

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

PERFORMANCE REPORT – FOR THE PERIOD JANUARY 2019

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	
	Finance & Performance Committee	27/02/19	
Key Options, Issues and Risks			
This report provides an overview of performance against several key national and contractual indicators as at the end of January 2019.			
Analysis			
Emergency Care Standard (ECS): <ul style="list-style-type: none">ECS performance for Type 1 & 3 attendances is 76.03% for January 2019, 74.45% for February 2019 to date and 81.56% year to date.ECS performance for Type 1, 2 & 3 attendances is 79.93% for January 2019, 78.20% for February 2019 to date and 84.13% year to date.Average daily type 1 & 3 attendances in January 2019 were 372 – this has increased to 392 for February 2019 to date. Type 2 attendances have remained high at 72 per day in this period.The Elective Care Intensive Support Team (ECIST) is providing ongoing support to the Trust’s improvement programme.The Command Centre transformation programme continues with excellent progress made across the enabling schemes.			
Ambulance Handovers: <ul style="list-style-type: none">The number of 30-60 minute ambulance handovers attributable to BTHFT for January 2019 increased slightly to 132, while the number over 60 minutes decreased slightly to 60.The ED team continue to work closely with the Yorkshire Ambulance Service (YAS) locality manager for Bradford and the assigned Hospital Ambulance Liaison Officer (HALO).Dedicated handover coordination was cited as a key factor in the improved performance seen during the work as one week. Consistent provision of this is part of the improvement plan.Current pre-validated figures for the first 12 days of February 2019 show a significant improvement in handovers over 60 minutes.			
Cancer Standards: <ul style="list-style-type: none">Cancer 2 Week Wait (2WW) performance for December 2018 was 91.05% and is currently projected at 91.32% for January 2019 with only Urology, Lower GI and Upper GI not forecast to meet the 93% target. Increased referrals, particularly for Breast, are putting pressure on this standard but previous improvement actions and plans for additional ad hoc clinics will mitigate this risk.			

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

- Cancer 31 Day First Treatment performance for December 2018 was 90.18% (target is 96%) and Cancer 31 Day Subsequent Surgery performance for December 2018 was 77.78% (target 94%). Breaches related to surgical capacity in Urology and improvement plans for that tumour group will support recovery of this standard.
- Cancer 62 Day First Treatment performance for December 2018 was 70.34% and is currently projected at 72.50% for January 2019. Trust recovery to the 85% target is expected from April 2019.
- The 62 day backlog increased during January 2019. Improvement to less than 20 is required to support a sustainable performance position which is expected by the end of March 2019.
- The 62 day backlog for Urology and Lower GI poses a risk to compliance for these two tumour groups, although additional diagnostic and treatment capacity is now in place which will help clear this backlog and treat patients within 62 days.
- Cancer 62 Day Screening performance for December 2018 improved to 97.22% (target is 90%).

Referral to Treatment:

- There were no patients waiting more than 52 weeks at the end of January 2019 and the same is anticipated at the end of February 2019.
- January 2019 incomplete performance was reported as 81.45% with the total waiting list reducing by 826 patients, which is the 8th successive reduction since April 2018.
- Outsourcing to Yorkshire Clinic continues for key specialties and internal capacity is being increased through flexible or premium rate sessions. Total outpatient and inpatient activity delivered is in line with the RTT recovery plan for January 2019.
- Confirmed plans will support improvement to 85% but it is anticipated that additional actions can support recovery to 87.8% by March 2019 if successful.

Diagnostic waiting times:

- DM01 performance has been reported at 92.62% for January 2019.
- Recovery plans for Colonoscopy, Flexi Sigmoidoscopy, Cystoscopy and Gastroscopy are in place to support achievement of the 99% target by March 2019.
- Validation of the Endoscopy and Cystoscopy patient tracking list (PTL) continues and all over 6 week waits were reviewed in January 2019.
- Endoscopy outsourcing continues and additional Cystoscopy lists have now commenced.

Healthcare Associated Infections:

- January 2019 performance was within agreed targets.

Other Exceptions:

- Only 41.7% of TIA high-risk cases were treated within 24 hours during January 2019 (target is 60%). This relates to weekend clinic cover which is now under review.
- Only 70.6% of Stroke patients spent 90% of their stay on a Stroke ward (target is 80%).
- Cancer IPT performance in December 2018 was 65% which is an improvement on 2018-19 YTD but below the target of 85%.
- Three cancelled operations were not rebooked within 28 days, two in Ophthalmology and one under Urology. Admin errors were cited as the reason for not meeting the standard and staff retraining undertaken to prevent future breaches.

Recommendation

The committee is asked to:

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

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

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 indicates that there is limited confidence in delivering the required standard in month for each contractual measure. Recovery plans are in place for RTT, ECS, Cancer and DM01.
---	--

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 state) (please state)

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

APPENDIX 1 PERFORMANCE REPORT FOR THE PERIOD JANUARY 2019

1. Introduction

The following report describes performance against key national and contractual 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 improvement trajectory submitted in the Trust's annual plan. Revised improvement trajectories have been agreed for each access target with recovery plans in place to achieve the revised improvement target by March 2019.

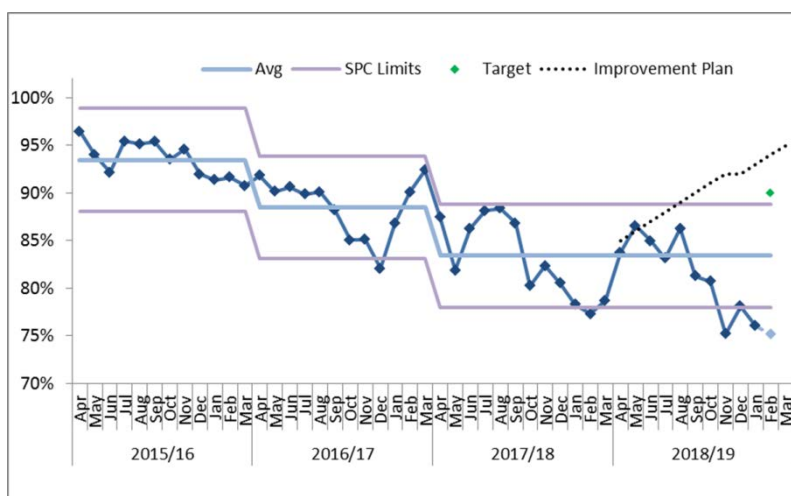
Table 1: Measures with improvement trajectories in the annual plan

Measure	Latest Month	Performance	Original Plan	Recovery Plan
Emergency Care Standard	Jan 2019	76.0%	92.0%	92.0%
Referral to Treatment - Incomplete	Jan 2019	81.4%	88.3%	82.3%
Cancer – 62-day First Treatment	Dec 2018	70.3%	85.0%	68.0%

Recovery trajectories were agreed in October 2018. Cancer 62 Day as reported in December 2018 is ahead of trajectory with January 2019 forecasts maintaining this position. RTT Incomplete is slightly behind but there are plans to close the gap before the end of March 2019. ECS recovery is heavily weighted to schemes being initiated this quarter.

