

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
FRIDAY 24 MAY 2019

Title:	PERFORMANCE REPORT
Responsible Director:	Lawrence Tallon, Director of Strategy, Planning & Performance
Contact:	Andy Walker, Head of Strategy & Planning

Purpose:	To present an update on the Trust's performance against targets.
Confidentiality Level & Reason:	None
Strategy Implementation Plan Ref:	#4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories
Key Issues Summary:	<p>There was a significant fall in A&E performance across England in April. Locally continued pressure has been seen across the Trust's Emergency Departments with the second-highest ever average daily number of arrivals over the month. 4 hour performance improved from recent low levels at QE, but this was offset by a drop at Heartlands so overall Trust performance was slightly below last month.</p> <p>RTT performance improved slightly and the Trust achieved the planning requirement to maintain or reduce the size of its RTT waiting list, which was missed across the country.</p> <p>The ongoing mismatch in demand and capacity for urgent breast referrals continued to affect performance for both 2 week targets.</p> <p>The 62 day cancer GP, 62 day screening and 31 day first treatment targets were all below target. There was, however, a significant increase in the number of patients treated over the month.</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: 15 May 2019
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FRIDAY 24 MAY 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 and in Appendix 1 along with other targets and indicators.

2. Performance Exception Reports

The following areas have been identified as material exceptions:

2.1 A&E 4 Hour Waits

Internal Trust performance¹ deteriorated by 0.6pp to 69.2% in April, however this must be set against continued high numbers of attendances. On average, over the month, there were 1148 attendances per day, the second highest monthly figure and an increase of 7.1% compared to April 2018. 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 April is reported as 82.0%, a fall of only 0.1pp.

QEHB performance against the four hour standard improved further to 62.2%, although it remains well below the average for April to December of 80.6%. Heartlands performance fell 4.6pp to 68.2% whilst Good Hope fell 0.9pp to 67.8%. Solihull performance fell 0.7pp to 98.3%. Both Good Hope and Heartlands saw increased attendances whereas QEHB and Solihull had fewer, as shown in the table below:

Site	Daily Attendances Apr 2018	Daily Attendances Mar 2019	Daily Attendances Apr 2019	Change Apr 2018 to Apr 2019	Change Mar 2019 to Apr 2019
QEHB	327.7	344.8	341.0	4.0%	-1.1%
Heartlands	391.4	421.4	426.9	9.1%	1.3%
Good Hope	245.4	266.6	270.7	10.3%	1.5%
Solihull	108.1	110.6	109.8	1.6%	-0.7%
UHB	1072.7	1143.4	1148.4	7.1%	0.4%

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.

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

In March, overall performance for 18 week incomplete pathways improved slightly to 86.5%. This is the first improvement in performance since November 2018. The Trust has also achieved the 2018/19 planning requirement for its RTT waiting list to be smaller than the March 2018 baseline. When appointment slot issues are included, the Trust's waiting list had 718 fewer patients waiting than the adjusted baseline.

Twelve treatment functions were below the target in March. Plastic Surgery recovered above target however Gastroenterology deteriorated below the 92% threshold. Non-admitted pathways continue to be a challenge with variable performance between specialties being addressed by reviews of capacity. Some additional temporary capacity was provided in March, however this remains a challenge because of the financial implications for staff.

2.3 Delayed Transfers of Care

The percentage of NHS and joint patients who were delayed improved slightly in March to 2.2%. The overall total percentage delay also improved slightly to 5.1%. There were significant reductions in NHS and joint delays at both Heartlands and Solihull. QEHB on the other hand saw a significant rise in NHS and joint delays. At Good Hope there was an increase in social care related delays.

A specific issue has been arranging of care relating to Section 117 of the Mental Health Act which offers aftercare for patients who have been formally detained under the Act. The Trust has seen increased numbers of patients requiring this care which is jointly arranged by the NHS and social care. Revisions to the processes that identify this group of patients' needs and arranges their care mean that these patients are now being discharged more quickly.

2.4 Cancer Targets

Performance for the Cancer 62 day GP referral target deteriorated by 4.7pp to 72.2% in March. For the 62 day referral from screening target performance was 89.1% with a total of 2.5 breaches across the Trust. Performance for the 31 day first treatment target fell 0.4pp to 95.1%.

There was an increased number of treatments in March, with 12.6% more treatments than in February. Urology saw a particular increase where 30 patients were treated over the month rather than the average of 20. This has resulted in a reduction in the backlog but a deterioration in performance as patients who have already passed 62 days are treated.

There is a focus on giving diagnosed patients dates for surgery with capacity being maximised through the use of WLIs, weekend working, recycled operating lists and the use of capacity flexibly across the Trust.

The 2 week wait breast symptoms and suspected cancer targets were below target at 43.44% and 85.8%, respectively. Breast radiology capacity, coupled

with an increase in referral demand continues to be a challenge to performance. Performance for patients referred with suspected breast cancer was 55.9% with 414 breaches of the target. In contrast the two other tumour sites below target, Children's and Sarcoma, had 2 and 1 breaches respectively.

