

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 30 MARCH 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 : 20 March 2017
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 30 MARCH 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 under the new framework.

The following Operational Performance indicators are used in the new 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.

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

3.2.1 A&E 4 Hour Waits

Performance for the A&E 4 hour wait target improved significantly in February 2017 to 81.1%, compared with 73.2% in January.

Attendances reduced to 8,753 for the month; this was both below the recent trend and also 5% less than in February 2016.

There were two 12-hour trolley wait breaches in February. Both were as a result of significant delays in the Mental Health pathway. Root Cause Analysis (RCA) investigations were completed for both cases and no UHB-attributable delays were identified. Findings have been shared with the Mental Health provider, CCG and NHS England.

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

3.2.2 Cancer 62 Day Urgent GP Referral Target

Performance for the Cancer 62 day standard was 72.4% in January, compared with 76.8% in December. The deterioration in performance was as a result of an increased number of treatments in January of patients who deferred appointments in the December holiday period.

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 January is 72.1%.

Recovery plans are in place for the most challenged tumour sites. Actions are focussed on streamlining patient pathways, for example the introduction of straight to test pathways and one-stop clinics.

Please see chart 1 for a summary of performance over time for the Cancer 62 day standard. Please note that February and March are incomplete months in terms of number of treatments.

Performance for the 31-day subsequent chemotherapy standard was slightly below target in January and as a result performance is expected to be slightly below target for the quarter overall. This was caused by capacity issues in January which have now been resolved. Performance for this standard will be back on track from Quarter 1. All the other national cancer targets were met in January (Chart 2).

Chart 1: Cancer 62 day performance over time

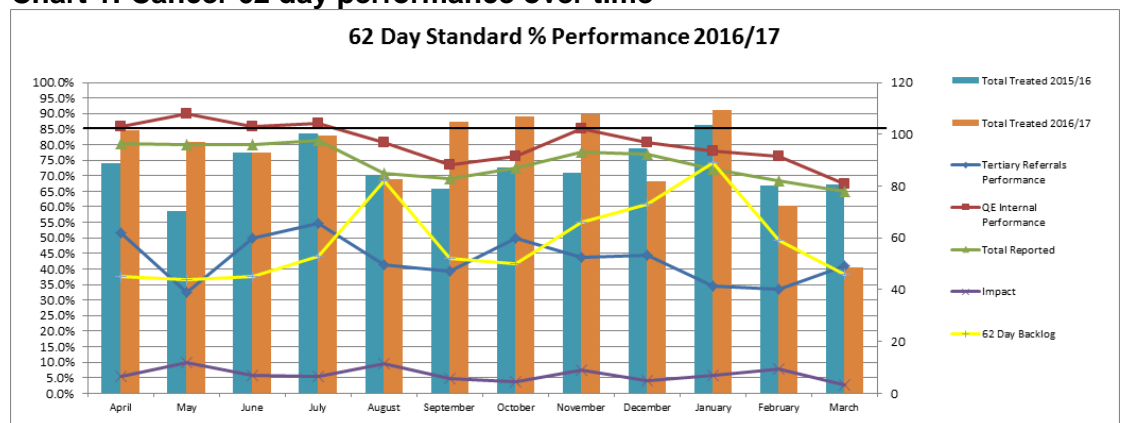


Chart 2: Performance for all Cancer targets January 2017

Cancer Performance by Tumour Type - January 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	82.86%	-	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	-
Breast	95.73%	95.00%	96.67%	100.00%	100.00%	98.85%	88.24%	-	100.00%
Colorectal	98.31%	-	100.00%	100.00%	94.44%	100.00%	36.84%	100.00%	71.43%
Gynaecology	-	-	-	-	-	100.00%	-	-	-
Haematology	100.00%	-	100.00%	100.00%	100.00%	100.00%	50.00%	100.00%	-
Head and Neck	92.63%	-	97.62%	100.00%	100.00%	100.00%	53.57%	96.30%	-
Lung	100.00%	-	100.00%	100.00%	100.00%	100.00%	86.67%	100.00%	-
Other	-	-	100.00%	-	100.00%	100.00%	-	100.00%	-
Paediatrics	100.00%	-	-	-	100.00%	100.00%	-	-	-
Rare Cancer	-	-	-	-	-	-	100.00%	-	-
Sarcoma	100.00%	-	85.71%	-	100.00%	100.00%	0.00%	33.33%	-
Skin	98.67%	-	100.00%	100.00%	92.50%	100.00%	100.00%	83.33%	-
Upper GI	91.89%	-	80.95%	100.00%	90.00%	100.00%	40.00%	100.00%	-
Urology	97.84%	-	96.08%	90.00%	91.67%	98.15%	76.12%	100.00%	-
Total	96.19%	95.00%	96.82%	95.12%	95.20%	99.07%	72.15%	90.91%	92.00%

3.2.3 18 Week Referral to Treatment (Unfinished Pathways)

Unfinished pathway performance was achieved at aggregate level again in January with an improved performance of 92.5%.

