

Meeting Title	Open Board of Directors		
Date	21 September 2023	Agenda item	Bo.9.23.10

PERFORMANCE REPORT – FOR THE PERIOD JULY 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		
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 July 2023.		
Analysis		
Ambulance Handovers:		
<ul style="list-style-type: none">• Attributable performance for handovers within 15 minutes was 91.97% in July 2023 and is projected to be at 91.54% in August 2023. This is the validated internal position which excludes resus, crew delays and patients transferred to other units.• Improvement in ambulance handover performance continues and performance is ahead of trajectory. This position has been achieved through joint working between YAS's Hospital Ambulance Liaison Officer (HALO) and Emergency Department's Senior Leadership Team.• Joint work will next focus on periods of peak demand to agree an early escalation process that allows for better preparation and improved response plans. New pathways will also be developed for patients who are suitable to be taken directly to the UCC.		
Emergency Care Standard (ECS):		
<ul style="list-style-type: none">• ECS performance for Type 1 and 3 attendances was 76.31% for July 2023 and is currently forecast at 76.96% for August 2023. The position compares favourably against other acute Trusts in WYAAT and against the national benchmark which reflects the difficulties everyone is facing.• During the periods of industrial action discharge rates have been lower impacting on overall flow from ED and performance against the 4-hour standard. However, July is showing higher discharge rate during industrial action which is having a positive impact on ECS performance.• Phase one of the Urgent Care Centre (UCC) has been operational since the 01-April-2023. The UCC combines our Primary Care Stream and Minor Injuries Area into a defined centre, placing patients in the right area will best utilise the available capacity both in this area and in the ED which in turn will improve waiting times.• Phase two of the UCC has now gone live. This focusses on the primary care element and there is now a dedicated GP streaming service in place. New working hours starting from 8am came into effect in June which incorporated a change in workforce model including ANP capacity within the GP stream.		

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Long Length of Stay (Stranded Patients):

- The daily average number of patients with a length of stay ≥ 21 days was 98 in July 2023 and is projected to be a daily average of 110 in August 2023.
- A daily review of patients with no reason to reside remains in place and is attended by health, social care, therapies and any other discipline involved in the patients discharge planning.
- The Multi-agency Integrated Discharge Team (MAIDT), wards teams, senior nursing, therapies and health and social care are working closely throughout the week to enable timely discharge of long length of stay (LLOS) patients.
- Weekly meetings are also in place to review >21 day LLOS patients to ensure all are progressing their journey with us whether or not they are medically optimised for discharge (MOFD). These meetings involve multiple departments and agencies working together to ensure patients do not experience any unnecessary delays.

Inpatient and Outpatient Activity:

- New outpatient activity delivered below plan for July due to five days of Junior Doctor and Consultant strikes. Volumes are projected to remain below plan in August also due to further industrial action and increased annual leave over the summer period.
- Day case and ordinary spells remained below plan for July, with activity decreasing compared to June. Elective activity is currently projected to remain below plan in August also.
- Weekly meetings continue to review theatre productivity with schedules now being reviewed beyond 6 weeks to maximise utilisation of available sessions. 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.
- Some services continue to utilise insourcing to support outpatient activity and reduce waiting times with several locums expected to remain in place until September.

Referral to Treatment:

- Referral to Treatment (RTT) performance has reduced in July to 67.54% but remains within the upper quartile compared to other Acute Trusts.
- Focus remains on increasing activity levels whilst 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.
- There were 0 patients reported over 78 weeks at the end of July with 0 patients projected to breach 78 weeks at the end of August. Focus has now turned to reducing the cohort of patients at risk of breaching 65 weeks at the end of August.
- Weekly patient engagement via SMS continues for patients with wait times of 12, 26 & 52 weeks.
- CPBS have protected vacant clinics for July and August allowing services to reschedule patients cancelled because of consultant absence.
- Services where patient non-attendance remains high are trialling text methods to reduce this and once the most efficient rate of management is determined this will be rolled out to other areas.

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Diagnostic waiting times:			
<ul style="list-style-type: none"> The DM01 performance for July is projected at 59.92% predominately due to continued impact of Industrial Action referral volumes, and consultant leave on MRI, Ultrasound, and Echocardiography. The August position is projected to be 62.80% with significant work underway to protect activity and mitigate effects of further the Industrial Action. MRI recovery was delayed by further equipment issues. Demand remains high but with the start of outsourcing in August of MSK patients to Medica improvements are visible as capacity is released in line with the recovery plans. Echocardiography have been impacted by the strikes and increasing stress echo demand alongside increased leave and reduced locum time which has resulted in patients waiting longer through June and July. The service is trying to secure resource for a specific cardiac consultant via a business case and additional sessions. Following approval of the business case for Non-Obstetrics Ultrasound support via outsourcing, in addition the service is transferring GP direct access requests to Yorkshire Health Solutions which will reduce the number of long waits. Plans for insourcing are being negotiated to move forward with subsequent recruitment, making operational changes and developments. 			
Cancer Wait Times:			
<ul style="list-style-type: none"> 2-week wait (2WW) demand continued to increase in June and July whilst bank holidays, staff and consultant leave, and industrial action continued to reduce capacity. Despite this pressure, performance in June improved to 95.81% (above the 93% target) and is forecast to continue above target in July with services prioritising clinic capacity for this cohort. The 28-day faster diagnosis standard (FDS) rose to 79.27% in June which continued from May's performance above target, and this is forecast to continue to improve into July despite ongoing capacity pressures. Similar issues to those which impacted the 2WW such as consultant leave and Industrial Action are impacting performance, along with growing Histology delays which are an additional challenge. The Cancer 62 Day First Treatment performance has continued below the target of 85% dropping although improving from May's performance 77.27 to % in June. The projected performance for July is an expected dip to around 72%, with low treatment numbers and delays in the diagnostic phase preventing a reduction in the 62-day backlog and Industrial Action and consultant availability and complex patients contributing to the pressures. Learning from previous industrial action has been applied to the planning for the July and August strikes and it is hoped that significant numbers of treatments will be re-booked quickly as a result. 			
Other KPI of note:			
<ul style="list-style-type: none"> 28-day rebooking of same day cancellations remains a challenge as DNA's continue to be a factor affecting performance. The number of cancellations has increased and due to theatre capacity constraints, it is not always possible to meet this target. Additional bed capacity continues to have a positive impact on the number of stroke outliers and recruitment of therapy staff continues in line with plan. 			
Recommendation			
<p>The Board is asked to:</p> <ul style="list-style-type: none"> 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 (*) Post COVID-19 recovery continues but industrial action has impacted on the volume of activity undertaken in the reporting period and delayed some progress.					

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
High Level 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"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

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

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality & Patient Safety	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 – May 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>	Jul-23	30	53	↓
3	<u>Ambulance Handover 60+</u>	Jul-23	10	6	↓
5	<u>Emergency Care Standard</u>	Jul-23	75.10%	76.31%	↓
7	<u>Length of Stay ≥21days</u>	Jul-23	76	98	↓
9.1	<u>18 Week RTT Incomplete</u>	Jul-23	71.12%	67.54%	↓
9.2	<u>52 Week RTT Incomplete</u>	Jul-23	1.28%	1.27%	↓
10	<u>Diagnostics Waiting Times</u>	Jun-23	61.00%	59.92%	↑
11.1	<u>Cancer 2 Week Wait</u>	Jun-23	93.00%	95.81%	↑
11.2	<u>Cancer 28 Day FDS</u>	Jun-23	75.00%	79.27%	↑
11.3	<u>Cancer 62 Day First Treatment</u>	May-23	85.00%	77.27%	↑

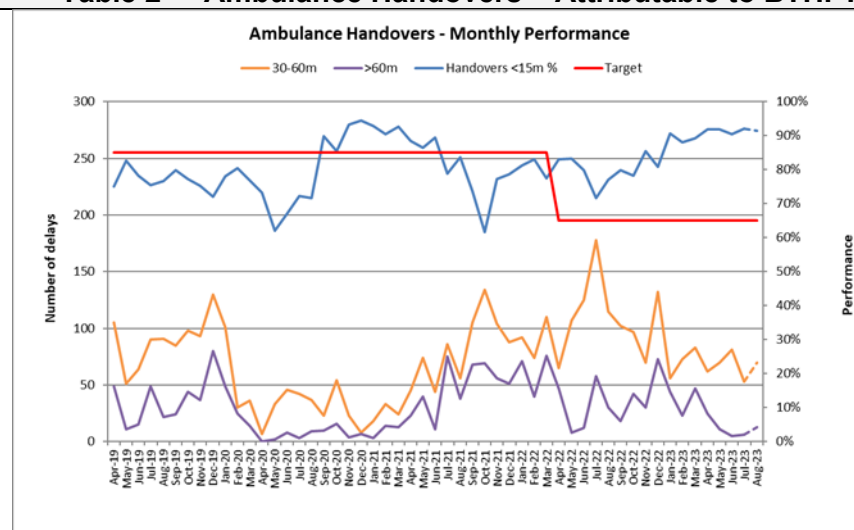
Red performance = not meeting plan; **Green** performance = meeting or exceeding plan.

