

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25 APRIL 2013

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT, 2012/13 ANNUAL PLAN UPDATE &amp; FINAL 2013/14 ANNUAL PLAN UPDATE</b>
<b>Responsible Director:</b>	Executive Director of Delivery
<b>Contact:</b>	Andy Walker, Strategy & Performance Manager Daniel Ray, Director of Informatics

<b>Purpose:</b>	To update the Board of Directors on the Trust's performance against the Monitor Compliance Framework indicators, national and internal targets and Commissioning for Quality and Innovation (CQUIN) indicators. To provide year-end performance against the agreed Annual Plan key tasks and strategic enablers for 2012/13. To provide an update on the finalisation of the 2013/14 Trust Annual Plan.
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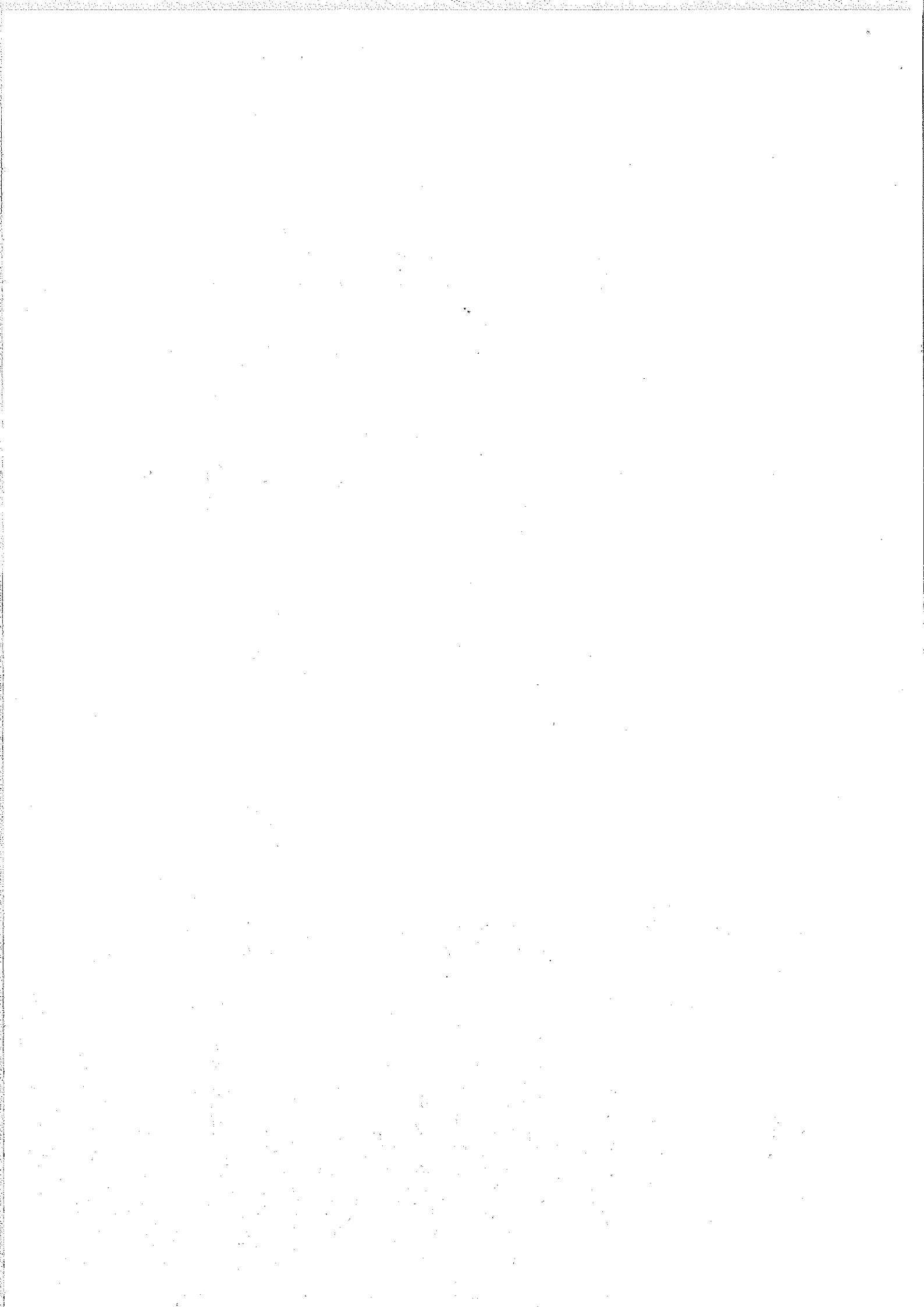
<b>Confidentiality Level &amp; Reason:</b>	N/A
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<b>Annual Plan Ref:</b>	Affects all strategic aims.
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<b>Key Issues Summary:</b>	Exception reports against performance indicators have been provided on the following indicators where there are current or future risks to performance: <ul style="list-style-type: none"> <li>• MRSA</li> <li>• <i>Clostridium difficile</i></li> <li>• A&amp;E 4 hour Waits</li> <li>• Stroke – TIA</li> <li>• Mandatory Training</li> <li>• Foundation Trainees and Core Medical Trainees attending Protected Teaching</li> <li>• Time from Approval to Recruitment (70 Day Target)</li> <li>• Agency Spend</li> <li>• Omitted Drugs</li> </ul> <p>Further details and action taken are included in the report. Year end performance for the Trust's CQUINs for 2012/13 is also provided. For the 2012/13 Annual Plan at year end, 91% of key tasks have been fully completed or are demonstrating strong performance against the associated outcome measures, 9% of key tasks have been partially completed or there is moderate underperformance, and 0% of key tasks have significant underperformance against outcome measures. For the 2013/14 Annual Plan, no significant revisions were requested by the Board of Directors to the draft version which was submitted to the March 2013 BoD meeting.</p>
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<b>Recommendations:</b>	The Board of Directors is requested to: <b>Accept</b> the report on progress made towards achieving performance targets and CQUIN schemes and associated actions and risks. <b>Accept</b> the 2012/13 year end performance update against the Trust Annual Plan. <b>Accept</b> finalisation of the 2013/14 Trust Annual Plan.
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<b>Signed:</b> 	<b>Date:</b> 16 April 2013
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**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 25 APRIL 2013**

