

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

PERFORMANCE REPORT – FOR THE PERIOD NOVEMBER 2020

Presented by	Sajid Azeb, Chief Operating Officer		
Author	Carl Stephenson, Associate Director of Performance		
Lead Director	Sajid Azeb, Chief Operating Officer		
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/ informed by	Details of any consultation		
Previously approved at:	Academy/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 November 2020.			
Analysis			
Activity against plan:			
<ul style="list-style-type: none">Outpatient activity in October and November was above planned levels. Face to face capacity continues to be restricted by the need to redeploy clinical staff to support COVID-19 inpatients and maintain social distancing. Services are running premium rate sessions to increase capacity where possible and replacing lost face to face clinics with video or telephone appointments.Elective inpatient and day case activity is behind plan. Elective theatre activity on the BRI site has significantly reduced as a result of the second COVID-19 spike. Independent sector capacity at the Yorkshire Clinic (YC) continues to be utilised and speciality scheduling processes remain in place to ensure available capacity across BRI and Yorkshire Clinic is maximised. A new activity based contract has been put into place with the independent sector from January 2021 onwards.Diagnostic activity has increased. Recovery work within CT and MRI has successfully returned pre COVID-19 levels with wait times being within 6 weeks and plans to further increase endoscopy capacity are being progressed. Ultrasound, Audiology and Neurophysiology are continuing to run clearance plans with estimated pre COVID-19 levels to be achieved by early January.Cancer treatment capacity has been protected through the clinical prioritisation process and performance is closer to plan as a result. BTHFT benchmarks above the WY&H and NE&Y averages for this measure.			
Emergency Care Standard (ECS):			
<ul style="list-style-type: none">ECS performance for Type 1 and 3 attendances increased to 86.43% for November 2020 and is currently forecast at 86.84% for December 2020. The average daily number of type 1 attendances in November was 299 against an average of 312 in October 2020. The November 2020 performance position is significantly better when compared to the same month the previous year representing an improvement of 13.02%.Changes to the GP stream mean there are only type 1 attendances at BRI. Performance for type 1 attendances compares favourably at both a national and regional level.			

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

- The clinical navigator role has been in place since 19-October-2020, this role continues to support the reduction in unnecessary ED attendances by streaming of patients to the Local Care Direct (LCD) GP service. The service is also working closely with Super-Rota team (GP's working within care homes and utilising telemedicine to avoid hospital admissions) to reduce the number of attendances from nursing homes.

Ambulance Handovers:

- Attributable performance for handovers within 15 minutes was 93.30% in November 2020. There were 23 delayed handovers between 30 and 60 minutes and 4 above 60 minutes in November 2020. The December 2020 position is expected to be 11 delayed handovers between 30 and 60 minutes and 8 above 60 minutes. The ambulance handover position remains better than the trajectory.
- A robust validation process continuous to be in place and the department is working closely with Yorkshire Ambulance Service to sustain the improved handover performance. The low risk suspected COVID-19 patients are being diverted to amber zone when purple zone reaches its maximum capacity to reduce overcrowding of crews in that area.

Long Length of Stay (Stranded Patients):

- The daily average number of patients with a length of stay ≥ 21 days was 54 in November 2020 against an NHSI target of 71. The December 2020 position is projected to be a daily average of 58 patients with length of stay of ≥ 21 days. This is due to a slight increase in the number of patients above 21 days LOS who are not medically fit to be discharged and require further clinical intervention.
- The daily reviews include all patients over 14 day LOS patients with the aim to support clinical teams to avoid patients reaching 21 days by exploring alternative pathways.
- System wide working continues to ensure all alternative pathways to an inpatient bed are accessed for those patients who are medically fit but not yet functionally optimised.

Cancer Wait Times:

- Fast track referrals in November and December are in line with historic averages (379 per week). Performance against the 2 Week Wait standard was above target in October at 93.77%, forecast to be 94.10% in November and to be above 95% in December 2020.
- Cancer 62 Day First Treatment performance for October 2020 was 66.84% against a standard of 85% with November performance forecast at 74.74%.
- Performance has reduced in October as treatment numbers increased for patients who are already beyond day 62 of their cancer pathway (which has reduced from a post COVID-19 peak of 177 to 85 at the end of November 2020).
- Surgical prioritisation in line with guidance from the Royal College of Surgeons is continuing. The process allocates the theatre time available to patients requiring time-sensitive procedures.

Referral to Treatment:

- RTT performance improved to 70.52% for November and is projected at 70.0% in December. The second COVID-19 spike is resulting in fewer RTT clock stops with overall performance negatively impacted as a result.
- 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 position of 1,428 patients waiting over 52 weeks on incomplete RTT pathways and a predicted December position of 1,694.
- 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.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

This will also support patient communication and the opportunity for patients to defer their treatment as per national guidelines.

Diagnostic waiting times:

- Performance for DM01 reportable tests was 65.26% in November 2020 and the projected December 2020 position is 69.47% showing an improvement.
- DM01 performance for CT and MRI has successfully returned to pre COVID-19 levels with wait times being within 6 weeks. US reporting capacity has been increased with ad-hoc sessions by consultants and registrars.
- The Endoscopy service continues the use of modular theatres for 4 sessions per day with better air exchange. Capital work to expand to 2 further procedure rooms planned for early 2021 is on track, and will include upgrades to the air flow. The use of independent sector remains in place.

Healthcare Associated Infections:

- There were 2 clostridium difficile infections (CDI) attributed to the Trust and 1 CCG attributed case in November 2020.
- There were 0 cases of MRSA bacteraemia attributed to BTHFT but 1 CCG attributed case in November 2020.

Other exceptions:

- Early Pregnancy Awareness, late presenter performance failed the 90% target at 84.62% in November 2020. This is the first time performance has dropped below the target this year, and the first time since March 2020.

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	
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 (*) The impact of COVID-19 has been detrimental to a number of KPI's, restart and recovery planning is supporting some improvement but the second COVID-19 spike is also having a negative impact.					

