

Meeting Title	Open Board of Directors		
Date	11 May 2023	Agenda item	Bo.5.23.32

PERFORMANCE REPORT – FOR THE PERIOD MARCH 2023

Presented by	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive	
Author	Carl Stephenson, Associate Director of Performance	
Lead Director	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive	
Purpose of the paper	To update on the current levels of performance and associated plans for improvement.	
Key control	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets.	
Action required	For information	
Previously discussed at/ informed by	Finance & Performance Academy – 26 April 2023	
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 March 2023.		
Analysis		
Ambulance Handovers:		
<ul style="list-style-type: none">• Attributable performance for handovers within 15 minutes was 89.18% in March 2023 and April 2023 is projected to be at 90.74%; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.• The ambulance wait area is planned to be expanded from 4 trolley bays to 6 and the fit to sit area from 6 to 12 chairs (including wheelchair access) to further improve the position.• The Emergency Department is also 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.• High bed occupancy during industrial action contributed to deterioration of patient flow in ED and ambulance assessment area.		
Emergency Care Standard (ECS):		
<ul style="list-style-type: none">• ECS performance for Type 1 and 3 attendances was 72.03% for March 2023 and is currently forecast at 74.72% for April 2023. The position compares favourably against other acute Trusts in WYAAT and against the national benchmark which reflects the difficulties everyone is facing.• ECS performance was expected to remain between 70% and 80% due to increased demand and significant gaps in nursing and medical rotas across the whole system relating to a combination of sickness, annual leave and vacancies.• Development of an Urgent Care Centre (UCC) is underway with phase 1 operational in April 2023.• GP clinical streaming trial underway and is in place at the front door of ED, directing to primary care services with potential to expand to other zones within A&E.• During periods of industrial action in February, March and April 2023 discharge rates were lower impacting on overall flow.		

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Long Length of Stay (Stranded Patients):

- The daily average number of patients with a length of stay ≥ 21 days was 102 in March 2023. The April 2023 position is projected to be a daily average of 99.
- Daily review takes 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 meetings and weekly deep dive in LLOS patients 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.

Inpatient and Outpatient Activity:

- Outpatient activity for both first and follow-up attendances delivered below plan for March following strike activity and increased leave as we approached the end of the financial year. Volumes are expected to remain lower than planned in April due to further junior doctor and nursing strike action.
- Day case and ordinary spells were similarly affected in March and remained below plan. Elective activity is currently projected to decrease in April and remain below plan.
- Weekly 6-4-2 reviews continue to support theatre productivity with schedules now being reviewed beyond 6 weeks to maximise theatre capacity. The underpinning 6-4-2 process is being reviewed to ensure all services are fully sighted on theatre utilisation with escalation for on-day cancellation of operations continuing.
- Additional locums and insourcing continue to support outpatient activity and reduce waiting times.

Referral to Treatment:

- Referral to Treatment (RTT) performance has reduced in March to 70.02%. Whilst long wait reductions are being maintained, the overall waiting list continues to grow with weekly clock starts significantly above 2019/20 baselines being the main driver.
- The Trust continues to focus on increasing activity levels and ensuring the longest waiting and most clinically urgent patients are part of prioritisation practices through regular weekly access meetings and targeted patient-level long waiter reviews.
- A waiting list management initiative commenced during late February aimed at engaging with long waiters with significant numbers having been contacted via SMS and ~2.4% requesting discharge as their circumstances have changed.
- CPBS have launched ghost clinics (vacant protected clinics) for July and August '23 allowing services to reschedule patients cancelled because of consultant absence (rather than adding patients to a DNA list), thereby reducing unnecessary patient delay.
- Transformation continues to conduct trials aimed at tailoring patient engagement to maximise patient attendance rates within specific services – early indications have identified two favourable message types that continue to be trialled and reviewed in April.
- There were 0 patients with a wait time greater than 104 weeks in March with 4 patients reported over 78 weeks at the end of March and 4 forecast for April due to complexity and/or strike impact.

Diagnostic waiting times:

- The DM01 performance for March is 63.32% and is projected to be 58.49% for April 2023 predominately due to issues within Endoscopy, Ultrasound, MRI and Echocardiography.
- Endoscopy performance improved with some extra capacity in place. Productivity at BRI and within

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the Westcliffe ISP sessions will remain the forward focus, including efficient booking and reporting processes to ensure lists are maximised.

- Obstetric ultrasound demand continues to exceed forecasts putting sustained pressure on DM01 reportable non-obstetric capacity. Additional sessions are being used to mitigate this, but the waiting list continued to increase during February. A business case is being submitted for additional specialised capacity to resolve this issue.
- MRI continues to be impacted by the planned period of scanner replacement which is scheduled to end this month.
- Echocardiography have been impacted by the strikes and increasing stress echo demand (partly in response to radiology pressures) alongside increased leave and reduced locum time in March. The service is trying to secure resource for this via a business case and additional sessions.

Cancer Wait Times:

- 2 week wait (2WW) demand remains high and patient concordance issues continued but performance was sustained above target through daily capacity escalations.
- The 28 day faster diagnosis standard (FDS) remains between 78-80%, which is above the 75% target. Lower GI performance is improving in line with Endoscopy activity increasing, Head & Neck have additional capacity whilst Clinical Oncology at Leeds and Radiology at BTHFT are working with our teams to respond to growth in demand for specific tests. Haematology continues to face challenges due to gaps in workforce and increased demand but performance is improving.
- The Cancer 62 Day First Treatment performance has continued below the target of 85%. The number of patients over 62 days is forecast to reduce in Q4 as diagnostic improvements are embedded and targeted work on patients waiting the longest times is sustained into spring.
- A personalised care lead has been appointed and progression of health needs assessment and community rehabilitation work focusing on cancer care received by the homeless community and looking at how as a Trust we can improve and adapt services to better meet their needs.
- Commencement of a Cancer Business and Data Manager will further support interventions and improvements in patient pathways, joined up working and admin processes.
- Preparation for the CWT version 11.1 changes continues with coordinated work across BI, Performance and the Cancer Services Teams focused on NSS, BPTP and priority pathways.

Other KPI of note:

- 28 day rebooking of same day cancellations remains a challenge. The position has improved but due to theatre capacity constraints it is not always possible to meet this target.
- Increased stroke demand and the availability of therapy input is presenting additional challenges for Stroke care. Recruitment of speech and language therapist, a physiotherapist and an occupational therapist is underway. A joint working group with AGH have been added to existing improvement actions. The January and February forecast is a significant improvement on the previous quarter.

Recommendation

The Board is asked to:

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

Risk assessment

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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 had been detrimental to a number of KPIs, restart and recovery work 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"/>

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Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Choose an item.
NHS Improvement Effective Use of Resources: Finance
Other (please state): Commissioning contracts with CCG and NHS England

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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APPENDIX 1

LATEST REPORTED PERFORMANCE – March 2023

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 months Trend
3	<u>Ambulance Handover 30-60</u>	Mar-23	30	83	↑
3	<u>Ambulance Handover 60+</u>	Mar-23	10	47	↑
5	<u>Emergency Care Standard</u>	Mar-23	73.79%	72.03%	↓
7	<u>Length of Stay ≥21days</u>	Mar-23	95	102	↓
9.1	<u>18 Week RTT Incomplete</u>	Mar-23	86.18%	70.02%	↓
9.2	<u>52 Week RTT Incomplete</u>	Mar-23	2.03%	1.38%	↓
10	<u>Diagnostics Waiting Times</u>	Mar-23	89.50%	63.32%	↓
11.1	<u>Cancer 2 Week Wait</u>	Feb-23	93.00%	95.57%	→
11.2	<u>Cancer 28 Day FDS</u>	Feb-23	75.00%	80.46%	→
11.3	<u>Cancer 62 Day First Treatment</u>	Feb-23	85.00%	71.55%	↓

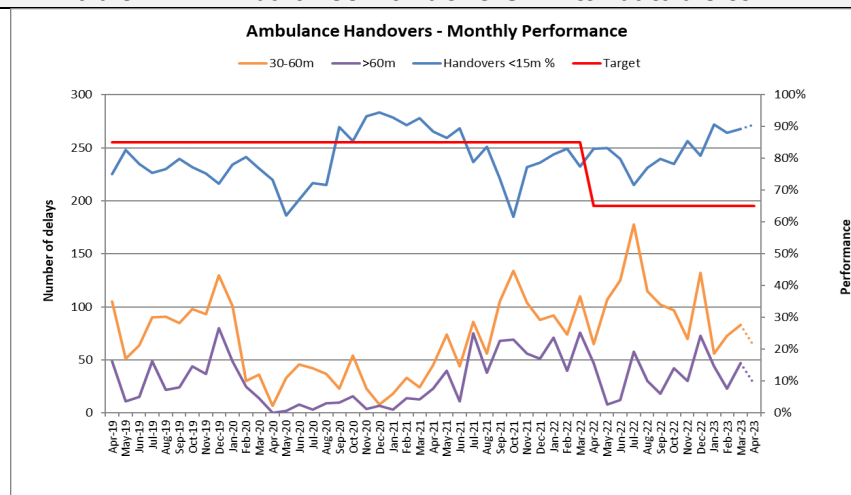
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan.

