

Meeting Title	Open Board of Directors Meeting		
Date	13 July 2023	Agenda item	Bo.7.23.29

## PERFORMANCE REPORT – FOR THE PERIOD MAY 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 assurance	
Previously discussed at/ informed by	Finance & Performance Academy – 10 July 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 May 2023.		
Analysis		
Ambulance Handovers:		
<ul style="list-style-type: none"><li>• Attributable performance for handovers within 15 minutes was 91.87% in May 2023 and June 2023 is projected to be at 87.56%; this is the validated internal position which excludes resus, crew delays and patients transferred to other units.</li><li>• Improvements in ambulance handover performance continues and is ahead of trajectory. This position has been achieved by joint working between YAS’s Hospital Ambulance Liaison Officer (HALO) and Emergency Department’s Senior Leadership Team.</li><li>• AED and YAS team will be working together with a focus on escalation process for periods of peak demand agree an early escalation process to allow for better preparation and improved response plans.</li><li>• New pathways to be developed for patients who are suitable to be taken directly to the UCC.</li></ul>		
Emergency Care Standard (ECS):		
<ul style="list-style-type: none"><li>• ECS performance for Type 1 and 3 attendances was 74.78% for May 2023 and is currently forecast at 77.44% for June 2023. The position compares favourably against other acute Trusts in WYAAT and against the national benchmark which reflects the difficulties everyone is facing.</li><li>• During the periods of industrial action discharge rates were lower impacting on overall flow from ED and performance against from 4-hour standard.</li><li>• 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.</li><li>• New working hours starting from 8am for the GP Stream came into effect from June 2023, this includes a change in workforce model including ANP capacity within the GP stream.</li><li>• Further work is underway to expand the age range and conditions covered by the GP Stream, with</li></ul>		

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the aim to maximise number of patients redirected from ED.

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

- The daily average number of patients with a length of stay  $\geq 21$  days was 107 in May 2023. The June 2023 position is projected to be a daily average of 100.
- A daily review of patients with no reason to reside is in place and 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:**

- Outpatient activity delivered marginally below plan for May due to ongoing vacancies across services and an expected increase in annual leave as a result of bank holidays. Volumes are projected to remain below plan in June due to the Junior Doctor industrial action.
- Day case and ordinary spells were similarly affected in May and remained below plan. Elective activity is currently projected to remain below plan in June.
- 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 May to 69.41%, although remains in the best 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 waiters reviews.
- There was 1 patient reported over 78 weeks at the end of May with 0 patients projected to breach 78 weeks at the end of June.
- Weekly patient engagement via SMS has been placed on hold to allow services to manage responses and is set to commence in July whereby patients with wait times of 12, 26 & 52 weeks will be contacted.
- CPBS have vacant protected clinics for July and August '23 allowing services to reschedule patients cancelled because of consultant absence and strike impact.
- 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:

- The DM01 performance for May was 59.39% predominately due to issues within Endoscopy, Ultrasound, MRI and Echocardiography. It is projected to improve slightly to 60.24% for June 2023 as equipment comes back online in Radiology.
- Endoscopy performance dipped slightly due to Bank Holidays, booking issues and awareness campaigns sustaining referral volumes. Productivity at BRI and within the Westcliffe ISP sessions will remain the forward focus improving efficient booking and reporting processes to ensure lists are maximised.
- Obstetric ultrasound demand continues to exceed forecasts putting sustained pressure on DM01 reportable non-obstetric capacity. Additional sessions are being used to mitigate this, but the waiting list continued to increase during May. A business case has been approved for outsourcing and additional specialised capacity to resolve this issue.
- MRI performance continues to be affected by equipment issues although an upturn in performance is expected in June as scanning capacity grows and begins to have a positive impact.
- 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 May. The service is trying to secure resource for a specific cardiac consultant via a business case and additional sessions.

#### Cancer Wait Times:

- 2-week wait (2WW) demand continued to increase which combined with Bank Holidays, industrial action, staff and consultant leave, impacted performance which dipped below target in April. Performance is forecast to improve to above target in May and June with services prioritising clinic capacity for this cohort.
- The 28-day faster diagnosis standard (FDS) was 73.29% in April which was also below target. Similar issues to those which impacted the 2WW performance impacted as well as well increased pressure within Radiology and Histology. May performance is forecast to improve to above target.
- The Cancer 62 Day First Treatment performance has continued below the target of 85% although has improved during April. The number of patients over 62 days is forecast to reduce as diagnostic improvements are embedded and targeted work on patients waiting the longest times is sustained into May and June.
- There has been comprehensive learning and development in forward planning processes following the impact of holiday periods on performance. The approach for industrial action has been adapted accordingly.

#### Other KPI of note:

- 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

The Board of Directors is asked to:

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

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					G	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					G	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Risk (*) 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
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard: Choose an item.</b>
<b>NHS Improvement Effective Use of Resources: Clinical Services</b>
<b>Other (please state):</b> 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 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>	May-23	30	<b>70</b>	↓
3	<u>Ambulance Handover 60+</u>	May-23	10	<b>11</b>	↓
5	<u>Emergency Care Standard</u>	May-23	76.25%	<b>74.78%</b>	↑
7	<u>Length of Stay ≥21days</u>	May-23	85	<b>107</b>	↑
9.1	<u>18 Week RTT Incomplete</u>	May-23	70.19%	<b>69.41%</b>	↓
9.2	<u>52 Week RTT Incomplete</u>	May-23	1.42%	<b>1.51%</b>	↑
10	<u>Diagnostics Waiting Times</u>	May-23	89.50%	<b>59.39%</b>	↓
11.1	<u>Cancer 2 Week Wait</u>	Apr-23	93.00%	<b>91.48%</b>	↓
11.2	<u>Cancer 28 Day FDS</u>	April-23	75.00%	<b>73.29%</b>	↓
11.3	<u>Cancer 62 Day First Treatment</u>	Apr-23	85.00%	<b>81.87%</b>	↑

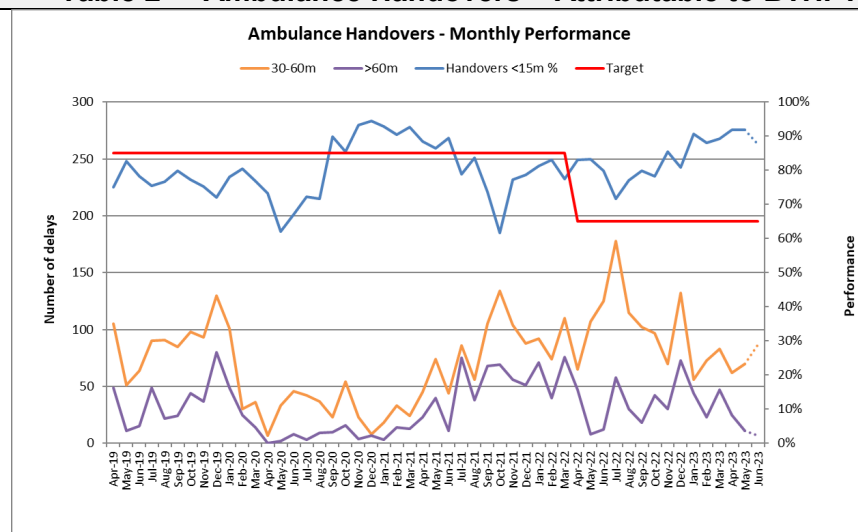
**Red** performance = not meeting plan; **Green** performance = meeting or exceeding plan.

