

Board of Directors: 08/03/2018

Agenda Item: Bo.3.18.19

Performance Report – For the period January 2018

Presented by:	Sandra Shannon, Acting Chief Operating Officer	Author:	James Mackie, Head of Performance
Previously considered by:	N/a		

Key points	Purpose:
1. An RTT Incomplete official submission has been made for January 2018 for the first time since EPR implementation. A complete DM01 return remains outstanding.	To note and gain assurance
2. The Emergency Care Standard performance for January 2018 was reported as 78.29%. Following guidance from NHS England the reported position only includes Type 1 and Type 3 attendances. This has resulted in a drop in volume and performance	To note and gain assurance
3. The number of RTT incomplete long waiting patients >40 weeks has increased and was reported as 282 in mid-February.	To note and gain assurance
4. The Foundation Trust has reported 2 RTT Incomplete 52 week waiters as part of the official return for January 2018. The specialties concerned are T&O and General Surgery.	
5. A Cancer position for December has been submitted as a national return. Failures have been reported against the Cancer 2wk and Cancer 62 day thresholds.	To note and gain assurance
6. The maximum C Difficile position for financial year 2017/2018 is currently 15 cases with 10 cases awaiting post infection review. 0 cases were reported in January 2018.	To note and gain assurance
7. One attributable MRSA case (Ward ICU) was reported in January 2018. There have been 4 attributed cases year to date.	To note and gain assurance
8. Due to further development required regarding diagnostic reporting for endoscopy and neurophysiology the DM01 position is reported excluding these tests. For other tests the threshold was not for achieved in January due to breaches in Non Obstetric Ultrasound –Rheumatology although the position improved. The position was reported as 98.57%	To note and gain assurance
9. The number of Ambulance handover delays increased again in January 2018 with 161 30-60 minute breaches and 94 60 minute plus breaches.	To note and gain assurance
10. The VTE assessment indicator reported a position for January as 93.8%.	To note and gain assurance

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Executive Summary:

RTT Incomplete:

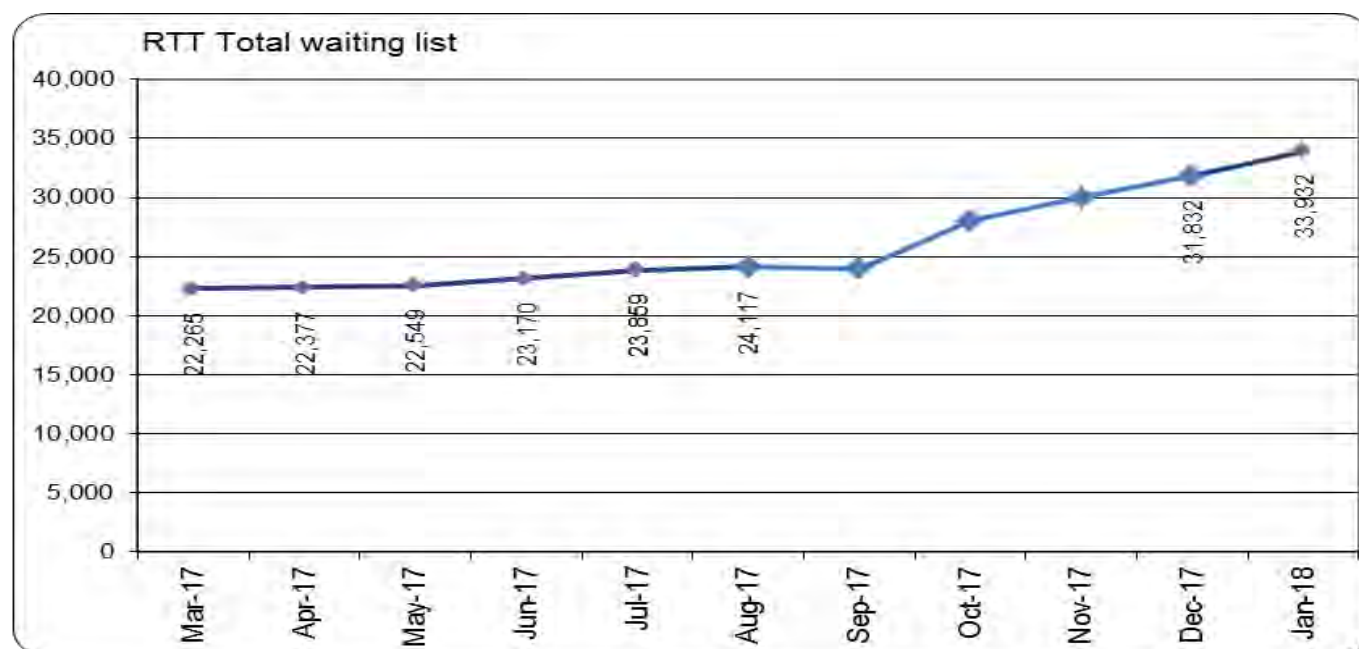
The Foundation Trust made an official RTT submission for January 2018.

