

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 APRIL 2019

Title:	PERFORMANCE REPORT
Responsible Director:	Lawrence Tallon, Director of Strategy, Planning & Performance
Contact:	Andy Walker, Head of Strategy and Planning Rukudzo Hakulandaba, Performance Assurance Manager

Purpose:	To update the Board of Directors on the Trust's performance against targets.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Affects all strategic aims.
Key Issues Summary:	<p>We have experienced continued severe pressure across our Emergency Departments in March with attendances 8.0% higher than March last year. Nevertheless, performance improved, albeit to a still low level of 69.8%. RTT performance deteriorated overall, although there is variation in performance amongst the specialties. However, the size of the overall waiting list is below the target baseline.</p> <p>Performance for 2 week waits for both suspected cancer and breast symptomatic patients were both below target in February. Increased referrals alongside capacity challenges present an ongoing problem in achieving a compliant pathway.</p> <p>The 62 day cancer GP referral target improved in month, whilst the screening performance was slightly below target. There was one breach of same sex accommodation which involved 2 patients.</p> <p>The interim report of the clinical review of access standards has been published.</p>
Recommendations:	<p>The Board of Directors is requested to:</p> <p>Accept the report on progress made towards achieving performance targets and associated risks and mitigating actions.</p>

Approved by:	Lawrence Tallon	Date: 15 April 2019
---------------------	-----------------	---------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 APRIL 2019
PERFORMANCE REPORT
PRESENTED BY THE DIRECTOR OF STRATEGY, PLANNING & PERFORMANCE

1. Purpose

This paper summarises the Trust's performance against national targets, including those in the Single Oversight Framework. Where RAG ratings are given in the Appendix, green indicates the target is being achieved, amber that performance is slightly below target, and red that it is significantly below. Material risks are detailed in this paper, and in Appendix 1 along with other targets and indicators.

2. Exception Reports

The following areas have been identified as material exceptions:

2.1 A&E 4 Hour Waits

Internal Trust performance¹ improved significantly by 5.6pp, although remains relatively low at 69.8%. When Type 3 activity from other local providers and Type 5 activity that has been redirected away from the Emergency Departments (e.g. hot clinics and direct admissions to CDU/MAU/SAU) is included, the Trust's performance for March is reported as 82.1%. All sites had an improved performance even though the Trust had overall growth in attendances of 8.0% compared to March 2018.

QEHB performance against the four hour standard improved to 57.6%, although is clearly still relatively low. Performance at QEHB did improve during the month following the implementation of a number of actions; between 1 and 20 March performance was 51.2% and improved to 69.4% for 21 to 31 March. Attendances at QEHB were 7.6% higher than March 2018 whilst the site went to ESM Level 4 on the 20th of March, reflecting the current pressures. Ambulance conveyances are now reducing to expected levels following the marked increase seen since the opening of the Rapid Triage and Assessment Service in December.

Heartlands performance improved significantly by 10.5pp to 72.8% with March 2019 attendances 8.1% higher than March 2018. Good Hope performance improved by 2.1pp to 68.7% whilst attendances were 9.3% higher than March 2018. Solihull performance improved by 1.0pp to 99.0%.

¹ This refers to Type 1 performance at QEHB, BHH, GHH and Type 3 performance at Solihull, before other activity is included, such as allocated walk-in centre activity or ED diversion pathways.

Admissions remain in proportion to attendances, with average daily attendances across the Trust relatively static in comparison to February 2019.

Site	Daily Attendances Mar 2018	Daily Attendances Feb 2019	Daily Attendances Mar 2019	Change Mar 2018 to Mar 2019	Change Feb 2019 to Mar 2019
QEHB	320.5	348.1	344.8	7.6%	-1.0%
Heartlands	389.7	423.2	421.4	8.1%	-0.4%
Good Hope	244.0	260.7	266.6	9.3%	2.3%
Solihull	104.5	109.9	110.6	5.9%	0.7%
UHB	1058.7	1142.0	1143.4	8.0%	0.1%

2.2 RTT 18 Week Incomplete Pathways, 52 Week Waits and Waiting List

In February, overall performance for 18 week incomplete pathways continued to deteriorate for the third consecutive month to 86.3%. However, the RTT waiting list is now 1.0% lower than it was in March 2018. A concerted effort to deliver further waiting list reduction is being made across the sites, with particular concentration on treatment functions with the largest backlog.

Actions have been identified to address performance in each treatment function below target. Challenges continue to be staffing including reduced take-up of additional sessions and emergency pressures resulting in reduced activity and cancellations of procedures.

There was a 52-week wait patient recorded in Neurosurgery. The patient was a tertiary referral and required a number of further diagnostics. It is not believed that the patient came to any harm through the wait. The patient has now been treated.

2.3 Delayed Transfers of Care

The percentage of NHS and joint patients who were delayed deteriorated in January by 0.4pp to 2.3% with Heartlands and Good Hope recording a worse performance in February compared to the previous month. QEHB remained static at 1.6% whilst Solihull improved by 1.4pp to 3.9%.

Overall, Heartlands' performance deteriorated by 2.2pp to 5.9%. This was due to increases in health and social care delays from Birmingham City Council and Solihull Metropolitan Borough Council. Good Hope improved by 0.6pp to 5.7%, following a reduction in patients waiting for Continuing Healthcare (CHC) funded placements and social work assessments from Birmingham City Council.

Solihull's delays remained high at 8.3% in February. The Trust and Solihull Metropolitan Borough Council have been working in tandem to identify and address the drivers of the increase. The causes were primarily lack of capacity in the domiciliary care market (both for health and local authority placements), delays in equipment being provided, and people who are delayed while waiting for an intermediate care bed. There will be more focussed engagement with the domiciliary care market in Solihull over coming months focussed on how we can work together to ensure the

workforce is consistent throughout the year. The equipment delays are relatively straight forward to address and we have picked this up with various equipment suppliers. On the intermediate care beds, we are considering the eligibility criteria as well as what needs to be in place to support more people going straight to their homes, than to an intermediate care bed.

2.4 Cancelled Operations

In February there were 219 operations cancelled on the day of surgery. This was an improved position from a high of 345 cancelled operations in January 2019. Across the Trust, nine patients were not rebooked within the 28 days in February. Of the nine breaches, four were at Heartlands whilst QEHB had five breaches.

The breaches were as a result of capacity issues across the Trust. At Heartlands, three of the breaches were due to lack of HDU beds, whilst the fourth patient was cancelled twice which resulted in insufficient time to rebook the patient within 28 days.

At QEHB, four of the breaches were by 5 days or less and related to capacity issues. A further patient waited longer to keep the same surgeon compounded with capacity issues was treated 49 days after their original TCI date. All five patients have been treated now.

2.5 Cancer Targets

Performance for the Cancer 62 Day GP Referrals target improved by 4.2pp to 76.9% in February. Colorectal and Urology were the two key tumour sites underperforming for QEHB pathways. Work is being undertaken to refine and shorten the Urology pathway including sharing practice across the Trust, for example exploring the use of nurse-led clinics.

The 2 week wait breast symptoms and suspected cancer targets were below target at 70.4% and 83.0%, respectively. Reported performance for 2 week wait breast symptomatic continues to struggle due to ongoing shortages in radiology capacity, coupled with an increase in referral demand. Additional capacity is being identified through the use of agency locums with existing capacity largely being prioritised for those patients with the highest clinical risk (primarily those referred on the suspected cancer pathway). Reported performance will remain low in the short term as the backlog continues to be addressed. There is a daily monitoring in place to ensure all available capacity is being utilised and clinics are also being overbooked to further accommodate the longest waiting patients.

Performance for the 31 day first treatment was slightly below target at 95.5% whilst subsequent chemotherapy treatment was above target at 99.3%.

2.6 Mixed Sex Accommodation

There was one breach of same sex accommodation on the 7th of February 2019 at Heartlands Hospital. The breach was due to lack of appropriate bed availability and involved 2 patients who were deemed suitable for step down

from the ITU to ward level care. All appropriate action and escalation was taken. The privacy and dignity of the patients was maintained at all times.

3. Clinically-led Review of NHS Access Standards

The interim report of the national clinically-led review of access standards has been published, setting out options for the future performance framework for providers to support the delivery of the NHS Long Term Plan. This proposes fundamental changes that may lead to, amongst other things, the removal of the A&E 4 hour target, the 18 week referral to treatment time target and two week cancer targets. The new standards will undergo testing during 2019/20 in a number of providers, by invitation. In most cases the detail of what, how and where they will be tested has yet to be confirmed.

3.1 Cancer

A key focus for the cancer targets will, in future, be diagnosis with the addition of faster diagnosis standard and the simplification of the existing 62 day and 31 day targets to give a total of three standards:

- Maximum 28-day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening);
- A single 62 day standard from referral to treatment, regardless of the referral route; and
- A single 31 day decision to treat to treatment standard, regardless of the modality of treatment and whether or not it is a first or subsequent treatment.

3.2 Urgent and Emergency Care

The single 4 hour A&E target will be replaced by four standards:

- Time to initial clinical assessment in Emergency Departments and Urgent Treatment Centres (type 1 and 3 A&E departments);
- Time to emergency treatment for critically ill and injured patients (including stroke, heart attack (MI-STEMI), major trauma, critically ill patients (including sepsis), acute severe asthma and mental health presentation);
- Mean time in A&E for all patients; and
- Utilisation of Same Day Emergency Care.

There are also some standards for other services that are relevant as they are intended to reduce demand and improve flow out of A&Es for mental health patients:

- Call response standards for 111 and 999 - ensuring that calls are answered and assessed promptly when patients seek help by telephone; and
- Access within one hour of referral to liaison psychiatry services and children and young people's equivalent in A&E departments.