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

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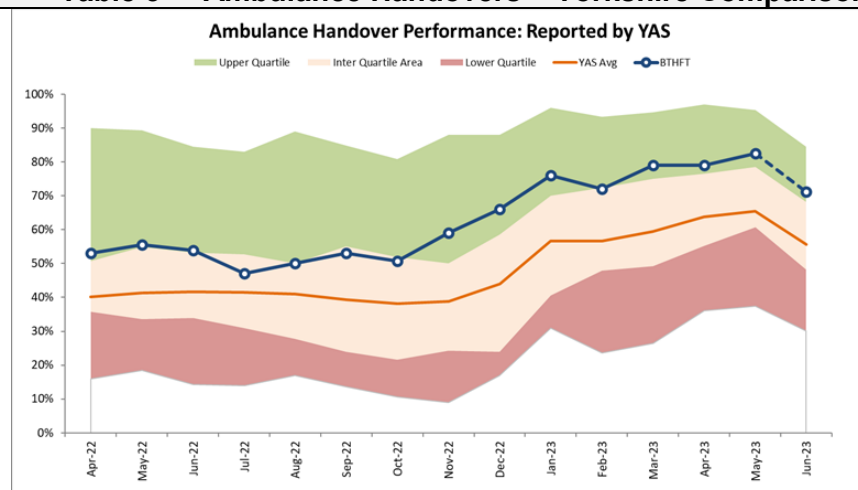
### 3. Emergency Ambulance Handover Performance

**Table 2 Ambulance Handovers – Attributable to BTHFT**



The number of delayed handovers in May 2023 was 70 between 30 and 60 minutes and 11 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).

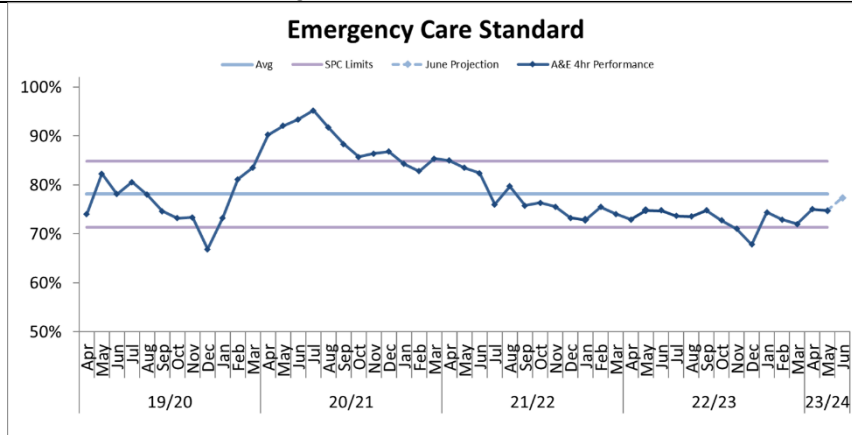
#### Ambulance Handover Improvement:

- June 2023 position for the recording to handover times by the YAS crew is showing deterioration in accuracy, this is being picked up with YAS to identify the root cause.
- Long term sickness is also having an impact on handover performance, but HR support is in place and staff are expected to return to work in late June.
- Live data sharing continues to support the deployment of YAS leads at site when required.
- An SBAR exception report continues to be submitted to the System Control Centre (SCC) for every breach above 60 minutes has helped identify issues and improve handover performance.
- Escalation protocol remains in place including actions at different trigger points based on how busy the Ambulance Assessment Area (AAA) is and expansion of AAA capacity to meet demand.
- Executive-level oversight continues to ensure rapid intervention for any handover delay more than two hours, or when there are more than five handover delays more than one hour.

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

**Table 4 Monthly ECS Performance – BTHFT**



BTHFT reported a position of 74.78% for the month of May 2023. June 2023 position is projected to be 77.44%.

**Table 5 ECS Performance – National Comparison**

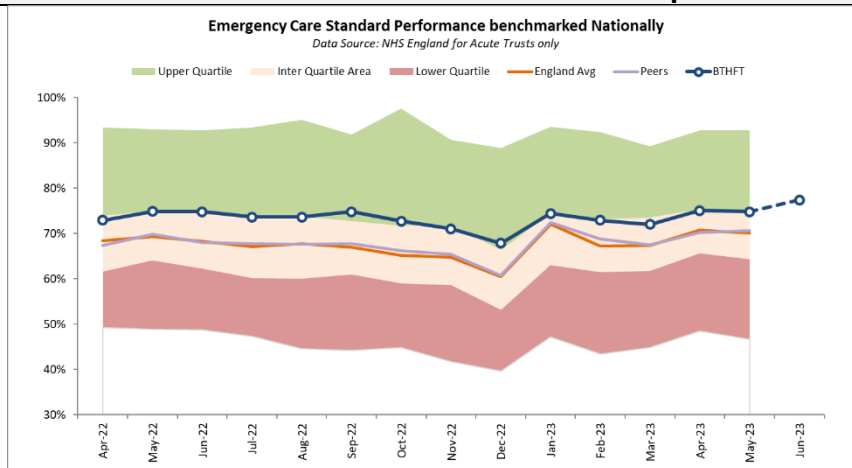
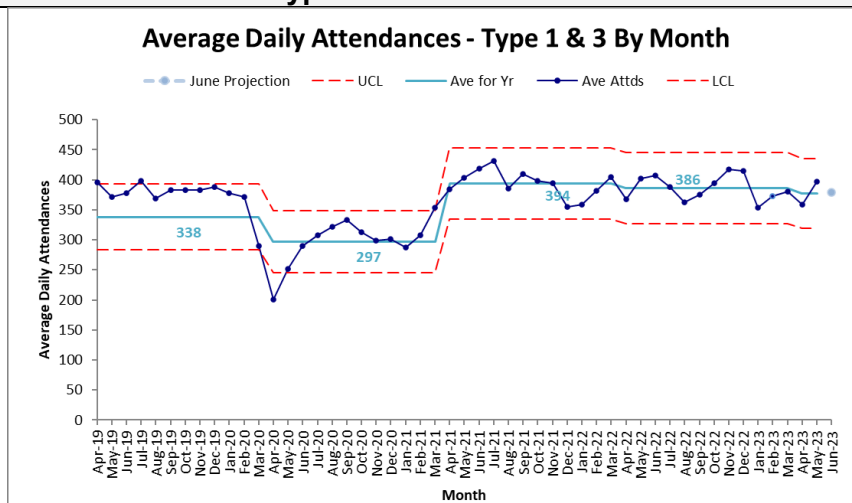


Table 5 shows a comparison of ECS performance for acute Trusts in England. BTHFT's performance has been above England average and its peers.

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



The Trust has seen an increase in the number of attendances during May 2023 with the daily average being 396.



