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## Performance Report – For the period May 2018

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

Key points	Purpose:
1. Emergency Care Standard performance for May 2018 was reported as 86.55%. This was an improvement of 2.8% compared to April 2018.	To note and gain assurance
2. Performance against the RTT Incomplete threshold was reported as 74.61%, an increase of 0.76% compared to April 2018. The total waiting list size increased slightly to 34420.	To note and gain assurance
3. The Foundation Trust has reported 2 RTT Incomplete 52 week waiters as part of the official return for May 2018.	To note and gain assurance
4. A Cancer position for April 2018 has been submitted as a national return. Failures have been reported against the Cancer 2wk, Cancer 62 day First Treatment and Cancer 62 day Screening thresholds.	To note and gain assurance
5. The maximum C Difficile position for financial year 2018/2019 is 4 cases year to date. Two cases were reported in May 2018.	To note and gain assurance
6. No attributed MRSA cases have been reported in May 2018. There are no attributed cases year to date.	To note and gain assurance
7. The Diagnostic return for May 2018 for currently reported tests was reported as 99.92% with 5 breaches (3 Audiology and 2 Urodynamics).	To note and gain assurance
8. The number of Ambulance handover delays decreased compared to April with 88 30-60 minute breaches and 33 60 minute plus breaches.	To note and gain assurance
9. The VTE assessment indicator reported a position for May 2018 as 94.37%, a slight decrease compared to April 2018 and below the threshold.	To note and gain assurance
10. A never event has been reported in May 2018. Further details are expected as part of the established reporting process.	To note and gain assurance

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## Executive Summary:

### RTT Incomplete:

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

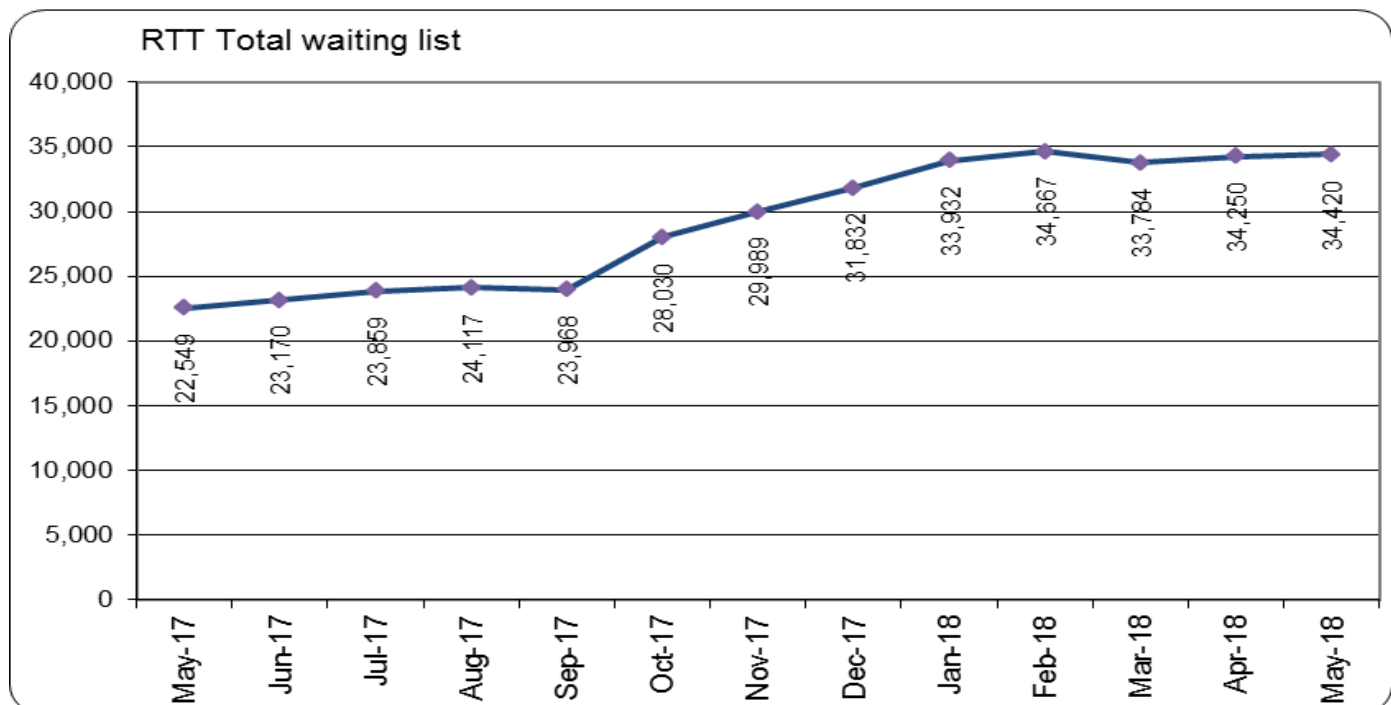
The position reported was 74.61% (25682/34420) This represents an increase of 0.76% compared to April 2018.