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

Explanation of variance from Board of Directors Agreed General risk appetite (G)	
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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"/>

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: Choose an item.
NHS Improvement Effective Use of Resources: Finance
Other (please state): Commissioning contracts with CCG and NHS England

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

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

APPENDIX 1

PERFORMANCE REPORT FOR THE PERIOD OCTOBER 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	Emergency Care Standard	Nov-20	80.50%	86.43%	↓
5	Ambulance Handover 30-60	Nov-20	50	23	↓
5	Ambulance Handover 60+	Nov-20	20	4	↓
6	Length of Stay ≥21days	Nov-20	71	54	↑
7.1	Cancer 2 Week Wait	Oct-20	93.00%	93.77%	↓
7.2	Cancer 62 Day First Treatment	Oct-20	85.30%	66.84%	↓
8	RTT Incomplete	Nov-20	87.40%	70.52%	↑
9	Diagnostics Waiting Times	Nov-20	99.22%	65.26%	↑
10.1	C Difficile Infections	Nov-20	TBA	2	↑
10.2	MRSA Bacteraemia	Nov-20	0	0	↓
11	Exceptions				

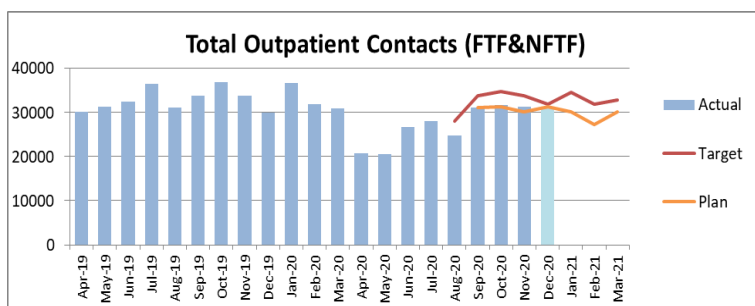
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan;

Red arrow = trend is a deterioration; **Green** arrow = trend is an improvement.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

3. Activity against plan:

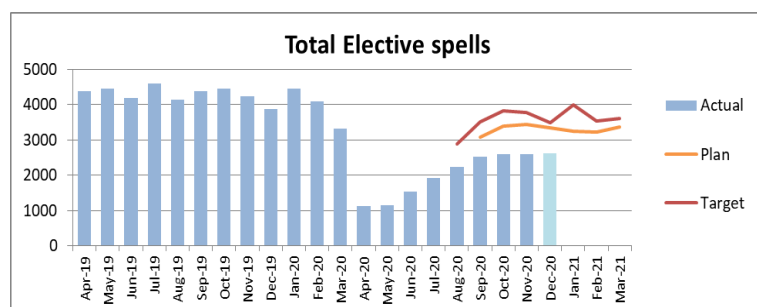
Figure 1: Monthly Outpatient Activity - BTHFT



	Target	Plan	Actual
Sep-20	100%	92%	92%
Oct-20	100%	92%	93%
Nov-20	100%	87%	90%
Dec-20	100%	93%	92.1%
Jan-21	100%	90%	
Feb-21	100%	83%	
Mar-21	100%	91%	

October activity was at 93% of baseline and therefore 1% better than plan. November activity is predicted to be at 90% and December at 92%. Face to face capacity continues to be restricted by the need to redeploy clinical staff to support COVID-19 inpatients, social distancing measures and in some services the impact of aerosol generating procedures.

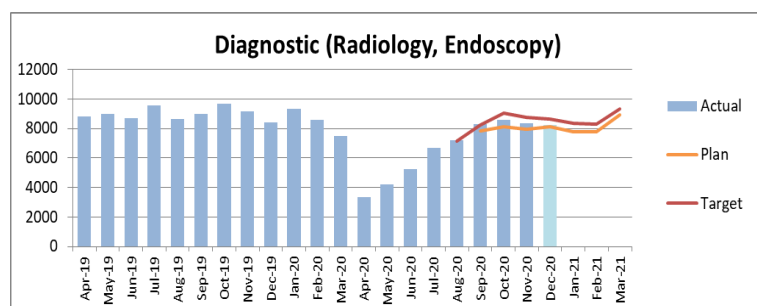
Figure 2: Monthly Elective Inpatient and Day Case Activity – BTHFT



	Target	Plan	Actual
Sep-20	80%	70%	58%
Oct-20	90%	79%	60%
Nov-20	90%	79%	59%
Dec-20	90%	80%	63%
Jan-21	90%	78%	
Feb-21	90%	78%	
Mar-21	90%	85%	

Inpatient activity has not met plan due to the rate of COVID-19 demand growth and the lack of beds for elective activity. Scheduling processes remain in place to maximise the lists that we do to run and we continue to maximise use of the independent sector to support treatment capacity.

Figure 3: Monthly Diagnostic Waiting List Activity – BTHFT

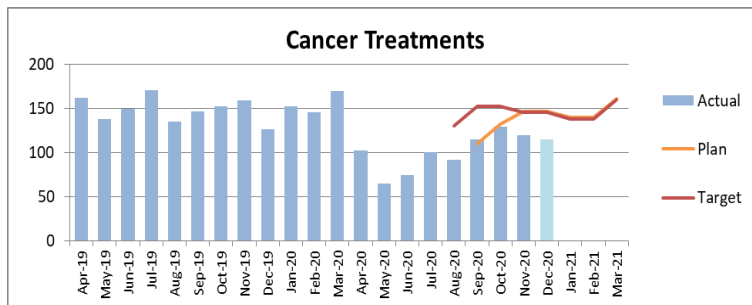


	Target	Plan	Actual
Sep-20	100%	91%	97%
Oct-20	100%	94%	100%
Nov-20	100%	89%	93%
Dec-20	100%	93%	94.1%
Jan-21	100%	90%	
Feb-21	100%	92%	
Mar-21	100%	100%	

Diagnostic activity reduced in November and December 2020 as the recovery work within CT and MRI is complete and waiting lists reduced. Plans to further increase endoscopy capacity are being progressed.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

Figure 4: Monthly Cancer First Definitive Treatments – BTHFT



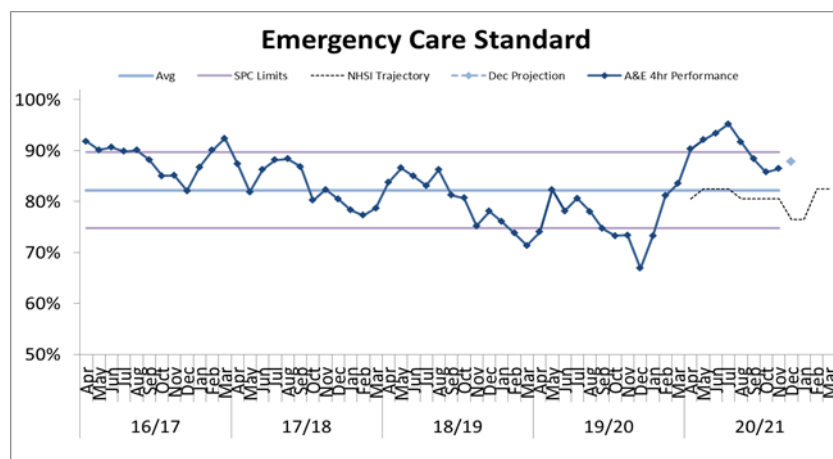
	Target	Plan	Actual
Sep-20	100%	75%	76%
Oct-20	100%	90%	89%
Nov-20	100%	95%	79%
Dec-20	100%	100%	79%
Jan-21	100%	100%	
Feb-21	100%	100%	
Mar-21	100%	100%	

Cancer treatment capacity has been protected through the clinical prioritisation process and performance is closer to plan as a result. BTHFT benchmarks above the WY&H and NE&Y averages for this measure.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

4. Emergency Care Standard (Type 1&3)

Figure 5: Monthly ECS Performance – BTHFT



BTHFT reported a position of 86.43% for the month of November 2020. Due to the relocation of the GP stream the performance for BTHFT is type 1 only.

