

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 23 JULY 2015

Title:	PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN QUARTER 1 UPDATE
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Strategy & Performance Manager Harvir Lawrence, Head of Strategy & Performance Daniel Ray, Director of Informatics

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 Quarter 1 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 are currently on plan, with 6.2% of key tasks slightly below plan and no key tasks require remedial action.
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 Quarter 1 2015/16 performance update against the Trust Annual Plan.

Approved by :	Tim Jones	Date : 13 July 2015
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**PERFORMANCE INDICATORS REPORT AND
2015/16 ANNUAL PLAN QUARTER 1 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 1 performance against the agreed Annual Plan key tasks and strategic enablers for the year 2015/16 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.

A reconfiguration of the Trust's performance function will be implemented during July and August 2015 which is planned to lead to a more integrated approach to performance reporting. A proposal for changes to future reports to the Board of Directors will be brought to a future meeting once the reconfiguration is complete.

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. Monitor tracks the Trust's performance against a subset of these targets under its Risk Assessment Framework. 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 Monitor

Of the 14 indicators currently included in Monitor's Risk Assessment Framework (RAF), 10 were on target in the most recent month. 4 cancer targets were not achieved in May of which all have a remedial action plan in place. In addition the 62 day upgrade target which is not part of Monitor's RAF was not achieved. Following the changes to the RTT targets nationally Monitor is no longer scoring the RTT targets but is still requesting that performance is reported at this stage.

3.1.1 Cancer Targets

In May the Trust did not achieve five of the national cancer targets: 31 day first treatment, 31 day subsequent surgery, 62 day GP, 62 day screening and 62 day upgrade. Of these, four are included in Monitor's Risk Assessment Framework whilst the 62 day upgrade target is set contractually.

The trajectory provided to Monitor and the Trust's commissioners stated that the Trust would be above target for the 62 day screening and upgrade targets in May however this was not achieved. Table 1 below sets out performance and the trajectory for each target.

Table 1: Cancer Performance against Target and Planned Trajectory

Target	May Performance	May Trajectory	Target	Resolution Date
Cancer – 31 day first	91.7%	92%	96%	July 2015
Cancer – 31 day sub surg	86.0%	86%	94%	July 2015
Cancer – 62 day GP	66.9%	79%	85%	July 2015
Cancer – 62 day Screening	88.2%	90%	90%	April 2015
Cancer – 62 day Upgrade	86.4%	90%	90%	May 2015

Key actions delivered include:

- a) The one-stop haematuria clinic commenced on 30 June.
- b) Additional theatre time for Head & Neck and Urology is now in place however the sustainability of this list is dependent on recruitment.
- c) Additional Hepatobiliary capacity is in place in line with trajectory.

Performance against the national cancer targets continues to be associated with a contractual penalty in 2015/16 if they are not achieved over the quarter, however this has yet to be applied. This equates to £1000 per additional patient below the 62 day and 31 day targets. The total penalty for the cancer targets over Quarter 4 was £137,000. The penalty for April and May performance would be £87,000. In the Trust's Quarter 4 declaration there were five cancer targets declared as not achieved. The Trust's governance risk rating is 'Green' as Monitor took assurance from the Trust's trajectory, action

plan, robust governance and strong leadership and decided it would not open an investigation. Monitor, however, reserved the right to take further regulatory action should the Trust not meet its trajectory and this remains a risk following April and May's below-trajectory performance.

NICE published new guidance in June around the diagnosis of cancer which differs significantly from the current version which was published in 2005. This includes a shift in the pathway with the expectation being that cancer is diagnosed by primary care and a referral to secondary care is for confirmation. The 2005 Guidance had a simple recommendation – patients meeting referral criteria should be referred urgently for an appointment (i.e. a 2 week wait referral). The new Guidance contains a range of recommendations ranging from further GP clinical examination to urgent referral to A&E.

The implications of this guidance for the Trust is currently being determined including changes in the pathway and likely effects on activity. Initial discussions have also taken place with the CCG.

NHS England, Monitor and the Trust Development Authority (TDA) wrote to all trusts and foundation trusts on 14 July outlining a new national programme to improve cancer performance. This includes eight key priorities:

- a) Boards must have a named Executive Director for delivering cancer performance.
- b) Boards must receive 62 day cancer performance by tumour site, not just total performance (see Table 2 overleaf).
- c) Trusts must have a Board approved cancer operational policy including the Trust's approach to auditing data quality and accuracy, support for MDT co-ordinators.
- d) Trusts must have and publish timed pathways for the lung, colorectal, prostate and breast tumour sites, agreed with commissioners and other providers setting out the point in the 62 day pathway when outpatient assessment, diagnostics, tertiary referral and TCI dates must be complete.
- e) Trusts must have a cancer-specific patient tracking list (PTL) with weekly review.
- f) Root cause analysis must be carried out including near misses (patients treated within 48 hours of breach date with review at the weekly PTL meetings).
- g) Capacity and demand analysis must be undertaken for key elements of the pathway not meeting the standard.
- h) An improvement plan must be agreed with commissioners and providers for each pathway not meeting the target including a recovery trajectory.