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

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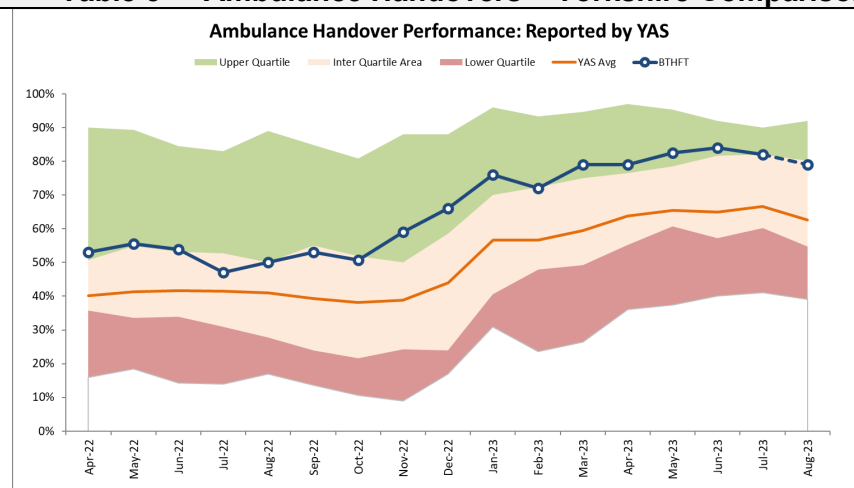
3. Emergency Ambulance Handover Performance

Table 2 Ambulance Handovers – Attributable to BTHFT



The number of delayed handovers in July 2023 was 53 between 30 and 60 minutes and 6 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).

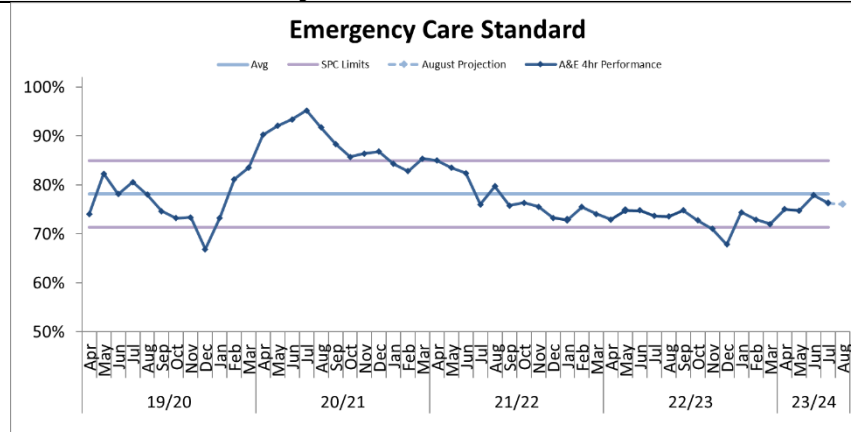
Ambulance Handover Improvement:

- Live data sharing continues to support the deployment of YAS leads at site when required.
- Escalation protocol is in place with assessment area expansion as required. A trigger has been set up to alert when Ambulances are waiting over 30 mins which will reduce to 15 mins in September.
- System Control Centre (SCC) exception reports are being used to identify improvement actions.
- 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.
- Estate works to be completed by September providing an additional bay in Ambulance Assessment Area. Patients will benefit from quicker assessment and initial treatment as a result.

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4. Emergency Care Standard (Type 1&3)

Table 4 Monthly ECS Performance – BTHFT



BTHFT reported a position of 76.31% for the month of July 2023. August 2023 position is projected to be 76.96%.

Table 5 ECS Performance – National Comparison

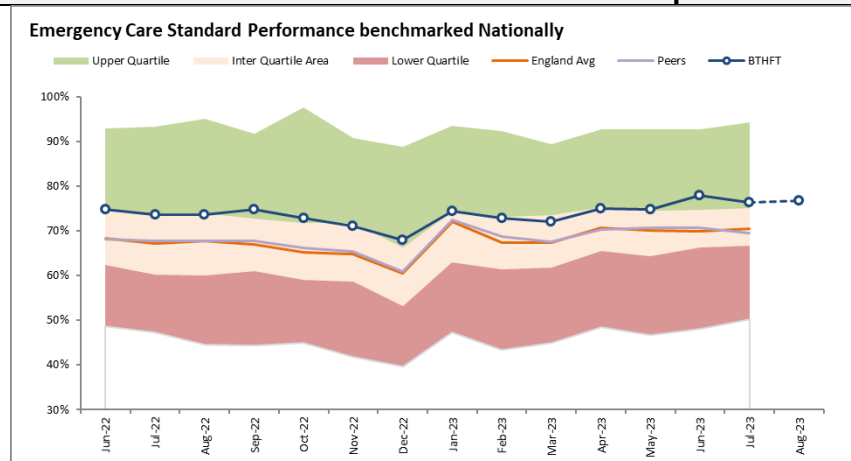
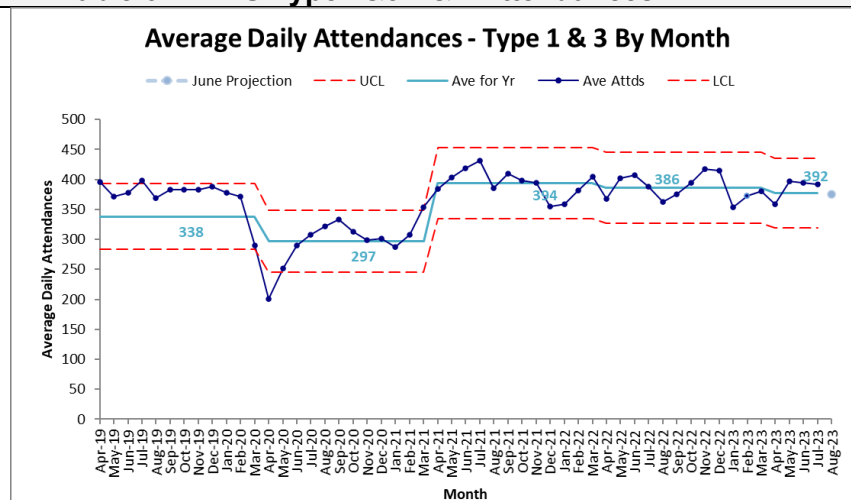


Table 5 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been above England average and its peers.

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



The Trust has experienced a high in the number of attendances during July 2023 with the daily average being 392.

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5. Emergency Department Measures

Table 2 ECS KPI Performance – BTHFT

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Average Daily Attendances	375	395	417	415	354	373	381	359	396	394	392	370
Average Daily Breaches	94	108	121	134	91	101	106	89	100	87	93	85
ECS Performance	74.82%	72.75%	71.08%	67.85%	74.44%	72.92%	72.03%	75.07%	74.78%	77.91%	76.31%	76.96%
Arrival to Assess	00:25	00:29	00:28	00:35	00:22	00:24	00:25	00:22	00:22	00:22	00:21	00:20
Assess to Treat	01:59	02:15	02:15	02:32	01:49	01:59	02:09	01:41	01:47	01:42	01:44	01:41
Treatment Length	02:16	02:21	02:19	02:44	02:18	02:29	02:32	02:25	02:17	02:09	02:09	02:25
Total LOS - Discharged Patients	03:46	03:59	04:04	04:20	03:50	04:05	04:09	03:52	03:47	03:39	03:37	03:32
Total LOS	04:46	05:10	05:09	05:51	04:54	05:19	05:20	04:53	04:45	04:31	04:27	04:24

The KPIs related to time in the Emergency Department remain high. Medical workforce pressures and patient flow delays within the Hospital continue to have an impact on the performance of the department.

