

Meeting Title	Board of Directors		
Date	10 January 2019	Agenda item	Bo.1.19.19

PERFORMANCE REPORT – FOR THE PERIOD NOVEMBER 2018

Presented by	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive		
Author	Carl Stephenson, Head of Performance		
Lead Director	Sandra Shannon, Chief Operating Officer//Deputy Chief Executive		
Purpose of the paper	To inform the committee of current levels of performance and associated plans for improvement.		
Key control	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets.		
Action required	To note		
Previously discussed at:	N/A		
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

This report provides an overview of performance against several key national indicators as at the end of November 2018.

Analysis

Emergency Care Standard:

- Performance for November 2018 has been reported at 75.20% for Type 1 & 3 attendances.
- The emergency care improvement project continues to drive a range of actions which will support delivery of this standard in future months.
- Winter schemes include whole system working focusing on admission avoidance and attendance diversion.
- Following November performance deterioration a number of command and control actions have been taken focusing on leadership and escalation.

Ambulance Handovers:

- The number of Ambulance handover delays increased in November 2018 with 97 30-60 minute breaches and 52 60+ minute breaches.
- An improvement work-stream has been established including BTHFT and YAS to support a reduction in handover delays.

Cancer Standards:

- Cancer 2 Week Wait performance for October 2018 was 55.78% (target is 93%).
- Cancer 31-day First Treatment performance for October 2018 was 84.83% (target is 96%).
- Cancer 62-day First Treatment performance for October 2018 was 62.31% (target is 85%).
- Cancer 62-day Screening performance for October 2018 was 83.93% (target is 90%).
- The Cancer Improvement Programme continues. Pathway improvements include the implementation of the Lung optimal pathway and revised Dermatology pathway.
- Recovery is expected in January 2019 for 2 week waits, although December 2018 performance will be a clear improvement.
- 31 and 62 day treatment targets will not be met until later in Q4 but increasing treatment numbers and reduced backlogs provide confidence that the Trust will achieve targets by March 2019.

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Referral to Treatment:

- No patients were reported as waiting 52 weeks or more on an Incomplete RTT pathway for November 2018.
- The total waiting list size for RTT reduced for the sixth consecutive month (down to 28,477 at the end of November which is a reduction of 5,773 since April 2018).
- A consolidated recovery plan is in place ensuring additional activity is provided to clear backlogs and those patients waiting the longest are given robust management plans and monitored closely until treatment is complete.
- Recovery plans are in place for all specialties focused on additional activity to treat the longest waits and performance is expected to achieve 89% by March 2019.

Diagnostic waiting times:

- DM01 performance was 89.13% for November and now includes Endoscopy tests.
- Recovery plans for Colonoscopy, Flexi Sigmoidoscopy, Cystoscopy and Gastroscopy are in place to support clearance of a 784 patients by March 2019.

Other Exceptions:

- A confirmed MRSA bacteraemia was apportioned to the Trust in November 2018.
- A never event was recorded in November under Oral Surgery; a patient had the wrong tooth removed. This is the fourth never event in 2018-19.
- The standard for seeing late referrals for pregnancy within 2 weeks was missed for the second month (at 87.7% in November against a 90% target).
- TOPS performance for referral to appointment within 5 days again did not meet the 95% target in November due to capacity and training issues.
- TOPS performance for treatment following decision to proceed within 5 days was also missed. A recovery plan is in place for both targets and will be subject to review with the CCG.

Recommendation

The committee is asked to:

- Receive assurance that overall delivery against of performance indicators is understood.
- Note the escalation of areas of underperformance and be assured on the improvement actions defined.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					

Explanation of variance from Board of Directors Agreed General risk appetite (G)	Current performance against trajectories indicate that there is limited confidence in delivering the required standard in quarter: Recovery plans are in place for the contractual KPIs for RTT, ECS and Cancer. These are yet to deliver.
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Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	✓	
Quality implications	✓	
Resource implications	✓	
Legal/regulatory implications	✓	
Diversity and Inclusion implications		✓

Regulation, Legislation and Compliance relevance
NHS Improvement: Single Oversight Framework
Care Quality Commission Domain: <i>Safe, caring, effective, responsive, well led</i>
Care Quality Commission Fundamental Standard:
Other (please state): Commissioning contracts with CCG and NHS England

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)

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APPENDIX 1 PERFORMANCE REPORT FOR THE PERIOD NOVEMBER 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

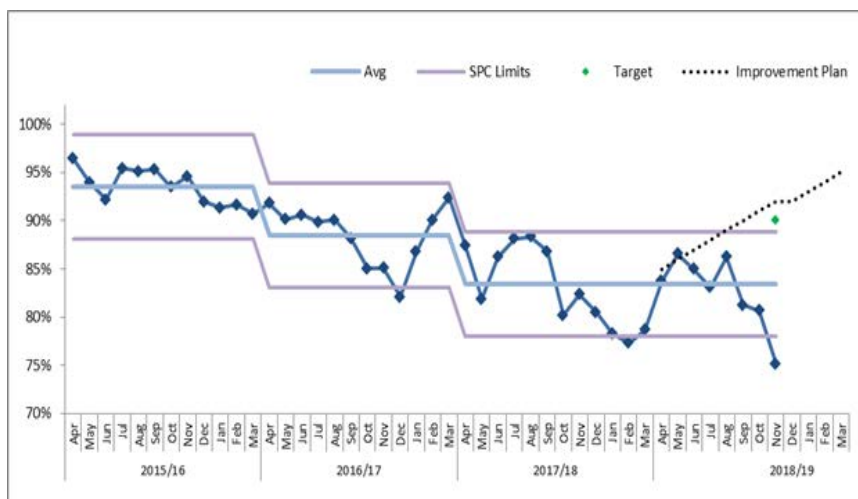
The latest reported performance is behind the original plan for all three measures where a formal improvement trajectory was submitted in the Trust's annual plan. An improvement programme is in place for each measure. Both RTT and Cancer are on track to deliver plan by March 2019.