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 May 2018.

A plan has been approved to undertake a full validation of the RTT Incomplete waiting list.

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 with May 2018 noting a small rise compared to April 2018.

The overall waiting list increased in size by 170 patients. However the number of patients waiting over 18 weeks saw a small decrease for the first month since EPR reducing by 219.

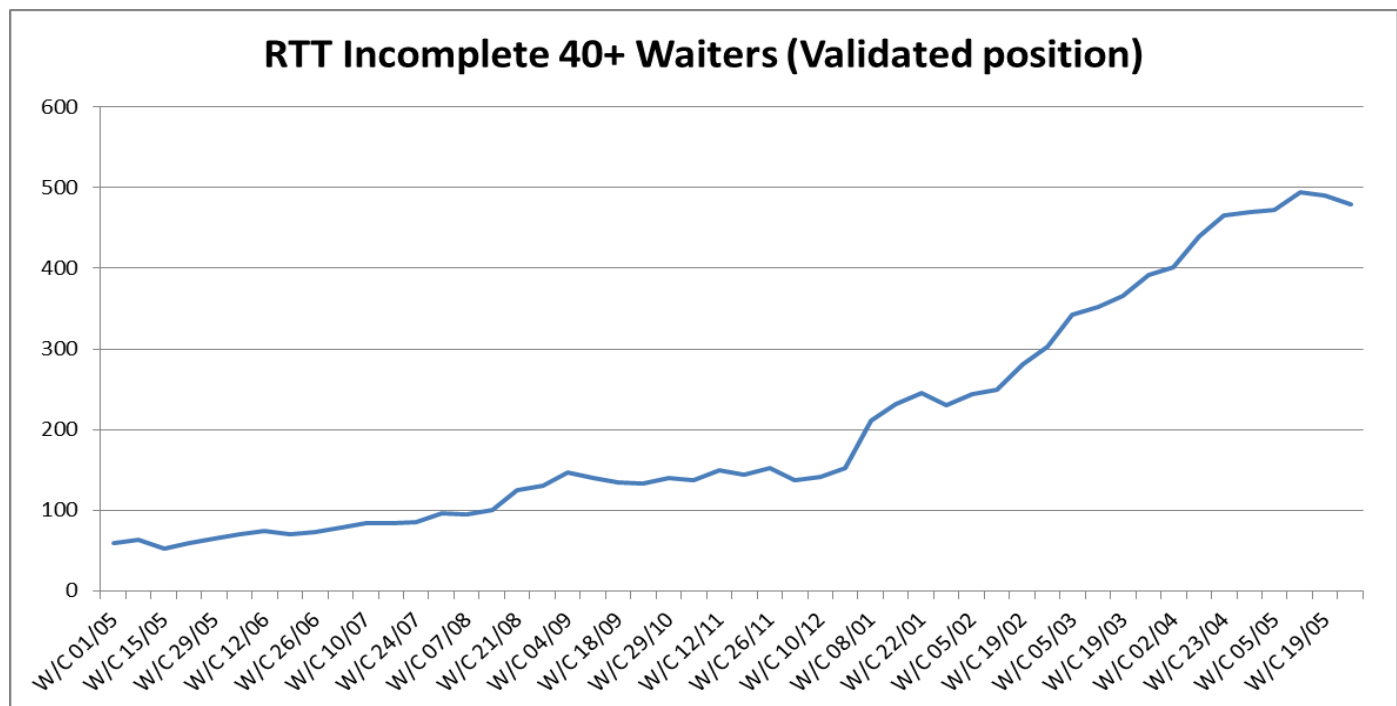


As part of the RTT official submission for May 2018 the Foundation Trust has reported 2 RTT Incomplete 52 week breaches. There were two patients in specialty ENT and one Vascular Surgery patient. Both patients will complete their treatment in June 2018.

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

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 has seen a deteriorating trend in the position throughout the year although there is a slight improvement in the last few weeks of May 2018.



