

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

**THURSDAY 27 OCTOBER 2016**

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT AND 2016/17 ANNUAL PLAN QUARTER 2 UPDATE</b>
<b>Responsible Director:</b>	Executive Director of Delivery
<b>Contact:</b>	Lorraine Simmonds, Head of Service Improvement Andy Walker, Head of Strategy & Planning

<b>Purpose:</b>	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. To provide Quarter 2 performance against the agreed Annual Plan key tasks and strategic enablers for 2016/17.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	Affects all strategic aims.
<b>Key Issues Summary:</b>	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. For the 2016/17 Annual Plan, 96.9% of key tasks are on plan and 3.1% of key tasks are slightly below plan.
<b>Recommendations:</b>	The Board of Directors is requested to: <b>Accept</b> the report on progress made towards achieving performance targets and associated actions and risks. <b>Accept</b> the Quarter 2 2016/17 performance update against the Trust Annual Plan.

<b>Approved by :</b>	Tim Jones	Date : 19 October 2016
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 27 OCTOBER 2016

### PERFORMANCE INDICATORS REPORT AND 2016/17 ANNUAL PLAN QUARTER 2 UPDATE

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 new Single Oversight Framework which commenced on 1<sup>st</sup> October 2016, 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. Quarter 2 performance against the agreed Annual Plan key tasks and strategic enablers for the year 2016/17 is also reported.

#### 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 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

NHS Improvement (NHSI) has introduced a new Single Oversight Framework (SOF) for both NHS trusts and foundation trusts which replaced Monitor's Risk Assessment Framework (RAF) for foundation trusts on 1<sup>st</sup>

October. Under the RAF boards were required to make a quarterly declaration relating to governance. This has been discontinued following the introduction of the SOF however NHS Improvement has not yet developed a replacement. Consequently there is no NHS Improvement Quarterly Declaration paper for the Board to consider this Quarter.

There are five themes within the framework, as follows:

- **Quality of Care:** the CQC’s rating for the Safe, Caring, Effective and Responsive domains, delivery of the four priority 7 day standards and in-year information.
- **Finance and Use of Resources:** Financial efficiency and progress in meeting the financial control total.
- **Operational Performance:** Progress with improving and sustaining performance against NHS Constitution and other standards.
- **Strategic Change:** How well providers are delivering the strategic changes set out in the Five Year Forward View.
- **Leadership and Improvement Capability:** A shared system view with CQC on what good governance and leadership looks like, including organisations’ ability to learn and improve, building on the joint CQC and NHSI well-led framework.

The following Operational Performance indicators will be used in the new framework:

**Table 1: Operational Performance Metrics**

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%

Providers will be segmented according to the following scale:

- **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

Trust ratings against the new Single Oversight Framework are yet to be published.

Of the 5 Operational Performance Indicators in the Single Oversight Framework, 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.

### 3.2 NHS Improvement – Sustainability and Transformation Fund

Appendix B outlines performance against the Sustainability and Transformation Fund (STF) improvement trajectories. Payment will be 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.

For Quarter 1 payment was made for simply agreeing the trajectories. There is a tolerance of 1% for each performance target in Quarter 2 and 0.5% in Quarter 3, but nothing in Quarter 4.

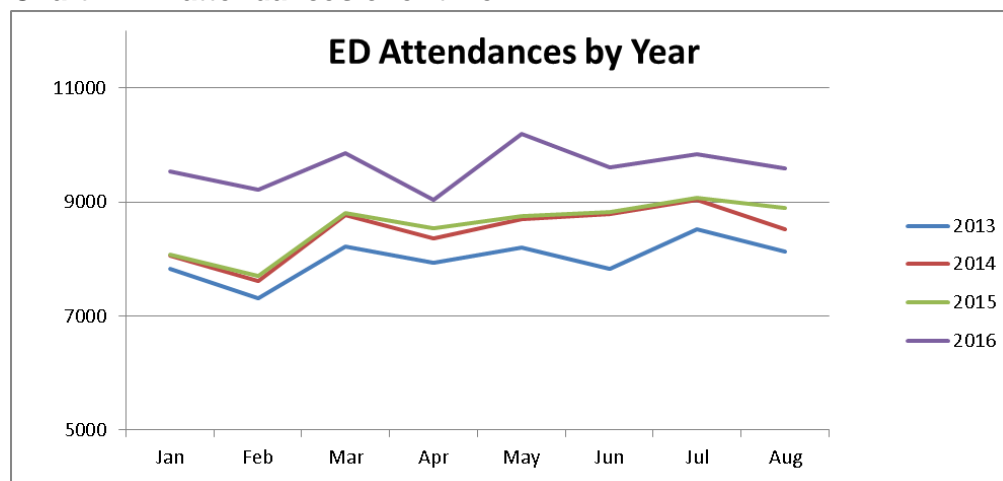
Underlying assumptions have been agreed for each performance target. There is an appeals process to follow should one of the underlying assumptions change. If an appeal is upheld by the NHSE and NHSI regional directors a subsequent revision to the STF trajectory has to be agreed with commissioners.