Table 1: Measures with improvement trajectories in the annual plan

Measure	Latest Month	Performance	Original Plan
Emergency Care Standard	November	75.2%	92.0%
Referral to Treatment - Incomplete	November	79.0%	85.7%
Cancer – 62-day First Treatment	October	62.3%	85.0%

3. Emergency Care Standard (Type 1&3)

Figure 1: Monthly ECS Performance – BTHFT



The Foundation Trust reported a position of 75.20% for the month of November 2018. This represents deterioration on the previous month (80.69%, -5.5%).

Year to date (YTD) performance is 82.73% which is an improvement on the latter half of 2017-18 but significantly lower than previous years, as shown in figure 1.

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Figure 2: ECS Performance – National Comparison

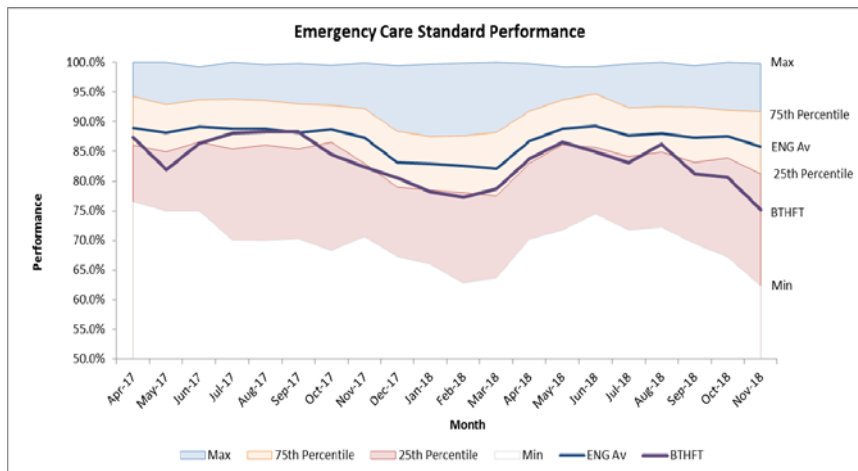


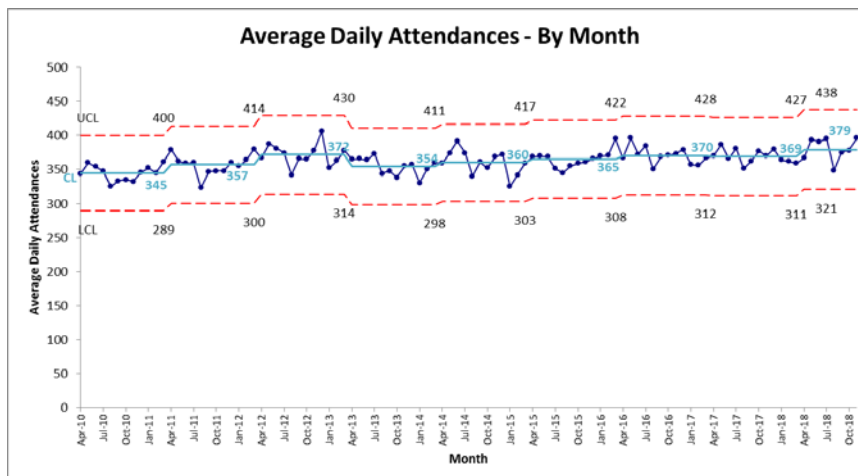
Figure 2 shows ECS performance for acute Trusts in England for which BTHFT currently sits below the 25th percentile.

ECS Performance and Attendances - BTHFT

In November, there were 11,889 attendances in A&E (types 1 and 3), of which 2,949 breached the 4 hour target, giving a performance of 75.20%.

This compares with 11,716 attendances and 2,262 breaches in October (80.69% performance), and 11,110 attendances and 1,962 breaches in November 2017 (82.34% performance).

Figure 3. Type 1& 3 A&E Attendances - BTHFT



Daily average attendances for November were 396 compared with 378 in October 2018 and 370 in November 2017.

Year to date (April to November) attendances show an increase of 2.73% compared with 2017-18, with a daily average of 382 over the seven months (full year 17-18 averaged 369 daily).

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. The direct admission respiratory pathway launched in November which will help reduce A&E attendances.

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Further improvement will be delivered through whole system working focusing on admission avoidance and wider system improvement in conjunction with external partners such as social services and the voluntary sector. Key schemes include:

- The launch of the GP advice line in early January to prevent unnecessary referrals to A&E
- Paramedic secondments to increase capacity in minors
- Increased capacity for ambulatory pathways with the recruitment on a Locum Acute Physician
- The new minor illness/ injury unit (green zone) which will now open in January
- A work as one system week planned for 21-January-2019

Alongside these improvement initiatives the Trust has recognised the need to take urgent remedial action to reverse the deteriorating trend in performance. A command and control structure has been introduced to provide hourly escalation and action. Senior nursing capacity has been enhanced and further management changes will be introduced in coming weeks.

