

Meeting Title	Board of Directors Open Meeting		
Date	22 September 2022	Agenda item	Bo.9.22.34

PERFORMANCE REPORT – FOR THE PERIOD JULY 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	Details of any consultation	
Previously approved at:	Academy/Group	Date
Key Options, Issues and Risks		
This report provides an overview of performance against several key national and contractual indicators as at the end of July 2022.		
Analysis		
<p>Ambulance Handovers:</p> <ul style="list-style-type: none">• Attributable performance for handovers within 15 minutes was 71.69% in July 2022 and August 2022 is projected to be at 75.08%; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.• Challenges in recent ambulance handover delays have been supported with joint working between YAS's Hospital Ambulance Liaison Officer (HALO) and Emergency Department's Senior Leadership Team.• The Emergency Department is currently participating in Regional Ambulance Handover work stream and continues to have regular operational meetings with colleagues at YAS, to work on areas of improvement including data quality and the new action plan for ED. <p>Emergency Care Standard (ECS):</p> <ul style="list-style-type: none">• ECS performance for Type 1 and 3 attendances was 73.67% for July 2022 and is currently forecast at 73.55% for August 2022.• ECS performance was expected to remain between 70% and 80% due to 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 EC standards. Details of the plan are provided in the Emergency Department Measures and Hospital Admissions sections of this document. <p>Long Length of Stay (Stranded Patients):</p> <ul style="list-style-type: none">• The daily average number of patients with a length of stay ≥21 days was 77 in July 2022. The August 2022 position is projected to be a daily average of 82.		

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- The MAID Team is working closely with our in-patient clinical ward areas to provide additional support to enable timely discharge of long length of stay (LLOS) patients. A weekly face to face deep-dive discussion with senior nursing colleagues takes place. This meeting is also attended by a representative from our senior therapies team, the aim being to identify concerns that may be a potential blocker to discharge.
- A daily right to reside meeting continues with colleagues from the MAID Team, Therapies and Voluntary Care sector, its aim being to ensure all those patients who are medically fit for discharge have a discharge plan and that those plans are progressing without delay, this allows for early escalation where significant blockers are identified.

Inpatient and Outpatient Activity:

- Theatre operating reduced in July 2022 as a result of annual leave and absence due to Covid. Consequently day case and elective ordinary spells also reduced. Theatre capacity is expected to increase but remain relatively low in August 2022 compared to plan. Beds continue to be ring fenced for overnight stays supporting an increase in elective ordinary spells.
- Outpatient activity also reduced in July 2022 due to resource constraints, consequently achieving below plan. Locum consultants started in August with further start dates planned for September. 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.

Referral to Treatment:

- Referral to Treatment (RTT) performance is at 70.85% in July 2022. Both outpatient and theatre-led activity reduced although waiting list size remains stable as routine referrals slightly reduced over the summer period.
- Increased focus on reducing long waiters supported a continued reduction in the 104+ cohort in July 2022 with only 15 patients remaining. The 78+ cohort is also reducing in line with national targets set for March 2023, with an internal target set for December 2022.
- The Trust continues to focus on increasing activity levels and reducing the number of long waiters through its restart and recovery meetings.

Diagnostic waiting times:

- The DM01 performance for July 2022 was 86.36% with challenges in both MRI and Endoscopy.
- MRI demand remains significantly above pre-COVID levels and with several periods of scanning loss due to equipment failure has impacted on waiting list reduction plans. Additional capacity has been extended for a further two months to allow for recovery subject to no further loss of capacity due to equipment issues.
- Endoscopy capacity has been impacted by staffing gaps and plans to mitigate this have not been successful with Locum posts not starting when expected. Referrals remain high, particularly for fast track cancer pathways which are putting additional pressure on routine turnaround times.

Cancer Wait Times:

- High referral rates and patient and staff availability due to holidays and leave has presented a challenge to 2WW performance. This will be most evident from August following deterioration in

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the Lower GI pathway which will only start to improve from October when key vacancies are covered.

- The Cancer 62 Day First Treatment performance has continued below the target of 85%. Performance for the Trust for July is projected to be 77.6% but is expected to improve slightly during August led by Breast and Skin performance.
- Inter-provider transfers during June added to the waits over 62 days but these patients have been treated quickly. Haematology has also been experiencing pressure due to this issue and has introduced targeted work with consultants to assist with recovery.

Recommendation

The committee is asked to:

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

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.					
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"/>

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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 – JUNE 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>	Jul -22	40	178	↑
4	<u>Ambulance Handover 60+</u>	Jul -22	0	58	↑
5	<u>Emergency Care Standard</u>	Jul -22	80.00%	73.67%	↓
8	<u>Length of Stay ≥21days</u>	Jul -22	65	77	↑
9.1	<u>18 Week RTT Incomplete</u>	Jul -22	69.23%	70.85%	↓
9.2	<u>52 Week RTT Incomplete</u>	Jul -22	2.81%	2.91%	↓
10	<u>Diagnostics Waiting Times</u>	Jul -22	86.50%	86.36%	↓
11.1	<u>Cancer 2 Week Wait</u>	Jun -22	93.00%	95.82%	↑
11.2	<u>Cancer 28 Day FDS</u>	Jun -22	75.00%	81.47%	↑
11.3	<u>Cancer 62 Day First Treatment</u>	Jun -22	85.00%	80.37%	↑

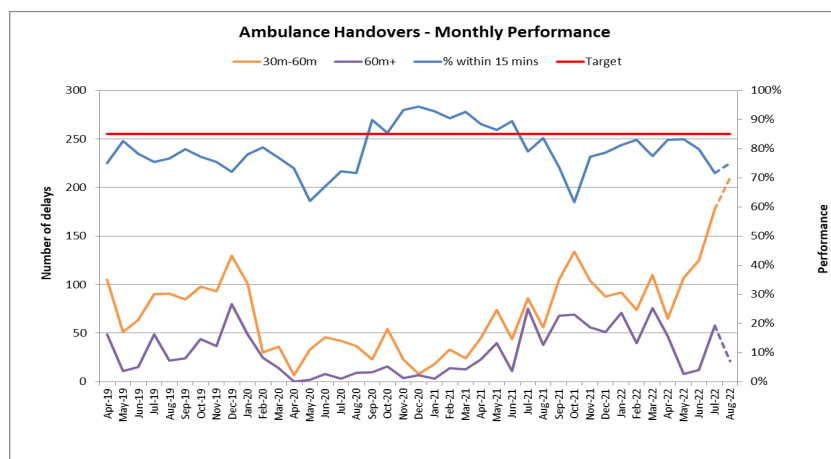
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan;

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

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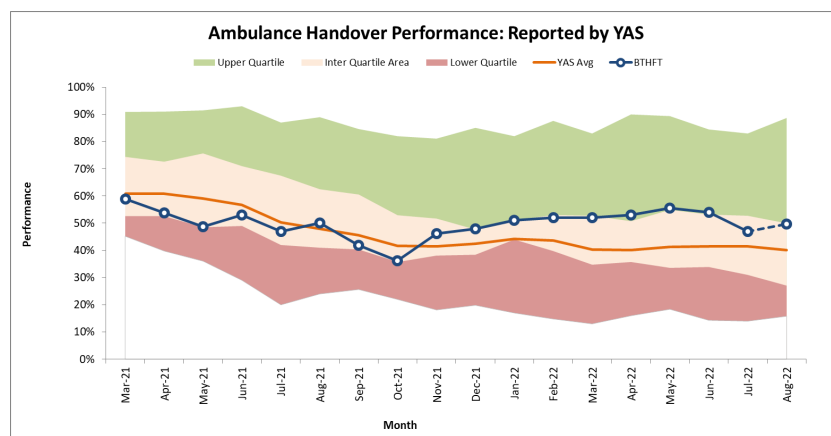
3. Emergency Ambulance Handover Performance