Of the 3 STF trajectories, 1 was on target in the most recent month. The 62 day urgent GP referral cancer trajectory was not met and the A&E 4 hour wait trajectory was not met.

#### 3.3.1 A&E 4 Hour Waits

Performance for the A&E 4 hour wait target improved slightly in September to 81.7% from 81.5% in August. There were 9,578 attendances in September. Attendances for the period January to August 2016 were 11% higher than the same period last year and 20% higher than the same period in 2013 (see chart 1 below).

**Chart 1: ED attendances over time**



A streamlined recovery plan is in place which focuses on delivery of the SAFER patient flow bundle;

- **S** – Senior Review: An improved consultant rota in ED to match capacity to patient attendance profile and peaks in demand. In addition building work is nearing completion and will provide additional clinical space.
- **A** – All patients to have an Expected Discharge Date: The Red to Green and Clinical Utilisation Review projects will identify and tackle both internal and external delays to reduce length of stay and provide more certainty regarding date and time of discharge.
- **F** – Flow of patients: Within ED flow will be improved by managing specialty expected patients in new care pathways, for example via the expansion of SAU. Within the hospital early discharge targets will allow patients to be transferred from ITU, creating capacity for theatre lists to start on time.
- **E** – Early discharge: Targets will be set for achieving a minimum number of ward discharges by 10am each day. Increased Pharmacy support on the wards will prioritise TTOs and improved use of the discharge lounge will increase the number of earlier discharges.
- **R** – Review patients with extended lengths of stay: There will be a systematic focus on patients with a length of stay of 14 days or more.

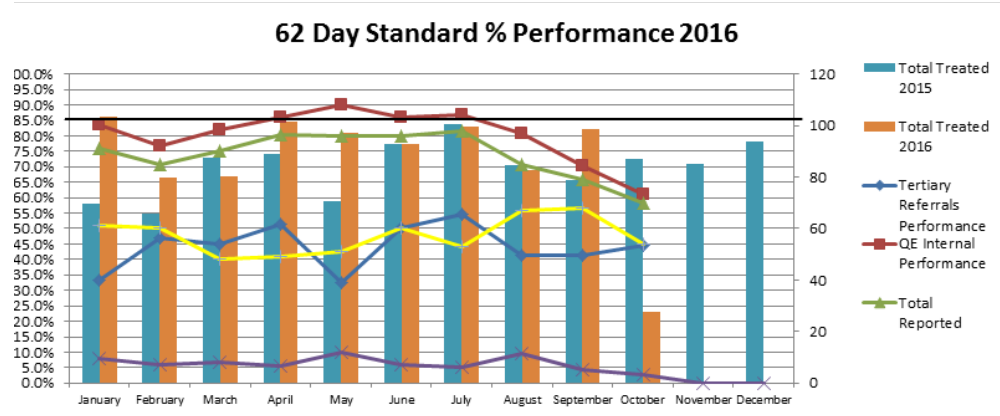
The A&E 4-hour wait STF improvement Trajectory target was missed in September and for Quarter 2 as a whole. (See Appendix B). The financial impact of not achieving the A&E trajectory in Quarter 2 is a loss of £522,000 of STF income. This has been reflected in the year to date financial position reported to Board and NHSI. The Trust needs to submit an appeal to NHSI and await the decision. At present the Trust is assuming a successful appeal or an adjustment to the annual control total.

### 3.3.2 Cancer 62 Day Urgent GP Referral Target

Performance against the 62 day Urgent GP referral target improved month on month to July 2016 but unfortunately a high number of patient choice treatment deferrals during the summer led to a deterioration in performance from 81.7% in July to 71.2% in August (see chart 2).

