

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

**THURSDAY 22 OCTOBER 2015**

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN QUARTER 2 UPDATE</b>
<b>Responsible Director:</b>	Executive Director of Delivery
<b>Contact:</b>	Lorraine Simmonds, Head of Service Improvement Andy Walker, Strategy & Planning Manager

<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. To provide Quarter 2 performance against the agreed Annual Plan key tasks and strategic enablers for 2015/16.
<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. For the 2015/16 Annual Plan, 86% of key tasks are currently on plan, with 14% of key tasks slightly below plan and no key tasks require remedial action.
<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>Accept</b> the Quarter 2 2015/16 performance update against the Trust Annual Plan.

<b>Approved by :</b>		Date : 13 October 2015
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**BOARD OF DIRECTORS**  
**THURSDAY 22 OCTOBER 2015**

**PERFORMANCE INDICATORS REPORT AND  
2015/16 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 are detailed below.

Quarter 2 performance against the agreed Annual Plan key tasks and strategic enablers for the year 2015/16 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.

A reconfiguration of the Trust's performance function is ongoing and will lead to a more integrated approach to performance reporting. A proposal for changes to future reports to the Board of Directors will be brought to a future meeting once the reconfiguration is complete.

**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 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. Both have remedial action plans in place.

#### 3.1.1 A&E 4 Hour Waits

Performance against the 4 hour A&E target in September fell to 93.6% from 94.3% in August. The Quarter 2 target was missed with a performance of 94.1%.

Attendances during Quarter 2 were 1.4% higher compared with the same period last year. During Quarter 2 there was also an increase in the number of patients referred to the RAID team for psychiatric assessment; 806 referrals compared with 731 for the same period last year. These patients increasingly absorb staff resources and occupy cubicle space while waiting for off-site psychiatric beds.

In September a patient who needed a Child and Adolescent Mental Health Services (CAMHS) off-site psychiatric bed waited for a significantly extended period in the Emergency Department. This was despite repeated escalation by Trust managers. A multi-provider and commissioner meeting was arranged for early October, following the format of a serious case review. The objective of the meeting was to review the care pathway, review actions taken by all parties and to identify system wide improvements for implementation.

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

#### 3.1.2 Cancer Targets

In August the Trust met all of the national cancer targets with the exception of the 62 day urgent GP referral target. August performance for the 62 day standard was 75.2%, an improvement on July's performance and the best performance since December 2014.

A revised trajectory has been provided to Monitor which aims to achieve the 62 day urgent GP referral target by January 2016. A stretch target has been agreed with the Trust's commissioners to achieve the 62 day standard by end of December 2015. Table 1 overleaf sets out performance and the trajectory for the 62 day GP target.

**Table 1: Cancer Performance against Target and Planned Trajectory**

Target	August Performance	August Trajectory	Target	Resolution Date
Cancer – 62 day urgent GP referral	75.2%	72%	85%	January 2016

Table 2 below shows August and year to date performance for the 62 day urgent GP referral target by tumour site.

**Table 2: 2015/16 Year to Date 62 day GP Cancer Performance by Tumour Site**

Tumour Site	August 2015	2015/16 YTD
Brain	33.3%	66.7%
Breast	82.4%	95.0%
Colorectal	45.0%	45.6%
Haematology	40.0%	60.0%
Head and Neck	63.2%	41.7%
Lung	100%	82.6%
Sarcoma	-	44.4%
Skin	100%	91.7%
Upper GI	86.7%	59.7%
Urology	92.7%	66.4%
<b>Total</b>	<b>75.2%</b>	<b>68.6%</b>

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 and 31 day targets. The year to August penalty for all cancer targets is £157,000. In the Trust's Quarter 2 Monitor declaration there was 1 cancer target declared as not achieved, an improvement on the Quarter 1 position where 3 cancer targets were declared as not met. The Trust's governance risk rating is 'Green' as Monitor continues to take assurance from the Trust's trajectory, action plan, robust governance and strong leadership.

### 3.1.3 Referral to Treatment Time

Incomplete pathway performance improved to 96.7% in August and remains significantly above target. Performance for the former Referral to Treatment Time (RTT) targets for admitted and non-admitted patients remained above target with performance of 95.1% and 96.8% respectively.

