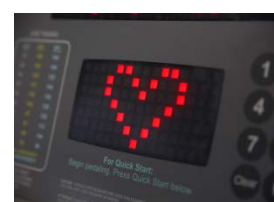
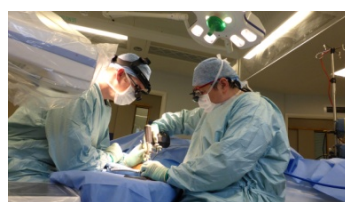


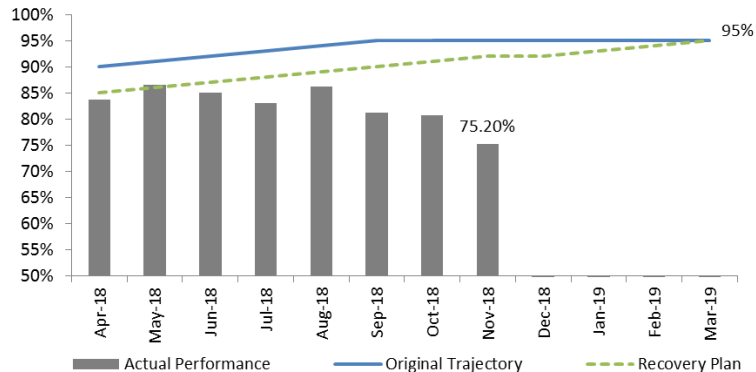
Finance & Performance Recovery Plans Oversight Committee Update

Week Ending 23-Dec-2018

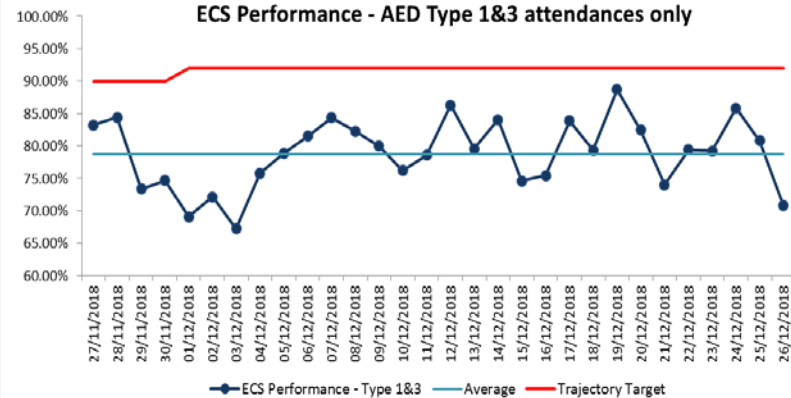


Emergency Care Standard Performance

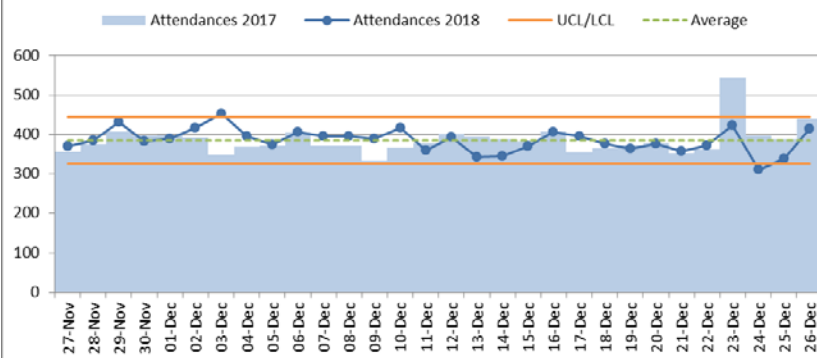
Monthly ECS Performance (Type 1&3) Against Plan



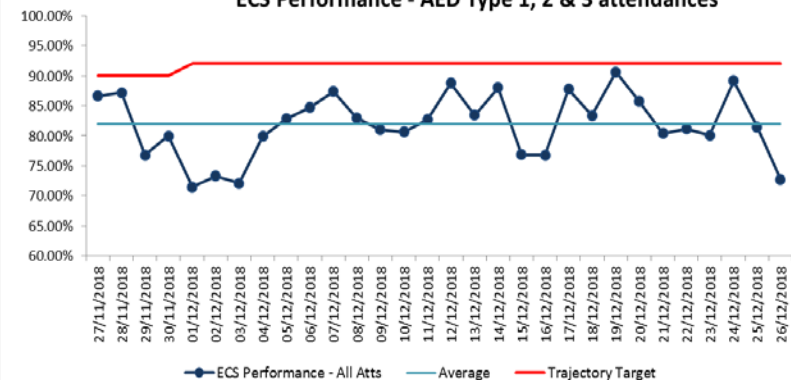
ECS Performance - AED Type 1&3 attendances only



