

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 6 FEBRUARY 2014**

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT AND 2013/14 ANNUAL PLAN UPDATE</b>	
<b>Responsible Director:</b>	Executive Director of Delivery	
<b>Contact:</b>	Harvir Atkar, Head of Strategy & Performance, 13684 Andy Walker, Strategy & Performance Manager, 13685 Daniel Ray, Director of Informatics	
<b>Purpose:</b>	To update the Board of Directors on the Trust's performance against the Monitor Risk Assessment Framework targets and indicators, contractual targets, internal targets and CQUINs. To provide Quarter 3 performance against the agreed Annual Plan key tasks and strategic enablers for 2013/14.	
<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 targets monitored contractually and internal indicators. An update is also included on the Trust's CQUINs. For the 2013/14 Annual Plan year to date, 92% of key tasks are on plan, 6% of key tasks are slightly below plan, and there are no key tasks where remedial action is required. One key task (2%) has been removed due to external factors outside the Trust's control.	
<b>Recommendations:</b>	The Board of Directors is requested to: <b>Accept</b> the report on progress made towards achieving performance targets and associated actions and risks. <b>Accept</b> the year to date 2013/14 performance update against the Trust Annual Plan.	
<b>Approved by:</b>	Tim Jones	24 January 2014

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS THURSDAY 6 FEBRUARY 2014

### PERFORMANCE INDICATORS REPORT

#### PRESENTED BY EXECUTIVE DIRECTOR OF DELIVERY

#### 1. Purpose

This paper updates the Board of Directors on 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. An update is also included on the Trust's CQUINs for 2013/14. Year to date performance against the agreed Annual Plan key tasks and strategic enablers for the year 2013/14.

#### 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.

All indicators included in the Trust's performance framework are now included in reports with the exception of four indicators detailed below where development is continuing.

- a) Revalidating Medical Staff
- b) Theatre Utilisation
- c) Telephone answering
- d) Bed Utilisation

#### 3. National Targets

The Department of Health 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 (previously called the Operating Framework) but not in Monitor's Risk Assessment Framework are included separately.

### 3.1 Monitor

Of the 15 indicators currently included in Monitor's Risk Assessment Framework, 11 are currently on target and 4 have a remedial action plan in place. Exception reports are contained below for those targets where a remedial action plan is in place:

#### 3.1.1 C. difficile

The Trust has a trajectory of 56 cases for 2013/14 that is used to assess the Trust's performance by Birmingham CrossCity Clinical Commissioning Group (CCG) and NHS England for contractual purposes and by Monitor as part of its Risk Assessment Framework.

There were 4 cases of *C. difficile* in total in December. The Trust has therefore had a total of 65 cases to the end of December against a Monitor trajectory of 42. Following review by the joint Trust/CCG panel of the December cases it has been agreed that three of the cases were unavoidable and the avoidability of the remaining case is still to be formally determined but internal review indicates that it is likely to be found avoidable. An agreement has been reached with the CCG that they will consider avoidability when applying the contractual penalty, the Trust's CCG trajectory now formally stands at 13 cases but is likely to increase to 14 when that case is included.

Monitor, however, are continuing to use the same methodology as previous years, stating in its Risk Assessment Framework that trusts must include all cases in their trajectory, including those that are unavoidable. Consequently the Trust's trajectory of 56 cases for the year applies to all cases for Monitor.

A large number of trusts are struggling to meet their trajectories – as of the end of November, 32 trusts including 23 foundation trusts had already exceeded their full year trajectory. A further 66 trusts of which 42 are foundation trusts are above their year to date trajectory but still within their full year trajectory.

Please see the Executive Chief Nurse's Infection Prevention & Control Report for further details of action taken and planned.

#### 3.1.2 Cancer Targets

In November the Trust did not achieve three of the national cancer targets included in Monitor's Risk Assessment Framework: 62 day GP referral, 31 day first treatment and 31 day subsequent radiotherapy. In addition the national target relating to 62 day consultant upgrade that is contractually managed by the CCG was also not achieved.

There has been an unprecedented increase in radiotherapy referrals (12%) that has exceeded the available capacity. Further expansion of working hours is now in place with three linear accelerators (radiotherapy treatment machines) working until 8 p.m. and a further two until 6 p.m. Some patients are also now being treated in the private sector. Modelling shows that this additional capacity identified to date will not be sufficient to sustainably deliver the target and additional actions are being identified and meetings scheduled with commissioners to develop a strategy to further increase capacity, manage demand and ensure delivery of the targets.

