

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 24 JANUARY 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 Council of Governors on the Trust's performance against targets.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Affects all strategic aims.
Key Issues Summary:	<p>Exception reports are provided where there are risks to performance against targets.</p> <p>ED attendances were 2.4% lower than November 2018 but 6.3% higher than December 2017. Performance across the Trust continues to deteriorate with considerable pressure on Emergency Departments across the trust and the West Midlands as a whole.</p> <p>RTT performance improved slightly in November, but is still below target.</p> <p>Performance for 2 week waits for suspected cancer and breast symptomatic were both below target in November.</p> <p>The 62 day cancer GP referral deteriorated in month, whilst the screening performance significantly improved.</p> <p>Further details and actions taken in response to the exceptions identified are included in the report.</p>
Recommendations:	<p>The Council of Governors 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: 16 January 2019
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COUNCIL OF GOVERNORS
THURSDAY 24 JANUARY 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, whilst other targets and indicators are included in Appendix 1.

2. Exception Reports

The following areas have been identified as material exceptions:

2.1 A&E 4 Hour Waits

Internal Trust performance¹ fell 2.3pp to 73.5%. 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 December is reported as 84.6%, a fall of 1.0pp compared to November. All sites saw a deterioration in performance except for Solihull.

QEHB performance deteriorated by 4.2pp to 72.7%; the site is experiencing significant growth in attendances with performance further deteriorating towards end of December, a trend that has continued into January 2019. December 2018 attendances were 6.2% higher than December 2017.

The Heartlands position deteriorated by 0.6pp to 70.8% compared to November with attendances being 8.2% higher than December 2017 and at Good Hope performance fell by 3.2pp to 69.1% with attendances having increased by 5.5% compared to last year. Solihull was the only site which had an improved performance of 0.7pp to 98.8%.

Average daily attendances across the Trust were 6.3% higher than December 2017 but 2.4% lower than November 2018.

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.

Site	Daily Attendances Dec 2017	Daily Attendances Nov 2018	Daily Attendances Dec 2018	Change Dec 2017 to Dec 2018	Change Nov 2018 to Dec 2018
QEHB	311.8	346.1	332.4	6.6%	-4.0%
Heartlands	381.9	414.5	413.2	8.2%	-0.3%
Good Hope	240.5	260.9	253.8	5.5%	-2.7%
Solihull	98.6	104.2	98.9	0.4%	-5.0%
UHB	1032.8	1125.7	1098.3	6.3%	-2.4%

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

In November, overall performance for 18 week incomplete pathways improved by 0.2pp to 88.0%. Performance improved at QEHB by 0.4pp to 89.6% and slightly improved at HGS by 0.1pp to 87.0%. There was one 52 week breach reported in November in Neurology. The breach is as a result of patient choice with a final appointment for January 2019 having been provided. Any further cancellation from the patient will result in the patient being discharged to the GP.

The RTT waiting list is now 0.9% greater than it was in March 2018. The HGS waiting list is 2.0% greater than baseline whilst QEHB waiting list size is now below baseline by 0.8%. Nationally the England waiting list size fell to 4.15m in November and is now 8.0% larger than the baseline.

There are eleven treatment functions that are below target for the Trust as a whole. At QEHB plans are ongoing to deliver additional inpatient and outpatient activity, with particular focus on increasing daycase activity due to the volume of admitted backlog which is daycase.

2.3 Delayed Transfers of Care

The percentage of NHS and joint patients who were delayed improved in November by 0.5pp to 1.9%. QEHB and Solihull improved by 0.7pp to 1.5% and 3.3pp to 2.4%, respectively. Heartlands and Good hope fell slightly by 0.1pp at each site to 2.6% and 1.6%, respectively.

Heartlands hospital was the only site with an increase in social care delays which resulted in a deteriorating position of 0.3pp to 5.3%. QEHB improved performance on delayed transfers by 1.2pp to 3.6%. Overall, HGS had an increase in Solihull Metropolitan Borough Council delayed patients.

Overall delayed transfer of care performance at Solihull Hospital improved by 2.8pp to 5.2% in November. In Solihull, we are currently working with the CCG and Local Authority on a number of initiatives under the banner of the SupportUHome programme which focuses in part on effective discharge planning and joint working to reduce delays for patients being discharged from hospital and require further care.

In mid-2019, a peer review will be undertaken by colleagues from the Local Government Association looking in details at the delayed transfers of Solihull residents and registrants, which will support us as a system to reduce the delays further.

2.4 Cancelled Operations

In November there were 125 operations cancelled on the day of surgery at QEHB (1.5% of elective admissions) and 94 at HGS (1.0%). Of these, six at QEHB were not rebooked within 28 days. During 2018/19, 53% of 28 day breaches have been in Liver Surgery where additional phased theatre time was introduced in November 2018. A common UHB Access Policy for agreement with commissioners is being drafted that will align processes across the Trust and address patient choice and reasonable offers.

2.5 Cancer Targets

Performance for the Cancer 62 Day GP Referrals target fell by 5.8pp to 74.9% in November. QEHB performance fell by 10.0pp to 56.5% whilst HGS remained above target at 85.6%. At QEHB breaches of the 62 day standard totalled 41.5 relating to 61 patients.

The 2 week wait breast symptoms and suspected cancer targets were below target at 80.9% and 91.8%, respectively. HGS are experiencing capacity issues with radiology support for the service which has impacted on their breast symptoms 2 week wait performance. An action plan and improvement trajectory is being formulated. These capacity issues will impact December 2018 and January 2019 performance.

2.6 Dementia Finding, Assessment and Referral

Performance for the "Find" element was below target at 88.5%. QEHB was the only site above target at 93.7%. Good Hope and Solihull performance improved by 4.5pp to 87.2% and by 1.5pp to 80.8%. Heartlands hospital performance fell slightly by 0.1pp to 87.5%. Daily chasing of consultants for those patients at HGS where screening has not been carried out continues, however the definitive solution will be the roll-out of PICS from September 2019, which mandates screening as part of the admission process.

2.7 Seasonal Influenza Vaccinations

As at 14 January both QEHB and HGS had achieved the target with 75% of frontline staff vaccinated. Staff continue to be offered the vaccination as influenza A activity has increased and it is important to ensure effective herd immunity and the continuation of services in the event of widespread infection.

