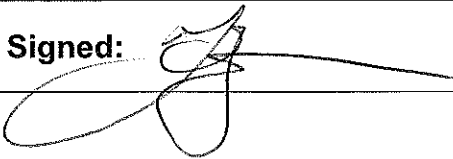


**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
THURSDAY 9 DECEMBER 2010**

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 Board of Governors on the Trust's performance against key indicators, including Care Quality Commission (CQC) targets, risk ratings against standards included in the Monitor Compliance framework, and performance against internal targets.
Confidentiality Level & Reason:	N/A
Medium Term 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"> • A&E 4 hour waits • Primary PCI • 62 day cancer – GP referral & screening referral • Delayed transfers of care • Quality of stroke care • Short term sickness • External agency and bank spend • Cancelled follow-up outpatient appointments • Electronic Patient Survey response rate • Omitted non-antibiotic doses • Never events • Non-emergency mortality audit response rates <p>Details of exceptions and action taken are included.</p>
Recommendations:	The Board of Governors is requested to: Accept the report on progress made towards achieving performance targets and associated actions.

Signed: 	Date: 26 November 2010
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
THURSDAY 9 DECEMBER 2010

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

This paper updates the Board of Governors on the Trust's performance against key indicators, including Care Quality Commission (CQC) targets, risk ratings against standards included in the Monitor Compliance framework and internal targets. A summary is enclosed as Appendix A.

2. External Indicators

The Trust is monitored by Monitor and the Care Quality Commission (CQC) against a number of different national targets under regimes that group indicators in different ways. A high level summary of performance against the external regulators' targets is detailed below:

Target Regime	Areas	Green	Amber	Red
Monitor Governance Rating	13	11	2	0
CQC National Commitments	6	3	2	1
CQC National Priorities	11	8	2	1
Registration Outcomes*	21	21	0	0

*Annual process

For national targets exception reports where performance is of concern are contained below. Clostridium difficile was reported last quarter as an exception but based on performance to 31 October the Trust is now below trajectory for this indicator and this indicator is not currently considered an exception.

2.1 A&E 4 hour waits

Performance improved to 97.04% in October from 95.55% in September however it continues to below the internal threshold of 98%. Year to date performance has therefore increased to 96.73%. The median total wait decreased from 3 hours 04 minutes in September to 2 hours 57 minutes in October.

Division 3 continues to implement an action plan which resulted in significantly improved performance in October. An additional consultant commenced work in October and another two consultants are due to commence in January and February which will further increase senior

decision-making capacity. Other action taken to improve performance has focussed on the redesign of processes to ensure that they work smoothly. This includes the introduction of regular meetings throughout the day to review all patients in the department and ensure there is a plan for them. Discharge from the wards has been a priority area to ensure that patient flow through the Clinical Decision Unit is maintained. Work has also been undertaken to extend nursing practice e.g. to allow them to request X-rays.

2.2 Primary PCI

66.7% of Primary PCI patients in September had a call to balloon time of less than 150 minutes. Year to date performance now stands at 68.2% against the target of 75%.

All breaches of the target are analysed and discussed at the weekly Cardiology meeting both to reinforce the importance of timely treatment and also to allow problems to be addressed rapidly as soon as they arise. Performance is expected to improve from January 2011 when the Cardiac Catheter Suites move into the main QEHB and are therefore in the same building as the Emergency Department.

2.3 Cancer Targets

In September 86.0% of GP referrals were treated within 62 days of referral including rare cancers. The Trust has sought to reallocate two breaches from September that were late referrals from other trusts however the referring trusts have not yet agreed these. To date in 2010/11 six breaches have been reallocated. Year to date performance for GP referrals is now 85.4% when the six agreed reallocations are included against the target of 85%.

In September 100% of referrals from screening were treated within 62 days of referral. This has increased year to date performance to 89.25%. Based on draft October performance which is 100% the Trust should now be over the 90% target for the year to date. As the Trust achieved both targets over Quarter 2 it should receive a 'Green' rating for Governance from Monitor when the ratings are published.

The Trust continues to hold Root Cause Analysis (RCA) meetings for breaches of the targets continue to be held each month. A feedback session was held in November where the roles and responsibilities of Group Managers and Pathway Co-ordinators were reaffirmed.

The Government will be introducing a new cancer target from 31 December 2010 for subsequent treatments for cancer with radiotherapy. The Trust has installed systems to allow performance on this indicator to be recorded and reported accurately. The Radiotherapy Department already operates an internal maximum wait time of 28 days for radical and 14 days for palliative treatment so this

target was expected to be met. Draft October performance shows that 100% of patients were treated within the target therefore the introduction of the target is not expected to be a risk.

