

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

PERFORMANCE REPORT – FOR THE PERIOD SEPTEMBER 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	To note	
Previously discussed at/ informed by	Details of any consultation	
Previously approved at:	Academy/Group	Date
	Finance & Performance Academy	26 October 2022
Key Options, Issues and Risks		
This report provides an overview of performance against several key national and contractual indicators as at the end of September 2022.		
Analysis		
Ambulance Handovers:		
<ul style="list-style-type: none">• Attributable performance for handovers within 15 minutes was 79.81% in September 2022 and October 2022 is projected to be at 77.70%; 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. This includes a focus on data quality and the new action plan for ED includes working with YAS on decongesting the ambulance assessment area.		
Emergency Care Standard (ECS):		
<ul style="list-style-type: none">• ECS performance for Type 1 and 3 attendances was 74.82% for September 2022 and is currently forecast at 73.43% for October 2022.• ECS performance is expected to remain between 70% and 80% in winter due to challenges with staffing levels across the Trust and high inpatient bed occupancy. The position compares favourably against other acute Trusts in WYAAT and the national benchmark which reflects the difficulties everyone is facing.• ED has developed a delivery plan with focus on management of the department during busy hours and delivery against the new ECS standards. Details of the plan are provided in the Emergency Department Measures and Hospital Admissions sections of this document.		
Long Length of Stay (Stranded Patients):		
<ul style="list-style-type: none">• The daily average number of patients with a length of stay ≥21 days was 80 in September 2022. The October 2022 position is projected to be a daily average of 95.		

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

- 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. They are also in weekly face to face discussion with senior nursing colleagues to provide a deep dive into the LLOS patients. This meeting is joined also 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:

- Day case and elective ordinary spells have improved in September compared to August, but remain behind plan. Whilst theatre activity also remains behind plan in September capacity has started to increase and is expected to improve into October 2022 with the number of lists starting to increase and services focusing on opportunities to improve productivity and patients per list.
- Outpatient activity increased in September 2022, despite the additional bank holiday, but remained below plan. Additional locums starting in September have supported this position whilst the 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 has reduced in September to 71.17% from 72.19% in August. Outpatient activity has increased in September with theatre-led activity also starting to improve. The total waiting list continues to grow despite completed pathways being ahead of plan with the number of new pathways remaining high.
- Focus on reducing long waiters continues with a reduction in both the 104+ and 78+ cohorts delivered in September 2022 with only 3 104+ patients remaining. The 78+ cohort continues to reduce ahead of trajectory and in line with an internal target to clear this cohort by 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 September was 78.30% and is projected to be running at 81.82% for October 2022 due predominately to ongoing high demand and capacity issues within Endoscopy, Ultrasound and MRI.
- MRI capacity improved during September with all scanners working again and this is expected to continue throughout October. Performance is forecast to improve during October as a result.
- Endoscopy performance deteriorated in September although mitigation plans put in place will lead to a positive impact on performance during October as workforce gaps reduce significantly and insourcing via Medinet will provide some support in the latter part of the month. Capacity is being prioritised to the most urgent patients until then.
- Obstetric ultrasound demand is exceeding forecasts which have put pressure on DM01 reportable non-obstetric capacity. Additional sessions are being used to mitigate this with some improvement forecast during October. A longer term plan is being prepared by the department.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

Cancer Wait Times:

- Prolonged high referral rates, increased patient volumes following successful awareness campaigns, and patient concordance has presented a sustained challenge to 2WW performance.
- Performance is has been below target since August following a further loss of capacity on the Lower GI pathway. Improvements are expected from October when key vacancies are covered.
- Faster diagnosis performance has continued to reduce with higher volumes on most pathways. Head and Neck are focusing targeted work around consultant capacity plans to meet the challenge and improve flow through the diagnostic phase. Gynaecology has improved their admin process and with better two week performance has reduced their diagnostic backlog.
- The Cancer 62 Day First Treatment performance has continued below the target of 85%. Performance for the Trust for August is 83.59% and is projected to dip in September before improving in October. Breast, Urology and Skin performance each remain above plan and the Trust remains in the upper quartile nationally for this KPI.

Recommendation

The committee is asked to:

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

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)						

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

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 checked="" type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

APPENDIX 1

LATEST REPORTED PERFORMANCE – SEPTEMBER 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>	Sep -22	40	102	↓
4	<u>Ambulance Handover 60+</u>	Sep -22	10	18	↓
5	<u>Emergency Care Standard</u>	Sep -22	80.00%	74.82%	↑
8	<u>Length of Stay ≥21days</u>	Sep -22	71	80	↑
9.1	<u>18 Week RTT Incomplete</u>	Sep -22	73.00%	71.17%	→
9.2	<u>52 Week RTT Incomplete</u>	Sep -22	2.65%	2.18%	↓
10	<u>Diagnostics Waiting Times</u>	Sep -22	89.50%	78.30%	↓
11.1	<u>Cancer 2 Week Wait</u>	Aug -22	93.00%	91.77%	↓
11.2	<u>Cancer 28 Day FDS</u>	Aug-22	75.00%	77.92%	→
11.3	<u>Cancer 62 Day First Treatment</u>	Aug -22	85.00%	83.59%	→

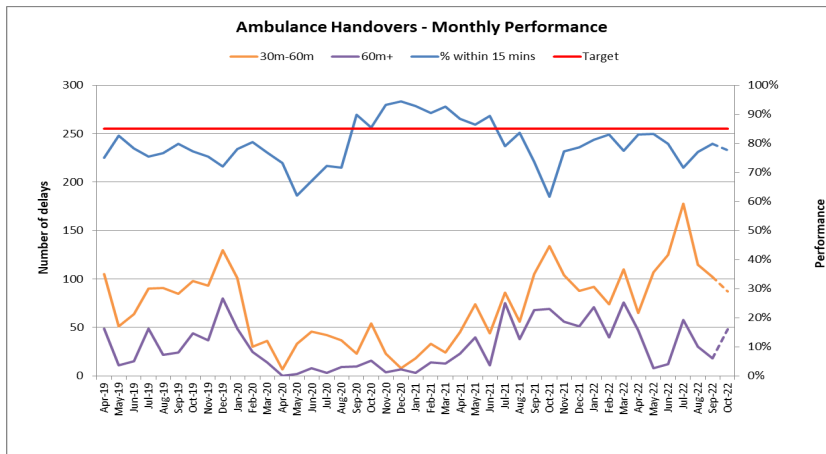
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan;

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

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

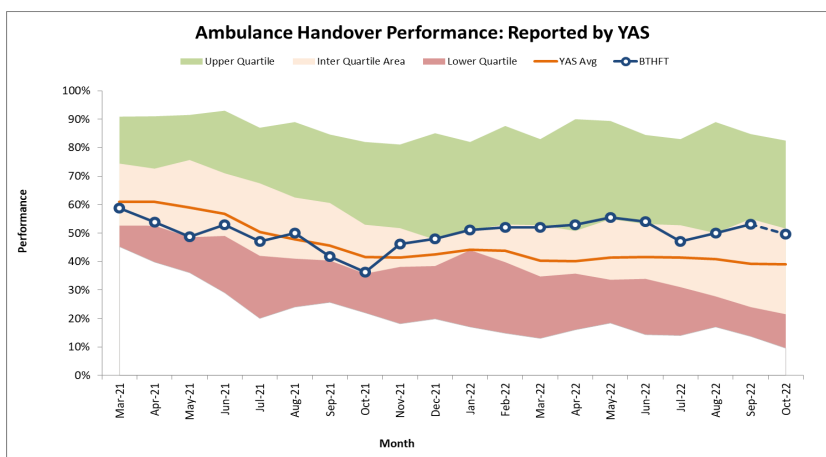
3. Emergency Ambulance Handover Performance

