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| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

PERFORMANCE REPORT – FOR THE PERIOD SEPTEMBER 2021

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|---|--|-------------|--|
| 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 update on 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 September 2021.

Analysis

Activity against plan:

- Outpatient activity across most treatment functions has improved since the summer leave period but will not meet the ERF target. Services are running premium rate sessions to increase capacity where possible and are replacing lost face to face clinics with video or telephone appointments.
- Work is underway to ensure clinics are well utilised by using the booking utilisation tool and ensuring clinics are correctly mapped for accurate recording.
- Theatre staffing vacancies are being filled but the new starters are currently working through their supernumerary periods. We currently have 5 theatres out of commission due to ongoing estates work. Operating Department Practitioner (ODP) recruitment is supporting increased internal provision of lists and Medinet insourcing has been increased to 28 lists per week.
- Endoscopy activity is below baseline which is in part due to reporting delays from the independent sector but this is also being impacted by patient cancellations. A deep dive into booking of BRI sessions has supported some rapid improvement work and increased delivery in the latest week.

Ambulance Handovers:

- Attributable performance for handovers within 15 minutes was 73.73% in September 2021; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.
- The number of handovers greater than 30 minutes remains high which is related to a significant increase in the number of ambulance arrivals during peak hours. The department continues to have regular operational meetings with colleagues at YAS to work on areas of improvement and the new action plan for ED includes working with YAS on decongestion of ambulance assessment area.

Emergency Care Standard (ECS):

- ECS performance for Type 1 and 3 attendances was 75.78% for September 2021 and is currently

| | | | |
|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

forecast at 76.30% for October 2021. The average daily number of type 1 attendances in September 2021 was 410 against an average of 385 in August.

- Winter plan has been developed and ECS performance is expected to remain between 70% and 80%. This is due to a projected increase in COVID demand, resulting in bed pressures and also due to challenges with staffing levels. This position compares favourably against other WYAAT, Regional and National benchmark data.
- ED has developed an ECS Delivery plan with focus on management of the department during busy hours and delivery against the new ECS standards. Details of the plan are provided in the Emergency Department Measures and Hospital Admissions sections of this document.

Long Length of Stay (Stranded Patients):

- The daily average number of patients with a length of stay ≥ 21 days was 50 in September 2021 against the target of 71.
- The numbers of patients above ≥ 21 days LOS have remained stable in September 2021. The Command Centre is working closely with the wards and is providing additional MAIDT support to enable timely discharges of LLOS patients.
- A Right to Reside meeting continues with colleagues across the MAID Team, Therapies and Voluntary Care establishment that reviews all patients with a current right to reside to support the patients to be discharged as soon as possible.
- The Command Centre now have representation from the Multi-Agency Support Team (MAST) at the twice weekly complex patient meetings which allows them to identify where they can provide additional support to facilitate earlier discharge for the patients.

Cancer Wait Times:

- Fast track referral volumes remained above pre-COVID levels and sustained at over 400 a week through September and into October. Early escalation is in place and weekly analysis supports capacity and demand planning but the growth in waiting list size means some tumour groups are more susceptible to breaches.
- 2 Week Wait performance was above target in August at 96.23% but is expected to deteriorate to below target at 91.50% in September due to a combination of high referrals and staff shortages within Skin and ongoing capacity challenges in Lower and Upper GI.
- 28 Day Faster Diagnosis is being sustained above target with Gynaecology's improvement programme having a positive impact upon their position, improving from 53% in June to over 75% in August which is expected to be sustained in September. Haematology's position has improved from 30% in June to over 70% since August although work is ongoing to build on this.
- Cancer 62 Day First Treatment performance for August 2021 was 82% against a standard of 85%. Meeting this target continues to be challenging while reducing the number people who have already been waiting over 62 days, which remains at over 30 patients due to a range of factors including patient concordance, complex cases, and treatment capacity.
- Head & Neck and Urology utilising additional treatment capacity via Medinet which will improve time from decision to treatment.
- 62 Day screening performance was below target for July 2021 at 70.97% with breaches across Breast and Lower GI services. This was due to complex diagnostic pathways, patient choice and some diagnostic delays. The position is forecast to improve to 96% in September.
- 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.

| | | | |
|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

Referral to Treatment:

- RTT performance reduced to 64.12% for September 2021 compared to 66.38% in August 2021 and is forecast to deteriorate further to 62.79% in October. Additions to the waiting list remain higher than removals which since September have resulted in increased tip from under to over 18 weeks.
- The Trust continues to focus on increasing activity levels and reducing the number of long waiters through targeted work as part of restart and recovery meetings. The number of long waiters is currently increasing as the Trust is treating patients who have the highest surgical priority, resulting in an increase in the number of long waiters with a lower surgical priority status. This will improve as theatre capacity is increased and the P3 and P4 waiting list is treated.

Diagnostic waiting times:

- Performance for DM01 reportable tests improved to 93.57% in September 2021 and is projected to improve further to 94.33% in October 2021.
- Independent sector support is no longer required for Echo-Cardiography as BTHFT's in-house capacity has increased to a level which can sustain performance against target.
- The Endoscopy service have seen an overall 8% increase in performance from August 2021 to September 2021 and are still continuing to work with various independent sector providers. Routine DM01 referrals are being prioritised at BRI with some FT referrals moving to Westcliffe ISP to accommodate this. October performance is forecast to improve as a result.

Healthcare Associated Infections:

- There were 3 clostridium difficile infections (CDI) attributed to the Trust in September 2021.
- There was 1 cases of MRSA bacteraemia attributed to BTHFT in September 2021.

Other exceptions:

- 3 same day cancelled operation was not rebooked within 28 days for September 2021.
- TIA reported a validated position of 42.9% for the month of September 2021.

Recommendation

The committee is asked to:

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

| | | | |
|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

| 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 KPIs, restart and recovery planning is supporting some improvement but core standards remain below target as a result of the pandemic. | | | | | |
| Explanation of variance from Board of Directors Agreed General risk appetite (G) | | | | | | |

| 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 | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

APPENDIX 1

PERFORMANCE REPORT FOR THE PERIOD SEPTEMBER 2021

1. Introduction

The following report describes performance against key national and contractual measures, the improvement activity associated with these and timescales for any expected changes.

2. Summary of Content

Table 1 Headline KPI Summary

| Section | Headline KPI | Latest Month | Target Trajectory | Performance | 3 month Trend |
|---------|---|--------------|-------------------|-------------|---------------|
| 4 | Ambulance Handover 30-60 | Sept-21 | 49 | 105 | ↑ |
| 4 | Ambulance Handover 60+ | Sept-21 | 13 | 68 | ↑ |
| 5 | Emergency Care Standard | Sept-21 | 83.06% | 75.78% | ↓ |
| 8 | Length of Stay ≥21days | Sept-21 | 71 | 50 | → |
| 9.1 | Cancer 2 Week Wait | Aug-21 | 93.00% | 96.23% | → |
| 9.2 | Cancer 28 Day FDS | Aug-21 | 75.00% | 83.34% | ↑ |
| 9.3 | Cancer 62 Day First Treatment | Aug-21 | 85.00% | 81.97% | ↑ |
| 10.1 | 18 Week RTT Incomplete | Sept-21 | n/a | 64.12% | ↓ |
| 10.2 | 52 Week RTT Incomplete | Sept-21 | n/a | 3.73% | ↓ |
| 11 | Diagnostics Waiting Times | Sept-21 | 80.00% | 93.57% | ↑ |
| 12.1 | C Difficile Infections | Sept-21 | TBC | 3 | ↓ |
| 12.2 | MRSA Bacteraemia | Sept-21 | 0 | 1 | ↑ |

Trajectories have been aligned to the operational planning guidance and may change as this process is currently at first submission stage.

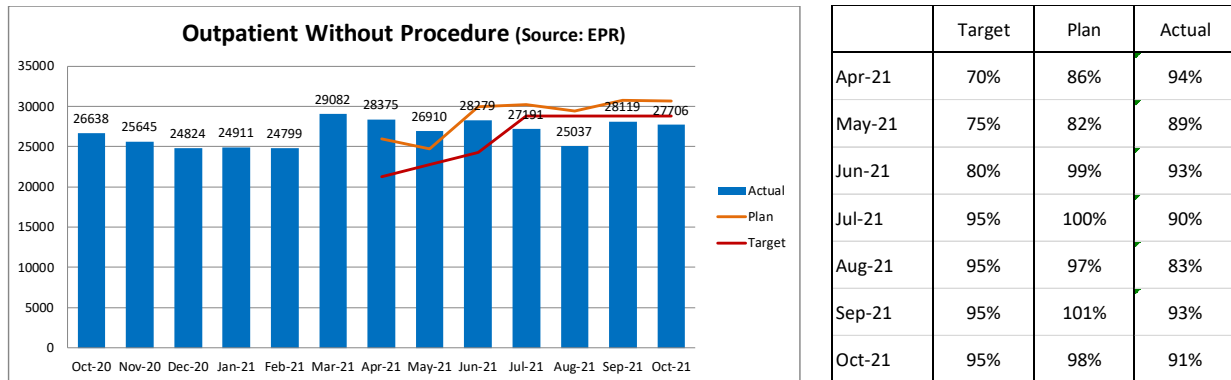
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan;