Type 1 & 3 A&E Attendances



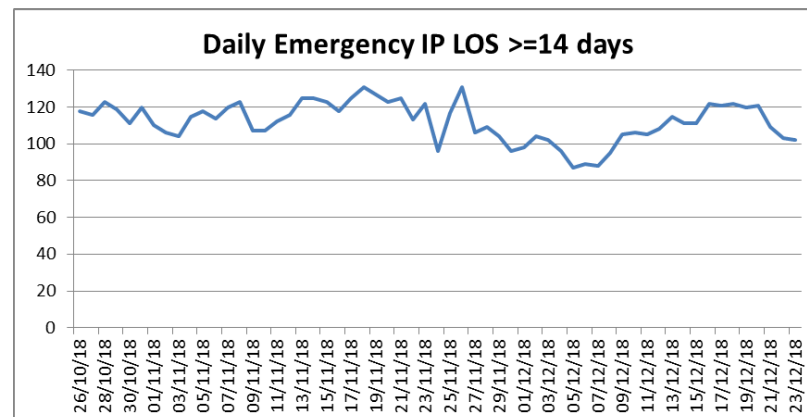
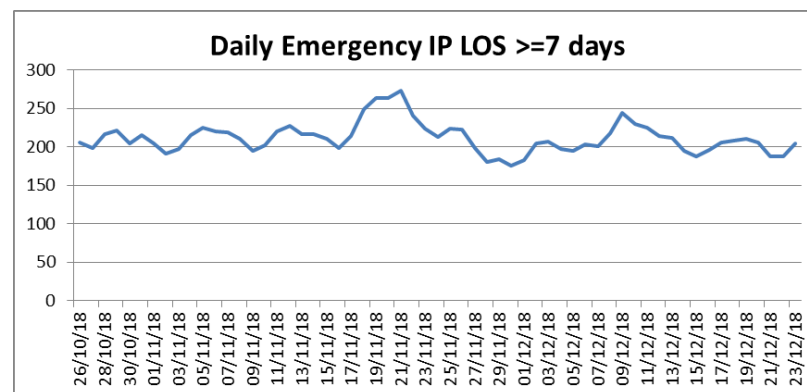
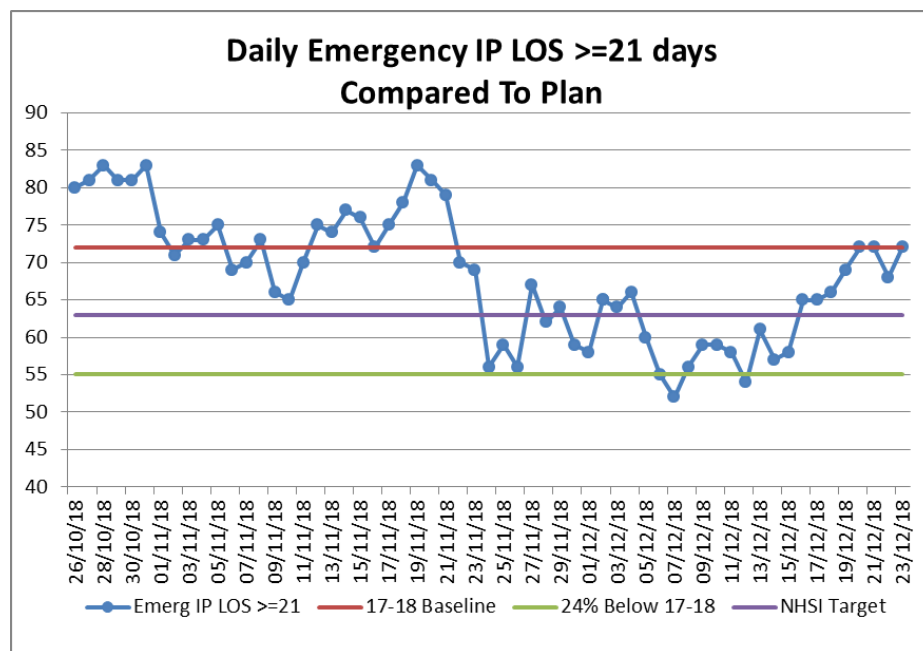
ECS Performance - AED Type 1, 2 & 3 attendances