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## 5. Emergency Department Measures

**Table 2 ECS KPI Performance – BTHFT**

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Average Daily Attendances	407	388	362	375	395	417	415	354	373	381	359	396	396
Average Daily Breaches	103	102	96	94	108	121	134	91	101	106	89	100	89
ECS Performance	74.82%	73.67%	73.56%	74.82%	72.75%	71.08%	67.85%	74.44%	72.92%	72.03%	75.07%	74.78%	77.44%
Arrival to Assess	00:27	00:28	00:27	00:25	00:29	00:28	00:35	00:22	00:24	00:25	00:22	00:22	00:23
Assess to Treat	02:18	02:14	02:12	01:59	02:15	02:15	02:32	01:49	01:59	02:09	01:41	01:47	01:41
Treatment Length	02:07	02:22	02:22	02:16	02:21	02:19	02:44	02:18	02:29	02:32	02:25	02:17	02:25
Total LOS - Discharged Patients	03:43	03:55	03:52	03:46	03:59	04:04	04:20	03:50	04:05	04:09	03:52	03:47	03:40
Total LOS	04:40	05:05	05:08	04:46	05:10	05:09	05:51	04:54	05:19	05:20	04:53	04:45	04:35

The KPIs related to time in the Emergency Department remain high. Nursing 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.
- New contract of GP Stream has come into effect from the 1<sup>st</sup> June 2023 and additional capacity is organised with Bradford Care Alliance's (BCA) to support surge in the department.
- Development of a co-located Urgent Care Centre (UCC) in ongoing and will allow triage of low acuity patients away from the main ED footprint. Business case for further development (Phase 2) has been submitted in June 2023.
- 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.
- Nursing workforce pressures are being managed by some additional shifts have been picked up locally. CSU is managing sickness with support from the HR team.
- 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**

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Conversion Rate*	22.16%	16.07%	16.86%	17.47%	16.81%	16.59%	22.23%	25.82%	25.27%	23.83%	23.80%	24.05%	22.12%
Average Daily Admissions	90	62	61	66	66	69	92	91	94	91	85	95	88
DTA to Admit	03:52	05:00	05:13	04:03	04:45	04:44	06:02	04:37	05:20	05:21	04:42	04:17	04:42
Total LOS - Admitted Patients	08:00	09:22	09:42	08:09	08:35	08:35	10:24	07:51	08:42	09:00	08:00	07:43	07:34
% of Patients >12 Hours LoS	4.00%	6.02%	6.41%	4.16%	5.47%	5.46%	8.84%	5.44%	7.23%	7.85%	5.40%	4.68%	4.42%

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

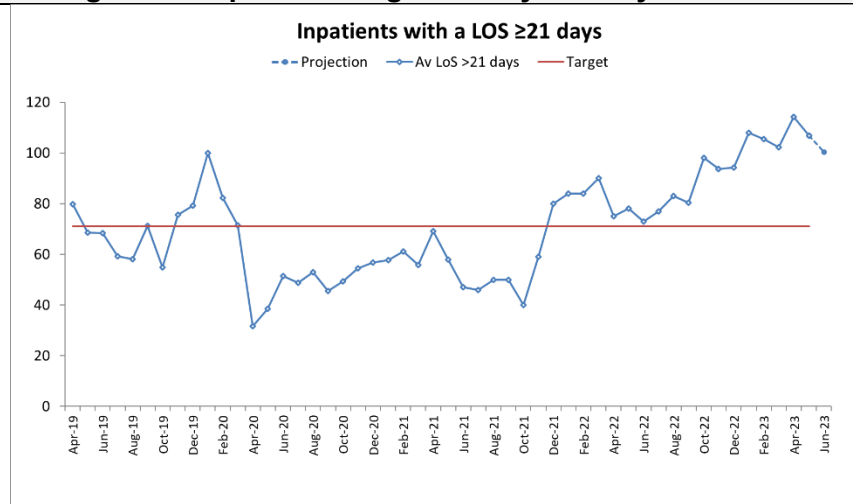
### ED Admission Improvement:

- Additional winter beds remained open into June 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.
- ED team continues to attend operation huddles twice a day, resulting in improvement in communication with wards and flow.

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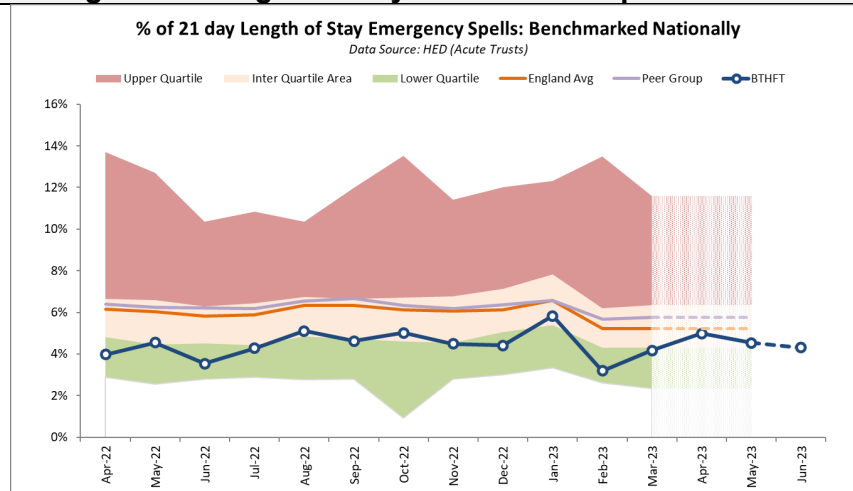
## 7. Emergency Inpatient Length of Stay (LOS) $\geq 21$ days

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



The number of patients with a LOS over 21 days remained high but improved to an average of 107 patients per day in May 2023. June 2023 position is projected to improve again to 100 per day.

**Figure 7 Length of Stay– National Comparison**



LOS benchmarking data from HED shows that the Trust has remained better than national average since April 2021. The percentage of patients with 21 days+ length of stay was 4.33 in May 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:**

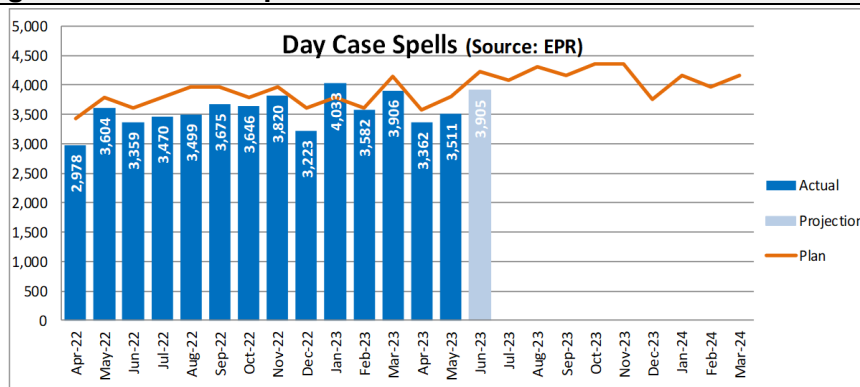
- A daily review of patients with no reason to reside is in place.
- Discussions continue between MAIDT and Therapy colleagues to determine any roles/ tasks that the therapists currently complete that could potentially be undertaken by the discharge co-ordinator.
- Ward 27 has become a designated ward 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).

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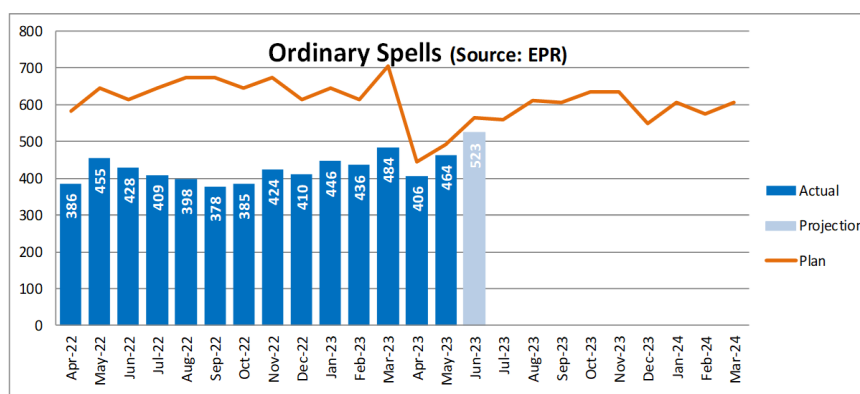
## 8. Activity Compared to Plan

### 8.1. Inpatient Activity

Figure 8 Elective Spells



	Target	Plan	Actual
Apr-23	110%	91%	85%
May-23	110%	95%	88%
Jun-23	110%	115%	106%
Jul-23	110%	100%	
Aug-23	110%	120%	
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%	



