

Meeting Title	Board of Directors		
Date	9 May 2019	Agenda item	Bo.5.19.42

PERFORMANCE REPORT – FOR THE PERIOD MARCH 2019

Presented by	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive		
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Lead Director	Sandra Shannon, Chief Operating Officer/Deputy Chief Executive		
Purpose of the paper	To inform the Board 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:	Finance & Performance Committee		
Previously approved at:	Committee/Group	Date	
	Finance & Performance Committee	24-04-2019	
Key Options, Issues and Risks			
<p>This report provides an overview of performance against several key national and contractual indicators as at the end of March 2019.</p>			
Analysis			
<p>Emergency Care Standard (ECS):</p> <ul style="list-style-type: none"> ECS performance for Type 1 & 3 attendances is 71.36% for March 2019, and 80.07% for the full year 2018/19. ECS performance for Type 1, 2 & 3 attendances is 75.91% for March 2019, 83.13% for the year 2018/19. Average daily type 1 & 3 attendances in March 2019 were 389. Average ED attendances for 2018/19 were 381 compared to 369 in 2017/18; an increase of 3.25% (12 patients per day). Type 2 attendances averaged 74 per day in March 2019. The Emergency Care Improvement Programme continues with focus on expansion in the use of green zone, effective streaming, clinical co-ordination and increasing same day emergency care. <p>Ambulance Handovers:</p> <ul style="list-style-type: none"> The number of delayed ambulance handovers attributable to BTHFT for March 2019 increased to 159 between 30 and 60 minutes and 57 over 60 minutes. Further work is being carried out to validate this position. The ED team continue to work closely with the Yorkshire Ambulance Service (YAS) locality manager for Bradford. 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. <p>Cancer Standards:</p> <ul style="list-style-type: none"> Cancer 2 Week Wait (2WW) performance for February 2019 was 95.43% and is currently projected at 95.06% for March 2019 with only Breast not forecast to meet the 93% target due to 25% increase in referrals in Q4 (19 extra per week). April 2019 is currently projected below target at 89.40%, due to the deterioration in the Breast position. Cancer 62 Day First Treatment performance for February 2019 was 63.89% and is currently projected at 74.44% for March 2019 with a further improvement predicted for April 2019 at 79.10%. Trust recovery to the 85% target is expected from May 2019 with the 62 day backlog now reduced to 21 patients. A reduction in 136 patients since September 18. 			

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Referral to Treatment:

- There were no patients waiting more than 52 weeks at the end of March 2019 and the same is anticipated at the end of April 2019.
- March 2019 incomplete performance is 84.99% with the total waiting list reducing by 1,722 patients, which is the 10th successive reduction since April 2018.
- Total outpatient and inpatient activity delivered was in line with the RTT recovery plan for March 2019. This was supported by a small amount of outsourcing to the Yorkshire Clinic, some Locum capacity in key specialties and internal efficiency or premium rate sessions.

Diagnostic waiting times:

- Performance for March 2019 shows continued improvement at 95.36%.
- Activity from the independent sector continues and total endoscopy activity has increased to support recovery to trajectory. Additional opportunities to further increase capacity are being explored.
- The cystoscopy position remains behind plan; however a reduction has been seen in waiting list size following an increase in weekly capacity.
- Validation of the full waiting list continues.

Healthcare Associated Infections:

- March 2019 performance was within agreed targets, and the Trust has achieved all financial year thresholds. There was only one MRSA case apportioned to the Trust in 2018/19, and 22 C-difficile infection cases, well below the threshold of 50.

Other Exceptions:

- Cancer IPT performance in February 2019 was 54.3% against a target of 85%.
- Early Pregnancy performance achieved in March 2019 with the percentage of late presenters seen within 2 weeks at 92.9% (target 90%).
- Termination of Pregnancy (TOPS) performance achieved in March 2019, reporting as 96.2% of those choosing to proceed treated within 5 working days (target 95%).
- Stranded patients with length of Stay over 21 days averaged 73 per day in March 2019 which remains above the NHSE target of 55 per day. There is a twice weekly review of stranded patients, including a weekly multi-agency review of over 21-day length of stay.
- 78.3% of Stroke patients spent 90% of their stay on a Stroke ward against a target of 80%. 35% of TIA high-risk cases were treated within 24 hours during March 2019 against a target of 60%. This relates to weekend clinic cover which is now under review.

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.

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			

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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.
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Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard:
NHS Improvement Effective Use of Resources: Finance
Other (please state): Commissioning contracts with CCG and NHS England

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APPENDIX 1 PERFORMANCE REPORT FOR THE PERIOD MARCH 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.

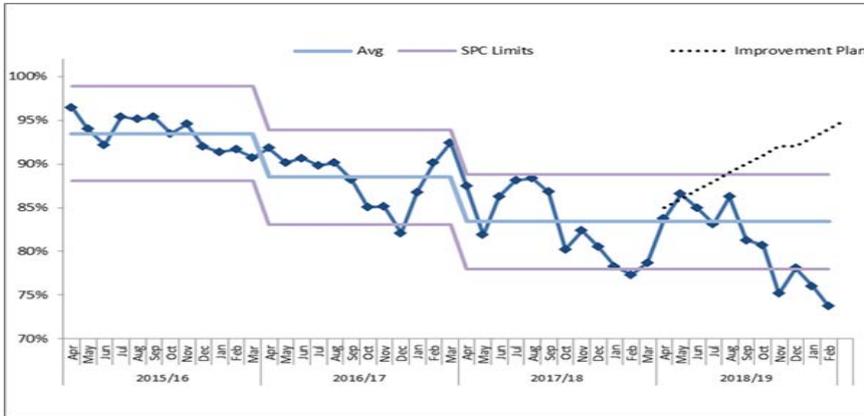
Table 1: Measures with improvement trajectories in the annual plan

Measure	Latest Month	Performance	Original Plan	Recovery Plan
Emergency Care Standard	Mar 2019	71.36%	95.00%	95.00%
Referral to Treatment - Incomplete	Mar 2019	84.99%	92.00%	89.00%
Cancer – 62-day First Treatment	Feb 2019	63.89%	85.00%	75.70%

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3. Emergency Care Standard (Type 1&3)

Figure 1: Monthly ECS Performance – BTHFT



The Foundation Trust reported a position of 71.36% for the month of March 2019.

Performance for the full year 2018/19 is 80.07%.