The Trust also continued to receive a significant number of late tertiary referrals over the month with 11 of 13 tertiary referrals received after day 42 of the pathway. Of these 4 were received after day 62. A meeting is to be held with the CCG and Strategic Clinical Network (successor to the Cancer Network) regarding future management of late referrals and breach allocation. This will include exploring whether late referrals will only be accepted with an associated acceptance from the Chief Executive of the referring Trust that the breach will be reallocated.

Performance against the national cancer targets over a full quarter is associated with a financial penalty for non-achievement of 2% of the service line. This is applied over a quarterly basis and therefore cannot be calculated until December performance is available.

### 3.2 National Targets Monitored Locally Through CCG Contract

Of the 14 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 10, 1 is slightly below target, 1 has a remedial action plan in place and fully validated data is not available for 2. In addition the Trust is above target for all referral to treatment time targets overall but is not achieving the contractual requirement that all treatment functions (high-level specialties) should be above target.

#### 3.2.1 Referral to Treatment Time – Admitted Patients – Treatment Functions

The Trust continues to achieve the three Referral to Treatment Time (RTT) targets at Trust level however the targets were not achieved in four treatment functions for admitted patients in November. There is an associated financial penalty based on performance of service line income for each month that a target is not achieved at treatment function level. Monthly updates continue to be provided to the CCG on progress against the action plan already submitted. This has included agreeing a trajectory for each treatment function currently not meeting the target with an intended resolution date. Monitor only includes overall achievement of the targets at Trust level in its Risk Assessment Framework therefore the Trust's governance rating will not be affected.

### 3.2.2 Ambulance Handover

This national target continues to constitute a significant risk due to disputes between the Trust and West Midlands Ambulance Service (WMAS) around data quality and with the CCG in relation to application of the contractual penalty. In the Trust's contract with the CCG there is a penalty of £200 for each handover over 30 minutes and £1000 for each over 60 minutes. The CCG has continued to state that it will apply these penalties from November. A letter will be sent to the CCG stating that the Trust does not consider the application of the contractual penalty to be reasonable when there are ongoing concerns about the data and requesting consistency around the rules used to decide whether a fine is applicable.

The alternative method of recording breaches, to improve data quality and reduce data validation, was unable to commence in December due to delays communicating the process to WMAS crews. This action has still to be implemented. The Trust and CCG will formulate an action plan for improvement. The CCG are now meeting weekly with Emergency Department staff and the Strategy and Performance Team to review reported breaches of the target.

### 3.2.3 MRSA

Although MRSA was included in Monitor's Compliance Framework it is not included in the new Risk Assessment Framework so does not effect Trusts' governance ratings. It does however remain a contractual target. The Trust had 3 cases of Trust apportioned MRSA bacteraemia in December 2013 against a trajectory of zero as the NHS has adopted a zero tolerance approach in 2013/14. Please see the Executive Chief Nurse's Infection Prevention & Control Report for further details. Each case will be associated with a contractual penalty of non-payment of the associated inpatient episode.

Nationally 118 trusts have had one or more MRSA bacteraemia in the period April to November 2013. Of these 39 have had three or more cases over the same period. In addition, 4 trusts have had three or more cases in a single calendar month.

## 4. **Internal Performance Indicators**

Local indicators continue to be monitored that reflect the Trust's priorities and contractual obligations. Of the 46 indicators currently included 25 are on target, 13 are slightly below target and 8 have remedial action plans in place.

#### 4.1 Stroke – Length of Stay

Following the increase in capacity of the stroke unit from 18 to 26 beds at the end of November, a significant improvement has been seen in performance against the contractual target. The target has been set as greater than 80% of stroke patients discharged in a month should have spent more than 90% of their length of stay on the stroke unit (including the Moseley Hall Hospital rehabilitation phase of the pathway). In November, prior to the move, 67.4% of patients spent greater than 90% of their length of stay on the stroke unit including predicted Moseley Hall Hospital length of stay. Over the month there were 46 patients discharged with a diagnosis of stroke. This is the highest activity seen in six months.

Initial analysis of the December data indicates that 82.2% of patients met the target.

#### 4.2 Operations Cancelled on the Day of Surgery

Sustained high levels of emergency demand continue to put pressure on elective specialties and led to a higher than expected rate of operations cancelled on the day of surgery. The November cancellation rate stood at 2.12% against a target of 0.8%. Bed capacity was linked to 52% of cancellations. The higher levels of transplant activity being seen in the Trust contributed to 19% of cancellations.

The recent inpatient capacity and theatre reconfiguration should reduce cancellations in future. December showed a reduction in cancellations to 1.77%.