3. Emergency Care Standard (Type 1&3)

Figure 1: Monthly ECS Performance – BTHFT



The Foundation Trust reported a position of 76.02% for the month of January 2019. This represents a deterioration on the previous month (78.07%, down by 2.05%).

Year to date (YTD) performance is 81.30% and for February 2019 to date (up to 14/02/2019) stands at 75.22%.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

Figure 2: ECS Performance – National Comparison

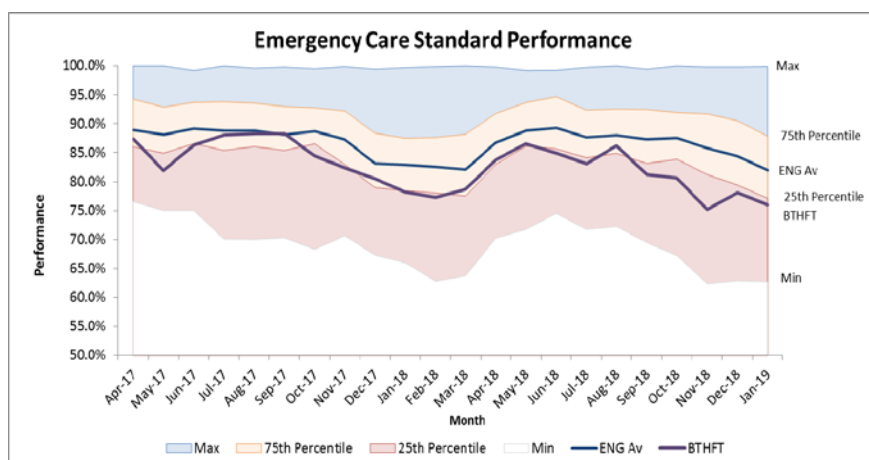
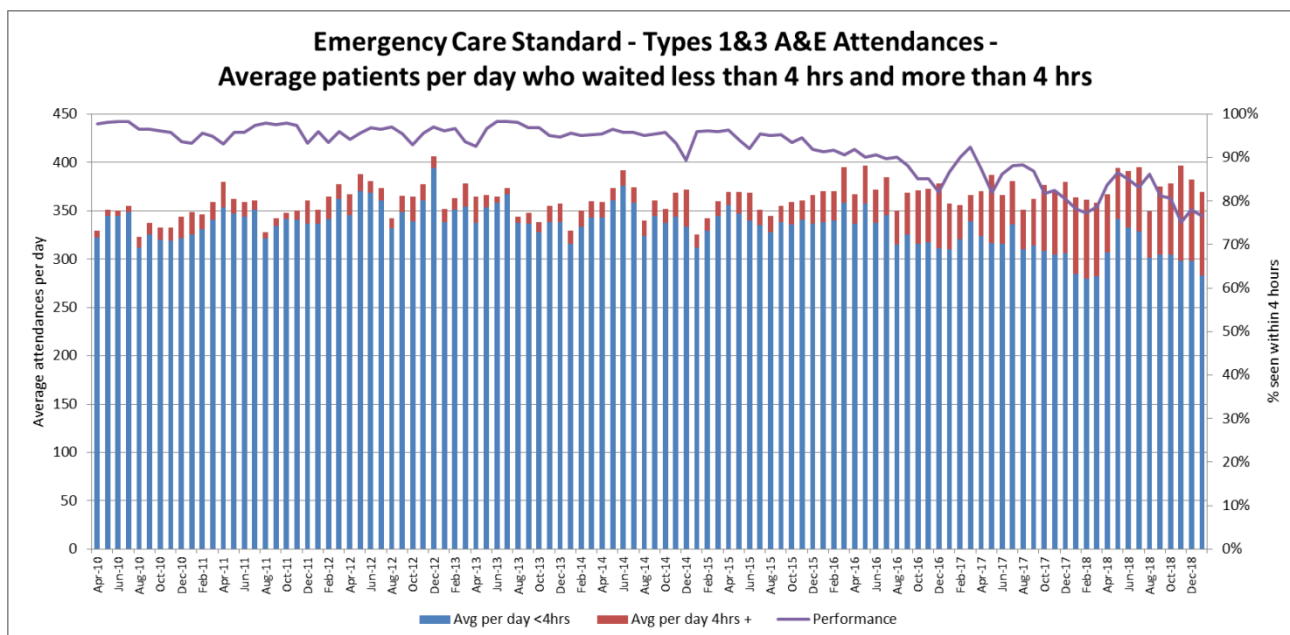


Figure 2 shows a comparison of ECS performance for acute Trusts in England, for which BTHFT currently sits just below the 25th percentile.

Figure 3: ECS Performance and Attendances - BTHFT

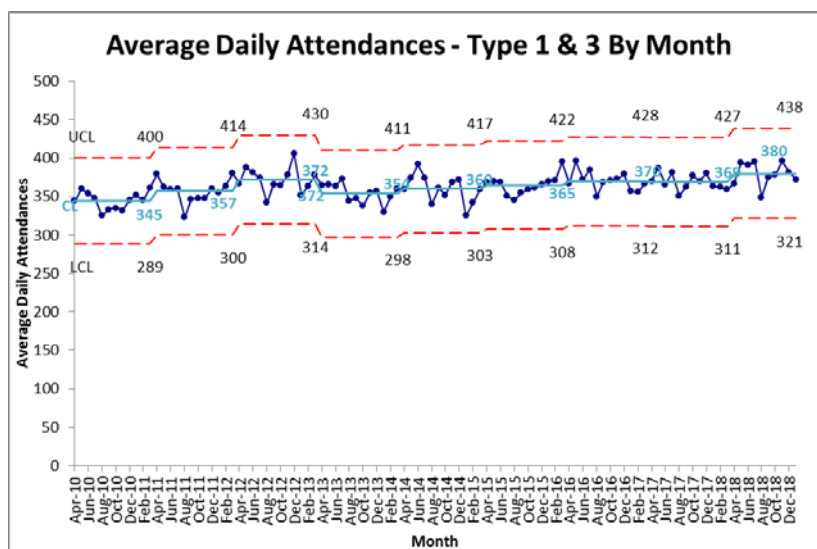


In January 2019, there were 11,540 attendances to A&E (types 1 and 3), of which 2,767 breached the 4-hour target (76.02% performance).

Year to date (YTD) type 1 & 3 attendances show an increase of 2.41% compared with 2017/18, with a daily average of 380 type 1 and 3 over the ten months (full year 2017/18 averaged 369 attendances daily).

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

Figure 4: Type 1&3 A&E Attendances - BTHFT



Daily average attendances for January 2019 were 372 compared with 364 in January 2018.

For February 2019 to date (up to 14/02/2019) the daily average attendances have been 393 which is above the same period last year (364).

Emergency Care Improvement

Improvement will be delivered through whole system working focusing on reducing unnecessary attendance, increasing the use of ambulatory pathways and admission avoidance schemes, and improving patient flow and discharge processes.

The introduction of a Command Centre is in development and key enabling schemes are in progress to ensure BTHFT can deliver the ECS.

