

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 26 OCTOBER 2017

Title:	PERFORMANCE INDICATORS REPORT
Responsible Director:	Executive Director of Delivery
Contact:	Lorraine Simmonds, Head of Service Improvement and Performance

Purpose:	To update the Board of Directors on the Trust's performance against targets and indicators in the Single Oversight Framework, contractual targets and internal targets.
Confidentiality Level & Reason:	Confidential – Commercial
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 the Single Oversight, national and contractual targets and internal indicators.
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, Executive Director of Delivery	Date : 18 October 2017
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 26 OCTOBER 2017

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 the Single Oversight Framework (SOF), as well as local priorities. Material risks to the Trust's Provider Licence, 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. NHS Improvement (NHSI) tracks the Trust's performance against a subset of these targets, enabling Trusts to access the Sustainability and Transformation Fund as long as agreed trajectories are achieved.

3.1 Single Oversight Framework

Providers are now segmented from 1 to 4 with 1 being the best performing and 4 the worst:

- **Segment 1** – no potential concerns identified
- **Segment 2** – triggering a concern in one or more themes but not in breach of its licence
- **Segment 3** – serious issues – in actual or suspected breach of licence
- **Segment 4** – critical issues – in actual or suspected breach of licence

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with very serious/complex issues e.g. requiring major intervention on multiple issues

The Trust has been assigned a rating of 2 for the most recent period.

The following Operational Performance indicators are used in the framework:

Table 1: SOF Performance Indicators

Standard	Frequency	Target
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Monthly	95%
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Monthly	92%
All cancers – maximum 62-day wait for first treatment from Urgent GP referral for suspected cancer	Monthly	85%
All cancers – maximum 62-day wait for first treatment from NHS cancer screening service referral	Monthly	90%
Maximum 6-week wait for diagnostic procedures	Monthly	99%

Of the 5 indicators, 3 were on target in the most recent month. One cancer target was not met and the A&E 4 hour wait target was not met. Remedial action plans are in place and have been described elsewhere in this report.

3.2 NHS Improvement – Sustainability and Transformation Fund

The Sustainability and Transformation Fund (STF) is payable in 2017/18 for achievement of financial targets and the A&E 4 hour wait improvement trajectory and delivery milestones. There will be no payments for 18 week RTT or Cancer 62-Days.

An A&E 4 hour wait STF trajectory for 2017/18 has been agreed as follows:

Table 2: A&E STF Trajectory 2017/18

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	95%

70% of the STF is payable on delivery of financial targets and the remaining 30% is payable on delivery of the A&E trajectory plus other delivery milestones; a total of £5m. The following table demonstrates how the STF funding is weighted and allocated across the year.

Table 3: STF Allocation 2017/18

			15%	20%	30%	35%
	%	£'000	Q1	Q2	Q3	Q4
Finance	70%	11,828	1,774	2,366	3,548	4,140
Performance (A&E 4 hour only)	30%	5,069	760	1,014	1,521	1,774
Total	100%	16,897	2,535	3,379	5,069	5,914

In quarter 1, although Trust performance for the A&E 4-hour standard fell below the 90% required at 84.9%, system performance was 91.06%. This level of performance, combined with the implementation of A&E front door streaming and the trusted assessor model, met the quarter 1 criteria for STF payment.

Quarter 2 Trust performance has been confirmed as 85.4%. System performance is not yet available for quarter 2 but commissioners have indicated that achieving 90% across the system will be challenging in view of local Walk-in Centre closures and additional demand pressures. The Trust

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has been working with commissioners to ensure all reportable activity is included in the system performance calculation for the quarter.

Please see the Finance report for an explanation regarding how the STF affects the Trust's financial position.

3.2.1 A&E 4 Hour Waits

Performance for the A&E 4 hour wait target in September was 82.6%. This was a deterioration compared with 86.8% achieved in August.

Whilst A&E attendances across the whole of September were not particularly high compared with previous months or the seasonal norm, there was a significant increase in daily attendances at the end of the month. The average number of daily attendances across the 10 days to 2nd October was 348, with individual days consecutively exceeding 350 attendances. In addition there were also increases in delayed transfers of care and emergency admissions. At the same time the Trust saw an increase in the number of patients with a 7 day or greater length of stay compared with previous weeks.

It is already known as a result of annual plan modelling that there is an underlying shortfall of around 70 inpatient beds in the Trust. This, combined with a cumulative deficit in the number of daily discharges vs admissions, plus additional pressure at the front door and across the whole system stalled hospital flow, leading to an increasing number of patients breaching the 4 hour target in A&E at the end of September and into early October.

