

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 26 MARCH 2015

Title:	PERFORMANCE INDICATORS REPORT
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Strategy & Performance Manager 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, internal targets and Commissioning for Quality and Innovation schemes (CQUINs).
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. An update is also included on the Trust's CQUINs.
Recommendations:	The Board of Directors is requested to: Accept the report on progress made towards achieving performance targets and associated actions and risks.

Approved by :	Tim Jones	Date : 17 March 2015
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BOARD OF DIRECTORS
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PERFORMANCE INDICATORS REPORT

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 including the Commissioning for Quality and Innovation (CQUIN) indicators are detailed below.

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.

Work is underway to review the Trust's performance framework for 2015/16 to ensure it continues to reflect both the Trust's priorities and those nationally. Meetings are being held with directors and managers to identify any changes required and the revised framework will be presented to the Board of Directors for approval.

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), 8 are currently on target (2 RTT targets are being achieved on an aggregate basis but are not being achieved in every treatment function – see section 3.1.2 below). 6 national cancer targets were not achieved in January and have a remedial action plan in place, however, of these, the 62 day upgrade target is not included in the RAF. The Referral to Treatment Time target for admitted patients continues to have a remedial action plan in place as January performance was below target however this is in line with the national initiative to reduce the RTT backlog. Exception reports are contained below for those targets where a remedial action plan is in place:

3.1.1 Cancer Targets

In January the Trust did not achieve six of the national cancer targets. Of these, five are included in Monitor's Risk Assessment Framework whilst the 62 day upgrade target is set contractually.

Performance for 31 day first treatments fell from 91.6% in December to 88.0% in January against the 96% target. 31 day subsequent chemotherapy fell back below the 98% target to 93.2%. 31 day subsequent surgery fell from 82.7% to 78.7% against the 94% target. 62 day GP fell to 68.7% from 75.8% in December against the 85% target. 62 day screening fell below the 90% target to 79.3%. 62 day upgrade performance however increased from 85.1% in December to 86.8% in January against the 90% target.

The Trust continues to receive large numbers of late (after day 42) tertiary referrals with 13 received in January. Pressure is being applied to commissioners to include conditions in other providers' contracts to penalise them for late referrals. A system-wide action plan has also been developed and discussed at the Strategic Resilience Group. If these late referrals were excluded from the Trust's performance, 62 day GP performance for January would have been 76.0%. Additional theatre capacity in Urology has been made available from November 2014 to the end of March 2015. Additional operating capacity for Liver Surgery is also to be made available in phases from May. The additional cancer trackers recruited following the recent business case will start in post in April 2015.

Performance against the national cancer targets continues to be associated with a contractual penalty in 2014/15 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. As four of the targets were not achieved over Quarter 3 and the 62 day GP target has not been achieved for five consecutive quarters Monitor has now placed the Trusts' governance rating as being 'Under Review'. This means that Monitor are now carrying out further investigations as to whether the Trust has breached its provider licence. There are currently 26 foundation trusts currently under review, 7 of whose ratings are affected by cancer performance.

At present four of the eight Shelford Group foundation trusts currently are under review. Monitor aims to conclude its review of the Trust by the end of April and has already requested additional information which has been submitted. Monitor will now be meeting with the Trust to discuss the action plan in further detail and to gain assurance over the actions the Trust is taking in order to return to compliance with the targets.

3.1.2 Referral to Treatment Time – Admitted Patients – Treatment Functions

The Trust's performance for the Referral to Treatment Time (RTT) target for admitted patients deteriorated in January to 86.8%. In February performance was back above target at 90.9%.

The CCG have requested action plans related to Plastic Surgery and Hepatobiliary Surgery (which forms part of the 'Other' treatment function). Plastic Surgery performance is reported to be linked to validation issues which have now been resolved and performance is shown to be above target in February draft data. Hepatobiliary Surgery will be benefiting from additional long operating days which will be available in a phased manner from May. The effect of this additional surgical capacity is currently being modelled. Progress with reducing the admitted inpatient backlog has continued and this is now reduced by 64% from its peak.

