

Meeting Title	Open Board of Directors		
Date	12 May 2022	Agenda item	Bo.5.22.37

PERFORMANCE REPORT – FOR THE PERIOD MARCH 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	To note		
Previously discussed at/ informed by	Details of any consultation		
Previously approved at:	Academy/Group	Date	
	Finance & Performance Academy	27/04/2022	

Key Options, Issues and Risks

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

Analysis

Half Two Priorities:

- Theatre operating increased in March 2022 as a result of the ENT (Bronte) theatres reopening in February and beds now being ring fenced for elective activity. This supported an increase in the number of daycase and elective ordinary spells.
- Outpatient activity also improved in March and was above plan and the 95% target against the 2019/20 baseline.
- Locum recruitment is ongoing for several specialties in order to further increase activity levels in 2022/23 and reduce waiting list in line with national planning objectives.
- 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. Admitted clock stops are also increasing in line with theatre improvements.

Ambulance Handovers:

- Attributable performance for handovers within 15 minutes was 77.45% in March 2022 and April performance is projected to be at 77.23%; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.
- There has been an improvement in handovers within 15 minutes performance.
- 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 them on decongestion of the ambulance assessment area.
- A meeting has also been established at Executive level involving BTHFT, MYHT and YAS to work through some of the high level pathway issues that are common across the organisations. This will allow for the development of a collective action plan to improve handover performance times and to try and avoid any greater than 60 minute handover delays.

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Emergency Care Standard (ECS):

- ECS performance for Type 1 and 3 attendances was 74.07% for March 2022 and is currently forecast at 72.46% for April.
- ECS performance was expected to remain between 70% and 80% during the winter period due to an increase in COVID related bed occupancy and challenges with staffing levels across the Trust.
- The position compares favourably against other acute Trusts in WYAAT and the national benchmark which reflects the difficulties everyone is facing.
- ED has developed a 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 90 in March 2022 against the target of 71. This follows a seasonal increase in demand linked to the winter period which has been exacerbated by COVID-19 increasing. The April position is projected to be an improvement to a daily average of 73 patients with a length of stay ≥ 21 days.
- The Command Centre is working closely with the wards and is providing additional MAID Team 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 continue to 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 improved in February to 96.15% and is above the national target.
- 28 Day Faster Diagnosis remains above the national target at 83.20% and plans are in places to strengthen this during 2022/23.
- Cancer 62 Day First Treatment performance was below target in February at 75.25% due to the number of patients waiting over 62 days increasing following the Christmas period and the on-going negative impact of COVID on patient pathways.
- 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.
- Daily patient level scrutiny continues in order to manage increasing referrals in line with recovery.

Referral to Treatment:

- Referral to Treatment (RTT) performance continued to improve in March 2022. This was a result of increased validation of the PTL by the central access team, fewer new pathways than nationally forecast for half two, and an increase in completed pathways per outpatient appointment.
- Additional theatre capacity supported a reduction in the 104+ cohort in March 2022, with clearance expected at the end of quarter one as per national planning requirements.
- Further improvements in RTT performance and the number of long waiters are expected as the number of clock stops increases as a result of increased inpatient activity.
- 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. Additional theatre capacity has been aligned to the specialty level breakdown of P3 and P4 surgical waits over 52 weeks.

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Diagnostic Waiting Times:

- The DM01 performance for March was 82.50% and is projected to be at 79.59% for April 2022.
- MRI capacity has been an issue but an additional scanner was provided at BRI via a mobile unit. Recovery has been slightly delayed due to a mechanical issue with another scanner but this has now been repaired and is operational.
- Fast track turnaround against a two week internal target has been sustained at over 90% which is supporting the Trust's cancer position.

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.

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"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

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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"/>

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APPENDIX 1

LATEST REPORTED PERFORMANCE – MARCH 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	<u>Ambulance Handover 30-60</u>	Mar-22	40	110	↑
4	<u>Ambulance Handover 60+</u>	Mar-22	10	76	↑
5	<u>Emergency Care Standard</u>	Mar-22	85.00%	74.07%	→
8	<u>Length of Stay ≥21days</u>	Mar-22	71	90	↑
9.1	<u>Cancer 2 Week Wait</u>	Feb-22	93.00%	96.15%	↑
9.2	<u>Cancer 28 Day FDS</u>	Feb-22	75.00%	83.20%	↑
9.3	<u>Cancer 62 Day First Treatment</u>	Feb-22	85.00%	75.25%	↑
10.1	<u>18 Week RTT Incomplete</u>	Mar-22	n/a	70.85%	↑
10.2	<u>52 Week RTT Incomplete</u>	Mar-22	n/a	3.34%	↑
11	<u>Diagnostics Waiting Times</u>	Mar-22	80.00%	82.05%	→

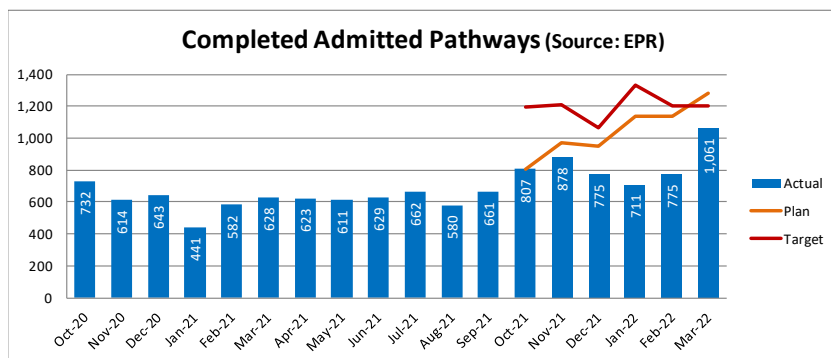
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan.

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

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3. Half Two Priorities – NHSE/ Planning Returns

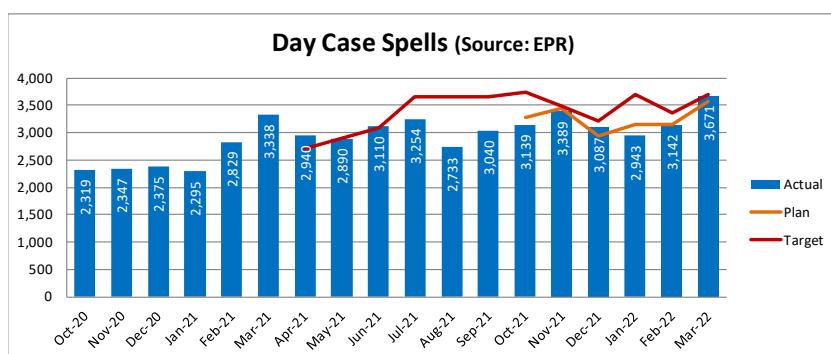
Figure 1 Completed Admitted RTT Pathways - BTHFT



	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%	57%
Mar-22	89%	95%	79%

The number of admitted clock stops improved significantly in March as activity levels increased following the increase in theatre sessions with the release of the ENT theatre block following estate work.

