

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 JUNE 2010**

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| Title: | NATIONAL TARGETS AND INDICATORS ANNUAL REPORT FOR 2009/10 |
| Responsible Director: | Executive Director of Delivery |
| Contact: | Andy Walker, Divisional Planning Manager Daniel Ray, Director of Informatics & Patient Administration |
| Purpose: | To summarise the Trust's overall performance for 2009/10 against the Care Quality Commission (CQC) targets and Monitor Compliance framework. |
| Confidentiality Level & Reason: | N/A |
| Medium Term Plan Ref: | Affects all strategic aims. |
| Key Issues Summary: | <p>The following CQC targets are identified as exceptions or potential exceptions based on full year performance for 2009/10:</p> <ul style="list-style-type: none"> • Reperfusion Waiting Times • 62 day consultant upgrades • Patient Experience • Quality of Stroke Care <p>The Trust is therefore likely to score at least 'Good' for both the Existing Commitments and the National Priorities elements of the CQC's Periodic Review.</p> |
| Recommendations: | <p>The Board of Directors is requested to:</p> <p>Accept the report on the Trust's overall achievement of national targets and indicators for 2009/10.</p> |
| Signed: | Date: 16 June 2010 |

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 JUNE 2010

NATIONAL TARGETS AND INDICATORS
ANNUAL REPORT FOR 2009/10

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

This paper summarises the Trust's overall performance for 2009/10 against the Care Quality Commission (CQC) targets and Monitor Compliance framework.

2. 2009/10 Performance against CQC Indicators

The Trust's overall performance against the indicators that contribute to the CQC's Periodic Review assessment of trusts are detailed below. The Periodic Review now has individual scores for Existing Commitments and for National Priorities as well as an overall score for the two. The Core Standards are no longer included in the assessment as these have been superseded by the Trust's registration status.

2.1 Existing Commitments

Table 1 below shows the full year performance for 2009/10 against the CQC's Existing Commitment indicators.

Table 1: Performance for 2009/10 against CQC Existing Commitments

| Indicator | Underachieve / Fail Threshold | Achieve / Underachieve Threshold | Overall UHB 2009/10 Performance |
|--|--------------------------------------|---|---|
| A&E Waiting Times | ≥ 97% | ≥ 98% | 98.06% (98.49% including Katie Road) |
| Cancelled Operations | ≤ 1.5% | ≤ 0.8% | 0.64% |
| Delayed transfers of care | ≤ 4.0%* | ≤ 3.5%* | 3.30% |
| Ethnic coding data quality | ≥ 70% | ≥ 85% | 94.1% |
| Inpatients waiting longer than 26 weeks | ≤ 0.15% | ≤ 0.03% | 0.00% |
| Outpatients waiting longer than 13 weeks | ≤ 0.15% | ≤ 0.03% | 0.00% |
| Rapid access chest pain clinic waiting times | ≥ 95% | ≥ 98% | 100.0% |
| Reperfusion waiting times | Unknown | Unknown | 68.4% |
| Revascularisation waiting times | ≤ 0.1% | ≤ 0.2% | 0.00% |

* 2008/09 thresholds used as 2009/10 not yet released by CQC.

2.1.1 The Trust has achieved all indicators based on the thresholds already published by the CQC to date. The CQC has yet to publish thresholds for the Delayed Transfers of Care and Reperfusion Waiting Times indicators. Based on the 2008-09

thresholds the Trust has achieved the Delayed Transfers of Care indicator. The Reperfusion Waiting Times indicator uses a new definition which measures the percentage of patients receiving Primary PCI (percutaneous coronary intervention) whose call to balloon time was less than 150 minutes. As this is a new definition there are therefore no previous thresholds that can be used; it is therefore not possible to predict at this time whether or not the Trust will achieve this indicator. It should however be noted that in 2008/09 the achieve/underachieve threshold for the thrombolysis element of this indicator (which no longer applies to UHB as it is not the primary method of reperfusion and UHB had fewer than 20 cases in 2009/10) was 68% and the underachieve/fail threshold was 48%.