Figure 1 Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in July 2022 was 178 between 30 and 60 minutes and 58 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



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

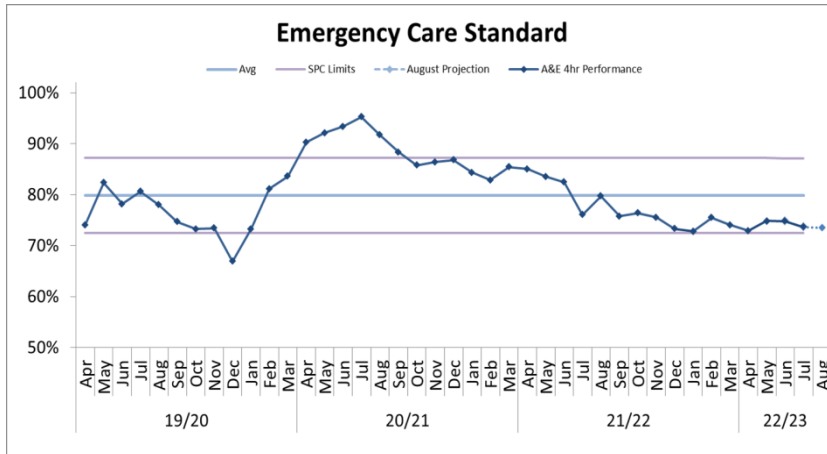
Performance remains above regional average however there has been deterioration in July 2022 due to increase in COVID activity and an increase in speciality bed waits putting pressure on the ambulance assessment area. August data indicates an improving position. The trust is working with YAS to improve ambulance handover performance through:

- Promoting shared responsibility and shorter handover times during extremely busy periods as a result of cohorting.
- Participation of YAS at Trust's Operational Silver meetings.
- 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.

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4. Emergency Care Standard (Type 1&3)

Figure 3 Monthly ECS Performance – BTHFT



BTHFT reported a position of 73.67% for the month of July 2022. August 2022 position is projected to deteriorate slightly to 73.55%

Figure 4 ECS Performance – National Comparison

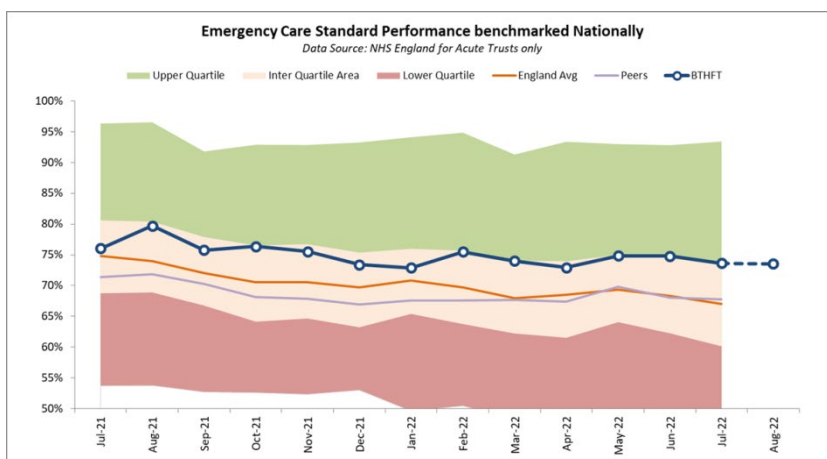
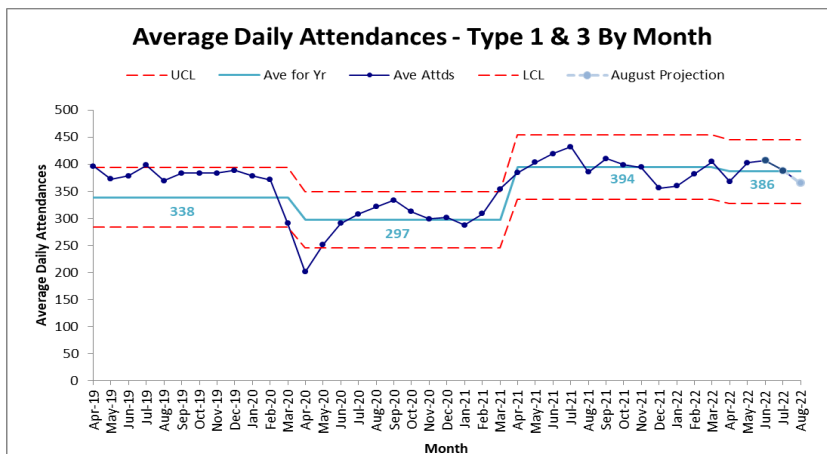


Figure 4 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been above England average and its peers.

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



The Trust has seen a slight increase in attendances during July 2022 with the daily average being 388. August 2022 position is projected to be 365.

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5. Emergency Department Measures

Table 2 ECS KPI Performance – BTHFT

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Average Daily Attendances	385	410	398	394	356	359	382	404	368	403	407	388	365
Average Daily Breaches	78	99	94	96	95	98	94	105	100	101	103	102	96
ECS Performance	79.73%	75.78%	76.38%	75.54%	73.29%	72.83%	75.51%	74.08%	72.94%	74.84%	74.82%	73.67%	73.55%
Arrival to Assess	00:30	00:31	00:33	00:28	00:28	00:29	00:27	00:32	00:27	00:27	00:27	00:28	00:27
Assess to Treat	01:57	02:08	02:07	02:02	02:04	02:30	02:18	02:44	02:30	02:14	02:18	02:31	02:30
Treatment Length	01:59	06:12	02:09	02:13	02:17	02:21	02:12	02:22	02:18	02:10	02:07	02:22	02:21
Total LOS - Discharged Patients	03:17	07:16	03:29	03:33	03:37	03:44	03:34	03:45	03:44	03:43	03:43	03:55	03:47
Total LOS	04:10	07:23	04:32	04:40	04:54	05:05	04:46	05:03	04:58	04:43	04:40	05:05	05:08

The KPIs related to time in the Emergency Department remain high. Issues within 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:

- New version of CEM Books with standardised actions for the department 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.
- Development of a co-located Walk-In Centre will allow triage of low acuity patients away from the main ED footprint.
- The change to the front door streaming model is underway. 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.
- The ED department is planning to have the closed ED model operational in September 2022 - front door streaming of minor injuries and minor illness including GPs into one area (the old orthopaedic OP area), thus clearing the space for SDEC to relocate from ward 8 back to the AED footprint (Green zone).

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6. Hospital Admission Measures

Table 3 ED Admissions KPI Performance – BTHFT

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Conversion Rate*	22.19%	22.78%	23.50%	24.01%	24.47%	23.12%	23.67%	21.56%	23.14%	21.37%	22.16%	20.69%	21.45%
Average Daily Admissions*	85	93	94	95	87	83	90	87	85	86	90	80	78
DTA to Admit	02:54	03:05	03:19	03:40	04:11	04:46	04:00	04:38	04:39	03:58	03:52	04:58	05:07
Total LOS - Admitted Patients	07:01	07:50	07:50	08:03	08:30	09:27	08:16	09:24	08:56	08:03	08:00	09:22	09:28
% of Patients >12 Hours LoS	2.86%	3.76%	4.15%	4.49%	5.93%	6.83%	5.24%	6.22%	6.05%	3.96%	4.00%	6.16%	6.40%

There has been a recent increase in COVID activity which, when considered alongside speciality bed waits has caused increase pressure on the Emergency Department including ambulance performance. There is an increase in time to warding from DTA being experienced.