Figure 1 Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in September 2022 was 102 between 30 and 60 minutes and 18 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

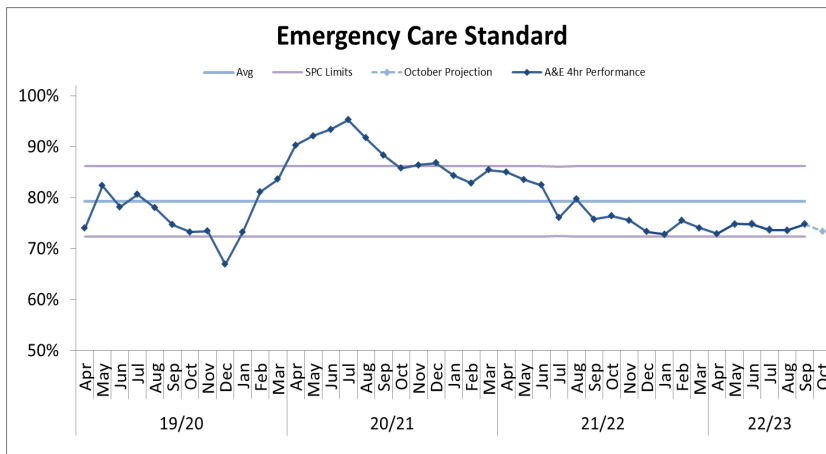
Performance remains above regional average with an improvement in September 2022 compared to August 2022. October 2022 position is projected to deteriorate due to delays in patient flow caused by bed pressures. The trust are working with YAS to improve ambulance handover performance through:

- 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.
- Dialogue is underway with YAS to develop improvements to the ambulance parking bays outside of ED.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

4. Emergency Care Standard (Type 1&3)

Figure 3 Monthly ECS Performance – BTHFT



BTHFT reported a position of 74.82% for the month of September 2022. October 2022 position is projected to deteriorate slightly to 73.43%

Figure 4 ECS Performance – National Comparison

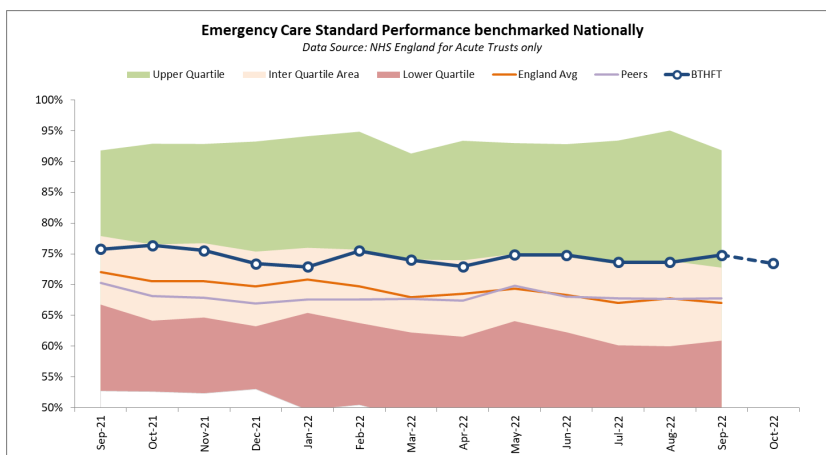
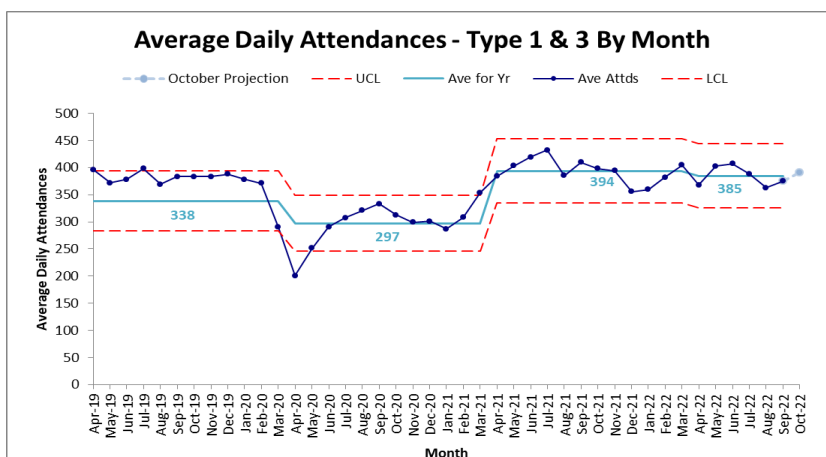


Figure 4 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been above England average and its peers.

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



The Trust has seen an increase in attendances during September 2022 with the daily average being 375. October 2022 position is projected to be 391.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

5. Emergency Department Measures

Table 2 ECS KPI Performance – BTHFT

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Average Daily Attendances	398	394	356	359	382	404	368	403	407	388	362	375	391
Average Daily Breaches	94	96	95	98	94	105	100	101	103	102	96	94	104
ECS Performance	76.38%	75.54%	73.29%	72.83%	75.51%	74.08%	72.94%	74.84%	74.82%	73.67%	73.57%	74.82%	73.43%
Arrival to Assess	00:33	00:28	00:28	00:29	00:27	00:32	00:27	00:27	00:27	00:28	00:27	00:25	00:30
Assess to Treat	02:07	02:02	02:04	02:30	02:18	02:44	02:30	02:14	02:18	02:31	02:28	02:09	02:36
Treatment Length	02:09	02:13	02:17	02:21	02:12	02:22	02:18	02:10	02:07	02:22	02:22	02:15	02:19
Total LOS - Discharged Patients	03:29	03:33	03:37	03:44	03:34	03:45	03:44	03:43	03:43	03:55	03:52	03:46	04:00
Total LOS	04:32	04:40	04:54	05:05	04:46	05:03	04:58	04:43	04:40	05:05	05:10	04:52	05:08

The KPIs related to time in the Emergency Department remain high. Workforce pressures 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. The CSU has also re-started the Transformation program for UEC improvement from November 2022.

These work streams include:

- Review of Medical workforce is underway with aim to increase the number of senior decision makers during peak hours.
- As part of winter preparedness ED has invested in expanding the GP stream so it starts at 9am (rather than midday), supported with a primary care ANP, a streamer and receptionist.
- The department is also exploring the possibility of a primary care practitioner with specialist interest in paediatrics.
- 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 is planning to have the closed ED model operational in November 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).
- 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.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

6. Hospital Admission Measures

Table 3 ED Admissions KPI Performance – BTHFT

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Conversion Rate*	23.50%	24.01%	24.47%	23.12%	23.67%	21.56%	23.14%	21.37%	22.16%	20.69%	21.90%	22.90%	22.11%
Average Daily Admissions*	94	95	87	83	90	87	85	86	90	80	79	86	86
DTA to Admit	03:19	03:40	04:11	04:46	04:00	04:38	04:39	03:58	03:52	04:58	05:09	03:57	04:27
Total LOS - Admitted Patients	07:50	08:03	08:30	09:27	08:16	09:24	08:56	08:03	08:00	09:22	09:24	08:09	08:39
% of Patients >12 Hours LoS	4.15%	4.49%	5.93%	6.83%	5.24%	6.22%	6.05%	3.96%	4.00%	6.16%	6.41%	4.21%	5.19%

ED KPIs related to admitted patients have improved in the last month due to opening of the discharge lounge. However October 2022 position is expected to deteriorate as speciality bed waits continue to cause pressure on the Emergency Department including ambulance performance.

