

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

APPENDIX 1 PERFORMANCE REPORT FOR THE PERIOD SEPTEMBER 2018

1. Introduction

The following report describes performance against key national measures, the improvement activity associated with these and timescales for any expected changes.

2. Improvement Trajectories Update

The latest reported performance is behind plan for all three measures where a formal improvement trajectory was submitted in the Trusts annual plan. Each of these measures is a headline metric for a dedicated improvement or recovery project for which a range of objectives have been agreed and weekly monitoring of progress established.

Measure	Latest Month	Performance	Plan
Emergency Care Standard	September	81.3%	90.0%
Referral to Treatment - Incomplete	September	75.1%	80.5%
Cancer – 62-day First Treatment	August	62.5%	85.0%

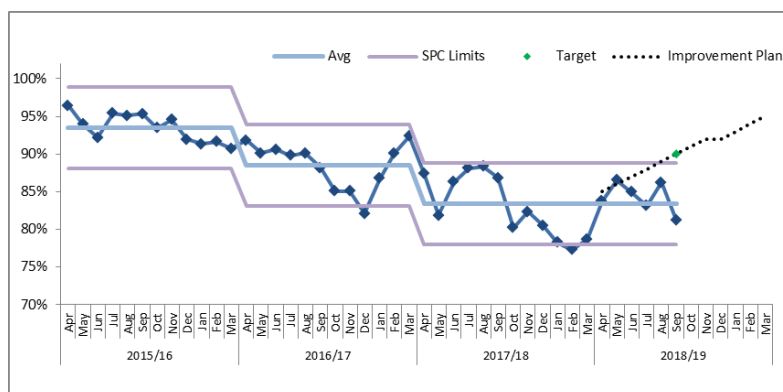
The table below shows our comparative national ranking for these measures for the month of August. This represents the lowest cumulative ranking across these measures this year.

		Current Month of August			
		Performance		Volume	
Percentage Performance	Indicator	Trust Ranked	Out of Trusts	Trust Ranked	Out of Trusts
Referral to treatment	Referral To Treatment - Admitted	65	153	50	153
	Referral To Treatment - Non-Admitted	180	183	75	183
	Referral To Treatment - Incomplete	180	182	56	182
Emergency Care Standard	Performance seen within 4hrs	94	136	44	133
Diagnostics	Diagnostics Total Waiting List	66	167	74	167
Monitor Cancer thresholds	2 Week Wait	153	153	39	153
	31 day first treatment	152	154	59	154
	62 day first treatment	146	154	78	154

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

3. Emergency Care Standard (Type 1&3)

Fig 1: Monthly ECS Performance – BTHFT

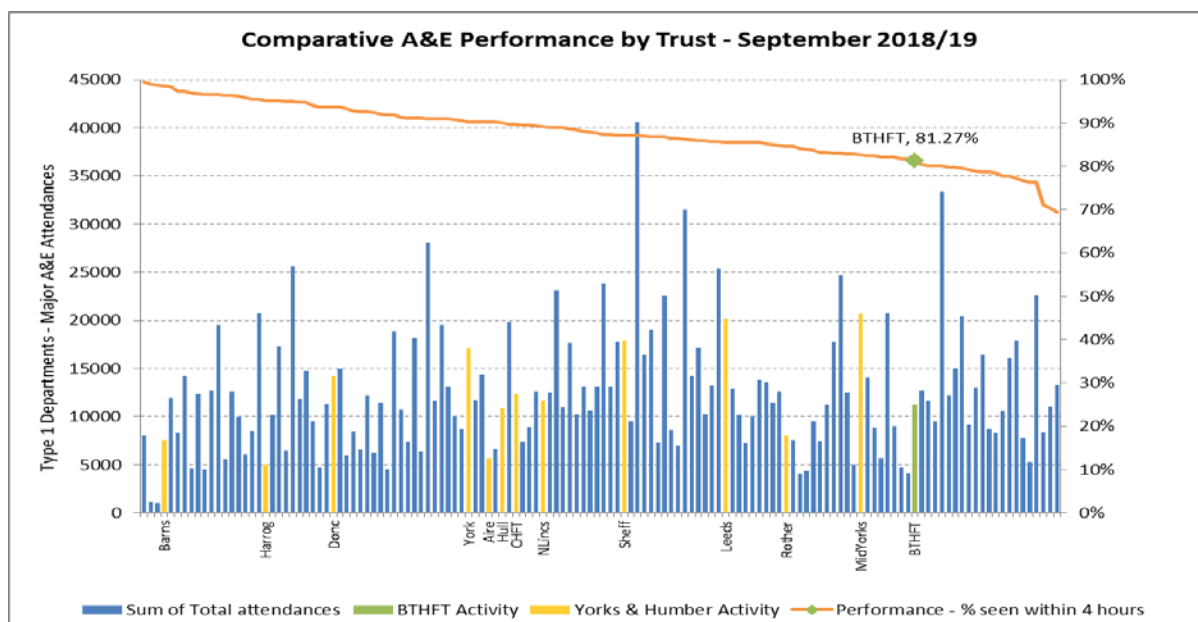


The Foundation Trust reported a position of 81.27% (9,147/ 11,255) for the month of September 2018. This represents deterioration on the previous month (86.24%, - 4.97%). Year to date (YTD) performance is 84.31% which is an improvement on the latter half of 2017-18 but significantly lower than previous years as shown in

figure 1.

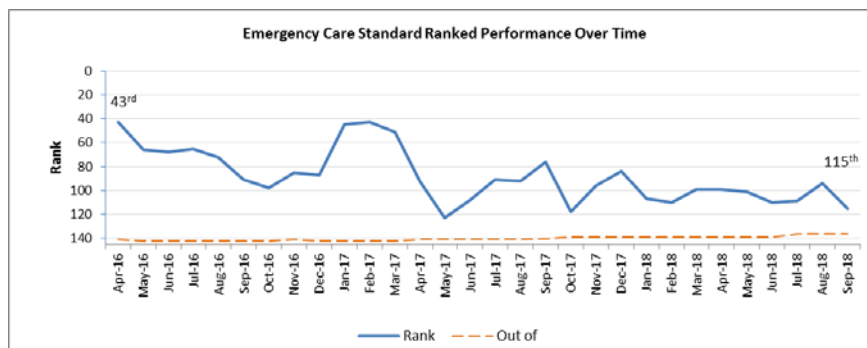
Comparing data from April 2010 onwards (102 months), September ranked 33rd highest for total attendances, 7th highest for number of breaches, and 98th for performance. Compared with the previous eight Septembers, this month saw the highest number of attendances and breaches and the lowest performance.

