

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
TUESDAY 20 MAY 2014**

Title:	PERFORMANCE INDICATORS REPORT AND 2013/14 ANNUAL PLAN UPDATE
Responsible Director:	Executive Director of Delivery
Contact:	Harvir Atkar, Head of Strategy & Performance, 13684 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 targets and indicators, contractual targets, internal targets and Commissioning for Quality and Innovation schemes (CQUINs). To provide Quarter 4 performance against the agreed Annual Plan key tasks and strategic enablers for 2013/14.
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. For the 2013/14 Annual Plan, 94% of key tasks are on plan, 4% 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.
Recommendations:	The Council of Governors is requested to: a) Accept the report on progress made towards achieving performance targets and associated actions and risks. b) Accept the full year 2013/14 performance update against the Trust Annual Plan.

Approved by: Tim Jones	Date: 9 May 2014
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PERFORMANCE INDICATORS REPORT AND
2013/14 ANNUAL PLAN UPDATE

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 requiring remedial action or which are currently slightly below target are included in this paper as exceptions. Local targets are reported as exceptions where performance requires remedial action or where it has been consistently slightly below target and it is three months since the last report.

Full year performance against the agreed Annual Plan key tasks and strategic enablers for the year 2013/14 is also reported.

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.

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, 12 are currently on target and 3 (*C. difficile* and 2 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 5 cases of Trust-apportioned CDI in March. Quarter 4 has been the best performing quarter of the year with 15 cases in total. In total there have been 80 cases over the year that will be reported to Monitor.

One of the March cases has been found to be avoidable by the joint Trust/CCG panel. The Trust has therefore only had two avoidable cases in Quarter 4 and a total of 16 cases for the full year.

As detailed previously the Trust has exceeded its full year Monitor trajectory however Monitor has chosen not to take action due to the low number of avoidable cases the Trust has seen. A remedial action plan is in place as detailed in the Executive Chief Nurse's Infection Prevention & Control Report.

The Trust 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. As the Trust is significantly below its trajectory of avoidable cases there have been no contractual penalties applied in 2013/14.

A large number of trusts continue to be above trajectory – as of the end of January 78 NHS trusts and foundation trusts (FTs) had already exceeded their full year trajectory. England is 13% over its trajectory and exceeded its full year trajectory by the end of February.

3.1.2 Cancer Targets

In February the Trust did not achieve two of the national cancer targets: 62 day GP referral and 31 day first treatment. Performance for these measures continued to be affected by the increased demand seen in recent months. Further analysis is currently being carried out on referral patterns for cancer over the last year and the results of this will be included in future reports.

Increased radiotherapy capacity continues to be delivered through extended working hours and utilisation of the private sector. This allowed delivery of the 31 day subsequent radiotherapy target in February with performance of 99.0%.

The Trust continued to receive a significant number of late tertiary referrals over the month with 12 out of 18 tertiary referrals received after day 42 of the pathway. Of these 8 were received after day 62 and it was therefore impossible to treat these patients within the target. Information on late referrals will in future be submitted to CCGs to allow the referring trusts to carry out root cause analysis with the aim of preventing a recurrence. No progress has been made to date with developing a formal system to allow the reallocation of breaches relating to late referrals to the referring trust.

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 are included in Monitor's Risk Assessment Framework and therefore can affect the Trust's governance rating.

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 11, on target but close to the threshold for 1 and fully validated data is not available for those relating to ambulance handover (30 minute and 60 minute turnaround). 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 every treatment function (high-level specialty) for each of the targets. These indicators are therefore reported as slightly below target. In February 91.4% of admitted patients were treated within 18 weeks against the national 90% target. General Surgery, Oral Surgery, Urology and Neurosurgery continued not to achieve the target. A new treatment function-level trajectory will need to be agreed with the CCG for the recovery of the target in General Surgery as this has not been met due to delays in agreeing additional capacity in the private sector. General Surgery also did not achieve the target for unfinished pathways for the second consecutive month. ENT fell back below

target having been above for two months. Dermatology failed the target for the first time – this related to capacity to carry out a specialist procedure since a consultant retired in 2013. A new consultant has been appointed who will free up capacity for the existing consultants to carry out this work.

