

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 28 APRIL 2016

Title:	PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN QUARTER 4 UPDATE
Responsible Director:	Executive Director of Delivery
Contact:	Lorraine Simmonds, Head of Service Improvement Andy Walker, Strategy & Planning Manager

Purpose:	To update the Board of Directors on the Trust's performance against targets and indicators in Monitor's Risk Assessment Framework, contractual targets and internal targets. To provide year end performance against the agreed Annual Plan key tasks and strategic enablers for 2015/16.
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 Monitor's Risk Assessment Framework, national and contractual targets and internal indicators. For the 2015/16 Annual Plan, 93.8% of key tasks ended on plan, with 6.2% of key tasks slightly below plan and there were no key tasks where remedial action is required.
Recommendations:	The Board of Directors is requested to: Accept the report on progress made towards achieving performance targets and associated actions and risks. Accept the performance update against the 2015/16 Trust Annual Plan.

Approved by :		Date : 20 April 2016
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 28 APRIL 2016

PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN QUARTER 4 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 Monitor's Risk Assessment Framework, as well as local priorities. Material risks to the Trust's Monitor Provider Licence or Governance Rating, finances, reputation or clinical quality resulting from performance against indicators are detailed below.

Quarter 4 performance against the agreed Annual Plan key tasks and strategic enablers for the year 2014/15 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.

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 from Monitor's Risk Assessment Framework for the time being. NHS Improvement is planning to introduce a single oversight framework for both NHS foundation trusts and NHS trusts during 2016/17. This will be based on the principle of earned autonomy and will rate providers according to the extent to which they meet NHSI's requirements in the following areas: finance and use of resources; quality; operational performance; strategic change; and leadership and improvement capability. NHSI will be consulting on its proposals for this new framework during Quarter 1 2016/17.

The remaining national targets that are part of the Everyone Counts document from the DH but not in Monitor’s Risk Assessment Framework are included separately.

3.1 NHS Improvement

In its draft operational plan for 2016/17 submitted to NHS Improvement, the Trust declared that it would be unable to consistently achieve the A&E 4 hour target and the cancer 62 day GP referral target would not be achieved until February 2017. Trajectories have been submitted for these targets showing predicted performance by month.

Of the 12 indicators currently included in Monitor’s Risk Assessment Framework (RAF), 9 were on target in the most recent month. 2 cancer targets were not met and the A&E 4 hour wait target was not met. Remedial action plans are in place.

3.1.1 A&E 4 Hour Waits

Performance for the A&E 4 hour wait target improved in March to 86.56% from 85.78% in February. This is the first improvement in end of month performance seen since June 2015. There were 9851 attendances in A&E in March; the highest month ever recorded. There was an improvement in 2 of the A&E stages of treatment indicators in March compared with February (see table 1 below).

Table 1: A&E stages of treatment indicators

KPI	Dec 15	Jan 16	Feb 16	Mar 16
Total time in A&E (95 th percentile)	309	350	372	346
Time to initial assessment (95 th percentile)	8	9	11	8
Time to treatment (median)	58	63	68	63

The 30 minute ambulance handover target continues to be consistently met, however the 60 minute target was narrowly missed at 99.7%.

A joint remedial action plan between the Trust and the CCG to address the issues of increased attendances, pathways for mental health patients and flow continues to be implemented. The delivery of Trust improvement schemes is being monitored by the Unscheduled Care Steering Group.

An A&E 4-hour wait improvement trajectory has been agreed with the CCG and submitted to NHS Improvement (see table 2 below). Access to the Sustainability and Transformation fund is dependent upon achievement of the improvement trajectory in 2016/17.