Figure 6: ECS Performance – National Comparison

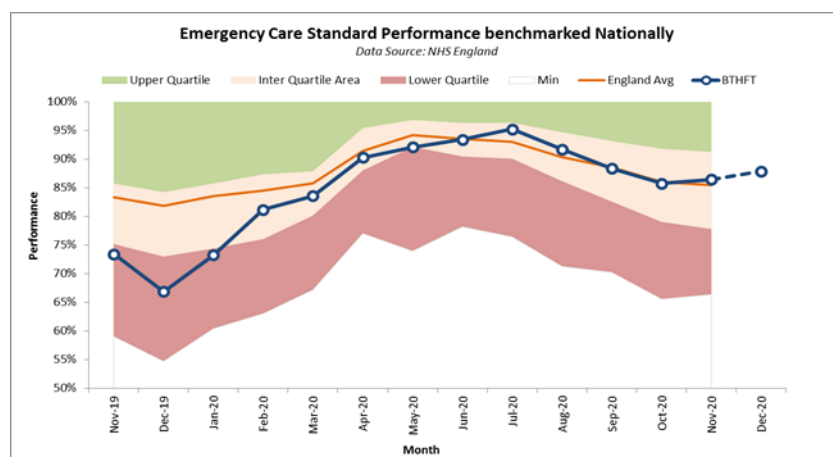
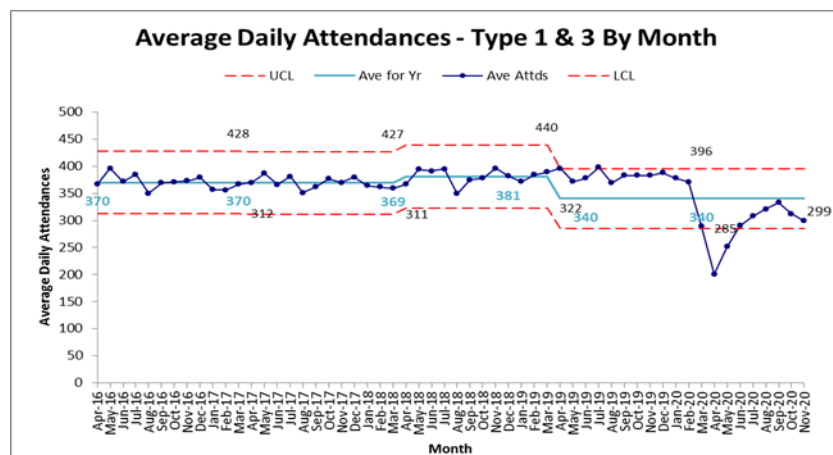


Figure 6 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance in November 2020 remains in line with the England average. For Type 1 only performance BTHFT is closer to the upper quartile.

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



Following a low of 201 average attendances per day in April 2020, the number for November 2020 is 299.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

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. During times of surge and escalation ED also allocate cubicles 1-10 in See and Treat for COVID patients and to reserve space in purple zone for aerosol generating procedures.
- Capital works are underway to create isolation facilities within ED to accommodate ongoing COVID-19 patients as well as any future pandemics / flu.
- The number of COVID related ED attendances and admissions have reduced in recent weeks. Dedicated COVID ward capacity remains in place to reduce the delays in patients being admitted from ED to COVID wards.
- 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.

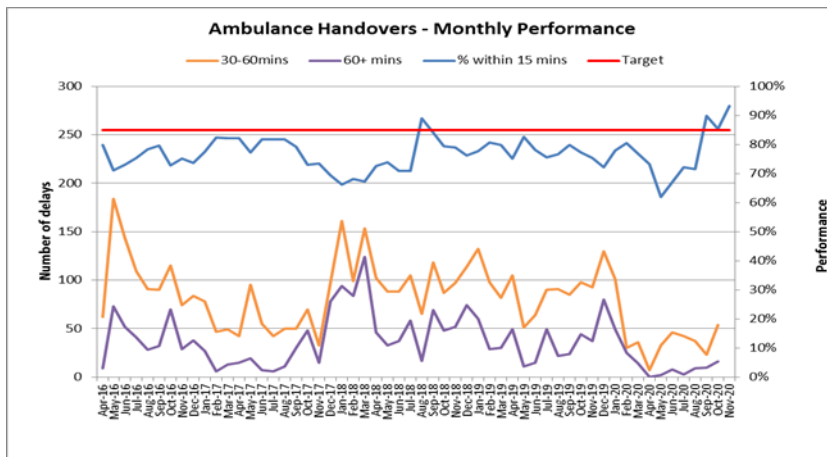
Emergency Care Standard improvement

- Same day emergency care (SDEC) and See and Treat (S&T) pathways continue to be in place in the Emergency Department (ED). These pathways 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.
- The number of patients being discharged from blue zone remains high and the service continues to work with surgical ACPs and acute medical team to improve in-reach into blue zone to reduce number of admissions to the assessment units.
- The urgent care project continuous to focus on establishment of the 111 call before you walk model, development of a virtual ED and continued expansion of SDEC.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

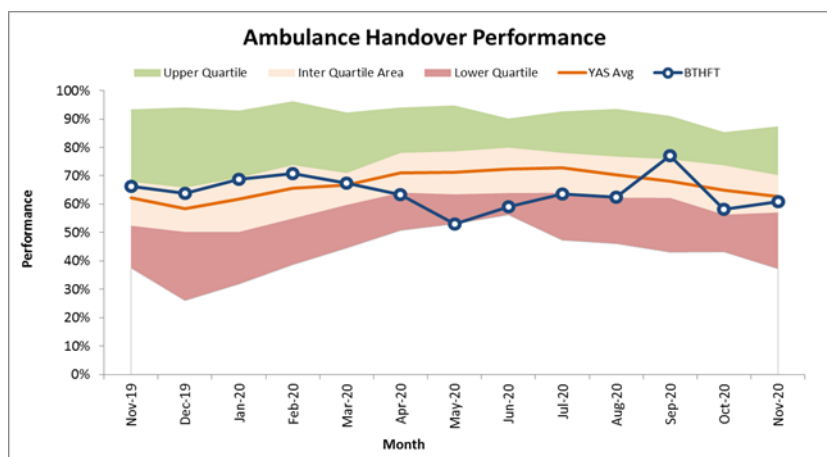
5. Ambulance Handover Performance

Figure 8: Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in November 2020 was 23 between 30 and 60 minutes and 4 over 60 minutes.

