

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 21 MAY 2020**

Title:	PERFORMANCE INDICATORS REPORT Q4, 2019/20 STRATEGY IMPLEMENTATION PLAN YEAR END UPDATE AND 2020/21 STRATEGY IMPLEMENTATION PLAN
Responsible Director:	Mark Garrick, Director of Strategy & Quality Development
Contact:	Andy Walker, Head of Strategy & Planning, Ext 13685 Phillippa Hentsch, Head of Strategy & Analysis, Ext 14321

Purpose:	To present an update to the COUNCIL OF GOVERNORS on the Trust's performance against targets, the development of the Strategy Implementation Plan for 2020/21 and the final review of the 2019/20 Plan.
Confidentiality Level & Reason:	None
Board Assurance Framework Ref: / Strategy Implementation Plan Ref:	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
Key Issues Summary:	<ul style="list-style-type: none"> • The Trust's A&E performance improved by 1.9 percentage points in March. Attendances to A&E were at their lowest levels for five years due to COVID-19. • Further details and actions taken in response to the exceptions identified are included in the report. • NHSE/I has suspended the reporting of some national key performance indicators due to COVID-19. • The fourth quarterly review of the 2019/20 strategy implementation plan has been completed. • The Board has approved the plan for 2020/21; this will be amended in the light of COVID-19.
Recommendations:	The COUNCIL OF GOVERNORS is asked to: <ol style="list-style-type: none"> 1. Accept the report on progress made towards achieving performance targets and associated risks and mitigating actions. 2. Accept the Strategic Implementation Plan for 2020/21 and Quarter 4 review of the 2019/20 Plan

Signed: Mark Garrick	Date: 12 MAY 2020
-----------------------------	--------------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

THURSDAY 21 MAY 2020

PERFORMANCE INDICATORS REPORT Q4, 2019/20 STRATEGY IMPLEMENTATION PLAN YEAR END UPDATE AND 2020/21 STRATEGY IMPLEMENTATION PLAN

PRESENTED BY THE DIRECTOR OF STRATEGY & QUALITY DEVELOPMENT

1. Purpose

This paper summarises:

- The Trust's performance for Quarter 4 2019/20 against national targets, including those in the NHS Oversight Framework. Where RAG ratings are given in Appendix A, 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 A along with other targets and indicators.
- The suspension of national data submissions by NHSE/I supporting some performance indicators. At present the suspension will be in place from 1st of April till 30th of June 2020.
- The Fourth quarterly update covering the period January – March to the Board against the 2019/20 Implementation Plan.
- The Strategic Implementation Plan for 2020/21 as approved by the Board of Directors in March; which sets out key deliverables to support the implementation of the Trust's strategy.

2. Performance Report

The following areas have been identified as material exceptions:

2.1 A&E 4 Hour Waits

The Trust's internal performance improved by 1.9pp to 67.2% in March. However, overall attendances fell very significantly as the public became more aware of COVID-19. Nationally, A&E attendances fell by 22.3%, whilst overall attendances in the Trust fell by 26.2% in comparison to the previous month. As an example, QEHB had the lowest daily average attendance for any month since January 2015. Overall, 10.1% of patients who attended A&E in March had a "COVID-19 like" diagnosis¹ with slight variations across the sites. At QEHB and Heartlands, the proportion of patients with the diagnosis was 10.3%

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

and 8.5%, respectively. At Good Hope, 9.8% of patients who attended A&E had the diagnosis whilst at Solihull the figure was much lower at 1.5%.

There was one 12-hour trolley wait in March at Good Hope Hospital. The breach was as a result of the patient awaiting a mental health bed.

Ask A&E was used by 1,294 people during March. Of these people, 812 (62.8%) were advised to use alternative providers rather than attend the hospital. The Table below has a summary of the outcome options and activity during the month. Although Ask A&E activity fell in March, the number of users started to increase towards the end of March into April.