Table 2: A&E improvement trajectory

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16
92.1%	94.5%	91.7%	91.9%	93.2%	93.2%	92.2%	92.5%	94.6%	94.6%	90.8%	93.3%

Achievement of the improvement trajectory is dependent upon a number of assumptions, as follows:

- Emergency admissions do not exceed 29% of daily attendances.
- There are no significant deviations in A&E attendance seasonal profiles (as seen in 2015/16).
- Growth in daily/monthly A&E attendances does not exceed the 4.9% modelled.
- CCG owned demand management schemes are delivered on time and in full.
- No inpatient beds are closed due to infection outbreak or other unforeseen problems.
- No community health or social care beds are closed.
- No reductions in re-ablement capacity commissioned from the independent sector for any reason.
- There are no reductions in social care provision due to budget constraints that result in delay to patient discharge.
- There is no reduction of capacity in the RAID or Psychiatric Decision Unit Service.
- Length of stay improvements across the Trust achieved in 2015/16 are maintained.
- Overall % of delayed transfer of care beds occupied does not exceed 2.5% in the October to March period.

Further details of the initiatives being taken to deliver this performance improvement are included in Appendix B.

3.1.2 Cancer Targets

In February the Trust did not meet the 62 day urgent GP referral target with a performance of 71.5% against the 85% standard. The Trust is achieving the existing revised improvement trajectory for this standard.

The 31 day subsequent surgery standard was narrowly missed in February with a performance of 93.43% against the 94% standard. This was mainly due to availability of skin oncology capacity.

The guidance on reallocation of breaches for tertiary referrals received after day 38 was published in March. It introduces a requirement for the receiving tertiary provider to treat the patient within 24 days of referral otherwise they will still be allocated half the breach. In addition, if a patient is referred before day 38 and

subsequently breaches, the tertiary referrer will now take the whole breach. The new guidance will be implemented from 1 October 2016.

The impact of the new guidelines has been modelled to predict future performance as follows:

Table 3: Potential impact of breach reallocation guidelines on performance against the 62 day standard

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 16	Feb 16	Mar 16
76.7%	76.7%	77.8%	77.8%	78.9%	78.9%	82.2%	82.2%	84.4%	84.4%	85.6%	85.6%

The Trust is currently working with the CCG to agree a cancer 62 day improvement trajectory for 2016/17, based on the impact of the new breach allocation guidelines. Access to the Sustainability and Transformation fund is dependent upon achievement of the improvement trajectory.

Achievement of the improvement trajectory is dependent upon the following assumptions:

- The current PTL was used as a baseline and assumes an improvement in 31-day performance from April onwards, with a reduction in the number of late tertiary referrals from October onwards.
- The trajectory does not take account of major service disruptions or activity lost through additional junior doctor strikes.
- No allowance has been made for increases in activity above contracted levels or changes to NICE guidance that put delivery at risk.

3.1.3 Referral to Treatment Time

Incomplete pathway performance was achieved at aggregate level again in March with a performance of 92.9%. This was an improvement on the February performance of 92.5%. In addition, the number of patients waiting over 18 weeks for first treatment reduced by over 100, after a period of month on month growth over the winter.

At treatment function level Neurosurgery, Ophthalmology and General Surgery did not achieve the incomplete target. Remedial action plans are in place. Key actions are:

- a) In Neurosurgery a process of triaging spine referrals has been agreed. Appropriate patients will be reviewed by community physiotherapists. This is expected to reduce the number of patients that require first review by a Neurosurgery consultant.

- b) In Ophthalmology the longest waiting patients are in the sub-specialty of neuro-ophthalmology. The number of long waiting patients has grown since the Birmingham and Midland Eye Centre reduced service provision in this sub-specialty. A business case to increase the Orthoptist and Consultant workforce will be presented to the April Chief Executive's Advisory Group meeting.
- c) Key actions to reduce the backlog of longest waiting patients in General Surgery include the identification of additional outpatient capacity in order to reduce wait for first appointment. A locum Consultant Surgeon has been appointed and additional theatre capacity has been identified to reduce the admitted backlog.

