

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
FRIDAY 5 SEPTEMBER 2014**

Title:	PERFORMANCE INDICATORS REPORT AND 2014/15 ANNUAL PLAN QUARTER 1 UPDATE
Responsible Director:	Executive Director of Delivery
Contact:	Harvir Atkar, Head of Strategy & Performance Andy Walker, Strategy & Performance Manager Daniel Ray, Director of Informatics

Purpose:	To update the Council of Governors 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 1 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, 95.3% of key tasks are on plan, 4.7% of key tasks are slightly below plan and there are no key tasks where remedial action is required.
Recommendations:	The Council of Governors is requested to: Accept the report on progress made towards achieving performance targets and associated actions and risks. Accept the Quarter 1 2014/15 performance update against the Trust Annual Plan.

Approved by :	Tim Jones	Date : 27 August 2014
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**PERFORMANCE INDICATORS REPORT AND
2014/15 ANNUAL PLAN QUARTER 1 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.

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.

Quarter 1 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. Three indicators for pain management, bed occupancy and theatre utilisation still require further work to validate data and updates on progress will be included in future reports. In addition slot unavailability has been removed from the Trust's performance framework as it is no longer considered relevant in the context of continued growth in activity.

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, 3 cancer targets have a remedial action plan in place and the A&E 4 hour wait target was slightly below target in June. 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 June 94.2% of patients left the Emergency Department within 4 hours of arrival against the national target of 95%. Performance for the quarter overall however was above target at 95.2%.

June was the busiest month the Department has experienced to date with an average of 293 attendances per day and an overall increase in activity of 12% from June 2013. There were a significant number of medical admissions throughout the month and junior doctors were therefore reallocated from the 5th floor to support the Clinical Decision Unit. In response to the increased demand the Department has continued to provide additional Emergency Nurse Practitioner shifts over the weekend and additional middle grade sessions in the evening and overnight.

As part of the 2014/15 contract with Commissioners, the Trust will incur a financial penalty of £200 per breach under the 95% target on a monthly basis. The penalty associated with June performance will be £13,800. Monitor, however, assess the target quarterly and therefore, as the target has been achieved over the quarter, it will not affect the Trust's governance rating. 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.

3.1.2 Cancer Targets

In May the Trust did not achieve three of the cancer targets. 62 day GP remained below target and fell to 74.2% against the 85% target. 31 day first treatment performance fell below target to 94.6%. 31 day subsequent surgery also fell below target to 90.5%.

For the 62 day GP target 12 referrals were received after day 42 of which 7 were after their breach date and therefore impossible to treat within target. Performance with all late referrals reallocated would be 87.7%. Performance for UHB-only pathways was below target at 82.3%.

Continued significant growth in the number of referrals to Urology for cancer has proved challenging to accommodate within the timescales of the target and accounted for the majority of breaches of the targets. It is likely that additional capacity will be required at each stage of the pathway. A one-stop haematuria clinic is being implemented and other areas where this approach would be appropriate are being identified. A full service review of Urology is currently being carried out by the Deputy Chief Operating Officer, in partnership with the Service Improvement Team.

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. 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 can affect the Trust's governance rating if they are not achieved over the full quarter.

3.2 National Targets Monitored Locally Through CCG Contract

Of the 14 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, on target but close to the threshold for 1 and 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.

3.2.1 Referral to Treatment Time – Admitted Patients – Treatment Functions

The Trust continued to achieve the three Referral to Treatment Time (RTT) targets at Trust level however the targets were not achieved in every treatment function (high-level specialty) for each of the targets. These indicators are therefore reported as 'Amber'. In May 90.8% of admitted patients were treated within 18 weeks against the national 90% target overall. At treatment function level General Surgery, Neurosurgery and Urology were all below target. For non-admitted patients overall performance against the target was 97.9% against the 95% target however the General Surgery treatment function remained below target. For incomplete pathways overall performance was 93.1% against the 92% target. General Surgery, Neurosurgery and Urology remained below target at treatment function level for this indicator.

The Trust has received confirmation from commissioners of additional funding as part of the national push to achieve the RTT targets. Service reviews, led by the Deputy Chief Operating Officer and the Service Improvement Team are being undertaken on all three specialties. These will review all areas of operational performance and efficiency. As detailed above the review of Urology is currently underway which will be followed by reviews of General Surgery and Neurosurgery.

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. Based on May performance the contractual penalty for admitted patients is expected to be £14,800, that for non-admitted patients £900 and the penalty for unfinished pathways £31,300, making a total of £47,000. Monitor only includes overall achievement of the targets at Trust level in its Risk Assessment Framework therefore the Trust's governance rating will not be affected.