Fig 2: ECS Performance – National Comparison



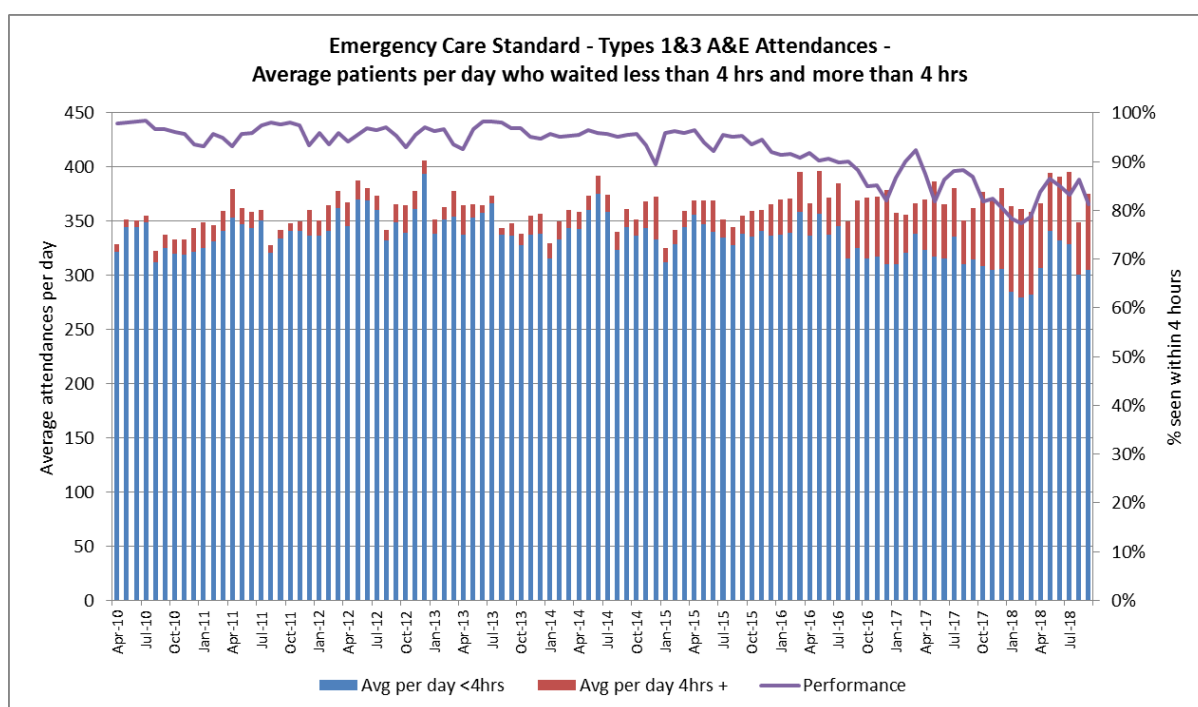
Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

Fig 3: ECS National Comparison – BTHFT



BTHFT was ranked 115 out of 136 provider trusts for the percentage seen within 4 hours. August performance is an outlier in the trend since last winter.

Fig 4: ECS Performance and Attendances – BTHFT

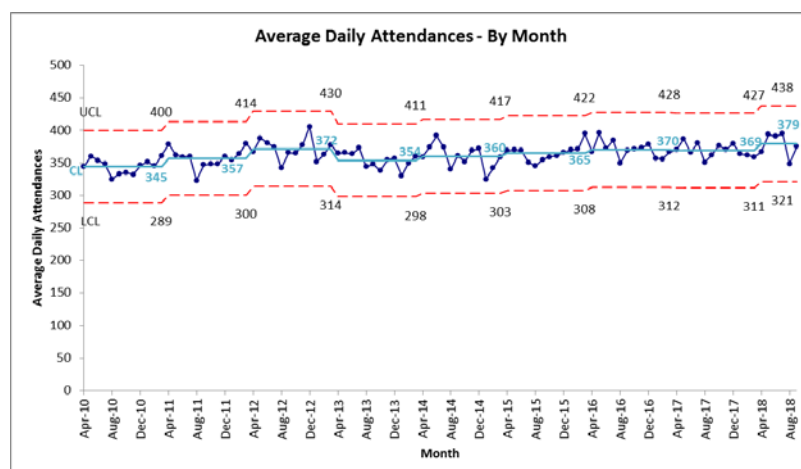


In September, there were 11,255 attendances in A&E (types 1 and 3), of which 2,108 breached the 4 hour target, giving a performance of 81.27%. This compares with 10,822 attendances and 1,489 breaches in August (86.24% performance), and 10,863 attendances and 1,430 breaches in September 2017 (86.84% performance).

It should be noted that whilst the increased attendances will apply additional pressure to the system the change to performance is disproportional meaning capacity and/or process may be having a greater impact than demand. A review of attendances over the last 3 years found minimal correlation between attendances and performance but further work is required to consider the impact of attendances on the wider hospital system as NHSI data suggests high bed occupancy and length of stay does correlate with reduced ECS performance.

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

Fig 5: A&E Attendances - BTHFT



Daily average attendances for September were 375 compared with 349 in August and 362 in September 2017. YTD attendances show an increase of 2.46% compared with 2017/18, with a daily average of 379 over the seven months.

Emergency Care Improvement:

The Emergency Care Improvement Project continues to drive a range of actions which will support delivery of this standard in future months. Some immediate improvement is expected from the launch of the bed bureau, which will aid GP's with a single point of contact, and the direct admission respiratory pathway in November. Both schemes will reduce A&E attendances.

In December the new Minor Illness and Injury Unit will open which should reduce delays due to bed blockages on ward 4. In the same month the A&E staffing model will be revised to include paramedics and increase capacity.

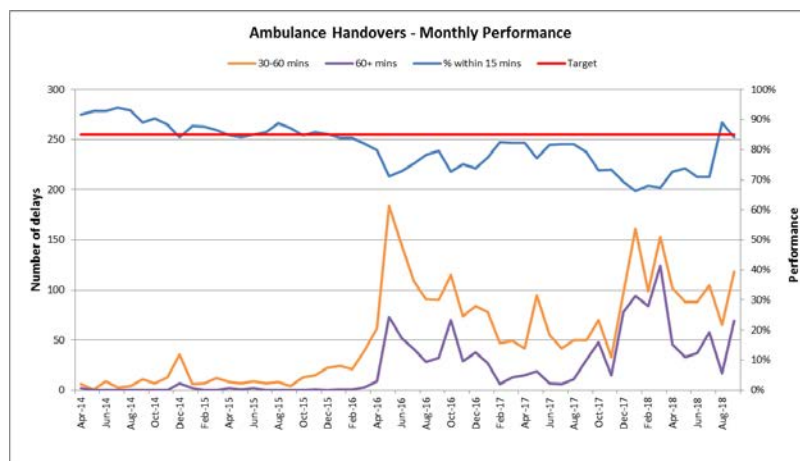
These schemes will improve ECS performance, although it is not anticipated that we will meet the national standard until the new year when we launch a range of enabling schemes and a command centre to support real time decision making through a "wall of analytics" and roles designed to manage system flow. This will support the Trust to meet the 95% target by March 2019.

In addition to this improvement work we have also secured WYAZ funding to implement additional schemes over winter focussing on admission avoidance and wider system improvement in conjunction with external partners such as social services and the voluntary sector in preparation for winter and sustaining ECS performance during this period.

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

4. Ambulance Handover Performance

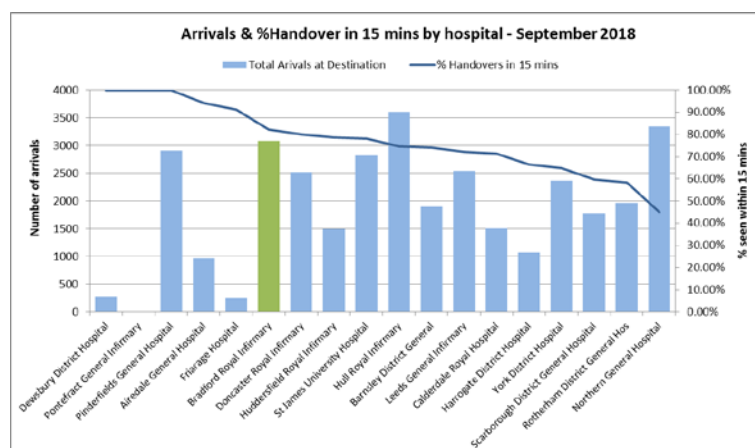
Fig 6: Ambulance Handover Performance



The number of handovers over 30 minutes has increased over time. This is matched by a general decline in performance against the 85% target for handovers within 15 minutes from 2016-17, with a wide variation from month to month.

