

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 8 DECEMBER 2011**

Title:	PERFORMANCE INDICATORS REPORT
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Divisional Planning Manager Daniel Ray, Director of Informatics & Patient Administration
Purpose:	To update 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.
Confidentiality Level & Reason:	N/A
Annual Plan Ref:	Affects all strategic aims.
Key Issues Summary:	<p>The following indicators are currently not in line with targets and therefore exception reports have been provided:</p> <ul style="list-style-type: none"> • Cancer – 62 Day GP Referrals • Cancer – 62 Day Referrals From Screening • Cancer – 31 Day First Treatments • Quality of Stroke Care • Delayed Transfers of Care • A&E Clinical Quality Indicators • PICS red lines • Patient observations required to calculate SEWS • Non-Emergency Mortality Audit Responses • Mandatory training • Completion of Drug Assessments by New Starters • External Agency & Bank rate <p>Details of exceptions and action taken are included.</p>
Recommendations:	<p>The Council of Governors is requested to:</p> <p>Accept the report on progress made towards achieving performance targets and associated actions.</p>
Signed:	Date: 23 November 2011

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 8 DECEMBER 2011

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

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.

2. Exception reports

The Trust continues to be monitored by Monitor under its Compliance Framework which has now been revised to remove the proposed new indicators for A&E Clinical Quality. Monitor has still not confirmed the construction of its proposed stroke indicator which is to be in place from Quarter 3 2011/12; the existing length of stay and transient ischaemic attack (TIA) indicators therefore continue to be used.

A summary of current performance against the national indicators is shown below and additional detail is contained in Appendix A.

Target Regime	Areas	Green	Amber	Red
Monitor Governance Rating	16	13	3	0
NHS Operating Framework Indicators not used by Monitor	17	11	4	2
CQC Registration Outcomes	16	15	1	0

Exception reports are contained below for national targets where performance is of concern:

2.1 Cancer Targets

The 62 day GP referral target was not met for Quarter 2 as a whole and therefore was reported as a risk to Monitor in the Trust's quarterly declaration. The Trust's governance rating for Quarter 2 is therefore Amber-Green. In September the Trust did not achieve the 62 day GP referral, 62 day referral from screening and 31 day first treatment cancer targets.

The Trust continues to receive late referrals from other trusts which significantly affects the Trust's capacity to treat patients within 62 days of referral by a GP. In September there were also capacity problems related to Urology. Action has been taken to increase capacity in the short term as well as putting in place a plan which will lead to increased capacity in the medium term.

2.2 Quality of Stroke Care

September performance for the stroke length of stay (LOS) target is 70.6% based on assumed length of stay for patients who have been transferred to Moseley Hall Hospital (MHH). Year to date performance has therefore fallen to 78.1%. The TIA element of the target continues to be met.

Capacity problems in September led to patients not being admitted to the stroke unit for 90% of their length of stay. There have been significantly fewer patients transferred to Moseley Hall Hospital in recent months which has negatively affected performance. Birmingham Community Healthcare has now indicated that they will be adding additional beds to the stroke unit as part of their winter planning. It is hoped that this will result in a reconfiguration of the unit that will allow capacity to be flexed up and down as required. Root cause analysis of the pathways of patients who do not meet the target continues to be undertaken and actions put in place where it is clear that their pathway could have been improved.

2.3 Delayed Transfers of Care

At the end of October there were 34 patients whose discharge was delayed, a decrease from 38 at the end of September. Performance for the national indicator therefore improved to 3.46% against the target of 3.50%. Performance however remains above target for the year to date at 5.06% due to high numbers of delayed transfers earlier in the year.

The number of patients waiting assessment continued to fall following the additional capacity put in place by Birmingham City Council (BCC) last month. The community team within UHB that assesses patients for NHS care has also seconded an additional member of staff with a new team member joining in December.

2.4 A&E Clinical Quality Indicators

In October the Trust did not achieve four of the five A&E Clinical Quality Indicators.

