

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26th APRIL 2018

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

Purpose:	To update the Board of Directors on the Trust's performance against national and local targets.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Affects all strategic aims.
Key Issues Summary:	<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 between February and 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.</p> <p>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>
Recommendations:	The Board of Directors is requested to: Accept the report on progress made towards achieving performance targets and associated actions and risks.

Approved by :	Lawrence Tallon	Date: 18 April 2018
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26th APRIL 2018
PERFORMANCE REPORT
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.

2. Exception Reports

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

2.1 A&E 4 Hour Waits

Internal Trust performance¹ 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 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.

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.

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.

It is expected that the Trust will not receive the A&E component of the Quarter 4 STF payments. . However, as most providers will miss this payment, it is also expected that 'unearned' STF funding will be recycled as "bonus STF" for providers achieving their 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.

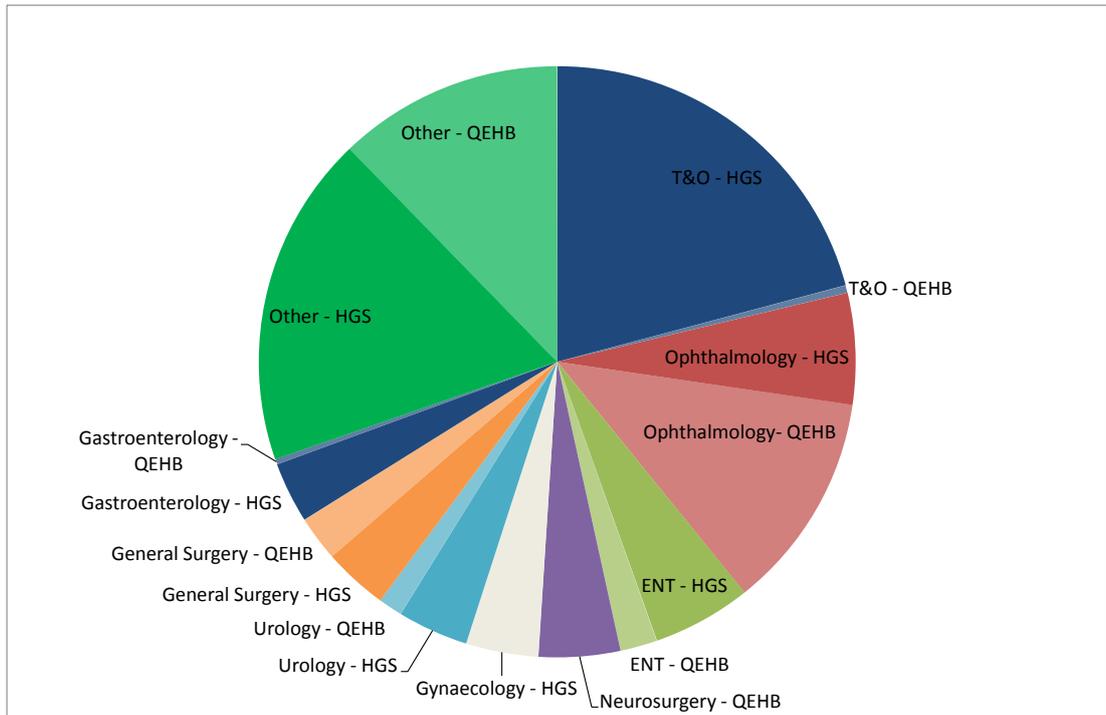
At Good Hope and Heartlands, on a daily basis, work is being undertaken to ensure that capacity in Ambulatory Emergency Care, the Medical Day Hospital and assessment areas is maximised and that pathways are followed. The staffing challenges within emergency medicine remain significant at all grades, 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 specialities, 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 specialities 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 to the Board, 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 Board reports.

4. Recommendations

The Board of Directors is requested to:

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

Lawrence Tallon
Director of Strategy, Planning & Performance