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.

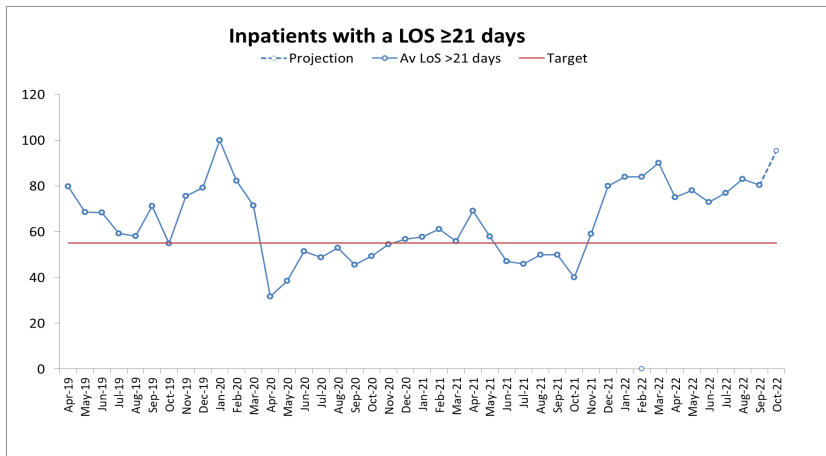
These work streams include:

- Winter planning is underway and bed occupancy projections suggest that the Trust is likely to operate on above 90% bed occupancy over the next few months with negative impact on ED's performance. The Trust is developing a winter plan to mitigate this impact, which will include the opening of additional beds.
- 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.
- Improvement to 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 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.
- Development of pathways to ensure that specialties take direct referrals and divert away from the ED unless requiring resuscitation.
- 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.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

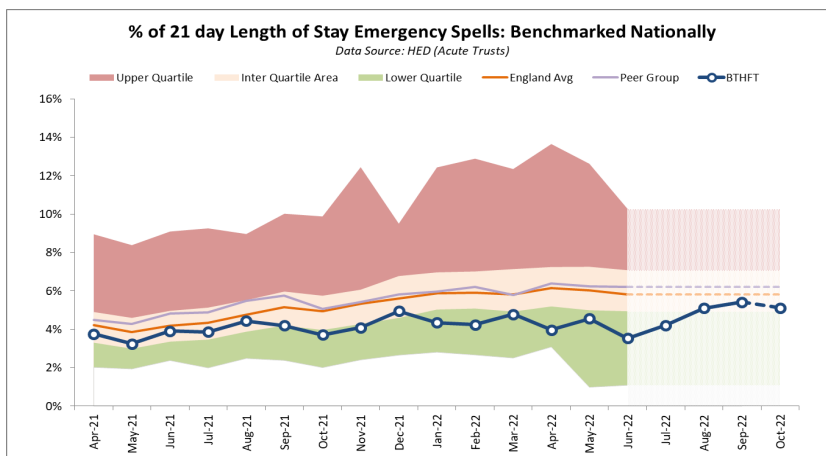
7. Emergency Inpatient Length of Stay (LOS) ≥ 21 days

Figure 6 Inpatient Length of Stay ≥ 21 days – BTHFT



The number of patients with a LOS over 21 days decreased with an average of 80 patients per day in September 2022. October 2022 position is projected to rise to 95 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 5.41% in September 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 Multi Agency Integrated Discharge Team (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.
- Lead for Complex Discharge in the process of completing a Standard Operating Procedure

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

(SOP) in line with our therapy colleagues to give clear direction of what MAIDT is responsible for within the discharge plan. The focus on this piece of work is to allow therapists to concentrate on providing rehabilitation to inpatients and MAIDT to support with equipment provision.

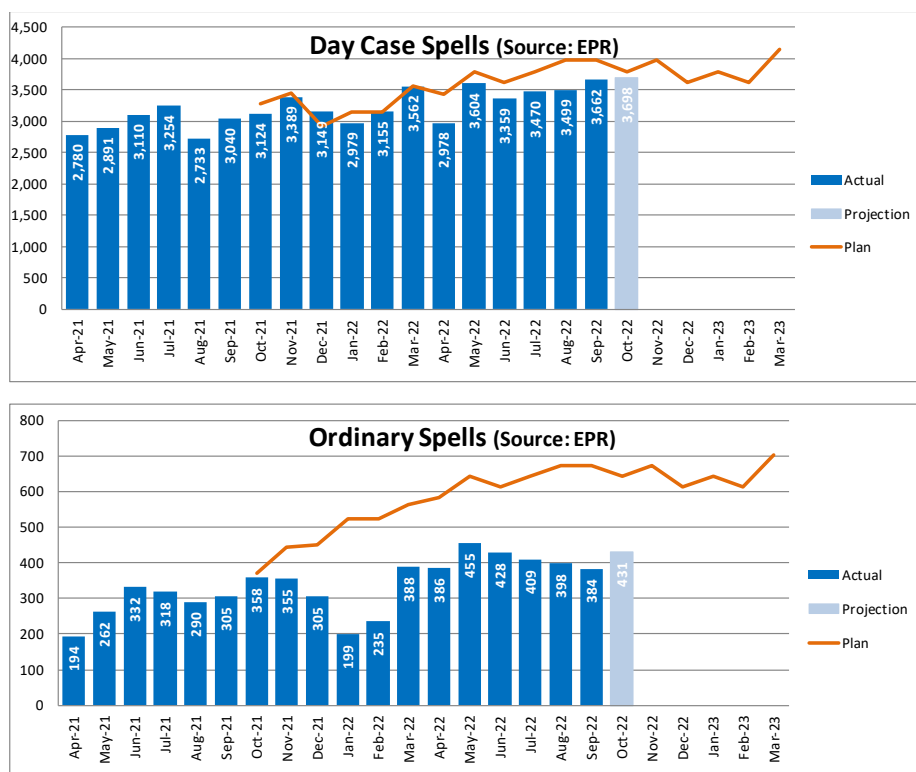
- Following discussions with the Local Authority and commissioning colleagues it is proposed that there will be increased focus and scrutiny from a team comprising MAIDT staff and Therapy to look at outstanding care package waits to review the rehab needs of these patients to ascertain if we can reduce the care package requirements.
- Early stages of work between BDCT and BTHFT to look at self-care around medication such as insulin in an attempt to prevent this becoming a DN task once patients leave hospital which allows for them to focus on admission avoidance and ongoing care for more complex diabetic patients in the community.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

8. Activity compared to 2022/23 Plan

8.1. Inpatient Activity

Figure 8 Elective 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%	97%
Sep-22	110%	103%	95%
Oct-22	110%	97%	94%
Nov-22	110%	108%	
Dec-22	110%	107%	
Jan-23	110%	98%	
Feb-23	110%	103%	
Mar-23	110%	106%	