The new Emergency Department information system, "Oceano", was commissioned during October. The new system allows real-time data capture of activity in the Department and will allow more accurate capture of the times that are essential to the calculation of the indicators. There was however a deterioration in all three timeliness indicators as the ED staff became acquainted with the new system and its associated processes. By the second week of November the new ways of working had started to bed in and the total time in A&E indicator was achieved for the first time since "Oceano" was introduced.

2.5 CQC Registration Outcomes – Outcome 9 – Regulatory Risk

The CQC has judged that the Trust is not compliant with Regulation 13 and therefore Outcome 9 of the Essential Standards of Quality and Safety which relates to the management of medicines. This follows the negative findings of a quality assurance audit of the Trust's Aseptic Unit within Pharmacy.

The Pharmacy Aseptic Unit (which supplies 70% of the ready to use, intravenous chemotherapy treatments for the hospital), underwent a quality assurance audit in August 2011, which identified a number of deficiencies: 1 Critical, 3 Major, and 4 Other. An action plan has been put in place to address these issues. The outcome of the audit was notified to the PCT and the CQC and the Trust has provided both those parties with information and its action plans.

On the basis of the audit, the CQC consider that the Trust is not compliant with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Regulation 13 of which requires that the Trust *“must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines...”*

The PCT and the CQC have accepted the remedial action plan. However, the CQC cannot confirm that the Trust is now compliant with regulation 13 until the action plan has been implemented in full and they have received the report of an external review on the new unit, showing that the issues identified in the audit have been rectified. This will be reflected on the Trust's Quality and Risk Profile (QRP).

The findings of the audit and the CQC's response were discussed at the Trust's quarterly conference call with Monitor on 15 November and Monitor was satisfied with the Trust's response. Within the Monitor Compliance Framework there is scope for Monitor to adjust the Trust's governance rating in the light of adverse findings by the CQC. Monitor's decision on this is currently awaited.

3. Internal Indicators

Local indicators continue to be monitored in a number of areas that reflect the Trust's priorities. A summary is provided in Appendix A. Performance against the internal indicators is detailed below:

Internal Indicator	Areas	Green	Amber	Red
Clinical Quality & Outcomes	14	7	3	4
Patient Experience	7	4	3	0
Education & Training	10	6	2	2
Research & Innovation	6	3	3	0
Workforce	5	3	0	2
Efficiency	6	1	5	0
Safety	6	5	1	0
2011/12 Annual Plan Progress	16	6	10	0

An exception report for the HSMR is not included as the Trust's reported rate has not been updated by Dr Foster since the Quarter 4 2010/11 report. Exception reports are not included for repeat follow-up outpatient cancellations, slot unavailability, audit of research studies and omitted drugs as performance against these indicators has improved and they are not currently red. Exception reports for other indicators which are currently red are below:

3.1 Clinical Quality & Outcomes

3.1.1 PICS Red Lines

As of 31 October the number of 'red lines' on PICS increased to 94 compared to 77 on 30 September.

The most significant increase was on the Clinical Decision Unit which had 31 patients who had not been discharged. This is thought to be related to the use of locum doctors on the Unit. The increase was proactively identified by the Clinical Service Lead for CDU who then took steps to ensure that the patients were discharged. By 7 November the number of CDU patients had decreased to 10 and the total number of red lines had decreased to 48 for the Trust as a whole.

In addition those patients who have been red lines for longer than 6 weeks continue to be identified by the Medical Director's team. The responsible consultant is then sent a reminder along with the patient's notes to allow them to be discharged from PICS.

3.1.2 Patient observations required to calculate Scottish Early Warning System (SEWS).

This indicator has been refined to reflect the Trust's CQUIN which requires performance of 91% by Quarter 4. In October Trust-wide performance was 90.8%.

The most significant problem was on CDU where a numbers of patients who were still on PICS as red lines contributed to the denominator and are therefore diluted actual performance. Timely transfer and discharge of patients from PICS will lead to a significant improvement in performance on this measure. Details of the action taken to reduce the number of red lines are detailed above.