**PERFORMANCE INDICATORS REPORT,  
2012/13 ANNUAL PLAN UPDATE &  
FINAL 2013/14 ANNUAL PLAN UPDATE**

**PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY**

**1. Purpose**

This paper updates the Board of Directors on the Trust's performance against key indicators, including national targets, risk ratings against indicators included in the Monitor Compliance framework, and performance against internal targets. A summary is enclosed as Appendix A. An update has been provided on year end performance against the agreed Annual Plan key tasks and strategic enablers for 2012/13. An update has also been provided on the finalisation of the 2013/14 Trust Annual Plan.

**2. UHB Performance Framework**

The Trust has a comprehensive performance framework that includes national targets set by the Department of Health and local indicators selected by the Trust as priority areas, some of which are jointly agreed with the Trust's commissioners. The Performance Framework is agreed by the Board of Directors and is intended to give the Board 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.

A number of proposed changes to the Framework for 2013/14 were agreed at its March 2013 meeting. These changes have begun to be implemented in this report with the removal of the Care Quality Commission Outcomes as these are duplicated in the Compliance Report also received by the Board. The full changes will be seen in the next report to the Board of Directors when performance for 2013/14 will be included. All risks to achievement of national targets are reported in this paper as exceptions as are local targets that are currently 'red' rated.

**3. National Targets**

The Department of Health sets out a number of national targets for the NHS each year which are priorities for the NHS to improve quality and access to healthcare. Monitor monitors the Trust's performance against the majority of these targets under its Compliance Framework. The remaining national targets that are part of the NHS Operating Framework but not in Monitor's Compliance Framework are included in a separate section of the report.

A summary of current performance against the national indicators is shown below and additional detail is contained in Appendix A. Table 1 below sets out the number of indicators currently reported with each RAG (Red, Amber or Green) rating.

**Table 1: RAG rating for National Targets and Indicators**

Target Regime	Areas	Green	Amber	Red
Monitor Governance Rating	15	14	0	1
NHS Operating Framework Indicators not used by Monitor	5	5	0	0

Exception reports are contained below for national targets where current or future performance is of concern.

### 3.1 MRSA

The Trust had a trajectory of five cases for the full year 2012/13. As of 31 March there had been five cases for the year and there had been no cases since November 2012. The Trust is therefore in line with its full year trajectory for 2012/13.

Nationally the NHS has adopted a zero tolerance of MRSA in 2013/14 with an associated contractual penalty from 1 April 2013 onwards. The Trust has been in negotiation with its commissioners to set definitions around the avoidability of cases and the application of the penalty.

Monitor however continues to have a defined number of cases (*de minimis* limit) of six at or below which the Trust's Monitor Governance Rating is not affected and no formal regulatory action will be taken. If the Trust exceeds the *de minimis* limit (i.e. seven cases or above) Monitor will apply a "Red" rating and will consider the Trust for escalation.

Please see the Chief Nurse's Infection Prevention & Control Report for further details of action taken and planned to ensure ongoing delivery of the trajectory.

### 3.2 C. difficile

In 2012/13 the Trust had a trajectory of 76 cases of *C. difficile* infection. As of 31 March the Trust had 73 cases that were attributable to the Trust's trajectory. The Trust declared a risk to achievement of this target in its Annual Plan Return to Monitor. As the full year number of cases is within the trajectory the Trust has therefore successfully mitigated the risk.

The Trust's trajectory for 2013/14 is 56 cases and is again associated with a contractual penalty. Again the Trust has been in negotiation with its commissioners to set definitions around the avoidability of cases and the application of the penalty.

Please see the Chief Nurse's Infection Prevention & Control Report for further details of action taken and planned to ensure ongoing delivery of the trajectory.

### 3.3 A&E 4 hour waits

The national target for A&E is that 95% of patients should spend 4 hours or less in the Emergency Department. In March 93.19% of patients attending the Emergency Department (ED) left within 4 hours consequently this target was not achieved. Performance for the Quarter currently stands at 94.22% and for the full year 2012/13 was 94.95%.