Following a change in the validation process to include all breaches over 15 minutes, there was a dramatic improvement in August 2018, with performance above the 85% target. There has been a significant deterioration in September with 118 handovers of 30 to 60 minutes, 69 over one hour, and overall performance of 84.07%. 48 of the 30-60 minute delays are not yet validated which may result in a reduction in delays and some improvement in performance once validation is complete – potentially achieving the 85% target.

Fig 7: Ambulance Handovers – YAS reported comparison



Compared to similar local Trusts, BTHFT achieved the 6th rank for ambulance handover performance in September. This is based on YAS's own data, and it must be noted that 15 minute plus breaches which are removed during validation are not then added to YAS's denominator. This leads to YAS's published performance being lower than that published by the Trust.

Ambulance Handover Improvement:

An improvement work-stream has been established to focus on this indicator and GE Healthcare is providing support to this work. A Hospital Ambulance Liaison Officer (HALO) is now on site to support the handover process having been extended through winter following a successful pilot.

It is anticipated that the 85% target for handover within 15 minutes will be met from this month onwards and the number of delays reduce.

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

5. Cancer Standards

A Cancer position has been submitted for August 2018 which reports failures against the 2-week wait, 31-day First Treatment and Cancer 62-day First Treatment. All other standards were met.

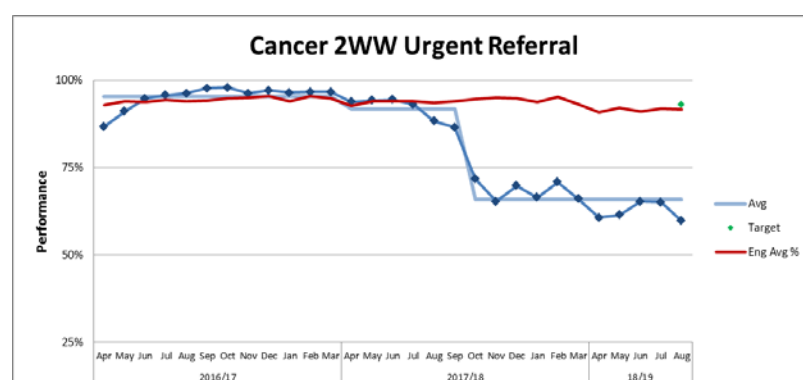
Fig 8: Cancer Standards - Overview by Indicator - BTHFT

Standard	Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
14 Day GP Referral for all Suspected Cancers	93%	88.39%	86.54%	71.83%	65.33%	69.82%	66.45%	70.88%	66.03%	60.65%	61.37%	65.30%	65.05%	59.70%
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 First Treatment	96%	97.16%	96.77%	98.52%	93.71%	97.35%	96.15%	97.67%	97.41%	96.03%	96.03%	93.62%	91.28%	84.68%
31 Day Subsequent Surgery Treatment	94%	96.88%	100.00%	95.12%	94.59%	95.45%	95.45%	96.97%	96.88%	94.59%	97.30%	94.29%	95.35%	96.30%
31 Day Subsequent Drug Treatment	98%	100.00%	100.00%	97.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
62 day GP Referral to Treatment	85%	83.71%	77.21%	73.51%	75.57%	78.33%	73.56%	67.81%	72.39%	73.55%	68.72%	60.20%	70.19%	62.50%
62 Day Screening Referral to Treatment	90%	91.67%	78.95%	91.84%	85.71%	94.74%	90.00%	96.97%	89.74%	74.19%	93.10%	90.91%	90.57%	95.35%
62 Day Consultant Upgrade to Treatment		100.00%	82.35%	16.67%	80.00%	100.00%	44.44%	100.00%	100.00%		0.00%	33.33%	77.78%	57.14%

Failure of the 31-day First Treatment standard was due to the same Urology capacity issues impacting on the 62-day standard.

5.1 Cancer 2 Week Wait (2WW)

Fig 9: Cancer 2WW (for urgent referrals) performance (Target 93%)

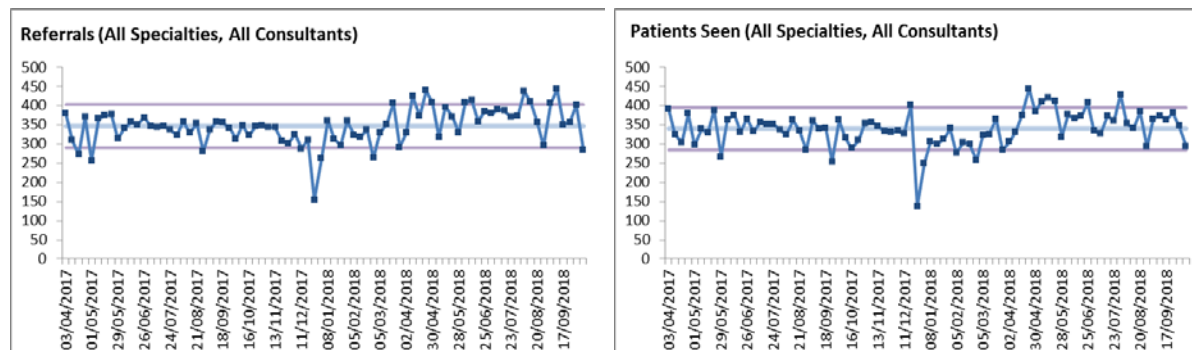


Historically, Cancer 2 Week Wait performance remained stable averaging around the target of 93% until August 2017. In 2018/19, the trend has continued downwards, with YTD performance of 62.37%, far below the average for English Trusts.

In August, BTHFT received 1,655 referrals, up from 1,528 in July. The number of breaches increased to 667 from 534, and performance deteriorated from 65.5% to 59.7%. Projected performance for the month of September is 63.67%.

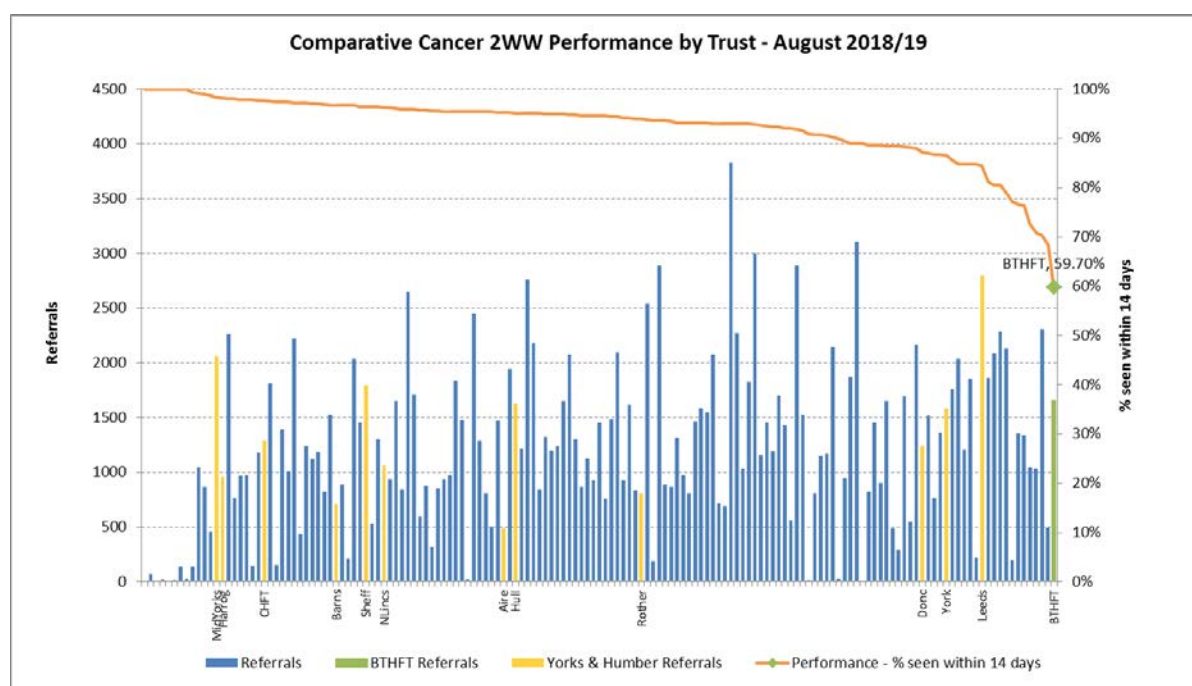
Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

