

<b>Meeting Title</b>	<b>Open Board of Directors Meeting</b>		
<b>Date</b>	<b>16 November 2023</b>	<b>Agenda item</b>	<b>Bo.11.23.31</b>

## PERFORMANCE REPORT – FOR THE PERIOD SEPTEMBER 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 – 1 November 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 September 2023.		
Analysis		
Ambulance Handovers:		
<ul style="list-style-type: none"><li>• Attributable performance for handovers within 15 minutes was 92.09% in September 2023 and is projected to be at 74.25% in October 2023.</li><li>• Nationally mandated changes to the recording of clock start times came into effect in October with handover now commencing as soon as the vehicle parks at the destination. This has negatively impacted 15 minute and 30–60-minute performance. Further work across WYAAT and YAS is required to understand if any improvements can be made to mitigate the new change.</li><li>• This change is impacting all Trusts and BTHFT has maintained its’ position in the upper quartile of the Northeast and Yorkshire region. This position has been achieved through a continued collaborative approach between YAS’s Hospital Ambulance Liaison Officer (HALO) and Emergency Department’s Senior Leadership Team.</li><li>• 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.</li><li>• A business case has been approved for YAS to increase HALO provision across Yorkshire. YAS are currently undertaking a recruitment exercise and will be allocating this resource equitably across organisations to allow one HALO person dedicated to an area and/or one for each Trust. Expected start date is early December 2023.</li></ul>		
Emergency Care Standard (ECS):		
<ul style="list-style-type: none"><li>• ECS performance for Type 1 &amp; 3 attendances was 74.48% for September 2023 and is currently forecasted at 73.78% for October. The position remains favourably against other acute Trusts in WYAAT and against the national benchmark which reflects the challenges everyone is facing.</li><li>• Phase 1 of the Urgent Care Centre (UCC) has been operational since April 2023 with the aim to reduce footfall, improve wait times and safety in ED. There has been a notable impact on average</li></ul>		

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daily attendance since April 2023 as a result, with type 3 attendance at 105 in September compared to 36 in April, and a reduction in type 1 patients through the main department at 294 compared to 322.

- As part of our ongoing development of the UCC, the Minor Illness area within ED and Green Zone with Medical Same Day Emergency Care (SDEC) will be combined to create an Ambulatory Emergency Care Unit (AECU) in the UCC footprint. This will be in place from 20<sup>th</sup> November.
- An UCC project group is also looking at further opportunities to maximise capacity, with 8 workstream leads in place to achieve the following: improved utilisation, development of new pathways, review triage, and contractual arrangements with Bradford Care Alliance (BCA), who provide the GP input to the UCC.

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

- The daily average number of patients with a length of stay (LOS)  $\geq 21$  days was 116 in September 2023, and October 2023 is projected to be a daily average of 128.
- 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), ward 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 in place to review  $\geq 21$  days LLOS patients to ensure all are progressing their pathway. The meetings involve multiple departments and agencies working together to ensure patients do not experience any unnecessary delays. The number of LLOS patients who are medically optimised for discharge (MOFD) averages approximately 60%, of which the majority are waiting for social care plans to progress.

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

- Outpatient, Elective and Day Case activity was below plan for September 2023 due to four days of industrial action with both junior doctors and consultants striking on the same day for one of the four days. Volumes are projected to remain below plan in October 2023 due to further industrial action.
- Weekly meetings continue to review theatre productivity with schedules now being reviewed beyond 6 weeks against targets to maximise utilisation of available sessions. The underpinning 6-4-2 process is being continually improved to ensure all services are fully sighted on theatre utilisation with escalation for same-day cancellation of operations continuing.

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

- Referral to Treatment (RTT) performance has reduced in September to 66.39% however 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 was 1 patient reported over 78 weeks at the end of September due to national issues with Corneal tissue supplies however 0 patients are projected to breach 78 weeks at the end of October.
- CPBS continue to support with the booking of all new patient appointments by the end of October for all patients who will breach 65 weeks at the end of March 2024 and weekly waiting list validation via SMS continues with patients with wait times of 12, 26 & 52 weeks in support of WL management.

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|---|
| <ul style="list-style-type: none"><li>• Services where patient non-attendance remains high are trialling text methods to reduce this and will be rolled out to other areas in due course.</li></ul> |
|---|

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<b>Diagnostic waiting times:</b>			
<ul style="list-style-type: none"> <li>The DM01 performance for September was 65.55% which is an improvement on August performance. This is projected to further improve slightly in October with certain areas beginning to benefit from recruitment and locums being in situ whilst other modalities continue to work through barriers to implementing recovery plans and associated process issues.</li> <li>Non-obstetric ultrasound (NOUS) GP direct access requests continue to be transferred to Yorkshire Health Solutions which is reducing the number of long waits and having a direct positive impact on the DM01 position.</li> <li>MRI outsourcing of MSK patients continues to have a positive impact in freeing up MRI capacity in house which is much needed due to consistently high referral volumes and complexity of procedures.</li> <li>Waiting times have been impacted for some months hence a strategic plan is in place to provide support and develop a long-term plan to address the shortages.</li> <li>Several modalities (sleep, echo and cardiology) are facing emerging challenges relating to referrals, equipment and staffing. Plans are in place and business case are underway where needed to address the issues and provide longer term solutions.</li> </ul>			
<b>Cancer Wait Times:</b>			
<ul style="list-style-type: none"> <li>2-week wait (2WW) demand continued to increase in August whilst staff leave and industrial action impacted upon capacity. As a result, performance dropped to 94.95% which remains above the 93% target. This is expected to drop slightly further in September due to long periods of IA although recovery is then expected to return in October as clinic capacity improves.</li> <li>The 28-day faster diagnosis standard (FDS) rose to 85.13% in August. This is forecast to continue to improve into September despite the ongoing pressure of patient volumes with the continuation of one-stop clinics and improvements in turnaround for imaging and histology. The number of patients undiagnosed and over 28 days has increased which will mean future performance will dip slightly.</li> <li>The Cancer 62 Day First Treatment performance has continued below the target of 85% in August and is expected to drop further in September as treatments are delayed due to fewer MDT's and clinic availability due to prolonged IA. However, looking to October, performance is projected to improve slightly as capacity improves and improvements in the diagnostic phase begin to impact positively on patient pathways.</li> </ul>			
<b>Other KPI of note:</b>			
<ul style="list-style-type: none"> <li>28-day rebooking of same day cancellations remains a challenge. The number of short notice cancellations has been impact on due to IA and rebooking within target isn't always possible due to reduced capacity in theatre.</li> <li>Stroke performance remains an area of focus with significant development in terms of planned solutions which are reliant upon estate work and staff recruitment which is anticipated to be completed later on in this year.</li> </ul>			
<b>Recommendation</b>			
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Receive assurance that overall delivery against performance indicators is understood.</li> <li>Note the escalation of areas of underperformance and be assured on the improvement actions.</li> </ul>			

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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.					

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
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"/>

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

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

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## APPENDIX 1

### LATEST REPORTED PERFORMANCE – September 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>	Sep-23	30	<b>64</b>	↑
3	<u>Ambulance Handover 60+</u>	Sep-23	10	<b>26</b>	↑
5	<u>Emergency Care Standard</u>	Sep-23	74.30%	<b>74.48%</b>	↓
7	<u>Length of Stay ≥21days</u>	Sep-23	76	<b>116</b>	↑
9.1	<u>18 Week RTT Incomplete</u>	Sep-23	71.72%	<b>66.39%</b>	↓
9.2	<u>52 Week RTT Incomplete</u>	Sep-23	1.15%	<b>1.23%</b>	↓
10	<u>Diagnostics Waiting Times</u>	Sep-23	66.00%	<b>65.55%</b>	↑
11.1	<u>Cancer 2 Week Wait</u>	Aug-23	93.00%	<b>94.95%</b>	↓
11.2	<u>Cancer 28 Day FDS</u>	Aug-23	75.00%	<b>85.13%</b>	↑
11.3	<u>Cancer 62 Day First Treatment</u>	Aug-23	85.00%	<b>72.22%</b>	↓

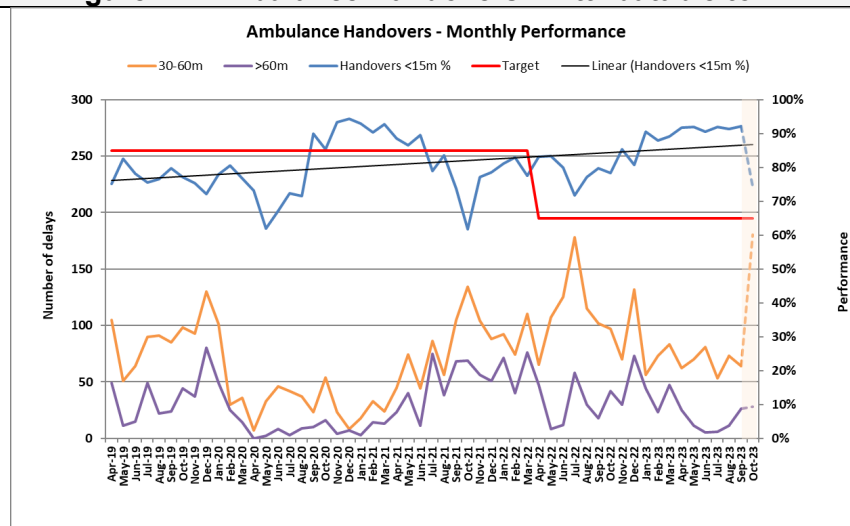
**Red** performance = not meeting plan; **Green** performance = meeting or exceeding plan.