The Trust has seen unprecedented demand for its services in recent months with increased numbers of attendances of 7.3% in March compared to March 2011/12. The Trust has been working with its commissioners to identify how they can reduce demand but to date little effect has been seen. Discussions also continue with the West Midlands Ambulance Service about the increased number of out-of-area ambulances that the Trust is receiving compared to previously but there has been no progress in this area to date.

The increase in emergency activity at UHB takes place against a backdrop of declining A&E activity at Sandwell & West Birmingham Hospitals NHS Trust and relatively stable activity levels at Heart of England NHS Foundation Trust.

Despite the pressure of increased activity the Trust continues to outperform all other West Midlands trusts with the exception of Birmingham Children's Hospital and the national and West Midlands average. Performance for England, the West Midlands, local trusts and the other West Midlands tertiary providers over the 4 week period to 31 March is shown in Table 2 below:

**Table 2: A&E Performance for the period 4 to 31 March 2013**

	A&E Performance 4 weeks to 31 March
Birmingham Children's Hospital NHS Foundation Trust	95.70%
<b>University Hospitals Birmingham NHS Foundation Trust</b>	<b>93.00%</b>
Walsall Healthcare NHS Trust	92.00%
<b>England</b>	<b>90.30%</b>
The Royal Wolverhampton NHS Trust	88.90%
The Dudley Group NHS Foundation Trust	87.60%
<b>West Midlands</b>	<b>84.40%</b>
Heart Of England NHS Foundation Trust	83.50%
Worcestershire Acute Hospitals NHS Trust	81.30%
University Hospital Of North Staffordshire NHS Trust	80.30%
Sandwell And West Birmingham Hospitals NHS Trust	79.70%
University Hospitals Coventry And Warwickshire NHS Trust	75.00%

Work is ongoing with GPs to reduce attendances with the Health Research Bus used to house GPs on the QEHB site over the Easter Weekend thereby reducing See and Treat attendances. Division C is developing proposals for additional medical capacity to maintain the flow of patients away from the ED. The opening of additional capacity on West wards should aid delivery of the target by freeing up capacity for admissions aiding flow through the department. In addition administrative support in the Clinical Decision Unit is being reviewed with the aim of freeing up nurse co-ordinators to maintain patient flow.

#### 4. Internal Performance Indicators

The Trust has a framework of indicators that have been selected as local priority areas for the Trust in assessing whether the Trust is performing well. Some of these indicators are jointly agreed with the Trust's commissioner whereas others have been selected as they reflect the Trust's priorities.

Local indicators continue to be monitored in a number of areas that reflect the Trust's priorities and contractual obligations. A summary is provided in Appendix A. The number of internal indicators with each RAG rating is detailed in Table 3 below:

**Table 3: RAG Ratings for Local Targets & Indicators**

Internal Indicator	Areas	Green	Amber	Red
Clinical Quality & Outcomes	10	8	1	1
Patient Experience	8	5	3	0
Workforce Education	11	3	6	2
Research & Innovation	5	4	0	1
Workforce Resource	5	1	3	1
Efficiency	5	1	4	0
Safety	7	5	0	2
2012/13 Annual Plan Progress	16	11	4	1

A number of targets in the Workforce Education and Research and Innovation sections of the report are reported quarterly rather than monthly due to the data collection and analysis processes.

Exception reports for those indicators currently 'red' are included below:

#### 4.1 Clinical Quality

##### 4.1.1 Stroke – TIA

The Trust has contractual targets that 90% of stroke patients should spend greater than 80% of their length of stay on the stroke unit (Ward 411) and that 60% of patients referred with high risk TIAs (Transient Ischaemic Attacks sometimes known as 'mini strokes') should be seen and treated within 24 hours of referral.

In February the stroke length of stay target was achieved. TIA performance in February was 33% against a target of 60% with 6 patients seen and treated within 24 hours out of the 18 referred that are included in the target. This was the highest number of patients referred in a month since the target was introduced and this extremely high level of demand exceeded the available capacity in clinic. Again the Trust seems to be seeing increasing numbers of referrals from outside its usual catchment area. Patients who did not meet the target continued to be seen quickly with patients who did not meet the target being seen, on average, within 3 days.

The service is currently out to advert for a fifth stroke consultant which would give the opportunity for 7 day a week cover for both ward rounds on the stroke unit and for TIA clinic which would assist with delivery of both targets. This post was previously advertised but an appointment was not made; the current post has a larger stroke component with the aim of making the post more attractive to applicants.

## 4.2 Education & Training

### 4.2.1 Mandatory Training

The Trust mandates that its staff should carry out a number of types of training dependent on their job role in order to meet the requirements of the NHS Litigation Authority Risk Management Standards. The target for each is set at 90% of staff being up to date apart from Information Governance which is mandated at 95% by NHS Connecting for Health.

Increasing completion of mandatory training has been a significant priority for the Trust over the last 12 months. This increase has been driven by the Strategic Delivery Group. Table 4 overleaf sets out performance 12 months ago, current performance as of 28 February and the increase seen.

