Bradford Teaching Hospitals
NHS Foundation Trust

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

PERFORMANCE REPORT – FOR THE PERIOD JANUARY 2022

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	For information	
Previously discussed at/ informed by	Details of any consultation	
Previously approved at:	Academy/Group	**Date**
	F&P Academy	23 February 2022

Key Options, Issues and Risks

This report provides an overview of performance against several key national and contractual indicators as at the end of January 2022.

Analysis

Half two priorities:

- Theatre operating reduced in December and January. COVID related absence and increased COVID demand on the hospital combined to reduce theatre sessions and elective beds. As a result the impact was more significant on elective ordinary spells as these require an overnight stay.
- The ENT theatres will reopen at the end of February and the additional sessions are being allocated to specialties, with theatre staffing supplemented by ongoing insourcing via Medinet. COVID demand is reducing and elective ward capacity will be aligned to the theatre plans which look to close the gap to plan for elective ordinary spells.
- Outpatient activity had improved significantly during November but dropped below plan in December and early January. Analysis of attendances identified increased patient initiated cancellations relating to testing positive for COVID. As community transmission of Omicron reduces it is anticipated outpatient activity will return to November volumes.
- The progression of patients through diagnostic pathways and the ongoing review of clinic models (split between face to face and telephone appointments) helped increase the number of clock stops per appointment which has been the main driver behind recent increases.

Ambulance Handovers:

- Attributable performance for handovers within 15 minutes was 81.23% in January 2022 and February 2022 performance is projected to be at 83.53%; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.
- There has been a significant improvement in handovers within 15 minutes performance compared to the region and the Trust has performed above the regional average in January 2022.
- 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.

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

Emergency Care Standard (ECS):

- ECS performance for Type 1 and 3 attendances was 72.83% for January 2022 and is currently forecast at 76.60% for February 2022.
- Winter plan is in place 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 ≥21 days was 84 in January 2022 against the target of 71. We experience a seasonal increase demand linked to the winter period and high COVID demand.
- 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 to above target in December 2021 at 95.4% but will deteriorate slightly in January following some loss of capacity over Christmas and New Year alongside an increase in patient cancellations following positive COVID tests.
- 28 Day Faster Diagnosis remains above the national target and plans are in places to strengthen this.
- Cancer 62 Day First Treatment performance was above target in December following recovery work during the November. Performance in January and February is expected to deteriorate as the number of patients waiting over 62 days increased over the Christmas period which will impact negatively on performance when treated.
- 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:

- Referral to Treatment (RTT) performance improved slightly in January. This relates to increased validation of the PTL by the central access team and pathway corrections reducing the number of waits over 18 weeks. New pathways have not increased in line with Government forecasts for half two and therefore the total waiting list has reduced despite the previously outlined gap between clock stops and plan.
- 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.

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

Diagnostic waiting times:

- The DM01 performance for January was 84.79% and is projected to be at 85.18% for February 2022.
- MRI capacity has been an issue but an additional scanner is being provided at BRI via a mobile unit. Recovery has been slightly delayed due to a mechanical issue with another scanner but this is being repaired and will be operational from 21st February.
- Respiratory Physiology performance has dropped to 52.12% for January 2022 relating to ongoing issues with the procurement of machines. The new equipment is due to arrive within 4 weeks.
- The Endoscopy service had improved to above 80% and was sustaining high compliance with fast track turnaround until a slight downturn over the Christmas period and into January. COVID positive patients having to cancel appointments and the loss of some sessions due to staff absence was the primary driver. These issues have now reduced and recovery will continue.
- All other modalities are sustaining strong performance and the Trust continues to benchmark above national and peer average.

Recommendation

The Board 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	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

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?	☒	☐	☐
Is there any other national benchmarking data relevant to the content of this paper?	☒	☐	☐
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	☒	☐	☐

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) ☐Risk Assessment Framework ☐Quality Governance Framework ☐Code of Governance ☐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)
☐	☒	☒	☐

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

APPENDIX 1

LATEST REPORTED PERFORMANCE – JANUARY 2022

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	Ambulance Handover 30-60	Jan-22	40	**92**	→
4	Ambulance Handover 60+	Jan-22	10	**71**	↑
5	Emergency Care Standard	Jan-22	83.91%	**72.83%**	↓
8	Length of Stay ≥21days	Jan-22	71	**84**	↑
9.1	Cancer 2 Week Wait	Dec-21	93.00%	**95.44%**	↑
9.2	Cancer 28 Day FDS	Dec-21	75.00%	**84.34%**	→
9.3	Cancer 62 Day First Treatment	Dec-21	85.00%	**87.98%**	↑
10.1	18 Week RTT Incomplete	Jan-22	n/a	**66.28%**	↑
10.2	52 Week RTT Incomplete	Jan-22	n/a	**3.04%**	→
11	Diagnostics Waiting Times	Jan-22	80.00%	**84.79%**	→

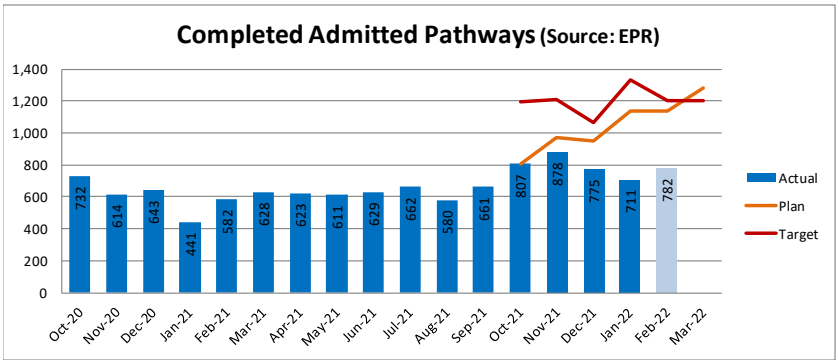
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan;

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

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

3. Half Two Priorities – NHSE/I Planning Returns

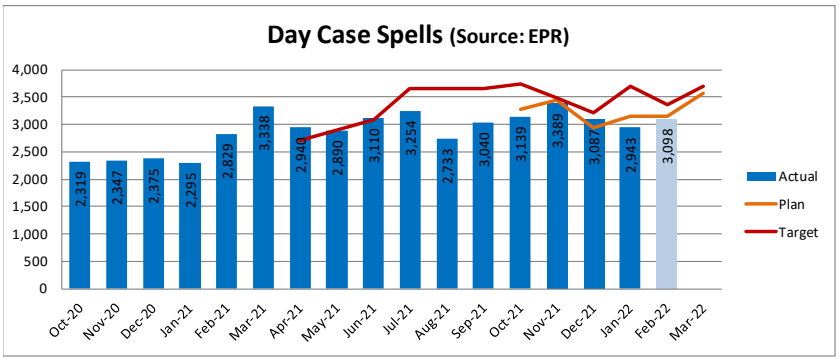
Figure 1 Completed Admitted RTT Pathways - BTHFT



	Target	Plan	Actual
Oct-21	89%	60%	60%
Nov-21	89%	72%	65%
Dec-21	89%	79%	65%
Jan-22	89%	76%	47%
Feb-22	89%	84%	58%
Mar-22	89%	95%	

A reduction in elective operating related to COVID demand pressures and a reduced elective bed base has been reflected in a downturn in clock stops. This is forecast to improve during February and will significantly increase in March 2022 when theatre sessions are aligned to plan.

