UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 28 JULY 2016

Title:	PERFORMANCE INDICATORS REPORT AND 2016/17 ANNUAL PLAN QUARTER 1 UPDATE
Responsible Director:	Executive Director of Delivery
Contact:	Lorraine Simmonds, Head of Service Improvement Andy Walker, Head of Strategy & Planning

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 2016/17.
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 2016/17 Annual Plan, 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.
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 2016/17 performance update against the Trust Annual Plan.

Approved by :		Date : 19 July 2016

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BOARD OF DIRECTORS

THURSDAY 28 JULY 2016

**PERFORMANCE INDICATORS REPORT AND
2016/17 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 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 from Monitor's Risk Assessment Framework for the time being.

3.1   Single Oversight Framework

NHS Improvement (NHSI) is consulting on a new 'Single' Oversight Framework for both NHS trusts and foundation trusts which will replace Monitor's Risk Assessment Framework and the NHS Trust Development Authority's Accountability Framework. NHSI has identified five themes that

are linked, but not identical, to the CQC's domains. NHS plans to align approaches with the CQC, moving towards a single combined assessment of quality and use of resources with a single set of supporting indicators. This is in line with the Carter recommendation of an integrated performance framework to reduce the reporting burden.

NHSI has identified five themes for 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, with a particular focus on their contribution to Sustainability and Transformation Plans (STPs), new care models, and, where relevant, implementation of devolution.
- **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.

NHSI has a proposed list of 31 indicators relating to Quality of Care applicable to acute providers that will be used in-year to identify concerns however it is not clear how this will be done and what thresholds will be used.

For Operational Performance the indicators to be used differ somewhat from those in Monitor's Risk Assessment Framework. NHSI will consider whether a potential concern has triggered if a Sustainability and Transformation Fund trajectory is missed for two consecutive months, however it may intervene earlier if there is a significant deterioration in a single month or there are multiple concerns. The indicators included are shown in table 1 below.

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 from 1 to 4 however the methodology for determining segmentation is not currently clear. The proposed segments are as follows:

- **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

Segmentation will determine the level and type of support that trusts will receive. NHSI is considering the incentives for trusts to be in Segment 1. It is clear that some conditions (e.g. control totals) are non-negotiable however others may vary according to segment.

The consultation closes on 4th August 2016.

3.2   NHS Improvement – Sustainability and Transformation Fund

Appendix B outlines performance against the Sustainability and Transformation Fund (STF) improvement trajectories. The criteria to access the fund have now been published. 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. The Diagnostic 6 week target has now been removed. Payment for achieving the national target indicators will only been made if the financial targets have been achieved.

For Q1 payment will be made for simply agreeing the trajectories. There is a tolerance of 1% for each performance target in Q2 and 0.5% in Q3, but nothing in Q4. Failure in an individual month will result in loss of one third of the payment for that target.

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.

3.3   NHS Improvement – Risk Assessment Framework

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 (subsequently amended to October 2016 and agreed as a Sustainability and Transformation Fund trajectory).

Of the 12 indicators currently included in Monitor's Risk Assessment Framework (RAF), 10 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.

3.3.1   A&E 4 Hour Waits

Performance for the A&E 4 hour wait target improved to 85.46% in June compared with 81.93% in May. There were 9,608 attendances in June and the average number of daily attendances was down

slightly at 320, from 323 in May. However, the daily average number of emergency admissions rose to 134 in June from 124 in May.

The STF improvement trajectory target was missed for the third consecutive month in June. The Q1 STF fund is payable because the trajectory was agreed. However, if the target is missed by more than 1% in Q2 the 12.5% funding allocated for this target will be at risk. An appeal will be submitted to NHS Improvement in the event that one or more of the agreed underlying assumptions changes. See Appendix B for further details.

3.3.2 Cancer Targets

In May the Trust did not meet the 62 day urgent GP referral target with a performance of 80.1% against the 85% standard. However, performance has remained above 80% for two consecutive months and the STF trajectory was achieved.

All other cancer targets were achieved. See table 2 below for performance for each standard.