Figure 2: ECS Performance – National Comparison

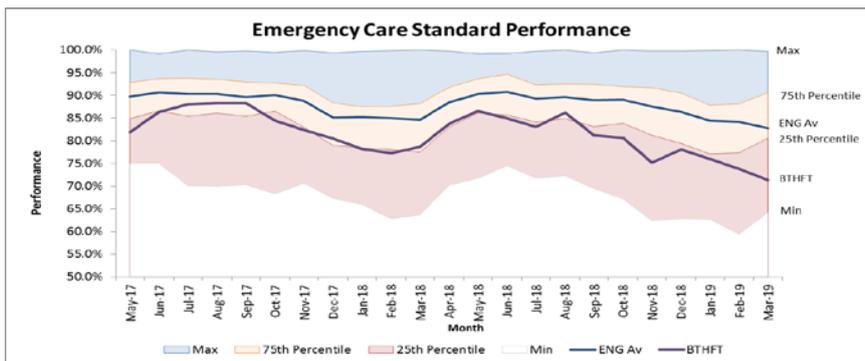
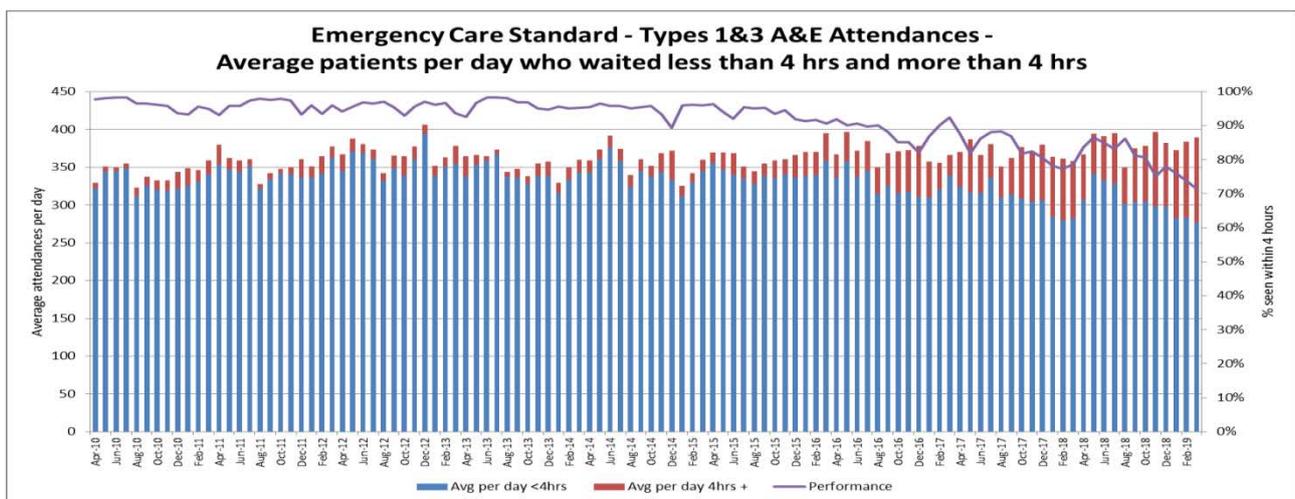


Figure 2 shows a comparison of ECS performance for acute Trusts in England, for which BTHFT currently sits just below the 25th percentile.

Figure 3: ECS Performance and Attendances - BTHFT

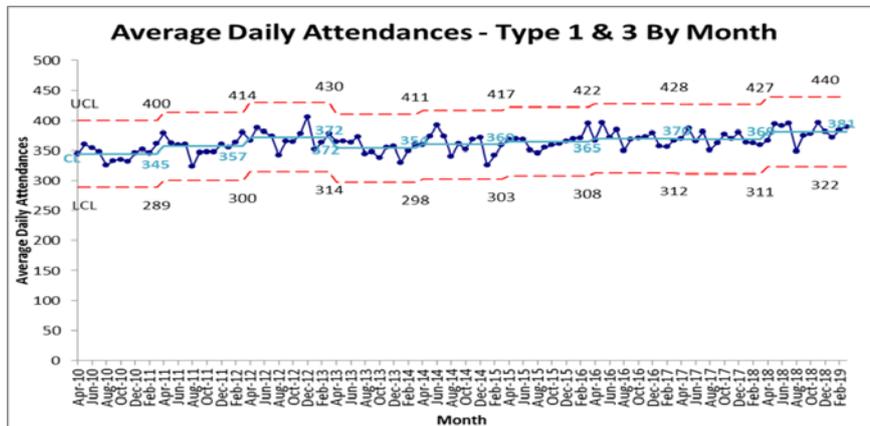


In March, there were 12,065 attendances in A&E (types 1 and 3), of which 3,456 breached the 4-hour target, giving a performance of 71.36%. This compares 11,120 attendances and 2,364 breaches in March 2018 (78.74% performance).

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Full year 2018-19 attendances show an increase of 3.23% compared with 2017/18, with a daily average of 381 compared with 369 in 2017-18.

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



Daily average attendances for March 2019 were 389.

Comparing March 2019 with March 2018 shows an average increase of 30 patients per day.

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 progressing well which will ensure BTHFT can sustainably 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
- 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
- Embedding streaming with the introduction of a navigation SOP
- Enhancements to Same Day Ambulatory Emergency Care (blue zone)
- Minor Eye Conditions Service (MECS) operated by local opticians to be launched in May 2019

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4. Ambulance Handover Performance

Figure 5: Ambulance Handovers – Attributable to BTHFT

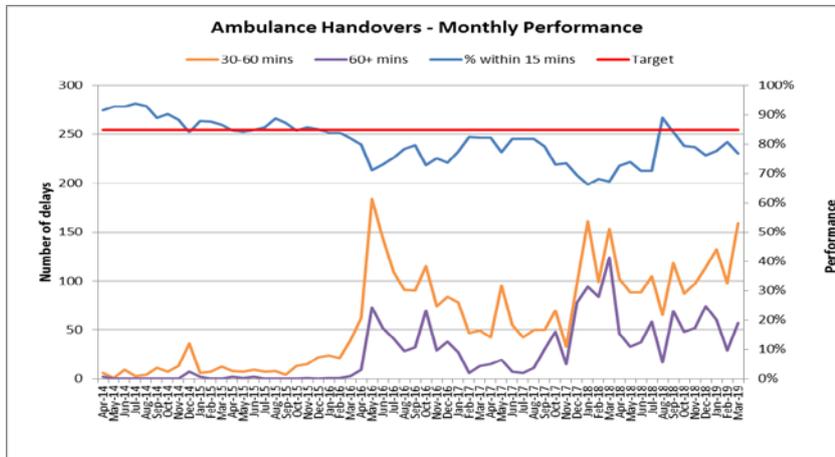
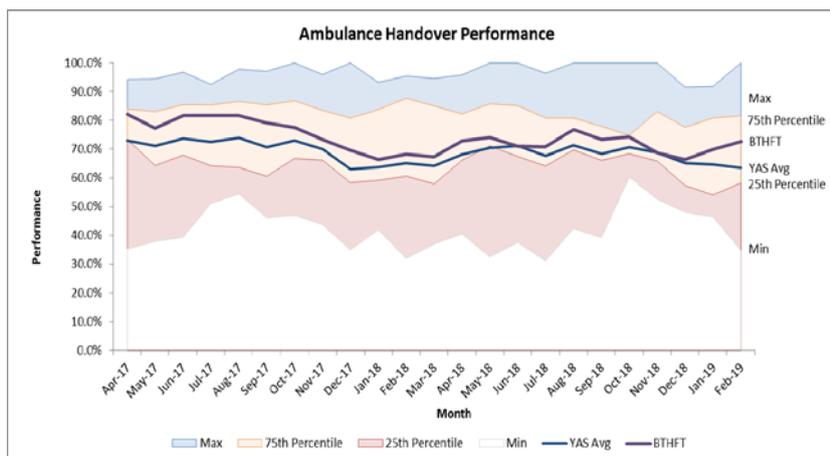