The Unscheduled Care Group continues to lead on a programme of projects aimed at improving A&E 4-hour wait performance, hospital flow, length of stay and timeliness of discharge.

3.2.2 Cancer Targets

Performance for the Cancer 62 day standard was reported externally as 66.8% in August, which was an improvement from the July position of 58.4%. This position further improved to 74.8% with breaches reallocated. In addition, the 62 day backlog has reduced to 48 patients but this is higher than the planned backlog of 35 patients.

At 9th October there were 11 patients past 104 days on the PTL. Of these 8 have a diagnosis of cancer and 8 patients have a treatment date. There were 23 tertiary referrals received during week commencing 2nd October, 16 of which were past day 38 when they were received.

The Trust is slightly behind the agreed recovery plan trajectory for the 62-day standard. The main reasons for this include the higher than predicted number of late tertiary referrals; a factor outside of the Trust's control, and a delay in the procurement process for a third party provider of diagnostic capacity on the colorectal pathway. The Trust had previously committed to achieving the 85% standard from

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September and is now predicting internal performance will be 81% in October and 85% from November.

The 2 week and symptomatic breast standards were not achieved in August and will not be achieved across the whole of quarter 2. This is because of a combination of factors, including increasing demand, lack of capacity over the summer period and the dating of referrals that had already breached. Performance will be back within target from November and for the whole of quarter 3.

The other cancer standards were met.

Table 4: Cancer performance by tumour site August 2017

Cancer Performance by Tumour Type - August 2017									
Indicator	14 day Cancer	14 day Breast	31 day First	31 day Sub Chem	31 day Sub Surgery	31 day Sub RT	62 day GP (inc. Rare Cancer)	62 day Upgrade	62 day Screening
Target	93%	93%	96%	98%	94%	94%	85%	90%	90%
Brain	84.00%	-	100.00%	100.00%	100.00%	100.00%	-	100.00%	-
Breast	88.57%	91.67%	100.00%	-	100.00%	100.00%	81.25%	100.00%	93.55%
Colorectal	78.84%	-	100.00%	100.00%	100.00%	100.00%	41.38%	77.78%	100.00%
Gynaecology	-	-	100.00%	-	-	100.00%	100.00%	-	-
Haematology	62.50%	-	100.00%	100.00%	100.00%	100.00%	50.00%	90.91%	-
Head and Neck	83.65%	-	100.00%	100.00%	100.00%	91.67%	77.78%	100.00%	-
Lung	68.75%	-	100.00%	100.00%	100.00%	100.00%	66.67%	86.21%	-
Other	100.00%	-	-	100.00%	100.00%	100.00%	-	-	-
Paediatrics	-	-	100.00%	-	-	100.00%	-	-	-
Rare Cancer	-	-	-	-	-	-	0.00%	-	-
Sarcoma	88.89%	-	100.00%	-	100.00%	100.00%	28.57%	100.00%	-
Skin	74.91%	-	100.00%	100.00%	97.67%	100.00%	94.74%	100.00%	-
Upper GI	92.20%	-	100.00%	100.00%	100.00%	100.00%	45.83%	86.21%	-
Urology	97.89%	-	100.00%	100.00%	100.00%	97.22%	69.77%	100.00%	-
Total	83.84%	91.67%	100.00%	100.00%	98.77%	98.95%	66.83%	92.70%	94.59%

3.2.3 18 Week Referral to Treatment (Unfinished Pathways)

Unfinished pathway performance was achieved at aggregate level again in August with a performance of 92.3%.

There are 3 treatment functions which continue to perform below the 92% standard; Neurosurgery, Ophthalmology and General Surgery. Recovery action plans are in place and all three treatment functions are performing at a level consistent with their recovery plan.

In addition, Dermatology failed the unfinished standard in July and August but is will be back on track from September.

See table 5 over the page for recent performance for each treatment function.