Table 2: Cancer Performance by Tumour Type - May 2016

Indicator	14 day Cancer	14 day Breast	31 day First	31 day Sub Chem	31 day Sub Surg	31 day Sub RT	62 day GP	62 day Upgr'd	62 day Screen
Target	**93%**	**93%**	**96%**	**98%**	**94%**	**94%**	**85%**	**90%**	**90%**
Acute Leukaemia	100%								
Brain	97.4%	-	100%	100%	100%	85.7%	-	100%	-
Breast	96.9%	100%	100%	100%	100%	97.2%	100%	100%	100%
Colorectal	97.6%	-	95.7%	100%	100%	100%	73.3%	100%	-
Gynaecology	-	-	100%	-	100%	100%	-	100%	0%
Haematology	94.7%	-	100%	100%	100%	92.9%	57.1%	100%	-
Head and Neck	94.5%	-	95.2%	100%	87.5%	100%	38.5%	84.6%	-
Lung	100%	-	100%	100%	100%	96.9%	0%	62.5%	-
Other	-	-	-	-	100%	0%	-	-	-
Paediatrics	-	-	-	-	-	100%	-	-	-
Sarcoma	90.9%	-	100%	100%	100%	100%	0%	80%	-
Skin	93.7%	-	100%	100%	100%	100%	90%	90%	-
Upper GI	98.2%	-	97.1%	100%	100%	100%	28.6%	92.3%	-
Urology	98.1%	-	96.5%	100%	90.9%	97.7%	90.3%	100%	-
Rare Cancer	-	-	-	-	-	-	100%	-	-
Total	**96.4%**	**100%**	**98.1%**	**100%**	**98.1%**	**97%**	**80.1%**	**91.9%**	**94.7%**

3.3.3 Referral to Treatment Time

Incomplete pathway performance was achieved at aggregate level again in June with a performance of 92.4%. This was a deterioration on May's performance of 93.1%. The number of patients waiting over 18 weeks for first treatment has increased by 300 since May.

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 from September onwards.

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 has been approved by CEAG and has gone forward to commissioners.

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.

The STF trajectory was achieved. Backlog reduction plans are being monitored via the Operational Delivery Group.

3.4 <u>National Targets Monitored Locally Through CCG Contract</u>

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.

3.4.1 <u>28 Day Cancelled Operations Guarantee</u>

There were 10 breaches of the 28 day guarantee in June, compared with 9 breaches in May. 8 of the 10 patients have been treated or have a TCI date in July. 2 patients requiring joint specialty procedures have TCI dates in September.

3.4.2 <u>MRSA</u>

There were no further MRSA bacteraemias in May or June. The year to date total is 1 bacteraemia against a plan of zero. A trust wide action plan is in place and being monitored by the CCG.

3.4.3 <u>Ambulance Handover</u>

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 99.9% for the 60 minute handover target in June 2016.

3.4.4   Safer Staffing

Table 3 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 3: 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	121%	98%	96%	85%
Div B	97%	106%	79%	131%
Div C	93%	170%	89%	233%
Div D	93%	113%	89%	135%

*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 33 (63%) are currently on target, 15 (28%) are slightly below target and 5 (9%) 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 June there were 88 (1.56%) cancelled elective procedures. This was an improvement on the 91 cancelled procedures in May and is the best performance since October 2015.

Table 4: Cancelled procedures by reason

Number of cancellations by reason		
Reason	Jun 16	Cur YTD
No ITU Bed	2	27
TX/Emerg	23	81
No Ward Bed	32	85
Theatre Time	24	63
Staffing	2	7
Equipment	3	16
Admin Error	2	3
Total	88	282

4.2   % Spend on Bank and Agency Staffing

There was a further improvement in bank and agency spend in May. Bank spend reduced to 3.2% in May from 3.6% in April and Agency spend reduced to 4.2% from 4.6% in April. Delivery of divisional action plans is tracked by the weekly Finance Improvement Group meetings.

4.3   Omitted Drugs

In June 3.75% of antibiotic drug doses were not administered; an improvement on the 4.01% not administered in May. Over the month 10.09% of non-antibiotic doses were not also administered; an improvement on the 10.68% not administered in May. A review will be carried out over the next few weeks to determine whether any changes should be made to these indicators in order to ensure they accurately reflect workflow in clinical areas.

4.4   Long Term Sickness Rate

There was a slight increase in long-term sickness in May at 2.1% compared with the 2.0% achieved in April, against a target of 1.8%. Long-term sickness increased in Division B within the Healthcare Scientist, Admin and Clerical and Nursing staff groups and in Division C within the Scientific and Technical and Nursing staff groups.

5.   **2016/17 Annual Plan Progress at Quarter 1**

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

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

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

Delivery of the EPR system for Birmingham Children's Hospital including paediatric drug dictionary has been delayed due to the lack of data from BCH to support the development of the paediatric prescribing and medicines administration module. Dose limits are required for every drug within the drug dictionary and this has proved challenging for the team at BCH. Currently there is no go-live date. The software development against original requirements was completed in 2015.

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

The Trust has had one further MRSA bacteraemia case since the start of the new financial year in April 2016. This has led to the continual review of IPC education. Mandatory training has also been updated to reflect this.

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 2016/17 performance update against the Trust Annual Plan.

Tim Jones
Executive Director of Delivery