Figure 5 shows an increase in the number of handovers between 30 and 60 minutes (159 in March 2019) and over 60 minutes (57 in March 2019).

Further work is being carried out to validate this position, which could improve performance by 15-20%.

Figure 6: Ambulance Handovers – Yorkshire Comparison



February 2019 ambulance handover benchmarking data supplied by YAS shows BTHFT performing 9% above the local average for handovers within 15 minutes.

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 to improve the end to end handover process.

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. Admin support is to be introduced in Ambulance assessment area to reduce delays in registering patients.

5. Cancer Standards

A Cancer position has been submitted for February 2019 which reports failures against the 31 Day First Treatment, 31 Day Subsequent Treatment (Surgery) and 62 Day First Treatment (GP). The remaining standards were met.

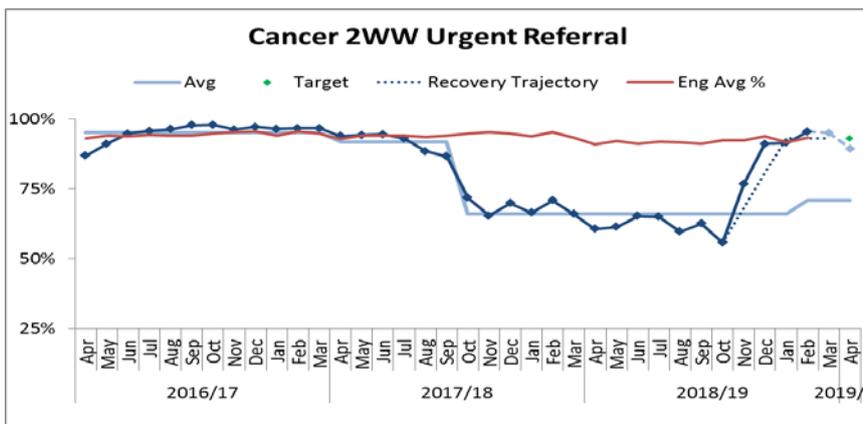
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Table 2: Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
14 day GP referral for all suspected cancers	93%	60.6%	61.4%	65.3%	65.1%	59.7%	62.6%	55.8%	76.6%	91.1%	91.4%	95.4%	95.1%	89.4%
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%	96.0%	96.0%	93.6%	91.2%	84.7%	86.6%	84.8%	90.6%	90.2%	89.9%	88.0%	92.2%	96.4%
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%	99.8%	99.8%
31 day subsequent surgery treatment	94%	94.6%	97.3%	94.3%	95.3%	96.3%	97.6%	94.6%	95.0%	77.8%	80.0%	86.8%	80.5%	95.6%
62 day GP referral to treatment	85%	73.5%	68.7%	60.2%	70.2%	62.5%	68.3%	62.3%	61.7%	70.3%	73.2%	63.9%	74.4%	79.1%
62 day screening referral to treatment	90%	76.5%	93.1%	90.9%	90.6%	95.3%	93.9%	83.9%	78.0%	97.2%	82.5%	95.8%	100.0%	92.5%
62 day consultant upgrade to treatment		83.3%	0.0%	33.3%	77.8%	57.1%	33.3%	78.6%	33.3%	82.4%	68.0%	40.0%	100.0%	100.0%

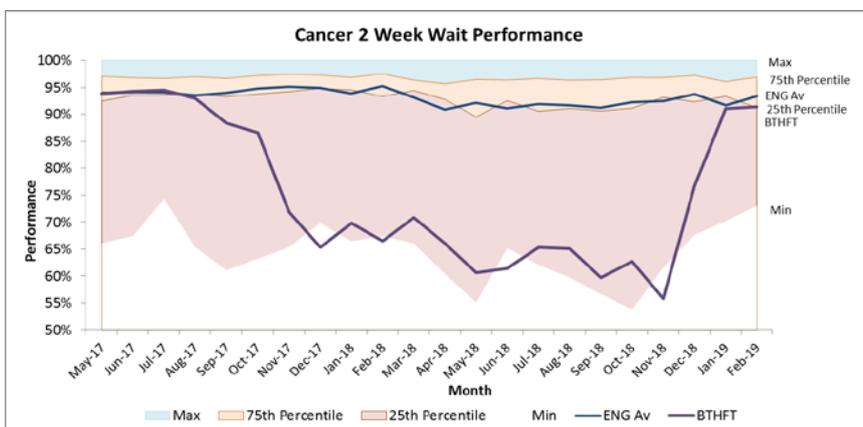
5.1. Cancer 2 Week Wait (2WW)

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



The 2 Week Wait target has been achieved in February 2019 at 95.4%. Performance is expected to remain above threshold in March 2019 however April 2019 is predicting a failure due to a deteriorating position in Breast.

Figure 8: 2WW National Comparison – BTHFT



BTHFT have shown significant improvement in performance over the last few months.