Performance in last reporting period

- ECS Type 1 & 3 performance for December 2018 to date is 78.59%
- ECS Type 1, 2 & 3 performance for December 2018 to date is 81.84%
- Average daily type 1 & 3 attendances in December 2018 have remained high at 384
- Year to date performance is now 82.22% for Type 1 & 3 and 84.91% for Type 1, 2 & 3

Stranded Patient (aged 18+) Performance



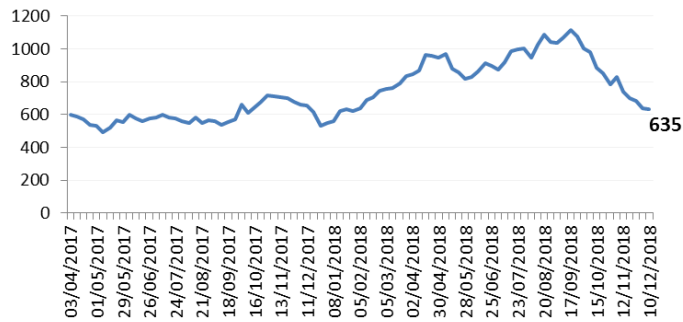
Performance in last reporting period

- The daily number of patients reported as having a length of stay (LOS) greater than 21 days has started to increase and over the last 14 days has been above the adjusted ambition of 55 (set at 24% below the 2017-18 baseline)
- The daily average for November was 70 and has reduced to 62 for December to date (7 above target)
- The charts above exclude community beds as per the sit-rep but as our SUS submissions don't currently exclude these the national dashboard will continue to show a higher number
- The last MDT LOS review took place on Tues 18th Dec. In the days before xmas we had a few patients delayed because home care packages were taking slightly longer because of the demand.

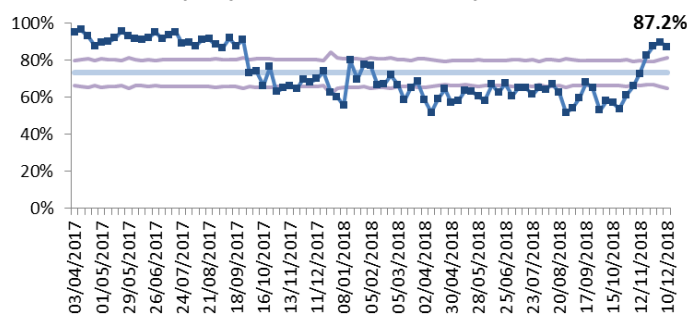
Cancer 2WW (as at 16-12-2018)

KPI	Standard	Aug-18	Sep-18	Oct-18
14 Day GP Referral for all Suspected Cancers	93.0%	59.7%	62.6%	55.8%
		QTR =59.2%		

Historical Waiting List (All Specialties, All Consultants)



% Seen on Time (All Specialties, All Consultants)