Outcome	Frequency	% of total
Advised to see dentist	9	1%
Advised to attend Ophthalmology Accident and Emergency department	3	0%
Advised to contact general practitioner; As soon as possible	236	18%
Advised to contact general practitioner; Within; 48 hours	22	2%
Advised to contact general practitioner	77	6%
Advised to attend accident and emergency department	320	25%
Patient advised to contact emergency ambulance service as soon as possible	159	12%
Advised to contact optician	2	0%
Advised to contact pharmacist	39	3%
Patient not given advice	318	25%
Advised to self care	75	6%
Advised to contact genitourinary medicine clinic	3	0%
Advised to attend minor injuries unit	31	2%
Total	1,294	

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

18 week referral to treatment performance continued to deteriorate overall. Key factors during Quarter 4 were emergency demand on beds and the implications of pension tax charges on consultants undertaking additional sessions. RTT performance deteriorated by 2.3pp to 76.9%, which is significantly below the trajectory for the month of 88.4%. Performance in January and February was 80.4% and 79.2%, respectively. The waiting list size fell by 3,056 in March to its lowest levels since October 2019. Cancellations of elective and outpatients appointments in response to COVID-19 continue to significantly affect performance.

The five most pressured specialties for RTT performance are Neurology, Neurosurgery, Urology, ENT and Ophthalmology. Neurology has improved compared to last month with the additional capacity resulting in a reduction in the backlog. Neurosurgery performance deteriorated in March. The specialty continues to have a large volume of patients awaiting triage that are not automatically included in the overall figures; however there are plans to rectify this.

In Urology, a 'right sizing' business case of the service is planned. Three posts within ENT are to be advertised following a successful business case. The service continues to be significantly affected by the consultant tax/pensions challenge, site pressures and an underlying capacity and demand pressure.

2.3 Delayed Transfers of Care

Both the overall percentage of NHS and joint delays and total percentage delays, improved by 0.4pp to 1.9% and 0.2pp to 4.5%, respectively. Heartlands and Solihull had an improvement in overall delayed transfer of care, whilst QEHB and Good Hope performance deteriorated. Performance at Heartlands and Solihull both improved by 2.0pp and 0.6pp, respectively. QEHB and Good Hope deteriorated by 0.4pp to 3.3% and 0.5pp to 6.0%, respectively.

2.4 Cancer Targets

Performance for the Cancer 62 day GP referral and screening standard improved to 56.3% and 62.7%, respectively in March. Both 31 day first treatment and subsequent surgery improved to 93.0% and 81.4%, respectively.

Urology remains the main contributing specialty to below-target 62 day GP and 31 day first treatment performance, due to theatre capacity constraints. Head and Neck, Colorectal and Breast also had a significant number of breaches with delays in the diagnostics phase of the pathway continuing to impact on treatment times. On-going elevated urgent care demand continues to place excessive pressure on bed and ITU available for elective cases.

3. **Changes to National Performance Data Returns**

To reduce the burden and free some capacity, NHSE/I recently published some guidance of the reporting requirements whilst organisations are managing COVID-19 pressures. As a result, the following data returns will not be submitted between 1st of April 2020 and 30th of June 2020.

- Urgent Operations Cancelled (monthly sitrep)
- Delayed Transfer of Care (monthly sitrep)
- Diagnostics patient tracking list (PTL)
- RTT PTL including suspension of the financial sanctions for 52+ weeks breaches
- Cancelled elective operations
- Audiology
- Mixed-Sex Accommodation
- Venous Thromboembolism (VTE)
- 26-Week Choice
- Pensions impact data collection
- Ambulance Quality Indicators (Clinical Outcomes)

- Dementia Assessment and Referral (DAR)
- Staff Appraisals have been suspended unless in exceptional circumstances
- Reduction of mandatory training except for those absolute necessary

Whilst the data collections of these performance indicators are suspended nationally and data is not being collected internally, the above indicators will be excluded from future reports until the data collection resumes. Data for the majority of performance indicators continues to be monitored.

Data collection for the 28 day faster diagnosis standard for cancer patients which was due to come into effect on the 1st of April, will still be collected, however it will not be subject to formal performance management. Proposed changes to the A&E target have been postponed.

4. Quarter 4 Review of the 2019/20 Strategy Implementation Plan

Updates in the Policy Landscape over the Last Quarter

Since the Quarter 3 review of the plan there has been a number of developments that will affect the Trust's future strategy and planning, including:

4.1 COVID-19

The first cases of COVID-19 in the UK were confirmed in January 2020. Across the NHS nationally and locally, there have been fundamental changes to the delivery of services to ensure there was sufficient capacity available to treat patients.

It is now clear that the pandemic will have a very profound effect on the NHS for an extended period and will require changes to the phasing of the implementation of the Trust's strategy as well as the strategy itself. These are being worked through at present.

