UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MONDAY 23 FEBRUARY 2015

Title:	**PERFORMANCE INDICATORS REPORT AND 2014/15 ANNUAL PLAN QUARTER 3 UPDATE**
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Strategy & Performance Manager Harvir Lawrence, Head of Strategy & Performance 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 3 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, 93.7% of key tasks are on plan, 6.3% 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 3 2014/15 performance update against the Trust Annual Plan.

Approved by :	Tim Jones	Date : 6 February 2015

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PERFORMANCE INDICATORS REPORT AND 2014/15 ANNUAL PLAN QUARTER 3 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 (RAF), 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 3 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.

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 RAF are included separately.

3.1 Monitor

Of the 14 indicators currently included in Monitor's Risk Assessment Framework (RAF), 7 are currently on target (2 RTT targets are being achieved on an aggregate basis but are not being achieved in every treatment function – see section 3.1.3 below). 6 national cancer targets were not achieved in November of which 1 was slightly below target and 5 have a remedial action plan in place, however the 62 day upgrade target is not included in the RAF. The A&E 4 hour wait target was slightly below target in

December and has a remedial action plan in place but was achieved over Quarter 3 as a whole. The Referral to Treatment Time target for admitted patients has a remedial action plan in place as November performance was below target 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 December performance against the target that 95% of patients should leave the Emergency Department (ED) within 4 hours of arrival was 94.2%. Performance for Quarter 3 as a whole was 95.1% due to stronger performance in October and November.

During December attendances at ED were lower than in recent months but were still 4.0% higher than December 2013. However significant pressure resulted from increased ambulance arrivals – 4.2% higher than the year to date – and the higher level acuity of the patients that did arrive which led to higher numbers of admissions. One particular factor causing this was high levels of flu in the community; Public Health England data shows that the Midlands has seen the highest number of outbreaks to date.

On Wednesday 17 December, the Trust faced a particular significant capacity challenge which resulted in the Trust escalating to the highest level for the first time. The preceding days had seen high numbers of frail, complex and elderly patients admitted. The impact of this was that the Emergency Department, Clinical Decisions Unit and specialities reached the peak of capacity with patients, due to their complexity, unable to be discharged. This resulted in more than 12 hours elapsing between a decision to admit being made for one patient and that patient leaving the department. The patient was placed in a bed to ensure their comfort. A full Root Cause Analysis was undertaken on this breach which identified that the delay was due to a large number of patients needing to be admitted over a short period with no beds available, but that there were no shortcomings identified in the actions that were taken by the Trust. The patient did not experience any harm and received all appropriate care.

During the month significant effort was expended by both clinical and management staff to discharge patients quickly from the wards to ensure there was sufficient capacity to take new admissions and this was reflected in the lower number of bed days occupied by delayed transfers of care over the month. This process will be facilitated in the future by the establishment of the Discharge Hub. Another significant factor was the changes to the operation of the Trust Site Team from 1 December. In addition, from 5 January the ED began a new streaming process. Patients are met in reception by a senior nurse and are allocated to the area of the department which best meets their clinical needs. This system will improve the efficiency of the Department ensuring numbers through See and Treat area are maximised.

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 November's performance a penalty of £13,000 will be applied giving a year to date total of £84,200. In addition a penalty of £1000 will apply in relation to the 12 hour breach. As the 4 hour target was achieved over Quarter 3 as a whole the Trust's rating with Monitor will not be affected by December's performance. A&E performance is published on a weekly basis by the Department of Health and there could be negative publicity associated with the Trust's failure to achieve this target, however nationally the target continues to be failed by a considerable margin and local press coverage has instead noted the Trust's strong performance compared to other local trusts.

3.1.2 Cancer Targets

In November the Trust did not achieve six of the national cancer targets compared to four in October. Of these, five are included in Monitor's Risk Assessment Framework whilst the 62 day upgrade target is set contractually.

The 31 day subsequent chemotherapy target was failed for the first time in November with performance of 92.9% against the 98% target. There were two patient breaches of the target who both received Transarterial Chemoembolisation (TACE). This is a complex procedure involving the co-ordination of two specialties and interventions. A Chemotherapy Co-ordinator is currently being appointed to identify and resolve potential breaches. The chemotherapy target is expected to be achieved for Quarter 3 as a whole so was declared as achieved in the Trust's quarterly declaration to Monitor.

The additional theatre capacity that was in place to treat the Liver Surgery backlog was transferred to Urology from the beginning of November. For all specialties across the Trust work continues to be undertaken on the equilibrium modelling with a number of iterations now completed which will feed into the Trust's capacity plan for 2015/16. Current recovery trajectories have been reviewed and shared both with the CCG and with Monitor. In addition, a detailed revised action plan for tumour sites currently below target has been agreed with specialties at present with key actions identified.

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, however this has yet to be applied. This equates to £1000 per additional patient below the 62 day and 31 day targets and £200 for the 14 day targets. As detailed above five of the targets currently not being achieved are included in Monitor's Risk Assessment Framework and therefore could affect its governance rating.

