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

**Responsible Director:** Executive Director of Delivery

**Contact:** Andy Walker, Strategy & Performance Manager  
Daniel Ray, Director of Informatics

**Purpose:**  
To update the Council of Governors 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.

**Confidentiality Level & Reason:** N/A

**Annual Plan Ref:** Affects all strategic aims.

**Key Issues Summary:**  
Exception reports against performance indicators have been provided on the following indicators where there are current or future risks to performance:  
- A&E 4 hour Waits  
- Stroke – TIA  
- Mandatory Training  
- Foundation Trainees and Core Medical Trainees attending Protected Teaching  
- Time from Approval to Recruitment (70 Day Target)  
- Agency Spend  
- Omitted Drugs

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.  
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.

**Recommendations:**  
The Council of Governors is requested to:  
**Accept** the report on progress made towards achieving performance targets, CQUIN schemes and the 2012-13 Annual Plan.

**Signed:**  
**Date:** 16 April 2013
1. Purpose

This paper updates the Council of Governors 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 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 the Board of Directors’ March 2013 meeting. The full changes will be seen in the next report to the Council of Governors 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. A summary of current performance against the national indicators is shown below.

<table>
<thead>
<tr>
<th>Target Regime</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor Governance Rating</td>
<td>14</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>NHS Operating Framework Indicators not used by Monitor</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
3.1 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 was 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.

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

Work is ongoing with GPs to reduce attendances with the Health Research Bus used to house GPs on the QEHB site over Bank Holiday weekends 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.
4. **Internal Performance Indicators**

The Trust has a framework of indicators that have been selected as local priority areas for the Trust in assessing Trust internal performance. The Trust monitors 7 areas utilising a total of 67 indicators. Of the 67 indicators 38 (57%) are fully meeting their targets and are rated as green, 22 (33%) are showing a slight underperformance and are rated as amber and 7 (10%) are showing as significantly underperforming and are rated as red.

Exception reports for those indicators currently underperforming are detailed below:

4.1 **Transient Ischaemic Attack**

The Trust has a contractual target 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. 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 Trust is currently advertising for more consultant staff within the Stroke service.

4.2 **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. The Trust has a suite of 14 mandatory training courses of which fire and information governance are required to be annually completed by all staff. Of the 14 mandatory training courses 4 have been rated green as achieving the Trust target, 4 rated amber as slight underperformance and 6 as red as underperforming.

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.

4.3 **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 this is the case. These are being addressed on a specialty by specialty basis. Any concerns with individual trainees are followed up by tutors. 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.

4.4 Research - 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.

4.5 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.
4.6 Omitted Drugs

The Trust performance in reducing the number of omitted drugs is significantly better than any national comparators due to the successful initiatives introduced over the past few years. In order to maintain and improve upon this performance the Trust has established new targets which aim to reduce the number of omitted drugs further. The target set in 2012-13 was less than 2% of antibiotics and less than 5% of non-antibiotic doses to be omitted.

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 a plan to improve performance for 2013/14 has been developed as part of the Trust’s 2012/13 Quality Account.

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. All CQUINs [as detailed below] 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  
l) Renal Home Therapies

6. 2012/13 Trust Annual Plan Year End Achievement

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. Appendix A details overall traffic light performance against each strategic enabler.

The key tasks which have reported minor underperformance have been reviewed and are incorporated within the 2013-14 Annual Plan to ensure continued monitoring until the key tasks have been completed.
7. **Finalisation of the 2013/14 Trust Annual Plan**

The Draft 2013/14 Trust Annual Plan was presented to the Governors Annual Plan and Strategy Reference Group in November 2012 for consultation. The Draft Plan was then presented to the Board of Directors and Council of Governors Joint Meeting in December 2012 for discussion and comment. Following this further work was undertaken to refine the detail within the plan. Minor amendments were 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. 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. The revised plan was submitted to the Board of Directors in March 2013 for discussion and comment. There were no amendments requested to the final version. In May 2013, the Trust’s Strategic Plan will be submitted to Monitor as part of the regulatory requirements for Foundation Trusts. The Strategic Plan reflects the contents of the Trust’s internal Annual Plan for 2013/14 and the Trust 5 Year Strategy.

8. **Recommendations**

The Council of Governors is requested to:

*Accept* the report on progress made towards achieving performance targets, CQUIN schemes and the 2012-13 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

Monitor Governance Rating

Operating Framework Indicators not Used by Monitor

CQUINS

Trust Priorities

Clinical Quality & Outcomes

Patient Experience

Workforce Education

Research & Innovation

10 May 2013