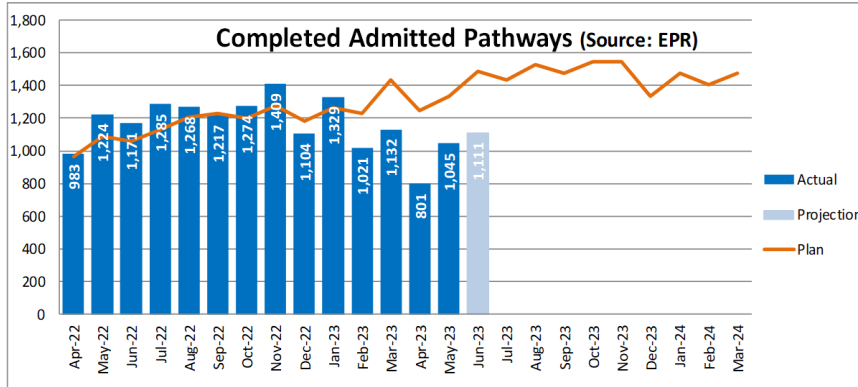
	Target	Plan	Actual
Apr-23	110%	82%	75%
May-23	110%	85%	80%
Jun-23	110%	94%	87%
Jul-23	110%	96%	
Aug-23	110%	102%	
Sep-23	110%	105%	
Oct-23	110%	111%	
Nov-23	110%	108%	
Dec-23	110%	100%	
Jan-24	110%	102%	
Feb-24	110%	95%	
Mar-24	110%	99%	

Activity increased in May for both day case and ordinary spells; weekly elective activity increased in May delivering an average of 928 spells per week. Compared to the May 2019/20 baseline, elective activity remains significantly lower than the weekly average of 1,065. However, daily rates decreased to 199 spells per day, compared to 209 in April. Both day case and ordinary activity are expected to exceed May's delivery in June but remain below plan.

Patients per list has increased slightly to 2.1, however overall time utilisation has decreased to 87.4% respectively. 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**

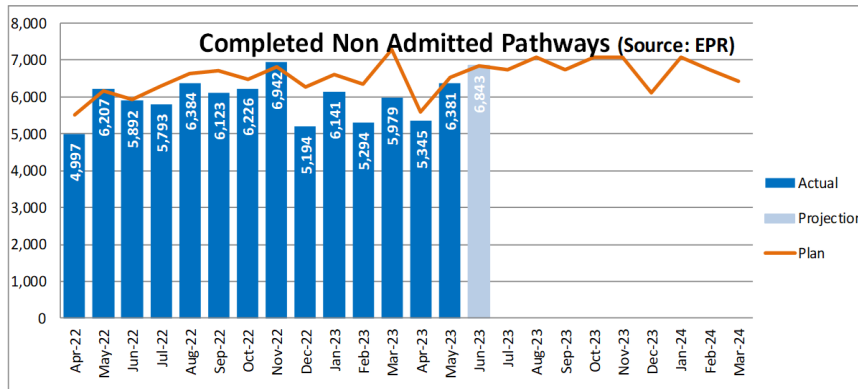


	Plan	Actual
Apr-23	89%	57%
May-23	97%	76%
Jun-23	117%	87%
Jul-23	108%	
Aug-23	123%	
Sep-23	113%	
Oct-23	115%	
Nov-23	114%	
Dec-23	112%	
Jan-24	99%	
Feb-24	104%	
Mar-24	109%	

The number of admitted clock stops increased in May although continues to remain below plan. The number of completed admitted pathways is forecast to deliver below plan again in June which is partially due to the anticipated reductions in elective activity as a result of industrial action.

## 8.2. Outpatient Activity

**Figure 10 Non-Admitted Completed Pathways**

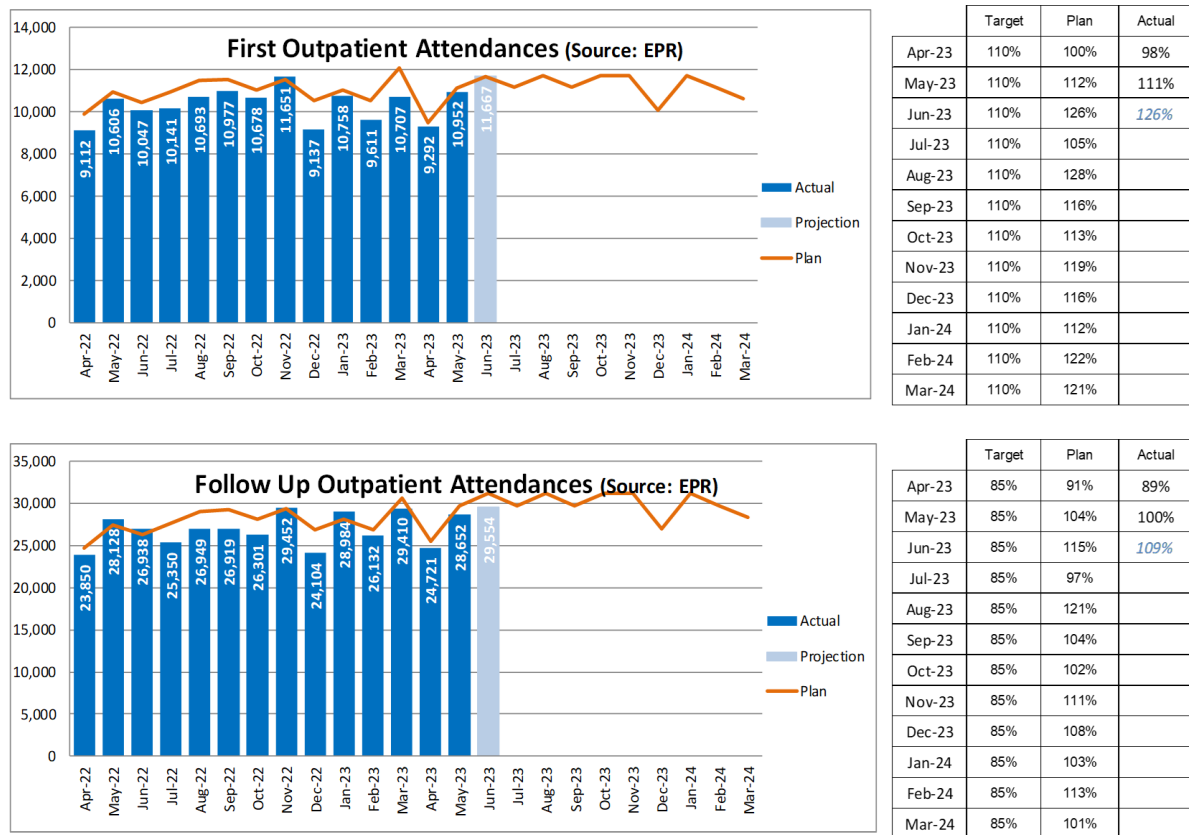


	Plan	Actual
Apr-23	96%	92%
May-23	109%	106%
Jun-23	126%	126%
Jul-23	103%	
Aug-23	132%	
Sep-23	115%	
Oct-23	106%	
Nov-23	112%	
Dec-23	108%	
Jan-24	105%	
Feb-24	110%	
Mar-24	99%	

Non-admitted clock stops increased in May and was marginally short of plan. Clock stops in June are projected to increase in line with outpatient activity levels and are currently expected to achieve plan despite the industrial action.