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

| | | | |
|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

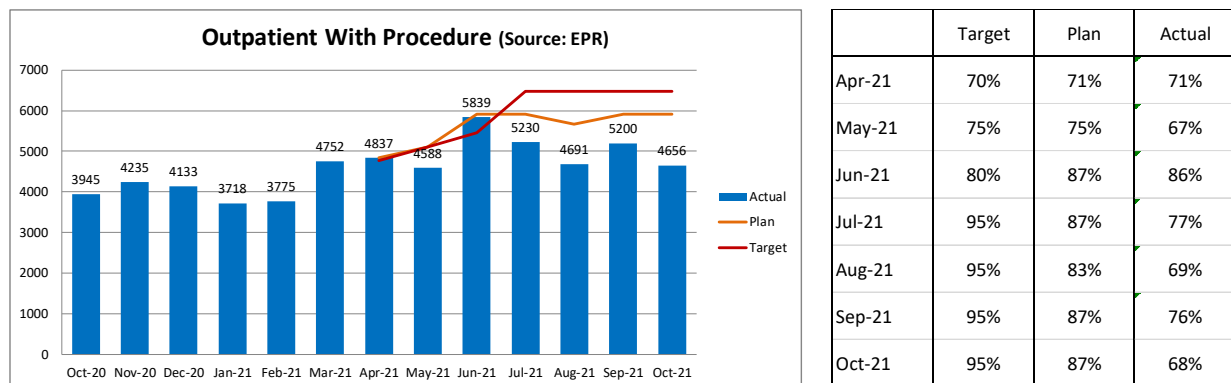
3. Activity against plan

Figure 1 Monthly Outpatient Without Procedure - BTHFT



Outpatient activity (without procedure) for all treatment functions has improved since the summer leave period but will not meet the ERF target. Services are running premium rate sessions to increase capacity where possible and are replacing lost face to face clinics with video or telephone appointments. All services are part of regular recovery meetings which review plans to increase capacity to 2019/20 levels and embed improvements in delivery models established during the pandemic. Work is underway to ensure clinics are well utilised by using the booking utilisation tool and ensuring clinics are correctly mapped for accurate recording.

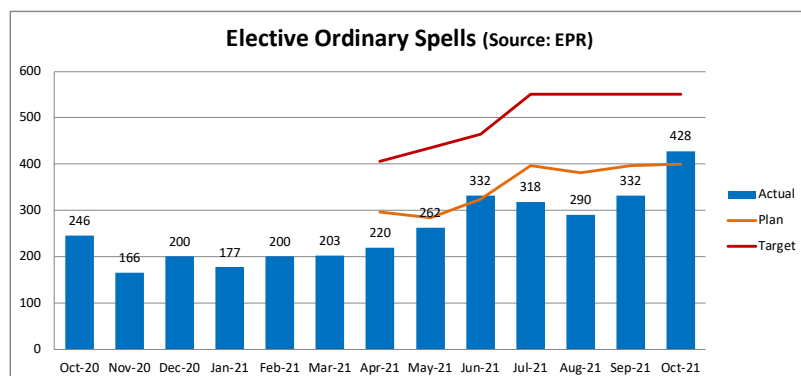
Figure 2 Monthly Outpatient With Procedure - BTHFT



Outpatient activity with procedure is following a similar trend, although the gap to target is wider. Outpatient procedures have been impacted by the increased amount of telephone and video consultations within the outpatient delivery model but there has also been some evidence of reduced recording practices which are being addressed through training and education support to high volume areas which is supporting the observed improvements.

| | | | |
|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

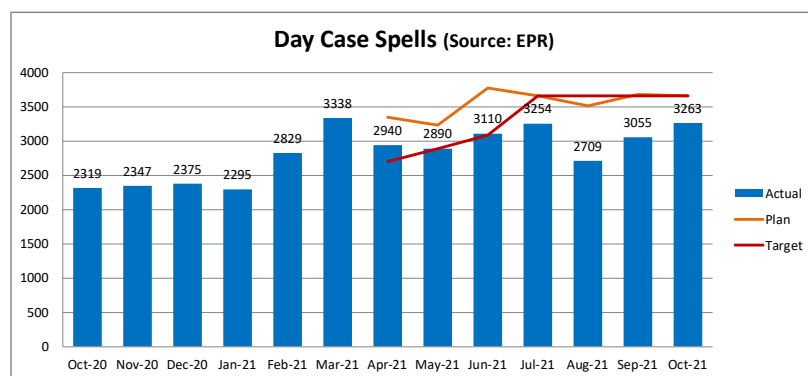
Figure 3 Monthly Elective Inpatient Spells – BTHFT



| | Target | Plan | Actual |
|--------|--------|------|--------|
| Apr-21 | 70% | 51% | 38% |
| May-21 | 75% | 49% | 45% |
| Jun-21 | 80% | 56% | 57% |
| Jul-21 | 95% | 69% | 55% |
| Aug-21 | 95% | 66% | 50% |
| Sep-21 | 95% | 69% | 57% |
| Oct-21 | 95% | 60% | 74% |

Theatre staffing vacancies and ongoing estates work continues to impact on the drive to return to pre-COVID levels but a number of additional lists are being run from October onwards. Operating Department Practitioner (ODP) recruitment is supporting increased internal provision of lists and targeted improvements in time utilisation will help maximise patients treated. Medinet insourcing is in place and has been increased to 28 lists per week. These improvements are evident in the October position.

Figure 4 Monthly Elective Day Case Spells – BTHFT

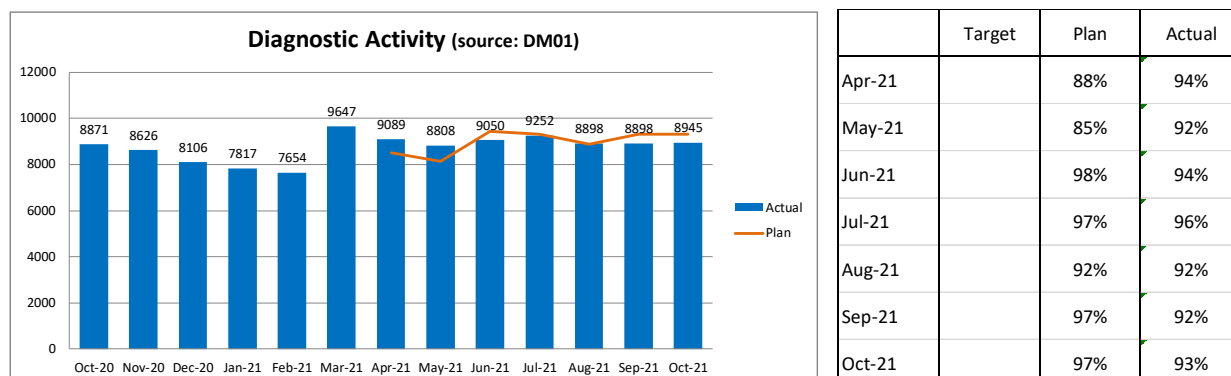


| | Target | Plan | Actual |
|--------|--------|------|--------|
| Apr-21 | 70% | 87% | 76% |
| May-21 | 75% | 84% | 75% |
| Jun-21 | 80% | 98% | 82% |
| Jul-21 | 95% | 95% | 84% |
| Aug-21 | 95% | 91% | 70% |
| Sep-21 | 95% | 95% | 79% |
| Oct-21 | 95% | 89% | 84% |

Reductions in day case spells outside of theatres are primarily Endoscopy related, which is in part due to reporting delays from the independent sector but this is also being impacted by patient cancellations. Day case activity will increase in line with theatre improvements and work is also underway to maximise non theatre procedures across appropriate specialties. A deep dive into Endoscopy booking has supported some rapid improvement work and increased delivery in the latest week.

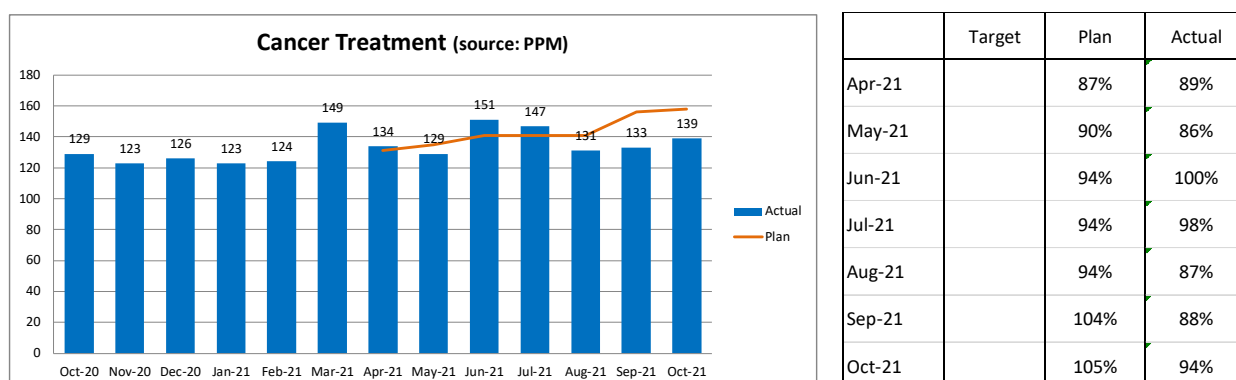
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|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

Figure 5 Monthly Diagnostic Waiting List Activity – BTHFT



Diagnostic activity has remained static for September 2021 when compared to August 2021 with a slight increase in October 2021, but the waiting list across most of the modalities also saw a decrease, suggesting activity was broadly in line with demand. Independent sector (ISP) support for Echo-Cardiography concluded in September 2021 following full recovery via in-house improvements. ISP support for Endoscopy will continue for the remainder of the year however.