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Figure 9: 2WW Referrals and Patients Seen

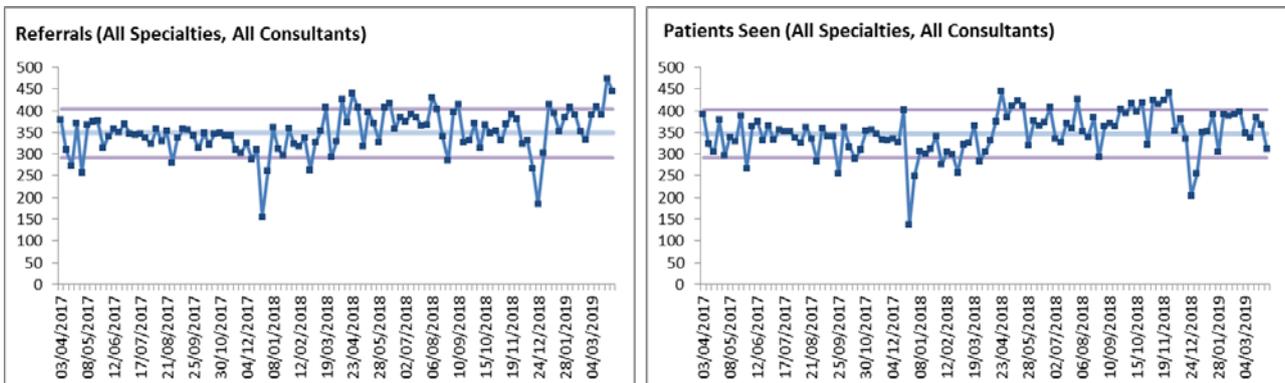


Figure 9 shows an increase in referrals since the start of 2019, these are predominately in Breast.

Table 3: 2WW Performance by Tumour Group

Site	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Trust	60.6%	61.4%	65.3%	65.1%	59.7%	62.6%	55.8%	76.6%	91.1%	91.4%	95.4%	94.2%	89.4%
Brain/CNS	100.0%	100.0%	100.0%	100.0%	94.1%	81.8%	90.9%	100.0%	92.9%	100.0%	87.5%		
Breast	90.3%	88.9%	96.8%	95.2%	92.0%	95.7%	93.7%	93.4%	93.5%	94.8%	94.8%	89.7%	63.8%
Children	33.3%	63.2%	42.9%	38.5%	20.0%	58.3%	35.3%	66.7%	83.3%	100.0%	91.7%		
Gynae	90.5%	82.3%	90.7%	93.1%	85.6%	89.0%	95.2%	95.9%	90.5%	94.6%	96.1%	100.0%	100.0%
Haematology	79.2%	100.0%	100.0%	88.2%	88.0%	88.5%	85.7%	95.5%	92.9%	96.6%	87.5%	95.2%	100.0%
Head & Neck	86.0%	92.0%	88.3%	86.2%	86.7%	91.0%	94.7%	92.6%	93.9%	93.3%	97.7%	97.3%	96.8%
Lower GI	38.6%	47.2%	66.7%	80.2%	65.8%	57.4%	81.0%	79.8%	85.3%	81.3%	95.4%	93.8%	96.2%
Lung	95.5%	96.2%	98.1%	100.0%	97.1%	100.0%	100.0%	97.2%	96.4%	100.0%	100.0%	100.0%	94.7%
Other	100.0%	100.0%	90.0%	62.5%	92.9%	78.3%	100.0%	82.6%	100.0%	89.3%	100.0%	100.0%	100.0%
Skin	22.6%	19.7%	10.1%	5.4%	8.2%	5.4%	7.6%	56.7%	98.8%	97.0%	97.0%	96.4%	97.4%
Testicular	0.0%	100.0%											
Upper GI	83.3%	85.2%	90.2%	83.6%	78.4%	83.5%	78.9%	87.7%	88.1%	87.5%	92.2%	89.8%	93.5%
Urology	35.8%	33.3%	26.7%	21.7%	44.6%	63.1%	31.5%	48.4%	75.7%	81.2%	92.4%	94.8%	96.8%

Cancer 2WW Improvement

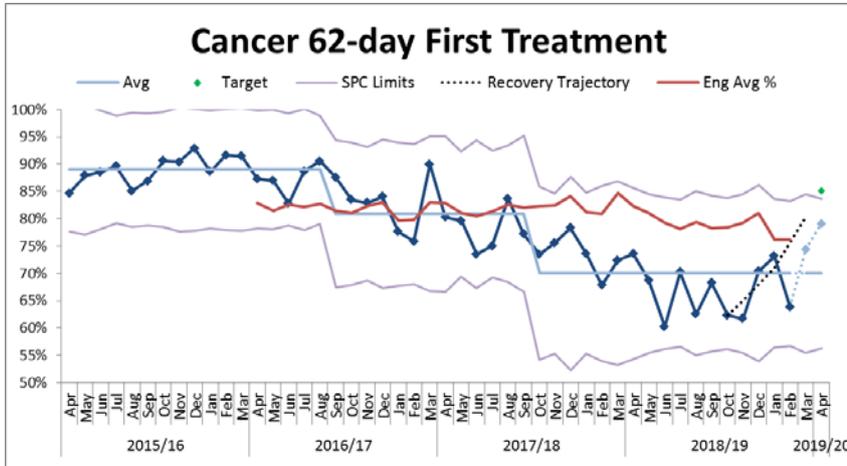
Weekly monitoring of 2WW performance continues at the Planned Care Recovery meeting, supported by the 2WW dashboard and the 2WW activity trackers.

Breast is currently facing capacity issues following a +25% increase in referrals since January 2019. These issues are widespread across the region and a regional Demand & Capacity analysis has been completed. A specialty doctor is due to start in April 2019 to help bridge the capacity gap, while long term solutions based on alternative service models are being explored. Additional work with GPs is also ongoing to review the 2WW referral criteria.

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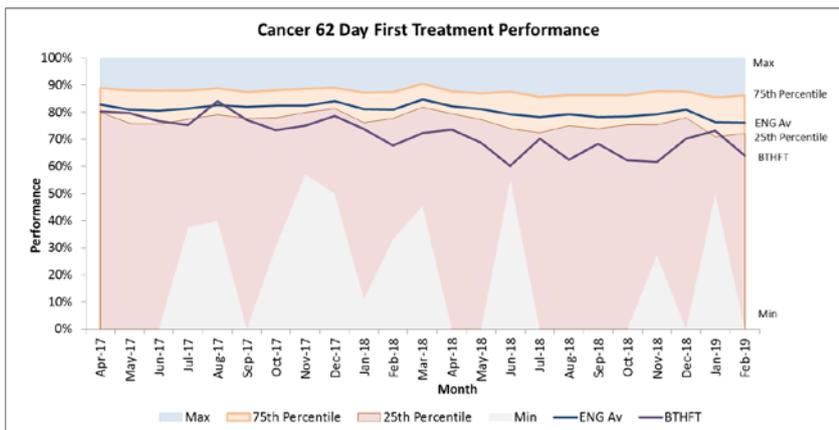
5.2. Cancer 62 day First Treatment