4. Ambulance Handover Performance

Figure 4: Ambulance Handover Performance

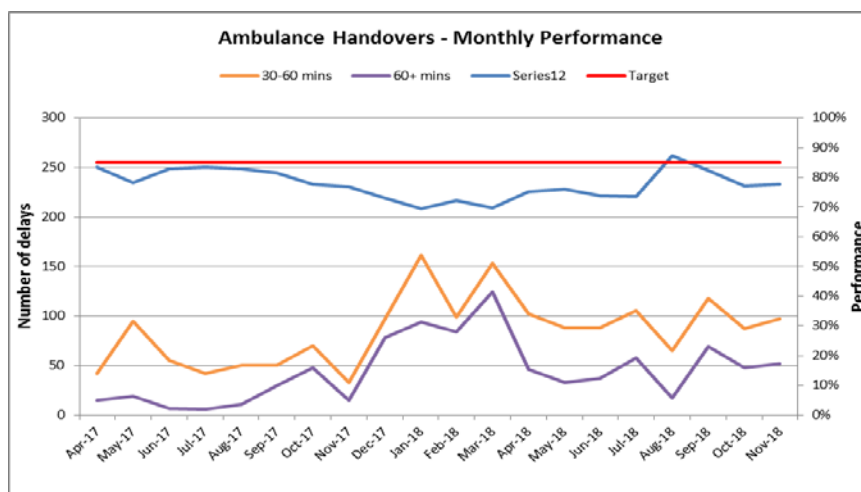
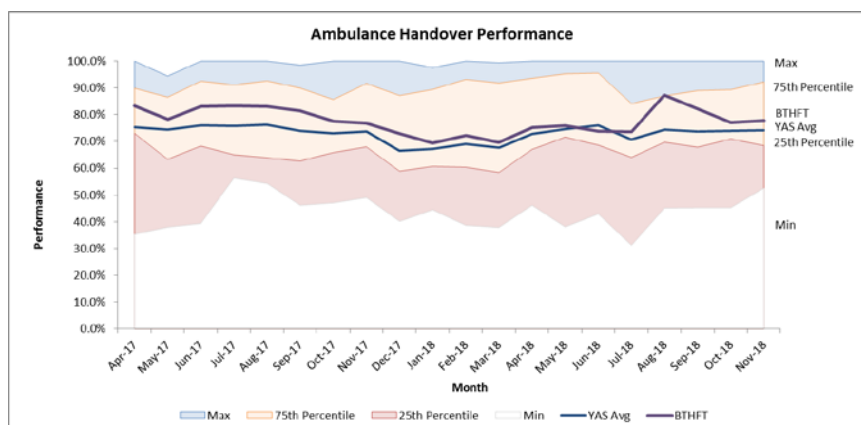


Figure 5 shows an increase in the number of monthly handovers over 30 minutes.

In November there were 97 handovers of 30 to 60 minutes and 52 over one hour, with performance of 78.99%.

Figure 5: Ambulance Handovers – Yorkshire Comparison



BRI has high handover numbers after 15 minutes but as a proportion of all handovers performs well compared to peers across the region.

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Ambulance Handover Improvement

An improvement work-stream has been established to focus on this indicator.

A Hospital Ambulance Liaison Officer (HALO) is now on site to support the handover process and the ED team has formed strong links with YAS and in particular the YAS locality manager for Bradford, as well as the HALO. This has created a team approach which is proving effective and we hope to demonstrate considerable improvement in handover times in the coming weeks.

The validation process has been strengthened which will improve report accuracy and also identify specific action that BTHFT or YAS can take to improve future performance.

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5. Cancer Standards

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

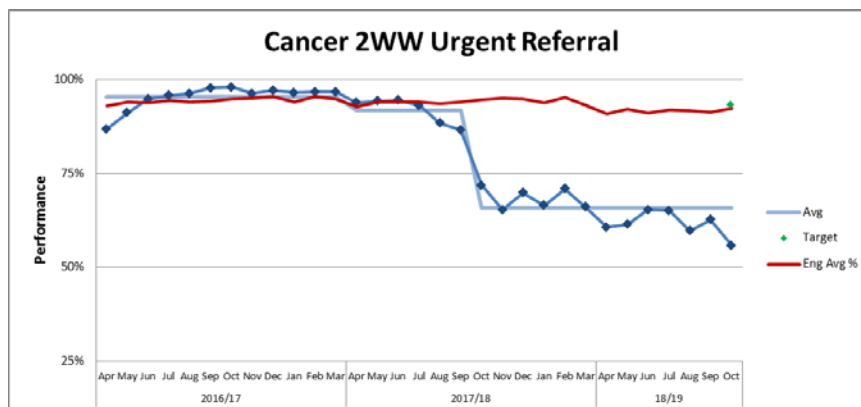
Table 2: Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	Apr-17	May-17	Jun-17	Jul-17	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	Sep-18	Oct-18
14 day GP referral for all suspected cancers	93%	93.8%	94.2%	94.5%	93.0%	88.4%	86.5%	71.8%	65.3%	69.8%	66.5%	70.9%	66.0%	60.6%	61.4%	65.3%	65.1%	59.7%	62.6%	55.8%
14 day breast symptomatic referral	93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%		100.0%	100.0%	100.0%		100.0%	100.0%	100.0%
31 day first treatment	96%	97.6%	99.4%	98.0%	98.1%	96.5%	96.8%	98.5%	93.8%	97.3%	96.2%	97.7%	97.4%	96.0%	96.0%	93.6%	91.2%	84.7%	86.6%	84.8%
31 day subsequent drug treatment	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day subsequent surgery treatment	94%	96.7%	95.1%	94.0%	97.8%	96.9%	100.0%	95.1%	94.6%	95.5%	95.5%	97.0%	96.9%	94.6%	97.3%	94.3%	95.3%	96.3%	97.6%	94.6%
62 day GP referral to treatment	85%	80.3%	79.6%	76.8%	75.0%	83.7%	77.2%	73.5%	74.7%	78.3%	73.6%	67.8%	72.4%	73.5%	68.7%	60.2%	70.2%	62.5%	68.3%	62.3%
62 day screening referral to treatment	90%	93.5%	100.0%	100.0%	93.9%	91.7%	78.9%	91.8%	85.7%	94.7%	90.0%	97.0%	89.7%	76.5%	93.1%	90.9%	90.6%	95.3%	93.9%	83.9%
62 day consultant upgrade to treatment		100.0%	100.0%	100.0%	100.0%	100.0%	82.4%	16.7%	66.7%	100.0%	44.4%		100.0%	83.3%	0.0%	33.3%	77.8%	57.1%	33.3%	78.6%

Failure of the 31-day First Treatment standard was due to the same Urology capacity issues which are impacting on the 62-day standard. The breaches of the 62 day screening standard were for complex pathways following breast screening, each of which will be have a full timeline review completed to support improvement actions as required.