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Table 5: RTT Unfinished performance by treatment function

	Jun 17	Jul 17	Aug 17	Cur YTD
Cardiology	95.0%	94.4%	95.5%	94.9%
Cardiothoracic Surgery	100.0%	100.0%	97.5%	99.5%
Gastroenterology	97.4%	97.4%	98.1%	97.5%
General Surgery	82.7%	83.3%	83.2%	83.2%
Dermatology	92.4%	91.6%	89.8%	92.2%
General Medicine	100.0%	100.0%	100.0%	99.7%
Geriatric Medicine	100.0%	100.0%	100.0%	100.0%
Ophthalmology	78.6%	78.7%	79.0%	79.7%
Respiratory Medicine	99.0%	98.7%	98.5%	98.3%
Rheumatology	98.1%	98.0%	98.0%	97.8%
ENT	95.9%	95.7%	96.3%	95.8%
Neurology	92.3%	93.8%	93.4%	93.2%
Neurosurgery	81.2%	80.5%	79.5%	80.9%
Oral Surgery	99.8%	97.6%	98.8%	97.5%
Plastic Surgery	96.6%	97.7%	97.2%	96.6%
Trauma & Orthopaedic	98.5%	98.3%	96.7%	98.2%
Urology	96.7%	97.8%	96.2%	96.7%
Other	95.5%	95.9%	96.9%	96.0%

3.3 National Targets Monitored Locally Through CCG Contract

Of the 23 national targets that are not included as Operational Performance Metrics in the new Single Oversight Framework but are included in the CCG contract the Trust is on target for 21 and is slightly below target for 2 (60 minute ambulance handover and C Diff). Updates are also included on Safer Staffing and exception reports reviewed by the Guardian of Safe Working, as it is a national requirement for the Board to receive these.

3.3.1 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. The 30 minute ambulance handover target continues to be consistently met with 94.5% achieved in September. A performance of 99.8% was recorded for the 60 minute handover target.

3.3.2 C Diff

There have been a total of 37 cases of C Diff in the year to end of September, against a ceiling of 63 cases for the whole year. Please see the Care Quality report for further details.

3.3.3 Safer Staffing

Table 6 shows the Divisional break down for the September 2017 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.

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Table 6: Divisional Breakdown of Staffing Levels September 2017

Division	Day		Night		Care Hours per Patient Day		
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Registered midwives/ nurses	Care Staff	Overall
Div A	99%	70%	98%	80%	25.0	2.4	27.4
Div B	74%	112%	78%	146%	3.4	2.9	6.3
Div C	82%	159%	81%	201%	2.7	4.1	6.8
Div D	85%	117%	87%	155%	3.5	3.0	6.4

*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.

3.3.4 Guardian of Safe Working

The post of Guardian of Safe Working (GSW) was established as a requirement of the 2016 Junior Doctor contract. The GSW is charged with the responsibility of ensuring that issues of compliance with safe working hours are addressed appropriately. This includes overall responsibility for overseeing the Junior Doctors' exception reporting process. The following is an update covering the period May to end of July 2017 on exception reports submitted by junior doctors and analysed by the GSW.

In the most recent period there were 3 exception reports raised; all in relation to hours worked. All 3 were from Medicine and were attributed to high clinical workload and caring for sick patients. There has been an overall reduction in the number of exception reports submitted. 41 exception reports were submitted in total between

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December 2016 and July 2017. Of these 32 related to hours worked, 3 to education, 2 to working patterns and 4 were made in error or were test reports.

No further junior doctors transferred on to the new contract during this period so the total remains unchanged at 334. All outstanding transfers will take place by the end of the current quarter.

The GSW is satisfied that all exception reports were dealt with appropriately and closed by consultant leads.

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 28 (53%) are currently on target, 22 (42%) are slightly below target and 3 (5%) have remedial action plans in place. Details of those indicators where remedial action plans are in place are as follows:

4.1 Cancelled Elective Operations

There were 144 (2.6%) short-notice elective procedures cancelled for non-clinical reasons in September compared with 101 in August. This was the highest number of cancellations in any month since January 2017. The majority of cancellations (87%) were related to emergency admission pressures, eg beds not available or operations displaced by a transplant or emergency procedure.

4.2 Staff Sickness Rates

Short term sickness remained static and within target at 1.7%. However, long term sickness remains above target at 2.6% in August. This is the highest level for over 12 months. There were increases in all divisions. Anxiety and musculoskeletal problems continue to be the leading causes of long term sickness. There are sometimes delays in recording a return to work, which has led to a small number of cases being over-reported. The Operational Workforce Group is continuing to monitor long term sickness and divisions have agreed to focus on the issues identified.

4.3 Delayed Transfers of Care

The proportion of all patients with a delayed transfer of care in August decreased slightly to 5.0% from 5.6% in July. However, there was an increase in the daily number of delayed transfers of care towards the end of September and into early October. Across the system there was a reduction in nursing home beds as a result of regulatory action, a company withdrawing from the market and an outbreak of diarrhoea and vomiting.

5. Recommendations

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The Board of Directors is requested to:

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

Tim Jones
Executive Director of Delivery