It is noted the FT was able to make its first official submission since the implementation of EPR.

The position reported is 79.26% (26893/33932)

It is noted that whilst the FT has been able to make an official return it is not yet in a position to validate the full cohort of 18 week waiters due to the time constraints on achieving this with the available resource. The Central Access Team are working on continual basis to validate long waiting patients.

Including unofficial returns submitted from August to December 2017 the total elective waiting list position is shown below. There has been a significant rise in patients waiting both under and over 18 weeks.



As part of the RTT official submission the Foundation Trust has reported two RTT Incomplete 52 week breaches as part of their submission for January 2018.

The first patient is awaiting a specialist Orthopaedic procedure for which is date is not yet available.

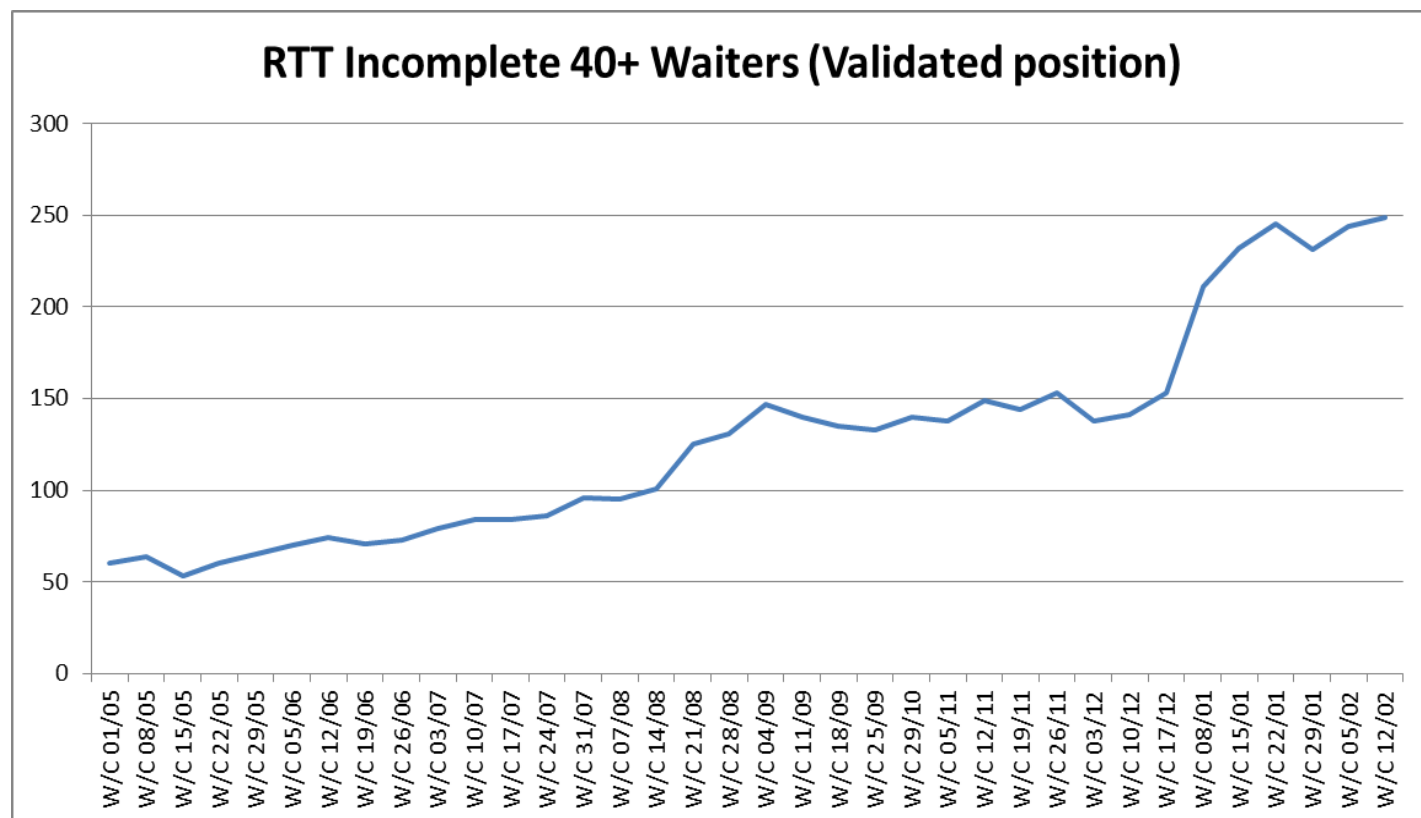
The second patient is also awaiting a date in General Surgery.