As part of the Elective care recovery plan specialty level activity trackers have been rolled out across the Trust. This will be the primary mechanism to quantify specialty positions against their recovery trajectories in terms of activity, income and waiting list positions.

### Emergency care standard:

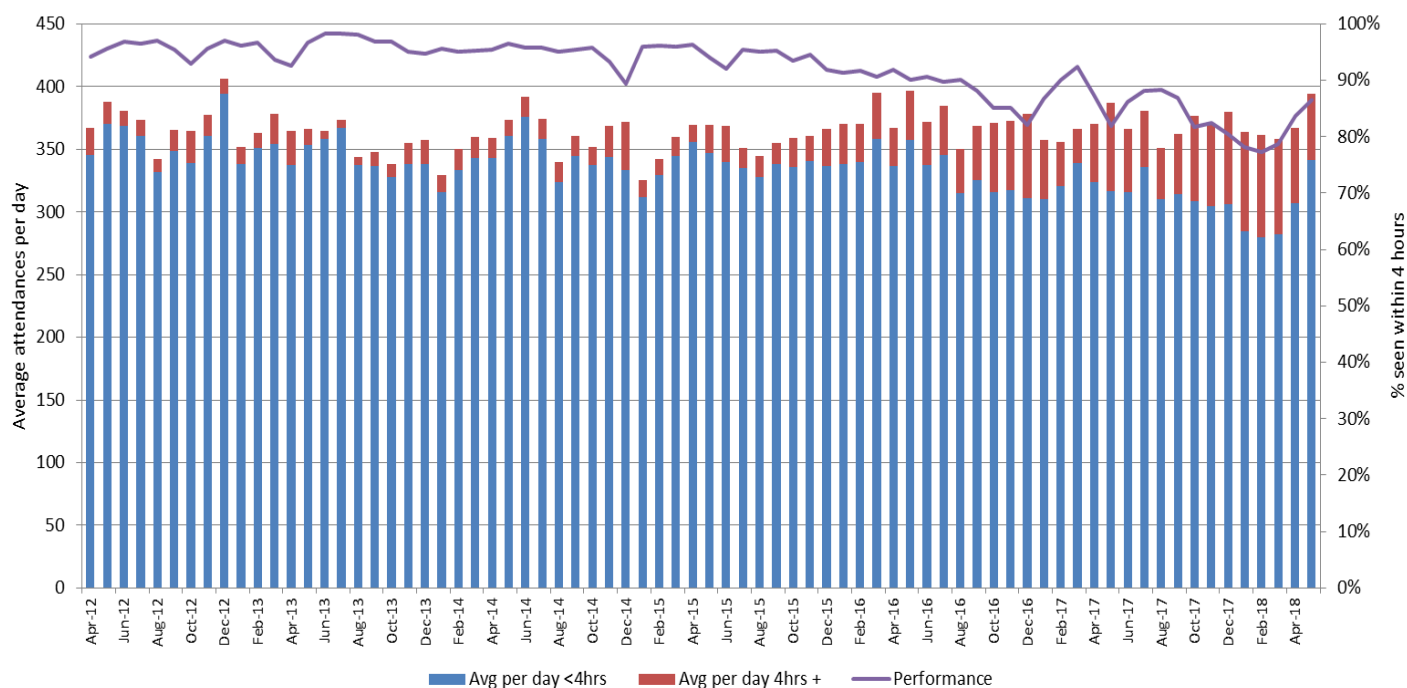
The Foundation Trust reported a final month position of 86.55% for the month of May 2018 (10584/12229). Volumes in May 2018 were the 2nd highest of the last 9 years for the month of May and higher than May 2017 (+1.9%).

May 2018 was a high volume month in general reporting the 4<sup>th</sup> highest attendances out of the last 98. The chart below shows Type 1&3 A&E average daily attendances and breaches per month. This chart has been extended to show a longer time range and the performance against the ECS has been added. The extended trend demonstrates the deterioration in performance whilst active levels have remained relatively consistent through the years.

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### Emergency care standard - Types 1&3 A&E attendances - Avg patients per day who waited less than 4 hrs and more than 4 hrs



Comparative data for April 2018 would rank BTHFT as 99<sup>th</sup>, no change on last month, out of 139 Trusts for performance and 42<sup>nd</sup> by volume.

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## Cancer thresholds:

A Cancer position has been submitted for April 2018 which reports failures against the Cancer 2 week, and Cancer 62 day first treatment and Cancer 62 day screening.