Fig 10: 2WW Referrals and Patients Seen



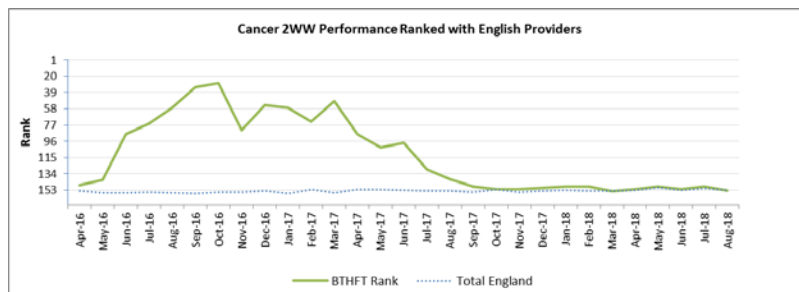
Over the past 18 months, the average number of referrals has increased by around 50 per week. However, the average number of patients seen has only increased by 20, leading to growth in the waiting list and patients waiting longer to be seen.

Fig 11: 2WW Performance – National Comparison



Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

Fig 12: 2WW National Comparison - BTHFT



In August 2018, BTHFT was the worst-performing Trust in England for Cancer 2WW, and has been in the bottom five for the past 12 months.

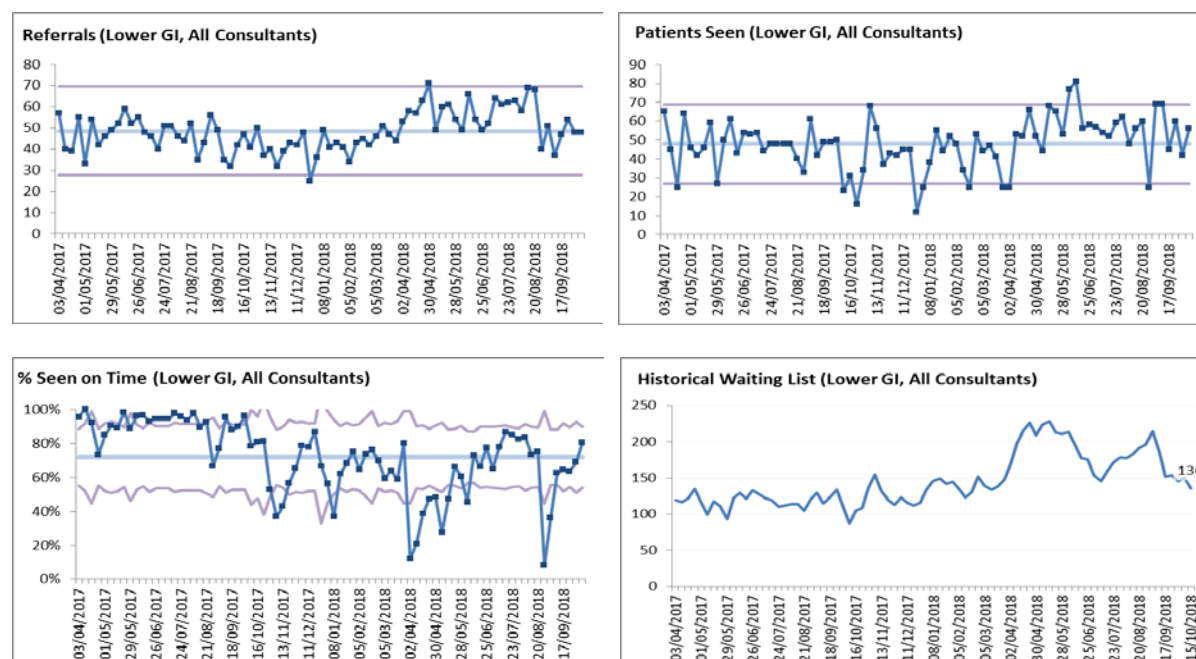
Fig 13: Performance by Tumour Site

Tumour site	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Trust Total	88.39%	86.54%	71.83%	65.33%	69.82%	66.45%	70.88%	66.03%	60.65%	61.37%	65.30%	65.05%	59.70%
Brain	100.00%	94.12%	90.91%	66.00%	93.30%	100.00%	95.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.12%
Breast	97.40%	99.22%	94.60%	93.80%	90.40%	92.80%	80.86%	78.66%	90.30%	88.89%	96.85%	95.16%	91.96%
Children	70.60%	100.00%	100.00%	50.00%	72.70%	70.00%	100.00%	70.00%	33.33%	63.16%	42.86%	38.46%	20.00%
Gynaecology	94.30%	93.10%	94.70%	91.10%	80.20%	82.30%	90.48%	89.36%	90.48%	82.27%	90.65%	93.07%	85.57%
Haematology	100.00%	96.30%	76.90%	68.20%	95.00%	22.20%	40.00%	16.67%	79.17%	100.00%	100.00%	88.24%	88.00%
Head & Neck	91.50%	67.36%	57.50%	89.40%	88.20%	83.80%	100.00%	85.25%	86.05%	91.96%	88.27%	86.15%	86.67%
Lower GI	92.30%	90.19%	84.80%	44.50%	81.00%	63.00%	71.93%	70.30%	38.57%	47.19%	66.67%	80.24%	65.77%
Lung	97.60%	97.67%	98.10%	100.00%	95.00%	98.20%	97.67%	95.56%	95.45%	96.23%	98.08%	100.00%	97.06%
Skin	69.70%	73.79%	30.40%	11.60%	8.30%	14.60%	20.00%	7.64%	22.61%	19.72%	10.12%	5.36%	8.16%
Testicular	100.00%				100.00%	100.00%	100.00%		0.00%	100.00%			
Upper GI	95.50%	96.72%	93.30%	93.00%	95.60%	78.60%	95.24%	95.37%	83.33%	85.23%	90.23%	83.59%	78.43%
Urology	98.00%	93.33%	89.70%	69.70%	90.30%	90.20%	93.33%	82.35%	35.78%	33.33%	26.72%	21.71%	44.59%
Other	100.00%	100.00%	92.90%	90.60%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.00%	62.50%	92.86%

The 2WW target of 93% was not achieved in 10 out of 12 tumour sites. The greatest areas of concern remain skin cancer (8.16%, 405 breaches), urology (44.59%, 82 breaches), lower GI (65.77%, 76 breaches) and upper GI (78.43%, 22 breaches). These areas are looked at in more detail over the next few pages.