**Table 4: Increase in Mandatory Training Completion February 2012 to 2013**

	Feb 12	Feb 13	Increase
Basic Life Support	45.6%	72.3%	26.7%
Blood Transfusion	84.6%	95.2%	10.6%
Conflict Resolution	66.3%	89.2%	22.9%
Equality and Diversity (new starters)	98.7%	99.9%	1.2%
Falls Management	35.5%	80.9%	47.3%
Fire Training	88.1%	89.0%	0.9%
Hospital Life Support	62.7%	75.0%	12.3%
Infection Control	81.5%	88.0%	6.5%
Information Governance	79.0%	87.3%	8.3%
Major Incident	98.9%	100%	1.1%
Managing Risks	95.0%	94.3%	-0.7%
Manual Handling	63.9%	83.1%	19.2%
Medicine Management	80.3%	87.3%	7.0%
Root Cause Analysis	10.5%	81.4%	70.9%

Of the types of mandatory training currently below target all but four (Fire, Information Governance, Infection Control and Basic Life Support (BLS)) improved compliance in February. Of these, all except BLS are included in the Trust's half-day mandatory training programme. An improved booking process for this has been proved successful with an increased uptake in March. Staff that are out of date are also sent a link to complete the e-learning packages of these courses on a regular basis. For BLS an e-learning course is currently under development which will provide increased opportunities for completion.

A review of the escalation process for Mandatory & Statutory Training process is being undertaken. It is planned this will be linked to the new opportunities offered by the changes made to Agenda for Change from April 2013 for incremental progression for both staff and managers. Mandatory training is also to be included in the revalidation process for doctors and could lead to deferral of revalidation if they are not up to date.

#### 4.2.2 Foundation Trainees and Core Medical Trainees Attending Protected Teaching

As a teaching hospital the Trust provides postgraduate medical education to junior doctors who are in training. The largest groups of junior doctors working in the Trust are Foundation Trainees and Core Medical Trainees. They are expected to attend more than 70% of the protected teaching (time when they are released from other duties to attend teaching)

For the period August to December 2012 71.9% of Foundation Trainees and 24.0% of Core Medical Trainees attended greater than 70% of protected teaching. For Core Medical Trainees 82% had however attended greater than 50% of teaching

Analysis has been undertaken to identify specialties with low attendance and the reasons why is the case. These are being addressed on a specialty by specialty basis. Any concerns with individual trainees are followed up by tutors. As trainees have the full year (August to July) to make up 70% attendance which means that only Quarter 2 performance is a reliable measure. These methodological concerns with this indicator has led to the indicator being discontinued for 2013/14 and replaced with improved indicators of education performance and the management of the junior doctor workforce.

#### 4.3 Research & Innovation

##### 4.3.1 Time from Approval to Recruitment (70 Day Target)

The Department of Health has introduced a benchmark for Trusts holding National Institute for Health Research contracts to achieve recruitment of the first patient to a clinical trial within 70 days of the Trust receiving a "valid research application". This is a new target and the Trust has established its systems to implement and measure the target over the last six months. The target is measured on a 12 month basis therefore the Trust's performance will not fully reflect the changes made until Quarter 2 2013/14.

For Quarter 3 2012/13 17.5% of clinical trials in the Trust met the 70 day target over the previous 12 months, an increase from 11.9% in Quarter 2. When performance is calculated based on only trials that should have recruited their first patient in Quarter 3 rather than including 12 months of data performance was 23.1%, increased from 8.0% in Quarter 2. National average performance has now been received for Quarter 3 which shows that across the country 22.6% of trials met the target over the previous 12 months.



The Research & Development Department, with support from Informatics, have put in place a system to accurately record the new reporting requirements, including a dashboard of 'live' data. A fortnightly feasibility meeting now take place with key leads to resolve any issues with studies prior to the completion of the paperwork which starts the 70 day target, thereby reducing the opportunity for delay. Additional staff have been recruited, funded by increased commercial activity, to process study requests and ensure prompt study start-up in future. Investment has also been made in additional support for research in Imaging, Pharmacy and Labs.

#### 4.4 Workforce

##### 4.4.1 Agency Spend

The Trust has an internal target to reduce external agency spend by 10% in 2012/13 compared to 2011/12 - the target is set at 3.1%. The percentage spend in 2012/13 to date is slightly above target at 3.19% however it is lower than 2011/12 which was 3.49%. External agency spend in February was above target at 3.97% however this was expected and linked to the opening of additional capacity in the Trust to manage the current increased activity being seen in the Trust.

#### 4.5 Safety

##### 4.5.1 Omitted Drugs

One of the Trust's improvement priorities set in the Trust's Quality Accounts has been to reduce the number of drug doses that are not administered to patients. The targets set are for less than 2% of antibiotics and less than 5% of non-antibiotic doses to be omitted. These targets are set significantly below national average levels of omissions.

In March 2013 4.2% of antibiotic doses and 10.3% of non-antibiotic doses were omitted. This measure continues to be an improvement priority for the Trust and the plan to improve performance for 2013/14 is currently being developed as part of the Trust's 2012/13 Quality Account. This is likely to focus on reducing avoidable omissions – currently approximately half of omissions are due to patients refusing to take the dose and although there are steps that staff can take to encourage patients to not refuse doses the future priority is likely to focus on reducing omissions that are entirely in the Trust's remit.