Figure 2 Day Case Activity - BTHFT

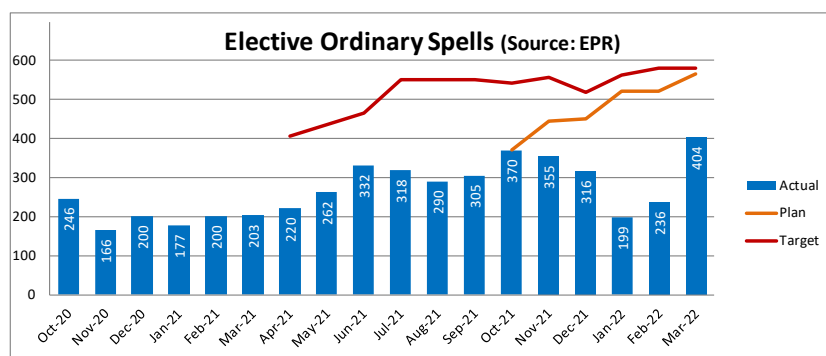


	Target	Plan	Actual
Oct-21	95%	83%	80%
Nov-21	95%	94%	92%
Dec-21	95%	87%	92%
Jan-22	95%	81%	75%
Feb-22	95%	89%	89%
Mar-22	95%	85%	94%

Day case activity continues to increase which is in line with theatre capacity while work to maximise non theatre procedures across appropriate specialties is also ongoing.

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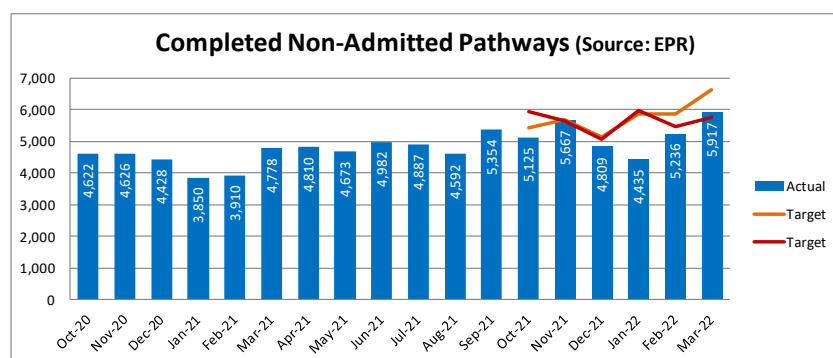
Figure 3 Elective Ordinary Spells – BTHFT



	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%	39%
Mar-22	95%	93%	66%

The number of elective ordinary spells increased significantly in March as theatre capacity increased in line with the theatre plan. Operating Department Practitioner (ODP) recruitment is supporting increased internal provision of lists and targeted improvements in time utilisation will help maximise patients treated. Insourcing remains in place and will continue in 2022/23.

Figure 4 Completed Non Admitted RTT Pathways – BTHFT

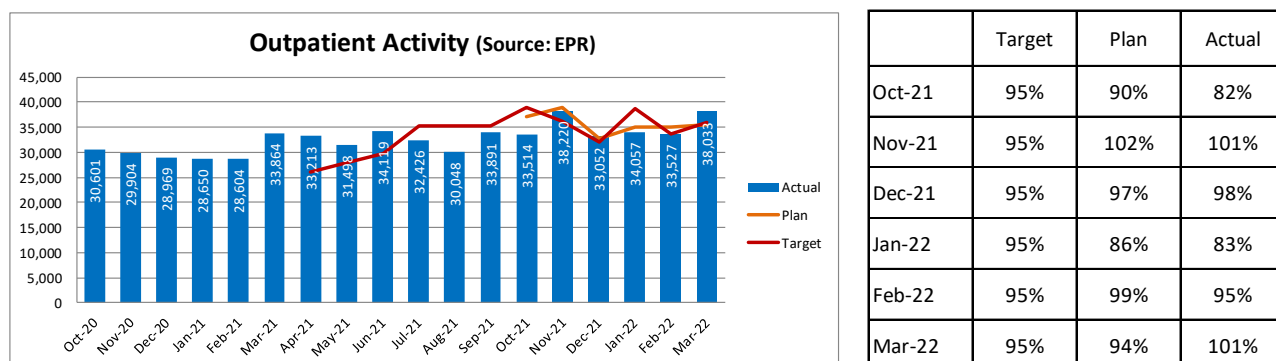


	Target	Plan	Actual
Oct-21	89%	82%	77%
Nov-21	89%	90%	90%
Dec-21	89%	91%	85%
Jan-22	89%	87%	66%
Feb-22	89%	96%	85%
Mar-22	89%	102%	91%

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.

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Figure 5 Outpatient Activity – BTHFT



Outpatient activity was above plan and target in March 2022.

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	209	155
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	1,122	1,101
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	33,918	32,965
62 day Cancer	Plan							30	30	30	30	25	15
	Actual	22	31	26	31	34	34	32	16	38	33	18	18

Additional theatre capacity supported a reduction in the 104+ cohort in March 2022, with clearance expected at the end of quarter one as per national planning requirements. The number of patients in the 52+ week cohort will also reduce as a result.

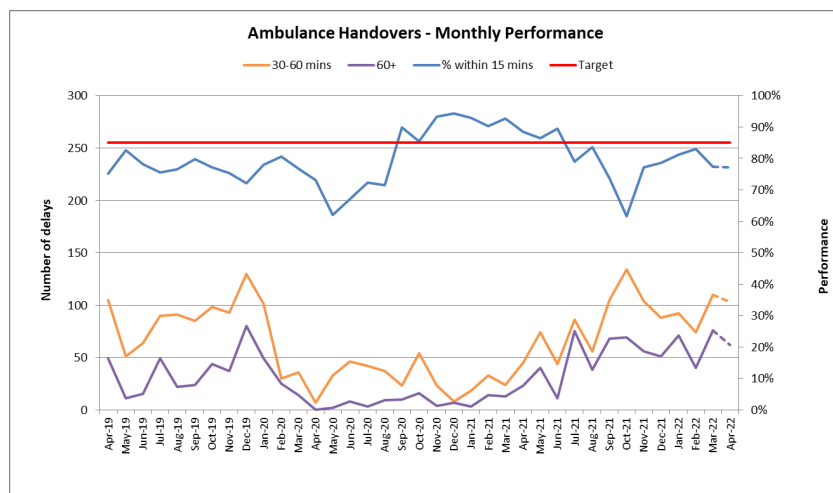
The overall RTT waiting list continues to reduce due to fewer new pathways than national models suggested and an increase in validation resource since January 2022 which continues the increase in the number of pathways removed or corrected.

