

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 24 MARCH 2016

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT</b>
<b>Responsible Director:</b>	Executive Director of Delivery
<b>Contact:</b>	Lorraine Simmonds, Head of Service Improvement

<b>Purpose:</b>	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.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	Affects all strategic aims.
<b>Key Issues Summary:</b>	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.
<b>Recommendations:</b>	The Board of Directors is requested to: <b>Accept</b> the report on progress made towards achieving performance targets and associated actions and risks.

<b>Approved by :</b>	Tim Jones	Date : 14 March 2016
----------------------	-----------	----------------------

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 24 MARCH 2016

### 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 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. 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. 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

In its draft operational plan for 2016/17 submitted to Monitor, the Trust declared that it would be unable to consistently achieve the A&E 4 hour target and would not be able to achieve the cancer 62 day GP referral target unless a national system of reallocation for late tertiary referrals was introduced. Trajectories have been submitted for these targets showing

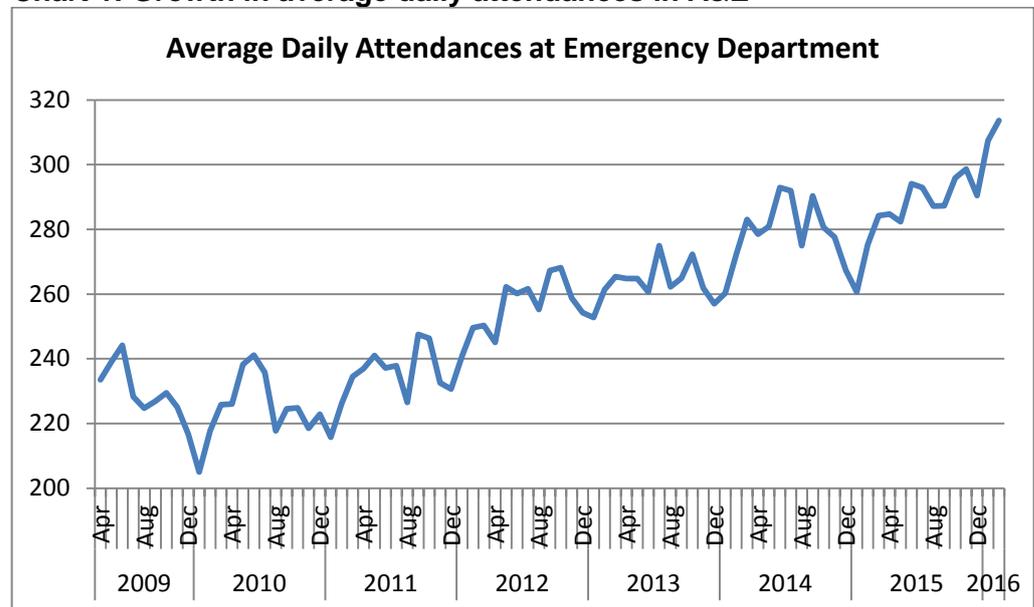
predicted performance by month. Please see the Monitor Operational Plan paper for further details.

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.

### 3.1.1 A&E 4 Hour Waits

The A&E 4 hour wait target was not achieved in February with a performance of 85.7% against the 95% target. A&E attendances continue to be significantly above the levels experienced in previous winters. On average the department is seeing an additional 47 patients each day compared with last winter. Chart 1 below demonstrates the growth in average daily attendances over time.

**Chart 1: Growth in average daily attendances in A&E**



The 30 minute ambulance standard continues to be met consistently. The 60 minute ambulance handover standard was narrowly missed in February with a performance of 99.7% against the 100% standard. Time to initial assessment remains within the 15 minute target.

A joint remedial action plan between the Trust and commissioner to address the issues of increased attendances, pathways for mental health patients and flow continues to be implemented. An A&E 4 hour wait recovery plan trajectory has been agreed with Monitor and commissioners.

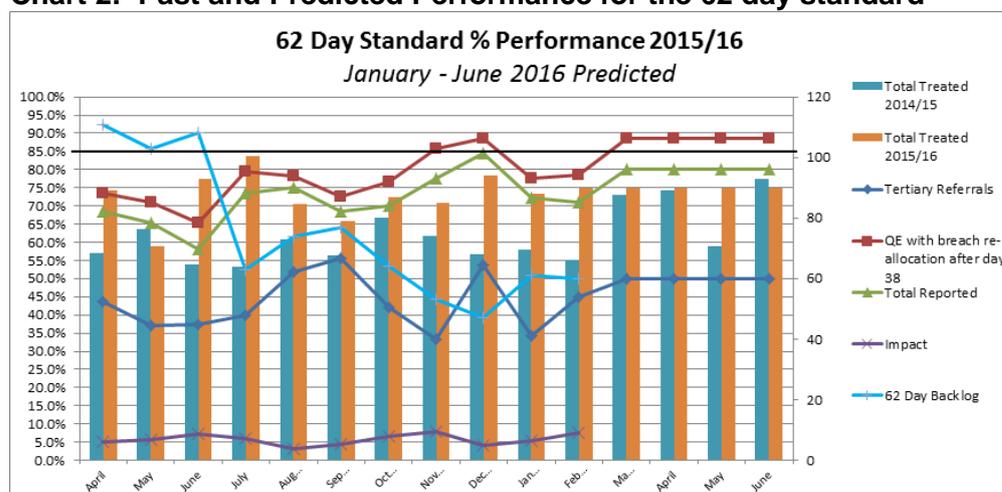
A financial penalty of £120 for every breach under the 95% target applies within the Trust contract.