Performance is expected to be below target again in September and as a result neither the national target or STF trajectory is likely to be achieved for the quarter.

**Chart 2: 62 day Standard – Performance over time**



The Trust has committed to achieving the national standard of 85% for this indicator for Quarter 3. The new breach re-allocation rules commence on 1<sup>st</sup> October. There are actions in place to jointly track patients between HEFT and UHB to reduce pathway delays. Across the wider healthcare system there are actions to set standard timescales within pathways and at the Trust pathways are being further streamlined to ensure patients are treated within 24 days of referral from another Trust.

The financial impact of not achieving the cancer 62 day trajectory in Quarter 2 is a loss of £209,000 income. This has not yet been reflected in the year to date financial position reported to Board. The Trust is seeking clarification whether future delivery of the trajectory on a year to date or cumulative basis would allow the Trust to earn back the Quarter 2 potential lost income and if the Trust's annual control total will be reduced to reflect this change. If this is not the case, the £209,000 income deduction will be reflected in the Trust's financial position in the next report.

### 3.3.3 18 Week Referral to Treatment (Unfinished Pathways)

Unfinished pathway performance was achieved at aggregate level again in August with a performance of 92.1%. However, 3 treatment functions did not achieve the target; Neurosurgery, Ophthalmology and General Surgery.

There were 2,638 patients on an unfinished pathway with a waiting time greater than 18 weeks at the end of August, an increase of 114 compared with the number at the end of July.

Table 1 shows 18 week RTT performance by treatment function since April 2016. The chart also identifies the number of breaches for each treatment function. If the total number of unfinished 18 week pathways remains at its current volume of around 35,000 pathways, the maximum backlog that can be sustained before the 92% standard is failed is 2,800. Plans are in place to reduce the backlog to 2,000 by the end of March 2017.

**Table 1: Unfinished 18 week RTT performance by treatment function**

Division B	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Cur YTD	Breaches (Aug 16)
Cardiology	94.4%	96.7%	95.0%	95.6%	95.3%	95.4%	107
Cardiothoracic Surgery	96.3%	100.0%	100.0%	100.0%	100.0%	99.4%	0
Gastroenterology	97.6%	95.4%	96.8%	97.2%	97.7%	96.9%	16
General Surgery	88.4%	86.9%	87.9%	87.4%	87.0%	87.5%	217
<b>Total</b>	<b>93.0%</b>	<b>93.3%</b>	<b>93.0%</b>	<b>93.0%</b>	<b>92.8%</b>	<b>93.0%</b>	<b>340</b>
Division C	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Cur YTD	Breaches (Aug 16)
Dermatology	96.2%	95.2%	92.7%	92.4%	92.4%	93.7%	181
General Medicine	98.6%	99.0%	99.4%	98.8%	99.7%	99.1%	1
Geriatric Medicine	99.6%	100.0%	100.0%	100.0%	99.9%	99.9%	1
Ophthalmology	87.2%	86.2%	84.0%	81.1%	79.4%	83.3%	615
Respiratory Medicine	96.5%	97.6%	97.3%	97.6%	97.0%	97.2%	27
Rheumatology	96.2%	95.7%	96.5%	95.9%	94.7%	95.8%	32
<b>Total</b>	<b>94.3%</b>	<b>93.9%</b>	<b>92.5%</b>	<b>91.2%</b>	<b>90.3%</b>	<b>92.4%</b>	<b>857</b>
Division D	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Cur YTD	Breaches (Aug 16)
ENT	96.7%	96.3%	96.7%	96.8%	96.1%	96.5%	102
Neurology	96.6%	94.9%	97.0%	93.9%	95.6%	95.6%	95
Neurosurgery	72.9%	70.9%	68.5%	72.2%	72.7%	71.4%	721
Oral Surgery	95.1%	95.2%	92.2%	92.4%	93.5%	93.7%	42
Plastic Surgery	97.9%	96.2%	95.0%	95.1%	92.7%	95.5%	32
Trauma & Orthopaedics	99.6%	99.7%	99.5%	99.0%	99.2%	99.4%	12
Urology	97.5%	98.2%	96.4%	98.1%	97.6%	97.5%	37
<b>Total</b>	<b>91.4%</b>	<b>90.7%</b>	<b>90.0%</b>	<b>90.9%</b>	<b>90.9%</b>	<b>90.8%</b>	<b>1041</b>
Other	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Cur YTD	Breaches (Aug 16)
Other	95.2%	95.5%	95.3%	95.8%	95.3%	95.4%	400

The 18 week RTT STF trajectory has been achieved for Quarter 2. Recovery plans are focussed on the most challenged treatment functions (Ophthalmology, General Surgery and Neurosurgery) and are being monitored via the Operational Delivery Group.