Cancer performance has improved significantly in February following some challenges related to the increases in COVID during winter. The number of patients waiting more than 62 days will be in line with the February 2020 baseline and performance should then meet national standards from April 2022 as a result.

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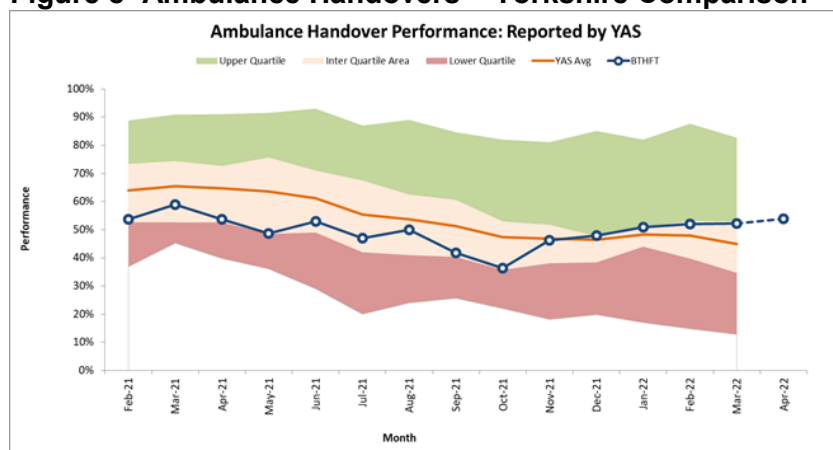
4. Emergency Ambulance Handover Performance

Figure 7 Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in March 2022 was 110 between 30 and 60 minutes and 76 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



March 2022 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

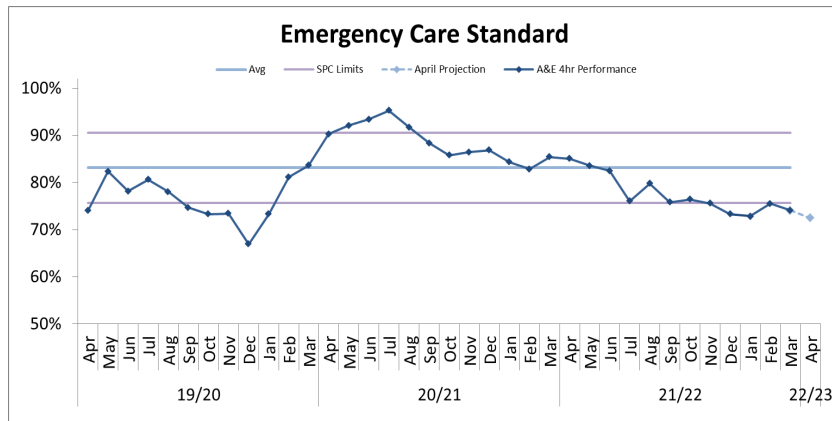
The ECS delivery plan also includes work-streams to improve ambulance handover performance:

- Cohorting in collaboration with YAS continues. This is promoting shared responsibility and shorter handover times during extremely busy periods as a result.
- Participation of YAS at Trust's Operational Silver meetings.
- 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.
- Checklist for the nurse running the ambulance assessment area (AAA), this includes 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.
- NHS England and YAS are visiting on 29th of April 2022 as part of joint exercise with BTHFT to explore further improvement opportunities.

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5. Emergency Care Standard (Type 1&3)

Figure 9 Monthly ECS Performance – BTHFT



BTHFT reported a position of 74.08% for the month of March 2022.

Figure 10 ECS Performance – National Comparison

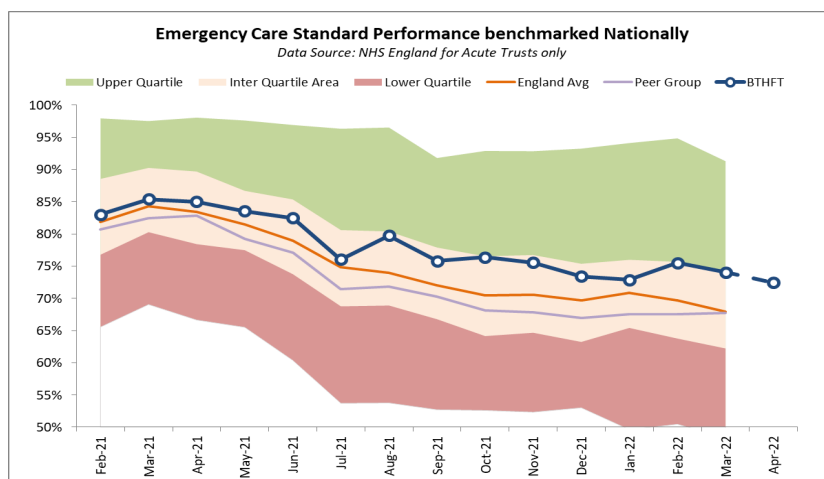
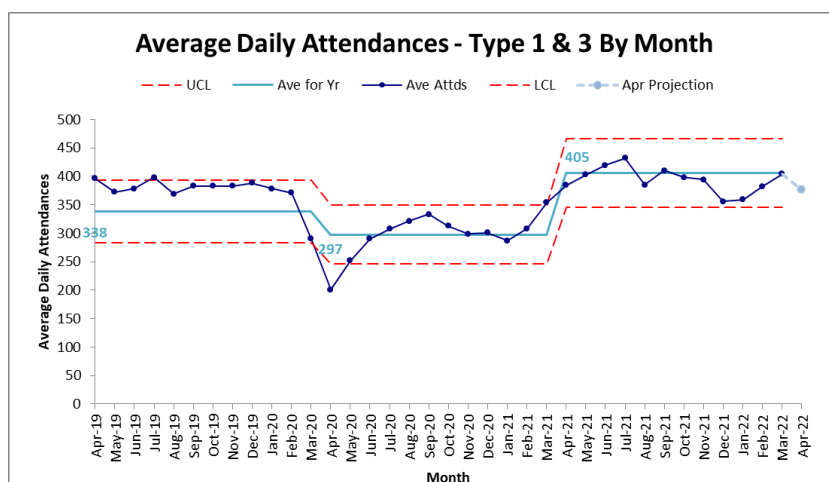


Figure 10 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been above England average and its peers.