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

	KPI	Operational standard	Reported position 2017/18												2018/19
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
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%	66.03%	60.65%
	14 Day Breast Symptomatic Referral	93%	100.00%	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%	97.41%	96.03%
	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%	96.88%	94.59%
	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%	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%	72.39%	73.55%
	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%	89.74%	74.19%
	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%	100.00%	n/a

For Cancer 2 week the cancer site level position is reported below with sites Urology (showing a large deterioration) and Skin reporting the lowest positions:

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**14 Day Cancer Standard by Tumour Site**

		2017/18												2018/19
Tumour site	Operational standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
TOTAL TRUST	Seen within Target	1310.0	1390.0	1485.0	1378.0	1325.0	1164.0	997.0	995.0	870.0	921.0	830.0	906.0	917.0
	Total Seen	1396.0	1475.0	1572.0	1481.0	1499.0	1345.0	1388.0	1523.0	1246.0	1386.0	1171.0	1372.0	1512.0
	93%	93.84%	94.24%	94.47%	93.05%	88.39%	86.54%	71.83%	65.33%	69.82%	66.45%	70.88%	66.03%	60.65%
Breast	Seen within Target	265.0	289.0	309.0	318.0	295.0	256.0	265.0	300.0	246.0	282.0	207.0	258.0	298.0
	Total Seen	284.0	308.0	329.0	332.0	303.0	258.0	280.0	320.0	272.0	304.0	256.0	328.0	330.0
	93%	93.31%	93.83%	93.92%	95.78%	97.36%	99.22%	94.64%	93.75%	90.44%	92.76%	80.86%	78.66%	90.30%
Gynaecological	Seen within Target	86.0	90.0	95.0	89.0	116.0	81.0	72.0	92.0	65.0	79.0	76.0	84.0	95.0
	Total Seen	93.0	98.0	92.0	94.0	123.0	87.0	76.0	101.0	81.0	96.0	84.0	94.0	105.0
	93%	92.47%	91.84%	103.26%	94.68%	94.31%	93.10%	94.74%	91.09%	80.25%	82.29%	90.48%	89.36%	90.48%
Haematological	Seen within Target	16.0	8.0	17.0	17.0	16.0	26.0	20.0	15.0	19.0	4.0	4.0	5.0	19.0
	Total Seen	16.0	8.0	18.0	17.0	16.0	27.0	26.0	22.0	20.0	18.0	10.0	30.0	24.0
	93%	100.00%	100.00%	94.44%	100.00%	100.00%	96.30%	76.92%	68.18%	95.00%	22.22%	40.00%	16.67%	79.17%
Head & Neck	Seen within Target	180.0	165.0	192.0	182.0	165.0	130.0	103.0	161.0	142.0	114.0	146.0	156.0	148.0
	Total Seen	192.0	172.0	199.0	174.0	151.0	193.0	179.0	180.0	161.0	136.0	146.0	183.0	172.0
	93%	93.75%	95.93%	96.48%	104.60%	109.27%	67.36%	57.54%	89.44%	88.20%	83.82%	100.00%	85.25%	86.05%
Lower GI	Seen within Target	183.0	205.0	210.0	229.0	168.0	190.0	117.0	97.0	128.0	126.0	123.0	116.0	85.0
	Total Seen	203.0	221.0	220.0	242.0	182.0	211.0	138.0	218.0	158.0	200.0	171.0	165.0	102.0
	93%	90.15%	92.76%	95.45%	94.63%	92.31%	90.05%	84.78%	44.50%	81.01%	63.00%	71.93%	70.30%	83.33%
Lung	Seen within Target	46.0	32.0	38.0	33.0	40.0	42.0	51.0	36.0	38.0	54.0	42.0	43.0	42.0
	Total Seen	47.0	33.0	38.0	34.0	41.0	43.0	52.0	36.0	40.0	55.0	43.0	45.0	44.0
	93%	97.87%	96.97%	100.00%	97.06%	97.56%	97.67%	98.08%	100.00%	95.00%	98.18%	97.67%	95.56%	95.45%
Other	Seen within Target	6.0	11.0	10.0	4.0	2.0	4.0	92.0	29.0	4.0	1.0	4.0	1.0	1.0
	Total Seen	7.0	11.0	10.0	4.0	2.0	4.0	99.0	32.0	4.0	1.0	4.0	1.0	1.0
	93%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	92.93%	90.63%	100.00%	100.00%	100.00%	100.00%	100.00%
Upper GI	Seen within Target	108.0	131.0	146.0	4.0	147.0	118.0	98.0	107.0	87.0	99.0	100.0	103.0	85.0
	Total Seen	116.0	140.0	150.0	4.0	154.0	122.0	105.0	115.0	91.0	126.0	105.0	108.0	102.0
	93%	93.10%	93.57%	97.33%	100.00%	95.45%	96.72%	93.33%	93.04%	95.60%	78.57%	95.24%	95.37%	83.33%
Skin	Seen within Target	288.0	332.0	321.0	292.0	267.0	214.0	107.0	37.0	24.0	47.0	20.0	21.0	85.0
	Total Seen	304.0	346.0	341.0	342.0	383.0	290.0	352.0	320.0	288.0	322.0	100.0	275.0	376.0
	93%	94.74%	95.95%	94.13%	85.38%	69.71%	73.79%	30.40%	11.56%	8.33%	14.60%	20.00%	7.64%	22.61%
Urological	Seen within Target	92.0	108.0	105.0	90.0	96.0	84.0	61.0	101.0	93.0	92.0	98.0	98.0	39.0
	Total Seen	94.0	115.0	124.0	97.0	98.0	90.0	68.0	145.0	103.0	102.0	105.0	119.0	109.0
	93%	97.87%	93.91%	84.68%	92.78%	97.96%	93.33%	89.71%	69.66%	90.29%	90.20%	93.33%	82.35%	35.78%