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

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### 3. Emergency Ambulance Handover Performance

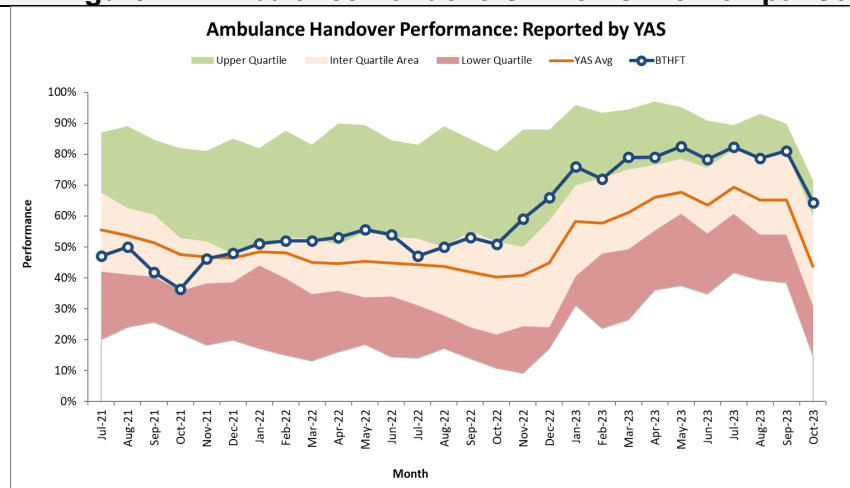
**Figure 1 Ambulance Handovers – Attributable to BTHFT**



The number of delayed handovers in September was 64 between 30 and 60 minutes and 26 over 60 minutes (this is the validated internal position which excludes resus, crew delays and patients transferred to other units).

October's projection is reflective of the Operational Handover changes to clock start times, effective from the 1<sup>st</sup> October 2023.

**Figure 2 Ambulance Handovers – Yorkshire Comparison**



Benchmarking data as supplied by the Yorkshire Ambulance Service (YAS) shows performance at BTHFT remains above the regional average for handover within 15 minutes (all reasons for delay included).

#### Ambulance Handover Improvement:

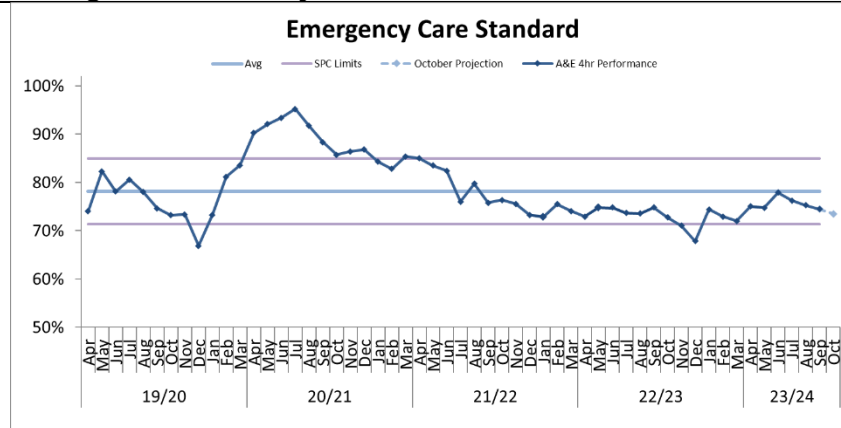
- Live data sharing continues to support the deployment of YAS leads at site when required.
- Escalation protocol is in place with assessment area expansion as required. System Control Centre (SCC) exception reports are being used to identify improvement actions.
- Executive-level oversight continues 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 have been completed in September for the ambulance assessment area resulting in a 20% increase in bay capacity.
- YAS has received business case approval to increase HALO provision across Yorkshire. YAS are currently undertaking a recruitment exercise and will be allocating this resource equitably across organisations to allow one HALO person dedicated to an area or one for each Trust.



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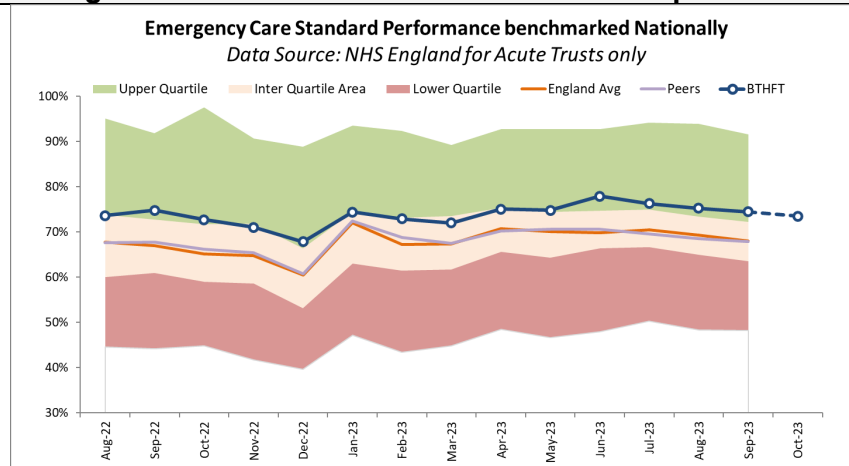
#### 4. Emergency Care Standard (Type 1&3)

**Figure 3 Monthly ECS Performance – BTHFT**



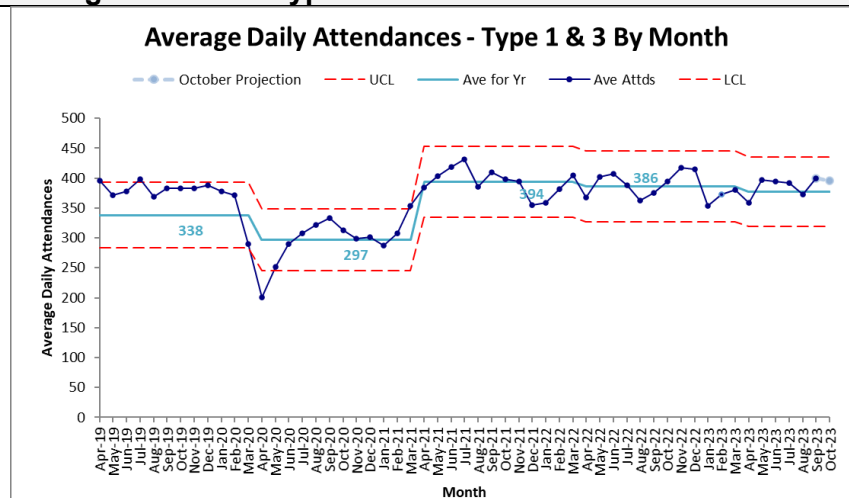
BTHFT reported a position of 74.48% for the month of September 2023. October 2023 position is projected to be 73.78%.

**Figure 4 ECS Performance – National Comparison**



A comparison of ECS performance for acute Trusts in England shows that BTHFT's performance remains above the England and peer averages.

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



The Trust has experienced a high number of daily attendances during September 2023, with a daily average of 400.



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## 5. Emergency Department Measures

**Table 2 ECS KPI Performance – BTHFT**

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Average Daily Attendances	417	415	354	373	381	359	396	394	392	373	400	395
Average Daily Breaches	121	134	91	101	106	89	100	87	93	92	102	97
ECS Performance	71.08%	67.85%	74.44%	72.92%	72.03%	75.08%	74.79%	77.91%	76.31%	75.30%	74.48%	73.78%
Arrival to Assess	00:28	00:35	00:22	00:24	00:25	00:22	00:22	00:22	00:21	00:22	00:22	00:23
Assess to Treat	02:15	02:32	01:49	01:59	02:09	01:41	01:47	01:42	01:44	01:40	01:47	01:41
Treatment Length	02:19	02:44	02:18	02:29	02:32	02:25	02:17	02:09	02:09	02:19	02:23	02:25
Total LOS - Discharged Patients	04:04	04:20	03:50	04:05	04:09	03:52	03:47	03:39	03:37	03:41	03:49	03:48
Total LOS	05:09	05:51	04:54	05:19	05:20	04:53	04:44	04:39	04:41	04:43	04:50	04:44

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

### Emergency Department Improvement:

- Expansion of the GP stream with a start time of 8am continues, supported by a primary care ANP, streamer and receptionist. Recruitment has been completed for band 6 streamers to provide rapid assessments into the primary care services. Provisional start date is currently November 2023.
- In June 2023, a new contract of GP Stream came into effect and additional capacity was organised with Bradford Care Alliance's (BCA) to support the surge in the department. Minors/MSK service is now seeing paediatric children from the age of 8, prior to this it was 12 years of age. Work continues to expand the age range and conditions covered by the GP Stream, with an aim to maximise number of patients redirected from ED, utilisation of GP stream in September was at 84%.
- 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 helped contribute to managing the Ambulance handover performance more effectively.
- A senior consultant led Rapid Assessment Triage (RAT) trial is underway running over a period of 8 days that will focus on bed requests/decision to admit. The purpose of the trial is to investigate and deep dive the reasons for patient delays and blockages, improve patient flow, provide a forum for quality/safety discussions, and undertake regular team huddles to act upon feedback and identify improvement opportunities.
- By utilising RAT, UCC, Primary Care, SDEC and Streaming we expect the outcomes of this trial to reduce waiting times in ED, assessment areas, the number of unnecessary admissions and the number of patients waiting for discharge within 4 hours.