### 3.4 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 19, 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 and the 2 week breast symptomatic target.

An update is also included on Safer Staffing as it is a national requirement for the Board to receive this.

#### 3.4.1 MRSA

There were no MRSA bacteraemias in August or September. The year to date total is 2 bacteraemias against a plan of zero. A trust wide action plan is in place and being monitored by the CCG.

### 3.4.2 Cancelled Operations not Rearranged within 28 Days

There were 8 breaches of the 28 day guarantee in September, compared with 14 breaches in August. All patients have been treated or have an admission date in October.

### 3.4.3 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 ambulance handover targets continue to be consistently met with 94.1% achieved for the 30 minute handover target and 99.7% for the 60 minute handover target in September 2016.

### 3.4.4 2 week Breast Symptomatic Target

The 2 week breast symptomatic target was not achieved in August with a performance of 89.8% against the 93% target. A higher than average number of referrals exceeded the capacity available.

The 2 week breast target is expected to be achieved for the whole of Quarter 2 and year to date performance is 96.7%.

With the exception of the 62 day Urgent GP Referral target, all other cancer targets were achieved. Table 2 shows performance by tumour type for all cancer targets in August.

**Table 2: Cancer Performance By Tumour Type August 2016**

Cancer Performance by Tumour Type - August 2016									
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
<b>Target</b>	<b>93%</b>	<b>93%</b>	<b>96%</b>	<b>98%</b>	<b>94%</b>	<b>94%</b>	<b>85%</b>	<b>90%</b>	<b>90%</b>
Brain	92.00%	-	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	-
Breast	91.18%	89.81%	100.00%	100.00%	100.00%	89.19%	91.30%	-	100.00%
Colorectal	96.84%	-	96.30%	100.00%	100.00%	100.00%	57.14%	72.73%	100.00%
Gynaecology	-	-	-	-	-	100.00%	-	-	-
Haematology	78.57%	-	100.00%	100.00%	90.91%	100.00%	100.00%	80.00%	-
Head and Neck	96.61%	-	86.11%	100.00%	71.43%	90.91%	18.75%	93.94%	-
Lung	100.00%	-	100.00%	100.00%	100.00%	100.00%	80.00%	81.82%	-
Other	100.00%	-	100.00%	-	100.00%	100.00%	100.00%	100.00%	-
Paediatrics	-	-	-	-	-	100.00%	-	-	-
Rare Cancer	-	-	-	-	-	-	-	-	-
Sarcoma	85.71%	-	80.00%	-	-	100.00%	0.00%	100.00%	-
Skin	92.88%	-	100.00%	100.00%	97.30%	100.00%	91.18%	100.00%	-
Upper GI	99.17%	-	100.00%	100.00%	100.00%	100.00%	20.00%	100.00%	-
Urology	96.99%	-	100.00%	93.33%	100.00%	96.43%	82.22%	100.00%	-
<b>Total</b>	<b>94.45%</b>	<b>89.81%</b>	<b>97.05%</b>	<b>98.39%</b>	<b>96.55%</b>	<b>95.31%</b>	<b>71.17%</b>	<b>92.99%</b>	<b>100.00%</b>

### 3.4.5 Safer Staffing

Table 2 shows the Divisional break down for the September 2016 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 2: Divisional Breakdown of Staffing Levels**

Division	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Div A	114%	95%	95%	88%
Div B	90%	111%	76%	132%
Div C	92%	128%	77%	142%
Div D	86%	114%	83%	129%

\*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, 18 (34%) are slightly below target and 7 (12%) 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 September there were 126 (2.26%) elective operations that were cancelled at short notice. This was an improvement on the 142 cancelled operations in August. See table 4 for a breakdown of cancellations by reason.