5.1. Cancer 2 Week Wait (2WW)

Figure 3: Cancer 2WW (for urgent referrals) performance (Target 93%)



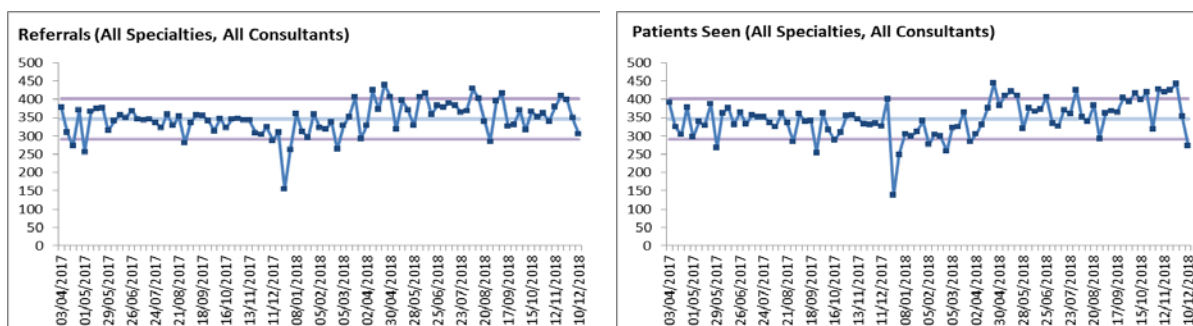
Historically, Cancer 2 Week Wait performance remained stable averaging around the target of 93% until August 2017.

Following the implementation of EPR in 2018/19, the trend has continued downwards, with 2018/19 YTD performance of 61.36%.

In October, the number of breaches increased to 796 from 562, and performance deteriorated from 62.6% to 55.8%. There were, however, significantly more patients with urgent referrals in October, 1,800 compared with 1,504 in September.

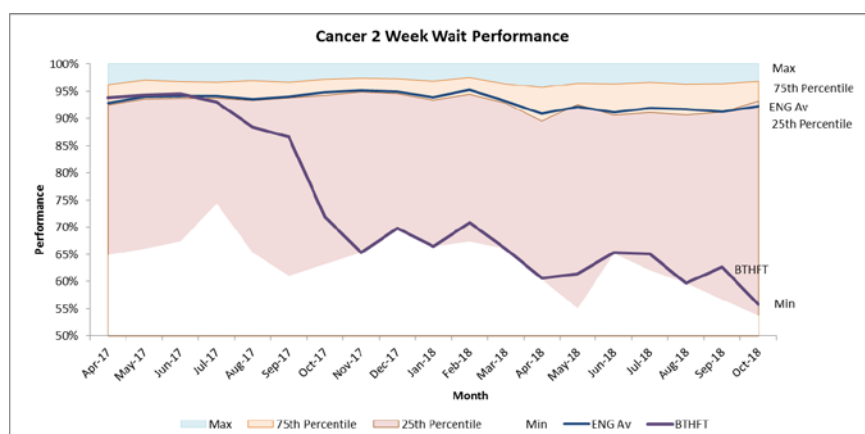
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Figure 4: 2WW Referrals and Patients Seen



Over the past 18 months, the average number of referrals has increased by around 50 per week. The increase in waiting list size this created meant more patients being seen outside of 2 weeks. The clearance of this backlog commenced fully during October resulting in an initial deterioration in performance but November and December projections suggest significant recovery since.

Figure 5: 2WW National Comparison - BTHFT



The average performance for Cancer 2 week wait has deteriorated across the whole of England.

Table 3: Performance by Tumour Site

Site	Target	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Trust	93%	71.8%	65.3%	69.8%	66.5%	70.9%	66.0%	60.6%	61.4%	65.3%	65.1%	59.7%	62.6%	55.8%
Brain/CNS	93%	90.9%	66.7%	93.3%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	81.8%	90.9%
Breast	93%	93.8%	93.8%	90.4%	92.8%	80.9%	78.7%	90.3%	88.9%	96.8%	95.2%	92.0%	95.7%	93.7%
Children	93%	100.0%	50.0%	72.7%	70.0%	37.5%	70.0%	33.3%	63.2%	42.9%	38.5%	20.0%	58.3%	35.3%
Gynae	93%	94.7%	91.1%	80.2%	82.3%	90.5%	89.4%	90.5%	82.3%	90.7%	93.1%	85.6%	89.0%	95.2%
Haematology	93%	76.9%	68.2%	95.0%	22.2%	40.0%	16.7%	79.2%	100.0%	100.0%	88.2%	88.0%	88.5%	85.7%
Head & Neck	93%	57.5%	89.4%	88.2%	83.8%	91.8%	85.2%	86.0%	92.0%	88.3%	86.2%	86.7%	91.0%	94.7%
Lower GI	93%	84.8%	44.5%	81.0%	63.0%	71.9%	70.3%	38.6%	47.2%	66.7%	80.2%	65.8%	57.4%	81.0%
Lung	93%	98.1%	100.0%	95.0%	98.2%	97.7%	95.6%	95.5%	96.2%	98.1%	100.0%	97.1%	100.0%	100.0%
Other	93%	92.9%	87.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	62.5%	92.9%	78.3%	100.0%
Skin	93%	30.4%	11.6%	8.3%	14.6%	9.1%	7.6%	22.6%	19.7%	10.1%	5.4%	8.2%	5.4%	7.6%
Testicular	93%			100.0%	100.0%			0.0%	100.0%					
Upper GI	93%	93.3%	93.0%	95.6%	78.6%	95.2%	95.4%	83.3%	85.2%	90.2%	83.6%	78.4%	83.5%	78.9%
Urology	93%	69.7%	69.7%	90.3%	90.2%	93.3%	82.4%	35.8%	33.3%	26.7%	21.7%	44.6%	63.1%	31.5%

The 2WW target of 93% was not achieved in 7 out of 12 tumour sites. The greatest areas of concern remain skin cancer (7.61%, 595 breaches), urology (31.5%, 87 breaches), lower GI (81.04%, 40 breaches), upper GI (78.95%, 24 breaches) and paediatrics (35.29%, 11 breaches).