Figure 9: Ambulance Handovers – Yorkshire Comparison



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

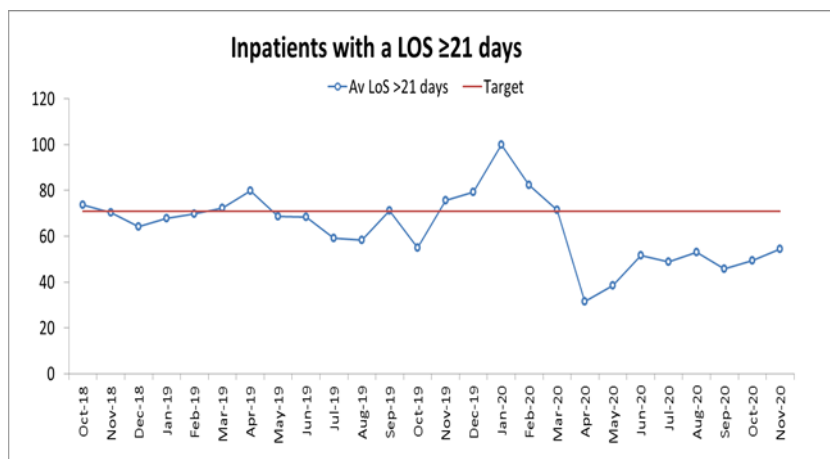
Ambulance Handover Improvement

In order to reduce the number of ambulances waiting to hand patients over, the low risk suspected COVID patients are being diverted to amber zone when purple zone reaches its maximum capacity. The department continues to work closely with Yorkshire Ambulance Service to further improve the handover performance. Locality Managers have regular communication with ED to support, and offer HALOs as needed.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

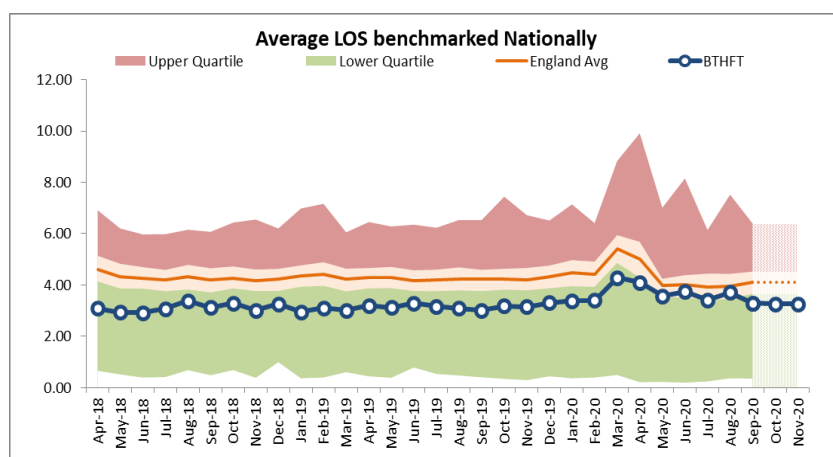
6. Inpatient Length of Stay (LOS) ≥ 21 days

Figure 10: Inpatient Length of Stay ≥21 days – BTHFT



The number of patients with a LOS over 21 days remains better than the target position with an average of 54 patients per day in November 2020 compared to a daily average of 49 patients in October 2020.

Figure 11: Length of Stay– National Comparison



LOS benchmarking data from HED shows that the Trust has remained better than the national average since April 2018.

The Trusts Average LOS for November 2020 was 3.26 days.

Long Length of Stay Improvement

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

- The review of patients over 14 day LOS is being 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.
- The MAIDT team, community partners and the local authority work collaboratively to ensure timely and appropriate discharge planning.
- System wide working continues to ensure all alternative pathways to an inpatient bed are accessed for those patients who are medically fit but not yet functionally optimised.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

7. Cancer Standards

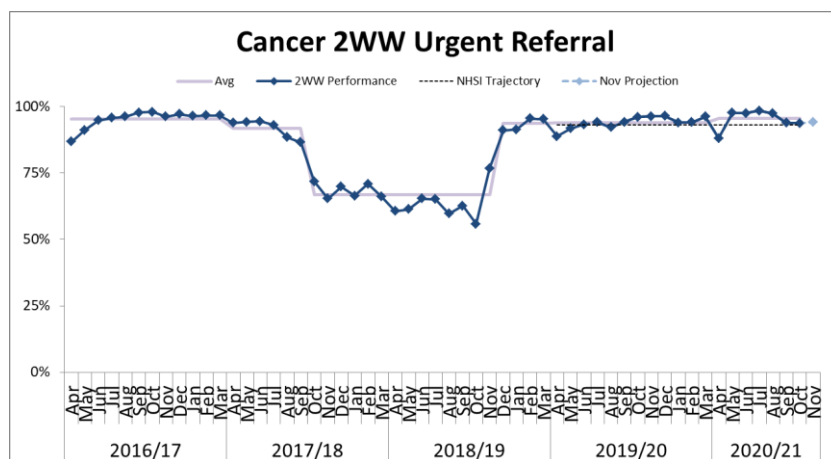
Table 2: Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
14 day GP referral for all suspected cancers	93%	96.4%	96.4%	94.0%	94.2%	96.2%	88.1%	97.7%	97.4%	98.4%	97.4%	93.8%	93.8%	94.1%
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%	100.0%	100.0%
31 day first treatment	96%	95.0%	100.0%	95.4%	93.8%	99.4%	94.1%	98.5%	91.8%	89.0%	87.1%	86.8%	93.8%	85.0%
31 day subsequent drug treatment	98%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day subsequent surgery treatment	94%	91.3%	91.5%	89.2%	80.0%	100.0%	81.6%	92.0%	68.2%	53.2%	60.7%	77.5%	79.0%	69.1%
62 day GP referral to treatment	85%	74.9%	82.9%	72.2%	77.3%	89.8%	80.7%	80.5%	73.7%	80.6%	82.8%	73.8%	66.8%	73.6%
62 day screening referral to treatment	90%	85.4%	93.1%	90.9%	70.0%	83.3%	72.5%	60.0%	0.0%	0.0%	0.0%	100.0%	58.0%	92.6%
62 day consultant upgrade to treatment		75.0%	100.0%	78.3%	64.7%	83.2%	71.4%	71.4%	100.0%	100.0%	100.0%	50.0%	50.0%	25.0%

In October 2020, all standards were below target except for the 14 day GP referral for all suspected cancers, 14 day breast symptomatic referral and 31 day subsequent drug treatment. 62 day screening referral to treatment failed to meet target in October 2020 however this is forecast to improve and return above target in November 2020.

