

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**THURSDAY 17<sup>th</sup> MAY 2018**

|                              |  |
|------------------------------|--|
| <b>Title:</b>                | <b>PERFORMANCE REPORT AND 2017/18 ANNUAL PLAN QUARTER 4 UPDATE</b> |
| <b>Responsible Director:</b> | Lawrence Tallon, Director of Strategy, Planning & Performance      |
| <b>Contact:</b>              | Andy Walker, Head of Strategy and Planning                         |

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|--|---|
| <b>Purpose:</b>                            | To update the Council of Governors on the Trust's performance against performance targets and to provide a final update on the 2017/18 Annual Plan.   |
| <b>Confidentiality Level &amp; Reason:</b> | None  |
| <b>Annual Plan Ref:</b>                    | Affects all strategic aims.   |
| <b>Key Issues Summary:</b>                 | <p>This is the first combined trust performance report. There will be more work in the coming months to harmonise data collections and improve the format of the report. Exception reports are provided where there are risks to performance against targets.</p> <p>The main issue for performance continues to be the ongoing pressure on the front doors due to high numbers of attendances and emergency admissions at each of the Trust's major Emergency Departments. Nevertheless, ED performance improved slightly overall in March.</p> <p>18 week performance remains just above target for QEHB, but has deteriorated at HGS due to the impact of cancelled electives during winter. Cancer 62 day GP and screening targets were not achieved, with capacity pressures being a factor, although all other cancer standards were met.</p> <p>Further details and actions taken in response to the exceptions identified are included in the report.</p> <p>The 2017/18 Annual Plan has been successfully delivered. A new approach to planning to deliver the Trust's updated strategy is in development.</p> |
| <b>Recommendations:</b>                    | <p>The Council of Governors is requested to:</p> <p><b>Accept</b> the report on progress made towards achieving performance targets and associated actions and risks.</p> <p><b>Accept</b> the Quarter 4 2017/18 performance update against the Trust's Annual Plan.</p>  |

|                      |                 |                  |
|----------------------|-----------------|------------------|
| <b>Approved by :</b> | Lawrence Tallon | Date: 8 May 2018 |
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**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
THURSDAY 17<sup>th</sup> MAY 2018**

**PERFORMANCE REPORT AND  
2017/18 ANNUAL PLAN QUARTER 4 UPDATE**

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

**1. Purpose**

This is the first edition of the combined performance report. This paper summarises the combined Trust's performance against national targets, including those in the Single Oversight Framework. Material risks are detailed in this paper. This report includes performance for the Queen Elizabeth Hospital Birmingham (QEHB), and Heartlands (BHH), Good Hope (GHH) and Solihull (Sol) hospitals, collectively known as 'HGS'. Work is in progress to ensure the full range of national and local performance across the whole trust can be included in future reports. Where RAG ratings are given, green indicates the target is being achieved, amber that performance is slightly below target, and red that it is significantly below.

A final update on the 2017/18 Annual Plan for QEHB is provided as well as an update on developing a revised strategy and planning framework for the Trust following the merger.

**2. Exception Reports**

The following areas have been identified as exceptions for particular attention:

**2.1 A&E 4 Hour Waits**

Internal Trust performance<sup>1</sup> was 76.8% in March, an increase from 75.9% in February. When Type 3 performance of other providers in the 'footprint' are allocated, performance was 85.2%. That compares with England average performance of 76.4% for type 1 and 84.6% for all types. The Trust as a whole improved from February to March, whereas England overall deteriorated further.

Performance at QEHB in March was above the Trust aggregate at 78.3%. Heartlands was lower at 73.7%, and Good Hope lower still at 70.4%. However, Good Hope has improved by 3.7 percentage points since February. Good Hope saw 0.9% more attendances in March than February, whereas there were lower numbers of attendances at both QHEB (-3.7%) and Heartlands (-4.4%). Daily average admissions fell by 3.1% at QEHB

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<sup>1</sup> 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.

compared to February, but increased by 5.5% across the HGS sites. Solihull remains high performing at 98.6%, although this is type 3 activity akin to a minor injuries unit.

We would expect performance to improve after March, although the trend locally and nationally is for year on year deterioration based on the same month of the year.

New guidance has been received to categorise activity that has been redirected away from the Emergency Department (e.g. hot clinics and direct admissions to CDU/MAU/SAU) as 'Type 5' activity. The Trust's performance including Type 5 and footprint activity was 86.7% in March.

The Trust did not receive the A&E component of the Quarter 4 STF payments (£1.8m for QEHB and £2.2m for HGS). However, as most providers missed this payment and a significant number of providers missed their financial control totals a substantial amount of 'unearned' STF across England had to be redistributed by NHS Improvement. £4.8m of STF funding was therefore recycled as 'incentive' and 'bonus' STF for QEHB achieving its financial control total and a further 'Incentive General Distribution' of £5.4m for QEHB and £5.0m for HGS was paid as both the trusts had signed up to a control total.

Across all sites a combination of workforce challenges, bed capacity and reduced flow have impacted on ED performance. Actions are focused on improving each of these areas. At QEHB the Referral Assessment and Triage Service is being developed and will be piloted shortly. Specialty consultants continue to do shifts in the Emergency Department.

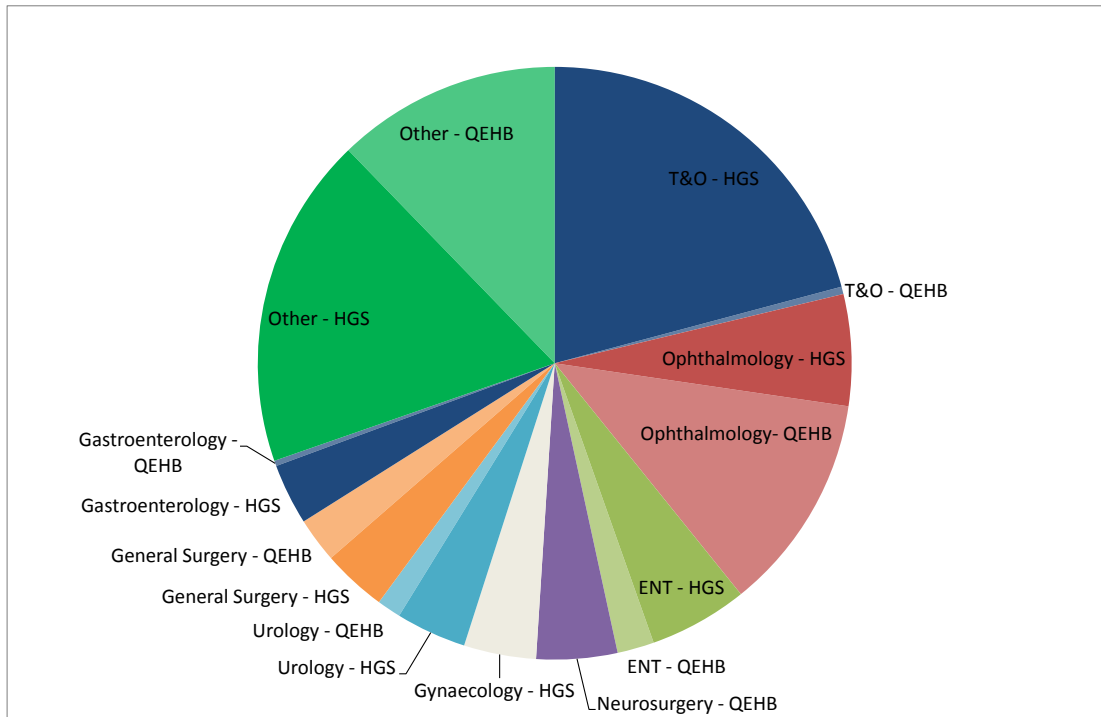
At Good Hope and Heartlands, on a daily basis, work is being undertaken to ensure that capacity in Ambulatory Emergency Care, the Medical Day Hospital and assessment areas is maximised and that pathways are followed. The staffing challenges within emergency medicine remain significant at all grades, but are particularly acute at 'middle grade/senior decision' level at Heartlands and Good Hope with an average 50% vacancy rates. There is a continued focus on recruitment and retention for consultant and middle grade doctors and engagement with the International Fellowship Programme

## 2.2 18 week RTT Incomplete Pathways

The Trust overall was below target in February with performance of 90.9%. However, this is still well ahead of the England average position of 87.9%. National planning guidance has delayed the timescale for recovery of the RTT target, which is now described as a "2020 ambition". Trusts are instead required to maintain their waiting list size over 2018/19. Future reports will therefore include the Trust's performance on this measure too.

RTT performance for QEHB remained just above target at 92.1%. At HGS, which was affected to a greater extent by elective cancellations over winter, performance fell from 90.8% in January to 90.2% in February.

Certain specialties account for a disproportionate level of longer waiters at QEHB and at HGS. The pie chart below shows by speciality and site the numbers of patients waiting longer than 18 weeks.



Two specialties, Trauma and Orthopaedics (T&O) and Ophthalmology, stand out for having the most significant number of waiters. They also have a large difference in RTT performance by site. Ophthalmology is within the 18 week target at HGS but well below at QEHB, accounting for 34% of breaches there. Conversely, T&O is within target at QEHB but well below at HGS, accounting for 32% of all HGS breaches. Two projects are bringing these two specialties together across sites (and with the ROH for orthopaedics) to look at the best distribution of services and how sites can support each other with capacity. Recovery action plans are also in place for other specialties that are below target performance.