### 5. **CQUIN (Commissioning for Quality and Innovation) Performance**

The Commissioning for Quality and Innovation (CQUIN) framework is a national initiative designed to ensure the quality of services is improved to obtain better outcomes for patients. This sets aside 2.5% of contract income which is paid in full or in part dependent on the Trust achieving a number of milestones jointly agreed between the Trust and its commissioners.

The Trust has agreed a scheme of CQUINs for 2012/13 with its commissioners with a total value of £10.2 million. Full year performance is now available for all indicators. The following CQUINs have been fully met for 2012/13:

- a) Venous Thromboembolism
- b) Stroke Swallow Screens
- c) Warfarin
- d) Intermittent Drug Therapy
- e) HIV Therapy
- f) Dementia
- g) Cardiac Surgery within 7 Days
- h) Patient Experience
- i) Clinical Dashboards
- j) Pressure Ulcers
- k) Friends & Family

Although the majority of the requirements of the Friends & Family CQUIN have been met, a requirement of the CQUIN is that the Board of Directors should receive data by ward and specialty and at organisation level. A breakdown of performance alongside comparative data for other organisations in NHS Midlands and East is shown in Appendix B to this report.

The following indicator is not fully achieved:

#### 5.1 Renal Home Therapies

This CQUIN aims to increase the proportion of dialysis-dependent patients receiving dialysis at home rather than in hospital. This is intended to reduce reliance on access to hospital based services, decrease the risk of infection and reduce the cost of delivering an anticipated growth of 3% in the dialysis cohort. It also ensures patients are involved in the choice of their renal replacement therapy. There are two elements related to increasing the proportion of patients who are on peritoneal dialysis and to the number of patients who are receiving home haemodialysis.

The home haemodialysis component of the CQUIN has been fully met. Performance for the peritoneal dialysis element was 22.93% against a target of 23% therefore a financial penalty of £12k will apply.

## 6. 2012/13 Trust Annual Plan Year End Achievement

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

	No progress made/not able to achieve. Significant underperformance against outcome measure.
	Partially completed. Moderate underperformance against outcome measure.
	Task completed/on plan or strong performance against outcome measure.

Progress	Qtr 1	Qtr 2	Qtr 3	Qtr 4
	0 (0%)	1 (2%)	1 (2%)	0 (0%)
	7 (11%)	7 (11%)	7 (11%)	6 (9%)
	57 (89%)	56 (87%)	56 (87%)	58 (91%)
Total	64 (100%)	64 (100%)	64 (100%)	64 (100%)

At year end, 91% of key tasks have been fully completed or are demonstrating strong performance against the associated outcome measures, 9% of key tasks have been partially completed or there is moderate underperformance, and for 0% of key tasks there is significant underperformance against the outcome measures. Appendix A details overall traffic light performance against each strategic enabler.

## 7. 2012/13 Trust Annual Plan Performance Exceptions

The following key tasks have been assessed as amber or red as they have not been delivered in 2012/13. An assessment of the risk to delivery of the overall strategic enabler has also been provided. To avoid duplication, the relevant BoD reports have been referred to for further detail and mitigating actions.

Key Task 2.1: Ensure an effective governance and assurance system is in place for clinical quality.

Outcome Measure: Regulatory requirements for commissioners, Monitor, Care Quality Commission (CQC), and the NHS Litigation Authority are met.

Risk Assessment: Significant impact

Mitigating Actions: Please refer Sections 3 & 4 above for commissioner and Monitor requirements and Quarterly Compliance and Assurance Report from the Director of Corporate Affairs for CQC and NHSLA requirements.

Key Task 2.4: Deliver Commissioning for Quality and Innovation Indicators (CQUINS) and the Quality Account Priorities.

Outcome Measure: a. Deliver improvements/agreed targets for Quality Account Priorities by year end and b. Deliver milestones and agreed targets for CQUINS agreed with the Cluster and Specialised Commissioners.

Risk Assessment: Significant impact

Mitigating Actions: a. Please refer to the 2012/13 Quality Report which details performance for the full year. b. Please refer to Section 5 above.

Key Task 4.2: Work collaboratively with Clinical Commissioning Groups to ensure the latest drugs and technologies are adopted.

Outcome Measure: Compliance with clinically agreed standards including NICE Guidance and Technology.

Risk Assessment: Significant impact

Mitigating Actions: Please refer to the Quarterly Compliance and Assurance Report from the Director of Corporate Affairs.

Key Task 6.3: Improve the quality of patient administration processes.

Outcome Measure: Implement performance dashboard for workflow and turnaround of clinic letters to deliver a 10 day median.

Risk Assessment: Medium impact

Mitigating Actions: d. Letter turnaround performance within 10 days for all jobs for March is 70% compared to 66% in December against a target of 80%. Performance continues to be driven with the Divisions. A number of actions have been taken to support this:

- IT have installed Winscribe/DPM onto all PCs across the Trust and make this software part of the standard Trust build. This will ensure that clinicians have trust-wide access to electronically approve (no DPM licence issue) their clinical correspondence as required.