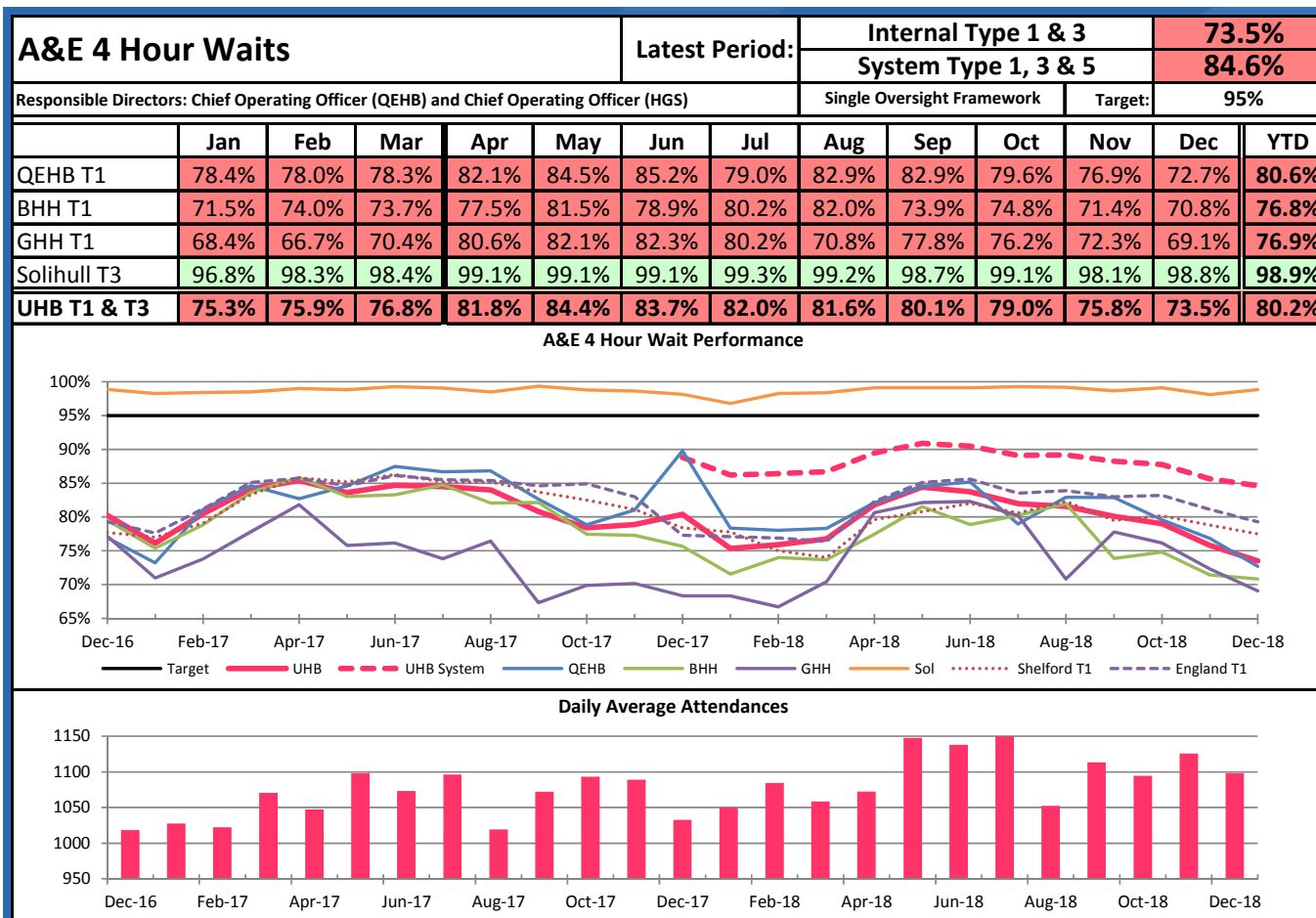
3. **Recommendations**

The Council of Governors is requested to:

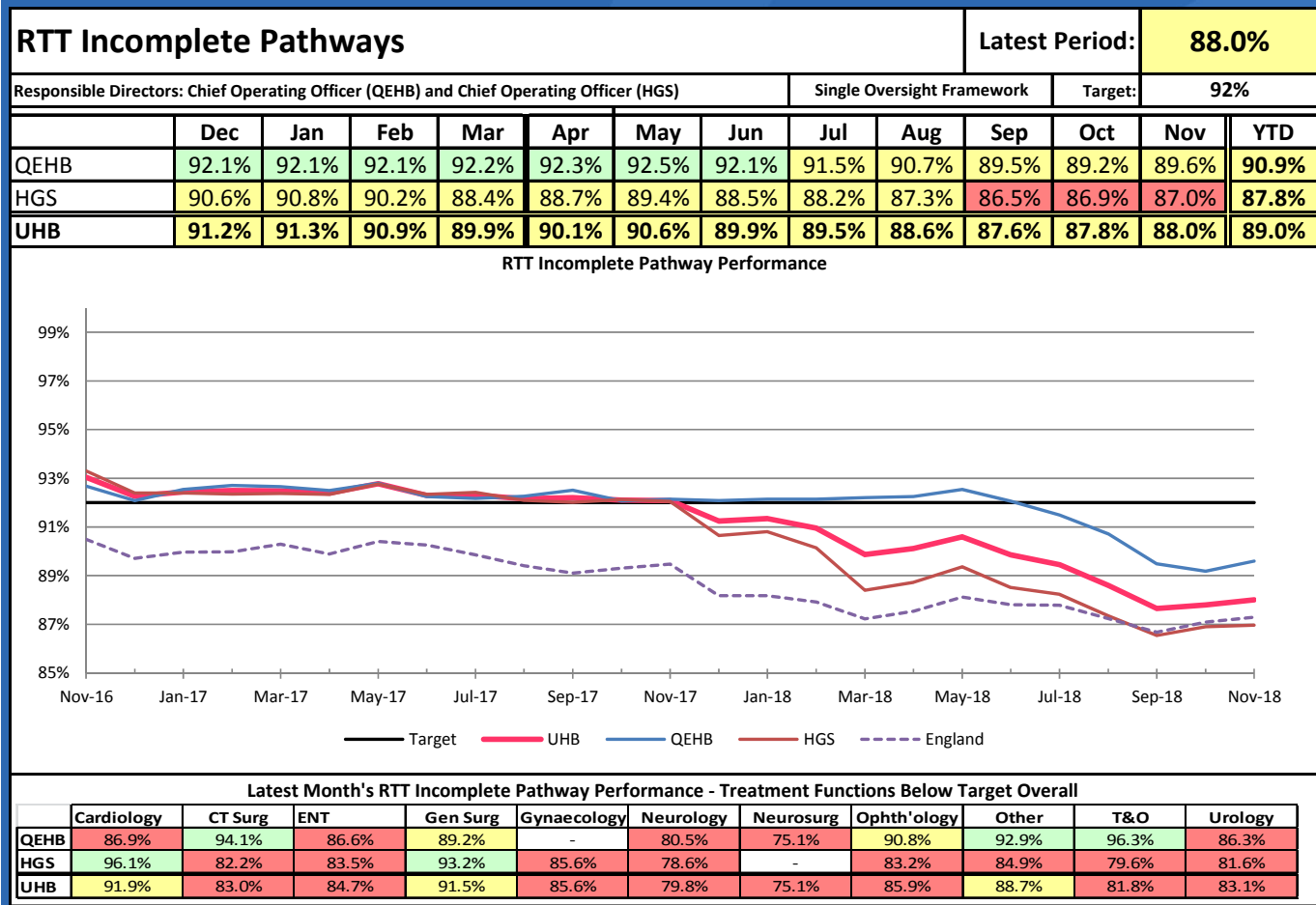
Accept the report on progress made towards achieving performance targets and associated risks and mitigating actions.

