

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 JULY 2017

Title:	PERFORMANCE INDICATORS REPORT AND TRUST ANNUAL PLAN 2017/18
Responsible Director:	Executive Director of Delivery
Contact:	Lorraine Simmonds, Head of Service Improvement and Performance Andy Walker, Head of Strategy & Planning

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. To present the Trust's Annual Plan for 2017/18 to the Board of Directors.
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. Key tasks for delivery in 2017/18 are presented within the framework of the Trust's four Core Purposes, Strategic Aims, and Strategic Enablers.
Recommendations:	The Board of Directors is requested to: Accept the report on progress made towards achieving performance targets and associated actions and risks. Approve the Trust Annual Plan 2017/18.

Approved by :	Tim Jones, Executive Director of Delivery	Date : 19 July 2017
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BOARD OF DIRECTORS

THURSDAY 27 JULY 2017

PERFORMANCE INDICATORS REPORT
AND TRUST ANNUAL PLAN 2017/18

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. The Trust's Annual Plan 2017/18 is presented to the Board of Directors (BoD) for approval.

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

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- 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 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, 2 were on target in the most recent month. Two cancer targets were 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 submitted 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

Final guidance regarding access to the STF in 2017/18 has now been published. The table over the page sets out the rules for accessing the STF:

Table 4: Criteria for accessing the 2017/18 STF

STF 2017/18	
<ul style="list-style-type: none"> 70% tied to financial control totals 30% performance element now exclusively tied to A&E 4 hour (RTT and cancer 62 dropped): 	
Q1 2017/18	
Q1 payment for trusts meeting higher of a) 90% 4 hour or b) improvement on its Jan17 -March17 4hr % performance	AND c) implementation of A&E front door streaming and trusted assessor as signed off by the relevant Regional Director ratified by Pauline Philip
Q2 2017/18	
Q2 payment for trusts meeting higher of a) 90% 4 hour or b) an improvement on its own 4hr % performance Q2 last year,	AND c) implementation of its further A&E milestones as signed off by the relevant Regional Director ratified by Pauline Philip
Q3 2017/18	
Q3 payment for trusts meeting the higher of a) 90% 4 hour or b) an improvement on its own 4hr % performance Q3 last year	AND c) implementation of its further A&E milestones as signed off by the relevant Regional Director ratified by Pauline Philip
Q4 2017/18	
Q4 payment if trust achieves 95% in March 2018	

The final guidance also confirms that:

- Each of the quarterly elements listed in the table are worth 15% of the quarterly total and can be earned independently of each other. This means if the Trust does not achieve the 4-hour wait trajectory, it can still earn 15% of the quarterly allocation in Q1 by implementing front door streaming and the trusted assessor model. Achievement of these actions needs to be signed off by a Regional Director and ratified at a national level.
- In the first instance performance will be assessed at acute trust level, but where the trust does not achieve the required standard, performance will be assessed at A&E Delivery Board level and if successfully achieved across all providers in that patch each trust will achieve their STF payment, even if they did not achieve individually. This is expected to benefit the Trust because performance across the patch includes walk-in-centre activity which has historically achieved 100% against the 4-hour standard.

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 June was 87.5%, an improvement on the May performance of 84.6%. There were 9,505 attendances in the month, an average of 317 per day. This was around 10 patients fewer per day than the previous month.

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Q1 performance was confirmed as 84.9% against an STF trajectory of 90%. However, performance was significantly higher than that achieved in the last 3 quarters and slightly higher than performance in Q1 the previous year (84.6%).

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 71% in May. Performance with breach allocation rules applied improved to 73.3%.

At week commencing 17th July there were 20 patients waiting over 104 days on the cancer PTL (not all of these patients will receive a diagnosis of cancer). Of the 20, 13 were late tertiary referrals and 7 diagnosed patients have treatment dates in July. In May there were 31 over 62 day breaches and 16 of these were over 104 days; 12 late tertiary referrals and 4 internal Trust breaches. Learning from root cause analysis investigations continues to show that complexity of pathways and the volume of patients who do not yet have a diagnosis are the main reasons for long waits.

Both NHSI and the Chief Executive's Advisory Group (CEAG) have confirmed funding for the Trust's 62-day cancer recovery plan, allowing work to commence on delivering key actions. The first focus of the recovery plan is to ensure that there is sufficient capacity available to deliver first outpatient appointments and diagnostic tests as early in the pathway as possible.

However, as a tertiary centre, it is difficult to influence the number and quality of tertiary referrals. Modelling has demonstrated that in order to achieve the 85% standard overall, the Trust needs to perform significantly better than the national standard for non-tertiary referrals. A performance of around 93% for non-tertiary referrals would be required. This necessitates shortening internal pathways by 21 to 30 days. Not a single Trust is achieving this level of performance nationally. The Trust's achievement of the standard is therefore heavily dependent on NHSI's aims of improving performance across the whole system. The Trust has requested sight of NHSI's plan to improve performance across the whole system.

