

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 23 OCTOBER 2014

Title:	PERFORMANCE INDICATORS REPORT AND 2014/15 ANNUAL PLAN QUARTER 2 UPDATE
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). To provide Quarter 2 performance against the agreed Annual Plan key tasks and strategic enablers for 2014/15.
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. For the 2014/15 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 2 2014/15 performance update against the Trust Annual Plan.

Approved by :	Tim Jones	Date : 14 October 2014
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**PERFORMANCE INDICATORS REPORT AND
2014/15 ANNUAL PLAN QUARTER 2 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 including the Commissioning for Quality and Innovation (CQUIN) indicators are detailed below.

Quarter 2 performance against the agreed Annual Plan key tasks and strategic enablers for the year 2014/15 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.

Work continues to implement the changes to the Trust's Performance Framework for 2014/15. Two indicators for pain management and bed occupancy still require further work to validate data and meetings are scheduled in October to expedite progress for these.

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 15 indicators currently included in Monitor's Risk Assessment Framework, 7 are currently on target. 5 cancer targets were not achieved in August and have a remedial action plan in place and another was on target but close to the threshold. The A&E 4 hour wait target was not achieved for the second consecutive month in September and has a remedial action plan in place. The Referral to Treatment Time target for admitted patients was slightly below target in August 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 A&E 4 hour waits

In September 93.0% of patients left the department within 4 hours of arrival against the national target of 95%. The clinical quality indicators for time to initial assessment, median time to treatment and re-attenders were also above target at 27 and 62 minutes respectively and 6.76% for re-attenders.

September was the third busiest month the Trust has seen for ED attenders. On 29 September it had its busiest ever day with 349 attendances over 24 hours. It was also the third busiest month for ambulance arrivals with an average of 98 per day. There continued to be high numbers of patients admitted through ED with an average of 82 admissions per day however the percentage of attendances that converted to admission fell to 28.3%.

Bed capacity across the Trust and the number of medical outliers remains an operational problem. There is a particular focus on avoiding admission and improving flow. Plans are being developed to expand the number of conditions covered by the Acute Medical Clinics however a new physical space for the clinic is required. The Discharge Liaison Team is being expanded by two Band 5 nurses to speed up discharge assessment and release capacity more quickly. The Chief Operating Officer has set a target of reducing the number of beds occupied by patients with a length of stay of greater than 14 days by 50% before the end of December 2014. This should increase bed availability thereby improving patient flow out of the department.

Roles and responsibilities within the Department are being revised to give each physical area of the department a nominated lead who will be responsible for escalation. Additional support is to be provided for chasing transport delays, lab and imaging results and beds. These actions are planned to free up the ED Co-ordinator to give them a better overview of the whole Department.

A formal internal escalation system with action cards for key staff across the Trust is being developed. This will be triggered by the Trust's escalation status on the cross city EMS escalation system. In addition a business case is being developed to increase Emergency Nurse Practitioner hours to 8am to 2am daily.

As part of the 2014/15 contract with Commissioners, the Trust will incur a financial penalty of £200 per breach under the 95% target. For September's performance a penalty of £35,000 will be applied giving a year to date total of £71,200. As the target was not achieved over Quarter 2 as a whole the Trust's rating with Monitor could be affected. A&E performance is published on a weekly basis by the Department of Health there could be negative publicity associated with the Trust's failure to achieve this target however nationally the target continues to be failed overall most weeks. Table 1 below shows performance for a number of the Trust's peers and local trusts for the 4 week period 1-28 September for both Type 1 (Major A&E) and overall performance including specialist A&Es and Minor Injury Units.

Table 1: A&E 4 hour performance 1-28 September 2014

Name	Type 1 - Major A&E	Total
Sheffield Teaching Hospitals NHS Foundation Trust	94.4%	95.6%
University College London Hospitals NHS Foundation Trust	94.4%	94.4%
Sheffield Teaching Hospitals NHS Foundation Trust	94.4%	95.6%
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	94.1%	96.0%
Worcestershire Acute Hospitals NHS Trust	93.1%	95.3%
University Hospitals Birmingham NHS Foundation Trust	92.8%	92.8%
Oxford University Hospitals NHS Trust	92.8%	93.6%
England	92.0%	94.6%
Cambridge University Hospitals NHS Foundation Trust	91.2%	91.2%
Sandwell And West Birmingham Hospitals NHS Trust	89.2%	91.8%
Heart Of England NHS Foundation Trust	87.5%	87.5%