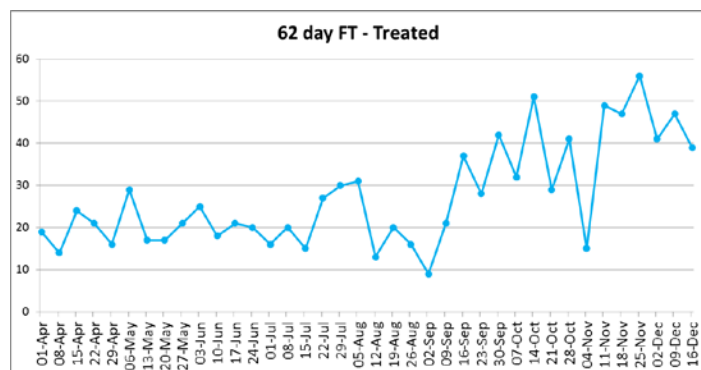
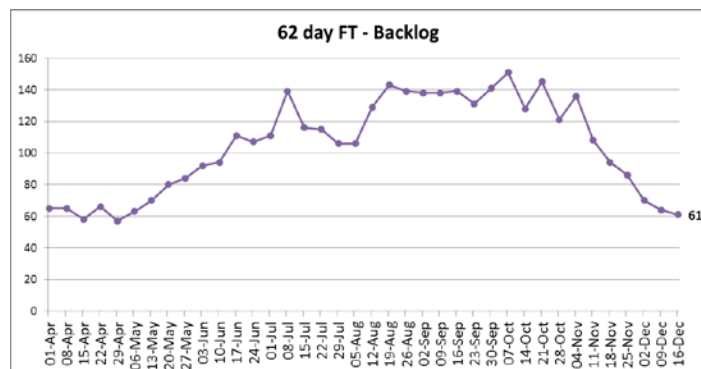
14 Day Cancer Standard by Tumour Site			Projected based on latest patients seen and patients booked data			Recovery Plan
Tumour site	Operational standard	YTD 18/19	Validated	Projected	Projected	Deadline
			Oct-18	Nov-18	Dec-18	Month
TOTAL TRUST	Seen within Target	5987.0	1004.0	1377.0	1150.0	Jan-19
	Total Seen	9593.0	1800.0	1836.0	1300.0	
	93%	62.41%	55.78%	75.00%	88.46%	
Breast	Seen within Target	1818.0	311.0	325.0	292.0	Compliant
	Total Seen	1955.0	332.0	347.0	317.0	
	93%	92.99%	93.67%	93.66%	92.11%	
Gynaecological	Seen within Target	582.0	118.0	110.0	100.0	Compliant
	Total Seen	660.0	124.0	114.0	110.0	
	93%	88.18%	95.16%	96.49%	90.91%	
Haematological	Seen within Target	108.0	18.0	21.0	18.5	Dec-18
	Total Seen	121.0	21.0	22.0	19.5	
	93%	89.26%	85.71%	95.45%	94.87%	
Head & Neck	Seen within Target	983.0	142.0	183.0	150.0	Compliant
	Total Seen	1113.0	150.0	196.0	160.0	
	93%	88.32%	94.67%	93.37%	93.75%	
Lower GI	Seen within Target	879.0	171.0	216.0	190.0	Dec-18
	Total Seen	1346.0	211.0	278.0	233.0	
	93%	65.30%	81.04%	77.70%	81.55%	
Lung	Seen within Target	257.0	28.0	31.0	43.0	Compliant
	Total Seen	263.0	28.0	32.0	43.0	
	93%	97.72%	100.00%	96.88%	100.00%	
Skin	Seen within Target	276.0	49.0	280.0	380.0	Dec-18
	Total Seen	2263.0	644.0	509.0	400.0	
	93%	12.20%	7.61%	55.01%	95.00%	
Upper GI	Seen within Target	615.0	90.0	110.0	110.0	Dec-18
	Total Seen	729.0	114.0	130.0	127.0	
	93%	84.36%	78.95%	84.62%	86.61%	
Urological	Seen within Target	290.0	40.0	75.0	80.0	Jan-19
	Total Seen	791.0	127.0	169.0	114.5	
	93%	36.66%	31.50%	44.38%	69.87%	

Performance in last reporting period

- Number of patients seen has increased and is above the weekly referral rate allowing for the waiting list to be reduced (down to 635).
- Patients seen on time remains at over 80% but there will be a slight deterioration in Breast and Gynaecology performance due to patient delaying first attendance over the Christmas period.
- Lower GI and Upper GI will improve in line with the outsourcing of endoscopy tests to the independent sector which commenced early December
- There is also a risk to Urology recovery as the Locum Consultant post will not be filled in December as expected – ad-hoc capacity is in place to prevent the waiting list growing until the Locum starts in January.

Cancer 62 day (as at 16-12-2018)

KPI	Standard	Aug-18	Sep-18	Oct-18
62 day GP Referral to Treatment	85.0%	62.5%	68.3%	62.3%
QTR =64.4%				