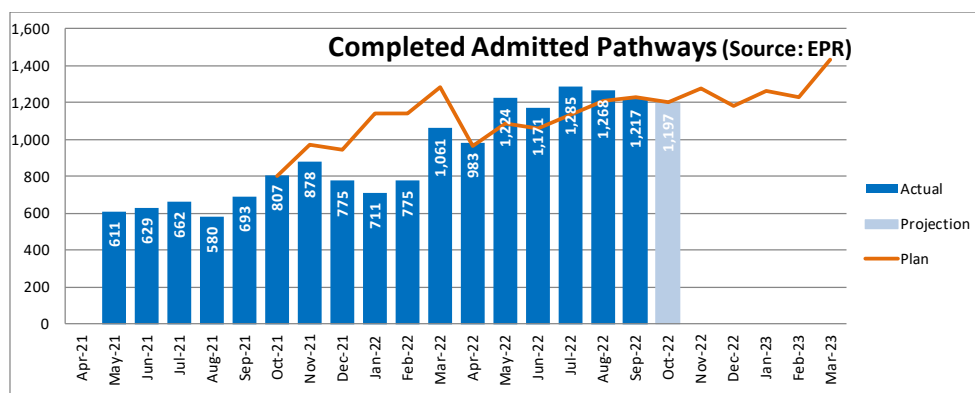
	Target	Plan	Actual
Apr-22	110%	108%	71%
May-22	110%	111%	79%
Jun-22	110%	102%	71%
Jul-22	110%	111%	70%
Aug-22	110%	112%	66%
Sep-22	110%	117%	67%
Oct-22	110%	113%	75%
Nov-22	110%	115%	
Dec-22	110%	112%	
Jan-23	110%	109%	
Feb-23	110%	101%	
Mar-23	110%	116%	

Day case activity remained high in September, despite the additional bank holiday, with daily rates reporting at their highest since April 2021. Overall performance continues to track below plan with total volumes expected to increase slightly in October. Work to maximise non-theatre procedures across appropriate specialties is continuing.

The number of elective ordinary spells in September saw a slight reduction. Whilst daily rates remained consistent with August, the additional bank holiday has impacted total September volumes. October spells are expected to improve slightly, but remain below plan. 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.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

Figure 9 Admitted Completed Pathways

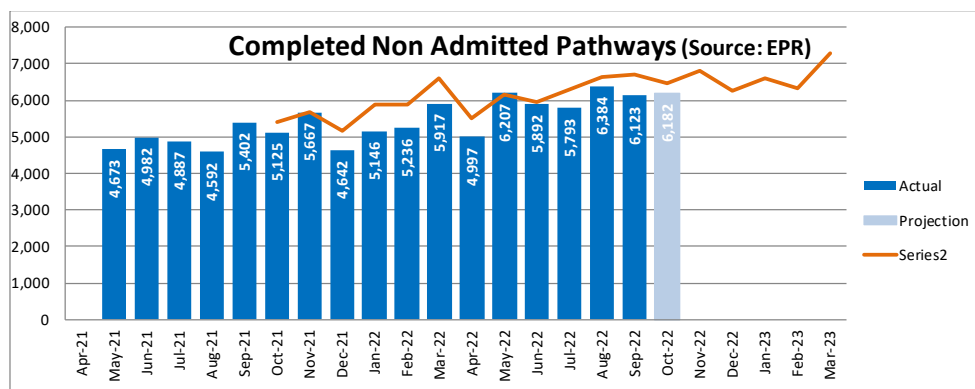


	Plan	Actual
Apr-22	69%	70%
May-22	79%	89%
Jun-22	83%	92%
Jul-22	85%	97%
Aug-22	97%	102%
Sep-22	94%	93%
Oct-22	89%	89%
Nov-22	94%	
Dec-22	99%	
Jan-23	85%	
Feb-23	91%	
Mar-23	106%	

The number of admitted clock stops in September saw a slight reduction compared with August 2022 volumes and therefore delivered just below plan. Admitted clock stops for October 2022 are predicted to remain static and in line with plan. Targeted waiting list validation continues which is improving the recording of clock stops compared to previous months.

8.2. Outpatient Activity

Figure 10 Non-Admitted Completed Pathways

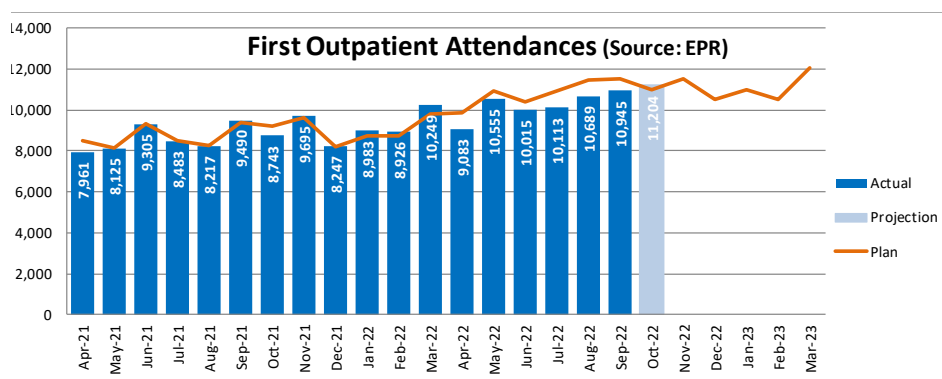


	Plan	Actual
Apr-22	95%	86%
May-22	102%	103%
Jun-22	109%	108%
Jul-22	96%	88%
Aug-22	123%	119%
Sep-22	114%	104%
Oct-22	97%	93%
Nov-22	108%	
Dec-22	110%	
Jan-23	98%	
Feb-23	103%	
Mar-23	113%	

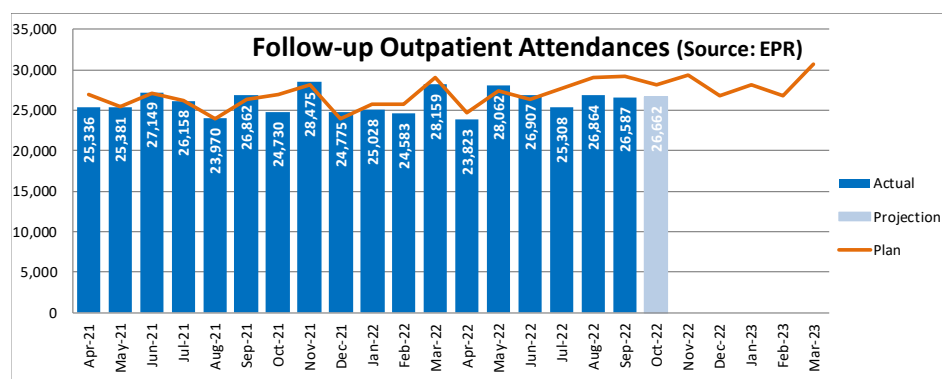
The number of non-admitted clock stops reduced in September compared to August 2022 achieving slightly below plan and is expected to remain fairly static in October. The progression of patients through diagnostic pathways and the ongoing review of clinic models (split between face to face and telephone appointments) are expected to keep a high ratio of clock stops per outpatient appointment.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