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Table 4: Recovery Plans for Cancer 2WW

Speciality	2WW Compliance	Trust performance should reach 90% in December but Urology recovery isn't expected until January/February which will allow the Trust to exceed to 93% standard. All areas have made significant progress on 2WW backlogs providing confidence that recovery deadlines will be achieved, with a slight delay accepted in Lower and Upper GI as Endoscopy improvements were implemented.
Breast	Compliant	
Gynaecology	Compliant	
Haematology	Dec-18	
Head & Neck	Compliant	
Lower GI	Dec-18/Jan-19	
Lung	Compliant	
Skin	Dec-18	
Urology	Jan-19/Feb-19	
Upper GI	Dec-18/Jan-19	
TRUST	Jan-19	

Cancer 2WW Improvement

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

A deep dive review of all recovery plans by tumour site was completed on 21-Nov-2018. Capacity and Demand gaps have been covered and booking processes reviewed for Breast, Gynaecology, Head and Neck, and Haematology with predicted performance improving to 93% for all sites with compliance expected from December 2018.

Action to stop out-of-area referrals to general dermatology has been completed. This has allowed increased cancer capacity to be put into place which has reduced the waiting list to a sustainable level with booking within 2 weeks achieved by the end of November 2018 and recovery to 93% in December 2018.

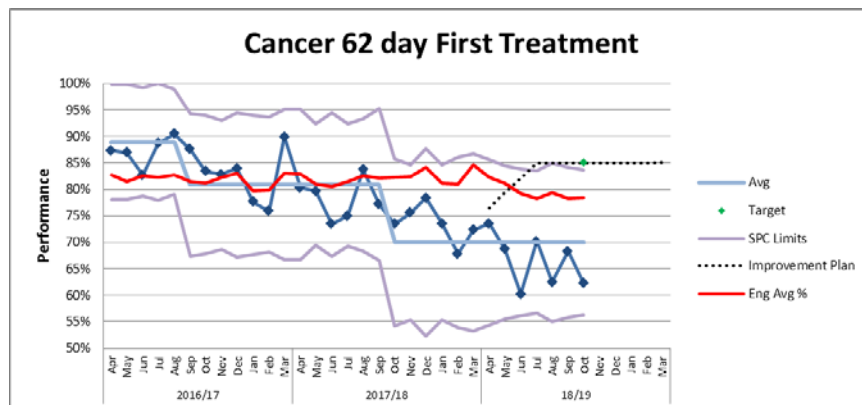
The Urology Service is currently delivering additional prostate assessment capacity; Leeds is assisting with oncology capacity and a bid for additional resource in support of the prostate pathway has been approved with increased capacity expected from January 2019. Improvement is expected during December with recovery in Q4.

A detailed recovery programme is in place in Endoscopy to support the booking process and help maximise unit throughput. This will support an increase in one stop colonoscopy appointments. Refinements to the booking process has started to reduce DNA rates which if sustained will cover the capacity gap for both Lower and Upper GI, which alongside some additional clinics in the short term will help recover 2WW performance by Q4.

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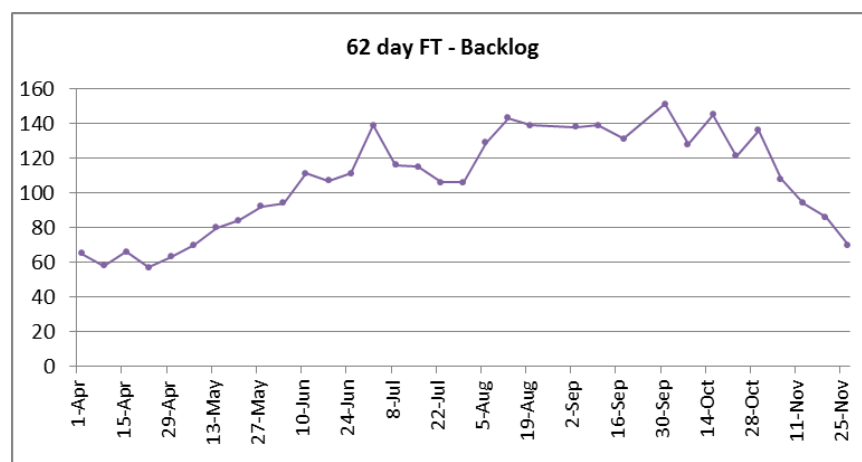
5.2. Cancer 62 day First Treatment

Figure 6: Cancer 62 Day First Definitive Treatment performance (Target 85%)



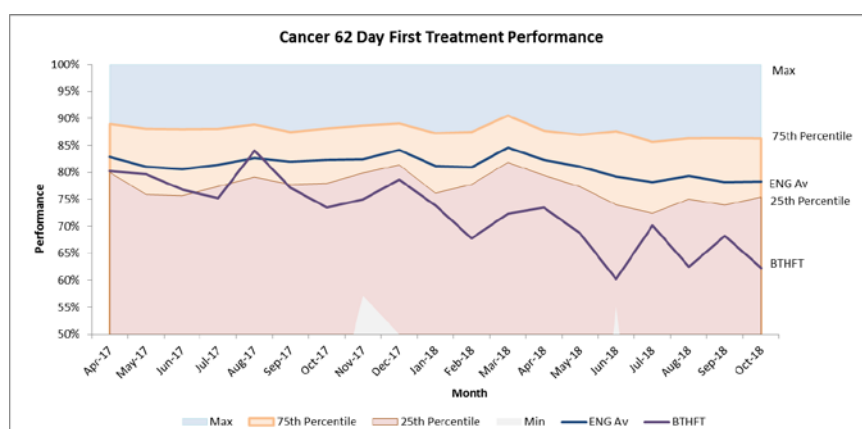
Cancer 62 day performance has deteriorated steadily over the past 2½ years. YTD performance is 66.38% and recovery plans are place to achieve 85% by March 2019.

Figure 7: Patients Waiting Over 62 Days



Reduction of 62 day backlog is proceeding in line with recovery trajectories.

Figure 8: 62 Day Performance – National Comparison



The average performance for Cancer 62 day first treatment has deteriorated slightly across the whole of England.