Figure 6 Monthly Cancer First Definitive Treatments – BTHFT

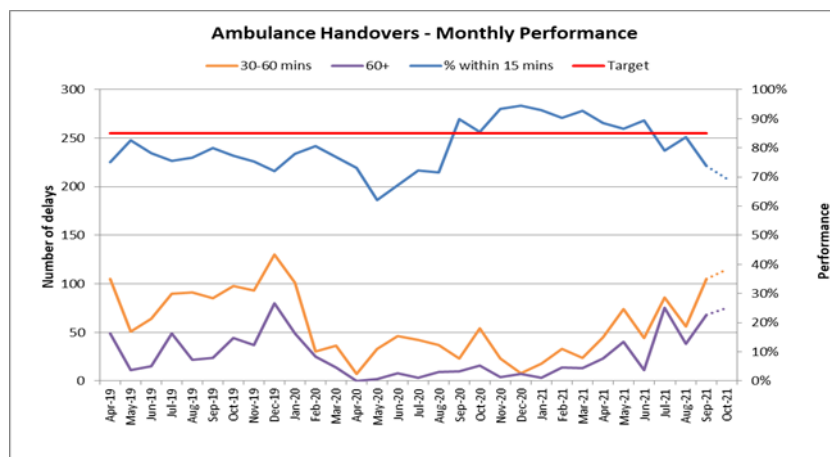


Cancer treatments continue to be protected although they were impacted slightly by reduced theatre lists during summer. Volumes in October are forecast to increase and the prioritisation process will ensure theatre capacity is allocated to cancer patients based on greatest need.

| | | | |
|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

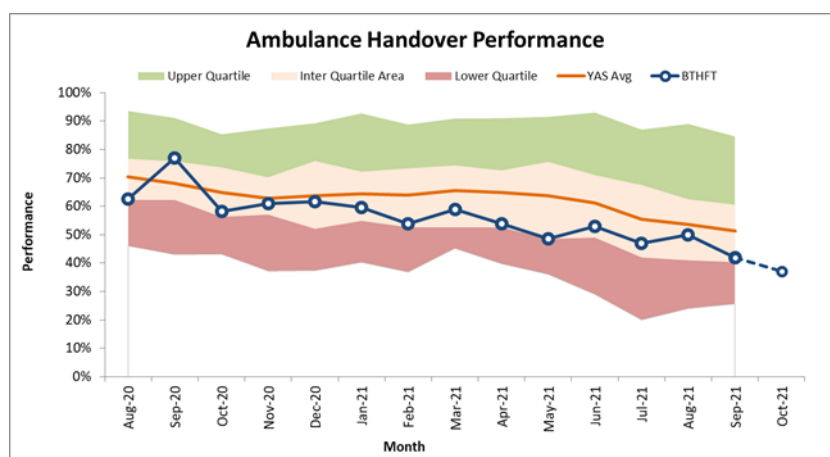
4. Emergency Ambulance Handover Performance

Figure 7 Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in September 2021 was 105 between 30 and 60 minutes and 68 over 60 minutes (this is the validated internal position which excludes resus, crew delays and patients transferred to other units). October 2021 internally validated handover performance is projected to be 69.37% with an increase in handover delays above 30 minutes.

Figure 8 Ambulance Handovers – Yorkshire Comparison



September 2021 ambulance handover benchmarking data as supplied by the Yorkshire Ambulance Service (YAS) shows performance at BRI remains below the regional average for handover within 15 minutes (all reasons for delay included). The projected position for October 2021 is 37%.

Ambulance Handover Improvement

October 2021 position is expected to deteriorate as the overall number of ED attendances and staffing pressures continue to impact the performance and the number of ambulance attendances have increased compared to September 2021.

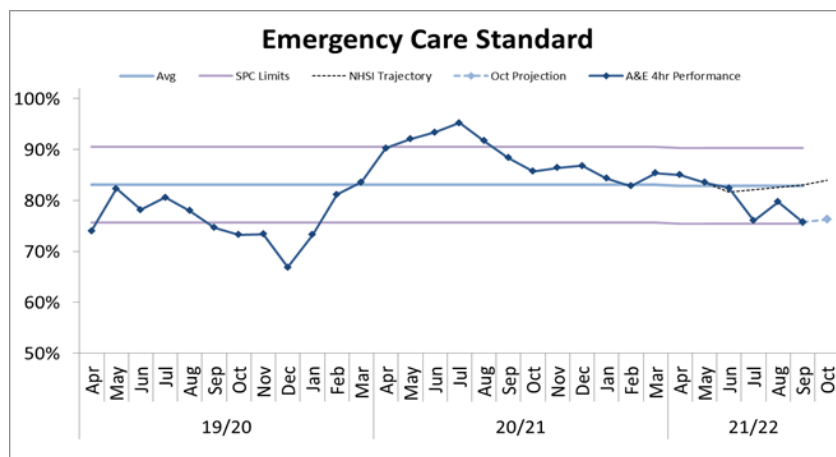
The new ECS Delivery plan includes work-streams to improve ambulance handover performance:

- Increasing number of potential self-handovers. Bi-lateral meetings with YAS have been established to review self-handover. System level meetings are also in place.
- Introducing a checklist for the nurse running the ambulance assessment area (AAA) which will include actions to be taken at different trigger points based on how busy AAA is.
- New SDEC process where patients can be sent directly to SDEC, to avoid AAA conveyance is now agreed with YAS and will be live when SDEC is moved in ED Footprint.
- Work with YAS to have all patients suitable for Walk in Centre as self-handover.
- Work is underway to agree on provision of Hospital Ambulance Liaison Officer (HALO) support from YAS.

| | | | |
|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

5. Emergency Care Standard (Type 1&3)

Figure 9 Monthly ECS Performance – BTHFT



BTHFT reported a position of 75.78% for the month of September 2021. From October 2021 performance will include Type 3 attendances for the first time post COVID as the GP Stream is now back on site.

Figure 10 ECS Performance – National Comparison

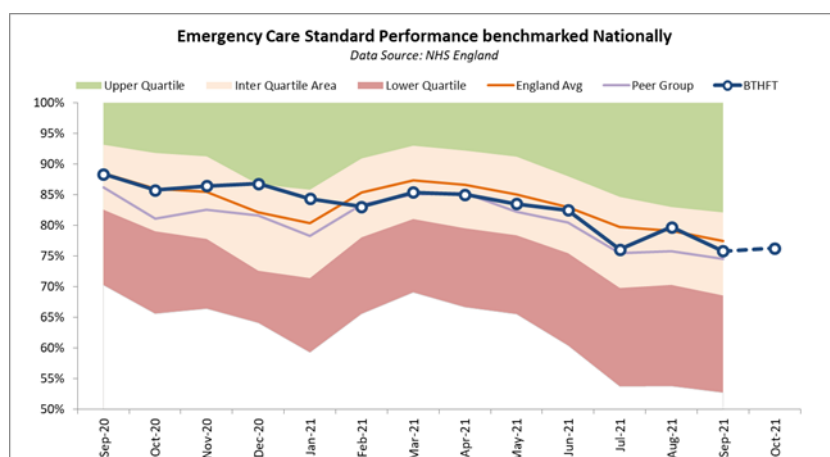
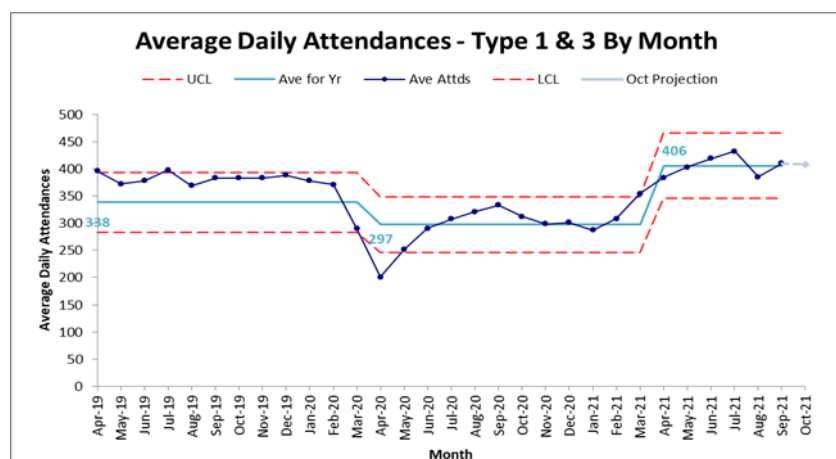


Figure 8 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance in September 2021 has dropped below the England average, but remains above its peers.

BTHFT is in the inter quartile area for Type 1 performance.