4.2 Budget

The NHS England revenue budget remains as forecast in the September 2019 spending round, and will rise from £123.7bn in 2019/20 to £129.9bn in 2020/21 (an increase of £6.2bn). Additional funding has been made available to the NHS to support the response to COVID-19.

The DHSC revenue budget will be £1bn higher in 2019/20 and £900m higher in 2020/21 than set out in the September 2019 Spending Round. This will be for other areas of non-frontline health spending such as for Health Education England or Public Health England. The DHSC will also receive an additional £1.1bn capital to be spent on estate refurbishment and maintenance.

The government confirmed its intention to deliver its manifesto commitments of 50,000 new nurses, 50 million new GP appointments and 40 new hospitals. Also restated is the commitment to abolish some hospital car parking charges in England with the detail about how this will be funded still to emerge.

The annual pension thresholds have been altered so that staff earning below £200,000 will no longer be affected by the tapering of annual allowance which will reduce the risk of large tax bills for those undertaking additional sessions.

The government has allocated £2m for “targeted” reviews of PFI contracts. It has also announced a fundamental review of business rates, due to report in the autumn.

There is no additional support to social care beyond the £1bn of additional funding for social care next year, as announced in the Spending Round 2019.

4.3 Planning Guidance

The national planning process for 2020/21 was suspended in March due to COVID-19 and a revised timetable has not yet been released.

The NHS is moving to a “system by default” model and all systems should become Integrated Care Systems by the end of 2020/21. The planning guidance for the NHS for 2020/21 sets out a number of key priorities and challenges for the year ahead:

- Operational priorities are that hospitals must reduce bed occupancy to below 92%, improve A&E performance against benchmarks and reduce waiting lists (although the Trust has significant concerns about the methodology used).
- Half the financial support available to providers will now be linked to performance of the wider system.
- The target of 50,000 more nurses will be supported through a significant expansion of ethical international recruitment.
- NHSX will determine a minimum level of technology spending, based on the level of digital maturity of a trust.
- Trusts will be expected to begin the roll-out of video consultations for outpatients.

4.4 NHSX Tech Plan for Health and Care

NHSX has published its tech plan for health and care, setting out how technology will help to deliver the NHS Long Term Plan. The core level of digitisation to be achieved by 2024 includes replacing hardware, ensuring adequate networks and developing integrated systems that allow flexibility in managing clinical and operational workflows.

4.5 Workforce

The Home Secretary has announced a new points-based immigration system to be introduced from 1 January 2021. This has been adjusted to help meet the needs of the NHS to fill its skilled vacancies; however there are concerns that it could make recruitment to fill the 120,000 vacancies in social care more difficult.

The latest data for the Workforce Race Equality Scheme (WRES) have also been published. This shows that some progress has been made with fairness in recruiting, entry into disciplinary process and non-mandatory training. On the other hand there is still a need for improvement in relation to bullying and harassment, opportunities for promotion, discrimination by managers and BME membership of Trust boards.

5. **Conclusion and Review of the 2019/20 Strategy Implementation Plan**

Having reviewed activities delivered in the final quarter against the 2019/20 implementation plan, the three areas that have substantial changes still remain;

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

Details are included in table 1 overleaf.

Table 1: Significant Changes to the 2019/20 Plan

Reference	Q3 Update	Q4 Update
Digital Healthcare and transformation (Objective 5)	<ul style="list-style-type: none"> • A&E online was “soft” launched on 23 October, supported by wider public communications in November and December. • Work is starting to carry out a clinical evaluation of the decision support included within A&E online. 	<ul style="list-style-type: none"> • Communications for promoting “Ask A&E” continue, and have been scaled up as a result of COVID-19. • Average users for Ask A&E averaging 30-40 a day, with a maximum day rate of over 100 on some dates. • Wider collaboration with Babylon continues, with discussions ongoing about use of their video platform.
IT Solutions (Objective 6)	<ul style="list-style-type: none"> • Master Patient Index consolidation resolved across all sites, with training commenced in October 2019. • 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. • Underpinning configuration and coding work support PICS implementation is now complete, but roll-out will need to change due to the delays with PAS. • HGS Clinical Systems Implementation Group set up and chaired by the Deputy COO; sub-groups established to focus on Business Change, 	<ul style="list-style-type: none"> • A revised time table will be included in the 2020/21 Strategy Implementation Plan, to implement and embed: • PAS to Good Hope, Heartlands and Solihull hospitals during Quarters 1 and 2. • PICS to: <ul style="list-style-type: none"> ○ Critical Care at Heartlands, Good Hope Hospital during (Q 1-2) ○ Solihull Hospitals (Q 1-4) ○ Ward Order Comms & Blood Transfusion within PICS at QEHB (Q1-4)

Reference	Q3 Update	Q4 Update
Estates and Capital Infrastructure (Objective 9)	Informatics, Labs and Pharmacy. • Department of Health and Social Care (DHSC) Ministers approved ACAD in December 2019.	• The new build is now due to commence in Spring and the new timetable for delivery will be included in the 2020/21 Strategy Implementation Plan.