Performance Report

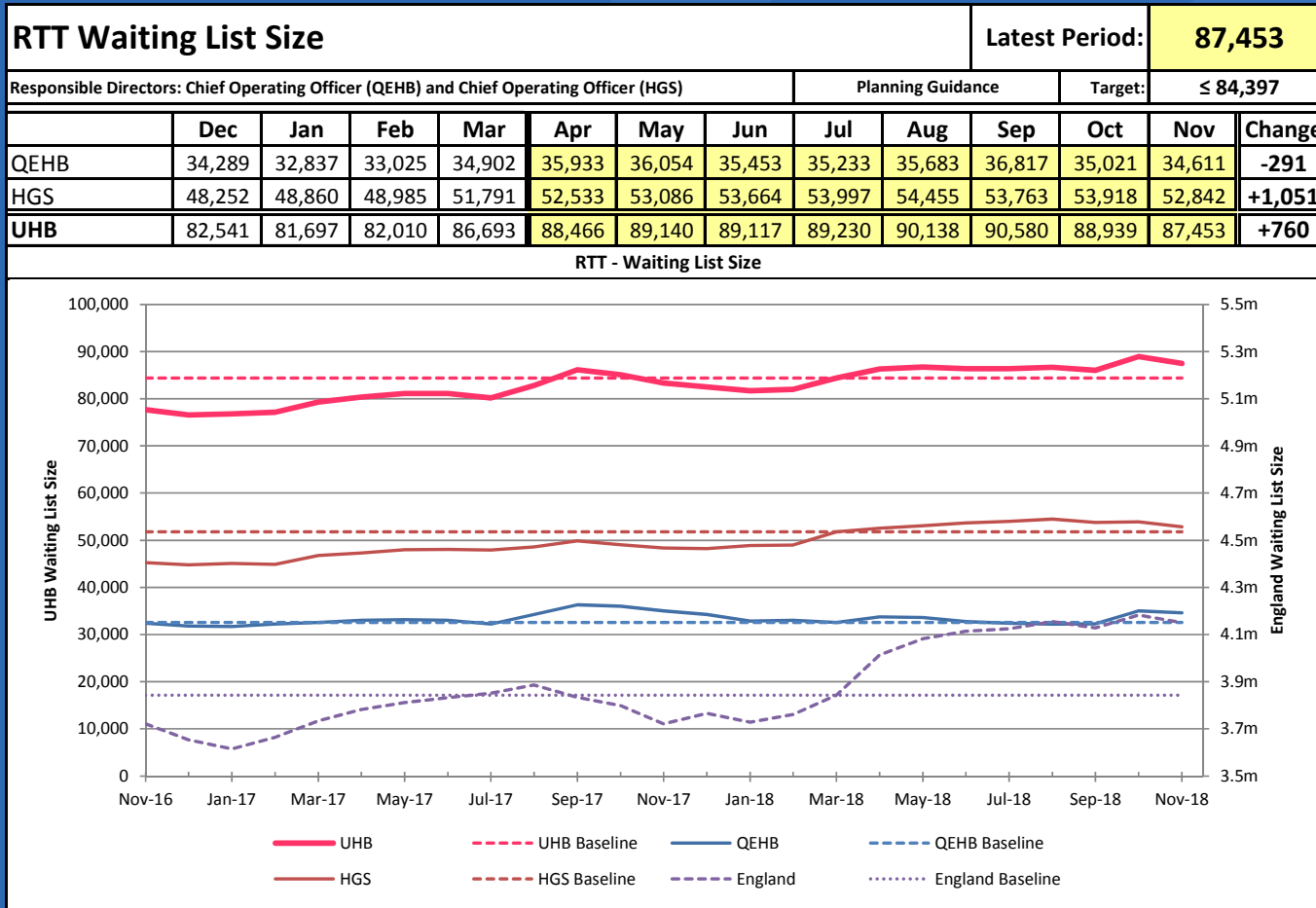
Lawrence Tallon
Director of Strategy, Planning and
Performance



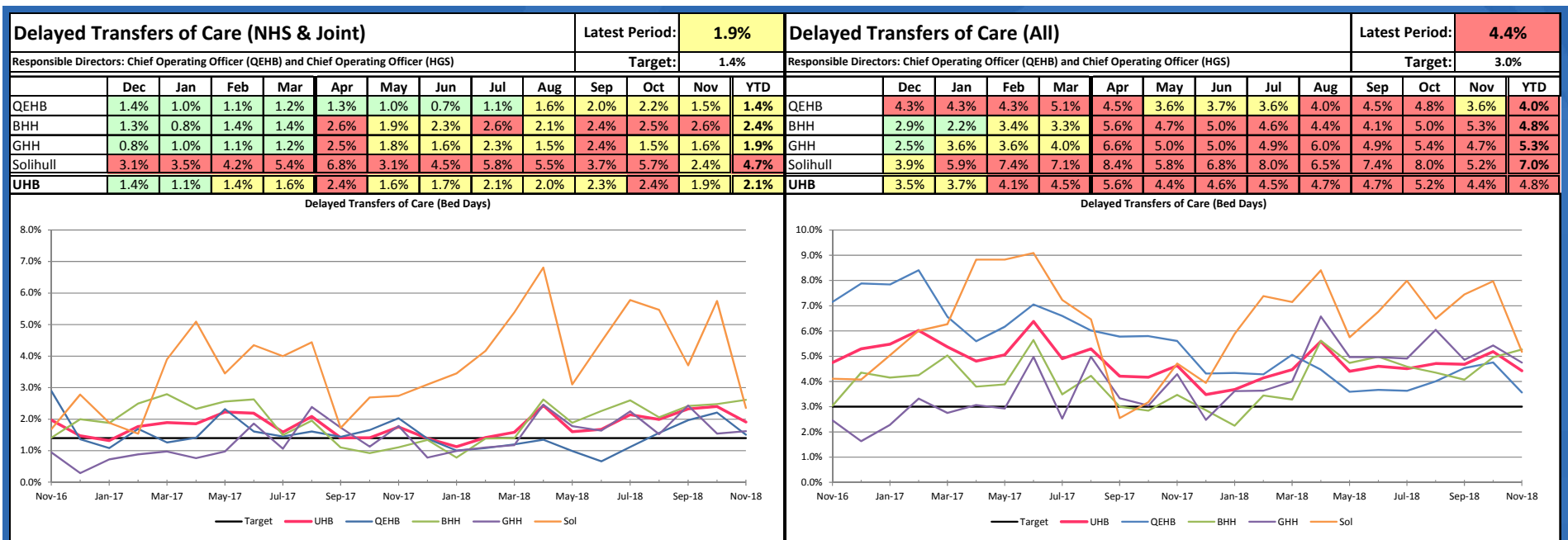
- Overall Trust performance fell 2.3pp to 73.5%. System performance deteriorated 1.0pp to 84.6%
- Overall attendances are 6.3% higher than December 2017 (when performance was 80.4%).
- Attendances at Heartlands were 8.2% higher than December 2017, QEHB attendances were 6.6% higher and Good Hope 5.5% higher.
- December saw a record number of ambulance arrivals with QEHB having 121.4 per day, an increase of 3.7% on November which was itself a record. Across HGS there were 8,192 arrivals, a 4% increase on November and a 7% increase on December 2017 (approximately an additional 16 per day).
- All EDs experienced sustained pressure towards end of December with QEHB and HGS performance deteriorating significantly towards the end of December.



