

Meeting Title	Open Board of Directors		
Date	14 July 2022	Agenda item	Bo.7.22.33

PERFORMANCE REPORT – FOR THE PERIOD MAY 2022

Presented by	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive	
Author	Carl Stephenson, Associate Director of Performance	
Lead Director	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive	
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	Finance & Performance Academy – 29 June 2022	
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 May 2022.		
Analysis		
Ambulance Handovers:		
<ul style="list-style-type: none">• Attributable performance for handovers within 15 minutes was 83.33% in May 2022 and June 2022 is projected to be at 80.44%; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.• There has been continuous improvement in performance for handovers within 15 minutes since October 2021 and BTHFT performs above the regional average.• 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.		
Emergency Care Standard (ECS):		
<ul style="list-style-type: none">• ECS performance for Type 1 and 3 attendances was 74.84% for May 2022 and is currently forecast at 75.07% for June 2022.• ECS performance was expected to remain between 70% and 80% due to an increase in challenges with complex post-pandemic presentations and 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 is working on 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.		

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Long Length of Stay (Stranded Patients):

- The daily average number of patients with a length of stay ≥ 21 days was 75 in May 2022. The June 2022 position is projected to be a daily average of 78 patients with a length of stay ≥ 21 days.
- The numbers of patients above 21 days LOS remain high due to number of complex post-pandemic patients with long length of stay and a high number of long staying Stroke patients who require further therapeutic intervention.
- 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.

Inpatient and Outpatient Activity:

- Theatre operating increased in May 2022 compared to April 2022, and as a result day case and elective ordinary spells continue to increase towards pre pandemic levels. Theatre capacity is expected to remain high in June 2022 and beds continue to be ring fenced for overnight stays supporting an increase in elective ordinary spells.
- Outpatient activity also improved significantly in May 2022 and reached pre pandemic levels in line with plan. Locum recruitment and use of insourcing continues across 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) continue to provide a high number of clock stops per outpatient appointment. Admitted clock stops are also increasing significantly in line with theatre improvements.

Referral to Treatment:

- Referral to Treatment (RTT) performance has improved to 72.51% in May 2022 from 70.88% in April. Increases in both outpatient and theatre-led activity were significant contributing factors.
- Increased theatre capacity supported a continued reduction in the 104+ cohort in May 2022 with services still aiming to deliver the national planning requirements by the end of quarter one.
- Improvements in RTT performance and the number of long waiters are expected to continue as the number of clock stops increases with inpatient activity expected to remain high over the coming months.
- The Trust continues to focus on increasing activity levels and reducing the number of long waiters through its restart and recovery meetings. Plans are now progressing to clear the number of patients waiting over 78 weeks by March 2023, as per national targets.

Diagnostic waiting times:

- The DM01 performance for May was 87.64% and is projected to be at 88.57% for June 2022.
- MRI performance continued to improve following the increase in MRI capacity within the Trust. Waiting lists continued to reduce and are tracking towards a July 2022 recovery.
- Endoscopy turnaround performance has improved for both fast track and urgent patients. Referrals

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have increased which combined with vacancies, maternity leave, annual leave and retirement has impacted on the service capacity to meet routine demand. Recruitment is on-going to help the services to improve capacity over the coming months.

- Respiratory continues to work with the independent sector whilst Trust staff are being trained on the new equipment, as a result it is expected that performance will continue to improve through June.

Cancer Wait Times:

- Capacity and demand analysis including evaluation of current performance against the proposed new Cancer Standards is underway. Patient Pathway analysis is also underway and will be used to highlight any areas for further improvement which will be added to the plan for 2022/23 which has been aligned to national and regional priorities.
- The Cancer 62 Day First Treatment performance dropped during April to 80.27% continuing below the target of 85%. Performance for the Trust for May is projected to drop further with the number of patients waiting more than 62 days having increased over the last 2 months.
- Increased demand is a challenge for most tumour groups and whilst capacity has been increased some pinch points have emerged. Histology delays are being closely monitored and support provided to the department to manage this. Gynaecology has prioritised further fast track capacity with some initial improvements in time to diagnosis. Upper and Lower GI pathways have been impacted by Endoscopy capacity which has started to improve following detailed recovery planning during April and May.
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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, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				G		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					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.					

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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"/>

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 – MAY 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>	May-22	40	107	→
4	<u>Ambulance Handover 60+</u>	May-22	10	8	↓
5	<u>Emergency Care Standard</u>	May-22	80.00%	74.84%	↑
8	<u>Length of Stay ≥21days</u>	May-22	70	75	↓
9.1	<u>18 Week RTT Incomplete</u>	May-22	70.30%	72.51%	↑
9.2	<u>52 Week RTT Incomplete</u>	May-22	3.17%	3.22%	→
10	<u>Diagnostics Waiting Times</u>	May-22	83.50%	87.64%	↑
11.1	<u>Cancer 2 Week Wait</u>	Apr-22	93.00%	94.33%	↑
11.2	<u>Cancer 28 Day FDS</u>	Apr-22	75.00%	78.40%	↓
11.3	<u>Cancer 62 Day First Treatment</u>	Apr-22	85.00%	80.27%	→

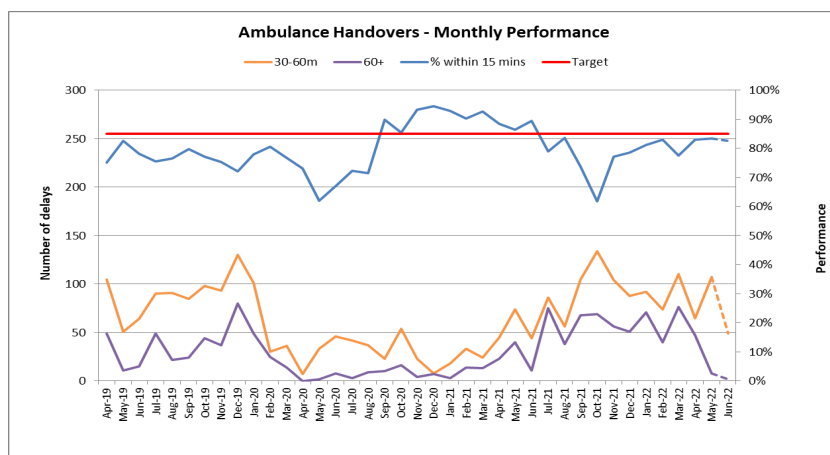
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan;

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

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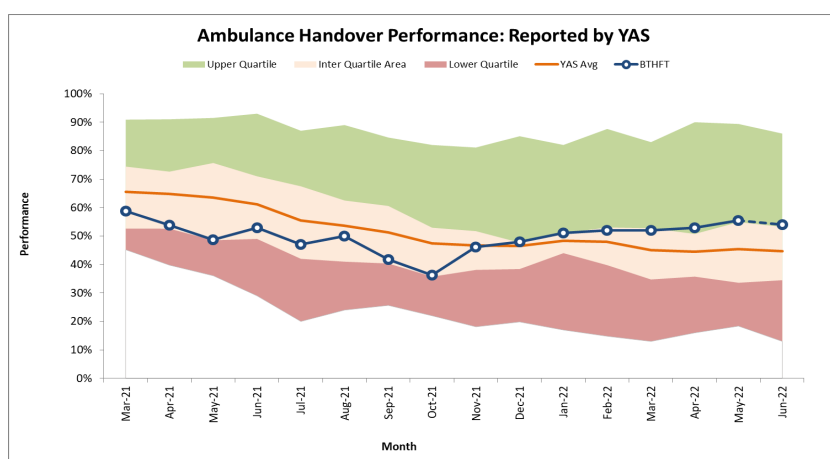
3. Emergency Ambulance Handover Performance

Figure 1 Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in May 2022 was 107 between 30 and 60 minutes and 8 over 60 minutes (this is the validated internal position which excludes resus, crew delays and patients transferred to other units).