A Sustainability and Transformation Fund trajectory for performance against the incomplete 18 week referral to treatment target has been agreed. This commits the Trust to ongoing achievement of the 92% target at aggregate level throughout 2016/17.

3.2 National Targets Monitored Locally Through CCG Contract

Of the 16 national targets that are not included in Monitor's Risk Assessment Framework but are included in the CCG contract the Trust is on target for 13, 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.

3.2.1 28 Day Cancelled Operations Guarantee

All patients who have their operation cancelled at short notice are entitled to have their procedure rescheduled within 28 days. This guarantee is included in the NHS Constitution and acute trust contract. There is a financial penalty for every breach of the standard. A recovery plan has been agreed with the CCG which commits to a month on month reduction in the number of breaches, to a maximum of 2 breaches per month from Q4.

As previously reported, the recovery plan was on track until winter when emergency activity pressures began to have a sustained impact on the number of cancelled elective operations. There were 10 breaches of the 28 day guarantee in March. Table 4 provides a breakdown of the 10 breaches by specialty.

Table 4: March breaches - 28 day cancelled operations guarantee

Specialty	No of breaches
Cardiology	2
Liver Surgery	3
Neurosurgery	2
Trauma	1
Vascular Surgery	1

Renal Surgery	1
TOTAL	10

All patients have either been treated or have been allocated TCI dates in April.

3.2.2 MRSA

There were no further MRSA bacteraemias in February or March. The year to date total is now 8 bacteraemias against a plan of zero. A trust wide action plan is in place and being monitored by the CCG.

3.2.3 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 for 2015/16. In March performance against the 60 minute handover target was 99.7%.

3.2.4 Safer Staffing

Table 5 shows the Divisional break down for the March 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 5: 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	109%	96%	95%	77%
Div B	94%	106%	82%	140%
Div C	95%	144%	88%	182%
Div D	93%	110%	84%	133%

*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 32 (61%) are currently on target, 17 (32%) are slightly below target and 4 (7%) 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

There were 94 cancelled elective operations in March, or 1.7% of elective consultant episodes against a target of 0.8%. This represents a significant improvement on the 126 cancellations in February. 46% of elective operations cancelled in March were as a result of not having enough ITU, ward bed or theatre capacity; a consequence of the prolonged increase in emergency admissions. A further 26% of cancelled elective operations were displaced by an emergency procedure or transplant.

4.2 % Spend on Bank and Agency Staffing

The increase in bank spend reflects the recent uplift in nursing establishments, i.e. whilst recruitment to agreed vacancies takes place. Actions to reduce nursing agency spend will be mapped to a recovery plan trajectory over the next few weeks and delivery will be monitored weekly at the Finance Improvement Group.

4.3 Omitted Drugs

In March 3.9% of antibiotic drug doses were not administered. Over the month 10.9% of non-antibiotic doses were not also administered. Performance for both indicators slightly improved from the previous month. Recovery plans are in place for all Divisions and an audit of these measures is planned in order to recommend action to improve performance.

5. Annual Plan 2015/16 Progress

An assessment of progress has been made against all key tasks included in the 2015/16 Annual Plan using the following categories.

Progress	Qtr 1	Qtr 2	Qtr 3	Qtr 4
On plan	60 (93.8%)	55 (86%)	60 (93.8%)	60 (93.8%)
Slightly below plan	4 (6.2%)	9 (14%)	4 (6.2%)	4 (6.2%)
Remedial action required	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	64 (100%)	64 (100%)	64 (100%)	64 (100%)

Year to date, 93.8% of key tasks are on plan, 6.2% of key tasks are slightly below plan, and there are no key tasks where remedial action is required.

6. Risk Assessment

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

6.1 Further enhance the Electronic Patient Record (Ref 1.1)

The project to implement a new Patient Administration System continues to experience delays in the delivery of the completed software from Servelec. Executives from both organisations continue to meet and are indicating a go-live date in January 2017, although this is not confirmed at this point.