Figure 11 ECS Type 1&3 A&E Attendances – BTHFT



The Trust has seen attendances above pre-COVID levels in September 2021 with the daily average of 410. This has continued during October.

| | | | |
|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

6. Emergency Department Measures

Table 2 ECS KPI Performance – BTHFT

| | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Average Daily Attendances | 312 | 299 | 301 | 287 | 308 | 354 | 384 | 403 | 419 | 432 | 385 | 410 | 406 |
| Average Daily Breaches | 44 | 41 | 40 | 45 | 53 | 52 | 58 | 66 | 74 | 103 | 78 | 99 | 96 |
| ECS Performance | 85.76% | 86.43% | 86.82% | 84.33% | 82.84% | 85.41% | 85.02% | 83.54% | 82.45% | 76.05% | 79.73% | 75.78% | 76.30% |
| Arrival to Assess | 00:25 | 00:23 | 00:22 | 00:23 | 00:26 | 00:24 | 00:26 | 00:29 | 00:30 | 00:33 | 00:30 | 00:31 | 00:34 |
| Assess to Treat | 01:17 | 01:03 | 01:07 | 01:11 | 01:17 | 01:26 | 01:25 | 01:35 | 01:40 | 02:10 | 01:57 | 02:08 | 02:14 |
| Treatment Length | 01:31 | 01:34 | 01:33 | 01:35 | 01:36 | 01:28 | 01:30 | 01:47 | 01:44 | 01:55 | 01:59 | 02:05 | 02:07 |
| Total LOS - Discharged Patients | 02:50 | 02:42 | 02:41 | 02:43 | 02:51 | 02:55 | 02:53 | 03:04 | 03:10 | 03:36 | 03:17 | 03:21 | 03:27 |
| Total LOS | 03:30 | 03:25 | 03:19 | 03:27 | 03:39 | 03:38 | 03:37 | 03:45 | 03:46 | 04:30 | 04:10 | 04:16 | 04:28 |

The KPIs related to Emergency Department continue to be increase. High demand, issues with the nurse staffing levels in ED and reduced physical space due to estates work continue to have an impact on the performance of the department.

Emergency Department improvement

The Urgent Care Programme will deliver several work streams to improve current ECS performance as well as the future standards as outlined in planning guidance.

These work streams include:

- Roll out of new CEMBooks 2.0 to refine triggers and actions.
- Shop floor Ops process improvement includes embedding new Ops huddle using functionality of CEMBooks / GE tile, embedding nurse in-charge and consultant in-charge roles. And roll out of HCA coordinator support.
- Maximising footprint and capacity by moving SDEC into ED footprint, opening new HDU, maximising GP onsite presence.
- Workforce includes recruiting additional ACPs and clinical fellows and refining rota to reflect department's demand. Review of TNR rates for additional hours and the review of nurse establishment.
- Development of a co-located Minor Treatment Department that will allow triage of low acuity patients away from the main ED footprint. Plans for elements of this have been brought forward as part of the COVID surge.
- Low acuity green zone (GZ) patients are now seen in the former T&O outpatient department; this is where the Minor Treatment Department will be situated. This has freed up the old GZ, which has been renamed purple zone, and now contains the department's COVID patients.
- The next stage will be to change the front door streaming model. This change in the model will allow the department to time stamp patients at initial assessment with a senior nurse and improve the accuracy of this KPI.

| | | | |
|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

7. Hospital Admission Measures

Table 3 ED Admissions KPI Performance – BTHFT

| | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Conversion Rate* | 27.22% | 28.78% | 27.78% | 28.42% | 26.25% | 24.40% | 22.09% | 21.85% | 20.85% | 19.72% | 19.98% | 20.36% | 22.80% |
| Average Daily Admissions From ED | 84 | 85 | 82 | 80 | 79 | 93 | 97 | 100 | 98 | 89 | 85 | 93 | 61 |
| DTA to Admit | 02:58 | 03:00 | 02:40 | 02:59 | 03:17 | 02:50 | 02:52 | 02:14 | 01:58 | 03:07 | 02:54 | 03:05 | 03:06 |
| Total LOS - Admitted Patients | 05:19 | 05:12 | 04:59 | 05:18 | 05:55 | 05:22 | 05:44 | 05:46 | 05:45 | 07:42 | 07:01 | 07:50 | 07:43 |
| % of Patients >12 Hours LoS | 1.38% | 1.42% | 0.88% | 0.96% | 1.86% | 1.31% | 1.78% | 1.46% | 1.16% | 3.41% | 2.86% | 3.76% | 3.91% |

*Excluding ACU/CDU/SDEC

The KPIs related to admitted patients continue to be a challenge due to high bed occupancy and the need to segregate red and green patients across the single site. The increase in the decision to admit to patient being admitted and LOS of admitted patients in ED has been related to delays in discharging patients from assessment units and downstream wards resulting in delays in bed availability for the admission of ED patients. This pattern is seen in all areas except HDU/Resus.

ED Admissions Improvement

The Urgent Care Programme will deliver several work streams to improve current ECS performance of admitted patients as well as the future standards as outlined in planning guidance.

These work streams include:

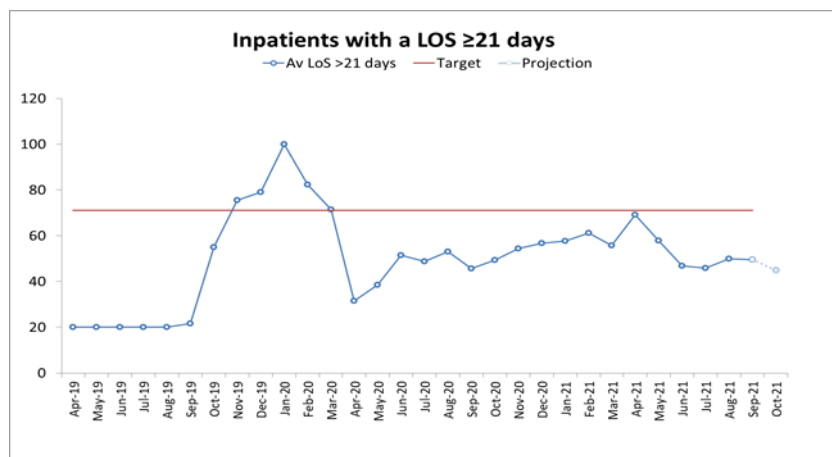
- Roll out of new GE tile with new standards and large screens to be installed in the department to display in key areas. GE is close to finalising new tile design and testing phase in planned for the end of October 2021. This will allow those involved in the day to day running of the department (Nurse in charge and Consultant in charge) to have an aggregate view of department pressures and performance.
- ED team to engage specialties to produce BTHFT Clinically Ready for Transfer definition and embed within ED, Command Centre and Wards.
- Ward based ECS dashboards implemented to identify and support key areas with admission related improvements.
- Development of pathways to ensure that specialties take direct referrals and divert away from the ED unless requiring resuscitation.
- SDEC has moved out of CDU to W8 to increase trolley capacity. Next step is to bring SDEC into ED's footprint.
- Pilot of Patient Flow Facilitator in the ED is underway taking the burden away from nursing staff to chase beds, handover patients and chase specialties to review their own patients.
- Improve admission and SDEC pathways to further relieve over-crowding and improve department flow.

Estate work is underway for the development of the Surgical SDEC on ward 2 and 5 which will further reduce the overcrowding in the department. This work is expected to be completed in December 2021. Capital works are continuing to create isolation facilities within the department to accommodate ongoing COVID-19 patients as well as any future pandemics / flu. These will be completed at the end of October 2021, and once complete will create additional space in the ED footprint.

| | | | |
|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

8. Emergency Inpatient Length of Stay (LOS) ≥ 21 days

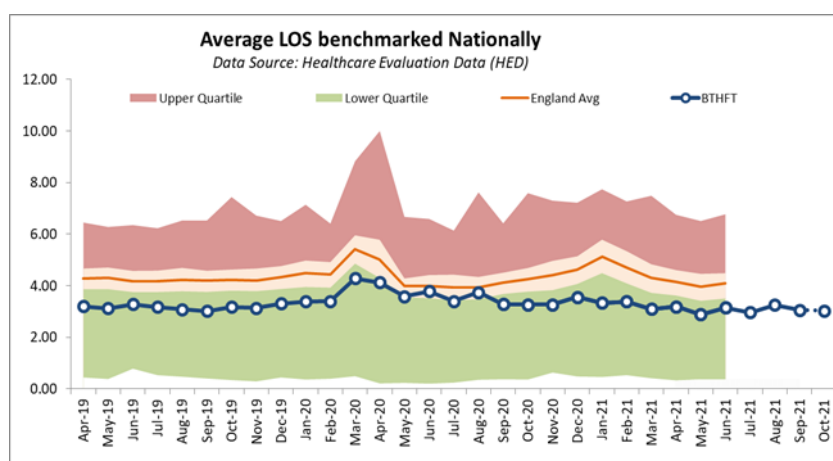
Figure 12 Inpatient Length of Stay ≥ 21 days – BTHFT



The number of patients with a LOS over 21 days remains better than target with an average of 50 patients per day in September 2021.

The position for October 2021 is projected to an average of 45 above 21 days LOS.

Figure 13 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 September 2021 was 3.05 days. The position for October 2021 is projected to remain stable at 3.02.

