

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**THURSDAY 20 FEBRUARY 2020**

<b>Title:</b>	<b>PERFORMANCE REPORT AND 2019/20 ANNUAL PLAN QUARTER 3 UPDATE</b>
<b>Responsible Director:</b>	Lawrence Tallon, Director of Strategy, Planning & Performance
<b>Contact:</b>	Andy Walker, Head of Strategy & Planning, Ext 13685 Phillippa Hentsch, Head of Strategy & Analysis, Ext 14321

<b>Purpose:</b>	To present an update to the COUNCIL OF GOVERNORS on the Trust's performance against targets and to provide an update on the 2019/20 Annual Plan for Quarter 3.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Board Assurance Framework Ref: / Strategy Implementation Plan Ref:</b>	BAF - SR3/18 - Prolonged and/or substantial failure to meet operational performance targets BAF - SR6/18 - Material breach of clinical and other legal standards leading to regulatory action SIP - #4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• The Trust's A&amp;E performance fell in December.</li> <li>• RTT performance deteriorated in month and the waiting list size grew, but only marginally.</li> <li>• Delayed transfers of care improved for the trust overall and at each site, except Solihull.</li> <li>• 62 screening improved whilst GP referrals deteriorated.</li> <li>• Further details and actions taken in response to the exceptions identified are included in the report.</li> <li>• The paper covers the third quarterly review of the 2019/20 strategy implementation plan, covering the period October - December 2019.</li> </ul>
<b>Recommendations:</b>	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> <li>1. <b>Accept</b> the report on progress made towards achieving performance targets and associated risks and mitigating actions.</li> <li>2. <b>Accept</b> the Quarter 3 2019/20 performance update against the Trust's Annual Plan.</li> </ol>

<b>Signed:</b> Lawrence Tallon	<b>Date:</b> 12 FEBRUARY 2020
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

THURSDAY 20 FEBRUARY 2020

### PERFORMANCE REPORT AND 2019/20 ANNUAL PLAN QUARTER 3 UPDATE

#### PRESENTED BY THE DIRECTOR OF STRATEGY, PLANNING & PERFORMANCE

#### 1. Purpose

This paper summarises:

- The Trust's performance for Quarter 3 2019/20 against national targets, including those in the NHS Oversight Framework. Where RAG ratings are given in Appendix 1, 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 Appendix 1 along with other targets and indicators.
- The Third quarterly update covering the period October – December to the Board against the 2019/20 implementation plan.

#### 2. Performance Report

The following areas have been identified as material exceptions:

##### 2.1 A&E 4 Hour Waits

Nationally, A&E performance fell markedly in December, hitting a new low against the four hour standard. UHB's performance also fell, although the rate of decline was less than the national average. The Trust's internal performance was 62.8%, which ranked 113 of 118 trusts reporting Type 1 performance. Performance in October and November was 66.0% and 64.7%, respectively. However, December UHB's system performance (including walk in centre activity attributable to our catchment area), was 76.4%, ranking 78 of 118 trusts on that measure.

Attendances overall were 0.6% lower than November with considerable variation between sites; Good Hope saw an increase, Heartlands was relatively static and QEHB saw fewer attendances, as shown below.

Site	Daily Att's Dec 2018	Daily Att's Nov 2019	Daily Att's Dec 2019	Change Dec 18 to Dec 19	Change Nov 19 to Dec 19
QEHB	332.4	340.8	332.2	-0.1%	-2.5%
Heartlands	413.2	432.8	432.7	4.7%	0.0%
Good Hope	253.8	262.3	266.8	5.1%	1.7%
Solihull	98.9	107.6	105.0	6.2%	-2.4%
<b>UHB</b>	<b>1098.3</b>	<b>1143.5</b>	<b>1136.8</b>	<b>3.5%</b>	<b>-0.6%</b>

Building on the work which began with Ask A&E, a new model is being developed that will utilise the Emergency Department for only those patients requiring an emergency intervention, with all other patients being treated in the most appropriate location for their presenting needs. All teams across the emergency pathway continue to work exceptionally hard under sometimes challenging circumstances.

There were four 12-hour trolley waits in December, two of which occurred at the QE and two at Good Hope. Referrals to mental health continue to pose a significant challenge with this being a factor for both breaches at the QE in December. The Good Hope breaches were due to pressure on capacity, with additional ambulance arrivals and an increase in the acuity of patients.

Ask A&E was used by 979 people during December. This is an increase of 17.9% compared to November. Of these people, 494 (50.5%) were advised to use alternative providers rather than attend the hospital.

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

18 week referral to treatment performance continues to deteriorate overall. Key factors are the emergency demand on beds over winter and the implications of pension tax charges on consultants undertaking additional sessions. RTT performance in December deteriorated to 81.0% from 82.6% in November and 83.2% in October. The waiting list is now 7.2% above the baseline, which is lower than the 14.8% growth in the national waiting list at the end of November.

Avoiding 52-week breaches continues to be a priority and enhanced monitoring is in place. However, there were two 52 week waits reported in October with both patients in Ophthalmology. RCAs of both breaches were completed. The number of patients over 40 weeks on the waiting list increased over Christmas and New Year, but is now reducing again.

The four most pressured specialties for RTT performance are Neurology, Neurosurgery, Urology and ENT. Neurology is improving with significant headway into the long waits and an increase in the number of additional sessions to see and manage new patients. However, a recurrent capacity deficit remains. Neurosurgery also saw an improvement in performance in December 2019 for the first month since October 2018, however the specialty faces challenges to its ability to deliver additional capacity with inadequate community physiotherapy provision, referral growth and the impact of the pension crisis. Urology continues to go through a period of change, with outsourcing in the short term due to deliver immediate benefits. The Urology waiting list, however, continues to grow rapidly. ENT is significantly affected by the consultant tax/pensions challenge, site pressures and an underlying capacity and demand pressure. Further plans for ENT are in development.