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## 6. Hospital Admission Measures

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

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Conversion Rate*	16.59%	22.23%	25.82%	25.27%	23.83%	23.71%	24.01%	22.63%	24.26%	24.69%	24.18%	24.88%
Average Daily Admissions*	69	92	91	94	91	85	95	89	95	92	97	92
Arrival to Assess	00:28	00:35	00:22	00:24	00:25	00:22	00:22	00:22	00:21	00:22	00:22	00:23
DTA to Admit	04:44	06:02	04:37	05:20	05:21	04:42	04:17	03:38	03:20	04:03	04:02	04:42
Total LOS - Admitted Patients	08:35	10:24	07:51	08:42	09:00	08:11	07:44	07:03	06:42	07:15	07:31	07:20

Industrial action throughout the year has contributed to high bed occupancy due to a low discharge rate from the hospital. This has had a negative impact on ECS performance.

There is evidence to indicate that the Trust is admitting an additional 20 patients per day, compared to WYAAT peers. This is based on current BTHFT conversion rates of 24%+ of Type 1 & 3 attendances, compared to the WYAAT average of 18%, which is adversely impacting UEC admitted patient data. Work continues with the clinical teams to understand why BTHFT conversion rates remain higher than our peers.

Reducing unnecessary admissions and patients waiting for discharge within 4 hours are a focus area for the senior consultant led trial that is currently being undertaken.

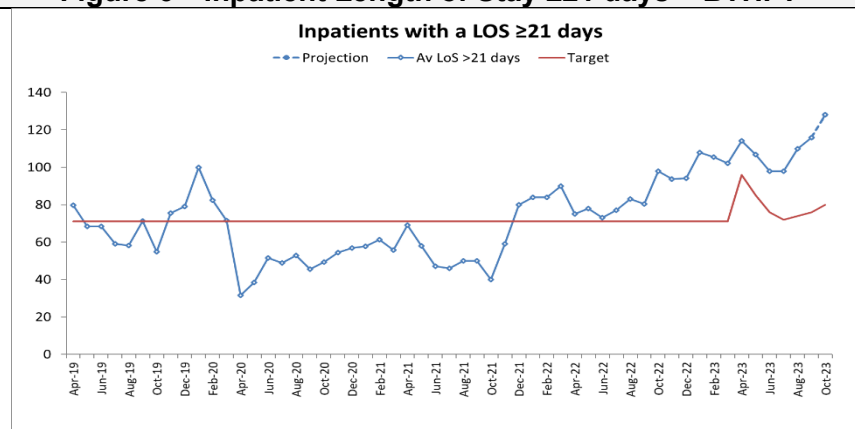
### ED Admission Improvement:

- A performance monitoring structure remains in place, analysing the impact of wards and supporting services on ED performance. The weekly ECS Breach Review meeting has been extended to the wider teams to support improvements.
- A 7-day consultant of the week model remains in place, ensuring all inpatients receive a senior review daily, including those in downstream medical and surgical beds.
- Improvement to admission and SDEC pathways will relieve over-crowding and improve department flow. An increase in the number of SDEC admission has been sustained, which is contributing to relieving pressure from ED. Development of pathways is to ensure that specialties take direct referrals and divert away from ED, unless the patient requires 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.
- The Patient Flow Hub, formed in July 2023 continues to focus on operational running of the department and maintaining a high quality and safe service. The hub provides situational oversight within the department to ensure a high-level understanding of how many patients are in the department and associated risks. It is a single access point for coordinating information and ensuring a swift response to operational issues.
- The ED team continues to attend operation huddles twice a day, resulting in improvement in communication with wards and flow.

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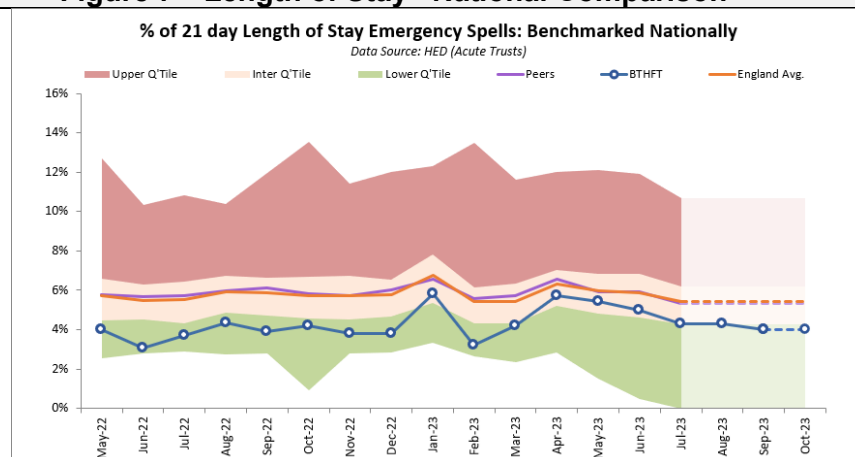
## 7. Emergency Inpatient Length of Stay (LOS) $\geq 21$ days

**Figure 6 Inpatient Length of Stay  $\geq 21$  days – BTHFT**



The number of patients with a LOS over 21 days remains high, increasing to an average of 116 patients per day in September 2023. October 2023 position is projected to increase to 128 patients 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 reduced to 3.98% in September 2023.

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

### Long Length of Stay Improvement:

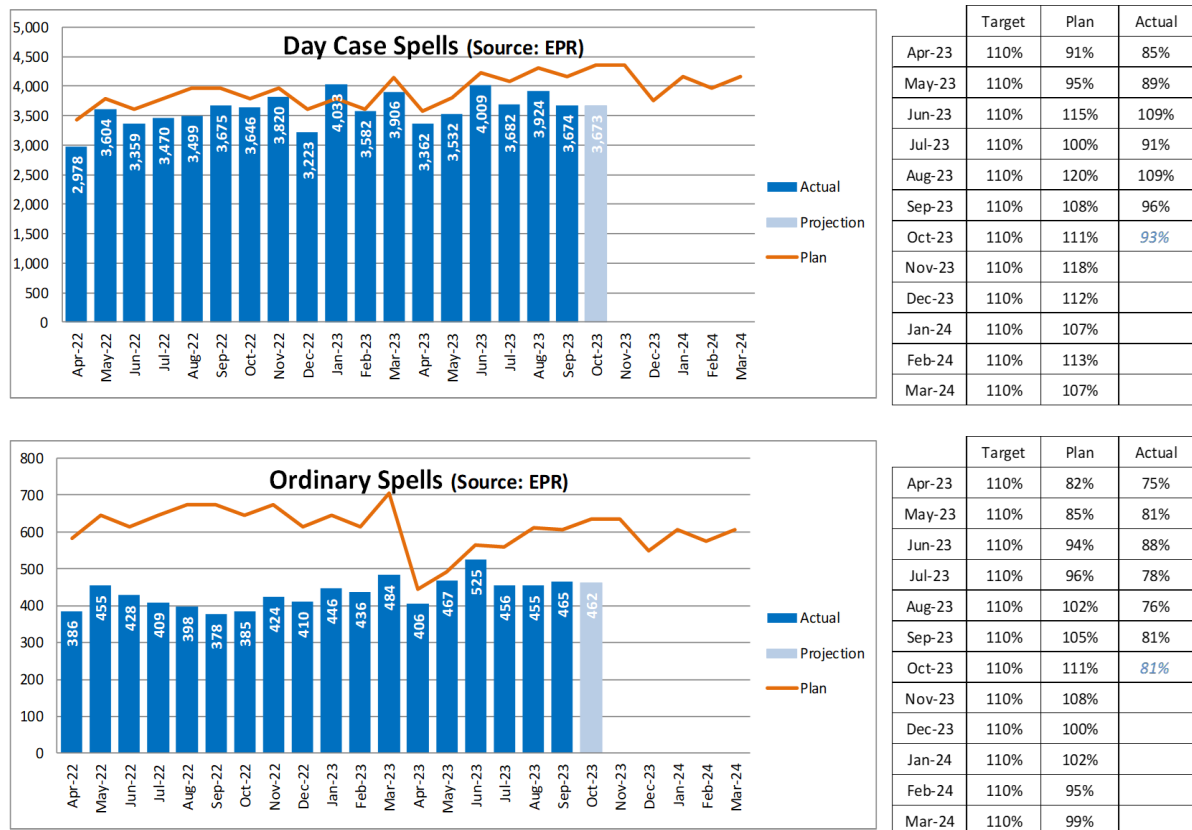
- A daily review of patients with no reason to reside is in place.
- Discussions continue between Multi Agency Integrated Discharge Team (MAIDT) and Therapy colleagues to determine any roles/ tasks that the therapists currently complete that could potentially be undertaken by the discharge co-ordinator.
- 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 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.

