

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS**

**THURSDAY 19 NOVEMBER 2015**

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN QUARTER 2 UPDATE</b>
<b>Responsible Director:</b>	Executive Director of Delivery
<b>Contact:</b>	Lorraine Simmonds, Head of Service Improvement Andy Walker, Strategy and 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 2 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, 86% of key tasks are currently on plan, with 14% of key tasks slightly below plan and no key tasks require remedial action.
<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 2 2015/16 performance update against the Trust Annual Plan.

<b>Approved by :</b>	Tim Jones	Date : 9 November 2015
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**THURSDAY 19 NOVEMBER 2015**

**PERFORMANCE INDICATORS REPORT AND**  
**2015/16 ANNUAL PLAN QUARTER 2 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 2 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.

A reconfiguration of the Trust's performance function is ongoing and will lead to a more integrated approach to performance reporting.

**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), 10 were on target in the most recent month. 1 cancer target was not met and the A&E 4 hour wait target was not met. Both have remedial action plans in place.

#### 3.1.1 A&E 4 Hour Waits

Performance against the 4 hour A&E target in September fell to 93.6% from 94.3% in August. The Quarter 2 target was missed with a performance of 94.1%.

Attendances during Quarter 2 were 1.4% higher compared with the same period last year. During Quarter 2 there was also an increase in the number of patients referred to the Rapid Assessment Interface and Discharge team for psychiatric assessment; 806 referrals compared with 731 for the same period last year.

In September a patient who needed a Child and Adolescent Mental Health Services (CAMHS) off-site psychiatric bed waited for a significantly extended period in the Emergency Department. This was despite repeated escalation by Trust managers. A multi-provider and commissioner meeting took place in October, following the format of a serious case review. The objective of the meeting was to review the care pathway, review actions taken by all parties and to identify system wide improvements for implementation.

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

#### 3.1.2 Cancer Targets

In August the Trust met all of the national cancer targets with the exception of the 62 day urgent GP referral target. August performance for the 62 day standard was 75.2%, an improvement on July's performance and the best performance since December 2014.

A revised trajectory has been provided to Monitor which aims to achieve the 62 day urgent GP referral target by January 2016. A stretch target has been agreed with the Trust's commissioners to achieve the 62 day standard by end of December 2015. Table 1 overleaf sets out performance and the trajectory for the 62 day GP target.

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

Target	August Performance	August Trajectory	Target	Resolution Date
Cancer – 62 day urgent GP referral	75.2%	72%	85%	January 2016

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 and 31 day targets. The year to August penalty for all cancer targets is £157,000. 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 Trust's governance risk rating is 'Green' as Monitor continues to take assurance from the Trust's trajectory, action plan, robust governance and strong leadership.

### 3.1.3 Referral to Treatment Time

Incomplete pathway performance improved to 96.7% in August and remains significantly above target. Performance for the former Referral to Treatment Time (RTT) targets for admitted and non-admitted patients remained above target with performance of 95.1% and 96.8% respectively.

At treatment function level Neurosurgery did not achieve the incomplete target. A strategy paper is being developed for Neurosurgery and a meeting has also been held with Commissioners to review the pathway for neurosurgery spinal patients across the whole health economy. The remaining contractual penalty for the incomplete target remains suspended.

## 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 Clinical Commissioning Group contract the Trust is on target for 9, has a remedial action plan in place for 3 (Cancer 62 day upgrade, as mentioned above, cancelled operations not rearranged within 28 days, and 6 week diagnostics), is slightly below target for 60 minute ambulance handover and fully validated data is not available for 30 minute ambulance handover.

### 3.2.1 6 Week Diagnostics

In August the Trust's performance against the 6 week diagnostic target was 97.0%. Urodynamics performance deteriorated compared to July, however all of the modalities previously not achieving the 99% target are now back on track.

The Urodynamics action plan is on track. Additional capacity is planned over the next 3 months and a trajectory is in place to treat all patients waiting over 6 weeks by end of December 2015.

This is a contractual target with an associated financial penalty which in 2015/16 is £200 per additional patient below target. The penalty associated with August performance is £104,800. Monitor does not include this target in its Risk Assessment Framework and has made no further enquiries about the Trust's performance.