### 3.1.2 Cancer Targets

In January the Trust did not meet the 62 day urgent GP referral target with a performance of 75.6% against the 85% standard. Although January performance deteriorated compared with December, this was expected and the Trust is achieving the revised trajectory for this standard.

The outcome of a national decision on breach allocation rules is awaited. It is proposed that tertiary referrals received after day 38 are allocated to the referring Trust as a breach. Analysis has shown that the Trust would achieve the 62 day target from March if this rule was applied (see Chart 2 below).

**Chart 2: Past and Predicted Performance for the 62 day standard**



The 31-day diagnosis to treatment target was exceeded in quarter 3 demonstrating that the timely treatment of diagnosed patients, which is completely under the control of the Trust, is now being achieved consistently. Table 1 below outlines quarterly performance for the cancer targets for each quarter in 2015/16.

**Table 1: 2015/16 Quarterly Performance**

	Standard	Q1 15/16	Q2 15/16	Q3 15/16
14 day breast	93%	100.0%	99.4%	99.4%
62 day GP referral	85%	64.9%	72.1%	78.3%
62 day screening	90%	86.4%	95.8%	95.2%
62 day upgrade	90%	85.2%	92.4%	91.2%
31 day first treatment	96%	90.4%	97.3%	96.7%
31 day subsequent treatment (surgery)	94%	84.0%	97.3%	96.6%

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. This equates to £1000 per additional patient below the 62 day target. The year to Quarter 3 penalty for all cancer targets is £198,000.

### 3.1.3 Referral to Treatment Time

Incomplete pathway performance was achieved at aggregate level again in January with a performance of 93.2%.

Although the incomplete pathway target is being achieved at aggregate level, the number of patients waiting over 18 weeks for first treatment has been growing in recent months, with most growth being seen in non-admitted pathways. The two main reasons for this are growth in demand, with an additional 5,000 (11%) referrals in the first 10 months of 2015/16 compared with the first 10 months of the previous year and a reduction in waiting list initiative activity as divisions reduce their financial run rate. Plans are being developed to achieve 18 week-compliant pathways within the 2016/17 annual plan.

At treatment function level Neurosurgery and General Surgery did not achieve the incomplete target. Remedial action plans are in place for General Surgery and Ophthalmology which failed the target in December and both aim to recover the target by end of March 2016. Meetings are being held with Commissioners to review the pathway for Neurosurgery spinal patients across the whole health economy.

There is a contractual penalty at treatment function level for non-achievement of the unfinished referral to treatment target which stands at £223,800 year to date.

## 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 remedial action plan was agreed with the CCG in June which committed to a month on month reduction in the number of breaches.

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 6 breaches of the 28 day guarantee in February; one each in the following specialties: Neurosurgery, Liver Surgery, Pain Management, General Surgery, Renal Surgery and Respiratory Medicine.

### 3.2.2 MRSA

There was one MRSA bacteraemia in January. Investigation has demonstrated that the patient had MRSA on admission although a blood culture was not taken at the time. 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. All outstanding actions have been completed.

### 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 February performance against the 60 minute handover target was 99.7%. This is a contractual target with an associated penalty of £1,000 per over 60 minute handover. Based on the unvalidated figures the Trust's penalty in February will be a maximum of £9,000.

### 3.2.4 Safer Staffing

Table 2 shows the Divisional break down for the February 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 2: 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	90%	73%	77%	54%
Div B	91%	104%	73%	122%
Div C	94%	125%	78%	154%
Div D	92%	127%	84%	139%

\*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, 13 (25%) 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

There were 108 cancelled elective operations in January, or 2.1% of elective consultant episodes against a target of 0.8%. 64% of cancelled elective operations in January 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 20% of cancelled elective operations were displaced by an emergency procedure or transplant.

##### 4.2 % Spend on Bank and Agency Staffing

There was a decrease in agency spend in January compared with the previous month. The increase in bank spend reflects the recent uplift in nursing establishments. 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 January 4.1% of antibiotic drug doses were not administered; a slight improvement compared with the 4.15% omitted in December. Over the month 11.6% of non-antibiotic doses were not also administered. Recovery plans are in place for all Divisions.

##### 4.4 Short and Long Term Sickness

Both long term and short term sickness rate targets were not achieved in January. In January the long term sickness rate was 2.16%, a slight improvement on the 2.2% seen in December. This target has now not been achieved for 7 consecutive months.

Short term sickness in January was 2.16% which is similar to the rate seen in January 2015. For both short term and long term sickness a seasonal improvement is usually seen in March and April.

Recovery plans are in place in each division and improvement actions include regular meetings to review the longest cases, training for managers, and identifying alternative suitable roles for staff on long term sickness absence.

#### 4.5 Outpatient Letters – Dictation to Distribution within 10 Working Days

In December 63.5% of outpatient letters were distributed within 10 working days compared with a target of 85%. The following specialties are consistently achieving the 85% target:

- Breast surgery (94%)
- Dermatology (86%)
- General Medicine (89%)
- Lung investigation (88%)

A number of specialties are consistently performing below target; including Liver Surgery, Liver Medicine, Trauma, Burns and Plastics and Neurology.

Remedial action plans are in place for all specialties below target.

## 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.

**Tim Jones**  
**Executive Director of Delivery**