### 2.3 62 Day Cancer - GP Referrals and Referrals from Screening

Performance for the Cancer 62 Day GP Referrals target was 82.8% across the Trust in February. HGS performance was above target at 86.3%. Performance at QEHB was below 76.4%, but would be 84.7% if late tertiary referrals were reallocated.

At QEHB there is an increased focus on improving internal performance and ensuring that tertiary referrals are treated within 24 days, thus ensuring that late referrals can be reallocated. Particular pressure has been seen on radiotherapy due to increased levels of activity. Increased cancellations of surgery due to capacity pressures have also been a factor.

The Trust's performance for Cancer 62 Day Screening was in line with the 90% target in February. Performance at QEHB was below target, but

resulted from a single patient breaching the target. This patient's pathway included elements of choice. All other cancer standards were achieved.

#### 2.4 Dementia Assessment and Referral

The Trust's performance for the 'Find' element of the dementia assessment and referral indicator was below the target of 90% in February. Overall performance for the Trust improved to 88.0%. Heartlands, with performance of 87.8%, was close to the target. However, Good Hope and Solihull had performance of 82.0% and 80.1% respectively. The Trust achieved the 'Assess' component overall, and although Heartlands was below target, this equated to only one additional patient under the 90% target.

QEHB's performance remains strong at 96.7% helped by the inclusion of the screening tool within PICS. At HGS, consultants are aware of their responsibilities to ensure their teams undertake screening. Divisional Directors will discuss individual poor performance with the relevant triumvirates. The Associate Head Nurse continues to send out a daily reminder to the relevant named consultants.

Divisional performance at HGS is monitored through Divisional Performance Reviews where there will be an expectation to see an increase in improvement during the coming months.

#### 2.5 Last minute cancelled operations and the 28 day cancelled operations guarantee

Work is underway to harmonise and validate consistent reporting across QEHB and HGS on cancelled operations. Provisional figures suggest 1.5% of elective admissions in February were cancelled on the day of surgery, but further validation is required on these figures. The majority of cancelled operations continue to be related to ongoing emergency pressures; i.e. displaced by a transplant or emergency, or because Critical Care and ward beds were unavailable.

### **3. Development of Performance Report**

Over the coming months, we will continue to refine the combined performance report. The areas of focus will be:

- Harmonisation of data collections so that we are making true comparisons across sites. In some cases this will need to be phased where it is dependent on roll out of new IT systems;
- Improving the format of the report so that it presents data in a way that is most helpful, combining comprehensiveness with focus on areas of risk;
- We will add a page of the report to monitor the size of the RTT waiting list, as that will be an indicator of greater regulatory focus, as well as retaining the existing RTT 18 week measure;
- Inclusion of local targets agreed with commissioners, although in some cases cross site comparisons will not be readily available as HGS and

QEHB have historically had separate local performance agreements with commissioners;

- Including consistent and validated data for cancelled operations that allow for meaningful cross site comparisons; and
- Considering other relevant measures, such as indicators of safety, quality and patient experience, whilst avoiding duplication with other reports.

#### 4. 2017/18 Annual Plan Progress at Quarter 4

An assessment of progress against key tasks included in the 2017/18 annual plan for QEHB has been completed. This has identified that there are no significant exceptions. In Quarter 3 the main exception reported was the delay to the merger, due to ongoing discussions with NHS Improvement. As the Trust successfully merged with HEFT on 1 April 2018, this objective has now been delivered successfully.

At this time of year, the Council of Governors of UHB has usually been asked to approve a new annual plan for the year ahead. As the Trust is now entering a new strategic phase an updated and renewed strategy is currently being developed. The Governors' Annual Plan and Strategy Reference Group has already been involved in developing this and the full Council of Governors will be asked to help shape the strategy at a future meeting. As part of this development process a revised approach to planning across the whole trust is also being developed. This will ensure that everyone, at corporate, divisional, speciality and team levels across the organisation, is working within a coherent strategic framework. Updates on this revised planning process will be included in future reports to the Council of Governors.

#### 5. Recommendations

The Council of Governors is requested to:

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

**Accept** the Quarter 4 2017/18 performance update against the Trust's Annual Plan.

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

# Performance Report

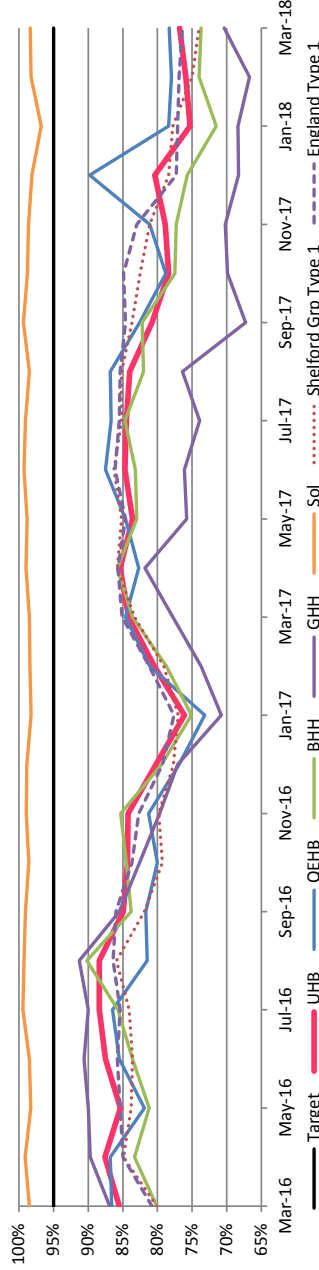
Lawrence Tallon  
Director of Strategy, Planning and  
Performance

## A&E 4 Hour Waits

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

|            |  | Latest Period: |              |              |              |              |              |              |              |              |              |              |              | 76.8%        |
|------------|--|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
|            |  | Target:        |              |              |              |              |              |              |              |              |              |              |              | 95%          |
|            |  | Apr            | May          | Jun          | Jul          | Aug          | Sep          | Oct          | Nov          | Dec          | Jan          | Feb          | Mar          | YTD          |
| QEHB       |  | 82.7%          | 84.6%        | 87.5%        | 86.7%        | 86.8%        | 82.6%        | 78.8%        | 81.1%        | 89.8%        | 78.4%        | 78.0%        | 78.3%        | 82.9%        |
| BHH        |  | 85.8%          | 83.0%        | 83.2%        | 84.7%        | 82.0%        | 82.2%        | 77.5%        | 77.3%        | 75.7%        | 71.5%        | 74.0%        | 73.7%        | 79.2%        |
| GHH        |  | 81.8%          | 75.8%        | 76.1%        | 73.9%        | 76.4%        | 67.3%        | 69.9%        | 70.2%        | 68.3%        | 68.4%        | 66.7%        | 70.4%        | 72.1%        |
| Solihull   |  | 99.0%          | 98.8%        | 99.3%        | 99.1%        | 98.5%        | 99.3%        | 98.8%        | 98.6%        | 98.1%        | 96.8%        | 98.3%        | 98.4%        | 98.6%        |
| <b>UHB</b> |  | <b>85.4%</b>   | <b>83.6%</b> | <b>84.7%</b> | <b>84.5%</b> | <b>84.0%</b> | <b>80.8%</b> | <b>78.4%</b> | <b>78.9%</b> | <b>80.4%</b> | <b>75.3%</b> | <b>75.9%</b> | <b>76.8%</b> | <b>80.8%</b> |

A&E 4 Hour Wait Performance



A&E Number of Attendances



- Overall performance increased 0.9 pp to 76.8%.
- QEHB improved by 0.3 pp.
- GHH improved by 3.7 pp.
- Solihull fairly static at 98.4%.
- BHH fell 0.3 pp to 73.7%.
- Patterns of attendances varied across the sites.
- BHH average daily attendances fell by 12 per day (4.4%) and QEHB fell by 12 per day (3.7%).
- GHH and Solihull had 2 more attendances per day.
- Daily average admissions fell by 3.1% at QEHB but increased by 5.5% across the HGS sites.



