

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
FRIDAY 15 NOVEMBER 2013**

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT AND 2013/14 ANNUAL PLAN UPDATE</b>	
<b>Responsible Director:</b>	Executive Director of Delivery	
<b>Contact:</b>	Harvir Atkar, Head of Strategy & Performance, 13684 Andy Walker, Strategy & Performance Manager, 13685 Daniel Ray, Director of Informatics	
<b>Purpose:</b>	To update the Council of Governors 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.	
<b>Confidentiality Level &amp; Reason:</b>	None	
<b>Annual Plan Ref:</b>	Affects all strategic aims.	
<b>Key Issues Summary:</b>	<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"> <li>• <i>Clostridium difficile</i> – All Cases</li> <li>• A&amp;E 4 hour waits</li> <li>• Stroke – Length of Stay &amp; TIA</li> <li>• Patient Observations</li> <li>• External Agency Spend</li> <li>• Delayed Transfers of Care</li> <li>• Pre-assessment</li> <li>• Omitted Drugs - Antibiotics &amp; Non-antibiotics</li> </ul> <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, 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 from the Plan.</p>	
<b>Recommendations:</b>	<p>The Council of Governors is requested to:</p> <p><b>Accept</b> the report on progress made towards achieving performance targets and associated actions and risks.</p> <p><b>Accept</b> the year to date 2013/14 performance update against the Trust Annual Plan.</p>	
<b>Approved by:</b>	Tim Jones	5 November 2013

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS FRIDAY 15 NOVEMBER 2013

### PERFORMANCE INDICATORS REPORT AND 2013/14 ANNUAL PLAN UPDATE

#### PRESENTED BY EXECUTIVE DIRECTOR OF DELIVERY

#### 1. Purpose

This paper updates the Council of Governors 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. 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 tracked 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. This will be the last report using the Compliance Framework as Monitor replaced it from 1 October with the Risk Assessment Framework.

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 Cross City 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 both the Compliance Framework and 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 September against a Monitor trajectory of 28. Following review by the joint Trust/CCG panel of the September cases it has been agreed that all the cases were unavoidable. The process of assessing an outstanding case from June has now been completed and this was also 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 for avoidable cases 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, Monitor will review the Trust's performance against this target in line with the new Risk Assessment Framework.

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 Trusts / 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%. Performance was affected by high patient acuity and continued high demand. 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%.

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. Plans are also in place to open additional capacity in November due to expected further increases in demand.

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 (18 weeks) – 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 for which exception reports are provided below.

#### 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. 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 improve consultant capacity to cover 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 in November 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 admission date. The central Pre-Assessment Service was reconfigured by case-mix from 21 October which will ensure increased utilisation of the pre-assessment clinics. Each specialty has also developed and is implementing an action plan to improve performance.

#### 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.

### 5. **CQUINs**

The Trust's CQUINs for 2013/14 are valued at around £12.3 million. 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. The Trust is querying the use of the guidance retrospectively.

#### 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. 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 will be 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%.

### 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.

<b>Progress</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>
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%)		
<b>Total</b>	<b>64 (100%)</b>	<b>64 (100%)</b>		

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.

The four 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 competing 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 was reconfigured from October which will increase clinic utilisation.
4.1: Work collaboratively with CCGs and the AHSN to ensure the best drugs and technologies are adopted.	a. Compliance with clinically agreed standards including NICE Guidance and Technology.	57% of guidance is currently compliant or working towards compliance. 12% is currently under review by a senior clinician and a response is awaited on compliance for a further 30%.
14.1: Establish a programme of training 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 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 Council of Governors is requested to:

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

**Accept** the year to date 2013/14 performance update against the Trust Annual Plan.

**Tim Jones**  
Executive Director of Delivery