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.

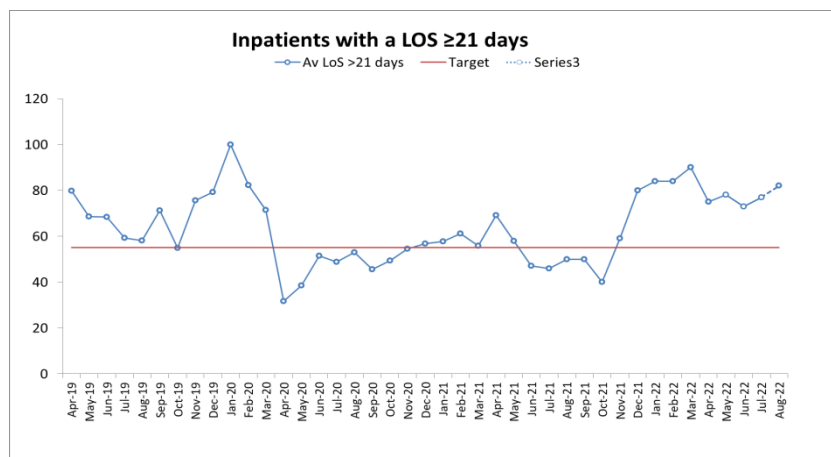
These work streams include:

- GE tile with these new standards is complete and large screens have been 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.
- Improvement to admission and SDEC pathways to further relieve over-crowding and improve department flow.
- Outstanding decision making program is underway across wards to embed best practice within our wards 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, staff and improvement in patient flow.
- VRI (Virtual Royal Infirmary) project to introduce virtual pathways for inpatients to reduce LOS and overall bed occupancy, and improve flow from ED to wards. Bronchiectasis pathway is near completion with aim to improve admission avoidance.
- Extra urgent and emergency care admission metrics for discussion at Exec to CBU.
- Every 12 hour DTA to admission breach now has an RCA undertaken by the relevant speciality, with a view to assessing themes and lessons learnt to improvement.

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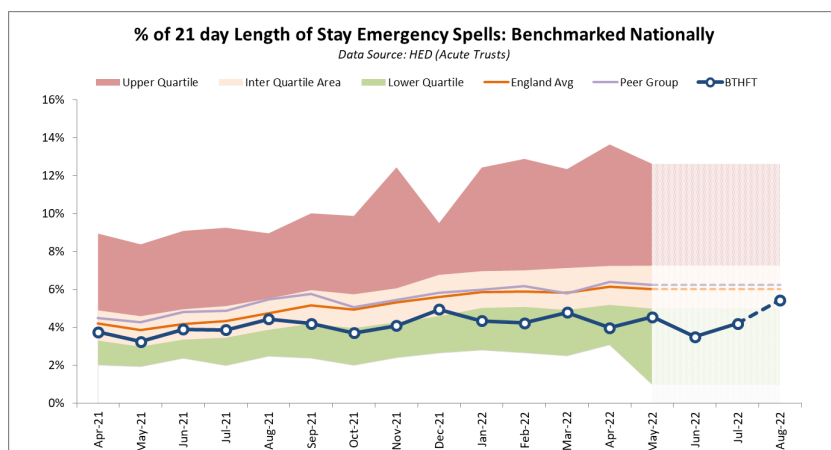
7. Emergency Inpatient Length of Stay (LOS) ≥ 21 days

Figure 6 Inpatient Length of Stay ≥ 21 days – BTHFT



The number of patients with a LOS over 21 days is at an average of 77 patients per day in July 2022. August 2022 position is projected at 82 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 patients with 21 days+ length of stay was 4.21% in July 2022.

Long Length of Stay Improvement

The numbers of patients above 21 days long length of stay (LLOS) remains high and our social care partners are facing increased challenges which are delaying transfer. All improvement work remains in place:

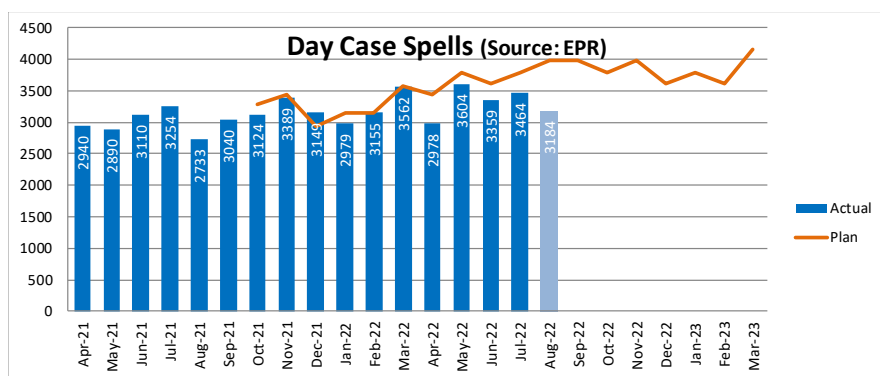
- All stroke patients automatically referred to the MAIDT at the point they are stepped down from HASU in order for MDT and family discussions regarding discharge to begin early.
- System wide discussions and improvement works are underway as part of the NHS '100-Day Challenge' for acute hospital discharge.
- Right to Reside (R2R) meetings held Mon, Tues, Thurs & Fri to support process for discharge.
- LLOS meeting held with Deputy Directors of Nursing on a Wednesday to focus on this cohort.
- Lead for Complex Discharge attending MDT's and Board Rounds at SLH, WWP and WBG every Tuesday to review patient plans and add challenge where required.

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8. Activity compared to 2022/23 Plan

8.1. Inpatient Activity

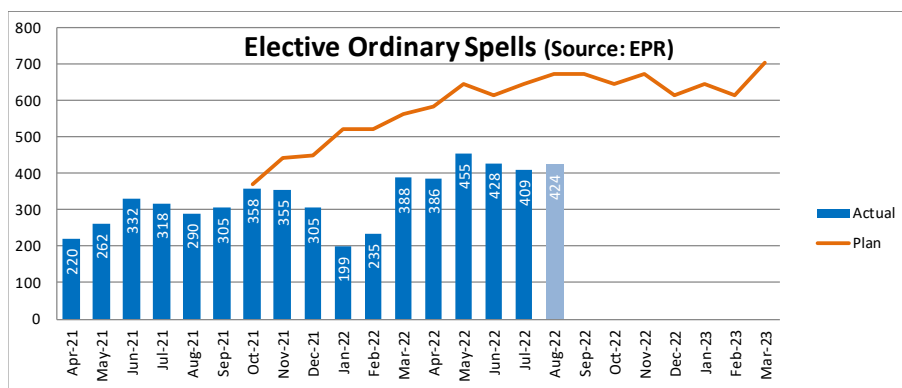
Figure 8 Day Case Spells



	Target	Plan	Actual
Apr-22	110%	87%	76%
May-22	110%	96%	91%
Jun-22	110%	98%	91%
Jul-22	110%	93%	85%
Aug-22	110%	110%	88%
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 increased in July compared to June 2022, but continues to perform below plan. It is expected to reduce in August as a result of the bank holiday and an increase in annual leave. Work to maximise non theatre procedures across appropriate specialties continues with particular focus on Endoscopy recovery following a period of staffing challenges.

