

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 26 JANUARY 2017

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| Title: | PERFORMANCE INDICATORS REPORT AND 2016/17 ANNUAL PLAN QUARTER 3 UPDATE |
| Responsible Director: | Executive Director of Delivery |
| Contact: | Lorraine Simmonds, Head of Service Improvement Andy Walker, Head of Strategy & Planning |

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| 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. To provide Quarter 3 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 the Single Oversight, national and contractual targets and internal indicators. For the 2016/17 Annual Plan, 95.3% of key tasks are on plan and 4.7% of key tasks are slightly below plan. |
| 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 3 2016/17 performance update against the Trust Annual Plan. |

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| Approved by : | Tim Jones | Date : 17 January 2017 |
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 26 JANUARY 2017

PERFORMANCE INDICATORS REPORT AND 2016/17 ANNUAL PLAN QUARTER 3 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 (SOF) which commenced on 1st 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 3 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 (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. Only five acute trusts have been given a rating of 1.

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 but not the A&E 4-hour wait or Cancer 62 day trajectories. Appeals for the latter were submitted and a formal outcome is still awaited. 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 January Finance report for further details regarding how the impact of the STF is reflected in the Trust's financial position.

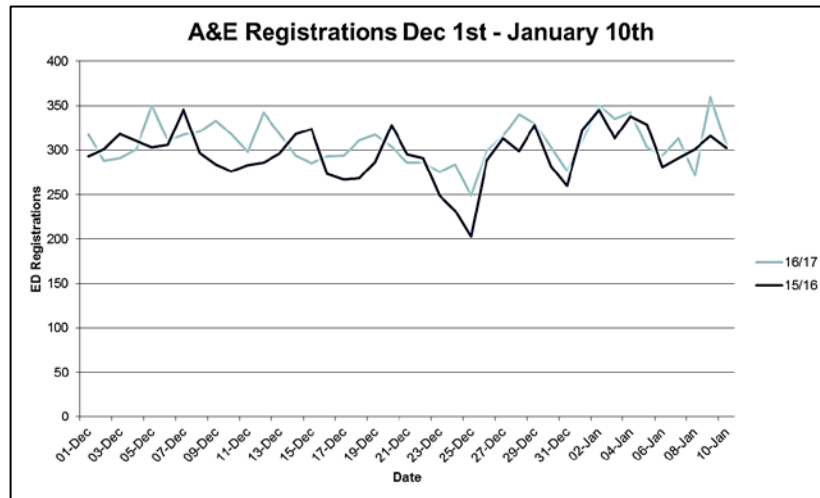
3.2.1 A&E 4 Hour Waits

Performance for the A&E 4 hour wait target improved slightly in November to 81.3% from 80% in October. Unfortunately performance then deteriorated in December to 76.9% as a result of unprecedented pressures. During December and January so far, there have been two

main issues that are different to what has previously been experienced; firstly, an increase in the number of ambulance arrivals at A&E and secondly, an increase in the number of patients with a delayed transfer of care.

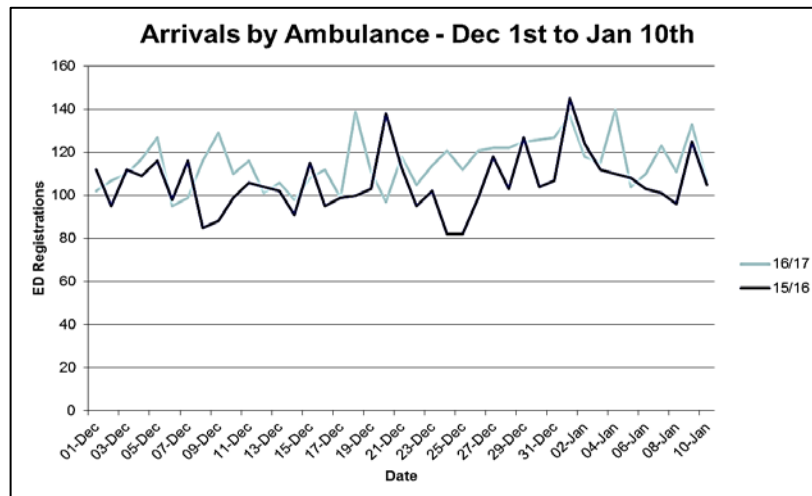
There was a 4% increase in the number of patients attending A&E in December 2016 compared with December 2015 (see chart 1 below). There is usually a significant reduction in the number of attendances on the 24th, 25th and 26th December, however, in 2016 the reduction in attendances was much less significant and the peak in attendances over the next few days was higher than seen previously.