2.1.2 As the only Existing Commitments indicator about which there is still significant uncertainty it can be stated with a reasonable level of certainty that if UHB achieves or underachieves the Reperfusion Waiting Times indicator the Trust will score 'Excellent' for the Existing Commitments. This would mean that the Trust's overall score for the Existing Commitments and National Priorities could still be 'Excellent'. If the CQC sets an underachieve/fail threshold higher than the Trust's performance of 68.4% for this indicator the Trust would still achieve 'Good' and could be 'Good' overall. A high underachieve/fail threshold however seems unlikely as this threshold for the thrombolysis element was 48% in 2008/09.

2.2 National Priorities

Table 2 below shows the full year performance for 2009/10 against the CQC's National Priority indicators.

Table 2: Performance for 2009/10 against CQC National Priorities

| Indicator | Part | Underachieve / Fail Threshold | Achieve / Underachieve Threshold | Overall UHB 2009/10 Performance |
|--|-----------------------------------|-------------------------------|----------------------------------|-----------------------------------|
| 18 week referral to treatment waiting time | Admitted patients | Unknown | ≥ 90%* | 95.4% |
| | Non-admitted patients | Unknown | ≥ 95%* | 98.1% |
| Cancer diagnosis to treatment Waiting Times | 31 day first | Unknown | ≥ 96%* | 97.4% |
| | 31 day subsequent surgery | Unknown | ≥ 94%* | 96.6% |
| | 31 day subsequent drug treatments | Unknown | ≥ 98%* | 99.1% |
| Cancer Urgent Referral to First Outpatient Appointment Waiting Times | 14 day cancer | Unknown | ≥ 93%* | 94.6% |
| | 14 day breast symptom | Unknown | ≥ 93%* | 98.6% |
| Cancer Urgent Referral to Treatment Waiting Times | 62 day GP referral | Unknown | ≥ 85%* | 85.1% (including 7 reallocations) |
| | 62 day consultant upgrade | Unknown | Unknown | 85.7% |
| | 62 day screening referral | Unknown | ≥ 90%* | 92.6% |

| Indicator | Part | Underachieve / Fail Threshold | Achieve / Underachieve Threshold | Overall UHB 2009/10 Performance |
|---|------|--|--|---------------------------------|
| <i>Clostridium difficile</i> Infections | | Unknown | ≤ 348 | 178 |
| Engagement in Clinical Audits | | 'Yes' to Q1 and 3 of other 5 questions | 'Yes' to Q1 and 4 of other 5 questions | All questions 'Yes' |
| MRSA Bacteraemias | | Unknown | ≤ 30 | 13 |
| Participation in Heart Disease Audits | | Part 1 = 100% and Part 2 ≥ 66% | Part 1 = 50% and Part 2 ≥ 25% | Full Participation |
| Patient Experience | | CQC has not released construction | | |
| Quality of Stroke Care | | Unknown | Unknown | 64.6% |
| Staff Satisfaction | | Unknown | Unknown | 3.51 |

* Thresholds not released so based on DH operational standard

2.2.1 There are still a number of thresholds for the National Priorities that have yet to be published by the CQC. The Trust has however exceeded the DH operational standard for the 18 weeks and cancer targets (including the 62 day GP referral target once the 7 reallocations agreed with referring trusts have been excluded). The DH has yet to publish an operational standard for the 62 day consultant upgrade target. Although the CQC still includes this target as an element of the Cancer Urgent Referral to Treatment Waiting Times indicator it seems unlikely that an operational standard and threshold will be set at this stage. This does however remain a risk.

2.2.2 The Trust has received its results for the 2009 Inpatient Survey, however the questions used by the CQC to construct the Patient Experience indicator vary on an annual basis dependent on the response rate for each question. It is therefore not possible at this time to predict whether or not the Trust will achieve this indicator.

2.2.3 For the Quality of Stroke Care indicator the Trust achieved 64.6% in 2009/10. The CQC has yet to publish the thresholds it will use for this indicator. The DH trajectory for this indicator was to meet 70% by Quarter 4 2009/10. In 2008/09 CQC set its achieve threshold at 50% for 2008/09 when the DH's trajectory was 65% by Q4 08/09. If the CQC were to set a similar threshold compared to the DH trajectory of 70% by Q4 09/10 then it is possible that the Trust could achieve this target. However it would be sensible to predict underachievement for this target until further information is available from the CQC on thresholds.