Wider system improvement in conjunction with external partners such as social services and the voluntary sector will support this and key schemes include:

- The GP advice line launched in early January 2019 to prevent unnecessary referrals to A&E
- Paramedic secondments to increase capacity in minors
- Increased capacity for ambulatory pathways with the recruitment of a Locum Acute Physician
- The new minor illness/ injury unit (green zone) opened in January 2019
- Learning from the work as one system week during the week held from 21-January-2019
- Embedding streaming with the introduction of a navigation SOP
- Enhancements to Same Day Ambulatory Emergency Care (blue zone)

In December 2018, ECIST undertook a whole system enquiry and highlighted a number of areas where they felt improvements could be achieved. All recommendations have been reviewed and where appropriate added into the overall Emergency Care Action Plan.

ECIST are also providing ongoing support in key areas including Ambulance Handover, Admission Avoidance, SAFER & Discharge Pathways.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

4. Ambulance Handover Performance

Figure 5: Ambulance Handovers – Attributable to BTHFT

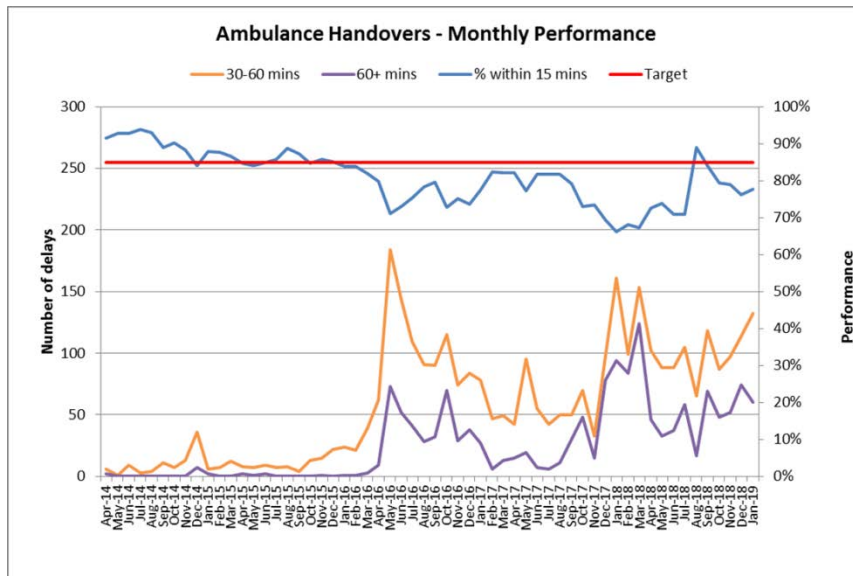
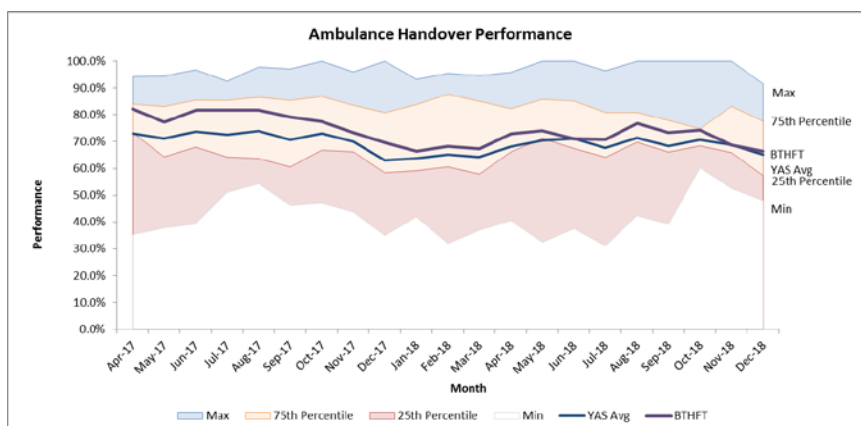


Figure 5 shows an increase in the number of handovers after 30 minutes each month, attributable to BTHFT.

In January 2019 there were 132 handovers of 30 to 60 minutes and 60 over one hour.

Current figures for the first 12 days of February 2019 show a significant improvement in handovers over 60 minutes, while 30 to 60 minutes remain on a par with the same period last month.

Figure 6: Ambulance Handovers – Yorkshire Comparison



January ambulance handover benchmarking data is not yet available from YAS.

This performance includes all handover delays, including the ones attributable to YAS, such as crew delays.

Ambulance Handover Improvement

The ED team continue to work closely with the Yorkshire Ambulance Service (YAS) locality manager for Bradford and the assigned Hospital Ambulance Liaison Officer (HALO). Dedicated handover coordination was cited as a key factor in the improved performance seen during the work as one week and consistent provision of this is part of the improvement plan, with a dedicated porter in place and plans for a dedicated receptionist being progressed. The “fit to sit” pilot was also deemed successful and remains in place.

In addition, 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.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

5. Cancer Standards

A Cancer position has been submitted for December 2018 which reports failures against the 2 Week Wait (2WW), 31 Day First Treatment, 31 Day Subsequent Surgery Treatment, and 62 Day First Treatment Standards. The remaining standards were met.

Table 2: Cancer Standards - Overview by Indicator – BTHFT

Measure	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	Nov-18	Dec-18	Jan-19	Feb-19
14 day GP referral for all suspected cancers	93%	65.3%	69.8%	66.5%	70.9%	66.0%	60.6%	61.4%	65.3%	65.1%	59.7%	62.6%	55.8%	76.6%	91.1%	91.3%	92.7%
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%
31 day first treatment	96%	93.8%	97.3%	96.2%	97.7%	97.4%	96.0%	96.0%	93.6%	91.2%	84.7%	86.6%	84.8%	90.6%	90.2%	90.3%	90.0%
31 day subsequent drug treatment	98%	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%	100.0%
31 day subsequent surgery treatment	94%	94.6%	95.5%	95.5%	97.0%	96.9%	94.6%	97.3%	94.3%	95.3%	96.3%	97.6%	94.6%	95.0%	77.8%	80.4%	82.2%
62 day GP referral to treatment	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%	61.7%	70.3%	72.2%	61.5%
62 day screening referral to treatment	90%	85.7%	94.7%	90.0%	97.0%	89.7%	76.5%	93.1%	90.9%	90.6%	95.3%	93.9%	83.9%	78.0%	97.2%	82.5%	94.4%
62 day consultant upgrade to treatment		66.7%	100.0%	44.4%		100.0%	83.3%	0.0%	33.3%	77.8%	57.1%	33.3%	78.6%	33.3%	82.4%	100.0%	100.0%

Recovery plans are in place for 2WW and as a result the position significantly improved in December 2018. Performance in January 2019 remains slightly below the 93% target but full recovery is expected in March 2019.

Recovery plans are also in place for 62 Day First Treatment but the position remains a challenge with performance expected to stay low in the next few months due to 62 day backlog clearance, with increased treatments planned for February and March 2019.

