

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 APRIL 2017

Title:	PERFORMANCE INDICATORS REPORT
Responsible Director:	Executive Director of Delivery
Contact:	Lorraine Simmonds, Head of Service Improvement

Purpose:	To update the Board of Directors on the Trust's performance against targets and indicators in the Single Oversight Framework, contractual targets and internal targets.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Affects all strategic aims.
Key Issues Summary:	Exception reports have been provided where there are current or future risks to performance for targets and indicators included in the Single Oversight, national and contractual targets and internal indicators.
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 :	Tim Jones	Date : 15 April 2017
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 APRIL 2017

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

This paper summarises the Trust's performance against national indicators and targets, including those in the Single Oversight Framework (SOF), as well as local priorities. Material risks to the Trust's Provider Licence, finances, reputation or clinical quality resulting from performance against indicators are detailed below.

2. UHB Performance Framework

The Trust has a comprehensive performance framework that includes national targets set by the Department of Health (DH) and local indicators selected by the Trust as priority areas, some of which are jointly agreed with the Trust's commissioners. The Trust Performance Framework is agreed by the Board of Directors and is intended to give a view of overall performance of the organisation in a concise format and highlight key risks particularly around national and contractual targets as well as an overall indication of achievement of key objectives. Based on latest performance, targets are assessed as 'on target', 'on target but close to threshold', 'slightly below target', or 'remedial action required'. For national targets that fall into the latter three categories, these are reported in this paper as exceptions. Local targets are reported as exceptions where a remedial action plan is in place. Appendix A shows the latest position for national, local and contractual targets. Appendix B shows performance against the Sustainability and Transformation Fund (STF) trajectories.

3. Material Risks

The DH sets out a number of national targets for the NHS each year which are priorities to improve quality and access to healthcare. NHS Improvement (NHSI) tracks the Trust's performance against a subset of these targets, enabling Trusts to access the Sustainability and Transformation Fund as long as agreed trajectories are achieved.

3.1 Single Oversight Framework

Providers are now segmented from 1 to 4 with 1 being the best performing and 4 the worst:

- **Segment 1** – no potential concerns identified
- **Segment 2** – triggering a concern in one or more themes but not in breach of its licence
- **Segment 3** – serious issues – in actual or suspected breach of licence

- **Segment 4** – critical issues – in actual or suspected breach of licence with very serious/complex issues e.g. requiring major intervention on multiple issues

The Trust has been assigned a rating of 2 for the most recent period.

The following Operational Performance indicators are used in the framework:

Standard	Frequency	Target
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Monthly	95%
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Monthly	92%
All cancers – maximum 62-day wait for first treatment from Urgent GP referral for suspected cancer	Monthly	85%
All cancers – maximum 62-day wait for first treatment from NHS cancer screening service referral	Monthly	90%
Maximum 6-week wait for diagnostic procedures	Monthly	99%

Of the 5 indicators, 3 were on target in the most recent month. 1 cancer target was not met and the A&E 4 hour wait target was not met. Remedial action plans are in place and have been described elsewhere in this report.

3.2 NHS Improvement – Sustainability and Transformation Fund

Appendix B outlines performance against the STF improvement trajectories. Payment is assessed at the end of each quarter. 70% of the payment is allocated to achievement of financial targets, 12.5% for achievement of the 18 week RTT target, 12.5% for the A&E 4-hour wait target and 5% for the Cancer 62 day target. There is a tolerance of 1% for each performance target in Quarter 2 and 0.5% in Quarter 3, but nothing in Quarter 4.

Underlying assumptions have been agreed for each performance target. There is an appeals process to follow should one of the underlying assumptions change.

For Quarter 1 the payment was achieved for simply agreeing trajectories. In Quarter 2 the Trust achieved the 18 week RTT trajectory and an appeal regarding the A&E 4-hour wait trajectory was upheld. An appeal for the Cancer 62 day trajectory was not upheld.

For Quarter 3 the payment was achieved automatically for the 18 week RTT trajectory and again for the A&E 4-hour wait trajectory, following appeal. An appeal for the Cancer 62 day trajectory was again unsuccessful.

Of the 3 STF trajectories, 1 was on target in the most recent month. The 62 day urgent GP referral and A&E 4 hour wait trajectories were not met. An appeal will again be submitted at the end of Quarter 4.

