

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
FRIDAY 17 JUNE 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 Board 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
Medium Term Plan Ref:	Affects all strategic aims.
Key Issues Summary:	<p>The report adopts the revised format adopted by the Board of Directors from its May 2011 meeting. 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 Clinical Quality Indicators • Quality of Stroke Care • Delayed Transfers of Care • PICS red lines • HSMR • GU Medicine Access • Non-Emergency Mortality Audit Responses • Appraisal • Local Induction • Mandatory training • External Agency & Bank rate • Omitted Non-Antibiotic Drugs <p>Details of exceptions and action taken are included.</p>
Recommendations:	<p>The Board of Governors is requested to:</p> <p>Accept the revised format for this and future reports.</p> <p>Accept the report on progress made towards achieving performance targets and associated actions.</p>
Signed:	Date: 2 June 2011

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BOARD OF GOVERNORS
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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 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. Changes to the Report

A number of changes have been made to the format of and indicators contained in the report. These reflect changes in the national performance management system and ensure that the local indicators better reflect the Trust's core purposes and ensure a more even spread of indicators across all the Trust's priority areas for performance management. Further details of the changes made are contained in the relevant sections below.

3. External Indicators

The Trust continues to be monitored by Monitor under its Compliance Framework which has introduced a number of changes for 2011/12. The new Compliance Framework has introduced a suite of five new indicators for A&E Clinical Quality to replace the old 4 hour wait A&E target. New targets have also been introduced that measure the time that 95% of patients wait from referral from their GP to treatment for admitted and non-admitted patients. A stroke indicator will also be introduced however Monitor has not yet confirmed its definition.

As the Care Quality Commission (CQC) has now retired its performance management regime, the national indicators are now divided into those indicators from the NHS Operating Framework that are included in the Monitor Compliance Framework and those that are not. In this way the duplication of indicators seen in the old structure has been removed.

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	20	16	1	3
NHS Operating Framework Indicators not used by Monitor	13	8	4	1

For national targets exception reports where performance is of concern are contained below. The Trust has consistently met the Primary PCI indicator since January 2011 and year to date performance for the full year 2011/12 stands at 80% against the 75% target so this is no longer an exception.

3.1 A&E Clinical Quality Indicators

From April 2011 the existing 4 hour A&E target has been replaced by eight clinical quality indicators. Of these five are reported on a monthly basis and are included in the Monitor Compliance Framework for 2011/12. However only one of the indicators, total time in the A&E department, which is broadly equivalent to the old 4 hour target, will be included in the Trust's rating in Quarter 1. The remaining three indicators are 'supporting measures' in the NHS Operating Framework and are not subject to national performance monitoring.

Rather than being based on a monthly situation report by the Trust, information on the Trust's performance against these indicators will be calculated based on the Trust's Commissioning Data Set (CDS) submission which includes key data about each individual attendance at the Emergency Department (ED). The quality of the data included in this dataset is therefore crucial if the Trust's performance against the new indicators is to be calculated accurately.

In April the Trust achieved two of the five indicators: total time in A&E and the percentage of patients who left without being seen. The following three indicators were not achieved:

3.1.1 Time to Assessment

April performance for this indicator shows a 95th percentile waiting time of 37 minutes against a target of 15 minutes. The ED nursing team are currently working to improve the recording of the initial assessment in real time. The Trust's electronic dashboard is being used now on a daily basis to validate and correct any anomalies.

3.1.2 Time to Assessment

Currently some retrospective data capture is distorting performance for this measure which currently shows 95th percentile performance of 166 minutes for April against the 60 minute target. Work is ongoing to improve data quality for this indicator in particular to ensure that there is real time data capture as performance is being distorted by some retrospective data entry.

3.1.3 Unplanned Re-attenders

This indicator includes all re-attenders to the ED within 7 days for both related and unrelated attendances. In April 6.65% of patients re-attended against the target of a maximum of 5%. The number of "unrelated" attendances is minor and therefore an audit is planned of the "related" attendance data. This will improve performance by checking for appropriate treatment plans, trends in condition, reattendance and patients who re-attend despite contrary advice to return to Primary Care. Further work will be undertaken with the clinical teams to understand the patient flows for this indicator.

3.2 Quality of Stroke Care – Length of Stay

During April 23 out of 32 patients spent 90% of their total Length of Stay on the Stroke Ward. This represents 71.8% against a target of 80% and is an improvement from 47.7% in March 2011. It is anticipated that when length of stay from Moseley Hall Hospital is included performance will improve further to 75%.