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



The Trust has seen a slight increase in attendances during March 2022 with the daily average of 404. April 2022 position is projected to be 376.

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6. Emergency Department Measures

Table 2 ECS KPI Performance – BTHFT

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Average Daily Attendances	384	403	419	432	385	410	398	394	356	359	382	404	376
Average Daily Breaches	58	66	74	103	78	99	94	96	95	98	94	105	104
ECS Performance	85.02%	83.54%	82.45%	76.05%	79.73%	75.78%	76.38%	75.54%	73.29%	72.83%	75.51%	74.07%	72.46%
Arrival to Assess	00:26	00:29	00:30	00:33	00:30	00:31	00:33	00:28	00:28	00:29	00:27	00:32	00:31
Assess to Treat	01:25	01:35	01:40	02:10	01:57	02:08	02:07	02:02	02:04	02:30	02:18	02:44	02:46
Treatment Length	01:30	01:47	01:44	01:55	01:59	02:07	02:09	02:13	02:17	02:21	02:12	02:22	02:25
Total LOS - Discharged Patients	02:53	03:04	03:10	03:36	03:17	03:27	03:29	03:33	03:37	03:44	03:34	03:45	03:55
Total LOS	03:37	03:45	03:46	04:30	04:10	04:28	04:32	04:40	04:54	05:05	04:46	05:03	05:17

The KPIs related to time in the Emergency Department remain high. Increased demand, issues with the nurse staffing levels in ED due to COVID and long-term related sickness, and patient flow delays within the Hospital 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:

- Embedding of the 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, nurse in-charge and consultant in-charge roles, and the roll out of HCA coordinator support. GE tile design is complete and the screens have been installed and are operational.
- Maximising footprint and capacity: SDEC had 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 are ongoing. New ED Consultant has been recruited and joins the department in June 2022.
- Development of a co-located Walk-In Centre will allow triage of low acuity patients away from the main ED footprint. Plans for this have been brought forward and the unit is expected to be operational in May 2022.
- 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.
- Scoping exercise is underway to introduce the role of ED clerk to support admin and EPR related process with aim to release time for clinical staff.

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7. Hospital Admission Measures

Table 3 ED Admissions KPI Performance – BTHFT

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Conversion Rate*	22.09%	21.85%	20.85%	19.72%	20.01%	20.29%	20.87%	22.18%	22.00%	23.07%	23.67%	21.89%	24.95%
Average Daily Admissions*	97	100	98	89	85	93	93	94	87	80	75	70	88
DTA to Admit	02:52	02:14	01:58	03:07	02:54	03:05	03:19	03:40	04:11	04:46	04:00	04:38	05:00
Total LOS - Admitted Patients	05:44	05:46	05:45	07:42	07:01	07:50	07:50	08:03	08:30	09:27	08:16	09:24	09:30
% of Patients >12 Hours LoS	1.78%	1.46%	1.16%	3.41%	2.86%	3.76%	4.15%	4.49%	5.93%	6.83%	5.24%	6.22%	6.18%

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

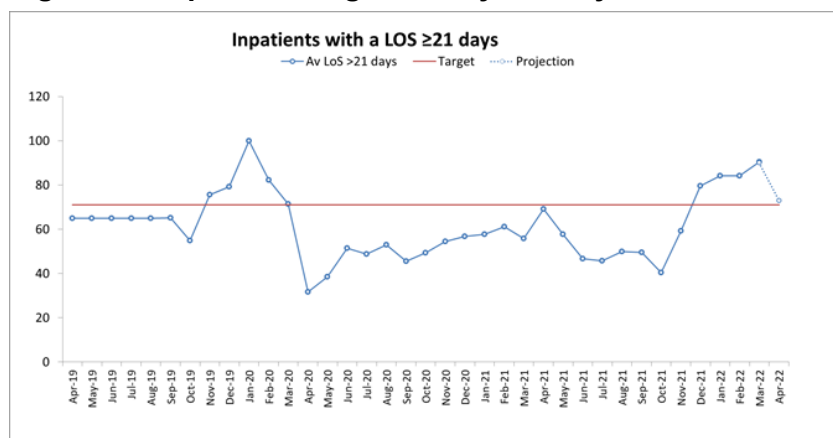
The Urgent Care Programme will deliver several work streams to improve current ECS performance of admitted patients as well as the future standards as outlined in planning guidance.

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.
- The role of HCA coordinators is being embedded to work 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.
- Outstanding decision making program is underway across all wards to embed best practices within our ward and board rounds, including the principles of SAFER, to improve the quality of patient care and patient experience. Getting this right will result in less time spent on administrative tasks, more time for care and staff and improvement in patient flow.

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

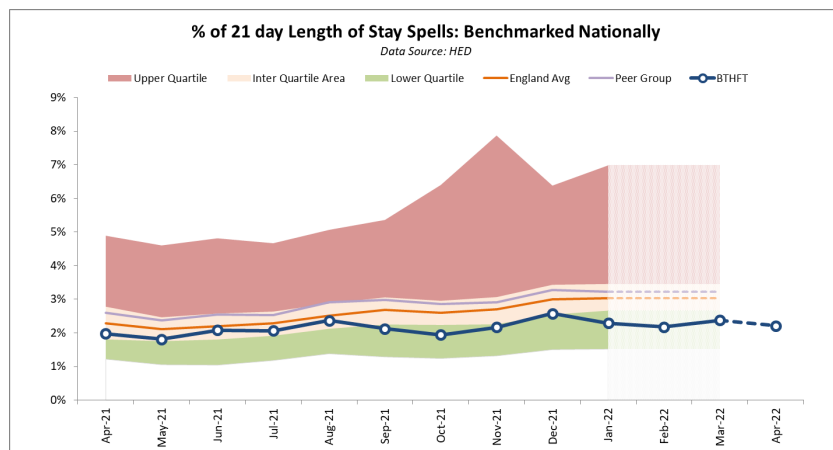
Figure 12 Inpatient Length of Stay ≥21 days – BTHFT



The number of patients with a LOS over 21 days has increased with an average of 90 patients per day in March 2022. April 2022 position is projected be 73 per day.

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Figure 13 Length of Stay– National Comparison



LOS benchmarking data from HED shows that the Trust has remained better than national average since April 2021. The percentage of patients with 21 days+ length of stay was 2.38% in March 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.