- The Director's of Operations are taking action to address the areas where letters are not being approved electronically by consultants and where performance is below the 80% target.
- The EPR Support Team are continuing to offer additional support and training to clinicians.
- Additional functionality has been provided to team leaders in some specialties to "buddy" clinicians with colleagues to ensure no delays in approval process when, for example, clinicians are on leave. "Buddying" allows delegated approval rights to designated individuals.
- For 2013/14, as a standard objective has been mandated for all team leaders and medical secretaries at their appraisal.
- A proposal is being submitted to EPR Exec Meeting in May 2013 to include this in consultant appraisal.

Key Task 9.1: Ensure an effective governance and assurance system is in place for workforce management.

Outcome Measure: a. Delivery of the performance indicators for education and training.  
b. Delivery of performance indicators for workforce management.  
c. Reduction in turnaround time for case work management.

Risk Assessment: Medium impact

Mitigating Actions: Please refer to Section 4.2 above for points a. and b. With regard to case work management turnaround times, this remains at 10 weeks.

The HR team currently have a higher proportion of cases relating to Maintaining High Professional Standards, Bullying and Harassment and which involve a member of staff who is currently off sick than usual. These cases have higher average case length due to either complexity or unavoidable delays. The team also have 787 sickness cases to be monitored with 463 of those cases being actively managed i.e. an HR Advisor attends each absence management meeting. The number of cases continues to grow at a rate of 50-60 new sickness cases per month. A Band 5 has been substantively appointed to focus purely on sickness and this should release some capacity within the team which will allow other staff to focus on other types of case work

Key Task 9.3: Develop and deliver the Leadership and Talent Management Strategy.

Outcome Measure: Obtain strategy approval and implement agreed outputs.

Risk Assessment: Medium impact

Mitigating Actions: The work to date was suspended until the middle of Q4 pending the commencement in post of the Head of Education in February 2013, and the Francis Report to ensure full alignment of the strategy to the report recommendations. Work has now commenced to develop and agree the terms of reference for a Leadership Steering Group to drive both the development of a leadership strategy and leadership and talent management across the Trust. Existing leadership activity is being reviewed against the Trust vision and values and key Francis recommendations and will feed into the work of the Leadership Steering group. A programme of leadership development for Clinical Service Leads has been developed for consultation in line with the planned launch of their job description. A meeting with the newly established Health Education West Midlands is in place in order to explore any available resources and support particularly around Talent Management and coaching development.

## 8. Finalisation of the 2013/14 Trust Annual Plan

The Draft 2013/14 Trust Annual Plan was submitted to the Board of Directors in March 2013 for discussion and comment. There were no amendments requested to the final version.

As reported in the March 2013 paper, the detail around accountability has been expanded from Director Responsible to also include Group and Manager responsible in order to strengthen the governance and assurance process of monitoring and delivering the plan. 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.

Minor amendments have been made to some of the wording of the key tasks and outcome measures as part of the finalisation process with Managers but they do not materially change the content or focus of the plan.

An analysis of the areas of underperformance in the 2012/13 Annual Plan has been undertaken. The following table identifies how each of these areas will be addressed in 2013/14 to ensure progress with delivery continues.

Ref	Key Task and Outcome Measure	Incorporated within
2.1	<p><u>Key Task</u> Ensure an effective governance and assurance system is in place for clinical quality.</p> <p><u>Outcome Measure</u> Regulatory requirements for commissioners, Monitor, Care Quality Commission, and the NHS Litigation Authority are met.</p>	Monitor regulatory requirements are incorporated into the Performance Indicators Report from the Executive Director of Delivery and Care Quality Commission and NHSLA compliance are included as part of the Compliance and Assurance Report from the Director of Corporate Affairs.
2.4	<p><u>Key Task</u> Deliver CQUINS and the Quality Account Priorities.</p> <p><u>Outcome Measure</u> a. Deliver improvements/agreed targets for Quality Account Priorities by year end and b. Deliver milestones and agreed targets for CQUINS agreed with the Cluster and Specialised Commissioners.</p>	<p>The Quality Account is reported routinely to the Board of Directors by Executive Medical Director.</p> <p>CQUINS are included as part of the Performance Indicators Report from the Executive Director of Delivery.</p>
4.2	<p><u>Key Task</u> Work collaboratively with Clinical Commissioning Groups to ensure the latest drugs and technologies are adopted.</p> <p><u>Outcome Measure</u> Compliance with clinically agreed standards including NICE Guidance and Technology.</p>	Compliance with NICE is included as part of the Compliance and Assurance Report from the Director of Corporate Affairs.
6.3	<p><u>Key Task</u> Improve the quality of patient administration processes.</p> <p><u>Outcome Measure</u> Implement performance dashboard for workflow and turnaround of clinic letters to deliver a 10 day median.</p>	Letter turnaround is a target within the Trust's performance framework so is included as part of the Performance Indicators Report.
9.1	<p><u>Key Task</u> Ensure an effective governance and assurance system is in place for workforce management.</p> <p><u>Outcome Measure</u> a. Delivery of the performance indicators for education and training. b. Delivery of performance indicators for workforce management. c. Reduction in turnaround time for case work management.</p>	<p>Indicators for education and training and workforce management are targets within the Trust's performance framework so are included as part of the Performance Indicators Report.</p> <p>Case work turnaround time performance is monitored and addressed at the Strategic Delivery Group chaired by the Executive Director of Delivery. This process will continue in 2013/14 also.</p>