This is a contractual target with an associated financial penalty which in 2014/15 is £400 per additional patient below target for the admitted target and £100 per patient for the non-admitted and unfinished targets. As part of the national initiative to reduce waiting times, CCGs were not applying financial penalties for performance until December 2014 and a further suspension in penalties was announced in February 2015. It is therefore not clear at this stage whether UHB's commissioners will apply a financial penalty for January performance, between the two initiatives. The penalty for January performance if it is applied would be £65,000. Monitor includes overall achievement of the targets at Trust level in its Risk Assessment Framework. Monitor's Risk Assessment Framework considers a failure to achieve the target for a single month to be a failure for the entire quarter therefore the admitted target is considered failed for Quarter 4.

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 10, has a remedial action plan in place for 3 (Cancer 62 day upgrade (see 3.1.1 above), cancelled operations not rearranged within 28 days and MRSA), is slightly below target for 6 week diagnostic waits and fully validated data is not available for those relating to ambulance handover (30 minute and 60 minute turnaround). In addition, although the Trust is above target for the non-admitted and unfinished referral to treatment time targets overall, it is not achieving the contractual requirement that all treatment functions (high-level specialties) should be above target, please see section 3.1.2 above for details. An update is also included on Safer Staffing as it is a national requirement for the Board to receive this.

3.2.1 Ambulance Handover

As detailed previously the Trust disputes the accuracy of the data reported by West Midlands Ambulance Service (WMAS). According to this data the percentage of handovers recorded in February increased further to 91.8%, the highest performance seen to date. Increased focus in the Emergency Department on handover and initial assessment, as well as reduction in attendances led to a reduction in the number of 30-60 minute handovers to 98 in February and a reduction in the number of over 60 minute handovers to 5. These are the lowest monthly numbers seen to date. A further validation process is also being carried out by the Group Manager for ED on the over 60 minute breaches which has not been applied to these figures.

A meeting has been held between the Chief Financial Officers of the Trust and the CCG where agreement was reached that financial penalties would not be applied for ambulance handover performance in 2014/15. Should the CCG have applied these, the penalty based on February's data would be £19,600 for handovers over 30 minutes and £5,000 for handovers over 60 minutes.

3.2.2 MRSA

In February there was a further Trust-apportioned MRSA bacteraemia. This is the fifth case in 2014/15 to date. The Trust had a total of five cases in the whole of 2013/14. Nationally there has been a zero tolerance approach to MRSA since April 2013 therefore the Trust's trajectory is zero cases. Each case is also associated with a financial penalty of £10,000, therefore the Trust's total penalty to date is £50,000. Please see the Executive Chief Nurse's Infection Prevention & Control Report for further details.

3.2.3 6 Week Diagnostics

In January the Trust's performance against the 6 week diagnostic target improved to 98.1% from 97.7% in December. This is the second month the Trust has not achieved this target.

Underperformance has primarily been affected by growing demand, capacity constraints, and workforce availability. The Trust is recruiting a Clinical Fellow and Band 5 nurse to deliver additional capacity for Urodynamics, the longest-standing area of underperformance. Neurophysiology was below target for the first time in January due to workforce issues following the resignation of one of the consultants along with the reduced number of neurophysiologists. A business case is in progress to provide a permanent replacement consultant. In the meantime, the service is putting on waiting list initiative clinics to deliver additional activity.

Colonoscopy, flexisigmoidoscopy, and gastroscopy continued to be below target in January. There has been a 19% increase in Endoscopy activity since 2011/12 and in particular the service

experienced pressure over the winter period due to a significant growth in referrals for endoscopy procedures which coincided with a reduction in capacity over the Christmas and New Year period. This increase in referrals has been seen at other local trusts and appears to have resulted from both local public health campaigns and the national bowel screening programme. In order to manage delivery of the target the service is currently recruiting to vacancies within Endoscopy providing evening and routine Saturday sessions. There are also plans to introduce a referral triage process to assess appropriateness and undertake educational work with internal referrers and GPs.

