UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 JANUARY 2018

Title:	**PERFORMANCE INDICATORS REPORT**
Responsible Director:	Director of Corporate Strategy, Planning & Performance
Contact:	Andy Walker, Head of Strategy & Planning Lorraine Simmonds, Head of Corporate Service Redesign

Purpose:	To provide the Board of Directors with a detailed update on Emergency Department performance and on the Trust's performance against the Single Oversight Framework targets and indicators, contractual targets and internal targets.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Affects all strategic aims.
Key Issues Summary:	The Trust saw a significant improvement against the A&E 4 hour standard in December but has experienced an extended period of considerable pressure since Christmas Day. Exception reports have been provided where there are current or future risks to performance for other targets and indicators included in the Single Oversight Framework, national targets monitored contractually and internal indicators. Further details and action taken in response to the exceptions identified are included in the report.
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:**	15 January 2018

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PERFORMANCE INDICATORS REPORT

PRESENTED BY THE DIRECTOR OF CORPORATE STRATEGY, PLANNING & PERFORMANCE

1. Purpose

The first part of this paper outlines the Trust's performance against the A&E 4 hour standard which showed a significant improvement in December but has seen significant challenge after Christmas.

The second part summarises the Trust's performance against all other national indicators and targets, including those in the Single Oversight Framework and other local priorities monitored by commissioners.

Material risks are detailed in this paper. National targets that are currently reported as 'Red' or 'Amber' are included as exceptions. Local targets are reported as exceptions where performance is 'Red'.

2 A&E 4 hour waits

2.1 December Performance

Performance for Type 1 attendances in December was 89.8%. This was the Trust's best performance since December 2015 and an increase of 8.7 percentage points compared to November. This is in contrast to previous years where December has had lower performance than November. Performance with Type 2 and Type 3 attendances included was 94.5% in December.

Table 1: November and December A&E 4 Hour Wait Performance

	Nov-17	Dec-17
Type 1 attendances	9522	9667
Type 1 breaches	1804	986
4 hour performance (type 1)	81.05%	89.80%
Admissions from A&E	3073	3552
Other emergency admissions	1314	1146
All type attendances	17899	17868
All type breaches	1808	986
4 hour performance (all types)	89.9%	94.5%

The best performing day of the month was Monday 4 December which saw performance of 98.14% with 323 attendances, whilst Tuesday 19 December was

the worst performing day which had 328 attendances and saw performance of 74.39%.

A letter was sent to Trusts by the CEO of NHS Improvement in October 2017 requesting that Trusts review their reporting of urgent and emergency care activity to ensure it included all reportable attendances. Following the agreement of the Board of Directors and in line with the letter sent by NHS Improvement, attendances for services set up to divert activity away from A&E (e.g. hot clinics) were included in the Trust's November submission to NHS England as Type 2 attendances. These additional attendances were, however, rejected by NHS England, with a commitment to allowing the Trust to resubmit this activity once revised national guidance has been published. The new national guidance was due to be published by end of December but has not yet been made available.

In the meantime the Trust continues to record Type 1 and Type 2 emergency care activity so that both types can be submitted as soon as national guidance allows.

The Trust also saw improvement in the quality-focussed indicators of the time taken for patients to be assessed from arrival in the department and the time taken for treatment to be initiated from arrival. The median time to assessment was 12 minutes, less than the 15 minute target whilst the median time to treatment fell to 63 minutes, the best performance in ten months.

2.2 Comparative National Performance

The Trust's performance in December compared well with the rest of the country. England saw its lowest recorded 4-hour performance for Type 1 attendances at 77.3% for the month with all-type performance being 85.1%. UHB was one of only ten trusts nationally to see an improvement in Type 1 performance compared to November.

Of the West Midlands acute trusts, only Birmingham Women's and Children's, and of the Shelford Group, only Newcastle, were above the 90% STF threshold, even when all types of activity are included. UHB's Type 1 performance was ranked 16th out of 137 trusts with a Type 1 A&E. For all-type performance UHB ranked 21st. UHB was the highest performer of the ten Shelford Group trusts based on Type 1 and second-best based on all-type performance. The Birmingham and Solihull STP ranked 12th out of 44 STPs for all-type performance.

The number of attendances across England increased by 1.0% for Type 1 activity compared to December 2016 whereas UHB saw an increase of 2.3%.

Nationally there was a significant increase in 12 hour trolley wait breaches in December; there were 497 over the month compared to 109 in November. The Trust did not report any 12 hour breaches. Sandwell and West Birmingham Hospitals NHS Trust reported one breach and Worcestershire Acute Hospitals NHS Trust reported four breaches.