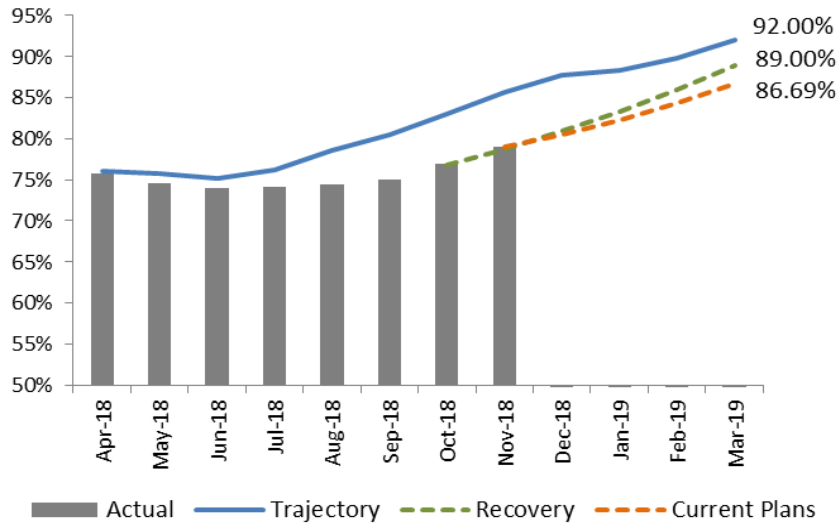
62 Day Cancer Standard by Tumour Site			Forecast based on YTD averages and known future breaches			Recovery Plan
			Validated	Projected	Projected	Deadline
			Oct-18	Nov-18	Dec-18	Month
Tumour site	Operational standard	YTD				
TOTAL TRUST	Treated Within Target	366.5	62	63.0	70.5	Mar-19
	Total Treated	546.0	99.5	98.0	97.0	
	85%	67.12%	62.31%	64.29%	72.68%	
Breast	Treated Within Target	71.0	11.5	15.5	14.5	Compliant
	Total Treated	75.0	11.5	15.5	16.5	
	85%	94.67%	100.00%	100.00%	87.88%	
Gynaecological	Treated Within Target	16.0	5.0	4.5	5.0	Dec-18
	Total Treated	20.5	6.5	4.5	5.5	
	85%	78.05%	76.92%	100.00%	90.91%	
Haematological	Treated Within Target	18.0	3.0	1.5	3.0	Mar-19
	Total Treated	29.0	5.0	5.0	5.0	
	85%	62.07%	60.00%	30.00%	60.00%	
Head & Neck	Treated Within Target	16.0	5.5	2.0	2.5	Mar-19
	Total Treated	32.5	8.5	6.0	5.5	
	85%	49.23%	64.71%	33.33%	45.45%	
Lower GI	Treated Within Target	14.0	1.0	1.0	2.5	Mar-19
	Total Treated	35.5	6.0	9.5	5.5	
	85%	39.44%	16.67%	10.53%	45.45%	
Lung	Treated Within Target	15.5	2.5	0	2.0	Mar-19
	Total Treated	29.0	3.5	3.0	5.0	
	85%	53.45%	71.43%	0.00%	40.00%	
Upper GI	Treated Within Target	6.0	0.5	2.5	0.5	Mar-19
	Total Treated	12.5	4.0	3.0	3.0	
	85%	48.00%	12.50%	83.33%	16.67%	
Skin	Treated Within Target	140.0	26	17.5	24	Mar-19
	Total Treated	159.0	28.0	25.0	28.0	
	85%	88.05%	92.86%	70.00%	85.71%	
Urological	Treated Within Target	63.5	6.5	11.5	10	Mar-19
	Total Treated	141.0	25.0	21.5	22.0	
	85%	45.04%	26.00%	53.49%	45.45%	

Performance in last reporting period

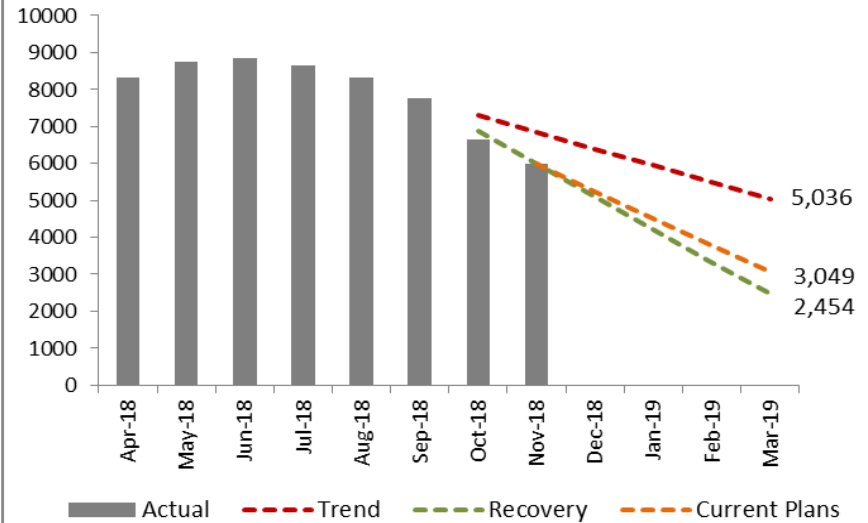
- The number of patients treated in the last two weeks has remained high which has helped bring the backlog down further – this week is less than half the peak number from late summer with 61 patients over 62 days.
- Reported performance will be below standard for Nov & Dec due to this clearance but recovery by March 2019 remains likely.
- The only area of risk to note is Urology, specifically the prostate pathway, as there is an unexpected clinical oncology capacity gap which we are working with Leeds to mitigate. There is also a delay in appointment the Locum consultant which would free up surgical capacity.

