

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

## PERFORMANCE REPORT – FOR THE PERIOD NOVEMBER 2021

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			
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 2021.			
Analysis			
<p><b>Half two priorities:</b></p> <ul style="list-style-type: none"><li>Increased theatre sessions are translating into an increase in completed pathways (clock stops) but performance is slightly behind plan due to some session cancellations relating to staffing and bed pressures.</li><li>Day case activity is in line with plan with insourced Endoscopy and less impact from bed pressures. Elective Ordinary (inpatient) spells reflect the increasing pressure from staff absence and COVID demand on the Trust and are tracking below plan.</li><li>Completed non-admitted RTT pathways improved significantly in November. Outpatient activity is in line with plan but could be impacted during Q4 following the surge in COVID demand.</li><li>The overall RTT waiting list has decreased due to increased capacity and throughput. Long waits for RTT and cancer treatment also reduced following the allocation of additional theatre capacity to these priorities. The Christmas and New Year period historically increases cancer waiting times as patients opt to delay treatment and overall capacity is reduced for staff leave and this was observed again in 2021.</li></ul> <p><b>Ambulance Handovers:</b></p> <ul style="list-style-type: none"><li>Attributable performance for handovers within 15 minutes was 78.61% in December 2021; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.</li><li>The number of handovers greater than 30 minutes has improved but 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.</li></ul>			

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

### **Emergency Care Standard (ECS):**

- ECS performance for Type 1 and 3 attendances was 73.29% for December 2021 and is currently forecast at 72.33% for January 2022.
- Winter plan has been developed and ECS performance is expected to remain between 70% and 80%. This is due to an 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  $\geq 21$  days was 79 in December 2021 against the target of 71. We experience a seasonal increase demand linked to the winter period.
- 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:**

- 2 Week Wait performance recovered above target in October 2021 at 95.04% as a result of improvements in Skin, Lower and Upper GI. It will remain above target in November as improvements are sustained in these areas and in response to continued high demand. COVID positive patients are resulting in some delays to this stage of the pathway.
- 28 Day Faster Diagnosis is being sustained above target and December is forecast for all tumour groups to meet this standard for the first time since this measure was introduced.
- Cancer 62 Day First Treatment performance for October 2021 improved to 76.88% 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 but this position improved significantly with only 16 patients waiting over 62 days at the end of November 2021.
- 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 64.98% for November 2021 compared to 62.69% in October 2021 and is forecast to further improve to 65.55% in December 2021. Improved staffing and processes during the validation stage have resulted in a reduction in over 18 week waiters and in the total waiting list size remaining stable in November 2021.
- 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.

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

#### **Diagnostic waiting times:**

- The DM01 performance for November 2021 was 92.48% and is projected to be at 92.85% for December 2021. MRI capacity is temporarily reduced and recovery plans in place for Q4 and Respiratory Physiology performance has dropped to 52% due to equipment issues.
- The Endoscopy service performance continues to improve and now has all individual modalities at 80%. They are still continuing to work with various independent sector providers and have allocated capacity to help meet the DM01 standard.
- All other modalities are sustaining strong performance and the Trust continues to benchmark in the upper quartile for this KPI.

#### **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.

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

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
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard:</b> Choose an item.
<b>NHS Improvement Effective Use of Resources: Finance</b>
<b>Other (please state):</b> Commissioning contracts with CCG and NHS England

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"/>

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

## APPENDIX 1

### LATEST REPORTED PERFORMANCE – DECEMBER 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. Performance is presented as the latest reported position with forecasting used where national returns are in arrears.

#### 2. Summary of Content

**Table 1    Headline KPI Summary**

Section	Headline KPI	Latest Month	Target Trajectory	Performance	3 month Trend
4	<a href="#">Ambulance Handover 30-60</a>	Dec-21	43	<b>88</b>	↓
4	<a href="#">Ambulance Handover 60+</a>	Dec-21	10	<b>51</b>	↓
5	<a href="#">Emergency Care Standard</a>	Dec-21	83.91%	<b>73.29%</b>	↓
8	<a href="#">Length of Stay ≥21days</a>	Dec-21	71	<b>79</b>	↑
9.1	<a href="#">Cancer 2 Week Wait</a>	Oct-21	93.00%	<b>95.04%</b>	↑
9.2	<a href="#">Cancer 28 Day FDS</a>	Oct -21	75.00%	<b>84.31%</b>	→
9.3	<a href="#">Cancer 62 Day First Treatment</a>	Oct -21	85.00%	<b>76.88%</b>	→
10.1	<a href="#">18 Week RTT Incomplete</a>	Nov-21	n/a	<b>64.98%</b>	↑
10.2	<a href="#">52 Week RTT Incomplete</a>	Nov-21	n/a	<b>3.05%</b>	↓
11	<a href="#">Diagnostics Waiting Times</a>	Nov-21	80.00%	<b>92.48%</b>	↓
12.1	<a href="#">C Difficile Infections</a>	Nov-21	TBC	<b>5</b>	↑
12.2	<a href="#">MRSA Bacteraemia</a>	Nov-21	0	<b>0</b>	↓

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

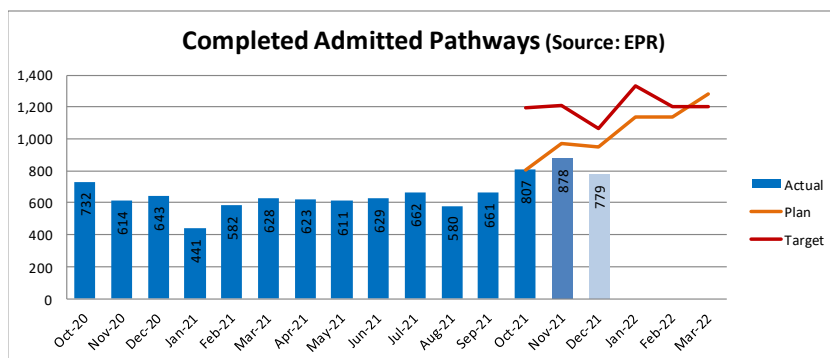
**Red** performance = not meeting plan; **Green** performance = meeting or exceeding plan;

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

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

### 3. Half Two Priorities – NHSE/I Planning Returns

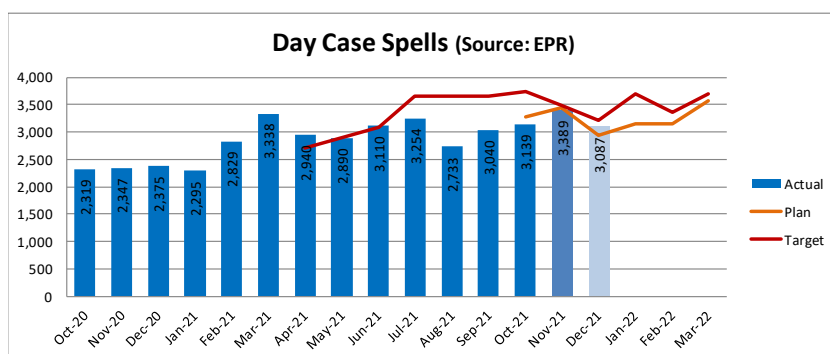
**Figure 1 Completed Admitted RTT Pathways - BTHFT**



	Target	Plan	Actual
Oct-21	89%	60%	60%
Nov-21	89%	72%	65%
Dec-21	89%	79%	65%
Jan-22	89%	76%	
Feb-22	89%	84%	
Mar-22	89%	95%	

Increased theatre sessions are translating into an increase in completed pathways (clock stops) but performance is slightly behind plan due to some session cancellations relating to staffing and bed pressures. Stops per inpatient spell remain below historic averages but the gap will close as theatre sessions increase further in Q4.