Figure 2 Ambulance Handovers – Yorkshire Comparison



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

Ambulance Handover Improvement

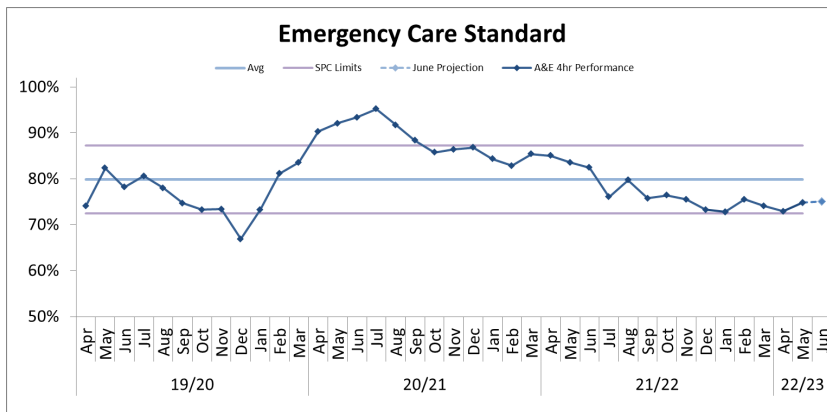
The ECS delivery plan also includes work-streams to improve ambulance handover performance:

- 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.
- Validation of YAS handover data continues to be in place and review of validated data to be carried out with YAS in August 2022 to improve the initial data recording process.

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4. Emergency Care Standard (Type 1&3)

Figure 3 Monthly ECS Performance – BTHFT



BTHFT reported a position of 74.84% for the month of May 2022. June 2022 position is projected to improve to 75.07%.

Figure 4 ECS Performance – National Comparison

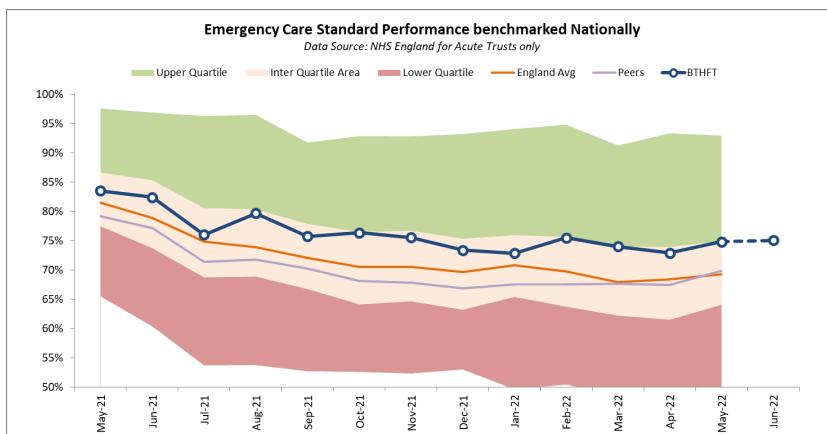
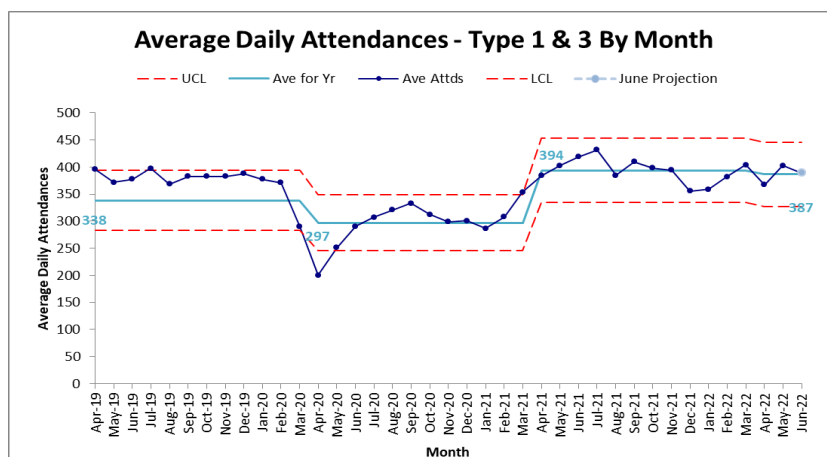


Figure 4 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been above England average and its peers.

Figure 5 ECS Type 1&3 A&E Attendances – BTHFT



The Trust has seen a slight increase in attendances during May 2022 with the daily average being 403. June 2022 position is projected to be 401.

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5. Emergency Department Measures

Table 2 ECS KPI Performance – BTHFT

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Average Daily Attendances	419	432	385	410	398	394	356	359	382	404	368	403	401
Average Daily Breaches	74	103	78	99	94	96	95	98	94	105	100	101	100
ECS Performance	82.45%	76.05%	79.73%	75.78%	76.38%	75.54%	73.29%	72.83%	75.51%	74.08%	72.94%	74.84%	75.07%
Arrival to Assess	00:30	00:33	00:30	00:31	00:33	00:28	00:28	00:29	00:27	00:32	00:27	00:27	00:26
Assess to Treat	01:40	02:10	01:57	02:08	02:07	02:02	02:04	02:30	02:18	02:44	02:30	02:14	02:16
Treatment Length	01:44	01:55	01:59	06:12	02:09	02:13	02:17	02:21	02:12	02:22	02:18	02:10	02:07
Total LOS - Discharged Patients	03:10	03:36	03:17	07:16	03:29	03:33	03:37	03:44	03:34	03:45	03:44	03:43	03:39
Total LOS	03:46	04:30	04:10	07:23	04:32	04:40	04:54	05:05	04:46	05:03	04:58	04:47	04:38

The KPIs related to time in the Emergency Department remain high. Issues within the nurse staffing levels in ED 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:

- New version of CEM Books with standardised actions for the department remains in place. 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.
- 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. However as the COVID demand is reducing, work in ongoing to reverse the move.
- Recruitment of 3 trainee ACPs and 5 clinical fellows is complete. Review of TNR rates for additional hours and the review of Band 6 nurses is complete and recruitment is underway.
- Development of a co-located Walk-In Centre will allow triage of low acuity patients away from the main ED footprint.
- 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 has been completed to introduce the role of ED clerk to support admin and EPR related process with aim to release time for clinical staff. Recruitment into this role is underway.
- Time to initial assessment – the department is looking to trial the nurse streaming model during July 2022, with an ED streaming triage for the majority of patients.

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6. Hospital Admission Measures

Table 3 ED Admissions KPI Performance – BTHFT

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Conversion Rate*	23.49%	20.95%	22.19%	22.78%	23.50%	24.01%	24.47%	23.12%	23.67%	21.56%	23.14%	21.40%	22.29%
Average Daily Admissions*	98	91	85	93	94	95	87	83	90	87	85	86	89
DTA to Admit	01:58	03:07	02:54	03:05	03:19	03:40	04:11	04:46	04:00	04:38	04:39	03:58	03:50
Total LOS - Admitted Patients	05:45	07:42	07:01	07:50	07:50	08:03	08:30	09:27	08:16	09:24	08:56	08:03	07:58
% of Patients >12 Hours LoS	1.16%	3.41%	2.86%	3.76%	4.15%	4.49%	5.93%	6.83%	5.24%	6.22%	6.05%	3.96%	4.00%

Time in department metrics for admitted patients has improved since April 2022 due to improvement in patient flow from ED to wards. This improvement is related to reduction in the number of beds occupied by COVID 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.