3.3 Elective Care

The current 6 week diagnostic standard and requirement to avoid 52 week waits will continue. There will be a requirement to offer patients the choice of another provider after 26 weeks and there are two options given for measuring total wait. There will therefore be four standards:

- Maximum wait of six weeks from referral to test, for diagnostic tests
- Defined number of maximum weeks wait for incomplete pathways, with a percentage threshold – i.e. a version of the existing RTT target but with the revised waiting time and percentage threshold to be determined **or** the average wait for incomplete pathways;
- 26-week patient choice offer; and
- 52-week treatment guarantee.

There is significant detail that still needs to be determined over the next year during the field testing and evaluation before the final recommendations of the review are published ahead of the full implementation which is planned for the beginning of 2020/21. Further updates will be provided as additional information becomes available.

4. **Recommendations**

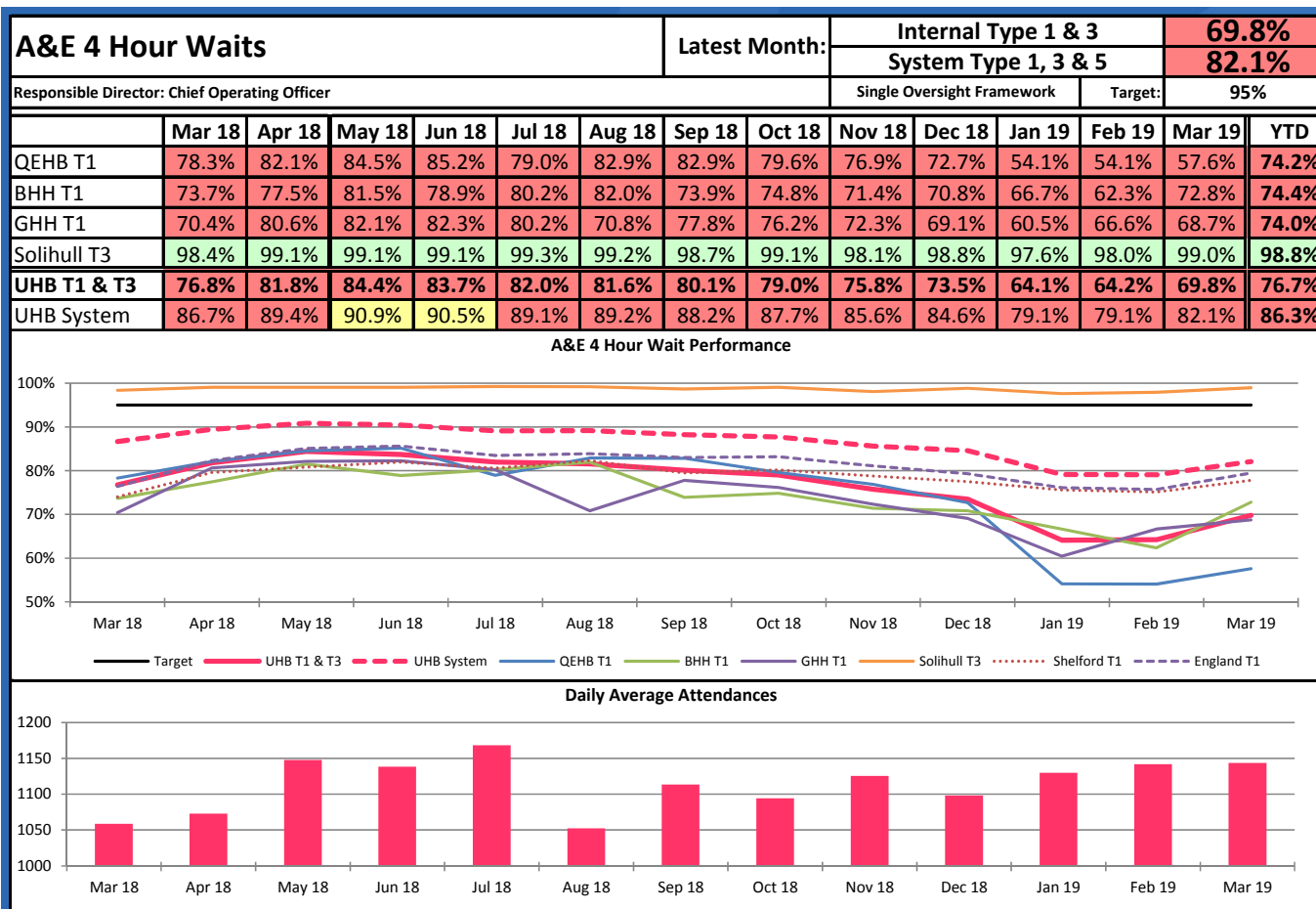
The Board of Directors is requested to:

Accept the report on progress made towards achieving performance targets and associated risks and mitigating actions.