Emergency Department Improvement:

- Expansion of the GP stream with start time at 8am continues. This is supported by a primary care ANP, streamer and receptionist.
- UCC Lead Nurse has been appointed. Recruitment has started for band 6 streamers to provide rapid assessments into the primary care services.
- New contract of GP Stream has come into effect from the 1st June 2023 and additional capacity is organised with Bradford Care Alliance's (BCA) to support surge in the department.
- Minors/MSK service is now seeing paediatric children from the age of 8. Prior to this it was 12 years.
- Further work is underway to expand the age range and conditions covered by the GP Stream, with the aim to maximise number of patients redirected from ED.
- UCC is still undergoing a PDSA cycle and ongoing improvements will be made based on reflections. UCC group is meeting fortnightly to ensure project objectives are delivered in preparation for winter.
- Stretch targets to be put in place to ensure the planned level of activities are achieved ahead of winter.
- The change in the front door 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.
- Nurse staffing numbers have improved with three senior nursing returning from long term sickness, this is having positive impact on initial assessment performance.
- The CSU is exploring alternative workforce models including hiring of operational support workers and volunteer roles. An overseas nurses recruitment process is underway which will provide resilience in the longer term.

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6. Hospital Admission Measures

Table 3 ED Admissions KPI Performance – BTHFT

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Conversion Rate*	17.47%	16.81%	16.59%	22.23%	25.82%	25.27%	23.83%	23.80%	24.05%	22.68%	24.30%	24.45%
Average Daily Admissions*	66	66	69	92	91	94	91	85	95	89	95	90
DTA to Admit	04:03	04:45	04:44	06:02	04:37	05:20	05:21	04:42	04:17	03:38	03:20	04:42
Total LOS - Admitted Patients	08:09	08:35	08:35	10:24	07:51	08:42	09:00	08:00	07:43	07:03	06:42	06:37
% of Patients > 12 Hours LoS	4.16%	5.47%	5.46%	8.84%	5.44%	7.23%	7.85%	5.40%	4.68%	3.76%	3.11%	4.15%

ED KPIs related to admitted patients remain high, industrial actions in February, March, April and June contributed to high bed occupancy due to low discharge rate from the hospital. This had a negative impact on the ECS performance. However, July 2023 is showing higher early discharge rate during industrial action having a positive impact on ECS performance.

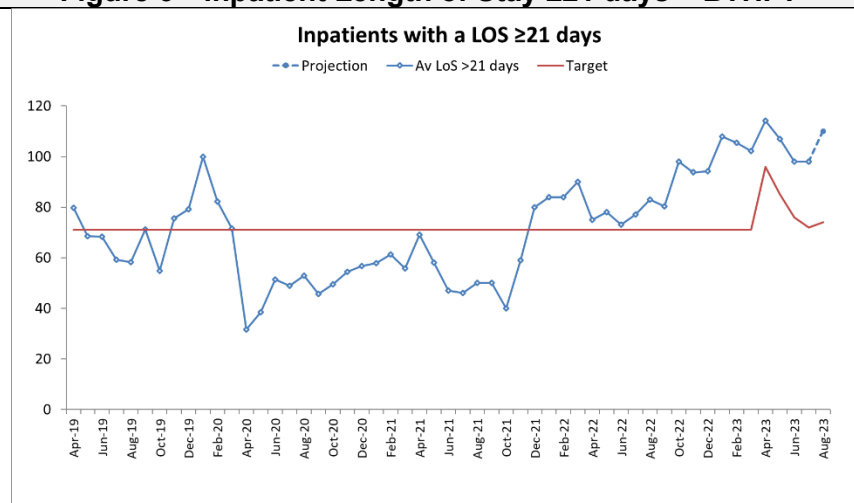
ED Admission Improvement:

- Additional winter beds remained open into July 2023. Business case has been approved to open ward 9 as stroke ward and develop a younger frailty ward on ward 17.
- New performance monitoring structure remains in place, analysing the impact of wards and supporting services on ED performance. Weekly ECS Beach Review meeting has been extended to all these teams to support broader improvements.
- 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.
- Patient Flow Hub trial started on the 03 July 2023. The hub will provide situational oversight within the department this is to ensure a high-level understanding of how many patients are in the department and any associated risk. This will facilitate a single access point for coordinating information and ensure a swift response to operational issues.
- ED team continues to attend operation huddles twice a day, resulting in improvement in communication with wards and flow.

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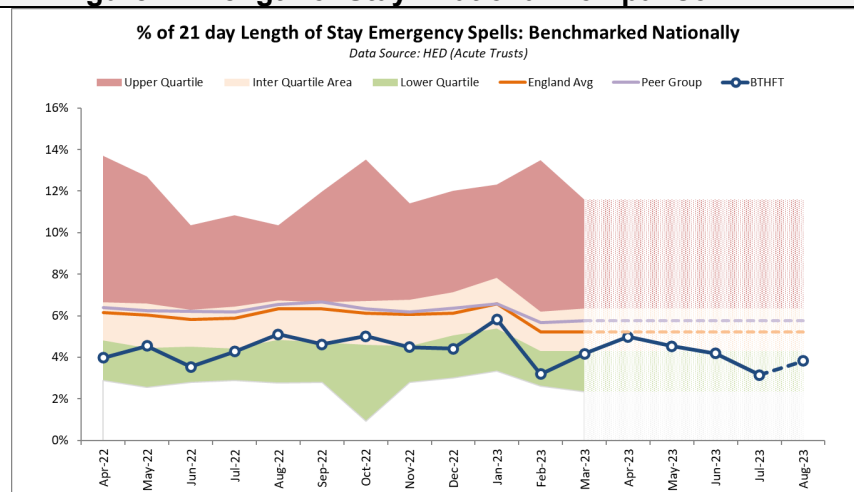
7. Emergency Inpatient Length of Stay (LOS) ≥ 21 days

Figure 6 Inpatient Length of Stay ≥ 21 days – BTHFT



The number of patients with a LOS over 21 days remained high but improved to an average of 98 patients per day in July 2023. August 2023 position is projected to improve slightly to 110 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 3.82% in July 2023.

The numbers of patients above 21 days long length of stay (LLOS) remains high due to high number of LLOS patients requiring further therapy intervention, waiting for care home beds and social care assessment. Our social care partners are also facing increased challenges which are delaying discharges.

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Long Length of Stay Improvement:

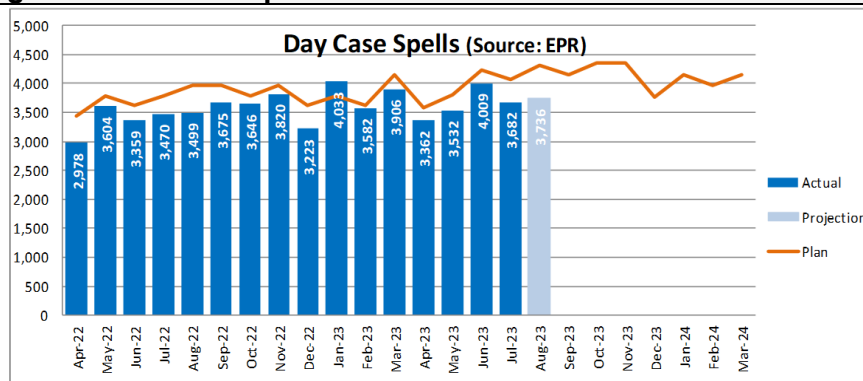
- A daily review of patients with no reason to reside is in place.
- Discussions continue between MAIDT and Therapy colleagues to determine any roles/ tasks that the therapists currently complete that could potentially be undertaken by the discharge co-ordinator.
- Ward 27 has become a designated ward for patients who are medically optimised and are waiting for therapy or social care input before discharge.
- This KPI is part of the extended weekly performance oversight and improvement meetings.
- 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.
- Weekly deep dive >21 day LLOS meeting are held with Deputy Directors of Nursing, & Therapies to focus on this cohort of patients.
- Discharge co-ordinators attending MDT's and Board Rounds at 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). Policy currently under review and being updated to reflect Decision to Admit (DTA) pathways.
- Integrated care board's (ICB) umbrella moving on policy also currently being written which will link to each policy in place for the individual trusts.