Long Length of Stay Improvement

The MAIDT is now conducting daily (Mon to Fri) over 21 day LLOS reviews and twice weekly. Reviews of all over 14 day LOS patients, supporting clinical areas to implement rapid support that may facilitate an earlier discharge. Command centre is working closely with the wards and is providing MAIDT support to enable timely discharges of LLOS patients. The safeguarding team is now hot-desking in MAIDT's office, so this provides another support to speedy decision making.

A Right to Reside meeting is taking place at 11:30am 5days per week (Mon to Fri) that involves colleagues across the MAIDT, Therapies and Voluntary Care sector that reviews all patients with a current right to reside to support the patients to be discharged as soon as possible.

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|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

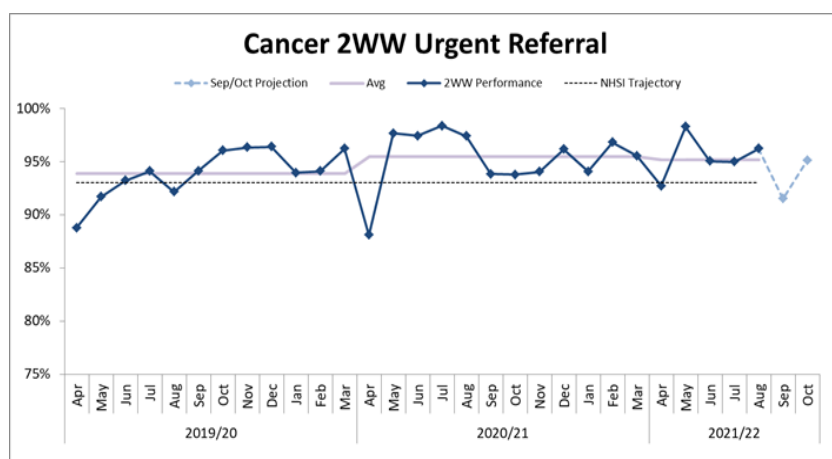
9. Cancer Standards

Table 4 Cancer Standards - Overview by Indicator – BTHFT

| Measure | Target | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 14 day GP referral for all suspected cancers | 93% | 93.8% | 93.8% | 94.1% | 96.2% | 94.1% | 96.8% | 95.5% | 92.7% | 98.3% | 95.1% | 96.2% | 96.2% | 91.5% | 95.1% |
| 14 day breast symptomatic referral | 93% | 66.7% | 100.0% | 100.0% | | 100.0% | 100.0% | 97.8% | 78.3% | 98.2% | 98.9% | 99.4% | 99.3% | 99.5% | 99.4% |
| 31 day first treatment | 96% | 86.8% | 93.8% | 85.4% | 94.4% | 79.7% | 88.7% | 94.6% | 94.8% | 91.5% | 85.4% | 87.1% | 88.6% | 89.5% | 90.7% |
| 31 day subsequent drug treatment | 98% | 100.0% | 100.0% | 100.0% | 100.0% | 97.8% | 94.7% | 100.0% | 100.0% | 97.6% | 100.0% | 100.0% | 100.0% | 98.0% | 98.2% |
| 31 day subsequent surgery treatment | 94% | 77.5% | 79.0% | 63.3% | 70.0% | 70.0% | 84.6% | 100.0% | 92.3% | 83.3% | 81.8% | 86.0% | 81.6% | 89.6% | 88.5% |
| 62 day GP referral to treatment | 85% | 73.8% | 66.8% | 74.0% | 75.0% | 61.7% | 71.3% | 78.4% | 81.0% | 80.2% | 75.0% | 81.2% | 82.0% | 71.5% | 76.2% |
| 62 day screening referral to treatment | 90% | 100.0% | 100.0% | 92.6% | 75.0% | 74.2% | 80.0% | 84.6% | 68.5% | 87.2% | 76.8% | 78.0% | 71.0% | 96.0% | 92.3% |
| 62 day consultant upgrade to treatment | | 50.0% | 50.0% | 20.0% | 50.0% | 88.9% | 77.8% | 100.0% | 85.7% | 100.0% | 40.0% | 100.0% | 55.6% | 66.7% | 60.0% |

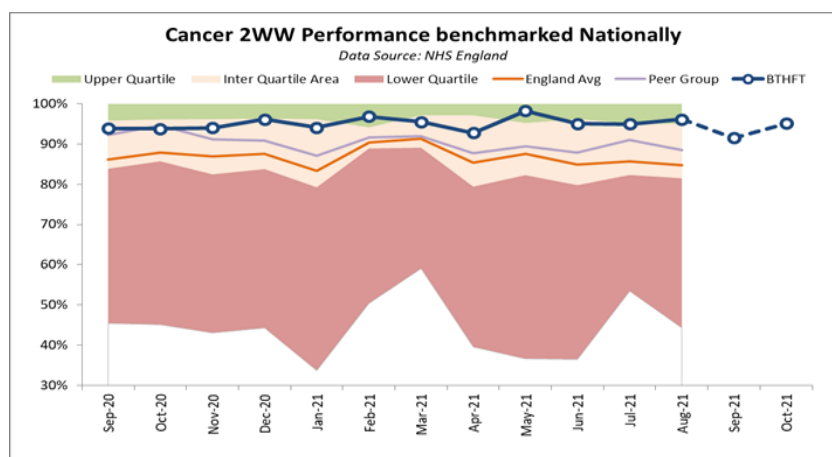
9.1. Cancer 2 Week Wait

Figure 14 Cancer 2WW performance (Target 93%)



2 Week Wait (2WW) Performance for August 2021 has remained above target at 96.23% with a decrease in performance expected for September.

Figure 15 2WW National Comparison - BTHFT



Performance in August 2021 places the Trust above Peer group and England average into the upper quartile.

| | | | |
|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

Table 5 2WW Performance by Tumour Group

| Site | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| TRUST | 93.8% | 93.8% | 94.1% | 96.2% | 94.1% | 96.8% | 95.5% | 92.7% | 98.3% | 95.1% | 95.0% | 96.2% | 91.5% | 95.1% |
| Breast | 100.0% | 97.8% | 95.0% | 96.8% | 91.9% | 98.5% | 98.9% | 75.1% | 100.0% | 100.0% | 99.5% | 100.0% | 99.4% | 98.4% |
| Gynae | 96.8% | 93.8% | 95.9% | 96.3% | 88.8% | 91.1% | 98.6% | 96.5% | 96.3% | 93.7% | 93.3% | 97.7% | 92.9% | 94.3% |
| Haematology | 95.8% | 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% |
| Head & Neck | 97.7% | 95.1% | 95.2% | 98.2% | 95.8% | 97.9% | 98.5% | 98.3% | 98.4% | 97.8% | 98.9% | 98.8% | 96.1% | 95.7% |
| Lower GI | 95.2% | 98.3% | 95.4% | 97.7% | 96.0% | 95.2% | 78.7% | 85.4% | 96.6% | 80.0% | 85.0% | 92.9% | 87.6% | 90.4% |
| Lung | 100.0% | 100.0% | 95.2% | 100.0% | 100.0% | 100.0% | 100.0% | 97.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Other | 100.0% | 100.0% | 94.7% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 94.4% | 100.0% |
| Skin | 98.3% | 96.8% | 99.2% | 99.7% | 99.7% | 99.3% | 99.8% | 99.6% | 99.8% | 99.1% | 97.1% | 95.5% | 88.0% | 96.5% |
| Upper GI | 56.0% | 52.5% | 65.8% | 75.6% | 78.9% | 89.6% | 95.2% | 93.2% | 92.9% | 95.7% | 92.7% | 92.4% | 89.7% | 90.9% |
| Urology | 99.0% | 96.8% | 94.6% | 98.0% | 96.6% | 97.8% | 99.1% | 98.9% | 100.0% | 97.3% | 99.1% | 98.8% | 97.9% | 98.1% |

All tumour groups performed above the 93% target in August 2021 with the exception of Lower GI with 92.9% and Upper GI of 92.4%. This was due to a backlog of patients as a result of staff sickness, annual leave and on call rotas. Due to significant referral pressures the Skin tumour group is forecast to deteriorate below 93% and whilst the service have responded with additional capacity a longer term plan is being established to accommodate what is forecast to be an ongoing growth in demand. October performance is forecast to recovery as a result of short term interventions which increased clinic capacity.