Capacity continues to be added through the use of agency locums with existing capacity prioritised for the highest risk patients. Daily monitoring is in place to ensure all available capacity is utilised and clinics are also being overbooked. Communications to local GP practices to inform them of the capacity shortfall do not appear to have reduced demand.

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.

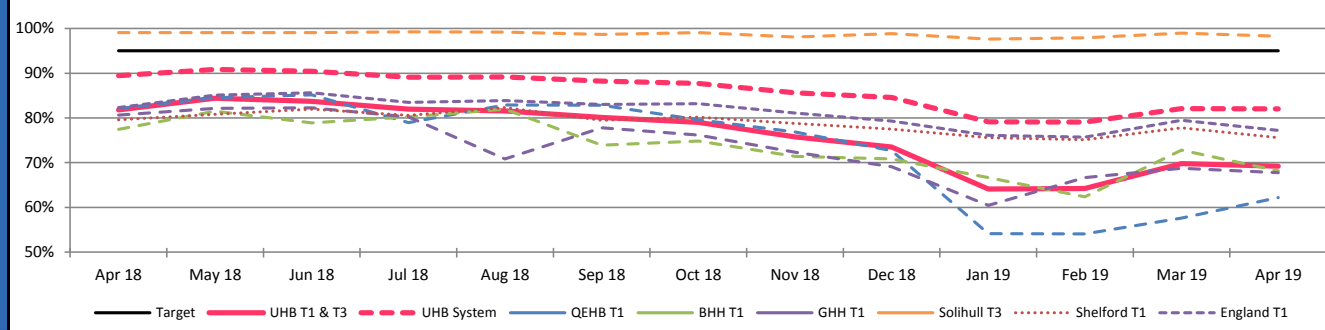
Lawrence Tallon
Director of Strategy, Planning & Performance

Performance Report

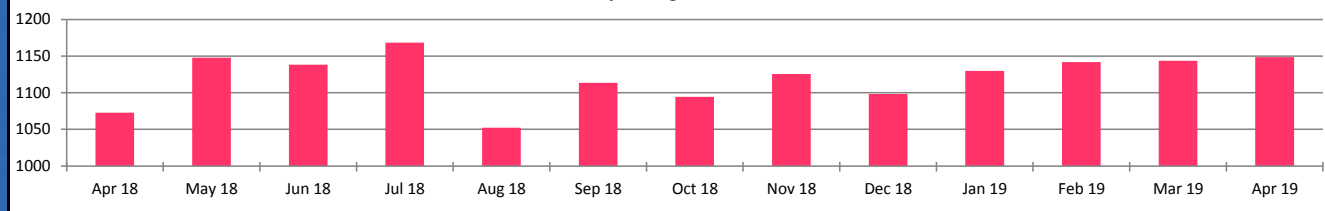
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Director of Strategy, Planning and
Performance

A&E 4 Hour Waits							Latest Month:		Internal Type 1 & 3 System Type 1, 3 & 5				69.2%	
Responsible Director: Chief Operating Officer							Single Oversight Framework		Target:		95%			
	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	YTD
QEHB T1	82.1%	84.5%	85.2%	79.0%	82.9%	82.9%	79.6%	76.9%	72.7%	54.1%	54.1%	57.6%	62.2%	74.2%
BHH T1	77.5%	81.5%	78.9%	80.2%	82.0%	73.9%	74.8%	71.4%	70.8%	66.7%	62.3%	72.8%	68.2%	74.4%
GHH T1	80.6%	82.1%	82.3%	80.2%	70.8%	77.8%	76.2%	72.3%	69.1%	60.5%	66.6%	68.7%	67.8%	74.0%
Solihull T3	99.1%	99.1%	99.1%	99.3%	99.2%	98.7%	99.1%	98.1%	98.8%	97.6%	98.0%	99.0%	98.3%	98.8%
UHB T1 & T3	81.8%	84.4%	83.7%	82.0%	81.6%	80.1%	79.0%	75.8%	73.5%	64.1%	64.2%	69.8%	69.2%	76.7%
UHB System	89.4%	90.9%	90.5%	89.1%	89.2%	88.2%	87.7%	85.6%	84.6%	79.1%	79.1%	82.1%	82.0%	86.3%

A&E 4 Hour Wait Performance



Daily Average Attendances



- Overall Trust performance improved by 0.6pp to 69.2%.
- System performance was fairly static, falling 0.1pp to 82.0%.
- Overall attendances remain extremely high with an average of 1148 per day, an increase of 5 compared to March and the second busiest month ever, exceeded only by July 2018.
- QEHB saw a 4.6pp improvement in performance compared to March, whilst Heartlands deteriorated 4.6pp.

