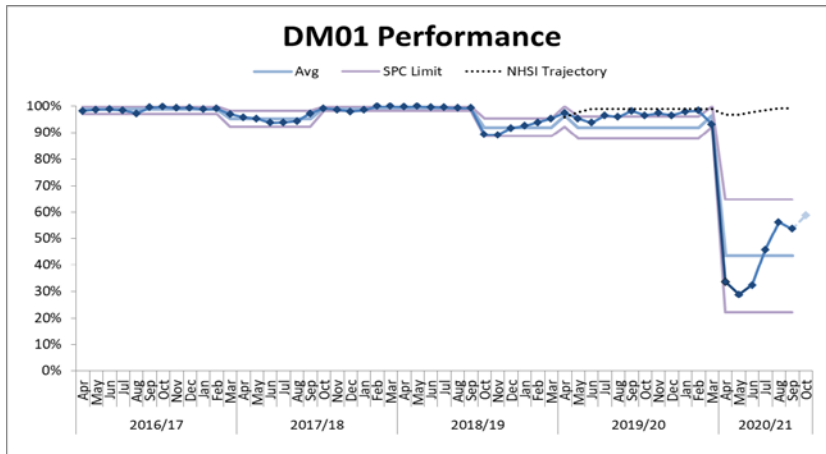
RTT performance continues to reflect the loss of elective capacity accompanying the Trust response to COVID-19. Demand for the trusts services have increased from July following the restart of GP referrals on 1<sup>st</sup> July and contributed to an increase in the total waiting list size in September to 21,542 from August of 21,068.

This waiting list profile also resulted in an increase in the number of patients waiting over 40 weeks with 788 reported 52 weeks breaches in September 2020. The use of clinical prioritisation guidelines and daily review of patients waiting over 40 weeks continues with services using virtual clinics maximising available elective capacity whilst maintaining patient safety.

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## 7. Diagnostic waiting times

Figure 21: Monthly DM01 Performance



September 2020 performance was 53.76%. The low performance is predominantly due to COVID-19 related suspension of routine services, particularly within radiology and endoscopy modalities.

Performance for October 2020 is projected to increase to 58.86%.

Figure 22: Diagnostics - National Comparison

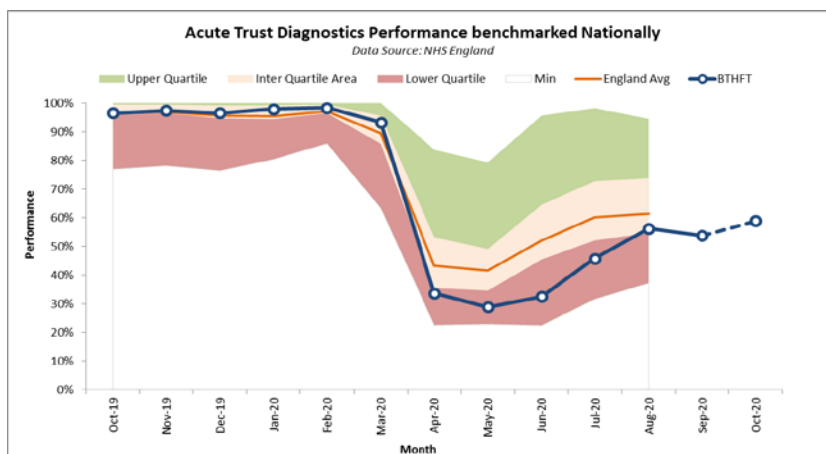


Figure 22 shows a national comparison of Diagnostic performance for September 2020.

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

### Diagnostic Improvement

The Endoscopy service is using modular theatres for 4 sessions per day as this has better air exchange. As a result of the New 'COVID secure' guidelines which were approved by CRG now allow the service will to book 11 points per room. The use of independent sector remains in place with 4 endoscopy sessions per week for high risk colonoscopies at the Yorkshire Clinic and 40 points per week for urgent patients transferred to Westcliffe. This additional capacity is to support Fast Track and Urgent diagnostics.

The Radiology service has cleared the backlog across CT, MRI and US modalities. CT and MRI performance it projected to reach per COVID levels by the end of October 2020, however US performance will remain low due to staffing issues. Radiology service is in position to scale up to 100% capacity now which is in line with the predicted increase of referrals and in response to NHSE's new capacity targets.

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## 8. Healthcare Associated Infections

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

**Table 6: Number of C Difficile Infections**

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
<b>Attributable C-diff Cases</b>	2	4	6	4	5	5	2	3	5	3	0	4
Trajectory	3	2	3	2	3	2	TBC	TBC	TBC	TBC	TBC	TBC

Four CDI's were attributed to BTHFT in September 2020. There has been a total of 17 CDI's year to date 2020-21.