6.2 Implement the external plans for PICS expansion and enhancement (Ref 1.3)

The timeline for the supply of data by BCH was not met therefore the projected go-live date for BCH with PICS for June 2016 will not be achieved. The project plan is being reviewed and a new deadline will be agreed with BCH in April.

6.3 Deliver the infection prevention and control plan (Ref 2.1)

The Trust had a further MRSA bacteraemia over the quarter and has therefore had eight over the full financial year 2015/16. As detailed in section 3.2.2 a comprehensive action plan has been developed and is being implemented.

6.4 Work with partners to deliver joined up emergency care services (Ref 3.1)

A meeting with the Chief Operating Officer at Birmingham and Solihull Mental Health Foundation Trust (BSMHT) has taken place to attempt to resolve the issues with the pathway for 16 and 17 year olds with mental health issues which have seen some patients spend extended periods in the Emergency Department. Several of the key actions from the meeting have yet to be completed by BSMHT. A follow up meeting with BSMHT is now being arranged.

7. Annual Plan Gap Analysis

A gap analysis has been undertaken for the above key tasks where there is underperformance at year end and plans for reporting compliance for these areas in 2016/17 to ensure tracking of performance continues. Key tasks linked to all these exceptions will be included in the Annual Plan for 2016/17 which will be presented to the Board of Directors for approval in May 2016.

8. **Recommendations**

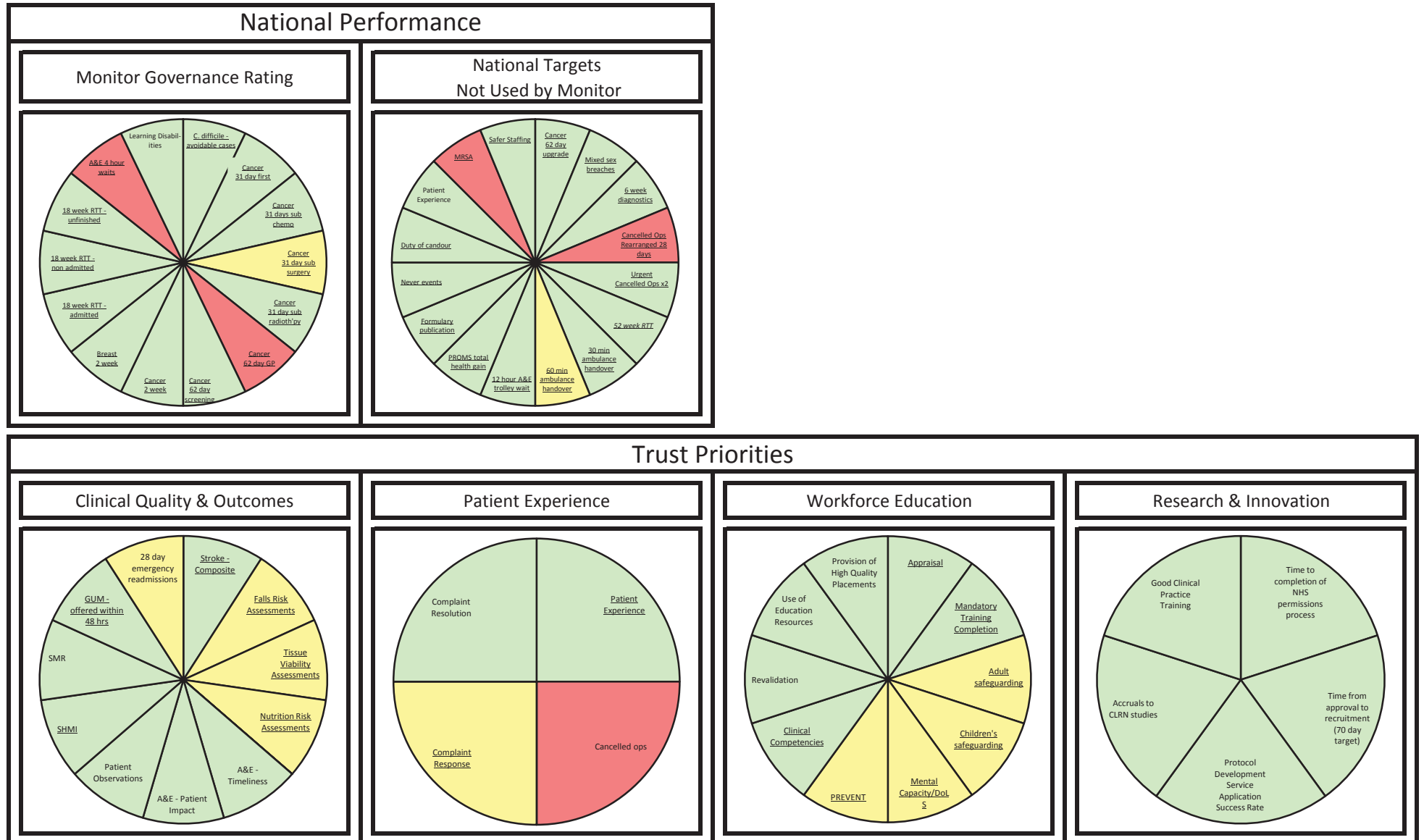
The Board of Directors is requested to:

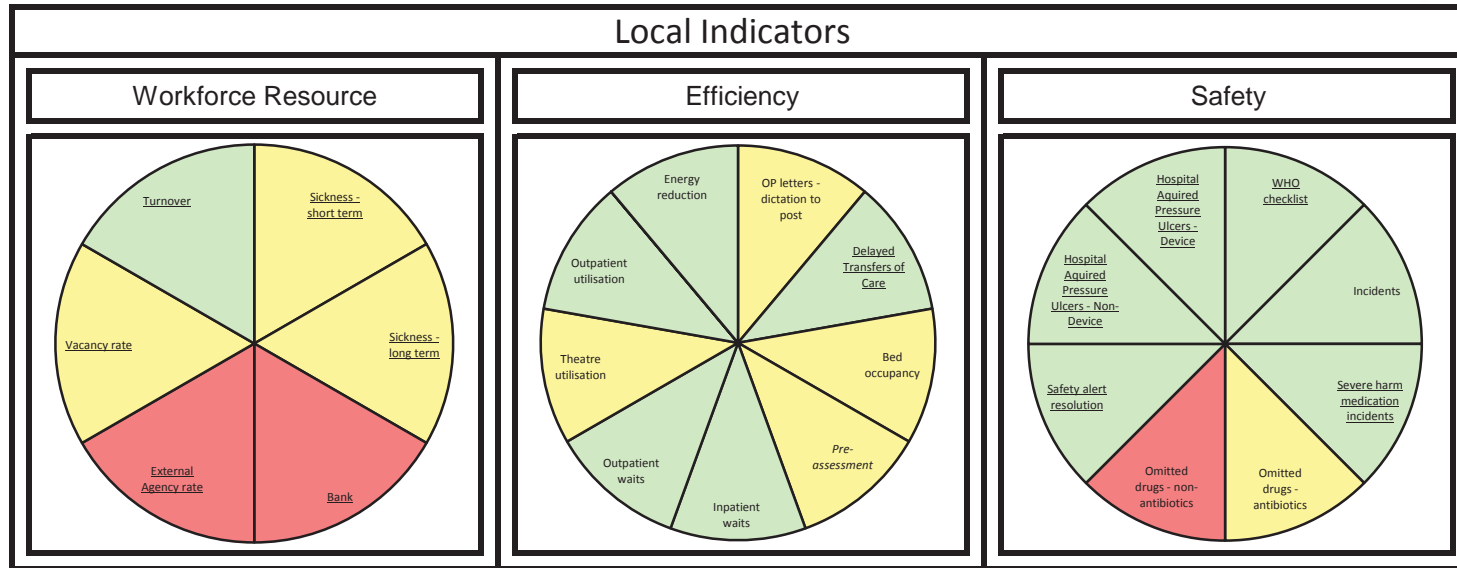
- 8.1 **Accept** the report on progress made towards achieving performance targets and associated actions and risks.
- 8.2 **Accept** the performance update against the 2015/16 Trust Annual Plan.