Reviews of all over 7 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

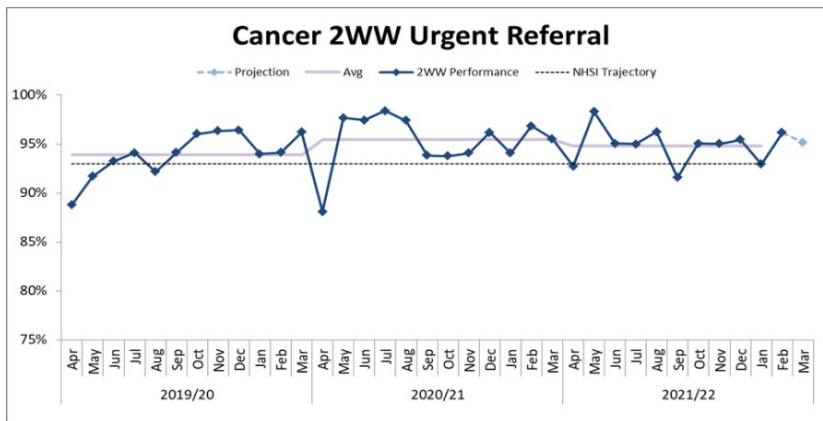
Table 4 Cancer Standards - Overview by Indicator – BTHFT

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	Mar-22	Apr-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%	92.9%	96.1%	96.3%	94.9%
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%	98.6%	100.0%	100.0%
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%	91.1%	94.4%	94.4%	100.0%
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%	95.3%	98.5%	94.1%
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%	82.2%	77.5%	90.9%	92.9%
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%	71.8%	75.2%	78.1%	85.6%
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%	63.6%	62.5%	77.8%	92.9%
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%	18.2%	66.7%	69.2%	66.7%

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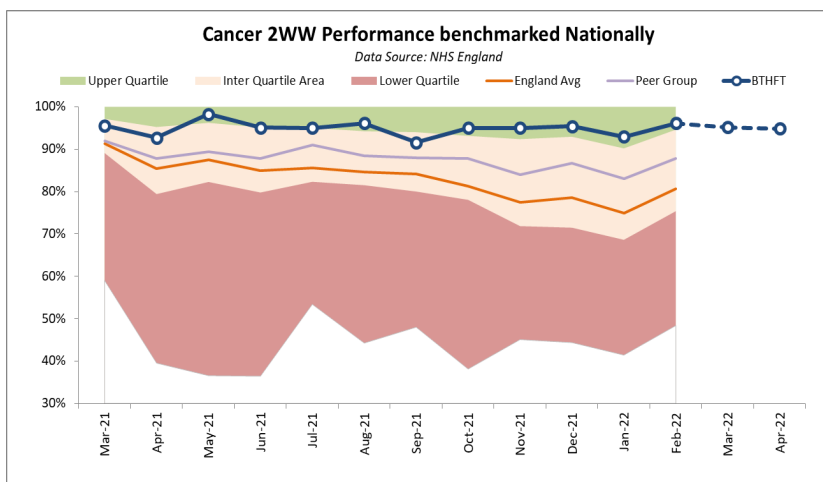
9.1 Cancer 2 Week Wait

Figure 14 Cancer 2WW Performance (Target 93%)



2 Week Wait (2WW) for February 2022 has increased to 96.15% and is above the 93% target. This recovery is expected to continue above target for March 2022

Figure 15 2WW National Comparison – BTHFT



Performance in February 2022 places the Trust in the upper quartile, significantly above peer group and England average

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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	Mar-22	Apr-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%	92.9%	96.1%	96.26%	94.87%
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%	97.6%	97.05%	98.41%
Gynae	88.8%	91.1%	98.6%	96.5%	96.3%	93.7%	93.3%	97.7%	92.9%	89.1%	96.2%	94.2%	89.5%	489.1%	94.19%	90.65%
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%	90.0%	96.67%	100.00%
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%	96.2%	95.16%	95.48%
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%	95.5%	94.33%	89.75%
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%	94.6%	98.00%	100.00%
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%	80.6%	97.7%	96.00%	100.00%
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%	99.1%	96.7%	99.13%	96.67%
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%	90.3%	91.89%	89.08%
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%	97.8%	99.30%	97.96%

Haematology and Upper GI tumour groups did not meet the standard in February as a result of reduced capacity and patient self-isolation due to COVID-19. Current forecasts suggest ongoing challenges across several tumour groups but daily escalation processes are in place and capacity is being flexed with additional clinics being allocated to meet increases in demand wherever possible. Overall we remain compliant with this standard at Trust level.

9.1. Cancer 28 Day Faster Diagnosis

Table 6 28 Day Faster Diagnosis Standard (FDS)

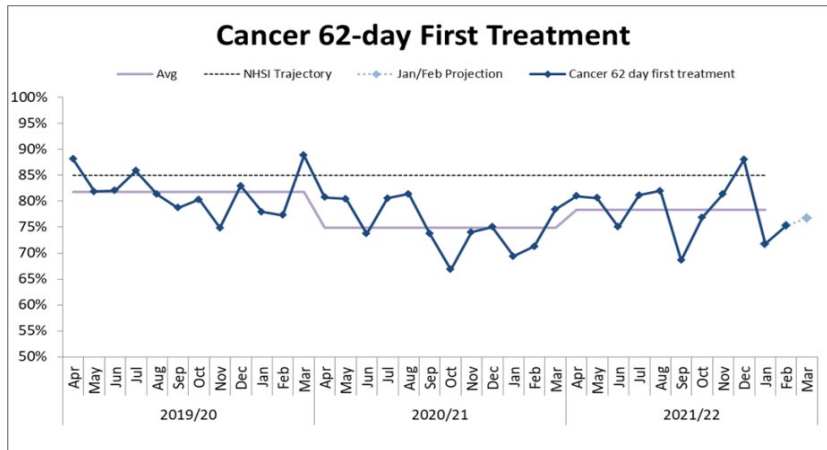
Site	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
TRUST	79.4%	72.0%	76.8%	77.3%	78.2%	82.5%	86.2%	83.3%	81.9%	84.3%	85.3%	84.3%	81.7%	83.2%	85.4%	84.3%
Breast	98.4%	98.1%	98.5%	97.9%	98.0%	99.4%	99.5%	100.0%	98.3%	98.5%	98.2%	98.1%	98.1%	98.8%	99.9%	99.9%
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%	57.8%	49.5%	64.1%	74.5%
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%	61.1%	75.0%	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%	80.1%	71.6%	79.5%	75.2%
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%	76.2%	83.0%	98.4%	98.7%
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%	90.3%	88.6%	79.5%	75.2%
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%	87.0%	86.4%	78.6%	80.0%
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%	80.5%	91.5%	91.2%	89.0%
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%	81.6%	68.0%	77.7%	80.8%
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%	72.6%	72.7%	80.6%	81.8%

Performance remains above 75% at 83.5% in February 2022 and is expected to remain above target in March and April 2022. Performance for Gynaecology remains below standard in March 2022 with opportunities being explored with the CBU to improve the position. Plans for increased first outpatient capacity with additional clinics being allocated and focusing on FDS are in place which alongside improving staffing capacity will lead to improvements against this standard from May 2022.