9.2. Cancer 28 Day Faster Diagnosis

Table 6 28 Day Faster Diagnosis Standard (FDS)

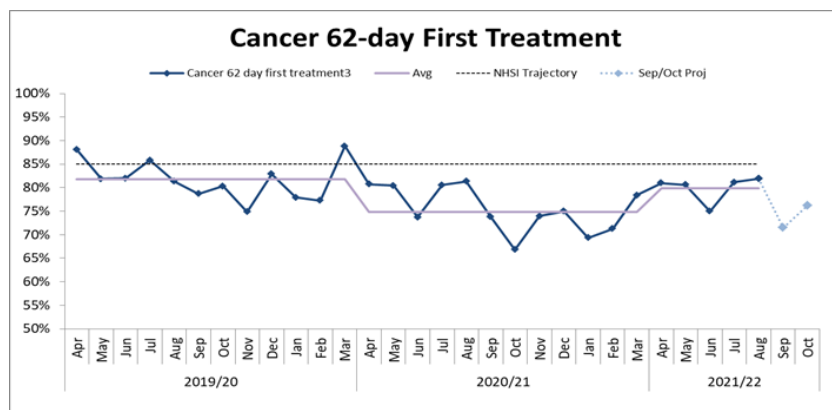
| Site | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| TRUST | 97.4% | 93.8% | 75.0% | 73.2% | 79.4% | 72.0% | 76.8% | 77.3% | 78.2% | 82.5% | 86.2% | 83.3% | 82.2% | 83.7% |
| Breast | 98.9% | 98.2% | 98.6% | 98.1% | 98.4% | 98.1% | 98.5% | 97.9% | 98.0% | 99.4% | 99.5% | 100.0% | 98.3% | 98.8% |
| Gynae | 45.1% | 60.2% | 65.9% | 62.7% | 62.9% | 48.1% | 69.2% | 63.7% | 49.4% | 53.6% | 64.5% | 75.8% | 78.4% | 78.3% |
| Haematology | 50.0% | 35.3% | 46.7% | 33.3% | 64.7% | 20.0% | 63.2% | 57.1% | 51.6% | 30.7% | 70.6% | 78.3% | 75.0% | 76.2% |
| Head & Neck | 77.0% | 62.8% | 82.9% | 79.9% | 87.4% | 77.1% | 79.7% | 81.9% | 74.1% | 84.2% | 84.1% | 75.0% | 74.6% | 78.3% |
| Lower GI | 27.0% | 37.8% | 35.3% | 45.1% | 50.8% | 32.2% | 47.1% | 61.9% | 75.6% | 77.3% | 74.3% | 74.7% | 66.7% | 72.4% |
| Lung | 100.0% | 100.0% | 86.4% | 71.4% | 83.3% | 83.8% | 92.6% | 93.9% | 83.7% | 93.3% | 83.7% | 81.0% | 90.9% | 84.9% |
| Other | 100.0% | 100.0% | 61.5% | 92.9% | 91.7% | 63.6% | 95.2% | 88.5% | 80.0% | 87.5% | 75.0% | 91.7% | 93.8% | 86.7% |
| Skin | 87.5% | 56.0% | 54.5% | 46.9% | 62.8% | 67.9% | 72.2% | 80.3% | 81.7% | 95.1% | 95.7% | 89.5% | 90.4% | 89.1% |
| Upper GI | 98.5% | 98.3% | 77.4% | 80.1% | 82.6% | 77.5% | 72.6% | 74.8% | 79.5% | 85.4% | 86.9% | 76.5% | 75.7% | 80.4% |
| Urology | 98.6% | 99.0% | 86.4% | 73.2% | 77.2% | 81.2% | 73.9% | 82.0% | 81.4% | 77.6% | 83.9% | 73.6% | 78.3% | 80.0% |

Performance remains above 75% at 83.3% in August and is forecast at 82.2% in September which places the trust in the upper quartile of 28 day performance nationally. The Trust continues to work on delivery of this standard and has seen improvements across all tumour groups. Capacity and Demand analysis is being revisited within Lower GI; however improvements in Fast Track Endoscopy turnaround times have been noted in recent months which will help this tumour group.

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|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

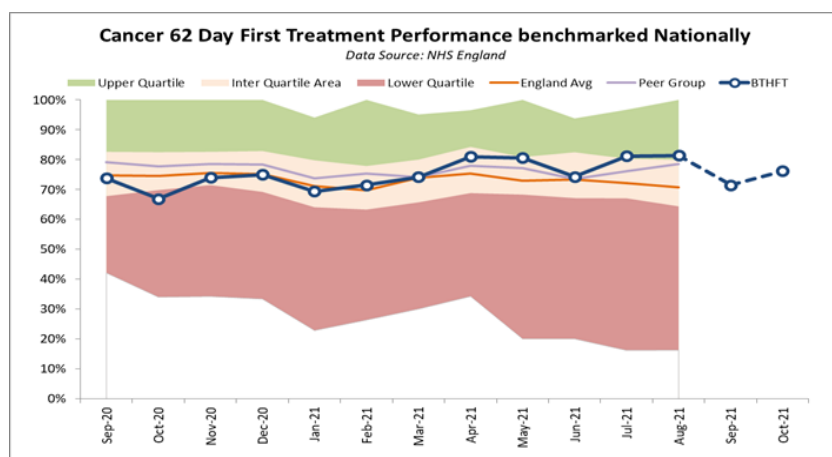
9.3. Cancer 62 Day First Treatment

Figure 16 62 Day First Treatment performance (Target 85%)



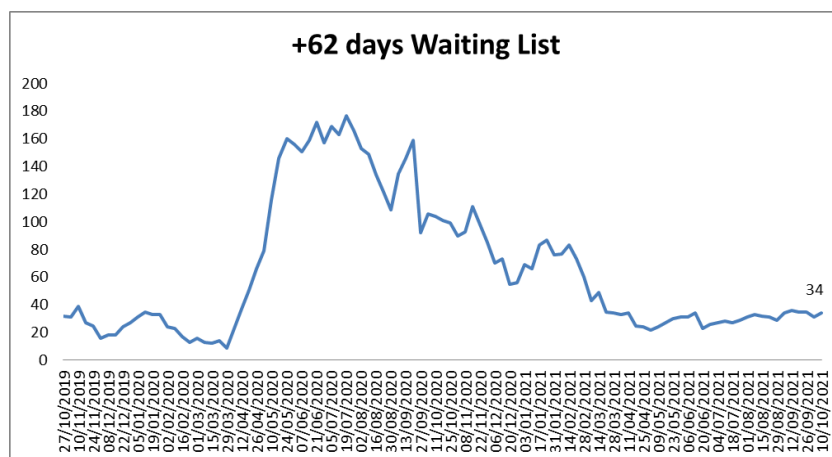
The 62 Day First Treatment position improved in August 2021, however performance remains below target at 81.97%.

Figure 17 62 Day First Treatment performance - National Comparison



BTHFT performance in August 2021 is in line with the England Average.

Figure 18 Patients Waiting Over 62 Days



The number of patients waiting over 62 days continues to fluctuate and has increased to 34 due to diagnostic and treatment delays.

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|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

Table 7 62 Day First Treatment performance by Tumour Group

| Site | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| TRUST | 73.8% | 66.8% | 74.0% | 75.0% | 69.4% | 71.3% | 78.4% | 81.0% | 80.6% | 75.0% | 81.2% | 82.0% | 71.5% | 76.2% |
| Breast | 93.8% | 100.0% | 93.3% | 100.0% | 100.0% | 84.6% | 100.0% | 75.0% | 100.0% | 91.7% | 100.0% | 100.0% | 86.7% | 80.0% |
| Gynae | 83.3% | 100.0% | 38.5% | 46.2% | 60.0% | 66.7% | 55.6% | 100.0% | 71.4% | 100.0% | 60.0% | 71.4% | 44.4% | 50.0% |
| Haematology | 50.0% | 40.0% | 40.0% | 85.7% | 100.0% | 69.2% | 57.1% | 66.7% | 100.0% | 70.6% | 60.0% | 100.0% | 100.0% | 66.7% |
| Head & Neck | 58.3% | 33.3% | 66.7% | 50.0% | 50.0% | 50.0% | 50.0% | 69.2% | 75.0% | 30.4% | 25.0% | 42.9% | 31.3% | 50.0% |
| Lower GI | 37.5% | 37.5% | 40.0% | 60.0% | 54.6% | 0.0% | 30.0% | 0.0% | 55.6% | 81.8% | 50.0% | 62.5% | 37.5% | 50.0% |
| Lung | 45.5% | 25.0% | 0.0% | 50.0% | 33.3% | 81.8% | 57.1% | 75.0% | 58.3% | 36.4% | 100.0% | 70.0% | 80.0% | 66.7% |
| Other | | 0.0% | | | 0.0% | | 10.0% | | | 33.3% | 80.0% | | | |
| Skin | 80.0% | 89.9% | 85.3% | 79.2% | 83.9% | 88.5% | 100.0% | 100.0% | 100.0% | 100.0% | 93.3% | 97.1% | 96.7% | 93.3% |
| Upper GI | 71.4% | 66.7% | 70.0% | 33.3% | 80.0% | 33.3% | | 66.7% | 25.0% | 50.0% | 100.0% | | 20.0% | 42.9% |
| Urology | 71.4% | 58.1% | 70.0% | 78.3% | 47.1% | 73.8% | 67.6% | 82.6% | 78.6% | 84.4% | 79.3% | 64.7% | 77.8% | 78.9% |

Performance has improved in August but continues to be impacted by tumour groups treating people who are already over 62 days. Theatre capacity continues to be prioritised for cancer patients with these lists largely protected during operational pressures.

Cancer Wait Time Improvement

Additional skin cancer clinics are running throughout October to reduce the waiting time for first appointments. All tumour groups are revisiting capacity and demand models to reduce reliance on daily escalation and changing routine to fast track capacity during what is forecast to be a sustained period of increased demand.

There is also planned work with primary care services to ensure that patient availability is part of the referral discussion with GPs.