### 2.3 Delayed Transfers of Care

The overall percentage of NHS and joint delays improved by 0.4pp to 2.0%. Overall total percentage delay improved to 4.5% from 5.1% in November and 5.2% in October, whilst all sites except Solihull had an improvement in overall delayed transfer of care.

QEHB improved by 1.1pp to 2.7% whilst Heartlands and Good Hope both improved by 0.5pp to 5.2% and 6.2%, respectively. QEHB improvement is partly due to the daily Case Progression meetings which have come out of the Early Intervention work and are helping drive down the length of stay within the Complex Discharge hub. Solihull deteriorated by 0.7pp to 7.1%. The site had an increase in patients awaiting packages of care.

### 2.4 Cancer Targets

Performance for the Cancer 62 day GP referral standard in December deteriorated 4.5pp to 55.2% however, the 62 day screening target improved by 21.6pp to 60.0%. 31 day first treatment and subsequent surgery improved to 90.9% and 89.7%, respectively.

Urology remains the main contributing specialty to poor 62 day GP and 31 day first treatment performance. The service is currently outsourcing a number of routine and diagnostic procedures which should contribute to some capacity being released for cancer cases. A new single MDT lead has also been appointed and a revised recovery plan developed to focus on clearing some of the surgical backlog during February.

There were 34 fewer treatments delivered in December than in the previous month and performance against both the 31 day and 62 day standards has been adversely impacted due to difficulties in accessing ITU beds. This resulted in some cancer cases being cancelled, although where this does happen, patients are given the highest priority to be re-booked on the next available theatre list.

The Breast service is delivering increased capacity (including weekends) throughout February in to order to tackle the undated referral shortfall and Endoscopy have revised their demand and capacity plans and are scrutinising the booking of lists on daily basis in order to maximise all existing capacity.

## 3. **Quarter 3 Review of the 2019/20 Strategy Implementation Plan**

### 3.1 Updates in the Policy Landscape over the Last Quarter

Since the quarter 2 review of the plan, there have been a number of developments that are pertinent to the Trust's future strategy and plan. Key areas are outlined below:

### 3.1.1 Queen's Speech

In the December Queen's Speech, following the election, the Government outlined three pieces of legislation for the new parliament, two of which were included in the previous Queen's Speech: the Health Service Safety Investigations Bill and the Medicines and Medical Devices Bill and additionally and NHS Funding Bill which will enshrine in law the increase in funding agreed in 2019.

Other areas without specific legislation where the Government plans to make progress include:

- Growing and supporting workforce, including a new visa for fast-track entry for qualified doctors, nurses and health professionals.
- Removing hospital car parking charges for those in greatest need.
- Seeking cross-party consensus on proposals for long term reform of social care.
- Reform of the Mental Health Act.

Subsequently the Secretary of State has outlined four priorities for the NHS for the next decade: Prevention, People, Technology and Infrastructure.

### 3.1.2 Workforce

The DHSC has announced that from September 2020, nursing students will benefit from guaranteed, additional support of at least £5,000 a year to help with living costs. Up to £3,000 will also be available for eligible students, including those applying to disciplines that struggle to recruit, including mental health, those requiring childcare and to support areas of the country which have seen a decrease in applications.

The Clinician Pension Tax scheme has also been introduced with the aim of mitigating the effects of the pension allowance taper on those clinicians who risk incurring significant tax liabilities as a result of undertaking additional sessions.

### 3.1.3 Tariff Consultation

The consultation on the 2020/21 tariff proposes a blended model for the payment of outpatients and maternity following the introduction of this model for urgent and emergency care and mental health in 2019/20. It also proposes trialling blended payments for critical care. This is now a clear trajectory away from payment by activity. The adoption of a single-year tariff also

indicates that further change in the payments system is likely to continue at pace.

### 3.2 Changes to and Progress on the 2019/20 Implementation Plan

Since the approval of the 2019/20 implementation plan, there have been a number of developments, shown in Table 2, that affect the Trust's plan this year, which are the same as those carried over from quarter 2:

- Estates and capital infrastructure (objective 9).
- Digital healthcare (objective 5).
- IT and clinical information systems (objective 6).

**Table 2: Significant changes to the 2019/20 plan**

Reference	Q2 Update	Q3 Update
Estates and Capital Infrastructure (Objective 9)	<ul style="list-style-type: none"> <li>• Capital funding for ACAD announced in August 2019.</li> <li>• Further evaluation to be undertaken by NHSE and the Treasury before funds are released.</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Health and Social Care (DHSC) Ministers approved ACAD in December 2019.</li> <li>• The new build is now due to begin in Spring – the new timetable for the build will be included in the 2020/21 strategy implementation plan.</li> </ul>
Digital Healthcare and transformation (Objective 5)	<ul style="list-style-type: none"> <li>• A&amp;E online (now branded as "Ask A&amp;E") will be launched on 23 October.</li> <li>• Contractual discussions between Babylon and UHB successfully concluded.</li> </ul>	<ul style="list-style-type: none"> <li>• A&amp;E online was "soft" launched on 23 October, supported by wider public communications in November and December.</li> <li>• Work is starting to carry out a clinical evaluation of the decision support included within A&amp;E online.</li> </ul>
IT Solutions (Objective 6)	<ul style="list-style-type: none"> <li>• Master Patient Index consolidation ongoing, linking 50,000 patient records.</li> <li>• A "Business Change Road Show" will commence at the end of October 2019 to engage staff in the key changes they will expect to see with the introduction of PAS and PICS at Heartlands, Good Hope and Solihull.</li> <li>• The go-live date for PAS has now been delayed to March 2020.</li> <li>• Underpinning configuration and coding work support multi-site PICS on track.</li> <li>• PICS due to go live in April in Critical Care at BHH and GHH</li> </ul>	<ul style="list-style-type: none"> <li>• Master Patient Index consolidation resolved across all sites, with training commenced in October 2019.</li> <li>• The go-life date for PAS will be delayed further, likely to be April 2020, given the complexities of full data migration. Following migration, data validation and testing will still be required.</li> <li>• Underpinning configuration and coding work support PICS implementation is now complete, but roll-out will need to change due to the delays with PAS.</li> <li>• HGS Clinical Systems Implementation Group set up and chaired by the Deputy COO; sub-groups established to focus on Business Change, Informatics, Labs and Pharmacy.</li> </ul>

