

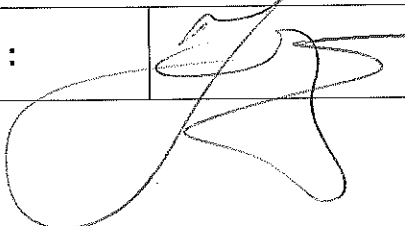
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

TUESDAY 16 FEBRUARY 2016

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN QUARTER 3 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 Council of Governors on the Trust's performance against targets and indicators in Monitor's Risk Assessment Framework, contractual targets and internal targets. To provide Quarter 3 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, 90.6% of key tasks are on plan, 9.4% of key tasks are slightly below plan, and there are no key tasks where remedial action is required.
<b>Recommendations:</b>	The Council of Governors 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 3 2015/16 performance update against the Trust Annual Plan.

<b>Approved by :</b>		<b>Date :</b> 4 February 2016
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

TUESDAY 16 FEBRUARY 2016

### PERFORMANCE INDICATORS REPORT AND 2015/16 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, 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 3 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.

#### 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), 9 were on target in the most recent month. 2 cancer targets were not met and the A&E 4 hour wait target was not met. Remedial action plans are in place.

### 3.1.1 A&E 4 Hour Waits

Performance against the 4 hour A&E target in December fell to 90.24% from 91% in November. The Quarter 3 target was missed with a performance of 91.23%.

Attendances during Quarter 3 were 7.2% higher compared with the same period last year. January 2016 was also challenging with attendances above 300 a day for 20 days in the month.

A joint remedial action plan between the Trust and the CCG to address the issues of increased attendances, pathways for mental health patients and flow across all sectors continues to be implemented.

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

### 3.1.2 Cancer Targets

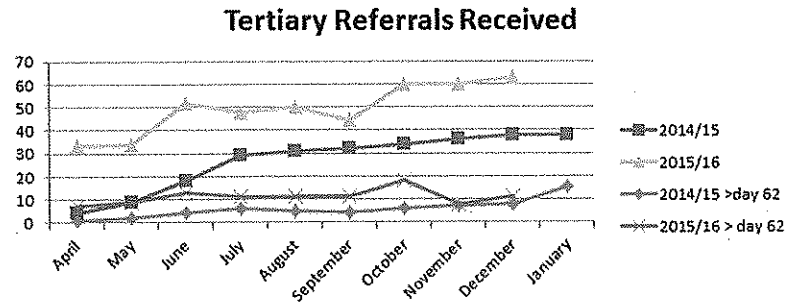
In November the Trust did not meet two of the cancer targets; 62 day urgent GP referral and consultant screening. November performance for the 62 day standard was 78.4%. This was an improvement on October's performance of 70.5% and also above the recovery plan trajectory for November of 76%. The screening target was not achieved in November with a performance of 80% (as a result of 1.5 breaches) but is expected to be achieved for Quarter 3 as a whole.

The number of late tertiary referrals has been increasing over the past few months and within this the number of referrals received after day 62 is also growing (See Chart 1 on page 4). This is putting future achievement of the target at risk. The Trust's Primary Targeting List (PTL) of patients on a cancer pathway has reduced over the past 9 months from approximately 2,500 patients to just under 1,100. This reduction is the result of positive action taken by specialties to improve patient care and performance. It is emerging that the volume and lateness of tertiary referrals hitting the Trust's PTL is now distorting the ratio of breaches to non-breaches, making delivery of the national 85% target impossible or high risk for some tumour sites. It is anticipated that there may be a further increase in tertiary referrals over the next few months as referring Trusts work on clearing their backlogs before the end of Quarter 4.

