UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 25 FEBRUARY 2021

Title:	**PERFORMANCE REPORT AND UPDATE AGAINST THE 2020/21 STRATEGY IMPLEMENTATION PLAN**
Responsible Director:	Mark Garrick, Director of Strategy & Quality Development
Contact:	Andy Walker, Head of Strategy & Planning

Purpose:	To present an update to the COUNCIL OF GOVERNORS
Confidentiality Level & Reason:	None
Strategy Implementation Plan Ref:	All strategic objectives.
Key Issues Summary:	• The Trust's operational performance continues to be significantly affected by pressure from attendances and admissions by patients with COVID-19. • A&E performance fell to 59.3% in January. • 18 week referral to treatment performance fell 1.5pp in December to 63.4%. • 62 day GP, 31 day first treatment, subsequent surgery and 2ww breast symptomatic performance improved and performance against the other cancer targets fell. • There have been a number of key national policy developments over the last quarter including NHSEI's proposals for Integrated Care Systems and the government White Paper. • An update on progress in delivering the 2020/21 Strategy Implementation Plan is also provided.
Recommendations:	The COUNCIL OF GOVERNORS is asked to: Accept the report on operational and quality performance and associated mitigating actions. Accept the third quarterly Board update against the 2020/21 Strategy Implementation Plan.

Signed:	Mark Garrick	Date: 17 February 2021

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COUNCIL OF GOVERNORS

THURSDAY 25 FEBRUARY 2021

QUALITY & PERFORMANCE REPORT AND UPDATE AGAINST THE 2020/21 STRATEGY IMPLEMENTATION PLAN

PRESENTED BY THE DIRECTOR OF STRATEGY & QUALITY DEVELOPMENT

1. Purpose

This paper summarises the Trust's operational performance against national targets, including those in the NHS Oversight Framework. Material risks are detailed in this paper at Appendix 1, along with the main targets and indicators.

This paper also includes the third quarterly Board update (covering the period (October-December) against the 2020/21 Strategy Implementation Plan.

2. Operational Performance Exception Reports

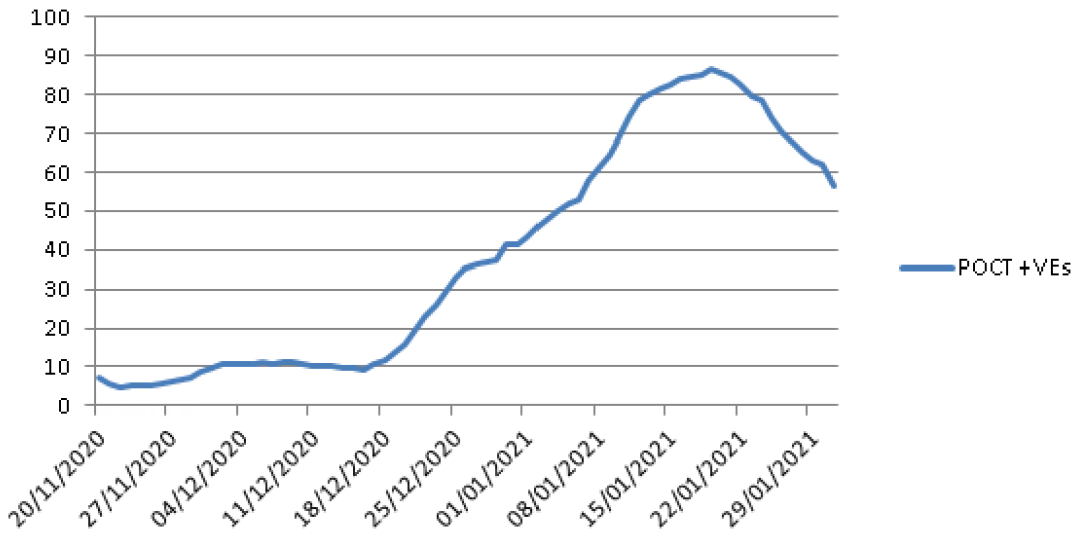
The following areas have been identified as material exceptions:

2.1 A&E 4 Hour Waits

The Trust's internal performance in January deteriorated by 6.9pp compared to the previous month to 59.3%. All sites had a deterioration in performance compared to December, due to increasing pressure from dealing with greater numbers of COVID-19 patients. Attendances in January were 8.0% lower than December and 33.9% lower than January 2020.