RTT Performance (as at 16-12-2018)

Monthly RTT Incomplete Performance



Monthly RTT Incomplete >18 Week Waits



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18*
RTT Incomplete Performance	75.69%	74.61%	73.91%	74.17%	74.42%	75.09%	76.98%	79.01%	79.71%
RTT Incomplete WL > 18 weeks	8,327	8,738	8,862	8,657.0	8,316	7,747	6,644	5,977	5,732
RTT Incomplete Total WL Size	34,250	34,420	33,973	33,521	32,514	31,106	28,866	28,477	28,257
Change in Total WL Size (to previous month)	+344	+170	-447	-452	-1,007	-1,408	-2,240	-389	-220

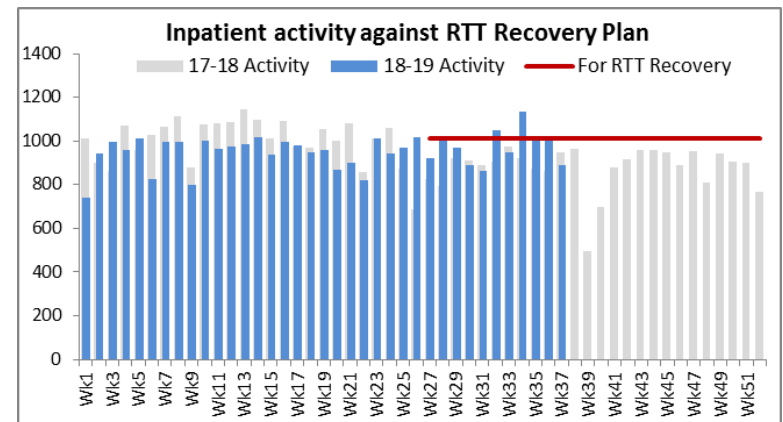
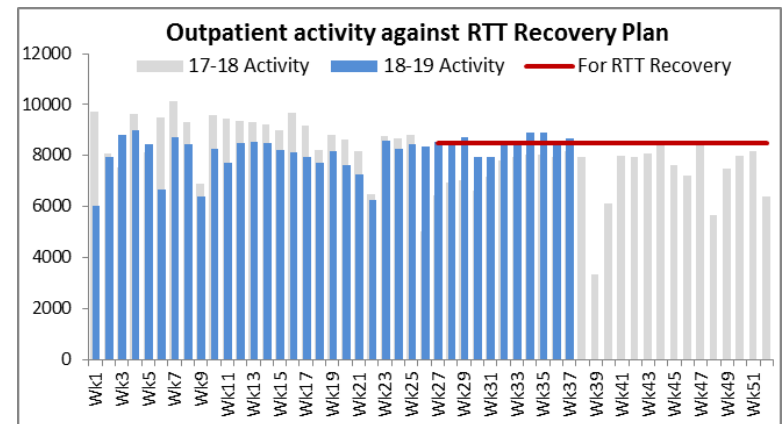
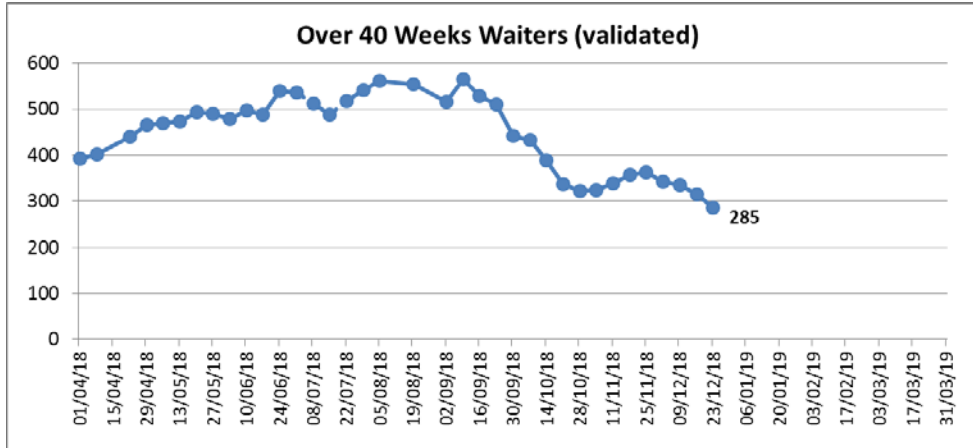
Performance in last reporting period

- Total WL continues to reduce - November 2018 represents the 6th successive reduction in monthly figures
- Total WL has reduced by 5,773 since April 2018
- Reported RTT performance for November (79.01%) is in line with the recovery plan