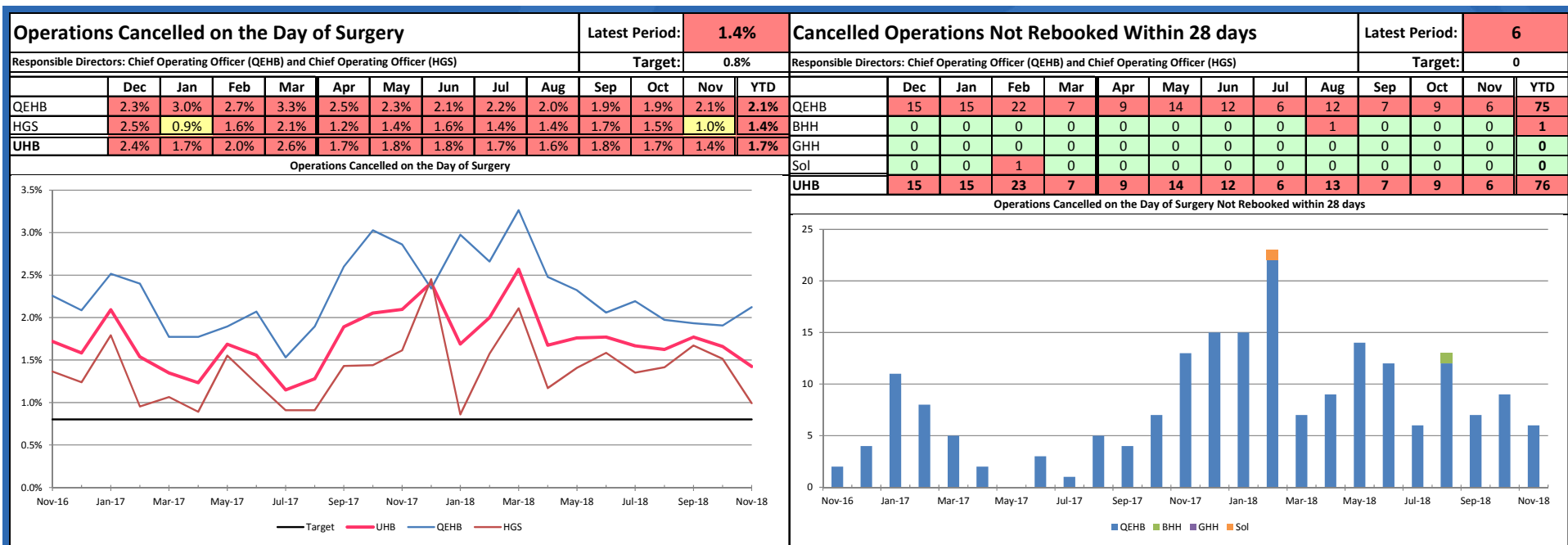
- Trust incomplete RTT performance slightly improved by 0.2pp to 88.0%.
- QEHB performance improved by 0.4pp to 89.6%.
- HGS improved by 0.1pp to 87.0%.
- Plans continue to be implemented to deliver additional inpatient and outpatient activity.
- Due to patient choice, one Neurology patient continues to breach 52 weeks. This breach will continue until their TCI date on 29 January 2019.



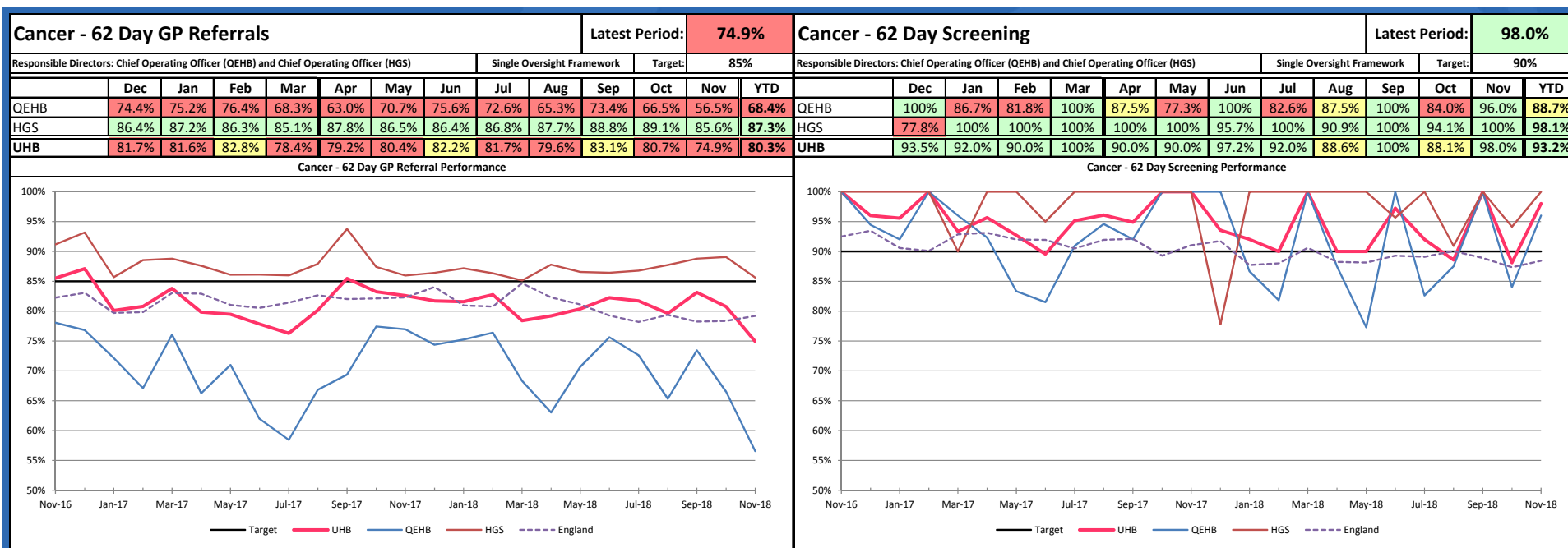
- RTT waiting list size in November improved across all sites.
- QEHB performance has improved and is now below the March 18 baseline, whilst HGS is above the baseline by 1,051.
- The overall Trust total is 0.9% above baseline.
- Nationally waiting list fell by approximately 32,000 to 4.15m which is 8.0% above baseline.