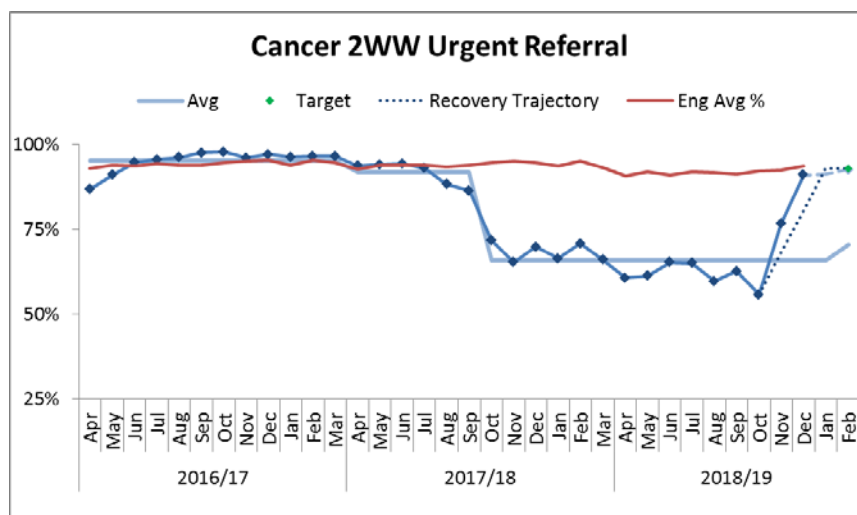
Failure of the 31 Day First Treatment and 31 Day Subsequent Surgery Treatment standard was due to the same Urology capacity issues which are impacting on the 62 day standard and will be supported by the same recovery actions.

The 62 Day Screening position recovered to 97.22% in December 2018 although it is projected to deteriorate in January 2019 due to continued delays in complex Breast pathways.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

5.1. Cancer 2 Week Wait (2WW)

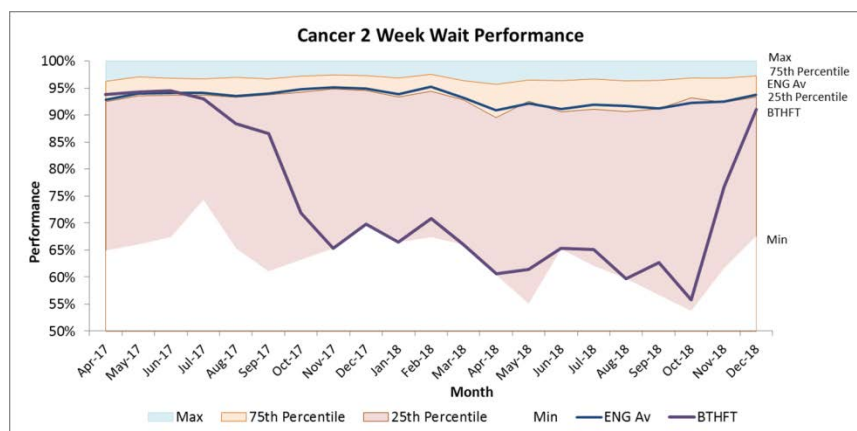
Figure 7: Cancer 2WW (for urgent referrals) performance (Target 93%)



Performance in December 2018 continued to significantly improve, with compliance moving from 76.6% in November 2018 to 91.1%.

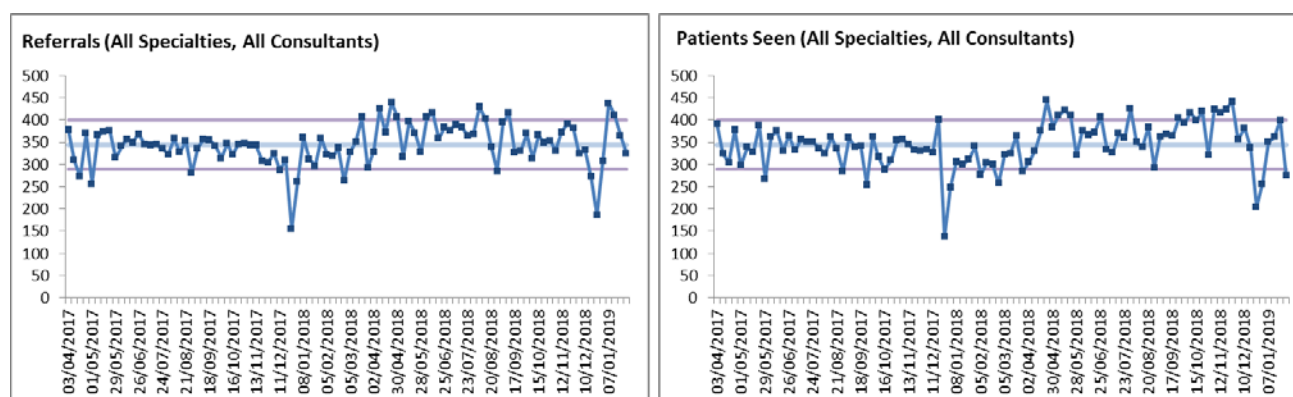
Performance for January 2019 and February 2019 is currently predicted to improve further but to remain slightly below the 93% target due to the Urology, Lower GI and Upper GI positions.

Figure 8: 2WW National Comparison – BTHFT



The average performance for Cancer 2WW has slightly improved across the whole of England, with BTHFT showing continued improvement in performance over last month.

Figure 9: 2WW Referrals and Patients Seen



Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

Over the past 18 months, the average number of referrals has increased by around 50 per week. Figure 8 shows an activity increase from October 2018 to December 2019 in order to clear waiting lists to a more sustainable level. Activity levels in January 2019 have remained above average to maintain the recovered position.

Table 3: 2WW Performance by Tumour Group

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	Nov-18	Dec-18	Jan-19	Feb-19
Trust	93%	65.3%	69.8%	66.5%	70.9%	66.0%	60.6%	61.4%	65.3%	65.1%	59.7%	62.6%	55.8%	76.6%	91.1%	91.3%	92.7%
Brain/CNS	93%	66.7%	93.3%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	81.8%	90.9%	100.0%	92.9%		
Breast	93%	93.8%	90.4%	92.8%	80.9%	78.7%	90.3%	88.9%	96.8%	95.2%	92.0%	95.7%	93.7%	93.4%	93.5%	93.3%	93.5%
Children	93%	50.0%	72.7%	70.0%	37.5%	70.0%	33.3%	63.2%	42.9%	38.5%	20.0%	58.3%	35.3%	66.7%	83.3%		
Gynae	93%	91.1%	80.2%	82.3%	90.5%	89.4%	90.5%	82.3%	90.7%	93.1%	85.6%	89.0%	95.2%	95.9%	90.5%	94.7%	93.8%
Haematology	93%	68.2%	95.0%	22.2%	40.0%	16.7%	79.2%	100.0%	100.0%	88.2%	88.0%	88.5%	85.7%	95.5%	92.9%	97.0%	93.9%
Head & Neck	93%	89.4%	88.2%	83.8%	91.8%	85.2%	86.0%	92.0%	88.3%	86.2%	86.7%	91.0%	94.7%	92.6%	93.9%	93.3%	93.3%
Lower GI	93%	44.5%	81.0%	63.0%	71.9%	70.3%	38.6%	47.2%	66.7%	80.2%	65.8%	57.4%	81.0%	79.8%	85.3%	81.8%	90.0%
Lung	93%	100.0%	95.0%	98.2%	97.7%	95.6%	95.5%	96.2%	98.1%	100.0%	97.1%	100.0%	100.0%	97.2%	96.4%	100.0%	100.0%
Other	93%	87.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	62.5%	92.9%	78.3%	100.0%	82.6%	100.0%	96.6%	100.0%
Skin	93%	11.6%	8.3%	14.6%	9.1%	7.6%	22.6%	19.7%	10.1%	5.4%	8.2%	5.4%	7.6%	56.7%	98.8%	97.0%	96.0%
Testicular	93%		100.0%	100.0%			0.0%	100.0%									
Upper GI	93%	93.0%	95.6%	78.6%	95.2%	95.4%	83.3%	85.2%	90.2%	83.6%	78.4%	83.5%	78.9%	87.7%	88.1%	87.3%	90.4%
Urology	93%	69.7%	90.3%	90.2%	93.3%	82.4%	35.8%	33.3%	26.7%	21.7%	44.6%	63.1%	31.5%	48.4%	75.7%	80.4%	85.4%

