

Meeting Title	Board of Directors Open Meeting		
Date	19 January 2023	Agenda item	Bo.1.23.30

## PERFORMANCE REPORT – FOR THE PERIOD NOVEMBER 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			
Previously approved at:		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 November 2022.			
Analysis			
<b>Ambulance Handovers:</b>			
<ul style="list-style-type: none"><li>• Attributable performance for handovers within 15 minutes was 85.43% in November 2022 and December 2022 is projected to be at 80%; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.</li><li>• Challenges to recent ambulance handover performance have been supported with joint working between YAS's Hospital Ambulance Liaison Officer (HALO) and Emergency Department's Senior Leadership Team.</li><li>• Ambulance wait area has been expanded from 4 trolley bays to 6 and the fit to sit area expanded from 6 to 12 chairs (including wheelchair access).</li><li>• 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.</li></ul>			
<b>Emergency Care Standard (ECS):</b>			
<ul style="list-style-type: none"><li>• ECS performance for Type 1 and 3 attendances was 71.08% for November 2022 and is currently forecast at 67.10% for December 2022. The position compares favourably against other acute Trusts in WYAAT and the national benchmark which reflects the difficulties everyone is facing.</li><li>• ECS performance was expected to remain between 70% and 80% in winter due to the anticipated winter pressures associated with demand and gaps in nursing and medical rotas across the whole system relating to a combination of sickness and vacancies.</li><li>• Significant pressure has been seen within Paediatric ED with the number of children's presentations with respiratory illness impacting earlier than expected. Given the earlier presentation of respiratory illness in children it is likely we will also see an early peak in adult</li></ul>			

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presentations.

- ED has developed a delivery plan with focus on management of the department during busy hours and delivery against the new ECS standards. Additional capacity has also been secured for the primary care stream in ED. GP clinical streaming trial underway and is in place at the front door of ED, directing to primary care services only with potential to expand to other zones within A&E.

#### **Long Length of Stay (Stranded Patients):**

- The daily average number of patients with a length of stay  $\geq 21$  days was 94 in November 2022. The December 2022 position is projected to be a daily average of 96.
- Daily review is being taken place of patients with long length of stay (LLOS) requiring further clinical and therapy intervention.
- The MAID Team, wards teams, senior nursing and therapies are working closely throughout the week to enable timely discharge of long length of stay (LLOS) patients.
- 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.
- The Operational Medical Director is supporting a review of long stay patients who still require medical intervention as this number is increasing.

#### **Inpatient and Outpatient Activity:**

- Outpatient activity improved in November with the highest daily rate of activity delivered compared to the rest of this financial year. Increases in both new and follow-up appointments contributed to an improved completed position for non-admitted clock stops.
- Day case and elective ordinary spells remained below plan in November although improvements were delivered for both when compared to October activity.
- Work continues through the OTS initiative and the weekly 6-4-2 reviews to increase both staff wellbeing and drive improvements in theatre productivity.
- Additional locums and insourcing continue to support outpatients in order to further increase activity levels in 2022/23 and reduce waiting lists in line with national planning objectives.

#### **Referral to Treatment:**

- Referral to Treatment (RTT) performance has improved in November to 73.28% from 72.27% in October. Whilst long wait reductions are being maintained, the overall waiting list continues to grow, principally due to increases in the number of under 18-week waiters.
- The Trust continues to focus on increasing activity levels and ensuring the longest waiting and most clinically urgent patients are part of prioritisation practices.
- A workstream overseen by CPBS is also due to commence whereby all services will be guided through a waiting list validation process with a view to improving chronological booking, the use of PIFU and reducing patient cancellations.
- There remain no patients with wait times greater than 104 weeks in November. The 78 week+ cohort also continues to reduce ahead of trajectory and remains on track to achieve a zero position by the end of Q4 with reductions also continuing with 52+ week waiters.

#### **Diagnostic waiting times:**

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- The DM01 performance for November was 79.81% and is projected to be running at 79.61% for December 2022 due predominately to ongoing high demand and capacity issues within Endoscopy, Ultrasound and MRI.
- MRI capacity improved during October with all scanners working again. In November a planned reduction in scanners was being mitigated by extended scanning hours, and as expected recovery slowed during this period. This will continue during December as the additional scanning hours will not offset the higher than expected demand.
- Endoscopy performance did not recover as expected in October and this continued into November due to ongoing capacity issues relating to both staff and space to meet demand. There remains some delay for specific procedures relating to the high pre-assessment demand from this recovery work and some unwell patients who are not able to attend but will remain on the list.
- Obstetric ultrasound demand is exceeding forecasts which have put pressure on DM01 reportable non-obstetric capacity due to the 'Saving Babies lives' initiative. Additional sessions are being used to mitigate this with some improvement forecast during October. A longer term plan is being prepared by the department.

#### **Cancer Wait Times:**

- Sustained referral volumes following successful awareness campaigns, and ongoing patient concordance issues have presented a prolonged challenge to 2WW performance.
- 2 week wait performance was above target in November but is forecast to drop below in December. Work has been underway to bring as many appointments forward as possible to mitigate the bank holiday and industrial action impact on capacity. Additional clinics will be required in early January to reduce delays in some areas.
- 28 day faster diagnosis performance has improved at over 77%. Lower and Upper GI are improving in line with Endoscopy activity increasing, Head & Neck have additional capacity and Clinical Oncology at Leeds and Radiology at BTHFT are working with our teams to respond to growth in demand for specific tests.
- The Cancer 62 Day First Treatment performance has continued below the target of 85%. Breast, Urology and Skin performance each remain above plan and the Trust remains in the upper quartile nationally for this KPI. The number of waits over 62 days also reduced in November which will support future delivery of the standard.

#### **Other KPI of note:**

- 28 day rebooking of same day cancellations remain a challenge. The position has improved but due to theatre capacity constraints it is not always possible to meet this target.
- Increased demand and the availability of SALT input is presenting additional challenges for Stroke care. A business case for additional SALT resource and a joint working group with AGH have been added to existing improvement actions.

#### **Recommendation**

The Board is asked to:

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

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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	
Explanation of variance from Board of Directors Agreed General risk appetite (G)	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.					

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
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard: Choose an item.</b>
<b>NHS Improvement Effective Use of Resources: Finance</b>
<b>Other (please state):</b> 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"/>

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## APPENDIX 1

### LATEST REPORTED PERFORMANCE – OCTOBER 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
3	<u>Ambulance Handover 30-60</u>	Nov -22	30	<b>70</b>	↓
3	<u>Ambulance Handover 60+</u>	Nov -22	10	<b>30</b>	→
5	<u>Emergency Care Standard</u>	Nov -22	80.00%	<b>71.08%</b>	↓
7	<u>Length of Stay ≥21days</u>	Nov -22	71	<b>94</b>	↑
9.1	<u>18 Week RTT Incomplete</u>	Nov -22	75.34%	<b>73.28%</b>	↑
9.2	<u>52 Week RTT Incomplete</u>	Nov -22	2.41%	<b>1.99%</b>	↓
10	<u>Diagnostics Waiting Times</u>	Nov -22	89.50%	<b>79.81</b>	↓
11.1	<u>Cancer 2 Week Wait</u>	Oct -22	93.00%	<b>93.60%</b>	↑
11.2	<u>Cancer 28 Day FDS</u>	Oct -22	75.00%	<b>73.38%</b>	↓
11.3	<u>Cancer 62 Day First Treatment</u>	Oct -22	85.00%	<b>79.65%</b>	↓

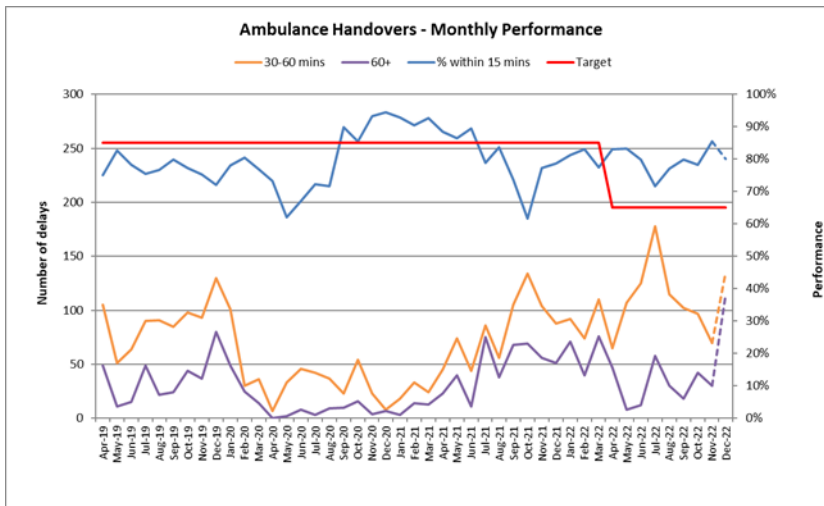
**Red** performance = not meeting plan; **Green** performance = meeting or exceeding plan.