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Table 5: Performance by Tumour Site

Site	Target	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Trust	85%	74.7%	78.3%	73.6%	67.8%	72.4%	73.5%	68.7%	60.2%	70.2%	62.5%	68.3%	62.3%
Brain/CNS	85%												100.0%
Breast	85%	88.9%	100.0%	85.2%	88.9%	100.0%	100.0%	100.0%	81.8%	92.6%	91.3%	100.0%	100.0%
Children	85%												
Gynae	85%	60.0%	25.0%	40.0%	100.0%	100.0%	100.0%	46.2%	0.0%	100.0%	83.3%	75.0%	76.9%
Haematology	85%	100.0%	100.0%	79.2%	33.3%	46.7%	100.0%	60.0%	33.3%	80.0%	0.0%	100.0%	60.0%
Head & Neck	85%	35.7%	25.0%	55.6%	40.0%	62.5%	53.8%	42.9%	29.4%	60.0%	69.2%	60.0%	64.7%
Lower GI	85%	0.0%	66.7%	60.0%	50.0%	25.0%	50.0%	50.0%	66.7%	15.0%	57.1%	28.6%	16.7%
Lung	85%	83.3%	88.9%	100.0%	75.0%	100.0%	12.5%	63.6%	25.0%	75.0%	62.5%	72.7%	71.4%
Other	85%	100.0%	75.0%				0.0%		0.0%	0.0%	66.7%	50.0%	0.0%
Skin	85%	85.0%	85.7%	86.7%	93.3%	90.2%	89.5%	82.4%	91.2%	100.0%	92.0%	77.1%	92.9%
Testicular	85%							100.0%	100.0%	100.0%	100.0%	0.0%	
Upper GI	85%	63.6%	81.8%		62.5%	42.9%	66.7%	0.0%	44.4%	66.7%	0.0%	0.0%	12.5%
Urology	85%	76.0%	80.0%	54.5%	56.0%	46.4%	61.5%	50.0%	41.9%	51.5%	22.0%	44.4%	26.0%

The 85% target was missed by all except 3 sites although for most the number treated is low. Half of all breaches were Urology, while Skin, Upper GI and Lower GI performance is also a concern.

Table 6: Recovery Plans for Cancer 62 Day

Speciality	62 day compliance	<p>Breast and Gynaecology are expected to be compliant for December performance. All other tumour groups are on track to recover by March 2019.</p> <p>The only risk currently being the Urology Prostate pathway due to capacity in Robotic Surgery and Clinical Oncology with a Locum starting in December to help mitigate this.</p> <p>Long wait backlogs have reduced during November following the increase in treatment (down by 55% since August 2018).</p>
Breast	Dec-18	
Gynaecology	Dec-18	
Haematology	Mar-19	
Head & Neck	Mar-19	
Lower GI	Mar-19	
Lung	Unlikely	
Skin	Mar-19	
Urology	Mar-19	
Upper GI	Mar-19	
TRUST	Mar-19	

Cancer 62 Day Improvements

Recovery actions are managed at the weekly planned care meeting and improvement work for long term sustainability coordinated via a monthly project board.

The endoscopy productivity plan for improved booking and unit throughput will support the Lower and Upper GI pathways. This is starting to reduce the longest waits and reduce the diagnostic phase for these pathways but full recovery will not be possible until Q4 due to the backlog clearance required in December.

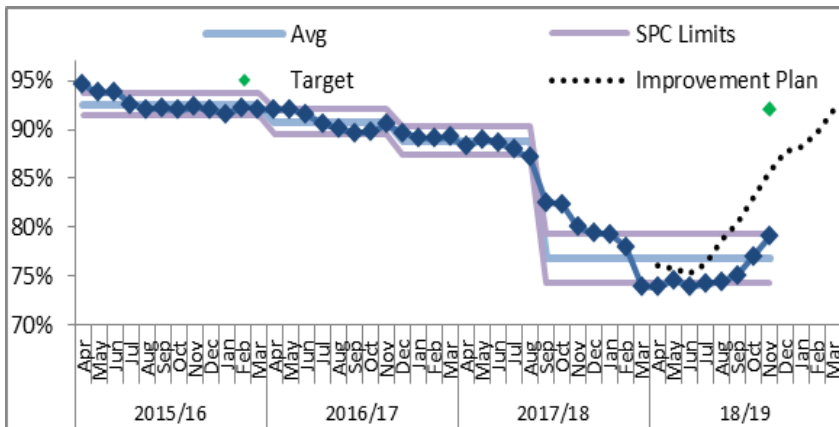
The optimal Lung pathway was introduced in September 2018 and has had a positive impact on the time to MDT.

The Urology team are providing an additional prostate assessment clinics and theatre session to reduce time to treatment. Improvement in performance is expected in Q4 when a Locum post will be filled in support of cancer capacity across the prostate pathway.

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6. Referral to Treatment (RTT) Incomplete

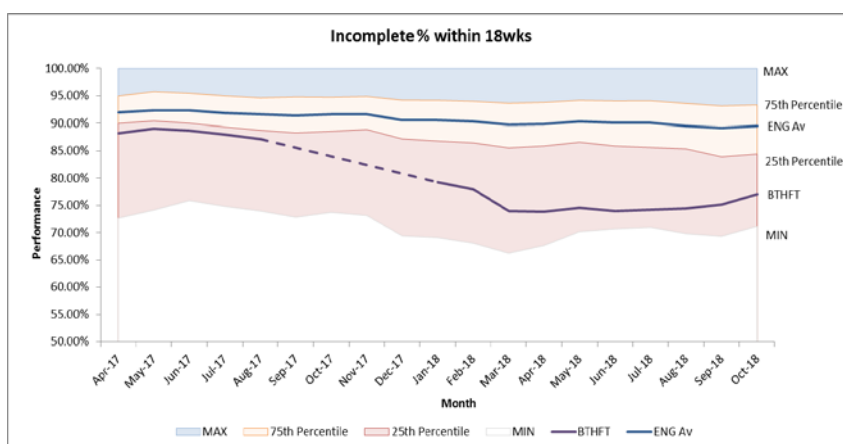
Figure 9: Monthly RTT Incomplete Performance (Target 92%)



The RTT Incomplete position had been in decline since Apr-16. Since Sep-18 performance has begun to improve each month.

The Foundation Trust reported an RTT position for November 2018 of 79.0% (22,504 / 28,486) which represents an improvement of 2.0% compared to October 2018.