**Figure 2 Day Case Activity - BTHFT**

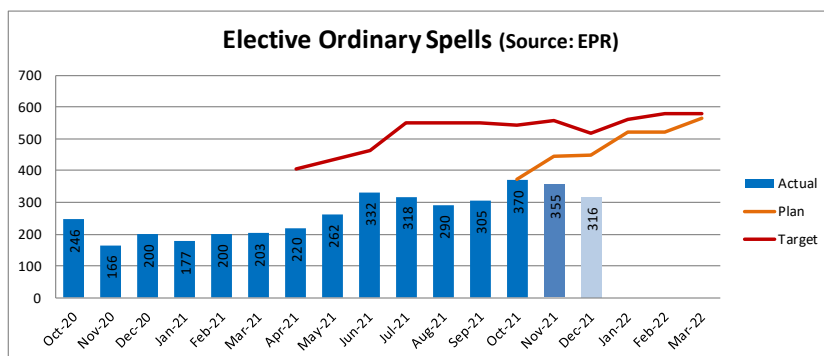


	Target	Plan	Actual
Oct-21	95%	83%	80%
Nov-21	95%	94%	92%
Dec-21	95%	87%	92%
Jan-22	95%	81%	
Feb-22	95%	89%	
Mar-22	95%	85%	

Insourced Endoscopy capacity and maximising theatre day cases when bed pressures are restricting overnight activity has kept this metric ahead of plan. Day case activity will increase in line with further theatre improvements and work is also underway to maximise non theatre procedures across appropriate specialties.

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

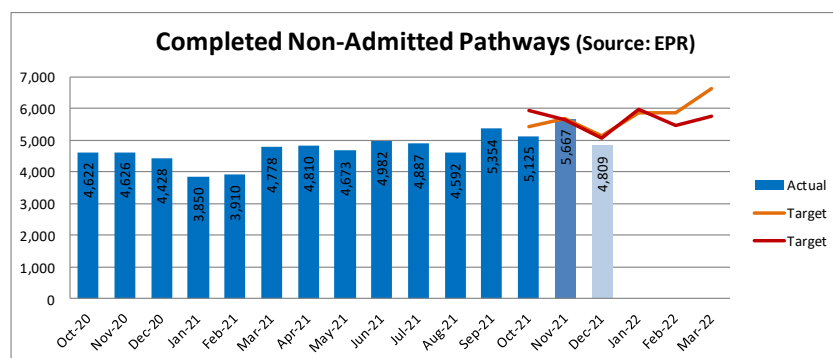
**Figure 3 Elective Ordinary Spells – BTHFT**



	Target	Plan	Actual
Oct-21	95%	65%	65%
Nov-21	95%	76%	60%
Dec-21	95%	82%	58%
Jan-22	95%	88%	
Feb-22	95%	86%	
Mar-22	95%	93%	

Theatre staffing vacancies, demand for beds and ongoing estates work continues to impact on the drive to return to pre-COVID levels. Operating Department Practitioner (ODP) recruitment is supporting increased internal provision of lists and targeted improvements in time utilisation will help maximise patients treated. Insourcing is in place and has been increased to 28 lists per week. Q4 improvement will be challenged by surging COVID-19 demand.

**Figure 4 Completed Non Admitted RTT Pathways – BTHFT**

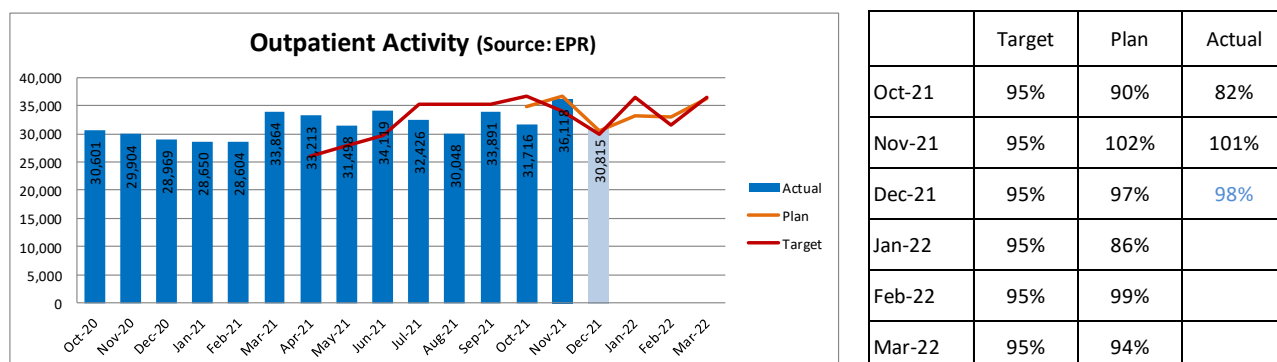


	Target	Plan	Actual
Oct-21	89%	82%	77%
Nov-21	89%	90%	90%
Dec-21	89%	91%	85%
Jan-22	89%	87%	
Feb-22	89%	96%	
Mar-22	89%	102%	

November capacity was closely monitored and services supported to enact the outpatient recovery plans they had agreed to. This brought performance in line with plan which was being sustained until the Christmas and New Year period. COVID surge may result in some lost outpatient capacity but this is being protected as far as reasonably possible.

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

**Figure 5 Outpatient Activity – BTHFT**



Outpatient activity was in line with plan for November and December. Work is also underway to ensure clinics are well utilised by using the booking utilisation tool and ensuring clinics are correctly mapped for accurate recording. Recovery plans are also focussed on the ensuring the model of delivery removes unnecessary attendances, this includes the use of advice and guidance and patient initiated follow up (PIFU) which should increase clock stops per outpatient appointment.