Over the month there was an increase in the proportion of patients presenting with symptoms of COVID-19 reaching a peak in the third week of the month. On average 107 patients each day were positive in the Trust's Emergency Departments with a peak of 141 on 19 January and 12.3% of attendances in January had a "COVID-19 like" presentation[1] compared to 7.1% in the last week of December. The graph overleaf shows how the number of COVID-infected patients identified via Point of Care Testing increased and peaked during the month

[1] "Covid-19 like" presentations used are: Upper respiratory tract infection; Lower respiratory tract infection; Lobar Pneumonia; Influenza; and Severe Acute Respiratory Syndrome Coronavirus.



At the end of January there were 1,017 inpatients with a positive test compared to 708 at the peak of the first wave on 10 April. Of these 701 were considered 'active positives'. There were 175 patients on ITU of which 152 were positive. This number continued to increase into early February. The burden of COVID-19 on the Trust's hospitals therefore exceeded both previous peaks with bed capacity, particularly for non-COVID emergency patients at a premium.

The average time spent in A&E therefore went up across all sites in January. Overall, the average time spent in A&E increased by 30 minutes compared to December.

There were eight 12 hour trolley waits over the month, with five of these relating to delays in transferring patients out of the department due to a lack of an available cold (non-COVID) bed. There were also two delays of patients with mental health problems to other providers and one delayed for clinical reasons. Good Hope Hospital had five 12 hour breaches and there were two at Heartlands Hospital and one at QEHB.

Ask A&E activity contributed 1.4pp of the overall performance. The attendances for each site are displayed in the Table below.

Site	Daily Att's Jan 2020	Daily Att's Dec 2020	Daily Att's Jan 2021	Change Dec 19 to Dec 20	Change Nov 20 to Dec 20
QEHB	340.3	286.0	280.1	-2.1%	-17.7%
Heartlands	420.1	326.4	282.0	-13.6%	-32.9%
Good Hope	247.3	187.1	173.7	-7.2%	-29.8%
Solihull	105.0	0.0	0.0		
UHB	1112.6	799.4	735.7	-8.0%	-33.9%

Ask A&E was used by 879 people during January, with a daily average of 28 users during the month. This was a 2.8% reduction in users compared to the previous month. Of these users, 395 (44.9%) were advised to use alternative providers rather than attend the hospital. The Table overleaf has a summary of the outcome options and activity during the month.

Outcome	Frequency	% of Total
Advised to see dentist	7	1%
Advised to attend Ophthalmology Accident and Emergency department	9	1%
Advised to contact general practitioner; As soon as possible	200	23%
Advised to contact general practitioner; Within; 48 hours	12	1%
Advised to contact general practitioner	52	6%
Advised to attend accident and emergency department	235	27%
Advised to contact emergency ambulance service as soon as possible	122	14%
Advised to contact optician	0	0%
Advised to contact pharmacist	4	0%
Patient not given advice	118	13%
Advised to self care	92	10%
Advised to contact genitourinary medicine clinic	2	0%
Advised to attend minor injuries unit	26	3%
Total	**879**	

In January the percentage of ambulance handovers within 30 minutes was relatively static at 82.5% and handovers within 60 minutes deteriorated by 0.9pp to 90.3%. A significant improvement programme has commenced within all of the Emergency Departments to address delays in ambulance handover.

2.2 Planned Care & RTT

18 week referral to treatment performance fell 1.5pp in December to 63.4%. Cancellations of elective and outpatients appointments in response to COVID-19 continue to significantly affect current and future performance.

The number of patients who had waited longer than 52 weeks for treatment increased to 7,294. The total size of the RTT waiting list grew by 12.4% over the month to stand at 124,456 at month-end; there are now a third more patients waiting than in December 2019.

The Oceano PAS and OPTIMS outcome form were upgraded on 9th February to include a new clinical prioritisation list. The Trust's entire inpatient waiting list is to be clinically reviewed and prioritised by clinical teams. This will then be used to help with demand and capacity modelling.

Weekly reports of long waiters are sent to all specialties to ensure they are being managed appropriately. Operationally, this includes continuously managing the patients on the waiting list and engaging with the CCG and NHSEI accordingly. There is also extensive clinically-led, validation of the entire inpatient waiting list underway, which will provide assurance to commissioners that all patients awaiting treatment have received a contemporaneous clinical review of their status and have been stratified accordingly for treatment. Work is also continuing to try to secure additional independent sector capacity.