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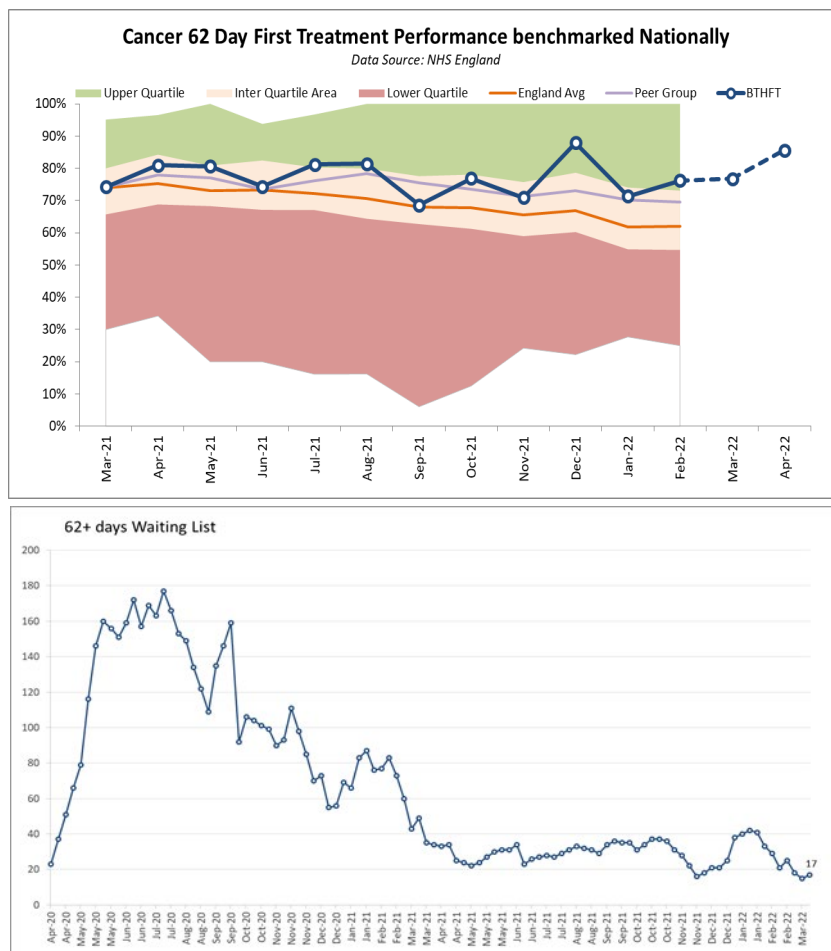
9.2. Cancer 62 Day First Treatment

Figure 15 62 Day First Treatment performance (Target 85%)



The 62 Day First Treatment position improved in February and March 2022.

Figure 16 62 Day First Treatment Performance - National Comparison



BTHFT performance for February, and March 2022 is in the upper quartile and significantly above the England Average.

The number of patients waiting over 62 days has decreased during quarter 4.

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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	Mar-22	Apr-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%	71.8%	75.2%	78.1%	85.6%
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%	87.0%	100.0%	100.0%
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%	80.0%	20.0%	50.0%	36.4%
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%	77.8%	58.3%	80.0%
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%	34.8%	63.6%	75.0%
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%	90.9%	50.0%	36.4%	66.7%
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%	33.3%	66.7%
Other	0.0%		10.0%			33.3%	80.0%			0.0%	66.7%	100.0%	100.0%	50.0%	0.0%	100.0%
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%	81.5%	97.1%	100.0%	94.7%
Upper GI	80.0%	33.3%		66.7%	25.0%	50.0%	100.0%		20.0%	22.2%	100.0%	85.7%	37.5%	75.0%	66.7%	75.0%
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%	81.5%	77.5%	84.8%	95.8%

Performance against this standard will not meet the target until the number of patients waiting longer than 62 days is sustained at below 20. Unfortunately this has not been achieved although plans are in place which will support this in early 2022/23.

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.

Gynaecology has increased hysteroscopy capacity from 17th March for 6 weeks to reduce the waiting list to a sustainable level. Additional capacity is also in place on a weekend to support Skin referral demand.

Pathway improvements, including additional admin support, and allocation of additional and weekend clinics are reducing diagnostic booking delays and the time taken to inform patients of a non-cancer diagnosis remains a focus.

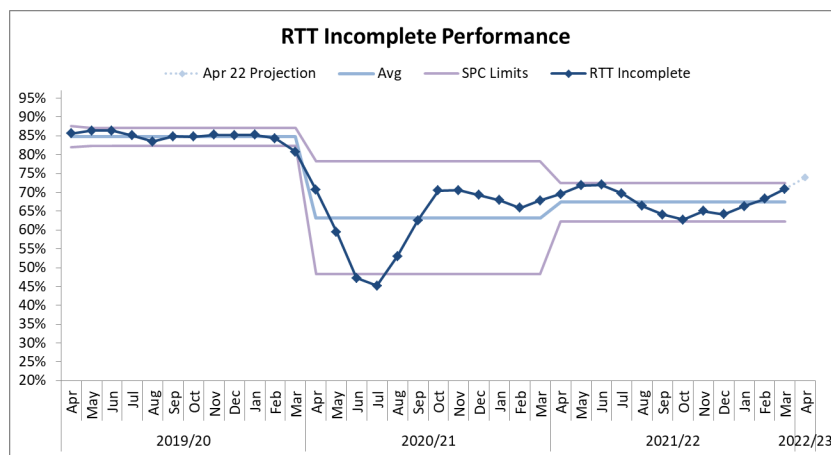
The Trust has made significant progress against all of the 2022/23 planning objectives with many already completed.

