UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 26 NOVEMBER 2020

Title:	**PERFORMANCE REPORT AND Q2 UPDATE AGAINST THE 2020/21 STRATEGY IMPLEMENTATION PLAN**
Responsible Director:	Mark Garrick, Director of Strategy & Quality Development
Contact:	Andy Walker, Head of Strategy & Planning Rukudzo Hakulandaba, Performance Assurance Manager Natalie Smith, Strategy, Planning & Performance Spt. Mgr.

Purpose:	To present an update to the COUNCIL OF GOVERNORS
Confidentiality Level & Reason:	None
Strategy Implementation Plan Ref:	All strategic objectives.
Key Issues Summary:	• A&E performance fell to 73.0% in October. • Increased numbers of patients presenting with 'COVID-19 like' symptoms will continue to affect performance. • RTT performance improved however there were 3,594 52 week breaches in September. • The 62 day performance for GP referrals fell in September. However, there was a significant increase in patients seen on the pathway compared to the previous month. • The paper also covers the second quarterly review of the 2020/2021 strategy implementation plan, covering the period July - September 2020.
Recommendations:	The COUNCIL OF GOVERNORS is asked to: **Accept** the report on performance and progress with the Strategy Implementation Plan.

Signed:	Mark Garrick	Date: 18 November 2020

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PERFORMANCE REPORT AND Q2 UPDATE AGAINST 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 and Appendix 1, along with the main targets and indicators.

It also provides an update 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 October deteriorated by 7.3pp compared to the previous month but is 7.0pp higher than October 2019. All sites had deterioration in performance compared to the previous month, due to the current pressures experienced dealing with COVID-19 second wave. Overall performance was 73.0% with attendances 23.1% lower than the same period last year. However, it should be noted that ambulance volumes are surging to pre-COVID levels, reflecting the increased acuity within the Emergency Departments.

Overall, 4.9% of patients who attended A&E had a "COVID-19 like" presentation[1] with variations across the sites. Across the sites, Heartlands had the highest proportion of patients presenting with symptoms at 5.6%. Until the swab results are received, it is assumed they have COVID and this increases the complexity of the treatment pathway. Many of these patients are found not to have COVID once the swab results are available.

The average time spent in A&E went up across all sites as the sites have seen a rise in patients with COVID like presentation. Overall, the average time spent in A&E increased by 24 minutes compared to the previous month but is 37 minutes lower compared to October 19.

There were 49 12 hour trolley waits in October, with the majority of breaches due to internal bed availability as a result of closed wards (COVID).

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

Heartlands had the highest number of breaches at 28, followed by Good Hope with a total of 18 breaches. QEHB had 3 breaches of which one had a mental health presenting complaint.

Ask A&E activity contributed 0.6pp of the overall performance. The attendances for each site are displayed in the Table below.

Site	Daily Att's Oct 2019	Daily Att's Sep 2020	Daily Att's Oct 2020	Change Oct 19 to Oct 20	Change Sep 20 to Oct 20
QEHB	351.9	324.2	304.3	-13.5%	-6.2%
Heartlands	427.6	414.6	364.3	-14.8%	-12.1%
Good Hope	260.3	235.6	217.2	-16.5%	-7.8%
Solihull	111.6	-	-	-	-
UHB	**1151.3**	**974.4**	**885.7**	**-23.1%**	**-9.1%**

Ask A&E was used by 1,313 people during October, with a daily average of 42 users during the month. This was a 22% increase in users compared to September. Of these users, 937 (71.4%) 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.

Outcome	Frequency	% of Total
Advised to see dentist	12	1%
Advised to attend Ophthalmology Accident and Emergency department	8	1%
Advised to contact general practitioner; As soon as possible	290	22%
Advised to contact general practitioner; Within 48 hours	16	1%
Advised to contact general practitioner	77	6%
Advised to attend accident and emergency department	352	27%
Patient advised to contact emergency ambulance service as soon as possible	159	12%
Advised to contact optician	1	0%
Advised to contact pharmacist	17	1%
Patient not given advice	155	12%
Safeguarding	163	12%
Advised to self-care	0	0%
Advised to contact genitourinary medicine clinic	3	0%
Advised to attend minor injuries unit	60	5%
Total	**1,313**	

2.2 RTT 18 Week Incomplete Pathways and Waiting List

18 week referral to treatment performance improved with performance at 56.1%.

Cancellations of elective and outpatients appointments in response to COVID-19 continue to significantly affect current and future performance. This resulted in the number of 52 week breaches in September increasing by 48% to 3,594 with the size and growth rate significantly increasing week by week. Clinical prioritisation continues to take place within services to ensure that patients who most urgently need treatment have first access to the limited surgical capacity available.

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 NHSE/I 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.

The number of patients waiting longer than 40 weeks will continues 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.

The waiting list in September grew by 5,809 to 97,048. Validation of Appointment Slot Issues (ASIs) is currently being undertaken as well as some patients being managed differently. Instead of surgical options, some patients are now being medically managed. Urgent cases are being referred and seen to however, more mild conditions or exploratory referrals are not being referred in as yet.