At treatment function level Neurosurgery did not achieve the incomplete target. A strategy paper is being developed for Neurosurgery which will be presented to CEAG. A meeting also been held with Commissioners to review the pathway for neurosurgery spinal patients across the whole health economy. The remaining contractual penalty for the incomplete target remains suspended until October. The Trust would have incurred a year to date penalty of £11,550 for incomplete pathway performance if this was not the case.

### 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 9, has a remedial action plan in place for 3 (Cancer 62 day upgrade, as mentioned above, cancelled operations not rearranged within 28 days, and 6 week diagnostics), is slightly below target for 60 minute ambulance handover and fully validated data is not available for 30 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 6 Week Diagnostics

In August the Trust's performance against the 6 week diagnostic target was 97.0%. Urodynamics performance deteriorated compared to July, however all of the modalities previously not achieving the 99% target are now back on track.

The Urodynamics action plan is on track. Additional capacity is planned over the next 3 months and a trajectory is in place to treat all patients waiting over 6 weeks by end of December 2015.

This is a contractual target with an associated financial penalty which in 2015/16 is £200 per additional patient below target. The penalty associated with April performance will be £24,200. Monitor does not include this target in its Risk Assessment Framework and has made no further enquiries about the Trust's performance.

#### 3.2.2 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 September performance against the 60 minute handover target was 100% and 96.1% was achieved for the 30 minute handover target. In both cases this represented an improvement compared with August performance. The percentage of ambulance arrivals with a handover time improved to 90.1% in September.

This is a contractual target with an associated penalty of £1,000 per over 60 minute handover and £200 per handover longer than 30 minutes. Based on the validated figures the Trust's penalty in September will be a maximum of £22,600.

#### 3.2.3 Safer Staffing

Table 3 shows the Divisional break down for the September 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 3: Divisional Breakdown of Staffing Levels**

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	104.4%	153.3%	100.4%	134.3%
Div B	95.9%	110.2%	89.3%	119.4%
Div C	95.3%	135.4%	91.1%	158.6%
Div D	93.9%	142.2%	95.5%	148.2%

RN – Registered Nurse, NA – Nursing Assistant

\*Div A utilisation of NA's 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) 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. 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 30 (58%) are currently on target, 14 (27%) are slightly below target and 8 (15%) have remedial action plans in place. The pre-assessment indicator is currently being redesigned and is therefore suspended. Details of those indicators where remedial action plans are in place are contained below:

##### 4.1 Cancelled Operations (Including Not Rearranged Within 28 Days)

In August there were 82 operations cancelled on the day of surgery for non-clinical reasons compared to 98 in July. Performance against the 0.8%

target was 1.6% in August. In Quarter 2 2015/16 so far there were 11 patients who had surgery cancelled on the day of surgery who did not subsequently have surgery within 28 days of the cancellation. This is a target with a zero tolerance set out in the NHS Constitution. A remedial action plan has been agreed with the CCG that includes a new standard operating procedure (SOP) including revised escalation procedures both for initial cancellation and also if a patient is not booked for TCI within 28 days of the cancellation. August performance for the 28 day guarantee was within the remedial action plan trajectory agreed with the CCG.

#### 4.2 Long-Term Sickness

Long-term sickness remained above target in August at 2.17%. Short-term sickness however remained below target, falling to 1.69%. Sickness cases continue to be managed in line with the Trust's Sickness Absence and Attendance Policy and Procedure.

#### 4.3 External Agency & Bank Spend

External agency spend in August was 5.0% as a percentage of total staff spend which was an improvement on the July position of 5.5%. The percentage spent on bank staff in August was 4.3%. High levels of activity and increased patient acuity, including increased "specialling" of patients and higher levels of sickness continues to drive the bank and agency requirement.

The Trust continues to actively recruit to fill vacancies which minimises agency and bank spend. Sickness also continues to be actively managed to reduce both short and long term sickness absence. Financial management continues to be driven through the Trust's weekly Finance Improvement Group with each divisional position being considered fortnightly.

#### 4.4 Complaint Responses

Performance against the target of a complaint response being produced in 30 days increased to 69.6% in September from 61.4% in August. Divisional action plans are in place and include regular progress tracking meetings, improved communication regarding outstanding complaints and early escalation of delays.