Stroke services are now managed alongside Neurology within Division D. The Division has made a number of changes since taking over the service at the beginning of April and this has included appointing Dr Sims as the Clinical Service Lead for Stroke. A much stricter approach has been adopted with managing bed capacity on the acute stroke unit with a minimum of one access bed being maintained at all times. The Stroke Task and Finish Group will be reviewing and implementing the actions that have come out of the Root Cause Analysis of patients who have not met the target. The Trust is also working with the commissioners from NHS South Birmingham to develop a framework for early supported discharge in stroke which would free up additional inpatient stroke capacity on the acute stroke unit.

As detailed above, Monitor have indicated that they will be including stroke in the Compliance Framework for 2011/12 but have yet to produce a definition. It has been assumed, until a definition is developed, that they will adopt the existing 90% length of stay on a stroke unit and 24 hour referral to treatment for high risk Transient Ischaemic Attack indicators.

3.3 Delayed Transfers of Care

There was an increase in the number of patients whose discharge was delayed in March. In the last week of April there were 50 patients delayed compared to 40 in March. The national indicator therefore shows performance of 5.08% compared to 4.27% in March. This measure has also been affected by the lower number of beds open following the closure of the winter pressures ward which has reduced the denominator and therefore increased the percentage.

There has been a significant change in the profile of patients whose discharge has been delayed over the last month. Following the opening of the Kenrick Centre the number of patients waiting for residential or nursing home care has fallen. Over half the delays are now for patients awaiting assessment. This follows changes in the rules by Social Services regarding the restarting of homecare packages. This meant that every patient had to be assessed before discharge even if a suitable package was already in place. This decision has now been reversed following the successful judicial review of the proposed changes to social services in Birmingham.

The Kenrick Centre continues to accept patients for enablement. At the end of April 21 patients at the centre had been transferred from UHB. A further 8 patients who had been transferred have been discharged.

4. Internal Indicators

A number of changes have also been made to the structure and contents of the Trust's internal performance management framework. Local indicators are linked to the Trust priorities are now in distinct sections. A number of the indicators included in the Education and Training section and those in the Research and Innovation section will be reported on a quarterly basis so are currently awaiting data. Performance for these indicators will therefore be included after quarter 1. A number of other indicators are currently being benchmarked to determine appropriate Red Amber Green ratings for each. These indicators and those where no data is currently available are shown as amber and the indicator names are shown in italics in Appendix A.

Internal Indicator	Areas	Green	Amber	Red
Clinical Quality & Outcomes	14	2	8	4
Patient Experience	7	3	4	0
Education & Training	11	1	7	3
Research & Innovation	6	0	6	0
Workforce	5	3	0	2
Efficiency	5	1	4	0
Safety	6	4	1	1
2010/11 Annual Plan Progress	16	10	6	0

A number of exceptions reported last quarter are no longer included. The patient survey response rate is no longer an indicator as it has been decided to focus on the actual feedback given rather than its volume; the new indicator is currently green. Short term sickness is now reported as green. No 'Never Events' have been reported in the last quarter. These indicators are therefore no longer exceptions. Exception reports for those indicators currently red are below:

4.1 Clinical Quality & Outcomes

4.1.1 PICS Red Lines

PICS red lines indicate patients on PICS whose record has not changed for 24 hours. It is therefore likely that the patient is no longer an inpatient and should have been discharged from the

system. This constitutes a clinical risk if the patient is re-admitted to the Trust and the previous episode of care has not been concluded on PICS.

As of 30 April there were 82 red line patients on PICS, a significant fall from 138 as of 31 March. The responsible consultants for all patients who should have been discharged prior to February 2011 have been sent a reminder of the need to discharge their patients along with the patients' medical notes to give them the necessary information to do so.

4.1.2 Hospital Standardised Mortality Rate

Dr Foster's published HSMR for UHB now shows an overall 3 year mortality rate of 108.52. As detailed in previous reports UHB disputes the methodology of this indicator as it is flawed and is supported in this stance by a number of other national and international organisations. It is however included in the Trust's performance indicators as it constitutes a reputational risk for the Trust. Patient mortality is considered every month at the Clinical Quality Monitoring Group and no organisation-level, or disease level concerns have been identified. At this meeting mortality is analysed in a number of different ways, using a number of different data sources.

The Trust has been involved in the development of a new mortality indicator for the NHS, the Summary Hospital-level Mortality Indicator (SHMI) which addresses a number of the methodological problems with the HSMR. UHB's SHMI for the last complete financial year where data is available is 99 and is therefore within confidence limits.