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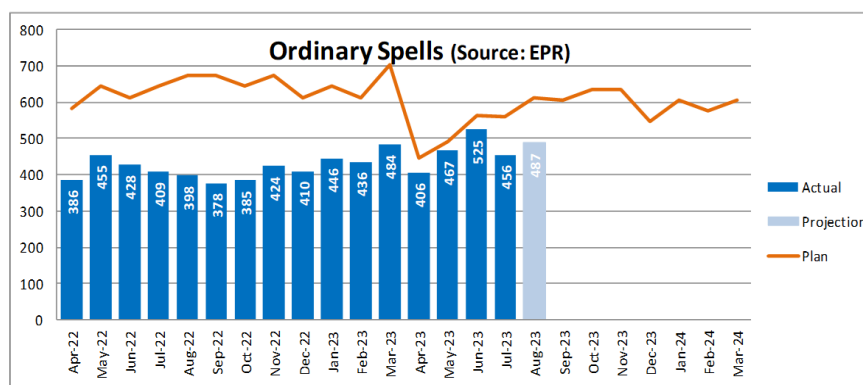
8. Activity Compared to Plan

8.1. Inpatient Activity

Figure 8 Elective Spells



	Target	Plan	Actual
Apr-23	110%	91%	85%
May-23	110%	95%	89%
Jun-23	110%	115%	109%
Jul-23	110%	100%	91%
Aug-23	110%	120%	104%
Sep-23	110%	108%	
Oct-23	110%	111%	
Nov-23	110%	118%	
Dec-23	110%	112%	
Jan-24	110%	107%	
Feb-24	110%	113%	
Mar-24	110%	107%	



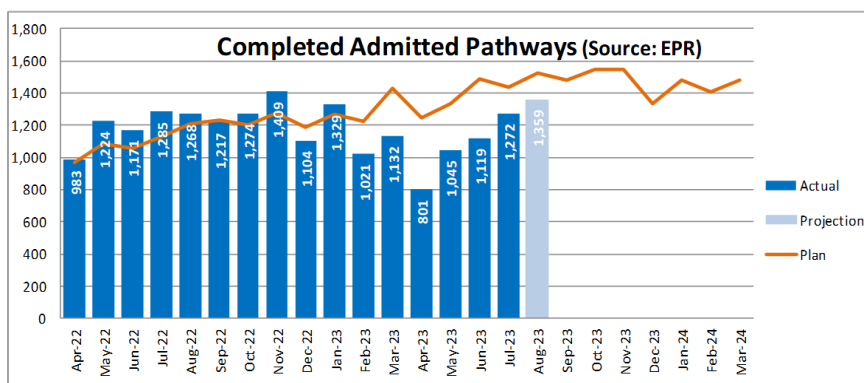
	Target	Plan	Actual
Apr-23	110%	82%	75%
May-23	110%	85%	81%
Jun-23	110%	94%	88%
Jul-23	110%	96%	78%
Aug-23	110%	102%	81%
Sep-23	110%	105%	
Oct-23	110%	111%	
Nov-23	110%	108%	
Dec-23	110%	100%	
Jan-24	110%	102%	
Feb-24	110%	95%	
Mar-24	110%	99%	

Activity decreased in July for both day case and ordinary spells; weekly elective activity decreased in July delivering an average of 966 spells per week. Compared to the July 2019/20 baseline, elective activity is significantly below the weekly average of 1,089. Daily rates also decreased to 197 spells per day, compared to 206 in June. Both day case and ordinary activity is expected to increase marginally in August with industrial strike action and increased leave expected to impact delivery against plan.

Patients per list has remained stable at 2.0, however overall time utilisation has decreased to 87.8%, a 4.5% decrease compared to June. Weekly 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.

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Figure 9 Admitted Completed Pathways

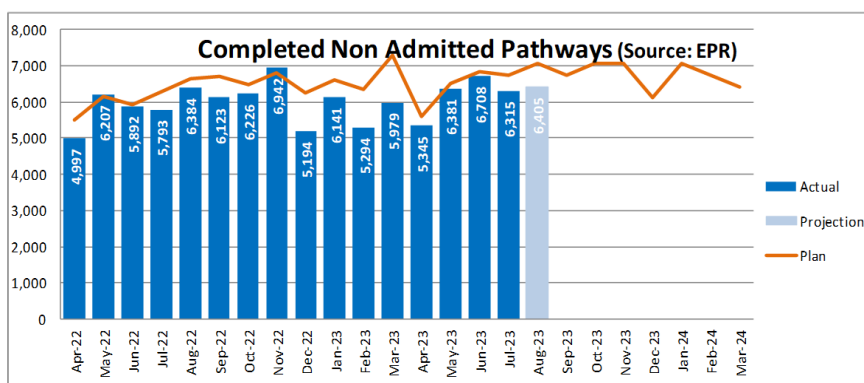


	Plan	Actual
Apr-23	89%	57%
May-23	97%	76%
Jun-23	117%	88%
Jul-23	108%	96%
Aug-23	123%	109%
Sep-23	113%	
Oct-23	115%	
Nov-23	114%	
Dec-23	112%	
Jan-24	99%	
Feb-24	104%	
Mar-24	109%	

The number of admitted clock stops increased in July despite reductions in elective activity. The number of completed admitted pathways is expected to increase in August but is likely to remain below plan.

8.2. Outpatient Activity

Figure 10 Non-Admitted Completed Pathways

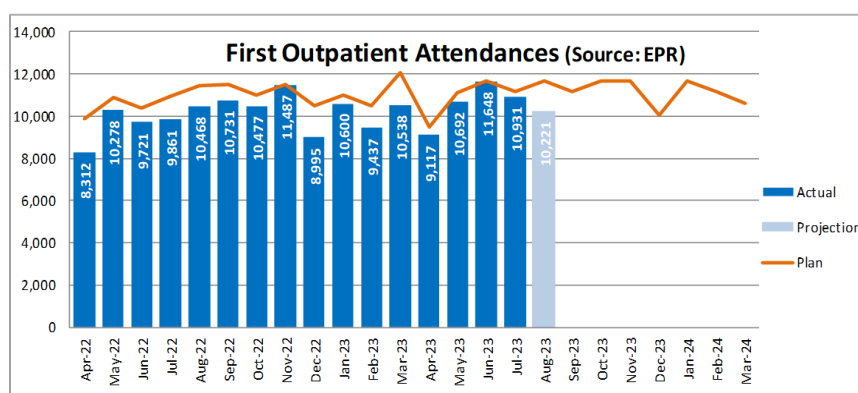


	Plan	Actual
Apr-23	96%	92%
May-23	109%	106%
Jun-23	126%	123%
Jul-23	103%	96%
Aug-23	132%	119%
Sep-23	115%	
Oct-23	106%	
Nov-23	112%	
Dec-23	108%	
Jan-24	105%	
Feb-24	110%	
Mar-24	99%	

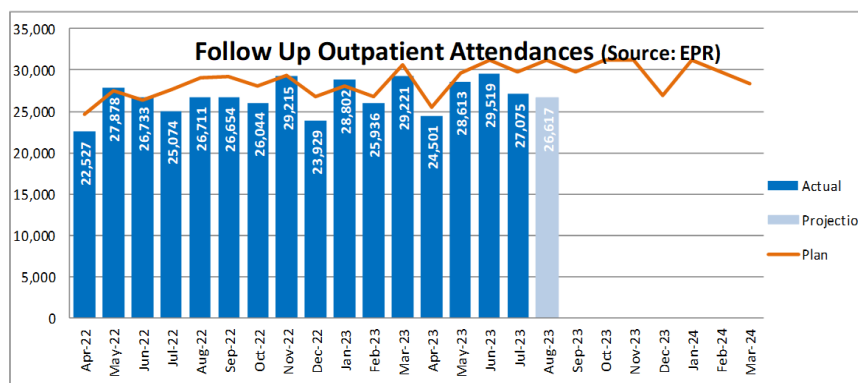
Non-admitted clock stops decreased in July, in line with the reduction of outpatient activity. Clock stops in August are projected to marginally increase but remain below plan.