**Diagnostic waiting times:**

The Diagnostic waiting list position for May 2018 will be reported as 99.92% (6142/6147)

There will be no breaches reported for Radiology tests with 3 breaches projected for Audiology and 2 breaches in Uroynamics.

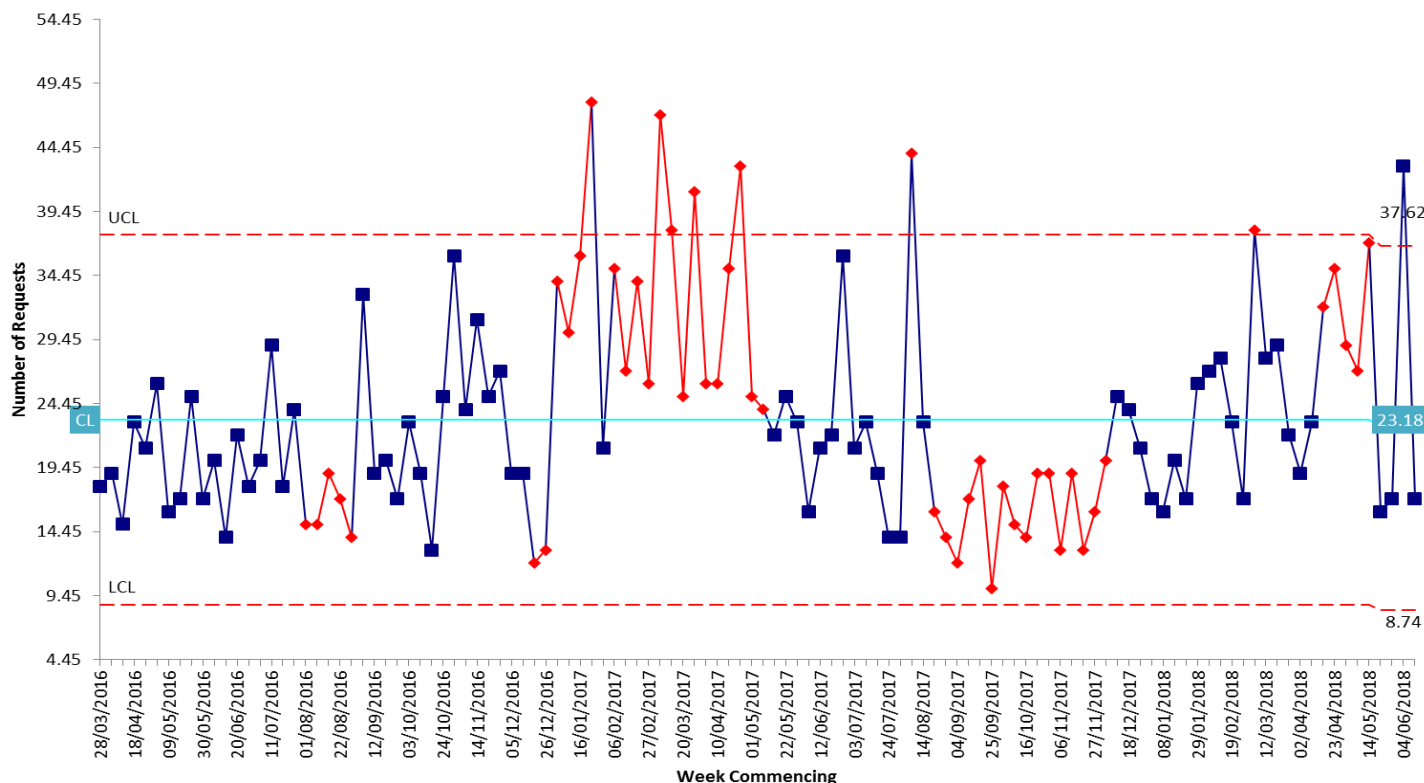
Work continues to produce a DM01 return for Endoscopy.