**Figure 6 Waiting list reduction plans – BTHFT**

Waiting Lists		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
104 week RTT	Plan							151	210	266	177	126	0
	Actual	21	16	14	20	29	40	145	157	146			
52 week RTT	Plan							1,324	1,304	1,364	934	734	476
	Actual	2,547	2,273	1,676	1,481	1,348	1,339	1,290	1,107	1,009			
Total RTT WL	Plan							37,488	38,495	38,983	39,973	39,857	39,122
	Actual	28,601	29,941	31,778	33,364	35,552	36,276	37,068	36,249	36,271			
62 day Cancer	Plan							30	30	30	30	25	15
	Actual	22	31	26	31	34	34	32	16	38			

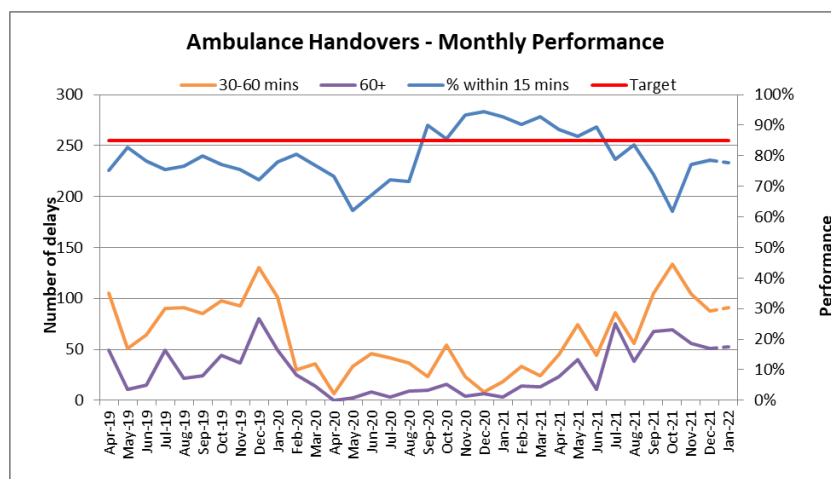
Targeted work to treat P3 and P4 surgical waits within the increased theatre capacity is resulting in better than originally modelled reductions in long waits. The overall RTT waiting list has reduced with patient transfer to the Yorkshire Clinic, increased clock stops and fewer new pathways (partly from triage practices) all contributing. Cancer performance was ahead of trajectory in November but reduced treatments during Christmas and New Year have seen this increase. The December 2021 month end number is in line with the December 2019 position which suggests recovery is likely but COVID pressures could be a challenge.



Meeting Title	Open Board of Directors Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.21

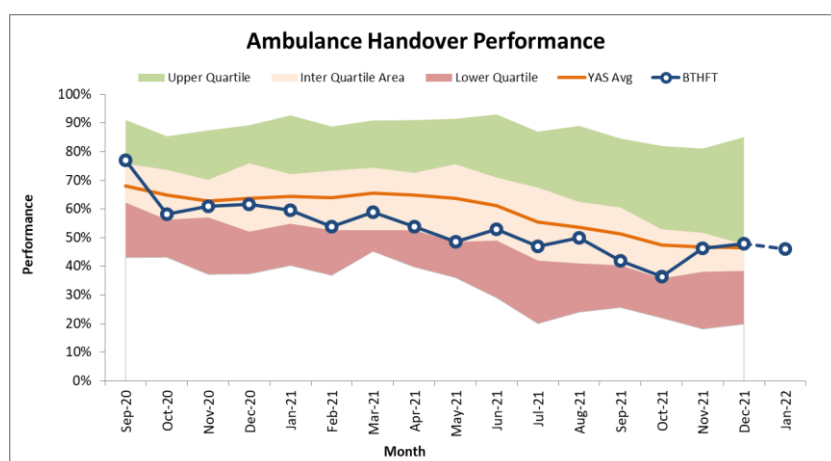
## 4. Emergency Ambulance Handover Performance

**Figure 7 Ambulance Handovers – Attributable to BTHFT**



The number of delayed handovers in December 2021 was 88 between 30 and 60 minutes and 51 over 60 minutes (this is the validated internal position which excludes resus, crew delays and patients transferred to other units).

**Figure 8 Ambulance Handovers – Yorkshire Comparison**



December 2021 ambulance handover benchmarking data as supplied by the Yorkshire Ambulance Service (YAS) shows performance at BRI has improved above the regional average for handover within 15 minutes (all reasons for delay included).

### Ambulance Handover Improvement

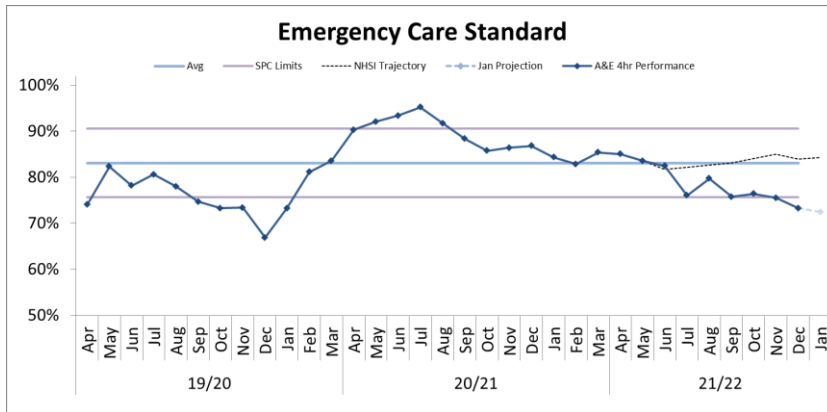
December 2021 position has improved as opening of new HDU and co-location of SDEC is providing additional foot print to manage demand during peak hours. The new ECS delivery plan includes work-streams to improve ambulance handover performance:

- 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 is now agreed with YAS.
- Work with YAS to have all patients suitable for Walk in Centre as self-handover.

Meeting Title	Open Board of Directors Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.21

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

Figure 9 Monthly ECS Performance – BTHFT



BTHFT reported a position of 73.29% for the month of December 2021. From October 2021 performance includes Type 3 attendances for the first time post COVID as the GP Stream is now on site.

Figure 10 ECS Performance – National Comparison

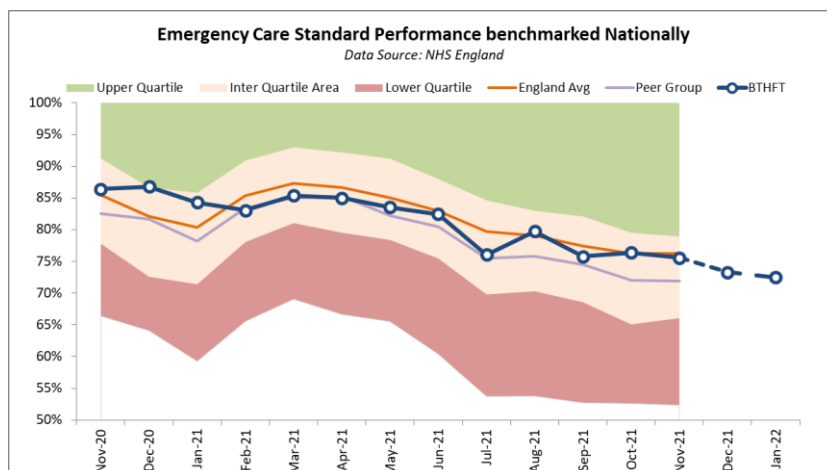
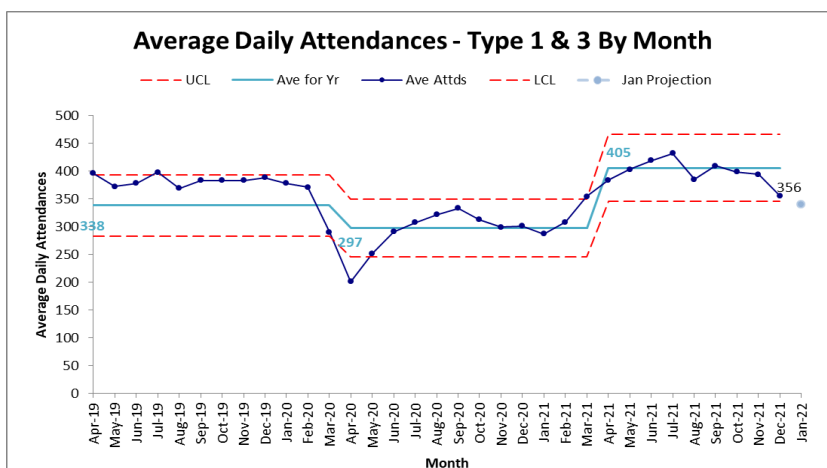


Figure 10 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been in line with England average and remains above its peers.

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 a reduction in attendances in December 2021 with the daily average of 356.

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

## 7. Emergency Department Measures

**Table 2 ECS KPI Performance – BTHFT**

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Average Daily Attendances	299	301	287	308	354	384	403	419	432	385	410	398	394	356	360
Average Daily Breaches	41	40	45	53	52	58	66	74	103	78	99	94	96	95	100
ECS Performance	86.43%	86.82%	84.33%	82.84%	85.41%	85.02%	83.54%	82.45%	76.05%	79.73%	75.78%	76.38%	75.54%	73.29%	72.23%
Arrival to Assess	00:23	00:22	00:23	00:26	00:24	00:26	00:29	00:30	00:33	00:30	00:31	00:33	00:28	00:28	00:33
Assess to Treat	01:03	01:07	01:11	01:17	01:26	01:25	01:35	01:40	02:10	01:57	02:08	02:07	02:02	02:04	02:34
Treatment Length	01:34	01:33	01:35	01:36	01:28	01:30	01:47	01:44	01:55	01:59	02:07	02:09	02:13	02:17	02:30
Total LOS - Discharged Patients	02:42	02:41	02:43	02:51	02:55	02:53	03:04	03:10	03:36	03:17	07:16	03:29	03:33	03:37	03:43
Total LOS	03:25	03:19	03:27	03:39	03:38	03:37	03:45	03:46	04:30	04:10	07:23	04:32	04:40	04:54	05:12

The KPIs related to the Emergency Department remain high. High demand, issues with the nurse staffing levels in ED due to COVID related sickness and self-isolation and patient flow issues across the Trust 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. The data feed for CEMBooks is ready to be implemented and New CEM book 2.0 has been made operational on trial basis.
- 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. GE tile design is complete and the screens are expected to be installed in late January 2022.
- Maximising footprint and capacity: SDEC has moved into EDs foot print on 01-November-2021 and new HDU has been operational since 26-October-2021. However SDEC has been moved to ward 8 on temporary basis to create space in ED to manage increased COVID demand.
- A New Consultant has started in mid-December 2021. Recruitment of 3 trainee ACPs and 5 clinical fellows is complete, the department is awaiting their start dates. Review of TNR rates for additional hours and the review of nurse establishment in ongoing.
- Development of a co-located Minor Treatment will allow triage of low acuity patients away from the main ED footprint. Plans for 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.
- 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 Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.21

## 8. Hospital Admission Measures

**Table 3 ED Admissions KPI Performance – BTHFT**

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Conversion Rate*	28.78%	27.78%	28.42%	26.25%	24.40%	22.09%	21.85%	20.85%	19.72%	20.01%	20.29%	21.07%	21.23%	21.97%	22.30%
Average Daily Admissions from ED	85	82	80	79	93	97	100	98	89	85	93	93	94	87	72
DTA to Admit	03:00	02:40	02:59	03:17	02:50	02:52	02:14	01:58	03:07	02:54	03:05	03:19	03:40	04:11	04:46
Total LOS - Admitted Patients	05:12	04:59	05:18	05:55	05:22	05:44	05:46	05:45	07:42	07:01	07:50	07:50	08:03	08:30	09:59
% of Patients >12 Hours LoS	1.42%	0.88%	0.96%	1.86%	1.31%	1.78%	1.46%	1.16%	3.41%	2.86%	3.76%	4.15%	4.49%	5.93%	7.80%

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 increase in bed occupancy across the Trust, delays in discharging patients from assessment units and downstream wards resulting in delays in bed availability for the admission of ED patients.

### 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.

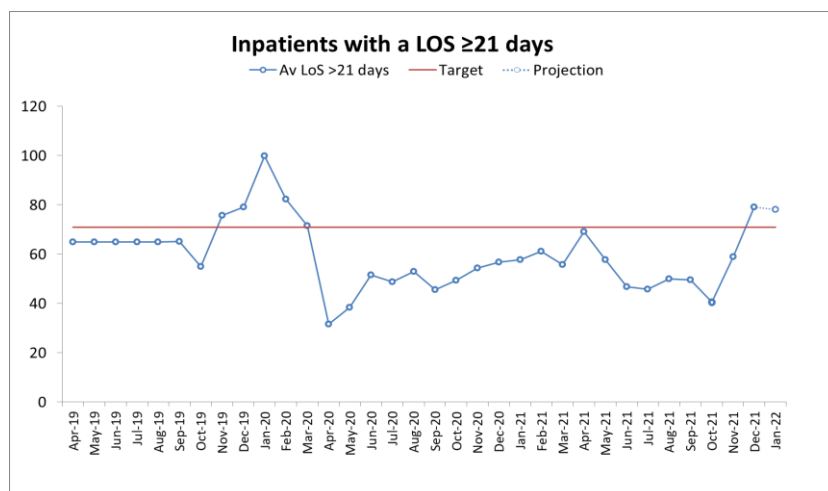
These work streams include:

- Roll out of new GE tile with new standards and large screens to be installed in the department to display in key areas. 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.
- Clinically ready for transfer SOP and definition has been agreed between ED and specialties and work is underway to embed within ED, Command Centre and Wards.
- Development of pathways to ensure that specialties take direct referrals and divert away from the ED unless requiring resuscitation.
- HCA coordinators are working as patient flow facilitators in the ED to take 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 February 2021.

Meeting Title	Open Board of Directors Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.21

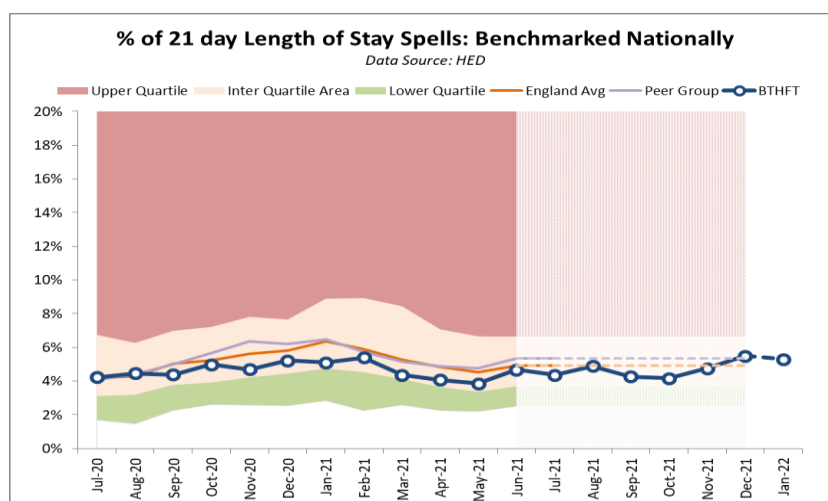
## 9. Emergency Inpatient Length of Stay (LOS) $\geq 21$ days

Figure 12 Inpatient Length of Stay  $\geq 21$  days – BTHFT



The number of patients with a LOS over 21 days has increased with an average of 79 patients per day in December 2021. January 2021 position is projected be 78 per day.