6. The 2020/21 Strategy Implementation Plan

The Board approved a multi-year strategy for the organisation in December 2018. The 2020/21 financial year will be the second year of the new strategy. To support the delivery of the Trust's strategic objectives, each year we set out our key priorities and deliverables through an annual strategy implementation plan. The plan for 2020/21 was approved by the Board of Directors at its March meeting and is included as Appendix B to this paper.

7. Background

The three headline strategic objectives for the trust remain:

- To maintain high quality care, through effective day-to-day operational and financial performance across our hospitals and services;
- To integrate our clinical services and corporate functions across sites so that our patients can expect the same high standards and joined-up care wherever they are;
- To transform the model of healthcare by using new technology to care for patients in the most appropriate settings and to manage demand.

To support the implementation of these objectives, the trust strategy set out nine strategic themes (figure 1). The implementation plan at Appendix B continues to be organised according to these themes.

Figure 1: UHB's nine strategic themes from the multi-year strategy



A robust strategy setting and planning process is crucial to help the Trust achieve its long-term goals. It helps us identify the choices we are making and how we are prioritising our limited resources and helps staff to shape and understand the organisation's direction and their role in this.

It is also a key requirement in the CQC's well led assessment. A strategy and delivery plan are key pieces of evidence the regulator expects to see regularly assessed, monitored and updated

8. Development of the 2020/21 Strategy Implementation Plan

8.1 Process to Develop the Plan

The deliverables flow directly from the strategic themes outlined in the organisation's strategy. The Strategy and Planning Team has discussed and agreed key deliverables with directors, their deputies and management leads.

Initial proposals for the plan were discussed with the Board of Directors and Council of Governors at the joint seminar in December. Priorities were further discussed with the Governors' Strategy and Annual Plan Reference Group in February.

8.2 Contents

The implementation plan is organised according to the nine themes identified in the strategy (Figure 1). It covers the following elements:

- **Strategic objectives:** the headline objectives we are trying to achieve under each strategic theme. We continue to have 20 strategic objectives for 2020/21 but these have been amended somewhat in response to both local and external developments.
- **2020/21 deliverables:** the tangible deliverables we are signing up to delivering over the next year.
- **Delivery dates:** by when the deliverable is due to be completed. Some are limited to specific quarters and others might span the whole year.
- **Owners:** The SROs responsible for specific deliverables.
- **Main assurance group:** the principal group by which projects would be monitored in the normal course of business. This is not intended to be an exhaustive list of groups where projects would be monitored.
- **Key measures of success:** these are a combination of process and outcome measures. Where possible, these are expressed as corporate, staff and patient measures. Some will have a clear and tangible measurement e.g. whether the trust has met its control total and others will be more qualitative and based on perception.

8.3 Further Development of the Plan during 2020/21

As in 2019/20 the plan will continue to be reviewed in-year, in response to changes in the local and national environment including a full review at the end of each quarter when progress updates are presented to the Board of Directors. For example, during 2019/20 there were developments that resulted in significant changes in a number of objectives, which were reported against, such as the inclusion of our digital programme of work with Babylon healthcare and changes in the timetable for the implementation of clinical information systems to Heartlands, Good Hope and Solihull.

In line with ongoing discussions about the increased devolution to the Divisions, over the course of 2020/21 we will need to review how the corporate planning process can best support this work. In the future it is likely that divisional plans will be key pillars in the implementation of the corporate strategy and the overarching corporate plan will bring individual divisional plans together. We will discuss with Divisional Leadership Teams what support they might need to support this revised process.

In addition, the implications of COVID-19 on delivery of the strategy are still being worked through. In some cases this may delay delivery but some other objectives have been brought forward as mitigations.

9. 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 Strategic Implementation Plan and Quarter 4 2019/20 performance update against the Trust's Annual Plan.

Mark Garrick
Director of Strategy & Quality Development