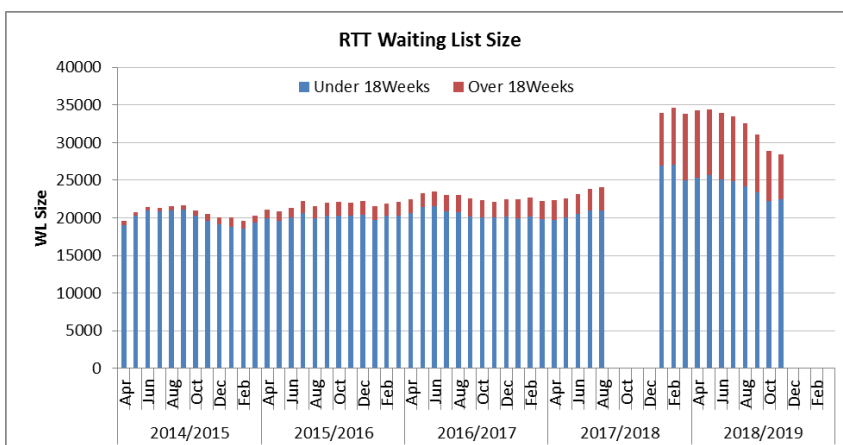
Figure 10: RTT Incomplete National Indicator – BTHFT



The Foundation Trust currently sits below the 25th percentile for percentage of incomplete patients seen within 18 weeks.

This has been the case since December 2016.

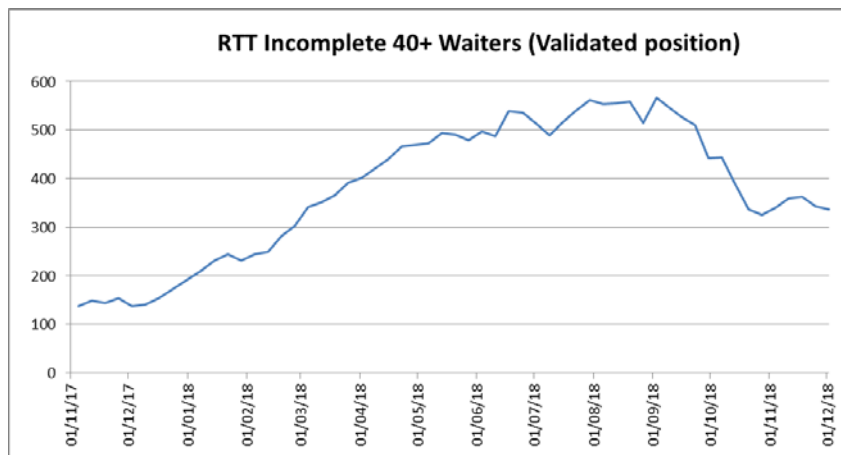
Figure 11: RTT Total Waiting List



The overall waiting list decreased by 380 patients in November 2018 compared to October 2018. This is the 6th consecutive reduction in reported month end position.

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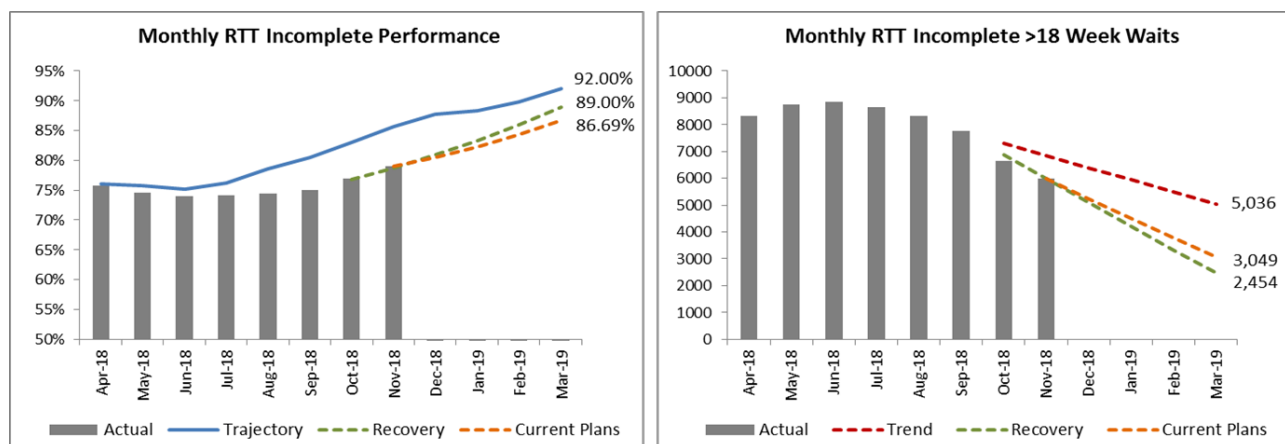
Figure 12: RTT Incomplete >40 Weeks



Daily review patients has now been reduced from 40 to 35 weeks. This process has ensured management plans for these patients are robust and regularly monitored and updated.

As part of the RTT official submission for November 2018 the Foundation Trust will not report any RTT Incomplete 52 week breach.

Figure 13: RTT Recovery Trajectories



RTT Incomplete Improvement

A series of deep dive sessions were held in October and November. A detailed recovery plan was agreed which is monitored through the weekly planned care cycle. Additional capacity is planned that will support performance improvement to 89% in Q4.

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7. Diagnostic waiting times

The Diagnostic position for November 2018 has been reported on the DM01 return as 98.13%, with 784 breaches. This is largely in line with October performance as shown in table 7. It is worth noting that total waits reduced but breaches didn't which reflects the fast track recovery in Endoscopy.

Table 7: Monthly DM01 Performance

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%

Table 8: DM01 Performance for October 2018 by Test

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%

DM01 Improvement

Additional capacity across the Endoscopy Tests is being provided through a combination of internal productivity and outsourcing to the independent sector with a target to return to 99% by March 2019. This includes EPR DQ correction work across each of these waiting lists.