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## 8. Activity Compared to Plan

### 8.1. Inpatient Activity

Figure 8 Elective Spells

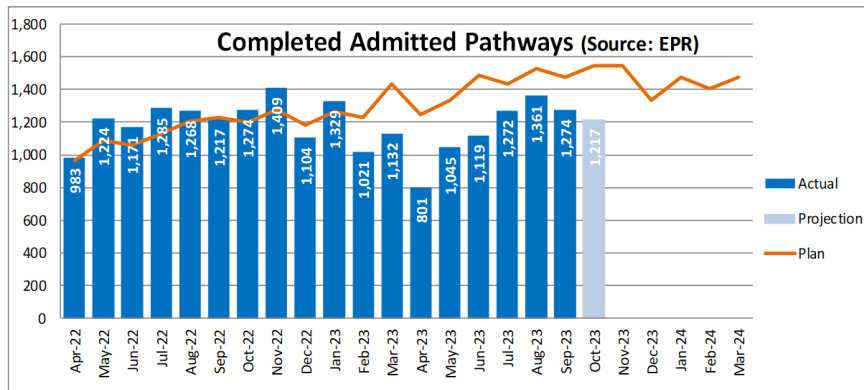


Activity increased marginally in September for ordinary spells, day case activity decreased and both remain behind plan. Total elective activity decreased in September delivering an average of 935 spells per week and 197 spells per day, compared to the September 2019/20 baseline of 999 and 199 spells, respectively. Both day case and ordinary activity is projected to deliver similar activity in October because of continued industrial action.

The number of patients per theatre list has increased to 1.9 from 1.8 in August, whilst overall time utilisation recovered slightly above baseline to 91.3% following the significant reduction seen in August. 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 alongside targets to facilitate greater oversight of list allocation and identify/remedy issues in advance.

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**Figure 9 Admitted Completed Pathways**

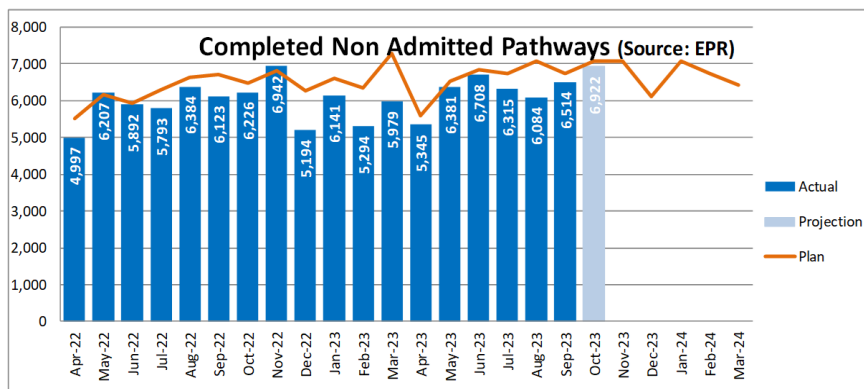


	Plan	Actual
Apr-23	89%	57%
May-23	97%	76%
Jun-23	117%	88%
Jul-23	108%	96%
Aug-23	123%	109%
Sep-23	113%	97%
Oct-23	115%	91%
Nov-23	114%	
Dec-23	112%	
Jan-24	99%	
Feb-24	104%	
Mar-24	109%	

The number of admitted clock stops decreased in September and remains behind plan because of reductions in elective activity. The number of completed admitted pathways is expected to decrease further in October.

## 8.2. Outpatient Activity

**Figure 10 Non-Admitted Completed Pathways**

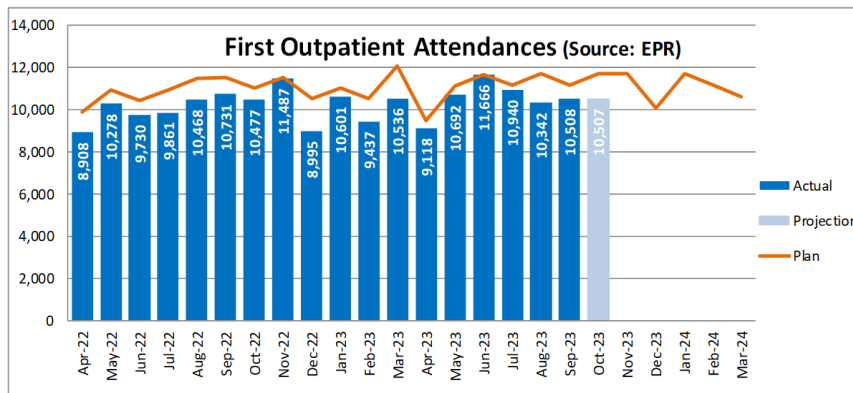


	Plan	Actual
Apr-23	96%	92%
May-23	109%	106%
Jun-23	126%	123%
Jul-23	103%	96%
Aug-23	132%	113%
Sep-23	115%	111%
Oct-23	106%	104%
Nov-23	112%	
Dec-23	108%	
Jan-24	105%	
Feb-24	110%	
Mar-24	99%	

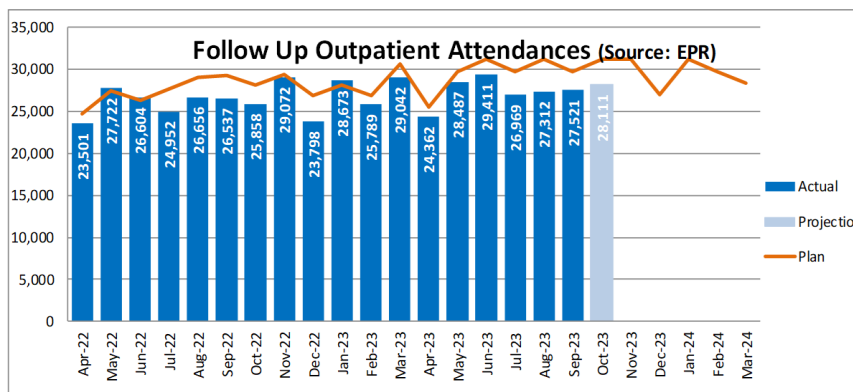
Non-admitted clock stops increased in September, in line with new and follow up activity and ongoing focus on validation. Clock stops in October are projected to increase further.

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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%	113%
Sep-23	110%	116%	109%
Oct-23	110%	113%	101%
Nov-23	110%	119%	
Dec-23	110%	116%	
Jan-24	110%	112%	
Feb-24	110%	122%	
Mar-24	110%	121%	



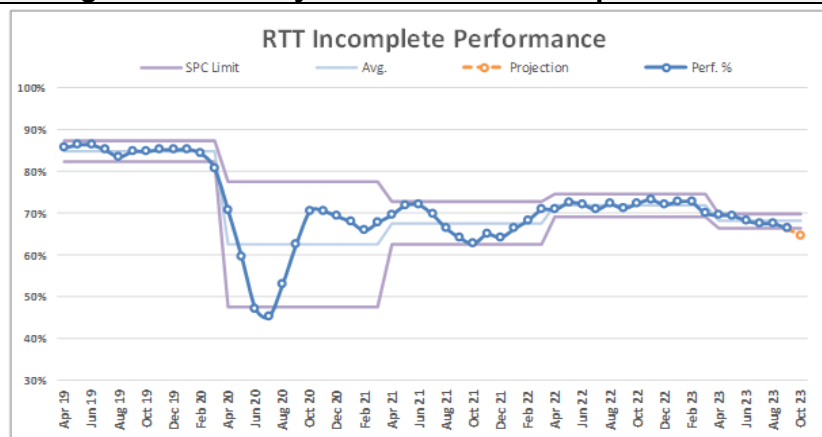
	Target	Plan	Actual
Apr-23	85%	91%	87%
May-23	85%	104%	100%
Jun-23	85%	115%	109%
Jul-23	85%	97%	88%
Aug-23	85%	121%	107%
Sep-23	85%	104%	96%
Oct-23	85%	102%	92%
Nov-23	85%	111%	
Dec-23	85%	108%	
Jan-24	85%	103%	
Feb-24	85%	113%	
Mar-24	85%	101%	

First and follow up attendance activity increased marginally in September. Focus is now on clinic utilisation to ensure efficient use of available slots. PIFU options are being improved on Cerner to support further uptake across all services which should result in a reduction of follow ups in line with the 25% reduction target. Outpatient activity is currently projected to deliver similar activity to September because of continued strike action.

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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 September 2023 is 66.39%. Performance is currently projected to decrease in October to 64.64%.