A number of stories have been reported in the media of Trusts declaring 'black alerts', that is reaching Level 4 under the national Operational Pressures Escalation Level (OPEL) system where they are "unable to deliver comprehensive care" and "there is increased potential for patient care and safety to be compromised". National figures are not being published by NHS England over the

2017/18 winter, in contrast to previous years. The Trust did not escalate to Level 4 in December or to-date in January. In the West Midlands, Russells Hall Hospital spent 4 days at Level 4 in December and 3 days in January (to 12 January), Walsall spent 2 days in December and 4 days in January and Wolverhampton has spent 1 day each month at Level 4.

Another area of press focus has been delayed ambulance handovers, with reports of significant numbers of patients being treated in ambulances outside some hospitals when A&E departments did not have capacity for the number of attendances seen. For the period 20 November to 7 January the Trust has seen 7.7% of ambulance arrivals wait between 30 and 60 minutes compared to the national average of 10.5%. In the same period, 0.4% waited more than 60 minutes, significantly less than the national average of 3.3%.

2.3 Action Taken

The Trust has implemented a comprehensive winter plan, prepared in advance, and a number of additional actions since, including:

a) The opening of the Emergency Observation Unit adjacent to the Emergency Department on 27 November and the placing of "one up" patients on wards from the same week. An immediate significant improvement in performance and other quality indicators was seen: Type 1 performance the week beginning 20 November was 80.19% and in the week beginning 27 November was 90.11%. It has been identified that there may be scope to increase utilisation of the Unit further and one of the Emergency Medicine consultants is working to identify and develop further pathways for which it could be used.
b) Additional senior medical leadership support provided to the Emergency Department.
c) The opening of 24 beds at the Norman Power Centre on 2 January as a nurse-led off-site ward to which patients who are medically fit to leave the acute hospital can be transferred whilst the next steps in their care are being arranged.

The additional national funding for winter schemes announced in the Autumn Budget was only allocated in the week before Christmas. The National Emergency Pressures Panel (NEPP), chaired by Professor Sir Bruce Keogh, wrote to all providers on 19 December and 2 January outlining a number of actions that Trusts are recommended to take to improve emergency flow over the winter including:

a) Deferring all non-urgent inpatient elective care until 31 January. The panel reiterated that cancer operations and time-critical procedures should go ahead as planned.
b) Also deferring day-case procedures and routine outpatient appointments where this will release clinical time for non-elective care.
c) Implementing consultant triage at the front-door so patients are seen by a senior decision maker on arrival at the Emergency Department.
d) Ensuring consultant availability for phone advice for GPs.
e) Maximising the usage of ambulatory care and hot clinic appointments as an alternative to Emergency Department attendance and/or hospital admissions.

f) Increasing support from Allied Health Professionals, for example physios and therapists, for rehabilitation and discharge.
g) Staffing additional inpatient beds.
h) Ensuring twice daily review of all patients to facilitate discharge.
i) Commissioners not enforcing sanctions for mixed sex accommodation breaches.
j) Ensuring the vaccination for flu of frontline staff.

Whilst these were described as ‘recommendations’, the Trust has been required to submit information to NHS Improvement, commissioners and the CQC on how it is implementing them. The Trust has taken the following action in response to each of the NEPP’s recommendations:

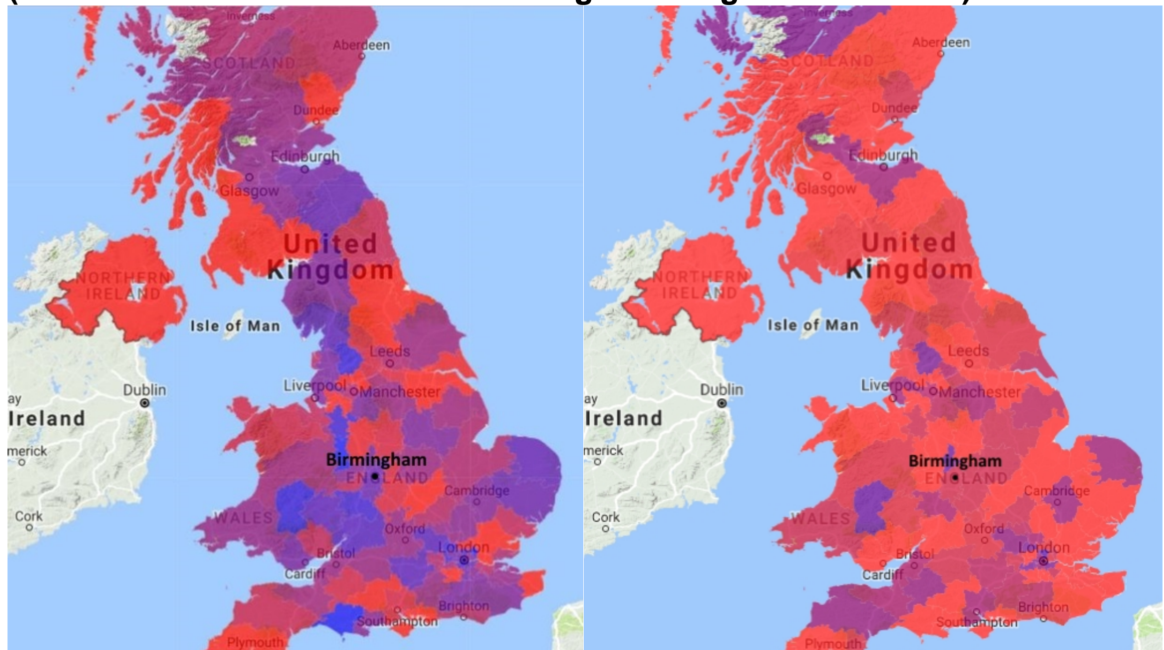
a) Only 17% of the Trust’s inpatient bed base is used for routine elective work, with the bulk of beds used for emergencies or tertiary work including transplants. These cannot be delivered elsewhere and are time-critical or are likely to result in an emergency admission if not admitted electively. A set of criteria has been agreed to standardise the way decisions about cancelling patients are made;
b) The skill-mix of day-case areas and the requirement for urgent day-case procedures to still be carried out have meant that much day-case work has continued although day-case facilities continue to be used to support capacity and flow issues;
c) Consultant-led triage is in place for EOU and Acute Medical Clinics and is continuing to be developed for other areas;
d) Phone advice is in place across all services via the Trust’s Directory of Services;
e) This was part of the Trust’s pre-existing Winter Plan;
f) This was part of the Trust’s pre-existing Winter Plan;
g) This was part of the Trust’s pre-existing Winter Plan. Further beds for medical outliers have now been identified. Medical outlier patients are being cohorted to allow patients with similar conditions to be treated adjacently and on a clinically suitable ward;
h) Divisional Directors are implementing local plans through the use of SPA time or the redeployment of staff from other clinical activities;
i) This has been communicated, however there has been no need to breach mixed-sex accommodation to date;
j) This was part of the Trust’s pre-existing Winter Plan. As of 11 January 68.0% of frontline staff had been immunised with 110 more immunisations required to achieve the 70% target. Provisional data from Public Health England shows that nationally 55.6% of frontline staff were vaccinated by 30 November 2017.

An increase in cancellations of elective activity has the potential to affect other areas of the Trust’s performance. Future RTT performance may be at risk and it has been acknowledged by NHS England that this may lead to an increase in 52 week breaches nationally. To date the Trust has not had any 52 week breaches and the small number of long waiting patients the Trust does have are actively being tracked and currently have admission dates that would result in a total wait of less than 52 weeks. There is also a risk to activity and income targets as elective activity paid at full tariff is displaced by emergency activity with a longer average length of stay which is only paid at 70% of tariff.

2.4 Influenza-Like Illness

Nationally there has been an increase in influenza-like illness (ILI), with reported cases significantly above the level expected at this time of year. In the week ending 11 January twenty hospitals were reporting outbreaks. UHB has not seen an outbreak, however an increase has been seen in the number of cases presenting to the Emergency Department. As of 12 January there were 24 confirmed cases of influenza or respiratory syncytial virus in the Trust and there have been a total of 153 cases in the Trust since the flu season began. The Trust has a plan in place for the management of a flu outbreak and this has been reviewed to ensure that the Trust has taken all possible steps to be prepared for that eventuality. Figure 1 below shows data from Public Health England on the number of reported cases with a significant increase seen in recent days in many areas, including Birmingham.