Whilst a number of sites failed to meet the standard in December 2018, this will reduce to just 3 in January 2019 with Urology, Lower GI and Upper GI each improving but remaining below 93%.

Table 4: Recovery Plans for Cancer 2WW

Speciality	2WW Compliance	<p>Trust performance is currently projected to reach 91.3% in January 2019 and 92.7% in February 2019, which could improve to 93% if additional recovery actions are successful.</p> <p>Recovery in Urology was delayed whilst additional capacity was recruited and both Lower and Upper GI delayed due to increased referrals during January 2019. Recovery for these tumour groups is now expected during March 2019 with the most recent weekly performance data over 90% for each and providing confidence in this timeframe.</p>
Breast	Compliant	
Gynaecology	Jan-19	
Haematology	Jan-19	
Head & Neck	Dec-18	
Lower GI	Mar-19	
Lung	Compliant	
Skin	Dec-18	
Urology	Mar-19	
Upper GI	Mar-19	
TRUST	Feb-19/Mar-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.

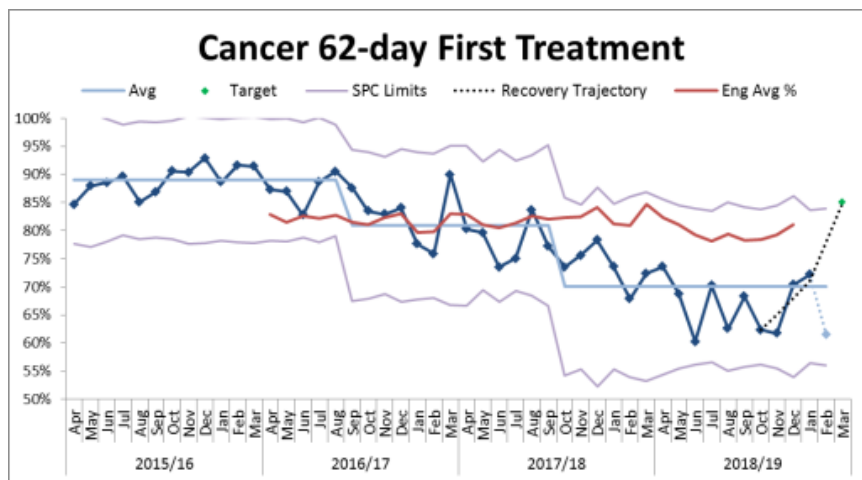
The Urology Service is currently delivering additional bladder and prostate capacity on an ad hoc basis. The appointment of a Locum consultant in January 2019 and a substantive consultant from late February 2019 will help increase this and further reduce the waiting list size.

Additional Endoscopy capacity is in place which will support an increase in one stop colonoscopy appointments. Refinements to the booking process have been made which have improved patient compliance and utilisation of slots within the 2 week standard. Additional clinics in the short term will help reduce the waiting list to a more sustainable level.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

Cancer 62 day First Treatment

Figure 10: Cancer 62 Day First Treatment performance (target 85%)

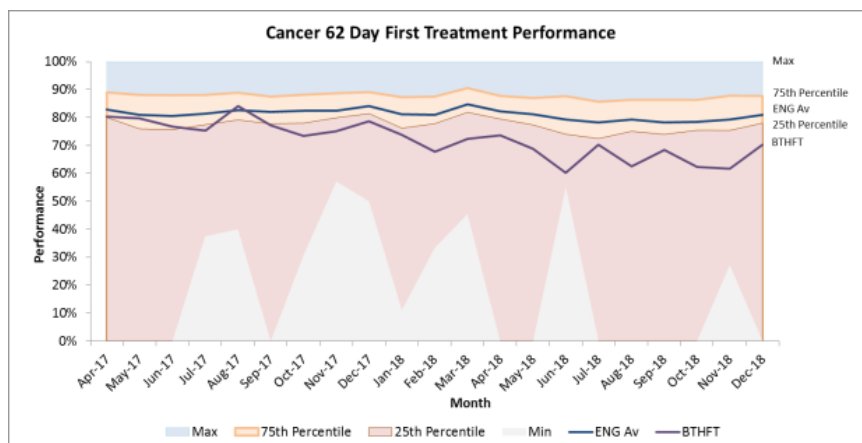


Cancer 62 Day First Treatment performance had deteriorated steadily over the past 2½ years.

YTD performance stands at 61.05% but recovery plans are in place to achieve 85% in April 2019. Performance improved in December 2018 and January 2019.

February 2019 performance is predicted to reduce due to the 62 day backlog clearance.

Figure 11: 62 Day First Treatment performance – National Comparison



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

BTHFT have improved in December 2018.

Figure 12: Patients Waiting Over 62 Days



The reduction of the 62 day backlog slowed over the Christmas period.

To clear the backlog and prevent waits currently under 62 days from tipping past this threshold diagnostic and treatment activity has been increased for February and March 2019.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

Table 5: 62 Day First Treatment performance by Tumour Group

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	Nov-18	Dec-18	Jan-19	Feb-19
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%	61.7%	70.3%	72.5%	61.5%
Brain/CNS	85%												100.0%		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%	100.0%	83.3%	100.0%	87.5%
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%	100.0%	80.0%	83.3%	50.0%
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%	46.2%	25.0%	66.7%	0.0%
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%	100.0%	66.7%	81.8%	36.4%
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%	10.5%	63.6%	53.8%	46.2%
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%	33.3%	80.0%	50.0%	25.0%
Other	85%	100.0%	75.0%				0.0%		0.0%	0.0%	66.7%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%
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%	77.2%	90.9%	90.9%	81.8%
Testicular	85%							100.0%	100.0%	100.0%	100.0%	0.0%		100.0%	100.0%		
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%	57.1%	66.7%	63.6%	54.5%
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%	38.2%	46.2%	51.5%	51.5%

The 85% target was missed by all but 3 tumour groups in December 2018, although for most the number treated is low due to the Christmas period. The greatest area of concern was Urology (46.15%, 10.5 breaches). Performance in Lower GI improved from 10.5% in November 2018 to 63.6% in December 2018.