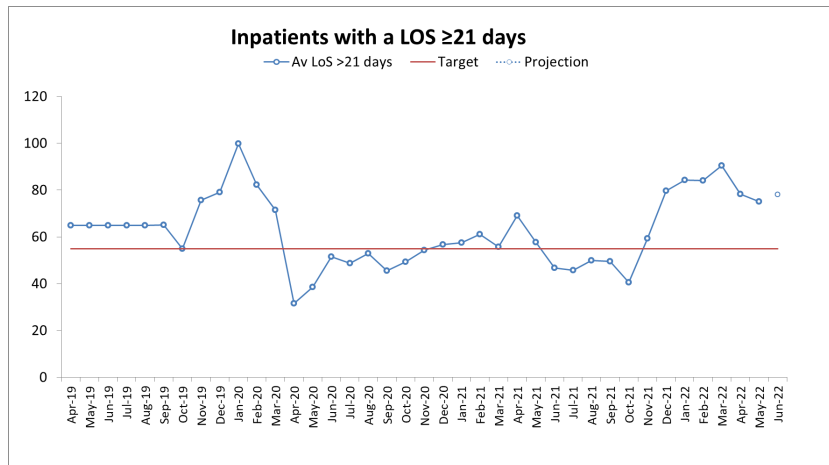
These work streams include:

- GE tile with these new standards is complete and large screens are being installed in the department. This allows 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.
- 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.
- VRI (Virtual Royal Infirmary) project is being developed to introduce of virtual pathways for the inpatients to reduce LOS of inpatients, overall bed occupancy and improve flow from ED to wards. Bronchiectasis pathway is near completion with aim to improve admission avoidance.

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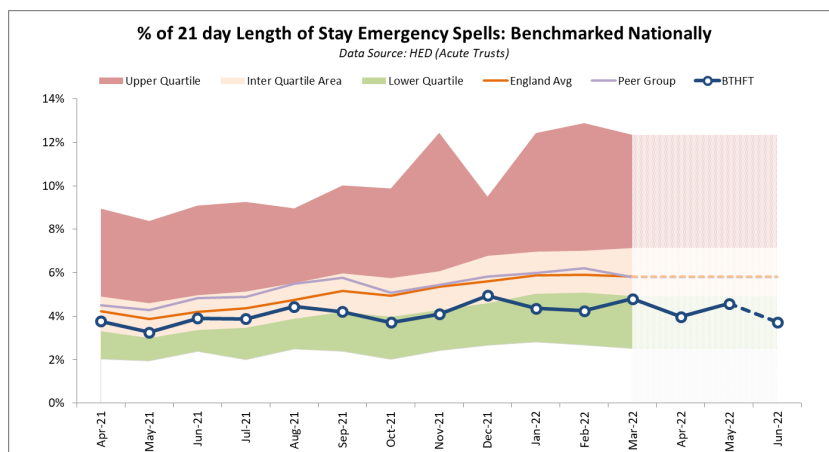
7. Emergency Inpatient Length of Stay (LOS) ≥ 21 days

Figure 6 Inpatient Length of Stay ≥ 21 days – BTHFT



The number of patients with a LOS over 21 days has increased slightly with an average of 75 patients per day in May 2022. June 2022 position is projected to be 78 per day.

Figure 7 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 Non-Elective patients with 21 days+ length of stay was 4.58% in May 2022.

Long Length of Stay Improvement

The numbers of patients above 21 days LOS remain high due to number of complex post-pandemic patients with long length of stay and a high number of long staying Stroke patients who require further therapeutic intervention.

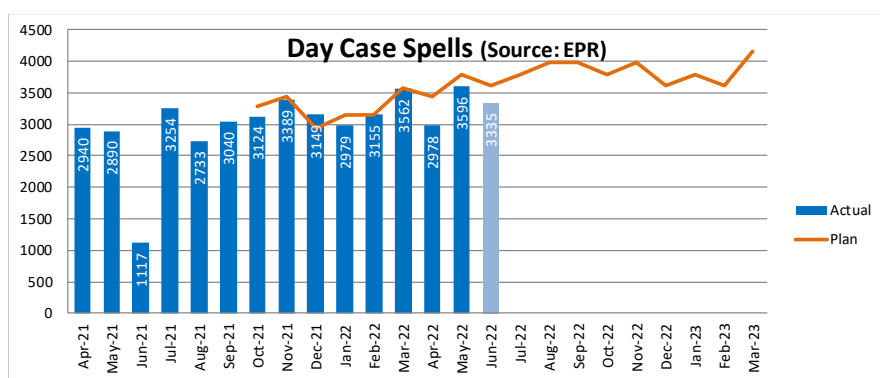
Reviews of all over 7 day LOS patients are in place, supporting clinical areas to implement rapid support that may facilitate an earlier discharge. Command Centre is working closely with the wards and is providing MAIDT support to enable timely discharges of LLOS patients. The safeguarding team is hot-desking in MAIDT's office, so this provides another support to speedy decision making.

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8. Activity compared to 2022/23 Plan

8.1. Inpatient Activity

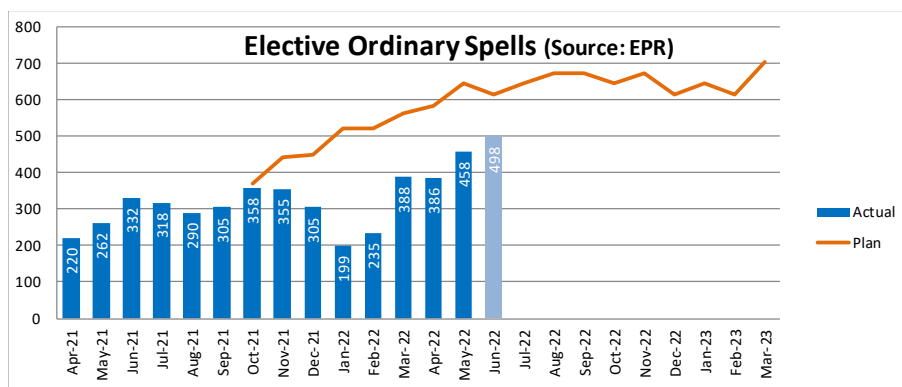
Figure 8 Day Case Spells



	Target	Plan	Actual
Apr-22	110%	87%	76%
May-22	110%	96%	91%
Jun-22	110%	98%	90%
Jul-22	110%	93%	
Aug-22	110%	110%	
Sep-22	110%	103%	
Oct-22	110%	97%	
Nov-22	110%	108%	
Dec-22	110%	107%	
Jan-23	110%	98%	
Feb-23	110%	103%	
Mar-23	110%	106%	

Day case activity recovered in May 2022 but remain slightly below plan. It is expected to remain slightly below plan in June 2022. Work to maximise non theatre procedures across appropriate specialties continues.