Figure 9 Elective Ordinary Spells

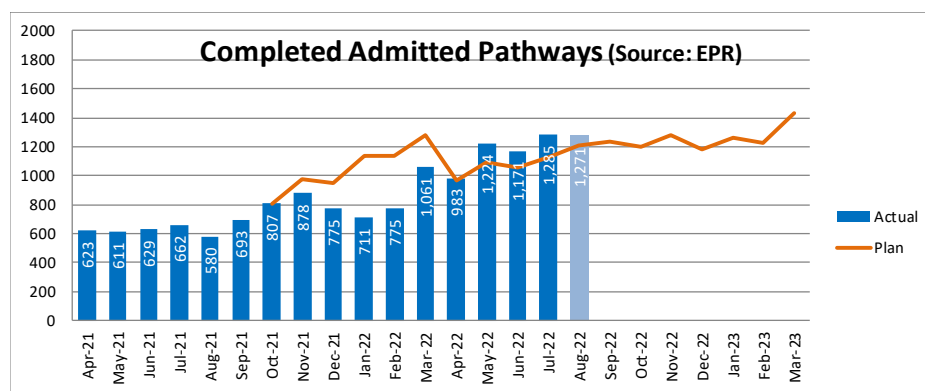


	Target	Plan	Actual
Apr-22	110%	108%	71%
May-22	110%	111%	79%
Jun-22	110%	102%	71%
Jul-22	110%	111%	70%
Aug-22	110%	112%	70%
Sep-22	110%	117%	
Oct-22	110%	113%	
Nov-22	110%	115%	
Dec-22	110%	112%	
Jan-23	110%	109%	
Feb-23	110%	101%	
Mar-23	110%	116%	

The number of elective ordinary spells are below plan but significantly improved on the previous year. 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 but throughput is expected to remain at 70% in August due to annual leave. As list provision returns to levels seen in May 2022 and with anticipated patient per list increases it is hoped performance will increase thereafter.

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Figure 10 Admitted Completed Pathways

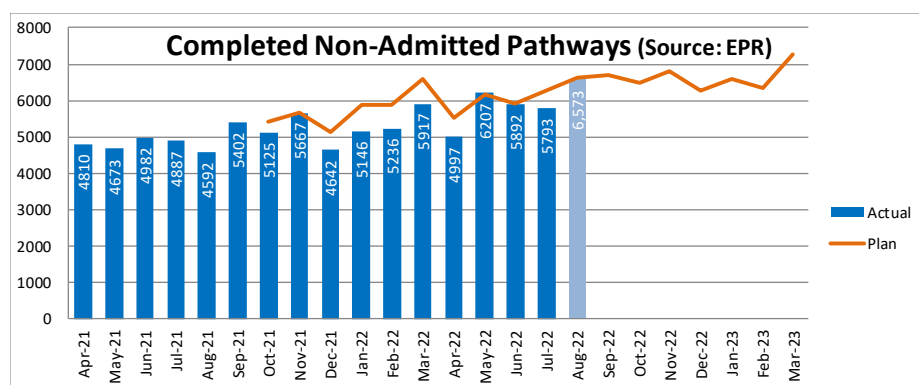


	Plan	Actual
Apr-22	69%	70%
May-22	79%	89%
Jun-22	83%	92%
Jul-22	85%	97%
Aug-22	97%	102%
Sep-22	94%	
Oct-22	89%	
Nov-22	94%	
Dec-22	99%	
Jan-23	85%	
Feb-23	91%	
Mar-23	106%	

The number of admitted clock stops remained high in July 2022 and above plan. Admitted clock stops for August 2022 are predicted to remain high despite slight reduction in inpatient activity. Targeted waiting list validation continues which is improving the recording of clock stops compared to previous months.

8.2. Outpatient Activity

Figure 11 Non-Admitted Completed Pathways

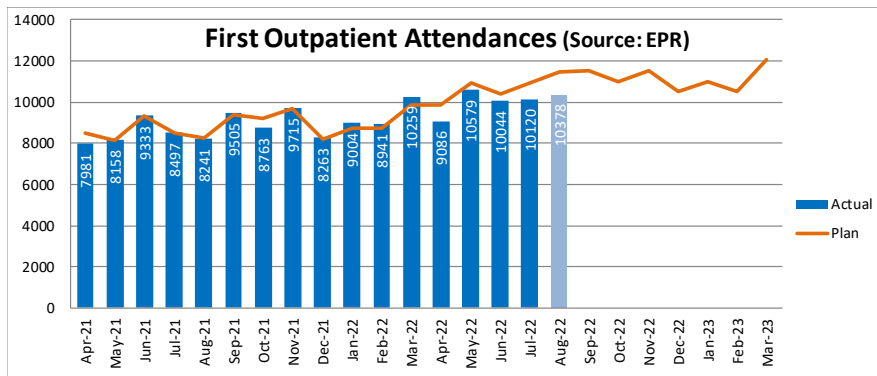


	Plan	Actual
Apr-22	95%	86%
May-22	102%	103%
Jun-22	109%	108%
Jul-22	96%	88%
Aug-22	123%	122%
Sep-22	114%	
Oct-22	97%	
Nov-22	108%	
Dec-22	110%	
Jan-23	98%	
Feb-23	103%	
Mar-23	113%	

The number of non-admitted clock stops remained high in July 2022 and 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.

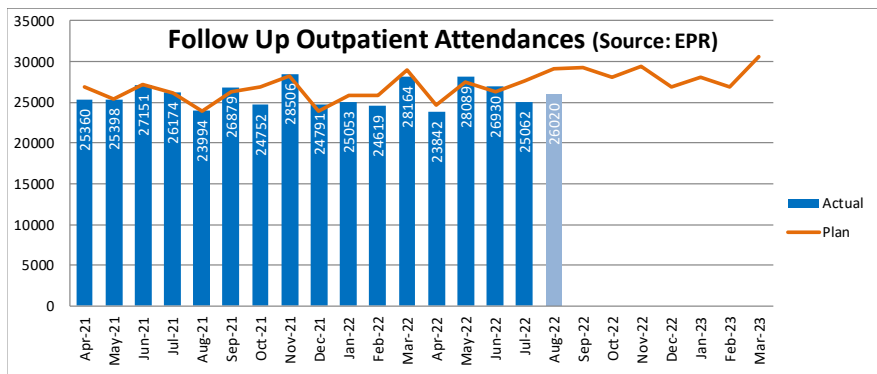
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Figure 12 First Outpatient Attendances



	Target	Plan	Actual
Apr-22	110%	104%	95%
May-22	110%	110%	107%
Jun-22	110%	112%	109%
Jul-22	110%	103%	95%
Aug-22	110%	125%	113%
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%	

Figure 13 Follow Up Outpatient Attendances



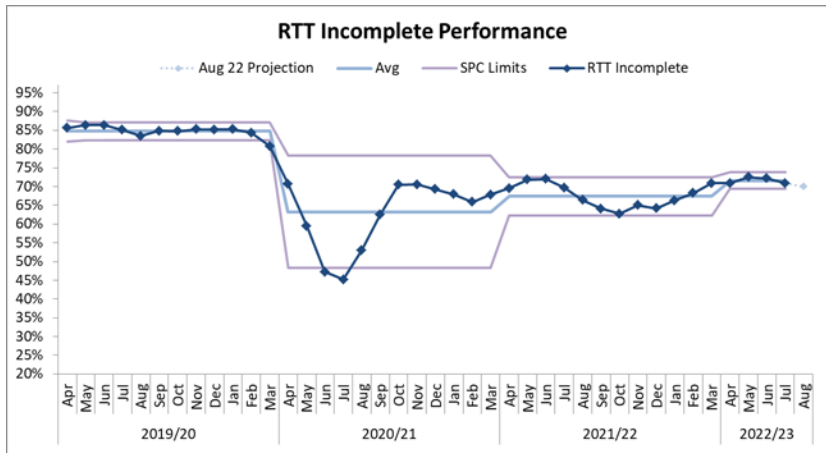
	Target	Plan	Actual
Apr-22	85%	89%	86%
May-22	85%	96%	98%
Jun-22	85%	97%	100%
Jul-22	85%	90%	82%
Aug-22	85%	113%	102%
Sep-22	85%	103%	
Oct-22	85%	92%	
Nov-22	85%	104%	
Dec-22	85%	108%	
Jan-23	85%	93%	
Feb-23	85%	102%	
Mar-23	85%	109%	

First attendances remained in line with June 2022 despite the summer holiday period but achieved below plan. Follow ups decreased as a result of the summer holiday period and also achieved below plan. These are expected to remain stable in August 2022 and increase back to spring levels from September 2022 and track much closer to plan as a result.