Figure 11 Outpatient Attendances



	Target	Plan	Actual
Apr-22	110%	104%	95%
May-22	110%	110%	106%
Jun-22	110%	112%	108%
Jul-22	110%	103%	95%
Aug-22	110%	125%	116%
Sep-22	110%	119%	113%
Oct-22	110%	106%	108%
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%	98%
Jun-22	85%	97%	99%
Jul-22	85%	90%	82%
Aug-22	85%	113%	105%
Sep-22	85%	103%	93%
Oct-22	85%	92%	87%
Nov-22	85%	104%	
Dec-22	85%	108%	
Jan-23	85%	93%	
Feb-23	85%	102%	
Mar-23	85%	109%	

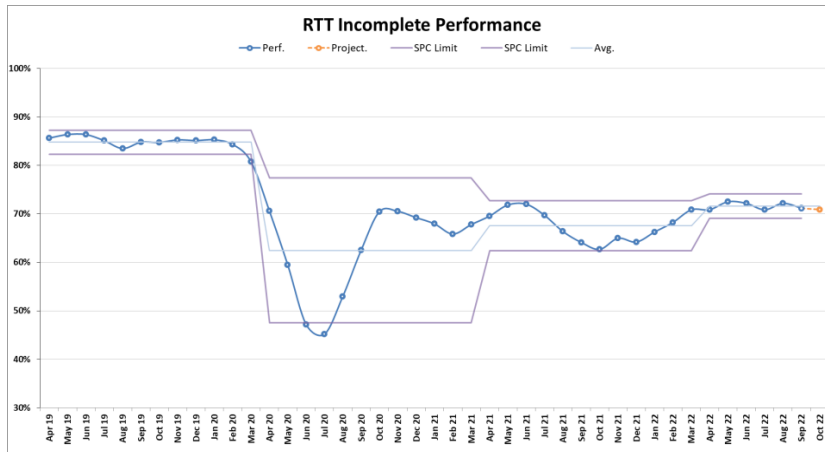
First attendances continued to increase in September with month-on-month improvements in daily activity rates evident since July 2022. Whilst September performance for first appointments remains below plan, activity is expected to improve and achieve above plan in October.

Follow-up appointments continued to remain static in September with a similar performance projected for October 2022. PIFU awareness is being increased via posters, QR codes, screensavers and DrDr messaging to further increase uptake. Digital outpatients project understanding barriers to moving away from unnecessary face to face consultations also proceeding. With progress being made in these areas being below plan is a positive position.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

9. Referral to Treatment (RTT)

Figure 12 Monthly 18 Week RTT Incomplete Performance



The Trust's 18 Week RTT position for September 2022 is 71.17%. Performance is expected to reduce to 70.89% in October 2022.

Figure 13 18 Week RTT Incomplete National Comparison – BTHFT

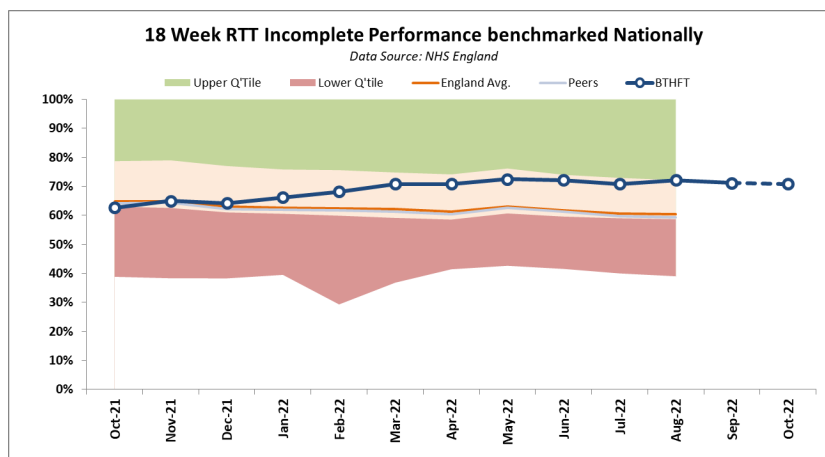
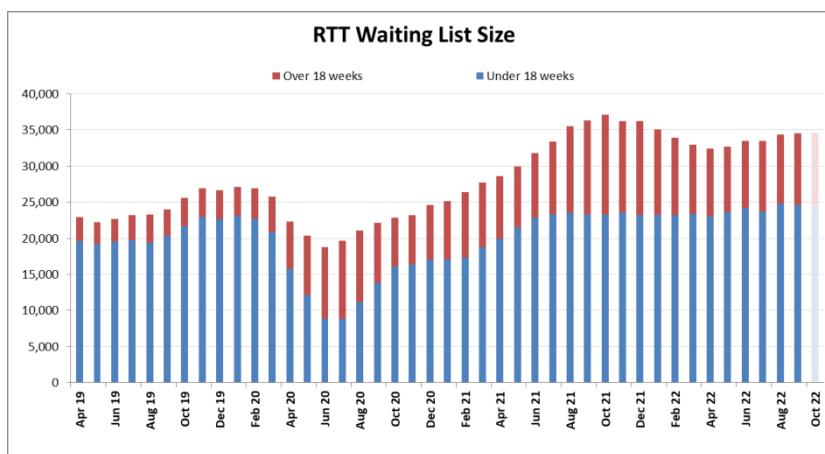


Figure 13 shows a national comparison of RTT Incomplete performance with BTHFT remaining significantly above the England and Peer average and now in line with the upper quartile.

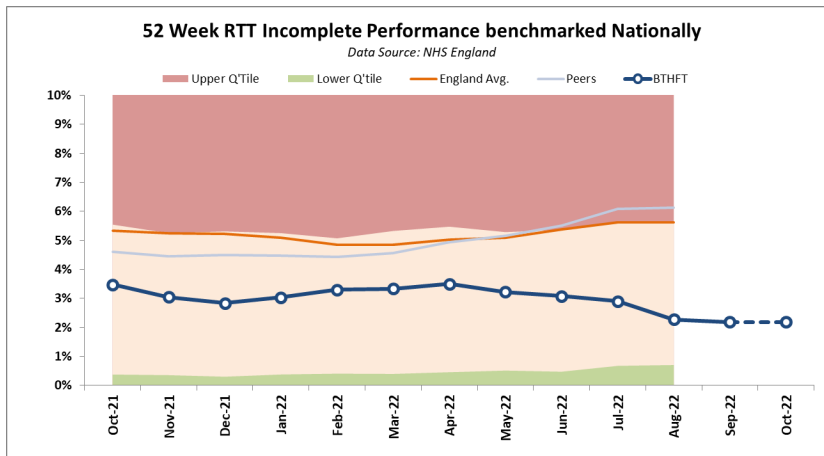
Figure 14 RTT Total Waiting List



The overall waiting list has increased in September 2022 compared to August 2022.