Please see the April Finance report for further details regarding how the impact of the STF is reflected in the Trust's current financial position.

3.2.1 A&E 4 Hour Waits

Performance for the A&E 4 hour wait target improved again in March to 84.6% from 81.1% in February. This was despite A&E attendances being above 10,000 at month end for the first time since October

2016. On average there were 324 attendances each day in March compared with 317 a day in March last year and 312 a day in February 2017.

The Unscheduled Care Group is overseeing delivery of a number of projects, many of which have begun to have an impact. For example reconfiguration of hospital beds has allowed 24 short stay general medical beds to be opened on ward 517. There are consultant ward rounds 7 days per week and on average there are 7 discharges per day from the ward. Another successful project has seen Physiotherapists working in A&E 4 days per week. These extended scope practitioners are seeing an average of 11 patients per day with time to treatment averaging 32 minutes and arrival to discharge time averaging 72 minutes. The Surgical Assessment Unit has moved to ward 620 and is taking a wider range of 'specialty expected' patients who would otherwise go to A&E at the start of their pathway. Finally, average length of stay for emergency admissions is 6.92 days in 2016/17 compared with 7.4 days in 2014.

The Unscheduled Care Group continues to lead on a programme of projects aimed at improving A&E 4-hour wait performance, hospital flow, length of stay and timeliness of discharge.

3.2.2 Cancer Targets

Performance for the Cancer 62 day standard was 68.2% in February, compared with 72.1% in January. The deterioration in performance was as a result of treating the backlog of patients who had already breached the target by deferring diagnostic and treatment appointments over the December holiday period. In addition, the overall number of treatments was low in February at 78 compared with a plan of 90. Treatments are expected to be close to planned levels when March performance is finalised.

As there is not yet a national system for recording and allocating breaches according to the rules introduced on 1st October 2016, the trust's externally reported performance for February is 67.1%.

Nationally, there is a correlation between below target performance and Trusts which are net importers of cancer referrals (tertiary centres). Table 1 over the page demonstrates that none of the national cancer centres achieved the 62 day standard in January 2017 and only one centre achieved the standard in the 2 preceding months. Please note that these nationally published figures do not include breaches re-allocated for late tertiary referrals because there is currently not a system in place to report this.

Table 2 shows how West Midlands Trust have performed for the 62 day target over the same period. Six Trusts in total met the target in January 2017 (again excluding breach re-allocations).

Table 1: Cancer 62 Day Performance – Cancer Centre Benchmarking

Provider	Treatments			Breaches			Performance		
	Jan-16	Dec-16	Jan-17	Jan-16	Dec-16	Jan-17	Jan-16	Dec-16	Jan-17
ALL ENGLISH PROVIDERS	10,437.0	11,420.0	11,998.0	1,967.5	1,936.0	2,437.0	81.1%	83.0%	79.7%
UNIVERSITY HOSPITALS BIRMINGHAM	103.5	82.0	109.5	25.0	19.0	30.5	75.8%	76.8%	72.1%
THE CHRISTIE	78.0	78.5	75.5	25.5	27.5	21.5	67.3%	65.0%	71.5%
THE ROYAL MARSDEN	56.0	60.0	49.5	12.5	12.5	16.0	77.7%	79.2%	67.7%
THE CLATTERBRIDGE CANCER CENTRE	46.5	42.0	43.0	17.5	14.5	15.5	62.4%	65.5%	64.0%
BARTS HEALTH	111.5	107.5	108.0	21.0	14.5	16.5	81.2%	86.5%	84.7%
EAST AND NORTH HERTFORDSHIRE	100.5	103.5	125.0	35.0	33.0	44.5	65.2%	68.1%	64.4%
UNIVERSITY HOSPITAL SOUTHAMPTON	131.0	135.0	136.0	25.5	22.5	32.5	80.5%	83.3%	76.1%
ROYAL UNITED HOSPITALS BATH	76.5	95.0	71.5	9.5	12.5	12.5	87.6%	86.8%	82.5%
UNIVERSITY HOSPITALS BRISTOL	78.0	92.0	95.0	13.0	17.0	14.5	83.3%	81.5%	84.7%
ROYAL FREE LONDON	90.0	115.5	118.0	28.5	20.0	21.5	68.3%	82.7%	81.8%