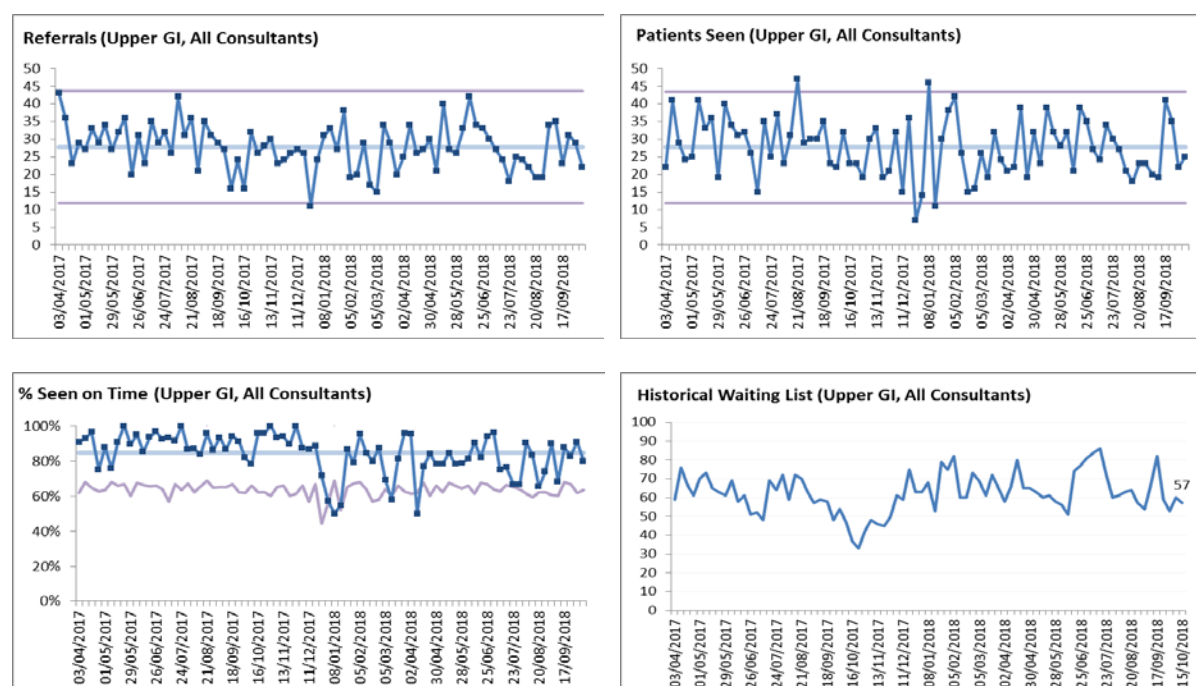
Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

Lower GI:



From August 2017, performance under Lower GI has been poor, exacerbated by an increase in referrals from April 2018. However, recent months have shown signs of improvement.

Upper GI:

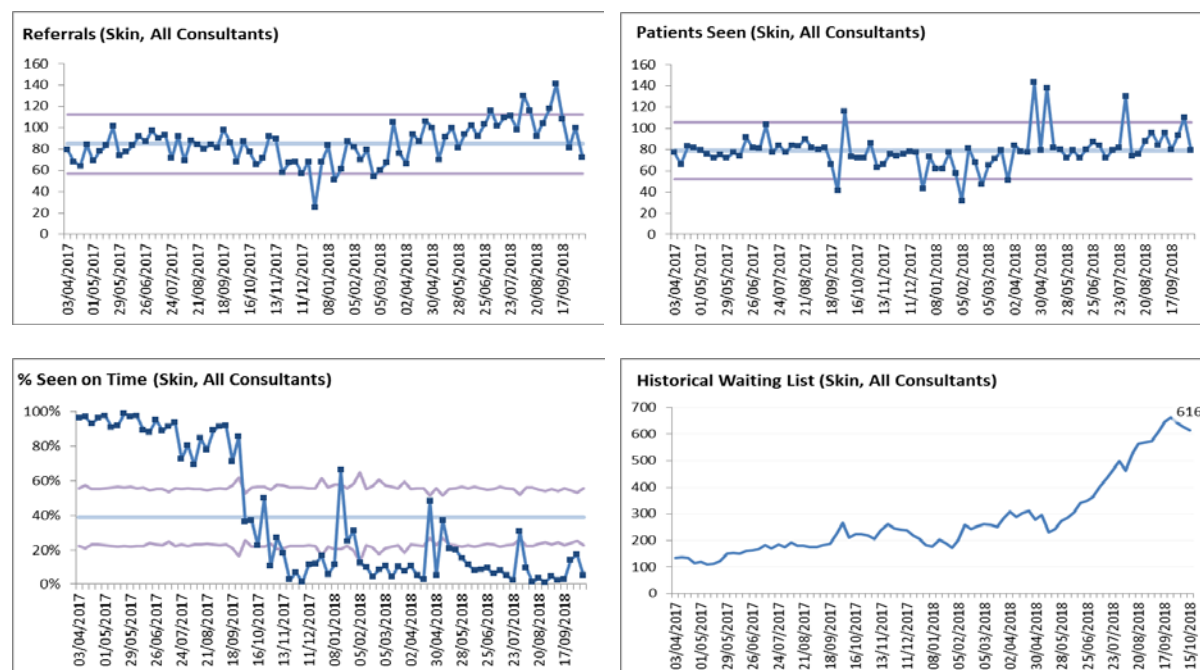


Deteriorating performance appears to relate to a decrease in patients seen. A review of capacity and demand is underway. The impact of EPR on capacity for both outpatients and

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

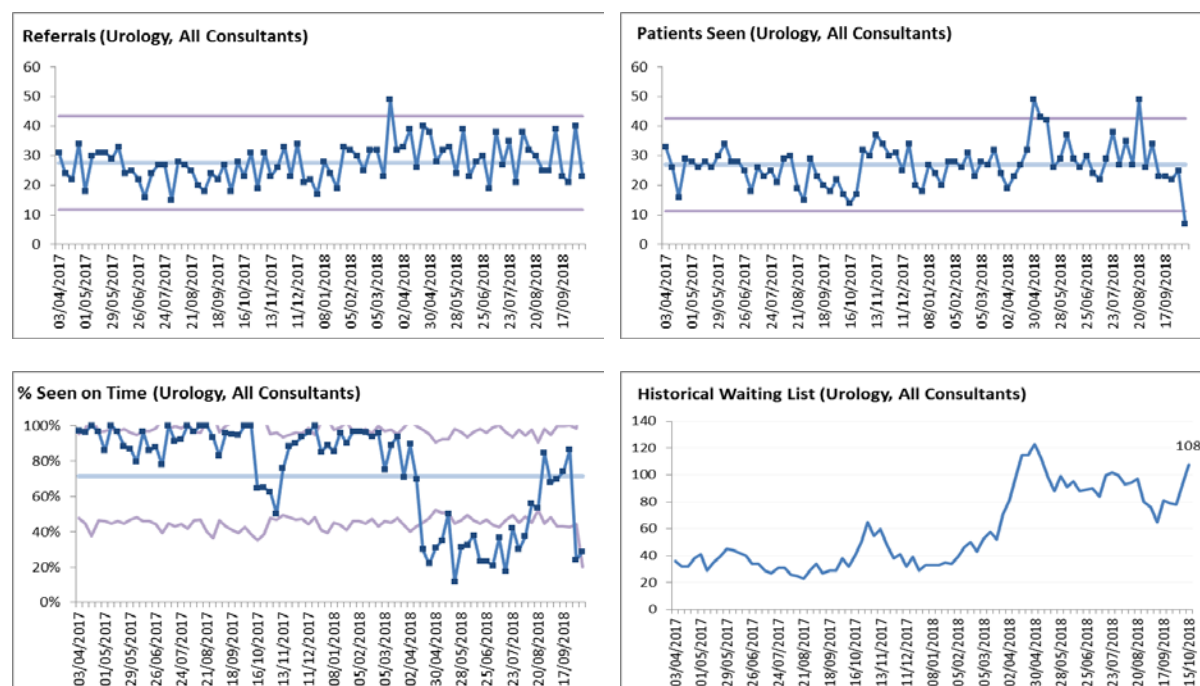
endoscopy may explain some of this change, both of which have improvement programmes supporting them.

Skin:



Referrals have grown significantly and the increase in patients seen has not matched this. As a consequence, the waiting list has grown significantly.

Urology:



Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

Urology referrals have increased steadily over the past 18 months. However, from April 2018, performance has dropped significantly and the waiting list has doubled. August showed a marked improvement in performance.