3.2.2 Ambulance Handover

As detailed in previous reports, this national target continues to constitute a significant risk due to disputes between the Trust and West Midlands Ambulance Service (WMAS) around data quality and with the CCG in relation to application of the contractual penalty. In the Trust's contract with the CCG 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.

Performance based on West Midlands Ambulance Service (WMAS) data in June shows 84.7% of handovers took less than 30 minutes and 98.9% of handovers took less than 60 minutes, the first time performance has dropped in 2014. The percentage of handovers recorded also fell in June to 86%.

There was a 2% increase in ambulance attendances from May to June with an average of 104 attendances per day. Compared to June 2013 there has been an 11.8% increase in ambulance attendances, which correlates with the overall increase in activity seen in the ED.

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 will continue to apply these penalties but will place these in a fund for reinvestment in reducing handover delays. Were the financial penalty for June to be applied in full it would be £123,600 with the total penalty for 2014/15 to date amounting to £287,600.

3.2.3 Safer Staffing

From June 2014, there is a requirement following the Francis Report and the publication of guidance by the National Quality Board, 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 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 shows the Divisional break down for June 2014:

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	111%	100%	90%	100%
Div B	102%	116%	86%	120%
Div C	112%	132%	95%	126%
Div D	106%	131%	94%	133%

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:

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

In relation to Registered Nurses at night, the 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, after reviewing the acuity and dependency of the ward, the skill mix may be altered to 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. Local Indicators

Local indicators continue to be monitored that reflect the Trust's priorities and contractual obligations. Of the 53 indicators currently included 3 are currently being developed for reporting. Of the remainder 30 are currently on target, 15 are slightly below target and 5 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 May due to continued high levels of emergency demand.

4.2 Internal Bank Spend

Expenditure on bank staff rose in May. Spend on external agency staff fell but remained below target. The divisions are now returning to a position of being over-recruited for nursing assistants which will reduce bank spend. Plans to return to a state of over-recruitment for qualified nursing staff continue but there are national challenges with the availability of suitably qualified nursing staff. The recruitment of a number of staff is currently in progress and significant progress with reducing vacancies should have been made by September.

4.3 Pre-Assessment

Work continues to validate the data to ensure that only patients who require pre-assessment are included. Progress has been made with Neurology and Neurosurgery which has led to an increase in reported performance in June and in previous months. Discussions have taken place between the Pre-Assessment Service and specialties to purchase additional pre-assessment slots where capacity is constrained. Pre-assessment capacity has been increased by 8% with plans being made for a further increase.

4.4 Omitted Drugs – Antibiotics & Non-Antibiotics

The Trust's performance remains better than any national comparator. In June 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 has reviewed Pharmacy and Stores to drive forward improvement in these areas with a number of actions identified.

5. **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:

5.1 Friends and Family

Performance against the Friends and Family response rate baseline requirement fell below target in May due to an issue with the server upgrade. This has been resolved and June performance is now above target. Performance is assessed by commissioners over the whole quarter; this therefore will not result in a financial penalty.

5.2 Safety Thermometer

Performance remains above target for the rate of new pressure ulcers. This was as a result of a revision in the Trust methodology of data collection regarding pressure ulcers which was undertaken to bring the Trust in line with safety thermometer data collection requirements.

5.3 Discharge Planning

Performance remains below trajectory for weekday 1pm discharges. This is being addressed by the Discharge Quality Group.

6. **2014/15 Annual Plan Progress at Quarter 1**

An assessment of progress has been made against all key tasks using the following categories, shown in Table 2 below.

Table 2: 2014/15 Annual Plan Progress

Progress	Qtr 1	Qtr 2	Qtr 3	Qtr 4
On plan	61 (95.3%)			
Slightly below plan	3 (4.7%)			
Remedial action required	0 (0%)			
Total	64 (100%)			

Year to date, 95.3% of key tasks are on plan, 4.7% 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 three 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)

A decision regarding plans for Worcester is still awaited from commissioners following the independent clinical review. This is expected in Autumn 2014.

6.3 Improve standards of care for end of life care for patients and families (ref 5.4)

The review of the Trust End of Life Care and Bereavement Services Strategy has been delayed to ensure that it encompasses the guiding principles from the Leadership Alliance for the Care of Dying People report 'One chance to get it right' published June 2014.

7. Recommendations

The Council of Governors is requested to:

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

7.2 **Accept** the Quarter 1 2014/15 performance update against the Trust Annual Plan.

Tim Jones
Executive Director of Delivery