Audiology has missed the target for the last four consecutive months with particular capacity problems with tinnitus and balance testing. In order to support performance improvement against the target, an additional member of staff has been trained to increase capacity for the balance assessments. Audiology is also currently investigating ways to increase capacity to support the tinnitus workload with patients requiring intensive 1:1 help. A business case for additional staff to assist with cochlear implant and BAHA workloads has been developed. By creating capacity for staff currently undertaking this workload, the knock on effect will have a positive impact on the waiting list which includes tinnitus and balance. This case is being submitted in April 2015.

This is a contractual target with an associated financial penalty which in 2014/15 is £200 per additional patient below target. The penalty associated with January performance would be £9,000. Monitor does not include this target in its Risk Assessment Framework but did enquire about the Trust's performance for Quarter 3 in its quarterly survey of all trusts that is used for sector surveillance.

3.2.4 Operations Cancelled on the Day of Surgery Not Rearranged Within 28 Days

Over Quarter 3 20 patients had their operation cancelled on the day of surgery but did not have their surgery within 28 days – 1 in October, 9 in November and 10 in December. In January the number fell to 7. This is a commitment of the NHS Constitution and the NHS has a zero tolerance to this.

Since October a more robust tracking system has been in place for monitoring the treatment of patients whose surgery has previously been cancelled. Cancelled ops are validated on the next working day by the central Operational Performance team. Once a procedure has been validated as being a genuine cancellation on the day, it is emailed to the operational team for their attention. If a new date has not been agreed within 7 days, it is escalated specifically to the Group Manager for the area for action, and if no further date has been agreed within a further 3 days it is then flagged to the relevant Director of Operations. Once a new date is agreed within 28 days, the Operational Performance team continue to track the patient through

to admission and treatment to ensure that no further cancellation is made.

In addition to this the Chief Operating Officer chairs a weekly meeting with the Directors of Operations to review all cancellations on the day of surgery and to pick up any themes around cancellations which require system-wide intervention.

The Trust reports, what is by national comparison, a high number of cancelled ops. However this is thought to be a sign of the robust monitoring and management of cancellations as we believe that UHB's performance is in line with other large tertiary centres and that UHB is an outlier due to full reporting against the criteria rather than poor performance, as this target is thought to be significantly under-reported nationally.

Each occurrence of a cancelled operation that is not rearranged within 28 days is associated with a financial penalty that amounts to non-payment of the associated episode. The penalty associated with Quarter 3 performance is likely to be £60,000.

3.2.5 Safer Staffing

Table 1 shows the Divisional break down for the February 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 1: Divisional Breakdown of Staffing Levels

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	116%	100%	102%	100%
Div B	98%	114%	92%	131%
Div C	97%	138%	94%	153%
Div D	99%	135%	98%	141%

RN – Registered Nurse, NA – Nursing Assistant

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.

4. **Early Warnings**

Latest performance for the following national targets is achieving the target but close to the threshold for the latest month. These indicators are therefore currently rated 'Amber-Green':

- a) A&E 4 hour waits
- b) Referral to Treatment Time - Non-Admitted Patients

Performance against these targets will continue to be monitored closely and any potential underperformance addressed to ensure that it continues to be achieved on an ongoing basis.

5. **Local Indicators**

Local indicators continue to be monitored that reflect the Trust's priorities and contractual obligations. Of the Trust's 53 local indicators 30 (56.6%) are currently on target, 13 (24.5%) are slightly below target and 10 (18.9%) have remedial action plans in place. Of the indicators currently with a remedial plan in place the 70 day target does not have updated data as it is only reported quarterly by the National Institute for Health Research. Details of the other indicators where remedial action plans are in place are contained below:

5.1 External Agency & Bank Spend

External agency spend in January rose to 3.95% as a percentage of total staff spend. The percentage spent on bank staff fell from 2.88% in December to 2.82% in January. High levels of activity and increased patient acuity, including increased specialising of patients is thought to be a significant factor in driving the bank and agency requirement. January data is currently being analysed by the nursing team to verify this. The higher levels of sickness seen in recent months (see 5.2 below) have also contributed.