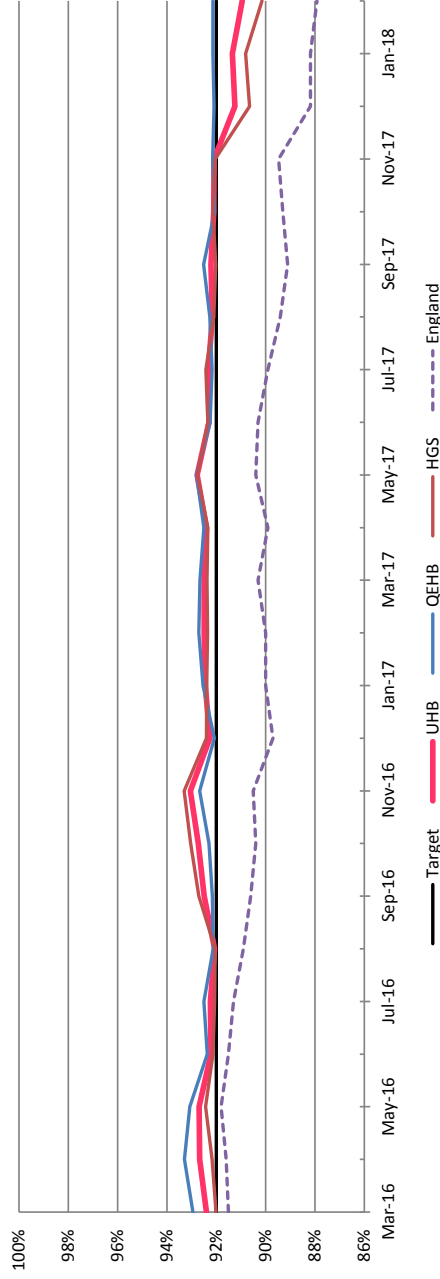


## RTT Incomplete Pathways

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

| Latest Period: |       | Target: |       |       |       |       |       |       |       |       |       |       |       |
|----------------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 90.9%          |       | 92%     |       |       |       |       |       |       |       |       |       |       |       |
|                | Apr   | May     | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | YTD   |
| QEHB           | 92.5% | 92.8%   | 92.3% | 92.2% | 92.3% | 92.5% | 92.1% | 92.1% | 92.1% | 92.1% | 92.1% | 92.1% | 92.3% |
| HGS            | 92.3% | 92.8%   | 92.3% | 92.4% | 92.1% | 92.0% | 92.1% | 92.0% | 90.6% | 90.8% | 90.2% |       | 91.8% |
| UHB            | 92.4% | 92.8%   | 92.3% | 92.3% | 92.2% | 92.2% | 92.1% | 92.1% | 91.2% | 91.3% | 90.9% |       | 92.0% |

RTT Incomplete Pathway Performance



Latest Month's RTT Incomplete Pathway Performance - Treatment Functions Below Target

|      | Dermatology | ENT   | Gen Surg | Gynaecology | Neurology | Neurosurg | Ophthalmology | Plastics | T&O   | Urology |
|------|-------------|-------|----------|-------------|-----------|-----------|---------------|----------|-------|---------|
| QEHB | 93.7%       | 93.3% | 85.3%    | -           | 91.4%     | 84.1%     | 76.8%         | 96.0%    | 96.7% | 92.9%   |
| HGS  | 90.8%       | 90.4% | 89.9%    | 91.4%       | 91.1%     | -         | 92.4%         | 75.6%    | 73.2% | 89.9%   |
| UHB  | 92.2%       | 91.4% | 88.4%    | 91.4%       | 91.3%     | 84.1%     | 86.3%         | 93.5%    | 76.4% | 90.9%   |

- Trust performance fell by 0.4 pp to 90.9%.
- Still 2% significantly above England average.
- QEHB static at 92.1%.
- HGS fell 0.6 pp to 90.2%.
- Seven HGS treatment functions below 92%: Dermatology, ENT, Gen Surgery, Gynaecology, Neurology, Plastic Surgery, T&O and Urology.
- At QEHB General Surgery, Neurology, Neurosurgery and Ophthalmology below.
- Largest no. of breaches in T&O at HGS and Ophthalmology at QEHB.

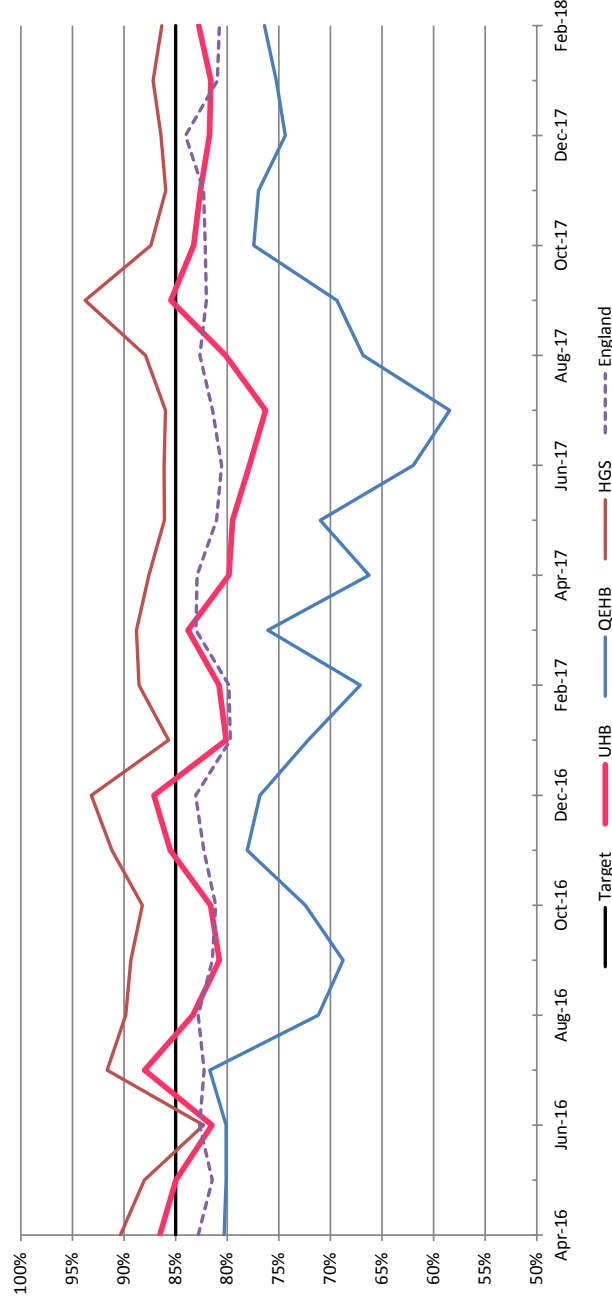
## Cancer - 62 Day GP Referrals

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

|      | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar | YTD   |
|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| QEHB | 66.2% | 71.0% | 62.0% | 58.4% | 66.8% | 69.4% | 77.4% | 77.0% | 74.4% | 75.2% | 76.4% |     | 70.5% |
| HGS  | 87.6% | 86.1% | 86.0% | 86.1% | 87.9% | 93.8% | 87.4% | 85.9% | 86.4% | 87.2% | 86.3% |     | 87.4% |
| UHB  | 79.8% | 79.5% | 77.8% | 76.3% | 80.1% | 85.5% | 83.2% | 82.6% | 81.7% | 81.6% | 82.8% |     | 80.9% |

- Trust performance was 82.8%.
- HGS above target at 86.3%.
- QEHB improved to 76.4%.
- QEHB performance excluding tertiary referrals was 85.2%.
- If late tertiary referrals were to be reallocated in line with the national rules the Trust's performance would be 84.7%.

Cancer - 62 Day GP Referral Performance

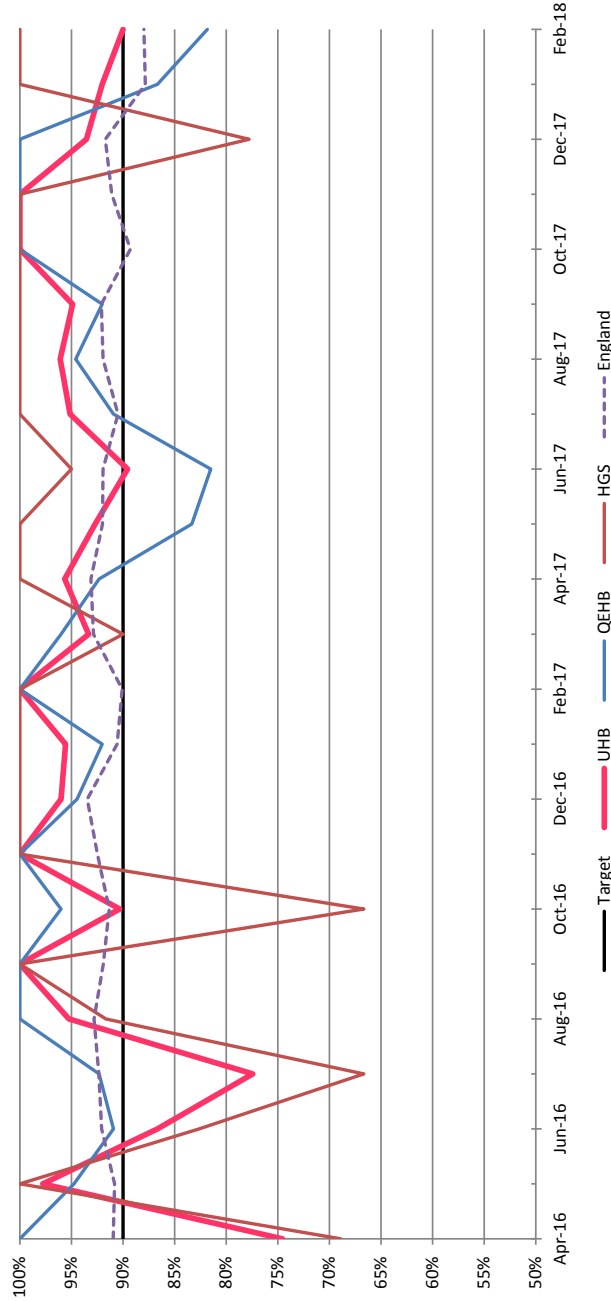


## Cancer - 62 Day Screening

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

|      |  | Latest Period: |       |       |       |       |       |      |      |       |       |       |     | 90.0% |
|------|--|----------------|-------|-------|-------|-------|-------|------|------|-------|-------|-------|-----|-------|
|      |  | Target:        |       |       |       |       |       |      |      |       |       |       |     | 90%   |
|      |  | Apr            | May   | Jun   | Jul   | Aug   | Sep   | Oct  | Nov  | Dec   | Jan   | Feb   | Mar | YTD   |
| QEHB |  | 92.3%          | 83.3% | 81.5% | 90.9% | 94.6% | 92.0% | 100% | 100% | 100%  | 86.7% | 81.8% |     | 91.8% |
| HGS  |  | 100%           | 100%  | 95.0% | 100%  | 100%  | 100%  | 100% | 100% | 77.8% | 100%  | 100%  |     | 97.9% |
| UHB  |  | 95.7%          | 92.7% | 89.6% | 95.1% | 96.1% | 94.9% | 100% | 100% | 93.5% | 92.0% | 90.0% |     | 94.5% |

Cancer - 62 Day Screening Performance



- Target met overall with 90% performance.
- HGS achieved 100%.
- QEHB below target at 81.8% - this was only 1.0 breach of the target. This was due to patient choice.
- Provisional data shows QEHB on track to hit the target for Q4.