Chart 1: A&E Attendances



During the same period, the Trust experienced an 8.5% increase in the number of patients that arrived at A&E via ambulance (see chart 2). Over the whole month 3512 patients were conveyed to the department by ambulance. This is the highest ever number of conveyances in one month (previous record 3423 in May 2016) and represents 113 conveyances per day. Over the whole of 2016 ambulance arrivals to ED increased by 11%

Chart 2: Ambulance Arrivals



There was a 3% increase in the number of emergency admissions to the hospital which was equivalent to 27 beds of additional demand.

As well as additional pressure through the front door, the Trust experienced a significant increase in the number of patients with a delayed transfer of care. On average during December there were between 80 and 90 patients a day whose transfer or discharge is delayed. There are typically around 175 patients in the complex discharge “pipeline”. As these patients move through the pipeline a further increase in the number of confirmed delayed transfers of care is expected. Most of these patients are waiting for nursing home or enhanced assessment beds in the community.

It is also worth noting that length of stay overall is slightly less than it was a year ago; current length of stay is 5.48 days, compared with 5.78 days at the same time last year.

It is this overall pressure on capacity which is the cause of most 4-hour wait breaches. The number of breaches for admitted patients has been increasing as delays with bed availability impact on hospital flow.

The Unscheduled Care Group, which reports to the Chief Operating Officer’s Group, is overseeing the implementation of a number of improvement workstreams. Projects that have already commenced include:

- The opening of an additional 24 beds on ward 517
- An expanded Surgical Assessment Unit (SAU)
- Physiotherapists working in A&E
- A GP working in A&E
- A policy to protect Access beds (maintains flow)
- A new A&E consultant rota, matching workforce with demand
- Healthcare Assistants in A&E to support patient transfers
- Introduction of a Full Capacity Protocol
- Introduction of a Bed Declaration Protocol
- A process allowing patients to transfer to the Discharge Lounge before TTOs are prescribed / delivered
- Introduction of a hot Laparoscopic Cholecystectomy pathway
- The Home and Well Pilot to support patients upon discharge
- Introduction of a staff newsletter (EDiT)
- Introduction of a fractured neck of femur pathway

A number of further projects will follow:

- Introduction of a back pain pathway
- Additional specialties in SAU
- A new A&E website
- Improvements to hospital flow via the SAFER bundle
- Red to Green project (reduction in length of stay delays)
- Step down capacity
- Home based services; cellulitis and respiratory pathways
- Further changes to A&E staffing and roles

3.2.2 Cancer 62 Day Urgent GP Referral Target

Performance for the Cancer 62 day standard improved significantly in November with 83% being achieved against the new breach allocation guidance which was introduced in October 2016, and 85.2% for Trust patients only (i.e. when tertiary referrals are excluded).

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 November is 78%.

It is expected that performance for this standard will deteriorate again in in December as a result of a reduced number of treatments associated with patient choice deferrals over the holiday period.

Please see chart 3 for a summary of performance over time for the Cancer 62 day standard. All the other national cancer targets were met in November (Chart 4).