7.1. Cancer 2 Week Wait

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

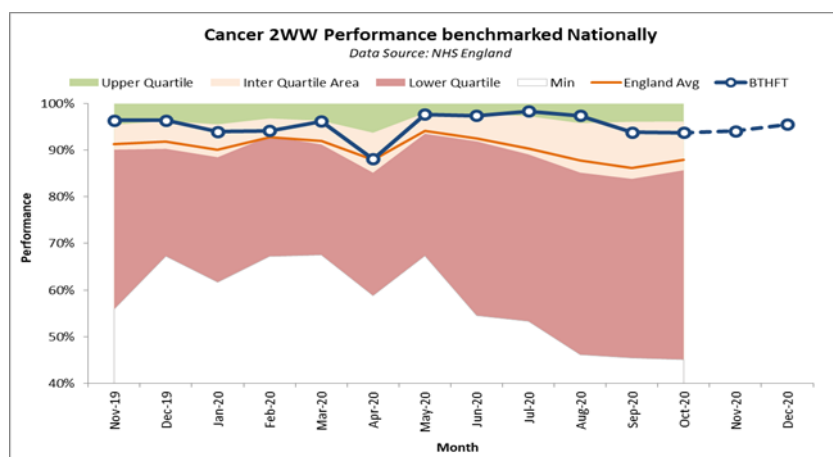


2 Week Wait (2WW) for first seen performance for October 2020 met the target at 93.77%.

Performance for November 2020 is expected to remain above target at 94.10%.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

Figure 13: 2WW National Comparison – BTHFT



Performance in October 2020 places the Trust above the England average.

Table 3: 2WW Performance by Tumour Group

Site	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
TRUST	96.4%	96.4%	94.0%	94.2%	96.2%	88.1%	97.7%	97.4%	98.4%	97.4%	93.8%	93.8%	94.1%
Breast	94.7%	96.1%	97.6%	100.0%	99.3%	95.5%	99.4%	99.1%	99.7%	99.2%	100.0%	97.8%	95.0%
Gynae	98.0%	98.3%	98.3%	97.4%	98.5%	96.2%	97.3%	95.0%	96.8%	95.2%	96.8%	93.8%	95.9%
Haematology	100.0%	100.0%	92.9%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	93.3%	95.8%	100.0%	100.0%
Head & Neck	98.4%	99.4%	98.4%	98.0%	98.0%	88.4%	99.1%	100.0%	100.0%	99.4%	97.7%	95.1%	95.2%
Lower GI	92.9%	93.3%	89.7%	76.1%	92.2%	82.8%	100.0%	98.9%	98.7%	97.0%	95.2%	98.3%	95.4%
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%	95.5%
Other	91.3%	92.0%	93.3%	95.5%	86.7%	75.0%	100.0%	100.0%	81.8%	100.0%	100.0%	100.0%	95.0%
Skin	99.7%	98.7%	97.6%	97.8%	97.4%	92.4%	98.5%	99.2%	99.4%	98.4%	98.3%	96.8%	99.2%
Upper GI	91.5%	85.7%	71.9%	92.5%	79.2%	56.9%	82.7%	84.4%	91.7%	87.5%	56.0%	52.5%	66.1%
Urology	97.7%	99.2%	96.6%	97.7%	100.0%	95.2%	100.0%	98.6%	98.9%	98.6%	99.0%	96.8%	94.6%

All tumour groups performed above the 93% target in October 2020 with the exception of Upper GI. This is related to ongoing capacity issues within endoscopy impacting on straight to test pathways. The difficulties for UGI are forecast to continue through November and December.

Cancer 2WW Improvement

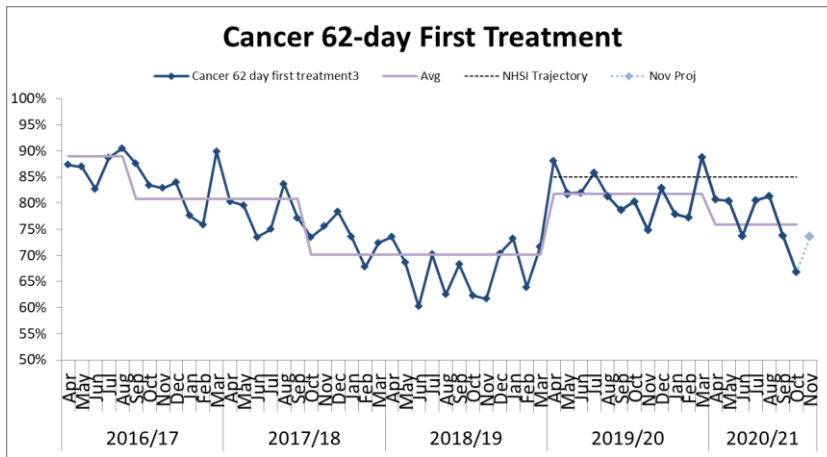
Fast track referrals have been at pre-COVID levels since October 2020 and this is forecast to continue in November and December 2020. Revised pathways have been implemented following national guidance adopted by the Cancer Alliance and services are managing the current level of referrals.

Endoscopy services are triaging patients to alternative interventions where appropriate due to the capacity difficulties within straight to test pathways. Weekly meetings are also ongoing with endoscopy services to support endoscopy recovery planning. Endoscopy services continue to use Westcliffe and Yorkshire clinic to increase capacity with the use of this capacity is continually reviewed to ensure it can be used effectively. As a result of the ongoing work in UGI, performance in UGI is forecast to improve through November and December which supports continued trust level performance improvement.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

7.2. Cancer 62 day First Treatment

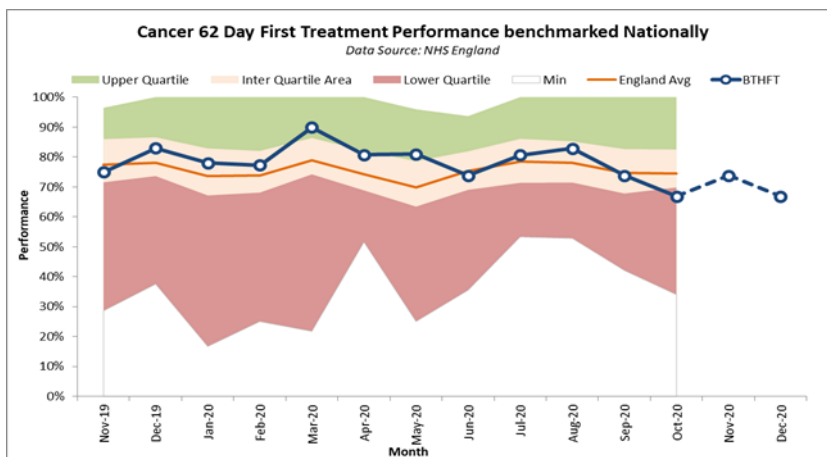
Figure 14: Cancer 62 Day First Treatment performance (Target 85%)



The 62 Day First Treatment position is below target at 66.84% for October 2020.