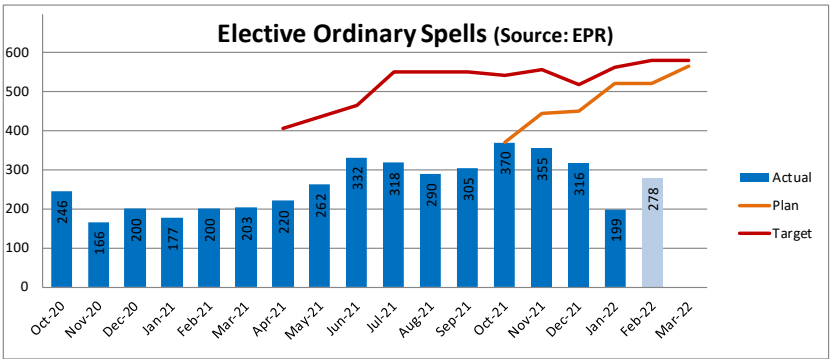
Figure 2 Day Case Activity - BTHFT



	Target	Plan	Actual
Oct-21	95%	83%	80%
Nov-21	95%	94%	92%
Dec-21	95%	87%	92%
Jan-22	95%	81%	75%
Feb-22	95%	89%	88%
Mar-22	95%	85%	

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

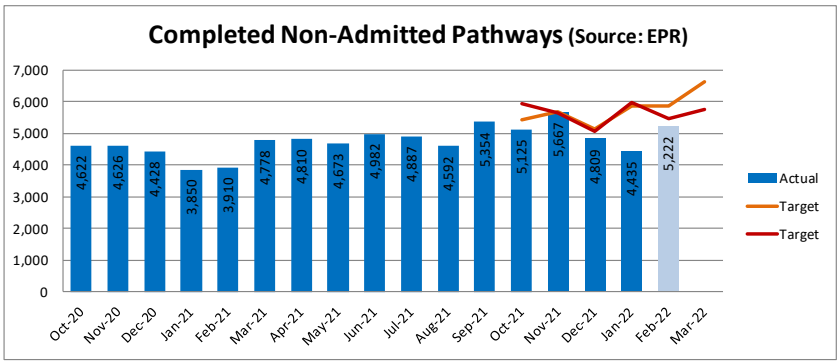
Figure 3 Elective Ordinary Spells – BTHFT



	Target	Plan	Actual
Oct-21	95%	65%	65%
Nov-21	95%	76%	60%
Dec-21	95%	82%	58%
Jan-22	95%	88%	34%
Feb-22	95%	86%	46%
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 but COVID demand was a significant barrier to delivery in January.

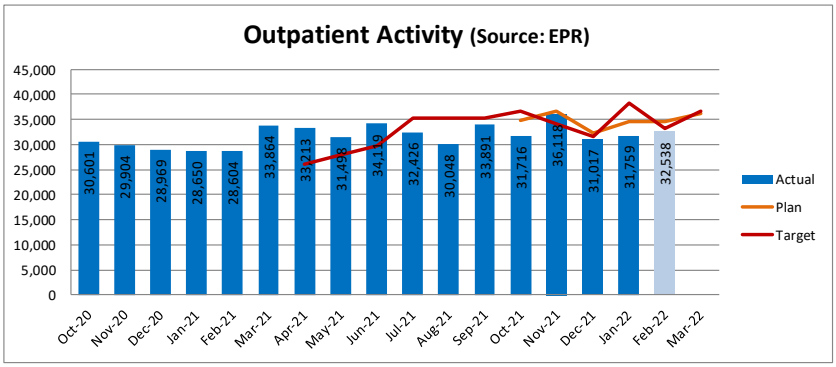
Figure 4 Completed Non Admitted RTT Pathways – BTHFT



	Target	Plan	Actual
Oct-21	89%	82%	77%
Nov-21	89%	90%	90%
Dec-21	89%	91%	85%
Jan-22	89%	87%	66%
Feb-22	89%	96%	85%
Mar-22	89%	102%	

The progression of patients through diagnostic pathways and the ongoing review of clinic models (split between face to face and telephone appointments) helped increase the number of clock stops per appointment which has been the main driver behind recent increases. Clinic reductions and increased patient cancellations reduced delivery in January.

Figure 5 Outpatient Activity – BTHFT



	Target	Plan	Actual
Oct-21	95%	90%	82%
Nov-21	95%	102%	101%
Dec-21	95%	97%	94%
Jan-22	95%	86%	79%
Feb-22	95%	99%	93%
Mar-22	95%	94%	

Outpatient activity had improved significantly during November but dropped below plan in December and early January. Analysis of attendances identified increased patient initiated cancellations relating to testing positive for COVID. As community transmission of Omicron reduces it is anticipated outpatient activity will return to November volumes.

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	157	195	231	
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	1,068	1,198	
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	36,202	35,074	34,962	
62 day Cancer	Plan							30	30	30	30	25	15
	Actual	22	31	26	31	34	34	32	16	38	33	28	

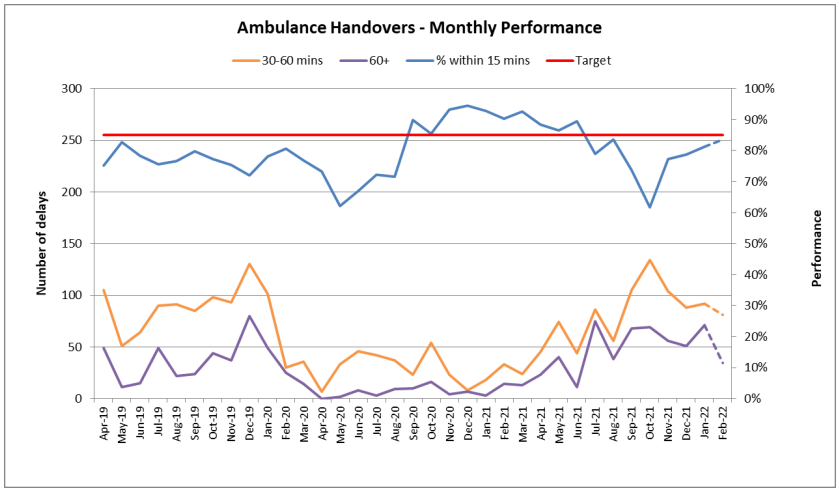
The loss of theatre capacity and embedded clinical prioritisation processes have meant reduced P3 and P4 operating in December and January. This is the cohort of patients that account for most of the 104 week waiting list and as a result it has increased. These patients are being booked into the expanded theatre sessions that commence during the last week of February but full clearance is unlikely until May 2022.