**Figure 13 Monthly 18 Week RTT Incomplete Performance**

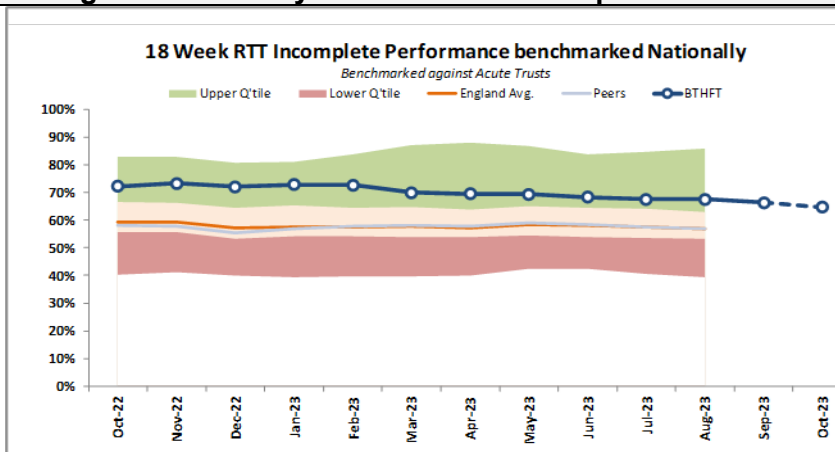
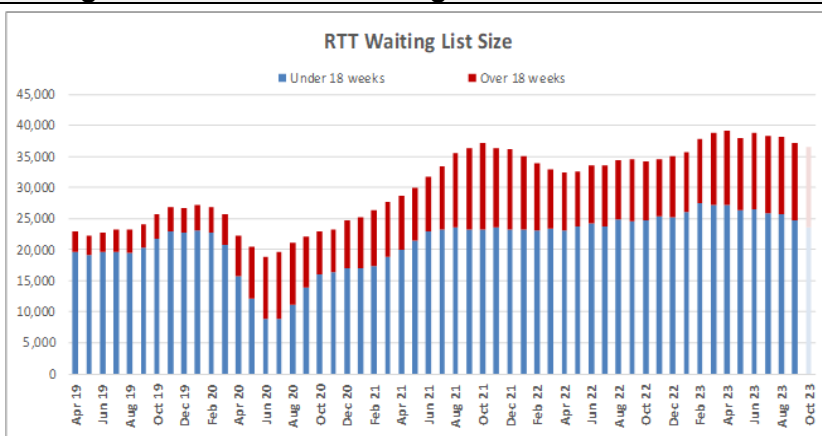


Figure 13 shows a national comparison of RTT Incomplete performance for acute Trusts with BTHFT significantly above the England and Peer average and remaining in the upper quartile.

**Figure 14 RTT Total Waiting List**

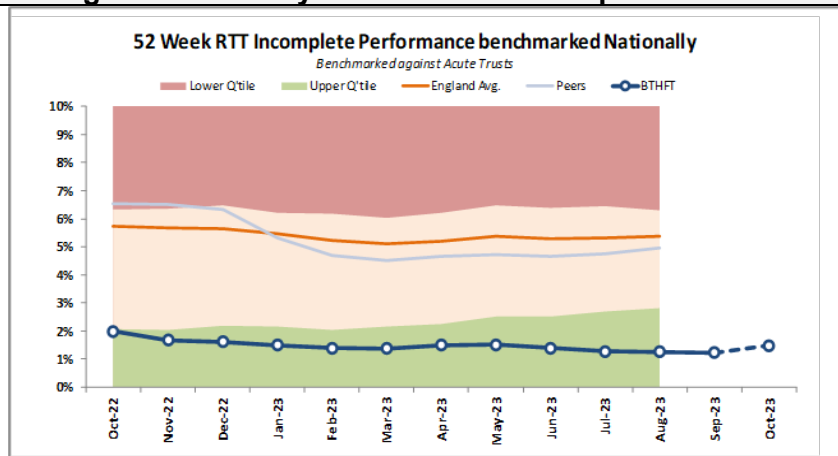


The overall waiting list has decreased in September and is projected to reduce further in October.



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**Figure 15 Monthly 52 Week RTT Incomplete Performance**



52 Week RTT performance stands at 1.26% in August. 1 patient had a wait time of 78+ weeks at month end. Current projections indicate there will be 0 patient that will breach the 78+ week position by the end of October with focus now on the cohort of patients who risk breaching 65+ by month end.

### Referral to Treatment Improvement:

- Application of GIRFT outpatient guidance continues to be reviewed across all services.
- Patients are being routinely contacted via SMS as part of the waiting list management initiative aligned to the national validation toolkit recommendations. 38,151 patients have been contacted to date who meet the required criteria with 1,359 requesting discharge (3.5%).
- Validation of the Non RTT waiting list is underway with services being supported by the Access Team to ensure a cleansed position. The validation cohort initially started at all patients 12 months past their see by date and has now shifted to patients less than 12 months past their see by date. Text based validation will be extended to non-RTT waits in the coming quarter.
- PIFU usage continues to be reviewed via weekly access meetings with all services. Usage in September increase slightly at 1.8% (+0.2% compared to August) against the 5% target with further improvement expected in October. The Trust is working closely with Calderdale to update PIFU options on Cerner to ensure a more consistent process is adopted as uptake improves.
- A standardised video to support elective admissions into the hospital will be shared with patients to support them throughout their pathway. We are hoping to produce this in multiple languages to support our patient demographic and to also produce a similar video for outpatient attendances. Launch of this initiative is anticipated in Q4 and should improve patient experience and compliance.
- Services continue to trial text messages to reduce DNA rates. Various wordings are being trialled, with a plan to roll out the most successful message to multiple services.
- Services are also using ghost clinics to fully utilise schedule allocation and support chronological booking considering short notice clinic cancellations and reducing unnecessary patient delay.
- Bookwise is expected to launch in H2 to improve oversight and management of room utilisation.
- Some clinicians are using designated lists and specific clinic builds to regularly validate patients on an RTT pathway within a designated cohort. Ongoing work to raise awareness to improve capture of activity is taking place with regular clinical validation planned.
- SeeMeSooner is being implemented and will allow patients to have greater involvement in their appointments which will further support reductions in DNAs and help improve clinic utilisation.
- NHSE mandated that all patients who will breach 65 weeks wait at year end have their first appointment before the end of October. To date there are 52 appointments to bring forward into October, and services are working to achieve this.

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- Weekly access meetings are utilising forward view reports which enable services to take action when theatre lists are not filled to required targets.
- Web-based waiting list management tools are being launched which will improve functionality and support better oversight of patient pathways. These tools are expected to be launched in Q4. Work is also underway to improve visibility of RTT weeks wait for our clinicians through an RTT dashboard.
- As part of restart and recovery, services will be asked to participate in service improvement planning. This will take the form of a service review of various core elements of service management work to be presented back to the wider group.

## 10. Diagnostic Waiting Times

**Figure 16 Monthly 6 Week DM01 Performance**

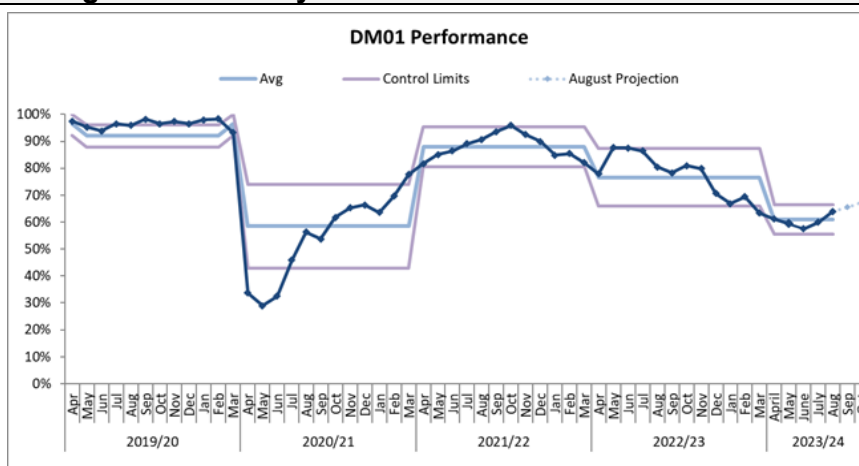


Figure 16 shows September 2023 performance was 65.55% with improvement being led by NOUS despite ongoing challenges across Endoscopy and Radiology.