3.1.2 Cancer Targets

In August the Trust did not achieve six of the cancer targets. Of these five are included in Monitor's Risk Assessment Framework whilst the 62 day upgrade target is set contractually. Performance for the 62 day GP target remained below target at 79.0% against the 85% target. For 62 day referral from screening the Trust achieved 75.0% however this related to a single patient breach of the target. 62 day upgrade performance was 84.0% against the 90% target. 31 day first treatment performance was below target at 90.6% against the target of 96%. Performance for 31 day subsequent surgery target was 71.3% against the 94% target. Performance for the 31 day radiotherapy target was above target but close to the threshold at 94.1%.

As detailed in last month's report Liver Surgery has seen a significant increase in referrals. Once this was identified additional capacity was put in place but it was not possible to create this within the timescale of the target. A cohort of breaches already referred and breached therefore continues to be treated and consequently affect performance against these targets as these cases are only included in the Trust's performance once treated.

The additional capacity to treat more Liver Surgery patients throughout Quarter 2 continued to significantly affect performance during the month and will also have the same effect in September. There are, however, relatively few patients who have waited over 62 days scheduled for treatment in October with the current initiative

ending in mid-October therefore performance in Quarter 3 is expected to show an improvement. Performance against the 62 day targets continues to be affected by late tertiary referrals and work continues to develop a system to influence referring trusts to refer in a timely manner.

Performance against the 14 day target for suspected cancer fell to 80.2% against the 93% target in August. The majority of breaches are related to Dermatology where there has been a significant growth in referrals, as detailed in previous reports prompted by public health campaigns around skin cancer.

A number of meetings have been held with commissioners as the conversion rate between referral and treatment for skin cancer has fallen to only 5% indicating that there has been an increase in inappropriate referrals by GPs. There is an ongoing audit of referrals with inappropriate ones returned to the referrer. The two week wait referral form is to be amended and a plan for GP education developed with the aim of improving the quality of referrals.

The Dermatology service currently has two vacant consultant posts. A locum consultant post was advertised but there were no applicants. In the meantime the existing consultants continue to provide waiting list initiatives and additional general dermatology appointment slots have been converted to two week wait capacity. Three additional agency locums have been recruited and a new substantive consultant joined the Trust in September and will begin clinical duties in November.

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. This equates to £1000 per additional patient below the 62 day and 31 day targets and £200 for the 14 day targets. NHS England has indicated that it does not currently intend to apply the contractual penalty. These targets are included in Monitor's Risk Assessment Framework and therefore could affect its governance rating.

3.1.3 Referral to Treatment Time

The Trust's performance for the Referral to Treatment Time (RTT) target for admitted patients was below target in August with performance of 88.9%. This is in line with the national initiative of a managed failure of the target to reduce the RTT backlog with additional payments for additional activity and the suspension of contractual penalties. The non-admitted and incomplete pathway targets continued to be achieved overall although non-admitted performance was close to the threshold at 95.2%. Incomplete pathway performance increased to 93.4%.

As in previous months the targets were not achieved in every treatment function (high-level specialty) however this is a contractual requirement rather than a target forming part of Monitor's Risk

Assessment Framework. At treatment function level General Surgery, ENT, Neurosurgery and Urology continued to be below target for admitted patients. Ophthalmology was also below target for the first month since March 2014. For non-admitted patients General Surgery, Neurosurgery and Urology were below target. For incomplete pathways General Surgery and Urology remained below target at treatment function level whilst Ophthalmology was below target for the first time.

Additional activity continues to be undertaken as part of the national initiative to reduce the RTT backlog in General Surgery, Neurosurgery and Urology. Following the lack of progress seen nationally against this initiative, trusts were required to resubmit plans at the beginning of October and the suspension of contractual penalties has been extended from the end of August to the end of November.

The Service reviews in Urology and Neurosurgery are complete and meetings have been held to identify actions to drive productivity. A Trust-wide business planning group has been established to ensure that, on an ongoing basis, capacity matches demand whilst ensuring delivery of the targets.

Ophthalmology has seen a particular increase in referrals for subspecialties including glaucoma and neuro-ophthalmology. There have been particular capacity issues relating to orthoptists carrying out visual fields. Actions include the temporary recruitment of two additional orthoptists, increasing capacity through waiting list initiatives, transferring cataract patients to the shortest waiting list and increasing clinic room and theatre productivity.