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Figure 11 Outpatient Attendances



	Target	Plan	Actual
Apr-23	110%	100%	96%
May-23	110%	112%	108%
Jun-23	110%	126%	126%
Jul-23	110%	105%	103%
Aug-23	110%	128%	112%
Sep-23	110%	116%	
Oct-23	110%	113%	
Nov-23	110%	119%	
Dec-23	110%	116%	
Jan-24	110%	112%	
Feb-24	110%	122%	
Mar-24	110%	121%	



	Target	Plan	Actual
Apr-23	85%	91%	88%
May-23	85%	104%	100%
Jun-23	85%	115%	109%
Jul-23	85%	97%	88%
Aug-23	85%	121%	104%
Sep-23	85%	104%	
Oct-23	85%	102%	
Nov-23	85%	111%	
Dec-23	85%	108%	
Jan-24	85%	103%	
Feb-24	85%	113%	
Mar-24	85%	101%	

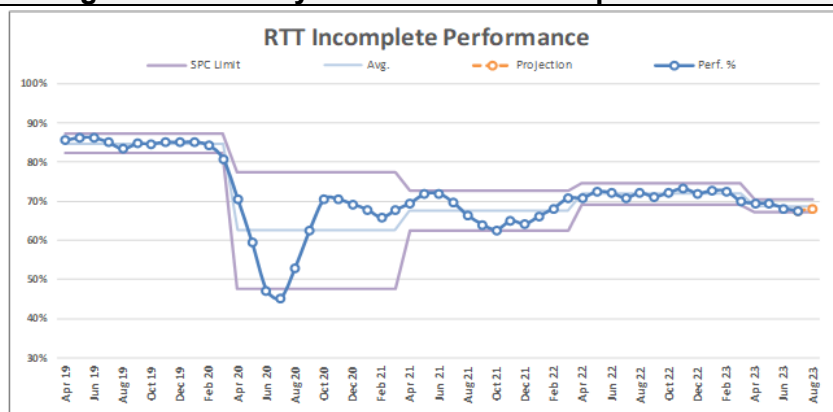
First and follow up attendance activity decreased in July, with first attendance activity falling marginally short of plan. Follow up activity remained below plan however focus is now on reducing this activity by 25% of the 19/20 baseline at year end, with the aim to discharge more patients following a first attendance appointment. Outpatient activity is currently projected to decrease in August as a result of strike action and increased annual leave.

A small number of services continue to utilise insourcing to deliver additional levels of outpatient capacity with several locum appointments expected to remain in post until September.

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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 July 2023 is 67.54%. Performance is currently projected to increase slightly in August to 68.17%.

Figure 13 Monthly 18 Week RTT Incomplete Performance

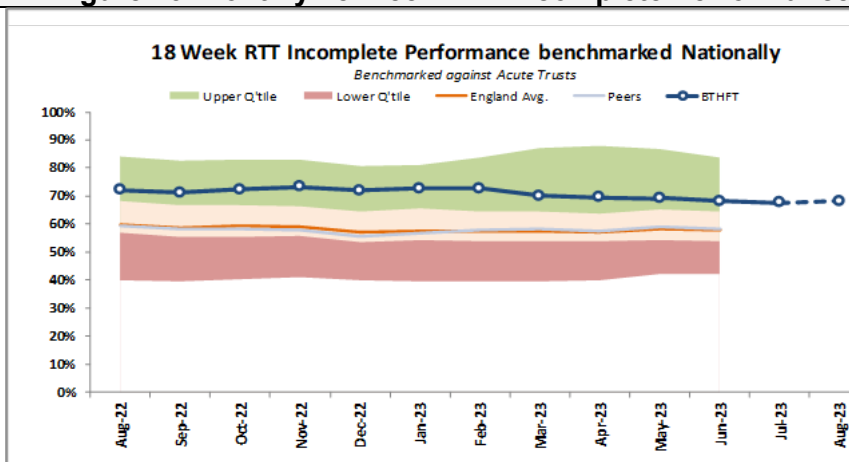
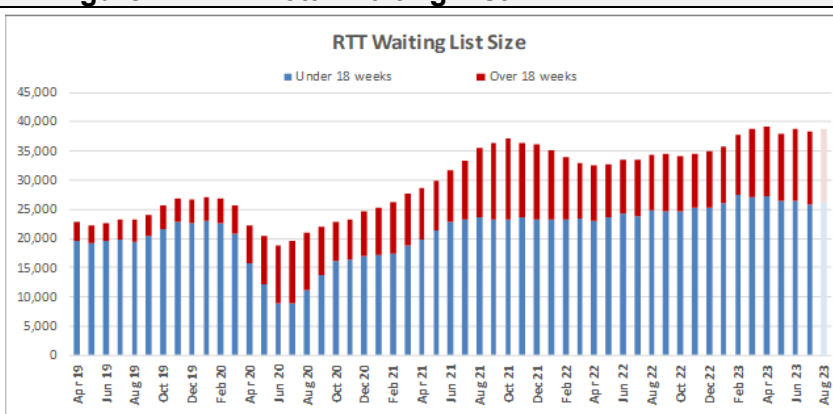


Figure 13 shows a national comparison of RTT Incomplete performance for acute Trusts with BTHFT significantly above the England and Peer average and remaining in the upper quartile.

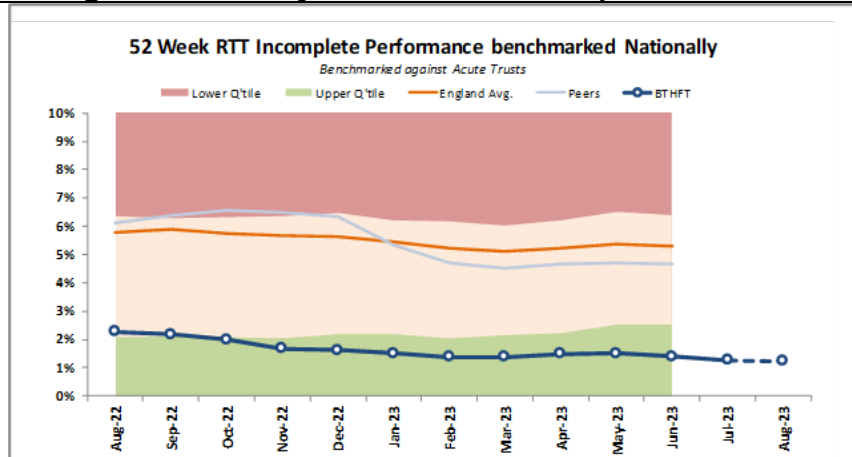
Figure 14 RTT Total Waiting List



The overall waiting list has decreased in July but is forecasted to increase in August.

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Figure 15 Monthly 52 Week RTT Incomplete Performance



52 Week RTT performance stands at 1.39% in June. 0 patient had a wait time of 78+ weeks at month end. Current projections indicate there are 0 patients that will breach the 78+ week position by the end of August with focus now on the cohort of patients who risk breaching 65+ by month end.

Referral to Treatment Improvement:

- The RTT waiting list continues to increase with growth in demand and reduced capacity due to vacancies and long-term sickness is still an ongoing factor. 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. As of last week 27,656 patients have been contacted who meet the required criteria and the process has now become BAU, with texts being sent weekly.
- The above waiting list initiative aims to text all 12, 26 & 52 week waiters who meet a set of requirements and, when streamlined, is expected to be rolled out to help services review their Non RTT waiting lists.
- PIFU usage continues to be reviewed via weekly access meetings with all services however there has been a reduction since June with 1.6% of patients discharged to PIFU - work is ongoing with regional partners to improve uptake and services are working to generate more momentum and increase usage in line with the 5% target.
- Transformation team continues to trial text methods with multiple services where patient non-attendance carries an increased risk.
- CPBS continue to promote the use of ghost clinics to ensure services fully utilise ring-fenced schedule allocation, thereby reducing the need for unnecessary patient delay.
- Bookwise is expected to launch in half two 23/24 to improve oversight of room utilisation.
- Patient progression clinics are in the initial stages with the aim to validate and improve pathway progression. It has been proposed that clinicians take set time regularly to validate patients on an RTT pathway within a designated cohort – the intention is to name clinics accordingly to enable easy retrieval of data.
- SeeMeSooner will be launched this Summer and will allow patients to have greater involvement in their appointment arrangements and will further support reductions in DNAs and help influence clinic utilisation.

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10. Diagnostic Waiting Times

Figure 16 Monthly 6 Week DM01 Performance

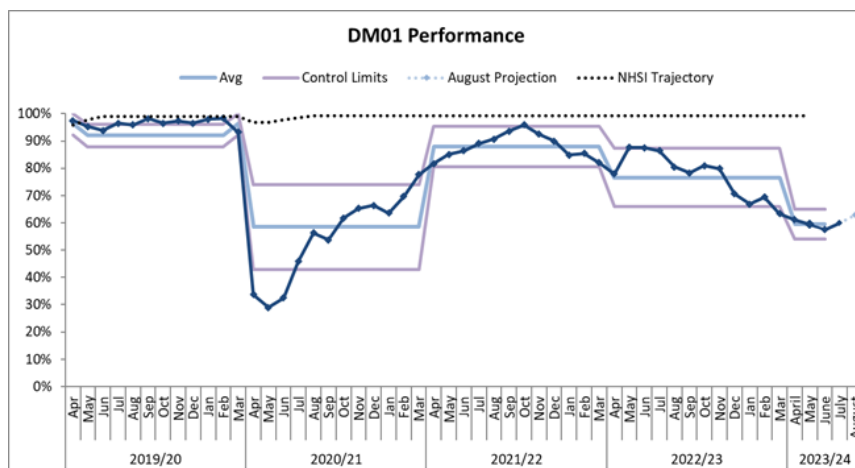


Figure 16 shows July 2023 performance was 59.92% with ongoing challenges across Cardiology, Endoscopy and Radiology.