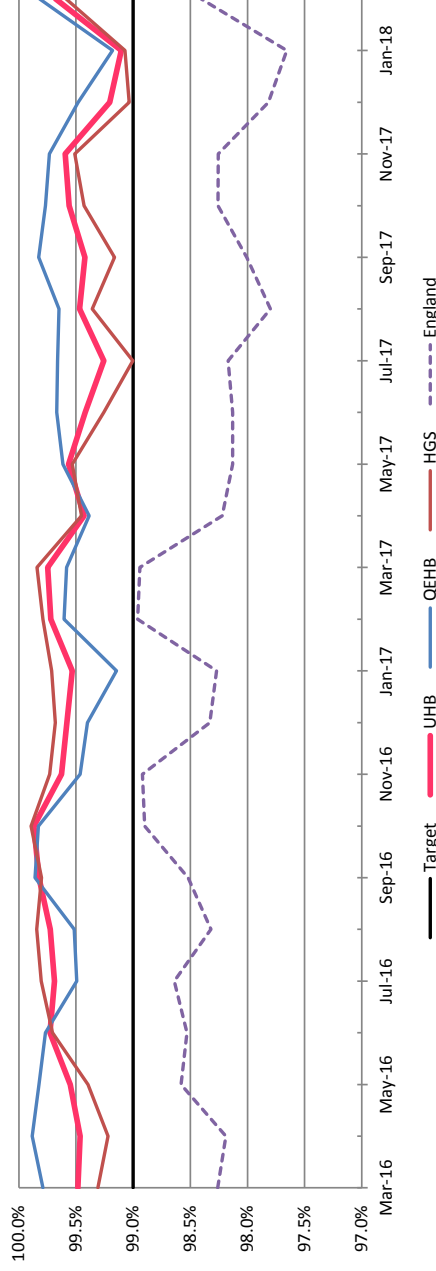
## 6 Week Diagnostics

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

|      | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar | YTD   |
|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| QEHB | 99.4% | 99.6% | 99.7% | 99.7% | 99.6% | 99.8% | 99.8% | 99.7% | 99.5% | 99.2% | 99.8% |     | 99.4% |
| HGS  | 99.5% | 99.5% | 99.3% | 99.0% | 99.4% | 99.2% | 99.4% | 99.5% | 99.0% | 99.1% | 99.6% |     | 99.3% |
| UHB  | 99.4% | 99.6% | 99.4% | 99.3% | 99.5% | 99.4% | 99.6% | 99.6% | 99.2% | 99.1% | 99.7% |     | 99.4% |

- Target met overall with 99.7% performance.
- Five modalities below target at HGS, two at QEHB.

6 Week Diagnostics Performance



Latest Month's 6 Week Diagnostics Performance - Modalities Below Target

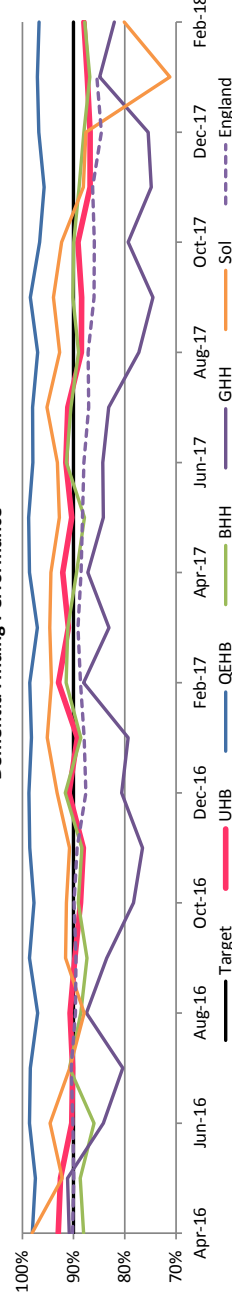
|      | Colonoscopy | Cystoscopy | Gastroscopy | Sleep Studies | Urodynamics |
|------|-------------|------------|-------------|---------------|-------------|
| QEHB | 100.0%      | 98.7%      | 99.8%       | 100.0%        | 85.9%       |
| HGS  | 95.8%       | 96.7%      | 98.1%       | 98.8%         | 97.0%       |
| UHB  | 97.6%       | 97.4%      | 98.8%       | 99.5%         | 89.7%       |

## Dementia Assessment and Referral

Responsible Director: Medical Director & Deputy Chief Executive

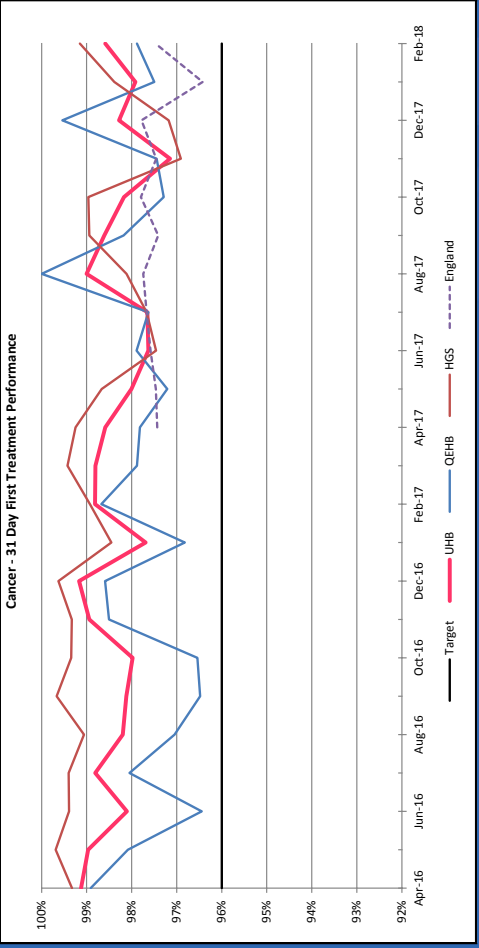
|                     | Latest Period: |              |              |              |              |              |              |              |              |              |              |     | YTD          |
|---------------------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----|--------------|
|                     | Apr            | May          | Jun          | Jul          | Aug          | Sep          | Oct          | Nov          | Dec          | Jan          | Feb          | Mar |              |
|                     | Target: 90%    |              |              |              |              |              |              |              |              |              |              |     | 90%          |
|                     | Find: 88.0%    |              |              |              |              |              |              |              |              |              |              |     |              |
|                     | Assess: 95.2%  |              |              |              |              |              |              |              |              |              |              |     |              |
|                     | Refer: 100.0%  |              |              |              |              |              |              |              |              |              |              |     |              |
| QEHB - Find         | 98.6%          | 98.8%        | 97.9%        | 98.0%        | 97.0%        | 98.4%        | 96.6%        | 95.7%        | 96.8%        | 97.0%        | 96.7%        |     | 97.4%        |
| BHH - Find          | 89.4%          | 87.9%        | 91.4%        | 90.5%        | 89.0%        | 90.1%        | 90.0%        | 88.9%        | 88.0%        | 86.8%        | 87.8%        |     | 89.0%        |
| GHH - Find          | 87.2%          | 84.2%        | 84.3%        | 83.1%        | 77.3%        | 74.5%        | 79.3%        | 74.8%        | 75.5%        | 84.9%        | 82.0%        |     | 80.5%        |
| Solihull - Find     | 94.4%          | 92.8%        | 93.1%        | 95.2%        | 92.7%        | 94.0%        | 92.3%        | 88.1%        | 87.6%        | 71.2%        | 80.1%        |     | 88.5%        |
| <b>UHB - Find</b>   | <b>92.1%</b>   | <b>90.4%</b> | <b>91.5%</b> | <b>91.1%</b> | <b>88.5%</b> | <b>88.4%</b> | <b>89.1%</b> | <b>86.7%</b> | <b>86.8%</b> | <b>87.3%</b> | <b>88.0%</b> |     | <b>89.0%</b> |
| QEHB - Assess       | 100%           | 100%         | 100%         | 100%         | 100%         | 100%         | 100%         | 100%         | 97.6%        | 100%         | 100%         |     | 99.7%        |
| BHH - Assess        | 100%           | 87.2%        | 94.4%        | 86.2%        | 100%         | 100%         | 100%         | 92.6%        | 96.4%        | 78.3%        | 87.1%        |     | 91.9%        |
| GHH - Assess        | 83.3%          | 100%         | 84.8%        | 92.6%        | 88.5%        | 100%         | 88.9%        | 100%         | 100%         | 100%         | 95.0%        |     | 93.6%        |
| Sol - Assess        | 100%           | 100%         | 72.7%        | 88.9%        | 80.0%        | 100%         | 66.7%        | 77.8%        | 64.3%        | 83.3%        | 100%         |     | 81.6%        |
| <b>UHB - Assess</b> | <b>94.6%</b>   | <b>95.3%</b> | <b>90.5%</b> | <b>92.9%</b> | <b>95.2%</b> | <b>100%</b>  | <b>93.0%</b> | <b>94.9%</b> | <b>94.0%</b> | <b>92.9%</b> | <b>95.2%</b> |     | <b>94.3%</b> |
| QEHB - Refer        | 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%         |
| GHH - Refer         | 100%           | 100%         | 100%         | 100%         | 100%         | 100%         | 100%         | 100%         | 100%         | 100%         | 100%         |     | 100%         |
| Sol - Refer         | 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>  |