Figure 1: Incidence of Influenza-like Illness on 7 and 12 January 2018 (Dark blue indicates no cases and bright red highest incidence)

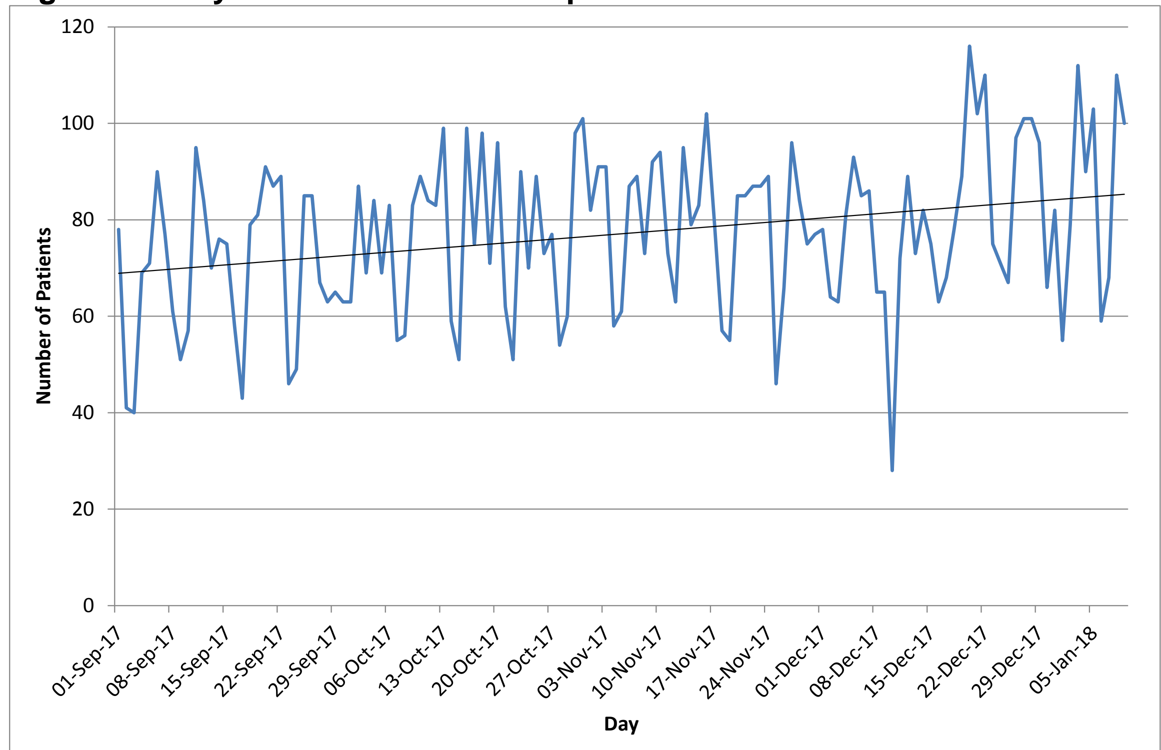


Source: Public Health England

2.5 Post-Christmas A&E Performance

Although the Trust saw much improved performance over December as a whole, it has experienced an extended period of pressure from Christmas Day onwards, due to increased demand and workforce challenges. In the week from 2 January, the Trust saw an increase in attendances of 5.0%, compared to the previous year, with attendances of patients aged 65 and over increasing by 12.9% and admissions through the Emergency Department (excluding those to EOU as that was not open last year) increasing by 10.8%. These higher levels of attendances, together with an increase in the medical take (particularly in the past fortnight, as shown in Figure 2 below), with influenza being a greater factor, continue to put significant pressure on the Department which is expected to significantly affect January performance.

Figure 2: Daily Medical Take from September 2017



The Trust has seen a decrease in the number of patients whose transfer of care is delayed (See Section 6.1 for full exception report). There was a significant increase in discharges before Christmas. Many patients who were admitted over the New Year are still unwell and not medically fit for discharge yet. Delayed Transfers of Care may be expected to increase therefore as these patients recover and become fit for discharge.

The Trust continues to implement and refine the actions outlined in section 2.3 to ensure that performance is maximised and a clinically safe service continues to be offered to patients.

3. 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.

4. 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.

4.1 Single Oversight Framework

Providers are now segmented from 1 to 4 with 1 being the best performing and 4 the worst. The operational performance indicators used are shown in Table 2.

- **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.

Table 2: Indicators in the Single Oversight Framework

Standard	Frequency	Target
A&E maximum waiting time of four 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%
Dementia: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have a diagnosis of dementia or delirium or to whom case finding is applied	Quarterly	90%
Dementia: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who, if identified as potentially having dementia or delirium, are appropriately assessed	Quarterly	90%
Dementia: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours where the outcome was positive or inconclusive, are referred on to specialist services	Quarterly	90%

4.2 NHS Improvement – Sustainability and Transformation Fund

In 2017/18 the performance part of the STF is payable for achievement of the A&E 4-hour wait trajectory only. The total value of this part of the STF is £5m.