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**Figure 11 Outpatient Attendances**



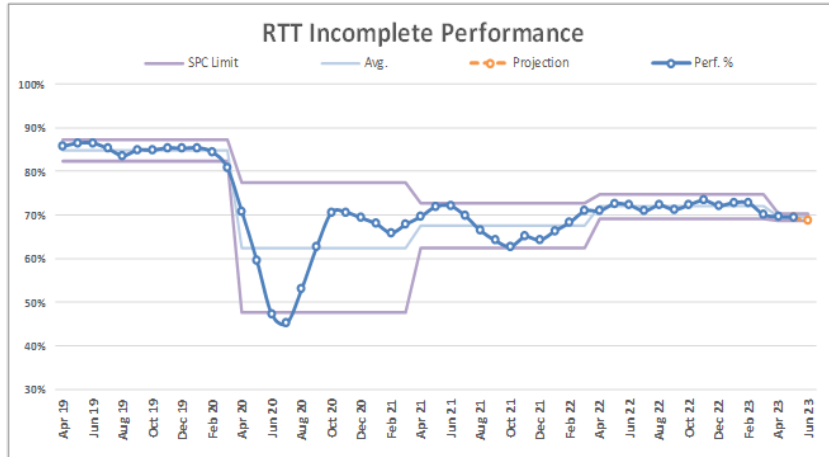
First and follow up attendance activity increased in May but remained marginally below plan as a result of increased leave over the May half-term. Outpatient activity is currently projected to increase in June and, despite junior doctor industrial action, improved delivery in the first two weeks of June has mitigated some of the impact with first outpatient activity currently projected to meet plans. Follow up activity is still expected to deliver below plan.

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 May 2023 is 69.41%. Performance is currently projected to decrease slightly in May to 68.65%.

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

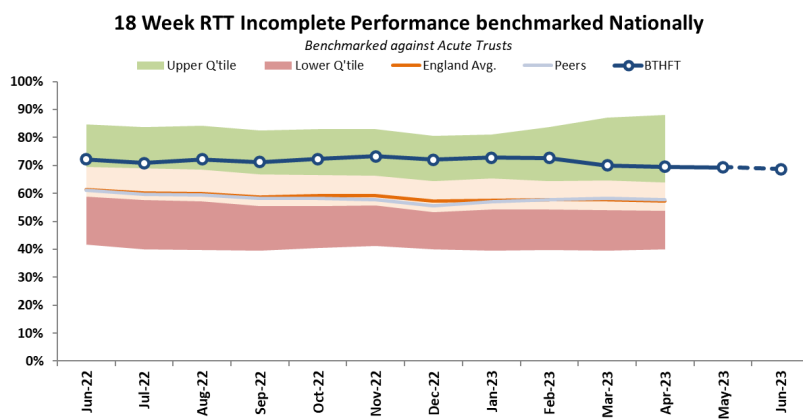
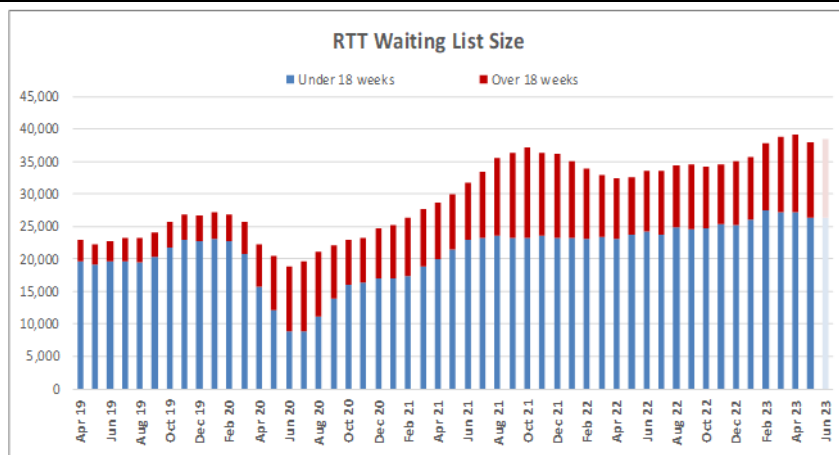


Figure 13 shows a national comparison of RTT Incomplete performance for acute Trusts with BTHFT significantly above the England and Peer average and remaining in the upper quartile.

**Figure 14 RTT Total Waiting List**

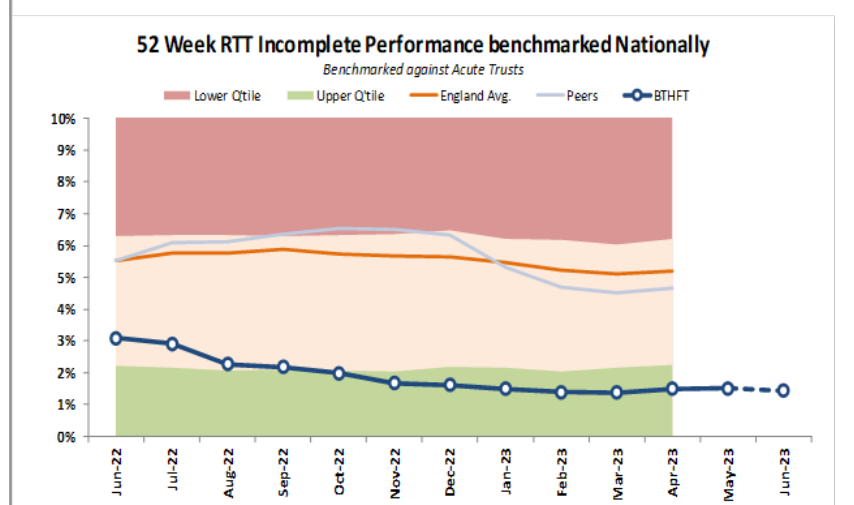


The overall waiting list has decreased in May but is forecasted to increase in June.



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



52 Week RTT performance stands at 1.51% in May. 1 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 June.

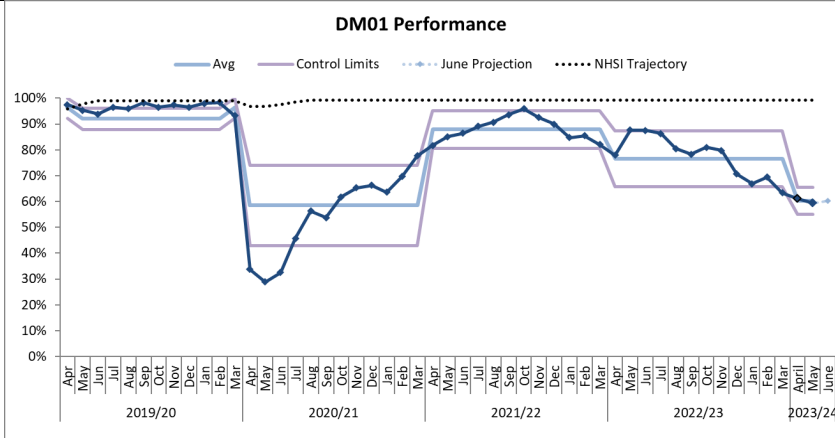
#### Referral to Treatment Improvement:

- The RTT waiting list has started to decrease however 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. Further engagement has been paused in order to allow services to manage responses received to date.
- The above waiting list initiative is expected to recommence in July with texts to be sent weekly to 12, 26 & 52 week waiters 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 and has increased with 1.7% 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



May 2023 performance was 59.39% with ongoing challenges across Cardiology, Endoscopy and Radiology.