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



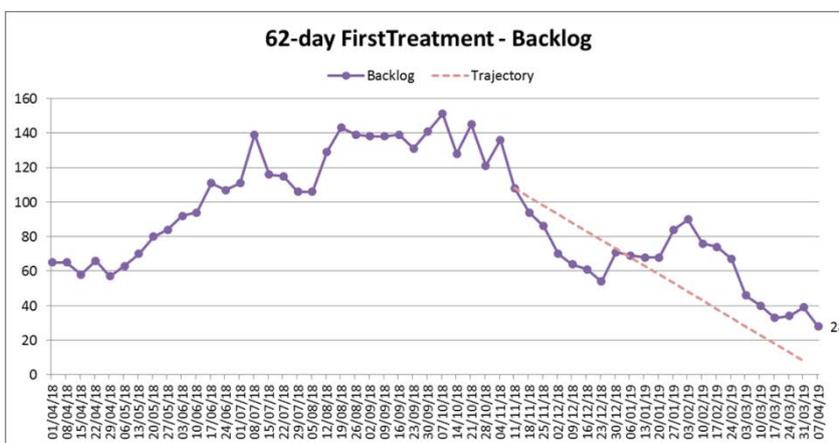
The 62-day First Treatment is below standard February 2019 due to focus on treating patients over 62 days. Performance is expected to improve in March 2019 and April 2019. The number of patients on a 62 day backlog has reduced to 21 from 157 in September 18.

Figure 11: 62 Day First Treatment performance – National Comparison



The average performance for Cancer 62 Day First Treatment decreased slightly between January 2019 and February 2019 across the whole of England.

Figure 12: Patients Waiting Over 62 Days



Backlog reduction continues and the number of patients waiting over 62 days is expected to fall below 20 patients by the end of April 2019.

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Table 4: 62 Day First Treatment performance by Tumour Group

Site	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Trust	73.5%	68.7%	60.2%	70.2%	62.5%	68.3%	62.3%	61.7%	70.3%	73.2%	63.9%	74.4%	79.1%
Brain/CNS							100.0%		100.0%				
Breast	100.0%	100.0%	81.8%	92.6%	91.3%	100.0%	100.0%	100.0%	83.3%	100.0%	88.2%	100.0%	100.0%
Children													
Gynae	100.0%	46.2%	0.0%	100.0%	83.3%	75.0%	76.9%	100.0%	80.0%	83.3%	66.7%	0.0%	62.5%
Haematology	100.0%	60.0%	33.3%	80.0%	0.0%	100.0%	60.0%	46.2%	25.0%	66.7%	58.8%	70.6%	76.5%
Head & Neck	53.8%	42.9%	29.4%	60.0%	69.2%	60.0%	64.7%	100.0%	66.7%	81.8%	50.0%	20.0%	33.3%
Lower GI	50.0%	50.0%	66.7%	15.0%	57.1%	28.6%	16.7%	10.5%	63.6%	73.3%	73.3%	60.0%	33.3%
Lung	12.5%	63.6%	25.0%	75.0%	62.5%	72.7%	71.4%	33.3%	80.0%	50.0%	50.0%	57.1%	60.0%
Other	0.0%		0.0%	0.0%	66.7%	50.0%	0.0%	0.0%	0.0%	0.0%		100.0%	100.0%
Skin	89.5%	82.4%	91.2%	100.0%	92.0%	77.1%	92.9%	77.2%	90.9%	91.8%	83.0%	91.7%	100.0%
Testicular		100.0%	100.0%	100.0%	100.0%	0.0%		100.0%	100.0%	100.0%			
Upper GI	66.7%	0.0%	44.4%	66.7%	0.0%	0.0%	12.5%	57.1%	66.7%	63.6%	70.0%	75.0%	50.0%
Urology	61.5%	50.0%	41.9%	51.5%	22.0%	44.4%	26.0%	38.2%	46.2%	50.0%	36.8%	63.3%	77.1%

Improvements in 2 week wait performance and reduced diagnostic delays have not yet resulted in delivery against the 85% target but the weekly growth in 62 day waits has been reduced and a significant backlog cleared providing a level of confidence for May 2019 performance.

Table 5: Recovery Plans for Cancer 62 Day

Speciality	Recovery from	
Breast	Nov-18	Breast and Gynaecology were compliant for November 2018 performance, but due to small treatment numbers will not always sustain this.
Gynaecology	Nov-18	
Haematology	May-19	The 62 day backlog for Urology has significantly reduced providing confidence in delivery at 85% from May 2019.
Head & Neck	May-19	
Lower GI	Jun-19	Lower GI backlog is reducing but all are within the diagnostic phase meaning few will be cancer treatments.
Skin	May-19	
Urology	May-19	
Upper GI	May-19	
TRUST	May-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 remains a challenge. As a result, the service has implemented daily mini-MDT reviews to ensure that patients are diagnosed and referred to Leeds for treatment within 38 days.

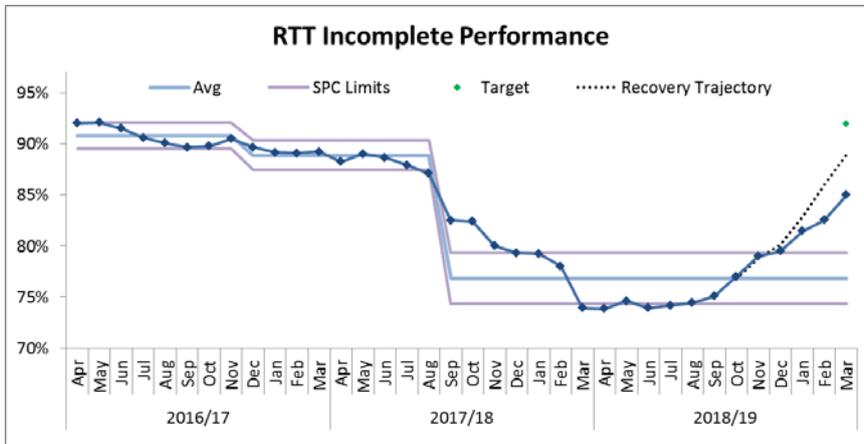
Improvement work in Urology has had a significant impact on 62 Day and 31 Day performance. As a result BHTF is predicted to achieve the 31-day standards from April 2019 and continued improvements will support 62-day recovery by June 2019.

Lower GI improvement has been supported by increased diagnostic capacity within Endoscopy. The service is currently undertaking a Demand & Capacity review to maintain the position and further reduce the backlog. A GI radiologist has recently been appointed to decrease reporting turnaround times within the 7-day target and support recovery by June 2019.

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6. Referral to Treatment (RTT) Incomplete

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



The Trust predicted an RTT position for March 2019 of 84.99% (20,394 / 23,996) which represents an improvement compared to February 2019 although behind the recovery trajectory.

Figure 14: RTT Incomplete National Indicator – BTHFT

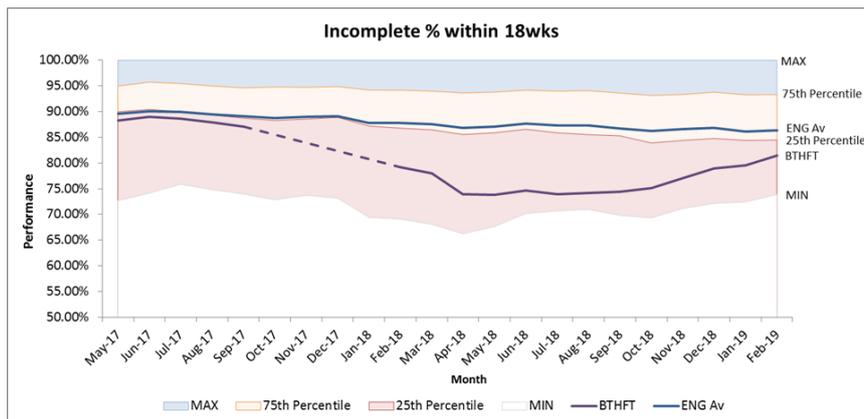
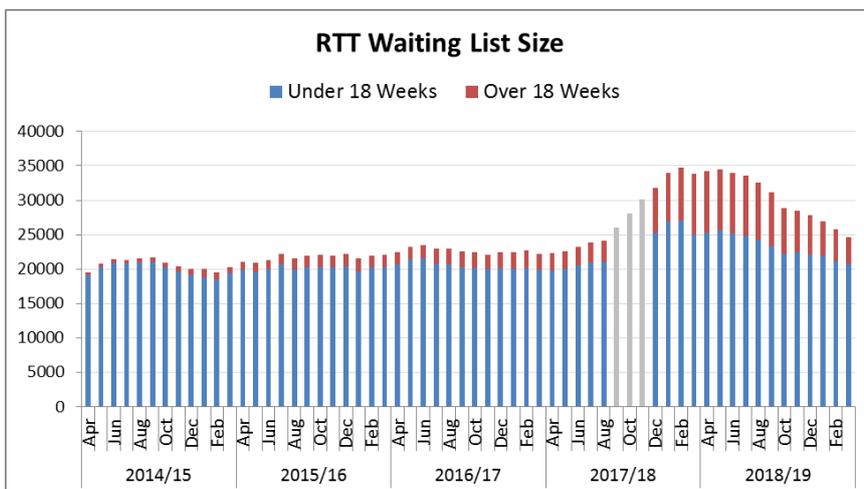


Figure 14 shows a comparison of national RTT Incomplete performance. BTHFT is still in the lower quartile but improving rapidly. BTHFT is no longer in the Top 25 of Trusts with the longest waits.

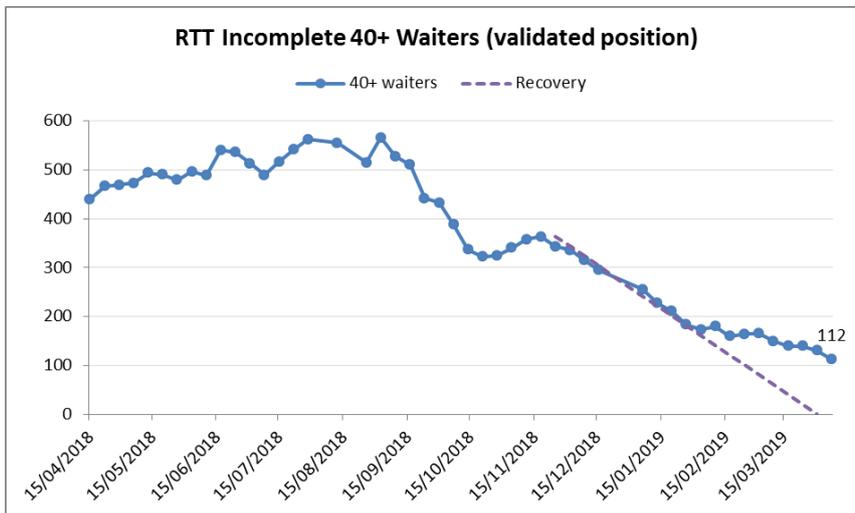
Figure 15: RTT Total Waiting List



The overall waiting list decreased by 1,722 patients in March 2019 compared to February 2019. This is the 10th consecutive reduction in reported month end position. The waiting list has reduced by 10,254 since April 2018.

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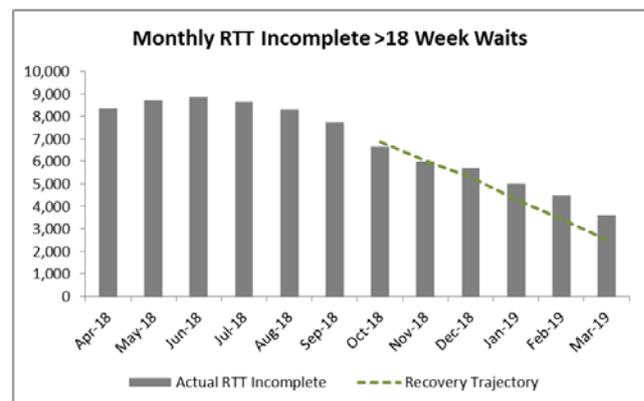
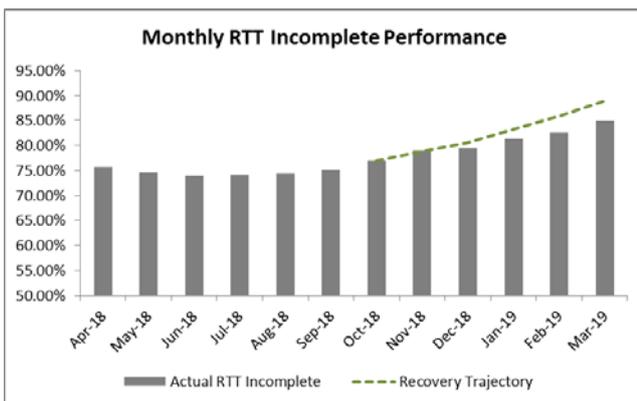
Figure 16: RTT Incomplete >40 Weeks



The number of patients waiting over 40 weeks continued to decrease in March 2019. As at week ending 7th April 2019 the Trust reports 112 patients waiting over 40 weeks.

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

Figure 17: RTT Recovery Trajectories



RTT Incomplete Improvement

A combination of Locum posts, internal productivity gains and additional sessions, and outsourcing to the independent sector are in place.

