

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 29 NOVEMBER 2018

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 and performance fell in October. There continues to be considerable pressure on Emergency Departments across the whole of England.</p> <p>RTT performance continued to fall in September. The main issues relate to admitted backlog in daycases at QEHB and ongoing challenges with non-admitted pathways at HGS.</p> <p>The 62 day cancer GP referral significantly improved in month, although still below target. Performance for 2 week waits for suspected cancer fell below target, however for breast symptomatic patients, performance remained above target.</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: 21 November 2018
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THURSDAY 29 NOVEMBER 2018

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. Material risks are detailed in this paper with additional detail 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 1.1pp to 79.0%. 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 October is reported as 87.7%, a fall of 0.5pp compared to September. Good Hope saw a decrease in performance of 1.6pp to 76.2%. Heartlands and Solihull had an improved performance of 0.9pp and 0.4pp, respectively. Performance at QEHB decreased to 79.6%. The 79.6% was as a result of a drop in performance in the first half of October.

Average daily attendances fell across the Trust, being 1.7% lower than September 18, although static compared to October 2017.

Site	Daily Attendances Oct 2017	Daily Attendances Sep 2018	Daily Attendances Oct 2018	Change Oct 2017 to Oct 2018	Change Sep 2018 to Oct 2018
QEHB	333.8	341.9	342.0	2.5%	0.0%
Heartlands	399.4	404.6	396.3	-0.8%	-2.1%
Good Hope	245.0	250.7	247.8	1.1%	-1.1%
Solihull	115.4	116.4	108.2	-6.2%	-7.0%
UHB	1093.5	1113.5	1094.4	0.1%	-1.7%

QEHB ED performance was significantly different between the first half and the second half of October. A significant period that resulted in the drop in performance from September to October was Wednesday 3 to Tuesday 9 October. Sandwell and West Birmingham Hospitals suffered a significant IT

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.

failure on 9 October that continued for a number of days. Type 1 performance in that period was 64.7%. By way of contrast, the subsequent 7 day periods (Wednesday to Tuesday) were 73.6%, 87.7% and 85.2%.

There were three 12 hour breaches at Heartlands hospital on 28 October. RCAs have been undertaken.

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

In September, performance for 18 week incomplete pathways fell by 1.0pp to 87.6%. Performance fell for both QEHB and HGS, by 1.2pp and 0.8pp respectively. There was one 52 week breach reported in September in Neurosurgery. An RCA has been undertaken and actions implemented to reduce the risk of a recurrence.

The RTT waiting list is now 1.9% greater than it was in March. The HGS waiting list has increased by 3.8% whilst QEHB has fallen in size by 1.0%. Nationally the rate of increase of the waiting list has slightly reduced in month by 0.7pp and is now at 7.4% larger than the baseline with 4.12m patients waiting. The QEHB waiting list will increase from October when Appointment Slot Issues (ASIs - referrals via e-referrals for whom an appointment was not available) are included.

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. As HGS work continues to allow the use of external providers in Ophthalmology mirroring the approach used at QEHB.

The Trust continues to achieve the 6 week diagnostic target that supports delivery of the 18 week pathway, achieving performance of 99.5% in September.

2.3 Delayed Transfers of Care

The percentage of NHS and joint patients who were delayed increased in September to 2.3%. There was a decrease in social care delays at Good Hope and Solihull which led to the total percentage of patients whose discharge was delayed remaining static at 4.7%.

A Continuing Healthcare Stakeholder Group has been established with representation from care homes as leaders from providers and commissioners. A linked Task & Finish Group is looking at patient and family choice where there are a number of delays with an area of focus being to achieve consistency in approach across the system.

The Trust as a whole is on track to achieve NHSI's ambition to reduce the number of patients with a length of stay of 21 days or more to 388 by December 2018.

2.4 Cancer Targets

Performance for the Cancer 62 Day GP Referrals target improved by 3.5pp to 83.1% in September. QEHB performance improved by 8.1pp to 73.4% and by 1.1pp at HGS to 88.8%. Urology at QEHB continues to be significantly affected by surgical capacity and the Chief Operating Officer (QEHB) is leading improvement work in this area. Late referrals continue to be an issue with the number of very late referrals (day 62 or later) increasing. Of 26 tertiary referrals received by QEHB in September 19 were received after day 38, 10 of which were already past day 62 when they were received. Transformation funding from the Cancer Alliance will enable further work to improve the timeliness of referral pathways both within the Trust and between trusts. Meetings are also being arranged with key trusts to advance discussions on patterns of late referrals.

Whilst 2 week wait (Breast Symptom) performance improved by 0.7pp to 94.4%, performance for the suspected cancer target fell by 0.3pp to 92.7%. Performance from July has been affected by mainly capacity issues in colorectal and skin, with colorectal improving over the quarter whilst skin is deteriorating. If the capacity problems in skin were to be resolved QEHB would be above target.

2.5 Seasonal Influenza Vaccinations

As at 19 November 63.3% of frontline staff at QEHB and 60.3% of staff at HGS had been vaccinated. This is an improvement on this time in the 2017/18 vaccination campaign when 56.6% of frontline staff at QEHB and 55.6% at HGS had been vaccinated.

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.