The overall RTT waiting list has reduced due to fewer new pathways than national models suggested and an increase in validation resource which has in turn increased the number of pathways removed or corrected during January 2022.

Cancer performance was ahead of trajectory in November but reduced treatments during Christmas and New Year have seen this increase. This is now improving and will be close to target by year end.

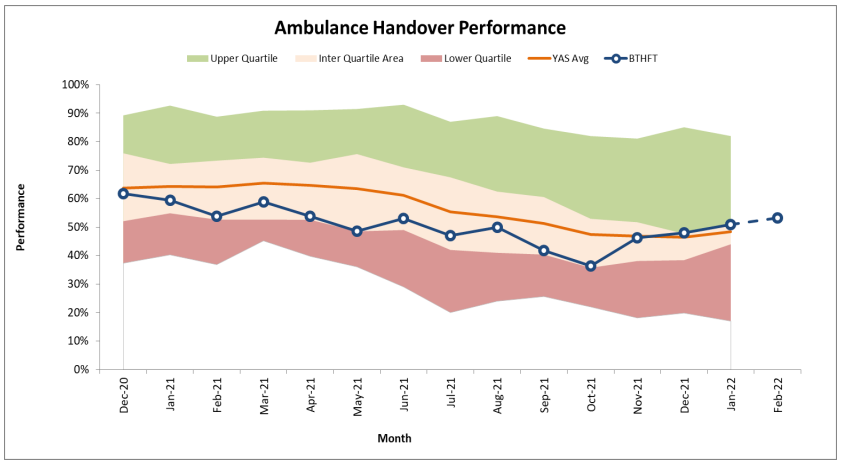
4. Emergency Ambulance Handover Performance

Figure 7 Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in January 2022 was 92 between 30 and 60 minutes and 71 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



January 2022 ambulance handover benchmarking data as supplied by the Yorkshire Ambulance Service (YAS) shows performance at BRI has improved above the reginal average for handover within 15 minutes (all reasons for delay included).

Ambulance Handover Improvement

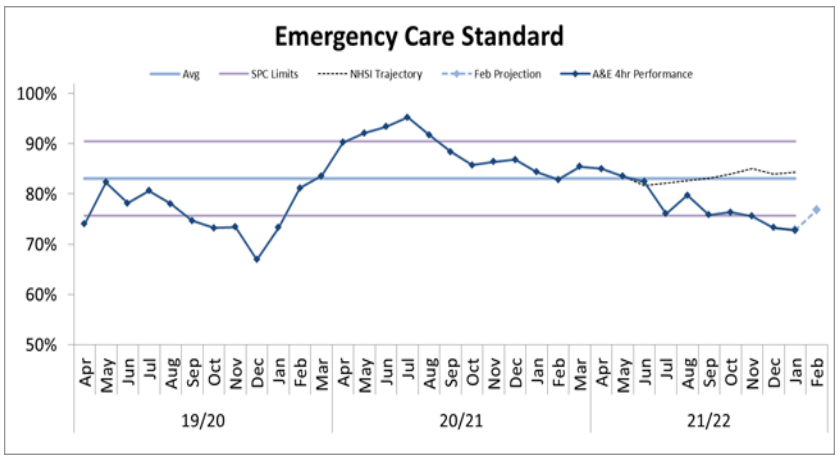
The opening of the new HDU and co-location of SDEC is providing additional foot print to manage demand during peak hours. The ECS delivery plan also includes work-streams to improve ambulance handover performance:

- Introducing cohorting in collaboration with YAS week commencing 14th February. Patients will be under shared responsibility of YAS and the ED after handover is recorded. YAS staff will only leave the department once it's safe to do so. This will allow shorter handover time during extremely busy periods.
- 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.
- Work with YAS to have all patients suitable for Walk in Centre as self-handover.

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

5. Emergency Care Standard (Type 1&3)

Figure 9 Monthly ECS Performance – BTHFT



BTHFT reported a position of 72.83% for the month of January 2022. 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

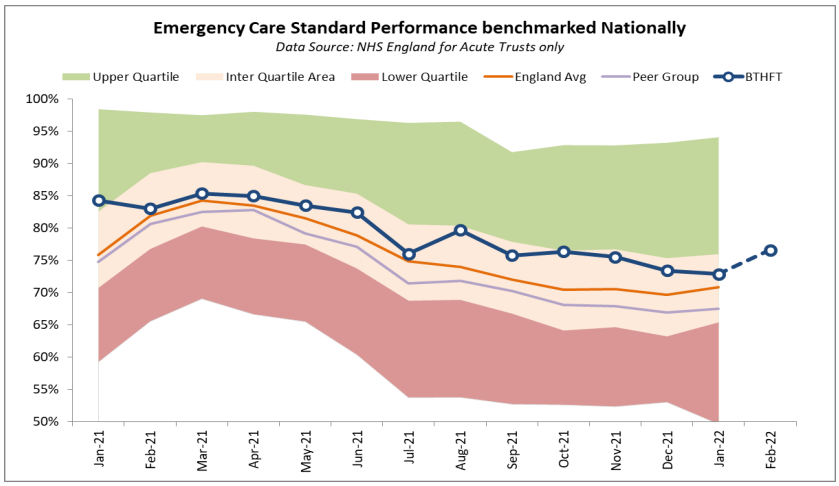
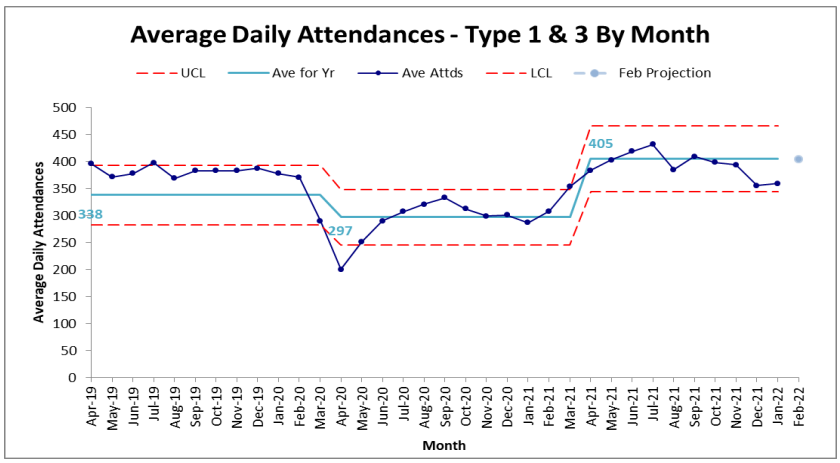


Figure 10 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been above England average and its peers.

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



The Trust has seen a reduction in attendances in January 2022 with the daily average of 359. February 2022 position is projected to be 404.