Table 2: Cancer 62 Day Performance – West Mid Trusts Benchmarking

Provider	Treatments			Breaches			Performance		
	Jan-16	Dec-16	Jan-17	Jan-16	Dec-16	Jan-17	Jan-16	Dec-16	Jan-17
ALL ENGLISH PROVIDERS	10,437	11,420.0	11,998.0	1,967.5	1,936.0	2,437.0	81.1%	83.0%	79.7%
West Midlands	863.0	1,071.5	1,124.0	168.5	217.5	300.5	80.5%	79.7%	73.3%
UNIVERSITY HOSPITALS BIRMINGHAM	103.5	82.0	109.5	25.0	19.0	30.5	75.8%	76.8%	72.1%
HEART OF ENGLAND	142.0	139.5	157.0	28.5	9.5	22.5	79.9%	93.2%	85.7%
SANDWELL AND WEST BIRMINGHAM HOSPITALS	61.5	56.5	54.0	5.5	10.0	8.0	91.1%	82.3%	85.2%
WORCESTERSHIRE ACUTE HOSPITALS	125.0	144.0	145.5	17.0	37.5	61.0	86.4%	74.0%	58.1%
BURTON HOSPITALS	33.0	36.5	51.5	11.0	10.0	7.5	66.7%	72.6%	85.4%
GEORGE ELIOT HOSPITAL	21.5	24.5	30.0	6.0	5.5	7.5	72.1%	77.6%	75.0%
GLOUCESTERSHIRE HOSPITALS	140.5	138.5	145.5	31.5	38.5	53.5	77.6%	72.2%	63.2%
SHREWSBURY AND TELFORD HOSPITAL	121.5	117.5	132.5	17.5	11.0	28.5	85.6%	90.6%	78.5%
SOUTH WARWICKSHIRE	45.0	59.0	54.5	7.5	9.5	12.0	83.3%	83.9%	78.0%
THE DUDLEY GROUP	1.0	70.0	71.0	0.5	10.0	10.5	50.0%	85.7%	85.2%
THE ROYAL WOLVERHAMPTON	1.0	78.5	79.0	0.0	15.5	21.0	100.0%	80.3%	73.4%
UNIVERSITY HOSPITALS OF NORTH MIDLANDS	148.5	153.5	170.0	41.5	45.0	58.5	72.1%	70.7%	65.6%
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE	76.5	95.5	100.5	13.5	11.5	15.0	82.4%	88.0%	85.1%
WALSALL HEALTHCARE	26.0	34.0	34.0	7.0	3.5	5.0	73.1%	89.7%	85.3%
WYE VALLEY	57.5	62.0	53.5	10.0	10.0	12.5	82.6%	83.9%	76.6%

Recovery plans are focussed on streamlining patient pathways, for example straight to test pathways and one-stop clinics.

Performance for the 31-day subsequent chemotherapy standard was slightly below target in February and because the breach tolerance is so small, performance is expected to be below target for the quarter. This was caused by capacity issues in Quarter 4 which have now been resolved. Performance will be back on track in 2017/18.

All the other national cancer targets were met in February (Table 3).

Table 3: Performance for all Cancer targets February 2017

Indicator	14 day Cancer	14 day Breast	31 day First	31 day Sub Chem	31 day Sub Surgery	31 day Sub RT	62 day GP (inc. Rare Cancer)	62 day Upgrade	62 day Screening
Target	93%	93%	96%	98%	94%	94%	85%	90%	90%
Brain	70.73%	-	100.00%	-	100.00%	100.00%	-	87.50%	-
Breast	91.24%	100.00%	100.00%	100.00%	100.00%	100.00%	66.67%	-	100.00%
Colorectal	99.04%	-	100.00%	100.00%	100.00%	100.00%	52.94%	100.00%	-
Gynaecology	-	-	100.00%	-	100.00%	100.00%	0.00%	-	-
Haematology	78.57%	-	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-
Head and Neck	97.35%	-	100.00%	100.00%	100.00%	91.67%	0.00%	100.00%	-
Lung	100.00%	-	100.00%	100.00%	100.00%	100.00%	70.00%	88.89%	-
Other	100.00%	-	100.00%	100.00%	100.00%	100.00%	100.00%	-	-
Paediatrics	-	-	-	-	-	100.00%	-	-	-
Rare Cancer	-	-	-	-	-	-	100.00%	-	-
Sarcoma	100.00%	-	100.00%	100.00%	-	100.00%	50.00%	100.00%	-
Skin	100.00%	-	100.00%	100.00%	97.87%	100.00%	100.00%	100.00%	-
Upper GI	95.61%	-	96.43%	80.00%	100.00%	100.00%	50.00%	90.00%	-
Urology	97.66%	-	95.00%	100.00%	100.00%	100.00%	60.00%	85.71%	-
Total	95.32%	100.00%	98.67%	97.41%	99.26%	99.63%	67.09%	93.94%	100.00%

