

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25 SEPTEMBER 2014

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). It also provides an update on the Trust's progress against the High Impact Innovations.
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 targets monitored contractually and internal indicators. Further details and action taken are included in the report. 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 : 16 September 2014
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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.

National targets that are currently reported as requiring remedial action or which are currently slightly below target are included in this paper as exceptions. Local targets are reported as exceptions where performance requires remedial action.

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. Data on theatre utilisation is now available and will be included in the upcoming round of Performance Review before being incorporated in future reports.

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, 11 are currently on target, 1 is slightly below target and 3 have a remedial action plan in place. 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 August 93.7% of patients left the department within 4 hours of arrival against the national target of 95%. Three of the clinical quality indicators, time to initial assessment, median time to treatment and re-attenders were also above target at 21 and 67 minutes respectively and 7.18% for re-attenders.

Overall attendances to the Emergency Department are 6% higher than last year and ambulance transfers to UHB in August were 6% higher than the same period last year. Admissions in August were 8.4% higher than in August 2013 and ambulance attendances were 4.9% higher. Medical admissions are also significantly above plan with Elderly Care and Respiratory Medicine accounting for the majority of the growth.

Out of area transfers are being identified on a daily basis and will be reported to West Midlands Ambulance Service (WMAS) and commissioners via a weekly letter from the Director of Partnerships. Bed capacity across the Trust, and the number of medical outliers remains an operational problem, however a performance recovery plan is being developed, which includes reviewing roles and responsibilities, and escalation across the Trust. A new Urgent Care Board is being formed and this will be chaired by the Divisional Director for Division C.

As part of the 2014/15 contract with Commissioners, the Trust will incur a financial penalty of £200 per breach under the 95% target. In August a penalty of £22,400 will be applied giving a year to date total of £36,200. If the target is achieved over the quarter it will not affect the Trust's rating with Monitor however this seems unlikely based on performance to date. A&E performance is published on a weekly basis by the Department of Health and there may be negative publicity associated with the Trust's failure to achieve this target however the target is now being failed overall nationally.

3.1.2 Cancer Targets

In July the Trust did not achieve four of the cancer targets – three of these are part of the Monitor Risk Assessment Framework. 31 day first treatment performance was slightly below target at 94.3% against the target of 96%. Performance for 31 day subsequent surgery target was 79.6% against the 94% target. 62 day GP remained below target at 77.0% against the 85% target. 62 day Upgrade performance was

81.7% against the 90% target (this is a contractual rather than Monitor target).

For the 62 day GP target 6 referrals were received after day 42 of which 3 were after their breach date and therefore impossible to treat within target. Performance with all late referrals reallocated would be 81.0%. Performance for UHB-only pathways was below target at 81.5%.

Continuing emergency pressures and increased cancer referrals due to raised awareness amongst the general public and GPs continue to have an effect on performance. Cancer pathway activity as a whole is 4.5% up on 2013/14. This has been compounded by the legacy problems associated with late referrals from other Trusts. These issues have still not been addressed regionally and continue to adversely affect the Trust's cancer performance. Emergency pressures have led to high numbers of cancellations due to the availability of ITU beds, particularly affecting Liver Surgery as a high proportion of patients require surgical management and an ITU stay. This has also been compounded by an increase in liver transplant activity which shows a 15% rise.

Liver Surgery has seen a significant increase in referrals (28.1% increase in GP referrals and 18.2% in total referrals in 2013/14 compared to 2012/13). This has a more significant effect on Liver than most other specialties due to the substantial associated ITU demand. Having identified that there is an underlying capacity vs demand gap for Liver Surgery the operational team put in additional resource to treat more patients throughout Quarter 2, the impact of which has significantly affected the Trust's performance for the 31 day subsequent surgery target.

Due to the increasing demand requirements which has resulted in cancellations and the need to then re-book patients past their breach date (resulting in the dip in performance) the Trust has also experienced an administrative delay which has led to a further deterioration in performance against the cancer targets. This error has now been corrected for July and subsequent reporting.