6. Emergency Department Measures

Table 2 ECS KPI Performance – BTHFT

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Average Daily Attendances	308	354	384	403	419	432	385	392	398	394	356	359	404
Average Daily Breaches	53	52	58	66	74	103	78	99	94	96	95	98	94
ECS Performance	82.84%	85.41%	85.02%	83.54%	82.45%	76.05%	79.73%	75.78%	76.38%	75.54%	73.29%	72.83%	76.60%
Arrival to Assess	00:26	00:24	00:26	00:29	00:30	00:33	00:30	00:31	00:33	00:28	00:28	00:29	00:26
Assess to Treat	01:17	01:26	01:25	01:35	01:40	02:10	01:57	02:08	02:07	02:02	02:04	02:30	02:27
Treatment Length	01:36	01:28	01:30	01:47	01:44	01:55	01:59	01:58	02:09	02:13	02:17	02:21	02:08
Total LOS - Discharged Patients	02:51	02:55	02:53	03:04	03:10	03:36	03:17	03:24	03:29	03:33	03:37	03:44	03:35
Total LOS	03:39	03:38	03:37	03:45	03:46	04:30	04:10	04:18	04:32	04:40	04:54	05:05	04:47

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:

- Department now has implemented a new version of CEM Books with standardised actions for the department to take during busy periods to help improve ECS. This is combined with a new GE tile, which allows better overall management of the department.
- Shop floor operational process improvement includes embedding new huddle using the functionality of CEM Books / GE tile, embedding nurse in-charge and consultant in-charge roles, and the roll out of HCA coordinator support. GE tile design is complete and the screens are being installed in the week commencing 14th February.
- 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.
- 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.
- 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.

7. Hospital Admission Measures

Table 3 ED Admissions KPI Performance – BTHFT

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Conversion Rate*	26.25%	24.40%	22.09%	21.85%	20.85%	19.72%	20.01%	20.29%	21.07%	21.19%	21.92%	23.36%	23.47%
Average Daily Admissions*	79	93	97	100	98	89	85	93	93	94	87	80	74
DTA to Admit	03:17	02:50	02:52	02:14	01:58	03:07	02:54	03:05	03:19	03:40	04:11	04:46	04:15
Total LOS - Admitted Patients	05:55	05:22	05:44	05:46	05:45	07:42	07:01	07:50	07:50	08:03	08:30	09:27	08:42
% of Patients >12 Hours LoS	1.86%	1.31%	1.78%	1.46%	1.16%	3.41%	2.86%	3.76%	4.15%	4.49%	5.93%	6.83%	5.61%

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

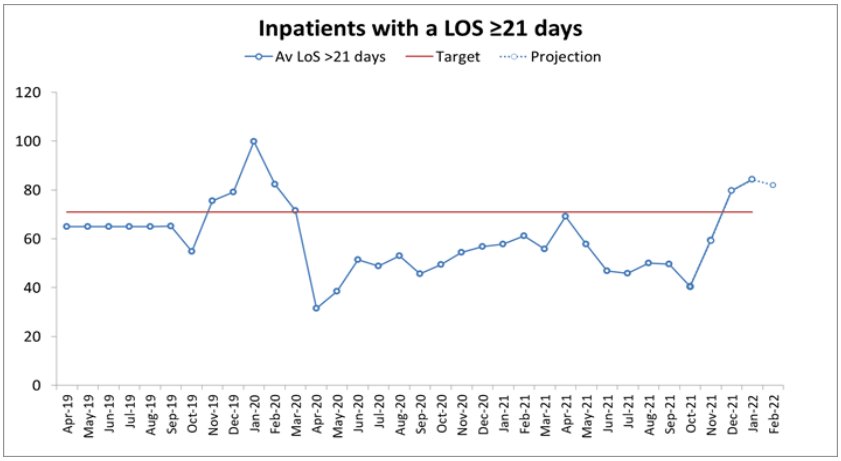
The Urgent Care Programme will deliver several work streams to improve current ECS performance of admitted patients as well as the future standards as outlined in planning guidance.

These work streams include:

- Roll out of a new GE tile with these new standards is complete and large screens are being installed in the department to display them. 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 complete for the development of the Surgical SDEC on ward 2 and 5 which will further reduce the overcrowding in the department.

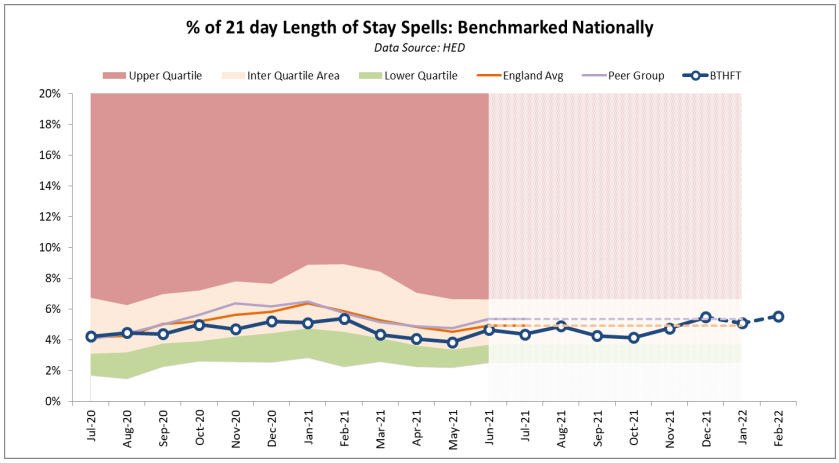
8. Emergency Inpatient Length of Stay (LOS) ≥ 21 days

Figure 12 Inpatient Length of Stay ≥21 days – BTHFT



The number of patients with a LOS over 21 days has increased with an average of 84 patients per day in January 2022. February 2022 position is projected be 82 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 5.10% in January 2022.

Long Length of Stay Improvement

The numbers of patients above 21 days LOS remain high due to number of COVID patients with long length of stay and a high number of long staying patients who require further clinical intervention. As the number of COVID patients is projected to reduce in March, this will reduce the overall 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.

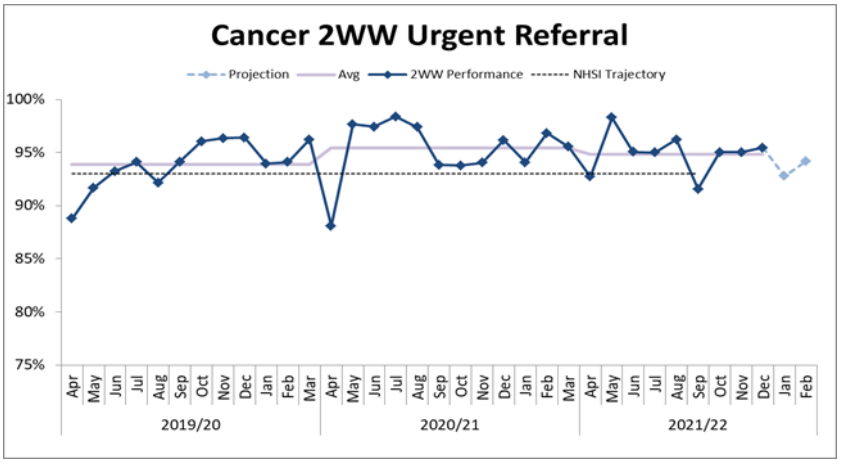
9. Cancer Standards

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	*Jan-22*	*Feb-22*
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%	*92.8%*	*94.2%*
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%	88.0%	*98.4%*	*95.1%*
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%	97.3%	*89.9%*	*93.8%*
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%	98.1%	*93.3%*	*100.0%*
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%	86.3%	92.3%	*84.1%*	*90.2%*
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%	81.4%	88.0%	*68.4%*	*74.2%*
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%	82.7%	*61.0%*	*79.3%*
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%	66.7%	66.7%	*20.0%*	*75.0%*

