

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 23 APRIL 2020

Title:	PERFORMANCE REPORT	
Responsible Director:	Mark Garrick, Director of Strategy & Quality Development	
Contact:	Andy Walker, Head of Strategy & Planning, Ext 13685 Rukudzo Hakulandaba, Performance Assurance Manager, Ext 13688	
Purpose:	To present an update to the BOARD OF DIRECTORS on the Trust's performance against targets.	
Confidentiality Level & Reason:	None	
Board Assurance Framework Ref: / Strategy Implementation Plan Ref:	BAF - SR3/18 - Prolonged and/or substantial failure to meet operational performance targets BAF - SR6/18 - Material breach of clinical and other legal standards leading to regulatory action SIP - #4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories	
Key Issues Summary:	<ul style="list-style-type: none"> • The Trust's A&E performance improved by 1.9 percentage points. Attendances to A&E were at their lowest levels due to an increase in patients with a "COVID-19 Like" Diagnoses. • RTT performance deteriorated in month whilst the waiting list size grew. • Delayed transfers of care overall performance remained static. • Performance for both 2 week wait standards deteriorated. The 62 GP referral improved whilst screening performance deteriorated. Both the 31 day first and subsequent surgery performance improved in February. • NHSE/I suspension of reporting of some national key performance indicators due to COVID-19. • Further details and actions taken in response to the exceptions identified are included in the report. 	
Recommendations:	<p>The BOARD OF DIRECTORS is asked to:</p> <ol style="list-style-type: none"> 1. Accept the report on progress made towards achieving performance targets and associated risks and mitigating actions. 	
Signed:	Mark Garrick	Date: 13 APRIL 2020

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 23 APRIL 2020

PERFORMANCE REPORT

**PRESENTED BY THE DIRECTOR OF STRATEGY & QUALITY
DEVELOPMENT**

1. Purpose

This paper summarises the Trust's 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. The latest quarterly report of the Guardian of Safe Working forms Appendix 2 to this report.

An update is also provided on the suspension of national data submissions by NHSE/I that support some performance indicators. The suspension is effective from 1st of April till 30th of June 2020.

2. Exception Reports

The following areas have been identified as material exceptions:

2.1 A&E 4 Hour Waits

The Trust's internal performance improved by 1.9pp to 67.2% in March. However, overall attendances fell very significantly as the public became more aware of COVID-19. Nationally, A&E attendances fell by 22.3%, whilst overall attendances in the Trust fell by 26.2% in comparison to the previous month. As an example, QEHB had the lowest daily average attendance for any month since January 2015.

Overall, 10.1% of patients who attended A&E had a "COVID-19 like" diagnosis¹ with slight variations across the sites. At QEHB and Heartlands, the proportion of patients with the diagnosis was 10.3% and 8.5%, respectively. At Good Hope, 9.8% of patients who attended A&E had the diagnosis whilst at Solihull the figure was much lower at 1.5%.

Ask A&E activity contributed 1.6pp of the overall performance. All sites had a significant drop in attendances during the month, with the figures displayed in the Table.

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

Site	Daily Att's Mar 2019	Daily Att's Feb 2020	Daily Att's Mar 2020	Change Mar 19 to Mar 20	Change Feb 20 to Mar 20
QEHB	344.8	344.7	263.6	-23.5%	-23.5%
Heartlands	421.4	422.2	315.9	-25.0%	-25.2%
Good Hope	266.6	252.3	188.2	-29.4%	-25.4%
Solihull	110.6	104.0	61.1	-44.7%	-41.2%
UHB	1143.4	1123.1	828.9	-27.5%	-26.2%

There was one 12-hour trolley wait in March at Good Hope Hospital. The breach was as a result of the patient awaiting a mental health bed.

Ask A&E was used by 1,294 people during March. This is a 32.1% drop in users compared to February. Of these people, 812 (62.8%) 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. Although overall activity has dropped in March, the number of users started to increase towards the end of March into April.

Outcome	Frequency	% of total
Advised to see dentist	9	1%
Advised to attend Ophthalmology Accident and Emergency department	3	0%
Advised to contact general practitioner; As soon as possible	236	18%
Advised to contact general practitioner; Within; 48 hours	22	2%
Advised to contact general practitioner	77	6%
Advised to attend accident and emergency department	320	25%
Patient advised to contact emergency ambulance service as soon as possible	159	12%
Advised to contact optician	2	0%
Advised to contact pharmacist	39	3%
Patient not given advice	318	25%
Advised to self care	75	6%
Advised to contact genitourinary medicine clinic	3	0%
Advised to attend minor injuries unit	31	2%
Total	1,294	

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

18 week referral to treatment performance continues to deteriorate overall. Key factors in February were the emergency demand on beds and the implications of pension tax charges on consultants undertaking additional sessions. RTT performance deteriorated by 1.2pp to 79.2%, which is significantly below the trajectory for the month of 87.8%. The waiting list size grew by 1,215 in February. This is now 10.2% above the baseline, which is lower than the 15.1% growth in the national waiting list. Cancellations of elective and outpatients appointments in response to COVID-19 will significantly affect future performance.

The five most pressured specialties for RTT performance are Neurology, Neurosurgery, Urology, ENT and Ophthalmology. Neurology has improved compared to last month with the additional capacity resulting in a reduction in the backlog. Neurosurgery slightly deteriorated in February. The specialty continues to have a large volume of patients awaiting triage that are not automatically included in the overall figures; however there are plans to rectify this.