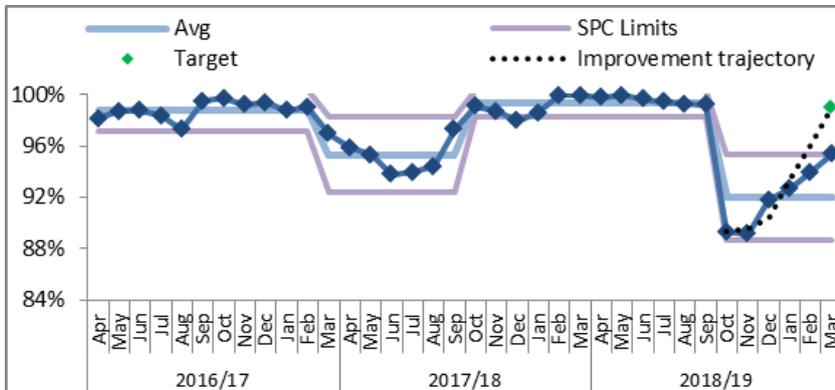
Additional improvement work-streams are focusing on capacity and demand management, booking and scheduling, waiting list review and validation, standardised clinical harm review, and training support.

The Trust is also taking part in a system-wide review of RTT waiting times across the system to assess the potential for levelling of waiting times.

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7. Diagnostic waiting times

Figure 18: Monthly DM01 Performance



March 2019 performance is reported as 95.36%, with 326 breaches. This continues the improvement since November 2018 although is now 3.64% behind the 99% recovery trajectory.

Table 6: Endoscopy Recovery Trajectory

Diagnostic Waiting List		Validated	Validated	Validated	Validated	Validated	Validated	Variance
Test	Performance	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	To Plan
Colonoscopy	Waiting > 6 weeks	213	239	155	178	158	107	104
	Total waiting	448	426	329	387	435	329	29
	% within 6 weeks	52.46%	43.90%	52.89%	54.01%	63.68%	67.48%	-31.52%
Flexi Sig	Waiting > 6 weeks	62	76	71	44	30	19	17
	Total waiting	157	162	114	104	106	120	0
	% within 6 weeks	60.51%	53.09%	37.72%	57.69%	71.70%	84.17%	-14.83%
Cystoscopy	Waiting > 6 weeks	272	246	118	132	153	105	103
	Total waiting	395	368	282	260	284	178	8
	% within 6 weeks	31.14%	33.15%	58.16%	49.23%	46.13%	41.01%	-57.99%
Gastroscopy	Waiting > 6 weeks	202	217	195	129	97	95	91
	Total waiting	489	473	419	360	416	370	-30
	% within 6 weeks	58.69%	54.12%	53.46%	64.17%	76.68%	74.32%	-24.68%

DM01 Improvement

Performance for March 2019 shows continued improvement at 95.36%, an increase of +1.4% compared to the previous month. However current performance is still behind plan due to the inclusion of additional waits in the reportable position. Activity from the independent sector continues and total endoscopy activity has increased to support recovery to trajectory. Additional opportunities to further increase capacity are being explored.

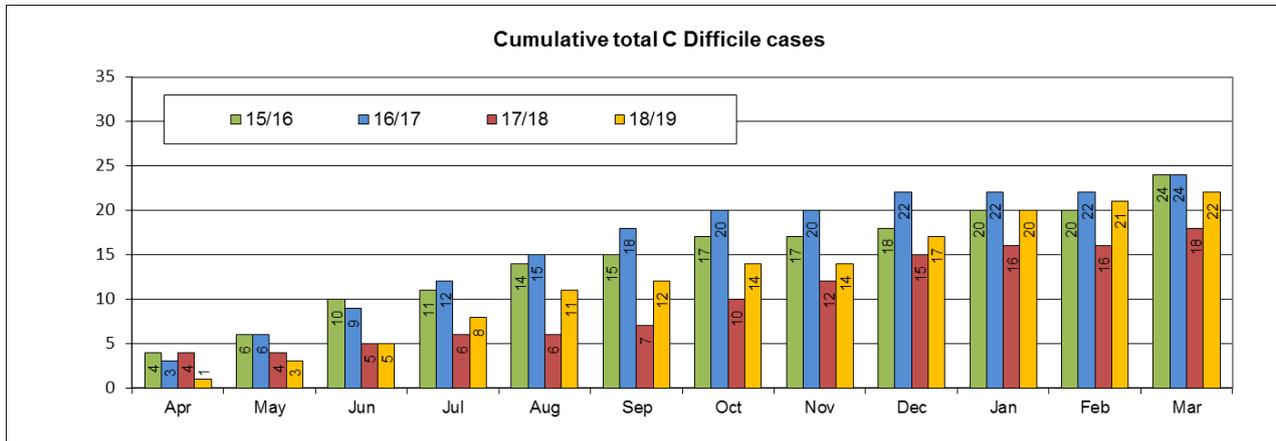
The cystoscopy position remains behind plan, however a reduction has been seen in waiting list size and number of breaches. Validation of the full waiting list is currently underway, additional locum capacity is also in place to help improve this position.

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8. Healthcare Associated Infections

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

Figure 19: Clostridium Difficile Infections - BTHFT



One case of Clostridium Difficile Infection was reported in March 2019, raising the final Trust total for 2018/19 to 22. This is higher than the Trust position in 2017/18, but still significantly below the trajectory for fewer than 50 cases during the year, and comparison does not take account of the changes to CCG apportioning, where previously a PIR might have changed where the case was attributed.

To note, the threshold for 2019/20 has been set at 30 for the year. This total has not been reached by the Trust since 2015/16.

8.2. MRSA Bacteraemia

	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
MRSA	0	0	0	0	0	0	0	1	0	0	0	0	1
Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0

No cases in March 2019 have been apportioned to the Trust. There has therefore only been one MRSA Bacteraemia apportioned in 2018/19, compared with 4 in 2017/18 and 6 in 2016/17. Additionally, the one case reported in 2018/19 would not have been apportioned to the Trust in previous years, as there were no lapses in care.