#### 4.3 External Agency & Bank Spend

Due to the additional bed capacity open in the Trust the percentage of total staff spend used for external agency staff continued to be above target in November at 3.85%. Bank spend also increased to 3.97% in November from 3.04% in October. Spend should fall following the ward reconfiguration that occurred at the end of November as agency staff are replaced by permanent staff in the new configuration. This may take a number of months as the new final staff establishments are settled.

#### 4.4 Sickness

The Trust continues to have low levels of staff sickness compared to local benchmarks however in November short-term sickness was 2.05% against the local target of 1.80%. It is usual to see an increase in sickness in the autumn as colds, flu and gastrointestinal problems become more prevalent. Sickness continues to be actively managed in line with Trust policy.

#### 4.5 Pre-Assessment

This new target for the financial year 2013/14 continues to see progress in increasing the percentage of elective patients reported as having undergone pre-assessment, if appropriate, before admission. In December 52.6% of elective patients were pre-assessed between 1 and 30 days prior to their TCI date. Additional services were transferred into the central Pre-Assessment Service in November. A live dashboard is now available that allows Group Managers to review performance by consultant and show patient level detail. This has allowed issues with individuals to be identified and addressed as well as improved data validation.

#### 4.6 Omitted Drugs – Antibiotics & Non-antibiotics

The Trust's performance remains better than any national comparator. In November and December performance was not in line with the challenging internal target for both omitted antibiotic and non-antibiotic doses. Performance against these measures was included in the recent round of Divisional Performance Review and each division has developed an action plan to improve performance. Actions identified include avoiding duplicate prescriptions where drugs are prescribed by different routes, ensuring drugs, where appropriate, are prescribed 'as required' rather than regularly, reinforcing the use of the pause function in PICS, ensuring good stock.

### 5. **CQUINs**

The Trust's Commissioning for Quality and Innovation (CQUINS) Schemes for 2013/14 are valued at around £12.3 million. Issues of note are included below:

#### 5.1 Friends and Family

The CQUIN response rate target is 20% over Quarter 4. December performance is slightly below target at 18.99%. The main hot spot area continues to be the Emergency Department. A manual token based system will be in place by the end of January and is expected to deliver an increased response rate based on performance at other Trusts that have this system in place. The SMS text messaging continues to deliver a high response rate for patients where a mobile number is recorded. Actions are being taken to further improve the completion rate of mobile phone numbers to maximise on text message responses.

### 6. **2013/14 Annual Plan Progress to Date**

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

<b>Progress</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>
On plan	59 (92%)	59 (92%)	59 (92%)	
Slightly below plan	5 (8%)	4 (6%)	4 (6%)	
Remedial action required	0 (0%)	0 (0%)	0 (0%)	
Removed from plan	0 (0%)	1 (2%)	1 (2%)	
<b>Total</b>	<b>64 (100%)</b>	<b>64 (100%)</b>	<b>64 (100%)</b>	

For the year to date, 92% of key tasks are on plan, 6% of key tasks are slightly below plan, and there are no key tasks where remedial action is required. One key task has been removed due to external factors outside the Trust's control.

The 4 key tasks that are slightly below plan are detailed below with an explanation of the actions being taken to bring performance back in line. Of these key tasks, none have been identified as risking the delivery of the overall strategic aim or enabler.

6.1 Further develop PICS functionality (ref: 1.1)

The PICS Development Team continues to progress the work programme however progress against some of the specific outcome measures included (ITU charts, ward round/handover, coding and off-site hospitals) has been constrained by the competing priorities for the Team.

6.2 Ensure an effective & robust pre-assessment service is in place (ref:3.2)

Performance remains below target. Please see section 4.5 above for further details.

6.3 Work collaboratively with Clinical Commissioning Groups and the Academic Health Science Network to ensure the best drugs and technologies are adopted

In relation to compliance with NICE guidance the Trust either meets all recommendations or is working towards meeting all recommendations with action plans in place in 65% of cases. Compliance is highlighted in the Compliance and Assurance report to Board of Directors. The Risk and Compliance Unit and Head of Quality Development are developing a process for the identification, implementation, and monitoring of NICE Quality Standards, including approval processes for the decision not to monitor Standards that are not applicable, valid, or measurable.

6.4 Establish a programme of training to ensure that trust staff are aware of how to identify and progress opportunities for intellectual property and commercialisation (ref: 14.1)

The new commercialisation / intellectual property post commenced on 6<sup>th</sup> January 2014 to develop and implement the intellectual property and commercialisation strategy. The outcome measures relating to delivering training and establishing a database of intellectual property applications and outcomes arising from research activity will form part of this work.

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 **Accept** the year to date 2013/14 performance update against the Trust Annual Plan.