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9. Referral to Treatment (RTT)

Figure 14 Monthly 18 Week RTT Incomplete Performance



The Trust's 18 Week RTT position for July 2022 is 70.85%. Performance is expected to reduce to 69.96% in August 2022.

Figure 15 18 Week RTT Incomplete National Comparison – BTHFT

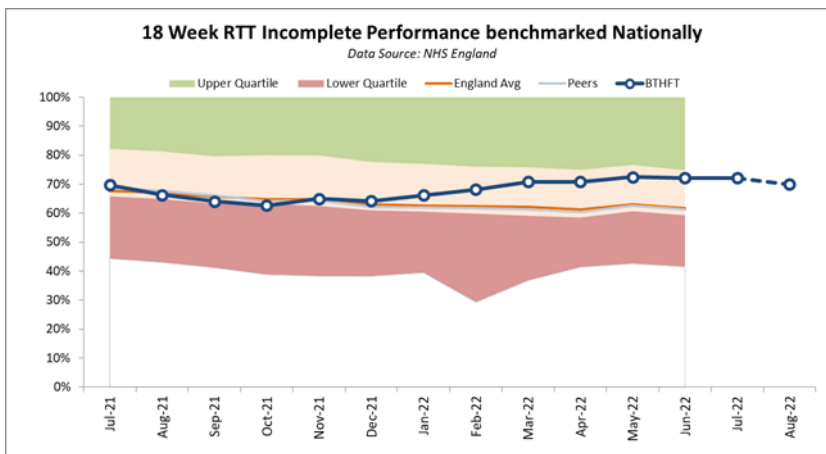
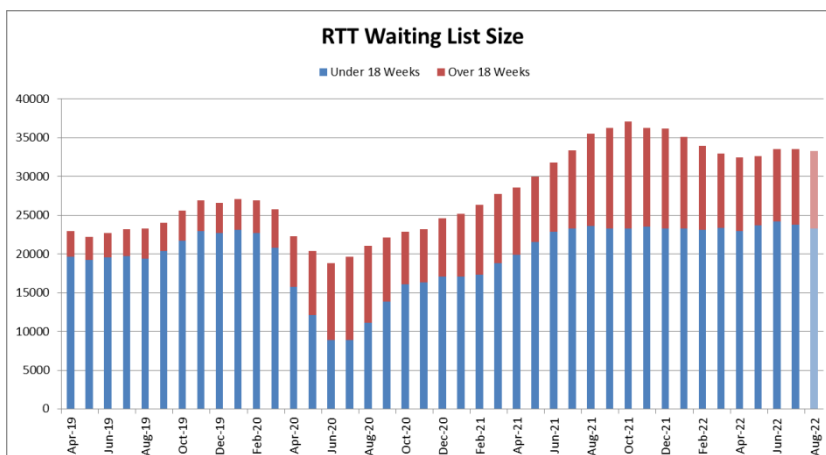


Figure 15 shows a national comparison of RTT Incomplete performance with BTHFT significantly above the England and Peer average and drawing nearer the upper quartile.

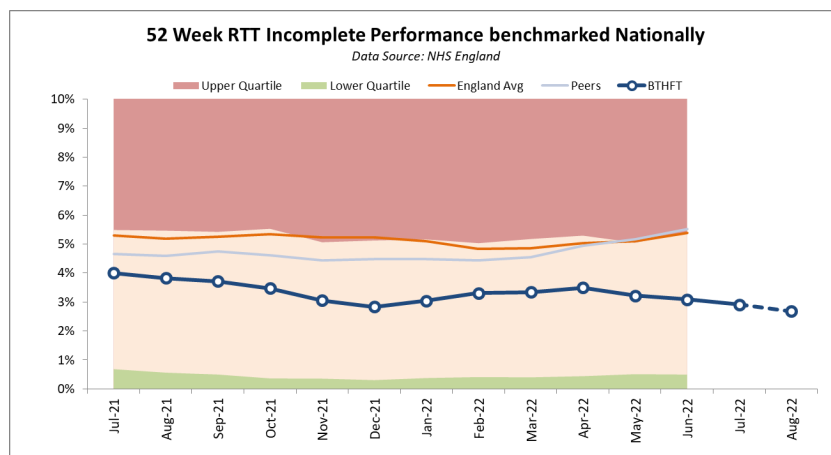
Figure 16 RTT Total Waiting List



The overall waiting list has remained static in July 2022 compared to June 2022.

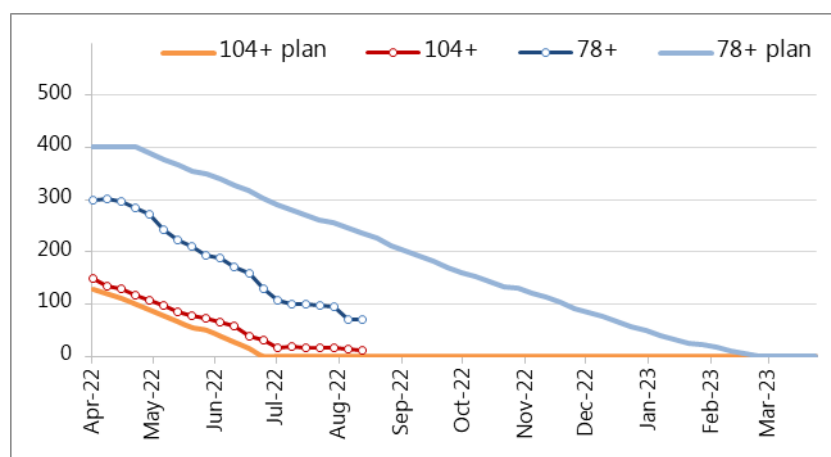
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Figure 17 Monthly 52 Week RTT Incomplete Performance (Target 0%)



52 Week RTT performance stands at 2.91% in July which represents a continued improvement compared to both May and June.

Figure 18 RTT Incomplete over 104 and 78 weeks



974 RTT Incomplete 52 week breaches, 92 78 week breaches and 15 104 week breaches were reported in July 2022. Each will reduce in August.

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.

Locum consultants have started in some specialties in August with additional new starters expected to start in September. The use of insourcing also continues 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.

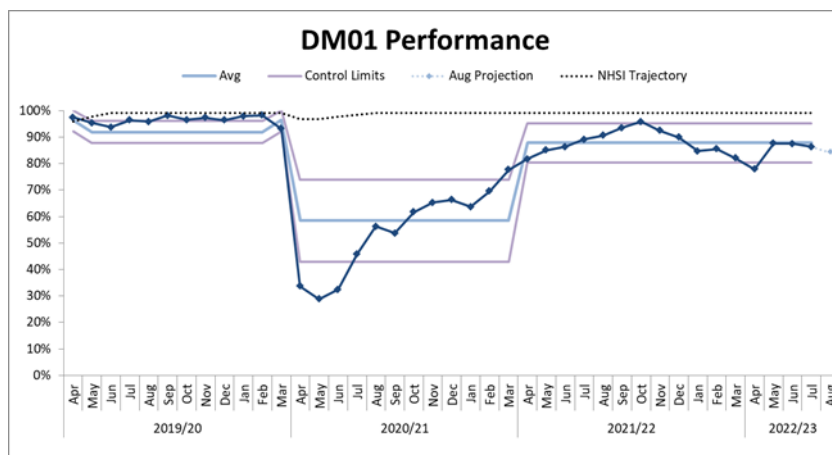
Work continues to increase the use of PIFU and Advice & Guidance; this is expected to reduce demand on clinic capacity and in turn result in waiting list reductions.