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 current national initiative to reduce waiting times CCGs are not applying financial penalties for performance until December 2014. 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 will be considered failed for Quarter 2. As a consequence the Trust's governance rating could be affected however this seems unlikely considering Monitor's support of the national planned failure.

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 11, has a remedial action plan in place for 2 (Cancer 62 day upgrade, as mentioned above, and Never Events) and on target but close to the threshold for 1 (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 all referral to treatment time targets overall but is not achieving the contractual requirement that all treatment functions (high-level specialties) should be above target, please see section 3.1.3 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

Performance based on West Midlands Ambulance Service (WMAS) data in September shows 84.1% of handovers took less than 30 minutes and 98.92% of handovers took less than 60 minutes. Both metrics show deterioration compared to August. The percentage of handovers recorded remained the same at 86%. There is a negative correlation between handover recorded and 30 & 60 minute handover performance as it is not possible to calculate handover times accurately where it is not recorded.

Monthly meetings between the Trust, WMAS and commissioners have now been set up to take forward key actions including removing all non-ED conveyances from the data, trialling recording of handovers by a dedicated member of staff in the department and introducing a more robust system for recording handover data.

In 2014/15 the Trust's contract with the CCG states that there is a penalty of £200 for each handover over 30 minutes and £1000 for each over 60 minutes. The CCG has continued to indicate that it will apply these penalties however it has stated that they will be re-invested to improve performance. The Trust, however, as detailed above, continues to dispute the quality of data collected on handover. Should the CCG apply the financial penalties, the penalty based on September's WMAS data would be £91,800 for handovers over 30 minutes and £34,000 for handovers over 60 minutes.

3.2.2 Safer Staffing

From June 2014, there is a requirement following the Francis Report and the publication of the National Quality Board guidance, to report monthly nurse staffing level information for adult inpatient ward areas, including critical care. This information will appear on the NHS Choices website for all Trusts with adult inpatient services.

Trusts are required to demonstrate to their patients, carers and families, Commissioners and the Care Quality Commission that robust systems are in place to assure themselves that the nursing staffing capacity and capability in the organisation is sufficient to deliver safe and effective care. Such systems are already in place within University Hospitals Birmingham NHS Foundation Trust.

Trusts are required to report staffing levels via a national template to show a percentage shift fill rate for day time and night time for registered nurses and for support workers.

Table 2 shows the Divisional break down for September 2014

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	103.0%	100.0%	104.6%	100.0%
Div B	106.9%	121.3%	98.6%	135.3%
Div C	102.0%	137.8%	97.2%	136.8%
Div D	99.8%	142.8%	98.5%	142.6%

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, we 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 is at 90% for Registered Nurses and over 100% for Nursing Assistants.

No other exceptions are noted. This information is now available on the NHS Choices website.

3.2.3 Never Events

An incident has been reported that meets the criteria for a Never Event under the national framework. A patient attended for a CT scan in August for surveillance after a retroperitoneal lymph node dissection. The CT scan reported the presence of a guide wire located in the superior vena cava through to the right femoral artery. A review of the patient's scans was performed. The guide wire was identified to have been inserted during the central line insertion for the retroperitoneal lymph node dissection performed in November 2013. The investigation of this incident is underway.

4. **Local Indicators**

Local indicators continue to be monitored that reflect the Trust's priorities and contractual obligations. Of the 54 indicators currently included 2 are currently being developed for reporting. Of the remainder 30 are currently on target, 16 are slightly below target and 6 have remedial action plans in place. Details of those indicators where remedial action plans are in place are contained below:

4.1 Operations Cancelled on the Day of Surgery

The Trust did not meet the target to minimise the number of operations cancelled on the day of surgery in August due to continued high levels of emergency demand. The newly-appointed Deputy Director of Strategic Operations is undertaking a review of cancelled operations to determine the process for cancelling operations in the Trust, including escalation processes when decisions as to whether a case should be cancelled are being made.

As detailed above work is being undertaken to improve patient flow through the hospital and to reduce the number of patients with >14 day length of stay. This should increase bed availability thereby reducing cancellations.