All trusts will be required to complete a self-assessment against the eight priorities including a plan to achieve full compliance or explain planned non-compliance by the end of August 2015. Trusts will be rated as poor, high concern, low concern or good based on current

and recent performance data. All poor and high concern trusts are required to produce an improvement plan by the end of August which will be reviewed and signed off by the Regional Tripartite (NHS England, Monitor and TDA). All Trusts will also be required to submit weekly PTLs to NHS England for sharing with commissioners.

Local health economies will be required to produce cancer capacity plans and the remit of System Resilience Groups will be expanded to cover the 62 day cancer target. Trusts will, in particular, be required to eliminate any backlogs for endoscopy with the assistance of NHS and private sector providers (coordinated by InHealth, a private diagnostics provider). A review of the breach reallocation system for late tertiary referrals by the Cancer Waiting Times Taskforce has also been announced that will report back by the end of August.

In line with the second priority outlined above, cancer performance for the year to date by tumour site is set out in Table 2 below.

Table 2: 2015/16 Year to Date 62 day GP Cancer Performance by Tumour Site

Tumour Site	April 2015	May 2015	2015/16 YTD
Brain	100%	-	100%
Breast	100%	88.9%	95.5%
Colorectal	41.2%	21.43%	32.3%
Gynaecology	0.0%	0.0%	0.0%
Haematology	100%	37.5%	64.3%
Head and Neck	35.0%	44.4%	37.9%
Lung	100%	100%	100%
Other	-	0.0%	0.0%
Sarcoma	60.0%	-	60.0%
Skin	90.9%	96.2%	93.8%
Upper GI	53.3%	66.7%	60.0%
Urology	66.7%	69.0%	67.6%
Total	68.8%	66.9%	67.9%

Compliance against all eight priorities will be reviewed at the Cancer Steering Group on 24th July and an update will be reported to the Chief Operating Officer's Group in August.

3.1.2 Referral to Treatment Time

In line with the Trust's trajectory, performance for the Referral to Treatment Time (RTT) target for admitted patients remained above target in May with performance of 96.8% against the 90% target. Non-admitted performance improved to 95.9% whilst incomplete pathway performance increased to 96.3%.

NHS England had previously announced that contractual penalties for the admitted and non-admitted targets are to be discontinued from the beginning of the 2015/16 contract year. The incomplete pathways treatment function penalty however is to be doubled from £150 to £300 per additional breach below target. Having only the incomplete target but doubling the fine is likely to represent a reduced financial

risk to the Trust. As the Trust was above target for all incomplete treatment functions in April and May the Trust has not accrued any penalty whereas previously it would have due to treatment function level performance.

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 9, has a remedial action plan in place for 3 (Cancer 62 day upgrade, as mentioned above, cancelled operations not rearranged within 28 days, and 6 week diagnostics), is slightly below target for 60 minute ambulance handover and fully validated data is not available for 30 minute ambulance handover. As detailed above contractual penalties for RTT at treatment function level now only relate to incomplete pathways and these were all achieved in May. An update is also included on Safer Staffing as it is a national requirement for the Board to receive this.

3.2.1 6 Week Diagnostics

In May the Trust's performance against the 6 week diagnostic target was static at 97.2%. Urodynamics and Neurophysiology performance deteriorated compared to April however Endoscopy which had the highest number of breaches in April saw a reduction in breaches. Cystoscopy had a single breach of the target.

The phased move of Cystoscopy to East Block took place as planned in June, thereby freeing up additional capacity within the main Endoscopy Unit. Endoscopy will now be able to deliver an additional six sessions per week. This is expected to see those modalities back above target from the end of August.

Neurophysiology is not on track to be back above target in June as planned as it was not possible to put on as many waiting list initiatives as planned, but is expected to be on target from July onwards.

Recruitment for a fellow to undertake Urodynamics was unsuccessful therefore an alternative action plan is being developed. Referrals are to be reviewed by a Clinical Nurse Specialist to ensure they are appropriate.

This is a contractual target with an associated financial penalty which in 2015/16 is £200 per additional patient below target. The penalty associated with April performance will be £23,200. Monitor does not include this target in its Risk Assessment Framework and has made no further enquiries about the Trust's performance.

3.2.2 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. According to WMAS data there was twelve handovers that took longer than 60 minutes in June, an increase from one in May. The Trust had an increase in average daily ambulance arrivals of 4.5% compared to May with the highest number of arrivals for six months.

Following validation handover was found to have taken longer than 60 minutes in three cases with a further two cases where it was not possible to validate the data as the Trust was not able to identify the patients from the data provided by the Ambulance Service. WMAS reported 140 handovers as having taken longer than 30 minutes. The percentage of ambulance arrivals with a handover time fell to 90%.

This is a contractual target with an associated penalty of £1,000 per over 60 minute handover and £200 per handover longer than 30 minutes. Based on the validated figures the Trust's penalty in June will be a maximum of £33,000.

