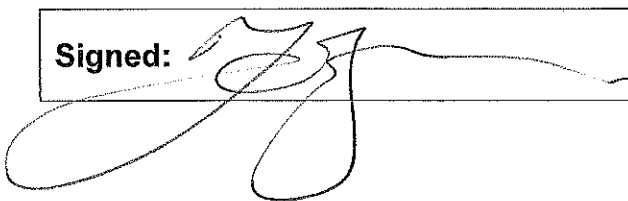


**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF GOVERNORS  
MONDAY 20 SEPTEMBER 2010**

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT</b>
<b>Responsible Director:</b>	Executive Director of Delivery
<b>Contact:</b>	Andy Walker, Divisional Planning Manager Daniel Ray, Director of Informatics & Patient Administration

<b>Purpose:</b>	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.
<b>Confidentiality Level &amp; Reason:</b>	N/A
<b>Medium Term Plan Ref:</b>	Affects all strategic aims.
<b>Key Issues Summary:</b>	<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"> <li>• Clostridium difficile</li> <li>• A&amp;E 4 hour waits</li> <li>• Primary PCI</li> <li>• 62 day cancer – GP referral &amp; screening referral</li> <li>• Delayed transfers of care</li> <li>• Quality of stroke care</li> <li>• Short-term sickness</li> <li>• Internal &amp; external agency rate</li> <li>• Follow-up outpatient cancellations</li> <li>• Slot unavailability</li> <li>• Electronic patient survey response rate</li> <li>• Omitted drugs</li> <li>• Readmission &amp; non-elective mortality audit response rates</li> </ul> <p>Details of exceptions and action taken are included.</p>
<b>Recommendations:</b>	The Board of Governors is requested to: <b>Accept</b> the report on progress made towards achieving performance targets and associated actions.

<b>Signed:</b> 	<b>Date:</b> 3 September 2010
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**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF GOVERNORS**  
**MONDAY 20 SEPTEMBER 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 [Summary enclosed as Appendix A].

With regard to internal targets exception reports are included in section 4 for those internal indicators that are currently red. The following internal targets are considered exceptions:

- a) Short-term sickness
- b) Internal & External agency rate
- c) Cancelled follow-up outpatient appointments
- d) Slot unavailability
- e) Electronic patient survey response rate
- f) Omitted non-antibiotic doses
- g) Readmission & non-emergency mortality audits response rates

**2. Changes to CQC and Monitor Targets**

2.1 In June 2010 the Department of Health published an amendment to the Operating Framework for the NHS for 2010/11 in response to the priorities of the new government. This reduced the threshold for the A&E 4 hour wait target from 98% to 95%. Internally the target of 98% will be maintained. In addition the 18 week referral to treatment targets were removed from national performance management. The 18 week targets however remain a contractual requirement with the Trust's commissioners and have therefore been retained as internal targets. These changes have been reflected in the Monitor Compliance Framework and CQC national targets.

2.2 In addition the CQC has announced that the Government has decided that further work should halt on Periodic Review of NHS organisations for 2009/10. The CQC will instead publish benchmarking data for 2009/10 for the indicators in the NHS Operating Framework rather than overall scores for Quality of Services and Quality of Financial Management. This data will be published in the autumn of 2010.

### 3. External Indicators

The Trust is measured against 4 key national target regimes. Some of the targets are monitored by more than one regulator but they have differing performance regimes and therefore performance can vary between regulators. A high level summary of performance against the external regulators' targets is detailed below:-

Target Regime	Areas	Green	Amber	
Monitor Governance Rating	13	9	1	3
Care Quality Commission Existing Commitments	6	3	2	1
Care Quality Commission National Priorities	11	7	1	3
Registration Outcomes*	21	21	0	0

\*Annual process

For national targets exception reports where performance is of concern are contained below.

#### 3.1 Clostridium difficile

There have been 77 cases in the year to date against a target of 68. If the Trust continued on its current trajectory it would fail to hit the annual trajectory of no more than 164 post 48 hour C. difficile cases. Failure to hit the trajectory could invoke a financial penalty from South Birmingham PCT up to 2% of total contract revenue. In order to meet the target a revised trajectory has been introduced of no more than 11 post 48 hour C. diff cases per month for the remainder of the financial year.

Please refer to the Chief Nurse's Infection Control Report for further details and action taken.

#### 3.2 A&E 4 hour waits

Performance in July was below the internal threshold of 98% at 96.35% taking year to date performance to 97.15%; it is however above the Government's new threshold of 95%.

An action plan has been developed with Division 3 and it is expected that these changes will lead to an improvement in performance over future months as they are implemented. The Department continues to work to the 98% target and the Division expects that this will be met on a monthly basis from September 2010. Based on activity figures for August 2009 to March 2010 performance will need to be 98.45% for the remainder of the year if the full year is to exceed 98%.

### 3.3 Primary PCI

Year to date performance for this target is 72.2% against a target of 75%. The under performance is due to lower performance in April. Performance above target has been maintained during May and June and performance is expected to further improve from January 2011 when the Cardiac Catheter Suites move into the main QEHB.

### 3.4 62 day cancer targets

3.4.1 62 day treatment from urgent GP referral – year to date performance stands at 81.6% against a target of 85%. Performance in May was 75.9% which has affected overall performance. The main problems in May were due to restricted capacity in April due to bank holidays, patients choosing to wait and delays in referrals from other hospitals [UHB is liable for half of the delay for late referrals from other centres]. Internal processes have been reviewed to minimise internal delays and increase capacity. UHB is raising each delay in transfer with the referring Trust concerned and where possible re-allocating the breach. UHB's main commissioner, South Birmingham PCT, is also raising concerns with late referring trusts' commissioners to improve timeliness of referral. All urgent GP cancer referrals are reviewed weekly to ensure timely intervention and an additional 5 cancer trackers have been employed to navigate cancer patients through their treatment regimes as quickly as possible. If the Trust fails to meet this target for a third consecutive quarter it will receive a red rating from Monitor for Governance.

3.4.2 62 day treatment from screening – year to date performance stands at 86.4% against a target of 90%. The number of patients in this category are very small [approx 4 per month]. The action undertaken to improve urgent GP referral to treatment performance will also assist in improving performance against this target.

### 3.5 Delayed transfers of care

Year to date performance stands at 4.6% of in-patients have had their transfer of care delayed against a target of 3.5%. The increase in delays are due to 2 main pressure points:-

- Delays in completing assessments by the Social Services Team.
- 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 Social Services and the PCT the Trust is meeting at Chief Executive level with the other 2 organisations to develop a solution to the current problems.

In order to minimise the impact on the Trust additional capacity has been opened on the vacated ward E2B at the QE site and additional capacity is in place within the Clinical Decision Unit.

### 3.6 Quality of stroke care

A national target is being formulated to determine the optimal level of patients who spend 90% or more of their inpatient acute stroke episode on a stroke unit. The target has not as yet been determined but the Trust has agreed with the PCT that 74.2% of stroke patients should spend 90% of their acute inpatient stay on a stroke unit. Year to date performance is currently below this target at 52.1%. Performance has deteriorated in part due to the capacity pressures following delays in transfer and increased emergency activity. The Trust has taken action to improve performance by identifying stroke patients earlier in their episode and freeing up capacity on the Stroke Unit.

Patients with a suspected Transient Ischemic Attack [mini stroke] should be seen within 24hrs of referral. Whilst there is no national target published as yet for this indicator the Trust's year to date performance is 40%, [numbers are very low at approximately 1 patient per month and a single breach has a disproportionate impact on the target]. A new process for managing suspected TIAs has now been introduced to improve performance with patients being seen on the Stroke Unit rather than freeing up a slot in outpatients.

## 4. 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 [summary provided in appendix A]. Trust performance against the internal indicators are detailed below:-

Internal Indicator	Areas	Green	Amber	Red
Workforce	9	4	2	3
Efficiency	15	4	11	0
Patient Care	17	11	0	6
Governance	19	1	18	0

Exception reports are included below for areas at risk of not meeting the performance target.

### 4.1 Short-term sickness

Short term sickness rose to 2.47% in July from 2.02% in June. Long term sickness however fell from 1.87% to 1.74%. Total sickness absence therefore rose from 3.89% to 4.21%. Predominantly this has manifested as coughs, colds, and flu like symptoms. There are a

number of staff absent with pregnancy related issues, musculoskeletal issues and planned surgery. All sickness absence continues to be managed in accordance with the Absence Management Policy with trigger point meetings and referrals to Occupational Health as appropriate. A new electronic alerting system has also been introduced to automatically identify staff who have hit a sickness review trigger point.

#### 4.2 Internal & external agency rate

The percentage of staff costs spent on external agency rose to 5.71% in July. Year to date spend stands at 4.52%. There continues to be significant costs associated with locum medical staff in Divisions 3 and 5 and also nursing agency in Division 3 to cover the additional capacity to meet the increase in delayed transfers of care.

#### 4.3 Follow-up outpatient cancellations

After good performance in achieving reductions against the level of hospital initiated cancellations for follow up appointments performance in the first quarter of this financial year has deteriorated slightly with year to date performance at 8.7% against a target of 7.5%. Rectification plans are in place to improve performance.

#### 4.4 Slot unavailability

Patients using the Choose and Book system at GP's surgeries for new appointments require slots to be available to book into and provides an indicator of outpatient capacity. Due to the variance in referral patterns slot availability is subject to short term variation and requires calibrating to demand on a weekly basis. Slot unavailability in July increased to 15.4 unavailable slots per 100 successful bookings against a target of 10.0. Analysis of the increase was due to a small number of specialties who had sickness problems and an increase in referrals. Additional capacity has been provided to bring performance back into line.

#### 4.5 Electronic patient survey response rate

Patient feedback fell from 23.3% in June to 14.1% in July due to the lag in moving the patient televisions from Selly Oak to the new QEHB. Additional wards have now had bedside TVs installed and additional volunteers have been recruited to support patients in completing the survey.

#### 4.6 Omitted drugs

The Trust has made omitted drugs one of its quality priorities for 2010-11 and set a very challenging target. Performance continues above the Trust target of 5% for antibiotics and 7.5% for other drugs; the Trust is continuing to make progress to meet this target and currently stands

at 6.3% for antibiotics and 14.6% for other drugs. Root Cause Analysis [RCA] is undertaken for selected drug omissions attended by the whole Executive Team and the Clinical Team responsible for the patient. The learning from the RCAs are then used to improve performance or reinforce good practice. The implementation of these changes is expected to lead to a further reduction in omitted doses.

#### 4.7 Non-emergency mortality and readmission audit response rates

Non-emergency mortality audit and re-admission audit are used as indicators of learning and good practice. The year to date response rate for re-admissions stands at 21.7% and for non-emergency mortality at 50%. Further action is being taken to improve performance.

### 5. **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**





