

AGENDA ITEM NO:

**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
TUESDAY 18 MARCH 2008**

Title:	PERFORMANCE INDICATORS REPORT
Responsible Director:	Director of Planning and Performance
Contact:	Harvir Atkar, Divisional Planning Manager, ext 6887 Daniel Ray, Head of Health Informatics, ext 8530

Purpose:	To update the Board of Governors on performance against a range of key indicators.
Confidentiality Level & Reason:	
Medium Term Plan Ref:	Affects all strategic aims.
Key Issues Summary:	To provide an overview of key risks to performance.
Recommendations:	The Board of Governors is requested: To ACCEPT the report on progress made towards achieving performance targets and associated actions.

Signed:	Date: 6 March 2008
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PERFORMANCE INDICATORS REPORT

PRESENTED BY DIRECTOR OF PLANNING AND PERFORMANCE

1. Purpose

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

The Trust Board of Directors monitors some 60 performance indicators on a monthly basis.

Where an indicator shows year-to-date performance as red or where, despite satisfactory year-to-date performance, the risk of not hitting a target is judged to be high, further detail is provided in section 2 of this report.

To avoid duplication of information, where issues raised in section 2 of this report are dealt with in other papers to the Board, the section now only refers to the relevant Board report.

2. Healthcare Commission Framework

2.1 Risk Assessment of Performance against National Targets

Indicator	Risk Description	Risk Assessment	Action Plan
MRSA	67 cases against a target of 41 (full year target of 49) as at end of January 2008.	HIGH TARGET HAS BEEN MISSED	Please refer to Chief Nurse Infection Control Report.
C-Difficile	607 cases from January 2007 to January 2008 for over 65s.	TARGET MET BUT RATES REMAIN HIGH	Please refer to Chief Nurse Infection Control Report. The locally agreed target of a 10% reduction in cases for over 65s from January to December 2007 has been met. A further 54 cases for over 65s have been reported in January 2008. A target for 2008 is yet to be agreed with the PCT. There has been 811 c-diff cases for all age groups from January to December 2007. A further 65 cases for all ages have been reported in January 2008.
18 Week referral to Treatment	The March 2008 targets are 85% of admitted patients seen within 18 weeks and 90% for non-admitted. 79.8% of admitted patients and 89.3% of non-admitted patients seen within 18 weeks as at January 2008. 61% of unfinished pathways are under 18 weeks. The December 2008 target is 90% within 18 weeks (admitted patients) and 95% (non-admitted).	MEDIUM	Key Risks <u>Data Quality:</u> The DH has produced a ready reckoner to assess Trust data quality performance against expected clock stop completions. Inaccuracies with the calculation method have been identified and raised with the DH. The Divisions are currently undertaking a data validation process to ensure that all clock stops are being accurately recorded. <u>Completion of MDS by Referring Organisations:</u> The DH has mandated all Trusts to use the MDS (which includes clock start dates) when referring patients to another acute provider from January 2008 onwards. However, there is no clear performance framework as to how Trusts will be monitored against this target. The risk to Trust performance would be following improved compliance with MDS completion in the future identifying a large number of tertiary referrals with long referral times. The Trust sent a letter to all referring centres requesting the MDS from 1 December 2007, take up remains extremely low. This issue has been regularly raised with SBPCT as lead commissioner and the SHA to enlist their support to put pressure on providers to complete the MDS. <u>Breaches Attributed to Provider:</u> During the current financial year, UHBFT takes on the penalty