Figure 17 Diagnostics – National Comparison

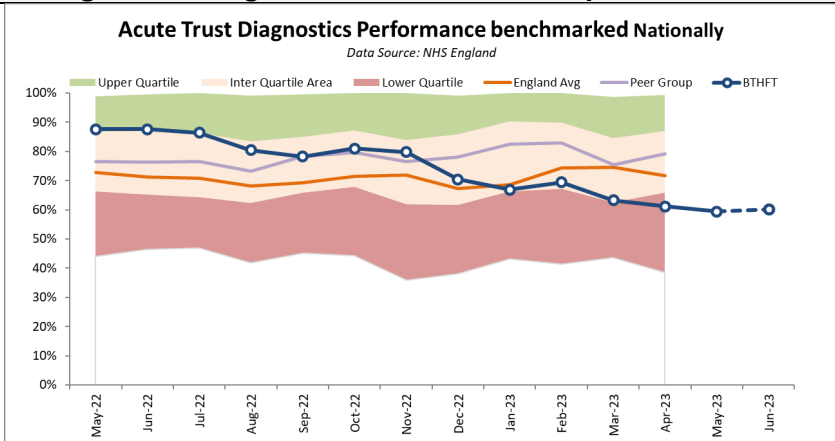


Figure 17 shows a national comparison of Diagnostic performance. BTHFT has declined towards the lower quartile as a result of recent challenges.

### Diagnostic Improvement:

- MRI downtime continued to impact on performance which was further affected by additional equipment failures across both hospital sites. Evening and weekend scanning hours were planned to mitigate the shortfall, but demand continued to increase preventing this.
- Endoscopy performance dipped slightly due to Bank Holidays, booking issues and awareness campaigns sustaining referral volumes. Productivity at BRI and within the Westcliffe ISP sessions will remain the forward focus improving efficient booking and reporting processes to ensure lists are maximised.
- Obstetric ultrasound demand continues to exceed forecasts putting sustained pressure on DM01 reportable non-obstetric capacity. Additional sessions are being used to mitigate this, but the waiting list continued to increase during May. A business case has been approved for outsourcing and additional specialised capacity to resolve this issue.
- Echocardiography has been impacted by the strikes and increasing stress echo demand alongside increased leave and reduced locum time in April. The service has continued to struggle into May and June and is trying to secure resource via a business case and additional sessions for recovery.

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## 11. Cancer Standards

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

Measure	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	May-23	Jun-23
14 day GP referral for all suspected cancers	93%	94.6%	91.8%	87.8%	93.7%	95.2%	93.1%	95.3%	95.6%	94.1%	94.0%	91.5%	93.4%	93.2%
14 day breast symptomatic referral	93%	96.6%	99.2%	99.1%	99.1%	97.2%	95.7%	97.4%	96.9%	94.4%	96.8%	97.3%	97.5%	98.8%
31 day first treatment	96%	96.3%	89.7%	94.4%	96.8%	94.8%	95.6%	93.8%	92.5%	96.8%	94.7%	94.7%	96.5%	93.9%
31 day subsequent drug treatment	98%	92.9%	94.0%	96.4%	98.3%	98.1%	91.7%	78.7%	97.6%	97.3%	94.7%	88.1%	93.4%	90.4%
31 day subsequent surgery treatment	94%	89.1%	86.3%	95.1%	92.7%	79.2%	83.7%	77.0%	79.1%	86.5%	84.7%	83.3%	88.1%	87.1%
62 day GP referral to treatment	85%	77.9%	83.6%	76.8%	79.8%	73.8%	69.9%	78.2%	72.0%	78.7%	77.6%	81.9%	66.5%	69.9%
62 day screening referral to treatment	90%	81.0%	85.4%	70.6%	80.0%	76.7%	96.0%	82.1%	87.0%	71.4%	80.8%	83.3%	81.1%	80.8%
62 day consultant upgrade to treatment		66.7%	100.0%	100.0%	35.3%	83.3%	53.3%	44.4%	42.1%	27.3%	51.7%	37.5%	33.3%	25.0%

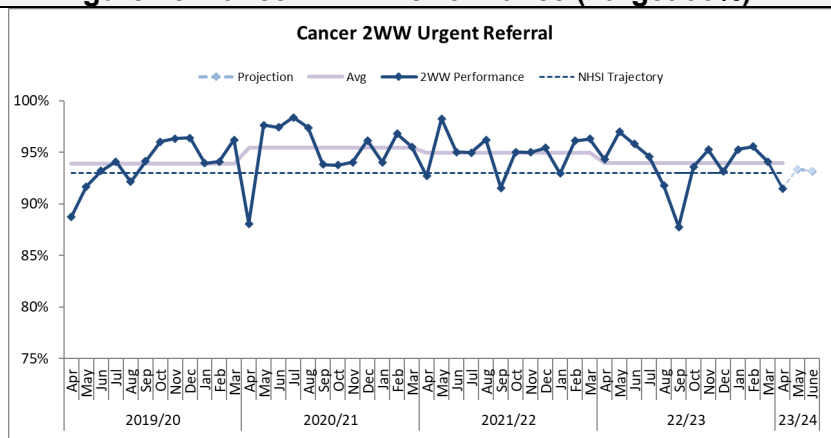
### Cancer Wait Time Improvement:

- Significant work is underway to improve diagnostic performance due to the consistent impact this is having on overall cancer wait times.
- On-going review of clinical pathways, with improvement support to pathway redesign in line with BPTPS, cancer milestones, patient experience and inequalities continues.
- 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 11.1 rather than version 12 which has been delayed. The new timeframe is for October 2023 however this is currently under consultation 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 is undertaking targeted work on the histology pathway, analysing patients journeys and processes in order to identify where changes could be implemented to remove snagging points and improve flow and wait times. Consultant recruitment in Histology is also being progressed.
- Workforce development initiatives with external partners to develop student nurse placements and cancer nurse specialist roles.
- Mutual aid work is being established to support waiting list reduction.
- Learning from previous industrial action is being applied and embedded in service planning to mitigate any further future impacts of industrial action.

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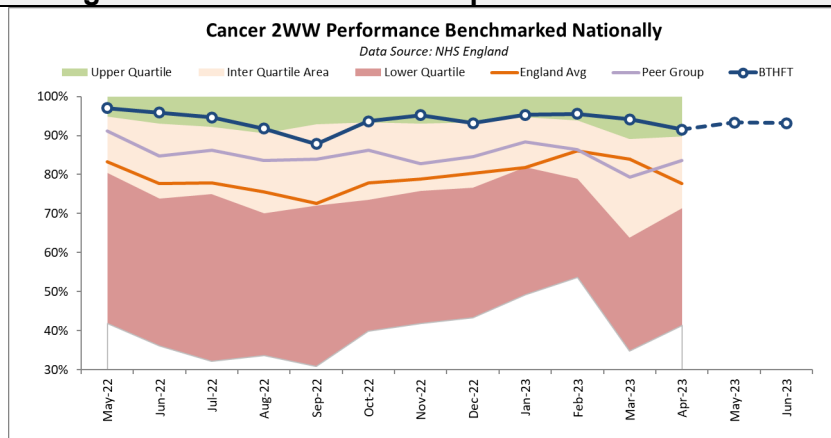
## 11.1. Cancer 2 Week Wait

Figure 18 Cancer 2WW Performance (Target 93%)



2 Week Wait (2WW) for April 2023 is at 91.48% and is below the 93% target. Performance is expected to improve in May and June to an above target position 2023.