Table 6: Recovery Plans for Cancer 62 Day

Speciality	62 day compliance	Breast and Gynaecology were compliant for November 2018 performance but due to small treatment numbers may not always sustain this. The 62 day backlog for Urology and Lower GI poses a risk to compliance for these two tumour groups, although additional diagnostic and treatment capacity is now in place which will help clear this backlog and treat patients within 62 days.
Breast	Nov-18	
Gynaecology	Nov-18	
Haematology	Mar-19	
Head & Neck	Mar-19	
Lower GI	Apr-19	
Lung	Unlikely	
Skin	Mar-19	
Urology	Apr-19	
Upper GI	Apr-19	
TRUST	Apr-19	

Cancer 62 Day Improvements

The Optimal Lung Pathway was introduced in September 2018 and has had a positive impact on the time to MDT but patient complexity will remain a challenge to sustained performance.

2WW improvement in Urology has been followed by additional diagnostic and robotic surgery capacity which will help clear the existing backlog and reduce time to treatment more generally.

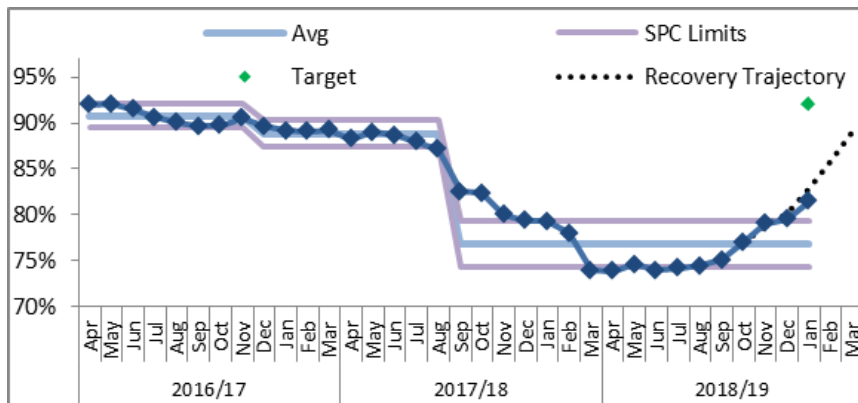
Lower GI improvement has been supported by increased diagnostic capacity within Endoscopy and 7 day reporting turnaround from Radiology.

A daily huddle has been introduced to supplement existing tracking and escalation processes with regular management intervention to expedite any delayed pathways. In support of this the full PTL is now made available showing any pathways outside of expected timeframes.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

6. Referral to Treatment (RTT) Incomplete

Figure 13: Monthly RTT Incomplete Performance (Target 92%)



The Trust reported an RTT position for January 2019 of 81.45% (21,972 / 26,975) which represents an improvement of +1.93% compared to December 2018.

This is 1.44% behind the recovery plan but plans to close this gap have been agreed.

Figure 14: RTT Incomplete National Indicator – BTHFT

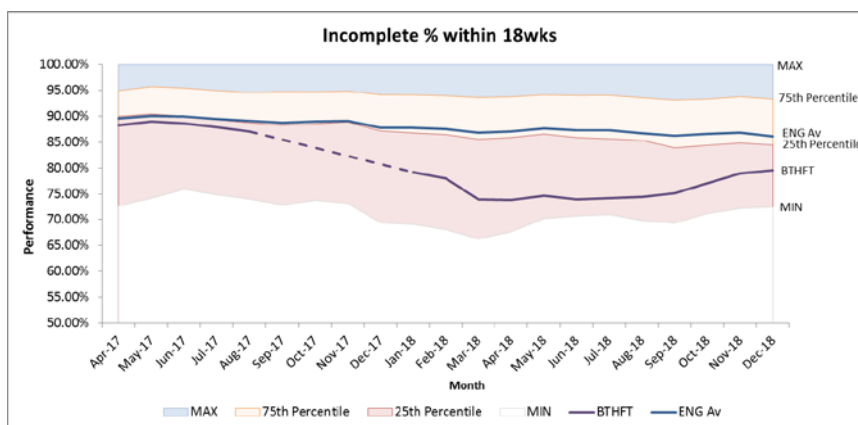
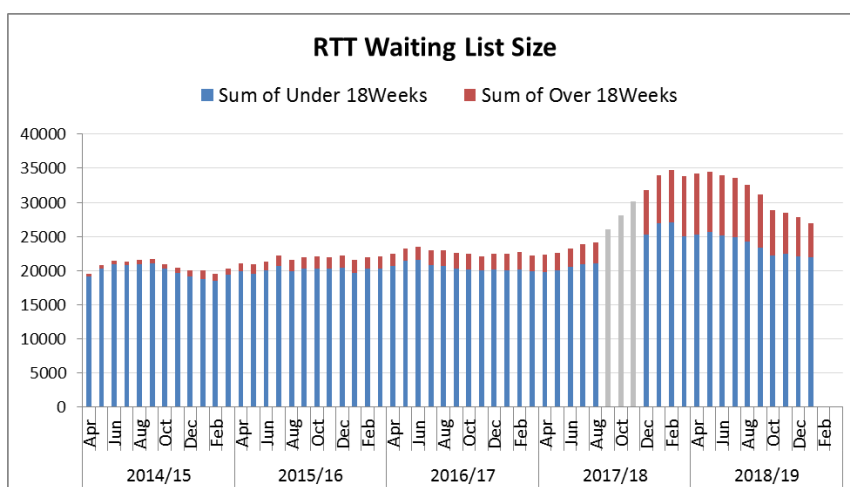


Figure 14 shows a comparison of national RTT Incomplete performance. BTHFT is in the lower quartile but improving more rapidly than the national average. As the Trust's RTT relative position nationally improved, BTHFT is no longer in the Top 20 of Trusts with the longest waits.

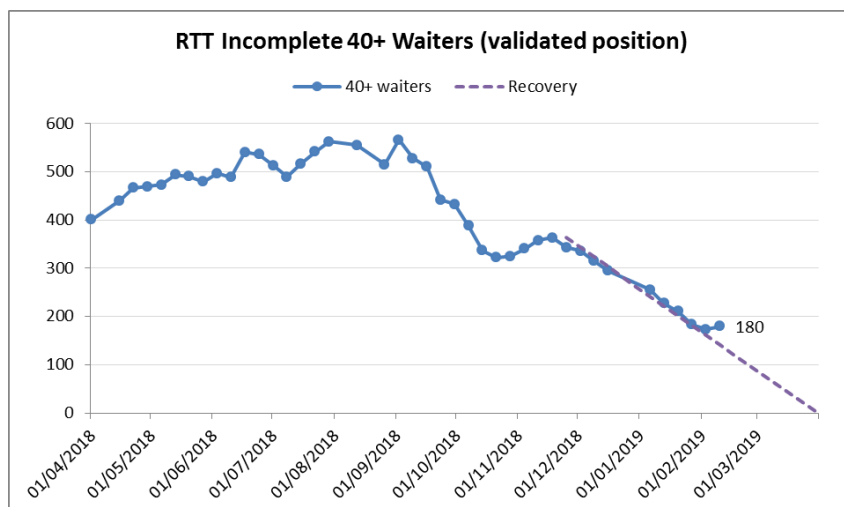
Figure 15: RTT Total Waiting List



The overall waiting list decreased by 826 patients in January 2019 compared to December 2018. This is the 8th consecutive reduction in reported month end position. The waiting list has reduced by 7,275 since April 2018.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