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

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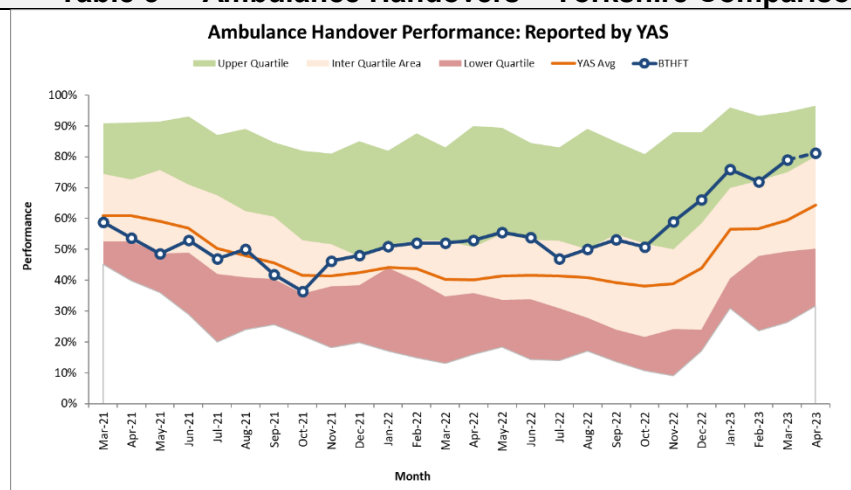
3. Emergency Ambulance Handover Performance

Table 2 Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in March 2023 was 83 between 30 and 60 minutes and 47 over 60 minutes (this is the validated internal position which excludes resus, crew delays and patients transferred to other units).

Table 3 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).

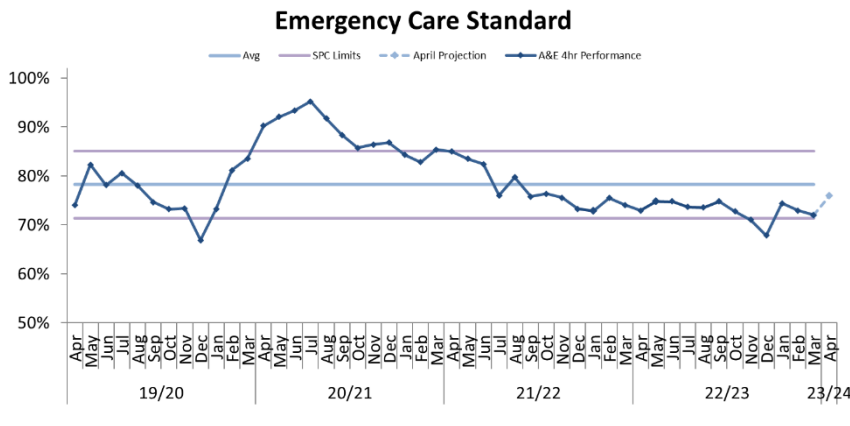
Ambulance Handover Improvement:

- Direct pathway from ambulance to same day emergency care went live in December 2022.
- Improvements have been sustained in the recording to handover times by the YAS crew and the validation process underpinning this will continue.
- Live data sharing continues to support the deployment of YAS leads at site when required.
- During winter an SBAR exception report to the System Control Centre (SCC) for every breach above 60 minutes has helped identify issues and improve handover performance.
- Escalation protocol has been updated to match rest of WYATT. This includes actions at different trigger points based on how busy the Ambulance Assessment Area (AAA) is and expansion of AAA capacity to meet demand.
- Executive-level oversight continues to ensure rapid intervention for any handover delay more than two hours, or when there are more than five handover delays more than one hour. This includes strategic level conversation with YAS to agree plans for resolution.

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4. Emergency Care Standard (Type 1&3)

Table 4 Monthly ECS Performance – BTHFT



BTHFT reported a position of 72.03% for the month of March 2023. April 2023 position is projected to be 74.72%.

Table 5 ECS Performance – National Comparison

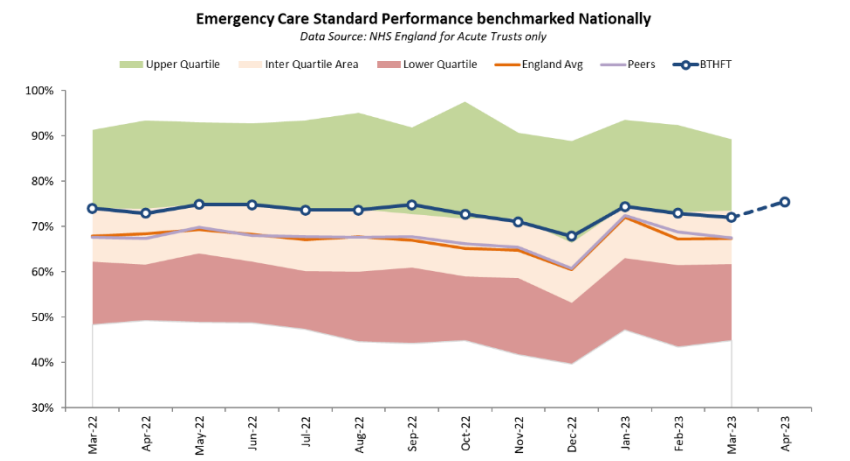
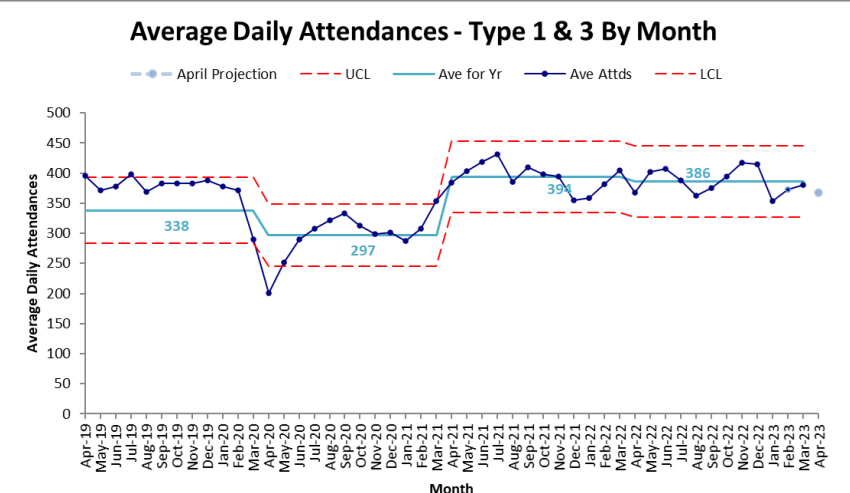


Table 5 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been above England average and its peers.

Table 6 ECS Type 1&3 A&E Attendances – BTHFT



The Trust has seen a slightly increased level of attendances during March 2023 with the daily average being 381. April 2023 position is projected to be 371.

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5. Emergency Department Measures

Table 2 ECS KPI Performance – BTHFT

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Average Daily Attendances	240	403	407	388	362	375	395	417	415	354	373	381	371
Average Daily Breaches	64	101	103	102	96	94	108	121	134	91	101	106	94
ECS Performance	73.14%	74.84%	74.82%	73.67%	73.56%	74.82%	72.75%	71.08%	67.85%	74.44%	72.92%	72.03%	74.72%
Arrival to Assess	00:24	00:27	00:27	00:28	00:27	00:25	00:29	00:28	00:35	00:22	00:24	00:25	00:22
Assess to Treat	02:21	02:14	02:18	02:31	02:28	02:09	02:28	02:34	03:00	02:00	02:15	02:35	01:45
Treatment Length	02:17	02:10	02:07	02:22	02:22	02:16	02:21	02:19	02:44	02:18	02:29	02:32	02:21
Total LOS - Discharged Patients	03:40	03:43	03:43	03:55	03:52	03:46	03:59	04:04	04:20	03:50	04:05	04:09	03:45
Total LOS	04:51	04:43	04:40	05:05	05:08	04:46	05:10	05:09	05:51	04:54	05:19	05:20	04:40

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:

- Development of a Medical workforce business case is underway with aim to increase the number of senior decision makers during peak hours.
- Urgent Care Centre (UCC) was opened on 3rd April 2023 which incorporates Primary care and minor injuries stream.
- From May 2023 the UCC includes additional GP hours (0800-midnight) and also a primary care ACP working from 1000-2000.
- Development of a co-located Urgent Care Centre (UCC) in ongoing and will allow triage of low acuity patients away from the main ED footprint. First phase of UCC went live in April 2023, which includes the MSK service running from the UCC. Full GP stream will be phase 2.
- The change to the front door streaming model is underway. This change in the model has allowed the department to time stamp patients at initial assessment with a senior nurse. This has improved the accuracy and performance of this KPI and has also contributed to improvement in Ambulance handover performance.