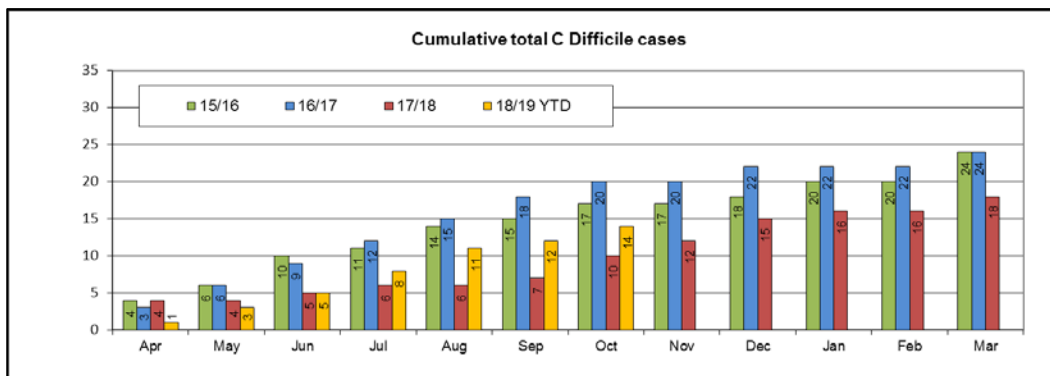
The magnetic resonance imaging (MRI) backlog for Shoulder Arthrograms has been cleared to within tolerance.

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8. Healthcare Associated Infections

8.1. C Difficile Infections

Figure 14: Clostridium Difficile Infections - BTHFT



No cases of Clostridium Difficile Infection were reported in November, keeping the Trust total for 2018/19 at 14. This is higher than the Trust position in November 2017, but still significantly below the trajectory for fewer than 50 cases during the year.

8.2. MRSA Bacteraemia

One case in November has been apportioned to the Trust. The sample was taken on 13/11/2018 on Ward 31 (Elderly Care). The Post Infection Review (PIR) has not identified any deficits in care, however, under Public Health England (PHE) guidelines the case remains attributable to the Trust as the blood culture was taken >48 hours after admission.

This is the first MRSA Bacteraemia apportioned to the Trust in 2018/19.

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9. Other indicators by exception

The table below provides an exception list of indicators which did not meet the required standard in November 2018 (October for Cancer standards) or were reported as failing in the previous report and have recovered this month.

Table 9: Table of exceptions

Indicator	Threshold	Performance
A&E - Emergency Care Standard	90%	Failure of 90% target at 75.20%
Ambulance handovers taking between 30-60 minutes	0	97 handovers took between 30 and 60 minutes
Ambulance handovers taking longer than 60 minutes	0	54 handovers took over 60 minutes
Cancer 2 week wait	93%	Failure of 93% target at 55.78%
Cancer 31 day First Treatment	96%	Failure of 96% target at 84.83%
Cancer 62 day First Treatment	85%	Failure of 85% target at 62.31%
Cancer 62 day Screening	90%	Failure of 90% target at 83.93%
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 21.6%
C difficile infections	4	No cases in November
Diagnostics - patients waiting fewer than 6 weeks for test	99%	Failure of 99% target at 89.13%
Early Pregnancy - late presenters (seen within 2 weeks)	90%	Failure of 90% target at 84.2%
MRSA Bacteraemia	0	One case attributable to the Trust (Ward 31)
Never Event	0	One case under oral surgery (wrong tooth removed)
RTT - Patients waiting within 18 weeks on incomplete pathways	92%	Failure of 92% target at 79.01%
RTT - Patients waiting over 52 weeks on incomplete pathways	0	0 cases following failure in previous months
RTT - Specialties failing 18 week incomplete target	0	16 specialties failed 92% target
% TIA higher risk cases who are treated within 24 hours	60%	Achievement of 60% target at 72.7% following failure in previous month
TOPS - All service users offered an appointment within 5 working days	95%	Failure of 95% target at 24.5%
TOPS - All service users proceeding with TOP offered an appointment within 5 working days	95%	Failure of 95% target at 83.7%

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9.1. Never Event

Table 10: Never events in 2018-19

Never Events													Monthly
Aim: Zero tolerance on never events for the Foundation Trust.													
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Never Events	1	1	1	0	0	0	0	1					4

One Never Event was recorded in November under Oral Surgery; a patient had the wrong tooth removed. This is the fourth Never Event in 2018/19; only one reported in 2017/18.

9.2. Early pregnancy awareness

Table 11: Early pregnancy awareness performance 2018-19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Seen <=12wk 6 days	387	428	371	398	428	392	427	446
Presented on time	394	438	376	403	438	394	433	461
Performance	98.20%	97.70%	98.70%	98.80%	97.70%	99.50%	98.60%	96.70%
Seen <= 2 weeks	43	56	41	44	38	43	39	50
Late presenters	44	59	44	45	45	47	44	57
Performance	97.70%	94.90%	93.20%	97.80%	84.40%	91.50%	88.60%	87.70%

Performance for late presenters in October and November 2018 has been slightly below the target of 90%. There remains a robust process of escalation to the community midwifery leads when there is a potential breach and additional capacity has been provided from late November. Early indications suggest improvement in December will support performance above target.

9.3. TOPS – appointment offered within 5 working days

Table 12: TOPS performance 2018-19

Indicator	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
TOPS - All service users offered an appointment within 5 working days	>=95%	99.0%	100.0%	98.3%	88.8%	100.0%	71.1%	41.0%	24.5%
TOPS-All service users choosing to proceed with termination offered an appointment within 5 working days of DTT	>=95%	100%	100%	100%	98%	100%	100%	100%	83.7%

Performance since September has not met the 95% standard for initial appointments. This was due to sickness absence impacting on Lilac Clinic capacity and a failure by booking staff to follow the escalation process. The Directorate team have responded quickly to this position when highlighted in October reporting and a recovery plan is in place. This focusses on remedial action to cover rota gaps and ensure escalation processes are followed but is also targeting training support to key areas about the importance of this indicator.

The 5-day standard for appointments following decision to treat also failed in November but this is under review with informatics following a change in the reporting team.