2.3 Cancer Targets

Performance for Cancer 62 day GP referral deteriorated by 10.6pp to 42.3%. However, there was a 41% increase in the number of patients seen on the pathway in September. Performance for the 62 day screening was 66.7%. Both 31 day first treatment and subsequent surgery fell by 5.0pp and 9.4pp to 83.8% and 60.4%, respectively.

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 trust-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 NHSE 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 to COVID-19 with a particular focus on restoration of services; there have however been a number of other developments that may materially affect the Trust's strategy.

3.1.1 COVID-19 Phase Three Response Letter

On 31 July 2020, NHS England and NHS Improvement set out in a letter the third phase of the NHS response to COVID-19 and the priorities for the NHS 1 August. The NHS was requested to the return to near-normal levels of non-COVID health services, making full use

of the capacity available in the ‘window of opportunity’ before the winter. This was to include the full restoration of cancer services, the recovery of elective capacity with targets set based on a 2019/20 baseline (and payment dependent on this), the restoration of service delivery in primary and community care, and the expansion and improvement of mental health services and services for people with learning disability and/or autism. This was to include a specific offer of mental health support for NHS staff. The NHS was also asked to prepare for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes by sustaining capacity, focussing on flu vaccination and developing the 111 First model. The service is expected to do these things in a way that takes account of lessons learned during the first COVID peak, locks in beneficial changes and explicitly tackles fundamental challenges including support for staff and action on inequalities and prevention. As yet there has not been a Phase 4 letter from NHSE/I to reflect the increase in COVID activity currently being seen.

3.1.2 Capital Funding for New Hospitals

The Government has announced funding for 48 new hospitals, although some of this funding has previously been announced and indeed some of the hospitals are already under construction. In the Health Infrastructure Plan (HIP) announced at the end of 2019 funding was confirmed for six hospitals to be rebuilt in 2020-25 (HIP1) and they were giving some money to a further 21 Trusts to develop business cases for a further 34 hospitals in 2025-30 (HIP2). A third round of developments for 2030-35 was included but no details have been confirmed yet.

The 21 Trusts given seed funding for HIP2 have now been announced as being fully funded (although 34 hospitals has reduced to 25 although there remain 21 business cases) with one additional hospital funded.

In addition, it has been announced that other new schemes will be invited to bid for funding for 8 more new hospitals – a proportion of which will be mental health hospitals. This appears to be additional funding as part of HIP2 as they were announced as part of the 2025-30 tranche. Whether HIP3 is still planned to happen is not clear.

3.1.3 Community Diagnostic Hubs

The report of a review of diagnostics by Professor Sir Mike Richards commissioned by NHS England and Improvement has been published. This proposes setting up Community diagnostic hubs or ‘one stop shops’ away from hospitals. This would both improve flow and reduce the risk of COVID-19 transmission. The recommendation is that we would three community diagnostic hubs per million population, therefore four would be required across the Birmingham and Solihull CCG. Whether paediatric diagnostics would be included in not concluded in the review. Other recommendations include doubling CT scanning capacity, increasing the colonoscopy workforce

and training 2,000 additional radiologists and 4,000 additional radiographers. NHSE/I has yet to publish a formal response to the review indicating which recommendations are supported and how the proposals would be funded.

3.1.4 National Institute for Health Protection

The National Institute for Health Protection (NIHP) has been announced, bringing together Public Health England, NHS Test and Trace and the analytical capability of the Joint Biosecurity Centre under single leadership. The statutory formalisation and operation of the new organisation is expected in spring 2021.

3.1.5 CQC Strategy for 2021-26

The CQC has released its draft strategy for 2021-26. This includes plans to better assess quality of care through a pathway and across sector and service boundaries, including system-based reviews. Also included are plans to be more responsive to the development of new models of care such as remote consultations. The CQC also intends to learn from emergency measures taken during the current pandemic to develop a more proportionate, risk-based approach to regulation, for example using fewer physical inspections.

4. Changes to and progress on the 2020/21 Strategy Implementation Plan

Given the evolving landscape, three significant changes to or deviations from the Strategy Implementation Plan have been identified over the second quarter of 2020/21. These are:

- Operational performance (objective 4): the Trust's sites have been reconfigured to maximise capacity and separate hot and cold pathways in response to COVID-19 including the establishment of a cold elective site at Solihull to allow services to be restored as much as possible. Due to continued constrained capacity, RTT waits have grown significantly and a system of clinical prioritisation has been put in place to maximise patient safety. In response to the Phase 3 letter activity plans have been agreed with commissioners and submitted to NHS England and Improvement. As detailed above, a Phase 4 letter, responding to increased COVID activity, is awaited.

- IT and clinical information systems (objective 6): due to data migration issues that would have had an adverse operational impact the go-live for a new patient administration system (PAS) at the Heartlands, Good Hope and Solihull sites was deferred to 16 November with a knock-on for subsequent dependent deployments.

- Research and Innovation (objectives 17-19): The pandemic has had significant effects on the research portfolio with a large number of pre-existing studies paused (although the vast majority have now recommenced) and a significant focus on COVID-19, with more than 90% of inpatients recruited to a study and more than 500 participants in the Oxford COVID-19 vaccine trial.

4.1 Key updates against the 2020/21 plan

In addition to the areas highlighted above, 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.

5. Recommendations

The Council of Governors is requested to:

Accept the report on performance and progress with the Strategy Implementation Plan.