Chart 3: Cancer 62 day performance over time

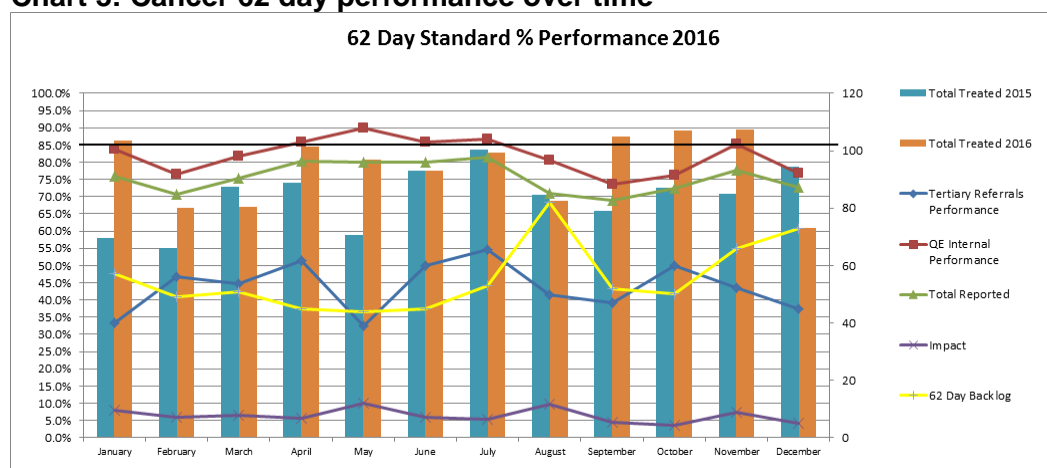


Chart 4: Performance for all Cancer targets November 2016

| Cancer Performance by Tumour Type - November 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 |
| Target | 93% | 93% | 96% | 98% | 94% | 94% | 85% | 90% | 90% |
| Brain | 95.65% | - | 100.00% | 100.00% | 100.00% | 100.00% | - | 100.00% | - |
| Breast | 95.52% | 100.00% | 97.37% | 100.00% | 100.00% | 98.91% | 96.88% | - | 100.00% |
| Colorectal | 96.98% | - | 100.00% | 100.00% | 100.00% | 100.00% | 53.85% | 89.47% | - |
| Gynaecology | - | - | 100.00% | 100.00% | - | 100.00% | - | 100.00% | - |
| Haematology | 89.47% | - | 100.00% | 100.00% | 100.00% | 100.00% | 50.00% | 100.00% | - |
| Head and Neck | 87.50% | - | 93.33% | 100.00% | 93.33% | 100.00% | 58.82% | 85.19% | - |
| Lung | 100.00% | - | 100.00% | 100.00% | 100.00% | 100.00% | 83.33% | 70.59% | - |
| Other | - | - | 100.00% | - | 100.00% | 100.00% | 0.00% | 100.00% | - |
| Paediatrics | - | - | - | - | - | 100.00% | - | - | - |
| Rare Cancer | - | - | - | - | - | - | 100.00% | - | - |
| Sarcoma | 100.00% | - | 100.00% | 100.00% | - | 100.00% | 100.00% | 100.00% | - |
| Skin | 95.07% | - | 96.43% | 100.00% | 96.49% | 100.00% | 83.87% | 100.00% | - |
| Upper GI | 95.80% | - | 100.00% | 100.00% | 100.00% | 100.00% | 55.00% | 96.88% | - |
| Urology | 97.28% | - | 100.00% | 100.00% | 100.00% | 100.00% | 88.14% | 90.00% | - |
| Total | 95.28% | 100.00% | 98.50% | 100.00% | 97.73% | 99.67% | 78.04% | 92.17% | 100.00% |

3.2.3 18 Week Referral to Treatment (Unfinished Pathways)

Unfinished pathway performance was achieved at aggregate level again in November with an improved performance of 92.7%.

The overall unfinished backlog was 2,375; a reduction of over 250 patients since September. The total waiting list also reduced by around 600 patients in November.

Three treatment functions continue to perform below the 92% standard; Neurosurgery, General Surgery and Ophthalmology. Recovery plans are focussed particularly on these specialties and the performance of all specialties is tracked weekly.

Performance by treatment function is described in Chart 5 below.

Chart 5: 18 week Unfinished RTT performance by specialty

| Division B | Sep 16 | Oct 16 | Nov 16 | Cur YTD |
|------------------------|---------------|---------------|---------------|----------------|
| Cardiology | 94.6% | 93.9% | 93.4% | 94.9% |
| Cardiothoracic Surgery | 100.0% | 96.2% | 100.0% | 99.2% |
| Gastroenterology | 95.8% | 96.4% | 97.7% | 96.8% |
| General Surgery | 87.1% | 88.1% | 87.0% | 87.5% |
| Total | 92.3% | 92.2% | 91.8% | 92.7% |
| Division C | Sep 16 | Oct 16 | Nov 16 | Cur YTD |
| Dermatology | 92.2% | 94.6% | 96.9% | 94.0% |
| General Medicine | 98.9% | 99.0% | 98.2% | 98.9% |
| Geriatric Medicine | 99.9% | 99.9% | 100.0% | 99.9% |
| Ophthalmology | 82.3% | 82.0% | 82.4% | 82.9% |
| Respiratory Medicine | 97.7% | 96.7% | 98.4% | 97.4% |
| Rheumatology | 93.8% | 93.6% | 95.6% | 95.2% |
| Total | 91.1% | 91.3% | 92.3% | 92.1% |
| Division D | Sep 16 | Oct 16 | Nov 16 | Cur YTD |
| ENT | 95.5% | 95.8% | 95.8% | 96.2% |
| Neurology | 96.0% | 94.7% | 93.9% | 95.3% |
| Neurosurgery | 73.6% | 75.3% | 79.2% | 73.0% |
| Oral Surgery | 93.9% | 94.7% | 92.9% | 93.7% |
| Plastic Surgery | 93.2% | 93.5% | 92.4% | 94.7% |
| Trauma & Orthopaedics | 97.8% | 97.0% | 96.8% | 98.8% |
| Urology | 97.6% | 97.6% | 96.5% | 97.4% |
| Total | 90.7% | 90.9% | 91.5% | 90.9% |
| Other | Sep 16 | Oct 16 | Nov 16 | Cur YTD |
| Other | 95.3% | 95.4% | 95.4% | 95.4% |
| Trust | Sep 16 | Oct 16 | Nov 16 | Cur YTD |
| Performance | 92.2% | 92.3% | 92.7% | 92.6% |

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 were no MRSA bacteraemias in December. 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.