Cancer 2WW Improvement

A 2WW dashboard has been created to give insight into the main drivers of performance. Demand and capacity modelling is underway and the outputs will be used to update weekly recovery trackers.

Action to stop out-of-area referrals to general dermatology has been completed. Agreement has been reached with the CCGs to turn off the general dermatology DOS from 24/09/2018. This has allowed increased FT capacity to be put into place with 30 additional slots per week from 24/9/2018 and a further 45 slots per week from 15/10/2018.

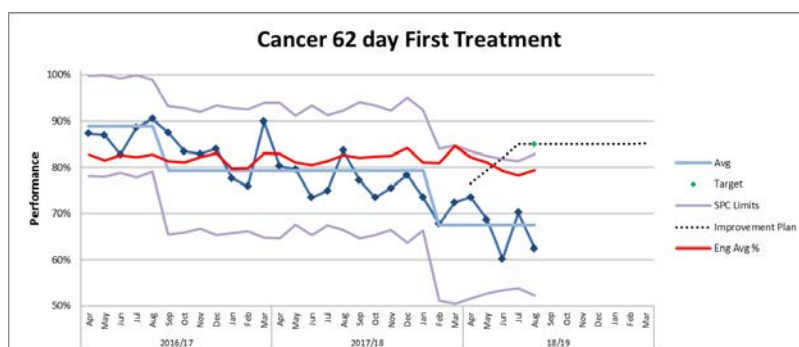
The Urology Service is currently delivering additional haematuria one-stop clinics and TRUS assessments; Leeds is assisting with oncology capacity and a bid for additional resource in support of the prostate pathway has been submitted.

A detailed recovery programme is in place in Endoscopy to support the booking process and help maximise unit throughput. This will help with Lower and Upper GI capacity.

The additional capacity in for Dermatology and Urology is expected to support visible improvement from November 2018 and a return to trajectory in Q4 2018-19.

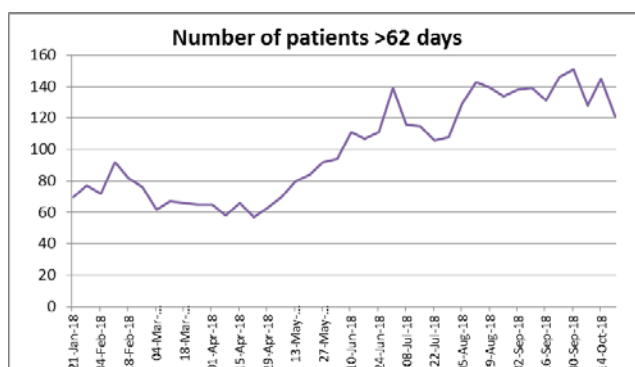
5.1. Cancer 62 day First Treatment

Fig 14: Cancer 62 Day First Definitive Treatment performance (Target 85%)



Cancer 62 day performance has deteriorated steadily over the past 2½ years; this deterioration has accelerated since April 2018 – YTD performance is 66.89%, far below the average for English Trusts. In 2018/19 the average treatments has risen from 79 to 90 per month.

Fig 15: Patients Waiting Over 62 Days



Despite the increase in treatments per month the number waiting for treatment and the number waiting for treatment beyond 62 days has grown. This suggests that the increased 2WW demand is translating to an increase in the number of treatments and treatments for confirmed cancer.

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

In August 2018, there were 84 patients treated and 31.5 breaches, with performance deteriorating from 70.19% to 62.5%. 19.5 out of 25 patients treated in Urology were breaches of the 62 day standard in this month. Projected performance for September 2018 currently stands at 65.92%, based on 89.5 treatments and 30.5 breaches.

Fig 16: 62 Day Performance – National Comparison

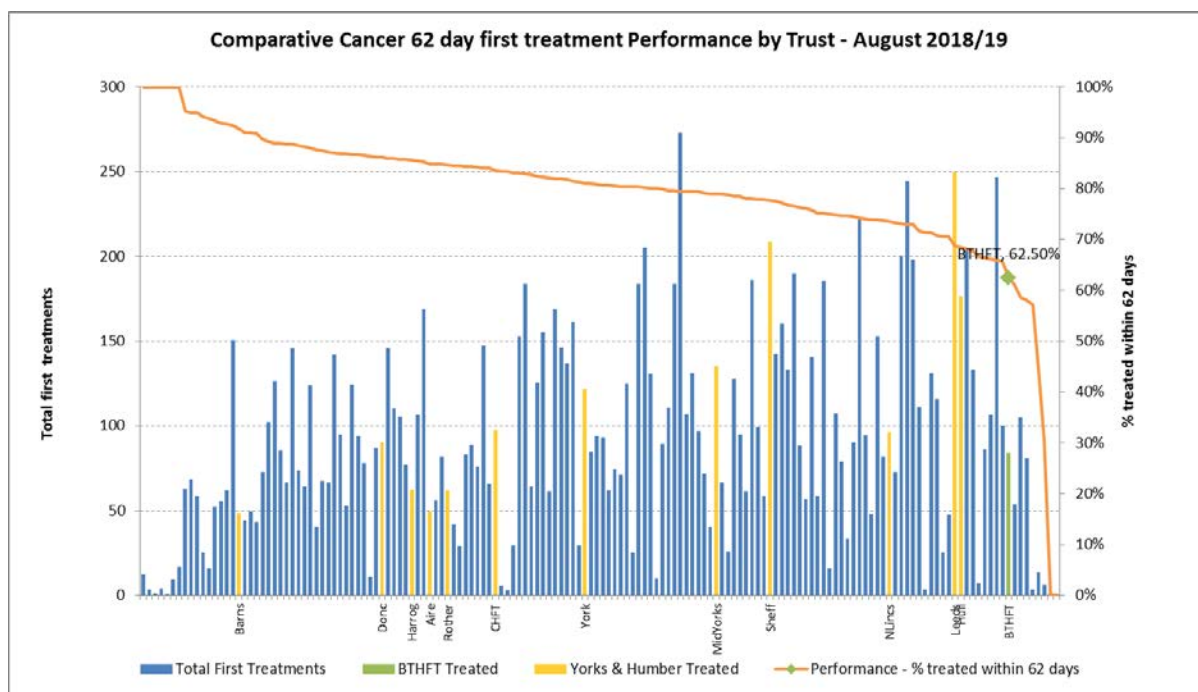
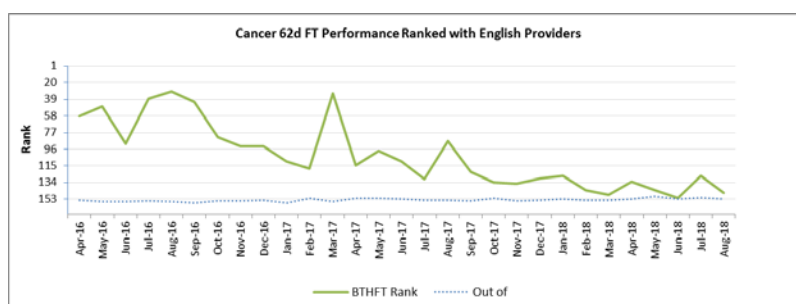


Fig 17: 62 Day National Comparison - BTHFT



In August 2018, BTHFT was ranked 146 of 153 Trusts in England for Cancer 62 day, and has been in the bottom fifty for the past 12 months.