- Rapid Diagnostic Centre (RDC) is in place, providing 100% population coverage for non-specific symptom pathways, and improving pathways through clinical triage and pathway navigation.
- Lung health check roll out continues in line with plan.
- A proposal is going to the LMC with regards to the use of faecal immunochemical test (FIT) prior to referral as per NICE DG30.
- A tele-dermatology implementation plan and steering group is in place, GPwSI training will continue into Q1 2022/23 in support of this.
- Personalised Stratified Follow Up pathways are operational in breast, prostate, and LGI tumour groups, with Gynaecology following in March 2022.
- The "Access to Care" programme across Bradford and Craven is working with stakeholders on a number of schemes to improve population health and reduce inequalities.
- Recruitment to CNS and navigator roles has been successful and will be expanded.

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10. Referral to Treatment (RTT)

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



The Trust's 18 Week RTT position for March 2022 is 70.85%. Performance is expected to further increase to 73.95% in April 2022.

Figure 19 18 Week RTT Incomplete National Comparison – BTHFT

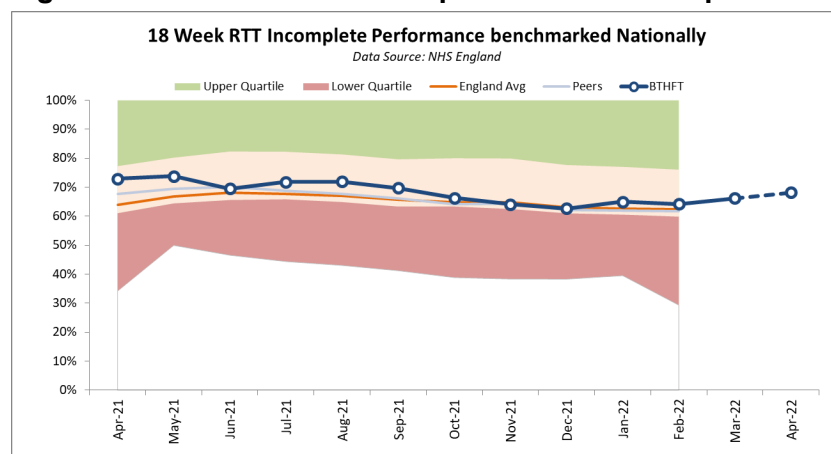
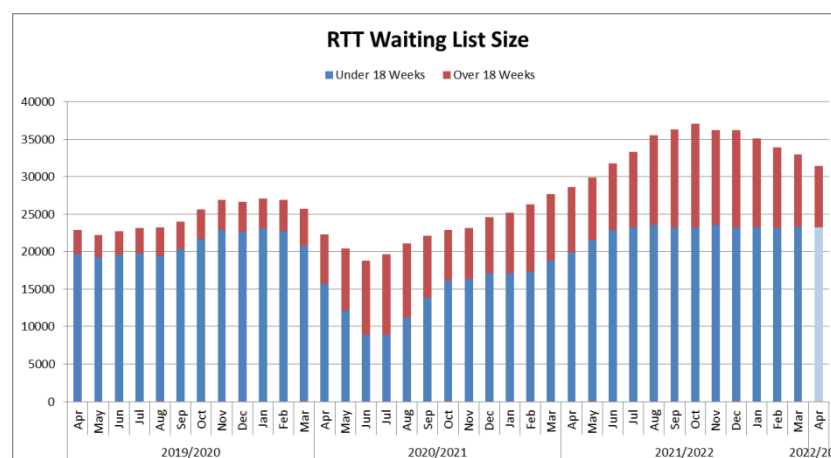


Figure 20 shows a national comparison of RTT Incomplete performance with BTHFT in line with the England and Peer average.

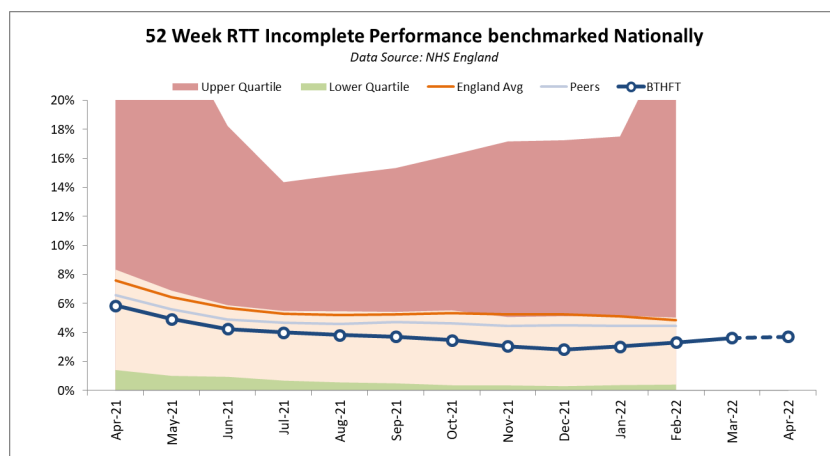
Figure 20 RTT Total Waiting List



The overall waiting list has decreased by 953 patients in March 2022 compared to February due to continued pathway corrections and removals by the central access team, and a lower number of new pathways than expected.

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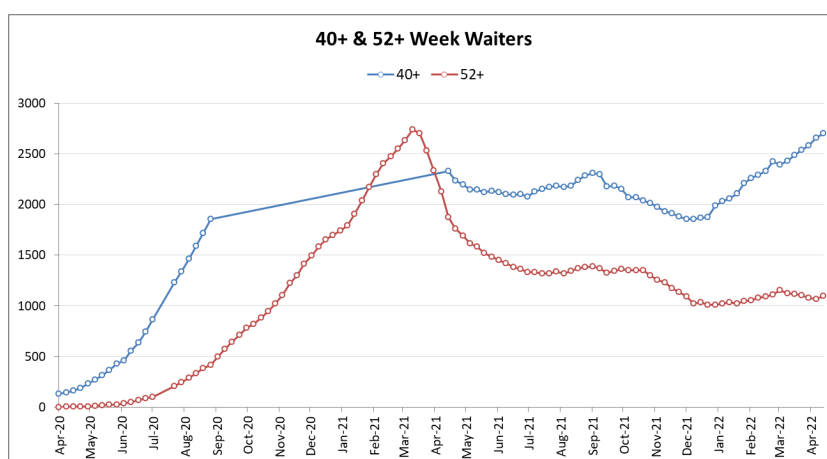
Figure 21 Monthly 52 Week RTT Incomplete Performance (Target 0%)



52 Week RTT performance stands at 3.34% in March which represent a slight increase compared to February.

Figure 22 RTT Incomplete Long Waiters

1,101 RTT Incomplete 52 week breaches and 155 RTT Incomplete 104 week breaches were reported in March 2022.