Figure 19 2WW National Comparison - BTHFT



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

Table 5 2WW Performance by Tumour Group

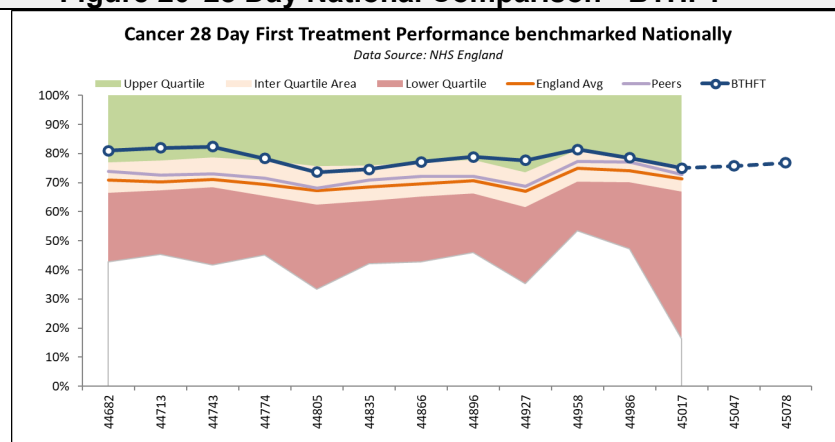
Site	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
TRUST	97.0%	95.8%	94.6%	91.8%	87.8%	93.7%	95.2%	93.1%	95.3%	95.6%	94.1%	91.5%	93.36%	93.18%
Breast	99.4%	95.8%	96.5%	99.0%	97.5%	97.0%	97.6%	96.3%	99.5%	96.5%	96.3%	96.6%	99.50%	94.67%
Gynae	93.7%	87.0%	92.4%	98.7%	94.6%	96.6%	96.1%	95.9%	93.7%	90.7%	96.6%	92.6%	92.86%	91.55%
Haematology	100.0%	100.0%	94.1%	100.0%	95.7%	100.0%	75.0%	47.6%	8.3%	56.5%	75.0%	84.6%	88.24%	50.00%
Head & Neck	95.5%	96.2%	92.9%	96.3%	97.0%	97.4%	97.1%	92.0%	96.4%	97.6%	94.5%	96.2%	93.66%	93.75%
Lower GI	96.4%	97.0%	91.3%	67.6%	56.9%	80.2%	87.3%	83.9%	93.3%	90.0%	83.6%	69.3%	80.70%	86.65%
Lung	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	98.2%	100.00%	100.00%
Other	100.0%	100.0%	100.0%	100.0%	98.1%	93.8%	92.9%	95.7%	100.0%	97.4%	96.8%	100.0%	83.33%	92.31%
Skin	97.4%	96.8%	95.4%	96.5%	99.0%	99.3%	99.6%	99.7%	98.8%	99.5%	98.3%	100.0%	97.35%	95.18%
Upper GI	93.9%	96.3%	96.0%	82.8%	75.9%	85.5%	92.5%	91.7%	90.7%	97.0%	92.5%	92.4%	96.38%	95.76%
Urology	98.3%	96.4%	97.9%	95.2%	96.7%	97.9%	97.9%	93.6%	99.2%	99.3%	97.4%	98.4%	100.00%	98.51%

High demand was sustained into April and May with the impact of industrial action, holidays and increased leave reducing capacity to manage this. Additional clinics at weekends and in evenings were held to soak up increases in referrals in-particular in Breast although issues remain with insufficient consultants to cover extra clinics being an ongoing challenge.

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## 11.2. Cancer 28 Day Faster Diagnosis

Figure 20 28 Day National Comparison - BTHFT



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

Table 6 28 Day Faster Diagnosis Standard (FDS)

Site	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
TRUST	82.0%	81.5%	81.5%	77.9%	72.5%	74.7%	76.8%	78.2%	75.5%	80.4%	76.8%	73.3%	75.7%	76.8%
Breast	98.7%	99.5%	97.4%	98.0%	99.0%	100.0%	98.1%	98.4%	98.0%	101.8%	98.7%	96.1%	97.5%	98.5%
Gynae	55.2%	56.0%	47.9%	48.5%	50.6%	62.3%	64.6%	69.1%	51.1%	70.1%	55.2%	59.2%	64.9%	62.2%
Haematology	43.5%	52.6%	50.0%	44.0%	42.9%	50.0%	34.8%	26.3%	5.9%	23.8%	36.8%	50.0%	23.1%	31.3%
Head & Neck	81.3%	81.1%	75.4%	79.4%	64.6%	70.6%	69.9%	78.6%	75.3%	73.3%	66.8%	77.7%	81.4%	74.5%
Lower GI	78.5%	72.8%	74.2%	60.1%	58.6%	46.2%	58.8%	72.7%	69.6%	74.6%	74.2%	64.5%	62.8%	68.9%
Lung	75.0%	85.7%	88.6%	92.5%	96.8%	93.5%	88.9%	97.7%	85.7%	85.2%	81.7%	86.5%	87.9%	86.0%
Other	72.7%	61.1%	88.9%	92.3%	79.7%	75.9%	69.6%	75.0%	36.0%	84.0%	71.4%	65.0%	100.0%	75.0%
Skin	85.1%	88.9%	91.3%	88.5%	78.5%	84.4%	87.3%	82.8%	83.5%	85.5%	81.7%	74.6%	73.8%	80.1%
Upper GI	77.5%	79.7%	69.2%	67.1%	74.2%	82.0%	77.9%	69.2%	68.6%	85.4%	80.0%	72.5%	68.4%	77.5%
Urology	75.9%	72.2%	81.7%	71.1%	61.5%	72.5%	69.7%	64.4%	73.1%	69.6%	65.4%	65.1%	74.1%	67.9%

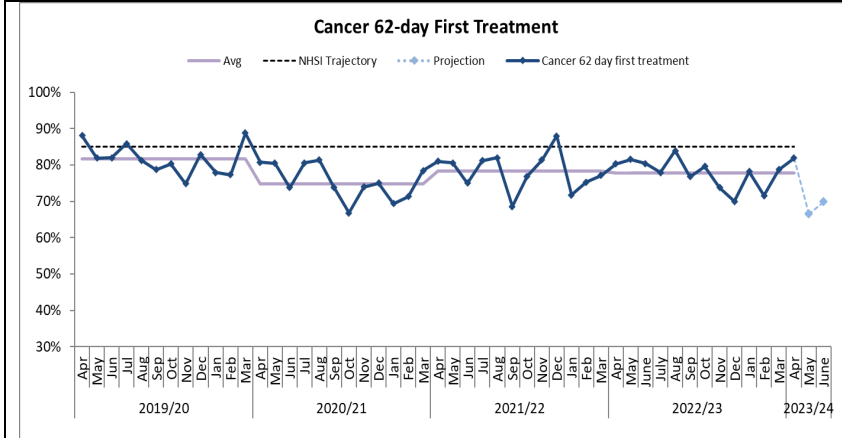
There were significant challenges for this standard in April although with increased demand in certain tumour groups coinciding with an extended holiday period and industrial action. As with the 2WW standard these issues combined to impact on overall performance as some clinics were lost and staff and consultants were on leave.

There are also consultant vacancies for which recruitment is underway which have impacted on this phase of the pathway although work has started to unpick histology and radiology capacity and flow issues to improve processes and interdependencies going forwards.