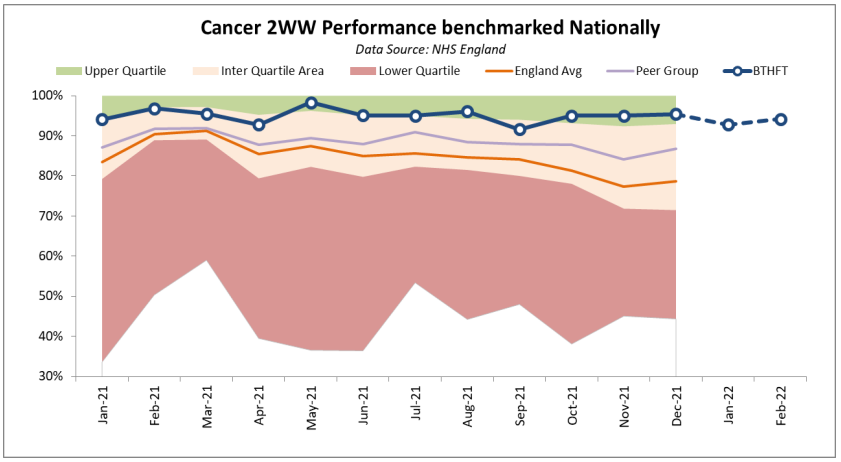
9.1. Cancer 2 Week Wait

Figure 14 Cancer 2WW performance (Target 93%)



2 Week Wait (2WW) Performance for December 2021 has remained above target at 95.4%. However, performance is expected to decrease below target in January but recover above 93% in February 2022.

Figure 15 2WW National Comparison - BTHFT



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

Table 5 2WW Performance by Tumour Group

Site	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*	*Feb-22*
TRUST	**94.1%**	**96.8%**	**95.5%**	**92.7%**	**98.3%**	**95.1%**	**95.0%**	**96.2%**	**91.6%**	**95.0%**	**95.0%**	**95.4%**	**92.8%**	**94.2%**
Breast	91.9%	98.5%	98.9%	75.1%	100.0%	100.0%	99.5%	100.0%	100.0%	97.5%	94.6%	93.1%	96.7%	96.0%
Gynae	88.8%	91.1%	98.6%	96.5%	96.3%	93.7%	93.3%	97.7%	92.9%	89.1%	189.1%	289.1%	87.9%	92.9%
Haematology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	89.5%	85.7%
Head & Neck	95.8%	97.9%	98.5%	98.3%	98.4%	97.8%	98.9%	98.8%	96.1%	95.5%	96.6%	95.6%	97.2%	94.3%
Lower GI	96.0%	95.2%	78.7%	85.4%	96.6%	80.0%	85.0%	92.9%	87.9%	91.5%	90.9%	93.3%	85.4%	93.9%
Lung	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	97.5%
Other	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	73.7%	94.1%
Skin	99.7%	99.3%	99.8%	99.6%	99.8%	99.1%	97.1%	95.5%	88.2%	96.2%	0.0%	93.0%	93.6%	94.8%
Upper GI	78.9%	89.6%	95.2%	93.2%	92.9%	95.7%	92.7%	92.4%	89.7%	93.7%	89.6%	98.2%	94.5%	86.9%
Urology	96.6%	97.8%	99.1%	98.9%	100.0%	97.3%	99.1%	98.8%	97.9%	98.4%	99.3%	97.7%	99.0%	97.6%

All tumour groups recovered above 93% in December, but Gynaecology, Haematology, Lower GI and Other will not meet the standard for January as a result of reduced capacity and patient self-isolation due to COVID-19. While Lower GI and Other are predicted to recover above target in February, pressures in Gynaecology, Haematology and Upper GI are ongoing, resulting in performance expected to remain below target in February 2022.

9.2. Cancer 28 Day Faster Diagnosis

Table 6 28 Day Faster Diagnosis Standard (FDS)

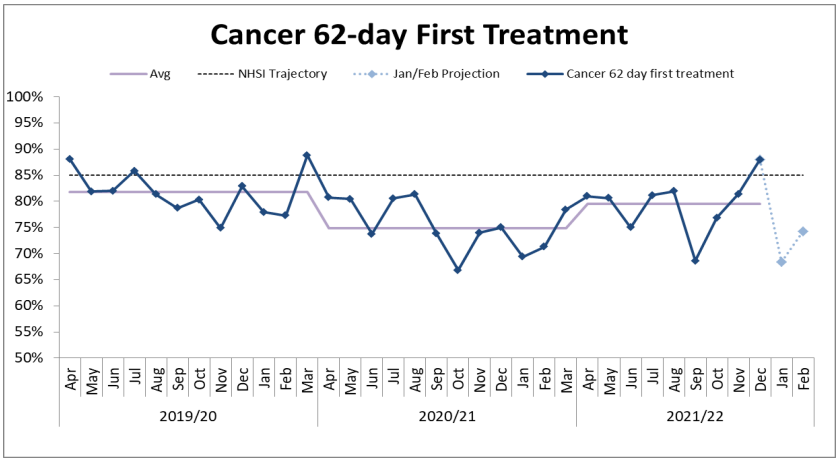
Site	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	*Oct-21*	*Nov-21*	*Dec-21*	*Jan-22*	*Feb-22*
TRUST	**79.4%**	**72.0%**	**76.8%**	**77.3%**	**78.2%**	**82.5%**	**86.2%**	***83.3%***	***81.9%***	***84.3%***	***85.3%***	***84.3%***	***82.4%***	***83.5%***
Breast	98.4%	98.1%	98.5%	97.9%	98.0%	99.4%	99.5%	*100.0%*	*98.3%*	*98.5%*	*98.2%*	*98.1%*	*98.1%*	*98.5%*
Gynae	62.9%	48.1%	69.2%	63.7%	49.4%	53.6%	64.5%	*75.8%*	*80.2%*	*66.7%*	*74.5%*	*68.5%*	*56.0%*	*71.8%*
Haematology	64.7%	20.0%	63.2%	57.1%	51.6%	30.7%	70.6%	*78.3%*	*30.4%*	*83.3%*	*60.0%*	*82.6%*	*75.0%*	*76.2%*
Head & Neck	87.4%	77.1%	79.7%	81.9%	74.1%	84.2%	84.1%	*75.0%*	*74.6%*	*81.3%*	*83.6%*	*86.2%*	*73.8%*	*78.3%*
Lower GI	50.8%	32.2%	47.1%	61.9%	75.6%	77.3%	74.3%	*74.7%*	*64.6%*	*78.5%*	*78.7%*	*83.7%*	*77.3%*	*74.9%*
Lung	83.3%	83.8%	92.6%	93.9%	83.7%	93.3%	83.7%	*81.0%*	*94.4%*	*75.0%*	*87.5%*	*83.8%*	*88.9%*	*85.3%*
Other	91.7%	63.6%	95.2%	88.5%	80.0%	87.5%	75.0%	*91.7%*	*93.8%*	*94.7%*	*89.5%*	*80.0%*	*88.9%*	*87.5%*
Skin	62.8%	67.9%	72.2%	80.3%	81.7%	95.1%	95.7%	*89.5%*	*90.8%*	*85.9%*	*85.1%*	*82.4%*	*82.0%*	*87.1%*
Upper GI	82.6%	77.5%	72.6%	74.8%	79.5%	85.4%	86.9%	*76.5%*	*77.1%*	*88.2%*	*78.9%*	*86.0%*	*84.5%*	*82.8%*
Urology	77.2%	81.2%	73.9%	82.0%	81.4%	77.6%	83.9%	*73.6%*	*81.2%*	*83.0%*	*90.3%*	*76.6%*	*76.6%*	*80.0%*