Figure 9 Elective Ordinary Spells



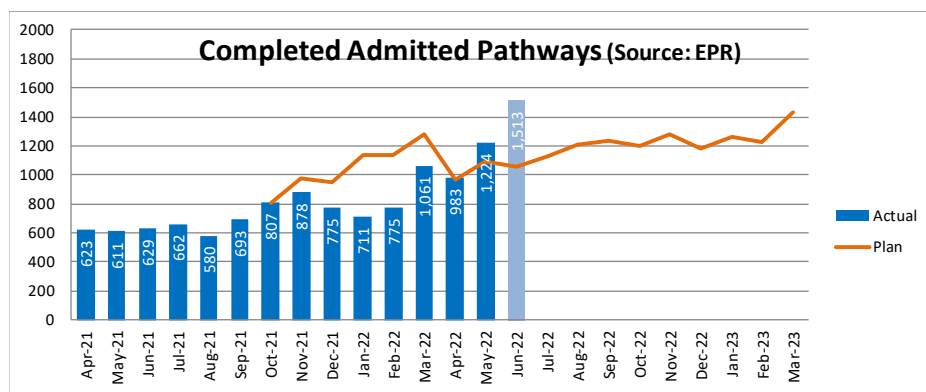
	Target	Plan	Actual
Apr-22	110%	108%	71%
May-22	110%	111%	79%
Jun-22	110%	102%	83%
Jul-22	110%	111%	
Aug-22	110%	112%	
Sep-22	110%	117%	
Oct-22	110%	113%	
Nov-22	110%	115%	
Dec-22	110%	112%	
Jan-23	110%	109%	
Feb-23	110%	101%	
Mar-23	110%	116%	

The number of elective ordinary spells continued to increase in May and is expected to increase further in June 2022 as theatre capacity remains high and elective beds continue to be ring fenced. Operating Department Practitioner (ODP) recruitment is supporting increased internal provision of lists and targeted improvements in time utilisation alongside increased focus on booking practices will help maximise the number of patients treated. Insourcing remains in place and will continue in 2022/23.

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Figure 10 Admitted Completed Pathways

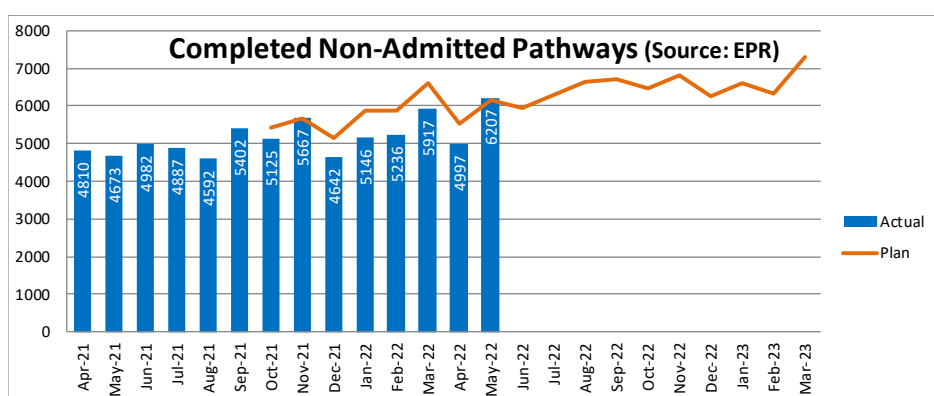
The number of admitted clock stops increased significantly in May 2022 compared to April 2022 and achieved above plan as inpatient activity levels increased. Targeted waiting list validation is currently underway which is also increasing the recording of clock stops.



	Plan	Actual
Apr-22	69%	70%
May-22	79%	89%
Jun-22	83%	119%
Jul-22	85%	
Aug-22	97%	
Sep-22	94%	
Oct-22	89%	
Nov-22	94%	
Dec-22	99%	
Jan-23	85%	
Feb-23	91%	
Mar-23	106%	

8.2. Outpatient Activity

Figure 11 Non Admitted Completed Pathways

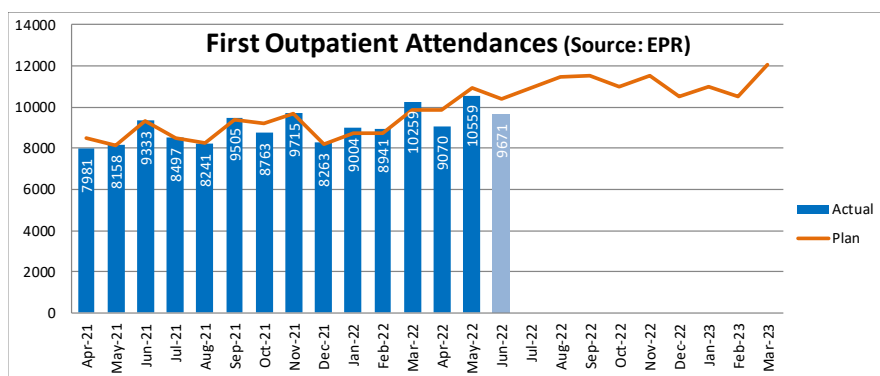


	Plan	Actual
Apr-22	95%	86%
May-22	102%	103%
Jun-22	109%	107%
Jul-22	96%	
Aug-22	123%	
Sep-22	114%	
Oct-22	97%	
Nov-22	108%	
Dec-22	110%	
Jan-23	98%	
Feb-23	103%	
Mar-23	113%	

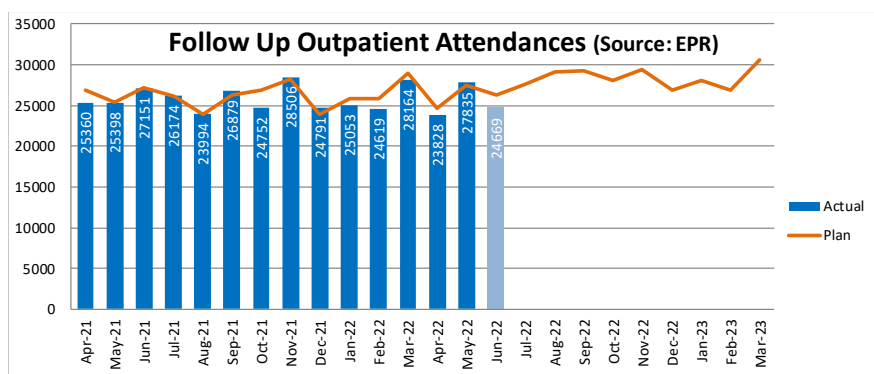
The number of non-admitted clock stops increased in May 2022 as a result of higher activity levels but achieved slightly below plan. The progression of patients through diagnostic pathways and the ongoing review of clinic models (split between face to face and telephone appointments) are expected to keep a high ratio of clock stops per outpatient appointment.

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Figure 12 First and Follow Up Outpatient Attendances



	Target	Plan	Actual
Apr-22	110%	104%	95%
May-22	110%	110%	107%
Jun-22	110%	112%	104%
Jul-22	110%	103%	
Aug-22	110%	125%	
Sep-22	110%	119%	
Oct-22	110%	106%	
Nov-22	110%	117%	
Dec-22	110%	120%	
Jan-23	110%	105%	
Feb-23	110%	115%	
Mar-23	110%	124%	



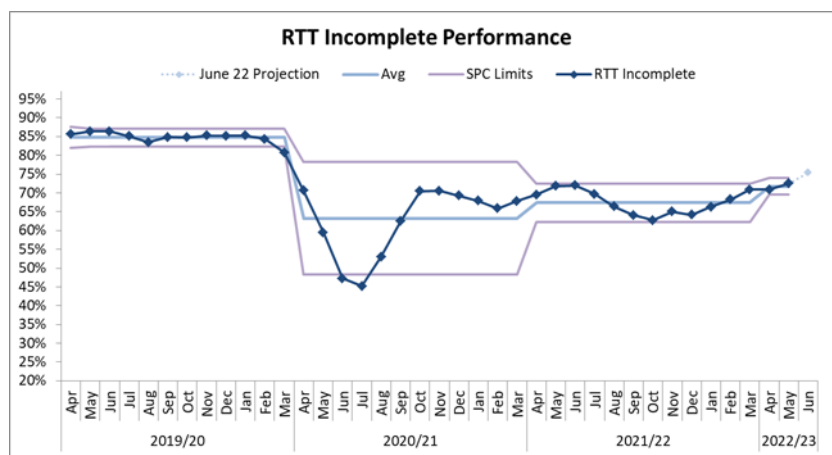
	Target	Plan	Actual
Apr-22	85%	89%	86%
May-22	85%	96%	97%
Jun-22	85%	97%	91%
Jul-22	85%	90%	
Aug-22	85%	113%	
Sep-22	85%	103%	
Oct-22	85%	92%	
Nov-22	85%	104%	
Dec-22	85%	108%	
Jan-23	85%	93%	
Feb-23	85%	102%	
Mar-23	85%	109%	

First attendances increased significantly in May 2022 but remained slightly below plan. Follow ups also increased above plan. These are expected to reduce slightly in June due to increased annual leave.