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

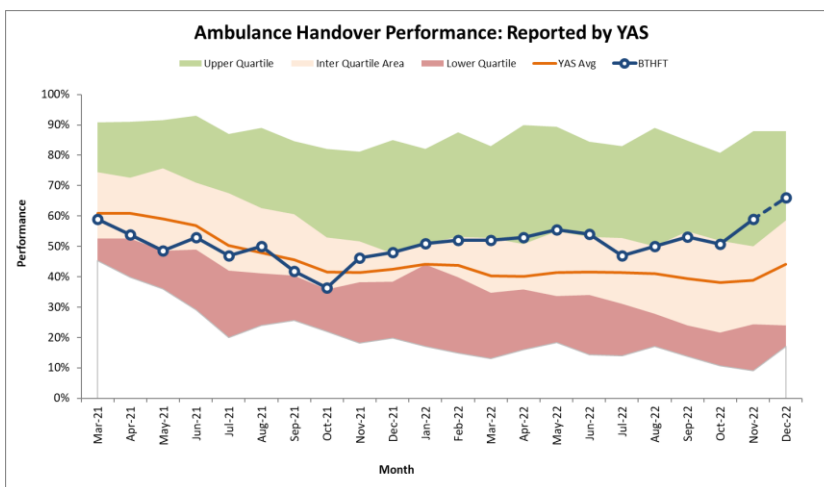
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### 3. Emergency Ambulance Handover Performance

**Figure 1 Ambulance Handovers – Attributable to BTHFT**



The number of delayed handovers in November 2022 was 70 between 30 and 60 minutes and 30 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**

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

- Bi-monthly team meetings and on site YAS team managers in place.
- Ambulance wait area expanded from 4 trolley bays to 6 and fit to sit area expanded from 6 to 12 chairs (including wheelchair access).
- Validation process in place to support accurate reporting of handover times.
- Live data sharing to support the deployment of YAS team leads to the site when appropriate.
- Escalation protocol in place for the nurse running Ambulance Assessment Area (AAA), this includes actions to be taken at different trigger points based on how busy AAA is.
- Boards oversight of Cat 1&2 ambulances performance and 30 and handover delays.

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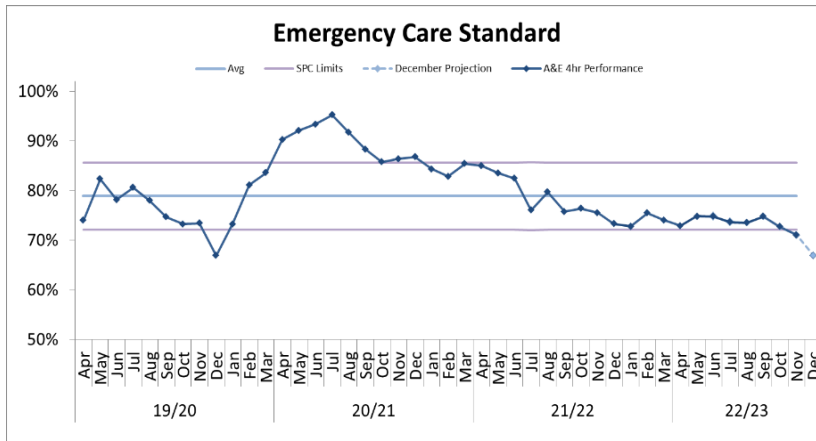
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- Executive-level oversight is in place to ensure rapid intervention for any handover delay in excess of two hours, or when there are more than five handover delays in excess of one hour. This includes Executive/Strategic level conversation with YAS to agree plans for resolution.



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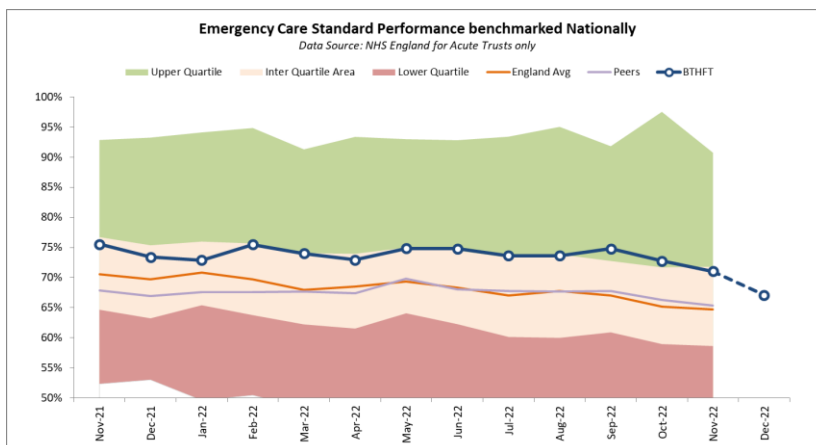
## 4. Emergency Care Standard (Type 1&3)

**Figure 3 Monthly ECS Performance – BTHFT**



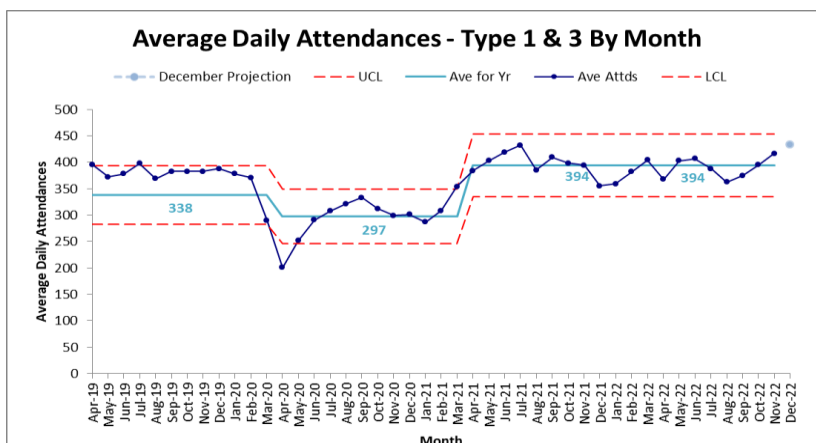
BTHFT reported a position of 71.08% for the month of November 2022. December 2022 position is projected to deteriorate to 67.10%.

**Figure 4 ECS Performance – National Comparison**



0 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 November 2022 with the daily average being 417. December 2022 position is projected to be 433.