## 4. Recommendations

The Council of Governors is requested to:

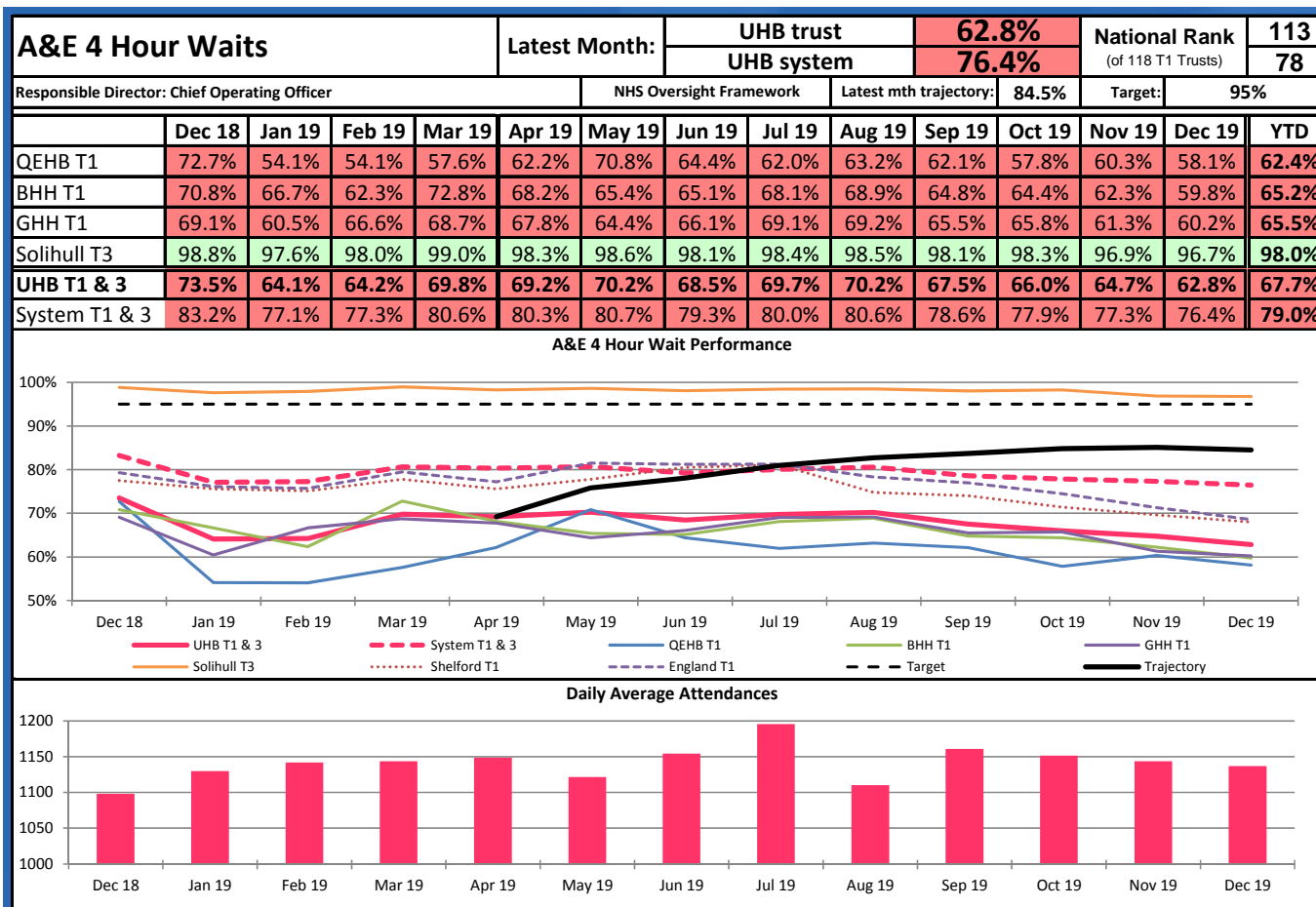
**Accept** the report on progress made towards achieving performance targets and associated risks and mitigating actions.