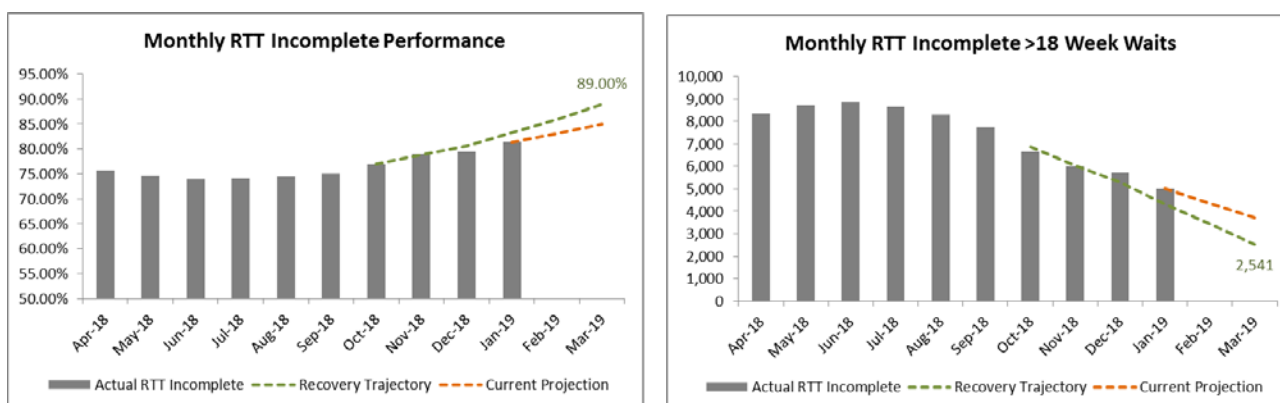
Figure 16: RTT Incomplete >40 Weeks



The number of patients waiting over 40 weeks improved further in January 2019. As at week ending 10th February 2019 the Trust reports 180 patients waiting over 40 weeks.

As part of the RTT official submission for January 2019 the Foundation Trust will not report any RTT Incomplete 52-week breaches.

Figure 17: RTT Recovery Trajectories



Additional capacity is confirmed that will support performance improvement up to 85% and additional actions are being implemented that would improve this to 87.8%.

RTT Incomplete Improvement

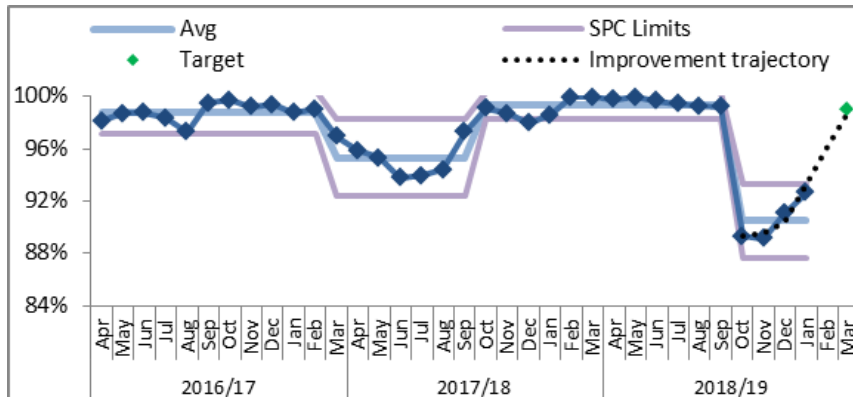
A combination of Locum posts, internal productivity gains and additional sessions, and outsourcing to the independent sector are in place. Delays in finding Locum consultants for hard to recruit to specialties remains a risk to delivery of full recovery.

Additional improvement work-streams are focussing on capacity and demand management, booking and scheduling, waiting list review and validation, standardised clinical harm review, and training support. These will help sustain the gains made from recovery actions.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

7. Diagnostic waiting times

Figure 18: Monthly DM01 Performance



January 2019 performance is reported as 92.62%, with 483 breaches. This continues the improvement since November 2018 although is 0.62% behind the recovery trajectory.

Table 7: Endoscopy Recovery Trajectory

Latest Performance							Future Performance		
Diagnostic Waiting List		Validated	Validated	Validated	Forecast	Variance To Plan	Recovery Plan		
Specialty	Performance	Oct-18	Nov-18	Dec-18	Jan-19		Jan-19	Feb-19	Mar-19
Colonoscopy	Waiting >6 weeks	213	239	155	178	57	121	57	3
	Total waiting	448	426	329	387	23	364	332	300
	% within 6 weeks	52.46%	43.90%	52.89%	54.01%	-12.85%	66.86%	82.93%	99.00%
Flexi Sig	Waiting >6 weeks	62	76	71	44	5	39	19	2
	Total waiting	157	162	114	104	-36	140	130	120
	% within 6 weeks	60.51%	53.09%	37.72%	57.69%	-14.52%	72.22%	85.61%	99.00%
Cystoscopy	Waiting >6 weeks	272	246	118	132	26	106	45	2
	Total waiting	395	368	282	260	-8	268	219	170
	% within 6 weeks	31.14%	33.15%	58.16%	49.23%	-11.36%	60.59%	79.79%	99.00%
Gastroscopy	Waiting >6 weeks	202	217	195	129	10	119	60	4
	Total waiting	489	473	419	360	-77	437	419	400
	% within 6 weeks	58.69%	54.12%	53.46%	64.17%	-8.65%	72.82%	85.91%	99.00%
Endoscopy Total	Waiting >6 weeks	749	778	539	483	93	390	183	10
	Total waiting	1489	1429	1144	1111	-98	1209	1100	990
	% within 6 weeks	49.70%	45.56%	52.88%	56.53%	-11.30%	67.82%	83.41%	99.00%
Trust Total	Waiting >6 weeks	779	784	551	483	143	340	195	68
	Total waiting	7287	7214	6643	6549	-445	6994	6885	6775
	% within 6 weeks	89.31%	89.13%	91.71%	92.62%	-0.62%	93.24%	96.12%	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 data quality correction work across each of these waiting lists.

