

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 OCTOBER 2013

Title:	PERFORMANCE INDICATORS REPORT AND 2013/14 ANNUAL PLAN UPDATE	
Responsible Director:	Executive Director of Delivery	
Contact:	Harvir Alkar, Head of Strategy & Performance, 13684 Andy Walker, Strategy & Performance Manager, 13685 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. To provide Quarter 2 performance against the agreed Annual Plan key tasks and strategic enablers for 2013/14.	
Confidentiality Level & Reason:	None	
Annual Plan Ref:	Affects all strategic aims.	
Key Issues Summary:	<p>Exception reports have been provided on the following indicators where there are current or future risks to performance:</p> <ul style="list-style-type: none"> • <i>Clostridium difficile</i> – All Cases • A&E 4 hour waits • Stroke – Length of Stay & TIA • Patient Observations • External Agency Spend • Delayed Transfers of Care • Pre-assessment • Omitted Drugs - Antibiotics & Non-antibiotics <p>Further details and action taken are included in the report. 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, 8% of key tasks are slightly below plan, and there are no key tasks where remedial action is required. One key task has been removed from the Plan.</p>	
Recommendations:	<p>The Board of Directors is requested to:</p> <p>Accept the report on progress made towards achieving performance targets and associated actions and risks.</p> <p>Accept the year to date 2013/14 performance update against the Trust Annual Plan.</p>	
Approved by:	Tim Jones	15 October 2013

BOARD OF DIRECTORS
THURSDAY 24 OCTOBER 2013

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 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 are detailed below. An update is also included on the Trust's CQUINs for 2013/14; this forms Appendix A. An update is provided on 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 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.

3. **National Targets**

The Department of Health (DH) 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 Compliance 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 Compliance Framework are included in a separate section of the report.

Of the 15 indicators currently included in Monitor's Compliance Framework, 12 are currently on target, 1 is on target but close to the threshold (See Section 3.2 below), 1 is slightly below plan and 1 has a remedial action plan in place (See Section 3.1 for exception reports). Of the 13 national indicators not included in Monitor's Compliance Framework 11 are on target and fully validated data is awaited for the other 2.

3.1 Exception Reports

Exception reports are contained below for national 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 Compliance Framework.

Joint work has been undertaken with the CCG to produce a more meaningful measure for *C. difficile* as some cases are unavoidable. Agreement has therefore been reached that they will consider avoidability when applying the contractual penalty. 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 will apply to all cases for Monitor and only to avoidable cases for the contract with the CCG.

There were 5 cases of *C. difficile* in total in September. The Trust has therefore had a total of 45 cases to the end of August against a Monitor trajectory of 28. Following review by the joint Trust/CCG panel of the September cases it has been agreed all the cases were unavoidable. The process of judging the avoidability of outstanding case from June has now been completed and this was found to be unavoidable. In addition one case in August that was previously found avoidable has now been re-designated by the panel as unavoidable following the receipt of more detailed typing. The Trust's CCG trajectory therefore now stands at 9 cases.

The Trust declared a risk to achievement of this target in its Strategic Plan to Monitor. As the Trust has exceeded its trajectory for Quarters 1 and 2 of 28 cases, its governance rating for Quarter 2 will be affected. Please see the 'Monitor Quarterly Declaration' paper for further details

A large number of trusts are struggling to meet their trajectories – as of the end of August, 55% of foundation trusts are above trajectory for the year to date. The NHS in England as a whole is 16.5% above trajectory for the number of cases seen. Seven foundation or NHS trusts have already exceeded their year end trajectories after five months.

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

3.1.2 A&E 4 hour waits

In September 94.1% of A&E patients left the Emergency Department (ED) within 4 hours of arrival against the national target of 95%. The target has been achieved for Quarter 2 as a whole with performance of 95.3% due to strong performance in July and August. Year to date performance against the target now stands at 94.7%.

Work continues to reduce the number of specialty breaches by establishing clearer and more efficient pathways for these patients. The Strategy and Performance Team are currently collating the results of the work undertaken with the ED regarding the flow of specialty patients. This will be presented to the Department in November.

The CCG can penalise the Trust financially if it does not achieve the target overall for a quarter. The penalty will therefore not apply for Quarter 2 as the Trust achieved the target for the Quarter.