Referral to Treatment Improvement

Recovery work for elective activity continues to focus on increasing activity levels in order to increase treatment numbers, either through additional capacity in BRI theatres or at independent sector providers.

A plan was approved by the executive team to provide 19,000 extra new and 9,500 follow ups in 2022/23 through insourcing or use of locums in order to reduce waiting lists.

Ongoing work to increase the use of PIFU and Advice & Guidance should reduce demand on clinic capacity that can be used for waiting list reductions.

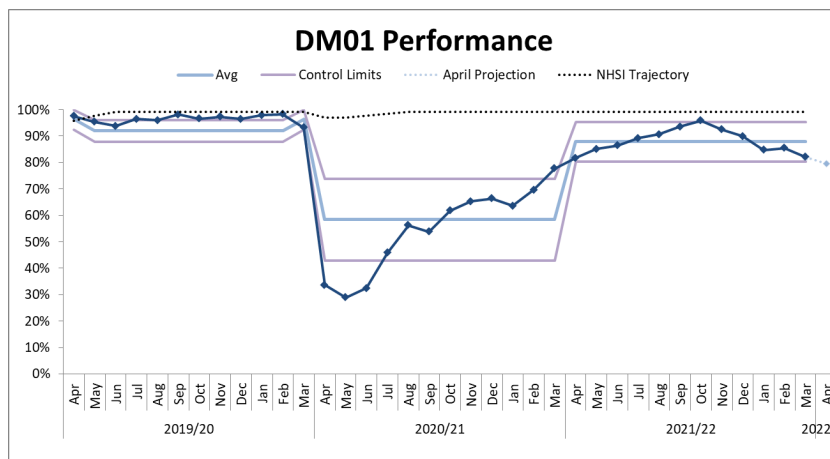
CBUs continue to meet on a weekly basis with the Chief Operating Officer and the Director of Operations for Planned Care to discuss plans for all patients having waited over 99 weeks.

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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 23 Monthly DM01 Performance



March 2022 performance is at 82.05% and April 2022 performance is projected at 79.59%.

Figure 24 Diagnostics - National Comparison

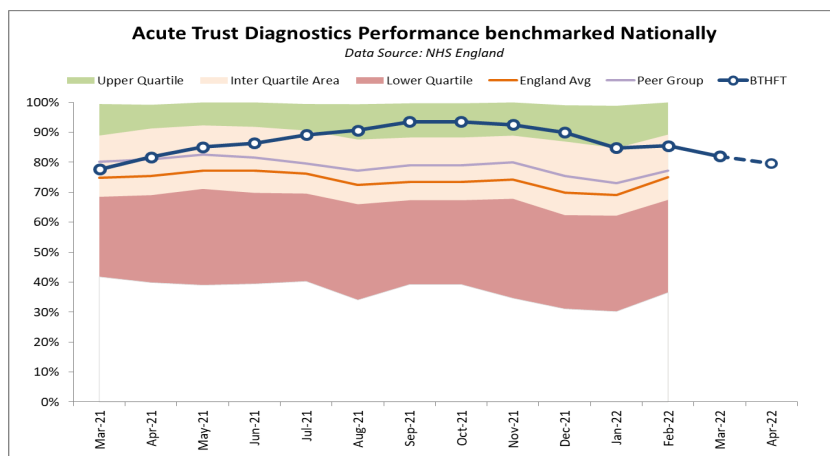


Figure 25 shows a national comparison of Diagnostic performance for February and March 2022. Although dropping, BTHFT continues to perform above the England average.

Diagnostic Improvement

MRI capacity has been significantly reduced due to the loss of a scanner. An additional scanner is now in place which has been provided at BRI via a mobile unit. Recovery has been slightly delayed due to a mechanical issue with another scanner but this has now been repaired.

Endoscopy performance has started to decline due to short term capacity gaps whilst referral demand is increasing. Independent sector support will be utilised where possible in the interim.

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12. Other Contractual KPIs – By Exception

12.1. Cancelled Operations

Table 8 28 Day Rebook Breaches

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Cancellations to rebook	16	19	32	57	44	15	54	26	47	54	47	63
28 day rebook breaches	0	2	1	2	8	3	6	5	4	8	4	8

There were 8 breaches of the 28 day re-booking target for same day cancelled operations in March 2022. Challenges in rebooking continue to relate 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.

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APPENDIX 2 SUMMARY OF CONTRACTUAL KPIs

H2 Priorities	Month	Threshold	Trajectory	Performance
Elective Day Case Spells	Mar-22	95%	85%	94%
Elective Ordinary Spells	Mar-22	95%	93%	66%
Outpatient Attendances	Mar-22	95%	94%	101%
Admitted Clock Stops	Mar-22	89%	95%	79%
Non Admitted Clock Stops	Mar-22	89%	102%	91
RTT - Patients waiting over 52 weeks on incomplete pathways	Mar-22	0	476	1101
RTT - Patients waiting over 104 weeks on incomplete pathways	Mar-22	0	0	155
RTT - Total Waiting List size	Mar-22	39122	39122	32965
Cancer - Patients waiting over 62 days	Mar-22	15	15	18
Operational Standards	Month	Threshold	Trajectory	Performance
A&E Emergency Care Standard	Mar-22	95%	85%	74.07%
Ambulance handovers taking between 30-60 minutes	Mar-22	0	40	110
Ambulance handovers taking longer than 60 minutes	Mar-22	0	10	76
Emergency Inpatient Length Of Stay >=21days	Mar-22	71	71	90
Cancer 2 week wait	Feb-22	93%	93%	96.15%
Cancer 2 week wait - breast symptomatic	Feb-22	93%	100%	98.63%
Cancer 28 day Faster Diagnosis	Feb-22	75%	75%	83.20%
Cancer 31 day First Treatment	Feb-22	96%	96%	94.37%
Cancer 31 day Subsequent Surgery	Feb-22	94%	94%	77.50%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Feb-22	98%	98%	95.35%
Cancer 62 day First Treatment	Feb-22	85%	85%	75.25%
Diagnostics - patients waiting under 6 weeks for test	Mar-22	99%	99%	82.05%
RTT - Patients waiting within 18 weeks on incomplete pathways	Mar-22	92%	66%	70.85%
Mixed-sex accommodation breach	Mar-22	0	0	0
Cancelled Operations 28 day breach	Mar-22	0	0	8
Urgent operation cancelled for a second time	Mar-22	0	0	0