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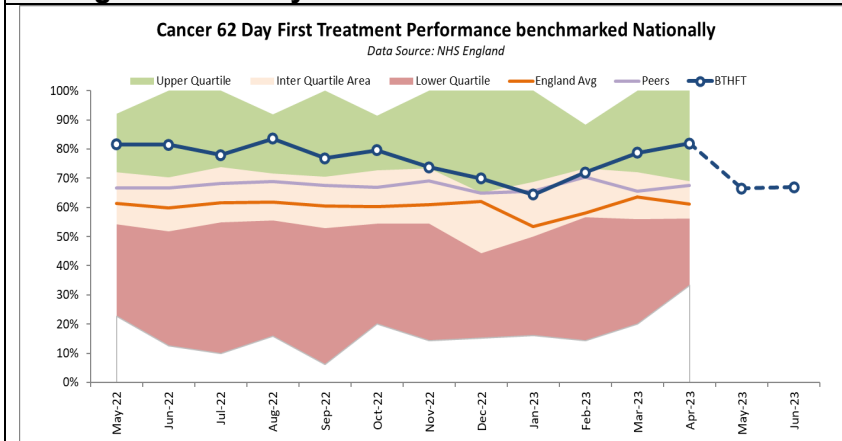
### 11.3. Cancer 62 Day First Treatment Performance

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



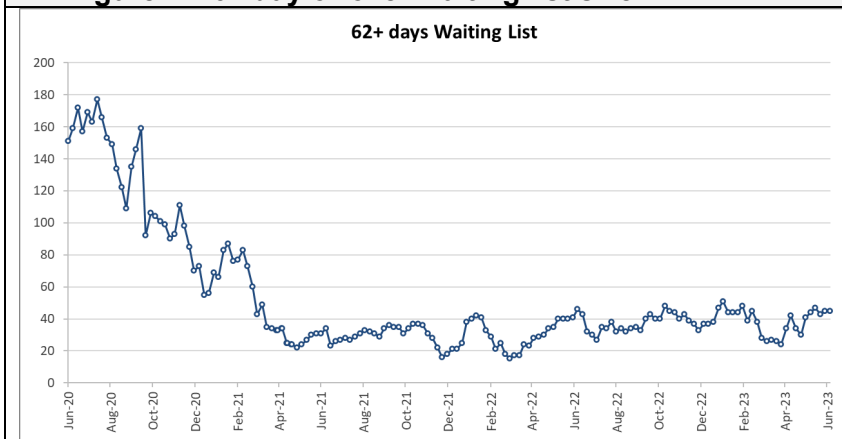
The 62 Day First Treatment in April 2023 was 81.87%. This improvement was led by targeted work on long waiting patients and cleansing of waiting lists.

Figure 21 62 Day First Treatment Performance – National Comparison



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

Figure 22 62 day or over waiting list size



The number of patients waiting over 62 days reduced in April but has started to increase again during May and June.

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

Site	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
TRUST	81.6%	80.4%	77.9%	83.6%	76.8%	79.8%	73.8%	69.9%	78.2%	72.0%	78.7%	81.9%	66.5%	69.9%
Breast	92.3%	96.6%	92.3%	100.0%	86.7%	100.0%	91.7%	81.3%	80.0%	94.1%	100.0%	92.3%	64.5%	72.7%
Gynae	14.3%	53.8%	100.0%	60.0%	66.7%	66.7%	55.6%	33.3%	52.6%	50.0%	33.3%	0.0%	22.2%	60.0%
Haematology	61.5%	83.3%	40.0%	83.3%	100.0%	42.9%	83.3%	72.7%	66.7%	25.0%	33.3%	100.0%	33.3%	28.6%
Head & Neck	30.8%	68.4%	42.1%	57.1%	46.2%	66.7%	36.4%	46.2%	28.6%	71.4%	73.3%	80.0%	35.7%	75.0%
Lower GI	83.3%	61.5%	42.9%	20.0%	25.0%	66.7%	52.9%	14.3%	46.2%	50.0%	66.7%	36.4%	45.0%	66.7%
Lung	60.0%	40.0%	0.0%	11.1%	14.3%	0.0%	0.0%	16.7%	80.0%	16.7%	20.0%	50.0%	18.2%	22.2%
Other	100.0%		0.0%	100.0%	0.0%			100.0%		100.0%	0.0%	0.0%	50.0%	40.0%
Skin	100.0%	97.2%	96.8%	100.0%	89.3%	92.9%	93.7%	96.0%	97.0%	100.0%	97.0%	100.0%	96.4%	95.2%
Upper GI	100.0%	13.3%	33.3%	80.0%	36.4%	36.4%	50.0%	0.0%	50.0%	42.9%	66.7%	100.0%	0.0%	20.0%
Urology	86.2%	84.8%	95.0%	85.7%	90.2%	77.2%	79.1%	78.4%	86.4%	64.2%	85.1%	80.0%	83.7%	81.0%

Performance is below target at 81.87% for April predominately related to earlier delays in the pathway related to diagnostic issues such as radiology and imaging and histology combined with the extended holiday period and consultant leave and capacity. Certain areas have been impacted by industrial action which has affected some clinics and closed others causing some further delays.

Further targeted work on validation of the patient list has reduced the number of duplications and will improve oversight going forward. This work is expected to continue to the end of June. 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.



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## 12. Other Contractual KPI – by exception

### 12.1. Cancelled Operations

**Table 8 28 Day Rebook Breaches**

	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Cancellations to rebook	32	56	31	24	43	39	38	48	43	54	30	56
28 day rebook breaches	4	4	4	4	1	3	3	5	3	5	6	7

7 breaches of the re-booking target occurred in May whilst the number of cancellations that require rebooking almost double in comparison to April.

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

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

Time period	Oct-Dec 2022	Jan to Mar 2023	April 2023 Projected	May 2023 Projected
SSNAP level	D	C	B	B
1) Scanning	C	B	C	A
2) Stroke unit	E	E	E	E
3) Thrombolysis	E	D	D	D
4) Specialist Assessments	D	B	B	C
5) Occupational therapy	C	B	A	A
6) Physiotherapy	C	C	A	A
7) Speech and Language therapy	D	D	B	B
8) MDT working	C	C	C	C
9) Standards by discharge	A	A	A	A
10) Discharge processes	A	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 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	May-23	110%	95%	88%
Elective Ordinary Spells	May-23	110%	85%	80%
First Outpatient Attendances	May-23	110%	112%	111%
Admitted Clock Stops	May-23	n/a	97%	76%
Non-Admitted Clock Stops	May-23	n/a	109%	106%
RTT - Patients waiting >52 weeks on incomplete pathways	May-23	410	550	575
RTT - Patients waiting >78 weeks on incomplete pathways	May-23	0	1	1
RTT - Total Waiting List size	May-23	38,373	38,885	37,988
Cancer - Patients waiting over 62 days	Apr-23	42	42	45
Operational Standards	Month	Threshold	Trajectory Target	Performance
A&E Emergency Care Standard	May-23	95.00%	76.25%	74.78%
Ambulance handovers taking between 30-60 minutes	May-23	0	30	70
Ambulance handovers taking longer than 60 minutes	May-23	0	10	11
Trolley waits in A&E longer than 12 hours	May-23	0	0	29
Emergency Inpatient Length of Stay >=21days	May-23	71	85	107
Cancer 2 week wait	Apr-23	93.00%	93.00%	91.48%
Cancer 2 week wait - breast symptomatic	Apr-23	93.00%	93.00%	97.30%
Cancer 28 day Faster Diagnosis	Apr-23	75.00%	75.00%	73.29%
Cancer 31 day First Treatment	Apr-23	96.00%	96.00%	94.66%
Cancer 31 day Subsequent Surgery	Apr-23	94.00%	94.00%	83.33%
Cancer 31 day subsequent treatment - drug regimen	Apr-23	98.00%	98.00%	88.14%
Cancer 62 day First Treatment	Apr-23	85.00%	85.00%	81.87%
Cancer 62 day First Treatment - NHS screening service	Apr-23	90.00%	90.00%	83.33%
Diagnostics - patients waiting under 6 weeks for test	May-23	99.00%	83.50%	59.39%
RTT - Patients waiting <18 weeks on incomplete pathways	May-23	92.00%	70.50%	69.41%
Mixed-sex accommodation breach	May-23	0	0	0
Cancelled Operations 28 day breach	May-23	0	0	7
Urgent operation cancelled for a second time	May-23	0	0	0

*\*Latest prediction at the time of writing*