RTT Incomplete Pathways

Latest Month:

86.5%

Responsible Director: Chief Operating Officer

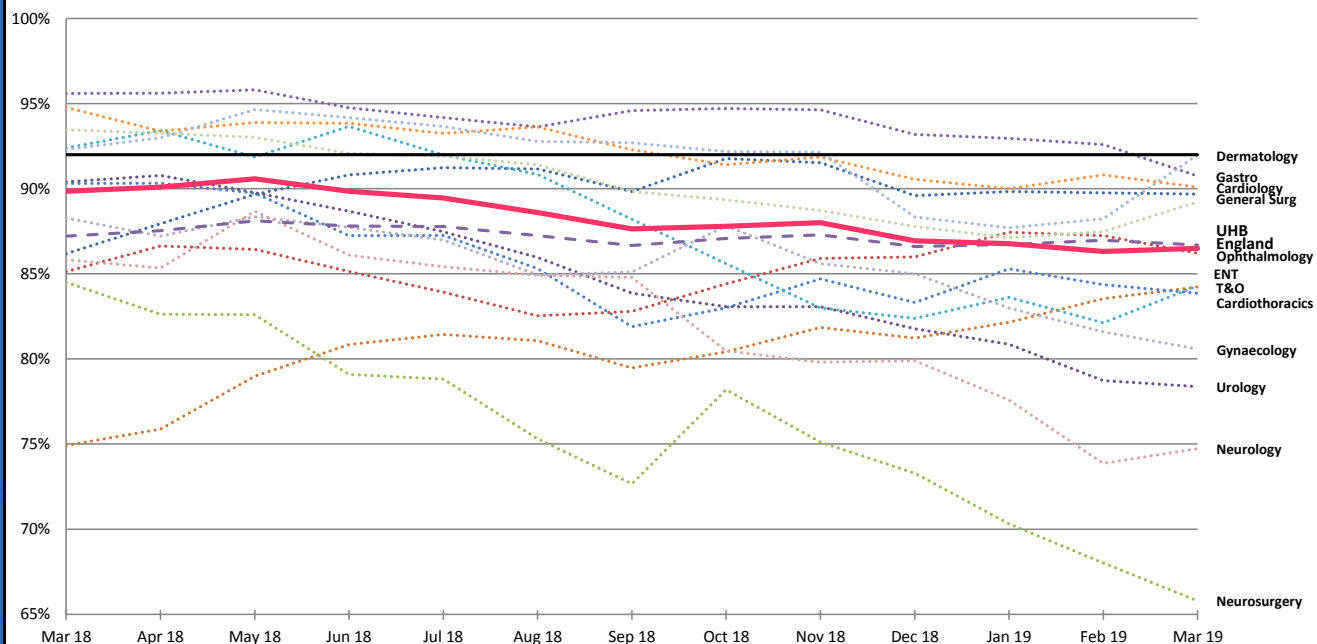
Single Oversight Framework

Target:

92%

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	YTD
UHB	89.9%	90.1%	90.6%	89.8%	89.5%	88.6%	87.6%	87.8%	88.0%	86.9%	86.8%	86.3%	86.5%	88.2%

RTT Incomplete Pathway Performance



- Trust incomplete RTT performance improved by 0.2pp to 86.5%. This is the first monthly improvement in performance since November 2018.
- Twelve treatment functions were below target.
- Non-admitted pathways continue to be a challenge.

RTT Waiting List Size

Latest Month:

85,975

Responsible Director: Chief Operating Officer

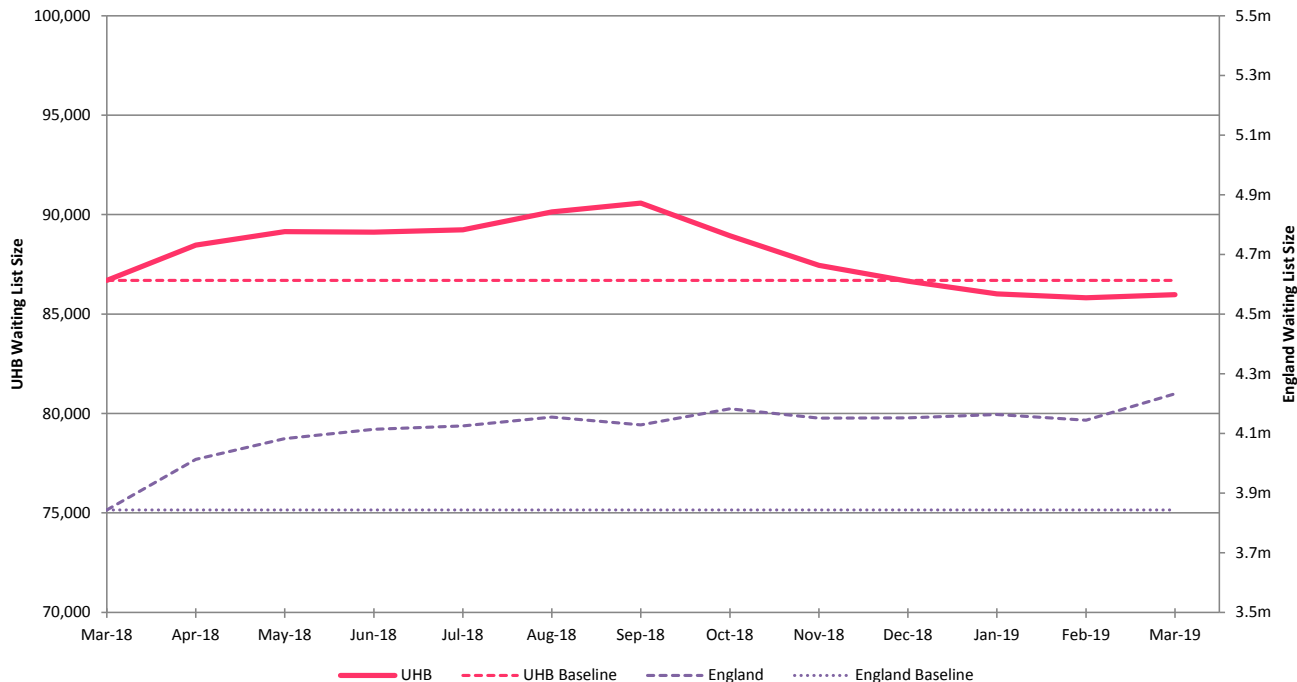
Planning Guidance

Target:

≤ 86,693

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Change
UHB	86,693	88,466	89,140	89,117	89,230	90,138	90,580	88,939	87,453	86,657	86,007	85,815	85,975	-718

RTT - Waiting List Size

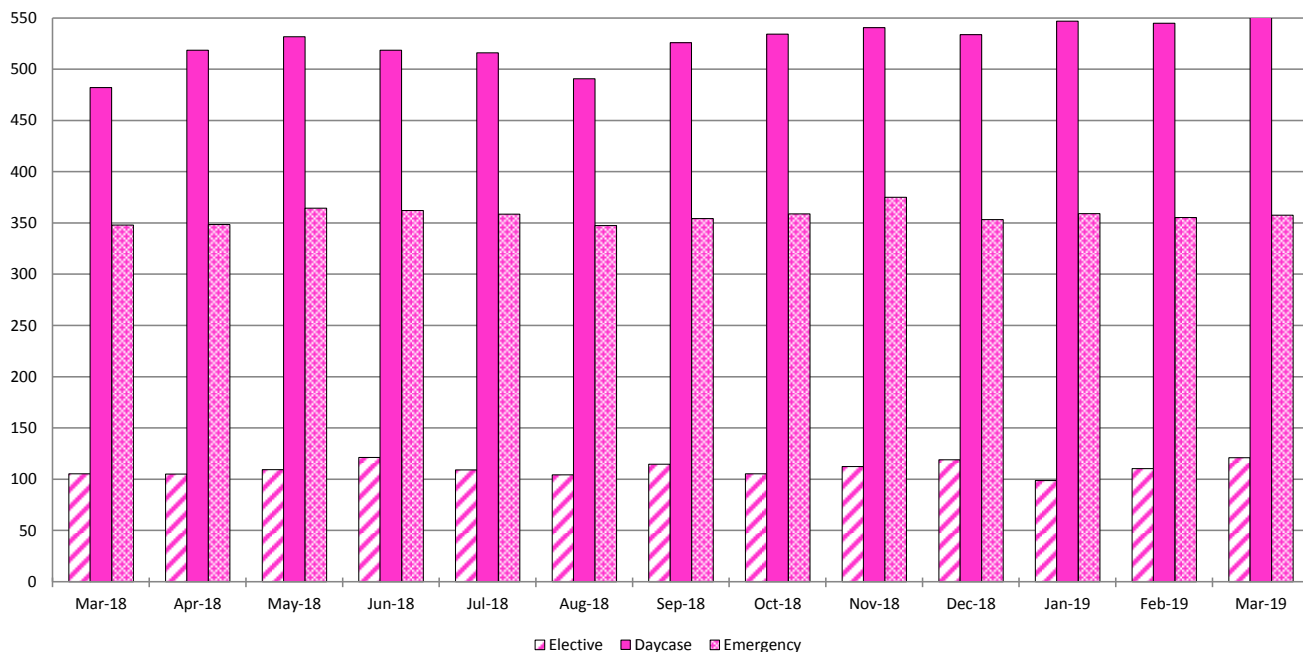


- The RTT waiting list size remained fairly stable, increasing by 160 patients compared to February.
- The waiting list remained below the adjusted baseline by 718 patients therefore the Trust has achieved the 2018/19 planning guidance requirement to maintain or reduce the RTT waiting list.
- Nationally the waiting list saw a significant deterioration, growing by 88,000 patients and therefore ending the year 10.1% above the baseline target for year-end.