**Figure 17 Diagnostics – National Comparison**

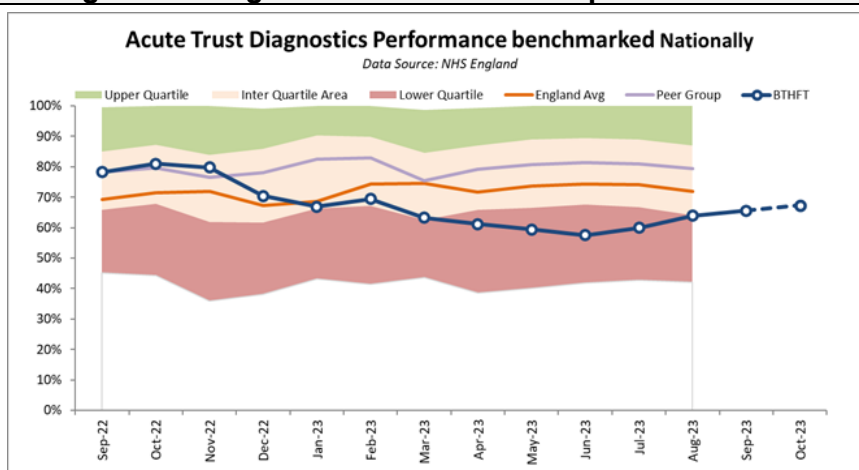


Figure 17 shows a national comparison of Diagnostic performance. BTHFT had declined towards the lower quartile however implementation of recovery plans is leading to a month on month improvement placing the Trust in the inter quartile.

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**Table 4 Diagnostics –By Modality**

Site	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
TRUST	81.0%	79.8%	70.6%	66.9%	69.4%	63.3%	61.2%	59.4%	57.5%	59.9%	63.9%	65.6%	67.4%
Audiology Assessments	93.7%	94.9%	90.8%	86.9%	95.7%	92.2%	88.1%	95.1%	85.1%	80.4%	79.3%	79.0%	78.2%
Cardiology - echocardiography	92.3%	84.7%	86.8%	90.8%	93.0%	76.2%	71.8%	86.4%	86.2%	90.2%	91.7%	83.8%	86.1%
Colonoscopy	52.3%	55.7%	46.1%	47.9%	51.6%	70.1%	72.4%	76.0%	72.5%	71.6%	72.1%	66.3%	68.3%
Cystoscopy	99.4%	98.8%	95.3%	97.1%	96.1%	96.2%	97.2%	94.6%	72.5%	82.0%	100.0%	100.0%	100.0%
Flexi sigmoidoscopy	62.0%	62.1%	51.1%	56.8%	64.3%	70.2%	80.2%	70.4%	75.3%	84.2%	70.7%	74.6%	79.1%
Gastroscopy	56.0%	53.2%	49.9%	51.0%	55.6%	72.9%	73.4%	67.6%	77.3%	75.7%	71.5%	69.3%	73.6%
Computed Tomography	98.6%	99.4%	90.2%	92.4%	99.6%	94.3%	90.1%	95.9%	94.7%	97.4%	94.3%	94.3%	92.7%
DEXA Scan	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Magnetic Resonance Imaging	88.7%	78.6%	72.3%	72.0%	78.8%	64.1%	73.6%	75.3%	76.0%	80.1%	71.3%	68.7%	65.5%
Non-obstetric ultrasound	74.7%	74.7%	59.7%	53.5%	52.6%	44.5%	38.8%	33.2%	33.1%	32.3%	38.9%	38.6%	44.3%
Neurophysiology - periph neuro	100.0%	97.9%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	98.5%	100.0%	94.0%	100.0%	98.6%
Respiratory phys - sleep studies	100.0%	100.0%	100.0%	97.1%	99.0%	97.9%	92.6%	95.8%	97.1%	93.1%	88.2%	79.8%	75.7%
Urodynamics - pressures & flows	96.0%	96.2%	90.4%	98.0%	91.7%	85.1%	89.0%	80.7%	81.8%	91.1%	86.3%	76.0%	81.6%

**Diagnostic Improvement:**

- Strategic workforce planning supported by HR Business partners is underway to unpick and resolve recruitment issues across diagnostic modalities, working holistically to grow the workforce for the future and improve resilience through long term joined up planning.
- The BRI Endoscopy Programme Board are leading work and planning for the new Endoscopy Unit. Under this umbrella a Workforce Delivery Group will be established to ensure appropriate workforce are in place to deliver the associated care
- NOUS outsourcing is continuing to Yorkshire Health Solutions and DM01 improvements can be seen from August and September as a result.
- Medinet are continuing to provide insourced MRI capacity, which is greatly reducing numbers of patients waiting, with trajectories forecasting that the longest wait for patients will have dramatically decreased within the next few weeks.
- With greater community diagnostic provision being planned, a gap analysis is underway to develop a system wide approach for providing greater access and visibility of patient information to ensure safer and more effective care for the patient.
- Endoscopy validation continues to highlight issues affecting performance. A deep dive piece of work is underway to understand, confirm and cleanse the number of patients being reported as DM01.
- A mobile CT scanner will be in place at BRI as part of a significant piece of work which is underway to bring the Cardiac CT waiting list down. It is expected that this will begin to positively impact the DM01 performance in November.
- MRI recovery has been slower than anticipated, therefore work to improve booking processes is also underway to reduce DNA's and ensure better utilisation of lists going forward.

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## 11. Cancer Standards

**Table 5 Cancer Standards – Overview by Indicator – BTHFT**

Measure	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
14 day GP referral for all suspected cancers	93%	93.7%	95.2%	93.1%	95.3%	95.6%	94.1%	91.5%	93.4%	95.8%	96.8%	94.9%	94.0%	95.9%
14 day breast symptomatic referral	93%	99.1%	97.2%	95.7%	97.4%	96.9%	94.4%	97.3%	98.7%	93.5%	97.4%	94.5%	96.9%	93.6%
31 day first treatment	96%	96.8%	94.8%	95.6%	93.8%	92.5%	96.8%	94.7%	97.3%	93.6%	94.3%	97.3%	93.5%	95.1%
31 day subsequent drug treatment	98%	98.3%	98.1%	91.7%	78.7%	97.6%	97.3%	88.1%	93.4%	95.0%	96.9%	93.5%	98.3%	96.8%
31 day subsequent surgery treatment	94%	92.7%	79.2%	83.7%	77.0%	79.1%	86.5%	83.3%	89.1%	91.1%	95.0%	93.8%	90.2%	89.1%
62 day GP referral to treatment	85%	79.8%	73.8%	69.9%	78.2%	72.0%	78.7%	81.9%	67.0%	76.2%	74.6%	72.2%	70.6%	75.8%
62 day screening referral to treatment	90%	80.0%	76.7%	96.0%	82.1%	87.0%	71.4%	83.3%	84.2%	87.1%	71.4%	78.6%	75.0%	77.8%
62 day consultant upgrade to treatment		35.3%	83.3%	53.3%	44.4%	42.1%	27.3%	37.5%	70.6%	71.4%	100.0%	66.7%	66.7%	57.1%

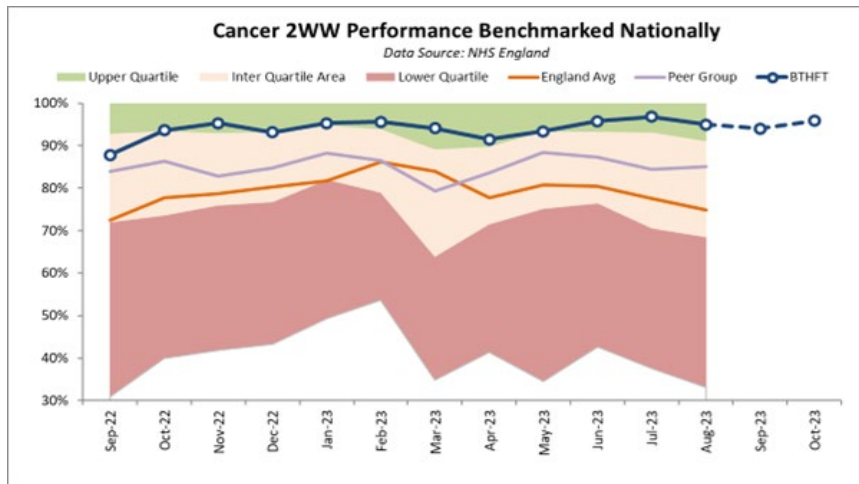
### Cancer Wait Time Improvement:

- With consistent high demand, joint working with primary care is underway to ensure Fast Track referrals are appropriate and as per NICE Guidance (NG12) ensuring consistency across Bradford District and Craven, which will involve establishing a partnership working group, in line with place wide 'Act as One' principles.
- Planning is underway to further roll out Pathway Navigator role expansion to all tumour groups, along with Cancer Nurse Specialist roles as appropriate. The impact of existing roles has been positive improving patient access and experience.
- Implementation of frailty pathways for Cancer which has been identified as a service level priority in response to our known population demographics and the success of the previous GI pilot is progressing. Subsequent comprehensive geriatric assessments offer an opportunity to identify and address health problems which may then optimise fitness and well-being for this cohort of patients.
- Significant work continues around FDS performance, with particular focus on histology processes, job planning and prioritisation to develop system improvement.
- Development of Best Practice Timed Pathway data is also underway to further roll out service level performance against best practice for more pathways which can then highlight and support pathway improvement measures and take steps towards improved patient experience and outcomes.
- GIRFT reviews have indicated that in line with Best Practice Timed Pathways (BPTP), further areas would benefit from development of one stop clinics. Planning is underway to facilitate this and modify systems accordingly to accommodate the change, supported by BI and Performance.
- The detail included in appointment letters will be improved to help reduce delays at clinic and DNA's.
- Version 12 of the Cancer Wait Time standards is being implemented. As work progresses, greater analysis has identified that there are opportunities to embed system improvements to support performance and patient experience in line with the new guidelines.
- Improvement of reception areas and facilities for patients attending for appointments is being prioritised as poor access and inappropriate patient areas contributes to DNA rates.