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## 5. Emergency Department Measures

**Table 2 ECS KPI Performance – BTHFT**

	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Average Daily Attendances	356	359	382	404	368	403	407	388	362	375	395	417	433
Average Daily Breaches	95	98	94	105	100	101	103	102	96	94	108	121	142
ECS Performance	73.29%	72.83%	75.51%	74.08%	72.94%	74.84%	74.82%	73.67%	73.56%	74.82%	72.75%	71.08%	67.10%
Arrival to Assess	00:28	00:29	00:27	00:32	00:27	00:27	00:27	00:28	00:27	00:25	00:29	00:28	00:36
Assess to Treat	02:04	02:30	02:18	02:44	02:30	02:14	02:18	02:31	02:28	02:09	02:28	02:34	03:00
Treatment Length	02:17	02:21	02:12	02:22	02:18	02:10	02:07	02:22	02:22	02:16	02:21	02:19	02:32
Total LOS - Discharged Patients	03:37	03:44	03:34	03:45	03:44	03:43	03:43	03:55	03:52	03:46	03:59	04:04	04:18
Total LOS	04:54	05:05	04:46	05:03	04:58	04:43	04:40	05:05	05:08	04:46	05:10	05:09	05:39

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 which will be initiated in early 2023.

- 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 allowing for 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.

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## 6. Hospital Admission Measures

**Table 3 ED Admissions KPI Performance – BTHFT**

	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Conversion Rate*	24.47%	23.12%	23.67%	21.56%	23.14%	21.37%	22.16%	20.69%	21.90%	22.86%	22.13%	22.13%	21.26%
Average Daily Admissions*	87	83	90	87	85	86	90	80	79	86	87	92	92
DTA to Admit	04:11	04:46	04:00	04:38	04:39	03:58	03:52	04:58	05:10	03:58	04:34	04:38	05:07
Total LOS - Admitted Patients	08:30	09:27	08:16	09:24	08:56	08:03	08:00	09:22	09:42	08:09	08:35	08:35	09:43
% of Patients >12 Hours LoS	5.93%	6.83%	5.24%	6.22%	6.05%	3.96%	4.00%	6.16%	6.41%	4.16%	5.48%	5.50%	7.42%

ED KPIs related to admitted patients remain high, as high bed occupancy rate is resulting in increased speciality bed waits adding further pressure on the Emergency Department including ambulance performance.

### ED Admissions Improvement

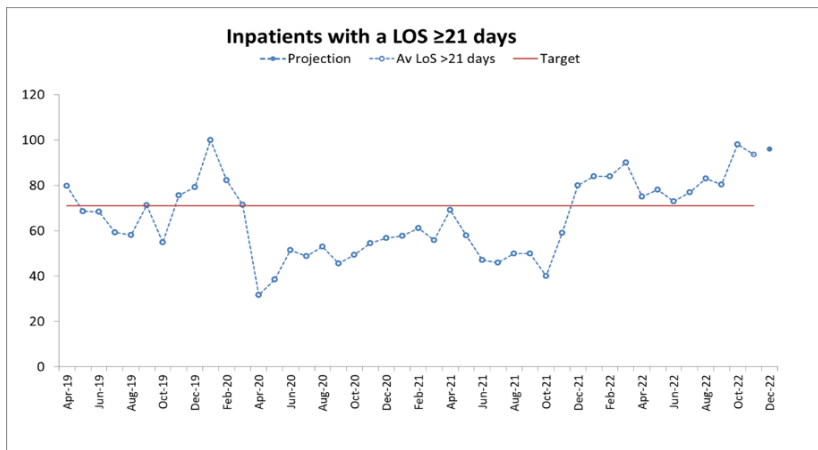
The Urgent Care Programme will deliver several work streams to improve current ECS performance of admitted patients as well as the future standards as outlined in planning guidance. These work streams include:

- Additional bed capacity has been opened as part of the winter plan; however, this has been impacted due to nurse staffing pressures. Between September and December 2022 this equates to 17 beds across 5 wards with an additional 23 beds once our winter ward opens in January.
- The Medical Model is being reviewed across all medical specialties, a meeting with all Clinical Directors is planned and a new proposal will be shared in the new year to support improvements in patient flow.
- Surge area opened to accommodate 6 patients in AED awaiting an in-patient bed.
- Revised Full Capacity protocol shared and awaiting exec approval
- 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.
- 7 day consultant of the week model is in place, this ensures all in-patients have a daily senior review including those in downstream medical and surgical beds.
- Robust on-call rotas are in place for both clinical and non-clinical on call managers and are reviewed weekly.
- Improvement to admission and SDEC pathways to further relieve over-crowding and improve department 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.

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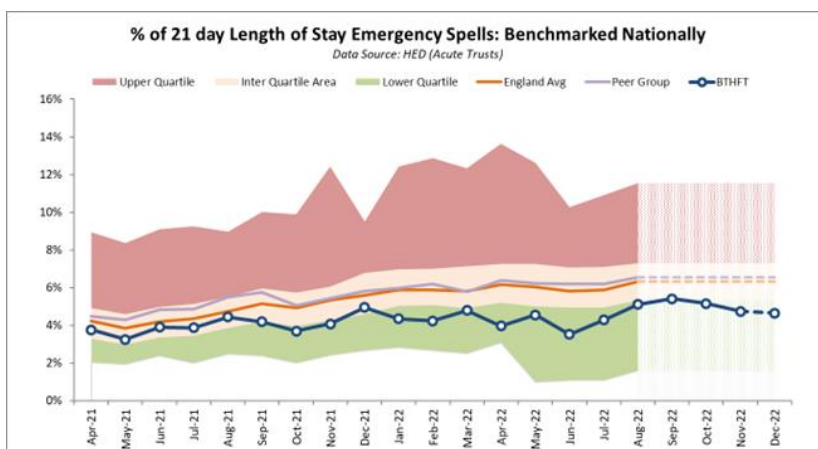
## 7. Emergency Inpatient Length of Stay (LOS) ≥ 21 days

**Figure 6 Inpatient Length of Stay ≥21 days – BTHFT**



The number of patients with a LOS over 21 days decreased with an average of 94 patients per day in November 2022. December 2022 position is projected to rise to 96 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 4.75% in November 2022.

The numbers of patients above 21 days long length of stay (LLOS) remains high due to high number of LLOS patients requiring further clinical and therapy intervention. Our social care partners are also facing increased challenges which can delay transfer.

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### Long Length of Stay Improvement

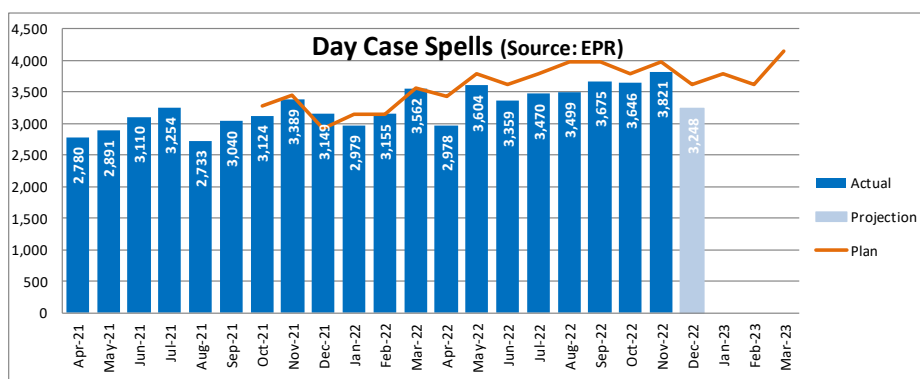
- Daily review is being taken place of LLOS patients requiring further clinical and therapy intervention. Possibilities of alternative methods of care outside the Trust are being explored by the Clinical Lead of command centre and patient's consultants.
- All stroke patients automatically referred to the Multi Agency Integrated Discharge Team (MAIDT) at the point they are stepped down from HASU 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 (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 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.
- The Operational Medical Director is supporting a review of long stay patients who still require medical intervention as this number is increasing.