Plans to reduce over 78-week waiters are on track to achieve the national target set for March 2023, with an internal target to clear all over 78-week waiters set for December 2022.

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10. Diagnostic Waiting Times

Figure 19 Monthly DM01 Performance



July 2022 performance is at 86.36% and August 2022 performance is projected at 84.18%.

Figure 20 Diagnostics - National Comparison

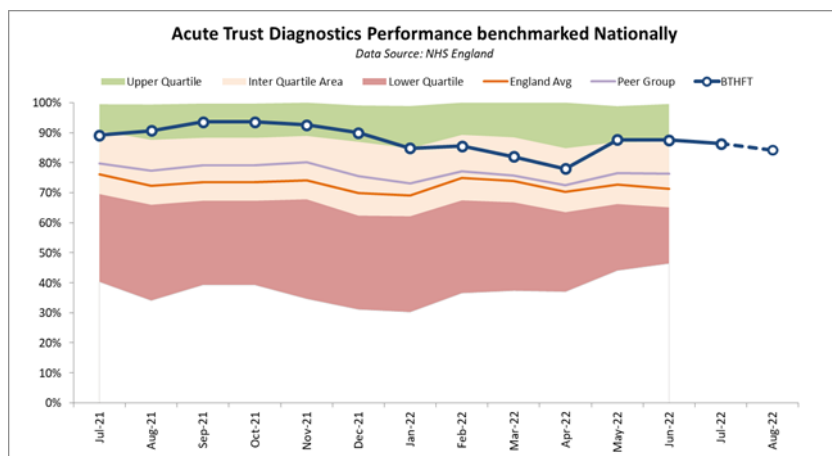


Figure 20 shows a national comparison of Diagnostic performance for July and August 2022. Although performance is static, BTHFT continues to be above the England average.

Diagnostic Improvement

During May, MRI performance was stabilising with back logs remaining static following the return of scanning capacity within the Trust. Referral demand in this period and since has remained significantly above 2019/20 levels which has prevented backlog clearance even when all scanners were available. A further loss of scanning capacity during July and August has resulted in waiting list growth and additional scanning has been extended in response. Capacity and Demand is being furthered reviewed to establish what is needed to meet the growth in demand and reduce the waiting list to a sustainable size.

Endoscopy referrals have increased which combined with vacancies, maternity leave, annual leave and retirement has impacted on the service capacity to meet the demand. Waiting lists through August are expected to increase as a result, with the mitigation plan of a Locum being unsuccessful as they failed to turn up. Recruitment is on-going to help the services to improve capacity over the coming months and outsourcing is being explored to reduce ongoing pressure.

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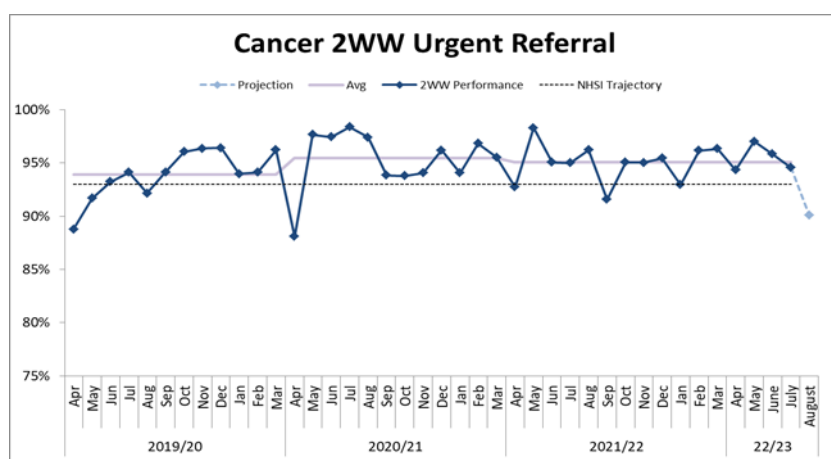
11. Cancer Standards

Table 4 Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	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	Jul-22	Aug-22
14 day GP referral for all suspected cancers	93%	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%	95.8%	94.6%	90.4%
14 day breast symptomatic referral	93%	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%	94.2%	96.6%	97.8%
31 day first treatment	96%	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%	96.1%	94.8%	97.7%	90.7%
31 day subsequent drug treatment	98%	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%	100.0%	97.8%	92.9%	100.0%
31 day subsequent surgery treatment	94%	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%	89.5%	90.2%	89.1%	85.7%
62 day GP referral to treatment	85%	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%	81.6%	79.1%	77.6%	81.0%
62 day screening referral to treatment	90%	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%	81.8%	88.6%	85.0%	88.2%
62 day consultant upgrade to treatment		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%	55.6%		85.7%

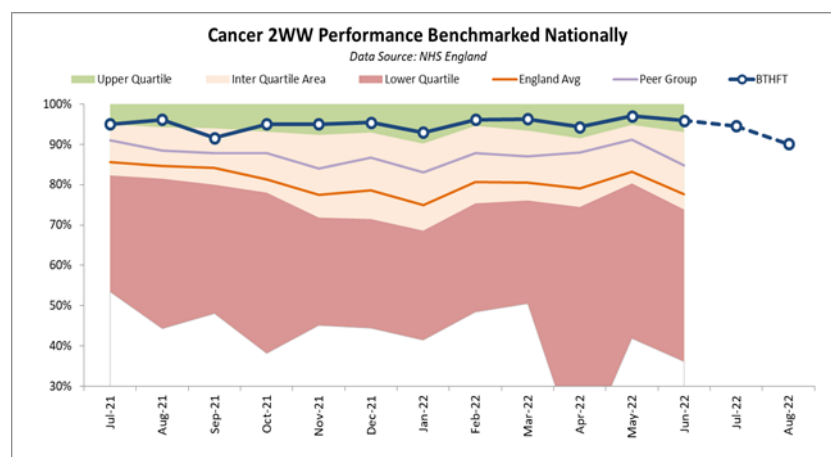
11.1. Cancer 2 Week Wait

Figure 21 Cancer 2WW performance (Target 93%)



2 Week Wait (2WW) for June 2022 has increased to 95.8% and is above the 93% target. Performance is expected to remain above target for July 2022 however a dip below target for the Trust is projected for August.