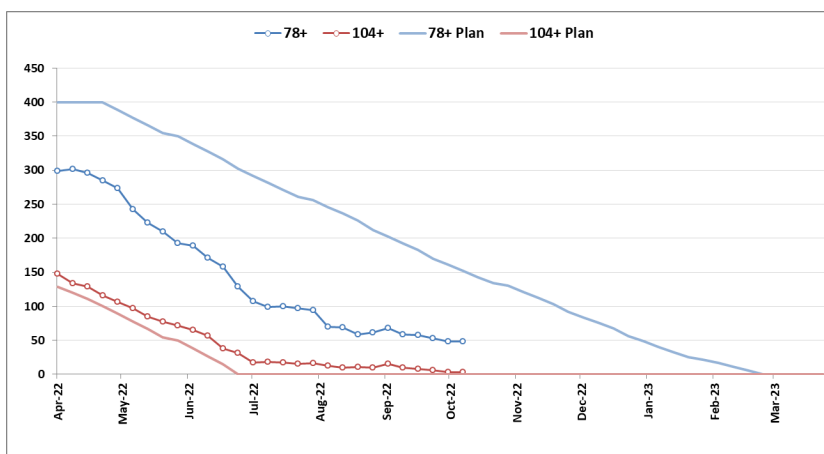
Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

Figure 15 Monthly 52 Week RTT Incomplete Performance (Target 0%)



52 Week RTT performance stands at 2.18% in September which represents a sustained improvement.

Figure 16 RTT Incomplete over 104 and 78 weeks



754 RTT Incomplete 52 week breaches, 47 78 week breaches and 3 104 week breaches were reported in September.

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. Services are in the process of reviewing opportunities to increase theatre productivity and patients per list.

Recruitment of locum consultants has continued for some specialties in September with the use of insourcing also continuing for relevant specialties in line with the plan to provide additional new and follow up capacity in 2022/23 to reduce waiting lists.

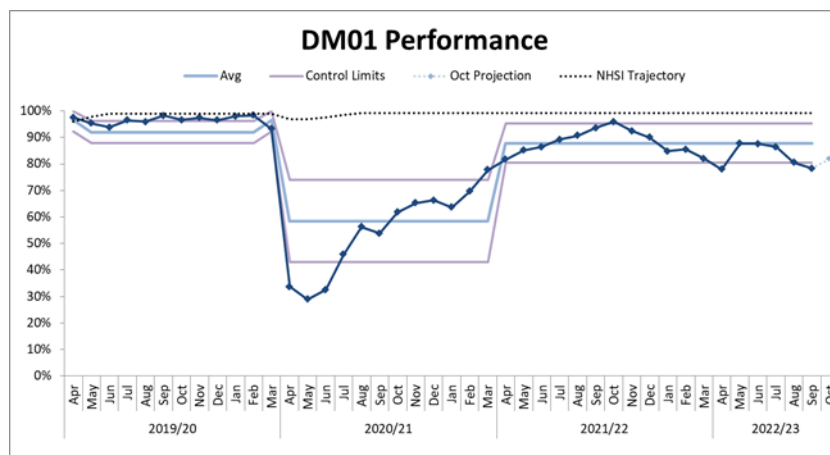
Work continues to increase the use of PIFU and Advice & Guidance; this is expected to reduce demand on clinic capacity and in turn result in waiting list reductions.

Patient level review and consultant level capacity and demand analysis is in place in support of the ambition to clear all 78 week waits by Christmas. Performance is on track to meet this.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

10. Diagnostic Waiting Times

Figure 17 Monthly DM01 Performance



September 2022 performance is at 78.30% and October 2022 performance is projected at 81.82%.

Figure 18 Diagnostics - National Comparison

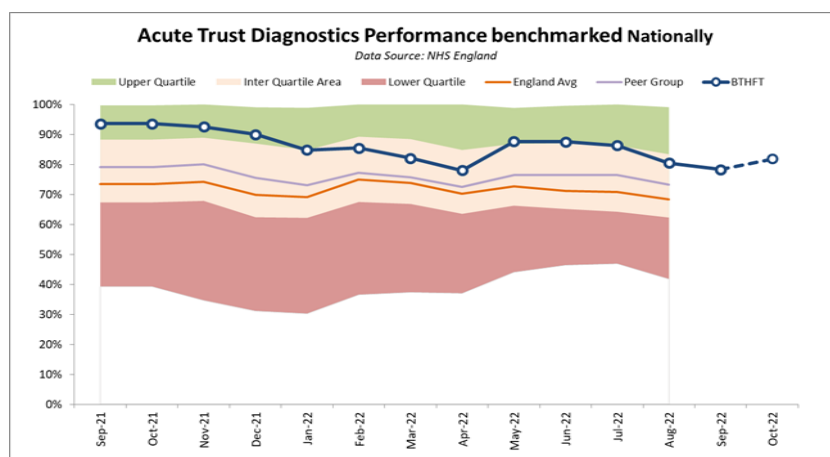


Figure 19 shows a national comparison of Diagnostic performance for September and October 2022. Although performance was deteriorating, BTHFT continues to be above the England average.

Diagnostic Improvement

Referral demand for MRI remains high and significantly above 2019/20 levels however during September all 4 scanners were in operation which improved performance with waiting list reduction week on week. Capacity and Demand is being further reviewed to establish what is needed to meet the growth in demand and reduce the waiting list to a sustainable size. It is expected that all scanners will remain fully operational in October.

Endoscopy referrals have increased due to the success of high profile campaigns which combined with vacancies, maternity leave, annual leave and retirement has impacted on the service capacity to meet the demand. In addition, booking processes have been affected by a shortage of bespoke staff however plans are in place to recruit which will enable staff to return to their substantive posts. October performance is expected to improve throughout the month as these staff changes take effect.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

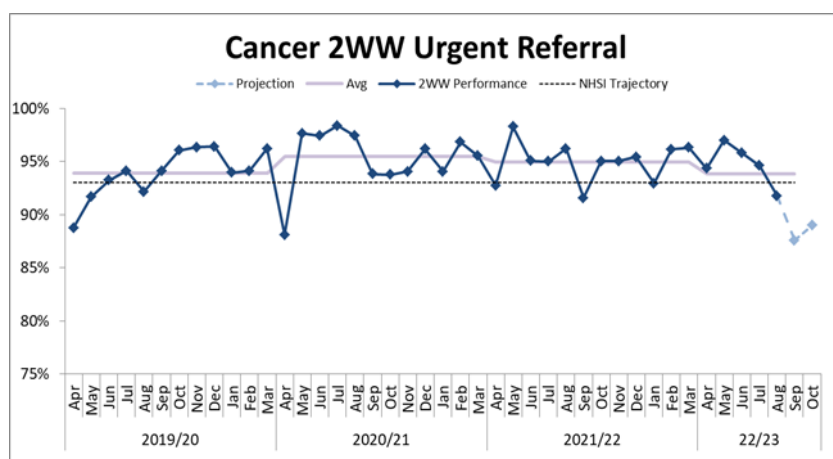
11. Cancer Standards

Table 4 Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	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	Sep-22	Oct-22
14 day GP referral for all suspected cancers	93%	95.1%	95.0%	96.2%	91.6%	95.0%	95.4%	92.9%	96.1%	96.3%	94.3%	97.0%	95.8%	94.6%	91.8%		87.6%	89.0%
14 day breast symptomatic referral	93%	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%	99.2%	99.1%	99.2%
31 day first treatment	96%	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%	96.3%	89.7%	95.9%	92.6%
31 day subsequent drug treatment	98%	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%	94.0%	96.3%	94.2%
31 day subsequent surgery treatment	94%	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%	86.3%	95.0%	90.5%
62 day GP referral to treatment	85%	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%	77.9%	83.6%	75.1%	84.5%
62 day screening referral to treatment	90%	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%	81.0%	85.4%	69.7%	83.3%
62 day consultant upgrade to treatment		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%	66.7%	100.0%	57.1%	62.5%