In Q1, although the Trust's performance for the A&E 4-hour standard fell below the 90% required at 84.9%, system performance was 91.06%. This level of performance, combined with the implementation of A&E front door streaming and trusted assessor, met the Q1 criteria for STF payment.

Q2 performance for the Trust was confirmed as 85.4%. However, system performance fell marginally short of the 90% standard at 89.79%. Commissioners subsequently submitted an appeal which demonstrated that if acute trust activity which is now streamed away from A&E is included, performance for the 4-hour standard improves to 91.43%. This appeal was successful and the Trust received the allocated Q2 STF funding. As the payments are weighted towards year-end this was 20% of the £5m full-year payment.

4.3 A&E 4 hour waits

See section 2 above.

4.4 18 week Referral to Treatment (Unfinished)

Unfinished pathway performance was achieved at aggregate level again in November with performance of 92.1%. However, the recent month on month increase in cancelled elective procedures is starting to have a detrimental impact on 18 week performance. The total number of unfinished patients with an 18 week clock still ticking at the end of November was 35,000 compared with a 12-month average of 33,500. The backlog of patients waiting more than 18 weeks was 2,750 compared with a maximum 8% tolerance of 2,780.

There are 3 treatment functions which continue to perform below the 92% standard; Neurosurgery (80.7%), Ophthalmology (80.4%) and General Surgery (84.3%). Recovery action plans are in place. Table 3 shows performance for October and November and the number of patients waiting longer than 18 weeks at the end of November.

Table 3: RTT Performance by Treatment Function - November and December

	Oct-17	Nov-17	Number patients waiting >18 weeks at 30/11/2017
Cardiology	96.3%	94.6%	111
Cardiothoracic Surgery	100.0%	100.0%	0
Dermatology	92.7%	92.2%	177
ENT	93.8%	92.9%	199
Gastroenterology	98.3%	98.3%	34
General Medicine	99.6%	99.8%	1
General Surgery	82.1%	84.3%	216
Geriatric Medicine	100.0%	99.9%	1
Neurology	94.0%	94.0%	128
Neurosurgery	78.2%	80.7%	412
Ophthalmology	78.9%	80.4%	829
Oral Surgery	98.2%	97.9%	2
Other	96.0%	95.3%	479
Plastic Surgery	97.0%	96.4%	22
Respiratory Medicine	98.5%	98.7%	9
Rheumatology	97.9%	97.7%	18
Trauma & Orthopaedics	94.3%	94.7%	45
Urology	95.1%	95.2%	67

4.5 Cancelled Operations

There were 166 elective operations cancelled at short notice for non-clinical reasons in November, a small decrease from 172 in October. The majority of cancelled operations were related to ongoing emergency pressures; i.e. displaced by a transplant or emergency, or because Critical Care and ward beds were unavailable. The specialities with the highest number of cancellations were Liver Surgery (40), Cardiac Surgery and Neurosurgery (both 29). There were 13 breaches of the 28 day guarantee in November.

Following the recommendation from the NEPP regarding the cancellation of elective surgery there will be additional cancellations in future months however these are not expected to increase this indicator as they will have been cancelled before the day of surgery; it may actually lead to a decrease in nationally-reported cancellations on the day of surgery.

4.6 Cancer Targets

Performance for the Cancer 62 day GP-referral standard was reported externally as 77.0% in November. Performance improved to 86.2% with breaches reallocated and was, therefore, above the minimum national standard of 85%. The 62 day backlog was 61 patients as of 8th January and 38 of these were tertiary referrals. Table 4 below shows performance for all targets split by tumour site.