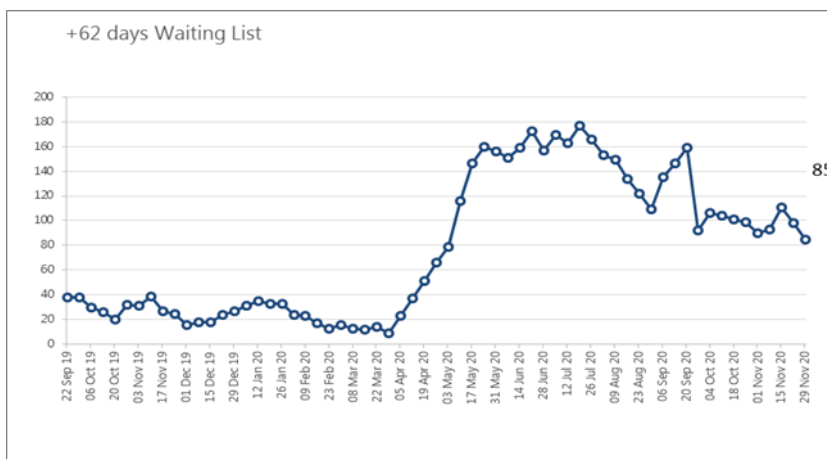
Performance for November 2020 is expected to remain below target at 73.56% as we continue to treat in order of clinical urgency and those patients who have already waited beyond day 62.

Figure 15: 62 Day First Treatment performance – National Comparison



BTHFT performance in October 2020 is in line with the England Average.

Figure 16: Patients Waiting Over 62 Days



The number of patients waiting over 62 days decreased from a peak of approx.180 in July to 85 in November 2020 and is continuing a downward trend in December 2020.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

Table 4: 62 Day First Treatment performance by Tumour Group

Site	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
TRUST	74.9%	82.9%	77.9%	77.3%	89.8%	80.7%	80.9%	73.5%	80.6%	82.8%	73.8%	66.8%	73.6%
Breast	88.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	93.8%	100.0%	92.9%
Gynae	100.0%	80.0%	88.9%	75.0%	75.0%	100.0%	60.0%	20.0%	44.4%	71.4%	83.3%	100.0%	45.5%
Haematology	57.1%	72.7%	85.7%	33.3%	93.3%	100.0%	100.0%	57.1%	72.7%	100.0%	50.0%	40.0%	40.0%
Head & Neck	64.7%	33.3%	83.3%	33.3%	66.7%	45.5%	14.3%	40.0%	100.0%	60.0%	58.3%	33.3%	64.3%
Lower GI	55.6%	50.0%	40.0%	80.0%	81.8%	42.9%	50.0%	66.7%	33.3%	0.0%	37.5%	37.5%	40.0%
Lung	66.7%	50.0%	46.2%	66.7%	0.0%	0.0%	100.0%	50.0%	100.0%	100.0%	45.5%	25.0%	50.0%
Other	20.0%	25.0%	100.0%	25.0%	100.0%	100.0%	100.0%	50.0%		100.0%		0.0%	100.0%
Skin	97.1%	100.0%	97.2%	87.5%	91.3%	91.7%	86.7%	100.0%	95.0%	95.5%	80.0%	89.9%	85.3%
Testicular													
Upper GI	12.5%	50.0%	60.0%	38.5%	100.0%	100.0%	50.0%	100.0%	75.0%	66.7%	71.4%	66.7%	55.6%
Urology	61.2%	84.8%	52.3%	79.6%	95.6%	80.0%	100.0%	100.0%	63.3%	77.8%	71.4%	58.1%	70.0%

Performance has deteriorated though October due treating patients who already exceeded 62 days after diagnostic and treatment delays due to COVID-19 pandemic. As the number of patients over 62 days has reduced performance is expected to improve in November 2020.

Cancer 62 Day Improvement

Cancer treatment capacity has been protected through the clinical prioritisation process. Treatment numbers will be lower in December although in line with expected seasonal variations, while performance is forecast to improve due to the reduction in the overall number patients waiting over 62 days. 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 allocate the limited theatre time to highly-urgent patients within their prioritisation timeframe or advises on alternative options/provider where available.

Endoscopy has a substantial proportion of the patients delayed at diagnostic and treatment stages that have already breached and are likely to breach 62 days. Weekly meetings are taking place to review endoscopy recovery and restart plans and evaluate how the available capacity can be used most effectively. This includes the continued utilisation of the Yorkshire Clinic and Westcliffe. The work from endoscopy services has significantly reduced the number of patients they have over 62 days, reducing from 40 patients over 62 days in October 2020 to 13 in December 2020. This is having a significant positive impact upon the number of patients waiting over 62 days at a trust level.

7.3. Cancer Inter-Provider Transfers (IPT)

Table 5: Cancer IPT performance

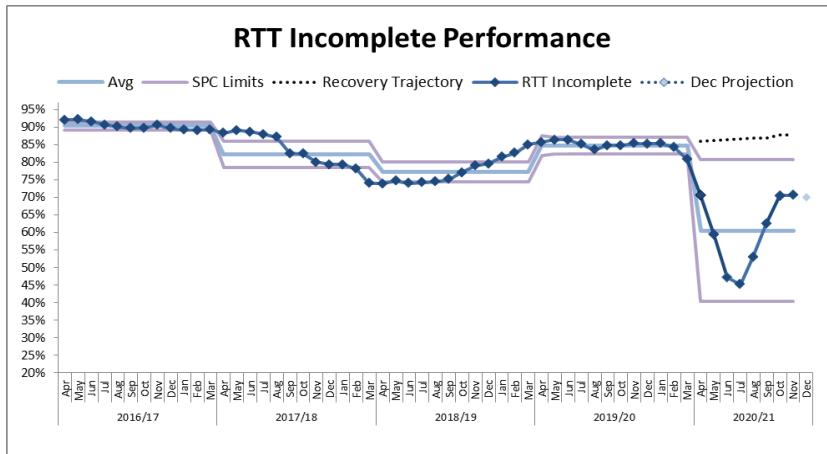
Month	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Referred <38 days	15	31	20	24	26	10	7	5	5	10	7	16
Total	26	44	39	34	39	20	15	10	10	21	19	26
Performance	57.7%	70.5%	51.3%	70.6%	66.7%	50.00%	46.67%	50.0%	50.0%	47.6%	36.8%	61.5%

The Trust performance improved in October 2020 however performance remains below the 85% target at 61.54%.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

8. Referral to Treatment (RTT) Incomplete

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



The Trust's RTT position for November 2020 is 70.52% which represents an increase compared to October 2020 (70.47%). RTT performance is projected at 70% in December.

