

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 MARCH 2014

Title:	PERFORMANCE INDICATORS REPORT
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Strategy & Performance Manager Daniel Ray, Director of Informatics

Purpose:	To update the Board of Directors on the Trust's performance against the Monitor Compliance Framework targets and indicators, contractual targets, internal targets and CQUINs.
Confidentiality Level & Reason:	N/A
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 Monitor's Risk Assessment Framework, national targets monitored contractually and internal indicators. Further details and action taken are included in the report. An update is also included on the Trust's CQUINs.
Recommendations:	The Board of Directors is requested to: Accept the report on progress made towards achieving performance targets and associated actions and risks.

Approved by :	Tim Jones	Date: 18 March 2014
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PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

This paper summarises the Trust's performance against national indicators and targets, including those in Monitor's Compliance 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 including the Commissioning for Quality and Innovation (CQUIN) indicators are detailed below.

National targets that are currently reported as 'Red' or 'Amber' are included in this paper as exceptions. Local targets are reported as exceptions where performance is 'Red' or where it has been consistently 'Amber' and it is three months since the last report.

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.

Work continues to update the Trust's performance framework for 2014/15 and the Board of Directors.

3. Material Risks

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 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 (*C. difficile* and 3 cancer targets) 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* – all cases

As detailed in previous reports agreement has been reached with the CCG that only avoidable cases of *C. difficile* infection (CDI) will be included in contract monitoring. Monitor however continues to maintain the approach outlined in the Risk Assessment Framework that the Trust must include all cases in its trajectory, including those that are unavoidable.

The Trust has a trajectory of 56 cases set for 2013/14 - for Monitor this applies to all cases and for the Clinical Commissioning Group (CCG) it applies only to avoidable cases. The Trust had 6 cases of Trust-apportioned CDI in February. One of these cases has been found to be avoidable and a further case is still to be determined. The Trust's CCG trajectory of avoidable cases therefore now stands at 15 or 16 cases as at the end of February. For the year to date there have been a total of 75 cases that will be reported to Monitor. The Trust has therefore exceeded its full year Monitor trajectory. A remedial action plan is in place as detailed in the Executive Chief Nurse's Infection Prevention & Control Report.

The Trust's breach of its full year trajectory was declared to Monitor in its Quarter 3 declaration at the end of January. Monitor has given the Trust a 'Green' rating for governance despite the Trust having breached its full year trajectory stating that they do not intend to take any further action at this stage but they reserve the right to take further regulatory action should any issues not be addressed promptly and effectively.

The Trust has mitigated its contractual risk with commissioners by including only avoidable cases in its trajectory for consideration of financial penalties whilst retaining the same trajectory of 56 cases – the penalty equates to £50k per case above trajectory with a maximum possible fine of 1.5% of contract income for the year.

The Trust has now received its trajectory for 2014/15 from NHS England which has increased to 67 cases. In addition, new guidance has been published which follows the Trust's lead in enabling trusts to judge the avoidability of cases to determine whether or not they should be included in the trajectory. Monitor have yet to indicate whether or not they will be adopting a similar approach for the Risk Assessment Framework.

A large number of trusts continue to be above trajectory – as of the end of January 62 NHS trusts and foundation trusts (FTs) had already exceeded their full year trajectory after ten months. Overall England is 14% over its trajectory although the total number of cases shows a downward trend.

3.1.2 Cancer Targets

In January the Trust did not achieve three of the national cancer targets: 62 day GP referral, 31 day first treatment and 31 day subsequent radiotherapy. Performance for all these measures continued to be affected by the increased demand seen for radiotherapy in recent months.

Increased radiotherapy capacity continues to be delivered through extended working hours and utilisation of the private sector. All new referrals for radiotherapy are now being given treatment dates within 31 days. Planning also continues to mitigate for the planned replacement of a linear accelerator from August.

The Trust continued to receive a significant number of late tertiary referrals over the month with 13 tertiary referrals received after day 42 of the pathway. The CCG have stated that they wish to receive information on late referrals to allow these to be picked up with the referring trusts however, to date, no formal system to allow this has been implemented by the CCG.