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9. Referral to Treatment (RTT)

Figure 13 Monthly 18 Week RTT Incomplete Performance (Target 92%)



The Trust's 18 Week RTT position for May 2022 is 72.51%. Performance is predicted to increase to 75.43% in June 2022.

Figure 14 18 Week RTT Incomplete National Comparison – BTHFT

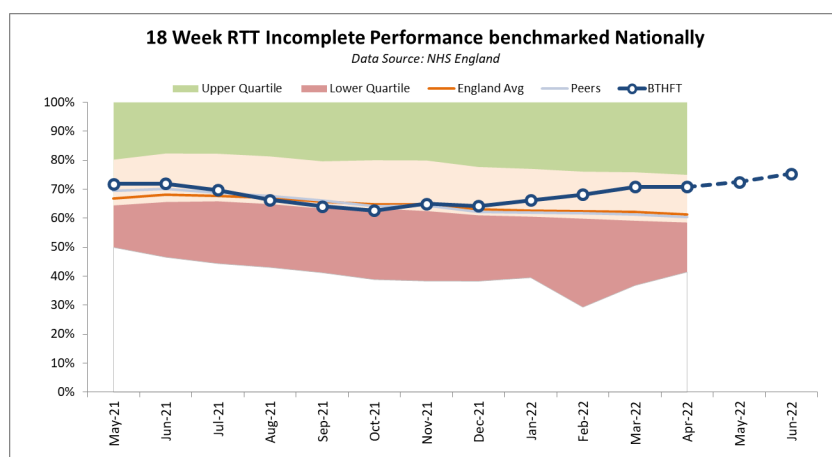
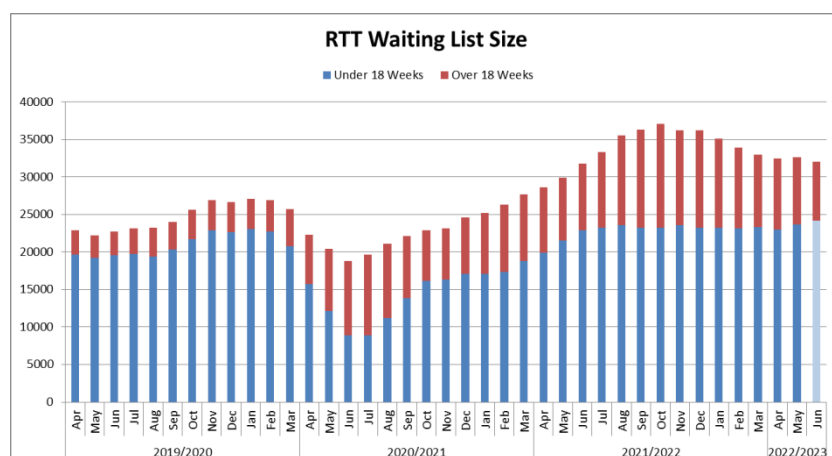


Figure 14 shows a national comparison of RTT Incomplete performance with BTHFT significantly above the England and Peer average and drawing nearer the upper quartile.

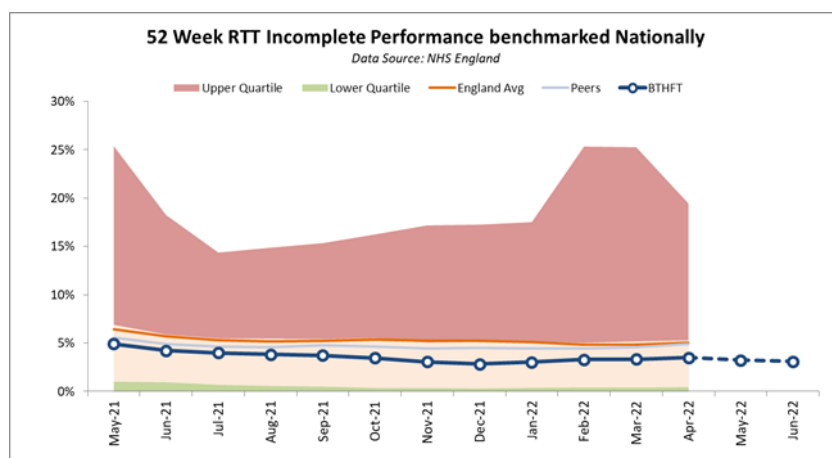
Figure 15 RTT Total Waiting List



The overall waiting list has remained stable in May 2022 compared to April 2022 despite an increase in outpatient and theatre activity as referrals volumes in May were high.

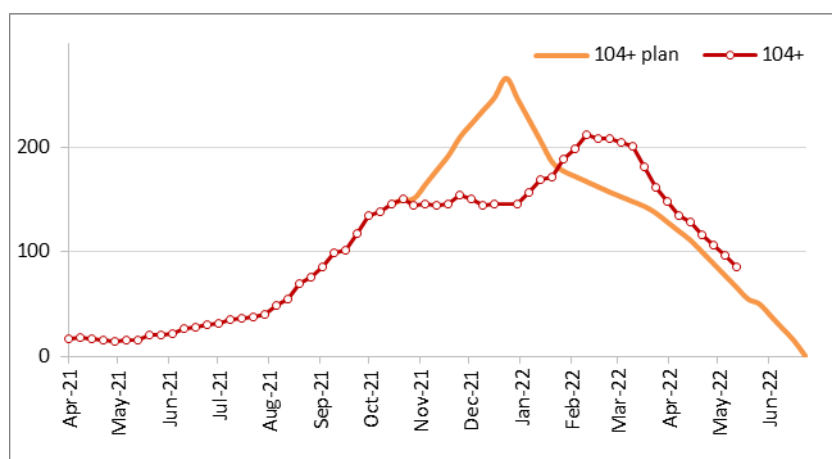
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Figure 16 Monthly 52 Week RTT Incomplete Performance (Target 0%)



52 Week RTT performance stands at 3.22% in May which is marginally above plan but an improvement on the previous month.

Figure 17 RTT Incomplete over 104 weeks



71 RTT Incomplete breaches were reported in May 2022 for 104 week waiters. The variance to plan relates to complex pathways and patients classified as P6 (delay to treatment initiated by the patient).

Referral to Treatment Improvement

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

Recruitment of locums and use of insourcing is ongoing for relevant specialties in line with the plan to provide 19,000 extra new and 9,500 follow ups in 2022/23 to reduce waiting lists.