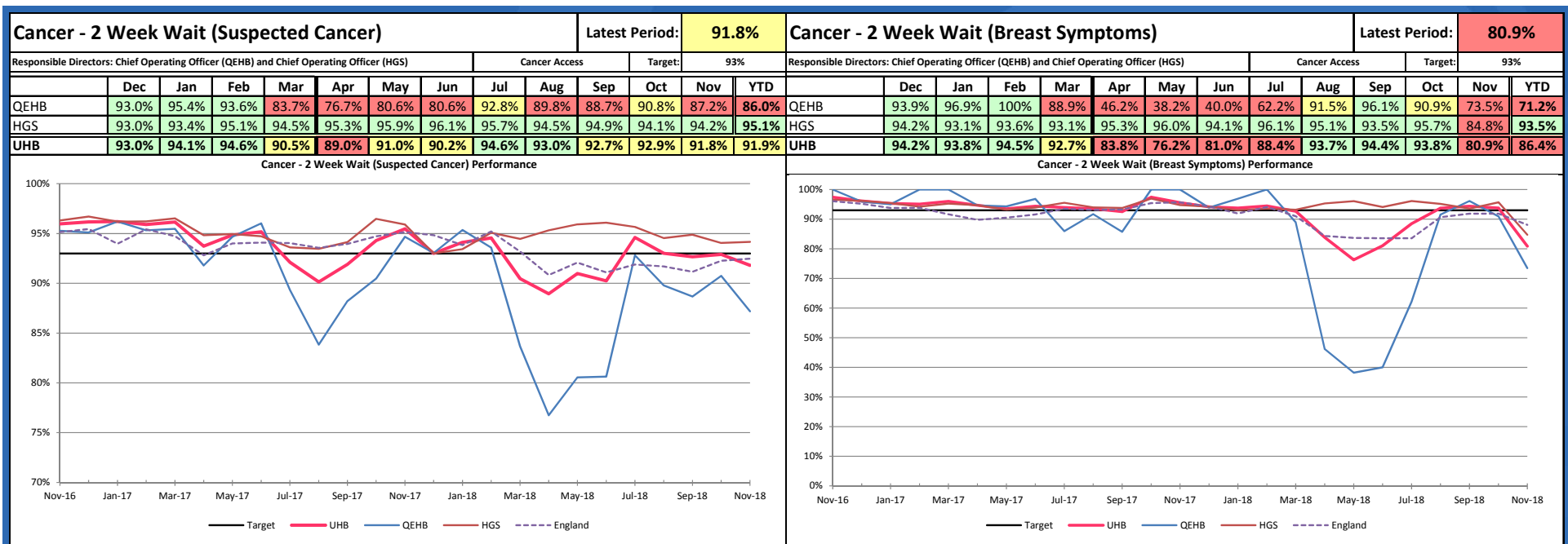
- The percentage of NHS & Joint delays improved to 1.9% in November. This was mainly due to a reduction in NHS and Joint delays at QEHB and Solihull.
- Solihull had a significant reduction in health related delayed transfer of care from 420 days in October to 242 days in November. In Solihull, the Trust is working with the CCG and Local Authority on a number of initiatives under the banner of SupportUHome programme which focuses in part on effective discharge planning and joint working to reduce delays for patients being discharged from hospital and that require further care.
- The total percentage delay improved to 4.4%, due to a reduction in delayed transfer of care across all sites except for Heartlands. The Heartlands position deteriorated by 0.3pp to 5.3%.



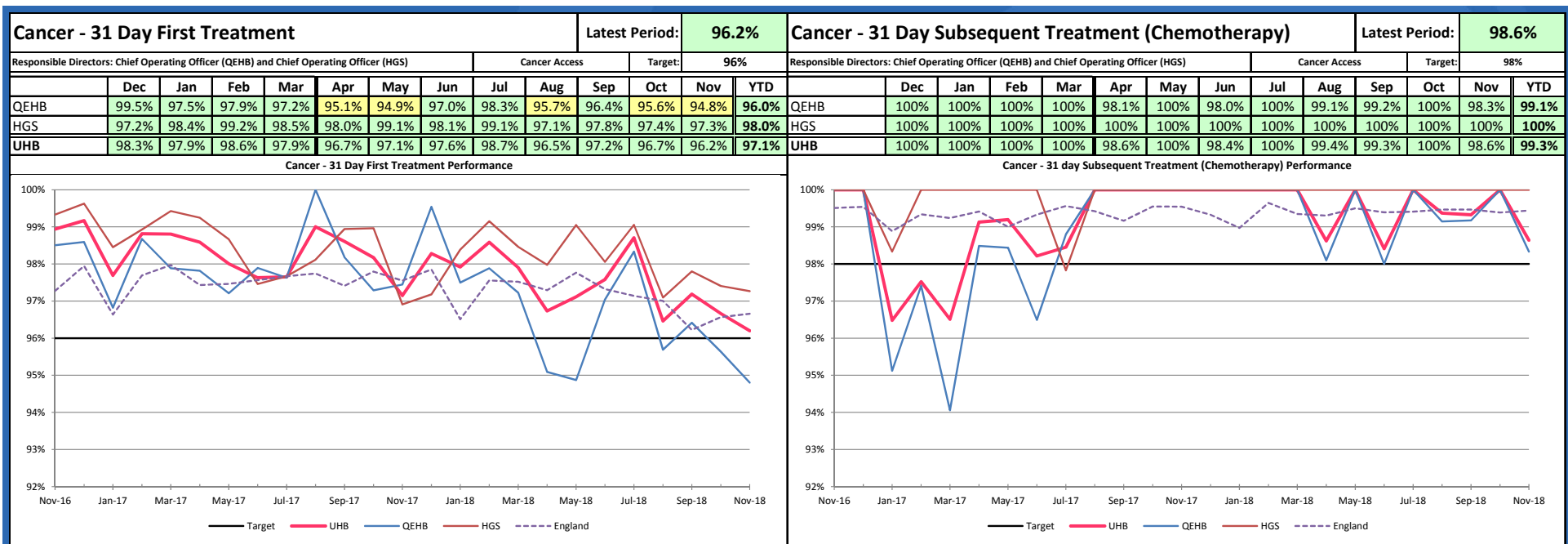
- There were 125 operations cancelled on the day of surgery at QEHB and 94 at HGS in November.
- There were 6 breaches of the 28 day guarantee at QEHB.
- 3 of the patients cancelled were in Liver Surgery. The service had a phased increase in theatre capacity from last month which is aimed at reducing the number of operations cancelled.
- Cardiac surgery, Colorectal surgery, and Urology each had a 28 day breach in November.