Dementia Finding Performance

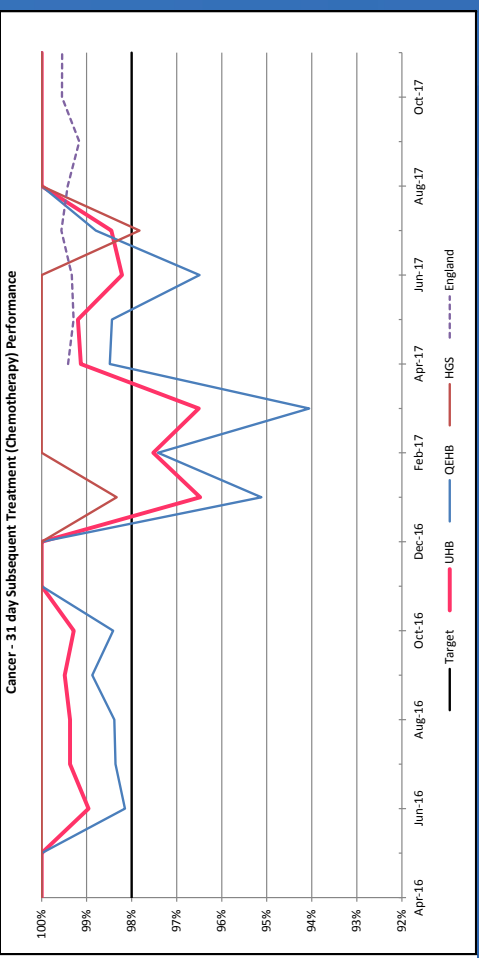


- Trust performance for the 'Find' element improved to 88% but remained below 90% target.
- Heartlands was close to the target with performance of 87.8%.
- Good Hope was 82.0%.
- Solihull was 80.1%.
- Trust achieved 'Assess' component overall.
- Heartlands was below target but this equated to only one additional patient under the 90% target.
- 'Refer' component was achieved with 100% compliance.

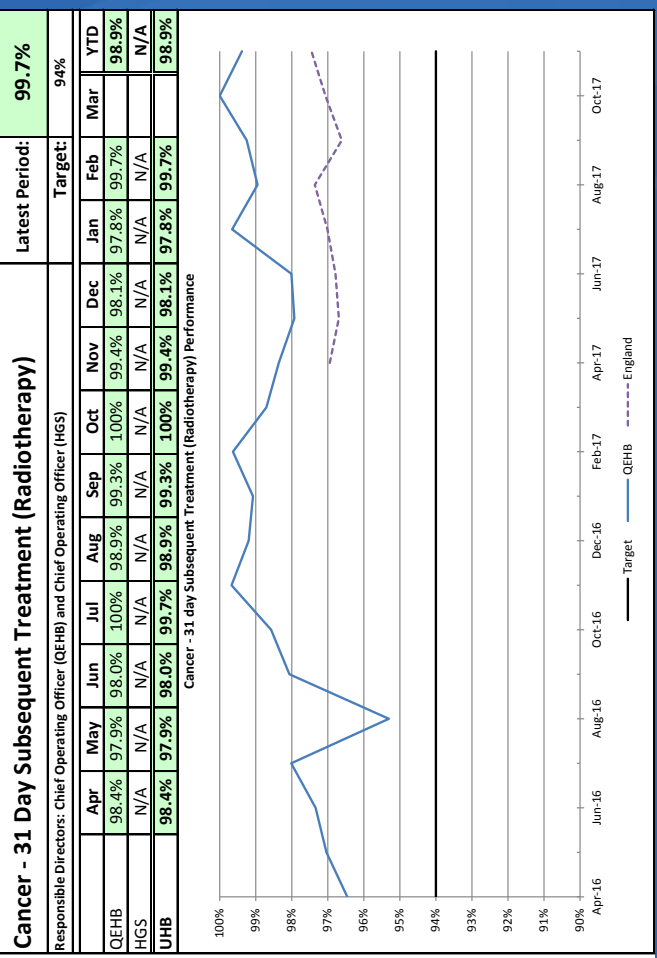
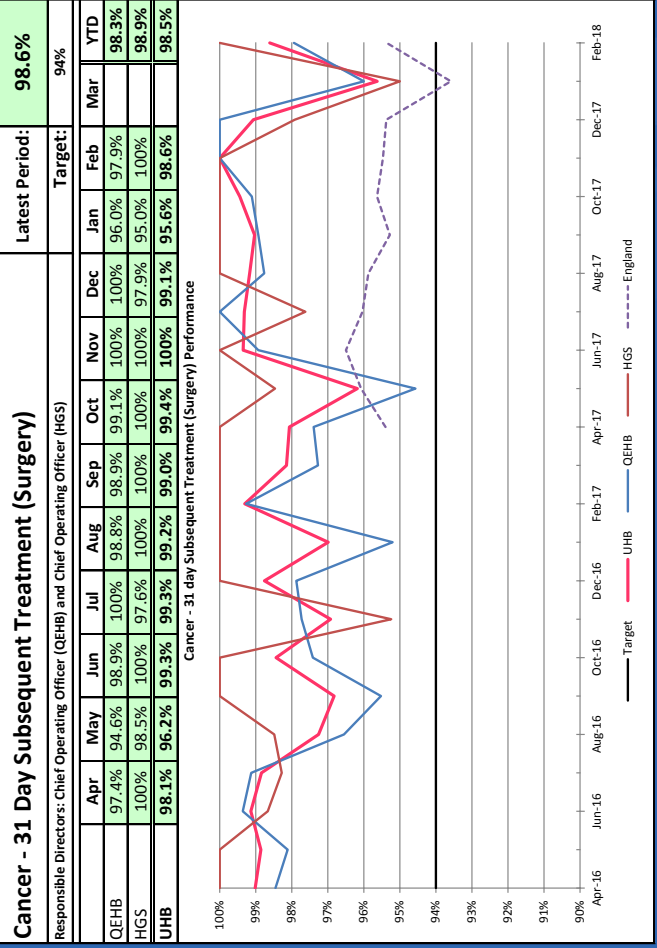
| Cancer - 31 Day First Treatment   |       |       |       |       |       |       |       |       |       |       |       |     | Latest Period: | 98.6% |  |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|----------------|-------|--|
| Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS) |       |       |       |       |       |       |       |       |       |       |       |     | Target:        |       |  |
|   | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar | YTD            |       |  |
| QEHB  | 97.8% | 97.2% | 97.9% | 97.6% | 100%  | 98.2% | 97.3% | 97.4% | 99.5% | 97.5% | 97.9% |     | 98.0%          |       |  |
| HGS   | 99.2% | 98.7% | 97.5% | 97.7% | 98.1% | 98.9% | 99.0% | 96.9% | 97.2% | 98.4% | 99.2% |     | 98.2%          |       |  |
| UHB   | 98.6% | 98.0% | 97.6% | 97.6% | 99.0% | 98.6% | 98.2% | 97.1% | 98.3% | 97.9% | 98.6% |     | 98.1%          |       |  |



| Cancer - 31 Day Subsequent Treatment (Chemotherapy)                                     |       |       |       |       |      |      |      |      |      |      |      |     | Latest Period: | 100.0% |  |
|---|-------|-------|-------|-------|------|------|------|------|------|------|------|-----|----------------|--------|--|
| Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS) |       |       |       |       |      |      |      |      |      |      |      |     | Target:        |        |  |
|   | Apr   | May   | Jun   | Jul   | Aug  | Sep  | Oct  | Nov  | Dec  | Jan  | Feb  | Mar | YTD            |        |  |
| QEHB  | 98.5% | 98.4% | 96.5% | 98.8% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |     | 99.3%          |        |  |
| HGS   | 100%  | 100%  | 100%  | 98%   | 100% | 100% | 100% | 100% | 100% | 100% | 100% |     | 100%           |        |  |
| UHB   | 99.1% | 99.2% | 98.2% | 98.4% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |     | 99.5%          |        |  |