**Accept** the Quarter 3 2019/20 performance update against the Trust's Annual Plan.

**Lawrence Tallon**  
**Director of Strategy, Planning & Performance**

# Performance Report

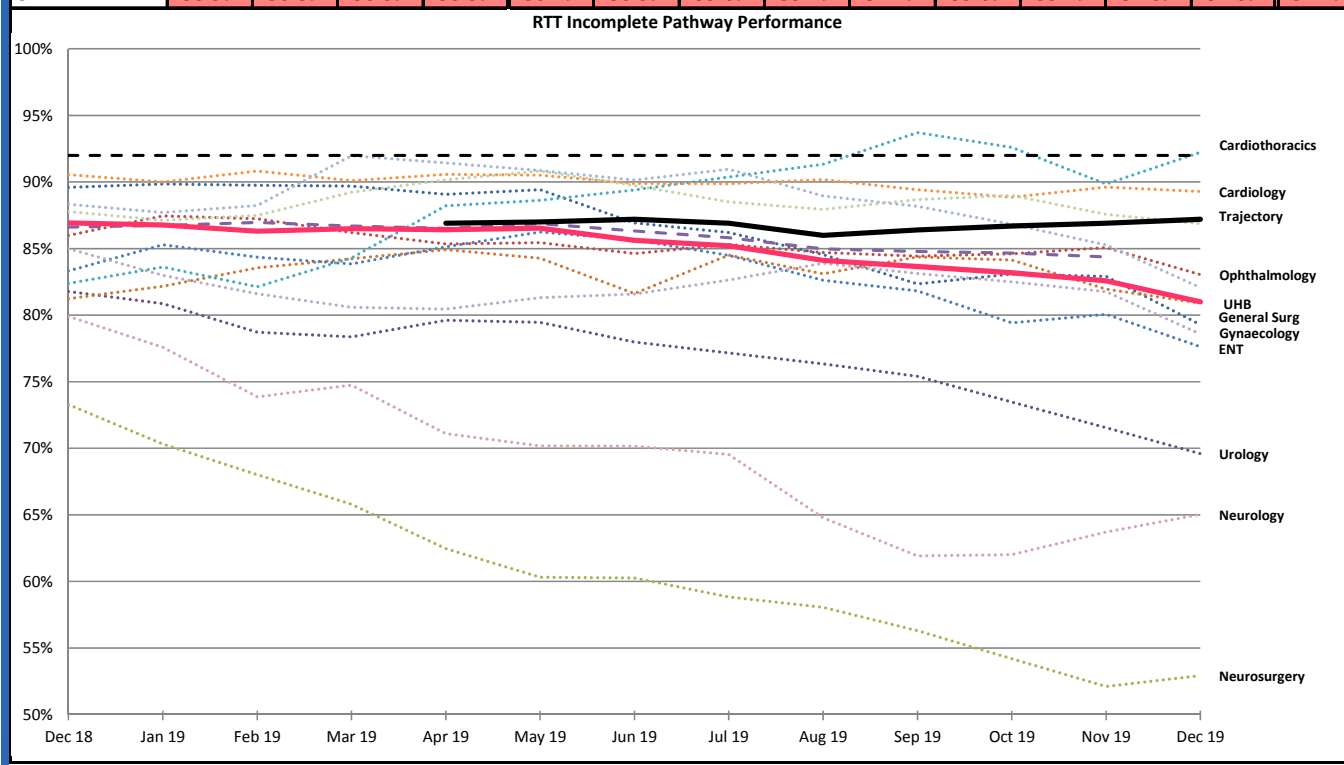
Lawrence Tallon  
Director of Strategy, Planning and  
Performance



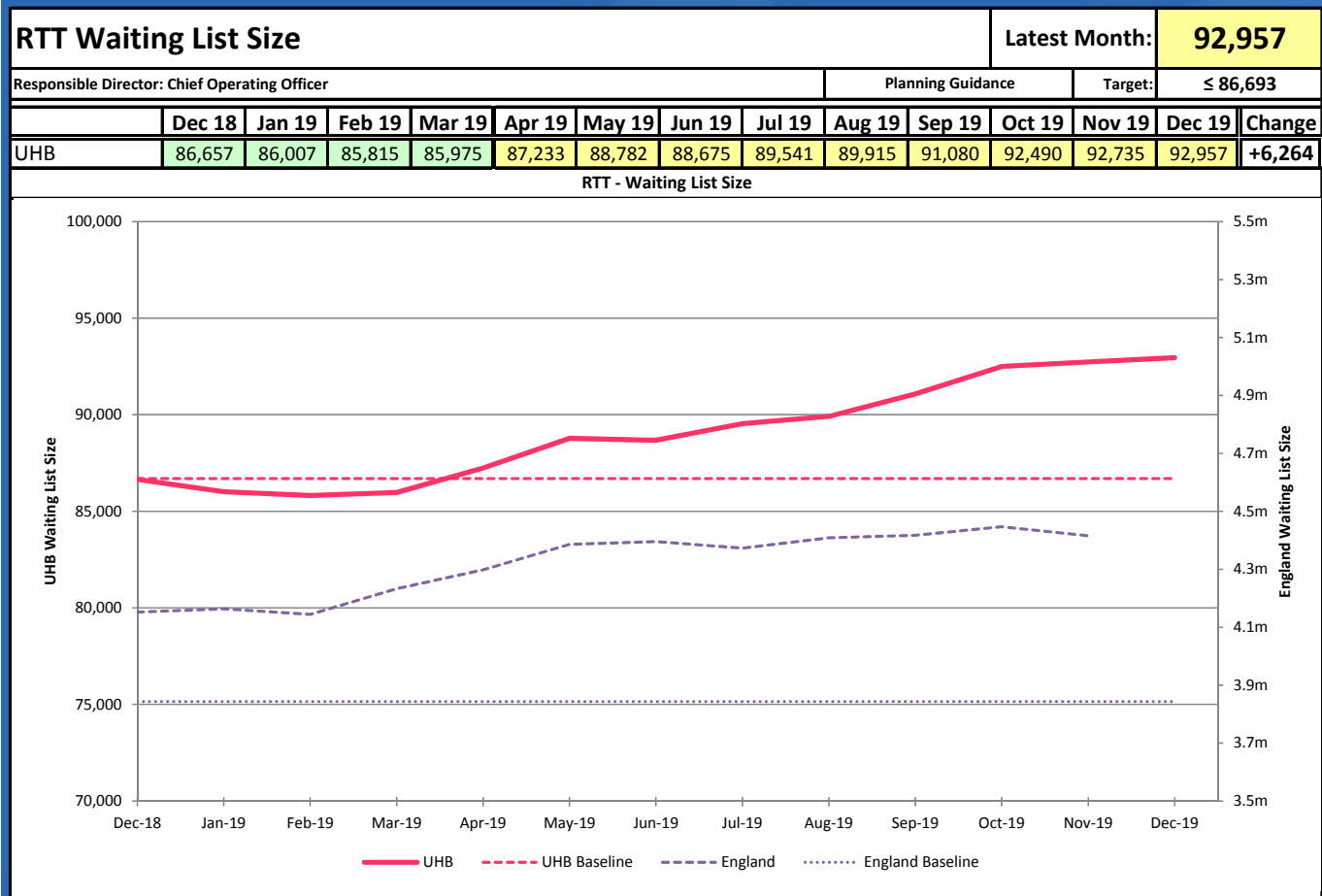
- Overall Trust performance deteriorated 1.9pp to 62.8%.
- National performance was a record low 79.8% with 68.6% Type 1 performance, 10.5pp lower than December 2018. This was an unprecedented step-change in declining performance.
- Building on the work begun with Ask A&E, a new model is being developed that will utilise the Emergency Department for only those patients requiring an emergency intervention, with all other patients being treated in the most appropriate location for their presenting needs.
- Ask A&E was used 979 times in December (a 17.9% increase on November). 494 (50.5%) were redirected to another service.
- There were four 12-hour trolley waits in December, two at QEHB and two at Good Hope. Both QEHB breaches were mental health-related whilst Good Hope's were due to capacity.