2.2.4 Although the CQC has yet to publish the construction and thresholds it will use for the Staff Satisfaction indicator, the construction has been stable for a number of years. Based on this construction the Trust scored above the national average for staff satisfaction in the 2009 NHS Staff Survey. It is therefore likely that the Trust will achieve this indicator.

2.2.5 The overall outcome of the National Priorities is therefore likely to be dependent on the Trust's performance in the Patient Experience and Quality of Stroke Care indicators as all the other indicators are likely to be achieved (presuming that 62 day consultant upgrades are excluded). If UHB were to fail either target the Trust would achieve 'Good' for the National Priorities and could therefore achieve 'Good' overall. If the Trust were to achieve both, underachieve either one and achieve the other or underachieve both targets the Trust would achieve 'Excellent' for the National Priorities and could therefore achieve 'Excellent' overall. The overall rating is based on the lower rating the Trust achieves of the ratings for the Existing Commitments and the National Priorities.

2.2.6 The Trust was also required to make a declaration relating to Access to Healthcare for People with a Learning Disability. The Trust's declaration was outlined in the March 2010 Key Performance Indicator paper to the Board of Directors. The score for Question 2 was however increased to 3 as a leaflet outlining the complaints process in Easy-Read format for people with a learning disability was available before the end of the year. The Trust therefore scored 3 or 4 out of 4 for every question. This indicator does not contribute to the rating for the National Priorities in 2009/10 but the Trust's declaration will be published alongside the Periodic Review results to ensure visibility.

2.3 Quality of Financial Management

As the Trust's Monitor Financial Risk Rating for Quarter 4 2009/10 was 4, the Trust will score 'Excellent' for Quality of Financial Management in 2009/10.

3. **2009/10 Performance against Monitor Compliance Framework**

Table 3 below details the risks the Trust declared in the 2009/10 Annual Plan to Monitor and in each quarterly governance declaration. In the 2009/10 Monitor Annual Plan and Quarter 1 governance declaration the Trust declared a number of risks related to achievement of cancer targets. The new cancer target thresholds were not however finalised until Quarter 2 therefore Monitor did not score these declarations and the Trust achieved 'Green' for both the Annual Risk Assessment and Quarter 1.

In Quarters 2 and 3 the Trust did not achieve the 18 week target for certain treatment functions. In 2009/10 Monitor did not score the non-achievement of treatment functions as long as the target overall was achieved. In 2010/11 this has been amended so that if 3 or more treatment functions do not achieve the target 0.5 is scored as opposed to 1.0 for overall non-achievement of the target.

In Quarter 4 the Trust did not achieve the 62 day GP referral to treatment target, although it was achieved overall in 2009/10. Consequently the Trust scored 1.0 for Governance and received an 'Amber' Governance risk rating.

Table 3: Risks declared to Monitor and targets not achieved in 2009/10.

| | Financial Risk Rating | Mandatory Services | Governance Score and Risk Rating | Risks declared | Targets not achieved |
|---------------------|-----------------------|--------------------|----------------------------------|--|--|
| Annual Plan 2009/10 | 4 | Green | 0.5 (Cancer not scored) | A&E, Cancer - 31 day subsequents, Cancer - 31 day first | |
| Q1 2009/10 | 4 | Green | 0.0 (Cancer not scored) | Cancer - 2ww, Cancer - 31 day subsequents, Cancer - 62 day all | None - Cancer thresholds not available |
| Q2 2009/10 | 4 | Green | 0.0 | 18 week TF - Cardiothoracic Surgery OP | 18 week TF - Cardiothoracic Surgery OP |
| Q3 2009/10 | 4 | Green | 0.0 | 18 week TF - Neurosurgery IP & OP | 18 week TF - Neurosurgery IP & OP |
| Q4 2009/10 | 4 | Green | 1.0 | 62 day all | 62 day all |

4. Recommendations

The Board of Directors is requested to:

Accept the report on the Trust's overall achievement of national targets and indicators for 2009/10.

Tim Jones
Executive Director of Delivery