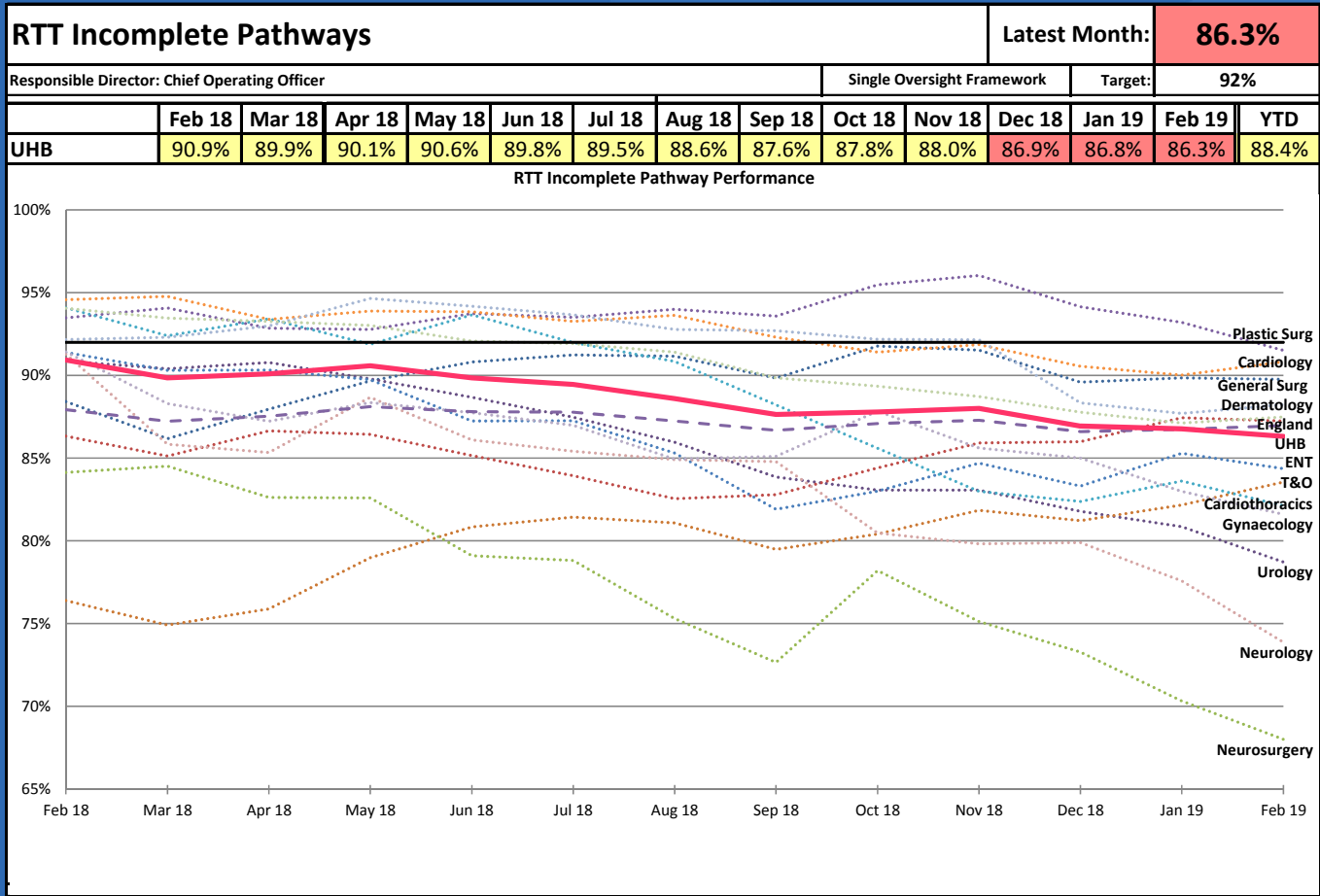
Performance Report

Lawrence Tallon
Director of Strategy, Planning and
Performance

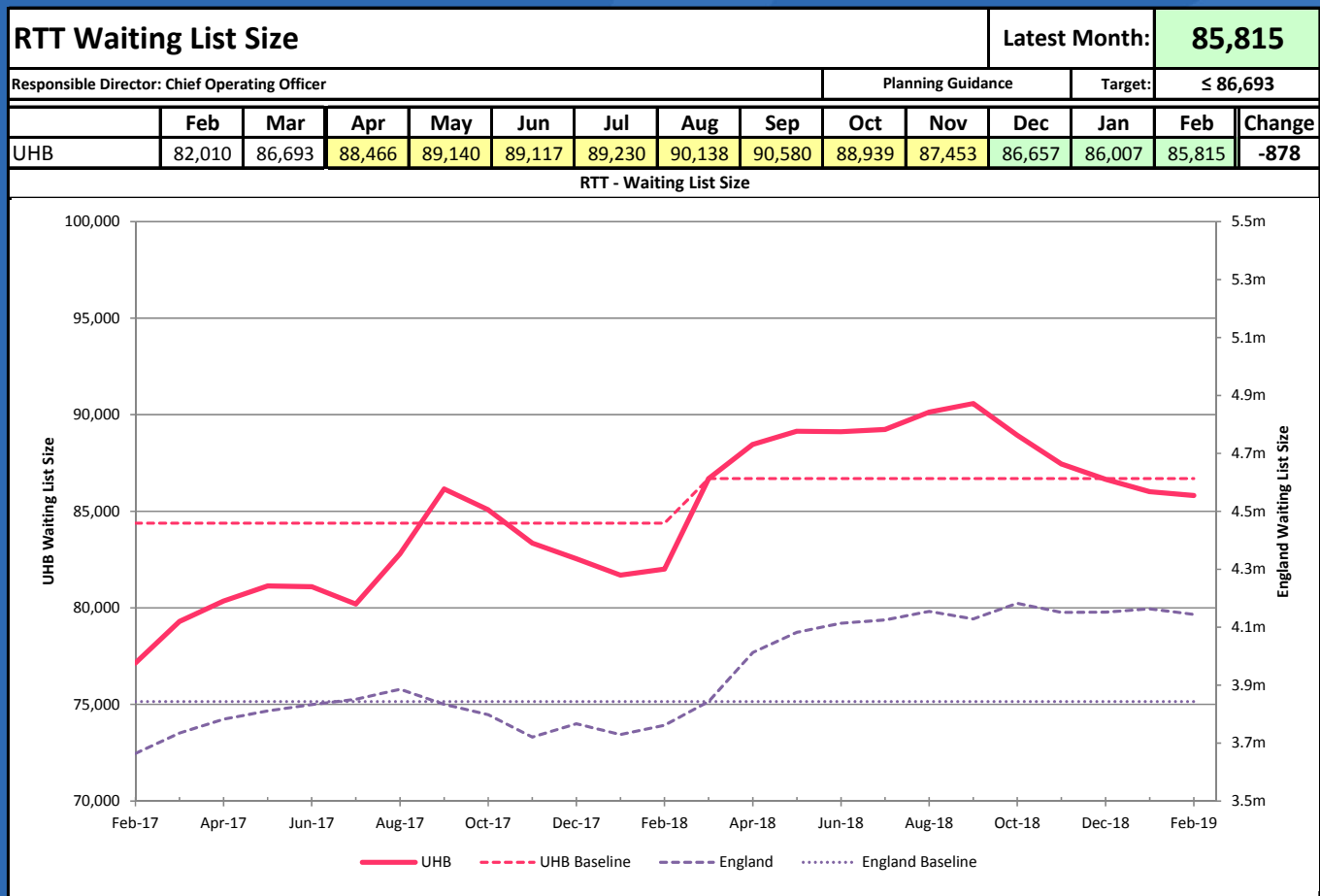
Material exceptions to report



- Overall Trust performance improved by 5.6pp to 69.8%.
- System performance improved to 82.1%
- All sites had an increase in attendances compared to March 2018.
- QEHB attendances were 7.6% higher and attendances at Heartlands were 8.1% higher than March 2018.
- Good Hope and Solihull saw increases of 9.3% and 5.9%, respectively.
- Pressure on ED continues with QEHB going to EMS4 on 20th of March.
- QEHB performance improved during the month following the implementation of a number of actions with performance for 1-20 March at 51.2% whereas for 21-31 of March it was 69.4%.
- Initial recovery plans includes; utilisation of Emergency Observation unit (EOU), standard operational procedures (SOPs) across the departments, streaming and triage of patients, workforce planning, and governance and wider system feedback.



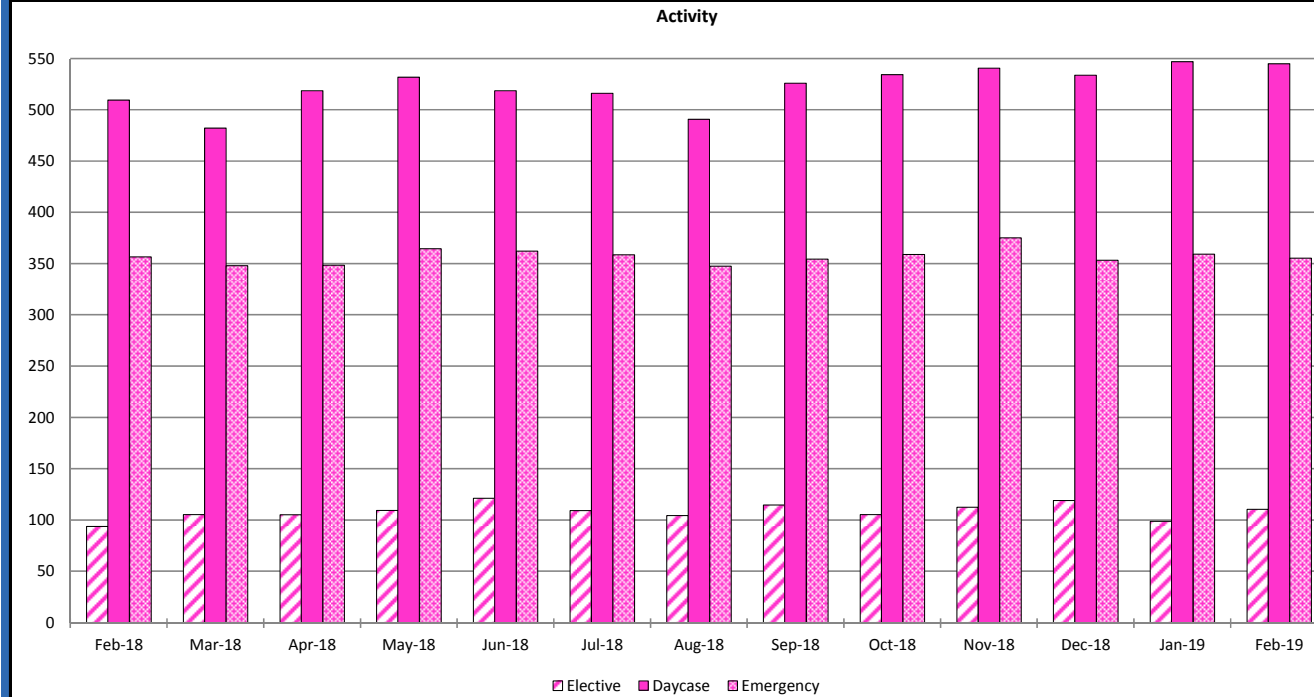
- Trust incomplete RTT performance deteriorated by 0.5pp to 86.3%.
- Twelve treatment functions were below the 92% target.
- Key issue is the increase in Non-admitted backlog with the biggest areas of the backlog growth in ENT, Neurosurgery and Neurology.
- Neurology performance deteriorated by 3.7pp to 73.9%.
- Neurosurgery and ENT performance were 68.0% and 84.4%, respectively.
- Additional outpatient capacity is being identified for April and May in the key specialties.
- Neurosurgery had a 52-week wait patient. The patient was a tertiary referral and required a number of further diagnostics and has now been treated.



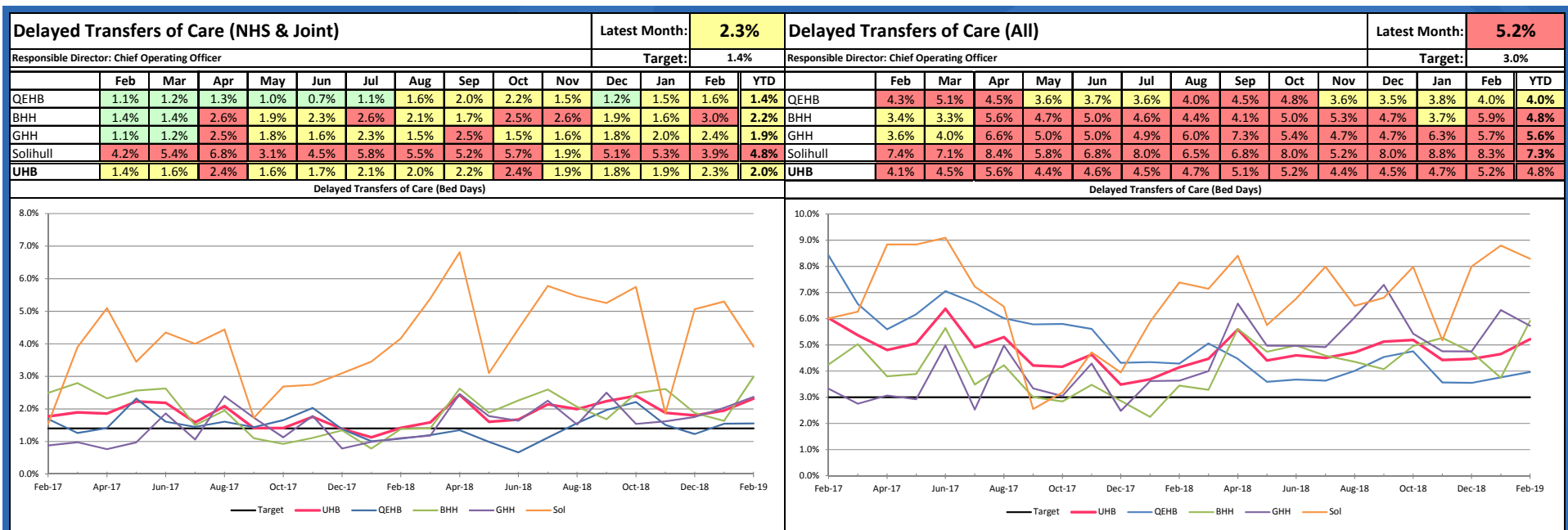
- RTT waiting list size continues to improve across all sites.
- The overall Trust total is now below the adjusted baseline by 878.
- A concerted effort to deliver further waiting list reduction is being made across Heartlands, Good Hope and Solihull hospital sites.
- Nationally the waiting list has marginally improved to 4.14m which is 7.8% above baseline.