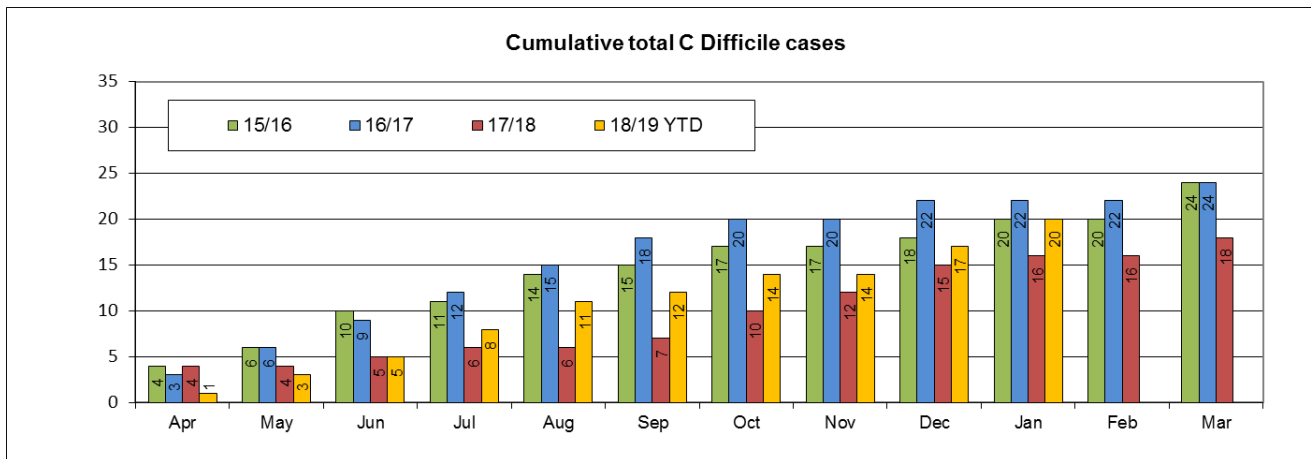
Full validation of all waits over 6 weeks helped improve performance and additional Cystoscopy lists commenced in January 2019 which alongside outsourcing Endoscopy will clear the over 6 week backlog by the end of March 2019.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

8. Healthcare Associated Infections

8.1. C Difficile Infections – threshold 50 apportioned cases for 2018/19

Figure 19: Clostridium Difficile Infections - BTHFT



Three cases of Clostridium Difficile Infection were reported in January 2019, raising the Trust total for 2018/19 to 20. This is higher than the Trust position in January 2018, but still significantly below the trajectory for fewer than 50 cases during the year.

8.2. MRSA Bacteraemia

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
MRSA	0	0	0	0	0	0	0	1	0	0
Trajectory	0	0	0	0	0	0	0	0	0	0

No cases in January 2019 have been apportioned to the Trust. There has only been one MRSA Bacteraemia apportioned so far in 2018/19.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

9. Other indicators by exception

Table 8 provides the list of indicators which did not meet the required standard in the latest reported month or have recovered this month following inclusion as an exception previously.

Table 8: Table of exceptions

Indicator	Threshold	Performance
A&E - Emergency Care Standard	95%	Failure of 95% target at 76.02%
Ambulance handovers taking between 30-60 minutes	0	132 handovers took between 30 and 60 minutes
Ambulance handovers taking longer than 60 minutes	0	60 handovers took over 60 minutes
Cancelled Operations rebooked beyond 28 days	0	3 breaches: 2x Ophthalmology, 1x Urology
Cancer 2 week wait	93%	Failure of 93% target at 91.05%
Cancer 31 day First Treatment	96%	Failure of 96% target at 90.18%
Cancer 31 day Subsequent Surgery	94%	Failure of 94% target at 77.78%
Cancer 62 day First Treatment	85%	Failure of 85% target at 70.34%
Cancer 62 day Screening	90%	Achievement of 90% target at 97.22%, following failure in previous month
Cancer 38 day Inter Provider Transfer	85%	Failure of 85% target at 65%
Diagnostics - patients waiting fewer than 6 weeks for test	99%	Failure of 99% target at 92.62%
Infection Control - C difficile infections	50 FY	Three cases in January
Infection Control - MRSA Bacteraemia	0	No cases in January
Never Event	0	No Never Events in January
RTT - Patients waiting within 18 weeks on incomplete pathways	92%	Failure of 92% target at 81.45%
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
Stroke - 90% of patients to spend 90% of time on a stroke unit	90%	Failure of 90% target at 70.6%
% TIA higher risk cases who are treated within 24 hours	60%	Failure of 60% target at 41.7%

9.1. Transient Ischaemic Attack

Table 9: TIA performance 2018-19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Treated within 24 hrs	7	3	6	3	0	9	7	8	5	5
Patients with TIA	15	6	8	5	9	15	16	11	10	12
Performance	46.67%	50.0%	75.0%	60.0%	0.0%	60.0%	43.8%	72.7%	50.0%	41.7%

The failure to treat seven patients within 24 hours was mainly due to clinics being full, or not running in time to meet the 24 hour target. Three of the breaches attended at the weekend when there are no clinics running. The other breaches were due to patient choice, transport issues, or clinics being full. A review of weekend clinic provision is underway.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

9.2. Stroke

Table 10: Stroke performance 2018-19

Stroke performance	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
=>90% on stroke unit	40	44	34	41	41	37	49	46	41	24
Pts admitted for Stroke	46	50	40	51	53	44	50	54	41	34
Performance	87.0%	88.0%	85.0%	80.4%	77.4%	84.1%	98.0%	85.2%	100.0%	70.6%

January 2019 performance may improve as clinical coding was only complete up to 21-January-2019 when this report was run. The 10 breaches have each been validated as genuine and are being reviewed by the service as performance is likely to remain a fail against the standard.

9.3. Cancer IPT

Table 11: YTD performance 2018-19 & IPT performance by tumour group December 2018

Month	< D38	Total	Perf
Apr-18	13	32	40.6%
May-18	16	33	48.5%
Jun-18	21	39	53.8%
Jul-18	30	49	61.2%
Aug-18	16	39	41.0%
Sep-18	27	43	62.8%
Oct-18	34	69	49.3%
Nov-18	25	35	71.4%
Dec-18	26	40	65.0%

Cancer Site	<38d	>38d	Performance
Breast Cancer	18	0	100.00%
Gynaecological	3	2	60.00%
Haematological Malignancy	0	1	0.00%
Head and Neck	1	2	33.33%
Lower Gastrointestinal	1	2	33.33%
Lung Cancer	1	1	50.00%
Skin	1	2	33.33%
Upper Gastrointestinal	0	1	0.00%
Urological	1	3	25.00%
Total	26	14	65.00%

The Trust performance against the 85% target deteriorated in December 2018 following an increase number of transfers compared to November 2019. Pathway reviews are underway to promote improvement across all tumour groups.

9.4. Termination Of Pregnancy Service

Table 12: TOPS performance 2018-19

Indicator	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-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%	46.4%	95.6%
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%	94.7%

Performance for January 2019 is not yet available. The issue in providing surgical treatment within 5 working days of the Wednesday clinic persists and will be reviewed jointly with the CCG in February 2019.

Meeting Title	Board of Directors Open Meeting		
Date	7 March 2019	Agenda item	Bo.3.19.18

9.5. Cancelled Operations rebooked beyond 28 days

Table 13: 28 day breaches 2018-19

Specialty	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
ENT										
OPHTHALMOLOGY	4		2		1	3				2
GENERAL SURGERY	3					1				
PLASTICS										
PAIN MANAGEMENT										
UROLOGY	1					1				1
GYNAECOLOGY										
Total	8	0	2	0	1	5	0	0	0	3

Three same-day cancelled operations were not rebooked within 28 days of cancellation, with breach dates in January 2019.

All three were rescheduled later in the month on the first available date with the relevant consultant.

Admin errors were cited as the reason for not meeting the standard. New starter and staff retraining have been undertaken, and the escalation process reviewed to help prevent future breaches.