

Board of Directors: 10/05/2018

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Performance Report – For the period March 2018

Presented by:	Matthew Horner, Director of Finance	Author:	James Mackie, Head of Performance
Previously considered by:	N/a		

Key points	Purpose:
1. Emergency Care Standard performance for March 2018 was reported as 78.7%. This was an improvement of 1.4% compared to February 2018. For the full financial year 2017/18 performance was 83.16% compared to 88.48% for year 2016/17. A decrease of 5.3%.	To note and gain assurance
2. The number of RTT incomplete long waiting patients >40 weeks has increased and was reported as 401 at the end of March 18.	To note and gain assurance
3. The Foundation Trust has reported 4 RTT Incomplete 52 week waiters as part of the official return for March 2018.	To note and gain assurance
4. A Cancer position for February 2018 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
5. The maximum C Difficile position for financial year 2017/2018 is 17 cases with 7 cases awaiting post infection review or CCG review. The earliest case being from October 2017. 2 cases were reported in March 2018.	To note and gain assurance
6. There were no attributed MRSA cases reported in March 2018. There were 4 attributed cases in the financial year compared to 5 reported in 2016/17.	To note and gain assurance
7. The Diagnostic return for March 2018 was reported as 99.9% with 4 breaches reported. Endoscopy reporting via EPR is undergoing testing and validation.	To note and gain assurance
8. The number of Ambulance handover delays increased compared to February with 153 30-60 minute breaches and 124 60 minute plus breaches. The 60 minute plus breaches position was the highest of the year.	To note and gain assurance
9. The VTE assessment indicator reported a position for March 2018 as 93.93%.	To note and gain assurance
10. A large number (117) of same day cancellations were reported in March 2018. Of these 65 cases fell on two days of adverse weather conditions, the 1 st and 8 th of March. There will be a knock on effect in terms of 28 day rebooking breaches in April.	To note and gain assurance

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Executive Summary:

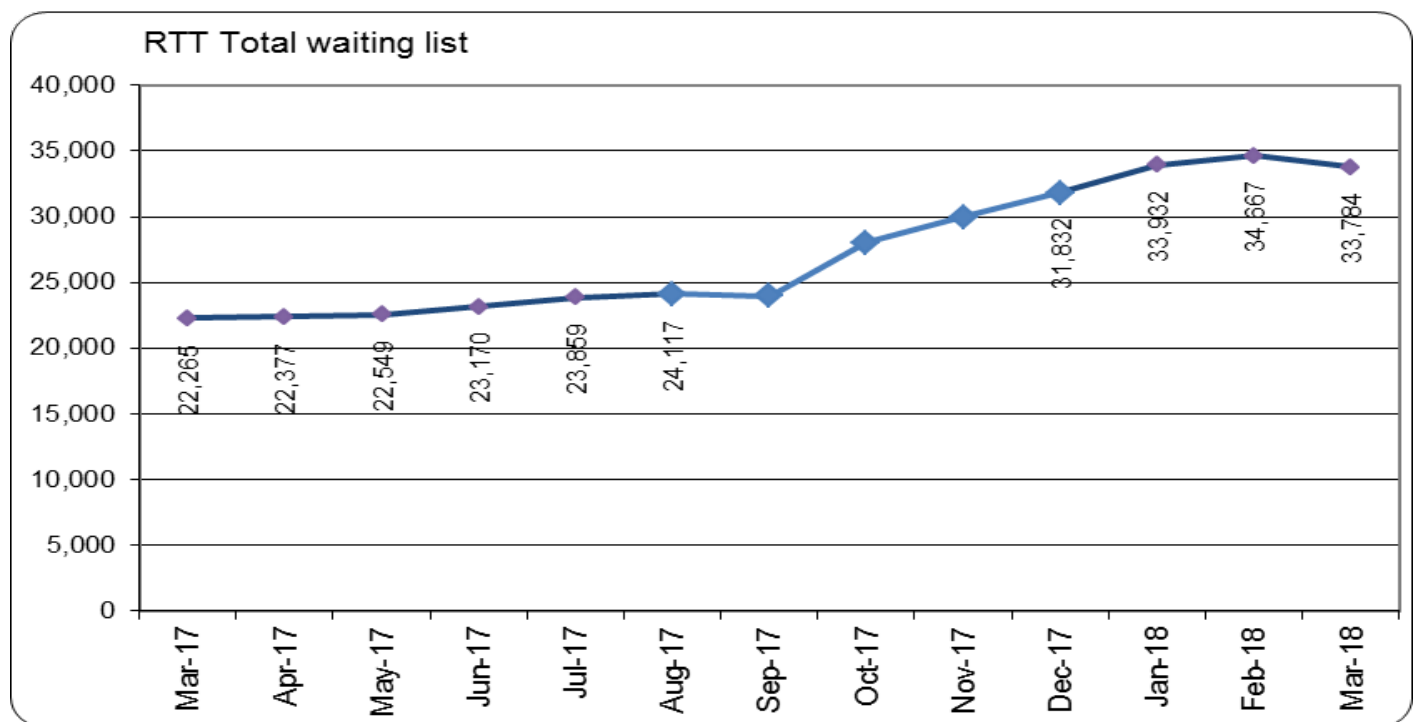
RTT Incomplete:

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

The position reported was 73.93% (24978/33784)

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. This remained the case in March 2018.

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 over 18 weeks which continued into March 2018. For the first time since reporting the overall waiting list position has reduced due to a decrease in the number of patients waiting under 18 weeks.



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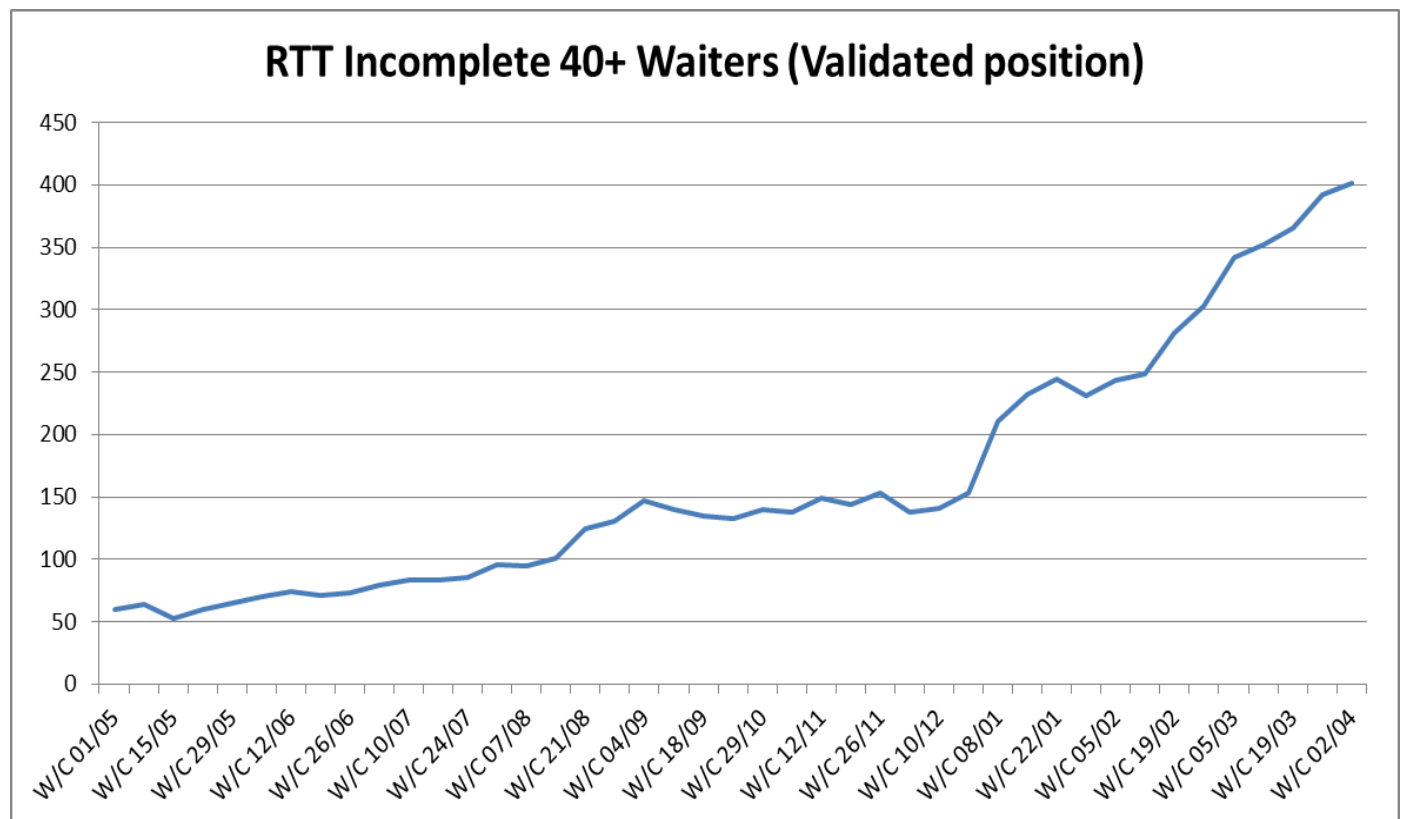
As part of the RTT official submission the Foundation Trust has reported four RTT Incomplete 52 week breaches as part of their submission for March 2018.