Figure 18: RTT Incomplete National Indicator – BTHFT

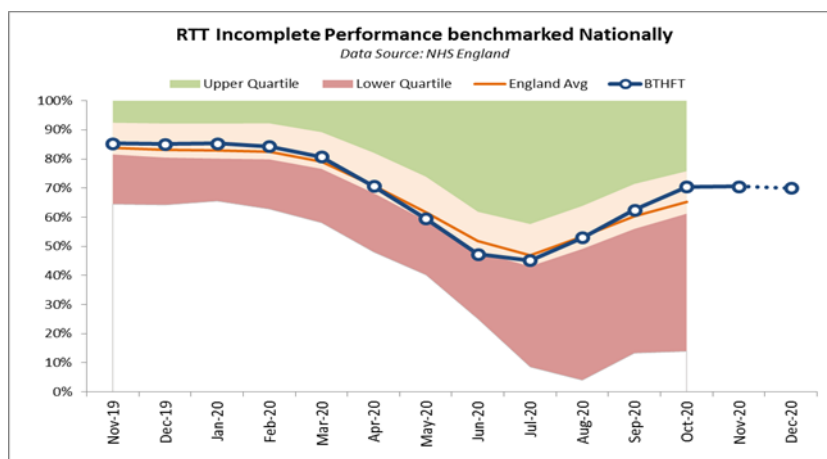
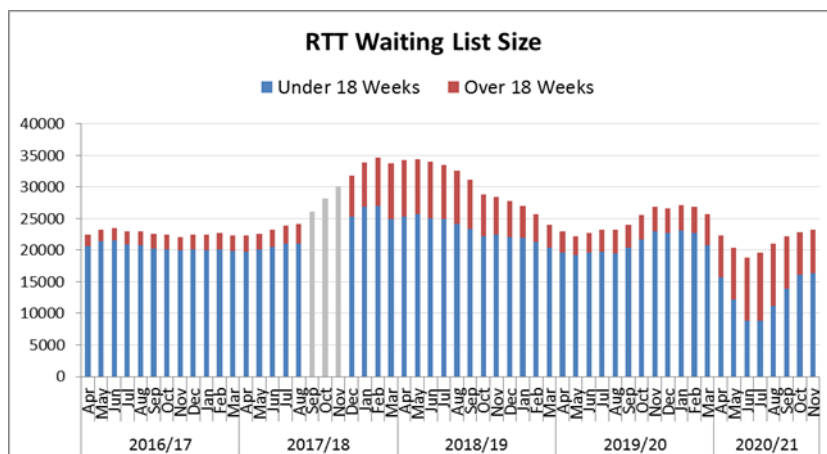


Figure 18 shows a comparison of national RTT Incomplete performance for October 2020. The solid blue line illustrates BTHFT submitted November 2020 and the dotted represents the projected December 2020 performance. BTHFT is in line with the England average.

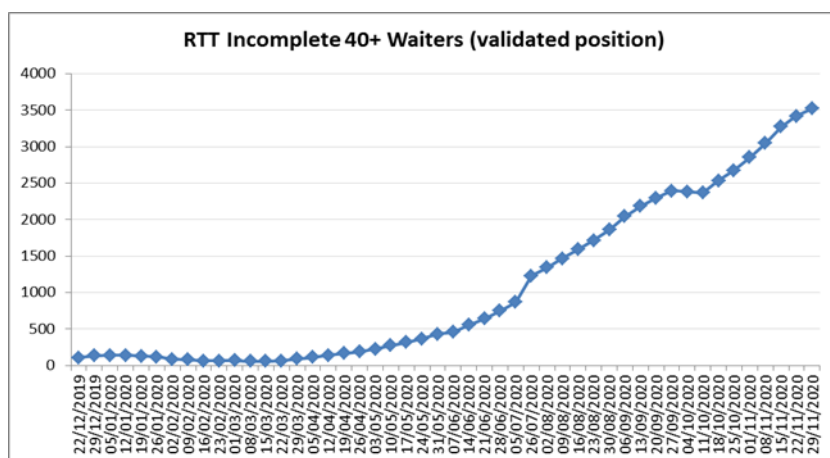
Figure 19: RTT Total Waiting List



The overall waiting list has increased by 323 patients in November 2020 compared to October 2020. This is due to reduced inpatient activity.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

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 November reports a submitted position of 1,428 RTT Incomplete 52 Week breaches.

Referral To Treatment Improvement

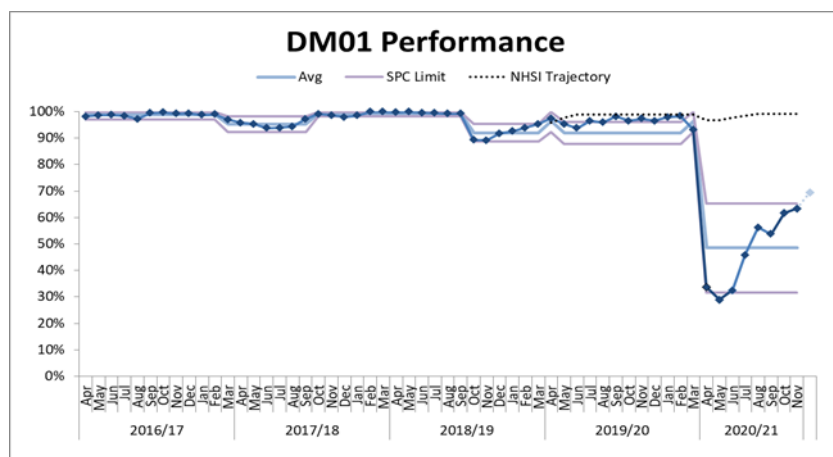
RTT performance continues to reflect the loss of elective capacity accompanying the Trust response to COVID-19. Demand for the trusts services continues to increase and contributed to an growth in the total waiting list size in November to 23,192 from October of 22,278.

This waiting list profile also resulted in an increase in the number of patients waiting over 40 weeks with 1,410 reported 52 weeks breaches in November 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.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

9. Diagnostic waiting times

Figure 21: Monthly DM01 Performance



November 2020 performance was 65.26%. Performance for December 2020 is projected to increase to 69.47%.