Figure 17 Diagnostics – National Comparison

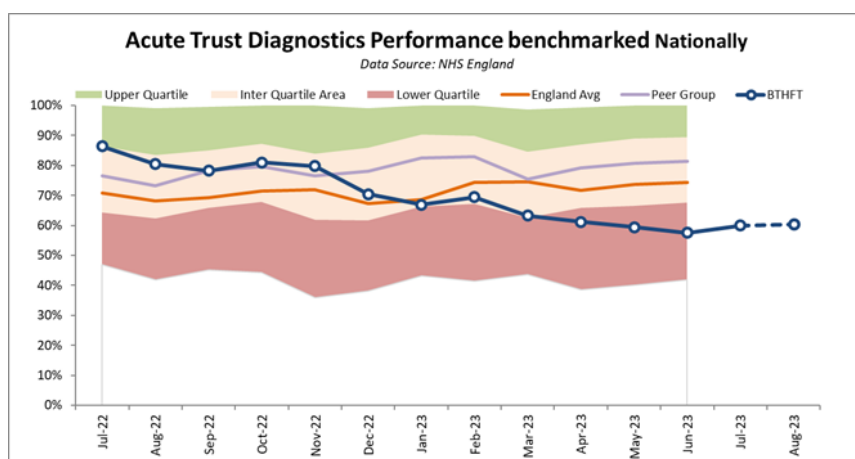


Figure 17 shows a national comparison of Diagnostic performance. BTHFT has declined towards the lower quartile as a result of recent challenges, however this is projected to show some improvement in August.

Diagnostic Improvement:

- MRI recovery to progress now all scanners are operational. Outsourcing now underway to improve internal capacity.
- Endoscopy productivity at BRI and through the Westcliffe sub-contract remains a focus. Booking and oversight processes improved and waiting lists being routinely validated.
- Recruitment process for additional capacity for NOUS underway. Service also transferring GP direct access patients to Yorkshire Health Solutions to reduce long wait backlogs.
- Echocardiography are trying to secure resource via a business case and additional sessions to mitigate the impact of strikes and locum absence recently.

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11. Cancer Standards

Table 4 Cancer Standards – Overview by Indicator – BTHFT

Measure	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
14 day GP referral for all suspected cancers	93%	91.8%	87.8%	93.7%	95.2%	93.1%	95.3%	95.6%	94.1%	91.5%	93.4%	95.8%	96.7%	95.4%
14 day breast symptomatic referral	93%	99.2%	99.1%	99.1%	97.2%	95.7%	97.4%	96.9%	94.4%	97.3%	98.7%	93.5%	97.4%	93.4%
31 day first treatment	96%	89.7%	94.4%	96.8%	94.8%	95.6%	93.8%	92.5%	96.8%	94.7%	97.3%	93.6%	94.3%	96.1%
31 day subsequent drug treatment	98%	94.0%	96.4%	98.3%	98.1%	91.7%	78.7%	97.6%	97.3%	88.1%	93.4%	95.0%	96.8%	91.1%
31 day subsequent surgery treatment	94%	86.3%	95.1%	92.7%	79.2%	83.7%	77.0%	79.1%	86.5%	83.3%	89.1%	91.1%	95.1%	87.5%
62 day GP referral to treatment	85%	83.6%	76.8%	79.8%	73.8%	69.9%	78.2%	72.0%	78.7%	81.9%	67.0%	76.2%	74.3%	78.5%
62 day screening referral to treatment	90%	85.4%	70.6%	80.0%	76.7%	96.0%	82.1%	87.0%	71.4%	83.3%	84.2%	87.1%	84.2%	84.2%
62 day consultant upgrade to treatment		100.0%	100.0%	35.3%	83.3%	53.3%	44.4%	42.1%	27.3%	37.5%	70.6%	71.4%	100.0%	66.7%

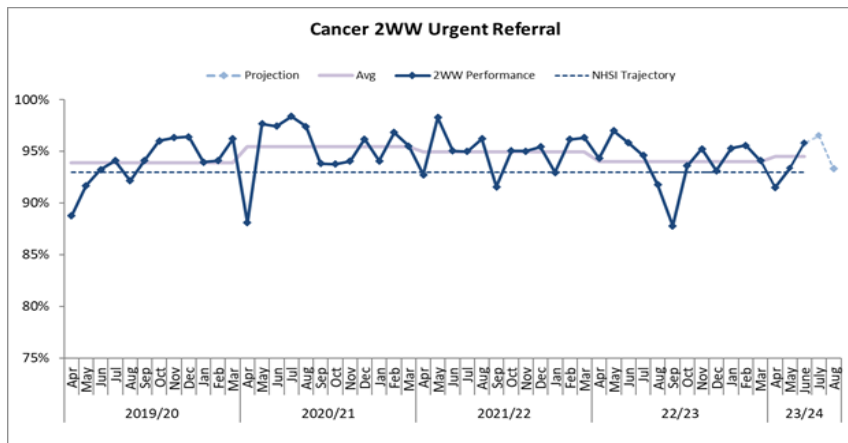
Cancer Wait Time Improvement:

- Significant work is underway to improve diagnostic performance due to the consistent impact this is having on overall cancer wait times, looking at ways of removing barriers and increasing the options for one stop diagnostics to speed patient flow through this phase of the pathway.
- Referral levels have remained consistently high in-particular seeing peaks in seasonal skin referrals, and in breast following the Dutchess of York awareness campaign. Huge efforts have been ongoing to sustain performance in the face of extremely high referral volumes.
- Collaborative work with referrers and commissioners continues with the aim of improving stratification and accurate suspected tumour group allocation of patients earlier on in their pathway.
- Further work in preparation for the proposed new cancer standards and accommodation of version 12 is ongoing. The new timeframe is for October 2023, has recently been approved by parliament and will include additional monitoring of NSS, sarcoma and breast symptomatic alongside existing monitoring.
- The cancer team are working to improve access protocols to improve understanding and encourage patients to attend first appointments.
- Capacity and demand work is underway in Lower GI to reduce times when demand pressures result in 2WW or FDS delays.
- Transformation work is ongoing to identify the histology pathway delays, analysing patient journeys and processes improve understanding of the issues and address barriers. Consultant recruitment in Histology is also being progressed and work with existing consultants to prioritise specific patients to address demand is underway.
- Workforce development initiatives with external partners to develop student nurse placements and cancer nurse specialist roles.
- Learning from previous industrial action has been applied and embedded in service planning to mitigate any further future impacts of industrial action.

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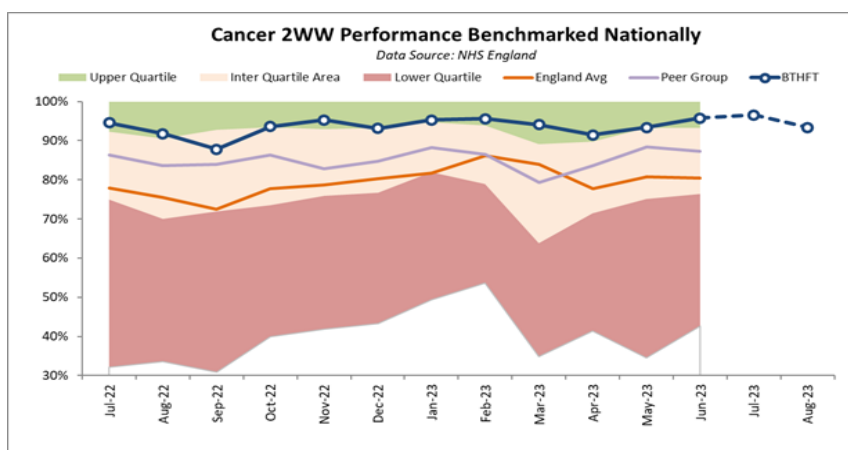
11.1. Cancer 2 Week Wait

Figure 18 Cancer 2WW Performance (Target 93%)



2 Week Wait (2WW) for June 2023 is at 95.81% and is above the 93% target. Performance is expected to improve further in July and August to sustain an above target position.