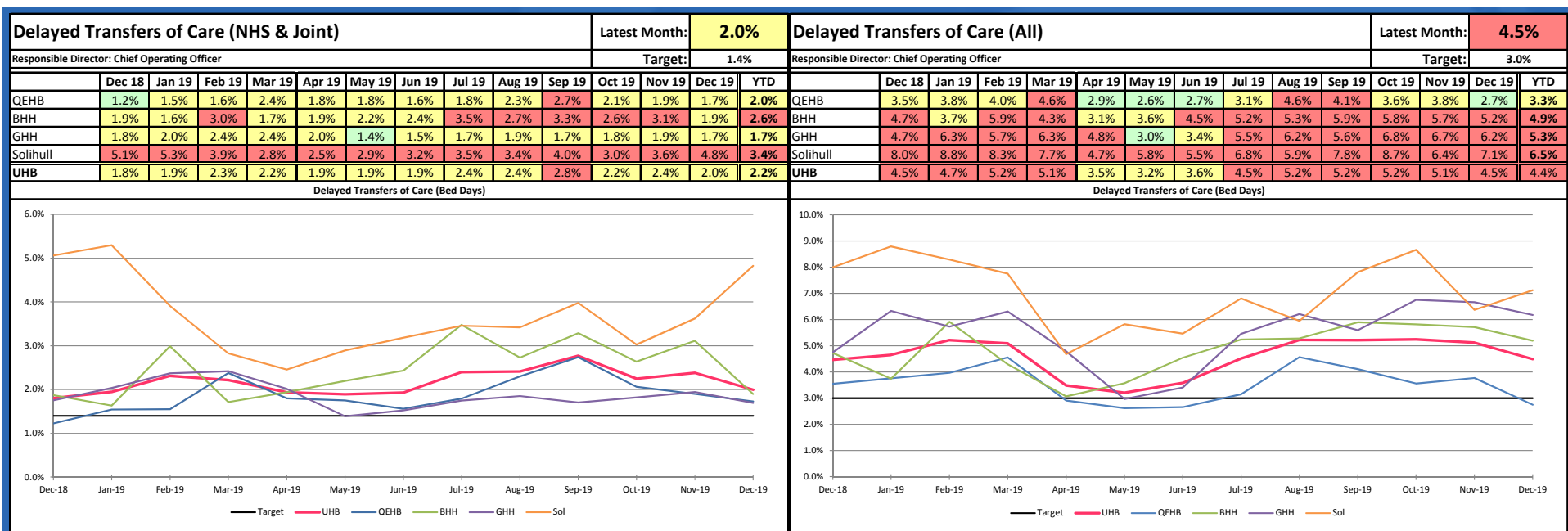
RTT Incomplete Pathways											Latest Month:		81.0%	
Responsible Director: Chief Operating Officer					NHS Oversight Framework			Latest mth trajectory:		87.2%	Target:	92%		
	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	YTD
<b>UHB</b>	86.9%	86.8%	86.3%	86.5%	86.4%	86.5%	85.6%	85.2%	84.1%	83.6%	83.2%	82.6%	81.0%	84.2%



- Overall incomplete RTT performance deteriorated to 81.0%, below the trajectory for the month of 87.2%.
- The key factors continue to be emergency demand on beds over winter and the pensions crisis.
- The four most pressured specialties for performance are Neurology, Neurosurgery, Urology and ENT.
- Neurology has made progress by using additional sessions however a recurrent capacity deficit remains. Neurosurgery also recovered somewhat.
- Urology waiting list continues to grow rapidly with outsourcing in the short term due to start imminently.



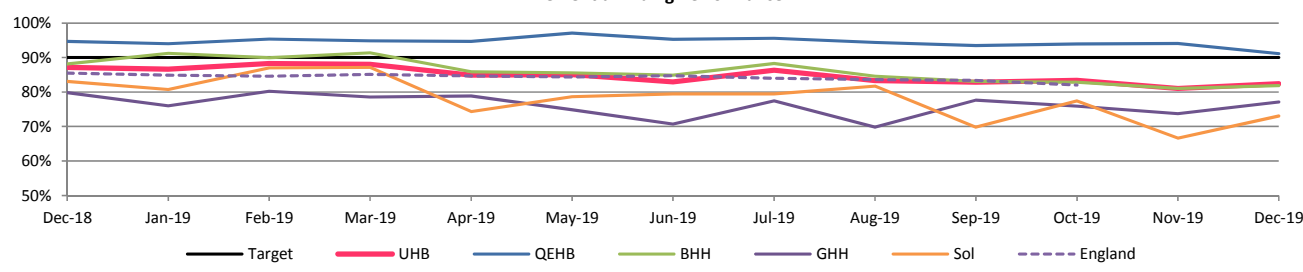
- The RTT waiting list size increased slightly in December by 222.
- It is now 6,264 (7.2%) above the baseline. However, nationally the waiting list was 14.8% above baseline at the end of November.
- The number of patients waiting longer than 40 weeks increased significantly over Christmas and New Year, but is now reducing.
- Further delays in radiology turnaround for both scans and reporting due to capacity are also impacting on RTT waiting periods.