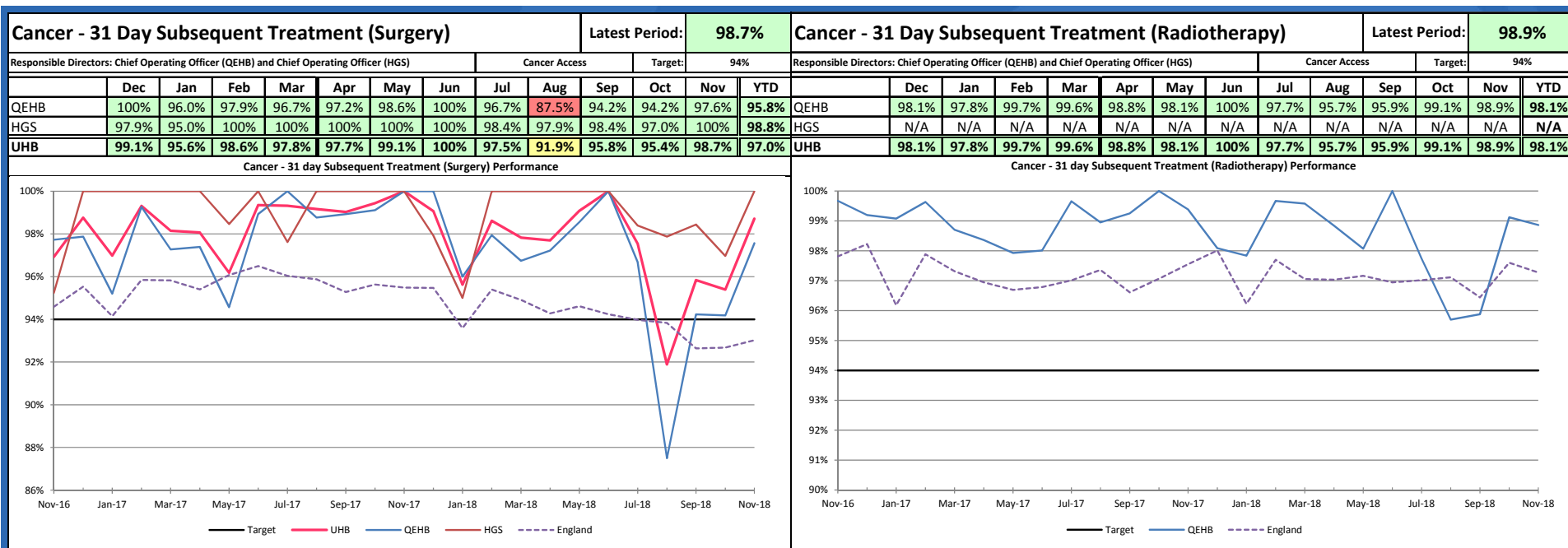
- Trust performance for GP referrals deteriorated by 5.8pp to 74.9%. Nationally reported figures are higher for HGS at 88.2% due to the national system not accurately linking multiple records particularly for tertiary patients.
- QEHB deteriorated by 10.0pp to 56.5% in comparison to October's performance whilst HGS remained above target at 85.6%.
- Overall screening performance for the Trust improved by 9.9pp to 98.0%.



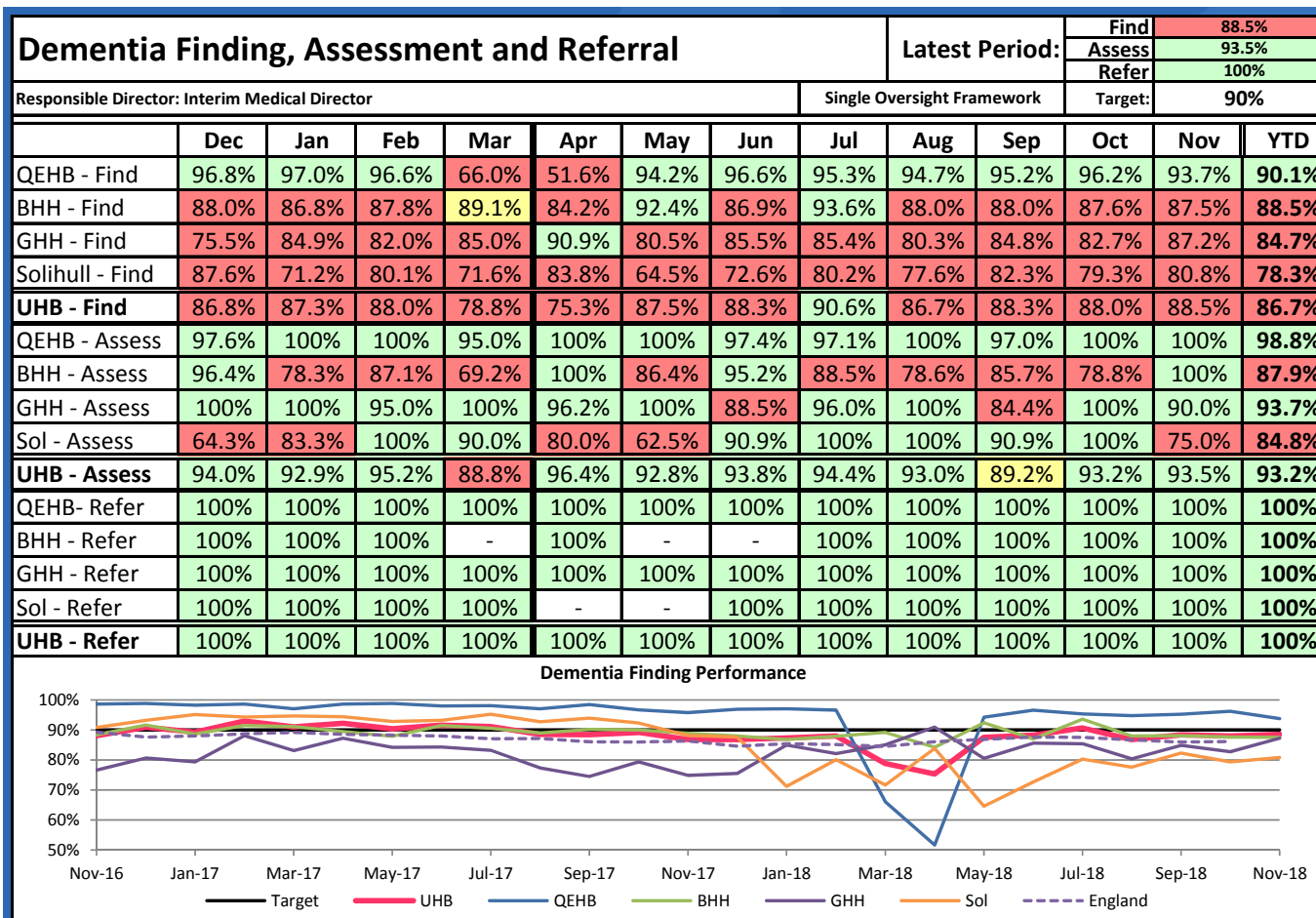
- The two week wait cancer indicators were both below target.
- Overall performance for the two week wait (Breast Symptoms) deteriorated by 12.9pp to 80.9%. The decline in HGS performance is due to capacity issues with radiology support for the service. This will continue to impact performance until January 2019. QEHB performance deteriorated 17.4pp to 73.5%.
- Suspected cancer performance deteriorated by 1.1pp to 91.8% compared to October.