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 £167k for the year to February. 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

As detailed in previous reports, 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.

Performance based on West Midlands Ambulance Service (WMAS) data shows a reduction in performance from 89.2% in February to 87.4% in March for handovers taking less than 30 minutes and from 99.6% in February to 99.3% in March for handovers less than 60 minutes. The percentage of handovers recorded also reduced from 86% in February to 85% in March. However, as previously reported, the WMAS data contains inaccuracies.

Ambulance Handover will continue to be monitored as part of the Trust's 2014/15 Trust's contract with the CCG with final terms and conditions currently being drafted by the Contracts team. The existing financial penalties will continue to apply. An executive-level meeting took place at the beginning of April between the Trust, WMAS and the CCG where a series of actions were agreed to improve the handover process and data quality.

3.3. Early Warnings

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

Cancer – 62 day upgrade – February performance was 90.5% against the 90% contractual target.

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 30 are on target, 11 are slightly below target and 5 have remedial action plans in place

4.1 Bank Spend

Expenditure on both external agency and bank rose in February. Bank spend remains above target whereas external agency remains below. The divisions continue to implement plans to return to a state of over-recruitment which will lead to a reduction in spend. There are however risks associated with achieving this due to national shortages of qualified nurses.

4.2 Short-term Sickness

In February 2014 staff sickness was above target at 3.93% against the 3.60% target. Short term sickness was 2.20% against the target of 1.8%. The main reasons for short term sickness continue to be those more prevalent over the winter period that lead to a seasonal increase: coughs, colds, flu and gastrointestinal problems. The twelve-month trend for sickness is static. Sickness continues to be actively managed in line with Trust policy. The number of short-term sickness HR cases under review fell by 24% in March through closure of cases where staff had not had any further periods of absence.

4.3 Pre-Assessment

Work continues to validate the data to ensure that only patients who require pre-assessment are included which has led to an increase in reported performance both in March and in previous months. A system has been implemented to ensure that pre-assessments included as part of work subcontracted to the private sector are accurately recorded and included in the indicator in future which will lead to an increase in future reported performance.

4.4 Omitted Drugs - Antibiotics & Non-antibiotics

The Trust's performance remains better than any national comparator. In March performance was not in line with the challenging internal target for both omitted antibiotic and non-antibiotic doses. Plans to introduce automatic incident reporting where patients do not receive consecutive doses of non-antibiotics continue to be scoped. In addition the thresholds for this indicator are being reviewed as part of a wider review of the Trust's clinical dashboard.

5. CQUINS

The Trust's CQUINS for 2013/14 are valued at around £12.3 million. Of the 14 CQUINS, full year data is available for 10 and has demonstrated full achievement. For the remaining 4 CQUINS, these are on track and expected to deliver. Therefore the Trust should receive full payment.

6. 2013/14 Annual Plan Progress at Year End

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%)	59 (92%)	60 (94%)
Slightly below plan	5 (8%)	4 (6%)	4 (6%)	3 (4%)
Remedial action required	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Removed from plan	0 (0%)	1 (2%)	1 (2%)	1 (2%)
Total	64 (100%)	64 (100%)	64 (100%)	64 (100%)

For the year to date, 94% of key tasks are on plan, 4% 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 three 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 4.3 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 (ref: 4.1)

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 67% 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.

A gap analysis has been undertaken for the above key tasks where there is underperformance at year end and plans for reporting compliance for these areas in 2014/15 to ensure tracking of performance continues. The 2014/15 Trust Annual Plan includes a key task relating to further development of PICS functionality so performance will continue to be reported via this route. Performance against the pre-assessment target will be reported by exception via the Performance Indicators report. Compliance with NICE guidance will continue to be routinely reported by the Director of Corporate Affairs in the quarterly Compliance and Assurance report.

7. **Recommendations**

The Council of Governors is requested to:

- 7.1 **Accept** the report on progress made towards achieving performance targets and associated actions and risks.
- 7.2 **Accept** the full year 2013/14 performance update against the Trust Annual Plan.