

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
FRIDAY 18 JUNE 2010**

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.
Recommendations:	The Board of Governors is requested to: Accept the report on progress made towards achieving performance targets and associated actions.

Signed:		Date:	4 June 2010
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BOARD OF GOVERNORS
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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 where year to date performance is red is contained in Sections 2 & 3. The A&E 4 hour wait target was met overall for 2009/100 and was also met in April 2010 therefore this target is not included as an exception.

2. Care Quality Commission Framework

2.1 Clostridium difficile – post 48 hour cases

The Trust's trajectory for 2009/10 is 164 cases which equates to 13.66 cases per month. There were 18 post 48 hour *C. difficile* cases in April which is above the trajectory. Please refer to the Chief Nurse's Infection Control Report for further details and action taken.

2.2 Cancer targets

The Trust met all the cancer targets in March 2010. It has therefore met all the targets for the full year 2009/10 with the exception of 62 day first treatments. The Trust has now agreed 5 reallocations of breaches of this target which has increased performance for the full year to 84.98%; just below the target of 85%. A further 10 reallocations are currently in negotiation with the referring trust. If a further reallocation is agreed the Trust will have met the target for the full year. A further reallocation has been agreed with a referring trust via email however the reallocation needs to be signed and accepted by the CQC before the Trust's figures can be amended. Monitor has placed the Trust on monthly monitoring for the 62 day first treatment target due to underperformance against this target in Quarter 4.

2.3 Quality of Stroke Care

The Trust has submitted its return to the CQC for performance in the stroke target for 2009/10. In total 64.6% of patients spent greater than 90% of their length of stay on a stroke unit. These figures include time spent on the rehabilitation stroke unit at Moseley Hall Hospital (MHH). The CQC has not yet published the thresholds for this target in 2009/10.

In April 41.8% of patients spent 90% of their length of stay on the acute stroke unit at Selly Oak Hospital. This does not include MHH length of stay which is only available on a quarterly basis as agreed contractually with NHS South Birmingham but the percentage should improve when it is included.

Division 3 has allocated 2 dedicated admission beds on the stroke unit however capacity problems seen at Selly Oak over recent weeks have made achievement of this target difficult. Health Informatics are developing a report that will identify all patients with suspected stroke in the Trust which will allow this target to be operationally managed and allow clinicians to identify patients who need to be transferred to the unit.

3. **Internal Key Performance Indicators**

Issues of exception for Trust-wide performance are listed below. Performance has improved against a number of indicators since the last report including PDRS and mandatory training which are currently 'amber' and local and corporate induction which are now 'green'. Exception reports are therefore not included for these indicators.

3.1 Workforce

3.1.1 Sickness

As at the end of March 2010, the Trust sickness absence rate was 4.65%; a slight increase from 4.39% in the previous month. Short term absence increased to 2.80% from 2.56% and the long term absence rate remained fairly static at 1.85%.

The hotspot areas are: Unregistered nursing, West 2, East 4, Stroke Unit, A3/A5, Pharmacy logistics, Catering and Theatres. Reasons include D&V, post-surgery recovery, stress and musculoskeletal issues. Absence in these areas is being closely monitored. A 'deep dive' on sickness absence to has been undertaken to identify trends and a comprehensive action plan remains in place to particularly focus on short term absence.

3.1.2 Agency spend

The percentage of staff costs spent on external agency rose slightly in March to 4.65% from 4.64% in February with spend continuing to be high in Divisions 3, 5 and Finance. Divisions 3 were required to staff Ward D5 due to winter pressures until April. Division 5 continue to have difficulty in recruiting to senior medical vacancies in Dermatology and Diabetes and junior medical cover in Trauma. Finance spend is high due to additional temporary work in Procurement and the Warehouse preparing for the New Hospital. In addition agency usage in Payroll is high due to covering vacancies at the Stoke Office which is due to close at the end of August 2010.

3.2 Patient Care

3.2.1 Hospital Initiated Cancellations

There was a significant rise in cancellations in April with 9.2% of appointments cancelled compared to 7.9% in March. The Easter holiday is likely to have contributed to there being a larger number of clinics than usual that needed to be rearranged. The Operational Performance Team will be carrying out a review of hot spot areas for cancellations when the current review of DNAs has been completed.

3.2.2 Electronic Patient Survey response rate

Patient feedback in April rose to 29.9% in April from 21.9% in March. This is the highest level of feedback ever achieved. Both Divisions 4 and 5 achieved greater than 50% feedback over the month. There are now 9 wards receiving greater than 50% feedback and 21 receiving greater than 20% feedback. Only one ward which does not have bedside televisions did not report any feedback in April. Divisional action plans to improve participation continue to be implemented.

3.2.3 Omitted Drugs

The percentage of omitted antibiotic doses fell in April to 6.4% from 8.2% in March. The percentage of omitted non-antibiotic doses also fell from 16.6% to 14.5%. This is the largest month-on-month drop yet seen for both indicators.

The second root cause analysis meeting took place on 26 May. This identified problems with patients who are nil by mouth (NBM) not being given drugs when they could be; clarification is to be provided to nursing staff about which drugs can be given when patients are NBM. Possible improvements to PICS to allow the automatic ordering of non-stock drugs and the matching of drug rounds in PICS to the actual practice on wards

for the time of drug rounds are being investigated. The roll out of PICS to Theatres is also being investigated so that doses given in theatre are not recorded as omitted. Staff are to be encouraged to make use of the patient leave function in PICS and consultants encouraged to review PICS prescriptions on ward rounds.

3.2.4 Readmissions & Non-Emergency Mortality Audit Completion

The response rate for readmission audits for April 2010 is 27.1%. This is the highest monthly response rate seen since the audit was commenced. Completion of non-emergency mortality audits for the full month of April has improved significantly since the last report with 87.5% of audits completed to date and only one response outstanding.

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'.