The number of patients waiting longer than 40 weeks will continue to increase whilst there is limited capacity. Patients will continually be monitored and reviewed and the most clinically urgent patients will be treated first. Increasing face to face appointment capacity is being worked on throughout the Trust making sure we are in accordance to current social distancing rules and guidelines.

2.3 Cancer Targets

Performance for the cancer 62 day GP referral target increased 4.1pp to 39.0% whilst performance against the screening target fell 13.0pp to 60.7%. Both 31 day first treatment and subsequent surgery targets saw improvements in performance by 4.7pp and 2.0pp to 88.9% and 60.6% respectively. Although there were necessarily some cancellations over the month, activity levels increased with more than 450 first treatments and 127 subsequent surgeries.

Performance for the 2 week wait target for suspected cancer fell 2.3% to 44.3%. There were 20.5% fewer patients seen on this pathway in December compared to November. Performance for patients with breast symptoms, on the other hand, increased by 5.2pp to 12.5%.

The majority of pathways continue to be affected by the limited capacity in diagnostics and elective theatres, although processes for clinical prioritisation and safety netting of patients that can be safely deferred remain in place. All cancer services are being prioritised in line with the system - wide approach to maximising theatre capacity in order to ensure most urgent cases are treated irrespective of waiting time.

Elective capacity remains at a premium and in line with national guidance from NHSEI and the Federation of Specialty Surgical Associations, will be prioritised for patients with the highest clinical need; primarily those patients with cancer and other serious clinical conditions that require urgent treatment.

3. Strategy Implementation Plan

3.1 Changes in the Policy Landscape over the Last Quarter

The national focus over the last quarter has continued to be on the response of the NHS to COVID-19 with the NHS Chief Executive, Sir Simon Stevens, announcing the health service would return to its highest level of emergency preparedness, Incident Level 4, from 5 November. There have, however, continued to be a number of national policy developments over the quarter:

3.1.1 Operational priorities for winter and 2021/22

Amanda Pritchard and Julian Kelly wrote to NHS leaders on 23 December setting out priorities for the next phase and into 2021/22. This set out five immediate priorities:

a) Responding to Covid-19 demand;
b) Pulling out all the stops to implement the Covid-19 vaccination programme;
c) Maximising capacity in all settings to treat non-Covid-19 patients;
d) Responding to other emergency demand and managing winter pressures; and
e) Supporting the health and wellbeing of our workforce.

In planning for 2021/22 the NHS is expected to:

a) Recover non-COVID services, in a way that reduces variation in access and outcomes between different parts of the country;
b) Strengthen delivery of local People Plans (including making ongoing improvements on equality, diversity and inclusion);
c) Address the health inequalities that COVID-19 has exposed;
d) Accelerate the planned expansion in mental health services;
e) Prioritise investment in primary and community care; and
f) Build on the development of effective partnership working at place and system level as set out in “Integrating Care”.

The national planning round for 2021/22 has subsequently been postponed with the Operational Planning Guidance not being released in January 2021, as originally planned. This is intended to provide systems with breathing space to respond to the pandemic and associated operational pressures. It is now expected that further information will be provided in February 2021. The form, format and expectations of this Operational Planning round are therefore not yet known.

3.1.2 Integrating Care & the White Paper

NHS England and Improvement published this plan to accelerate Integrated Care System (ICS) development in November.

Functions of ICSs will include:

a) Distribution of financial resources to places and sectors;
b) Improvement and transformation resource;
c) Operational delivery arrangements based on collective accountability between partners;
d) Workforce planning, commissioning and leadership and talent development;
e) Emergency planning and response; and
f) The use of digital and data to drive system working and improved outcomes.

Key expectations are that ICSs will deliver:

a) At-scale collaboration for acute, mental health and ambulance providers;
b) Place-based partnerships for primary, community care and local authorities; and
c) Finances organised at ICS level with single pot of funding to be allocated.