There remains a significant risk to further 52 week breaches in February and beyond. Long waiting patients are discussed and plans assured via the Weekly Access Meeting.

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As a subsection of the total waiting list all patients who have waited greater than 39 weeks are presented and reviewed at the Weekly Access Meeting. This is a validated position. The Foundation Trust had seen a deteriorating trend in the position throughout the year and there are currently more patients waiting than immediately prior to EPR with a large increase in the last 6 weeks.



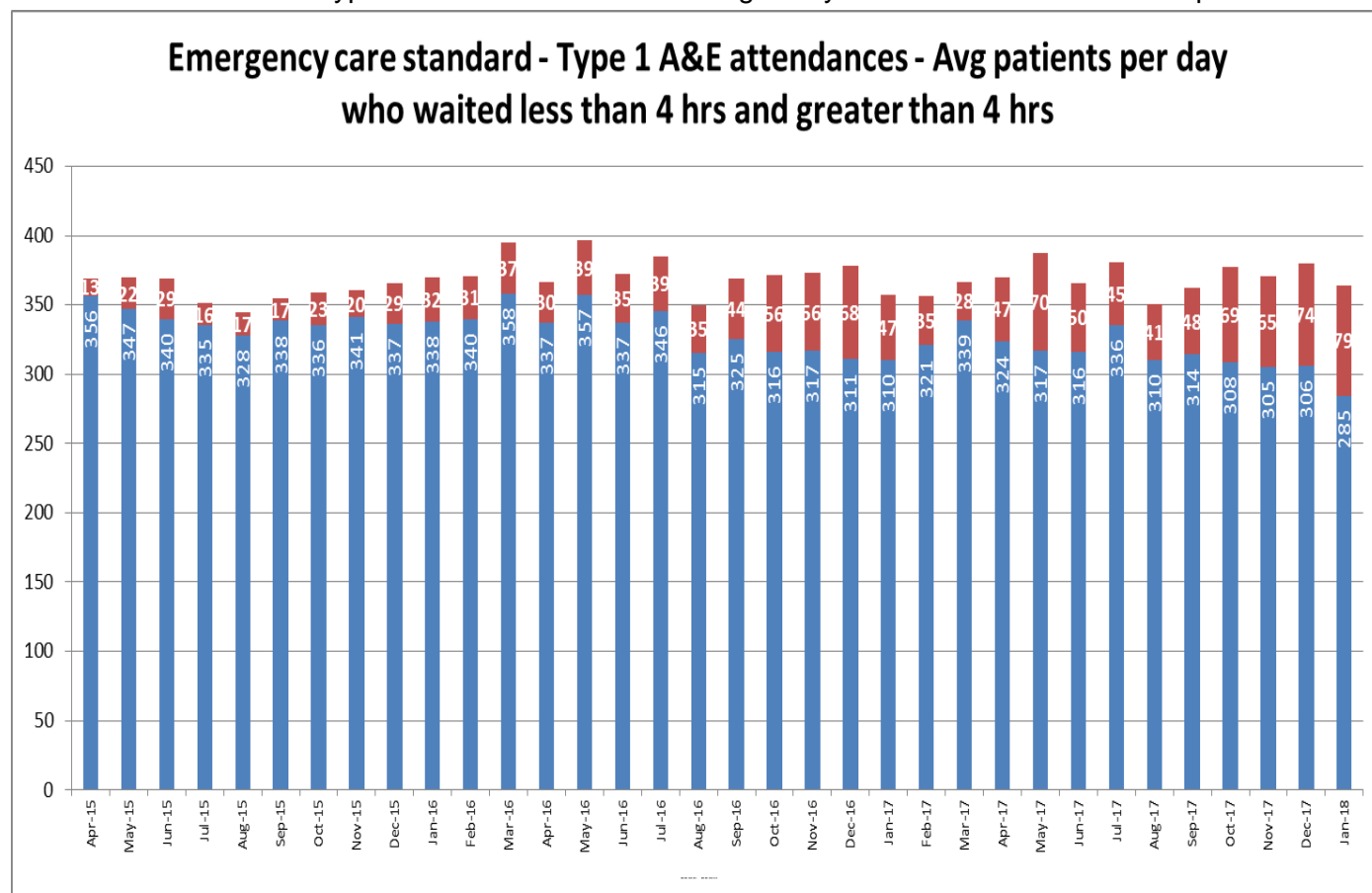
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Emergency care standard:

The Foundation Trust reported a final month position of 78.29% for the month of January 2018 (8830/11278). It is noted that following a national review of submissions all Trusts were given further instructions on monthly reporting in January. As a result BTHFT submitted a return which removed Type 2 attendances previously reported from September 2017. This has contributed to a reduction in both volume and performance.

The chart below shows Type 1&3 A&E attendance average daily attendances and breaches per month.



Comparative data for December 2017 would rank BTHFT as 81th best (out of 136) for performance and 40th by volume.

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Cancer thresholds:

A Cancer position has been submitted for December 2017 which reports failures against the Cancer 2 week, and Cancer 62 day first treatment.

The table below shows the position for each Cancer threshold by month:

	KPI	Operational standard	Reported position								
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
14 Day Standards	14 Day GP Referral for all Suspected Cancers	93%	93.84%	94.24%	94.47%	93.05%	88.39%	86.54%	71.83%	65.33%	69.82%
	14 Day Breast Symptomatic Referral	93%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%
31 Day Standards	31 Day First Treatment	96%	97.56%	99.42%	98.01%	98.05%	97.16%	96.77%	98.50%	93.71%	97.30%
	31 Day Subsequent Surgery Treatment	94%	96.72%	95.12%	94.00%	97.70%	96.80%	100.00%	95.10%	94.59%	95.50%
	31 Day Subsequent Drug Treatment	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.83%	100.00%	100.00%
62 Day Standards	62 day GP Referral to Treatment	85%	80.29%	79.62%	76.80%	75.00%	84.66%	77.21%	73.51%	75.57%	78.33%
	62 Day Screening Referral to Treatment	90%	93.48%	100.00%	100.00%	93.94%	91.67%	78.95%	91.84%	85.71%	94.74%
	62 Day Consultant Upgrade to Treatment	85%	100.00%	100.00%	100.00%	100.00%	100.00%	82.35%	16.60%	80.00%	100.00%

For Cancer 2 week wait the sites of concern continue to be: Skin (8.3%), Lower GI (81%) and Gynaecology (80.2%)

Diagnostic waiting times:

The Foundation Trust has reported a Diagnostic waiting times position for January 2018 for tests excluding diagnostic endoscopy and neurophysiology.

In January the position was reported as 98.57% (5228/5304) against a threshold of $\geq 99\%$ therefore the FT did not achieve the threshold for the reported tests.

Breaches were reported in Non Obstetric Ultrasound (57), MRI (1) and Urodynamics (18). The Ultrasound breaches are for a specialised Rheumatology led test. The Division of Medicine reported that there had been an administrative process contributing to the number of breaches which has now been resolved. The position for January has improved with a reduction of 40 breaches reported.

It is noted that full DM01 reporting has not been re-established since the implementation of EPR. Reporting for Endoscopy tests is outstanding. It is projected that based on the issues that have been encountered since

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go live in this area this may present a breach position which requires addressing.