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

Fig 18: Performance by Tumour Site

Tumoursite	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Trust Total	83.70%	77.20%	73.50%	74.70%	78.30%	73.60%	67.81%	77.24%	73.55%	68.72%	60.20%	70.19%	62.50%
Breast	88.24%	100.00%	100.00%	87.76%	94.74%	85.20%	88.89%	100%	100.00%	100.00%	81.82%	92.59%	91.30%
Gynaecology	88.24%	83.33%	66.67%	60.00%	25.00%	40.00%	100%	100%	100.00%	46.15%	0.00%	100.00%	83.33%
Haematology	100.00%	71.43%	40.00%	100.00%	100.00%	79.20%	33.33%	46.67%	100.00%	60.00%	33.33%	80.00%	0.00%
Head & Neck	66.67%	62.50%	54.55%	35.71%	25.00%	55.60%	40.00%	71.43	63.64%	42.86%	29.41%	60.00%	69.23%
Lower GI	100.00%	50.00%	33.33%	0.00%	66.67%	60.00%	50.00%	33.33%	50.00%	50.00%	66.67%	15.00%	57.14%
Lung	90.00%	50.00%	53.85%	83.33%	88.89%	100.00%	75.00%	100%	12.50%	63.64%	25.00%	75.00%	62.50%
Skin	100.00%	86.96%	100.00%	85.00%	85.71%	86.70%	93.33%	90.00%	89.47%	19.72%	10.12%	100.00%	92.00%
Upper GI	100.00%	100.00%	73.33%	63.64%	81.82%		62.50%	50.00%	100.00%	0.00%	44.44%	66.67%	0.00%
Urology	68.42%	55.17%	70.00%	76.00%	80.00%	54.50%	56.00%	57.14%	76.92%	50.00%	41.86%	51.47%	22.00%
Other	0.00%	0.00%	50.00%	100.00%	75.00%				0.00%		0.00%	0.00%	66.67%

The 85% target was not met by all except 2 sites although for most the number treated is low. 2/3rds of breaches were for Urology, although Lower GI, Upper GI, Haematology and Lung performance is also a concern.

Cancer 62 Day Improvements

The optimal Lung pathway was introduced in September 2018 which should reduce the pathway length. It is anticipated that performance will improve for this site from December 2018 as new referrals on this pathway complete treatment.

The endoscopy productivity plan for improved booking and unit throughput will support the Lower and Upper GI pathways.

A daily review is in place to reduce delays from outpatient appointment to colonoscopy. The Nurse Endoscopist capacity to support this will increase in November and the straight to test pathway for colonoscopy will also be expanded once capacity and demand modelling is complete and sufficient sessions are allocated.

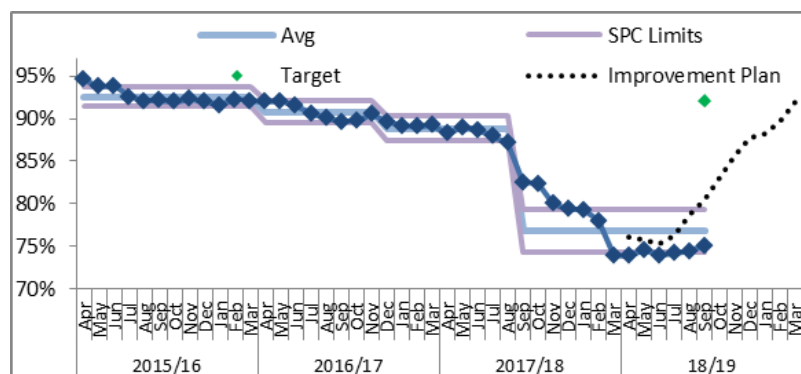
A regional review of the prostate pathway using IST pathway analyser identified diagnostic and clinical oncology delays against which a bid for additional resource has been made.

The Urology team are providing an additional theatre session to increase treatments and prostate assessment clinics to speed up the pathway. Improvement in performance is expected from October.

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

6. Referral to Treatment (RTT) Incomplete

Fig 19: Monthly RTT Incomplete Performance (Target 92%)



The RTT Incomplete position has been in decline since Apr-16. A significant deterioration in performance occurred following the introduction of EPR in Sep-17. Since Mar-18 performance has been stable.

The Foundation Trust reported an RTT position for September 2018 of 75.09% (23,359 / 32,106) which represents an improvement of 0.67% compared to August 2018.

Fig 20: RTT Incomplete Performance – National Comparison

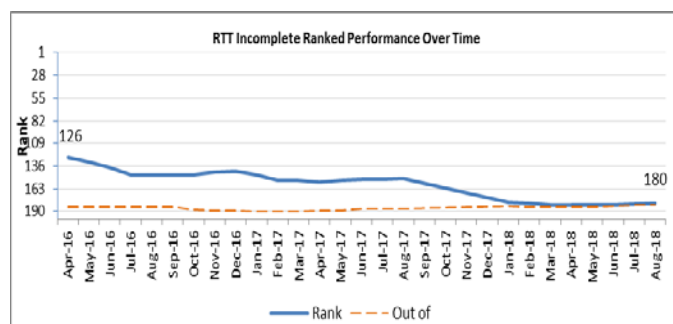
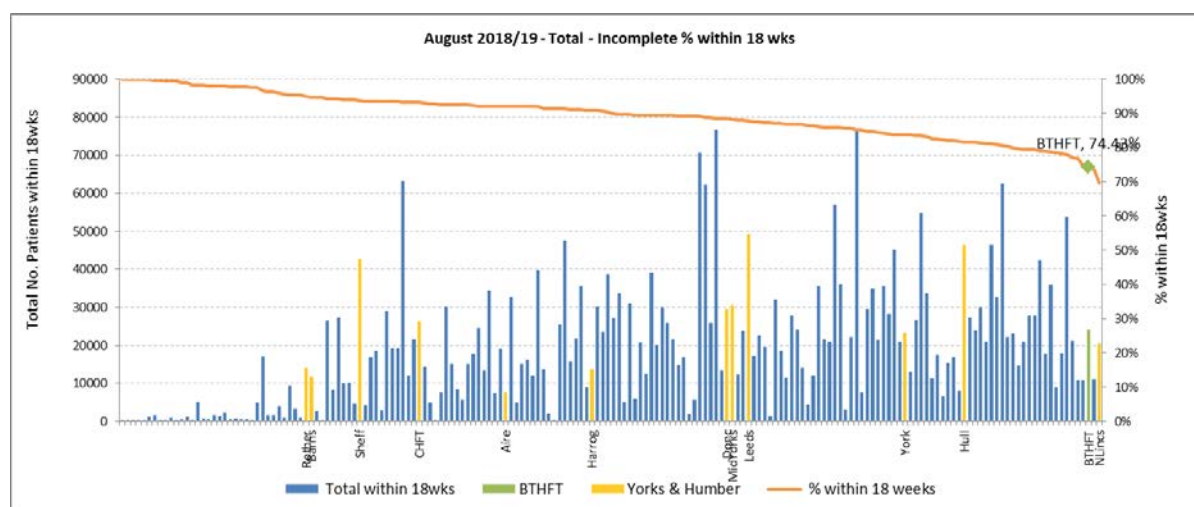
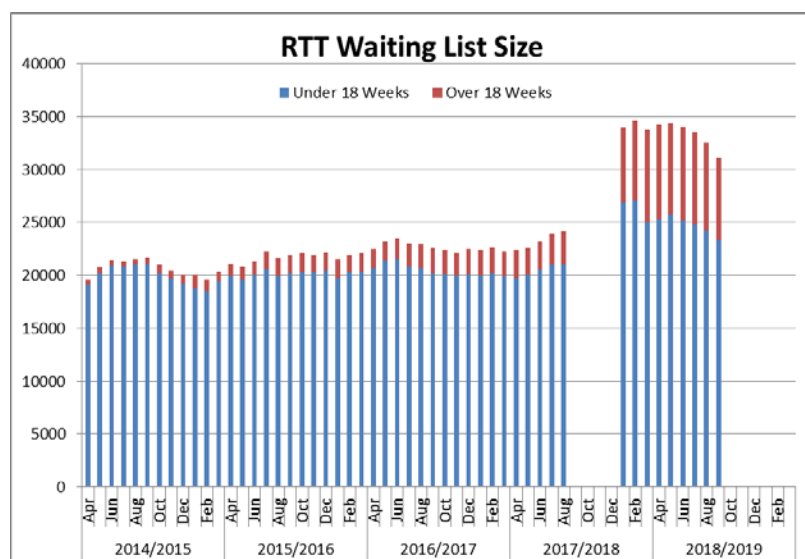


Fig 21: RTT Incomplete National Comparison - BTHFT

The Foundation Trust is currently ranked 180 out of 182 trusts in England for RTT Incomplete performance. The trust has been ranked in the bottom 5 since January 2018. Prior to EPR go live BTHFT have been ranked in the bottom quarter since July 2015.