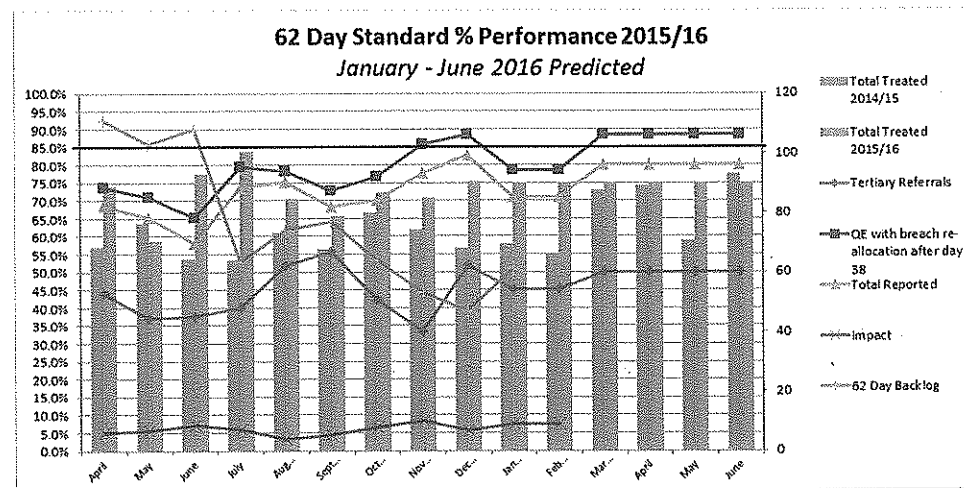
Breach allocation rules are being considered nationally and it is proposed that tertiary referrals received after day 38 are allocated to the referring Trust as a breach. Analysis has shown that the Trust would achieve the 62 day target if this rule was applied (see Chart 2 on page 4).

The 31-day diagnosis to treatment target was exceeded in quarter 2 and is predicted to be exceeded in Quarter 3, demonstrating that the timely treatment of diagnosed patients, which is completely under the control of the Trust, is now being achieved consistently.

**Chart 1: Growth in Tertiary Cancer Referrals**



**Chart 2: Past and Predicted Performance for the 62 day standard**



**Table 1: Cancer 62 day Performance against Target and Planned Trajectory**

Target	November Performance	November Trajectory	Target	Resolution Date
Cancer – 62 day urgent GP referral	78.4%	76%	85%	January 2016

Table 2 below shows performance against the cancer 31 day treatment target from July to November 2015.

**Table 2: Cancer 31 day Performance against Target Jul-Nov 2015**

Target	Standard	Jul	Aug	Sept	Oct	Nov
Cancer – 31 day first treatment	96%	97.9%	97.1%	96.9%	96.5%	97.5%

Table 3 below shows November and year to date performance for the 62 day urgent GP referral target by tumour site.

**Table 3: 2015/16 Year to Date 62 day GP Cancer Performance by Tumour Site**

Tumour Site	November 2015	2015/16 YTD
Brain	-	75%
Breast	90.9%	91.7%
Colorectal	78.1%	52%
Haematology	66.7%	57.9%
Head and Neck	52.6%	46.1%
Lung	57.1%	73.2%
Sarcoma	0%	50%
Skin	79%	90%
Upper GI	63.6%	58.4%
Urology	95.4%	71.4%
<b>Total</b>	<b>78.4%</b>	<b>69.7%</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 target. The year to November penalty for all cancer targets is £173,000. 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 current prediction for Quarter 3 is that the 62 day target will be the only cancer target not achieved. The prediction for January performance against the 62 day standard is 71%, although this is subject to change if additional late referrals are received.

### 3.1.3 Referral to Treatment Time

Incomplete pathway performance was achieved at aggregate level again in December with a performance of 93.7%.

At treatment function level Neurosurgery, Ophthalmology and General Surgery did not achieve the incomplete target. Remedial action plans are in place for General Surgery and Ophthalmology and both aim to recover the target by end of March 2016. Meetings are being held with Commissioners to review the pathway for neurosurgery spinal patients across the whole health economy. There is a contractual penalty at treatment function level for non-achievement of the unfinished referral to treatment target which stands at £142,000 year to date.

It is a contractual requirement that patients should not wait longer than 52 weeks on an 18 week referral to treatment pathway and this is closely monitored. Unfortunately one patient who was treated in November waited just over 52 weeks. Processes have been put in place to mitigate the risk of this recurring in the future.

### 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 13, has a remedial action plan in place for 1 (cancelled operations not rearranged within 28 days) and is slightly below target for 60 minute ambulance handover. Although there were no MRSA bacteraemias reported in November and December the year to date total remains at 7 against a target of zero. An update is also included on the national Safer Staffing framework.

#### 3.2.1 28 Day Cancelled Operations Guarantee

All patients who have their operation cancelled at short notice are entitled to have their procedure rescheduled within 28 days. This guarantee is included in the NHS constitution and acute trust contract. There is a financial penalty for every breach of the standard. A remedial action plan was agreed with the CCG in June which committed to a month on month reduction in the number of breaches.

The recovery plan was on track until November when a higher than expected number of cancelled elective operations (126 compared with a running monthly average of 80) impacted on patients being admitted under the 28 day guarantee. There were 7 breaches of the 28 day guarantee in November and 8 in December against a recovery plan trajectory of 3.