*December 2018 projected performance is based on latest census and estimated validation pre-submission

RTT Recovery Plans (as at 16-12-2018)

Long wait management	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
RTT Incomplete 52 Week Breaches	3	2	2	8	14	3	1	0	0
RTT Complete 52 Week Breaches	14	5	3	9	27	22	6	4	
RTT Incomplete Waits > 40 Weeks	442	484	498	553	561	449	315	333	285



Performance in last reporting period

- Long waits have stabilised in recent weeks after a period of reduction – daily review down to 35 weeks in place to support waiting time reduction.
- There were no 52 week incomplete pathways reportable for November or December
- Elective inpatient and outpatient activity has been increased to meet the overall volumes needed for RTT recovery - although elective inpatient activity dropped slightly in the last 7 days

Diagnostic Performance (as at 16-12-2018)

DM01:

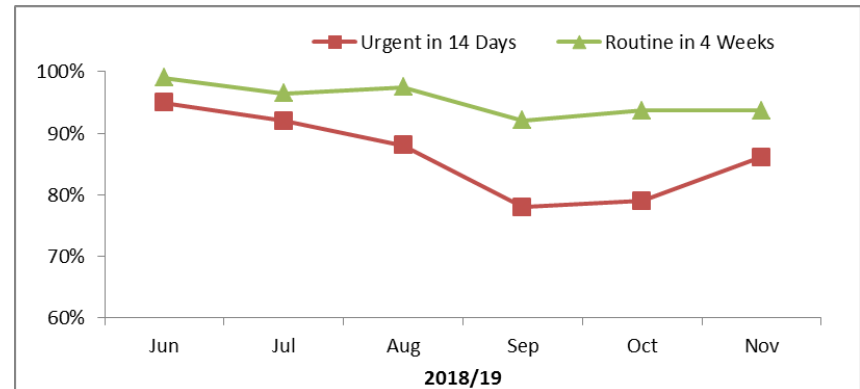
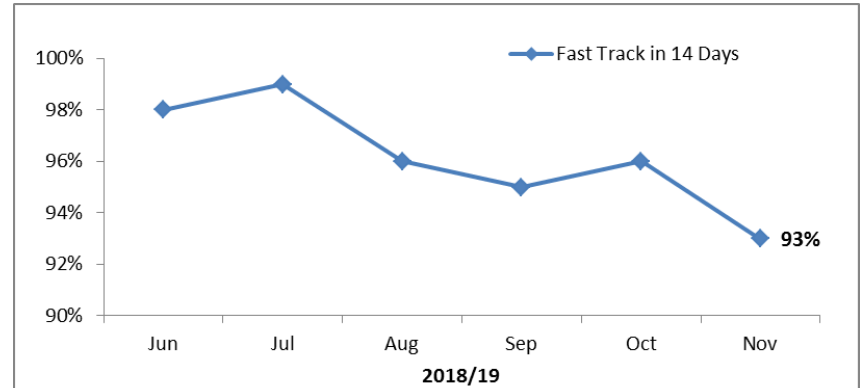
DM01	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Breaches	13	5	21	33	38	44	779	784
Total Waits	5858	6147	5770	5602	5180	5293	7287	7214
Performance	99.78%	99.92%	99.64%	99.41%	99.27%	99.17%	89.31%	89.13%

November 2018 DM01 Performance

		Colonoscopy	Flexi Sigmoidoscopy	Cystoscopy	Gastroscopy	BTHFT Total
Performance Against Recovery Plans	Total WL - Nov-18	426	162	368	473	7214
	Target breaches	162	51	203	157	631
	Actual breaches	246	76	246	217	784
	Actual performance	43.90%	53.09%	33.15%	54.12%	89.13%
	Breaches to clear in Dec-18	39	9	46	22	158

Recovery Plan Trajectories	Oct-18	52.46%	60.51%	31.14%	58.69%	89.31%
	Nov-18	61.76%	68.21%	44.71%	66.75%	91.25%
	Dec-18	71.07%	75.91%	58.28%	74.81%	93.19%
	Jan-19	80.38%	83.60%	71.86%	82.88%	95.12%
	Feb-19	89.69%	91.30%	85.43%	90.94%	97.06%
	Mar-19	99.00%	99.00%	99.00%	99.00%	99.00%

Radiology Turnaround Times:



Performance in last reporting period

- Performance remains below target for November 2018 (as additional activity has been focused on Fast Track waits initially)
- Additional activity from the independent sector and further validation of the waiting lists will support recovery throughout December
- MRI 6 week performance is now above the 99% target following the successful clearance of the shoulder arthrograms backlog
- Radiology turnaround times for Fast Track patients deteriorated in November with 60 of 65 breaches relating to the capacity gaps (staff sickness) for CT virtual colonoscopies – this gap has been covered from early December 2018 with visible improvement in weekly data

Financial Recovery Plan 1

Planned and Actual Delivery – November 2018

Details	Plan	Actual	Variance
Balance Sheet Adjustments	0	69	69
Deferred Income	0	317	317
Agency - Calman Cancer	0	14	14
CEAs	0	160	160
CNST rebate	244	244	0
Total Recovery Plan measures	244	804	560

- Majority of plans scheduled to deliver from December onwards
- Only £0.24m planned for November – this was delivered (CNST rebate)
- Original expectation was to accrue further ADM benefits into November
- Decision taken to defer ADM accruals into Q4 and to deliver Q3 using other means to reinforce Q3 control total delivery
- A total of £0.56m of existing recovery plan measures brought forward into Month 8
- With the exception of the £14k from Calman Cancer, these are *not* additions to the year end forecast delivery (ie they are not new plans)

Financial Recovery Plan 2

Main Changes to Forecast Year End Delivery at 20 December 2018

Details	Plan	Forecast	Variance	Reason
Orthotics appliances	40	0	-40	overspend is offset by income in run rate, no opportunity
Paediatrics Locum	60	0	-60	post needs to continue pending substantive recruitment
Deferred Income	300	571	271	additional deferred income identified
Autism backlog	21	40	19	external funding identified
Antenatal clinic excess staffing	28	0	-28	offset by shortfalls elsewhere in midwifery
Admin Agency	161	190	29	more early leavers, may improve further
System Resilience overspend	99	0	-99	not possible to reduce spend without impacting flow
Total major changes	609	801	192	

- A number of proposals totalling £227k from the original list were determined to be unviable when the QIA process was completed in December 2018.
- These deductions from the forecast have been offset by increases in other schemes, most notably the identification of £271k of additional non-recurrent income.
- The forecast for Admin & Clerical agency savings is £29k better than originally envisaged and it is expected that this position will improve further due to a number of additional leavers.

Financial Recovery Plan 3

Highest Risk Plans with 18/19 target above £50k

Lead	REF	Details	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
J Holden	G6	Pathology JV dividend			100		100
K Dawber	C14	Dynamic mattress hire overspend	15	15	15	15	60
K Dawber	F1	Winter agency / bank profile - no increase (Nurses)	200	200	200	200	800
K Dawber	F11	Rostering policy compliance - Wards, ED, Theatres		50	50	50	150
K Dawber	F12	Rostering policy compliance - AHPs and Scientists		20	20	20	60
M Homer	B8	Finance - Overseas income, increase capture	13	13	13	13	51
M Homer	C10	Wheelchairs - run rate overspend (limit to within CCG funding)	20	20	20	20	80
M Homer	C17	Ward consumables - 10% reduction	43	43	43	43	171
M Homer	G2	Consultant Anaesthetist overpayment recovery	88	8	8	8	121
P Campbell / S Shannon	F7	Agency - E&F staff	40	40	40	40	160
S Shannon	B7	Pharmacy - eliminate run rate overspend	24	24	24	24	95
S Shannon	C11	Orthopaedic loan kit - reduce by 25%	12	12	12	12	47
S Shannon	C15	Drugs wastage / order volumes	50	50	50	50	200
S Shannon	C19	Estates Operational Maintenance reduce non-pay run rate by 10%	17	17	17	17	68
S Shannon	F2	Winter agency / bank profile - no increase (Doctors)	100	100	100	100	400
S Shannon	F5	Overtime suspended - Admin & Clerical	22	22	22	22	88
P Campbell	D9	Junior Doctors - reduce £140k per month overspend by 10% (Bank)2	14	14	14	14	56
P Campbell	F14	Specialing on wards (Enhanced Care project)		25	25	25	75
P Campbell	F3	Vacancy freeze non-clinical posts (Nov 18 - Mar 19)			39	68	107
P Campbell	F4	Vacancy freeze - targeted clinical posts		10	20	30	60
TBC?	C1	Study leave, course fees and related travel & subs. - reduce by 60%		33	33	33	98
Grand Total			657	715	864	803	3,046

Financial Recovery Plan 4

Nurse & HCA rostering / bank / agency – target >£1M

- Baseline for forecast is average usage April to October 2018
- November and December fill rates are well below this
- Need to see substantive costs for December for context but the trend looks positive *financially*