Figure 22 2WW National Comparison – BTHFT



Performance in June 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	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	Jul-22	Aug-22
TRUST	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%	95.8%	94.55%	90.44%
Breast	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%	99.4%	95.9%	96.45%	99.47%
Gynae	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%	93.7%	87.0%	92.26%	96.55%
Haematology	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%	100.0%	100.0%	94.12%	100.00%
Head & Neck	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%	95.4%	96.6%	92.86%	96.12%
Lower GI	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%	96.4%	97.0%	91.29%	52.00%
Lung	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%	100.0%	100.0%	100.00%	100.00%
Other	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%	100.0%	100.0%	100.00%	85.71%
Skin	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%	97.4%	96.8%	95.25%	96.65%
Upper GI	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%	94.0%	95.6%	95.97%	88.37%
Urology	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%	98.3%	96.4%	97.89%	96.59%

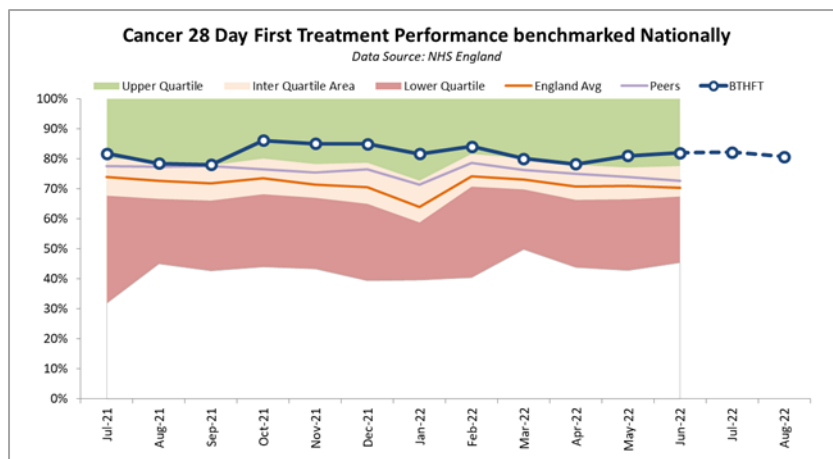
Extra clinics continue to be utilised across a number of tumour groups with this extra capacity running through August 2022 to help maintain performance against a larger waiting list following increased demand. High profile campaigns are impacting on volume of referrals (particularly Lower GI). This trend is set to continue throughout the summer with an expected performance of 90.44% which is below target.

Performance is now benefiting from recent changes to the lateral flow process with endoscopy slots being utilised which were previously being lost. Work is underway to improve communication with patients when booking to encourage patient compliance despite holidays. Targeted work is underway to highlight snagging points and remove barriers affecting patient choice and improve time to treatment performance.

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11.2. Cancer 28 Day Faster Diagnosis

Figure 23 28 Day National Comparison – BTHFT



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

Table 6 28 Day Faster Diagnosis Standard (FDS)

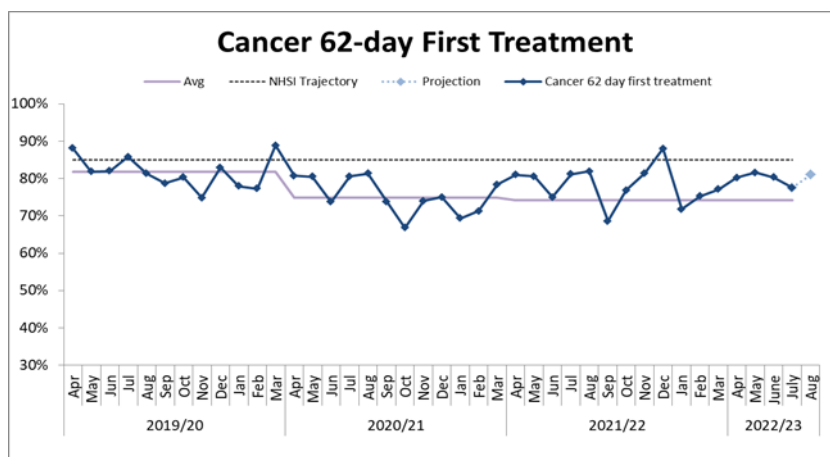
Site	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
TRUST	78.2%	82.5%	86.2%	83.3%	81.9%	84.3%	85.3%	84.3%	81.7%	83.2%	79.9%	79.3%	82.0%	81.5%	82.1%	80.7%
Breast	98.0%	99.4%	99.5%	100.0%	98.3%	98.5%	98.2%	98.1%	98.1%	98.8%	97.0%	97.9%	98.7%	99.5%	97.3%	97.8%
Gynae	49.4%	53.6%	64.5%	75.8%	80.2%	66.7%	74.5%	68.5%	57.8%	49.5%	57.3%	53.6%	55.2%	56.0%	48.1%	54.0%
Haematology	51.6%	30.7%	70.6%	78.3%	30.4%	83.3%	60.0%	82.6%	61.1%	75.0%	41.2%	44.4%	43.5%	52.6%	52.6%	42.9%
Head & Neck	74.1%	84.2%	84.1%	75.0%	74.6%	81.3%	83.6%	86.2%	80.1%	71.6%	75.3%	76.0%	81.3%	81.1%	70.7%	76.2%
Lower GI	75.6%	77.3%	74.3%	74.7%	64.6%	78.5%	78.7%	83.7%	76.2%	83.0%	71.4%	72.8%	78.5%	72.8%	75.3%	74.6%
Lung	83.7%	93.3%	83.7%	81.0%	94.4%	75.0%	87.5%	83.8%	90.3%	88.6%	86.1%	84.8%	75.0%	85.7%	81.5%	81.8%
Other	80.0%	87.5%	75.0%	91.7%	93.8%	94.7%	89.5%	80.0%	87.0%	86.4%	75.0%	81.8%	72.7%	61.1%	87.0%	78.3%
Skin	81.7%	95.1%	95.7%	89.5%	90.8%	85.9%	85.1%	82.4%	80.5%	91.5%	86.0%	83.3%	85.1%	88.9%	91.3%	86.4%
Upper GI	79.5%	85.4%	86.9%	76.5%	77.1%	88.2%	78.9%	86.0%	81.6%	68.0%	70.0%	63.6%	77.5%	79.7%	79.5%	71.7%
Urology	81.4%	77.6%	83.9%	73.6%	81.2%	83.0%	90.3%	76.6%	72.6%	72.7%	75.9%	79.3%	75.9%	72.2%	84.3%	78.8%

Performance remains above 75% at 81.5% in June 2022 and is expected to remain above target in July and August 2022. Performance for Gynaecology remains below standard in June 2022, although improved 2 week performance and changes to the admin process will help improve this from September. The emerging pressure within Lower GI will impact negatively on this standard as diagnostic pathways are extended. High demand remains a challenge but the relatively strong starting position is giving the Trust time to analyse pathways and make capacity adjustments to support recovery and improvement.

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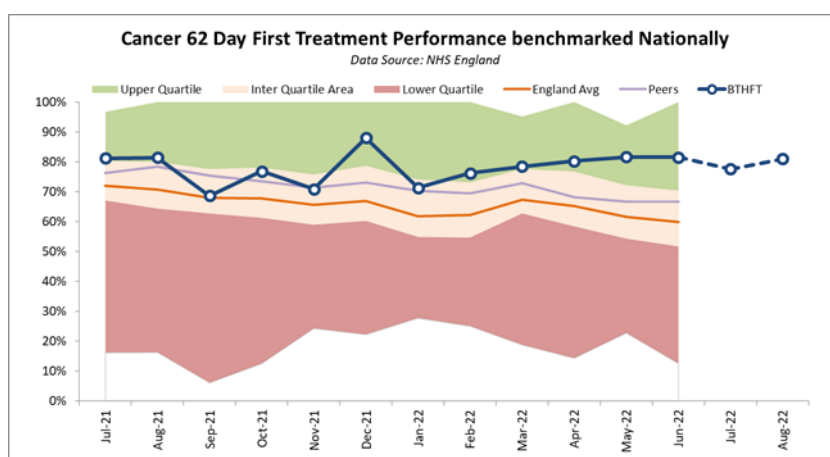
11.3. Cancer 62 Day First Treatment

Figure 24 62 Day First Treatment performance (Target 85%)