#### 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 December performance against the 60 minute handover target was 99.9% and 96.3% was achieved for the 30 minute handover target. In both cases this represented an improvement compared with November performance. The percentage of ambulance arrivals with a handover time improved to 100% in December.

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 December is a maximum of £27,600.

#### 3.2.3 Safer Staffing

Table 4 shows the Divisional break down for the December 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 4: Divisional Breakdown of Staffing Levels**

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	101%	101%	100%	100%
Div B	96%	110%	89%	119%
Div C	96%	126%	91%	146%
Div D	94%	123%	98%	125%

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) 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.

#### **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 35 (66%) are currently on target, 12 (23%) are slightly below target and 6 (11%) 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 Elective Operations**

There were 87 cancelled elective operations in December, or 1.69% of elective consultant episodes against a target of 0.8%. This was an improvement compared with the 126 elective operations cancelled in November. 43% of cancelled operations in December were in Cardiac Surgery and Liver Surgery where a high proportion of elective procedures are displaced by emergency or transplant procedures. Recovery plans are in place.

#### 4.2 Complaints Responded to within 30 Days

Having consistently achieved a 40-day response target, the standard was recently tightened to 85% within 30 days. 68.7% of complaints were responded to within 30 days in December, up from 67.9 % in November and 60.2% in October. Across the Trust 34% more complaints were closed during Quarter 3 than in Quarter 2 demonstrating that recovery plans are being delivered.

#### 4.3 % Spend on Bank and Agency Staffing

There was a reduction in both bank and agency spend in November compared with the previous month, although both remain above the local targets agreed. External agency spend in November was 5.3%, compared to 6.1% in October and a local target of 3.1%. The percentage spent on bank staff in November was 3.2%, a reduction compared with the October spend of 4.1%. The local target is 2.2%.

Actions to address bank and agency expenditure are in place and progress is monitored weekly via the Finance Improvement Group.

#### 4.4 Omitted Drugs

In December 4.15% of antibiotic drug doses were not administered; a deterioration compared with the 3.99% in November. Over the month 11.06% of non-antibiotic doses were not also administered. Recovery plans are in place for all Divisions.

#### 4.5 Long Term Sickness

In December the long term sickness rate was 2.2%, a slight increase on November's rate of 2.1% and above the target rate of 1.8%. This target has now not been achieved for 6 consecutive months. All divisions have teams and departments with above average long term sickness rates and only Division D is achieving the target overall.

Recovery plans are in place in each division and improvement actions include regular meetings to review the longest cases, training for managers, and identifying alternative suitable roles for staff on long term sickness absence.

### 5. **2015/16 Annual Plan Progress at Quarter 3**

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

Progress	Qtr 1	Qtr 2	Qtr 3	Qtr 4
On plan	60 (93.8%)	55 (85.9%)	58 (90.6%)	
Slightly below plan	4 (6.2%)	9 (14.1%)	6 (9.4%)	
Remedial action required	0 (0%)	0 (0%)	0 (0%)	
<b>Total</b>	<b>64 (100%)</b>	<b>64 (100%)</b>	<b>64 (100%)</b>	



Year to date, 90.6% of key tasks are on plan, 9.4% of key tasks are slightly below plan, and there are no key tasks where remedial action is required.

## 5.1 Risk Assessment

The 6 key tasks that are slightly below plan are detailed in the following table 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.

### 5.1.1 Further enhance the Electronic Patient Record (Ref 1.1)

The project continues to experience delays in the delivery of the completed software by the Trust's external provider which has pushed the go-live date back.

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

The BCH team are now expected to deliver the required data by February 2016. The project plan has therefore been revised and the earliest projected go-live date for BCH with PICS is now June 2016.

### 5.1.3 Deliver the infection prevention and control plan (Ref 2.1)

The Trust has had seven MRSA bacteraemia over the period April to December 2015 including one case in Quarter 3. In addition Saving Lives audit performance has been below target. A robust and comprehensive action plan has now been developed, agreed with commissioners and is being implemented including the reinforcement of the Saving Lives programme.

### 5.1.4 Work with partners to deliver joined up emergency care systems (Ref 3.1)

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.

### 5.1.5 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.

5.1.6 Review and improve complaints process including action and learning (Ref 8.1)

Performance for complaints has been below the target of 85% of responses being produced within 30 days of receipt. This is being affected by the closure of old cases therefore a new form of reporting is being developed that will give a more accurate view of performance unaffected by old cases.

6. **Recommendations**

The Council of Governors 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 3 2015/16 performance update against the Trust Annual Plan.

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