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6. Hospital Admission Measures

Table 3 ED Admissions KPI Performance – BTHFT

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Conversion Rate*	23.60%	21.37%	22.16%	20.69%	21.90%	22.86%	22.13%	22.13%	22.23%	25.82%	25.27%	23.83%	23.72%
Average Daily Admissions	57	86	90	80	79	86	87	92	92	91	94	91	88
DTA to Admit	04:22	03:58	03:52	04:58	05:10	03:58	04:34	04:38	05:46	04:29	05:12	05:10	04:17
Total LOS - Admitted Patients	08:35	08:03	08:00	09:22	09:42	08:09	08:35	08:35	10:24	07:51	08:42	09:00	07:35
% of Patients >12 Hours LoS	5.71%	3.90%	4.00%	6.02%	6.41%	4.16%	4.16%	5.46%	8.84%	5.44%	7.23%	7.85%	4.84%

ED KPIs related to admitted patients remain high, industrial actions in February, March and April contributed to high bed occupancy due to low discharge rate from the hospital. This had a negative impact on the ECS performance.

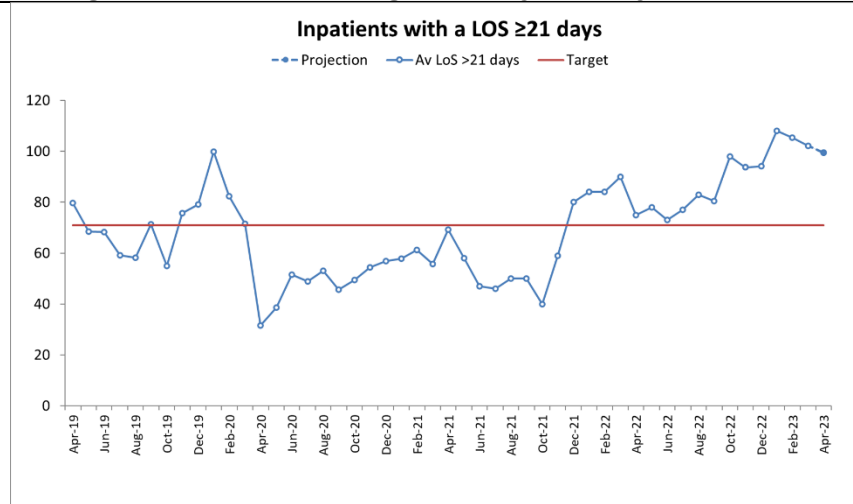
ED Admission Improvement:

- New performance monitoring structure has been developed to analyse the impact of wards and supporting services on ED performance.
- Weekly ECS Breach Review meeting has been extended to all wards and supporting services to identify performance related issues and implement required changes.
- Winter pressure doctor in place until March 2023 with focus on TTOs and discharge summaries this is helping in early discharges.
- 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.
- Medical consultant business case is being developed to support the acute medical model which includes right patients are seen by right team to reduce LOS.
- Improvement to admission and SDEC pathways to further relieve over-crowding and improve department flow. An increase in the number of SDEC admission has been sustained, which is contributing to taking pressure off ED.
- Development of pathways to ensure that specialties take direct referrals and divert away from the ED unless requiring resuscitation.
- VRI (Virtual Royal Infirmary) project is underway to introduce virtual pathways for inpatients to reduce LOS and overall bed occupancy and improve flow from ED to wards.
- ED team continues to attend operation huddles twice a day, resulting in improvement in communication with wards and flow.

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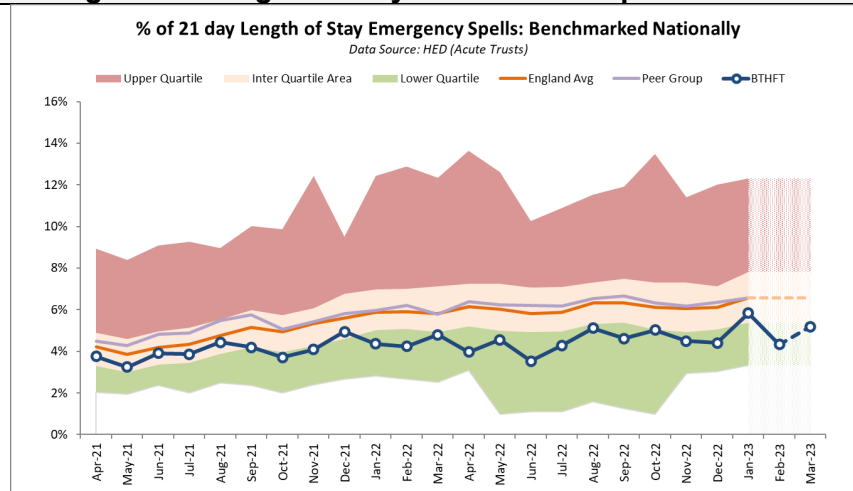
7. Emergency Inpatient Length of Stay (LOS) ≥ 21 days

Figure 6 Inpatient Length of Stay ≥ 21 days – BTHFT



The number of patients with a LOS over 21 days remained high with an average of 102 patients per day in March 2023. April 2023 position is projected to improve slightly to 99 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 4.33% in February 2023.

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 are delaying discharges.

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Long Length of Stay Improvement:

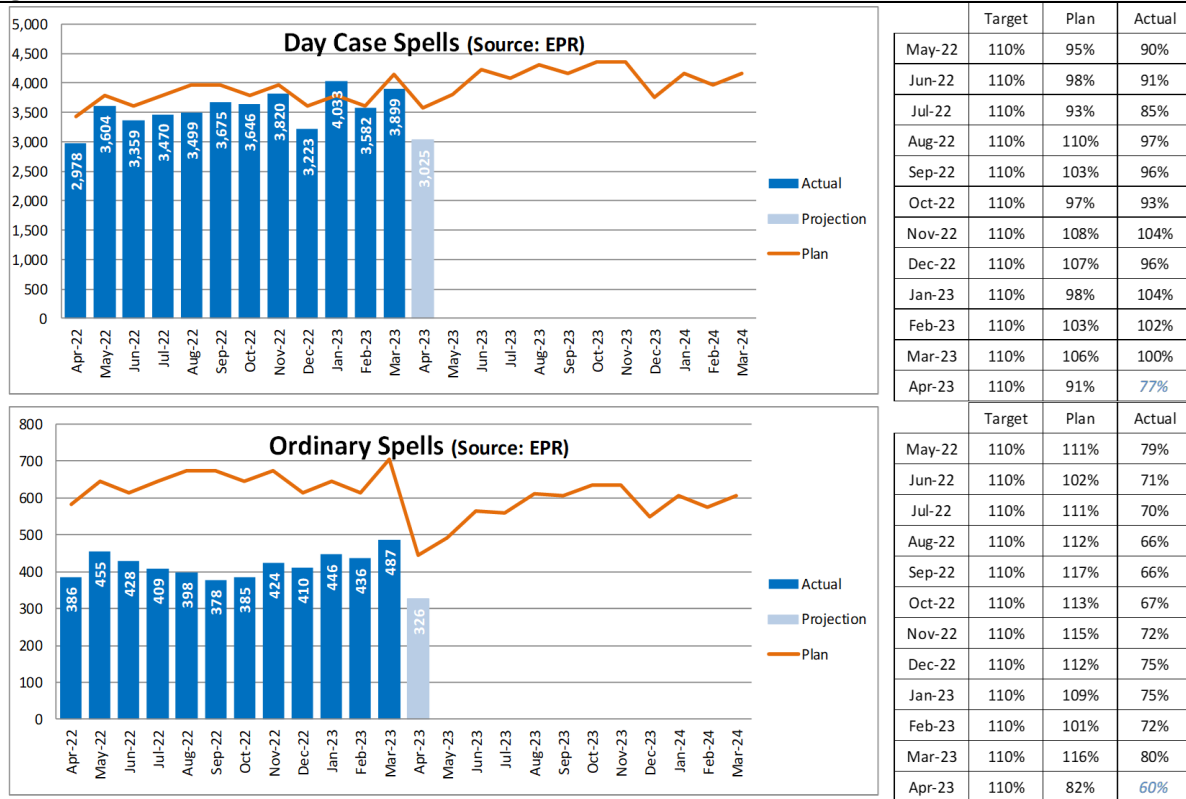
- Daily review is being taken place of LLOS patients requiring further clinical and therapy intervention. Possibilities of alternative methods of care outside the Trust are being explored by the Clinical Lead of command centre and patient's consultants.
- Discussions have commenced between MAIDT and Therapy colleagues to determine any roles/tasks that the therapists currently complete that could potentially be undertaken by the discharge co-ordinator.
- Ward 27 has become a designated ward for patients who are medically optimised and are waiting for therapy or social care input before discharge.
- New performance monitoring structure developed to analyse the impact of wards on ED performance includes detailed analysis of LLOS patients. With aim to review the information with wards and speciality management colleagues on weekly basis.
- 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.
- 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. The format of this meeting is being reviewed with focus of patients with no plan.
- 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.
- 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.
- Re-enforcement of the moving on policy with focus on every patient receiving welcome letter with estimated discharge date (EDD).