Comparative Performance Tables

Nationally comparable performance for December has been released and is presented below:

Percentage Performance	Indicator	Current Month of December				Previous Month of November			
		Performance		Volume		Performance		Volume	
		Trust Ranked	Out of _Trusts	Trust Ranked	Out of _Trusts	Trust Ranked	Out of _Trusts	Trust Ranked	Out of _Trusts
Referral to treatment	Referral To Treatment - Admitted	-	-	-	-	-	-	-	-
	Referral To Treatment - Non-Admitted	-	-	-	-	-	-	-	-
	Referral To Treatment - Incomplete	-	-	-	-	-	-	-	-
Emergency Care Standard	Performance seen within 4hrs	81	136	40	136	76	136	34	136
Diagnostics	Diagnostics Total Waiting List	130	172	125	172	127	172	121	172
Monitor Cancer thresholds	2 Week Wait	150	150	39	150	152	152	35	152
	31 day first treatment	112	156	83	156	151	157	76	157
	62 day first treatment	129	152	89	152	135	156	63	156
Breast Screening Programme *	NEYH Trusts Only Comparison	7	12	1	12	1	12	2	12

VTE Risk Assessment

Following further clinical review of the existing cohort rules, some amendments have been agreed to enable the Foundation Trust to more accurately identify patients who are clinically appropriate for VTE Risk Assessment. These rules have been incorporated into the reporting process and have resulted in an updated position for October 2017 onwards.

VTE Risk assessment reporting, based on data directly entered onto EPR, is reported for the month of January 2018 as 93.84%.

Duty of Candour breach

The report notes a Duty of Candour breach for January within the Division of Anaesthetics, Diagnostics and Surgery occurring due to the late transmission of specific correspondence. Further information on this case is awaited.

Early Planning guidance

Early planning guidance received for Financial year 2018/19 contains two key changes the access target for Emergency care standard (A&E 4hr wait) and Referral to Treatment Incomplete waiters which the FT will need to consider further with regards to its planning assumptions and future trajectories.

The changes are provided below sourced from the 'On the day briefing' sent out in February 2018 to NHS Providers:

- The A&E performance recovery trajectory has been pushed back one year. Trusts will be expected to

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meet 90% by September 2018, and return to 95% by March 2019.

- Referral to treatment standard, the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period

A full report of performance against a range of key performance indicators is contained in the accompanying Appendix.

The table below provides an exception list of indicators which did not meet the required standard in December 2017:

Indicator	Threshold	Performance
MRSA	0	4 attributed YTD + 0 pending. 1 new in ICU
A&E - Emergency Care Standard	95%	Failure of 95% target at 81.35%
Ambulance handovers taking less than 15 minutes	85%	Failure of 85% target at 66.27%
Ambulance handovers taking between 30-60 minutes	0	161 handovers took between 30 and 60 minutes
Ambulance handovers taking longer than 60 minutes	0	94 handovers took over 60 minutes
Cancer two week wait	93%	Failure of 93% target at 69.82%
Cancer 62 day First Treatment	85%	Failure of 85% target at 78.33%
Cancer 38 day Inter Provider Transfer	85%	Failure of 85% target at 48.1%
Duty of Candour	0	1 item - Ward 28 (T&O) - report sent day after deadline
Cancelled Operations - Same Day Cancellations	<0.8%	Failure of 0.8% target at 1.9%
Cancelled Operations not rebooked within 28 days.	0	5 in January
Neonatal Closures	0	11 closures in December
VTE Risk Assessment	95%	Failure of 95% target at 93.84%
RTT - Patients waiting within 18 weeks on incomplete pathways	92%	Failure of 92% target at 79.26%
RTT - Specialties failing 18 week incomplete target	0	15 - Gen Surg, Urology, T&O, ENT, Ophthalmology, Oral Surgery, Plastics, General Medicine, Gastro, Cardiology, Dermatology, Respiratory, Neurology, Gynaecology, Other
Stroke	80%	Failure of 80% target at 70.9%
Diagnostic Waits	99%	Failure of 99% target at 98.57%

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Financial implications:

Yes – Income & Expenditure

Regulatory relevance:

Monitor:	Code of Governance
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Risk Assessment Framework

Quality Governance Framework

Annual Reporting Manual

Equality Impact / Implications:	<div style="border: 1px solid black; padding: 5px;"> <p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p> </div>
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Other:	
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Strategic Objective:	To provide outstanding care for patients
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To deliver our financial plan and key performance targets

Reference to Strategic Objective(s) this paper relates to

To be in the top 20% of NHS employers

To be a continually learning organisation

To collaborate effectively with local and regional partners