The Trust has stated to commissioners that, providing it does not see further growth beyond that expected, the Trust will achieve the 31 day targets from April 2014 and the 62 day targets from May.

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. However NHS England has indicated that it does not currently intend to apply the contractual penalty. These targets, with the exception of 62 day Upgrade are included in Monitor's Risk Assessment Framework and therefore can affect the Trust's governance rating. Based on January's performance the Trust cannot achieve the 62 day GP referral target for Quarter 4 as a whole and will therefore need to declare this to Monitor as part of its quarterly governance declaration.

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 has a remedial action plan in place and fully validated data is not available for 2. In addition the Trust is meeting the 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 every treatment function (high-level specialty) for each of the targets. These indicators are therefore reported as slightly below target. In January 91.5% of admitted patients were treated within 18 weeks against the national 90% target, an increase from 90.8% in December however five treatment functions did not achieve the target. General Surgery, Ophthalmology, Urology and Neurosurgery continued not to achieve the target. Each of these treatment functions achieved the treatment function-level trajectory agreed with the CCG for the recovery of the target. Oral Surgery also did not achieve the target for admitted patients having achieved the target in November and December. In addition Oral Surgery did not achieve the target for non-admitted patients and General Surgery did not achieve the target for unfinished pathways.

This is a contractual target with an associated financial penalty based on performance of service line income per month that a target is not achieved at treatment function level. The Trust has accrued a penalty of £72k for the year to November. 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 hitting 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 indicate that it will apply these penalties. An executive-level meeting has been arranged between the Trust, WMAS and the CCG to reach agreement on these issues and the application of penalties.

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 26 are on target, 15 are slightly below target and 5 have remedial action plans in place

4.1 Operations Cancelled on the Day of Surgery

In January performance against the 0.8% target for operations cancelled on the day of surgery was above target at 1.98%. Of the cancellations over the month the highest number were due to insufficient theatre time. As the Trust continues to see high numbers of cancelled operations despite additional capacity being available a piece of work is now being initiated particularly reviewing those cancellations where sufficient theatre time is not available. This will include reviewing the decision and escalation processes for cancellations.

4.2 External Agency & Bank Spend

Expenditure on both external agency and bank fell in January. Bank spend however remained above target. Spend has fallen following the ward reconfiguration in November as permanent staff are being recruited to the new configuration. The divisions now are implementing plans to return to a state of over-recruitment. In addition spend has been lower than usual as the Trust has fewer additional beds open than in the winter plan.

4.3 Short-term Sickness

In January 2014 staff sickness was above target at 3.99% against the 3.60% target. Short term sickness was 2.18% against the targets of 1.8%. It is usual to see an increase in sickness over the winter period as colds, flu and GI problems become more prevalent. The twelve-month trend for sickness is still downward. Sickness continues to be actively managed in line with Trust policy.

4.4 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. Work continues to validate the data to ensure that only patients who require pre-assessment are included. Additional capacity has been added for Plastic Surgery pre-screening following shortages in that specialty. The Pre-Assessment Service Operational Steering Group is now focussing on the following specialties that have the highest number of cases not pre-assessed: Cardiology, Vascular Surgery, Ophthalmology, Trauma, Plastic Surgery & Urology.

4.5 Omitted Drugs - Antibiotics & Non-antibiotics

The Trust's performance remains better than any national comparator. In February performance was not in line with the challenging internal target for both omitted antibiotic and non-antibiotic doses. Plans are in place to introduce automatic incident reporting where patients do not receive consecutive doses of non-antibiotics. The criteria that will be used to determine when an incident is generated are currently being determined. It is planned to introduce this system in April.

5. **CQUINs**

The Trust's CQUINs for 2013/14 are valued at around £12.3 million. Issues of note are included below:

Friends and Family

The CQUIN response rate target is 20% over Quarter 4. February figures show a response rate of 24.25%. A significant improvement has been seen in ED since the introduction of the tokens system.

6. **Recommendations**

The Board of Directors is requested to:

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