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8. Activity Compared to Plan

8.1. Inpatient Activity

Figure 8 Elective Spells



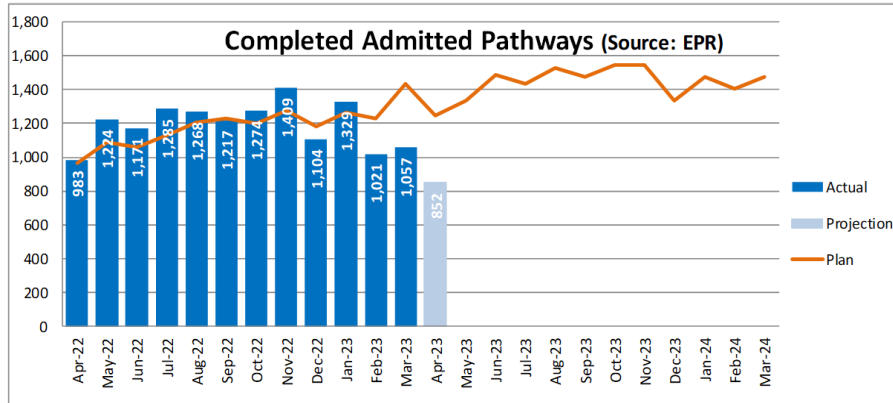
Activity increased in March for both day case and ordinary spells; weekly elective activity remained comparatively high in March delivering an average of 1,097 spells per week. Whilst this figure is not comparable to the March 19/20 baseline (due to the start of Covid-19) elective activity exceeded the 21/22 weekly average of 918 delivering 47,830 spells during 22/23 vs. a plan of 53,243 (89.8%).

Patients per list increased slightly to 2.0, with the overall 22/23 averaging at 1.9. Overall utilisation continues to improvement (89% compared to 88% in February). Weekly 6-4-2 reviews continue to support theatre productivity at a speciality level. A forward view of theatre utilisation has now been introduced into weekly Access meetings to facilitate greater oversight of list allocation and identify/ remedy issues in advance.

Reductions in day case activity are projected with both day case and ordinary expected to deliver below plan due to leave over the easter holiday period and further reductions due to the junior doctor and nursing industrial action.

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Figure 9 Admitted Completed Pathways

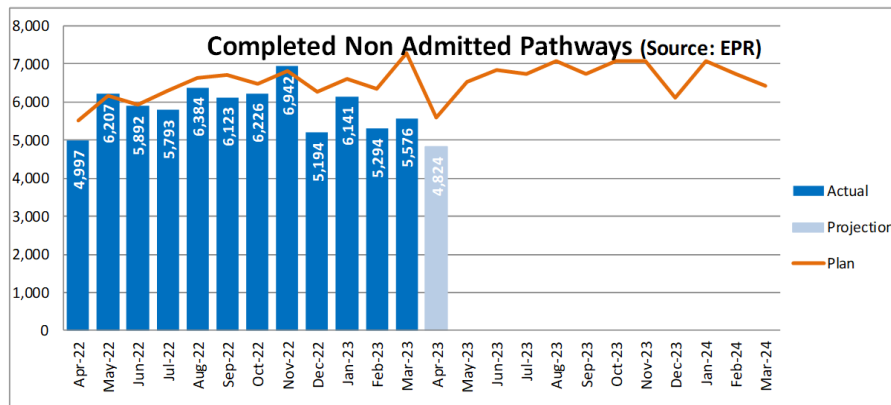


	Plan	Actual
May-22	79%	89%
Jun-22	83%	92%
Jul-22	85%	97%
Aug-22	97%	102%
Sep-22	94%	93%
Oct-22	89%	95%
Nov-22	94%	104%
Dec-22	99%	92%
Jan-23	85%	89%
Feb-23	91%	76%
Mar-23	106%	78%
Apr-23	89%	61%

The number of admitted clock stops in March increased in line with elevated elective activity however still delivered below plan due to the impact of industrial action. The number of completed admitted pathways is forecast to deliver below plan in April also because of the anticipated reductions in elective activity.

8.2. Outpatient Activity

Figure 10 Non-Admitted Completed Pathways

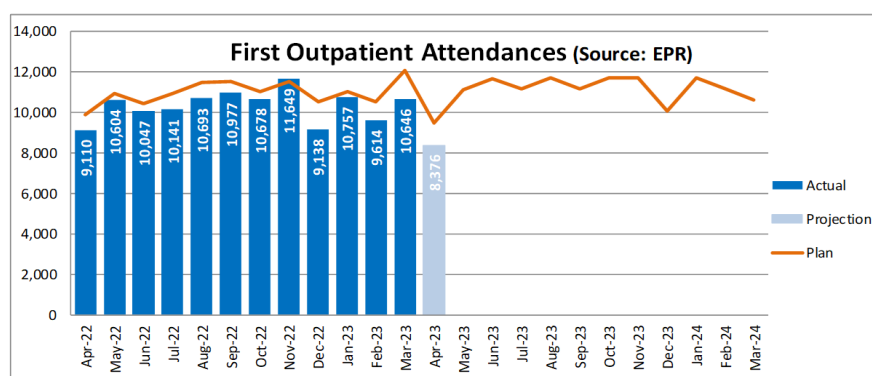


	Plan	Actual
May-22	102%	103%
Jun-22	109%	108%
Jul-22	96%	88%
Aug-22	123%	119%
Sep-22	114%	104%
Oct-22	97%	94%
Nov-22	108%	110%
Dec-22	110%	91%
Jan-23	98%	91%
Feb-23	103%	86%
Mar-23	113%	86%
Apr-23	96%	83%

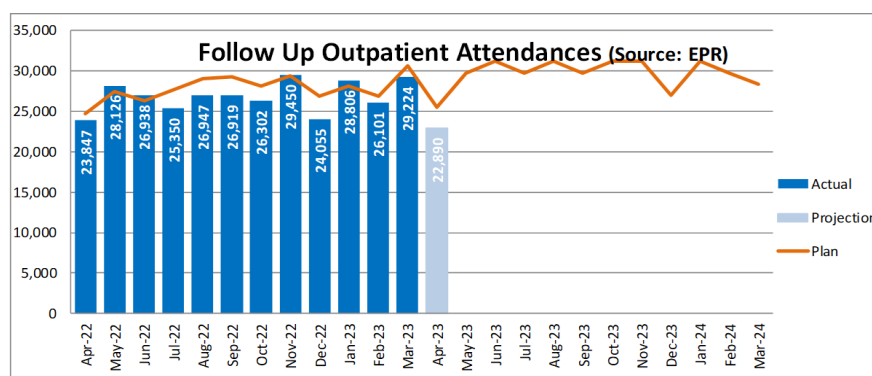
Non-admitted clock stops also increased in March however still delivered below plan. April performance is also projected to deliver below plan because of anticipated outpatient activity reductions following additional strike action from 11th - 14th April.