3.2.3 18 Week Referral to Treatment (Unfinished Pathways)

Unfinished referral to treatment pathway performance was achieved at aggregate level again in February with an improved performance of 92.7%.

The overall unfinished backlog was 2,350. The total waiting list has begun to level out after several months of reducing and was 32,233 in February compared with 34,171 in June last year. This reduction is against the national trend and is related to improvements in data quality and streamlining of patient pathways.

There are 3 treatment functions which continue to perform below the 92% standard; Neurosurgery, Ophthalmology and General Surgery. Recovery action plans are in place and are focussed on matching capacity and demand, streamlining pathways and improving productivity and efficiency.

Recent aggregate performance for this standard is described below in Table 4 and performance by individual treatment function is described in Table 5.

Table 4: Aggregate 18 week Unfinished RTT performance over time

Trust	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Cur YTD
Performance	92.2%	92.3%	92.7%	92.1%	92.5%	92.7%	92.5%

Table 5: 18 week Unfinished RTT performance by Treatment Function

Treatment Function	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Cur YTD
Cardiology	94.6%	93.9%	93.4%	93.7%	93.7%	95.2%	94.7%
Cardiothoracic Surgery	100.0%	96.2%	100.0%	100.0%	96.9%	100.0%	99.2%
Gastroenterology	95.8%	96.4%	97.7%	96.7%	98.1%	97.6%	97.0%
General Surgery	87.1%	88.1%	87.0%	87.5%	85.5%	85.8%	87.1%
Dermatology	92.2%	94.6%	96.9%	93.8%	93.3%	94.0%	93.9%
General Medicine	98.9%	99.0%	98.2%	97.5%	98.4%	100.0%	98.9%
Geriatric Medicine	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%	99.9%
Ophthalmology	82.3%	82.0%	82.4%	78.9%	77.7%	78.2%	81.5%
Respiratory Medicine	97.7%	96.7%	98.4%	99.4%	98.4%	98.8%	97.7%
Rheumatology	93.8%	93.6%	95.6%	95.3%	96.7%	97.6%	95.6%
ENT	95.5%	95.8%	95.8%	95.9%	95.5%	94.8%	96.0%
Neurology	96.0%	94.7%	93.9%	89.0%	92.5%	92.2%	94.2%
Neurosurgery	73.6%	75.3%	79.2%	79.9%	82.9%	82.3%	75.2%
Oral Surgery	93.9%	94.7%	92.9%	91.7%	94.7%	98.1%	94.0%
Plastic Surgery	93.2%	93.5%	92.4%	94.2%	94.8%	95.3%	94.7%
Trauma & Orthopaedics	97.8%	97.0%	96.8%	96.6%	97.2%	97.0%	98.4%
Urology	97.6%	97.6%	96.5%	96.5%	96.6%	96.7%	97.2%
Other	95.3%	95.4%	95.4%	95.9%	96.0%	96.1%	95.5%

3.3 National Targets Monitored Locally Through CCG Contract

Of the 23 national targets that are not included as Operational Performance Metrics in the new Single Oversight Framework but are included in the CCG contract the Trust is on target for 21 and has a remedial action plan in place for 2 (cancelled operations not rearranged within 28 days and MRSA). An update is also included on Safer Staffing as it is a national requirement for the Board to receive this.

3.3.1 MRSA

There were no MRSA bacteraemias in March. The year to date total is 4 bacteraemias against a plan of zero. A trust wide action plan is in place and being monitored by the CCG.

3.3.2 Cancelled Operations not Rearranged within 28 Days

A recovery plan tolerance of 2 breaches was agreed with commissioners last year. In March there were 5 breaches of the 28 day guarantee. This was a reduction on the 11 breaches in January and 8 in February. All 5 patients have either been treated or have admission dates in April.