4.2 Internal Bank Spend

Expenditure on bank staff rose in August and was significantly above target. Spend on external agency staff was also slightly above target. A particular rise has been seen in agency spend on administrative and clerical staff. Data on spend by department has been analysed and challenged by the Strategic Delivery Group to determine whether it is appropriate. The divisions continue to work towards a state of nursing over-recruitment. This has been achieved for nursing assistants and plans are in place to achieve this by November for qualified nursing staff ahead of the winter.

4.3 Delayed Transfers of Care

The percentage of beds occupied by NHS and joint delayed transfers of care continues to be significantly above target. Two additional nurses have been recruited to the Discharge Liaison Nursing team to reduce delays for assessment for NHS Continuing Care. Delays continue to be escalated to director level within the Trust and partner organisations.

4.4 Pre-Assessment

Work continues to validate the data to ensure that only patients who require pre-assessment are included. Validation of included procedures has been completed for more than half of specialties in the Trust but is not yet reflected in these figures. Figures including this validation will be included in next month's report. Specialties that have not responded to the validation are being chased for a response and escalated appropriately.

4.4 Omitted Drugs – Antibiotics & Non-Antibiotics

The Trust's performance remains better than any national comparator. In September performance was not in line with the challenging internal target for both omitted antibiotic and non-antibiotic doses. Each division has revised and updated their action plan to reduce omissions as part of the current round of Performance Review. Problems with patients not being removed from PICS in a timely manner or ward leave being recorded inaccurately are being escalated within the divisions. Drug change requests

not actioned, in particular those to PRN (as required) prescriptions, are to be picked up at daily board rounds.

5. CQUINs

The value of the Trust's CQUINs for 2014/15 with NHS England and Birmingham CrossCity CCG is £10.4m. Issues of note are:

5.1 Friends and Family

The Friends and Family Test was launched in Outpatients before the deadline of 1 October using the electronic check-in screens and postcards to collect responses. Performance in September for the response rate for both inpatients and the Emergency Department was above the CQUIN target but below the Trust's internal target. Actions are being developed to improve performance.

5.2 Safety Thermometer

Agreement has been reached with the CCG regarding the revision in the Trust data collection methodology and the need to rebase the target. Data is being submitted in October to allow this to occur.

5.3 Discharge Planning

Performance remains below the 30% target for the percentage of patients discharged before 1pm. A Discharge Task and Finish Group has been implemented by the Chief Operating Officer focussing on a number of initiatives including criteria led discharge, implementation of a discharge checklist from time of admission, daily review of patients with a length of stay over 14 days, review of the specialty referral process, daily tracking of predicted discharges and the outcome, and the standardisation of board rounds. The Discharge Quality Group continues to have oversight of the various working groups and CQUIN performance including patient experience measured via the discharge survey.

5.4 Clinical Trials

Draft August performance shows the Trust to be below trajectory. This is expected to improve as figures are uploaded and validated nationally. July performance has shown an improvement on that previously reported and is now above target. August performance is expected to show a similar pattern.

6. 2014/15 Annual Plan Progress at Quarter 2

An assessment of progress has been made against all key tasks using the following categories, shown in Table 3 below.

Table 3: 2014/15 Annual Plan Progress

Progress	Qtr 1	Qtr 2	Qtr 3	Qtr 4
On plan	61 (95.3%)	62 (96.9%)		
Slightly below plan	3 (4.7%)	2 (3.1%)		
Remedial action required	0 (0%)	0 (0%)		

Total	64 (100%)	64 (100%)		
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Year to date, 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. 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 we move towards the outcome monitoring phase of the key tasks later in the year, it will become clearer whether they are on track.

The two key tasks that are slightly below plan are detailed below. Of these key tasks, none have been identified as risking the delivery of the overall strategic aim or enabler.

6.1 Develop PICS-Lite for deployment in other NHS trusts for commercial deployment (ref 1.1)

This development is still subject to commercial discussions with NHS England.

6.2 Formulate the Trust's strategy for Worcester (ref 4.3)

The Birmingham option for Redditch Hospital is to be reconsidered following lobbying by local MPs. The West Midlands Clinical Senate is to assemble Clinical Review Team. A decision is awaited.

7. Recommendations

The Board of Directors is requested to:

- a) **Accept** the report on progress made towards achieving performance targets and associated actions and risks.
- b) **Accept** the Quarter 2 2014/15 performance update against the Trust Annual Plan.