The general demand issues added to particular problems in Liver services and the continuing work to address the backlog in Urology which affects capacity also. The Trust now has a managed failure as we treat our longest waiting patients. The capacity review in Urology is ongoing and this work will now be extended to Liver Surgery to give assurance around ongoing capacity.

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 the 31 day first and 62 day GP targets, as they were not achieved for the full quarter were included in the Trust's quarterly declaration to Monitor and could affect its governance rating.

3.2 National Targets Monitored Locally Through CCG Contract

There are 16 national targets that are not included in Monitor's Risk Assessment Framework but are included in the CCG contract. Of these the Trust is on target for twelve (of which one is an early warning see section 4), has a remedial action plan for one (MRSA) and is slightly below target for one (cancer upgrade detailed in section 3.1.2). Fully validated data is not available for those relating to ambulance handover (30 minute and 60 minute turnaround). In addition 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 therefore these targets are counted as being slightly below target for contractual purposes.

3.2.1 MRSA

In August there was one case of Trust-attributable MRSA bacteraemia. Please see the Executive Chief Nurse's Infection Prevention and Control Report for further details. Under the 2014/15 contract each case is associated with a financial penalty of £10,000.

3.2.2 Referral to Treatment Time – Admitted Patients – Treatment Functions

The Trust was back above target for the Referral to Treatment Time (RTT) target for admitted patients in July with performance of 90.4%. The non-admitted and incomplete pathway targets continued to be achieved overall. Non-admitted pathway performance deteriorated to 97.0% whereas incomplete pathway performance increased to 93.2%. As in previous months the targets were not achieved in every treatment function (high-level specialty). At treatment function level General Surgery, ENT, Neurosurgery and Urology were all below target for admitted patients. For non-admitted patients General Surgery remained below target and Neurosurgery fell below target. For incomplete pathways General Surgery and Urology remained below target at treatment function level.

Additional activity is being undertaken as part of the national initiative to reduce the RTT backlog in General Surgery, Neurosurgery and Urology. As detailed above the service reviews in Urology and Neurosurgery are ongoing whilst the review in General Surgery will commence in September. An action plan and trajectory to recover performance for ENT has been submitted to the CCG focussed on additional outpatient and theatre capacity in both the short and medium term. A specialty review of ENT is also to be carried out. ENT, General Surgery and Urology are all included in the current out-of-area demand management initiative.

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 in July and August. 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.

3.2.3 Ambulance Handover

Performance based on West Midlands Ambulance Service (WMAS) data in August shows 86.2% handovers took less than 30 minutes (86.4% in July) and 99.2% handovers took less than 60 minutes (99.5% in July). 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. There were, on average, 102 ambulance attendances per day in August, an 8.2% increase from August 2013.

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, continues to be in dispute with West Midlands Ambulance Service (WMAS) and the CCG around the quality of data collected on handover.

3.2.4 Safer Staffing

There is a national requirement to report monthly nurse staffing level information for adult inpatient ward areas, including critical care. This information appears 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 the 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 1 below shows the Divisional break down for July and August 2014:

Division	Month	% fill rate RN* Days	% fill rate NA* Days	% fill rate RN Nights	% fill rate NA Nights
A	July	111.0%	106.0%	88.0%	100.0%
	August	101.9%	100.0%	100.0%	100.0%
B	July	104.0%	102.0%	88.5%	106.0%
	August	94.0%	116.2%	90.2%	129.9%
C	July	103.0%	111.0%	88.5%	113.0%
	August	97.0%	135.1%	92.5%	137.1%
D	July	97.9%	129.0%	88.0%	102.0%
	August	96.7%	138.3%	98.0%	129.1%

* RN – Registered Nurse, NA – Nursing Assistant

Overall staffing levels are within the expected levels planned for.

In relation to the above table, the key points to note are:

- a) The Trust is currently over recruited on Nursing Assistants which has resulted in figures showing above 100% at times.
- 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, 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.