Activity - Daycases & Electives per Working Day, Emergencies per Day

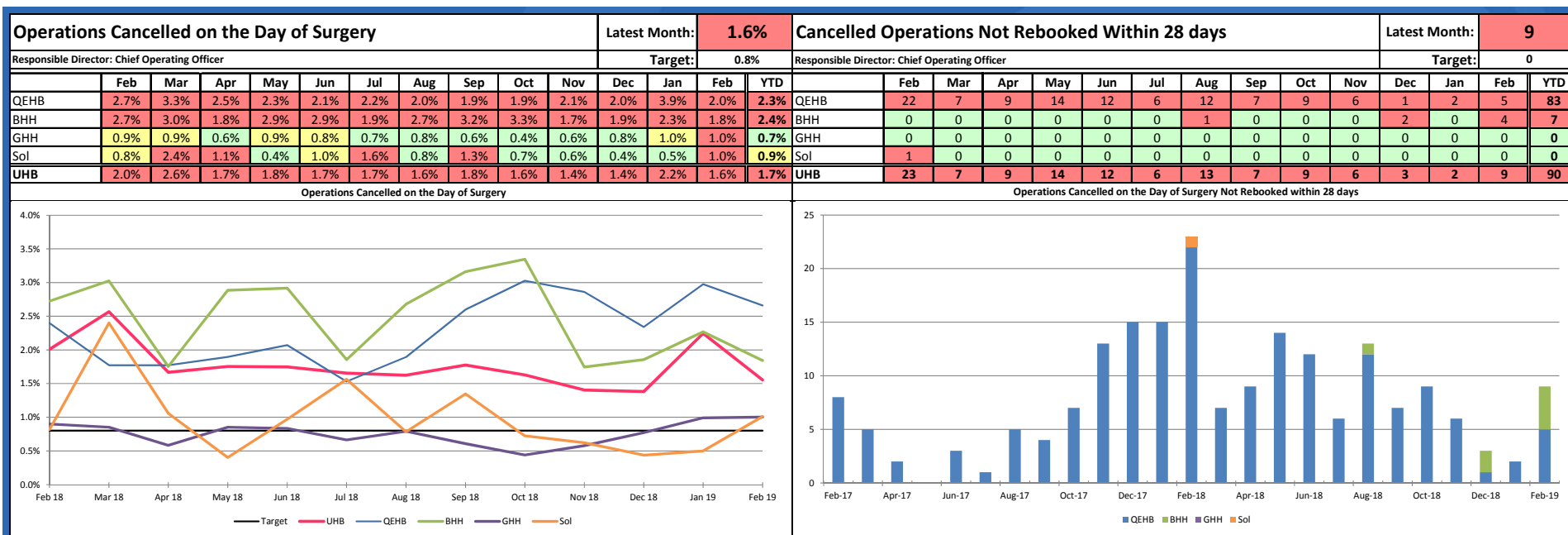
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Latest
Daycases	509	482	519	532	519	516	491	526	534	541	534	547	545	547
Elective	94	105	105	109	121	109	104	115	105	112	119	99	110	99
Emergency	357	348	349	364	362	359	347	354	359	375	353	359	355	359



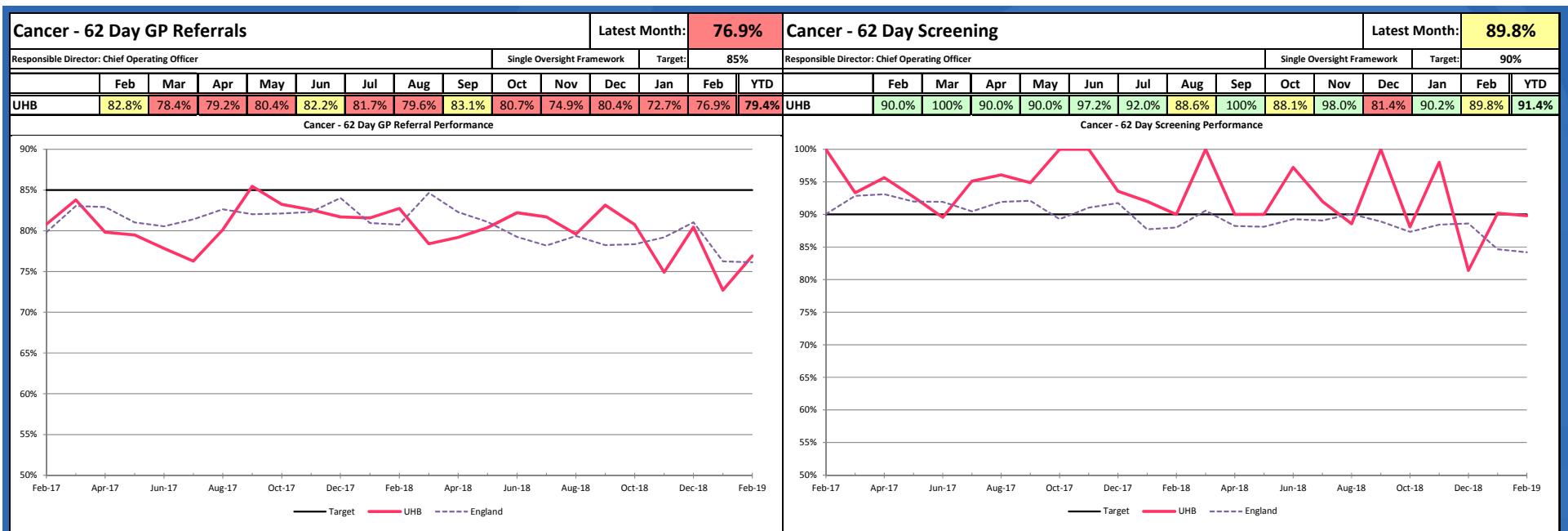
- Overall activity in the Trust was higher by 4.6% compared to February 2018.
- Daycase activity per working day increased by 7.0%.
- Electives per working day were significantly higher by 17.9%.
- Daily emergency activity in February remained static, compared to the same period last year.



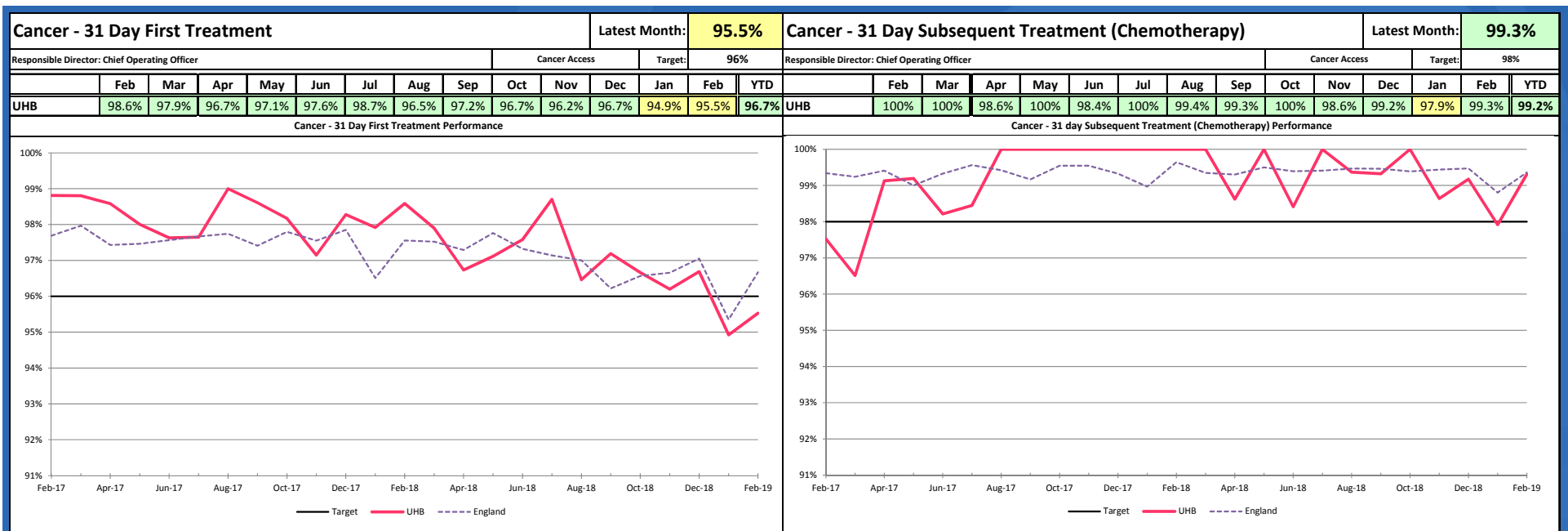
- The overall percentage of NHS & Joint delays deteriorated to 2.3% in February. This was mainly due to a deterioration in NHS and Joint delays at Heartlands Hospital.
- Overall Heartlands performance deteriorated by 2.2pp to 5.9% and had increases in health and social care delays mainly from Birmingham City Council and Solihull Metropolitan Borough Council.
- Good Hope overall performance improved by 0.6pp to 5.7%. The Birmingham City council delays at the hospital fell by 53%.
- Solihull position improved to 8.3% in February. However, there are still on-going challenges in securing timely and appropriate health and social care placements and packages of care for patients in Solihull.
- The total percentage delay deteriorated to 5.2%.