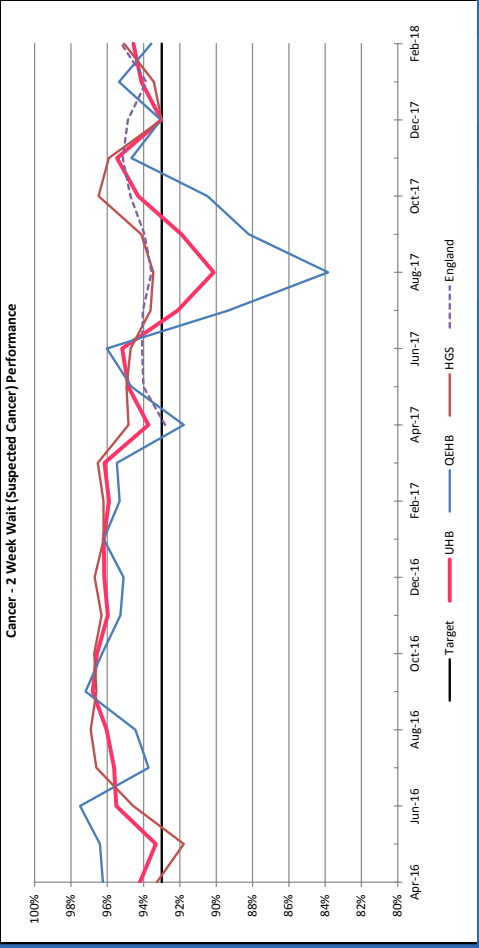
- 31 day first treatment target achieved with 97.2% performance.
- 31 day subsequent chemotherapy target also achieved with 100% performance



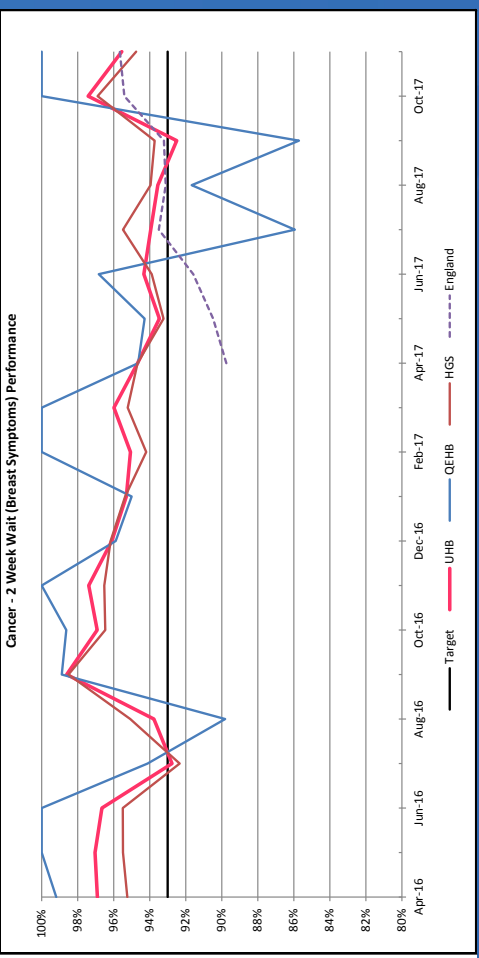
- 31 day subsequent surgery target achieved with 98.6% performance.
- 31 day subsequent radiotherapy target also achieved with 99.7% performance



| Cancer - 2 Week Wait (Suspected Cancer)   |       |       |       |       |       |       |       |       |       |       |       |                |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|-------|
| Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS) |       |       |       |       |       |       |       |       |       |       |       | Latest Period: |       |
|   |       |       |       |       |       |       |       |       |       |       |       | Target:        |       |
|   | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar            | YTD   |
| QEHB  | 91.8% | 94.7% | 96.0% | 89.3% | 83.8% | 88.2% | 90.5% | 94.7% | 93.0% | 95.4% | 93.6% |                | 91.9% |
| HGS   | 94.8% | 94.9% | 94.7% | 93.6% | 93.5% | 94.1% | 96.5% | 95.9% | 93.0% | 93.4% | 95.1% |                | 94.5% |
| UHB   | 93.7% | 94.8% | 95.2% | 92.1% | 90.1% | 91.9% | 94.3% | 95.5% | 93.0% | 94.1% | 94.6% |                | 93.6% |



| Cancer - 2 Week Wait (Breast Symptoms)  |       |       |       |       |       |       |       |       |       |       |       |                |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|-------|
| Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS) |       |       |       |       |       |       |       |       |       |       |       | Latest Period: |       |
|   |       |       |       |       |       |       |       |       |       |       |       | Target:        |       |
|   | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar            | YTD   |
| QEHB  | 94.6% | 94.3% | 96.8% | 85.9% | 91.7% | 85.7% | 100%  | 100%  | 93.9% | 96.9% | 100%  |                | 94.6% |
| HGS   | 94.7% | 93.2% | 93.9% | 95.5% | 94.0% | 93.7% | 96.9% | 94.8% | 94.2% | 93.1% | 93.6% |                | 94.3% |
| UHB   | 94.7% | 93.5% | 94.3% | 93.9% | 93.5% | 92.5% | 97.4% | 95.6% | 94.2% | 93.8% | 94.5% |                | 94.4% |



• Both two week wait targets were achieved with improved performance.

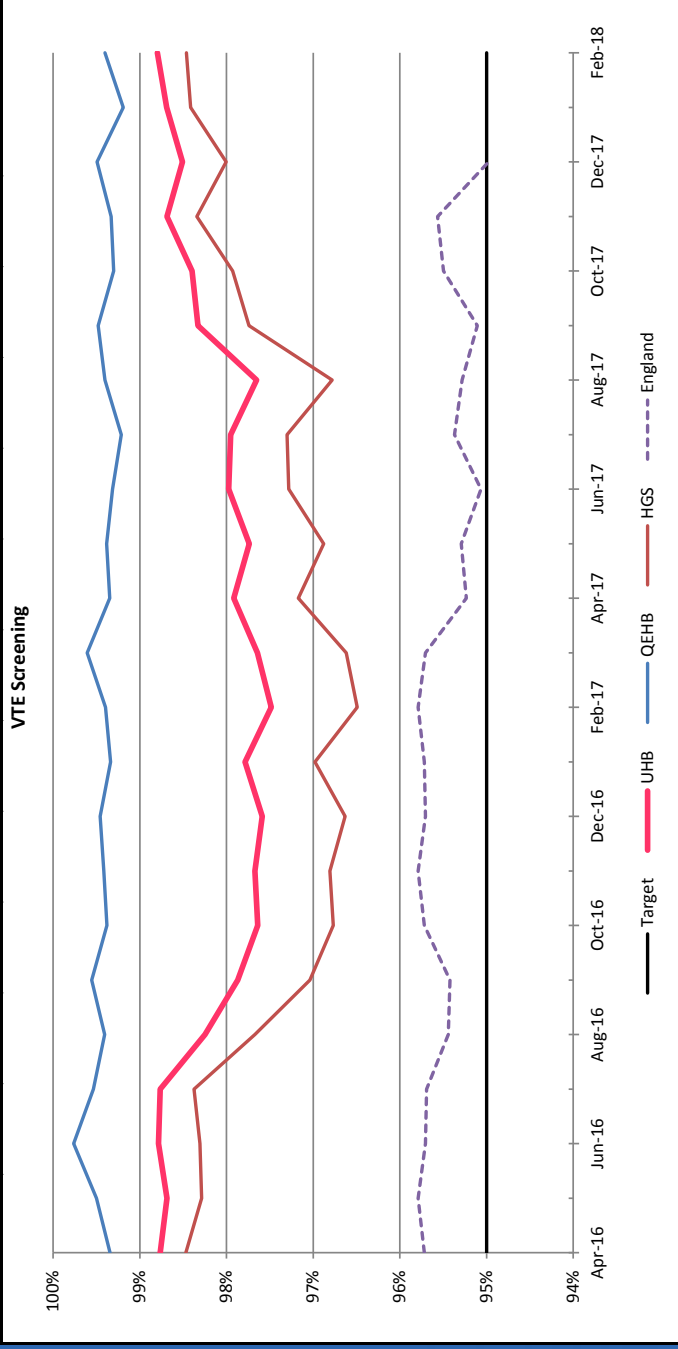




## VTE Screening

Responsible Director: Medical Director & Deputy Chief Executive

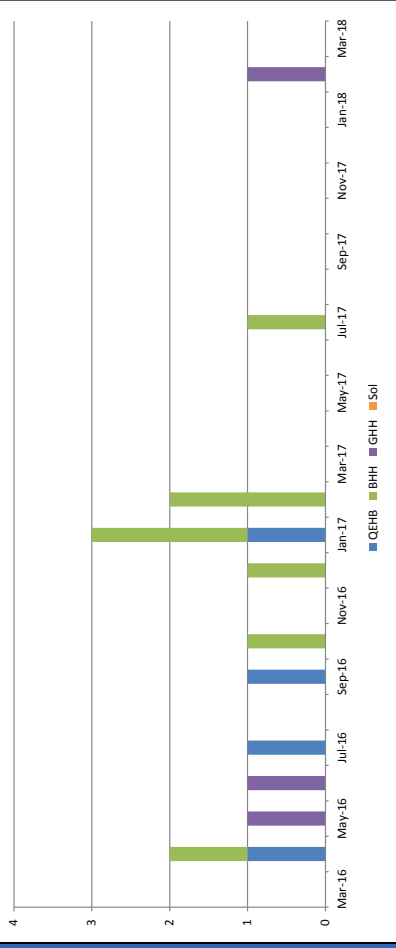
|      | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar | YTD   |
|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| QEHB | 99.3% | 99.4% | 99.3% | 99.2% | 99.4% | 99.5% | 99.3% | 99.3% | 99.5% | 99.2% | 99.4% |     | 99.3% |
| HGS  | 97.2% | 96.9% | 97.3% | 97.3% | 96.8% | 97.7% | 97.9% | 98.3% | 98.0% | 98.4% | 98.5% |     | 97.7% |
| UHB  | 97.9% | 97.7% | 98.0% | 98.0% | 97.7% | 98.3% | 98.4% | 98.7% | 98.5% | 98.7% | 98.8% |     | 98.2% |