Activity - Daycases & Electives per Working Day, Emergencies per Day

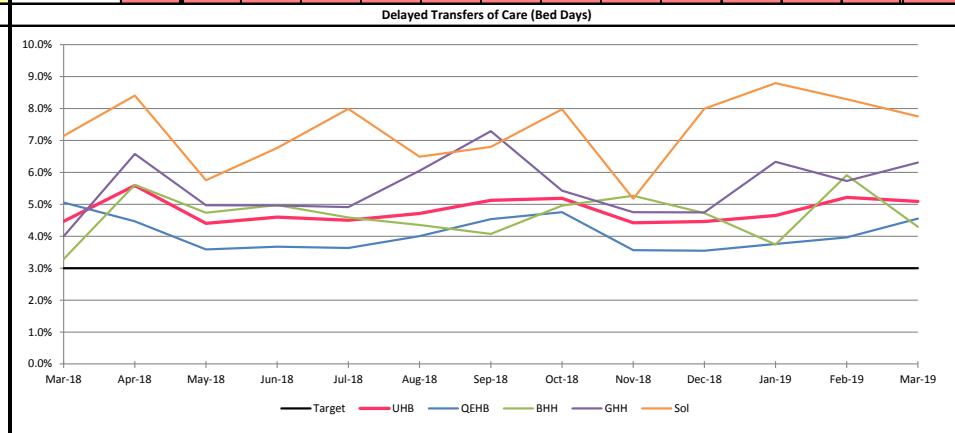
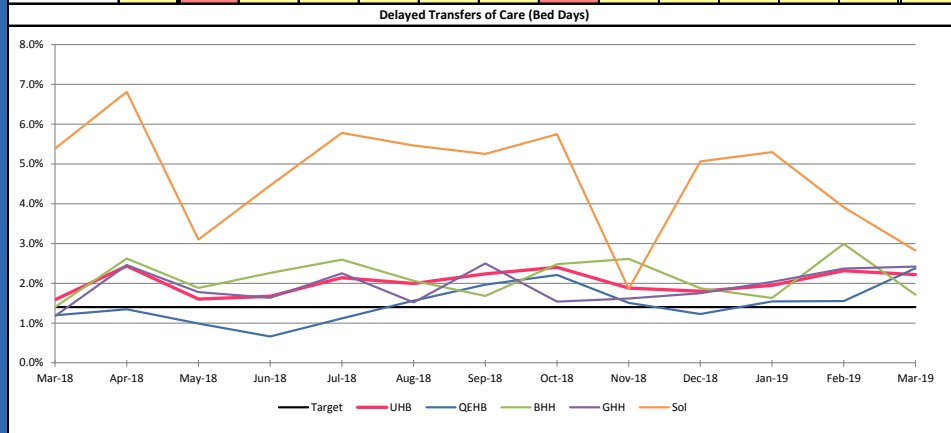
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Latest
Daycases	482	519	532	519	516	491	526	534	541	534	547	545	572	572
Elective	105	105	109	121	109	104	115	105	112	119	99	110	121	121
Emergency	348	349	364	362	359	347	354	359	375	353	359	355	358	358