- The overall percentage of NHS and joint delays improved by 0.4 pp to 2.0%.
- The total percentage delay improved from 5.1% in November to 4.5%.
- All sites except for Solihull had an improvement in overall delayed transfer of care.
- QEHB improvement is partly due to daily Case Progression meetings which have come out of the Early Intervention work and are helping drive down length of stay within the Complex Discharge hub.
- Solihull deteriorated by 0.7pp to 7.1%. The site had an increase in patients awaiting packages of care.

Dementia Finding, Assessment and Referral											Latest Month:		Find	82.4%
Responsible Director: Medical Director											NHS Oversight Framework		Assess	99.0%
													Refer	100%
													Target:	90%
	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	YTD
QEHB - Find	94.7%	94.0%	95.4%	94.8%	94.7%	97.2%	95.3%	95.6%	94.4%	93.5%	94.0%	94.1%	91.2%	94.4%
BHH - Find	88.2%	91.3%	89.9%	91.4%	85.9%	85.5%	84.9%	88.3%	84.6%	83.1%	82.8%	81.0%	81.9%	84.2%
GHH - Find	79.9%	76.0%	80.2%	78.6%	78.9%	74.9%	70.7%	77.4%	69.8%	77.6%	75.9%	73.7%	77.1%	75.2%
Solihull - Find	83.1%	80.8%	87.0%	87.2%	74.3%	78.6%	79.5%	79.4%	81.7%	69.8%	77.5%	66.7%	73.0%	75.4%
<b>UHB - Find</b>	<b>87.2%</b>	<b>86.6%</b>	<b>88.3%</b>	<b>88.1%</b>	<b>84.9%</b>	<b>85.0%</b>	<b>83.0%</b>	<b>86.4%</b>	<b>83.3%</b>	<b>82.8%</b>	<b>83.4%</b>	<b>81.1%</b>	<b>82.4%</b>	<b>83.6%</b>
QEHB - Assess	98.1%	97.6%	97.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.0%	99.7%
BHH - Assess	96.2%	100%	90.9%	95.5%	96.7%	100%	100%	97.1%	92.9%	95.5%	100%	100%	100%	98.1%
GHH - Assess	88.9%	100%	100%	100%	92.9%	100%	100%	100%	90.9%	92.9%	100%	100%	100%	97.5%
Sol - Assess	100%	100%	92.3%	100%	93.8%	100%	100%	100%	100%	100%	100%	100%	100%	99.1%
<b>UHB - Assess</b>	<b>96.4%</b>	<b>98.9%</b>	<b>95.1%</b>	<b>98.8%</b>	<b>96.7%</b>	<b>100%</b>	<b>100%</b>	<b>98.9%</b>	<b>96.8%</b>	<b>97.6%</b>	<b>100%</b>	<b>100%</b>	<b>99.0%</b>	<b>98.8%</b>
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%	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%	100%	100%
<b>UHB - Refer</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