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Figure 11 Outpatient Attendances



	Target	Plan	Actual
May-22	110%	110%	107%
Jun-22	110%	113%	109%
Jul-22	110%	103%	95%
Aug-22	110%	125%	117%
Sep-22	110%	120%	114%
Oct-22	110%	108%	103%
Nov-22	110%	117%	118%
Dec-22	110%	120%	105%
Jan-23	110%	105%	103%
Feb-23	110%	115%	105%
Mar-23	110%	138%	122%
Apr-23	110%	100%	88%



	Target	Plan	Actual
May-22	85%	96%	98%
Jun-22	85%	97%	100%
Jul-22	85%	90%	83%
Aug-22	85%	113%	105%
Sep-22	85%	103%	94%
Oct-22	85%	92%	86%
Nov-22	85%	104%	105%
Dec-22	85%	108%	96%
Jan-23	85%	93%	95%
Feb-23	85%	102%	100%
Mar-23	85%	109%	104%
Apr-23	85%	91%	82%

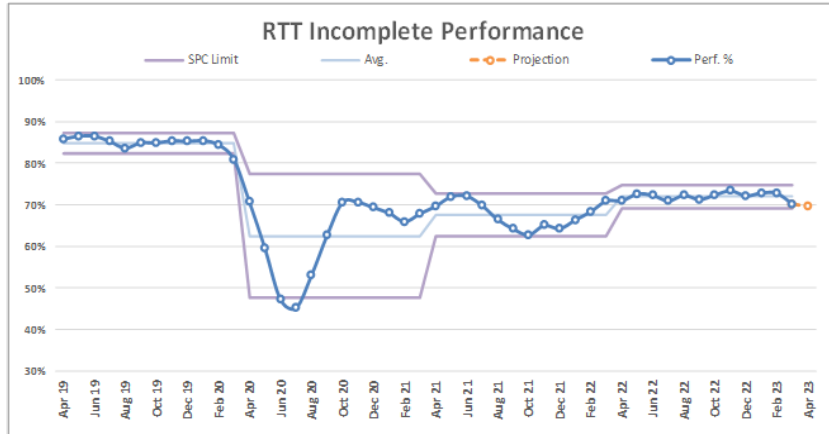
First and follow up attendance activity increased in March, with follow up almost meeting plan despite three days of strike action. Outpatient activity is currently projected to decrease in March and remain below plan due to the industrial action which took place w/c 10th April with further reductions anticipated following increased staff leave over the half term period.

Services continue to utilise insourcing, where possible, to deliver additional levels of capacity to mitigate challenges faced with activity recovery and recruitment. Further locum appointments remain 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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9. Referral to Treatment (RTT)

Figure 12 Monthly 18 Week RTT Incomplete Performance



The Trust's 18 Week RTT position for March 2023 is 70.02%. Performance is currently projected to reduce further in April to 69.58%.

Figure 13 Monthly 18 Week RTT Incomplete Performance

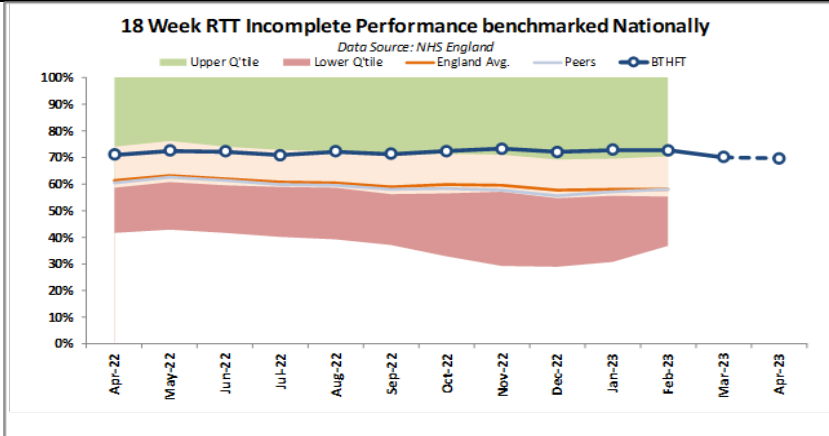
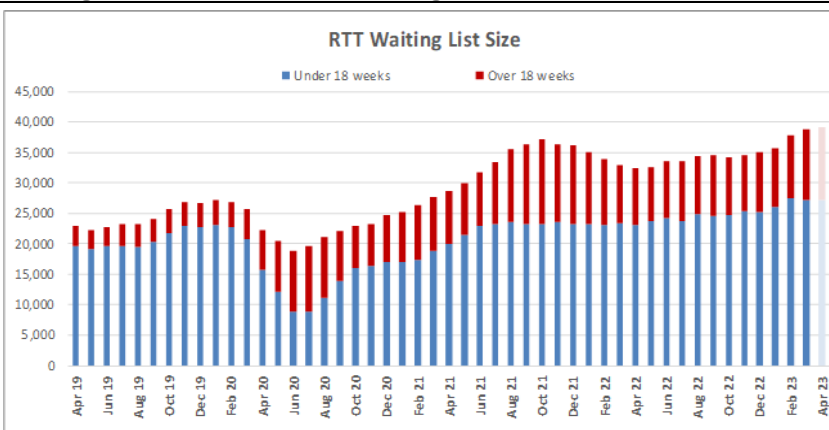


Figure 13 shows a national comparison of RTT Incomplete performance with BTHFT remaining significantly above the England and Peer average and remaining in line with the upper quartile.

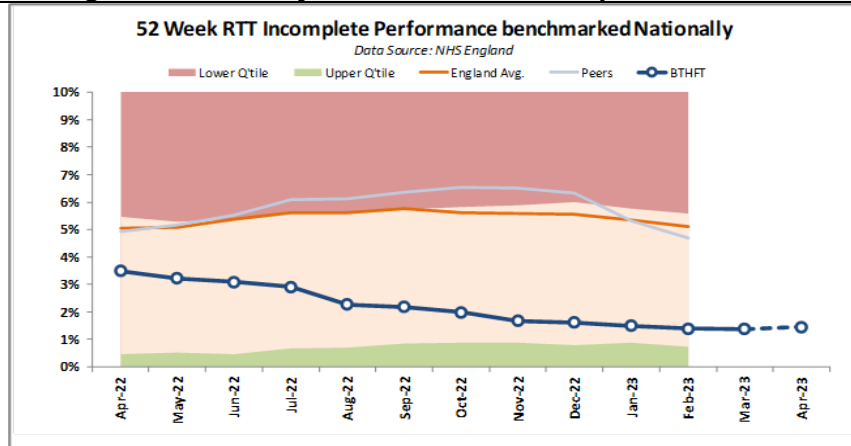
Figure 14 RTT Total Waiting List



The overall waiting list has increased in March and is forecasted to increase further in April.

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Figure 15 Monthly 52 Week RTT Incomplete Performance



52 Week RTT performance stands at 1.38% in March which represents an improved position.

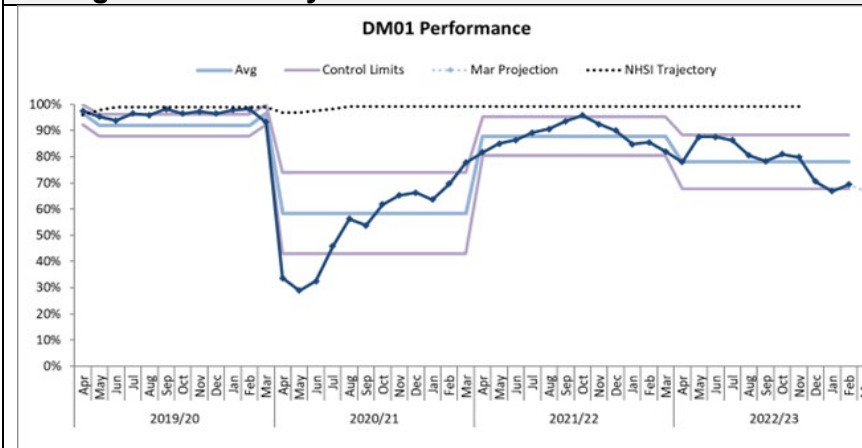
Referral to Treatment Improvement:

- The RTT waiting list continues to increase due to growth in demand and reduced capacity following industrial action. CSU teams are reviewing the under 18-week waits to support targeted work to reduce the forecast tip into the over 18-week cohort.
- A significant number of patients have now been contacted via SMS as part of the waiting list management initiative. All responses continue to be clinically reviewed to establish whether treatment is still required or, where appropriate, patients can be discharged or removed from the waiting list.
- PIFU usage continues to be reviewed via weekly access meetings with all services and continues to remain stable with 1.42% of patients discharged to PIFU.
- Transformation continues to trial work with multiple services where patient non-attendance carries an increased risk; early indications have identified two favourable message types that show promise with further updates expected to be shared in late April.
- CPBS have now released ghost clinics (vacant protected clinics) within July and August providing all relevant services the ability to reschedule patient cancellations (because of consultant leave/absence) rather than adding patients to a DNA list.
- The Trust continues to focus on the clearance of its long waiters, however 4 patients with a wait time of 78+ weeks were reported at month end. Current projections indicate there are 4 patients that will breach the 78-week position by the end of April.
- Services are now being targeted and monitored against the clearance of 65 weeks by the end of June (52+ weeks at the start of April). There are around 513 patients to track in this cohort with ~22% dated for treatment already.