Activity

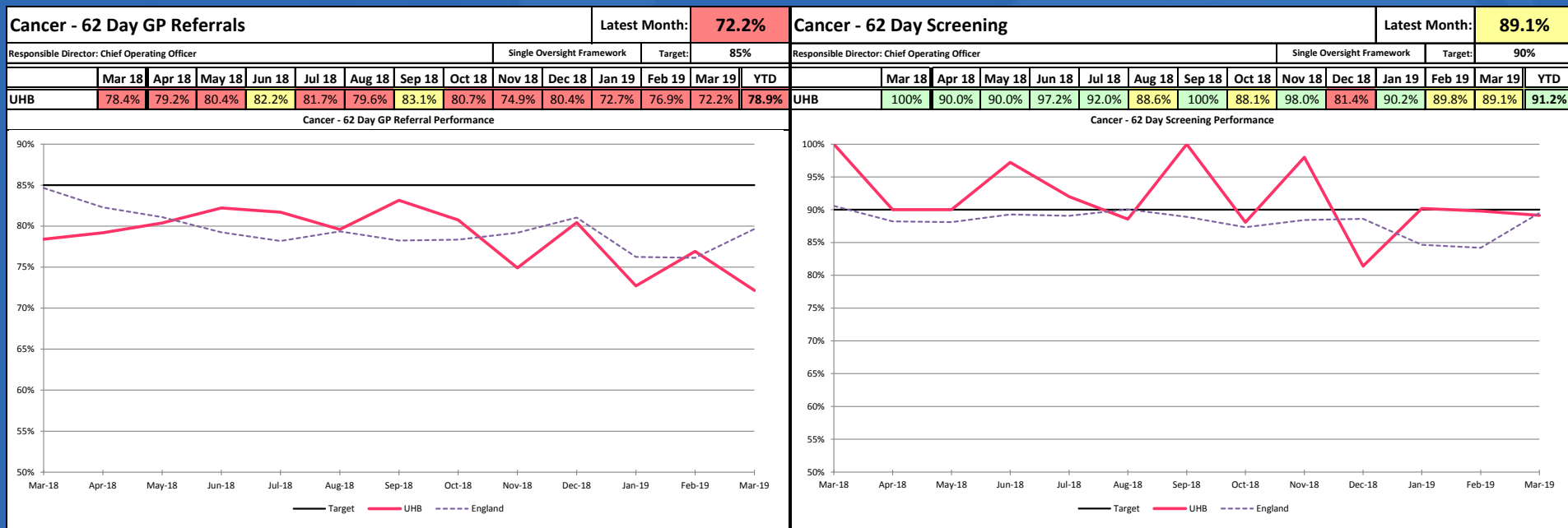


- All types of activity were increased compared to both February 2019 and to March 2018.
- Daycase activity per working day was 5.0% higher than February.
- Electives per working day were 9.8% higher.
- Daily emergency activity was 0.6% higher than February.

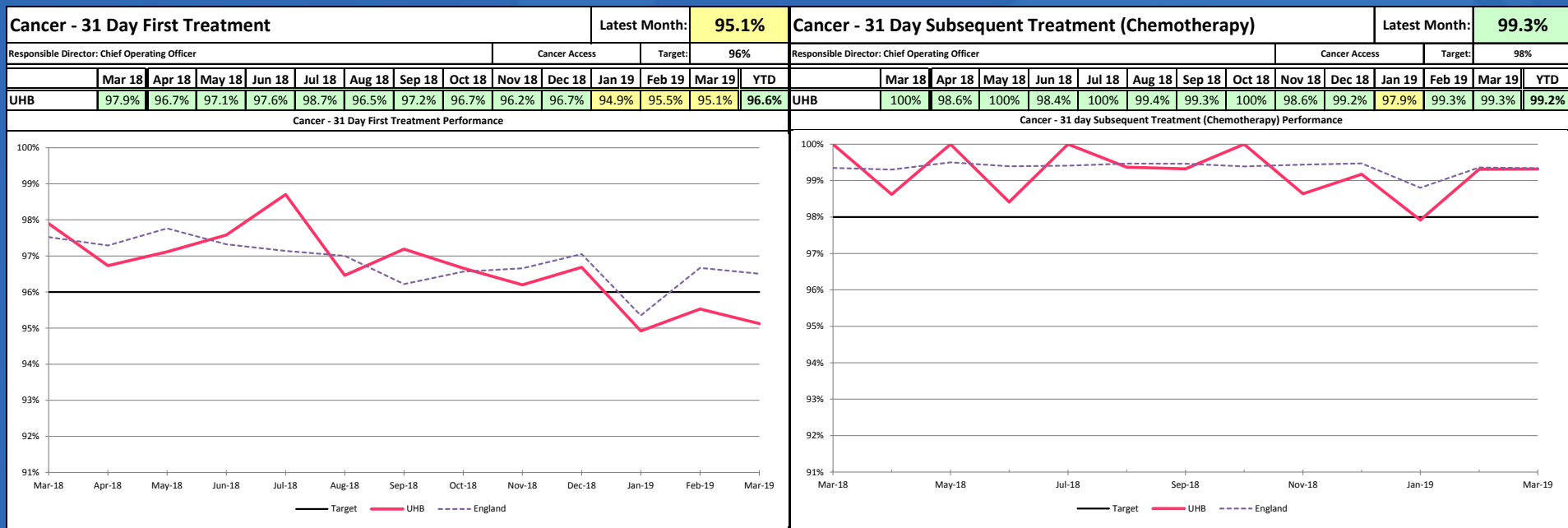
Delayed Transfers of Care (NHS & Joint)													Latest Month:		2.2%		Delayed Transfers of Care (All)													Latest Month:		5.1%	
Responsible Director: Chief Operating Officer													Target:		1.4%		Responsible Director: Chief Operating Officer													Target:		3.0%	
	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	YTD		Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	YTD				
QEHB	1.2%	1.3%	1.0%	0.7%	1.1%	1.6%	2.0%	2.2%	1.5%	1.2%	1.5%	1.6%	2.4%	1.5%	QEHB	5.1%	4.5%	3.6%	3.7%	3.6%	4.0%	4.5%	4.8%	3.6%	3.5%	3.8%	4.0%	4.6%	4.0%				
BHH	1.4%	2.6%	1.9%	2.3%	2.6%	2.1%	1.7%	2.5%	2.6%	1.9%	1.6%	3.0%	1.7%	2.2%	BHH	3.3%	5.6%	4.7%	5.0%	4.6%	4.4%	4.1%	5.0%	5.3%	4.7%	3.7%	5.9%	4.3%	4.8%				
GHH	1.2%	2.5%	1.8%	1.6%	2.3%	1.5%	2.5%	1.5%	1.6%	1.8%	2.0%	2.4%	2.4%	2.0%	GHH	4.0%	6.6%	5.0%	5.0%	4.9%	6.0%	7.3%	5.4%	4.7%	4.7%	6.3%	5.7%	6.3%	5.7%				
Solihull	5.4%	6.8%	3.1%	4.5%	5.8%	5.5%	5.2%	5.7%	1.9%	5.1%	5.3%	3.9%	2.8%	4.7%	Solihull	7.1%	8.4%	5.8%	6.8%	8.0%	6.5%	6.8%	8.0%	5.2%	8.0%	8.8%	8.3%	7.7%	7.3%				
UHB	1.6%	2.4%	1.6%	1.7%	2.1%	2.0%	2.2%	2.4%	1.9%	1.8%	1.9%	2.3%	2.2%	2.0%	UHB	4.5%	5.6%	4.4%	4.6%	4.5%	4.7%	5.1%	5.2%	4.4%	4.5%	4.7%	5.2%	5.1%	4.8%				