3.2.3 Safer Staffing

Table 3 shows the Divisional break down for the June 2015 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 3: Divisional Breakdown of Staffing Levels

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	114.7%	221.9%	103.2%	140.7%
Div B	98.0%	117.4%	92.2%	134.3%
Div C	102.1%	146.6%	93.3%	167.8%
Div D	99.0%	136.2%	97.6%	144.4%

RN – Registered Nurse, NA – Nursing Assistant

*Div A utilisation of NA's 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) Figures for Registered Nurses have increased due to a significant intake of newly-qualified nurses starting their preceptorship on completion of their university course.
- b) The Trust continues to be over recruited on Nursing Assistants which has resulted in figures showing above 100%.
- c) 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 33 (62.3%) are currently on target, 15 (28.3%) are slightly below target and 5 (9.4%) have remedial action plans in place. Details of those indicators where remedial action plans are in place are contained below:

4.1 Cancelled Operations (Including Not Rearranged Within 28 Days)

In May there were 54 operations cancelled on the day of surgery for non-clinical reasons compared to 66 in April. Performance against the 0.8% target was 1.08% in May. To date in Quarter 1 2015/16 there have been 22 patients who had surgery cancelled on the day of surgery who did not subsequently have surgery within 28 days of the cancellation. This is a target with a zero tolerance set out in the NHS Constitution.

A remedial action plan has been agreed with the CCG that includes a new standard operating procedure (SOP) including revised escalation procedures both for initial cancellation and also if a patient is not booked for TCI within 28 days of the cancellation. The SOP was agreed at Chief Operating Officer's Group in July and requires sign-off by a Director of Operations for any initial cancellations and Chief Operating Officer sign-off for any planned breach of the 28-day standard.

4.2 External Agency & Bank Spend

Increased agency spend has been seen in 2015/16 to date. External agency spend in June was 5.62% as a percentage of total staff spend. The percentage spent on bank staff in June was 3.15%

High levels of activity and increased patient acuity, including increased specialising of patients and higher levels of sickness continues to drive the bank and agency requirement.

The Trust continues to actively recruit to fill vacancies which minimises agency and bank spend. Sickness also continues to be actively managed to reduce both short and long term sickness absence. Financial management continues to be driven through the Trust's weekly Finance Improvement Group with each divisional position being considered fortnightly.

4.3 Complaint Responses

The internal timescales to produce a response has been reduced to 30 days from 40 days. Performance against the target of a complaint response being produced in 30 days increased to 77.6% in May from 73.2% in April. Flowcharts have been amended to reflect the new timescales. New procedures are being trialled to allow the divisions to arrange their own meetings with complainants to speed this up.

4.4 Omitted Drugs – Antibiotics & Non-Antibiotics

In June 3.35% of antibiotic drug doses were not administered. Over the month 9.97% of non-antibiotic doses were not also administered. Cardiology and Clinical Haematology were the only specialties to achieve the 2% target for antibiotics in June. No specialties achieved the new 6% target for non-antibiotics.

A detailed report on progress in 2014/15 and plans for driving a further performance improvement in 2015/16 was included in the Trust's Quality Account for 2015/16. Oxygen has now been removed from the non-antibiotics indicator. Omitted oxygen administrations will be available as a separate dial on the Trust's clinical dashboard when it is re-launched in August.

5. **2015/16 Annual Plan Progress at Quarter 1**

An assessment of progress has been made against all key tasks using the following categories, shown in Table 4 below.

Table 4: 2014/15 Annual Plan Progress

Progress	Qtr 1	Qtr 2	Qtr 3	Qtr 4
On plan	60 (93.8%)			
Slightly below plan	4 (6.2%)			
Remedial action required	0 (0%)			
Total	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. 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 key tasks move towards the outcome monitoring phase later in the year it will become clearer whether they are on track.

The 4 key tasks that are slightly below plan are detailed in the following table 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 Implement the internal plans for PICS expansion and enhancement (ref 1.2)

The implementation of Ward Order Communications will commence during September 2015. Integration of the Oceano system in the Emergency

Department with PICS is dependent on a PICS go-live date of November 2015 before this work can commence, which has a lead time of three months. Electronic consent work is currently on hold and undergoing reprioritisation due to the death of a key member of the PICS team.

5.2 Implement the external plans for PICS expansion and enhancement (ref 1.3)

Implementation of Phase 1 may be delayed due to key milestones not being met by BCH.

5.3 Maintain and develop the Trust's specialist and tertiary services in line with the Trust Strategy (ref 4.4)

This will be finalised when the tariff offer has been confirmed. Work, however, has commenced on the Trust Strategy refresh at a corporate level.

5.4 Deliver a Time & Attendance Management System allowing staff to update their shift availability and review their own attendance (ref 10.2)

Collaboration with Nextrasoft and the rollout of Stream has been suspended due to significant problems identified on testing the software. Other alternatives are now being explored.

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 1 2015/16 performance update against the Trust Annual Plan.

Tim Jones
Executive Director of Delivery