There are two General Surgery patients and two from the specialty of ENT. Three of these patients have now been treated with one patient awaiting a new date following their return.

There remains a significant risk to further 52 week breaches in April and beyond.

There are 7 potential breaches currently forecast for the end of April 2018 who require further plans.

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.

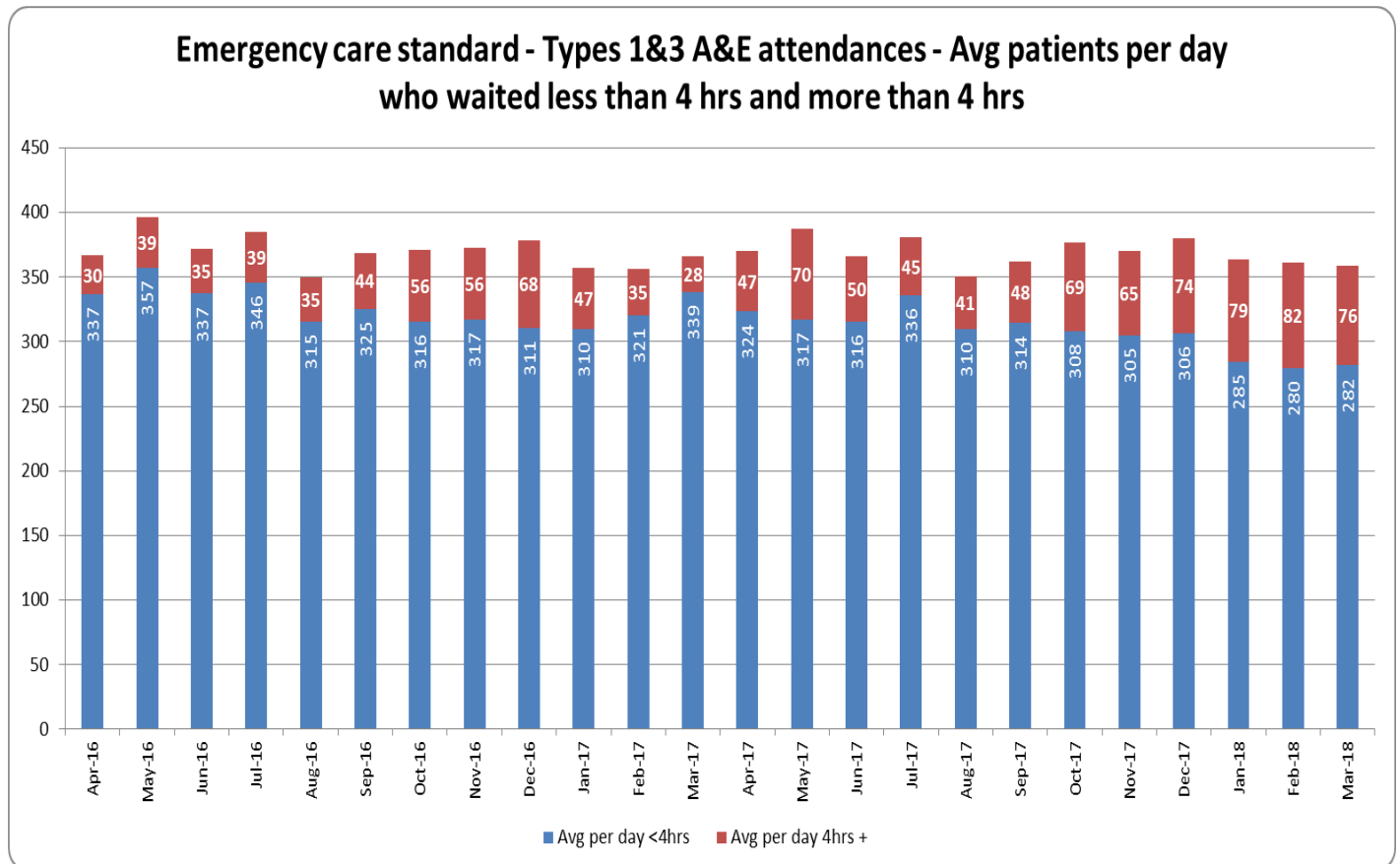


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Emergency care standard:

The Foundation Trust reported a final month position of 78.70% for the month of March 2018 (8751/11120) Volumes in March 2018 were the 3rd highest of the last 8 years. The full year attendances for 2017/18 were 134720. A decrease of 0.3% compared to 2016/17 but represented the 3rd highest volume of the last 8 years.

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



Comparative data for February 2018 would rank BTHFT as 110th (out of 139) for performance and 44th by volume.

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Cancer thresholds:

A Cancer position has been submitted for February 2018 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:

			Reported position										
	KPI	Operational standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
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%	66.45%	70.88%
	14 Day Breast Symptomatic Referral	93%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%		100.00%
31 Day Standards	31 Day First Treatment	96%	97.56%	99.42%	98.01%	98.05%	97.16%	96.77%	98.52%	93.71%	97.35%	96.15%	97.67%
	31 Day Subsequent Surgery Treatment	94%	96.72%	95.12%	94.00%	97.78%	96.88%	100.00%	95.12%	94.59%	95.45%	95.45%	96.97%
	31 Day Subsequent Drug Treatment	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.83%	100.00%	100.00%	100.00%	100.00%
62 Day Standards	62 day GP Referral to Treatment	85%	80.29%	79.62%	76.80%	75.00%	83.71%	77.21%	73.51%	75.57%	78.33%	73.56%	67.81%
	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%	90.00%	96.97%
	62 Day Consultant Upgrade to Treatment	85%	100.00%	100.00%	100.00%	100.00%	100.00%	82.35%	16.67%	80.00%	100.00%	44.44%	100.00%

For Cancer 2 week the cancer site level position is reported below with sites Haematology and Skin reporting the lowest positions:

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Tumour site	Operational standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
TOTAL TRUST	93%	93.84%	94.24%	94.47%	93.05%	88.39%	86.54%	71.83%	65.33%	69.82%	66.45%	70.88%
Breast	93%	93.31%	93.83%	93.92%	95.78%	97.36%	99.22%	94.64%	93.75%	90.44%	92.76%	80.86%
Gynaecological	93%	92.47%	91.84%	103.26%	94.68%	94.31%	93.10%	94.74%	91.09%	80.25%	82.29%	90.48%
Haematological	93%	100.00%	100.00%	94.44%	100.00%	100.00%	96.30%	76.92%	68.18%	95.00%	22.22%	40.00%
Head & Neck	93%	93.75%	95.93%	96.48%	104.60%	109.27%	67.36%	57.54%	89.44%	88.20%	83.82%	100.00%
Lower GI	93%	90.15%	92.76%	95.45%	94.63%	92.31%	90.05%	84.78%	44.50%	81.01%	63.00%	71.93%
Lung	93%	97.87%	96.97%	100.00%	97.06%	97.56%	97.67%	98.08%	100.00%	95.00%	98.18%	97.67%
Other	93%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	92.93%	90.63%	100.00%	100.00%	100.00%
Upper GI	93%	93.10%	93.57%	97.33%	100.00%	95.45%	96.72%	93.33%	93.04%	95.60%	78.57%	95.24%
Skin	93%	94.74%	95.95%	94.13%	85.38%	69.71%	73.79%	30.40%	11.56%	8.33%	14.60%	20.00%
Urological	93%	97.87%	93.91%	84.68%	92.78%	97.96%	93.33%	89.71%	69.66%	90.29%	90.20%	93.33%

Diagnostic waiting times:

The Diagnostic waiting list position national return for March has been submitted for available tests reporting a position of 99.9% (5569/5573). There were only 4 breaches of the standard reported: CT (1), Audiology (4). Reporting of Endoscopy test via EPR is now undergoing testing and data validation for Endoscopy and Neurophysiology.

It is projected that based on the issues that have been encountered since go live in this area this will present a large breach position which requires addressing.

Same day cancellations:

The Foundation Trust reported a poor same day cancellation position for March 2018 at 3.42% (117/3425). However it is noted that there were two particular days of note, the 1st and 8th March, with very high cancellations, which correspond to the recent bad weather. These two days in March accounted for 55% of all the same day cancellations for the month.

A number of these patients were unable to be rebooked within 28 days due to existing capacity issues and there will be 8 breaches reported in the April report.

Comparative Performance Tables

Nationally comparable performance for February 2018 has been released and is presented below:

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		Current Month of February			
		Performance		Volume	
Percentage Performance	Indicator	Trust Ranked	Out of_Trusts	Trust Ranked	Out of_Trusts
Referral to treatment	Referral To Treatment - Admitted	94	154	60	153
	Referral To Treatment - Non-Admitted	177	185	86	185
	Referral To Treatment - Incomplete	180	185	42	185
Emergency Care Standard	Performance seen within 4hrs	110	139	44	136
Diagnostics	Diagnostics Total Waiting List	34	172	42	172
Monitor Cancer thresholds	2 Week Wait	149	149	54	149
	31 day first treatment	104	153	76	153
	62 day first treatment	143	154	66	154

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 February 2018:

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Indicator	Threshold	Performance
A&E - Emergency Care Standard	90%	Failure of 90% target at 78.7%
Ambulance handovers taking less than 15 minutes	85%	Failure of 85% target at 67.27%
Ambulance handovers taking between 30-60 minutes	0	153 handovers took between 30 and 60 minutes
Ambulance handovers taking longer than 60 minutes	0	124 handovers took over 60 minutes
Cancer two week wait	93%	Failure of 93% target at 70.88%
Cancer 62 day First Treatment	85%	Failure of 85% target at 67.81%
Cancer 38 day Inter Provider Transfer	85%	Failure of 85% target at 55.8%
Stroke	90%	Failure of 90% target at 69.6%
Mothers Breastfeeding at Delivery	68%	Failure of 68% target at 67.4%
Cancelled Operations - Same Day Cancellations	<0.8%	Failure of 0.8% target at 3.42%
Cancelled Operations - rearranged within 28 days	0	1 breach over 28 days
Neonatal Closures	0	1 closure in March
VTE Risk Assessment	95%	Failure of 95% target at 93.93%
Non Clinical transfers after 10pm	0	19 Non Clinical transfers after 10pm
RTT - Patients waiting within 18 weeks on incomplete pathways	92%	Failure of 92% target at 73.98%

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Financial implications:
Yes – Income & Expenditure

Regulatory relevance:

Monitor:	Code of Governance
	Risk Assessment Framework
	Quality Governance Framework
	Annual Reporting Manual

Equality Impact / Implications:	
	<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>

Other:	
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners