

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
TUESDAY 15 MARCH 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 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• Delayed transfers of care• Quality of stroke care• Short term sickness• External agency and bank spend• Mandatory Training• 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:	<p>The Board of Governors is requested to:</p> <p>Accept the report on progress made towards achieving performance targets and associated actions.</p>

Signed:	Date: 3 March 2011
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
TUESDAY 15 MARCH 2011

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. External Indicators

The Trust continues to be monitored by Monitor against a number of different national targets under its Compliance Framework. The Care Quality Commission (CQC) has now retired its performance management regime but continues to monitor the performance of a number of indicators as part of its Quality and Risk Profile of the Trust. This information is used for surveillance of the Trust's compliance with the registration outcomes rather than for performance management and is not in the public domain. However, for continuity, the Trust continues to report performance against national targets aggregated into the previous CQC groupings. A high level summary of performance against these regimes is detailed below:

Target Regime	Areas	Green	Amber	Red
Monitor Governance Rating	13	12	1	0
CQC Existing Commitments	6	3	2	1
CQC National Priorities	11	9	1	1
Registration Outcomes	21	21	0	0

For national targets exception reports where performance is of concern are contained below. The Trust has consistently met the 62 day GP referral to treatment for the period June to December 2010 and is now above target for the year to date for this indicator; consequently this is not currently considered an exception.

2.1 A&E 4 hour waits

Performance increased from 93.12% in December to 96.91% in January which is above the national threshold of 95% but below the internal threshold of 98%. When attendances at the GP-led health centre on Katie Road are included the Trust's performance for the month is 97.96%. Year to date performance stands at 96.41% excluding Katie Road and 97.66% when it is included.

The Government is replacing the existing 4 hour wait target from April 2011 with a suite of 8 quality indicators reflecting a number of different areas of clinical quality within the Emergency Department. A group is in place working to develop the operational processes to support the collection of the data required for the new A&E Quality Indicators.

A paper setting out a proposal to reconfigure medical staffing for the Emergency Department, Clinical Decision Unit and General Medicine is currently being developed. Two additional Emergency Department consultants are now due to commence work in March and May and the appointment of an additional post has also been approved. All these actions will support the sustainable delivery of the existing and new indicators for A&E.

2.2 Primary PCI

In December 83.3% of Primary PCI patients had a call to balloon time of less than 150 minutes. There were 12 direct referrals to UHB in December of which 10 met the 150 minute target. One of the delays was due to an extended ambulance travel time which was therefore outside of the Trust's influence. The second breach experienced delays both in the Emergency Department (ED) and in transport between the ED in the QEHB and the cath labs in the old QEH. Year to date performance therefore now stands at 73.4% against the 75% target.

The cath labs moved to the New Hospital in January and therefore transport delays of this type should be avoided in future. The Cardiology and Emergency Department teams are now meeting regularly which has placed a focus on the speed of activation of the pathway. In addition root cause analysis of breaches with both teams is taking place to allow delays to be reviewed and improved clinical validation to take place.

2.3 Delayed Transfers of Care

An increased number of delayed transfers of care were seen in January with the national indicator showing performance of 5.12% compared to 3.67% in December. In the last week of January there were 48 inpatients whose discharge was delayed compared to 33 in the last week in December.

Only approximately half of delays in January were attributable to Birmingham City Council's Social Services. There were a large number of patients funded by neighbouring Local Authorities which introduces delays into discharge processes as the pathways are used less frequently. The Trust has arranged for the transfer of 22 Birmingham residents into interim care in January and led to a reduction in the number of Birmingham patients who were delayed. These patients are case managed by Care Home Select and funded by the PCT. The Trust has also, with the City Council and NHS South Birmingham,

developed a business case for the establishment of a re-enablement centre for the local health economy which is due to be opened on 21 March and should reduce the number of delayed discharges in the Trust.

2.4 Quality of Stroke Care

In January 56.4% of stroke patients discharged spent greater than 90% of their time on the Acute Stroke Unit (ASU), a fall from 72.7% in December. Moseley Hall Hospital (MHH) length of stay has yet to be included in this performance.

Performance in January was affected by the large number of patients admitted and the resultant capacity problems experienced. Root cause analysis (RCA) of all breaches is now taking place analysing the first 12 hours of admission to identify the reason why the patient was not promptly admitted to the ASU. RCAs have identified the need to improve communication between the Emergency Department, Clinical Decision Unit and the Stroke Co-ordinators. They have also identified the need for improved documentation of decisions about whether or not a patient should be admitted to the ASU.

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	1	4
Efficiency	15	5	10	0
Patient Care	16	10	2	4
Governance	19	13	6	0

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

3.1 Short term sickness

In January 2011, the short term sickness absence rate fell to 2.48% from 3.20% in December 2010. The short term sickness rate has been above target since August 2010. An absence management action plan is in place, the aim of which is to reduce absence to within the Trust threshold by end of March 2011. Further work is being undertaken to ensure that the overall sickness absence is reduced to less than 3% by 2013. The long term (LT) absence rate has continued to be within the threshold of 2.3% with cases managed in line with Trust Policy.

Actions being taken to improve understanding and reduce absence include:

- a) Development of a Health & Wellbeing Strategy for the Trust to cover health awareness/promotion, diet, work/life balance, smoking cessation.
- b) Members of staff with unusual patterns of absence around holidays are to be interviewed by senior managers.
- c) Holding focus groups with staff groups where patterns of absence are notable to understand the underlying reasons for poor attendance.
- d) Undertaking a “Deep Dive” into sickness absence data.
- e) Requiring more specific reporting of the reasons for absence so that trends can be better understood.
- f) Ensuring staff are fully aware of the new procedure trigger points included in the new Attendance Management Policy including the potential action up to and including dismissal.

3.2 External agency and bank spend

The percentage of the pay budget spent on external agency in January was 6.20%, an increase on 5.36% in December. In contrast the spend on bank decreased in January to 2.67% from 3.67% in December.

The continued high levels of short term sickness and periods of high levels of activity which have required the opening of additional beds have contributed significantly to the reliance on agency staff. The Trust has recently recruited to a large number of nursing vacancies which should lead to reduced spend in future. Junior doctor rotas in Plastic Surgery and Trauma are now completely filled which has led to a significant reduction in Division 5 medical locum spend over the last quarter.

3.3 Mandatory Training

As of 31 January 75.8% of staff had received fire training in the last 12 months. Large numbers of staff are currently becoming out of date for their training who completed their training last year as part of New Hospital induction. Staff continue to receive individual emails to inform them when their training is out of date. Managers have also been reminded of the importance of this at Team Brief.

Information Governance has now been included as an indicator. As of 21 February 41.2% of staff had received training since 1 April 2010. Additional training in the form of face to face training, supervised e-learning and cascade-based training for ancillary staff has been put on, in addition to the existing e-learning to ensure that staff receive this training before the end of March.

Reports on completion of both fire and information governance training are now also available on the Trust's workforce dashboard on the intranet to allow managers to review completion for their staff.

3.4 Electronic patient survey response rate

The response rate for the electronic patient survey rose in January to 26.3% from 18.9%. The period between February and April without any moves to the New Hospital will allow a renewed focus to be placed on the survey and should lead to further increases in the response rate over that period.

3.5 Omitted non-antibiotic doses

In January omitted doses for both antibiotics and antibiotics continued to fall. The rate for antibiotics fell from 6.4% in December to 6.0% in January and the rate for non-antibiotics fell from 13.4% to 13.2%. 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

An incident was reported in December which has now been determined to be an incident classified by the National Patient Safety Agency as a 'Never Event'. The incident has been 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 increased from 65.9% reported last quarter to 84.6%. 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'.