3.2. Early Warnings

Latest performance for the following national targets is on target but close to the threshold for the latest month:

- a) Referral to Treatment Time – Admitted Patients – 90.2% in August against national target of 90%.

Performance against this indicator continues to be monitored closely and any potential underperformance will be addressed to ensure that the target continues to be achieved on an ongoing basis.

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, 13 are slightly below target and 7 have remedial action plans in place.

4.1 Stroke – Length of Stay & TIA

The Trust has a contractual target that 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 August 70.7% of patients spent greater than 90% of their length of stay (LoS) on the stroke unit including predicted Moseley Hall Hospital length of stay. Performance against the TIA target of high risk referrals being seen within 24 hours of referral was 45.0% in September against the 60% target.

The fifth stroke consultant began clinical duties on 23 September which will allow better prospective cover of TIA clinics. Work continues to establish a 7 day a week TIA clinic for high risk patients. Planning also continues on the wider reconfiguration of inpatient capacity in November that will see the Unit move to Ward 514 and expand from 18 to 26 beds. These changes will lead to an increase in performance against the two measures.

4.2 Patient Observations

In September 95.4% of patients had a complete set of observations (sufficient to complete an Early Warning Score) taken every 12 hours against the target of 98%. Under the previous definition of 24 hours, performance for September would have been 98.8%. Automatic incident reporting where patient observations have not been completed within 24 hours will be introduced from 2nd week of November. This will be launched at Team Brief in October and is expected to improve performance. Individual wards continue to be invited for Executive RCA where exceptions are identified.

4.3 External Agency Spend

The Trust has a local target that external agency spend should be less than 3.1% of total pay spend. The percentage of total staff spend used for external agency staff continued to be above target in August but fell to 3.74% from 4.50% in July. The high levels of spend continue to predominantly be on nursing staff, linked to the additional capacity open in the Trust over the month. Spend should fall as agency staff are replaced by permanent staff following recent recruitment initiatives.

4.4 Delayed Transfers of Care

The percentage of beds occupied by NHS and joint delayed transfers of care increased to 2.97% in September.

There has been a reduction in the number of patients awaiting assessment from 9 at the end of August to 7 at the end of September. There have been increases in the number of patients waiting for residential or nursing homes and for continuing non-acute NHS care. These are thought to be due to case mix rather than any other reason. An additional member of staff joined the Community Care Team from 14 October which will provide additional capacity to carry out assessments. Prioritisation of the workload within the Team has also released additional staff time for assessing patients.

4.5 Pre-Assessment

As an efficiency measure the Trust has set an objective in the 2013/14 Annual Plan to increase the percentage of elective patients pre-assessed, if appropriate, before admission. In August 43.2% of elective patients were pre-assessed between 1 and 30 days prior to their 'To Come In' date. Work continues to deliver the new configuration of the central Pre-Assessment Service by case-mix on 21 October which will ensure increased utilisation of the pre-assessment clinics.

4.6 Omitted Drugs – Antibiotics & Non-antibiotics

The Trust's performance remains better than any national comparator. In September performance was not in line with the challenging internal target for both omitted antibiotic and non-antibiotic doses. Specialties and wards with higher levels of omitted doses continue to attend the Executive RCA meetings to review their performance and identify actions for improvement. CDU has the largest number of occurrences where a drug being out of stock is given as the reason for not giving a dose. Work has been undertaken with the CDU matron to review the drugs held in stock and identify whether processes can be changed to improve performance. Further analysis is being undertaken of patient refusals of drugs on multiple occasions to identify the reasons and what action can be taken to reduce this.

5. **CQUINs**

The Trust's CQUINs for 2013/14 are valued at around £12.3 million. Appendix A provides details of these schemes. Issues of note are included below:

5.1 Friends and Family

The overall response rate for the Friends and Family (F&F) survey in the Emergency Department has remained low over September. The SMS text messaging pilot was introduced part-way through September and has delivered an increase in the response rate since its implementation although further improvement is required to hit the 20% target. The postcard system remains in place for patients who do not have mobile phone access, or who prefer to complete the card.