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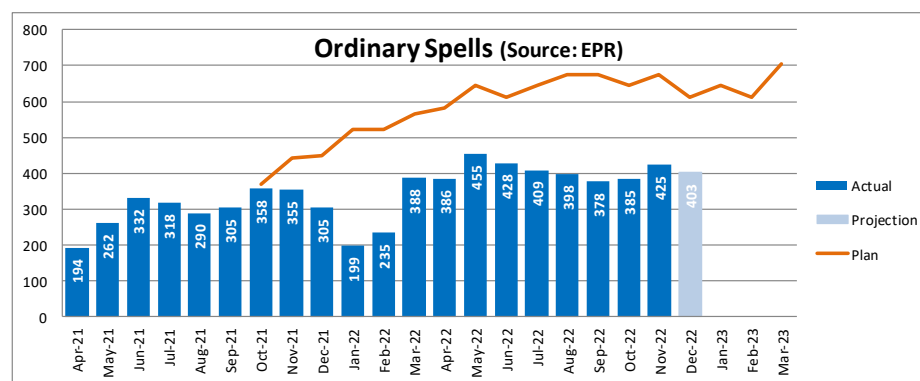
## 8. Activity compared to 2022/23 Plan

### 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%	96%
Oct-22	110%	97%	93%
Nov-22	110%	108%	104%
Dec-22	110%	107%	96%
Jan-23	110%	98%	
Feb-23	110%	103%	
Mar-23	110%	106%	



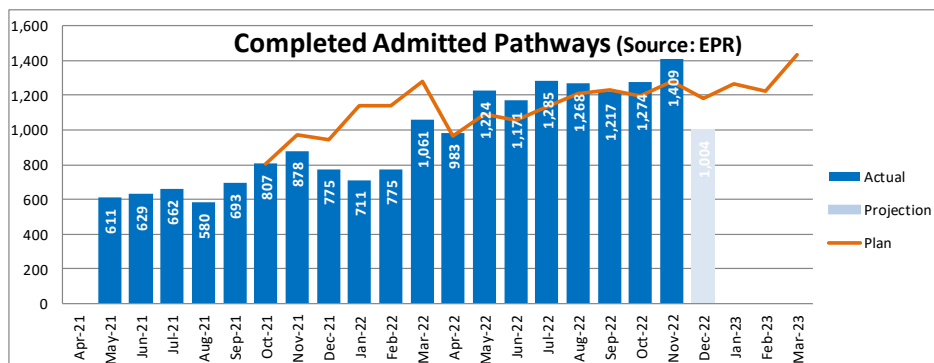
	Target	Plan	Actual
Apr-22	110%	108%	71%
May-22	110%	111%	79%
Jun-22	110%	102%	71%
Jul-22	110%	111%	70%
Aug-22	110%	112%	66%
Sep-22	110%	117%	66%
Oct-22	110%	113%	67%
Nov-22	110%	115%	72%
Dec-22	110%	112%	74%
Jan-23	110%	109%	
Feb-23	110%	101%	
Mar-23	110%	116%	

Day case activity remained high in November with improvements in BRI and sub-contract activity observed across several services. However, overall performance continues to track below plan with total volumes also projected to deliver below plan in December following activity reductions on the 15th and 20th December due to industrial action.

The number of elective ordinary spells in November saw a similar increase with weekly 6-4-2 reviews continuing to target list utilisation, theatre start times and booking processes. The industrial action had a smaller impact on elective ordinary than day case activity.

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**Figure 9 Admitted Completed Pathways**

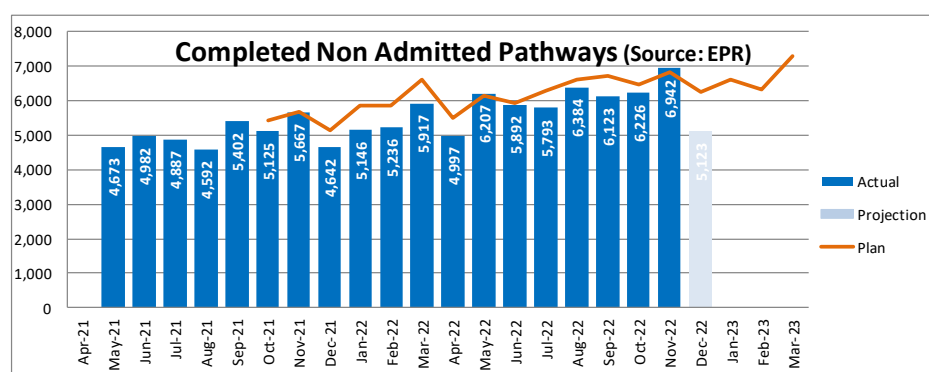


	Plan	Actual
Apr-22	69%	70%
May-22	79%	89%
Jun-22	83%	92%
Jul-22	85%	97%
Aug-22	97%	102%
Sep-22	94%	93%
Oct-22	89%	95%
Nov-22	94%	104%
Dec-22	99%	84%
Jan-23	85%	
Feb-23	91%	
Mar-23	106%	

The number of admitted clock stops in November improved significantly compared with October 2022 and remained above plan. Clock stop activity has reduced in December as a result of the industrial action and volumes are projected to deliver below plan as a result.

## 8.2. Outpatient Activity

**Figure 10 Non-Admitted Completed Pathways**

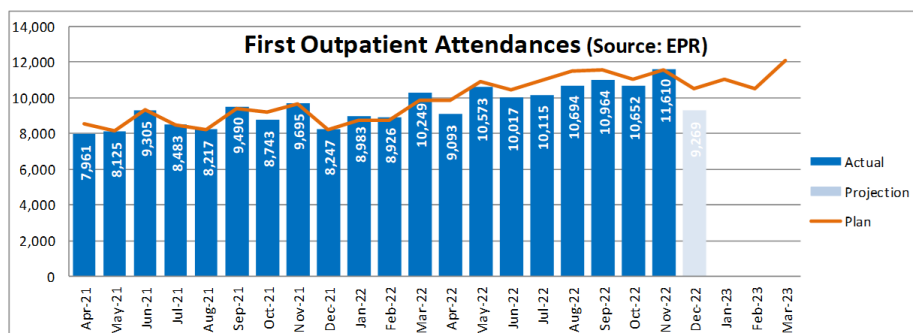


	Plan	Actual
Apr-22	95%	86%
May-22	102%	103%
Jun-22	109%	108%
Jul-22	96%	88%
Aug-22	123%	119%
Sep-22	114%	104%
Oct-22	97%	94%
Nov-22	108%	110%
Dec-22	110%	90%
Jan-23	98%	
Feb-23	103%	
Mar-23	113%	

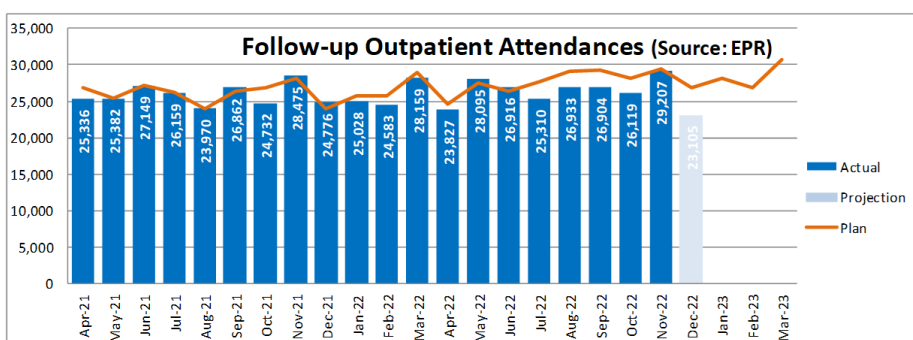
Non-admitted clock stops increased in November, in line with similar increases in outpatient activity, thereby delivering above plan for the month. December performance is projected to reduce and is not expected to achieve plan. This relates to cancelled clinics for industrial action but also increasing staff absence due to sickness.