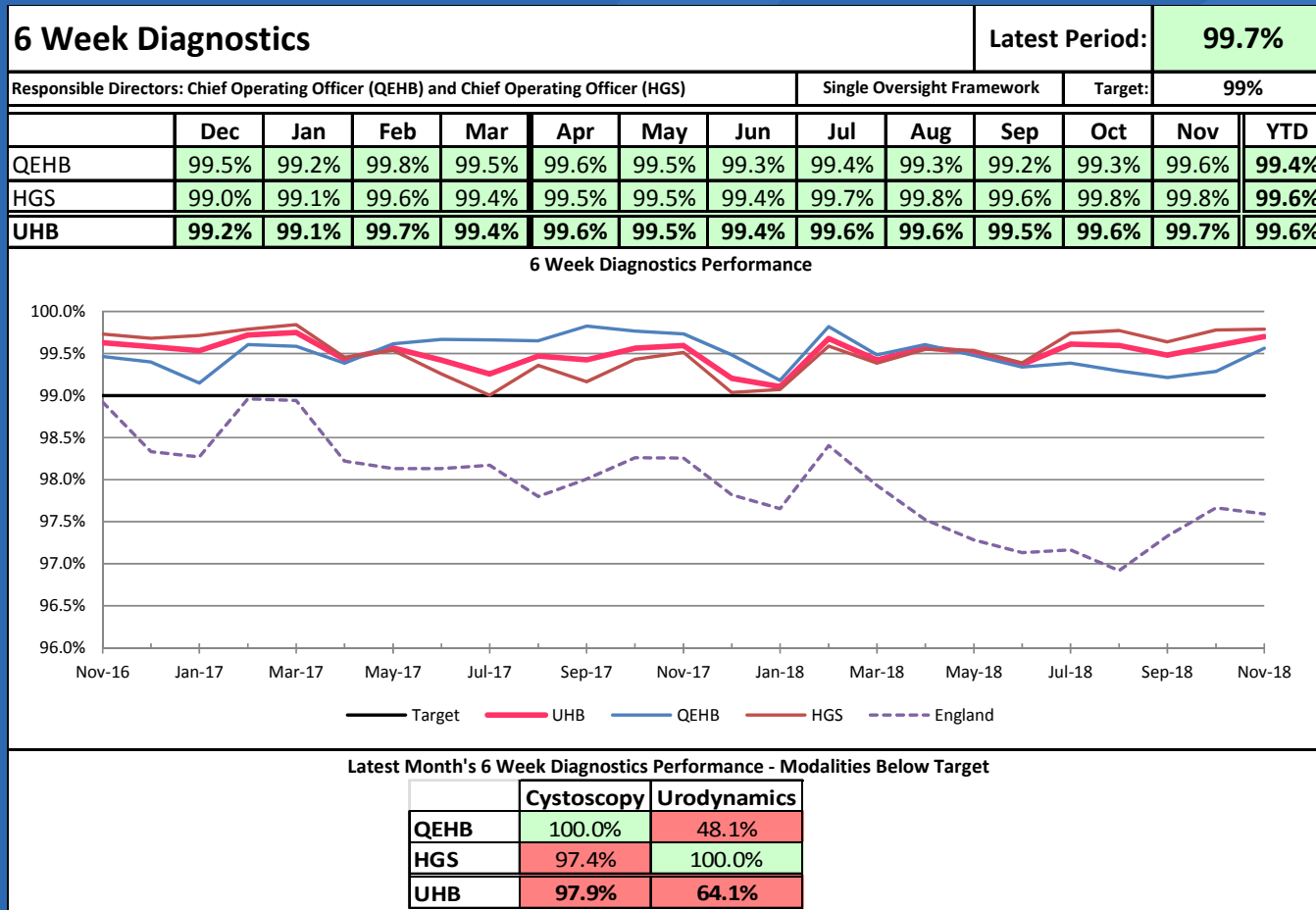
- 31 day first treatment target deteriorated by 0.5pp to 96.2%.
- QEHB and HGS first treatment performance fell to 94.8% and 97.3%, respectively.
- 31 day subsequent chemotherapy performance continues to be above the 98% target at 98.6%.



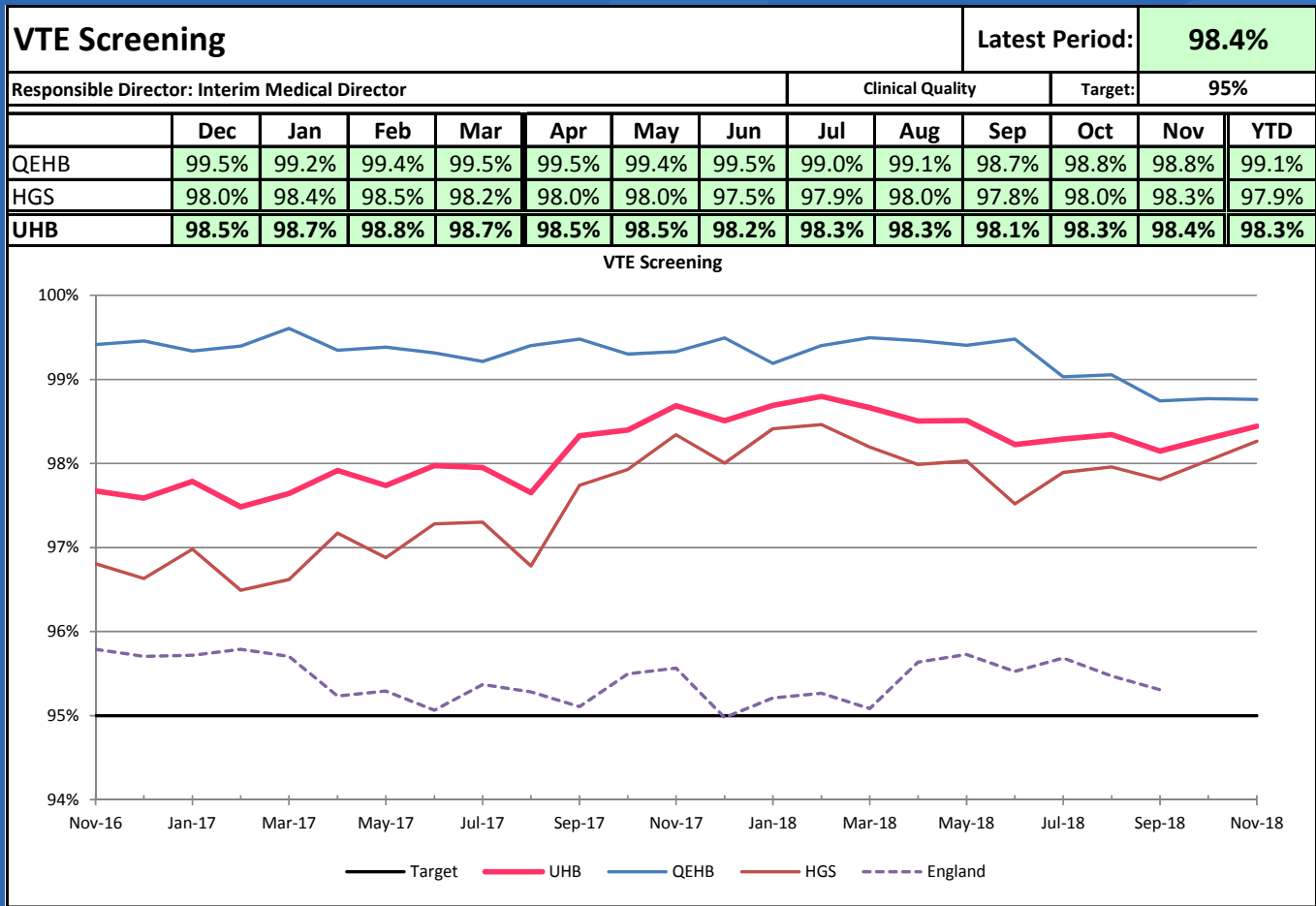
- Subsequent surgery performance for the Trust improved by 3.3pp to 98.7%.
- QEHB improved by 3.4pp to 97.6% and HGS improved by 3.0pp to 100%.
- 31 day subsequent radiotherapy performance was above target at 98.9%.