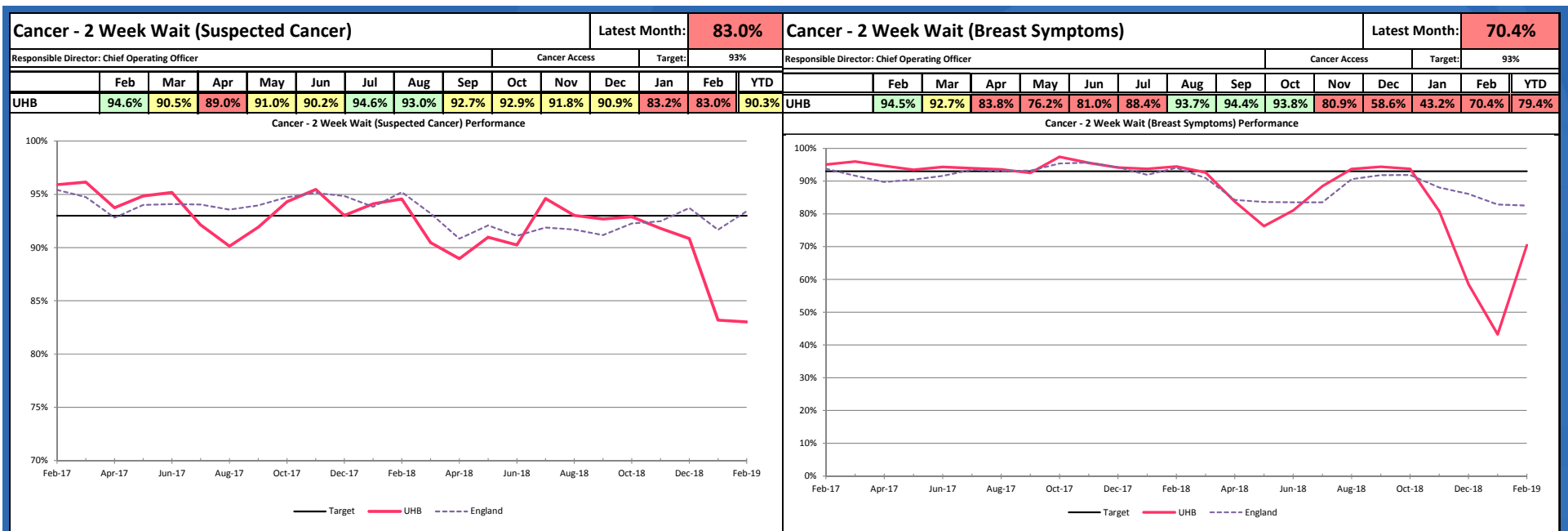
- A total of 219 operations were cancelled on the day of surgery in February.
- QEHB and Heartlands had breaches of the 28 day guarantee, with five breaches at QEHB whilst Heartlands had four breaches.
- Three of the breaches at Heartlands were due to a lack of HDU beds, with the fourth patient having been initially cancelled on the day, rebooked and then cancelled on the day again due to consultant sick leave. There was therefore not time to rebook in target.
- At QEHB, four of the breaches were by 5 days or less and related to capacity issues. A further patient waited longer in order to keep the same surgeon compounded with capacity constraints and was treated 49 days after the original TCI date. All 5 patients have been treated.



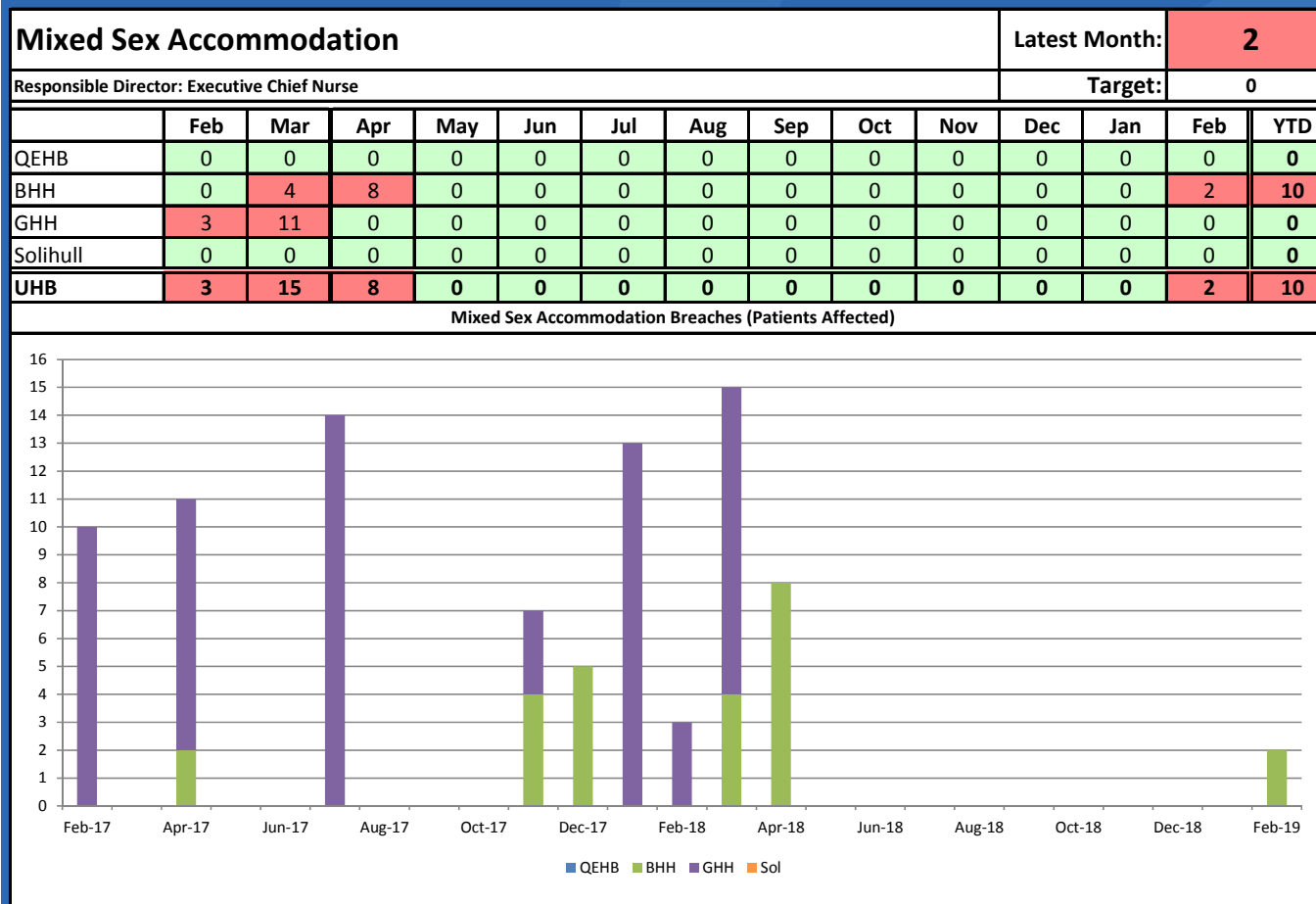
- Trust performance for GP referrals improved by 4.2pp to 76.9%.
- QEHB was the only site below target for the 62 day GP referrals , with 62% of the overall breaches in February from that site.
- The two key tumour sites with underperformance at QEHB continue to be colorectal and urology. Improvement is focused on these areas.
- Delays in the breast pathway continue to pose a risk to the delivery of the 62 day performance with significantly less time available to reach a diagnosis and commence treatment for these patients.
- Overall screening performance for the Trust is at 89.8% as a result of 2.5 breaches.



- 31 day first treatment performance improved by 0.6pp to 95.5%.
- QEHB first treatment performance improved by 0.7pp to 92.2%.
- Overall performance at Heartlands, Good Hope and Solihull remained static at 98.2%
- 31 day subsequent chemotherapy performance improved by 1.4pp to 99.3%



- Reported performance for both targets continues to struggle due to ongoing shortages in breast radiology capacity, coupled with an increase in referral demand. Additional capacity is being identified through the use of agency locums with existing capacity being prioritised for the highest risk patients.
- Reported performance will remain low in the short term as the backlog continues to be addressed. There is daily monitoring in place to ensure all available capacity is utilised and clinics are also being overbooked to further accommodate the longest waiters.
- Suspected cancer overall performance largely remained static at 83.0%. Overall, the Trust continues to see an increase in Suspected cancer referrals with referrals 12.2% higher than February 2018.



- There was one breach in the same sex accommodation on 7th February 2019 at Heartlands Hospital.
- The breach was due to lack of appropriate bed availability and involved 2 patients who were deemed suitable for step down from ITU to ward level care.
- All appropriate action and escalation was taken.
- Privacy and dignity of the patients was maintained at all times.

Proposed Standards – 2019/20

The NHS review of clinical standards published 11th of March 2019 sets out proposals for new metrics to be tested during 2019/20, which will therefore be a transition year between the old and updated targets. The new targets are intended to improve clinical and patient priorities.

Cancer

The approach to testing the proposals is still in development. Based on the findings of testing, the proposed standards will be rolled out from April 2020.

- Faster Diagnosis Standard: Maximum 28 day wait to communication of definitive cancer or not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening.
- Maximum two-month (62-day) wait to first treatment from urgent GP referral (including for breast symptoms) and NHS cancer screening.
- Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.

Urgent and Emergency Care

A testing period for the new A&E standards will run from April 2019 across 14 trusts with a further rollout in autumn 2019 and then full rollout from April 2020.

- Time to initial clinical assessment in A&E to “identify life-threatening conditions faster”;
- Time to emergency treatment for critically ill and injured patients (including heart attack, major trauma; sepsis, severe asthma and mental health presentation);
- Mean waiting time for all patients and strengthened reporting of trolley waits;
- Better utilisation of same day emergency care (also known as ambulatory care);
- New call response standards for 111 and 999 to better match patients to best services.

Proposed Standards – 2019/20

Elective Care

NHSI and NHSE will test two alternative approaches to the proposed elective access standards for incomplete pathways in a number of pilot sites. Data and learning from the field testing, alongside with advice and input from experts and stakeholders, will inform further recommendations on any changes to access standards for elective care.

Access Standards

- Maximum wait of six weeks from referral to test, for diagnostic tests. The current standard of 99% to remain.
- Defined number of the maximum weeks wait for incomplete pathways with a percentage threshold or Average wait target for incomplete pathways. Field testing will consider whether current incomplete pathway standard of 92% waiting less than 18 weeks is appropriate.