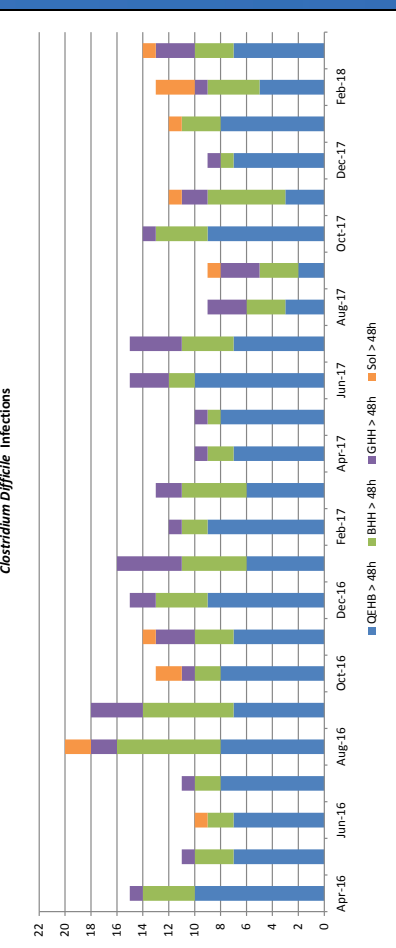
- The Trust continues to achieve this measure with HGS seeing a fairly steady improvement since August 2017.



| MRSA Bacteraemias                         |          |          |          |          |          |          |          |          |          |          |          |          | Latest Period: |  |  | 0 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------------|--|--|---|
| Responsible Director: Interim Chief Nurse |          |          |          |          |          |          |          |          |          |          |          |          | Target:        |  |  | 0 |
|   | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Jan      | Feb      | Mar      | YTD            |  |  |   |
| QEHB                                      | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0              |  |  |   |
| BHH                                       | 0        | 0        | 0        | 1        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 1              |  |  |   |
| GHH                                       | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 1              |  |  |   |
| Solihull                                  | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0              |  |  |   |
| <b>UHB</b>                                | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>1</b> | <b>2</b>       |  |  |   |



| Clostridium Difficile Infections          |           |           |           |           |          |          |           |           |          |           |           |           | Latest Period: |  |  | 14 / TBC         |
|---|-----------|-----------|-----------|-----------|----------|----------|-----------|-----------|----------|-----------|-----------|-----------|----------------|--|--|------------------|
| Responsible Director: Interim Chief Nurse |           |           |           |           |          |          |           |           |          |           |           |           | Target:        |  |  | 10.5 Preventable |
|   | Apr       | May       | Jun       | Jul       | Aug      | Sep      | Oct       | Nov       | Dec      | Jan       | Feb       | Mar       | YTD            |  |  |                  |
| QEHB > 48h                                | 7         | 8         | 10        | 7         | 3        | 2        | 9         | 3         | 7        | 8         | 5         | 7         | 76             |  |  |                  |
| QEHB Prvntble                             | 1         | 1         | 0         | 1         | 0        | 1        | 0         | 0         | 1        | 0         | 0         | 0         | 6              |  |  |                  |
| HGS > 48h                                 | 3         | 2         | 5         | 8         | 6        | 7        | 5         | 9         | 2        | 4         | 8         | 7         | 66             |  |  |                  |
| HGS Prvntble                              | 1         | 1         | 2         | 2         | 0        | 2        | 0         | 1         | 0        | 0         | 1         | 1         | 11             |  |  |                  |
| <b>UHB &gt; 48h</b>                       | <b>10</b> | <b>10</b> | <b>15</b> | <b>15</b> | <b>9</b> | <b>9</b> | <b>14</b> | <b>12</b> | <b>9</b> | <b>12</b> | <b>13</b> | <b>14</b> | <b>142</b>     |  |  |                  |
| <b>UHB Prvntble</b>                       | <b>2</b>  | <b>2</b>  | <b>2</b>  | <b>3</b>  | <b>0</b> | <b>3</b> | <b>0</b>  | <b>1</b>  | <b>1</b> | <b>0</b>  | <b>1</b>  | <b>1</b>  | <b>17</b>      |  |  |                  |



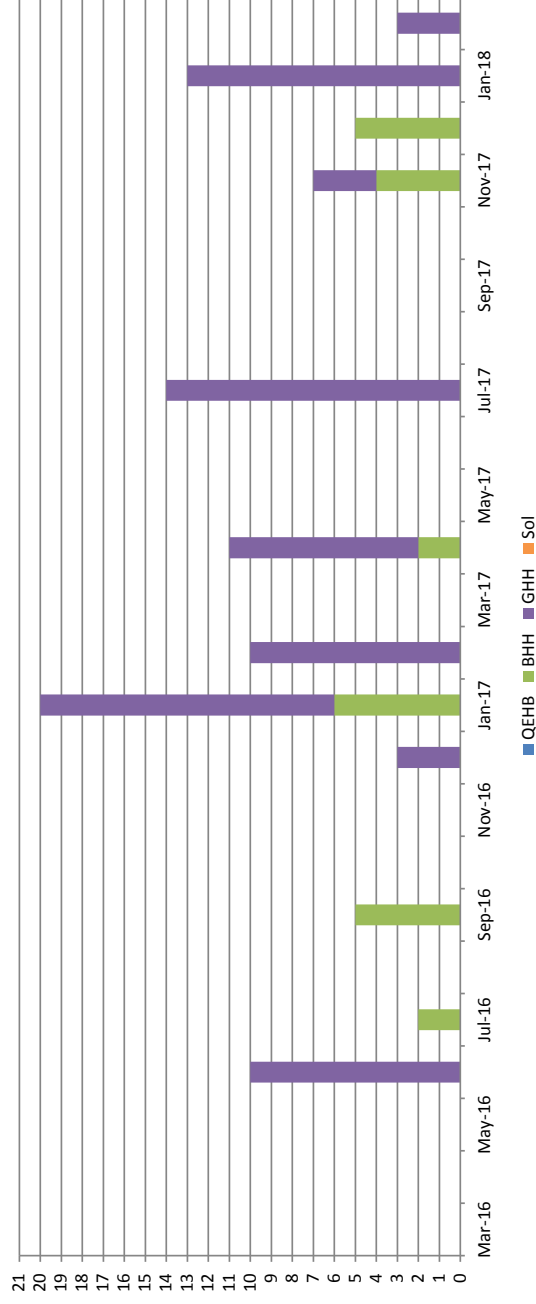
- There have been no further cases of MRSA bacteraemia.
- There were 7 Post-48-hour *Clostridium difficile* infections (CDI) at QEHB in March: 3 at Heartlands, 3 at Good Hope and 1 at Solihull.
- One CDI at HGS was identified as resulting from a lapse of care.
- QEHB will achieve its full-year contractual trajectory for preventable CDI cases.

## Mixed Sex Accommodation

Responsible Director: Interim Chief Nurse

| Mixed Sex Accommodation |           |          |          |           |          |          |          |          |          |           |          |          | Latest Period: |  |  | 3 |
|-------------------------|-----------|----------|----------|-----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------------|--|--|---|
|                         |           |          |          |           |          |          |          |          |          |           |          |          | Target:        |  |  | 0 |
|                         | Apr       | May      | Jun      | Jul       | Aug      | Sep      | Oct      | Nov      | Dec      | Jan       | Feb      | Mar      | YTD            |  |  |   |
| QEHB                    | 0         | 0        | 0        | 0         | 0        | 0        | 0        | 0        | 0        | 0         | 0        | 0        | 0              |  |  |   |
| BHH                     | 2         | 0        | 0        | 0         | 0        | 0        | 0        | 4        | 5        | 0         | 0        | 0        | 11             |  |  |   |
| GHH                     | 9         | 0        | 0        | 14        | 0        | 0        | 0        | 3        | 0        | 13        | 3        | 0        | 42             |  |  |   |
| Solihull                | 0         | 0        | 0        | 0         | 0        | 0        | 0        | 0        | 0        | 0         | 0        | 0        | 0              |  |  |   |
| <b>UHB</b>              | <b>11</b> | <b>0</b> | <b>0</b> | <b>14</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>7</b> | <b>5</b> | <b>13</b> | <b>3</b> | <b>0</b> | <b>53</b>      |  |  |   |

Mixed Sex Accommodation Breaches (Patients Affected)



- One breach of mixed sex accommodation guidance in February involving three patients at Good Hope.
- There was a clinical need to place a female patient into triage for monitoring when there were already two male patients bedded in that area at the time due to capacity issues on site.
- There was nowhere else to safely place the female patient at the time.
- All attempts to preserve the privacy and dignity of the patients were made and patients moved to same sex accommodation as soon as possible.