Performance remains above 75% at 84.3% in December 2021 and is expected to remain above target in January and February 2022. Performance for Gynaecology remains below standard and improvement opportunities are being explored with the CBU to improve the position.

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

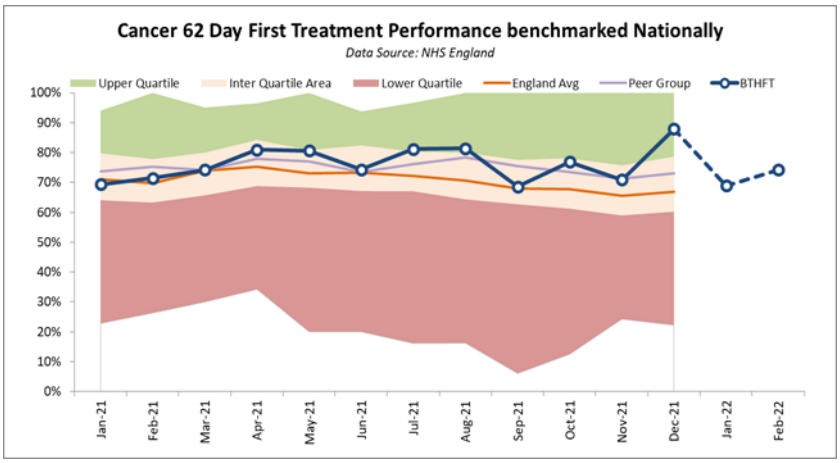
9.3. Cancer 62 Day First Treatment

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



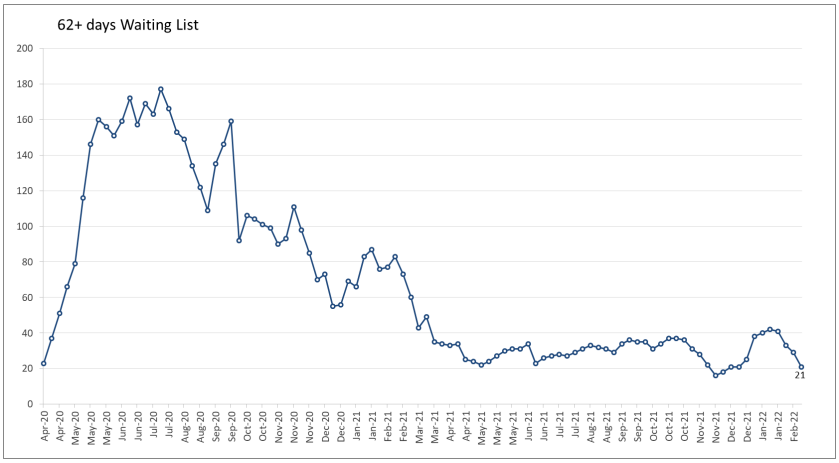
The 62 Day First Treatment position increased in December 2021 and performance was above target at 88%. Performance is predicted to decrease below target in January and February 2022 as patients who have already waited more than 62 days are treated.

Figure 17 62 Day First Treatment performance - National Comparison



BTHFT performance for December 2021 is in the upper quartile and significantly above the England Average.

Figure 18 Patients Waiting Over 62 Days



The number of patients waiting over 62 days has decreased significantly in February 2022 down to 21 patients following a slight increase over the Christmas period.

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

Table 7 62 Day First Treatment performance by Tumour Group

Site	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*	*Feb-22*
TRUST	69.4%	71.3%	78.4%	81.0%	80.6%	75.0%	79.5%	82.0%	68.6%	76.9%	81.4%	87.98%	68.4%	74.2%
Breast	100.0%	84.6%	100.0%	75.0%	100.0%	91.7%	100.0%	100.0%	86.7%	100.0%	84.0%	100.0%	78.6%	81.8%
Gynae	60.0%	66.7%	55.6%	100.0%	71.4%	100.0%	60.0%	71.4%	44.4%	100.0%	60.0%	100.0%	50.0%	33.3%
Haematology	100.0%	69.2%	57.1%	66.7%	100.0%	70.6%	60.0%	100.0%	100.0%	84.6%	66.7%	100.0%	66.7%	55.6%
Head & Neck	50.0%	50.0%	50.0%	69.2%	75.0%	30.4%	25.0%	42.9%	20.0%	66.7%	35.7%	50.0%	20.0%	9.1%
Lower GI	54.6%	0.0%	30.0%	0.0%	55.6%	81.8%	50.0%	62.5%	37.5%	72.7%	57.1%	100.0%	72.7%	44.4%
Lung	33.3%	81.8%	57.1%	75.0%	58.3%	36.4%	100.0%	70.0%	25.0%	16.7%	40.0%	0.0%	40.0%	66.7%
Other	0.0%		10.0%			33.3%	80.0%			0.0%	66.7%	100.0%		0.0%
Skin	83.9%	88.5%	100.0%	100.0%	100.0%	100.0%	93.3%	97.1%	88.2%	100.0%	90.7%	94.4%	80.8%	96.3%
Upper GI	80.0%	33.3%		66.7%	25.0%	50.0%	100.0%		20.0%	22.2%	100.0%	85.7%	33.3%	100.0%
Urology	47.1%	73.8%	67.6%	82.6%	78.6%	84.4%	79.3%	64.7%	73.7%	75.0%	88.4%	90.9%	77.4%	84.8%

Only two tumour groups failed the 62 Day standard in December 2021, with the Trust performing above 85% for the first time this year following a reduction in the number of patients waiting over 62 days in November 2021. Performance in January and February is expected to deteriorate as the number of patients waiting over 62 days increased over the Christmas period which will impact negatively on performance when treated. 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. 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.