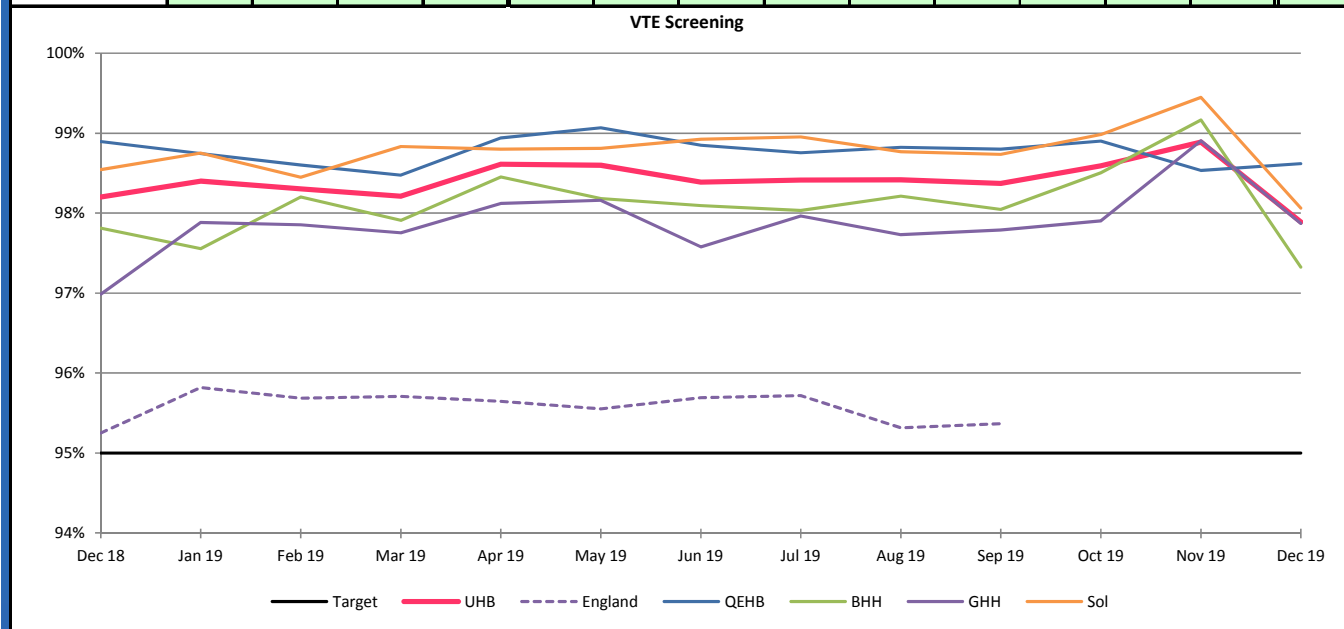
Dementia Finding Performance

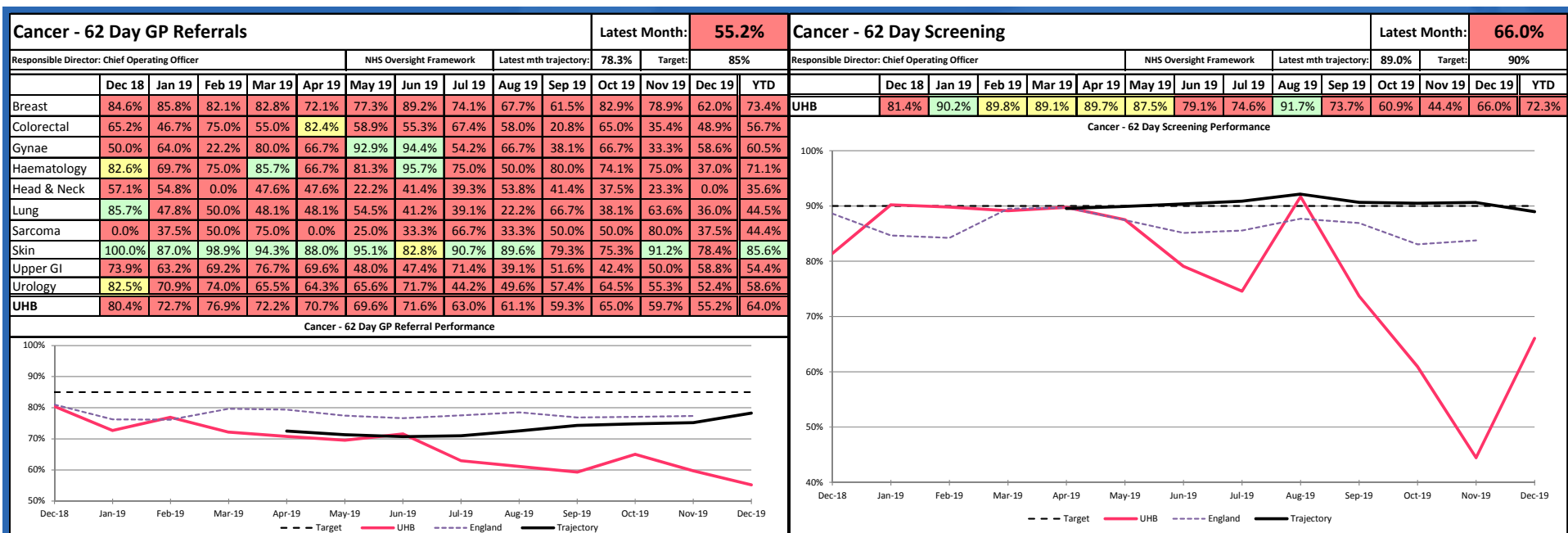


- Performance for the “Find” element improved by 1.3pp to 82.4%.
- QEHB remained the only site above target with performance of 91.2%.
- Heartlands, Good Hope and Solihull had improved performances.
- Performance at Heartlands and Good Hope improved by 0.9pp and 3.4pp respectively.
- Solihull improved by 6.3pp.
- The “Assess” element had a performance of 99% whilst “Refer” element continued to have excellent performance of 100%.

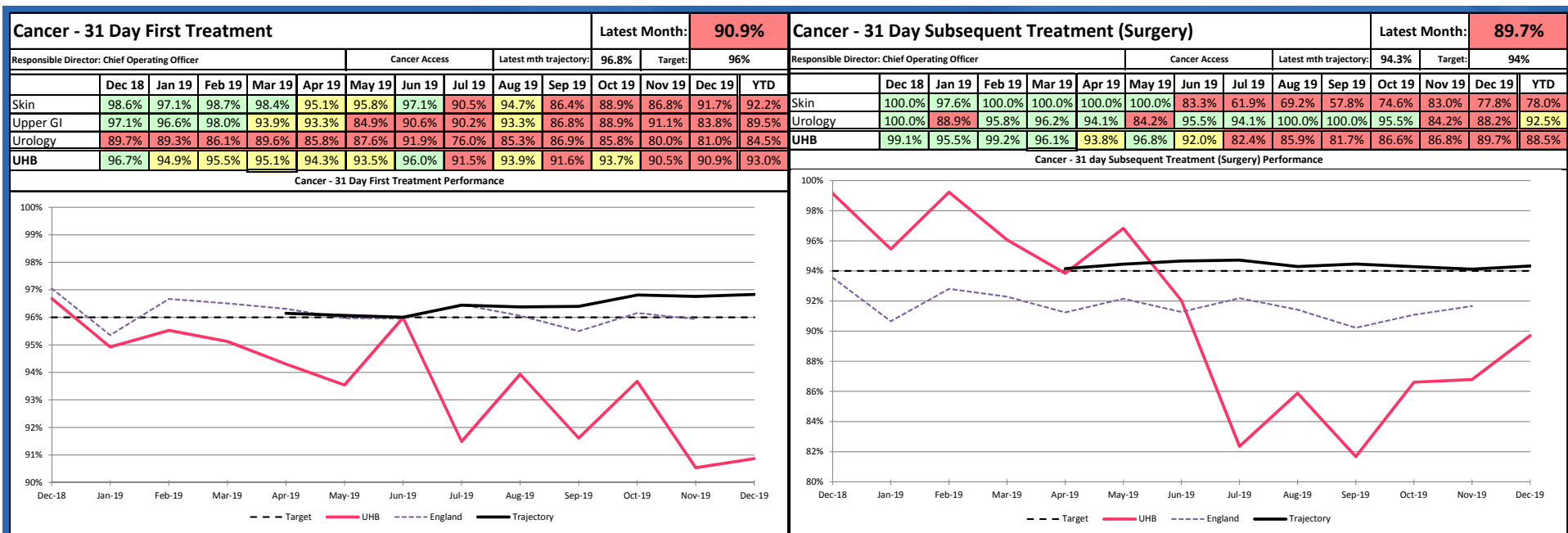
VTE Screening												Latest Month:	97.9%	
Responsible Director: Medical Director									Clinical Quality		Target:	95%		
	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	YTD
QEHB	98.9%	98.7%	98.6%	98.5%	98.9%	99.1%	98.8%	98.8%	98.8%	98.8%	98.9%	98.5%	98.6%	98.8%
BHH	97.8%	97.6%	98.2%	97.9%	98.5%	98.2%	98.1%	98.0%	98.2%	98.0%	98.5%	99.2%	97.3%	98.1%
GHH	97.0%	97.9%	97.9%	97.8%	98.1%	98.2%	97.6%	98.0%	97.7%	97.8%	97.9%	98.9%	97.9%	98.0%
Sol	98.5%	98.8%	98.4%	98.8%	98.8%	98.8%	98.9%	99.0%	98.8%	98.7%	99.0%	99.4%	98.1%	98.7%
<b>UHB</b>	<b>98.2%</b>	<b>98.4%</b>	<b>98.3%</b>	<b>98.2%</b>	<b>98.6%</b>	<b>98.6%</b>	<b>98.4%</b>	<b>98.4%</b>	<b>98.4%</b>	<b>98.4%</b>	<b>98.6%</b>	<b>98.9%</b>	<b>97.9%</b>	<b>98.4%</b>