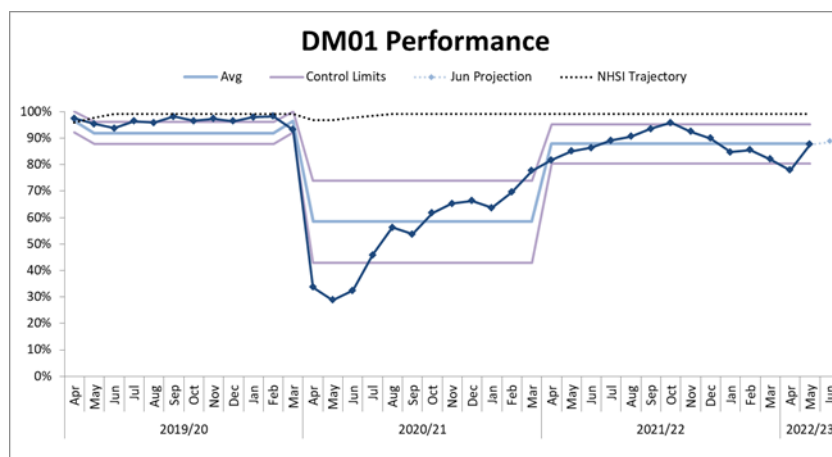
Work continues to increase the use of PIFU and Advice & Guidance; this is expected to reduce demand on clinic capacity and in turn result in waiting list reductions.

The methodology utilised to reduce the number of patients waiting over 104 weeks was a success and a similar approach is now being implemented to reduce the 78+ cohort in line with national targets set for March 2023.

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10. Diagnostic Waiting Times

Figure 18 Monthly DM01 Performance



May 2022 performance is at 87.64% and June 2022 performance is projected at 88.57%.

Figure 19 Diagnostics - National Comparison

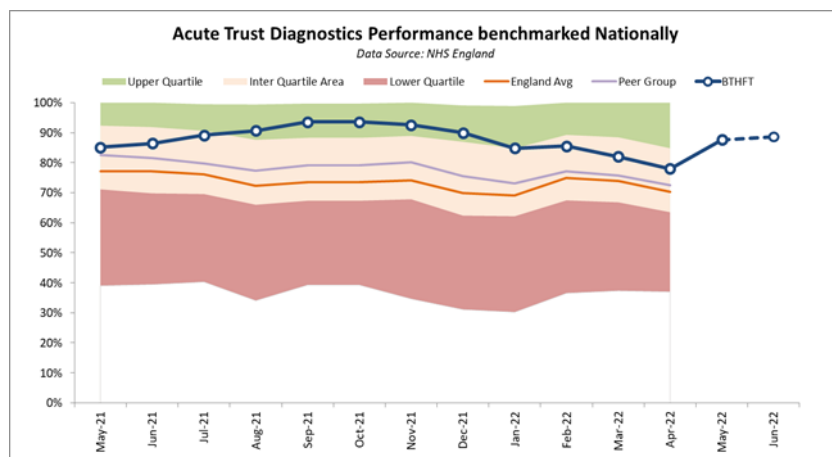


Figure 19 shows a national comparison of Diagnostic performance for April and May 2022. BTHFT continues to perform above the England average

Diagnostic Improvement

MRI performance continued to improve following the increase in MRI capacity within the Trust. Waiting lists continued to reduce and are tracking towards a July 2022 recovery.

Endoscopy turnaround performance has improved for both fast track and urgent patients. Referrals have increased which combined with vacancies, maternity leave, annual leave and retirement has impacted on the service capacity to meet routine demand. Recruitment is on-going to help the services to improve capacity over the coming months.

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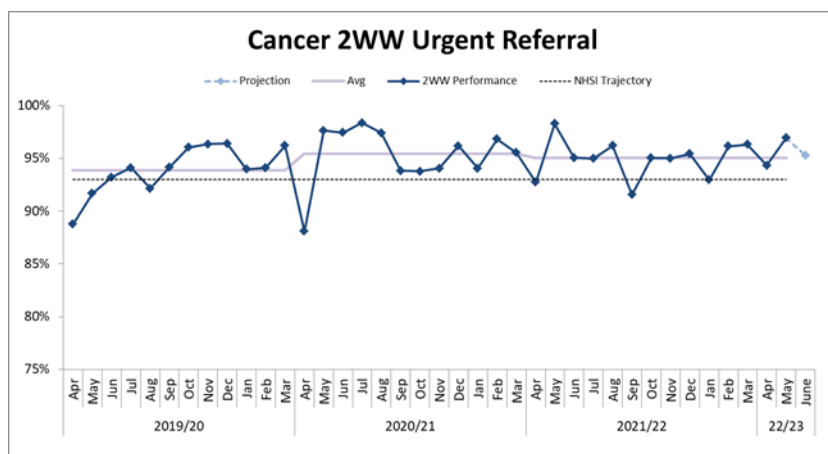
11. Cancer Standards

Table 4 Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	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	May-22	Jun-22
14 day GP referral for all suspected cancers	93%	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%	94.3%	97.0%	95.3%
14 day breast symptomatic referral	93%	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%	100.0%	93.8%
31 day first treatment	96%	94.6%	94.8%	91.5%	85.4%	87.1%	88.6%	90.7%	97.3%	95.6%	97.3%	91.1%	94.4%	93.9%	94.5%	95.2%	98.5%
31 day subsequent drug treatment	98%	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%	97.0%	97.1%	98.2%
31 day subsequent surgery treatment	94%	100.0%	92.3%	83.3%	81.8%	86.0%	81.6%	92.0%	92.3%	86.3%	92.3%	82.2%	77.5%	90.7%	77.1%	77.1%	87.0%
62 day GP referral to treatment	85%	78.4%	81.0%	80.2%	75.0%	81.2%	82.0%	68.6%	76.9%	81.4%	88.0%	71.8%	75.2%	78.4%	80.3%	51.0%	67.4%
62 day screening referral to treatment	90%	84.6%	68.5%	87.2%	76.8%	78.0%	71.0%	96.0%	83.8%	80.0%	82.7%	63.6%	62.5%	72.5%	72.4%	71.4%	93.3%
62 day consultant upgrade to treatment		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%	71.4%	100.0%	100.0%

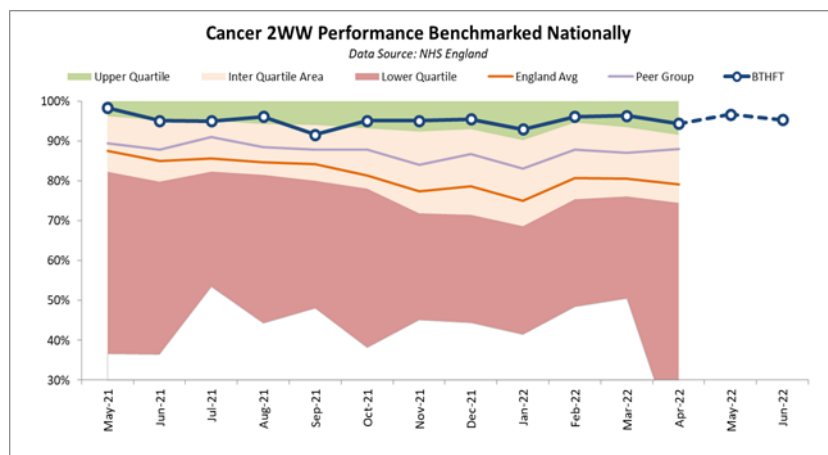
11.1. Cancer 2 Week Wait

Figure 20 Cancer 2WW performance (Target 93%)



2 Week Wait (2WW) for April 2022 has decreased to 94.33% but is above the 93% target. Performance is expected to remain above target for May and June 2022.