The Division continues to monitor the referral trend for CT Cardiac tests which had shown an upward trend in recent months. The most recent pattern is more variable and is presented below:

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CT Cardiac angiogram coronary - c Chart



## TIA (Transient Ischaemic Attack)

TIA performance in May 2018 fell below the required threshold reporting a large number of cases and breaches: 3/6 =50% with 3 breaches. One referral was not received in time to offer a valid appointment. One patient chose to wait longer than the offered appointment. The third breach was due to a lack of capacity. This is the 2<sup>nd</sup> consecutive month with a failure against this standard.

## Never event

The Foundation Trust has reported a never event in May 2018. The case has been reported via the appropriate mechanisms. Further detail will be supplied when available.

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## Comparative Performance Tables

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

Percentage Performance	Indicator	Current Month of April			
		Performance		Volume	
		Trust Ranked	Out of_Trusts	Trust Ranked	Out of_Trusts
Referral to treatment	Referral To Treatment - Admitted	95	156	56	156
	Referral To Treatment - Non-Admitted	182	186	79	186
	Referral To Treatment - Incomplete	183	185	52	185
Emergency Care Standard	Performance seen within 4hrs	99	139	42	136
Diagnostics	Diagnostics Total Waiting List	33	172	56	172
Monitor Cancer thresholds	2 Week Wait	152	153	39	153
	31 day first treatment	128	157	84	157
	62 day first treatment	133	154	72	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 May 2018:

Indicator	Threshold	Performance
A&E - Emergency Care Standard	90%	Failure of 90% target at 86.55%
Ambulance handovers taking less than 15 minutes	85%	Failure of 85% target at 73.83%
Ambulance handovers taking between 30-60 minutes	0	88 handovers took between 30 and 60 minutes
Ambulance handovers taking longer than 60 minutes	0	33 handovers took over 60 minutes
Cancer two week wait	93%	Failure of 93% target at 60.65%
Cancer 62 day First Treatment	85%	Failure of 85% target at 79.71%
Cancer 62 Screening	90%	Failure of 90% target at 76.47%
Cancer 38 day Inter Provider Transfer	85%	Failure of 85% target at 47.1%
Cancer 38 day Inter Provider Transfer BTHFT to Leeds	85%	Failure of 85% target at 23.8%
Number of transient ischaemic attack (TIA) - seen/treated in 24hours	60%	Failure of 60% target at 50.00%
In Patients undergoing VTE screening during admission	95%	Failure of 95% target at 94.37%
Cancelled Operations - Same Day Cancellations	<0.8%	Failure of 0.8% target at 1.21%
Never Event	0	1 Never Event in May reported in Division of Anaesthetics, Diagnostics and Surgery
Neonatal Closures	0	9 closures in May
Non Clinical transfers after 10pm	0	7 Non Clinical transfers after 10pm
RTT - Patients waiting within 18 weeks on incomplete pathways	92%	Failure of 92% target at 74.61%
RTT - Specialties failing 18 week incomplete target	0%	16 - Gen Surg, Urology, T&O, ENT, Ophthalmology, Oral Surgery, Plastics, General Medicine, Gastro, Cardiology, Dermatology, Respiratory, Neurology, Rheumatology, Gynaecology, Other



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<b>Financial implications:</b>
Yes – Income & Expenditure

<b>Regulatory relevance:</b>
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<b>Monitor:</b>	Code of Governance
	Risk Assessment Framework
	Quality Governance Framework
	Annual Reporting Manual

<b>Equality Impact / Implications:</b>	
	<p><b>Is there likely to be any impact on any of the protected characteristics?</b>          (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>

<b>Other:</b>	
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<b>Strategic Objective:</b>  <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