2.4 Delayed Transfers of Care

The Trust continues to experience problems with delayed transfers of care which in October were 5.0%, an increase on 4.9% in September. Delays continue to be due to 2 main pressure points:

- a) Delays in completing assessments by the Social Services Team.
- b) Lack of alternative care settings for patients to be discharged to.

Whilst the majority of the delays cannot be affected by the Trust as they are the responsibility of Birmingham City Council and NHS South Birmingham, the Trust continues to work with these organisations to develop a solution to the current problems.

For individual instances of patients whose discharge is delayed, the Director of Partnerships continues to liaise closely with the Discharge Team to allow the reasons why patients cannot be discharged to be rapidly addressed with providers of social and NHS continuing care. The Trust is working together with the City Council and NHS South Birmingham to develop an outline business case for the establishment of a re-enablement centre which would, if successful, reduce the number of delayed discharges.

2.5 Quality of Stroke Care

The trend for improved performance for the percentage of patients who spend greater than 90% of their time on the Acute Stroke Unit (ASU) continued in October where 84.0% of patients met the target. The Trust's contractual target with NHS South Birmingham for Quarter 3 is 76% so the Trust met the target. The Trust now has the full complement of Stroke Co-ordinators who are in the process of acquiring their competencies.

Continued good performance has been seen against the Transient Ischaemic Attack (TIA/mini stroke) target where patients must be seen and treated within 24 hours of referral was seen in October with 100% of high risk patients seen within 24 hours.

3. **Internal Indicators**

The Trust has adopted a number of internal indicators to provide a snapshot of Trust performance. The internal indicators are based around 4 themes, Workforce, Efficiency, Patient Care and Governance. A summary is provided in Appendix A. Performance against the internal indicators is detailed below:

Internal Indicator	Areas	Green	Amber	Red
Workforce	9	4	2	3
Efficiency	15	5	10	0
Patient Care	16	10	1	5
Governance	19	2	17	0

Exception reports for those indicators which are currently red are below:

3.1 Short term sickness

Short term sickness increased to 2.25% in September from 1.93% in August; long term absence however decreased slightly from 2.11% to 2.09%. Predominantly short term sickness absence resulted from colds, diarrhoea and vomiting, headache/migraine, musculoskeletal problems and stress/anxiety.

Following the publication of the Boorman Review of NHS Health and Wellbeing the Trust has established an Implementation Group to review how the Trust can reduce absence and improve the health of staff. The Trust is committed to reducing all sickness absence to less than 3% by 2012. The new Trust Sickness Absence and Attendance Procedure has now been agreed and training arranged to ensure that all managers can appropriately manage sickness absence.

3.2 External agency and bank spend

The percentage of the pay budget spent on external agency in October rose to 5.96% from 5.65% in September. The year to date percentage has therefore increased to 4.98%. Bank spend fell from 3.53% in September to 3.50% in October. There continue to be significant costs associated with locum medical staff and also nursing agency to cover vacancies and the additional capacity to meet the increase in delayed transfers of care.

The divisions are working to ensure that vacancies for medical staff are filled by NHS locums for consultant level posts and Junior Specialist Doctors for junior posts. A number of posts have already been filled which should reduce future costs. Staff have been recruited to a nursing pool to support the Trust through winter months and are currently undergoing employment checks and should be in post in the next few weeks.

3.3 Cancelled follow-up outpatient appointments

Cancellations of follow-up outpatient appointments fell from 8.7% in September to 8.4% in October. Year to date performance currently stands at 8.5%.

A new pathway for cancellations has now been implemented in all divisions which ensures that appointments are only cancelled once all other options have been explored. Following a review a new definition

for this indicator has been agreed which is primarily focussed on reducing inconvenience for patients caused by changes at short notice and multiple changes.

3.4 Electronic patient survey response rate

Patient feedback rose from 22.1% in September to 24.6% in October. Actions have been put in place to increase the profile of the survey and ensure patients have the support they require to complete it.

3.5 Omitted non-antibiotic doses

The percentage of omitted doses for both antibiotics and non-antibiotics continued to fall in October with the percentage of omitted antibiotic doses falling from 5.9% to 5.6% and that for non-antibiotics falling from 13.6% to 12.9%. The year to date percentages have therefore fallen to 6.2% and 14.1% respectively.

There continue to be regular root cause analysis meetings with the Executive Directors reviewing specific omissions with the divisions and relevant clinical staff. Actions are identified and continue to be implemented.

3.6 Never Events

In August 2010 an incident occurred which is classified by the National Patient Safety Agency as a 'Never Event'. This is the first such incident to occur in the Trust. The incident was thoroughly investigated and the report has been shared with the Trust's commissioners. The Care Quality Commission are also aware of the incident. An action plan in response to the incident has been implemented so that the risk of a recurrence is minimised.