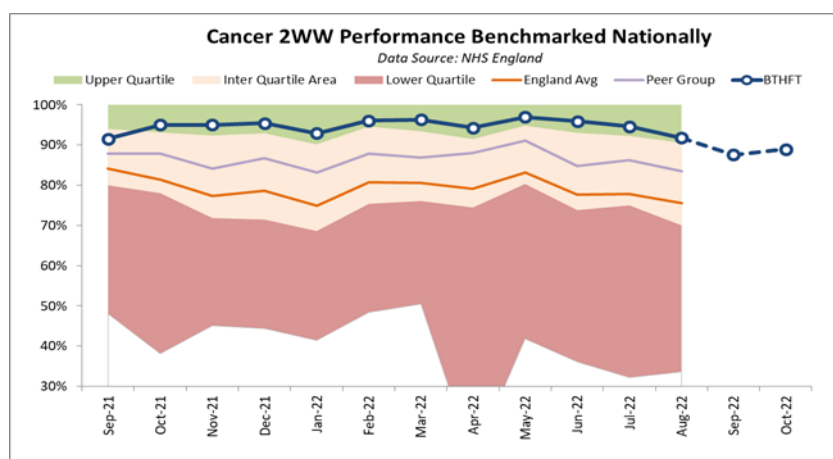
11.1. Cancer 2 Week Wait

Figure 19 Cancer 2WW performance (Target 93%)



2 Week Wait (2WW) for August 2022 is to 91.77% and is above the 93% target. Performance is expected to deteriorate for September 2022 and a dip below target for the Trust is projected for September.

Figure 20 2WW National Comparison – BTHFT



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

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

Table 5 2WW Performance by Tumour Group

Site	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	Sep-22	Oct-22
TRUST	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%	91.8%	87.58%	88.98%
Breast	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%	96.5%	99.0%	97.04%	96.96%
Gynae	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%	92.4%	98.7%	93.92%	94.55%
Haematology	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%	94.1%	100.0%	95.65%	96.43%
Head & Neck	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%	92.9%	96.3%	96.41%	97.78%
Lower GI	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%	91.3%	67.6%	56.99%	62.50%
Lung	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%	100.0%	100.0%	100.00%	100.00%
Other	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%	100.0%	100.0%	98.11%	93.02%
Skin	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%	95.4%	96.5%	98.87%	99.15%
Upper GI	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%	96.0%	82.8%	76.12%	75.71%
Urology	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%	97.8%	95.2%	96.69%	98.40%

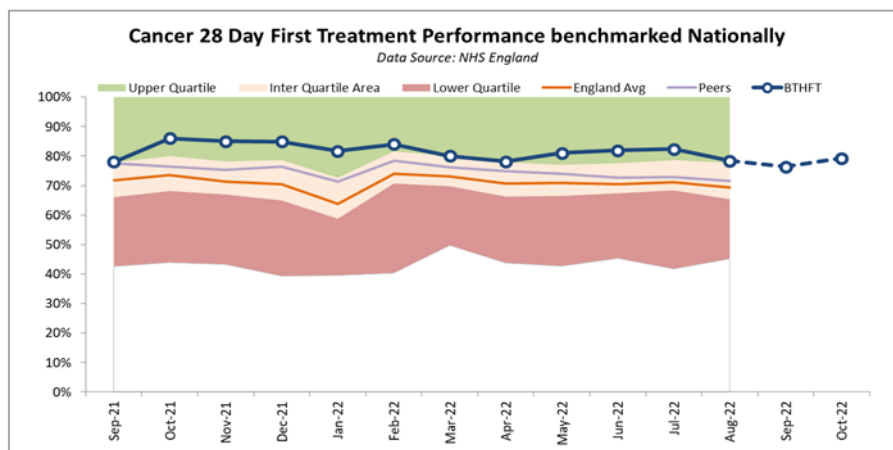
Additional demand for Lower GI came at a time when the service had significant capacity constraint impacting on Trust performance which is subsequently expected to drop to 87.58% and 88.98% in October as a result. To mitigate the short falls in capacity staff from other related specialities were drafted in to support, which then saw a wider impact on Upper GI performance however following successful recruitment this can be reversed and along with additional support for the booking process this will lead to a gradual improvement as autumn progresses.

The rise in referrals to certain tumour groups as a result of effective high profile national awareness campaigns continued to impact during September. Sustained referral pressure has led to deep dive analysis into referral data and conversion rates to highlight whether cancer rates are also increasing or whether the number of inappropriate referrals may be increasing. Work with primary care is ongoing with the LMC in support of action to reduce inappropriate fast track demand.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

11.2. Cancer 28 Day Faster Diagnosis

Figure 21 28 Day National Comparison – BTHFT



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

Table 6 28 Day Faster Diagnosis Standard (FDS)

Site	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	Sep-22	Oct-22
TRUST	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%	81.5%	77.9%	76.4%	79.2%
Breast	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%	97.4%	98.0%	99.0%	98.5%
Gynae	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%	47.9%	48.5%	53.7%	52.0%
Haematology	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%	50.0%	44.0%	47.1%	45.0%
Head & Neck	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%	75.4%	79.4%	73.6%	76.9%
Lower GI	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%	74.2%	60.1%	65.8%	68.7%
Lung	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%	88.6%	92.5%	100.0%	90.6%
Other	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%	88.9%	92.3%	77.8%	82.9%
Skin	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%	88.5%	80.4%	87.3%
Upper GI	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%	69.2%	67.1%	74.0%	72.7%
Urology	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%	81.7%	71.1%	61.7%	71.3%

Trust performance remained above the 75% target and also the peer average in August 2022, with a dip expected in September the performance is projected to improve again in October remaining above target.

Changes to the admin process will further support Gynaecology performance from October onwards although it is still below target sustained performance in Breast, skin and lung continue to maintain overall Trust performance.

Head and Neck are working to respond to demand growth, with changes to fixed capacity although the pressure on this tumour group is set to grow in October giving rise to additional holistic planning to increase activity and capacity earlier in the patient pathway as number of complex patients awaiting multiple diagnostics affect pathway performance against target.

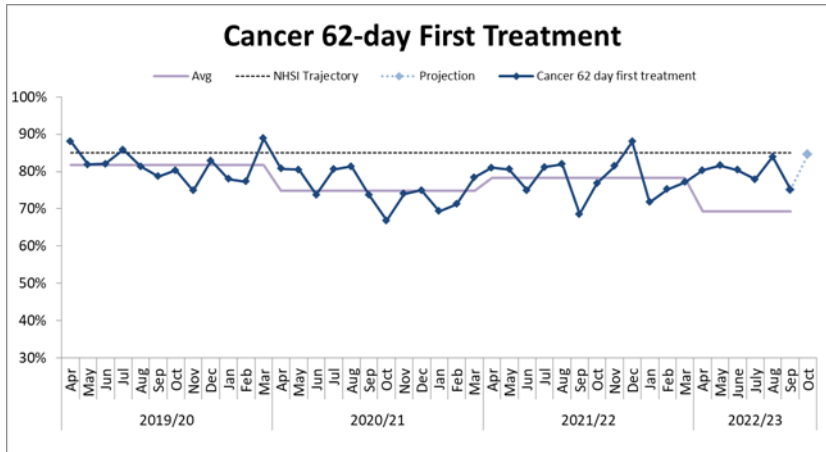
Urology performance is expected to improve in October following focused work to turnaround IPT's and the provision of additional clinics. Demand has reduced but remains above historic average.