4. **Early Warnings**

Performance for the following national target is above target but close to the threshold for the latest month:

- a) 6 week diagnostic waits

Performance against this target 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 54 indicators currently included 3 are being developed for reporting. Of the remainder 28 are currently on target, 16 are slightly below target and 7 have remedial action plans in place. The latest data on cancelled operations in August is currently unavailable and will be included in next month's report. Details of those indicators where remedial action plans are in place are contained below:

5.1 External Agency Spend

The percentage of total staff spend that was spent on external agency staff rose in July above target, however the internal bank percentage fell. Division A was the only division to see a significant increase in external agency spend increase in July. Critical Care has seen an increase in spend to expansion of the unit by two level 3 beds. It has not been possible to recruit substantively due to a national shortage of suitably trained staff. Some staff have been recruited in Ireland and will commence in January 2015. Newly qualified nurses have also been recruited but will require training. The Divisions continue to work to return to a state of over-recruitment for registered nursing staff.

5.2 Delayed Transfers of Care

The percentage of beds occupied by NHS and joint delayed transfers of care increased in August. The Trust has seen very high numbers of patients whose transfer is delayed over recent weeks. The high numbers of local authority delays which must be tracked and progressed through the system also put pressure on the Trust's community care team to assess patients quickly. There also continue to be higher numbers of NHS patients from outside Birmingham whose discharge is delayed. Delays continue to be escalated to director level within the Trust and the City Council.

5.3 Pre-Assessment

Work continues to validate the data to ensure that only patients who require pre-assessment are included. Validation of all procedures in all specialties for the past three months is currently being carried out to ensure that only relevant data is being captured. Capacity in the Pre-Assessment Service for ENT and Maxillofacial Surgery is being reconfigured so it can be used more flexibly between the two specialties which should lead to increased utilisation. Work is also being undertaken with Informatics to develop monitoring around slot utilisation to ensure that pre-assessment capacity is utilised efficiently.

5.4 Readmissions

Readmissions within 28 days of discharge increased in June. All readmissions with a similar diagnosis for the initial and readmission episode continue to be clinically reviewed to identify trends in readmissions. Additional data on readmissions split by specialty and ward has been considered by the Clinical Quality Monitoring Group. This identified a particular increase in readmissions for medical patients with short lengths of stay. A case review of this group of patients is to be carried out to identify if there are any trends in reasons for readmission.

5.5 Omitted Drugs – Antibiotics & Non-Antibiotics

The Trust's performance remains better than any national comparator. In August performance was not in line with the challenging internal target for

both omitted antibiotic and non-antibiotic doses. Planning to introduce automatic incident reporting where patients do not receive consecutive doses of non-antibiotics continues. An Executive RCA meeting to review Pharmacy and Stores took place in July. A number of actions were identified to reduce the incidence of drugs being out of stock.

6. CQUINs

The value of the Trust's CQUINs for 2014/15 with NHS England and Birmingham CrossCity CCG is £10.4m. This is less than 2013/14 due to NHS England excluding certain payments from receiving the CQUIN top up. Issues of note are:

6.1 Safety Thermometer

Performance remains above target for the rate of new pressure ulcers. Discussion is taking place with the CCG regarding the revision in the Trust data collection methodology and the need to rebase the target.

6.2 Discharge Planning

Performance remains below trajectory for 1pm discharges. An action plan has been shared with the CCG which focuses on the themes of specialty related discharge processes, the discharge lounge, discharge communications, and a discharge hub. Delivery of the action plan is being managed by the Discharge Quality Group.

6.3 Clinical Trials

Performance is below trajectory for July 2014. This is partly due to fluctuations of activity which will be seen in particular in July and August due to the holiday. There is also a 2 month delay in uploading figures and validating nationally so there is likely to be an increase following this. There are particular recruitment issues in Haematology and Oncology which are currently being addressed by the Head of R&D Ops, the Deputy Chief Operating Officer, and the Associate Director of Research for Cancer.

7. Recommendations

The Board of Directors is requested to:

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