3.3.2 Cancelled Operations not Rearranged within 28 Days

A recovery plan tolerance of 2 breaches was agreed with commissioners and was achieved for the first time in over 12 months in November 2016. There were, however, 4 breaches of the standard in December 2016 as a result of the increased pressure on capacity. All patients have been treated or have an admission date in January.

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 December 2016.

3.3.4 Safer Staffing

Chart 6 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.

Chart 6: 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 November there were 134 (2.26%) elective operations that were cancelled at short notice for non-clinical reasons. See Chart 7 for a breakdown of cancellations by reason.

90% of operations that were cancelled in November were related to emergency admission pressures, eg beds not available or operations displaced by a transplant or emergency procedure.

Chart 7: Cancelled operations by reason

| Reason | Nov 16 |
|--------------|------------|
| No ITU Bed | 8 |
| TX/Emerg | 42 |
| No Ward Bed | 40 |
| Theatre Time | 29 |
| Staffing | 9 |
| Equipment | 3 |
| Admin Error | 3 |
| Total | 134 |

4.2 % Spend on Bank and Agency Staffing

External agency spend was maintained at a reduced rate of 3.7% in November and bank spend decreased from 4.6% in October to 4.0% in November. This is the best combined performance for several months.

4.3 Omitted Drugs

In December 4.8% of antibiotic drug doses were not administered. Over the month 11.01% of non-antibiotic doses were not also administered. Performance for both indicators has remained static for the last few months.

4.4 Long Term Sickness Rate

Long term sickness remained static at 2.5% in November. Only Division A achieved the required standard overall. There were hotspots in Additional Clinical Services (Healthcare Assistants) in all divisions, Admin and Clerical in Divisions C and D and in Estates and Healthcare Scientists in Corporate.

4.5 Delayed Transfers of Care

The increase in delayed transfers of care and the corresponding impact on hospital flow and performance against the A&E 4-hour wait target was described in paragraph 3.2.1 of this report. Chart 8 below describes how the number of days delayed has increased month on month throughout 2016/17.

Chart 8: Delayed Transfers of Care over Time

| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 |
|----------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| DTOC - NHS Days Delayed | 362 | 327 | 432 | 282 | 485 | 539 | 619 | 650 | 410 |
| DTOC - Social Care Days Delayed | 1129 | 1254 | 1253 | 1219 | 1534 | 1389 | 1368 | 1325 | 2071 |
| DTOC - Both (NHS & Social Care) Days Delayed | 105 | 64 | 83 | 37 | 39 | 163 | 265 | 253 | 23 |
| Total DTOC Days | 1596 | 1645 | 1768 | 1538 | 2058 | 2091 | 2252 | 2228 | 2504 |

5. **2016/17 Annual Plan Progress at Quarter 3**

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%) | 62 (96.9%) | 61 (95.3%) | |
| Slightly below plan | 2 (3.1%) | 2 (3.1%) | 3 (4.7%) | |
| Remedial action required | 0 | 0 | 0 | |
| Total | 64 (100%) | 64 (100%) | 64 (100%) | |

Year to date, 95.3% of key tasks are on plan, 4.7% of key tasks are slightly below plan, and there are no key tasks where remedial action is required.

5.1 Risk Assessment

The three 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.

5.1.1 Work with health economy partners to develop and deliver the Sustainability and Transformation Plan for Birmingham and Solihull (Ref 3.4)

Following submission of the second iteration of the STP at the end of October a new governance structure has been implemented. The Director of Partnerships (DoP) is currently acting as interim STP Project Director pending a substantive appointment. The DoP will ensure that appropriate Trust clinical and management leads engage in the development of new models of care within the STP.

5.1.2 Further roll out Diarising the Patient Day (Ref 6.4)

Work on the integration of MyDay was put on hold in Q3 while virtual clinics were prioritised. This is essential for delivery of a reduction in face-to-face follow-up outpatient activity in 2017. Work on MyDay integration will resume during Q4.

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

Discussions are ongoing about the provision of a more extensive salary sacrifice scheme.

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 3 2016/17 performance update against the Trust Annual Plan.

Tim Jones
Executive Director of Delivery