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**Figure 11 Outpatient Attendances**



	Target	Plan	Actual
Apr-22	110%	104%	95%
May-22	110%	110%	107%
Jun-22	110%	112%	108%
Jul-22	110%	103%	95%
Aug-22	110%	125%	117%
Sep-22	110%	119%	113%
Oct-22	110%	106%	103%
Nov-22	110%	117%	118%
Dec-22	110%	120%	106%
Jan-23	110%	105%	
Feb-23	110%	115%	
Mar-23	110%	124%	



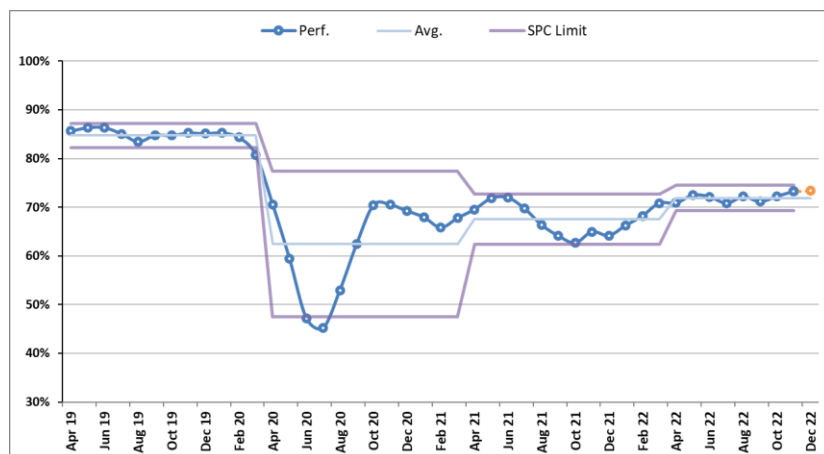
	Target	Plan	Actual
Apr-22	85%	89%	86%
May-22	85%	96%	98%
Jun-22	85%	97%	99%
Jul-22	85%	90%	82%
Aug-22	85%	113%	105%
Sep-22	85%	103%	94%
Oct-22	85%	92%	85%
Nov-22	85%	104%	104%
Dec-22	85%	108%	93%
Jan-23	85%	93%	
Feb-23	85%	102%	
Mar-23	85%	109%	

First attendances improved significantly in November compared to October delivering on plan with similar increases in FUP activity. The use of both insourcing and additional locums continues to contribute to outpatient delivery for both new and follow-up demand. Industrial action on the 15th and 20th is expected to reduce outpatient activity further than was planned for December with projected delivery now forecast to deliver below plan.



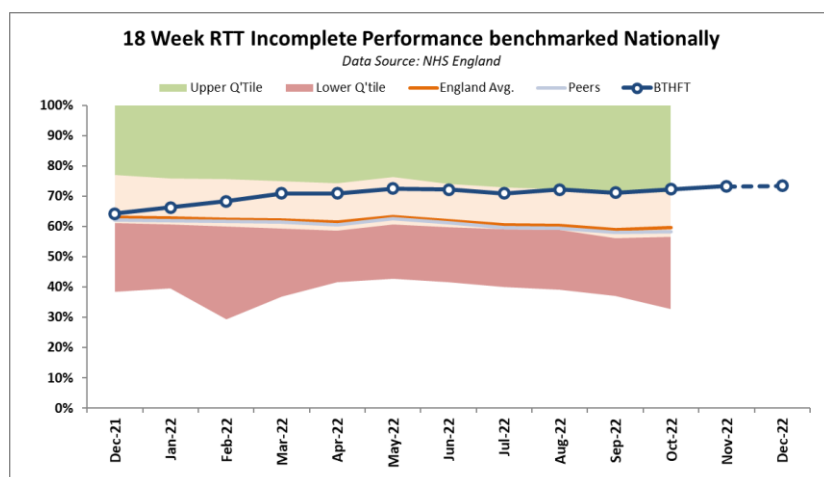
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## 9. Referral to Treatment (RTT)



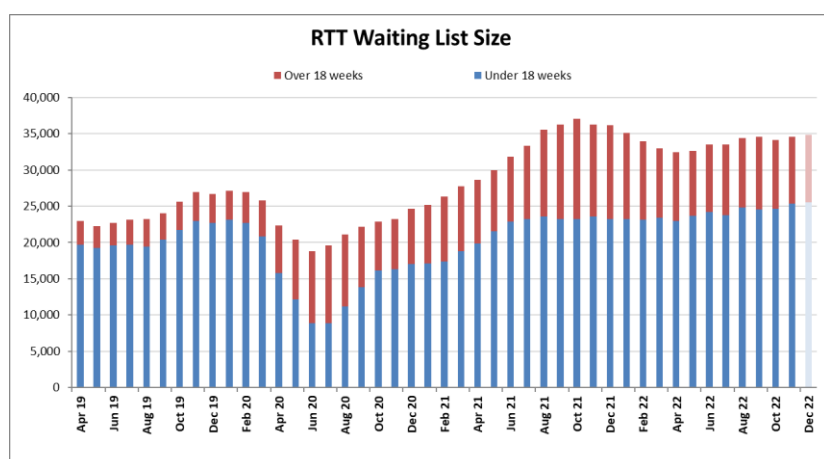
**Figure 12 Monthly 18 Week RTT Incomplete Performance**

The Trust's 18 Week RTT position for November 2022 is 72.38%. Performance is expected to remain stable at 73.41% in December 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 remaining in line with the upper quartile.



**Figure 14 RTT Total Waiting List**

The overall waiting list has increased slightly in November

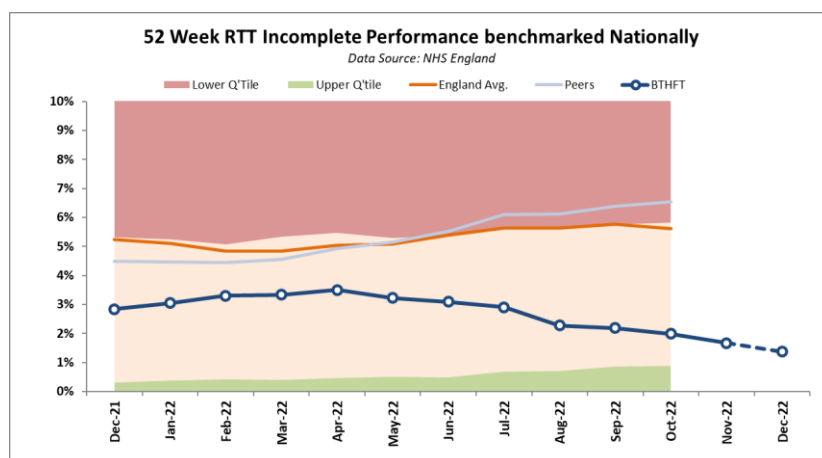
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and is forecast to do so again in December.

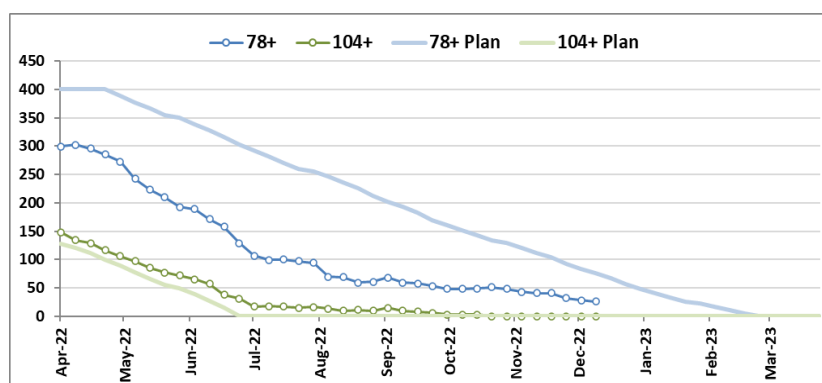
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**Figure 15 Monthly 52 Week RTT Incomplete Performance (Target 0%)**



52 Week RTT performance stands at 1.67% in September which represents a sustained improvement, with a further reduction expected in December.