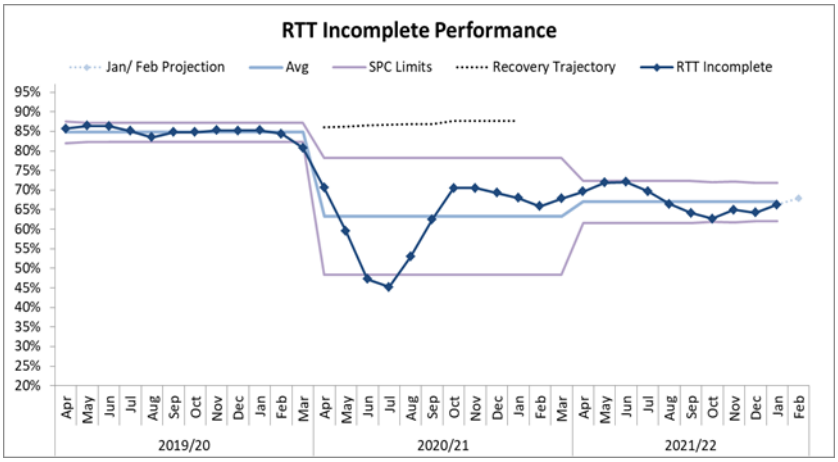
Due to ongoing Theatre constraints the daily review of all cancer patients remains in place to ensure that clinical review and surgical prioritisation takes place in a timely manner and according to the Royal College of Surgeons guidelines. The Theatre prioritisation process continues to allocate the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

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

10. Referral to Treatment (RTT)

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



The Trust's 18 Week RTT position for January 2021 is 66.28%. Performance is expected to further increase to 67.85% in February 2022.

Figure 20 18 Week RTT Incomplete National Comparison – BTHFT

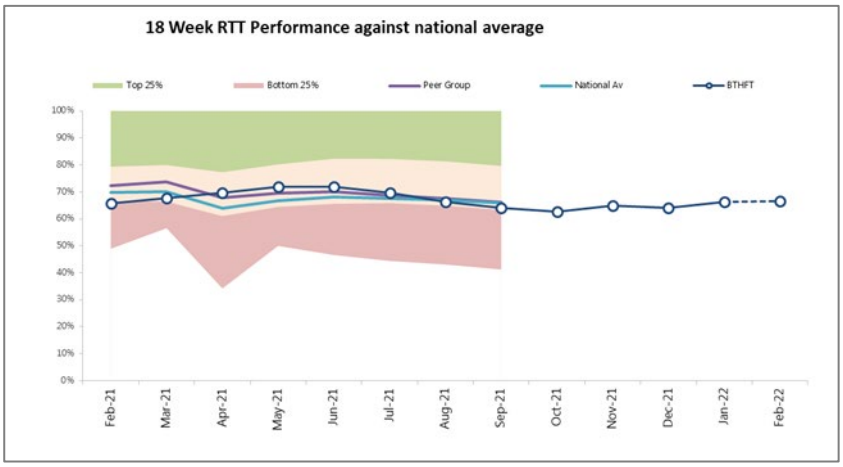
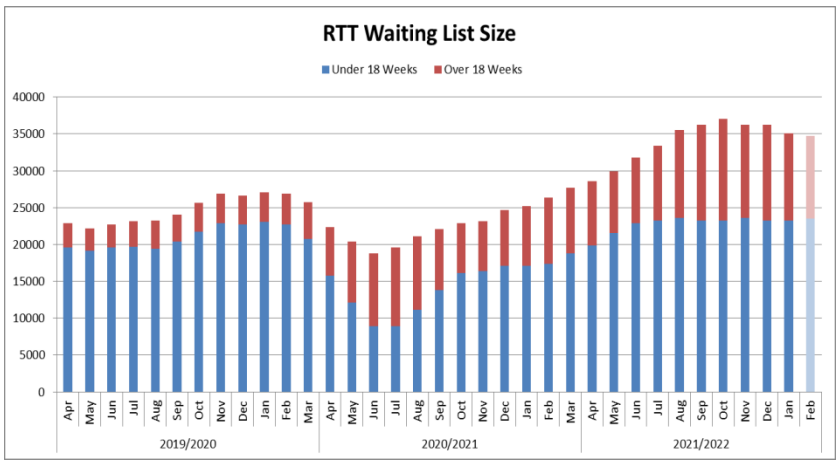


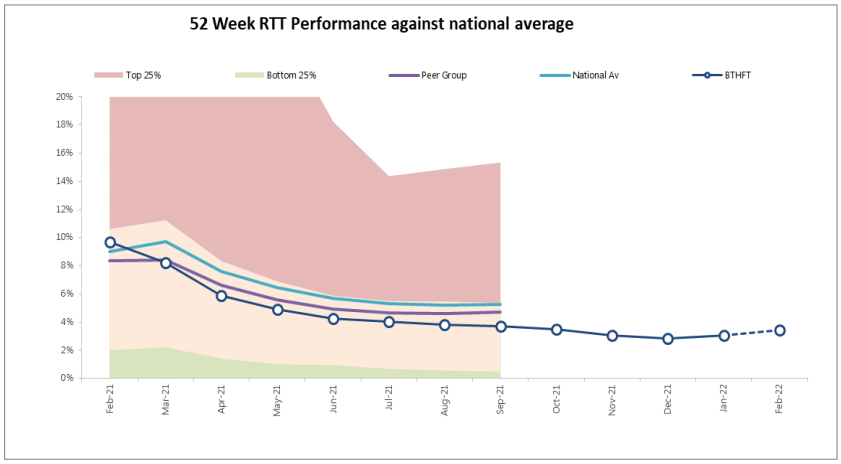
Figure 20 shows a national comparison of RTT Incomplete performance with BTHFT in line with the mean.

Figure 21 RTT Total Waiting List



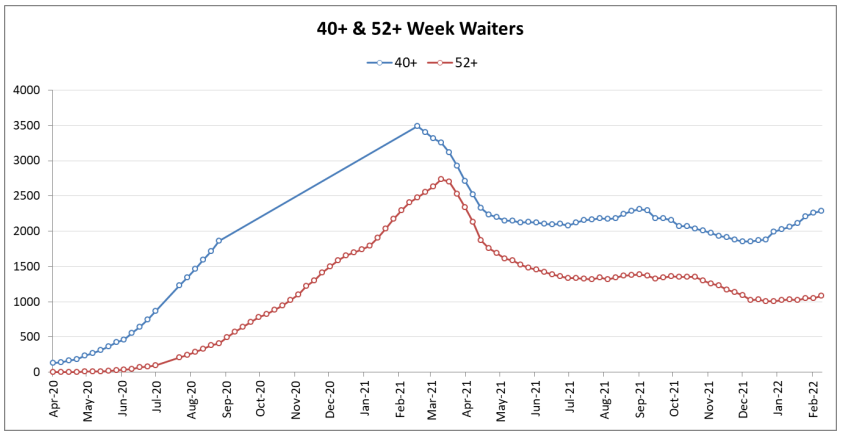
The overall waiting list has decreased by 1128 patients in January 2022 compared to December 2021 due to an increase in pathway corrections and removals by the central access team.