Additional CQUIN guidance for the F&F test has recently been published to clarify the requirements of the CQUIN. The guidance states that baseline performance over Quarter 1 needs to be at 15% or above for the wards and ED combined to avoid financial penalty. This was not made clear in the original guidance and the additional guidance was published after Quarter 1. This may result in a financial penalty. A meeting is being held with the CCG to explore options to minimise this financial impact and identify whether a local agreement can be included in the contract.

5.2 Falls

An improvement trajectory of 80% by year end for the completion of falls assessments in ED has been agreed with commissioners against a 71% baseline. Performance has improved from 60% in July to 75% in August. September cases are being audited at present and performance will continue to be tracked monthly. The indicator relating to notification of repeat fallers is still outstanding as the commissioners are yet to confirm the process for notification to the GP practice.

5.3 Discharge Planning

With regard to the rate of discharges before 1 pm, a meeting was held with the CCG to share the findings of the ward discharge audit. The CCG praised the detailed work the Trust has undertaken to understand its discharge processes and the potential barriers to prompt discharge. The Trust will enhance its process of recording of discharge times on electronic systems as well as some other actions that came out of the initial baseline audit and re-establish the baseline performance. Once a revised baseline is confirmed, a target improvement will be discussed with the CCG. It is likely that this CQUIN is carried over into 2014/15.

In relation to the "To Take Out" drugs turnaround, performance has been at 88% or above in August and September against a year end target of 80%. Due to the improvement in performance, it has been agreed with the CCG that if performance falls below 80% in any month between October and March, that additional assurance around actions being taken will be provided to the CCG.

5.4 Haemophilia

Performance is slightly below trajectory for the percentage of patients signed up to the Haemtrack system due to a lull in signing patients up over the summer holidays, but this is now expected to increase in the Autumn to bring the Trust back in line with trajectory.

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

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

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

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. A high number of key tasks have been assessed as on plan at this stage in the year. This is due to the delivery of outcome measures being back-loaded towards the second half of the financial year. The majority of key tasks have an initial developmental/planning phase. As the Trust moves towards the outcome monitoring phase of the key tasks later in the year, it will become clearer whether they are on track.

The 4 key tasks that are slightly below plan are detailed in the following table 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.

Key Task	Outcome Measure	Actions
1.1: Further develop PICS functionality	e) Design and agree requirements to implement an alternative coding system (ICD10 to SNOMED CT) f) Design and develop modules to allow recording and review of electronically signed consent documentation.	The PICS Development Team continues to progress the work programme however progress against the specific outcome measures included has been constrained by the compelling priorities for the Team
3.2: Ensure an effective and robust pre-assessment service is in place.	a) Achieve 100% target of patients who are admitted for elective procedures receiving an appropriate level of pre-assessment	As of September 2013 performance continues to be under target. Each specialty has produced an action plan to improve utilisation. The central Pre-Assessment Service will be reconfigured from October which will increase clinic utilisation.
4.1: Work collaboratively with Clinical Commissioning Groups and the Academic Health Science Network to ensure the best drugs and technologies are adopted.	a. Compliance with clinically agreed standards including NICE Guidance and Technology.	Compliance is currently 57%. The percentage of compliance is highlighted in the compliance and assurance report to BoD. The Care Quality Commission are consulting on changes to the way NHS Trusts are regulated; compliance with NICE guidance will be used to inform an 'outstanding' rating. The Risk and Compliance Unit have mapped the current CQC assurance to the new fundamental and expected standards and are mapping NICE guidance and quality standards to the new standards, this will be completed by the end of Q3.
14.1: Establish a programme of training to ensure that trust staff are aware of how to identify and progress opportunities for intellectual property and commercialisation.	a. Deliver a minimum of one training session per quarter.	Only one training session has been completed for the year to date. A new post has been appointed to from January 2014 which will oversee IP strategy development and implementation.

The key task that has been removed is 3.3: Participate in tendering for GP Pathology activity and secure this for the Trust. Although good progress was made against all outcome measures the tender for these services was being terminated in August 2013 before the invitation to Tender was issued. The decision to end the tender was made by the CCGs at the project board meeting in August 2013. This key task will therefore be removed from the Annual Plan from Quarter 3 and replaced with a new objective.

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.