Figure 21 2WW National Comparison – BTHFT



Performance in April 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	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	May-22	Jun-22
TRUST	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%	94.3%	96.95%	95.30%
Breast	98.9%	75.1%	100.0%	100.0%	99.5%	100.0%	100.0%	97.5%	94.6%	93.1%	96.7%	97.6%	97.0%	98.2%	99.38%	96.85%
Gynae	98.6%	96.5%	96.3%	93.7%	93.3%	97.7%	92.9%	89.1%	96.2%	94.2%	89.5%	94.1%	94.2%	94.0%	93.75%	86.45%
Haematology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	89.5%	90.0%	96.6%	90.9%	100.00%	100.00%
Head & Neck	98.5%	98.3%	98.4%	97.8%	98.9%	98.8%	96.1%	95.5%	96.6%	95.6%	97.2%	96.2%	95.2%	93.6%	95.02%	95.42%
Lower GI	78.7%	85.4%	96.6%	80.0%	85.0%	92.9%	87.9%	91.5%	90.9%	93.3%	85.4%	95.5%	94.4%	84.3%	96.37%	95.69%
Lung	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	94.6%	100.0%	100.0%	100.00%	100.00%
Other	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	80.6%	97.7%	100.0%	95.5%	100.00%	100.00%
Skin	99.8%	99.6%	99.8%	99.1%	97.1%	95.5%	88.2%	96.3%	96.0%	96.1%	94.1%	97.3%	99.1%	97.5%	97.38%	96.25%
Upper GI	95.2%	93.2%	92.9%	95.7%	92.7%	92.4%	89.7%	93.7%	89.6%	98.2%	94.5%	90.3%	91.9%	88.2%	93.98%	93.88%
Urology	99.1%	98.9%	100.0%	97.3%	99.1%	98.8%	97.9%	98.4%	99.3%	97.7%	99.0%	97.8%	99.3%	99.2%	98.35%	96.72%

Extra clinics continue to be utilised across a number of tumour groups with this extra capacity running through to June 2022 to help maintain performance against a larger waiting list following increased demand.

Lower GI and Upper GI performance is now benefiting from recent changes to the lateral flow process with endoscopy slots now being utilised which were previously being lost. The forward view is that this will assist with the reduction of backlogs and result in a significant improvement in 2WW performance. Work is also underway focusing on utilisation of clinics and detailed audit and granular review of stages within patient pathways to highlight barriers and shape further improvement planning.

11.2. Cancer 28 Day Faster Diagnosis

Table 6 28 Day Faster Diagnosis Standard (FDS)

Site	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	May-22	Jun-22
TRUST	76.8%	77.3%	78.2%	82.5%	86.2%	83.3%	81.9%	84.3%	85.3%	84.3%	81.7%	83.2%	79.9%	78.4%	84.9%	82.4%
Breast	98.5%	97.9%	98.0%	99.4%	99.5%	100.0%	98.3%	98.5%	98.2%	98.1%	98.1%	98.8%	97.0%	97.9%	99.0%	98.2%
Gynae	69.2%	63.7%	49.4%	53.6%	64.5%	75.8%	80.2%	66.7%	74.5%	68.5%	57.8%	49.5%	57.3%	54.0%	56.9%	55.6%
Haematology	63.2%	57.1%	51.6%	30.7%	70.6%	78.3%	30.4%	83.3%	60.0%	82.6%	61.1%	75.0%	41.2%	52.6%	52.6%	55.0%
Head & Neck	79.7%	81.9%	74.1%	84.2%	84.1%	75.0%	74.6%	81.3%	83.6%	86.2%	80.1%	71.6%	75.3%	75.8%	80.5%	77.0%
Lower GI	47.1%	61.9%	75.6%	77.3%	74.3%	74.7%	64.6%	78.5%	78.7%	83.7%	76.2%	83.0%	71.4%	72.5%	80.5%	77.6%
Lung	92.6%	93.9%	83.7%	93.3%	83.7%	81.0%	94.4%	75.0%	87.5%	83.8%	90.3%	88.6%	86.1%	82.8%	69.6%	84.4%
Other	95.2%	88.5%	80.0%	87.5%	75.0%	91.7%	93.8%	94.7%	89.5%	80.0%	87.0%	86.4%	75.0%	81.0%	77.8%	81.8%
Skin	72.2%	80.3%	81.7%	95.1%	95.7%	89.5%	90.8%	85.9%	85.1%	82.4%	80.5%	91.5%	86.0%	82.9%	90.9%	87.4%
Upper GI	72.6%	74.8%	79.5%	85.4%	86.9%	76.5%	77.1%	88.2%	78.9%	86.0%	81.6%	68.0%	70.0%	63.6%	84.3%	75.2%
Urology	73.9%	82.0%	81.4%	77.6%	83.9%	73.6%	81.2%	83.0%	90.3%	76.6%	72.6%	72.7%	75.9%	77.7%	77.9%	75.3%

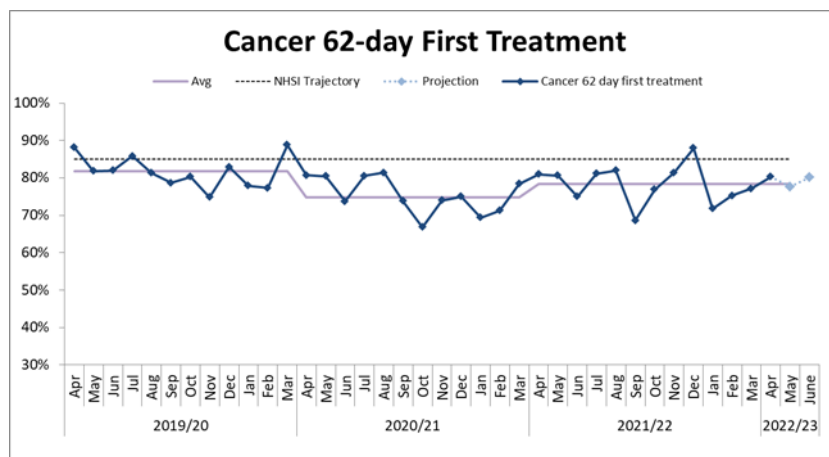
Performance remains above 75% at 78.40% in April 2022 and is expected to remain above target in May and June 2022, although performance for Gynaecology, Haematology, Head and Neck, Lower GI and Upper GI was below the standard for the month. A number of plans were explored and implemented including recruitment of booking staff, outsourcing and extra clinics being provided to recover the performance over the coming months.

Processes increasing first outpatient capacity with additional clinics being allocated focusing on FDS are in place which alongside improving staffing capacity will lead to improvements against this standard from June 2022. Challenges in histology are affecting patient pathways leading to patients not having a next step plan. This continues to be monitored closely with work underway to reduce the wait times through escalation and targeted process improvements.

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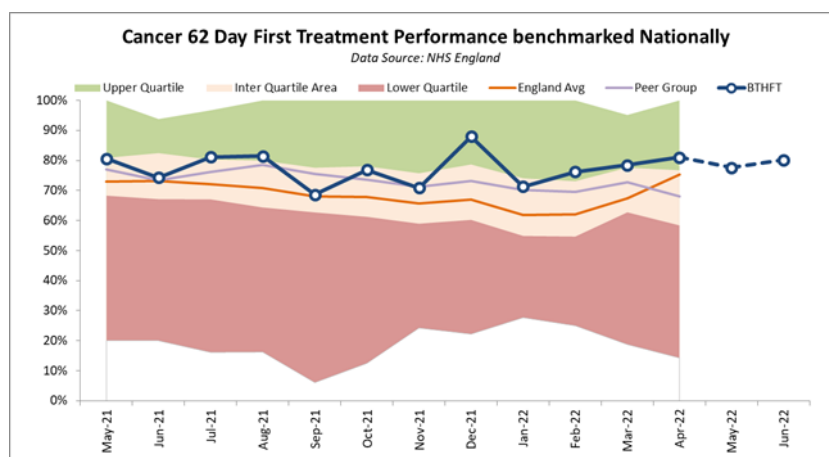
11.3. Cancer 62 Day First Treatment