Tim Jones
Executive Director of Delivery

2015/16 Key Performance Indicator Report

Where data is not currently available or performance is being benchmarked indicator names are in *italics>. These have been assigned 'amber' unless considered high risk where they have been assigned 'red'. Underlined indicators included as KPIs in contracts with commissioners. NHSE = NHS England*





Appendix B

Summary of key Trust and CCG Actions to Improve A&E 4-hour Wait Performance

(The Trust led projects identified below are a subset of a comprehensive range of improvement projects being delivered through the Unscheduled Care Steering Group which reports to the Chief Operating Officer's Group)

Project Title	Description	Impact	Responsibility	Delivery Timescale
Consultant Led Assessment process (CLASS)	A rapid consultant assessment which takes place immediately after patients present in A&E. This process ensures an appropriate clinical management plan is followed.	Faster treatment time, reduction in the number of patients waiting over 4 hours.	Trust	Commenced end of January 2016.
A&E Referrals Policy	A documented policy is aimed at improving specialty response time in A&E.	Faster treatment time, reduction in the number of patients waiting over 4 hours.	Trust	Commenced January 2016
Red to Green Project	A ward based initiative which reduces delays for procedures and investigations.	Reduced length of stay, improved flow and bed capacity.	Trust	From June 2016
Neurosurgery Pathway	A redesigned pathway which streams back pain patients who present at A&E to an assessment area, allowing a full assessment to take place, including MRI scan, outside of the A&E department.	Reduction in the number of patients waiting over 4 hours, improvement in A&E flow.	Trust	From June 2016

Appendix B

Project Title	Description	Impact	Responsibility	Delivery Timescale
System Escalation	An automated scoring system for reporting how busy the A&E department is. Emails/texts are sent to key staff when escalation triggers are met and a standard operating process determines the response action required.	Reduction in the number of patients waiting over 4 hours, improvement in A&E flow.	Trust	From May 2016
Increased consultant coverage	An initiative to provide more consultant time in the A&E department.	Faster treatment time, reduction in the number of patients waiting over 4 hours.	Trust	From June 2016
Site Team Development	Ongoing development of the Operations Centre and site team. This project involves the implementation of new IT systems, improved communications and redesigned/defined roles and responsibilities for key members of the site team.	Improved patient flow.	Trust	From March 2016
Creation of additional clinical space in A&E	Conversion of non-clinical space within the ambulatory area of the A&E department to clinical space.	Reduction in the number of patients waiting over 4 hours, improvement in A&E flow.	Trust	From June 2016

Appendix B

Project Title	Description	Impact	Responsibility	Delivery Timescale
GP at the Front Door	A project being worked up with the CCG which will provide GPs adjacent to the A&E department during peak hours, seeing appropriate, moderately ill patients who are unlikely to require admission to hospital.	Reduction in the number of patients waiting over 4 hours, improvement in A&E flow.	CCG	From October 2016
Commissioner demand management schemes	Schemes owned by local commissioners, aimed at reducing the number of patients who present at A&E.	Reduction in growth of A&E attendances.	CCG	From April 2016
System wide reduction in delayed transfers of care	A range of collaborative workstreams aimed at redesigning re-ablement, step up / step down community services, and working with the independent sector to stimulate capacity and ensure appropriate assessment and transfer times from hospital.	Reduced length of stay, improved flow and bed capacity.	Whole Health Economy, via System Resilience Group	From April 2016