9.3	<u>Key Task</u> Develop and deliver the Leadership and Talent Management Strategy.  <u>Outcome Measure</u> Obtain strategy approval and implement agreed outputs.	The 2013/14 Trust Annual Plan contains a key task to 'develop and implement a leadership and talent management strategy' (reference 11.2). Compliance with this will therefore be reported as part of the quarterly Annual Plan performance updates.
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9. **Recommendations**

The Board of Directors is requested to:

- 9.1 **Accept** the report on progress made towards achieving performance targets and CQUIN schemes and associated actions and risks.
- 9.2 **Accept** the 2012/13 year end performance update against the Trust Annual Plan.
- 9.3 **Accept** finalisation of the 2013/14 Trust Annual Plan.

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

2012/13 Key Performance Indicator Report

Where data is not currently available or performance is being benchmarked indicator names are in italics. These have been assigned 'amber' unless considered high risk where they have been assigned 'red'.  
\* Indicators included in the acute contract.

National Performance			
<p><b>Monitor Governance Rating</b></p>	<p><b>Operating Framework Indicators not Used by Monitor</b></p>	<p><b>CQUINS</b></p>	
<b>Trust Priorities</b>			
<p><b>Clinical Quality &amp; Outcomes</b></p>	<p><b>Patient Experience</b></p>	<p><b>Workforce Education</b></p>	<p><b>Research &amp; Innovation</b></p>

# Appendix A



## Local Indicators

Workforce Resource	Efficiency	Safety	Annual Plan Progress



## Appendix B

### Results of Net Promoter question by ward in Mar-13

Ward	Specialty	Discharges	Promoter	Passive	Detractor	Total	%	Score
<b>Total</b>		<b>5538</b>	<b>1070</b>	<b>252</b>	<b>65</b>	<b>1387</b>	<b>25.0%</b>	<b>72.46</b>
HRBN	Elderly Care	77	11	7	0	18	23.4%	61.11
QSSU	Ambulatory Care	430	60	16	3	79	18.4%	72.15
W302	GI Medicine	74	9	3	2	14	18.9%	60.00
W303	Renal Medicine	79	6	4	0	10	12.7%	60.00
W304	Cardiology	179	73	14	3	90	50.3%	77.78
W305	Renal Surgery/Vascular	128	25	7	5	37	28.9%	54.05
W306	Cardiac Surgery	122	55	2	0	57	46.7%	96.49
W407	Neurosurgery	105	5	1	1	7	6.7%	57.14
W408	Plastics/ENT/Max Facs	189	35	7	5	47	24.9%	63.63
W409	Neurosurgery	99	43	2	2	47	47.5%	87.23
W410	Trauma	73	19	3	1	23	31.5%	78.26
W411	Neurology/Stroke	81	16	9	1	26	32.1%	57.69
W412	Trauma	102	11	3	1	15	14.7%	66.67
W513	Multispecialty Medicine	67	11	1	0	12	17.9%	91.67
W514	Multispecialty Medicine	74	5	1	0	6	8.1%	83.33
W515	Multispecialty Medicine	59	36	2	0	38	64.4%	94.74
W516	Multispecialty Medicine	104	20	12	1	33	31.7%	57.58
W517	Multispecialty Medicine	18	5	2	0	7	38.9%	71.43
W518	Multispecialty Medicine	39	1	2	0	3	7.7%	33.33
W519	Private Patients	78	11	8	5	24	30.8%	25.00
W622	Oncology	117	51	19	6	76	65.0%	89.21
W623	Oncology (YPU)	172	41	11	1	53	30.8%	75.47
W624	Urology	250	40	18	4	62	24.8%	58.06
W625	Haematology	71	12	0	0	12	16.9%	100.00
W726	Liver	131	28	6	2	36	27.5%	72.22
W727	Upper GI/ESU	172	37	9	5	51	29.7%	62.75
W728	Colorectal Surgery	152	40	11	5	56	36.8%	62.50
WAMB	Ambulatory Care	1779	310	57	11	378	21.2%	79.10
WBU	Burns Surgery	81	28	7	1	36	44.4%	75.00
WCCU	Cardiology	47	21	7	0	28	59.6%	75.00
WCDU	Clinical Decision Unit	388	5	1	0	6	1.5%	83.33