Supporting Measures

- 26-week patient choice offer
- 52-week treatment guarantee

Mental Health

The urgent and emergency mental health standards will be tested through the wider urgent and emergency care field testing. For community mental health starting in 2019/20, selected Integrated Care System (ICS) and Sustainability and Transformation Partnership (STP) areas will receive funding, working with primary care networks and other local partners, to deliver improved and more integrated care for adults and older people with moderate to severe mental health needs. Two standards are particularly relevant to the acute setting:

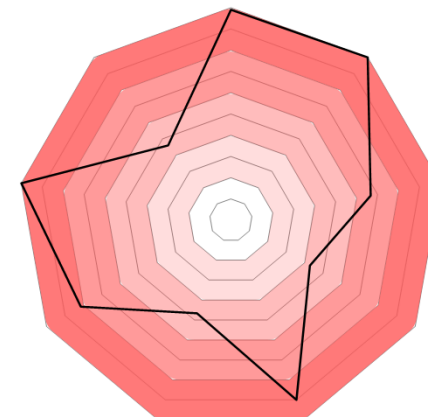
- Expert assessment within hours for emergency referrals; and within 24 hours for urgent referrals in community mental health crisis services.
- Access within one hour of referral to liaison psychiatry services and children and young people's equivalent in A&E departments.