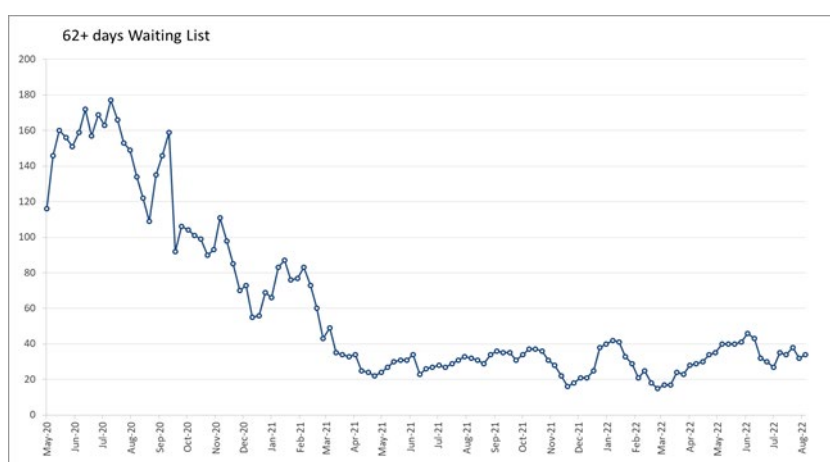
The 62 Day First Treatment position is stable in June 2022 at 80.37%.

Figure 25 62 Day First Treatment performance - National Comparison



BTHFT performance for June 2022 is in the upper quartile and significantly above the England Average.

Figure 26 Patients Waiting Over 62 Days



The number of patients waiting over 62 days has increased slightly in July and August.

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Table 7 62 Day First Treatment performance by Tumour Group

Site	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	Jul-22	Aug-22
TRUST	80.6%	75.0%	79.5%	82.0%	68.6%	76.9%	81.4%	87.98%	71.8%	75.2%	78.4%	80.3%	81.6%	80.4%	77.6%	81.0%
Breast	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%	96.4%	92.3%	100.0%
Gynae	71.4%	100.0%	60.0%	71.4%	44.4%	100.0%	60.0%	100.0%	80.0%	80.0%	50.0%	28.6%	14.3%	55.6%	100.0%	55.6%
Haematology	100.0%	70.6%	60.0%	100.0%	100.0%	84.6%	66.7%	100.0%	66.7%	77.8%	66.7%	100.0%	61.5%	83.3%	40.0%	80.0%
Head & Neck	75.0%	30.4%	25.0%	42.9%	20.0%	66.7%	35.7%	50.0%	20.0%	34.8%	66.7%	62.5%	30.8%	68.4%	37.5%	40.0%
Lower GI	55.6%	81.8%	50.0%	62.5%	37.5%	72.7%	57.1%	100.0%	90.9%	50.0%	50.0%	50.0%	83.3%	61.5%	42.9%	20.0%
Lung	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%	44.4%	0.0%	0.0%
Other		33.3%	80.0%			0.0%	66.7%	100.0%	100.0%	50.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Skin	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%	97.1%	97.1%	100.0%
Upper GI	25.0%	50.0%	100.0%		20.0%	22.2%	100.0%	85.7%	37.5%	25.0%	100.0%	75.0%	100.0%	13.3%	33.3%	75.0%
Urology	78.6%	84.4%	79.3%	64.7%	73.7%	75.0%	88.4%	90.9%	81.5%	77.5%	78.6%	91.2%	86.2%	88.6%	93.0%	87.8%

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 with Trust performance for July dipping further before it is expected to improve during August. Targeted work within each tumour group continues focusing on improving the 28 day performance which has impacted on the 62 performance.

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.

Service Improvement work is underway with numerous tumour groups to evaluate and highlight issues and solutions related to clinical utilisation. This work will improve utilisation of clinic and surgical slots through identification of pinch points and gaps, devising systems which automatically driving effective and efficient use of resources.

- On-going review of clinical pathways is underway, with improvement support to pathway redesign in line with Best Practice Timed Pathways, cancer milestones, improving quality, patient experience and inequalities.
- Tiered 1 & 2 escalation process has been extended to include the recovery of cancer 62 day waits delivery backlog.
- Capacity and demand work and impact assessment continues to highlight Trust performance and inform future planning in light of the proposed New Cancer standards which are currently at consultation change.
- Planning work is underway with the new Cancer Service Improvement Lead which is focused on optimal patient pathways to inform forward planning for patient pathway improvements in line with the new cancer standards
- The Cancer team continue to support with patient compliance issues working with patients to reduce TCI times and DNA's. Wording on patient information leaflets and letters is being updated to ensure consistency which should see an impact on first seen patient numbers and subsequently improve patient pathway performance.
- Pressure on diagnostic pathways is impacting on the 62 day performance. Service Improvement work to improve utilisation of clinic and surgical slots through highlighting gaps going forward is underway for a number of tumour groups.
- Focus is continuing with the Restart & Recovery Programme to deliver optimal capacity 52 weeks of the year, for outpatient, straight to test, diagnostic, surgical and oncology capacity.

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12. Other Contractual KPI – by exception

12.1. Cancelled Operations

Table 8 28 Day Rebook Breaches

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Cancellations to rebook	44	15	54	26	47	55	47	63	45	30	32	58
28 day rebook breaches	8	5	6	5	4	8	4	8	12	6	4	4

There were 4 breaches of the 28 day re-booking target for same day cancelled operations in July 2022. Rebooking within 28 days improved and remains low as theatre capacity has increased. The number of cancellations that require rebooking has increased in July, primarily due to equipment failure. This metric is being closely monitored as services explore options to increase the number of patients booked per list in order to improve utilisation. 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 KPI

Operational Planning	Month	Threshold	Trajectory Target	Performance
Elective Day Case Spells	Jul-22	110%	93%	85%
Elective Ordinary Spells	Jul-22	110%	111%	70%
First Outpatient Attendances	Jul-22	110%	103%	95%
Admitted Clock Stops	Jul-22	n/a	85%	97%
Non Admitted Clock Stops	Jul-22	n/a	96%	88%
RTT - Patients waiting over 52 weeks on incomplete pathways	Jul-22	476	950	974
RTT - Patients waiting over 104 weeks on incomplete pathways	Jul-22	0	0	15
RTT - Total Waiting List size	Jul-22	39122	33798	33510
Cancer - Patients waiting over 62 days	Jun-22	15	15	28
Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Jul-22	95.00%	80.00%	73.67%
Ambulance handovers taking between 30-60 minutes	Jul-22	0	0	177
Ambulance handovers taking longer than 60 minutes	Jul-22	0	0	58
Trolley waits in A&E longer than 12 hours	Jul-22	0	0	4
Emergency Inpatient Length Of Stay >=21days	Jul-22	71	70	77
Cancer 2 week wait	Jun-22	93.00%	93.00%	95.82%
Cancer 2 week wait - breast symptomatic	Jun-22	93.00%	93.00%	94.16%
Cancer 28 day Faster Diagnosis	Jun-22	75.00%	75.00%	81.47%
Cancer 31 day First Treatment	Jun-22	96.00%	96.00%	94.77%
Cancer 31 day Subsequent Surgery	Jun-22	94.00%	94.00%	90.24%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Jun-22	98.00%	98.00%	97.78%
Cancer 62 day First Treatment	Jun-22	85.00%	85.00%	79.09%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Jun-22	90.00%	90.00%	80.37%
Diagnostics - patients waiting under 6 weeks for test	Jul-22	99.00%	83.50%	86.36%
RTT - Patients waiting within 18 weeks on incomplete pathways	Jul-22	92.00%	69.23%	70.85%
Mixed-sex accommodation breach	Jul-22	0	0	0
Cancelled Operations 28 day breach	Jul-22	0	0	4
Urgent operation cancelled for a second time	Jul-22	0	0	0