**Figure 16 RTT Incomplete over 104 and 78 weeks**



578 RTT Incomplete 52 week breaches, 30 78 week breaches and 0 104 week breaches were reported in November.

## Referral to Treatment Improvement

Operational teams continue to review opportunities to increase theatre productivity with services encouraged to utilise Surgeon expertise within local 6-4-2 meetings to improve theatre utilisation. In addition, work continues to review late starts, improve theatre capacity and enable increased patients per list.

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.

Challenges in recruiting additional locums and the availability of insourcing staff to deliver increased levels of capacity continues with under-delivery of additional outpatient capacity in 22/23 remaining an ongoing challenge. Further locum appointments are on track to deliver an additional 3,500 new outpatient appointments by financial year end, resulting in an additional 12,500 new patient slots (66% of the original 19,000 target).

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The RTT waiting list continues to grow with increased clock starts evident, therefore focus on lower waits is now required. A review of under 18 week waiters at TFC level is underway to ensure all pathways are correct and RTT rules are being used correctly as we return to more normal operational processes post COVID. Further work to review the Inpatient wait list to ensure p-status is correct and pathways are progressing as expected.

A workstream overseen by CPBS is also due to commence which seeks to guide services through a waiting list validation process to improve chronological booking, encourage the use of PIFU and reduce patient cancellations.

Opportunities to utilise PIFU continues with 2.84% outpatients discharged to PIFU in November, compared to 1.58% in June this year. Weekly reviews of PIFU utilisation continue within weekly Access meetings with all services.

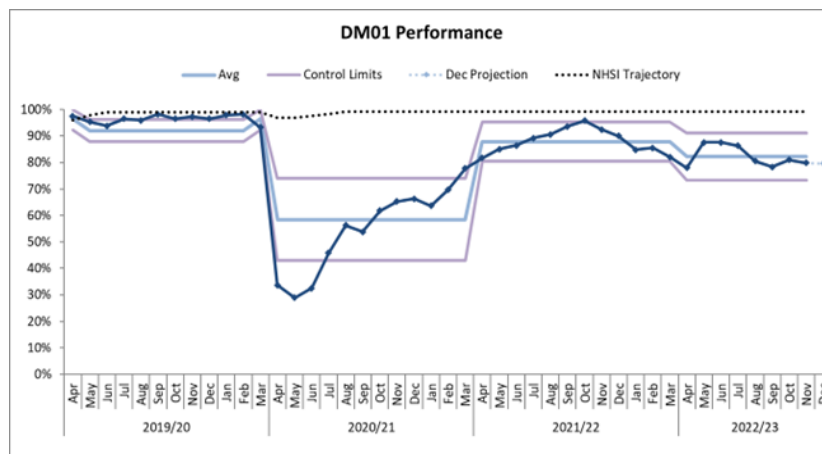
The transformation team are also in the process of reviewing DNA rates/reasons within a small number of services with a view to better understanding root cause and opportunities to improve/reduce patient cancellations.

The trust continues to remain ahead of trajectory on the clearance of all 78+ week waiters by the March '23 deadline with reductions in the 52+ cohort also being maintained.

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## 10. Diagnostic Waiting Times

Figure 17 Monthly DM01 Performance



November 2022 performance is at 79.81% and December 2022 performance is projected at 79.61%.

Figure 18 Diagnostics - National Comparison

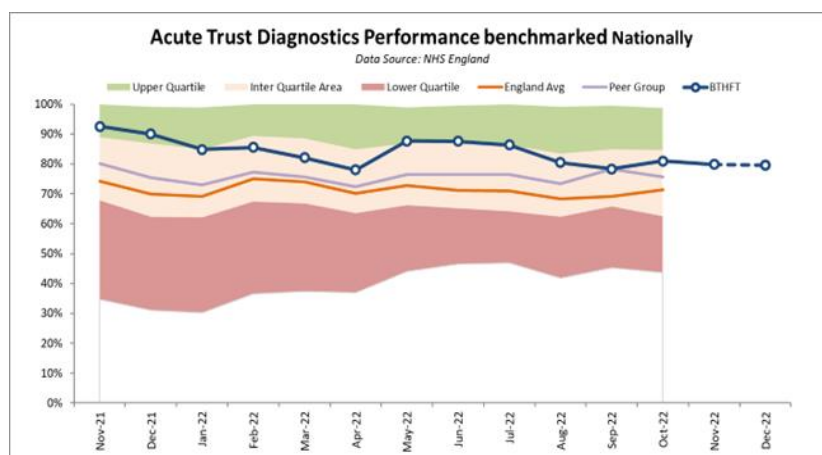


Figure 18 shows a national comparison of Diagnostic performance for November and December 2022. Although performance has deteriorated since summer, BTHFT continues to be above the England average.

### Diagnostic Improvement

MRI capacity improved during October with all scanners working again but planned downtime of a scanner for several months to facilitate replacement will delay further improvement.

Endoscopy capacity reduced slightly due to the loss of a locum but is improving each month. Further capacity returns in Q4 to speed up the improvements.

Obstetric ultrasound demand is exceeding forecasts which have put pressure on DM01 reportable non-obstetric capacity due to the 'Saving Babies lives' initiative. Additional sessions are being used to mitigate this with some improvement forecast during October. A longer term plan is being prepared by the department.

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## 11. Cancer Standards

**Table 4 Cancer Standards - Overview by Indicator – BTHFT**

Measure	Target	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	Nov-22	Dec-22
14 day GP referral for all suspected cancers	93%	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%	87.8%	93.4%	95.3%	92.5%
14 day breast symptomatic referral	93%	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%	99.1%	97.2%	95.2%
31 day first treatment	96%	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%	94.4%	96.9%	94.8%	93.6%
31 day subsequent drug treatment	98%	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%	96.4%	98.3%	98.1%	93.1%
31 day subsequent surgery treatment	94%	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%	95.1%	92.7%	78.9%	81.6%
62 day GP referral to treatment	85%	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%	76.8%	73.3%	72.5%	67.3%
62 day screening referral to treatment	90%	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%	70.6%	83.3%	80.0%	95.5%
62 day consultant upgrade to treatment		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%	100.0%	33.3%	80.0%	44.4%

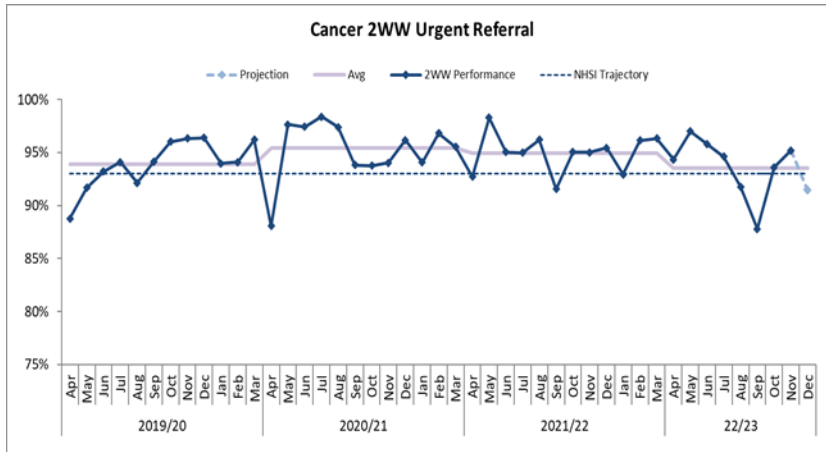
### Cancer Wait Time Improvement

Internal and partnership work to improve systems which impact on patient pathways continues. 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 increasing to 3.78% which is still within required levels.
- Work is underway to prepare and embed monitoring of the proposed new cancer standards alongside existing standards in order to capture overall Trust performance.
- 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.
- 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, changes to referral pro forma for Gynaecology and Haematology with LMC support to improve the quality of fast track referrals.
- Establishment of a cancer data group to collaborate and oversee implementation of several data and digital requirements that will support cancer services
- Appointment of a personalised care lead and progression of health needs assessment and community rehabilitation work.
- Workforce development initiatives with external partners to develop student nurse placements and cancer nurse specialist roles.

