

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
WEDNESDAY 9 DECEMBER 2009**

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

Purpose:	To provide an update on Trust's performance against a number of key indicators, including Care Quality Commission targets, risk ratings against standards included in the Monitor Compliance framework and internal targets.
Confidentiality Level & Reason:	N/A
Medium Term Plan Ref:	Affects all strategic aims.
Key Issues Summary:	Provides an overview of performance against external targets and internal key performance indicators. Outlines changes in future performance indicator reports.
Recommendations:	The Board of Governors is requested to: Accept the report on progress made towards achieving performance targets and associated actions.

Signed:		Date:	27 November 2009
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
WEDNESDAY 9 DECEMBER 2009

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

To update the Board of Governors on the Trust's performance against a number of key indicators, including Care Quality Commission (CQC) targets, risk ratings against standards included in the Monitor Compliance framework and internal targets.

Additional information for indicators, including those where an indicator shows year to date performance as red is shown in Sections 2 & 3.

2. Care Quality Commission Framework

2.1 A&E 4 Hour Wait

Performance in October 2009 was below target at 97.81% however year to date performance is still above target at 98.22%. The Trust saw increased General Medicine admissions throughout the month. In addition the complexity of admitted patients has increased, leading to increased average length of stay.

Additional capacity has been opened to deal with the increased activity and a weekly capacity meeting has been started at Selly Oak attended by all DDOps and ADNs. Medical staffing rotas for both A&E and Medicine have been reviewed to ensure they are adequate and plans are currently being implemented to have a 7 day a week consultant delivered service on the Medical Assessment Unit.

2.2 New cancer targets:

The Trust met all of the new cancer targets for Quarter 2. Performance for the year to date continues to be below the target of 93% for the 2 week wait target at 92.0%; however the Trust has now been consistently meeting the target since July 2009 and performance in September was 95.3%. Application of the South Birmingham PCT Local Access Policy has contributed to the improvement in performance for this and the other targets.

The Trust is also currently underachieving the 62 day first treatment target with performance of 84.4% for the year to date against a target of 85%. As a tertiary cancer centre the Trust continues to receive

tertiary referrals close to and beyond the 62 day target which affect achievement of this target. The Trust continues to work with referring Trusts to minimise the number of patients who are referred to the Trust late in the 62 day period.

3. Internal Key Performance Indicators

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

3.1 Workforce

3.1.1 Sickness

As at the end of September, the total sickness absence rate was 3.96%. The short term absence fell from 3.01% in August to 2.26% in September, taking the year to date to 2.22%. However, there was a corresponding increase in the long term absence rate from 1.21% to 1.70%; the year to date rising to 1.97%. Sickness amongst unregistered nursing continues to be of concern and a Task & Finish Group has been set up to focus on improving performance

3.1.2 Agency spend

The agency rate for October decreased from 3.90% in September to 3.36%. The year to date agency rate is 3.30%. Vacancies that were being held for newly qualified nurses and filled by agency in the short term have now been filled substantively, leading to a reduction in agency used. There continue to be shortages of medical staff in Emergency Medicine and Respiratory Medicine; international recruitment has taken place in these areas and employment checks for staff to fill these posts are currently being carried out. There are still 2 Dermatology consultants being covered by locums; however there is a national shortage of Dermatology consultants making recruitment difficult.

3.1.3 PDRS

As at September 2009 60.6% of eligible staff had completed a PDRS review within the last 12 months which is an increase from 56.3% in August. Division 2 have recently implemented a divisional database which is accessible by the senior management team, progress can then be monitored closely. The division has seen an increase by 10% since its introduction. Discussions are underway as to how to implement this monitoring system in other Divisions. Completion of PDRS reviews in Corporate is currently low and a validation exercise is currently being carried out to ensure that all completed reviews have been recorded.

3.1.4 Mandatory training

This indicator currently includes fire training as a key component of mandatory training. This currently shows that 79.6% of staff have received fire training in the last 12 months which is below the target of 90%.