Figure 22: Diagnostics - National Comparison

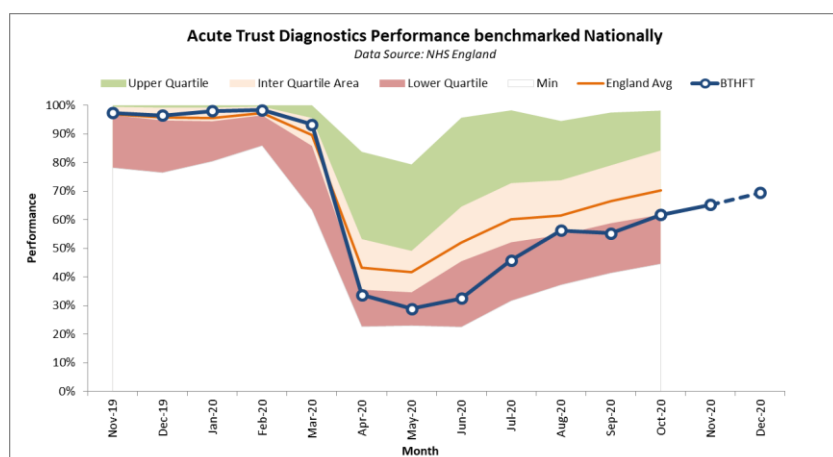


Figure 22 shows a national comparison of Diagnostic performance for November 2020.

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. 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. Further discussion with CCG is underway regarding the contract arrangements with Westcliffe to support a broader cohort of patients being eligible. Possibility of additional Endoscopy capacity is being explored with another external provider. Capital work to expand to 2 further procedure rooms planned for early 2021 is on track.

The Radiology service has cleared the COVID-19 backlog across CT, MRI and US modalities. CT and MRI 6 week wait performance now at levels comparable to pre-COVID. US reporting capacity has been increased with ad-hoc sessions by consultants and US performance is projected to reach per COVID-19 level in January 2021. 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 capacity targets.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

10. Healthcare Associated Infections

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

Table 6: Number of C Difficile Infections

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Attributable C-diff Cases	6	4	5	5	2	3	5	3	0	4	1	2
Trajectory	3	2	3	2	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

Two CDI were attributed to BTHFT in November 2020. There has been a total of 19 CDI's year to date 2020-21.

10.2. MRSA Bacteraemia

Table 7: Number of MRSA Bacteraemia

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

There were no MRSA bacteraemia apportioned to the Trust in November 2020. There are 4 Trust attributable cases year to date 2020-21.

11. Other indicators by exception

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

11.1. Early Pregnancy Awareness

Table 8: Early Pregnancy Performance

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Seen <=12wk 6 days	391	482	395	383	435	405	390	390	321	406	411	461
Presented on time	409	496	412	395	474	413	396	399	327	418	414	470
Performance	95.6%	97.2%	95.9%	97.0%	91.8%	98.1%	98.5%	97.7%	98.2%	97.1%	99.3%	98.09%
Seen <= 2 weeks	32	35	36	46	30	37	40	48	39	45	38	22
Late presenters	36	38	39	52	33	38	43	51	43	47	42	26
Performance	88.9%	92.1%	92.3%	88.5%	90.9%	97.4%	93.0%	94.1%	90.7%	95.7%	90.48%	84.62%

Late Presenter performance fell below the threshold of 90% in November 2020. This is the first time this year 20/21 and the first time since March 2020 this indicator has fallen below target.

One patient did not attend for 2 consecutive appointments which meant she was booked late. One did not attend the appointment. One patient initially decided that she wanted a top and then changed her mind. The last patient was an unknown LMP at booking.

Meeting Title	Board of Directors – Open Meeting		
Date	20 January 2021	Agenda item	Bo.1.21.35

APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Nov-20	95.00%	80.50%	86.43%
Emergency Inpatient Length Of Stay >=21days	Nov-20	71	71	54
Cancer 2 week wait	Oct-20	93.00%	93.00%	93.77%
Cancer 2 week wait - breast symptomatic	Oct-20	93.00%	100.00%	100.00%
Cancer 31 day First Treatment	Oct-20	96.00%	96.20%	93.80%
Cancer 31 day Subsequent Surgery	Oct-20	94.00%	95.20%	78.95%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Oct-20	98.00%	100.00%	100.00%
Cancer 38 day Inter Provider Transfer	Oct-20	85.00%	85.00%	61.54%
Cancer 62 day First Treatment	Oct-20	85.00%	85.30%	66.84%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Oct-20	90.00%	90.00%	100.00%
Diagnostics - patients waiting under 6 weeks for test	Nov-20	99.00%	99.22%	65.26%
RTT - Patients waiting within 18 weeks on incomplete pathways	Nov-20	92.00%	87.70%	70.52%
Mixed-sex accommodation breach	Nov-20	0	0	0
Cancelled Operations 28 day breach	Nov-20	0	0	0
National Quality Requirement	Month	Threshold	Trajectory Target	Performance
Infection Control - MRSA Bacteraemia	Nov-20	0	0	0
Infection Control - C difficile infections	Nov-20	2.5	0	2
RTT - Patients waiting over 52 weeks on incomplete pathways	Nov-20	0	0	1428
Ambulance handovers taking between 30-60 minutes	Nov-20	0	50	23
Ambulance handovers taking longer than 60 minutes	Nov-20	0	20	4
Trolley waits in A&E longer than 12 hours	Nov-20	0	0	0
Urgent operation cancelled for a second time	Nov-20	0	0	0
VTE risk assessment	Nov-20	95.00%	95.00%	96.74%
Duty of candour breaches	Nov-20	0	0	0
Quality Requirement	Month	Threshold	Trajectory Target	Performance
DTOC - Average daily number	Nov-20	12.44	12.44	4.66
Stroke - patients who spend at least 90% of their time on a stroke unit	Nov-20	80.00%	80.00%	80.00%
% TIA higher risk cases who are treated within 24 hours	Nov-20	60.00%	60.00%	70.00%
Early Pregnancy Awareness: Patients presenting within 12wks 6days	Nov-20	90.00%	90.00%	98.09%
Early Pregnancy Awareness: Patients presenting post 12wks 6days	Nov-20	90.00%	90.00%	84.62%
TOPS - Number of TOPs that were offered screening for Chlamydia	Nov-20	100.00%	100.00%	100.00%
TOPS - Number of TOPs that were screened for Chlamydia	Nov-20	95.00%	95.00%	100.00%
TOPS - offered an assessment appointment within 5 working days of referral or self referral	Nov-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.	Nov-20	95.00%	95.00%	100.00%
TOPS - Number of women provided with contraception after surgical TOP	Nov-20	70.00%	70.00%	100.00%
TOPS - Number of women receiving contraceptive advice and signposting to	Nov-20	100.00%	100.00%	100.00%