3.3.3 Ambulance Handover

As detailed previously the Trust disputes the accuracy of the data reported by West Midlands Ambulance Service (WMAS), accordingly a process of validation for over 60 minute breaches has been adopted. The 30 minute ambulance handover target continues to be consistently met with 96.4% achieved for the 30 minute handover target and 100% for the 60 minute handover target in March 2017.

3.3.4 Safer Staffing

Table 6 shows the Divisional break down for the March 2017 monthly nurse staffing level information for adult inpatient ward areas, including critical care. This information is published on the NHS Choices website for all Trusts with adult inpatient services.

Table 6: Divisional Breakdown of Staffing Levels

Division	Day		Night		Care Hours per Patient Day		
	registered nurses/midwives (%)	Average fill rate - care staff (%)	registered nurses/midwives (%)	Average fill rate - care staff (%)	Registered midwives/nurses	Care Staff	Overall
Div A	115%	87%	101%	71%	27.6	2.5	30.1
Div B	90%	110%	80%	128%	3.9	2.8	6.7
Div C	96%	150%	93%	197%	3.4	4.0	7.4
Div D	93%	116%	88%	142%	4.0	3.0	7.1

*Div A utilisation of care staff is very low and small increases will have a larger proportional effect.

Overall staffing levels are within the expected levels planned. In relation to the above table, the key points to note are:

- a) The Trust continues to be over recruited on Nursing Assistants which has resulted in some figures showing above 100%.
- b) In relation to Registered Nurses at night, our wards are planned to have a fairly high level of Registered Nurses on duty at night (at least 4). At times of short term sickness, for example, when one Registered Nurse has reported sick, the Trust may, after reviewing the acuity and dependency of the ward, alter the skill mix and replace the shift with a Nursing Assistant, this is why the overall data for nights can be below 100% for Registered Nurses and over 100% for Nursing Assistants.

No other exceptions are noted. This information is now available on the NHS Choices website. NHS England has asked NICE to discontinue its work on staffing guidelines but NICE has indicated that it still intends to publish its guidance for safe staffing of A&E departments.

4. **Local Indicators**

Local indicators continue to be monitored that reflect the Trust's priorities and contractual obligations. Of the Trust's 53 local indicators 28 (53%) are currently on target, 20 (38%) are slightly below target and 5 (9%) have remedial action plans in place. Details of those indicators where remedial action plans are in place are contained below:

4.1 Cancelled Elective Operations

In March there were 110 elective operations that were cancelled at short notice for non-clinical reasons; a reduction on the 133 cancellations in February. The majority of these were related to emergency admission pressures, eg beds not available or operations displaced by a transplant or emergency procedure.

4.2 % Spend on Bank and Agency Staffing

Performance for both indicators continues to improve. External agency spend was maintained at 3.9% in February and bank spend was 3.8%. Combined spend at 7.7% was lower than the annual average of 8.3%.

4.3 Omitted Drugs

In March 4.1% of antibiotic drug doses were not administered. Over the month 10.8% of non-antibiotic doses were not also administered. Performance for both indicators improved slightly compared with the previous month.

4.4 Staff Sickness Rates

Long term sickness remained static in February at 2.2%. Divisions B and D both achieved the required standard overall. Short term sickness improved to 2.0% in February from 2.2% in January.

4.5 Delayed Transfers of Care

The number of beds occupied by a patient with a delayed transfer of care decreased slightly in February 2017 compared with the January peak. The reduction continued through March with the daily average number of delayed transfers of care at 72, compared with a daily average of 96 in February and 93 in January.

Table 7: Delayed transfers of care over time

Indicator	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
DTOC - NHS Days Delayed	362	327	432	282	485	539	619	650	410	302	323
DTOC - Social Care Days Delayed	1129	1254	1253	1219	1534	1389	1368	1325	2071	2210	1968
DTOC - Both (NHS & Social Care) Days Delayed	105	64	83	37	39	163	265	253	23	52	172
Total DTOC Days	1596	1645	1768	1538	2058	2091	2252	2228	2504	2564	2463

5. Recommendations

The Board of Directors is requested to:

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

Tim Jones
Executive Director of Delivery