

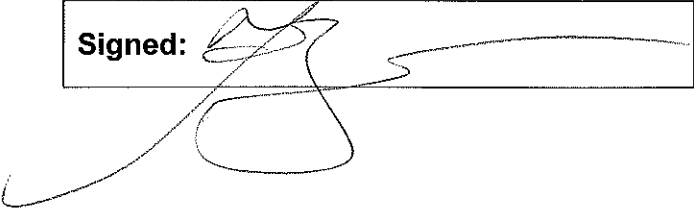
AGENDA ITEM NO: 9

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF GOVERNORS

FRIDAY 5 DECEMBER 2008

<b>Title:</b>	PERFORMANCE INDICATORS REPORT
<b>Responsible Director:</b>	Executive Director of Delivery
<b>Contact:</b>	Andy Walker, Divisional Planning Manager, ext 6879 Daniel Ray, Director of Informatics & Patient Administration, ext 8530

<b>Purpose:</b>	To update the Board of Governors on performance against a range of key indicators.
<b>Confidentiality Level &amp; Reason:</b>	N/A
<b>Medium Term Plan Ref:</b>	Affects all strategic aims.
<b>Key Issues Summary:</b>	To provide an overview of key risks to performance against the 2008/09 Annual Health Check.
<b>Recommendations:</b>	1. <b>Accept</b> the report on progress made towards achieving performance targets and associated actions.

<b>Signed:</b> 	<b>Date:</b> 27 November 2008
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**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF GOVERNORS  
FRIDAY 5 DECEMBER 2008**

**PERFORMANCE INDICATORS REPORT**

**PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY**

**1. Purpose**

To update the Board of Governors on performance against a range of key indicators.

**2. Healthcare Commission Framework**

Risk Assessment of Performance against National Targets 2008/09

<b>Indicator</b>	<b>Risk Description</b>	<b>Risk</b>	<b>Action Plan</b>
<i>C. difficile</i>	There have been 265 post-48 hour cases from April to October 2008 which is 14% below the Trust trajectory.	HIGH	Please refer to Chief Nurse's Infection Control Report.
MRSA	From April to October 2008, 19 cases which is 32% below the Trust trajectory.	MEDIUM	Please refer to Chief Nurse's Infection Control Report.
Thrombolysis  [National standard stands at 68%]	Performance for April to October 2008 stands at 83% which is higher than the national minimum standard.  The risk continues to be high due to reliance on Ambulance Trust performance and small numbers of patients.	HIGH	Maintain internal performance to minimise any delays incurred during patient transit.

Indicator	Risk Description	Risk	Action Plan
18 Week referral to Treatment [85% for admitted and 90% for non-admitted rising to 90% and 95% in Dec 2008]	Performance for April to September 2008 stands at 90.09% for admitted patients and 94.07% for non-admitted patients.  Data completeness continues to be within tolerance levels.	MEDIUM	Lorenzo was upgraded on 1 November 2008 to make clinic outcome codes mandatory.
Inpatient Waits [National Target no patient to wait more than 26weeks]	The national target of 26 weeks is being met.	LOW	Not applicable
Outpatient Waits [National Target no patient to wait more than 13weeks]	The national target of 13 weeks is being met.	LOW	Not applicable

### 3. Internal Key Performance Indicators

Issues of exception for internal indicators of Trust-wide performance are listed below.

#### 3.1 Business Processes

3.1.1 The current Did Not Attend rate for new patients (14.0%) and follow up (11.8%) appointments are above the Trust target of 10%. Actions being taken to improve performance include:

- Further staff training on recording DNAs.
- SMS text messaging of reminder to attend rolled out after a successful pilot.
- Initiative to improve the patient demographic information including mobile telephone numbers.

3.1.2 Outpatient appointment follow-up cancellations (10.0%) remain above the 7.5% internal target. Action being taken includes:

- Staff training on recording cancellations correctly.
- Monitoring Divisional Directors of Operations against <6 week cancellations.

- Real-time cancellation data now included on the operations KPI dashboard.

3.1.3 Theatre list utilisation is at 79.2% which is below the Trust target of 92.5%. Data collection problems have been identified and actual performance is approximately 85%. This anomaly is being rectified however an underlying problem remains an action plan to improve the re-allocation of vacant theatre sessions is being implemented.

### 3.2 Customer Focus and Clinical Quality

Work is underway in each specialty to identify a measure of clinical quality which specifically measures the quality of care in that specialty. This will be used to gain assurance that each of the Trust's specialties is offering high quality clinical care and will be included in future rounds of Performance Review.

### 3.3 Finance and Activity

3.3.1 Trustwide inpatient activity is 8.3% above plan at month 6. Activity has been 8.1% higher compared to 2007/08.

3.3.2 Trustwide outpatient activity is 9.1% above plan at month 6. Activity has risen by 13.9% compared to 2007/08.

### 3.4 Human Resource and Organisational Development

3.4.1 The Trustwide overall sickness rate for the period April to September 2008 is 4.09%. This is lower than the 2007/08 average of 4.26%.

3.4.2 Agency spend as a percentage of pay spend for the period April to September 2008 is 1.63% (2007/08 average was 1.75%).

## 4. **Recommendations**

The Board of Governors is requested to;

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

**Tim Jones**  
**Executive Director of Delivery**