88% of operations that were cancelled in September were related to emergency admission pressures. Over time there has been a reduction in the number of procedures that were displaced by a transplant or emergency and an increase in the number of procedures cancelled because no ward bed was available

**Table 4: Cancelled operations by reason**

Reason	Sep 16
No ITU Bed	8
TX/Emerg	13
No Ward Bed	57
Theatre Time	32
Staffing	5
Equipment	7
Admin Error	4
<b>Total</b>	<b>126</b>

#### 4.2 % Spend on Bank and Agency Staffing

There was a reduction in both bank and agency spend in August. Although bank spend in July and August was higher than previous months, agency spend in August was the second lowest compared with any of the last 12 months.

Targets for both bank and agency spend will be re-profiled in view of national thresholds and Trust action plan trajectories.

#### 4.3 Omitted Drugs

In September 4.21% of antibiotic drug doses were not administered. Over the month 10.87% of non-antibiotic doses were not also administered. Performance for both indicators has remained static for the last few months. Recovery plans are in place for all Divisions.

#### 4.4 Long Term Sickness Rate

Although only just above target, long term sickness has been above 2% each month since February and for most of the last 12 months. Only Division A has performed consistently well against the 2% target, with Division C having a long term sickness rate of around 3% each month.

**Table 5: Long Term Sickness Rate by Division**

Division A	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Lost FTE Days (Aug 16)
<b>Total</b>	1.8%	2.0%	2.0%	1.8%	1.7%	<b>1235.46</b>
Division B	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Lost FTE Days (Aug 16)
<b>Total</b>	1.5%	2.1%	1.9%	2.0%	2.2%	<b>743.97</b>
Division C	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Lost FTE Days (Aug 16)
<b>Total</b>	2.9%	3.0%	2.9%	2.9%	3.1%	<b>1309.16</b>
Division D	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Lost FTE Days (Aug 16)
<b>Total</b>	2.3%	2.4%	2.0%	2.2%	2.1%	<b>771.29</b>
Corporate	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Lost FTE Days (Aug 16)
<b>Total</b>	1.9%	2.0%	2.2%	1.7%	2.1%	<b>1215.54</b>

#### 4.5 Delayed Transfers of Care

The percentage of beds occupied by a patient whose discharge or transfer was delayed rose to 7% of all beds in August, then reduced slightly to 6.7% in September. These are the highest figures recorded for over a year. In September 2015 delayed transfers of care accounted for only 2.3% of occupied beds.

Most delays are as a result of waiting for nursing home placements. The loss of around 70 reablement beds plus a number of nursing home bed closures is putting significant pressure on the system. The Trust is exploring options with the council and local providers in order to develop a solution before winter.

#### 5. **2016/17 Annual Plan Progress at Quarter 2**

An assessment of progress has been made against all key tasks using the following categories.

<b>Progress</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>
On plan	62 (96.9%)	62 (96.9%)		
Slightly below plan	2 (3.1%)	2 (3.1%)		
Remedial action required	0	0		
<b>Total</b>	<b>64 (100%)</b>	<b>64 (100%)</b>		

Year to date, 96.9% of key tasks are on plan, 3.1% of key tasks are slightly below plan, and there are no key tasks where remedial action is required. A high number of key tasks have been assessed as on plan at this stage in the year. This is due to the delivery of outcome measures being back-loaded towards the second half of the financial year. The majority of key tasks have an initial developmental/planning phase. As we move towards the outcome monitoring phase of the key tasks later in the year, it will become clearer whether they are on track.

## 5.1 Risk Assessment

The two key tasks that are slightly below plan are detailed below with an explanation of the actions being taken to bring performance back in line. Of these key tasks, none have been identified as risking the delivery of the overall strategic aim or enabler.

### 5.1 Deliver the infection prevention and control plan (Ref 2.1)

The Trust has had a further MRSA bacteraemia case in Quarter 2, the second this financial year. Actions relating to infection control are detailed in the Patient Care Quality Report.

### 5.2 Further develop the Trust's salary sacrifice scheme (Ref 12.3)

Agreement has not yet been reached with a provider for a salary sacrifice scheme. Discussions are ongoing.

## 6. **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.
- 6.2 **Accept** the Quarter 2 2016/17 performance update against the Trust Annual Plan.

**Tim Jones**  
**Executive Director of Delivery**