Urology continued to outsource appointments in February whilst insourcing of outpatient appointments was approved to help deal with its rapidly growing waiting list. A 'right sizing' business case of the service is planned. Three posts within ENT are to be advertised following a successful business case. In February the service continued to be significantly affected by the consultant tax/pensions challenge, site pressures and an underlying capacity and demand pressure.

There was a 52 week breach in Ophthalmology with the patient treated in early March. The breach was due to the patient being removed from the HGS waiting list as they had agreed to have surgery at QEHB. However, the patient's notes were not received at QEHB and as a result the patient was no longer on any waiting list. The RCA is still being finalised, however in the meantime processes have been put in place, so that patients are not prematurely removed from a waiting list without double checking with the receiving site. The numbers of 52 week breaches are expected to increase due to the current pressures.

2.3 6 Week Diagnostics

Performance in February improved by 0.7pp to 97.3%. There were 650 breaches of the standard in February, with the majority of breaches occurring in Endoscopy (465 breaches) and Imaging (176 breaches). Echocardiology improved to a total of 9 breaches during the month.

The pressure on CT has continued and is related to the availability of cardiac CT slots at the Heartlands, Good Hope and Solihull sites with demand for the service continuing to exceed capacity. Ultrasound breaches improved significantly with just one breach in February, compared to 24 in January and 199 in December.

Endoscopy continued to experience pressure as a result of two week waits and other cancer related activity, and balances this need with that of surveillance and diagnostic requests.

Performance for March was expected to be an improved position from February; however that is no longer likely because of the need to cancel a large number of appointments in response to COVID-19.

2.4 Delayed Transfers of Care

The overall percentage of NHS and joint delays deteriorated by 0.2pp to 2.3%. However, overall total percentage delay remained static at 4.7%. QEHB significantly improved to 2.9% whilst Good Hope largely remained static at 5.5%. Heartlands and Solihull deteriorated by 0.6pp and 2.3pp, respectively. Solihull had increases in Birmingham City Council delays in March.

2.5 Cancelled Operations

There were 337 operations cancelled on the day of surgery in February, compared to 344 in January. The number of on the day cancellations for non-clinical reasons continues to be significant, with bed capacity and emergency pressures being the predominant reason for cancellations. The number of cancelled operations will significantly rise from next month due to the added pressure as a result of COVID-19.

There were ten breaches of the 28 day guarantee in February. The on-going high number reflects the increased site pressures. Seven of the breaches were at QEHB, whilst the remaining three were at Heartlands. A recurrent theme in 28-day breaches was low-complexity, lower-priority patients who are repeatedly cancelled due to more clinically important cases needing to proceed.

Eight of the patients have now been treated with the remaining two removed from the waiting list. One of the patients was removed from the waiting list because they no longer required the treatment whilst the other patient has been referred back to their GP.

2.6 Cancer Targets

Performance for the Cancer 62 day GP referral standard improved to 47.0% whilst screening deteriorated to 37.8%. Both 31 day first treatment and subsequent surgery improved to 89.7% and 79.8%, respectively. However, the 2 weeks wait suspected cancer and breast symptoms deteriorated.

Urology remains the main contributing specialty to below-target 62 day GP and 31 day first treatment performance, due to theatre capacity constraints. Head and Neck, Colorectal and Breast also had a significant number of breaches with delays in the diagnostics phase of the pathway continuing to impact on treatment times. On-going elevated urgent care demand continues to place excessive pressure on bed and ITU available for elective cases.

2 week wait suspected cancer performance fell in February to 84.5%. There remain capacity shortfalls affecting the Breast and Colorectal pathways; however these are showing signs of reducing, with fewer patients waiting for a first appointment to be booked.

The February cancer data included in this report is local data. This is because the upload file was not fully validated before the national submission deadline. This was due to having no cancer services staff equipped for home working at that point. The national team has been notified and the data will be retrospectively amended in a future upload.

2.7 Frontline Staff Flu Vaccination

As of 31 March, the Trust was 429 vaccinations short of its target for 80% of frontline staff to receive the influenza vaccination in 2019/20. The Trust's final performance was 77.1%.

3. Changes to National Performance Data Returns

To reduce the burden and free some capacity, NHSE/I recently published some guidance of the reporting requirements whilst organisations are managing COVID-19 pressures. As a result, the following data returns will not be submitted between 1st of April 2020 and 30th of June 2020.

- Urgent Operations Cancelled (monthly sitrep)
- Delayed Transfer of Care (monthly sitrep)
- Diagnostics patient tracking list (PTL)
- RTT PTL including suspension of the financial sanctions for 52+ weeks breaches
- Cancelled elective operations
- Audiology
- Mixed-Sex Accommodation
- Venous Thromboembolism (VTE)
- 26-Week Choice
- Pensions impact data collection
- Ambulance Quality Indicators (Clinical Outcomes)
- Dementia Assessment and Referral (DAR)
- Staff Appraisals have been suspended unless in exceptional circumstances
- Reduction of mandatory training except for those absolute necessary

Whilst the data collections of these performance indicators are suspended nationally and data is not being collected internally, the above indicators will be excluded from future reports until the data collection resumes. It is worth noting that the data collection for the majority of performance indicators continues to be monitored.

Data collection for the 28 day faster diagnosis standard for cancer patients which was due to come into effect on the 1st of April, will still be collected, however it will not be subject to formal performance management. Changes to the A&E target had been postponed.

4. Recommendations

The BOARD OF DIRECTORS is requested to:

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