Figure 19 2WW National Comparison – BTHFT



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

Table 5 2WW Performance by Tumour Group

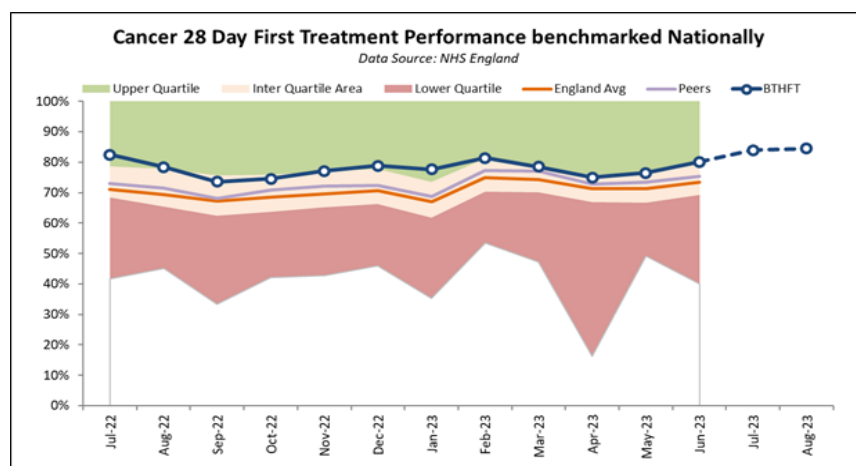
Site	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
TRUST	91.8%	87.8%	93.7%	95.2%	93.1%	95.3%	95.6%	94.1%	91.5%	93.4%	95.8%	96.73%	95.38%
Breast	99.0%	97.5%	97.0%	97.6%	96.3%	99.5%	96.5%	96.3%	96.6%	99.5%	95.8%	95.88%	96.67%
Gynae	98.7%	94.6%	96.6%	96.1%	95.9%	93.7%	90.7%	96.6%	92.6%	93.5%	92.2%	94.53%	93.33%
Haematology	100.0%	95.7%	100.0%	75.0%	47.6%	8.3%	56.5%	75.0%	84.6%	88.2%	66.7%	100.00%	100.00%
Head & Neck	96.3%	97.0%	97.4%	97.1%	92.0%	96.4%	97.6%	94.5%	96.2%	93.7%	94.9%	98.25%	97.67%
Lower GI	67.6%	56.9%	80.2%	87.3%	83.9%	93.3%	90.0%	83.6%	69.3%	80.7%	93.6%	93.77%	88.14%
Lung	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	98.2%	100.0%	98.1%	100.00%	100.00%
Other	100.0%	98.1%	93.8%	92.9%	95.7%	100.0%	97.4%	96.8%	100.0%	85.7%	97.7%	100.00%	100.00%
Skin	96.5%	99.0%	99.3%	99.6%	99.7%	98.8%	99.5%	98.3%	100.0%	97.3%	96.4%	97.06%	98.63%
Upper GI	82.8%	75.9%	85.5%	92.5%	91.7%	90.7%	97.0%	92.5%	92.4%	96.4%	99.2%	97.17%	91.30%
Urology	95.2%	96.7%	97.9%	97.9%	93.6%	99.2%	99.3%	97.4%	98.4%	100.0%	99.2%	99.22%	96.30%

High demand was sustained into June and July with the impact of industrial action and increased leave reducing capacity to manage high volumes. Increases in skin referrals were experienced and a number of other tumour groups were running additional clinics at weekends and in evenings to soak up referral volumes although issues remain with in-sufficient consultants to cover extra clinics being an ongoing challenge along with pressure on booking systems to react to spikes and fill all extra slots where possible.

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11.2. Cancer 28 Day Faster Diagnosis

Figure 20 28 Day National Comparison – BTHFT



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

Table 6 28 Day Faster Diagnosis Standard (FDS)

Site	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
TRUST	77.9%	72.5%	74.7%	76.8%	78.2%	75.5%	80.4%	76.8%	73.3%	75.1%	79.3%	84.1%	89.1%
Breast	98.0%	99.0%	100.0%	98.1%	98.4%	98.0%	101.8%	98.7%	96.1%	97.5%	98.4%	97.4%	97.7%
Gynae	48.5%	50.6%	62.3%	64.6%	69.1%	51.1%	70.1%	55.2%	61.5%	63.3%	65.7%	59.7%	77.3%
Haematology	44.0%	42.9%	50.0%	34.8%	26.3%	5.9%	23.8%	36.8%	50.0%	23.1%	27.3%	30.0%	44.4%
Head & Neck	79.4%	64.6%	70.6%	69.9%	78.6%	75.3%	73.3%	66.8%	77.6%	77.4%	74.3%	82.2%	93.9%
Lower GI	60.1%	58.6%	46.2%	58.8%	72.7%	69.6%	74.6%	74.2%	64.5%	63.0%	68.8%	80.3%	86.0%
Lung	92.5%	96.8%	93.5%	88.9%	97.7%	85.7%	85.2%	81.7%	86.5%	87.9%	87.2%	96.7%	85.7%
Other	92.3%	79.7%	75.9%	69.6%	75.0%	36.0%	84.0%	71.4%	65.0%	79.4%	61.1%	78.9%	71.4%
Skin	88.5%	78.5%	84.4%	87.3%	82.8%	83.5%	85.5%	81.7%	74.6%	79.5%	88.5%	87.5%	90.3%
Upper GI	67.1%	74.2%	82.0%	77.9%	69.2%	68.6%	85.4%	80.0%	72.5%	62.2%	73.5%	79.1%	89.2%
Urology	71.1%	61.5%	72.5%	69.7%	64.4%	73.1%	69.6%	65.4%	65.1%	71.7%	71.8%	85.2%	82.9%

There were significant challenges for this standard in June with increased demand for diagnostics in certain tumour groups coinciding with an additional bank holidays, staff and consultant leave. As with the 2WW standard these issues combined to impact on overall performance however Trust performance remained above the 75% target and is projected to continue to do so in July.

There are also several consultant vacancies for which recruitment is underway which have had an impact and work is ongoing to align work plans with demand. Work has started to unpick histology and radiology capacity and flow issues to improve processes and interdependencies going forwards.

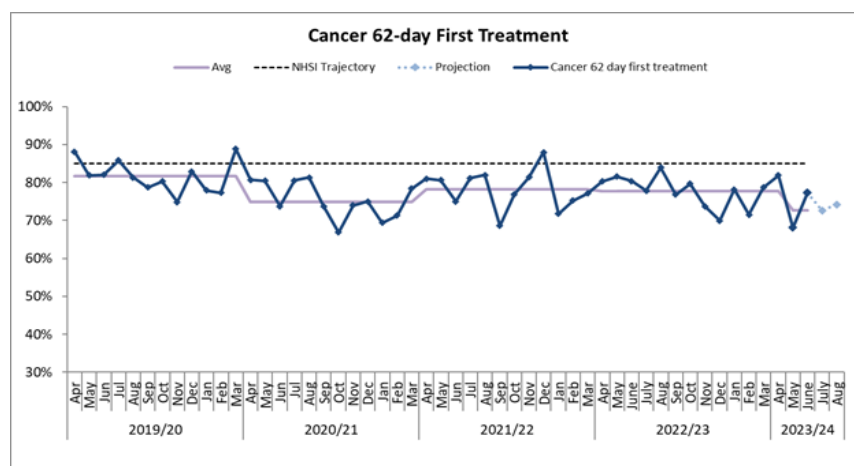
Additional improvements have been highlighted with processing of patient milestones which will have a positive impact on performance and joint work continues with consultants identify longest waiting patients.

Looking ahead to July and August the Gynae team are preparing to trial the use of an alternative anaesthetic for patients to reduce the need for multiple diagnostic appointments, supported by Leeds where this is already in use.