The pressures within Lower and Upper GI continue to 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.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

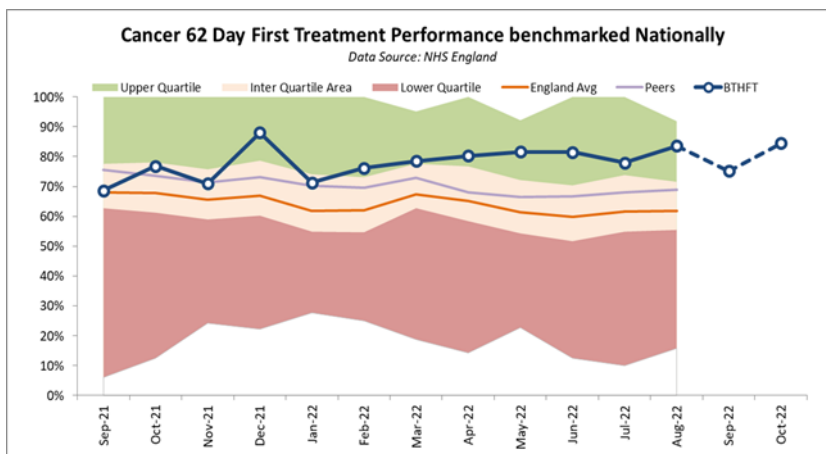
11.3. Cancer 62 Day First Treatment

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



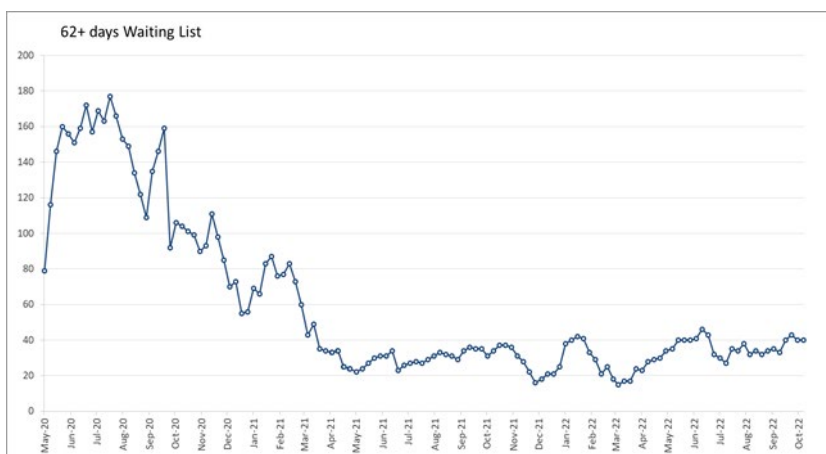
The 62 Day First Treatment position is stable in August 2022 at 83.59%.

Figure 23 62 Day First Treatment performance - National Comparison



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

Figure 24 Patients Waiting Over 62 Days



The number of patients waiting over 62 days remains above the plan for no more than 15.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

Table 7 62 Day First Treatment performance by Tumour Group

Site	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	Sep-22	Oct-22
TRUST	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%	77.9%	83.6%	75.1%	84.5%
Breast	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%	81.3%	88.2%
Gynae	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%	60.0%	66.7%	80.0%
Haematology	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%	83.3%	100.0%	75.0%
Head & Neck	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%	35.3%	57.1%	46.7%	62.5%
Lower GI	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%	50.0%	62.5%
Lung	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%	11.1%	14.3%	58.3%
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%	100.0%	50.0%	66.7%
Skin	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%	96.8%	100.0%	85.7%	93.3%
Upper GI	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%	80.0%	36.4%	71.4%
Urology	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%	95.0%	85.7%	88.5%	96.3%

Cancer Wait Time Improvement

Work continues, including with partners, to improve systems which impact on patient pathways. This work will improve speed of booking and utilisation of clinic and surgical slots driving effective and efficient use of resources. This work includes:

- On-going review of clinical pathways, with improvement support to pathway redesign in line with BPTPS, 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. This is now being monitored with Trust performance running at 2.71% which is within required levels.
- 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 still in the consultation change.
- Working with patients to reduce delays and DNA's. Wording on patient information leaflets and letters has been updated to ensure consistency and promote earlier attendance.
- Improving utilisation of clinics and surgical slots across a number of tumour groups through September and October due to prolonged pressure.
- Continued implementation of service development plans which include tele-dermatology, pathway navigation roles, NSS pathways, and digital remote monitoring.
- Implementation of NG12 and FIT testing.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

12. Other Contractual KPI – by exception

12.1. Cancelled Operations

Table 8 28 Day Rebook Breaches

	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Cancellations to rebook	54	26	47	54	47	63	44	30	32	56	31	24
28 day rebook breaches	6	5	4	8	4	8	12	6	4	4	4	4

There were 4 breaches of the 28 day re-booking target for same day cancelled operations in September 2022. The number of cancellations that require rebooking reduced compared to August. The 28 day rebook status is part of the clinical prioritisation process and considered alongside other factors when allocating theatre capacity.

Meeting Title	Board of Directors Open in Meeting		
Date	10 November 2022	Agenda item	Bo.11.22.38

APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Planning	Month	Threshold	Trajectory Target	Performance
Elective Day Case Spells	Sep-22	110%	103%	95%
Elective Ordinary Spells	Sep-22	110%	117%	67%
First Outpatient Attendances	Sep-22	110%	119%	113%
Admitted Clock Stops	Sep-22	n/a	94%	93%
Non Admitted Clock Stops	Sep-22	n/a	114%	104%
RTT - Patients waiting over 52 weeks on incomplete pathways	Sep-22	476	850	754
RTT - Patients waiting over 104 weeks on incomplete pathways	Sep-22	0	0	3
RTT - Total Waiting List size	Sep-22	39122	32054	34524
Cancer - Patients waiting over 62 days	Sep-22	15	15	40
Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Sep-22	95.00%	80.00%	74.82%
Ambulance handovers taking between 30-60 minutes	Sep-22	0	40	102
Ambulance handovers taking longer than 60 minutes	Sep-22	0	10	18
Trolley waits in A&E longer than 12 hours	Sep-22	0	0	16
Emergency Inpatient Length Of Stay >=21days	Sep-22	71	71	80
Cancer 2 week wait	Aug-22	93.00%	93.00%	91.77%
Cancer 2 week wait - breast symptomatic	Aug-22	93.00%	93.00%	99.20%
Cancer 28 day Faster Diagnosis	Aug-22	75.00%	75.00%	77.92%
Cancer 31 day First Treatment	Aug-22	96.00%	96.00%	89.68%
Cancer 31 day Subsequent Surgery	Aug-22	94.00%	94.00%	86.27%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Aug-22	98.00%	98.00%	94.00%
Cancer 62 day First Treatment	Aug-22	85.00%	85.00%	83.59%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Aug-22	90.00%	90.00%	85.42%
Diagnostics - patients waiting under 6 weeks for test	Sep-22	99.00%	86.50%	78.30%
RTT - Patients waiting within 18 weeks on incomplete pathways	Sep-22	92.00%	73.00%	71.17%
Mixed-sex accommodation breach	Sep-22	0	0	0
Cancelled Operations 28 day breach	Sep-22	0	0	4
Urgent operation cancelled for a second time	Sep-22	0	0	0