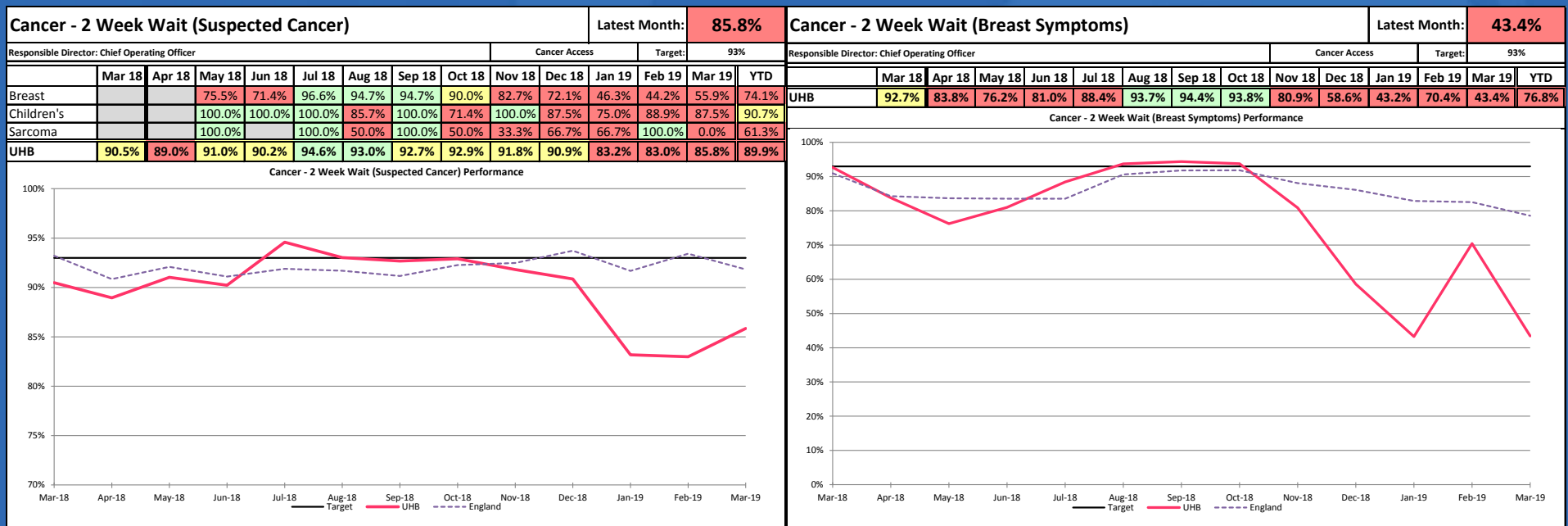
- The overall percentage of NHS and joint delays improved slightly to 2.2% in March.
- The total percentage delay also improved slightly to 5.1%.
- There were significant falls in NHS and joint delays at both Heartlands and Solihull.
- QEHB on the other hand saw a significant rise in NHS and joint delays.
- At Good Hope there was an increase in social care-related delays.



- The Trust's overall performance for GP referrals deteriorated by 4.7pp to 72.2%.
- There was an increased number of treatments in March, particularly in Urology where 30 were treated rather than the average of 20. This has resulted in a reduction in the backlog but a deterioration in performance as patients who have already passed 62 days are treated.
- Overall screening performance for the Trust was 89.1% as a result of 2.5 breaches.



- 31 day first treatment performance deteriorated by 0.4pp to 95.1%.
- 31 day subsequent chemotherapy performance was static at 99.3%.