The total waiting list continues to reduce each month and as a consequence the number of breaches allowed within the 8% tolerance also decreases, making the 92% standard more difficult to achieve.

Improvement plans are particularly focused on those specialties which contribute the greatest proportion of the over 18-week backlog; Neurosurgery, Ophthalmology and General Surgery.

Performance in Neurosurgery has now improved in each of the last 7 months as a result of the introduction of a triage service for spinal referrals. The specialty is on track to achieve the 92% target by Summer 2017.

Recent aggregate performance for this standard is described below in Chart 3 and performance by individual treatment function is described in Chart 4 over the page.

Chart 3: Aggregate 18 week Unfinished RTT performance over time

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

Chart 4: 18 week Unfinished RTT performance by Treatment Function

Division B	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Cur YTD
Cardiology	95.3%	94.6%	93.9%	93.4%	93.7%	93.7%	94.7%
Cardiothoracic Surgery	100.0%	100.0%	96.2%	100.0%	100.0%	96.9%	99.1%
Gastroenterology	97.7%	95.8%	96.4%	97.7%	96.7%	98.1%	96.9%
General Surgery	87.0%	87.1%	88.1%	87.0%	87.5%	85.5%	87.3%
Division C	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Cur YTD
Dermatology	92.4%	92.2%	94.6%	96.9%	93.8%	93.3%	93.9%
General Medicine	99.7%	98.9%	99.0%	98.2%	97.5%	98.4%	98.8%
Geriatric Medicine	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%	99.9%
Ophthalmology	79.4%	82.3%	82.0%	82.4%	78.9%	77.7%	81.9%
Respiratory Medicine	97.0%	97.7%	96.7%	98.4%	99.4%	98.4%	97.6%
Rheumatology	94.7%	93.8%	93.6%	95.6%	95.3%	96.7%	95.4%
Division D	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Cur YTD
ENT	96.1%	95.5%	95.8%	95.8%	95.9%	95.5%	96.1%
Neurology	95.6%	96.0%	94.7%	93.9%	89.0%	92.5%	94.4%
Neurosurgery	72.7%	73.6%	75.3%	79.2%	79.9%	82.9%	74.6%
Oral Surgery	93.5%	93.9%	94.7%	92.9%	91.7%	94.7%	93.7%
Plastic Surgery	92.7%	93.2%	93.5%	92.4%	94.2%	94.8%	94.7%
Trauma & Orthopaedic	99.2%	97.8%	97.0%	96.8%	96.6%	97.2%	98.5%
Urology	97.6%	97.6%	97.6%	96.5%	96.5%	96.6%	97.2%
Other	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Cur YTD
Other	95.3%	95.3%	95.4%	95.4%	95.9%	96.0%	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 20, has a remedial action plan in place for 2 (cancelled operations not rearranged within 28 days and MRSA) and is slightly below target for 60 minute ambulance handover. 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 was 1 MRSA bacteraemia in January and none in February. 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 January there were 11 breaches of the 28 day guarantee as a result of an increase in emergency admissions and a reduction in bed capacity caused by a higher than usual number of patients with a delayed transfer of care. All 11 patients have now been treated.

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 95% achieved for the 30 minute handover target and 99.8% for the 60 minute handover target in February 2017.

3.3.4 Safer Staffing

Chart 5 shows the Divisional break down for the February 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.

Chart 5: 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	112%	89%	100%	69%	26.7	2.5	29.2
Div B	91%	110%	79%	137%	3.9	2.9	6.8
Div C	94%	142%	88%	200%	3.2	3.8	7.1
Div D	92%	113%	84%	145%	3.8	3.0	6.8

*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 (54%) are currently on target, 19 (36%) are slightly below target and 6 (11%) 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 January there were 145 (2.52%) elective operations that were cancelled at short notice for non-clinical reasons. 87% of operations that were cancelled in January 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 3.8% in January and bank spend decreased to 3.7%. This is the best combined performance for over a year.

4.3 Omitted Drugs

In February 4.36% of antibiotic drug doses were not administered. Over the month 11.33% of non-antibiotic doses were not also administered. Performance for both indicators has remained static for some time.

4.4 Staff Sickness Rates

Long term sickness reduced slightly from 2.4% in December to 2.3% in January. Only Division B achieved the required standard overall. There were hotspots in Additional Clinical Services (Healthcare Assistants) in all divisions and in Admin and Clerical services in divisions C, D and Corporate. Short term sickness remained static at 2.2% in January.

4.5 Delayed Transfers of Care

The number of beds occupied by a patient with a delayed transfer of care increased again in January 2017 and reached an all-time high of 2,564 bed days over the month.

Chart 6: 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
DTOC - NHS Days Delayed	362	327	432	282	485	539	619	650	410	302
DTOC - Social Care Days Delayed	1129	1254	1253	1219	1534	1389	1368	1325	2071	2210
DTOC - Both (NHS & Social Care) Days Delayed	105	64	83	37	39	163	265	253	23	52
Total DTOC Days	1596	1645	1768	1538	2058	2091	2252	2228	2504	2564

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