- Performance for the Trust remained above target at 97.9%.

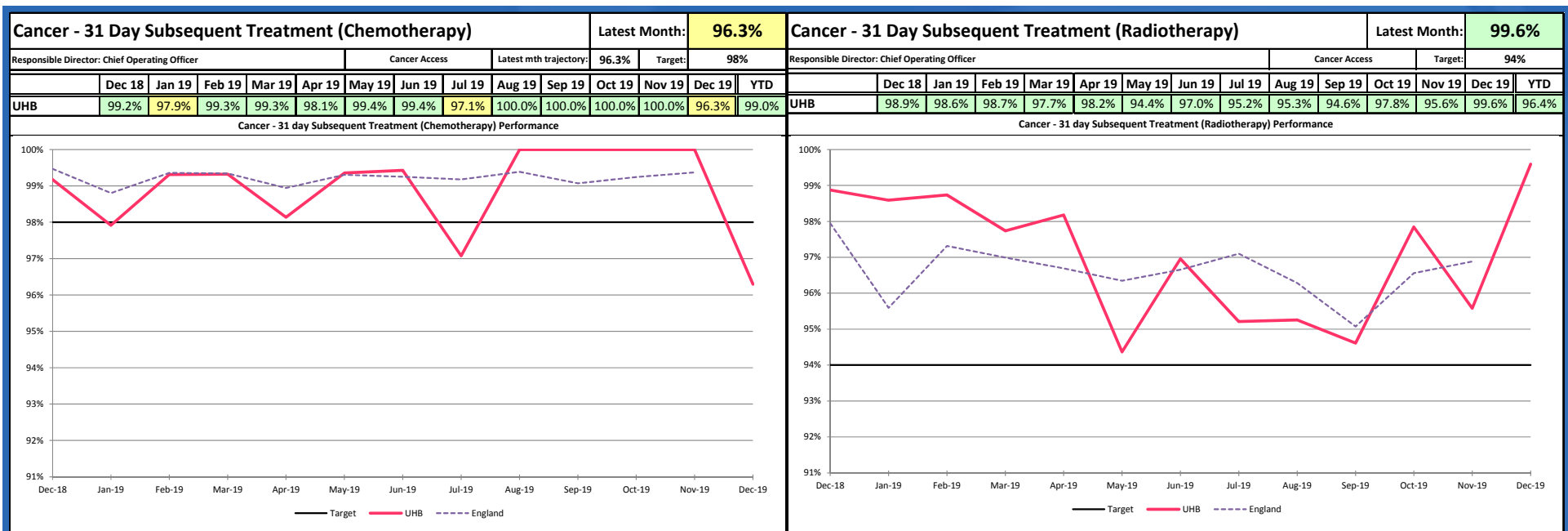




- The Trust's overall performance for GP referrals deteriorated by 4.5pp to 55.2%.
- Screening performance improved by 21.6pp to 66.0%, against the monthly trajectory of 89.0%.
- The screening breaches were in Breast and Colorectal where the impact of diagnostic delays is reducing the time available to plan and deliver treatment within the required time scales.
- The Breast service is reviewing existing referrals in order to identify patients that do not need to be seen in a clinic with Radiology support, so that any additional capacity identified is fully utilised.



- 31 day first treatment performance improved by 0.4pp to 90.9%, but remained below the national standard.
- Urology had the majority of breaches. The service has an elevated confirmed backlog and have difficulties in dating patients for surgery within the target.
- However, the service has started to outsource benign and diagnostic cases, which should have some positive impact on releasing internal capacity for cancer work.
- Subsequent surgery performance for the Trust improved by 2.9pp to 89.7%



- 31 day subsequent chemotherapy performance fell by 3.7pp to 96.3%. This resulted from one breach of the target.
- 31 day subsequent radiotherapy performance improved to 99.6%.