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10. Diagnostic Waiting Times

Figure 16 Monthly 6 Week DM01 Performance



March 2023 performance was 66.87% with ongoing challenges across Endoscopy and Radiology plus the impact of industrial action.

Figure 17 Diagnostics – National Comparison

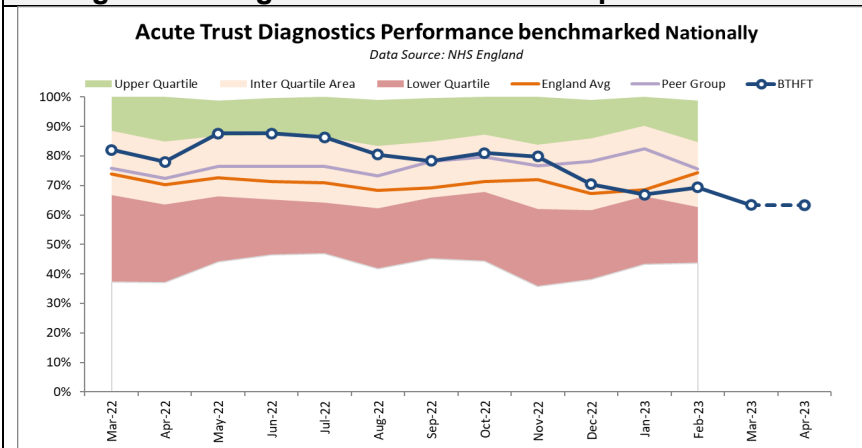


Figure 17 shows a national comparison of Diagnostic performance. BTHFT was in line with England average, although performance is deteriorating below this level in February and March.

Diagnostic Improvement:

- MRI has planned downtime of a scanner for several months. Evening and weekend scanning hours are mitigating the shortfall, but demand continues above plan preventing a reduction in waiting lists. MRI and CT Fast Track patients continue to be given priority although issues with other radiology equipment are impacting on the number of diagnostic tests which can be carried out.
- Within Endoscopy a productivity work plan is underway which will speed up the flow of patients to Westcliffe through joined up approaches across the two sites, and validation of long waiters continues with a focus on DQ to provide a more accurate and up to date patient lists.
- Obstetric ultrasound demand continues to exceed forecasts which is affecting performance and delivery against timeframes. Demand and capacity work has been undertaken to evidence increased demand levels to support business cases for plans to recruit or source additional specialist staffing.
- Echocardiography have been impacted by the strikes and increasing stress echo demand (partly in response to radiology pressures) alongside increased leave and reduced locum time in March. The service is trying to secure resource for this via a business case and additional sessions.

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11. Cancer Standards

Table 4 Cancer Standards – Overview by Indicator – BTHFT

Measure	Target	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	Jan-23	Feb-23	Mar-23	Apr-23
14 day GP referral for all suspected cancers	93%	95.0%	95.0%	95.4%	92.9%	96.1%	96.3%	94.3%	97.0%	95.8%	94.6%	91.8%	87.8%	93.7%	95.2%	93.1%	95.3%	94.0%	94.0%	91.8%
14 day breast symptomatic referral	93%	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%	95.7%	97.4%	96.9%	94.4%	96.1%
31 day first treatment	96%	97.3%	95.6%	97.3%	91.1%	94.4%	93.9%	94.5%	96.1%	95.0%	96.3%	89.7%	94.4%	96.8%	94.8%	95.6%	93.8%	92.6%	97.0%	96.1%
31 day subsequent drug treatment	98%	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%	91.7%	78.7%	97.6%	97.1%	96.6%
31 day subsequent surgery treatment	94%	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%	79.2%	83.7%	77.0%	79.1%	85.4%	90.2%
62 day GP referral to treatment	85%	76.9%	81.4%	88.0%	71.8%	75.2%	78.4%	80.3%	81.6%	79.0%	77.9%	83.6%	76.8%	79.8%	73.8%	69.9%	78.2%	74.6%	74.6%	75.8%
62 day screening referral to treatment	90%	83.8%	80.0%	82.7%	63.6%	62.5%	72.5%	72.4%	81.8%	88.6%	81.0%	85.4%	70.6%	80.0%	76.7%	96.0%	82.1%	65.6%	65.6%	76.9%
62 day consultant upgrade to treatment		60.0%	66.7%	66.7%	18.2%	66.7%	69.2%	71.4%	100.0%	44.4%	66.7%	100.0%	100.0%	35.3%	83.3%	53.3%	44.4%	40.0%	81.8%	75.0%

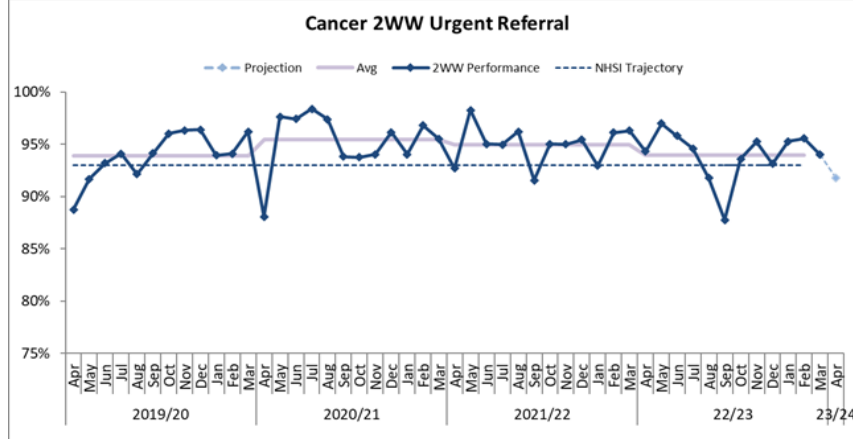
Cancer Wait Time Improvement:

- On-going review of clinical pathways, with improvement support to pathway redesign in line with BPTPS, cancer milestones, improving quality, patient experience and inequalities.
- Focused work on prioritising prostate pathways as per 2022/23 objectives.
- Collaborative work continues in preparation for the proposed new cancer standards and accommodation of version 11.1 rather than version 12 which has been delayed. This includes additional monitoring of NSS, sarcoma and breast symptomatic alongside existing monitoring.
- Services are actively working with patients to reduce delays and DNA's.
- Continued implementation of service development plans which include tele-dermatology, pathway navigation roles, 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.
- Data group continues to coordinate work and approaches to new monitoring and oversee implementation of several data and digital requirements that will support cancer services.
- A personalised care lead has been appointed and progression of health needs assessment and community rehabilitation work focusing on cancer care received by the homeless community and looking at how as a Trust we can improve and adapt services to better meet their needs.
- Workforce development initiatives with external partners to develop student nurse placements and cancer nurse specialist roles.
- Work is also underway to put additional clinics in place to mitigate Easter and the May bank holidays along with future planning to ensure minimal in-pact of strikes on patient pathways where possible.

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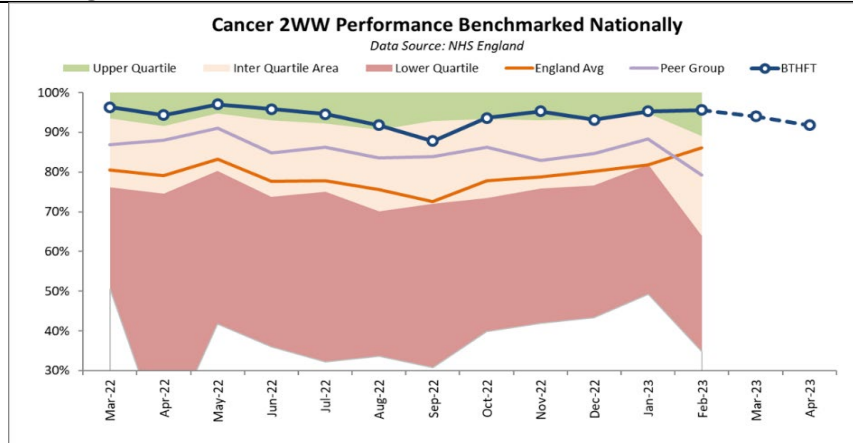
11.1. Cancer 2 Week Wait

Figure 18 Cancer 2WW Performance (Target 93%)



2 Week Wait (2WW) for February 2023 is at 95.57% and is above the 93% target. Performance is expected to dip slightly in March 2023.