Figure 22 62 Day First Treatment performance (Target 85%)



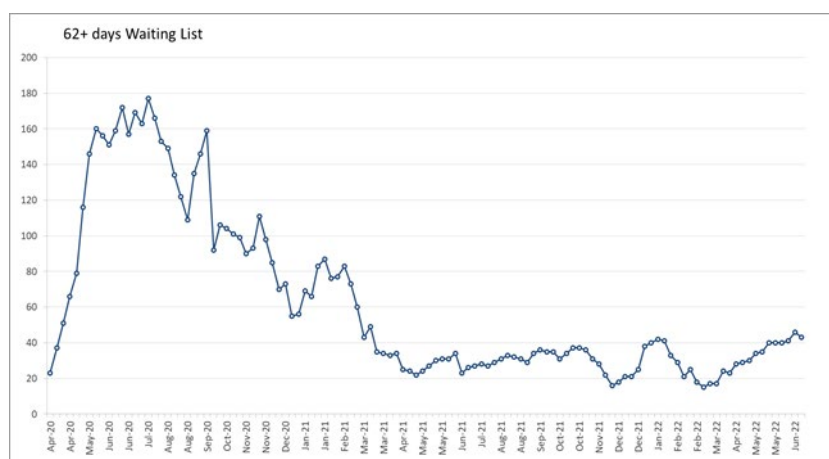
The 62 Day First Treatment position is deteriorating in May and June 2022.

Figure 23 62 Day First Treatment performance - National Comparison



BTHFT performance for April 2022 is in the upper quartile and significantly above the England Average although performance is expected to deteriorate through May.

Figure 24 Patients Waiting Over 62 Days



The number of patients waiting over 62 days has increased during quarter one.

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Table 7 62 Day First Treatment performance by Tumour Group

Site	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	May-22	Jun-22
TRUST	78.4%	81.0%	80.6%	75.0%	79.5%	82.0%	68.6%	76.9%	81.4%	87.98%	71.8%	75.2%	78.4%	80.3%	77.6%	80.1%
Breast	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%	81.8%	92.3%	96.0%
Gynae	55.6%	100.0%	71.4%	100.0%	60.0%	71.4%	44.4%	100.0%	60.0%	100.0%	80.0%	80.0%	50.0%	28.6%	13.3%	77.8%
Haematology	57.1%	66.7%	100.0%	70.6%	60.0%	100.0%	100.0%	84.6%	66.7%	100.0%	66.7%	77.8%	66.7%	100.0%	66.7%	80.0%
Head & Neck	50.0%	69.2%	75.0%	30.4%	25.0%	42.9%	20.0%	66.7%	35.7%	50.0%	20.0%	34.8%	66.7%	62.5%	33.3%	63.6%
Lower GI	30.0%	0.0%	55.6%	81.8%	50.0%	62.5%	37.5%	72.7%	57.1%	100.0%	90.9%	50.0%	50.0%	50.0%	66.7%	57.1%
Lung	57.1%	75.0%	58.3%	36.4%	100.0%	70.0%	25.0%	16.7%	40.0%	0.0%	40.0%	33.3%	33.3%	100.0%	60.0%	40.0%
Other	10.0%			33.3%	80.0%			0.0%	66.7%	100.0%	100.0%	50.0%	0.0%	0.0%		
Skin	100.0%	100.0%	100.0%	100.0%	93.3%	97.1%	88.2%	100.0%	90.7%	94.4%	81.5%	97.2%	100.0%	94.1%	100.0%	100.0%
Upper GI		66.7%	25.0%	50.0%	100.0%		20.0%	22.2%	100.0%	85.7%	37.5%	25.0%	100.0%	75.0%	77.8%	0.0%
Urology	67.6%	82.6%	78.6%	84.4%	79.3%	64.7%	73.7%	75.0%	88.4%	90.9%	81.5%	77.5%	78.6%	91.2%	83.3%	84.0%

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 continue to revisit 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.

Service Improvement work is underway to evaluate and highlight issues and solutions related to clinical utilisation and patient waiting lists. This work aims to improve utilisation of clinic and surgical slots through devising systems which highlight gaps automatically driving effective and efficient use of resources.

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

- Capacity and demand modelling is continuing alongside detailed impact analysis of the new proposed standards on Trust performance in order to support planning and processes for the possible adoption and implementation of new proposed cancer standards later in the year. These new standards are currently at consultation stage.
- Planning work continues led by the Cancer Service Improvement focused on optimal patient pathways to inform forward planning for patient pathway improvements in line with the new cancer standards, along with scoping work to understand potential of software to capture data in line with the potential new metrics.
- The Cancer Team continue to support across a number of tumour groups alongside on-going recruitment to further support administration processes and booking/contacting of patients in order to sustain improvements in patient pathways
- Faecal immunochemical test (FIT) prior to referral as per NICE DG30 is now underway
- 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.

A number of up and coming cancer awareness campaigns are expected to impact referrals and continue to maintain pressure on referrals and potential waiting lists.

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12. Other Contractual KPI – by exception

12.1. Cancelled Operations

Table 8 28 Day Rebook Breaches

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Cancellations to rebook	16	57	44	15	54	26	47	55	47	63	45	30
28 day rebook breaches	1	2	8	5	6	5	4	8	4	8	12	6

There were 6 breaches of the 28 day re-booking target for same day cancelled operations in May 2022. Rebooking within 28 days improved as theatre capacity has increased. The 28 day rebook status is part of the clinical prioritisation process and considered alongside other factors when allocating theatre capacity. A reduction in the number of same day cancellations and the number still needing to be rebooked will support improvement against this KPI in coming months.

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APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Planning	Month	Threshold	Trajectory Target	Performance
Elective Day Case Spells	May-22	110%	96%	91%
Elective Ordinary Spells	May-22	110%	111%	79%
First Outpatient Attendances	May-22	110%	110%	107%
Admitted Clock Stops	May-22	n/a	79%	89%
Non Admitted Clock Stops	May-22	n/a	102%	98%
RTT - Patients waiting over 52 weeks on incomplete pathways	May-22	476	1050	1052
RTT - Patients waiting over 104 weeks on incomplete pathways	May-22	0	50	71
RTT - Total Waiting List size	May-22	39122	33129	32634
Cancer - Patients waiting over 62 days	May-22	15	15	40
Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	May-22	95.00%	80.00%	74.84%
Ambulance handovers taking between 30-60 minutes	May-22	0	28	107
Ambulance handovers taking longer than 60 minutes	May-22	0	0	8
Trolley waits in A&E longer than 12 hours	May-22	0	0	4
Emergency Inpatient Length Of Stay >=21days	May-22	71	70	78
Cancer 2 week wait	Apr-22	93.00%	93.00%	94.33%
Cancer 2 week wait - breast symptomatic	Apr-22	93.00%	93.00%	100.00%
Cancer 28 day Faster Diagnosis	Apr-22	75.00%	75.00%	78.40%
Cancer 31 day First Treatment	Apr-22	96.00%	96.00%	94.55%
Cancer 31 day Subsequent Surgery	Apr-22	94.00%	94.00%	77.08%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Apr-22	98.00%	98.00%	96.97%
Cancer 62 day First Treatment	Apr-22	85.00%	85.00%	80.27%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Apr-22	90.00%	90.00%	72.41%
Diagnostics - patients waiting under 6 weeks for test	May-22	99.00%	83.50%	87.64%
RTT - Patients waiting within 18 weeks on incomplete pathways	May-22	92.00%	70.60%	72.51%
Mixed-sex accommodation breach	May-22	0	0	0
Cancelled Operations 28 day breach	May-22	0	0	6
Urgent operation cancelled for a second time	May-22	0	0	0