Other targets and indicators for information

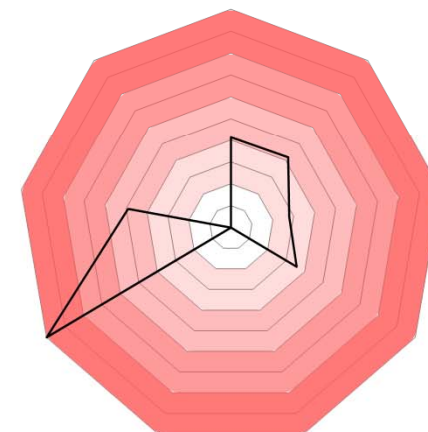
Pressure Chart - February 2019

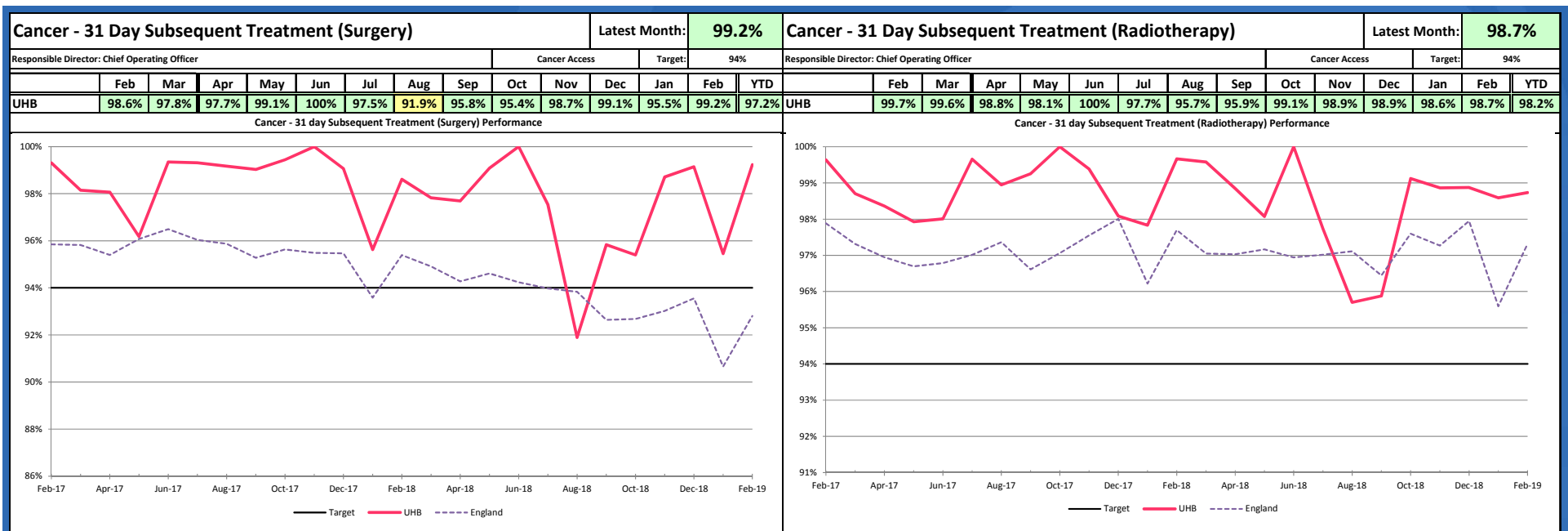


Pressure Chart - January 2019

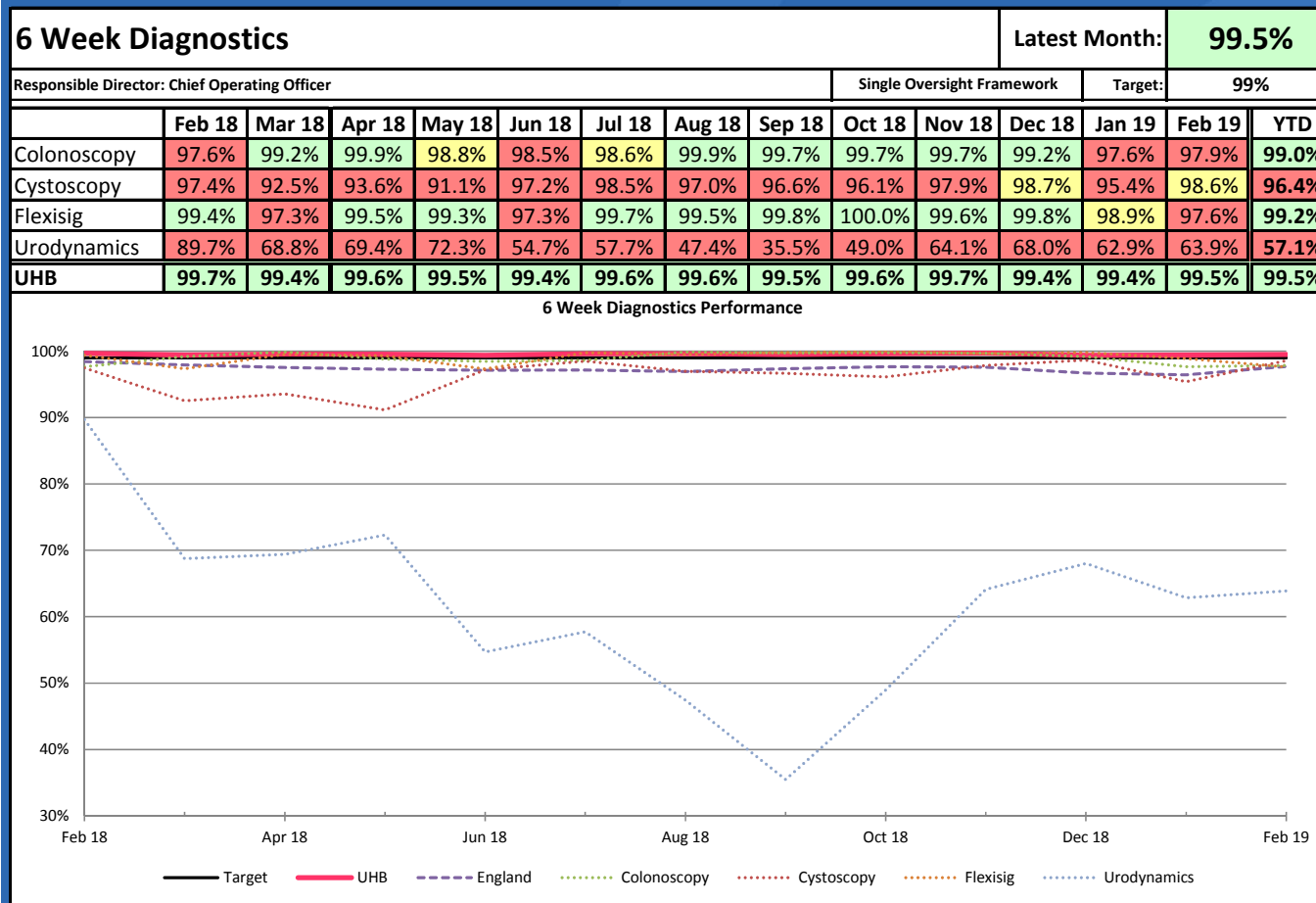


Pressure Chart - February 2018





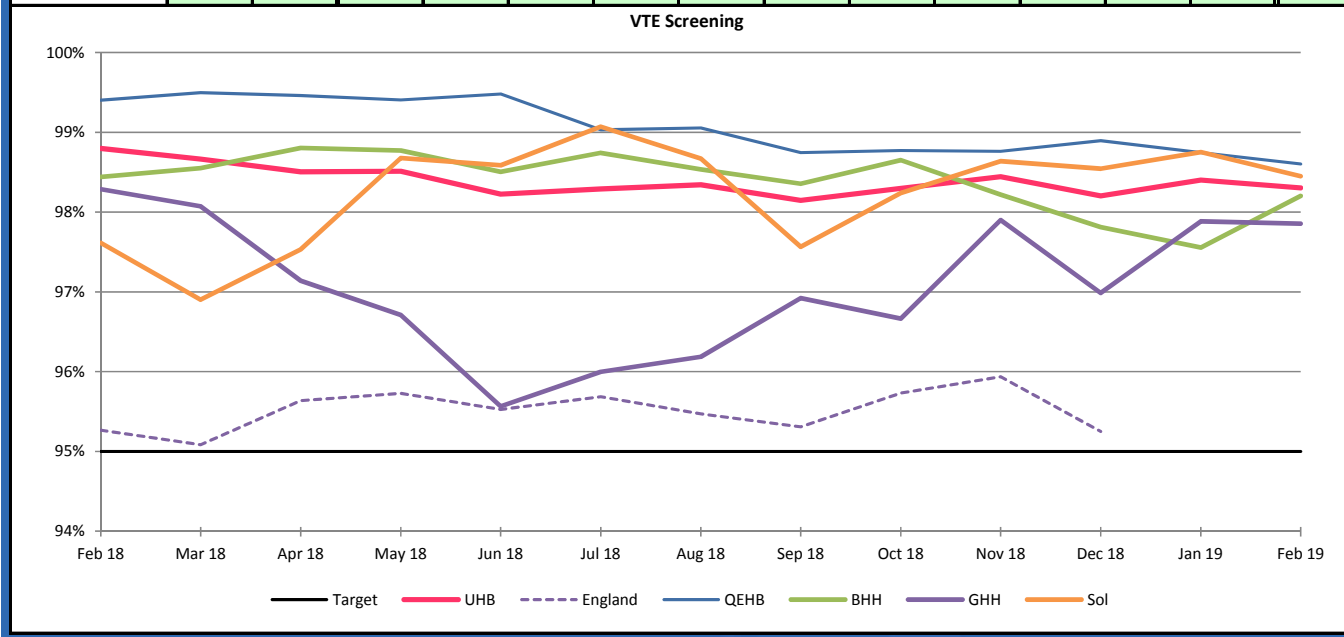
- Subsequent surgery performance for the Trust improved by 3.7pp to 99.2%.
- QEHB performance improved by 7.2pp to 98.4%, whilst the other sites had an excellent performance at 100%.
- 31 day subsequent radiotherapy performance was above target at 98.7%.



- Overall Trust performance was above target at 99.5%.
- The four modalities below target were Colonoscopy, Cystoscopy, Flexi sigmoidoscopy, and Urodynamics.
- Of the four below target, Flexi sigmoidoscopy was the only modality with a deteriorating performance of 1.3pp to 97.6% in February.

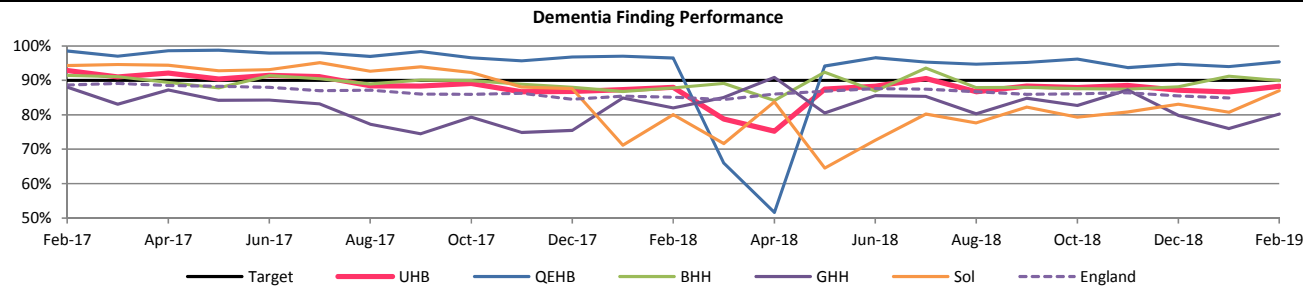
VTE Screening												Latest Month:	98.3%	
Responsible Director: Medical Director									Clinical Quality			Target:	95%	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
QEHB	99.4%	99.5%	99.5%	99.4%	99.5%	99.0%	99.1%	98.7%	98.8%	98.8%	98.9%	98.7%	98.6%	99.0%
BHH	98.4%	98.6%	98.8%	98.8%	98.5%	98.7%	98.5%	98.4%	98.7%	98.2%	97.8%	97.6%	98.2%	98.4%
GHH	98.3%	98.1%	97.1%	96.7%	95.6%	96.0%	96.2%	96.9%	96.7%	97.9%	97.0%	97.9%	97.9%	96.9%
Sol	97.6%	96.9%	97.5%	98.7%	98.6%	99.1%	98.7%	97.6%	98.2%	98.6%	98.5%	98.8%	98.4%	98.4%
UHB	98.8%	98.7%	98.5%	98.5%	98.2%	98.3%	98.3%	98.1%	98.3%	98.4%	98.2%	98.4%	98.3%	98.3%

- The Trust continues to achieve the VTE screening measure with performance well above the target at 98.3% in February.



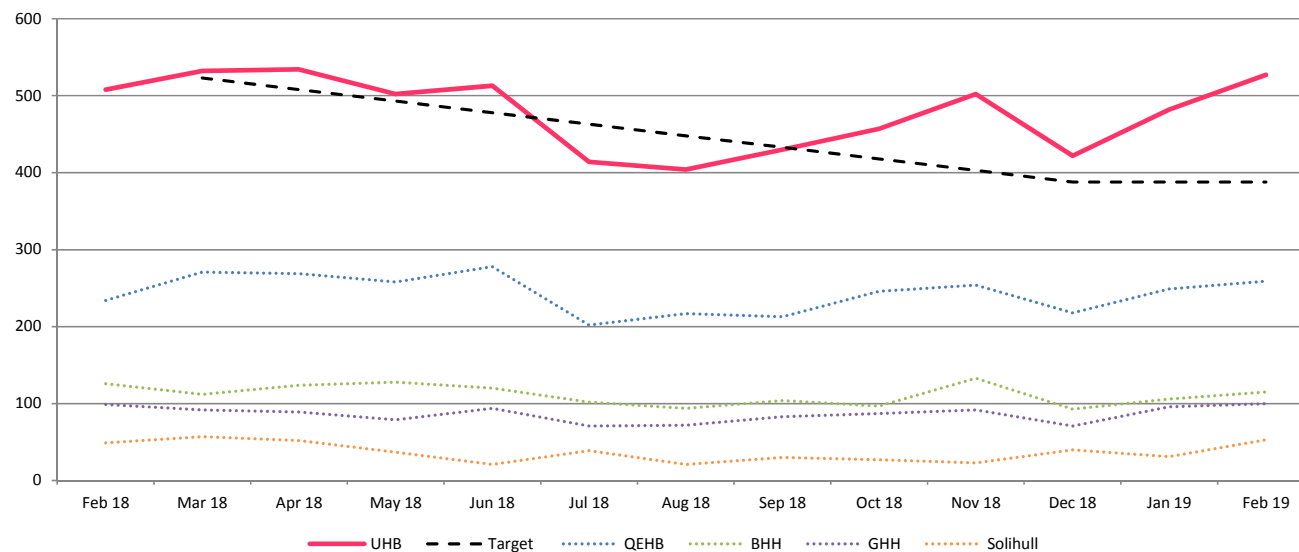
Dementia Finding, Assessment and Referral											Latest Month:		Find	88.3%
Responsible Director: Medical Director											Single Oversight Framework		Assess	95.1%
													Refer	100%
													Target:	90%
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
QEHB - Find	96.6%	66.0%	51.6%	94.2%	96.6%	95.3%	94.7%	95.2%	96.2%	93.7%	94.7%	94.0%	95.4%	90.9%
BHH - Find	87.8%	89.1%	84.2%	92.4%	86.9%	93.6%	88.0%	88.0%	87.6%	87.5%	88.2%	91.3%	89.9%	88.9%
GHH - Find	82.0%	85.0%	90.9%	80.5%	85.5%	85.4%	80.3%	84.8%	82.7%	87.2%	79.9%	76.0%	80.2%	82.9%
Solihull - Find	80.1%	71.6%	83.8%	64.5%	72.6%	80.2%	77.6%	82.3%	79.3%	80.8%	83.1%	80.8%	87.0%	79.9%
UHB - Find	88.0%	78.8%	75.3%	87.5%	88.3%	90.6%	86.7%	88.3%	88.0%	88.5%	87.2%	86.6%	88.3%	86.9%
QEHB - Assess	100%	95.0%	100%	100%	97.4%	97.1%	100%	97.0%	100%	100%	98.1%	97.6%	97.7%	98.5%
BHH - Assess	87.1%	69.2%	100%	86.4%	95.2%	88.5%	78.6%	85.7%	78.8%	100%	96.2%	100%	90.9%	90.7%
GHH - Assess	95.0%	100%	96.2%	100%	88.5%	96.0%	100%	84.4%	100%	90.0%	88.9%	100%	100%	93.9%
Sol - Assess	100%	90.0%	80.0%	62.5%	90.9%	100%	100%	90.9%	100%	75.0%	100%	100%	92.3%	89.3%
UHB - Assess	95.2%	88.8%	96.4%	92.8%	93.8%	94.4%	93.0%	89.2%	93.2%	93.5%	96.4%	98.9%	95.1%	94.3%
QEHB- Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
BHH - Refer	100%	-	100%	-	-	100%	100%	100%	100%	100%	100%	100%	100%	100%
GHH - Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sol - Refer	100%	100%	-	-	100%	100%	100%	100%	100%	100%	-	100%	100%	100%
UHB - Refer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

- Performance for the “Find” element continues to be below target at 88.3%.
- QEHB remained above target at 95.4%.
- Heartlands performance deteriorated by 1.4pp to 89.9%.
- Good Hope and Solihull performance improved by 4.2pp to 80.2% and by 6.2pp to 87.0% respectively, in comparison to January.