Figure 13 Length of Stay– National Comparison



LOS benchmarking data from HED shows that the Trust has remained better than national average since November 2020. The percentage of patients with 21 days+ length of stay was 5.49% in December 2021.

### Long Length of Stay Improvement

The numbers of patients above 21 days LOS have increased due to transfer of COVID patients from community hospitals to acute wards. Plan is in place to create a red ward at one of the community hospital sites to allow the transfer of elderly rehabilitation patients with COVID. This will reduce the number of patients with over 21 days LOS in the acute wards.

Reviews of all over 14 day LOS patients are in place, 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 hot-desking in MAIDT's office, so this provides another support to speedy decision making.

Meeting Title	Open Board of Directors Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.21

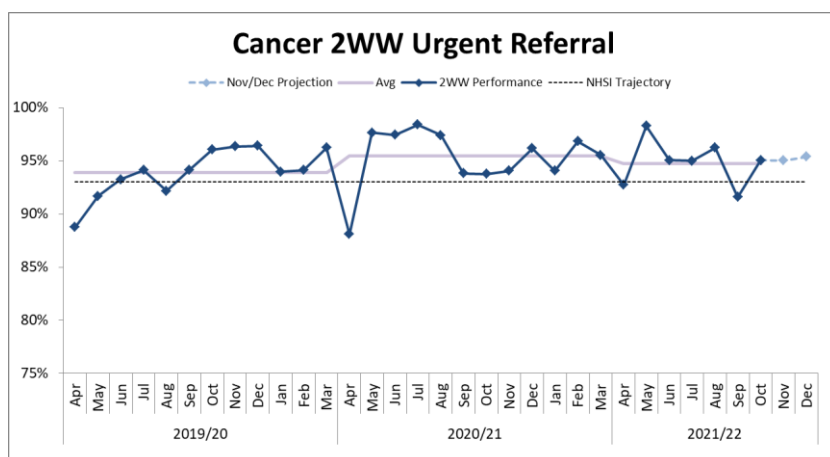
## 10. Cancer Standards

**Table 4 Cancer Standards - Overview by Indicator – BTHFT**

Measure	Target	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
14 day GP referral for all suspected cancers	93%	94.1%	96.2%	94.1%	96.8%	95.5%	92.7%	98.3%	95.1%	95.0%	96.2%	91.6%	95.0%	95.0%	95.4%
14 day breast symptomatic referral	93%	100.0%		100.0%	100.0%	97.8%	78.3%	98.2%	98.9%	99.4%	99.3%	99.5%	97.4%	84.5%	87.9%
31 day first treatment	96%	85.4%	94.4%	79.7%	88.7%	94.6%	94.8%	91.5%	85.4%	87.1%	88.6%	90.7%	97.3%	95.6%	98.4%
31 day subsequent drug treatment	98%	100.0%	100.0%	97.8%	94.7%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	97.4%	98.0%	98.0%
31 day subsequent surgery treatment	94%	63.3%	70.0%	70.0%	84.6%	100.0%	92.3%	83.3%	81.8%	86.0%	81.6%	92.0%	92.3%	86.0%	95.0%
62 day GP referral to treatment	85%	74.0%	75.0%	61.7%	71.3%	78.4%	81.0%	80.2%	75.0%	81.2%	82.0%	68.6%	76.9%	79.8%	85.4%
62 day screening referral to treatment	90%	92.6%	75.0%	74.2%	80.0%	84.6%	68.5%	87.2%	76.8%	78.0%	71.0%	96.0%	83.8%	80.0%	80.4%
62 day consultant upgrade to treatment		20.0%	50.0%	88.9%	77.8%	100.0%	85.7%	100.0%	40.0%	100.0%	55.6%	100.0%	60.0%	57.1%	60.0%

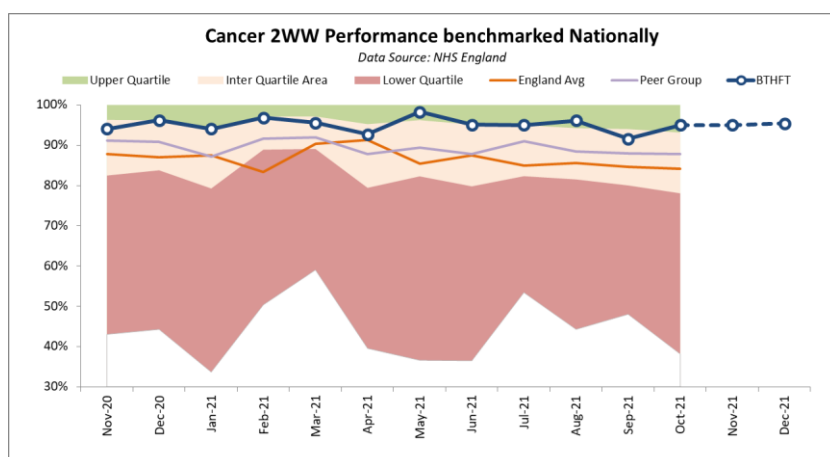
### 10.1. Cancer 2 Week Wait

**Figure 14 Cancer 2WW performance (Target 93%)**



2 Week Wait (2WW) Performance for October 2021 has remained above target at 95.0%. Performance is expected to remain stable in November and December 2021.

**Figure 15 2WW National Comparison - BTHFT**



Performance in October 2021 places the Trust in the upper quartile, significantly above peer group and England average.