The main risks to the delivery of the recovery plan are:

- Further increases in demand that increase the size of the PTL over and above the level modelled, for example additional national campaigns.
- Unforeseen changes to NICE or other national guidance that impact on the way cancer services are delivered.

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- Further increases in the number of, or lateness of tertiary referrals.
- Failure at a national level to secure performance across the whole system (as this would require the Trust to achieve impossibly high levels of performance for non-tertiary referrals).
- Events which slow down hospital flow, eg increases in the number of delayed transfers of care may lead to cancelled elective admissions which impacts on cancer waiting time performance.
- Unforeseen pathway changes in the local health economy, for example changes to the complex breast reconstruction pathway from Sandwell and West Birmingham Hospitals NHS Trust.

Unfortunately the 62-day cancer screening target was also not achieved in May with a performance of 83.3% against a standard of 90%. The target will also be failed for the quarter as a whole. The Trust has a tolerance of just 1 breach for this target and in May there were 1.5 breaches and in June 2 breaches. Both patients in June were scheduled within target but found to have clinical complications that delayed treatment.

The remaining cancer targets were achieved in May. Table 3 below shows performance by standard and tumour site for May 2017.

Table 5: Cancer performance by tumour site May 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	90.70%	-	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-
Breast	90.30%	94.29%	96.67%	-	100.00%	100.00%	94.74%	100.00%	92.86%
Colorectal	98.50%	-	100.00%	100.00%	93.33%	100.00%	40.00%	100.00%	50.00%
Gynaecology	-	-	100.00%	-	-	90.00%	0.00%	-	-
Haematology	100.00%	-	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	-
Head and Neck	95.83%	-	86.96%	100.00%	75.00%	100.00%	33.33%	100.00%	-
Lung	100.00%	-	100.00%	100.00%	100.00%	95.00%	76.92%	75.00%	-
Other	-	-	100.00%	100.00%	-	100.00%	-	0.00%	-
Paediatrics	-	-	-	-	-	100.00%	-	-	-
Rare Cancer	-	-	-	-	-	-	100.00%	-	-
Sarcoma	83.33%	-	83.33%	100.00%	-	100.00%	50.00%	100.00%	-
Skin	99.61%	-	100.00%	100.00%	100.00%	100.00%	88.46%	100.00%	-
Upper GI	87.84%	-	96.88%	94.12%	75.00%	83.33%	54.55%	100.00%	-
Urology	96.21%	-	98.15%	100.00%	100.00%	97.14%	73.85%	69.57%	-
Total	94.67%	94.29%	97.21%	98.44%	94.57%	97.93%	70.97%	92.14%	83.33%

3.2.3 18 Week Referral to Treatment (Unfinished Pathways)

Unfinished pathway performance was achieved at aggregate level again in May with a performance of 92.8%. This is the best performance for over 12 months.

The total unfinished backlog decreased by 91 patients to 2,388 and the overall waiting list remained static at just over 33,000 patients. The total waiting list is still 3.6% below the 34,250 peak seen in July 2016.

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There are 3 treatment functions which continue to perform below the 92% standard; Neurosurgery, Ophthalmology and General Surgery. Recovery action plans are in place. See table 6 for performance over time for each treatment function.

Table 6: RTT Unfinished performance by treatment function

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Cur YTD
Cardiology	93.7%	95.2%	93.5%	95.5%	94.3%	94.9%
Cardiothoracic Surgery	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Gastroenterology	98.1%	97.6%	97.3%	97.4%	96.7%	97.0%
General Surgery	85.5%	85.8%	84.0%	83.8%	82.7%	83.3%
Dermatology	93.3%	94.0%	94.0%	93.3%	93.9%	93.6%
General Medicine	98.4%	100.0%	99.1%	99.2%	99.5%	99.3%
Geriatric Medicine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ophthalmology	77.7%	78.2%	78.4%	79.5%	82.9%	81.2%
Respiratory Medicine	98.4%	98.8%	99.4%	97.6%	97.9%	97.8%
Rheumatology	96.7%	97.6%	97.7%	97.5%	97.3%	97.4%
ENT	95.5%	94.8%	95.7%	94.9%	96.1%	95.5%
Neurology	92.5%	92.2%	94.8%	93.0%	93.4%	93.2%
Neurosurgery	82.9%	82.3%	81.7%	82.5%	80.7%	81.6%
Oral Surgery	94.7%	98.1%	97.7%	95.9%	96.4%	96.1%
Plastic Surgery	94.8%	95.3%	96.5%	95.4%	95.4%	95.4%
Trauma & Orthopaedics	97.2%	97.0%	98.3%	99.1%	98.3%	98.7%
Urology	96.6%	96.7%	97.4%	95.5%	97.3%	96.4%
Other	96.0%	96.1%	96.0%	95.7%	95.9%	95.8%

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). An update is also included on Safer Staffing as it is a national requirement for the Board to receive this.