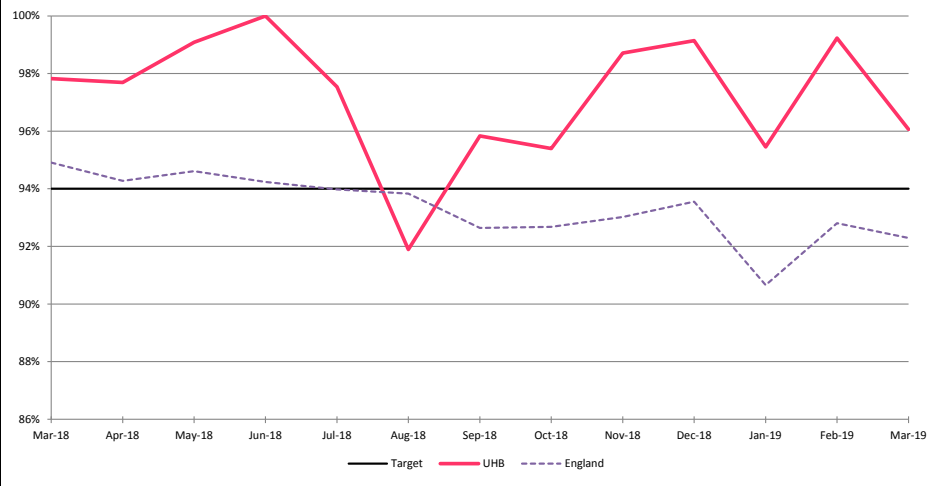


- Total performance for 2 week waits for suspected cancer was 85.8%. Performance for patients referred with suspected breast cancer was 55.9%. Children's cancer had 2 breaches and Sarcoma had 1 breach whereas Breast had 414.
- Performance for the 2 week wait for breast symptoms was 43.5%.
- Breast radiology capacity, coupled with an increase in referral demand continues to be a challenge to performance.

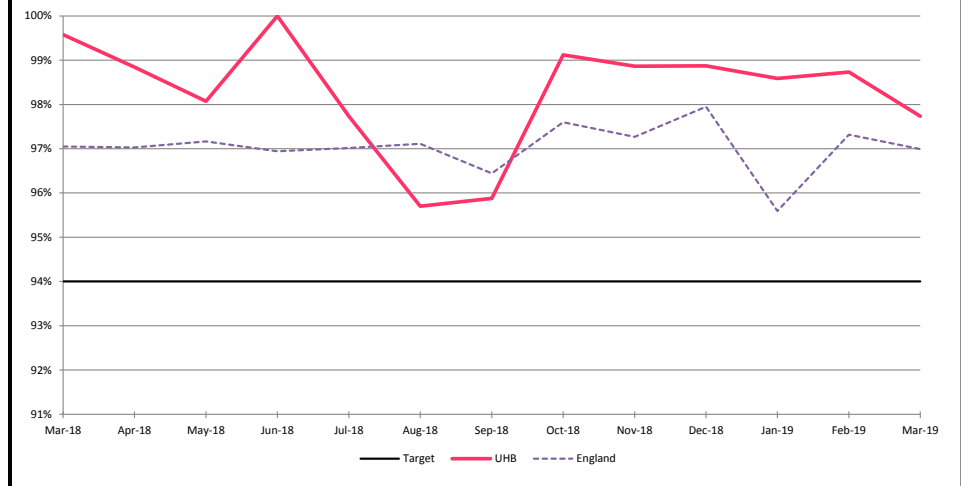
Cancer - 31 Day Subsequent Treatment (Surgery)													Latest Month:	96.1%
Responsible Director: Chief Operating Officer											Cancer Access		Target:	94%
Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	YTD	
UHB	97.8%	97.7%	99.1%	100%	97.5%	91.9%	95.8%	95.4%	98.7%	99.1%	95.5%	99.2%	96.1%	97.1%

Cancer - 31 Day Subsequent Treatment (Radiotherapy)													Latest Month:	97.7%
Responsible Director: Chief Operating Officer											Cancer Access		Target:	94%
Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	YTD	
UHB	99.6%	98.8%	98.1%	100%	97.7%	95.7%	95.9%	99.1%	98.9%	98.9%	98.6%	98.7%	97.7%	98.2%

Cancer - 31 day Subsequent Treatment (Surgery) Performance



Cancer - 31 day Subsequent Treatment (Radiotherapy) Performance



- Subsequent surgery performance for the Trust deteriorated by 3.1pp to 96.1%.
- 31 day subsequent radiotherapy performance remained above target at 97.7%.

Mixed Sex Accommodation

Latest Month: **0**

Responsible Director: Executive Chief Nurse

Target: **0**

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	YTD
QEHB	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BHH	4	8	0	0	0	0	0	0	0	0	0	2	0	10
GHH	11	0	0	0	0	0	0	0	0	0	0	0	0	0
Solihull	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UHB	15	8	0	0	0	0	0	0	0	0	0	2	0	10

- No breaches of mixed sex accommodation guidance were reported in March.

Mixed Sex Accommodation Breaches (Patients Affected)