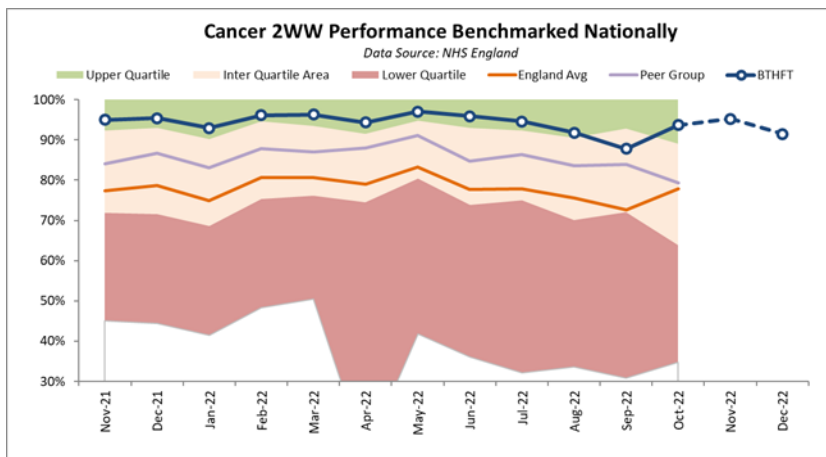
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## 11.1 Cancer 2 Week Wait



**Figure 19 Cancer 2WW performance (Target 93%)**

2 Week Wait (2WW) for October 2022 is at 93.60% and is above the 93% target. Performance is expected to improve for November 2022 but deteriorate below the target in December due to a loss of clinic capacity.



**Figure 20 2WW National Comparison – BTHFT**

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

**Table 5    2WW Performance by Tumour Group**

Site	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	Nov-22	Dec-22
TRUST	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%	87.8%	93.6%	95.25%	92.53%
Breast	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%	97.5%	97.0%	97.57%	96.02%
Gynae	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%	94.6%	96.6%	97.05%	93.18%
Haematology	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%	95.7%	100.0%	75.00%	45.83%
Head & Neck	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%	97.0%	97.4%	97.16%	91.59%
Lower GI	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%	56.9%	80.1%	87.35%	83.28%
Lung	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%	100.0%	100.0%	100.00%	100.00%
Other	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%	98.1%	91.2%	89.66%	96.55%
Skin	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%	99.0%	99.3%	99.60%	99.51%
Upper GI	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%	75.9%	85.5%	92.47%	89.34%
Urology	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%	96.7%	97.9%	97.92%	92.96%



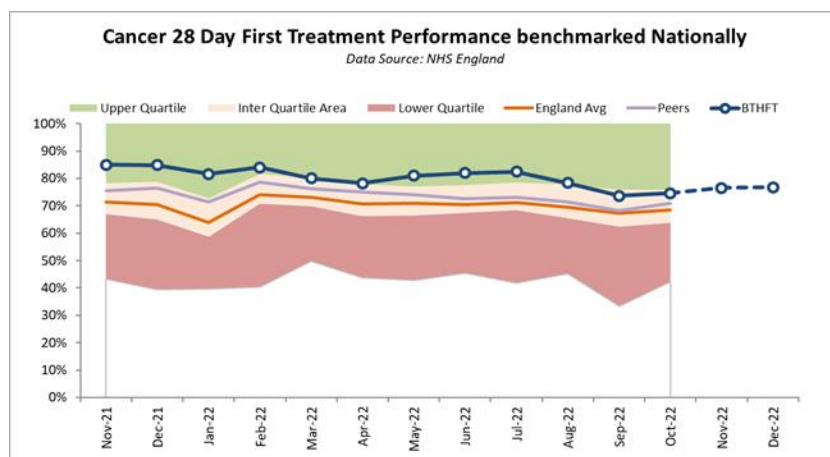
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Prolonged high referral rates, increased patient volumes following successful awareness campaigns, and patient concordance has presented a sustained challenge to 2WW performance. As part of partnership working with primary care and in agreement with the LMC several referral pro-forma have been updated and the NG12 FIT process strengthened. This will help ensure the timely identification of suspected cancer through the most effective use of cancer pathways.

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## 11.1. Cancer 28 Day Faster Diagnosis



**Figure 21 28 Day National Comparison – BTHFT**

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

**Table 6 28 Day Faster Diagnosis Standard (FDS)**

Site	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	Nov-22	Dec-22
TRUST	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%	72.5%	73.8%	76.6%	77.1%
Breast	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%	100.0%	98.1%	98.0%
Gynae	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%	50.6%	62.3%	63.0%	53.2%
Haematology	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%	42.9%	50.0%	34.8%	40.9%
Head & Neck	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%	64.6%	65.3%	69.9%	73.1%
Lower GI	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%	58.6%	46.1%	58.8%	62.9%
Lung	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%	96.8%	88.2%	88.9%	91.7%
Other	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%	79.7%	75.0%	69.6%	83.8%
Skin	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%	78.5%	84.3%	87.1%	86.1%
Upper GI	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%	74.2%	82.2%	77.9%	72.2%
Urology	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%	61.5%	72.5%	68.9%	71.2%

Trust performance dipped below the 75% target in October 2022 and is expected to recover in November to above target levels, with the performance projected to further sustain the recovery through December at over 75%.

The recovery was due to return to work and improved capacity across several tumour groups:

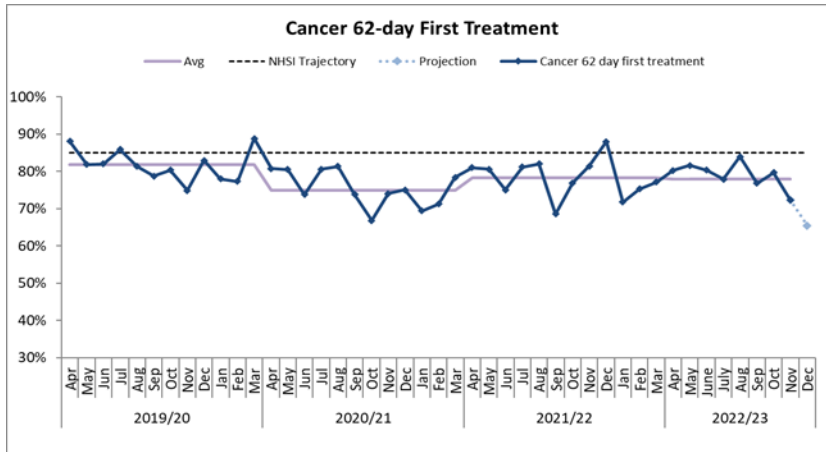
- Head and Neck have additional consultant workforce to support a reduction in pathway delays, they are also continuing to work closely with Radiology in support of prioritisation of fast-track demand.
- Urology performance is expected to improve in November following focused work to turnaround IPT's and the provision of additional clinics although remains below target. Demand remains above the historic average and the service are working with radiology and clinical oncology to minimise delays.
- Endoscopy recovery has been impacted by space and capacity issues which has impacted on the ability to support Upper and Lower GI diagnostic phases.