Occupied beds of all discharged adult patients in hospital for 21+ days													Latest Month:	527
Responsible Director: Chief Operating Officer													Target:	388 by Dec 2018
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Latest
QEHB	234	271	269	258	278	202	217	213	246	254	218	249	259	259
BHH	126	112	124	128	120	102	94	104	97	133	93	106	115	115
GHH	99	92	89	79	94	71	72	83	87	92	71	96	100	100
Solihull	49	57	52	37	21	39	21	30	27	23	40	31	53	53
UHB	508	532	534	502	513	414	404	430	457	502	422	482	527	527

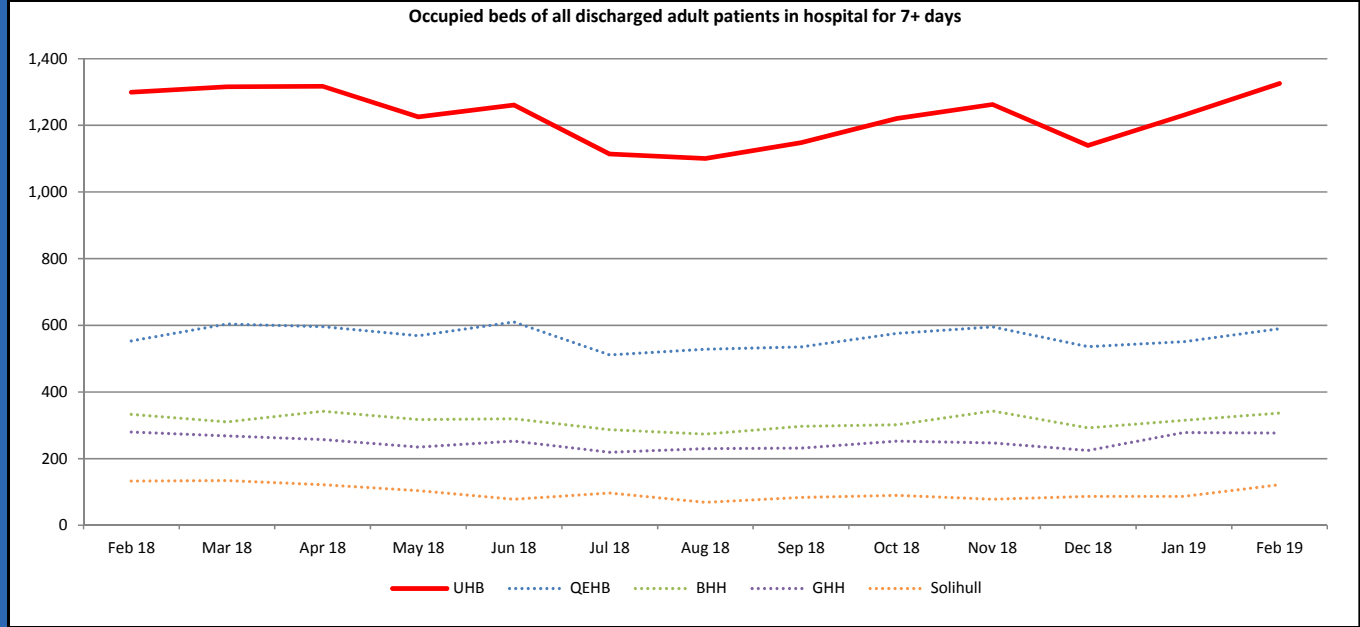
Occupied beds of all discharged adult patients in hospital for 21+ days

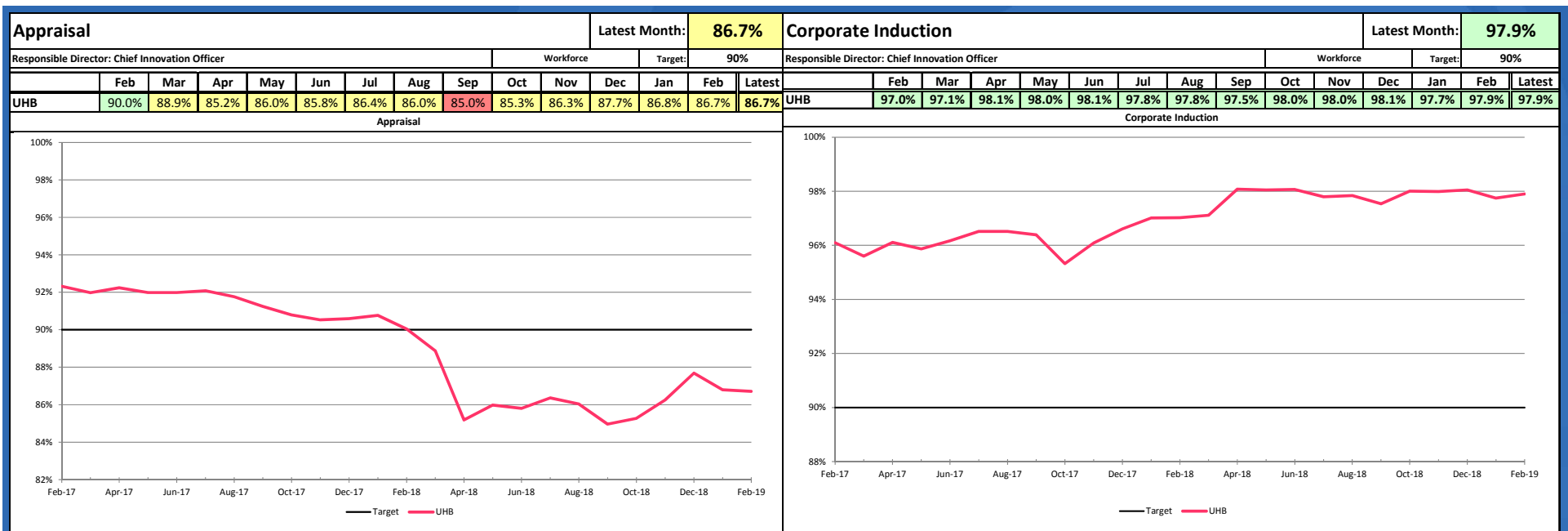


- NHSI set the Trust a target to reduce the number of patients with a length of stay of 21 days or more to 388 by December 2018.
- The Trust will continue to measure the metric as it is included in the NHS Operational Planning and Contracting Guidance for 2019/20.

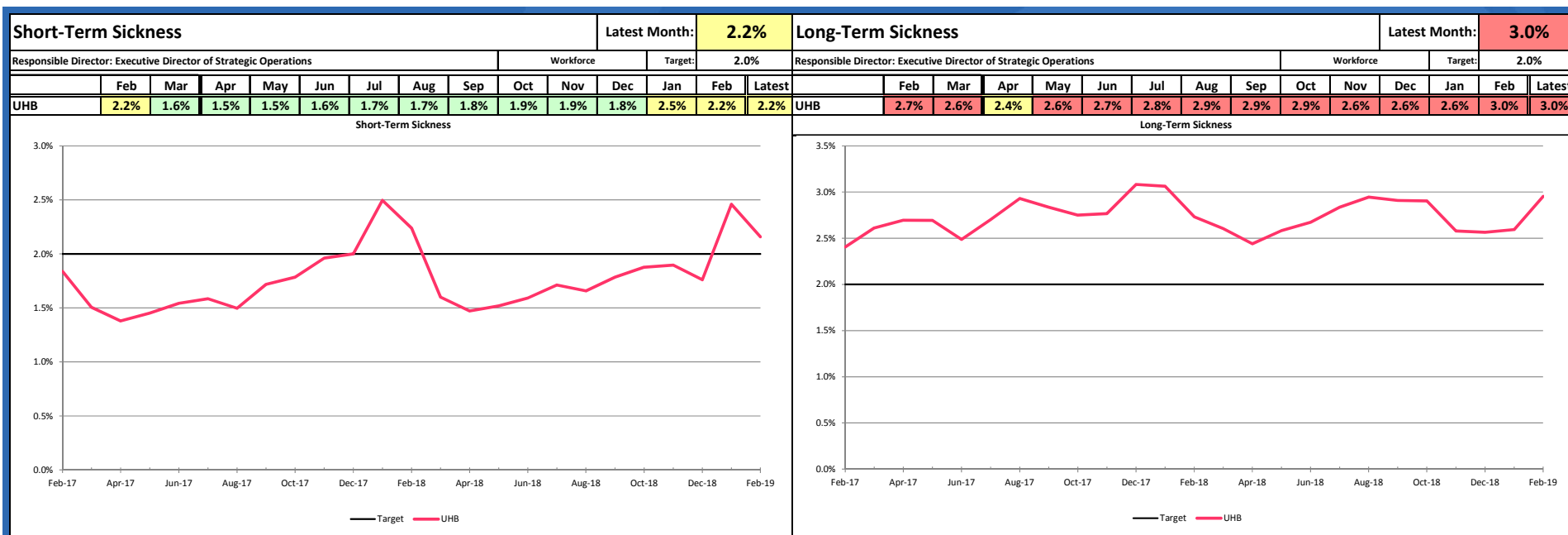
Occupied beds of all discharged adult patients in hospital for 7+ days													Latest Month:	1,326
Responsible Director: Chief Operating Officer														
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Latest
QEHB	553	604	596	569	610	511	528	535	576	595	536	551	590	590
BHH	333	310	342	317	320	287	274	297	302	343	292	315	337	337
GHH	280	268	257	235	253	219	230	232	253	247	225	278	277	277
Solihull	133	134	122	104	78	97	69	84	90	78	87	87	122	122
UHB	1,299	1,316	1,317	1,225	1,261	1,114	1,101	1,148	1,221	1,263	1,140	1,231	1,326	1,326

- Overall there has been an increase in the number of beds occupied by patients with a length of stay >7 days in February.





- Appraisal performance remained static across all sites with a Trust overall performance of 86.7%.
- Corporate induction completion remains well above target at 97.9%



- Short-term sickness improved by 0.3pp to 2.2%. Higher levels of sickness are expected at this time of year due to colds, coughs and influenza.
- Overall long-term sickness deteriorated from 2.6% in January to 3.0% in February.
- QEHB performance remained static at 2.2%, whilst the overall long-term sickness for the other sites deteriorated by 0.6pp to 3.6%.