Indicator	Risk Description	Risk Assessment	Action Plan
			<p>of any breaches. Breaches will be attributed to treatment provider rather than allocating a shared breach. It is likely that a breach sharing system will be adopted in 2008/09.</p> <p><u>Patient Choice – Outpatient Attendance Dates:</u> Current guidance suggests that a patient will need to decline an offer of two dates at least three weeks after the date the appointment is booked, for UHBFT to be able to record a patient initiated delay. Therefore a patient could create a delay in accessing our clinics by 2 weeks and 6 days and not have an affect on the clock. This 'rule' is for local negotiation and SBPCT have been asked to review this.</p>
Inpatient Waits	<p>11.7% of patients on the waiting list are waiting over 11 weeks and 6.4% waiting over the internal milestone of 13 weeks as at January 2008.</p> <p>Performance is off trajectory but does not present a significant risk to performance.</p>	LOW	<p>Divisions are working towards an internal target of <11 weeks by end of February 2008.</p> <p>Divisions have set trajectories and waiting list performance is reported, monitored, and managed on a monthly basis via COOG. Exception reports are submitted to COOG for underperforming specialties. Neurosurgery and Cardiac Surgery are reporting significant underperformance against their inpatient trajectories. Detailed rectification plans are being implemented to address this issue. The private sector has been engaged to support these specialties.</p>
Outpatient Waits	<p>There are 14.1% of outpatients waiting over 5 weeks as at January 2008, a decrease of 11% from December 2007.</p>	MEDIUM	<p>Divisions are working to an internal target of <5 weeks.</p> <p>Divisions have set trajectories and waiting list performance is reported, monitored, and managed on a monthly basis via COOG. The area of concern continues to be Neurosurgery. The specialty is implementing increased capacity via waiting list initiatives to meet waiting time targets. Exception reports are submitted to COOG for underperforming specialties. Trajectories are being reviewed monthly and amended as necessary by Divisional management teams.</p>
Diagnostic Waits	<p>Of the 16 diagnostic tests 9 are off target as at January 2008, although numbers are small for some of the tests.</p>	LOW	<p>Across all testing modalities around 241 patients are waiting more than six weeks as at end of January 2008. This represents 6.5% of all patients waiting for diagnostics. Divisional plans are in place to reduce waiting times as part of achieving the 18 week target.</p> <p>The 6 week target will be met by year end for all diagnostic tests.</p>
Thrombolysis	<p>Year to date performance is at 68% against a target of 68%. The risk of not meeting this target remains high due to the</p>	HIGH	<p>In order to improve arrival to ECG time each nurse now carries a trigger card so that they are reminded of what action is required for relevant patients. Thrombolysis/Acute Coronary Syndrome study days for nurses have been planned. The Trust has secured sponsorship from a drug company to carry out workshops in July and November. Internal study days are being set up in the interim period. Cases continue to be validated on a daily basis and any breaches</p>

Indicator	Risk Description	Risk Assessment	Action Plan
	<p>small volume of cases and ambulance travel time performance.</p>		<p>as a result of hospital administrative delay are discussed with the individual clinician.</p> <p>Ambulance journey times continue to be an issue as the majority of cases exceed the 30 minute benchmark. The Cardiac Network has set up 5 fortnightly ambulance ECG workshops to raise the profile of chest pain management and paramedic initiated thrombolysis due to the limited uptake. These are due to commence on 18 February 2008.</p> <p>There have been 40 thrombolysis cases between April 2007 and February 2008. If similar activity levels continue, the forecasted number of cases for the full year is 44. In order to achieve the 68% target at year end, a total of 13 breaches are allowed. There have been 13 breaches to date, therefore, no further breaches can be accommodated.</p>

2.2 Core Standards Assurance Process

A review of compliance against the standards for quarter 3 2007/08 showed there were no 'significant lapses'. Core standards evidence will be reviewed by senior managers in February 2008 to ensure all lines of enquiry have been fully addressed. The Board of Governors and the Audit Committee will receive the Trust's draft declaration of compliance with Core Standards in March 2008. The CGSU has arranged to meet with SBPCT in March 2008 to discuss the assurance process further. The Board of Directors will receive and sign off the final declaration in April 2008 which will be submitted to the HC by midday 30 April 2008.

3. **Internal Key Performance Indicators**

Issues of exception for Trustwide performance are listed below.

3.1 Business Processes

Outpatient appointment cancellations reduced to 3.57% for new patients and 8.05% for follow up patients in February 2008. Divisional plans are in place to ensure further reductions are made.

3.2 Customer Focus and Clinical Quality

Clinical Governance and Health Informatics are undertaking a validation exercise to ensure that UHBFT clinical indicators reflect the information and method used by the HC for cross checking against the core standards. This will be completed by March 2008.

3.3 Finance and Activity

3.3.1 Trustwide inpatient activity is 0.5% below plan and income is 1.6% above plan at month 9. Activity was 2.7% lower compared to the same period in 2006/07. This is partly attributable to SWBH directly commissioning daycase radiotherapy activity from July 2007 onwards. With this in consideration, activity has risen by 2.4% compared to the same period in 2006/07.

3.3.2 Trustwide outpatient activity is 8% above plan and income was 1.9% above plan at month 9. Activity rose by 11.8% compared to the same period in 2006/07.

3.3.3 Progress towards the 18 week referral to treatment target has driven the increase in activity.

3.3.4 Overall income was 1.7% above plan at month 9.

3.4 Human Resource and Organisational Development

3.4.1 The Trustwide overall sickness rate is 4.26% from April to December 2007. This is lower than the 2006/07 average of 4.38%.

3.4.2 Agency spend as a percentage of pay spend is 1.58% as at January 2008 (2006/07 average was 1.49%).

4. **Recommendations**

The Board of Governors is requested:

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

Mike Sharon
Director of Planning & Performance,
6 March 2008