Figure 19 2WW National Comparison - BTHFT



Performance in February 2023 places the Trust in the upper quartile, significantly above peer group and England average.

Table 5 2WW Performance by Tumour Group

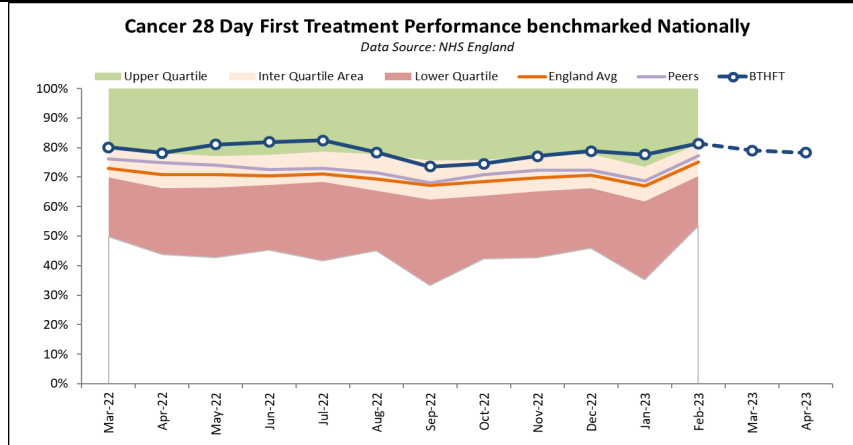
Site	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
TRUST	95.0%	95.0%	95.4%	92.9%	96.1%	96.3%	94.3%	97.0%	95.8%	94.6%	91.8%	87.8%	93.7%	95.2%	93.1%	95.3%	95.6%	94.02%	91.76%
Breast	97.5%	94.6%	93.1%	96.7%	97.6%	97.0%	98.2%	99.4%	95.8%	96.5%	99.0%	97.5%	97.0%	97.6%	96.3%	99.5%	96.5%	96.30%	96.90%
Gynae	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%	96.1%	95.9%	93.7%	90.7%	96.62%	94.24%
Haematology	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%	75.0%	47.6%	8.3%	56.5%	75.00%	88.89%
Head & Neck	95.5%	96.6%	95.6%	97.2%	96.2%	95.2%	93.6%	95.5%	96.2%	92.9%	96.3%	97.0%	97.4%	97.1%	92.0%	96.4%	97.6%	94.14%	97.72%
Lower GI	91.5%	90.9%	93.3%	85.4%	95.5%	94.4%	84.3%	96.4%	97.0%	91.3%	67.6%	56.9%	80.2%	87.3%	83.9%	93.3%	90.0%	83.58%	66.77%
Lung	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%	100.0%	100.0%	98.1%	100.0%	100.00%	100.00%
Other	100.0%	100.0%	100.0%	80.6%	97.7%	100.0%	95.5%	100.0%	100.0%	100.0%	100.0%	98.1%	93.8%	92.9%	95.7%	100.0%	97.6%	94.74%	96.77%
Skin	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%	99.6%	99.7%	98.8%	99.5%	98.33%	99.40%
Upper GI	93.7%	89.6%	98.2%	94.5%	90.3%	91.9%	88.2%	93.9%	96.3%	96.0%	82.8%	75.9%	85.5%	92.5%	91.7%	90.7%	97.0%	92.02%	89.94%
Urology	98.4%	99.3%	97.7%	99.0%	97.8%	99.3%	99.2%	98.3%	96.4%	97.9%	95.2%	96.7%	97.9%	97.9%	93.6%	99.2%	99.3%	97.39%	98.71%

Referral rates above 2019/20 levels in conjunction with patient availability challenges, staff taking leave and workforce gaps has led to 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. Work is underway targeting GP communication with patients at the referral stage to support the timely identification of suspected cancer and the importance of attending appointments for this and further training for staff involved in booking processes is taking place to improve effective and efficient referral management.

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11.2. Cancer 28 Day Faster Diagnosis

Figure 20 28 Day National Comparison - BTHFT



Performance in February 2023 places the Trust in the upper quartile, remaining above peer group and England average.

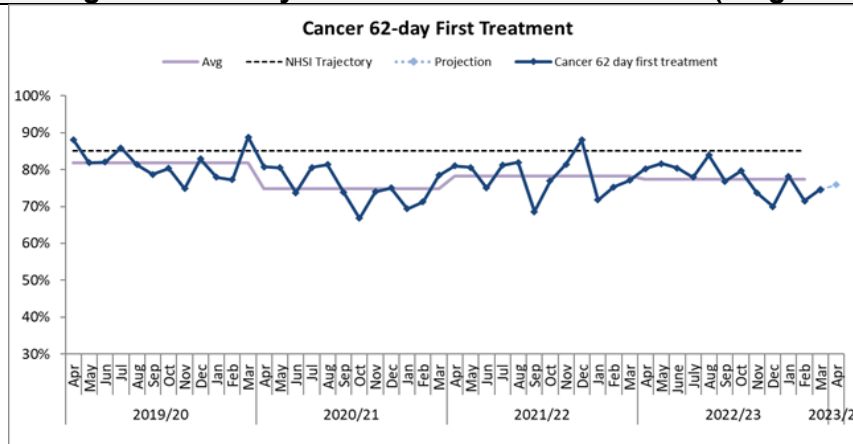
Table 6 28 Day Faster Diagnosis Standard (FDS)

Site	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	Jan-23	Feb-23	Mar-23	Apr-23
TRUST	84.3%	85.3%	84.3%	81.7%	83.2%	79.9%	79.3%	82.0%	81.5%	81.5%	77.9%	72.5%	74.7%	76.8%	78.2%	75.5%	80.5%	79.1%	78.3%
Breast	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%	98.4%	98.0%	98.2%	98.7%	98.0%
Gynae	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%	64.6%	69.1%	51.1%	70.1%	63.4%	62.1%
Haematology	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%	26.3%	5.9%	23.8%	16.7%	22.2%
Head & Neck	81.3%	83.6%	86.2%	80.1%	71.6%	75.3%	76.0%	81.3%	81.1%	75.4%	79.4%	64.6%	70.6%	69.9%	78.6%	75.3%	73.9%	66.7%	73.3%
Lower GI	78.5%	78.7%	83.7%	76.2%	83.0%	71.4%	72.8%	78.5%	72.8%	74.2%	60.1%	58.6%	46.2%	58.8%	72.7%	69.6%	75.2%	73.9%	72.9%
Lung	75.0%	87.5%	83.8%	90.3%	88.6%	86.1%	84.8%	75.0%	85.7%	88.6%	92.5%	96.8%	93.5%	88.9%	97.7%	85.7%	85.2%	81.0%	87.0%
Other	94.7%	89.5%	80.0%	87.0%	86.4%	75.0%	81.8%	72.7%	61.1%	88.9%	92.3%	79.7%	75.9%	69.6%	75.0%	36.0%	84.0%	87.5%	72.7%
Skin	85.9%	85.1%	82.4%	80.5%	91.5%	86.0%	83.3%	85.1%	88.9%	91.3%	88.5%	78.5%	84.4%	87.3%	82.8%	83.5%	85.5%	83.4%	84.0%
Upper GI	88.2%	78.9%	86.0%	81.6%	68.0%	70.0%	63.6%	77.5%	79.7%	69.2%	67.1%	74.2%	82.0%	77.9%	69.2%	68.6%	84.4%	80.2%	75.0%
Urology	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%	69.7%	64.4%	73.1%	69.6%	67.5%	68.4%

Improvement is sustained in February due to consultants returning to work and improved capacity and administrative processes across several tumour groups including histology turnaround.