3.1.3 Non-Emergency Mortality Survey Response Rate

The rate for completion of non-emergency mortality audits fell in August with only 2 out of 6 audits completed to date. This has led to a fall in the year to date completion rate from 85.2% to 77.1%. Performance for 2010/11 has however continued to improve with only 2 outstanding audits for the full year.

All consultants and their Divisional Director have been notified of any outstanding audits relating to patients under their care. The Clinical Quality Monitoring Group continues to monitor responses to identify whether there are any concerns that need to be addressed.

3.2 Education and Training

3.2.1 Mandatory training

Over the last month four of the five mandatory training indicators which are currently below target have improved; the exception being manual handling. 114 mandatory training sessions were held across the Trust in October.

Conflict resolution has seen the greatest increase from 34.3% to 41.0%. One trainer has been dedicated to carrying out this training in Division C which has the largest number of staff requiring training.

From the end of November staff will be able to attend the section of corporate induction which includes fire, infection control and information governance training to allow them to update all their mandatory training in one session. In-situ training is also taking place on the wards.

The process for dealing with staff who fail to attend training has been reviewed to allow the process to be automated and escalated, as required.

3.2.2 Completion of Drug Assessments by New Starters

In Quarter 2, 7 out of 28 new nurses completed their drug assessments within 6 weeks of coming into post. In the light of this performance the Trust instituted a new Healthcare Practitioner Induction Programme (HPIP) from September whereby newly recruited nurses spend a week carrying out a number of different aspects of induction. This includes a half day training session on the use of PICS which should now mean that nurses are much more confident in the use of PICS when they start work on the ward. Consequently they should be in a position to carry out their assessments more promptly in future. Nurse preceptors have also been reminded of the need to carry out the assessments promptly as part of their training. These actions are expected to lead to a significant improvement in performance in Quarter 3.

3.3 Workforce

3.3.1 External Agency & Bank Spend

The Trust's spend on external agency in October fell to £792k (3.17%) from £868k (3.47%) in September. Conversely bank spend increased from 841k (3.36%) to £870k (3.48%).

The new locum booking procedure has been in place since 1 October. This sets out the operational procedures and financial escalation process that must be followed by Medical Staffing Co-ordinators in working hours and by on-call managers out of hours. These include flow diagrams that set out the decision-making processes that must be followed for each specialty in the Trust. Authorised signatures for each division are currently in the process of being agreed.

A system of monitoring of the new system has also been introduced and compliance will be reported on a monthly basis.

4. **Recommendations**

The Council of Governors is requested to:

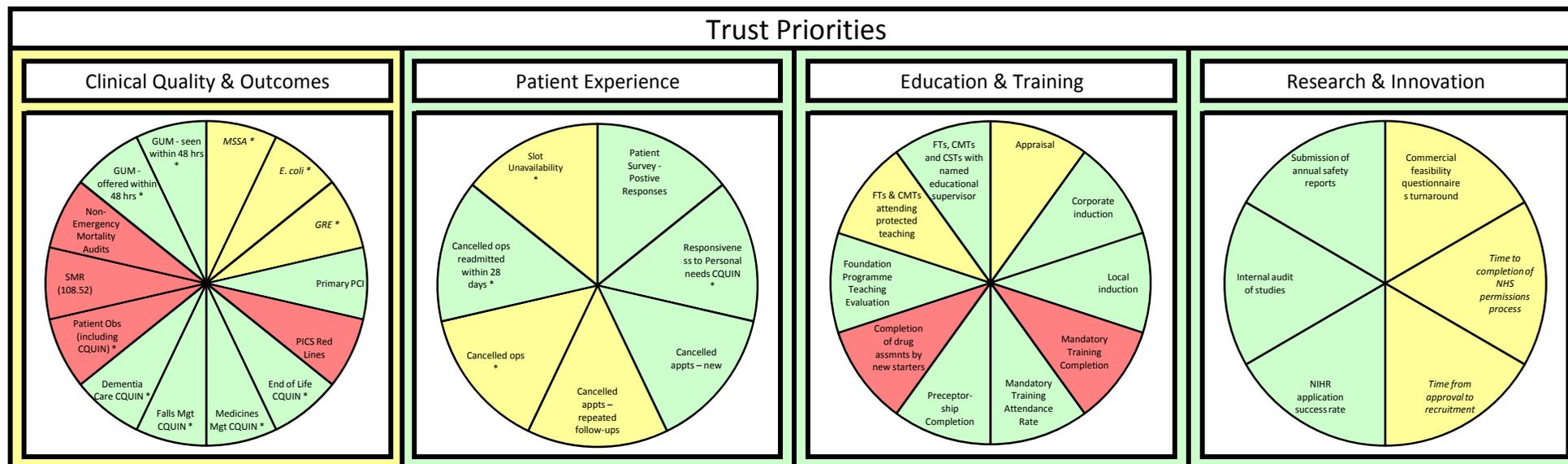
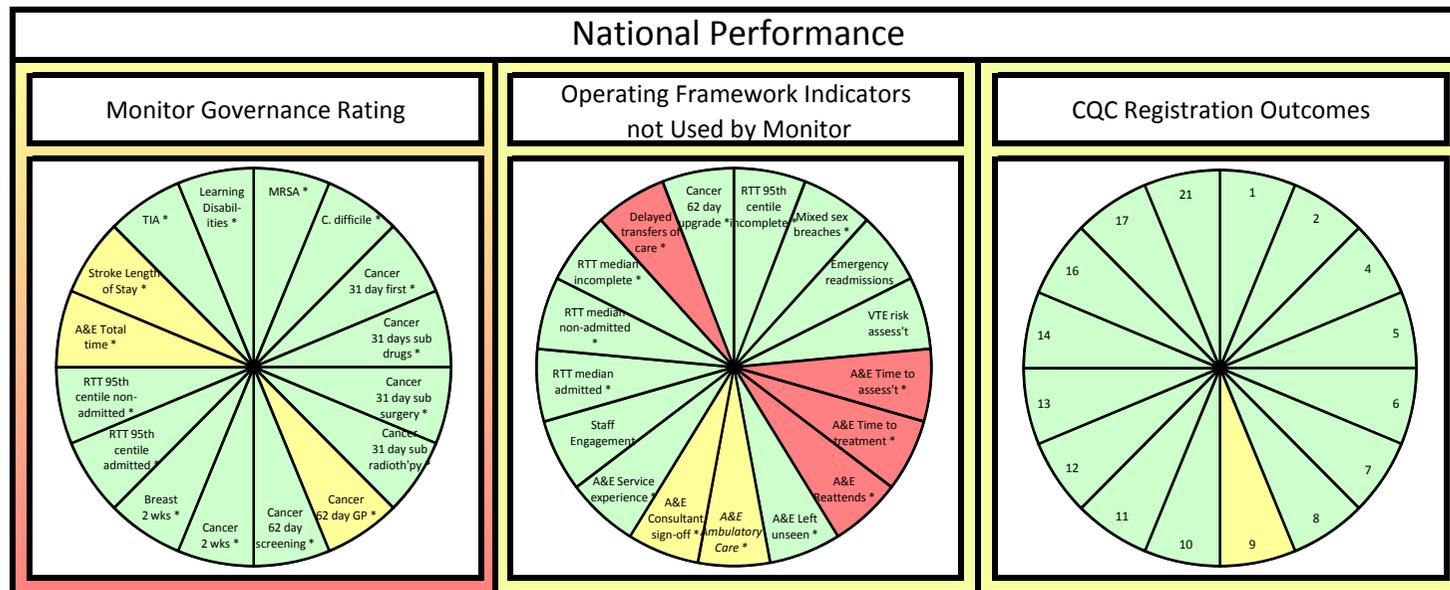
Accept the report on progress made towards achieving performance targets and associated actions.

Tim Jones
Executive Director of Delivery

2011/12 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.



Local Indicators