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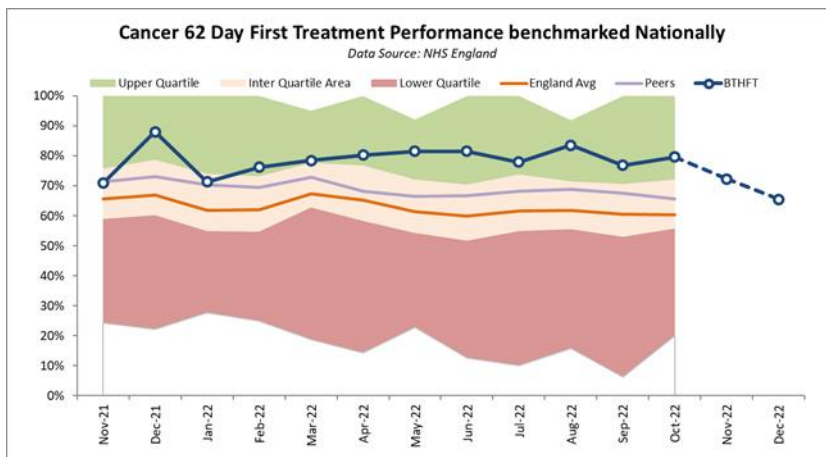
## 11.2. Cancer 62 Day First Treatment



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

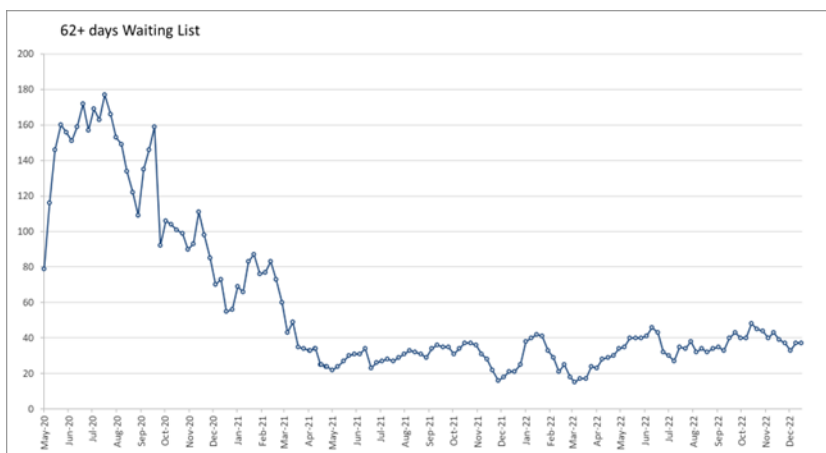
The 62 Day First Treatment position is stable in October 2022 at 79.65%. It is forecast to deteriorate as over 62 day waits are treated (reducing this backlog).

**Figure 23 62 Day First Treatment performance - National Comparison**



BTHFT performance for October 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 15-20 but is starting to reduce.

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**Table 7 62 Day First Treatment performance by Tumour Group**

Site	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	Nov-22	Dec-22
TRUST	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%	76.8%	79.6%	72.5%	67.3%
Breast	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%	86.7%	100.0%	84.6%	87.5%
Gynae	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%	66.7%	55.6%	42.9%
Haematology	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%	42.9%	83.3%	75.0%
Head & Neck	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%	46.2%	66.7%	36.4%	33.3%
Lower GI	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%	25.0%	61.5%	50.0%	37.5%
Lung	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%	0.0%	0.0%	16.7%
Other			0.0%	66.7%	100.0%	100.0%	50.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%		0.0%	100.0%
Skin	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%	89.3%	93.0%	93.7%	92.9%
Upper GI		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%	36.4%	50.0%	0.0%
Urology	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%	90.2%	77.2%	79.5%	81.3%

Performance has continued below target at 79.65% for October as high referral volumes remain a challenge as patients progress through the pathway however the Trust has continued to perform in the upper quartile and above the National average.

Pressure on diagnostic pathways has been a significant impact on the 62 day position recently with challenges for radiology managing the increase in requests having an effect on a number of tumour groups. The Cancer team continue to support with patient concordance issues working with patients to reduce TCI times and DNA's which will begin to improve performance given that many tumour groups do have capacity to treat once these issues have been resolved.

Continued implementation of service development plans which include tele-dermatology, pathway navigation roles, NSS pathways, and digital remote monitoring will also support overall cancer wait time delivery.

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## 12. Other Contractual KPI – by exception

### 12.1. Cancelled Operations

**Table 8 28 Day Rebook Breaches**

	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
Cancellations to rebook	47	54	47	63	44	30	32	56	31	24	43	39
28 day rebook breaches	4	8	4	8	12	6	4	4	4	4	1	3

There were 3 breaches of the 28 day re-booking target for same day cancelled operations in November 2022 with the number of cancellations that required rebooking reduced compared to October. The 28 day rebook status is part of the clinical prioritisation process and considered alongside other factors when allocating theatre capacity.

### 12.2. Sentinel Stroke National Audit Programme (SSNAP)

**Table 9 SSNAP Level: Bradford and Airedale Stroke Unit**

Time period	Apr-Jun 2022	Jul-Sep 2022	Oct 2022 Projected
SSNAP level	D	C	D
1) Scanning	C	B	C
2) Stroke unit	E	E	E
3) Thrombolysis	D	D	D
4) Specialist Assessments	D	D	D
5) Occupational therapy	C	A	C
6) Physiotherapy	C	B	C
7) Speech and Language therapy	E	E	D
8) MDT working	C	D	D
9) Standards by discharge	A	A	A
10) Discharge processes	A	A	A

The availability of Speech and Language Therapy (SALT) input is having negative impact on the SSNAP score. The current resource provision is approximately 1.6 WTE for Stroke. There are new starters who joined the team mid-October; however, they are not dysphagia trained at present. A business case for Stroke has been submitted for 2.0 WTE additional SALT which would increase capacity to 3.6 WTE for the full stroke service, which is in line with national guidance.

Due to increased demand, 6 extra stroke beds have been opened on 21-November-2022. Further work is currently being progressed on streamlining of admission into stroke beds to reduce waiting time. The service is also planning to setup a joint working group with Airedale Hospital to launch an improvement programme of work which will support in managing the increased demand.



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## APPENDIX 2

### SUMMARY OF CONTRACTUAL KPI

Operational Planning	Month	Threshold	Trajectory Target	Performance
Elective Day Case Spells	Nov-22	110%	108%	104%
Elective Ordinary Spells	Nov-22	110%	115%	72%
First Outpatient Attendances	Nov-22	110%	117%	118%
Admitted Clock Stops	Nov-22	n/a	94%	104%
Non Admitted Clock Stops	Nov-22	n/a	108%	110%
RTT - Patients waiting over 52 weeks on incomplete pathways	Nov-22	476	750	578
RTT - Patients waiting over 104 weeks on incomplete pathways	Nov-22	0	0	0
RTT - Total Waiting List size	Nov-22	39122	31061	34566
Cancer - Patients waiting over 62 days	Nov-22	15	15	37
Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Nov-22	95.00%	80.00%	71.08%
Ambulance handovers taking between 30-60 minutes	Nov-22	0	30	70
Ambulance handovers taking longer than 60 minutes	Nov-22	0	10	30
Trolley waits in A&E longer than 12 hours	Nov-22	0	0	16
Emergency Inpatient Length Of Stay >=21days	Nov-22	71	71	80
Cancer 2 week wait	Oct-22	93.00%	93.00%	93.60%
Cancer 2 week wait - breast symptomatic	Oct-22	93.00%	93.00%	99.11%
Cancer 28 day Faster Diagnosis	Oct-22	75.00%	75.00%	73.83%
Cancer 31 day First Treatment	Oct-22	96.00%	96.00%	96.88%
Cancer 31 day Subsequent Surgery	Oct-22	94.00%	94.00%	92.68%
Cancer 31 days for subsequent treatment - anti-cancer drug regimen	Oct-22	98.00%	98.00%	98.33%
Cancer 62 day First Treatment	Oct-22	85.00%	85.00%	79.65%
Cancer 62 days from referral - NHS screening service to first definitive treatment for all cancers	Oct-22	90.00%	90.00%	83.33%
Diagnostics - patients waiting under 6 weeks for test	Nov-22	99.00%	83.50%	79.81%
RTT - Patients waiting within 18 weeks on incomplete pathways	Nov-22	92.00%	75.34%	73.28%
Mixed-sex accommodation breach	Nov-22	0	0	0
Cancelled Operations 28 day breach	Nov-22	0	0	3
Urgent operation cancelled for a second time	Nov-22	0	0	0