4.1.3 Genito-Urinary Medicine Access

These indicators have become relevant to the Trust following the transfer of Sexual Health Services from Heart of Birmingham Teaching PCT on 1 April 2011. The previous national target was that 98% of patients should be offered an appointment within 48 hours; this has been retained contractually for 2011/12. There is also a local contractual target that 85% of patients should be seen within 48 hours.

In April 93.8% of patients were offered an appointment within 48 hours against the 98% target and 79.5% of patients were seen in 48 hours against the 85% target. Capacity in April was affected by the bank holidays during the month. In addition the service is currently carrying a number of vacancies caused by the service being unable to recruit during the transfer.

Capacity in the clinics has been increased since the beginning of May and no breaches of the target were seen in the second half of May. To improve the patients seen rate staff are being

trained and performance managed in the accurate recording of patients choosing to decline access offered within 48 hours. A review of the DNA rate is also taking place. All vacancies are now being recruited to. A review of the service is being undertaken which will consider clinical quality, efficiency, workforce and data quality to determine the most efficient way to offer the service that offers high clinical quality and meets the contractual requirements.

4.2 Education and Training

4.2.1 Appraisal

As of 31 March 72.4% of staff had received an appraisal in the last 12 months. An action plan to improve performance is currently being implemented. Since April 2011 automated reminder emails that show all the areas where staff are not compliant, thereby eliminating the need to send out individual reminders for each area that is not compliant, have been sent out. The Learning Management System will be introduced in June 2011 which will automate the current appraisal process and allow the automatic updating of records.

Concerns have been raised about the quality of appraisal data within the Electronic Staff Record System which may mean the reported performance is not an accurate reflection of actual performance. Consequently a validation exercise checking the last appraisal date held for all staff shown as expired is currently taking place.

4.2.2 Local Induction

As of 31 March 70.0% of staff recruited in the last 12 months had received local induction.

A comprehensive action plan is currently being implemented including sending automatic reminders to staff who have not completed induction. An electronic induction checklist is expected to be introduced by the end of July. This, along with the implementation of the Learning Management System is expected to lead to an improvement in data quality and consequently reported performance.

4.2.3 Mandatory training

As of 31 March 68.9% of staff had received fire training in the last 12 months, a fall from 72.6% at the end of February. As of 31 March 53.7% of staff had received information governance training in the current financial year and as of end of April this had increased to 60.6%. For infection control training 63.7% of staff have been trained in the last 12 months. The infection control team has identified that sufficient capacity is available to train all staff but large numbers of staff are not attending their booked training due to operational pressures.

In April 2011 only 73.8% of staff who had booked to attend a mandatory training session actually attended their training. The Learning and Development department is setting up a programme of regular meetings with the divisional management teams to address completion rates, DNA rates and to determine priority areas for training.

4.3 Workforce

4.3.1 Agency & Bank Spend

The external agency spend in April 2011 was £1.01m (4.11%), the lowest rate since May 2010. The bank spend over the same period was £765k (3.12%). This was the second lowest monthly bank spend since the indicator was introduced.

The closure of additional capacity that has been open since the beginning of the winter has led to a significant drop in the need for agency nursing staff. In addition there has been adjustment of the junior doctor rotas for the Emergency Department and Neurosciences where agency spends have been high. These changes have been introduced from April so that the rotas can be covered without the need for agency staff to cover vacancies and have contributed to a reduction in spend.

4.4 Safety

4.4.1 Omitted Non-Antibiotic Doses

The rate for non-antibiotics doses in April was 12.6%, a fall from the rate of 13.2% for January that was reported last quarter. Executive RCA meetings are now taking place on a divisional basis with two divisions reviewed each month. Actions continue to be identified and implemented in response to the findings of these reviews.

5. **Recommendations**

The Board of Governors is requested to:

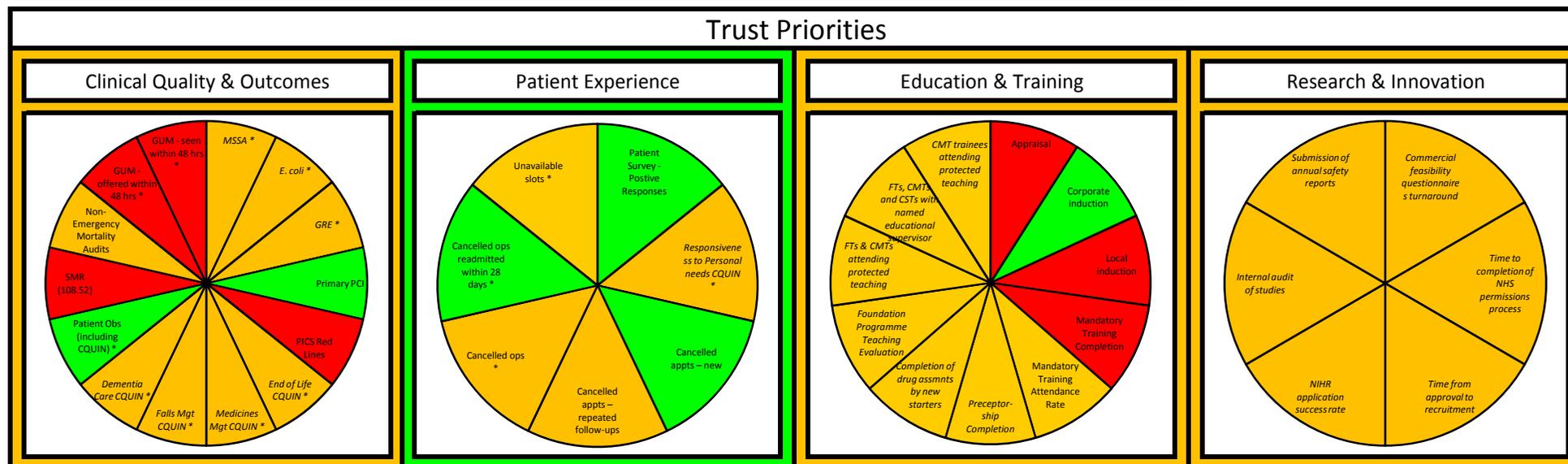
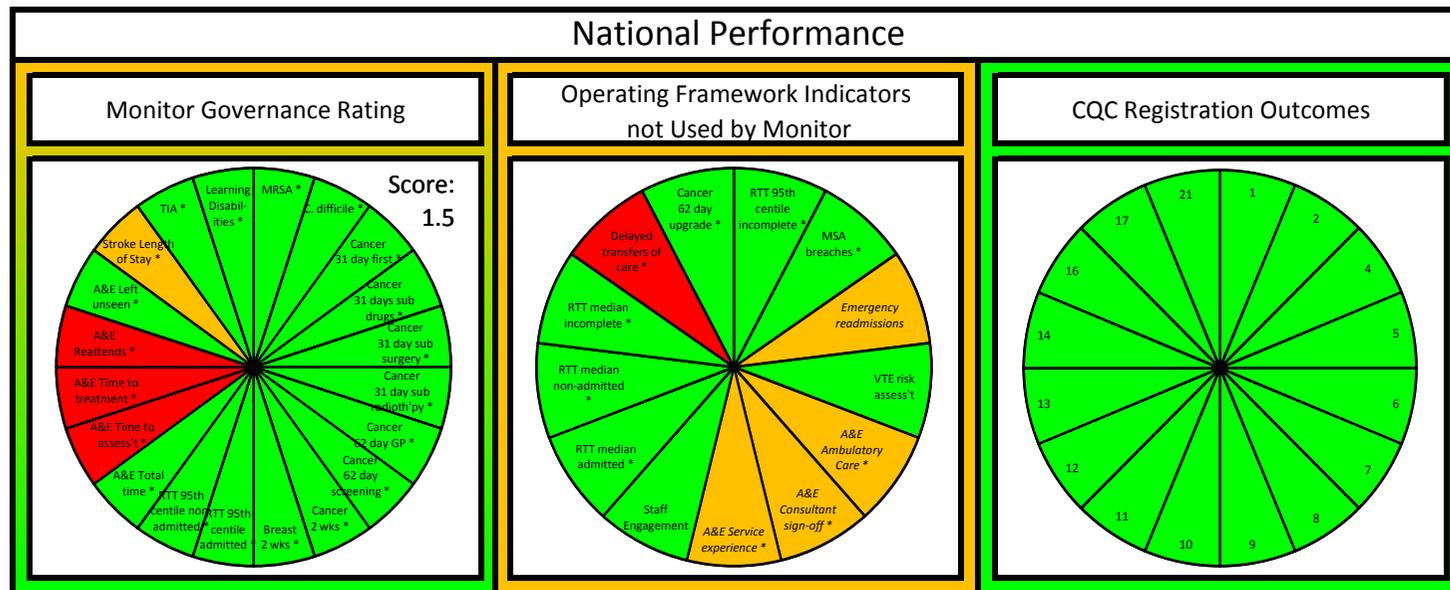
- 5.1 **Accept** the revised format for this and future reports.
- 5.2 **Accept** the report on progress made towards achieving performance targets and associated actions.

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