### 8.2. MRSA Bacteraemia

**Table 7: Number of MRSA Bacteraemia**

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
<b>MRSA</b>	1	0	0	0	0	0	0	0	0	0	2	1
Trajectory	0	0	0	0	0	0	0	0	0	0	0	0

There was one MRSA bacteraemia apportioned to the Trust in September 2020. August saw the first attributable cases this financial year with two. Two cases were apportioned for the last financial year (2019/20).

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## 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 8: TIA Performance**

TIA Performance	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Treated within 24 hrs	10	4	9	5	4	5	3	7	7	7	7	6
Patients with TIA	22	15	11	11	10	11	4	12	11	15	10	17
Performance	45%	26.67%	81.8%	45.5%	40.0%	45.5%	75.0%	58.3%	64%	47%	70.00%	35.3%

TIA performance in September 2020 was below the threshold of 60%, at 35%, having failed passed in August. The breach reasons are a mixture of full clinics and weekend referrals. The recent recruitment of two new consultants should help improve both these areas by offering a weekend service and catching up with backlog

### 9.2. Stroke

**Table 9: Stroke Performance**

Stroke performance	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
=>90% on stroke unit	40	45	30	35	22	37	21	32	24	20	27	16
Pts admitted for Stroke	49	51	46	48	34	54	39	44	30	27	29	18
Performance	81.6%	88.2%	65.2%	72.9%	64.7%	68.5%	53.8%	72.7%	80.0%	74.1%	93.1%	88.9%

Stroke performance for September 2020 achieved the 80% target for the second month in a row at 88.9%. A total of 4 breaches in two months were due to bed capacity requirements on HASU.

A piece of work is starting this month reviewing patients staying for 48 hours or more in HASU. This will help manage bed base in HASU more closely and improve patient flow.

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## APPENDIX 2

### SUMMARY OF CONTRACTUAL KPI

Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Sep-20	95.00%	80.51%	88.37%
Emergency Inpatient Length Of Stay >=21days	Sep-20	71	60	46
Cancer 2 week wait	Aug-20	93.00%	93.00%	97.40%
Cancer 2 week wait - breast symptomatic	Aug-20	93.00%	100.00%	100.00%
Cancer 31 day First Treatment	Aug-20	96.00%	96.20%	87.10%
Cancer 31 day Subsequent Surgery	Aug-20	94.00%	95.20%	60.71%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Aug-20	98.00%	100.00%	100.00%
Cancer 38 day Inter Provider Transfer	Aug-20	85.00%	85.00%	45.50%
Cancer 62 day First Treatment	Aug-20	85.00%	85.30%	82.80%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Aug-20	90.00%	90.00%	0.00%
Diagnostics - patients waiting under 6 weeks for test	Sep-20	99.00%	99.22%	53.67%
RTT - Patients waiting within 18 weeks on incomplete pathways	Sep-20	92.00%	87.20%	*56.50%
Mixed-sex accommodation breach	Sep-20	0	0	0
Cancelled Operations 28 day breach	Sep-20	0	0	0
National Quality Requirement	Month	Threshold	Trajectory Target	Performance
Infection Control - MRSA Bacteraemia	Sep-20	0	0	1
Infection Control - C difficile infections	Sep-20	2.5	0	4
RTT - Patients waiting over 52 weeks on incomplete pathways	Sep-20	0	0	*788
Ambulance handovers taking between 30-60 minutes	Sep-20	0	30	25
Ambulance handovers taking longer than 60 minutes	Sep-20	0	10	10
Trolley waits in A&E longer than 12 hours	Sep-20	0	0	0
Urgent operation cancelled for a second time	Sep-20	0	0	0
VTE risk assessment	Sep-20	95.00%	95.00%	95.57%
Duty of candour breaches	Sep-20	0	0	0
Quality Requirement	Month	Threshold	Trajectory Target	Performance
DTOC - Average daily number	Sep-20	12.44	12.44	5.70
Stroke - patients who spend at least 90% of their time on a stroke unit	Sep-20	80.00%	80.00%	88.89%
% TIA higher risk cases who are treated within 24 hours	Sep-20	60.00%	60.00%	35.30%
Early Pregnancy Awareness: Patients presenting within 12wks 6days	Sep-20	90.00%	90.00%	97.12%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	Sep-20	90.00%	90.00%	95.70%
TOPS - Number of ToPs that were offered screening for Chlamydia	Sep-20	100.00%	100.00%	100.00%
TOPS - Number of ToPs that were screened for Chlamydia	Sep-20	95.00%	95.00%	100.00%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	Sep-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.	Sep-20	95.00%	95.00%	100.00%
TOPS - Number of women provided with contraception after surgical TOP	Sep-20	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to CASH	Sep-20	100.00%	100.00%	100.00%