Meeting Title	Open Board of Directors Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.21

**Table 5 2WW Performance by Tumour Group**

Site	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
TRUST	94.1%	96.2%	94.1%	96.8%	95.5%	92.7%	98.3%	95.1%	95.0%	96.2%	91.6%	95.0%	95.0%	95.4%
Breast	95.0%	96.8%	91.9%	98.5%	98.9%	75.1%	100.0%	100.0%	99.5%	100.0%	100.0%	97.5%	94.6%	93.1%
Gynae	95.9%	96.3%	88.8%	91.1%	98.6%	96.5%	96.3%	93.7%	93.3%	97.7%	92.9%	89.1%	96.2%	94.2%
Haematology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%
Head & Neck	95.2%	98.2%	95.8%	97.9%	98.5%	98.3%	98.4%	97.8%	98.9%	98.8%	96.1%	95.5%	96.6%	95.6%
Lower GI	95.4%	97.7%	96.0%	95.2%	78.7%	85.4%	96.6%	80.0%	85.0%	92.9%	87.9%	91.5%	90.9%	92.9%
Lung	95.2%	100.0%	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Other	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	96.9%	96.6%
Skin	99.2%	99.7%	99.7%	99.3%	99.8%	99.6%	99.8%	99.1%	97.1%	95.5%	88.2%	96.2%	96.0%	96.1%
Upper GI	65.8%	75.6%	78.9%	89.6%	95.2%	93.2%	92.9%	95.7%	92.7%	92.4%	89.7%	93.7%	89.6%	98.2%
Urology	94.6%	98.0%	96.6%	97.8%	99.1%	98.9%	100.0%	97.3%	99.1%	98.8%	97.9%	98.4%	99.3%	97.7%

Most tumour groups recovered above 93% in October, with the exception of Gynaecology and Lower GI where increase in demand and capacity issues resulted in these tumour groups not meeting the standard. While Gynaecology is predicted to recover above target in November and December, pressures in Lower GI are ongoing, resulting in performance remaining below target in November and December. Upper GI is also predicted to fail in November but should recover above target by December.

## 10.2. Cancer 28 Day Faster Diagnosis

**Table 6 28 Day Faster Diagnosis Standard (FDS)**

Site	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
TRUST	75.0%	73.2%	79.4%	72.0%	76.8%	77.3%	78.2%	82.5%	86.2%	83.3%	81.9%	84.3%	85.4%	84.5%
Breast	98.6%	98.1%	98.4%	98.1%	98.5%	97.9%	98.0%	99.4%	99.5%	100.0%	98.3%	98.5%	98.2%	98.5%
Gynae	65.9%	62.7%	62.9%	48.1%	69.2%	63.7%	49.4%	53.6%	64.5%	75.8%	80.2%	66.7%	74.5%	77.6%
Haematology	46.7%	33.3%	64.7%	20.0%	63.2%	57.1%	51.6%	30.7%	70.6%	78.3%	30.4%	83.3%	75.0%	76.2%
Head & Neck	82.9%	79.9%	87.4%	77.1%	79.7%	81.9%	74.1%	84.2%	84.1%	75.0%	74.6%	81.3%	83.6%	81.0%
Lower GI	35.3%	45.1%	50.8%	32.2%	47.1%	61.9%	75.6%	77.3%	74.3%	74.7%	64.6%	78.5%	78.6%	75.2%
Lung	86.4%	71.4%	83.3%	83.8%	92.6%	93.9%	83.7%	93.3%	83.7%	81.0%	94.4%	75.0%	87.5%	85.7%
Other	61.5%	92.9%	91.7%	63.6%	95.2%	88.5%	80.0%	87.5%	75.0%	91.7%	93.8%	94.7%	89.5%	87.5%
Skin	54.5%	46.9%	62.8%	67.9%	72.2%	80.3%	81.7%	95.1%	95.7%	89.5%	90.8%	85.9%	85.1%	87.7%
Upper GI	77.4%	80.1%	82.6%	77.5%	72.6%	74.8%	79.5%	85.4%	86.9%	76.5%	77.1%	88.2%	78.9%	80.8%
Urology	86.4%	73.2%	77.2%	81.2%	73.9%	82.0%	81.4%	77.6%	83.9%	73.6%	81.2%	83.0%	90.3%	83.3%

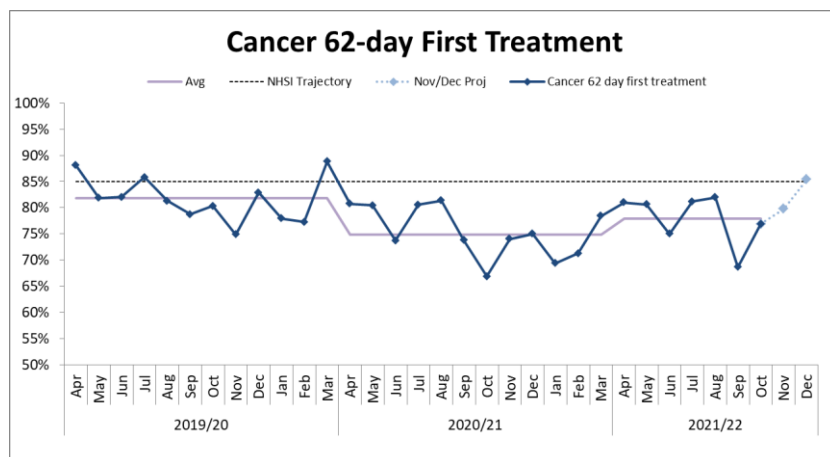
Performance remains above 75% at 84.3% in October and is forecast at 85.4% in November which places the trust in the upper quartile of 28 day performance nationally. Performance for Gynaecology decreased in October 2021 but is expected to recover above 75% by December.



Meeting Title	Open Board of Directors Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.21

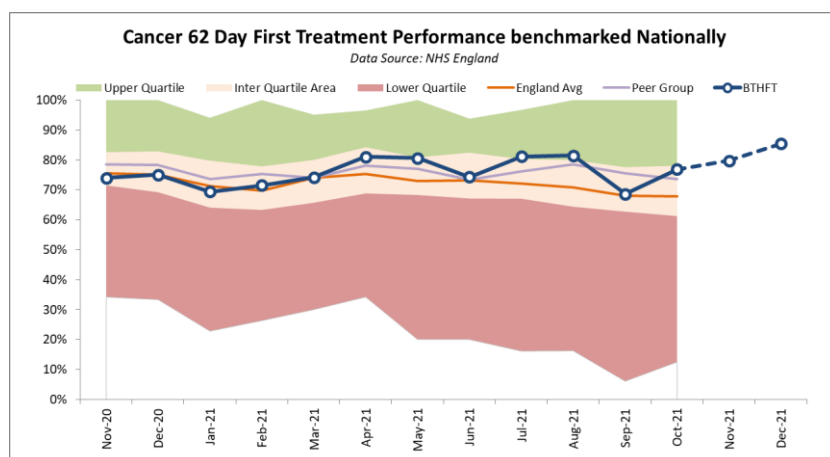
### 10.3. Cancer 62 Day First Treatment

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



The 62 Day First Treatment position decreased in October 2021 and performance remains below target at 76.88%. However, performance is predicted to increase in November and December with the Trust expected to achieve the standard in December 2021.

Figure 17 62 Day First Treatment performance - National Comparison



BTHFT performance in October 2021 is above the England Average.

Figure 18 Patients Waiting Over 62 Days



The number of patients waiting over 62 days has decreased significantly in November down to 16 patients following improvements across all tumour groups. This position increased during Christmas and New Year.