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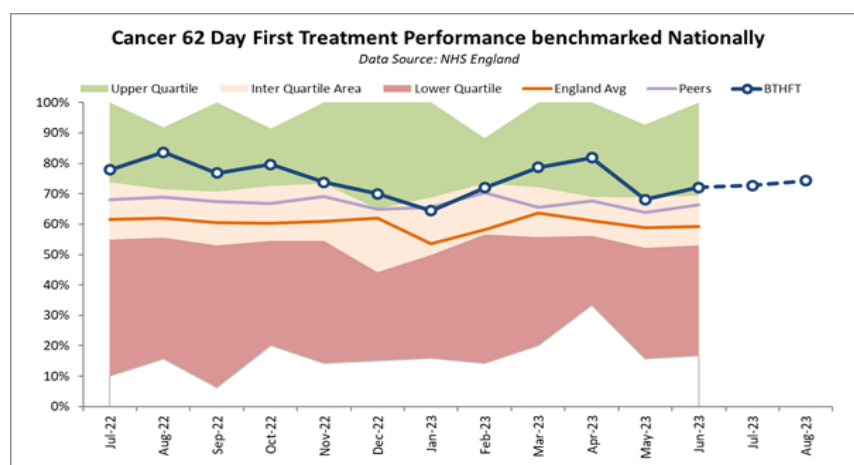
11.3. Cancer 62 Day First Treatment Performance

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



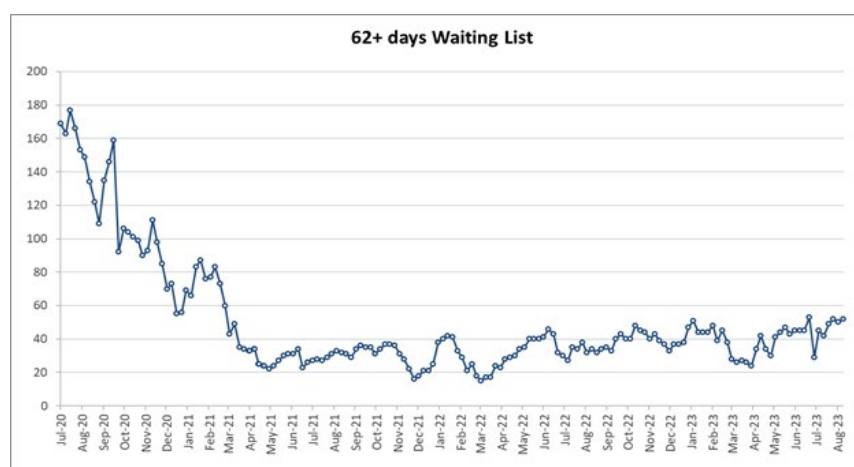
The 62 Day First Treatment in June 2023 was 77.27%. This was a significant improvement in performance despite ongoing pressures.

Figure 21 62 Day First Treatment Performance – National Comparison



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

Figure 22 62 day or over waiting list size



The number of patients waiting over 62 days increased in May and has continued in similar numbers June and July.

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Table 7 62 Day First Treatment Performance by Tumour Group

Site	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
TRUST	83.6%	76.8%	79.8%	73.8%	69.9%	78.2%	72.0%	78.7%	81.9%	68.1%	77.3%	74.3%	74.3%
BQeast	100.0%	86.7%	100.0%	91.7%	81.3%	80.0%	94.1%	100.0%	92.3%	64.7%	100.0%	82.6%	92.3%
Gynae	60.0%	66.7%	66.7%	55.6%	33.3%	52.6%	50.0%	33.3%	40.0%	22.2%	100.0%	66.7%	70.0%
Haematology	83.3%	100.0%	42.9%	83.3%	72.7%	66.7%	25.0%	33.3%	100.0%	33.3%	60.0%	60.0%	66.7%
Head & Neck	57.1%	46.2%	66.7%	36.4%	46.2%	28.6%	71.4%	73.3%	85.7%	38.5%	60.0%	65.0%	30.8%
Lower GI	20.0%	25.0%	66.7%	52.9%	14.3%	46.2%	50.0%	66.7%	36.4%	45.0%	72.7%	70.6%	63.6%
Lung	11.1%	14.3%	0.0%	0.0%	16.7%	80.0%	16.7%	20.0%	50.0%	18.2%	16.7%	0.0%	66.7%
Other	100.0%	0.0%			100.0%		100.0%	0.0%	0.0%	66.7%	0.0%	50.0%	66.7%
Skin	100.0%	89.3%	92.9%	93.7%	96.0%	97.0%	100.0%	97.0%	100.0%	96.8%	93.8%	100.0%	94.1%
Upper GI	80.0%	36.4%	36.4%	50.0%	0.0%	50.0%	42.9%	66.7%	100.0%	0.0%	60.0%	0.0%	57.1%
Urology	85.7%	90.2%	77.2%	79.1%	78.4%	86.4%	64.2%	85.1%	81.4%	83.0%	73.4%	68.8%	71.4%

The Cancer 62 Day First Treatment performance has continued below the target of 85% improving to 77.27% in June. Performance for July is projected to dip to around 72%, with low treatment numbers and delays in the diagnostic phase preventing a sustained improvement in the 62-day backlog during July. It is expected that this will improve after August as staff return from leave and as diagnostic pathway changes are embedded.

Learning from previous industrial action has been applied to the planning for the August strikes and it is hoped that significant numbers of treatments will be re-booked quickly as a result.

Validation of the longest waiters continues and is expected to be completed by August 23. Treatment capacity for cancer continues to be a priority and early identification of capacity issues is in place flipping any capacity where possible to respond to demand with targeted work to reduce administrative issues and streamline process where-ever possible.

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12. Other Contractual KPI – by exception

12.1. Cancelled Operations

Table 8 28 Day Rebook Breaches

	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
Cancellations to rebook	31	24	43	39	38	48	43	54	30	55	40	26
28 day rebook breaches	4	4	1	3	3	5	3	5	6	7	11	4

4 breaches of the re-booking target occurred in July whilst the number of cancellations that require rebooking decreased significantly.

12.2. Sentinel Stroke National Audit Programme (SSNAP)

Table 9 SSNAP Level: Bradford and Airedale Stroke Unit

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

Additional beds remain in place and a business case for further capacity has been approved in April 2023, which will match overall capacity to demand. Inpatient therapy is currently being recruited as per the improvement plan and a joint stroke improvement board is established, with representation from Bradford and Airedale hospitals.

The BTHFT medical workforce will reduce by 50% over the next three months, a locum Consultant has been secured in to start in June 2023 and the service is actively attempting to appoint to the second vacancy. Stroke Responder team has also experienced a reduction in WTE although a business case has been approved to increase total establishment by 3 WTE with a change in workforce model. Recruitment is underway for all posts.

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APPENDIX 2

SUMMARY OF CONTRACTUAL KPI

Operational Planning	Month	Threshold	Trajectory Target	Performance
Elective Day Case Spells	Jul-23	110%	100%	91%
Elective Ordinary Spells	Jul-23	110%	96%	78%
First Outpatient Attendances	Jul-23	110%	105%	103%
Admitted Clock Stops	Jul-23	n/a	108%	96%
Non-Admitted Clock Stops	Jul-23	n/a	103%	96%
RTT - Patients waiting >52 weeks on incomplete pathways	Jul-23	476	345	487
RTT - Patients waiting >78 weeks on incomplete pathways	Jul-23	0	0	0
RTT - Total Waiting List size	Jul-23	39,122	36,946	38,282
Cancer - Patients waiting over 62 days	Jul-23	15	0	53
Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Jul-23	95.00%	75.10%	76.31%
Ambulance handovers taking between 30-60 minutes	Jul-23	0	30	53
Ambulance handovers taking longer than 60 minutes	Jul-23	0	10	6
Trolley waits in A&E longer than 12 hours	Jul-23	0	0	21
Emergency Inpatient Length of Stay >=21days	Jul-23	72	76	98
Cancer 2 week wait	Jun-23	93.00%	93.00%	95.81%
Cancer 2 week wait - breast symptomatic	Jun-23	93.00%	93.00%	93.53%
Cancer 28 day Faster Diagnosis	Jun-23	75.00%	75.00%	79.27%
Cancer 31 day First Treatment	Jun-23	96.00%	96.00%	93.60%
Cancer 31 day Subsequent Surgery	Jun-23	94.00%	94.00%	95.00%
Cancer 31 day subsequent treatment - drug regimen	Jun-23	98.00%	98.00%	95.00%
Cancer 62 day First Treatment	Jun-23	85.00%	85.00%	77.27%
Cancer 62 day First Treatment - NHS screening service	Jun-23	90.00%	90.00%	84.21%
Diagnostics - patients waiting under 6 weeks for test	Jul-23	99.00%	61.00%	59.92%
RTT - Patients waiting <18 weeks on incomplete pathways	Jul-23	92.00%	71.12%	67.54%
Mixed-sex accommodation breach	Jul-23	0	0	0
Cancelled Operations 28 day breach	Jul-23	0	0	4
Urgent operation cancelled for a second time	Jul-23	0	0	0

**Latest prediction at the time of writing*