**Appendix B**

**Friends and Family Score by Provider**

Provider	Aug-2012	Sep-2012	Oct-2012	Nov-2012	Dec-2012	Jan-2013	Feb-2013
Basildon and Thurrock University Hospitals NHS FT	56	59	68	72	71	75	73*
Bedford Hospital NHS Trust	65*	51	57	55	61	54	62
Birmingham Children's Hospital NHS FT	73	75	75	72	74	77	75
Birmingham Women's NHS FT	80	76	76	80	78	84	75
Burton Hospitals NHS FT	77	76	75	75	77	75	78
Cambridge University Hospitals NHS FT	51	55	55	55	52	52	54
Chesterfield Royal Hospital NHS FT	54	56	56	63	62	54	59
Colchester Hospital University NHS FT	79	79	79	78	77	82	80
Derby Hospitals NHS FT	61	61	59	64	63	64	68
East and North Hertfordshire NHS Trust	64	63	76	64	79	74	80
George Eliot Hospital NHS Trust	60	64	53	51	52	59	61
Heart of England NHS FT	61	64	63	63	65*	68	63
Hinchingbrooke Health Care NHS Trust	69	78	80	81	79	85	81
Ipswich Hospital NHS Trust	69	71	73	72	72	70	76
James Paget University Hospitals NHS FT	81	86	86	85	85	90	85
Kettering General Hospital NHS FT	65	70	71	62	71	64	64
Luton and Dunstable Hospital NHS FT	60	59	53	51	52	53	56
Mid Essex Hospital Services NHS Trust	80	83	76	80	85	83	74
Mid Staffordshire NHS FT	54	57	51	60	51	60	58
Milton Keynes Hospital NHS FT	67	69	65	67	63	56	64
Norfolk And Norwich University Hospitals NHS FT	62	71	69	74	68	70	65
Northampton General Hospital NHS Trust	57	74	76	73	68	68	68
Nottingham University Hospitals NHS Trust	60	64	61	64	66	63	66
Papworth Hospital NHS Foundation Trust	89	87	85	86	92	90	81
Peterborough and Stamford Hospitals NHS FT	78	70	74	75	80	81	83
Sandwell and West Birmingham Hospitals NHS Trust	94	63	64	65	67	66	69
Sherwood Forest Hospitals NHS FT	60	83	76	83	88	93	97
Shrewsbury and Telford Hospital NHS Trust	76	72	72	77	78	80	77
South Warwickshire NHS FT	65	82	86	81	82	84	78
Southend University Hospital NHS FT	79	81	75	80	82	55	54
The Dudley Group Of Hospitals NHS FT	57	77	76	76	75	72	70
The Princess Alexandra Hospital NHS Trust	77	35*	23	54	82	86	80
The Queen Elizabeth Hospital, King's Lynn, NHS FT	87	45	49	45	51	50	47
The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS FT	46	86	88	92	87	88	88
The Royal Orthopaedic Hospital NHS FT	79	87	84	86	85	87	85
The Royal Wolverhampton Hospitals NHS Trust	78	76	78	76	73	74	76
United Lincolnshire Hospitals NHS Trust	68	79	77	81	83	66	63
University Hospital of North Staffordshire NHS Trust	79	74	67	73	73	71	73
University Hospitals Birmingham NHS FT	67	63	67	64	70	72	69
University Hospitals Coventry and Warwickshire NHS Trust	51	54	54	49	48	50	47
University Hospitals of Leicester NHS Trust	58	57	58	57	57	61	63
Walsall Healthcare NHS Trust	71	70	72	69	68	64	69
West Hertfordshire Hospitals NHS Trust	67	72	73	71	72	75	73
West Suffolk Hospitals NHS Trust	84	87	89	89	87	85	89
Worcestershire Acute Hospitals NHS Trust	76	73	71	77	74	81	76
Wye Valley NHS Trust	64	69	64	60	54	71	68
<b>REGIONAL SCORE</b>	<b>67</b>	<b>68</b>	<b>68</b>	<b>69</b>	<b>70</b>	<b>71</b>	<b>69</b>
* less than 10% response rate							

## Appendix C

### Milestone progress for each Strategic Enabler

Core Purpose	Ref	Strategic Enabler	Qtr 1 Progress	Qtr 2 Progress	Qtr 3 Progress	Qtr 4 Progress
Clinical Quality	1	To strengthen the organisational systems and arrangements for the collection, access, use, and reporting of quality outcomes to key stakeholders				
	2	To deliver and communicate the best in quality outcomes				
	3	To improve quality and efficiency along the patient pathway working with local health economy partners				
	4	To ensure care is delivered using the best available treatment and technology that produces the best clinical outcomes				
Patient Experience	1	To deliver improvements in the fundamental aspects of care and priority areas identified by patients				
	2	To provide patients with high quality information and support to allow informed choice and shared decision making				
	3	To develop the Trust culture and staff behaviour to focus on the patient experience and ensure improved engagement with marginalised groups				
	4	To strengthen cross-organisation partnerships with the new Clinical Commissioning Groups and other organisations within and outside the NHS				
Workforce	1	To strengthen the Trust's capacity and capability for developing and managing the workforce				
	2	To ensure effective management of the workforce				
	3	To deliver learning and development programmes and career opportunities to meet the needs of patients, staff, and the organisation				
	4	To strengthen the Trust's status as a leader in education and training				
Research and Innovation	1	To strengthen and consolidate the Trust's capacity and capability to enable research and development				
	2	To strengthen the Trust's capacity and capability for innovation				
	3	To maximise the opportunities for the commercialisation of Trust services				
	4	To undertake and be recognised for high quality research and innovation				