<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

**Table 7 62 Day First Treatment performance by Tumour Group**

Site	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	Nov-21	Dec-21
TRUST	66.8%	74.0%	75.0%	69.4%	71.3%	78.4%	81.0%	80.6%	75.0%	79.5%	82.0%	68.6%	76.9%	79.8%	85.4%
Breast	100.0%	93.3%	100.0%	100.0%	84.6%	100.0%	75.0%	100.0%	91.7%	100.0%	100.0%	86.7%	100.0%	84.0%	100.0%
Gynae	100.0%	38.5%	46.2%	60.0%	66.7%	55.6%	100.0%	71.4%	100.0%	60.0%	71.4%	44.4%	100.0%	100.0%	100.0%
Haematology	40.0%	40.0%	85.7%	100.0%	69.2%	57.1%	66.7%	100.0%	70.6%	60.0%	100.0%	100.0%	84.6%	66.7%	85.7%
Head & Neck	33.3%	66.7%	50.0%	50.0%	50.0%	50.0%	69.2%	75.0%	30.4%	25.0%	42.9%	20.0%	66.7%	43.8%	38.5%
Lower GI	37.5%	40.0%	60.0%	54.6%	0.0%	30.0%	0.0%	55.6%	81.8%	50.0%	62.5%	37.5%	72.7%	57.1%	54.5%
Lung	25.0%	0.0%	50.0%	33.3%	81.8%	57.1%	75.0%	58.3%	36.4%	100.0%	70.0%	25.0%	16.7%	40.0%	0.0%
Other	0.0%			0.0%		10.0%			33.3%	80.0%			0.0%	66.7%	
Skin	89.9%	85.3%	79.2%	83.9%	88.5%	100.0%	100.0%	100.0%	100.0%	93.3%	97.1%	88.2%	100.0%	90.7%	93.9%
Upper GI	66.7%	70.0%	33.3%	80.0%	33.3%		66.7%	25.0%	50.0%	100.0%		20.0%	22.2%	100.0%	87.5%
Urology	58.1%	70.0%	78.3%	47.1%	73.8%	67.6%	82.6%	78.6%	84.4%	79.3%	64.7%	73.7%	75.0%	86.7%	92.6%

Performance continues to be impacted by tumour groups treating people who are already over 62 days; however the reduction in backlog is expected to result in the Trust meeting the standard in December 2021. Theatre capacity continues to be prioritised for cancer patients with these lists largely protected during operational pressures.

### Cancer Wait Time Improvement

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. Additional Lower GI capacity has been allocated as a result.

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-cancer diagnosis has been increased to ensure they are informed of this in a timely manner to further improve 28 FDS performance.

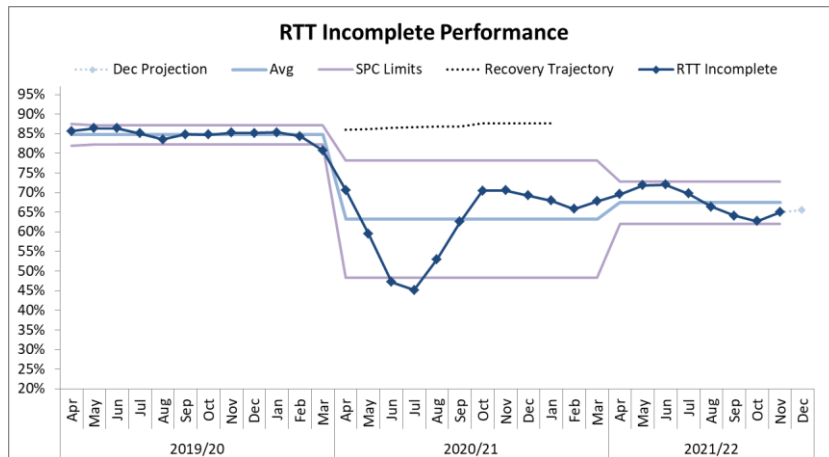
Due to ongoing Theatre constraints the daily review of all cancer patients remains in place to ensure that clinical review and surgical prioritisation takes place in a timely manner and according to the Royal College of Surgeons guidelines. The Theatre prioritisation process continues to allocate the 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.

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

## 11. Referral to Treatment (RTT)

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



The Trust's 18 Week RTT position for November 2021 is 64.98% which represents an improvement on October as a result of improved validation processes and increased activity. Performance is expected to further increase to 65.55% in December 2021.

**Figure 20 18 Week RTT Incomplete National Comparison – BTHFT**

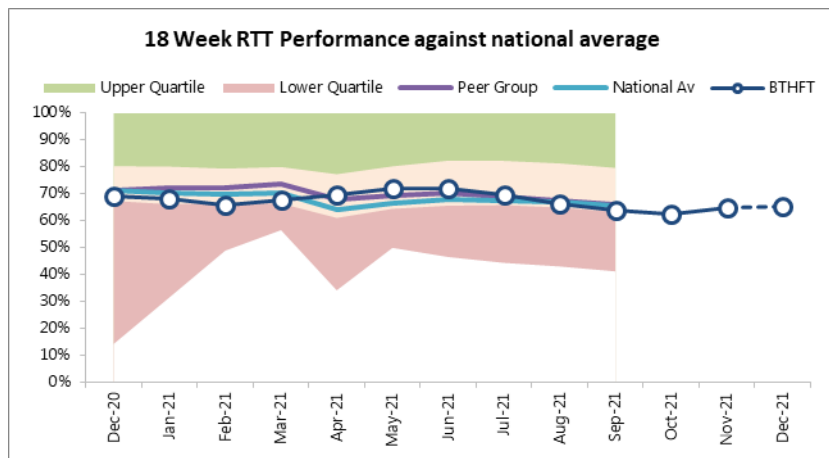
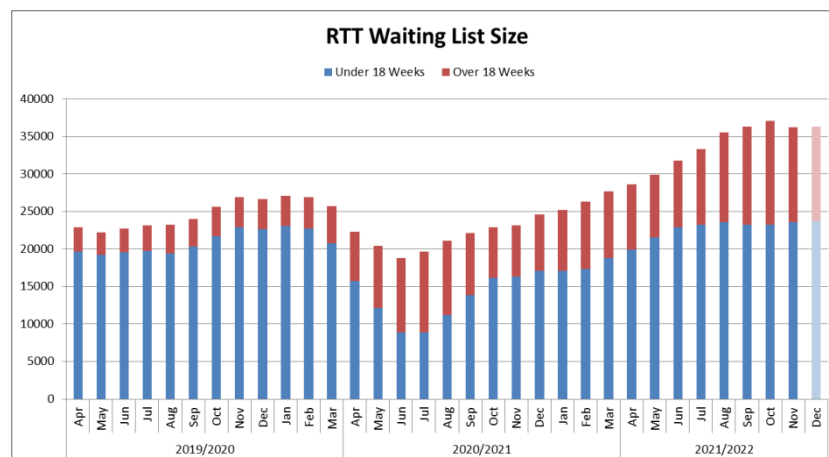


Figure 20 shows a national comparison of RTT Incomplete performance with BTHFT in line with the mean.