Table 4: Cancer performance by tumour site - November 2017

	14 day Cancer	14 day Breast	31 day First	31 day Sub Chem	31 day Sub RT	31 day Sub Surgery	62 day GP	62 day Screening	62 day Upgrade
Brain	88.2%	-	100.0%	-	100.0%	100.0%	-	-	100.0%
Breast	95.1%	100.0%	100.0%	-	100.0%	100.0%	88.0%	100.0%	100.0%
Colorectal	96.8%	-	100.0%	100.0%	100.0%	100.0%	78.3%	100.0%	100.0%
Gynaecology			100.0%	100.0%	100.0%	-	0.0%	-	100.0%
Haematology	90.5%	-	100.0%	100.0%	100.0%	100.0%	87.5%	-	90.9%
Head and Neck	92.0%	-	96.9%	100.0%	95.5%	100.0%	40.0%	-	84.0%
Lung	```	-	100.0%	100.0%	100.0%	100.0%	63.6%	-	80.0%
Other	-	-	-	-	100.0%	100.0%	-	-	-
Paediatrics	-	-	-	100.0%	100.0%	-	-	-	-
Sarcoma	66.7%	-	50.0%	100.0%	100.0%	100.0%	0.0%	-	100.0%
Skin	96.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%
Upper GI	88.6%	-	100.0%	100.0%	100.0%	100.0%	79.0%	-	92.9%
Urology	98.7%	-	93.8%	100.0%	98.9%	100.0%	88.5%	-	90.9%

At 8th January there were 19 patients past 104 days on the PTL. Of these 11 have a diagnosis of cancer and 4 patients have a treatment date. There were 15 tertiary referrals received during week commencing 25th December. 10 of these were already past day 38 when they were received and 5 were past day 71. The other cancer targets were all achieved in November, including two week waits for suspected cancer which was back above target.

The Trust continues to be monitored against a cancer recovery plan agreed with NHSI and the CCG. All Trust actions are on track and 62 day performance for internal Trust patients was 88.6% in November as a result. However, performance for tertiary patients continues to be poor at 44% as a result of the continuing high number of late tertiary referrals. There is a commitment from NHSI and the Cancer Alliance to work with other Trusts on the delivery of key actions that will reduce the number of late tertiary referrals received by the Trust. Late referrals by Trust for

November are shown in Table 5 below. Sandwell and West Birmingham NHS Trust has large numbers of tertiary referrals as part of the transfer of services to UHB.

Table 5: Tertiary Referrals Treated in November

	Tertiary Referrals Received > Day 38	Total Tertiary Referrals
Sandwell and West Birmingham	20	29
Walsall	11	16
Heart of England	8	16
South Warwickshire	4	7
Dudley Group	2	6
Shrewsbury and Telford	2	5
Other Trusts	15	24
Total	**62**	**103**

4.7 Safer Staffing

Table 6 shows the Divisional break down for the December 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 December 2017

	Day		Night		Care Hours per Patient Day		
Division	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Registered midwives / nurses	Care Staff	Overall
Div A	99%	73%	99%	87%	26.4	2.6	29.1
Div B	77%	113%	77%	164%	3.4	2.9	6.3
Div C	80%	148%	79%	205%	2.5	3.8	6.3
Div D	83%	114%	85%	160%	2.6	2.3	4.9

*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.

5. Local Indicators

Appendix A outlines performance against key local indicators. Risks to achievement of local targets are outlined below.

5.1 Delayed Transfers of Care

The proportion of all patients with a delayed transfer of care improved to 4.5% in November compared to 4.9% in October. For NHS and jointly attributable delays there was a decrease from 1.4% to 1.3%. A further reduction was seen in the number of patients waiting for a nursing home placement.

5.2 Omitted Drug Doses

In December 4.78% of antibiotic drug doses were not administered compared to 4.63% in November. Over the month 11.95% of non-antibiotic doses were not also administered, an increase from 11.62% in November. For omitted antibiotics, Critical Care Area C was the only ward to achieve the target, whilst for non-antibiotics, Coronary Care, Ward 516 and Ward 621 achieved the target.

5.3 % spend on bank and agency staffing

The percentage of workforce spend that was used for external agency staff fell to 2.4% in November from 2.8% in October. This was the lowest percentage external agency spend since April and May 2015. Internal bank spend was static at 5.1%.

5.4 Sickness Absence

Short term sickness was above target in November with 2.1% of full time equivalent working days lost, an increase from 2.0% in October. Long term sickness fell to 2.2% from 2.4% in October. This is a slightly earlier start to the winter increase in sickness due to coughs, colds and influenza than in 2016/17 where it began in December. Please see section 2.4 for details on the Trust's progress with the staff influenza vaccination programme.

5.5 Outpatient Letters

There was a significant improvement in letter turnaround performance in October with 68.0% of letters being distributed within 10 days compared to 62.8% the previous month. Liver Medicine, General Medicine, Respiratory Medicine, Lung Investigation and Maxillofacial Surgery all saw performance above 80% for the first time for at least two months.

6. 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 Corporate Strategy, Planning & Performance