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## 11.1. Cancer 2 Week Wait

**Figure 18 2WW National Comparison – BTHFT**



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

**Table 6 2WW Performance by Tumour Group**

Site	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
<b>TRUST</b>	<b>93.7%</b>	<b>95.2%</b>	<b>93.1%</b>	<b>95.3%</b>	<b>95.6%</b>	<b>94.1%</b>	<b>91.5%</b>	<b>93.4%</b>	<b>95.8%</b>	<b>96.8%</b>	<b>94.9%</b>	<b>94.03%</b>	<b>95.86%</b>
Breast	97.0%	97.6%	96.3%	99.5%	96.5%	96.3%	96.6%	99.5%	95.8%	96.8%	97.5%	97.84%	93.51%
Gynae	96.6%	96.1%	95.9%	93.7%	90.7%	96.6%	92.6%	93.5%	92.2%	94.5%	93.3%	78.23%	91.94%
Haematology	100.0%	75.0%	47.6%	8.3%	56.5%	75.0%	84.6%	88.2%	66.7%	100.0%	40.0%	90.48%	85.71%
Head & Neck	97.4%	97.1%	92.0%	96.4%	97.6%	94.5%	96.2%	93.7%	94.9%	98.3%	96.6%	90.97%	94.12%
Lower GI	80.2%	87.3%	83.9%	93.3%	90.0%	83.6%	69.3%	80.7%	93.6%	93.8%	86.9%	86.46%	93.05%
Lung	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	98.2%	100.0%	98.1%	100.0%	100.0%	100.00%	100.00%
Other	93.8%	92.9%	95.7%	100.0%	97.4%	96.8%	100.0%	85.7%	97.7%	95.5%	100.0%	100.00%	100.00%
Skin	99.3%	99.6%	99.7%	98.8%	99.5%	98.3%	100.0%	97.3%	96.4%	97.0%	98.9%	99.51%	99.34%
Upper GI	85.5%	92.5%	91.7%	90.7%	97.0%	92.5%	92.4%	96.4%	99.2%	97.2%	95.7%	89.58%	93.75%
Urology	97.9%	97.9%	93.6%	99.2%	99.3%	97.4%	98.4%	100.0%	99.2%	99.2%	96.6%	98.48%	97.60%
NSS										100.0%	100.0%	100.00%	100.00%

Demand remained high in August and capacity was reduced due to further IA. October will see greater capacity and an improvement in overall performance as staff absence is forecast to reduce.

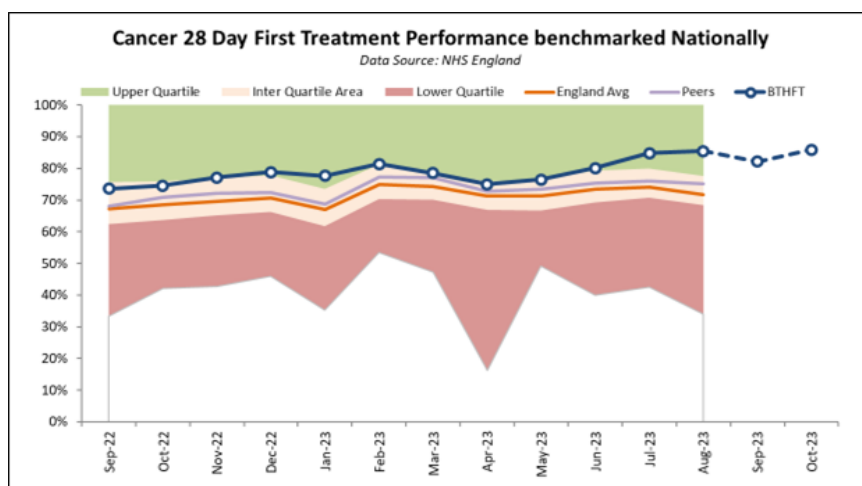
Referrals to skin have remained extremely high during September and whilst consistent forward planning of additional clinics and monitoring utilisation has kept performance over 96% there has been an increase in the number breaching this standard.

There are national awareness campaigns running through September and October specifically focused on lung and 'Help us Help You' which is expected to lead to increased referral rates that services are adapting capacity to accommodate.

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## 11.2. Cancer 28 Day Faster Diagnosis

Figure 19 28 Day National Comparison – BTHFT



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

Figure 20 28 Day Faster Diagnosis Standard (FDS)

Site	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
TRUST	74.7%	76.8%	78.2%	75.5%	80.4%	76.8%	73.3%	75.1%	79.3%	84.2%	85.1%	82.1%	85.9%
Breast	100.0%	98.1%	98.4%	98.0%	101.8%	98.7%	96.1%	97.5%	98.4%	97.4%	97.6%	98.6%	96.9%
Gynae	62.3%	64.6%	69.1%	51.1%	70.1%	55.2%	61.5%	63.3%	65.7%	59.3%	67.5%	50.0%	74.4%
Haematology	50.0%	34.8%	26.3%	5.9%	23.8%	36.8%	50.0%	23.1%	27.3%	30.0%	20.0%	66.7%	37.5%
Head & Neck	70.6%	69.9%	78.6%	75.3%	73.3%	66.8%	77.6%	77.4%	74.3%	81.6%	91.3%	84.0%	84.6%
Lower GI	46.2%	58.8%	72.7%	69.6%	74.6%	74.2%	64.5%	63.0%	68.8%	80.2%	77.6%	72.3%	78.6%
Lung	93.5%	88.9%	97.7%	85.7%	85.2%	81.7%	86.5%	87.9%	87.2%	96.7%	76.7%	94.3%	91.7%
Other	75.9%	69.6%	75.0%	36.0%	84.0%	71.4%	65.0%	79.4%	61.1%	97.6%	33.3%	100.0%	100.0%
Skin	84.4%	87.3%	82.8%	83.5%	85.5%	81.7%	74.6%	79.5%	88.5%	87.6%	89.0%	89.7%	91.3%
Upper GI	82.0%	77.9%	69.2%	68.6%	85.4%	80.0%	72.5%	62.2%	73.5%	79.1%	89.6%	77.9%	82.7%
Urology	72.5%	69.7%	64.4%	73.1%	69.6%	65.4%	65.1%	71.7%	71.8%	67.5%	80.5%	70.3%	76.9%
NSS										20.0%	57.1%	66.7%	44.4%

FDS performance has continued above target at 85.2% in August. Current overall performance is higher due to the volume of skin referrals and the relatively strong performance of this tumour group. The number of patients undiagnosed and over 28 days has increased however and therefore future performance will drop slightly.

Histology delays have been a significant problem for certain tumour groups and intensive work with the service continues to provide a sustainable solution. Managers are working with consultants to amend job plans to ensure areas with the highest volumes of referrals are targeted whilst addressing the longest waiting patients. New methodologies or approaches are being closely monitored and any improvements measured to support longer term solutions and sustain improved performance.

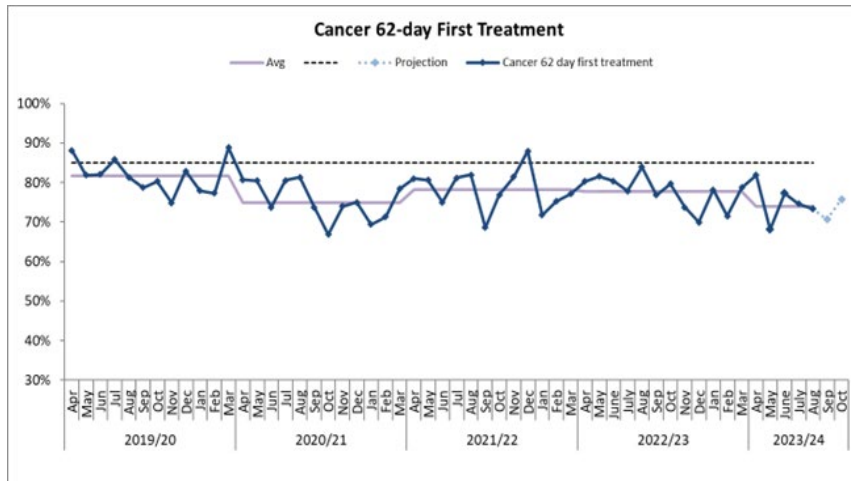
Improvements to gynae, skin and urology performance are forecast for October due to greater capacity and regularity of MDT's. Lower GI and Upper GI are also expected to improve as we head into October as their capacity returns and improvements to referral and booking processes are embedded.