Pathway improvements including additional admin support has reduced diagnostic booking delays and the time taken to inform patients of a non-cancer diagnosis, resulting in significant improvements in the Gynaecology service. The visibility of patients removed from fast track pathways due to non-diagnosis has been increased to ensure they are informed of this in a timely manner to further improve 28 FDS performance.

Due to ongoing Theatre constraints the daily review of all cancer patients remains in place to ensure that clinical review and surgical prioritisation takes place in a timely manner and according to the Royal College of Surgeons guidelines. The Theatre prioritisation process continues to allocate the limited Theatre time to highly-urgent patients within their prioritisation timeframe or advises on alternative options/provider where available. This process protects treatment capacity for Cancer patients.

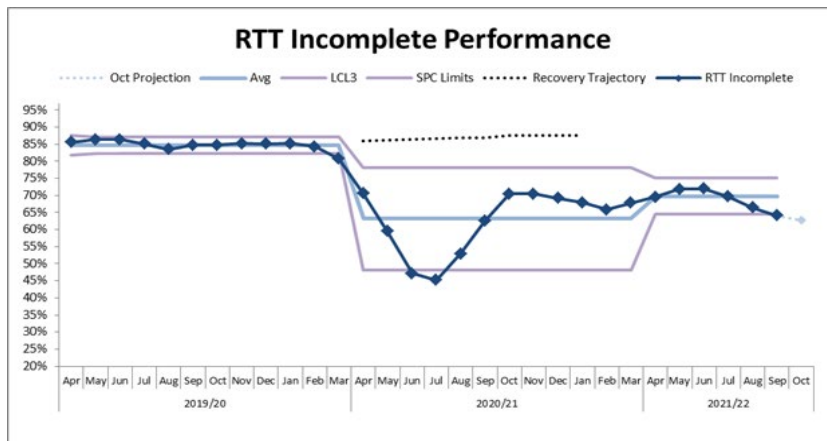
The work on improving cancer services is also supported by a focus across all tumour groups on completing pathway analysis for the implementation of optimal pathways where applicable.

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|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

10. Referral to Treatment

10.1. 18 Week Referral To Treatment (RTT)

Figure 19 Monthly 18 Week RTT Incomplete Performance (Target 92%)



The Trust's 18 Week RTT position for September 2021 is 64.12% which represents a decrease compared to August 2021 (66.38%). It is expected to deteriorate further to 62.79% in October 2021.

Figure 20 18 Week RTT Incomplete National Comparison – BTHFT

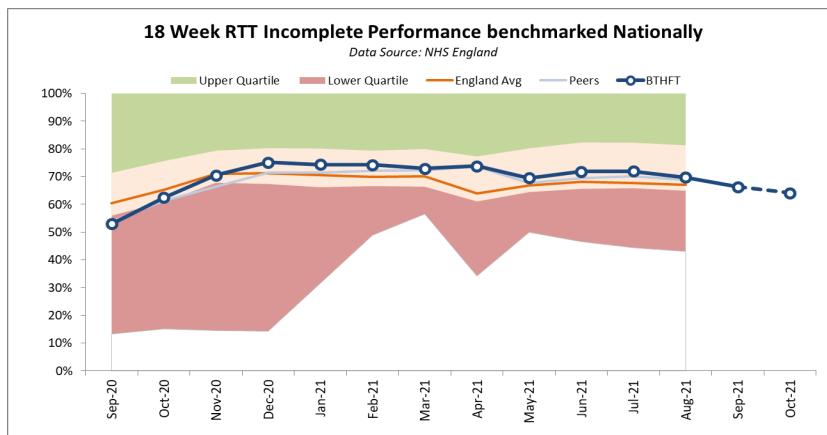
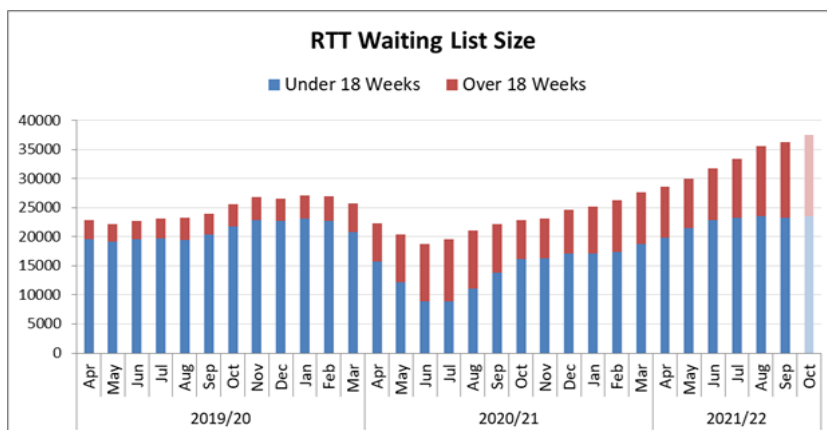


Figure 20 shows a national comparison of RTT Incomplete performance. BTHFT is above the England average in August 2021.

Figure 21 RTT Total Waiting List

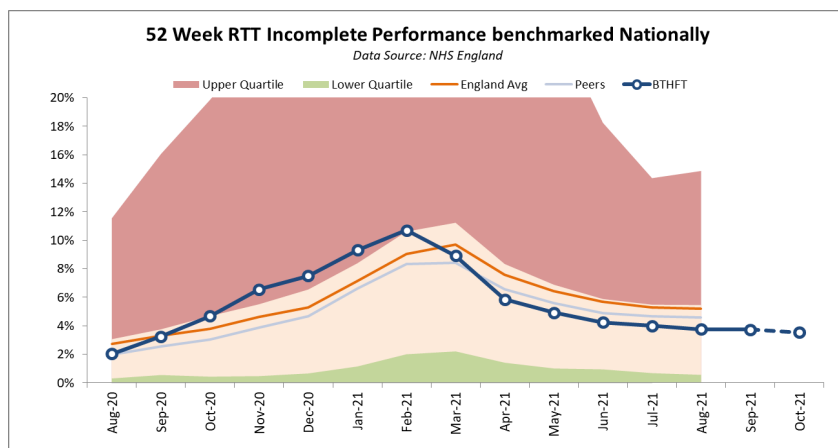


The overall waiting list has increased by 726 patients in September compared to August 2021 and is expected to increase further in October as referrals continue exceed waiting list removals.

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|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

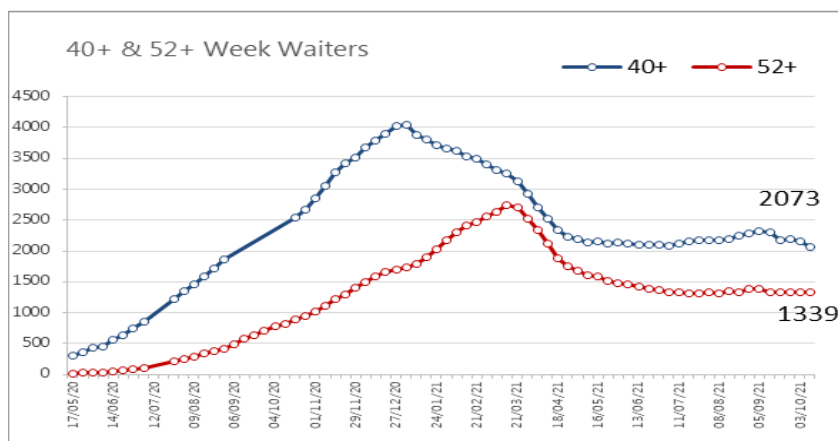
10.2. 52 Week Referral to Treatment (RTT)

Figure 22 Monthly 52 Week RTT Incomplete Performance (Target 0%)



52 Week RTT performance for the Trust stands at 3.73% in September and is expected to further improve to 3.53% in October due to an increase in waiting list size. This is better than the England and Peer average.

Figure 23 RTT Incomplete long waiters



1,351 RTT Incomplete 52 week breaches and 132 RTT Incomplete 104 week breaches were reported in September.

Referral to Treatment Improvement

Recovery work for elective activity is ongoing and focuses on increasing activity levels in order to increase treatment numbers, either through additional capacity in BRI theatres or through ISP. The Trust also aims to improve decision making within the outpatient setting in order to increase the number of clock stops and support a reduction in waiting list size.

Additional meetings are in place to focus on activity, clock stops and discharge rates at a service level. Actions are agreed and tracked to ensure improvements are being made.

Capacity and demand modelling has been undertaken for all specialties to identify where additional capacity is required in order to reduce the waiting list size to sustainable levels. A plan for services requiring additional capacity will be submitted to the executive team, while services identified as having enough capacity have been asked to submit their recovery plan by the end of October.

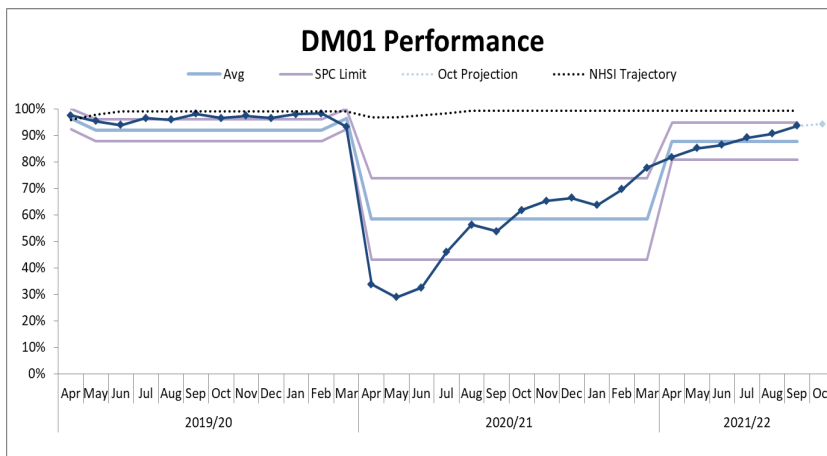
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|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

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.