The Government's White Paper on the future of health and care – "Integration and Innovation: working together to improve health and social care for all" - was published in response in February, setting out a number of significant changes including:

a) The formal merger of NHS England, Monitor and the Trust Development Agency (as were) as NHS England
b) A statutory basis for Integrated Care Systems with a more clearly defined role for social care within the structure
c) NHS foundation trusts and trusts remaining separate statutory bodies – ICSs will not be able to direct providers but there will be new duties on providers to have regard to the system's financial objectives and to collaborate (replacing the principle of completion)
d) ICSs and providers will be able to form joint committees
e) The replacement of the current competitive procurement rules with a new provider selection regime
f) Powers to direct foundation trust capital expenditure
g) A focus on enabling data sharing

3.1.3 Funding

In December the government announced that 178 trusts across England received awards from a total of £600m to address backlog maintenance. This formed part of the £1.5bn increase in the capital budget for 2020-21 announced earlier in the year. St George's University Hospitals NHS Foundation Trust received the largest award of £37m. The current cost of addressing the NHS maintenance backlog is over £9bn with £1.5bn in the highest risk category.

The one year spending review will see the Department of Health and Social Care's capital budget increase to £9.4bn in 2021-22, up from 7bn in 2019-20. Within this, £325m is allocated of new investment will go towards diagnostics equipment, £165m on eradicating mental health dormitories and £560m to "support the modernisation of technology". The NHS will also receive an additional one-off revenue uplift of £3bn in 2021/22 to restore services and reduce waiting lists.

3.1.4 Transformation of urgent and emergency care: models of care and measurement

The current A&E 4 hour target was introduced in 2004, since when there have been significant changes in how urgent and emergency care are delivered. This has led NHSEI to develop a new set of access targets to replace the four hour target which have now been published for consultation. These are intended to drive improvements patient care and experience whilst helping to maintain COVID-secure ways of working. There are seven standards that are relevant to an acute provider – three relating to A&E, two to the hospital as a whole and two to the entire system:

Service	Measure
A&E	Percentage of Ambulance Handovers within 15 minutes
	Time to Initial Assessment – percentage within 15 minutes
	Average (mean) time in Department – non-admitted patients
Hospital	Average (mean) time in Department – admitted patients
	Clinically Ready to Proceed
Whole System	Patients spending more than 12 hours in A&E
	Critical Time Standards

For the Critical Time Standards evidence-based measures have been developed to support early intervention in stroke, STEMI heart attack, acute physiological deterioration (RAPID) and major trauma. The consultation covers the proposed measures but states that further work is needed to assess the appropriate thresholds for each measure before they could be implemented. In addition the technical details of indicator construction are not yet available.

3.1.5 Ockenden Review of Maternity Services

The first report of the Independent Review of Maternity services at Shrewsbury and Telford Hospitals NHS Trust was published on 11 December 2020. NHS England and Improvement have identified 12 clinical actions from the report's Immediate and Essential Actions that must be taken by all Trusts providing maternity services. Maternity services will therefore remain a national priority for the present.

3.2 <u>Changes to and progress on the 2020/21 Strategy Implementation Plan</u>

As the focus for the Trust over the past three months has continued to be to respond to COVID-19 there have been a number of changes within the plan; many of these have been revised timescales, in some cases with accelerated roll-out later in the year. Areas of note include:

- Operational performance (objective 4): As detailed in section 5, above, COVID-19 has significantly affected the Trust's operational performance in all areas as infected patients have occupied the majority of the Trust's impatient capacity for much of the period.

- IT and clinical information systems (objective 6): Having been previously delayed, the Oceano patient administration system (PAS) was successfully rolled-out at the Heartlands, Good Hope and Solihull sites during the quarter. PICS is also now live across all inpatient areas at Solihull hospital. In response to the pressure that Critical Care has been under it was requested that roll-out in these units be deferred until Autumn 2021 and this has been agreed. The roll out of Windows 10 has suffered a knock-on delay; a new plan to complete 90% of devices by the end of January 2021 in now in place.

- Research and Innovation (objectives 17-19): A balanced portfolio of COVID and non-COVID studies is now being delivered. Over 85% of COVID-positive admissions that remain inpatients for >24hours, are recruited into a study. The Oxford Vaccine Trial completed recruiting to all cohorts with UHB one of the top recruiting sites. Un-paused and new

studies are supporting recruitment and follow up to non-COVID trials, whilst prioritising capacity to support the core COVID team.

In addition to these areas, key areas of progress are outlined in Appendix 2. This is not intended to be an exhaustive overview of progress against the plan but instead provide a snapshot of some key activities against the strategic objectives over the past three months.

4. Recommendations

The Council of Governors is requested to:

Accept the report on performance and third quarterly update against the 2020/21 Strategy Implementation Plan.

Mark Garrick
Director of Strategy & Quality Development