The Trust continues to actively recruit to fill vacancies and actively manages staff sickness to minimise agency and bank spend.

5.2 Staff Sickness

In January total staff sickness was above target at 4.34% against the 3.60% target. Short term sickness was 2.01% and long term was 2.33%. Coughs, colds and flu continues to be the most common cause of sickness overall. The Trust also continues to see high levels of anxiety and stress,. This was the cause of the greatest number of days of long term sickness over the month.

Staff sickness continues to be actively managed in line with Trust policy. As of 31 January Human Resources was managing 674 live sickness cases with a further 228 cases under review. Of the live cases 567 relate to short term and 107 to long term sickness. There have been 13 dismissals for sickness in 2014/15 to the end of January.

5.3 Operations Cancelled on the Day of Surgery

In January there were 79 operations cancelled on the day of surgery. Performance against the 0.8% target was therefore above target at 1.51%. Over the month there were 21 cancellations in Liver Surgery, 16 cancellations in Cardiac Surgery, 7 in Neurosurgery and Trauma, 6 in General Surgery and ENT. Please see section 3.2.4 above for further details of actions to reduce cancellations.

5.4 Complaint Responses

Performance against the current target of a response being produced in 40 days deteriorated further from 68.3% in December to 61.8% in January. Performance against the previous target of meeting a deadline agreed with the complainant was 100% in January.

The revised complaints policy and procedure which set out clear timescales around responses will shortly be going out for consultation and will be considered at the next meeting of the Trust's Policy Review Group in April 2015.

5.5 Pre-assessment

In February 62.4% of elective patients were pre-assessed between 1 and 30 days prior to their TCI date, a fall from 59.2% in December. Previous months' figures have changed following further validation of the underlying data to exclude some patients who did not require pre-assessment. This validation has now been completed by all specialties however this has not brought about the expected improvement in reported performance. The reasons for this are currently being investigated by the Informatics and Pre-Assessment teams.

5.6 Omitted Drugs – Antibiotics & Non-Antibiotics

The Trust's performance remains better than any national comparator. In February 4.08% of antibiotic drug doses were not administered. Over the month 10.90% of non-antibiotic doses were not also administered. No specialties were below the 2% target for antibiotics or the 7.5% target for non-antibiotics in February. It has now been agreed that reducing non-antibiotic omitted doses will remain one of the Trust's quality priorities in its Quality Account for 2015/16 with the aim of driving a further performance improvement as progress has been limited in 2014/15.

6. CQUINs

CQUIN issues of note are:

6.1 Friends and Family

Performance remains below the 20% target for January at 17.6%. Detailed actions required by the nursing, medical, and reception staff have been reiterated. Twice weekly reporting has now been implemented and daily targets are set to ensure the 20% target is met for the quarter. Performance has improved as a result and as at 4 March 2015 the quarter to date performance is at 19.32%. Non-achievement of the ED target over the quarter carries a financial risk of £258k.

6.2 Safety Thermometer

Performance improved significantly in January compared to December with a final rate of 0.62% against a target of 1.25%. This improvement has continued in February with only 2 hospital acquired pressure ulcers giving a rate of 0.18%. Performance is expected to be sustained in March. Non-achievement of the target carries a financial risk of £710k.

6.3 COPD

Performance has improved in January to 61% against the 80% target following manual validation of PICS data against the paper checklists. Draft February performance is 75% against the 80% target prior to validation. Daily tracking has been implemented to ensure that the required patients have a completed discharge checklist. Non-achievement of this target in March 2015 carries a financial risk of £73k.

6.4 Discharge

The divisions have been provided with ward level targets for the number of patients that need to be discharged before 1pm each week in order to meet the 30% target. Performance in February has improved compared to January to 29% for weekdays and 27% for weekends. Non-achievement of the weekday and weekend targets carries a financial risk of £312k (£156k each).

7. Recommendations

The Board of Directors is requested to:

Accept the report on progress made towards achieving performance targets and associated actions and risks.

Tim Jones
Executive Director of Delivery