#### 4.5 Omitted Drugs – Antibiotics & Non-Antibiotics

In September 3.87% of antibiotic drug doses were not administered; an improvement compared with 4.17% in August. Over the month 10.67% of non-antibiotic doses were not also administered. Cardiology and Clinical Haematology were the only specialties to achieve the 2% target for antibiotics in September. No specialties achieved the new 6% target for non-antibiotics. There is a focus on addressing out of stock medication and intermittently missed medications.

#### 4.6 Nutrition Risk Assessment

The % of patients with a nutrition risk assessment completed within 12 hours of admission was 79.3% in August. This was a slight improvement on the performance of 78.4% achieved in July. The new clinical dashboard is becoming embedded into everyday clinical practice. In addition the Dietetics team are leading the roll out of a new training and education package across the Trust commencing in November, following a successful pilot in Division C.

## 5. 2015/16 Annual Plan Progress at Quarter 2

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

Progress	Quarter 1	Quarter 2	Quarter 3	Quarter 4
On plan	60 (93.8%)	55 (86%)		
Slightly below plan	4 (6.2%)	9 (14%)		
Remedial action required	0 (0%)	0 (0%)		
<b>Total</b>	<b>64 (100%)</b>	<b>64 (100%)</b>		

Year to date, 86% of key tasks are on plan, 14% of key tasks are slightly below plan, and there are no key tasks where remedial action is required.

### 5.1. Risk Assessment

The 9 key tasks that are slightly below plan are detailed below:

#### 5.1.1 Further enhance the electronic patient record (Ref 1.1).

There have been a number of delays in the software build of the new PAS system by Servelec which has subsequently pushed the go-live date back to approximately the first quarter of 2016. IT and EPR are still scoping the Telemetry project and have not yet agreed specifications of when and how this project will be piloted.

#### 5.1.2 Implement the internal plans for PICS expansion and enhancement (Ref 1.2)

The new PAS go-live date has been deferred until approximately the first quarter in 2016. Consequently the ED integration cannot take place as planned for quarter 3, until the new PAS system has been implemented. This delay in PAS has also impacted on 'Electronic Consent' which will now commence in June 2016.

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

The software development for BCH PICS is now complete and was delivered to BCH for them to commence early life testing in August 2015. UHB are still awaiting the drug dictionary data from BCH to commence work on the paediatric drug dictionary. The delay in BCH meeting this key milestone will delay the go-live until approximately November 2015.

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

UHB has had 6 MRSA bacteraemias to August 2015. To help reduce the incidence of MRSA the audit tool (Saving Lives) has been revisited and ongoing work underway with IT and Chief Nurse Team. It has been agreed that it will re-launched Trust wide as part of Trust wide MRSA action plan.

5.1.5 Work with partners to deliver joined up emergency care systems (Ref 2.4)

The pathway for 16 and 17 year olds with mental health issues remains a problem across the whole of Birmingham. Although the commissioners have procured a provider to deliver mental health care for under 25s, it has not incorporated Tier 4 beds for 16 and 17 year olds, these will continue to be commissioned separately by NHS England. This has resulted in a number of patients having extended days in the Emergency Department.

5.1.6 Support the delivery of the Your Care Connected Initiative (Ref 6.2)

The project is still in proof of concept stage and the team has been advised that Phase 1 of the project for 1.6 million patients will be delayed until April 2016. This is out of the Trust's control.

5.1.7 Work with partners to ensure a streamlined service for mental healthcare (Ref. 7.2)

The interim report of the emergency assessment hub unit (Psychiatric Decision Unit) at the Oleaster run by Birmingham and Solihull Mental Health Foundation Trust is scheduled for submission to the Birmingham and Solihull Strategic Resilience Group in November 2015. The Trust has yet to be involved in the evaluation process and this has been flagged to the CCG. Whilst the Trust supports the opening of such a facility our experience of the pilot to date is we are not receiving the expected benefits from this initiative particularly within ED. As a result the Trust would only support the use of recurrent system resilience funding if a new specification is devised in partnership with the acute providers.

5.1.8 Review and improve the complaints process including action and learning (Ref. 8.1)

A new complaints flowchart has been implemented and there is a focus on closing old cases as it is affecting the response rate, which is currently below target. An action plan has been formulated to address the continuing issues in complaints response.

5.1.9 Deliver a time and attendance Management System allowing staff to update their shift availability and review their own attendance (Ref. 10.2)

Alternative providers are being identified and an option appraisal of the optimal procurement process is under way.

## 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 2 2015/16 performance update against the Trust Annual Plan.

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