3.1.3 Referral to Treatment Time – Admitted Patients – Treatment Functions

The Trust's performance for the Referral to Treatment Time (RTT) target for admitted patients continued to be below target in November, remaining at 86.7%. 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. Non-admitted performance however fell further to 95.1%, only slightly above the 95% target. Incomplete pathway performance however improved to 93.6% against the 92% target. At treatment function level General Surgery, ENT, Neurosurgery, Oral Surgery and Urology continued to be below target for admitted patients.

As detailed above the outputs of the equilibrium modelling currently being undertaken will be used to identify capacity shortfalls. The resulting recovery trajectories have been shared with the CCG and Monitor.

This target is a contractual target with an associated financial penalty however as part of the current national initiative to reduce waiting times, CCGs are not applying financial penalties for performance until December 2014 however the national initiative has not delivered the levels of additional activity expected and it appears unlikely that the national position will recover in December, as planned. The penalty for November performance, had it been applied would have been £51,900. 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 is considered failed for Quarter 3. As a consequence the Trust's governance rating could be affected.

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 3 (Cancer 62 day upgrade and 12 hour trolley waits, as mentioned above, and MRSA) 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, it is not achieving the contractual requirement that all treatment functions (high-level specialties) should be above target. An update is also included on Safer Staffing.

3.2.1 Ambulance Handover

Following discussions with Birmingham CrossCity CCG and West Midlands Ambulance Service (WMAS) the Trust has now identified the methodology used by commissioners to calculate the Trust's performance for ambulance handover. There is however still potential for misreporting of ambulance destinations which may have resulted in handovers in other locations being included in the Trust's figures.

According to the revised figures the percentage of handovers recorded in December increased to 89.7%, the highest performance seen to date. In December the Trust saw an increase in the number of 30-60 minute handovers to 269 from 181, reflecting the significant pressure on the Emergency Department over the period. Despite this significant pressure, however, the Trust saw a further fall in the number of over 60 minute handovers from 13 to 7.

The Trust, WMAS and commissioners continue to meet monthly to develop actions to drive forward performance in this area. 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 CCG has proposed an incentive scheme linked to the recovery of these penalties. The Trust, however, continues to dispute the quality of data collected on handover. Should the CCG apply the financial penalties, the penalty based on December's data would be £53,800 for handovers over 30 minutes and £7,000 for handovers over 60 minutes.

3.2.2 MRSA

In December there was one Trust-apportioned MRSA bacteraemia. This is the third case in 2014/15 to date compared to a total of five cases in the whole of 2013/14. Nationally there has been a zero tolerance approach to MRSA since April 2013 therefore the Trust's trajectory is zero cases. Each case is also associated with a financial penalty of £10,000, therefore the Trust's total penalty to date is £30,000. Please see the Executive Chief Nurse's Update on Infection Prevention & Control for further details.

3.2.3 6 Week Diagnostics

In December the Trust did not achieve the 6 week diagnostic target with performance of 97.9% against the 99% target. This is the first month this has not been achieved. In addition to the existing problems with capacity for urodynamics, endoscopy had capacity problems which led to breaches for colonoscopy, flexi-sigmoidoscopy and gastroscopy. A Clinical Fellow is to be appointed who would be dedicated to undertaking urodynamic testing to expand capacity. An action plan has been agreed for endoscopy. This target is associated with a financial penalty of £200 per breach below 99%. The penalty associated with December's performance would be £12,400.

3.2.4 Safer Staffing

Table 2 shows the Divisional break down for the December 2014 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 2: Divisional Breakdown of Staffing Levels

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	103%	100%	101%	100%
Div B	99%	103%	92%	121%
Div C	94%	132%	91%	143%
Div D	101%	128%	97%	135%

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, 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. NICE has now published a draft of 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 54 local indicators 1 relating to pain assessments, is currently being developed for reporting, of the remainder 28 (52.8%) are currently on target, 15 (28.3%) are slightly below target and 10 (18.9%) have remedial action plans in place. Details of those indicators where remedial action plans are in place are contained below:

4.1 Time from Approval to Recruitment (70 Day Target)

The National Institute for Health Research (NIHR) has amended the Trust's adjusted figures (which allow for delays outside the Trust's control) and is now reporting performance for Quarter 2 2014/15 as 61.4%, a fall from 67.3% in both Quarter 4 2013/14 and Quarter 1 2014/15. As the Trust has seen a deterioration in its reported performance NIHR is threatening to implement financial sanctions. Actions are in place to improve future performance.

4.2 External Agency & Bank Spend

External agency spend in November increased to 4.47% as a percentage of total staff spend. The percentage spent on bank staff also increased to 3.58% from 2.97% in October. High levels of activity and increased patient acuity, including increased specialling of patients continues to drive the bank and agency requirement. Higher sickness, as detailed below, has also resulted in increased spend.

The Trust is continuing to actively recruit nursing staff including from mainland Europe. Critical Care continues to have high usage due to difficulties in recruiting therefore special events have been held in December and January and a rotation across UHB and BCH is being developed.

4.3 Staff Sickness

In November total staff sickness was above target at 3.99% against the 3.60% target. Short term sickness was 1.93% and long term 2.06%. An increase in coughs, colds and flu and gastrointestinal sickness contributed to the increase in short term sickness.