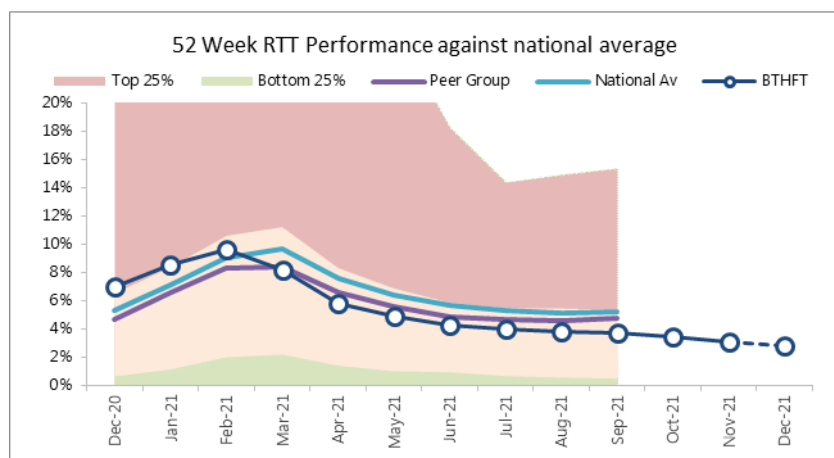
**Figure 21 RTT Total Waiting List**



The overall waiting list has decreased by 826 patients in November compared to October 2021 and is expected to remain stable in December.

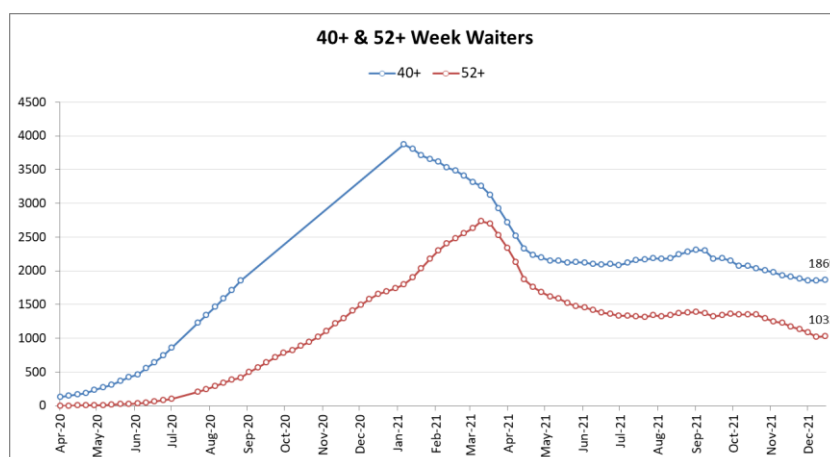
Meeting Title	Open Board of Directors Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.21

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



52 Week RTT performance stands at 3.05% in November and is expected to further improve to 2.78% in December as a result of the reduction in the number of patients waiting over 52 weeks. This is better than the England and Peer average.

**Figure 23 RTT Incomplete long waiters**



1,107 RTT Incomplete 52 week breaches and 157 RTT Incomplete 104 week breaches were reported in November 2021.

### 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.

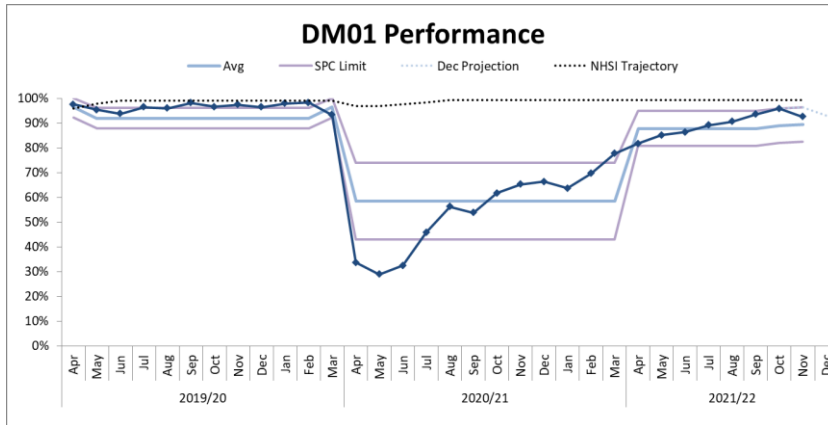
Capacity and demand modelling has been undertaken for all specialties to identify where additional capacity is required in order to reduce the waiting list size to sustainable levels. A plan for services requiring additional capacity will be submitted to the executive team, while services identified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

CBUs 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 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.

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

## 12. Diagnostic Waiting Times

**Figure 24 Monthly DM01 Performance**



November 2021 performance is at 92.48%. December 2021 performance is projected at 92.85%.

**Figure 25 Diagnostics - National Comparison**

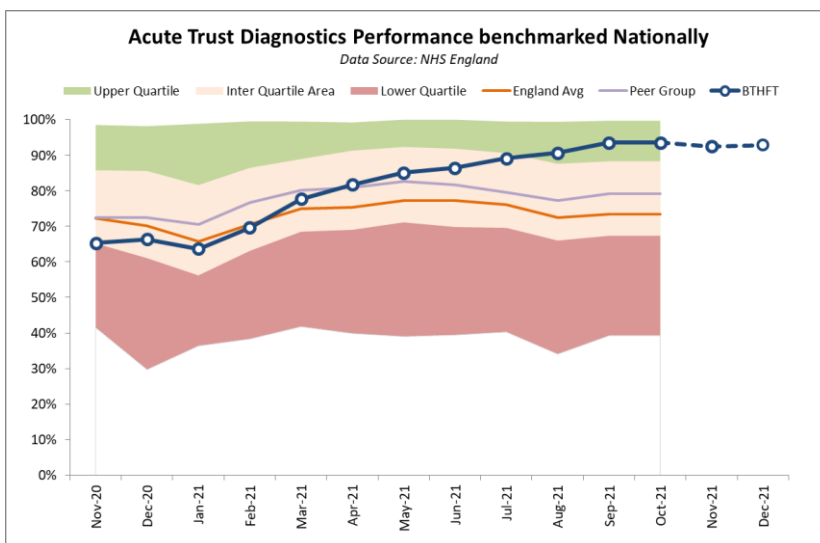


Figure 25 shows a national comparison of Diagnostic performance for October 2021.

BTHFT continues performing above the England average.

### Diagnostic Improvement

The Endoscopy service performance further improved and they continue to work with various independent sector providers. All routine DM01 referrals have now been undertaken in house with some FT referrals moving to Westcliffe ISP to support this. Routine performance has improved in line with these changes.

Respiratory Physiology performance has dropped to 52% due to the limited number of tests they can undertake whilst awaiting replacement equipment to be shipped from America, which is delayed due to trade restrictions. This has been escalated and resolutions are being explored.

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.21</b>

## 13. Other Contractual KPI – by exception

### 13.1. Cancelled Operations

**Table 8 28 Day Rebook Breaches**

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Cancellations to rebook	13	16	45	79	16	19	32	57	44	34	54	26
28 day rebook breaches	1	2	1	3	0	2	1	2	8	3	5	4

There were 4 breaches of the 28 day re-booking target for same day cancelled ops in November 2021. Challenges in rebooking have related to the reduced number of theatre lists and prioritisation of other cases. The 28 day rebook status is part of the clinical prioritisation process and considered alongside other factors when allocating theatre capacity.