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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 7: Table of exceptions

Indicator	Threshold	Performance
A&E - Emergency Care Standard	95%	Failure of 95% target at 71.36%
Ambulance handovers taking between 30-60 minutes	0	159 handovers took between 30 and 60 minutes
Ambulance handovers taking longer than 60 minutes	0	57 handovers took over 60 minutes
Cancelled Operations rebooked beyond 28 days	0	Achievement following failure in previous month - no breaches in March
Emergency Inpatient Length Of Stay >=21days	55	Average of 73 patients LOS >=21days
Cancer 2 week wait	93%	Achievement at 95.4% following failure in previous month
Cancer 31 day First Treatment	96%	Failure of 96% target at 87.97%
Cancer 31 day Subsequent Surgery	94%	Failure of 94% target at 86.84%
Cancer 62 day First Treatment	85%	Failure of 85% target at 63.89%
Cancer 62 day Screening	90%	Achievement at 95.83% following failure in previous month
Cancer 38 day Inter Provider Transfer	85%	Failure of 85% target at 54.3%
Diagnostics - patients waiting fewer than 6 weeks for test	99%	Failure of 99% target at 95.36%
Early Pregnancy - late presenters (seen within 2 weeks)	90%	Achievement at 92.9% following failure in previous month
Infection Control - C difficile infections	50 FY	1 case in March
Infection Control - MRSA Bacteraemia	0	No cases in March
Maternity Closures	0	2 in March due to staffing and capacity issues
RTT - Patients waiting within 18 weeks on incomplete pathways	92%	Failure of 92% target at 84.99%
RTT - Patients waiting over 52 weeks on incomplete pathways	0	0 cases
Stroke - 90% of patients to spend 90% of time on a stroke unit	80%	Failure of 80% target at 78.3%
% TIA higher risk cases who are treated within 24 hours	60%	Failure of 60% target at 35%
TOPS - All service users proceeding with TOP offered an appointment within 5 working days	95%	Achievement of 95% target at 96.15% following failure in previous months

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9.1. Cancer IPT

Table 8: Cancer IPT performance 2018-19

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Referred <38 days	13	16	21	30	16	27	34	25	26	38	19
Total	32	33	39	49	39	43	69	35	40	60	35
Performance	40.6%	48.5%	53.8%	61.2%	41.0%	62.8%	49.3%	71.4%	65.0%	63.3%	54.3%

The Trust performance against the 85% target deteriorated in February 2019. Pathway reviews are underway to promote improvement across all tumour groups.

9.2. Termination Of Pregnancy Service (TOPS)

Table 9: TOPS performance 2018-19

Indicator	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
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%	85.5%	96.8%	98.9%
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%	84.7%	84.1%	96.2%

The position against both the TOPS first appointment target and the TOPS procedure target improved in March 2019 and both targets were achieved following difficulties in previous months. The CCG recently agreed to change the procedure target to 7 working days in order to align with the current set up of the service. This change will occur from April 2019.

9.3. Early Pregnancy – Late Presenters seen within 2 weeks

Table 10: Early Pregnancy performance 2018-19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Seen <=12wk 6 days	387	428	371	398	428	392	427	446	373	477	407	367
Presented on time	394	438	376	403	438	394	433	461	380	487	425	384
Performance	98.2%	97.7%	98.7%	98.8%	97.7%	99.5%	98.6%	96.7%	98.2%	97.9%	95.8%	95.6%
Seen <= 2 weeks	43	56	41	44	38	43	39	50	31	35	50	26
Late presenters	44	59	44	45	45	47	44	57	34	36	58	28
Performance	97.7%	94.9%	93.2%	97.8%	84.4%	91.5%	88.6%	87.7%	91.2%	97.2%	86.2%	92.9%

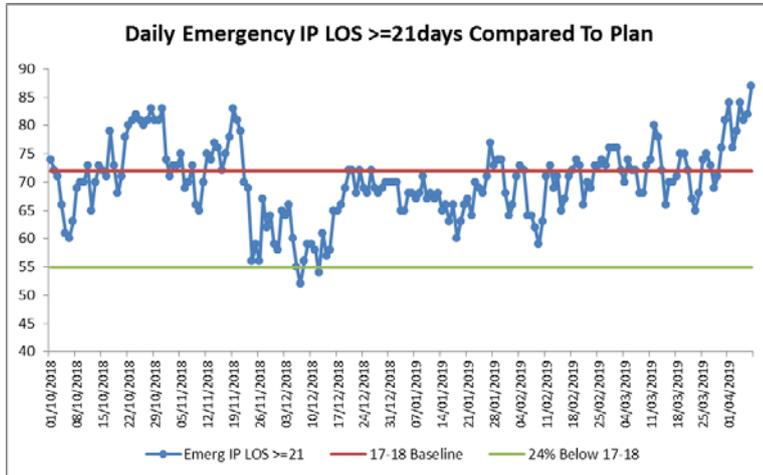
Performance against the late presenter indicator has been achieved in March 2019 at 92.9% following previous failure. This indicator requires the Trust to see patients who present to maternity services after 12 weeks and 6 days of gestation within 14 days.

An analysis of the breaches highlighted patient compliance issues with most breaches having not attended their first appointment offered within target. Actions have been taken to improve performance by releasing emergency capacity to rebook patients who do not attend.

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9.4. Emergency Inpatient Length of Stay (LOS) >=21 days

Figure 20: Inpatient Length of Stay >=21d – BTHFT



The number of 'stranded patients with a LOS over 21 days has increased slightly with an average of 73 patients per day in March 2019, against a daily average of 69 patients in February 2019 due to increased complexity of patients.

There is a twice weekly review of stranded patients, including a weekly multi-agency review of over 21 day length of stay and a remote reporting of all stranded patients over 7 days each week. Going forward weekly multi-agency will include a clinician and review will include all patients over 14 day length of stay. Data quality checks are in place to improve accuracy of the reported long stay position.

9.5. Stroke/TIA

Table 11: Stroke Performance

Stroke performance	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
=>90% on stroke unit	40	44	34	41	41	37	49	46	41	35	42	18	468
Pts admitted for Stroke	46	50	40	51	53	44	50	54	41	47	51	23	550
Performance	87.0%	88.0%	85.0%	80.4%	77.4%	84.1%	98.0%	85.2%	100.0%	74.5%	82.4%	78.3%	85.1%

March 2019 performance failed to meet the national target of 80% for the 3rd time in 18/19. The 5 breaches have been validated as genuine and are being reviewed by the service. The service is experiencing capacity pressures, coupled with high staffing gaps from a medical consultant perspective and high length of stay for stroke patients. Improvement plans continue to be implemented with oversight from the Medical Director and Chief Operating Officer.

Table 12: TIA Performance

TIA Performance	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Treated within 24 hrs	7	3	6	3	0	9	7	8	5	5	9	7
Patients with TIA	15	6	8	5	9	15	16	11	10	12	14	20
Performance	46.67%	50.0%	75.0%	60.0%	0.0%	60.0%	43.8%	72.7%	50.0%	41.7%	64%	35%

The failure to treat thirteen patients within 24 hours was mainly due to clinic availability. The difficulty faced is getting the patients back to clinic the following morning. A review is underway to look at moving clinics to an afternoon and weekend clinics.