3.7 Non-emergency mortality audits response rate

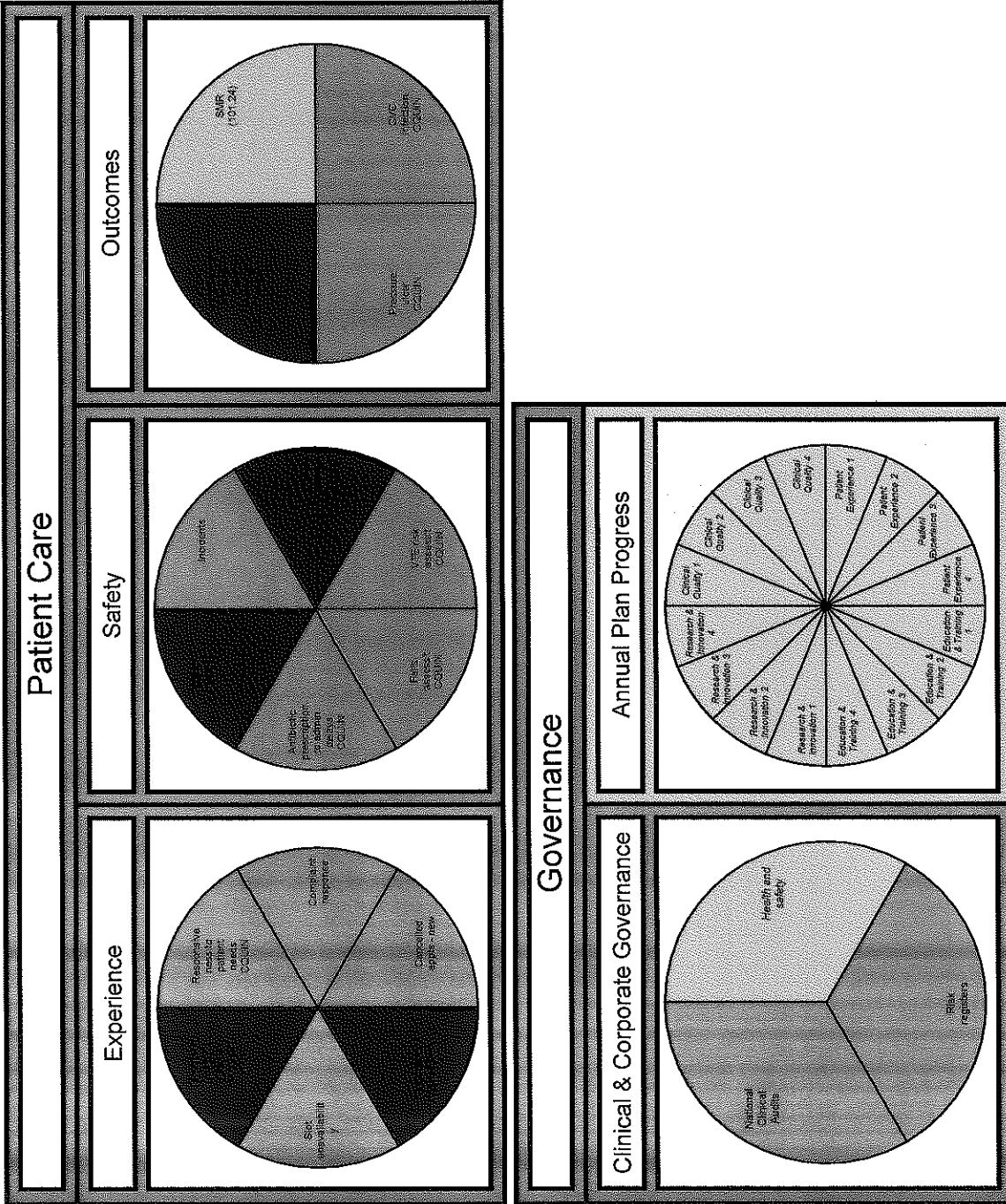
Completion of non-emergency mortality surveys for the year to date has decreased from 65.9%. Divisional Directors have been sent an updated list of all outstanding surveys to allow them to ensure that these are completed.

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



2010/11 Key Performance Indicator Report

Where data is not currently available indicator names are in *italics*. These have been assigned 'amber' unless considered high risk where they have been assigned 'red'.

National Performance			
<p>Monitor Governance Rating</p>	<p>Care Quality Commission Existing Commitments</p>	<p>Care Quality Commission National Priorities</p>	<p>Registration Outcomes</p>
Efficiency			
<p>Workforce</p>	<p>Capability</p>	<p>Innovation</p>	<p>Process</p>