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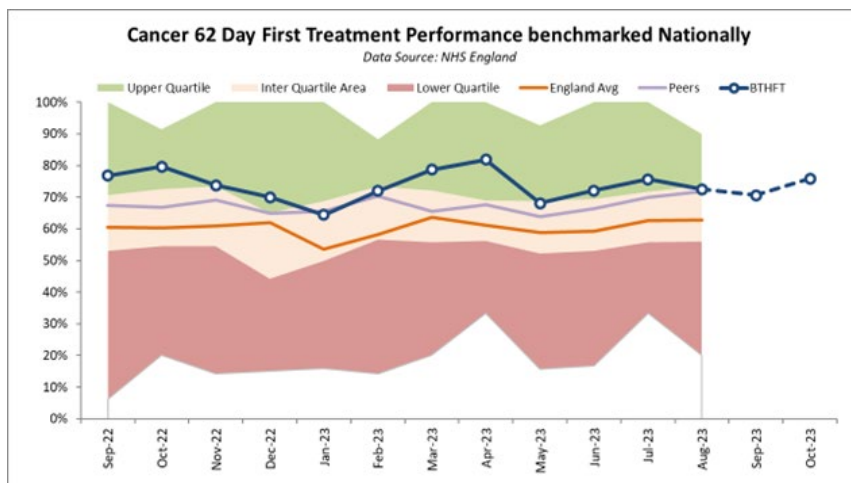
### 11.3. Cancer 62 Day First Treatment Performance

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



The 62 Day First Treatment in August 2023 was 72.22%. This was a dip in performance due to ongoing capacity pressures.

**Figure 22 62 Day First Treatment Performance – National Comparison**



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

**Figure 23 62 day or over waiting list size**



The number of patients waiting over 62 days increased in August and has continued in similar numbers in September and forecast to continue to do so in October.



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

Site	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
TRUST	79.8%	73.8%	69.9%	78.2%	72.0%	78.7%	81.9%	68.1%	77.3%	74.6%	72.2%	70.6%	75.8%
Breast	100.0%	91.7%	81.3%	80.0%	94.1%	100.0%	92.3%	64.7%	100.0%	81.8%	83.3%	78.6%	80.8%
Gynae	66.7%	55.6%	33.3%	52.6%	50.0%	33.3%	40.0%	22.2%	100.0%	66.7%	63.6%	44.4%	62.5%
Haematology	42.9%	83.3%	72.7%	66.7%	25.0%	33.3%	100.0%	33.3%	60.0%	60.0%	50.0%	75.0%	71.4%
Head & Neck	66.7%	36.4%	46.2%	28.6%	71.4%	73.3%	85.7%	38.5%	60.0%	75.0%	50.0%	57.1%	66.7%
Lower GI	66.7%	52.9%	14.3%	46.2%	50.0%	66.7%	36.4%	45.0%	72.7%	70.6%	52.0%	57.1%	62.5%
Lung	0.0%	0.0%	16.7%	80.0%	16.7%	20.0%	50.0%	18.2%	16.7%	0.0%	0.0%	15.4%	25.0%
Other			100.0%		100.0%	0.0%	0.0%	66.7%	0.0%	33.3%	0.0%	0.0%	33.3%
Skin	92.9%	93.7%	96.0%	97.0%	100.0%	97.0%	100.0%	96.8%	93.8%	100.0%	91.4%	77.1%	87.5%
Upper GI	36.4%	50.0%	0.0%	50.0%	42.9%	66.7%	100.0%	0.0%	60.0%	0.0%	66.7%	0.0%	50.0%
Urology	77.2%	79.1%	78.4%	86.4%	64.2%	85.1%	81.4%	83.0%	73.4%	68.8%	69.7%	84.9%	82.1%

Cancer 62 Day First Treatment performance has continued below the target of 85% at 72.22% in August. An improvement is forecast for October as capacity improves and as diagnostic pathway changes are embedded.

Treatment timeliness for cancer continues to be the focus with fast-track patients taking priority and early identification of capacity issues is in place with services flipping any capacity where possible to respond to demand alongside targeted work to reduce administrative issues and streamline process where-ever possible expected to have a positive impact heading into Autumn.

Using the 31-day standard as a headline KPI in reports from December 2023, there will be greater visibility of pathway granularity at the MDT and treatment phases. This will support identification of specific areas for improvement and enable measurement of actions taken.

## 12. Other Contractual KPI – by exception

### 12.1. Cancelled Operations

**Table 8 28 Day Rebook Breaches**

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

4 breaches of the re-booking target occurred in September whilst the number of cancellations that require rebooking increased marginally. Industrial action is increasing patient cancellations and overall patients treated per week in theatre is below 2019/20 baselines meaning rebooking them within 28 days isn't always possible alongside other prioritisation of capacity for acute, cancer and other urgent cases.

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

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

Team	Bradford and Airedale SU	Bradford and Airedale SU	Bradford and Airedale SU	Bradford and Airedale SU	Bradford and Airedale SU
Time period	Jan-Mar 2023	Apr-Jun 2023	Jul23 Projected	Aug23 Projected	Sep23 Projected
SSNAP level	C	C	C	D	C
1) Scanning	B	C	C	C	B
2) Stroke unit	E	E	E	E	E
3) Thrombolysis	D	D	D	E	E
4) Specialist Assessments	B	C	C	D	D
5) Occupational therapy	B	B	B	C	B
6) Physiotherapy	C	B	B	C	B
7) Speech and Language therapy	D	C	B	D	B
8) MDT working	C	B	C	D	D
9) Standards by discharge	A	A	A	A	A
10) Discharge processes	A	A	A	A	A

- SSNAP scores continue to reflect the reduction in WTE within the Stroke Responder team and the pressures upon the stroke bed capacity.
- Upon arrival in A&E, arrangements for a first assessment, scanning and thrombolysis are ready as soon as a patient arrives in A&E following pre-alerts from YAS. However, challenges with stroke responder WTE can result in stroke patients being triaged alongside other patients arriving in the department (due to clinical priority) impacting how quickly a patient is assessed, the percentage of patients who receive thrombolysis within 1 hour and the time it takes to admit to the stroke unit.
- Recruitment to the enhanced stroke response team is ongoing with all positions now offered. Whilst start dates have yet to be confirmed, it is anticipated that stroke responders will be trained and in role by early 2024.
- The opening of ward 9 as a specialist stroke rehab unit is expected to commence in November 2023 and will increase stroke bed capacity from 27 to 51. The increased capacity will also ensure that:
  - There are always 2 empty HASU beds at any one time.
  - There are no stroke outliers outside of the defined 51 stroke beds.
  - Any stroke patients can be repatriated from neighbouring Trusts.
  - SSNAP scores improve in relation to admission to a stroke ward.
- Weekly breach review meetings continue to take place within the team to understand the specific pressure points and ensure there is mitigation where possible. Ongoing meetings between the Urgent Care CSU and Therapies around the role of therapists in the rehabilitation pathway, with a view to reviewing criteria for discharge and making timely decisions.

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## APPENDIX 2

### SUMMARY OF CONTRACTUAL KPI

Operational Planning	Month	Threshold	Trajectory Target	Performance
Elective Day Case Spells	Sep-23	110%	108%	96%
Elective Ordinary Spells	Sep-23	110%	105%	81%
First Outpatient Attendances	Sep-23	110%	116%	109%
Admitted Clock Stops	Sep-23	n/a	113%	97%
Non-Admitted Clock Stops	Sep-23	n/a	115%	111%
RTT - Patients waiting >52 weeks on incomplete pathways	Sep-23	476	265	457
RTT - Patients waiting >78 weeks on incomplete pathways	Sep-23	0	0	1
RTT - Total Waiting List size	Sep-23	39,122	36,959	37178
Cancer - Patients waiting over 62 days	Aug-23	42	42	61
Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	Sep-23	95.00%	74.30%	74.48%
Ambulance handovers taking between 30-60 minutes	Sep-23	0	30	64
Ambulance handovers taking longer than 60 minutes	Sep-23	0	10	26
Trolley waits in A&E longer than 12 hours	Sep-23	0	0	24
Emergency Inpatient Length Of Stay >=21days	Sep-23	71	76	116
Cancer 2 week wait	Aug-23	93.00%	93.00%	94.95%
Cancer 2 week wait - breast symptomatic	Aug-23	93.00%	93.00%	94.48%
Cancer 28 day Faster Diagnosis	Aug-23	75.00%	75.00%	85.13%
Cancer 31 day First Treatment	Aug-23	96.00%	96.00%	97.26%
Cancer 31 day Subsequent Surgery	Aug-23	94.00%	94.00%	93.48%
Cancer 31 day subsequent treatment - drug regimen	Aug-23	98.00%	98.00%	93.75%
Cancer 62 day First Treatment	Aug-23	85.00%	85.00%	72.22%
Cancer 62 day First Treatment - NHS screening service	Aug-23	90.00%	90.00%	78.57%
Diagnostics - patients waiting under 6 weeks for test	Sept-23	99.00%	66.00%	65.55%
RTT - Patients waiting <18 weeks on incomplete pathways	Sep-23	92.00%	71.72%	66.39%
Mixed-sex accommodation breach	Sep-23	0	0	0
Cancelled Operations 28 day breach	Sep-23	0	0	4
Urgent operation cancelled for a second time	Sep-23	0	0	0

*\*Latest prediction at the time of writing*