From week commencing 18th October, in order to reduce the 104+ backlog, the CBUs will also meet on a weekly basis with the Chief Operating Officer and the Director of Operations for Planned Care to discuss plans for all patients having waited over 99 weeks. These meetings will ensure that all patients are given a TCI date within 8 weeks or are transferred to another organisation, following a clinical review with a direct conversation with the patients to confirm the appropriateness of proceeding with surgery.

11. Diagnostic Waiting Times

Figure 24 Monthly DM01 Performance



September 2021 performance is at 93.57%. October 2021 performance is projected at 94.33%.

Figure 25 Diagnostics - National Comparison

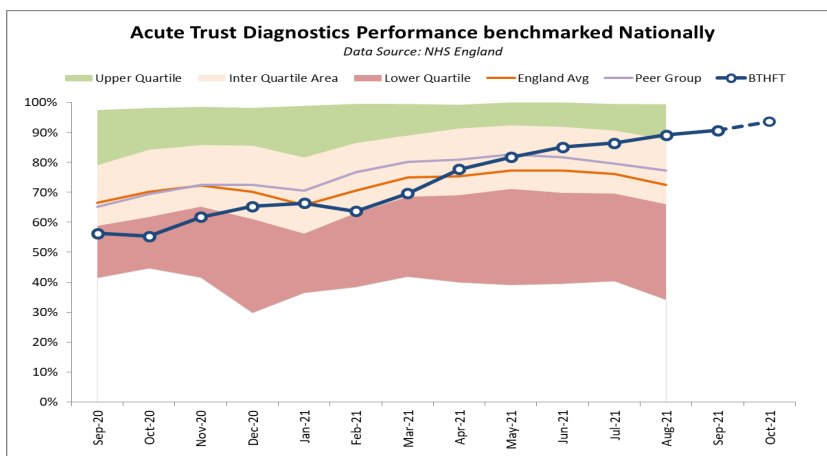


Figure 25 shows a national comparison of Diagnostic performance for September 2021.

BTHFT was performing above the England average.

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|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

Diagnostic Improvement

Echo-Cardiography have continued to see a significant increase in their performance in August 2021. Independent sector support is no longer required and we are forecasting no breaches in October 2021.

The Endoscopy service are continuing to work with various independent sector providers, with a slight change in the model to help reduce routine waiting times. The impact of this change should be visible in October's DM01 position. Rapid improvement work is also underway to improve the booking and utilisation of lists within the BRI footprint.

Respiratory Physiology remain limited by the number of tests they can undertake due to a couple of their machines being out of order, these are manufactured in America and the parts required need to be shipped. The service is continuing to monitor this on an on-going basis and is looking at various options.

12. Healthcare Associated Infections

12.1. C Difficile Infections (CDI)

Table 8 Number of C Difficile Infections

| | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Attributable C-diff Cases | 4 | 1 | 2 | 1 | 2 | 2 | 5 | 3 | 5 | 5 | 6 | 4 | 3 |

12.2. MRSA Bacteraemia

Table 9 Number of MRSA Bacteraemia

| | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MRSA | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 1 |
| Trajectory | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

There was 1 case of MRSA bacteraemia apportioned to the Trust in September 2021. There have been 3 Trust attributable cases for the year 2021-22.

| | | | |
|---------------|-------------------------|-------------|-------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

13. Other Contractual KPI – by exception

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

13.1. Transient Ischaemic Attack (TIA)

Table 10 TIA Performance

| TIA Performance | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Treated within 24 hrs | 6 | 10 | 14 | 6 | 4 | 6 | 2 | 6 | 8 | 6 | 2 | 3 | 6 |
| Patients with TIA | 17 | 12 | 20 | 9 | 11 | 7 | 5 | 14 | 12 | 16 | 4 | 10 | 14 |
| Performance | 35.29% | 83.33% | 70.00% | 66.67% | 36.36% | 85.71% | 40.00% | 42.86% | 66.67% | 37.50% | 50.00% | 30.0% | 42.9% |

The latest position for TIA performance is August 2021 which was below the threshold of 60%, at 42.9%. The breach reasons are a mixture of full clinics, weekend referrals and unable to contact patients.

13.2. Cancelled Operations

Table 11 28 Day Rebook Breaches

| | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Cancellations to rebook | 10 | 4 | 13 | 16 | 45 | 79 | 16 | 19 | 32 | 57 | 44 | 15 |
| 28 day rebook breaches | 2 | 2 | 1 | 2 | 1 | 3 | 0 | 2 | 1 | 2 | 8 | 3 |

There were 3 breach of the 28 day re-booking target for same day cancelled ops in September 2021. Challenges in rebooking have related to the reduced number of theatre lists. 28 day rebook status is part of the clinical prioritisation process.

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|----------------------|--------------------------------|--------------------|--------------------|
| Meeting Title | Open Board of Directors | | |
| Date | 18 November 2021 | Agenda item | Bo.11.21.32 |

APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

| Operational Standards | Month | Threshold | Trajectory Target | Performance |
|--|--------|-----------|-------------------|-------------|
| A&E Emergency Care Standard | Sep-21 | 95.00% | 83.06% | 75.78% |
| Emergency Inpatient Length Of Stay >=21days | Sep-21 | 71 | 71 | 50 |
| Cancer 2 week wait | Aug-21 | 93.00% | 93.00% | 96.23% |
| Cancer 2 week wait - breast symptomatic | Aug-21 | 93.00% | 100.00% | 99.33% |
| Cancer 31 day First Treatment | Aug-21 | 96.00% | 96.20% | 88.55% |
| Cancer 31 day Subsequent Surgery | Aug-21 | 94.00% | 95.20% | 81.63% |
| Cancer 31 days for subsequent treatment - anti-cancer drug regimen | Aug-21 | 98.00% | 100.00% | 100.00% |
| Cancer 38 day Inter Provider Transfer | Aug-21 | 85.00% | 85.00% | 60.00% |
| Cancer 62 day First Treatment | Aug-21 | 85.00% | 85.70% | 81.97% |
| Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers | Aug-21 | 90.00% | 90.00% | 70.97% |
| Diagnostics - patients waiting under 6 weeks for test | Sep-21 | 99.00% | 99.22% | 93.57% |
| RTT - Patients waiting within 18 weeks on incomplete pathways | Sep-21 | 92.00% | 66.00% | 64.12% |
| Mixed-sex accommodation breach | Sep-21 | 0 | 0 | 0 |
| Cancelled Operations 28 day breach | Sep-21 | 0 | 0 | 3 |
| National Quality Requirement | Month | Threshold | Trajectory Target | Performance |
| Infection Control - MRSA Bacteraemia | Sep-21 | 0 | 0 | 1 |
| Infection Control - C difficile infections | Sep-21 | 2.5 | 0 | 3 |
| RTT - Patients waiting over 52 weeks on incomplete pathways | Sep-21 | 0 | 0 | 1351 |
| Ambulance handovers taking between 30-60 minutes | Sep-21 | 0 | 46 | 105 |
| Ambulance handovers taking longer than 60 minutes | Sep-21 | 0 | 12 | 68 |
| Trolley waits in A&E longer than 12 hours | Sep-21 | 0 | 0 | 0 |
| Urgent operation cancelled for a second time | Sep-21 | 0 | 0 | 0 |
| Duty of candour breaches | Sep-21 | 0 | 0 | 0 |
| Quality Requirement | Month | Threshold | Trajectory Target | Performance |
| DTOC - Average daily number | Sep-21 | 12.44 | 12.44 | 3.00 |
| Stroke - patients who spend at least 90% of their time on a stroke unit | Sep-21 | 80.00% | 80.00% | 71.4% |
| % TIA higher risk cases who are treated within 24 hours | Sep-21 | 60.00% | 60.00% | 42.9% |
| Early Pregnancy Awareness: Patients presenting within 12wks 6days | Sep-21 | 90.00% | 90.00% | 97.04% |
| Early Pregnancy Awareness: Patients presenting post 12wks 6days | Sep-21 | 90.00% | 90.00% | 85.29% |
| TOPS - Number of ToPs that were offered screening for Chlamydia | Sep-21 | 100.00% | 100.00% | 100.00% |
| TOPS - Number of ToPs that were screened for Chlamydia | Sep-21 | 95.00% | 95.00% | 100.00% |
| TOPS - offered an assessment appointment within 5 working days of referral or self referral | Sep-21 | 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-21 | 95.00% | 95.00% | 100.00% |
| TOPS - Number of women provided with contraception after surgical TOP | Sep-21 | 70.00% | 70.00% | 100.00% |
| TOPS - Number of women receiving contraceptive advice and signposting to CASH | Sep-21 | 100.00% | 100.00% | 100.00% |