Appendix A

COUIN	Accountability	Ref	Indicator	Ref	Milestones	Value	Baseline	Target	Timescale	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14						
Discharge Planning	Exec - MD & CN Group - COMG & COG Division - A2	1	Reduction in TTD turnaround time	1a	Submit baseline to commissioners and action plan for delivering the improvement.	£138,000	N/A	Full compliance	D1	2012/13 baseline of 50% submitted to commissioners.																	
				1b	Quarterly progress report against implementation of the action plan.	£138,000	N/A	Full compliance	Q2-Q4																		
				1c	Delivery of the 80% within 2 hours target.	£184,000	50%	80% in 2 hours	Mar-14	49%	42%	47%	59%	89%	89%												
	Exec - MD & CN Group - COMG & COG Division - All	2	Increase in discharges before 1pm	2a	Establish a baseline of performance, refine methodology, agree a trajectory for improvement with commissioners, and submit an action for delivering the improvement.	£207,000	N/A	Full compliance	D1	2012/13 baseline of 20% submitted to commissioners.																	
				2b	Quarterly progress report against implementation of the action plan.	£207,000	N/A	Full compliance	Q2-Q4																		
				2c	Delivery of the improvement trajectory.	£276,000	30%	TBA	Mar-14	Target improvement loc after ward audit completed.			24%	24%	24%												
Clinical Dashboards	Exec - MD Group - COMG Division - B&D	1	Dashboard usage	1a	To embed and demonstrate routine use of the use of specialised services clinical dashboards and submit data quarterly.	£864,000	N/A	Full compliance	Quarterly																		
Bone Marrow Transplant	Exec - MD Group - COMG Division - D	1	Donor acquisition measures - data provision	1a	The percentage use of UK donors rather than European or US	£216,000	N/A	Data provided	Quarterly	20%	50%	50%	25%	50%													
				2a	The median number of Confirmatory Typing (CT)/ Extended Typing (ET) tests per patient	£216,000	N/A	Data provided	Quarterly	3	3	3	3.5														
				2b	The median number of searches undertaken per transplant	£216,000	N/A	Data provided	Quarterly	1	1	1	1														
				4a	The average Turnaround Time (TAT) from the date of the search request to the delivery of the donor report	£216,000	N/A	Data provided	Quarterly	44 days		71 days															
Specialised Cancer	Exec - CN Group - COG Division - B&D	1	Patient experience survey for 3 rare cancers	1a	Undertake patient experience survey for Sarcoma.	£286,000	N/A	Survey undertaken	2013/14	Awaiting survey template publication by National Clinical Reference Group. Local survey developed and due to be implemented.						Survey being sent to patients (local survey)											
				2a	Undertake patient experience survey for Testicular	£286,000	N/A	Survey undertaken	2013/14																		
				3a	Undertake patient experience survey for Brain	£286,000	N/A	Survey undertaken	2013/14																		
Haemophilia	Exec - MD Group - COMG Division - D	1	Joint score assessment	1a	Proportion of registered severe and moderate haemophilia A and B patients who have had their joint scores assessed by a trained physiotherapist within the past 12 months	£405,000	N/A	50%	2013/14	32.22%	38.67%	39.67%	32.77%	32.96%	35.71%												
			Use of Haemtrack	2a	Proportion of severe and moderate haemophilia A and B patients managing their own treatment, whose clinical data is recorded onto Haemtrack in the provider unit	£405,000	N/A	50%	2013/14	41.11%	42.22%	43.96%	43.96%	43.60%	44.40%												
HIV	Exec - MD Group - COMG Division - C	1	Disclosure to GPs	1a	Proportion of patients diagnosed with HIV registered with and disclosed to their GP	£432,000	86%	70%	2013/14	57%	85%	86%	85%	87%	83%												
			GP communication	2a	Adhical (at least) communication with GPs about the care of HIV patients who are registered with and disclosed to a GP	£432,000	100%	100%	2013/14	100%	100%	100%	100%	100%	100%												
Neurosurgery Shunt Revision	Exec - MD Group - COMG Division - D	1	Shunt revision	1a	Proportion of new shunts requiring revisions within 30 days of insertion due to infection.	£864,000	N/A	10% or less	D4	0%	0%	0%	TBC	TBC													

Key: CN - Executive Chief Nurse, COG - Case Quality Group, COMG - Case Quality Monitoring Group, EdD - Executive Director of Delivery, MD - Executive Medical Director, SOG - Strategic Delivery Group