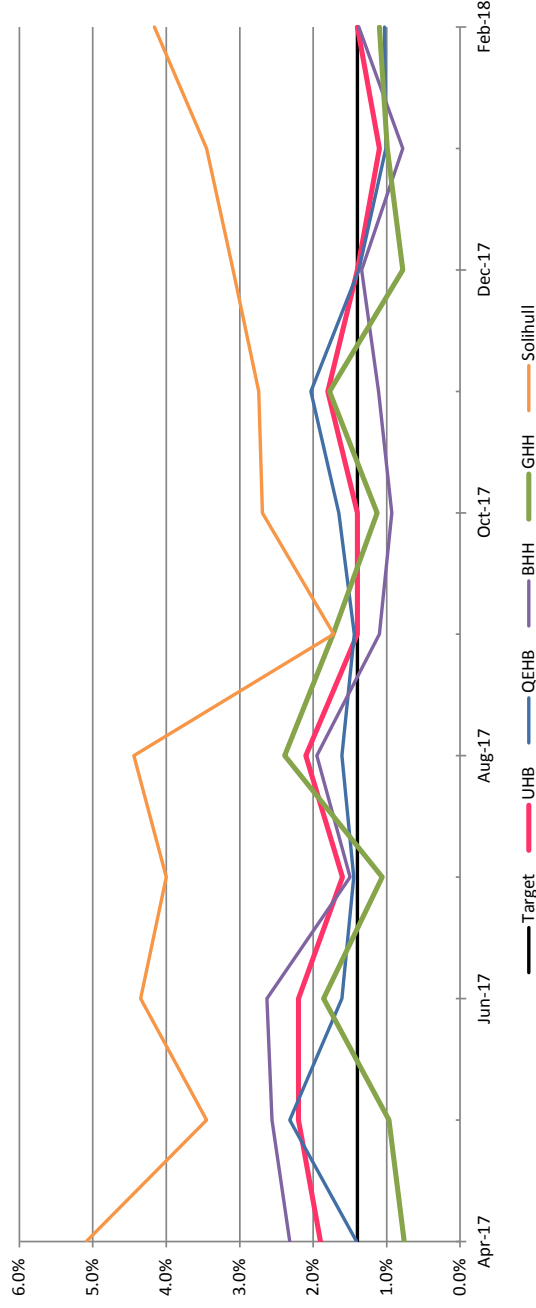


## Delayed Transfers of Care (NHS & Joint)

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

|            | Latest Period: |             |             |             |             |             |             |             |             |             |             |             | YTD         |
|------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|            | Apr            | May         | Jun         | Jul         | Aug         | Sep         | Oct         | Nov         | Dec         | Jan         | Feb         | Mar         |             |
| QEHB       | 1.4%           | 2.3%        | 1.6%        | 1.5%        | 1.6%        | 1.4%        | 1.7%        | 2.0%        | 1.4%        | 1.0%        | 1.0%        | 1.0%        | 1.5%        |
| BHH        | 2.3%           | 2.6%        | 2.6%        | 1.5%        | 2.0%        | 1.1%        | 0.9%        | 1.1%        | 1.3%        | 0.8%        | 1.4%        | 1.4%        | 1.6%        |
| GHH        | 0.8%           | 1.0%        | 1.9%        | 1.1%        | 2.4%        | 1.7%        | 1.1%        | 1.8%        | 0.8%        | 1.0%        | 1.1%        | 1.1%        | 1.3%        |
| Solihull   | 5.1%           | 3.5%        | 4.4%        | 4.0%        | 4.4%        | 1.7%        | 2.7%        | 2.7%        | 3.1%        | 3.5%        | 4.2%        | 4.2%        | 3.6%        |
| <b>UHB</b> | <b>1.9%</b>    | <b>2.2%</b> | <b>1.6%</b> | <b>1.6%</b> | <b>2.1%</b> | <b>1.4%</b> | <b>1.4%</b> | <b>1.8%</b> | <b>1.4%</b> | <b>1.1%</b> | <b>1.4%</b> | <b>1.4%</b> | <b>1.7%</b> |

Delayed Transfers of Care (Bed Days)



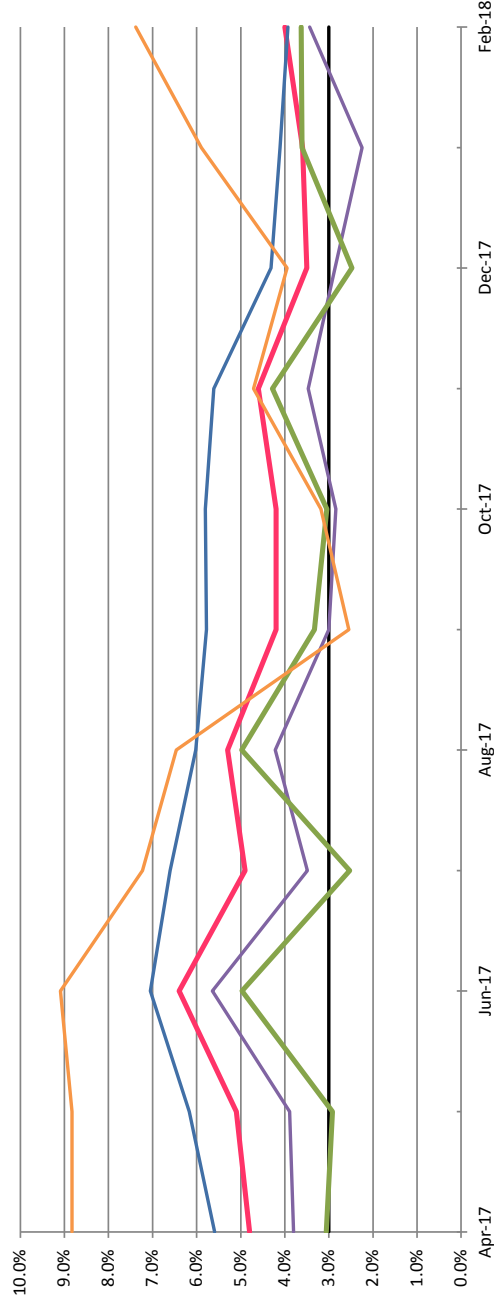
- Indicator now uses the new national definition of measuring total bed days delayed over the month rather than the number of patients on a census date. This gives a better picture of delays over the entire month.
- % occupied bed days that were occupied by a patient whose transfer of care was delayed increased for reasons other than social care increased from 1.1% to 1.4%.
- Solihull Hospital has the highest proportion of bed days occupied by patients whose transfer is delayed.

## Delayed Transfers of Care (All)

Responsible Directors: Chief Operating Officer (QEHB) and Chief Operating Officer (HGS)

|            | Apr         | May         | Jun         | Jul         | Aug         | Sep         | Oct         | Nov         | Dec         | Jan         | Feb         | Mar | YTD         |
|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----|-------------|
| QEHB       | 5.6%        | 6.2%        | 7.1%        | 6.6%        | 6.0%        | 5.8%        | 5.8%        | 5.6%        | 4.3%        | 4.1%        | 3.9%        |     | 5.5%        |
| BHH        | 3.8%        | 3.9%        | 5.6%        | 3.5%        | 4.2%        | 3.0%        | 2.8%        | 3.5%        | 2.9%        | 2.3%        | 3.4%        |     | 3.5%        |
| GHH        | 3.1%        | 2.9%        | 5.0%        | 2.5%        | 5.0%        | 3.3%        | 3.1%        | 4.3%        | 2.5%        | 3.6%        | 3.6%        |     | 3.5%        |
| Solihull   | 8.8%        | 8.8%        | 9.1%        | 7.2%        | 6.5%        | 2.6%        | 3.2%        | 4.7%        | 4.0%        | 5.9%        | 7.4%        |     | 6.2%        |
| <b>UHB</b> | <b>4.8%</b> | <b>5.1%</b> | <b>6.4%</b> | <b>4.9%</b> | <b>5.3%</b> | <b>4.2%</b> | <b>4.2%</b> | <b>4.6%</b> | <b>3.5%</b> | <b>3.6%</b> | <b>4.0%</b> |     | <b>4.6%</b> |

Delayed Transfers of Care (Bed Days)



- Increase in social care-related delays as well as NHS and joint led to an increase in % of delayed bed days to 4.0% in February.
- National data submissions at HGS from 1 April 2018 have been amended to further improve the robustness of the data as there has been a level of under reporting.
- This is expected to lead to a significant increase of up to 100% in the reported rate for HGS from April.