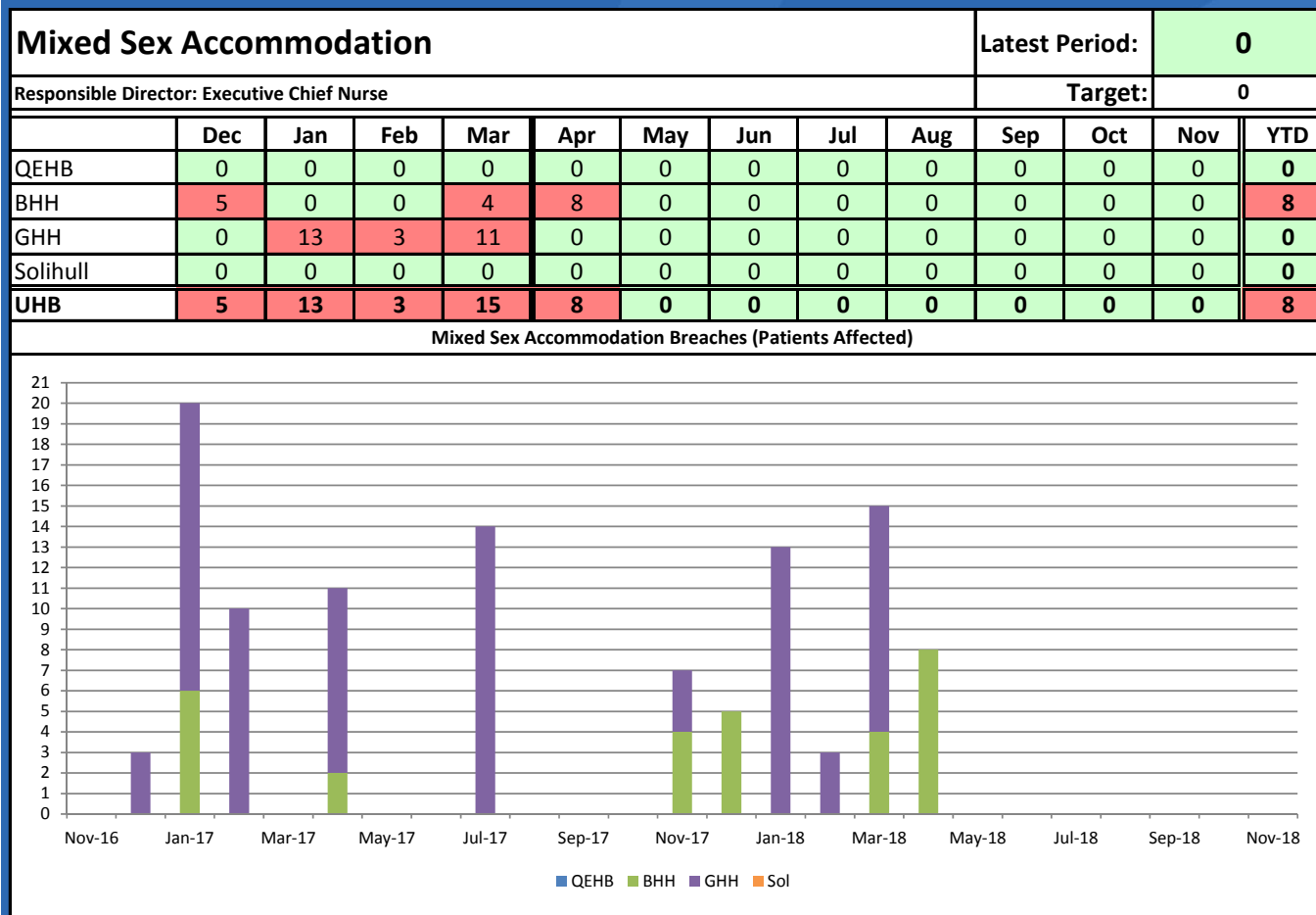
- Performance for the “Find” element continues to be below target at 88.5%.
- QEHB was the only site on target at 93.7%
- Good Hope and Solihull performance improved whilst performance fell at Heartlands.
- Heartlands deteriorated by 0.1% to 87.5%.
- Good Hope and Solihull performance improved by 4.5% to 87.2% and by 1.5% to 80.8% respectively, in comparison to October.



- Overall Trust performance was relatively static at 99.7%.
- One modality was below target at each site.
- At QEHB Urodynamics was below target whilst Cystoscopy was below target at HGS.



- The Trust continues to achieve the VTE screening measure with performance well above the national average at 98.4% in November.



- There were no reported breaches of mixed sex breach accommodation for the seventh consecutive month.

Flu Vaccinations

- 75% CQUIN target has been achieved for both QEHB and HGS.
- As at 13 January QEHB had achieved 75.1%.
- HGS was at 75.9%.
- Influenza A activity has increased.
- Staff vaccinations continue to ensure effective herd immunity and service continuity.