Sickness continues to be actively managed in line with Trust policy. As of 30 November Human Resources was managing 631 live sickness cases with a further 156 cases under review. Of the live cases 520 relate to short term and 111 to long term sickness. There have been 10 dismissals for sickness in 2014/15 to the end of December. Occupational Health has seen an increase in referrals of 26.7% in 2014/15 to date compared to 2013/14.

4.4 Complaint Responses

Performance against the current target of a response being produced in 40 days was 72.9% in November. The complaints policy and procedure is currently being updated and will incorporate a flowchart which highlights the expected timescale for each stage of the process to clarify expectations. The reasons for deadlines having been missed are now being shared with divisional management teams to highlight blockages and actions to allow these to be mitigated. External complaints investigation and response training has been sourced to train staff and highlight best practice.

4.5 Pre-assessment

In November 59.9% of elective patients were pre-assessed between 1 and 30 days prior to their TCI date. Divisional action plans are in place to improve take up.

4.6 Omitted Drugs – Antibiotics & Non-Antibiotics

The Trust's performance remains better than any national comparator. In December 4.32% of antibiotic drug doses were not administered and 10.82% of non-antibiotic doses were also not administered. Each division has revised and updated their action plan to reduce omissions as part of the current round of Performance Review. Work is also being undertaken with medical and nursing staff to improve the review of medication charts, promoting the change from regular to 'as required' medication. Performance is also being discussed at Junior Doctor Forums.

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

Performance fell below target for the ED response rate to the Friends and Family Test in December due to increased pressure on the Department. Work is underway to recover this from January. Non-achievement of the ED target carries a financial risk of £258k.

5.2 Safety Thermometer

Performance in December was 1.65% against a target of 1.25%. Over December there were 11 complex patients who had featured in the Safety Thermometer data for more than one month due to their length of stay. There has been a focus to reduce this number which has resulted in a significant improvement in January where the rate is around 0.7% (subject to final validation). This improvement will need to be sustained over February and March at a rate of 1.25% or below in order to meet the CQUIN requirements. Non-achievement of the target carries a financial risk of £710k.

5.3 COPD

Performance is above target for 4 of the 5 CQUIN targets. However, the discharge checklist indicator is significantly below the 80% target at 13% for December. The CQUIN requires completion of a paper discharge checklist and completion of a tick box on PICS to indicate the checklist has been completed. Performance has been affected by a number of factors. The team has seen an increase in activity in flu and respiratory illness resulting in an increased workload which has been compounded by two members of staff being off sick. A review has shown that the paper checklist is not being completed for all eligible patients the Clinical Lead has allocated this as a quality improvement project to a team of junior doctors to ensure the target is met by March. Ward staff are being reminded of the importance of completing the paper checklists and PICS. In addition a validation exercise is underway to ensure all the data is pulling from systems accurately. Non-achievement of this target carries a financial risk of £73k.

5.4 Discharge

Performance in December improved to 26% for weekdays and 28% for weekends, each of which has a 30% target. Performance increased to over 30% in the week of the Discharge Lounge move but has shown a decline since. The Discharge action plan continues to be implemented. The Chief Nurse and the Director of Partnerships will be meeting with the Divisions again to review and revise action plans to make sure the target is met by March in line with the CQUIN requirements. Divisional performance will also be discussed at the Performance Review meetings in January to gain assurance from the Divisions. Non-achievement of the weekday and weekend targets carries a financial risk of £312k (£156k each).

6. 2014/15 Annual Plan Progress at Quarter 3

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%)	61 (95.3%)	60 (93.7%)	
Slightly below plan	3 (4.7%)	3 (4.7%)	4 (6.3%)	
Remedial action required	0 (0%)	0 (0%)	0 (0%)	
Total	**64 (100%)**	**64 (100%)**	**64 (100%)**	

Year to date, 93.7% of key tasks are on plan, 6.3% of key tasks are slightly below plan, and there are no key tasks where remedial action is required. The 4 key tasks that are slightly below plan are detailed below with an explanation of the actions being taken to bring performance back in line. 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 Ensure a fit for purpose model of care for hyper acute stroke (ref 3.4)

The Clinical Advisory Panel have delayed making the decision about the configuration of hyper-acute stroke services until March 2015. A full business case will be presented to CEAG ahead of any submission to any tender process. The full tendering process is likely to commence in the summer of 2015 following the General Election. The go-live date for the new service model is currently expected to be April 2016.

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

The Birmingham option is to be reconsidered following lobbying by local MPs. The report from Clinical Senate on the Clinical sustainability of the option proposed by Worcester acute is expected in early February 2015.

6.4 Improve the health and well-being of patients (ref 8.3a: Standardise the referrals process from primary care and ensure the appropriate information is shared with UHB as part of the referral)

The proposed standardised referral form is still in consultation due to the CCGs reviewing the structure of meetings. Agreement is awaited.

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 3 2014/15 performance update against the Trust Annual Plan.

Tim Jones
Executive Director of Delivery