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

Fig 22: RTT Total Waiting List



The total waiting list grew significantly post EPR being introduced, stabilised and is now starting to reduce. Over 18 week waits continued to grow over a longer period but have since stabilised and then reduced in the last two months. The overall waiting list decreased by 1,402 patients in September 2018 compared to August 2018.

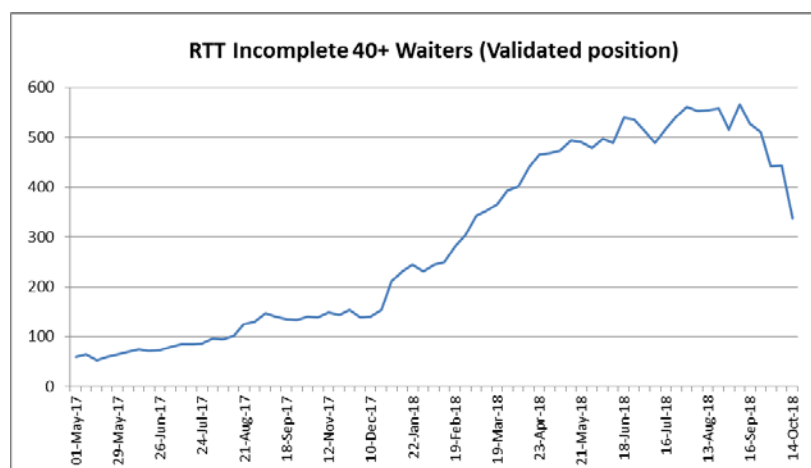
Fig 23: RTT Incomplete >52 Weeks

Specialty	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
COLORECTAL SURGERY	1			1					
ENT			2	2	1		2	1	
GENERAL SURGERY		1	2				1	1	
HEPATOLOGY							1		
OPHTHALMOLOGY								1	
ORAL SURGERY								1	
PLASTIC SURGERY						2	3		
TRAUMA & ORTHOPAEDICS	1	1							
UROLOGY							1	1	
VASCULAR SURGERY					1			9	3
Total	2	2	4	3	2	2	8	14	3

As part of the RTT official submission for September 2018 the Foundation Trust has reported 3 RTT Incomplete 52 week breaches, all 3 of which occurred in Vascular Surgery.

A daily review of all patients waiting 46 weeks or more is in place and has ensured management plans for these patients are robust and regularly monitored and updated.

Fig 24: RTT Incomplete >40 Weeks



The Foundation Trust has recently seen a significant improvement in the number of patients waiting 40 weeks or longer. The total number still remains high compared to the numbers in late December 2017 but a combination of validation and the daily management of these patients are expected to see the improvement continue.

Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

RTT Incomplete Improvement

As part of the planned care recovery work 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. All RTT reportable specialties are routinely using these to record and monitor improvement efforts.

A deep dive into the recovery plans of each specialty has commenced with the aim to enhance the actions and assess the timescales and ability to deliver of each. The target improvements will be quantified and included in the planned care heat map for weekly review.

In addition to specialty level recovery plans there are a series of work streams established to improve enabling processes such as capacity and demand management, booking and scheduling, waiting list review and validation, standardised clinical harm review, and training support.

A detailed update on RTT recovery was included in the Finance and Performance committee papers in October 2018.

7. Diagnostic waiting times

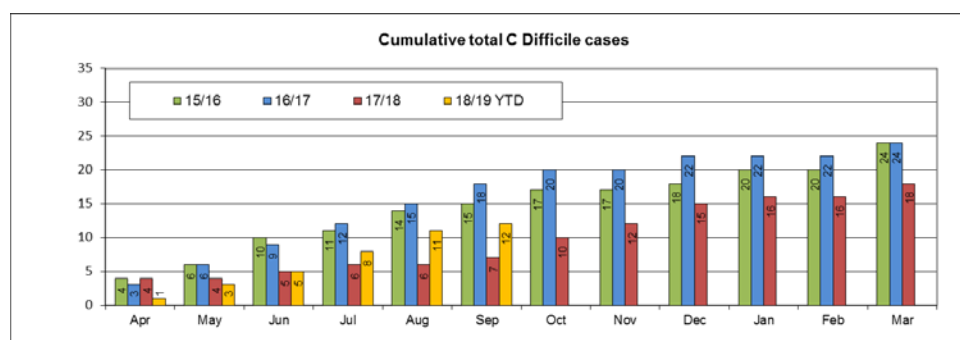
The partial Diagnostic position (excluding endoscopy) for September 2018 has been reported on the DM01 at 99.20%, with 44 breaches. This is better than target but excludes Endoscopy as work continues to produce an accurate PTL within acceptable data quality limits ahead of planned submission of October's position.

The magnetic resonance imaging (MRI) backlog for shoulder arthrograms contributed most of the September breaches but an alternative product has been approved and clearance commenced.

8. Healthcare Associated Infections

8.1. C Difficile

Fig 25: Clostridium Difficile Infections - BTHFT



Meeting Title	Board of Directors – Open		
Date	8 November 2018	Agenda item	Bo.11.18.20

One case of Clostridium Difficile Infection was reported in September, bringing the Trust total for 2018/19 to 12. This is higher than the Trust position in September 2017, but still significantly below the trajectory for fewer than 50 cases for the year.

8.2. MRSA

No attributed MRSA cases have been reported in September 2018. Year to date there are no attributed cases for the Trust.

9. Table of exceptions

The table below provides an exception list of indicators which did not meet the required standard in August/September 2018.

Indicator	Threshold	Performance
A&E - Emergency Care Standard	90%	Failure of 90% target at 81.27%
Ambulance handovers taking between 30-60 minutes	0	118 handovers took between 30 and 60 minutes
Ambulance handovers taking longer than 60 minutes	0	69 handovers took over 60 minutes
RTT - Patients waiting within 18 weeks on incomplete pathways	92%	Failure of 92% target at 75.09%
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, Rheumatology, Neurology, Gynaecology, Other
RTT - Patients waiting longer than 52 weeks on incomplete pathways	0	3 Vascular
Cancer two week wait	93%	Failure of 93% target at 59.70%
Cancer 31 day First Treatment	96%	Failure of 96% target at 84.68%
Cancer 62 day First Treatment	85%	Failure of 85% target at 62.50%
Cancer 38 day Inter Provider Transfer	85%	Failure of 85% target at 16.3%
Cancer 38 day Inter Provider Transfer BTHFT to Leeds	85%	Failure of 85% target at 12.0%
Neonatal Closures	0	19 closures
Maternity Closures	0	2 closures
Non Clinical transfers after 10pm	0	1 Non Clinical transfers after 10pm
Cancelled Operations - patients didn't receive revised date within 28 days	0	5 cases - 3 Ophthalmology, 1 General Surgery, 1 Urology
Mothers breastfeeding at delivery	68%	Failure of 68% target at 67.6%
Mandatory Training - Induction	100%	Failure of 100% target at 97% (Core) and 71% (High Priority Clinical)