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 95.3% achieved for the 30 minute handover target and 99.9% for the 60 minute handover target in May 2017.

3.3.2 C Diff

There have been a total of 25 cases of C Diff in the year to end of June, against a ceiling of 63 cases for the whole year. Please see the Care Quality report for further details.

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3.3.3 Safer Staffing

Table 7 shows the Divisional break down for the June 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.

Table 7: Divisional Breakdown of Staffing Levels June 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	111%	87%	101%	64%	27.8	2.5	30.3
Div B	89%	102%	76%	125%	3.7	2.6	6.3
Div C	88%	134%	84%	180%	3.1	3.6	6.7
Div D	88%	112%	84%	131%	3.8	2.9	6.6

*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.

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 29 (55%) are currently on target, 18 (34%) are slightly below target and 6 (11%) have remedial action plans in place. Details of those indicators where remedial action plans are in place are as follows:

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4.1 Cancelled Elective Operations

There were 107 (1.9%) short-notice elective procedures cancelled for non-clinical reasons in May compared with 88 in April. This was slightly below the year to date monthly average of 117 cancelled operations or 2.09% of elective first FCEs. The majority of these were related to emergency admission pressures, eg beds not available or operations displaced by a transplant or emergency procedure.

4.2 Complaint Response Rate

A rise in the volume of new complaints led to a deterioration in 30-day response performance throughout Q4 2016/17. 71.9% of complaints received in March were responded to within 30 days, compared with an average 30-day response rate of 81% for most of last year. The number of complaints received each month has reduced recently and therefore 30-day response performance is expected to improve in the coming months.

4.3 Staff Sickness Rates

Short term sickness remained static and within target at 1.6%. However, long term sickness increased from 2.2% in April to 2.3% in May. Division B saw the biggest change in long term sickness with increased sickness rates for nursing, healthcare scientists and admin and clerical staff.

4.4 Delayed Transfers of Care

The proportion of patients with a delayed transfer of care increased again in May to 6.2% from 6% the previous month.

Table 8: Delayed transfers of care over time

Trust	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Cur YTD
% DTOC (NHS & Joint)	1.0%	1.8%	1.5%	1.5%	1.8%	1.7%
% DTOC (All)	8.8%	8.3%	5.3%	6.0%	6.2%	6.1%

4.5 Omitted Drugs

In June 4.11% of antibiotic drug doses were not administered. Over the month 11.4% of non-antibiotic doses were not also administered. Performance for both indicators has remained static for several months.

5. **Development of the 2017/18 Trust Annual Plan**

The 2017/18 Trust Annual Plan has been developed in order to ensure ongoing delivery of the Trust's Strategy. The proposed structure of the plan was agreed at the joint Board of Directors and Council of Governors seminar in December 2016. Subsequently, the Strategy and Planning team has met with Directors and management leads to discuss and agree key tasks to ensure that the Trust's organisational priorities were included in the plan. The key tasks developed for 2017/18 continue to build upon the progress made through the implementation of the 2016/17 plan with a gap analysis undertaken against the year-end position to ensure those objectives that were still a priority and had not been fully delivered in-

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year were carried over. As part of the development process it was agreed that the Trust vision 'to deliver the best in care' remains the focus of organisational strategic plans. The framework of the four core purposes has been maintained as these were still considered fit for purpose. A review of the Strategic Aims and Enablers was undertaken as part of the development process and key tasks to deliver each of these were developed. It is acknowledged that, should the transaction with Heart of England NHS Foundation Trust proceed during 2017/18, the new organisation will have a new vision and strategy and that this plan is likely to be superseded. The development of this plan was aligned to the Operational Plan for 2017/18 submitted to NHS Improvement. The proposed plan has been presented to and discussed with the Trust's Patient Council and Trust Partnership Team to ensure that staff and patients have been fully engaged with its development.

6. Approval Process and Ongoing Assurance

Appendix B sets out the proposed 2017/18 Annual Plan and shows the Trust's Strategic Aims and Enablers with underpinning key tasks and outcome measures. The key tasks have been identified so that their achievement contributes to the delivery of the accompanying Strategic Enabler, Strategic Aim, Core Purpose, and ultimately the Trust Vision.

The Board of Directors and Council of Governors will continue to receive quarterly progress updates to assure of delivery of the key tasks and associated outcome measures. The reports will provide an overall traffic light assessment of delivery, risks to delivery and mitigation plans.

In order to ensure an effective governance and assurance process of monitoring and delivering the plan, the detail around accountability has been maintained to show Director Responsible, as well as Group/Committee and Manager responsible. This will help ensure ongoing monitoring of delivery at an operational level as well as sign off of progress prior to reporting up to Board level. Director and Management Leads have been identified for each key task and are included in the plan at Appendix B.

7. Recommendations

The Board of Directors is requested to:

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

7.2 **Approve** the Trust Annual Plan 2017/18.

Tim Jones
Executive Director of Delivery