3.1.5 Induction

Corporate induction attendance in September was 87.8% which has reduced the year to date figure to 89.7%. Local induction completion is at 79.6% for the year to date. The large number of new starters in September, double the usual monthly figure, has contributed to these decreases.

3.2 Patient Care

3.2.1 Hospital Initiated Cancellations

Cancellations of follow-up appointments fell in October to 7.6% from 7.9% in September. This is now only slightly above the Trust target of 7.5%. The year to date rate has therefore fallen to 9.3%. New to follow-up ratios are being reviewed in a number of specialties. The Divisions are currently reviewing cancellations, along with DNAs at a specialty and clinic level.

3.2.2 Slot Unavailability

There was a reduction in the number of slot issues per 100 appointments booked in September to 16.5 from 25.9 in August. The main hot spot areas are ENT and Urology. Additional slots have been identified for publishing in these areas. In addition, initiative clinics have been implemented for ENT and a business case for additional consultant capacity is being developed. The Task and Finish Group continues to meet and a forward look report has been developed to enable the Divisions to prospectively monitor the uptake of C&B slots.

3.2.3 Electronic Patient Survey response rate

The Trust saw a significant increase in the level of patient feedback during the month of October to 26.74%. This is in line with the trajectory to hit 50% feedback by March 2010.

Paper forms have now been introduced to areas without bedside television, alongside the handheld devices and PICS tablets to provide an additional route for feedback, this is seeing significant success in C4, Burns & Plastics and Coronary Care.

3.2.4 Omitted Drugs

The percentage of antibiotic doses omitted in October fell to 10.26% from 11.23% in September. Non-antibiotic doses also fell from 19.29% in September to 19.12% in October.

3.2.5 Hospital Standardised Mortality Ratio

Dr Foster is currently reporting the Trust's Hospital Standardised Mortality Ratio (HSMR) as 111.55. The Trust is contending that the methodology used by Dr Foster to calculate HSMRs is flawed and therefore unhelpful for patients.

The overall HSMRs calculated by Dr Foster for UHB are misrepresentative because the methodology used does not include all of the Trust's elective and emergency patients. The percentage of elective and emergency activity used to calculate individual trusts' HSMRs varies greatly between trusts and therefore negates fair comparison.

As a specialist tertiary centre for cancer, trauma, burns, plastics, with the largest solid organ transplantation programme in Europe, UHB treats more sick, complex and higher risk patients such as military casualties returning from Afghanistan compared with district general hospitals. The Trust is also unusual in that it does not do Paediatrics, elective Orthopaedics (except for some hand procedures), Obstetrics or Gynaecology, so any methodology used to compare overall hospital mortality rates must account for this to enable meaningful comparison.

Dr Foster's methodology is however based on the International Classification of Diseases (ICD) coding and classification of diagnoses which does not properly account for the severity of injury or disease. For example, a single primary ICD code covers traumatic subdural haemorrhages (bleeds in the brain caused by trauma), the severity of which will vary between patients and be present with or without other injuries or illnesses.

The Trust monitors mortality on a daily, weekly and monthly basis, with automatic alerts sent to senior clinical and management staff, including the Chief Operating Officer, Executive Medical Director and Chief Executive. This approach means that all unexpected deaths or unusual trends are picked up and investigated very promptly to ensure patients continue to receive the best in care.

The Trust met with Dr Foster in early November to discuss the problems with the methodology used and Dr Foster have since provided a limited response. The Trust is currently investigating the next steps to take if Dr Foster proceeds with publication.

3.2.6 Readmissions & Elective Deaths Audits

There has been an increase in the proportion of surveys completed for the readmissions audit since the audit was relaunched at the end of September with 25% of surveys completed in October 2009. The percentage of elective mortality audits completed has also increased to 61.5% for the year to date.

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

2009/10 Key Performance Indicator Report

Where data is not currently available indicators have been assigned 'amber' unless considered high risk where they have been assigned 'red'.