### 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 September performance against the 60 minute handover target was 100% and 96.1% was achieved for the 30 minute handover target. In both cases this represented an improvement compared with August performance. The percentage of ambulance arrivals with a handover time improved to 90.1% in September.

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 September will be a maximum of £22,600.

### 3.2.3 Safer Staffing

Table 3 shows the Divisional break down for the September 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 3: Divisional Breakdown of Staffing Levels**

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	104.4%	153.3%	100.4%	134.3%
Div B	95.9%	110.2%	89.3%	119.4%
Div C	95.3%	135.4%	91.1%	158.6%
Div D	93.9%	142.2%	95.5%	148.2%

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) 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 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 30 (58%) are currently on target, 14 (27%) are slightly below target and 8 (15%) 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 Operations (Including Not Rearranged Within 28 Days)

In August there were 82 operations cancelled on the day of surgery for non-clinical reasons compared to 98 in July. Performance against the 0.8% target was 1.6% in August. In Quarter 2 2015/16 so far there were 11 patients who had surgery cancelled on the day of surgery who did not subsequently have surgery within 28 days of the cancellation. This is a target with a zero tolerance set out in the NHS Constitution. A remedial action plan has been agreed with the CCG that includes a new standard operating procedure (SOP) including revised escalation procedures both for initial cancellation and also if a patient is not booked for TCI within 28 days of the cancellation. August performance for the 28 day guarantee was within the remedial action plan trajectory agreed with the CCG.

##### 4.2 Long-Term Sickness

Long-term sickness remained above target in August at 2.17%. Short-term sickness however remained below target, falling to 1.69%. Sickness cases continue to be managed in line with the Trust's Sickness Absence and Attendance Policy and Procedure.

##### 4.3 External Agency & Bank Spend

External agency spend in August was 5.0% as a percentage of total staff spend which was an improvement on the July position of 5.5%. The

percentage spent on bank staff in August was 4.3%. High levels of activity and increased patient acuity, including increased “specialling” of patients and higher levels of sickness continues to drive the bank and agency requirement.

The Trust continues to actively recruit to fill vacancies which minimises agency and bank spend. Sickness also continues to be actively managed to reduce both short and long term sickness absence. Financial management continues to be driven through the Trust's weekly Finance Improvement Group with each divisional position being considered fortnightly.

#### 4.4 Complaint Responses

Performance against the target of a complaint response being produced in 30 days increased to 69.6% in September from 61.4% in August. Divisional action plans are in place and include regular progress tracking meetings, improved communication regarding outstanding complaints and early escalation of delays.

#### 4.5 Omitted Drugs – Antibiotics & Non-Antibiotics

In September 3.87% of antibiotic drug doses were not administered; an improvement compared with 4.17% in August. Over the month 10.67% of non-antibiotic doses were not also administered. Cardiology and Clinical Haematology were the only specialties to achieve the 2% target for antibiotics in September. No specialties achieved the new 6% target for non-antibiotics. There is a focus on addressing out of stock medication and intermittently missed medications.

#### 4.6 Nutrition Risk Assessment

The % of patients with a nutrition risk assessment completed within 12 hours of admission was 79.3% in August. This was a slight improvement on the performance of 78.4% achieved in July. The new clinical dashboard is becoming embedded into everyday clinical practice. In addition the Dietetics team are leading the roll out of a new training and education package across the Trust commencing in November, following a successful pilot in Division C.

### 5. **2015/16 Annual Plan Progress at Quarter 2**

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

<b>Progress</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
On plan	60 (93.8%)	55 (86%)		
Slightly below plan	4 (6.2%)	9 (14%)		
Remedial action required	0 (0%)	0 (0%)		
<b>Total</b>	<b>64 (100%)</b>	<b>64 (100%)</b>		

Year to date, 86% of key tasks are on plan, 14% of key tasks are slightly below plan, and there are no key tasks where remedial action is required.

## 6. **Recommendations**

The Council of Governors are requested to:

- 6.1 **Accept** the report on progress made towards achieving performance targets and associated actions and risks.
- 6.2 **Accept** the Quarter 2 2015/16 performance update against the Trust Annual Plan.

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