11.3. Cancer 62 Day First Treatment Performance

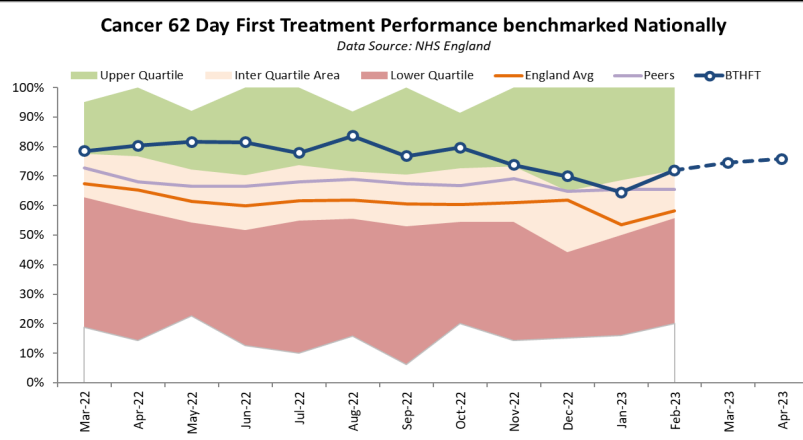
Figure 21 62 Day First Treatment Performance (Target 85%)



The 62 Day First Treatment in February 2023 was 78.17%. This deterioration was due to patients over 62 days being treated reducing this backlog which will support a projected improvement in March

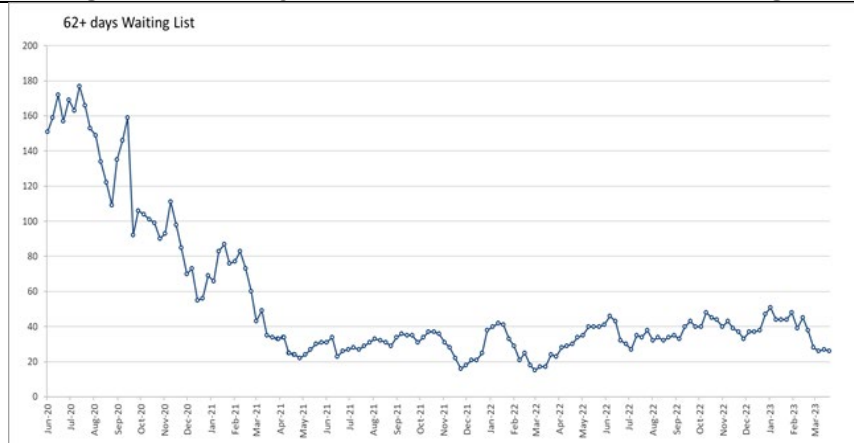
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Figure 21 62 Day First Treatment Performance – National Comparison



BTHFT performance for February 2023 is in the upper quartile and significantly above the England Average.

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



The number of patients waiting over 62 days remains above the plan for 2022/23 although below the growth adjusted plan for 2023/24.

Table 7 62 Day First Treatment Performance by Tumour Group

Site	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	Jan-23	Feb-23	Mar-23	Apr-23
TRUST	76.9%	81.4%	87.98%	71.8%	75.2%	78.4%	80.3%	81.6%	80.4%	77.9%	83.6%	76.8%	79.8%	73.8%	69.9%	78.2%	71.5%	74.6%	75.8%
Breast	100.0%	84.0%	100.0%	78.6%	87.0%	100.0%	81.8%	92.3%	96.6%	92.3%	100.0%	86.7%	100.0%	91.7%	81.3%	80.0%	94.1%	100.0%	90.0%
Gynae	100.0%	60.0%	100.0%	80.0%	80.0%	50.0%	28.6%	14.3%	53.8%	100.0%	60.0%	66.7%	66.7%	55.6%	33.3%	52.6%	50.0%	33.3%	40.0%
Haematology	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%	72.7%	66.7%	25.0%	66.7%	60.0%
Head & Neck	66.7%	35.7%	50.0%	20.0%	34.8%	66.7%	62.5%	30.8%	68.4%	42.1%	57.1%	46.2%	66.7%	36.4%	46.2%	28.6%	70.0%	50.0%	63.6%
Lower GI	72.7%	57.1%	100.0%	90.9%	50.0%	50.0%	50.0%	83.3%	61.5%	42.9%	20.0%	25.0%	66.7%	52.9%	14.3%	46.2%	46.2%	80.0%	72.7%
Lung	16.7%	40.0%	0.0%	40.0%	33.3%	33.3%	100.0%	60.0%	40.0%	0.0%	11.1%	14.3%	0.0%	0.0%	16.7%	80.0%	16.7%	11.1%	20.0%
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%	0.0%	100.0%	50.0%	50.0%	37.5%	50.0%
Skin	100.0%	90.7%	94.4%	81.5%	97.2%	100.0%	94.1%	100.0%	97.2%	96.8%	100.0%	89.3%	92.9%	93.7%	96.0%	97.0%	100.0%	95.2%	96.2%
Upper GI	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%	50.0%	40.0%	66.7%	50.0%
Urology	75.0%	88.4%	90.9%	81.5%	77.5%	78.6%	91.2%	86.2%	84.8%	95.0%	85.7%	90.2%	77.2%	79.1%	78.4%	86.4%	65.5%	84.8%	84.0%

Performance has continued below target at 71.5% for February as high referral volumes remain a challenge and patients progress through the pathway to treatment. The volume of activity is increasing which has reduced the number of patients waiting over 62 days.

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12. Other Contractual KPI – by exception

12.1. Cancelled Operations

Table 8 28 Day Rebook Breaches

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Cancellations to rebook	44	30	32	56	31	24	43	39	38	48	43	54
28 day rebook breaches	12	6	4	4	4	4	1	3	3	5	3	5

5 breaches of the 28 days re-booking target for same day cancelled operations in March with the number of cancellations that required rebooking increasing compared to February.

12.2. Sentinel Stroke National Audit Programme (SSNAP)

Table 9 SSNAP Level: Bradford and Airedale Stroke Unit

Time period	Jul-Sep 2022	Oct-Dec 2022	Jan 2023 Projected	Feb 2023 Projected
SSNAP level	C	D	B	B
1) Scanning	B	C	B	B
2) Stroke unit	E	E	E	E
3) Thrombolysis	D	E	C	C
4) Specialist Assessments	D	D	A	B
5) Occupational therapy	A	C	B	B
6) Physiotherapy	B	C	B	C
7) Speech and Language therapy	E	D	C	B
8) MDT working	D	C	C	C
9) Standards by discharge	A	A	A	A
10) Discharge processes	A	A	A	A

Bed capacity increased by 6 beds on the stroke has continued into April 2023 and continues to have a positive impact on the reduction in number of stroke outliers. A business case for further capacity has been approved in April 2023 which will further increase overall bed capacity for Stroke in line with stroke demand.

Improvement in the “specialist assessment” metric as the first assessment carried out by stroke is quicker and meets the SSNAP criteria. In January 2023 the rating went from a D to an A.

Approved business case for inpatient therapy is currently being recruited to with posts to be filled by May 2023. Joint stroke improvement board is being established, with representation from Bradford and Airedale hospitals. A Walk through of the stroke pathway occurred in April 2023 with site visits at AFT and BRI, the CSU is awaiting feedback and will incorporate into service Improvement Plan.

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APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Planning	Month	Threshold	Trajectory Target	Performance
Elective Day Case Spells	Mar-23	110%	106%	100%
Elective Ordinary Spells	Mar-23	110%	116%	80%
First Outpatient Attendances	Mar-23	110%	138%	122%
Admitted Clock Stops	Mar-23	n/a	106%	78%
Non-Admitted Clock Stops	Mar-23	n/a	113%	86%
RTT - Patients waiting >52 weeks on incomplete pathways	Mar-23	476	550	534
RTT - Patients waiting >104 weeks on incomplete pathways	Mar-23	0	0	0
RTT - Total Waiting List size	Mar-23	39122	27152	38795
Cancer - Patients waiting over 62 days	Mar-23	15	15	24
Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Mar-23	95.00%	80.00%	72.03%
Ambulance handovers taking between 30-60 minutes	Mar-23	0	30	83
Ambulance handovers taking longer than 60 minutes	Mar-23	0	10	47
Trolley waits in A&E longer than 12 hours	Mar-23	0	0	88
Emergency Inpatient Length of Stay >=21days	Mar-23	71	71	102
Cancer 2 week wait	Feb-23	93.00%	93.00%	95.57%
Cancer 2 week wait - breast symptomatic	Feb-23	93.00%	93.00%	96.89%
Cancer 28 day Faster Diagnosis	Feb-23	75.00%	75.00%	80.46%
Cancer 31 day First Treatment	Feb-23	96.00%	96.00%	92.61%
Cancer 31 day Subsequent Surgery	Feb-23	94.00%	94.00%	79.07%
Cancer 31 day subsequent treatment - drug regimen	Feb-23	98.00%	98.00%	97.56%
Cancer 62 day First Treatment	Feb-23	85.00%	85.00%	71.55%
Cancer 62 day First Treatment - NHS screening service	Feb-23	90.00%	90.00%	65.63%
Diagnostics - patients waiting under 6 weeks for test	Feb-23	99.00%	83.50%	69.38%
RTT - Patients waiting <18 weeks on incomplete pathways	Feb-23	92.00%	86.18%	70.02%
Mixed-sex accommodation breach	Mar-23	0	0	0
Cancelled Operations 28 day breach	Mar-23	0	0	5
Urgent operation cancelled for a second time	Mar-23	0	0	0

**Latest prediction at the time of writing*