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



52 Week RTT performance stands at 3.04% in January but is starting to increase slightly.

Figure 23 RTT Incomplete long waiters



1,068 RTT Incomplete 52 week breaches and 195 RTT Incomplete 104 week breaches were reported in January 2022.

Referral to Treatment Improvement

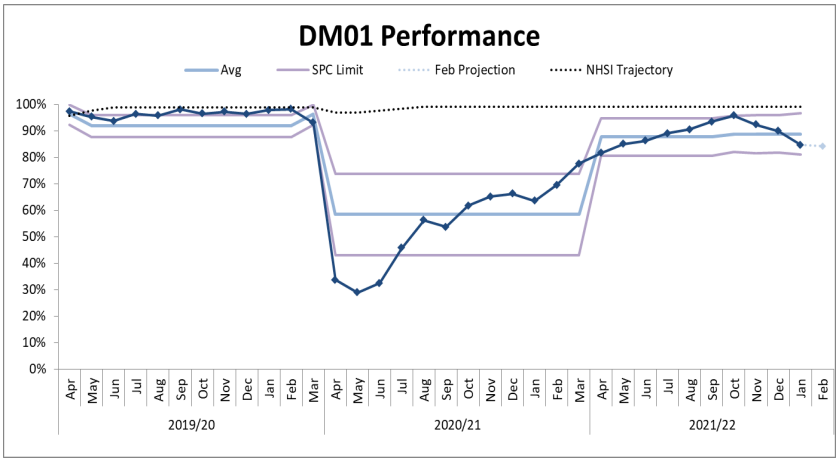
Recovery work for elective activity is ongoing and focuses on increasing activity levels in order to increase treatment numbers, either through additional capacity in BRI theatres or at independent sector providers. The Trust also aims to improve decision making within the outpatient setting in order 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. Proposals have been submitted for approval and will form part of the 2022/23 operational plan if funded.

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.

11. Diagnostic Waiting Times

Figure 24 Monthly DM01 Performance



January 2022 performance is at 84.79% and February 2022 performance is projected at 84.33%.

Figure 25 Diagnostics - National Comparison

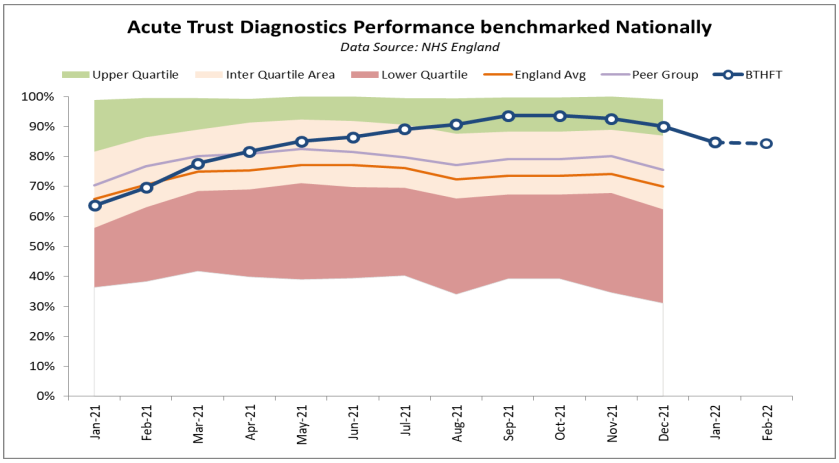


Figure 25 shows a national comparison of Diagnostic performance for December 2021. BTHFT continues to perform above the England average.

Diagnostic Improvement

MRI capacity has been reduced due to the loss of a scanner. An additional scanner is being provided at BRI via a mobile unit. Recovery has been slightly delayed due to a mechanical issue with another scanner but this is being repaired and will be operational from March 2022.

Respiratory Physiology performance has dropped to 52.12% for January 2022 with an ongoing impact from the procuring replacement machines from America due to issues with Kite marks and border controls. The new equipment is due to arrive within 4 weeks and patients waiting will reduce as appointments are offered.

The Endoscopy service had improved to above 80% and were sustaining high fast track within two weeks compliance until a slight downturn over the Christmas period and into January. COVID positive patients having to cancel appointments and the loss of some sessions due to staff absence increasing has been the primary driver. From February the service hope to continue recovery to baseline activity levels.

12. Other Contractual KPI – by exception

12.1. Cancelled Operations

Table 8 28 Day Rebook Breaches

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Cancellations to rebook	45	79	16	19	32	57	44	15	54	26	47	55
28 day rebook breaches	1	3	0	2	1	2	8	3	6	5	4	8

There were 8 breaches of the 28 day re-booking target for same day cancelled operations in January 2022. 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.

Meeting Title	Board of Directors Meeting		
Date	10 March 2022	Agenda item	Bo.3.22.29

APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

H2 Priorities	Month	Threshold	Trajectory Target	Performance
Elective Day Case Spells	Jan-22	95%	81%	75%
Elective Ordinary Spells	Jan-22	95%	88%	34%
Outpatient Attendances	Jan-22	95%	86%	79%
Admitted Clock Stops	Jan-22	85%	76%	53%
Non Admitted Clock Stops	Jan-22	85%	87%	74%
RTT - Patients waiting over 52 weeks on incomplete pathways	Jan-22	476	934	1068
RTT - Patients waiting over 104 weeks on incomplete pathways	Jan-22	0	177	195
RTT - Total Waiting List size	Jan-22	39122	39973	35073
Cancer - Patients waiting over 62 days	Jan-22	15	30	33
Operational Standards	**Month**	**Threshold**	**Trajectory Target**	**Performance**
A&E Emergency Care Standard	Jan-22	95.00%	84.28%	72.83%
Ambulance handovers taking between 30-60 minutes	Jan-22	0	43	92
Ambulance handovers taking longer than 60 minutes	Jan-22	0	8	71
Trolley waits in A&E longer than 12 hours	Jan-22	0	0	0
Emergency Inpatient Length Of Stay >=21days	Jan-22	71	71	84
Cancer 2 week wait	Dec-21	93.00%	93.00%	95.44%
Cancer 2 week wait - breast symptomatic	Dec-21	93.00%	100.00%	87.97%
Cancer 28 day Faster Diagnosis	Dec-21	75.00%	75.00%	84.34%
Cancer 31 day First Treatment	Dec-21	96.00%	96.20%	97.26%
Cancer 31 day Subsequent Surgery	Dec-21	94.00%	95.20%	92.31%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Dec-21	98.00%	100.00%	98.08%
Cancer 62 day First Treatment	Dec-21	85.00%	85.70%	87.98%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Dec-21	90.00%	90.00%	82.69%
Diagnostics - patients waiting under 6 weeks for test	Jan-22	99.00%	99.22%	84.79%
RTT - Patients waiting within 18 weeks on incomplete pathways	Jan-22	92.00%	66.00%	0.00%
Mixed-sex accommodation breach	Jan-22	0	0	0
Cancelled Operations 28 day breach	Jan-22	0	0	8
Urgent operation cancelled for a second time	Jan-22	0	0	0